IHME | UNIVERSITY of WASHINGTON

Financing Global Health 2018

Countries and Programs in Transition

healthdata.org

Financing Global Health 2018

Countries and Programs in Transition

IHME | INSTITUTE FOR HEALTH METRICS AND EVALUATION
UNIVERSITY OF WASHINGTON

This report was prepared by the Institute for Health Metrics and Evaluation (IHME) through core funding from the Bill & Melinda Gates Foundation. The views expressed are those of the authors.

Citation: Institute for Health Metrics and Evaluation (IHME). *Financing Global Health 2018: Countries and Programs in Transition*. Seattle, WA: IHME, 2019.

Institute for Health Metrics and Evaluation
2301 Fifth Ave., Suite 600
Seattle, WA 98121
USA
www.healthdata.org

To request copies of this report, please contact IHME:
TELEPHONE: +1-206-897-2800
FAX: +1-206-897-2899
EMAIL: engage@healthdata.org

Printed in the United States of America

ISBN 978-0-9976462-5-2

Contents

Research team

ANGELA E. MICAH, PhD

JOSEPH L. DIELEMAN, PhD

MARGOT KAHN CASE, MFA

ABIGAIL CHAPIN, BA

CATHERINE S. CHEN, BA

KRYCIA COWLING, MPH

ANNIE HAAKENSTAD, MA

ANTON C. HARLE, BA

GLORIA IKILEZI, MD

MARK MOSES, MHS

CHRISTOPHER J.L. MURRAY, MD, DPhil

NAFIS SADAT, MA

MIRANDA TAO, BA

GOLSUM TSAKALOS, MS

YINGXI ZHAO, BS

BIANCA S. ZLAVOG, BS

Acknowledgments

We extend our deepest appreciation to past authors of this report for developing and refining the analytical foundation upon which this work is based. We would like to acknowledge the staff members of the numerous development agencies, public-private partnerships, international organizations, non-governmental organizations, and foundations who responded to our data requests and questions. We greatly appreciate their time and assistance.

The interpretation of the findings benefitted greatly from the contributions of Antonia Dingle of the London School of Hygiene and Tropical Medicine, Erika Larson of the University of California, San Francisco, Thomas J. Bollyky of the Council on Foreign Relations, Rachel Nugent of RTI International, Jennifer Kates of the Kaiser Family Foundation, and Angela Y. Chang of IHME.

The analysis of development assistance for health and other sources of health spending as presented in Chapters 1, 2, and 3, and the future projection models in Chapter 4 draw on data and analysis presented in three papers published this year: "Past, present, and future of global health financing: a review of development assistance, government, out-of-pocket, and other private spending on health for 195 countries, 1995–2050" in *The Lancet*, "Tracking spending on malaria by source in 106 countries, 2000–2016: an economic modelling study" in *The Lancet Infectious Diseases,* and "The potential for additional government spending on HIV/AIDS in 137 low- and middle-income countries" in *The Lancet HIV*. We also thank the 2018 Global Burden of Disease Health Financing Collaborator Network for feedback on data, methods and preliminary results.

We would also like to acknowledge the efforts of the IHME community, which contributed greatly to the production of this year's report. In particular, we thank IHME's Board and Scientific Oversight Group for their continued leadership, Hmwe Kyu for expertise on tuberculosis, Adrienne Chew and Pauline Kim for editing, Joan Williams for production oversight and publication management, and Michaela Loeffler for design. Finally, we would like to extend our gratitude to the Gates Foundation for generously funding IHME and for its consistent support of this research and report.

About IHME

The Institute for Health Metrics and Evaluation (IHME) is an independent global health research organization at the University of Washington that provides rigorous and comparable measurement of the world's most important health problems and evaluates the strategies used to address them. IHME makes this information widely available so that policymakers have the evidence they need to make informed decisions about how to allocate resources to improve population health. For more information about IHME and its work, please visit www.healthdata.org.

Call for collaborators

In addition to conducting the Financing Global Health (FGH) study, IHME coordinates the Global Burden of Diseases, Injuries, and Risk Factors (GBD) Study, a comprehensive effort to measure epidemiological levels and trends worldwide. (More information on GBD is available at http://www.healthdata.org/gbd.) The GBD study relies on a worldwide network of more than 3,366 collaborators in over 140 countries. Current collaborator areas of expertise include epidemiology, public health, demography, statistics, and other related fields.

IHME has expanded the scope of GBD to encompass quantification of health resource flows, health system attributes, and the performance of health systems. To that end, IHME is seeking GBD collaborators who are experts in health financing and health systems. GBD collaborators – many of whom have co-authored GBD or FGH publications – provide timely feedback related to the interpretation of GBD and FGH results, data sources, and methodological approaches pertaining to their areas of expertise. We invite researchers and analysts with expertise in health financing to join the GBD collaborator network. Potential collaborators may apply at http://www.healthdata.org/gbd/call-for-collaborators.

Figures

Tables

Boxes

Acronyms

ADB	Asian Development Bank
AfDB	African Development Bank
AMR	Antimicrobial resistance
ART	Antiretroviral therapy
CEPI	Coalition for Epidemic Preparedness Innovations
DAH	Development assistance for health
DALYs	Disability-adjusted life years
EEA	European Economic Area
GBD	Global Burden of Diseases, Injuries, and Risk Factors Study
GDP	Gross domestic product
GFF	Global Financing Facility
GNI	Gross national income
HSS	Health systems strengthening
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IDB	Inter-American Development Bank
IHME	Institute for Health Metrics and Evaluation
NCDs	Non-communicable diseases
NGOs	Non-governmental organizations
NTDs	Neglected tropical diseases
PAHO	Pan American Health Organization
PEPFAR	United States President's Emergency Plan for AIDS Relief
PMI	United States President's Malaria Initiative
PMTCT	Prevention of mother-to-child transmission of HIV

Acronyms, continued

RMNCH	Reproductive, maternal, newborn, and child health
SDGs	Sustainable Development Goals
SWAPs	Sector-wide approaches
TB	Tuberculosis
UHC	Universal health coverage
UI	Uncertainty interval
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US	United States
USAID	United States Agency for International Development
WHO	World Health Organization

Executive summary

This 10th edition of the Institute for Health Metrics and Evaluation's annual *Financing Global Health* report provides the most up-to-date estimates of development assistance for health, domestic spending on health, health spending on two key infectious diseases – malaria and HIV/AIDS – and future scenarios of health spending. Several transitions in global health financing inform this report: the influence of economic development on the composition of health spending; the emergence of other sources of development assistance funds and initiatives; and the increased availability of disease-specific funding data for the global health community. For funders and policymakers with sights on achieving 2030 global health goals, these estimates are of critical importance. They can be used for identifying funding gaps, evaluating the allocation of scarce resources, and comparing funding across time and countries.

Globally, health spending has increased annually each of the last 21 years, reaching $8.0 trillion (uncertainty interval: 7.8–8.1)* in 2016, the most recent year for which data were available. Of worldwide health spending, 74.0% (72.5–75.5) was financed through governments, 18.6% (18.0–19.4) was spent out-of-pocket, 7.2% (6.7–7.8) was financed through private insurance, and 0.2% (0.2–0.2) was financed by donors. Despite accounting for less than 1% of global health spending, development assistance for health makes up 25.4% (23.9–26.8) of health spending in low-income countries, where 9.6% of the global population lives. Development assistance for health (DAH) totaled $38.9 billion in 2018, down 3.3% from 2017. The biggest sources of DAH in 2018 were the United States, other private philanthropy (excluding the Gates Foundation and corporate donations), and the United Kingdom ($13.2 billion, $3.6 billion, and $3.3 billion, respectively); the largest channels of funding were non-governmental organizations (NGOs) and US bilateral aid agencies ($10.8 billion and $6.8 billion, respectively). Sub-Saharan Africa received more DAH than any other region in 2017 (the most recent year for which data are available). 32.1% of DAH was directed to reproductive, maternal, newborn, and child health; 24.3% to HIV/AIDS; 14.3% to health systems strengthening/sector-wide approaches (HSS/SWAPS); 5.5% to other infectious diseases; 5.3% to malaria; 4.2% to tuberculosis; and 2.0% to non-communicable diseases.

Over the most recent five years (2013 through 2018), the annualized growth rate of development assistance for health has been -0.3%. With this reduction, other sources of funding will be critical to growing funding in the future. As such, we include, for the first time in this report, several sources and channels that were not previously included. Among them, China provided $644.7 million in DAH in 2018. While China contributed less DAH per person than other major donors such as the US or the UK, China is relatively less economically developed. As China's economy grows, it stands to potentially be a major source of DAH.

**Our modeled estimates for total health spending and HIV/AIDS and malaria health spending are presented with uncertainty intervals. Our estimates of DAH are generally not modeled and do not include uncertainty intervals. Unless otherwise indiciated, all estimates are reported in 2018 inflation-adjusted US dollars.*

Along with adding China as a source of DAH, the Coalition for Epidemic Preparedness Innovations (CEPI) and the European Economic Area (EEA) are two new channels added to our tracking this year. CEPI aims to develop and deploy new vaccines to prevent future epidemics, while EEA channels funding to 15 European beneficiary countries in five priority sectors, including health. Additionally, we have split DAH into an increasingly large set of health focus areas and program areas. Antimicrobial resistance (AMR), our newest program area to be included, is an issue that has been described as one of the greatest threats to the future of global health. In 2018, $48.3 million or 0.1% of DAH was directed to this area.**

As the global economy grows, some middle-income countries develop stronger domestic health financing systems and, in many cases, transition away from DAH. Our tracking of total health spending for 195 countries from 1995 to 2016 notes patterns between income groups and regions over time and highlights tremendous variation in how much each country spends on health. DAH is most relied upon in low-income countries (25.4% [23.9–26.8] of health spending in 2016), while out-of-pocket spending is most relied upon for financing health spending in lower-middle-income countries (56.1% [47.3–65.4] of health spending in 2016). As economies continue to grow, the global health community must pay close attention to the ways in which countries transition toward self-sufficient health systems funding and ensure the poorest are not left behind.

Our analysis of disease-specific spending for malaria highlights for funders and policymakers the patterns in spending for this disease, where strong ties between funding and burden have been documented. Between 2000 and 2010, total spending for malaria was $25.2 billion (24.4–26.0). Of this, more than $10.2 billion in development assistance for health was disbursed to control and eliminate malaria – a 30.2% annual increase over the decade. Domestic spending over the decade increased 5.3% (4.5–6.2) annually, and out-of-pocket spending increased 6.3% (4.6–8.0) annually. Increases in total spending and development assistance for malaria have slowed in recent years. Total spending increased 0.9% (0.5–1.4) annually between 2010 and 2016, DAH increased 0.2%, government spending increased 2.9% (1.7–4.0), and out-of-pocket spending held steady. Since 2000, health spending for malaria, overall, has shifted from government and out-of-pocket spending to a reliance on development assistance. While countries seeking to eliminate domestic malaria transmission have been making progress, a plateau in funding, coupled with drug and insecticide resistance, is stalling improvements in many eradicating countries.[1] It is estimated that achieving the goals set by the Global Technical Strategy for Malaria, 2016–2030, will require an estimated $6.6 billion in malaria investments annually by 2020.[1]

In 2016, 33 million people were living with HIV/AIDS in low- and middle-income countries, more than half of whom reside in countries where DAH financed more than 75% of spending on care and treatment. Although development assistance for HIV/AIDS was down $3 billion in 2016 from a peak of $12 billion in 2012, total spending on HIV/AIDS has increased annually since 2000. Our analysis of the potential for governments to spend additional resources on HIV/AIDS indicates an additional $12.1 billion

***Our estimate of development assistance for antimicrobial resistance is inclusive of only disbursements through development agencies and excludes funding provided by organizations that primarily fund research and development.*

(8.4–17.5) could be spent on HIV/AIDS. When compared to UNAIDS Fast-Track estimates of country-specific resource requirements to progress toward ending AIDS by 2030, our potential spend analysis indicates 38 countries could reach the established funding targets with current or reduced DAH. Shifting DAH away from countries that could reach the established resource targets could free up approximately $1 billion in DAH. Still, these funds would fall short of the nearly $5.1 billion required to fund the UNAIDS Fast-Track approach in 65 countries unable to achieve the funding targets – countries that are collectively home to nearly 70% of the people living with HIV/AIDS. To bridge this financing gap and make progress toward ending AIDS by 2030, it is likely that development assistance will be needed.

Finally, our estimates of future health spending from 2017 through 2050 allow funders and policymakers to plan for the future. Our estimates project global health spending will grow to $10.6 trillion (10.2–10.9) in 2030 and $15.0 trillion (14.0–16.0) in 2050. Despite this growth, great disparities are expected to remain. It is estimated that 69.4% (67.2–71.5) of spending will occur in countries that are currently considered high-income, 25.1% (23.1–27.1) in upper-middle-income, 4.9% (4.4–5.5) in lower-middle-income, and only 0.6% (0.6–0.7) in low-income countries in 2050. From 2017 to 2050, spending per person is projected to grow fastest in upper-middle-income countries (3.2% [2.8–3.6] per year), followed by lower-middle-income countries (2.6% [2.3–3.0] per year). Per our estimates, global population changes will have a significant impact on health spending rates across regions.

Additional *Financing Global Health 2018* data highlights:

- Total health spending in 2016 was $8.0 trillion (7.8–8.1), although spending ranged from $15 per person (13–17) in Somalia to approximately $10,000 per person in the US and other countries. Low-income countries accounted for 0.4% (0.3–0.4) of total health spending and 9.6% of the population in 2016, while 81.0% (80.0–81.9) of health spending was in high-income countries, where 16.6% of the global population lived.
- DAH in 2018 totaled $38.9 billion, down 3.3% from 2017, and made up 24.5% (23.0–25.9) of health spending in low-income countries.
- The largest sources of DAH in 2018 were the US, other private philanthropy (excluding the Gates Foundation and corporate donations), and the UK. The US provided $13.2 billion in DAH, down 8.8% from 2017.
- Out-of-pocket spending made up 18.6% (18.0–19.4) of total health spending and was the largest fraction in lower-middle-income countries (56.1% [47.3–65.4]) in 2016.
- Health spending on malaria in 106 malaria-endemic countries (as of 2000) reached $4.3 billion (4.2–4.4) in 2016.
- Countries with low malaria incidence targeting elimination tended to finance most of their malaria spending through the government, while high-malaria-burden countries tended to rely on development assistance and out-of-pocket spending.

- Health spending on HIV/AIDS in low- and middle-income countries reached $19.9 billion (15.8–26.3) in 2016. This spending has increased annually at 10.6% (9.7–11.3) since 2000.
- Development assistance for HIV/AIDS increased dramatically between 2000 and 2012, from $1.3 billion to $11.1 billion. The drop in development assistance for HIV/AIDS since 2012 means that total spending on HIV/AIDS in low-income countries remained constant through 2016 despite increases in domestic spending.
- Total health spending worldwide is estimated to reach $15.0 trillion (14.0–16.0) in 2050. In per person terms, health spending is expected to have the fastest growth in upper-middle-income countries, as well as Southeast Asia, East Asia, and Oceania, and South Asia, between 2017 and 2050.

ملخص تنفيذي

يقدم هذا الإصدار العاشر لتقرير *تمويل قطاع الصحة العالمي* السنوي الخاص بمعهد القياسات الصحية والتقييم أحدث تقديرات المساعدة الإنمائية الصحية، والإنفاق المحلي على الصحة، والإنفاق الصحي على مرضين معديين أساسيين — الملاريا وفيروس العوز المناعي البشري (HIV)/الإيدز —، والسيناريوهات المستقبلية للإنفاق الصحي. تتجلى في هذا التقرير التحولات العديدة التي يشهدها تمويل قطاع الصحة العالمي: تأثير التنمية الاقتصادية على بنية الإنفاق الصحي؛ وظهور مصادر أخرى لأموال ومبادرات المساعدة الإنمائية؛ وتزايد إتاحة بيانات التمويل الخاص بأمراض محددة للمجتمع الصحي العالمي. تُعد هذه التقديرات على قدر بالغ من الأهمية بالنسبة للممولين وصناع السياسات ممن لديهم رؤى بشأن تحقيق أهداف قطاع الصحة العالمي لعام 2030. ويمكن استخدامها لتحديد الثغرات التمويلية وتقييم توزيع الموارد النادرة ومقارنة التمويل بين الدول وخلال أوقات مختلفة.

على الصعيد العالمي، زاد الإنفاق الصحي بشكل سنوي في كل عام من الأعوام الـ21 الماضية ليصل إلى 8.0 تريليونات دولار (هامش الشك: 7.8–8.1)* في 2016، وهو آخر عام توفرت بيانات له. من إجمالي الإنفاق الصحي على مستوى العالم، بلغت نسبة التمويل المقدّم من الحكومات 74.0% (72.5–75.5)، ونسبة الإنفاق من الأموال الخاصة 18.6% (18.0–19.4)، ونسبة التمويل المقدّم من التأمين الصحي الخاص 7.2% (6.7–7.8)، ونسبة التمويل المقدّم من الجهات المتبرعة 0.2% (0.2–0.2). وعلى الرغم من أن المساعدة الإنمائية الصحية تُمثل أقل من 1% من الإنفاق الصحي العالمي، إلا أنها تشكل 25.4% (23.9-26.8) من الإنفاق الصحي في الدول ذات الدخل المنخفض التي يعيش فيها 9.6% من سكان العالم. بلغ إجمالي المساعدة الإنمائية الصحية 38.9 (DAH) مليار دولار في عام 2018، بانخفاض بلغت نسبته 3.3% عن عام 2017. كانت أكبر مصادر المساعدة الإنمائية الصحية في عام 2018 هي الولايات المتحدة ومؤسسات خيرية خاصة أخرى (باستثناء مؤسسة بيل وميليندا جيتس والتبرعات المقدّمة من الشركات) والمملكة المتحدة (13.2 مليار دولار و3.6 مليارات دولار و3.3 مليارات دولار، على التوالي)؛ وكانت أكبر قنوات التمويل هي المنظمات غير الحكومية (NGOs) ووكالات المعونة الثنائية الأمريكية (10.8 مليارات دولار و6.8 مليارات دولار، على التوالي). تلقت إفريقيا جنوب الصحراء مساعدة إنمائية صحية بنسبة أكبر من أي منطقة أخرى في عام 2017 (آخر عام توفرت بيانات له). تم توجيه 32.1% من المساعدة الإنمائية الصحية للصحة الإنجابية وصحة الأمهات وحديثي الولادة والأطفال؛ و24.3% لفيروس العوز المناعي البشري/الإيدز؛ و14.3% لتعزيز النظم الصحية/النهج القطاعية الشاملة (HSS/SWAps)؛ و5.5% للأمراض المعدية الأخرى؛ و5.3% للملاريا؛ و4.2% للسل؛ و2.0% للأمراض غير المعدية.

على مدار الأعوام الخمسة الأخيرة (من 2013 إلى 2018)، بلغ معدل النمو السنوي للمساعدة الإنمائية الخاصة بالصحة 0.3-%. ومع هذا الانخفاض، ستكون مصادر التمويل الأخرى ذات أهمية بالغة لزيادة التمويل في المستقبل. ومن ثَمَّ ولأول مرة في هذا التقرير، نقوم بتضمين العديد من المصادر والقنوات التي لم يتم تضمينها من قبل. من بين هذه المصادر والقنوات مساهمة الصين بـ644.7 مليون دولار في المساعدة الإنمائية الصحية في عام 2018. وفي حين ساهمت الصين بمساعدة إنمائية صحية للفرد الواحد أقل من الجهات المتبرعة الكبرى الأخرى مثل الولايات المتحدة أو المملكة المتحدة، نجد أن الصين أقل تقدمًا من الناحية الاقتصادية مقارنة بهاتين الدولتين. ومع نمو اقتصاد الصين، فمن المحتمل بالتالي أن تكون مصدرًا رئيسيًا للمساعدة الإنمائية الصحية.

**يتم تقديم تقديراتنا النموذجية لإجمالي الإنفاق الصحي وكذلك بالنسبة للإنفاق الصحي الخاص بمكافحة فيروس العوز المناعي البشري/الإيدز والملاريا بهوامش الشك. تقديراتنا للمساعدة الإنمائية الصحية هي بشكل عام غير نموذجية ولا تحتوي على هوامش شك. تم الإبلاغ عن جميع التقديرات بالدولار الأمريكي المعدل حسب التضخم في عام 2018، ما لم يذكر خلاف ذلك.*

إلى جانب إضافة الصين كمصدر للمساعدة الإنمائية الصحية، يُعد التحالف من أجل ابتكارات الاستعداد للأوبئة (CEPI) والمنطقة الاقتصادية الأوروبية (EEA) قناتين جديدتين أضيفتا إلى ما رصدناه هذا العام. يهدف التحالف من أجل ابتكارات الاستعداد للأوبئة إلى تطوير وإطلاق لقاحات جديدة للوقاية من الأوبئة في المستقبل، بينما توجه المنطقة الاقتصادية الأوروبية تمويلها إلى 15 دولة أوروبية مستفيدة في خمسة قطاعات ذات أولوية، من بينها قطاع الصحة. بالإضافة إلى ذلك، قمنا بتقسيم المساعدة الإنمائية الصحية إلى مجموعة متزايدة الاتساع من مجالات التركيز على الصحة ومجالات البرامج الصحية. مقاومة الميكروبات للأدوية (AMR)، أحدث مجالات برامجنا التي سيتم تضمينها، هي مشكلة توصف بأنها أحد التهديدات الكبرى لمستقبل الصحة العالمية. في عام 2018، تم توجيه 48.3 مليون دولار أو 0.1% من المساعدة الإنمائية الصحية إلى هذا المجال.**

مع نمو الاقتصاد العالمي، تقوم بعض الدول ذات الدخل المتوسط بتطوير نظم تمويل محلية أقوى لقطاع الصحة، وفي حالات عديدة، تتجه نحو التوقف عن تلقي المساعدة الإنمائية الصحية. يرصد تتبعنا لإجمالي الإنفاق الصحي في 195 دولة من عام 1995 إلى 2016 وجود أنماط بين مجموعات الدخل والمناطق بمرور الزمن ويسلط الضوء على التباين الهائل في مقدار ما تنفقه كل دولة على الصحة. يُعتمد على المساعدة الإنمائية الصحية بالصورة الأكبر في الدول ذات الدخل المنخفض (25.4% [26.8–23.9] من حجم الإنفاق الصحي في عام 2016)، في حين يُعتمد على الإنفاق من الأموال الخاصة بشكل أكبر لتمويل الإنفاق الصحي في الدول ذات الدخل المتوسط الأدنى (56.1% [65.4–47.3] من حجم الإنفاق الصحي في عام 2016). مع استمرار نمو النظم الاقتصادية، يجب أن يولي المجتمع الصحي العالمي اهتمامًا وثيقًا للطرق التي تتحول بها الدول نحو تحقيق الاكتفاء الذاتي في تمويل النظم الصحية ويضمن عدم التخلي عن الأكثر فقرًا.

يبرز تحليلنا للإنفاق الخاص بمرض الملاريا للممولين وصناع السياسات أنماط الإنفاق على هذا المرض، حيث تم توثيق روابط قوية بين التمويل والأعباء. بين عامي 2000 و2010، بلغ إجمالي الإنفاق الموجه لمكافحة الملاريا 25.2 مليار دولار (24.4–26.0). ومن هذا المبلغ، تم توزيع أكثر من 10.2 مليارات دولار في صورة مساعدة إنمائية صحية للسيطرة على الملاريا والقضاء عليها – بزيادة سنوية بلغت 30.2% على مدار العقد. ازداد الإنفاق المحلي على مدار العقد بنسبة 5.3% (6.2–4.5) سنويًا، وازداد الإنفاق من الأموال الخاصة بنسبة 6.3% (8.0–4.6) سنويًا. وشهدت الزيادات في إجمالي الإنفاق والمساعدة الإنمائية الخاصة بمكافحة الملاريا تباطؤًا خلال السنوات الأخيرة. ازداد إجمالي الإنفاق بنسبة 0.9% (1.4–0.5) سنويًا بين عامي 2010 و2016، وازدادت المساعدة الإنمائية الصحية بنسبة 0.2%، وازداد الإنفاق الحكومي بنسبة 2.9% (4.0–1.7)، وظلت نسبة الإنفاق من الأموال الخاصة ثابتة. منذ عام 2000، تحول الإنفاق الصحي الخاص بمكافحة الملاريا بشكل عام من الإنفاق الحكومي والإنفاق من الأموال الخاصة إلى الاعتماد على المساعدة الإنمائية. على الرغم من التقدم الذي تحرزه الدول التي تسعى للقضاء على انتقال الملاريا محليًا، إلا أن الاستقرار النسبي في حجم التمويل، مصحوبًا بمقاومة المبيدات الحشرية والعقاقير، يعطل مسار التحسينات في العديد من الدول التي تحاول القضاء على الملاريا.[1]

من المقدر أن يتطلب تحقيق الأهداف التي حددتها الاستراتيجية التقنية العالمية لمكافحة الملاريا، للفترة من 2016 إلى 2030، ما يقدر بـ6.6 مليارات دولار من الاستثمارات الخاصة بمكافحة الملاريا سنويًا بحلول عام 2020.[1]

في عام 2016، كان 33 مليون شخص مصاب بفيروس العوز المناعي البشري/الإيدز يعيشون في دول ذات دخل منخفض ومتوسط، يقيم ما يزيد عن نصفهم في دول تموِّل المساعدة الإنمائية الصحية فيها أكثر من 75% من حجم الإنفاق على الرعاية والعلاج. على الرغم من أن المساعدة الإنمائية الخاصة بفيروس العوز المناعي البشري/الإيدز انخفضت بمقدار 3 مليارات دولار في عام 2016 بعد أن بلغت ذروتها في عام 2012 بحجم 12 مليار دولار، فقد ازداد إجمالي الإنفاق على فيروس العوز المناعي البشري/الإيدز سنويًا منذ عام 2000. ويشير تحليلنا لقدرة الحكومات على إنفاق موارد إضافية على فيروس العوز المناعي البشري/الإيدز إلى إمكانية إنفاق 12.1 مليار دولار

***تقديرنا للمساعدة الإنمائية لمقاومة الميكروبات للأدوية يشمل فقط المدفوعات من خلال الوكالات الإنمائية ويستثني التمويل المقدم من المنظمات التي تموّل الأبحاث والتطوير بشكل أساسي.*

(8.4-17.5 مليارًا) إضافي على فيروس العوز المناعي البشري/الإيدز. عند المقارنة بتقديرات المسار السريع لبرنامج الأمم المتحدة المشترك المعني بفيروس العوز المناعي البشري/الإيدز لمتطلبات الموارد المخصصة للدول من أجل إحراز تقدم نحو القضاء على الإيدز بحلول عام 2030، يشير تحليلنا للإنفاق المحتمل إلى إمكانية وصول 38 دولة لأهداف التمويل المقررة بحجم المساعدة الإنمائية الصحية الحالية أو أقل منها. إن تحول الدول التي يمكن أن تصل إلى أهداف الموارد المقررة عن تلقي المساعدة الإنمائية الصحية بإمكانه أن يوفر ما يقرب من 1 مليار دولار من أموال المساعدة الإنمائية الصحية. ومع ذلك، لن تكفي هذه الأموال للوصول إلى المبلغ التقريبي البالغ 5.1 مليارات دولار اللازم لتمويل نهج المسار السريع لبرنامج الأمم المتحدة المشترك المعني بفيروس العوز المناعي البشري/الإيدز في 65 دولة غير قادرة على تحقيق أهداف التمويل – وهي الدول التي تشكل مجتمعة موطنًا لما يقرب من 70% من الأشخاص المصابين بفيروس العوز المناعي البشري/الإيدز. ولرأب هذه الفجوة المالية وإحراز تقدم نحو القضاء على الإيدز بحلول عام 2030، فمن المرجح أن تكون هناك حاجة إلى مساعدة إنمائية.

وأخيرًا، فإن تقديراتنا لحجم الإنفاق الصحي المستقبلي من عام 2017 إلى عام 2050 تتيح للممولين وصناع السياسات فرصة التخطيط للمستقبل. تتنبأ تقديراتنا بأن الإنفاق الصحي العالمي سينمو ليصل إلى 10.6 تريليونات دولار (10.2–10.9) في عام 2030 و15.0 تريليون دولار (14.0–16.0) في عام 2050. وبالرغم من هذا النمو، فمن المتوقع أن تظل هناك فوارق كبيرة. من المقدر أن نسبة 69.4% (67.2–71.5) من الإنفاق سيتم في دول تُعتبر حاليًا ذات دخل مرتفع، ونسبة 25.1% (23.1–27.1) في دول ذات دخل متوسط أعلى، ونسبة 4.9% (4.4–5.5) في دول ذات دخل متوسط أدنى، وفقط نسبة 0.6% (0.6–0.7) في دول ذات دخل منخفض في عام 2050. في الفترة من عام 2017 إلى 2050، من المتوقع أن يكون النمو في قيمة الإنفاق للفرد الواحد هو الأسرع في الدول ذات الدخل المتوسط الأعلى (3.2% [2.8–3.6] سنويًا)، تليها الدول ذات الدخل المتوسط الأدنى (2.6% [2.3–3.0] سنويًا). وفقًا لتقديراتنا، سيكون للتغيرات السكانية العالمية تأثير ملحوظ على معدلات الإنفاق الصحي في جميع المناطق.

أبرز البيانات الإضافية الخاصة *بتمويل قطاع الصحة العالمي لعام 2018*:

- في عام 2016، بلغ إجمالي الإنفاق الصحي 8.0 تريليونات دولار (7.8–8.1)، على الرغم من أن الإنفاق تراوح بين 15 دولارًا للفرد الواحد (13–17) في الصومال و10 آلاف دولار للفرد الواحد في الولايات المتحدة ودول أخرى. مثلت الدول ذات الدخل المنخفض نسبة 0.4% (0.3–0.4) من إجمالي الإنفاق الصحي ونسبة 9.6% من السكان في عام 2016، في حين أن نسبة 81.0% (80.0–81.9) من الإنفاق الصحي كانت في الدول ذات الدخل المرتفع التي يعيش فيها 16.6% من سكان العالم.
- في عام 2018، بلغ إجمالي المساعدة الإنمائية الصحية 38.9 مليار دولار، بانخفاض قدره 3.3% مقارنةً بعام 2017، وقد شكلت نسبة 24.5% (23.0–25.9) من قيمة الإنفاق الصحي في الدول ذات الدخل المنخفض.
- كانت أكبر مصادر المساعدة الإنمائية الصحية في عام 2018 هي الولايات المتحدة، ومؤسسات خيرية خاصة أخرى (باستثناء مؤسسة بيل وميليندا جيتس والتبرعات المقدمة من الشركات)، والمملكة المتحدة. قدمت الولايات المتحدة 13.2 مليار دولار في صورة مساعدة إنمائية صحية، بانخفاض قدره 8.8% مقارنةً بعام 2017.
- في عام 2016، شَكَّل الإنفاق من الأموال الخاصة نسبة 18.6% (18.0–19.4) من إجمالي الإنفاق الصحي ومثّل الجزء الأكبر من الإنفاق في الدول ذات الدخل المتوسط الأدنى (56.1% [47.3–65.4]).
- بلغ الإنفاق الصحي لمكافحة الملاريا في 106 من الدول المتوطن بها مرض الملاريا (اعتبارًا من عام 2000) 4.3 مليارات دولار (4.2–4.4) في عام 2016.
- اتجهت الدول ذات المعدل المنخفض للإصابة بالملاريا التي تستهدف القضاء على المرض إلى تمويل معظم إنفاقها الخاص بمكافحة الملاريا من خلال الحكومة، بينما اتجهت الدول ذات المعدل المرتفع للإصابة بمرض الملاريا إلى الاعتماد على المساعدة الإنمائية والإنفاق من الأموال الخاصة.

- بلغ الإنفاق الصحي لمكافحة فيروس العوز المناعي البشري/الإيدز في الدول ذات الدخل المنخفض والمتوسط 19.9 مليار دولار (15.8–26.3) في عام 2016. ازداد هذا الإنفاق سنويًا بنسبة 10.6% (9.7-11.3) منذ عام 2000.
- ازدادت المساعدة الإنمائية لمكافحة فيروس العوز المناعي البشري/الإيدز بشكل هائل بين عامي 2000 و2012، من 1.3 مليار دولار إلى 11.1 مليار دولار. يعني الانخفاض الذي حدث في المساعدة الإنمائية لمكافحة فيروس العوز المناعي البشري/الإيدز منذ عام 2012 أن إجمالي الإنفاق على مكافحة فيروس العوز المناعي البشري/الإيدز في دول الدخل المنخفض ظل ثابتًا حتى عام 2016.
- من المقدر أن يبلغ إجمالي الإنفاق الصحي على مستوى العالم 15.0 تريليون دولار (14.0–16.0) في عام 2050. وبحساب بالإنفاق على الفرد الواحد، من المتوقع أن يشهد الإنفاق الصحي أسرع معدلات نمو في الدول ذات الدخل المتوسط الأعلى، بالإضافة إلى جنوب شرق آسيا وشرق آسيا وأوقيانوسيا وجنوب آسيا، في الفترة بين عامي 2017 و2050.

摘要

该报告是健康计量与评估研究所年度全球卫生筹资报告的第十版。报告提供了卫生发展援助、国内卫生支出、两种主要传染性疾病（疟疾与艾滋病）的卫生支出、以及卫生支出未来期望的最新估算。全球卫生筹资的几种转变为该报告提供了背景信息：经济发展对于卫生支出构成的影响；新兴卫生发展援助资金和倡议的出现；以及全球卫生界疾病专项资金数据的公开。对于希望实现2030年全球卫生目标的援助方和政策制定者来说，这些估算十分关键。它们可以用于确定资金缺口、评估稀缺资源的分配、并用于比较各国各个阶段的资金情况。

在过去21年间，全球卫生支出每年都在不断增长。在有可用数据的最近一年（即2016年），全球卫生支出达到了8.0万亿美元（不确定性区间7.8-8.1）*。在全球卫生支出中，74.0%（72.5-75.5）为政府筹资，18.6%（18.0-19.4）为个人或家庭现金支出，7.2%（6.7-7.8）为预付私人保险支出，另有0.2%（0.2-0.2）为援助方筹资。尽管卫生发展援助占全球卫生支出的比例小于1%，但是其占据了低收入国家总卫生支出的25.4%（23.9-26.8），而全球有9.6%的人口在这些国家居住。卫生发展援助在2018年达到389亿美元，同比2017年降低了3.3%。2018年卫生发展援助最大来源是美国、其他私人慈善捐助（除去比尔及梅琳达·盖茨基金会和企业捐赠）和英国，分别为132亿美元、36亿美元和33亿美元；最大渠道是非政府组织和美国双边援助机构，分别是108亿美元和68亿美元。在2017年（有可用数据的最近一年），撒哈拉以南非洲是卫生发展援助受援最多的地区。32.1%的卫生发展援助用于生殖、孕产妇、新生儿和儿童健康，24.3%用于艾滋病，14.3%用于卫生系统加强/全部门级方案（HSS/SWAps），5.5%用于其他传染性疾病， 5.3%用于疟疾，4.2%用于结核病， 2.0%用于非传染性疾病。

在最近五年（2013年至2018年），卫生发展援助的年均增长率为-0.3%。因为这一数字的降低，其他援助来源将对于未来资金维持十分重要。因此我们在这份报告中首次纳入了以前未包括在内的新兴援助方和援助渠道。中国在2018年提供了6.447亿美元的卫生发展援助。尽管中国的人均卫生发展援助规模小于美国和英国在内的主要援助方，但是中国经济相对这些国家欠发达。随着其经济未来增长，中国可能成为卫生发展援助的主要来源。

除了将中国纳入卫生发展援助来源外，流行病防范创新联盟（CEPI）和欧洲经济区（EEA）也作为两个新兴渠道被纳入了估算中。流行病防范创新联盟的目标是研发和使用新的疫苗，用于预防未来流行病的爆发；欧洲经济区向15个欧洲国家提供包括卫生在内五个方面的援助。此外，我们也将卫生发展援助分为更详细的卫生领域和项目领域。我们最新纳入的项目领域是抗生素耐药性（AMR），它被描述为全球卫生未来面临的最大威胁之一。在2018年，卫生发展援助总额的0.1%，即4830万美元流入了该项目领域。

随着全球经济增长，部分中收入国家拥有了更强健的卫生筹资体系，在很多情况下脱离了卫生发展援助资助。我们对195个国家在1995年至2016年内总卫生支出的追踪显示了不同收入国家和地区随时间的变化趋势，也提示了每个国家在卫生方面支出的巨大差异。低收入国家主要依靠卫生发展援助（2016年卫生支出的25.4%【23.9-26.8】），而中低收入国家主要依靠个人或家庭现金支出（2016年卫生支出的56.1%【47.3-65.4】）。随着经济增长，全球卫生界必须密切关注各国如何转变到自给自足的卫生系统筹资，并保证最贫穷的国家不会被落下。

我们对于总卫生支出、疟疾、艾滋病支出的模型估算结果包括了不确定性区间。我们对于卫生发展援助的估算未经模型估算，因此不含不确定性空间。除非另有说明，所有估算结果单位均为去通胀调整后的2018年美元。

我们分析了疟疾的卫生支出模式，并向援助方和政策制定者提示了资金和疾病负担的密切关系。在2000至2010年间，疟疾的总支出为252亿美元（244-260）。其中共有超过102亿美元的卫生发展援助用于控制和消除疟疾，这一数字在过去十年间年均增长30.2%。国内支出年均增长5.3%（4.5-6.2），个人或家庭现金支出年均增长6.3%（4.6-8.0）。近年来疟疾总支出和卫生发展援助增速放缓。2010年至2016年间总支出年均增长0.9%（0.5-1.4），卫生发展援助年均增长0.2%，政府支出增长2.9%（1.7-4.0），而个人或家庭现金支出保持平稳。自2000年以来，疟疾的卫生支出逐渐由政府支出和个人或家庭现金支出改为依靠卫生发展援助。当寻求消除疟疾的国家取得成就的同时，资金水平达到平台期，此外药物和杀虫剂耐药性也正在拖延进一步的进展。据估算，如要达到2016-2030年全球疟疾技术战略中列出的目标，到2020年，每年供资额需增至66亿美元。

在2016年，中低收入国家共有3300万人患有艾滋病，其中超过一半生活在那些卫生发展援助资助了75%的治疗和护理支出的国家。尽管在2016年针对艾滋病的卫生发展援助相比于2012年120亿美元峰值降低了30亿美元，艾滋病的总支出从2000年以来每年都有所增长。我们对于政府在艾滋病上额外支出资源的分析显示还有121亿美元（84-175）可用于艾滋病。我们的潜在支出分析表明，与联合国艾滋病规划署快速通道行动中列出的2030年结束艾滋病流行所需要的国家特定资源相比，有38个国家可以通过当前或者更少的卫生发展援助资金水平，来达到既定的资金目标。将卫生发展援助从这些国家中转移出来可以节约大约10亿美元。尽管如此这些资金仍然不足以实现65个国家完成快速通道行动，尚存资金缺口51亿美元，而大约70%的艾滋病患者居住在这65个国家内。为弥补这一资金缺口并推进2030年结束艾滋病流行的进展，卫生发展援助仍然十分重要。

最后，我们还估算了2017年至2050年未来卫生支出的期望，以便援助方和政策制定者提前制定计划。我们估算2030年卫生支出将会达到10.6万亿美元（10.2-10.9），这一数字在2050年将会增长到15.0万亿美元（14.0-16.0）。尽管有所增长，我们预计卫生筹资的不平等也会继续存在。在2050年，预计69.4%（67.2-71.5）的支出将出现在当前为高收入的国家中，25.1%（23.1-27.1）的支出将出现在当前为中高收入国家中，4.9%（4.4-5.5）的支出在中低收入国家中，仅0.6%（0.6-0.7）的支出在低收入国家中。2017年到2050年，中高收入国家的人均卫生支出增速最快（年均3.2%【2.8-3.6】），中低收入国家次之（年均2.6%【2.3-3.0】）。根据我们的估算，全球人口变化将会给各地区卫生支出增速带来巨大的影响。

我们对于抗生素耐药性的卫生发展援助估算仅包括通过发展援助机构渠道发放的资金，且不包括主要资助研究项目的机构发放的资金。

其他全球卫生筹资2018年数据亮点：

- 2016年的全球卫生支出为8.0万亿美元 (7.8-8.1)，但是各地区差异巨大，最低为索马里的人均15美元 (13-17)，最高为美国和其他国家的人均约一万美元。在2016年，拥有全球9.6%人口的低收入国家的卫生支出占总卫生支出的0.4% (0.3-0.4)，而拥有全球16.6%人口的低收入国家的卫生支出占卫生总支出的81.0% (80.0 – 81.9)。
- 2018年卫生发展援助共389亿美元，同比2017年降低了3.3%，并占低收入国家总卫生支出的24.5% (23.0-25.9)。
- 2018年卫生发展援助最大来源是美国、其他私人慈善捐助 (除去比尔及梅琳达·盖茨基金会和企业捐赠) 和英国。美国提供了132亿美元的卫生发展援助，同比2017年降低了8.8%。
- 在2016年，个人或家庭现金支出占总卫生支出的18.6% (18.0-19.4)，是中低收入国家卫生支出的主要来源 (56.1% 【47.3-65.4】)。
- 在2016年，106个疟疾流行国家 (据2000年定义) 的疟疾卫生支出达到了43亿美元 (42-44)。
- 疟疾发病率较低的国家消除疟疾的过程主要依靠政府筹资，而疟疾疾病负担较高的国家主要依靠发展援助和个人或家庭现金支出。
- 2016年，中低收入国家的艾滋病支出达到了199亿美元 (158-263)，这一数字从2000年以来每年增长10.6% (9.7-11.3)。
- 针对艾滋病的卫生发展援助在2000年至2012年间急剧增长，从13亿美元增加到111亿美元。自2012年以来艾滋病发展援助的降低意味着，到2016年低收入国家的艾滋病总支出维持稳定。
- 预计到2050年，全球卫生支出将达到15.0万亿美元 (14.0-16.0)。中高收入国家以及东南亚、东亚、大洋洲和南亚地区的人均卫生支出增长最快。

Résumé analytique

La 10e édition du rapport annuel *Financing Global Health* de l'Institute for Health Metrics and Evaluation fournit les plus récentes estimations relatives à l'aide au développement en matière de santé, de dépenses nationales de santé, de dépenses de santé liées à deux maladies infectieuses principales – le paludisme et le VIH/SIDA – et les scénarios futurs de dépenses de santé. Plusieurs transformations dans le financement de la santé sur le plan mondial ont contribué à l'élaboration du présent rapport : l'influence du développement économique sur la répartition des dépenses de santé ; l'apparition d'autres sources de fonds et d'initiatives d'aide au développement ; et la disponibilité accrue de données relatives au financement orienté vers des maladies spécifiques pour la communauté sanitaire mondiale. Ces estimations sont d'une importance ultime pour les organismes de financement et les responsables de la santé qui visent à atteindre les objectifs mondiaux de santé 2030. Elles peuvent être utilisées pour identifier les déficits de financement, évaluer l'allocation des ressources rares et comparer le financement dans le temps et entre les pays.

Sur le plan international, les dépenses de santé ont augmenté annuellement au cours des 21 dernières années, atteignant 8,0 billions de dollars (intervalle d'incertitude : 7,8 – 8,1)* en 2016, l'année la plus récente pour laquelle des données étaient disponibles. Sur l'ensemble des dépenses mondiales de santé, 74,0 % (72,5 – 75,5) ont été financés par des fonds publics, 18,6 % (18,0 – 19,4) ont été financés directement par les patients, 7,2 % (6,7 – 7,8) ont été financés par le biais d'une assurance privée et 0,2 % (0,2 – 0,2) ont été pris en charge par des donateurs. Bien qu'elle représente moins de 1 % des dépenses mondiales de santé, l'aide au développement en matière de santé constitue 25,4 % (23,9 – 26,8) des dépenses de santé dans les pays à faible revenu, où vivent 9,6 % de la population mondiale. L'aide au développement en matière de santé (ADS) s'est élevée à 38,9 milliards de dollars en 2018, une baisse de 3,3 % par rapport à 2017. Les principales sources d'ADS en 2018 étaient les États-Unis, d'autres organismes caritatifs privés (à l'exclusion de la Bill & Melinda Gates Foundation et des dons de sociétés) et le Royaume-Uni (13,2 milliards de dollars, 3,6 milliards de dollars et 3,3 milliards de dollars, respectivement) ; les canaux de financement les plus importants étaient les organisations non gouvernementales (ONG) et les organismes d'aide bilatérale américains (10,8 milliards de dollars et 6,8 milliards de dollars, respectivement). L'Afrique subsaharienne a reçu plus d'ADS que toute autre région en 2017 (l'année la plus récente pour laquelle des données étaient disponibles). En outre, 32,1 % de l'ADS ont été consacrés à la santé génésique, maternelle, néonatale et infantile ; 24,3 % au VIH/SIDA ; 14,3 % au renforcement des systèmes de santé (RSS) et aux approches sectorielles (SWAP) ; 5,5 % aux autres maladies infectieuses ; 5,3 % au paludisme ; 4,2 % à la tuberculose ; et 2,0 % aux maladies non transmissibles.

**Nos estimations modélisées pour l'ensemble des dépenses de santé, le VIH/SIDA et le paludisme sont présentées avec des fourchettes d'incertitude. Nos estimations relatives à l'ADS ne sont en général pas modélisées et ne comprennent aucune fourchette d'incertitude. Sauf indications contraires, toutes les estimations sont exprimées en dollars É.-U. ajustés en fonction du taux d'inflation de 2018.*

Au cours des cinq dernières années (de 2013 à 2018), le taux de croissance annualisé de l'aide au développement en matière de santé a été de -0,3 %. Du fait de cette réduction, d'autres sources de financement seront essentielles pour augmenter les fonds à l'avenir. C'est pourquoi nous avons inclus dans ce rapport plusieurs sources et nouveaux canaux qui n'avaient encore jamais été pris en compte. Parmi ces derniers, la Chine a contribué pour 644,7 millions de dollars à l'ADS en 2018. Bien que la part d'ADS par personne fournie par la Chine soit inférieure à celle des autres grands donateurs, comme les É.-U. ou le R.-U., la Chine est relativement moins développée sur le plan économique. Elle est susceptible de devenir une source importante d'ADS au fur et à mesure que son économie se développera.

Outre l'ajout de la Chine comme source d'ADS, la Coalition for Epidemic Preparedness Innovations (CEPI) et l'Espace économique européen (EEE) sont deux nouveaux canaux de financement figurant sur notre liste cette année. La CEPI cherche à développer et déployer de nouveaux vaccins pour éviter les futures épidémies, alors que l'EEE attribue des fonds à 15 pays européens bénéficiaires dans cinq secteurs prioritaires, dont la santé. Par ailleurs, nous avons réparti l'ADS en un nombre croissant de domaines stratégiques et de secteurs de programme relatifs à la santé. La résistance aux antimicrobiens (RAM), que nous venons d'inclure dans nos secteurs de programme, a été décrite comme l'une des plus grandes menaces pour l'avenir de la santé dans le monde. En 2018, 48,3 millions de dollars, soit 0,1 % de l'ADS ont été consacrés à ce secteur[**].

À mesure que l'économie mondiale se développe, certains pays à revenu intermédiaire parviennent à renforcer les systèmes nationaux de financement de la santé et, dans de nombreux cas, réduisent progressivement leur dépendance envers l'ADS. Notre suivi des dépenses totales de santé de 195 pays entre 1995 et 2016 observe des tendances entre les groupes et les régions, en termes de revenus, au fil du temps, et fait ressortir une variation importante au niveau des dépenses de santé de chaque pays. L'ADS est la source de financement des dépenses de santé à laquelle les pays à faible revenu ont eu le plus recours (25,4 % [23,9 – 26,8] en 2016), tandis que le financement direct par les patients étaient la forme de financement privilégiée dans les pays à revenu intermédiaire de la tranche inférieure (56,1 % [47,3 – 65,4] en 2016). À mesure que les économies continuent de croître, la communauté sanitaire internationale doit accorder une attention particulière à la manière dont les pays s'orientent progressivement vers un financement autonome des systèmes de santé et s'assurer que les pays les plus défavorisés ne restent pas à la traîne.

Notre analyse des dépenses spécifiques liées à la prise en charge du paludisme montre aux organismes de financement et aux responsables de la santé les tendances relatives aux dépenses consacrées à cette maladie, ainsi que les liens étroits entre le financement et le fardeau de la maladie. Entre 2000 et 2010, les dépenses totales imputables au paludisme étaient de

***Notre estimation de l'aide au développement pour la résistance aux antimicrobiens ne comprend que les versements effectués par les organismes de développement et exclut les fonds fournis par les organisations qui financent principalement la recherche et le développement.*

25,2 milliards de dollars (24,4 – 26,0). Plus de 10,2 milliards de dollars d'aide au développement en matière de santé ont été affectés à la lutte contre le paludisme et à son éradication – soit une hausse annuelle de 30,2 % au cours de la décennie. Sur une base annuelle, les dépenses nationales durant cette période ont augmenté de 5,3 % (4,5 – 6,2) et les frais à la charge des patients de 6,3 % (4,6 – 8,0). La hausse des dépenses totales et de l'aide au développement consacrées au paludisme a ralenti au cours des dernières années. Les dépenses totales ont augmenté de 0,9 % (0,5 – 1,4) annuellement entre 2010 et 2016, l'ADS a augmenté de 0,2 %, les dépenses publiques ont augmenté de 2,9 % (1,7 – 4,0) et les frais à la charge des patients sont restés stables. Depuis 2000, les dépenses de santé consacrées au paludisme, dans l'ensemble, sont moins axées sur les fonds publics et les frais à la charge des patients, mais plutôt sur l'aide au développement. Bien que les pays cherchant à éliminer la transmission du paludisme au sein de leurs frontières aient fait des progrès, la stabilisation du financement et la résistance aux médicaments et aux insecticides freinent les progrès réalisés dans de nombreux pays où la maladie est en voie d'éradication[1]. On estime que pour atteindre les objectifs fixés par la Stratégie technique mondiale de lutte contre le paludisme, 2016-2030, 6,6 milliards de dollars devront être investis annuellement d'ici 2020[1].

En 2016, 33 millions de personnes étaient atteintes du VIH/SIDA dans les pays à faible revenu et à revenu intermédiaire, dont plus de la moitié vivaient dans des pays où l'ADS finançait plus de 75 % des dépenses consacrées aux soins et au traitement. Bien que l'aide au développement accordée au VIH/SIDA ait baissé de 3 milliards de dollars en 2016 par rapport à un montant record de 12 milliards de dollars en 2012, les dépenses totales consacrées au VIH/SIDA ont augmenté chaque année depuis 2000. Notre analyse du potentiel des gouvernements à affecter des ressources supplémentaires à la lutte contre le VIH/SIDA indique que 12,1 milliards (8,4 – 17,5 milliards) de dollars pourraient être consacrés à cette maladie. Comparée aux estimations « Fast-Track » de l'ONUSIDA relatives aux besoins en ressources par pays en vue de mettre fin au SIDA d'ici 2030, notre analyse des dépenses potentielles indique que 38 pays pourraient atteindre les cibles de financement établies avec le niveau d'ADS actuel ou réduit. Éliminer l'ADS accordée aux pays susceptibles d'atteindre les objectifs de ressources établis pourrait libérer environ 1 milliard de dollars en ADS. Ces fonds seraient cependant insuffisants face aux quelques 5,1 milliards de dollars qui seraient nécessaires pour financer l'approche « Fast-Track » de l'ONUSIDA dans 65 pays incapables d'atteindre les cibles de financement – pays qui, collectivement, abritent près de 70 % des personnes atteintes du VIH/SIDA. Pour combler le déficit de financement et parvenir à mettre fin au SIDA d'ici 2030, l'aide au développement sera sans doute nécessaire.

Enfin, nos estimations des dépenses de santé futures entre 2017 et 2050 permettent aux organismes de financement et aux responsables de la santé de faire des prévisions. Nos estimations prévoient que les dépenses de santé mondiales passeront à 10,6 billions de dollars (10,2 – 10,9) en 2030 et à 15,0 billions de dollars (14,0 – 16,0) en 2050. Malgré cette croissance, des écarts importants devraient subsister. On estime qu'en 2050, 69,4 % (67,2 – 71,5) des dépenses surviendront dans des pays considérés actuellement comme des régions à revenu élevé, 25,1 % (23,1 – 27,1) dans des régions à revenu intermédiaire de la tranche supérieure, 4,9 % (4,4 – 5,5) dans des régions à revenu intermédiaire de la tranche inférieure et seulement 0,6 % (0,6 – 0,7) dans des régions à revenu faible. De 2017 à 2050, les dépenses par personne devraient augmenter le plus rapidement dans les pays à revenu intermédiaire de la tranche supérieure (3,2 % [2,8 – 3,6] par an), puis dans les pays à revenu intermédiaire de la tranche inférieure (2,6 % [2,3 – 3,0] par an). Selon nos estimations, l'évolution démographique mondiale aura un impact considérable sur les taux de dépenses de santé dans les différents pays.

Autres faits saillants du rapport *Financing Global Health 2018* :

- L'ensemble des dépenses de santé en 2016 était de 8,0 billions de dollars (7,8 – 8,1), variant de 15 dollars par personne (13 – 17) en Somalie à 10 000 dollars par personne aux É.-U. et dans d'autres pays. Les pays à revenu faible représentaient 0,4 % (0,3 – 0,4) des dépenses totales de santé et 9,6 % de la population en 2016, tandis que 81,0 % (80,0 – 81,9) des dépenses de santé sont survenues dans des pays à revenu élevé, où vivent 16,6 % de la population mondiale.
- L'ADS en 2018 s'est élevée à 38,9 milliards de dollars, une baisse de 3,3 % par rapport à 2017, et représentait 24,5 % (23,0 – 25,9) des dépenses de santé dans les pays à revenu faible.
- Les sources d'ADS les plus importantes en 2018 étaient les É.-U., d'autres organismes caritatifs privés (à l'exclusion de la Bill & Melinda Gates Foundation et des dons de sociétés) et le R.-U.. Les É.-U. ont contribué pour 13,2 milliards de dollars à l'ADS, une baisse de 8,8 % par rapport à 2017.
- Les frais à la charge des patients représentaient 18,6 % (18,0 – 19,4) des dépenses totales de santé et constituaient la plus grande part dans les pays à revenu intermédiaire de la tranche inférieure (56,1 % [47,3 – 65,4]) en 2016.
- Les dépenses de santé consacrées au paludisme dans 106 pays où cette maladie est endémique (en 2000) ont atteint 4,3 milliards de dollars (4,2 – 4,4) en 2016.
- Les pays où la prévalence du paludisme est faible et visant à éradiquer la maladie avaient tendance à financer la majorité de leurs dépenses relatives au paludisme par des fonds publics, tandis que les pays où le fardeau de la maladie est plus lourd avaient tendance à recourir à l'aide au développement et aux frais à la charge des patients.

- Les dépenses de santé consacrées au VIH/SIDA dans les pays à revenu faible et intermédiaire ont atteint 19,9 milliards de dollars (15,8 – 26,3) en 2016. Ces dépenses ont augmenté annuellement à 10,6 % (9,7 – 11,3) depuis 2000.
- L'aide au développement affectée au VIH/SIDA a augmenté considérablement entre 2000 et 2012, passant de 1,3 à 11,1 milliards de dollars. La diminution de l'aide au développement pour la lutte contre le VIH/SIDA observée depuis 2012 signifie que l'ensemble des dépenses consacrées au VIH/SIDA dans les pays à revenu faible est resté constant jusqu'en fin 2016.
- Les dépenses totales de santé dans le monde devraient atteindre 15,0 billions de dollars (14,0 – 16,0) en 2050. Par habitant, les dépenses de santé devraient connaître la croissance la plus rapide dans les pays à revenu intermédiaire de la tranche supérieure, ainsi qu'en Asie du Sud-Est, en Asie orientale, en Océanie et en Asie méridionale, entre 2017 et 2050.

Resumen ejecutivo

Esta 10.ª edición del informe anual de *Financiación mundial de la salud (Financing Global Health)* del Instituto de Métricas y Evaluación de la Salud (Institute for Health Metrics and Evaluation) proporciona los estimados más actuales de asistencia para el desarrollo de la salud, gasto doméstico en salud, gasto en salud en dos enfermedades infecciosas clave, la malaria y el VIH/SIDA, y escenarios futuros del gasto en salud. Este informe hace referencia a varias transiciones en la financiación mundial de la salud: la influencia del desarrollo económico en la composición del gasto en salud; el surgimiento de otras fuentes de fondos e iniciativas de asistencia para el desarrollo; y la mayor disponibilidad de datos de financiamiento específicos de la enfermedad para la comunidad de salud global. Para los financiadores y los responsables de la formulación de políticas con miras a alcanzar los objetivos de salud global de 2030, estas estimaciones son de suma importancia. Se pueden utilizar para identificar las brechas de financiamiento, evaluar la distribución de recursos escasos y comparar el financiamiento a lo largo del tiempo en países diferentes.

A nivel mundial, el gasto en salud ha aumentado anualmente cada uno de los últimos 21 años y alcanzó los 8.0 billones de dólares (intervalo de incertidumbre: 7.8–8.1)* en 2016, el año más reciente para el cual los datos estaban disponibles. Del gasto mundial en salud, el 74.0 % (72.5–75.5) se financió a través de los gobiernos, el 18.6 % (18.0–19.4) fue gasto del bolsillo, el 7.2 % (6.7–7.8) se financió a través del seguro privado y el 0.2 % (0.2–0.2) fue financiado por donantes. A pesar de representar menos del 1 % del gasto mundial en salud, la asistencia para el desarrollo destinada al sector salud representa un 25.4 % (23.9–26.8) del gasto en salud en países de ingresos bajos, donde vive el 9.6 % de la población mundial. La asistencia para el desarrollo de la salud (Development Assistance for Health, DAH) totalizó 38 900 millones de dólares en 2018, un 3.3 % menos que en 2017. Las mayores fuentes de DAH en 2018 fueron los Estados Unidos, otras entidades filantrópicas privadas (excluyendo la Fundación Bill y Melinda Gates [Bill & Melinda Gates Foundation] y las donaciones corporativas) y el Reino Unido (13 200 millones, 3600 millones y 3300 millones, respectivamente); los principales canales de financiamiento fueron las organizaciones no gubernamentales (NGO) y las agencias de ayuda bilateral de los Estados Unidos (10 800 millones y 6800 millones, respectivamente). El África subsahariana recibió más DAH que cualquier otra región en 2017 (el año más reciente para el cual hay datos disponibles). El 32.1 % de la DAH se dirigió a la salud reproductiva, materna, neonatal e infantil; el 24.3 % al VIH/SIDA; el 14.3 % al fortalecimiento de sistemas de salud/enfoques sectoriales (health systems strengthening/sector-wide approaches, HSS/SWAPs); el 5.5 % a otras enfermedades infecciosas; el 5.3 % a la malaria; el 4.2 % a la tuberculosis; y el 2.0 % a enfermedades no transmisibles.

En los últimos cinco años (2013 a 2018), la tasa de crecimiento anualizada de la asistencia al desarrollo para la salud ha sido del –0.3 %. Con esta reducción, otras fuentes de financiamiento serán cruciales para aumentar el

** Nuestras estimaciones modeladas para el gasto total en salud de VIH/SIDA y el gasto en salud de malaria se presentan con intervalos de incertidumbre. Nuestras estimaciones de DAH generalmente no son modeladas y no incluyen intervalos de incertidumbre. A menos que se indique lo contrario, todas las estimaciones se reportan en dólares estadounidenses ajustados por la inflación en 2018.*

financiamiento en el futuro. Como tal, incluimos, por primera vez en este informe, diversas fuentes y canales que no han sido incluidos anteriormente. Entre ellos, China aportó 644.7 millones de dólares en DAH en 2018. Si bien China contribuyó menos DAH por persona que otros donantes importantes como los Estados Unidos o el Reino Unido, China está relativamente menos desarrollada económicamente. A medida que la economía de China crezca, esta será una fuente potencialmente importante de DAH.

Además de agregar a China como fuente de DAH, la Coalición para las Innovaciones de Preparación para la Epidemia (Coalition for Epidemic Preparedness Innovations, CEPI) y el Espacio Económico Europeo (European Economic Area, EEA) son dos nuevos canales que hemos agregado a nuestro seguimiento este año. La CEPI tiene como objetivo desarrollar e implementar nuevas vacunas para prevenir futuras epidemias,[63] mientras que el EEA distribuye fondos a 15 países europeos beneficiarios en cinco sectores prioritarios, la salud es uno de ellos. Además, hemos dividido la DAH en un conjunto cada vez más amplio de áreas de enfocadas en salud y áreas de programa. La farmacorresistencia (antimicrobial resistance, AMR), es el área que hemos incluido más recientemente. Es un problema que se ha descrito como una de las mayores amenazas para el futuro de la salud global. En 2018, 48.3 millones de dólares o el 0.1 % de la DAH se dirigió a esta área.[**]

A medida que la economía global crece, algunos países de ingresos medios desarrollan sistemas nacionales de financiamiento de la salud más robustos y, en muchos casos, dejan atrás la DAH. Nuestro seguimiento del gasto total en salud en 195 países desde 1995 hasta 2016 indica los patrones entre los grupos de ingresos y las regiones a lo largo del tiempo y destaca la enorme variación del gasto en salud de cada país. La DAH es más utilizada por los países de ingresos bajos (25.4 % [23.9–26.8] del gasto en salud en 2016), mientras que el gasto de bolsillo es más utilizado para financiar el gasto en salud en los países de ingresos medios-bajos (56.1 % [47.3–65.4] del gasto en salud en 2016). A medida que las economías continúan creciendo, la comunidad mundial de la salud debe prestar mucha atención a las formas en que los países hacen la transición hacia la financiación de sistemas de salud autosuficientes y debe garantizar que los más pobres no se queden atrás.

Para los financiadores y los responsables de la formulación de políticas, nuestro análisis del gasto específico de una sola enfermedad, la malaria, resalta los patrones en los gastos para esta, donde se han documentado los fuertes vínculos entre la financiación y la carga. Entre 2000 y 2010, el gasto total contra la malaria fue de 25 200 millones de dólares (24.4–26.0). De estos, más de 10 200 millones de dólares en asistencia para el desarrollo para la salud se desembolsaron con el fin de controlar y eliminar la malaria, un aumento anual de 30.2 % durante la década. El gasto nacional durante la década aumentó 5.3 % (4.5–6.2) anualmente, y el gasto de bolsillo aumentó 6.3 % (4.6–8.0) anualmente. Los aumentos en el gasto total y la asistencia para el desarrollo contra la malaria se han reducido en los últimos años. El gasto total aumentó 0.9 % (0.5–1.4) anualmente entre 2010 y 2016, la DAH aumentó 0.2 %, el gasto gubernamental aumentó 2.9 % (1.7–4.0) y el gasto de bolsillo se mantuvo estable. En general, desde el año 2000, el gasto en salud

*** Nuestra estimación de la asistencia para el desarrollo contra la f armacorresistencia incluye solo los desembolsos a través de agencias de desarrollo y excluye los fondos proporcionados por organizaciones que financian principalmente la investigación y el desarrollo.*

contra la malaria, ha pasado de ser gasto del gobierno y de bolsillo a depender de la asistencia para el desarrollo. Mientras que los países que buscan eliminar la transmisión interna de la malaria han progresado, el estancamiento en el financiamiento, junto con la resistencia a los medicamentos e insecticidas, están retrasando las mejoras en muchos países que buscan la erradicación.[1] Se estima que para lograr los objetivos establecidos por la Estrategia Técnica Mundial contra la Malaria 2016–2030 (Global Technical Strategy for Malaria, 2016–2030) se requerirá un estimado de 6600 millones de dólares en inversiones anuales contra la malaria para el año 2020.[118]

En 2016, 33 millones de personas vivían con VIH/SIDA en países de ingresos bajos y medios, de las cuales más de la mitad reside en países donde la DAH financió más del 75 % del gasto en atención y tratamiento. Si bien la asistencia para el desarrollo contra el VIH/SIDA disminuyó 3000 millones de dólares en 2016 desde su punto máximo de 12 000 millones en 2012, el gasto total en VIH/SIDA ha aumentado anualmente desde el año 2000. Nuestro análisis del potencial para que los gobiernos gasten recursos adicionales en VIH/SIDA indica que se podrían gastar 12 100 millones de dólares adicionales (8.4–17 500 millones) contra el VIH/SIDA. Cuando se compara con las estimaciones que Acción acelerada de ONUSIDA (UNAIDS Fast-Track) realizó de los recursos específicamente requeridos por cada país para avanzar hacia la terminación del sida para 2030, nuestro análisis de gasto potencial indica que 38 países podrían alcanzar los objetivos de financiamiento establecidos con la DAH actual o reducida. Retirar la DAH de los países que puedan alcanzar los objetivos de los recursos establecidos por si mismos podría liberar aproximadamente 1000 millones de dólares en DAH. Sin embargo, estos fondos no alcanzarán los casi 5100 millones de dólares requeridos para financiar el enfoque de Acción acelerada de ONUSIDA en 65 países que no pueden alcanzar los objetivos de financiación, países que albergan colectivamente a casi el 70 % de las personas que viven con VIH/SIDA. Para cerrar esta brecha financiera y avanzar hacia la erradicación del sida para 2030, es probable que se necesite asistencia para el desarrollo.

Finalmente, nuestras estimaciones del gasto futuro en salud desde 2017 hasta 2050 permiten a los financiadores y los responsables de la formulación de políticas planificar para el futuro. Nuestras estimaciones proyectan que el gasto mundial en salud crecerá a 10.6 billones de dólares (10.2–10.9) en 2030 y 15.0 billones (14.0–16.0) en 2050. A pesar de este crecimiento, se espera que se mantengan grandes disparidades. Se estima que el 69.4 % (67.2–71.5) del gasto se producirá en países que actualmente se consideran de ingresos altos, el 25.1 % (23.1–27.1) en los de ingresos medios-altos, el 4.9 % (4.4–5.5) en los de ingresos medios-bajos y solo el 0.6 % (0.6–0.7) en los países de ingresos bajos en 2050. De 2017 a 2050, se proyecta que el gasto por persona crecerá más rápidamente en los países de ingresos medios-altos (3.2 % [2.8–3.6] por año), seguido de los países de ingresos medios-bajos (2.6 % [2.3–3.0] por año). Según nuestras estimaciones, los cambios en la población mundial tendrán un impacto significativo en las tasas de gasto en salud en todas las regiones.

Otros datos destacados de *Financiación mundial de la salud:*

- El gasto total en salud en 2016 fue de 8.0 billones de dólares (7.8–8.1), aunque el este varió de 15 dólares por persona (13–17) en Somalia a 10 000 dólares por persona en los EE. UU. y otros países. Los países de ingresos bajos representaron el 0.4 % (0.3–0.4) del gasto total en salud y el 9.6 % de la población en 2016, mientras que el 81.0 % (80.0–81.9) del gasto en salud se realizó en países de ingresos altos, donde vivía el 16.6 % de la población mundial.
- La DAH en 2018 totalizó 38 900 millones de dólares, un 3.3 % menos que en 2017, y representó el 24.5 % (23.0–25.9) del gasto en salud en los países de ingresos bajos.
- Las mayores fuentes de DAH en 2018 fueron los Estados Unidos, otras entidades filantrópicas privadas (excluyendo la Fundación Bill y Melinda Gates y las donaciones corporativas) y el Reino Unido. Los Estados Unidos proporcionaron 13 200 millones de dólares en DAH, un 8.8 % menos que en 2017.
- El gasto de bolsillo representó el 18.6 % (18.0–19.4) del gasto total en salud y fue la fracción más grande en los países de ingresos medios-bajos (56.1 % [47.3–65.4]) en 2016.
- El gasto en salud en malaria en 106 países endémicos de malaria (datos del 2000) alcanzó los 4300 millones de dólares (4.2–4.4) en 2016.
- Los países con baja incidencia de malaria que tienen como objetivo la eliminación tendieron a financiar la mayor parte de su gasto en malaria a través del gobierno, mientras que los países con alta carga de malaria tendieron a depender de la asistencia para el desarrollo y el gasto de bolsillo.
- El gasto en salud para el VIH/SIDA en los países de ingresos bajos y medios alcanzó los 19 900 millones de dólares (15.8–26.3) en 2016. Este gasto ha aumentado anualmente en 10.6 % (9.7–11.3) desde 2000.
- La asistencia para el desarrollo para el VIH/SIDA aumentó significativamente entre 2000 y 2012, de 1300 millones a 11 100 millones de dólares. La disminución en la asistencia para el desarrollo contra el VIH/SIDA desde 2012 significa que el gasto total en VIH/SIDA en los países de ingresos bajos se mantuvo constante hasta 2016.
- Se estima que el gasto total en salud a nivel mundial alcanzará los 15.0 billones (14.0–16.0) en 2050. En términos por persona, se espera que el gasto en salud tenga el crecimiento más rápido en los países de ingresos medios-altos, así como en el Sudeste Asiático, el este de Asia, Oceanía y el sur de Asia, entre 2017 y 2050.

Introduction and total health spending

The Institute for Health Metrics and Evaluation is pleased to present *Financing Global Health 2018*, the 10th report in this series that tracks health spending across the globe. This year we feature a diverse set of health spending estimates. One important conclusion highlighted in this report is the ongoing stagnation in development assistance for health (DAH), with funding having held steady since 2013. Tempered expectations of donor funding and an ever-growing fraction of health spending that is financed domestically have led us to couple our DAH estimates with domestic spending estimates. We have done this by focusing on the health sector as a whole, tracking total health spending as government, out-of-pocket, and prepaid private insurance spending, as well as donor financing. In addition, we have completed deep dives into tracking spending on malaria and HIV/AIDS. Finally, we have estimated health spending by financing source into the future, reporting spending estimates for 2030 and 2050. As we track health spending across income groups and regions, emerging donors, and progressive health initiatives, we distill findings that can inform policymakers and funders planning for and supporting the push toward universal health coverage (UHC) and other national and international health goals.

In this Introduction, we focus on total health spending for 195 countries from 1995 to 2016. Here, we track patterns between income groups and regions over time and highlight the tremendous variation in how much different countries spend on health. While the period from 2010 to 2018 has been marked by economic growth for some high-income countries, development assistance for health has increased only 1.3% annually. Meanwhile, 9.6% of the world's population resides in low-income countries, which are reliant on development assistance for health for 25.4% (uncertainty interval 23.9–26.8) of their health financing on average. We look at the financing patterns countries exhibit as they develop economically, and the ways in which countries transition from being recipients of development assistance to themselves becoming sources of development assistance for other countries.

Chapter 1, Development assistance for health – sources, channels, and recipients, focuses on the provision of DAH, assessing the sources providing DAH, the development agencies (also known as channels) disbursing DAH, and the recipients of DAH. In addition, we look at how the countries and agencies that provide and disburse the most DAH have changed over time, and particularly during the scale-up of DAH provisioning in the first decade of the new millennium. In this chapter, we also discuss some emerging sources of funding, such as China. With its $13.2 trillion (12.9–13.6) economy growing at 7.1% (6.9–7.2) year-over-year since 2010, China has significantly grown its development assistance contributions over the last decade. In 2018, China contributed $644.7 million in development assistance for health, which accounted for 1.7% of total DAH for the year.

LANCET RESEARCH ARTICLES

The research described in this report draws primarily from three peer-reviewed research articles published on April 25, 2019.

"Past, present, and future of global health financing: a review of development assistance, government, out-of-pocket, and other private spending on health for 195 countries, 1995–2050" focuses on total health spending and DAH, assessing trends from 1990 through 2050. This research was published in *The Lancet* and was authored by the Global Burden of Disease (GBD) Health Financing Collaborator Network. To learn more about or join the GBD Health Financing Collaborator Network, please visit http://www.healthdata.org/gbd/call-for-collaborators.

"Tracking spending on malaria by source in 106 countries, 2000–2016: an economic modelling study," written by Haakenstad et al., provides the first set of comprehensive and comparable estimates of malaria spending across malaria-endemic countries. This article was published in *The Lancet Infectious Diseases*.

"The potential for additional government spending on HIV/AIDS in 137 low- and middle-income countries" focuses on estimating domestic spending on HIV/AIDS in low- and middle-income countries and highlights estimates of the potential for additional HIV/AIDS spending from the government. This article was by Haakenstad and Moses et al. and was published in *The Lancet HIV*.

We also focus some attention on new initiatives (channels of assistance), including the Coalition for Epidemic Preparedness Innovations (CEPI), that are addressing global health concerns. CEPI was launched at World Economic Forum (Davos 2017) by the governments of Norway and India, the Gates Foundation, the Wellcome Trust, and the World Economic Forum with the aim of developing and deploying new vaccines to prevent future epidemics,[2] and is an example of innovative partnerships that can reinvigorate the global health community toward future concerns.

Although it is not tracked in this year's report, the Global Financing Facility (GFF), founded in 2015, is highlighted as well in this report as a new and innovative channel. With a focus on helping governments in low- and lower-middle-income countries "transform how they prioritize and finance the health and nutrition of their people,"[3] the GFF is one of several new initiatives broadening the sources of funding for health in low- and middle-income countries. It aims to align international partners, the private sector, and domestic government financing around a country-owned investment case related to reproductive, maternal, and child health. Their concerted effort to improve women's health, nutrition, hygiene, and health education recognizes that maternal and newborn health begins long before the moment of conception.

Chapter 2, Development assistance for health – health focus and program areas, reports on the key health focus areas that DAH targets and their specific program areas (sub-categories). Health focus areas that we analyze include malaria; HIV/AIDS; reproductive, maternal, newborn, and child health; non-communicable diseases; other infectious diseases; tuberculosis; and health systems strengthening and sector-wide approaches. Within each of these focus areas, we continue to evolve our research toward increasingly granular financing estimates.

Additionally, some DAH has been targeted to specific emerging areas of concern. One such area is antimicrobial resistance (AMR) or drug resistance. AMR is an issue WHO has called one of the greatest threats to the future of global health; it is representative of a new frontier of concerns that necessitate the constant evolution of data, research, and financing. We track DAH targeted at AMR for the first time this year in this report.

To more fully understand the spending on malaria and HIV/AIDS, Chapter 3, Health spending on malaria and HIV/AIDS, assesses total spending on each of these two key communicable diseases, with important emphases on the methods of funding for these diseases: donor spending; domestic spending by governments, private insurers, and non-governmental organizations; and spending that comes out-of-pocket. This year's report presents new global spending estimates on malaria and builds on past estimates presented on HIV/AIDS with updated data and analyses. These disease-specific spending estimates are disaggregated by income group, country, region, and elimination status, and, most importantly, by the source of the funding. As we progress toward 2030, these financing estimates will be critical for efficient resource allocation and the achievement of disease-specific global health goals.

Disease-specific spending estimates can be used to identify investment gaps and compare spending and disease burden across countries and over time. Building on research presented in last year's *Financing Global Health 2017*

report that took a granular look at spending for HIV/AIDS, we take a similar close look at malaria this year. Malaria is a critical disease to study for many reasons. First, malaria led to 619,827 (440,133–839,518) cases of premature mortality in 2017, despite being preventable and treatable. Second, there is a growing interest in global malaria eradication. While 20 countries have already eliminated local malaria transmission within their borders since 2000, 86 countries with burden (many with high burden) remain. Lastly, there is evidence of a strong association between health spending on malaria and reductions in malaria burden. As such, it is beneficial to have detailed data on malaria financing to understand how gains in malaria elimination or eradication may be achieved.

Finally, Chapter 4, Future health spending, presents future scenarios of health spending through the year 2050, with a focus on 2030, as it marks the end of the Sustainable Development Goals. These future scenarios build on historical trends and changes in economic development, population size, and age structure to estimate what health spending is expected to be and where those resources are expected to come from, barring unexpected changes. While this introduction highlights past and present disparities in health spending both within and across income groups, Chapter 4 highlights the expected persistence of this gap in the future.

Data for this report were sourced from a diverse set of budget and spending accounts and reports, the details of which are expanded upon in the Methods Annex and online at http://bit.ly/fgh2018report.

Total health spending

Globally, health spending reached $8.0 trillion (7.8–8.1) in 2016, the most recent year for which data were available. Total global spending on health is up 3.1% (1.0–5.4) from 2015 and has increased annually each of the last 21 years. Substantially more is spent on health by wealthy nations. Figure 1 illustrates the contrast between health spending, population, and the disease burden. The bulk of spending, 81.0% (80.0–81.9), was spent in high-income countries, 15.7% (14.9–16.6) was spent in upper-middle-income countries, 3.0% (2.7–3.3) in lower-middle-income countries, and 0.4% (0.3–0.4) in low-income countries. While health spending is disproportionally aligned with high-income countries, the majority of the world lives in middle-income countries, with 34.5% in upper-middle-income countries and 39.3% in lower-middle-income countries. Despite accounting for less than 1% of global health spending, 9.6% of the global population lives in a low-income country. In 2016, per person health spending ranged from $261 (208–326) (Northern Mariana Islands) to $10,802 (9,469–12,352) (Bermuda) in high-income countries, while the range was from $15 (13–17) (Somalia) to $106 (91–124) (Zimbabwe) in low-income countries (Table 1). While health spending per person varies somewhat by Global Burden of Disease (GBD) super-region, with South Asia and sub-Saharan Africa spending the least per person on health, health spending per person also varies dramatically between countries within a given GBD super-region.

ALTERNATIVE METHODS FOR REPORTING HEALTH CARE SPENDING

There are many different methods for reporting health care spending. These include total spending, spending per person, spending relative to the disease burden, and spending relative to the size of the economy (i.e., spending per GDP). In addition, spending estimates can be made in a common currency (such as US dollars), in purchasing power parity-adjusted dollars, or in local currency units. Spending estimates can be nominal or can be inflation-adjusted. Each reporting has its own advantages and disadvantages. US dollars are a well-understood unit, readily available, and have agreed-upon exchange rates. Purchasing power parity-adjusted dollars adjusts for different price levels for the total economy, although not of the health sector. And health spending as a fraction of the economy (per GDP) considers spending relative to the size of the economy, which is a reflection of the social and political choice on how much to spend on health given what a country has to spend. Each of these methods also has weaknesses. US dollars do not control for relative differences in prices. Purchasing power parity-adjusted dollars are not easily calculated due to the fact that exchange rates are difficult to measure, not always replicable, and do not reflect real national budgets. Finally, measuring health spending as a fraction of the economy does not reflect the amount of resources available for health. A very poor country can have very large health spending per GDP, but still have a very low amount of health spending. For this report, we generally report health spending using US dollars, but we also provide domestic spending estimates in purchasing power parity-adjusted dollars and per GDP in the tables in the appendix. All estimates are inflation-adjusted and based on 2018 prices.

TABLE 1

Total health spending and health spending by source, 2016

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)
GLOBAL				
Total	1,077 (1,058 to 1,096)	1,400 (1,368 to 1,432)	8.6 (8.4 to 8.7)	74.0 (72.5 to 75.5)
WORLD BANK INCOME GROUP				
High-income	5,252 (5,184 to 5,319)	5,621 (5,548 to 5,693)	10.8 (10.6 to 10.9)	79.6 (78.2 to 81.1)
Upper-middle-income	491 (461 to 524)	1,009 (948 to 1,072)	5.0 (4.7 to 5.3)	53.9 (49.9 to 58.6)
Lower-middle-income	81 (74 to 89)	274 (247 to 303)	3.2 (2.9 to 3.5)	32.1 (28.4 to 36.1)
Low-income	40 (38 to 43)	125 (119 to 132)	5.1 (4.9 to 5.4)	26.3 (23.3 to 29.5)
GBD SUPER-REGION				
Central Europe, Eastern Europe, and Central Asia	530 (505 to 555)	1,265 (1,200 to 1,330)	4.3 (4.1 to 4.5)	62.6 (59.4 to 65.9)
Global Burden of Disease high-income	5,874 (5,798 to 5,950)	6,107 (6,028 to 6,185)	11.2 (11.1 to 11.4)	79.9 (78.5 to 81.5)
Latin America and Caribbean	693 (658 to 728)	1,270 (1,209 to 1,333)	6.4 (6.1 to 6.7)	42.7 (40.3 to 44.9)
North Africa and Middle East	336 (320 to 352)	1,000 (949 to 1,053)	3.7 (3.5 to 3.9)	61.4 (56.9 to 65.9)
South Asia	59 (49 to 71)	219 (182 to 265)	3.0 (2.5 to 3.5)	25.0 (18.7 to 32.2)
Southeast Asia, East Asia, and Oceania	350 (319 to 385)	703 (643 to 769)	4.7 (4.3 to 5.1)	57.5 (50.8 to 65.5)
Sub-Saharan Africa	80 (75 to 86)	199 (186 to 214)	4.1 (3.9 to 4.3)	36.8 (34.0 to 39.8)

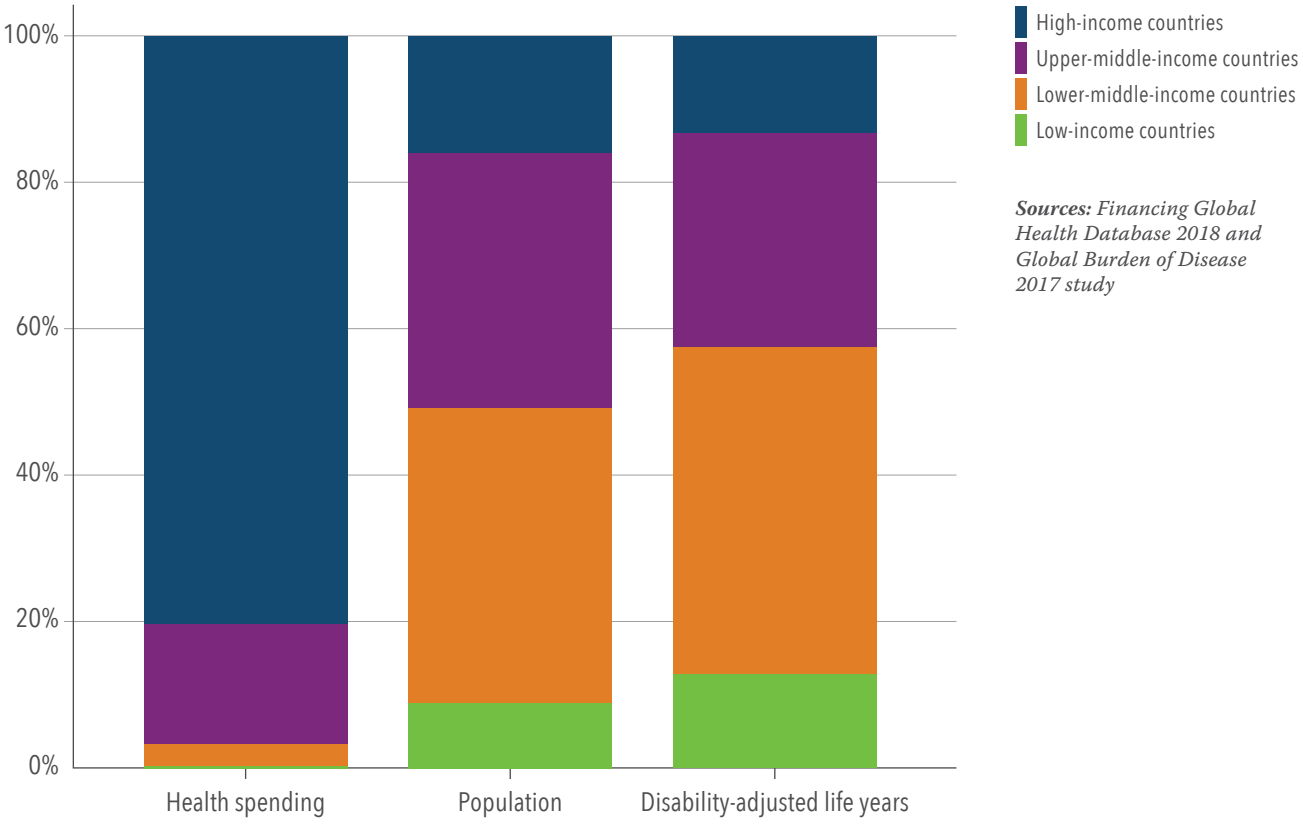
$PPP refers to 2018 purchasing power parity-adjusted US dollars.
Uncertainty intervals included in parentheses.

Source: *Financing Global Health Database 2018*

Out-of-pocket spending per total health spending (%)	Prepaid private spending per total health spending (%)	Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 1995–2016 (%)	Annualized rate of change in health spending per person, 1995–2016 (%)
18.6 (18.0 to 19.4)	7.2 (6.7 to 7.8)	0.2 (0.2 to 0.2)	4.00 (3.89 to 4.12)	2.72 (2.61 to 2.84)
13.8 (13.5 to 14.2)	6.6 (6.2 to 6.9)	0.0 (0.0 to 0.0)	3.61 (3.51 to 3.71)	2.92 (2.81 to 3.02)
35.9 (32.0 to 40.0)	10.2 (7.9 to 13.2)	0.2 (0.1 to 0.2)	6.37 (5.95 to 6.79)	5.55 (5.18 to 5.95)
56.1 (47.3 to 65.4)	8.8 (4.9 to 15.0)	3.2 (2.9 to 3.6)	5.40 (4.76 to 6.08)	3.71 (3.10 to 4.34)
42.4 (38.3 to 47.0)	6.1 (4.2 to 9.4)	25.4 (23.9 to 26.8)	4.25 (3.88 to 4.62)	1.46 (1.13 to 1.80)
33.5 (31.3 to 35.8)	3.7 (2.9 to 4.6)	0.3 (0.2 to 0.3)	3.44 (3.10 to 3.81)	3.41 (3.06 to 3.77)
13.5 (13.2 to 13.9)	6.5 (6.2 to 6.9)	0.0 (0.0 to 0.0)	3.57 (3.47 to 3.68)	2.93 (2.82 to 3.03)
39.5 (36.0 to 43.2)	17.6 (13.9 to 22.0)	0.3 (0.3 to 0.3)	4.21 (3.83 to 4.62)	2.84 (2.48 to 3.22)
29.3 (27.5 to 31.3)	8.9 (6.9 to 11.4)	0.5 (0.4 to 0.5)	6.01 (5.66 to 6.42)	3.92 (3.60 to 4.25)
65.2 (46.7 to 88.1)	8.7 (4.2 to 16.8)	1.9 (1.6 to 2.3)	5.76 (4.42 to 7.15)	4.09 (2.81 to 5.44)
35.9 (30.0 to 42.8)	6.5 (3.7 to 10.8)	0.2 (0.2 to 0.2)	9.35 (8.56 to 10.14)	8.52 (7.69 to 9.33)
31.5 (27.3 to 36.3)	17.9 (14.5 to 22.3)	14.0 (13.1 to 14.9)	4.31 (3.88 to 4.76)	1.54 (1.08 to 1.97)

FIGURE 1

Health spending, population, and disability-adjusted life years by income group, 2016

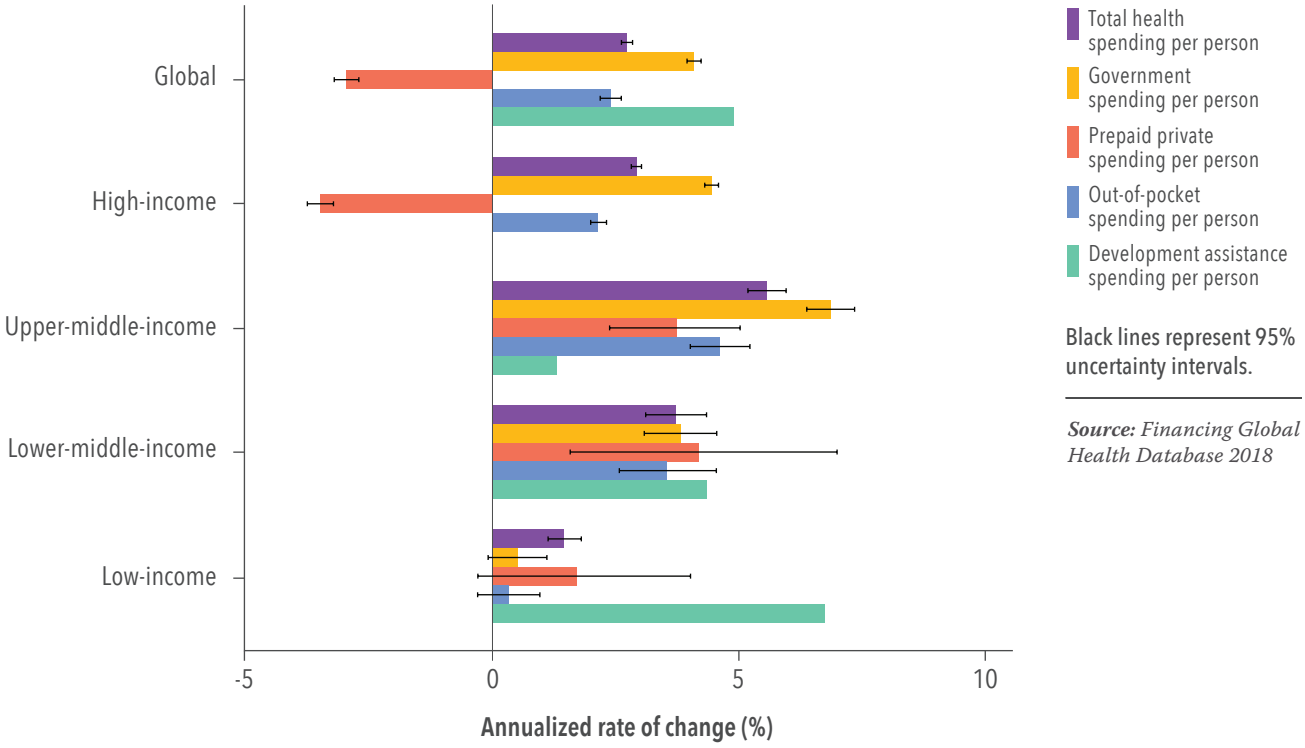


Sources: *Financing Global Health Database 2018 and Global Burden of Disease 2017 study*

Figure 2 explores the rate of change in health spending per person by income group for 1995–2016. The rate of health spending per person increased most for upper-middle-income countries (5.6% [5.2–6.0] annually) and lower-middle-income countries (3.7% [3.1–4.3]). Low-income countries, where health spending collectively grew at 1.5% (1.1–1.8) annually, were buoyed by growth in DAH: during this time, the largest growth rate of per person health spending occurred in Myanmar, Armenia, and Liberia (12.5% [10.6–14.6], 11.0% [10.0–12.1], and 10.4% [8.9–12.1], respectively). Figure 3 depicts the rate of change in health spending by super-region for the period 1995–2016. Here, the annual rates of change in total health spending are less distinct. Growth was lowest in sub-Saharan Africa (1.5% [1.1–2.0]) and highest in Southeast Asia, East Asia, and Oceania (8.5% [7.7–9.3]).

FIGURE 2

Annualized rate of change in health spending by income group, 1995–2016

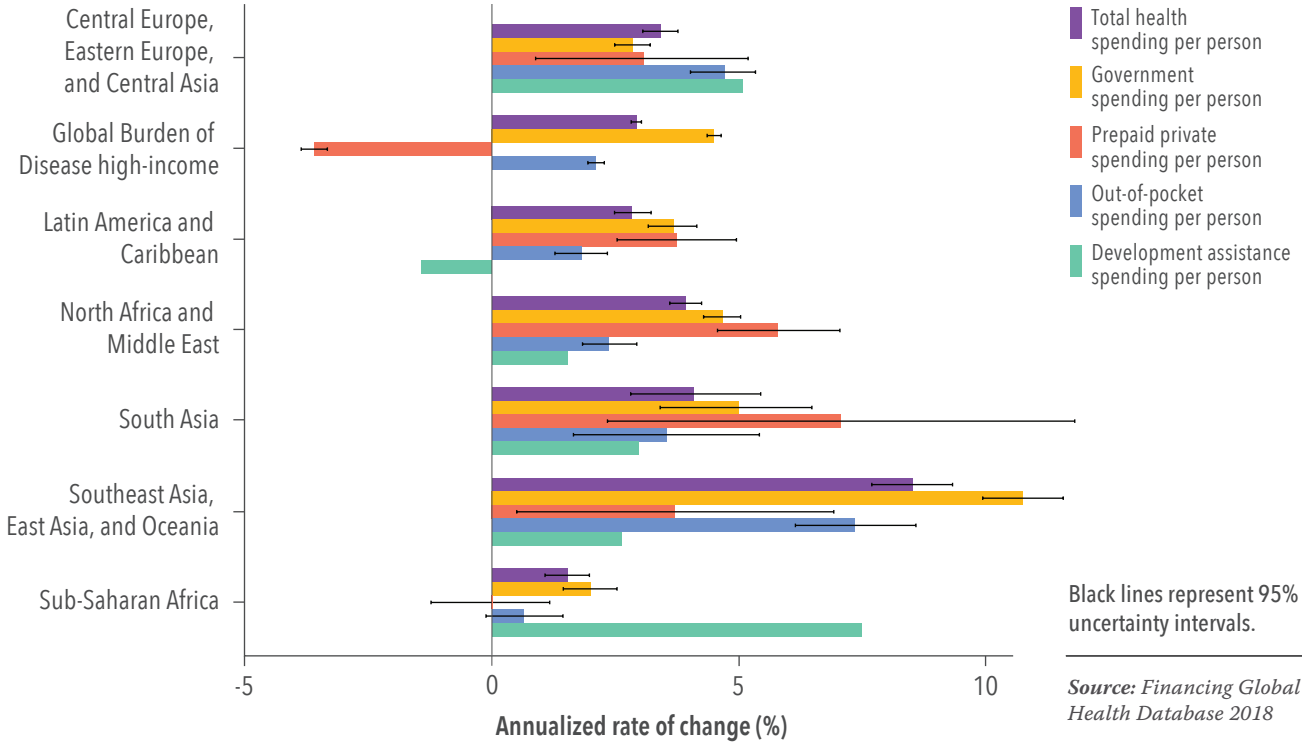


Black lines represent 95% uncertainty intervals.

Source: *Financing Global Health Database 2018*

FIGURE 3

Annualized rate of change in health spending by GBD super-region, 1995–2016



Black lines represent 95% uncertainty intervals.

Source: *Financing Global Health Database 2018*

Health spending and fertility

Figure 4 illustrates total health spending. The growth rate in per person health spending is slower than the growth rate in total health spending due to the rate of population growth. For regions with high population growth rates, like sub-Saharan Africa, this could be a worrisome trend.

Most low- and middle-income countries aspire to allot more resources for health per person over time. Countries with rapid population growth have an extra challenge of increasing health spending at a rate faster than the population is growing. The figure below highlights this challenge. Countries where the fertility rate is simply at the replacement level have health spending and health spending per person growth rates that are the same, and therefore fall on or near the diagonal line of this figure. For countries with high fertility rates, the health spending per person growth is less, and sometimes much less, than the associated health spending growth. Sub-Saharan Africa, which as a region has the highest fertility rates in the world, is an example of this challenge. Here the annualized health spending growth rate was 3.9% (2.6–5.3) between 2010 and 2016. Taken alone, this is relatively large growth, due primarily to increases in both donor and government spending. Still, fertility rates are relatively high in sub-Saharan Africa, leading to increases in population size. In per person terms, health spending growth has been only 1.1% (-0.2–2.5). While many countries in sub-Saharan African have been able to secure additional funding for health, they have had the challenge of funding health care for an increasingly large population.

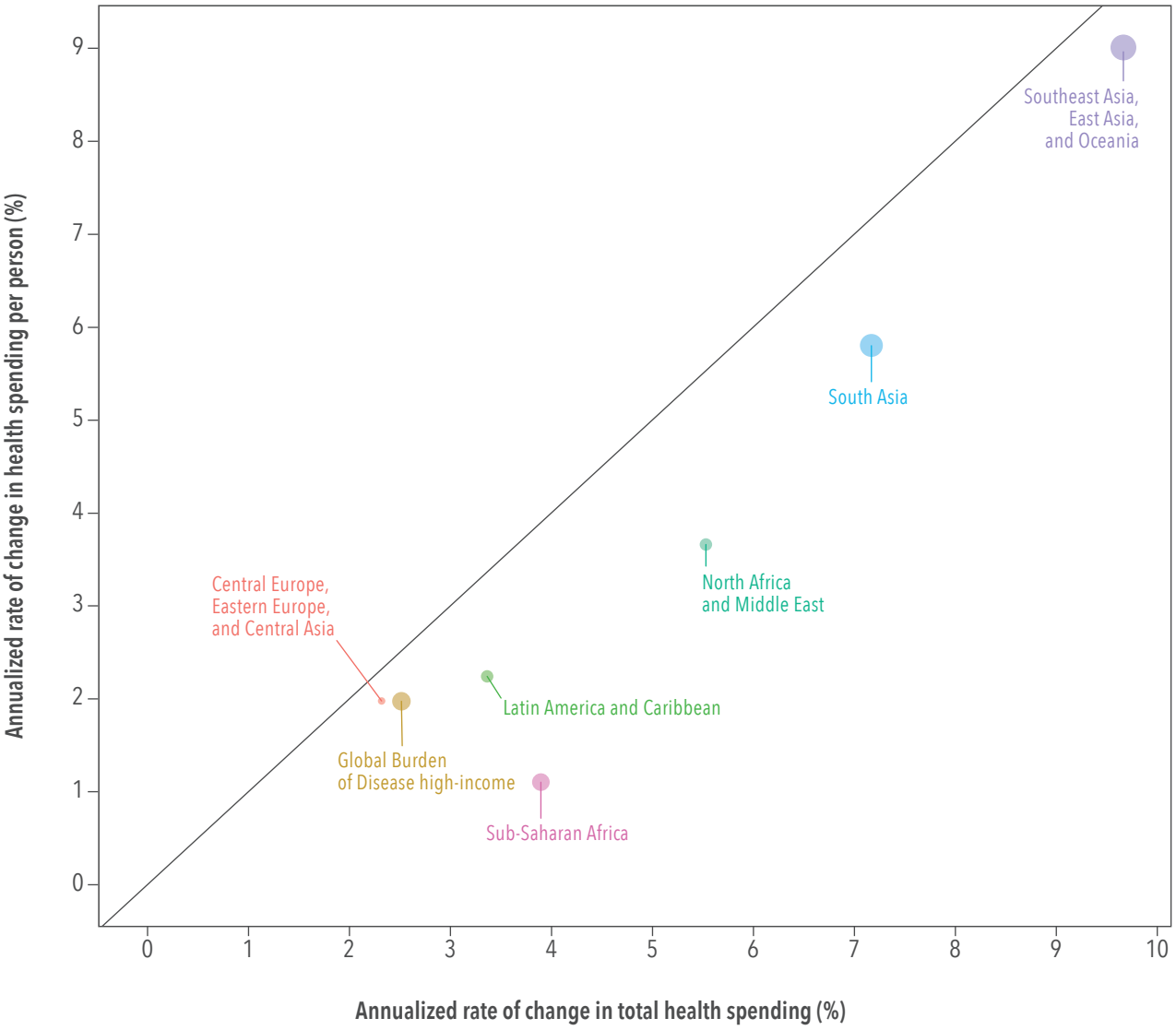
Health financing transition

Figure 5 depicts health spending by source of funding and GDP per person in 2016 and illustrates how the composition of countries' health spending generally evolves with economic development. This evolution has been called the "health financing transition" and refers to the transition countries make from predominantly DAH and out-of-pocket health financing to prepaid and government financing as their economies grow. During this transition, however, some countries may have a stage during which they have been phased out of eligibility for DAH but government financing is not yet strong, so out-of-pocket spending makes up the difference. High out-of-pocket costs can deter people from seeking and receiving care. This phase in a country's health financing development has been called the "the missing middle," and it can have detrimental effects on a country's efforts to achieve equity in health.

While out-of-pocket spending is the highest in high-income countries, where people spend much more on health ($0 [0–1] to $2,958 [2,885–3,036] per person), out-of-pocket health spending as a percentage of total health spending is highest in lower-middle-income countries, which generally have GDP per person between $1,208 (1,140–1271) and $5,417 (5,388–5,449). In these countries, out-of-pocket health spending is 56.1% (47.3–65.4) of total health spending and ranges from 4.7% (3.2–6.6) (Solomon Islands) to 75.2% (69.0–80.8) (Nigeria). Over time and as countries develop, out-of-pocket payments tend to make up a smaller share of the total health spending. For example, out-of-pocket health spending as a share of total health spending in upper-middle- and high-income countries was 35.9% (32.0–40.0) and 13.8% (13.5–14.2), respectively, in 2016.

FIGURE 4

Annualized rate of change in total and per person health spending, 2010–2016



Source: *Financing Global Health Database 2018*

BOX 1

Health financing terms defined

Development assistance for health (DAH): Financial and in-kind resources that are transferred through major international development agencies (such as UNICEF, the United Kingdom's Department for International Development, or the Gates Foundation) to low- and middle-income countries with the primary purpose of maintaining or improving health.

Disability-adjusted life year (DALY): One DALY is equivalent to one lost year of "healthy" life. The sum of these DALYs across the population, or the health loss, is a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability.

Global Burden of Disease super-regions: Seven regions which group sub-regions based on cause of death patterns. Super-regions are as follows: GBD high-income; Latin America and the Caribbean; sub-Saharan Africa; Southeast Asia, East Asia, and Oceania; Central Europe, Eastern Europe, and Central Asia; South Asia; and North Africa and the Middle East.

Government health spending: Spending for health care that is derived from domestic sources and is mutually exclusive from out-of-pocket, prepaid private, and DAH spending. Government spending includes spending on public health system infrastructure and government-provided social health insurance.

Health financing transition: The major shift that most countries experience from an early period in which health spending is low and primarily out-of-pocket to a later period in which health spending is high and primarily pooled.[4]

Out-of-pocket health spending: Payments made by individuals for health maintenance, restoration, or enhancement at or after the time of health care delivery, including health insurance copayments or payments devoted to deductibles. Health insurance premiums are not considered out-of-pocket.

Prepaid private health spending: Health spending sources from non-public programs that are funded prior to obtaining health care, such as private health insurance and services provided for free by non-governmental agencies.

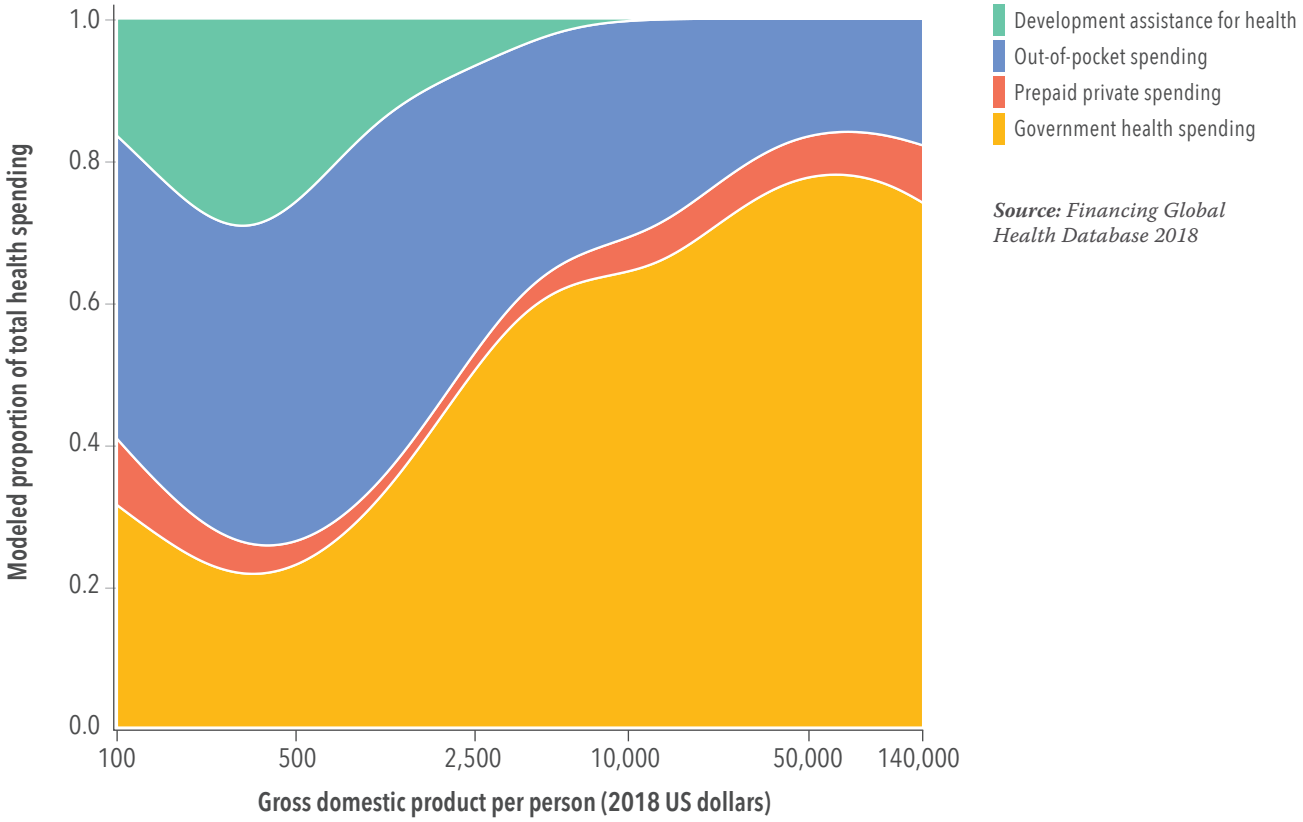
Total health spending: The sum of government health spending, prepaid private health spending, out-of-pocket health spending, and DAH. Total health spending does not include indirect health spending, such as lost wages due to illness or transportation costs; informal care (spending on care provided by a family member or by traditional healers); or illegal transactions.

Universal health coverage (UHC): The goal of universal health coverage is to ensure that all people have access to effective health services and may partake of these services without financial hardship.

World Bank income group: The World Bank classifies countries using gross national income (GNI) per person. This report uses the 2018–2019 World Bank income groups, which are high-income (GNI per person greater than $12,055), upper-middle-income ($3,896 to $12,055), lower-middle-income ($996 to $3,895), and low-income ($995 or less).[5]

FIGURE 5

The share of health spending allocated by source and GDP per person, 2016



Source: *Financing Global Health Database 2018*

Despite this generalized pattern, wide variation exists across countries in the fraction of health spending that comes from the government – even for countries within a similar range of GDP per person. Among low-income countries, this proportion ranges from 5.7% (3.9–7.9) in Afghanistan to 61.9% (51.7–72.2) in North Korea; among lower-middle-income countries, from 14.5% (10.6–19.2) in Nigeria to 84.1% (79.9–87.5) in the Federated States of Micronesia; among upper-middle-income countries, from 15.8% (12.5–19.7) in Armenia to 90.1% (86.5–93.0) in American Samoa; and among high-income countries, from 29.1% (25.1–33.0) in Bermuda to 100.0% (100.0–100.0) in Greenland.

As economies grow, the global health community must continue to pay attention to the ways in which funding is directed to emerging health systems, especially countries making the transition away from DAH to self-sufficiently funded health systems. Efforts to reach universal health coverage may be hindered in countries where the "missing middle" phenomenon persists. •

CHAPTER 1

Development assistance for health – sources, channels, and recipients

Overview of sources and channels of development assistance

Total DAH amounted to $38.9 billion in 2018, down 3.3% from 2017. Figure 7 shows DAH disaggregated by the source of funding since 1990. In 2018, the United States, other private philanthropy (excluding the Gates Foundation and corporate donations), and the United Kingdom were the largest sources of funding, contributing $13.2 billion (33.8%), $3.6 billion (9.4%), and $3.3 billion (8.4%), respectively.

FIGURE 6

Development assistance for health sources, channels of assistance, implementing institutions

Figure 7 also shows China, included for the first time in our report, contributing $644.7 million (1.7%) to DAH in 2018. The annualized rates of change for each source of DAH are depicted in Figure 8. From 2000 to 2010, rates of change increased across many donor countries; from 2010 to 2018, rates of change grew at a dramatically slower rate for every country, and in many cases decreased.

Figure 9 illustrates the amount of DAH disbursed by each major channel of assistance since 1990. Bilateral development agencies disbursed $10.9 billion or 28.0% of DAH in 2018, with US bilaterals contributing 17.4% of the total ($6.8 billion, down 13.0% from 2017). Multilateral development agencies disbursed $9.1 billion (23.3%), which includes the World Bank and regional development banks, as well as WHO and other UN agencies. In 2018, the World Bank (International Development Association and International Bank for Reconstruction and Development combined) disbursed $2.3 billion, and WHO disbursed $2.6 billion. The Global Fund and Gavi, the Vaccine Alliance, disbursed $3.2 billion and $1.5 billion, respectively. US and international NGOs disbursed $7.5 billion (19.4%) and $3.2 billion (8.3%) of DAH, respectively, in 2018. Figure 10 shows the change in DAH by channel from 2000 to 2010 and from 2010 to 2018, and illustrates the plateau in growth for the most recent period.

BOX 2

Development assistance for health terms defined

Sources: The origins of funding, such as government treasuries, private philanthropic foundations, or any private-party contributions.

Channels: The intermediaries in the flow of funds, channels include bilateral aid agencies, multilateral organizations, non-governmental organizations (NGOs), United Nations (UN) agencies, public-private partnerships, and private foundations.

