A respiratory disease caused by the SARS-COV-2 virus, COVID-19 was first detected in late 2019. Since its origin, COVID-19 has spread across the globe, causing more than 15.0 billion infections worldwide and an estimated 17.8 million deaths through mid-December 2022.

Generally spread by close contact between individuals, COVID-19 can also be spread via airborne transmission and, less frequently, through contact with contaminated surfaces. While most people who get COVID-19 recover (some never exhibiting symptoms), roughly 12.3% of those who do get COVID-19 can become seriously ill, requiring hospitalization and/or intensive care. Older individuals with comorbidities like cardiac issues, diabetes, and cancer are at the most risk for severe COVID-19.

In addition to the toll it has taken on global health, the lockdowns and other restrictions imposed to slow the spread of COVID-19 have had a severe economic impact. Between 2019 and 2020, the world economy shrank an estimated 4.3%, while the surge of infections and deaths caused by the Omicron variant in late 2021 and early 2022 slowed the global economic recovery.

However, COVID-19 has also led to a surge in government spending, including a huge increase in development assistance for health; an estimated $16.0 billion was directed toward COVID-19 in 2020, and in 2021, DAH for COVID-19 was an estimated $21.8 billion. Overall, DAH for COVID-19 led to a 56.3% increase in total DAH between 2019 and 2021: in 2019, total DAH was $43.1 billion, while in 2021, it was $67.4 billion.

The COVID-19 profile illustrates the sources, disbursement channels, and program areas to which COVID-19 DAH was allocated. Figure A shows how DAH for COVID-19 drove the overall growth of DAH between 2019 and 2021, while Figure B illustrates how DAH for COVID-19 flowed from source to channel to program area in 2020–2021.
“Other sources” captures development assistance for health for which we have source information but which is not identified as originating within any of the sources listed. Health assistance for which we have no source information is designated as “Unidentified.”

“Other governments” include Afghanistan, Angola, Argentina, Australia, Austria, Azerbaijan, Bangladesh, Belgium, Bhutan, Brazil, Brunei, Bulgaria, Cameroon, Canada, Central African Republic, Chad, China, Colombia, Côte d’Ivoire, Croatia, Czechia, Democratic Republic of the Congo, Denmark, Egypt, Estonia, Ethiopia, Finland, France, Gabon, Germany, Greece, Guinea, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Italy, Jamaica, Japan, Jordan, Kenya, Kuwait, Latvia, Lebanon, Libya, Lithuania, Luxembourg, Madagascar, Malaysia, Malta, Monaco, Myanmar, New Zealand, Nigeria, Norway, Oman, Pakistan, Palestine, Peru, Poland, Portugal, Qatar, Romania, Russia, São Tomé and Príncipe, Saudi Arabia, Serbia, Singapore, Slovakia, Slovenia, South Africa, South Korea, South Sudan, Spain, Sudan, Sweden, Switzerland, Syria, Taiwan (province of China), Thailand, the Netherlands, Togo, Turkey, Uganda, Ukraine, United Arab Emirates, Yemen, and Zimbabwe.

“Other bilateral development agencies” include Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Japan, South Korea, Luxembourg, the Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, the United Arab Emirates, the United Kingdom, the European Commission, and EEA.

“Regional development banks” include the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank.

“Other” captures development assistance for health for which we have program area information but which is not identified as being allocated to any of the program areas listed.

CEPI = Coalition for Epidemic Preparedness Innovations
NGOs = Non-governmental organizations
PAHO = Pan American Health Organization
UNAIDS = Joint United Nations Programme on HIV/AIDS
UNICEF = United Nations Children’s Fund
WHO = World Health Organization

United States $6.5B
United Kingdom $1.9B
Other governments $13.6B
The Bill & Melinda Gates Foundation $953.0M
Other private philanthropy $914.0M
Other sources $13.4B

Country-level coordination $4.1B
Surveillance, rapid-response teams, and case investigation $1.2B
National labs and testing $1.9B
Infection prevention and personal protective equipment $3.2B
Treatment $3.4B
Supply chain and logistics $2.5B
Maintaining other essential health services and systems $955.6M
R&D for vaccine and other therapeutics $166.9M
Points of entry, international travel and transport $365.6M
Risk communication, community engagement $2.4B
Vaccine procurement and distribution $13.0B

UNSCE
UNFPA
UNAIDS, Unitaid, and PAHO $3.3B

United States $2.7B
Other bilateral development agencies $6.7B
Gavi, the Vaccine Alliance $2.4B
CEPI $779.5M
The Global Fund $6.0B
UNICEF, UNFPA, UNAIDS, Unitaid, and PAHO $3.3B

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Risk communication, community engagement $2.4B
Vaccine procurement and distribution $13.0B

World Bank and regional development banks $13.8B

NGOs and international foundations $501.0M
US foundations $1.0B

United States $2.7B
Other bilateral development agencies $6.7B
Gavi, the Vaccine Alliance $2.4B
CEPI $779.5M
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UNICEF, UNFPA, UNAIDS, Unitaid, and PAHO $3.3B

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