

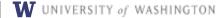
Development assistance for health: Proliferation and fragmentation amongst disbursing agencies and implementers

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Outline

- . Context
- II. Development assistance for health (DAH)
- III. DAH fragmentation



13 years of Financing Global Health reports

Traditionally focused on development assistance for health, but more and more focused on domestic spending and disease specific spending

2021 focuses on donor contributions towards COVID-19

























Definitions

- Development assistance for health (DAH): Transfer of financial and inkind resources through international development agencies to low- and middleincome countries with the primary purpose of maintaining or improving health
- Global Health Initiatives (GHIs): Inclusive of GFATM, Gavi, CEPI, and GFF**

**Figures presented today exclude GFF



Framework - Resource flow from donor perspective



National treasuries

Debt repayments to international financial institutions

Private philanthropists

Corporate donations

Channels of Assistance

Bilateral development assistance agencies

The European Commission

UN Agencies: UNFPA, UNAIDS, WHO, UNICEF, UNITAID, PAHO

The World Bank and other regional development banks

The Global Fund to Fight AIDS,
TB and Malaria

The GAVI Alliance

Foundations

NGOs

Recipient Implementing Institutions

Governmental programs

National ministries of health

National disease control programs

Non-governmental programs

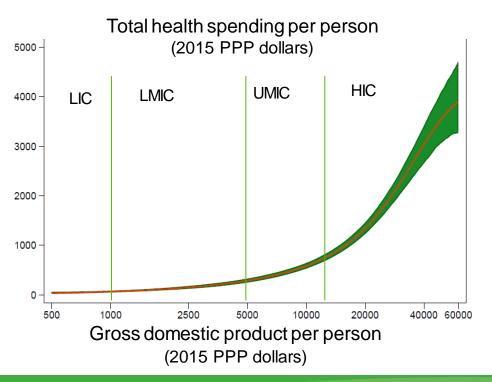
National NGOs

Private sector contractors

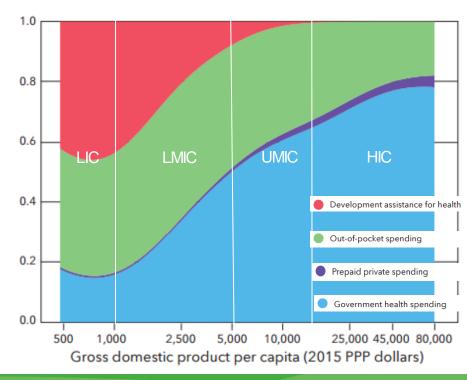
Universities and research institutions

Total health spending

Health spending per capita varies greatly across income groups



DAH remains a major part of many LICs health budget

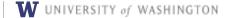


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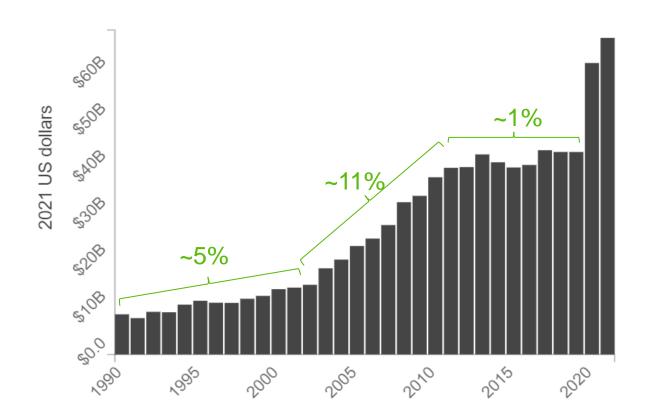
. Context

