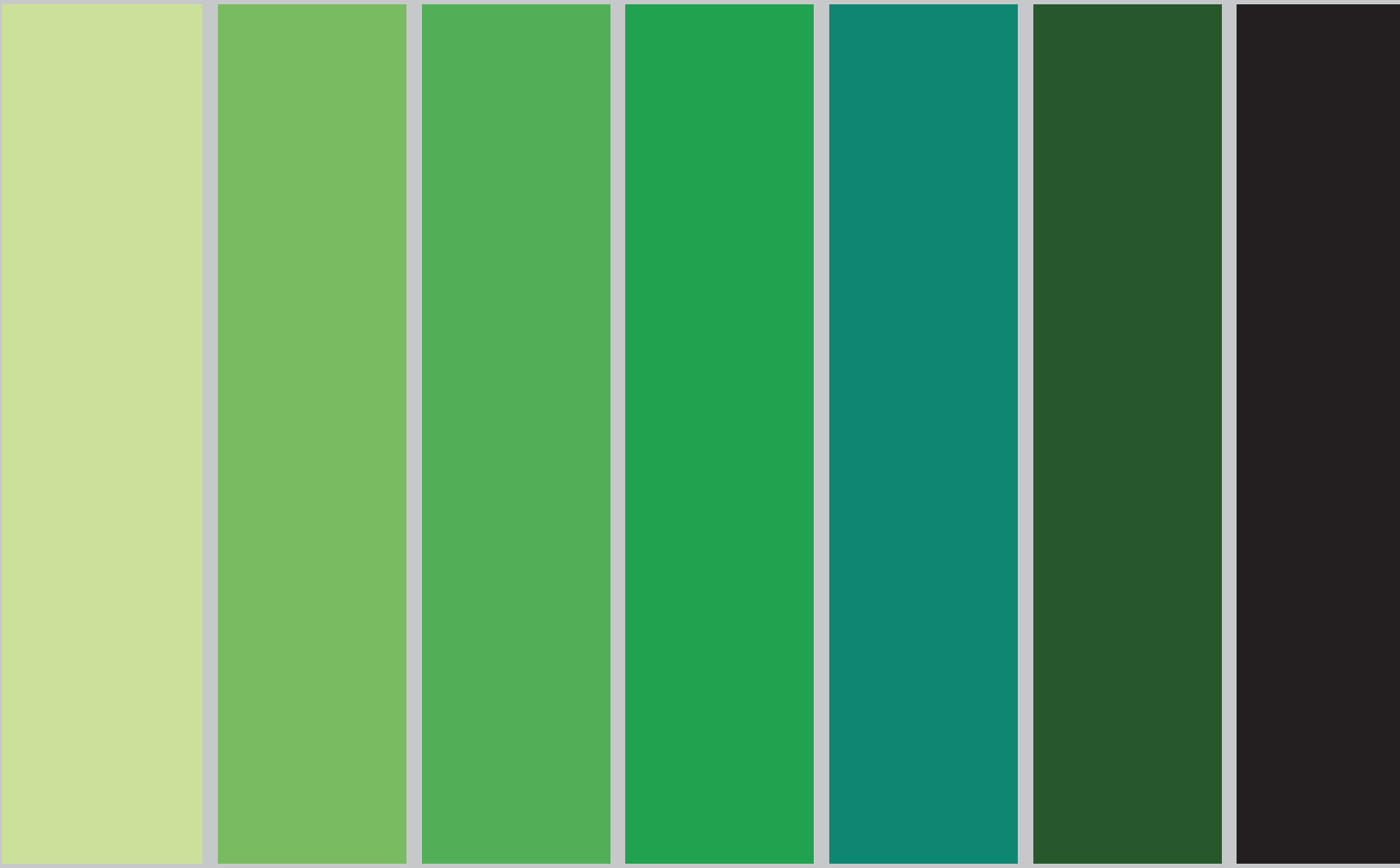
Financing Global Health 2015

Development assistance steady on the path to new Global Goals



INSTITUTE FOR HEALTH METRICS AND EVALUATION
UNIVERSITY OF WASHINGTON

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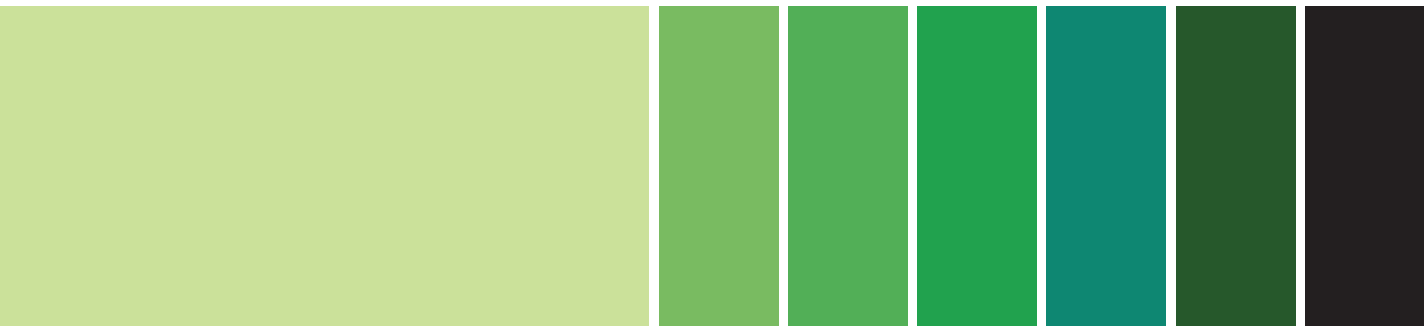

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CONTENTS

ABOUT IHME

The Institute for Health Metrics and Evaluation (IHME) is an independent global health research center at the University of Washington. IHME provides rigorous and comparable measurement of the world's most important health problems and evaluates the strategies used to address them. As part of its mandate, IHME makes this information freely available so that researchers, policymakers, and other global health stakeholders have the evidence they need to make informed decisions. For more information about IHME and its research, please visit www.healthdata.org.

ABOUT *FINANCING GLOBAL HEALTH 2015*

Financing Global Health 2015 is the seventh edition of IHME's annual series on global health financing. This report captures trends in development assistance for health (DAH) and government health expenditure as source (GHE-S) in low- and middle-income countries. Annually updated GHE-S and DAH estimates are produced to aid decision-makers and other global health stakeholders in identifying funding gaps and investment opportunities vital to improving population health. This year, IHME made a number of improvements to the data collection and methods implemented to generate *Financing Global Health* estimates. More information about these data and methods are found in the online methods annex, available at http://www.healthdata.org/sites/default/files/files/policy_report/2016/FGH2015/IHME_fgh2015_methods_annex.pdf.

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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 for their continued leadership, William Heisel for editorial guidance, Adrienne Chew for editing, Kevin O'Rourke for production oversight and publication management, and Dawn Shepard for design. Finally, we would like to extend our gratitude to the Bill & Melinda Gates Foundation for generously funding IHME and for its consistent support of this research and report.

ACRONYMS

ADB	Asian Development Bank
AfDB	African Development Bank
DAH	Development assistance for health
DALY	Disability-adjusted life year
DFID	United Kingdom's Department for International Development
GBD	Global Burden of Diseases, Injuries, and Risk Factors Study
GDP	Gross domestic product
GHE	Government health expenditure
GHE-S	Government health expenditure as a source
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IDB	Inter-American Development Bank
IHME	Institute for Health Metrics and Evaluation
MDGs	Millennium Development Goals
NCD	Non-communicable disease
NGOs	Non-governmental organizations
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
SDGs	Sustainable Development Goals
SWAps	Sector-wide approaches
TB	Tuberculosis
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
USAID	United States Agency for International Development
US	United States
WHO	World Health Organization

FIGURES AND BOXES

FIGURES

BOXES

Executive summary

In 2015, the world came together in support of the Sustainable Development Goals (SDGs). Among 17 diverse goals, SDG 3 captured the world's global health ambitions for the next 15 years. Signatories agreed to "ensure healthy lives and promote well-being for all at all ages."[1] The targets underpinning SDG 3 span a number of global health priority areas, including maternal and child health, HIV/AIDS, tuberculosis (TB), malaria, non-communicable diseases (NCDs), and injuries.

The launch of the SDGs coincides with more definitive evidence of a plateau in development assistance for health (DAH). In 2015, $36.4 billion in DAH was disbursed, an increase of 0.3% over 2014 levels. This marks the fifth straight year of tepid growth – a trend that contrasts considerably with the increases that characterized the "golden age" of global health financing. From 2000 to 2010, DAH grew 11.4% each year on average. DAH peaked in 2013 at $38 billion.

Nonetheless, important development assistance partners signaled they remained steadfast in their commitment to global health financing. More than $7.5 billion was pledged for Gavi, the Vaccine Alliance (Gavi) in 2015.[2] The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) also launched its fifth replenishment round, which will culminate in a mid-2016 pledging conference that aims to mobilize $13.5 billion.

Underpinning a steady DAH total, changes in financing from a wide range of development partners abounded. While some historically leading entities decreased their contributions, others expanded immensely. The World Bank stands out as increasing its support for health dramatically since 2014. The provision of health assistance by the International Bank for Reconstruction and Development (IBRD) and the International Development Association (IDA) increased by almost 70%, an injection of nearly $900 million for health in low- and middle-income countries. Increases in funding from the United States, the United Kingdom, and the Bill & Melinda Gates Foundation (the Gates Foundation) were also important to buoying the DAH total in 2015.

These upticks counterbalanced drops in DAH from other major development assistance partners. DAH disbursed by the collection of UN agencies fell more than 10%. The decrease was driven by United Nations Children's Fund (UNICEF) disbursements, which returned to historical levels after a surge in funding to fight Ebola in 2014.

DAH for HIV/AIDS, the largest health focus area, increased 2.5% in 2015. For the first time in the *Financing Global Health* series, DAH for HIV/AIDS has been broken into "program areas." Of total HIV/AIDS DAH in 2015, 25% focused on treatment and 26.5% concentrated on prevention (including prevention of mother-to-child transmission). Funding for both program areas grew in 2015.

Support for the fight against Ebola also continued into 2015. From 2014 to 2015, $1 billion in DAH and $500 million of additional humanitarian aid was disbursed to combat the epidemic in West Africa.

Other key findings from *Financing Global Health 2015* include the following:

- The US remained the largest source of global health financing, providing 36.1% of all DAH in 2015. Funding sourced from the US reached $13.1 billion in 2015, a 4% increase over 2014.
- An uptick in DAH sourced from the UK was also noteworthy, rising 4.1% to a total of $4.1 billion in 2015.
- Funding from the Gates Foundation grew 10.1% from 2014 to 2015. Total DAH provided by the foundation amounted to $2.9 billion in 2015.
- Support for both Gavi and the Global Fund expanded in 2015. DAH for Gavi grew 6.6% to $1.6 billion in 2015. Funding for the Global Fund rose 2.1%, reaching $3.3 billion.
- Financing from non-governmental organizations (NGOs), supported largely by the increase in US funding, grew 0.4%, rising to $9.6 billion in 2015.
- Child health funding grew by 3.5% to $6.5 billion in 2015. Growth in DAH for TB (9.6%), and health sector support and sector-wide approaches (HSS/SWAPs) (9.3%) was also sustained in 2015. DAH for NCDs fell 3.4%.
- The most substantial regional recipient of DAH was sub-Saharan Africa, the target of $13 billion, or 34.3%, of DAH in 2013 (the most recent year for which estimates are available). DAH for the region increased 12.1% between 2012 and 2013.
- Government health expenditure as a source (GHE-S) in low- and middle-income countries continued to rise in 2013, reaching $759.7 billion. GHE-S rose steadily at 8.5% annually from 2000 to 2013.
- Across regions, the governments of Southeast Asia, East Asia and Oceania, which includes China, spent the most on health, at $336.1 billion in 2013. Governments in sub-Saharan Africa spent the least, with $35.8 billion disbursed in 2013. GHE-S per person stood at $163.5 and $38.1 in Southeast Asia, East Asia and Oceania and sub-Saharan Africa, respectively, in 2013.
- GHE-S far exceeds DAH in middle-income countries, with $79.4 of GHE-S spent for each dollar of DAH in 2013. In contrast, DAH makes up a much larger share of health spending in low-income countries. In these countries, $1.5 of GHE-S was spent for each dollar of DAH in 2013.

The launch of the SDG era is underscored by continued evidence of a flatlining in DAH. With growth subsiding, development assistance partners may increasingly need to weigh trade-offs among various health focus areas and recipients. Careful planning and assessment to make every dollar count will be vital to sustaining the major improvements in health achieved over the last 15 years.

Forecasts of DAH extending to 2040 highlight the large uncertainty surrounding this plateau, however, and leave future growth in international assistance for health an open question. Health is a key link between environmental degradation and human development. Financing for health continues to grow faster than non-health assistance. Clarity on the international response to the SDGs, including global health financing, will emerge as 2016 unfolds, hinting at what the global health community can expect as we embark on a new era of global goals.

BOX 1

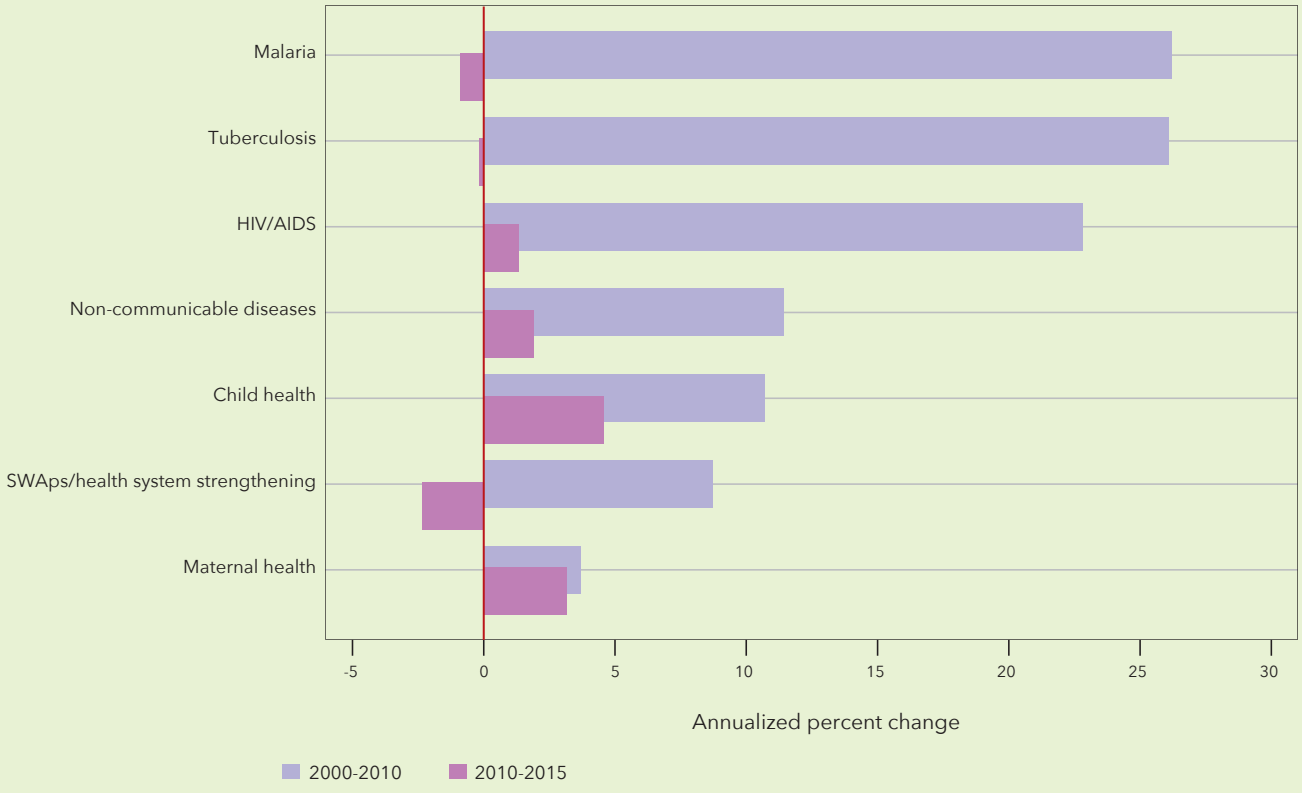
Transitioning from the "golden age"

Corresponding with the launch of the Millennium Development Goals, a "golden age" of global health prevailed from 2000 to 2010. DAH grew 11.4% annually during this time. Not only did every major global health partner expand, a number of new entities and initiatives were created. As Figure 1 shows, increases were ubiquitous across health focus areas. While malaria and tuberculosis DAH rose the most in percentage terms (26.2% and 26.1%), funding for HIV/AIDS rose the most absolutely: $8.8 billion more in HIV/AIDS funding was available in 2010 than 2000.

Since 2010, growth has subsided. DAH for child and maternal health stands out as continuing to rise substantially in the 2010–2015 period, although rates are less rapid than in the previous decade. These changes intimate a pivot away from some traditional global health mainstays, including the core infectious diseases, as the SDG era commences.

FIGURE 1

Change in DAH by health focus area: 2000–2010 versus 2010–2015



Source: IHME DAH Database 2015

Note: 2015 estimates are preliminary.

Introduction

Financing Global Health 2015 depicts the DAH disbursed to maintain and improve health in low- and middle-income countries over the last 26 years. This report takes a deep dive into the sources, intermediary channels, recipients, health focus areas, and program areas that characterize these international funding flows.

The 2015 report provides conclusive evidence of a plateau in DAH. With an ongoing migrant crisis in Europe, incomplete recovery from the financial crisis, and other global issues, aid budgets are increasingly constrained by tough trade-offs among important priorities. For this reason, the continued provision of more than $36 billion in DAH – more than 25% of all official development assistance (ODA) – is an encouraging sign that commitment to global health remains strong.

A number of key contributions helped to maintain DAH in 2015. Of note, DAH from the World Bank climbed substantially, bolstering the DAH total with a major expansion in funding for health. Increases in DAH from other important funders, including the Bill & Melinda Gates Foundation, the United States, and the United Kingdom, were also vital to sustaining DAH levels. Contributions from many other development assistance partners dropped. The focus and magnitude of these changes are explored in depth throughout the report.

Methodological improvements to this year's report make it easier than ever to understand the global health activities supported by DAH. The report unveils detailed estimates of programmatic investments in HIV/AIDS. These new program area estimates complement updated breakdowns of DAH for non-communicable diseases (NCDs), maternal health, and child health. Better tracking of NGO funding flows also characterizes this year's estimates. Funding for Ebola, broken down by sources, intermediaries, and recipients of DAH, sheds light on the international response to the epidemic that struck West Africa in 2014 and 2015.

The report is divided into three main chapters. The first chapter, Overview of development assistance for health, examines DAH on the whole in 2015. This includes an assessment of the year-over-year and long-term trends in international funding from the main organizations active in global health. A summary of DAH flows to health focus areas and recipient regions is also provided. The next chapter, Health focus areas, delves into each of the eight health focus areas: HIV/AIDS, malaria, tuberculosis (TB), maternal health, newborn and child health, NCDs, other infectious diseases (including Ebola), and health sector support and sector-wide approaches (HSS/SWAPs). We also explore the program areas that underpin select health focus areas, furnishing a view of the interventions and other activities that make up global health. Finally, in the third chapter, Government health expenditure as a source, updated estimates of government health expenditure as a source (GHE-S) expose changes in domestic health funding in developing countries over more than two decades.

BOX 2

Putting development assistance for health in context

- Between 2000 and 2010, DAH grew 2.6 times faster than the global economy and 2.9 times faster than official development assistance (ODA) provided to non-health sectors. From 2010 to 2014, DAH continued to grow as ODA fell, but increased at less than half the rate of the global economy.

- In 2015, 64.5% of all DAH was provided by the governments of 10 high-income nations. In these countries, DAH ranged from 0.02% of the gross domestic product (GDP) to 0.23% of GDP. In per person terms, DAH ranged from $7 per person to $144 per person.

CHAPTER 1

Overview of development assistance for health

While the plateau in total DAH persisted into 2015, the changes underpinning DAH are substantial. This chapter depicts the variation in funding flows that occurred across organizations prominent in global health. These trends show that drops in DAH from some global health funders were counterbalanced by increased flows from others. Shifts in the funding landscape continued to characterize global health financing in 2015.

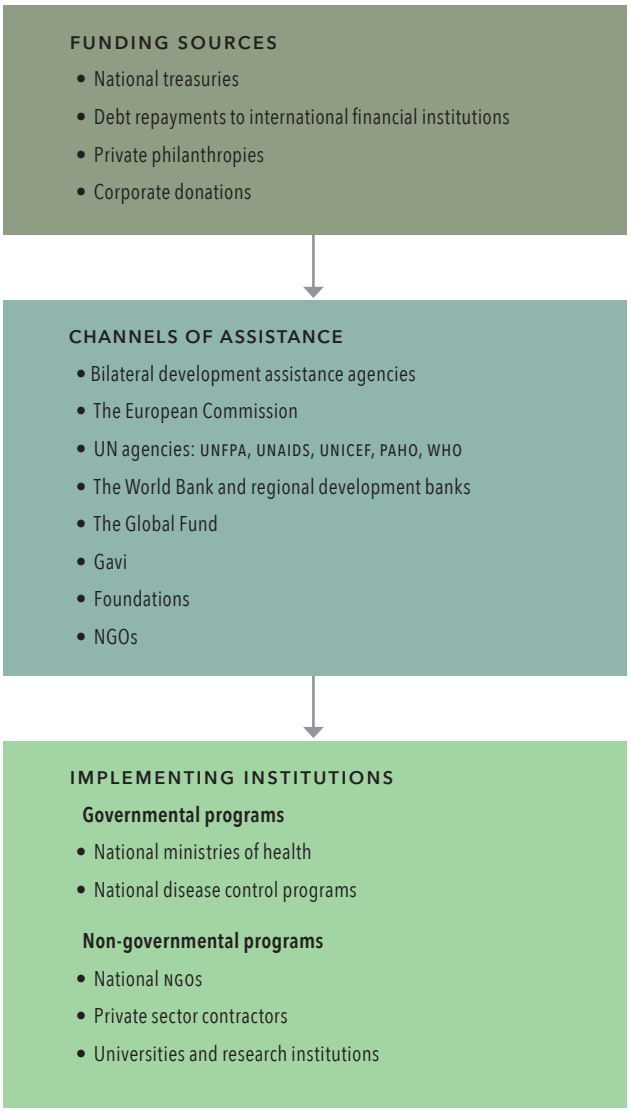
Underneath these shifts are a large number of transfers among global health organizations. For this reason, a framework for classifying organizations by their role in the flow of resources has been developed and deployed. Box 3 describes the distinctions among sources, channels, and implementing institutions in depth. Figure 2 visualizes the core components of the framework.

Overlap among the framework components is common, however, as organizations carry out multiple functions in the global health arena. A philanthropic entity like the Gates Foundation can serve simultaneously as a source, transferring funds to others that serve as intermediaries, and as a channel, funding partners active on the ground in low- and middle-income countries. In some cases, organizations such as Gavi may serve as both a channel, providing funds to governmental and non-governmental vaccine programs, and an implementing institution, playing an active role in immunization campaigns in developing countries.

Understanding these institutional types is particularly important because examining DAH by source or channel can yield different insights on global health contributions. All high-income governments providing DAH are sources, as are major foundations, which source funds from philanthropic endowments. Because these sources direct substantial funding to multilateral organizations, NGOs, and other entities, the source view (Figure 3) best captures their full contribution to global health. The channel perspective (Figure 4) lends insight on the volume of funding transferred through major aid

FIGURE 2

Sources, channels, implementing institutions



agencies, such as the US Agency for International Development (USAID), or the United Kingdom's Department for International Development (DFID), as well as the role of foundations as more active participants in the global health landscape. Breakdown by channel captures the full funding envelope of entities such as United Nations (UN) agencies that act most prominently as channels in the flow of funds from developed to developing countries.

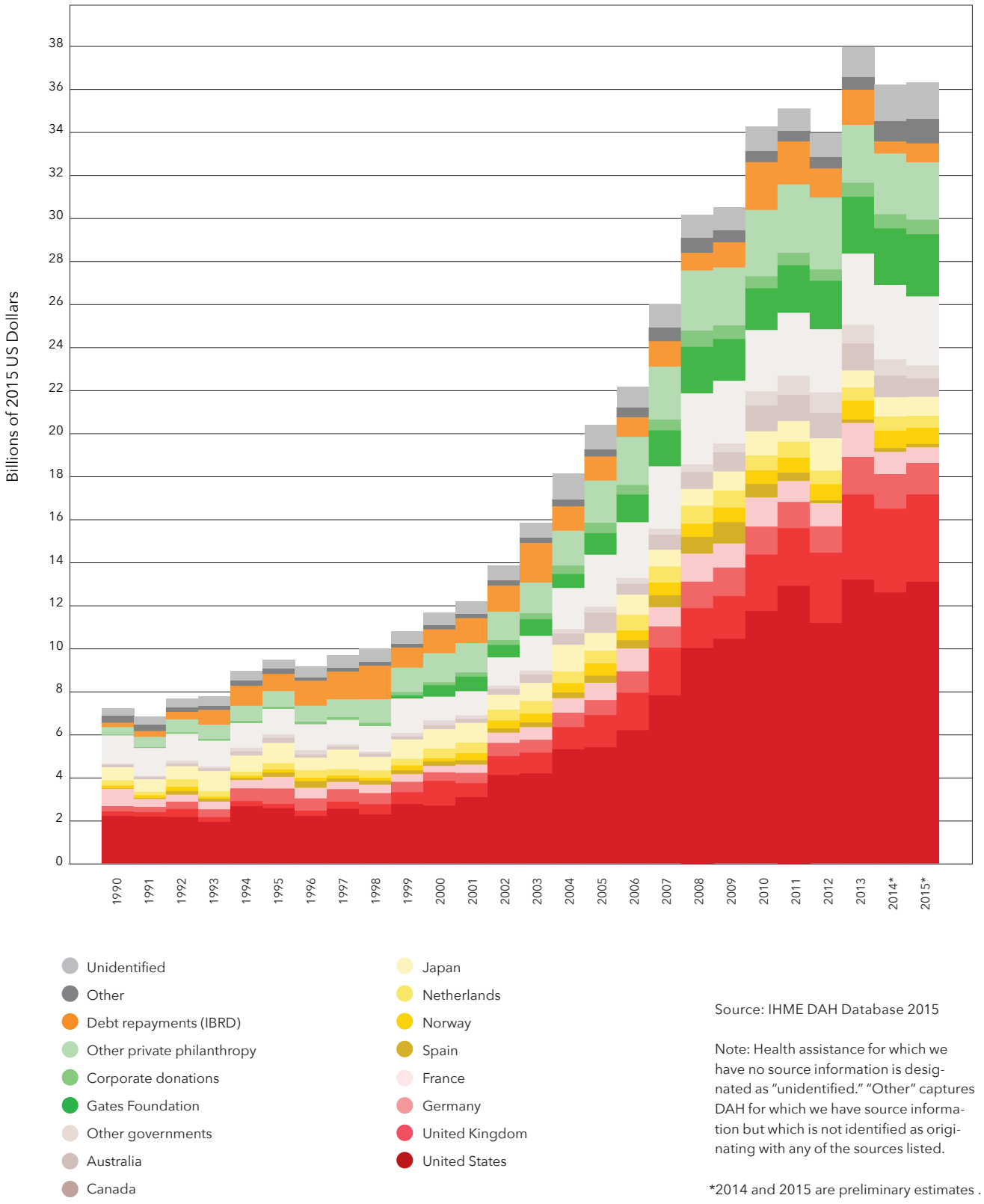
BOX 3

Definitions

- **Development assistance for health** is the financial and in-kind contributions provided by global health channels to improve health in developing countries. These contributions include grants as well as concessionary loans, provided with no interest or at a rate significantly lower than the current market rate. Because development assistance for health includes only funds with the primary intent to improve health, funding for humanitarian assistance, water and sanitation, and other allied sectors that do not primarily focus on health are not included in these estimates. Global health research funded by institutions whose primary purpose is not development assistance is also not captured.
- **Sources** are defined as the origins of funding, which are generally government treasuries, the endowments of philanthropic entities, or other private pools, including direct contributions from private parties to NGOs.
- **Channels** serve as the intermediaries in the flow of funds. Channels are composed of bilateral aid agencies, multilateral organizations, NGOs, UN agencies, public-private partnerships, and private foundations. These organizations play a major role in the global health landscape by directing funds to priority disease areas and other health focus areas and providing platforms for action and financing for implementing institutions.
- **Implementing institutions** are the actors working to promote health and prevent and treat diseases on the ground in low- and middle-income countries. Implementing institutions vary from governmental bodies, such as national disease programs and networks of public health facilities run by ministries of health, to non-governmental bodies consisting of NGOs, international organizations, and others active in health in low- and middle-income countries.
- **Health focus areas** identify the primary target of DAH. DAH projects may target a single health focus area or multiple health focus areas, but each dollar of DAH is assigned to a single health focus area. Health focus areas include HIV/AIDS, malaria, tuberculosis, child and newborn health, maternal health, non-communicable diseases, other infectious diseases, and SWAps and health system strengthening. In addition, "other" and "unallocable" capture the resources that do not fall within one of these other categories or cannot be traced to a health focus area.
- **Program areas** are sub-categories within health focus areas that describe more granularly what DAH targets. HIV/AIDS, malaria, child and newborn health, maternal health, and non-communicable diseases are split into program areas.

FIGURE 3

DAH by source of funding, 1990–2015



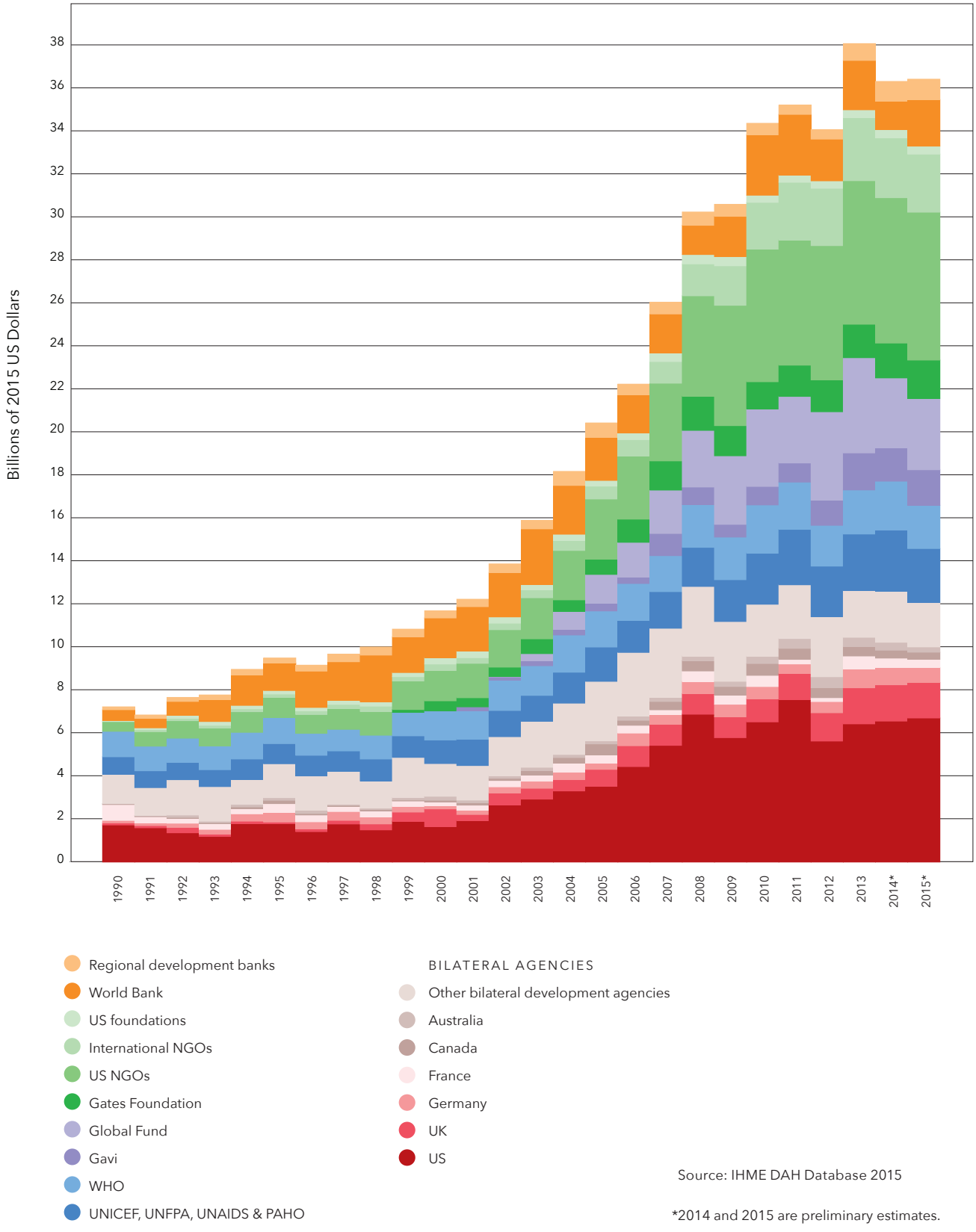
Source: IHME DAH Database 2015

Note: Health assistance for which we have no source information is designated as "unidentified." "Other" captures DAH for which we have source information but which is not identified as originating with any of the sources listed.

*2014 and 2015 are preliminary estimates .

FIGURE 4

DAH by channel of assistance, 1990–2015



Source: IHME DAH Database 2015

*2014 and 2015 are preliminary estimates.

OVERVIEW OF SOURCES AND CHANNELS

The full, 26-year trend in DAH, broken down by the sources most prominent in global health, is captured in Figure 3. Figure 4 illustrates the same DAH total but is disaggregated by channel of funding. These updated estimates stress the flatline in DAH that has characterized the last five years of funding. Preliminary estimates show DAH peaking at $38 billion in 2013. The 2015 total, at $36.4 billion, is a 4.3% drop from 2013 levels, but a slight increase (0.3%) relative to 2014. For five straight years, DAH has hovered around $36 billion annually.

Past trends emphasize the distinct nature of the last five years. From 2010 to 2015, average annual growth in DAH amounted to 1.2%. In contrast, from 1990 to 2000, increases were at 4.9% in annualized terms. This was followed by the rapid growth of the "golden age" of development assistance for health: from 2000 to 2010, DAH increased 11.4% each year, on average. The more tepid growth of 2010–2015 exemplifies a departure from the preceding period of exceptional increases.

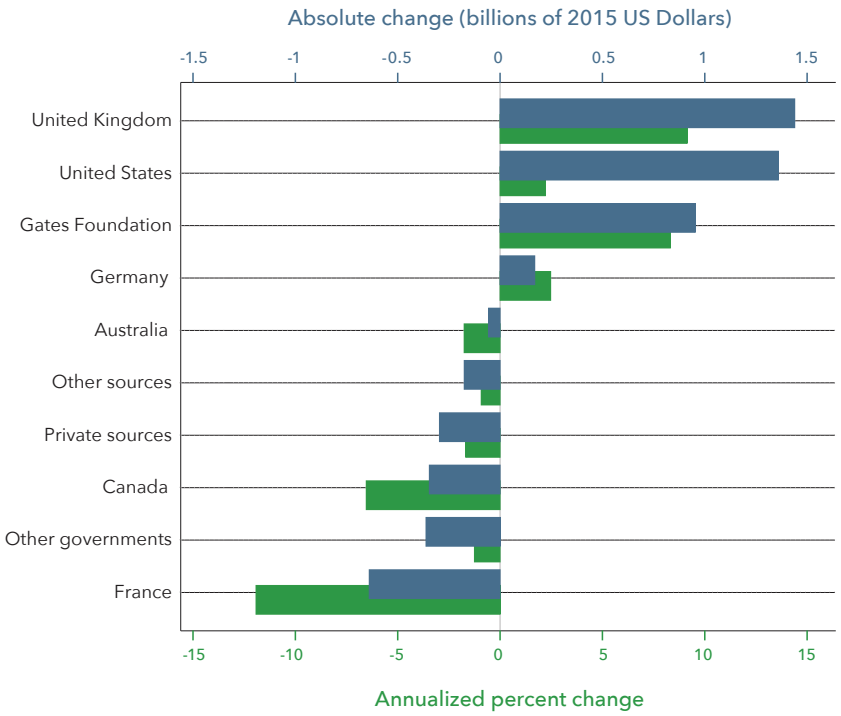
Philanthropic developments in 2015 augured well for the future of DAH, however. In 2015, a major new global development entity was established: the Chan Zuckerberg Initiative was announced by Facebook founder Mark Zuckerberg and his wife Priscilla Chan.[3] While the initiative is still in its nascent stages, Zuckerberg and Chan have contributed to global health in the past (notably to the Ebola crisis) and have hinted that health will be among the priorities of their initiative, which is projected to disburse up to $40 billion. The direction of this new initiative, as well as the focus of future funding from well-established global health actors such as the Gates Foundation, the US, and the UK, have the potential to fundamentally shift the nature of DAH going forward.

To depict the evolution of DAH at a more granular level, sources and channels are broken down by the changes in their contributions from 2010 to 2015 in Figures 5 and 6. This makes clear how the channel and source perspectives lend different insights on contributions to DAH. As sources of funding, increases in DAH from the United Kingdom and the United States surpassed most other sources in absolute terms from 2010 to 2015: both increased their contributions by around $1.4 billion during this period. The Gates Foundation's contribution also grew substantially, at 8.3% on average, rivalling the UK in terms of annualized percent change. DAH from France and Canada dropped 11.9% and 6.5%, respectively, annually on average, from 2010 to 2015. Minimal change was seen in most other sources.

Because these contributions flow to a wide range of global health entities, changes at the channel level depict a different view of global health financing trends. The most substantial increases over the last five years have flowed to NGOs and foundations, whose funding grew 2.8% annually or $1.3 billion in absolute terms from 2010 to 2015. DAH disbursed through Gavi, UK aid agencies, and the Gates Foundation also rose substantially, with increases above $500 million from 2010 to 2015. The percentage increases in DAH for Gavi were above and beyond the largest, with 13.9% in annual growth realized from 2010 to 2015. Funding for UN agencies is essentially flat over this period. DAH flows to the Global Fund and many of the bilateral aid agencies dropped from 2010 to 2015.

FIGURE 5

Change in DAH by source, 2010–2015

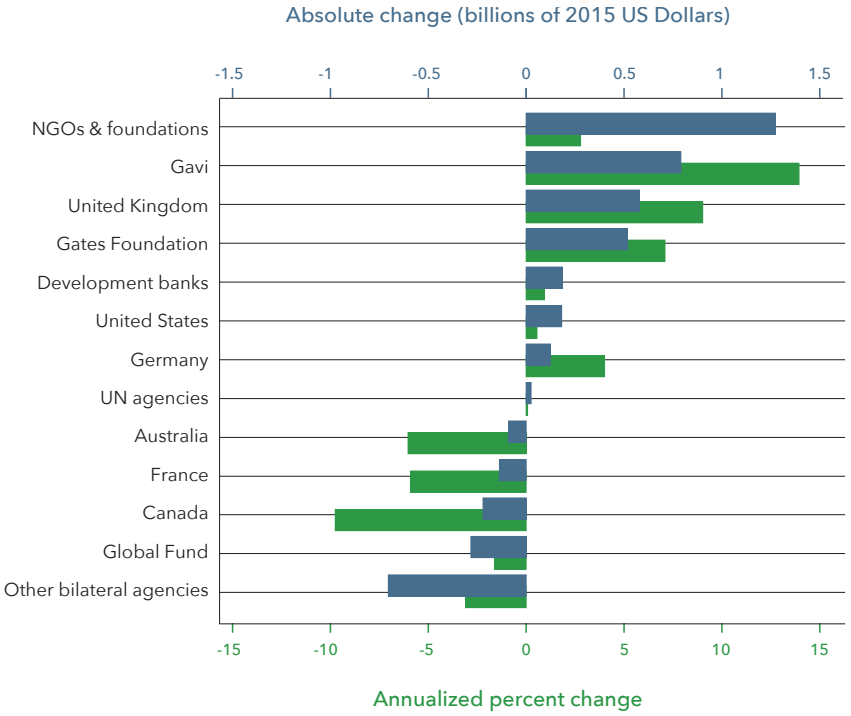


Source: IHME DAH Database 2015

Note: 2015 estimates are preliminary.

FIGURE 6

Change in DAH by channel, 2010–2015



Source: IHME DAH Database 2015

Note: 2015 estimates are preliminary.

BOX 4

Health financing gaps and the uncertain future of DAH

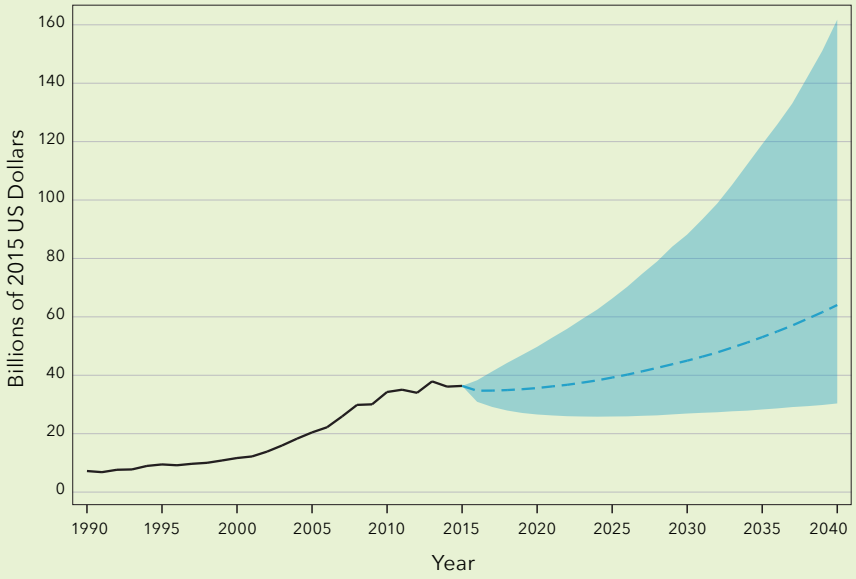
Looking to the next 40 years of DAH emphasizes the uncertainty of future funding flows. Figure 7 visualizes forecasts of DAH based on past trends in growth and other relationships.[4] As predicted by the last 26 years of health aid, an estimated $64.1 billion in DAH is forecast for 2040. However, the confidence interval surrounding these estimates spans $30.4 to $161.8 billion. Given what we know about fluctuations in DAH since 1990, ambiguity in predicted spending defines the DAH outlook.

Future need for DAH, however, is intricately tied to domestic health spending. To better understand the health financing landscape – and how DAH fits into future flows – IHME researchers used past trends and financial relationships to estimate future domestic health spending. Both domestic government and private health spending were estimated through 2040 for 184 countries.

As shown in Figure 8, in 2040, low-income countries will spend an estimated $0.03 per person, on average, for every $1 spent per person on health in high-income countries.[5] Moreover, 35 of 135 low- and middle-income countries are not likely to meet the Chatham House benchmark that governments spend $86 per person on health. While health spending is growing in most countries, a tremendous health spending gap between developing and developed countries is likely to persist unless policies and trends are amended. Without major changes in domestic spending in low-income countries, the provision of DAH will continue to play an important role in supporting health systems across much of the developing world in years to come.

FIGURE 7

Estimating DAH, 2015–2040

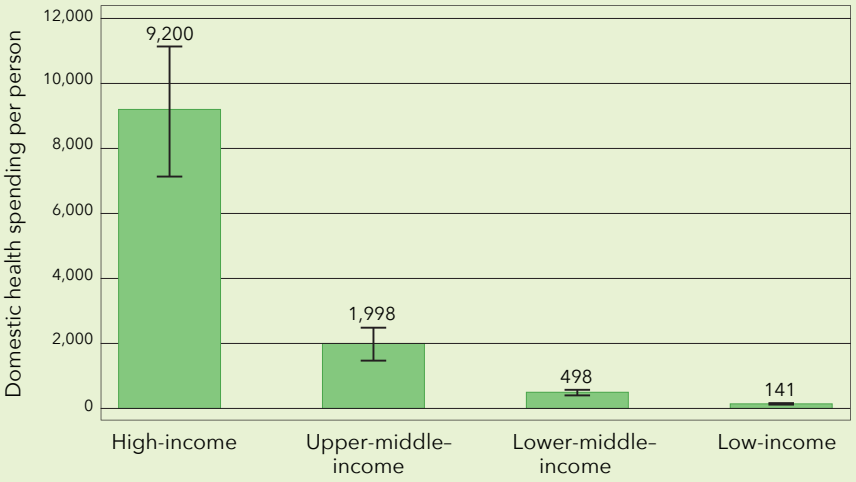


Source: Dieleman JL, M Schneider, A Haakenstad, L Singh, N Sadat, M Birger, T Templin, H Hamavid, A Chapin, and CJL Murray. Development assistance for health: past trends, relationships, and the future of international financial flow for health. *The Lancet*. Forthcoming.

Note: DAH projected for each major source through 2040. An ensemble modeling approach was utilized, incorporating more than 400 models, each based on a distinct set of underlying drivers.

FIGURE 8

Domestic health spending per person by World Bank income levels, 2040

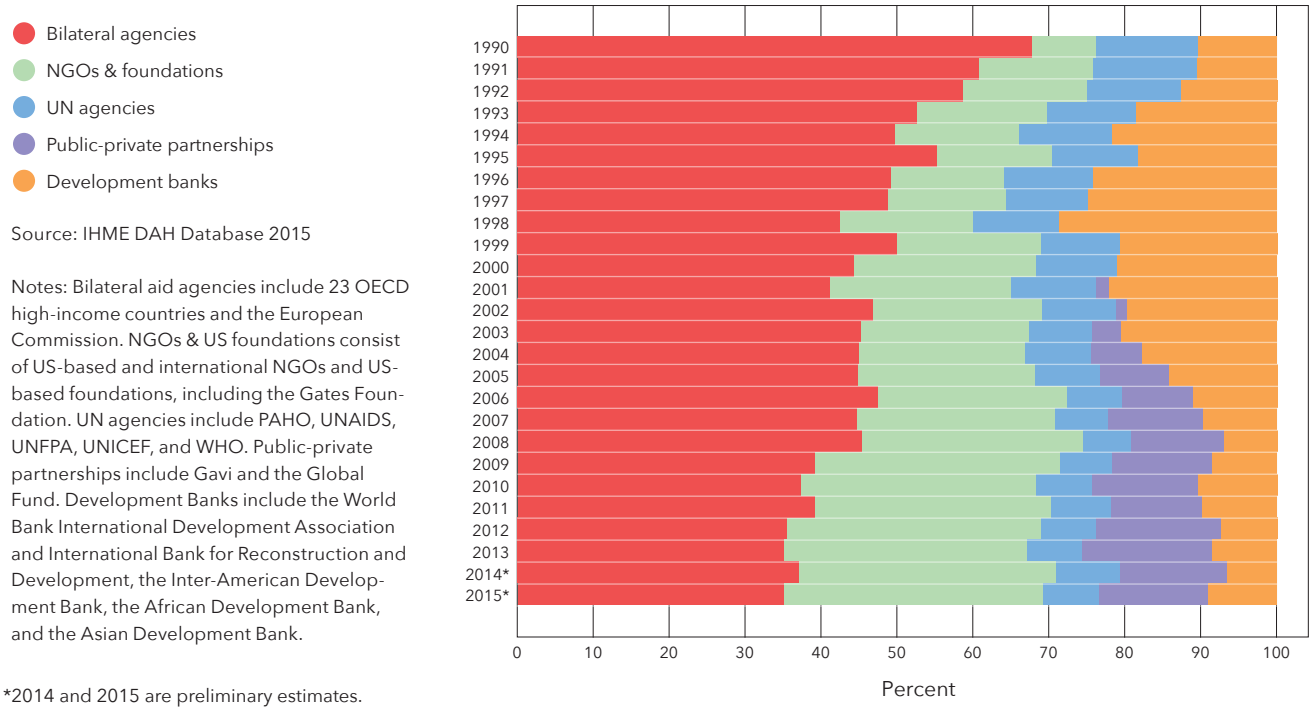


Source: Dieleman JL, T Templin, N Sadat, P Reidy, A Chapin, K Forman, A Haakenstad, T Evans, CJL Murray and C Kurowski. Using past trends and relationships to estimate national spending on health by source for 184 countries between 2013 and 2040. *The Lancet*. Forthcoming.

Note: Government and private spending was estimated through 2040 for 184 countries. An ensemble modeling approach was utilized, incorporating more than 400 models, each based on a distinct set of underlying drivers.

FIGURE 9

Changes in types of channels disbursing DAH, 1990–2015



Source: IHME DAH Database 2015

Notes: Bilateral aid agencies include 23 OECD high-income countries and the European Commission. NGOs & US foundations consist of US-based and international NGOs and US-based foundations, including the Gates Foundation. UN agencies include PAHO, UNAIDS, UNFPA, UNICEF, and WHO. Public-private partnerships include Gavi and the Global Fund. Development Banks include the World Bank International Development Association and International Bank for Reconstruction and Development, the Inter-American Development Bank, the African Development Bank, and the Asian Development Bank.

