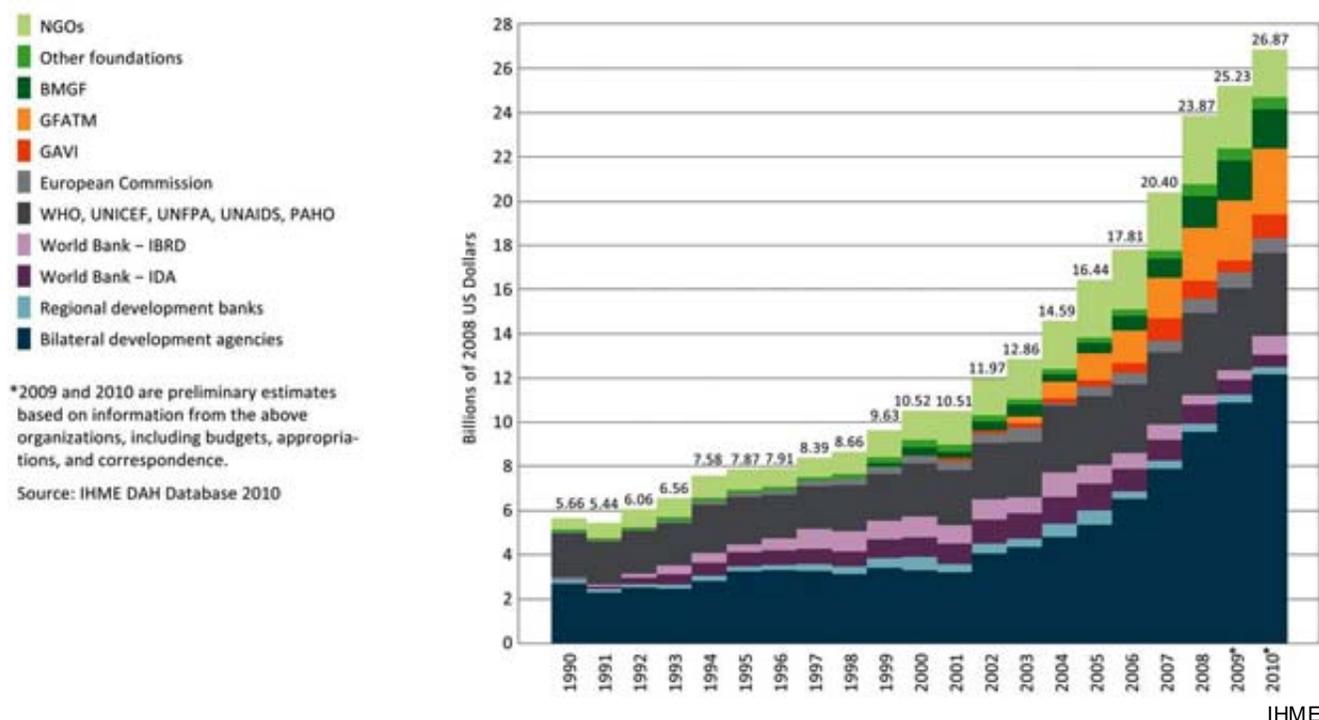


# Global health funding still healthy, but may need better focus

Despite the economic downturn, funding for development assistance targeting health issues internationally has continued to grow — though more slowly and with a few anomalies that may deserve more scrutiny.

“Surprising, global health spending continued to grow in 2010,” said Chris Murray, director of the UW’s Institute for Health Metrics and Evaluation and lead author of a new report **“Financing Global Health 2010.”**



Global health funding by source (e.g. BMGF is Gates Foundation, GFATM is Global Fund)

Murray said most of the hard data is for up to the end of 2008, but his team was able to extrapolate trends into 2010 based on some new methods and interviews.

## Some key findings:

- Between 1990 and 2007, development assistance for global health quadrupled from about \$6 billion to nearly \$22 billion.
- Most of the growth was driven by the U.S. government and U.S.-based private foundations or charitable organizations, though the latter category’s contribution has declined more lately.
- Private citizens, corporations and foundations had funded 27 percent of the total in 2007.
- HIV/AIDS programs received 23 cents out of every dollar in 2007 with TB and malaria together receiving less than one-third of what AIDS receives — even though TB and malaria together represent a greater disease burden than HIV/AIDS.

***“There is a bit of a disconnect in some areas between funding and need,” Murray said.***

For example, Murray and his colleagues noted, 11 of 30 poor countries with the highest disease burden receive less money than some countries with lower disease burdens and better economies. The “disconnect” between funding and need was most acute for malaria and TB, the Seattle team said:

*“(Funding) aid for malaria and tuberculosis also appears to go to countries that do not have large groups at risk for these diseases. For example, of the 30 countries that receive the most malaria health funding adjusted for disease burden, only three – Eritrea, Sao Tome and Principe, and Swaziland – are located in sub-Saharan Africa, where malaria is most acute.”*

“That needs an explanation,” he said. Murray added that, with the current funding constraints, he expects donors and government assistance agencies to take a harder look at the rationale for giving funds to middle-income countries (like China or Mexico) to combat AIDS, TB, malaria or other health problems.