II. Development assistance for health (DAH)

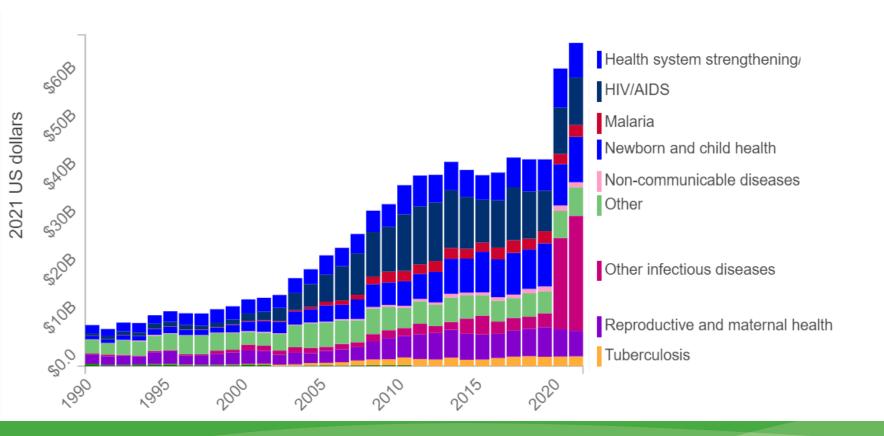
III. DAH fragmentation



Growth of DAH... past 3 decades and then COVID-19



DAH by health focus area



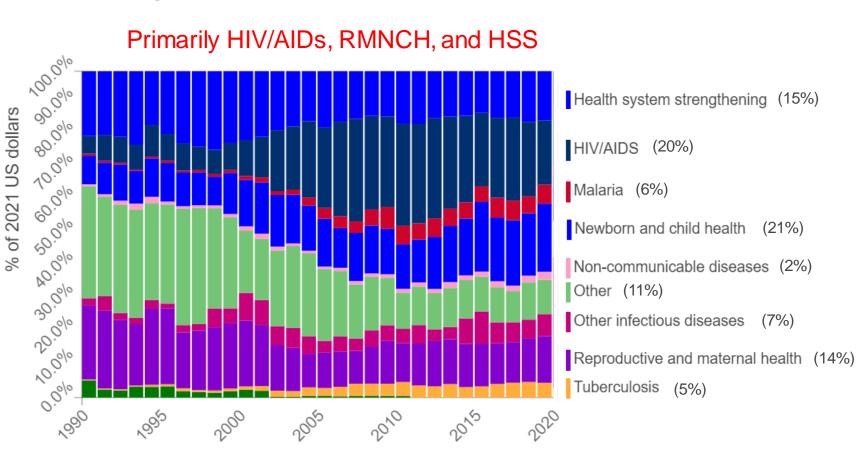
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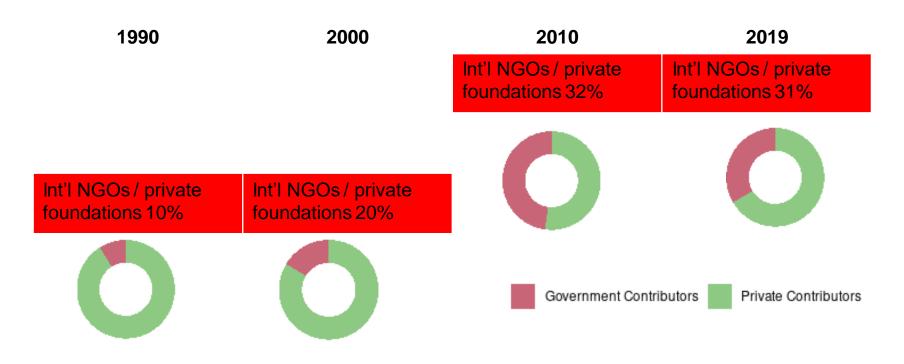
DAH by health focus area



Which agencies provide DAH has changed

1990	2000	2010	2019
Bilaterals 56%	Bilaterals 39%	Int'l NGOs / private foundations 32%	Int'l NGOs / private foundations 31%
UN 26%	UN 20%	Bilaterals 30%	Bilaterals 30%
Int'l NGOs / private foundations 10%	Int'l NGOs / private foundations 20%	UN 14%	UN 17%
Dev Banks 8%	Dev Banks 18%	GHIs 13%	GHIs 14%
	GHIs 1%	Dev Banks 10%	Dev Banks 8%

Who contributes to Int'l NGOs and Foundations?

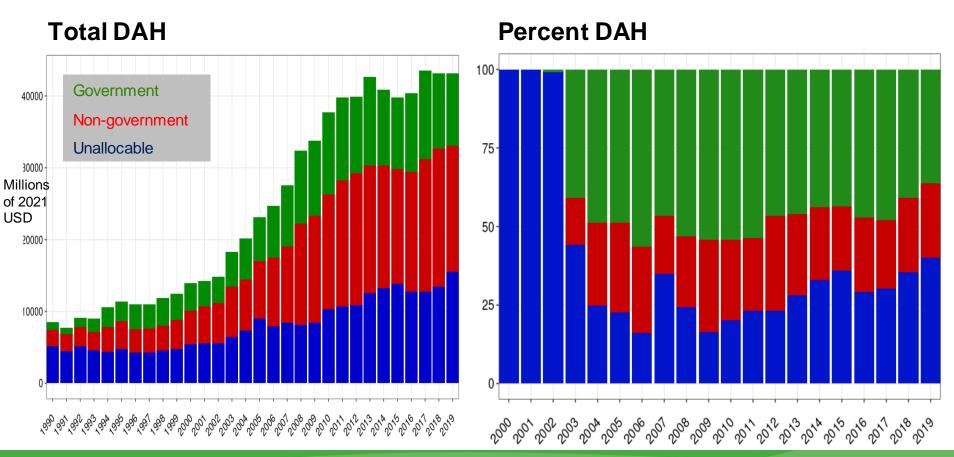


As Int'l NGOs and foundations provide a greater fraction of DAH, a larger fraction of their funding has been from governments

