

Country-to-country aid for health varies dramatically

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An analysis of country-to-country aid for health over a 20-year period suggests wide variations among donor countries' giving that do not always reflect recipient countries' health needs.

The study, believed to be the first to examine these types of differences among bilateral, or country-to-country, donors, will be presented at the American Public Health Association's meeting in Chicago on Nov. 3.

As of 2014, more than \$35 billion in development assistance for health (DAH) is estimated to be donated each year, with about 40 percent, or \$14 billion, coming in the form of country-to country bilateral assistance. (The balance is donated by and through institutions such as the World Health Organization, Save the Children, the Global Fund, the Bill & Melinda Gates Foundation and GAVI, among others.)

For the study, Krycia Cowling, MPH, a doctoral student in the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health, analyzed annual data for 23 donor countries to 141 recipient countries between 1990 and 2010 as well as recipient country disease burdens as measured by disability-adjusted life-years or DALYs. A DALY depicts years lost to illness or death, and is a standard metric used to describe a country's disease burden.

For all 23 donor countries, there was little relationship between the relative amount of country-to-country aid given for health and recipient countries' disease burdens. In some years, some donors allocated

bilateral aid for health in more direct relation to the disease burden of recipient countries—but no [donor](#) appears to be doing this consistently over time.

"I thought this was interesting to explore because bilateral aid may be most susceptible to being dictated by relationships between countries," says Cowling, MPH. "The general perception seems to be that funds are given in relation to a country's health needs but that doesn't seem to be happening. We should recognize that, and have a discussion about how funds are being allocated."

Provided by Johns Hopkins University Bloomberg School of Public Health

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