*2014 and 2015 are preliminary estimates.

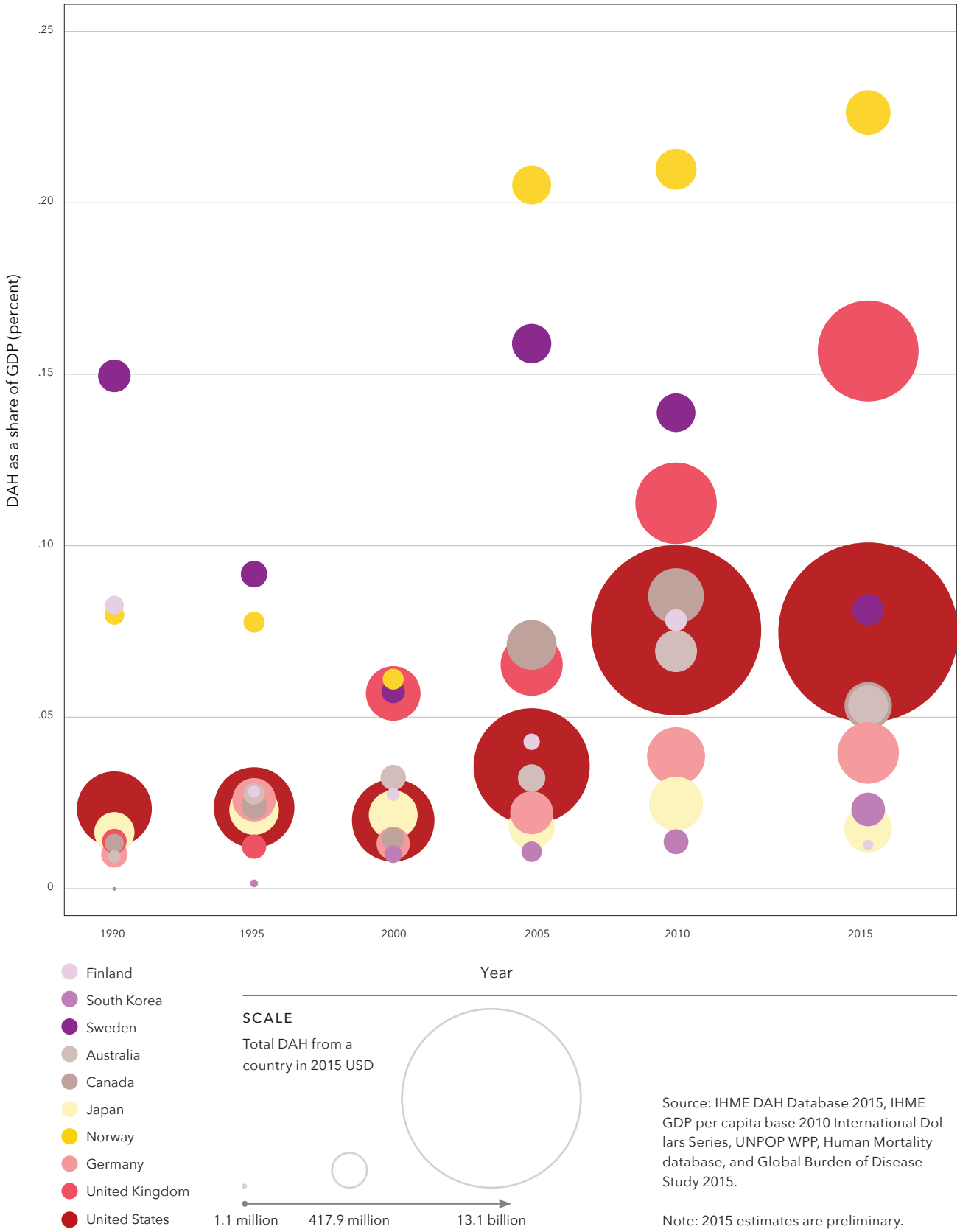
Figure 9 shows how the distribution of funding has varied across the types of organizations most active in global health. Over time, funding has generally shifted away from multilateral organizations, including development banks. In 1990, bilateral aid agencies were the most prominent in global health, and they have remained relatively stable throughout the last 26 years, comprising approximately 35%, on average. The portion of funding channeled through UN agencies, however, shrank from 27.6% in 1990 to 12.4% in 2015. Development banks, which include the World Bank's IDA and IBRD as well as the three regional development banks, were most prominent around 2000, when they contributed 18.6% of DAH. By 2015, development bank funding made up just 8.6% of DAH.

Figure 9 also underlines how the emergence of the public-private partnerships of Gavi and the Global Fund have fundamentally reshaped the mix of organizations prominent in global health. The launch of the Global Fund and Gavi just after the turn of the millennium is clear, and by 2015, these entities accounted for 13.7% of total DAH. The DAH channeled through NGOs and foundations also increased considerably, from 6.3% in 1990 to 26.3% in 2015.

Figure 10 exhibits the DAH provided by each major public source of DAH. In this figure, DAH is visualized in two ways: first, the total amount disbursed by source is captured by the size of each bubble; second, DAH as a share of each country's gross domestic product (GDP) is represented vertically. Presenting aid as a percentage of GDP is a measure of each country's commitment to global health relative to the size of its total economy. It is intended to measure each country's capacity to contribute. This metric was formalized in the 2002 Monterrey Consensus, where high-income country

FIGURE 10

Total DAH relative to DAH measured as a share of a source's GDP, 1990–2015



Source: IHME DAH Database 2015, IHME GDP per capita base 2010 International Dollars Series, UNPOP WPP, Human Mortality database, and Global Burden of Disease Study 2015.

Note: 2015 estimates are preliminary.

governments committed to a target of spending 0.7% of gross national income on official development assistance (ODA).[6] Only six countries have met this target, and the average has never surpassed 0.4% of GDP.

Figure 10 shows that there is major variation within global health, although DAH as a percentage of GDP has been growing slightly over time. The largest development assistance partners are not those that contribute the largest share of their economy to DAH. The US is without doubt the largest source of DAH, and the amount provided has grown over time. DAH as a percentage of the US economy has also grown from 2000 to 2015. DAH from the UK exceeds that of the US and most other high-income countries, when measured as a share of the UK economy. However, Norway is by far the most generous government as measured by DAH as a share of GDP.

OVERVIEW OF HEALTH FOCUS AREAS

Estimates of health focus areas underline the core priorities in global health. As shown in Figure 11, eight major health focus areas are distinguished: HIV/AIDS, tuberculosis (TB), malaria, maternal health, newborn and child health, non-communicable diseases (NCDs), other infectious diseases, and health sector strengthening and sector-wide approaches (HSS/SWAPs). Because of the Ebola crisis in West Africa, DAH for Ebola is also estimated for 2014 and 2015 and discussed in depth in the other infectious disease health focus area section in Chapter 2 as well as Box 8. A number of health focus areas are also broken down into additional program areas to better depict the activities these funds support in low- and middle-income countries. Figure 12 displays the breakdown across all health focus areas. Program areas are available for HIV/AIDS, newborn and child health, maternal health, and NCDs.

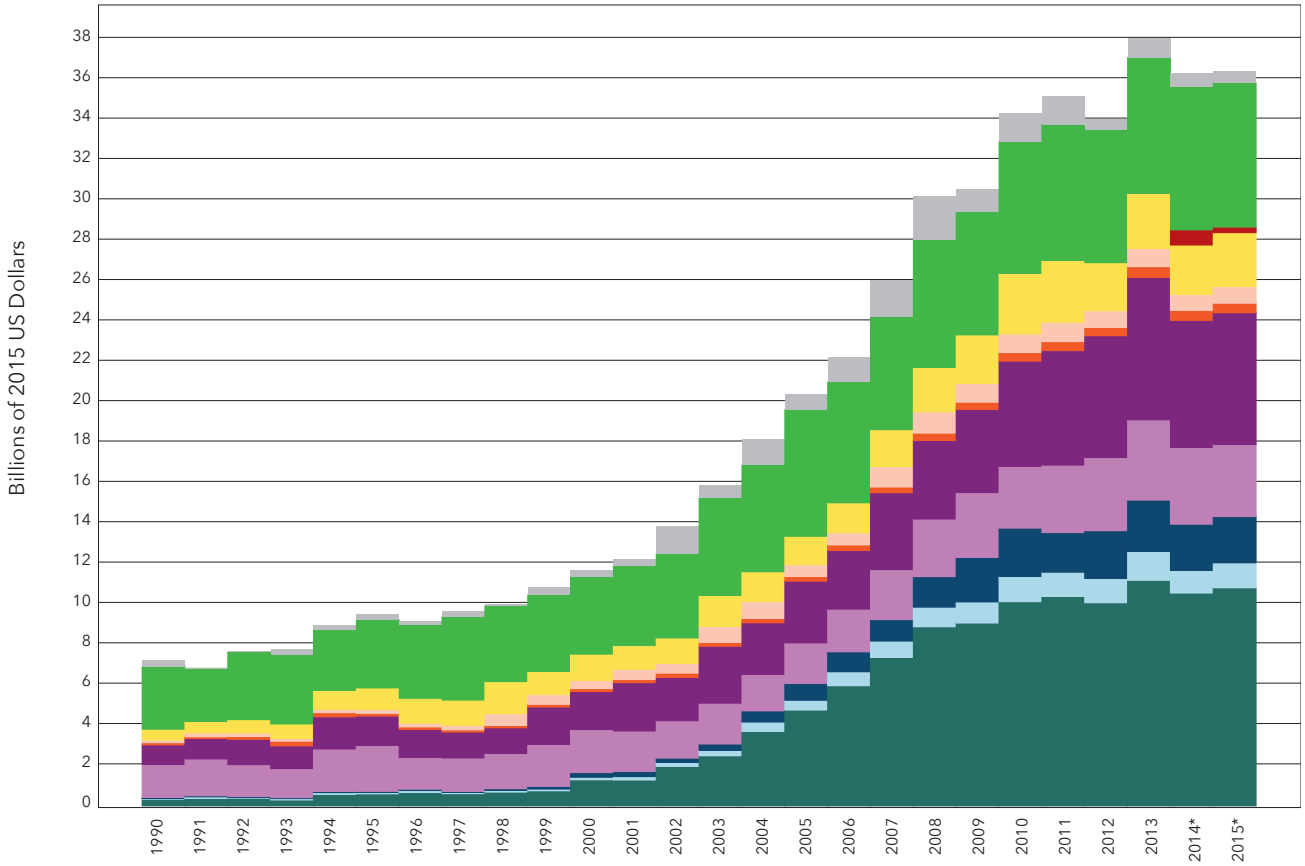
From Figure 11, the prominence and growth of HIV/AIDS funding from 2000 onward is clear. In 2000, HIV/AIDS DAH made up less than 11.1% of DAH. However, as HIV/AIDS evolved into an epidemic, two core HIV/AIDS-focused entities were launched: the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), and the US President's Emergency Plan for AIDS Relief (PEPFAR). These organizations were funded generously, and HIV/AIDS financing grew at an immense 15.2% annually from 2000 to 2015. HIV/AIDS had become the largest health focus area by 2004.

More recently, growth in HIV/AIDS DAH has not been as pronounced. In 2015, HIV/AIDS was the largest health focus area, with $10.8 billion in DAH constituting more than 29.7% of total international funding for health. Within HIV/AIDS DAH, 25% was allocated to treatment and 18.3% was provided for prevention, excluding PMTCT, in 2015. Relative to the historic high of $11.2 billion in 2013, the 2015 total reflected a drop of 3.3%. From 2010 to 2015, HIV/AIDS DAH remained steady at around $10.5 billion in annual aid, rising 1.3% annually over this period. With HIV/AIDS funding from PEPFAR and the Global Fund largely flat, this five-year plateau may not change drastically in coming years.

Maternal health and child and newborn health are distinct health focus areas, but much activity spans both areas of effort. When summed, maternal and child health DAH amounted to $10.1 billion or 27.7% of total

FIGURE 11

DAH by health focus area, 1990–2015



Source: IHME DAH Database 2015

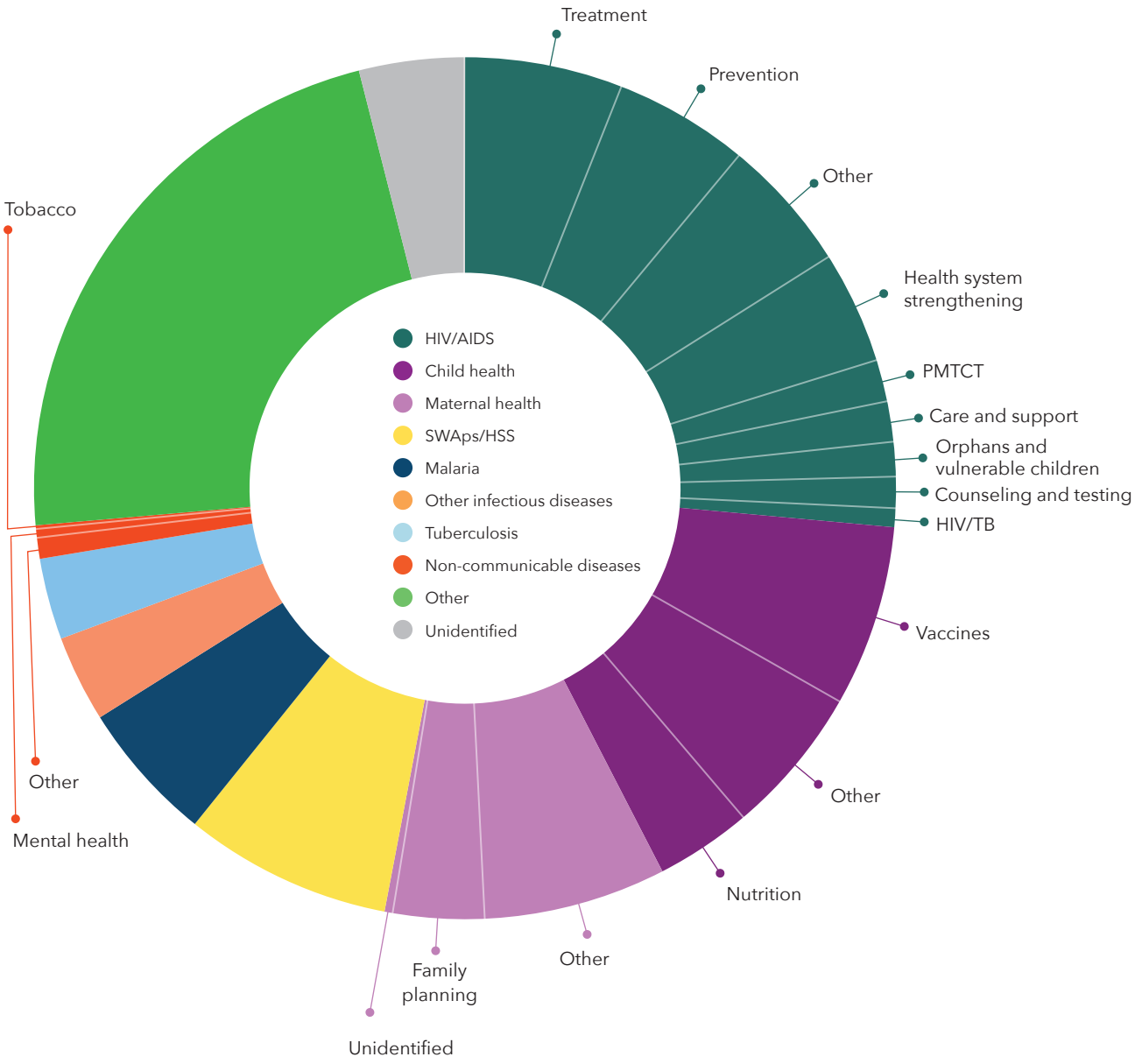
Note: Health assistance for which we have no health focus area information is designated as "unidentified." "Other" captures DAH for which we have project-level information but which is not identified as funding any of the health focus areas tracked.

*2014 and 2015 are preliminary estimates.

DAH in 2015, just under total DAH for HIV/AIDS. Both maternal health and child health DAH peaked in 2013, at $4 and $7.1 billion, respectively. Trends, however, diverged from 2014 to 2015. Development assistance for child and newborn health increased 3.5%, to $6.5 billion in DAH in 2015. Development assistance for maternal health declined 6% to $3.6 billion in 2015. Over the longer time horizon of 2010 to 2015, shown in Figure 13, increases in maternal health funding were outpaced only by child health. When dissected, 23.7% of funding for newborn and child health focused on nutrition in 2015, while 45.1% was allocated to vaccines. Family planning was the focus of 34.3% of maternal health DAH in 2015.

FIGURE 12

DAH by health focus areas and program areas, 2000–2015

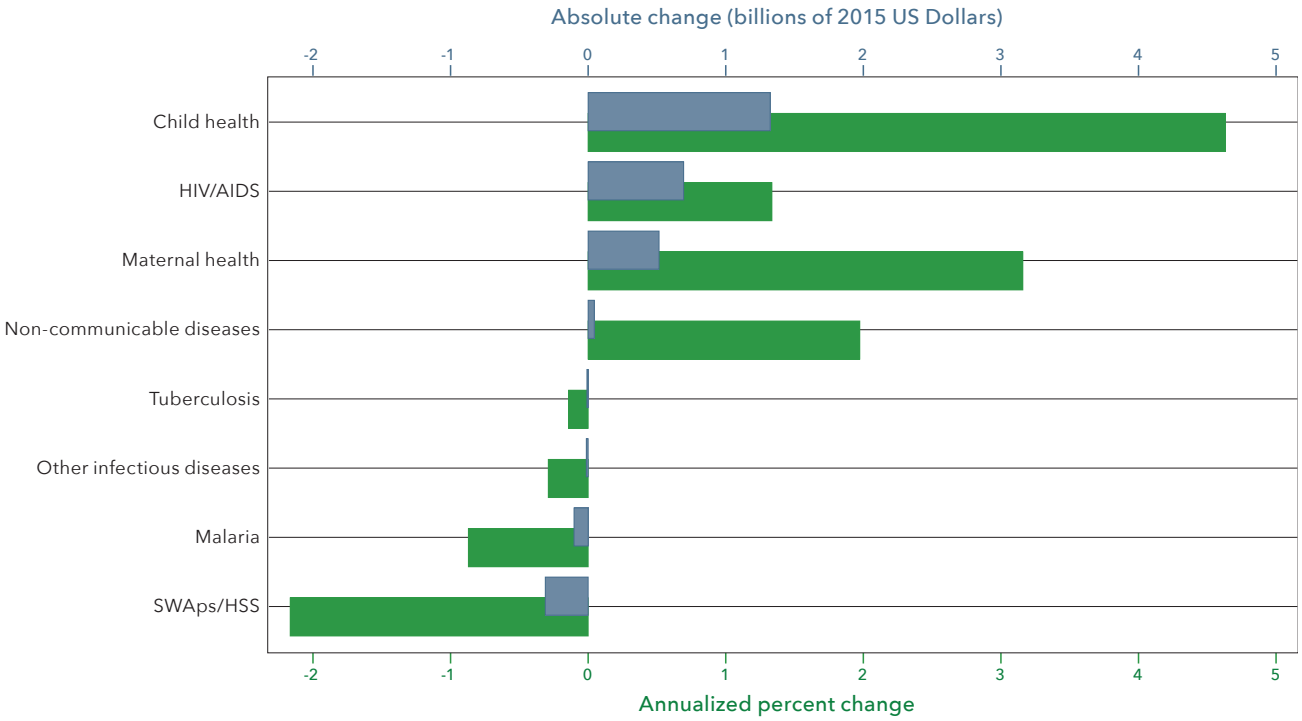


Source: IHME DAH Database 2015

Note: 2014 and 2015 are preliminary estimates . Health assistance for which we have no health focus area information is designated as "unidentified." "Other" captures DAH for which we have project-level information but which is not identified as funding any of the health focus areas tracked.

FIGURE 13

Change in DAH by health focus area, 2010–2015



Source: IHME DAH Database 2015

Note: 2015 estimates are preliminary.

Funding for other infectious disease areas was also affected by the ongoing flatlining in DAH. DAH for malaria, for instance, exhibited very little change from 2014 to 2015, increasing 0.4% to $2.3 billion in 2015. Efforts in the fight against malaria were recognized with the Nobel Prize in Physiology or Medicine in 2015, which was awarded to Youyou Tu, who developed artemisinin, the most important drug for treating *Plasmodium falciparum* malaria.[7] The Nobel Prize awarded for efforts in malaria was shared with two other infectious disease researchers, William C. Campbell and Satoshi Ōmura, who developed a novel therapy against roundworm parasites.[7] DAH for other infectious diseases, a category including Ebola as well as neglected tropical diseases like roundworm and other less well-known illnesses, amounted to $1.1 billion in 2015.

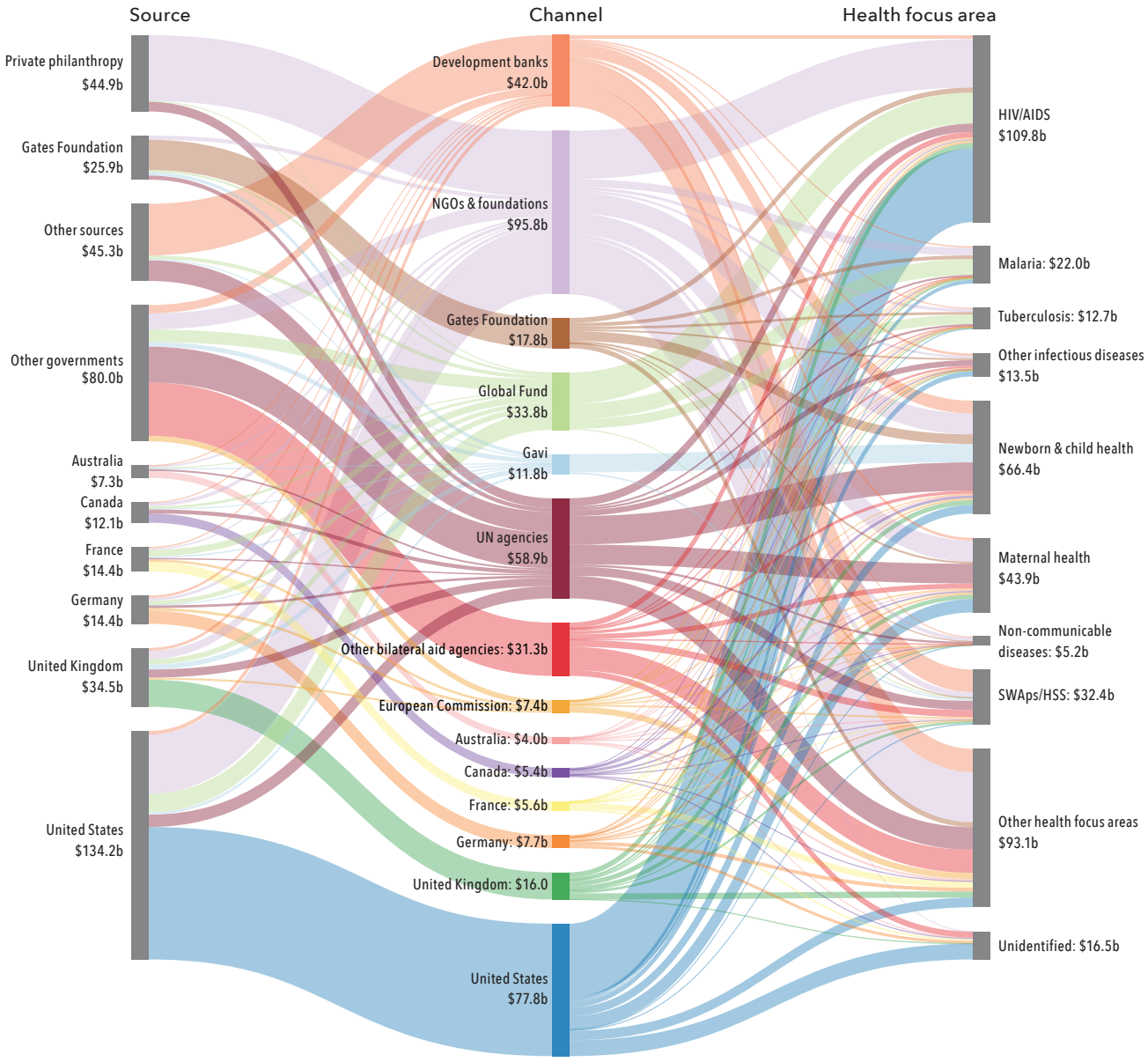
Development assistance for two other health focus areas – TB and HSS/SWAps – increased in 2015. TB funding grew 9.6%, amounting to $1.2 billion in 2015. HSS/SWAP DAH, which focuses on general budgetary and health system support, increased by 9.3% from 2014 and 2015. In 2015, this focus area received $2.7 billion in DAH, 7.3% of total international funding for health.

In contrast, NCD DAH fell in 2015, decreasing 3.4% to $475 million. In 2015, 27% of all NCD funding concentrated on mental health, while anti-tobacco activities were the focus of 8.7% of DAH for the health focus area.

Figure 14 captures the complex flow of funds among sources, channels, and health focus areas from 2000 to 2015. The US was the largest single source and channel of DAH over the time period, with the UK and the Gates

FIGURE 14

Flows of DAH from source to channel to health focus area, 2000–2015



Source: IHME DAH Database 2015

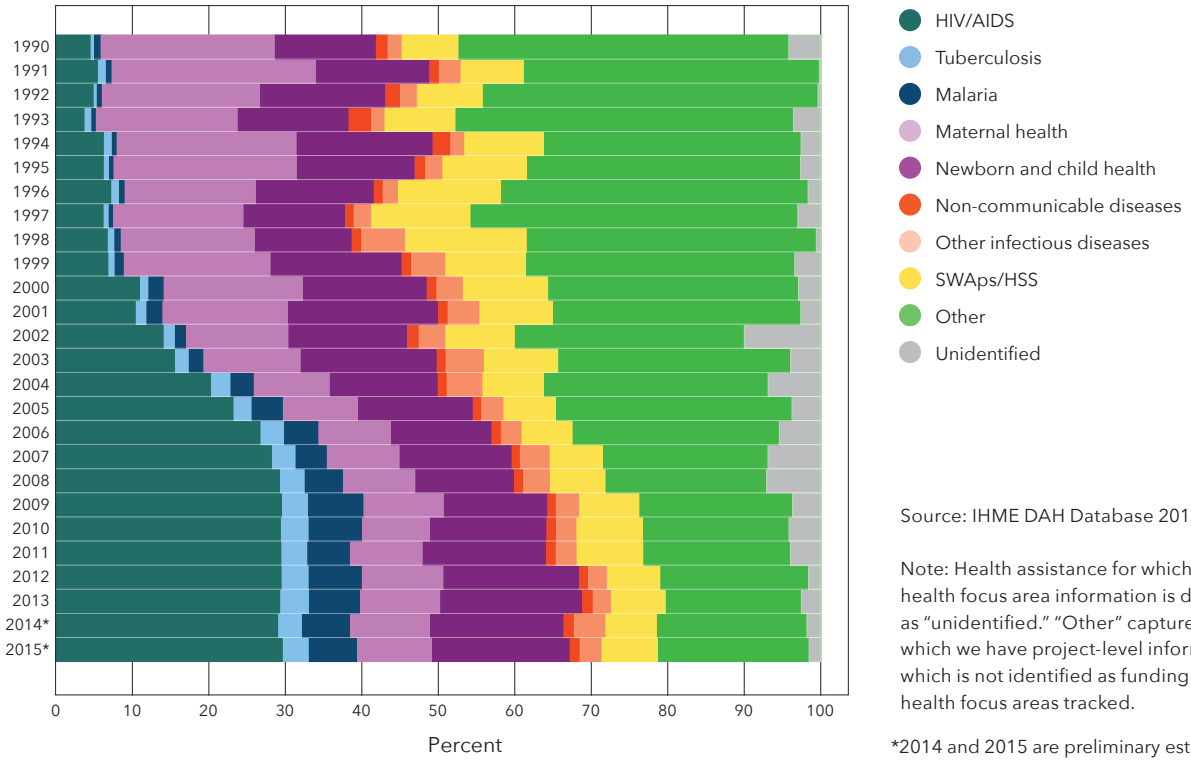
Note: Cumulative DAH from 2000 to 2015 in billions of US 2015 dollars. 2014 and 2015 are preliminary estimates. Health assistance for which we have no health focus area information is designated as "unidentified." "Other" captures DAH for which we have project-level information but which is not identified as funding any of the health focus areas tracked.

Foundation constituting the next single largest sources and channels. The NGOs and foundations category and UN agencies were also major intermediary channels from 2000 to 2015. HIV/AIDS prevention and treatment, funded chiefly by the US, but also by NGOs and foundations, stands out as the most prominent health focus area. Newborn and child health, followed by maternal health, are the next largest, with funding traced through a more diversified set of funders.

Finally, Figure 15 portrays the distribution of funding across health focus areas from 1990 to 2015. This figure emphasizes the major increase in DAH for HIV/AIDS from 2000 onward, as well as the growth in the shares allocated

FIGURE 15

Share of DAH allocated by health focus area, 1990–2015



Source: IHME DAH Database 2015

Note: Health assistance for which we have no health focus area information is designated as "unidentified." "Other" captures DAH for which we have project-level information but which is not identified as funding any of the health focus areas tracked.

*2014 and 2015 are preliminary estimates.

to TB and malaria. In 1990, only 4.6%, 0.8%, and 0.5% of DAH, respectively, was provided to HIV/AIDS, malaria, and TB. By 2015, HIV/AIDS funding had expanded to more than 29.7% of DAH, a more than six-fold increase. Malaria and TB made up 6.3% and 3.4% of DAH in 2015, almost seven times more than the DAH portion furnished for these health focus areas in 1990.

Over this same period, the share allocated to maternal and child health DAH diminished, albeit not tremendously. In 1990, together, maternal and child health accounted for 36% of DAH; by 2015, these health focus areas constituted 27.7%. The portion of DAH comprising other health focus areas – HSS/SWAps, NCDs and other infectious diseases – was predominantly steady, with the only major decline exhibited in the "other" category, which constitutes activities outside of the health focus areas distinguished in *Financing Global Health 2015*.

UNITED STATES

The United States has consistently been the largest source and intermediary channel of DAH, and, over the last 26 years, its role in health has evolved and expanded considerably. In 1990, DAH from the US as a source stood at $2.2 billion. Funds supported an array of global health activities, with the most substantial contributions focused on maternal health. Subsequently, from 2000 to 2010, DAH sourced from the United States increased 15.9% annually on average. The bulk of this growth centered on HIV/AIDS, fueled

BOX 5

DAH and the Millennium Development Goals

Figure 16 presents cumulative DAH per capita within each MDG health focus area from 2000 to 2015, underlining the stark differences in funding flows across the health MDGs. The DAH increases associated with the MDGs were strongly distinct (statistically significantly different) from the increases in DAH for non-MDG health focus areas, although these differences have dissipated since 2010.[4]

MDG 4, which focused on reducing child mortality by two-thirds, was attained in 24 of 154 countries. Across all low- and middle-income countries, cumulative child health DAH per capita was second-highest among the MDG health focus areas, amounting to $4.8 per capita.

The MDG 5 target aimed to reduce maternal mortality by three-fourths. Achievement in this area was modest: 10 of 154 countries achieved MDG 5. Maternal health DAH per capita amounted to $2.7 over 2000–2015.

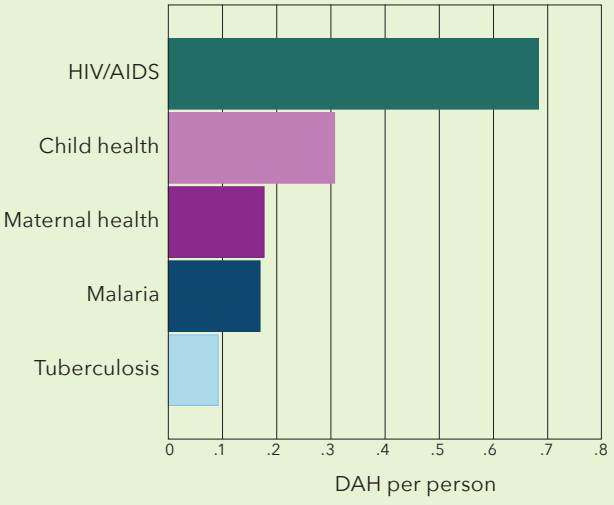
MDG 6 aimed to halt and reverse the spread of HIV/AIDS over the 15 years following the Millennium Declaration. Fueled by major increases in financing, the MDG 6 target for HIV/AIDS was largely achieved: 102 out of 154 countries reached this goal. HIV/AIDS DAH per capita is highest across the MDG health focus areas, at $10.6.

More countries are expected to achieve the MDG 6 target for malaria – 144 of 154 countries – than any other MDG, reversing the incidence of malaria since 2000 in a range of geographic settings. On average, $2.5 in malaria DAH per capita was disbursed in malaria-endemic countries.

Finally, the MDG 6 target for TB aimed to reverse the incidence of TB. This target was also widely attained, with 120 of 154 countries realizing this goal. Recipient countries benefited from $1.4 per capita in TB DAH.

FIGURE 16

Cumulative 2000–2015 DAH per person by MDG category



Source: IHME DAH Database 2015

Note: Cumulative DAH from 2000 to 2015 in billions of 2015 US dollars. 2014 and 2015 are preliminary estimates.

by the launch and expansion of the US President's Emergency Plan for AIDS Relief (PEPFAR): 53.2% of all DAH sourced from the US focused on HIV/AIDS by 2010.

A number of policy changes punctuated the last few years of US global health activities. A change in leadership transpired at USAID, with Gayle Smith taking the helm as the new administrator in 2015.[8] Furthermore, in early 2014, the United States and 28 other countries, with the WHO, Food and Agriculture Organization, and World Organization for Animal Health, launched the Global Health Security Agenda.[9] Supported by a $45 million request in the President's FY2015 Budget, the agenda highlighted a number of global health threats, including antimicrobial resistance, zoonotic disease transmission, biosecurity systems, and infectious disease surveillance.[10] Also in 2015, the White House launched an initiative connecting public health and climate change, supported through the Climate Change Health Summit, and an expansion of the Climate Data Initiative.[11]

Compared to 2000-2010, growth in US funding has slowed in recent years. From 2014 to 2015, DAH sourced from the US was $13.1 billion, an increase of 4% over 2014. Across channels, the US provides 51% of its funding through its bilateral aid agencies, including the United States Agency for International Development (USAID), the US President's Malaria Initiative (PMI), and PEPFAR. DAH disbursed through US bilateral agencies grew by 2.2% to $6.7 billion in 2015.

Other channels supported by the US have been affected by the plateau in funding. UN agencies received $568 million or 4.3% of US DAH in 2015, a decrease of 18.3% from 2014. Gavi and the Global Fund were the recipients of $219 million and $1.4 billion, respectively, from the US in 2015. Both sums were declines over 2014 contributions from the US. US NGOs received $3.4 billion from the US, 26.2% of total US DAH in 2015. International NGOs, which are NGOs headquartered outside the US, benefited from an additional $640 million in US DAH. Of note, both international and US-based NGOs are distinct from in-country NGOs, which would be considered implementing institutions.

Funding from the US across health focus areas, notably HIV/AIDS, increased in 2015. HIV/AIDS DAH from the US was $7.5 billion in 2015, a 4.8% increase over 2014 levels. In 2015, $1.1 billion in US DAH supported maternal health and $1.4 billion was directed to child and newborn health activities. The TB and malaria health focus areas were the target of $473 million and $1 billion, respectively, in US DAH in 2015.

Based on the congressionally approved US budget, 2016 spending may not look dramatically different. Congress approved a bump in the international affairs budget overall.[12] Approved funds for global health were an estimated $58 million higher than the FY2015 budget, a less than 1% increase.[13] Most global health programs are thus expected to remain unchanged in 2016, with the exception of funding for malaria and maternal and child health and a reported 60% increase in funding for the fight against antibiotic-resistant bacteria.[12] US contributions to Gavi were augmented in the budget as well, while family planning and reproductive health decreased a minor amount (around $2.5 million).[13]

Across regional recipients, the US tends to disburse most DAH in the sub-Saharan African region, which received $7.1 billion in 2013 (the most recent year for which regional DAH estimates are available). In 2013, 53.6% of US DAH focused on sub-Saharan Africa in that year, a decrease of 26.3% over 2012. In 2015, the US signaled a potential shift to focusing on other regions. A $1 billion request for general development assistance was made by President Obama for the Latin America and Caribbean region.[14] If realized, this would triple past commitments for the region (including non-health aid) after declines since 2010. US-source DAH for Latin America and the Caribbean in 2013 was $503 million, 3.8% of total US DAH.

UNITED KINGDOM

DAH from the UK continued to rise into 2015. DAH sourced from the UK amounted to $4.1 billion in 2015, a 4.1% increase over 2014 levels. Also in 2015, the UK reaffirmed its commitment to provide aid in line with the Monterrey target, which challenges high-income countries to spend 0.7% of GDP on development assistance (inclusive of all aid).[15] DAH was an estimated 0.16% of total UK GDP in 2015, an increase over the 2014 share. The UK government,

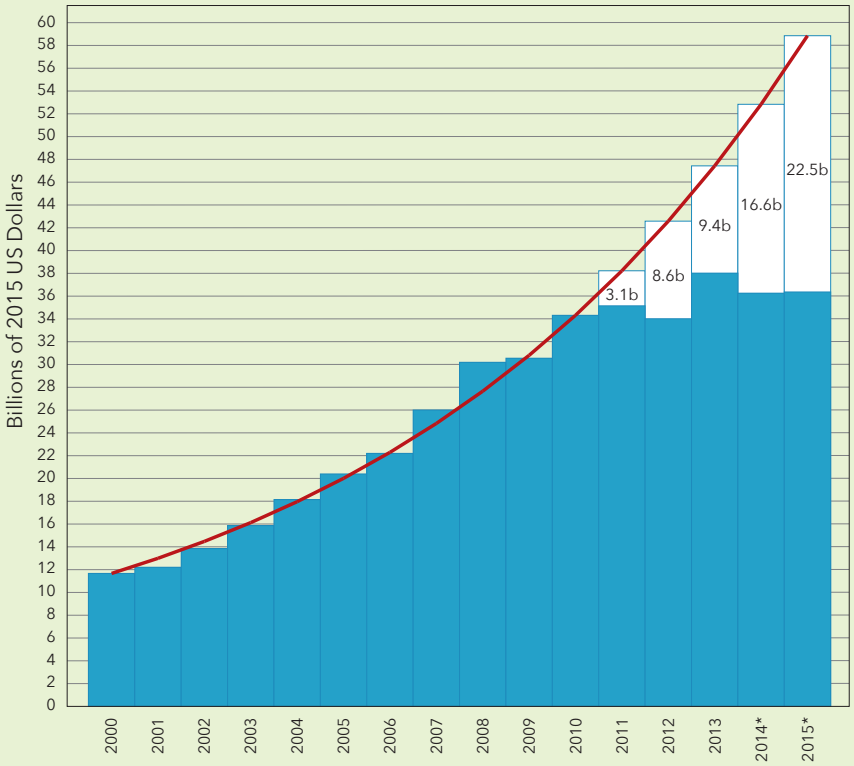
BOX 6

The costs of stagnation

The 2000–2010 era of DAH was marked by exceptional rates of growth: DAH increased 11.4% each year, on average, over this period. After 2010, DAH stagnated. Figure 17 depicts an alternate scenario to this flatlining. The potential funding line represents the DAH total, had 2000–2010 growth rates prevailed into 2015. If this trajectory had been realized, $60.2 billion more would have been disbursed for health in low- and middle-income countries over 2010–2015.

FIGURE 17

Total DAH, 2000-2015, observed versus potential



Source: IHME DAH Database 2015

Note: Continued growth scenario for DAH is modeled from 2011 to 2015, in billions of 2015 US dollars, as based on the average annual percent increase from 2000 to 2010. The difference between DAH disbursed and DAH with continued growth is captured by the white boxes and the funding levels reported therein.

*2014 and 2015 are preliminary estimates.

much like the US government, disburses much of its health aid through its bilateral agencies, namely the Department for International Development (DFID), with 40.6% of total UK DAH flowing through the UK bilateral to this entity. Health funding from UK bilateral aid agencies decreased 2.2% to $1.6 billion in 2015 as the UK shifted funding to other entities.

A number of policy developments characterized the UK aid landscape in 2015. A new aid strategy was unveiled in 2015.[15] Among a number of shifts, general budget support, which is realized as health sector support and SWAps in the health sector, will be phased out. The UK also launched the Ross Fund in cooperation with the Gates Foundation. This new endeavor will disburse £1 billion ($1.1 billion) to combat malaria and other infectious diseases.[16]

Outside of UK bilateral channels, the UK furnished substantial funds to other major global health organizations. UN agencies received $342 million or 8.4% of UK DAH. The UK furnished Gavi with $445 million or 10.9% of its DAH in 2015, an increase of 16% over 2014 contributions. The Global Fund was the recipient of $618 million for the UK, 15.2% of total UK funding.

The UK distributes a large portion of its DAH to maternal and child health. In 2015, 10.6% or $429 million in UK DAH focused on maternal health. Another $1.1 billion concentrated on child and newborn health. HIV/AIDS was the primary target for $659 million, or 16.2%, of UK DAH in 2015.

In terms of regional recipients, the 2015 UK aid strategy laid out a shift to focusing the majority of its aid on failing and fragile states, a move in line with previous announcements that the country would discontinue aid to middle-income countries.[17] In 2013, the UK spent the vast majority of its DAH in sub-Saharan Africa, where $1.5 billion or 37.8% of UK DAH was disbursed in 2015. South Asia received $560 million or 14.1%, and Southeast Asia, East Asia, and Oceania received $193 million or 4.9% of UK health aid in 2015.

GERMANY

Germany decreased the amount of DAH it provided in 2015, a drop of 8.7%, to $1.5 billion. These funds flowed to an array of development assistance partners. In 2015, Germany provided $73 million or 4.9% of its total DAH to Gavi. Germany also hosted Gavi's pledging conference in 2015, where a record-breaking $7.5 billion in commitments was mobilized.[2] The Global Fund was also supported considerably by Germany, as the recipient of $245 million or 16.6% of total German DAH in 2015. UN agencies received $124 million or 8.4%, while NGOs and foundations, and the European Commission received $234 million and $84 million, respectively, in 2015. Germany disbursed 47.2% or $696 million of DAH through its own bilateral aid agencies. Across health focus areas, German DAH was distributed extensively to HIV/AIDS ($274 million, or 18.6%) and newborn and child health ($230 million, or 15.6%), as well as to maternal health ($146 million, or 9.9%).

Recent policy developments indicate Germany may increase the development assistance it provides in future years. In 2015, Germany approved the largest development aid budget in its history.[18] Among Germany's priorities is Chancellor Merkel's six-point plan to improve health systems; 600 million euros ($640 million) are expected to be invested in this area in coming years.[19]

CANADA

In 2015, DAH from Canada as a source dropped, from $1 billion in 2014 to $859 million in 2015, a decline of 15.2%. Canadian bilateral aid is disbursed by the Department of Foreign Affairs, Trade and Development, an agency which wielded 38.3% of all Canadian DAH in 2015. Bilateral aid from Canada decreased 10.4% to $329 million in 2015.

Outside of its own governmental agencies, Canada supported an array of channels, including Gavi, which received $48 million or 5.6% of Canadian DAH, and the Global Fund, which benefited from $21 million or 2.5% of DAH from Canada. UN agencies have also been supported substantially by Canada, and in 2015 Canada provided $152 million or 17.7% of its aid to these multilaterals. This may rise in the next few years, as Canada committed to providing $20 million to UNFPA in 2015.[20] NGOs received $262 million or 30.5% of Canadian DAH.

Canada supports global health activities in sub-Saharan Africa most prominently, as the region received $491 million or 38.8% of Canadian aid in 2015. However, other major regional recipients include South Asia ($248 million or 19.6%); Southeast Asia, East Asia, and Oceania ($80 million or 6.3%); and Latin America and the Caribbean ($59 million or 4.7%) in 2015.

Finally, across health focus areas, Canada has prioritized maternal and child health. In 2014, Canada hosted the Saving Every Woman Every Child Summit, providing a platform that mobilized an additional $3.5 billion for maternal and child health over five years.[21] Canada itself provided $146 million or 9.9% of its health aid to maternal health in 2015. Child and newborn health was furnished with $357 million or 41.6%, and HIV/AIDS was the recipient of $82 million or 9.6% of Canadian aid in 2015.

FRANCE

DAH from France also dropped in 2015, after peaking at an all-time high of $1.6 billion in 2013. In 2015, DAH sourced from France fell 30.3% to $721 million. France has prioritized Gavi substantially. In 2015, France launched a €100 million ($112 million) partnership with Gavi, the African Development Bank, and the Gates Foundation to improve vaccination coverage in sub-Saharan Africa.[22] France also pledged €150 million ($169 million) to the International Finance Facility for Immunization at the Gavi pledging conference in Berlin. In 2015, France directed $384 million or 53.3% of its DAH through French bilateral channels. The Global Fund was also provided with $75 million in French funds in 2015, 10.4% of French DAH. In addition to child health, which received $67 million or 9.3% of French DAH in 2015, France also prioritized HIV/AIDS ($98 million or 13.6%), maternal health ($60 million or 8.3%), malaria ($36 million or 5%), and TB ($16 million or 2.3%) in 2015.

JAPAN

DAH sourced from Japan amounted to $873 million in 2015, a 2.7% decrease over 2014 levels. In 2015, $265 million or 30.4% of Japanese DAH flowed through its bilateral channels, including the Japan International

Cooperation Agency. Japan also supported Gavi ($11 million or 1.3%), the Global Fund ($200 million or 22.9%), and UN agencies ($171 million or 19.6%) prominently in 2015. Across health focus areas, Japan has invested in a diversified manner. HIV/AIDS received the most substantial funding from Japan in 2015, with $159 million provided for the health focus area. Maternal health, at $83 million, and child health, at $127 million, were also targeted. Japan furnished $248.7 million to sub-Saharan Africa but also provided substantial funding to the Southeast Asia, East Asia, and Oceania region, which received $116 million in Japanese DAH. South Asia, as well, benefited from $100 million in DAH from Japan.

AUSTRALIA

Australia was another core development assistance partner in global health in 2015, providing $607 million as a source. This is a 19.6% drop over 2014 levels. Australian bilateral aid also fell, to $244 million in 2015. However, Australia announced a contribution of $30 million over three years to support clinical trials to develop new diagnostic tests and pharmaceuticals to combat TB and malaria.[23] Australian support for non-bilateral channels

BOX 7

Enhanced DAH tracking

Methodological improvements to *Financing Global Health 2015* estimates allow for a more fine-grained and accurate assessment of DAH in 2015. Major strides were made in splitting health focus areas into program areas. HIV/AIDS DAH was broken into categories that better capture the activities financed. Across HIV/AIDS DAH, nine program areas are now available.

Estimates of DAH from NGOs were also fine-tuned. This year, we took special care in tracking the funds transferred to NGOs, resulting in more source funding classified as DAH channeled through NGOs. For this reason, the source perspective is more crucial than ever for fully grasping the funding provided by high-income governments to improve health in low- and middle-income countries.

Finally, past trends and relationships between DAH and other financial indicators were used to estimate DAH disbursed in the future.[4] Based on past trends and relationships, an ensemble of models was used to forecast DAH through 2040. Four different causes of uncertainty were incorporated to most accurately quantify the ambiguity surrounding the future of DAH.

increased. The Global Fund received $47 million from Australia in 2015, while Gavi and UN agencies received $107 million and $84 million, respectively. Australian DAH focuses prominently on maternal health, which was the target of $80 million or 13.3% of Australian DAH in 2015, as well as child health, which benefited from $166 million or 27.3% of Australian aid.

OTHER COUNTRIES

Diverging year-over-year trends defined DAH from the other high-income countries that provide aid for health. Across bilateral sources, the majority of countries cut funding or announced future cuts to funding in 2015. Finland, for instance, announced it would reduce official development assistance by 43%.[24] DAH estimates reflect the de-emphasis: in 2015, Finland disbursed $29 million, a 76.1% reduction over the previous year. Denmark, Belgium, Italy, the Netherlands, Norway, Spain, Sweden, and the vast majority of other source countries also provided less DAH in 2015.

Increasing or maintaining contributions to international health activities, however, were two other high-income countries. Across Europe, only DAH sourced from Austria grew in 2015. Contributions from South Korea were relatively stable compared to other high-income countries, dropping just $21 million to a total of $418 million in 2015. South Korea also pledged $12 million over three years to Gavi and also committed to $100 million for infectious diseases in 13 countries through the "Save Life For All" program.[25]

DAH captures funding from middle-income countries to major international organizations. However, little is known about how these nations direct bilateral assistance in the global health arena. The aid contributions (including non-health aid) from Brazil, Russia, India, China, and South Africa are expected to increase substantially in coming years.[26] In 2015, China committed to providing $60 billion for health in sub-Saharan Africa over the next three years, although it remains to be seen whether this will be disbursed as grants or furnished as foreign direct investment.[27] Both India and South Africa have pledged support to the Global Fund.[28] Many countries in the Middle East, including United Arab Emirates, Oman, Qatar, Saudi Arabia, and Kuwait, reportedly invest increasingly in global health, supporting Gavi and the Global Fund as well as disbursing funds in other ways to support health in developing countries.[29, 30]

UNITED NATIONS AGENCIES

The World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the Pan American Health Organization (PAHO) and the Joint UN Program on HIV/AIDS (UNAIDS) constitute the core set of UN institutions working on health. On the whole, funding for UN agencies dropped 11.7% to $4.5 billion. However, funding increased substantially for the Ebola crisis in 2014, and thus the drop reflects a rebound to the previous levels.