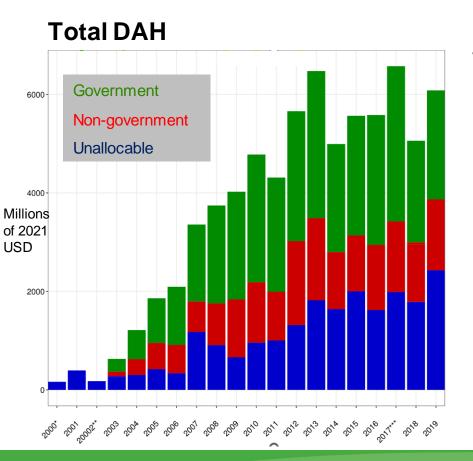
Where DAH is going has changed less

1990	2000	2010	2019
Sub-Saharan Africa 20%	Sub-Saharan Africa 16%	Sub-Saharan Africa 25%	Sub-Saharan Africa 26%
Southeast Asia 10%	Latin American 11%	Latin American 7%	South Asia 4%
South Asia 9%	South Asia 8%	South Asia 5%	Southeast Asia 4%
Latin America 8%	Southeast Asia 8%	Southeast Asia 5%	North Africa/Middle East 3%
North Africa/Middle East 2%	North Africa/Middle East 3%	North Africa/Middle East 3%	Latin America 2%

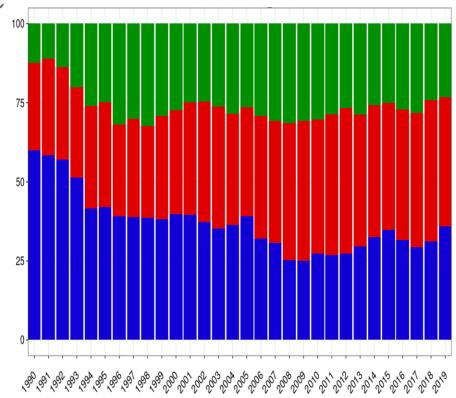
Total DAH by implementing agency



DAH from GHIs by implementing agency

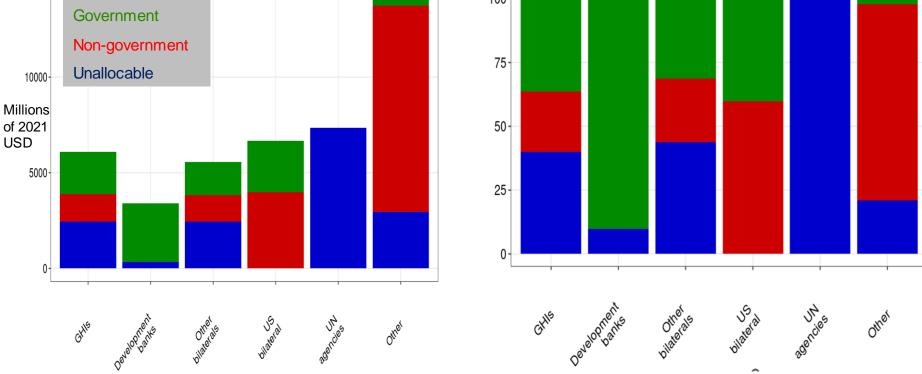






DAH by disbursing and implementing agencies, 2019





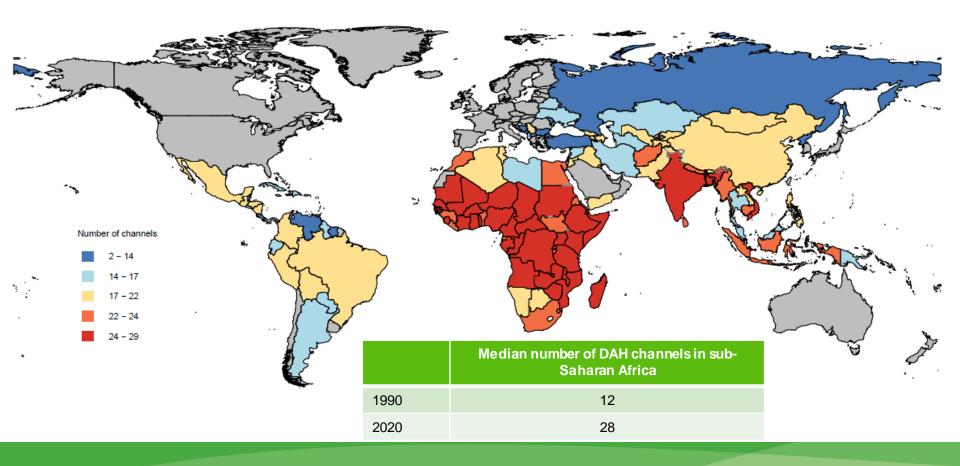
Fragmentation has grown everywhere, especially 1990-2010



GBD super region

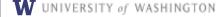
- Central Europe, Eastern Europe, and Central Asia
- Latin America and Caribbean
- North Africa and Middle East
- South Asia
- Southeast Asia, East Asia, and Oceania
- Sub-Saharan Africa

DAH disbursing agencies per country, 2019



Final thoughts

- DAH is increasingly provided to NGOs
- GHIs are split on where they channel DAH
- There is a lot we don't know about where DAH is going
- And, importantly, there is even more we don't know about domestic health spending





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