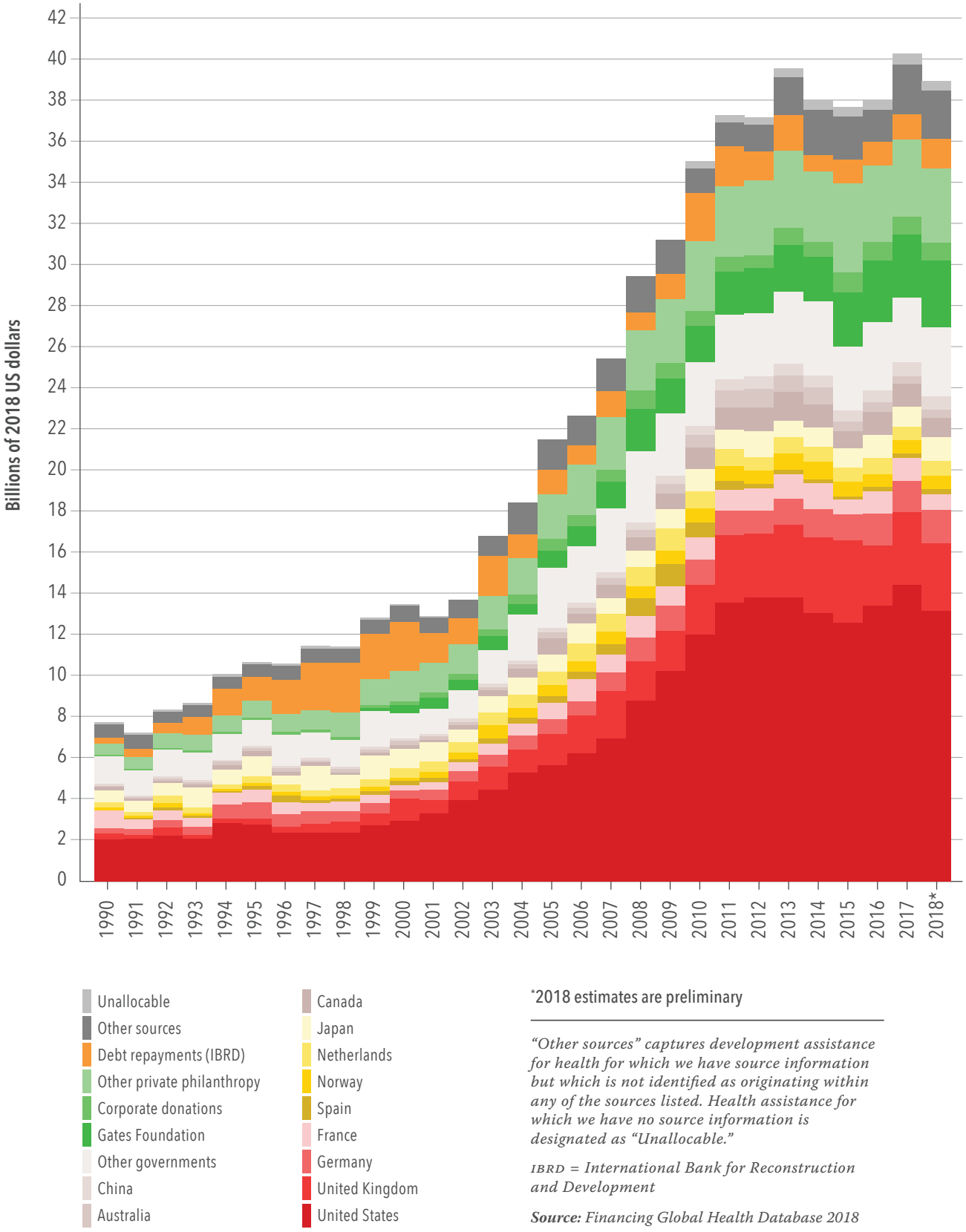
Implementing institutions: DAH is ultimately directed to implementing institutions to provide health services and prevent and treat diseases in low- and middle-income countries. These institutions include governmental bodies, NGOs, and international organizations.

Health focus areas: The health focus areas assessed in this report are malaria; HIV/AIDS; tuberculosis; reproductive, maternal, newborn, and child health; non-communicable diseases; other infectious diseases; and health systems strengthening and sector-wide approaches (SWAPs). "Other DAH" refers to resources that target issues outside these focus areas, and "unallocable" captures the resources that we do not have information to assign.

Program areas: Within health focus areas, program areas describe the nature of the activity for which funds are being used. For example, program areas for malaria include diagnosis, treatment, bed nets, vector control including indoor residual spraying, other control, and community outreach.

FIGURE 7

Development assistance for health by source of funding, 1990–2018



*2018 estimates are preliminary

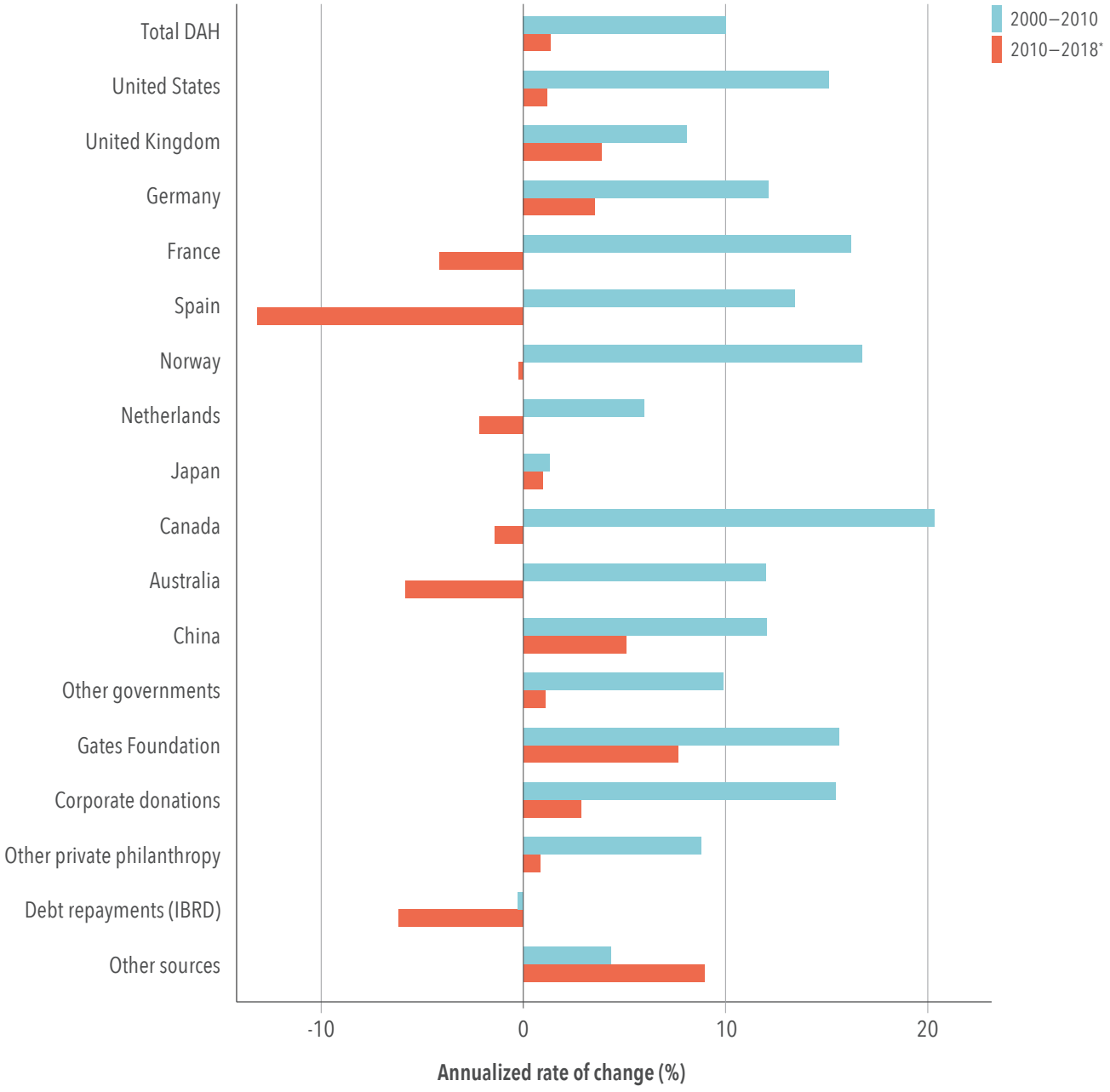
"Other sources" captures development assistance for health for which we have source information but which is not identified as originating within any of the sources listed. Health assistance for which we have no source information is designated as "Unallocable."

IBRD = International Bank for Reconstruction and Development

***Source:** Financing Global Health Database 2018*

FIGURE 8

Annualized rate of change in development assistance for health disbursed by source, 2000–2010 and 2010–2018



*2018 estimates are preliminary

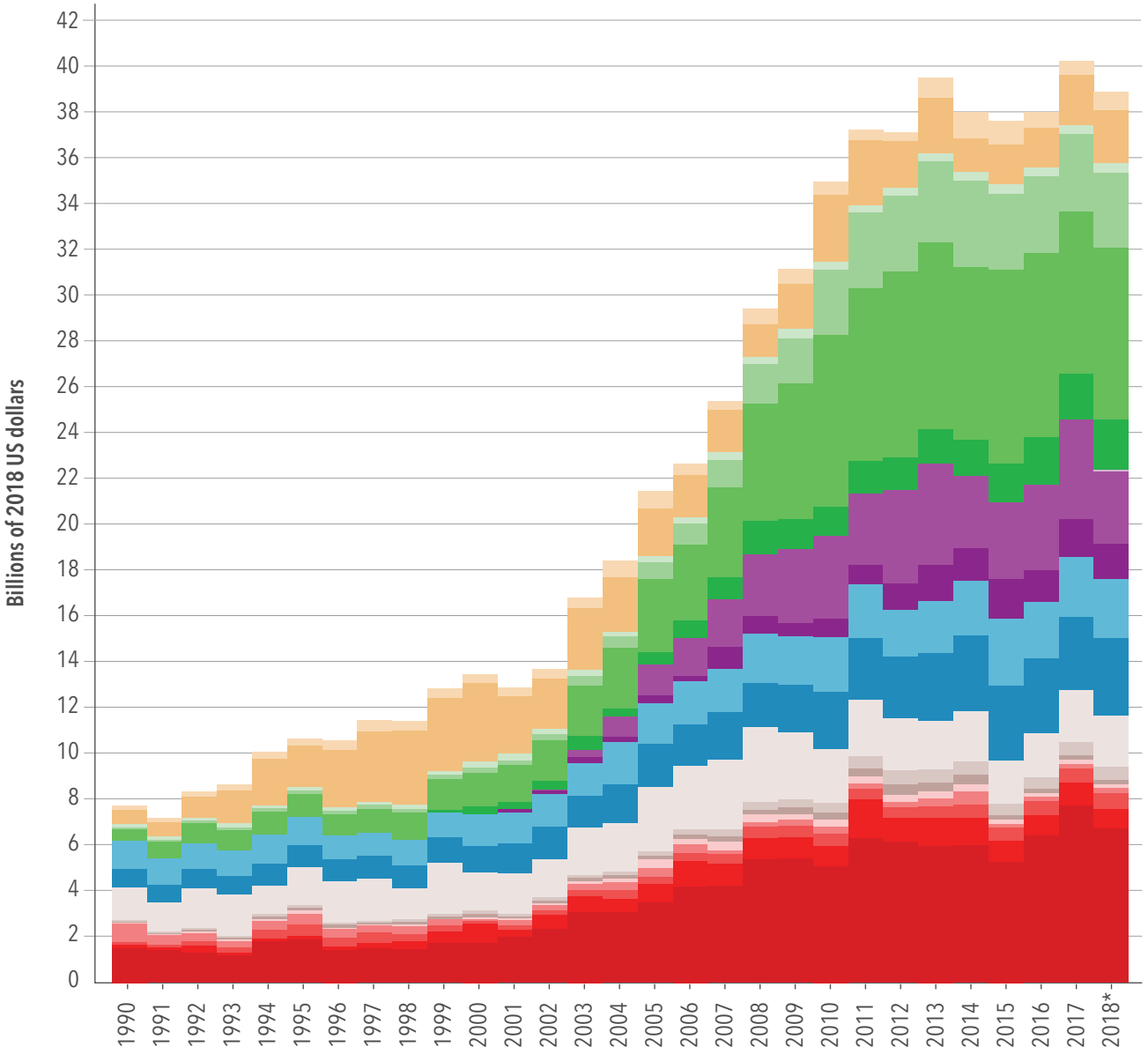
"Other sources" captures development assistance for health for which we have source information but which is not identified as originating within any of the sources listed.

IBRD = International Bank for Reconstruction and Development

***Source:** Financing Global Health Database 2018*

FIGURE 9

Development assistance for health by channel of assistance, 1990–2018



*2018 estimates are preliminary

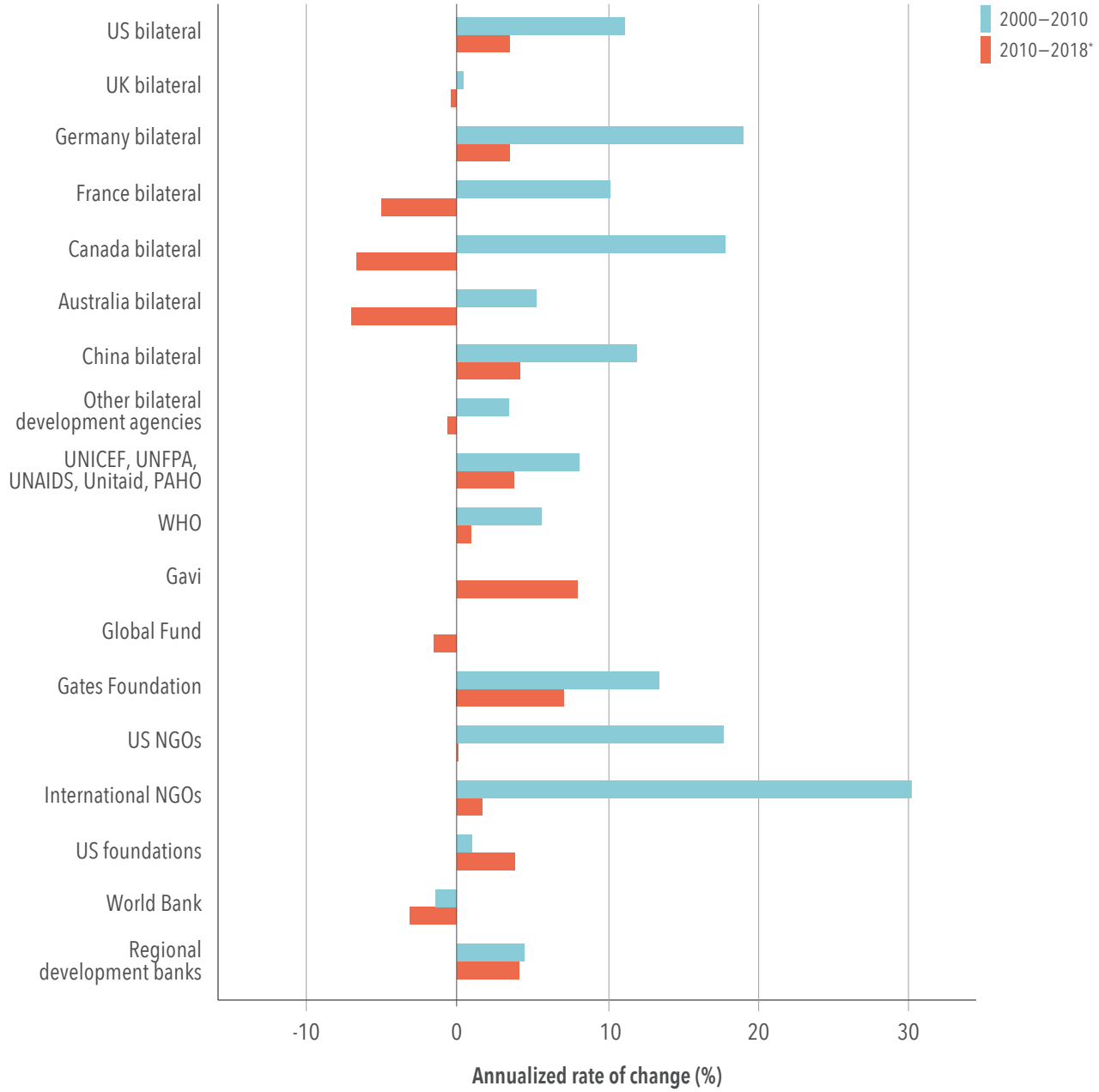
NGOs = Non-governmental organizations
PAHO = Pan American Health Organization
UNAIDS = Joint United Nations Programme on HIV/AIDS
UNFPA = United Nations Population Fund
UNICEF = United Nations Children's Fund
WHO = World Health Organization
CEPI = Coalition for Epidemic Preparedness Innovations

Regional development banks include the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank.

***Source:** Financing Global Health Database 2018*

FIGURE 10

Annualized rate of change in development assistance for health disbursed by channel, 2000–2010 and 2010–2018



*2018 estimates are preliminary

NGOs = Non-governmental organizations
PAHO = Pan American Health Organization
UNAIDS = Joint United Nations Programme on HIV/AIDS
UNFPA = United Nations Population Fund
UNICEF = United Nations Children's Fund
WHO = World Health Organization

Gavi and the Global Fund began disbursing DAH during the first period. The 2000–2010 growth rates were excluded because annualized growth was so large during their initial years of disbursment.

Regional development banks include the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank.

***Source:** Financing Global Health Database 2018*

Sources of development assistance for health

Globally, there is a great deal of uncertainty revolving around the political commitment and budgets of several key sources of DAH. Additionally, there are concerns for critical health areas, such as malaria and HIV/AIDS, where stagnated or decreased funding has been tied to slower progress toward key global goals and, in some cases, has even led to increases in disease burden.

As the global health community looks to achieve the Sustainable Development Goals by 2030, improving efficiency in how funds are spent and how services are provided, and holding parties accountable to commitments already made are of foremost concern. In October 2018, The Global Action Plan for Health and Well-being for All was signed by 11 health-focused multilateral agencies at the World Health Summit, documenting an effort to unite the work of these organizations "to enhance collective action and accelerate progress toward the Sustainable Development Goals."[6] A Global Action Plan from this group is expected to be delivered at the 2019 UN General Assembly.[6] Looking ahead, the Global Fund's 2019 replenishment meeting in France will serve as another indicator of funding stability for the year, while the G20 meetings in Osaka, Japan, will focus on driving progress toward UHC and provide another test of countries' health commitments.[7,8]

UNITED STATES

Despite relatively flat growth in overall contributions since 2010, the US continues to be the largest contributor of development assistance for health in the world, providing $13.2 billion in DAH to more than 100 countries in 2018. Between 2010 and 2018, US DAH contributions increased at an annual rate of 1.2%, but funding in 2018 was down 8.8% from 2017. 51.0% of US DAH ($6.7 billion) supported HIV/AIDS; 22.1% ($2.9 billion) was disbursed for reproductive, maternal, newborn, and child health; and 6.7% ($0.9 billion) supported malaria. In 2017, the most recent year for which regional DAH estimates are available, the US directed 52.0% or $7.5 billion of its funds to sub-Saharan Africa.

The US provided 51.3% of its funding in 2018 through its bilateral agencies, including the United States Agency for International Development (USAID), the President's Malaria Initiative (PMI), and the US President's Emergency Plan for AIDS Relief (PEPFAR). UN agencies received 5.9% of US DAH in 2018, or $773.6 million. The Global Fund received $733.5 million, down 46.5%, and Gavi received $233.8 million, down 11.7% from 2017. US and international NGOs received 34.1% of US DAH in 2018, or $4.5 billion, up 8.8% from the previous year.

Among the notable moments of 2018, the US Congress reauthorized PEPFAR, and USAID launched the Journey to Self-Reliance,[6] which is now using independent metrics on a country-by-country basis to "examine areas such as open and accountable governance, inclusive development, economic policy, and the relative capacities of the government, civil society, citizens, and the economy" as conditions of aid.[9] There are also proposals to tie US aid only to countries that are "friends," and the President's fiscal year 2020 federal budget calls for large cuts in global health funding.[10]

How these initiatives play out and how much the US Congress will allocate for global health remain uncertain.

UNITED KINGDOM

The second largest government funder for global health since 2005, the UK has reaffirmed its commitment to allocating 0.7% of its gross national income as development assistance.[11] In 2018, the UK contributed $3.3 billion to DAH, down 7.7% from 2017 and accounting for 8.4% of total DAH worldwide. Of this, $827.1 million (25.2%) was channeled to UK bilateral agencies; $630.1 million (19.2%) to the Global Fund; $476.0 million or 14.5% to UN agencies; and $296.3 million (9.0%) to Gavi. Reproductive, maternal, newborn, and child health was the focus of $1.3 billion (39.0%) of the UK's DAH in 2018, followed by HIV/AIDS with $0.5 billion (14.5%).

Across regions, the UK contributed $1.4 billion, or 39.7% of its 2017 DAH, to sub-Saharan Africa; $320.1 million (9.0%) to South Asia; $236.4 million (6.7%) to North Africa and the Middle East; $180.1 million (5.1%) to Southeast Asia, East Asia, and Oceania; and $45.0 million (1.3%) to Central Europe, Eastern Europe, and Central Asia.

The UK's plan for leaving the European Union will affect not only UK citizens, but also recipients of UK aid.[6] While some uncertainty exists surrounding this transition, the UK government has traditionally been a leader in providing DAH and has tied development assistance provision to national income.

GERMANY

An aid recipient half a century ago, Germany is now the third largest donor of official development assistance, after the US and the UK, and is the third largest country provider of DAH.[12] In 2018, the German government began to develop a new global health strategy led by the Ministry of Health,[13] with an aim for the cabinet to adopt the new strategy by the end of 2019.[14] In October 2018, at the opening of the World Health Summit in Berlin, the Ministry of Health announced its contribution of €115 million (US$129.6 million) to WHO over the next four years, to be geared toward health emergencies, antimicrobial resistance, and health systems strengthening.[15] And through the "Health in Africa" special program announced in 2015, Germany is spending €600 million ($664 million) through 2019 for bilateral health system strengthening programs in Africa, almost doubling its annual bilateral health spending in Africa.[13] Health is currently a priority sector of German bilateral cooperation in 12 countries, five of which are in sub-Saharan Africa.[13]

In 2018, DAH contributions from Germany totaled $1.7 billion, up 8.2% from 2017 and accounting for 4.2% of total DAH. Germany disbursed $263.3 million (15.9%) to the Global Fund; $189.2 million (11.5%) to UN agencies; $171.4 million (10.4%) to the European Commission; $159.5 million (9.7%) to NGOs; and $125.0 million (7.6% of its funding) to Gavi. Another $725.3 million, or 43.9% of Germany's DAH in 2018, was disbursed through its own bilateral agencies.

Sub-Saharan Africa received $600.5 million (39.4%) of German DAH in 2017; Southeast Asia, East Asia, and Oceania received $242.1 million (15.9%);

North Africa and the Middle East received $125.8 million (8.2%); South Asia received $116.5 million (7.6%); Latin America and the Caribbean received $21.8 million (1.4%); and Central Europe, Eastern Europe, and Central Asia received $69.7 million (4.6%). German DAH was prioritized to target reproductive, maternal, newborn, and child health, providing $503.2 million (30.5%). Other focus areas funded by Germany included HSS/SWAPs, with $429.7 million (26.0%); HIV/AIDS, with $212.9 million (12.9%); other infectious diseases, with $160.0 million (9.7%); and tuberculosis, with $76.0 million (4.6%).

FRANCE

DAH from France decreased 29.8% from 2017, to $0.8 billion. The Global Fund received $116.1 million from France in 2018 (15.2% of France's DAH); Unitaid received $57.6 million (7.6%); and Gavi received $31.2 million (4.1%). France's bilateral agencies received $195.9 million (25.7%), the European Commission received $141.5 million (18.6%), and US NGOs received $26.7 million (3.5%).

The bulk of DAH from France in 2017 (the latest year for which data are available at the regional level) – $545.0 million or 50.2% – was directed to sub-Saharan African countries. Across health focus areas, $181.2 million or 23.8% of DAH from France was allocated to reproductive, maternal, newborn, and child health; $105.7 million or 13.9% to HIV/AIDS; $55.1 million or 7.2% to malaria; and $44.1 million or 5.8% to tuberculosis.

In September 2018, the French aid agency, Agence Française de Développement, issued its strategic plan for 2018–2022, which includes plans for France to quadruple its grant assistance to €1.3 billion (US$1.51 billion) in 2019.[16] Following recommendations made in early 2018, French President Emmanuel Macron committed to increasing the amount of development assistance to be 0.55% of gross national income by 2022, gradually raising its development budget from €10.4 billion (US$11.6 billion) or 0.44% of national income in 2018.[17] In 2019, France will host the Global Fund's Sixth Replenishment Conference.[18]

JAPAN

In June 2019, Japan will host its first G20 summit in Osaka, and in October, the G20 health ministers' meeting will be held in Okayama.[6] Global health care is on the top of the agenda, alongside technological innovation in artificial intelligence and robotics, and infrastructure development.[19]

With a contribution of $1.2 billion to DAH in 2018, up 22.3% from 2017 and representing 0.02% (0.02–0.02) of Japan's 2018 GDP, Japan is the largest donor to global health in Asia. The bulk of Japan's DAH was distributed through its bilateral organizations ($402.0 million or 33.9%) and the Global Fund ($369.6 million or 31.1%). NGOs received $62.0 million or 5.2% of Japan's DAH. UN agencies received $137.0 million (11.5%), and Gavi received $16.8 million (1.4%). Across regions, $375.1 million or 38.6% of Japan's 2017 DAH was directed to sub-Saharan Africa; $159.3 million or 16.4% went to Southeast Asia, East Asia, and Oceania; and $100.3 million or 10.3% went to South Asia. By health focus area, Japan disbursed $245.0 million or 20.6% of its 2018 DAH to reproductive, maternal, newborn, and child health;

$211.2 million or 17.8% to HSS/SWAps; $184.8 million or 15.6% to HIV/AIDS; $109.5 million or 9.2% to malaria; $108.3 million or 9.1% to tuberculosis; and $61.7 million or 5.2% to other infectious diseases.

CANADA

Prime Minister Justin Trudeau's commitment to "restoring and renewing" Canada's international assistance and "re-engaging globally"[20] has played out with a $0.9 billion contribution to DAH in 2018, down 19.1% from 2017 and representing 0.04% (0.04–0.04) of Canada's GDP. Canada channeled $463.7 million or 50.8% of its 2018 DAH through NGOs, and $191.5 million, or 21.0% through its bilateral agencies. Gavi received $84.2 million or 9.2% of Canada's DAH, and the Global Fund received $6.1 million or 0.7%. UN agencies received $115.2 million or 12.6% of DAH from Canada in 2018. Across regions, $519.0 million or 46.0% of 2017 DAH from Canada went to sub-Saharan Africa; $93.2 million or 8.3% to South Asia; $51.3 million or 4.5% to Southeast Asia, East Asia, and Oceania; and $43.6 million or 3.9% to Latin America and the Caribbean.

On June 4, 2018, the Government of Canada announced CAN$79.21 million (US$61.0 million) in development assistance for nine projects aimed at empowering women and girls, specifically including projects to improve women's and adolescent girls' sexual and reproductive health rights in Latin America and the Caribbean.[21] The fifth Women Deliver Conference – the world's biggest gathering on women's health and rights – will be held in Vancouver in June 2019.[22]

AUSTRALIA

Australia's development assistance spending rose during the 2000s but has declined since 2013.[23] As a share of its GDP, Australia's aid is at its lowest level ever – just 0.23% of gross national income.[23] An Organisation for Economic Co-operation and Development report in March 2018 stated Australia's decreasing aid commitment could hinder "its efforts to foster development in fragile small-island states and in the Pacific region," where it has historically been "the dominant power."[23]

In 2018, Australia contributed $0.4 billion to development assistance for health, up 5.5% from 2017. Of this, $72.9 million or 18.4% of Australia's 2018 DAH was channeled to UN agencies; $64.6 million or 16.3% to the Global Fund; $42.4 million or 10.7% to NGOs; and $18.3 million or 4.6% to Gavi. Another $165.7 million or 41.7% of DAH was channeled through Australian bilateral agencies. Across regions, Australia directed $123.7 million or 32.9% of its 2017 DAH to Southeast Asia, East Asia, and Oceania; and $30.2 million or 8.0% of its DAH to sub-Saharan Africa. By health area, Australia focused $99.1 million or 25.0% of its DAH on reproductive, maternal, newborn, and child health; $70.6 million or 17.8% on HSS/SWAps; and $60.8 million or 15.3% on HIV/AIDS.

UNITED ARAB EMIRATES

The United Arab Emirates contributed $0.2 billion to development assistance for health in 2018, representing 0.04% (0.04–0.05) of its GDP. This was up 2.2% over 2017. United Arab Emirates bilateral agencies received $94.4 million in 2018, and NGOs received $126.8 million. The bulk of these funds were directed to North Africa and the Middle East ($54.3 million or 25.1%), followed by South Asia ($28.9 million or 13.4%). The United Arab Emirates hosted Gavi's 2018 midterm review in Abu Dhabi in December 2018.[24,25]

CHINA

In March 2018, China launched the China International Development Cooperation Agency (CIDCA), to dispense foreign aid in the form of loans and donations.[26] The agency "will answer to China's highest executive body, the State Council, and consolidate roles that had been divided between the ministries of commerce and foreign affairs," and will officially mark China's switch from being solely a recipient of aid to a donor.[26] The final version of CIDCA's management guidelines, in addition to more detail about what the agency has planned for the future, may be available in 2019.[6]

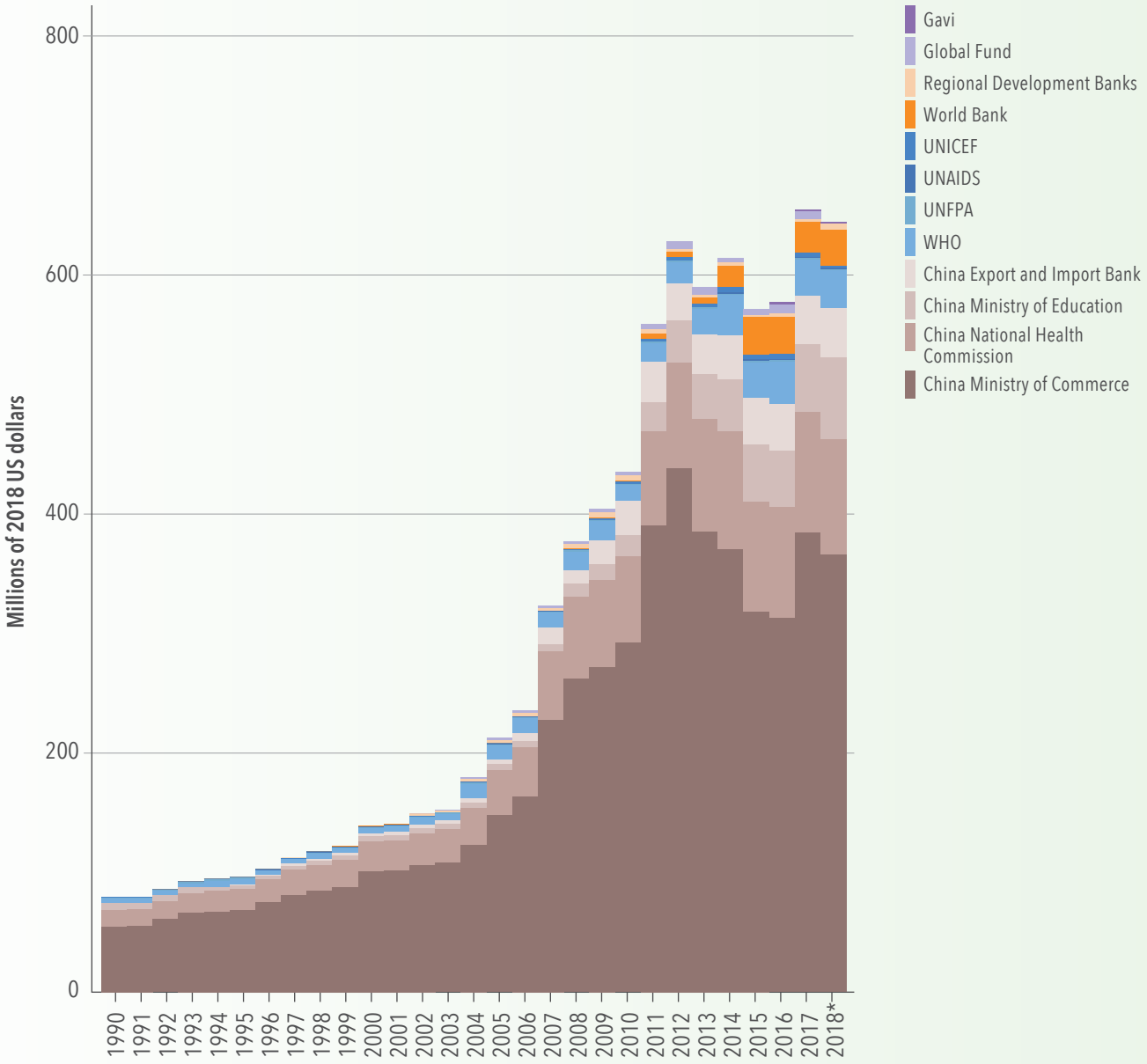
China contributed $644.7 million to DAH in 2018. The majority of this funding was channeled to China's bilateral agencies ($572.8 million or 88.8%) and UN agencies ($35.0 million or 5.4%). Across health areas, China focused $597.7 million or 92.7% of its DAH on HSS/SWAps.

OTHER COUNTRIES

Other high-income countries providing DAH in 2018 include Sweden ($696.7 million or 1.8%), the Netherlands ($695.7 million or 1.8%), Norway ($667.6 million or 1.7%), Italy ($424.8 million or 1.1%), South Korea ($315.4 million or 0.8%), Belgium ($287.5 million or 0.7%), Switzerland ($277.5 million or 0.7%), Denmark ($248.6 million or 0.6%), Spain ($231.8 million or 0.6%), Ireland ($149.5 million or 0.4%), Austria ($91.3 million or 0.2%), Finland ($89.1 million or 0.2%), Luxembourg ($85.4 million or 0.2%), New Zealand ($34.7 million or 0.1%), Portugal ($30.6 million or 0.1%), and Greece ($16.0 million or 0.04%). Collectively, other high-income countries contributed $8.7 billion or 22.2% of global DAH in 2018. Of these, the government of Norway continues to commit to global health as a priority in 2019, with expected spending budgeted at 4.8 billion Norwegian krone (US$0.6 billion).[27] Funds will be targeted to vaccines and health systems strengthening in developing countries.[27] In Sweden, refugee costs that negatively affected development cooperation budgets in 2016 and 2017 decreased substantially in 2018, allowing for more funds to be allocable to international development assistance.[28] Health areas of focus for Sweden through 2019 include reproductive, maternal, newborn, and child health in sub-Saharan Africa; health systems strengthening; non-communicable diseases; and AMR.[29]

BOX 3

Development assistance for health from China by disbursing agency, 1990–2018



*2018 estimates are preliminary

Development assistance for health from China by disbursing agency in values in 2018 US dollars. Regional development banks include the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank.

UNICEF = United Nations Children's Fund
UNAIDS = Joint United Nations Programme on HIV/AIDS
UNFPA = United Nations Population Fund
WHO = World Health Organization

Source: *Financing Global Health Database 2018*

As far back as the first millennium, medical cures traveled between the Far East, the Middle East, and Europe along the Silk Road. Over the years, China has been a source of health innovations and medicine, from traditional Chinese medicine to drugs adapted from it, such as artemisinin, the effective antimalarial drug used today. Historically, China has been innovative with public health programs promoting basic hygiene, family planning, preventive care and the treatment of common illnesses in rural areas (known as the "barefoot doctor" program). Outside its borders, China first sent medical teams out in 1963 to assist in Algeria and, six years later, donated a hospital to Tanzania.[30]

In 2000, China began focusing health aid to Africa, including hospital construction, malaria control, and the training of health workers, among other initiatives. In recent years, China has increased its international engagement in health, most notably since it joined the World Trade Organization in 2001. Since then, China has used its resources to provide help with the Ebola crisis in West Africa, contributed to the Africa Centers for Disease Control and Prevention, signed a memorandum of understanding with the World Health Organization to support the Belt and Road Initiative, and continued support of infrastructure and medical education projects throughout Africa.

There is, however, limited publicly available official data on development assistance contributions from China. Our estimates rely on a combination of official government budget records, department accounts, and financial and annual reports from international multilateral institutions.

The figure at left highlights the amount of DAH provided by China over time, disaggregated by disbursing agency. From 1990 to 2018, DAH provided by China grew dramatically, from $79.4 million in 1990 to $644.7 million in 2018. The largest increase occurred from 2004 to 2012, with an annualized rate of 17.3%. Over the past 29 years, a total of $8.5 billion in DAH was provided by China. The Ministry of Commerce disbursed $5.6 billion, 65.3% of all DAH from China; the National Health Commission disbursed $1.4 billion, 16.5% of all DAH from China; and the Ministry of Education (providing scholarships for the education of foreign medical and allied health students) and China Export-Import Bank disbursed $484.8 million (5.7%) and $399.0 (4.7%) million, respectively. The rest, which constitutes only 11.2% of all DAH disbursed by China, was disbursed through multilateral channels. Among the multilateral channels, WHO ($31.6 million, 4.9%) and the World Bank ($30.6 million, 4.7%) were the major disbursing agencies.

It is also worth noting that, while China has increased its DAH disbursement dramatically over the past three decades, it still remains a recipient of DAH. From 2003 to 2013, China received a total of $1.0 billion in assistance from the Global Fund.[31] In 2014, it transitioned away from the Global Fund's support. In 2017, a total of $229.6 million in assistance was given to China through major bilateral donors including Germany, the US, and the UK, and multilateral agencies including the World Bank, the Asian Development Bank, and the Gates Foundation. Nonetheless, the relative volume of DAH received by China is lower than China's DAH contributions.

THE GATES FOUNDATION

In 2018, the Gates Foundation contributed $3.2 billion of DAH as a source, up 5.7% from 2017, to global health initiatives around the world. Of this, $2.2 billion or 67.1% was channeled through the Gates Foundation directly to implementing institutions. In 2018, $371.0 million in Gates Foundation DAH went to UN agencies, $310.4 million was directed to Gavi, and $269.0 million went to the Global Fund. Across health areas, the Gates Foundation directed $1.3 billion or 40.4% of its 2018 DAH to reproductive, maternal, newborn, and child health; $398.7 million or 12.3% to HIV/AIDS; $272.5 million or 8.4% to health systems strengthening; $257.3 million or 7.9% to malaria; $224.4 million or 6.9% to tuberculosis; and $63.1 million or 1.9% to NCDs.

Global health priorities for the Gates Foundation in 2018 included continued attention to the malaria Accelerate to Zero strategy, which was launched in late 2013;[32] a continued focus on HIV/AIDS, with large investments through the Global Fund;[33] a renewed focus on vaccines, with the aim to deliver full access to immunizations to all people by 2020;[34] and the continued fight against polio through the Global Polio Eradication Initiative.[35] The Gates Foundation also expanded its work in 2018 with the successful launch of the Gates Medical Research Institute, a nonprofit biotech organization dedicated to accelerating the product development timeline for diseases that disproportionately affect the world's poorest populations, starting with malaria, tuberculosis, and diarrheal diseases.[36]

The Gates Foundation's 2018 year-in-review highlights many successes for the year, including but not limited to the approval of the world's first typhoid vaccine, two major HIV injectable vaccine trials, the approval of the first new treatment for relapsing malaria, and the voluntary use of family planning by 7 million women and girls in developing countries, all of which were aided by Gates Foundation funding.[37]

Channels of development assistance for health

GAVI, THE VACCINE ALLIANCE

Gavi, the Vaccine Alliance is a public-private partnership dedicated to creating equal access to vaccines for people in the world's poorest countries; Gavi's 2016–2020 mission is to save children's lives and protect people's health by increasing equitable use of vaccines in lower-income countries.[38] In 2018, Gavi disbursed $1.5 billion in funding, down 9.8% from 2017. The UK provided $296.3 million to Gavi in 2018, the Gates Foundation provided $310.4 million, the US provided $233.8 million, and Norway provided $158.7 million. The end of 2018 marked the halfway point of Gavi's current strategic period. Gavi's third replenishment will take place in 2020 for its 2021–2025 funding cycle.[6]

THE GLOBAL FUND

The Global Fund is a leading international funder of the malaria response, as well as programs to combat HIV/AIDS and TB worldwide.[39] According to the Global Fund, 17.5 million people received antiretroviral therapy for HIV/AIDS in 2018, 5 million people were tested and treated for TB, and 197 million mosquito nets were distributed as a result of the Global Fund's programs.[39] Among other achievements for the year, the HIV/AIDS Epidemic Response Initiative was launched, together with private-sector partners, to scale up prevention programs that put young women's and girls' voices first.[40]

The US provided $733.5 million or 23.0% to the Global Fund in 2018, more than any other contributor. The UK contributed $630.1 million or 19.7%, Japan contributed $369.6 million or 11.6%, and the Gates Foundation contributed $269.0 million or 8.4%. France will host the Global Fund's Sixth Replenishment in October 2019, where the organization will raise funds for 2020–2022.[18]

DEVELOPMENT BANKS

The World Bank's International Development Agency (IDA) launched its IDA19 replenishment in Zambia in November of 2018. There will be three replenishment meetings in 2019 before the pledging session in December 2019.[6] Focused on ending poverty in the world's poorest countries, the IDA disbursed $1.6 billion of DAH in 2018, down 0.8% from 2017. The International Bank for Reconstruction and Development (IBRD) is a global development cooperative owned by 189 countries. As "the world's largest development bank,"[41] the IBRD helps countries reduce poverty and extend the benefits of sustainable growth to all people. In 2018, the IBRD disbursed $738.7 million of DAH, up 26.3% from 2017. Funds were targeted at reproductive, maternal, newborn, and child health; vaccination programs; and HSS/SWAps.

The African Development Bank (AfDB), the Asian Development Bank (ADB), and the Inter-American Development Bank (IDB) provided $796.1 million for global health, collectively, in 2018. AfDB funding was down 67.2% over 2017; ADB's funding was up 177.0%; and IDB's funding was down 42.3%.

GLOBAL FINANCING FACILITY

Founded in 2015 as an innovative financing mechanism to help eliminate preventable maternal, child, and adolescent deaths, the Global Financing Facility (GFF) is helping governments in low- and lower-middle-income countries transform how they prioritize and finance the health and nutrition of their people.[3] The GFF's focus is on the more than 5 million mothers and children who die from preventable conditions including poor nutrition, and it uses grant resources to leverage domestic government resources, IDA and IBRD financing, aligned external financing, and resources from the private sector. Sources for the GFF, which is housed at the World Bank, include the governments of Canada, Denmark, Japan, Norway, and the UK, as well as the Gates Foundation and MSD for Mothers. In November 2018, world leaders pledged US $1 billion "to help the GFF partnership on the pathway toward expanding to as many as 50 countries with the greatest health and nutrition needs."[3] Primary funders in this replenishment included Norway ($360 million or 35.8%), the Gates Foundation ($200 million or 19.9%), the Netherlands ($68 million or 6.8%), and the UK ($65 million or 6.5%).[42] Project-level disbursement data have yet to become publicly available, so we were unable to include its disbursements in this report this year.

NON-GOVERNMENTAL ORGANIZATIONS

This research is able to uniquely capture DAH contributions that are disbursed through private domestic and international NGOs. Collectively, this group of NGOs disbursed $10.8 billion in DAH in 2018, amounting to 27.7% of the total DAH disbursed that year and representing a 3.2% increase from 2017. The most prominent US global health NGOs in 2018 included Population Services International, World Vision, Inc., and Management Science for Health. Across health areas, NGOs channeled $2.5 billion or 23.2% of funds to HIV/AIDS, and $4.0 billion or 37.1% to reproductive, maternal, newborn, and child health.

UNITED NATIONS AGENCIES

Funding disbursed through UN agencies, collectively, totaled $6.0 billion in 2018, up 3.0% from 2017. The agency with the largest DAH contribution was the World Health Organization (WHO), which disbursed $2.6 billion of DAH in 2018, down 1.0% from 2017. Of this, $639.5 million or 24.9% was disbursed to other infectious diseases and $1.0 billion or 39.8% to health systems strengthening/SWAPs. In the coming year, WHO will continue to focus on non-communicable diseases, global influenza pandemic preparedness, health systems strengthening, drug resistance, vaccine hesitancy, and HIV/AIDS. WHO begins a new five-year strategic plan in 2019 – the 13th General Programme of Work – that will focus on "a triple billion target: ensuring 1 billion more people benefit from access to universal health coverage, 1 billion more people are protected from health emergencies, and 1 billion more people enjoy better health and well-being."[43] WHO also continues to monitor and aid the 68.5 million people worldwide who are currently displaced, including 25.4 million who are crossing international boundaries.[44]

The United Nations Children's Fund (UNICEF) provides long-term humanitarian and development assistance to children and mothers and, in the areas of health, specifically, focuses on nutrition, immunization, and HIV/AIDS, as well as basic sanitation and emergency (i.e., pandemic) assistance.[45] UNICEF disbursed $1.9 billion in DAH in 2018, up 16.4% from 2017. Private philanthropies (excluding the Gates Foundation and corporate donations) provided UNICEF with $424.2 million or 22.3% of its funding in 2018, and the US contributed $209.0 million or 11.0%.

The United Nations Population Fund (UNFPA) is the United Nations' sexual and reproductive health agency. UNFPA's programs include UNFPA Supplies, a program dedicated to expanding access to family planning, and the Maternal and Newborn Health Thematic Fund, focused on preventing maternal deaths through strategic interventions in 39 countries with some of the highest maternal mortality and morbidity rates in the world.[46] Training midwives and ending fistula, a childbirth injury caused by prolonged obstructed labor, are also part of the Maternal and Newborn Health Thematic Fund. In 2018, UNFPA disbursed $826.1 million in DAH, down 12.6% from 2017. Of this, UNFPA received $378.9 million or 45.9% from governments. In 2018, the US withheld funding from UNFPA for the second year in a row under the Kemp-Kasten amendment.[47] Funding from the US to UNFPA was expected to total $32.5 million for 2018 fiscal year.[48]

UNAIDS is leading the global effort to end AIDS as a public health threat by 2030. The agency disbursed $264.0 million in 2018, down 4.5% from 2017. The top five contributors to UNAIDS in 2018 were the US, Sweden, the Netherlands, the UK, and Norway; the Gates Foundation contributed $1.2 million to UNAIDS in 2018.

Throughout 2018, the Pan American Health Organization (PAHO) worked to reduce, control, and eliminate diseases such as onchocerciasis (river blindness), malaria, and Chagas disease.[49] PAHO disbursed $272.3 million in 2018, down 0.4% from 2017. Funding came from governments ($23.6 million or 8.7%) and other sources ($248.7 million or 91.3%) and was disbursed primarily to HSS/SWAps ($57.2 million or 21.0%) and reproductive, maternal, newborn, and child health ($47.1 million or 17.3%).

Unitaid invests in innovations to prevent, diagnose, and treat HIV/AIDS, tuberculosis, and malaria. In 2018, Unitaid disbursed $153.8 million in DAH, up 66.6% from 2017. Among other projects, Unitaid is working in partnership with the Global Fund on a 2018–2022 new net program to combat malaria.[50] Unitaid's program to distribute and promote HIV self-testing kits in sub-Saharan Africa encourages people to know their HIV status.[51] And a program to reach more children who are suffering from TB is attempting, among other methods, to improve the market for child-friendly TB medicines (through 2021).[52]

COALITION FOR EPIDEMIC PREPAREDNESS INNOVATIONS

The Coalition for Epidemic Preparedness Innovations (CEPI) was launched at Davos 2017 by the governments of Norway and India, the Gates Foundation, the Wellcome Trust, and the World Economic Forum with the aim of developing and deploying new vaccines to prevent future epidemics.[53] The governments of Belgium and the UK have provided CEPI with single-year investments, and multi-year funding has been provided by Norway, Germany, Japan, Canada, Australia, the Gates Foundation, and the Wellcome Trust. To date, CEPI has secured $747 million toward its $1 billion funding target.[53]

CEPI states that "the costs of emerging infectious diseases are vast" and cites estimates that suggest the annual global cost "of moderately severe to severe pandemics is roughly $570 billion, or 0.7% of global income."[2] The cost of a severe pandemic like the 1918 Spanish flu could total as much as 5% of global GDP.[2] As such, CEPI's disease priorities include Middle East respiratory syndrome-related coronavirus (MERS-COV), Lassa fever, Nipah virus, Disease X (an undetermined disease, or "known unknown," added to WHO's 2018 R&D Blueprint),[54] Rift Valley fever, and Chikungunya.[2]

In 2018, CEPI's main sources of funding included Japan ($23.1 million or 32.6%), the Gates Foundation ($19.4 million or 27.3%), and Germany ($10.9 million or 15.4%). In early 2019, the UK supported CEPI with a commitment of £10 million (US$12.9 million).[55]

EUROPEAN ECONOMIC AREA

The European Economic Area "binds together 28 European Union member countries and Iceland, Liechtenstein, and Norway as equal partners in an internal market" and channels grant money to 15 beneficiary countries,

with allocations being made based on population size and GDP per person.[56] Poland is the largest beneficiary state, followed by Romania, Hungary, and Bulgaria. The EEA has two types of grants – the EEA Grants and Norway Grants – both set up for five-year periods. For the period 2014–2021, EEA grant funding will total €2.8 billion (US$3.2 billion). The EEA Grants (€1.5 billion [US$1.7 billion]) – jointly financed by Iceland, Liechtenstein, and Norway – are available in all 15 countries. The Norway Grants (€1.3 billion [US$1.5 billion]), financed solely by Norway, are available in the 13 countries that joined the EU after 2003.[56]

In 2018, EEA disbursed $0.1 million in DAH. These resources were directed to reproductive, maternal, newborn, and child health ($108.6 thousand or 83.3%) and tuberculosis ($21.7 thousand or 16.7%). DAH disbursed in 2018 constituted the final year of EEA's last grant cycle, which totaled $37.7 million over the five-year period.

Recipients of development assistance for health

Figure 11 illustrates DAH by recipient super-region from 1990 to 2017. Sub-Saharan African countries have been the recipients of the bulk of DAH since 2010 (30.4%); in 2017, this region received $13.7 billion, which represents 34.2% of the total DAH disbursed. Global initiatives received $6.1 billion (15.1%) in 2017, followed by South Asia with $2.2 billion (5.4%), Southeast Asia, East Asia, and Oceania with $2.0 billion (5.0%), North Africa and the Middle East with $1.6 billion (4.0%), Latin America and the Caribbean with $1.1 billion (2.6%), and Central Europe, Eastern Europe, and Central Asia with $720.1 million (1.8%). Another $12.9 billion of DAH in 2017 is categorized as "unallocable" by region. UN agencies and NGOs – both large channels of DAH – have data that are unallocable in this study.

SUB-SAHARAN AFRICA

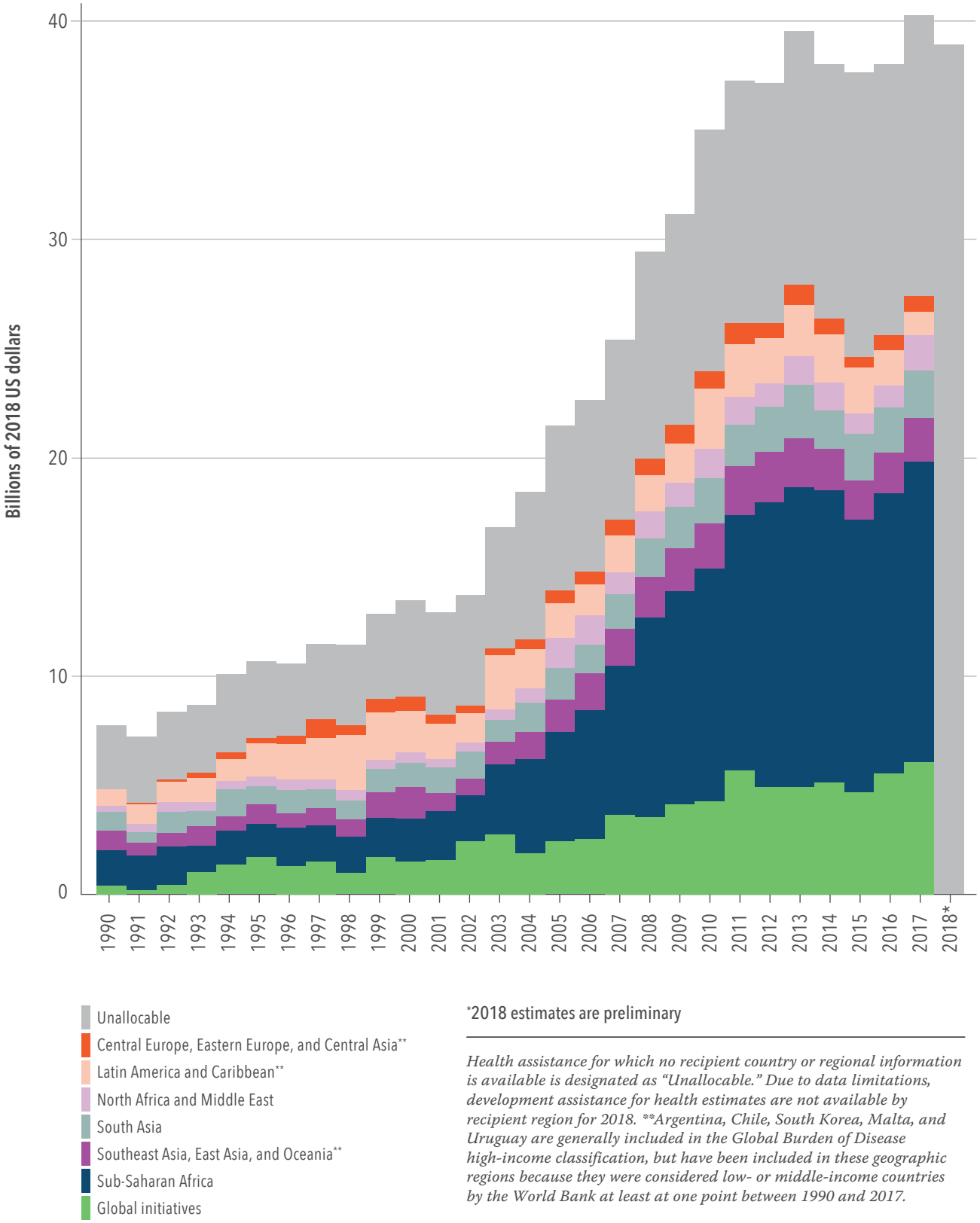
Sub-Saharan Africa received $13.7 billion, or 34.2%, of global DAH in 2017, the most recent year for which data are available. This represented a 6.9% increase from 2016. The US provided $7.5 billion or 54.6% of this funding, and the Gates Foundation provided $673.5 million or 4.9%. Across health areas, $5.7 billion or 41.6% went to HIV/AIDS, and $3.5 billion or 25.8% went to reproductive, maternal, newborn, and child health. Nigeria, Tanzania, Kenya, and Uganda were the countries receiving the most DAH for the region in 2017.

SOUTH ASIA

South Asia received $2.2 billion or 5.4% of total DAH in 2017, up 4.8% from 2016. Of this, $919.0 million or 42.0% went to India, and $650.6 million or 29.7% was directed to Pakistan. Bangladesh, Bhutan, and Nepal were the recipients of $621.1 million or 28.4%, collectively. The US and the Gates Foundation were major sources of DAH to this region, providing $518.8 million and $380.1 million, respectively, in 2017. Across health areas, $1.3 billion or 57.7% of DAH to South Asia went to reproductive, maternal, newborn, and child health; $267.5 million or 12.2% went to HSS/SWAps; and $129.1 million or 5.9% went to HIV/AIDS.

FIGURE 11

Development assistance for health by recipient super-region, 1990–2018



*2018 estimates are preliminary

*Health assistance for which no recipient country or regional information is available is designated as "Unallocable." Due to data limitations, development assistance for health estimates are not available by recipient region for 2018. **Argentina, Chile, South Korea, Malta, and Uruguay are generally included in the Global Burden of Disease high-income classification, but have been included in these geographic regions because they were considered low- or middle-income countries by the World Bank at least at one point between 1990 and 2017.*

***Source:** Financing Global Health Database 2018*

SOUTHEAST ASIA, EAST ASIA, AND OCEANIA

This region, consisting of China, small-island developing states, and the members of the Association of Southeast Asian Nations, received $2.0 billion or 5.0% of DAH in 2017, up 8.2% from 2016. The US provided $513.1 million or 25.6% of DAH to this region in 2017; Germany provided $242.1 million or 12.1%; and the UK provided $180.1 million or 9.0%. The Global Fund was a major channel of assistance to this region, providing $493.0 million or 24.6% of DAH in 2017; NGOs provided $157.8 million or 7.9%. Funding was directed primarily to HSS/SWAps ($487.0 million or 24.3%) and reproductive, maternal, newborn, and child health ($451.5 million or 22.6%). Of the total DAH to this region, China received 11.5% or $229.6 million in 2017.

NORTH AFRICA AND THE MIDDLE EAST

North Africa and the Middle East received $1.6 billion or 4.0% of DAH in 2017, up 58.8% from 2016. The UK, the US, and Germany were major sources of funding to the region, providing $236.4 million, $212.4 million, and $125.8 million, respectively. Across health areas, $501.4 million or 31.3% of DAH to the region was directed to HSS/SWAps, and $387.0 million or 24.1% went to reproductive, maternal, newborn, and child health.

LATIN AMERICA AND THE CARIBBEAN

The region of Latin America and the Caribbean received $1.1 billion or 2.6% of 2017 DAH, down 34.8% from 2016. The US and UK were major sources, contributing $367.0 million and $45.7 million in DAH to the region, respectively. Across health areas, $295.7 million or 27.9% of 2017 DAH went to reproductive, maternal, newborn, and child health; $243.5 million or 23.0% went to HIV/AIDS; and $215.5 million or 20.3% went to HSS/SWAps.

CENTRAL EUROPE, EASTERN EUROPE, AND CENTRAL ASIA

This region received $0.7 billion or 1.8% of DAH in 2017, up 9.8% from 2016. Major sources of funding were the US, Germany, and Japan, contributing $147.5 million, $69.7 million, and $52.7 million, respectively, in 2017. Across health areas, $222.8 million or 30.9% of funding was allocated to HSS/SWAps; $130.0 million or 18.1% to HIV/AIDS; and $121.3 million or 16.8% to tuberculosis.

GLOBAL INITIATIVES

Activities that are not confined to a specific region but address research, development, preparedness, and/or health systems strengthening across boundaries are classified as "global initiatives." DAH to this category totaled $6.1 billion in 2017, up 10.0% from 2016, and represented 15.1% of total DAH for the year. The US was the main source of funding, contributing $3.4 billion; other major sources included the Gates Foundation, contributing $1.4 billion, and the UK, contributing $466.6 million. •

CHAPTER 2

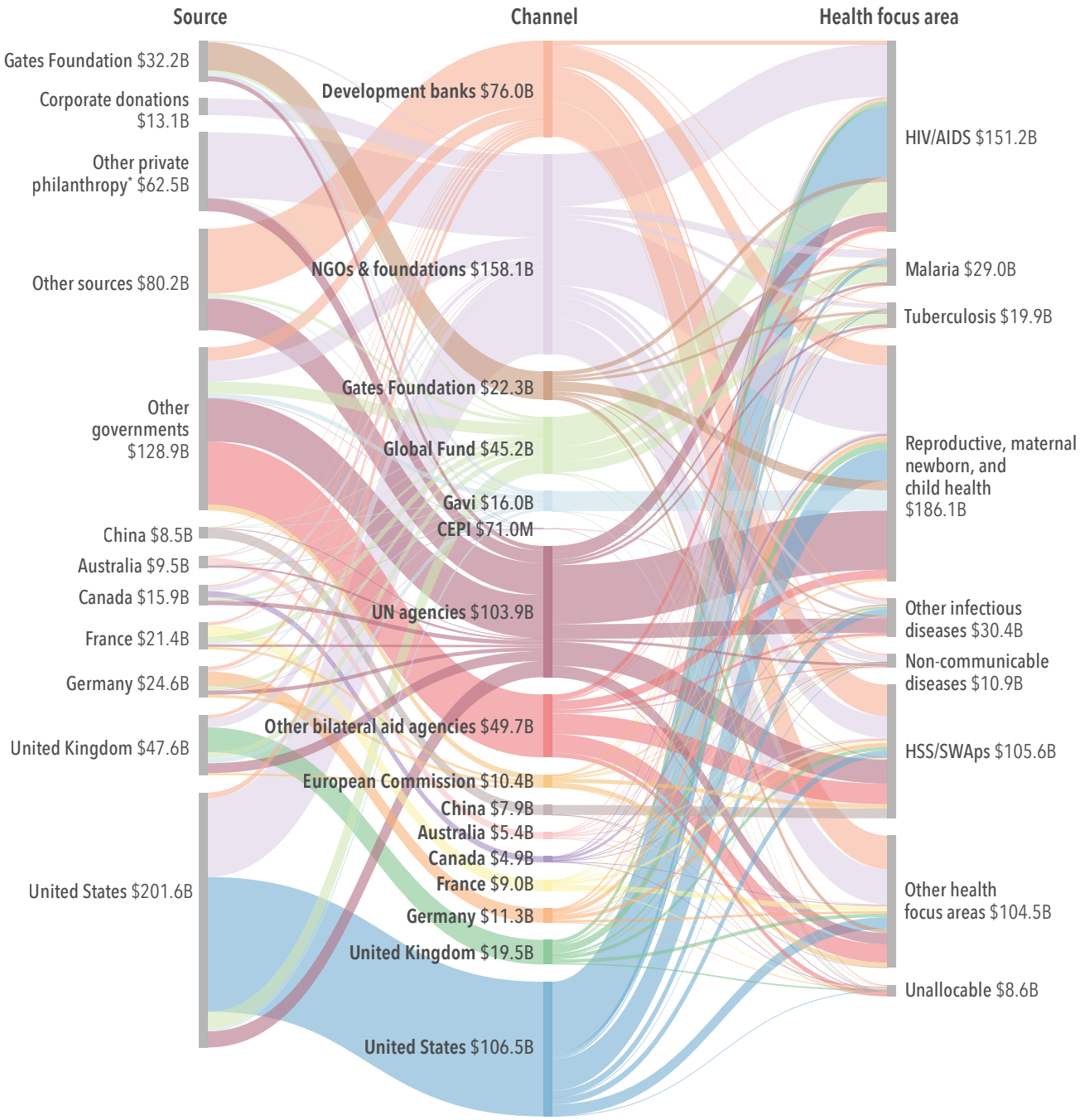
Development assistance for health – health focus and program areas

In 2018, Paraguay was certified by the WHO as malaria-free,[57] India reported a decline in maternal deaths since 2013,[58] and the first oral cholera vaccine was administered in Yemen.[59] But progress against many of the world's most pressing health issues has been made against a backdrop of new threats and a plateaued growth rate in development assistance for health. While global HIV infection rates have fallen dramatically since the epidemic's peak in 2005, they remain extremely high among key populations in some countries. Tuberculosis is now the leading cause of death from infectious diseases, with 1.2 million deaths in 2017[60] and 4.1 million missing cases each year through undiagnosed, untreated, and unreported cases of tuberculosis. Going forward, a transition toward a broader range of sources and channels of funding, including emerging donors as highlighted in Chapter 1 and emerging initiatives as highlighted in the following pages, will be essential for responding to global health threats.

Figure 12 illustrates the flow of DAH from source to channel to health focus area for the period 1990–2018. The US was the largest source, contributing $201.6 billion or 31.2% of total DAH for the period, followed by private philanthropy (excluding the Gates Foundation and corporate donations) with $62.5 billion or 9.7%, the UK with $47.6 billion or 7.4%, and the Gates Foundation with $32.2 billion or 5.0%. NGOs and private philanthropy (excluding the Gates Foundation and corporate donations) channeled the bulk of the funds ($158.1 billion or 24.5%), followed by US bilaterals ($106.5 billion or 16.5%) and UN agencies ($103.9 billion or 16.1%). By health focus area, reproductive, maternal, newborn, and child health received $186.1 billion or 42.0% of DAH for the period; HIV/AIDS received $151.2 billion or 34.1%; and HSS/SWAps received $105.6 billion or 23.8%. Figure 13 illustrates DAH by health focus area from 1990 to 2018 and shows the dramatic increase in funding from 2000 through 2013. This figure also illustrates the decrease in funding for HIV/AIDS since 2012 and the relative increases in reproductive, maternal, newborn, and child health, malaria, tuberculosis, and other infectious diseases. Figure 14 illustrates DAH by health focus areas and program areas for 2000–2018. The program areas highlight the specific programming activities undertaken in these health focus areas and the fraction of DAH assigned to each program area between 2000 and 2018.

FIGURE 12

Flows of development assistance for health from source to channel to health focus area, 1990–2018



*Excluding the Gates Foundation and coroporate donations. 2018 estimates are preliminary

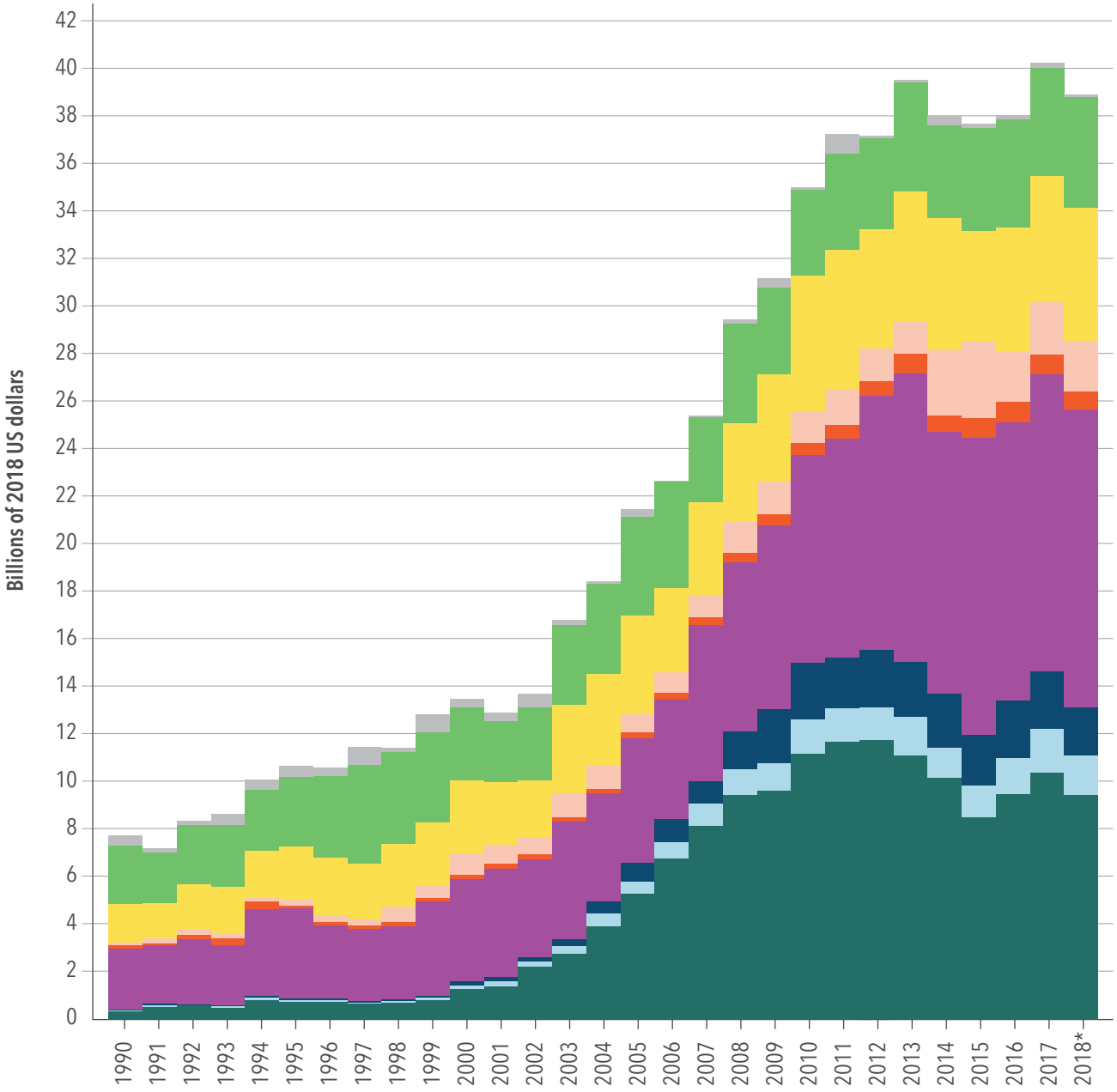
"Other health focus areas" captures development assistance for health for which we have health focus area information but which is not identified as being allocated to any of the health focus areas listed. Health assistance for which we have no health focus area information is designated as "Unallocable." "Other sources" captures development assistance for health for which we have source information but which is not identified as originating within any of the sources listed.

HSS/SWAps = Health systems strengthening and sector-wide approaches

***Source:** Financing Global Health Database 2018*

FIGURE 13

Development assistance for health by health focus area, 1990–2018



*2018 estimates are preliminary

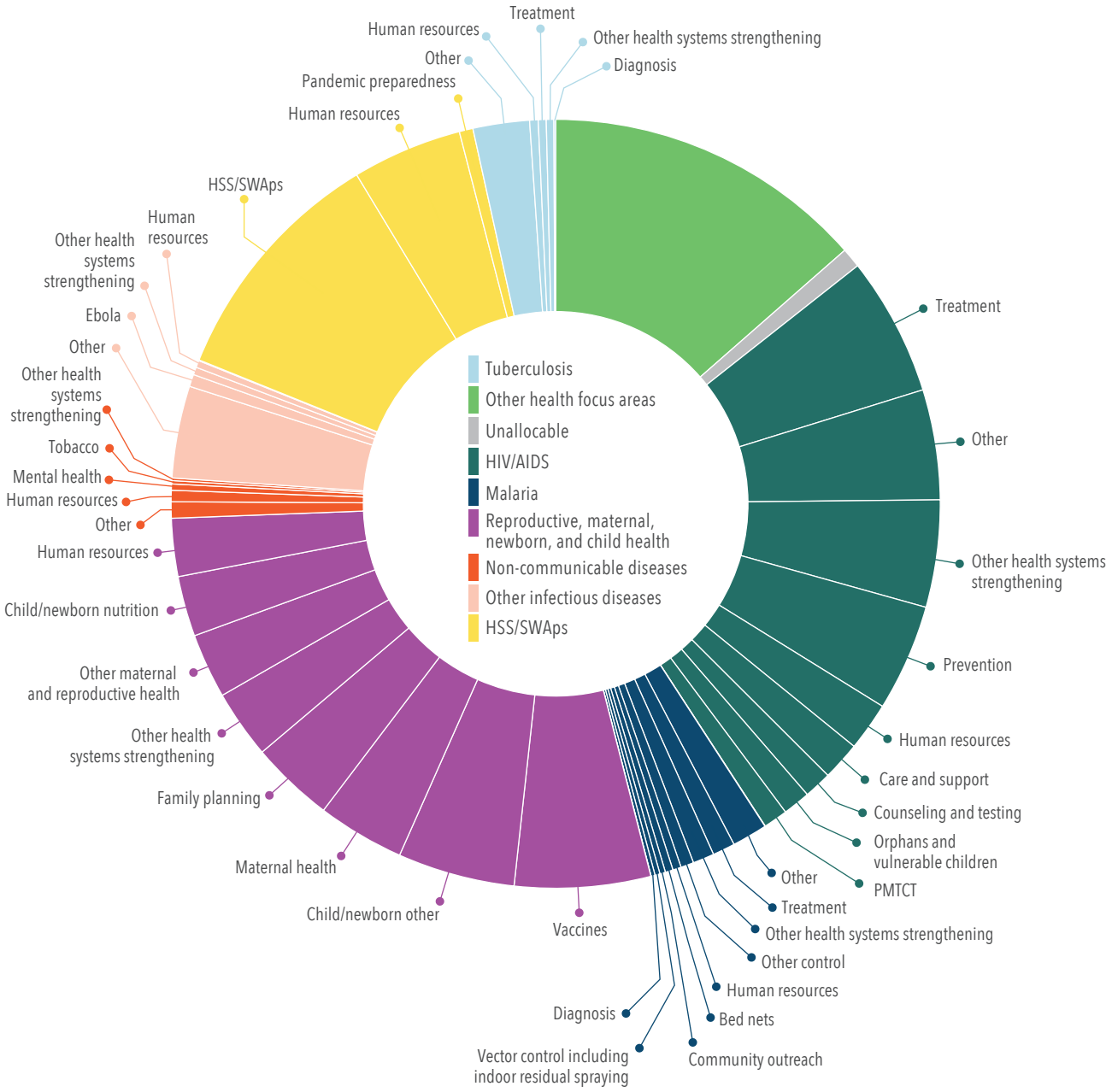
"Other health focus areas" captures development assistance for health for which we have health focus area information but which is not identified as being allocated to any of the health focus areas listed. Health assistance for which we have no health focus area information is designated as "Unallocable."

HSS/SWAps = Health systems strengthening and sector-wide approaches

***Source:** Financing Global Health Database 2018*

FIGURE 14

Development assistance for health by health focus area and program area, 2000–2018



2018 estimates are preliminary. Spending is in billions of 2018 US dollars.

- Zika (0.142 billion)
- AMR (0.035 billion)
- TB drug resistance (0.365 billion)
- HIV/AIDS drug resistance (0.084 billion)
- Malaria drug resistance (0.053 billion)

"Other health focus areas" captures development assistance for health for which we have health focus area information but which is not identified as being allocated to any of the health focus areas listed. Health assistance for which we have no health focus area information is designated as "Unallocable." The program areas for which the share is too small to show are listed to the side.

HSS/SWAps = Health systems strengthening and sector-wide approaches

PMTCT = Prevention of mother-to-child transmission

AMR = Antimicrobial resistance

Source: *Financing Global Health Database 2018*

Figure 15 illustrates the rate of change in DAH by health focus area from 2000 to 2018. Whereas funding for HIV/AIDS, tuberculosis, and malaria saw the greatest annualized growth rate in the period 2000–2010, the period of 2010–2018 has seen the highest annualized growth rates in funding for non-communicable diseases; reproductive, maternal, newborn, and child health; and other infectious diseases. Figure 16 illustrates the share of DAH allocated by health focus area as a percentage of total DAH each year, from 1990 to 2018. Perhaps most notable is the decreasing percentage allocated to "other health focus areas" since 2008. This pattern may be in alignment with the global health community's focus on specific health areas, especially during the Millennium Development Goals era.

FIGURE 15

Annualized rate of change in development assistance for health disbursed, by health focus area, 2000–2010 and 2010–2018

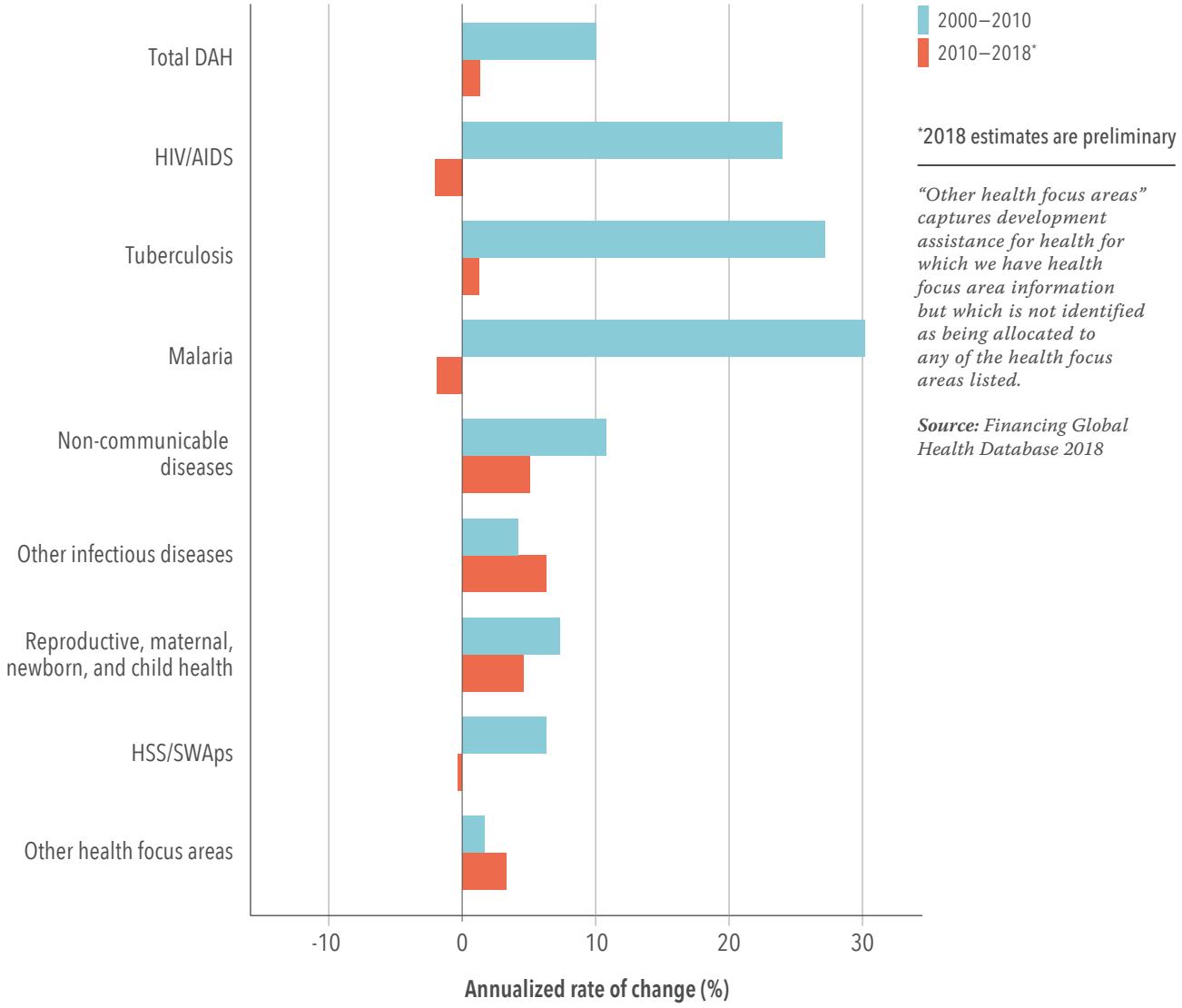
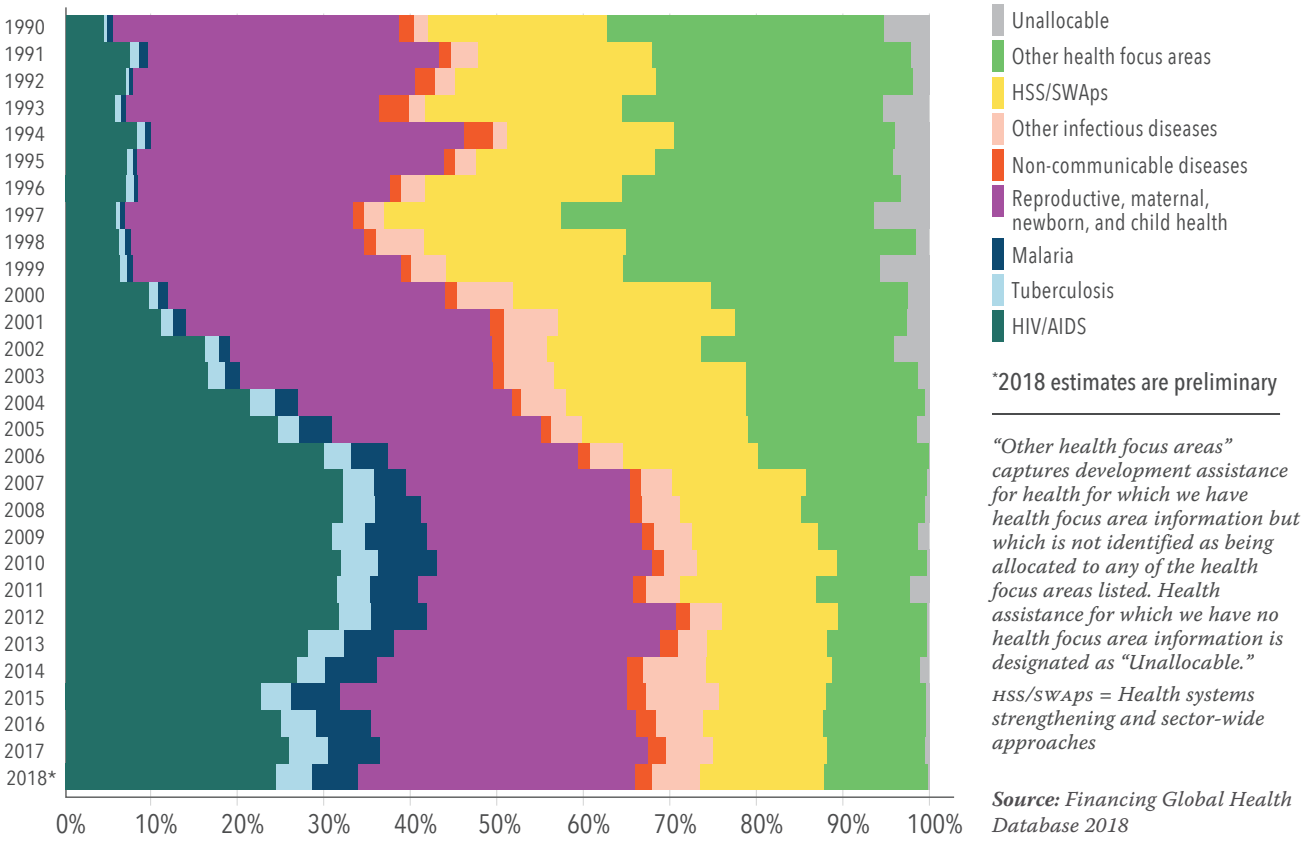


FIGURE 16

The share of development assistance for health allocated by health focus area, 1990–2018



*2018 estimates are preliminary

"Other health focus areas" captures development assistance for health for which we have health focus area information but which is not identified as being allocated to any of the health focus areas listed. Health assistance for which we have no health focus area information is designated as "Unallocable."

HSS/SWAps = Health systems strengthening and sector-wide approaches

***Source:** Financing Global Health Database 2018*

Malaria

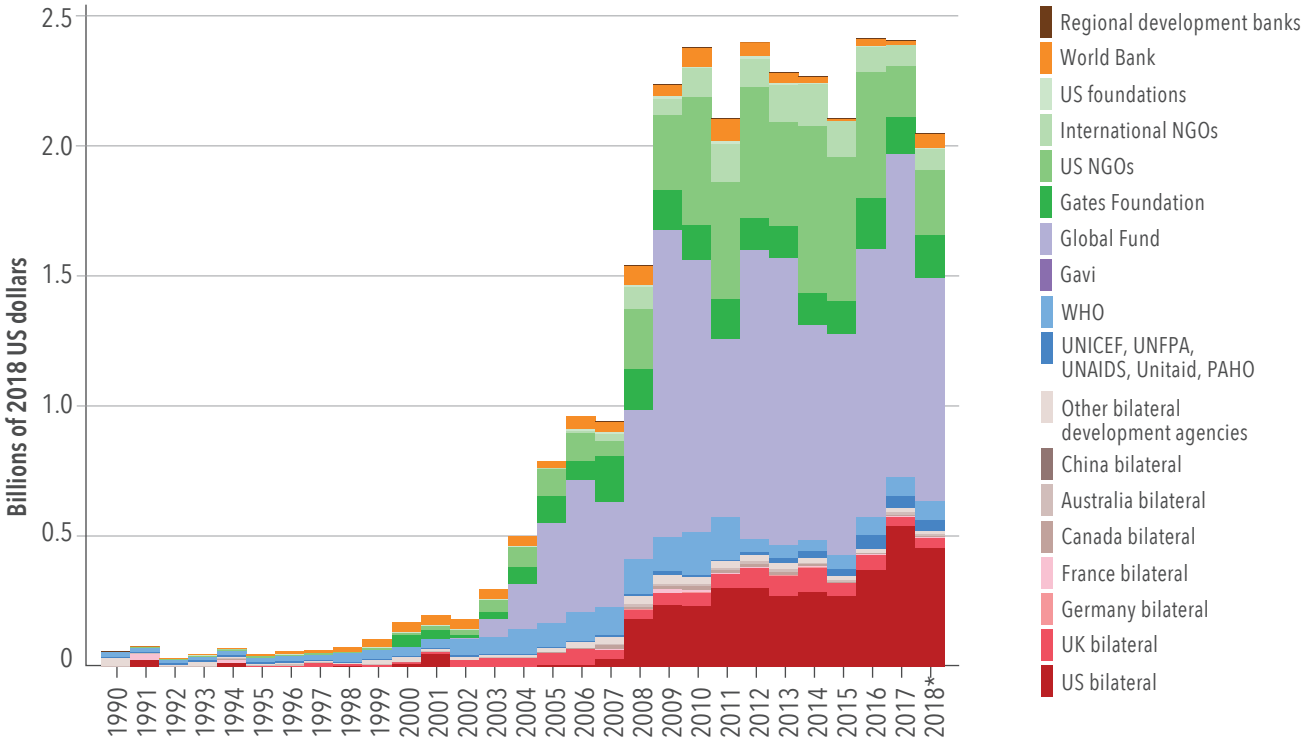
In 2018, DAH for malaria amounted to $2.1 billion, down 14.9% from 2017. The US and the UK were the major sources providing DAH to this health focus area, with $875.9 and $286.8 million, respectively, in 2018. The two largest channels for malaria funding in 2018 were the Global Fund and US bilateral agencies, disbursing $858.1 million and $458.9 million, respectively.

Figure 17 illustrates DAH for malaria by channel of assistance from 1990 to 2018. From 2000 to 2018, the two largest sources of DAH for malaria were the US and the UK, disbursing $11.5 billion and $3.3 billion for malaria, respectively. The largest channel from 2000 to 2018 was the Global Fund, disbursing $12.0 billion during that period. The Gates Foundation was the fourth largest disbursing agency of funding for malaria from 2000 to 2018. In 2018, the Gates Foundation contributed $257.3 million in DAH for malaria and channeled 63.6% of this through the foundation itself, 28.1% to the Global Fund, and 4.4% through UN agencies.

By region, sub-Saharan Africa received $16.1 billion or 61.4% of all malaria DAH from 2000 to 2017. Southeast Asia, East Asia, and Oceania received $2.0 billion or 7.7% of total DAH for malaria for the same time period. Figure 18 charts the top 20 countries by average 2015-2017 DAH allocated versus

FIGURE 17

Development assistance for health for malaria by channel of assistance, 1990–2018



*2018 estimates are preliminary

NGOs = *Non-governmental organizations*
PAHO = *Pan American Health Organization*
UNAIDS = *Joint United Nations Programme on HIV/AIDS*
UNFPA = *United Nations Population Fund*
UNICEF = *United Nations Children's Fund*
WHO = *World Health Organization*

Regional development banks include the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank.

Source: *Financing Global Health Database 2018*

2017 malaria burden of disease. Of the global malaria burden, 96.6% is concentrated in 46 sub-Saharan African countries and India; of these, five countries accounted for nearly half of all malaria cases worldwide: Nigeria (21.0%), Democratic Republic of the Congo (13.3%), Uganda (6.0%), India (5.5%), and Mozambique (4.7%).

By program area, DAH for malaria was disbursed to health systems strengthening (24.9%), treatment (15.1%), other control measures (8.3%), vector control including indoor residual spraying (7.0%), bed nets (6.2%), community outreach (4.5%), and diagnosis (4.0%). Figure 19 illustrates these allocations.

The continued effort against malaria posted some successes this year, with 2018 marking the elimination of malaria in Paraguay,[40] and Krintafel – the first new treatment for *Plasmodium vivax* malaria in over 60 years – earning approval from the FDA.[61] However, WHO's World Malaria Report reveals that while a group of malaria-eliminating countries have been progressing in their

FIGURE 18

Top 20 countries by average development assistance for health received from 2015 to 2017, and their corresponding 2017 burden of disease

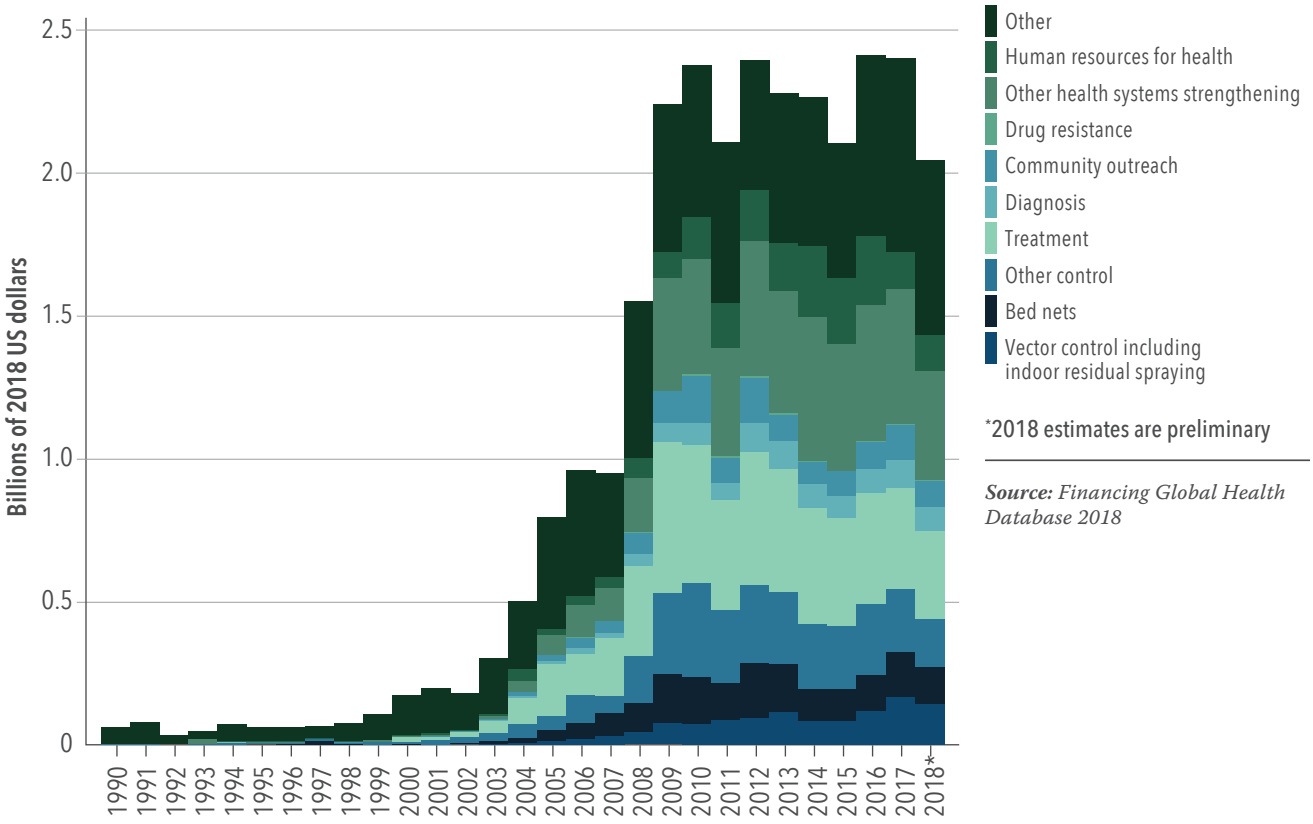
Ranking by development assistance received by disease (2015–2017 average)	All diseases	Malaria	HIV/AIDS	Reproductive, maternal, newborn, and child health	Tuberculosis	Non-communicable diseases	Other infectious diseases
1	Nigeria 117,672	Nigeria 11,620	Kenya 2,790	Nigeria 20,552	India 16,018	Argentina 8,999	Sierra Leone 58
2	Kenya 17,857	Tanzania 1,100	South Africa 7,349	India 52,015	South Africa 765	Sri Lanka 3,984	Liberia 93
3	Tanzania 22,689	Congo, DR 5,998	Tanzania 1,698	Ethiopia 8,203	Nigeria 2,556	Uganda 5,077	Nigeria 1,406
4	Ethiopia 37,828	Uganda 1,708	Uganda 1,779	Pakistan 19,232	Malawi 293	India 269,176	Guinea 75
5	India 480,732	Mozambique 1,306	Mozambique 4,158	Bangladesh 6,090	Indonesia 2,732	Ukraine 17,308	Kenya 108
6	Uganda 16,629	Ghana 1,119	Nigeria 9,230	Congo, DR 6,744	Bangladesh 463	Morocco 7,846	Côte d'Ivoire 106
7	Mozambique 16,948	Kenya 291	Zambia 1,458	Kenya 2,256	Pakistan 1,930	Yemen 5,178	Pakistan 279
8	South Africa 24,023	Ethiopia 201	Ethiopia 1,116	Tanzania 4,137	Philippines 1,107	Tanzania 8,363	Afghanistan 163
9	Pakistan 84,322	Zambia 340	Zimbabwe 975	Afghanistan 2,919	Ethiopia 1,439	Nicaragua 884	Ethiopia 456
10	Congo, DR 44,300	Malawi 463	Malawi 1,450	Uganda 2,923	Myanmar 468	Brazil 43,033	India 2,777
11	Zambia 7,920	Myanmar 192	India 2,863	Malawi 1,277	Congo, DR 2,227	Congo, DR 13,537	Brazil 470
12	Malawi 8,275	Mali 2,005	Rwanda 187	Mali 3,237	Kenya 619	Ghana 4,747	Ghana 76
13	Bangladesh 45,957	Burkina Faso 2,322	Côte d'Ivoire 1,068	Mozambique 2,145	Zambia 356	Palestine 682	Tanzania 234
14	Zimbabwe 6,980	India 3,551	Haiti 219	South Sudan 1,360	Ukraine 145	Jordan 1,483	Congo, DR 1,067
15	Sierra Leone 4,821	Sudan 179	Congo, DR 1,000	Ghana 1,882	Tanzania 854	Afghanistan 6,949	Uganda 178
16	Vietnam 24,813	Zimbabwe 55	Namibia 232	Nepal 1,043	Uganda 603	Rwanda 1,736	Senegal 57
17	Ghana 12,014	Rwanda 186	Swaziland 155	Haiti 582	Mozambique 833	Tunisia 2,198	Burkina Faso 86
18	Liberia 2,162	Angola 614	Cameroon 1,281	Zambia 1,177	Zimbabwe 511	Moldova 1,163	Mali 113
19	Myanmar 18,779	Madagascar 375	Vietnam 623	Mexico 1,816	Vietnam 490	Zambia 2,472	Vietnam 259
20	Haiti 5,161	Côte d'Ivoire 1,112	Lesotho 376	Peru 544	Afghanistan 189	China 307,002	Indonesia 637

Burden of disease is measured in number of disability-adjusted life years (DALYs). Colors represent 2017 DALYs for each health focus area within a country. Darker colors correspond to a higher number of DALYs. Values represent thousands of DALYs attributable to a country by disease.

Sources: *Financing Global Health Database 2018 and Global Burden of Disease 2017 study*

FIGURE 19

Development assistance for malaria by program area, 1990–2018



Source: *Financing Global Health Database 2018*

efforts, a plateau in funding, coupled with drug and insecticide resistance, has stalled progress against malaria in many eradicating countries.[1] The Global Burden of Disease study estimates that malaria prevalence declined at an annual rate of 0.8% from 2000 to 2015. From 2015 to 2017, malaria prevalence declined at an annual rate of only 0.5%.

In 2018, many initiatives, declarations, and commitments were aimed at malaria. In April 2018, the Malaria Summit London produced two major commitments: 53 Commonwealth nations committed to halving malaria in the Commonwealth by 2023, and these same nations agreed to $4.1 billion in financial and political commitments toward malaria eradication.[62] In addition to these commitments, the replenishment of the Global Fund's sixth funding cycle will be a major focus for the malaria community in 2019.[63] WHO, the RBM Partnership to End Malaria, and other partners launched the "high burden to high impact" initiative to target diagnosis and treatment in high-burden countries,[64] while WHO continues its work with the E-2020 countries (identified in 2016 as having the potential to become malaria-free by 2020).[1]

In August of 2018, 16 African heads of state signed the Windhoek Declaration on Eliminating Malaria in the South African Development Community Region with the goal of "putting the region back on track to achieving global malaria elimination targets;" the declaration calls for an increase in domestic support with resources and policies to promote malaria elimination, as well as improved data-sharing and program implementation.[65] And in the Greater Mekong sub-region, a Call for Action pledge was signed to eliminate malaria by 2030.[66]

Despite these plans, the WHO 2018 World Malaria Report has highlighted a substantial funding gap for the Global Technical Strategy for Malaria (GTS) 2030 targets. To achieve the first two milestones of the GTS – a reduction of at least 40% in malaria case incidence and mortality rates globally by 2020 – "annual malaria funding will need to increase to at least US$6.6 billion per year by 2020." Resource efficiency, stronger domestic support, and an increase in DAH will be imperative. A detailed discussion of domestic funding for malaria appears in Chapter 3.

Antimicrobial resistance

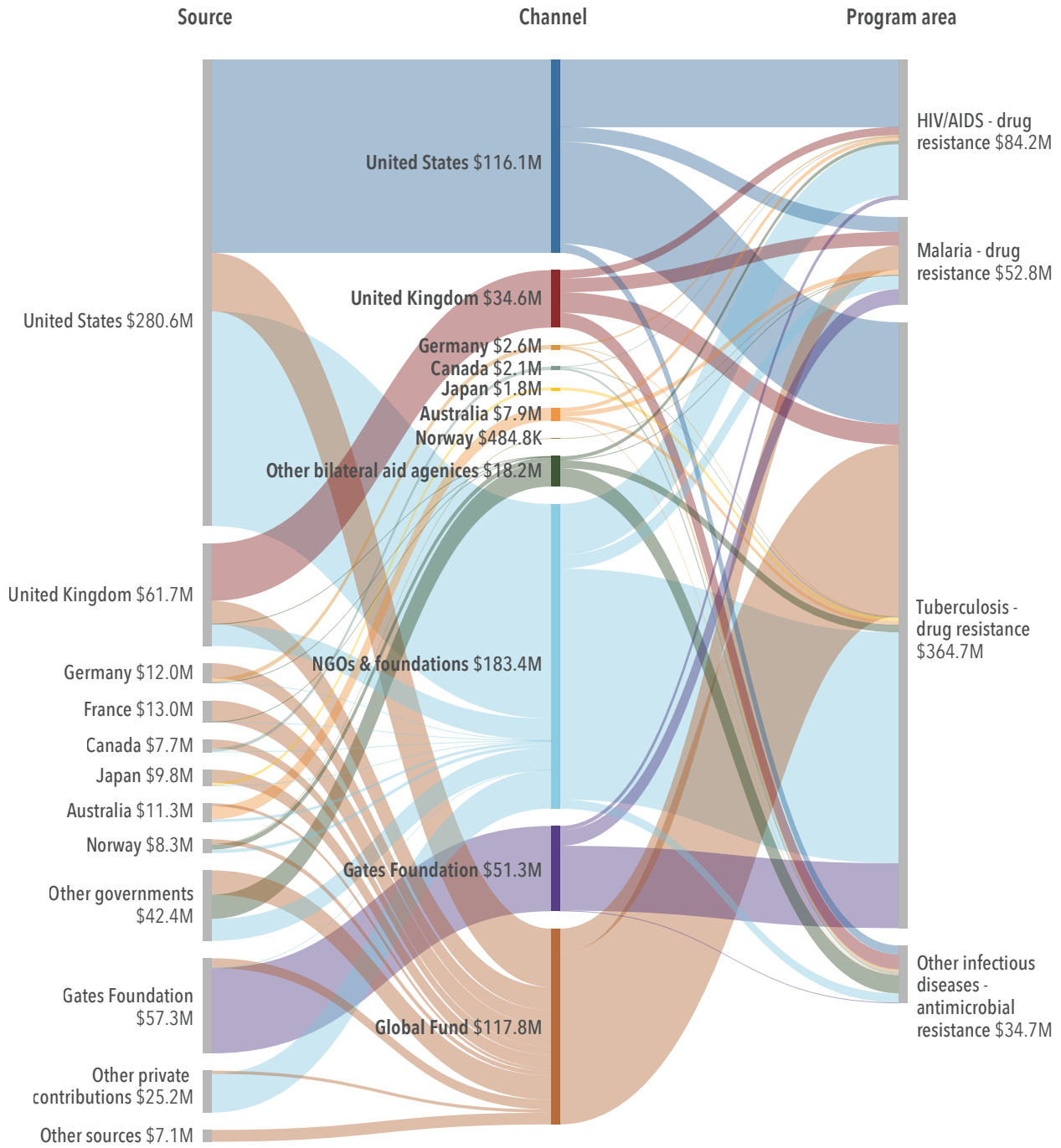
Antibiotics have long been considered a cornerstone of modern medicine, but persistent overuse and misuse in humans and animals has resulted in antibiotic resistance – meaning microbes, such as bacteria, have become resistant to the drugs used to treat them.[67] Antimicrobial resistance can occur in any country and poses one of the greatest threats to global health today and for the future.[68]

WHO launched the Global Antimicrobial Surveillance System (GLASS) in 2015 in response to a 2014 report citing the need to monitor antimicrobial resistance. GLASS's first report of collected surveillance data, released in 2018, revealed "high levels of resistance to a number of serious bacterial infections in both high- and low-income countries. The most commonly reported resistant bacteria were *Escherichia coli*, *Klebsiella pneumoniae*, *Staphylococcus aureus*, and *Streptococcus pneumoniae*, followed by *Salmonella spp*."[69] (The GLASS surveillance did not include data on resistance of *Mycobacterium tuberculosis*, which causes tuberculosis, as WHO has been tracking it since 1994 and providing annual updates in its Global Tuberculosis Report.) "Among patients with suspected bloodstream infection, the proportion that had bacteria resistant to at least one of the most commonly used antibiotics ranged tremendously between different countries – from zero to 82%. Resistance to penicillin – the medicine used for decades worldwide to treat pneumonia – ranged from zero to 51% among reporting countries. And between 8% to 65% of *E. coli* associated with urinary tract infections presented resistance to ciprofloxacin, an antibiotic commonly used to treat this condition."[69]

Figure 20 illustrates the flow of DAH for AMR for the period 1990–2018 from source to channel to program area. The US was the largest source of funding for AMR, providing $280.6 million during this time period, followed by the UK ($61.7 million) and the Gates Foundation ($57.3 million). Funds were channeled through NGOs and foundations (excluding the Gates Foundation) ($183.4 million), the Global Fund ($117.8 million) and US bilateral agencies ($116.1 million). By program area, tuberculosis was the recipient of the bulk of funds for AMR, $364.7 million – followed by HIV/AIDS ($84.2 million), malaria ($52.8 million), and other infectious diseases ($34.7 million).

FIGURE 20

Development assistance for antimicrobial resistance, 1990–2018



2018 estimates are preliminary. Spending is in 2018 US dollars.

Source: *Financing Global Health Database 2018*

HIV/AIDS

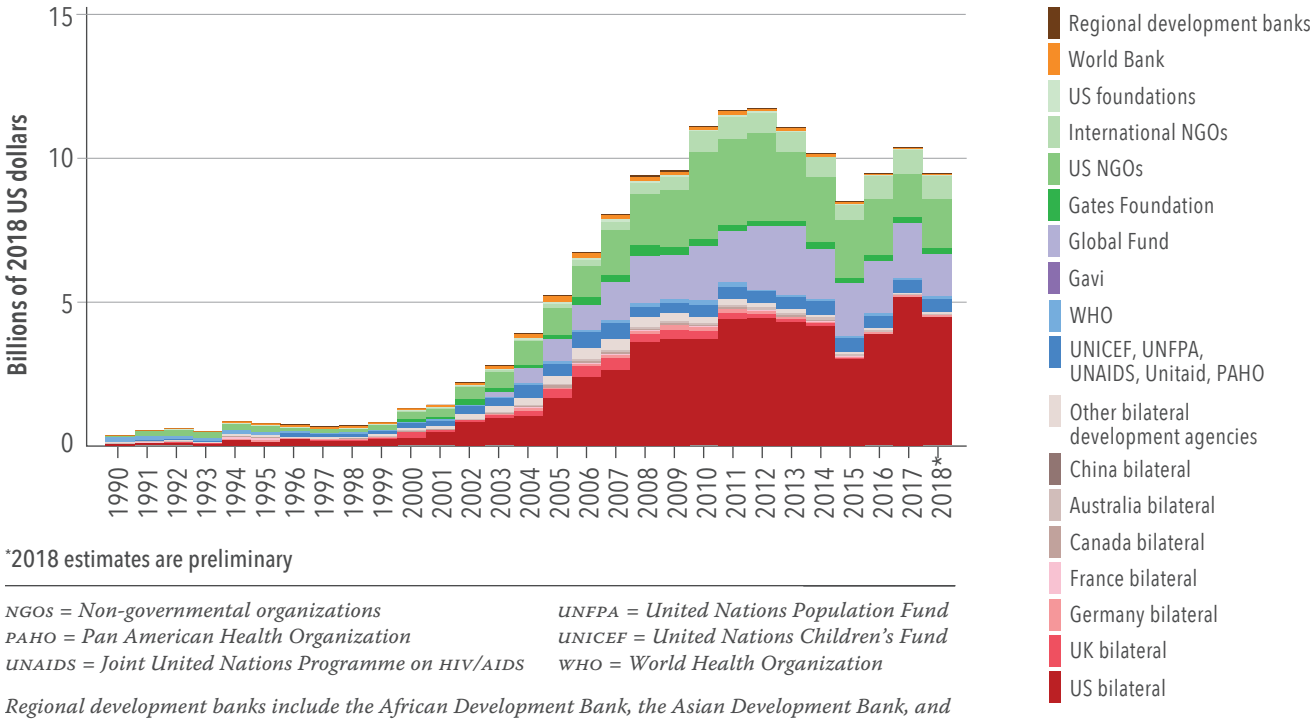
In 2018, $9.5 billion of development assistance was directed to HIV/AIDS. This represented 24.3% of total DAH in 2018 and was down 8.8% from 2017. The US government has been the largest source of development assistance for HIV/AIDS, providing $74.1 billion or 65.6% to this health area since 2008. In 2018, the US provided $6.7 billion, or 70.8% of total DAH for HIV/AIDS, down 10.9% from 2017. US funds in 2018 were disbursed through US bilaterals ($4.5 billion or 66.5%), NGOs ($1.8 billion or 26.8%), and the Global Fund ($334.5 million or 5.0%). The UK provided $474.6 million to HIV/AIDS in 2018, down 3.6% from 2017. The two largest disbursing agencies for HIV/AIDS in 2018 were US bilateral agencies and NGOs, disbursing $4.5 billion or 47.1% and $2.5 billion or 26.5% of total HIV/AIDS funds, respectively. Figure 21 illustrates funding for HIV/AIDS by channel of assistance from 1990 to 2018.

By program area, 33.0% ($3.1 billion) of HIV/AIDS DAH was directed to treatment, including antiretroviral therapy; 15.1% ($1.4 billion) went to prevention, excluding prevention of mother-to-child transmission; and 16.7% ($1.6 billion) went to health systems strengthening. Figure 22 illustrates these allocations. By region, 55.1% ($5.7 billion) of DAH for HIV/AIDS went to sub-Saharan Africa in 2017. In the same year, 2.9% ($303.5 million) went to Southeast Asia, East Asia, and Oceania; 2.3% ($243.5 million) went to Latin America and the Caribbean; 1.2% ($129.1 million) went to South Asia; 1.3% ($130.0 million) went to Central Europe, Eastern Europe, and Central Asia; and 12.3% ($1.3 billion) was unallocable to a specific region. Figure 18 illustrates the top 20 countries by average DAH received between 2015 and 2017 and total 2017 HIV/AIDS burden of disease.

The Global Fund reported this year that "improved access to HIV treatment has achieved significant declines in deaths and infection rates,"[39] and in December 2018 the first major clinical trial began for an injectable drug (cabotegravir) to prevent transmission of HIV as a pre-exposure prophylaxis (PrEP.)[70] And yet, new HIV infections continue to rise among some key populations, and among adolescents in some countries.[39] Human rights injustices and gender-related barriers present obstacles to treatment and can spur new infections,[39] and "concerns about confidentiality, stigma, discrimination and, in some contexts, criminalization"[71] impede other populations from finding out their HIV status. Self-testing kits that can be used anywhere and require only a mouth swab (Unitaid's)[71] are changing the game, but funding for continued identification and treatment continues to be needed. UNAIDS estimates that $26.2 billion will be required for the AIDS response in 2020.[72] While DAH targeting HIV/AIDS remains flat, analysis of potential funding is critical for maintaining the advances reached to date and continuing forward progress against this disease. An in-depth discussion of funding for HIV/AIDS appears in Chapter 3.