Underpinning the overall decline, UNICEF financing dropped 15.7% to $1.2 billion in 2015, and UNFPA funding decreased 14.2% to $737 million. WHO's contribution fell 11.1% to a total of $2 billion. UNAIDS was steady at

$283 million, with very little change relative to 2014. PAHO funding increased by 3.1% to $261 million. On the whole, UN agencies focus more on maternal and child health than other health focus areas. In 2015, $787 million or 17.4% of UN funding focused on maternal health, and $1.4 billion or 30.1% concentrated on newborn and child health.

GAVI, THE VACCINE ALLIANCE

Vaccine funding has risen consistently, even as total DAH has plateaued, reaching $3.6 billion in 2014.[31] Gavi, established in 2000, has played a key role in this growth. In 2015, total funding for Gavi amounted to $1.6 billion, a rise of 6.6% relative to 2014. In 2015, the UK was the largest source of funding for Gavi, contributing $445 million. The Gates Foundation and the US were also major donors, providing $307 million and $219 million, respectively. Germany also contributed $73 million in 2015. A pledging conference for Gavi was hosted in Berlin in January 2015. Major donors pledged considerable sums, topping $7.5 billion, with the US government alone pledging $1 billion to Gavi over four years.[2, 32]

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

The Global Fund also launched a replenishment campaign in 2015, aiming to mobilize more than $13 billion by its pledging conference in mid-2016.[33] From 2014 to 2015, the Global Fund grew 2.1%, disbursing $3.3 billion in 2015. However, this follows a dip in funding from 2013, which marked a historic high in funding flows. Per its mandate, the Global Fund disbursed 52.3% of its funding for HIV/AIDS, 27.6% for malaria, and 18.3% for TB in 2015. The most substantial sources of Global Fund DAH were the US (42.7%), the UK (18.6%), Germany (7.4%), and France (2.3%). Of note, France provided 27.5% of all its DAH to the Global Fund over 2002–2015.

DEVELOPMENT BANKS

The development bank category consists of the international entities that make up the World Bank, the International Bank for Reconstruction and Development (IBRD) and the International Development Association (IDA), and the regional banks of the African Development Bank (AfDB), the Asian Development Bank (ADB), and the Inter-American Development Bank (IDB). Together, development banks provided $3.1 billion for global health in 2015. Funding from the World Bank alone amounted to $2.2 billion, a 61.9% increase. IDB funding increased by 14.4% to $802 million. ADB and AfDB also both grew slightly, with $99 million and $50 million provided, respectively, by each entity in 2015. The major upsurge, led by IDA and IBRD, was key to bolstering the DAH total in 2015.

THE BILL & MELINDA GATES FOUNDATION

The Bill & Melinda Gates Foundation (the Gates Foundation) also grew immensely over the last 18 years. DAH from the Gates Foundation has

grown 20.5% annually since it was created in 1999. In 2015, $2.9 billion was provided by the Gates Foundation, 61.4% of which flowed through the foundation as a channel. Other substantial funding was transferred to UN agencies, which received $249 million or 8.6%, as well as the Global Fund and Gavi, which were beneficiaries of $158 million and $307 million, respectively, in 2015. NGOs received $402 million or 13.9% of Gates Foundation funding for health in 2015.

The Gates Foundation has focused much of its funding on maternal and child health, and in 2015, the foundation expanded its support for activities in these health focus areas. In 2015, the Gates Foundation announced the launch of a child health surveillance network and major investments in biotechnology to develop new vaccines and immunotherapies against infectious disease.[34, 35, 36] Inclusive of vaccine funding, $1 billion in Gates Foundation DAH flowed to newborn and child health activities in 2015. Maternal health was supported with $210 million, while HIV/AIDS efforts were furnished with $350 million. The Gates Foundation, with the UK, also supported the launch of the Ross Fund, which will fight malaria and other infectious diseases. From 2000 to 2015, the Gates Foundation cumulatively provided 11% for malaria and 4.8% for other infectious diseases.

NON-GOVERNMENTAL ORGANIZATIONS, FOUNDATIONS, AND OTHER PRIVATE ENTITIES

NGOs and other private entities, such as foundations, have made up a growing and substantial portion of DAH. In 1990, NGOs constituted only 6.3% of total DAH. NGOs now provide more than 26.3% of total DAH. During this time, a host of organizations were established and expanded by the growing funding for global health. The top global health NGOs are Population Services International, Catholic Relief Services, and Management Sciences for Health, which together focus on a vast array of health issues in low- and middle-income countries.

Following many years of rapid growth, in 2015, NGO funding grew only 0.4%, to $9.6 billion. Across all NGOs, HIV/AIDS is prioritized most prominently, as the target of 61.5% or $3.4 billion of funding from NGOs in 2015. Maternal health and newborn and child health were the focus of $914 million and $1.2 billion, respectively, of NGO DAH in 2015.

Similar to DAH disbursed to NGOs, DAH from private foundations fell in 2015. Funding from these entities dropped 3.3% in 2015, to a total of $372 million in DAH. Making up 1% of total DAH, foundations focus on more non-traditional health focus areas, such as NCDs, which received 7.7% of private foundation funding in 2015. Bloomberg Philanthropies, of note, is a major contributor to this area of global health financing.

RECIPIENTS OF DEVELOPMENT ASSISTANCE FOR HEALTH

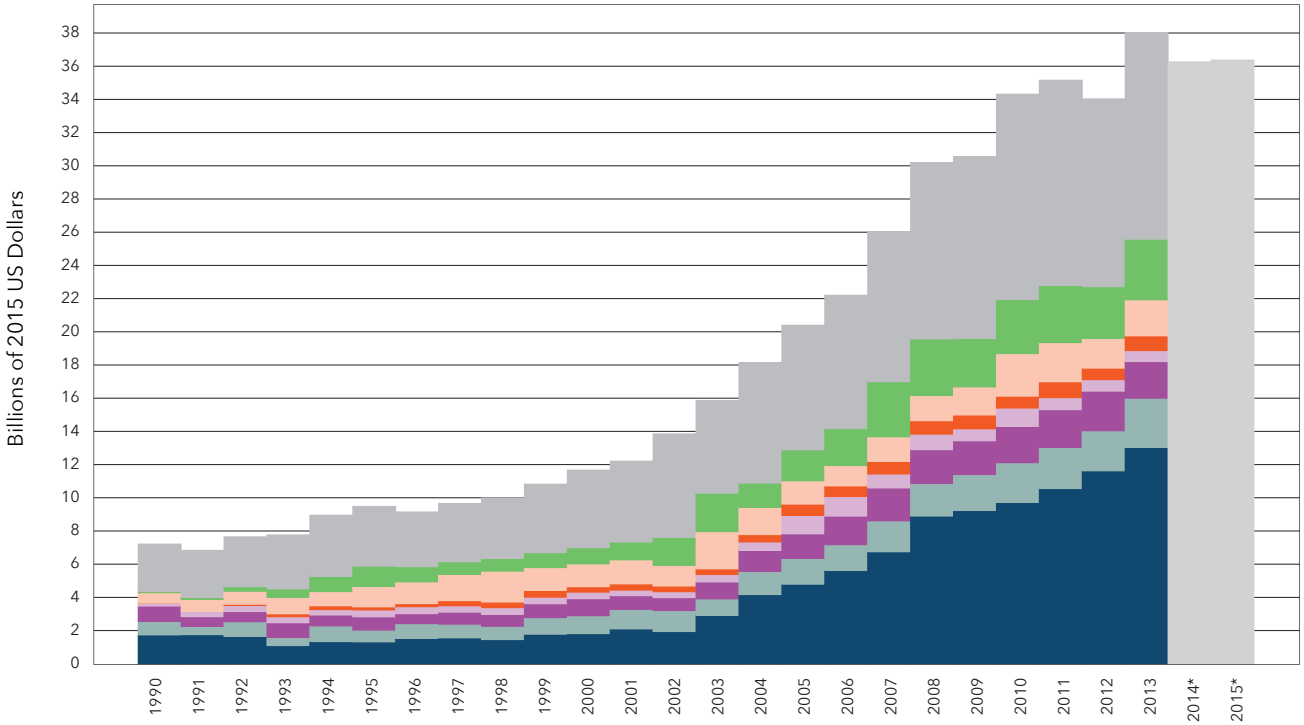
In 2015, 118 low- and middle-income countries were recipients of development assistance for health. Figure 18 presents the DAH disbursed from 1990 to 2013 (the most recent year for which regional estimates are available) by

Global Burden of Disease (GBD) region. An eighth category – global initiatives – captures DAH that does not flow to a specific region but contributes to health in developing countries on a more global scale.

Over time, the distribution of funds across regions has shifted. In 1990, sub-Saharan Africa received 1.7% of total DAH; by 2013, DAH for the subcontinent had risen to 34.3%. Growth in DAH for the region far outstripped other areas. The prominence of sub-Saharan Africa is further emphasized in Figure 19, which captures the flow of funds from source to channel to recipient region. Global initiatives, which constituted 10.1% of DAH overall, or $34.7 billion in cumulative DAH from 2000 to 2013, was also a prominent area of focus.

FIGURE 18

DAH by recipient region, 1990–2013



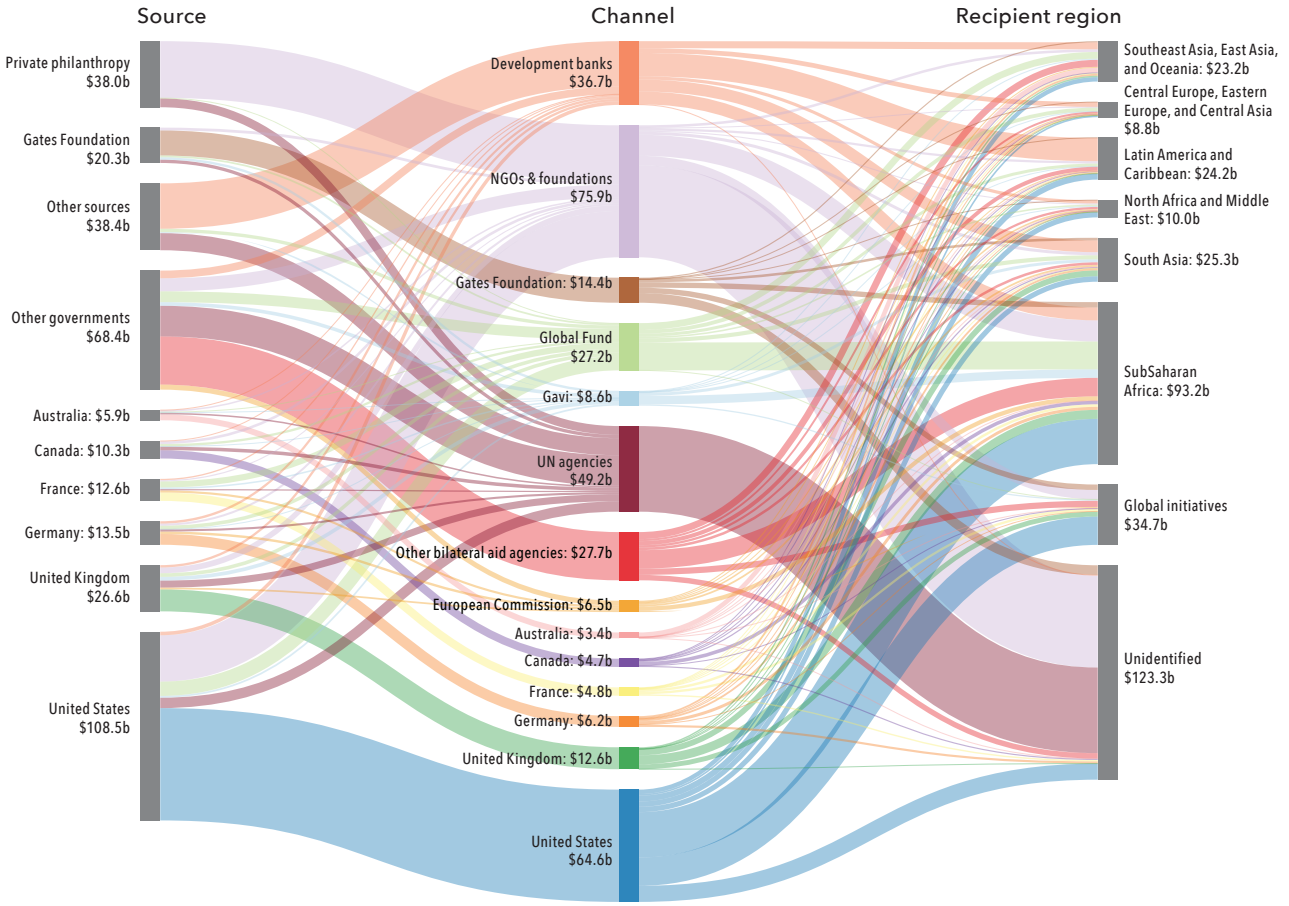
Source: IHME DAH Database 2015

Note: Health assistance for which no recipient country or regional information is available is designated as "unidentified." Due to data limitations, DAH estimates are not available by focus region for 2014 and 2015. Argentina, Chile, and Uruguay were included in the Latin America and Caribbean region. South Korea was included in Southeast Asia, East Asia and Oceania. These countries are generally included in the "high-income" GBD 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 2015.

*2014 and 2015 are preliminary estimates.

FIGURE 19

Flows of DAH from source to channel to recipient region, 2000-2013



Source: IHME DAH Database 2015

Note: Cumulative DAH from 2000 to 2013 in billions of 2015 US dollars. Health assistance for which no recipient country or regional information is available is designated as "unidentified." Due to data limitations, DAH estimates are not available by focus region for 2014 and 2015. Argentina, Chile, and Uruguay were included in the Latin America and Caribbean region. South Korea was included in Southeast Asia, East Asia and Oceania. These countries are generally included in the "high-income" GBD 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 2015.

SUB-SAHARAN AFRICA

Since 2003, the largest share of DAH across regions has flowed to sub-Saharan Africa, and the portion dedicated to the region continued to grow into 2013. From 2000 to 2013, DAH for sub-Saharan Africa rose 16.4% annually, increasing $11.2 billion in absolute terms, far above and beyond any other region. In 2013, $13 billion in DAH was disbursed for countries in sub-Saharan Africa, 34.3% of all DAH. DAH for the region is sourced largely from the US, which provided $7.1 billion in 2013, but substantial funding also originated with the UK ($1.5 billion), the Gates Foundation ($493 million), and Canada ($491 million). The bulk of funding concentrates on fighting HIV/AIDS, which was the focus of 47.9% of sub-Saharan African DAH in 2013. However, maternal health and child health efforts also were the target of $964 million and $2 billion, respectively, in sub-Saharan Africa in 2013.

BOX 8

The response to the Ebola crisis

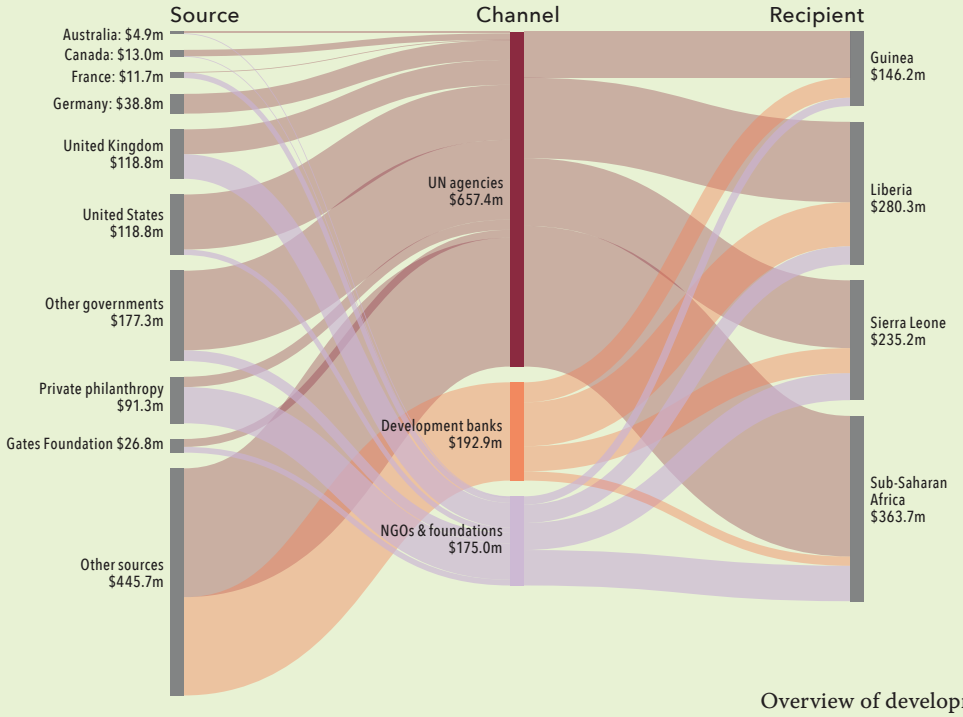
In 2014, an outbreak of Ebola struck West Africa. Over the course of Ebola's spread, more than 11,000 died.[37] In 2015, the pandemic came largely under control, with all but one West African country officially free of Ebola by early 2016.[38] However, the international community is just beginning to reflect on its response. The post-crisis assessment has thus far emphasized shortcomings in international cooperation and the weak state of health systems in West Africa.[39]

In terms of development assistance, the international community responded by providing $750 million in DAH for Ebola in 2014. The Office of the Coordinator of Humanitarian Affairs reported that, encompassing both DAH and humanitarian aid not included in DAH, $1.3 billion was disbursed for the crisis in 2014.[40] As the epidemic subsided, less DAH targeted Ebola, with $276 million provided in 2015. As shown in Figure 20, these funds flowed predominantly through UN agencies, which disbursed 64.1% of DAH for Ebola over 2014–2015. NGOs and foundations contributed $175 million. Development banks provided $192.9 million directly to countries in the region, in addition to assistance funneled through UN agencies. Figure 20 also makes clear how much flowed to the main recipients: Sierra Leone ($235.2 million), Liberia ($280.3 million), and Guinea ($146.2 million).

A wide range of sources contributed funds to the Ebola emergency response. Mark Zuckerberg and his wife, Priscilla Chan, committed $25 million in one of their first major contributions to global health.[41] Paul Allen also pledged $100 million.[42] More traditional donors also responded. The US and UK provided a total of $118.8 million and $97 million, respectively, across 2014–2015. The Gates Foundation disbursed $26.8 million. An additional $100 million in debt relief was furnished to countries hit by the Ebola crisis by the International Monetary Fund in 2015.[43]

FIGURE 20

Flows of Ebola DAH from source to channel to recipient country, 2014–2015



Source: IHME DAH Database 2015

Note: Cumulative development assistance including humanitarian aid from 2014 to 2015 in billions of 2015 US dollars.

SOUTH ASIA

The GBD region of South Asia includes Afghanistan, Bangladesh, Bhutan, India, Nepal, and Pakistan. After sub-Saharan Africa, this group of countries benefited from the next largest share of DAH growth. From 2000 to 2013, DAH for the region grew 8.1% annually, an absolute increase of $1.9 billion. In 2013, a total of $3 billion flowed to South Asia, 7.8% of the total DAH. The region is supported with funds from the US (5.8%, or $763 million) as well as from France (9.6%, or $152 million), Germany (13.3%, or $233 million) and the Gates Foundation (10.2%, or $270 million).

SOUTHEAST ASIA, EAST ASIA, AND OCEANIA

DAH for Southeast Asia, East Asia, and Oceania, which encompasses China, small island developing states, and all low-income members of the Association of Southeast Asian Nations (ASEAN), dropped in 2013. DAH amounted to $2.2 billion, a decrease of 7.2%. DAH for the region has been generally steady in recent years, with DAH hovering between $2 and $2.5 billion since 2010. An array of international actors support health in the region. From 2000 to 2013, the Global Fund provided a cumulative $3.9 billion to the region. The US and UK were the sources of $4.6 billion and $1.5 billion, respectively, over 2000–2013.

NORTH AFRICA AND THE MIDDLE EAST

North Africa and the Middle East faces a rising and substantial burden of NCDs. A resurgence of infectious diseases – such as polio and the Middle East Respiratory Syndrome – have also cropped up in the region, particularly in war-torn areas.[44] The challenges presented by the double burden of both infectious and non-communicable diseases make the region distinct from other groups of recipient countries. Relatively higher levels of income also set North Africa and the Middle East apart. With this backdrop, DAH for the region grew $266 million – or 4% annually – from 2000 to 2013. In 2013, a total of $659 million in DAH was disbursed. The US and UK were major sources of DAH, furnishing $171 million and $71 million, respectively, in 2013.

LATIN AMERICA AND THE CARIBBEAN

DAH for Latin America and the Caribbean rose considerably into 2013, growing 21.5% to a total of $2.2 billion. This growth follows decreases in DAH for Latin America and the Caribbean from 2010, which, at $2.6 billion, marked a historic high in global health funding for the region. DAH for Latin America and the Caribbean is sourced predominantly from development banks, which provided $13.4 billion from 2000 to 2013. However, in 2015, the US announced an increase in general development assistance for the region, with major investments focused on Guatemala, El Salvador, and Honduras.[14] In 2013, the US was the source of $503 million or 23.2% of total DAH for Latin America and the Caribbean.

While the region did not experience the surge in funding observed in sub-Saharan Africa over 2000–2013, DAH did increase 3.6% annually during

that period. A major share of these funding increases focused on maternal and child health. In Latin America and the Caribbean, 7.2% of DAH has flowed to maternal health, while 14.4% concentrated on newborn and child health activities from 2000 to 2013. NCDs, increasingly the largest source of burden, were the target of just 1.5% of funding over 2000–2013.

CENTRAL EUROPE, EASTERN EUROPE, AND CENTRAL ASIA

Central Europe, Eastern Europe and Central Asia received considerably more DAH in 2013 than in 2012. Reaching $890 million in 2013, DAH for the region increased 28.4% over 2012 levels. Even so, the region, which covers 29 states, received less total DAH than any other region. Low funding levels are driven by the many upper-middle-income countries in the region, which are not typically major recipients of DAH. Much like Latin America and the Caribbean, the region was funded predominantly by development banks, with 30.8% or $2.7 billion disbursed for the region from these sources from 2000 to 2013. Providing $2.2 billion from 2000 to 2013, the Global Fund is the next largest funder.

GLOBAL INITIATIVES

A testament to the global nature of efforts in health since 2000, DAH for global initiatives expanded substantially from 2000 to 2013. Global initiatives encompass funding for activities that do not focus on a given geographic region but nonetheless contribute to global health. These might include international conferences, the mobilization of the international community around a given topic area, and other global endeavors. Funding for these globally focused efforts increased 10.7% annually, or $2.7 billion in absolute terms, from 2000 to 2013. A total of $3.7 billion was disbursed for global initiatives in 2013 alone. The US is the main source of funding for these initiatives, contributing $2.3 billion in 2013. The UK was another major development assistance partner, providing $773 million or 21.2% of DAH for global initiatives.

CHAPTER 2

Health focus areas

The health focus area chapter delves deeper into the most prominent areas of action in global health. Eight health focus areas are distinguished: HIV/AIDS, tuberculosis, malaria, maternal health, child and newborn health, non-communicable diseases, other infectious diseases, and health sector strengthening/sector-wide approaches. Examining the organizations active in each health focus area sheds light on their priorities, including how they have evolved over time.

Health focus areas are also broken down into more granular program areas, including newly developed program spending for HIV/AIDS. Updated estimates of program areas for maternal health, newborn and child health, and non-communicable diseases are also provided. These program areas illuminate how the interventions and work streams have varied within the scope of disease categories.

HIV/AIDS

Over the last 15 years, DAH for HIV/AIDS has been the most rapidly rising health focus area. Prioritized by a number of newly established and prominently funded international entities from 2000 onward, HIV/AIDS grew from a relatively small portion of total DAH to the largest health focus area overall by 2004. HIV/AIDS also featured prominently in Millennium Development Goal 6, which targeted the reversal of incidence of HIV/AIDS worldwide.

Progress in the fight against HIV/AIDS has been substantial, buoyed by a major surge in funding. Figure 21 captures the 26-year trend in HIV/AIDS DAH and the massive scale-up in funding. HIV/AIDS grew 15.2% from 2000 to 2015, with a cumulative $109.8 billion disbursed for the health focus area over this time.

Funding developments in 2015 were mixed, however. Although HIV/AIDS remains the largest health focus area in 2015, it no longer exhibits the growth rates present earlier in the millennium. HIV/AIDS DAH peaked at $11.2 billion in 2013. From 2013 to 2015, HIV/AIDS DAH dropped 1.7%; a total of $10.8 billion was disbursed in 2015.

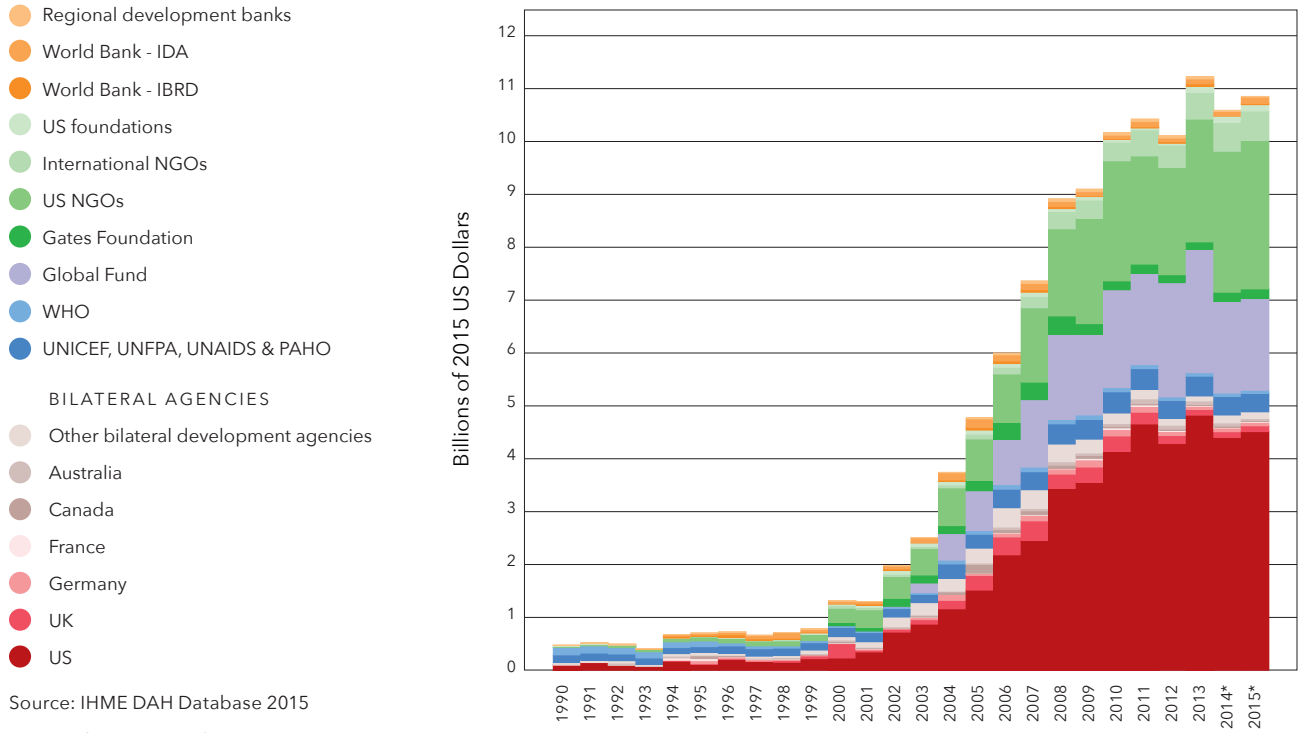
Furthermore, much like DAH overall, the future of growth in HIV/AIDS DAH remains uncertain. The US's National Institutes of Health announced it would phase out its policy of allocating 10% of all funds for HIV/AIDS research, a mandate set in place in the early 1990s.[45] HIV/AIDS DAH in the US's 2016 global health budget was essentially flat, a further indication that ambiguity underpins the outlook for HIV/AIDS financing.[46]

Figure 22 highlights the program areas supported by these funds. The two most prominent areas of action were treatment, which includes anti-retroviral therapy (ART), and prevention, excluding prevention of mother-to-child transmission (PMTCT) of HIV. In 2015, 25% of HIV/AIDS DAH focused on treatment, a total of $2.7 billion. This contrasts with the very little DAH furnished for treatment in 2000, at less than 2.3%, or $29 million, when ART was not a main intervention in the fight against HIV/AIDS.

Since 2000, prevention has been a core focus of development assistance partners active in the HIV/AIDS arena. Prevention efforts have ranged from 16.2% to 30.9% of

FIGURE 21

DAH for HIV/AIDS by channel of assistance, 1990–2015

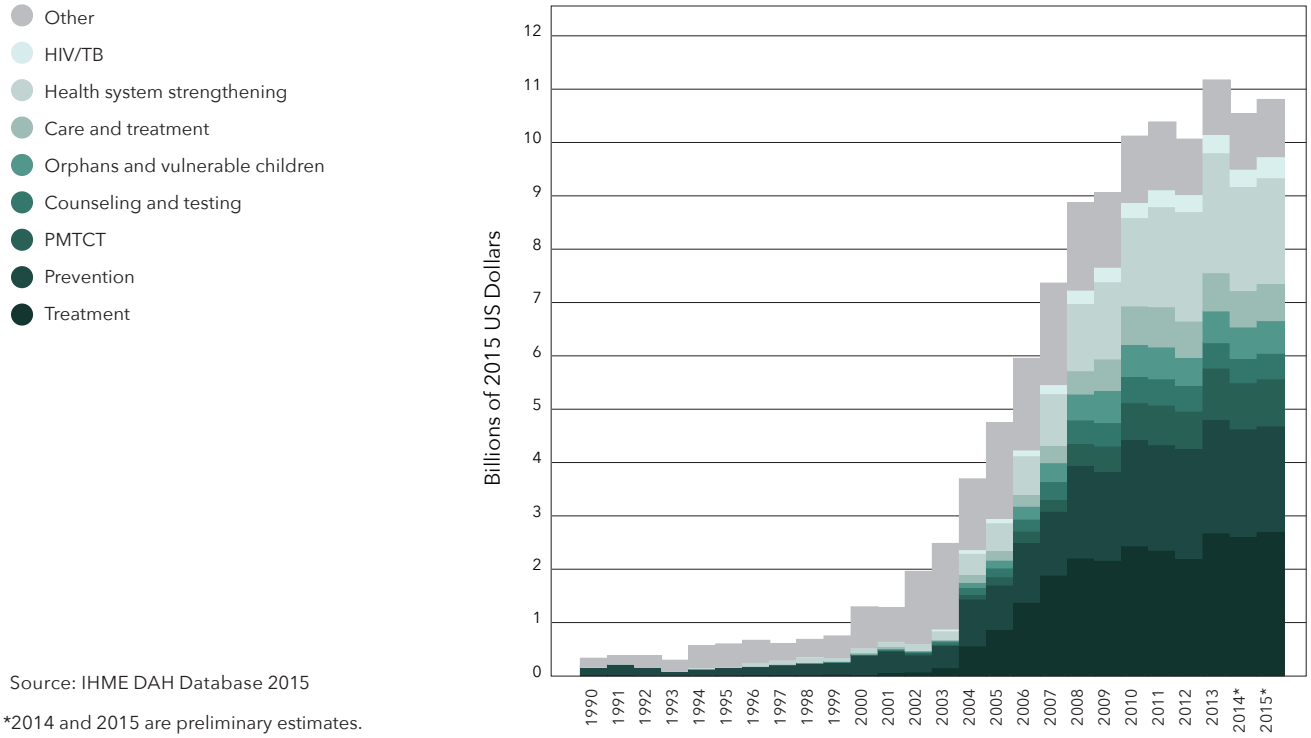


Source: IHME DAH Database 2015

*2014 and 2015 are preliminary estimates.

FIGURE 22

DAH for HIV/AIDS by program area, 1990–2015

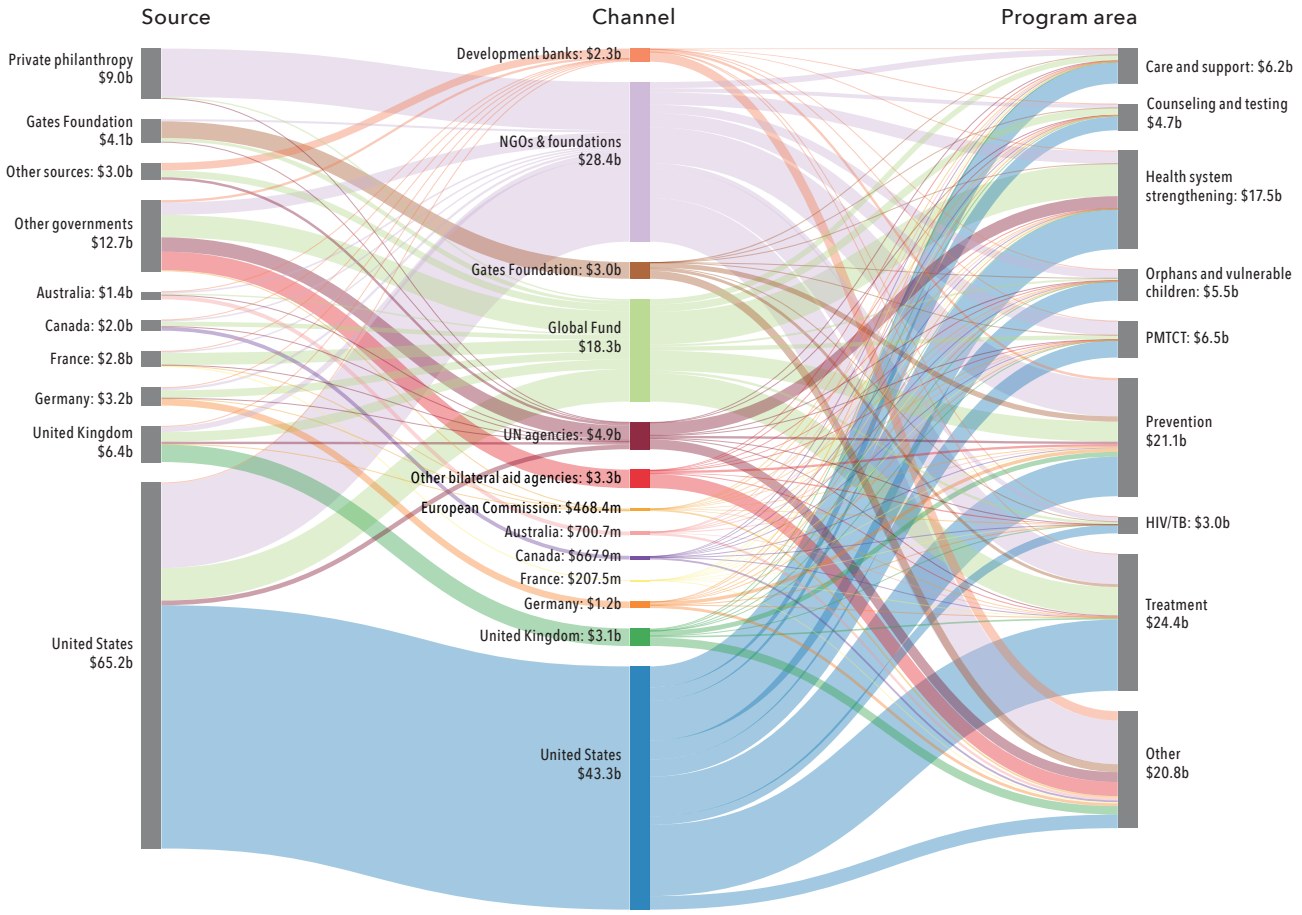


Source: IHME DAH Database 2015

*2014 and 2015 are preliminary estimates.

FIGURE 23

Flows of HIV/AIDS DAH from source to channel to program area, 2000–2015



Source: IHME DAH Database 2015

Note: Cumulative HIV/AIDS DAH from 2000 to 2015 in billions of 2015 US dollars. 2014 and 2015 are preliminary estimates.

aid allocable to a program area. In 2015, 18.3% of funding supported non-PMTCT prevention efforts, a total of $2 billion in DAH. Funding for non-PMTCT prevention has grown 12% from 2000 to 2015.

DAH for other program areas also increased substantially from 2000 to 2015, driven by extensive growth in HIV/AIDS DAH overall. PMTCT funding increased 44.9% from 2000 to 2015, with a total of $6.5 billion cumulatively disbursed over the period. A total of $6.5 billion was provided for HIV/AIDS care over 2000–2015, growing 24.2%.

Figure 23 highlights the major sources and channels of HIV/AIDS DAH, as well as the program areas they funded from 2000 to 2015. The extent to which the United States fueled the uptick in funding for HIV/AIDS is clear. Across all development assistance partners, the United States provided 48.6% of HIV/AIDS DAH from 2000 to 2015, a cumulative $65.2 billion. The vast majority of these funds were disbursed through PEPFAR, the US bilateral aid agency dedicated to fighting the HIV/AIDS epidemic.

A leveling off has characterized US channel contributions to HIV/AIDS DAH over the last several years. Since 2010, US DAH for HIV/AIDS has hovered around $7 billion: in 2015, $7.5 billion was disbursed by the US in the fight against HIV/AIDS. Throughout the period, the US was a major supporter of all program areas; however, large sums were disbursed for non-PMTCT prevention ($10.8 billion or 16.5%) and treatment ($18 billion or 28%). Health system strengthening received 17.3% of US HIV/AIDS DAH, a total of $11.3 billion from 2000 to 2015. Over the same period, care

and support programs received $5.1 billion (7.8%), programs for orphans and vulnerable children were provided with $4.7 billion (7.2%), and PMTCT activities were furnished with $5 billion (7.7%) of US HIV/AIDS DAH.

The Global Fund is the next largest single channel of HIV/AIDS funding. From its establishment in 2002 to 2015, the Global Fund provided a total of $18.3 billion in the fight against HIV/AIDS. The Global Fund disbursed $1.7 billion to support HIV/AIDS programs in low- and middle-income countries in 2015. This funding was sourced from a wide range of governmental and non-governmental entities. The United States furnished the largest share of Global Fund HIV/AIDS funding, providing $5.8 billion from 2002 to 2015. Over the same period, France, which has made the Global Fund a top priority, was the next largest source of funding, with $2.1 billion provided over the last 15 years. Other prominent funders from 2001 to 2015 include the UK ($1.7 billion), Germany ($1.3 billion), and Canada ($812 million).

Across program areas, the Global Fund supports prevention substantially, with $3.6 billion provided for these efforts from 2002 to 2015. This constituted 19.5% of all Global Fund HIV/AIDS funding. Over 2002–2015, $5.8 billion or 31.7% of total Global Fund financing flowed to health system strengthening efforts. Treatment received $5 billion or 27.7% of Global Fund support for HIV/AIDS. Care and support and counseling and testing were provided with $977 million (5.4%) and $1.3 billion (7.2%), respectively, in Global Fund HIV/AIDS funds from 2002 to 2015.

The Joint United Nations Program on HIV/AIDS (UNAIDS) leads HIV/AIDS efforts across UN agencies.[47] Established in 1995, UNAIDS predates the MDGS. Since its launch, UNAIDS funding has grown consistently at 6.6% annually, with $283 million disbursed by the agency in 2015. From 2000 to 2015, UNAIDS expended $3.8 billion or 3.4% of total HIV/AIDS DAH. Its efforts have spanned program areas, similar to US and Global Fund HIV/AIDS support. Health system strengthening was the target of the most substantial chunk of UNAIDS funding, with $2.2 billion funneled to this programmatic area over 2000–2015. Care and support was the target of $115 million, while $25 million supported counseling and testing. PMTCT and treatment were furnished with $51 million and $189 million, respectively, from 2000 to 2015.

The Gates Foundation was another substantial source and channel in the HIV/AIDS arena. Its HIV/AIDS portfolio was largely channeled through the foundation, with 71.8% or $3 billion passing through from 2000 to 2015. However, the Gates Foundation also supported NGOS ($367 million) and the Global Fund ($698 million) prominently over the same period. Across program areas, Gates Foundation funding predominantly focused on prevention: 28.7%, or $1.2 billion, flowed to non-PMTCT prevention from 2000 to 2015. Over the same time frame, $49 million was furnished to care and support and $51 million was provided to the counseling and testing program area.

Finally, a host of non-governmental organizations and private foundations were very active in the fight against HIV/AIDS. From 2000 to 2015, 24.9% or $27.3 billion in development assistance for HIV/AIDS flowed through these entities. The funds for these activities were sourced from the United States government, which provided 20.7% or $13.5 billion over this period. NGOS and foundations were also furnished with the bulk of their HIV/AIDS funding from private philanthropic efforts – either the endowments of private foundations, private donations, or other fundraising efforts. These sources made up 30.3% or $8.6 billion of HIV/AIDS

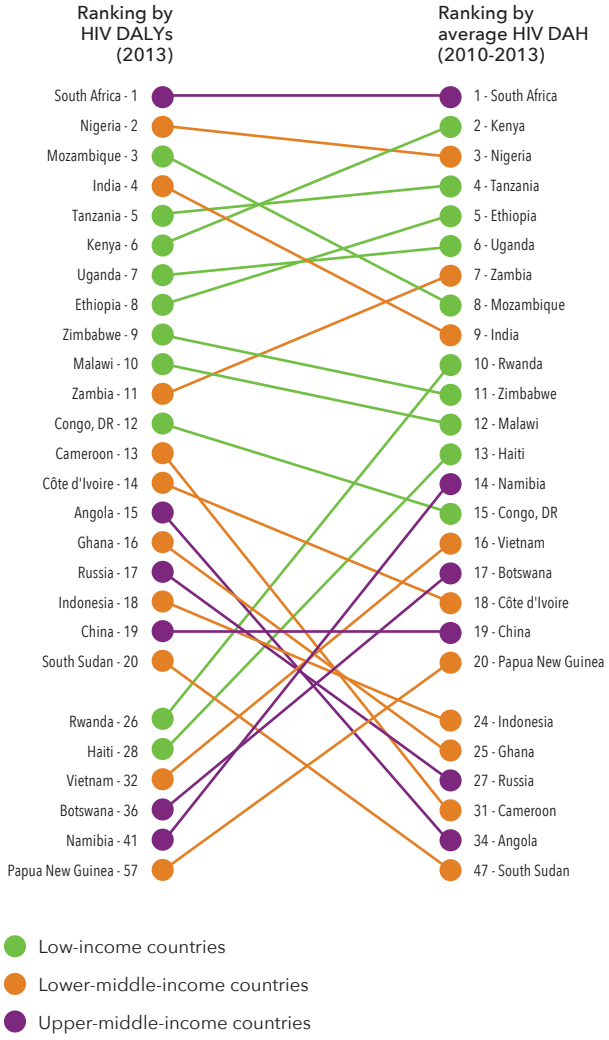
funding provided by NGOs and foundations. The core of NGOs and foundation activities concentrated on prevention, with more than $6.4 billion (or 22.5% of total NGO and foundation funding) disbursed. Treatment was supported with $5.3 billion from NGOs and foundations from 2000 to 2015. Over the same period, $2.5 billion flowed to PMTCT from these entities.

Figures 24 and 25 capture country-level HIV/AIDS funding patterns. The epidemic continues to be largely concentrated in Eastern and Southern Africa, albeit population size clearly also has a major impact on the funding provided. This is reflected in the top 20 country recipients of HIV/AIDS DAH, which are largely composed of sub-Saharan African countries. Of the top 20 countries in terms of burden of HIV/AIDS, 16 are located in the region. South Africa ranks highest on the DAH and DALYs lists, receiving the most aid but also harboring the largest HIV-prevalent population. At the top of both lists, DAH and DALYs are fairly well aligned. However, for countries in the 15th to 20th slots for DALYs – many of which are middle-income or upper-middle-income – alignment is not strong. Countries with fewer DALYs but lower levels of income per capita, such as Rwanda and Haiti, are ranked higher in terms of DAH received.

Figure 25 shows the diversity in funding and burden across low- and middle-income countries. While the countries that span Eastern and Southern Africa have some of the highest prevalence rates, their DAH per DALY is not as high as countries with lower prevalence – such as Mongolia and Libya – where funding flows prominently to stemming transmission before it occurs. Most countries in Central Africa received less than $20 per DALY, while Namibia and Botswana, which received the most DAH per DALY south of the Sahara, received just under $400 per DALY, on average, between 2010 and 2013.

FIGURE 24

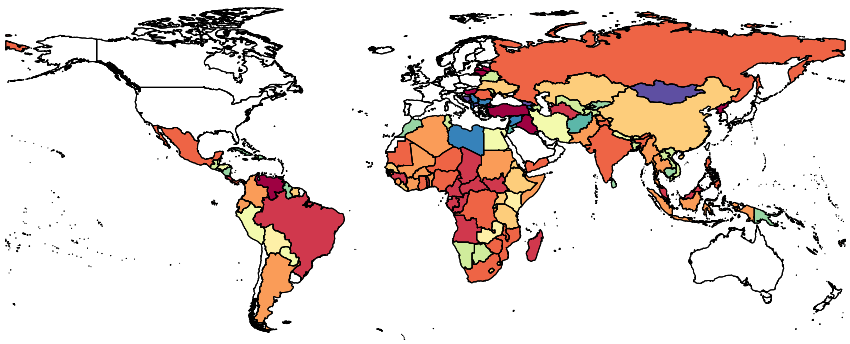
Top 20 countries by 2013 HIV/AIDS burden of disease versus average 2010–2013 DAH

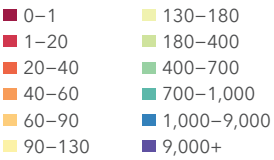


Sources: IHME DAH Database 2015, Global Burden of Disease Study 2013

FIGURE 25

HIV/AIDS DAH, 2010–2013, per related DALY, 2013





Source: IHME DAH Database 2015, Global Burden of Disease Study 2013

Note: Countries ineligible for DAH based on their World Bank income classification have no color. DAH received is shown in real 2015 dollars.

NEWBORN AND CHILD HEALTH

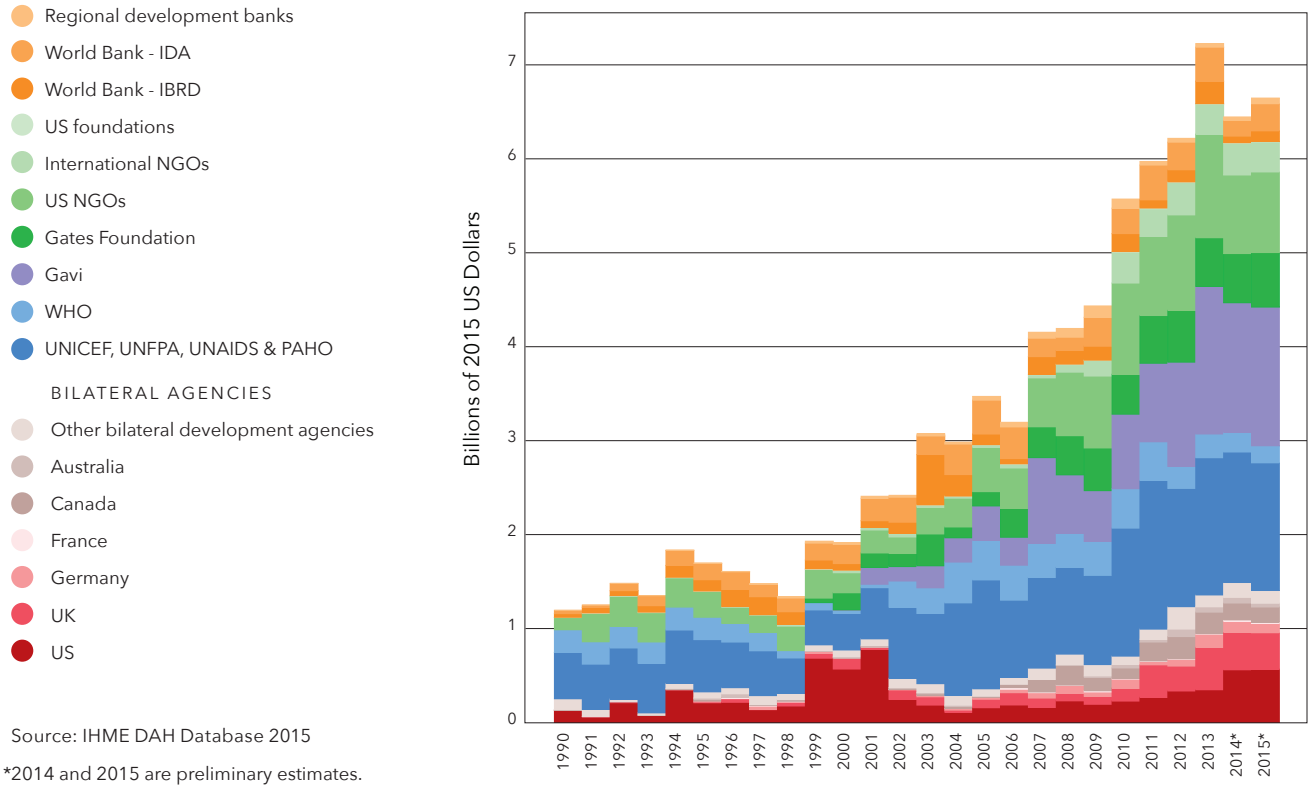
Newborn and child health focuses on some of the most vulnerable and fragile populations. Prioritized in MDG 4, substantial reductions in under-5 mortality have occurred across low- and middle-income countries from 2000 to 2015. However, with average under-5 mortality at 63.7 per 1,000 live births in 2013, more work is required to minimize rates.

