Public Health

The World's Under-Funded Health Crises

Rebecca Ruiz, 06.18.09, 7:35 PM ET

In 2007, governments, private foundations, non-governmental organizations and development agencies spent an estimated $22 billion on global health aid, but a new study published in the Lancet reveals that the money may not reach some of the countries most in need.

Bangladesh, which has the seventh highest burden of disease of countries that receive development assistance, in the world, received only $1 billion in funding between 2002 and 2007. By comparison, Kenya received $1.2 billion during the same time period, but has the 20th highest disease burden. The report, published by the Institute for Health Metrics and Evaluation at the University of Washington in Seattle, also found a 33-fold difference between the aid received by Turkmenistan and Nicaragua, two countries with similar disease-burden rates.

Such findings aren't controversial; it's well known that aid is awarded based on several factors, including income, political stability and relationships between recipient and donor countries.

But Dr. Christopher Murray, director of the Institute, expects the study to invigorate an ongoing debate about transparency and efficiency in a field that is increasingly concerned with how aid is distributed. "Ultimately everyone needs to understand what value we're getting in money for global health," says Murray.

It's a "critical piece of work" says Jennifer Kates, vice president of the health care policy nonprofit Kaiser Family Foundation, because it's the first time researchers compiled a comprehensive list of the sources and cumulative amount of global health financing. A major obstacle to improved efficiency, she says, is the lack of coordination between donors. Without a central, public database for aid, donors often don't realize similar programs are funded in the same country.

"[The study] shows that there's not necessarily a rational process to figure out where the money should go," she says.

The authors collected data from nearly two dozen aid agencies in 22 developed countries, the UN Population Fund, the World Bank and the Bill & Melinda Gates Foundation, among several other donors. The research does not include some funding sources, including private funds raised by non-U.S. NGOs and foundations.

They saw two clear trends: More money is now delivered through NGOs and foundations than in the past, and programs related to HIV/AIDS, tuberculosis and malaria comprise increasingly more of total aid. In 2007, aid for such programs totaled an estimated $6.6 billion.

The country with the greatest absolute disease burden and highest amount of funding, according to the study, is India. Though it's a rapidly developing economy, Murray says that children commonly suffer from diarrhea and pneumonia and that tuberculosis and HIV/AIDS are pervasive, as are chronic conditions like stroke and heart disease.

Brazil, China and Russia also rank in the top 10 countries with the highest burden but receive disproportionately less funding. As middle-income countries, Murray says, they may not need aid from outside donors.

Mead Over, a senior fellow for the nonprofit think tank Center for Global Development, says countries that receive more aid but have less severe disease burdens may offer evidence that funding is actually effective. And for those that receive less financing despite apparent need, Over says that may be because there are few opportunities for cost-effective intervention.

Funding decisions may also have to do with activism and lobbying that happens in donor countries. Jeremy Shiffman, associate professor of public administration at the Maxwell School of Citizenship and Public Affairs at Syracuse