FIGURE 21

Development assistance for HIV/AIDS by channel of assistance, 1990–2018



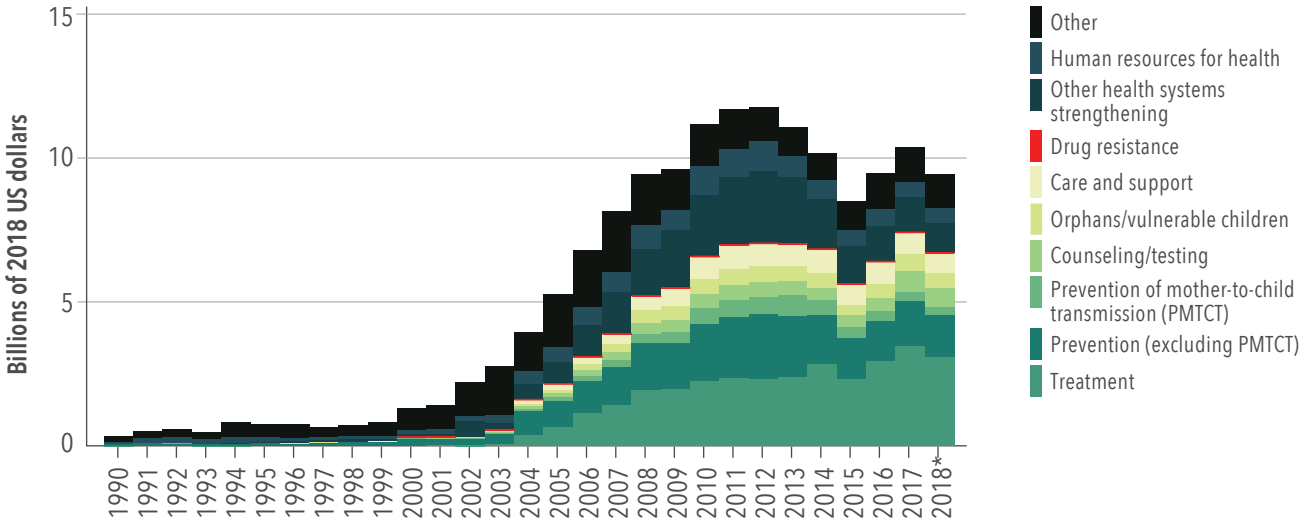
*2018 estimates are preliminary

NGOs = *Non-governmental organizations*
PAHO = *Pan American Health Organization*
UNAIDS = *Joint United Nations Programme on HIV/AIDS*
UNFPA = *United Nations Population Fund*
UNICEF = *United Nations Children's Fund*
WHO = *World Health Organization*

Regional development banks include the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank. ***Source:*** *Financing Global Health Database 2018*

FIGURE 22

Development assistance for HIV/AIDS by program area, 1990–2018



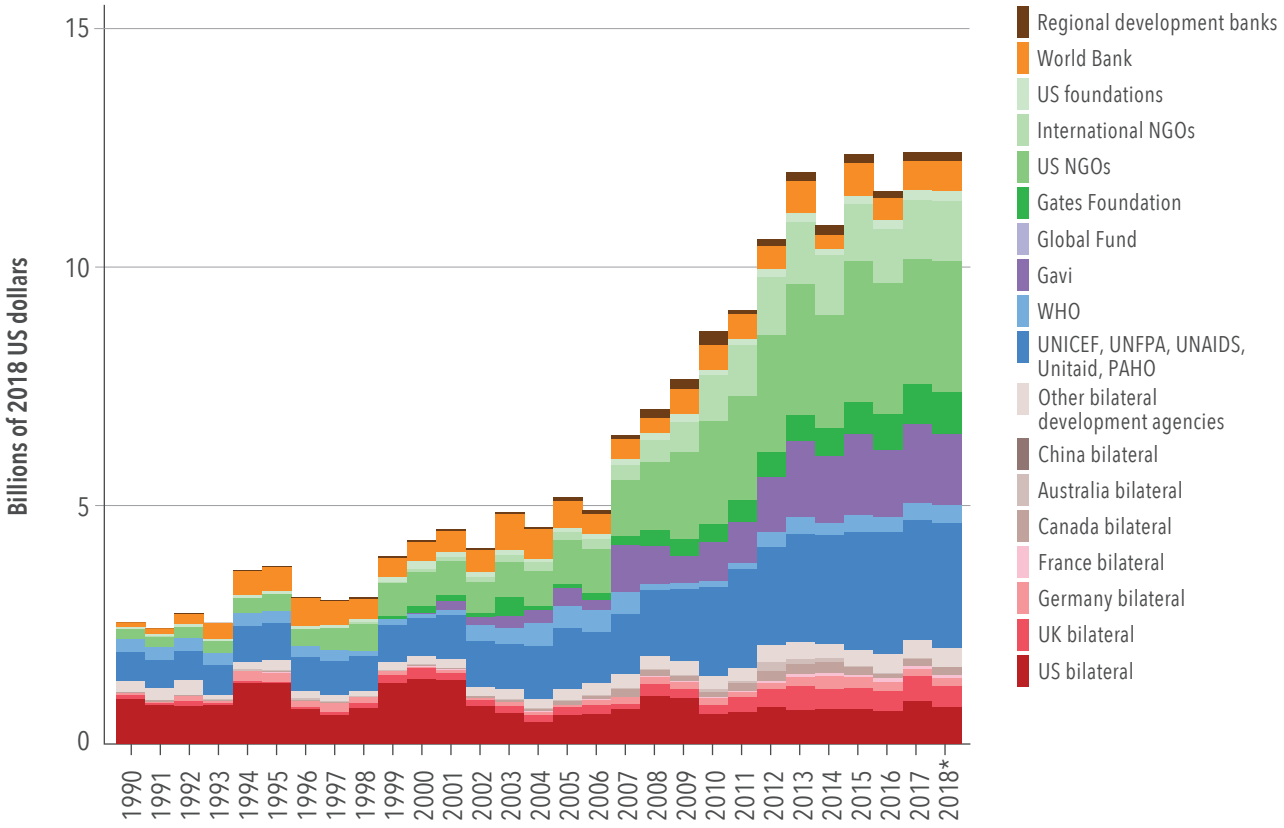
*2018 estimates are preliminary

"Other" captures development assistance for health for which we have program area information but which is not identified as being allocated to any of the program areas listed.

Source: *Financing Global Health Database 2018*

FIGURE 23

Development assistance for reproductive, maternal, newborn, and child health by channel of assistance, 1990–2018



*2018 estimates are preliminary

NGOs = *Non-governmental organizations*
PAHO = *Pan American Health Organization*
UNAIDS = *Joint United Nations Programme on HIV/AIDS*
UNFPA = *United Nations Population Fund*
UNICEF = *United Nations Children's Fund*
WHO = *World Health Organization*

Regional development banks include the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank.

Source: *Financing Global Health Database 2018*

Reproductive, maternal, newborn, and child health

In 2018, DAH for reproductive, maternal, newborn, and child health (RMNCH) totaled $12.5 billion, up 0.05% from 2017 and representing 32.1% of total DAH by health area. The US is the single largest funder of reproductive health globally[73] and in 2018 provided $2.9 billion or 11.6% of the development assistance to this area. The US's contribution was up 0.7% from 2017.

After the US, in 2018, other private foundations (excluding the Gates Foundation and corporate donations) supported this health area with $1.5 billion or 12.2% of DAH; the Gates Foundation provided $1.31 billion or 10.5% of DAH; and the UK supported this health area with $1.28 billion or 10.2% of DAH. Figure 23 illustrates funding to reproductive, maternal, newborn, and child health for the period 1990–2018. NGOs were the largest channel of DAH for this health area in 2018, disbursing $4.0 billion or 32.0% of total funds.

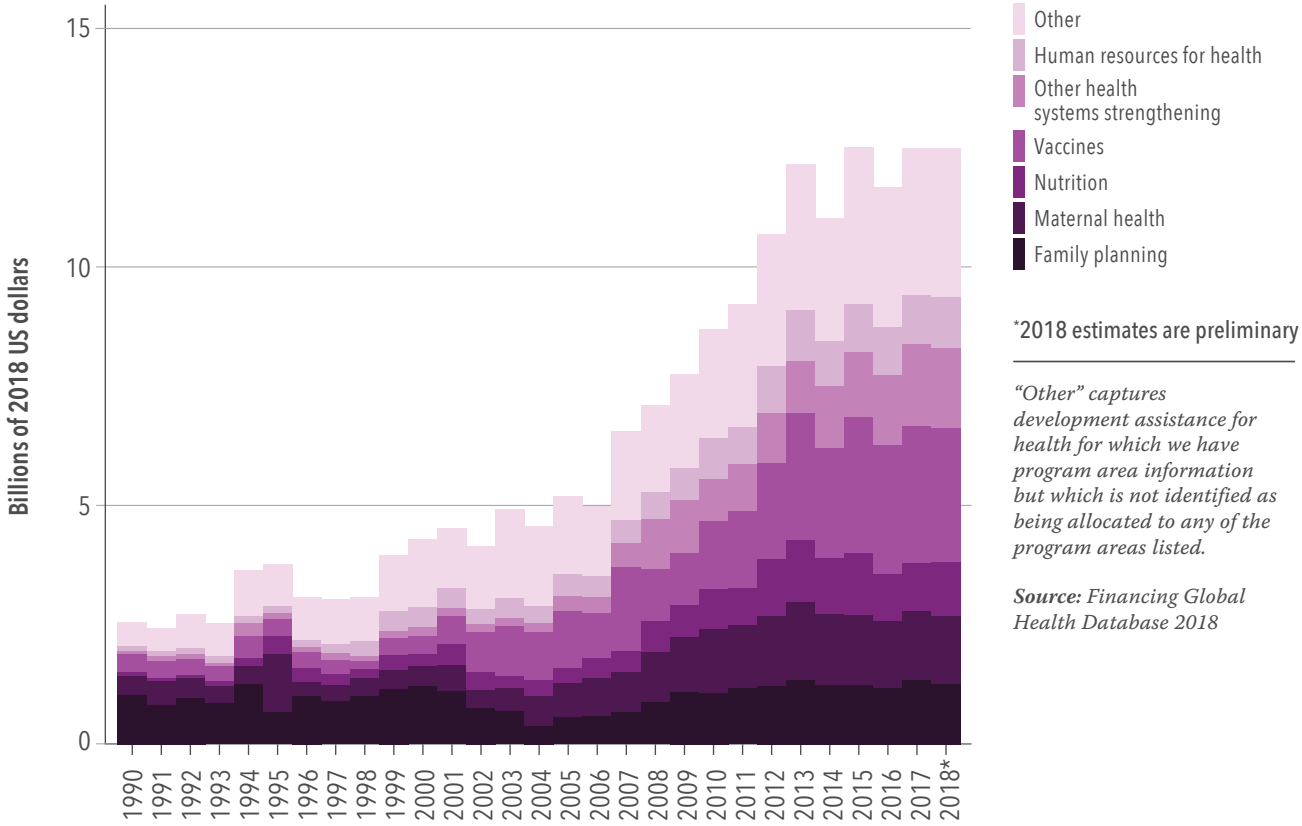
By program area, $2.8 billion or 22.5% of DAH for reproductive, maternal, newborn, and child health went to vaccines in 2018; $1.4 billion or 11.5% went to maternal health programs; $1.3 billion or 10.1% went to family planning; $1.1 billion or 9.0% went to nutrition; and $2.7 billion or 21.9% went to health systems strengthening. Figure 24 depicts this allocation of funds by program area for the period 1990–2018. Figure 18 illustrates 20 countries with the most DAH received for the period 2015–2017 and disability-adjusted life years attributable to this area. RMNCH funding has been increasing annually at a rate of 4.6% since 2010.

The Global Financing Facility estimates that the annual RMNCH financing gap for achieving the health-related SDGs is $33 billion.[74] Increasing attention to the role of domestic health financing and the methods and data available for tracking domestic financing are likely to provoke further discussion in this health area in the coming year.

In addition to traditional programs for maternal health and child nutrition, the Global Financing Facility, UNICEF,[75] a *Lancet* commission on adolescent health and well-being,[76] Family Planning 2020,[77] and others have increased attention to adolescent health and reproductive rights through initiatives that bolster women and girls before the onset of pregnancy. These initiatives include incentives for vulnerable girls to stay in school, investment in separate functional toilets for girls, promotion of and facilities for menstrual hygiene, inclusion of adolescent health in the curriculum, teacher training, counseling of girls and boys, and raising awareness of gender-based violence.[78]

FIGURE 24

Development assistance for reproductive, maternal, newborn, and child health by program area, 1990–2018



*2018 estimates are preliminary

"Other" captures development assistance for health for which we have program area information but which is not identified as being allocated to any of the program areas listed.

***Source:** Financing Global Health Database 2018*

Tuberculosis

The incidence rate for tuberculosis is falling at about 2% per year, globally, and successful diagnosis and treatment saved an estimated 54 million lives from 2000 to 2017, according to WHO's Global Tuberculosis Report 2018.[79] Still, tuberculosis killed 1.2 million people in 2017 and, if current trends continue, it is estimated that 2.6 million people will die of drug-resistant tuberculosis each year by 2050, at an estimated $16.7 trillion cost to the global economy.[39] Furthermore, drug-resistant tuberculosis is on the rise. In addition, patients infected with HIV are highly susceptible to contracting and dying from tuberculosis. People who are HIV-positive are up to 30 times more likely to develop active TB relative to those who are not.[80] While some progress has been made – between 2000 and 2017, the mortality rate for TB fell by 40.7%, and new diagnostic tools and drugs have been introduced – the global health community recognizes an urgency to combat this disease before multidrug-resistant TB spreads faster than research, development, and funding can keep up. The WHO Global Tuberculosis Report states that "[f]unding for the provision of TB prevention, diagnostic, and treatment

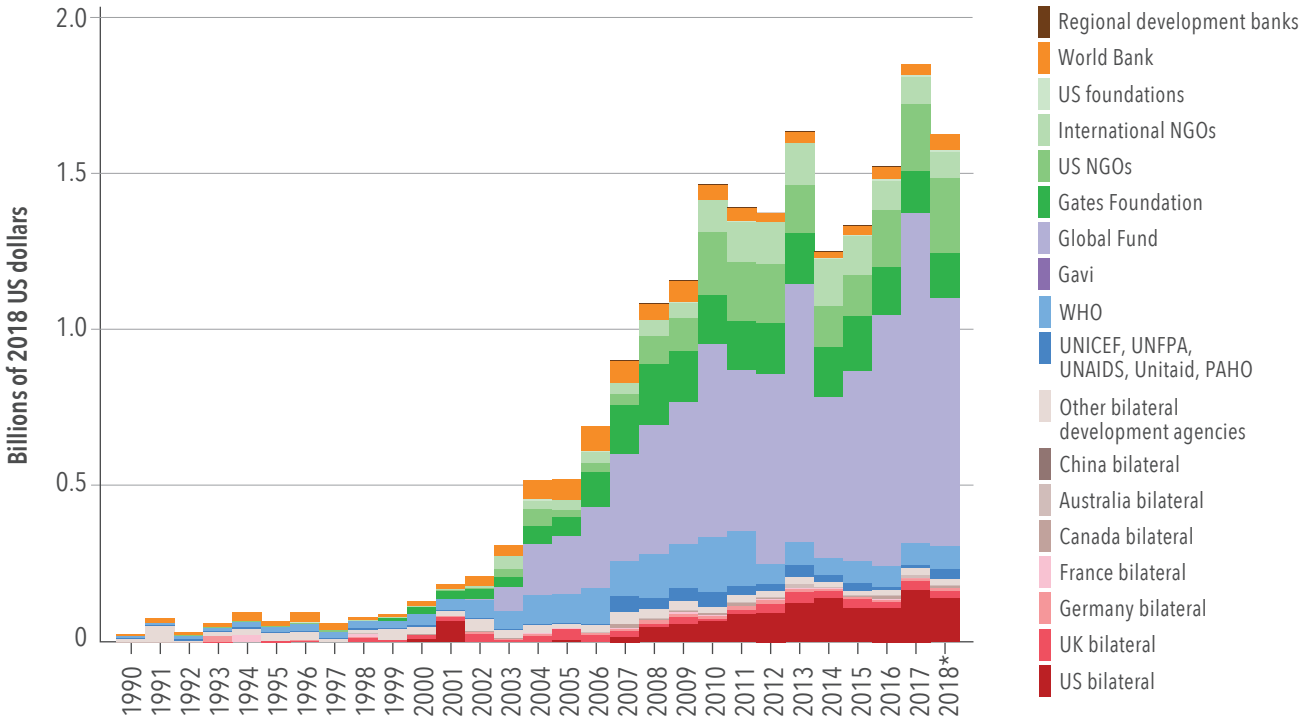
services has more than doubled since 2006 but continues to fall short of what is needed."[79]

In 2018, DAH for tuberculosis totaled $1.6 billion, down 12.2% from 2017. Funding for tuberculosis represented 4.2% of total DAH across health areas. In 2018, 48.7% of all funding for tuberculosis was channeled through the Global Fund. Figure 25 illustrates the channels of assistance for tuberculosis from 1990 to 2018. The US provided $578.6 million to tuberculosis in 2018, channeling $236.6 million or 40.9% through NGOs, $182.4 million or 31.5% through the Global Fund, and $141.0 million or 24.4% through its own agencies.

After the US, the Gates Foundation provided the largest amount of funding – $224.4 million to DAH for tuberculosis in 2018 – channeling $145.7 million or 64.9% through its foundation, $66.9 million or 29.8%

FIGURE 25

Development assistance for tuberculosis by channel of assistance, 1990–2018



*2018 estimates are preliminary

NGOs = Non-governmental organizations
PAHO = Pan American Health Organization
UNAIDS = Joint United Nations Programme on HIV/AIDS
UNFPA = United Nations Population Fund
UNICEF = United Nations Children's Fund
WHO = World Health Organization

Regional development banks include the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank.

***Source:** Financing Global Health Database 2018*

through the Global Fund, and $11.7 million or 5.2% through UN agencies. The heavy reliance on these two main funders presents some vulnerability concerns for global funding for tuberculosis.

NGOs channeled $324.0 million in DAH for tuberculosis in 2018, and private philanthropies (excluding the Gates Foundation and corporate donations) provided $88.5 million in DAH via NGOs ($60.1 million or 68.0%), the Global Fund ($12.7 million or 14.3%), and UN agencies ($7.9 million or 8.9%). Across program areas, $162.1 million or 9.9% of DAH for tuberculosis was disbursed to treatment, and $32.9 million or 2.0% was directed to diagnosis. Figure 26 illustrates this disbursement of funding by program area for 2018.

Across regions, $804.0 million or 43.3% of funding for tuberculosis went to sub-Saharan Africa, and $228.6 million or 12.3% went to Southeast Asia, East Asia, and Oceania. Figure 18 depicts the top 20 countries with the highest average DAH received and tuberculosis health loss. In the top 10 countries, funding seems to align with burden.

In September 2018, a UN high-level meeting on tuberculosis gathered the global health community around new data for tuberculosis. The WHO Global Tuberculosis Report 2018 reported that to reach the 2020 milestones of the End TB Strategy, disease incidence needs to be falling at 10% per year by 2025, and the proportion of people with TB who die from the disease needs to fall to 6.5% by 2025.[79] It has been suggested that such levels can only be achieved in the context of UHC, combined with social and economic development that reduces known risk factors for tuberculosis infection and disease.[79]

Non-communicable diseases

Despite 33 million people dying from NCDs each year, on average, from 1990 to 2017, this sector of global health receives little DAH relative to the burden. Just 2.0% of total DAH in 2018 ($778.3 million) was allocated to NCDs, while NCDs represented 62.1% of the global disease burden.

Within a generation, the NCD burden in some lower-income countries will exceed 80% and affect younger people, and health systems will be unprepared to support this burden.[81] In April 2018, a five-paper series in *The Lancet* reported a longitudinal study on the domestic economic effects of NCDs in an effort to bring the risk of this disparity – between rising incidence rates and lagging health systems – into focus. The papers revealed that "poverty drives and is driven by NCDs, but that financial protection from high medical costs can break this cycle; price policies and taxation are effective means to reduce NCD risk factors, such as tobacco use and unhealthy diet, and can reduce inequalities; and that investment in NCD control results in increased economic growth."[82] In spite of these findings, the last in a series of three UN high-level meetings focused on NCDs (2011, 2014, and 2018) held in London in September revealed a significant gap between goals, funding, and action.[83]

FIGURE 26

Development assistance for tuberculosis by program area, 1990–2018

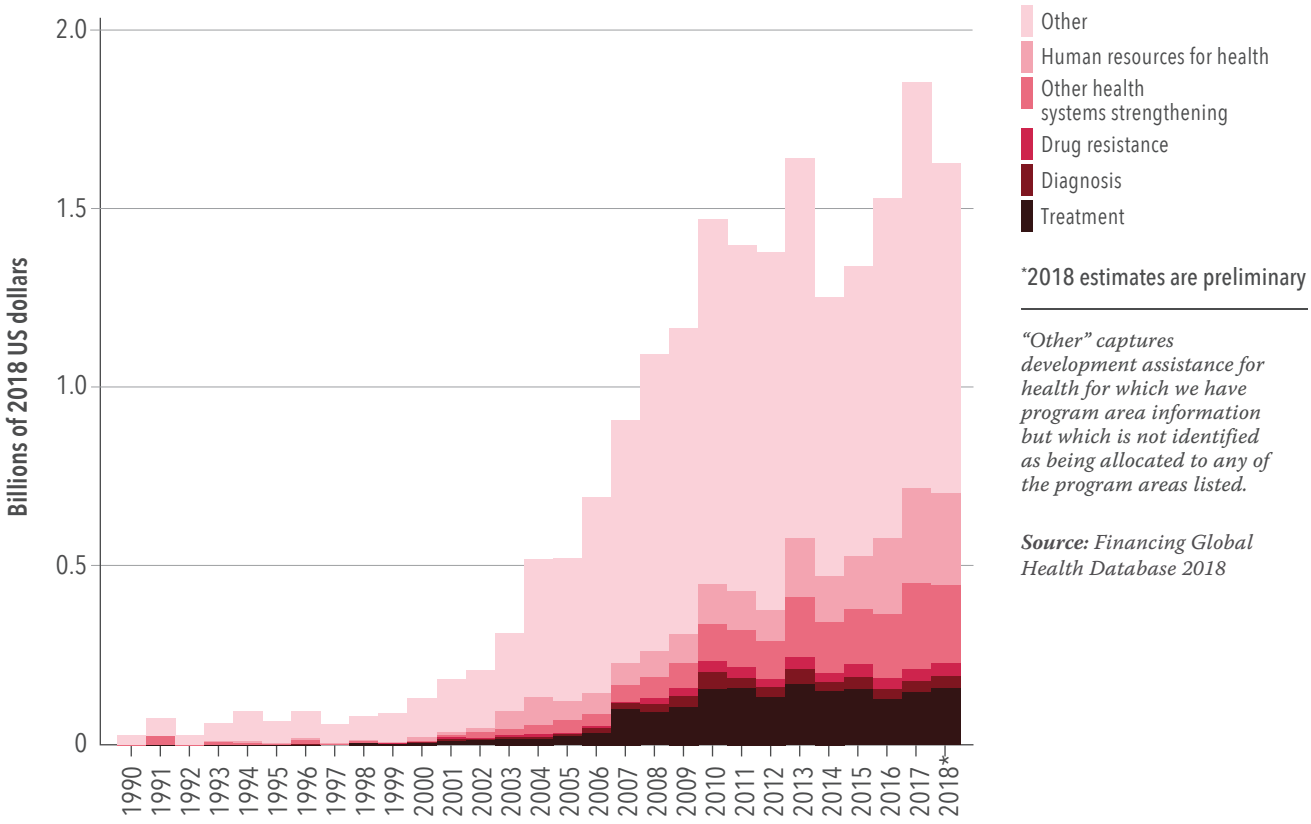


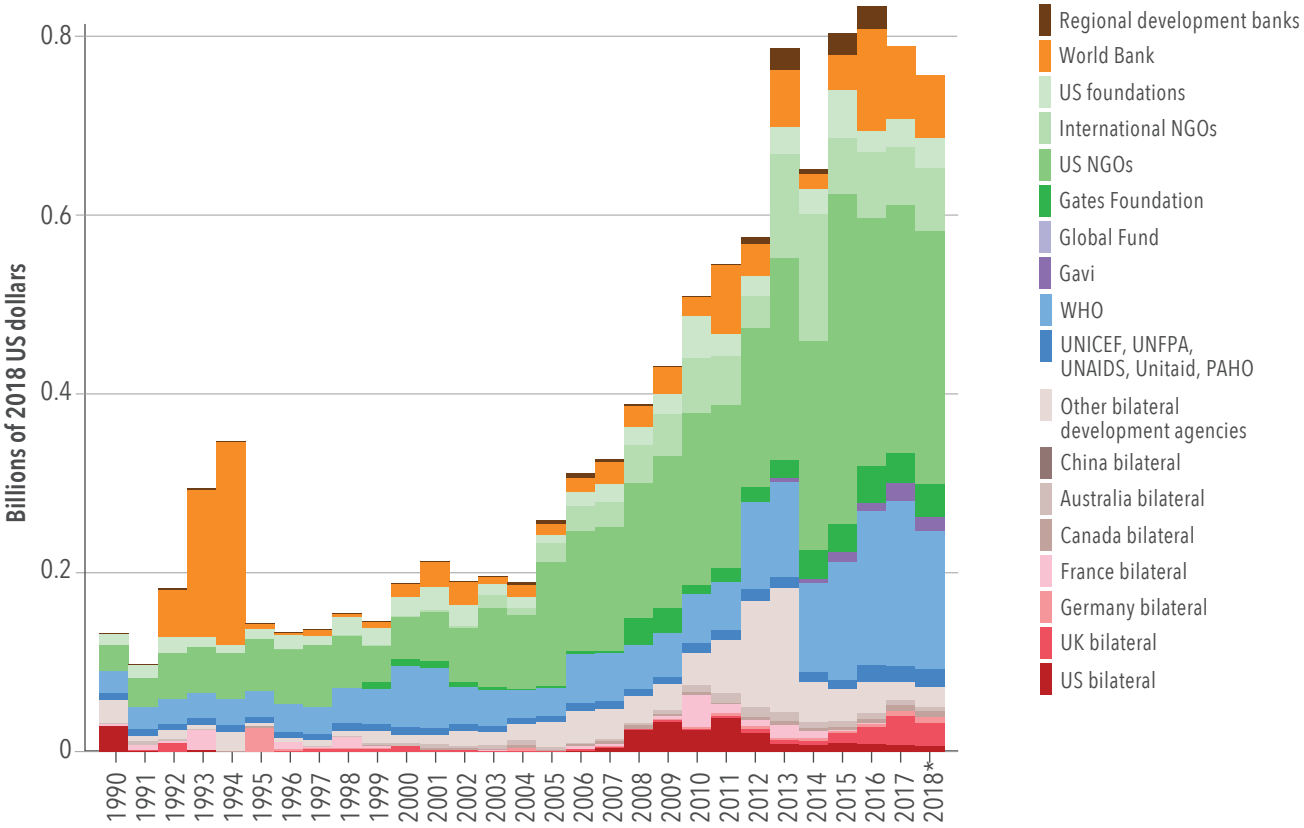
Figure 27 illustrates DAH for NCDs by channel of assistance for the period 1990–2018. The main channels of assistance in 2018 were NGOs and WHO. Figure 28 illustrates funding for NCDs by program area. Of the total DAH for NCDs in 2018, 40.8% ($317.8 million) was allocated to other diseases including heart disease, diabetes, stroke, and cancer, 20.7% ($161.1 million) to mental health, and 8.0% ($62.4 million) to anti-tobacco programs.

NGOs and foundations disbursed $385.8 million in DAH to NCDs in 2018. Private philanthropy (excluding the Gates Foundation and corporate donations) contributed $194.7 million. UN agencies channeled $175.0 million to NCDs in 2018, and WHO ($155.3 million) and PAHO ($19.7 million) were the main disbursing agencies. The Gates Foundation channeled an additional $37.3 million through its foundation, for a total contribution of $63.1 million to NCD DAH in 2018. The UK was the single largest bilateral source of funding, providing $25.8 million across channels in 2018, down 21.3% from 2017.

Figure 18 captures the top 20 countries by average DAH allocated for 2015–2017 and NCD burden in 2017. The countries with the highest burden of NCDs do not receive most of the DAH for NCDs.

FIGURE 27

Development assistance for non-communicable diseases by channel of assistance, 1990–2018



*2018 estimates are preliminary

NGOs = *Non-governmental organizations*
PAHO = *Pan American Health Organization*
UNAIDS = *Joint United Nations Programme on HIV/AIDS*
UNFPA = *United Nations Population Fund*
UNICEF = *United Nations Children's Fund*
WHO = *World Health Organization*

Regional development banks include the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank.

Source: *Financing Global Health Database 2018*

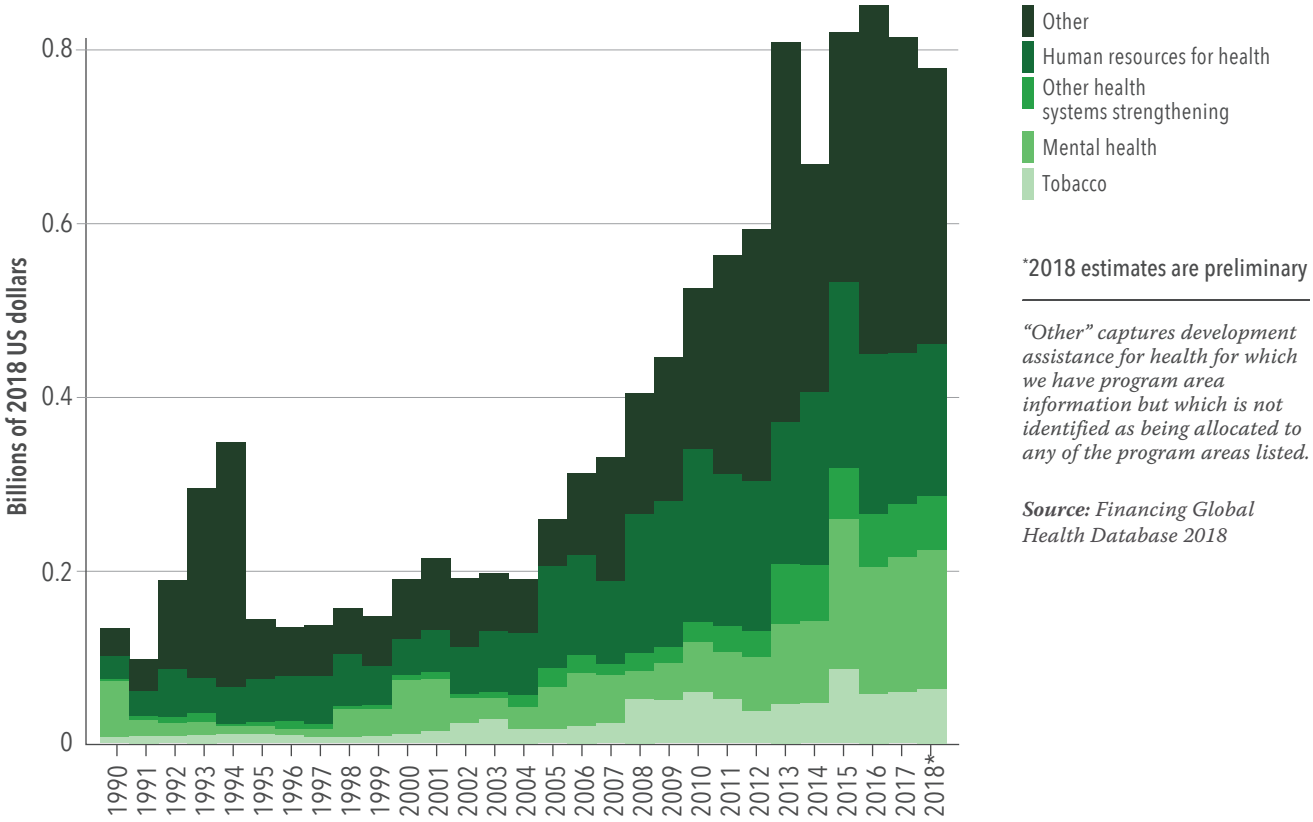
Other infectious diseases

The health focus area of other infectious diseases is composed of infectious diseases outside the three main communicable disease areas of HIV/AIDS, tuberculosis, and malaria. Other infectious diseases include neglected tropical diseases (NTDs), such as ascariasis, hookworm, and trichuriasis, as well as Zika and Ebola virus diseases, polio, and many others.

In 2018, DAH for other infectious diseases totaled $2.1 billion, down 3.8% from 2017, and represented 5.5% of DAH by health area. The US provided 20.6% of the DAH for other infectious diseases in 2018, or $896.9 million (down 13.7% from 2017), which it channeled primarily through its bilateral aid agencies. After the US, the Gates Foundation was the largest contributor to DAH for this health area, providing $272.5 million, up 13.9% from 2017. Of this, the Gates Foundation channeled $162.4 million (59.6%) through the foundation and $90.6 million (33.3%) through WHO. As a channel, WHO disbursed $639.5 million, or 29.9% of DAH to this health area in 2018. Private philanthropy (excluding the Gates Foundation and corporate donations) contributed $95.2 million in DAH to other infectious diseases in 2018, up 2.7% from the previous year.

FIGURE 28

Development assistance for non-communicable diseases by program area, 1990–2018



*2018 estimates are preliminary

"Other" captures development assistance for health for which we have program area information but which is not identified as being allocated to any of the program areas listed.

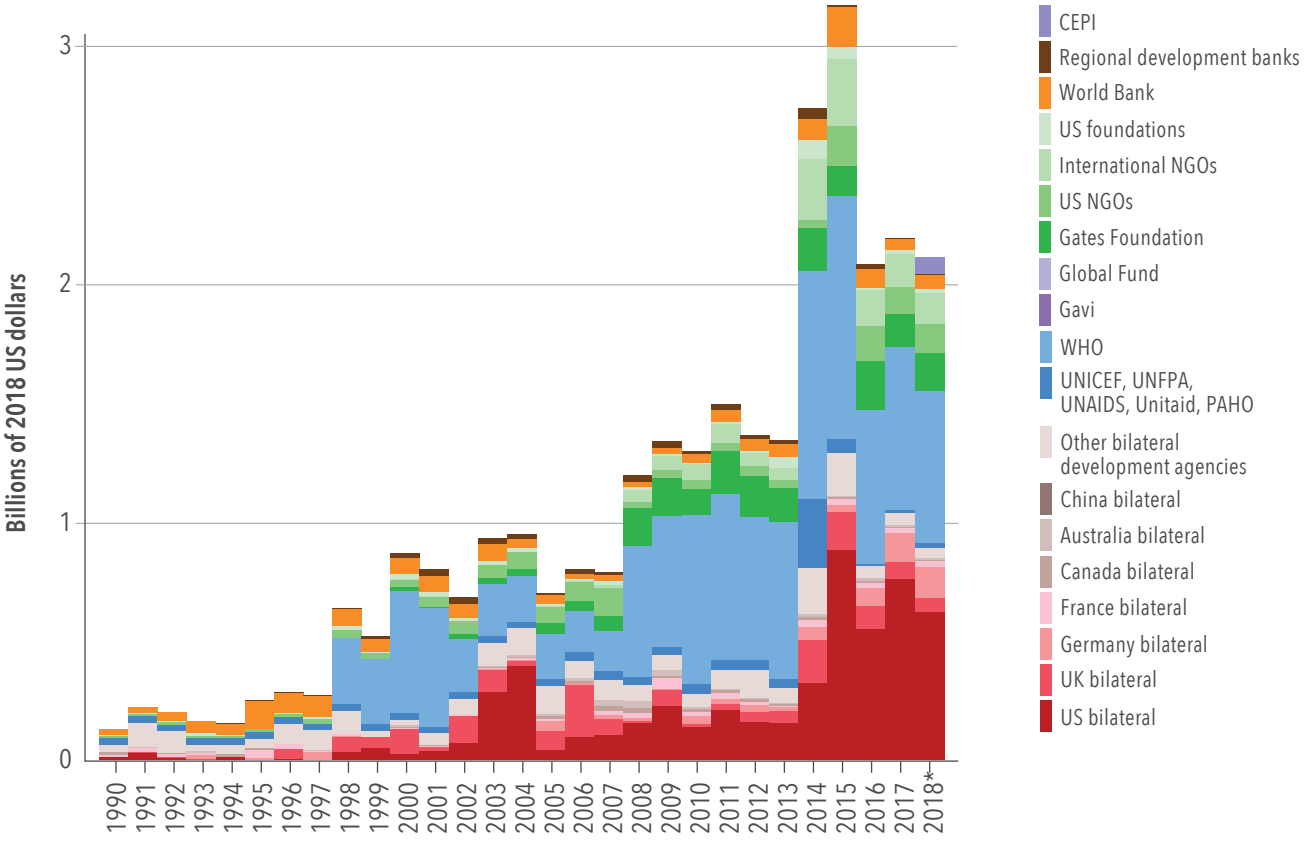
***Source:** Financing Global Health Database 2018*

Figure 29 illustrates DAH by channel of assistance to other infectious diseases from 1990 to 2018. And Figure 30 illustrates funding for other infectious diseases by program area. In 2018, $108.8 million or 5.1% of other infectious disease funding went to Ebola, $51.6 million or 2.4% went to Zika, and $4.2 million or 0.2% went to antimicrobial resistance.

Figure 18 depicts the 20 countries receiving the most DAH for this focus area with the disease burden for other infectious diseases. Other infectious diseases affect a range of low-, lower-middle-, and upper-middle-income countries; allocation of funding to disease burden, however, is not well aligned.

FIGURE 29

Development assistance for other infectious diseases by channel of assistance, 1990–2018



*2018 estimates are preliminary

CEPI = Coalition for Epidemic Preparedness Innovations
NGOs = Non-governmental organizations
PAHO = Pan American Health Organization
UNAIDS = Joint United Nations Programme on HIV/AIDS
UNFPA = United Nations Population Fund
UNICEF = United Nations Children's Fund
WHO = World Health Organization

Regional development banks include the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank.

Source: *Financing Global Health Database 2018*

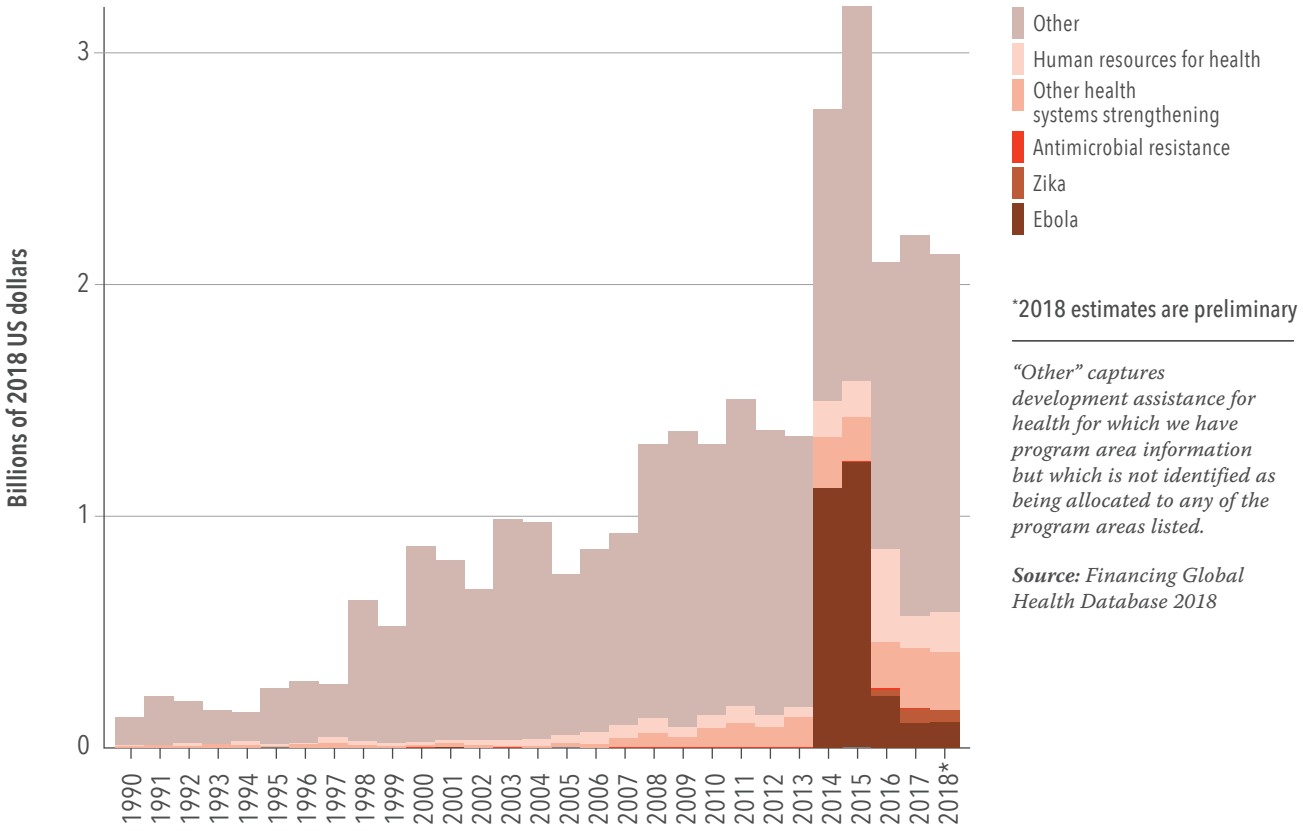
Health systems strengthening and sector-wide approaches (HSS/SWAps)

DAH for health systems strengthening refers to funding intended to improve access, quality, or efficiency of health care, and at times emphasizes a specific health focus area or program, such as HIV/AIDS or family planning (RMNCH). Sector-wide approaches (SWAps) refer to funds that are pooled for broad, national goals such as monitoring and evaluating a health issue. In 2017, development assistance for pandemic preparedness was added to our tracking of health systems strengthening activities; this year, human resources for health has been added as a program area.

The World Health Organization Global Strategy on Human Resources for Health: Workforce 2030 includes a policy agenda for developing a workforce

FIGURE 30

Development assistance for other infectious diseases by program area, 1990–2018



*2018 estimates are preliminary

"Other" captures development assistance for health for which we have program area information but which is not identified as being allocated to any of the program areas listed.

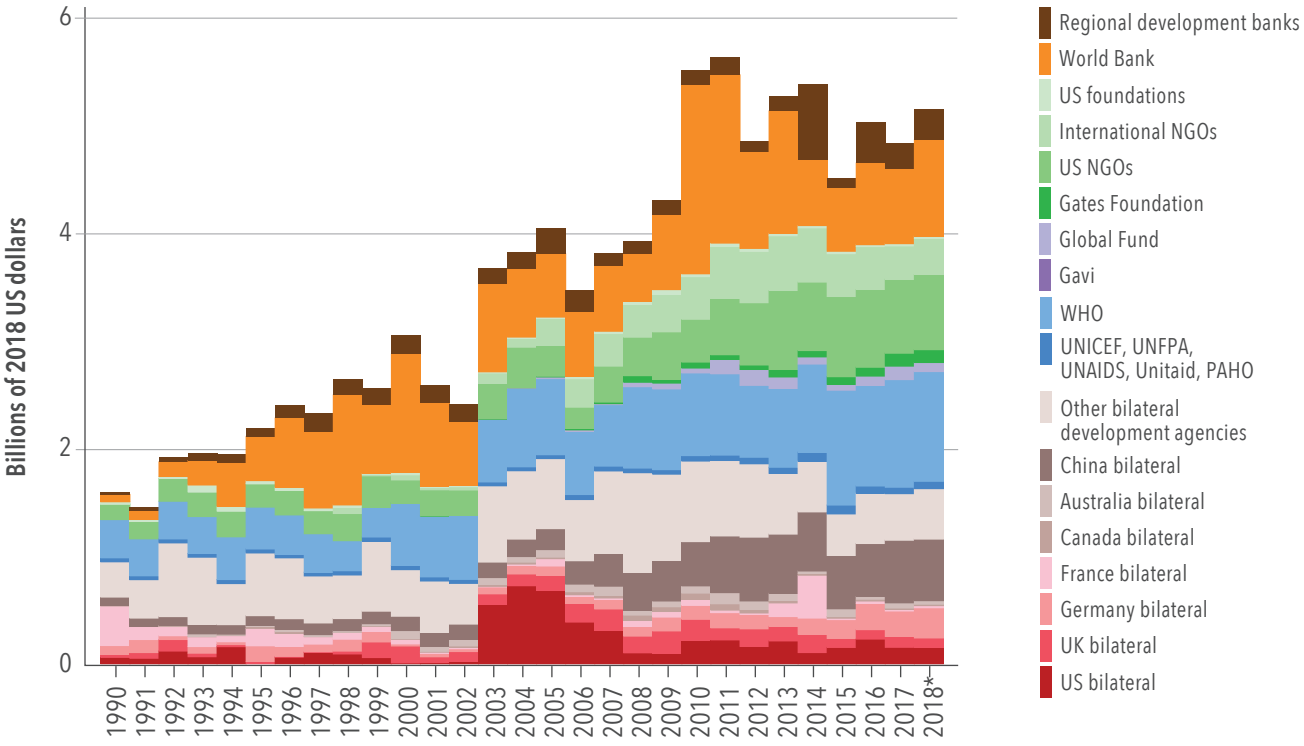
***Source:** Financing Global Health Database 2018*

of health professionals worldwide. According to WHO, "the needs-based shortage of health care workers in 2013 is estimated to be about 17.4 million," and "the most severe challenges are in the African Region."[80] By 2030, the estimate according to current trends suggests that "some parts of the world would face a substantial and widening mismatch between the number of health workers needed to provide essential services (need), the availability of health professionals (supply), and the countries' capacity to employ them (demand)."[84]

Figure 31 illustrates DAH for health systems strengthening/SWAPs by channel of assistance from 1990 to 2018. Funding to this health area was $5.6 billion in 2018, up 5.4% from 2017, and accounted for 14.3% of total 2018 DAH. Development banks channeled $284.0 million or 5.1% of DAH for HSS/

FIGURE 31

Development assistance for health systems strengthening and sector-wide approaches by channel of assistance, 1990–2018



*2018 estimates are preliminary

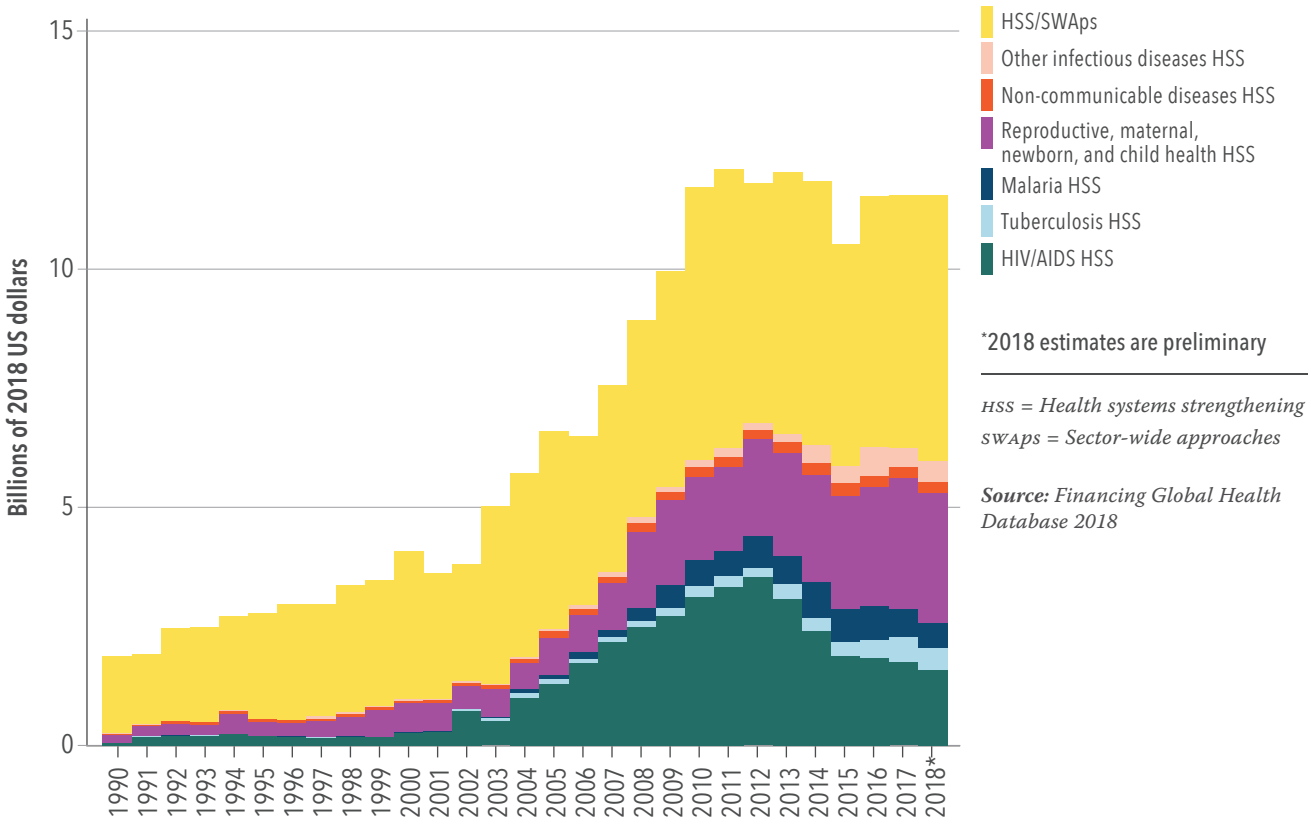
NGOs = Non-governmental organizations
PAHO = Pan American Health Organization
UNAIDS = Joint United Nations Programme on HIV/AIDS
UNFPA = United Nations Population Fund
UNICEF = United Nations Children's Fund
WHO = World Health Organization

Regional development banks include the African Development Bank, the Asian Development Bank, and the Inter-American Development Bank.

Source: *Financing Global Health Database 2018*

FIGURE 32

Development assistance for health systems strengthening by health focus area, 1990–2018



*2018 estimates are preliminary

HSS = Health systems strengthening
SWAps = Sector-wide approaches

Source: *Financing Global Health Database 2018*

SWAps in 2018; the World Bank directed $894.4 million to this health area in 2018, up 28.6% from the previous year.

Figure 32 depicts DAH for health systems strengthening disaggregated by health focus area for the period 1990–2018. In 2018, $2.7 billion or 23.7% of DAH for health systems strengthening was associated with reproductive, maternal, newborn, and child health; $1.6 billion or 13.7% was associated with HIV/AIDS; $511.1 million or 4.4% was associated with malaria; and $474.1 million or 4.1% was associated with tuberculosis. Funding for HSS/SWAps not targeting a specific health focus area but instead directed to strengthening the health system as a whole totaled $5.6 billion in 2018, representing 48.3% of total DAH to this focus area. Within this $5.6 billion, $1.9 billion or 16.3% was associated with human resources for health and $368.9 million or 3.2% was associated with pandemic preparedness. Because health systems strengthening DAH is in the other health focus area figures in this report, simply adding these funds across figures may lead to double-counting. •

CHAPTER 3

Health spending on malaria and HIV/AIDS

Malaria

Between 2010 and 2017, malaria mortality declined globally – from 11.2 (8.2–14.9) to 8.1 (5.8–11.0) cases per 1,000 people – with the largest drops in the Central Europe, Eastern Europe, and Central Asia (100% [100–100]), Global Burden of Disease high-income (92.9% [83.7–96.0]), and sub-Saharan Africa (22.4% [17.8–28.9]) regions. However, after years of global declines in the number of people contracting malaria, progress has stalled; over the past three years, incident cases have remained largely unchanged, at 2.9 (2.4–3.5) per 1,000. In some key countries, such as Cameroon, Angola, and Zambia, cases of malaria are even on the rise.

In 2017, globally, an estimated 208.8 million cases of malaria occurred, and 620,000 people died, including 354,000 children under the age of 5.[60] Over 90% of these malaria cases and deaths in 2017 occurred in sub-Saharan Africa.[85] The stalled progress in malaria incidence reduction makes assessing the financing landscape more critical than ever. This analysis tracks global spending on malaria in 106 malaria-endemic countries, including those that eliminated the disease after 2000. Our analysis presents the first-ever estimates of out-of-pocket spending on malaria in these countries, as well as government spending on malaria prevention and control, inclusive of patient care.

Total health spending on malaria

Between 2000 and 2016, global spending on malaria amounted to $49.4 billion (48.2–50.6). In 2016, total spending on malaria was $4.3 billion (4.2–4.4), 268.5 (247.7–289.9) times the amount spent in 2000. However, this is still more than $2 billion below the annual spending target set in the Global Technical Strategy for Malaria, 2016–2030 (GTS). The GTS was adopted by the member states of WHO to reduce case incidence and mortality rates by 40% by 2020, eliminate malaria from at least 10 countries, and prevent re-establishment of malaria in all malaria-free settings. Achieving these aims requires an estimated $6.6 billion in malaria investments annually by 2020.[1]

Figure 33 illustrates malaria spending by source from 2000 to 2016. While over time the patterns in the contributions of different sources have varied, the majority of the funds for malaria have come from development assistance. In 2016, development assistance for malaria was $2.4 billion and made up 56.5% of total malaria financing. Since 2010, roughly half of malaria funding (56.6% [55.2–57.8]) has been provided as DAH; 27.0% (26.0–28.1) has been government funding; and 14.2% (12.8–15.9) has been out-of-pocket.

FIGURE 33

Government spending, out-of-pocket spending, and development assistance for malaria by elimination status, income group, and recipient region, 2000–2016

FIGURE 33.1

Government health spending on malaria by elimination status

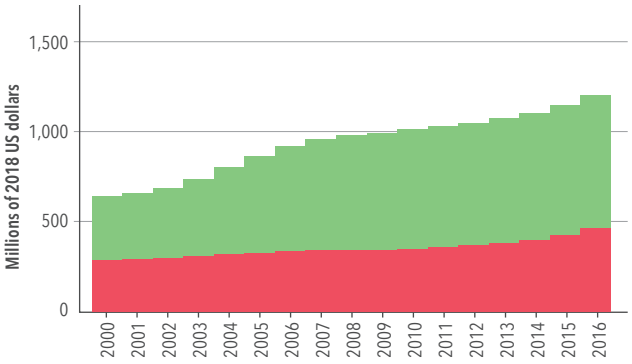


FIGURE 33.2

Out-of-pocket health spending on malaria by elimination status

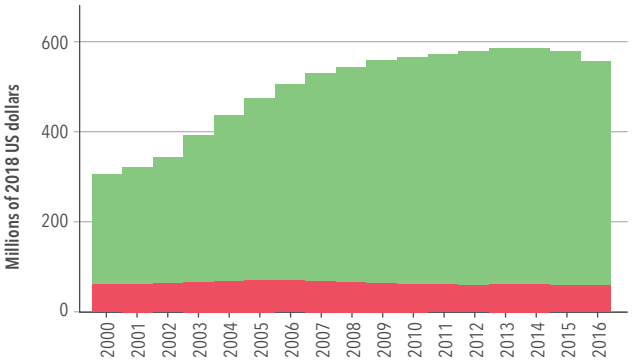


FIGURE 33.4

Government health spending on malaria by income group

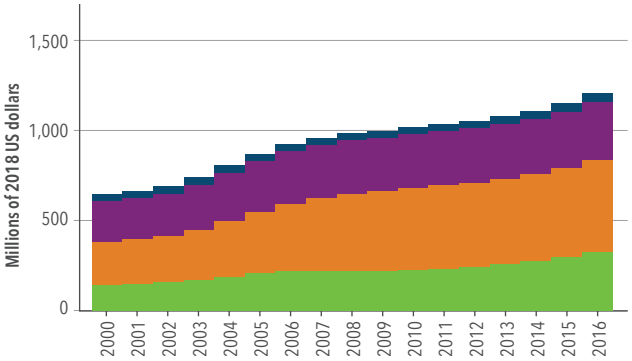


FIGURE 33.5

Out-of-pocket health spending on malaria by income group

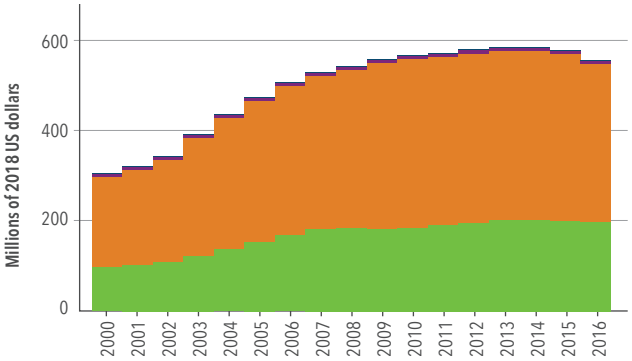


FIGURE 33.7

Government health spending on malaria by recipient region

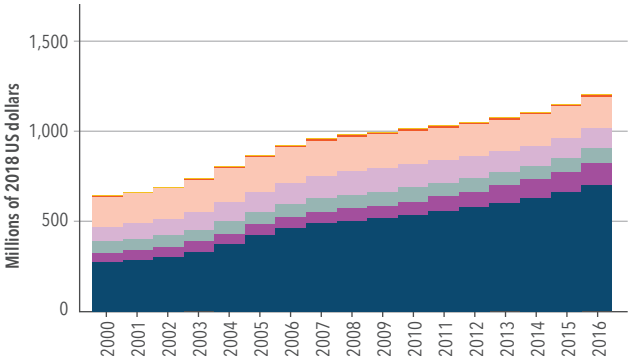


FIGURE 33.8

Out-of-pocket spending on malaria by recipient region

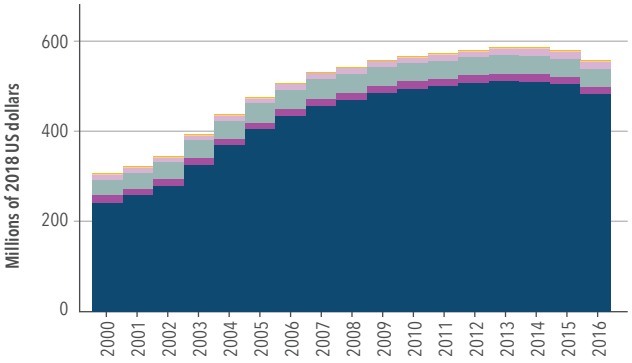


FIGURE 33.3

Development assistance for health for malaria by elimination status

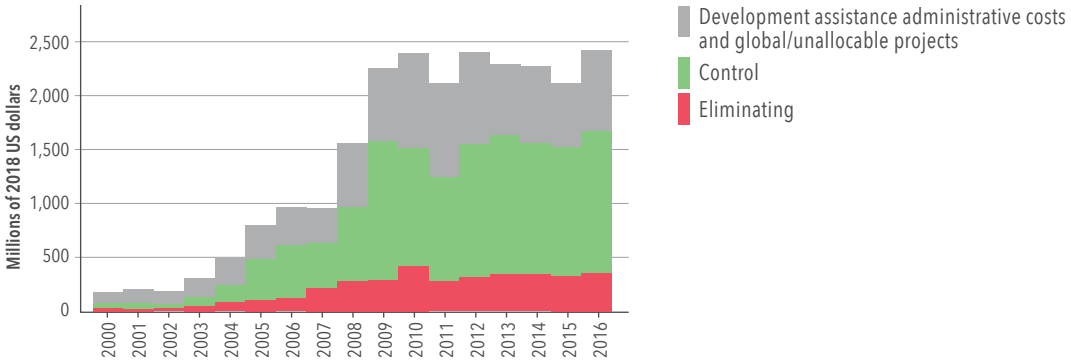


FIGURE 33.6

Development assistance for health for malaria by income group

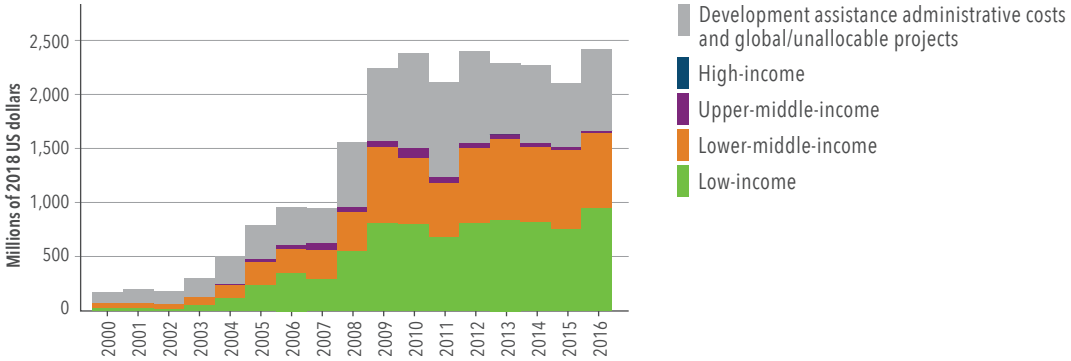
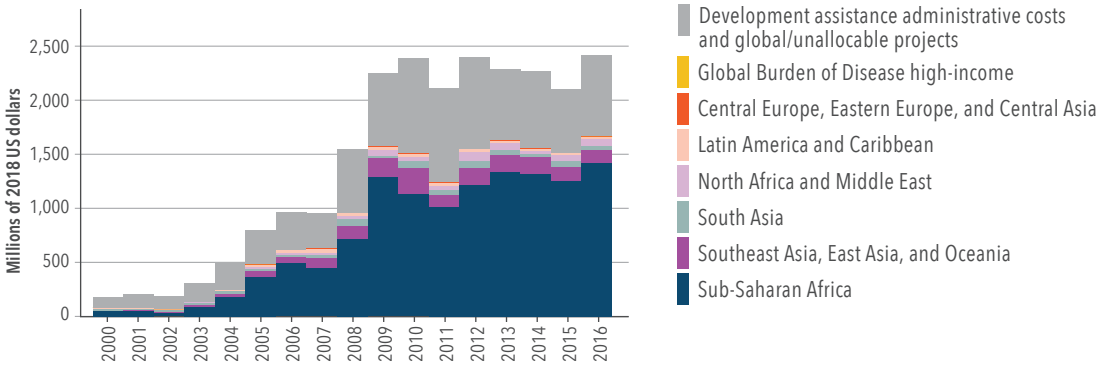


FIGURE 33.9

Development assistance for health for malaria by recipient region



Since 2000, as a percentage of total funding, DAH has increased 8.3% (7.9–8.6) annually, government spending has decreased 3.9% (3.5–4.2) annually, and out-of-pocket spending has decreased 4.1% (3.3–4.9) annually. The increases in external funding for malaria align with the establishment of new initiatives focused on malaria launched since 2000: the Global Fund to Fight AIDS, Tuberculosis and Malaria, the President's Malaria Initiative, and Unitaid. In total, all of the 106 countries spent more per person on malaria in 2016 than they did five years earlier.

The patterns in malaria spending are associated with malaria incident cases. The incidence rate of malaria is highest in low- and lower-middle-income countries, at 15,960 (12,610–19,871) per 100,000 and 3,218 (2,659–3,956) per 100,000, respectively.[60] Consequently, most of the spending on malaria occurs in these settings. Figures 33.4, 33.5, and 33.6 depict spending by 2018 World Bank income group from 2000 to 2016. Low- and lower-middle-income countries collectively spent $44.7 billion (44.0–45.3) of the $97.1 billion (95.9–98.3) total malaria funding since 2000.

Malaria spending and incidence are also distinct by region. Malaria incident cases are highest in sub-Saharan Africa, at 17,665 (13,996–22,356) per 100,000.[60] The type of malaria also differs across regions. *Plasmodium falciparum* is the parasite that causes the endemic form of malaria concentrated in sub-Saharan Africa, whereas *Plasmodium vivax* is found in many parts of Asia and Central and South America. Although *P. falciparum* is responsible for the majority of cases and deaths from malaria, *P. vivax* has a wider geographical range and is responsible for almost half the cases of malaria outside sub-Saharan Africa. *P. vivax* can also be more difficult to prevent and treat.[86] Figures 33.7, 33.8, and 33.9 show malaria spending by Global Burden of Disease super-region from 2000 to 2016. The vast majority (20.8% [20.4–21.2] or $40.1 billion [39.1–41.1]) of funds were spent in sub-Saharan Africa, but $25.8 billion (25.5–26.2) and $27.2 billion (26.8–27.6) were also spent in South Asia and Latin America and the Caribbean, respectively, where *P. vivax* is endemic.

To assess spending by a country's progress toward malaria elimination, countries were grouped according to categories developed by the University of California at San Francisco.[87] A country was categorized as eliminating if it has "formally declared a national, evidence-based elimination goal, has assessed its feasibility, and has embarked on a malaria elimination strategy" – in other words, the country was low-endemic and working toward eliminating malaria.[87] Figures 33.1, 33.2, and 33.3 present spending for malaria from 2000 to 2016 based on countries' 2016 elimination status (control or eliminating). Throughout this period, spending on malaria in malaria-control countries was larger than spending by countries in other stages of elimination. In 2016, total spending in control countries amounted to $2.6 billion (2.5–2.7). Spending in control countries tends to be high because they have the most malaria cases and substantial spending occurs to treat malaria, in addition to efforts to control transmission. In 2016, $915.4 million (873.4–963.3) was spent in eliminating countries. Twenty-one of these eliminating countries were identified by WHO in 2016 as having the potential to become malaria-free by 2020; they are known as the E-2020, and include South Africa, Saudi Arabia, and China. As countries approach

elimination, enhanced surveillance and response systems are important for detecting and treating the last cases in order to prevent a resurgence of the epidemic.[88] While less substantial spending occurs in countries certified as malaria-free, financing of malaria prevention programs is critical; when social or financial concerns lead to neglect of the disease, history shows that resurgence of malaria is possible.[89]

Government financing of malaria

Governments are an important source of funding for malaria. In 2016, governments financed 28.2% (27.1–29.3) of all spending on malaria, contributing a total of $1.2 billion (1.1–1.3). In 2000, governments financed 55.3% (52.9–57.6) of overall malaria spending. However, over time, the share of total malaria spending financed by governments has decreased. This shift in the source of funding has happened as more international sources of funding for malaria have emerged. Figure 33.4 highlights that the majority of government spending on malaria is in lower-middle-income countries. In 2016, $514.1 million (467.2–565.3) or 42.7% (39.7–45.4) of public malaria spending occurred in lower-middle-income countries. Low-income countries spent $324.4 million (300.1–349.9) or 26.9% (25.0–28.9) of public malaria funds, while high-income countries spent $48.2 million (37.5–63.5) or 4.0% (3.1–5.2) of government malaria funding. Government spending on malaria in high-income countries has been very stable, ranging from $35.4 million (27.1–45.5) to $48.2 million (37.5–63.5) over the entire period.

Figure 33.7 shows how much was spent by governments around the world on malaria in aggregate. Governments in sub-Saharan Africa have increased their spending on malaria over time and spent the most on malaria in 2016, followed by governments in Latin America and the Caribbean. This concentration of spending reflects the high burden of malaria in these regions. The modest public spending on malaria in other areas may reflect a lower burden of disease. From 2000 to 2016, governments in control countries spent $9.9 billion (9.4–10.5) and governments in eliminating countries spent $6.0 billion (5.7–6.3) (Figure 33.1). Whereas in aggregate, governments in control countries seem to spend more, eliminating countries spend more per incident case, since fewer cases occur. In 2016, public spending on malaria per person in control countries was $0.50 (0.46–0.53) compared to $0.10 (0.10–0.11) in eliminating countries.

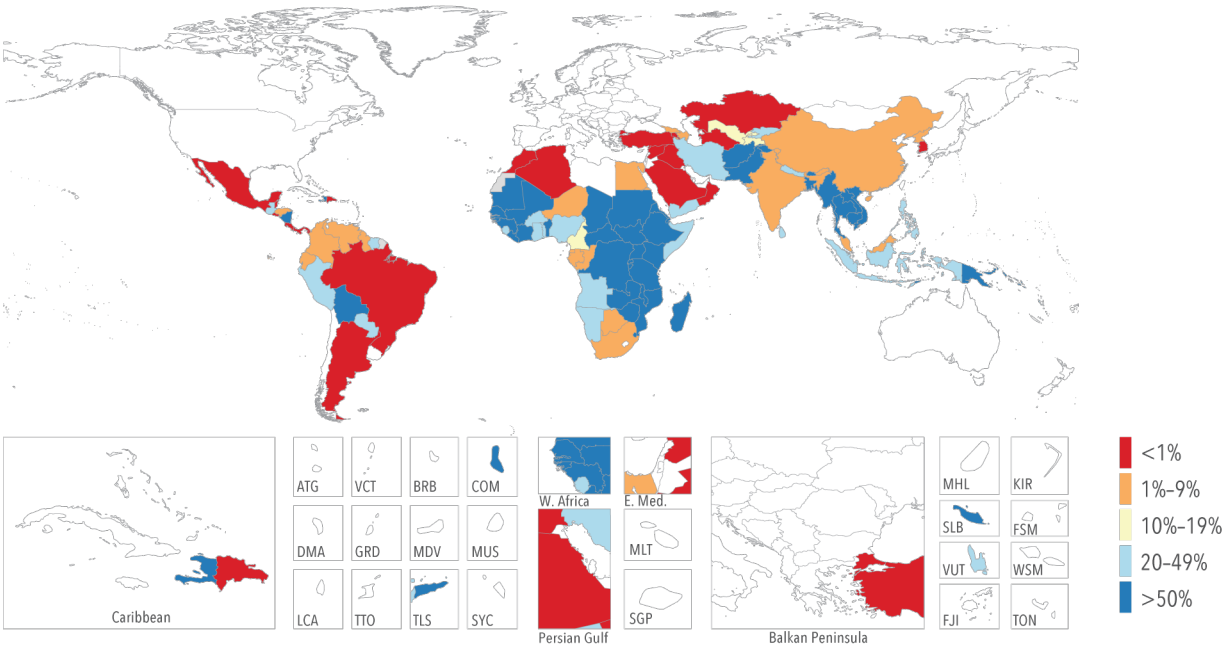
Figure 34 depicts the fraction of 2016 spending on malaria that was DAH, the fraction that was government health spending, and the fraction that was out-of-pocket. The countries with the highest fraction of DAH spending were predominantly in Africa and Southeast Asia. Countries with the highest proportion of government spending include China, Brazil and other countries in Latin America, and countries in the Middle East. Out-of-pocket spending as a fraction of spending on malaria appears highest in Africa, India, and Southeast Asia and lowest in Latin America and Asia (including China).

FIGURE 34

The share of malaria spending allocated by government, development assistance for health, and out-of-pocket sources, 2016

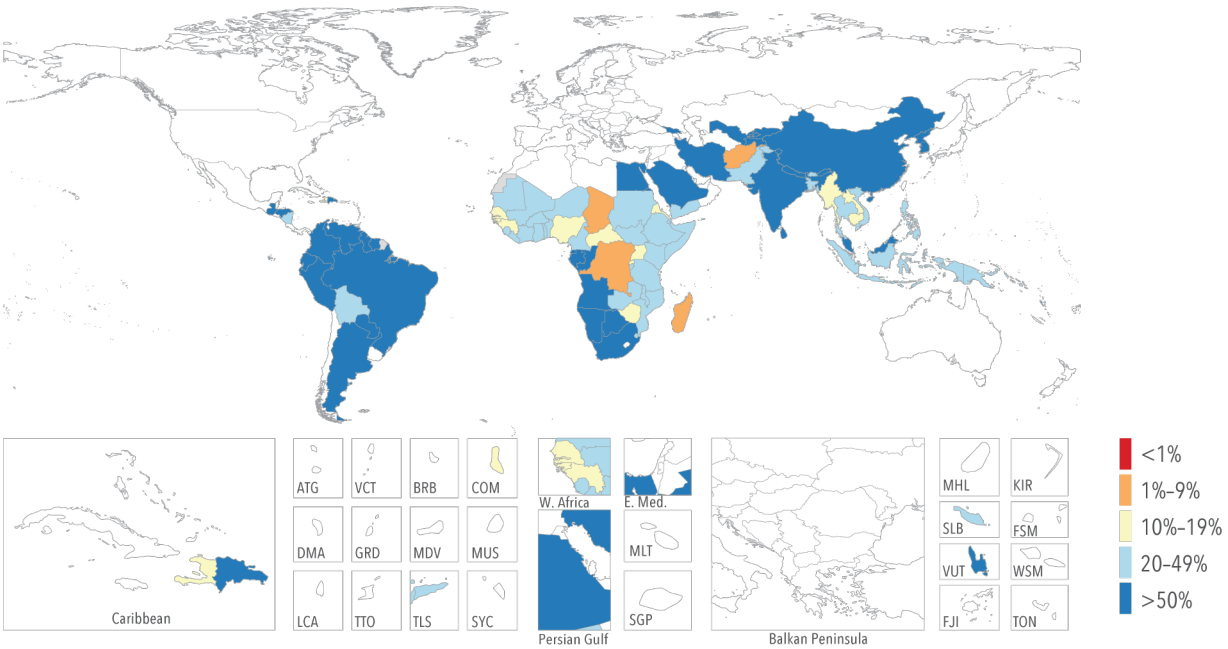
PANEL A

Fraction of malaria spending from development assistance for health, 2016



PANEL B

Fraction of malaria spending from government, 2016

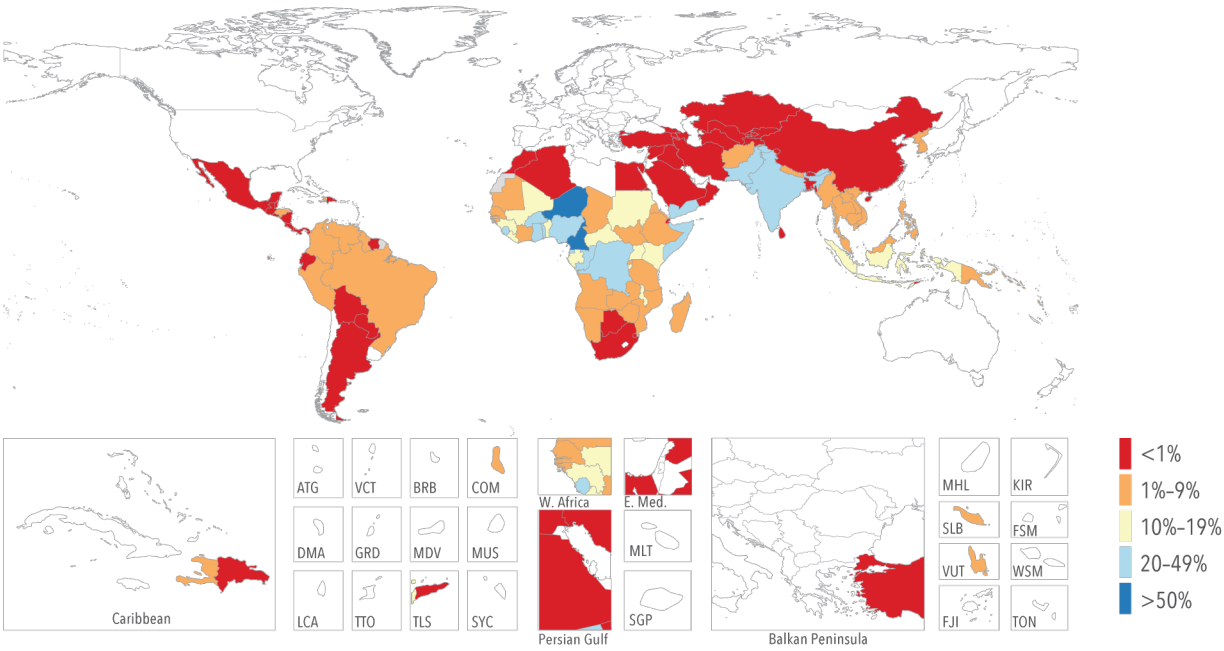


Countries that were malaria-free before 2000 are excluded and shown in white.

Source: *Financing Global Health Database 2018.*

PANEL C

Fraction of malaria spending from out-of-pocket sources, 2016



Development assistance for malaria

Development assistance for malaria was the largest source of funding for malaria in 2016. Figure 33.6 highlights that almost all development assistance for malaria was spent in low- and lower-middle-income countries. Between 2000 and 2010, more than $10.4 billion in development assistance for health was disbursed to control and eliminate malaria – a 29.3% increase annually on average over the decade. But development assistance for malaria has slowed in recent years, decreasing 1.9% annually on average between 2010 and 2018.

Growth in development assistance since 2000 has been spurred by the emergence of new leadership in the fight against malaria that raised the disease on the global agenda and helped to mobilize billions in additional funding. Furthermore, a number of regional initiatives were also created, including the African Leaders Malaria Alliance, Sahel Malaria Elimination Initiative, Southern Africa Malaria Elimination Eight Initiative, and Malaria Elimination in the Greater Mekong Region. From 2010 to 2016, the major funders of malaria have been the US, the UK, and the Gates Foundation, contributing $9.6 billion, $2.6 billion, and $2.5 billion, respectively. DAH by source, channel, and program area are discussed in Chapter 2: Development assistance for health – health focus and program areas.

Figure 33.9 shows the recipient regions of development assistance for malaria. Sub-Saharan Africa dominates as having consistently received the bulk of all development assistance for malaria, with a total of $1.7 billion in contributions in 2016. Southeast Asia, East Asia, and Oceania and North Africa and the Middle East also received $139.3 and $79.5 million, respectively. Countries that are eliminating tend not to receive much development assistance compared to control countries (Figure 33.3).

MAP ABBREVIATIONS

ATG = Antigua and Barbuda
BRB = Barbados
COM = Comoros
DMA = Dominica
E. Med. = Eastern Mediterranean
FJI = Fiji
FSM = Federated States of Micronesia
GRD = Grenada
KIR = Kiribati
LCA = Saint Lucia
MDV = Maldives
MHL = Marshall Islands
MLT = Malta
MUS = Mauritius
SGP = Singapore
SLB = Solomon Islands
TLS = Timor-Leste
TON = Tonga
TTO = Trinidad and Tobago
VCT = Saint Vincent and the Grenadines
VUT = Vanuatu
WSM = Samoa

Out-of-pocket spending on malaria

Households spend substantially on malaria treatment. In 2016, households financed $556.1 million (487.1–633.7) or 13.0% (11.6–14.5) of total spending on malaria. This out-of-pocket spending on malaria covered treatment costs, including purchases of drugs from pharmacies, and consultation fees for outpatient and inpatient care. Figure 33.5 illustrates household malaria spending by income group. In 2016, the bulk of all household spending on malaria occurred in low- and lower-middle-income countries. This is a reflection of the dependence on out-of-pocket as a source of financing for these countries' health systems more broadly. Such a high level of out-of-pocket spending in countries with many people living below the poverty line can be problematic since out-of-pocket spending can threaten the financial solvency of low-income households. High out-of-pocket spending, particularly among the poor, can also deter people from seeking treatment for malaria, making them more susceptible to preventable morbidity and mortality. Improving equitable access to treatment and ensuring that drugs are kept in stock and that government-run health facilities are accessible and affordable could reduce out-of-pocket spending on malaria and prevent further spread of the disease.

Across regions, out-of-pocket spending is concentrated in sub-Saharan Africa and South Asia. Figures 33.2, 33.5, and 33.8 highlight the trend in out-of-pocket spending from 2000 through 2016. Most household spending (89.3% [85.3–92.2] of $496.5 million [429.2–574.5]) on malaria occurs in control countries. This pattern reflects the difference in incidence rates in countries at different stages of elimination. If global eradication is the goal, governments and donors may need to play a larger role in mobilizing resources to assist the poorest countries in moving toward elimination. As countries move toward elimination, governments generally spend more to fight malaria. When there is a high burden, however, out-of-pocket and DAH spending is generally higher.

Prepaid private spending on malaria

Prepaid private spending for malaria in 2016 was very challenging to measure, with very little underlying data. In general, it seemed to account for a very small percentage – 2.3% (2.1–2.6) – of the total spending for malaria, a reflection of the small role prepaid private financing plays in health systems where malaria incidence is highest. This low fraction underscores the potential to expand prepayment mechanisms that cover the financial costs of malaria treatment.

HIV/AIDS

Since 2000, deaths from HIV have declined by 50%. Nonetheless, as of 2016, more than a million people died from HIV/AIDS and almost 2 million people were infected with HIV.[90] The Joint United Nations Programme on HIV/AIDS (UNAIDS) set an ambitious goal of ending AIDS by 2030 and, to this end, has set the "90-90-90 targets" for 2020. These targets aim to ensure 90% of people living with HIV/AIDS know their status, 90% of those diagnosed with HIV/AIDS receive antiretroviral therapy (ART), and 90% of patients on antiretroviral therapy (ART) achieve viral suppression.[91]

Despite the ambitious nature of these targets, international resources dedicated toward the fight against HIV/AIDS have dwindled recently. From 2012 to 2016, development assistance for HIV/AIDS decreased by 20.0%. However, currently we know little about whether countries, and in particular governments, can marshall adequate funding to cover the financing gaps left by external funders. Here, we have updated our estimates of HIV/AIDS spending by source of funding and spending category and expanded our analysis to estimate the amount of additional spending governments could mobilize for HIV/AIDS.

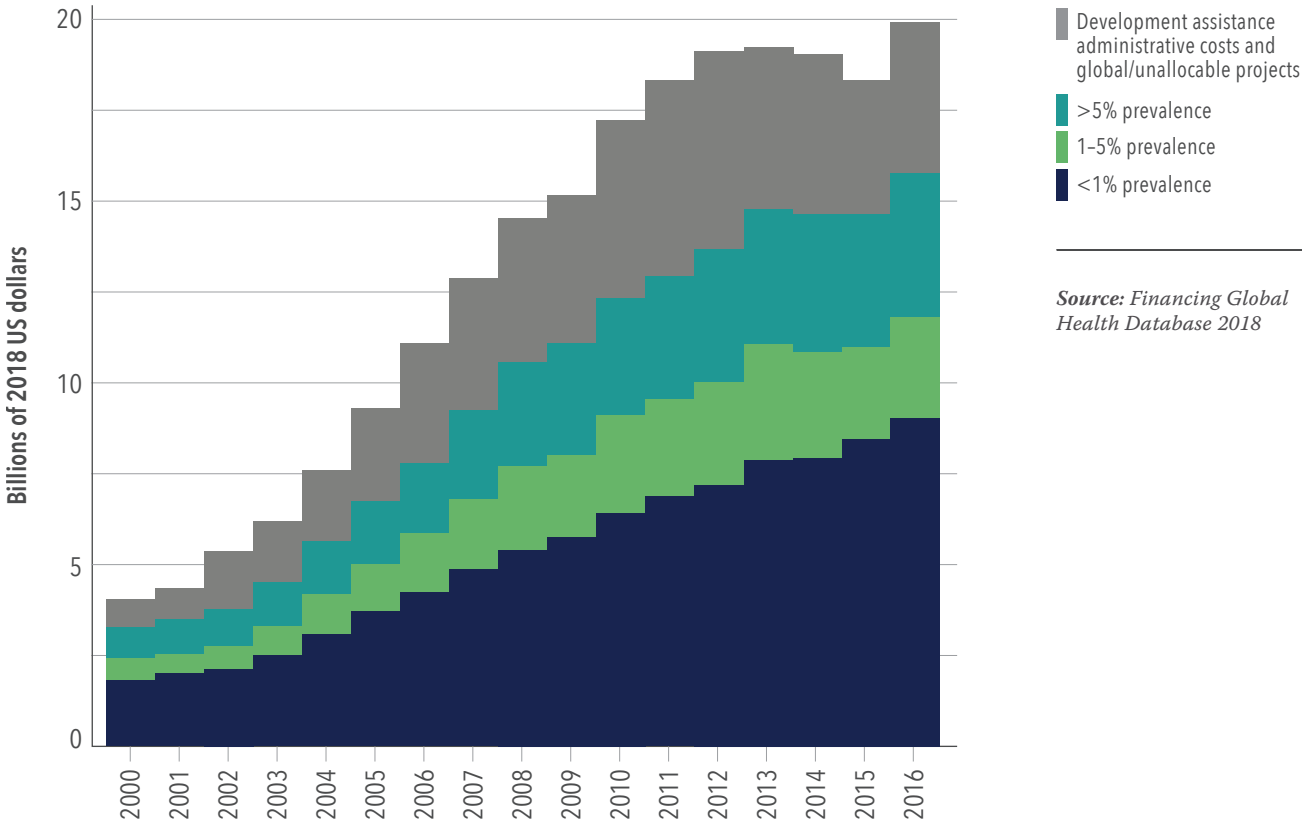
Spending on HIV/AIDS

Total spending on HIV/AIDS in low- and middle-income countries between 2000 and 2016 amounted to $221.1 billion (181.6–283.0) (measured in 2018 US dollars). In 2016, $19.9 billion (15.8–26.3) was spent on HIV/AIDS in low- and middle-income countries. Of that total, 48.3% (39.9–54.7) of those resources were domestic government spending; 46.1% (34.2–57.0) were DAH; 3.4% (1.3–6.7) were out-of-pocket; and prepaid private spending accounted for 2.0% (0.2–7.6). Development assistance for HIV/AIDS in 2016 had dropped to $9.0 billion from its peak of $11.2 billion in 2012. This is concerning because in 2016 nearly 17 million people living with HIV/AIDS – almost half of all people living with HIV/AIDS – lived in countries where development assistance financed over 75% of spending on care and treatment. Dependency on DAH to this degree is troubling due to its relative instability: if donors rescind funds, national programs are vulnerable to serious funding shortfalls. Government investments in the fight against HIV engender country ownership and leadership in the design of treatment and prevention programs, and can promote the integration of HIV/AIDS programs into the health system overall and the sustainability of these programs over the long term without donor support.

The burden of HIV/AIDS varies across countries. Assessing the spending on HIV/AIDS across prevalence groups helps to highlight how the distribution of the burden of disease influences spending on the disease. Figure 35 illustrates how HIV/AIDS spending varies across levels of disease prevalence. Countries are categorized into three prevalence groups: low (<1%), high (1%–5%), and extremely high (>5%). The majority of spending on HIV/AIDS was in low-prevalence countries. High-prevalence and extremely high-prevalence countries spent $2.8 billion (2.4–3.4) (17.8% [15.2–20.8]) and $3.9 billion (2.9–5.7) (25.0% [24.6–25.5]), respectively. High-prevalence countries spent $1.3 billion (1.1–1.6) or 8.3% (7.4–8.5) on treatment and $632.3 million (473.1–886.4) or 4.0% (4.0–4.1) on prevention; extremely high-prevalence countries spent $2.0 billion (1.3–3.2) or 12.7% (10.7–14.6) on treatment and $561.0 million (357.0–938.9) or 3.5% (3.1–4.2) on prevention.

FIGURE 35

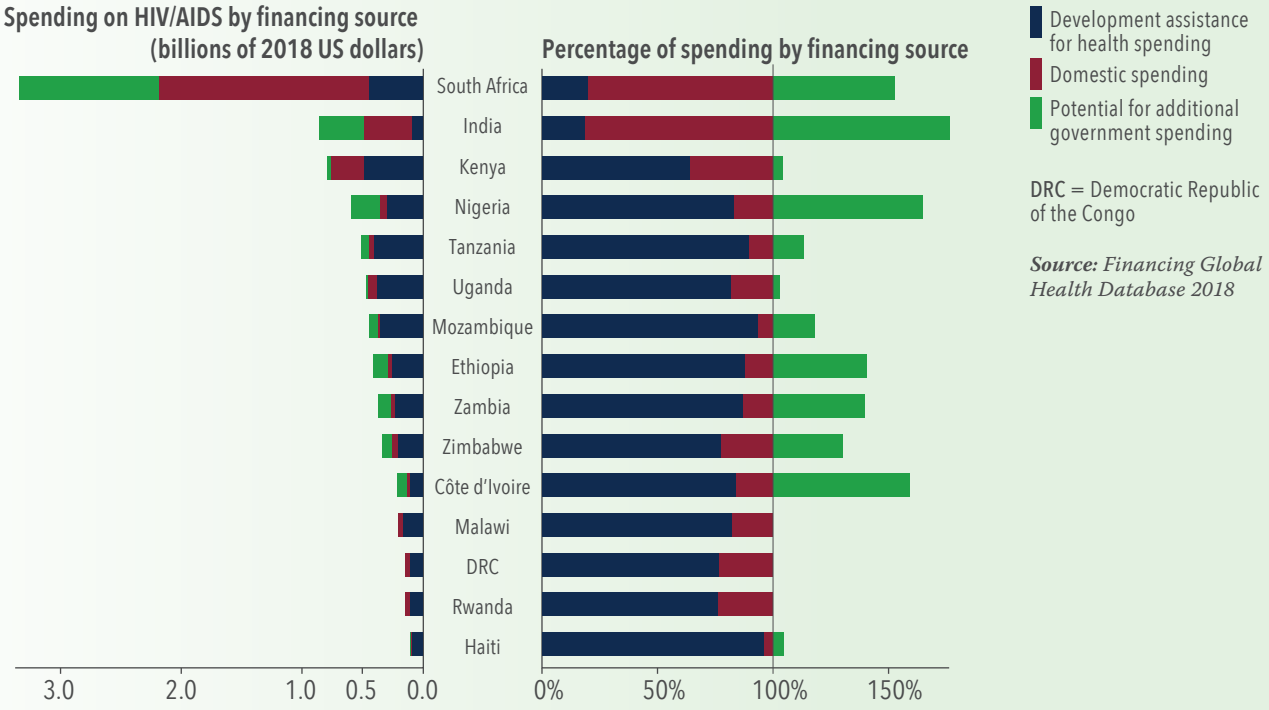
HIV/AIDS spending in low- and middle-income countries by prevalence group, 2000–2016



Source: *Financing Global Health Database 2018*

BOX 4

Potential government spending on HIV/AIDS relative to existing development assistance and government HIV/AIDS spending, 2016



DRC = Democratic Republic of the Congo

Source: *Financing Global Health Database 2018*

UNAIDS estimated that, in 2016, $23 billion was required to finance the Fast-Track approach, a plan that outlines a financial path to rapidly scaling up treatment and prevention services in low- and middle-income countries by 2030.[92] Given the current and estimated future funding gap in spending for HIV/AIDS and global goals, this analysis assessed the capacity for governments in low- and middle-income countries to contribute more to spending on HIV/AIDS, given prevailing government health spending, gross domestic product, and other social and economic constraints. IHME researchers found that in low- and middle-income countries, an estimated additional $12.1 billion (8.4–17.5) could be mobilized to fight HIV/AIDS from government sources; however, over 80% of these potential funds are located in 10 middle-income countries. Several other middle-income countries (e.g., Thailand, Botswana, and Namibia) and low-income countries (e.g., Haiti, Uganda, Kenya, and Malawi) would not be able to replace at least a tenth of the development assistance resources contributed. Were DAH to decline further, many low-income, high- and extremely high-prevalence countries – many of which are highly dependent on DAH – would be the least able to mobilize funds to replace DAH.

The figure above illustrates potential government spending on HIV/AIDS relative to existing development assistance and government HIV/AIDS spending in 2016. According to the results of the analysis, if governments had realized their full spending potential, 38 countries could have met country-specific funding targets with current or decreased development assistance in 2016, freeing up approximately $1 billion in development assistance. These funds are still less than the nearly $5.2 billion needed to fund the UNAIDS Fast-Track approach in 65 countries that are not able to meet the funding goals – countries that are collectively home to nearly 70% of the people living with HIV/AIDS. To address this gap in financing and advance the goal of ending AIDS by 2030, it is likely that funds besides those provided by governments will be needed.

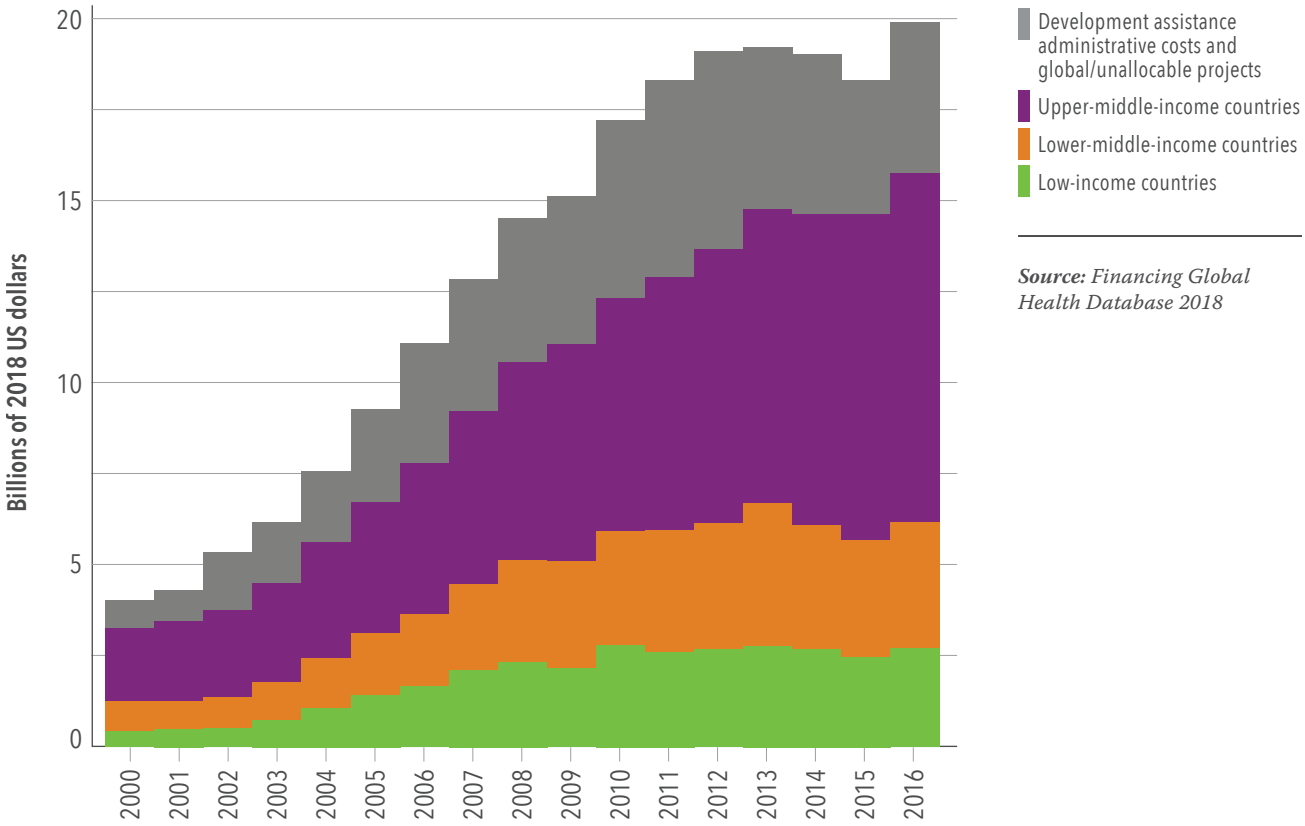
Improving tax collection, instituting new taxes earmarked for HIV/AIDS, and reallocating funds to HIV/AIDS in the health and overall government budget are several options for mobilizing more resources for HIV/AIDS. These steps could generate billions in additional revenue, but not overnight, and it will be more difficult for some countries to generate any additional resources at all. These funds can help countries make progress toward reaching the UNAIDS goals of ending AIDS by 2030. By making these cross-country comparisons, these estimates serve as a first step in framing the discourse on the appropriate levels of future spending on HIV/AIDS.

Examining the differences in spending on HIV/AIDS across income groups highlights the host of economic and health systems factors that can play a role in spending. Figure 36 illustrates spending on HIV/AIDS by income group. Of the total HIV/AIDS population in 2016, 31.1% (30.3–31.9) lived in upper-middle-income countries; 34.0% (33.4–35.1) in lower-middle-income countries, and 27.1% (26.6–27.8) in low-income countries. Upper-middle-income countries spent $9.6 billion (6.3–14.7) or 60.3% (54.1–66.1) of global HIV/AIDS spending in 2016; lower-middle- and low-income countries together spent $6.2 billion (5.3–7.5) or 39.7% (33.9–45.9) of total spending. Disparities in spending per prevalent case may be due to the great differences in the costs of care and health systems across countries; the smaller denominator also makes a difference – in countries with fewer prevalent cases, more is spent on prevention per person living with HIV/AIDS.

Differences in spending may also be a result of how much DAH countries receive relative to their domestic spending as well as the type of spending that is undertaken with resources. As a percentage of total spending, upper-middle-income countries financed 85.7% (81.6–86.7) of HIV/AIDS programs in 2016 with government funds, 7.1% (4.4–10.3) with DAH, 4.0% (1.7–7.3) out-of-pocket, and 2.9% (0.4–10.4) with prepaid private funds. Lower-middle-income countries financed 35.1% (26.7–42.9) of HIV/AIDS

FIGURE 36

HIV/AIDS spending in low- and middle-income countries by income group, 2000–2016



Source: *Financing Global Health Database 2018*

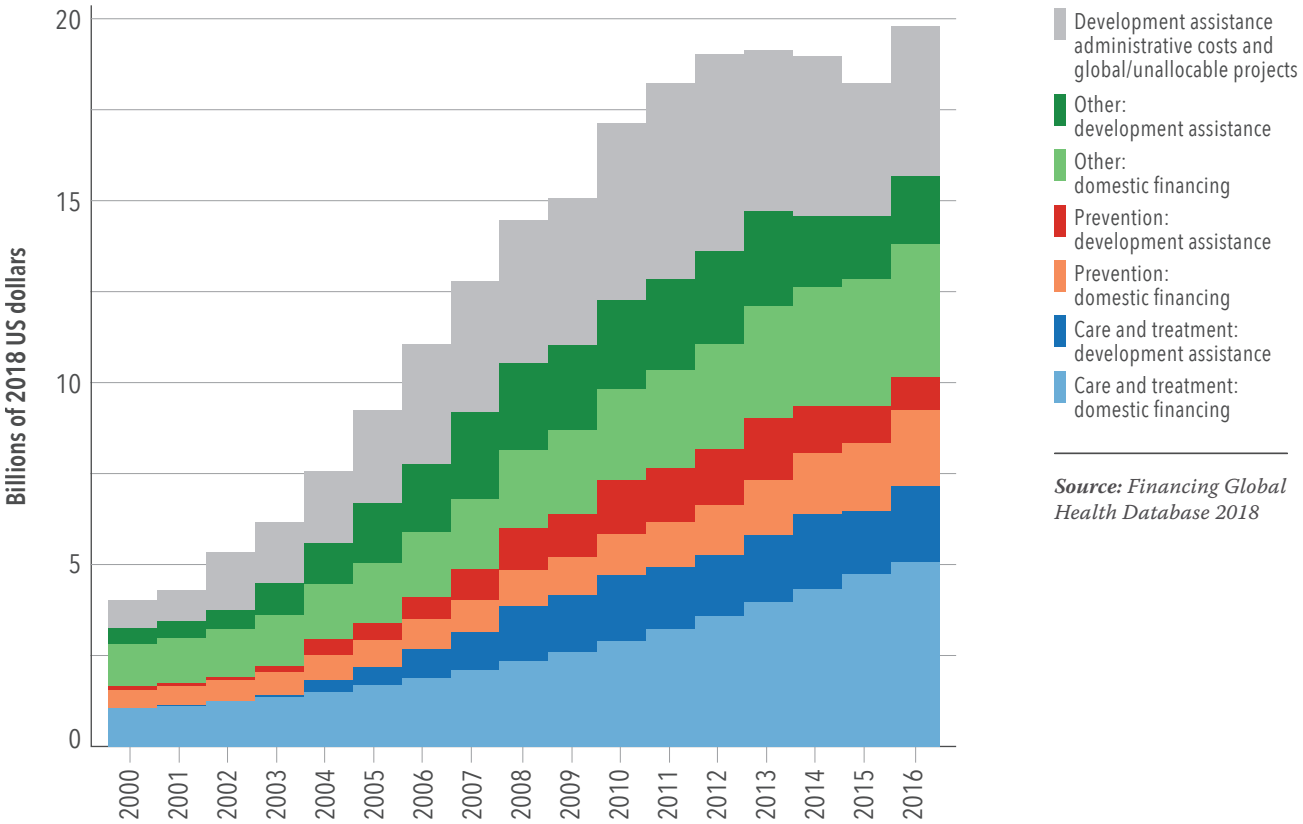
programs in 2016 with government funds, 56.4% (43.2–67.7) with DAH, 6.2% (2.4–11.1) out-of-pocket, and 2.1% (0.3–6.9) with prepaid private funds. Low-income countries financed 11.1% (6.2–17.7) of HIV/AIDS programs in 2016 with domestic funds, 84.4% (74.3–91.2) with DAH, 2.9% (0.9–6.4) out-of-pocket, and 1.5% (0.1–5.5) with prepaid private funds. Figure 37 depicts that, from 2000 to 2016, spending on HIV/AIDS care and treatment increased from $1.1 billion (0.5–2.2) to $7.2 billion (4.3–11.8) – a 603.4% (436.4–833.9) increase. As a share of total HIV/AIDS spending, spending on prevention also increased over the period – a 419.6% (361.8–499.4) increase from $596.0 million (257.9–1,257.7) in 2000. Domestic funds are the primary source of funding for care and treatment of HIV/AIDS, while prevention is funded by both domestic and external sources.

The geographic variation in annual spending on ART for HIV/AIDS care and treatment and the annual spending on prevention per prevalent HIV/AIDS case for 2016 are highlighted in Figure 38 panels A and B. A number of countries in sub-Saharan Africa and South Asia had the lowest spending on care and treatment per year on ART – less than $170 per year on ART.

Spending on care and treatment per year on ART was highest in the countries with low prevalence – Brazil, Mexico, and China – at $1,244 per

FIGURE 37

HIV/AIDS spending in low- and middle-income countries by financing source and spending category over time, 2000–2016



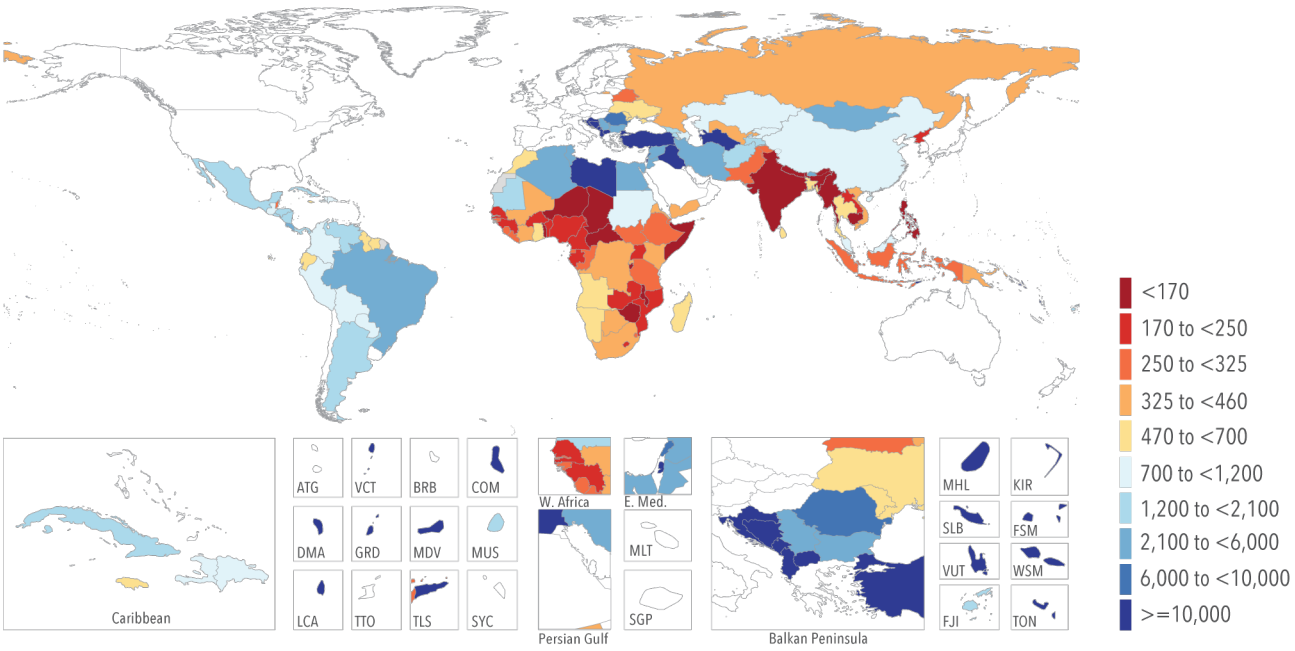
Source: *Financing Global Health Database 2018*

FIGURE 38

HIV/AIDS care and treatment spending per year on antiretroviral therapy and prevention spending per prevalent HIV/AIDS case, 2016

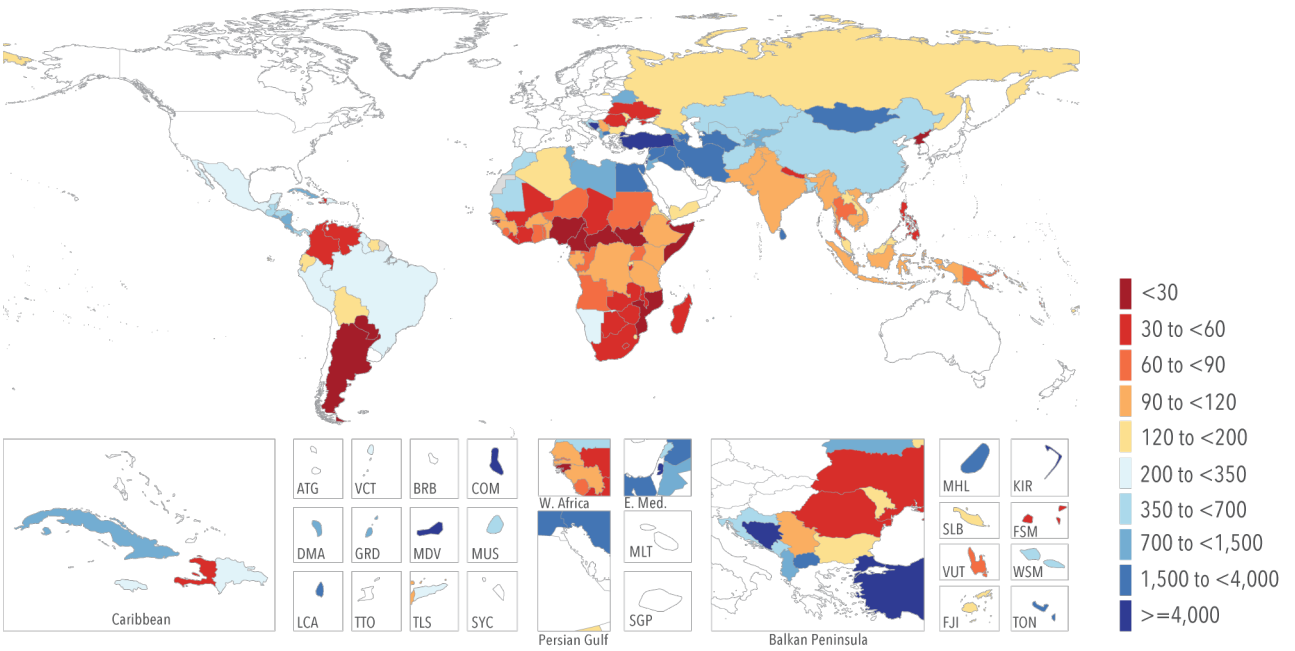
PANEL A

HIV/AIDS care and treatment spending on ART, 2016



PANEL B

Prevention spending per prevalent HIV/AIDS case, 2016



All World Bank high-income designated countries are excluded and shown in white. Values are shown in 2018 US dollars.

Source: *Financing Global Health Database 2018.*

year on ART on average. In high-prevalence countries, annual spending on ART was $273. Without DAH or sufficient domestic funding for ART care, infected patients may be reliant on out-of-pocket spending to cover the costs of treatment. Out-of-pocket spending can deter patients from seeking or continuing care; without treatment, viral suppression is lost and the disease can more easily be spread.

The geographic patterns observed for prevention spending are similar to the distribution in spending on ART. In 2016, the median spending on prevention per prevalent case was $168, ranging from $66 to $724. In extremely high-prevalence countries, the median spending on prevention was $42 (33–56) per prevalent case, and in high-prevalence countries, $69 (64–76) was spent per prevalent case. Similar to the pattern in care and treatment spending per year on ART, the lowest spending per prevalent case was found in some countries in sub-Saharan Africa.

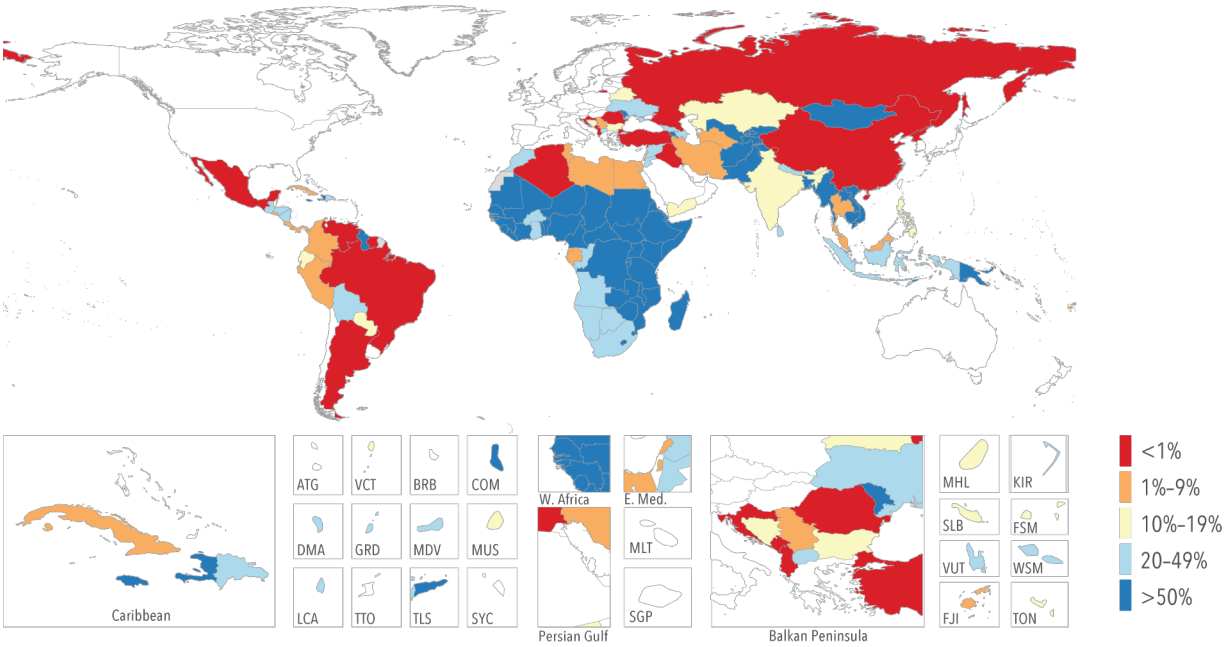
Figure 39 illustrates the fraction of total health spending on HIV/AIDS that was government health spending, DAH, and out-of-pocket in 2016. Government spending per total HIV/AIDS spending was greatest in Latin America, North Africa and the Middle East, Eastern Europe, and Asia. Development assistance as a fraction of total HIV/AIDS spending in 2016 was greatest in Africa. Finally, out-of-pocket spending as a fraction of total spending on HIV/AIDS in 2016 was greatest in Central America and Latin America, and in parts of Africa, the Middle East, and Asia.

FIGURE 39

The share of HIV/AIDS spending allocated by government, development assistance for health, and out-of-pocket sources, 2016

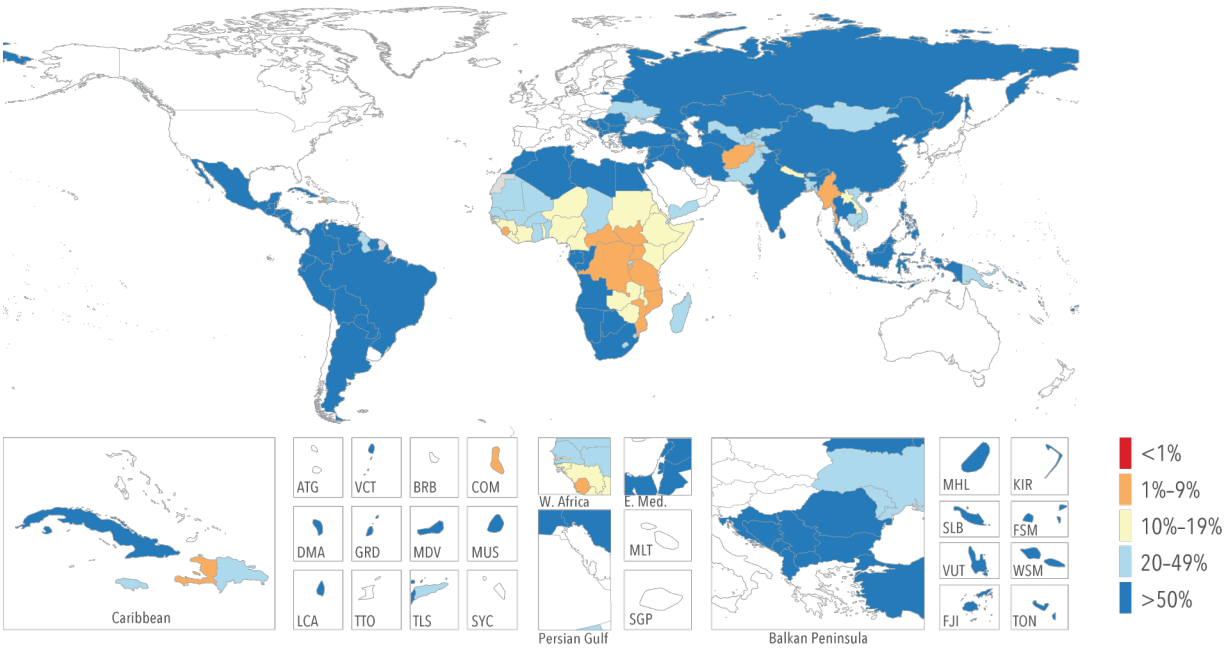
PANEL A

Fraction of HIV/AIDS spending from development assistance for health, 2016



PANEL B

Fraction of HIV/AIDS spending from government, 2016



All World Bank high-income designated countries are excluded and shown in white.