With this as a backdrop, global health stakeholders have pledged to strengthen support for this area of global health. In early 2014, African ministers of health committed to ending preventable child and maternal deaths.[48] This was reaffirmed by African heads of state at the African Union conference in Malabo later in 2014.[49] Furthermore, a five-year expansion of the Saving Lives Partnership was announced by the US, Norway, the Gates Foundation, the UK, and others, including a commitment to provide an additional $50 million to prevent maternal and child deaths.[32]

The newborn and child health category captures these efforts to reduce child mortality, as well as other activities aimed at combating morbidity in this age group. As shown in Figure 26, newborn and child health grew substantially from 2000 on, increasing 8.6% annually, on average. In 2015, total DAH for this health focus area amounted to $6.5 billion, an increase of 3.5% over 2014 levels. A historic high of $7.1 billion for the health focus area was reached in 2013.

FIGURE 26

DAH for newborn and child health by channel of assistance, 1990–2015

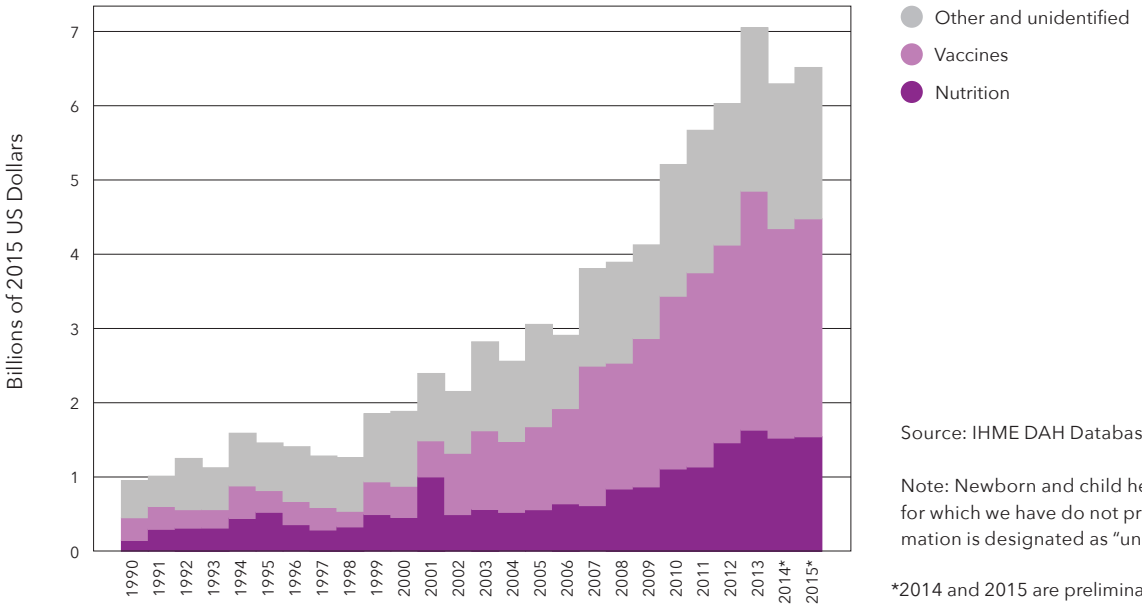


Source: IHME DAH Database 2015

*2014 and 2015 are preliminary estimates.

FIGURE 27

DAH for newborn and child health by program area, 1990–2015



Source: IHME DAH Database 2015

Note: Newborn and child health assistance for which we have do not program area information is designated as "unidentified."

*2014 and 2015 are preliminary estimates.

DAH for newborn and child health concentrates on vaccines, nutrition, and other child health programming, as captured in Figure 27. Achievements in vaccine research and development marked 2015, including successful trials of the dengue vaccine in Asia and Latin America,[50, 51, 52] a year without polio in sub-Saharan Africa,[53] and the reported elimination of rubella in the Americas.[54] The successes in vaccinations follow a major scale-up in vaccine DAH, with the creation of Gavi and major increases in funding from the Gates Foundation, the US, the UK, and others. At only 22.3% of child health DAH in 2000, vaccine funding grew 13.9% annually until 2015, amounting to $2.9 billion or 45% of total child health funding in 2015.

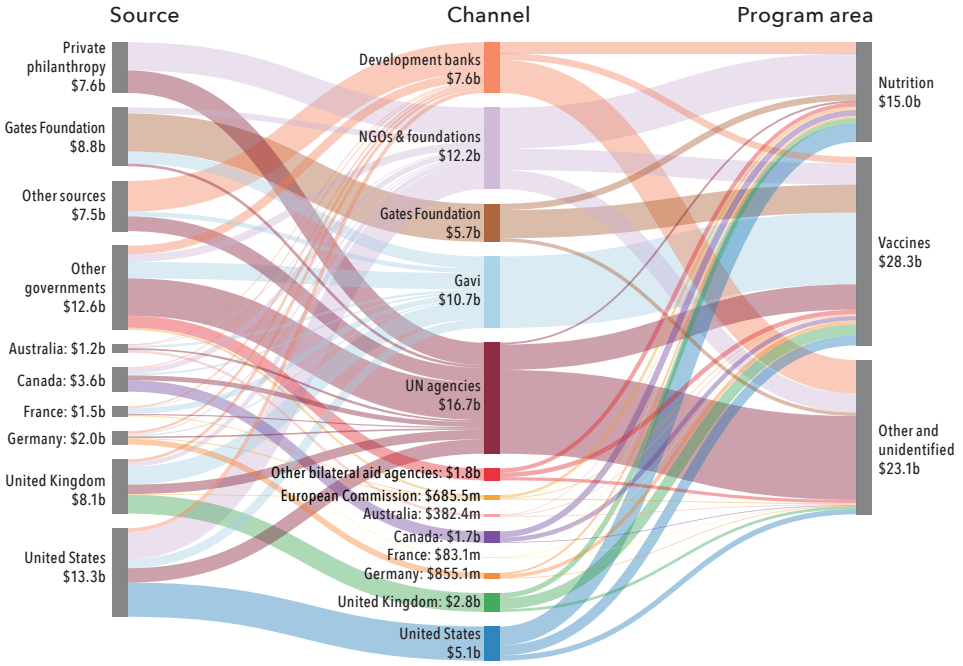
Nutrition was also a major focus of child health in the 1990s, constituting 35.9% of child health funding at its peak share in 1995. Nutrition funding did not grow as substantially as vaccine DAH from 2000 on, rising 8.5% annually from 2000 to 2015. In 2015, $1.5 billion was provided for nutrition activities in low- and middle-income countries.

Figure 28 visualizes the flow of funds from source to channel to program area in newborn and child health from 2000 to 2015. UN agencies are collectively the largest channel of DAH for the health focus area, led by UNICEF, which disbursed 93% of all UN funding for newborn and child health. The WHO and PAHO were also actors in this health focus area, however. Together, $1.4 billion was disbursed for newborn and child health in 2015 by UN agencies, a minor year-over-year decrease of 2.2%.

The US played a major role as a source in newborn and child health, contributing 20% of all funding from 2000 to 2015. Much of this US funding (30.7%) was provided to NGOs and foundations, as well as Gavi (10.1%). As a channel, the US is less prominent. Since 2000, only 3.8% of US source funding flowed to US bilateral agencies for newborn and child health. In 2015, US bilateral DAH amounted to $566 million.

FIGURE 28

Flows of newborn and child health DAH from source to channel to program area, 2000–2015



Source: IHME DAH Database 2015

Note: Cumulative newborn and child health DAH from 2000 to 2015 in billions of 2015 US dollars. 2014 and 2015 are preliminary estimates. Newborn and child health assistance for which we do not have program area information is designated as "unidentified."

Similarly, the UK is a prominent source of newborn and child health DAH but is less active as a channel. Historically, UK funding has flowed predominantly to Gavi, which received 45.9% of all UK source funds from 2000 to 2015. The bulk of UK funding, nearly 23.6%, has focused on vaccines in newborn and child health. In 2015, UK bilateral funding amounted to $389 million, a minor drop of 2.7%. However, this was just 31.2% of total UK source funding. From 2000 to 2015, DAH sourced from the UK for newborn and child health totaled a cumulative $8.1 billion, 12.3% of all funding for this health focus area.

The Gates Foundation was another core source and channel of DAH for newborn and child health. In 2015, $1.0 billion was provided by the Gates Foundation for this health focus area, a 9.6% increase. Since its launch in 1999, the Gates Foundation has provided a cumulative $8.8 billion for newborn and child health. The bulk of these flows focused on vaccines (78.9%). The majority of funding in this area from the Gates Foundation was disbursed through the foundation as a channel, although 20.6% or $1.8 billion was also directed to Gavi from its inception to 2015.

Unique to child health is the major role development banks play in this health focus area. These entities have disbursed 11.5% of all funding for newborn and child health activities since 2000, a cumulative $7.6 billion. While much of these flows have an unidentifiable program area, $990 million and $1.6 billion, respectively, were invested in vaccination and nutrition efforts, respectively, from 2000 to 2015.

Finally, NGOs and foundations made up 18.4% of total cumulative funding in this health focus area. With much of this funding provided by

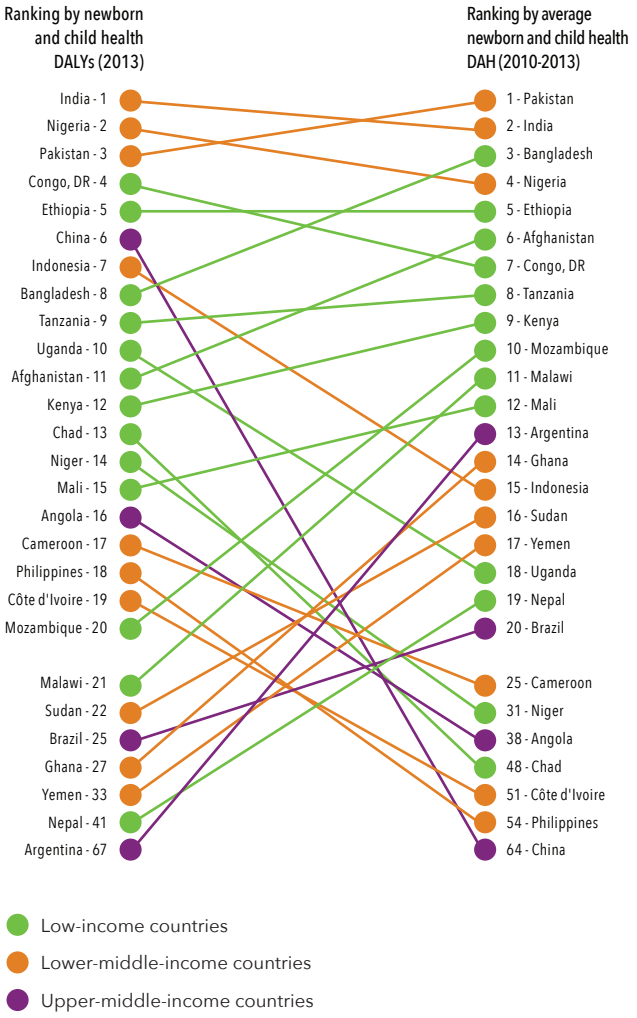
the US (33.4%) and private philanthropy (34.6%), NGOs and foundation have focused on a mix of nutrition (50.3%) and vaccine (26.1%) efforts. Funding funneled through these entities amounted to $1.2 billion in 2015, holding approximately steady over the previous year.

The countries with the highest newborn and child health DALYs and DAH are depicted in Figure 29. Fertility is a major driver of child health DALYs, as are vaccination rates and nutrition. This broad set of determinants leads to the diverse set of countries in Figure 29. One distinction in child health, however, is that there is better alignment than in maternal health DAH and DALYs, reflecting different methods of funding distribution in the child health area. There is substantial alignment between the top 10 child health DALYs and DAH. However, China, despite having the sixth largest number of child health DALYs, received the 64th highest amount of DAH – a not entirely unsurprisingly amount given its status as an emerging economic power.

In Figure 30, DAH per child and newborn health DALY is presented by country. DAH per DALY does not reach the heights of some of the other health focus areas. In child health, only $40 per DALY was disbursed in the countries receiving the most funding relative to burden, including Argentina, Panama, Honduras, and a few countries in the Middle East and Central Europe. In sub-Saharan Africa and much of Asia, where fertility is elevated and child mortality, while decreasing, remains high, DAH per DALY is typically less than $11.

FIGURE 29

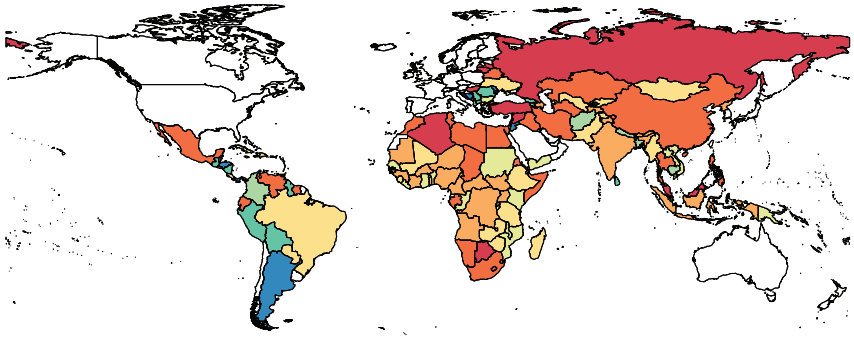
Top 20 countries by 2013 newborn and child health burden of disease versus average 2010–2013 DAH



Sources: IHME DAH Database 2015, Global Burden of Disease Study 2013

FIGURE 30

Newborn and child health DAH, 2010–2013, per related DALY, 2013



Source: IHME DAH Database 2015, Global Burden of Disease Study 2013

Note: Countries ineligible for DAH based on their World Bank income classification have no color. DAH received is shown in real 2015 dollars.

MATERNAL HEALTH

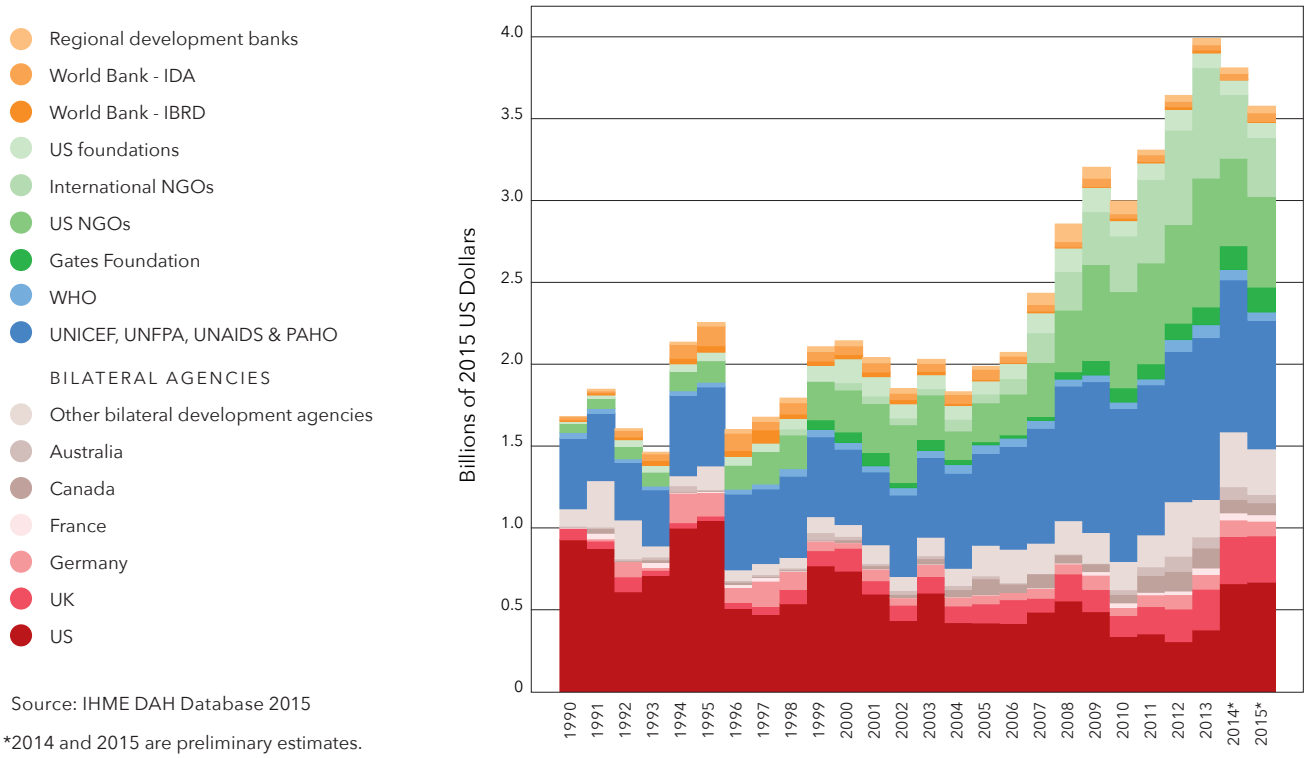
Aspirations for maternal health were enshrined in MDG 5, which aimed to reduce maternal mortality by three-fourths from 2000 to 2015. Also articulated in MDG 5 was the international community's ambition to achieve universal access to reproductive health by 2015. Family planning efforts, in fact, have been a core focus of maternal health activities in recent years. Hosted by the UK and the Gates Foundation, the 2012 London Summit on Family Planning mobilized commitments totaling $2.6 billion.[55] Other pledges through the Every Woman Every Child Initiative included $3.3 billion from the US, $2.6 billion from Canada, and $2.5 billion from Sweden.[56] In 2015, the Global Financing Facility (GFF) catalyzed combined pledges of over $214 million from the Gates Foundation, Canada, Japan, and the US to support the Every Woman Every Child initiative.[57]

Maternal health includes family planning activities as well as other activities that focus on mothers and their health. Maternal DAH totaled $3.6 billion in 2015, falling 6% from 2014 DAH levels. Maternal DAH peaked in 2013 at $4.0 billion and has fallen slightly since.

International efforts in maternal health are funded by an array of development assistance partners, as captured in Figure 31. No single channel comprises more than 25% of DAH in 2015, marking maternal health DAH as distinct from all other major health focus areas. The diversified set of channels and sources makes maternal health less vulnerable to drops in funding from any single entity.

FIGURE 31

DAH for maternal health by channel of assistance, 1990–2015



Source: IHME DAH Database 2015

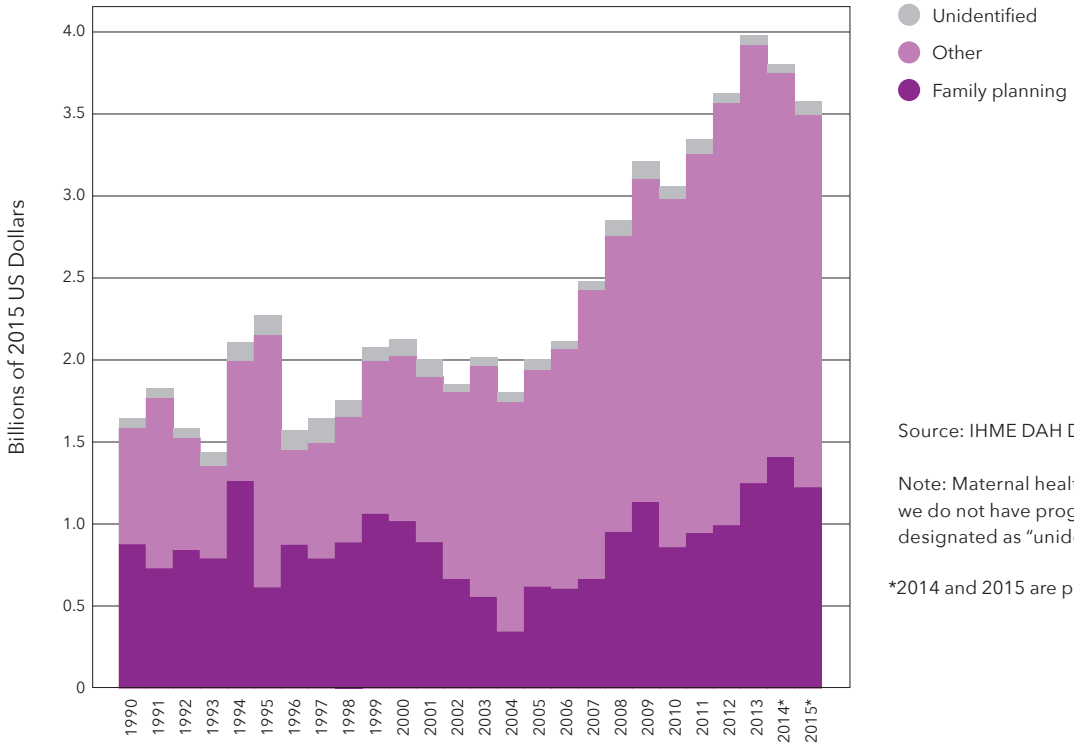
*2014 and 2015 are preliminary estimates.

Figure 32 captures the breakdown of funding flows by programmatic area in maternal health. Family planning was the most prominent component of maternal health funding from 1990 to 2000, constituting 49.4% of maternal DAH on average. However, family planning funding fell to an all-time low of 19.2% or $347 million in 2004. Since then, and with the global emphasis by the Gates Foundation, the UK government, and others, as well as major funding support from the US government, DAH for the program area has grown substantially. In 2015, $1.2 billion was invested in family planning activities, 34.3% of maternal health DAH. From 2000 to 2015, non-family-planning maternal health was supported by UN agencies (23.5%) and NGOs and foundations (30.2%) prominently. Over the same period, DAH for family planning was provided by US bilateral agencies (29.1%), the UN (32.2%), and NGOs and foundations (27%).

As shown in Figure 33, the United States was the largest source of maternal health funding from 2000 to 2015, contributing $13.2 billion or 30.2% of total maternal health DAH. In 2015, US funding for maternal health was $1.1 billion, a slight 1.5% increase. The US provided these funds mainly through its bilateral aid channels. From 2000 to 2015, 59.3% or $7.9 billion flowed through US bilateral aid agencies. The remaining US funding for maternal health was disbursed to NGOs and foundations (36.6%, or $4.9 billion) as well as UN agencies (3.4%, or $450 million). US support was split relatively evenly across family planning (46.6%) and other maternal health activities (52.4%) during this period.

FIGURE 32

DAH for maternal health by program area, 1990–2015



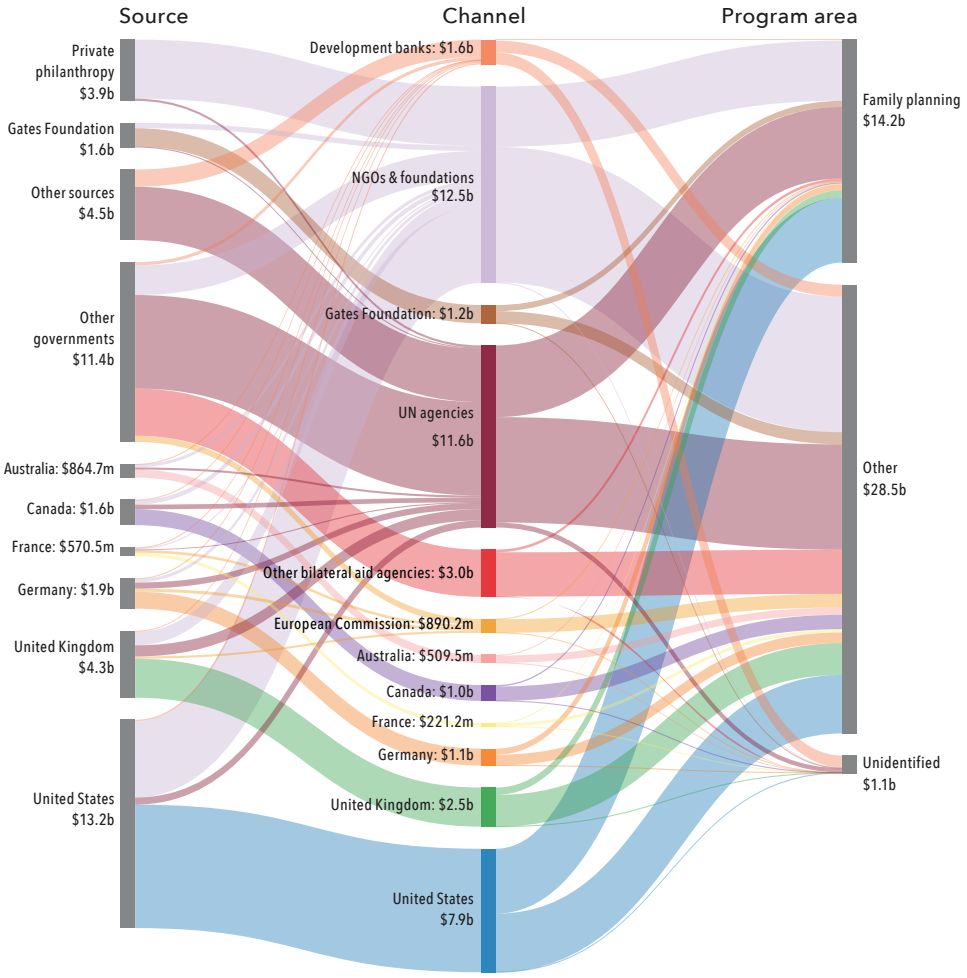
Source: IHME DAH Database 2015

Note: Maternal health assistance for which we do not have program area information is designated as "unidentified."

*2014 and 2015 are preliminary estimates.

FIGURE 33

Flows of maternal health DAH from source to channel to program area, 2000–2015



Source: IHME DAH Database 2015

Note: Cumulative maternal health DAH from 2000 to 2015 in billions of 2015 US dollars. 2014 and 2015 are preliminary estimtes. Maternal health assistance for which we do not have program area information is designated as "unidentified."

Among channels, NGOs and foundations disbursed the most for maternal health from 2000 to 2015, splitting 30.7% and 69% of funding between family planning and maternal health, respectively. From 2000 to 2015, funding from this combination of entities amounted to $12.5 billion. The United States was the largest source, providing 38.8% of all NGO and foundation funding for maternal health from 2000 to 2015. Private philanthropy was the source of 8.9% or a cumulative $4.5 billion over the same period.

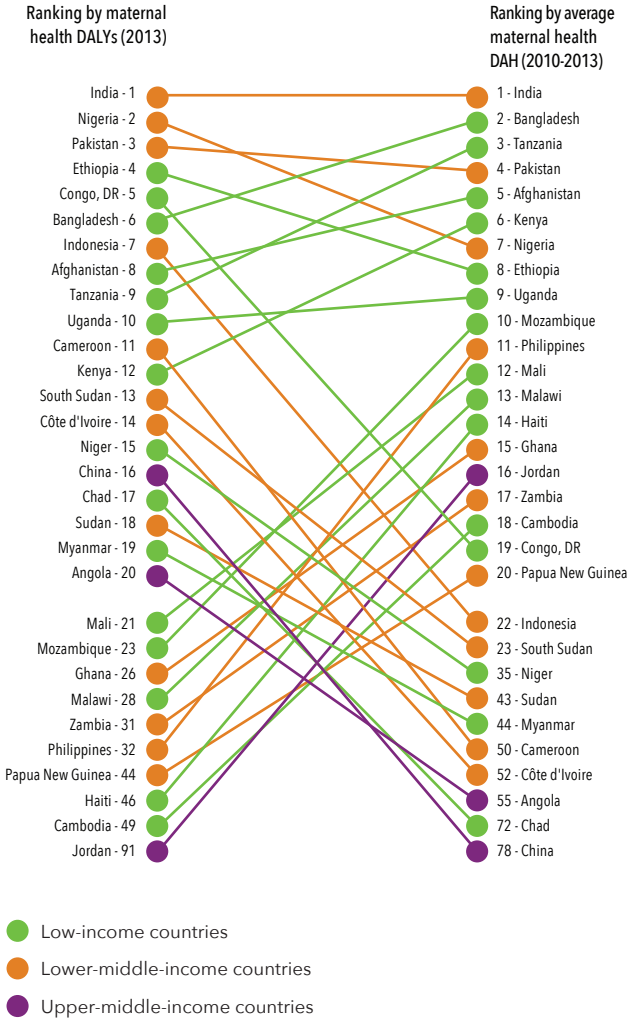
The UN agencies active in maternal health include UNFPA, PAHO, and WHO, which collectively provided $11.6 billion in funding for maternal health over 2000–2015. Unsurprisingly, across UN agencies, UNFPA disburses the most for maternal health, comprising 92.5% of total UN contributions, or $10.7 billion from 2000 to 2015. Recently, maternal health funding from UNFPA is down, dropping 14.8% over 2014, with $731 million disbursed in 2015. Of total UN funding for maternal health, 39.4% flowed to family planning and 57.8% flowed to maternal health over 2000 to 2015.

In Figure 34, the countries with the top maternal disease burden are compared against the countries that received the most DAH for maternal issues, on average, from 2010 to 2013. India, as the second-largest country in the world, tops both lists. The rankings are populated substantially by low- and lower-middle-income countries, with the exception of China and Angola, among the top burden countries, and Jordan, as the recipient of substantial maternal DAH. In contrast to many other health focus areas, the top-20 lists do not align well, with 10 of the top burden countries missing from the top DAH list.

Figure 35 captures average DAH per maternal health DALY. Maternal DALYs are driven by fertility rates, as well as the capacity to treat maternal conditions successfully in a given country. A number of sub-Saharan African countries have some of the highest fertility rates in the world and this, combined with lower levels of maternal care capacity, results in substantially higher maternal health DALYs. Even so, the map exposes that DAH per DALY varies widely across the region, with more than $150 per DALY disbursed in a number of countries. In South America, moderate rates of DAH per DALY are observed, with about $10 to $40 per DALY in Brazil, Venezuela, and Colombia, while Peru, Bolivia, and Paraguay received more than $300 per DALY. Some small Central American countries, notably Belize and El Salvador, received more than $1,000 per DALY. China, Russia, and a number of other countries in Central Europe and Asia received less than $3 per DALY.

FIGURE 34

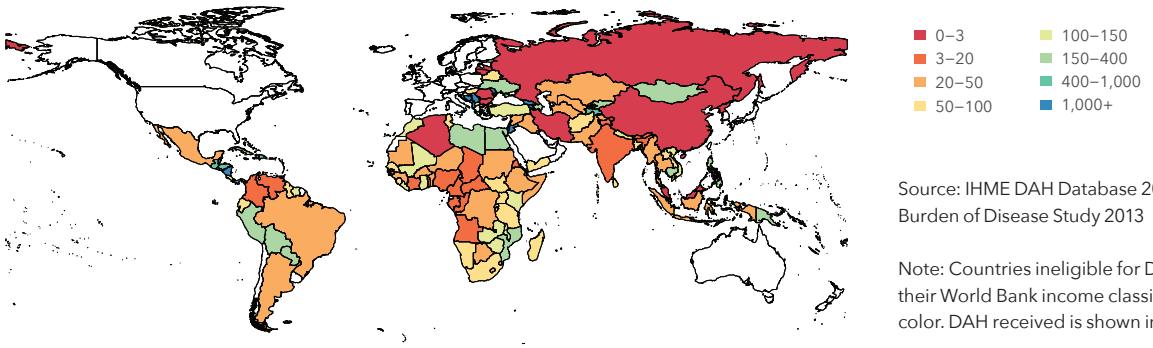
Top 20 countries by 2013 maternal health burden of disease versus average 2010–2013 DAH



IHME DAH Database 2015, Global Burden of Disease Study 2013

FIGURE 35

Maternal health DAH, 2010–2013, per related DALY, 2013



Source: IHME DAH Database 2015, Global Burden of Disease Study 2013

Note: Countries ineligible for DAH based on their World Bank income classification have no color. DAH received is shown in real 2015 dollars.

MALARIA

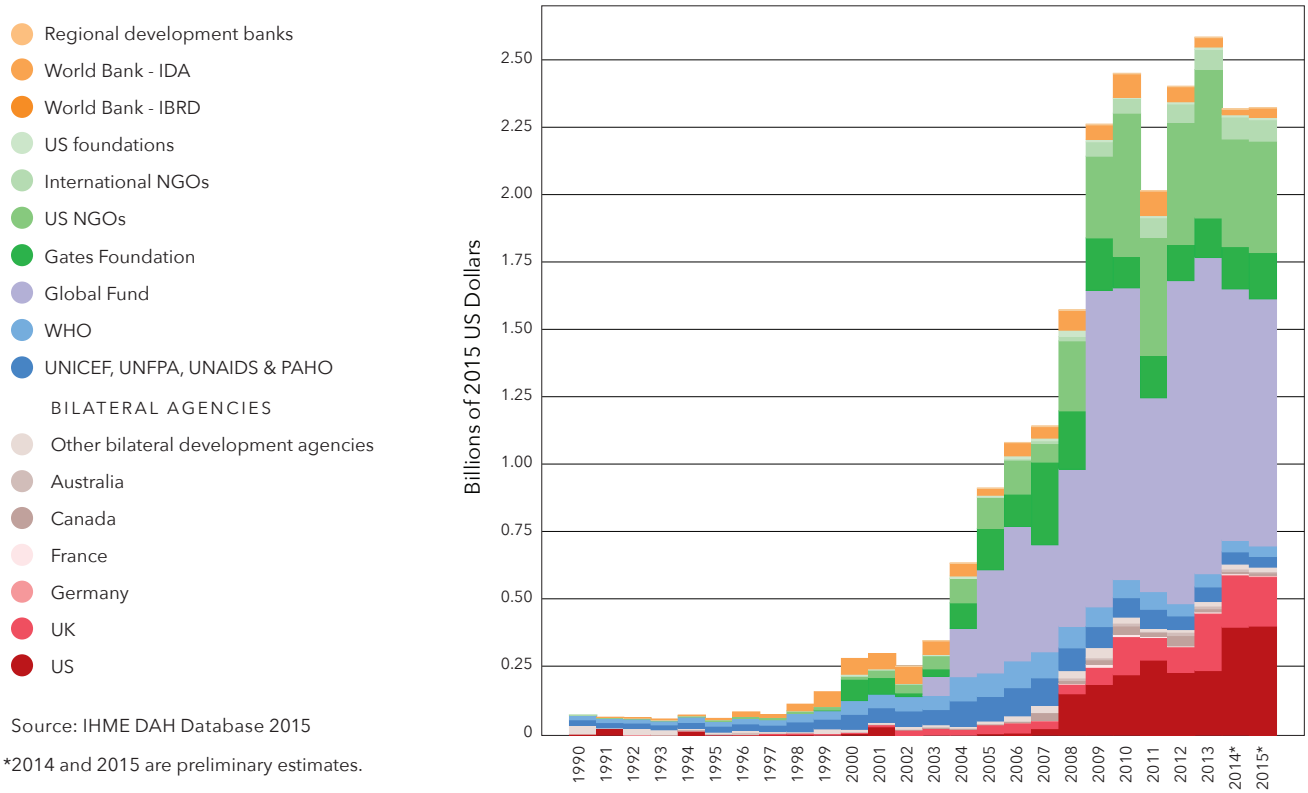
Malaria is concentrated in sub-Saharan Africa, where, again, *Plasmodium falciparum* is the endemic form of the disease. However, the disease also afflicts many parts of Asia and Central and South America, where *Plasmodium vivax* malaria is generally more prevalent. The fight against malaria has a long history, and although much more work has yet to be done, malaria has been successfully eliminated from many areas. In recognition of achievements in this area of global health, Youyou Tu, who developed artemisinin, the key treatment for *Plasmodium falciparum*, was awarded the Nobel Prize in 2015.[7] A Global Technical Strategy for Malaria emphasized these and other successes in malaria elimination and also set targets of reducing global malaria incidence and mortality rates by at least 90% by 2030.[58]

In the last 15 years, two core international organizations were launched to focus specifically on fighting malaria: the US President's Malaria Initiative (PMI) and the Global Fund. However, a number of other governmental and non-governmental initiatives were vital to mobilizing funding and international activity in the malaria arena, including the longstanding Roll Back Malaria Partnership hosted by WHO.

As shown in Figure 36, trends in malaria DAH were similar to the other health focus areas enshrined in MDG 6. Malaria DAH grew rapidly from 2000 to 2010, as PMI and Global Fund activities ramped up. Over this period, DAH

FIGURE 36

DAH for malaria by channel of assistance, 1990–2015



Source: IHME DAH Database 2015

*2014 and 2015 are preliminary estimates.

for malaria grew 26.2% annually, reaching a peak of $2.5 billion in 2013. The total DAH disbursed for malaria dropped slightly thereafter, amounting to $2.3 billion in 2015, a very minor increase of 0.4% over 2014 levels.

Funding for malaria may get an additional boost over the next few years. A new funding entity, the Ross Fund, was launched in 2015 by the UK and the Gates Foundation. The Ross Fund, named in memory of Sir Ronald Ross, who received the Nobel Prize in 1902 for discovering that mosquitoes transmit malaria, will focus on eradicating malaria and developing new drugs and diagnostics for malaria, TB, and other infectious diseases.[16] Neglected tropical diseases and diseases with emerging resistance to existing pharmaceutical and other treatment will also be targeted.

While such an injection of funds may change the malaria funding landscape in future years, from 2000 to 2015, the largest channel of malaria DAH was the Global Fund. In 2015, the Global Fund expended 40% of total DAH for malaria, a total of $917 million. Global Fund DAH peaked in 2012, at $1.2 billion in funding, but has otherwise hovered around $1 billion for the last four years. Malaria funding for the Global Fund is sourced mainly from the US, which furnished 42.7% or $392 million of Global Fund malaria funding in 2015. The UK was the next largest source, providing $171 million or 18.6% of malaria DAH to the Global Fund. France and Germany provided $21 million and $68 million, respectively, in 2015. The bulk of these funds flow to efforts to combat malaria in sub-Saharan Africa, where incidence is highest, but a substantial sum is also provided to Southeast Asia, East Asia, and Oceania.

As shown in Figure 37, the US is the largest source of malaria DAH as well as, largely through PMI, a major channel of funding for the health focus area. In 2015, DAH for malaria sourced from the US amounted to $1 billion. Of these funds, 40.4% flowed through US bilateral channels, which expended $392 million in 2015 on malaria, a minor, 1% increase over 2014 disbursements. Other US malaria funding was provided to NGOs ($194 million) and the Global Fund ($392 million).

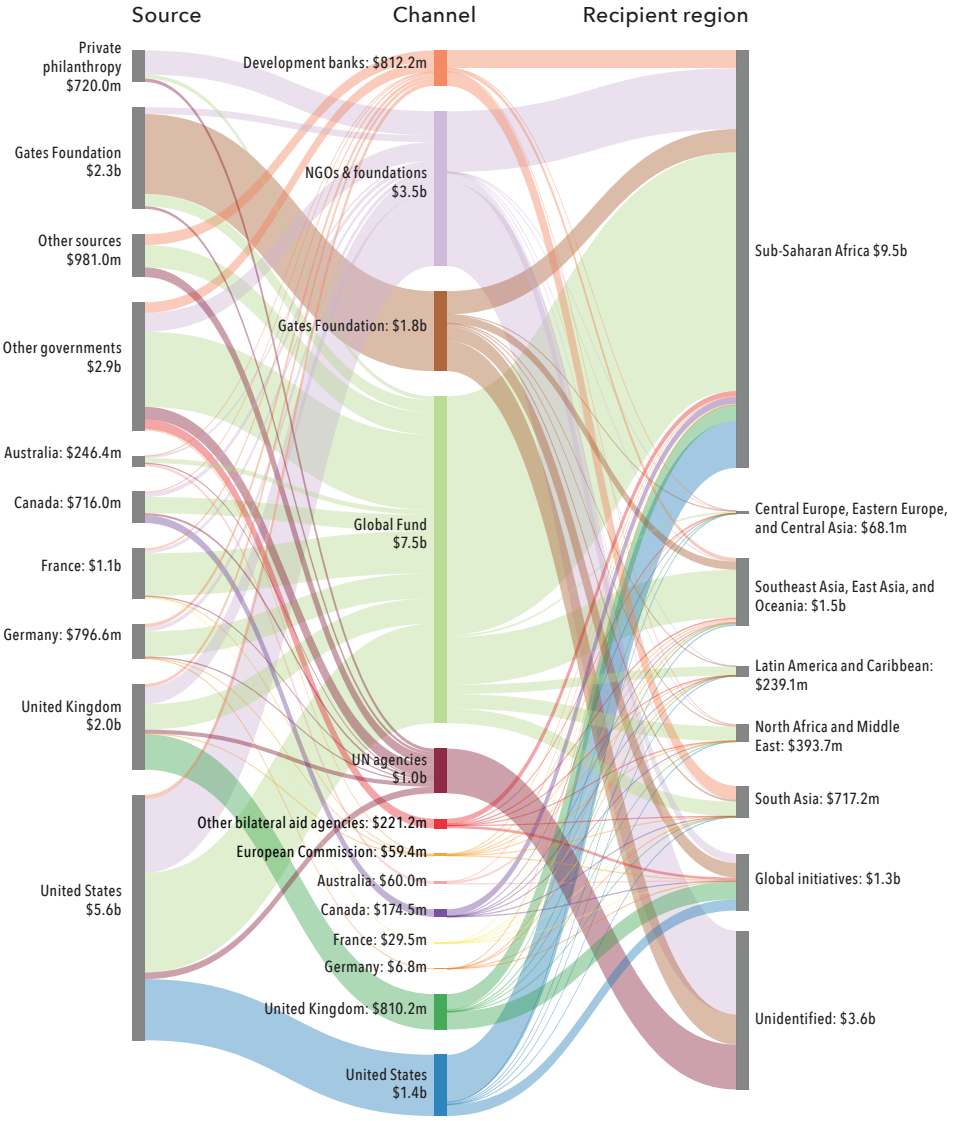
In addition to launching the Ross Fund, the UK also served as the second-largest source of funding for malaria. In 2015, $452 million in UK DAH was invested in anti-malaria efforts, 19.7% of total malaria funding. The contributions from the UK are directed through its own bilateral channels (40.6%) but were also provided to the Global Fund (37.8%, or $171 million) and NGOs fighting malaria (19.6%, or $89 million) in 2015.

The Gates Foundation's malaria efforts are directed through the foundation itself as a channel but also span international and non-governmental organizations. After the Global Fund, the Gates Foundation has served as the second-largest channel of funding for this health focus area over 2000–2015. In 2015, the Gates Foundation dedicated $280 million in source funds for malaria. Across channels, 61.4% flowed through the foundation, while 15.6% or $44 million flowed through the Global Fund and another 21.4% or $60 million was provided to NGOs in 2015.

Other major development assistance partners have supported the fight against malaria substantially. UN agencies, mainly through the Roll Back Malaria department at WHO, furnished $40 million for malaria efforts in 2015. Support was sourced from an array of high-income governments,

FIGURE 37

Flows of malaria DAH from source to channel to recipient region, 2000–2013



Source: IHME DAH Database 2015

Note: Cumulative malaria DAH from 2000 to 2013 in billions of 2015 US dollars. Malaria health assistance for which we do not have regional information is designated as "unidentified." Argentina, Chile, and Uruguay were included in the Latin America and Caribbean region. South Korea was included in Southeast Asia, East Asia and Oceania. These countries are generally included in the "high-income" GBD 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 2015.

including Germany ($95 million), France ($36 million), and Canada ($33 million), with the vast majority of funding flowing to the Global Fund.

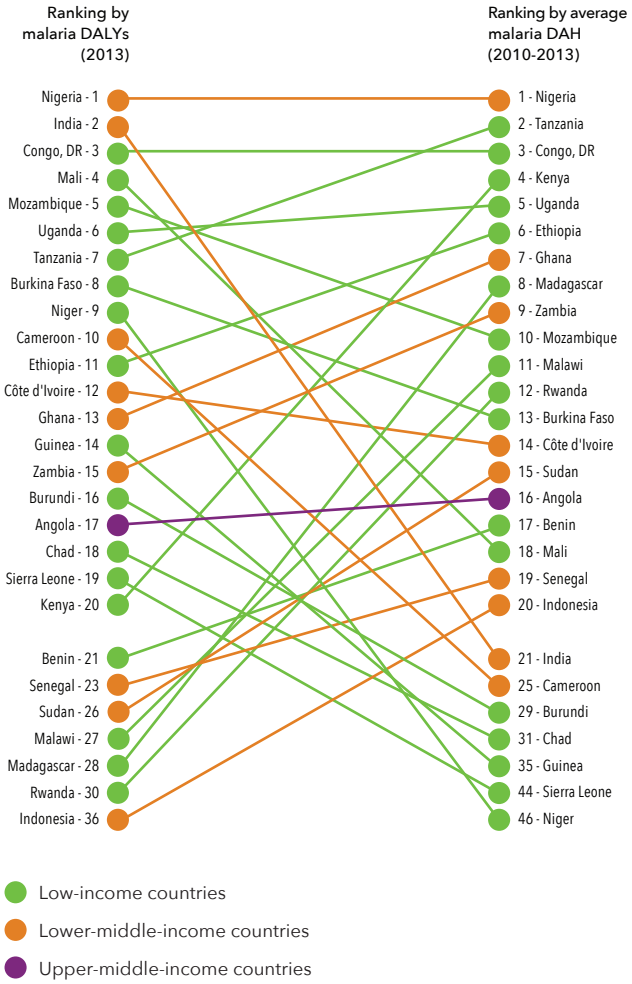
Efforts to eliminate malaria have a long history, and the charge to eradicate malaria entirely has been recently reignited by WHO, the Malaria Elimination Initiative (MEI), and the Gates Foundation. While the WHO considers nine countries with ongoing transmission as in the malaria elimination phase, MEI focuses on 35 low- and middle-income countries battling the disease that currently harbor lower transmission rates and could reasonably achieve elimination in coming years.[59] These 35 eliminating countries receive 6.5% of total malaria DAH averaged between 2010 to 2013, or $233 per DALY. Driven by the larger disease burden, other malaria-endemic countries receive $12 per DALY.

Across regions, sub-Saharan Africa received the largest sum of malaria DAH, with $712 million or 31.1% of total malaria DAH invested in the region in 2015. However, sub-Saharan Africa is also where the burden of malaria is most consequential. In 2013, 10.4% of all DALYs for the region were caused by malaria. This high level of burden is reflected in Figure 38. India is the only non-African country that makes the top-20 DALY list, and it is the second-largest country in the world. The relationship between poverty and malaria is also highlighted, as Angola is the only upper-middle-income country that appears in either ranking.

However, integrating burden and DAH into one metric – DAH per DALY – emphasizes that top funding flows do not translate into the most DAH when considering malaria's impact on a given population. Figure 39 shows that countries in sub-Saharan Africa received DAH per DALY ranging from less than $2 to over $80. In fact, DAH per DALY is highest in some of the countries pursuing elimination, including China ($883 per DALY), Bolivia ($4,812 per DALY), Iran ($3,110 per DALY), and Sri Lanka ($2,910 per DALY).

FIGURE 38

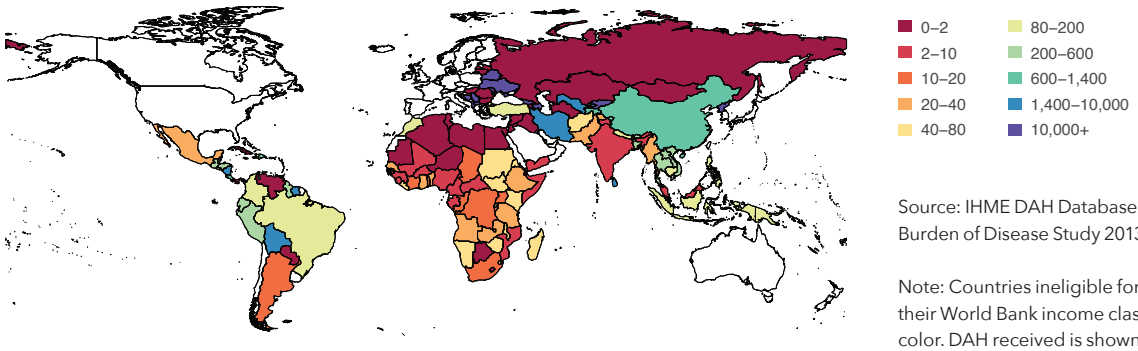
Top 20 countries by 2013 malaria burden of disease versus average 2010–2013 DAH



IHME DAH Database 2015, Global Burden of Disease Study 2013

FIGURE 39

Malaria DAH, 2010–2013, per related DALY, 2013



Source: IHME DAH Database 2015, Global Burden of Disease Study 2013

Note: Countries ineligible for DAH based on their World Bank income classification have no color. DAH received is shown in real 2015 dollars.

