

Growth in maternal and child health funding outpaces spending on HIV, TB, and malaria

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Funding earmarked for improving maternal and child health in low- and middle-income countries has grown faster since 2010 than funding for HIV, TB, and malaria.

These trends mark a reversal of funding patterns seen during the 2000 to 2010 period, when donors' investments in HIV, TB, and [malaria](#) grew at more than double the pace of spending on maternal and [child health](#). However, funding for these areas is growing much more slowly than in the past, according to new research from the Institute for Health Metrics and Evaluation (IHME) at the University of Washington. The article, "Development assistance for health: past trends, relationships, and the future of international financial flows for health," was published online April 13, 2016 in *The Lancet*.

Despite faster growth rates in funding for maternal and child health, HIV funding still makes up the majority share of global [health spending](#) (30% for HIV/AIDS in 2015 compared to 18% and 10% for child and maternal health, respectively).

Overall, the researchers found that total development assistance for health (DAH) continues to suffer from sluggish growth. After tripling between 2000 and 2010, total DAH increased slightly between 2010 and 2015, totaling \$36.4 billion in 2015. Over two-thirds of global health funding in 2015 was provided by the governments of just 10 high-income countries.

In addition, IHME researchers have included new projections for total development assistance through the year 2040. Using past trends and relationships to estimate future spending, these new estimates suggest that DAH will remain relatively stable, growing to \$64.1 billion in 2040. The projections have large uncertainty intervals that underscore the tremendous opportunities for donors to invest in health in low- and middle-income countries.

Also for the first time IHME tracked funding for different types of HIV programs, such as treatment, prevention, prevention of mother-to-child transmission, and health system strengthening. These findings were published in the article "Tracking development assistance for HIV/AIDS: the international response to a global epidemic" in the journal *AIDS* on April 13. Treatment, prevention, and health system strengthening have made up the majority of development assistance for HIV since 1990.

In many low-income countries hit hard by the HIV crisis, donor funding tends to make up a large portion of domestic health spending. In the average low-income country, 52 cents of every dollar of government [health](#) spending in low-income countries comes from donors.

"The stagnation in funding for HIV can have major implications for the estimated 20 million people in low-income countries who are living with HIV," said Joseph Dieleman, Assistant Professor at IHME and a lead author on the studies. "To expand access to treatment, it will be vital to scale up [funding](#) for HIV in low- and middle-income countries, improve efficiency, and better target marginalized populations."

More information: Joseph L Dieleman et al. Development assistance for health: past trends, associations, and the future of international financial flows for health, *The Lancet* (2016). [DOI: 10.1016/S0140-6736\(16\)30168-4](#)

Matthew T. Schneider et al. Tracking development assistance for HIV/AIDS, *AIDS* (2016). [DOI: 10.1097/QAD.0000000000001081](https://doi.org/10.1097/QAD.0000000000001081)

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