Source: *Financing Global Health Database 2018.*

PANEL C

Fraction of HIV/AIDS spending from out-of-pocket sources, 2016

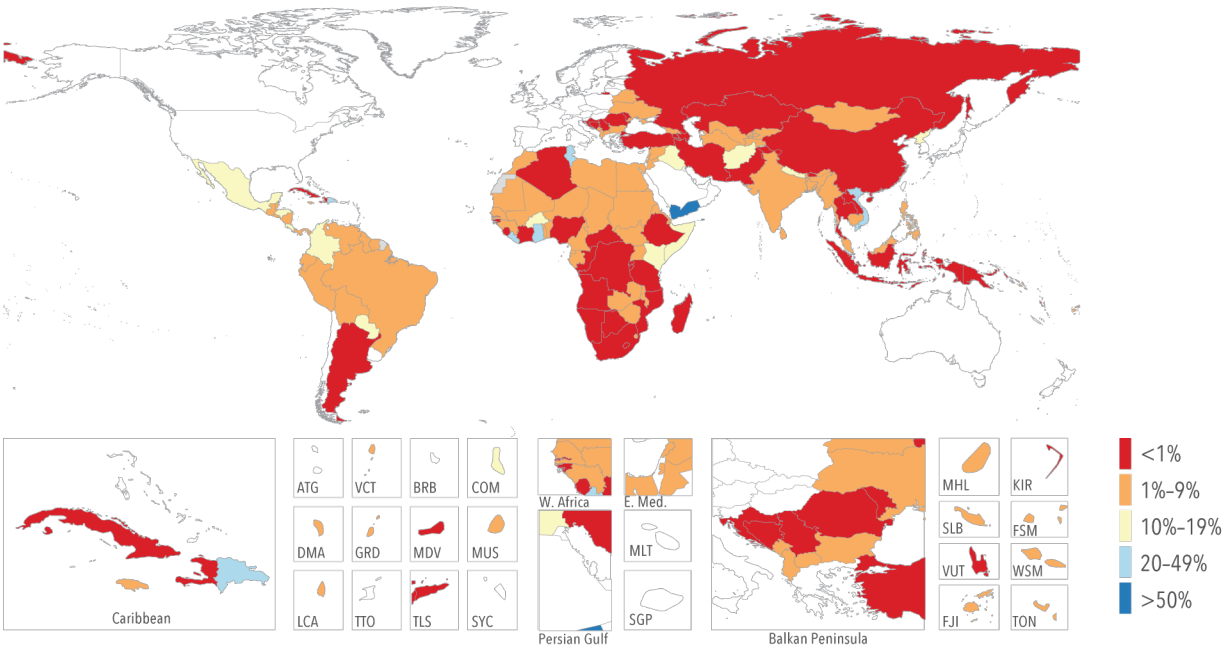
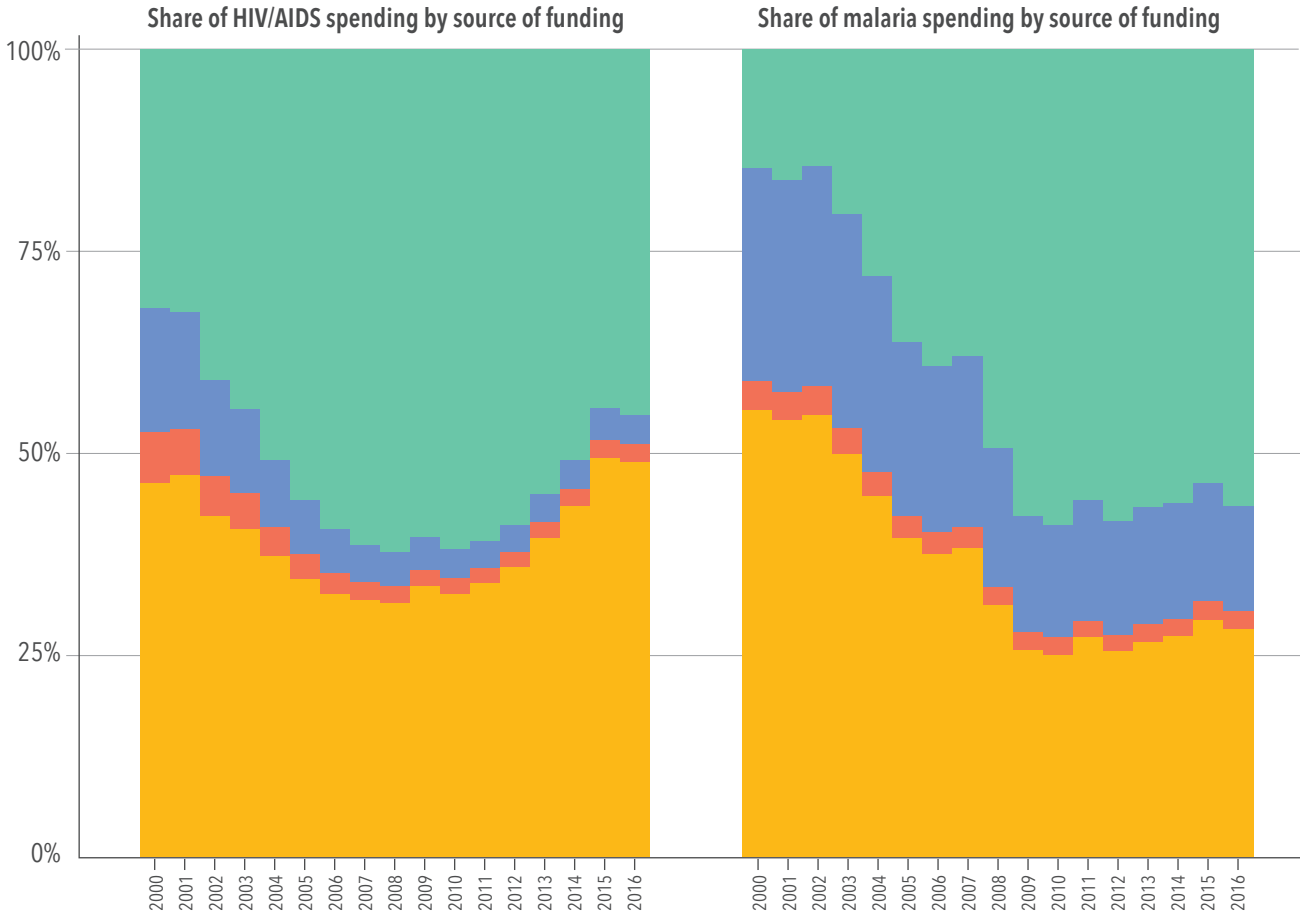


FIGURE 40

The share of HIV/AIDS and malaria spending allocated by government, development assistance for health, and out-of-pocket sources, 2000–2016



Development assistance for health includes administrative costs and global/unallocable projects.

Source: *Financing Global Health Database 2018*

Comparing HIV/AIDS and malaria spending

With the adoption of the Millennium Development Goals, HIV/AIDS and malaria climbed to the top of the global health agenda. Comparing financing for HIV/AIDS and malaria side by side underscores similarities and differences in how the fight against these two diseases has evolved since the Millennium Declaration and what distinguished the structure of financing for these two health areas. Figure 40 illustrates malaria and HIV spending by source. For both diseases, development assistance surged massively over 2000–2016. Over the same period, government spending grew 10.9% (10.6–11.1) and 4.0% (3.4–4.6) for HIV/AIDS and malaria, respectively. Out-of-pocket expenditure for HIV/AIDS increased 0.7% (-0.1 to 1.4), and out-of-pocket spending on malaria grew 3.8% (2.7–5.0) between 2000 and 2016.

In addition to distinctions in growth rates, spending on HIV/AIDS and malaria differs in terms of the structure of financing. Government financing plays a more substantial role in financing for HIV/AIDS: in 2016, government spending constituted 47.8% (39.3–54.3) of all HIV/AIDS spending, but just 28.2% (27.1–29.3) of all malaria expenditure. Differences in the government share of financing need to be investigated further. In the 106 countries included in the analysis of malaria spending in 2016, 13.0% (11.6–14.5) of total health spending was financed out-of-pocket and 28.2% (27.1–29.3) was financed by governments. This is quite distinct within the global composition: worldwide, 18.6% (18.0–19.4) of all health financing was sourced out-of-pocket and 74.0% (72.5–75.5) was sourced from governments. Out-of-pocket spending made up 13.0% (11.6–14.5) of all malaria spending in 2016, more than double the share of HIV/AIDS spending sourced out-of-pocket (3.4% [1.2–6.6]) in 2016. The more substantial reliance on out-of-pocket spending for malaria as compared to HIV/AIDS raises questions about differences in the impact of the two diseases on household financial well-being. Particularly because HIV/AIDS is more costly to treat on average than malaria, more research is required to assess the implications of these patterns in out-of-pocket and public financing for catastrophic and impoverishing payments for HIV/AIDS and malaria. •

CHAPTER 4

Future health spending

This chapter highlights trends in future health spending, if historical spending patterns persist, for 195 countries. In addition, it examines alternative scenarios that explore possible levels of health spending if governments were to raise their resource commitments for health. Increasing pooled resources for health, particularly from domestic government spending, is essential to building strong and sustainably financed health systems that provide adequate financial protection for populations. Projections to 2030 – the target year for meeting the Sustainable Development Goals, which include universal health coverage – are also highlighted. Finally, this chapter assesses the implications of projected population growth for these future spending trends.

Projections of total health spending and development assistance for health, 2017–2050

Globally, health spending is estimated to reach $15.0 trillion (14.0–16.0) in 2050, which will equate to a projected 9.4% (7.6–11.3) of the global economy. Despite this growth, current global disparities will remain relatively constant, with 69.4% (67.2–71.5) of spending forecast to occur in countries that are currently considered high-income, 25.1% (23.1–27.1) in upper-middle-income, 4.9% (4.4–5.5) in lower-middle-income, and only 0.6% (0.6–0.7) in low-income countries in 2050. Following steady increases over the past two decades, financing for global health is projected to continue increasing in the future, although at a slower pace of growth and with persistent major disparities in per person health spending across countries.

Spending per person is expected to be $1,264 (1,219–1,309) in 2030 (Table 2) and $1,667 (1,567–1,767) in 2050 (Table 3), globally. In 2030, spending per person for high-, upper-middle-, lower-middle-, and low-income groups is projected to be $6,313 (6,135–6,499), $772 (707–847), $121 (108–137), and $48 (44–51), respectively. As shown in Figure 41, panel D, by 2050, this is projected to grow to $8,286 (7,851–8,725), $1,435 (1,264–1,632), $200 (176–225), and $66 (60–73) for these same groups of countries. However, in 15 countries, spending is expected to increase by less than $20 per person between 2017 and 2050, after adjusting for inflation.

Between 2017 and 2050, upper-middle- and lower-middle-income countries are projected to grow the fastest in per person health spending, with 3.2% (2.8–3.6) and 2.6% (2.3–3.0) projected annual growth, respectively. Across regions, health spending per person in 2050 is expected to stay the lowest in sub-Saharan Africa ($111 [102–121]) and South Asia ($180 [146–220]). The projected persistence of severe global disparities in health spending requires the global community to consider domestic and international policies that address the causes and effects of these inequities.

TABLE 2

Total health spending and health spending by source, 2030 and growth

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)	Out-of-pocket spending per total health spending (%)	Prepaid private spending per total health spending (%)
GLOBAL						
Total	1,264 (1,219 to 1,309)	1,715 (1,647 to 1,783)	8.9 (8.4 to 9.4)	73.2 (70.8 to 75.6)	19.2 (18.2 to 20.3)	7.4 (6.7 to 8.2)
WORLD BANK INCOME GROUP						
High-income	6,313 (6,135 to 6,499)	6,755 (6,568 to 6,940)	11.8 (10.9 to 12.7)	79.9 (77.0 to 82.7)	13.3 (12.8 to 13.8)	6.8 (6.4 to 7.2)
Upper-middle-income	772 (707 to 847)	1,562 (1,437 to 1,696)	5.6 (5.0 to 6.3)	56.2 (51.2 to 61.7)	34.6 (29.9 to 39.9)	9.2 (6.8 to 12.3)
Lower-middle-income	121 (108 to 137)	408 (363 to 461)	3.4 (3.0 to 3.8)	33.3 (29.1 to 37.4)	55.1 (45.6 to 65.8)	9.3 (4.9 to 15.9)
Low-income	48 (44 to 51)	150 (140 to 161)	5.0 (4.6 to 5.4)	28.6 (24.6 to 32.7)	41.9 (37.4 to 47.0)	7.3 (4.8 to 11.7)
GBD SUPER-REGION						
Central Europe, Eastern Europe, and Central Asia	689 (645 to 735)	1,649 (1,541 to 1,766)	5.0 (4.5 to 5.5)	60.9 (57.4 to 65.0)	35.2 (32.6 to 38.0)	3.6 (2.9 to 4.6)
Global Burden of Disease high-income	7,060 (6,865 to 7,262)	7,333 (7,134 to 7,539)	12.3 (11.4 to 13.2)	80.2 (77.2 to 83.1)	13.0 (12.5 to 13.6)	6.8 (6.4 to 7.2)
Latin America and Caribbean	798 (757 to 842)	1,476 (1,403 to 1,556)	6.7 (6.3 to 7.1)	45.1 (42.5 to 47.4)	36.9 (33.7 to 40.4)	17.9 (14.1 to 22.4)
North Africa and Middle East	382 (363 to 403)	1,140 (1,077 to 1,204)	3.9 (3.7 to 4.1)	60.8 (55.4 to 66.1)	29.8 (27.8 to 32.1)	8.8 (6.7 to 11.5)
South Asia	98 (81 to 119)	364 (299 to 443)	3.2 (2.6 to 3.8)	27.9 (20.9 to 35.4)	62.5 (43.7 to 86.1)	9.3 (4.1 to 17.6)
Southeast Asia, East Asia, and Oceania	649 (580 to 725)	1,291 (1,160 to 1,437)	5.5 (4.8 to 6.3)	59.1 (52.0 to 67.0)	34.8 (28.5 to 43.3)	6.2 (3.4 to 10.3)
Sub-Saharan Africa	88 (82 to 95)	221 (206 to 237)	4.1 (3.8 to 4.5)	38.1 (35.2 to 41.3)	32.2 (27.6 to 37.3)	17.0 (13.6 to 21.3)

$PPP refers to 2018 purchasing power parity-adjusted US dollars. Uncertainty intervals included in parentheses. 2030 scenario 1 reflects the increase in government health spending if all countries met the target proportion of government spending on health. 2030 scenario 2 reflects the increase in government health spending if all countries met the target proportion of government spending on health and target proportion of gross domestic product that is based on government spending.

Source: *Financing Global Health Database 2018*

Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 2017-2030 (%)	Annualized rate of change in health spending per person, 2017-2030 (%)	Annualized rate of change in health spending per GDP, 2017-2030 (%)	Government health spending per person ($USD)	Difference between government health spending per person reference scenario and better scenario 1, 2030 ($USD)	Difference between government health spending per person reference scenario and better scenario 2, 2030 ($USD)
0.2 (0.2 to 0.3)	1.98 (1.77 to 2.20)	1.10 (0.90 to 1.31)	0.31 (0.02 to 0.61)	925 (864 to 992)	185 (177 to 215)	532 (519 to 595)
0.0 (0.0 to 0.0)	1.51 (1.31 to 1.73)	1.26 (1.07 to 1.48)	0.63 (0.42 to 0.84)	5,046 (4,791 to 5,318)	254 (237 to 371)	1,468 (1,393 to 1,666)
0.1 (0.1 to 0.2)	3.68 (3.10 to 4.26)	3.27 (2.71 to 3.86)	0.93 (0.36 to 1.52)	434 (376 to 496)	311 (298 to 340)	639 (625 to 709)
2.6 (2.1 to 3.3)	3.88 (2.90 to 4.82)	2.78 (1.86 to 3.74)	0.45 (-0.45 to 1.34)	40 (31 to 51)	106 (104 to 114)	235 (230 to 259)
22.4 (17.9 to 27.9)	3.59 (3.10 to 4.06)	1.05 (0.59 to 1.52)	-0.34 (-0.79 to 0.09)	14 (10 to 18)	25 (24 to 26)	61 (60 to 66)
0.3 (0.2 to 0.4)	1.69 (1.37 to 2.01)	1.80 (1.49 to 2.12)	1.06 (0.79 to 1.34)	419 (376 to 465)	414 (404 to 470)	658 (641 to 744)
0.0 (0.0 to 0.0)	1.50 (1.29 to 1.73)	1.25 (1.05 to 1.48)	0.63 (0.42 to 0.85)	5,665 (5,387 to 5,961)	194 (176 to 315)	1,489 (1,410 to 1,691)
0.2 (0.2 to 0.3)	2.00 (1.56 to 2.44)	1.11 (0.70 to 1.53)	0.36 (-0.07 to 0.77)	360 (316 to 404)	368 (358 to 412)	586 (574 to 658)
0.7 (0.5 to 0.8)	2.62 (2.35 to 2.90)	1.17 (0.95 to 1.41)	0.57 (0.35 to 0.81)	232 (200 to 270)	275 (268 to 300)	533 (523 to 589)
1.3 (1.0 to 1.7)	4.37 (2.32 to 6.34)	3.55 (1.56 to 5.55)	0.50 (-1.42 to 2.43)	27 (20 to 35)	117 (115 to 127)	212 (206 to 234)
0.2 (0.1 to 0.2)	4.75 (3.91 to 5.62)	4.39 (3.55 to 5.27)	1.15 (0.35 to 2.05)	382 (329 to 442)	200 (188 to 223)	546 (533 to 601)
12.9 (10.3 to 16.0)	3.22 (2.69 to 3.74)	0.66 (0.11 to 1.17)	-0.01 (-0.56 to 0.55)	34 (27 to 41)	49 (48 to 53)	132 (129 to 146)

TABLE 3

Total health spending and health spending by source, 2050 and growth

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)	Out-of-pocket spending per total health spending (%)
GLOBAL					
Total	1,667 (1,567 to 1,767)	2,373 (2,222 to 2,537)	9.4 (7.6 to 11.3)	72.9 (68.4 to 77.5)	19.0 (17.4 to 20.8)
WORLD BANK INCOME GROUP					
High-income	8,286 (7,851 to 8,725)	8,812 (8,363 to 9,266)	13.1 (10.2 to 16.3)	79.8 (74.7 to 85.3)	12.7 (11.9 to 13.9)
Upper-middle-income	1,435 (1,264 to 1,632)	2,858 (2,530 to 3,233)	6.6 (4.7 to 9.0)	62.4 (53.3 to 71.9)	29.6 (24.0 to 36.5)
Lower-middle-income	200 (176 to 225)	675 (594 to 768)	3.7 (2.7 to 4.8)	36.4 (31.6 to 41.4)	51.2 (41.9 to 62.5)
Low-income	66 (60 to 73)	207 (189 to 227)	5.2 (4.3 to 6.1)	31.6 (26.4 to 37.1)	39.2 (34.2 to 45.0)
GBD SUPER-REGION					
Central Europe, Eastern Europe, and Central Asia	972 (888 to 1,063)	2,343 (2,135 to 2,578)	5.6 (4.2 to 7.3)	60.1 (55.3 to 65.5)	35.8 (32.3 to 39.7)
Global Burden of Disease high-income	9,224 (8,738 to 9,722)	9,547 (9,052 to 10,062)	13.7 (10.6 to 17.0)	80.0 (74.8 to 85.7)	12.6 (11.7 to 13.8)
Latin America and Caribbean	953 (889 to 1,019)	1,784 (1,668 to 1,906)	7.3 (6.3 to 8.3)	48.4 (45.0 to 52.6)	33.3 (29.8 to 37.0)
North Africa and Middle East	473 (438 to 513)	1,415 (1,312 to 1,536)	4.3 (3.8 to 4.9)	60.7 (53.1 to 69.9)	30.1 (27.6 to 33.1)
South Asia	180 (146 to 220)	670 (542 to 823)	3.5 (2.4 to 4.8)	32.6 (24.3 to 42.2)	56.9 (38.5 to 81.7)
Southeast Asia, East Asia, and Oceania	1,397 (1,195 to 1,621)	2,758 (2,381 to 3,185)	6.6 (4.5 to 9.5)	64.9 (53.7 to 76.5)	29.1 (22.3 to 37.8)
Sub-Saharan Africa	111 (102 to 121)	283 (260 to 307)	4.4 (3.5 to 5.5)	39.0 (35.5 to 43.0)	32.5 (27.5 to 38.0)

$PPP refers to 2018 purchasing power parity-adjusted US dollars. Uncertainty intervals included in parentheses. 2050 scenario 1 reflects the increase in government health spending if all countries met the target proportion of government spending on health. 2050 scenario 2 reflects the increase in government health spending if all countries met the target proportion of government spending on health and target proportion of gross domestic product that is based on government spending.

Source: *Financing Global Health Database 2018*

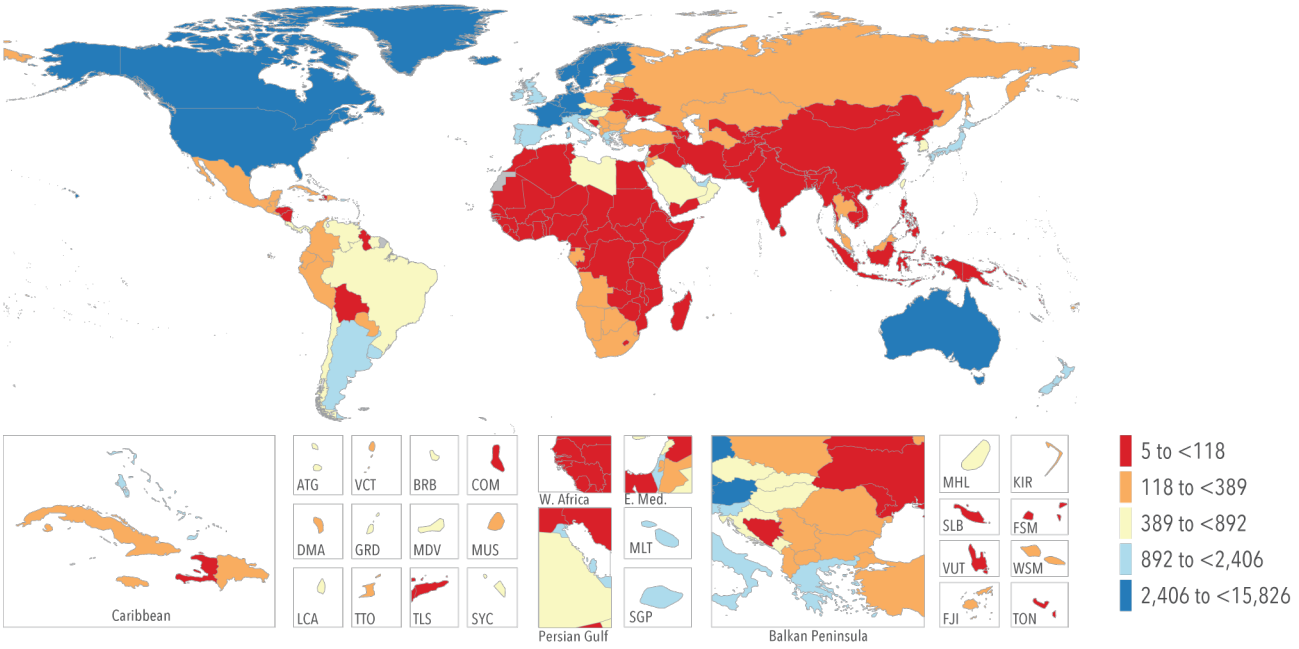
Prepaid private spending per total health spending (%)	Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 2017-2050 (%)	Annualized rate of change in health spending per person, 2017-2050 (%)	Government health spending per person ($USD)	Difference between government health spending per person reference scenario and better scenario 1, 2050 ($USD)	Difference between government health spending per person reference scenario and better scenario 2, 2050 ($USD)
7.8 (6.9 to 9.0)	0.3 (0.2 to 0.5)	1.84 (1.68 to 2.02)	1.28 (1.12 to 1.44)	1,216 (1,071 to 1,373)	229 (212 to 267)	617 (605 to 660)
7.5 (6.9 to 8.2)	0.0 (0.0 to 0.0)	1.38 (1.22 to 1.53)	1.32 (1.17 to 1.48)	6,605 (5,966 to 7,270)	238 (211 to 301)	1,528 (1,474 to 1,676)
8.2 (5.5 to 12.0)	0.1 (0.1 to 0.2)	3.25 (2.89 to 3.64)	3.20 (2.84 to 3.58)	894 (733 to 1,081)	410 (367 to 500)	844 (811 to 910)
10.2 (5.4 to 18.3)	2.7 (1.8 to 4.6)	3.34 (2.97 to 3.73)	2.64 (2.28 to 3.02)	73 (54 to 95)	172 (168 to 180)	354 (349 to 384)
8.1 (5.1 to 13.2)	21.4 (14.7 to 35.1)	3.45 (3.21 to 3.72)	1.41 (1.18 to 1.64)	21 (15 to 27)	35 (34 to 37)	79 (77 to 85)
3.7 (2.9 to 4.9)	0.3 (0.2 to 0.6)	1.44 (1.25 to 1.63)	1.76 (1.57 to 1.95)	583 (495 to 680)	506 (487 to 544)	791 (771 to 863)
7.5 (6.9 to 8.2)	0.0 (0.0 to 0.0)	1.38 (1.22 to 1.54)	1.31 (1.15 to 1.47)	7,373 (6,671 to 8,094)	175 (149 to 235)	1,558 (1,492 to 1,719)
18.1 (13.7 to 23.4)	0.3 (0.2 to 0.5)	1.48 (1.29 to 1.68)	0.98 (0.79 to 1.15)	462 (386 to 554)	385 (372 to 410)	604 (592 to 651)
8.5 (6.0 to 11.5)	0.8 (0.6 to 1.4)	2.17 (2.00 to 2.40)	1.11 (0.97 to 1.28)	287 (232 to 366)	296 (283 to 320)	567 (557 to 594)
10.4 (4.5 to 20.8)	1.2 (0.8 to 2.1)	3.61 (2.82 to 4.40)	3.27 (2.51 to 4.07)	58 (42 to 78)	213 (209 to 227)	357 (351 to 388)
6.2 (3.3 to 10.8)	0.1 (0.1 to 0.2)	4.08 (3.59 to 4.59)	4.10 (3.60 to 4.60)	905 (737 to 1,097)	305 (251 to 407)	799 (762 to 873)
15.3 (11.8 to 20.1)	13.4 (9.2 to 21.9)	3.07 (2.82 to 3.32)	0.97 (0.73 to 1.19)	43 (34 to 55)	61 (59 to 65)	156 (153 to 169)

FIGURE 41

Health spending per person, 1995, 2016, 2030, and 2050

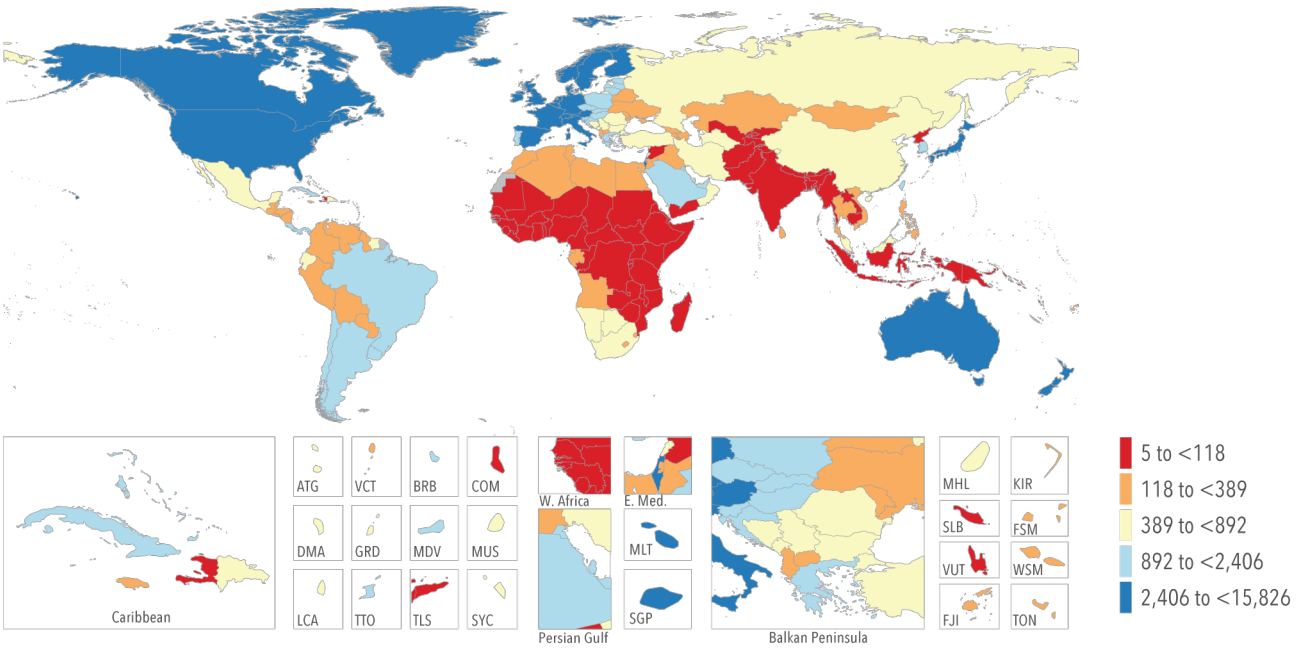
PANEL A

Health spending per person, 1995



PANEL B

Health spending per person, 2016

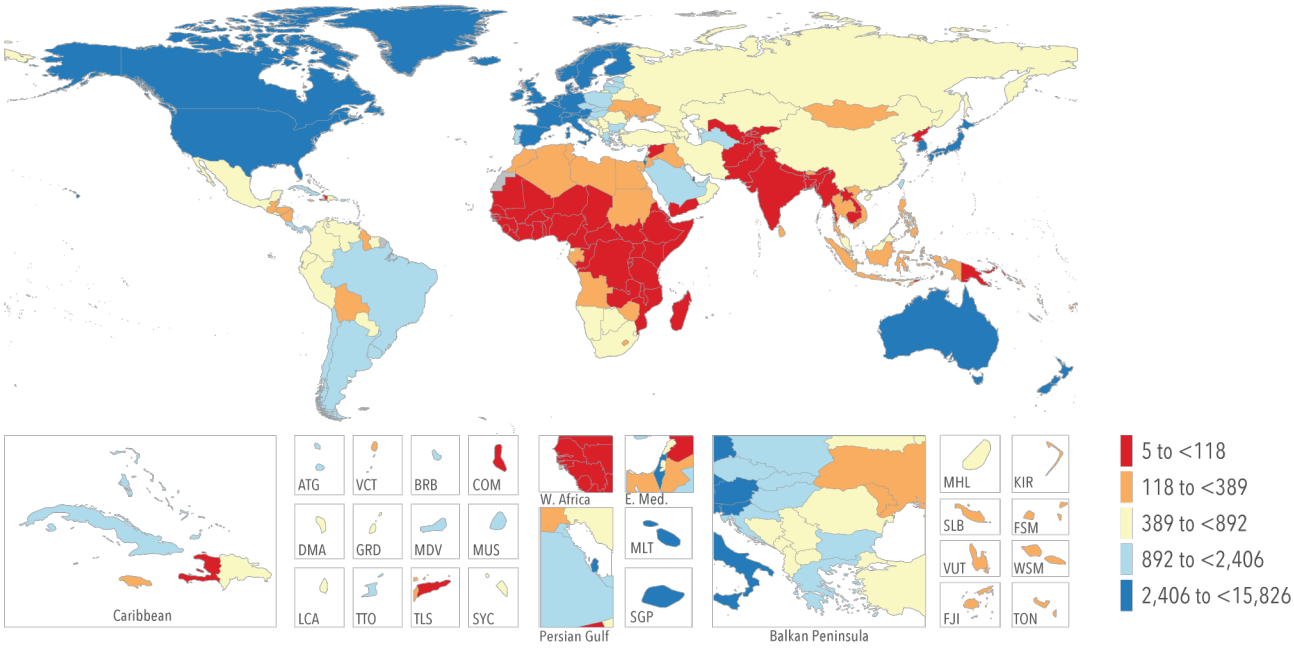


Units are in 2018 US dollars.

Source: *Financing Global Health Database 2018.*

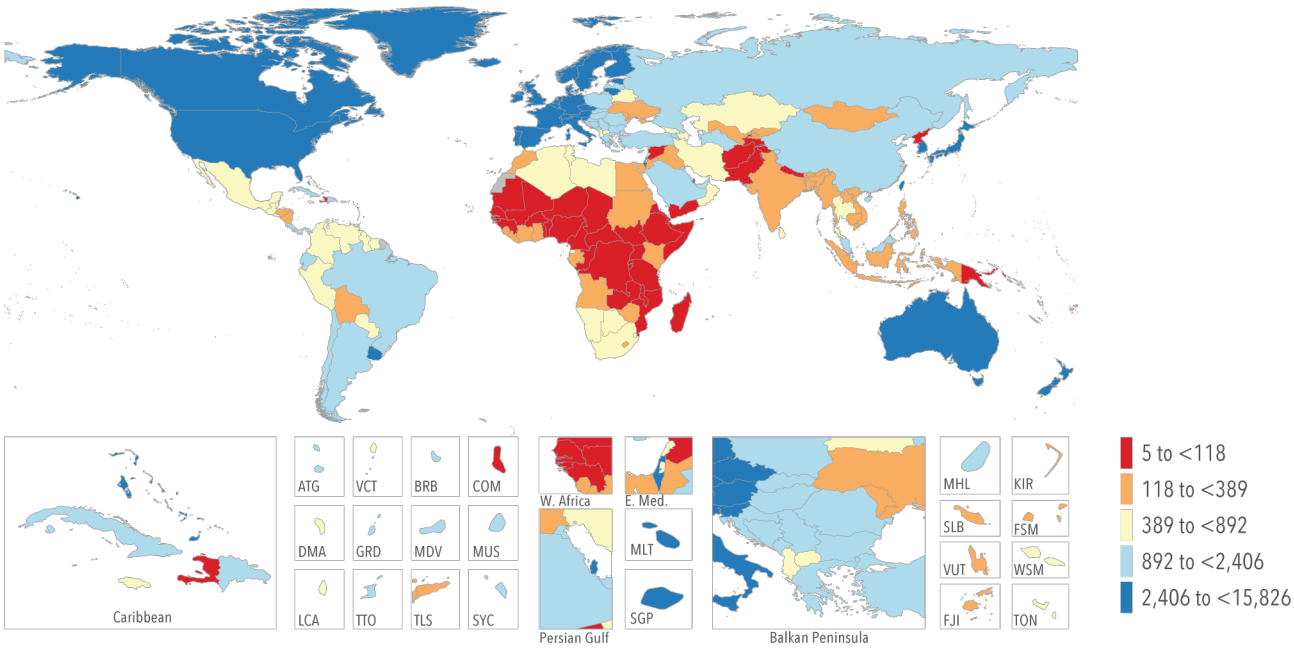
PANEL C

Health spending per person, 2030



PANEL D

Health spending per person, 2050



High-income countries currently spend 130.2 (122.9–136.9) times more on health per person than low-income countries, and this inequity is expected to remain stable, with health spending per person projected to be 125.9 (113.7–138.1) times higher in high-income than low-income countries in 2050.

Furthermore, it is concerning that the proportion of overall health spending from government sources is expected to decline slightly by 2050 and that the fraction of health spending from out-of-pocket is projected to increase. Additionally, low-income countries are expected to remain dependent on development assistance, which is expected to continue its plateau, making increasing efficiency in health spending and the generation of alternative sources of health financing critical to meet global health goals, including ensuring financial protection.

Looking from the past to the future, Figure 42 illustrates the proportion of projected increases in health spending by income group and source of funding – government, prepaid, DAH, and out-of-pocket – from 1995 to 2050. Over time, high-income countries project little change in the proportions of funding by source, while upper-middle-income countries are projected to realize the greatest changes in sources of funding distribution in the future. From 2017 to 2050, upper-middle-income countries are projected to increase their share of government health spending; in these countries, DAH is projected to grow at a rate of 1.8% per year (0.7–3.4), and out-of-pocket spending is projected to grow 2.6% annually (2.0–3.3).

The role of shifting population growth

Expected changes in population growth play a significant role in future projections of health spending per person worldwide. Globally, between 2017 and 2050, annual changes in health spending are expected to be modest, slowing from 4.0% annual growth (3.9–4.1) between 1995 and 2016 to 1.8% (1.7–2.0) between 2017 and 2050, while annual changes in population are also expected to decrease, from 1.2% to 0.6% across these periods. In two regions in particular – sub-Saharan Africa and North Africa and the Middle East – the estimated population growth is projected to remain high. As such, while the projected annual growth in health spending is 3.1% (2.8–3.3) and 2.2% (2.0–2.4), respectively, the expected growth rate of per person health spending is only 1.0% (0.7–1.2) and 1.1% (1.0–1.3), respectively, in these regions.

An interesting discrepancy also arises in comparing the two regions – South Asia and sub-Saharan Africa – with the lowest projected levels of total health spending in 2050. In South Asia, the annual growth rate in per person spending between 2017 and 2050 is expected to be 3.3% (2.5–4.1), compared to only 1.0% (0.7–1.2) in sub-Saharan Africa, but the total health spending growth rates in these two regions are projected to be similar – 3.6% (2.8–4.4) and 3.1% (2.8–3.3), respectively. This discrepancy in patterns observed in aggregate and per person spending is driven by higher expected population growth in sub-Saharan Africa, which greatly reduces the projected health spending increase per person. Figure 41 illustrates the projected trends in health spending, population, and health spending per person growth rates across different regions.

FIGURE 42

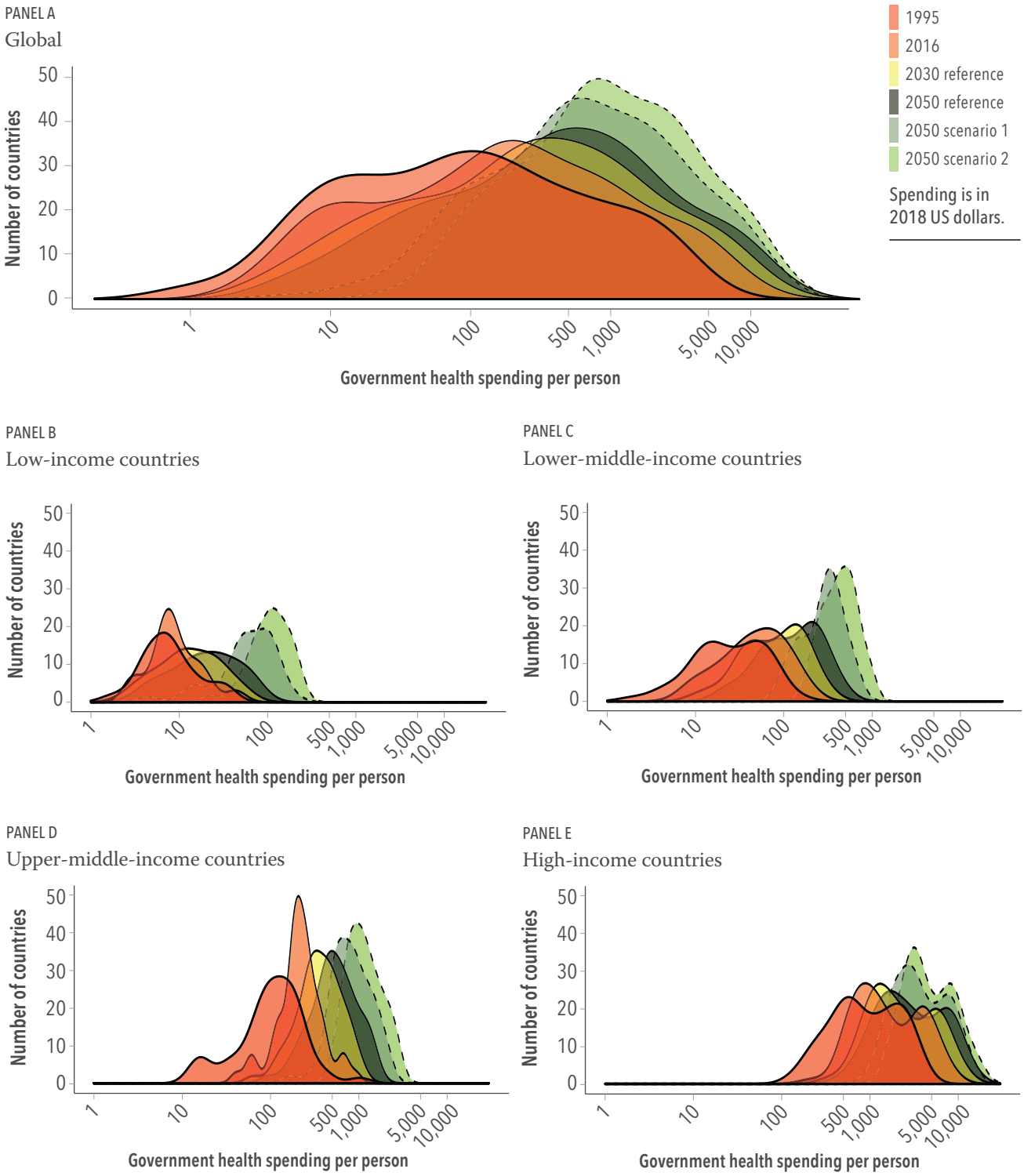
The share of projected increases due to funding source by income group, 1995–2050

The introduction of the Affordable Care Act in the United States in 2010 moved substantial resources previously classified as prepaid private to government health spending.

Source: *Financing Global Health Database 2018*

FIGURE 43

Distribution across countries of government health spending per person, global and by income group, 1995, 2016, 2030, 2050, and two future scenarios



2050 scenario 1 reflects the increase in government health spending if all countries met the target proportion of government spending on health. 2050 scenario 2 reflects the increase in government health spending if all countries met the target proportion of government spending on health and target proportion of gross domestic product that is based on government spending.

Source: *Financing Global Health Database 2018*

Alternative future spending scenarios

Two alternative scenarios of future health spending were generated to examine the potential for increases in government health spending. The analysis estimates possible increases in government health spending relative to the projected health scenario ("reference scenario"). The two alternative scenarios are based on goals associated with how much a government prioritizes the health sector and how much the government is able to spend on all sectors. In both cases, the target amount is based on the observed spending levels in 2016. In the first alternative scenario, we explored what would happen if all countries raised their government health spending to be at least 16.0% of total government spending. Having health spending be at least 16.0% of the total government spending was accomplished by 10% of the countries in 2016, highlighting that it is, in many countries, an achievable goal. The second scenario explores how much government health spending would be if government health spending were 16.0% of the total government spending and if total government spending were at least 48.2% of the gross domestic product. We chose to target 48.2% of the GDP because we observed that in 2016, 10% of the countries had reached at least this level.

These two future scenarios are displayed in Figure 43. In scenario 1, increased prioritization of health by governments could lead to an additional $229 (212–267) in health spending per person by 2050, compared to the reference scenario. In scenario 2, increased prioritization of health and increased total government spending could lead to an additional $617 (605–660) in health spending per person in 2050. In both scenarios, the potential increase in government health spending per person is more than double what is projected in the reference scenario in some countries. These results suggest that in some countries, especially those with low levels of government health spending currently, a drastic increase in government health spending per person could be achieved. •

Conclusion

In the current global health financing climate, marked by stagnated development assistance and political uncertainties, transitions in global health financing may be necessary to stay on track toward universal health coverage. Building new sources and channels for development assistance may ensure that development assistance for the world's poorest remains available and that benchmark achievements for global health goals remain on track. New global initiatives will transition global health into the next decade by encouraging partnerships and initiating research for the next generation of global health concerns. Finally, a change in the way funders and policymakers look at disease-specific financing research could inform the direction of future funds.

Our analysis this year recognizes that financing for global health has increased over the past two decades and is projected to continue increasing in the future, although at a slower pace. Since 2010, the growth rate for DAH has leveled off. This year, the largest sources of DAH were the US, other private philanthropy (excluding the Gates Foundation and corporate donations), the UK, and the Gates Foundation, while large multilateral and public-private partnerships disbursing DAH in 2018 included the Global Fund, WHO, and UNICEF. By health focus area, DAH has increasingly been targeted to reproductive, maternal, newborn, and child health, and health systems strengthening, while assistance to HIV/AIDS has decreased as a percentage of total annual DAH. Antimicrobial resistance and human resources for health have become areas of focus for DAH that are now included in our analysis. By region, DAH continues to be directed predominantly to sub-Saharan Africa.

DAH as a proportion of total health spending remains high for low-income countries. As countries get wealthier, less of their health spending is financed by DAH. And as the proportion of health spending that is DAH decreases, countries tend to fill the gap with out-of-pocket and government health spending, with an increasing proportion from government health spending as economies grow. Still, our future estimates find global disparities in per person health spending persisting and widening over time, leaving low-income countries even more likely to remain dependent on development assistance. With limited growth in DAH, effective allocation and increased efficiency in health spending will be critical for meeting global health goals. To this end, countries that can build their capacity for domestic spending on health may be positioned for stability in the future and could make space for the limited development assistance dollars to aid the world's most critical populations, as well as critical global public goods.

The fight against malaria is a good example of the risks faced when funding for global health is stretched thin. Tracking global malaria spending has provided insight into how far the world has come in the fight against this disease with committed investments in health spending, as well as the ground lost when funding targets are not met. Assessing malaria spending by source has underscored how reducing out-of-pocket spending

could remove barriers to care, particularly in malaria control countries. However, because malaria-endemic countries are predominately low-income, mobilizing additional government resources for malaria may be challenging and development assistance could continue to play a vital role. Likewise, our analysis of HIV/AIDS highlights that select governments have the ability to mobilize more domestic resources to fight HIV/AIDS, which could free up additional development assistance for many countries lacking this ability – and the funding necessary to achieve global HIV/AIDS goals by 2030.

Further expanding the pool of sources for development assistance for health, and meeting the contribution commitments already made by many, may be crucial in the years to come. As our tracking noted this year, China's economy has strengthened and with it its DAH contribution has increased, filling some of the need for more funding in the global health space. Tracking financing data and forecasting will continue to be foundational for efficiently and effectively utilizing these funds in pursuit of universal health coverage.

Prioritizing health and increasing total government spending for health are key to facilitating the health financing transition in all countries. In particular, mobilizing additional domestic resources for health to gradually replace high out-of-pocket payments will keep the world's most at-risk populations out of catastrophic health impoverishment, while sustained increases in the quantity, equity, and efficiency of health financing will be critical to achieving UHC and improving health outcomes globally. In an age of social, political, and economic transitions, accurate tracking and analysis of health financing data will continue to inform the most important decisions for global health. •

References

1. WHO | This year's World malaria report at a glance. WHO. http://www.who.int/malaria/media/world-malaria-report-2018/en/ (accessed March 26, 2019).

2. Why we exist – CEPI. https://cepi.net/about/whyweexist/ (accessed March 26, 2019).

3. About Us | Global Financing Facility. https://www.globalfinancingfacility.org/introduction (accessed March 26, 2019).

4. Fan VY, Savedoff WD. The health financing transition: A conceptual framework and empirical evidence. Soc Sci Med 2014; 105: 112–21.

5. World Bank Data Team. New country classifications by income level: 2018-2019. Data Blog. 2018; published online July 1. https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2018-2019 (accessed March 26, 2019).

6. Development Assistance for Health: 4 Key Developments to Watch for in 2019 – The Center for Policy Impact in Global Health. http://centerforpolicyimpact.org/2018/12/20/development-assistance-for-health-4-key-developments-to-watch-for-in-2019/ (accessed March 26, 2019).

7. Developing as a City Where Everyone Can Live Long and Healthy Lives. JapanGov. http://www.japan.go.jp/g20japan/okayama.html (accessed March 26, 2019).

8. Event: G20 Finance Ministers and Central Bank Governors Meeting | SDG Knowledge Hub | IISD. https://sdg.iisd.org:443/events/g20-finance-ministers-and-central-bank-governors-meeting-3/ (accessed March 26, 2019).

9. The Journey to Self-Reliance | U.S. Agency for International Development. 2018; published online Oct 23. https://www.usaid.gov/selfreliance (accessed March 26, 2019).

10. Trump Wants to Aid Only 'America's Friends.' If Only It Were That Easy. - The New York Times. https://www.nytimes.com/2018/02/03/world/europe/trump-foreign-aid.html (accessed March 26, 2019).

11. United Kingdom donor profile. Donor Tracker. https://donortracker.org/country/united-kingdom (accessed March 26, 2019).

12. German foreign aid is at a record high and rising. Here is how it works. Devex. 2017; published online Feb 2. https://www.devex.com/news/sponsored/german-foreign-aid-is-at-a-record-high-and-rising-here-is-how-it-works-89366 (accessed March 26, 2019).

13. Germany Deep Dive Global health. Donor Tracker. https://donortracker.org/germany/globalhealth (accessed March 26, 2019).

14. Kick-off event for a new German strategy on Global Health. Bundesgesundheitsministerium. https://www.bundesgesundheitsministerium.de/en/press/2018/shaping-global-health-together/kick-off-event-for-a-new-german-strategy-on-global-health.html (accessed March 26, 2019).

15. Germany contributes 115 million EUR to WHO to reach global health goals. WHO. https://www.who.int/about/planning-finance-and-accountability/financing-campaign/germany-2018-contribution (accessed March 26, 2019).

16. Macron's development vision takes shape. Devex. 2018; published online Sept 11. https://www.devex.com/news/sponsored/macron-s-development-vision-takes-shape-93375 (accessed March 26, 2019).

17. France donor profile. Donor Tracker. https://donortracker.org/country/france (accessed March 26, 2019).

18. France to Host Global Fund Replenishment Conference. The Global Fund. https://www.theglobalfund.org/en/news/2018-05-16-france-to-host-global-fund-replenishment-conference (accessed March 26, 2019).

19. Johnston E. With six months to go until G20 summit in Osaka, Japan sets out its agenda. Jpn. Times Online. 2018; published online Dec 23. https://www.japantimes.co.jp/news/2018/12/23/national/politics-diplomacy/six-months-go-g20-summit-osaka-japan-sets-agenda/ (accessed March 26, 2019).

20. Canada donor profile. Donor Tracker. https://donortracker.org/country/canada (accessed March 26, 2019).

21. Global Affairs Canada. Canada announces $79.21 million in development assistance for Americas. gcnws. 2018; published online June 5. https://www.canada.ca/en/global-affairs/news/2018/06/canada-announces-7921-million-in-development-assistance-for-americas.html (accessed March 26, 2019).

22. Women Deliver 2019 to be held in Canada | Devex. https://www.devex.com/news/women-deliver-2019-to-be-held-in-canada-90474 (accessed March 26, 2019).

23. Doherty B, Roy EA. In Australia's historically low aid budget, Pacific gets lion's share. The Guardian. 2018; published online May 9. https://www.theguardian.com/australia-news/2018/may/09/in-australias-reduced-aid-budget-pacific-gets-lions-share (accessed March 26, 2019).

24. United Arab Emirates to host Gavi 2018 mid-term review. Gavi, the Vaccine Alliance. https://www.gavi.org/library/news/press-releases/2018/united-arab-emirates-to-host-gavi-2018-mid-term-review/ (accessed March 26, 2019).

25. The Gavi Mid-Term Review: Progress to Date and Prospects for 2021 and Beyond. Gavi, the Vaccine Alliance. https://www.csis.org/analysis/gavi-mid-term-review-progress-date-and-prospects-2021-and-beyond (accessed March 26, 2019).

26. China launches mega aid agency in big shift from recipient to donor. South China Morning Post. 2018; published online March 13. https://www.scmp.com/news/china/diplomacy-defence/article/2137036/china-launches-mega-aid-agency-big-shift-recipient (accessed March 26, 2019).

27. Ministry of Foreign Affairs. NOK 2.5 billion increase in aid budget for 2019. Government.no. 2018; published online Oct 8. https://www.regjeringen.no/en/aktuelt/aid_budget2019/id2614124/ (accessed March 26, 2019).

28. Sundewall J, Engstrand P, Nordström A. Swedish development assistance for health: critical questions to ask going forward. Lancet Glob Health 2018; 6: e242–3.

29. Sweden Deep Dive Global health. Donor Tracker. https://donortracker.org/sweden/globalhealth (accessed March 26, 2019).

30. Liu P, Guo Y, Qian X, Tang S, Li Z, Chen L. China's distinctive engagement in global health. *The Lancet* 2014; 384: 793–804.

31. The Global Fund. China - Country Overview. https://www.theglobalfund.org/en/portfolio/country/?loc=CHN&k=c9980a5b-0d86-4ad5-ab99-788ca847bbb9 (accessed March 26, 2019).

32. What We Do: Malaria. Bill & Melinda Gates Foundation. https://www.gatesfoundation.org/What-We-Do/Global-Health/Malaria (accessed March 26, 2019).

33. What We Do: HIV. Bill & Melinda Gates Foundation. https://www.gatesfoundation.org/What-We-Do/Global-Health/HIV (accessed March 26, 2019).

34. What We Do: Vaccine Delivery. Bill & Melinda Gates Foundation. https://www.gatesfoundation.org/What-We-Do/Global-Development/Vaccine-Delivery (accessed March 26, 2019).

35. What We Do: Polio. Bill & Melinda Gates Foundation. https://www.gatesfoundation.org/What-We-Do/Global-Development/Polio (accessed March 26, 2019).

36. Bill & Melinda Gates Medical Research Institute. https://www.gatesmri.org (accessed March 26, 2019).

37. Gates Foundation - Year in Review 2018. https://www.gatesfoundation.org/yearinreview/2018 (accessed March 26, 2019).

38. Gavi Annual Progress Report 2017. Gavi, the Vaccine Alliance. https://www.gavi.org/progress-report/ (accessed March 26, 2019).

39. The Global Fund Results 2018. https://www.theglobalfund.org/media/7744/corporate_2018resultsreport_summary_en.pdf (accessed March 26, 2019).

40. The Global Fund 2018: A Look Back. https://www.theglobalfund.org/en/specials/2018-a-look-back/ (accessed March 26, 2019).

41. International Bank for Reconstruction and Development. World Bank. http://www.worldbank.org/en/who-we-are/ibrd (accessed March 26, 2019).

42. World leaders pledge US$1 billion to transform health and nutrition of world's poorest women, children and adolescents | Global Financing Facility. https://www.globalfinancingfacility.org/world-leaders-pledge-us1-billion-transform-health-and-nutrition-world's-poorest-women-children-and (accessed March 26, 2019).

43. Ten threats to global health in 2019. WHO. https://www.who.int/emergencies/ten-threats-to-global-health-in-2019 (accessed March 26, 2019).

44. 10 things to know about the health of refugees and migrants. WHO. https://www.who.int/news-room/feature-stories/detail/10-things-to-know-about-the-health-of-refugees-and-migrants (accessed March 26, 2019).

45. Child Survival. UNICEF USA. https://www.unicefusa.org/mission/survival (accessed March 26, 2019).

46. Maternal and Newborn Health Thematic Fund. UNFPA. https://www.unfpa.org/maternal-and-newborn-health-thematic-fund (accessed March 26, 2019).

47. Statement on the United States Decision to Again Withhold Funding from UNFPA. UNFPA. https://www.unfpa.org/press/statement-united-states-decision-again-withhold-funding-unfpa (accessed March 26, 2019).

48. UNFPA Funding & Kemp-Kasten: An Explainer. Henry J Kaiser Family Foundation. 2019; published online Jan 29. https://www.kff.org/global-health-policy/fact-sheet/unfpa-funding-kemp-kasten-an-explainer/ (accessed March 26, 2019).

49. PAHO/WHO | 2018 in review: the year's top health stories from the Americas. Pan American Health Organization / World Health Organization 2018; published online Dec 21. https://www.paho.org/hq/index.php?option=com_content&view=article&id=14899:2018-in-review-the-year-s-top-health-stories-from-the-americas&Itemid=1001&lang=en (accessed March 26, 2019).

50. The New Nets Project in partnership with the Global Fund. Unitaid. https://unitaid.org/project/the-new-nets-project-in-partnership-with-the-global-fund/ (accessed March 26, 2019).

51. Introducing and promoting HIV self-testing in West Africa. Unitaid. https://unitaid.org/project/introducing-and-promoting-hiv-self-testing-in-west-africa/ (accessed March 26, 2019).

52. Catalyzing paediatric tuberculosis services (CaP TB). Unitaid. https://unitaid.org/project/catalyzing-paediatric-tuberculosis-services-cap-tb/ (accessed March 26, 2019).

53. CEPI. Funding an Expenditure (December 2018). https://cepi.net/wp-content/uploads/2019/03/050319-Funding-and-Expenditure-Final_V3.pdf (accessed March 26, 2019).

54. What is Disease X? - The Economist explains. https://www.economist.com/the-economist-explains/2018/03/23/what-is-disease-x (accessed March 26, 2019).

55. UK joins global coalition searching for vaccines to keep the world safe from the spread of epidemics. CEPI. https://cepi.net/news_cepi/uk-joins-global-coalition-searching-for-vaccines-to-keep-the-world-safe-from-the-spread-of-epidemics/ (accessed March 26, 2019).

56. Who we are - EEA Grants. https://eeagrants.org/Who-we-are (accessed March 26, 2019).

57. WHO certifies Paraguay malaria-free. WHO. https://www.who.int/news-room/detail/11-06-2018-who-certifies-paraguay-malaria-free (accessed March 26, 2019).

58. India Records 22% Drop in Maternal Mortality Rate. The Wire. https://thewire.in/health/maternal-mortality-ratio-india-decline (accessed March 26, 2019).

59. Global Task Force on Cholera Control marks a year of progress toward ending cholera worldwide. UNICEF. https://www.unicef.org/press-releases/global-task-force-cholera-control-marks-year-progress-toward-ending-cholera (accessed March 26, 2019).

60. GHDx. GBD Results Tool. http://ghdx.healthdata.org/gbd-results-tool (accessed March 26, 2019).

61. First single-dose medicine to prevent the relapse of *P. vivax* approved by US FDA | Medicines for Malaria Venture. https://www.mmv.org/our-impact/achievements/first-single-dose-medicine-prevent-relapse-p-vivax-approved-us-fda (accessed March 26, 2019).

62. Malaria No More | Post event. Malaria No More. https://www.malariasummit.com/ (accessed March 26, 2019).

63. Global Fund Announces US$14 Billion Target to Step Up the Fight Against AIDS, TB and Malaria Ahead of Lyon Conference in October 2019. Global Fund. https://www.theglobalfund.org/en/news/2019-01-11-global-fund-announces-us14-billion-target-to-step-up-the-fight-against-aids-tb-and-malaria/ (accessed March 26, 2019).

64. WHO | High burden to high impact: a targeted malaria response. WHO. http://www.who.int/malaria/publications/atoz/high-impact-response/en/ (accessed March 26, 2019).

65. SADC Approves Windhoek Declaration on Malaria Elimination | ALMA 2030. http://alma2030.org/content/sadc-approves-windhoek-declaration-malaria-elimination (accessed March 26, 2019).

66. Six Mekong nations call for accelerated action to eliminate malaria before 2030. APLMA. https://www.aplma.org/blog/87/six-mekong-nations-call-for-accelerated-action-to-eliminate-malaria-before-2030.html (accessed March 26, 2019).

67. World Antibiotic Awareness Week 2018. WHO. https://www.who.int/campaigns/world-antibiotic-awareness-week/world-antibiotic-awareness-week-2018 (accessed March 26, 2019).

68. WHO | WHO Report on Surveillance of Antibiotic Consumption. WHO. http://www.who.int/medicines/areas/rational_use/oms-amr-amc-report-2016-2018/en/ (accessed March 26, 2019).

69. WHO | High levels of antibiotic resistance found worldwide, new data shows. WHO. http://www.who.int/mediacentre/news/releases/2018/antibiotic-resistance-found/en/ (accessed March 26, 2019).

70. Trials Begin For New Injectable Drug To Prevent HIV – EECAAC 2018. http://en.eecaac2018.org/world/trials-begin-for-new-injectable-drug-to-prevent-hiv/ (accessed March 26, 2019).

71. WHO | Knowing your status: then and now. WHO. http://www.who.int/hiv/pub/vct/who-unitaid-know-your-hiv-status/en/ (accessed March 26, 2019).

72. Global HIV & AIDS statistics — 2018 fact sheet. UNAIDS. http://www.unaids.org/en/resources/fact-sheet (accessed March 26, 2019).

73. The U.S. Government and International Family Planning & Reproductive Health Efforts. Henry J Kaiser Family Foundation. 2019; published online Jan 28. https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-international-family-planning-reproductive-health-efforts/ (accessed March 26, 2019).

74. Global Financing Facility Launched with Billions Already Mobilized to End Maternal and Child Mortality by 2030. World Bank. http://www.worldbank.org/en/news/press-release/2015/07/13/global-financing-facility-launched-with-billions-already-mobilized-to-end-maternal-and-child-mortality-by-2030 (accessed March 26, 2019).

75. Adolescent Health. UNICEF. https://www.unicef.org/health/index_92029.html (accessed March 26, 2019).

76. Patton GC, Sawyer SM, Santelli JS, et al. Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet* 2016; 387: 2423–78.

77. About Us | Family Planning 2020. https://www.familyplanning2020.org/about-us (accessed March 26, 2019).

78. Bangladesh | Global Financing Facility. https://www.globalfinancingfacility.org/bangladesh (accessed March 26, 2019).

79. WHO | Global tuberculosis report 2018. WHO. http://www.who.int/tb/publications/global_report/en/ (accessed March 26, 2019).

80. Tuberculosis. Global Fund. https://www.theglobalfund.org/en/tuberculosis/ (accessed March 26, 2019).

81. Bollyky TJ, Templin T, Cohen M, Dieleman JL. Lower-Income Countries That Face The Most Rapid Shift In Noncommunicable Disease Burden Are Also The Least Prepared. Health Aff (Millwood) 2017; 36: 1866–75.

82. The Lancet Taskforce on NCDs and economics. *The Lancet* 2018; 391. https://www.thelancet.com/series/Taskforce-NCDs-and-economics.

83. UN High-Level Meeting On Noncommunicable Diseases: A Call To Action. Intellectual Property Watch. 2018; published online Sept 28. https://www.ip-watch.org/2018/09/28/hopes-doubts-high-adoption-un-high-level-declaration-ncds/ (accessed March 26, 2019).

84. WHO | Health workforce requirements for universal health coverage and the Sustainable Development Goals. WHO. http://www.who.int/hrh/resources/health-observer17/en/ (accessed March 26, 2019).

85. Tracking spending on malaria by source in 106 countries, 2000–2016: an economic modelling study. *The Lancet* ID; In press.

86. WHO | Confronting *plasmodium vivax* malaria. WHO. https://apps.who.int/iris/handle/10665/181163 (accessed March 26, 2019).

87. Feachem RG, Phillips AA, Hwang J, et al. Shrinking the malaria map: progress and prospects. *The Lancet* 2010; 376: 1566–78.

88. WHO | Overview of malaria elimination. WHO. http://www.who.int/malaria/areas/elimination/overview/en/ (accessed March 26, 2019).

89. Cohen JM, Smith DL, Cotter C, et al. Malaria resurgence: a systematic review and assessment of its causes. Malar J 2012; 11: 122.

90. The potential for additional government spending on HIV/AIDS in 137 low- and middle-income countries. Lancet HIV; In press.

91. WHO | New HIV testing guidance to help reach the 90-90-90 targets. WHO. https://www.who.int/hiv/mediacentre/news/hiv-testing-90targets/en/ (accessed March 26, 2019).

92. Understanding Fast-Track. UNAIDS. http://www.unaids.org/en/resources/documents/2015/201506_JC2743_Understanding_FastTrack (accessed March 26, 2019).

ANNEX 1

Methods

Financing Global Health 2018 provides estimates based on the most reliable and up-to-date data available as of January 2019. Gathering data from spending accounts, budgets, and other estimates from a broad set of sources, we employed various statistical models and accounting methods to produce our estimates. This section briefly outlines our processes. For more detailed information on the input data and methodology, please refer to our online Methods Annex, available at http://bit.ly/fgh2018report. More on methods can also be found in a paper published by the Global Burden of Disease Health Financing Collaborator Network in April 2019,"Past, present, and future of global health financing: a review of development assistance, government, out-of-pocket, and other private spending on health for 195 countries, 1995–2050" in *The Lancet*, and two other papers authored by a smaller subset of the Collaborator Network: "Tracking spending on malaria by source in 106 countries, 2000–2016: an economic modelling study" in *The Lancet Infectious Diseases* and "The potential for additional government spending on HIV/AIDS in 137 low- and middle-income countries" in *The Lancet HIV*.

Development assistance for health

IHME collated and compiled financing data from the sources and channels discussed in this report. Our goal was to track all disbursements from high-income countries and international development agencies that aimed to improve health in low- and middle-income countries from 1990 through 2018. Besides data from international databases such as the Organisation for Economic Co-operation and Development's Credit Reporting System, we extracted and harmonized commitment and disbursement data from development project records, annual budgets, annual financial statements, and revenue statements from a broad set of development agencies, including multilateral and bilateral aid agencies, public-private partnerships, non-governmental organizations, and private foundations. Furthermore, for several channels, correspondence directly with agencies led to improved understanding of the data or to the acquisition of more granular, more reliable, or more timely data.

Some organizations were not able to report on disbursements for the previous year because agencies' accounting processes can be lengthy. We therefore relied on budgets, revenues, commitments, and appropriations, as well as macroeconomic data to estimate disbursements for organizations without up-to-date spending information, and these were used to model the most recent year's disbursements. This method led to the development of "preliminary estimates" of DAH by source, channel, and health focus area for 2018. We do not report DAH estimates by recipient for 2018 because preliminary estimates were not made by recipient.

Global health agencies frequently transfer funds among themselves. Since these funding flows are often reported by both the entity from which funds originate and the recipient agency, double-counting is common in the data. Including disbursements from both agencies would lead to an overestimation of disbursements. To prevent double-counting, we used revenue data to assess the source of all funds and remove resources that were passed between development agencies before being disbursed. For our accounting, the source of the funds is where the funds originated, while the channel is the last channel that we track to disburse the resources.

Because each data source provides different categories and different information about what focus areas were targeted by their disbursements, project-specific sector and theme codes and keyword searches of project titles and descriptions were used to classify funding. All DAH from the Joint United Nations Programme on HIV/AIDS (UNAIDS) was considered funding for HIV/AIDS. Funding from the United Nations Children's Fund (UNICEF) was classified as DAH for reproductive, maternal, newborn, and child health and HIV/AIDS. For projects that span two or more health focus areas, funding was divided according to weights based on the number of keywords associated with each health focus area. DAH estimates were converted into 2018 US dollars.

Domestic health spending and total health spending

To estimate total health spending and health spending by source, we extracted and adjusted health spending data from the World Health Organization Global Health Expenditure Database. Extracted data included transfers from government domestic revenue (allocated to health purposes), social insurance contributions, compulsory prepayment, voluntary prepayment, other domestic revenue from households, corporations, and nonprofit institutions serving the household, and gross domestic product (GDP). We extracted spending estimates in current local currency and converted into 2018 United States dollars. We used a spatiotemporal Gaussian process regression model (ST-GPR) to estimate health spending across time, country, and spending category. Additionally, we developed a method to prioritize data from the Global Health Expenditure Database that had the most credible sources and with the best documentation for our ST-GPR modeling in order to prevent data with unclear sources or imputation methods from influencing our ST-GPR estimation. Our method evaluated and assigned a weight based on the information describing the source and methods used to estimate data points in the Global Health Expenditure Database. Weights were based upon metadata completeness, documented source information, and documented methods for estimation. While we included all available data in the ST-GPR model, data with the most reputable sources and most complete documentation influenced the model the most. We aggregated DAH measured in 2018 US dollars, government health spending, prepaid private health spending, and out-of-pocket health spending to estimate total health spending.

Malaria spending

To measure spending on malaria, we extracted data from various spending reports, surveys, literature, and databases. For government spending on malaria, we utilized data from 86 national health accounts, 134 concept notes, and 224 proposals submitted to the Global Fund and 785 government malaria spending estimates reported in the World Malaria Reports produced by WHO. For out-of-pocket spending and prepaid private spending, we leveraged the very limited amount of data available in national health accounts – 55 country-years (out-of-pocket) and 31 country-years (prepaid private spending). Altogether, we collected 36,038 data points reporting government, out-of-pocket, and prepaid private malaria spending, as well as malaria treatment-seeking, costs of patient care, and drug prices.

Each domestic financing source – government, out-of-pocket, and prepaid private – relied on a different strategy to generate estimates. The estimates of government malaria spending extracted from the World Malaria Report and the Global Fund did not include government spending on outpatient and inpatient care for malaria. To ensure consistency with the extracted data from the national health accounts, we estimated government spending on malaria patient care. ST-GPR was used to estimate a complete and comparable time series of estimates. All spending estimates are reported in 2018 US dollars.

HIV/AIDS spending

To update our previous estimates of spending on HIV/AIDS, we extracted an additional 3,204 data points to the 5,385 unique data points used in the initial estimation. Previously, we relied on data from national health accounts, national AIDS spending assessments, Global Fund concept notes and proposals, and AIDSinfo online. The new data points came from the recently released UNAIDS HIV Financial Dashboard, National AIDS Spending Assessments, and Global AIDS Response Progress Reports.

All reported spending measures were converted to 2018 US dollars to provide a more tangible estimate to national and international policymakers. We estimated a total of five HIV/AIDS financing source models (domestic, private, government, out-of-pocket, and prepaid private) and three HIV/AIDS domestic spending categories (care and treatment, prevention, and other). We used ST-GPR to model each HIV/AIDS financing source and spending category. For the potential for additional government HIV/AIDS spending, we used frontier analysis. In particular, we used frontier analysis to assess how well countries generated government HIV/AIDS spending, controlling for factors such as the HIV/AIDS burden and contextual financing indicators.

Future health spending

For our forecasted estimates, we extracted gross domestic product (GDP) from 1970 to 2017, government spending from 1980 to 2017, and health spending data from 1995 to 2016 for 195 countries. We used ensemble models to estimate per person GDP, government spending, development assistance for health, and government, out-of-pocket, and prepaid private health spending through 2050, our reference scenario. Across all forecast indicators, 11,952 models were estimated and considered for our ensembles. We then estimated two alternative future government health spending scenarios based on a reprioritization of health in the government budget and on an overall increase in government spending. •

ANNEX 2

Tabulated data

TABLE B1

Development assistance for health by source of funding, 1990–2018

Funding source	1990	1995	2000	2005	2010	2015	2018*
NATIONAL TREASURIES							
Australia	50.16	160.41	206.40	277.52	640.86	442.05	396.94
Austria	48.68	37.48	59.56	159.05	114.06	67.50	91.30
Belgium	148.74	138.43	144.10	539.58	359.39	280.91	287.48
Canada	161.08	231.83	160.89	801.24	1,023.49	838.99	913.67
China	79.44	96.41	139.03	212.74	433.78	567.57	644.74
Denmark	119.09	145.77	183.27	253.44	408.75	239.74	248.61
Finland	135.91	43.32	59.33	119.85	194.76	131.64	89.06
France	839.91	609.75	238.22	822.43	1,070.22	754.45	762.30
Germany	263.53	781.40	398.04	710.63	1,250.20	1,233.86	1,651.08
Greece	1.72	10.61	12.01	58.41	20.55	12.29	16.04
Ireland	4.98	34.00	45.32	200.99	214.29	132.81	149.47
Italy	274.69	190.09	167.64	518.44	250.66	281.11	424.80
Japan	605.37	993.53	967.63	835.43	1,101.07	930.15	1,187.49
Luxembourg	1.85	20.77	39.48	60.83	93.70	70.41	85.44
Netherlands	249.07	311.85	463.46	637.43	828.01	692.89	695.67
New Zealand	1.85	57.21	10.10	33.46	50.82	34.16	34.74
Norway	129.97	135.29	144.61	540.25	680.36	726.54	667.63
Portugal	1.22	14.71	17.65	29.73	36.64	38.07	30.56
South Korea	1.12	14.66	96.58	139.62	206.34	267.19	315.42
Spain	19.00	206.19	203.79	314.45	717.21	127.42	231.80
Sweden	396.58	255.18	156.02	569.25	646.01	596.09	696.70
Switzerland	107.05	76.75	69.85	108.70	160.49	247.21	277.49
United Kingdom	275.15	293.01	1,110.00	1,516.39	2,418.34	4,012.75	3,277.99
United States	2,064.08	2,766.97	2,935.66	5,654.09	11,999.13	12,590.11	13,154.57
Other governments	123.72	233.69	144.69	142.18	332.26	706.16	615.98
PRIVATE PHILANTHROPY							
Gates Foundation	0.00	0.00	421.76	827.86	1,797.57	2,626.98	3,240.10
Corporate donations	59.45	123.43	163.23	575.28	687.44	966.32	862.02
Other private philanthropy excluding Gates Foundation	539.03	812.72	1,466.68	2,174.68	3,404.31	4,331.13	3,643.26
OTHER							
Debt repayments	304.10	1,139.63	2,410.51	1,187.63	2,347.94	1,153.09	1,411.62
Other	658.09	635.07	777.73	1,453.82	1,186.37	2,094.19	2,355.25
Unallocable	78.31	87.04	53.70	-	339.42	469.03	449.12
TOTAL	**7,742.93**	**10,657.24**	**13,466.93**	**21,475.40**	**35,014.45**	**37,662.81**	**38,908.33**

*2018 estimates are preliminary

All figures are in millions of 2018 US dollars. Development assistance for health includes both financial and in-kind contributions for activities aimed at improving health in low- and middle-income countries. This table disaggregates development assistance for health by primary funding source. Dashes indicate inapplicable.

***Source:** Financing Global Health Database 2018*

TABLE B2

Development assistance for health by channel of assistance, 1990–2018

Channel	1990	1995	2000	2005	2010	2015	2018*
BILATERAL AID AGENCIES							
Australia	18.83	126.79	176.40	154.84	295.04	186.87	165.68
Austria	41.61	20.77	44.17	30.80	66.52	33.33	36.99
Belgium	128.43	90.98	99.21	80.74	162.47	111.21	95.75
Canada	69.91	148.79	64.37	365.07	331.60	200.20	191.49
China	74.76	89.97	132.79	194.92	411.64	498.22	572.84
Denmark	53.56	58.09	101.68	129.19	153.15	85.25	65.69
Finland	78.07	14.65	23.40	51.43	17.96	11.02	10.94
France	778.08	474.74	111.67	399.76	295.41	151.93	195.93
Germany	126.39	485.91	96.51	302.22	550.84	549.80	725.35
Greece	0.00	8.32	6.34	44.98	8.01	0.12	0.05
Ireland	3.27	28.67	34.58	149.59	78.59	59.62	52.02
Italy	209.09	68.56	82.64	106.21	105.31	37.72	62.13
Japan	384.97	564.96	475.71	357.03	352.49	376.61	402.04
Luxembourg	0.39	16.23	29.19	36.88	34.17	24.50	26.05
Netherlands	149.95	199.68	154.43	300.14	216.87	197.38	144.20
Norway	34.33	86.19	43.54	261.32	94.39	66.90	61.94
New Zealand	0.00	3.49	6.36	21.62	27.13	8.10	8.28
Portugal	0.17	11.64	9.95	14.30	11.68	24.71	11.71
South Korea	0.00	8.38	81.63	124.81	162.77	154.24	215.23
Spain	8.99	179.60	168.12	205.86	122.02	12.91	22.42
Sweden	264.64	147.48	69.25	253.68	119.82	46.45	72.24
Switzerland	71.84	20.63	41.18	65.33	41.60	79.10	74.90
United Arab Emirates	0.00	27.95	26.47	9.92	47.53	71.89	94.43
United Kingdom	163.39	155.59	814.56	807.97	851.65	949.13	827.06
United States	1,510.67	1,900.83	1,774.39	3,521.59	5,123.26	5,282.65	6,754.11
European Economic Area (EEA)	-	-	-	-	30.38	11.62	0.13
European Commission (EC)[1]	10.03	127.60	164.48	562.37	483.54	495.33	767.52
UNITED NATIONS							
Joint United Nations Programme on HIV/AIDS (UNAIDS)	-	-	145.86	382.19	311.15	282.26	263.99
United Nations Population Fund (UNFPA)	360.51	442.65	437.80	547.16	932.96	983.74	826.07
United Nations Children's Fund (UNICEF)	258.13	332.63	375.01	776.42	976.38	1,672.91	1,901.19
Unitaid	-	-	-	-	52.90	81.66	153.75
World Health Organization (WHO)	1,205.52	1,227.82	1,372.43	1,753.34	2,376.96	2,893.97	2,565.91
Pan American Health Organization (PAHO)	187.08	186.77	199.44	180.95	258.77	265.43	272.25
PUBLIC-PRIVATE PARTNERSHIPS							
Gavi, the Vaccine Alliance	-	-	2.87	379.59	819.95	1,731.42	1,520.00
Global Fund	-	-	-	1,357.14	3,606.29	3,356.82	3,191.09
Coalition for Epidemic Preparedness Innovations (CEPI)	-	-	-	-	-	-	71.03
NGOS & FOUNDATIONS							
Gates Foundation	-	-	354.83	524.22	1,253.13	1,677.88	2,175.72
Other foundations[2]	116.41	146.31	292.27	235.98	323.06	448.36	437.31
Non-governmental organizations (NGOs)	626.17	1,151.52	1,679.21	3,939.09	10,375.57	11,776.34	10,778.51
WORLD BANK							
International Bank for Reconstruction and Development (IBRD)	283.53	914.24	2,167.34	693.02	2,006.04	727.27	738.74
International Development Association (IDA)	355.30	881.07	1,235.17	1,407.13	949.59	1,016.16	1,559.48
REGIONAL DEVELOPMENT BANKS							
African Development Bank (AfDB)	78.31	87.04	53.70	183.81	97.96	40.21	28.32
Asian Development Bank (ADB)	1.29	96.88	55.04	189.13	327.33	156.17	596.71
Inter-American Development Bank (IDB)	89.32	123.81	262.92	373.68	150.58	825.42	171.12
TOTAL	**7,742.93**	**10,657.24**	**13,466.93**	**21,475.40**	**35,014.45**	**37,662.81**	**38,908.33**

*2018 estimates are preliminary

All figures are in millions of 2018 US dollars. Development assistance for health includes both financial and in-kind contributions for activities aimed at improving health in low- and middle-income countries. This table disaggregates development assistance for health by the institutional channel through which development assistance for health flowed to low- and middle-income countries. Dashes indicate inapplicable.

1 Includes funds from the European Development Fund and the European Commission budget.

2 Only includes organizations incorporated in the United States.

***Source:** Financing Global Health Database 2018*

TABLE B3

Development assistance for health by GBD super-region, 1990–2017

Recipient region	1990	1995	2000	2005	2010	2015	2017
Central Europe, Eastern Europe, and Central Asia	12.83	221.1	671.81	559.56	787.44	483.09	720.06
Latin America and Caribbean	782.91	1,510.71	1,877.31	1,591.49	2,737.67	2,120.98	1,060.51
Middle East and North Africa	272.84	479.16	499.14	1,398.62	1,367.37	931.74	1,603.56
South Asia	837.15	801.46	1,100.88	1,454.62	2,048.75	2,126.15	2,190.64
Southeast Asia, East Asia, and Oceania	917.48	889.31	1,450.60	1,458.03	2,065.96	1,819.57	2,000.82
Sub-Saharan Africa	1,617.71	1,518.20	1,982.65	5,010.52	10,666.25	12,466.38	13,748.09
GLOBAL[1]	**397.23**	**1,721.84**	**1,491.15**	**2,446.16**	**4,266.42**	**4,679.52**	**6,073.55**
Unallocable	2,904.78	3,515.46	4,393.41	7,556.41	11,074.59	13,035.37	12,850.22
TOTAL	**7,742.93**	**10,657.24**	**13,466.93**	**21,475.40**	**35,014.45**	**37,662.81**	**40,247.44**

All figures are in millions of 2018 US dollars. Development assistance for health includes both financial and in-kind contributions for activities aimed at improving health in low- and middle-income countries. This table disaggregates development assistance for health by GBD super-regions intended to benefit from the assistance. For preliminary estimates of development assistance for health for 2018, refer to Tables B1 and B2.

1 Global denotes contributions made toward health research or the creation of public goods for multiple regions or projects that donors categorized as benefitting the world on the whole.

***Source:** Financing Global Health Database 2018*

TABLE B4

Development assistance for health by recipient country, 1990–2017

Recipient country	1990	1995	2000	2005	2010	2015	2017
Afghanistan	75.39	4.88	9.75	173.60	351.05	360.74	234.67
Albania	0.00	18.79	27.64	33.97	19.51	7.73	5.28
Algeria	21.36	17.23	3.34	2.91	4.36	2.25	2.18
Angola	16.12	52.88	38.77	139.01	108.89	114.33	132.44
Antigua and Barbuda	0.00	0.00	1.35	-	0.59	-	-
Argentina	34.67	261.69	319.35	99.15	195.67	213.96	-
Armenia	0.04	10.83	17.59	20.72	34.11	13.65	16.65
Azerbaijan	0.02	0.01	21.63	12.58	30.99	10.37	14.61
Bahrain	-	-	0.03	-	-	-	-
Bangladesh	151.45	124.00	261.26	251.15	309.54	417.40	490.29
Barbados	2.83	0.30	-	2.56	-	-	-
Belarus	0.00	0.04	0.23	8.70	20.99	7.54	12.53
Belize	7.27	0.48	3.62	2.46	4.40	5.88	3.09
Benin	17.39	18.40	34.60	75.27	111.34	99.54	156.91
Bhutan	20.17	0.93	3.87	9.51	3.59	5.31	2.80
Bolivia	56.73	52.51	112.64	77.59	82.75	59.26	64.84
Bosnia and Herzegovina	0.00	1.74	21.32	17.08	61.79	9.37	31.49
Botswana	20.61	22.86	2.06	30.45	127.86	74.15	90.82
Brazil	90.69	199.12	278.96	183.77	374.92	76.24	165.02
Bulgaria	-	0.46	15.76	42.09	18.09	7.59	5.30
Burkina Faso	32.73	41.64	33.70	110.66	185.10	175.62	180.29
Burundi	10.09	15.23	13.66	48.02	118.54	115.42	171.99
Cambodia	0.71	159.24	56.67	140.36	218.07	184.49	161.68
Cameroon	19.38	3.81	15.16	64.24	71.32	169.41	273.76
Cape Verde	-	0.38	3.21	15.54	13.33	13.09	3.69
Central African Republic	12.79	14.02	6.43	18.68	24.66	25.66	56.07
Chad	30.41	41.35	28.05	51.08	64.49	43.04	63.77
Chile	41.81	31.52	4.18	18.60	5.25	-	-
China	57.92	167.15	235.80	256.29	353.59	129.20	229.57
Christmas Island	-	-	-	-	-	-	-
Colombia	22.56	26.73	25.19	275.33	333.69	21.45	19.55
Comoros	0.62	12.08	2.66	3.29	13.00	5.14	7.09
Congo	21.44	13.38	1.27	8.91	34.39	14.67	22.00
Congo, DR	41.05	17.38	30.27	170.93	459.49	593.28	721.36
Costa Rica	2.41	8.76	30.59	4.56	5.32	2.67	2.34
Côte d'Ivoire	46.15	117.94	17.85	59.25	225.14	173.81	309.97
Croatia	-	23.21	9.21	18.67	-	-	-
Cuba	0.37	0.29	4.86	11.30	23.55	14.24	13.02
Czech Republic	-	0.00	0.00	-	-	-	-
Djibouti	10.10	8.67	9.55	15.40	8.77	15.04	13.44
Dominica	0.01	0.00	0.01	0.46	0.83	0.56	0.57
Dominican Republic	22.24	11.07	40.52	83.89	129.14	307.05	61.66
Ecuador	35.25	42.27	33.22	43.29	47.09	16.63	15.15
Egypt	66.53	161.06	123.87	128.23	91.58	53.59	96.07
El Salvador	49.51	50.12	31.48	44.07	83.46	35.27	54.62

Recipient country	1990	1995	2000	2005	2010	2015	2017
Equatorial Guinea	0.26	1.05	5.54	12.36	-	3.82	9.84
Eritrea	14.13	13.09	33.82	44.56	59.19	18.11	41.67
Estonia	-	-	0.19	3.38	-	-	-
Ethiopia	83.54	78.02	117.77	311.64	935.72	919.71	1,018.10
Federated States of Micronesia	0.41	0.76	10.96	6.46	15.82	9.99	6.66
Fiji	2.18	0.23	3.00	9.59	6.55	5.52	61.39
Gabon	3.03	2.26	5.23	28.51	31.92	32.88	66.13
Gambia	0.05	0.66	25.42	38.76	48.10	37.16	28.83
Georgia	23.77	41.65	70.94	258.30	299.88	344.51	293.05
Ghana	12.52	0.00	0.02	0.46	0.58	0.81	2.17
Grenada	29.84	35.35	48.75	48.87	94.32	391.16	77.19
Guatemala	6.88	52.95	30.87	39.66	52.36	223.59	123.49
Guinea	9.08	31.94	10.02	14.58	39.50	32.71	29.42
Guinea-Bissau	7.54	5.90	1.59	28.91	37.90	9.47	9.19
Guyana	63.29	190.62	53.18	100.63	249.15	286.70	240.44
Haiti	64.32	40.98	63.61	88.15	62.82	61.92	31.99
Honduras	0.23	2.71	3.56	0.09	-	-	-
Hungary	425.90	480.20	709.00	875.33	1,043.32	928.36	918.98
India	463.17	240.85	635.92	234.72	320.04	223.21	292.94
Indonesia	2.33	4.87	8.27	79.50	11.61	10.31	7.25
Iran	3.38	7.56	2.30	571.05	96.78	19.85	22.50
Iraq	29.50	39.42	24.46	17.84	47.17	14.44	26.38
Jamaica	35.85	27.36	54.49	29.07	53.79	32.78	80.51
Jordan	0.03	6.78	24.24	13.85	61.55	20.97	36.24
Kazakhstan	251.28	100.78	141.07	299.43	897.14	985.69	1,151.04
Kenya	13.58	0.28	0.27	3.83	8.86	3.46	5.35
Kiribati	0.05	19.60	31.12	35.08	48.42	47.83	49.51
Kyrgyzstan	0.50	11.42	29.25	44.11	67.27	87.16	68.26
Laos	-	0.83	2.38	0.00	48.66	-	-
Latvia	3.49	26.06	9.70	4.20	13.91	17.95	20.38
Lebanon	5.40	3.59	4.77	18.04	92.93	54.67	123.35
Lesotho	2.51	0.89	13.96	21.49	113.19	615.54	145.04
Liberia	0.09	0.03	0.11	0.41	1.11	2.25	8.30
Libya	-	4.89	1.82	2.62	9.45	-	-
Lithuania	0.00	15.17	22.31	19.08	15.09	4.96	2.01
Macedonia	12.52	45.29	37.68	101.24	158.32	118.88	96.81
Madagascar	111.71	53.93	124.27	163.11	289.79	459.13	565.32
Malawi	23.04	52.12	17.01	2.10	0.58	3.71	4.57
Malaysia	0.00	0.00	0.46	0.63	1.47	0.96	0.12
Maldives	38.99	59.03	41.45	103.60	237.51	229.11	245.81
Mali	-	-	-	-	-	-	-
Malta	0.82	0.52	1.88	21.47	1.87	5.36	3.70
Marshall Islands	75.45	20.71	17.26	9.47	15.62	20.11	29.99
Mauritania	0.04	0.08	0.29	0.32	2.77	0.69	4.02
Mauritius	86.46	159.02	451.23	107.83	659.34	115.47	105.21

TABLE B4, CONTINUED

Development assistance for health by recipient country, 1990–2017

Recipient country	1990	1995	2000	2005	2010	2015	2017
Mexico	0.89	0.23	0.27	29.88	2.83	11.83	1.16
Moldova	0.00	8.12	17.21	30.55	59.32	56.87	25.37
Mongolia	12.27	6.35	6.27	7.18	40.76	28.71	67.16
Montenegro	0.00	0.59	0.21	1.78	3.70	1.33	0.24
Morocco	35.75	43.90	81.25	165.16	91.62	58.96	178.44
Mozambique	154.44	91.50	142.78	284.23	642.37	656.80	875.11
Myanmar	3.39	0.33	9.70	57.21	110.37	228.33	288.95
Namibia	9.25	13.69	10.38	46.75	182.45	83.27	126.03
Nepal	56.10	18.71	47.62	85.08	169.47	180.40	128.02
Nicaragua	37.27	55.30	73.37	93.27	85.22	93.75	89.77
Niger	20.82	28.67	32.96	48.82	86.92	87.03	98.14
Nigeria	70.67	32.88	239.73	418.63	955.47	1,507.08	1,351.54
North Korea	0.01	0.02	0.13	6.11	7.10	12.81	14.87
Northern Mariana Islands	-	-	-	-	-	-	-
Oman	0.07	21.04	51.79	72.19	75.93	29.08	95.09
Pakistan	0.80	0.00	0.02	0.02	-	-	-
Palau	183.52	177.62	79.13	233.54	522.83	594.68	650.55
Palestine	0.03	0.00	0.02	2.06	1.79	0.55	-
Panama	0.40	8.06	19.65	10.21	7.62	24.75	-
Papua New Guinea	61.39	9.72	104.29	79.65	130.90	137.87	94.48
Paraguay	3.28	0.98	29.15	13.36	36.16	12.71	16.84
Peru	46.62	189.61	165.43	129.24	129.22	302.41	26.43
Philippines	139.58	167.37	112.23	227.30	205.53	291.83	244.02
Poland	-	11.16	91.82	0.77	-	-	-
Romania	-	49.50	30.17	14.37	26.67	15.38	80.21
Russia	-	1.01	207.44	50.30	43.78	5.32	6.34
Rwanda	29.55	24.38	44.33	137.76	417.62	278.75	285.87
Samoa	0.17	0.61	4.12	5.32	13.55	10.18	4.27
Sao Tome and Principe	8.75	3.53	6.90	5.97	6.02	7.35	8.84
Saudi Arabia	-	-	0.06	-	-	-	-
Senegal	42.86	60.75	61.83	148.33	144.72	181.49	249.39
Serbia	0.00	0.48	19.79	22.77	18.18	6.22	33.97
Seychelles	0.07	11.82	1.62	1.47	0.70	-	-
Sierra Leone	4.26	4.52	41.59	45.42	73.51	584.71	166.10
Slovakia	-	0.17	0.00	22.69	-	-	-
Slovenia	-	0.58	-	-	-	-	-
Solomon Islands	3.85	1.07	6.14	16.38	35.88	27.59	28.48
Somalia	18.41	4.82	5.80	12.26	29.86	56.65	65.29
South Africa	9.47	21.70	61.99	260.69	871.26	580.13	837.62
South Korea	66.25	-	0.05	-	-	-	-
South Sudan	8.36	8.82	6.59	38.44	99.63	209.87	228.15
Sri Lanka	39.80	15.65	19.21	24.00	62.86	76.03	110.88
St. Lucia	5.71	0.02	0.24	0.96	2.32	3.91	4.78
St. Vincent and the Grenadines	0.00	0.42	0.04	0.45	1.31	4.46	1.21
Sudan	10.93	11.96	10.31	50.16	123.09	146.19	113.68

Recipient country	1990	1995	2000	2005	2010	2015	2017
Suriname	22.68	26.18	7.10	14.97	18.94	6.20	5.83
Swaziland	5.37	3.19	3.40	32.86	85.20	60.24	117.66
Syria	1.01	0.02	0.59	18.12	20.07	10.56	66.31
Tajikistan	0.05	2.42	6.80	20.21	58.14	40.98	66.89
Tanzania	110.24	65.67	121.38	377.46	972.43	898.38	1,152.88
Thailand	2.96	3.55	115.06	49.39	76.20	47.09	57.41
Timor-Leste	4.54	2.64	1.14	11.65	27.35	20.56	21.90
Togo	5.80	2.37	7.47	22.68	38.57	30.87	67.81
Tonga	0.19	0.65	0.73	17.50	10.10	4.20	5.63
Trinidad and Tobago	3.51	1.09	14.32	15.01	-	-	-
Tunisia	2.74	13.03	12.01	5.83	12.69	7.70	11.35
Turkey	0.21	116.02	103.63	41.55	342.24	22.29	227.92
Turkmenistan	0.02	3.71	22.53	2.94	3.85	4.62	13.30
Uganda	100.01	84.80	140.92	411.75	596.68	704.68	851.68
Ukraine	0.00	0.03	19.53	80.33	51.93	91.13	111.50
Uruguay	0.84	1.08	0.46	42.66	7.60	-	-
Uzbekistan	0.06	31.08	19.20	31.07	53.04	56.37	102.44
Vanuatu	0.53	0.39	2.51	6.86	13.44	7.88	6.91
Venezuela	1.23	66.03	31.15	26.59	5.23	1.27	1.14
Vietnam	33.39	42.18	84.63	201.44	367.21	292.02	336.90
Yemen	12.91	24.16	27.63	56.63	77.54	157.26	438.90
Zambia	48.48	117.31	97.46	326.04	404.89	399.07	692.49
Zimbabwe	51.34	64.20	62.26	145.38	253.38	443.82	369.43

All figures are in millions of 2018 US dollars. Development assistance for health includes both financial and in-kind contributions for activities aimed at improving health in low- and middle-income countries. This table disaggregates development assistance for health transfers to the country receiving funds or intended to benefit from research or technical assistance activities. This table reflects development assistance for health only from channels of assistance providing project-level detail, specifically bilateral development agencies, the World Bank (IDA and IBRD), ADB, AfDB, IDB, the Global Fund, Gavi, Unitaid, other foundations, NGOs, and the Gates Foundation. Dashes indicate years in which a country was classified as high-income by the World Bank. For preliminary estimates of development assistance for health for 2018, refer to Tables B1 and B2.