TUBERCULOSIS

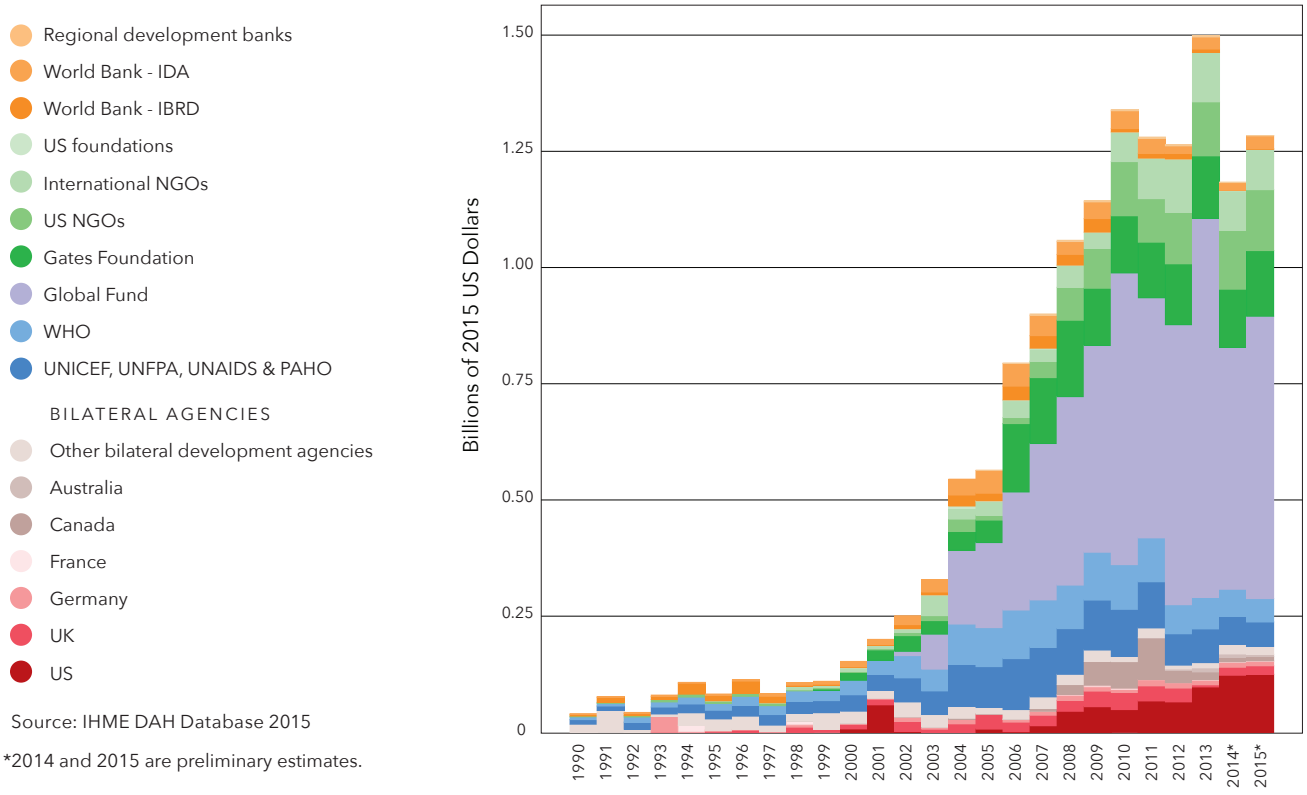
Tuberculosis (TB) ranks increasingly high on the global health agenda. In 2014, at the World Health Assembly, a new End TB Strategy was launched, outlining a number of worldwide targets in the fight against the disease.[60] In 2015, the White House launched a "National Action Plan for Combating Multidrug-resistant Tuberculosis," which included global targets for treatment coverage and incidence reductions.[61] The growing burden of TB, including the difficult-to-treat multi-drug-resistant TB, is a growing threat in many settings, and policymakers are increasingly mobilized.

Currently, funding to fight TB mirrors the flatline observed in the other MDG 6 health focus areas. As shown in Figure 40, $1.2 billion in DAH was provided for TB in 2015. This sum is an increase of 9.6% over 2014 levels but is 13.7% lower than the all-time high of $1.4 billion disbursed in 2013. Since 2009, DAH for TB has wavered around $1 billion annually.

The Global Fund far surpasses any other channel in efforts to combat TB. More than 49.1% of all funding for TB passed through the Global Fund in 2015, a total of $607 million. DAH for TB from the Global Fund climbed 16.8% in 2015, a welcome rebound after a substantial drop from 2013 to 2014. Global Fund support for TB activities is sourced predominantly from the US, which provided $260 million in 2015. Other major sources were the UK ($113 million), Germany ($45 million), and France ($14 million) in 2015.

FIGURE 40

DAH for tuberculosis by channel of assistance, 1990–2015



Source: IHME DAH Database 2015

*2014 and 2015 are preliminary estimates.

DAH from the Global Fund for TB flows to recipients across regions, reflecting TB's prevalence in a wide range of country contexts, with sub-Saharan Africa and Southeast Asia, East Asia, and Oceania the recipients of the most in TB DAH from the Global Fund across 2000–2013.

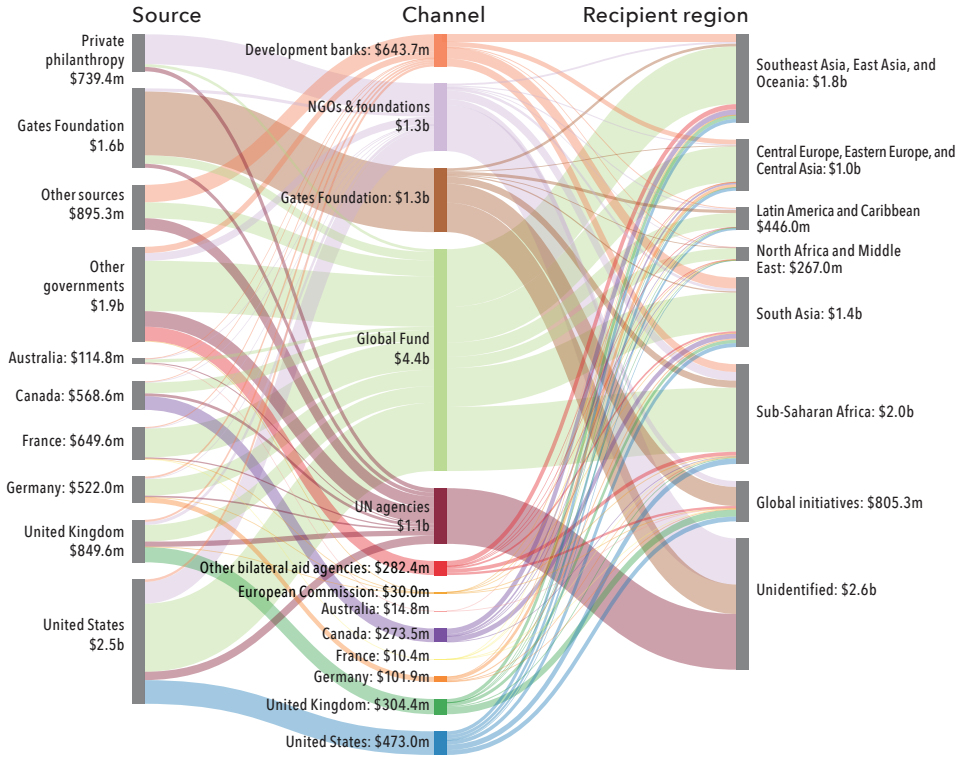
Figure 41 captures the US as the largest source of TB DAH. A total of $473 million was sourced from the US in 2015. The vast majority of US funding for this health focus area is channeled through the Global Fund – 54.8% or $260 million of US-source TB funding in 2015. Funding furnished by US channels amounted to $125 million in 2015, an uptick of 1.6% relative to DAH in 2014. Levels of US funding for TB are expected to remain steady; the US Congress sustained levels of TB DAH in its 2016 budget.[45]

Contributing $190 million or 15.3% of total TB DAH in 2015, the Gates Foundation is another major source of TB funding. In contrast to malaria and HIV/AIDS funding, the Gates Foundation provides 74.5% of its support for TB through the foundation itself as a channel, whereas 15.2% or $29 million was furnished through the Global Fund.

Other major sources of TB funding provide the vast majority of TB DAH to the Global Fund. Of the $145 million in TB DAH provided by the UK in 2015, for instance, 78.1% reached the Global Fund. France, which furnished $16 million in TB DAH in 2015, transferred 83.9% to the Global Fund. Germany also provided 78% of its $58 million in TB DAH to the public-private partnership.

FIGURE 41

Flows of tuberculosis DAH from source to channel to recipient region, 2000–2013

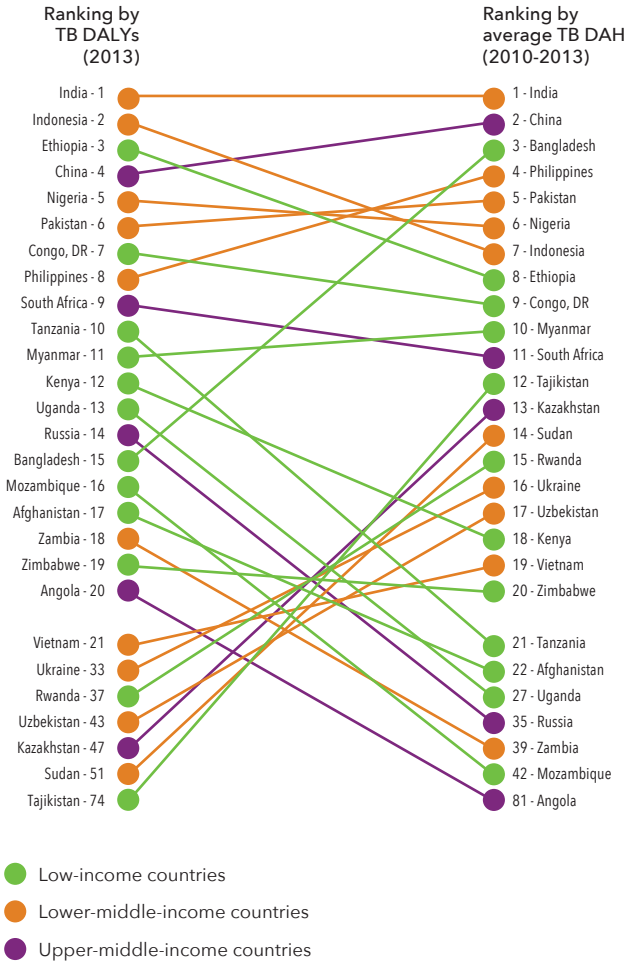


Source: IHME DAH Database 2015

Note: Cumulative tuberculosis DAH from 2000 to 2013 in billions of 2015 US dollars. Tuberculosis health assistance for which we do not have regional information is designated as "unidentified." Argentina, Chile, and Uruguay were included in the Latin America and Caribbean region. South Korea was included in Southeast Asia, East Asia and Oceania. These countries are generally included in the "high-income" GBD 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 2015.

FIGURE 42

Top 20 countries by 2013 tuberculosis burden of disease versus average 2010–2013 DAH



IHME DAH Database 2015, Global Burden of Disease Study 2013

While the Global Fund was the largest TB channel, UN agencies, namely through the Stop TB Partnership, have brought together more than 1,000 organizations to mobilize support for policymaking, technical advances, and other activities. In 2015, a total of $52 million was disbursed across the UN to fight TB. This was a drop of 13.5% over 2014 levels.

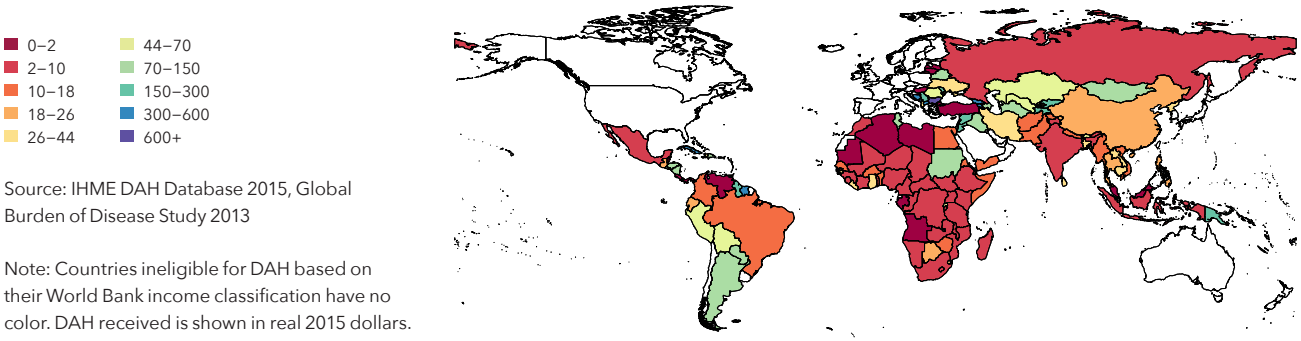
Finally, private philanthropic efforts also focus substantially on TB in low- and middle-income countries. In 2015, $218 million was provided to NGOs and foundations to fight TB. These funds were sourced largely from private philanthropic efforts (10.7%) as well as the US government (38.1%).

The burden of TB and the funding that supports the fight against its spread are associated with the HIV/AIDS epidemic; TB DALYs have emerged faster in sub-Saharan Africa than in other parts of the world. However, TB is also associated with many more settings than the HIV epidemic, and this is reflected in the geographic range and variation in income level in Figure 42, which pairs the highest DALYs and DAH at the country level. India and China, as the two most populous countries in the world, are close to the top of both lists. Alignment between DALYs and DAH in the top 10 countries is fairly strong.

Figure 43 highlights DAH per DALY at the country level. Combining these two metrics reveals that the vast majority of countries, including the majority of countries in sub-Saharan Africa, received less than $10 per TB DALY. Exceptions were scattered across regions, with Argentina, Paraguay, Sudan, and a number of countries in Eastern Europe and Central Asia benefiting from more than $70 per DALY.

FIGURE 43

Tuberculosis DAH, 2010–2013, per related DALY, 2013



Source: IHME DAH Database 2015, Global Burden of Disease Study 2013

Note: Countries ineligible for DAH based on their World Bank income classification have no color. DAH received is shown in real 2015 dollars.

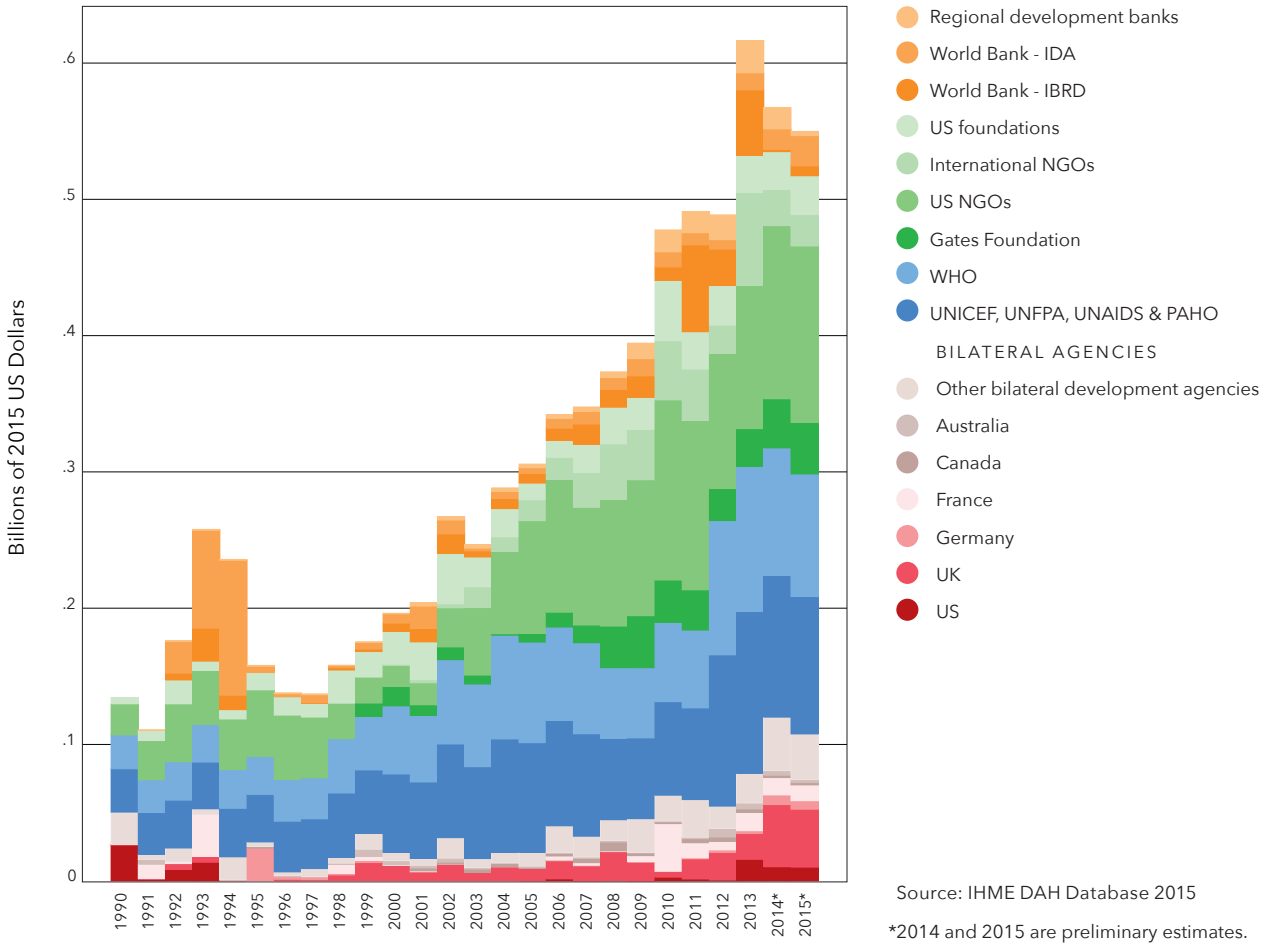
NON-COMMUNICABLE DISEASES

In 2014, an independent task force sponsored by the Council on Foreign Relations emphasized non-communicable diseases as the driver of an emerging global health crisis.[62] The report underscored that NCDs are the largest cause of disease and death in low- and middle-income countries, yet continue to receive the least international funding. The potential for cost-effective NCD investments, the report concluded, should be considered in depth as funders weigh priorities in global health.

DAH estimates underline the small share of DAH allocated to NCDs. As captured in Figure 44, only 1.3% of total DAH supported efforts to fight NCDs in 2015. From 2000 to 2015, DAH for NCDs grew substantially, at 8.2% annually, but increases did not occur at the pace observed in the health focus areas highlighted in the MDGs, which were 10.2% on average (across HIV/AIDS, TB, malaria, maternal health, and newborn and child health). From 2000 to 2015, a total of $5.2 billion was cumulatively contributed to NCD efforts. In 2015 alone, $475 million was disbursed, a drop of 3.4% over 2014 levels.

FIGURE 44

DAH for non-communicable diseases by channel of assistance, 1990–2015



Source: IHME DAH Database 2015

*2014 and 2015 are preliminary estimates.

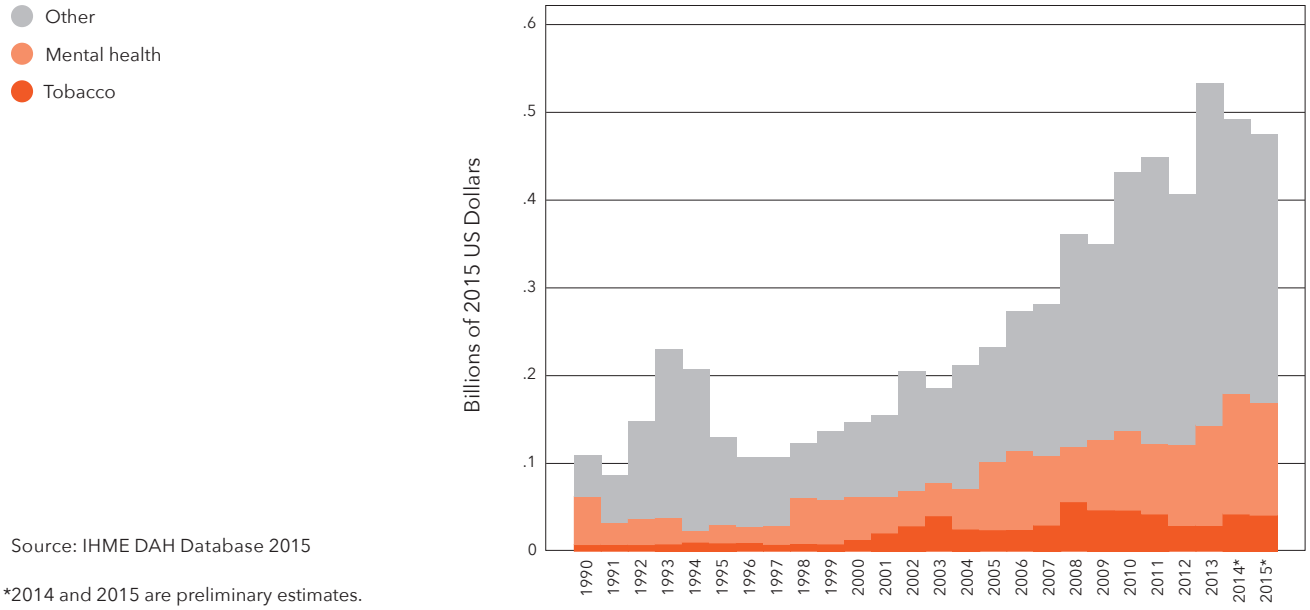
Figure 45 represents the disaggregation of program categories within the NCD health focus area. In 2015, the fight against tobacco use received $41 million in DAH. This has not changed substantially since 2002, with anti-tobacco DAH ranging from $25 million to $56 million in annual aid over this period. The other program area tracked is development assistance for mental health. Over the last 26 years, mental health DAH has comprised a larger absolute amount of NCD DAH than anti-tobacco funding. From 2000 to 2015, $1.2 billion was cumulatively disbursed to support mental health in developing countries. In 2015, mental health DAH was essentially unchanged, at $128 million disbursed, 27% of total NCD DAH.

NCDs are supported by NGOs and foundations more than any other set of channels, with the private philanthropy category constituting the largest source of funding. Bloomberg Philanthropies, of note, has been a major champion of anti-tobacco and other anti-NCD efforts, providing $543 million from 2000 to 2015. From 2000 to 2015, 18.2% of total NCD DAH was sourced from private philanthropy, with the vast majority of funds flowing to NGOs and foundations. Over the same period, NGOs and foundations expended $2.1 billion cumulatively in DAH, 41.3% of total NCD DAH. NGOs channeled 50.8% of funding on mental health and 26.9% on anti-tobacco efforts over 2000–2015.

UN agencies constitute the next largest channel. Led predominantly by the WHO, and to a lesser degree, PAHO, UN funding amounted to $101 million in 2015, 21.2% of NCD DAH. The United Nations Interagency Task Force (UNIATF) on the Prevention and Control of NCDs coordinates UN activities on this health focus area and laid the groundwork for the 2014 Global NCD Action Plan, which includes a number of targets and other

FIGURE 45

DAH for non-communicable diseases by program area, 1990–2015

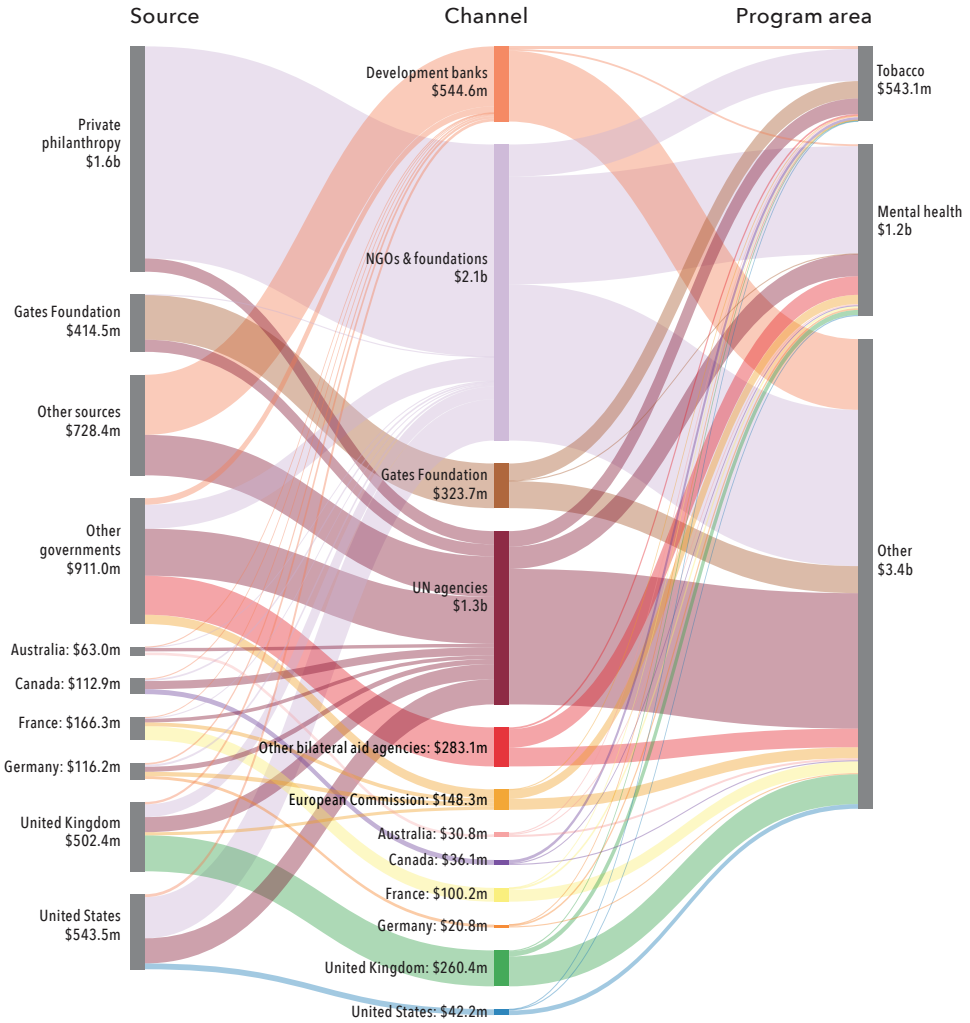


Source: IHME DAH Database 2015

*2014 and 2015 are preliminary estimates.

FIGURE 46

Flows of non-communicable disease DAH from source to channel to program area, 2000–2015



Source: IHME DAH Database 2015

Note: Cumulative non-communicable disease DAH from 2000 to 2015 in billions of 2015 US dollars. 2014 and 2015 are preliminary estimtes. Non-communicable disease health assistance for which we do not have program area information is designated as "unidentified."

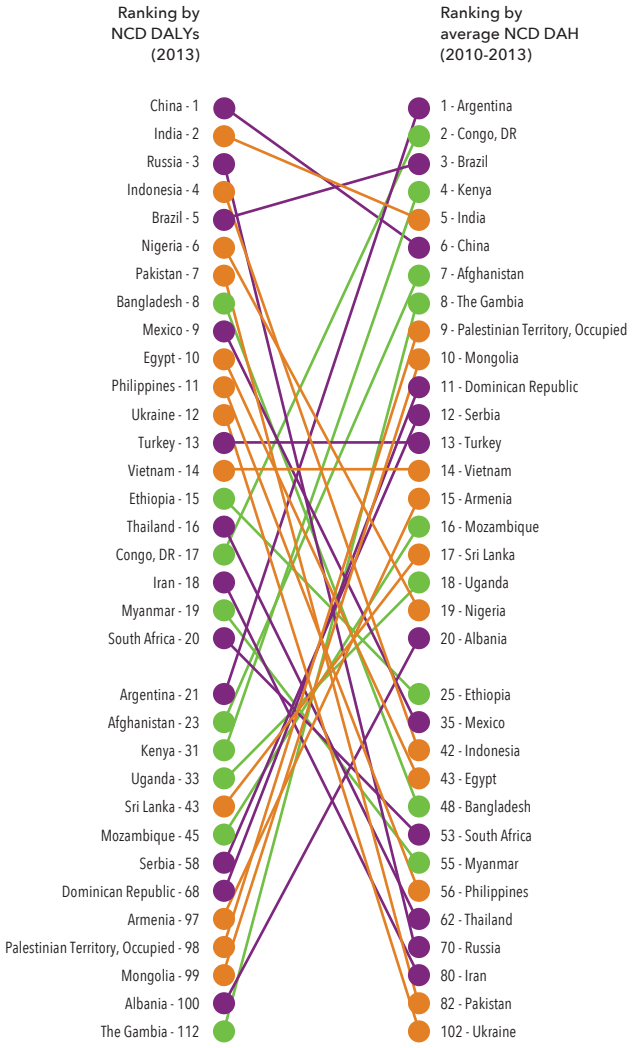
structures for coordination among UN bodies and countries.[63, 64] Funding for these and other activities was sourced prominently by the US, contributing 10.5% from 2000 to 2015, the UK (9.7%), and the Gates Foundation (8%).

NCD activities are also supported by development banks, which include the regional development banks (AfDB, ADB, and IDB) and the World Bank's IBRD and IDA. From 2000 to 2015, $545 million was disbursed by development banks for NCD efforts. From 2014 to 2015, DAH for NCDs from development banks increased 1.1%, amounting to $33 million in 2015.

Finally, the US, UK, and the Gates Foundation stand out as major sources and channels of NCD DAH. The US is the largest single bilateral source of funding, providing $543.5 million cumulatively from 2000 to 2015. UK NCD DAH, amounted to $502.4 million over the same period. In 2015, the Gates Foundation provided $414.5 million.

FIGURE 47

Top 20 countries by 2013 non-communicable disease burden of disease versus average 2010–2013 DAH



As the health focus area with the lowest disbursement levels, NCD DAH exhibits much less coherence between burden and international assistance. This is exhibited in Figure 47, which displays the countries with top DALYs side by side with the top recipients of NCD DAH. With the exception of the two most populous countries in the world – China and India – as well as Turkey and Vietnam, few countries are situated close to their DAH ranking. With such small sums disbursed, it is not surprising that there is such little alignment – however, development assistance partners would do well to take this into account in future years.

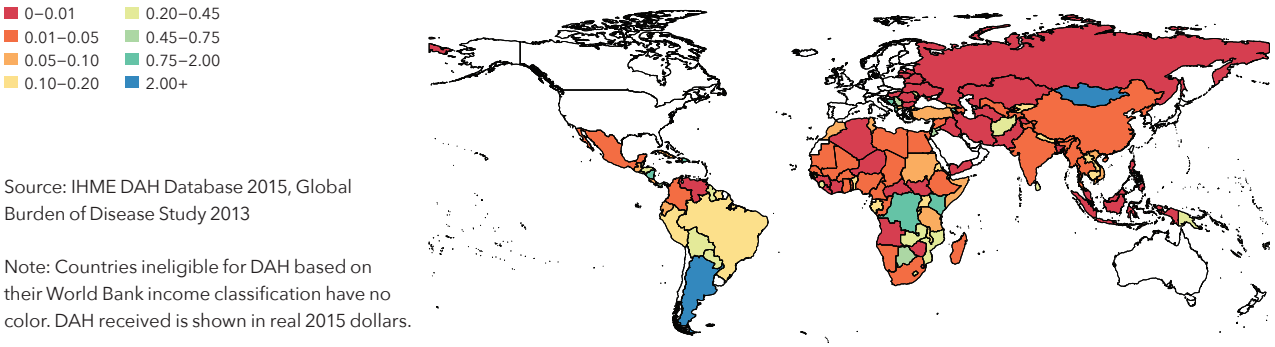
Figure 48 captures DAH per DALY for non-communicable diseases. As the largest source of burden in many developing countries, and the health focus area with the least funding, DAH per DALY is notably the lowest across health focus areas. This is due in part to the very little amount of development assistance targeting NCDs, but is also related to the very large share of the burden of disease associated with NCDs in low- and middle-income countries. Argentina and Mongolia received more than $2 in DAH per DALY. The vast majority of other countries were furnished with less than $1 per DALY.

Low-income countries
Lower-middle-income countries
Upper-middle-income countries

IHME DAH Database 2015, Global Burden of Disease Study 2013

FIGURE 48

Non-communicable disease DAH, 2010–2013, per related DALY, 2013



Source: IHME DAH Database 2015, Global Burden of Disease Study 2013

Note: Countries ineligible for DAH based on their World Bank income classification have no color. DAH received is shown in real 2015 dollars.

OTHER INFECTIOUS DISEASES

The other infectious diseases health focus area encapsulates infectious diseases outside of the three main communicable disease foci, HIV/AIDS, TB, and malaria. The set of diseases typically known as neglected tropical diseases (NTDs) as well as many other diseases not prioritized substantially globally are included in this health focus area.† The funding mobilized to fight Ebola in 2014 and 2015 is also included.

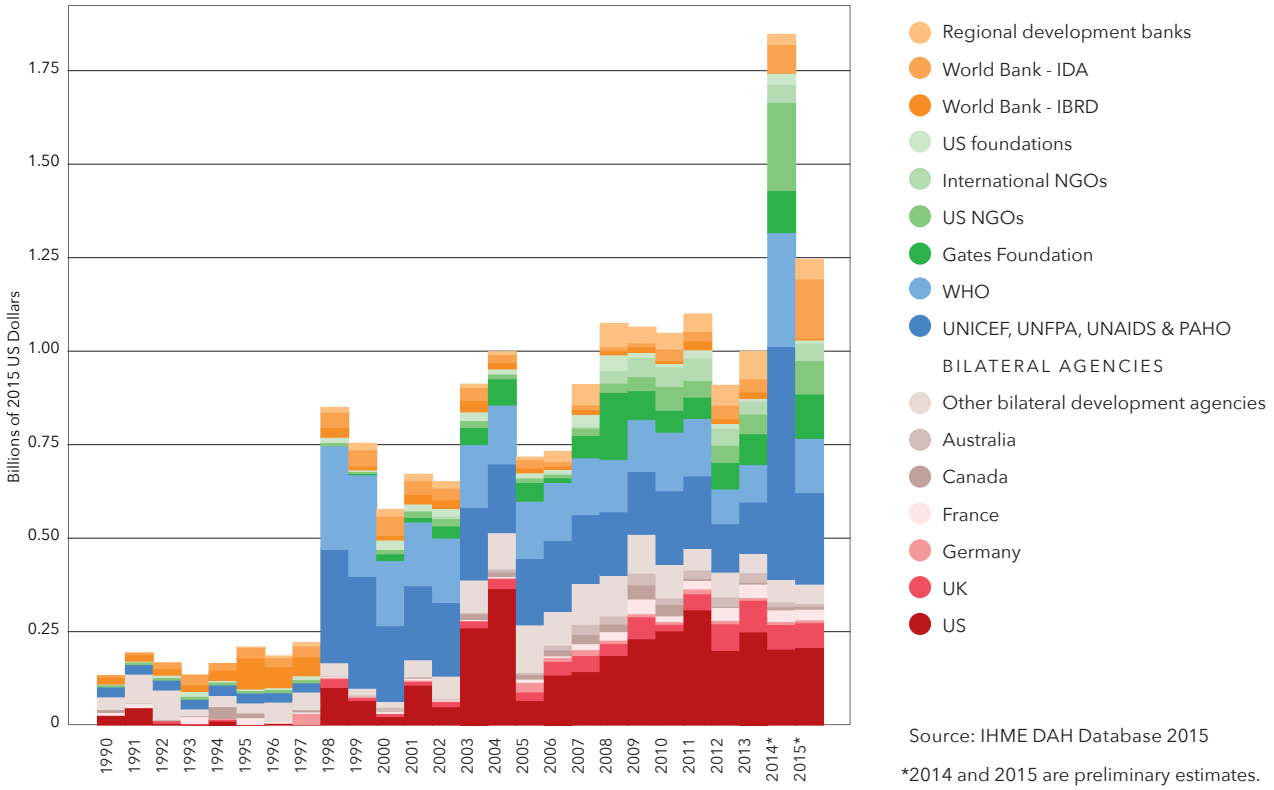
Other infectious diseases made up 4.5% of DALYs in low- and middle-income countries in 2015. DAH for these diseases amounted to 3%. A number of initiatives have propelled these diseases, notably NTDs, higher on the global health agenda. In London in 2012, the Gates Foundation and others convened the WHO, pharmaceutical companies, and governments from developing and developed countries alike to emphasize the detrimental and widespread impact of this collection of diseases, mobilizing commitments of more than $700 million.[65]

Figure 49 captures the 26-year trend in other infectious diseases. The outpouring of support for the Ebola crisis is represented by the spike in funding in 2014, when $1.5 billion was disbursed for other infectious diseases, 48.4% of which targeted Ebola. In 2015, $1.1 billion was provided for other infectious diseases, 25% of which focused on Ebola.

† NTDs are made up of 10 diverse communicable diseases: Buruli ulcer, Chagas, dengue and Chikungunya, Dracunculiasis (guinea-worm disease), echinococcosis, endemic treponematoses (yaws), foodborne trematodiases, human African trypanosomiasis (sleeping sickness), leishmaniasis, leprosy (Hansen disease), lymphatic filariasis, onchocerciasis (river blindness), rabies, schistosomiasis, soil-transmitted helminthiases, taeniasis/cysticercosis, and Trachoma.

FIGURE 49

DAH for other infectious diseases by channel of assistance, 1990–2015

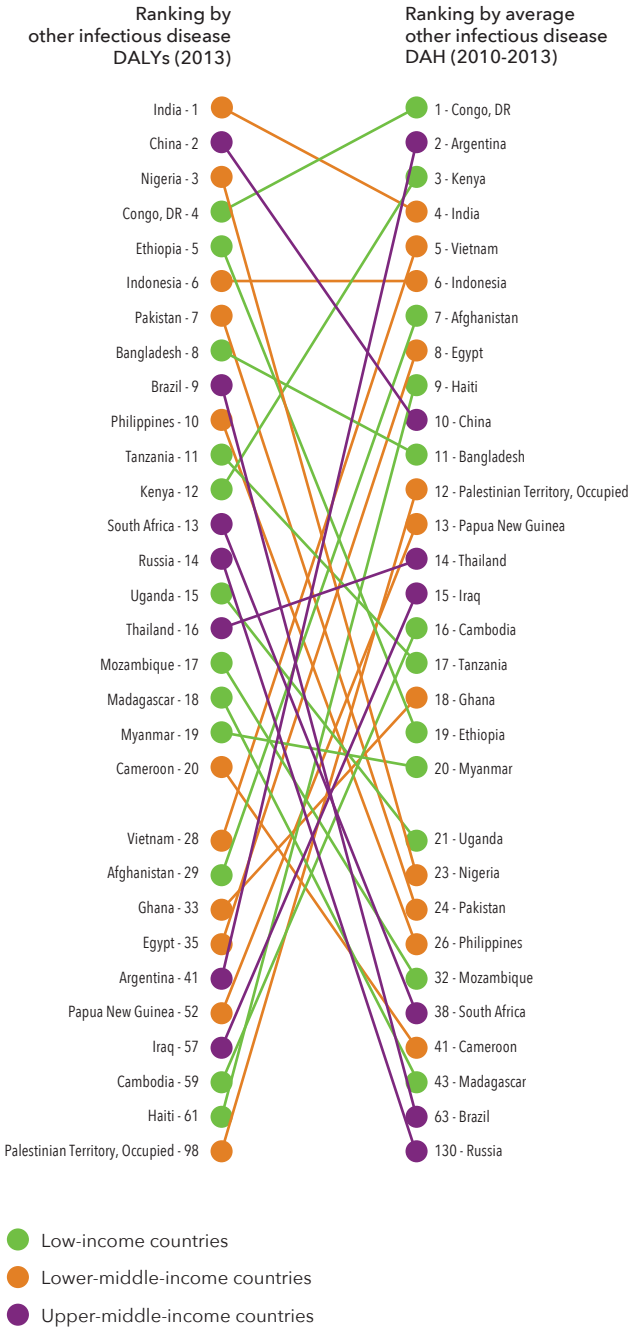


Source: IHME DAH Database 2015

*2014 and 2015 are preliminary estimates.

FIGURE 50

Top 20 countries by 2013 other infectious disease burden of disease versus average 2010–2013 DAH



IHME DAH Database 2015, Global Burden of Disease Study 2013

The US has provided the largest share of funding, amounting to 29.6% or $4 billion cumulatively from 2000 to 2015. The US predominantly funds other infectious disease activities through its bilateral aid agencies, providing 22.1% through bilateral channels over this period. US bilaterals channeled $208 million in 2015, a 2.4% jump over 2014 levels.

The UK is the next largest source of development assistance for other infectious diseases, furnishing 9.4% or a total of $1.3 billion from 2000 to 2015. In 2015, UK bilateral DAH for other infectious diseases totaled $66 million, relatively steady compared to 2014.

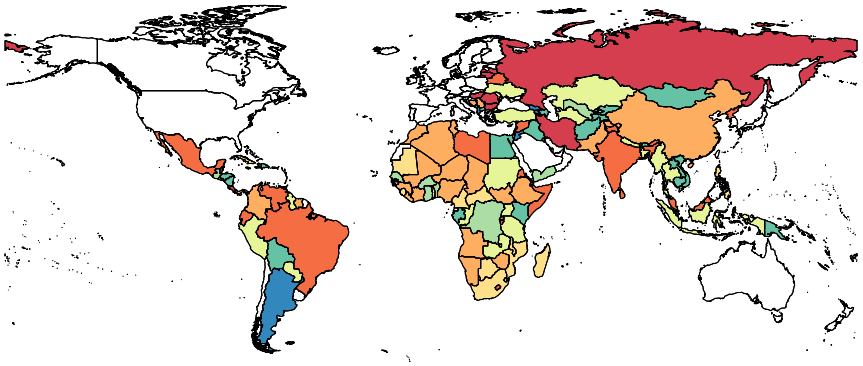
The Gates Foundation, in addition to convening global health partners around the cause of NTDs and other infectious diseases, has contributed substantially to the health focus area. In fact, in 2015, the foundation's contribution reached an all-time high of $130 million in development assistance for other infectious diseases. Since 2000, the foundation has provided a cumulative $1.2 billion to the cause, with growth amounting to 13.6% in increases annually.

UN agencies are a major channel of funding for other infectious diseases. From 2000 to 2015, UN agencies, which comprise PAHO, the WHO, UNICEF, and UNFPA, furnished $3.4 billion in DAH for other infectious diseases. A major increase in funding was seen in 2014, with $623 million provided for the health focus in that year. In 2015, with the Ebola crisis subsiding and mostly quelled, DAH for other infectious diseases from UN agencies dropped 60.7%, amounting to $245 million in 2015. 2014 and 2015 were the only two years that UNFPA and UNICEF disbursed DAH for other infectious diseases, underscoring the pronounced effect of that crisis on this funding area.

Non-governmental organizations and foundations also clearly responded to the crisis. In 2014, $284 million in DAH was provided for other infectious diseases, dropping 52% in 2015, to $137 million. Historically, these entities have not been as prominent, providing $1.1 billion cumulatively. However, the unique response of a number of funders new to other infectious diseases – including philanthropists Mark Zuckerberg and Priscilla Chan, and Paul Allen – boosted the

FIGURE 51

Other infectious disease DAH, 2010–2013, per related DALY, 2013



Source: IHME DAH Database 2015, Global Burden of Disease Study 2013

Note: Countries ineligible for DAH based on their World Bank income classification have no color. DAH received is shown in real 2015 dollars.

contribution of these organizations in 2014 and partially sustained funding flows into 2015.

Comparing the countries with the top DALYs and the top DAH in Figure 50 shows that other infectious diseases are major health issues in a wide range of geographic and income settings. A number of upper-middle-income countries count among both top recipients of aid and top burden countries. Alignment is somewhat better than the NCD burden-funding comparison but is not as coherent as the HIV/AIDS DAH-DALY rankings.

Figure 51 captures the DAH per DALY for other infectious diseases. DAH per DALY for this disease category is much higher than the DAH per DALY disbursed for NCDs. Other infectious diseases are concentrated in sub-Saharan Africa. However, funding per unit of disease burden varies widely. Only a few countries received more than $22 per DALY. Most countries in sub-Saharan Africa received less than $4 per other infectious disease DALY.

HEALTH SECTOR SUPPORT AND SECTOR-WIDE APPROACHES

More than 10 years ago, the Paris Declaration on Aid Effectiveness was signed.[66] This declaration committed development assistance partners to five tenets to improve the provision of aid: ownership, alignment, managing for results, harmonization, and mutual accountability. As Figure 52 emphasizes, health sector support (HSS) and sector-wide approaches (SWAPs) became popular tools for disbursing DAH after this global agreement was signed.

Furthermore, HSS and its corollary, health system strengthening, have regained the attention of development assistance partners of late. The Ebola crisis in West Africa underscored how global health emergencies are exacerbated by weak health systems, as emphasized by the Independent Panel on the Global Response to Ebola.[39] International organizations focused on just portions of the infectious disease burden, such as Gavi and the Global Fund, have also mandated that HSS make up a portion of their support in developing countries.

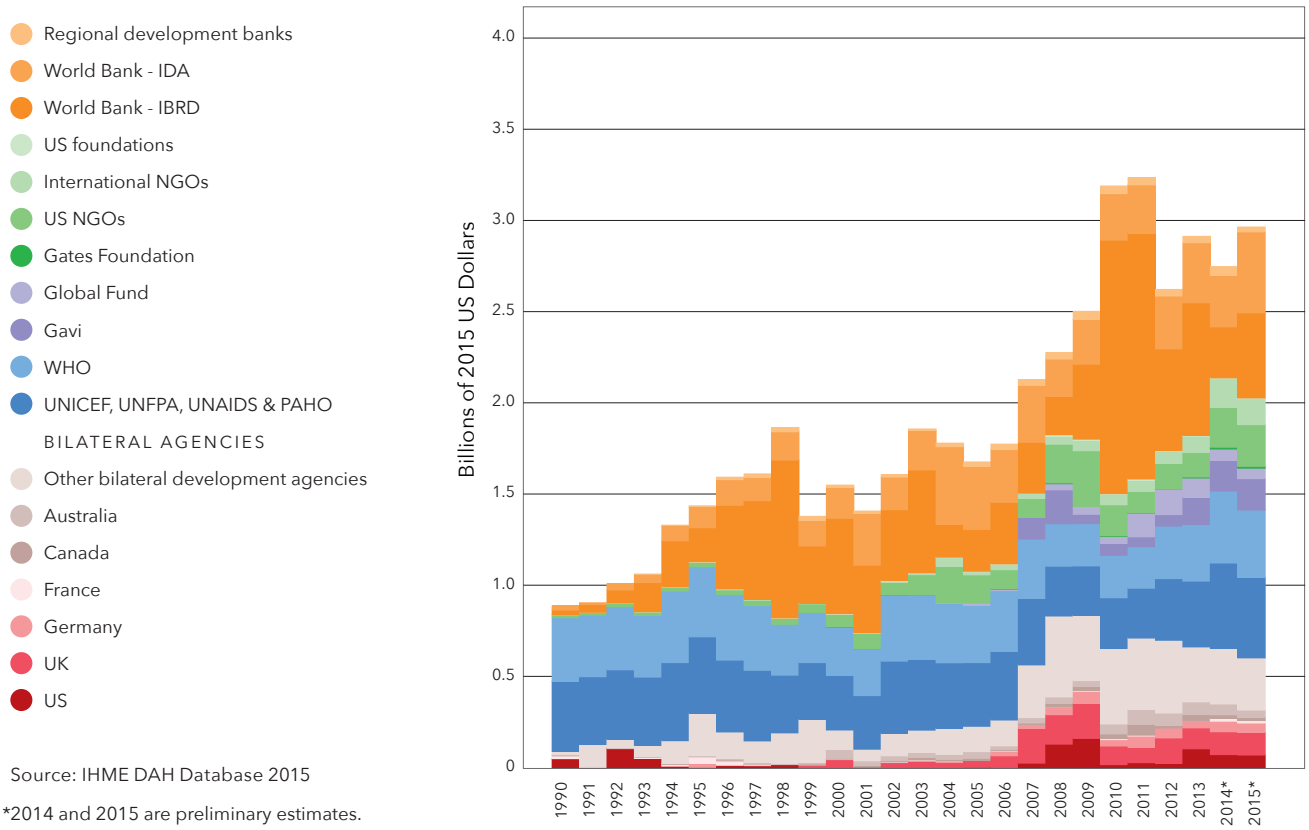
Development assistance for health system support and SWAPs reached an all-time high in 2011. DAH for this health focus area also grew 9.3% from 2014 to 2015, rising to $2.7 billion in 2015. Cumulatively, from 2000 to 2015, $32.4 billion in HSS/SWAP DAH was disbursed, 7.8% of the DAH total.

