



Aidspan

Independent observer
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Development Assistance for Health Has Stabilised, Report Says

Development assistance for health has stabilised and may not increase for several years. This is one of the conclusions of a [report](#) on development assistance for health (DAH) prepared by Institute for Health Metrics and Evaluation (IHME) at the University of Washington.

The IMHE said that after reaching an historic high in 2010, DAH fell in 2011, but not as sharply as some observers might have expected. “Despite continued macroeconomic stress, the international community continues to respond to the enduring need for health and health system support across the developing world.”

“I think the good news here is that we’re not seeing a decline yet and are maintaining a high level of funding,” said Michael Hanlon, one of the lead authors of the report. “That could change, of course, but I think it’s fair to say we’ve ended the phase of rapid increases in funding and entered a new phase, a maintenance phase.”

The IMHE said that total DAH in 2012 amounted to \$28.1 billion; it called this a “preliminary estimate.” This compares to \$27.4 billion in 2011 and \$28.2 billion in 2010.

The IMHE said that over the past 20 years, DAH has undergone three major phases:

- The moderate growth phase from 1990 to 2001 in which annualised growth was a stable but modest 5.9%. Over this period, DAH nearly doubled, growing from \$5.7 billion in 1990 to \$10.8 billion in 2001.
- The rapid growth phase from 2002 to 2010, in which annualized growth was 11.2%. Over this period, DAH almost tripled, climbing to \$28.2 billion in 2010.
- The no growth phase which started in 2011 as a result of the financial crisis. The amount of DAH in

2012, \$28.1 billion, represented a \$53 million drop from the 2010 figure.

In the rapid growth phase, spending increased in almost all areas of health, the IMHE said, but was largely driven by investments in HIV, TB and malaria. The launch of the Global Fund and the GAVI Alliance propelled DAH growth higher. Support for NGOs also rose rapidly.

The IMHE said that in 2012, DAH channeled through bilateral agencies decreased 4.4%. Among the six largest bilateral channels of DAH, only the spending by the UK and Australia increased from 2011 to 2012, at rates of 2.3% and 8.1%, respectively.

GAVI continued to have very strong rates of growth, the IMHE reported. In 2012, expenditure by GAVI reached an estimated \$1.76 billion in 2012, a 41.9% increase over 2011. In comparison, expenditures from the Global Fund decreased slightly from 2010 to 2012 (from \$3.29 billion to \$3.07 billion).

The IMHE said that many of the countries with the highest disease burdens do not receive the most DAH. Of the top 20 countries with the highest disability-adjusted life years, only 12 are among the top 20 recipients of DAH. The IMHE noted that seven of the remaining eight countries are classified as middle income by the World Bank.

The title of the IMHE report is “Financing Global Health 2012: The End of the Golden Age?” Some of the information for this article was taken from a [post](#) on the Humanosphere website.

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