Source: *Financing Global Health Database 2018*

TABLE B5

Development assistance for health by health focus area and program area, 1990–2018

Health focus areas and program areas	1990	1995	2000
HIV/AIDS	**344.30**	**759.90**	**1,301.55**
Drug resistance	0.00	0.00	0.49
Care and support	0.05	0.25	13.06
Counseling and testing	0.19	1.27	6.11
Human resources	62.12	196.80	132.76
Health systems strengthening	1.51	4.67	121.62
Orphans and vulnerable children	0.00	0.07	8.90
Prevention of mother-to-child transmission (PMTCT)	0.03	0.16	1.14
Prevention (excluding PMTCT)	77.55	129.67	258.23
Treatment	2.02	7.70	20.92
Other	200.83	419.31	738.30
MALARIA	**59.36**	**58.99**	**170.57**
Antimicrobial resistance	0.00	0.00	0.00
Community outreach	0.02	0.02	1.90
Vector control including indoor residual spraying	0.00	0.00	0.00
Bed nets	0.00	0.03	1.18
Other control	2.18	6.48	7.55
Diagnosis	0.00	0.31	0.00
Human resources	0.42	1.35	1.71
Health systems strengthening	0.04	1.93	3.38
Treatment	0.13	0.40	17.14
Other	56.56	48.48	137.71
NON-COMMUNICABLE DISEASES	**132.45**	**143.48**	**188.84**
Human resources	26.44	50.22	41.53
Health systems strengthening	3.00	4.00	5.68
Mental health	63.51	10.25	62.15
Tobacco	7.87	10.16	10.90
Other	31.64	68.85	68.58
NEWBORN AND CHILD HEALTH	**865.50**	**1,354.88**	**1,967.59**
Nutrition	86.91	386.88	258.91
Vaccines	376.13	345.36	362.97
Human resources	72.35	99.30	290.58
Health systems strengthening	47.11	89.79	129.17
Other	283.00	433.55	925.96
OTHER INFECTIOUS DISEASES	**131.67**	**256.82**	**872.74**
Antimicrobial resistance	0.00	0.00	1.12
Ebola	0.00	0.00	1.16
Human resources	4.87	9.35	11.75
Health systems strengthening	8.78	8.24	10.15
Zika	0.00	0.00	0.00
Other	118.02	239.23	848.57
REPRODUCTIVE AND MATERNAL HEALTH	**1,691.35**	**2,422.77**	**2,339.31**
Family planning	1,030.03	682.36	1,228.52
Human resources	26.68	56.35	143.22
Health systems strengthening	8.68	38.76	63.39
Maternal health	407.31	1,213.94	421.57
Other	218.66	431.37	482.59
HSS/SWAPS	**1,603.41**	**2,206.73**	**3,099.05**
Human resources	252.55	472.37	542.26
Pandemic preparedness	46.39	53.12	73.23
Other	1,304.47	1,681.24	2,483.56
TUBERCULOSIS	**26.54**	**67.80**	**132.67**
Antimicrobial resistance	0.00	0.00	0.00
Diagnosis	0.00	0.40	2.76
Human resources	0.00	3.58	9.31
Health systems strengthening	0.30	1.89	5.02
Treatment	0.82	1.38	6.38
Other	25.43	60.56	109.19
OTHER HEALTH FOCUS AREAS	**2,480.97**	**2,938.51**	**3,057.85**
UNALLOCABLE	**407.39**	**447.35**	**336.76**
TOTAL	**7,742.93**	**10,657.24**	**13,466.93**

*2018 estimates are preliminary

All figures are in millions of 2018 US dollars. Development assistance for health includes both financial and in-kind contributions for activities aimed at improving health in low- and middle-income countries. This table disaggregates development assistance for health earmarked for HIV/AIDS; maternal; newborn and child health; malaria; tuberculosis; other infectious diseases; non-communicable diseases; and health systems strengthening and sector-wide approaches. "Other health focus areas" captures development assistance for health for which we have health focus area information

2005	2010	2015	2018*
5,288.55	**11,172.95**	**8,507.41**	**9,467.00**
0.03	16.81	4.35	3.60
206.63	763.56	705.29	667.15
150.56	455.16	399.54	651.91
524.50	983.14	552.82	534.09
781.71	2,147.03	1,329.59	1,045.45
101.43	533.21	381.03	536.71
113.88	563.84	372.29	296.60
906.03	1,990.62	1,423.26	1,428.10
688.33	2,273.71	2,344.69	3,124.76
1,815.45	1,445.86	994.56	1,178.64
795.47	**2,384.21**	**2,107.77**	**2,050.83**
0.42	7.22	2.33	3.08
21.79	165.99	86.18	91.61
11.72	71.04	82.03	143.97
39.86	164.64	112.51	126.60
51.13	329.98	221.59	170.63
11.03	75.44	76.12	81.16
21.81	150.01	230.92	129.49
68.12	402.21	444.45	381.60
179.64	486.33	380.08	310.64
389.96	531.35	471.55	612.04
258.19	**525.13**	**819.99**	**778.30**
117.55	200.12	214.45	174.75
20.80	23.16	58.86	62.31
49.06	57.34	173.81	161.06
16.70	59.49	85.20	62.40
54.08	185.01	287.67	317.77
3,015.69	**4,832.79**	**8,104.38**	**7,811.78**
319.79	840.40	1,308.33	1,124.43
1,196.71	1,434.43	2,843.52	2,818.82
314.24	578.32	725.59	734.05
193.25	450.77	810.91	1,003.96
991.70	1,528.88	2,416.02	2,130.52
748.43	**1,313.50**	**3,208.13**	**2,136.21**
0.00	1.26	1.38	4.19
0.00	0.00	1,238.46	108.77
32.87	55.42	154.83	177.08
21.31	83.72	192.77	247.56
0.00	0.00	0.00	51.59
694.24	1,173.09	1,620.69	1,547.02
2,200.52	**3,883.80**	**4,422.95**	**4,694.66**
584.74	1,078.68	1,241.80	1,260.37
147.46	288.30	293.52	329.99
120.95	419.04	556.86	672.97
703.83	1,344.66	1,472.95	1,439.73
643.53	753.11	857.83	991.60
4,148.92	**5,715.86**	**4,655.47**	**5,583.14**
948.44	1,263.42	1,873.99	1,887.45
74.48	183.63	356.24	368.94
3,126.01	4,268.81	2,425.23	3,326.75
524.04	**1,472.66**	**1,340.44**	**1,629.81**
2.83	32.84	35.97	37.47
3.89	45.57	35.75	32.93
50.64	112.57	146.93	255.38
38.95	102.43	154.99	218.77
27.33	159.22	156.74	162.12
400.40	1,020.03	810.06	923.16
4,186.45	**3,610.63**	**4,347.38**	**4,675.79**
309.14	**102.92**	**148.90**	**80.81**
21,475.40	**35,014.45**	**37,662.81**	**38,908.33**

but which is not identified as being allocated to any of the health focus areas listed. Contributions from remaining channels are shown as unallocable by disease. Health assistance for which we have no health focus area information is designated as "Unallocable." "Other" captures development assistance for health for which we have program area information but which is not identified as being allocated to any of the program areas listed.
Source: *Financing Global Health Database 2018*

TABLE B6

Total malaria spending and spending by source, 2016

Location	Total spending on malaria (millions of $USD)	Fraction of malaria spending that is development assistance (%)	Fraction of malaria spending that is government spending (%)
106 malaria-endemic countries	4,277.7 (4,177.8 to 4,383.0)	56.5 (55.2 to 57.9)	28.2 (27.1 to 29.3)
Development assistance country spending	1,668.1	-	-
Development assistance administrative costs	320.6	-	-
Development assistance global recipient projects	225.9	-	-
Development assistance unallocable recipient projects	203.2	-	-
Control stage	2,612.6 (2,526.8 to 2,704.0)	50.0 (48.3 to 51.7)	28.3 (26.7 to 29.9)
Eliminating stage	853.7 (812.2 to 900.3)	42.0 (39.8 to 44.1)	47.9 (45.4 to 50.4)
Malaria-free	61.7 (54.5 to 70.1)	5.2 (4.5 to 5.8)	93.0 (92.1 to 93.8)
World Bank high-income	42.5 (31.2 to 58.9)	0.0 (0.0 to 0.0)	93.8 (92.9 to 94.6)
World Bank low-income	1,499.9 (1,464.4 to 1,541.9)	63.6 (61.8 to 65.1)	21.4 (20.1 to 22.8)
World Bank lower-middle-income	1,606.9 (1,523.8 to 1,694.0)	43.1 (40.8 to 45.4)	32.4 (30.1 to 35.0)
World Bank upper-middle-income	378.8 (344.1 to 417.6)	6.3 (5.7 to 6.9)	85.4 (84.4 to 86.3)
Central Europe, Eastern Europe, and Central Asia	11.4 (9.7 to 13.2)	3.4 (2.9 to 3.9)	95.3 (94.5 to 96.0)
GBD high-income	2.2 (1.7 to 2.8)	0.2 (0.2 to 0.2)	94.2 (92.5 to 95.4)
Latin America and Caribbean	210.3 (181.5 to 244.6)	10.8 (9.3 to 12.5)	82.1 (80.4 to 83.7)
North Africa and Middle East	206.0 (188.2 to 226.2)	34.5 (31.3 to 37.6)	55.3 (51.3 to 59.4)
South Asia	153.4 (126.2 to 186.2)	18.5 (15.1 to 22.2)	53.1 (42.9 to 62.3)
Southeast Asia, East Asia, and Oceania	269.8 (251.8 to 290.6)	47.0 (43.6 to 50.3)	44.6 (40.9 to 48.2)
Sub-Saharan Africa	2,675.0 (2,592.3 to 2,766.7)	53.1 (51.3 to 54.8)	26.3 (24.8 to 27.8)
Afghanistan ¢	8.6 (8.3 to 9.1)	85.1 (80.2 to 88.7)	6.4 (4.5 to 8.5)
Algeria *ƒ*	7.2 (5.0 to 10.0)	0.0 (0.0 to 0.0)	99.5 (99.0 to 99.7)
Angola ¢	119.9 (98.5 to 145.9)	24.7 (20.1 to 29.8)	59.4 (52.0 to 66.4)
Argentina *ƒ*	1.2 (0.8 to 1.6)	0.4 (0.3 to 0.5)	96.5 (95.5 to 97.2)
Armenia *ƒ*	0.2 (0.1 to 0.3)	0.0 (0.0 to 0.0)	99.6 (99.2 to 99.8)
Azerbaijan *ƒ*	2.2 (1.6 to 3.0)	3.1 (2.2 to 4.2)	96.7 (95.5 to 97.5)
Bangladesh €	9.8 (9.1 to 10.6)	77.0 (71.2 to 82.4)	21.6 (16.4 to 27.6)
Belize €	0.3 (0.2 to 0.4)	0.4 (0.3 to 0.5)	97.1 (95.2 to 98.4)
Benin ¢	30.5 (27.6 to 33.6)	55.0 (49.8 to 60.6)	26.0 (20.3 to 31.2)
Bhutan €	0.7 (0.7 to 0.8)	67.0 (59.3 to 74.1)	32.6 (25.5 to 40.4)
Bolivia ¢	6.7 (6.2 to 7.4)	70.8 (64.1 to 77.2)	27.8 (21.2 to 34.6)
Botswana €	2.0 (1.5 to 2.7)	7.6 (5.6 to 10.0)	77.7 (73.7 to 81.4)
Brazil ¢	83.6 (60.0 to 117.1)	0.3 (0.2 to 0.4)	89.2 (87.4 to 90.9)
Burkina Faso ¢	107.9 (95.3 to 122.9)	44.3 (38.7 to 50.0)	30.9 (24.8 to 37.3)
Burundi ¢	33.8 (30.9 to 37.0)	59.4 (54.2 to 64.7)	30.0 (24.4 to 35.8)
Cambodia €	16.1 (15.2 to 17.1)	78.5 (73.7 to 83.0)	13.8 (10.0 to 18.0)
Cameroon ¢	77.6 (62.2 to 95.4)	15.3 (12.3 to 18.9)	32.2 (24.2 to 41.0)
Cape Verde €	0.8 (0.6 to 1.0)	4.2 (3.1 to 5.6)	94.8 (93.2 to 96.1)
Central African Republic ¢	4.3 (3.9 to 4.7)	63.5 (57.7 to 69.4)	16.7 (12.7 to 21.0)
Chad ¢	42.6 (40.9 to 44.8)	81.3 (77.3 to 84.8)	8.1 (6.0 to 10.7)
China €	18.7 (13.0 to 25.5)	3.1 (2.2 to 4.4)	94.6 (92.6 to 96.1)
Colombia ¢	17.9 (13.1 to 24.4)	5.8 (4.1 to 7.7)	87.4 (84.0 to 90.3)
Comoros €	3.6 (3.5 to 3.7)	85.1 (82.1 to 87.8)	9.6 (7.4 to 12.2)
Congo ¢	11.3 (8.7 to 14.2)	0.6 (0.4 to 0.7)	70.4 (59.8 to 79.3)
Costa Rica €	6.7 (4.7 to 9.2)	0.0 (0.0 to 0.0)	99.0 (98.3 to 99.5)

Fraction of malaria spending that is out-of-pocket (%)	Fraction of development assistance for health that is for malaria (%)	Fraction of government health spending that is for malaria (%)
13.0 (11.6 to 14.5)	10.0 (10.0 to 10.0)	0.2 (0.1 to 0.2)
-	-	-
-	-	-
-	-	-
-	-	-
19.0 (16.9 to 21.4)	13.2 (13.2 to 13.2)	0.6 (0.5 to 0.7)
7.0 (5.2 to 9.6)	6.1 (6.1 to 6.1)	0.1 (0.1 to 0.1)
0.0 (0.0 to 0.0)	0.3 (0.3 to 0.3)	0.1 (0.1 to 0.1)
0.1 (0.1 to 0.2)	-	0.0 (0.0 to 0.1)
13.0 (11.6 to 14.6)	13.3 (13.3 to 13.3)	4.8 (3.6 to 6.2)
21.9 (18.9 to 25.5)	9.1 (9.1 to 9.1)	0.7 (0.6 to 1.0)
2.1 (1.7 to 2.5)	1.2 (1.2 to 1.2)	0.1 (0.0 to 0.1)
0.0 (0.0 to 0.0)	0.1 (0.1 to 0.1)	0.2 (0.1 to 0.2)
2.6 (1.5 to 4.3)	0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)
0.9 (0.6 to 1.2)	2.2 (2.2 to 2.2)	0.1 (0.1 to 0.1)
7.9 (5.3 to 11.1)	8.9 (8.9 to 8.9)	0.1 (0.1 to 0.1)
25.3 (16.8 to 36.3)	1.5 (1.5 to 1.5)	0.3 (0.2 to 0.5)
5.7 (4.2 to 7.7)	7.9 (7.9 to 7.9)	0.0 (0.0 to 0.0)
18.1 (16.0 to 20.4)	13.1 (13.1 to 13.1)	2.5 (2.0 to 3.0)
8.4 (5.0 to 13.5)	4.1 (4.1 to 4.1)	0.5 (0.3 to 0.8)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.1 (0.1 to 0.1)
9.3 (6.1 to 13.6)	26.1 (26.1 to 26.1)	4.8 (3.3 to 7.0)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.1 (0.1 to 0.2)
0.0 (0.0 to 0.0)	0.7 (0.7 to 0.7)	0.4 (0.2 to 0.5)
0.4 (0.2 to 0.7)	1.9 (1.9 to 1.9)	0.2 (0.1 to 0.3)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.4 (0.3 to 0.6)
16.8 (11.3 to 23.5)	17.0 (17.0 to 17.0)	10.1 (6.8 to 14.9)
0.0 (0.0 to 0.0)	12.3 (12.3 to 12.3)	0.5 (0.3 to 0.7)
0.2 (0.1 to 0.3)	11.0 (11.0 to 11.0)	0.1 (0.1 to 0.2)
0.4 (0.2 to 0.6)	0.2 (0.2 to 0.2)	0.3 (0.2 to 0.4)
1.1 (0.6 to 1.9)	0.1 (0.1 to 0.1)	0.1 (0.1 to 0.1)
22.4 (16.1 to 30.4)	31.0 (31.0 to 31.0)	13.7 (9.3 to 19.6)
10.0 (6.7 to 14.3)	13.2 (13.2 to 13.2)	12.2 (8.2 to 17.7)
7.5 (4.5 to 12.0)	8.2 (8.2 to 8.2)	0.8 (0.5 to 1.2)
51.6 (41.2 to 61.9)	9.3 (9.3 to 9.3)	12.1 (8.1 to 17.5)
0.1 (0.1 to 0.2)	0.7 (0.7 to 0.7)	1.3 (0.9 to 1.8)
19.4 (13.6 to 26.3)	5.2 (5.2 to 5.2)	5.0 (3.3 to 7.3)
8.7 (5.8 to 12.6)	45.5 (45.5 to 45.5)	3.1 (2.0 to 4.6)
0.1 (0.1 to 0.2)	0.3 (0.3 to 0.3)	0.0 (0.0 to 0.0)
1.2 (0.6 to 2.2)	7.3 (7.3 to 7.3)	0.1 (0.1 to 0.2)
4.9 (3.4 to 7.0)	27.9 (27.9 to 27.9)	4.4 (2.9 to 6.3)
27.5 (18.4 to 38.1)	0.4 (0.4 to 0.4)	4.6 (3.1 to 7.0)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.2 (0.1 to 0.3)

TABLE B6, CONTINUED

Total malaria spending and spending by source, 2016

Location	Total spending on malaria (millions of $USD)	Fraction of malaria spending that is development assistance (%)	Fraction of malaria spending that is government spending (%)
Côte d'Ivoire ¢	91.7 (83.9 to 101.8)	61.2 (55.1 to 66.8)	23.2 (18.1 to 28.6)
Democratic Republic of the Congo ¢	189.2 (174.7 to 208.9)	66.3 (59.9 to 71.7)	9.5 (7.1 to 12.3)
Djibouti ¢	7.0 (6.5 to 7.6)	71.4 (65.6 to 77.1)	28.0 (22.4 to 33.9)
Dominican Republic €	3.1 (2.2 to 4.3)	0.3 (0.2 to 0.5)	96.0 (93.8 to 97.5)
Ecuador €	5.9 (4.2 to 8.2)	2.9 (2.0 to 3.9)	94.2 (92.3 to 95.7)
Egypt *ƒ*	3.4 (2.5 to 4.6)	7.8 (5.6 to 10.6)	89.2 (85.8 to 92.0)
El Salvador €	3.2 (2.2 to 4.3)	0.1 (0.0 to 0.1)	97.6 (95.8 to 98.7)
Equatorial Guinea ¢	9.3 (7.5 to 11.3)	0.6 (0.5 to 0.7)	62.9 (54.1 to 71.9)
Eritrea ¢	8.8 (8.4 to 9.4)	79.3 (74.3 to 83.4)	18.4 (14.2 to 23.4)
Ethiopia ¢	81.2 (72.9 to 92.1)	57.0 (50.1 to 63.3)	32.7 (26.2 to 39.3)
Gabon ¢	20.9 (16.3 to 26.7)	1.4 (1.1 to 1.8)	83.1 (78.1 to 87.6)
Georgia *ƒ*	2.5 (1.8 to 3.4)	1.5 (1.1 to 2.1)	96.4 (94.8 to 97.6)
Ghana ¢	172.0 (149.3 to 197.7)	44.3 (38.3 to 50.8)	28.2 (21.6 to 35.2)
Guatemala €	4.8 (3.9 to 5.9)	37.1 (29.6 to 45.2)	60.0 (52.0 to 67.4)
Guinea ¢	33.0 (30.3 to 36.3)	60.8 (55.2 to 66.1)	17.3 (13.4 to 21.6)
Guinea-Bissau ¢	11.3 (10.9 to 11.8)	83.6 (80.1 to 86.8)	13.4 (10.4 to 16.9)
Guyana ¢	1.6 (1.2 to 2.1)	8.4 (6.2 to 11.2)	89.3 (85.8 to 92.2)
Haiti €	5.8 (5.6 to 6.0)	86.8 (83.2 to 89.9)	10.0 (7.1 to 13.3)
Honduras €	0.9 (0.6 to 1.2)	1.6 (1.1 to 2.1)	94.7 (92.6 to 96.2)
India €	118.6 (90.5 to 150.5)	6.6 (5.1 to 8.4)	61.5 (48.1 to 72.5)
Indonesia €	42.5 (34.9 to 52.2)	28.5 (23.0 to 34.3)	46.0 (36.0 to 55.0)
Iran €	9.1 (7.0 to 11.7)	21.4 (16.2 to 27.2)	73.9 (67.6 to 79.4)
Iraq *ƒ*	2.2 (1.5 to 2.9)	0.0 (0.0 to 0.0)	100.0 (100.0 to 100.0)
Kazakhstan *ƒ*	3.5 (2.4 to 4.8)	0.0 (0.0 to 0.0)	98.0 (96.2 to 99.0)
Kenya ¢	86.5 (77.7 to 97.2)	53.6 (47.5 to 59.5)	25.5 (19.9 to 31.6)
Kyrgyzstan *ƒ*	0.1 (0.1 to 0.1)	40.6 (32.8 to 48.9)	59.4 (51.1 to 67.2)
Laos €	11.4 (11.0 to 12.0)	84.9 (80.5 to 88.2)	12.5 (9.1 to 16.9)
Liberia ¢	33.2 (30.5 to 36.1)	58.7 (53.9 to 63.8)	26.4 (22.0 to 30.8)
Madagascar ¢	40.4 (39.5 to 41.5)	91.8 (89.3 to 93.7)	3.3 (2.4 to 4.3)
Malawi ¢	81.8 (74.0 to 90.4)	52.2 (47.2 to 57.6)	35.7 (30.1 to 41.5)
Malaysia €	44.3 (31.2 to 60.3)	1.9 (1.4 to 2.6)	92.6 (90.0 to 94.6)
Mali ¢	64.0 (58.6 to 70.6)	61.1 (55.2 to 66.5)	22.6 (17.9 to 28.0)
Mauritania ¢	6.2 (5.6 to 7.0)	56.5 (50.2 to 62.5)	33.5 (26.9 to 40.3)
Mexico €	28.5 (19.8 to 40.1)	0.0 (0.0 to 0.0)	97.2 (95.3 to 98.4)
Morocco *ƒ*	5.1 (3.6 to 7.1)	0.0 (0.0 to 0.0)	98.5 (97.2 to 99.3)
Mozambique €	131.4 (124.7 to 139.5)	75.4 (71.0 to 79.4)	19.7 (15.5 to 24.0)
Myanmar €	68.4 (64.7 to 72.9)	79.5 (74.5 to 83.9)	14.5 (10.6 to 19.0)
Namibia €	12.0 (9.5 to 15.4)	19.5 (15.0 to 24.4)	67.5 (62.1 to 72.5)
Nepal €	1.8 (1.4 to 2.3)	22.6 (17.0 to 29.2)	71.1 (63.7 to 77.6)
Nicaragua €	8.1 (7.3 to 9.1)	65.5 (58.4 to 72.5)	33.6 (26.5 to 40.8)
Niger ¢	44.5 (34.6 to 57.2)	3.0 (2.3 to 3.8)	36.5 (26.3 to 47.2)
Nigeria ¢	424.4 (366.4 to 499.2)	42.4 (35.8 to 48.8)	19.2 (14.1 to 25.3)
North Korea €	2.1 (1.4 to 2.9)	4.0 (2.8 to 5.6)	94.0 (91.7 to 95.8)
Oman *ƒ*	2.7 (1.9 to 3.8)	0.0 (0.0 to 0.0)	98.1 (97.3 to 98.8)

Fraction of malaria spending that is out-of-pocket (%)	Fraction of development assistance for health that is for malaria (%)	Fraction of government health spending that is for malaria (%)
7.9 (5.2 to 11.1)	22.1 (22.1 to 22.1)	5.2 (3.4 to 7.9)
21.2 (15.1 to 28.7)	22.7 (22.7 to 22.7)	8.1 (5.3 to 12.2)
0.3 (0.2 to 0.4)	34.2 (34.2 to 34.2)	5.9 (3.9 to 8.4)
0.2 (0.1 to 0.3)	0.0 (0.0 to 0.0)	0.1 (0.1 to 0.2)
0.2 (0.1 to 0.3)	1.0 (1.0 to 1.0)	0.1 (0.1 to 0.2)
0.0 (0.0 to 0.0)	0.5 (0.5 to 0.5)	0.1 (0.1 to 0.1)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.2 (0.2 to 0.4)
35.0 (26.2 to 43.6)	0.8 (0.8 to 0.8)	10.6 (7.3 to 14.6)
1.7 (1.1 to 2.4)	29.9 (29.9 to 29.9)	5.1 (3.3 to 7.5)
3.5 (2.2 to 5.2)	5.6 (5.6 to 5.6)	3.8 (2.5 to 5.8)
10.8 (7.0 to 15.6)	5.1 (5.1 to 5.1)	5.7 (4.0 to 7.9)
0.0 (0.0 to 0.0)	0.2 (0.2 to 0.2)	0.6 (0.4 to 0.8)
24.8 (17.6 to 33.2)	26.5 (26.5 to 26.5)	5.9 (3.8 to 8.4)
0.2 (0.1 to 0.3)	3.3 (3.3 to 3.3)	0.2 (0.1 to 0.3)
18.1 (12.2 to 24.3)	13.8 (13.8 to 13.8)	9.4 (6.1 to 13.4)
3.0 (2.0 to 4.4)	31.9 (31.9 to 31.9)	4.8 (3.2 to 6.8)
2.2 (1.2 to 3.8)	1.8 (1.8 to 1.8)	1.6 (1.1 to 2.4)
1.7 (1.0 to 2.8)	2.0 (2.0 to 2.0)	0.9 (0.5 to 1.3)
1.3 (0.7 to 2.4)	0.0 (0.0 to 0.0)	0.1 (0.1 to 0.2)
28.4 (17.4 to 41.9)	1.1 (1.1 to 1.1)	0.3 (0.2 to 0.5)
17.9 (10.5 to 27.3)	5.8 (5.8 to 5.8)	0.2 (0.1 to 0.2)
0.0 (0.0 to 0.1)	26.5 (26.5 to 26.5)	0.0 (0.0 to 0.1)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.1 (0.1 to 0.2)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.1 (0.1 to 0.1)
14.8 (9.6 to 21.2)	5.1 (5.1 to 5.1)	1.7 (1.1 to 2.6)
0.0 (0.0 to 0.0)	0.1 (0.1 to 0.1)	0.0 (0.0 to 0.0)
1.4 (0.7 to 2.2)	18.3 (18.3 to 18.3)	1.2 (0.7 to 1.8)
12.7 (8.6 to 17.9)	12.4 (12.4 to 12.4)	25.2 (17.1 to 34.9)
2.2 (1.4 to 3.3)	34.1 (34.1 to 34.1)	0.5 (0.3 to 0.7)
9.9 (6.5 to 14.2)	10.0 (10.0 to 10.0)	18.2 (12.3 to 25.9)
1.0 (0.5 to 1.7)	16.2 (16.2 to 16.2)	0.6 (0.4 to 0.9)
15.9 (11.0 to 21.5)	18.1 (18.1 to 18.1)	10.2 (7.0 to 14.8)
8.5 (5.7 to 12.4)	18.7 (18.7 to 18.7)	2.6 (1.7 to 3.8)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.1 (0.1 to 0.1)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.2 (0.1 to 0.3)
4.3 (2.9 to 6.2)	14.5 (14.5 to 14.5)	14.5 (9.9 to 20.9)
6.0 (3.3 to 9.7)	18.1 (18.1 to 18.1)	1.6 (1.0 to 2.4)
1.5 (1.0 to 2.3)	2.7 (2.7 to 2.7)	1.1 (0.8 to 1.5)
1.1 (0.6 to 2.0)	0.3 (0.3 to 0.3)	0.5 (0.3 to 0.7)
0.1 (0.1 to 0.2)	5.2 (5.2 to 5.2)	0.4 (0.3 to 0.6)
58.4 (47.1 to 69.6)	1.6 (1.6 to 1.6)	12.2 (8.2 to 17.7)
37.8 (28.9 to 47.2)	16.0 (16.0 to 16.0)	4.4 (2.8 to 6.6)
1.7 (0.8 to 3.1)	1.4 (1.4 to 1.4)	0.2 (0.1 to 0.3)
0.0 (0.0 to 0.0)	-	0.1 (0.1 to 0.1)

TABLE B6, CONTINUED

Total malaria spending and spending by source, 2016

Location	Total spending on malaria (millions of $USD)	Fraction of malaria spending that is development assistance (%)	Fraction of malaria spending that is government spending (%)
Pakistan ¢	22.5 (19.6 to 26.5)	53.6 (45.3 to 61.2)	22.6 (16.6 to 29.4)
Panama €	7.4 (5.2 to 10.3)	0.0 (0.0 to 0.0)	97.5 (96.5 to 98.3)
Papua New Guinea ¢	12.7 (11.3 to 14.4)	57.6 (50.8 to 64.6)	35.6 (28.3 to 43.3)
Paraguay ƒ	6.1 (4.8 to 7.8)	26.4 (20.3 to 32.9)	69.6 (63.0 to 75.8)
Peru ¢	7.1 (5.7 to 8.7)	33.4 (26.8 to 40.6)	60.6 (52.7 to 68.3)
Philippines €	9.6 (8.1 to 11.5)	46.6 (38.5 to 55.0)	46.3 (38.1 to 55.1)
Rwanda ¢	41.7 (40.0 to 44.2)	82.4 (77.8 to 86.0)	11.7 (8.7 to 15.1)
Sao Tome and Principe €	4.1 (3.8 to 4.4)	72.1 (66.9 to 77.1)	26.5 (21.3 to 31.8)
Saudi Arabia €	38.7 (27.3 to 54.7)	0.0 (0.0 to 0.0)	93.5 (92.5 to 94.4)
Senegal ¢	33.2 (31.9 to 34.8)	82.5 (78.7 to 85.9)	10.0 (7.6 to 13.3)
Sierra Leone ¢	15.1 (12.7 to 17.9)	23.9 (20.0 to 28.2)	41.8 (32.6 to 50.2)
Solomon Islands €	3.7 (3.4 to 4.1)	72.3 (64.8 to 78.2)	25.9 (19.7 to 33.4)
Somalia ¢	0.7 (0.5 to 0.9)	20.4 (15.8 to 25.3)	31.5 (22.6 to 40.9)
South Africa €	25.3 (18.5 to 34.1)	3.7 (2.7 to 4.9)	79.3 (76.1 to 82.4)
South Korea €	1.1 (0.8 to 1.4)	0.0 (0.0 to 0.0)	91.7 (88.2 to 94.1)
South Sudan ¢	28.3 (25.7 to 31.0)	61.9 (56.3 to 67.9)	28.6 (22.8 to 35.2)
Sri Lanka ƒ	2.6 (2.1 to 3.2)	36.9 (29.4 to 45.0)	60.8 (52.6 to 68.6)
Sudan ¢	98.2 (88.1 to 110.4)	57.5 (51.0 to 63.9)	28.4 (21.8 to 36.0)
Suriname ¢	1.5 (1.1 to 1.9)	22.2 (17.1 to 28.5)	71.3 (65.1 to 76.8)
Swaziland €	2.9 (2.5 to 3.3)	51.1 (43.9 to 58.1)	46.0 (39.1 to 53.4)
Syria ƒ	0.4 (0.3 to 0.6)	0.0 (0.0 to 0.0)	98.6 (97.5 to 99.4)
Tajikistan ƒ	0.6 (0.5 to 0.8)	9.6 (7.2 to 12.8)	90.3 (87.1 to 92.7)
Tanzania ¢	183.6 (168.5 to 200.4)	64.2 (58.7 to 69.8)	28.2 (22.8 to 34.0)
Thailand €	19.6 (17.1 to 23.0)	55.2 (46.8 to 62.9)	40.1 (32.3 to 48.3)
The Gambia ¢	4.0 (3.9 to 4.2)	81.4 (77.4 to 84.8)	13.3 (10.4 to 16.8)
Timor-Leste €	4.9 (4.5 to 5.5)	69.2 (61.8 to 75.2)	29.8 (23.8 to 37.1)
Togo ¢	16.1 (14.1 to 18.4)	42.6 (37.1 to 48.2)	31.3 (25.0 to 37.9)
Turkey ƒ	19.5 (13.5 to 26.8)	0.0 (0.0 to 0.0)	98.1 (96.6 to 99.0)
Turkmenistan ƒ	1.1 (0.8 to 1.5)	0.0 (0.0 to 0.0)	98.2 (96.9 to 99.0)
Uganda ¢	173.9 (162.6 to 187.9)	71.1 (65.7 to 75.9)	14.1 (10.9 to 17.9)
Uzbekistan ƒ	1.3 (0.9 to 1.7)	14.7 (10.8 to 19.2)	85.1 (80.6 to 89.1)
Vanuatu €	0.7 (0.5 to 0.9)	26.6 (20.4 to 33.1)	70.7 (63.7 to 77.1)
Venezuela ¢	11.2 (7.9 to 15.6)	0.8 (0.5 to 1.0)	81.1 (77.2 to 84.3)
Vietnam €	12.4 (10.7 to 14.2)	55.7 (48.3 to 63.7)	40.1 (32.1 to 48.4)
Yemen ¢	10.9 (9.3 to 13.1)	46.2 (38.3 to 53.6)	25.9 (19.1 to 33.7)
Zambia €	119.5 (107.2 to 134.8)	54.2 (47.9 to 60.2)	40.5 (34.2 to 47.1)
Zimbabwe €	43.3 (41.3 to 45.8)	81.2 (76.7 to 85.1)	13.0 (9.8 to 16.8)

Spending is reported in 2018 US dollars. 95% uncertainty intervals are shown in parentheses. Income groups are 2018 World Bank income groups.

Source: *Financing Global Health Database 2018*

¢ *Control*

€ *Eliminating*

ƒ *Malaria-free*

Fraction of malaria spending that is out-of-pocket (%)	Fraction of development assistance for health that is for malaria (%)	Fraction of government health spending that is for malaria (%)
22.8 (14.4 to 34.2)	1.9 (1.9 to 1.9)	0.3 (0.2 to 0.4)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.3 (0.2 to 0.4)
6.3 (4.0 to 9.1)	8.7 (8.7 to 8.7)	1.4 (0.9 to 2.0)
0.0 (0.0 to 0.0)	12.4 (12.4 to 12.4)	0.4 (0.2 to 0.5)
3.0 (1.7 to 5.1)	7.8 (7.8 to 7.8)	0.1 (0.0 to 0.1)
1.7 (0.9 to 2.9)	3.5 (3.5 to 3.5)	0.1 (0.1 to 0.2)
1.5 (1.0 to 2.2)	15.0 (15.0 to 15.0)	2.5 (1.6 to 3.7)
0.8 (0.5 to 1.1)	39.8 (39.8 to 39.8)	12.8 (8.9 to 17.7)
0.0 (0.0 to 0.0)	-	0.1 (0.1 to 0.2)
4.5 (3.0 to 6.5)	19.4 (19.4 to 19.4)	1.1 (0.7 to 1.6)
32.6 (23.6 to 43.3)	1.7 (1.7 to 1.7)	12.1 (8.1 to 17.6)
1.8 (1.1 to 2.7)	13.5 (13.5 to 13.5)	2.3 (1.6 to 3.5)
47.6 (36.1 to 59.5)	0.2 (0.2 to 0.2)	0.7 (0.4 to 1.0)
0.1 (0.0 to 0.1)	0.1 (0.1 to 0.1)	0.1 (0.1 to 0.2)
5.5 (3.0 to 8.9)	-	0.0 (0.0 to 0.0)
7.8 (4.9 to 11.3)	15.8 (15.8 to 15.8)	2.7 (1.8 to 3.9)
0.0 (0.0 to 0.1)	2.0 (2.0 to 2.0)	0.1 (0.1 to 0.2)
12.7 (7.9 to 18.5)	33.2 (33.2 to 33.2)	2.8 (1.8 to 4.1)
0.2 (0.1 to 0.3)	22.2 (22.2 to 22.2)	0.8 (0.5 to 1.1)
0.1 (0.1 to 0.2)	1.5 (1.5 to 1.5)	0.5 (0.4 to 0.7)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.1 (0.1 to 0.2)
0.0 (0.0 to 0.0)	0.1 (0.1 to 0.1)	0.5 (0.3 to 0.7)
7.1 (4.7 to 10.4)	12.8 (12.8 to 12.8)	7.0 (4.6 to 10.0)
0.8 (0.4 to 1.4)	24.5 (24.5 to 24.5)	0.1 (0.0 to 0.1)
2.0 (1.3 to 2.8)	9.9 (9.9 to 9.9)	5.8 (3.9 to 8.6)
0.5 (0.3 to 0.8)	15.1 (15.1 to 15.1)	2.3 (1.5 to 3.5)
22.8 (16.2 to 31.2)	15.3 (15.3 to 15.3)	7.7 (5.0 to 11.3)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.1 (0.0 to 0.1)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.2 (0.1 to 0.3)
13.8 (8.9 to 19.5)	16.3 (16.3 to 16.3)	8.9 (5.9 to 12.8)
0.0 (0.0 to 0.0)	0.2 (0.2 to 0.2)	0.1 (0.1 to 0.1)
1.1 (0.6 to 1.9)	2.7 (2.7 to 2.7)	3.1 (2.0 to 4.6)
3.2 (1.7 to 5.5)	11.3 (11.3 to 11.3)	0.2 (0.2 to 0.3)
3.9 (2.1 to 6.3)	2.3 (2.3 to 2.3)	0.1 (0.1 to 0.1)
27.5 (18.5 to 38.4)	6.0 (6.0 to 6.0)	1.3 (0.8 to 1.9)
3.3 (2.1 to 4.9)	13.8 (13.8 to 13.8)	12.2 (8.1 to 17.5)
2.2 (1.4 to 3.1)	11.0 (11.0 to 11.0)	0.7 (0.5 to 1.1)

TABLE B7

Spending on HIV/AIDS, 2016

	HIV/AIDS spending (millions of $USD)	Fraction of HIV/AIDS spending on care and treatment (%)	Fraction of HIV/AIDS spending on prevention (%)
WORLD BANK INCOME GROUPS			
Upper-middle-income	9,566.4 (6,293.9 to 14,659.7)	48.4 (36.4 to 58.5)	14.8 (8.3 to 23.8)
Lower-middle-income	3,435.0 (2,824.3 to 4,423.2)	37.5 (34.1 to 43.3)	24.7 (17.7 to 33.7)
Low-income	2,738.0 (2,525.0 to 3,102.0)	41.4 (40.6 to 42.9)	23.2 (20.7 to 26.8)
GBD SUPER-REGION			
Central Europe, Eastern Europe, and Central Asia	890.0 (582.4 to 1,351.1)	39.8 (32.0 to 46.2)	20.9 (11.8 to 30.3)
Latin America and Caribbean	4,184.6 (2,733.8 to 6,545.0)	55.2 (41.3 to 64.8)	10.8 (4.8 to 22.2)
North Africa and Middle East	388.8 (235.6 to 633.5)	34.6 (27.1 to 41.9)	48.4 (36.9 to 56.4)
South Asia	533.8 (383.8 to 762.9)	13.9 (6.7 to 30.0)	39.2 (18.5 to 65.0)
Southeast Asia, East Asia, and Oceania	2,014.3 (1,604.5 to 2,537.0)	26.6 (15.1 to 42.1)	25.5 (13.7 to 40.2)
Sub-Saharan Africa	7,298.0 (5,804.6 to 9,762.6)	47.8 (43.5 to 52.6)	18.6 (16.7 to 21.1)
COUNTRY			
Afghanistan	6.6 (5.6 to 8.8)	26.0 (20.6 to 34.4)	36.5 (34.5 to 39.3)
Albania	1.7 (1.2 to 2.3)	71.8 (66.8 to 74.7)	2.1 (0.3 to 7.9)
Algeria	19.0 (13.2 to 29.5)	87.0 (83.7 to 88.7)	9.3 (3.3 to 18.8)
American Samoa	0.3 (0.2 to 0.4)	41.7 (13.9 to 59.3)	20.5 (7.9 to 38.7)
Angola	97.4 (73.1 to 128.2)	35.0 (24.2 to 52.5)	24.4 (15.6 to 32.6)
Argentina	430.0 (298.5 to 592.9)	39.5 (36.6 to 42.6)	0.9 (0.4 to 1.9)
Armenia	5.7 (4.7 to 7.1)	32.1 (30.5 to 33.5)	25.9 (24.3 to 31.0)
Azerbaijan	11.3 (8.1 to 16.4)	17.7 (14.1 to 22.6)	56.2 (55.2 to 57.1)
Bangladesh	13.1 (10.9 to 15.8)	17.4 (11.8 to 34.5)	29.2 (12.8 to 50.7)
Belarus	20.6 (15.6 to 26.4)	13.6 (9.3 to 19.8)	62.6 (58.6 to 65.6)
Belize	2.1 (1.5 to 3.1)	15.3 (7.7 to 25.1)	54.6 (42.8 to 60.3)
Benin	21.3 (19.2 to 24.4)	26.9 (25.1 to 29.7)	32.9 (28.8 to 37.2)
Bhutan	1.7 (1.5 to 2.2)	29.4 (20.2 to 41.4)	21.3 (10.2 to 37.4)
Bolivia	13.4 (9.0 to 20.5)	47.2 (37.0 to 54.8)	24.1 (19.5 to 30.6)
Bosnia and Herzegovina	5.0 (3.6 to 7.0)	68.5 (62.0 to 72.1)	4.3 (3.2 to 8.6)
Botswana	254.9 (176.6 to 363.2)	41.1 (33.0 to 45.2)	7.5 (5.7 to 10.7)
Brazil	2,532.5 (1,544.6 to 4,250.3)	61.7 (44.9 to 71.0)	8.1 (1.1 to 22.6)
Bulgaria	8.2 (5.9 to 11.4)	40.3 (32.7 to 45.1)	3.7 (3.0 to 6.5)
Burkina Faso	30.5 (21.7 to 44.6)	33.1 (27.8 to 38.2)	37.1 (31.3 to 42.2)
Burundi	26.0 (24.6 to 28.5)	28.2 (28.0 to 28.6)	21.8 (20.6 to 23.5)
Cambodia	33.5 (30.3 to 38.1)	23.0 (20.9 to 25.6)	23.2 (20.6 to 27.2)
Cameroon	67.4 (58.6 to 84.4)	55.0 (54.0 to 55.6)	18.3 (17.5 to 18.8)
Cape Verde	1.4 (1.0 to 2.1)	43.2 (29.2 to 55.7)	13.3 (4.1 to 26.3)
Central African Republic	10.4 (10.1 to 11.0)	6.6 (4.8 to 9.5)	5.5 (4.9 to 6.7)
Chad	15.3 (12.6 to 20.5)	30.6 (27.0 to 33.3)	33.1 (29.7 to 36.3)
China	1,127.6 (864.4 to 1,465.7)	14.7 (2.7 to 34.6)	31.5 (14.7 to 50.7)
Colombia	134.1 (93.4 to 186.3)	47.4 (30.5 to 62.0)	3.9 (0.9 to 11.2)
Comoros	1.8 (1.7 to 2.1)	21.4 (20.1 to 24.2)	37.6 (33.6 to 41.2)
Congo	24.3 (18.6 to 31.8)	30.3 (13.5 to 47.5)	31.5 (21.8 to 44.0)
Costa Rica	35.0 (27.1 to 47.3)	52.0 (26.7 to 65.1)	28.9 (10.8 to 50.2)
Côte d'Ivoire	130.7 (121.4 to 147.4)	52.7 (52.4 to 52.9)	15.3 (15.0 to 15.7)
Croatia	14.1 (10.2 to 19.5)	85.4 (82.2 to 87.0)	2.1 (0.3 to 6.9)

Fraction of HIV/AIDS care and treatment spending on HIV/AIDS DAH care and treatment (%)	Fraction of HIV/AIDS care and treatment spending on HIV/AIDS prevention (%)	HIV/AIDS government spending (millions of $USD)	Potential HIV/AIDS government spending (millions of $USD)
6.9 (3.4 to 12.8)	8.7 (3.0 to 19.6)	8,180.0 (5,376.3 to 11,956.4)	10,158.1 (7,225.1 to 14,234.0)
65.2 (42.8 to 85.2)	43.0 (22.8 to 68.0)	1,221.1 (754.9 to 1,896.9)	1,594.4 (947.2 to 2,576.6)
86.3 (73.1 to 94.9)	74.3 (56.2 to 89.2)	307.7 (155.6 to 547.8)	390.5 (205.2 to 685.9)
6.7 (3.5 to 11.9)	14.3 (5.5 to 33.1)	759.5 (458.6 to 1,213.5)	896.2 (514.8 to 1,483.5)
3.8 (1.9 to 7.1)	8.3 (1.9 to 21.2)	3,377.5 (2,298.7 to 4,649.8)	1,107.6 (728.6 to 1,650.0)
4.6 (2.1 to 8.8)	6.9 (3.3 to 13.5)	343.7 (197.7 to 569.6)	40.1 (24.0 to 63.5)
34.2 (8.4 to 74.3)	10.5 (3.3 to 22.8)	353.4 (232.3 to 531.9)	387.1 (254.7 to 579.6)
12.6 (5.6 to 24.7)	12.1 (5.4 to 24.8)	1,701.1 (1,304.7 to 2,205.6)	7,368.5 (5,578.6 to 9,712.5)
56.0 (37.0 to 75.3)	59.1 (37.6 to 80.2)	2,746.3 (1,498.9 to 4,641.3)	2,040.7 (1,067.2 to 3,589.8)
49.0 (26.6 to 69.6)	74.1 (50.5 to 90.5)	0.6 (0.2 to 0.9)	1.3 (0.5 to 2.2)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	1.6 (1.1 to 2.2)	2.7 (1.9 to 3.8)
0.0 (0.0 to 0.0)	0.1 (0.0 to 0.2)	18.8 (13.0 to 29.3)	0.0 (0.0 to 0.0)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.3 (0.2 to 0.4)	0.0 (0.0 to 0.0)
47.7 (21.7 to 83.7)	14.8 (7.7 to 28.4)	67.6 (43.2 to 98.4)	0.0 (0.0 to 0.0)
0.0 (0.0 to 0.0)	1.0 (0.3 to 2.6)	427.4 (296.0 to 589.4)	302.8 (209.7 to 417.5)
55.8 (42.0 to 69.2)	79.4 (52.0 to 97.1)	2.6 (1.7 to 4.1)	3.2 (2.1 to 4.9)
42.3 (21.7 to 68.8)	43.2 (28.9 to 58.3)	6.9 (3.7 to 11.9)	3.4 (1.8 to 5.8)
59.0 (21.7 to 92.0)	30.8 (11.9 to 67.9)	5.8 (3.9 to 8.5)	7.5 (5.0 to 11.0)
26.2 (12.8 to 46.4)	15.3 (11.1 to 21.2)	15.1 (10.7 to 20.6)	0.0 (0.0 to 0.0)
18.2 (6.3 to 41.6)	2.7 (1.6 to 4.5)	1.7 (1.1 to 2.5)	0.9 (0.6 to 1.4)
80.4 (62.9 to 94.3)	70.2 (53.5 to 87.8)	4.7 (2.7 to 7.7)	1.8 (1.0 to 2.9)
54.7 (28.5 to 85.7)	38.0 (14.3 to 77.6)	0.8 (0.5 to 1.2)	0.0 (0.0 to 0.0)
28.2 (15.0 to 49.5)	28.7 (13.8 to 48.5)	8.5 (4.7 to 14.3)	15.7 (8.6 to 26.4)
3.3 (2.2 to 4.9)	58.3 (17.9 to 92.6)	4.4 (3.0 to 6.4)	0.0 (0.0 to 0.0)
28.7 (17.9 to 49.3)	30.6 (13.7 to 53.0)	196.0 (124.7 to 279.5)	0.0 (0.0 to 0.0)
0.0 (0.0 to 0.0)	1.9 (0.2 to 8.8)	2,163.6 (1,490.5 to 2,863.7)	0.0 (0.0 to 0.0)
10.3 (6.3 to 16.8)	64.9 (23.7 to 93.7)	7.0 (4.8 to 10.2)	11.0 (7.4 to 15.9)
34.8 (19.8 to 55.0)	36.3 (20.7 to 57.3)	12.3 (5.0 to 25.2)	0.0 (0.0 to 0.0)
89.0 (79.6 to 94.7)	80.8 (68.0 to 90.0)	2.4 (1.0 to 4.9)	1.4 (0.6 to 3.0)
74.8 (58.6 to 90.2)	62.0 (46.1 to 76.3)	7.1 (4.2 to 11.1)	45.3 (26.7 to 70.1)
80.9 (65.8 to 91.3)	83.9 (69.7 to 93.2)	12.3 (5.2 to 26.0)	28.2 (11.9 to 59.5)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	1.3 (0.9 to 2.0)	0.7 (0.5 to 1.0)
66.8 (42.2 to 90.4)	80.9 (62.2 to 92.5)	0.6 (0.4 to 0.9)	0.3 (0.2 to 0.4)
56.9 (38.1 to 76.6)	56.8 (37.7 to 75.0)	6.0 (3.3 to 10.9)	0.0 (0.0 to 0.0)
0.2 (0.0 to 0.8)	0.4 (0.2 to 1.0)	1,114.7 (854.3 to 1,453.0)	6,783.3 (5,198.5 to 8,842.1)
0.0 (0.0 to 0.1)	11.5 (1.6 to 41.3)	86.0 (49.9 to 135.9)	184.3 (106.9 to 291.0)
82.7 (62.4 to 96.2)	72.1 (56.2 to 88.2)	0.2 (0.1 to 0.4)	0.2 (0.1 to 0.5)
13.8 (5.6 to 33.7)	25.3 (12.8 to 44.0)	18.7 (13.2 to 26.1)	0.0 (0.0 to 0.0)
2.8 (1.5 to 6.3)	9.5 (3.2 to 25.4)	24.8 (20.6 to 29.9)	83.2 (68.9 to 100.2)
85.7 (75.5 to 91.9)	81.6 (70.0 to 89.3)	17.8 (10.3 to 29.8)	77.2 (44.8 to 129.1)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	14.0 (10.2 to 19.3)	9.4 (6.8 to 13.0)

TABLE B7, CONTINUED

Health spending on HIV/AIDS, 2016

	HIV/AIDS spending (millions of $USD)	Fraction of HIV/AIDS spending on care and treatment (%)	Fraction of HIV/AIDS spending on prevention (%)
Cuba	143.2 (101.6 to 197.6)	24.7 (18.7 to 29.4)	22.1 (8.1 to 36.2)
Democratic Republic of the Congo	144.4 (122.4 to 190.2)	41.4 (40.8 to 43.3)	26.2 (24.2 to 29.3)
Djibouti	2.3 (2.0 to 2.8)	28.5 (23.1 to 36.3)	29.0 (24.1 to 34.2)
Dominica	0.4 (0.3 to 0.5)	25.1 (12.3 to 39.4)	19.8 (7.4 to 33.7)
Dominican Republic	68.2 (47.0 to 103.0)	38.6 (30.7 to 44.6)	23.8 (11.1 to 37.8)
Ecuador	20.9 (14.9 to 28.8)	56.1 (49.1 to 68.9)	32.5 (15.0 to 43.0)
Egypt	19.8 (12.0 to 32.1)	26.7 (15.7 to 36.6)	60.3 (47.2 to 67.9)
El Salvador	58.8 (46.0 to 76.3)	38.6 (21.5 to 49.7)	26.1 (20.8 to 33.0)
Equatorial Guinea	8.4 (3.9 to 16.4)	37.1 (16.7 to 48.4)	30.9 (20.5 to 43.1)
Eritrea	11.7 (11.1 to 13.0)	24.4 (20.7 to 28.4)	36.6 (32.4 to 40.7)
Ethiopia	291.7 (272.5 to 323.7)	42.0 (41.5 to 43.3)	26.3 (24.1 to 30.1)
Federated States of Micronesia	0.2 (0.2 to 0.4)	21.6 (5.0 to 39.4)	12.9 (7.7 to 20.7)
Fiji	0.7 (0.4 to 1.1)	49.7 (27.4 to 65.7)	7.8 (2.5 to 16.3)
Gabon	17.3 (9.5 to 32.7)	32.8 (16.0 to 44.0)	20.1 (16.0 to 23.5)
Georgia	15.4 (12.8 to 19.1)	34.9 (26.5 to 42.5)	28.2 (18.0 to 39.1)
Ghana	97.6 (60.3 to 187.3)	51.7 (41.7 to 60.9)	20.3 (19.5 to 21.5)
Grenada	0.4 (0.3 to 0.6)	28.7 (13.3 to 39.6)	23.9 (8.3 to 39.2)
Guatemala	54.7 (41.0 to 72.3)	32.7 (21.3 to 41.5)	23.2 (14.7 to 32.7)
Guinea	30.7 (27.8 to 36.1)	32.3 (30.7 to 35.0)	31.3 (30.5 to 32.4)
Guinea-Bissau	5.3 (4.7 to 6.5)	55.0 (53.1 to 56.5)	11.5 (9.0 to 15.7)
Guyana	9.8 (7.6 to 13.3)	21.2 (13.7 to 28.8)	17.9 (11.2 to 26.2)
Haiti	98.6 (97.0 to 100.9)	62.7 (62.7 to 62.8)	8.4 (8.3 to 9.0)
Honduras	25.6 (19.3 to 33.1)	41.3 (21.5 to 57.6)	15.2 (5.3 to 30.4)
India	486.8 (346.7 to 695.7)	13.0 (5.8 to 29.2)	40.2 (18.6 to 67.3)
Indonesia	126.3 (105.2 to 154.8)	30.0 (13.6 to 46.7)	26.0 (16.1 to 41.1)
Iran	99.5 (57.5 to 160.3)	22.4 (17.4 to 29.2)	58.9 (48.9 to 65.3)
Iraq	6.8 (3.8 to 12.0)	55.9 (46.9 to 60.9)	29.1 (14.0 to 39.6)
Jamaica	24.0 (17.9 to 34.7)	27.2 (26.8 to 28.0)	20.9 (16.0 to 26.8)
Jordan	1.8 (1.3 to 2.8)	31.8 (23.0 to 40.3)	18.1 (10.0 to 27.5)
Kazakhstan	24.7 (17.0 to 37.1)	20.7 (16.7 to 24.3)	25.0 (12.1 to 34.7)
Kenya	759.8 (629.8 to 995.3)	43.9 (43.3 to 45.1)	23.6 (17.9 to 29.0)
Kiribati	0.1 (0.1 to 0.1)	17.2 (5.2 to 30.3)	38.9 (26.9 to 51.5)
Kyrgyzstan	16.0 (14.6 to 18.0)	12.9 (9.4 to 18.5)	24.6 (14.9 to 32.7)
Laos	6.7 (6.0 to 7.8)	20.0 (16.6 to 24.6)	27.6 (27.2 to 27.8)
Lebanon	9.4 (5.3 to 15.4)	86.5 (83.3 to 88.0)	8.1 (3.7 to 16.1)
Lesotho	81.5 (66.8 to 100.8)	49.2 (48.7 to 50.2)	14.8 (10.0 to 21.5)
Liberia	12.2 (10.3 to 15.3)	18.8 (10.7 to 27.1)	10.7 (4.1 to 19.7)
Libya	3.6 (2.0 to 6.0)	57.7 (47.5 to 64.7)	31.4 (18.1 to 44.5)
Macedonia	3.4 (2.7 to 4.2)	58.3 (51.3 to 63.8)	9.6 (9.0 to 12.5)
Madagascar	5.4 (4.3 to 7.6)	19.7 (16.2 to 27.4)	36.3 (28.6 to 45.3)
Malawi	201.7 (183.8 to 229.6)	36.5 (34.8 to 40.5)	20.5 (15.1 to 26.8)
Malaysia	58.4 (45.6 to 72.5)	55.4 (38.6 to 66.4)	14.7 (9.5 to 22.9)
Maldives	1.5 (1.2 to 2.0)	35.2 (20.8 to 48.3)	23.1 (13.1 to 35.1)
Mali	33.7 (29.9 to 40.0)	35.3 (33.6 to 37.5)	14.8 (11.9 to 18.8)

Fraction of HIV/AIDS care and treatment spending on HIV/AIDS DAH care and treatment (%)	Fraction of HIV/AIDS care and treatment spending on HIV/AIDS prevention (%)	HIV/AIDS government spending (millions of $USD)	Potential HIV/AIDS government spending (millions of $USD)
6.2 (3.5 to 10.8)	8.7 (3.0 to 25.7)	132.7 (92.6 to 183.3)	104.3 (72.8 to 144.1)
78.9 (56.0 to 92.5)	70.4 (45.7 to 87.6)	10.3 (3.4 to 20.3)	0.0 (0.0 to 0.0)
30.7 (19.0 to 43.1)	58.5 (39.4 to 81.0)	0.8 (0.5 to 1.1)	1.7 (1.1 to 2.5)
10.6 (4.2 to 24.9)	10.5 (3.5 to 29.6)	0.2 (0.1 to 0.3)	0.4 (0.2 to 0.6)
23.3 (12.5 to 39.6)	22.8 (7.6 to 58.1)	24.5 (16.1 to 36.1)	120.2 (78.7 to 176.8)
2.5 (1.4 to 3.9)	7.3 (3.4 to 18.9)	16.7 (11.4 to 23.8)	76.3 (52.2 to 108.9)
3.3 (1.2 to 7.7)	0.4 (0.2 to 0.8)	17.9 (11.0 to 27.1)	0.0 (0.0 to 0.0)
5.7 (3.1 to 11.8)	13.0 (7.5 to 19.9)	49.1 (38.5 to 61.9)	0.0 (0.0 to 0.0)
0.0 (0.0 to 0.0)	0.1 (0.0 to 0.2)	7.6 (3.8 to 13.1)	9.8 (4.9 to 17.1)
74.7 (57.1 to 92.3)	75.4 (60.2 to 89.7)	1.4 (0.9 to 2.0)	1.3 (0.8 to 1.9)
90.8 (79.3 to 97.8)	79.3 (62.2 to 91.9)	33.6 (14.9 to 65.0)	117.8 (52.1 to 227.4)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.2 (0.1 to 0.3)	0.0 (0.0 to 0.0)
0.0 (0.0 to 0.0)	1.3 (0.2 to 4.2)	0.6 (0.4 to 0.9)	0.0 (0.0 to 0.0)
0.0 (0.0 to 0.1)	1.0 (0.4 to 2.0)	14.2 (9.1 to 19.8)	1.5 (1.0 to 2.1)
34.3 (21.3 to 52.0)	49.3 (26.1 to 86.2)	8.2 (6.1 to 10.7)	1.6 (1.2 to 2.1)
22.0 (8.8 to 39.1)	54.7 (24.8 to 82.6)	26.1 (7.6 to 55.1)	19.6 (5.7 to 41.5)
10.8 (4.9 to 25.5)	11.3 (3.9 to 32.4)	0.3 (0.2 to 0.3)	0.4 (0.3 to 0.5)
14.9 (8.3 to 28.4)	34.5 (16.6 to 66.4)	37.9 (26.6 to 53.1)	24.3 (17.1 to 34.1)
78.6 (61.4 to 90.4)	84.8 (69.5 to 95.5)	3.4 (1.7 to 5.9)	4.9 (2.5 to 8.6)
87.4 (73.4 to 95.7)	61.5 (35.0 to 85.4)	1.0 (0.4 to 2.0)	0.9 (0.4 to 1.9)
33.7 (16.8 to 62.1)	42.0 (19.2 to 78.3)	4.0 (2.3 to 6.5)	4.1 (2.3 to 6.7)
96.9 (94.6 to 98.3)	96.1 (87.9 to 99.5)	3.5 (2.0 to 5.3)	4.6 (2.7 to 7.0)
3.5 (1.7 to 7.9)	12.8 (3.6 to 35.8)	14.9 (9.6 to 22.0)	0.0 (0.0 to 0.0)
33.1 (7.5 to 75.3)	7.5 (2.3 to 16.6)	334.4 (221.8 to 496.4)	371.1 (246.1 to 550.9)
24.6 (11.2 to 56.6)	37.1 (17.5 to 65.8)	83.8 (62.7 to 112.3)	213.4 (159.6 to 285.8)
3.0 (1.2 to 5.9)	3.4 (1.7 to 6.5)	94.4 (53.4 to 153.1)	0.0 (0.0 to 0.0)
0.0 (0.0 to 0.1)	0.0 (0.0 to 0.0)	5.2 (3.2 to 8.1)	0.7 (0.4 to 1.1)
62.7 (40.9 to 82.2)	32.0 (16.1 to 52.6)	9.7 (5.2 to 16.7)	27.9 (14.9 to 47.9)
8.0 (3.7 to 14.7)	15.5 (5.5 to 35.0)	1.2 (0.6 to 2.0)	4.6 (2.5 to 7.9)
15.8 (8.2 to 26.5)	19.3 (7.7 to 48.3)	21.1 (13.4 to 33.6)	0.0 (0.0 to 0.0)
77.0 (56.5 to 93.1)	49.9 (30.1 to 76.1)	146.0 (82.7 to 233.6)	29.6 (16.8 to 47.4)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.1 (0.0 to 0.1)	0.0 (0.0 to 0.0)
53.1 (31.6 to 77.0)	35.6 (22.5 to 60.9)	5.0 (3.7 to 6.8)	0.0 (0.0 to 0.0)
55.3 (38.0 to 72.8)	86.8 (73.9 to 95.7)	1.4 (0.7 to 2.4)	1.3 (0.6 to 2.3)
0.2 (0.1 to 0.3)	6.9 (1.5 to 19.5)	8.9 (5.1 to 14.0)	10.2 (5.8 to 16.1)
68.8 (53.1 to 82.5)	47.8 (24.9 to 79.8)	29.8 (15.1 to 49.1)	1.1 (0.6 to 1.9)
17.4 (8.9 to 33.2)	9.6 (3.4 to 24.0)	1.5 (0.5 to 3.1)	0.3 (0.1 to 0.6)
0.6 (0.3 to 1.3)	4.1 (1.4 to 10.3)	3.4 (1.9 to 5.5)	3.7 (2.1 to 6.0)
11.1 (8.1 to 15.6)	83.4 (50.3 to 98.2)	2.3 (1.6 to 3.0)	0.2 (0.1 to 0.3)
60.1 (29.2 to 87.7)	49.2 (26.5 to 75.0)	2.0 (0.9 to 4.2)	0.0 (0.0 to 0.0)
83.4 (65.6 to 95.4)	54.4 (35.4 to 78.1)	25.2 (13.6 to 42.3)	0.0 (0.0 to 0.0)
1.1 (0.7 to 2.0)	6.8 (3.2 to 12.4)	55.7 (43.1 to 69.6)	71.2 (55.1 to 89.0)
34.6 (17.1 to 67.5)	24.9 (10.8 to 49.3)	0.9 (0.6 to 1.4)	1.1 (0.7 to 1.8)
71.7 (56.6 to 84.7)	43.8 (28.7 to 59.8)	7.9 (4.5 to 12.4)	0.0 (0.0 to 0.0)

TABLE B7, CONTINUED

Health spending on HIV/AIDS, 2016

	HIV/AIDS spending (millions of $USD)	Fraction of HIV/AIDS spending on care and treatment (%)	Fraction of HIV/AIDS spending on prevention (%)
Marshall Islands	0.2 (0.1 to 0.4)	31.2 (10.2 to 46.8)	30.3 (17.3 to 42.2)
Mauritania	3.5 (3.0 to 4.3)	41.0 (36.2 to 46.3)	12.2 (11.5 to 15.1)
Mauritius	9.3 (6.4 to 13.4)	43.0 (28.4 to 53.9)	19.5 (11.5 to 27.8)
Mexico	522.7 (383.5 to 711.0)	54.7 (50.4 to 58.4)	13.4 (10.9 to 15.4)
Moldova	8.3 (6.6 to 11.1)	33.9 (27.9 to 40.4)	17.8 (16.7 to 20.1)
Mongolia	2.6 (2.1 to 3.3)	28.3 (20.3 to 37.8)	40.4 (29.3 to 49.0)
Montenegro	1.8 (1.2 to 2.6)	75.0 (69.9 to 76.6)	2.2 (0.3 to 8.2)
Morocco	15.8 (13.2 to 19.8)	30.8 (24.5 to 36.7)	45.7 (39.2 to 49.5)
Mozambique	377.2 (367.4 to 395.7)	38.2 (37.9 to 38.7)	11.2 (10.6 to 12.2)
Myanmar	76.1 (73.1 to 80.0)	21.1 (19.0 to 23.9)	28.4 (27.4 to 30.4)
Namibia	189.2 (140.4 to 266.3)	43.8 (30.0 to 55.3)	22.7 (9.1 to 39.4)
Nepal	9.3 (7.1 to 14.6)	27.5 (13.8 to 43.8)	18.2 (9.1 to 31.6)
Nicaragua	36.6 (31.0 to 43.1)	19.4 (14.0 to 25.9)	30.7 (24.1 to 37.5)
Niger	10.0 (8.8 to 12.5)	21.5 (17.9 to 27.3)	30.6 (27.6 to 34.6)
Nigeria	360.0 (329.0 to 412.6)	50.2 (49.1 to 51.0)	17.7 (16.8 to 19.6)
North Korea	3.4 (2.7 to 4.3)	32.7 (7.9 to 59.6)	11.9 (4.1 to 27.2)
Pakistan	22.9 (17.6 to 34.6)	24.4 (17.2 to 37.4)	32.1 (25.5 to 41.0)
Palestine	2.9 (2.1 to 4.4)	52.7 (37.9 to 59.7)	34.7 (17.9 to 45.3)
Panama	48.0 (30.5 to 71.0)	49.0 (38.4 to 55.8)	27.0 (21.3 to 33.9)
Papua New Guinea	68.1 (62.1 to 76.1)	13.6 (6.4 to 21.7)	5.6 (4.1 to 9.5)
Paraguay	13.6 (8.4 to 21.8)	45.2 (27.8 to 58.6)	3.0 (1.3 to 6.3)
Peru	64.4 (34.7 to 115.0)	45.2 (24.3 to 57.1)	35.5 (20.0 to 48.7)
Philippines	10.7 (7.7 to 14.8)	13.8 (6.6 to 21.9)	54.0 (49.0 to 58.0)
Romania	93.9 (68.6 to 124.4)	82.4 (81.3 to 83.1)	0.6 (0.2 to 1.8)
Russia	495.1 (280.7 to 827.3)	34.6 (22.4 to 43.3)	23.8 (10.8 to 35.1)
Rwanda	142.2 (127.7 to 163.1)	45.6 (45.3 to 46.9)	27.0 (21.8 to 32.3)
Saint Lucia	0.6 (0.4 to 0.8)	30.0 (14.0 to 42.0)	24.8 (9.3 to 38.6)
Saint Vincent and the Grenadines	0.7 (0.5 to 1.2)	10.1 (5.4 to 16.9)	8.7 (3.8 to 18.5)
Samoa	0.6 (0.4 to 0.8)	13.3 (6.8 to 24.0)	11.7 (2.5 to 28.0)
Sao Tome and Principe	0.4 (0.4 to 0.6)	32.9 (29.4 to 36.6)	30.4 (28.1 to 33.2)
Senegal	21.4 (18.7 to 26.1)	22.5 (18.2 to 27.7)	24.6 (19.6 to 30.6)
Serbia	9.0 (6.5 to 12.4)	70.9 (69.5 to 71.8)	2.4 (1.3 to 6.1)
Sierra Leone	15.8 (15.4 to 16.5)	28.2 (27.6 to 29.0)	29.5 (29.0 to 30.4)
Solomon Islands	0.2 (0.2 to 0.3)	26.1 (7.6 to 44.8)	26.4 (11.4 to 42.7)
Somalia	0.5 (0.4 to 0.8)	6.8 (4.0 to 11.7)	43.4 (36.3 to 54.9)
South Africa	2,187.5 (1,347.8 to 3,548.6)	58.4 (50.3 to 64.7)	11.4 (10.5 to 12.9)
South Sudan	14.9 (14.3 to 16.4)	51.1 (49.9 to 51.8)	13.9 (10.7 to 18.3)
Sri Lanka	7.7 (5.7 to 10.7)	8.4 (7.5 to 12.1)	46.2 (42.2 to 53.7)
Sudan	17.5 (15.6 to 20.5)	30.6 (25.5 to 37.2)	33.7 (31.5 to 36.8)
Suriname	2.5 (1.7 to 3.4)	50.8 (40.7 to 58.5)	23.1 (7.6 to 37.4)
Swaziland	126.7 (99.0 to 167.7)	39.5 (35.4 to 47.1)	19.3 (17.2 to 26.2)
Syria	1.8 (1.4 to 2.5)	36.7 (27.5 to 45.4)	41.1 (33.1 to 48.8)
Tajikistan	14.1 (13.1 to 15.3)	23.5 (20.9 to 27.5)	38.2 (31.6 to 42.6)
Tanzania	449.0 (430.8 to 480.6)	48.4 (48.3 to 48.6)	27.9 (26.3 to 29.8)

Fraction of HIV/AIDS care and treatment spending on HIV/AIDS DAH care and treatment (%)	Fraction of HIV/AIDS care and treatment spending on HIV/AIDS prevention (%)	HIV/AIDS government spending (millions of $USD)	Potential HIV/AIDS government spending (millions of $USD)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.2 (0.1 to 0.3)	0.0 (0.0 to 0.0)
51.6 (37.0 to 68.5)	81.5 (53.9 to 96.9)	1.2 (0.7 to 1.9)	1.6 (0.9 to 2.6)
5.7 (2.9 to 11.4)	20.6 (8.8 to 44.1)	8.0 (5.2 to 12.0)	4.3 (2.8 to 6.4)
0.0 (0.0 to 0.0)	0.2 (0.1 to 0.3)	414.5 (287.4 to 594.3)	286.6 (198.7 to 410.9)
31.3 (18.8 to 46.0)	89.5 (68.1 to 98.5)	3.9 (2.2 to 6.8)	4.9 (2.8 to 8.4)
40.0 (22.3 to 64.5)	46.1 (28.4 to 74.4)	1.1 (0.7 to 1.6)	0.1 (0.1 to 0.2)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	1.8 (1.2 to 2.5)	0.0 (0.0 to 0.0)
18.6 (12.1 to 27.2)	38.2 (27.3 to 52.4)	8.7 (6.6 to 11.5)	8.4 (6.4 to 11.1)
93.3 (87.8 to 96.4)	85.4 (74.4 to 92.8)	21.7 (11.8 to 40.5)	67.0 (36.5 to 124.9)
82.7 (69.3 to 95.3)	88.2 (78.3 to 95.0)	5.0 (2.5 to 8.7)	33.6 (16.6 to 58.0)
40.8 (20.8 to 74.0)	27.4 (8.6 to 70.2)	122.3 (81.5 to 179.0)	0.0 (0.0 to 0.0)
29.5 (9.7 to 64.3)	35.3 (10.3 to 74.7)	1.4 (0.5 to 3.0)	3.9 (1.3 to 8.2)
16.9 (10.2 to 26.3)	17.9 (12.0 to 26.1)	19.5 (14.6 to 24.7)	22.2 (16.7 to 28.2)
63.3 (38.7 to 84.4)	71.2 (49.6 to 88.7)	1.6 (0.6 to 3.4)	1.6 (0.6 to 3.3)
88.9 (79.2 to 95.6)	83.3 (65.6 to 95.5)	57.4 (28.3 to 104.7)	232.9 (115.0 to 425.0)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	2.9 (2.6 to 3.3)	3.0 (2.6 to 3.4)
37.4 (14.3 to 61.8)	57.0 (27.6 to 87.6)	11.0 (5.7 to 22.8)	4.6 (2.4 to 9.5)
0.9 (0.5 to 1.6)	4.3 (1.9 to 10.3)	2.5 (1.9 to 3.2)	0.0 (0.0 to 0.0)
0.2 (0.1 to 0.4)	0.4 (0.2 to 0.7)	42.3 (27.6 to 63.3)	44.5 (29.0 to 66.6)
21.4 (10.7 to 44.7)	65.4 (32.3 to 92.0)	14.4 (8.6 to 22.5)	0.0 (0.0 to 0.0)
0.3 (0.1 to 0.7)	7.7 (1.7 to 21.1)	7.9 (4.3 to 13.1)	21.3 (11.7 to 35.4)
0.1 (0.0 to 0.3)	1.1 (0.4 to 2.9)	56.5 (30.0 to 107.6)	84.6 (44.9 to 161.0)
15.6 (5.9 to 36.9)	4.5 (2.9 to 6.6)	8.8 (6.3 to 12.3)	39.2 (28.0 to 55.3)
0.0 (0.0 to 0.0)	30.7 (4.7 to 71.5)	93.6 (68.3 to 123.9)	0.0 (0.0 to 0.0)
0.3 (0.1 to 0.7)	0.8 (0.2 to 2.3)	490.9 (276.6 to 824.5)	726.7 (409.5 to 1,220.4)
82.9 (70.1 to 91.5)	54.5 (38.9 to 73.5)	32.1 (17.8 to 53.5)	0.0 (0.0 to 0.0)
8.0 (3.4 to 19.9)	9.6 (3.4 to 27.2)	0.4 (0.2 to 0.5)	0.8 (0.5 to 1.0)
19.3 (5.7 to 45.8)	21.8 (4.6 to 57.1)	0.6 (0.3 to 1.0)	0.0 (0.0 to 0.0)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.3 (0.2 to 0.5)	0.1 (0.0 to 0.1)
70.7 (49.2 to 88.7)	76.5 (54.7 to 93.1)	0.1 (0.1 to 0.2)	0.0 (0.0 to 0.0)
62.4 (40.4 to 85.7)	58.5 (37.3 to 81.5)	5.0 (2.0 to 10.0)	6.9 (2.8 to 14.0)
0.0 (0.0 to 0.0)	43.5 (9.2 to 84.2)	8.8 (6.3 to 12.2)	21.8 (15.7 to 30.3)
93.3 (86.8 to 97.6)	94.0 (87.3 to 97.9)	0.7 (0.4 to 1.4)	3.5 (1.7 to 6.4)
0.0 (0.0 to 0.0)	0.9 (0.3 to 2.5)	0.2 (0.1 to 0.3)	0.0 (0.0 to 0.0)
42.2 (14.2 to 75.5)	50.8 (25.0 to 70.6)	0.1 (0.1 to 0.1)	0.0 (0.0 to 0.0)
18.3 (9.4 to 31.7)	28.7 (14.4 to 46.9)	1,641.6 (878.5 to 2,833.2)	1,153.5 (617.3 to 1,991.0)
91.9 (82.4 to 98.1)	64.0 (42.9 to 84.4)	0.9 (0.7 to 1.1)	18.1 (13.4 to 22.8)
65.3 (31.0 to 90.9)	40.4 (24.4 to 57.0)	4.2 (2.3 to 7.0)	15.7 (8.5 to 26.4)
54.8 (37.8 to 72.7)	76.5 (59.3 to 91.5)	3.0 (1.4 to 5.4)	5.0 (2.4 to 9.1)
0.1 (0.1 to 0.1)	0.7 (0.2 to 2.4)	2.3 (1.6 to 3.1)	1.2 (0.8 to 1.6)
68.2 (42.2 to 92.9)	71.2 (38.2 to 94.3)	55.4 (29.1 to 94.0)	0.0 (0.0 to 0.0)
15.8 (8.8 to 26.3)	42.7 (25.1 to 67.4)	1.1 (0.7 to 1.7)	2.4 (1.5 to 3.8)
74.8 (57.9 to 89.2)	63.7 (51.7 to 81.9)	3.5 (2.6 to 4.7)	0.0 (0.0 to 0.0)
92.1 (86.3 to 95.6)	81.6 (71.5 to 90.0)	41.6 (27.4 to 59.2)	59.7 (39.3 to 84.9)

TABLE B7, CONTINUED

Health spending on HIV/AIDS, 2016

	HIV/AIDS spending (millions of $USD)	Fraction of HIV/AIDS spending on care and treatment (%)	Fraction of HIV/AIDS spending on prevention (%)
Thailand	373.4 (303.4 to 451.7)	56.7 (41.7 to 67.9)	9.3 (4.2 to 17.3)
The Gambia	4.6 (4.5 to 5.0)	30.5 (29.0 to 32.3)	31.2 (30.2 to 32.4)
Timor-Leste	3.0 (2.4 to 3.8)	24.6 (16.9 to 33.3)	29.1 (26.8 to 33.3)
Togo	24.8 (20.8 to 32.0)	31.2 (28.4 to 35.9)	30.3 (28.5 to 34.0)
Tonga	0.1 (0.1 to 0.1)	20.6 (4.0 to 41.7)	29.0 (14.6 to 46.0)
Tunisia	7.9 (6.2 to 10.7)	48.9 (44.7 to 52.2)	37.6 (33.7 to 40.6)
Turkey	173.8 (95.4 to 304.3)	32.3 (22.1 to 41.2)	52.1 (38.2 to 60.6)
Turkmenistan	9.3 (5.9 to 14.1)	29.9 (15.2 to 40.4)	38.6 (16.1 to 53.8)
Uganda	457.3 (413.0 to 528.5)	45.3 (44.5 to 46.8)	24.0 (21.2 to 28.4)
Ukraine	109.6 (84.3 to 146.0)	38.3 (30.7 to 46.2)	8.4 (3.2 to 16.1)
Uzbekistan	20.4 (17.0 to 26.1)	18.7 (17.0 to 23.1)	48.8 (38.8 to 55.6)
Vanuatu	0.1 (0.1 to 0.2)	27.2 (7.3 to 44.0)	13.1 (4.3 to 26.7)
Venezuela	273.8 (174.8 to 409.1)	40.2 (24.8 to 57.7)	1.6 (0.2 to 5.6)
Vietnam	106.0 (86.4 to 137.2)	42.1 (37.6 to 46.3)	29.9 (23.1 to 37.8)
Yemen	2.5 (1.3 to 4.5)	49.9 (38.2 to 59.3)	35.2 (26.3 to 43.9)
Zambia	267.5 (250.7 to 296.7)	51.6 (50.9 to 52.5)	18.2 (15.4 to 22.2)
Zimbabwe	260.2 (234.2 to 303.2)	33.8 (31.2 to 37.4)	28.0 (26.7 to 31.1)

Uncertainty intervals included in parentheses.

Income groups are 2018 World Bank income groups.

Source: *Financing Global Health Database 2018*

Fraction of HIV/AIDS care and treatment spending on HIV/AIDS DAH care and treatment (%)	Fraction of HIV/AIDS care and treatment spending on HIV/AIDS prevention (%)	HIV/AIDS government spending (millions of $USD)	Potential HIV/AIDS government spending (millions of $USD)
0.1 (0.1 to 0.2)	0.7 (0.3 to 1.7)	367.7 (298.2 to 444.5)	0.0 (0.0 to 0.0)
85.8 (75.7 to 93.4)	90.3 (80.9 to 96.9)	0.5 (0.3 to 0.8)	0.2 (0.1 to 0.3)
45.4 (24.4 to 77.2)	63.3 (42.0 to 83.3)	1.3 (0.7 to 2.1)	2.0 (1.1 to 3.3)
68.7 (45.3 to 88.4)	74.5 (50.4 to 93.1)	4.5 (2.2 to 8.1)	0.0 (0.0 to 0.0)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.1 (0.0 to 0.1)	0.0 (0.0 to 0.0)
2.8 (1.9 to 3.9)	11.8 (8.0 to 16.4)	5.0 (2.9 to 8.0)	3.9 (2.3 to 6.2)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	172.5 (95.2 to 298.8)	0.0 (0.0 to 0.0)
0.5 (0.2 to 1.4)	0.0 (0.0 to 0.1)	8.0 (5.3 to 12.0)	0.0 (0.0 to 0.0)
85.6 (71.5 to 95.9)	73.6 (53.1 to 91.0)	35.1 (10.7 to 77.2)	13.5 (4.1 to 29.6)
21.9 (12.9 to 33.8)	16.7 (5.0 to 43.1)	51.2 (29.9 to 81.9)	106.7 (62.4 to 170.6)
69.6 (42.7 to 89.6)	50.8 (33.9 to 74.4)	8.6 (5.4 to 14.4)	4.7 (2.9 to 7.8)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.1 (0.0 to 0.1)	0.0 (0.0 to 0.0)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	255.6 (161.3 to 386.8)	0.0 (0.0 to 0.0)
65.2 (44.7 to 87.6)	36.3 (21.3 to 55.1)	23.4 (11.7 to 40.6)	154.9 (77.5 to 268.6)
4.2 (1.7 to 8.9)	17.7 (6.6 to 37.6)	0.7 (0.4 to 0.9)	0.0 (0.0 to 0.0)
90.3 (80.5 to 97.4)	75.3 (55.0 to 93.4)	30.6 (14.1 to 59.2)	105.3 (48.6 to 203.9)
78.5 (60.1 to 93.2)	84.2 (64.7 to 97.1)	43.3 (23.1 to 72.8)	78.2 (41.8 to 131.7)

TABLE B8

Health spending in 2016, 2030, and 2050

	2016		2030	
	Health spending per person with uncertainty interval ($USD)	Health spending per GDP (%)	Health spending per person ($USD)	Health spending per GDP (%)
GLOBAL	**1,077 (1,058 to 1,096)**	**8.6 (8.4 to 8.7)**	**1,264 (1,221 to 1,308)**	**8.9 (8.4 to 9.4)**
WORLD BANK INCOME GROUP				
High-income	5,252 (5,184 to 5,319)	10.8 (10.6 to 10.9)	6,313 (6,140 to 6,490)	11.8 (10.9 to 12.7)
Upper-middle-income	491 (461 to 524)	5.0 (4.7 to 5.3)	772 (708 to 840)	5.6 (5.0 to 6.3)
Lower-middle-income	81 (74 to 89)	3.2 (2.9 to 3.5)	121 (108 to 135)	3.4 (3.0 to 3.8)
Low-income	40 (38 to 43)	5.1 (4.9 to 5.4)	48 (44 to 51)	5.0 (4.6 to 5.4)
GBD SUPER-REGION				
Central Europe, Eastern Europe, and Central Asia	530 (505 to 555)	4.3 (4.1 to 4.5)	689 (645 to 735)	5.0 (4.5 to 5.5)
Global Burden of Disease high-income	5,874 (5,798 to 5,950)	11.2 (11.1 to 11.4)	7,060 (6,865 to 7,262)	12.3 (11.4 to 13.2)
Latin America and Caribbean	693 (658 to 728)	6.4 (6.1 to 6.7)	798 (757 to 842)	6.7 (6.3 to 7.1)
North Africa and Middle East	336 (320 to 352)	3.7 (3.5 to 3.9)	382 (363 to 403)	3.9 (3.7 to 4.1)
South Asia	59 (49 to 71)	3.0 (2.5 to 3.5)	98 (81 to 119)	3.2 (2.6 to 3.8)
Southeast Asia, East Asia, and Oceania	350 (319 to 385)	4.7 (4.3 to 5.1)	649 (580 to 725)	5.5 (4.8 to 6.3)
Sub-Saharan Africa	80 (75 to 86)	4.1 (3.9 to 4.3)	88 (82 to 95)	4.1 (3.8 to 4.5)
COUNTRY				
Afghanistan	56 (43 to 71)	7.4 (5.9 to 9.4)	70 (53 to 90)	7.7 (5.9 to 10.0)
Albania	330 (292 to 371)	6.0 (5.3 to 6.7)	452 (398 to 514)	6.6 (5.4 to 8.0)
Algeria	304 (267 to 341)	4.7 (4.1 to 5.2)	334 (289 to 380)	5.0 (4.3 to 5.7)
American Samoa	692 (604 to 791)	6.4 (5.8 to 7.2)	801 (689 to 919)	6.9 (6.2 to 7.5)
Andorra	4,234 (4,107 to 4,357)	8.2 (7.7 to 8.7)	4,647 (4,454 to 4,851)	8.6 (7.3 to 10.0)
Angola	121 (100 to 143)	2.4 (2.0 to 2.8)	142 (118 to 170)	2.7 (2.3 to 3.2)
Antigua and Barbuda	760 (712 to 811)	4.8 (4.4 to 5.2)	898 (832 to 965)	5.0 (4.3 to 5.7)
Argentina	1,071 (1,008 to 1,135)	7.9 (7.4 to 8.4)	1,307 (1,217 to 1,396)	8.6 (7.2 to 10.1)
Armenia	365 (323 to 411)	7.8 (6.8 to 8.9)	632 (543 to 726)	10.6 (8.1 to 13.7)
Australia	5,563 (5,476 to 5,650)	7.1 (6.7 to 7.6)	6,654 (6,435 to 6,896)	7.9 (6.8 to 9.3)
Austria	5,287 (5,199 to 5,379)	9.2 (9.0 to 9.3)	6,217 (5,938 to 6,539)	10.1 (8.8 to 11.4)
Azerbaijan	297 (261 to 335)	3.6 (3.2 to 4.1)	441 (337 to 529)	5.1 (4.1 to 6.1)
Bahrain	1,169 (1,109 to 1,233)	4.3 (4.0 to 4.5)	1,417 (1,273 to 1,564)	5.2 (4.2 to 6.4)
Bangladesh	37 (29 to 48)	3.1 (2.4 to 3.9)	65 (50 to 84)	3.4 (2.5 to 4.5)
Barbados	1,188 (1,124 to 1,257)	6.3 (6.1 to 6.6)	1,368 (1,275 to 1,487)	7.1 (6.5 to 7.7)
Belarus	354 (318 to 396)	5.0 (4.5 to 5.5)	500 (438 to 570)	6.3 (5.5 to 7.0)
Belgium	5,014 (4,894 to 5,135)	9.2 (9.0 to 9.4)	5,550 (5,339 to 5,762)	9.5 (8.9 to 10.2)
Belize	283 (249 to 317)	5.6 (5.0 to 6.2)	343 (296 to 391)	6.0 (5.2 to 6.8)
Benin	32 (27 to 38)	3.1 (2.6 to 3.6)	41 (33 to 48)	3.2 (2.7 to 3.8)
Bermuda	10,802 (9,469 to 12,352)	11.7 (9.7 to 14.7)	11,718 (10,327 to 13,300)	13.5 (10.8 to 18.0)
Bhutan	84 (69 to 100)	2.5 (2.2 to 3.0)	141 (115 to 170)	2.8 (2.4 to 3.2)
Bolivia	214 (185 to 246)	6.7 (5.8 to 7.6)	270 (232 to 311)	6.9 (6.1 to 7.6)
Bosnia and Herzegovina	517 (473 to 569)	8.0 (7.3 to 8.7)	696 (631 to 766)	8.2 (7.5 to 9.0)
Botswana	427 (380 to 478)	4.4 (3.9 to 4.9)	551 (483 to 628)	4.6 (3.8 to 5.5)
Brazil	1,114 (1,040 to 1,195)	8.0 (7.5 to 8.5)	1,270 (1,181 to 1,363)	8.4 (7.4 to 9.4)
Brunei	770 (693 to 849)	1.7 (1.5 to 1.8)	662 (591 to 739)	1.5 (1.2 to 2.0)
Bulgaria	681 (630 to 733)	6.8 (6.3 to 7.3)	1,046 (953 to 1,157)	8.0 (6.6 to 9.6)
Burkina Faso	37 (32 to 44)	4.4 (3.8 to 5.2)	54 (44 to 64)	4.7 (3.9 to 5.8)

2050		2016–2050
Health spending per person ($USD)	Health spending per GDP (%)	Annualized rate of change, health spending per person (%)
1,667 (1,567 to 1,767)	**9.4 (7.6 to 11.3)**	**1.29 (1.14 to 1.45)**
8,286 (7,851 to 8,725)	13.1 (10.2 to 16.3)	1.35 (1.20 to 1.50)
1,435 (1,264 to 1,632)	6.6 (4.7 to 9.0)	3.20 (2.87 to 3.57)
200 (176 to 225)	3.7 (2.7 to 4.8)	2.67 (2.34 to 3.01)
66 (60 to 73)	5.2 (4.3 to 6.1)	1.45 (1.29 to 1.64)
972 (888 to 1,063)	5.6 (4.2 to 7.3)	1.80 (1.60 to 1.99)
9,224 (8,738 to 9,722)	13.7 (10.6 to 17.0)	1.34 (1.18 to 1.49)
953 (889 to 1,019)	7.3 (6.3 to 8.3)	0.94 (0.87 to 1.02)
473 (438 to 513)	4.3 (3.8 to 4.9)	1.00 (0.88 to 1.16)
180 (146 to 220)	3.5 (2.4 to 4.8)	3.33 (2.62 to 4.03)
1,397 (1,195 to 1,621)	6.6 (4.5 to 9.5)	4.15 (3.70 to 4.64)
111 (102 to 121)	4.4 (3.5 to 5.5)	0.98 (0.79 to 1.16)
98 (71 to 134)	8.8 (5.8 to 12.4)	1.67 (1.28 to 2.04)
655 (563 to 771)	7.3 (4.5 to 10.9)	2.03 (1.57 to 2.52)
469 (388 to 556)	6.4 (4.3 to 8.9)	1.28 (1.07 to 1.49)
887 (740 to 1,044)	7.6 (6.1 to 9.7)	0.73 (0.60 to 0.84)
5,463 (5,006 to 5,931)	9.6 (7.1 to 12.6)	0.75 (0.54 to 0.95)
177 (143 to 217)	3.0 (2.1 to 4.3)	1.13 (0.73 to 1.51)
1,111 (1,000 to 1,229)	5.4 (4.2 to 6.9)	1.12 (0.98 to 1.26)
1,722 (1,544 to 1,915)	10.0 (7.1 to 13.6)	1.40 (1.21 to 1.59)
1,107 (862 to 1,392)	12.9 (7.3 to 22.3)	3.30 (2.49 to 4.11)
8,875 (8,222 to 9,605)	9.1 (6.1 to 12.5)	1.38 (1.17 to 1.61)
7,666 (7,012 to 8,382)	11.1 (8.6 to 14.4)	1.10 (0.82 to 1.36)
660 (414 to 895)	6.4 (4.1 to 9.2)	2.32 (1.02 to 3.26)
1,851 (1,519 to 2,231)	7.2 (4.4 to 11.3)	1.35 (0.89 to 1.78)
119 (87 to 161)	4.0 (2.4 to 6.3)	3.47 (2.33 to 4.58)
1,751 (1,560 to 1,999)	8.2 (6.4 to 10.5)	1.14 (0.90 to 1.46)
773 (657 to 918)	7.8 (5.4 to 10.7)	2.32 (1.86 to 2.84)
6,613 (6,063 to 7,219)	10.3 (8.6 to 11.9)	0.81 (0.63 to 1.00)
490 (402 to 589)	7.1 (5.6 to 9.1)	1.62 (1.35 to 1.93)
58 (46 to 71)	3.5 (2.5 to 4.8)	1.76 (1.25 to 2.33)
15,572 (13,384 to 18,170)	14.9 (10.5 to 21.8)	1.08 (0.78 to 1.40)
245 (193 to 328)	3.1 (2.3 to 4.2)	3.19 (2.93 to 3.63)
375 (310 to 443)	7.7 (6.0 to 9.5)	1.66 (1.37 to 1.95)
1,054 (938 to 1,181)	8.6 (6.6 to 11.2)	2.11 (1.88 to 2.35)
815 (656 to 991)	5.3 (3.4 to 7.8)	1.91 (1.47 to 2.37)
1,463 (1,334 to 1,599)	9.1 (6.9 to 12.0)	0.80 (0.73 to 0.89)
611 (520 to 711)	1.7 (1.0 to 2.8)	-0.68 (-0.86 to -0.50)
1,647 (1,426 to 1,916)	9.1 (5.7 to 13.5)	2.63 (2.22 to 3.08)
89 (72 to 109)	5.3 (3.6 to 7.6)	2.59 (2.00 to 3.18)

TABLE B8, CONTINUED

Health spending in 2016, 2030, and 2050

	2016		2030	
	Health spending per person with uncertainty interval ($USD)	Health spending per GDP (%)	Health spending per person ($USD)	Health spending per GDP (%)
Burundi	28 (25 to 31)	10.3 (9.2 to 11.9)	29 (25 to 34)	11.8 (8.9 to 15.6)
Cambodia	76 (62 to 93)	5.9 (4.8 to 7.2)	112 (92 to 139)	6.0 (4.7 to 7.4)
Cameroon	58 (46 to 74)	3.2 (2.6 to 4.1)	71 (57 to 89)	3.3 (2.5 to 4.3)
Canada	4,875 (4,773 to 4,991)	8.0 (7.8 to 8.2)	5,657 (5,372 to 5,952)	8.9 (8.2 to 9.7)
Cape Verde	157 (134 to 182)	3.7 (3.2 to 4.3)	223 (190 to 263)	4.2 (3.8 to 4.5)
Central African Republic	22 (19 to 25)	5.6 (4.8 to 6.5)	25 (21 to 29)	5.8 (4.7 to 7.1)
Chad	36 (29 to 44)	3.2 (2.3 to 4.2)	32 (26 to 39)	3.0 (2.0 to 4.2)
Chile	1,244 (1,193 to 1,294)	6.8 (6.6 to 7.1)	1,565 (1,483 to 1,647)	7.6 (6.5 to 9.0)
China	436 (391 to 487)	5.0 (4.5 to 5.6)	865 (764 to 980)	5.9 (5.0 to 7.0)
Colombia	358 (315 to 399)	3.9 (3.4 to 4.3)	447 (393 to 503)	4.2 (3.7 to 4.7)
Comoros	80 (66 to 96)	7.2 (3.4 to 11.4)	81 (67 to 99)	6.9 (3.1 to 11.6)
Congo	79 (65 to 94)	2.0 (1.6 to 2.4)	69 (56 to 84)	1.8 (1.3 to 2.3)
Costa Rica	948 (891 to 1,002)	8.1 (7.6 to 8.5)	1,216 (1,137 to 1,299)	8.7 (7.6 to 10.0)
Côte d'Ivoire	77 (63 to 92)	4.1 (3.4 to 5.0)	93 (76 to 113)	3.8 (3.0 to 4.8)
Croatia	939 (885 to 1,005)	5.5 (5.2 to 5.8)	1,162 (1,081 to 1,254)	5.8 (5.2 to 6.4)
Cuba	1,128 (1,047 to 1,228)	15.0 (13.9 to 16.2)	1,440 (1,313 to 1,579)	17.4 (14.8 to 20.2)
Cyprus	1,226 (1,161 to 1,293)	4.0 (3.2 to 5.3)	1,476 (1,379 to 1,575)	4.3 (3.3 to 5.9)
Czech Republic	1,515 (1,457 to 1,578)	5.7 (5.5 to 5.9)	2,022 (1,891 to 2,162)	6.2 (5.4 to 7.0)
Democratic Republic of the Congo	19 (17 to 23)	4.0 (3.3 to 4.9)	23 (19 to 27)	4.3 (3.2 to 5.8)
Denmark	6,195 (6,033 to 6,363)	8.6 (8.4 to 8.9)	7,114 (6,766 to 7,483)	8.9 (7.7 to 10.4)
Djibouti	66 (57 to 77)	3.6 (3.0 to 4.3)	66 (56 to 78)	3.0 (2.3 to 3.9)
Dominica	438 (397 to 479)	5.5 (4.9 to 6.1)	515 (467 to 567)	6.1 (4.9 to 7.4)
Dominican Republic	420 (377 to 467)	5.1 (4.6 to 5.7)	653 (583 to 730)	5.9 (5.0 to 6.9)
Ecuador	536 (489 to 586)	8.7 (8.0 to 9.6)	674 (609 to 744)	9.7 (8.4 to 11.2)
Egypt	125 (103 to 150)	3.7 (3.0 to 4.6)	153 (127 to 184)	3.9 (3.0 to 4.8)
El Salvador	313 (279 to 349)	7.2 (6.4 to 8.3)	391 (349 to 438)	7.6 (6.2 to 9.4)
Equatorial Guinea	310 (275 to 351)	1.6 (1.2 to 2.1)	392 (334 to 459)	2.1 (1.4 to 2.9)
Eritrea	30 (24 to 37)	4.4 (3.3 to 5.8)	38 (30 to 46)	4.5 (3.4 to 5.8)
Estonia	1,392 (1,338 to 1,451)	6.2 (6.0 to 6.4)	1,932 (1,825 to 2,038)	7.0 (5.8 to 8.3)
Ethiopia	31 (26 to 37)	5.4 (4.6 to 6.4)	43 (35 to 53)	5.2 (4.1 to 6.4)
Federated States of Micronesia	130 (109 to 154)	3.9 (3.2 to 4.8)	163 (136 to 194)	4.2 (3.3 to 5.4)
Fiji	200 (173 to 234)	3.6 (3.1 to 4.2)	261 (223 to 304)	4.1 (3.4 to 4.9)
Finland	4,656 (4,550 to 4,764)	8.4 (8.2 to 8.5)	5,534 (5,324 to 5,759)	8.9 (8.1 to 9.6)
France	4,945 (4,826 to 5,063)	9.8 (9.4 to 10.1)	5,810 (5,568 to 6,038)	10.7 (10.1 to 11.4)
Gabon	281 (245 to 321)	2.2 (1.9 to 2.6)	301 (266 to 343)	2.4 (1.8 to 3.0)
Georgia	319 (282 to 360)	6.1 (5.5 to 6.8)	438 (380 to 504)	6.7 (5.4 to 8.2)
Germany	5,263 (5,095 to 5,435)	9.6 (9.3 to 9.9)	6,077 (5,763 to 6,398)	10.3 (8.8 to 11.9)
Ghana	75 (63 to 88)	3.6 (3.0 to 4.2)	104 (86 to 122)	3.5 (2.6 to 4.6)
Greece	1,693 (1,601 to 1,790)	6.4 (6.1 to 6.6)	1,833 (1,724 to 1,954)	6.7 (6.1 to 7.4)
Greenland	4,457 (4,203 to 4,731)	8.1 (6.8 to 9.7)	5,485 (5,113 to 5,885)	9.1 (6.9 to 11.7)
Grenada	486 (438 to 536)	5.0 (4.5 to 5.5)	641 (568 to 715)	5.6 (4.6 to 6.6)
Guam	1,990 (1,548 to 2,480)	5.5 (4.2 to 6.9)	2,331 (1,799 to 2,928)	6.0 (4.4 to 7.9)
Guatemala	262 (227 to 301)	6.8 (5.9 to 7.8)	326 (283 to 373)	7.0 (6.1 to 8.1)

2050		2016–2050
Health spending per person ($USD)	Health spending per GDP (%)	Annualized rate of change, health spending per person (%)
37 (29 to 54)	16.3 (8.1 to 30.2)	0.81 (0.12 to 1.91)
196 (159 to 245)	6.5 (4.0 to 9.8)	2.84 (2.30 to 3.36)
96 (75 to 122)	3.6 (2.2 to 5.5)	1.46 (0.68 to 2.23)
7,041 (6,432 to 7,723)	9.6 (7.5 to 12.2)	1.08 (0.80 to 1.36)
321 (265 to 386)	4.6 (3.9 to 5.5)	2.13 (1.78 to 2.48)
38 (29 to 55)	8.3 (5.3 to 12.6)	1.67 (0.76 to 2.94)
35 (28 to 44)	3.4 (1.7 to 5.6)	-0.07 (-0.89 to 0.67)
2,100 (1,919 to 2,303)	8.9 (5.9 to 12.9)	1.55 (1.33 to 1.78)
2,054 (1,728 to 2,407)	7.2 (4.6 to 10.8)	4.66 (4.13 to 5.21)
584 (500 to 675)	4.8 (3.7 to 6.4)	1.45 (1.22 to 1.67)
100 (80 to 124)	7.8 (3.1 to 14.8)	0.65 (0.34 to 1.06)
80 (64 to 99)	1.9 (1.2 to 3.0)	0.02 (-0.28 to 0.38)
1,659 (1,511 to 1,818)	10.0 (7.0 to 13.7)	1.66 (1.55 to 1.78)
128 (101 to 161)	4.3 (3.0 to 5.9)	1.51 (0.92 to 2.14)
1,570 (1,407 to 1,748)	6.4 (5.0 to 8.1)	1.52 (1.35 to 1.69)
1,925 (1,687 to 2,180)	20.3 (13.9 to 29.9)	1.58 (1.16 to 1.95)
1,744 (1,573 to 1,935)	4.8 (3.3 to 7.1)	1.04 (0.86 to 1.22)
2,848 (2,506 to 3,188)	7.0 (4.7 to 9.5)	1.87 (1.55 to 2.18)
33 (26 to 44)	5.2 (3.1 to 8.6)	1.57 (0.74 to 2.54)
8,846 (7,697 to 9,960)	9.5 (6.4 to 13.6)	1.05 (0.65 to 1.41)
87 (70 to 108)	3.5 (2.2 to 5.3)	0.78 (0.35 to 1.31)
697 (600 to 801)	7.1 (4.9 to 10.1)	1.37 (0.96 to 1.80)
1,193 (1,033 to 1,376)	7.2 (4.7 to 10.5)	3.11 (2.80 to 3.40)
917 (798 to 1,066)	11.6 (8.1 to 16.2)	1.59 (1.35 to 1.86)
218 (181 to 263)	4.3 (2.8 to 6.2)	1.66 (1.01 to 2.35)
558 (486 to 633)	9.3 (5.9 to 14.2)	1.71 (1.44 to 1.98)
655 (523 to 824)	2.6 (1.5 to 4.1)	2.21 (1.52 to 2.91)
51 (41 to 63)	4.8 (3.2 to 6.7)	1.57 (0.72 to 2.49)
2,975 (2,694 to 3,280)	8.2 (5.3 to 12.2)	2.26 (2.04 to 2.47)
66 (53 to 84)	5.5 (3.5 to 7.8)	2.28 (1.95 to 2.60)
223 (180 to 271)	4.7 (3.2 to 6.8)	1.59 (0.79 to 2.36)
386 (324 to 462)	4.9 (3.2 to 7.0)	1.95 (1.80 to 2.12)
7,410 (6,781 to 8,067)	9.8 (8.1 to 11.7)	1.37 (1.17 to 1.57)
7,154 (6,558 to 7,776)	11.7 (9.6 to 14.3)	1.09 (0.84 to 1.34)
359 (283 to 431)	2.8 (1.7 to 4.3)	0.71 (0.12 to 1.15)
707 (589 to 850)	7.4 (4.5 to 11.0)	2.36 (1.82 to 2.93)
7,606 (6,916 to 8,317)	11.2 (7.3 to 16.0)	1.09 (0.80 to 1.39)
186 (154 to 228)	4.2 (2.5 to 6.9)	2.72 (2.15 to 3.28)
1,902 (1,713 to 2,134)	7.4 (6.2 to 9.0)	0.34 (0.16 to 0.55)
8,047 (7,244 to 8,938)	10.1 (6.2 to 15.4)	1.75 (1.61 to 1.89)
921 (778 to 1,076)	6.5 (4.7 to 8.8)	1.89 (1.40 to 2.38)
2,990 (2,271 to 3,838)	7.0 (4.3 to 11.0)	1.20 (1.11 to 1.31)
421 (361 to 483)	7.6 (5.6 to 10.3)	1.40 (1.19 to 1.61)

TABLE B8, CONTINUED

Health spending in 2016, 2030, and 2050

	2016		2030	
	Health spending per person with uncertainty interval ($USD)	Health spending per GDP (%)	Health spending per person ($USD)	Health spending per GDP (%)
Guinea	44 (37 to 53)	6.0 (4.7 to 7.8)	50 (41 to 62)	5.4 (4.0 to 7.5)
Guinea-Bissau	49 (43 to 57)	6.1 (5.2 to 7.3)	53 (45 to 63)	5.6 (4.5 to 6.7)
Guyana	208 (180 to 239)	4.5 (3.9 to 5.2)	320 (277 to 374)	5.5 (4.3 to 7.2)
Haiti	47 (42 to 54)	5.4 (4.7 to 6.1)	48 (41 to 57)	5.1 (3.9 to 6.6)
Honduras	193 (165 to 222)	7.2 (5.9 to 8.5)	252 (214 to 291)	7.5 (5.8 to 9.4)
Hungary	1,029 (976 to 1,081)	5.8 (5.5 to 6.1)	1,446 (1,359 to 1,541)	6.5 (5.6 to 7.5)
Iceland	6,307 (6,123 to 6,494)	10.6 (10.3 to 10.9)	7,464 (7,124 to 7,830)	11.0 (9.2 to 12.7)
India	65 (52 to 80)	3.0 (2.4 to 3.6)	110 (88 to 136)	3.2 (2.5 to 4.0)
Indonesia	116 (96 to 141)	2.3 (1.9 to 2.8)	172 (142 to 209)	2.5 (2.0 to 3.1)
Iran	420 (375 to 471)	4.8 (4.3 to 5.3)	495 (436 to 555)	5.0 (4.2 to 5.8)
Iraq	157 (133 to 187)	2.0 (1.7 to 2.3)	186 (155 to 224)	2.1 (1.6 to 2.5)
Ireland	5,097 (4,901 to 5,288)	6.2 (6.0 to 6.4)	6,689 (6,342 to 7,022)	6.4 (6.1 to 6.8)
Israel	2,757 (2,684 to 2,827)	6.7 (6.4 to 7.0)	3,308 (3,169 to 3,442)	7.1 (6.1 to 7.9)
Italy	3,059 (2,976 to 3,141)	7.4 (7.2 to 7.6)	3,311 (3,145 to 3,478)	7.8 (7.3 to 8.4)
Jamaica	314 (273 to 357)	5.4 (4.7 to 6.2)	374 (324 to 426)	6.2 (5.1 to 7.4)
Japan	4,175 (4,065 to 4,278)	7.2 (7.0 to 7.4)	5,008 (4,784 to 5,231)	7.6 (6.2 to 8.8)
Jordan	224 (198 to 253)	5.3 (3.7 to 6.8)	273 (240 to 309)	6.0 (3.9 to 8.3)
Kazakhstan	295 (260 to 335)	2.1 (1.8 to 2.3)	434 (372 to 501)	2.7 (2.2 to 3.2)
Kenya	82 (70 to 96)	6.3 (5.3 to 7.5)	99 (82 to 119)	6.3 (5.1 to 7.9)
Kiribati	198 (176 to 224)	9.1 (8.1 to 10.3)	195 (170 to 223)	8.7 (7.1 to 10.8)
Kuwait	1,279 (1,140 to 1,433)	2.7 (2.4 to 3.1)	1,544 (1,283 to 1,840)	3.6 (2.8 to 4.7)
Kyrgyzstan	79 (65 to 96)	5.5 (4.6 to 6.7)	108 (89 to 132)	7.1 (5.9 to 8.6)
Laos	52 (43 to 62)	2.4 (2.0 to 3.0)	84 (69 to 101)	2.5 (1.9 to 3.3)
Latvia	995 (943 to 1,045)	5.4 (5.1 to 5.6)	1,383 (1,288 to 1,481)	5.9 (5.0 to 7.0)
Lebanon	486 (437 to 540)	5.4 (4.0 to 6.7)	561 (499 to 625)	5.7 (4.0 to 7.6)
Lesotho	122 (107 to 139)	7.0 (5.9 to 8.1)	178 (154 to 205)	7.6 (6.0 to 9.6)
Liberia	81 (71 to 94)	15.4 (9.9 to 21.7)	90 (75 to 108)	15.9 (9.4 to 24.4)
Libya	257 (222 to 294)	5.6 (2.6 to 12.1)	259 (221 to 301)	3.0 (1.5 to 5.5)
Lithuania	1,121 (1,069 to 1,176)	5.7 (5.4 to 6.0)	1,624 (1,516 to 1,737)	6.6 (5.5 to 8.0)
Luxembourg	7,027 (6,713 to 7,360)	5.2 (5.0 to 5.4)	7,903 (7,421 to 8,399)	5.6 (5.2 to 6.1)
Macedonia	364 (326 to 404)	5.6 (5.1 to 6.2)	424 (376 to 474)	6.1 (5.4 to 7.1)
Madagascar	23 (20 to 27)	4.1 (3.4 to 4.9)	28 (23 to 33)	4.3 (3.5 to 5.2)
Malawi	39 (36 to 42)	6.6 (6.1 to 7.3)	46 (39 to 53)	6.5 (5.4 to 7.7)
Malaysia	407 (366 to 455)	3.0 (2.7 to 3.3)	613 (541 to 693)	3.3 (2.9 to 3.9)
Maldives	974 (903 to 1,047)	10.1 (8.8 to 11.2)	1,266 (1,167 to 1,370)	9.9 (8.1 to 12.1)
Mali	33 (28 to 38)	3.1 (2.5 to 3.8)	37 (30 to 44)	2.7 (2.0 to 3.5)
Malta	2,799 (2,725 to 2,879)	8.8 (8.4 to 9.1)	4,019 (3,811 to 4,232)	10.0 (9.0 to 11.0)
Marshall Islands	529 (480 to 586)	13.6 (12.1 to 15.1)	850 (752 to 956)	19.1 (15.5 to 23.4)
Mauritania	56 (46 to 67)	3.2 (2.7 to 3.8)	65 (53 to 79)	3.3 (2.7 to 3.9)
Mauritius	557 (510 to 610)	4.6 (4.3 to 5.0)	945 (842 to 1,059)	5.9 (5.2 to 6.6)
Mexico	505 (458 to 554)	4.2 (3.9 to 4.5)	598 (542 to 659)	4.4 (4.1 to 4.7)
Moldova	204 (177 to 235)	8.1 (6.9 to 9.7)	250 (216 to 290)	8.9 (6.8 to 11.2)
Mongolia	150 (129 to 175)	2.8 (2.4 to 3.2)	210 (177 to 248)	3.0 (2.6 to 3.5)

2050		2016–2050
Health spending per person ($USD)	Health spending per GDP (%)	Annualized rate of change, health spending per person (%)
78 (60 to 100)	5.7 (3.4 to 9.0)	1.65 (1.32 to 2.03)
75 (61 to 93)	6.3 (4.4 to 8.7)	1.25 (0.59 to 2.03)
494 (413 to 588)	6.5 (3.8 to 10.4)	2.57 (1.97 to 3.20)
66 (52 to 91)	6.9 (3.9 to 11.8)	0.98 (0.25 to 1.99)
336 (277 to 401)	8.4 (5.4 to 12.2)	1.64 (1.46 to 1.91)
2,054 (1,854 to 2,273)	7.3 (4.9 to 10.5)	2.05 (1.81 to 2.31)
10,390 (9,576 to 11,233)	12.3 (7.9 to 18.0)	1.48 (1.30 to 1.66)
210 (163 to 262)	3.5 (2.3 to 5.0)	3.52 (2.69 to 4.35)
292 (239 to 360)	2.8 (1.9 to 4.2)	2.75 (2.56 to 2.91)
605 (516 to 701)	5.9 (4.5 to 7.6)	1.08 (0.83 to 1.35)
244 (201 to 294)	2.2 (1.5 to 3.1)	1.30 (1.04 to 1.60)
9,839 (9,037 to 10,659)	6.4 (4.3 to 8.6)	1.95 (1.80 to 2.10)
4,295 (3,948 to 4,671)	7.5 (5.3 to 10.1)	1.31 (1.10 to 1.53)
3,598 (3,269 to 3,964)	8.7 (7.1 to 10.5)	0.48 (0.21 to 0.75)
442 (378 to 513)	7.5 (4.8 to 11.2)	1.01 (0.84 to 1.19)
6,525 (5,889 to 7,183)	8.7 (5.3 to 12.9)	1.32 (1.05 to 1.57)
338 (276 to 401)	6.8 (3.8 to 10.7)	1.20 (0.88 to 1.47)
688 (570 to 806)	3.2 (2.0 to 4.6)	2.51 (1.96 to 3.03)
149 (118 to 186)	7.8 (5.3 to 10.8)	1.76 (1.15 to 2.37)
260 (219 to 315)	10.8 (6.7 to 16.5)	0.80 (0.21 to 1.49)
1,653 (1,246 to 2,153)	4.9 (3.0 to 7.6)	0.73 (-0.00 to 1.45)
157 (122 to 195)	8.4 (6.2 to 11.2)	2.02 (1.31 to 2.73)
166 (134 to 203)	2.8 (1.7 to 4.4)	3.48 (3.11 to 3.86)
2,077 (1,859 to 2,351)	6.5 (4.1 to 9.4)	2.18 (1.86 to 2.53)
644 (567 to 737)	6.5 (4.1 to 9.8)	0.83 (0.55 to 1.11)
290 (238 to 361)	8.6 (5.3 to 13.6)	2.57 (2.18 to 3.15)
147 (113 to 199)	22.4 (11.9 to 39.5)	1.75 (0.95 to 2.70)
485 (387 to 604)	3.9 (1.4 to 8.8)	1.88 (1.41 to 2.31)
2,527 (2,246 to 2,843)	7.4 (4.8 to 11.1)	2.42 (2.05 to 2.82)
8,718 (7,754 to 9,667)	6.3 (5.1 to 7.7)	0.63 (0.29 to 0.96)
516 (444 to 597)	6.8 (5.1 to 9.2)	1.03 (0.83 to 1.23)
36 (30 to 44)	4.8 (3.6 to 6.2)	1.36 (1.16 to 1.59)
60 (48 to 82)	6.8 (4.7 to 9.7)	1.26 (0.75 to 2.17)
968 (818 to 1,146)	3.8 (2.7 to 5.3)	2.57 (2.26 to 2.92)
1,882 (1,688 to 2,116)	11.4 (7.5 to 17.0)	1.95 (1.75 to 2.15)
54 (44 to 68)	2.7 (1.7 to 4.1)	1.49 (0.72 to 2.21)
6,377 (5,767 to 7,083)	11.0 (7.6 to 14.7)	2.45 (2.13 to 2.76)
1,287 (1,083 to 1,507)	22.4 (14.1 to 33.6)	2.64 (2.22 to 3.04)
86 (69 to 106)	3.6 (2.7 to 4.6)	1.30 (0.57 to 2.02)
1,565 (1,332 to 1,830)	6.9 (4.8 to 9.5)	3.08 (2.63 to 3.58)
733 (641 to 858)	4.8 (4.3 to 5.5)	1.10 (0.94 to 1.35)
333 (285 to 392)	9.8 (6.0 to 14.4)	1.45 (1.32 to 1.59)
360 (283 to 453)	3.5 (2.5 to 5.0)	2.60 (1.91 to 3.30)

TABLE B8, CONTINUED

Health spending in 2016, 2030, and 2050

	2016		2030	
	Health spending per person with uncertainty interval ($USD)	Health spending per GDP (%)	Health spending per person ($USD)	Health spending per GDP (%)
Montenegro	603 (554 to 656)	6.8 (6.2 to 7.4)	830 (749 to 920)	7.7 (5.8 to 9.8)
Morocco	185 (159 to 216)	4.8 (4.2 to 5.5)	238 (205 to 281)	5.1 (4.1 to 6.1)
Mozambique	32 (31 to 35)	4.6 (4.4 to 4.9)	36 (31 to 42)	4.0 (3.4 to 4.6)
Myanmar	59 (48 to 75)	3.3 (2.6 to 4.2)	110 (86 to 142)	3.6 (2.6 to 4.9)
Namibia	512 (462 to 568)	7.1 (6.4 to 7.8)	598 (537 to 664)	7.8 (6.5 to 9.3)
Nepal	48 (38 to 60)	5.4 (4.3 to 6.8)	72 (57 to 90)	5.8 (4.5 to 7.1)
Netherlands	5,329 (5,132 to 5,527)	8.6 (8.3 to 8.9)	6,631 (6,268 to 7,038)	9.5 (8.1 to 11.1)
New Zealand	4,276 (4,168 to 4,376)	9.2 (8.9 to 9.4)	5,047 (4,797 to 5,310)	10.1 (8.9 to 11.2)
Nicaragua	184 (159 to 212)	8.0 (6.9 to 9.2)	248 (212 to 286)	9.2 (7.4 to 10.9)
Niger	27 (22 to 33)	5.4 (4.3 to 6.9)	30 (25 to 37)	5.3 (4.0 to 7.1)
Nigeria	71 (57 to 89)	2.4 (1.9 to 3.0)	80 (64 to 100)	2.5 (1.9 to 3.3)
North Korea	66 (54 to 80)	5.8 (4.7 to 7.1)	78 (63 to 95)	6.3 (5.0 to 8.0)
Northern Mariana Islands	261 (208 to 326)	1.2 (1.0 to 1.5)	300 (236 to 378)	1.3 (1.0 to 1.6)
Norway	8,269 (7,946 to 8,608)	7.1 (6.8 to 7.4)	9,223 (8,760 to 9,738)	7.4 (6.7 to 8.2)
Oman	764 (704 to 833)	3.4 (3.1 to 3.7)	627 (568 to 694)	3.1 (2.5 to 3.9)
Pakistan	41 (33 to 51)	2.7 (2.2 to 3.4)	53 (43 to 66)	2.7 (2.1 to 3.6)
Palestine	320 (277 to 373)	10.6 (9.2 to 12.3)	408 (353 to 475)	11.4 (9.4 to 13.8)
Panama	1,078 (1,014 to 1,142)	8.1 (7.7 to 8.5)	1,454 (1,359 to 1,551)	8.8 (7.7 to 10.1)
Papua New Guinea	59 (49 to 71)	1.8 (1.5 to 2.1)	64 (53 to 77)	1.7 (1.4 to 2.0)
Paraguay	343 (302 to 392)	6.5 (5.8 to 7.4)	450 (391 to 516)	7.2 (6.4 to 7.9)
Peru	337 (299 to 378)	4.5 (4.0 to 5.0)	459 (404 to 518)	5.1 (4.7 to 5.6)
Philippines	124 (101 to 151)	3.7 (3.0 to 4.5)	199 (162 to 243)	4.4 (3.4 to 5.5)
Poland	908 (863 to 956)	5.1 (4.9 to 5.4)	1,258 (1,175 to 1,341)	5.6 (4.9 to 6.5)
Portugal	1,954 (1,882 to 2,029)	7.4 (7.2 to 7.7)	2,219 (2,106 to 2,344)	7.8 (7.3 to 8.3)
Puerto Rico	1,364 (1,210 to 1,561)	4.5 (3.9 to 5.1)	1,639 (1,441 to 1,869)	5.2 (4.5 to 6.0)
Qatar	2,064 (1,900 to 2,219)	2.4 (2.2 to 2.5)	2,452 (1,991 to 2,989)	3.0 (2.4 to 3.7)
Romania	537 (490 to 587)	4.3 (4.0 to 4.8)	866 (784 to 951)	4.7 (3.8 to 5.9)
Russia	574 (527 to 621)	3.5 (3.2 to 3.8)	694 (623 to 771)	4.1 (3.7 to 4.5)
Rwanda	44 (39 to 50)	5.0 (4.4 to 5.7)	56 (47 to 67)	4.6 (3.7 to 5.6)
Saint Lucia	511 (464 to 559)	5.6 (4.7 to 6.7)	630 (568 to 700)	5.9 (4.8 to 7.5)
Saint Vincent and the Grenadines	277 (245 to 310)	3.7 (3.3 to 4.2)	339 (294 to 386)	4.1 (3.5 to 4.8)
Samoa	232 (205 to 262)	4.9 (4.4 to 5.5)	295 (258 to 336)	5.3 (4.6 to 6.0)
Sao Tome and Principe	102 (90 to 114)	6.4 (5.5 to 7.4)	121 (104 to 140)	6.5 (5.0 to 8.1)
Saudi Arabia	1,257 (1,185 to 1,336)	4.5 (4.3 to 4.8)	1,261 (1,176 to 1,347)	4.5 (3.8 to 5.2)
Senegal	69 (57 to 83)	5.1 (4.3 to 6.2)	85 (71 to 102)	5.3 (4.3 to 6.5)
Serbia	462 (420 to 504)	6.1 (5.5 to 6.6)	618 (551 to 687)	6.8 (6.0 to 7.6)
Seychelles	534 (494 to 573)	3.5 (3.2 to 3.8)	763 (685 to 846)	4.5 (3.8 to 5.4)
Sierra Leone	82 (71 to 96)	14.9 (12.9 to 17.3)	84 (69 to 101)	13.1 (10.8 to 15.9)
Singapore	2,580 (2,486 to 2,673)	3.9 (3.8 to 4.1)	3,738 (3,493 to 3,989)	4.9 (4.1 to 5.6)
Slovakia	1,325 (1,275 to 1,379)	5.7 (5.5 to 6.0)	1,710 (1,623 to 1,801)	6.2 (5.2 to 7.1)
Slovenia	2,090 (2,027 to 2,156)	7.2 (7.0 to 7.4)	2,691 (2,548 to 2,835)	7.9 (6.9 to 8.9)
Solomon Islands	109 (96 to 124)	5.6 (4.6 to 6.9)	138 (120 to 160)	6.0 (4.4 to 8.1)
Somalia	15 (13 to 17)	15.6 (13.7 to 17.7)	13 (11 to 16)	13.5 (11.5 to 15.8)

2050		2016–2050
Health spending per person ($USD)	Health spending per GDP (%)	Annualized rate of change, health spending per person (%)
1,222 (1,071 to 1,394)	9.1 (4.9 to 15.1)	2.10 (1.78 to 2.43)
350 (294 to 425)	5.8 (3.7 to 8.4)	1.89 (1.65 to 2.16)
51 (40 to 71)	3.9 (2.6 to 5.4)	1.30 (0.60 to 2.35)
221 (170 to 292)	3.9 (2.3 to 6.1)	3.93 (2.87 to 4.98)
846 (738 to 962)	9.8 (6.6 to 14.1)	1.48 (1.29 to 1.71)
106 (84 to 134)	6.3 (4.3 to 8.8)	2.38 (2.22 to 2.57)
8,805 (7,935 to 9,710)	10.6 (6.8 to 14.9)	1.48 (1.18 to 1.78)
6,467 (5,906 to 7,065)	11.2 (7.8 to 14.9)	1.22 (0.95 to 1.49)
356 (295 to 425)	11.7 (7.9 to 16.1)	1.95 (1.72 to 2.20)
38 (30 to 48)	5.3 (3.5 to 7.8)	0.98 (0.60 to 1.38)
101 (80 to 125)	2.7 (1.7 to 4.3)	1.03 (0.13 to 1.95)
92 (73 to 113)	7.4 (5.2 to 10.1)	0.97 (0.20 to 1.72)
415 (317 to 531)	1.5 (1.0 to 2.2)	1.36 (1.21 to 1.48)
10,668 (9,682 to 11,626)	8.3 (6.2 to 10.6)	0.75 (0.46 to 1.04)
619 (541 to 707)	3.6 (2.1 to 6.0)	-0.62 (-0.79 to -0.46)
76 (62 to 95)	3.0 (1.8 to 4.7)	1.85 (1.73 to 1.99)
565 (481 to 672)	12.6 (9.0 to 17.6)	1.68 (1.54 to 1.83)
2,067 (1,870 to 2,283)	10.0 (7.1 to 13.8)	1.93 (1.76 to 2.09)
84 (68 to 103)	1.8 (1.3 to 2.4)	1.06 (0.80 to 1.38)
668 (567 to 778)	8.6 (6.6 to 11.0)	1.97 (1.64 to 2.29)
709 (607 to 821)	6.3 (4.6 to 8.6)	2.21 (2.09 to 2.33)
340 (274 to 423)	5.2 (3.3 to 7.9)	3.01 (2.28 to 3.72)
1,918 (1,720 to 2,126)	6.5 (4.4 to 9.2)	2.22 (1.91 to 2.53)
2,449 (2,224 to 2,709)	8.6 (7.1 to 10.3)	0.66 (0.48 to 0.86)
1,936 (1,680 to 2,234)	6.0 (4.5 to 7.8)	1.04 (0.70 to 1.37)
3,134 (2,188 to 4,226)	4.3 (2.9 to 6.1)	1.19 (0.27 to 2.11)
1,461 (1,279 to 1,658)	5.4 (3.2 to 8.4)	2.99 (2.67 to 3.33)
920 (794 to 1,060)	4.6 (3.5 to 6.0)	1.39 (0.99 to 1.78)
95 (76 to 120)	5.0 (3.1 to 7.5)	2.30 (1.70 to 3.00)
826 (723 to 947)	7.3 (5.3 to 9.8)	1.42 (1.17 to 1.71)
470 (398 to 558)	4.9 (3.6 to 6.4)	1.56 (1.35 to 1.80)
412 (354 to 479)	5.9 (4.5 to 7.6)	1.71 (1.17 to 2.26)
169 (137 to 217)	7.4 (4.8 to 11.2)	1.48 (0.99 to 2.24)
1,357 (1,237 to 1,495)	4.9 (3.5 to 6.5)	0.22 (0.11 to 0.34)
117 (96 to 142)	5.8 (4.1 to 8.0)	1.59 (1.27 to 1.98)
899 (784 to 1,033)	7.9 (5.6 to 11.0)	1.97 (1.65 to 2.33)
1,027 (867 to 1,217)	5.3 (3.6 to 7.7)	1.93 (1.56 to 2.34)
126 (98 to 165)	16.3 (11.6 to 23.3)	1.25 (0.49 to 2.07)
5,617 (5,040 to 6,277)	6.1 (3.8 to 8.8)	2.31 (2.04 to 2.60)
2,396 (2,181 to 2,629)	6.9 (4.5 to 9.9)	1.75 (1.54 to 1.96)
3,761 (3,415 to 4,139)	9.0 (6.5 to 12.3)	1.74 (1.51 to 1.96)
190 (154 to 237)	7.0 (4.1 to 11.3)	1.62 (1.21 to 2.22)
19 (15 to 26)	17.8 (13.5 to 23.3)	0.62 (-0.01 to 1.61)

TABLE B8, CONTINUED

Health spending in 2016, 2030, and 2050

	2016		2030	
	Health spending per person with uncertainty interval ($USD)	Health spending per GDP (%)	Health spending per person ($USD)	Health spending per GDP (%)
South Africa	512 (460 to 564)	5.6 (5.1 to 6.2)	614 (550 to 678)	6.4 (5.7 to 7.1)
South Korea	2,150 (2,088 to 2,217)	7.1 (6.9 to 7.3)	3,142 (2,933 to 3,368)	8.7 (7.6 to 9.9)
South Sudan	52 (44 to 62)	2.8 (2.4 to 3.3)	59 (49 to 70)	2.8 (2.2 to 3.4)
Spain	2,687 (2,608 to 2,766)	7.2 (7.0 to 7.4)	3,168 (2,990 to 3,382)	7.9 (7.6 to 8.2)
Sri Lanka	159 (134 to 188)	3.5 (3.0 to 4.1)	239 (200 to 280)	4.0 (3.4 to 4.5)
Sudan	113 (93 to 136)	5.1 (4.3 to 6.0)	147 (119 to 178)	5.5 (4.8 to 6.4)
Suriname	417 (372 to 466)	4.8 (4.4 to 5.3)	458 (407 to 512)	5.4 (4.5 to 6.4)
Swaziland	329 (297 to 365)	6.6 (5.7 to 7.6)	401 (355 to 450)	7.2 (5.8 to 8.9)
Sweden	6,095 (5,899 to 6,299)	8.6 (8.3 to 8.9)	7,049 (6,673 to 7,454)	8.9 (7.4 to 10.3)
Switzerland	10,036 (9,841 to 10,235)	9.9 (9.7 to 10.1)	11,233 (10,732 to 11,782)	10.8 (9.5 to 12.1)
Syria	44 (36 to 53)	2.4 (2.0 to 3.0)	55 (45 to 66)	2.6 (2.1 to 3.3)
Taiwan (Province of China)	1,632 (1,538 to 1,726)	6.4 (6.0 to 6.7)	2,196 (2,027 to 2,369)	7.3 (6.4 to 8.2)
Tajikistan	53 (43 to 66)	4.5 (3.6 to 5.6)	68 (53 to 87)	4.8 (3.7 to 6.1)
Tanzania	41 (36 to 46)	4.1 (3.3 to 5.3)	48 (41 to 56)	3.6 (2.5 to 4.9)
Thailand	231 (200 to 265)	3.2 (2.8 to 3.7)	337 (290 to 393)	3.7 (3.2 to 4.2)
The Bahamas	1,938 (1,865 to 2,020)	6.6 (6.2 to 7.0)	2,263 (2,164 to 2,384)	7.9 (6.6 to 9.3)
The Gambia	29 (26 to 31)	4.8 (4.4 to 5.3)	46 (39 to 55)	6.9 (5.9 to 8.0)
Timor-Leste	85 (73 to 101)	2.0 (1.7 to 2.2)	74 (62 to 88)	1.6 (1.4 to 1.8)
Togo	41 (34 to 50)	5.6 (4.5 to 6.9)	47 (39 to 57)	5.4 (4.1 to 6.9)
Tonga	219 (196 to 245)	4.4 (3.8 to 5.0)	287 (248 to 330)	4.7 (3.9 to 5.7)
Trinidad and Tobago	1,048 (983 to 1,111)	5.1 (4.8 to 5.3)	1,189 (1,096 to 1,287)	6.1 (5.3 to 6.9)
Tunisia	242 (211 to 275)	4.8 (4.2 to 5.4)	295 (254 to 339)	5.4 (4.9 to 6.0)
Turkey	445 (405 to 490)	2.9 (2.6 to 3.2)	646 (577 to 725)	3.0 (2.5 to 3.6)
Turkmenistan	511 (462 to 565)	5.8 (5.2 to 6.4)	1,013 (898 to 1,145)	8.0 (6.3 to 10.4)
Uganda	44 (38 to 50)	6.0 (5.0 to 7.3)	47 (39 to 56)	5.2 (4.0 to 6.8)
Ukraine	171 (146 to 197)	4.7 (4.2 to 5.3)	204 (172 to 238)	5.6 (4.9 to 6.5)
United Arab Emirates	1,440 (1,346 to 1,538)	2.8 (2.6 to 3.1)	1,605 (1,394 to 1,934)	3.5 (2.7 to 4.5)
United Kingdom	4,113 (4,010 to 4,216)	8.3 (8.1 to 8.5)	4,807 (4,589 to 5,019)	9.0 (8.4 to 9.7)
United States	10,271 (10,054 to 10,498)	17.1 (16.8 to 17.5)	12,206 (11,726 to 12,713)	18.5 (16.8 to 20.4)
Uruguay	1,520 (1,457 to 1,586)	8.6 (8.2 to 8.9)	1,860 (1,759 to 1,967)	9.0 (8.0 to 10.1)
Uzbekistan	76 (63 to 93)	3.2 (2.6 to 3.9)	105 (86 to 127)	3.4 (2.8 to 4.0)
Vanuatu	96 (83 to 112)	2.7 (2.2 to 3.2)	119 (101 to 140)	2.8 (2.1 to 3.7)
Venezuela	384 (345 to 427)	4.1 (3.6 to 4.6)	409 (363 to 457)	4.9 (4.0 to 5.8)
Vietnam	119 (98 to 140)	5.5 (4.6 to 6.5)	201 (164 to 241)	6.5 (5.5 to 7.5)
Virgin Islands, US	2,196 (1,799 to 2,665)	6.3 (5.2 to 7.5)	2,592 (2,089 to 3,134)	7.3 (5.8 to 8.8)
Yemen	59 (47 to 73)	9.3 (6.6 to 12.4)	59 (48 to 73)	13.8 (9.2 to 19.3)
Zambia	64 (57 to 72)	3.2 (2.9 to 3.6)	76 (65 to 88)	3.2 (2.6 to 3.9)
Zimbabwe	106 (91 to 124)	9.7 (8.0 to 11.6)	119 (100 to 140)	9.8 (7.7 to 12.4)

Uncertainty intervals included in parentheses.