Figure 52 emphasizes development banks as the key channel in this area of global health. In 2015, these entities provided $937 million in funding, 35.1% of HSS/SWAP DAH. IDA was the channel for $444 million, while $467 million was furnished by IBRD. AfDB, ADB, and IDB collectively provided $27 million in 2015. Funding of this kind from the World Bank in particular peaked in 2011; in response to the financial crisis, the World Bank provided a number of stopgap measures for health in developing countries, including Development Policy Loans. The source of these funds comes predominantly from debt repayments and other resources managed by the banks.

The next largest channel was UN agencies and, prominently, the WHO. In 1990, UN agencies provided 71.5% of all HSS/SWAP funding, the vast majority of DAH for this health focus area. This sum has remained steady since 1990, with funding increasing just 6.6% annually from 1990 to 2015. In 2015, the UN agencies furnished $442 million in total HSS/SWAP DAH, with $368 million and $74 million from the WHO and other UN agencies, respectively. These funds were sourced predominantly from the UK (12.5%) and the US (12.3%) from 1990 to 2015.

FIGURE 52

DAH for health sector support and sector-wide approaches by channel of assistance, 1990–2015



Source: IHME DAH Database 2015

*2014 and 2015 are preliminary estimates.

Government health expenditure as a source

Government health expenditure is substantially greater than development assistance for health in size, scope, and scale in most low- and middle-income countries, and its importance has been enshrined in a number of global agreements.[67] As universal health coverage (UHC) increasingly becomes a global health priority and DAH stagnates, government health expenditure will likely be further emphasized as a vital input to improving health in the developing world.[68]

To assess the domestic contributions to health in low- and middle-income countries, IHME estimates government health expenditure as a source (GHE-S). GHE-S is defined as expenditure on health from domestic governmental resources, that is, funds raised from the tax base or other types of governmental income. GHE-S is distinct from externally sourced funds, notably DAH, provided to governments.

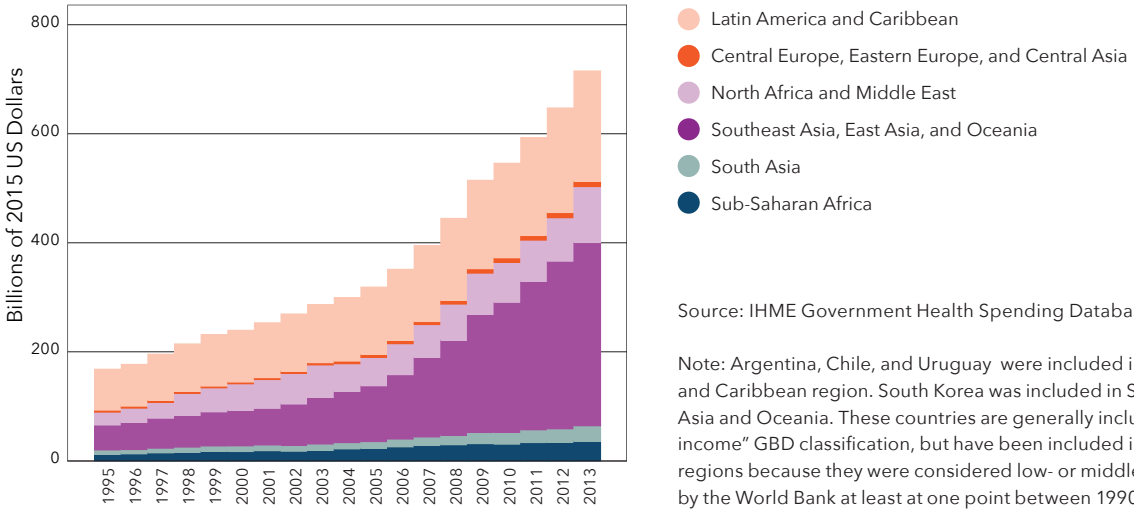
In 2013, a total of $759.7 billion in GHE-S was expended globally across low- and middle-income countries. This substantial sum contrasts with DAH considerably: $20 in GHE-S is expended for each dollar of DAH. Furthermore, GHE-S continued to rise into 2013 as DAH plateaued. From 2010 to 2013, GHE-S grew 9.4% each year on average. DAH rose 3.5% on average over the same period.

In per person terms, GHE-S varies widely by income level. On average, $157 in GHE-S per person was spent in low- and middle-income countries from 2010 to 2013. In high-income countries, GHE-S per person amounted to $2,450 on average.

Growth, as well as the share of health expenditure sourced from governments, also varies widely from region to region. Figure 53 captures total GHE-S, from 1995 to 2013, broken down by Global Burden of Disease developing region. Figure 54 visualizes the absolute and annualized change that occurred from 2000 to 2013, the

FIGURE 53

GHE-S by Global Burden of Disease developing region, 1995–2013



Source: IHME Government Health Spending Database 2015

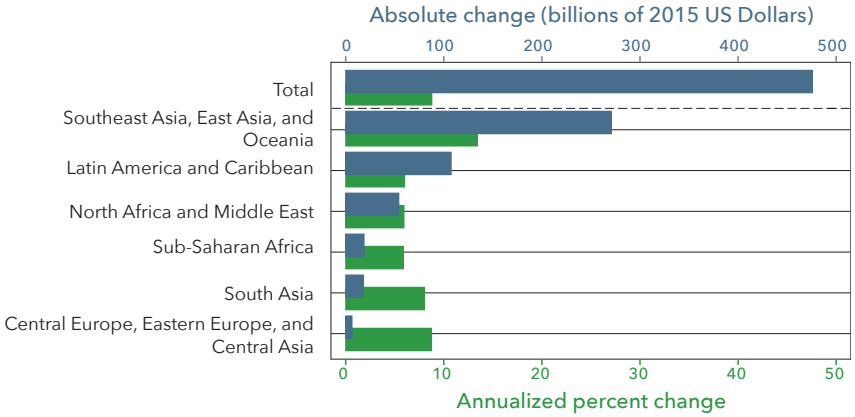
Note: Argentina, Chile, and Uruguay were included in the Latin America and Caribbean region. South Korea was included in Southeast Asia, East Asia and Oceania. These countries are generally included in the "high-income" GBD classification, but have been included in these geographic regions because they were considered low- or middle-income countries by the World Bank at least at one point between 1990 and 2015.

FIGURE 54

Change in GHE–S by Global Burden of Disease developing region, 2000–2013

Source: IHME Government Health Spending Database 2015

Note: Argentina, Chile, and Uruguay were included in the Latin America and Caribbean region. South Korea was included in Southeast Asia, East Asia and Oceania. These countries are generally included in the "high-income" GBD 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 2015.



most recent year for which estimates are available. Figures 55 and 56 present GHE-S metrics at the country level, depicting GHE-S per capita and the ratio of DAH to GHE-S, respectively.

The governments of sub-Saharan Africa, which was home to 926.9 million people in 2015, 12.8% of the total global population, expended $35.8 billion on health in 2013, just 4.7% of global GHE-S. This amounted to $37.1 in average GHE-S per capita from 2010 to 2013, with the highest rates in Southern Africa and the lowest in parts of East Africa. From 2000 to 2013, GHE-S in sub-Saharan Africa increased 5.9% annually or $18.7 billion in absolute terms. However, increases are generally short of the absolute and percentage gains observed in most other regions; they are also short of continent-wide targets. In the 2001 Abuja Declaration, governments of the African Union pledged to commit 15% of general government expenditure to health.[69] Few countries in the region had achieved these targets by 2011.[67]

Southeast Asia, East Asia, and Oceania, which includes China, expends the most GHE-S across regions. In 2013, $336.1 billion in GHE-S was spent on health in the region. Massive increases have characterized growth in the region, with GHE-S rising 13.4% annually from 2000 to 2013. GHE-S per person is also relatively high at $142.1 on average from 2010 to 2013. At just 0.7% in 2013, on average, DAH is a very small portion of health expenditure in the region.

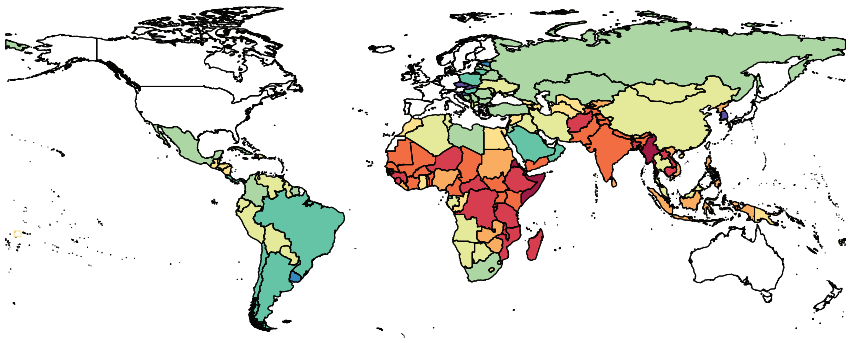
The second-largest country in the world, India, is found in the South Asia region, which also encompasses Afghanistan, Bangladesh, Bhutan, Nepal, and Pakistan. Despite its large population, governmental spending is much lower, with $28.5 billion in GHE-S expended in 2013, than in Southeast Asia, East Asia, and Oceania. GHE-S per capita stood at $15.5 from 2010 to 2013. However, this region is also much poorer, and most countries remain lower-middle-income in this group. This is reflected in DAH disbursed to government as a share of GHE-S, which at 5.2% on average from 2010 to 2013 is much higher than in the Southeast Asia, East Asia and Oceania region at 0.4%.

GHE-S in Latin America and the Caribbean experienced the second-largest increases, absolutely, growing $107.5 billion in expenditure from 2000 to 2013. The region comprises all of Andean, Central, Southern, and Tropical Latin America, making up 7.3% of total DALYs in low- and middle-income countries. GHE-S for the region constituted 26.5% of total GHE-S in 2013. DAH disbursed to the government was relatively low, at just 0.6% of GHE-S, on average, from 2010 to 2013.

North Africa and the Middle East comprises many upper-middle-income countries and 5.7% of total burden of disease in low- and middle-income countries. In 2013, GHE-S in the region amounted to $102.6 billion, 13.5% of total GHE-S and a 28.6% increase over 2012. This follows growth of 5.9% annually, from 2000 to 2013, which translates into absolute growth of $54.2 billion over the period.

FIGURE 55

Average GHE-S per person, 2010–2013

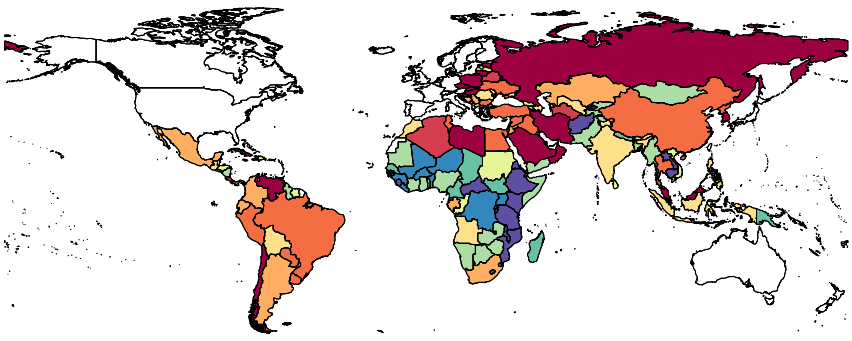


Source: IHME Government Health Spending Database 2015, UNPOP WPP, Human Mortality database, and Global Burden of Disease Study 2015

Note: DAH received is shown in real 2015 dollars.

FIGURE 56

DAH as a percentage of GHE-S, 2010–2013



Source: IHME DAH Database 2015, IHME Government Health Spending Database 2015

Note: DAH received is shown in real 2015 dollars.

CONCLUSION

Stability in development assistance for health (DAH) continued into 2015 as the Millennium Development Goals (MDGS) came to an end. The minor growth that characterized 2015 was distinct from the rapid rates observed over 2000–2010. The persistence of the DAH plateau, however, signifies the ongoing commitment of development assistance partners to international funding for health.

Underneath a steady DAH total, funding shifted substantially across the major institutions and focus areas in global health. DAH was sustained by an injection of funds from the World Bank. The surge in World Bank funding counteracted drops in the DAH from a broad group of high-income countries and the majority of the United Nations agencies active in health. The United Kingdom and the United States, in addition to a few other high-income country governments and the Bill & Melinda Gates Foundation, stand out as contributing more in 2015 than 2014.

Changes in funding for health focus areas provide some evidence of a shift away from the global health issues most prominent during the MDG era. Growth in DAH for HIV/AIDS, the largest health focus area, was not on par with the increases of previous years. Following a major surge in funding for the Ebola crisis in 2014, DAH for other infectious diseases returned to historical levels. Counteracting these reductions, DAH for child health rose in 2015. Minor increases in DAH for tuberculosis and health sector support and sector-wide approaches also buffeted DAH in 2015.

As the international community enters the age of the Sustainable Development Goals (SDGS), uncertainty surrounds the future of DAH growth. The SDGS put poverty, hunger alleviation, climate change, and environmental degradation high on the development agenda. Among 17 SDGS, SDG 3 alone encapsulates global health ambitions for the next 15 years.

Forecasts of health spending provide evidence of DAH's ambiguous future. Even so, development assistance partners continued to recognize the prominence of human health in the development agenda, including its tie to improvements in economic and environmental conditions. In 2015, more than $7.5 billion in pledges were made to Gavi, the Vaccine Alliance. A £1 billion ($1.1 billion) fund for malaria and infectious diseases was also launched, initiating a new partnership in global health financing. Global health remains undeniably a priority as a new stage of global cooperation emerges.

As priorities evolve under the SDGS, estimates of DAH, including which organizations are active in which health focus areas, will be increasingly important. If gaps begin to emerge, these financing figures will be critical to identifying the funding shortfalls and investment opportunities important to sustaining progress in the global health arena. Furthermore, updates of the more granular program areas may serve as valuable inputs to assessing impact. In this way, the estimates produced annually as part of the *Financing Global Health* series will continue to be important to ensuring continued achievements in global health in years to come.

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ANNEX 1

Methods

The estimates found in *Financing Global Health 2015* were produced through data collation, processing, and analysis conducted throughout 2015. A range of accounting methods and statistical models are used to harness budgetary, expenditure, and other data from numerous sources. This section briefly outlines the process deployed to generate DAH and GHE-S estimates. For a more in-depth description of the data and methodology, please refer to our online Methods Annex, available at http://www.healthdata.org/sites/default/files/files/policy_report/2016/FGH2015/IHME_fgh2015_methods_annex.pdf.

Throughout 2015, the Institute for Health Metrics and Evaluation compiled and collated data from the sources and channels discussed in this report. Our objective was to track all disbursements that aimed to improve health in low- and middle-income countries from 1990 to 2015. Government documents, annual reports, audited financial statements, data from public and private organizations, as well as tax forms were used to generate DAH estimates. For several channels, correspondence with organizational representatives augmented publicly available data.

Because accounting processes can be lengthy, some organizations are not able to report on disbursements for the previous two years. To estimate flows for organizations without up-to-date spending information, we rely on budgets, revenues, commitments, appropriations, and macroeconomic data. These are used to model the most recent years. This ensures that we are able to estimate preliminary DAH by source, channel, and health focus area for 2014 and 2015.

Removing double-counting is another core component of the process. Global health organizations frequently transfer funds amongst themselves. Since these funding flows are reported by both the entity from which funds originate and the recipient organization, double-counting is common in the data.

Disentangling the funds that flow to each of the health focus and program areas assessed in *Financing Global Health 2015* also requires substantial processing and analysis. Project-level sector and theme codes and keyword searches of project titles and descriptions are used to classify funding. All DAH from the Joint United Nations Programme on HIV/AIDS (UNAIDS) is considered funding for HIV/AIDS. Funding from Gavi, the Vaccine Alliance and the United Nations Children's Fund (UNICEF) is classified as DAH for newborn and child health. For projects that span two or more health focus areas, funding is divided according to weights based on the number of keywords associated with each health focus area.

Government health expenditure as a source (GHE-S) through 2013 was also estimated for *Financing Global Health 2015*. GHE-S relies on data from the World Health Organization (WHO), which regularly publishes estimates of government health expenditure in the Government Health Observatory database. These spending figures capture government spending on health sourced from both domestic and international pools. IHME subtracts estimates of DAH channeled to governments to produce government health expenditure as source for all low- and middle-income countries.

ANNEX 2

Tabulated data

TABLE B1

DAH by channel of assistance, 1990–2015

Channel	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
BILATERAL AID AGENCIES											
Australia	17.57	23.67	112.49	66.48	117.61	122.03	147.13	62.53	65.23	112.78	184.58
Austria	38.72	9.29	9.53	33.14	26.89	19.48	13.63	64.46	25.70	129.42	41.80
Belgium	121.60	87.34	109.59	114.15	85.72	79.86	92.16	89.74	91.27	92.65	89.76
Canada	28.55	33.95	36.52	46.71	87.00	155.08	70.68	45.50	69.94	47.01	84.10
Germany	111.67	125.42	189.47	210.55	337.96	446.21	332.63	409.81	323.57	269.75	146.59
Denmark	45.24	105.81	160.43	122.21	53.31	46.39	119.10	124.94	72.23	107.04	20.94
Finland	55.99	44.85	39.69	28.04	25.47	11.53	17.28	12.56	14.69	19.24	15.53
France	738.33	288.16	232.59	265.28	237.78	409.33	315.74	239.30	275.80	245.84	172.23
Greece	–	–	–	–	–	7.89	7.75	10.40	11.75	5.27	6.00
Ireland	3.10	3.30	4.33	–	8.61	27.18	26.69	–	25.58	23.25	32.64
Italy	199.20	367.18	176.04	122.01	55.39	68.23	90.50	34.41	21.55	57.84	70.23
Japan	387.02	377.48	374.52	668.50	503.89	552.67	367.32	543.37	330.01	518.65	468.33
South Korea	–	2.11	4.03	5.75	1.46	7.91	1.73	54.78	37.87	150.15	85.42
Luxembourg	–	–	7.69	7.70	–	15.18	14.90	26.24	30.14	22.29	26.88
Netherlands	139.64	66.33	236.27	107.71	115.97	173.70	213.69	133.34	163.20	152.55	140.00
Norway	31.22	32.33	107.30	12.27	51.52	102.22	48.78	42.41	58.96	134.77	50.68
New Zealand	–	4.22	3.28	2.57	3.42	3.94	0.06	0.00	7.05	8.06	5.97
Portugal	–	–	3.46	0.10	7.33	11.16	13.65	16.75	10.65	13.62	9.19
Spain	8.52	34.39	146.98	115.37	55.40	171.21	270.91	131.48	152.21	142.36	160.02
Sweden	252.15	115.11	147.48	176.95	95.15	143.58	111.84	118.27	67.59	93.05	105.21
Switzerland	72.44	24.50	26.33	20.43	40.90	18.45	33.90	55.05	22.52	46.62	36.97
United Kingdom	100.77	101.86	256.45	119.02	107.30	69.74	124.20	168.39	277.53	420.51	822.23
United States	1,722.70	1,592.74	1,359.39	1,189.45	1,794.08	1,789.34	1,414.81	1,768.57	1,493.52	1,900.96	1,646.68
European Commission (EC)[1]	8.33	17.73	81.24	71.19	21.72	113.32	151.65	68.61	120.50	147.65	153.61
UNITED NATIONS											
Joint United Nations Programme on HIV/AIDS (UNAIDS)	–	–	–	–	–	–	84.30	82.89	93.50	92.09	142.83
United Nations Population Fund (UNFPA)	388.99	376.46	324.79	317.24	459.55	450.16	429.16	421.94	445.03	438.32	412.66
United Nations Children's Fund (UNICEF)	241.77	233.98	301.77	294.76	314.09	307.67	277.26	272.59	287.96	283.62	347.38
World Health Organization (WHO)	1,183.32	1,145.20	1,127.39	1,101.19	1,238.32	1,213.02	1,019.45	1,002.29	1,106.38	1,089.71	1,351.19
Pan American Health Organization (PAHO)	177.26	171.55	176.55	172.44	180.76	177.07	167.57	164.75	190.33	187.46	188.95
PUBLIC-PRIVATE PARTNERSHIPS											
Gavi, the Vaccine Alliance	–	–	–	–	–	–	–	–	–	–	3.52
Global Fund to Fight AIDS, Tuberculosis, and Malaria	–	–	–	–	–	–	–	–	–	–	–
NGOs & FOUNDATIONS											
Bill & Melinda Gates Foundation	–	–	–	–	–	–	–	–	–	133.83	468.23
Other foundations[2]	58.52	82.25	144.80	178.35	158.00	165.22	160.31	187.44	205.42	191.71	297.59
Non-governmental organizations (NGOs)	452.28	767.42	921.02	959.45	1,093.77	1,090.73	1,043.79	1,157.38	1,349.88	1,524.87	1,708.15

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014*	2015*
116.99	119.65	140.69	141.16	141.93	197.75	194.40	219.48	239.40	333.68	455.46	504.12	417.07	367.66	244.46
10.58	15.49	21.79	30.63	29.00	20.44	29.25	52.95	38.51	61.34	82.00	115.98	53.98	78.14	94.61
95.17	96.89	119.74	89.51	86.63	108.06	136.72	211.10	201.28	181.40	184.75	127.36	134.22	144.25	114.76
117.38	101.02	217.40	254.07	506.81	231.21	388.58	472.41	399.89	549.00	510.61	467.01	449.39	366.58	328.64
195.07	280.41	330.39	347.81	293.26	589.74	457.43	568.80	586.29	571.68	443.11	521.78	873.35	801.31	695.70
28.65	36.24	69.39	86.81	100.09	126.23	128.84	104.39	144.67	142.93	117.50	124.35	77.05	113.91	94.04
25.65	23.57	31.75	10.97	25.66	34.98	25.94	23.04	19.33	15.20	9.85	10.24	6.51	18.07	12.38
238.86	292.87	287.35	427.79	382.73	361.27	212.87	486.32	424.58	520.70	211.62	181.25	606.02	439.94	384.19
8.07	5.55	47.83	65.01	42.54	46.74	45.15	10.08	27.50	12.57	3.17	2.54	0.40	-	-
41.62	99.00	128.10	137.20	142.93	203.19	179.69	102.25	79.03	74.66	76.22	69.23	74.68	78.96	65.30
38.73	99.65	85.51	63.14	113.42	124.69	129.38	168.79	129.48	100.04	102.69	43.38	46.71	139.01	101.26
427.11	436.80	441.08	738.27	357.87	397.56	417.86	366.01	303.03	418.79	429.35	631.60	266.47	317.49	265.10
64.73	57.39	34.39	75.11	118.35	51.25	134.57	307.82	172.99	160.32	169.24	215.12	338.90	322.18	321.38
35.70	33.79	34.16	37.33	38.34	44.08	49.13	31.69	29.95	47.75	36.34	32.37	48.66	37.63	30.20
188.60	249.98	299.90	259.35	285.81	336.86	287.30	294.79	257.94	206.69	231.52	273.55	106.28	171.01	136.41
194.00	166.32	189.14	158.72	298.40	203.30	212.60	188.00	202.68	128.52	135.11	195.48	176.32	149.38	121.63
6.07	5.94	15.16	16.01	27.48	31.02	31.89	33.19	31.97	39.50	35.33	41.00	29.99	23.92	20.04
11.43	11.45	11.49	13.65	13.50	13.37	12.17	10.23	8.17	10.95	15.43	14.59	15.77	7.93	6.74
136.98	132.86	153.18	159.79	204.19	163.54	268.64	268.53	371.58	145.08	109.82	26.36	31.13	55.69	50.63
114.24	122.29	151.31	169.50	278.82	304.42	280.86	231.86	158.74	114.00	81.29	308.16	114.16	162.19	139.32
33.19	46.36	53.88	56.28	60.23	32.92	42.23	48.23	42.63	38.65	49.13	52.00	94.90	87.50	91.66
286.18	559.17	505.50	523.64	781.00	968.63	981.24	954.79	965.53	1,070.39	1,216.11	1,313.51	1,675.76	1,685.70	1,648.25
1,924.29	2,657.12	2,921.78	3,303.30	3,524.27	4,434.28	5,420.32	6,867.54	5,778.98	6,511.14	7,544.28	5,621.19	6,418.78	6,548.95	6,692.35
144.88	175.15	254.86	217.60	541.77	713.43	794.57	780.99	561.37	520.43	629.88	502.41	556.59	466.13	401.26
139.64	121.87	119.49	194.05	188.00	255.03	248.42	289.22	287.04	317.99	311.56	275.35	300.87	285.50	283.07
403.47	448.66	439.89	523.49	507.18	574.73	648.84	776.20	878.13	893.22	876.01	838.24	903.54	859.28	736.91
498.07	469.78	464.42	541.10	727.49	435.28	589.86	548.76	576.18	921.12	1,147.76	1,003.73	1,187.61	1,451.21	1,223.08
1,321.08	1,406.15	1,378.65	1,731.19	1,677.23	1,714.63	1,670.19	1,994.56	1,979.52	2,238.03	2,196.36	1,894.69	2,046.90	2,260.99	2,009.57
184.73	175.66	172.26	176.24	170.88	221.95	214.14	201.00	199.48	244.94	238.03	235.11	234.12	253.16	260.90
179.82	153.55	234.41	258.41	366.46	297.66	1,031.66	808.07	591.52	858.52	889.48	1,173.22	1,720.45	1,546.06	1,648.60
–	17.63	328.48	843.06	1,330.42	1,615.82	2,014.47	2,631.28	3,184.95	3,600.52	3,092.88	4,102.41	4,423.40	3,251.37	3,318.18
421.59	435.76	685.40	528.47	708.38	1,076.12	1,355.88	1,588.37	1,399.93	1,263.13	1,450.32	1,480.34	1,553.36	1,618.10	1,779.19
305.68	291.84	254.22	293.54	264.46	311.31	398.45	438.79	426.06	333.69	334.88	346.22	356.65	385.18	372.37
1,860.56	2,042.36	2,275.62	2,757.97	3,392.76	3,690.88	4,613.56	6,144.26	7,427.07	8,330.73	8,496.69	8,901.48	9,605.28	9,528.64	9,564.77

TABLE B1

DAH by channel of assistance, 1990–2015, continued

Channel	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
WORLD BANK											
International Bank for Reconstruction and Development (IBRD)	188.21	250.66	319.49	634.93	777.35	650.91	1,010.28	1,169.70	1,417.85	802.00	929.24
International Development Association (IDA)	303.72	187.67	321.65	383.82	637.72	622.06	675.77	624.15	747.08	852.14	913.98
REGIONAL DEVELOPMENT BANKS											
African Development Bank (AfDB)	71.24	68.94	67.40	65.84	102.56	79.23	80.93	101.05	67.86	66.84	48.85
Asian Development Bank (ADB)	29.11	42.74	58.22	62.81	59.79	54.28	57.61	81.85	117.51	111.45	84.00
Inter-American Development Bank (IDB)	34.05	46.84	60.69	85.04	94.96	103.79	138.41	172.35	193.82	183.81	196.93
TOTAL	7,211.22	6,831.48	7,648.87	7,761.44	8,950.76	9,479.78	9,145.55	9,659.31	9,991.69	10,819.17	11,669.11

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014*	2015*
922.15	866.12	1,561.61	776.59	648.57	666.09	820.01	646.40	858.32	1,899.57	1,737.04	1,030.55	1,229.29	564.78	880.83
1,142.35	1,194.51	1,017.23	1,488.18	1,355.56	1,111.16	993.56	708.59	1,012.44	906.02	1,081.89	907.26	1,064.10	768.75	1,278.18
45.86	88.20	46.02	98.40	165.57	105.46	114.20	135.39	120.57	147.89	142.00	147.10	105.55	104.97	50.00
101.05	96.72	78.71	83.53	180.93	229.34	261.38	298.45	265.51	249.83	142.57	130.57	118.63	98.26	99.22
199.56	217.48	262.76	471.12	318.26	156.82	171.40	183.03	172.22	137.79	137.20	160.66	556.44	700.99	801.97
12,209.80	13,851.27	15,864.95	18,147.94	20,397.18	22,201.25	26,007.65	30,195.64	30,554.44	34,318.39	35,154.49	34,021.52	38,019.29	36,260.78	36,367.16

Source: IHME DAH Database 2015

Notes: In millions of 2015 US dollars. Development assistance for health (DAH) includes both financial and in-kind contributions for activities aimed at improving health in low- and middle-income countries. This table disaggregates DAH by the institutional channel through which DAH flowed to low- and middle-income countries. Dashes indicate inapplicable.

*2014 and 2015 are preliminary estimates.

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

2 Only includes organizations incorporated in the United States.

TABLE B2

DAH by source of funding, 1990–2015

Funding source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
NATIONAL TREASURIES												
Australia	47.19	43.96	137.00	93.36	170.98	158.02	199.15	103.00	93.97	166.41	227.02	158.14
Austria	45.94	15.78	18.67	44.61	45.91	34.40	23.16	82.60	36.90	144.75	58.26	25.73
Belgium	142.93	109.66	134.15	134.04	110.02	122.99	134.88	115.68	121.04	124.59	137.75	147.96
Canada	118.95	114.72	112.75	123.52	193.98	235.51	147.08	135.21	142.96	138.09	174.96	192.04
Denmark	112.27	171.67	232.79	193.06	146.86	132.60	240.95	235.24	152.60	176.68	97.69	106.32
Finland	116.73	104.93	66.11	53.62	55.91	39.48	53.55	44.50	44.96	50.75	50.09	62.56
France	808.48	366.10	325.27	358.17	395.70	542.88	492.08	339.18	389.43	360.64	294.28	384.90
Germany	247.63	249.97	344.24	366.33	596.86	713.26	564.22	582.70	518.63	480.93	405.89	478.93
Greece	1.72	1.67	1.62	1.58	2.31	10.50	15.67	14.88	16.94	10.02	11.70	14.48
Ireland	4.46	4.76	6.82	2.20	13.15	33.12	34.99	5.46	32.72	30.66	44.83	56.77
Italy	264.37	444.04	261.99	204.19	157.83	176.74	236.98	90.30	121.22	165.97	158.02	186.63
Japan	608.84	582.33	601.60	944.08	748.31	943.26	578.75	911.96	644.73	902.84	916.01	914.28
Luxembourg	1.48	1.45	10.62	10.46	4.34	20.36	21.55	32.73	35.57	27.10	38.66	49.10
Netherlands	242.48	163.24	361.10	255.25	199.88	281.18	361.18	301.70	337.79	307.83	450.56	497.96
New Zealand	1.83	6.13	5.25	4.62	60.59	58.51	2.93	2.82	11.03	12.54	9.76	10.33
Norway	130.04	127.02	192.35	92.18	107.40	151.61	159.54	141.57	138.92	218.70	150.14	332.78
Portugal	1.03	1.25	5.70	2.25	10.75	14.55	17.70	21.44	15.57	18.12	16.54	17.01
South Korea	1.14	3.33	6.24	8.02	7.89	14.48	12.38	64.78	54.94	170.75	104.46	84.77
Spain	18.74	46.88	168.06	133.74	79.02	204.43	307.87	155.87	192.63	186.86	205.26	198.80
Sweden	388.03	246.39	283.59	316.20	207.39	250.87	215.82	211.71	149.35	178.48	192.35	196.50
Switzerland	109.27	61.80	61.68	61.30	105.02	70.44	81.23	104.99	46.32	140.37	67.86	64.91
United Kingdom	212.37	205.99	375.04	218.08	235.35	206.93	259.77	325.61	465.33	555.72	1,152.85	653.03
United States	2,211.85	2,180.85	2,161.83	1,938.56	2,666.97	2,571.37	2,208.40	2,551.02	2,294.83	2,765.13	2,692.84	3,089.03
Other	126.86	125.38	162.99	159.20	215.08	210.68	114.91	112.97	350.21	353.60	110.48	100.21
PRIVATE PHILANTHROPY												
Bill & Melinda Gates Foundation	–	–	–	–	–	–	–	–	–	146.07	533.59	678.41
Corporate donations	45.31	51.16	65.20	82.15	107.51	102.06	116.88	126.20	142.77	151.15	136.48	199.35
Other[1]	341.29	468.52	609.99	674.10	700.23	725.94	748.59	831.95	1,104.23	1,138.37	1,358.78	1,377.18
Debt repayments (IBRD)	205.77	270.93	347.49	679.81	933.48	810.04	1,164.78	1,310.31	1,556.64	939.73	1,109.90	1,152.45
Other	312.78	302.70	194.13	189.62	238.83	233.95	140.81	138.44	168.45	165.91	191.73	194.05
Unallocable	341.46	358.90	394.62	417.15	433.21	409.61	489.76	564.48	611.00	590.42	570.37	585.17
TOTAL	7,211.22	6,831.48	7,648.87	7,761.44	8,950.76	9,479.78	9,145.55	9,659.31	9,991.69	10,819.17	11,669.12	12,209.80

2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014*	2015*
158.21	181.16	199.67	267.71	277.98	294.88	362.16	417.07	662.65	892.44	945.82	859.68	754.62	606.52
34.65	43.24	57.75	71.76	61.65	77.10	97.28	86.09	112.09	138.51	169.18	107.82	103.28	124.16
158.05	171.87	223.78	195.07	234.85	253.76	375.33	379.74	368.99	384.33	302.84	321.01	273.18	204.29
268.04	393.16	523.21	950.42	502.57	701.15	786.56	889.20	1,204.34	1,216.96	1,198.43	1,265.70	1,012.72	858.90
118.85	153.05	193.19	220.64	240.21	261.73	252.50	312.15	361.55	348.46	324.90	288.70	257.28	162.01
67.25	73.63	67.99	86.26	101.87	107.85	115.68	114.35	167.30	139.68	126.09	195.08	121.12	28.96
479.62	588.71	676.09	812.91	1,069.51	899.13	1,308.96	1,122.96	1,359.88	980.53	1,079.50	1,582.25	1,034.21	720.88
603.61	601.05	676.73	700.06	997.79	988.75	1,239.77	1,330.27	1,304.17	1,220.75	1,219.74	1,757.12	1,614.60	1,473.54
13.33	57.71	74.80	59.49	69.98	69.75	35.65	48.39	27.17	16.06	12.48	10.38	9.82	-
129.55	164.70	182.27	202.14	297.31	314.38	251.67	192.76	174.86	158.73	135.73	160.76	138.47	110.90
236.24	294.25	229.50	491.33	453.04	504.07	568.06	317.61	298.23	281.27	209.42	250.85	249.67	181.62
697.24	846.14	1,239.27	818.81	942.68	781.50	786.04	889.69	1,120.54	967.69	1,507.64	783.72	897.90	873.36
52.71	53.25	64.62	63.04	78.96	89.66	90.71	88.58	104.02	86.79	74.39	104.19	73.49	49.12
505.73	588.88	549.25	604.98	719.81	749.01	837.51	798.48	701.80	737.21	633.11	617.36	656.00	562.84
13.32	22.64	26.82	39.42	43.37	44.76	47.21	48.43	64.21	61.14	63.20	61.91	43.89	29.45
368.15	398.40	436.17	569.96	466.82	597.32	607.09	676.72	631.63	702.74	732.69	872.80	817.72	759.72
21.14	21.85	24.04	28.55	28.86	31.43	26.24	28.57	32.07	35.19	29.04	32.33	13.08	9.56
87.47	53.02	121.58	140.87	88.44	189.46	380.73	259.14	216.73	230.07	313.07	454.86	439.40	417.92
194.68	227.13	260.76	323.15	372.61	545.24	779.46	993.45	623.52	385.93	151.03	167.70	172.32	155.34
221.76	259.97	426.44	579.51	592.60	632.82	653.52	556.11	559.22	591.94	773.42	717.22	595.62	360.38
83.42	157.93	94.93	101.07	124.73	91.97	117.41	200.54	134.74	192.52	146.10	259.91	211.07	175.32
891.08	969.53	1,034.18	1,500.73	1,743.30	2,220.80	1,854.93	1,990.76	2,624.67	2,689.45	3,276.83	3,964.07	3,904.09	4,064.14
4,120.57	4,192.84	5,317.00	5,410.09	6,209.95	7,833.69	10,036.09	10,463.88	11,767.56	12,931.46	11,208.76	13,222.44	12,624.77	13,127.24
85.49	88.93	135.95	147.97	177.92	225.42	298.44	281.32	230.87	266.57	257.80	355.20	939.75	1,362.90
571.00	772.67	646.46	998.87	1,289.73	1,669.90	2,161.80	1,947.49	1,941.74	2,214.51	2,253.03	2,648.76	2,628.76	2,895.38
225.47	279.32	396.63	490.07	448.55	507.71	753.76	639.39	561.13	591.59	527.18	654.37	663.43	683.05
1,326.69	1,431.25	1,622.51	1,962.59	2,238.07	2,462.75	2,806.14	2,695.19	3,090.95	3,174.87	3,349.47	2,697.39	2,825.79	2,672.98
1,215.53	1,845.31	1,139.75	1,125.48	917.53	1,186.32	821.91	1,177.88	2,229.19	2,013.93	1,359.63	1,642.88	564.78	880.83
213.73	248.35	305.76	309.80	440.55	629.46	675.79	540.46	523.53	488.71	532.49	574.04	938.39	1,134.15
688.69	685.01	1,200.83	1,124.42	970.01	1,045.89	1,067.25	1,067.75	1,119.02	1,014.48	1,108.49	1,388.78	1,681.56	1,681.70
13,851.27	15,864.95	18,147.94	20,397.18	22,201.25	26,007.65	30,195.64	30,554.44	34,318.39	35,154.49	34,021.52	38,019.29	36,260.78	36,367.16

Source: IHME DAH Database 2015

Notes: In millions of 2015 US dollars. Development assistance for health (DAH) includes both financial and in-kind contributions for activities aimed at improving health in low- and middle-income countries. This table disaggregates DAH by primary funding source. Dashes indicate inapplicable.

*2014 and 2015 are preliminary estimates.

1 Includes private contributions through foundations and NGOs.

TABLE B3

DAH by focus region, 1990–2013

Recipient region	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Sub-Saharan Africa	1,736.78	1,753.31	1,644.36	1,093.84	1,336.00	1,319.90	1,529.11	1,559.58	1,455.36	1,778.86
Middle East and North Africa	156.30	311.40	377.07	361.05	327.42	414.50	418.82	386.12	412.53	392.68
South Asia	835.86	497.54	886.29	495.84	944.92	709.70	888.59	824.46	798.24	998.82
Southeast Asia, East Asia, and Oceania	906.05	585.67	614.42	880.15	654.61	800.00	600.40	722.67	715.24	839.04
Central Europe, Eastern Europe, and Central Asia	13.36	3.89	62.80	178.72	228.13	182.95	187.68	309.46	338.16	407.15
Latin America and Caribbean	630.64	722.13	782.86	980.60	855.65	1,242.19	1,311.56	1,581.85	1,860.45	1,375.82
Global[1]	67.20	110.69	274.06	521.39	928.54	1,213.44	911.58	765.01	766.21	900.18
Unallocable by region	2,865.03	2,846.86	3,007.02	3,249.86	3,675.50	3,597.10	3,297.81	3,510.15	3,645.50	4,126.62
Total	7,211.22	6,831.48	7,648.87	7,761.44	8,950.76	9,479.78	9,145.55	9,659.31	9,991.69	10,819.17

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1,815.25	2,100.43	1,940.12	2,909.07	4,168.67	4,791.91	5,623.12	6,747.73	8,898.96	9,232.65	9,721.65	10,554.71	11,623.50	13,033.37
393.45	338.12	360.52	444.99	497.39	1,120.08	1,175.73	840.95	936.44	721.85	1,098.79	729.62	694.43	659.10
1,078.28	1,175.04	1,264.66	999.62	1,400.20	1,550.94	1,551.84	1,860.77	1,972.54	2,166.70	2,393.25	2,475.32	2,415.05	2,962.20
1,024.39	824.30	776.77	1,020.26	1,271.25	1,484.55	1,720.88	1,981.96	2,025.81	2,035.09	2,192.66	2,275.11	2,384.47	2,211.64
331.48	374.72	341.49	345.71	443.08	671.62	644.70	759.29	807.32	832.64	714.48	952.07	692.66	889.54
1,374.78	1,448.13	1,243.01	2,240.85	1,656.02	1,401.87	1,224.80	1,484.60	1,515.47	1,687.38	2,565.38	2,360.98	1,785.93	2,169.82
969.78	1,076.04	1,692.37	2,313.91	1,445.33	1,868.82	2,219.91	3,315.62	3,418.15	2,910.88	3,253.54	3,454.70	3,121.43	3,651.15
4,681.70	4,873.02	6,232.34	5,590.54	7,266.00	7,507.39	8,040.27	9,016.74	10,620.96	10,967.23	12,378.64	12,351.98	11,304.04	12,442.47
11,669.11	12,209.80	13,851.27	15,864.95	18,147.94	20,397.18	22,201.25	26,007.65	30,195.64	30,554.44	34,318.39	35,154.50	34,021.52	38,019.29

Source: IHME DAH Database 2015

Notes: In millions of 2015 US dollars. Development assistance for health (DAH) includes both financial and in-kind contributions for activities aimed at improving health in low- and middle-income countries. This table disaggregates DAH by World Bank regional groups intended to benefit from the assistance. For preliminary estimates of DAH for 2014 and 2015 refer to Table B1.

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

TABLE B4

DAH by target country, 1990–2013

Recipient country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Afghanistan	73.65	49.99	20.66	15.31	3.13	3.38	5.62	18.25	7.01	12.16
Albania	0.00	0.00	19.39	0.07	5.85	16.81	13.50	5.68	14.21	25.54
Algeria	0.31	0.35	6.60	4.45	0.09	0.12	0.30	0.89	1.61	2.16
Angola	18.85	29.28	26.36	14.73	10.96	50.67	101.63	52.38	28.29	36.56
Antigua and Barbuda	0.00	0.00	0.01	0.02	0.01	0.01	0.01	0.05	1.16	1.74
Argentina	15.94	22.98	109.77	25.51	28.50	197.63	282.60	307.56	302.32	137.91
Armenia	0.09	0.26	0.12	0.54	28.95	0.70	4.25	2.49	6.15	9.47
Azerbaijan	0.08	0.11	0.05	0.04	12.10	0.01	0.47	0.51	0.73	15.40
Bahrain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.06	0.03
Bangladesh	146.11	205.12	457.66	130.25	215.21	113.93	100.66	148.34	280.09	302.49
Barbados	3.38	3.40	1.43	0.12	0.12	0.18	0.12	0.12	0.11	0.11
Belarus	0.00	0.00	0.00	0.00	0.01	0.04	0.01	0.15	0.23	0.08
Belize	7.05	4.69	4.43	8.64	0.22	0.59	0.58	1.26	0.70	0.98
Benin	17.58	13.62	44.32	17.63	41.25	15.33	22.92	18.49	38.18	25.37
Bhutan	17.06	0.90	0.04	0.03	1.27	0.79	0.23	10.36	7.83	0.71
Bolivia	52.14	42.33	76.21	69.93	60.28	48.38	60.15	63.77	82.12	68.12
Bosnia and Herzegovina	0.00	0.00	0.14	1.62	11.01	0.72	20.45	6.81	32.48	82.16
Botswana	22.71	9.40	9.05	5.44	6.16	23.17	1.56	2.17	1.44	2.65
Brazil	59.06	90.16	63.33	55.21	190.13	163.94	204.90	235.24	132.15	234.32
Bulgaria	0.00	0.00	0.00	0.03	0.00	0.06	0.03	1.63	22.18	2.17
Burkina Faso	33.74	31.13	30.66	29.67	87.36	38.60	18.40	43.37	43.02	32.62
Burundi	10.90	10.96	24.29	49.38	13.78	14.06	7.38	8.65	7.43	10.82
Cambodia	0.69	3.69	29.79	25.15	79.65	147.08	85.50	75.28	46.91	42.31
Cameroon	20.20	72.57	34.10	34.97	24.26	3.40	59.99	26.85	29.16	21.07
Cape Verde	0.00	0.00	0.00	0.98	1.66	0.33	0.00	3.98	0.95	3.01
Central African Republic	10.73	10.16	9.75	7.07	5.40	13.05	1.50	7.23	25.55	15.69
Chad	30.42	6.62	20.78	22.70	7.45	37.90	15.81	29.66	26.47	37.14
Chile	38.90	148.07	38.50	87.45	36.52	33.15	33.08	60.29	6.82	3.31
China	56.21	54.50	79.16	99.33	88.85	155.14	157.47	156.29	170.54	151.79
Colombia	14.02	12.90	10.66	70.21	14.73	18.40	71.43	72.62	39.02	68.56
Comoros	0.72	1.60	0.41	0.23	2.22	10.43	3.61	6.67	8.43	1.88
Congo	20.92	1.16	1.31	4.97	11.42	12.82	0.85	5.54	7.27	2.40
Congo, DR	59.16	54.16	17.48	10.41	27.26	20.33	45.59	36.38	40.49	43.89
Costa Rica	2.40	0.28	3.75	9.29	6.92	9.33	10.19	14.38	16.94	21.04
Croatia	0.00	0.00	0.00	0.00	7.90	20.75	23.98	17.90	9.07	0.94
Cuba	0.13	0.04	1.06	1.23	0.17	1.50	0.40	2.61	1.33	6.19
Czech Republic	0.00	0.00	0.10	0.16	0.00	0.00	0.00	0.00	0.08	0.11
Côte d'Ivoire	46.04	60.95	88.05	31.35	129.67	109.98	73.36	44.20	47.11	46.26
Djibouti	10.31	8.89	18.30	1.33	0.59	8.30	2.99	15.30	16.40	6.20
Dominica	0.01	0.00	0.29	4.89	0.02	0.02	0.02	1.16	0.85	0.01

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
16.93	21.97	30.68	47.98	125.75	161.84	177.77	222.13	236.87	312.91	362.29	482.88	379.52	450.83
28.32	31.01	23.06	34.59	30.81	53.49	39.98	22.29	41.38	26.64	22.03	41.64	19.91	5.63
1.49	2.26	1.56	0.59	3.38	2.71	3.95	4.42	5.96	2.52	2.50	5.49	3.09	6.81
36.69	45.34	40.64	44.31	60.09	136.07	66.35	92.44	117.72	99.59	93.37	73.06	117.77	130.47
1.16	0.13	0.03	0.29	0.28	0.01	0.00	0.00	0.01	0.13	0.11	0.12	0.01	0.01
86.26	226.99	91.14	807.59	233.19	87.65	75.93	324.52	179.05	171.19	187.71	322.05	275.50	320.34
17.35	10.40	16.51	6.73	10.18	20.27	29.87	34.20	25.98	46.50	31.59	33.15	35.82	28.88
19.99	4.21	6.90	4.13	3.83	12.01	16.53	14.83	17.62	25.45	27.60	46.30	24.78	30.46
0.02	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
277.16	239.56	176.37	177.29	194.93	249.02	310.18	240.25	325.58	330.43	360.38	372.10	482.15	644.46
NA	0.11	NA	4.71	6.53	2.31	NA	NA	NA	NA	NA	NA	NA	NA
0.18	1.02	1.01	1.79	2.11	7.58	8.48	10.77	18.22	17.34	20.69	16.92	17.25	14.94
2.33	2.66	2.12	2.37	1.99	1.98	2.39	2.00	1.88	2.33	3.48	1.32	3.28	14.47
30.26	27.74	25.65	42.67	64.68	72.68	70.98	71.22	86.76	107.74	121.97	123.33	95.11	109.37
3.72	2.80	3.02	6.01	4.84	9.21	8.81	7.17	4.89	3.51	2.85	2.96	4.37	2.17
100.91	86.92	65.84	103.35	100.18	71.99	90.78	78.04	85.85	72.20	80.63	80.95	65.71	71.03
21.19	18.59	19.04	26.44	12.60	19.68	18.97	19.66	85.26	35.88	61.47	45.76	36.63	27.97
1.97	1.95	15.96	31.38	51.84	29.97	57.16	65.99	351.11	342.00	122.11	132.84	90.56	119.95
168.04	275.63	191.76	459.10	135.07	161.83	132.07	112.19	144.83	200.84	357.58	210.09	191.28	297.57
13.03	10.80	14.29	8.73	29.69	39.77	12.20	80.45	27.40	139.07	16.02	13.57	6.01	4.85
33.66	46.20	39.11	68.57	85.20	97.86	100.27	106.73	141.09	136.17	179.56	98.93	158.37	146.13
12.51	11.28	14.78	20.93	32.93	46.22	55.14	50.69	71.28	80.85	109.67	115.13	104.16	116.26
51.38	68.19	50.88	84.97	97.80	145.30	149.60	178.31	170.88	200.25	232.86	215.54	180.56	185.83
14.49	23.39	16.35	34.19	59.19	61.97	79.06	81.80	82.61	86.48	64.60	149.18	112.37	154.86
1.29	8.83	2.82	9.41	11.06	14.67	14.22	12.81	13.69	5.96	12.61	22.69	14.64	21.95
5.97	7.84	11.90	8.89	14.82	18.65	21.93	12.48	34.82	14.38	22.91	24.88	26.36	30.34
26.76	21.34	26.67	39.13	42.01	48.94	36.39	28.39	37.08	31.78	55.32	48.41	44.08	95.82
4.16	5.58	3.63	9.92	30.03	17.56	6.30	7.84	4.67	2.99	7.21	2.37	0.55	1.12
203.34	122.78	160.20	176.18	287.78	254.16	326.08	429.48	348.08	431.07	355.38	320.68	411.66	196.09
26.47	91.57	154.77	183.31	442.25	254.64	130.85	130.99	66.70	210.81	322.64	261.46	91.62	425.62
2.22	2.27	4.64	6.58	4.91	3.22	2.42	2.53	2.25	4.24	9.67	7.72	8.91	10.19
1.54	1.38	3.10	2.71	9.79	8.87	10.50	10.93	19.72	12.68	33.22	31.41	22.54	28.09
42.76	49.75	54.40	89.15	110.31	185.52	190.21	201.43	426.84	431.85	445.65	492.84	620.53	622.43
29.50	12.38	13.61	13.39	8.74	3.16	7.05	6.70	11.06	8.65	5.81	1.77	1.44	1.02
4.21	5.98	7.30	10.87	5.03	17.62	25.48	0.70	NA	NA	NA	NA	NA	NA
4.50	5.28	6.02	15.33	15.18	9.58	9.79	16.80	12.10	22.49	21.68	16.08	13.36	13.42
0.00	0.00	0.00	0.00	0.00	0.00	NA	NA	NA	NA	NA	NA	NA	NA
16.76	21.26	51.94	45.41	64.68	61.44	89.26	88.27	173.64	131.03	214.98	137.83	159.50	191.28
5.24	1.42	3.13	2.80	9.21	16.86	18.11	21.73	16.56	14.68	7.97	9.56	18.18	12.05
0.02	0.04	0.04	0.27	0.20	0.21	0.21	0.14	0.19	0.25	0.32	0.55	0.16	0.24

