

US provides most development assistance for health, but lags behind others in per person spending

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A new study finds that while the United States consistently has provided more funding for development assistance for health (DAH) than any other country, some high-income European nations have far surpassed the US's assistance in per capita and other expenditure measurements.

Today's study, published in the December issue of *Health Affairs* journal, examines DAH trends in 23 high-income nations between 1990 and 2016, and analyzes each country's contribution relative to its population, share of public sector spending, and national economy. Additionally, many countries, including the US, make contributions below agreed-upon international targets for development assistance.

Researchers at the Institute for Health Metrics and Evaluation (IHME) at the University of Washington found spending increased more than fivefold between 1990 and 2016, from \$7.1 billion to \$37.6 billion; however, this growth has slowed dramatically in recent years.

More details are available in the online visualization tool at <https://vizhub.healthdata.org/fgh/> and IHME's app Health Atlas, at <http://www.healthdata.org/healthatlas>.

"These findings represent valuable information providing context for debates about how much DAH each nation can and should contribute," said IHME's Dr. Joseph Dieleman, senior author of the study.

At a recent event on international development, Bill Gates, co-chair of the Bill & Melinda Gates Foundation, said, "We are at a defining moment in the history of global development where we can either collectively show resolve and get the job done, or turn our backs on human suffering and inequity. I believe when people know about the progress we've already made, they'll be inspired to finish the job."

Mr. Gates spoke about the Foundation's Goalkeepers Report, which made extensive use of [IHME's findings](#) . The report showed that the progress Mr. Gates referred to includes, since 1990, cutting child deaths in half and reducing maternal deaths by nearly half.

The study notes that in 2016, the leading three DAH contributors - US, UK, and Germany - provided \$21.8 billion, \$4.1 billion, and \$1.5 billion, respectively. Since 2000, funding from the US, UK, and Canada made up progressively higher percentages of the total. In contrast, Japan's and Australia's proportions have decreased during the same period.

"Our findings indicate that contributions to DAH are realistic and feasible given each country's national context and position in the global economy," said Dr. Angela Micah, the study's lead author. "Instead of evaluating based on the total amount of assistance contributed, the US should also be benchmarked against its peers in terms of the size of its population, public spending, and economy."

The study's other findings for 2016 include:

- In terms of DAH per person, the people of Norway and Luxembourg contributed \$149 and \$118 per person, respectively, more than twice as much as Americans (\$41 per person).
- For every \$1 million of government spending, Norway contributed \$4,956 to DAH. The UK came in a close second at \$4,677 per \$1 million of government spending. The US ranked

fifth at \$2,989 per \$1 million of [government spending](#).

- Norway, Denmark, the UK, and Luxembourg each contributed more than \$1,500 to DAH for every \$1 million in national income. The US provided less than half, at \$714 contributed to DAH for every \$1 million in national income.

US President Donald Trump and leaders of other nations, such as the UK, Denmark, the Netherlands, and Norway, have called for dramatic reductions in foreign aid.

"These proposed reductions in foreign aid budgets would have far-reaching consequences for millions of people in low- and middle-income countries where more than 87% of global disease burden resides," according to IHME Director Dr. Christopher Murray. "It is important to look not only at the total amount of development assistance contributed, but also to assess a country's contribution relative to its own capabilities."

The 23 countries in the study and their rankings per capita (based on 2014-2016 average values expressed in 2015 US dollars) are:

- Norway - \$149
- Luxembourg - \$118
- Denmark - \$91
- UK - \$64
- Sweden - \$53
- Ireland - \$43
- US - \$41
- Netherlands - \$34
- Switzerland - \$30
- Canada - \$27
- Belgium - \$25
- Australia - \$21

- Finland - \$19
- France - \$18
- Germany - \$17
- Austria - \$12
- South Korea and New Zealand - \$8
- Japan - \$7
- Greece - \$6
- Italy - \$5
- Spain and Portugal - \$3

Provided by Institute for Health Metrics and Evaluation

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