Development assistance for health has increased since 1990 for low-income countries

June 16 2015

Funding for health in developing countries has increased substantially since 1990, with a focus on HIV/AIDS, maternal health, and newborn and child health, and limited funding for noncommunicable diseases, according to a study in the June 16 issue of *JAMA*.

Among children born in low-income countries in 2013, the estimated rate of death before age 5 was 12 times higher than that in the U.S.; the rate of death in these countries for women due to complications from childbirth was 21 times higher than in the U.S. The majority of these deaths were preventable, but the health systems in resourcescarce settings are, in many cases, unable to provide services that could prevent these outcomes. The governments of high-income countries and private organizations have provided financial resources to the health sectors of developing countries to improve these systems and support interventions that can prevent premature death and disability, according to background information in the article.

Joseph L. Dieleman, Ph.D., of the Institute for Health Metrics and Evaluation, Seattle, and colleagues examined the amount of development assistance that countries and organizations provided for health for developing countries and the health areas that received these funds. The researchers analyzed budget, revenue, and expenditure data of the primary agencies and organizations (n = 38) that provided resources to developing countries (n = 146-183, depending on the year) for health

from 1990 through 2014. Development assistance for health was divided into 11 mutually exclusive health focus areas.

Between 1990 and 2014, $458 billion was disbursed from the major channels (the international agency or organization that directed the resources toward the implementing institution or government) in high-income countries to developing countries to maintain or improve health. Annual disbursements increased substantially over time. In 1990, donors disbursed $6.9 billion for health. In 2014, they disbursed $35.9 billion. From 1990 to 2014, the U.S. government was the largest source of development assistance for health, providing $143.1 billion or 31.2 percent of the total. The U.S. government disbursed $12.4 billion in 2014. The UK government was the second largest public source and provided $32.6 billion or 7.1 percent of the total between 1990 and 2014. Of resources that originated with the U.S. government during this same period, 71 percent were provided through U.S. government agencies, and 41 percent were allocated for HIV/AIDS.

The second largest source of development assistance for health was private philanthropic donors, including the Bill and Melinda Gates Foundation and other private foundations, which provided $69.9 billion between 1990 and 2014, including $6.2 billion in 2014. These resources were provided primarily through private foundations and nongovernmental organizations and were allocated for a diverse set of health focus areas.

Since 1990, 28 percent of all development assistance for health was allocated for maternal health and newborn and child health; 23 percent for HIV/AIDS, 4 percent for malaria, 3 percent for tuberculosis, and 2 percent for noncommunicable diseases. Between 2000 and 2010, development assistance for health increased 11 percent annually. However, since 2010, total development assistance for health has not increased as substantially.

"Understanding how funding patterns have changed across time and the priorities of sources of international funding across distinct channels, recipients, and health focus areas may help identify where funding gaps persist and where cost-effective interventions could save lives," the authors write.

In an accompanying editorial, Andy Haines, M.D., M.B., B.S., of the London School of Hygiene and Tropical Medicine, London, asks how funding assistance for health for developing countries can be sustained and increased in the face of austerity as well as ensuring efficient use of funding that is available.

"The UN aid spending target of 0.7 percent of gross domestic product on international aid has only been met by a few countries. ... Although renewed progress on reaching this target is necessary, innovative financing mechanisms should be exploited, such as the airline or carbon taxes that fund UNITAID and the potential for recycling fossil fuel subsidies to support universal health coverage. New major emerging economies of Brazil, Russia, India, China, and South Africa could become increasingly prominent contributors. For example, between 2005 and 2010, Brazil and India increased their foreign aid expenditure by more than 20 percent and China and South Africa by about 10 percent, often using different approaches to Western donors, based on their own recent experience of scaling up access to health care. Other potential sources of funding include various climate change funds to support adaptation or mitigation efforts, some of which have potential benefits to health."

"Work such as that described in the study by Dieleman et al should be supported and expanded. Additional data are needed to provide better evidence for decision making and strengthen the case for funding to address the health problems of poor populations living in low-income countries that cannot fund the provision of essential health care for their

own populations in the near future."

More information: *JAMA*, DOI: 10.1001/jama.2015.5825
JAMA, DOI: 10.1001/jama.2015.5790

Provided by The JAMA Network Journals

Citation: Development assistance for health has increased since 1990 for low-income countries (2015, June 16) retrieved 20 April 2024 from https://medicalxpress.com/news/2015-06-health-low-income-countries.html

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.