TABLE B4

DAH by target country, 1990–2013, continued

Recipient country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Dominican Republic	20.33	5.43	16.37	17.73	10.35	10.46	48.39	25.63	54.51	68.33
Ecuador	33.59	15.45	28.85	21.26	65.12	20.96	25.36	32.34	50.48	27.85
Egypt	79.95	184.04	162.82	163.56	171.13	143.46	145.97	100.23	145.93	104.18
El Salvador	47.36	82.78	81.87	60.45	25.12	47.44	53.67	34.39	40.99	34.27
Equatorial Guinea	0.38	0.27	0.80	1.74	6.75	0.98	7.06	1.91	1.96	2.84
Eritrea	3.11	2.94	2.37	0.67	11.84	12.38	17.56	7.55	16.95	24.38
Estonia	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.12	0.58	2.01
Ethiopia	104.83	60.50	65.14	28.08	52.67	72.30	100.02	80.61	65.76	124.24
Fiji	1.06	35.82	24.61	11.37	1.32	0.93	0.06	1.01	11.86	16.39
Gabon	2.40	0.48	4.43	18.92	0.35	0.18	3.29	7.99	10.92	2.72
Gambia	2.94	3.74	15.46	21.67	5.74	2.93	2.82	3.51	4.63	7.66
Georgia	0.16	0.36	0.15	0.14	16.32	0.56	3.26	5.08	9.10	21.28
Ghana	27.91	161.18	41.21	86.21	29.01	25.16	32.95	99.55	37.22	76.25
Grenada	12.49	0.00	0.02	0.06	0.03	0.03	0.04	0.58	0.42	0.01
Guatemala	26.83	15.22	30.52	51.82	19.47	27.63	27.84	151.68	40.25	74.75
Guinea	9.44	41.50	19.62	19.61	23.25	49.47	22.17	43.01	34.45	25.36
Guinea-Bissau	9.41	12.75	7.39	9.20	4.38	29.66	5.52	7.83	7.90	1.43
Guyana	4.44	4.26	4.28	5.64	5.45	5.41	5.26	7.42	4.87	4.48
Haiti	56.92	70.30	39.32	64.66	51.87	161.75	32.93	43.05	83.11	59.39
Honduras	53.77	40.96	67.92	32.05	28.52	25.79	52.34	63.74	32.31	72.99
Hungary	0.00	0.00	0.00	6.54	2.46	1.91	14.68	14.06	7.17	3.55
India	371.93	109.90	338.39	238.17	474.23	443.54	618.23	458.88	365.87	542.60
Indonesia	444.55	129.22	104.98	253.13	166.03	224.43	118.62	162.83	161.36	187.82
Iran	0.17	2.32	0.06	0.05	0.06	4.62	41.24	39.69	23.46	12.76
Iraq	2.07	3.37	1.50	1.99	1.09	6.38	4.06	13.51	1.58	4.30
Jamaica	27.43	31.23	32.69	24.99	25.98	37.99	25.50	24.98	24.09	19.51
Jordan	2.75	13.25	2.11	14.47	30.11	25.80	13.24	22.71	31.79	62.51
Kazakhstan	0.08	0.28	0.12	0.11	9.68	6.44	8.77	8.72	14.96	24.35
Kenya	259.73	105.56	137.03	44.33	60.37	93.98	135.02	87.97	122.03	108.35
Kiribati	13.66	0.32	4.62	0.26	0.55	0.69	0.30	0.46	0.03	0.23
Kyrgyzstan	0.18	0.37	0.15	0.29	3.13	16.48	14.34	14.29	23.19	8.87
Laos	0.27	0.60	2.58	1.52	4.00	10.53	6.66	9.22	9.62	15.20
Latvia	0.00	0.00	0.00	10.54	9.35	0.79	0.01	0.00	0.50	0.90
Lebanon	2.28	8.13	2.00	0.72	1.53	25.25	2.31	5.89	7.79	12.11
Lesotho	6.68	8.98	7.48	2.46	8.12	11.28	11.60	6.72	2.10	1.60
Liberia	3.49	4.89	2.90	3.61	1.34	0.41	2.23	6.24	7.02	9.44
Libya	0.41	0.34	0.35	0.31	0.10	0.14	0.50	0.89	0.28	0.14
Lithuania	0.00	0.00	0.00	16.94	1.68	4.64	0.07	0.00	0.01	0.01
Macedonia, FYR	0.00	0.00	0.00	0.00	0.01	11.05	8.16	6.52	10.10	22.88
Madagascar	16.02	45.62	40.70	24.25	49.76	37.46	41.95	35.88	55.84	33.63

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
38.76	37.35	33.34	37.98	58.22	76.26	48.38	53.02	58.24	130.06	121.52	56.21	81.08	88.46
28.73	30.90	15.79	35.04	35.42	39.61	48.74	61.58	61.19	47.72	43.35	41.29	22.83	25.27
110.11	101.36	81.65	68.20	103.24	125.70	178.62	131.49	173.84	62.94	79.49	68.12	55.99	28.17
30.65	51.46	31.77	26.28	33.76	39.75	35.31	35.06	37.43	42.14	81.48	41.80	39.12	48.59
5.29	4.47	2.79	4.02	6.05	10.39	13.63	0.74	1.13	0.30	0.34	0.39	0.61	0.43
33.25	18.24	28.07	46.23	45.60	43.34	23.04	28.03	33.64	22.19	56.21	23.32	38.35	35.99
0.16	0.00	0.00	1.45	2.39	3.21	NA	NA	NA	NA	NA	NA	NA	NA
108.29	118.99	132.47	240.80	237.19	298.74	497.21	695.32	711.01	681.37	829.95	989.16	904.22	1210.11
10.75	6.12	7.62	18.67	14.98	11.03	11.87	12.74	13.52	14.58	21.78	24.33	12.87	14.76
2.80	3.12	3.04	4.41	8.95	8.25	13.49	10.08	8.07	12.32	6.24	7.59	6.91	9.92
7.54	7.39	8.76	10.91	21.28	27.53	14.34	18.62	18.28	20.22	32.22	36.47	40.14	50.90
20.38	21.57	23.31	13.04	16.66	37.27	43.84	47.54	31.24	48.06	42.97	51.88	51.43	25.97
66.55	108.09	103.10	157.55	250.16	248.09	226.08	238.00	275.15	274.29	274.61	297.26	384.93	350.59
0.03	0.05	0.06	0.38	0.36	0.12	0.28	0.58	0.37	0.39	0.13	0.04	0.10	0.18
41.40	64.56	41.93	59.37	40.34	42.00	48.02	64.15	100.96	81.42	76.54	101.30	66.35	137.54
29.88	41.68	27.25	26.50	33.32	30.56	38.74	30.24	38.52	31.04	44.32	35.96	62.04	43.71
5.50	9.61	9.67	10.22	13.66	15.29	14.69	20.26	16.55	17.72	30.41	17.45	9.31	45.01
1.48	3.41	3.68	15.34	33.96	25.37	38.02	33.87	44.59	40.59	34.72	28.93	21.72	16.76
48.78	53.92	30.90	64.51	77.13	90.56	149.73	168.95	191.95	168.53	212.26	287.85	260.25	282.63
51.66	44.64	30.27	47.36	72.60	79.60	52.37	59.59	68.14	68.31	64.85	78.43	94.02	82.85
3.38	0.10	0.00	0.00	0.00	0.00	0.00	NA	NA	NA	NA	NA	0.14	0.00
646.54	670.98	773.18	561.32	764.40	836.09	650.10	889.29	890.09	997.30	1060.05	1156.44	927.83	1078.36
305.08	226.02	163.82	202.70	235.70	252.58	347.09	402.19	498.72	343.08	306.50	326.85	448.20	408.54
8.37	14.98	4.32	0.93	6.87	75.43	14.39	10.09	17.06	19.22	12.18	15.08	22.26	11.56
3.30	4.83	4.80	31.12	89.96	536.97	431.11	266.23	99.83	99.62	106.11	38.15	27.76	38.77
22.16	55.32	9.38	11.43	15.04	14.62	17.98	17.74	19.84	18.45	42.29	26.41	14.28	19.19
53.77	48.33	53.09	54.27	45.69	23.79	19.57	15.20	35.03	41.95	51.42	60.32	111.51	99.70
23.90	25.66	12.39	22.30	16.83	13.37	20.04	13.80	24.66	26.84	44.08	41.04	42.20	26.72
133.51	150.95	143.68	215.86	304.29	302.42	462.50	485.98	621.72	696.20	806.19	897.97	1009.27	1211.49
0.19	0.60	0.35	0.87	9.14	5.13	5.16	7.20	12.28	8.82	9.98	10.26	9.02	7.04
19.66	10.26	18.21	33.04	22.61	36.61	36.90	47.08	54.06	43.31	45.74	57.43	44.74	45.66
31.17	19.55	17.63	40.86	31.58	47.43	42.36	55.99	55.03	53.68	62.31	70.70	64.78	82.57
1.93	2.61	4.81	0.91	2.01	0.00	0.00	0.00	0.00	NA	42.90	48.89	NA	NA
9.17	10.14	12.74	17.79	11.24	3.83	4.82	13.20	10.69	8.35	10.95	7.51	7.42	6.90
5.36	7.11	6.90	13.26	17.21	17.66	20.09	29.31	54.00	44.08	87.12	128.01	121.02	158.19
12.03	6.62	5.93	9.19	17.89	22.06	24.32	28.69	61.42	93.00	98.38	96.91	121.78	110.82
0.44	0.21	0.16	0.22	0.35	0.74	1.14	2.43	38.71	23.27	1.17	13.61	1.91	4.71
1.16	0.72	5.09	5.17	8.40	2.47	2.23	0.00	0.00	0.00	0.00	0.00	NA	NA
9.74	19.13	5.37	8.37	10.35	14.61	10.53	25.70	14.97	5.31	14.75	10.29	3.23	6.78
33.37	42.84	35.86	67.12	94.30	108.67	78.56	102.22	107.69	80.85	157.45	96.70	100.13	140.67

TABLE B4

DAH by target country, 1990–2013, continued

Recipient country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Malawi	113.09	46.69	67.24	43.86	56.22	53.02	67.14	78.10	54.26	119.18
Malaysia	47.11	73.04	27.24	150.08	19.63	28.74	50.02	40.46	18.55	20.66
Maldives	0.02	0.06	18.60	8.24	0.01	0.00	0.00	1.45	0.02	0.33
Mali	42.49	59.51	55.36	34.90	48.40	42.00	33.97	43.85	14.53	37.98
Malta	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.00	NA	0.00
Marshall Islands	2.75	0.75	0.45	4.76	4.32	1.32	1.24	2.24	1.94	6.54
Mauritania	78.01	2.22	21.77	7.50	37.84	3.12	21.10	12.77	12.23	10.36
Mauritius	0.09	0.07	0.05	0.03	2.89	0.08	2.77	0.63	0.35	0.23
Mexico	52.66	34.10	24.35	113.23	61.22	150.58	140.93	178.77	598.33	116.24
Micronesia, Federated States of	1.91	0.80	16.17	2.25	2.41	0.32	0.00	0.80	0.36	11.56
Moldova	0.00	0.00	0.03	0.03	0.04	0.17	0.13	2.32	4.13	21.56
Mongolia	12.29	1.90	11.30	14.07	4.44	6.02	5.18	5.05	12.50	15.43
Montenegro	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.07	0.10	0.02
Morocco	41.60	47.62	65.11	85.08	57.63	46.65	64.78	36.92	56.99	47.32
Mozambique	163.28	213.95	156.09	37.77	129.79	87.02	130.13	110.24	92.89	121.17
Myanmar	3.08	0.39	0.16	0.39	0.53	0.24	0.60	3.10	3.51	8.66
Namibia	11.33	15.05	7.48	25.47	5.90	11.62	8.17	15.24	8.78	9.87
Nepal	54.04	73.41	23.51	46.16	23.54	17.45	19.29	45.95	53.22	51.43
Nicaragua	31.79	30.74	63.93	41.33	61.75	43.81	69.97	68.49	55.93	124.36
Niger	22.23	43.48	65.68	26.39	30.96	25.81	26.77	25.47	26.29	17.52
Nigeria	77.74	75.75	48.78	96.24	44.92	26.11	31.08	37.29	48.28	95.98
North Korea	0.01	0.03	0.01	0.01	0.08	0.00	0.00	0.14	0.83	0.81
Occupied Palestinian Territory	0.60	1.58	0.65	0.63	19.97	14.46	35.50	58.96	43.07	42.10
Oman	0.76	2.06	3.13	3.91	0.64	0.00	0.00	0.00	0.04	0.04
Pakistan	173.06	58.22	46.03	65.93	227.54	130.61	144.56	142.68	84.21	89.43
Panama	0.35	13.97	10.26	1.87	9.43	9.37	32.25	23.74	16.67	15.67
Papua New Guinea	76.60	74.44	82.47	25.41	39.66	15.62	58.38	31.08	53.64	100.78
Paraguay	0.87	0.37	0.56	5.49	0.68	0.73	0.74	7.13	27.75	35.11
Peru	42.99	27.31	34.70	100.34	101.41	140.26	79.23	84.45	108.73	93.36
Philippines	136.38	126.39	91.93	123.17	76.37	156.64	66.01	79.23	102.07	119.18
Poland	0.00	0.00	0.24	4.40	9.95	10.57	22.78	37.95	0.92	3.08
Romania	0.00	0.00	28.53	20.50	13.81	47.03	28.53	13.93	41.09	25.30
Russia	0.00	0.00	0.56	101.08	61.87	0.95	0.36	149.20	100.10	58.95
Rwanda	33.44	47.13	36.30	15.49	10.69	20.66	21.98	39.51	36.18	36.17
Samoa	0.49	0.25	0.34	14.64	2.63	0.77	0.29	0.29	0.35	1.27
Sao Tome and Principe	8.65	1.29	0.90	2.77	12.51	3.28	3.42	2.50	2.29	9.19
Saudi Arabia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.29
Senegal	40.51	48.97	55.48	48.31	43.22	40.41	33.15	58.18	65.98	65.34
Serbia	0.00	0.00	0.03	0.02	0.10	0.14	0.23	1.39	3.76	21.34
Seychelles	0.08	0.02	2.17	0.06	0.26	2.97	0.10	1.51	1.71	0.66

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
108.30	89.34	80.24	102.86	138.37	154.93	219.25	297.17	344.20	302.65	249.81	373.58	441.59	461.45
16.71	11.59	2.71	3.87	2.32	2.67	1.55	1.86	1.54	1.06	0.93	2.41	3.55	3.82
0.47	0.23	0.22	0.17	0.24	0.67	0.26	1.97	0.80	1.56	0.98	0.69	1.32	0.35
38.04	60.64	27.10	67.46	70.17	102.58	107.29	124.96	160.95	151.38	212.24	211.60	195.54	221.09
NA	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
2.86	1.55	1.76	4.31	17.06	22.45	11.40	11.50	12.93	15.21	3.97	6.53	13.52	2.88
12.72	11.74	11.30	13.71	16.07	7.99	10.94	19.07	19.04	14.95	13.41	13.24	11.54	19.12
0.31	0.24	0.04	0.25	0.30	0.32	0.78	1.13	0.11	1.01	2.65	1.93	2.64	2.06
425.79	144.42	227.74	34.63	38.26	87.15	132.89	104.54	110.27	48.71	616.41	572.99	325.47	105.62
0.81	0.89	0.64	6.87	29.39	31.04	26.29	25.05	27.79	37.32	7.99	12.90	34.02	5.99
24.84	18.41	10.54	16.76	23.97	51.30	20.70	24.65	34.09	52.88	58.46	46.59	46.39	38.77
9.53	21.53	5.07	9.00	9.86	15.66	14.18	24.29	23.23	24.86	34.52	34.53	36.58	43.25
0.05	0.20	0.19	0.40	3.02	0.09	9.77	9.27	12.00	3.39	3.78	4.94	3.92	2.89
70.17	32.76	34.67	54.02	31.73	64.88	98.04	65.43	59.98	91.31	120.44	101.80	89.06	65.22
139.34	141.61	173.22	169.31	265.33	257.29	284.27	411.61	537.63	480.90	558.55	578.03	595.74	672.83
11.11	8.44	18.25	35.34	34.42	57.52	28.96	63.42	61.95	67.86	108.81	76.17	169.99	220.20
10.46	13.25	15.06	21.67	46.41	45.40	93.52	119.61	112.30	171.91	149.82	117.78	154.84	134.90
47.07	66.52	55.44	80.11	70.58	82.77	92.12	91.70	133.47	115.34	168.60	145.41	140.34	184.28
65.84	58.95	60.89	71.66	78.27	84.25	86.24	93.30	103.42	101.09	78.83	74.04	70.51	75.98
22.97	28.44	30.17	49.38	49.66	50.71	84.98	74.72	116.53	85.19	65.85	84.78	51.46	84.81
196.10	119.58	111.40	180.43	316.79	400.88	526.30	575.06	839.53	1086.52	890.91	976.07	1157.00	1590.54
0.32	0.67	1.97	1.81	2.96	6.15	3.64	3.81	3.91	8.92	29.12	19.68	19.51	15.90
52.01	39.00	37.63	76.40	79.75	72.12	64.84	83.01	82.80	58.31	79.09	93.06	69.76	54.15
0.02	0.01	0.01	0.06	0.06	0.02	0.00	NA	NA	NA	NA	NA	NA	NA
86.85	173.21	225.96	126.91	239.69	212.01	312.85	410.23	381.65	407.22	439.07	315.53	480.84	602.09
13.95	16.88	18.98	9.72	10.30	8.60	8.03	7.48	7.85	38.10	12.13	12.36	19.63	31.40
110.22	55.50	67.36	78.39	97.61	102.28	120.20	106.07	146.54	202.02	204.78	256.78	248.80	224.19
24.57	16.08	11.77	13.70	13.05	12.66	12.75	18.83	27.47	27.16	34.87	20.40	23.73	16.10
114.69	99.20	104.71	114.63	132.30	107.56	79.93	69.75	159.69	151.64	125.59	63.67	83.44	79.38
101.77	114.88	60.28	101.74	110.39	196.73	201.09	183.22	114.80	125.31	222.14	218.51	191.31	199.07
1.99	23.52	16.34	0.00	0.00	0.00	0.01	0.01	0.00	NA	NA	NA	NA	NA
0.33	17.36	22.06	11.61	31.26	13.43	8.40	34.04	30.84	14.25	9.57	168.30	13.57	370.04
50.54	54.88	33.65	10.46	21.52	47.22	113.81	145.42	146.73	76.43	40.77	16.21	NA	NA
38.61	45.66	48.90	54.95	121.03	136.55	189.39	221.33	322.74	330.26	369.04	400.52	384.07	336.57
4.91	2.23	0.86	4.15	5.97	6.19	7.63	5.49	5.93	5.40	12.03	6.60	14.88	15.56
6.49	6.84	5.37	4.64	5.89	5.85	5.64	4.88	7.66	5.03	5.68	10.17	6.20	10.39
0.05	0.08	0.16	0.32	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
49.28	77.47	55.84	116.82	142.37	140.95	163.70	99.30	128.52	146.64	131.29	150.82	186.70	180.36
26.24	26.14	35.60	57.40	40.04	36.29	39.33	24.32	35.19	36.35	21.69	60.17	42.65	15.00
0.13	0.30	0.45	1.45	1.46	1.41	0.28	0.18	0.16	0.22	0.65	0.10	0.23	0.35

TABLE B4

DAH by target country, 1990–2013, continued

Recipient country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Sierra Leone	6.13	9.46	12.50	4.60	4.46	3.82	7.57	3.52	8.04	8.78
Slovakia	0.00	0.00	0.00	0.06	0.00	0.00	0.00	0.00	0.02	0.00
Slovenia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	NA	NA	NA
Solomon Islands	4.32	1.05	6.32	2.34	4.19	1.79	1.91	2.17	1.25	3.02
Somalia	16.57	15.74	5.06	7.82	6.53	4.22	5.51	5.04	4.57	6.04
South Africa	17.78	21.64	11.15	6.80	28.13	19.87	13.25	17.59	39.44	53.01
South Korea	62.16	0.00	9.82	55.61	33.71	NA	NA	NA	0.01	0.07
South Sudan	4.27	7.47	2.06	0.45	0.75	0.27	0.86	1.42	0.69	2.45
Sri Lanka	17.32	53.99	28.82	24.83	11.55	15.03	11.23	29.78	42.56	17.94
St. Lucia	5.42	3.56	0.08	0.34	4.34	0.14	4.92	1.86	1.13	0.11
St. Vincent and the Grenadines	0.00	0.00	0.00	0.06	0.14	0.41	0.63	0.11	0.11	0.07
Sudan	17.05	10.54	23.49	7.64	7.37	19.15	16.30	12.63	18.69	18.49
Suriname	18.50	17.38	31.40	5.44	6.34	24.28	9.11	6.05	21.71	13.11
Swaziland	6.23	7.59	3.02	0.57	10.08	2.83	1.91	2.40	6.30	3.03
Syria	0.08	0.74	0.11	26.58	0.04	0.00	0.02	6.64	3.41	0.35
Tajikistan	0.11	0.21	0.09	0.08	10.94	2.00	2.16	3.61	3.39	4.34
Tanzania	120.65	105.01	128.01	60.96	60.71	62.58	124.39	146.82	125.15	239.06
Thailand	2.75	1.57	28.74	23.21	4.30	2.33	13.56	12.49	8.21	29.62
Timor-Leste	0.08	0.20	0.08	0.08	0.06	0.01	0.04	0.85	0.23	0.93
Togo	5.49	16.98	29.41	1.53	8.47	3.37	30.81	6.72	14.17	3.92
Tonga	0.42	0.29	0.26	0.65	1.29	0.75	0.74	2.50	0.12	1.57
Trinidad and Tobago	0.01	0.99	1.17	1.48	1.11	1.13	8.11	15.50	15.06	14.67
Tunisia	3.35	0.45	10.43	6.82	15.46	12.36	16.41	12.50	17.62	24.16
Turkey	0.20	1.76	73.16	9.57	13.64	93.90	48.04	47.22	40.42	32.58
Turkmenistan	0.02	0.05	0.02	0.02	2.83	3.53	1.92	1.71	8.30	4.45
Uganda	105.55	157.43	104.23	60.83	53.56	77.45	89.31	102.66	92.85	117.40
Ukraine	0.00	0.00	0.02	0.01	0.16	0.04	0.23	0.42	0.87	1.72
Uruguay	0.32	0.28	1.85	93.76	23.03	0.98	2.29	3.05	3.54	2.35
Uzbekistan	0.35	0.34	0.14	0.13	3.16	28.54	13.31	9.31	11.54	29.02
Vanuatu	1.00	1.73	0.61	0.70	16.99	0.63	0.09	1.27	6.37	2.04
Venezuela	0.93	1.36	1.90	4.90	11.95	54.73	28.49	49.54	91.88	52.05
Vietnam	31.77	18.09	56.13	50.52	95.71	36.16	27.68	109.47	71.21	94.95
Yemen	4.72	34.87	25.55	35.25	8.56	22.20	30.13	27.42	19.29	29.16
Zambia	58.12	30.06	59.96	74.64	58.74	70.53	67.74	68.22	41.12	53.56
Zimbabwe	55.91	68.16	100.93	44.93	57.62	64.24	69.70	87.29	70.66	62.85

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
24.74	17.39	14.51	21.23	27.65	39.81	39.20	45.24	57.63	50.56	68.15	75.41	74.92	57.22
0.00	0.00	0.00	0.00	19.72	21.43	2.14	NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
6.75	7.87	8.97	14.54	21.24	19.00	16.81	20.38	29.35	32.31	40.74	55.42	31.35	47.26
5.36	5.86	6.63	6.38	19.07	22.23	30.81	29.79	32.24	24.37	41.89	35.01	87.20	48.01
62.74	84.46	80.07	139.84	206.37	246.41	293.78	465.95	665.61	848.82	844.29	969.27	880.13	889.22
0.05	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1.96	2.09	1.06	1.43	2.00	2.86	4.52	4.50	5.62	1.85	1.64	123.95	212.53	182.98
17.48	15.29	21.21	28.48	12.07	22.47	44.44	31.90	39.01	44.66	63.45	44.93	36.59	42.49
0.11	0.25	0.35	0.53	0.47	0.43	0.74	0.46	1.40	1.85	1.99	17.06	13.26	5.47
0.04	0.06	0.02	0.14	0.15	0.14	0.48	0.42	0.45	0.73	0.79	0.25	0.63	0.86
15.70	14.68	24.38	23.79	49.00	83.31	103.39	100.43	162.69	185.05	204.31	137.78	157.95	166.60
6.76	9.23	11.06	11.59	12.26	13.44	5.42	8.53	10.29	21.97	17.18	15.56	4.62	6.27
3.01	2.51	3.57	12.13	7.05	30.71	19.27	27.84	29.30	45.89	75.53	96.03	62.19	74.25
0.49	0.27	19.54	3.14	6.86	17.48	4.99	8.06	18.34	33.20	19.10	3.17	4.52	5.59
5.58	5.38	8.64	13.70	22.35	20.26	24.81	32.49	41.56	55.64	53.31	45.63	60.59	51.04
123.39	217.10	160.27	177.98	319.11	372.32	473.05	562.71	792.89	708.12	899.77	911.14	935.01	1108.67
51.08	23.95	25.72	40.14	61.63	55.86	102.31	94.34	85.73	65.25	78.61	114.49	52.49	87.80
1.70	3.58	17.71	3.69	9.58	11.86	20.05	23.69	28.77	24.87	31.90	29.48	32.85	19.20
6.13	4.27	3.50	14.98	18.05	22.36	18.54	30.30	34.37	38.88	31.72	48.65	22.95	54.47
0.98	1.62	1.87	2.94	6.25	19.36	7.43	6.77	5.03	5.71	9.03	24.10	12.00	6.61
14.02	13.73	13.51	13.19	19.18	14.00	NA	NA	NA	NA	NA	NA	NA	NA
9.80	18.67	21.75	24.14	9.75	5.94	35.40	9.58	40.40	6.15	11.59	5.21	7.26	6.56
34.74	21.79	39.22	45.03	35.48	54.20	158.99	66.62	122.21	41.74	329.85	124.63	34.53	31.99
3.04	2.42	2.64	2.72	2.22	2.70	2.39	2.68	2.88	2.91	2.79	7.61	3.48	6.87
134.23	197.24	98.77	243.14	368.64	378.90	408.88	495.00	493.84	564.75	580.69	589.97	790.01	736.09
4.31	9.66	7.36	13.66	34.48	146.38	100.16	95.21	89.63	91.84	67.14	101.44	115.35	98.81
0.53	14.80	49.63	62.18	1.31	40.19	1.00	3.66	1.58	1.43	7.85	23.71	0.28	0.53
18.70	31.28	37.21	30.78	50.87	36.22	38.40	46.18	44.46	52.02	39.64	47.61	76.68	39.87
2.14	4.02	3.07	4.96	8.14	8.02	5.94	5.28	9.14	13.47	11.44	16.03	15.38	26.12
18.09	21.59	15.22	9.13	9.30	12.99	2.80	2.54	2.71	4.04	5.23	1.70	1.70	1.40
92.90	107.06	117.58	148.65	163.41	191.79	230.68	299.06	344.22	323.58	367.76	405.85	368.79	388.61
23.78	28.73	24.85	44.97	24.04	52.94	56.47	64.75	68.91	48.22	70.60	55.69	101.42	132.37
86.73	98.52	117.69	177.47	258.56	294.82	263.73	393.07	514.24	440.67	368.01	514.56	524.75	691.04
65.93	60.46	52.26	60.41	68.27	137.35	142.99	197.52	139.54	246.77	229.77	174.77	430.53	296.92

Source: IHME DAH Database 2015

Notes: Development assistance for health (DAH) is in millions of 2015 US dollars. DAH includes both financial and in-kind contributions for activities aimed at improving health in low- and middle-income countries. This table disaggregates financial DAH transfers by the country receiving funds or intended to benefit from research or technical assistance activities. This table reflects financial DAH 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, and the Gates Foundation. Years in which a country was classified as high-income by the World Bank are marked as "NA."

TABLE B5

DAH per capita by target country, 1990–2013

Recipient country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Afghanistan	5.99	3.86	1.49	1.03	0.20	0.20	0.32	1.01	0.38	0.63
Albania	0.00	0.00	5.93	0.02	1.83	5.31	4.28	1.80	4.49	8.04
Algeria	0.01	0.01	0.24	0.16	0.00	0.00	0.01	0.03	0.05	0.07
Angola	1.69	2.56	2.23	1.21	0.87	3.90	7.60	3.81	2.00	2.51
Antigua and Barbuda	0.08	0.03	0.09	0.33	0.16	0.16	0.18	0.74	15.71	22.94
Argentina	0.49	0.69	3.27	0.75	0.83	5.65	7.99	8.59	8.35	3.76
Armenia	0.03	0.08	0.03	0.16	8.76	0.22	1.33	0.79	1.96	3.04
Azerbaijan	0.01	0.02	0.01	0.01	1.58	0.00	0.06	0.06	0.09	1.91
Bahrain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.05
Bangladesh	1.38	1.89	4.12	1.15	1.85	0.96	0.83	1.20	2.22	2.35
Barbados	12.98	13.00	5.47	0.47	0.46	0.67	0.44	0.43	0.43	0.42
Belarus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.02	0.01
Belize	37.35	24.33	22.60	43.32	1.08	2.84	2.73	5.69	3.08	4.14
Benin	3.51	2.63	8.23	3.16	7.12	2.56	3.71	2.90	5.82	3.75
Bhutan	31.99	1.69	0.07	0.06	2.47	1.54	0.45	19.74	14.61	1.29
Bolivia	7.57	6.01	10.60	9.52	8.04	6.32	7.71	8.02	10.13	8.25
Bosnia and Herzegovina	0.00	0.00	0.03	0.39	2.74	0.18	5.33	1.79	8.58	21.72
Botswana	16.40	6.59	6.17	3.61	3.99	14.64	0.96	1.32	0.85	1.55
Brazil	0.39	0.59	0.41	0.35	1.19	1.01	1.24	1.40	0.78	1.35
Bulgaria	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.20	2.72	0.27
Burkina Faso	3.83	3.44	3.30	3.11	8.90	3.83	1.78	4.07	3.93	2.89
Burundi	1.93	1.90	4.12	8.19	2.25	2.26	1.17	1.35	1.14	1.63
Cambodia	0.08	0.39	3.07	2.52	7.74	13.86	7.83	6.69	4.05	3.56
Cameroon	1.67	5.83	2.66	2.65	1.79	0.24	4.19	1.82	1.93	1.36
Cape Verde	0.00	0.00	0.00	2.64	4.37	0.83	0.00	9.69	2.25	7.00
Central African Republic	3.66	3.38	3.16	2.24	1.66	3.92	0.44	2.07	7.16	4.30
Chad	5.11	1.08	3.27	3.46	1.10	5.41	2.18	3.96	3.41	4.62
Chile	2.94	11.03	2.82	6.30	2.59	2.32	2.28	4.10	0.46	0.22
China	0.05	0.05	0.07	0.08	0.07	0.13	0.13	0.12	0.13	0.12
Colombia	0.41	0.37	0.30	1.94	0.40	0.49	1.87	1.87	0.99	1.71
Comoros	1.75	3.80	0.94	0.51	4.86	22.13	7.44	13.33	16.36	3.54
Congo	8.74	0.47	0.52	1.92	4.29	4.69	0.30	1.92	2.45	0.79
Congo, Democratic Republic of the	1.69	1.49	0.46	0.26	0.67	0.48	1.05	0.82	0.88	0.93
Costa Rica	0.77	0.09	1.15	2.78	2.02	2.66	2.84	3.91	4.51	5.48
Croatia	0.00	0.00	0.00	0.00	1.69	4.48	5.23	3.94	2.02	0.21
Cuba	0.01	0.00	0.10	0.11	0.02	0.14	0.04	0.24	0.12	0.56
Czech Republic	0.00	0.00	0.01	0.02	0.00	0.00	0.00	0.00	0.01	0.01
Côte d'Ivoire	3.80	4.87	6.80	2.34	9.38	7.72	5.00	2.93	3.04	2.91
Djibouti	17.92	14.94	29.82	2.10	0.91	12.53	4.40	22.12	23.32	8.68
Dominica	0.14	0.05	4.24	70.13	0.27	0.28	0.32	16.66	12.33	0.11

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
0.85	1.05	1.41	2.11	5.30	6.58	7.02	8.55	8.90	11.48	12.95	16.78	12.79	14.73
8.90	9.74	7.25	10.90	9.76	17.06	12.89	7.28	13.71	8.94	7.47	14.22	6.83	1.94
0.05	0.07	0.05	0.02	0.10	0.08	0.12	0.13	0.17	0.07	0.07	0.15	0.08	0.18
2.45	2.93	2.54	2.67	3.50	7.66	3.61	4.86	5.99	4.90	4.44	3.37	5.25	5.63
15.05	1.71	0.32	3.63	3.48	0.08	0.03	0.04	0.09	1.50	1.22	1.34	0.09	0.11
2.33	6.06	2.41	21.16	6.05	2.25	1.93	8.18	4.47	4.22	4.58	7.78	6.58	7.58
5.60	3.38	5.39	2.21	3.36	6.72	9.97	11.49	8.77	15.73	10.69	11.20	12.05	9.67
2.45	0.51	0.83	0.49	0.45	1.39	1.89	1.68	1.97	2.81	3.01	5.00	2.65	3.22
0.04	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
2.11	1.79	1.30	1.28	1.39	1.75	2.15	1.65	2.20	2.21	2.38	2.43	3.11	4.11
NA	0.40	NA	17.34	23.95	8.46	NA	NA	NA	NA	NA	NA	NA	NA
0.02	0.10	0.10	0.18	0.22	0.78	0.88	1.12	1.91	1.82	2.18	1.79	1.82	1.57
9.58	10.61	8.21	8.95	7.32	7.07	8.31	6.75	6.18	7.48	10.86	4.04	9.78	42.19
4.34	3.86	3.45	5.55	8.14	8.85	8.38	8.15	9.63	11.60	12.76	12.54	9.41	10.53
6.60	4.82	5.05	9.76	7.64	14.16	13.24	10.54	7.06	4.98	3.97	4.06	5.88	2.87
11.99	10.14	7.54	11.62	11.06	7.81	9.68	8.19	8.86	7.33	8.05	7.96	6.36	6.76
5.60	4.92	5.02	6.94	3.29	5.13	4.92	5.11	22.22	9.38	16.09	12.03	9.64	7.36
1.13	1.10	8.92	17.30	28.18	16.05	30.10	34.14	178.40	170.63	59.83	63.95	42.84	55.76
0.96	1.55	1.06	2.51	0.73	0.86	0.69	0.58	0.74	1.02	1.80	1.05	0.94	1.46
1.63	1.36	1.82	1.12	3.84	5.18	1.60	10.63	3.65	18.66	2.17	1.85	0.82	0.67
2.90	3.87	3.18	5.42	6.53	7.28	7.25	7.48	9.59	8.98	11.48	6.14	9.55	8.55
1.85	1.63	2.07	2.83	4.30	5.83	6.71	5.95	8.07	8.83	11.56	11.74	10.27	11.08
4.22	5.47	4.01	6.57	7.44	10.87	11.03	12.95	12.23	14.11	16.15	14.74	12.14	12.28
0.91	1.43	0.97	1.98	3.35	3.41	4.25	4.28	4.21	4.30	3.13	7.05	5.18	6.96
2.92	19.68	6.18	20.25	23.45	30.75	29.56	26.49	28.21	12.22	25.71	46.01	29.41	43.58
1.60	2.07	3.09	2.27	3.72	4.60	5.32	2.97	8.13	3.29	5.15	5.49	5.71	6.45
3.21	2.47	2.97	4.19	4.34	4.87	3.50	2.64	3.33	2.76	4.65	3.94	3.47	7.30
0.27	0.36	0.23	0.63	1.89	1.09	0.39	0.48	0.28	0.18	0.42	0.14	0.03	0.06
0.16	0.10	0.12	0.14	0.22	0.19	0.25	0.32	0.26	0.32	0.26	0.24	0.30	0.14
0.65	2.21	3.69	4.31	10.27	5.83	2.96	2.93	1.47	4.59	6.94	5.56	1.93	8.86
4.07	4.06	8.05	11.11	8.07	5.15	3.77	3.85	3.35	6.14	13.69	10.67	12.03	13.45
0.49	0.43	0.95	0.81	2.85	2.51	2.89	2.92	5.11	3.19	8.11	7.47	5.23	6.35
0.89	1.00	1.07	1.70	2.04	3.32	3.30	3.39	6.96	6.82	6.82	7.31	8.92	8.67
7.52	3.10	3.34	3.24	2.08	0.74	1.63	1.53	2.49	1.92	1.28	0.39	0.31	0.22
0.95	1.36	1.67	2.48	1.15	4.02	5.83	0.16	NA	NA	NA	NA	NA	NA
0.40	0.47	0.54	1.37	1.35	0.85	0.87	1.49	1.07	1.99	1.92	1.42	1.18	1.19
0.00	0.00	0.00	0.00	0.00	0.00	NA	NA	NA	NA	NA	NA	NA	NA
1.03	1.28	3.07	2.64	3.69	3.44	4.90	4.75	9.14	6.75	10.82	6.78	7.65	8.95
7.22	1.93	4.20	3.70	11.97	21.59	22.88	27.05	20.31	17.73	9.48	11.22	21.04	13.76
0.27	0.63	0.55	3.89	2.89	3.02	3.02	2.05	2.64	3.48	4.56	7.77	2.21	3.33

TABLE B5

DAH per capita by target country, 1990–2013, continued

Recipient country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Dominican Republic	2.82	0.74	2.19	2.32	1.33	1.32	6.02	3.14	6.56	8.09
Ecuador	3.29	1.48	2.70	1.94	5.82	1.83	2.17	2.72	4.16	2.25
Egypt	1.43	3.23	2.80	2.75	2.81	2.31	2.30	1.55	2.22	1.56
El Salvador	8.90	15.37	15.01	10.95	4.50	8.40	9.42	5.98	7.08	5.88
Equatorial Guinea	1.01	0.70	1.98	4.15	15.59	2.19	15.23	3.98	3.97	5.55
Eritrea	0.98	0.92	0.74	0.21	3.66	3.79	5.28	2.23	4.88	6.84
Estonia	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.09	0.42	1.45
Ethiopia	2.19	1.22	1.27	0.53	0.95	1.27	1.70	1.33	1.05	1.93
Fiji	1.45	48.33	32.80	14.97	1.71	1.19	0.08	1.27	14.82	20.31
Gabon	2.52	0.50	4.41	18.36	0.33	0.17	2.95	6.99	9.31	2.26
Gambia	3.21	3.95	15.80	21.48	5.53	2.74	2.57	3.10	3.98	6.39
Georgia	0.03	0.07	0.03	0.03	3.17	0.11	0.65	1.03	1.86	4.41
Ghana	1.91	10.71	2.66	5.42	1.78	1.50	1.92	5.67	2.07	4.14
Grenada	129.82	0.05	0.18	0.64	0.31	0.32	0.36	5.75	4.11	0.12
Guatemala	2.92	1.61	3.16	5.24	1.92	2.66	2.62	13.95	3.61	6.54
Guinea	1.56	6.54	2.93	2.77	3.12	6.35	2.76	5.21	4.08	2.94
Guinea-Bissau	8.98	11.89	6.73	8.19	3.82	25.25	4.60	6.38	6.29	1.12
Guyana	6.22	6.03	6.04	7.92	7.60	7.49	7.28	10.28	6.75	6.20
Haiti	8.01	9.69	5.32	8.58	6.76	20.69	4.14	5.31	10.08	7.07
Honduras	10.93	8.10	13.08	6.01	5.22	4.61	9.14	10.88	5.40	11.94
Hungary	0.00	0.00	0.00	0.63	0.24	0.19	1.42	1.37	0.70	0.35
India	0.43	0.12	0.37	0.26	0.50	0.46	0.63	0.46	0.36	0.53
Indonesia	2.46	0.70	0.56	1.33	0.86	1.14	0.60	0.81	0.79	0.90
Iran	0.00	0.04	0.00	0.00	0.00	0.08	0.67	0.63	0.37	0.20
Iraq	0.12	0.19	0.08	0.10	0.06	0.32	0.19	0.63	0.07	0.19
Jamaica	11.43	12.92	13.42	10.18	10.51	15.23	10.15	9.86	9.43	7.57
Jordan	0.83	3.76	0.57	3.67	7.27	5.98	2.98	5.01	6.88	13.30
Kazakhstan	0.00	0.02	0.01	0.01	0.60	0.40	0.55	0.56	0.97	1.60
Kenya	11.08	4.36	5.48	1.72	2.26	3.42	4.78	3.04	4.11	3.56
Kiribati	189.49	4.36	61.97	3.43	7.15	8.85	3.80	5.72	0.33	2.81
Kyrgyzstan	0.04	0.08	0.03	0.06	0.69	3.57	3.06	3.00	4.80	1.81
Laos	0.06	0.14	0.57	0.33	0.85	2.17	1.35	1.82	1.87	2.90
Latvia	0.00	0.00	0.00	4.11	3.70	0.32	0.00	0.00	0.21	0.38
Lebanon	0.84	2.93	0.70	0.25	0.51	8.33	0.75	1.91	2.49	3.82
Lesotho	4.16	5.50	4.49	1.45	4.70	6.42	6.51	3.73	1.15	0.87
Liberia	1.63	2.32	1.39	1.75	0.64	0.19	1.00	2.63	2.76	3.48
Libya	0.09	0.08	0.08	0.07	0.02	0.03	0.10	0.18	0.05	0.03
Lithuania	0.00	0.00	0.00	4.61	0.46	1.28	0.02	0.00	0.00	0.00
Macedonia, FYR	0.00	0.00	0.00	0.00	0.00	5.64	4.16	3.31	5.09	11.44
Madagascar	1.39	3.84	3.32	1.92	3.81	2.78	3.01	2.50	3.77	2.20

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
4.52	4.28	3.76	4.23	6.39	8.25	5.16	5.58	6.05	13.32	12.27	5.60	7.98	8.60
2.28	2.40	1.21	2.63	2.61	2.87	3.48	4.32	4.23	3.24	2.90	2.72	1.48	1.61
1.62	1.46	1.16	0.95	1.41	1.69	2.36	1.71	2.22	0.79	0.98	0.82	0.66	0.33
5.23	8.73	5.37	4.42	5.66	6.64	5.87	5.81	6.18	6.93	13.35	6.82	6.36	7.86
10.02	8.19	4.95	6.89	10.02	16.68	21.21	1.11	1.65	0.43	0.47	0.52	0.79	0.54
9.07	4.82	7.16	11.39	10.85	9.99	5.18	6.14	7.20	4.64	11.49	4.66	7.48	6.85
0.11	0.00	0.00	1.07	1.77	2.39	NA	NA	NA	NA	NA	NA	NA	NA
1.63	1.75	1.89	3.34	3.20	3.91	6.33	8.61	8.57	8.00	9.49	11.02	9.82	12.81
13.23	7.48	9.29	22.70	18.16	13.32	14.26	15.18	15.97	17.06	25.26	28.04	14.73	16.77
2.27	2.47	2.35	3.33	6.60	5.94	9.49	6.94	5.43	8.10	4.01	4.77	4.25	5.97
6.11	5.81	6.68	8.07	15.24	19.09	9.63	12.12	11.52	12.33	19.02	20.85	22.21	27.26
4.27	4.57	5.00	2.83	3.65	8.26	9.84	10.79	7.16	11.13	10.04	12.32	12.40	6.34
3.53	5.59	5.20	7.75	12.00	11.60	10.31	10.58	11.91	11.58	11.31	11.97	15.16	13.51
0.31	0.53	0.62	3.73	3.46	1.20	2.67	5.59	3.51	3.72	1.21	0.38	0.92	1.72
3.53	5.38	3.40	4.70	3.12	3.17	3.53	4.61	7.08	5.58	5.13	6.64	4.26	8.64
3.40	4.66	2.99	2.85	3.52	3.16	3.92	2.98	3.70	2.90	4.03	3.19	5.36	3.68
4.19	7.16	7.06	7.30	9.55	10.46	9.85	13.29	10.62	11.12	18.64	10.46	5.45	25.73
2.04	4.69	5.05	21.00	46.29	34.36	51.07	45.08	58.77	53.02	45.02	37.22	27.86	21.51
5.71	6.21	3.50	7.19	8.46	9.77	15.92	17.69	19.81	17.13	21.28	28.48	25.37	27.15
8.27	7.00	4.65	7.12	10.70	11.50	7.42	8.27	9.28	9.13	8.51	10.12	11.92	10.33
0.33	0.01	0.00	0.00	0.00	0.00	0.00	NA	NA	NA	NA	NA	0.01	0.00
0.62	0.63	0.71	0.51	0.68	0.73	0.56	0.76	0.75	0.83	0.87	0.93	0.74	0.85
1.44	1.06	0.75	0.92	1.06	1.12	1.51	1.73	2.11	1.44	1.27	1.33	1.81	1.63
0.13	0.22	0.06	0.01	0.10	1.07	0.20	0.14	0.23	0.26	0.16	0.20	0.29	0.15
0.14	0.20	0.19	1.21	3.41	19.81	15.51	9.35	3.43	3.34	3.46	1.21	0.85	1.15
8.53	21.14	3.56	4.30	5.62	5.42	6.62	6.49	7.23	6.69	15.26	9.49	5.11	6.83
11.25	9.93	10.71	10.71	8.79	4.44	3.53	2.63	5.82	6.70	7.90	8.94	16.00	13.88
1.59	1.71	0.82	1.47	1.10	0.87	1.29	0.88	1.55	1.67	2.71	2.49	2.53	1.58
4.28	4.72	4.38	6.41	8.80	8.51	12.69	12.99	16.18	17.64	19.89	21.58	23.62	27.61
2.29	7.03	4.02	9.76	100.63	55.40	54.45	74.89	126.35	89.86	100.22	102.07	88.17	67.37
3.96	2.05	3.61	6.52	4.43	7.12	7.12	8.99	10.19	8.05	8.37	10.37	7.96	8.01
5.84	3.61	3.21	7.34	5.59	8.27	7.27	9.44	9.11	8.73	9.95	11.11	10.00	12.53
0.81	1.11	2.05	0.39	0.87	0.00	0.00	0.00	0.00	NA	19.19	21.99	NA	NA
2.83	3.02	3.63	4.84	2.94	0.97	1.20	3.25	2.60	2.00	2.53	1.64	1.52	1.33
2.89	3.80	3.66	6.98	8.99	9.16	10.33	14.95	27.36	22.16	43.42	63.21	59.14	76.44
4.21	2.24	1.95	2.96	5.62	6.73	7.17	8.13	16.72	24.37	24.90	23.80	29.11	25.83
0.08	0.04	0.03	0.04	0.06	0.13	0.19	0.41	6.34	3.77	0.19	2.18	0.31	0.76
0.33	0.21	1.47	1.50	2.45	0.72	0.66	0.00	0.00	0.00	0.00	0.00	NA	NA
4.85	9.47	2.65	4.12	5.09	7.17	5.15	12.55	7.29	2.58	7.14	4.97	1.56	3.27
2.12	2.64	2.14	3.89	5.31	5.94	4.17	5.27	5.40	3.94	7.46	4.46	4.49	6.14