Income groups are 2018 World Bank income groups.

Source: *Financing Global Health Database 2018*

2050		2016–2050
Health spending per person ($USD)	Health spending per GDP (%)	Annualized rate of change, health spending per person (%)
815 (712 to 920)	7.9 (5.6 to 10.8)	1.37 (1.17 to 1.57)
4,722 (4,170 to 5,341)	10.9 (7.5 to 15.3)	2.34 (2.00 to 2.68)
77 (63 to 94)	3.2 (2.2 to 4.4)	1.13 (0.77 to 1.70)
3,544 (3,150 to 4,039)	9.3 (8.4 to 10.4)	0.81 (0.53 to 1.14)
398 (328 to 479)	4.6 (3.1 to 6.3)	2.74 (2.23 to 3.32)
213 (169 to 266)	6.4 (4.6 to 8.8)	1.89 (1.27 to 2.46)
513 (449 to 591)	6.3 (4.1 to 9.2)	0.61 (0.29 to 0.98)
588 (494 to 715)	8.9 (5.7 to 13.8)	1.71 (1.40 to 2.22)
8,909 (7,973 to 9,896)	9.3 (5.8 to 13.3)	1.12 (0.79 to 1.45)
13,832 (12,511 to 15,320)	12.3 (8.9 to 16.6)	0.94 (0.66 to 1.23)
75 (60 to 90)	3.1 (2.2 to 4.2)	1.59 (0.93 to 2.26)
3,093 (2,748 to 3,447)	8.7 (6.1 to 11.6)	1.89 (1.68 to 2.10)
103 (78 to 139)	5.3 (3.2 to 8.1)	1.98 (1.06 to 2.96)
75 (61 to 92)	3.6 (2.0 to 6.1)	1.81 (1.20 to 2.44)
534 (451 to 638)	4.5 (3.1 to 6.3)	2.49 (1.97 to 2.97)
2,479 (2,290 to 2,705)	8.7 (6.1 to 12.3)	0.72 (0.57 to 0.93)
66 (48 to 96)	8.0 (5.6 to 11.4)	2.43 (1.56 to 3.69)
122 (99 to 151)	1.9 (1.5 to 2.4)	1.05 (0.73 to 1.49)
61 (49 to 74)	5.7 (3.9 to 8.0)	1.13 (0.83 to 1.53)
418 (350 to 507)	5.7 (4.1 to 7.8)	1.90 (1.45 to 2.41)
1,422 (1,248 to 1,623)	7.5 (5.3 to 9.9)	0.90 (0.60 to 1.19)
392 (330 to 468)	6.4 (4.6 to 8.5)	1.42 (1.21 to 1.67)
986 (847 to 1,197)	3.3 (2.2 to 4.8)	2.36 (2.08 to 2.74)
1,934 (1,607 to 2,298)	9.1 (5.1 to 14.9)	3.98 (3.39 to 4.60)
63 (51 to 79)	5.4 (3.3 to 8.4)	1.09 (0.54 to 1.72)
255 (208 to 306)	6.8 (4.6 to 9.4)	1.18 (0.80 to 1.55)
1,588 (1,290 to 2,543)	4.1 (2.4 to 6.9)	0.25 (-0.19 to 1.54)
5,907 (5,384 to 6,421)	9.9 (7.9 to 12.4)	1.07 (0.80 to 1.33)
15,825 (14,669 to 16,939)	20.0 (14.5 to 26.7)	1.28 (1.05 to 1.49)
2,483 (2,274 to 2,734)	10.3 (7.7 to 13.3)	1.45 (1.29 to 1.62)
159 (130 to 193)	3.6 (2.4 to 5.1)	2.18 (1.91 to 2.42)
167 (137 to 205)	3.3 (2.0 to 5.2)	1.64 (1.39 to 2.01)
391 (342 to 445)	5.6 (3.8 to 8.4)	0.06 (-0.05 to 0.16)
362 (288 to 448)	7.4 (5.0 to 10.7)	3.33 (2.62 to 4.05)
3,296 (2,616 to 4,104)	8.0 (5.8 to 10.3)	1.20 (0.43 to 1.93)
78 (59 to 103)	16.4 (9.4 to 28.1)	0.83 (0.45 to 1.34)
106 (85 to 139)	3.7 (2.3 to 5.5)	1.49 (0.91 to 2.27)
155 (127 to 192)	11.1 (7.5 to 15.9)	1.12 (0.64 to 1.62)

TABLE B9

Health spending by source, 2030, and growth

	Health spending by source per total, 2030			
	Government (%)	Prepaid private (%)	Out-of-pocket (%)	Development assistance for health (%)
GLOBAL	**73.2 (70.8 to 75.6)**	**7.4 (6.7 to 8.2)**	**19.2 (18.2 to 20.3)**	**0.2 (0.2 to 0.3)**
WORLD BANK INCOME GROUP				
High-income	79.9 (77.0 to 82.7)	6.8 (6.4 to 7.2)	13.3 (12.8 to 13.8)	0.0 (0.0 to 0.0)
Upper-middle-income	56.2 (51.2 to 61.7)	9.2 (6.8 to 12.3)	34.6 (29.9 to 39.9)	0.1 (0.1 to 0.2)
Lower-middle-income	33.3 (29.1 to 37.4)	9.3 (4.9 to 15.9)	55.1 (45.6 to 65.8)	2.6 (2.1 to 3.3)
Low-income	28.6 (24.6 to 32.7)	7.3 (4.8 to 11.7)	41.9 (37.4 to 47.0)	22.4 (17.9 to 27.9)
GBD SUPER-REGION				
Central Europe, Eastern Europe, and Central Asia	60.9 (57.4 to 65.0)	3.6 (2.9 to 4.6)	35.2 (32.6 to 38.0)	0.3 (0.2 to 0.4)
Global Burden of Disease high-income	80.2 (77.2 to 83.1)	6.8 (6.4 to 7.2)	13.0 (12.5 to 13.6)	0.0 (0.0 to 0.0)
Latin America and Caribbean	45.1 (42.5 to 47.4)	17.9 (14.1 to 22.4)	36.9 (33.7 to 40.4)	0.2 (0.2 to 0.3)
North Africa and Middle East	60.8 (55.4 to 66.1)	8.8 (6.7 to 11.5)	29.8 (27.8 to 32.1)	0.7 (0.5 to 0.8)
South Asia	27.9 (20.9 to 35.4)	9.3 (4.1 to 17.6)	62.5 (43.7 to 86.1)	1.3 (1.0 to 1.7)
Southeast Asia, East Asia, and Oceania	59.1 (52.0 to 67.0)	6.2 (3.4 to 10.3)	34.8 (28.5 to 43.3)	0.2 (0.1 to 0.2)
Sub-Saharan Africa	38.1 (35.2 to 41.3)	17.0 (13.6 to 21.3)	32.2 (27.6 to 37.3)	12.9 (10.3 to 16.0)
COUNTRY				
Afghanistan	6.0 (4.0 to 8.7)	0.4 (0.1 to 0.8)	88.7 (61.6 to 125.3)	6.4 (4.5 to 8.7)
Albania	45.9 (35.5 to 57.1)	0.0 (0.0 to 0.0)	54.2 (43.6 to 67.8)	0.4 (0.3 to 0.6)
Algeria	64.1 (56.0 to 73.4)	1.5 (0.8 to 2.8)	34.7 (25.3 to 47.6)	0.0 (0.0 to 0.0)
American Samoa	90.7 (78.3 to 104.3)	1.7 (0.9 to 3.0)	7.8 (5.2 to 11.6)	0.0 (0.0 to 0.0)
Andorra	51.2 (47.6 to 55.1)	9.9 (8.8 to 11.2)	39.0 (36.3 to 41.7)	0.0 (0.0 to 0.0)
Angola	47.3 (35.3 to 62.3)	16.6 (7.2 to 32.3)	34.4 (23.1 to 50.4)	3.0 (2.2 to 3.9)
Antigua and Barbuda	65.5 (60.3 to 71.4)	6.8 (4.6 to 9.7)	27.7 (23.6 to 31.6)	0.0 (0.0 to 0.0)
Argentina	78.8 (70.0 to 88.9)	8.7 (6.2 to 11.8)	12.7 (10.4 to 15.1)	0.0 (0.0 to 0.0)
Armenia	14.2 (10.5 to 18.9)	1.0 (0.4 to 2.1)	84.4 (65.9 to 105.9)	1.0 (0.8 to 1.3)
Australia	67.9 (64.6 to 71.1)	12.8 (11.7 to 14.0)	19.4 (17.4 to 21.8)	0.0 (0.0 to 0.0)
Austria	72.3 (68.0 to 77.0)	8.5 (7.6 to 9.6)	19.2 (17.6 to 21.0)	0.0 (0.0 to 0.0)
Azerbaijan	18.4 (14.8 to 23.0)	0.6 (0.3 to 1.0)	81.5 (58.0 to 110.1)	0.4 (0.3 to 0.5)
Bahrain	64.8 (58.8 to 71.2)	9.5 (7.1 to 12.6)	25.9 (20.9 to 32.1)	0.0 (0.0 to 0.0)
Bangladesh	20.3 (13.2 to 30.2)	2.8 (1.2 to 6.0)	74.5 (47.3 to 115.3)	4.3 (3.0 to 5.9)
Barbados	44.6 (40.7 to 49.2)	7.3 (5.1 to 9.7)	48.2 (44.2 to 52.9)	0.0 (0.0 to 0.0)
Belarus	49.9 (44.0 to 56.2)	2.3 (1.1 to 4.1)	47.5 (39.7 to 57.9)	0.4 (0.3 to 0.4)
Belgium	79.4 (77.8 to 81.1)	6.2 (5.4 to 7.0)	14.4 (13.0 to 15.7)	0.0 (0.0 to 0.0)
Belize	69.3 (59.7 to 79.8)	7.1 (3.2 to 13.2)	21.9 (16.2 to 28.6)	2.0 (1.6 to 2.6)
Benin	25.4 (17.0 to 35.6)	6.3 (3.1 to 11.1)	42.0 (27.7 to 61.6)	27.2 (21.0 to 35.6)
Bermuda	31.3 (25.9 to 37.1)	60.7 (43.6 to 81.7)	8.7 (6.4 to 12.0)	0.0 (0.0 to 0.0)
Bhutan	78.7 (56.2 to 105.9)	1.2 (0.5 to 2.5)	18.7 (11.6 to 28.3)	2.6 (1.9 to 3.3)
Bolivia	68.1 (52.0 to 87.1)	3.7 (1.5 to 7.5)	26.8 (19.2 to 37.8)	2.1 (1.6 to 2.8)
Bosnia and Herzegovina	70.6 (59.1 to 82.3)	2.0 (0.9 to 3.9)	26.2 (21.1 to 32.4)	1.4 (1.2 to 1.8)
Botswana	55.6 (43.1 to 70.7)	33.8 (24.0 to 47.2)	5.0 (3.4 to 7.0)	6.3 (5.0 to 8.1)
Brazil	34.6 (30.6 to 39.0)	24.0 (19.5 to 29.4)	41.5 (36.1 to 47.3)	0.1 (0.1 to 0.1)
Brunei	91.5 (74.0 to 112.1)	4.8 (2.3 to 9.0)	4.3 (3.3 to 5.6)	0.0 (0.0 to 0.0)
Bulgaria	46.1 (40.5 to 51.7)	1.5 (0.7 to 2.7)	52.4 (46.0 to 61.2)	0.1 (0.1 to 0.1)
Burkina Faso	45.2 (31.1 to 62.1)	7.2 (2.8 to 15.6)	34.8 (23.1 to 51.4)	13.9 (10.4 to 18.6)

Per person annualized rate of change, 2016–2030				
Total (%)	Government (%)	Prepaid private (%)	Out-of-pocket (%)	Development assistance for health (%)
1.15 (0.97 to 1.34)	**1.08 (0.86 to 1.31)**	**1.32 (1.21 to 1.47)**	**1.36 (0.96 to 1.77)**	**1.57 (0.17 to 3.13)**
1.32 (1.14 to 1.51)	1.35 (1.13 to 1.59)	1.59 (1.54 to 1.63)	1.02 (0.82 to 1.24)	
3.28 (2.77 to 3.82)	3.59 (3.01 to 4.17)	2.49 (2.15 to 2.92)	3.01 (1.90 to 4.10)	1.85 (0.26 to 3.57)
2.86 (2.13 to 3.60)	3.13 (2.94 to 3.31)	3.23 (2.88 to 3.54)	2.72 (1.51 to 4.06)	1.31 (-0.08 to 2.87)
1.17 (0.92 to 1.43)	1.79 (1.39 to 2.18)	2.44 (2.13 to 2.76)	1.09 (0.71 to 1.46)	0.21 (-1.17 to 1.74)
1.88 (1.59 to 2.19)	1.68 (1.27 to 2.09)	1.80 (1.44 to 2.13)	2.24 (1.83 to 2.64)	3.88 (2.14 to 5.70)
1.32 (1.13 to 1.52)	1.35 (1.12 to 1.59)	1.60 (1.55 to 1.65)	1.02 (0.82 to 1.25)	-21.44 (-22.20 to -19.87)
1.02 (0.96 to 1.07)	1.40 (1.33 to 1.48)	1.11 (1.01 to 1.20)	0.54 (0.46 to 0.61)	-0.12 (-1.53 to 1.42)
0.92 (0.77 to 1.08)	0.85 (0.74 to 0.98)	0.84 (0.67 to 1.02)	1.03 (0.58 to 1.48)	3.85 (2.15 to 5.70)
3.68 (2.16 to 5.33)	4.47 (4.09 to 4.83)	4.09 (3.45 to 4.70)	3.36 (1.05 to 6.06)	0.97 (-0.41 to 2.52)
4.50 (3.69 to 5.36)	4.69 (3.82 to 5.52)	4.07 (3.70 to 4.45)	4.26 (2.49 to 5.99)	1.77 (0.32 to 3.26)
0.71 (0.36 to 1.07)	0.95 (0.73 to 1.18)	0.34 (0.15 to 0.57)	0.87 (-0.12 to 1.84)	0.07 (-1.33 to 1.61)
1.59 (1.15 to 2.05)	1.99 (1.08 to 2.95)	2.03 (1.44 to 2.62)	1.84 (1.35 to 2.33)	-1.46 (-2.87 to 0.11)
2.27 (1.49 to 3.08)	2.83 (1.96 to 3.68)	30.67 (2.55 to 72.81)	1.83 (0.59 to 3.11)	1.57 (-0.04 to 3.28)
0.67 (0.44 to 0.91)	0.09 (-0.16 to 0.33)	0.91 (0.27 to 1.57)	1.88 (1.45 to 2.31)	1.39 (-0.00 to 2.91)
1.06 (0.91 to 1.18)	1.09 (1.00 to 1.15)	1.34 (0.83 to 1.87)	0.60 (-0.71 to 1.95)	
0.67 (0.51 to 0.84)	0.99 (0.70 to 1.30)	1.14 (1.05 to 1.25)	0.15 (-0.02 to 0.25)	
1.16 (0.59 to 1.70)	0.97 (-0.05 to 1.91)	0.97 (0.48 to 1.42)	1.68 (0.72 to 2.56)	-0.32 (-1.70 to 1.18)
1.20 (1.09 to 1.32)	1.32 (1.25 to 1.43)	1.63 (1.04 to 2.22)	0.84 (0.51 to 1.15)	-20.55 (-70.42 to 2.20)
1.43 (1.17 to 1.67)	1.67 (1.56 to 1.76)	1.65 (1.44 to 1.84)	0.32 (-1.41 to 1.96)	-24.65 (-25.36 to -23.12)
3.99 (2.80 to 5.29)	3.16 (1.12 to 4.97)	2.79 (1.49 to 4.05)	4.24 (2.75 to 5.71)	-0.51 (-1.89 to 0.99)
1.29 (1.11 to 1.50)	1.24 (1.01 to 1.46)	1.28 (1.21 to 1.34)	1.46 (0.92 to 2.07)	
1.16 (0.87 to 1.49)	1.13 (0.75 to 1.51)	1.19 (1.05 to 1.34)	1.26 (0.68 to 1.87)	
2.83 (1.43 to 4.03)	1.98 (1.70 to 2.28)	1.32 (0.95 to 1.67)	3.04 (1.27 to 4.52)	4.38 (2.94 to 5.95)
1.37 (0.92 to 1.80)	1.60 (0.93 to 2.21)	0.88 (0.73 to 1.05)	1.00 (0.60 to 1.41)	
4.05 (1.96 to 6.29)	4.42 (4.21 to 4.63)	4.18 (3.83 to 4.54)	4.20 (1.30 to 7.34)	0.71 (-0.81 to 2.35)
1.02 (0.75 to 1.32)	0.65 (0.58 to 0.78)	0.93 (0.73 to 1.12)	1.38 (0.81 to 1.99)	
2.50 (1.82 to 3.25)	1.02 (0.95 to 1.09)	1.36 (0.91 to 1.83)	4.56 (2.98 to 6.26)	3.55 (2.09 to 5.12)
0.73 (0.62 to 0.83)	0.76 (0.63 to 0.88)	1.17 (1.07 to 1.27)	0.38 (0.12 to 0.58)	
1.39 (1.14 to 1.64)	1.70 (1.41 to 2.01)	1.55 (1.21 to 1.87)	0.86 (0.58 to 1.14)	-2.45 (-3.82 to -0.96)
1.77 (1.00 to 2.61)	2.65 (2.04 to 3.25)	2.29 (1.46 to 3.18)	1.28 (-0.10 to 2.92)	1.64 (0.23 to 3.18)
0.58 (0.11 to 1.07)	1.09 (-0.02 to 2.28)	0.50 (-0.09 to 1.06)	-0.53 (-0.62 to -0.43)	
3.77 (3.46 to 4.10)	4.27 (3.91 to 4.63)	3.87 (3.32 to 4.40)	3.19 (2.57 to 3.78)	-2.54 (-3.88 to -1.06)
1.67 (1.26 to 2.08)	1.78 (1.19 to 2.34)	2.21 (1.69 to 2.73)	1.26 (0.74 to 1.81)	2.77 (1.36 to 4.32)
2.14 (1.84 to 2.44)	2.34 (1.90 to 2.76)	2.53 (2.06 to 2.96)	1.75 (1.67 to 1.83)	-0.20 (-1.54 to 1.32)
1.83 (1.42 to 2.23)	1.93 (1.28 to 2.52)	2.20 (2.02 to 2.37)	1.39 (-1.83 to 4.64)	-0.28 (-1.65 to 1.26)
0.94 (0.89 to 0.99)	1.22 (1.14 to 1.29)	1.30 (1.20 to 1.40)	0.51 (0.48 to 0.54)	-0.68 (-0.90 to 2.54)
-1.07 (-1.24 to -0.92)	-1.04 (-1.14 to -0.92)	-0.06 (-0.58 to 0.44)	-2.66 (-4.84 to -0.41)	
3.11 (2.55 to 3.75)	2.39 (2.06 to 2.69)	2.64 (2.15 to 3.13)	3.84 (2.74 to 5.05)	0.28 (-1.06 to 1.87)
2.63 (1.28 to 3.98)	4.25 (4.14 to 4.36)	3.28 (2.80 to 3.79)	2.43 (-1.17 to 6.25)	-0.83 (-2.25 to 0.74)

TABLE B9, CONTINUED

Health spending by source, 2030, and growth

	Health spending by source per total, 2030			
	Government (%)	Prepaid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Burundi	25.5 (18.3 to 35.2)	1.6 (0.8 to 2.9)	22.0 (15.5 to 32.0)	51.6 (40.1 to 66.8)
Cambodia	27.4 (20.0 to 37.1)	0.6 (0.3 to 1.1)	64.2 (42.8 to 89.8)	8.8 (6.5 to 11.7)
Cameroon	14.2 (9.3 to 19.9)	2.6 (1.1 to 5.2)	70.0 (46.5 to 102.0)	14.6 (10.5 to 19.4)
Canada	74.6 (69.0 to 80.0)	11.9 (10.8 to 13.1)	13.6 (12.3 to 15.0)	0.0 (0.0 to 0.0)
Cape Verde	64.2 (54.3 to 74.7)	2.5 (1.1 to 4.9)	30.4 (21.5 to 41.7)	3.2 (2.5 to 4.1)
Central African Republic	15.5 (11.2 to 20.9)	1.1 (0.5 to 2.2)	34.5 (22.4 to 50.7)	49.6 (37.6 to 65.5)
Chad	23.8 (16.3 to 33.8)	6.1 (2.5 to 12.2)	60.4 (39.7 to 86.8)	11.1 (8.3 to 15.2)
Chile	60.3 (55.4 to 65.7)	6.9 (5.1 to 9.3)	32.9 (29.2 to 36.6)	0.0 (0.0 to 0.0)
China	60.5 (52.0 to 70.2)	5.6 (2.7 to 10.3)	34.2 (26.9 to 43.7)	0.0 (0.0 to 0.0)
Colombia	66.7 (56.1 to 79.3)	14.5 (8.7 to 23.0)	19.1 (13.6 to 25.8)	0.1 (0.1 to 0.1)
Comoros	15.8 (11.5 to 21.9)	1.3 (0.6 to 2.4)	71.0 (49.2 to 97.1)	13.0 (9.7 to 17.8)
Congo	33.4 (25.3 to 43.8)	4.2 (1.9 to 8.2)	56.1 (37.9 to 82.7)	7.4 (5.5 to 10.0)
Costa Rica	77.1 (71.3 to 83.6)	2.8 (1.4 to 5.0)	20.1 (16.8 to 22.9)	0.0 (0.0 to 0.1)
Côte d'Ivoire	28.3 (21.7 to 36.7)	22.5 (11.6 to 39.1)	38.1 (25.6 to 53.7)	11.9 (8.8 to 15.8)
Croatia	79.3 (73.1 to 86.4)	6.4 (3.9 to 9.5)	14.4 (11.9 to 17.5)	0.0 (0.0 to 0.0)
Cuba	83.4 (76.2 to 90.8)	7.2 (3.1 to 14.2)	9.5 (7.4 to 11.8)	0.1 (0.1 to 0.1)
Cyprus	45.9 (40.6 to 51.3)	12.5 (9.8 to 15.5)	41.8 (37.2 to 46.8)	0.0 (0.0 to 0.0)
Czech Republic	80.7 (74.9 to 87.3)	3.2 (2.1 to 4.7)	16.2 (14.1 to 18.4)	0.0 (0.0 to 0.0)
Democratic Republic of the Congo	16.3 (11.8 to 21.9)	8.6 (3.9 to 16.3)	38.1 (24.5 to 56.1)	37.9 (28.3 to 49.9)
Denmark	84.3 (78.6 to 90.4)	2.3 (1.8 to 2.9)	13.5 (12.2 to 15.0)	0.0 (0.0 to 0.0)
Djibouti	55.8 (39.0 to 75.9)	1.2 (0.6 to 2.1)	24.0 (15.6 to 34.0)	19.9 (15.1 to 25.7)
Dominica	69.0 (58.2 to 81.2)	1.4 (0.7 to 2.5)	28.3 (22.8 to 35.0)	1.7 (1.3 to 2.1)
Dominican Republic	50.8 (41.0 to 62.5)	9.3 (5.0 to 15.9)	39.6 (30.5 to 50.9)	0.8 (0.6 to 1.0)
Ecuador	52.6 (46.1 to 60.0)	7.4 (4.1 to 12.8)	40.0 (35.0 to 45.1)	0.1 (0.1 to 0.2)
Egypt	33.4 (22.9 to 47.3)	8.5 (3.8 to 16.8)	58.6 (41.2 to 82.8)	0.7 (0.5 to 0.9)
El Salvador	69.6 (53.9 to 87.8)	6.6 (3.1 to 13.1)	21.9 (16.7 to 28.4)	2.6 (2.1 to 3.3)
Equatorial Guinea	15.4 (11.5 to 20.4)	3.4 (1.5 to 6.4)	80.9 (60.7 to 106.1)	1.2 (0.0 to 3.0)
Eritrea	20.2 (14.2 to 27.8)	1.9 (0.8 to 3.5)	59.1 (38.8 to 88.3)	20.0 (14.7 to 26.5)
Estonia	72.3 (67.5 to 77.3)	1.7 (1.0 to 2.8)	26.0 (23.3 to 29.2)	0.0 (0.0 to 0.0)
Ethiopia	27.5 (20.6 to 35.6)	20.5 (8.2 to 41.5)	36.3 (23.8 to 53.7)	17.1 (12.7 to 23.0)
Federated States of Micronesia	86.6 (65.3 to 112.9)	0.0 (0.0 to 0.0)	7.2 (4.8 to 10.4)	7.1 (5.4 to 9.3)
Fiji	63.0 (47.0 to 82.1)	13.3 (6.5 to 24.4)	21.4 (15.2 to 28.9)	3.2 (2.4 to 4.1)
Finland	76.6 (74.4 to 78.7)	2.5 (2.0 to 3.1)	20.9 (19.0 to 23.0)	0.0 (0.0 to 0.0)
France	79.7 (75.8 to 83.8)	10.2 (8.6 to 11.9)	10.2 (9.1 to 11.3)	0.0 (0.0 to 0.0)
Gabon	56.0 (44.7 to 67.1)	12.7 (6.7 to 20.5)	19.7 (14.5 to 25.5)	12.1 (9.3 to 15.3)
Georgia	35.1 (27.7 to 43.6)	5.6 (2.6 to 10.5)	57.8 (44.7 to 73.5)	2.0 (1.6 to 2.6)
Germany	85.2 (79.2 to 91.1)	3.1 (2.1 to 4.2)	11.8 (10.9 to 12.7)	0.0 (0.0 to 0.0)
Ghana	44.0 (33.7 to 56.7)	7.8 (3.3 to 16.9)	39.9 (26.9 to 55.6)	9.1 (6.9 to 11.9)
Greece	61.9 (58.7 to 65.2)	5.0 (3.4 to 6.8)	33.2 (29.2 to 37.7)	0.0 (0.0 to 0.0)
Greenland	100.2 (89.6 to 111.4)	0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)
Grenada	40.1 (30.8 to 51.7)	0.0 (0.0 to 0.0)	56.4 (47.8 to 64.6)	3.9 (3.1 to 5.0)
Guam	89.7 (54.7 to 138.4)	3.9 (1.8 to 7.5)	9.0 (5.7 to 13.3)	0.0 (0.0 to 0.0)
Guatemala	39.6 (30.8 to 49.1)	7.9 (3.6 to 15.7)	51.7 (40.8 to 64.9)	1.3 (1.0 to 1.7)

Per person annualized rate of change, 2016–2030				
Total (%)	Government (%)	Prepaid private (%)	Out-of-pocket (%)	Development assistance for health (%)
0.21 (-0.48 to 1.02)	-0.08 (-0.18 to 0.01)	0.11 (-0.55 to 0.75)	-0.75 (-1.06 to -0.43)	0.80 (-0.62 to 2.29)
2.86 (2.01 to 3.69)	4.02 (3.91 to 4.13)	3.40 (2.84 to 3.89)	2.86 (1.53 to 4.16)	0.09 (-1.29 to 1.61)
1.40 (0.19 to 2.71)	0.97 (-0.85 to 2.76)	1.74 (1.20 to 2.29)	0.92 (-0.74 to 2.73)	4.77 (3.32 to 6.35)
1.07 (0.68 to 1.47)	1.17 (0.65 to 1.71)	1.05 (0.97 to 1.15)	0.55 (-0.03 to 1.16)	
2.54 (2.06 to 3.13)	2.47 (2.36 to 2.57)	2.47 (2.03 to 2.87)	3.27 (1.52 to 5.18)	-1.23 (-2.59 to 0.25)
0.92 (-0.57 to 2.38)	1.90 (-1.11 to 4.77)	1.64 (1.11 to 2.10)	0.48 (-3.09 to 4.40)	0.93 (-0.52 to 2.60)
-0.80 (-2.35 to 0.66)	-0.27 (-2.69 to 2.23)	0.16 (-2.56 to 2.97)	-0.64 (-3.02 to 1.69)	-2.90 (-4.37 to -1.35)
1.65 (1.39 to 1.92)	1.88 (1.62 to 2.12)	1.66 (1.57 to 1.76)	1.26 (0.67 to 1.89)	-52.20 (-53.18 to -51.74)
5.01 (4.04 to 6.04)	5.20 (4.16 to 6.18)	4.55 (4.10 to 5.03)	4.76 (2.66 to 6.86)	-1.72 (-71.18 to 2.43)
1.60 (1.15 to 2.07)	1.76 (1.68 to 1.84)	1.72 (1.36 to 2.06)	1.01 (-1.25 to 3.15)	2.48 (1.01 to 4.03)
0.09 (-0.28 to 0.49)	1.60 (0.76 to 2.41)	1.31 (0.64 to 2.15)	0.25 (-0.19 to 0.69)	-2.11 (-3.50 to -0.56)
-0.98 (-1.48 to -0.41)	-3.39 (-3.52 to -3.26)	-0.90 (-1.73 to -0.13)	0.54 (-0.22 to 1.33)	2.74 (1.31 to 4.33)
1.80 (1.73 to 1.89)	2.22 (2.16 to 2.31)	1.96 (1.53 to 2.41)	1.11 (1.07 to 1.15)	-24.11 (-25.09 to -22.88)
1.39 (0.04 to 2.69)	2.70 (2.58 to 2.82)	2.69 (2.24 to 3.14)	0.38 (-2.72 to 3.38)	-0.05 (-1.43 to 1.48)
1.53 (1.38 to 1.70)	1.68 (1.49 to 1.88)	1.73 (1.43 to 2.03)	1.18 (1.10 to 1.26)	
1.76 (1.13 to 2.38)	1.76 (1.06 to 2.45)	1.55 (-0.28 to 3.43)	1.90 (-0.17 to 3.97)	2.71 (1.29 to 4.25)
1.33 (1.16 to 1.50)	1.83 (1.63 to 2.02)	1.64 (1.50 to 1.79)	0.74 (0.42 to 1.06)	
2.08 (1.76 to 2.40)	1.96 (1.58 to 2.33)	2.21 (1.56 to 2.86)	2.69 (2.27 to 3.15)	
1.12 (-0.41 to 2.74)	1.83 (1.71 to 1.95)	1.52 (1.00 to 2.06)	0.45 (-3.02 to 4.09)	1.44 (0.04 to 2.98)
0.99 (0.61 to 1.37)	1.00 (0.55 to 1.44)	1.34 (1.19 to 1.48)	0.88 (0.34 to 1.45)	
-0.06 (-0.98 to 0.81)	0.25 (0.06 to 0.44)	2.29 (1.79 to 2.78)	0.05 (-3.49 to 3.50)	-1.10 (-2.46 to 0.39)
1.18 (0.62 to 1.76)	1.42 (0.60 to 2.27)	1.35 (0.40 to 2.26)	0.39 (0.34 to 0.45)	6.65 (5.18 to 8.28)
3.20 (2.72 to 3.64)	4.01 (3.84 to 4.21)	3.21 (2.89 to 3.49)	2.37 (1.34 to 3.43)	-1.18 (-2.63 to 0.39)
1.65 (1.38 to 1.91)	1.85 (1.71 to 1.99)	1.63 (1.41 to 1.85)	1.39 (0.75 to 2.00)	0.03 (-1.34 to 1.53)
1.48 (0.15 to 2.78)	1.83 (1.07 to 2.54)	1.97 (1.46 to 2.50)	1.19 (-1.00 to 3.41)	4.06 (2.64 to 5.63)
1.60 (0.99 to 2.17)	2.11 (2.04 to 2.20)	1.96 (1.54 to 2.38)	-0.10 (-2.43 to 2.17)	3.93 (2.49 to 5.49)
1.69 (0.59 to 2.75)	-0.75 (-2.80 to 1.32)	0.22 (-0.98 to 1.42)	2.51 (1.16 to 3.78)	-33.24 (-87.58 to 2.00)
1.62 (-0.13 to 3.45)	1.55 (-1.11 to 4.07)	1.87 (-1.01 to 4.72)	1.03 (-1.65 to 3.78)	3.76 (2.33 to 5.33)
2.37 (2.15 to 2.58)	2.05 (1.94 to 2.17)	2.21 (1.84 to 2.57)	3.35 (2.57 to 4.11)	
2.39 (1.89 to 2.87)	3.81 (2.63 to 5.05)	3.53 (3.02 to 4.10)	2.73 (2.45 to 3.03)	-0.77 (-2.20 to 0.73)
1.63 (-0.09 to 3.43)	1.76 (-0.23 to 3.93)	27.84 (2.15 to 66.72)	1.07 (0.96 to 1.19)	0.64 (-0.75 to 2.15)
1.89 (1.70 to 2.09)	1.97 (1.89 to 2.07)	1.69 (1.26 to 2.15)	2.24 (1.45 to 3.10)	-0.57 (-1.94 to 0.93)
1.24 (1.10 to 1.39)	1.17 (1.08 to 1.25)	1.53 (1.39 to 1.68)	1.48 (0.90 to 2.08)	
1.16 (0.86 to 1.43)	1.07 (0.73 to 1.39)	1.40 (1.28 to 1.53)	1.58 (1.07 to 2.09)	
0.49 (-0.06 to 1.06)	-0.27 (-0.37 to -0.17)	0.59 (0.14 to 1.06)	-1.07 (-3.44 to 1.35)	18.88 (17.24 to 20.67)
2.29 (1.20 to 3.37)	2.49 (2.40 to 2.58)	2.36 (1.94 to 2.76)	2.07 (0.21 to 3.92)	5.38 (3.92 to 6.97)
1.03 (0.64 to 1.44)	1.08 (0.61 to 1.56)	1.27 (1.03 to 1.52)	0.64 (0.45 to 0.84)	
2.37 (0.96 to 3.79)	3.05 (2.75 to 3.34)	2.95 (2.43 to 3.45)	2.40 (-1.05 to 5.92)	-0.64 (-2.01 to 0.86)
0.57 (0.43 to 0.72)	0.83 (0.65 to 1.02)	0.88 (0.69 to 1.08)	0.06 (-0.17 to 0.27)	
1.49 (1.40 to 1.60)	1.49 (1.40 to 1.60)	40.98 (1.71 to 101.32)	1.79 (-3.53 to 5.13)	
2.00 (1.35 to 2.67)	1.80 (0.84 to 2.83)	30.09 (1.75 to 72.41)	1.71 (0.81 to 2.62)	18.20 (16.55 to 20.00)
1.13 (1.03 to 1.24)	1.12 (1.01 to 1.22)	1.23 (0.83 to 1.66)	1.27 (0.74 to 1.83)	
1.58 (1.26 to 1.92)	2.13 (2.06 to 2.20)	1.93 (1.48 to 2.39)	1.13 (0.52 to 1.75)	1.82 (0.38 to 3.42)

TABLE B9, CONTINUED

Health spending by source, 2030, and growth

	Health spending by source per total, 2030			
	Government (%)	Prepaid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Guinea	13.2 (9.6 to 18.1)	12.0 (5.2 to 25.4)	59.3 (39.2 to 87.7)	16.9 (12.4 to 22.5)
Guinea-Bissau	38.7 (28.4 to 50.3)	0.0 (0.0 to 0.0)	35.9 (24.1 to 52.6)	26.1 (19.8 to 34.2)
Guyana	56.4 (42.1 to 74.7)	0.1 (0.0 to 0.2)	40.2 (30.1 to 52.8)	4.0 (3.0 to 5.1)
Haiti	15.6 (10.9 to 21.3)	5.1 (2.1 to 10.1)	37.1 (24.7 to 53.1)	42.9 (32.8 to 55.1)
Honduras	46.4 (38.1 to 56.4)	6.9 (3.5 to 13.2)	45.7 (34.3 to 57.4)	1.4 (1.1 to 1.8)
Hungary	66.8 (59.7 to 74.7)	4.6 (2.9 to 6.9)	28.7 (24.6 to 33.4)	0.0 (0.0 to 0.0)
Iceland	81.8 (75.5 to 87.8)	1.7 (1.3 to 2.2)	16.6 (14.4 to 19.2)	0.0 (0.0 to 0.0)
India	28.4 (20.5 to 37.2)	10.2 (4.4 to 19.8)	62.0 (40.5 to 89.2)	0.7 (0.5 to 0.9)
Indonesia	41.5 (33.4 to 51.1)	20.4 (8.8 to 38.9)	38.6 (25.5 to 52.7)	0.7 (0.5 to 0.9)
Iran	49.7 (44.5 to 55.3)	12.5 (7.0 to 20.6)	37.9 (32.4 to 43.5)	0.0 (0.0 to 0.0)
Iraq	22.2 (16.5 to 29.8)	0.0 (0.0 to 0.0)	78.5 (57.8 to 105.4)	0.3 (0.2 to 0.4)
Ireland	70.4 (67.4 to 73.2)	15.8 (13.9 to 18.0)	13.9 (12.2 to 15.8)	0.0 (0.0 to 0.0)
Israel	64.3 (60.9 to 68.0)	13.7 (12.2 to 15.3)	22.0 (19.3 to 25.0)	0.0 (0.0 to 0.0)
Italy	75.0 (70.6 to 79.5)	2.5 (1.7 to 3.5)	22.5 (19.4 to 25.9)	0.0 (0.0 to 0.0)
Jamaica	62.0 (47.7 to 78.2)	17.2 (9.5 to 28.6)	18.5 (13.6 to 24.4)	3.1 (2.4 to 3.9)
Japan	83.6 (79.0 to 88.4)	3.1 (2.4 to 3.9)	13.3 (12.0 to 14.9)	0.0 (0.0 to 0.0)
Jordan	67.1 (54.8 to 80.8)	6.5 (3.4 to 11.6)	22.7 (17.5 to 29.8)	4.1 (3.3 to 5.4)
Kazakhstan	63.7 (47.2 to 82.2)	4.7 (2.2 to 8.9)	31.9 (22.8 to 44.0)	0.5 (0.0 to 0.8)
Kenya	38.8 (28.0 to 52.9)	17.5 (7.3 to 38.4)	24.7 (16.7 to 35.0)	20.3 (15.0 to 27.2)
Kiribati	58.3 (45.6 to 72.7)	4.6 (2.0 to 8.9)	14.8 (10.7 to 19.8)	22.7 (17.7 to 29.1)
Kuwait	86.4 (70.7 to 104.0)	1.3 (0.7 to 2.3)	12.7 (9.6 to 16.4)	0.0 (0.0 to 0.0)
Kyrgyzstan	41.3 (29.2 to 56.6)	0.0 (0.0 to 0.0)	51.3 (36.5 to 70.1)	8.1 (6.1 to 10.8)
Laos	38.8 (28.9 to 51.5)	3.7 (1.9 to 6.5)	48.5 (33.5 to 72.2)	9.8 (7.3 to 12.9)
Latvia	54.7 (50.0 to 59.7)	1.0 (0.5 to 1.8)	44.4 (38.2 to 51.3)	0.0 (0.0 to 0.0)
Lebanon	55.4 (48.6 to 62.7)	16.7 (10.9 to 24.3)	27.5 (21.2 to 34.8)	0.8 (0.6 to 1.0)
Lesotho	53.8 (42.6 to 66.6)	1.4 (0.6 to 2.7)	13.9 (9.7 to 20.1)	31.2 (24.3 to 40.2)
Liberia	9.6 (7.1 to 12.6)	6.2 (2.5 to 12.6)	50.2 (35.9 to 69.6)	34.8 (26.1 to 45.5)
Libya	66.8 (50.9 to 86.0)	7.7 (3.3 to 16.4)	25.9 (18.5 to 35.7)	0.5 (0.4 to 0.6)
Lithuania	62.3 (56.1 to 68.6)	1.4 (0.8 to 2.2)	36.4 (31.8 to 41.9)	0.0 (0.0 to 0.0)
Luxembourg	83.3 (76.5 to 90.5)	6.4 (5.4 to 7.5)	10.4 (9.1 to 11.9)	0.0 (0.0 to 0.0)
Macedonia	64.5 (50.4 to 81.0)	1.7 (0.8 to 3.2)	34.1 (25.5 to 44.7)	0.3 (0.2 to 0.4)
Madagascar	56.5 (36.6 to 81.4)	7.9 (3.9 to 14.1)	26.0 (16.9 to 37.2)	10.7 (8.2 to 14.1)
Malawi	26.4 (20.3 to 33.5)	6.6 (3.1 to 13.1)	10.0 (7.2 to 15.5)	57.5 (44.3 to 73.7)
Malaysia	52.7 (46.5 to 59.4)	11.7 (6.8 to 19.9)	35.9 (28.4 to 44.9)	0.0 (0.0 to 0.0)
Maldives	70.8 (66.5 to 75.0)	10.3 (6.9 to 14.7)	19.0 (15.3 to 23.2)	0.0 (0.0 to 0.0)
Mali	30.8 (21.9 to 43.4)	1.8 (0.8 to 3.7)	41.8 (27.8 to 62.0)	26.4 (20.2 to 35.0)
Malta	59.5 (55.2 to 64.4)	2.1 (1.5 to 3.0)	38.5 (34.0 to 43.3)	0.0 (0.0 to 0.0)
Marshall Islands	80.8 (64.7 to 100.3)	3.2 (1.7 to 5.7)	11.0 (7.9 to 14.7)	5.5 (4.3 to 7.1)
Mauritania	37.3 (27.1 to 50.4)	4.6 (2.1 to 9.0)	48.9 (33.0 to 69.4)	10.1 (7.5 to 13.4)
Mauritius	44.6 (38.3 to 51.0)	5.8 (3.0 to 10.5)	49.5 (42.1 to 58.6)	0.3 (0.0 to 0.5)
Mexico	54.3 (45.9 to 62.4)	7.9 (4.4 to 13.9)	38.0 (31.5 to 44.9)	0.1 (0.1 to 0.2)
Moldova	50.8 (38.3 to 66.4)	1.2 (0.5 to 2.3)	45.3 (33.9 to 59.3)	3.3 (2.5 to 4.2)
Mongolia	45.7 (33.8 to 60.9)	3.4 (1.4 to 6.7)	38.6 (24.9 to 56.9)	13.3 (10.0 to 17.2)

Per person annualized rate of change, 2016–2030				
Total (%)	Government (%)	Prepaid private (%)	Out-of-pocket (%)	Development assistance for health (%)
0.89 (0.43 to 1.39)	2.15 (2.04 to 2.28)	2.14 (1.53 to 2.74)	1.51 (0.91 to 2.13)	-2.13 (-3.45 to -0.61)
0.59 (-0.81 to 1.98)	1.41 (-0.66 to 3.39)	20.41 (2.41 to 50.20)	0.92 (-2.16 to 4.07)	-0.85 (-2.21 to 0.64)
3.13 (2.12 to 4.19)	3.04 (2.05 to 4.01)	2.64 (1.78 to 3.52)	3.42 (1.30 to 5.64)	1.67 (0.26 to 3.21)
0.10 (-1.08 to 1.35)	1.33 (-0.12 to 2.89)	1.26 (0.74 to 1.77)	0.32 (-2.61 to 3.35)	-0.60 (-1.98 to 0.89)
1.92 (1.77 to 2.09)	2.45 (2.17 to 2.74)	2.34 (1.86 to 2.81)	1.63 (1.52 to 1.74)	-3.85 (-5.18 to -2.40)
2.46 (2.18 to 2.72)	2.54 (2.16 to 2.90)	2.38 (1.95 to 2.80)	2.30 (1.80 to 2.80)	
1.21 (1.05 to 1.38)	1.24 (1.11 to 1.40)	1.56 (1.44 to 1.69)	1.01 (0.32 to 1.74)	
3.87 (2.12 to 5.80)	4.67 (4.24 to 5.08)	4.24 (3.59 to 4.90)	3.51 (0.76 to 6.57)	1.97 (0.58 to 3.52)
2.86 (2.59 to 3.11)	3.07 (2.95 to 3.17)	3.13 (2.54 to 3.69)	2.51 (1.91 to 3.08)	2.31 (0.90 to 3.86)
1.17 (0.86 to 1.54)	1.05 (0.98 to 1.12)	1.46 (0.99 to 1.92)	1.24 (0.45 to 2.16)	0.53 (-0.86 to 2.05)
1.21 (0.76 to 1.66)	-0.01 (-0.59 to 0.54)	2.78 (1.74 to 3.90)	1.60 (1.03 to 2.13)	1.90 (0.51 to 3.44)
1.96 (1.84 to 2.09)	1.80 (1.66 to 1.90)	2.40 (2.32 to 2.48)	2.30 (1.72 to 3.05)	
1.31 (1.08 to 1.54)	1.40 (1.25 to 1.54)	1.53 (1.44 to 1.63)	0.93 (-0.07 to 1.90)	
0.57 (0.28 to 0.86)	0.62 (0.25 to 0.98)	0.79 (0.64 to 0.92)	0.35 (-0.07 to 0.83)	
1.26 (1.08 to 1.44)	1.46 (1.19 to 1.71)	1.10 (0.91 to 1.27)	0.33 (0.17 to 0.50)	5.35 (3.88 to 6.94)
1.31 (1.09 to 1.53)	1.29 (1.05 to 1.56)	1.63 (1.43 to 1.81)	1.30 (0.85 to 1.78)	
1.40 (1.16 to 1.69)	1.53 (1.22 to 1.85)	1.81 (1.51 to 2.12)	0.33 (-0.10 to 0.79)	6.54 (4.85 to 8.30)
2.79 (1.94 to 3.67)	3.01 (1.70 to 4.22)	1.74 (1.21 to 2.27)	2.58 (1.42 to 3.72)	-8.17 (-68.37 to 2.40)
1.38 (0.21 to 2.43)	2.30 (1.33 to 3.34)	2.15 (1.06 to 3.27)	0.67 (-2.85 to 4.25)	0.14 (-1.43 to 1.80)
-0.13 (-1.15 to 0.91)	-0.90 (-2.48 to 0.74)	0.83 (0.25 to 1.41)	0.48 (-0.79 to 1.88)	1.58 (0.16 to 3.10)
1.34 (0.56 to 2.20)	1.58 (0.69 to 2.59)	0.26 (-1.63 to 2.23)	-0.03 (-0.41 to 0.36)	
2.27 (1.15 to 3.38)	2.44 (0.51 to 4.57)	2.52 (1.53 to 3.59)	2.06 (0.52 to 3.51)	2.77 (1.35 to 4.31)
3.52 (2.95 to 4.14)	4.62 (3.99 to 5.28)	4.16 (3.63 to 4.67)	3.36 (2.31 to 4.43)	0.69 (-0.80 to 2.26)
2.38 (1.94 to 2.86)	2.31 (1.98 to 2.66)	2.48 (2.09 to 2.85)	2.45 (1.60 to 3.36)	
1.03 (0.51 to 1.56)	1.56 (1.51 to 1.62)	1.46 (1.20 to 1.71)	-0.21 (-1.94 to 1.56)	3.88 (2.44 to 5.45)
2.75 (2.15 to 3.39)	2.45 (2.35 to 2.54)	2.88 (2.32 to 3.43)	1.93 (-0.57 to 4.43)	3.71 (2.32 to 5.32)
0.78 (-0.30 to 1.83)	0.79 (-0.18 to 1.75)	0.94 (-0.25 to 2.34)	1.95 (0.02 to 3.94)	-0.66 (-2.09 to 0.92)
0.06 (-0.66 to 0.78)	0.12 (-0.24 to 0.47)	3.29 (2.53 to 4.05)	-0.84 (-3.15 to 1.36)	4.36 (3.14 to 6.26)
2.68 (2.06 to 3.26)	2.24 (1.45 to 2.99)	2.53 (2.14 to 2.92)	3.51 (2.52 to 4.57)	
0.84 (0.41 to 1.27)	0.91 (0.41 to 1.43)	0.94 (0.84 to 1.04)	0.23 (-0.81 to 1.28)	
1.08 (0.87 to 1.32)	1.14 (0.98 to 1.34)	1.28 (0.75 to 1.82)	0.95 (0.43 to 1.50)	1.31 (-0.10 to 2.84)
1.32 (1.03 to 1.58)	2.60 (2.50 to 2.70)	2.01 (1.44 to 2.57)	0.94 (0.78 to 1.13)	-2.81 (-4.17 to -1.32)
1.15 (0.36 to 2.04)	1.98 (1.87 to 2.09)	1.95 (1.42 to 2.51)	1.31 (0.72 to 1.88)	0.67 (-0.73 to 2.19)
2.95 (2.54 to 3.40)	3.02 (2.73 to 3.28)	2.95 (2.39 to 3.59)	2.86 (1.83 to 4.00)	-40.83 (-85.82 to 0.84)
1.89 (1.53 to 2.22)	1.92 (1.86 to 1.99)	2.62 (2.38 to 2.86)	1.46 (-0.37 to 3.11)	-11.95 (-13.18 to -10.63)
0.76 (-0.64 to 2.12)	2.32 (0.81 to 3.95)	2.92 (2.39 to 3.48)	1.53 (-1.64 to 4.88)	-1.65 (-3.00 to -0.14)
2.62 (2.26 to 2.95)	2.27 (1.91 to 2.65)	2.41 (1.87 to 2.96)	3.19 (2.42 to 3.90)	
3.44 (2.86 to 4.01)	3.53 (2.95 to 4.10)	1.99 (1.60 to 2.39)	1.51 (-1.00 to 4.19)	9.35 (7.85 to 10.99)
1.12 (-0.69 to 2.63)	1.15 (1.04 to 1.25)	1.53 (0.96 to 2.08)	0.81 (-2.67 to 4.08)	2.45 (1.03 to 3.99)
3.84 (3.21 to 4.58)	3.91 (3.13 to 4.62)	2.92 (2.49 to 3.31)	3.86 (2.64 to 5.25)	1.16 (-58.62 to 11.89)
1.22 (1.12 to 1.33)	1.46 (1.29 to 1.64)	1.55 (1.20 to 1.87)	0.84 (0.78 to 0.90)	2.03 (0.60 to 3.64)
1.47 (1.30 to 1.62)	1.51 (1.42 to 1.61)	1.63 (1.11 to 2.14)	1.40 (1.09 to 1.69)	1.54 (0.12 to 3.09)
2.43 (1.40 to 3.60)	1.41 (0.65 to 2.21)	2.58 (1.92 to 3.22)	2.92 (0.46 to 5.64)	5.19 (3.65 to 6.88)

TABLE B9, CONTINUED

Health spending by source, 2030, and growth

	Health spending by source per total, 2030			
	Government (%)	Prepaid private (%)	Out-of-pocket (%)	Development assistance for health (%)
Montenegro	78.2 (67.0 to 91.2)	0.4 (0.2 to 0.7)	21.6 (17.2 to 26.6)	0.1 (0.0 to 0.1)
Morocco	47.8 (40.3 to 56.5)	4.3 (1.9 to 8.4)	46.0 (32.2 to 58.9)	2.3 (1.8 to 3.1)
Mozambique	23.4 (16.0 to 32.3)	2.1 (1.0 to 4.1)	6.4 (4.4 to 9.3)	68.8 (52.9 to 89.2)
Myanmar	21.0 (14.4 to 29.9)	0.0 (0.0 to 0.0)	76.2 (49.7 to 111.6)	4.5 (3.2 to 6.0)
Namibia	56.8 (47.9 to 66.7)	26.8 (19.3 to 36.3)	8.8 (6.1 to 12.5)	7.9 (6.2 to 9.9)
Nepal	24.2 (18.1 to 31.6)	14.8 (6.0 to 29.5)	57.5 (38.1 to 86.0)	5.0 (3.6 to 6.8)
Netherlands	81.1 (74.8 to 88.7)	7.7 (5.9 to 9.8)	11.3 (9.6 to 13.0)	0.0 (0.0 to 0.0)
New Zealand	78.6 (73.3 to 84.3)	7.8 (6.8 to 9.0)	13.7 (12.2 to 15.4)	0.0 (0.0 to 0.0)
Nicaragua	60.2 (51.0 to 69.6)	2.2 (0.9 to 4.2)	31.8 (21.3 to 45.5)	6.1 (4.7 to 7.9)
Niger	27.6 (19.3 to 38.5)	6.3 (2.8 to 12.2)	56.0 (37.6 to 82.3)	11.3 (8.4 to 15.1)
Nigeria	18.3 (12.7 to 25.1)	1.9 (0.8 to 3.8)	73.6 (49.5 to 105.5)	7.6 (5.5 to 10.0)
North Korea	65.7 (44.2 to 89.0)	1.0 (0.4 to 2.0)	33.6 (22.1 to 49.0)	1.0 (0.7 to 1.3)
Northern Mariana Islands	85.7 (69.5 to 105.4)	1.2 (0.7 to 2.1)	13.6 (8.7 to 20.0)	0.0 (0.0 to 0.0)
Norway	85.6 (77.8 to 93.5)	0.4 (0.2 to 0.6)	14.1 (12.4 to 16.1)	0.0 (0.0 to 0.0)
Oman	87.9 (81.2 to 94.7)	5.7 (3.6 to 8.9)	6.5 (4.7 to 8.6)	0.0 (0.0 to 0.0)
Pakistan	30.0 (20.5 to 41.2)	3.0 (1.3 to 5.4)	62.2 (40.9 to 88.0)	6.1 (4.5 to 8.1)
Palestine	38.8 (33.6 to 44.2)	21.2 (12.7 to 33.2)	36.0 (26.9 to 44.9)	4.3 (3.4 to 5.5)
Panama	67.3 (63.2 to 71.8)	6.7 (4.4 to 9.9)	26.1 (22.6 to 30.2)	0.0 (0.0 to 0.0)
Papua New Guinea	75.4 (54.8 to 102.4)	1.6 (0.7 to 3.0)	7.9 (5.2 to 11.4)	16.0 (12.0 to 21.0)
Paraguay	54.3 (47.4 to 61.7)	10.6 (5.4 to 18.9)	35.1 (24.9 to 48.8)	0.5 (0.4 to 0.7)
Peru	65.0 (61.6 to 68.5)	7.9 (3.9 to 14.6)	27.2 (19.5 to 37.1)	0.2 (0.1 to 0.2)
Philippines	31.9 (23.6 to 42.0)	13.4 (6.2 to 25.1)	54.5 (37.9 to 74.9)	1.1 (0.8 to 1.5)
Poland	71.0 (65.9 to 75.8)	6.9 (4.9 to 9.5)	22.1 (18.8 to 25.6)	0.0 (0.0 to 0.0)
Portugal	65.1 (60.5 to 69.6)	6.3 (4.8 to 8.2)	28.7 (25.1 to 32.5)	0.0 (0.0 to 0.0)
Puerto Rico	68.8 (55.8 to 82.6)	8.6 (3.7 to 17.2)	23.2 (15.6 to 32.9)	0.0 (0.0 to 0.0)
Qatar	86.6 (69.1 to 105.5)	8.2 (5.9 to 11.0)	5.8 (4.1 to 7.8)	0.0 (0.0 to 0.0)
Romania	77.9 (70.5 to 86.1)	1.0 (0.5 to 1.8)	21.0 (16.5 to 26.5)	0.2 (0.0 to 0.7)
Russia	54.9 (46.9 to 64.1)	2.6 (1.5 to 4.0)	42.6 (36.4 to 48.9)	0.0 (0.0 to 0.0)
Rwanda	47.3 (34.1 to 64.6)	14.3 (5.6 to 29.8)	7.9 (5.3 to 11.5)	31.6 (24.0 to 41.5)
Saint Lucia	44.8 (36.2 to 54.7)	6.3 (3.7 to 10.2)	43.8 (36.8 to 52.1)	5.3 (4.1 to 6.9)
Saint Vincent and the Grenadines	75.4 (63.0 to 89.7)	2.6 (1.2 to 5.1)	18.4 (11.4 to 27.6)	4.1 (3.2 to 5.3)
Samoa	80.4 (63.5 to 99.9)	1.0 (0.4 to 2.0)	11.5 (8.0 to 16.3)	7.6 (6.0 to 9.7)
Sao Tome and Principe	46.4 (32.0 to 64.5)	1.9 (0.8 to 3.7)	15.2 (10.3 to 21.6)	37.3 (29.0 to 47.7)
Saudi Arabia	68.5 (60.3 to 77.2)	17.6 (14.6 to 21.0)	14.1 (11.9 to 17.0)	0.0 (0.0 to 0.0)
Senegal	29.6 (20.1 to 42.0)	8.6 (3.7 to 16.6)	47.3 (32.6 to 67.2)	15.6 (11.6 to 20.6)
Serbia	53.5 (49.5 to 58.1)	1.5 (0.7 to 2.6)	44.2 (38.4 to 50.9)	0.8 (0.7 to 1.0)
Seychelles	99.0 (86.1 to 113.4)	0.0 (0.0 to 0.0)	1.2 (0.8 to 1.6)	0.1 (0.0 to 0.2)
Sierra Leone	12.4 (9.1 to 16.4)	5.9 (2.5 to 12.4)	53.9 (34.7 to 81.5)	29.1 (21.4 to 38.1)
Singapore	57.8 (54.2 to 61.8)	13.8 (12.1 to 15.7)	28.5 (24.8 to 32.5)	0.0 (0.0 to 0.0)
Slovakia	80.6 (76.3 to 85.0)	2.7 (1.7 to 4.1)	16.7 (14.6 to 18.8)	0.0 (0.0 to 0.0)
Slovenia	72.1 (67.5 to 76.8)	16.2 (13.7 to 18.7)	11.8 (10.2 to 13.5)	0.0 (0.0 to 0.0)
Solomon Islands	64.9 (50.6 to 81.8)	0.0 (0.0 to 0.0)	4.4 (2.9 to 6.3)	31.3 (24.3 to 40.2)
Somalia	24.8 (17.7 to 33.9)	2.0 (0.8 to 3.9)	31.9 (20.6 to 46.0)	42.0 (31.7 to 55.4)

Per person annualized rate of change, 2016–2030

Total (%)	Government (%)	Prepaid private (%)	Out-of-pocket (%)	Development assistance for health (%)
2.30 (1.74 to 2.85)	2.65 (2.29 to 3.04)	2.36 (1.86 to 2.92)	1.34 (-0.68 to 3.49)	-13.99 (-15.17 to -12.70)
1.84 (1.51 to 2.17)	2.49 (2.23 to 2.77)	2.18 (1.63 to 2.75)	1.39 (0.78 to 2.05)	-1.47 (-2.90 to 0.04)
0.70 (-0.41 to 1.95)	1.96 (-0.52 to 4.73)	2.21 (0.77 to 3.54)	1.72 (-0.49 to 3.92)	0.18 (-1.22 to 1.74)
4.47 (1.94 to 7.04)	4.92 (4.56 to 5.29)	30.14 (4.99 to 61.49)	4.84 (1.30 to 8.36)	-0.94 (-2.31 to 0.64)
1.11 (0.89 to 1.32)	0.86 (0.59 to 1.10)	1.09 (0.82 to 1.37)	1.75 (1.14 to 2.40)	2.34 (0.92 to 3.88)
2.98 (2.73 to 3.24)	4.97 (4.86 to 5.08)	3.58 (3.17 to 4.01)	2.52 (2.20 to 2.84)	-0.56 (-2.04 to 0.99)
1.57 (1.11 to 2.02)	1.60 (1.03 to 2.15)	1.65 (1.45 to 1.85)	1.29 (0.52 to 2.06)	
1.19 (0.83 to 1.54)	1.18 (0.74 to 1.63)	1.21 (1.10 to 1.32)	1.25 (0.68 to 1.87)	
2.13 (1.84 to 2.45)	2.64 (2.20 to 3.07)	2.12 (1.26 to 2.99)	1.85 (1.48 to 2.22)	-0.66 (-2.04 to 0.83)
0.80 (0.21 to 1.41)	1.50 (-0.10 to 3.23)	1.76 (0.80 to 2.77)	0.85 (0.22 to 1.49)	-1.27 (-2.64 to 0.21)
0.87 (-0.87 to 2.70)	2.55 (0.91 to 4.14)	1.79 (-0.27 to 4.00)	0.58 (-1.74 to 2.98)	-0.08 (-1.46 to 1.47)
1.25 (-0.03 to 2.61)	1.58 (-0.42 to 3.62)	1.44 (0.94 to 1.91)	0.51 (0.41 to 0.60)	9.23 (7.71 to 10.90)
1.00 (0.83 to 1.15)	1.09 (0.97 to 1.21)	1.66 (1.19 to 2.18)	0.40 (-0.41 to 1.15)	
0.78 (0.41 to 1.18)	0.81 (0.37 to 1.26)	1.12 (0.79 to 1.43)	0.61 (0.26 to 1.00)	
-1.41 (-1.55 to -1.28)	-1.51 (-1.65 to -1.40)	-0.53 (-0.82 to -0.23)	-0.70 (-2.21 to 0.78)	
1.85 (1.69 to 2.00)	2.78 (2.66 to 2.90)	2.53 (2.05 to 3.01)	1.66 (1.52 to 1.79)	-0.42 (-1.81 to 1.11)
1.75 (1.59 to 1.90)	1.79 (1.70 to 1.87)	1.91 (1.66 to 2.15)	1.12 (0.80 to 1.45)	8.20 (6.72 to 9.83)
2.15 (2.00 to 2.31)	2.45 (2.28 to 2.62)	2.27 (2.20 to 2.34)	1.46 (1.11 to 1.77)	-24.32 (-63.47 to -14.15)
0.58 (0.24 to 0.95)	0.75 (0.44 to 1.04)	1.82 (0.89 to 2.81)	1.07 (-1.31 to 3.43)	-0.48 (-1.93 to 1.06)
1.95 (1.49 to 2.40)	2.25 (1.51 to 2.97)	2.00 (1.15 to 2.92)	1.50 (0.89 to 2.11)	1.76 (0.33 to 3.32)
2.23 (2.14 to 2.33)	2.50 (2.39 to 2.60)	2.15 (1.72 to 2.63)	1.68 (1.50 to 1.91)	-1.90 (-3.25 to -0.38)
3.44 (2.12 to 4.90)	3.66 (3.11 to 4.21)	3.15 (2.87 to 3.43)	3.37 (0.90 to 6.03)	4.07 (2.60 to 5.65)
2.36 (1.92 to 2.78)	2.46 (2.08 to 2.81)	2.41 (1.71 to 3.09)	2.00 (0.55 to 3.45)	
0.91 (0.77 to 1.05)	0.79 (0.69 to 0.88)	1.24 (1.06 to 1.40)	1.13 (0.73 to 1.56)	
1.32 (0.68 to 1.92)	1.73 (1.63 to 1.81)	1.10 (0.63 to 1.56)	0.32 (-2.20 to 2.76)	
1.21 (0.09 to 2.31)	1.49 (0.25 to 2.78)	0.16 (-0.26 to 0.57)	-1.01 (-2.51 to 0.50)	
3.48 (2.96 to 3.94)	3.45 (3.03 to 3.86)	3.54 (2.86 to 4.19)	3.54 (1.69 to 5.44)	-32.87 (-64.91 to 17.79)
1.36 (0.62 to 2.04)	0.94 (-0.22 to 2.08)	1.04 (0.26 to 1.82)	1.97 (1.31 to 2.63)	-12.39 (-61.59 to 8.26)
1.77 (0.77 to 2.81)	3.53 (1.45 to 5.67)	3.18 (2.71 to 3.67)	1.49 (-1.47 to 5.02)	-0.58 (-1.94 to 0.92)
1.51 (1.29 to 1.74)	2.49 (2.13 to 2.85)	1.89 (1.48 to 2.31)	0.84 (0.78 to 0.91)	-0.55 (-2.23 to 1.21)
1.45 (1.18 to 1.72)	2.14 (1.96 to 2.33)	1.54 (1.11 to 1.93)	1.23 (0.25 to 2.18)	-5.10 (-6.44 to -3.63)
1.74 (0.79 to 2.73)	2.04 (0.84 to 3.28)	1.99 (1.06 to 2.96)	1.28 (0.47 to 2.14)	-0.31 (-1.68 to 1.22)
1.24 (0.47 to 2.02)	1.71 (1.62 to 1.82)	1.97 (1.73 to 2.22)	-0.12 (-3.50 to 3.33)	1.22 (-0.20 to 2.80)
0.02 (-0.07 to 0.10)	-0.10 (-0.20 to -0.02)	0.55 (0.45 to 0.66)	-0.05 (-0.48 to 0.37)	
1.58 (1.09 to 2.05)	1.40 (0.17 to 2.69)	2.07 (0.92 to 3.30)	1.28 (1.08 to 1.49)	2.65 (1.20 to 4.23)
2.10 (1.66 to 2.56)	1.51 (1.16 to 1.83)	2.04 (1.50 to 2.57)	2.83 (1.90 to 3.75)	5.01 (3.56 to 6.66)
2.58 (2.09 to 3.04)	2.65 (2.15 to 3.11)	18.43 (14.37 to 22.36)	-1.52 (-4.74 to 1.75)	-11.18 (-49.42 to 3.77)
0.14 (-1.06 to 1.29)	1.82 (0.63 to 2.98)	1.59 (0.34 to 3.01)	1.07 (-1.10 to 3.22)	-1.99 (-3.34 to -0.44)
2.68 (2.36 to 3.02)	3.16 (2.67 to 3.69)	2.26 (2.14 to 2.35)	1.99 (1.45 to 2.52)	
1.84 (1.68 to 2.00)	1.94 (1.74 to 2.13)	2.17 (1.87 to 2.48)	1.33 (1.28 to 1.37)	
1.82 (1.61 to 2.04)	1.83 (1.54 to 2.10)	1.94 (1.88 to 2.00)	1.58 (1.21 to 2.01)	
1.68 (1.14 to 2.31)	1.64 (1.22 to 2.06)	21.95 (2.21 to 60.11)	1.19 (-2.48 to 4.96)	1.80 (0.39 to 3.34)
-0.71 (-1.57 to 0.16)	0.82 (-2.08 to 3.51)	1.00 (0.17 to 1.81)	-0.03 (-0.48 to 0.40)	-1.96 (-3.29 to -0.43)

TABLE B9, CONTINUED

Health spending by source, 2030, and growth

	Health spending by source per total, 2030			
	Government (%)	Prepaid private (%)	Out-of-pocket (%)	Development assistance for health (%)
South Africa	55.1 (48.9 to 61.3)	35.9 (27.6 to 45.2)	6.8 (4.7 to 9.4)	2.5 (2.0 to 3.2)
South Korea	62.4 (57.9 to 67.5)	7.1 (5.6 to 8.9)	30.5 (27.7 to 33.6)	0.0 (0.0 to 0.0)
South Sudan	38.0 (26.8 to 51.6)	4.8 (2.3 to 8.8)	34.6 (22.6 to 50.6)	23.3 (17.8 to 29.9)
Spain	70.4 (67.7 to 73.5)	5.1 (4.1 to 6.3)	24.5 (22.6 to 26.5)	0.0 (0.0 to 0.0)
Sri Lanka	43.8 (32.9 to 57.2)	6.1 (2.6 to 12.6)	48.5 (35.0 to 64.6)	2.4 (1.8 to 3.1)
Sudan	24.3 (17.6 to 32.7)	3.8 (1.7 to 7.7)	70.9 (52.4 to 94.0)	1.8 (1.3 to 2.3)
Suriname	60.8 (48.6 to 76.1)	16.6 (10.8 to 23.4)	20.5 (15.4 to 26.5)	2.6 (2.0 to 3.3)
Swaziland	62.3 (54.3 to 71.3)	7.6 (4.2 to 12.4)	9.2 (6.7 to 12.7)	21.1 (16.6 to 26.8)
Sweden	82.0 (76.0 to 89.3)	1.3 (0.9 to 1.7)	16.8 (14.9 to 18.8)	0.0 (0.0 to 0.0)
Switzerland	63.1 (59.1 to 67.4)	7.8 (7.1 to 8.5)	29.2 (25.7 to 33.4)	0.0 (0.0 to 0.0)
Syria	46.9 (35.5 to 59.1)	3.9 (1.6 to 7.8)	43.9 (29.3 to 62.3)	6.0 (4.4 to 8.1)
Taiwan (Province of China)	63.3 (57.6 to 69.0)	3.5 (1.5 to 6.4)	33.3 (30.0 to 36.9)	0.0 (0.0 to 0.0)
Tajikistan	25.1 (18.0 to 33.4)	0.3 (0.1 to 0.6)	65.5 (46.5 to 89.6)	9.8 (7.0 to 13.5)
Tanzania	44.0 (31.3 to 59.3)	1.7 (0.8 to 3.3)	22.5 (14.7 to 33.4)	32.4 (25.2 to 41.6)
Thailand	80.7 (67.8 to 95.4)	10.1 (4.9 to 19.2)	9.4 (6.3 to 13.2)	0.3 (0.2 to 0.4)
The Bahamas	52.2 (48.9 to 56.0)	21.7 (19.0 to 24.7)	26.2 (23.3 to 29.3)	0.0 (0.0 to 0.0)
The Gambia	14.9 (10.9 to 19.8)	7.1 (3.4 to 12.8)	12.9 (9.0 to 17.9)	65.8 (49.7 to 85.7)
Timor-Leste	61.9 (48.0 to 77.9)	1.7 (0.8 to 3.1)	12.2 (8.1 to 18.2)	24.7 (19.1 to 32.2)
Togo	19.3 (13.7 to 26.8)	9.2 (4.2 to 18.0)	54.0 (37.1 to 78.9)	18.6 (13.9 to 24.5)
Tonga	68.2 (50.4 to 91.6)	4.9 (2.2 to 9.7)	9.8 (6.2 to 14.6)	17.9 (14.0 to 23.1)
Trinidad and Tobago	50.3 (47.0 to 53.9)	6.7 (4.6 to 9.7)	43.0 (39.8 to 45.9)	0.0 (0.0 to 0.0)
Tunisia	56.5 (50.8 to 61.8)	3.3 (1.5 to 6.0)	39.8 (32.3 to 48.0)	0.4 (0.3 to 0.5)
Turkey	78.8 (66.2 to 92.7)	5.6 (2.8 to 10.2)	15.8 (11.7 to 20.8)	0.2 (0.0 to 0.6)
Turkmenistan	25.0 (19.1 to 31.9)	4.4 (2.2 to 7.9)	70.8 (57.6 to 86.9)	0.2 (0.2 to 0.3)
Uganda	19.0 (13.6 to 25.9)	3.5 (1.6 to 7.1)	44.8 (29.7 to 66.4)	33.6 (25.4 to 43.7)
Ukraine	42.3 (31.7 to 55.6)	2.9 (1.2 to 6.0)	53.7 (43.7 to 65.4)	1.6 (1.3 to 2.1)
United Arab Emirates	76.1 (64.0 to 93.4)	9.2 (6.7 to 12.0)	14.9 (12.9 to 17.0)	0.0 (0.0 to 0.0)
United Kingdom	77.7 (73.1 to 81.9)	4.7 (3.9 to 5.5)	17.7 (15.5 to 20.2)	0.0 (0.0 to 0.0)
United States	82.7 (77.7 to 87.7)	7.3 (6.7 to 7.9)	10.1 (9.5 to 10.9)	0.0 (0.0 to 0.0)
Uruguay	70.6 (66.0 to 75.0)	12.4 (9.8 to 15.4)	17.1 (14.1 to 20.6)	0.0 (0.0 to 0.0)
Uzbekistan	50.9 (40.6 to 63.0)	0.5 (0.2 to 0.9)	46.1 (31.2 to 67.2)	3.2 (2.3 to 4.4)
Vanuatu	66.4 (46.1 to 93.3)	4.5 (2.0 to 8.7)	10.3 (7.4 to 14.0)	19.8 (15.3 to 25.7)
Venezuela	38.1 (29.8 to 47.9)	34.0 (25.1 to 45.8)	28.4 (22.8 to 35.5)	0.0 (0.0 to 0.0)
Vietnam	46.2 (38.4 to 54.9)	0.9 (0.4 to 2.0)	51.4 (37.4 to 68.6)	2.0 (1.5 to 2.6)
Virgin Islands, US	65.1 (46.0 to 89.6)	10.5 (3.9 to 20.7)	25.5 (17.3 to 36.4)	0.0 (0.0 to 0.0)
Yemen	4.9 (3.5 to 6.6)	0.6 (0.3 to 1.1)	70.1 (50.2 to 94.3)	25.3 (19.0 to 33.6)
Zambia	40.1 (26.6 to 56.2)	6.2 (2.8 to 11.4)	10.7 (7.0 to 15.5)	43.9 (33.8 to 56.6)
Zimbabwe	50.0 (39.4 to 62.3)	10.9 (4.7 to 22.5)	22.4 (15.1 to 31.9)	17.4 (13.1 to 22.7)

Uncertainty intervals included in parentheses.

Source: *Financing Global Health Database 2018*

Per person annualized rate of change, 2016–2030				
Total (%)	Government (%)	Prepaid private (%)	Out-of-pocket (%)	Development assistance for health (%)
1.31 (1.04 to 1.56)	1.51 (1.18 to 1.84)	1.16 (1.02 to 1.30)	0.31 (-2.15 to 2.84)	1.80 (0.37 to 3.35)
2.74 (2.36 to 3.12)	3.15 (2.65 to 3.63)	2.27 (2.11 to 2.42)	2.08 (1.43 to 2.81)	
0.84 (0.39 to 1.35)	-0.24 (-0.95 to 0.51)	1.23 (0.69 to 1.75)	0.48 (0.23 to 0.69)	3.71 (2.27 to 5.29)
1.18 (0.93 to 1.48)	1.10 (0.81 to 1.49)	1.33 (1.18 to 1.48)	1.38 (0.89 to 1.79)	
2.95 (1.99 to 3.99)	2.95 (2.84 to 3.07)	2.83 (2.47 to 3.19)	2.82 (0.81 to 4.89)	6.65 (5.08 to 8.39)
1.91 (1.03 to 2.80)	2.22 (2.11 to 2.32)	2.06 (1.57 to 2.56)	2.02 (0.75 to 3.26)	-3.61 (-4.95 to -2.12)
0.66 (0.15 to 1.20)	0.58 (-0.12 to 1.36)	0.97 (0.71 to 1.24)	-0.00 (-1.17 to 1.08)	11.36 (9.80 to 13.08)
1.41 (1.10 to 1.79)	1.63 (1.57 to 1.71)	1.62 (1.21 to 2.02)	0.96 (0.39 to 1.56)	0.88 (-0.60 to 2.48)
1.04 (0.59 to 1.50)	0.91 (0.37 to 1.47)	1.34 (1.12 to 1.57)	1.70 (1.02 to 2.36)	
0.81 (0.54 to 1.12)	0.83 (0.46 to 1.20)	0.91 (0.81 to 1.03)	0.71 (0.15 to 1.35)	
1.69 (0.11 to 3.29)	2.03 (1.42 to 2.65)	1.90 (1.38 to 2.44)	0.64 (-2.63 to 3.97)	12.09 (10.04 to 13.98)
2.14 (1.92 to 2.36)	2.57 (2.25 to 2.89)	2.11 (1.70 to 2.55)	1.39 (1.33 to 1.49)	
1.85 (-0.08 to 3.66)	1.08 (0.95 to 1.19)	2.41 (1.86 to 2.93)	2.05 (-0.87 to 4.90)	2.61 (1.19 to 4.20)
1.27 (0.18 to 2.38)	3.04 (1.66 to 4.48)	3.14 (1.95 to 4.48)	1.10 (-2.11 to 4.35)	-0.56 (-1.93 to 0.95)
2.74 (1.89 to 3.62)	3.03 (2.07 to 4.05)	2.62 (1.96 to 3.26)	0.74 (-2.42 to 4.09)	3.17 (1.75 to 4.73)
1.11 (0.93 to 1.30)	1.44 (1.36 to 1.56)	0.85 (0.78 to 0.94)	0.70 (0.09 to 1.34)	
3.49 (2.37 to 4.72)	2.84 (1.69 to 4.02)	1.97 (1.28 to 2.72)	0.91 (-1.90 to 3.74)	4.51 (3.00 to 6.13)
-0.99 (-1.54 to -0.41)	-1.41 (-1.51 to -1.30)	0.53 (-0.53 to 1.62)	0.02 (-3.69 to 3.87)	-0.48 (-1.87 to 1.04)
0.96 (0.56 to 1.39)	0.01 (-0.10 to 0.13)	1.24 (0.58 to 1.85)	0.75 (0.21 to 1.28)	2.66 (1.23 to 4.21)
1.94 (1.28 to 2.54)	3.29 (2.42 to 4.13)	2.39 (1.94 to 2.86)	1.59 (-0.05 to 3.11)	-1.57 (-2.94 to -0.10)
0.90 (0.59 to 1.23)	0.65 (0.14 to 1.18)	0.37 (-0.11 to 0.86)	1.30 (0.93 to 1.63)	
1.41 (1.14 to 1.77)	1.38 (1.29 to 1.46)	1.25 (0.79 to 1.75)	1.53 (0.84 to 2.36)	-3.26 (-4.61 to -1.77)
2.70 (2.25 to 3.13)	2.76 (2.63 to 2.93)	3.13 (2.97 to 3.30)	2.25 (-0.20 to 4.76)	-46.54 (-91.09 to 14.58)
5.01 (3.93 to 6.10)	6.22 (5.53 to 6.92)	4.19 (3.78 to 4.60)	4.69 (3.17 to 6.20)	1.43 (0.17 to 3.21)
0.46 (-0.50 to 1.38)	1.67 (0.35 to 3.00)	2.10 (0.46 to 3.84)	1.52 (-0.26 to 3.40)	-1.36 (-2.74 to 0.15)
1.30 (0.70 to 1.89)	1.07 (-0.24 to 2.48)	0.85 (-0.22 to 1.90)	1.45 (1.17 to 1.74)	2.80 (1.39 to 4.35)
0.76 (0.13 to 1.79)	1.12 (0.28 to 2.43)	0.25 (0.10 to 0.39)	-0.62 (-0.75 to -0.50)	
1.12 (0.85 to 1.40)	0.90 (0.59 to 1.24)	1.14 (1.05 to 1.23)	2.13 (1.50 to 2.74)	
1.24 (0.92 to 1.57)	1.31 (0.93 to 1.69)	1.40 (1.32 to 1.46)	0.60 (0.24 to 1.03)	
1.45 (1.33 to 1.56)	1.38 (1.25 to 1.51)	1.91 (1.77 to 2.06)	1.39 (0.97 to 1.79)	-49.12 (-50.08 to -48.55)
2.28 (1.88 to 2.65)	2.81 (2.71 to 2.91)	2.63 (2.43 to 2.84)	1.83 (1.06 to 2.62)	0.75 (-0.81 to 2.42)
1.53 (1.19 to 1.92)	2.13 (2.02 to 2.24)	1.84 (1.27 to 2.42)	1.44 (0.00 to 2.90)	-0.19 (-1.54 to 1.35)
0.45 (0.32 to 0.58)	1.40 (1.32 to 1.48)	0.62 (0.47 to 0.75)	-0.81 (-1.12 to -0.52)	3.12 (1.68 to 4.68)
3.81 (2.39 to 5.22)	3.26 (3.17 to 3.35)	3.44 (2.96 to 3.94)	4.47 (1.54 to 7.35)	1.31 (-0.09 to 2.85)
1.20 (-0.65 to 2.96)	1.32 (-1.44 to 3.98)	0.97 (-0.06 to 2.03)	0.99 (-0.57 to 2.58)	
0.13 (-0.39 to 0.66)	-7.18 (-9.06 to -5.19)	-3.74 (-6.24 to -1.12)	-0.88 (-1.28 to -0.51)	12.12 (10.60 to 13.83)
1.23 (0.39 to 2.13)	1.51 (0.31 to 2.79)	1.81 (1.30 to 2.28)	0.18 (-3.34 to 3.48)	1.17 (-0.23 to 2.68)
0.82 (-0.01 to 1.69)	1.55 (1.48 to 1.63)	1.56 (1.07 to 2.09)	-0.45 (-3.45 to 2.73)	0.19 (-1.24 to 1.78)

TABLE B10

Total health spending and health spending by source, 2016

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)
Afghanistan	56 (43 to 71)	200 (156 to 256)	7.4% (5.8 to 9.5)	5.7% (3.9 to 7.9)
Albania	330 (292 to 371)	867 (768 to 976)	6.0% (5.3 to 6.7)	42.3% (36.5 to 48.1)
Algeria	304 (267 to 341)	1,055 (926 to 1,184)	4.7% (4.1 to 5.2)	69.4% (63.4 to 74.8)
American Samoa	692 (604 to 791)	692 (604 to 791)	6.4% (5.6 to 7.4)	90.1% (86.5 to 93.0)
Andorra	4,234 (4,107 to 4,357)	7,865 (7,629 to 8,093)	8.2% (7.9 to 8.4)	48.9% (47.5 to 50.3)
Angola	121 (100 to 143)	201 (167 to 237)	2.4% (2.0 to 2.8)	48.3% (39.7 to 56.7)
Antigua and Barbuda	760 (712 to 811)	1,233 (1,156 to 1,316)	4.8% (4.5 to 5.2)	64.4% (61.3 to 67.7)
Argentina	1,071 (1,008 to 1,135)	1,616 (1,520 to 1,713)	7.9% (7.5 to 8.4)	76.1% (73.5 to 78.9)
Armenia	365 (323 to 411)	933 (827 to 1,051)	7.8% (6.9 to 8.8)	15.8% (12.5 to 19.7)
Australia	5,563 (5,476 to 5,650)	5,083 (5,004 to 5,162)	7.1% (7.0 to 7.2)	68.3% (67.4 to 69.3)
Austria	5,287 (5,199 to 5,379)	5,252 (5,166 to 5,344)	9.2% (9.0 to 9.3)	72.6% (71.7 to 73.4)
Azerbaijan	297 (261 to 335)	1,192 (1,048 to 1,347)	3.6% (3.2 to 4.1)	20.6% (16.5 to 25.2)
Bahrain	1,169 (1,109 to 1,233)	2,365 (2,243 to 2,494)	4.3% (4.0 to 4.5)	62.7% (59.9 to 65.4)
Bangladesh	37 (29 to 48)	100 (78 to 128)	3.1% (2.4 to 3.9)	19.2% (13.7 to 26.0)
Barbados	1,188 (1,124 to 1,257)	1,244 (1,177 to 1,316)	6.3% (6.0 to 6.7)	46.9% (44.1 to 49.6)
Belarus	354 (318 to 396)	1,170 (1,051 to 1,308)	5.0% (4.5 to 5.5)	61.1% (55.1 to 66.6)
Belgium	5,014 (4,894 to 5,135)	5,048 (4,927 to 5,169)	9.2% (8.9 to 9.4)	79.1% (78.1 to 80.0)
Belize	283 (249 to 317)	511 (449 to 573)	5.6% (4.9 to 6.3)	66.3% (60.1 to 72.0)
Benin	32 (27 to 38)	83 (70 to 98)	3.1% (2.6 to 3.6)	22.3% (16.7 to 28.1)
Bermuda	10,802 (9,469 to 12,352)	6,982 (6,120 to 7,983)	11.5% (10.1 to 13.2)	29.1% (25.1 to 33.0)
Bhutan	84 (69 to 100)	258 (213 to 306)	2.5% (2.1 to 3.0)	72.7% (65.4 to 78.9)
Bolivia	214 (185 to 246)	486 (420 to 558)	6.7% (5.8 to 7.7)	66.7% (59.7 to 73.1)
Bosnia and Herzegovina	517 (473 to 569)	1,251 (1,144 to 1,376)	8.0% (7.3 to 8.7)	68.5% (64.1 to 72.6)
Botswana	427 (380 to 478)	1,000 (890 to 1,119)	4.4% (3.9 to 4.9)	54.5% (48.7 to 60.2)
Brazil	1,114 (1,040 to 1,195)	1,864 (1,739 to 2,000)	8.0% (7.5 to 8.6)	33.3% (30.1 to 36.2)
Brunei	770 (693 to 849)	1,914 (1,725 to 2,111)	1.7% (1.5 to 1.8)	90.5% (87.0 to 93.1)
Bulgaria	681 (630 to 733)	1,786 (1,653 to 1,922)	6.8% (6.3 to 7.4)	50.9% (46.9 to 54.6)
Burkina Faso	37 (32 to 44)	103 (88 to 121)	4.4% (3.8 to 5.2)	35.9% (28.2 to 43.5)
Burundi	28 (25 to 31)	61 (55 to 69)	10.3% (9.3 to 11.6)	26.3% (21.1 to 32.1)
Cambodia	76 (62 to 93)	225 (186 to 277)	5.9% (4.8 to 7.2)	23.4% (17.6 to 30.1)
Cameroon	58 (46 to 74)	148 (118 to 187)	3.2% (2.6 to 4.1)	15.0% (10.6 to 20.2)
Canada	4,875 (4,773 to 4,991)	5,217 (5,108 to 5,341)	8.0% (7.9 to 8.2)	73.5% (72.6 to 74.4)
Cape Verde	157 (134 to 182)	330 (282 to 383)	3.7% (3.2 to 4.3)	64.8% (57.8 to 71.4)
Central African Republic	22 (19 to 25)	37 (33 to 43)	5.6% (4.9 to 6.4)	13.5% (10.1 to 17.3)
Chad	36 (29 to 44)	99 (81 to 120)	3.1% (2.5 to 3.8)	21.9% (16.0 to 28.6)
Chile	1,244 (1,193 to 1,294)	2,199 (2,109 to 2,288)	6.8% (6.6 to 7.1)	58.5% (56.3 to 60.7)
China	436 (391 to 487)	808 (723 to 902)	5.0% (4.5 to 5.6)	58.8% (53.3 to 64.2)
Colombia	358 (315 to 399)	853 (751 to 950)	3.9% (3.4 to 4.3)	65.1% (59.1 to 71.3)
Comoros	80 (66 to 96)	157 (130 to 189)	6.3% (5.2 to 7.6)	12.8% (9.4 to 16.9)
Congo	79 (65 to 94)	235 (194 to 281)	2.0% (1.7 to 2.4)	46.9% (37.7 to 56.4)
Costa Rica	948 (891 to 1,002)	1,416 (1,331 to 1,498)	8.1% (7.6 to 8.5)	72.7% (69.6 to 75.7)
Côte d'Ivoire	77 (63 to 92)	178 (147 to 214)	4.1% (3.4 to 5.0)	23.6% (17.9 to 29.8)
Croatia	939 (885 to 1,005)	1,707 (1,609 to 1,828)	5.5% (5.2 to 5.9)	77.7% (74.3 to 80.5)

Out-of-pocket spending per total health spending (%)	Prepaid private spending per total health spending (%)	Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 1995–2016 (%)	Annualized rate of change in health spending per person, 1995–2016 (%)
84.3% (80.0 to 88.0)	0.3% (0.2 to 0.7)	9.7% (7.5 to 12.3)	7.06% (5.15 to 9.12)	3.41% (1.57 to 5.40)
57.2% (51.3 to 63.0)	0.0% (0.0 to 0.0)	0.5% (0.4 to 0.6)	4.31% (3.28 to 5.26)	4.74% (3.70 to 5.68)
29.2% (23.8 to 34.8)	1.5% (0.7 to 2.7)	0.0% (0.0 to 0.0)	6.71% (5.72 to 7.69)	5.12% (4.14 to 6.09)
8.3% (5.8 to 11.7)	1.7% (0.8 to 3.2)	0.0% (0.0 to 0.0)	-0.20% (-1.55 to 1.01)	-2.20% (-3.52 to -1.01)
41.9% (40.5 to 43.2)	9.2% (8.4 to 10.1)	0.0% (0.0 to 0.0)	2.50% (2.27 to 2.73)	1.13% (0.91 to 1.36)
31.7% (24.3 to 40.2)	16.4% (9.1 to 25.6)	3.6% (3.0 to 4.3)	3.24% (1.98 to 4.43)	-0.12% (-1.34 to 1.04)
29.1% (26.2 to 32.2)	6.4% (4.5 to 8.7)	0.0% (0.0 to 0.0)	3.98% (3.44 to 4.57)	2.48% (1.94 to 3.06)
14.8% (12.7 to 16.9)	8.4% (6.5 to 10.6)	0.7% (0.6 to 0.7)	1.83% (1.39 to 2.25)	0.68% (0.24 to 1.09)
81.1% (77.0 to 84.5)	1.2% (0.5 to 2.2)	1.9% (1.7 to 2.2)	10.73% (9.69 to 11.80)	11.04% (10.01 to 12.12)
18.9% (18.1 to 19.6)	12.8% (12.0 to 13.5)	0.0% (0.0 to 0.0)	4.72% (4.56 to 4.89)	3.28% (3.12 to 3.44)
18.9% (18.3 to 19.6)	8.5% (7.8 to 9.3)	0.0% (0.0 to 0.0)	2.20% (2.05 to 2.35)	1.76% (1.61 to 1.91)
78.3% (73.6 to 82.5)	0.7% (0.3 to 1.4)	0.3% (0.3 to 0.4)	10.29% (9.06 to 11.44)	9.00% (7.79 to 10.14)
27.1% (24.8 to 29.6)	10.1% (8.3 to 12.3)	0.0% (0.0 to 0.0)	5.39% (4.91 to 5.85)	1.00% (0.55 to 1.44)
71.4% (62.8 to 78.6)	2.7% (1.2 to 5.2)	6.7% (5.1 to 8.4)	5.42% (3.78 to 7.11)	3.81% (2.19 to 5.47)
45.8% (43.0 to 48.2)	7.3% (5.5 to 9.4)	0.0% (0.0 to 0.0)	2.21% (1.73 to 2.65)	1.86% (1.38 to 2.30)
35.9% (30.5 to 41.9)	2.7% (1.3 to 5.0)	0.3% (0.3 to 0.3)	5.60% (4.67 to 6.57)	5.93% (4.99 to 6.89)
15.1% (14.4 to 16.0)	5.8% (5.2 to 6.5)	0.0% (0.0 to 0.0)	3.18% (2.96 to 3.39)	2.61% (2.40 to 2.82)
23.4% (18.4 to 29.0)	6.8% (3.5 to 11.6)	3.5% (3.1 to 3.9)	6.29% (5.27 to 7.28)	3.37% (2.38 to 4.33)
44.3% (35.3 to 53.4)	5.9% (2.8 to 10.5)	27.5% (23.0 to 32.3)	3.76% (2.46 to 5.04)	0.56% (-0.70 to 1.81)
10.2% (7.7 to 13.4)	60.7% (55.1 to 65.9)	0.0% (0.0 to 0.0)	3.05% (1.35 to 4.55)	1.93% (0.25 to 3.41)
20.0% (14.5 to 27.3)	1.2% (0.5 to 2.2)	6.1% (5.1 to 7.3)	4.75% (3.41 to 6.13)	2.62% (1.31 to 3.97)
28.1% (21.7 to 35.3)	3.3% (1.6 to 6.1)	1.8% (1.6 to 2.1)	6.83% (5.69 to 7.94)	4.94% (3.83 to 6.04)
27.6% (23.6 to 32.0)	1.9% (0.9 to 3.5)	2.0% (1.8 to 2.2)	8.31% (7.40 to 9.21)	8.48% (7.57 to 9.39)
5.3% (3.8 to 7.2)	31.8% (26.2 to 38.4)	8.4% (7.5 to 9.4)	3.73% (2.97 to 4.55)	1.82% (1.07 to 2.63)
43.9% (40.5 to 47.5)	22.7% (19.6 to 25.9)	0.1% (0.1 to 0.1)	4.58% (4.03 to 5.21)	3.35% (2.80 to 3.97)
5.3% (4.3 to 6.8)	4.1% (2.0 to 7.5)	0.0% (0.0 to 0.0)	-0.36% (-0.96 to 0.24)	-2.11% (-2.70 to -1.52)
47.4% (43.8 to 51.6)	1.6% (0.7 to 2.8)	0.1% (0.1 to 0.2)	5.65% (4.94 to 6.31)	6.38% (5.66 to 7.04)
35.4% (27.8 to 44.3)	6.4% (3.0 to 11.5)	22.3% (18.9 to 25.9)	6.61% (5.43 to 7.90)	3.51% (2.37 to 4.77)
24.9% (19.2 to 31.9)	1.6% (0.7 to 3.0)	47.2% (42.0 to 52.2)	3.97% (2.89 to 5.03)	0.90% (-0.16 to 1.92)
63.2% (55.5 to 70.4)	0.6% (0.3 to 1.0)	12.8% (10.3 to 15.4)	5.09% (3.89 to 6.38)	2.91% (1.74 to 4.18)
73.3% (66.2 to 79.7)	2.5% (1.1 to 5.0)	9.2% (7.1 to 11.4)	4.31% (2.71 to 6.08)	1.56% (-0.01 to 3.27)
14.6% (13.9 to 15.3)	11.9% (11.2 to 12.6)	0.0% (0.0 to 0.0)	3.51% (3.31 to 3.72)	2.44% (2.25 to 2.66)
27.4% (21.0 to 34.5)	2.5% (1.2 to 4.4)	5.4% (4.6 to 6.2)	4.98% (3.80 to 6.16)	3.24% (2.08 to 4.40)
36.3% (28.6 to 44.5)	1.0% (0.5 to 1.9)	49.2% (42.9 to 55.6)	1.48% (0.37 to 2.65)	-0.55% (-1.64 to 0.60)
58.0% (48.9 to 66.8)	5.2% (2.4 to 9.9)	14.8% (12.1 to 18.0)	3.83% (2.39 to 5.36)	0.18% (-1.20 to 1.67)
34.7% (32.6 to 36.7)	6.9% (5.3 to 9.0)	0.0% (0.0 to 0.0)	5.78% (5.32 to 6.22)	4.55% (4.10 to 4.99)
35.3% (30.3 to 40.1)	5.9% (3.2 to 10.0)	0.0% (0.0 to 0.0)	10.84% (9.66 to 12.04)	10.25% (9.08 to 11.44)
20.6% (16.3 to 25.5)	14.2% (9.1 to 20.9)	0.1% (0.1 to 0.1)	2.06% (1.19 to 2.90)	0.81% (-0.05 to 1.64)
68.4% (61.8 to 74.2)	1.1% (0.5 to 2.0)	17.7% (14.6 to 21.2)	0.85% (-0.34 to 2.07)	-1.58% (-2.74 to -0.39)
44.6% (35.4 to 54.2)	4.1% (2.0 to 7.6)	4.4% (3.6 to 5.2)	5.76% (4.49 to 7.15)	3.07% (1.83 to 4.43)
22.1% (19.4 to 25.0)	2.7% (1.5 to 4.7)	2.5% (2.3 to 2.6)	5.72% (5.18 to 6.25)	4.11% (3.57 to 4.62)
43.3% (34.3 to 52.4)	18.6% (10.2 to 29.9)	14.5% (11.9 to 17.4)	2.18% (0.87 to 3.41)	-0.19% (-1.47 to 1.02)
15.2% (12.8 to 17.4)	6.2% (4.1 to 8.5)	1.0% (0.9 to 1.1)	2.34% (1.81 to 2.86)	2.78% (2.25 to 3.30)

TABLE B10, CONTINUED

Health spending and health spending by source, 2016

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)
Cuba	1,128 (1,047 to 1,228)	2,470 (2,292 to 2,689)	15.0% (13.9 to 16.3)	83.3% (77.8 to 87.4)
Cyprus	1,226 (1,161 to 1,293)	1,712 (1,622 to 1,805)	3.9% (3.7 to 4.1)	42.8% (40.3 to 45.3)
Czech Republic	1,515 (1,457 to 1,578)	2,511 (2,414 to 2,615)	5.7% (5.5 to 6.0)	82.0% (80.3 to 83.9)
Democratic Republic of the Congo	19 (17 to 23)	30 (26 to 36)	4.0% (3.4 to 4.7)	14.8% (11.1 to 19.2)
Denmark	6,195 (6,033 to 6,363)	5,240 (5,103 to 5,382)	8.6% (8.4 to 8.8)	84.1% (83.4 to 84.9)
Djibouti	66 (57 to 77)	124 (107 to 144)	3.6% (3.1 to 4.2)	52.7% (45.1 to 60.2)
Dominica	438 (397 to 479)	638 (580 to 698)	5.5% (5.0 to 6.0)	66.4% (62.0 to 70.7)
Dominican Republic	420 (377 to 467)	995 (894 to 1,107)	5.1% (4.6 to 5.7)	45.3% (40.3 to 50.7)
Ecuador	536 (489 to 586)	1,015 (925 to 1,110)	8.7% (8.0 to 9.6)	51.1% (46.4 to 55.8)
Egypt	125 (103 to 150)	577 (477 to 695)	3.7% (3.1 to 4.5)	31.5% (24.5 to 38.8)
El Salvador	313 (279 to 349)	656 (585 to 732)	7.2% (6.4 to 8.0)	64.4% (58.5 to 69.7)
Equatorial Guinea	310 (275 to 351)	797 (708 to 903)	1.6% (1.4 to 1.8)	21.5% (17.4 to 25.8)
Eritrea	30 (24 to 37)	46 (37 to 57)	4.4% (3.5 to 5.4)	20.3% (14.9 to 26.9)
Estonia	1,392 (1,338 to 1,451)	2,051 (1,972 to 2,137)	6.2% (5.9 to 6.4)	75.5% (73.6 to 77.3)
Ethiopia	31 (26 to 37)	83 (70 to 99)	5.4% (4.6 to 6.5)	22.6% (17.1 to 28.9)
Federated States of Micronesia	130 (109 to 154)	144 (121 to 171)	3.9% (3.3 to 4.7)	84.1% (79.9 to 87.5)
Fiji	200 (173 to 234)	350 (303 to 408)	3.6% (3.1 to 4.2)	61.8% (53.9 to 68.8)
Finland	4,656 (4,550 to 4,764)	4,235 (4,139 to 4,333)	8.4% (8.2 to 8.6)	77.4% (76.4 to 78.3)
France	4,945 (4,826 to 5,063)	5,148 (5,023 to 5,270)	9.8% (9.5 to 10.0)	80.6% (79.2 to 81.9)
Gabon	281 (245 to 321)	649 (566 to 742)	2.2% (1.9 to 2.5)	62.1% (55.4 to 68.3)
Georgia	319 (282 to 360)	851 (751 to 959)	6.1% (5.4 to 6.9)	34.0% (28.4 to 39.6)
Germany	5,263 (5,095 to 5,435)	5,619 (5,440 to 5,803)	9.6% (9.3 to 9.9)	84.6% (83.5 to 85.7)
Ghana	75 (63 to 88)	210 (176 to 247)	3.6% (3.0 to 4.2)	39.9% (32.0 to 47.5)
Greece	1,693 (1,601 to 1,790)	2,392 (2,263 to 2,529)	6.4% (6.0 to 6.7)	59.7% (56.8 to 62.7)
Greenland	4,457 (4,203 to 4,731)	3,516 (3,316 to 3,732)	8.1% (7.6 to 8.6)	100.0% (100.0 to 100.0)
Grenada	486 (438 to 536)	723 (652 to 797)	5.0% (4.5 to 5.5)	40.9% (36.2 to 45.7)
Guam	1,990 (1,548 to 2,480)	1,990 (1,548 to 2,480)	5.5% (4.3 to 6.9)	87.4% (81.7 to 91.6)
Guatemala	262 (227 to 301)	479 (415 to 550)	6.8% (5.9 to 7.8)	36.6% (30.7 to 42.9)
Guinea	44 (37 to 53)	119 (99 to 143)	6.0% (5.0 to 7.2)	11.1% (8.0 to 15.1)
Guinea-Bissau	49 (43 to 57)	110 (95 to 128)	6.1% (5.3 to 7.1)	34.4% (28.0 to 41.5)
Guyana	208 (180 to 239)	377 (327 to 434)	4.5% (3.9 to 5.2)	56.6% (49.8 to 63.7)
Haiti	47 (42 to 54)	113 (100 to 130)	5.4% (4.7 to 6.1)	13.1% (9.8 to 16.7)
Honduras	193 (165 to 222)	401 (343 to 462)	7.2% (6.1 to 8.3)	43.1% (36.2 to 50.6)
Hungary	1,029 (976 to 1,081)	2,133 (2,024 to 2,242)	5.8% (5.5 to 6.1)	66.1% (63.5 to 68.6)
Iceland	6,307 (6,123 to 6,494)	4,347 (4,220 to 4,476)	10.6% (10.3 to 10.9)	81.4% (80.4 to 82.3)
India	65 (52 to 80)	247 (199 to 305)	3.0% (2.4 to 3.6)	25.4% (18.5 to 33.4)
Indonesia	116 (96 to 141)	388 (321 to 470)	2.3% (1.9 to 2.8)	40.3% (31.6 to 49.4)
Iran	420 (375 to 471)	1,707 (1,524 to 1,915)	4.8% (4.3 to 5.4)	50.5% (44.5 to 56.1)
Iraq	157 (133 to 187)	505 (427 to 601)	2.0% (1.7 to 2.4)	26.2% (20.3 to 32.5)
Ireland	5,097 (4,901 to 5,288)	5,194 (4,995 to 5,389)	6.2% (5.9 to 6.4)	71.9% (70.4 to 73.4)
Israel	2,757 (2,684 to 2,827)	2,597 (2,528 to 2,663)	6.7% (6.5 to 6.9)	63.6% (62.2 to 65.1)
Italy	3,059 (2,976 to 3,141)	3,462 (3,368 to 3,555)	7.4% (7.2 to 7.6)	74.4% (73.3 to 75.6)
Jamaica	314 (273 to 357)	569 (496 to 647)	5.4% (4.7 to 6.1)	60.0% (53.1 to 66.5)

Out-of-pocket spending per total health spending (%)	Prepaid private spending per total health spending (%)	Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 1995–2016 (%)	Annualized rate of change in health spending per person, 1995–2016 (%)
9.3% (7.4 to 11.4)	7.2% (3.5 to 13.2)	0.1% (0.1 to 0.1)	8.39% (7.56 to 9.18)	8.14% (7.31 to 8.93)
45.3% (42.4 to 48.1)	11.9% (9.9 to 14.3)	0.0% (0.0 to 0.0)	3.62% (3.16 to 4.03)	2.22% (1.77 to 2.63)
14.8% (13.4 to 16.5)	3.2% (2.1 to 4.5)	0.0% (0.0 to 0.0)	3.38% (2.99 to 3.76)	3.22% (2.83 to 3.60)
41.2% (32.6 to 50.1)	8.1% (4.0 to 13.9)	36.0% (30.3 to 41.5)	5.25% (3.66 to 6.87)	1.99% (0.45 to 3.56)
13.7% (13.1 to 14.3)	2.2% (1.8 to 2.7)	0.0% (0.0 to 0.0)	2.89% (2.65 to 3.12)	2.45% (2.21 to 2.68)
23.5% (16.9 to 30.9)	0.9% (0.4 to 1.6)	22.9% (19.6 to 26.5)	1.46% (0.26 to 2.60)	-0.17% (-1.35 to 0.94)
31.4% (27.2 to 35.8)	1.4% (0.7 to 2.5)	0.8% (0.7 to 0.9)	1.45% (0.76 to 2.09)	1.13% (0.44 to 1.77)
44.1% (38.4 to 49.9)	9.2% (5.6 to 14.2)	1.5% (1.3 to 1.6)	6.45% (5.56 to 7.35)	4.98% (4.10 to 5.86)
41.4% (36.8 to 46.4)	7.4% (4.5 to 11.5)	0.2% (0.2 to 0.2)	6.50% (5.71 to 7.34)	4.69% (3.92 to 5.52)
60.2% (51.8 to 68.5)	7.8% (3.8 to 14.1)	0.5% (0.4 to 0.6)	3.45% (2.15 to 4.75)	1.54% (0.26 to 2.82)
27.6% (22.7 to 32.9)	6.1% (3.3 to 10.7)	1.9% (1.7 to 2.1)	2.31% (1.46 to 3.09)	1.82% (0.98 to 2.61)
71.6% (66.4 to 76.1)	4.1% (1.9 to 7.5)	2.8% (2.4 to 3.1)	9.04% (7.92 to 10.17)	5.74% (4.65 to 6.84)
63.0% (53.8 to 70.9)	1.8% (0.8 to 3.4)	14.8% (11.8 to 18.1)	0.24% (-1.19 to 1.71)	-2.20% (-3.60 to -0.77)
22.7% (21.0 to 24.5)	1.8% (1.0 to 2.8)	0.0% (0.0 to 0.0)	3.80% (3.37 to 4.24)	4.28% (3.85 to 4.72)
34.2% (25.5 to 43.5)	16.8% (8.7 to 28.1)	26.3% (21.7 to 30.7)	8.94% (7.61 to 10.35)	5.83% (4.53 to 7.19)
7.7% (5.2 to 11.1)	0.0% (0.0 to 0.0)	8.1% (6.8 to 9.6)	1.56% (0.33 to 2.77)	1.79% (0.56 to 3.00)
20.3% (15.0 to 27.0)	13.4% (7.3 to 21.6)	4.5% (3.9 to 5.2)	3.13% (2.05 to 4.22)	2.48% (1.41 to 3.57)
20.2% (19.4 to 21.1)	2.4% (2.0 to 2.9)	0.0% (0.0 to 0.0)	3.37% (3.16 to 3.60)	3.00% (2.79 to 3.23)
9.6% (9.0 to 10.2)	9.8% (8.6 to 11.2)	0.0% (0.0 to 0.0)	2.45% (2.23 to 2.65)	1.88% (1.67 to 2.09)
24.4% (19.2 to 29.9)	12.3% (7.4 to 18.7)	1.1% (1.0 to 1.3)	1.57% (0.72 to 2.42)	-0.82% (-1.65 to 0.00)
59.2% (53.1 to 65.0)	5.5% (2.8 to 9.6)	1.3% (1.2 to 1.5)	8.15% (6.87 to 9.40)	9.29% (8.00 to 10.55)
12.4% (11.8 to 13.1)	3.0% (2.1 to 3.9)	0.0% (0.0 to 0.0)	1.26% (1.01 to 1.52)	1.20% (0.95 to 1.46)
39.4% (31.3 to 48.2)	7.0% (3.5 to 12.9)	13.7% (11.5 to 16.2)	6.39% (5.05 to 7.71)	3.75% (2.44 to 5.03)
35.6% (32.6 to 38.3)	4.8% (3.5 to 6.2)	0.0% (0.0 to 0.0)	1.17% (0.76 to 1.57)	1.06% (0.65 to 1.46)
0.0% (0.0 to 0.0)	0.0% (0.0 to 0.0)	0.0% (0.0 to 0.0)	2.51% (1.30 to 3.60)	2.52% (1.32 to 3.61)
58.6% (53.9 to 63.3)	0.0% (0.0 to 0.0)	0.5% (0.4 to 0.5)	0.82% (0.13 to 1.51)	0.56% (-0.12 to 1.25)
8.8% (5.8 to 12.8)	3.8% (1.8 to 7.4)	0.0% (0.0 to 0.0)	2.88% (1.09 to 4.53)	2.01% (0.23 to 3.65)
54.8% (47.5 to 61.1)	7.4% (3.8 to 12.7)	1.2% (1.1 to 1.4)	5.07% (4.03 to 6.06)	2.77% (1.75 to 3.74)
53.4% (44.3 to 62.2)	9.9% (4.9 to 18.2)	25.7% (21.0 to 30.4)	6.11% (4.78 to 7.58)	3.49% (2.19 to 4.92)
33.9% (26.3 to 41.9)	0.0% (0.0 to 0.0)	31.7% (27.2 to 36.4)	1.71% (0.76 to 2.71)	-0.66% (-1.59 to 0.31)
38.5% (31.4 to 45.4)	0.1% (0.0 to 0.2)	4.8% (4.2 to 5.5)	3.12% (2.06 to 4.21)	3.02% (1.96 to 4.11)
35.6% (28.1 to 43.7)	4.3% (2.1 to 7.8)	47.1% (40.9 to 52.9)	0.55% (-0.34 to 1.54)	-1.13% (-2.01 to -0.16)
47.3% (39.3 to 54.7)	6.5% (3.5 to 11.5)	3.2% (2.7 to 3.7)	5.18% (4.04 to 6.28)	3.15% (2.03 to 4.23)
29.3% (27.0 to 31.7)	4.6% (3.1 to 6.6)	0.0% (0.0 to 0.0)	2.34% (1.91 to 2.77)	2.54% (2.10 to 2.97)
17.0% (16.1 to 18.0)	1.6% (1.3 to 2.0)	0.0% (0.0 to 0.0)	3.52% (3.26 to 3.79)	2.47% (2.22 to 2.74)
64.2% (54.2 to 72.6)	9.5% (4.6 to 17.2)	0.9% (0.7 to 1.0)	6.07% (4.48 to 7.77)	4.46% (2.90 to 6.14)
40.1% (31.0 to 49.5)	18.9% (10.7 to 30.0)	0.7% (0.6 to 0.8)	5.94% (4.38 to 7.43)	4.59% (3.05 to 6.06)
37.6% (31.9 to 43.4)	11.9% (7.3 to 17.9)	0.0% (0.0 to 0.0)	7.80% (6.92 to 8.76)	6.31% (5.44 to 7.25)
73.5% (67.2 to 79.4)	0.0% (0.0 to 0.0)	0.3% (0.2 to 0.3)	10.14% (8.68 to 11.74)	6.70% (5.28 to 8.25)
13.2% (12.3 to 14.2)	14.9% (13.7 to 16.1)	0.0% (0.0 to 0.0)	6.60% (6.12 to 7.05)	5.33% (4.86 to 5.78)
23.2% (21.9 to 24.4)	13.2% (12.1 to 14.4)	0.0% (0.0 to 0.0)	3.75% (3.52 to 3.97)	1.65% (1.43 to 1.87)
23.1% (22.0 to 24.2)	2.4% (1.7 to 3.3)	0.0% (0.0 to 0.0)	1.70% (1.48 to 1.89)	1.40% (1.19 to 1.60)
21.0% (16.5 to 26.4)	17.2% (11.1 to 24.7)	1.7% (1.5 to 2.0)	1.76% (0.86 to 2.61)	1.16% (0.26 to 2.00)

TABLE B10, CONTINUED

Health spending and health spending by source, 2016

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)
Japan	4,175 (4,065 to 4,278)	4,667 (4,543 to 4,782)	7.2% (7.0 to 7.4)	83.7% (82.7 to 84.6)
Jordan	224 (198 to 253)	509 (450 to 574)	5.1% (4.6 to 5.8)	65.7% (59.8 to 70.7)
Kazakhstan	295 (260 to 335)	868 (763 to 983)	2.1% (1.8 to 2.3)	61.3% (54.6 to 68.1)
Kenya	82 (70 to 96)	168 (143 to 196)	6.3% (5.4 to 7.4)	33.9% (26.3 to 41.6)
Kiribati	198 (176 to 224)	233 (207 to 263)	9.1% (8.1 to 10.3)	64.6% (59.1 to 69.6)
Kuwait	1,279 (1,140 to 1,433)	2,959 (2,637 to 3,314)	2.7% (2.4 to 3.1)	83.2% (80.3 to 85.8)
Kyrgyzstan	79 (65 to 96)	262 (217 to 318)	5.5% (4.6 to 6.7)	40.0% (31.7 to 48.8)
Laos	52 (43 to 62)	157 (130 to 189)	2.4% (2.0 to 2.9)	33.4% (24.8 to 41.7)
Latvia	995 (943 to 1,045)	1,635 (1,549 to 1,717)	5.4% (5.1 to 5.6)	55.1% (52.7 to 57.7)
Lebanon	486 (437 to 540)	852 (766 to 946)	5.3% (4.8 to 5.9)	51.4% (46.4 to 56.4)
Lesotho	122 (107 to 139)	323 (282 to 367)	7.0% (6.1 to 7.9)	55.8% (49.8 to 61.7)
Liberia	81 (71 to 94)	179 (157 to 208)	14.7% (12.9 to 17.1)	9.6% (7.0 to 12.6)
Libya	257 (222 to 294)	467 (404 to 535)	4.6% (4.0 to 5.3)	65.8% (58.5 to 72.1)
Lithuania	1,121 (1,069 to 1,176)	2,044 (1,949 to 2,144)	5.7% (5.4 to 6.0)	66.1% (63.8 to 68.4)
Luxembourg	7,027 (6,713 to 7,360)	6,677 (6,379 to 6,994)	5.2% (5.0 to 5.4)	82.4% (80.9 to 83.9)
Macedonia	364 (326 to 404)	949 (849 to 1,053)	5.6% (5.0 to 6.2)	63.5% (57.8 to 68.7)
Madagascar	23 (20 to 27)	81 (68 to 94)	4.1% (3.5 to 4.8)	46.6% (38.4 to 55.5)
Malawi	39 (36 to 42)	141 (130 to 153)	6.6% (6.1 to 7.2)	23.4% (18.5 to 28.2)
Malaysia	407 (366 to 455)	1,151 (1,032 to 1,284)	3.0% (2.7 to 3.3)	52.2% (46.6 to 57.8)
Maldives	974 (903 to 1,047)	1,539 (1,426 to 1,653)	10.0% (9.3 to 10.8)	70.5% (67.1 to 73.8)
Mali	33 (28 to 38)	84 (73 to 97)	3.1% (2.7 to 3.6)	24.7% (19.0 to 30.6)
Malta	2,799 (2,725 to 2,879)	4,037 (3,932 to 4,154)	8.7% (8.5 to 9.0)	62.3% (60.9 to 63.7)
Marshall Islands	529 (480 to 586)	518 (470 to 574)	13.6% (12.3 to 15.0)	79.3% (75.2 to 83.1)
Mauritania	56 (46 to 67)	191 (159 to 229)	3.2% (2.7 to 3.8)	36.9% (28.9 to 45.7)
Mauritius	557 (510 to 610)	1,237 (1,132 to 1,354)	4.6% (4.2 to 5.0)	44.1% (39.6 to 48.6)
Mexico	505 (458 to 554)	1,101 (1,000 to 1,209)	4.2% (3.8 to 4.6)	52.5% (47.8 to 57.2)
Moldova	204 (177 to 235)	498 (432 to 574)	8.1% (7.0 to 9.3)	50.2% (42.5 to 57.5)
Mongolia	150 (129 to 175)	506 (436 to 590)	2.8% (2.4 to 3.2)	52.2% (44.3 to 59.8)
Montenegro	603 (554 to 656)	1,325 (1,218 to 1,442)	6.8% (6.2 to 7.4)	74.4% (70.3 to 78.0)
Morocco	185 (159 to 216)	500 (431 to 584)	4.8% (4.1 to 5.6)	43.7% (36.2 to 51.0)
Mozambique	32 (31 to 35)	92 (87 to 98)	4.6% (4.4 to 4.9)	19.5% (15.5 to 24.2)
Myanmar	59 (48 to 75)	302 (243 to 383)	3.3% (2.7 to 4.2)	19.6% (14.0 to 26.2)
Namibia	512 (462 to 568)	1,119 (1,009 to 1,242)	7.1% (6.4 to 7.8)	58.7% (53.4 to 63.6)
Nepal	48 (38 to 60)	153 (120 to 193)	5.4% (4.3 to 6.9)	18.5% (13.4 to 24.6)
Netherlands	5,329 (5,132 to 5,527)	5,603 (5,396 to 5,812)	8.6% (8.3 to 9.0)	80.7% (78.8 to 82.5)
New Zealand	4,276 (4,168 to 4,376)	4,002 (3,901 to 4,096)	9.2% (8.9 to 9.4)	78.7% (77.6 to 79.7)
Nicaragua	184 (159 to 212)	502 (434 to 578)	8.0% (7.0 to 9.3)	56.2% (49.1 to 63.3)
Niger	27 (22 to 33)	67 (55 to 82)	5.4% (4.4 to 6.5)	24.9% (18.5 to 31.6)
Nigeria	71 (57 to 89)	199 (158 to 248)	2.4% (1.9 to 3.0)	14.5% (10.6 to 19.2)
North Korea	66 (54 to 80)	44 (35 to 53)	5.8% (4.7 to 7.1)	61.9% (51.7 to 72.2)
Northern Mariana Islands	261 (208 to 326)	261 (208 to 326)	1.2% (1.0 to 1.5)	84.2% (77.6 to 88.8)
Norway	8,269 (7,946 to 8,608)	7,708 (7,407 to 8,024)	7.1% (6.8 to 7.4)	85.2% (84.3 to 86.1)
Oman	764 (704 to 833)	1,861 (1,716 to 2,029)	3.4% (3.1 to 3.7)	89.1% (86.6 to 91.2)

Out-of-pocket spending per total health spending (%)	Prepaid private spending per total health spending (%)	Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 1995–2016 (%)	Annualized rate of change in health spending per person, 1995–2016 (%)
13.3% (12.6 to 14.1)	3.0% (2.4 to 3.6)	0.0% (0.0 to 0.0)	3.94% (3.67 to 4.20)	3.89% (3.61 to 4.15)
26.2% (21.5 to 31.4)	6.1% (3.5 to 9.7)	2.1% (1.8 to 2.3)	1.86% (1.06 to 2.67)	-0.93% (-1.70 to -0.14)
32.6% (26.3 to 39.0)	5.4% (2.7 to 9.6)	0.8% (0.7 to 0.9)	2.95% (2.02 to 3.84)	2.43% (1.50 to 3.31)
27.1% (20.1 to 35.0)	15.1% (8.0 to 26.7)	23.9% (20.3 to 27.8)	4.09% (2.87 to 5.39)	1.51% (0.32 to 2.78)
13.6% (9.8 to 18.1)	4.0% (1.9 to 7.2)	17.8% (15.7 to 20.0)	2.45% (1.55 to 3.44)	0.78% (-0.11 to 1.75)
15.2% (12.8 to 17.9)	1.5% (0.8 to 2.5)	0.0% (0.0 to 0.0)	3.56% (2.79 to 4.33)	-0.58% (-1.32 to 0.16)
52.4% (43.3 to 61.3)	0.0% (0.0 to 0.0)	7.6% (6.2 to 9.1)	4.48% (3.17 to 5.80)	3.14% (1.85 to 4.45)
48.9% (39.0 to 58.6)	3.4% (1.6 to 5.9)	14.3% (11.8 to 17.3)	4.38% (3.03 to 5.82)	2.34% (1.02 to 3.75)
43.9% (41.4 to 46.3)	1.0% (0.5 to 1.8)	0.0% (0.0 to 0.0)	4.29% (3.76 to 4.82)	5.41% (4.88 to 5.95)
32.5% (28.3 to 37.1)	15.6% (11.2 to 20.7)	0.5% (0.5 to 0.6)	1.90% (1.25 to 2.57)	-1.22% (-1.85 to -0.57)
15.5% (11.2 to 20.5)	1.4% (0.6 to 2.6)	27.3% (23.9 to 31.0)	6.96% (5.82 to 8.17)	5.86% (4.73 to 7.06)
42.3% (34.1 to 50.9)	5.9% (2.7 to 11.0)	42.2% (36.2 to 48.0)	14.61% (12.99 to 16.34)	10.42% (8.85 to 12.08)
29.2% (23.0 to 35.7)	4.8% (2.3 to 8.9)	0.3% (0.2 to 0.3)	-1.18% (-2.01 to -0.35)	-2.27% (-3.10 to -1.45)
32.5% (30.3 to 34.8)	1.4% (0.8 to 2.2)	0.0% (0.0 to 0.0)	5.50% (4.90 to 6.10)	6.63% (6.03 to 7.24)
11.3% (10.1 to 12.6)	6.3% (5.5 to 7.1)	0.0% (0.0 to 0.0)	4.75% (4.30 to 5.20)	3.00% (2.55 to 3.44)
34.5% (29.3 to 40.2)	1.7% (0.7 to 3.2)	0.3% (0.3 to 0.3)	1.14% (0.36 to 1.92)	0.87% (0.10 to 1.65)
27.1% (19.3 to 35.2)	7.2% (3.5 to 13.1)	19.1% (16.2 to 22.3)	3.45% (2.28 to 4.58)	0.45% (-0.68 to 1.55)
9.8% (6.9 to 13.2)	5.8% (3.0 to 10.8)	61.0% (56.1 to 66.0)	8.37% (7.56 to 9.14)	5.36% (4.57 to 6.10)
36.2% (30.7 to 41.8)	11.6% (7.3 to 17.5)	0.0% (0.0 to 0.0)	6.96% (6.06 to 7.83)	4.96% (4.08 to 5.82)
20.1% (17.6 to 22.9)	9.2% (6.6 to 12.6)	0.2% (0.2 to 0.2)	6.60% (5.91 to 7.23)	4.44% (3.77 to 5.06)
37.1% (29.6 to 46.1)	1.3% (0.6 to 2.6)	36.8% (31.8 to 42.3)	5.45% (4.28 to 6.61)	2.34% (1.20 to 3.46)
35.5% (34.2 to 36.8)	2.2% (1.5 to 3.0)	0.0% (0.0 to 0.0)	5.73% (5.42 to 6.05)	5.12% (4.81 to 5.44)
14.3% (11.2 to 17.9)	3.9% (2.0 to 6.8)	2.5% (2.3 to 2.8)	2.29% (1.58 to 2.99)	0.29% (-0.42 to 0.97)
50.4% (41.0 to 59.8)	4.4% (2.0 to 7.9)	8.4% (6.9 to 9.9)	2.92% (1.68 to 4.27)	0.10% (-1.11 to 1.41)
49.3% (44.7 to 53.9)	6.5% (3.8 to 10.5)	0.2% (0.1 to 0.2)	8.11% (7.22 to 8.98)	7.48% (6.61 to 8.35)
40.0% (35.3 to 44.4)	7.5% (4.5 to 12.0)	0.1% (0.1 to 0.1)	4.10% (3.34 to 4.82)	2.64% (1.89 to 3.35)
45.4% (38.1 to 53.0)	1.2% (0.5 to 2.1)	3.2% (2.8 to 3.7)	3.19% (2.11 to 4.31)	3.50% (2.42 to 4.63)
35.5% (28.1 to 43.2)	3.3% (1.5 to 5.7)	9.1% (7.7 to 10.5)	6.11% (4.95 to 7.34)	4.71% (3.56 to 5.93)
24.6% (21.0 to 28.7)	0.4% (0.2 to 0.7)	0.6% (0.6 to 0.7)	0.40% (-0.16 to 0.99)	0.35% (-0.21 to 0.94)
48.6% (41.0 to 56.1)	4.0% (1.9 to 7.4)	3.7% (3.1 to 4.3)	7.89% (6.59 to 9.17)	6.81% (5.53 to 8.09)
5.5% (4.0 to 7.6)	1.7% (0.8 to 3.2)	73.3% (68.7 to 77.2)	8.52% (7.86 to 9.11)	5.40% (4.76 to 5.97)
71.0% (63.2 to 78.1)	0.0% (0.0 to 0.0)	9.4% (7.3 to 11.5)	13.54% (11.61 to 15.67)	12.46% (10.55 to 14.58)
8.0% (5.9 to 10.5)	26.7% (21.6 to 32.4)	6.7% (6.0 to 7.4)	3.89% (3.13 to 4.63)	1.89% (1.14 to 2.61)
60.1% (50.1 to 69.1)	13.2% (6.4 to 22.7)	8.2% (6.4 to 10.2)	6.14% (4.44 to 7.80)	4.42% (2.76 to 6.06)
11.7% (10.7 to 12.8)	7.6% (5.9 to 9.7)	0.0% (0.0 to 0.0)	3.11% (2.77 to 3.43)	2.60% (2.25 to 2.91)
13.5% (12.7 to 14.4)	7.8% (7.1 to 8.6)	0.0% (0.0 to 0.0)	3.88% (3.66 to 4.11)	2.81% (2.59 to 3.04)
32.7% (25.8 to 40.2)	2.2% (1.0 to 3.9)	9.0% (7.8 to 10.3)	4.76% (3.71 to 5.86)	3.27% (2.24 to 4.35)
54.7% (46.1 to 63.5)	5.5% (2.5 to 10.2)	15.0% (12.2 to 18.1)	4.57% (3.12 to 6.01)	0.75% (-0.64 to 2.14)
75.2% (69.0 to 80.8)	1.7% (0.8 to 3.2)	8.6% (6.8 to 10.7)	6.75% (4.88 to 8.51)	4.01% (2.19 to 5.73)
36.8% (26.6 to 47.2)	1.0% (0.5 to 1.8)	0.3% (0.3 to 0.4)	0.92% (-0.45 to 2.37)	0.26% (-1.10 to 1.70)
14.6% (10.1 to 21.1)	1.2% (0.5 to 2.3)	0.0% (0.0 to 0.0)	-1.02% (-2.62 to 0.61)	-4.24% (-5.79 to -2.66)
14.5% (13.6 to 15.3)	0.4% (0.2 to 0.6)	0.0% (0.0 to 0.0)	4.03% (3.67 to 4.40)	3.10% (2.75 to 3.47)
5.9% (4.5 to 7.4)	5.0% (3.4 to 7.3)	0.0% (0.0 to 0.0)	4.54% (3.86 to 5.24)	0.96% (0.31 to 1.64)

TABLE B10, CONTINUED

Health spending and health spending by source, 2016

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)
Pakistan	41 (33 to 51)	142 (115 to 177)	2.7% (2.2 to 3.3)	26.2% (19.7 to 34.4)
Palestine	320 (277 to 373)	113 (98 to 131)	10.6% (9.1 to 12.3)	38.7% (32.5 to 45.0)
Panama	1,078 (1,014 to 1,142)	1,872 (1,759 to 1,982)	8.1% (7.6 to 8.6)	64.6% (61.3 to 67.9)
Papua New Guinea	59 (49 to 71)	73 (61 to 88)	1.8% (1.5 to 2.2)	72.8% (67.5 to 78.1)
Paraguay	343 (302 to 392)	804 (706 to 916)	6.5% (5.7 to 7.4)	52.1% (45.7 to 58.0)
Peru	337 (299 to 378)	683 (605 to 765)	4.5% (4.0 to 5.1)	62.7% (56.4 to 68.9)
Philippines	124 (101 to 151)	361 (294 to 441)	3.7% (3.0 to 4.5)	30.9% (23.7 to 39.0)
Poland	908 (863 to 956)	1,857 (1,765 to 1,955)	5.1% (4.9 to 5.4)	69.9% (67.2 to 72.6)
Portugal	1,954 (1,882 to 2,029)	2,649 (2,552 to 2,751)	7.4% (7.1 to 7.7)	66.2% (64.4 to 67.8)
Puerto Rico	1,364 (1,210 to 1,561)	1,671 (1,483 to 1,913)	4.5% (3.9 to 5.1)	64.9% (56.7 to 72.3)
Qatar	2,064 (1,900 to 2,219)	4,145 (3,815 to 4,456)	2.4% (2.2 to 2.5)	82.8% (80.6 to 84.9)
Romania	537 (490 to 587)	1,181 (1,077 to 1,291)	4.3% (4.0 to 4.8)	78.2% (74.0 to 81.8)
Russia	574 (527 to 621)	1,470 (1,350 to 1,592)	3.5% (3.2 to 3.8)	58.1% (53.9 to 62.6)
Rwanda	44 (39 to 50)	121 (107 to 138)	5.0% (4.4 to 5.7)	37.0% (30.6 to 44.2)
Saint Lucia	511 (464 to 559)	800 (726 to 875)	5.5% (5.0 to 6.0)	39.1% (34.8 to 43.4)
Saint Vincent and the Grenadines	277 (245 to 310)	453 (400 to 507)	3.7% (3.3 to 4.2)	68.3% (62.9 to 73.2)
Samoa	232 (205 to 262)	320 (283 to 363)	4.9% (4.3 to 5.6)	76.7% (72.4 to 80.6)
Sao Tome and Principe	102 (90 to 114)	173 (154 to 195)	6.4% (5.7 to 7.2)	42.9% (37.1 to 48.8)
Saudi Arabia	1,257 (1,185 to 1,336)	3,200 (3,018 to 3,402)	4.5% (4.3 to 4.8)	69.5% (66.9 to 71.9)
Senegal	69 (57 to 83)	172 (143 to 207)	5.1% (4.3 to 6.2)	30.0% (22.9 to 37.9)
Serbia	462 (420 to 504)	1,121 (1,018 to 1,223)	6.1% (5.5 to 6.6)	58.0% (53.0 to 62.7)
Seychelles	534 (494 to 573)	1,002 (926 to 1,075)	3.5% (3.2 to 3.8)	97.8% (97.1 to 98.4)
Sierra Leone	82 (71 to 96)	257 (223 to 300)	14.9% (12.9 to 17.4)	9.8% (7.3 to 12.8)
Singapore	2,580 (2,486 to 2,673)	4,240 (4,087 to 4,393)	3.9% (3.8 to 4.1)	54.1% (52.4 to 55.9)
Slovakia	1,325 (1,275 to 1,379)	2,334 (2,246 to 2,428)	5.7% (5.5 to 6.0)	79.5% (77.5 to 81.4)
Slovenia	2,090 (2,027 to 2,156)	2,857 (2,770 to 2,947)	7.2% (7.0 to 7.4)	72.0% (70.2 to 73.6)
Solomon Islands	109 (96 to 124)	114 (99 to 129)	5.5% (4.8 to 6.3)	64.7% (59.7 to 69.2)
Somalia	15 (13 to 17)	30 (27 to 34)	15.6% (14.0 to 17.5)	20.0% (15.6 to 25.0)
South Africa	512 (460 to 564)	1,162 (1,046 to 1,282)	5.6% (5.1 to 6.2)	53.6% (48.5 to 58.8)
South Korea	2,150 (2,088 to 2,217)	2,833 (2,751 to 2,922)	7.1% (6.9 to 7.3)	59.1% (57.6 to 60.4)
South Sudan	52 (44 to 62)	248 (208 to 293)	2.8% (2.4 to 3.3)	43.8% (35.2 to 52.3)
Spain	2,687 (2,608 to 2,766)	3,419 (3,318 to 3,519)	7.2% (7.0 to 7.4)	71.2% (69.8 to 72.5)
Sri Lanka	159 (134 to 188)	505 (427 to 596)	3.5% (3.0 to 4.2)	43.6% (35.7 to 51.3)
Sudan	113 (93 to 136)	265 (220 to 320)	5.1% (4.2 to 6.1)	23.2% (17.7 to 29.7)
Suriname	417 (372 to 466)	939 (837 to 1,047)	4.8% (4.3 to 5.4)	61.1% (55.1 to 66.6)
Swaziland	329 (297 to 365)	876 (792 to 972)	6.6% (5.9 to 7.3)	60.3% (55.8 to 64.8)
Sweden	6,095 (5,899 to 6,299)	5,757 (5,572 to 5,950)	8.6% (8.3 to 8.8)	83.5% (82.5 to 84.3)
Switzerland	10,036 (9,841 to 10,235)	7,601 (7,454 to 7,752)	9.9% (9.7 to 10.1)	62.9% (62.0 to 63.7)
Syria	44 (36 to 53)	773 (631 to 934)	2.4% (2.0 to 2.9)	44.7% (35.1 to 53.8)
Taiwan (Province of China)	1,632 (1,538 to 1,726)	3,118 (2,938 to 3,297)	6.4% (6.0 to 6.7)	59.6% (56.7 to 62.4)
Tajikistan	53 (43 to 66)	210 (169 to 261)	4.5% (3.6 to 5.6)	27.8% (20.7 to 35.2)
Tanzania	41 (36 to 46)	129 (116 to 147)	4.0% (3.6 to 4.6)	34.3% (27.9 to 40.8)
Thailand	231 (200 to 265)	654 (566 to 751)	3.2% (2.8 to 3.7)	77.3% (70.6 to 82.8)

Out-of-pocket spending per total health spending (%)	Prepaid private spending per total health spending (%)	Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 1995–2016 (%)	Annualized rate of change in health spending per person, 1995–2016 (%)
62.7% (53.1 to 71.0)	2.7% (1.3 to 5.1)	8.3% (6.6 to 10.2)	3.42% (1.96 to 4.98)	1.25% (-0.18 to 2.77)
39.1% (32.7 to 45.7)	20.5% (14.1 to 28.4)	1.8% (1.6 to 2.1)	5.93% (4.69 to 7.18)	2.44% (1.24 to 3.64)
28.6% (25.7 to 31.8)	6.6% (4.6 to 9.3)	0.1% (0.1 to 0.1)	6.11% (5.60 to 6.64)	4.23% (3.74 to 4.76)
7.4% (5.0 to 10.3)	1.4% (0.6 to 2.6)	18.4% (15.1 to 21.8)	4.15% (2.69 to 5.62)	1.70% (0.28 to 3.14)
37.0% (31.2 to 43.3)	10.4% (5.9 to 16.5)	0.6% (0.5 to 0.6)	5.58% (4.61 to 6.49)	3.91% (2.95 to 4.81)
29.1% (23.5 to 34.8)	7.9% (4.3 to 13.0)	0.3% (0.2 to 0.3)	5.08% (4.16 to 5.99)	3.59% (2.68 to 4.49)
54.4% (44.9 to 63.0)	13.7% (7.3 to 22.4)	1.0% (0.8 to 1.2)	6.24% (4.85 to 7.62)	4.28% (2.93 to 5.64)
23.2% (20.9 to 25.5)	6.9% (5.0 to 9.2)	0.0% (0.0 to 0.0)	4.98% (4.47 to 5.51)	4.92% (4.42 to 5.45)
27.8% (26.3 to 29.4)	6.0% (4.8 to 7.4)	0.0% (0.0 to 0.0)	2.73% (2.41 to 3.04)	2.53% (2.21 to 2.84)
26.5% (19.5 to 34.1)	8.7% (4.2 to 15.5)	0.0% (0.0 to 0.0)	1.47% (0.31 to 2.66)	1.46% (0.30 to 2.65)
7.8% (6.4 to 9.3)	9.4% (7.8 to 11.0)	0.0% (0.0 to 0.0)	9.14% (8.51 to 9.77)	1.61% (1.02 to 2.20)
20.8% (17.1 to 24.9)	0.9% (0.4 to 1.8)	0.1% (0.1 to 0.1)	4.56% (3.83 to 5.32)	5.41% (4.67 to 6.17)
39.2% (34.7 to 43.4)	2.7% (1.5 to 4.5)	0.0% (0.0 to 0.0)	2.52% (1.87 to 3.22)	2.54% (1.89 to 3.24)
8.1% (5.9 to 11.1)	11.3% (5.8 to 19.4)	43.6% (37.9 to 49.0)	7.70% (6.47 to 8.86)	4.46% (3.26 to 5.59)
47.9% (43.4 to 52.6)	6.0% (3.6 to 9.5)	7.1% (6.4 to 7.8)	1.61% (0.97 to 2.23)	0.58% (-0.05 to 1.20)
18.7% (14.3 to 23.8)	2.6% (1.3 to 4.7)	10.4% (9.3 to 11.7)	1.52% (0.72 to 2.37)	1.49% (0.68 to 2.33)
12.2% (8.9 to 16.4)	0.9% (0.4 to 1.8)	10.1% (8.9 to 11.3)	3.30% (2.38 to 4.26)	2.61% (1.70 to 3.56)
18.2% (13.7 to 23.7)	1.7% (0.8 to 3.2)	37.2% (32.9 to 41.8)	1.99% (1.06 to 2.89)	-0.18% (-1.09 to 0.70)
14.2% (12.4 to 16.2)	16.3% (14.3 to 18.4)	0.0% (0.0 to 0.0)	6.77% (6.20 to 7.38)	4.30% (3.74 to 4.89)
48.7% (39.4 to 58.3)	7.9% (3.8 to 14.1)	13.4% (11.1 to 16.0)	4.51% (3.24 to 5.93)	1.62% (0.39 to 3.00)
40.0% (35.2 to 45.0)	1.5% (0.7 to 2.7)	0.5% (0.5 to 0.6)	4.99% (4.14 to 5.78)	5.58% (4.72 to 6.38)
2.1% (1.5 to 2.8)	0.0% (0.0 to 0.0)	0.1% (0.1 to 0.1)	0.65% (0.10 to 1.19)	-0.48% (-1.01 to 0.07)
46.4% (38.4 to 54.6)	4.7% (2.2 to 8.7)	39.0% (33.3 to 44.9)	5.74% (4.31 to 7.19)	2.97% (1.57 to 4.37)
31.2% (29.8 to 32.7)	14.6% (13.5 to 15.8)	0.0% (0.0 to 0.0)	5.37% (5.00 to 5.73)	4.05% (3.67 to 4.40)
17.9% (16.0 to 19.8)	2.6% (1.7 to 3.8)	0.0% (0.0 to 0.0)	4.78% (4.39 to 5.18)	4.67% (4.29 to 5.07)
12.2% (11.1 to 13.4)	15.9% (14.4 to 17.4)	0.0% (0.0 to 0.0)	3.49% (3.18 to 3.78)	3.30% (3.00 to 3.60)
4.7% (3.2 to 6.6)	0.0% (0.0 to 0.0)	30.5% (26.8 to 34.8)	3.36% (2.19 to 4.43)	0.89% (-0.25 to 1.94)
28.7% (21.2 to 36.5)	1.5% (0.7 to 2.8)	49.8% (44.2 to 55.3)	3.63% (2.43 to 4.85)	1.00% (-0.16 to 2.19)
7.8% (5.7 to 10.0)	36.4% (31.2 to 41.4)	2.3% (2.1 to 2.6)	3.15% (2.33 to 3.90)	2.00% (1.18 to 2.74)
33.4% (32.0 to 34.8)	7.5% (6.4 to 8.9)	0.0% (0.0 to 0.0)	7.67% (7.28 to 8.09)	7.06% (6.67 to 7.48)
36.0% (26.9 to 46.2)	4.6% (2.1 to 8.7)	15.6% (13.1 to 18.5)	5.26% (3.85 to 6.66)	1.05% (-0.30 to 2.39)
23.9% (22.7 to 25.1)	5.0% (4.1 to 6.0)	0.0% (0.0 to 0.0)	3.39% (3.12 to 3.64)	2.62% (2.35 to 2.88)
48.9% (41.0 to 57.3)	6.1% (2.9 to 11.2)	1.4% (1.2 to 1.7)	3.54% (2.31 to 4.75)	2.93% (1.70 to 4.13)
69.2% (61.9 to 75.7)	3.7% (1.8 to 6.6)	3.9% (3.2 to 4.6)	5.25% (3.96 to 6.71)	2.70% (1.44 to 4.12)
22.4% (18.1 to 27.2)	15.8% (11.2 to 21.2)	0.6% (0.6 to 0.7)	0.96% (0.20 to 1.71)	0.02% (-0.74 to 0.76)
9.8% (7.0 to 13.2)	7.3% (4.3 to 11.4)	22.5% (20.3 to 24.9)	6.39% (5.29 to 7.50)	4.63% (3.54 to 5.71)
15.3% (14.5 to 16.1)	1.2% (0.9 to 1.6)	0.0% (0.0 to 0.0)	4.44% (4.08 to 4.79)	3.87% (3.50 to 4.21)
29.5% (28.7 to 30.2)	7.7% (7.2 to 8.2)	0.0% (0.0 to 0.0)	2.84% (2.68 to 3.01)	1.98% (1.82 to 2.16)
50.0% (40.6 to 59.9)	3.8% (1.7 to 6.8)	1.5% (1.3 to 1.9)	-2.10% (-3.30 to -0.81)	-3.18% (-4.37 to -1.91)
36.9% (34.3 to 39.2)	3.5% (1.6 to 6.1)	0.0% (0.0 to 0.0)	5.31% (4.93 to 5.70)	4.76% (4.38 to 5.15)
63.1% (54.9 to 71.3)	0.3% (0.1 to 0.6)	8.8% (7.0 to 10.8)	9.76% (8.29 to 11.41)	7.65% (6.20 to 9.26)
22.8% (16.8 to 30.0)	1.3% (0.6 to 2.5)	41.6% (36.5 to 46.3)	5.73% (4.45 to 6.98)	2.81% (1.56 to 4.01)
12.3% (8.9 to 16.6)	10.1% (5.5 to 17.2)	0.3% (0.2 to 0.3)	3.80% (2.73 to 4.81)	3.22% (2.15 to 4.22)

TABLE B10, CONTINUED

Health spending and health spending by source, 2016

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)
The Bahamas	1,938 (1,865 to 2,020)	1,976 (1,901 to 2,059)	6.6% (6.4 to 6.9)	49.9% (47.9 to 51.8)
The Gambia	29 (26 to 31)	104 (95 to 114)	4.8% (4.4 to 5.3)	16.2% (12.7 to 20.1)
Timor-Leste	85 (73 to 101)	209 (178 to 245)	2.0% (1.7 to 2.3)	65.2% (59.1 to 70.9)
Togo	41 (34 to 50)	108 (89 to 131)	5.6% (4.6 to 6.8)	21.9% (16.8 to 28.3)
Tonga	219 (196 to 245)	322 (287 to 360)	4.4% (3.9 to 4.9)	56.2% (50.9 to 61.2)
Trinidad and Tobago	1,048 (983 to 1,111)	2,148 (2,014 to 2,278)	5.1% (4.8 to 5.4)	52.1% (49.4 to 55.0)
Tunisia	242 (211 to 275)	847 (738 to 963)	4.8% (4.2 to 5.5)	56.8% (49.5 to 63.7)
Turkey	445 (405 to 490)	1,107 (1,009 to 1,220)	2.9% (2.6 to 3.2)	77.9% (73.4 to 82.1)
Turkmenistan	511 (462 to 565)	1,382 (1,249 to 1,528)	5.8% (5.2 to 6.4)	21.2% (17.5 to 25.0)
Uganda	44 (38 to 50)	153 (134 to 177)	6.0% (5.2 to 6.9)	16.0% (12.2 to 20.2)
Ukraine	171 (146 to 197)	567 (485 to 654)	4.7% (4.0 to 5.4)	43.3% (36.3 to 50.6)
United Arab Emirates	1,440 (1,346 to 1,538)	2,586 (2,417 to 2,762)	2.8% (2.6 to 3.0)	72.1% (68.6 to 75.3)
United Kingdom	4,113 (4,010 to 4,216)	4,364 (4,254 to 4,473)	8.3% (8.0 to 8.5)	80.0% (78.7 to 81.2)
United States	10,271 (10,054 to 10,498)	10,271 (10,054 to 10,498)	17.1% (16.8 to 17.5)	81.8% (81.2 to 82.5)
Uruguay	1,520 (1,457 to 1,586)	2,049 (1,965 to 2,138)	8.6% (8.2 to 8.9)	71.2% (68.8 to 73.4)
Uzbekistan	76 (63 to 93)	423 (348 to 513)	3.2% (2.6 to 3.9)	47.3% (37.6 to 56.7)
Vanuatu	96 (83 to 112)	84 (73 to 98)	2.7% (2.3 to 3.1)	60.3% (53.7 to 66.3)
Venezuela	384 (345 to 427)	636 (572 to 708)	4.1% (3.7 to 4.6)	33.2% (28.4 to 38.3)
Vietnam	119 (98 to 140)	347 (287 to 409)	5.5% (4.6 to 6.5)	49.6% (41.1 to 58.4)
Virgin Islands, US	2,196 (1,799 to 2,665)	1,180 (967 to 1,432)	6.3% (5.1 to 7.6)	63.4% (53.6 to 72.5)
Yemen	59 (47 to 73)	126 (100 to 157)	9.2% (7.3 to 11.5)	14.1% (10.2 to 18.9)
Zambia	64 (57 to 72)	187 (167 to 209)	3.2% (2.9 to 3.6)	38.1% (31.6 to 45.0)
Zimbabwe	106 (91 to 124)	198 (171 to 231)	9.7% (8.3 to 11.3)	45.0% (37.8 to 52.8)

Uncertainty intervals included in parentheses.

Income groups are 2018 World Bank income groups.

Source: *Financing Global Health Database 2018*

Out-of-pocket spending per total health spending (%)	Prepaid private spending per total health spending (%)	Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 1995–2016 (%)	Annualized rate of change in health spending per person, 1995–2016 (%)
27.7% (26.0 to 29.6)	22.4% (20.7 to 24.1)	0.0% (0.0 to 0.0)	2.64% (2.34 to 2.93)	0.95% (0.66 to 1.24)
18.2% (13.6 to 24.0)	8.7% (4.3 to 14.8)	56.9% (51.5 to 61.9)	5.24% (4.12 to 6.33)	2.11% (1.02 to 3.17)
10.6% (7.3 to 14.6)	1.3% (0.6 to 2.5)	22.9% (19.3 to 26.6)	6.79% (5.55 to 8.05)	5.07% (3.85 to 6.30)
54.8% (45.4 to 63.0)	8.7% (4.2 to 15.4)	14.6% (11.9 to 17.5)	5.06% (3.44 to 6.63)	2.31% (0.73 to 3.84)
10.2% (7.2 to 13.4)	4.5% (2.3 to 7.9)	29.1% (25.9 to 32.6)	3.48% (2.56 to 4.40)	3.05% (2.13 to 3.96)
40.7% (38.0 to 43.3)	7.2% (5.3 to 9.5)	0.0% (0.0 to 0.0)	5.79% (5.13 to 6.42)	5.47% (4.81 to 6.09)
39.1% (32.1 to 46.0)	3.3% (1.5 to 6.1)	0.7% (0.6 to 0.8)	5.28% (4.22 to 6.29)	4.27% (3.22 to 5.27)
16.8% (13.2 to 20.8)	5.2% (2.8 to 9.0)	0.1% (0.1 to 0.1)	6.67% (5.84 to 7.46)	5.17% (4.35 to 5.94)
73.6% (69.2 to 77.7)	4.9% (2.6 to 8.2)	0.4% (0.3 to 0.4)	7.02% (6.05 to 7.94)	5.63% (4.67 to 6.54)
38.2% (30.1 to 46.3)	2.8% (1.3 to 5.2)	43.0% (37.1 to 49.0)	5.66% (4.44 to 6.85)	2.29% (1.11 to 3.43)
52.3% (44.8 to 59.5)	3.0% (1.4 to 5.5)	1.3% (1.1 to 1.5)	1.28% (0.20 to 2.31)	1.81% (0.73 to 2.85)
18.1% (15.5 to 20.9)	9.9% (8.2 to 12.2)	0.0% (0.0 to 0.0)	6.43% (5.97 to 6.91)	-0.29% (-0.72 to 0.16)
15.3% (14.3 to 16.5)	4.7% (3.9 to 5.5)	0.0% (0.0 to 0.0)	4.97% (4.68 to 5.24)	4.37% (4.08 to 4.64)
11.1% (10.6 to 11.5)	7.1% (6.6 to 7.6)	0.0% (0.0 to 0.0)	4.03% (3.84 to 4.23)	3.08% (2.89 to 3.28)
17.2% (15.5 to 18.8)	11.6% (9.7 to 13.7)	0.0% (0.0 to 0.0)	2.44% (2.07 to 2.85)	2.10% (1.73 to 2.51)
48.4% (39.1 to 58.4)	0.5% (0.2 to 0.9)	3.9% (3.2 to 4.7)	5.71% (4.39 to 7.13)	4.26% (2.96 to 5.66)
10.4% (7.3 to 14.4)	4.3% (2.0 to 7.9)	25.0% (21.4 to 28.8)	3.06% (1.80 to 4.24)	0.80% (-0.44 to 1.94)
33.8% (29.0 to 38.9)	32.9% (27.5 to 38.7)	0.0% (0.0 to 0.0)	-0.28% (-0.98 to 0.42)	-1.96% (-2.64 to -1.27)
46.7% (38.0 to 55.5)	1.0% (0.5 to 1.9)	2.7% (2.3 to 3.3)	7.97% (6.62 to 9.29)	6.71% (5.37 to 8.01)
26.1% (18.6 to 34.9)	10.5% (4.9 to 19.0)	0.0% (0.0 to 0.0)	4.27% (2.82 to 5.71)	4.31% (2.86 to 5.75)
79.8% (74.0 to 84.7)	1.0% (0.4 to 1.9)	5.2% (4.1 to 6.4)	1.96% (0.62 to 3.47)	-1.08% (-2.38 to 0.38)
12.3% (8.7 to 16.4)	5.6% (2.7 to 9.9)	44.0% (39.2 to 49.1)	3.85% (2.76 to 4.82)	0.98% (-0.07 to 1.93)
26.5% (19.9 to 33.5)	9.6% (4.9 to 17.3)	18.9% (16.1 to 21.8)	1.89% (0.60 to 3.12)	0.36% (-0.92 to 1.56)

TABLE B11

Total health spending and health spending by source, 2030 and growth

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)	Out-of-pocket spending per total health spending (%)	Prepaid private spending per total health spending (%)
Afghanistan	70 (53 to 90)	250 (190 to 324)	7.7 (5.9 to 10.0)	6.0 (4.0 to 8.4)	87.2 (83.1 to 90.8)	0.4 (0.2 to 0.7)
Albania	452 (398 to 514)	1,188 (1,045 to 1,351)	6.5 (5.7 to 7.4)	45.7 (39.3 to 51.5)	53.9 (48.0 to 60.2)	0.0 (0.0 to 0.0)
Algeria	334 (289 to 380)	1,159 (1,002 to 1,318)	4.9 (4.3 to 5.6)	64.0 (57.3 to 70.4)	34.5 (28.1 to 41.3)	1.5 (0.7 to 2.7)
American Samoa	801 (689 to 919)	801 (689 to 919)	6.9 (5.9 to 7.9)	90.5 (87.1 to 93.2)	7.8 (5.3 to 10.9)	1.7 (0.8 to 3.3)
Andorra	4,647 (4,454 to 4,851)	8,632 (8,273 to 9,012)	8.5 (8.2 to 8.9)	51.2 (49.2 to 53.3)	38.9 (36.9 to 40.7)	9.9 (8.9 to 11.0)
Angola	142 (118 to 170)	236 (196 to 283)	2.7 (2.2 to 3.2)	47.0 (38.4 to 55.6)	34.1 (25.7 to 43.0)	15.9 (8.9 to 24.9)
Antigua and Barbuda	898 (832 to 965)	1,458 (1,351 to 1,566)	5.0 (4.6 to 5.4)	65.5 (62.1 to 69.0)	27.7 (24.5 to 30.8)	6.8 (4.8 to 9.2)
Argentina	1,307 (1,217 to 1,396)	1,972 (1,836 to 2,106)	8.5 (7.9 to 9.1)	78.6 (75.6 to 81.6)	12.7 (10.6 to 14.9)	8.7 (6.7 to 11.0)
Armenia	632 (543 to 726)	1,616 (1,389 to 1,856)	10.4 (9.0 to 12.0)	14.1 (10.7 to 18.7)	83.8 (79.2 to 87.4)	1.0 (0.5 to 1.9)
Australia	6,654 (6,435 to 6,896)	6,080 (5,879 to 6,301)	7.9 (7.6 to 8.2)	67.9 (65.9 to 69.7)	19.4 (17.7 to 21.3)	12.8 (11.9 to 13.7)
Austria	6,217 (5,938 to 6,539)	6,176 (5,899 to 6,496)	10.0 (9.6 to 10.5)	72.3 (70.4 to 74.1)	19.2 (17.6 to 21.0)	8.5 (7.7 to 9.4)
Azerbaijan	441 (337 to 529)	1,771 (1,353 to 2,125)	5.0 (3.8 to 6.0)	18.5 (13.7 to 24.8)	80.5 (74.2 to 85.4)	0.6 (0.3 to 1.1)
Bahrain	1,417 (1,273 to 1,564)	2,866 (2,574 to 3,164)	5.2 (4.6 to 5.7)	64.7 (60.1 to 69.1)	25.8 (21.8 to 30.0)	9.5 (7.6 to 11.8)
Bangladesh	65 (50 to 84)	174 (134 to 225)	3.4 (2.6 to 4.4)	20.2 (13.8 to 27.5)	72.7 (64.4 to 80.4)	2.8 (1.3 to 5.5)
Barbados	1,368 (1,275 to 1,487)	1,433 (1,335 to 1,557)	7.1 (6.6 to 7.7)	44.6 (40.8 to 48.5)	48.2 (44.4 to 52.0)	7.2 (5.4 to 9.3)
Belarus	500 (438 to 570)	1,653 (1,447 to 1,884)	6.2 (5.5 to 7.1)	49.9 (43.0 to 56.4)	47.4 (40.7 to 54.6)	2.3 (1.1 to 4.2)
Belgium	5,550 (5,339 to 5,762)	5,587 (5,375 to 5,801)	9.5 (9.2 to 9.9)	79.4 (78.0 to 80.7)	14.4 (13.3 to 15.7)	6.2 (5.5 to 7.0)
Belize	343 (296 to 391)	620 (534 to 707)	6.0 (5.2 to 6.8)	69.2 (62.6 to 75.0)	21.8 (16.9 to 27.4)	6.9 (3.5 to 12.1)
Benin	41 (33 to 48)	106 (87 to 125)	3.2 (2.7 to 3.8)	25.2 (19.1 to 31.9)	41.5 (32.5 to 51.3)	6.3 (3.1 to 11.5)
Bermuda	11,718 (10,327 to 13,300)	7,573 (6,674 to 8,596)	13.2 (11.7 to 15.0)	31.3 (26.8 to 36.1)	8.7 (6.6 to 11.5)	60.0 (54.6 to 65.6)
Bhutan	141 (115 to 170)	433 (354 to 523)	2.8 (2.3 to 3.4)	77.7 (70.7 to 83.8)	18.6 (12.8 to 25.5)	1.2 (0.5 to 2.3)
Bolivia	270 (232 to 311)	613 (527 to 705)	6.8 (5.9 to 7.9)	67.7 (60.9 to 74.2)	26.6 (20.2 to 33.2)	3.6 (1.7 to 6.6)
Bosnia and Herzegovina	696 (631 to 766)	1,683 (1,528 to 1,853)	8.2 (7.4 to 9.0)	70.4 (66.1 to 74.6)	26.2 (22.1 to 30.5)	2.0 (0.9 to 3.7)
Botswana	551 (483 to 628)	1,289 (1,130 to 1,470)	4.6 (4.0 to 5.2)	55.3 (49.0 to 61.5)	5.0 (3.6 to 6.8)	33.5 (27.3 to 40.3)
Brazil	1,270 (1,181 to 1,363)	2,124 (1,975 to 2,280)	8.3 (7.7 to 8.9)	34.6 (31.2 to 38.0)	41.4 (38.0 to 45.2)	23.9 (20.6 to 27.2)
Brunei	662 (591 to 739)	1,647 (1,470 to 1,837)	1.5 (1.4 to 1.7)	91.0 (87.1 to 93.6)	4.3 (3.2 to 5.5)	4.8 (2.4 to 8.6)
Bulgaria	1,046 (953 to 1,157)	2,744 (2,499 to 3,035)	8.0 (7.2 to 8.8)	46.1 (41.6 to 50.6)	52.3 (47.7 to 56.9)	1.5 (0.7 to 2.7)
Burkina Faso	54 (44 to 64)	149 (122 to 178)	4.7 (3.9 to 5.6)	44.7 (35.9 to 53.7)	34.4 (26.5 to 43.8)	7.0 (3.2 to 12.6)
Burundi	29 (25 to 34)	63 (55 to 74)	11.7 (10.1 to 13.7)	25.3 (19.6 to 31.8)	21.8 (15.9 to 28.8)	1.6 (0.7 to 3.0)
Cambodia	112 (92 to 139)	334 (273 to 413)	5.9 (4.8 to 7.3)	27.3 (20.8 to 35.2)	63.3 (54.4 to 71.5)	0.6 (0.3 to 1.1)
Cameroon	71 (57 to 89)	180 (144 to 224)	3.3 (2.7 to 4.1)	14.2 (9.9 to 19.2)	68.7 (61.0 to 76.1)	2.6 (1.1 to 5.2)
Canada	5,657 (5,372 to 5,952)	6,054 (5,749 to 6,370)	8.9 (8.5 to 9.4)	74.5 (72.8 to 76.2)	13.6 (12.4 to 15.0)	11.9 (10.9 to 12.9)
Cape Verde	223 (190 to 263)	469 (400 to 553)	4.2 (3.5 to 4.9)	64.1 (55.6 to 71.5)	30.2 (23.0 to 38.6)	2.5 (1.2 to 4.5)
Central African Republic	25 (21 to 29)	42 (36 to 50)	5.7 (4.9 to 6.8)	15.5 (11.3 to 20.4)	34.1 (25.2 to 43.4)	1.1 (0.5 to 2.1)
Chad	32 (26 to 39)	88 (72 to 108)	2.9 (2.4 to 3.6)	23.6 (17.2 to 31.2)	59.3 (49.8 to 68.1)	6.0 (2.7 to 11.1)
Chile	1,565 (1,483 to 1,647)	2,768 (2,623 to 2,912)	7.6 (7.2 to 8.0)	60.3 (57.3 to 63.1)	32.8 (30.1 to 35.4)	6.9 (5.2 to 9.1)
China	865 (764 to 980)	1,603 (1,415 to 1,814)	5.9 (5.2 to 6.6)	60.4 (54.5 to 66.0)	34.1 (28.5 to 39.8)	5.5 (2.9 to 9.7)
Colombia	447 (393 to 503)	1,066 (937 to 1,199)	4.2 (3.7 to 4.7)	66.5 (59.9 to 72.5)	19.0 (15.0 to 23.5)	14.4 (9.3 to 21.3)
Comoros	81 (67 to 99)	159 (130 to 194)	6.0 (4.9 to 7.3)	15.8 (11.5 to 20.9)	70.0 (63.0 to 76.2)	1.3 (0.6 to 2.4)
Congo	69 (56 to 84)	205 (166 to 250)	1.8 (1.4 to 2.2)	33.4 (25.2 to 42.5)	55.1 (45.6 to 64.4)	4.1 (2.0 to 7.8)
Costa Rica	1,216 (1,137 to 1,299)	1,817 (1,698 to 1,941)	8.7 (8.1 to 9.3)	77.1 (73.9 to 80.0)	20.1 (17.5 to 22.9)	2.8 (1.5 to 4.8)

Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 2017-2030 (%)	Annualized rate of change in health spending per person, 2017-2030 (%)	Annualized rate of change in health spending per GDP 2017-2030 (%)	Government health spending per person ($USD)	Difference between government health spending per person reference scenario and better scenario 1, 2030 ($USD)	Difference between government health spending per person reference scenario and better scenario 2, 2030 ($USD)
6.4 (4.4 to 8.7)	4.88 (4.40 to 5.41)	1.74 (1.27 to 2.25)	0.30 (-0.16 to 0.81)	4 (3 to 5)	36 (35 to 39)	65 (63 to 73)
0.4 (0.3 to 0.6)	2.29 (0.85 to 3.79)	2.16 (0.73 to 3.66)	0.68 (-0.74 to 2.15)	206 (172 to 244)	131 (123 to 147)	328 (320 to 356)
0.0 (0.0 to 0.0)	2.97 (2.73 to 3.21)	1.28 (1.05 to 1.52)	1.03 (0.80 to 1.26)	214 (182 to 249)	198 (191 to 213)	307 (300 to 336)
0.0 (0.0 to 0.0)	2.41 (1.96 to 2.86)	1.17 (0.73 to 1.62)	0.44 (0.01 to 0.89)	725 (615 to 838)	1 (0 to 10)	266 (233 to 306)
0.0 (0.0 to 0.0)	0.23 (-0.12 to 0.56)	0.54 (0.19 to 0.87)	0.32 (-0.03 to 0.65)	2,378 (2,219 to 2,557)	788 (747 to 996)	1,818 (1,754 to 2,153)
3.0 (2.2 to 3.8)	4.33 (3.73 to 4.94)	1.47 (0.88 to 2.06)	0.95 (0.36 to 1.54)	67 (53 to 82)	180 (176 to 194)	342 (334 to 376)
0.0 (0.0 to 0.0)	1.76 (1.19 to 2.28)	1.27 (0.70 to 1.79)	0.40 (-0.16 to 0.92)	589 (537 to 648)	63 (51 to 86)	794 (773 to 904)
0.0 (0.0 to 0.0)	2.20 (1.92 to 2.47)	1.51 (1.23 to 1.77)	0.66 (0.38 to 0.92)	1,028 (951 to 1,105)	38 (20 to 90)	155 (136 to 222)
1.0 (0.8 to 1.3)	3.68 (2.37 to 4.98)	3.84 (2.53 to 5.14)	2.26 (0.97 to 3.54)	89 (67 to 116)	178 (173 to 187)	378 (372 to 407)
0.0 (0.0 to 0.0)	2.46 (2.27 to 2.68)	1.34 (1.16 to 1.56)	0.80 (0.62 to 1.02)	4,517 (4,354 to 4,688)	720 (608 to 1,193)	1,996 (1,815 to 2,625)
0.0 (0.0 to 0.0)	1.29 (0.97 to 1.62)	1.15 (0.83 to 1.48)	0.74 (0.43 to 1.08)	4,494 (4,243 to 4,768)	606 (538 to 963)	606 (538 to 963)
0.4 (0.3 to 0.5)	3.30 (1.77 to 4.59)	2.77 (1.25 to 4.05)	2.32 (0.80 to 3.59)	80 (62 to 103)	426 (417 to 465)	595 (577 to 656)
0.0 (0.0 to 0.0)	4.09 (3.58 to 4.57)	1.69 (1.19 to 2.16)	1.70 (1.21 to 2.17)	918 (789 to 1,053)	569 (543 to 625)	1,202 (1,173 to 1,326)
4.3 (3.0 to 5.8)	4.65 (2.37 to 7.09)	3.90 (1.63 to 6.32)	0.79 (-1.41 to 3.13)	13 (9 to 17)	33 (32 to 34)	134 (130 to 148)
0.0 (0.0 to 0.0)	0.90 (0.62 to 1.22)	1.01 (0.73 to 1.32)	0.83 (0.55 to 1.15)	610 (552 to 679)	632 (617 to 716)	886 (862 to 1,001)
0.4 (0.3 to 0.4)	2.23 (1.52 to 3.03)	2.63 (1.92 to 3.44)	1.91 (1.21 to 2.71)	249 (218 to 284)	330 (322 to 366)	369 (361 to 410)
0.0 (0.0 to 0.0)	0.99 (0.79 to 1.18)	0.73 (0.53 to 0.92)	0.35 (0.15 to 0.53)	4,407 (4,220 to 4,601)	617 (535 to 1,038)	617 (535 to 1,038)
2.0 (1.6 to 2.6)	3.15 (2.19 to 4.11)	1.58 (0.62 to 2.51)	0.48 (-0.46 to 1.41)	238 (200 to 280)	85 (74 to 106)	205 (195 to 219)
27.1 (21.5 to 33.4)	3.39 (1.27 to 5.63)	0.84 (-1.23 to 3.02)	-0.41 (-2.45 to 1.75)	10 (8 to 13)	42 (41 to 45)	86 (84 to 95)
0.0 (0.0 to 0.0)	0.83 (0.13 to 1.55)	0.42 (-0.28 to 1.13)	1.01 (0.31 to 1.73)	3,652 (3,202 to 4,163)	331 (242 to 573)	3,173 (3,074 to 3,504)
2.6 (1.9 to 3.4)	4.32 (4.00 to 4.64)	3.41 (3.10 to 3.74)	0.46 (0.16 to 0.78)	109 (86 to 137)	158 (152 to 167)	279 (272 to 298)
2.1 (1.7 to 2.8)	3.23 (1.99 to 4.56)	1.63 (0.40 to 2.94)	0.22 (-0.99 to 1.51)	183 (152 to 218)	81 (73 to 98)	121 (114 to 136)
1.4 (1.2 to 1.8)	1.73 (0.87 to 2.58)	2.21 (1.35 to 3.06)	0.38 (-0.46 to 1.22)	490 (437 to 548)	76 (63 to 99)	164 (151 to 189)
6.3 (5.0 to 8.0)	3.29 (2.87 to 3.73)	2.05 (1.63 to 2.49)	0.43 (0.03 to 0.87)	304 (259 to 353)	355 (344 to 388)	626 (614 to 692)
0.1 (0.0 to 0.1)	1.62 (0.93 to 2.28)	1.04 (0.36 to 1.70)	0.35 (-0.32 to 1.01)	439 (390 to 487)	686 (671 to 776)	737 (720 to 833)
0.0 (0.0 to 0.0)	0.82 (0.63 to 1.00)	-0.21 (-0.39 to -0.03)	0.16 (-0.02 to 0.34)	602 (537 to 677)	1,796 (1,734 to 2,017)	2,767 (2,653 to 3,106)
0.1 (0.1 to 0.1)	2.11 (1.50 to 2.80)	2.97 (2.36 to 3.66)	1.12 (0.51 to 1.79)	482 (431 to 536)	292 (281 to 333)	533 (520 to 603)
13.9 (10.6 to 17.7)	4.93 (3.49 to 6.41)	2.13 (0.73 to 3.57)	0.04 (-1.34 to 1.45)	24 (18 to 31)	30 (29 to 33)	64 (62 to 67)
51.3 (43.8 to 59.1)	3.25 (1.86 to 4.78)	0.32 (-1.04 to 1.80)	0.82 (-0.54 to 2.31)	7 (6 to 9)	2 (1 to 3)	12 (11 to 12)
8.8 (6.5 to 11.6)	3.78 (0.84 to 6.81)	2.72 (-0.19 to 5.72)	0.09 (-2.74 to 3.01)	31 (23 to 39)	43 (41 to 46)	116 (114 to 125)
14.5 (10.6 to 19.1)	3.03 (-0.13 to 6.39)	1.04 (-2.05 to 4.34)	-0.21 (-3.27 to 3.04)	10 (7 to 13)	65 (64 to 72)	155 (149 to 172)
0.0 (0.0 to 0.0)	1.80 (1.38 to 2.27)	1.00 (0.59 to 1.47)	0.80 (0.39 to 1.27)	4,216 (3,938 to 4,512)	19 (0 to 200)	725 (671 to 984)
3.2 (2.4 to 4.1)	3.44 (2.94 to 4.03)	2.48 (1.98 to 3.06)	0.78 (0.29 to 1.35)	143 (115 to 174)	132 (126 to 145)	271 (265 to 291)
49.3 (40.9 to 57.8)	2.11 (0.49 to 3.71)	0.92 (-0.68 to 2.50)	0.30 (-1.29 to 1.87)	4 (3 to 5)	7 (7 to 8)	29 (28 to 32)
11.1 (8.2 to 14.6)	3.69 (1.00 to 6.42)	-0.19 (-2.78 to 2.44)	-0.20 (-2.79 to 2.43)	8 (6 to 10)	19 (19 to 20)	77 (74 to 85)
0.0 (0.0 to 0.0)	2.29 (1.84 to 2.72)	1.66 (1.21 to 2.09)	0.73 (0.28 to 1.15)	943 (887 to 1,008)	0 (0 to 0)	769 (723 to 821)
0.0 (0.0 to 0.0)	5.04 (4.04 to 6.08)	4.89 (3.89 to 5.93)	1.18 (0.21 to 2.18)	522 (451 to 600)	254 (237 to 285)	615 (597 to 677)
0.1 (0.1 to 0.1)	2.32 (1.81 to 2.78)	1.48 (0.98 to 1.94)	0.47 (-0.03 to 0.92)	297 (258 to 339)	256 (246 to 282)	524 (512 to 583)
13.0 (9.8 to 17.0)	2.24 (-0.79 to 5.37)	0.68 (-2.30 to 3.76)	0.17 (-2.79 to 3.24)	13 (10 to 17)	60 (59 to 65)	92 (90 to 101)
7.4 (5.5 to 9.6)	2.11 (-0.62 to 4.87)	0.64 (-2.05 to 3.37)	0.26 (-2.42 to 2.98)	23 (17 to 30)	157 (153 to 172)	275 (265 to 305)
0.0 (0.0 to 0.1)	2.50 (2.01 to 3.00)	1.77 (1.28 to 2.26)	0.58 (0.09 to 1.06)	938 (871 to 1,014)	0 (0 to 0)	678 (630 to 733)

TABLE B11, CONTINUED

Health spending and health spending by source, 2030 and growth

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)	Out-of-pocket spending per total health spending (%)	Prepaid private spending per total health spending (%)
Côte d'Ivoire	93 (76 to 113)	216 (177 to 260)	3.8 (3.1 to 4.6)	28.3 (21.4 to 36.2)	37.7 (27.9 to 47.2)	22.1 (12.6 to 34.2)
Croatia	1,162 (1,081 to 1,254)	2,113 (1,966 to 2,281)	5.8 (5.4 to 6.2)	79.2 (75.8 to 82.1)	14.4 (12.1 to 16.8)	6.3 (4.3 to 8.8)
Cuba	1,440 (1,313 to 1,579)	3,154 (2,876 to 3,458)	17.2 (15.7 to 18.9)	83.3 (77.5 to 87.5)	9.5 (7.2 to 12.1)	7.0 (3.4 to 12.8)
Cyprus	1,476 (1,379 to 1,575)	2,062 (1,926 to 2,200)	4.2 (3.9 to 4.5)	45.8 (42.7 to 49.0)	41.7 (38.5 to 44.8)	12.4 (10.3 to 15.0)
Czech Republic	2,022 (1,891 to 2,162)	3,350 (3,133 to 3,582)	6.2 (5.8 to 6.6)	80.6 (78.2 to 83.1)	16.2 (14.0 to 18.5)	3.2 (2.2 to 4.6)
Democratic Republic of the Congo	23 (19 to 27)	35 (30 to 42)	4.2 (3.5 to 5.0)	16.3 (12.2 to 21.4)	37.5 (28.8 to 47.1)	8.5 (4.2 to 15.3)
Denmark	7,114 (6,766 to 7,483)	6,018 (5,723 to 6,330)	8.9 (8.4 to 9.3)	84.2 (82.7 to 85.6)	13.5 (12.2 to 15.0)	2.3 (1.8 to 2.8)
Djibouti	66 (56 to 78)	123 (105 to 146)	3.0 (2.5 to 3.6)	55.1 (46.6 to 62.6)	23.9 (17.2 to 31.3)	1.2 (0.6 to 2.2)
Dominica	515 (467 to 567)	752 (681 to 827)	6.0 (5.5 to 6.7)	68.7 (64.5 to 73.1)	28.2 (24.0 to 32.4)	1.4 (0.7 to 2.6)
Dominican Republic	653 (583 to 730)	1,546 (1,379 to 1,729)	5.8 (5.2 to 6.5)	50.6 (45.0 to 56.5)	39.4 (33.9 to 45.1)	9.2 (5.6 to 14.3)
Ecuador	674 (609 to 744)	1,276 (1,154 to 1,410)	9.7 (8.7 to 10.7)	52.5 (47.3 to 58.1)	40.0 (34.8 to 45.4)	7.3 (4.5 to 11.4)
Egypt	153 (127 to 184)	708 (586 to 850)	3.9 (3.2 to 4.6)	33.1 (25.7 to 41.1)	57.9 (49.5 to 66.2)	8.3 (4.2 to 14.8)
El Salvador	391 (349 to 438)	819 (731 to 917)	7.6 (6.7 to 8.5)	69.1 (63.4 to 74.0)	21.8 (17.5 to 26.7)	6.5 (3.4 to 11.1)
Equatorial Guinea	392 (334 to 459)	1,009 (859 to 1,182)	2.0 (1.7 to 2.3)	15.3 (11.9 to 19.3)	80.1 (74.9 to 84.7)	3.4 (1.5 to 6.2)
Eritrea	38 (30 to 46)	57 (46 to 70)	4.4 (3.5 to 5.4)	20.1 (14.4 to 26.6)	58.1 (48.9 to 66.7)	1.9 (0.8 to 3.5)
Estonia	1,932 (1,825 to 2,038)	2,847 (2,688 to 3,003)	6.9 (6.5 to 7.3)	72.3 (69.3 to 74.9)	26.0 (23.3 to 29.0)	1.7 (1.0 to 2.8)
Ethiopia	43 (35 to 53)	115 (94 to 141)	5.1 (4.2 to 6.3)	27.5 (20.4 to 35.1)	35.9 (26.9 to 45.9)	19.6 (10.0 to 31.7)
Federated States of Micronesia	163 (136 to 194)	181 (150 to 215)	4.2 (3.5 to 5.0)	85.7 (82.0 to 88.9)	7.2 (4.9 to 10.1)	0.0 (0.0 to 0.0)
Fiji	261 (223 to 304)	455 (390 to 531)	4.1 (3.5 to 4.8)	62.4 (54.5 to 69.6)	21.3 (15.8 to 28.0)	13.0 (7.0 to 21.0)
Finland	5,534 (5,324 to 5,759)	5,034 (4,843 to 5,238)	8.9 (8.5 to 9.2)	76.6 (74.6 to 78.5)	20.9 (19.0 to 22.9)	2.5 (2.0 to 3.1)
France	5,810 (5,568 to 6,038)	6,047 (5,796 to 6,285)	10.7 (10.3 to 11.2)	79.6 (78.0 to 81.3)	10.2 (9.1 to 11.5)	10.2 (8.8 to 11.7)
Gabon	301 (266 to 343)	695 (613 to 793)	2.3 (2.1 to 2.7)	55.9 (49.4 to 62.0)	19.6 (15.2 to 24.4)	12.5 (7.5 to 19.0)
Georgia	438 (380 to 504)	1,168 (1,013 to 1,344)	6.6 (5.7 to 7.6)	35.0 (29.4 to 41.5)	57.4 (50.6 to 63.9)	5.6 (2.8 to 9.5)
Germany	6,077 (5,763 to 6,398)	6,488 (6,153 to 6,831)	10.3 (9.7 to 10.8)	85.2 (83.8 to 86.5)	11.8 (10.9 to 12.7)	3.1 (2.2 to 4.1)
Ghana	104 (86 to 122)	292 (242 to 343)	3.5 (2.9 to 4.1)	43.8 (35.1 to 52.3)	39.5 (30.7 to 48.5)	7.6 (3.7 to 14.1)
Greece	1,833 (1,724 to 1,954)	2,590 (2,436 to 2,762)	6.7 (6.3 to 7.1)	61.9 (58.7 to 65.1)	33.2 (30.0 to 36.0)	5.0 (3.6 to 6.5)
Greenland	5,485 (5,113 to 5,885)	4,328 (4,034 to 4,643)	8.9 (8.3 to 9.6)	100.0 (100.0 to 100.0)	0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)
Grenada	641 (568 to 715)	955 (846 to 1,065)	5.6 (4.9 to 6.2)	39.8 (34.8 to 45.5)	56.3 (50.5 to 61.6)	0.0 (0.0 to 0.0)
Guam	2,331 (1,799 to 2,928)	2,331 (1,799 to 2,928)	6.0 (4.6 to 7.5)	87.2 (81.4 to 91.6)	8.9 (5.8 to 13.4)	3.9 (1.8 to 7.5)
Guatemala	326 (283 to 373)	597 (518 to 682)	7.0 (6.1 to 8.0)	39.5 (33.1 to 45.7)	51.5 (44.7 to 58.0)	7.8 (3.9 to 13.4)
Guinea	50 (41 to 62)	134 (109 to 167)	5.4 (4.3 to 6.7)	13.2 (9.3 to 18.2)	58.2 (47.8 to 68.0)	11.8 (5.8 to 21.6)
Guinea-Bissau	53 (45 to 63)	120 (101 to 142)	5.6 (4.7 to 6.6)	38.5 (30.9 to 46.6)	35.5 (27.1 to 44.4)	0.0 (0.0 to 0.0)
Guyana	320 (277 to 374)	581 (503 to 678)	5.5 (4.8 to 6.4)	56.0 (48.2 to 63.0)	40.0 (32.6 to 47.8)	0.1 (0.0 to 0.2)
Haiti	48 (41 to 57)	115 (98 to 136)	5.1 (4.3 to 6.0)	15.5 (11.7 to 20.1)	36.7 (27.8 to 45.7)	5.0 (2.4 to 9.2)
Honduras	252 (214 to 291)	524 (446 to 606)	7.5 (6.4 to 8.6)	46.3 (39.1 to 54.5)	45.4 (37.5 to 53.1)	6.8 (3.7 to 12.2)
Hungary	1,446 (1,359 to 1,541)	2,999 (2,817 to 3,195)	6.4 (6.0 to 6.8)	66.7 (63.5 to 69.9)	28.7 (25.7 to 32.0)	4.6 (3.1 to 6.5)
Iceland	7,464 (7,124 to 7,830)	5,144 (4,910 to 5,397)	10.9 (10.4 to 11.4)	81.8 (80.0 to 83.5)	16.6 (14.8 to 18.4)	1.7 (1.3 to 2.1)
India	110 (88 to 136)	420 (336 to 520)	3.2 (2.5 to 3.9)	28.3 (21.0 to 36.6)	61.1 (51.2 to 69.8)	10.0 (4.8 to 18.2)
Indonesia	172 (142 to 209)	575 (475 to 700)	2.5 (2.0 to 3.0)	41.5 (32.8 to 50.8)	38.3 (29.3 to 47.5)	19.5 (11.1 to 31.0)
Iran	495 (436 to 555)	2,010 (1,771 to 2,254)	4.9 (4.3 to 5.5)	49.7 (43.2 to 55.9)	37.9 (31.8 to 44.3)	12.4 (7.6 to 18.4)
Iraq	186 (155 to 224)	598 (498 to 719)	2.1 (1.7 to 2.5)	22.1 (16.8 to 27.9)	77.6 (71.7 to 82.9)	0.0 (0.0 to 0.0)

Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 2017-2030 (%)	Annualized rate of change in health spending per person, 2017-2030 (%)	Annualized rate of change in health spending per GDP 2017-2030 (%)	Government health spending per person ($USD)	Difference between government health spending per person reference scenario and better scenario 1, 2030 ($USD)	Difference between government health spending per person reference scenario and better scenario 2, 2030 ($USD)
11.9 (9.0 to 15.3)	3.67 (2.27 to 5.17)	1.22 (-0.15 to 2.68)	-0.53 (-1.87 to 0.91)	26 (20 to 34)	71 (70 to 75)	163 (159 to 178)
0.0 (0.0 to 0.0)	0.77 (0.35 to 1.20)	1.47 (1.05 to 1.90)	0.50 (0.08 to 0.92)	920 (847 to 1,005)	645 (625 to 753)	645 (625 to 753)
0.1 (0.1 to 0.1)	1.50 (0.80 to 2.14)	1.77 (1.08 to 2.42)	1.06 (0.37 to 1.70)	1,199 (1,091 to 1,304)	0 (0 to 0)	0 (0 to 0)
0.0 (0.0 to 0.0)	1.61 (1.01 to 2.21)	1.16 (0.57 to 1.76)	0.47 (-0.12 to 1.06)	677 (615 to 745)	1,597 (1,539 to 1,809)	2,036 (1,955 to 2,301)
0.0 (0.0 to 0.0)	1.79 (1.46 to 2.13)	1.88 (1.55 to 2.23)	0.52 (0.20 to 0.87)	1,630 (1,507 to 1,757)	496 (468 to 630)	900 (870 to 1,084)
37.7 (30.4 to 45.3)	3.66 (2.01 to 5.30)	0.90 (-0.71 to 2.50)	0.13 (-1.47 to 1.72)	4 (3 to 5)	8 (8 to 9)	38 (36 to 42)
0.0 (0.0 to 0.0)	1.38 (0.97 to 1.82)	1.05 (0.64 to 1.50)	0.31 (-0.09 to 0.76)	5,992 (5,657 to 6,340)	916 (825 to 1,411)	916 (825 to 1,411)
19.9 (15.8 to 24.7)	2.82 (1.73 to 3.87)	1.00 (-0.06 to 2.03)	-0.10 (-1.15 to 0.92)	36 (28 to 47)	122 (120 to 131)	133 (131 to 143)
1.7 (1.3 to 2.1)	1.88 (0.90 to 2.87)	1.57 (0.60 to 2.55)	0.71 (-0.26 to 1.68)	354 (314 to 399)	253 (244 to 282)	303 (293 to 338)
0.8 (0.6 to 1.0)	4.03 (3.54 to 4.50)	3.06 (2.57 to 3.52)	0.91 (0.44 to 1.37)	330 (282 to 387)	120 (108 to 145)	532 (521 to 581)
0.1 (0.1 to 0.2)	2.91 (2.62 to 3.18)	1.79 (1.50 to 2.06)	0.90 (0.62 to 1.17)	354 (310 to 402)	91 (81 to 111)	184 (174 to 201)
0.7 (0.5 to 0.9)	2.73 (0.63 to 4.82)	1.48 (-0.59 to 3.55)	0.26 (-1.78 to 2.31)	50 (39 to 63)	151 (148 to 163)	256 (251 to 280)
2.6 (2.1 to 3.3)	1.80 (1.18 to 2.43)	1.53 (0.91 to 2.15)	0.35 (-0.26 to 0.96)	270 (234 to 312)	0 (0 to 0)	273 (237 to 316)
1.2 (0.0 to 2.9)	5.75 (4.51 to 6.88)	2.33 (1.13 to 3.42)	1.70 (0.51 to 2.79)	60 (47 to 73)	1,075 (1,028 to 1,202)	1,467 (1,399 to 1,641)
19.9 (15.4 to 25.6)	2.82 (0.23 to 5.52)	1.03 (-1.51 to 3.68)	-0.37 (-2.88 to 2.24)	8 (6 to 10)	44 (43 to 48)	58 (57 to 64)
0.0 (0.0 to 0.0)	1.75 (1.50 to 1.97)	2.24 (1.99 to 2.46)	0.86 (0.62 to 1.09)	1,396 (1,323 to 1,475)	444 (417 to 590)	756 (715 to 940)
17.0 (12.9 to 21.5)	4.69 (2.68 to 6.72)	2.01 (0.05 to 3.99)	-0.43 (-2.34 to 1.51)	12 (9 to 15)	16 (15 to 18)	53 (52 to 57)
7.1 (5.4 to 9.1)	3.14 (1.08 to 5.26)	1.70 (-0.33 to 3.79)	0.58 (-1.42 to 2.65)	140 (113 to 170)	244 (238 to 261)	244 (238 to 261)
3.2 (2.5 to 4.2)	1.90 (1.71 to 2.11)	1.53 (1.34 to 1.74)	0.71 (0.52 to 0.91)	163 (136 to 195)	172 (166 to 181)	327 (321 to 355)
0.0 (0.0 to 0.0)	1.42 (1.28 to 1.57)	1.24 (1.10 to 1.39)	0.52 (0.38 to 0.67)	4,237 (4,075 to 4,404)	1,410 (1,274 to 1,936)	1,410 (1,274 to 1,936)
0.0 (0.0 to 0.0)	1.32 (1.01 to 1.60)	1.08 (0.77 to 1.37)	0.67 (0.36 to 0.95)	4,627 (4,435 to 4,821)	445 (363 to 875)	445 (363 to 875)
12.0 (9.7 to 15.1)	1.59 (0.94 to 2.23)	0.28 (-0.37 to 0.90)	0.09 (-0.55 to 0.72)	168 (140 to 199)	249 (243 to 270)	827 (802 to 919)
2.0 (1.6 to 2.5)	1.94 (0.77 to 3.15)	2.20 (1.03 to 3.42)	0.63 (-0.52 to 1.83)	153 (124 to 186)	188 (181 to 199)	359 (352 to 390)
0.0 (0.0 to 0.0)	0.84 (0.39 to 1.28)	0.95 (0.50 to 1.38)	0.51 (0.06 to 0.95)	5,177 (4,875 to 5,497)	0 (0 to 0)	400 (377 to 425)
9.0 (6.9 to 11.6)	4.26 (2.69 to 5.74)	2.60 (1.05 to 4.05)	0.30 (-1.21 to 1.72)	45 (35 to 58)	88 (86 to 92)	183 (180 to 198)
0.0 (0.0 to 0.0)	0.22 (-0.34 to 0.77)	0.56 (-0.00 to 1.11)	0.42 (-0.14 to 0.97)	1,134 (1,043 to 1,241)	1,227 (1,190 to 1,410)	1,227 (1,190 to 1,410)
0.0 (0.0 to 0.0)	1.66 (1.57 to 1.77)	1.40 (1.31 to 1.52)	0.76 (0.66 to 0.87)	5,485 (5,112 to 5,885)	0 (0 to 0)	1,041 (971 to 1,117)
3.9 (3.1 to 4.9)	1.85 (1.19 to 2.52)	1.81 (1.15 to 2.48)	0.71 (0.06 to 1.38)	255 (217 to 298)	185 (176 to 201)	633 (622 to 700)
0.0 (0.0 to 0.0)	1.96 (1.85 to 2.07)	1.12 (1.01 to 1.22)	0.59 (0.48 to 0.69)	2,036 (1,512 to 2,633)	315 (13 to 711)	967 (740 to 1,327)
1.3 (1.0 to 1.6)	3.27 (1.74 to 4.82)	1.67 (0.15 to 3.19)	0.29 (-1.20 to 1.80)	129 (104 to 156)	0 (0 to 0)	345 (279 to 417)
16.9 (12.8 to 21.6)	3.67 (0.70 to 6.83)	1.33 (-1.57 to 4.42)	-0.05 (-2.91 to 3.00)	7 (5 to 8)	26 (25 to 27)	65 (63 to 72)
26.0 (20.7 to 31.7)	3.18 (1.36 to 4.97)	1.03 (-0.75 to 2.79)	-0.13 (-1.89 to 1.61)	21 (16 to 27)	12 (10 to 15)	53 (53 to 57)
4.0 (3.0 to 5.0)	3.53 (2.48 to 4.62)	2.95 (1.91 to 4.04)	1.23 (0.20 to 2.29)	179 (146 to 216)	136 (128 to 152)	271 (264 to 289)
42.7 (35.7 to 50.8)	2.18 (0.44 to 3.94)	0.96 (-0.76 to 2.71)	0.45 (-1.26 to 2.19)	7 (6 to 10)	24 (24 to 26)	65 (63 to 72)
1.4 (1.1 to 1.8)	3.58 (1.93 to 5.32)	1.94 (0.32 to 3.66)	0.42 (-1.18 to 2.11)	117 (95 to 142)	36 (28 to 49)	143 (139 to 151)
0.0 (0.0 to 0.0)	1.56 (1.25 to 1.84)	2.03 (1.72 to 2.31)	0.55 (0.24 to 0.82)	965 (895 to 1,037)	881 (851 to 1,036)	881 (851 to 1,036)
0.0 (0.0 to 0.0)	2.03 (1.86 to 2.21)	1.44 (1.27 to 1.62)	0.53 (0.36 to 0.71)	6,104 (5,797 to 6,431)	0 (0 to 0)	734 (697 to 773)
0.7 (0.5 to 0.9)	4.47 (2.13 to 6.80)	3.76 (1.44 to 6.08)	0.52 (-1.73 to 2.76)	31 (23 to 40)	139 (137 to 152)	238 (231 to 262)
0.7 (0.5 to 0.9)	3.58 (1.72 to 5.38)	2.85 (1.00 to 4.64)	0.51 (-1.29 to 2.26)	71 (56 to 89)	128 (125 to 134)	467 (454 to 515)
0.0 (0.0 to 0.0)	2.10 (1.77 to 2.47)	1.31 (0.98 to 1.68)	0.53 (0.19 to 0.89)	246 (209 to 284)	56 (48 to 77)	527 (517 to 584)
0.3 (0.2 to 0.4)	3.59 (0.86 to 6.40)	1.57 (-1.11 to 4.31)	0.28 (-2.36 to 2.99)	41 (32 to 51)	507 (487 to 564)	657 (629 to 732)

TABLE B11, CONTINUED

Health spending and health spending by source, 2030 and growth

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)	Out-of-pocket spending per total health spending (%)	Prepaid private spending per total health spending (%)
Ireland	6,689 (6,342 to 7,022)	6,817 (6,463 to 7,156)	6.4 (6.1 to 6.7)	70.3 (68.2 to 72.3)	13.9 (12.6 to 15.7)	15.8 (14.5 to 17.2)
Israel	3,308 (3,169 to 3,442)	3,116 (2,984 to 3,242)	7.0 (6.7 to 7.3)	64.3 (61.9 to 66.6)	22.0 (19.9 to 24.3)	13.7 (12.4 to 15.0)
Italy	3,311 (3,145 to 3,478)	3,747 (3,560 to 3,937)	7.8 (7.4 to 8.2)	75.0 (72.7 to 77.1)	22.5 (20.4 to 24.7)	2.5 (1.8 to 3.4)
Jamaica	374 (324 to 426)	679 (587 to 772)	6.1 (5.3 to 7.0)	61.6 (54.5 to 68.0)	18.5 (14.4 to 23.4)	16.9 (10.8 to 24.2)
Japan	5,008 (4,784 to 5,231)	5,598 (5,348 to 5,848)	7.5 (7.2 to 7.8)	83.5 (82.0 to 85.0)	13.3 (12.0 to 14.8)	3.1 (2.5 to 3.8)
Jordan	273 (240 to 309)	619 (545 to 702)	5.8 (5.1 to 6.5)	66.8 (60.9 to 71.9)	22.6 (18.4 to 27.8)	6.4 (3.7 to 10.2)
Kazakhstan	434 (372 to 501)	1,276 (1,094 to 1,473)	2.7 (2.3 to 3.1)	63.1 (56.3 to 70.1)	31.7 (25.3 to 38.3)	4.7 (2.3 to 8.3)
Kenya	99 (82 to 119)	203 (168 to 244)	6.3 (5.2 to 7.6)	38.5 (29.4 to 47.4)	24.6 (17.5 to 31.9)	16.7 (9.0 to 29.5)
Kiribati	195 (170 to 223)	229 (200 to 262)	8.7 (7.6 to 9.9)	58.0 (51.3 to 64.4)	14.8 (10.3 to 19.9)	4.5 (2.2 to 8.3)
Kuwait	1,544 (1,283 to 1,840)	3,571 (2,968 to 4,257)	3.6 (3.0 to 4.3)	86.1 (82.8 to 88.9)	12.6 (10.0 to 15.7)	1.3 (0.7 to 2.3)
Kyrgyzstan	108 (89 to 132)	359 (293 to 439)	7.1 (5.8 to 8.7)	40.9 (32.3 to 50.4)	50.9 (40.7 to 60.4)	0.0 (0.0 to 0.0)
Laos	84 (69 to 101)	255 (208 to 308)	2.5 (2.0 to 3.0)	38.7 (29.3 to 48.2)	47.8 (37.8 to 58.2)	3.7 (1.8 to 6.5)
Latvia	1,383 (1,288 to 1,481)	2,272 (2,115 to 2,433)	5.9 (5.5 to 6.3)	54.7 (51.0 to 58.1)	44.3 (40.9 to 48.0)	1.0 (0.5 to 1.8)
Lebanon	561 (499 to 625)	984 (874 to 1,095)	5.6 (5.0 to 6.2)	55.3 (49.9 to 60.7)	27.4 (22.7 to 32.0)	16.5 (12.0 to 21.9)
Lesotho	178 (154 to 205)	472 (407 to 544)	7.6 (6.5 to 8.7)	53.6 (46.7 to 60.5)	13.9 (9.9 to 18.5)	1.4 (0.7 to 2.6)
Liberia	90 (75 to 108)	200 (165 to 240)	14.9 (12.4 to 17.9)	9.6 (6.7 to 13.0)	49.7 (40.3 to 59.2)	6.0 (2.7 to 11.4)
Libya	259 (221 to 301)	472 (403 to 549)	2.7 (2.3 to 3.1)	66.3 (58.8 to 73.0)	25.7 (19.9 to 32.1)	7.5 (3.7 to 13.9)
Lithuania	1,624 (1,516 to 1,737)	2,960 (2,764 to 3,167)	6.6 (6.1 to 7.0)	62.3 (58.9 to 65.6)	36.4 (33.1 to 39.7)	1.4 (0.8 to 2.2)
Luxembourg	7,903 (7,421 to 8,399)	7,510 (7,051 to 7,981)	5.6 (5.3 to 6.0)	83.2 (81.5 to 84.8)	10.4 (9.1 to 11.8)	6.4 (5.6 to 7.2)
Macedonia	424 (376 to 474)	1,104 (979 to 1,236)	6.1 (5.4 to 6.8)	64.1 (57.9 to 69.8)	33.9 (28.3 to 40.2)	1.7 (0.8 to 3.2)
Madagascar	28 (23 to 33)	97 (81 to 116)	4.3 (3.6 to 5.1)	55.6 (46.6 to 65.3)	25.8 (17.8 to 34.1)	7.9 (3.8 to 14.2)
Malawi	46 (39 to 53)	165 (142 to 193)	6.5 (5.6 to 7.5)	26.3 (20.3 to 32.6)	10.0 (6.9 to 14.0)	6.5 (3.2 to 12.1)
Malaysia	613 (541 to 693)	1,730 (1,527 to 1,958)	3.3 (2.9 to 3.7)	52.6 (46.4 to 59.2)	35.8 (30.0 to 42.4)	11.6 (7.4 to 17.5)
Maldives	1,266 (1,167 to 1,370)	2,000 (1,844 to 2,163)	9.9 (9.1 to 10.7)	70.8 (66.7 to 74.7)	18.9 (16.0 to 22.4)	10.2 (7.3 to 13.7)
Mali	37 (30 to 44)	94 (78 to 112)	2.6 (2.2 to 3.1)	30.6 (23.4 to 38.3)	41.2 (31.8 to 51.3)	1.8 (0.8 to 3.6)
Malta	4,019 (3,811 to 4,232)	5,798 (5,498 to 6,105)	9.9 (9.4 to 10.5)	59.4 (56.7 to 62.3)	38.4 (35.7 to 41.2)	2.1 (1.5 to 2.9)
Marshall Islands	850 (752 to 956)	833 (737 to 937)	18.9 (16.8 to 21.3)	80.3 (76.3 to 83.9)	11.0 (8.1 to 14.1)	3.2 (1.6 to 5.8)
Mauritania	65 (53 to 79)	223 (182 to 270)	3.3 (2.7 to 3.9)	37.1 (28.7 to 45.5)	48.2 (39.2 to 57.7)	4.6 (2.1 to 8.4)
Mauritius	945 (842 to 1,059)	2,098 (1,871 to 2,353)	5.8 (5.2 to 6.5)	44.5 (39.1 to 50.1)	49.4 (44.0 to 55.2)	5.7 (3.3 to 9.2)
Mexico	598 (542 to 659)	1,305 (1,183 to 1,439)	4.4 (3.9 to 4.8)	54.2 (49.3 to 59.1)	37.9 (33.3 to 42.3)	7.8 (4.8 to 12.7)
Moldova	250 (216 to 290)	611 (528 to 710)	8.7 (7.5 to 10.1)	50.5 (42.9 to 58.1)	45.0 (37.6 to 52.6)	1.2 (0.5 to 2.2)
Mongolia	210 (177 to 248)	709 (598 to 838)	3.0 (2.6 to 3.6)	45.4 (36.9 to 54.3)	38.0 (29.1 to 47.9)	3.4 (1.6 to 6.1)
Montenegro	830 (749 to 920)	1,824 (1,646 to 2,023)	7.6 (6.9 to 8.5)	78.0 (73.7 to 81.8)	21.6 (17.8 to 25.9)	0.4 (0.2 to 0.7)
Morocco	238 (205 to 281)	645 (555 to 760)	5.1 (4.3 to 6.0)	47.7 (40.4 to 55.2)	45.7 (37.8 to 53.6)	4.2 (1.9 to 7.7)
Mozambique	36 (31 to 42)	102 (87 to 120)	4.0 (3.4 to 4.7)	23.3 (17.5 to 29.6)	6.4 (4.4 to 9.0)	2.1 (1.0 to 4.0)
Myanmar	110 (86 to 142)	556 (435 to 719)	3.6 (2.8 to 4.6)	20.9 (14.9 to 28.1)	74.6 (66.4 to 81.3)	0.0 (0.0 to 0.0)
Namibia	598 (537 to 664)	1,305 (1,172 to 1,450)	7.7 (6.9 to 8.6)	56.7 (51.5 to 62.1)	8.7 (6.3 to 12.0)	26.6 (21.4 to 32.4)
Nepal	72 (57 to 90)	230 (182 to 290)	5.8 (4.6 to 7.3)	24.2 (17.6 to 31.5)	56.5 (45.6 to 65.7)	14.3 (7.1 to 24.4)
Netherlands	6,631 (6,268 to 7,038)	6,972 (6,590 to 7,400)	9.5 (9.0 to 10.1)	81.1 (78.7 to 83.3)	11.3 (9.8 to 12.8)	7.7 (6.0 to 9.8)
New Zealand	5,047 (4,797 to 5,310)	4,724 (4,490 to 4,970)	10.1 (9.6 to 10.6)	78.5 (76.7 to 80.3)	13.7 (12.1 to 15.4)	7.8 (7.0 to 8.7)
Nicaragua	248 (212 to 286)	675 (579 to 779)	9.1 (7.8 to 10.5)	60.2 (52.8 to 67.7)	31.5 (24.2 to 39.5)	2.2 (1.0 to 3.9)

Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 2017-2030 (%)	Annualized rate of change in health spending per person, 2017-2030 (%)	Annualized rate of change in health spending per GDP 2017-2030 (%)	Government health spending per person ($USD)	Difference between government health spending per person reference scenario and better scenario 1, 2030 ($USD)	Difference between government health spending per person reference scenario and better scenario 2, 2030 ($USD)
0.0 (0.0 to 0.0)	2.33 (2.13 to 2.56)	1.77 (1.56 to 2.00)	0.43 (0.23 to 0.66)	4,706 (4,401 to 4,997)	6 (0 to 101)	3,662 (3,415 to 4,058)
0.0 (0.0 to 0.0)	2.54 (2.28 to 2.80)	1.13 (0.88 to 1.38)	0.18 (-0.07 to 0.43)	2,128 (2,040 to 2,219)	898 (826 to 1,177)	1,499 (1,395 to 1,852)
0.0 (0.0 to 0.0)	0.19 (-0.11 to 0.50)	0.53 (0.23 to 0.84)	0.48 (0.18 to 0.79)	2,484 (2,349 to 2,629)	947 (895 to 1,224)	947 (895 to 1,224)
3.1 (2.4 to 3.9)	0.88 (0.02 to 1.70)	1.13 (0.27 to 1.95)	0.78 (-0.08 to 1.59)	231 (195 to 268)	58 (48 to 78)	240 (233 to 262)
0.0 (0.0 to 0.0)	0.68 (0.47 to 0.92)	1.26 (1.05 to 1.51)	0.28 (0.06 to 0.52)	4,184 (3,974 to 4,403)	19 (0 to 237)	1,054 (978 to 1,378)
4.1 (3.2 to 5.3)	2.00 (1.10 to 2.89)	1.17 (0.28 to 2.06)	0.52 (-0.36 to 1.40)	182 (156 to 212)	49 (42 to 63)	182 (176 to 198)
0.5 (0.0 to 0.8)	2.96 (2.06 to 3.89)	2.22 (1.32 to 3.15)	1.38 (0.49 to 2.30)	274 (224 to 322)	386 (376 to 419)	984 (963 to 1,090)
20.3 (15.5 to 25.6)	3.29 (2.10 to 4.42)	1.25 (0.08 to 2.36)	-0.08 (-1.23 to 1.02)	38 (29 to 49)	34 (31 to 39)	83 (81 to 87)
22.7 (18.5 to 27.5)	1.95 (0.80 to 3.09)	0.21 (-0.93 to 1.33)	0.06 (-1.07 to 1.18)	113 (94 to 135)	242 (237 to 263)	242 (237 to 263)
0.0 (0.0 to 0.0)	3.18 (2.34 to 4.13)	1.91 (1.08 to 2.85)	2.22 (1.38 to 3.16)	1,330 (1,066 to 1,625)	2,166 (2,115 to 2,301)	2,166 (2,115 to 2,301)
8.1 (6.0 to 10.6)	3.13 (1.95 to 4.29)	1.99 (0.82 to 3.13)	1.59 (0.43 to 2.73)	44 (34 to 57)	58 (56 to 64)	74 (72 to 78)
9.8 (7.3 to 12.5)	4.59 (2.02 to 7.16)	3.25 (0.71 to 5.78)	0.02 (-2.44 to 2.47)	32 (24 to 42)	103 (101 to 109)	231 (225 to 254)
0.0 (0.0 to 0.0)	1.25 (0.77 to 1.73)	2.15 (1.67 to 2.63)	0.64 (0.17 to 1.12)	756 (700 to 810)	676 (652 to 796)	1,054 (1,013 to 1,222)
0.8 (0.6 to 1.0)	0.63 (0.08 to 1.17)	1.05 (0.50 to 1.59)	0.37 (-0.18 to 0.91)	310 (271 to 356)	170 (162 to 189)	466 (456 to 516)
31.1 (25.8 to 37.7)	2.89 (2.08 to 3.69)	1.94 (1.14 to 2.74)	-0.10 (-0.89 to 0.68)	96 (76 to 118)	90 (86 to 100)	90 (86 to 100)
34.6 (27.7 to 42.5)	3.74 (2.62 to 4.96)	1.71 (0.62 to 2.91)	0.98 (-0.11 to 2.17)	9 (6 to 11)	28 (28 to 30)	38 (37 to 41)
0.5 (0.4 to 0.6)	1.54 (0.59 to 2.49)	0.36 (-0.59 to 1.29)	-1.47 (-2.40 to -0.55)	172 (142 to 208)	856 (833 to 947)	856 (833 to 947)
0.0 (0.0 to 0.0)	2.02 (1.40 to 2.63)	2.57 (1.95 to 3.19)	1.13 (0.51 to 1.74)	1,011 (935 to 1,092)	374 (356 to 463)	896 (867 to 1,050)
0.0 (0.0 to 0.0)	1.89 (1.40 to 2.36)	0.90 (0.41 to 1.36)	0.62 (0.13 to 1.08)	6,578 (6,096 to 7,048)	3,012 (2,890 to 3,717)	4,249 (4,097 to 5,107)
0.3 (0.2 to 0.4)	0.89 (0.66 to 1.14)	1.04 (0.81 to 1.29)	0.51 (0.27 to 0.75)	271 (234 to 314)	85 (77 to 104)	263 (254 to 286)
10.7 (8.2 to 13.8)	4.11 (2.55 to 5.69)	1.30 (-0.23 to 2.83)	0.33 (-1.18 to 1.84)	15 (12 to 20)	4 (2 to 7)	34 (34 to 36)
57.2 (49.8 to 64.2)	2.98 (1.92 to 4.08)	0.56 (-0.47 to 1.64)	-0.78 (-1.80 to 0.28)	12 (9 to 15)	22 (21 to 23)	42 (42 to 46)
0.0 (0.0 to 0.0)	4.31 (3.87 to 4.79)	2.91 (2.48 to 3.39)	0.88 (0.45 to 1.34)	322 (277 to 371)	381 (370 to 420)	1,106 (1,077 to 1,232)
0.0 (0.0 to 0.0)	3.51 (3.10 to 3.89)	2.15 (1.74 to 2.52)	0.34 (-0.06 to 0.71)	896 (821 to 981)	0 (0 to 0)	206 (189 to 225)
26.3 (20.7 to 32.4)	4.01 (2.12 to 5.87)	0.87 (-0.95 to 2.68)	-1.09 (-2.88 to 0.68)	11 (9 to 15)	43 (42 to 46)	96 (93 to 106)
0.0 (0.0 to 0.0)	2.54 (2.16 to 2.90)	2.42 (2.04 to 2.78)	0.90 (0.52 to 1.26)	2,388 (2,272 to 2,507)	188 (151 to 385)	732 (681 to 996)
5.5 (4.4 to 6.9)	3.76 (3.18 to 4.36)	2.35 (1.77 to 2.94)	1.36 (0.79 to 1.95)	683 (593 to 788)	0 (0 to 0)	0 (0 to 0)
10.1 (7.7 to 13.2)	3.43 (1.61 to 5.21)	0.92 (-0.86 to 2.65)	-0.10 (-1.86 to 1.61)	24 (18 to 31)	68 (67 to 72)	130 (127 to 141)
0.3 (0.0 to 0.5)	3.59 (2.88 to 4.34)	3.56 (2.85 to 4.31)	1.53 (0.83 to 2.26)	420 (360 to 485)	318 (306 to 347)	829 (814 to 917)
0.1 (0.1 to 0.2)	2.52 (1.65 to 3.43)	1.40 (0.54 to 2.30)	0.50 (-0.36 to 1.39)	324 (283 to 368)	276 (266 to 306)	735 (718 to 821)
3.3 (2.6 to 4.1)	0.92 (-0.84 to 2.61)	1.29 (-0.48 to 2.98)	0.53 (-1.22 to 2.21)	126 (103 to 155)	49 (41 to 63)	95 (89 to 106)
13.2 (10.1 to 16.9)	3.76 (2.71 to 4.96)	2.69 (1.66 to 3.89)	1.06 (0.05 to 2.24)	95 (76 to 120)	242 (237 to 258)	439 (430 to 479)
0.1 (0.0 to 0.1)	2.10 (1.48 to 2.71)	2.14 (1.51 to 2.74)	0.89 (0.28 to 1.49)	647 (580 to 723)	218 (203 to 248)	218 (203 to 248)
2.3 (1.8 to 3.0)	2.82 (1.02 to 4.64)	1.87 (0.08 to 3.67)	0.51 (-1.25 to 2.28)	114 (91 to 141)	120 (115 to 130)	250 (245 to 267)
68.3 (61.6 to 74.8)	2.50 (1.30 to 3.91)	0.42 (-0.75 to 1.80)	-1.52 (-2.67 to -0.17)	8 (6 to 11)	41 (41 to 45)	62 (60 to 67)
4.5 (3.2 to 6.0)	5.25 (2.66 to 8.03)	4.44 (1.86 to 7.20)	0.63 (-1.84 to 3.29)	23 (17 to 30)	92 (91 to 99)	214 (207 to 237)
7.9 (6.4 to 9.8)	2.96 (2.74 to 3.20)	1.28 (1.06 to 1.51)	0.60 (0.38 to 0.84)	339 (299 to 380)	180 (171 to 202)	258 (249 to 290)
5.0 (3.6 to 6.8)	3.31 (0.25 to 6.39)	2.49 (-0.54 to 5.54)	0.21 (-2.75 to 3.20)	17 (13 to 23)	40 (39 to 42)	79 (77 to 85)
0.0 (0.0 to 0.0)	1.60 (1.11 to 2.08)	1.45 (0.96 to 1.93)	0.70 (0.21 to 1.17)	5,376 (5,032 to 5,744)	1 (0 to 0)	410 (384 to 438)
0.0 (0.0 to 0.0)	2.11 (1.71 to 2.48)	1.24 (0.85 to 1.62)	0.76 (0.37 to 1.13)	3,964 (3,738 to 4,202)	0 (0 to 0)	1,728 (1,629 to 1,832)
6.1 (4.7 to 7.8)	3.23 (2.92 to 3.57)	2.08 (1.78 to 2.42)	1.04 (0.74 to 1.37)	149 (120 to 180)	0 (0 to 0)	107 (87 to 130)

TABLE B11, CONTINUED

Health spending and health spending by source, 2030 and growth

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)	Out-of-pocket spending per total health spending (%)	Prepaid private spending per total health spending (%)
Niger	30 (25 to 37)	76 (61 to 93)	5.3 (4.3 to 6.5)	27.4 (20.0 to 35.3)	55.1 (45.9 to 64.6)	6.3 (2.9 to 11.6)
Nigeria	80 (64 to 100)	225 (180 to 279)	2.5 (2.0 to 3.1)	18.3 (13.2 to 24.8)	72.2 (65.0 to 78.8)	1.9 (0.9 to 3.6)
North Korea	78 (63 to 95)	52 (42 to 63)	6.3 (5.1 to 7.7)	64.8 (53.9 to 74.0)	33.2 (24.2 to 43.9)	1.0 (0.5 to 1.9)
Northern Mariana Islands	300 (236 to 378)	300 (236 to 378)	1.3 (1.0 to 1.6)	85.2 (78.5 to 89.6)	13.5 (9.3 to 19.8)	1.3 (0.6 to 2.5)
Norway	9,223 (8,760 to 9,738)	8,597 (8,165 to 9,077)	7.4 (7.0 to 7.8)	85.5 (83.9 to 86.9)	14.1 (12.7 to 15.7)	0.4 (0.2 to 0.6)
Oman	627 (568 to 694)	1,527 (1,383 to 1,691)	3.1 (2.8 to 3.4)	87.8 (84.8 to 90.3)	6.5 (4.9 to 8.3)	5.7 (3.8 to 8.3)
Pakistan	53 (43 to 66)	184 (149 to 229)	2.7 (2.2 to 3.4)	29.8 (22.3 to 38.5)	61.1 (51.0 to 69.7)	3.0 (1.4 to 5.6)
Palestine	408 (353 to 475)	144 (124 to 167)	11.4 (9.8 to 13.2)	38.9 (32.7 to 45.4)	35.9 (29.7 to 42.6)	20.9 (14.5 to 28.9)
Panama	1,454 (1,359 to 1,551)	2,523 (2,359 to 2,692)	8.8 (8.2 to 9.3)	67.3 (63.9 to 70.6)	26.0 (23.2 to 29.2)	6.7 (4.7 to 9.5)
Papua New Guinea	64 (53 to 77)	79 (66 to 96)	1.7 (1.4 to 2.0)	74.5 (68.4 to 79.9)	7.9 (5.1 to 11.3)	1.6 (0.7 to 3.0)
Paraguay	450 (391 to 516)	1,054 (916 to 1,207)	7.2 (6.2 to 8.2)	54.2 (47.8 to 60.4)	34.8 (28.9 to 41.3)	10.4 (5.9 to 16.7)
Peru	459 (404 to 518)	931 (819 to 1,050)	5.1 (4.5 to 5.7)	65.1 (58.6 to 71.3)	27.0 (21.3 to 33.1)	7.8 (4.2 to 13.0)
Philippines	199 (162 to 243)	580 (473 to 707)	4.4 (3.6 to 5.3)	31.9 (24.5 to 40.0)	53.8 (43.7 to 63.4)	13.2 (6.8 to 21.9)
Poland	1,258 (1,175 to 1,341)	2,573 (2,403 to 2,744)	5.6 (5.2 to 5.9)	71.0 (67.3 to 74.2)	22.1 (19.3 to 25.1)	6.9 (5.0 to 9.3)
Portugal	2,219 (2,106 to 2,344)	3,008 (2,855 to 3,177)	7.8 (7.4 to 8.2)	65.1 (62.5 to 67.5)	28.6 (26.2 to 31.3)	6.3 (5.0 to 7.8)
Puerto Rico	1,639 (1,441 to 1,869)	2,008 (1,766 to 2,290)	5.2 (4.6 to 5.9)	68.5 (60.9 to 75.0)	23.1 (16.7 to 30.4)	8.4 (4.0 to 15.0)
Qatar	2,452 (1,991 to 2,989)	4,924 (3,998 to 6,002)	3.0 (2.4 to 3.6)	86.1 (82.7 to 89.1)	5.7 (4.3 to 7.5)	8.2 (6.2 to 10.3)
Romania	866 (784 to 951)	1,906 (1,726 to 2,092)	4.7 (4.3 to 5.2)	77.9 (73.0 to 82.0)	20.9 (16.9 to 25.8)	1.0 (0.4 to 1.8)
Russia	694 (623 to 771)	1,778 (1,596 to 1,977)	4.1 (3.7 to 4.5)	54.8 (49.5 to 60.1)	42.6 (37.3 to 47.8)	2.6 (1.4 to 4.3)
Rwanda	56 (47 to 67)	154 (130 to 184)	4.6 (3.9 to 5.5)	46.9 (37.8 to 55.9)	7.8 (5.4 to 11.1)	13.7 (6.9 to 23.2)
Saint Lucia	630 (568 to 700)	987 (889 to 1,096)	5.9 (5.3 to 6.5)	44.7 (39.5 to 49.6)	43.7 (39.0 to 48.9)	6.3 (3.8 to 9.8)
Saint Vincent and the Grenadines	339 (294 to 386)	554 (480 to 630)	4.1 (3.6 to 4.7)	75.1 (69.4 to 80.3)	18.2 (13.6 to 23.6)	2.6 (1.3 to 4.7)
Samoa	295 (258 to 336)	408 (357 to 464)	5.3 (4.6 to 6.0)	79.9 (75.6 to 83.6)	11.5 (8.2 to 15.6)	1.0 (0.4 to 1.8)
Sao Tome and Principe	121 (104 to 140)	206 (177 to 238)	6.4 (5.5 to 7.4)	45.9 (38.8 to 53.1)	15.1 (10.9 to 20.4)	1.9 (0.9 to 3.5)
Saudi Arabia	1,261 (1,176 to 1,347)	3,210 (2,995 to 3,431)	4.5 (4.2 to 4.8)	68.4 (65.4 to 71.1)	14.1 (12.1 to 16.3)	17.6 (15.3 to 19.9)
Senegal	85 (71 to 102)	215 (179 to 257)	5.3 (4.4 to 6.3)	29.3 (22.2 to 36.5)	46.7 (37.2 to 56.1)	8.4 (4.0 to 15.1)
Serbia	618 (551 to 687)	1,499 (1,336 to 1,666)	6.8 (6.0 to 7.5)	53.5 (48.0 to 58.8)	44.2 (38.6 to 50.0)	1.5 (0.7 to 2.7)
Seychelles	763 (685 to 846)	1,431 (1,286 to 1,587)	4.5 (4.1 to 5.0)	98.7 (98.3 to 99.1)	1.2 (0.8 to 1.6)	0.0 (0.0 to 0.0)
Sierra Leone	84 (69 to 101)	263 (217 to 317)	13.1 (10.8 to 15.8)	12.4 (8.9 to 16.5)	52.8 (44.0 to 61.8)	5.8 (2.7 to 10.8)
Singapore	3,738 (3,493 to 3,989)	6,145 (5,741 to 6,556)	4.8 (4.5 to 5.2)	57.8 (54.7 to 60.8)	28.4 (25.7 to 31.3)	13.8 (12.3 to 15.4)
Slovakia	1,710 (1,623 to 1,801)	3,012 (2,858 to 3,173)	6.1 (5.8 to 6.5)	80.6 (78.5 to 82.7)	16.7 (14.8 to 18.6)	2.7 (1.8 to 3.9)
Slovenia	2,691 (2,548 to 2,835)	3,678 (3,482 to 3,874)	7.8 (7.4 to 8.3)	72.1 (69.8 to 74.4)	11.8 (10.4 to 13.5)	16.1 (14.5 to 17.8)
Solomon Islands	138 (120 to 160)	144 (125 to 166)	5.9 (5.2 to 6.9)	64.4 (57.6 to 70.2)	4.4 (3.0 to 6.1)	0.0 (0.0 to 0.0)
Somalia	13 (11 to 16)	27 (23 to 32)	13.5 (11.5 to 15.8)	24.7 (18.6 to 31.4)	31.5 (23.4 to 40.5)	1.9 (0.9 to 3.6)
South Africa	614 (550 to 678)	1,394 (1,249 to 1,540)	6.3 (5.7 to 7.0)	55.1 (49.9 to 60.4)	6.8 (4.9 to 8.9)	35.7 (30.3 to 40.8)
South Korea	3,142 (2,933 to 3,368)	4,140 (3,864 to 4,437)	8.7 (8.1 to 9.3)	62.4 (59.1 to 65.6)	30.5 (27.5 to 33.6)	7.1 (5.9 to 8.4)
South Sudan	59 (49 to 70)	279 (233 to 330)	2.7 (2.3 to 3.2)	37.7 (29.7 to 45.9)	34.2 (25.3 to 44.7)	4.8 (2.3 to 9.0)
Spain	3,168 (2,990 to 3,382)	4,030 (3,804 to 4,304)	7.9 (7.4 to 8.4)	70.4 (67.7 to 73.1)	24.5 (21.9 to 26.9)	5.1 (4.1 to 6.2)
Sri Lanka	239 (200 to 280)	758 (635 to 889)	4.0 (3.3 to 4.6)	43.6 (35.2 to 51.5)	48.0 (39.6 to 56.7)	6.0 (2.9 to 11.0)
Sudan	147 (119 to 178)	346 (281 to 420)	5.5 (4.5 to 6.7)	24.2 (18.2 to 31.1)	70.2 (62.7 to 77.2)	3.7 (1.8 to 6.9)
Suriname	458 (407 to 512)	1,029 (915 to 1,153)	5.4 (4.8 to 6.0)	60.4 (54.2 to 66.3)	20.4 (16.1 to 24.9)	16.5 (11.6 to 22.1)

Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 2017-2030 (%)	Annualized rate of change in health spending per person, 2017-2030 (%)	Annualized rate of change in health spending per GDP 2017-2030 (%)	Government health spending per person ($USD)	Difference between government health spending per person reference scenario and better scenario 1, 2030 ($USD)	Difference between government health spending per person reference scenario and better scenario 2, 2030 ($USD)
11.3 (8.4 to 14.5)	4.75 (1.71 to 7.97)	0.78 (-2.15 to 3.87)	-0.13 (-3.03 to 2.93)	8 (6 to 11)	20 (20 to 21)	36 (36 to 39)
7.6 (5.6 to 10.1)	3.68 (0.97 to 6.54)	0.79 (-1.85 to 3.56)	0.05 (-2.57 to 2.80)	15 (11 to 19)	53 (52 to 57)	232 (223 to 258)
1.0 (0.7 to 1.3)	1.10 (-1.30 to 3.53)	1.19 (-1.21 to 3.62)	0.60 (-1.79 to 3.01)	51 (38 to 65)	10 (3 to 20)	45 (41 to 53)
0.0 (0.0 to 0.0)	2.57 (1.80 to 3.38)	1.11 (0.35 to 1.90)	0.44 (-0.32 to 1.22)	256 (192 to 330)	969 (953 to 1,046)	1,525 (1,493 to 1,670)
0.0 (0.0 to 0.0)	1.61 (1.21 to 2.00)	0.81 (0.41 to 1.20)	0.36 (-0.04 to 0.75)	7,885 (7,444 to 8,379)	2,063 (1,936 to 2,791)	2,063 (1,936 to 2,791)
0.0 (0.0 to 0.0)	2.00 (1.83 to 2.14)	0.02 (-0.15 to 0.16)	0.53 (0.37 to 0.68)	551 (494 to 612)	810 (790 to 916)	1,023 (995 to 1,155)
6.1 (4.5 to 8.1)	3.32 (0.14 to 6.58)	1.70 (-1.43 to 4.91)	0.11 (-2.97 to 3.28)	16 (12 to 20)	54 (53 to 58)	134 (130 to 148)
4.3 (3.3 to 5.5)	3.57 (2.26 to 4.87)	1.57 (0.28 to 2.84)	0.28 (-0.99 to 1.53)	158 (130 to 192)	33 (23 to 51)	118 (112 to 132)
0.0 (0.0 to 0.0)	3.20 (2.66 to 3.77)	1.99 (1.45 to 2.55)	0.57 (0.04 to 1.12)	978 (907 to 1,060)	0 (0 to 0)	527 (489 to 571)
16.0 (12.3 to 20.4)	3.41 (3.00 to 3.81)	1.23 (0.84 to 1.62)	0.11 (-0.28 to 0.49)	48 (37 to 61)	84 (82 to 88)	247 (242 to 271)
0.5 (0.4 to 0.7)	2.95 (2.47 to 3.45)	1.83 (1.36 to 2.32)	0.52 (0.05 to 1.00)	244 (208 to 284)	87 (78 to 106)	242 (233 to 262)
0.2 (0.1 to 0.2)	3.71 (3.61 to 3.81)	2.23 (2.13 to 2.33)	0.82 (0.72 to 0.92)	299 (255 to 344)	34 (23 to 59)	401 (390 to 441)
1.1 (0.8 to 1.5)	4.77 (3.39 to 6.24)	3.22 (1.87 to 4.67)	1.14 (-0.19 to 2.56)	63 (48 to 82)	92 (88 to 99)	289 (285 to 314)
0.0 (0.0 to 0.0)	1.86 (1.40 to 2.32)	2.16 (1.70 to 2.63)	0.61 (0.15 to 1.06)	893 (833 to 955)	633 (609 to 758)	851 (819 to 1,003)
0.0 (0.0 to 0.0)	0.38 (0.24 to 0.53)	0.79 (0.64 to 0.94)	0.40 (0.25 to 0.54)	1,444 (1,362 to 1,532)	641 (610 to 808)	756 (720 to 938)
0.0 (0.0 to 0.0)	0.53 (-0.58 to 1.71)	1.03 (-0.09 to 2.21)	0.60 (-0.52 to 1.77)	1,121 (1,004 to 1,247)	91 (66 to 144)	1,318 (1,287 to 1,491)
0.0 (0.0 to 0.0)	4.49 (3.30 to 5.71)	2.45 (1.29 to 3.65)	2.83 (1.66 to 4.03)	2,115 (1,659 to 2,640)	2,468 (2,371 to 2,677)	4,230 (4,128 to 4,487)
0.2 (0.0 to 0.7)	2.50 (1.92 to 3.02)	3.12 (2.54 to 3.65)	0.54 (-0.03 to 1.05)	674 (602 to 752)	326 (310 to 373)	748 (729 to 845)
0.0 (0.0 to 0.0)	1.14 (0.39 to 1.88)	1.48 (0.73 to 2.23)	1.29 (0.54 to 2.04)	380 (335 to 430)	594 (582 to 664)	935 (910 to 1,046)
31.5 (24.8 to 38.7)	4.09 (2.91 to 5.22)	1.60 (0.45 to 2.70)	-0.72 (-1.84 to 0.36)	26 (20 to 35)	26 (24 to 30)	68 (67 to 72)
5.3 (4.1 to 6.8)	1.93 (0.88 to 3.00)	1.58 (0.54 to 2.65)	0.61 (-0.43 to 1.67)	282 (236 to 329)	229 (219 to 248)	546 (535 to 600)
4.1 (3.2 to 5.2)	1.63 (1.36 to 1.88)	1.65 (1.39 to 1.90)	0.89 (0.63 to 1.14)	255 (216 to 298)	165 (157 to 182)	381 (372 to 416)
7.6 (6.1 to 9.6)	2.98 (1.97 to 4.01)	1.92 (0.92 to 2.94)	0.76 (-0.22 to 1.77)	236 (202 to 275)	70 (62 to 87)	193 (186 to 207)
37.2 (30.8 to 44.2)	2.21 (1.41 to 3.11)	0.98 (0.19 to 1.87)	-0.25 (-1.03 to 0.64)	56 (43 to 69)	48 (44 to 55)	90 (87 to 95)
0.0 (0.0 to 0.0)	1.87 (1.52 to 2.19)	0.72 (0.38 to 1.03)	0.42 (0.08 to 0.73)	862 (791 to 938)	696 (675 to 812)	1,314 (1,271 to 1,506)
15.6 (11.9 to 19.9)	3.44 (1.01 to 5.87)	1.05 (-1.33 to 3.41)	-0.13 (-2.48 to 2.21)	25 (19 to 32)	54 (53 to 57)	100 (99 to 108)
0.8 (0.6 to 1.0)	1.50 (1.06 to 1.97)	2.13 (1.68 to 2.60)	0.90 (0.46 to 1.38)	331 (294 to 374)	302 (292 to 336)	373 (363 to 417)
0.1 (0.0 to 0.2)	2.51 (2.04 to 2.98)	2.21 (1.74 to 2.68)	1.64 (1.18 to 2.11)	753 (676 to 837)	338 (321 to 389)	551 (533 to 628)
29.0 (22.5 to 36.3)	3.21 (1.84 to 4.55)	1.11 (-0.22 to 2.43)	0.06 (-1.26 to 1.37)	10 (8 to 14)	16 (15 to 17)	39 (38 to 42)
0.0 (0.0 to 0.0)	3.72 (3.37 to 4.08)	2.60 (2.26 to 2.97)	1.55 (1.21 to 1.91)	2,160 (1,949 to 2,389)	205 (157 to 291)	3,807 (3,696 to 4,309)
0.0 (0.0 to 0.0)	1.51 (1.14 to 1.88)	1.70 (1.33 to 2.07)	0.47 (0.10 to 0.83)	1,378 (1,300 to 1,464)	509 (481 to 655)	775 (735 to 953)
0.0 (0.0 to 0.0)	1.44 (1.21 to 1.66)	1.65 (1.43 to 1.87)	0.73 (0.51 to 0.95)	1,939 (1,811 to 2,067)	463 (429 to 631)	709 (674 to 907)
31.2 (25.6 to 38.0)	2.91 (2.32 to 3.57)	1.08 (0.51 to 1.73)	-0.09 (-0.66 to 0.56)	89 (72 to 109)	80 (76 to 88)	90 (86 to 98)
41.8 (34.2 to 49.0)	3.64 (1.49 to 5.79)	0.48 (-1.61 to 2.56)	0.01 (-2.07 to 2.08)	3 (2 to 4)	0 (0 to 0)	59 (44 to 77)
2.5 (2.0 to 3.1)	2.28 (1.99 to 2.54)	1.31 (1.03 to 1.58)	0.82 (0.54 to 1.09)	338 (295 to 382)	191 (182 to 213)	408 (397 to 456)
0.0 (0.0 to 0.0)	2.69 (2.28 to 3.08)	2.63 (2.21 to 3.02)	1.45 (1.04 to 1.84)	1,961 (1,795 to 2,149)	0 (0 to 0)	1,335 (1,221 to 1,463)
23.2 (18.1 to 28.8)	4.14 (2.08 to 6.16)	0.87 (-1.13 to 2.82)	-0.21 (-2.18 to 1.73)	22 (17 to 29)	108 (106 to 117)	143 (140 to 157)
0.0 (0.0 to 0.0)	0.98 (0.72 to 1.31)	1.11 (0.85 to 1.44)	0.75 (0.49 to 1.07)	2,229 (2,089 to 2,410)	574 (540 to 737)	867 (832 to 1,066)
2.4 (1.8 to 3.1)	3.06 (2.07 to 4.12)	2.91 (1.92 to 3.97)	0.79 (-0.18 to 1.82)	104 (83 to 129)	101 (96 to 111)	362 (356 to 393)
1.8 (1.3 to 2.4)	4.52 (3.55 to 5.46)	2.15 (1.21 to 3.07)	0.81 (-0.12 to 1.72)	35 (27 to 45)	13 (10 to 19)	169 (167 to 185)
2.6 (2.1 to 3.4)	1.06 (0.23 to 1.89)	0.48 (-0.35 to 1.30)	0.54 (-0.29 to 1.36)	277 (238 to 322)	89 (79 to 108)	377 (367 to 411)

TABLE B11, CONTINUED

Health spending and health spending by source, 2030 and growth

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)	Out-of-pocket spending per total health spending (%)	Prepaid private spending per total health spending (%)
Swaziland	401 (355 to 450)	1,067 (945 to 1,199)	7.1 (6.3 to 8.0)	62.3 (56.7 to 67.3)	9.2 (6.7 to 12.7)	7.5 (4.4 to 12.0)
Sweden	7,049 (6,673 to 7,454)	6,658 (6,303 to 7,041)	8.8 (8.3 to 9.3)	82.0 (80.0 to 83.7)	16.8 (15.1 to 18.5)	1.3 (0.9 to 1.7)
Switzerland	11,233 (10,732 to 11,782)	8,508 (8,128 to 8,924)	10.7 (10.3 to 11.3)	63.1 (60.7 to 65.5)	29.1 (26.8 to 31.7)	7.8 (7.2 to 8.5)
Syria	55 (45 to 66)	976 (805 to 1,175)	2.6 (2.2 to 3.1)	46.8 (37.4 to 56.3)	43.3 (33.9 to 53.4)	3.9 (1.7 to 7.2)
Taiwan (Province of China)	2,196 (2,027 to 2,369)	4,195 (3,872 to 4,526)	7.2 (6.7 to 7.8)	63.2 (59.8 to 66.4)	33.3 (30.4 to 36.2)	3.5 (1.6 to 6.1)
Tajikistan	68 (53 to 87)	271 (212 to 343)	4.7 (3.7 to 6.0)	25.1 (17.8 to 32.6)	64.8 (56.0 to 73.9)	0.3 (0.1 to 0.6)
Tanzania	48 (41 to 56)	155 (132 to 179)	3.5 (3.0 to 4.0)	43.6 (35.4 to 51.5)	22.3 (15.9 to 30.7)	1.7 (0.8 to 3.3)
Thailand	337 (290 to 393)	955 (821 to 1,114)	3.7 (3.2 to 4.3)	80.4 (73.9 to 85.6)	9.4 (6.5 to 13.0)	9.9 (5.4 to 16.5)
The Bahamas	2,263 (2,164 to 2,384)	2,307 (2,206 to 2,430)	7.8 (7.5 to 8.2)	52.2 (49.8 to 54.7)	26.2 (23.9 to 28.6)	21.6 (19.8 to 23.6)
The Gambia	46 (39 to 55)	168 (143 to 198)	6.9 (5.8 to 8.1)	14.8 (11.1 to 19.6)	12.8 (9.0 to 17.4)	7.1 (3.5 to 12.5)
Timor-Leste	74 (62 to 88)	181 (152 to 215)	1.6 (1.3 to 1.9)	61.5 (54.4 to 68.3)	12.2 (8.3 to 17.1)	1.7 (0.7 to 3.1)
Togo	47 (39 to 57)	123 (102 to 149)	5.3 (4.4 to 6.5)	19.2 (14.5 to 25.1)	53.2 (43.8 to 62.4)	9.0 (4.2 to 15.9)
Tonga	287 (248 to 330)	422 (364 to 484)	4.7 (4.1 to 5.4)	67.6 (61.1 to 73.1)	9.7 (6.8 to 13.4)	4.8 (2.4 to 8.3)
Trinidad and Tobago	1,189 (1,096 to 1,287)	2,437 (2,246 to 2,639)	6.1 (5.6 to 6.6)	50.3 (46.3 to 54.2)	43.0 (39.1 to 47.0)	6.7 (4.9 to 8.9)
Tunisia	295 (254 to 339)	1,031 (889 to 1,187)	5.4 (4.7 to 6.2)	56.5 (48.3 to 64.0)	39.8 (32.0 to 48.2)	3.3 (1.5 to 6.0)
Turkey	646 (577 to 725)	1,609 (1,437 to 1,804)	3.0 (2.7 to 3.4)	78.5 (73.5 to 82.8)	15.8 (12.1 to 20.2)	5.6 (3.0 to 9.3)
Turkmenistan	1,013 (898 to 1,145)	2,740 (2,427 to 3,096)	7.9 (7.0 to 8.9)	24.9 (20.1 to 30.2)	70.5 (64.6 to 75.8)	4.4 (2.3 to 7.3)
Uganda	47 (39 to 56)	164 (136 to 196)	5.2 (4.3 to 6.2)	18.9 (14.2 to 24.3)	44.2 (34.5 to 53.5)	3.5 (1.7 to 6.5)
Ukraine	204 (172 to 238)	679 (571 to 791)	5.6 (4.7 to 6.5)	42.0 (34.4 to 49.8)	53.5 (45.8 to 61.4)	2.8 (1.4 to 5.2)
United Arab Emirates	1,605 (1,394 to 1,934)	2,882 (2,504 to 3,473)	3.4 (3.0 to 4.1)	75.8 (71.3 to 80.8)	15.0 (11.6 to 18.1)	9.2 (7.0 to 11.8)
United Kingdom	4,807 (4,589 to 5,019)	5,100 (4,869 to 5,325)	9.0 (8.6 to 9.4)	77.6 (75.5 to 79.6)	17.7 (15.7 to 19.7)	4.7 (4.0 to 5.5)
United States	12,206 (11,726 to 12,713)	12,206 (11,726 to 12,713)	18.5 (17.8 to 19.3)	82.6 (81.6 to 83.5)	10.1 (9.5 to 10.8)	7.3 (6.7 to 7.9)
Uruguay	1,860 (1,759 to 1,967)	2,507 (2,371 to 2,651)	9.0 (8.5 to 9.5)	70.6 (67.4 to 73.2)	17.1 (14.8 to 19.4)	12.3 (10.3 to 14.7)
Uzbekistan	105 (86 to 127)	579 (477 to 704)	3.4 (2.8 to 4.1)	50.8 (41.3 to 59.9)	45.5 (36.1 to 55.3)	0.5 (0.2 to 0.9)
Vanuatu	119 (101 to 140)	104 (88 to 123)	2.8 (2.4 to 3.3)	65.4 (57.9 to 71.9)	10.3 (7.0 to 14.4)	4.5 (2.1 to 8.2)
Venezuela	409 (363 to 457)	677 (602 to 759)	4.8 (4.3 to 5.4)	37.9 (32.6 to 43.5)	28.3 (24.0 to 33.1)	33.7 (28.0 to 39.6)
Vietnam	201 (164 to 241)	586 (479 to 704)	6.4 (5.3 to 7.7)	46.2 (36.8 to 55.5)	51.0 (41.4 to 60.7)	0.9 (0.4 to 1.8)
Virgin Islands, US	2,592 (2,089 to 3,134)	1,393 (1,123 to 1,685)	7.3 (5.9 to 8.8)	64.4 (54.2 to 73.9)	25.4 (17.9 to 34.3)	10.2 (4.8 to 18.3)
Yemen	59 (48 to 73)	128 (104 to 158)	13.4 (10.8 to 16.5)	4.9 (3.4 to 6.6)	69.3 (62.2 to 75.8)	0.6 (0.3 to 1.1)
Zambia	76 (65 to 88)	222 (190 to 258)	3.2 (2.7 to 3.7)	39.6 (32.4 to 47.2)	10.6 (7.3 to 14.6)	6.1 (2.9 to 10.8)
Zimbabwe	119 (100 to 140)	222 (187 to 262)	9.8 (8.2 to 11.5)	49.8 (41.9 to 58.0)	22.2 (16.6 to 28.6)	10.6 (5.3 to 18.8)

$PPP refers to 2018 purchasing power parity-adjusted US dollars. Uncertainty intervals included in parentheses. 2030 scenario 1 reflects the increase in government health spending if all countries met the target proportion of government spending on health. 2030 scenario 2 reflects the increase in government health spending if all countries met the target proportion of government spending on health and target proportion of gross domestic product that is based on government spending.2050 scenario 1 reflects the increase in government health spending if all countries met the target proportion of government spending on health. 2050 scenario 2 reflects the increase in government health spending if all countries met the target proportion of government spending on health and target proportion of gross domestic product that is based on government spending.

***Source:** Financing Global Health Database 2018*

Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 2017-2030 (%)	Annualized rate of change in health spending per person, 2017-2030 (%)	Annualized rate of change in health spending per GDP 2017-2030 (%)	Government health spending per person ($USD)	Difference between government health spending per person reference scenario and better scenario 1, 2030 ($USD)	Difference between government health spending per person reference scenario and better scenario 2, 2030 ($USD)
21.0 (17.3 to 25.5)	3.11 (2.76 to 3.52)	1.59 (1.25 to 1.99)	0.64 (0.30 to 1.04)	249 (215 to 291)	73 (65 to 90)	185 (177 to 198)
0.0 (0.0 to 0.0)	1.56 (1.06 to 2.05)	1.06 (0.57 to 1.55)	0.24 (-0.25 to 0.73)	5,777 (5,431 to 6,166)	477 (391 to 861)	477 (391 to 861)
0.0 (0.0 to 0.0)	1.41 (1.11 to 1.73)	0.83 (0.53 to 1.15)	0.60 (0.30 to 0.92)	7,088 (6,690 to 7,487)	0 (0 to 0)	2,839 (2,679 to 2,999)
6.0 (4.5 to 8.0)	3.64 (2.02 to 5.34)	1.29 (-0.30 to 2.96)	0.15 (-1.42 to 1.79)	26 (19 to 34)	40 (39 to 43)	137 (134 to 149)
0.0 (0.0 to 0.0)	1.83 (1.35 to 2.28)	2.11 (1.63 to 2.57)	1.00 (0.52 to 1.45)	1,389 (1,245 to 1,546)	0 (0 to 0)	2,191 (1,964 to 2,439)
9.8 (7.1 to 13.1)	3.97 (2.01 to 6.04)	1.97 (0.05 to 4.00)	0.61 (-1.29 to 2.61)	17 (13 to 22)	59 (58 to 63)	95 (93 to 103)
32.3 (26.3 to 39.1)	3.68 (2.41 to 4.97)	0.98 (-0.26 to 2.23)	-1.25 (-2.47 to -0.03)	21 (16 to 27)	37 (36 to 39)	86 (85 to 94)
0.3 (0.2 to 0.4)	2.48 (1.58 to 3.45)	2.52 (1.62 to 3.49)	0.91 (0.03 to 1.87)	271 (231 to 317)	42 (32 to 66)	433 (422 to 473)
0.0 (0.0 to 0.0)	1.05 (0.72 to 1.39)	0.50 (0.18 to 0.84)	0.63 (0.31 to 0.97)	1,181 (1,109 to 1,265)	71 (51 to 141)	1,050 (1,005 to 1,238)
65.2 (58.2 to 71.9)	2.98 (1.81 to 4.21)	0.71 (-0.43 to 1.92)	-0.27 (-1.41 to 0.92)	7 (5 to 9)	33 (32 to 36)	45 (44 to 50)
24.7 (19.7 to 30.0)	2.38 (1.73 to 3.03)	0.95 (0.32 to 1.60)	-0.44 (-1.07 to 0.20)	46 (36 to 58)	294 (286 to 324)	317 (308 to 349)
18.6 (14.3 to 23.9)	2.92 (0.25 to 5.73)	1.13 (-1.49 to 3.90)	-0.06 (-2.66 to 2.67)	9 (7 to 12)	27 (27 to 29)	59 (58 to 65)
17.9 (14.2 to 22.1)	3.39 (2.69 to 4.03)	1.89 (1.21 to 2.53)	0.58 (-0.10 to 1.20)	194 (157 to 235)	274 (267 to 291)	275 (267 to 292)
0.0 (0.0 to 0.0)	1.31 (0.99 to 1.64)	1.21 (0.89 to 1.53)	1.39 (1.08 to 1.72)	598 (543 to 657)	533 (518 to 613)	909 (883 to 1,035)
0.4 (0.3 to 0.5)	2.05 (1.75 to 2.41)	1.25 (0.96 to 1.61)	0.73 (0.44 to 1.09)	167 (137 to 198)	101 (94 to 116)	253 (246 to 273)
0.2 (0.0 to 0.6)	3.16 (2.64 to 3.66)	2.56 (2.04 to 3.05)	0.35 (-0.17 to 0.83)	507 (451 to 574)	634 (620 to 708)	1,156 (1,124 to 1,293)
0.2 (0.2 to 0.3)	5.92 (4.79 to 7.07)	4.41 (3.30 to 5.55)	1.84 (0.76 to 2.95)	252 (203 to 308)	157 (146 to 185)	735 (723 to 800)
33.4 (26.3 to 41.0)	3.68 (1.43 to 5.88)	0.74 (-1.44 to 2.88)	-0.80 (-2.95 to 1.31)	9 (7 to 11)	19 (18 to 19)	61 (59 to 67)
1.6 (1.3 to 2.1)	0.27 (-0.39 to 0.88)	1.04 (0.39 to 1.66)	1.12 (0.46 to 1.74)	86 (69 to 105)	147 (144 to 156)	195 (192 to 210)
0.0 (0.0 to 0.0)	1.87 (1.22 to 2.96)	0.82 (0.18 to 1.91)	1.41 (0.77 to 2.50)	1,220 (1,013 to 1,550)	1,196 (1,141 to 1,273)	2,402 (2,368 to 2,523)
0.0 (0.0 to 0.0)	1.53 (1.24 to 1.84)	1.13 (0.84 to 1.44)	0.70 (0.42 to 1.01)	3,732 (3,556 to 3,914)	3 (0 to 42)	623 (590 to 699)
0.0 (0.0 to 0.0)	1.68 (1.33 to 2.03)	1.14 (0.79 to 1.49)	0.52 (0.18 to 0.87)	10,085 (9,630 to 10,568)	0 (0 to 0)	2,796 (2,670 to 2,930)
0.0 (0.0 to 0.0)	1.57 (1.44 to 1.69)	1.37 (1.24 to 1.49)	0.37 (0.24 to 0.49)	1,312 (1,227 to 1,398)	0 (0 to 0)	584 (546 to 622)
3.2 (2.3 to 4.2)	3.08 (0.79 to 5.43)	2.06 (-0.21 to 4.38)	0.23 (-2.00 to 2.51)	53 (40 to 68)	123 (121 to 130)	187 (184 to 201)
19.8 (15.7 to 24.6)	3.22 (2.88 to 3.63)	1.51 (1.17 to 1.92)	0.44 (0.11 to 0.84)	78 (61 to 97)	146 (142 to 154)	249 (244 to 270)
0.0 (0.0 to 0.0)	1.88 (1.06 to 2.69)	0.92 (0.11 to 1.72)	0.60 (-0.21 to 1.39)	155 (128 to 184)	535 (524 to 591)	535 (524 to 591)
2.0 (1.5 to 2.5)	4.29 (2.76 to 5.81)	3.81 (2.28 to 5.32)	1.33 (-0.16 to 2.81)	92 (73 to 113)	59 (53 to 70)	148 (144 to 156)
0.0 (0.0 to 0.0)	0.48 (-1.36 to 2.40)	1.17 (-0.68 to 3.11)	1.06 (-0.79 to 3.00)	1,671 (1,261 to 2,153)	26 (0 to 218)	1,318 (1,167 to 1,639)
25.3 (19.6 to 31.8)	2.28 (1.75 to 2.83)	-0.11 (-0.63 to 0.42)	1.44 (0.92 to 1.99)	3 (2 to 4)	7 (7 to 8)	31 (30 to 35)
43.7 (36.3 to 51.4)	3.03 (2.10 to 3.95)	0.51 (-0.39 to 1.41)	-0.76 (-1.65 to 0.13)	30 (22 to 39)	74 (72 to 78)	153 (150 to 167)
17.4 (13.7 to 21.8)	2.94 (2.00 to 3.80)	0.68 (-0.23 to 1.52)	-0.07 (-0.98 to 0.76)	59 (46 to 76)	4 (0 to 13)	36 (32 to 43)

TABLE B12

Total health spending and health spending by source, 2050 and growth

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)	Out-of-pocket spending per total health spending (%)
Afghanistan	98 (71 to 134)	353 (255 to 480)	8.6 (6.2 to 11.7)	6.3 (4.1 to 9.6)	87.7 (81.6 to 91.8)
Albania	655 (563 to 771)	1,720 (1,478 to 2,025)	6.9 (5.9 to 8.1)	49.4 (41.8 to 56.4)	50.0 (42.9 to 57.6)
Algeria	469 (388 to 556)	1,626 (1,345 to 1,929)	6.1 (5.1 to 7.3)	64.6 (56.4 to 72.4)	34.0 (26.2 to 42.3)
American Samoa	887 (740 to 1,044)	887 (740 to 1,044)	7.5 (6.3 to 8.8)	91.1 (87.6 to 93.9)	7.0 (4.7 to 9.9)
Andorra	5,463 (5,006 to 5,931)	10,148 (9,299 to 11,017)	9.4 (8.6 to 10.2)	55.2 (51.3 to 59.0)	34.4 (30.6 to 37.5)
Angola	177 (143 to 217)	295 (238 to 360)	2.9 (2.3 to 3.5)	43.4 (34.1 to 53.6)	36.2 (26.9 to 46.5)
Antigua and Barbuda	1,111 (1,000 to 1,229)	1,803 (1,623 to 1,994)	5.3 (4.8 to 5.9)	67.4 (62.9 to 72.0)	25.3 (21.6 to 29.4)
Argentina	1,722 (1,544 to 1,915)	2,598 (2,330 to 2,888)	9.8 (8.8 to 10.9)	80.1 (76.7 to 83.3)	11.1 (9.0 to 13.4)
Armenia	1,107 (862 to 1,392)	2,831 (2,204 to 3,561)	12.1 (9.4 to 15.2)	14.2 (9.7 to 19.7)	83.5 (77.7 to 88.4)
Australia	8,875 (8,222 to 9,605)	8,110 (7,512 to 8,777)	8.8 (8.1 to 9.5)	67.7 (63.8 to 71.1)	19.3 (16.0 to 23.0)
Austria	7,666 (7,012 to 8,382)	7,616 (6,966 to 8,328)	10.9 (10.0 to 11.9)	71.5 (67.5 to 75.1)	19.6 (16.2 to 23.5)
Azerbaijan	660 (414 to 895)	2,651 (1,663 to 3,594)	6.2 (3.9 to 8.4)	18.0 (11.7 to 28.1)	80.9 (70.5 to 87.4)
Bahrain	1,851 (1,519 to 2,231)	3,744 (3,072 to 4,512)	6.9 (5.6 to 8.3)	67.7 (59.1 to 75.2)	23.6 (16.9 to 31.8)
Bangladesh	119 (87 to 161)	318 (234 to 432)	3.8 (2.8 to 5.1)	22.7 (14.4 to 32.5)	70.0 (59.0 to 79.8)
Barbados	1,751 (1,560 to 1,999)	1,834 (1,634 to 2,094)	8.0 (7.2 to 9.2)	44.6 (38.5 to 50.7)	48.0 (41.4 to 54.8)
Belarus	773 (657 to 918)	2,554 (2,170 to 3,034)	7.5 (6.3 to 8.9)	46.3 (37.7 to 54.6)	51.0 (42.3 to 59.7)
Belgium	6,613 (6,063 to 7,219)	6,658 (6,104 to 7,268)	10.2 (9.3 to 11.1)	80.3 (77.9 to 82.4)	13.1 (11.4 to 14.9)
Belize	490 (402 to 589)	885 (725 to 1,063)	7.1 (5.8 to 8.5)	72.4 (64.7 to 79.2)	18.5 (13.7 to 24.1)
Benin	58 (46 to 71)	150 (121 to 186)	3.4 (2.7 to 4.2)	29.4 (22.0 to 38.2)	39.2 (29.3 to 49.9)
Bermuda	15,572 (13,384 to 18,170)	10,064 (8,650 to 11,743)	14.2 (12.2 to 16.6)	30.2 (25.5 to 35.9)	8.1 (5.9 to 10.9)
Bhutan	245 (193 to 328)	754 (594 to 1,009)	3.0 (2.4 to 4.1)	79.0 (71.2 to 86.1)	17.3 (11.2 to 24.3)
Bolivia	375 (310 to 443)	851 (703 to 1,005)	7.6 (6.3 to 9.0)	70.3 (63.1 to 77.2)	23.5 (17.3 to 30.1)
Bosnia and Herzegovina	1,054 (938 to 1,181)	2,550 (2,269 to 2,859)	8.4 (7.5 to 9.4)	71.0 (66.1 to 75.5)	24.9 (20.6 to 29.6)
Botswana	815 (656 to 991)	1,907 (1,534 to 2,319)	5.1 (4.1 to 6.1)	55.8 (46.4 to 66.2)	4.6 (2.9 to 6.6)
Brazil	1,463 (1,334 to 1,599)	2,448 (2,231 to 2,674)	8.9 (8.1 to 9.7)	36.5 (32.0 to 41.2)	37.8 (33.7 to 42.3)
Brunei	611 (520 to 711)	1,519 (1,293 to 1,768)	1.6 (1.4 to 1.9)	90.5 (86.1 to 93.6)	4.3 (2.9 to 6.4)
Bulgaria	1,647 (1,426 to 1,916)	4,320 (3,740 to 5,025)	8.7 (7.5 to 10.1)	45.2 (38.7 to 52.2)	53.2 (46.1 to 60.2)
Burkina Faso	89 (72 to 109)	246 (199 to 301)	5.1 (4.1 to 6.2)	50.8 (41.0 to 60.4)	32.0 (22.8 to 41.7)
Burundi	37 (29 to 54)	81 (62 to 117)	15.1 (11.6 to 21.8)	22.3 (13.8 to 30.8)	16.6 (10.3 to 24.0)
Cambodia	196 (159 to 245)	584 (474 to 729)	6.2 (5.0 to 7.7)	31.5 (23.4 to 40.7)	59.9 (50.5 to 69.6)
Cameroon	96 (75 to 122)	242 (190 to 310)	3.5 (2.7 to 4.4)	16.6 (11.4 to 22.5)	64.5 (54.8 to 73.5)
Canada	7,041 (6,432 to 7,723)	7,535 (6,883 to 8,265)	9.4 (8.6 to 10.3)	74.7 (71.2 to 77.4)	12.6 (10.9 to 15.8)
Cape Verde	321 (265 to 386)	675 (558 to 811)	4.6 (3.8 to 5.5)	61.9 (52.3 to 70.1)	32.1 (23.5 to 41.5)
Central African Republic	38 (29 to 55)	66 (49 to 96)	8.0 (6.0 to 11.6)	13.1 (8.0 to 19.0)	26.5 (15.1 to 38.0)
Chad	35 (28 to 44)	97 (78 to 120)	3.1 (2.5 to 3.8)	26.0 (18.7 to 34.4)	55.2 (44.3 to 65.1)
Chile	2,100 (1,919 to 2,303)	3,713 (3,394 to 4,073)	8.5 (7.8 to 9.4)	64.1 (60.2 to 68.1)	28.7 (25.2 to 32.1)
China	2,054 (1,728 to 2,407)	3,803 (3,200 to 4,458)	6.9 (5.8 to 8.0)	66.5 (58.8 to 73.5)	28.0 (21.6 to 35.4)
Colombia	584 (500 to 675)	1,393 (1,192 to 1,609)	4.7 (4.0 to 5.4)	67.8 (60.1 to 73.8)	17.0 (13.2 to 21.6)
Comoros	100 (80 to 124)	196 (157 to 243)	6.5 (5.2 to 8.1)	17.9 (12.6 to 24.2)	61.6 (51.2 to 70.2)
Congo	80 (64 to 99)	237 (190 to 294)	1.8 (1.4 to 2.2)	33.1 (24.1 to 42.7)	53.0 (43.0 to 63.8)
Costa Rica	1,659 (1,511 to 1,818)	2,479 (2,258 to 2,717)	9.7 (8.8 to 10.6)	79.2 (75.7 to 82.4)	17.8 (15.1 to 20.9)

Prepaid private spending per total health spending (%)	Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 2017-2050 (%)	Annualized rate of change in health spending per person, 2017-2050 (%)	Government health spending per person ($USD)	Difference between government health spending per person reference scenario and better scenario 1, 2050 ($USD)	Difference between government health spending per person reference scenario and better scenario 2, 2050 ($USD)
0.4 (0.2 to 0.7)	5.6 (3.3 to 9.7)	4.21 (3.82 to 4.62)	1.73 (1.35 to 2.13)	6 (4 to 8)	47 (46 to 52)	82 (79 to 91)
0.0 (0.0 to 0.0)	0.6 (0.4 to 1.1)	1.64 (1.07 to 2.24)	1.98 (1.41 to 2.59)	323 (262 to 390)	159 (142 to 194)	412 (399 to 439)
1.4 (0.7 to 2.7)	0.0 (0.0 to 0.0)	2.96 (2.73 to 3.17)	1.54 (1.32 to 1.75)	303 (244 to 369)	179 (162 to 211)	286 (271 to 313)
1.8 (0.8 to 3.5)	0.0 (0.0 to 0.0)	1.79 (1.59 to 1.97)	0.76 (0.57 to 0.95)	809 (664 to 960)	0 (0 to 1)	241 (204 to 286)
10.4 (8.9 to 12.3)	0.0 (0.0 to 0.0)	0.11 (-0.16 to 0.35)	0.70 (0.43 to 0.95)	3,018 (2,635 to 3,422)	698 (616 to 884)	1,458 (1,374 to 1,618)
17.2 (9.5 to 27.2)	3.2 (2.1 to 5.2)	3.44 (3.04 to 3.83)	1.25 (0.86 to 1.63)	77 (59 to 98)	188 (184 to 200)	396 (388 to 432)
7.2 (4.9 to 9.9)	0.0 (0.0 to 0.1)	1.26 (0.99 to 1.51)	1.14 (0.87 to 1.40)	750 (655 to 866)	40 (13 to 92)	854 (831 to 935)
8.8 (6.5 to 11.4)	0.0 (0.0 to 0.0)	1.86 (1.68 to 2.05)	1.43 (1.25 to 1.62)	1,380 (1,212 to 1,560)	10 (0 to 79)	10 (0 to 79)
1.0 (0.5 to 2.0)	1.2 (0.8 to 2.0)	2.67 (1.82 to 3.49)	3.22 (2.37 to 4.04)	156 (114 to 210)	274 (264 to 292)	549 (540 to 580)
13.1 (11.5 to 14.8)	0.0 (0.0 to 0.0)	2.29 (2.06 to 2.52)	1.41 (1.18 to 1.63)	6,004 (5,424 to 6,572)	728 (610 to 990)	1,789 (1,664 to 2,170)
8.8 (7.5 to 10.4)	0.0 (0.0 to 0.0)	1.00 (0.71 to 1.28)	1.09 (0.80 to 1.37)	5,484 (4,875 to 6,154)	377 (242 to 679)	377 (242 to 679)
0.6 (0.2 to 1.2)	0.5 (0.3 to 1.0)	2.40 (1.06 to 3.39)	2.27 (0.94 to 3.26)	114 (87 to 148)	560 (551 to 608)	708 (691 to 774)
8.7 (6.5 to 11.7)	0.0 (0.0 to 0.0)	2.85 (2.38 to 3.31)	1.47 (1.00 to 1.92)	1,256 (947 to 1,598)	321 (173 to 546)	818 (720 to 1,016)
3.0 (1.3 to 5.8)	4.3 (2.4 to 7.5)	3.69 (2.53 to 4.90)	3.39 (2.24 to 4.59)	27 (18 to 40)	55 (51 to 60)	215 (211 to 232)
7.4 (5.4 to 9.8)	0.0 (0.0 to 0.0)	0.65 (0.40 to 0.97)	1.14 (0.89 to 1.46)	779 (679 to 891)	725 (701 to 799)	903 (878 to 999)
2.2 (1.0 to 4.1)	0.5 (0.3 to 0.8)	1.78 (1.31 to 2.30)	2.36 (1.88 to 2.88)	356 (299 to 420)	428 (415 to 461)	443 (430 to 477)
6.7 (5.7 to 7.9)	0.0 (0.0 to 0.0)	0.91 (0.71 to 1.12)	0.82 (0.61 to 1.03)	5,310 (4,795 to 5,890)	448 (326 to 664)	448 (326 to 664)
7.0 (3.4 to 12.5)	2.2 (1.5 to 3.6)	2.79 (2.32 to 3.22)	1.70 (1.23 to 2.13)	356 (278 to 453)	67 (20 to 122)	180 (147 to 229)
7.1 (3.3 to 12.9)	24.2 (17.2 to 35.1)	3.31 (2.46 to 4.21)	1.39 (0.55 to 2.28)	17 (12 to 22)	63 (62 to 68)	114 (112 to 124)
61.8 (55.1 to 67.5)	0.0 (0.0 to 0.0)	1.23 (0.90 to 1.61)	1.03 (0.70 to 1.40)	4,680 (3,999 to 5,479)	484 (268 to 892)	3,751 (3,602 to 4,015)
1.3 (0.6 to 2.5)	2.4 (1.5 to 4.0)	3.52 (3.25 to 3.94)	3.04 (2.77 to 3.46)	194 (146 to 277)	241 (212 to 265)	429 (420 to 444)
3.8 (1.8 to 7.0)	2.4 (1.6 to 3.9)	2.82 (2.32 to 3.36)	1.64 (1.15 to 2.18)	264 (209 to 326)	92 (72 to 128)	118 (99 to 152)
2.1 (1.0 to 4.1)	2.0 (1.4 to 3.3)	1.32 (0.94 to 1.71)	2.14 (1.76 to 2.53)	748 (644 to 866)	62 (33 to 123)	216 (191 to 270)
34.8 (26.5 to 44.0)	4.8 (0.0 to 10.7)	2.81 (2.36 to 3.29)	2.00 (1.55 to 2.47)	456 (345 to 609)	418 (368 to 483)	787 (751 to 831)
25.6 (21.8 to 29.8)	0.1 (0.0 to 0.2)	1.09 (0.80 to 1.37)	0.84 (0.55 to 1.12)	535 (454 to 632)	763 (744 to 829)	763 (744 to 829)
5.2 (2.5 to 9.6)	0.0 (0.0 to 0.0)	0.32 (0.13 to 0.51)	-0.33 (-0.51 to -0.14)	553 (466 to 656)	1,527 (1,499 to 1,680)	2,382 (2,314 to 2,640)
1.5 (0.7 to 2.7)	0.1 (0.0 to 0.2)	1.53 (1.12 to 2.01)	2.56 (2.14 to 3.04)	742 (643 to 861)	403 (383 to 442)	719 (697 to 779)
7.6 (3.4 to 14.0)	9.5 (6.4 to 15.0)	4.59 (3.98 to 5.21)	2.39 (1.79 to 2.99)	45 (34 to 59)	52 (49 to 58)	89 (87 to 94)
1.4 (0.6 to 2.8)	59.7 (48.0 to 73.9)	3.41 (2.53 to 4.69)	0.87 (0.01 to 2.12)	8 (6 to 11)	2 (0 to 3)	11 (10 to 12)
0.7 (0.3 to 1.3)	8.0 (5.0 to 13.0)	3.42 (2.32 to 4.52)	2.78 (1.69 to 3.88)	62 (46 to 82)	78 (73 to 86)	185 (181 to 195)
2.9 (1.3 to 5.9)	16.0 (10.3 to 25.4)	2.79 (1.62 to 4.05)	1.32 (0.17 to 2.56)	16 (11 to 21)	90 (88 to 97)	197 (190 to 218)
12.7 (11.0 to 14.6)	0.0 (0.0 to 0.0)	1.60 (1.31 to 1.88)	1.06 (0.77 to 1.34)	5,262 (4,677 to 5,879)	17 (0 to 199)	640 (589 to 774)
2.5 (1.2 to 4.5)	3.5 (2.4 to 5.7)	2.91 (2.55 to 3.27)	2.09 (1.74 to 2.45)	198 (155 to 247)	163 (153 to 188)	343 (334 to 362)
0.9 (0.4 to 1.9)	59.5 (47.0 to 73.9)	2.55 (1.59 to 3.85)	1.68 (0.73 to 2.98)	5 (3 to 7)	9 (8 to 9)	32 (31 to 35)
6.6 (3.0 to 12.3)	12.2 (7.2 to 20.4)	3.51 (2.54 to 4.52)	0.20 (-0.74 to 1.18)	9 (7 to 12)	21 (21 to 22)	79 (77 to 87)
7.2 (5.2 to 9.5)	0.0 (0.0 to 0.0)	1.88 (1.64 to 2.15)	1.55 (1.31 to 1.81)	1,347 (1,192 to 1,518)	0 (0 to 0)	923 (816 to 1,039)
5.5 (2.8 to 9.6)	0.0 (0.0 to 0.0)	4.33 (3.77 to 4.90)	4.60 (4.04 to 5.17)	1,367 (1,116 to 1,653)	395 (311 to 552)	941 (879 to 1,070)
15.0 (9.5 to 22.3)	0.1 (0.1 to 0.2)	1.77 (1.52 to 2.01)	1.40 (1.15 to 1.63)	396 (332 to 472)	303 (289 to 331)	564 (547 to 605)
1.4 (0.6 to 2.6)	19.1 (12.5 to 29.1)	2.13 (0.95 to 3.35)	0.89 (-0.27 to 2.10)	18 (13 to 24)	73 (72 to 78)	100 (99 to 109)
4.5 (2.2 to 8.8)	9.4 (6.3 to 15.3)	1.94 (0.86 to 3.06)	0.69 (-0.37 to 1.81)	26 (19 to 36)	169 (165 to 183)	317 (306 to 350)
2.9 (1.5 to 5.0)	0.0 (0.0 to 0.1)	1.98 (1.76 to 2.19)	1.64 (1.43 to 1.85)	1,315 (1,179 to 1,466)	0 (0 to 0)	756 (678 to 843)

TABLE B12, CONTINUED

Health spending and health spending by source, 2050 and growth

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)	Out-of-pocket spending per total health spending (%)
Côte d'Ivoire	128 (101 to 161)	296 (235 to 373)	4.2 (3.4 to 5.3)	28.8 (21.1 to 37.5)	33.4 (23.9 to 43.3)
Croatia	1,570 (1,407 to 1,748)	2,855 (2,559 to 3,180)	6.3 (5.6 to 7.0)	80.0 (76.2 to 83.4)	13.2 (10.7 to 15.6)
Cuba	1,925 (1,687 to 2,180)	4,215 (3,693 to 4,774)	19.5 (17.1 to 22.0)	82.9 (77.1 to 87.7)	9.8 (6.4 to 13.4)
Cyprus	1,744 (1,573 to 1,935)	2,436 (2,196 to 2,702)	4.6 (4.2 to 5.1)	49.6 (44.7 to 54.7)	37.2 (32.8 to 42.0)
Czech Republic	2,848 (2,506 to 3,188)	4,719 (4,153 to 5,282)	6.8 (6.0 to 7.6)	79.7 (75.6 to 83.4)	16.9 (13.5 to 20.9)
Democratic Republic of the Congo	33 (26 to 44)	52 (40 to 68)	5.0 (3.9 to 6.6)	17.6 (11.7 to 24.1)	33.2 (21.6 to 44.4)
Denmark	8,846 (7,697 to 9,960)	7,482 (6,511 to 8,425)	9.2 (8.0 to 10.4)	84.0 (80.8 to 86.7)	13.5 (11.1 to 16.7)
Djibouti	87 (70 to 108)	162 (131 to 201)	3.4 (2.7 to 4.2)	54.7 (44.5 to 64.3)	21.9 (14.6 to 30.2)
Dominica	697 (600 to 801)	1,017 (874 to 1,168)	6.9 (6.0 to 8.0)	71.8 (66.4 to 77.0)	24.4 (19.5 to 29.4)
Dominican Republic	1,193 (1,033 to 1,376)	2,825 (2,446 to 3,257)	6.9 (6.0 to 8.0)	56.9 (50.0 to 63.4)	33.4 (27.8 to 39.5)
Ecuador	917 (798 to 1,066)	1,737 (1,511 to 2,020)	11.2 (9.8 to 13.0)	55.5 (47.7 to 62.8)	36.8 (29.6 to 45.3)
Egypt	218 (181 to 263)	1,010 (836 to 1,216)	4.2 (3.4 to 5.0)	36.9 (28.7 to 46.0)	53.3 (43.7 to 62.6)
El Salvador	558 (486 to 633)	1,169 (1,018 to 1,327)	8.9 (7.7 to 10.1)	71.6 (65.0 to 76.9)	18.4 (14.1 to 23.8)
Equatorial Guinea	655 (523 to 824)	1,686 (1,347 to 2,120)	2.4 (1.9 to 3.0)	14.9 (10.8 to 19.9)	81.2 (75.3 to 86.2)
Eritrea	51 (41 to 63)	77 (63 to 96)	4.6 (3.8 to 5.7)	22.2 (15.6 to 29.8)	54.1 (42.8 to 64.6)
Estonia	2,975 (2,694 to 3,280)	4,384 (3,969 to 4,834)	7.8 (7.1 to 8.6)	71.8 (66.8 to 76.4)	26.5 (21.9 to 31.5)
Ethiopia	66 (53 to 84)	178 (142 to 225)	5.3 (4.2 to 6.6)	31.0 (22.5 to 40.1)	34.2 (24.7 to 44.4)
Federated States of Micronesia	223 (180 to 271)	247 (199 to 300)	4.6 (3.7 to 5.5)	84.9 (78.9 to 88.9)	6.5 (4.4 to 9.3)
Fiji	386 (324 to 462)	675 (567 to 808)	4.7 (4.0 to 5.7)	61.7 (52.7 to 69.6)	21.0 (14.8 to 28.6)
Finland	7,410 (6,781 to 8,067)	6,740 (6,168 to 7,338)	9.7 (8.9 to 10.5)	76.8 (73.1 to 80.5)	20.5 (16.9 to 24.4)
France	7,154 (6,558 to 7,776)	7,446 (6,826 to 8,094)	11.6 (10.6 to 12.6)	78.2 (75.3 to 81.1)	10.8 (8.8 to 13.2)
Gabon	359 (283 to 431)	828 (654 to 996)	2.6 (2.1 to 3.2)	55.1 (45.7 to 67.5)	18.9 (13.2 to 26.4)
Georgia	707 (589 to 850)	1,885 (1,571 to 2,265)	7.1 (5.9 to 8.5)	39.0 (31.1 to 46.9)	52.5 (43.4 to 61.4)
Germany	7,606 (6,916 to 8,317)	8,120 (7,384 to 8,880)	10.8 (9.8 to 11.8)	85.6 (83.6 to 87.5)	11.0 (9.7 to 12.5)
Ghana	186 (154 to 228)	524 (433 to 640)	4.0 (3.3 to 4.9)	50.6 (41.6 to 59.9)	34.6 (26.1 to 44.6)
Greece	1,902 (1,713 to 2,134)	2,688 (2,421 to 3,016)	7.3 (6.6 to 8.2)	65.3 (60.8 to 70.0)	29.4 (25.1 to 33.4)
Greenland	8,047 (7,244 to 8,938)	6,348 (5,715 to 7,052)	9.6 (8.6 to 10.6)	100.0 (100.0 to 100.0)	0.0 (0.0 to 0.0)
Grenada	921 (778 to 1,076)	1,371 (1,158 to 1,603)	6.3 (5.3 to 7.4)	41.7 (34.4 to 49.3)	53.2 (45.3 to 60.7)
Guam	2,990 (2,271 to 3,838)	2,990 (2,271 to 3,838)	6.7 (5.1 to 8.6)	86.8 (80.4 to 91.6)	9.2 (5.9 to 14.5)
Guatemala	421 (361 to 483)	770 (660 to 883)	7.4 (6.4 to 8.5)	43.1 (35.8 to 49.9)	46.8 (39.6 to 54.0)
Guinea	78 (60 to 100)	208 (161 to 268)	5.5 (4.2 to 7.1)	14.8 (10.2 to 20.8)	55.0 (42.5 to 65.9)
Guinea-Bissau	75 (61 to 93)	168 (138 to 208)	6.2 (5.0 to 7.6)	41.6 (31.3 to 51.7)	31.5 (23.4 to 41.1)
Guyana	494 (413 to 588)	896 (749 to 1,067)	6.1 (5.1 to 7.3)	55.1 (46.5 to 64.0)	40.1 (30.9 to 49.0)
Haiti	66 (52 to 91)	159 (126 to 219)	6.5 (5.2 to 9.0)	15.0 (10.1 to 20.2)	28.7 (18.9 to 39.1)
Honduras	336 (277 to 401)	699 (576 to 835)	8.2 (6.7 to 9.7)	50.7 (42.1 to 60.4)	40.3 (31.4 to 48.5)
Hungary	2,054 (1,854 to 2,273)	4,259 (3,843 to 4,713)	7.0 (6.4 to 7.8)	66.7 (61.7 to 71.2)	28.5 (23.9 to 33.7)
Iceland	10,390 (9,576 to 11,233)	7,161 (6,600 to 7,742)	11.8 (10.9 to 12.7)	82.7 (79.5 to 85.4)	15.6 (12.9 to 18.7)
India	210 (163 to 262)	802 (624 to 1,001)	3.3 (2.6 to 4.2)	33.3 (24.5 to 43.6)	55.0 (43.3 to 65.9)
Indonesia	292 (239 to 360)	977 (800 to 1,203)	2.7 (2.2 to 3.4)	44.3 (34.7 to 54.4)	34.5 (26.0 to 43.9)
Iran	605 (516 to 701)	2,459 (2,097 to 2,846)	5.8 (5.0 to 6.8)	49.0 (41.0 to 56.5)	38.9 (31.3 to 47.2)
Iraq	244 (201 to 294)	784 (648 to 945)	2.1 (1.7 to 2.5)	24.7 (18.3 to 31.6)	74.9 (68.1 to 81.4)

Prepaid private spending per total health spending (%)	Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 2017-2050 (%)	Annualized rate of change in health spending per person, 2017-2050 (%)	Government health spending per person ($USD)	Difference between government health spending per person reference scenario and better scenario 1, 2050 ($USD)	Difference between government health spending per person reference scenario and better scenario 2, 2050 ($USD)
23.0 (12.8 to 35.9)	14.7 (9.8 to 22.8)	3.36 (2.74 to 4.01)	1.45 (0.84 to 2.08)	37 (27 to 49)	92 (90 to 96)	196 (193 to 212)
6.8 (4.4 to 9.6)	0.0 (0.0 to 0.0)	0.70 (0.48 to 0.92)	1.50 (1.27 to 1.71)	1,257 (1,103 to 1,430)	805 (771 to 886)	805 (771 to 886)
7.2 (3.4 to 13.1)	0.2 (0.1 to 0.3)	0.97 (0.55 to 1.35)	1.58 (1.16 to 1.97)	1,596 (1,395 to 1,819)	0 (0 to 0)	0 (0 to 0)
13.1 (10.5 to 16.3)	0.0 (0.0 to 0.0)	1.16 (0.87 to 1.45)	0.96 (0.68 to 1.25)	867 (737 to 1,015)	1,719 (1,687 to 1,889)	2,033 (1,997 to 2,241)
3.3 (2.2 to 4.8)	0.0 (0.0 to 0.0)	1.51 (1.18 to 1.83)	1.78 (1.46 to 2.11)	2,271 (1,953 to 2,604)	437 (371 to 612)	970 (904 to 1,117)
8.5 (4.0 to 15.2)	40.8 (30.4 to 55.5)	3.78 (2.90 to 4.78)	1.49 (0.63 to 2.46)	6 (4 to 8)	12 (11 to 12)	45 (44 to 50)
2.5 (1.9 to 3.2)	0.0 (0.0 to 0.0)	1.26 (0.83 to 1.63)	1.07 (0.65 to 1.44)	7,434 (6,337 to 8,501)	1,080 (808 to 1,726)	1,080 (808 to 1,726)
1.2 (0.6 to 2.3)	22.1 (15.2 to 32.6)	2.69 (2.17 to 3.24)	1.22 (0.71 to 1.77)	48 (35 to 64)	145 (142 to 152)	151 (148 to 159)
1.4 (0.7 to 2.6)	2.4 (1.6 to 4.0)	1.55 (1.05 to 2.09)	1.54 (1.03 to 2.08)	501 (408 to 600)	265 (241 to 318)	274 (250 to 327)
9.3 (5.6 to 14.8)	0.4 (0.0 to 1.1)	3.62 (3.32 to 3.90)	3.06 (2.75 to 3.34)	679 (550 to 827)	134 (86 to 220)	647 (617 to 708)
7.5 (4.3 to 11.7)	0.2 (0.1 to 0.3)	2.39 (2.13 to 2.67)	1.64 (1.39 to 1.93)	508 (424 to 607)	51 (20 to 105)	122 (99 to 173)
9.0 (4.5 to 16.4)	0.8 (0.5 to 1.4)	2.46 (1.74 to 3.21)	1.67 (0.96 to 2.41)	80 (61 to 104)	198 (194 to 209)	324 (319 to 350)
6.5 (3.4 to 11.1)	3.6 (2.5 to 5.9)	1.63 (1.35 to 1.89)	1.69 (1.41 to 1.94)	399 (340 to 468)	0 (0 to 0)	335 (285 to 392)
3.3 (1.5 to 6.0)	0.7 (0.0 to 2.9)	4.81 (4.08 to 5.55)	2.48 (1.77 to 3.20)	97 (74 to 122)	1,577 (1,511 to 1,757)	2,016 (1,927 to 2,250)
2.1 (0.9 to 4.0)	21.6 (15.1 to 32.2)	2.69 (1.71 to 3.70)	1.33 (0.37 to 2.33)	11 (8 to 15)	55 (54 to 59)	73 (72 to 80)
1.8 (1.0 to 2.9)	0.0 (0.0 to 0.0)	1.56 (1.34 to 1.78)	2.20 (1.99 to 2.43)	2,134 (1,903 to 2,379)	521 (472 to 618)	791 (741 to 907)
22.1 (11.9 to 35.6)	12.8 (8.2 to 20.1)	4.08 (3.22 to 4.90)	2.13 (1.27 to 2.93)	20 (15 to 27)	24 (23 to 27)	77 (76 to 82)
0.0 (0.0 to 0.0)	8.5 (5.7 to 13.8)	2.54 (1.69 to 3.36)	1.62 (0.78 to 2.44)	189 (149 to 237)	313 (304 to 329)	313 (304 to 329)
13.1 (7.0 to 21.4)	4.2 (2.8 to 6.8)	1.79 (1.64 to 1.95)	1.81 (1.66 to 1.97)	238 (192 to 295)	226 (215 to 248)	392 (381 to 412)
2.7 (2.1 to 3.4)	0.0 (0.0 to 0.0)	1.38 (1.17 to 1.58)	1.38 (1.17 to 1.58)	5,690 (5,175 to 6,279)	1,517 (1,396 to 1,813)	1,517 (1,396 to 1,813)
11.0 (9.1 to 13.1)	0.0 (0.0 to 0.0)	1.18 (0.93 to 1.45)	1.06 (0.80 to 1.32)	5,596 (5,061 to 6,190)	424 (304 to 645)	424 (304 to 645)
12.7 (7.2 to 20.3)	13.3 (0.0 to 23.2)	1.71 (1.09 to 2.17)	0.63 (0.01 to 1.09)	197 (157 to 242)	266 (258 to 281)	853 (835 to 937)
6.1 (3.0 to 10.9)	2.5 (1.6 to 4.1)	1.81 (1.26 to 2.37)	2.33 (1.77 to 2.89)	275 (219 to 341)	304 (291 to 329)	498 (486 to 527)
3.4 (2.3 to 4.6)	0.0 (0.0 to 0.0)	0.75 (0.46 to 1.05)	1.05 (0.76 to 1.36)	6,512 (5,819 to 7,214)	0 (0 to 0)	391 (350 to 433)
7.8 (3.6 to 14.6)	7.0 (4.7 to 11.3)	4.12 (3.46 to 4.67)	2.82 (2.18 to 3.37)	94 (72 to 125)	150 (145 to 160)	264 (259 to 278)
5.3 (3.7 to 7.0)	0.0 (0.0 to 0.0)	-0.13 (-0.42 to 0.17)	0.33 (0.04 to 0.63)	1,243 (1,074 to 1,460)	1,166 (1,128 to 1,243)	1,166 (1,128 to 1,243)
0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	1.59 (1.45 to 1.73)	1.72 (1.58 to 1.86)	8,045 (7,244 to 8,936)	0 (0 to 0)	1,264 (1,138 to 1,403)
0.0 (0.0 to 0.0)	5.1 (0.0 to 8.9)	1.52 (1.02 to 2.01)	1.81 (1.31 to 2.30)	383 (312 to 461)	191 (174 to 231)	739 (723 to 798)
4.0 (1.9 to 7.8)	0.0 (0.0 to 0.0)	1.83 (1.74 to 1.94)	1.19 (1.11 to 1.30)	2,600 (1,897 to 3,442)	280 (0 to 806)	861 (596 to 1,352)
8.5 (4.4 to 14.5)	1.5 (1.0 to 2.5)	2.56 (1.96 to 3.13)	1.43 (0.84 to 1.99)	181 (143 to 223)	0 (0 to 0)	425 (335 to 523)
13.3 (6.3 to 24.3)	16.9 (11.2 to 26.7)	3.55 (2.32 to 4.83)	1.85 (0.64 to 3.10)	11 (8 to 15)	41 (40 to 44)	98 (95 to 108)
0.0 (0.0 to 0.0)	26.9 (19.3 to 39.7)	2.99 (2.24 to 3.80)	1.45 (0.70 to 2.24)	31 (23 to 41)	13 (8 to 19)	63 (61 to 66)
0.1 (0.0 to 0.2)	4.8 (3.3 to 7.7)	2.60 (1.98 to 3.21)	2.48 (1.87 to 3.10)	272 (216 to 340)	163 (147 to 196)	350 (339 to 373)
4.6 (2.0 to 8.6)	51.7 (41.2 to 64.4)	2.22 (1.47 to 3.27)	1.35 (0.61 to 2.39)	10 (7 to 13)	26 (26 to 27)	68 (67 to 75)
7.3 (3.8 to 13.2)	1.7 (1.1 to 2.7)	2.77 (2.08 to 3.43)	1.64 (0.96 to 2.29)	171 (130 to 230)	30 (0 to 59)	147 (129 to 170)
4.8 (3.1 to 6.8)	0.0 (0.0 to 0.0)	1.26 (1.02 to 1.52)	1.87 (1.63 to 2.13)	1,370 (1,213 to 1,539)	1,128 (1,088 to 1,266)	1,128 (1,088 to 1,266)
1.8 (1.3 to 2.3)	0.0 (0.0 to 0.0)	1.94 (1.76 to 2.13)	1.58 (1.40 to 1.76)	8,590 (7,861 to 9,366)	0 (0 to 0)	547 (501 to 597)
11.1 (5.2 to 19.9)	0.6 (0.4 to 1.0)	3.68 (2.81 to 4.63)	3.47 (2.60 to 4.42)	70 (51 to 92)	262 (258 to 280)	414 (407 to 451)
20.5 (11.5 to 31.9)	0.6 (0.4 to 1.1)	3.17 (2.49 to 3.85)	2.75 (2.07 to 3.42)	129 (97 to 165)	213 (206 to 226)	698 (685 to 764)
12.1 (7.2 to 18.4)	0.0 (0.0 to 0.0)	1.58 (1.33 to 1.86)	1.13 (0.88 to 1.41)	296 (244 to 353)	50 (33 to 83)	502 (489 to 543)
0.0 (0.0 to 0.1)	0.3 (0.2 to 0.5)	3.13 (2.05 to 4.23)	1.44 (0.38 to 2.51)	60 (45 to 78)	621 (600 to 687)	832 (800 to 924)

TABLE B12, CONTINUED

Health spending and health spending by source, 2050 and growth

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)	Out-of-pocket spending per total health spending (%)
Ireland	9,839 (9,037 to 10,659)	10,027 (9,210 to 10,863)	6.1 (5.6 to 6.6)	66.9 (63.4 to 70.2)	13.9 (11.9 to 16.9)
Israel	4,295 (3,948 to 4,671)	4,046 (3,718 to 4,399)	7.3 (6.7 to 8.0)	63.4 (59.6 to 67.2)	22.0 (18.4 to 26.0)
Italy	3,598 (3,269 to 3,964)	4,072 (3,700 to 4,487)	8.6 (7.8 to 9.5)	73.9 (69.2 to 77.7)	23.5 (19.6 to 28.1)
Jamaica	442 (378 to 513)	802 (685 to 931)	7.2 (6.2 to 8.4)	61.8 (53.8 to 68.7)	15.6 (11.9 to 20.1)
Japan	6,525 (5,889 to 7,183)	7,293 (6,582 to 8,029)	8.3 (7.5 to 9.2)	83.5 (80.7 to 86.0)	13.3 (10.9 to 16.0)
Jordan	338 (276 to 401)	766 (627 to 910)	6.5 (5.3 to 7.7)	68.0 (59.9 to 74.5)	19.7 (15.0 to 25.5)
Kazakhstan	688 (570 to 806)	2,021 (1,674 to 2,369)	3.0 (2.5 to 3.6)	64.4 (56.4 to 73.0)	30.7 (22.8 to 39.0)
Kenya	149 (118 to 186)	304 (242 to 382)	7.6 (6.0 to 9.5)	42.4 (31.9 to 53.8)	21.2 (14.0 to 30.0)
Kiribati	260 (219 to 315)	306 (257 to 370)	10.3 (8.7 to 12.4)	56.0 (46.0 to 64.1)	13.7 (8.9 to 19.7)
Kuwait	1,653 (1,246 to 2,153)	3,824 (2,883 to 4,979)	4.7 (3.6 to 6.1)	85.8 (80.4 to 90.3)	12.9 (8.7 to 18.0)
Kyrgyzstan	157 (122 to 195)	519 (404 to 646)	8.3 (6.4 to 10.3)	41.6 (31.0 to 53.3)	49.0 (36.3 to 60.8)
Laos	166 (134 to 203)	503 (406 to 616)	2.7 (2.2 to 3.3)	45.9 (35.1 to 55.6)	43.5 (33.2 to 54.9)
Latvia	2,077 (1,859 to 2,351)	3,412 (3,054 to 3,863)	6.2 (5.6 to 7.0)	53.1 (46.9 to 58.7)	45.8 (40.2 to 52.1)
Lebanon	644 (567 to 737)	1,129 (994 to 1,293)	6.2 (5.4 to 7.1)	54.2 (47.6 to 60.7)	27.1 (21.1 to 33.4)
Lesotho	290 (238 to 361)	768 (629 to 955)	8.2 (6.7 to 10.2)	55.5 (44.9 to 64.6)	12.7 (8.4 to 17.7)
Liberia	147 (113 to 199)	326 (249 to 440)	20.7 (15.9 to 28.0)	8.1 (5.3 to 11.6)	43.3 (29.9 to 56.4)
Libya	485 (387 to 604)	883 (705 to 1,099)	3.2 (2.6 to 4.0)	74.1 (65.3 to 81.8)	18.1 (12.3 to 24.6)
Lithuania	2,527 (2,246 to 2,843)	4,608 (4,096 to 5,184)	7.1 (6.3 to 7.9)	61.4 (54.9 to 66.7)	37.1 (32.0 to 43.7)
Luxembourg	8,718 (7,754 to 9,667)	8,284 (7,368 to 9,186)	6.2 (5.5 to 6.9)	84.0 (81.7 to 86.3)	9.3 (7.7 to 11.0)
Macedonia	516 (444 to 597)	1,345 (1,158 to 1,555)	6.7 (5.7 to 7.7)	63.0 (55.3 to 70.0)	34.7 (27.6 to 42.3)
Madagascar	36 (30 to 44)	128 (104 to 156)	4.7 (3.9 to 5.8)	58.6 (48.8 to 68.5)	23.2 (15.8 to 31.4)
Malawi	60 (48 to 82)	217 (174 to 297)	6.6 (5.3 to 9.1)	28.6 (19.3 to 37.3)	9.8 (6.1 to 14.1)
Malaysia	968 (818 to 1,146)	2,732 (2,311 to 3,237)	3.7 (3.1 to 4.4)	53.5 (45.3 to 61.4)	34.6 (26.9 to 43.4)
Maldives	1,882 (1,688 to 2,116)	2,972 (2,666 to 3,342)	10.9 (9.8 to 12.3)	71.3 (66.0 to 76.1)	18.1 (14.1 to 22.9)
Mali	54 (44 to 68)	140 (113 to 176)	2.6 (2.1 to 3.2)	37.9 (28.8 to 47.9)	42.0 (31.0 to 52.3)
Malta	6,377 (5,767 to 7,083)	9,200 (8,319 to 10,218)	10.7 (9.7 to 11.9)	59.9 (54.2 to 65.2)	37.9 (32.4 to 43.7)
Marshall Islands	1,287 (1,083 to 1,507)	1,261 (1,062 to 1,477)	21.4 (18.0 to 25.1)	81.0 (75.9 to 85.5)	10.1 (7.0 to 13.8)
Mauritania	86 (69 to 106)	296 (238 to 363)	3.5 (2.8 to 4.3)	38.2 (28.6 to 48.0)	46.6 (36.4 to 57.4)
Mauritius	1,565 (1,332 to 1,830)	3,476 (2,958 to 4,065)	6.7 (5.7 to 7.8)	46.5 (38.8 to 53.7)	47.6 (40.3 to 56.2)
Mexico	733 (641 to 858)	1,600 (1,398 to 1,872)	4.8 (4.2 to 5.6)	57.6 (51.2 to 64.6)	34.0 (28.0 to 39.4)
Moldova	333 (285 to 392)	813 (695 to 958)	9.3 (8.0 to 11.0)	52.4 (44.4 to 60.9)	40.9 (32.6 to 49.3)
Mongolia	360 (283 to 453)	1,216 (957 to 1,531)	3.4 (2.7 to 4.3)	46.1 (34.9 to 57.4)	36.5 (25.9 to 49.0)
Montenegro	1,222 (1,071 to 1,394)	2,686 (2,354 to 3,066)	8.5 (7.4 to 9.7)	79.8 (74.3 to 84.3)	19.8 (15.3 to 25.1)
Morocco	350 (294 to 425)	947 (795 to 1,150)	5.5 (4.6 to 6.7)	52.1 (43.0 to 60.7)	40.8 (32.1 to 49.9)
Mozambique	51 (40 to 71)	144 (113 to 201)	3.7 (2.9 to 5.2)	28.7 (18.6 to 37.8)	6.8 (4.2 to 10.1)
Myanmar	221 (170 to 292)	1,119 (863 to 1,479)	3.6 (2.8 to 4.8)	24.4 (16.9 to 32.8)	72.2 (63.5 to 80.8)
Namibia	846 (738 to 962)	1,848 (1,612 to 2,102)	9.4 (8.2 to 10.7)	57.2 (50.6 to 64.0)	8.6 (5.6 to 12.5)
Nepal	106 (84 to 134)	340 (268 to 429)	6.2 (4.9 to 7.8)	26.9 (19.4 to 35.1)	51.7 (40.4 to 61.7)
Netherlands	8,805 (7,935 to 9,710)	9,258 (8,343 to 10,210)	10.1 (9.1 to 11.2)	80.2 (76.7 to 83.5)	11.4 (9.0 to 14.0)
New Zealand	6,467 (5,906 to 7,065)	6,053 (5,528 to 6,613)	10.9 (9.9 to 11.9)	77.8 (74.5 to 80.9)	14.1 (11.4 to 17.1)
Nicaragua	356 (295 to 425)	969 (804 to 1,156)	11.4 (9.5 to 13.6)	61.4 (52.0 to 70.5)	29.1 (20.6 to 38.3)

Prepaid private spending per total health spending (%)	Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 2017-2050 (%)	Annualized rate of change in health spending per person, 2017-2050 (%)	Government health spending per person ($USD)	Difference between government health spending per person reference scenario and better scenario 1, 2050 ($USD)	Difference between government health spending per person reference scenario and better scenario 2, 2050 ($USD)
19.1 (16.6 to 21.7)	0.0 (0.0 to 0.0)	2.34 (2.18 to 2.51)	1.87 (1.71 to 2.04)	6,587 (5,866 to 7,314)	0 (0 to 0)	6,873 (6,121 to 7,632)
14.6 (12.6 to 16.8)	0.0 (0.0 to 0.0)	2.52 (2.30 to 2.75)	1.24 (1.03 to 1.47)	2,724 (2,455 to 3,026)	956 (897 to 1,111)	1,790 (1,727 to 2,047)
2.6 (1.8 to 3.6)	0.0 (0.0 to 0.0)	0.01 (-0.27 to 0.29)	0.46 (0.18 to 0.75)	2,658 (2,382 to 2,961)	869 (804 to 1,019)	869 (804 to 1,019)
16.6 (10.6 to 23.8)	6.0 (4.1 to 9.7)	0.36 (0.02 to 0.67)	0.95 (0.61 to 1.26)	273 (221 to 330)	24 (3 to 60)	199 (187 to 226)
3.2 (2.5 to 4.0)	0.0 (0.0 to 0.0)	0.53 (0.26 to 0.79)	1.30 (1.03 to 1.56)	5,448 (4,831 to 6,052)	1 (0 to 4)	1,007 (910 to 1,118)
6.6 (3.7 to 10.9)	5.7 (3.2 to 10.4)	2.01 (1.52 to 2.43)	1.11 (0.62 to 1.53)	230 (175 to 287)	18 (0 to 58)	176 (160 to 207)
4.7 (2.2 to 8.8)	0.1 (0.0 to 0.7)	2.72 (2.19 to 3.27)	2.28 (1.75 to 2.82)	443 (345 to 541)	568 (547 to 613)	1,305 (1,280 to 1,423)
16.7 (8.7 to 29.0)	19.7 (12.2 to 30.9)	3.33 (2.74 to 3.97)	1.72 (1.15 to 2.35)	63 (46 to 83)	34 (26 to 46)	88 (84 to 97)
4.5 (2.1 to 8.2)	25.8 (19.0 to 37.6)	2.32 (1.71 to 3.00)	0.96 (0.36 to 1.63)	146 (116 to 180)	282 (276 to 299)	282 (276 to 299)
1.2 (0.6 to 2.1)	0.0 (0.0 to 0.0)	1.81 (1.03 to 2.56)	0.94 (0.17 to 1.68)	1,424 (1,007 to 1,921)	1,378 (1,222 to 1,647)	1,378 (1,222 to 1,647)
0.0 (0.0 to 0.1)	9.3 (6.1 to 14.7)	2.68 (1.98 to 3.41)	1.90 (1.21 to 2.62)	65 (48 to 86)	73 (68 to 83)	81 (77 to 91)
3.9 (1.9 to 6.9)	6.7 (4.3 to 11.1)	4.24 (3.26 to 5.19)	3.37 (2.39 to 4.31)	76 (55 to 102)	184 (180 to 191)	400 (394 to 433)
1.1 (0.6 to 1.9)	0.0 (0.0 to 0.0)	1.22 (0.89 to 1.57)	2.09 (1.76 to 2.44)	1,101 (972 to 1,230)	910 (879 to 1,028)	1,482 (1,447 to 1,670)
17.4 (12.2 to 23.3)	1.4 (1.0 to 2.2)	0.63 (0.35 to 0.93)	0.83 (0.56 to 1.14)	349 (295 to 406)	164 (151 to 191)	456 (444 to 497)
1.5 (0.7 to 2.9)	30.2 (21.9 to 42.6)	2.78 (2.34 to 3.43)	2.25 (1.81 to 2.90)	161 (126 to 203)	135 (126 to 155)	135 (126 to 155)
5.1 (2.2 to 10.0)	43.5 (31.1 to 57.9)	3.55 (2.73 to 4.59)	2.15 (1.34 to 3.17)	12 (9 to 16)	33 (33 to 35)	43 (42 to 46)
7.6 (3.6 to 13.8)	0.2 (0.0 to 0.6)	2.97 (2.50 to 3.43)	2.05 (1.58 to 2.51)	360 (267 to 479)	1,191 (1,168 to 1,263)	1,191 (1,168 to 1,263)
1.5 (0.9 to 2.4)	0.0 (0.0 to 0.0)	1.64 (1.26 to 2.04)	2.36 (1.98 to 2.77)	1,550 (1,358 to 1,765)	537 (498 to 619)	1,212 (1,170 to 1,337)
6.7 (5.5 to 8.0)	0.0 (0.0 to 0.0)	1.39 (1.04 to 1.73)	0.65 (0.30 to 0.98)	7,331 (6,369 to 8,286)	2,719 (2,517 to 3,157)	3,490 (3,296 to 3,922)
1.9 (0.8 to 3.5)	0.5 (0.4 to 0.9)	0.60 (0.40 to 0.80)	1.01 (0.81 to 1.21)	325 (272 to 391)	78 (60 to 109)	273 (262 to 295)
8.3 (3.9 to 14.9)	9.9 (6.7 to 15.7)	3.68 (3.09 to 4.24)	1.35 (0.78 to 1.90)	21 (16 to 28)	4 (1 to 8)	38 (37 to 40)
7.3 (3.5 to 13.9)	54.3 (44.1 to 67.9)	3.02 (2.41 to 3.98)	1.03 (0.43 to 1.98)	17 (13 to 22)	28 (27 to 30)	53 (52 to 56)
11.9 (7.4 to 18.8)	0.0 (0.0 to 0.0)	3.61 (3.28 to 3.97)	2.54 (2.22 to 2.90)	517 (416 to 629)	441 (416 to 492)	1,512 (1,484 to 1,648)
10.6 (7.5 to 14.4)	0.0 (0.0 to 0.0)	2.88 (2.67 to 3.10)	2.06 (1.85 to 2.27)	1,341 (1,184 to 1,524)	0 (0 to 0)	207 (183 to 236)
2.2 (1.0 to 4.4)	18.0 (12.1 to 27.8)	4.15 (3.42 to 4.91)	1.56 (0.85 to 2.30)	21 (15 to 28)	69 (68 to 73)	144 (140 to 157)
2.2 (1.6 to 3.1)	0.0 (0.0 to 0.0)	2.15 (1.83 to 2.46)	2.37 (2.04 to 2.68)	3,815 (3,422 to 4,213)	130 (43 to 315)	782 (692 to 958)
3.2 (1.6 to 6.0)	5.7 (3.9 to 8.9)	3.22 (2.77 to 3.63)	2.19 (1.74 to 2.59)	1,044 (844 to 1,262)	0 (0 to 0)	0 (0 to 0)
4.9 (2.2 to 8.9)	10.3 (6.9 to 16.7)	3.18 (2.44 to 3.89)	1.23 (0.51 to 1.93)	33 (25 to 44)	86 (85 to 90)	156 (154 to 169)
5.9 (3.4 to 9.4)	0.1 (0.0 to 0.5)	2.65 (2.17 to 3.17)	2.95 (2.46 to 3.46)	726 (595 to 880)	444 (411 to 512)	1,088 (1,057 to 1,159)
8.2 (4.9 to 13.2)	0.2 (0.0 to 0.3)	1.85 (1.47 to 2.25)	1.17 (0.79 to 1.57)	423 (345 to 534)	282 (251 to 323)	749 (732 to 782)
1.3 (0.6 to 2.4)	5.4 (3.7 to 8.7)	0.62 (-0.05 to 1.29)	1.38 (0.70 to 2.05)	175 (137 to 222)	55 (38 to 80)	101 (88 to 124)
3.4 (1.5 to 6.2)	14.0 (8.6 to 22.3)	3.37 (2.65 to 4.10)	2.71 (1.99 to 3.44)	165 (125 to 222)	321 (313 to 336)	645 (634 to 688)
0.4 (0.2 to 0.7)	0.1 (0.0 to 0.1)	1.78 (1.45 to 2.13)	2.02 (1.70 to 2.37)	975 (828 to 1,133)	252 (217 to 334)	252 (217 to 334)
4.5 (2.0 to 8.2)	2.5 (1.5 to 4.3)	2.55 (1.83 to 3.36)	1.90 (1.18 to 2.71)	182 (140 to 238)	150 (135 to 175)	305 (296 to 322)
2.5 (1.1 to 5.2)	62.0 (51.9 to 74.4)	2.73 (1.98 to 3.82)	1.21 (0.47 to 2.28)	14 (11 to 19)	66 (65 to 72)	90 (88 to 98)
0.0 (0.0 to 0.1)	3.3 (2.0 to 5.7)	4.47 (3.42 to 5.58)	3.90 (2.86 to 5.01)	53 (39 to 72)	187 (184 to 198)	414 (403 to 453)
25.6 (19.8 to 31.9)	8.6 (6.1 to 13.6)	2.85 (2.66 to 3.08)	1.57 (1.37 to 1.79)	484 (406 to 565)	172 (154 to 215)	209 (191 to 250)
15.6 (7.9 to 26.4)	5.7 (3.7 to 9.5)	2.51 (1.34 to 3.69)	2.17 (1.00 to 3.34)	28 (21 to 37)	61 (59 to 63)	104 (103 to 112)
8.4 (6.4 to 11.0)	0.0 (0.0 to 0.0)	1.36 (1.04 to 1.66)	1.43 (1.11 to 1.74)	7,068 (6,276 to 7,912)	1 (0 to 0)	300 (268 to 335)
8.2 (6.9 to 9.6)	0.0 (0.0 to 0.0)	1.90 (1.62 to 2.17)	1.24 (0.97 to 1.52)	5,031 (4,524 to 5,583)	0 (0 to 0)	1,906 (1,714 to 2,115)
2.1 (1.0 to 3.9)	7.4 (5.0 to 11.8)	2.63 (2.39 to 2.89)	1.92 (1.69 to 2.18)	219 (170 to 274)	0 (0 to 0)	133 (103 to 167)

TABLE B12, CONTINUED

Health spending and health spending by source, 2050 and growth

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)	Out-of-pocket spending per total health spending (%)
Niger	38 (30 to 48)	94 (74 to 118)	5.2 (4.1 to 6.5)	30.0 (21.6 to 39.0)	53.9 (43.8 to 64.8)
Nigeria	101 (80 to 125)	283 (224 to 351)	2.6 (2.1 to 3.2)	21.6 (15.2 to 28.8)	68.5 (60.2 to 76.6)
North Korea	92 (73 to 113)	61 (48 to 75)	7.2 (5.8 to 8.9)	68.1 (57.9 to 77.0)	28.4 (19.6 to 38.3)
Northern Mariana Islands	415 (317 to 531)	415 (317 to 531)	1.4 (1.1 to 1.8)	86.5 (80.0 to 90.8)	12.1 (8.1 to 18.4)
Norway	10,668 (9,682 to 11,626)	9,944 (9,025 to 10,837)	8.1 (7.4 to 8.8)	85.0 (81.8 to 87.8)	14.6 (11.8 to 17.6)
Oman	619 (541 to 707)	1,509 (1,318 to 1,722)	3.4 (2.9 to 3.8)	86.8 (82.4 to 90.3)	7.2 (4.6 to 10.6)
Pakistan	76 (62 to 95)	265 (216 to 331)	2.8 (2.3 to 3.5)	32.8 (24.5 to 42.4)	57.7 (46.9 to 67.2)
Palestine	565 (481 to 672)	199 (169 to 237)	12.3 (10.5 to 14.7)	41.6 (34.0 to 49.7)	31.7 (25.5 to 38.9)
Panama	2,067 (1,870 to 2,283)	3,587 (3,246 to 3,963)	9.6 (8.7 to 10.7)	69.9 (65.8 to 73.9)	23.1 (19.7 to 26.7)
Papua New Guinea	84 (68 to 103)	104 (85 to 128)	1.8 (1.5 to 2.2)	73.6 (63.9 to 80.5)	8.1 (4.9 to 12.4)
Paraguay	668 (567 to 778)	1,564 (1,326 to 1,820)	8.4 (7.1 to 9.8)	56.9 (48.9 to 64.1)	32.0 (25.2 to 40.5)
Peru	709 (607 to 821)	1,437 (1,229 to 1,663)	6.1 (5.2 to 7.0)	67.4 (59.9 to 74.5)	24.9 (18.5 to 32.2)
Philippines	340 (274 to 423)	990 (796 to 1,232)	4.9 (4.0 to 6.1)	34.6 (25.2 to 43.9)	50.9 (39.9 to 62.2)
Poland	1,918 (1,720 to 2,126)	3,923 (3,518 to 4,349)	6.2 (5.6 to 6.9)	72.2 (67.6 to 77.0)	20.7 (16.5 to 25.5)
Portugal	2,449 (2,224 to 2,709)	3,319 (3,015 to 3,672)	8.5 (7.7 to 9.4)	62.9 (58.0 to 67.3)	30.5 (26.1 to 35.6)
Puerto Rico	1,936 (1,680 to 2,234)	2,372 (2,059 to 2,738)	5.9 (5.1 to 6.8)	71.2 (63.4 to 77.9)	20.2 (14.1 to 27.0)
Qatar	3,134 (2,188 to 4,226)	6,293 (4,393 to 8,486)	4.2 (2.9 to 5.6)	87.8 (82.8 to 91.6)	4.9 (3.1 to 7.6)
Romania	1,461 (1,279 to 1,658)	3,214 (2,815 to 3,647)	5.1 (4.5 to 5.8)	78.7 (73.2 to 83.6)	20.3 (15.3 to 25.9)
Russia	920 (794 to 1,060)	2,358 (2,034 to 2,717)	4.5 (3.9 to 5.2)	52.6 (45.2 to 59.8)	44.7 (37.3 to 52.2)
Rwanda	95 (76 to 120)	262 (209 to 332)	4.8 (3.8 to 6.1)	54.6 (42.7 to 65.3)	7.2 (4.3 to 11.1)
Saint Lucia	826 (723 to 947)	1,292 (1,131 to 1,483)	7.2 (6.3 to 8.2)	47.3 (40.3 to 54.0)	34.9 (29.5 to 41.0)
Saint Vincent and the Grenadines	470 (398 to 558)	768 (650 to 912)	4.8 (4.1 to 5.7)	72.9 (66.1 to 79.2)	17.4 (12.0 to 23.6)
Samoa	412 (354 to 479)	570 (489 to 663)	5.8 (5.0 to 6.8)	80.3 (74.5 to 85.0)	10.9 (7.5 to 15.7)
Sao Tome and Principe	169 (137 to 217)	288 (234 to 370)	7.2 (5.8 to 9.2)	43.6 (32.3 to 52.9)	13.7 (8.9 to 19.7)
Saudi Arabia	1,357 (1,237 to 1,495)	3,455 (3,149 to 3,806)	4.7 (4.3 to 5.2)	68.5 (64.5 to 72.3)	12.9 (10.6 to 15.4)
Senegal	117 (96 to 142)	295 (242 to 357)	5.7 (4.7 to 6.9)	33.3 (25.3 to 42.5)	42.6 (32.3 to 53.6)
Serbia	899 (784 to 1,033)	2,179 (1,901 to 2,505)	7.7 (6.7 to 8.8)	52.6 (45.3 to 59.8)	44.7 (37.4 to 52.1)
Seychelles	1,027 (867 to 1,217)	1,926 (1,627 to 2,283)	5.2 (4.4 to 6.1)	98.9 (98.4 to 99.3)	1.0 (0.6 to 1.5)
Sierra Leone	126 (98 to 165)	395 (305 to 516)	16.0 (12.4 to 20.9)	13.2 (8.8 to 17.8)	44.4 (32.0 to 57.3)
Singapore	5,617 (5,040 to 6,277)	9,232 (8,285 to 10,317)	5.8 (5.2 to 6.5)	60.1 (54.8 to 65.1)	26.4 (21.9 to 31.6)
Slovakia	2,396 (2,181 to 2,629)	4,219 (3,841 to 4,630)	6.6 (6.0 to 7.2)	81.8 (79.2 to 84.3)	15.3 (13.2 to 17.5)
Slovenia	3,761 (3,415 to 4,139)	5,140 (4,667 to 5,656)	8.7 (7.9 to 9.6)	71.9 (68.4 to 75.4)	11.5 (9.3 to 14.1)
Solomon Islands	190 (154 to 237)	198 (160 to 247)	6.7 (5.5 to 8.4)	64.9 (52.4 to 74.3)	3.9 (2.5 to 5.8)
Somalia	19 (15 to 26)	38 (30 to 52)	17.6 (13.9 to 24.4)	21.0 (14.0 to 29.2)	22.9 (14.1 to 32.0)
South Africa	815 (712 to 920)	1,851 (1,616 to 2,089)	7.6 (6.6 to 8.6)	56.1 (49.8 to 62.4)	6.3 (4.3 to 9.0)
South Korea	4,722 (4,170 to 5,341)	6,221 (5,495 to 7,037)	10.4 (9.2 to 11.8)	64.7 (58.4 to 70.2)	28.4 (23.0 to 34.4)
South Sudan	77 (63 to 94)	364 (298 to 446)	3.1 (2.6 to 3.9)	38.3 (28.7 to 47.2)	29.7 (21.0 to 40.8)
Spain	3,544 (3,150 to 4,039)	4,509 (4,008 to 5,139)	9.2 (8.2 to 10.5)	68.3 (63.1 to 73.3)	26.6 (21.9 to 32.1)
Sri Lanka	398 (328 to 479)	1,265 (1,042 to 1,523)	4.4 (3.6 to 5.3)	44.6 (34.9 to 54.1)	46.4 (37.3 to 56.9)
Sudan	213 (169 to 266)	502 (399 to 628)	6.2 (5.0 to 7.8)	26.4 (19.2 to 34.9)	67.8 (58.8 to 75.9)
Suriname	513 (449 to 591)	1,155 (1,009 to 1,330)	6.0 (5.3 to 6.9)	60.1 (53.1 to 66.8)	18.0 (13.9 to 22.4)

Prepaid private spending per total health spending (%)	Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 2017-2050 (%)	Annualized rate of change in health spending per person, 2017-2050 (%)	Government health spending per person ($USD)	Difference between government health spending per person reference scenario and better scenario 1, 2050 ($USD)	Difference between government health spending per person reference scenario and better scenario 2, 2050 ($USD)
7.2 (3.3 to 13.5)	8.8 (5.9 to 14.2)	4.49 (3.23 to 5.70)	0.97 (-0.25 to 2.14)	11 (8 to 15)	30 (29 to 31)	45 (44 to 48)
2.2 (1.0 to 4.1)	7.7 (4.8 to 12.9)	3.52 (2.45 to 4.51)	1.00 (-0.04 to 1.97)	22 (16 to 28)	71 (69 to 75)	276 (266 to 306)
1.0 (0.5 to 1.9)	2.5 (1.6 to 4.2)	0.66 (-0.30 to 1.68)	0.94 (-0.02 to 1.97)	62 (46 to 82)	4 (0 to 16)	37 (32 to 47)
1.4 (0.6 to 2.7)	0.0 (0.0 to 0.0)	2.27 (1.93 to 2.56)	1.42 (1.08 to 1.71)	359 (260 to 473)	1,264 (1,240 to 1,348)	1,892 (1,862 to 2,053)
0.4 (0.2 to 0.6)	0.0 (0.0 to 0.0)	1.37 (1.07 to 1.67)	0.76 (0.46 to 1.06)	9,071 (8,128 to 10,020)	1,945 (1,725 to 2,397)	1,945 (1,725 to 2,397)
6.1 (3.9 to 9.0)	0.0 (0.0 to 0.0)	1.26 (1.08 to 1.42)	-0.03 (-0.21 to 0.12)	537 (465 to 616)	720 (702 to 795)	881 (862 to 976)
3.3 (1.6 to 6.3)	6.2 (4.0 to 10.1)	2.88 (1.64 to 4.16)	1.78 (0.56 to 3.05)	25 (18 to 32)	80 (79 to 86)	183 (179 to 201)
22.3 (15.3 to 31.1)	4.4 (3.0 to 7.1)	3.23 (2.70 to 3.73)	1.61 (1.09 to 2.10)	235 (184 to 301)	26 (0 to 63)	119 (101 to 151)
7.0 (4.8 to 10.1)	0.0 (0.0 to 0.0)	2.63 (2.35 to 2.89)	1.86 (1.59 to 2.12)	1,445 (1,263 to 1,641)	0 (0 to 0)	747 (653 to 849)
1.7 (0.7 to 3.2)	16.6 (11.3 to 25.8)	3.11 (2.84 to 3.45)	1.33 (1.06 to 1.66)	62 (47 to 80)	97 (93 to 103)	297 (292 to 323)
10.5 (5.9 to 16.9)	0.6 (0.4 to 1.0)	2.65 (2.30 to 2.96)	1.93 (1.58 to 2.24)	380 (311 to 457)	82 (61 to 126)	234 (217 to 270)
7.6 (4.0 to 12.6)	0.2 (0.1 to 0.3)	3.28 (3.16 to 3.41)	2.21 (2.08 to 2.33)	478 (397 to 573)	5 (0 to 38)	466 (428 to 547)
13.7 (7.1 to 22.8)	0.9 (0.6 to 1.5)	4.04 (3.32 to 4.75)	2.91 (2.19 to 3.60)	117 (87 to 153)	142 (134 to 158)	414 (407 to 443)
7.1 (5.0 to 10.0)	0.0 (0.0 to 0.0)	1.55 (1.24 to 1.86)	2.14 (1.83 to 2.46)	1,385 (1,211 to 1,564)	742 (708 to 822)	994 (960 to 1,107)
6.7 (5.1 to 8.6)	0.0 (0.0 to 0.0)	0.07 (-0.12 to 0.27)	0.61 (0.42 to 0.81)	1,540 (1,373 to 1,725)	571 (531 to 650)	683 (642 to 770)
8.6 (4.2 to 15.5)	0.0 (0.0 to 0.0)	0.12 (-0.28 to 0.52)	0.91 (0.51 to 1.32)	1,378 (1,188 to 1,606)	9 (0 to 84)	1,240 (1,159 to 1,426)
7.3 (4.9 to 10.5)	0.0 (0.0 to 0.0)	3.14 (2.16 to 4.09)	1.68 (0.72 to 2.62)	2,761 (1,830 to 3,856)	1,558 (994 to 2,259)	3,009 (2,616 to 3,634)
1.0 (0.4 to 1.9)	0.0 (0.0 to 0.6)	2.10 (1.78 to 2.45)	2.83 (2.50 to 3.18)	1,150 (993 to 1,324)	464 (432 to 535)	1,042 (1,008 to 1,138)
2.6 (1.4 to 4.5)	0.0 (0.0 to 0.0)	0.95 (0.51 to 1.34)	1.44 (1.00 to 1.83)	483 (403 to 575)	734 (716 to 794)	1,096 (1,075 to 1,199)
15.1 (7.7 to 26.6)	23.1 (16.0 to 34.2)	4.22 (3.58 to 4.93)	2.24 (1.61 to 2.94)	52 (37 to 70)	39 (32 to 49)	101 (98 to 108)
6.1 (3.5 to 9.6)	11.7 (7.5 to 19.2)	1.41 (0.97 to 1.86)	1.44 (1.00 to 1.89)	391 (304 to 487)	202 (179 to 257)	499 (483 to 538)
2.6 (1.2 to 4.8)	7.1 (4.7 to 11.6)	1.40 (1.20 to 1.63)	1.64 (1.44 to 1.87)	343 (282 to 425)	187 (168 to 220)	408 (396 to 432)
1.0 (0.4 to 2.0)	7.8 (5.4 to 12.4)	2.97 (2.40 to 3.54)	1.77 (1.21 to 2.34)	331 (277 to 400)	67 (48 to 100)	213 (200 to 238)
1.9 (0.9 to 3.6)	40.9 (31.1 to 54.5)	2.30 (1.78 to 3.08)	1.39 (0.88 to 2.16)	73 (55 to 93)	56 (50 to 67)	109 (104 to 117)
18.6 (15.6 to 21.8)	0.0 (0.0 to 0.0)	1.34 (1.17 to 1.51)	0.51 (0.34 to 0.68)	930 (816 to 1,054)	665 (641 to 736)	1,274 (1,245 to 1,420)
9.1 (4.3 to 16.4)	15.0 (10.2 to 23.3)	3.21 (2.24 to 4.20)	1.38 (0.43 to 2.36)	39 (29 to 51)	69 (67 to 73)	120 (118 to 127)
1.5 (0.7 to 2.7)	1.2 (0.8 to 2.1)	1.11 (0.79 to 1.47)	1.98 (1.65 to 2.34)	471 (401 to 548)	398 (381 to 430)	432 (415 to 466)
0.0 (0.0 to 0.0)	0.1 (0.0 to 0.2)	1.72 (1.32 to 2.13)	1.77 (1.38 to 2.19)	1,016 (856 to 1,206)	264 (220 to 356)	519 (482 to 597)
5.7 (2.6 to 11.1)	36.7 (25.3 to 50.8)	3.13 (2.31 to 4.00)	1.67 (0.86 to 2.53)	16 (12 to 22)	20 (19 to 22)	44 (43 to 47)
13.5 (11.3 to 15.8)	0.0 (0.0 to 0.0)	2.93 (2.65 to 3.23)	2.27 (1.99 to 2.57)	3,376 (2,896 to 3,959)	26 (0 to 204)	4,336 (4,035 to 5,016)
3.0 (1.9 to 4.4)	0.0 (0.0 to 0.0)	1.22 (0.96 to 1.46)	1.70 (1.45 to 1.94)	1,959 (1,746 to 2,194)	547 (498 to 639)	839 (789 to 949)
16.6 (14.1 to 19.1)	0.0 (0.0 to 0.0)	1.26 (1.02 to 1.49)	1.67 (1.44 to 1.90)	2,707 (2,388 to 3,042)	407 (338 to 561)	632 (566 to 774)
0.0 (0.0 to 0.0)	31.2 (22.2 to 44.4)	2.91 (2.50 to 3.52)	1.39 (0.98 to 1.98)	123 (95 to 160)	90 (79 to 107)	95 (84 to 111)
1.7 (0.8 to 3.3)	54.4 (43.3 to 68.1)	3.69 (2.75 to 4.80)	1.13 (0.22 to 2.22)	4 (3 to 5)	0 (0 to 0)	62 (45 to 82)
34.2 (28.2 to 40.3)	3.3 (2.3 to 5.4)	1.97 (1.76 to 2.17)	1.38 (1.18 to 1.58)	457 (376 to 540)	181 (162 to 228)	369 (352 to 406)
7.0 (5.5 to 8.6)	0.0 (0.0 to 0.0)	1.97 (1.63 to 2.32)	2.28 (1.93 to 2.63)	3,053 (2,615 to 3,552)	0 (0 to 0)	1,619 (1,387 to 1,884)
4.9 (2.3 to 9.2)	27.1 (19.0 to 39.9)	4.03 (3.15 to 4.88)	1.14 (0.30 to 1.97)	29 (22 to 39)	132 (130 to 143)	158 (156 to 172)
5.1 (3.9 to 6.4)	0.0 (0.0 to 0.0)	0.51 (0.23 to 0.85)	0.77 (0.49 to 1.11)	2,421 (2,111 to 2,850)	417 (296 to 576)	535 (422 to 688)
6.2 (2.9 to 11.6)	2.8 (1.8 to 4.6)	2.59 (2.06 to 3.16)	2.71 (2.18 to 3.29)	177 (136 to 229)	154 (142 to 178)	520 (511 to 554)
3.9 (1.8 to 7.3)	1.9 (1.2 to 3.3)	3.66 (3.04 to 4.26)	1.98 (1.38 to 2.57)	56 (42 to 72)	16 (9 to 26)	208 (205 to 224)
17.2 (11.9 to 23.3)	4.6 (3.1 to 7.6)	0.72 (0.32 to 1.13)	0.54 (0.14 to 0.95)	309 (255 to 378)	75 (54 to 109)	349 (338 to 368)

TABLE B12, CONTINUED

Health spending and health spending by source, 2050 and growth

	Health spending per person ($USD)	Health spending per person ($PPP)	Health spending per GDP (%)	Government health spending per total health spending (%)	Out-of-pocket spending per total health spending (%)
Swaziland	588 (494 to 715)	1,565 (1,316 to 1,905)	8.5 (7.2 to 10.4)	61.8 (51.0 to 69.5)	8.0 (5.3 to 11.7)
Sweden	8,909 (7,973 to 9,896)	8,416 (7,531 to 9,348)	9.0 (8.0 to 9.9)	80.7 (76.8 to 83.9)	17.9 (14.8 to 21.8)
Switzerland	13,832 (12,511 to 15,320)	10,476 (9,476 to 11,603)	12.0 (10.8 to 13.3)	63.4 (58.1 to 68.0)	28.5 (23.8 to 34.0)
Syria	75 (60 to 90)	1,319 (1,066 to 1,586)	3.0 (2.4 to 3.6)	51.2 (41.0 to 61.4)	37.7 (27.9 to 48.0)
Taiwan	3,093 (2,748 to 3,447)	5,909 (5,250 to 6,584)	8.3 (7.4 to 9.3)	68.3 (63.8 to 72.3)	28.1 (24.7 to 31.6)
Tajikistan	103 (78 to 139)	410 (309 to 551)	5.1 (3.8 to 6.9)	27.6 (18.7 to 37.2)	63.5 (52.2 to 74.4)
Tanzania	75 (61 to 92)	239 (195 to 294)	3.4 (2.8 to 4.2)	54.3 (44.0 to 63.9)	21.2 (14.0 to 29.5)
Thailand	534 (451 to 638)	1,511 (1,278 to 1,805)	4.4 (3.7 to 5.2)	81.9 (75.0 to 87.6)	7.9 (5.2 to 11.4)
The Bahamas	2,479 (2,290 to 2,705)	2,527 (2,334 to 2,758)	8.5 (7.8 to 9.2)	53.4 (49.1 to 57.3)	23.8 (20.7 to 28.6)
The Gambia	66 (48 to 96)	238 (175 to 347)	7.9 (5.8 to 11.5)	17.2 (10.7 to 25.2)	11.8 (6.8 to 17.5)
Timor-Leste	122 (99 to 151)	298 (243 to 369)	1.9 (1.5 to 2.3)	66.4 (55.7 to 74.5)	10.4 (6.6 to 16.3)
Togo	61 (49 to 74)	158 (127 to 194)	5.6 (4.5 to 6.8)	20.3 (15.2 to 27.5)	49.1 (38.7 to 59.9)
Tonga	418 (350 to 507)	613 (514 to 745)	5.6 (4.7 to 6.8)	68.4 (59.9 to 75.4)	9.1 (6.0 to 13.3)
Trinidad and Tobago	1,422 (1,248 to 1,623)	2,915 (2,558 to 3,326)	7.3 (6.4 to 8.3)	49.0 (42.7 to 55.1)	44.6 (38.3 to 50.8)
Tunisia	392 (330 to 468)	1,371 (1,154 to 1,636)	6.1 (5.2 to 7.3)	56.1 (45.9 to 65.1)	40.1 (30.8 to 49.9)
Turkey	986 (847 to 1,197)	2,455 (2,108 to 2,978)	3.2 (2.7 to 3.9)	79.2 (73.2 to 84.4)	14.7 (10.1 to 19.7)
Turkmenistan	1,934 (1,607 to 2,298)	5,229 (4,345 to 6,215)	8.5 (7.1 to 10.1)	28.7 (22.0 to 35.7)	66.4 (58.3 to 73.9)
Uganda	63 (51 to 79)	223 (179 to 278)	5.1 (4.1 to 6.4)	23.5 (16.7 to 30.8)	44.1 (32.7 to 54.7)
Ukraine	255 (208 to 306)	847 (690 to 1,018)	6.6 (5.3 to 7.9)	40.0 (31.2 to 49.1)	54.0 (44.3 to 63.1)
United Arab Emirates	1,588 (1,290 to 2,543)	2,851 (2,316 to 4,567)	3.9 (3.2 to 6.3)	77.2 (71.9 to 86.7)	13.3 (7.6 to 16.8)
United Kingdom	5,907 (5,384 to 6,421)	6,267 (5,712 to 6,812)	9.8 (8.9 to 10.6)	75.7 (71.8 to 79.0)	19.4 (16.0 to 23.3)
United States	15,825 (14,669 to 16,939)	15,825 (14,669 to 16,939)	19.5 (18.0 to 20.8)	82.4 (80.5 to 83.9)	9.6 (8.6 to 11.1)
Uruguay	2,483 (2,274 to 2,734)	3,348 (3,065 to 3,685)	10.1 (9.2 to 11.1)	70.4 (66.0 to 74.4)	16.8 (13.4 to 20.5)
Uzbekistan	159 (130 to 193)	880 (719 to 1,071)	3.4 (2.8 to 4.2)	53.2 (42.7 to 62.7)	43.1 (33.6 to 53.6)
Vanuatu	167 (137 to 205)	147 (120 to 180)	3.2 (2.6 to 3.9)	64.6 (54.6 to 73.3)	10.3 (6.7 to 14.8)
Venezuela	391 (342 to 445)	649 (567 to 738)	5.4 (4.7 to 6.2)	40.2 (34.0 to 46.9)	24.8 (20.3 to 29.7)
Vietnam	362 (288 to 448)	1,059 (844 to 1,309)	7.1 (5.6 to 8.8)	47.4 (36.9 to 58.1)	49.7 (38.7 to 60.2)
Virgin Islands, US	3,296 (2,616 to 4,104)	1,771 (1,406 to 2,205)	7.9 (6.2 to 9.8)	63.8 (53.2 to 73.5)	25.6 (17.6 to 35.7)
Yemen	78 (59 to 103)	167 (126 to 221)	15.4 (11.6 to 20.3)	5.4 (3.6 to 7.8)	65.3 (51.5 to 75.2)
Zambia	106 (85 to 139)	310 (247 to 406)	3.6 (2.8 to 4.7)	43.7 (32.6 to 54.0)	10.0 (6.4 to 14.7)
Zimbabwe	155 (127 to 192)	290 (237 to 358)	10.8 (8.8 to 13.3)	50.4 (39.6 to 60.4)	20.2 (13.4 to 27.6)

$PPP refers to 2018 purchasing power parity-adjusted US dollars. Uncertainty intervals included in parentheses. 2050 scenario 1 reflects the increase in government health spending if all countries met the target proportion of government spending on health. 2050 scenario 2 reflects the increase in government health spending if all countries met the target proportion of government spending on health and target proportion of gross domestic product that is based on government spending. 2050 scenario 1 reflects the increase in government health spending if all countries met the target proportion of government spending on health. 2050 scenario 2 reflects the increase in government health spending if all countries met the target proportion of government spending on health and target proportion of gross domestic product that is based on government spending.

Source: *Financing Global Health Database 2018*

Prepaid private spending per total health spending (%)	Development assistance for health per total health spending (%)	Annualized rate of change in health spending, 2017-2050 (%)	Annualized rate of change in health spending per person, 2017-2050 (%)	Government health spending per person ($USD)	Difference between government health spending per person reference scenario and better scenario 1, 2050 ($USD)	Difference between government health spending per person reference scenario and better scenario 2, 2050 ($USD)
7.4 (4.1 to 12.0)	22.9 (15.6 to 35.8)	2.92 (2.60 to 3.45)	1.79 (1.47 to 2.31)	362 (300 to 437)	82 (64 to 120)	171 (156 to 204)
1.4 (1.0 to 1.9)	0.0 (0.0 to 0.0)	1.48 (1.13 to 1.81)	1.13 (0.78 to 1.46)	7,188 (6,296 to 8,150)	495 (306 to 982)	495 (306 to 982)
8.1 (7.0 to 9.5)	0.0 (0.0 to 0.0)	1.31 (1.03 to 1.61)	0.96 (0.67 to 1.25)	8,764 (7,814 to 9,755)	0 (0 to 0)	2,792 (2,489 to 3,107)
3.9 (1.8 to 7.4)	7.2 (4.0 to 12.1)	2.83 (2.12 to 3.48)	1.43 (0.73 to 2.07)	38 (28 to 51)	43 (40 to 49)	153 (150 to 163)
3.6 (1.6 to 6.3)	0.0 (0.0 to 0.0)	-0.19 (-0.46 to 0.06)	1.87 (1.60 to 2.14)	2,115 (1,778 to 2,458)	0 (0 to 0)	2,816 (2,367 to 3,272)
0.4 (0.2 to 0.7)	8.6 (5.4 to 14.0)	3.59 (2.62 to 4.63)	2.03 (1.08 to 3.06)	28 (21 to 37)	91 (89 to 96)	128 (126 to 138)
2.0 (0.9 to 4.1)	22.5 (15.6 to 33.7)	3.95 (3.31 to 4.65)	1.71 (1.07 to 2.39)	41 (30 to 52)	61 (58 to 65)	130 (127 to 139)
9.8 (5.2 to 16.6)	0.4 (0.0 to 0.7)	1.94 (1.41 to 2.47)	2.40 (1.86 to 2.92)	437 (363 to 531)	15 (0 to 62)	514 (491 to 585)
22.8 (19.9 to 25.6)	0.0 (0.0 to 0.0)	0.73 (0.55 to 0.95)	0.47 (0.29 to 0.69)	1,325 (1,181 to 1,490)	19 (0 to 85)	947 (913 to 1,050)
7.5 (3.4 to 13.8)	63.5 (51.7 to 76.4)	3.10 (2.22 to 4.34)	1.31 (0.44 to 2.53)	11 (8 to 14)	47 (46 to 50)	53 (52 to 58)
1.7 (0.7 to 3.2)	21.5 (15.2 to 32.0)	2.95 (2.60 to 3.42)	1.89 (1.54 to 2.36)	81 (61 to 105)	487 (477 to 533)	487 (477 to 533)
9.8 (4.6 to 17.2)	20.8 (14.5 to 31.5)	2.57 (1.51 to 3.63)	1.20 (0.16 to 2.25)	12 (9 to 17)	34 (34 to 36)	72 (70 to 78)
4.8 (2.4 to 8.4)	17.7 (12.4 to 26.6)	3.25 (2.76 to 3.76)	1.89 (1.41 to 2.40)	286 (229 to 358)	353 (341 to 379)	353 (341 to 379)
6.5 (4.7 to 8.9)	0.0 (0.0 to 0.0)	0.74 (0.44 to 1.03)	1.02 (0.71 to 1.30)	695 (601 to 804)	495 (473 to 538)	811 (788 to 887)
3.4 (1.6 to 6.3)	0.5 (0.3 to 0.8)	1.82 (1.60 to 2.07)	1.36 (1.14 to 1.60)	219 (175 to 269)	115 (102 to 141)	273 (263 to 291)
5.9 (3.0 to 9.9)	0.2 (0.0 to 0.9)	2.62 (2.33 to 3.01)	2.30 (2.01 to 2.69)	782 (650 to 990)	849 (823 to 893)	1,594 (1,573 to 1,678)
4.8 (2.5 to 8.4)	0.0 (0.0 to 0.2)	4.74 (4.11 to 5.37)	3.72 (3.09 to 4.35)	553 (428 to 704)	252 (199 to 335)	1,202 (1,177 to 1,266)
4.2 (2.0 to 7.8)	28.2 (19.8 to 41.0)	3.59 (2.69 to 4.51)	1.22 (0.34 to 2.12)	15 (11 to 20)	25 (24 to 27)	80 (79 to 87)
2.8 (1.3 to 5.2)	3.1 (2.1 to 5.0)	0.10 (-0.29 to 0.47)	1.08 (0.69 to 1.46)	102 (79 to 129)	159 (154 to 168)	198 (193 to 208)
9.5 (5.6 to 12.6)	0.0 (0.0 to 0.0)	1.10 (0.66 to 2.45)	0.26 (-0.17 to 1.59)	1,235 (946 to 2,209)	956 (250 to 1,129)	1,882 (1,289 to 2,003)
4.9 (3.9 to 6.0)	0.0 (0.0 to 0.0)	1.32 (1.03 to 1.58)	1.07 (0.79 to 1.33)	4,469 (4,018 to 4,936)	0 (0 to 0)	616 (554 to 680)
8.0 (7.0 to 9.2)	0.0 (0.0 to 0.0)	1.59 (1.34 to 1.82)	1.24 (1.00 to 1.47)	13,040 (11,927 to 14,153)	0 (0 to 0)	2,919 (2,670 to 3,168)
12.8 (10.2 to 15.7)	0.0 (0.0 to 0.0)	1.45 (1.28 to 1.62)	1.42 (1.25 to 1.59)	1,750 (1,559 to 1,952)	0 (0 to 0)	610 (544 to 681)
0.5 (0.2 to 1.0)	3.1 (1.8 to 5.6)	2.65 (1.75 to 3.56)	2.09 (1.19 to 2.99)	85 (62 to 111)	181 (176 to 189)	274 (269 to 292)
4.5 (2.0 to 8.5)	20.6 (14.2 to 30.5)	3.02 (2.78 to 3.40)	1.64 (1.39 to 2.00)	108 (83 to 138)	187 (181 to 196)	292 (286 to 312)
35.0 (28.5 to 41.6)	0.0 (0.0 to 0.0)	0.74 (0.41 to 1.04)	0.23 (-0.11 to 0.53)	157 (127 to 191)	505 (497 to 553)	505 (497 to 553)
1.0 (0.4 to 1.8)	1.9 (1.2 to 3.1)	3.42 (2.69 to 4.15)	3.31 (2.58 to 4.04)	171 (134 to 214)	95 (82 to 118)	223 (214 to 238)
10.6 (5.1 to 18.6)	0.0 (0.0 to 0.0)	0.15 (-0.62 to 0.96)	1.19 (0.41 to 2.01)	2,103 (1,564 to 2,777)	41 (0 to 308)	1,396 (1,225 to 1,756)
0.6 (0.3 to 1.2)	28.6 (19.4 to 42.6)	2.45 (2.07 to 3.00)	0.75 (0.38 to 1.30)	4 (3 to 5)	9 (8 to 9)	35 (34 to 38)
6.4 (3.0 to 11.7)	39.9 (30.5 to 53.0)	3.32 (2.72 to 4.13)	1.21 (0.63 to 2.01)	46 (34 to 61)	91 (89 to 96)	184 (181 to 198)
11.1 (5.6 to 20.0)	18.3 (11.0 to 30.3)	2.94 (2.48 to 3.48)	1.07 (0.62 to 1.60)	78 (60 to 99)	3 (0 to 15)	37 (33 to 46)

INSTITUTE FOR HEALTH METRICS AND EVALUATION
2301 Fifth Ave., Suite 600
Seattle, WA 98121
USA

Telephone: +1-206-897-2800
Fax: +1-206-897-2899
Email: engage@healthdata.org
www.healthdata.org