TABLE B5

DAH per capita by target country, 1990–2013, continued

Recipient country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Malawi	11.99	4.86	6.92	4.48	5.70	5.31	6.59	7.49	5.06	10.82
Malaysia	2.59	3.91	1.42	7.62	0.97	1.39	2.35	1.85	0.83	0.90
Maldives	0.07	0.26	78.95	34.08	0.03	0.00	0.02	5.45	0.07	1.17
Mali	5.07	6.95	6.31	3.88	5.24	4.43	3.49	4.39	1.41	3.59
Malta	0.00	0.00	0.00	0.00	0.11	0.00	0.00	0.00	NA	0.00
Marshall Islands	57.99	15.44	9.27	96.85	87.38	26.55	24.68	43.64	37.12	122.48
Mauritania	38.42	1.07	10.15	3.40	16.64	1.33	8.75	5.14	4.78	3.93
Mauritius	0.08	0.07	0.04	0.03	2.59	0.07	2.44	0.55	0.30	0.20
Mexico	0.62	0.39	0.27	1.25	0.66	1.59	1.46	1.82	6.00	1.15
Micronesia, Federated States of	19.76	8.07	159.05	21.69	22.76	2.97	0.00	7.38	3.28	106.22
Moldova	0.00	0.00	0.01	0.01	0.01	0.04	0.03	0.54	0.97	5.08
Mongolia	5.62	0.86	5.05	6.22	1.94	2.61	2.22	2.15	5.29	6.48
Montenegro	0.00	0.00	0.00	0.00	0.00	0.02	0.01	0.11	0.16	0.04
Morocco	1.66	1.86	2.50	3.22	2.15	1.71	2.35	1.32	2.01	1.65
Mozambique	12.17	15.56	11.00	2.57	8.52	5.52	8.03	6.61	5.42	6.86
Myanmar	0.07	0.01	0.00	0.01	0.01	0.01	0.01	0.07	0.08	0.18
Namibia	7.99	10.26	4.94	16.33	3.67	7.01	4.79	8.66	4.85	5.31
Nepal	2.91	3.85	1.20	2.29	1.14	0.82	0.89	2.07	2.35	2.22
Nicaragua	7.64	7.22	14.66	9.26	13.54	9.41	14.74	14.17	11.38	24.90
Niger	2.81	5.34	7.81	3.03	3.43	2.76	2.77	2.54	2.53	1.63
Nigeria	0.81	0.77	0.48	0.93	0.42	0.24	0.28	0.33	0.41	0.80
North Korea	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.04	0.04
Occupied Palestinian Territory	0.29	0.72	0.28	0.27	8.02	5.55	13.02	20.65	14.43	13.55
Oman	0.41	1.08	1.57	1.88	0.30	0.00	0.00	0.00	0.02	0.02
Pakistan	1.60	0.52	0.40	0.56	1.89	1.06	1.14	1.10	0.63	0.66
Panama	0.14	5.53	3.98	0.71	3.50	3.41	11.50	8.30	5.71	5.27
Papua New Guinea	18.39	17.43	18.83	5.66	8.62	3.31	12.06	6.25	10.52	19.24
Paraguay	0.20	0.08	0.13	1.21	0.15	0.15	0.15	1.43	5.44	6.74
Peru	1.97	1.23	1.53	4.33	4.30	5.83	3.24	3.40	4.31	3.65
Philippines	2.20	1.99	1.41	1.85	1.12	2.24	0.92	1.08	1.37	1.56
Poland	0.00	0.00	0.01	0.11	0.26	0.28	0.59	0.99	0.02	0.08
Romania	0.00	0.00	1.23	0.88	0.60	2.04	1.24	0.61	1.82	1.13
Russia	0.00	0.00	0.00	0.69	0.42	0.01	0.00	1.01	0.68	0.40
Rwanda	4.63	6.63	5.27	2.33	1.65	3.22	3.34	5.73	4.97	4.72
Samoa	2.94	1.49	2.04	86.46	15.46	4.51	1.71	1.67	2.02	7.29
Sao Tome and Principe	76.35	11.21	7.71	23.12	102.22	26.28	26.85	19.24	17.30	68.20
Saudi Arabia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.01
Senegal	5.40	6.33	6.96	5.88	5.10	4.64	3.71	6.35	7.03	6.79
Serbia	0.00	0.00	0.00	0.00	0.01	0.01	0.02	0.14	0.39	2.23
Seychelles	1.12	0.32	29.81	0.88	3.40	38.88	1.35	19.24	21.57	8.19

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
9.58	7.71	6.76	8.45	11.08	12.08	16.63	21.93	24.69	21.09	16.90	24.54	28.13	28.47
0.71	0.48	0.11	0.16	0.09	0.10	0.06	0.07	0.06	0.04	0.03	0.08	0.12	0.13
1.67	0.80	0.75	0.56	0.81	2.19	0.83	6.25	2.48	4.76	2.94	2.03	3.82	0.99
3.50	5.41	2.35	5.66	5.70	8.06	8.17	9.21	11.47	10.43	14.16	13.70	12.27	13.45
NA	0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
52.65	28.10	31.35	75.04	291.03	374.65	186.01	183.58	202.12	233.03	59.60	96.30	196.07	41.06
4.68	4.19	3.91	4.61	5.24	2.53	3.37	5.72	5.57	4.26	3.72	3.58	3.04	4.92
0.26	0.20	0.04	0.20	0.24	0.26	0.64	0.92	0.09	0.81	2.13	1.54	2.10	1.63
4.14	1.38	2.16	0.32	0.35	0.79	1.19	0.92	0.96	0.42	5.20	4.77	2.67	0.86
7.41	8.26	5.89	63.56	272.27	288.57	245.98	235.94	263.47	355.90	76.57	123.92	326.82	57.45
5.89	4.38	2.52	4.00	5.73	12.28	4.98	5.96	8.28	12.91	14.31	11.44	11.41	9.55
3.97	8.91	2.08	3.64	3.94	6.18	5.53	9.35	8.83	9.32	12.75	12.58	13.13	15.27
0.09	0.32	0.31	0.65	4.91	0.14	15.86	15.04	19.44	5.49	6.09	7.96	6.31	4.64
2.42	1.12	1.17	1.81	1.05	2.13	3.19	2.11	1.92	2.88	3.75	3.13	2.70	1.95
7.66	7.56	8.97	8.50	12.91	12.15	13.05	18.37	23.33	20.30	22.95	23.13	23.21	25.52
0.23	0.18	0.38	0.73	0.71	1.17	0.59	1.27	1.23	1.34	2.13	1.47	3.26	4.18
5.50	6.85	7.68	10.92	23.12	22.36	45.48	57.41	53.14	80.11	68.67	53.01	68.35	58.34
1.99	2.77	2.27	3.22	2.80	3.24	3.56	3.51	5.06	4.33	6.27	5.35	5.10	6.61
12.99	11.47	11.69	13.58	14.64	15.55	15.70	16.77	18.34	17.70	13.62	12.64	11.89	12.65
2.06	2.46	2.52	3.97	3.85	3.78	6.11	5.17	7.77	5.46	4.06	5.03	2.94	4.65
1.59	0.95	0.86	1.36	2.33	2.87	3.67	3.91	5.55	6.99	5.57	5.94	6.86	9.17
0.01	0.03	0.08	0.08	0.13	0.26	0.15	0.16	0.16	0.37	1.19	0.80	0.79	0.64
16.17	11.78	11.10	22.11	22.64	20.06	17.65	22.08	21.50	14.78	19.56	22.46	16.41	12.40
0.01	0.00	0.00	0.02	0.02	0.01	0.00	NA	NA	NA	NA	NA	NA	NA
0.62	1.22	1.56	0.86	1.59	1.38	2.00	2.57	2.35	2.46	2.60	1.84	2.75	3.37
4.59	5.46	6.02	3.02	3.14	2.57	2.36	2.16	2.23	10.66	3.34	3.35	5.24	8.25
20.50	10.07	11.92	13.52	16.42	16.79	19.25	16.58	22.39	30.17	29.90	36.68	34.78	30.66
4.62	2.96	2.13	2.42	2.26	2.16	2.14	3.11	4.48	4.38	5.54	3.20	3.67	2.45
4.42	3.77	3.93	4.25	4.84	3.89	2.86	2.46	5.57	5.22	4.27	2.14	2.77	2.60
1.31	1.44	0.74	1.23	1.31	2.29	2.30	2.06	1.27	1.36	2.37	2.30	1.98	2.03
0.05	0.61	0.43	0.00	0.00	0.00	0.00	0.00	0.00	NA	NA	NA	NA	NA
0.01	0.79	1.01	0.54	1.45	0.63	0.40	1.62	1.49	0.69	0.47	8.35	0.68	18.60
0.35	0.38	0.23	0.07	0.15	0.33	0.80	1.02	1.03	0.54	0.29	0.11	NA	NA
4.83	5.55	5.80	6.36	13.68	15.03	20.28	23.05	32.70	32.57	35.43	37.50	35.03	29.88
27.97	12.62	4.83	23.19	33.17	34.19	41.96	30.01	32.28	29.18	64.54	35.23	78.85	81.64
47.22	48.94	37.59	31.76	39.37	38.20	35.97	30.36	46.48	29.79	32.85	57.45	34.26	56.25
0.00	0.00	0.01	0.01	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
4.99	7.65	5.37	10.94	12.97	12.49	14.13	8.34	10.49	11.63	10.11	11.28	13.56	12.72
2.77	2.78	3.81	6.18	4.32	3.93	4.28	2.65	3.85	3.99	2.38	6.65	4.74	1.68
1.60	3.68	5.35	16.88	16.76	15.90	3.12	1.93	1.71	2.39	6.89	1.09	2.47	3.71

TABLE B5

DAH per capita by target country, 1990–2013, continued

Recipient country	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Sierra Leone	1.56	2.40	3.17	1.17	1.14	0.98	1.95	0.90	2.04	2.19
Slovakia	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00
Slovenia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	NA	NA	NA
Solomon Islands	13.69	3.23	18.92	6.80	11.86	4.92	5.12	5.67	3.16	7.46
Somalia	2.59	2.46	0.79	1.22	1.02	0.65	0.84	0.75	0.66	0.84
South Africa	0.48	0.57	0.29	0.17	0.69	0.48	0.31	0.41	0.91	1.21
South Korea	1.44	0.00	0.22	1.26	0.76	NA	NA	NA	0.00	0.00
South Sudan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sri Lanka	1.00	3.07	1.62	1.38	0.64	0.82	0.61	1.61	2.29	0.96
St. Lucia	38.74	25.14	0.57	2.33	29.77	0.97	32.98	12.29	7.37	0.71
St. Vincent and the Grenadines	0.04	0.02	0.04	0.57	1.27	3.77	5.80	1.01	0.99	0.63
Sudan	0.85	0.50	1.08	0.34	0.31	0.78	0.64	0.48	0.70	0.67
Suriname	45.91	42.45	75.50	12.87	14.76	55.53	20.44	13.30	46.86	27.83
Swaziland	7.22	8.56	3.33	0.61	10.63	2.92	1.92	2.38	6.10	2.88
Syria	0.01	0.06	0.01	1.96	0.00	0.00	0.00	0.44	0.22	0.02
Tajikistan	0.02	0.04	0.02	0.01	1.91	0.34	0.37	0.60	0.56	0.71
Tanzania	4.73	3.99	4.71	2.17	2.09	2.10	4.05	4.66	3.87	7.20
Thailand	0.05	0.03	0.50	0.40	0.07	0.04	0.23	0.21	0.13	0.48
Timor-Leste	0.11	0.25	0.10	0.09	0.07	0.01	0.04	0.99	0.27	1.10
Togo	1.45	4.37	7.38	0.37	2.02	0.79	7.01	1.49	3.06	0.83
Tonga	4.36	2.95	2.66	6.75	13.31	7.76	7.64	25.82	1.26	16.06
Trinidad and Tobago	0.01	0.80	0.94	1.19	0.88	0.89	6.43	12.27	11.90	11.57
Tunisia	0.41	0.05	1.21	0.77	1.72	1.35	1.77	1.33	1.85	2.51
Turkey	0.00	0.03	1.31	0.17	0.24	1.60	0.81	0.78	0.66	0.52
Turkmenistan	0.00	0.01	0.01	0.00	0.69	0.85	0.45	0.39	1.88	1.00
Uganda	6.05	8.73	5.59	3.16	2.69	3.77	4.22	4.71	4.13	5.06
Ukraine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.02	0.03
Uruguay	0.10	0.09	0.59	29.55	7.20	0.30	0.71	0.93	1.08	0.71
Uzbekistan	0.02	0.02	0.01	0.01	0.14	1.25	0.57	0.39	0.48	1.19
Vanuatu	6.81	11.38	3.94	4.37	103.02	3.71	0.53	7.25	35.63	11.23
Venezuela	0.05	0.07	0.09	0.23	0.55	2.47	1.26	2.15	3.90	2.17
Vietnam	0.46	0.26	0.79	0.70	1.30	0.48	0.36	1.42	0.91	1.19
Yemen	0.40	2.78	1.94	2.55	0.59	1.46	1.92	1.69	1.15	1.69
Zambia	7.26	3.66	7.11	8.61	6.59	7.69	7.18	7.03	4.11	5.21
Zimbabwe	5.32	6.32	9.15	3.99	5.02	5.49	5.87	7.24	5.78	5.07

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
6.03	4.10	3.27	4.57	5.70	7.88	7.52	8.44	10.48	8.98	11.82	12.79	12.42	9.27
0.00	0.00	0.00	0.00	3.66	3.98	0.40	NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
16.23	18.44	20.48	32.35	46.08	40.20	34.76	41.17	57.95	62.39	76.97	102.55	56.82	83.89
0.72	0.77	0.85	0.79	2.30	2.61	3.52	3.32	3.50	2.59	4.34	3.55	8.63	4.64
1.41	1.87	1.74	2.99	4.34	5.11	6.00	9.40	13.29	16.77	16.48	18.73	16.80	16.74
0.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.93	0.81	1.11	1.48	0.62	1.15	2.26	1.61	1.95	2.22	3.13	2.20	1.78	2.05
0.70	1.58	2.21	3.30	2.89	2.59	4.43	2.68	8.11	10.55	11.20	95.12	73.30	30.01
0.35	0.59	0.21	1.33	1.38	1.29	4.44	3.86	4.11	6.64	7.21	2.26	5.73	7.87
0.56	0.51	0.82	0.78	1.57	2.60	3.14	2.98	4.71	5.23	5.64	3.72	4.17	4.31
14.17	19.15	22.81	23.83	25.11	27.38	10.95	17.05	20.36	43.01	33.28	29.86	8.78	11.81
2.82	2.33	3.29	11.13	6.43	27.75	17.21	24.51	25.38	39.10	63.30	79.29	50.54	59.39
0.03	0.02	1.15	0.18	0.39	0.96	0.27	0.41	0.91	1.62	0.92	0.15	0.22	0.29
0.90	0.85	1.34	2.09	3.33	2.96	3.54	4.53	5.67	7.42	6.94	5.81	7.55	6.22
3.62	6.20	4.46	4.82	8.41	9.53	11.76	13.57	18.52	16.02	19.73	19.37	19.29	22.19
0.81	0.38	0.40	0.62	0.94	0.85	1.55	1.43	1.29	0.98	1.18	1.72	0.78	1.31
2.00	4.14	19.81	3.97	9.94	11.92	19.62	22.73	27.20	23.19	29.32	26.59	29.18	16.84
1.26	0.85	0.68	2.84	3.34	4.03	3.25	5.18	5.71	6.29	4.99	7.45	3.42	7.89
9.94	16.34	18.79	29.38	62.31	191.78	73.17	66.24	48.90	55.06	86.60	230.27	114.23	62.69
11.02	10.76	10.55	10.25	14.84	10.78	NA	NA	NA	NA	NA	NA	NA	NA
1.01	1.91	2.20	2.43	0.97	0.59	3.46	0.93	3.87	0.58	1.09	0.48	0.67	0.60
0.55	0.34	0.60	0.68	0.53	0.80	2.31	0.96	1.74	0.59	4.57	1.70	0.46	0.42
0.67	0.53	0.57	0.58	0.47	0.57	0.50	0.55	0.59	0.59	0.55	1.49	0.67	1.31
5.61	7.99	3.87	9.22	13.53	13.45	14.04	16.43	15.84	17.51	17.41	17.12	22.18	20.00
0.09	0.20	0.15	0.29	0.73	3.12	2.15	2.05	1.95	2.00	1.47	2.22	2.51	2.13
0.16	4.45	14.90	18.67	0.39	12.07	0.30	1.10	0.47	0.43	2.33	7.00	0.08	0.15
0.76	1.25	1.47	1.20	1.97	1.39	1.45	1.73	1.64	1.90	1.43	1.69	2.69	1.38
11.56	21.19	15.83	24.89	39.83	38.35	27.72	24.12	40.94	59.13	49.12	67.47	63.22	104.61
0.74	0.87	0.60	0.35	0.35	0.49	0.10	0.09	0.10	0.14	0.18	0.06	0.06	0.05
1.15	1.31	1.43	1.79	1.95	2.27	2.72	3.49	3.98	3.70	4.17	4.56	4.10	4.28
1.33	1.56	1.32	2.32	1.21	2.59	2.69	3.01	3.12	2.12	3.03	2.33	4.13	5.25
8.21	9.10	10.60	15.58	22.13	24.58	21.41	31.05	39.47	32.83	26.60	36.06	35.61	45.38
5.27	4.79	4.12	4.73	5.32	10.62	10.96	14.99	10.46	18.25	16.74	12.53	30.28	20.45

Source: IHME DAH Database 2015; IHME Population Data

Notes: Development assistance for health (DAH) per capita is in millions of 2015 US dollars. DAH includes both financial and in-kind contributions for activities aimed at improving health in low- and middle-income countries. This table disaggregates financial DAH transfers by the country receiving funds or intended to benefit from research or technical assistance activities. Population data were obtained from IHME Population estimates. This table reflects financial DAH 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, and the Gates Foundation. Years in which a country was classified as high-income by the World Bank are marked as "NA." Dashes indicate inapplicable.

TABLE B6

DAH by health focus area, 1990–2015

Health focus area	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
HIV/AIDS	331.98	379.87	382.58	295.30	567.68	600.17	667.67	608.51	685.18	749.43	1,295.26	1,283.43
Maternal health	1,643.53	1,825.62	1,582.82	1,439.62	2,106.69	2,273.72	1,570.39	1,646.46	1,753.94	2,075.91	2,130.10	2,004.19
Newborn and child health	952.59	1,011.33	1,250.01	1,124.98	1,589.62	1,458.89	1,408.23	1,282.96	1,262.37	1,852.15	1,883.82	2,394.01
Malaria	59.49	50.72	50.57	45.93	56.42	51.68	66.22	56.84	83.29	129.90	233.58	254.91
Health sector support/or sector-wide approaches	537.15	565.76	660.14	720.64	935.61	1,050.48	1,231.35	1,255.65	1,591.71	1,142.95	1,301.63	1,175.41
Tuberculosis	34.23	71.08	31.61	69.22	92.70	67.96	93.85	64.61	85.03	88.21	122.70	169.74
Other infectious diseases	132.54	193.71	169.07	134.73	164.01	213.09	185.74	221.00	574.31	482.36	403.88	507.11
Non-communicable diseases	109.60	86.60	148.09	230.28	207.31	130.11	107.31	107.01	122.73	136.45	146.29	155.07
Other	3,108.96	2,634.67	3,346.96	3,423.91	3,000.42	3,384.20	3,663.78	4,125.99	3,775.68	3,794.57	3,812.70	3,947.51
Unallocable	301.15	12.12	27.03	276.84	230.29	249.46	151.02	290.26	57.45	367.25	339.16	318.42
TOTAL	7,211.22	6,831.48	7,648.87	7,761.44	8,950.76	9,479.78	9,145.55	9,659.31	9,991.69	10,819.17	11,669.11	12,209.80

2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014*	2015*
1,961.18	2,484.19	3,695.39	4,750.82	5,953.65	7,364.35	8,872.11	9,059.82	10,119.59	10,385.71	10,064.02	11,172.79	10,543.36	10,807.08
1,853.96	2,020.09	1,804.40	2,008.26	2,114.58	2,477.33	2,854.18	3,212.56	3,061.67	3,342.61	3,627.40	3,980.02	3,801.69	3,574.16
2,152.22	2,820.69	2,559.34	3,055.30	2,908.05	3,807.07	3,892.37	4,126.23	5,208.72	5,669.47	6,029.95	7,050.31	6,295.33	6,515.24
202.62	300.76	553.33	834.36	988.44	1,061.81	1,512.73	2,203.32	2,395.62	1,960.97	2,364.99	2,542.77	2,282.09	2,291.24
1,263.00	1,541.06	1,466.42	1,405.10	1,482.31	1,827.73	2,197.40	2,402.25	3,005.13	3,065.58	2,376.60	2,728.75	2,443.01	2,670.07
203.18	283.08	459.46	481.54	691.05	802.75	971.00	1,044.02	1,245.41	1,191.65	1,203.46	1,431.62	1,127.02	1,235.06
479.76	794.64	849.87	587.13	602.54	1,014.58	1,059.86	933.62	914.25	956.21	834.90	904.11	1,548.15	1,104.05
205.21	185.91	212.06	231.90	273.55	281.87	361.37	349.38	431.95	448.84	406.44	533.58	491.96	475.17
4,146.63	4,810.85	5,300.26	6,277.50	5,984.46	5,577.43	6,341.43	6,096.59	6,515.73	6,740.03	6,571.30	6,715.36	7,075.55	7,144.04
1,383.51	623.68	1,247.40	765.28	1,202.62	1,792.73	2,133.18	1,126.66	1,420.31	1,393.44	542.47	959.99	652.61	551.04
13,851.27	15,864.95	18,147.94	20,397.18	22,201.25	26,007.65	30,195.64	30,554.44	34,318.39	35,154.50	34,021.52	38,019.29	36,260.78	36,367.16

Source: IHME DAH Database 2015

Notes: In millions of 2015 US dollars. Development assistance for health (DAH) includes both financial and in-kind contributions for activities aimed at improving health in low- and middle-income countries. This table dissagregates financial DAH earmarked for HIV/AIDS; maternal, newborn, and child health; malaria; health sector support; tuberculosis; non-communicable diseases; and other infectious diseases. We were able to allocate flows from the following channels of assistance by their health focus areas: bilateral development agencies, the World Bank (IDA and IBRD), ADB, AfDB, IDB, the Global Fund, Gavi, WHO, UNICEF, UNAIDS, UNFPA, the Gates Foundation, and NGOs. Contributions from remaining channels are shown as unallocable by disease. For preliminary estimates of DAH for 2014 and 2015, refer to Table B1.

*2014 and 2015 are preliminary estimates.

TABLE B7

World Bank financial and in-kind DAH, 1990–2013

	International Bank for Reconstruction and Development		International Development Association	
Year	Financial	In-kind	Financial	In-kind
1990	181.82	6.39	278.44	25.28
1991	238.82	11.84	174.95	12.72
1992	303.57	15.92	296.93	24.73
1993	603.59	31.34	350.50	33.32
1994	726.76	50.59	580.42	57.30
1995	610.75	40.17	565.42	56.64
1996	957.59	52.69	622.06	53.71
1997	1,117.30	52.40	582.62	41.53
1998	1,363.89	53.97	717.74	29.33
1999	766.28	35.72	801.65	50.49
2000	867.87	61.37	838.79	75.19
2001	859.11	63.04	1,059.94	82.41
2002	803.05	63.07	1,099.87	94.64
2003	1,453.08	108.53	906.11	111.12
2004	710.40	66.19	1,297.67	190.51
2005	586.68	61.89	1,215.78	139.78
2006	611.58	54.51	988.41	122.75
2007	747.87	72.14	876.25	117.31
2008	585.90	60.50	624.92	83.68
2009	804.32	54.00	891.31	121.13
2010	1,810.18	89.39	806.65	99.36
2011	1,628.41	108.64	937.64	144.25
2012	951.87	78.68	801.04	106.22
2013	1,107.42	121.87	925.67	138.43

Source: IHME DAH Database 2015

Notes: In millions of 2015 US dollars. For preliminary estimates of DAH for 2014 and 2015, refer to Table B1.

TABLE B8

Regional development banks' financial and in-kind DAH, 1990–2013

	African Development Bank		Asian Development Bank		Inter-American Development Bank	
Year	Financial	In-kind	Financial	In-kind	Financial	In-kind
1990	65.75	5.49	26.87	2.24	31.43	2.62
1991	63.63	5.31	39.44	3.29	43.23	3.61
1992	62.21	5.19	53.74	4.49	56.01	4.68
1993	60.76	5.07	57.97	4.84	78.49	6.55
1994	94.65	7.90	55.18	4.61	87.64	7.32
1995	73.12	6.11	50.10	4.18	95.79	8.00
1996	74.69	6.24	53.17	4.44	127.74	10.67
1997	93.26	7.79	75.54	6.31	159.07	13.28
1998	62.63	5.23	108.45	9.06	178.88	14.94
1999	61.68	5.15	102.86	8.59	169.65	14.17
2000	45.09	3.76	77.52	6.47	181.75	15.18
2001	42.32	3.53	93.26	7.79	184.18	15.38
2002	81.40	6.80	89.26	7.45	200.72	16.76
2003	42.47	3.55	72.64	6.07	242.51	20.25
2004	90.82	7.58	77.09	6.44	434.81	36.31
2005	152.81	12.76	166.99	13.94	293.73	24.53
2006	97.34	8.13	211.66	17.67	144.74	12.09
2007	105.40	8.80	241.24	20.14	158.19	13.21
2008	124.95	10.43	275.45	23.00	168.92	14.11
2009	111.28	9.29	245.05	20.46	158.95	13.27
2010	136.49	11.40	230.57	19.25	127.17	10.62
2011	131.06	10.94	131.59	10.99	126.63	10.57
2012	135.77	11.34	120.50	10.06	148.28	12.38
2013	97.42	8.13	109.49	9.14	513.56	42.88

Source: IHME DAH Database 2015

Notes: In millions of 2015 US dollars. For preliminary estimates of DAH for 2014 and 2015, refer to Table B1.

TABLE B9

Financial and in-kind contributions by the Global Fund and Gavi, 2000-2013

	Gavi		Global Fund	
Year	Financial	In-kind	Financial	In-kind
2000	3.12	0.41	–	–
2001	175.16	4.66	–	–
2002	142.19	11.36	1.16	16.47
2003	229.10	5.31	287.94	40.54
2004	201.35	57.05	779.98	63.08
2005	325.83	40.64	1,243.34	87.08
2006	286.79	10.88	1,516.24	99.59
2007	1010.46	21.21	1,926.98	87.48
2008	782.63	25.44	2,459.37	171.91
2009	547.31	44.21	3,012.93	172.02
2010	826.44	32.08	3,328.96	271.57
2011	863.61	25.87	2,783.40	309.48
2012	1,125.54	47.68	3,496.18	606.23
2013	1,677.65	42.80	4,084.08	339.31

Source: IHME DAH Database 2015

Notes: In millions of 2015 US dollars. For preliminary estimates of DAH for 2014 and 2015, refer to Table B1. Dashes indicate inapplicable.

TABLE B10

WHO, regular and extrabudgetary income and expenditure, 1990–2013

Year	Regular budget income	Regular budget expenditure	Extrabudgetary income	Extrabudgetary expenditure[1]	Total income	Total expenditure	Development assistance for health[2]
1990	579.05	486.54	716.92	748.87	1,295.97	1,235.41	1,294.96
1991	560.40	470.87	693.82	724.74	1,254.22	1,195.61	1,203.78
1992	582.73	463.25	666.48	697.01	1,249.20	1,160.26	1,210.79
1993	569.18	452.48	650.99	680.81	1,220.17	1,133.30	1,169.43
1994	516.07	568.59	688.65	703.98	1,204.71	1,272.58	1,350.58
1995	505.52	556.97	674.57	689.60	1,180.10	1,246.57	1,268.67
1996	645.12	498.30	616.33	547.07	1,261.45	1,045.37	1,068.75
1997	634.26	489.91	605.96	537.86	1,240.22	1,027.77	1,044.63
1998	593.10	496.68	751.54	624.35	1,344.65	1,121.03	1,152.66
1999	584.16	489.19	740.21	614.93	1,324.37	1,104.13	1,152.44
2000	579.18	485.52	1,040.47	884.37	1,619.65	1,369.89	1,430.31
2001	566.27	474.70	1,017.29	864.67	1,583.56	1,339.37	1,382.51
2002	518.90	480.02	984.73	952.17	1,503.63	1,432.19	1,532.45
2003	508.75	470.64	965.48	933.55	1,474.23	1,404.19	1,527.13
2004	524.76	476.76	1,407.89	1,291.64	1,932.65	1,768.41	2,107.16
2005	508.40	461.90	1,364.01	1,251.39	1,872.41	1,713.29	2,004.30
2006	524.51	450.77	1,779.62	1,413.40	2,304.12	1,864.17	2,326.70
2007	510.91	439.09	1,733.49	1,376.76	2,244.40	1,815.85	2,305.14
2008	471.64	447.07	1,574.82	1,610.59	2,046.46	2,057.66	2,626.28
2009	468.08	443.70	1,562.94	1,598.44	2,031.03	2,042.14	2,666.78
2010	583.71	421.31	1,964.40	1,908.32	2,548.11	2,329.62	2,870.56
2011	511.10	416.37	1,924.68	1,869.73	2,435.78	2,286.10	2,802.43
2012	431.41	411.37	1,707.14	1,599.34	2,138.55	2,010.71	2,481.44
2013	412.36	414.85	2,073.54	1,789.00	2,485.90	2,203.85	2,755.86

Source: IHME DAH Database 2015

Notes: In millions of 2015 US dollars. For preliminary estimates of DAH for 2014 and 2015 refer to Table B1.

1 Includes the Voluntary Fund for Health Promotion, other WHO funds, and interagency trust funds.

2 Excludes expenditures from trust funds and associated entities not part of WHO's program of activities and supply services funds.

TABLE B11

Bill & Melinda Gates Foundation global health disbursements and in-kind contributions, 1999–2013

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
COMMITMENTS	1,630.73	804.18	650.80	471.70	1,051.87	1,138.05	1,228.86	1,504.86	2,104.04	3,029.22	2,121.29	879.46	2,901.12	1,167.86	1,809.91
DISBURSEMENTS	144.30	480.69	487.96	519.25	716.85	593.71	853.88	1,123.96	1,523.29	1,938.92	1,673.86	1,665.13	1,988.84	1,879.45	2,325.66
Gates Foundation	132.06	415.72	237.47	384.87	631.81	479.27	577.63	914.96	1,214.36	1,373.62	1,136.66	998.16	1,246.72	1,143.81	1,252.66
Gavi	0.00	2.95	137.72	0.00	5.63	5.39	114.18	0.00	88.71	94.15	54.57	78.76	219.91	222.72	309.08
Global Fund	0.00	0.00	0.00	0.06	14.92	24.97	0.00	70.24	71.12	72.61	104.16	105.29	139.15	159.28	174.58
NGOs[1]	12.24	52.86	103.91	102.93	33.72	42.87	122.14	67.88	80.05	204.97	186.38	159.54	66.24	60.62	316.82
UN agencies	0.00	9.17	8.87	31.39	30.77	41.21	39.93	70.88	69.04	193.56	192.10	323.37	316.83	293.01	272.51
IN-KIND	1.77	52.90	52.59	51.75	55.82	52.75	144.99	165.77	146.61	222.89	273.63	276.62	225.66	373.58	323.09

Source: IHME DAH Database 2015

Notes: In millions of 2015 US dollars. For preliminary estimates of DAH for 2014 and 2015, refer to Table B1.

1 Includes non-research-focused NGOs based in low-, middle-, and high-income countries.

TABLE B12

US and international NGO expenditures, 1990–2015

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
TOTAL OVERSEAS HEALTH EXPENDITURE	275.17	482.44	592.20	631.59	735.33	748.58	729.44	822.67	969.92	1,112.42	1,274.47	1,419.82
Gates Foundation grants	–	–	–	–	–	–	–	–	–	8.93	39.44	80.03
Private in-kind revenue	27.57	32.16	41.92	54.08	72.28	70.04	81.68	89.70	102.58	110.27	101.83	152.13
Private financial revenue	116.43	187.22	209.05	236.27	262.49	282.78	307.77	354.77	466.44	511.23	569.32	555.19
Revenue from other governments	19.41	64.57	72.22	75.51	87.21	81.16	98.30	98.27	111.51	131.43	161.67	184.82
Revenue from US government	111.77	198.49	269.01	265.73	313.36	314.60	241.69	279.93	289.38	350.56	402.21	447.65
NUMBER OF NGOs IN SAMPLE	267	340	391	419	439	430	434	441	496	494	510	531

2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1,582.48	1,798.38	2,183.08	2,736.72	3,019.47	3,266.06	4,086.44	4,290.35	4,832.63	4,726.01	5,077.67	5,175.08	5,376.87	5,599.53
79.75	26.65	34.81	102.37	58.64	71.00	185.35	169.82	147.14	62.35	58.11	308.67	346.43	402.21
174.70	220.74	322.07	410.74	387.50	450.28	681.60	582.58	517.52	556.87	505.38	637.53	656.98	683.05
621.96	749.09	844.91	1,121.16	1,364.04	1,426.11	1,696.87	1,630.52	2,044.44	2,094.61	2,488.72	1,963.79	1,982.62	1,999.32
202.39	240.25	251.90	337.74	416.01	503.45	544.98	717.21	861.64	825.69	767.22	1,169.98	1,250.87	1,334.12
503.68	561.65	729.39	764.70	793.28	815.23	977.64	1,190.23	1,261.90	1,186.49	1,258.25	1,095.10	1,139.96	1,180.82
570	596	603	596	632	653	702	725	719	766	778	778	778	778

Source: IHME DAH Database 2015

Notes: In millions of 2015 US dollars. Includes both US and international NGOs.

TABLE B13

Government health expenditure as a source, 1995–2013

Global Burden of Disease region	1995	1996	1997	1998	1999	2000	2001	2002
ASIA								
Central	3.64	3.62	3.90	3.84	3.19	3.28	3.49	3.66
East	33.77	36.76	40.43	44.35	48.36	50.25	50.20	57.86
South	7.62	7.86	8.58	9.28	10.06	10.47	10.53	10.90
Southeast	11.51	13.06	14.13	13.30	13.74	14.60	16.35	17.40
CARIBBEAN	2.59	2.85	3.10	3.16	3.47	3.74	3.86	4.21
LATIN AMERICA								
Andean	3.47	3.80	3.72	3.69	4.15	3.86	4.23	4.54
Central	29.04	30.11	34.25	37.55	41.26	42.28	43.74	43.75
Southern	18.88	18.67	19.20	20.53	22.94	22.68	22.91	19.29
Tropical	40.04	39.95	43.42	42.53	45.04	45.18	48.90	52.75
NORTH AFRICA AND MIDDLE EAST	29.30	31.93	36.01	40.43	44.09	48.45	53.37	56.98
OCEANIA	0.43	0.43	0.40	0.42	0.42	0.47	0.52	0.51
SUB-SAHARAN AFRICA								
Central	0.63	0.83	1.06	0.94	1.10	0.97	1.47	1.12
East	1.70	1.50	1.75	2.06	2.12	2.81	2.95	3.16
Southern	7.08	7.26	8.28	8.74	9.41	9.39	9.79	9.85
West	2.98	3.19	3.50	4.16	4.59	3.85	4.33	3.39

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
4.14	4.88	5.68	5.98	5.58	6.71	8.12	8.46	8.48	9.53	9.75
64.76	73.04	81.87	93.76	117.78	146.05	185.22	204.03	236.66	267.04	293.53
11.21	11.55	12.60	14.27	15.45	17.41	20.42	21.69	23.40	24.73	28.54
20.10	20.24	20.01	23.84	27.59	27.98	31.20	33.92	34.99	39.63	41.81
4.09	4.15	4.67	5.42	6.29	6.75	7.43	7.26	7.20	7.67	7.32
4.36	4.42	4.93	4.86	5.24	5.81	7.37	7.68	8.00	9.40	11.55
46.83	49.03	51.16	54.55	59.06	62.33	67.12	66.19	68.01	74.11	75.33
18.69	20.28	22.46	24.21	26.67	30.51	36.59	34.36	36.72	41.13	44.44
51.42	58.92	62.72	66.45	69.72	76.51	81.26	93.32	97.44	101.63	108.27
60.23	63.25	64.71	71.18	75.97	79.12	94.85	90.16	95.59	102.77	102.62
0.46	0.49	0.49	0.49	0.47	0.48	0.52	0.56	0.51	0.70	0.76
1.51	1.84	1.77	2.89	2.83	3.75	4.32	3.51	3.74	4.18	5.56
3.16	3.58	3.90	4.80	5.41	4.35	4.88	4.85	5.20	4.67	4.82
10.23	10.18	10.85	11.46	12.18	13.32	14.51	15.11	15.83	16.75	17.12
4.76	6.25	6.15	6.48	8.17	8.40	8.57	7.53	9.16	8.90	8.26

Source: IHME Government Health Spending Database (Developing Countries), 2015

Notes: In billions of 2015 US dollars. Government health expenditure as source (GHE-S) includes funds raised by recipient country governments from internal sources. This table disaggregates GHE-S by Global Burden of Disease developing region from data produced by the WHO and National Health Accounts.

TABLE B14

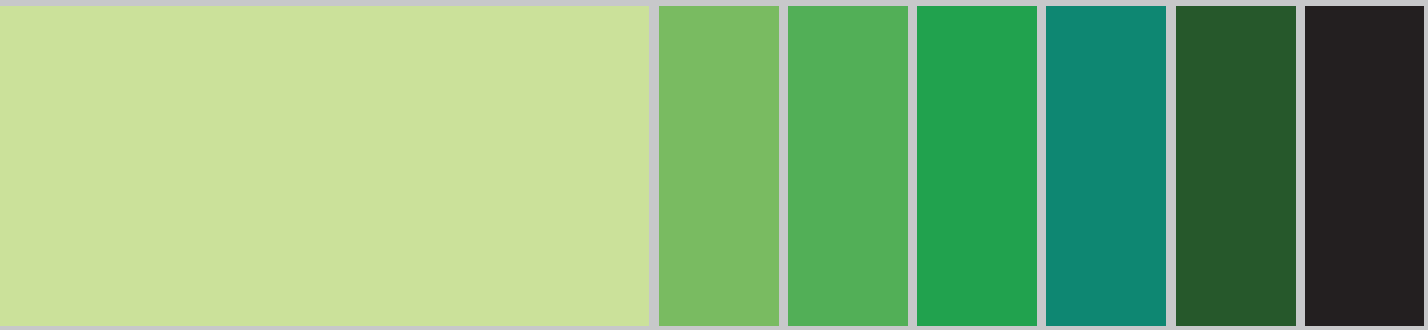
DAH allocated to government and non-government recipients, 1995–2013

Global Burden of Disease region	1995		1996		1997		1998		1999		2000		2001		2002		2003	
	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov
ASIA																		
Central	20.22	44.06	17.64	36.04	22.54	28.51	28.10	62.22	40.95	92.01	51.10	87.08	40.48	92.63	42.04	88.93	37.09	98.85
East	52.31	102.85	49.07	108.45	59.73	97.58	58.92	114.09	52.99	100.80	85.86	117.78	53.42	70.58	59.82	102.41	58.96	118.96
South	225.67	480.63	277.72	605.22	289.08	516.26	243.83	546.15	335.89	649.82	468.12	593.04	368.01	783.63	375.35	858.27	277.48	673.46
Southeast	199.43	424.81	120.21	262.55	214.18	311.79	157.71	307.76	181.97	355.91	240.40	441.05	214.67	385.08	184.18	312.50	194.29	498.17
CARIBBEAN	80.97	162.94	45.30	90.77	60.35	70.39	68.95	140.42	60.61	128.09	50.65	89.50	75.63	105.97	45.48	65.01	68.58	110.03
LATIN AMERICA																		
Andean	71.53	138.07	55.73	109.04	76.21	104.62	81.31	160.20	60.10	129.24	74.23	170.09	92.99	124.03	75.27	111.05	80.19	173.29
Central	137.89	249.19	163.65	323.45	250.31	407.09	290.04	642.18	183.86	396.07	210.21	493.16	176.01	330.57	177.73	417.47	124.31	330.37
Southern	76.51	155.26	100.20	217.78	126.68	244.28	94.80	217.92	42.73	100.84	33.28	57.67	66.98	180.40	40.63	103.77	194.33	685.45
Tropical	56.00	108.67	66.42	139.15	89.14	152.50	55.74	103.83	84.74	184.67	57.56	135.03	78.75	212.80	53.33	150.17	107.71	364.17
NORTH AFRICA AND MIDDLE EAST	139.38	259.33	139.34	268.78	175.79	215.95	142.30	258.52	145.07	241.23	150.39	244.26	139.71	205.76	145.59	221.21	155.82	313.38
OCEANIA	15.39	7.11	19.55	43.46	16.30	24.71	23.54	52.02	49.93	93.47	79.74	59.87	41.43	38.98	43.66	48.22	63.16	72.53
SUB-SAHARAN AFRICA																		
Central	37.59	60.53	60.84	99.25	53.94	57.62	52.43	62.09	53.93	50.34	48.21	51.29	57.13	59.17	61.76	54.45	72.13	81.71
East	251.47	393.21	321.11	510.84	339.17	467.89	280.60	478.85	403.21	620.31	446.61	523.26	476.27	667.87	452.02	621.51	507.03	1,049.52
Southern	53.65	78.58	36.12	69.61	49.92	81.31	40.38	88.09	57.90	74.23	81.83	65.93	84.44	84.94	77.44	95.39	114.94	163.08
West	164.31	296.66	197.16	247.13	233.90	283.35	186.40	281.55	238.72	296.24	254.25	356.36	249.20	409.23	202.88	374.51	306.59	617.17

2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013	
DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov	DAH to non-gov	DAH to gov
37.09	98.85	42.17	113.51	96.98	98.15	114.50	113.17	91.65	171.73	112.52	153.69	128.25	197.49	120.89	201.62	170.49	194.76	174.16	202.17	136.19	162.66
58.96	118.96	80.15	211.06	80.61	181.63	98.74	232.52	119.61	314.23	126.32	227.29	136.55	303.57	172.13	212.79	163.58	176.62	178.71	252.20	86.26	125.53
277.48	673.46	333.70	939.78	472.04	914.75	642.28	729.49	585.78	1,051.84	723.23	1,010.55	702.34	1,150.82	789.75	1,240.43	869.34	1,122.90	831.89	1,203.65	1,004.62	1,506.31
194.29	498.17	226.60	534.52	395.35	590.85	470.72	698.75	582.09	755.34	549.53	852.02	568.35	684.74	788.14	691.54	674.14	833.80	789.78	763.83	708.21	932.93
68.58	110.03	123.86	117.77	139.79	109.51	195.60	77.98	202.93	99.80	244.75	97.04	227.48	180.32	293.34	163.29	323.35	127.19	276.57	136.20	295.08	152.89
80.19	173.29	86.55	181.90	101.53	117.75	100.66	118.87	84.77	124.76	154.61	152.47	154.17	117.05	166.14	82.97	126.45	59.28	117.72	54.03	102.77	72.84
124.31	330.37	198.46	535.20	188.51	423.70	162.11	341.42	160.45	343.93	233.07	275.48	212.57	391.68	304.70	960.09	272.38	873.84	220.09	490.20	225.11	685.12
194.33	685.45	69.00	195.64	41.92	103.52	19.39	63.86	53.30	282.76	65.30	120.07	22.62	152.99	38.39	164.34	36.59	311.54	17.63	257.87	15.76	304.58
107.71	364.17	41.20	105.74	47.88	126.03	32.69	111.88	30.67	100.01	60.35	110.92	63.34	163.99	95.63	296.39	62.58	167.55	40.58	174.21	41.98	271.54
155.82	313.38	175.56	398.53	778.66	419.74	655.19	594.79	384.28	578.25	487.16	523.31	445.98	403.68	565.97	690.73	585.66	489.02	538.23	377.68	512.40	430.85
63.16	72.53	113.86	95.90	120.71	103.78	140.25	72.49	116.40	84.07	164.09	98.39	226.43	108.34	226.56	95.13	253.16	159.77	222.07	169.75	200.15	150.22
72.13	81.71	118.68	93.25	232.61	136.55	209.07	112.58	212.15	113.47	376.43	236.94	355.08	216.54	357.07	244.14	323.86	306.29	561.75	232.64	530.74	290.83
507.03	1,049.52	1,143.09	1,121.17	1,252.11	1,267.79	1,724.32	1,371.76	2,078.80	1,830.80	2,815.98	1,935.33	2,893.55	1,723.13	3,168.32	2,083.03	3,561.56	2,242.06	3,819.90	2,492.01	4,363.28	2,777.35
114.94	163.08	276.22	119.89	289.46	216.86	408.75	217.32	599.35	305.35	1,041.95	309.13	1,363.99	334.71	1,152.13	355.62	1,214.25	403.80	1,241.80	496.89	1,181.33	491.59
306.59	617.17	513.89	800.37	608.01	866.83	729.57	948.84	860.67	833.59	1,317.38	1,005.08	1,376.63	1,140.18	1,471.29	1,077.44	1,495.84	1,140.10	1,703.23	1,205.85	1,891.37	1,647.69

Source: IHME DAH Database 2015

Notes: In millions of 2015 US dollars. Government health expenditure as source (GHE-S) includes funds raised by recipient country governments from internal sources. This table disaggregates GHE-S by Global Burden of Disease developing region from data produced by the WHO and National Health Accounts.



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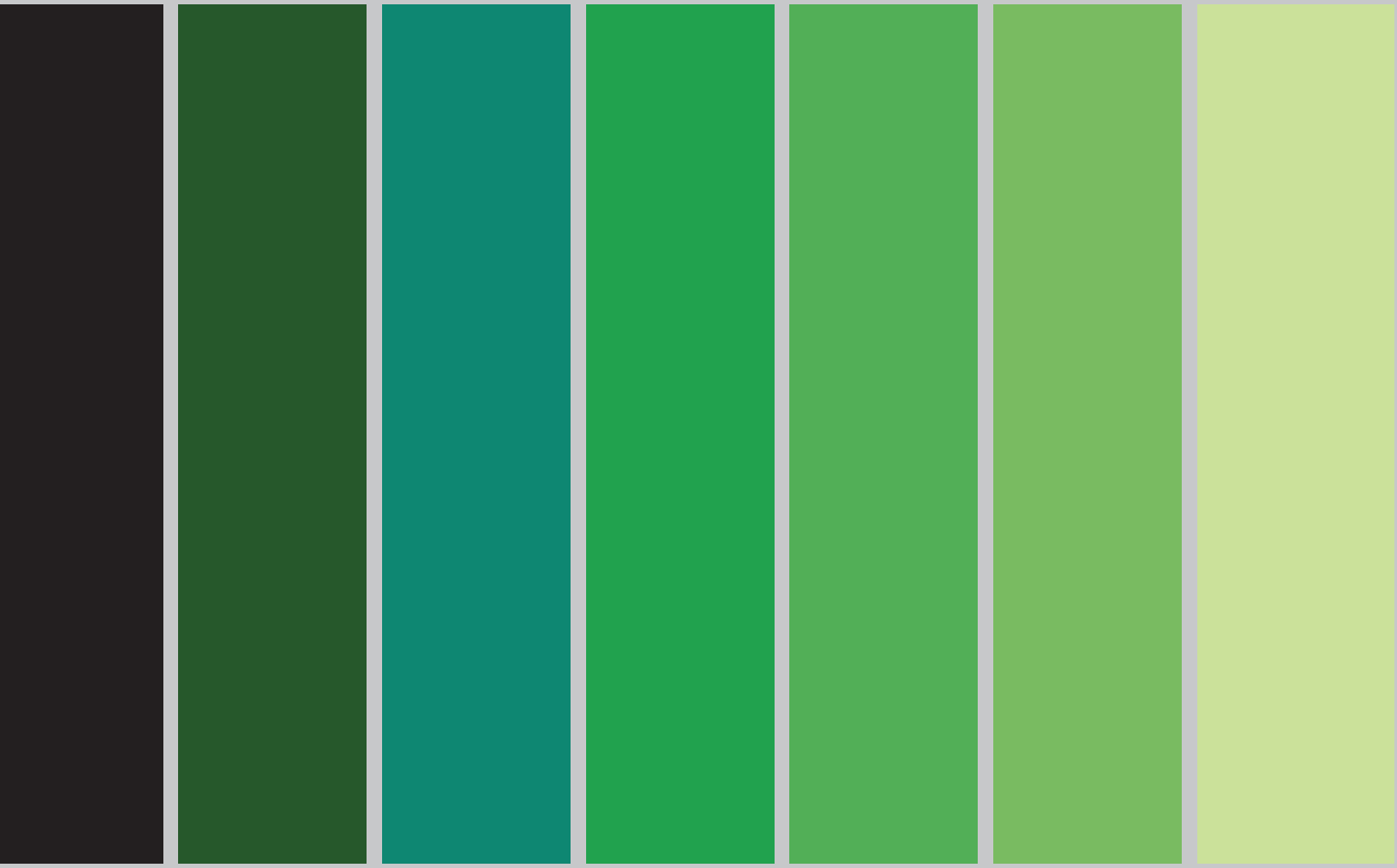

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