



Institute for
Health Metrics
and Evaluation

Financing Global Health 2012

End of the Golden Age?

February 6th, 2013

UNIVERSITY *of* WASHINGTON

Outline

- ➔ Global Health Context
- Three Phases of DAH
- Who Provides DAH?
- Where Does DAH Go?
- Government Spending
- Future Directions

Global Burden of Disease 2010

1. A **systematic scientific** effort to quantify the **comparative** magnitude of **health loss** for 187 countries from 1990 to 2010.
2. Covering 291 diseases and injuries, 1,160 sequelae of these diseases and injuries, and 67 risk factors or clusters of risk factors.
3. Use GBD 2010 to provide context for understanding trends in global health financing.

Four Key Drivers of Rapid Changes in Global Health Patterns

- 1) Demographic transition** – increasing population size, substantial increase in the average age in most regions and falling death rates.
- 2) Cause of death transition** – fraction of deaths or years of life lost shifting from communicable, maternal, neonatal and nutritional to non-communicable diseases and injuries despite the HIV epidemic.
- 3) Disability transition** – steady shift to burden of disease from diseases that cause disability but not substantial mortality.
- 4) Risk transition** – shift from risks related to poverty to behavioral risks.

Dramatic Demographic Shifts: Mean Age of Death Rising Rapidly

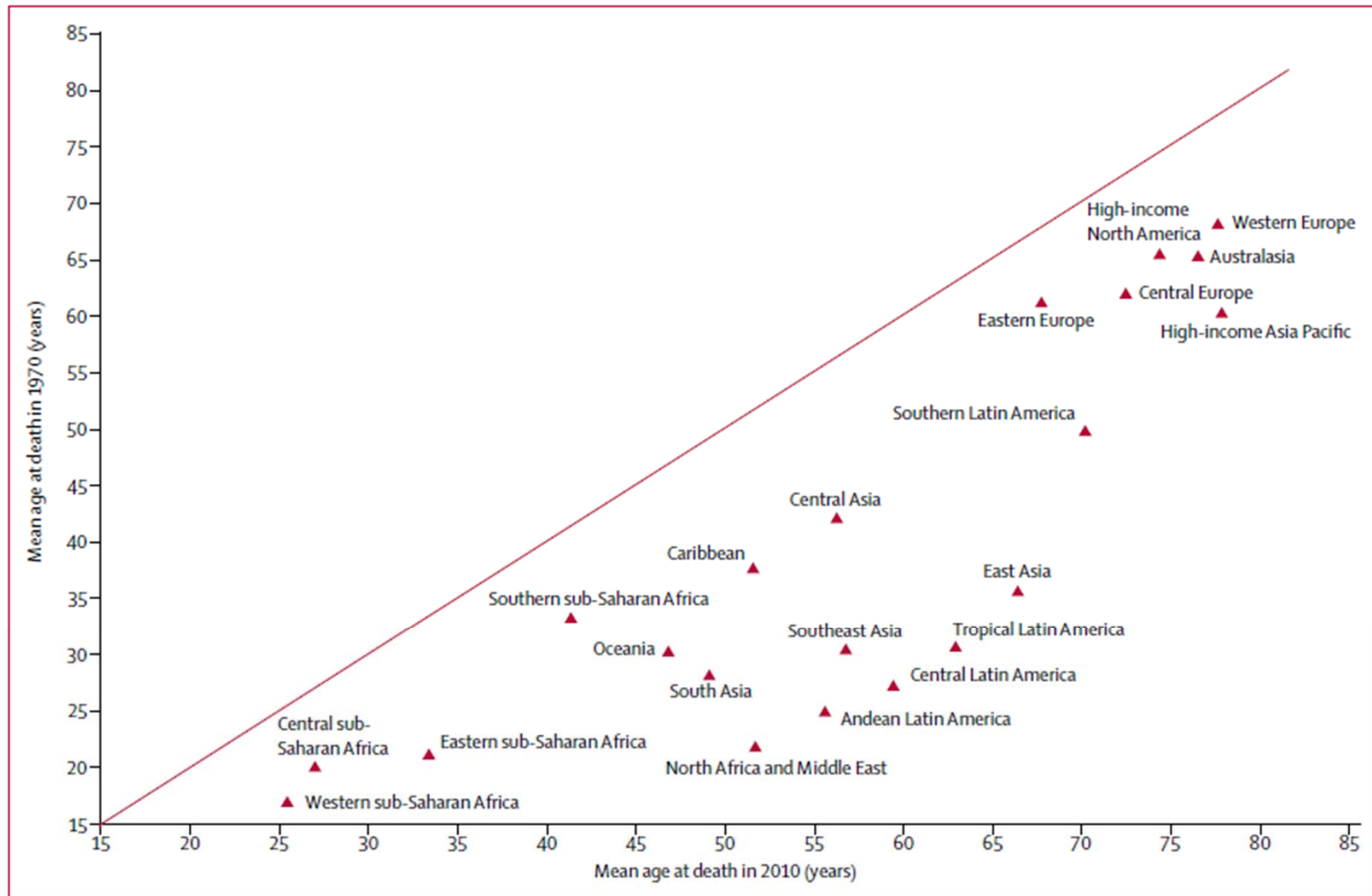
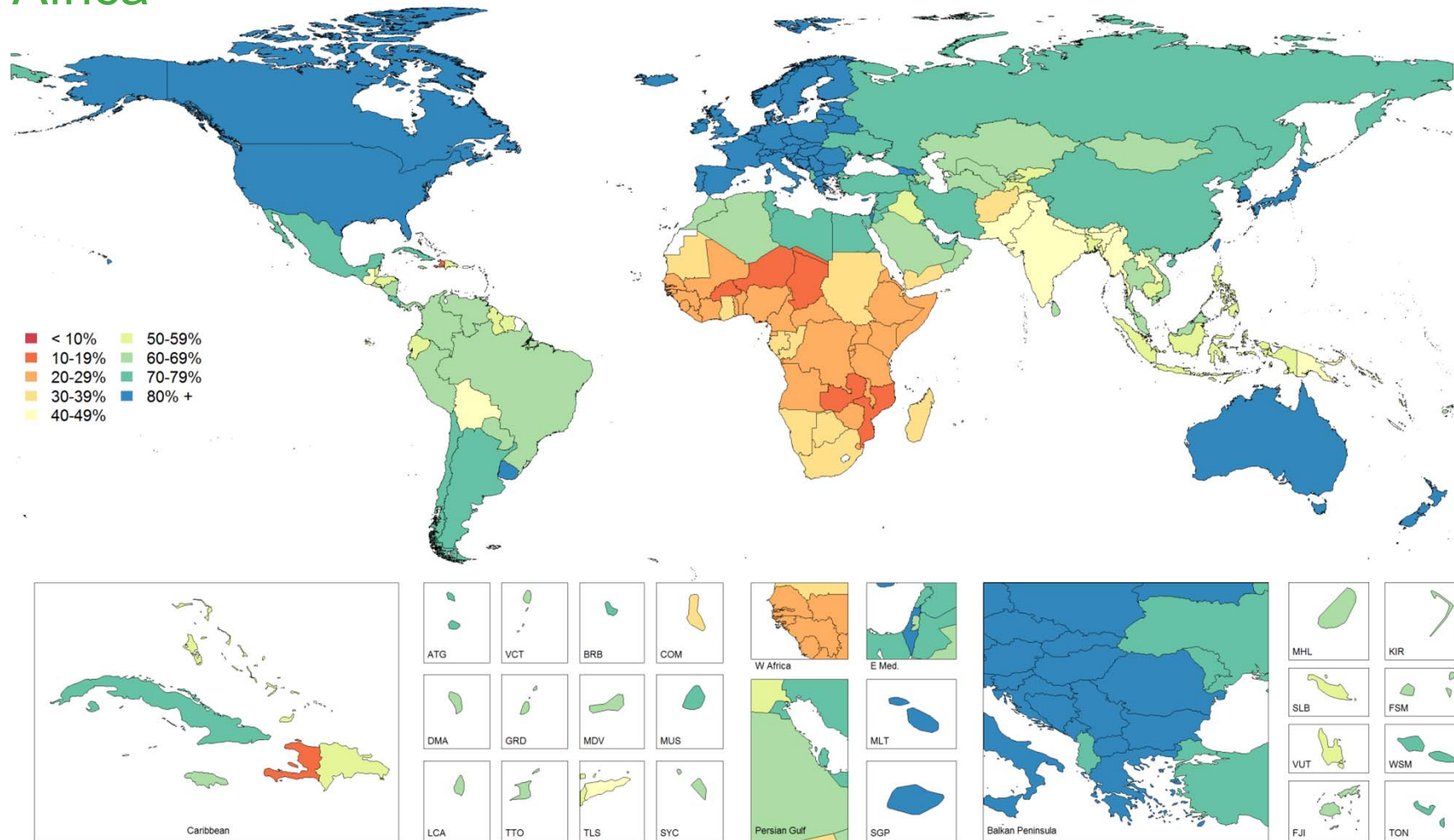
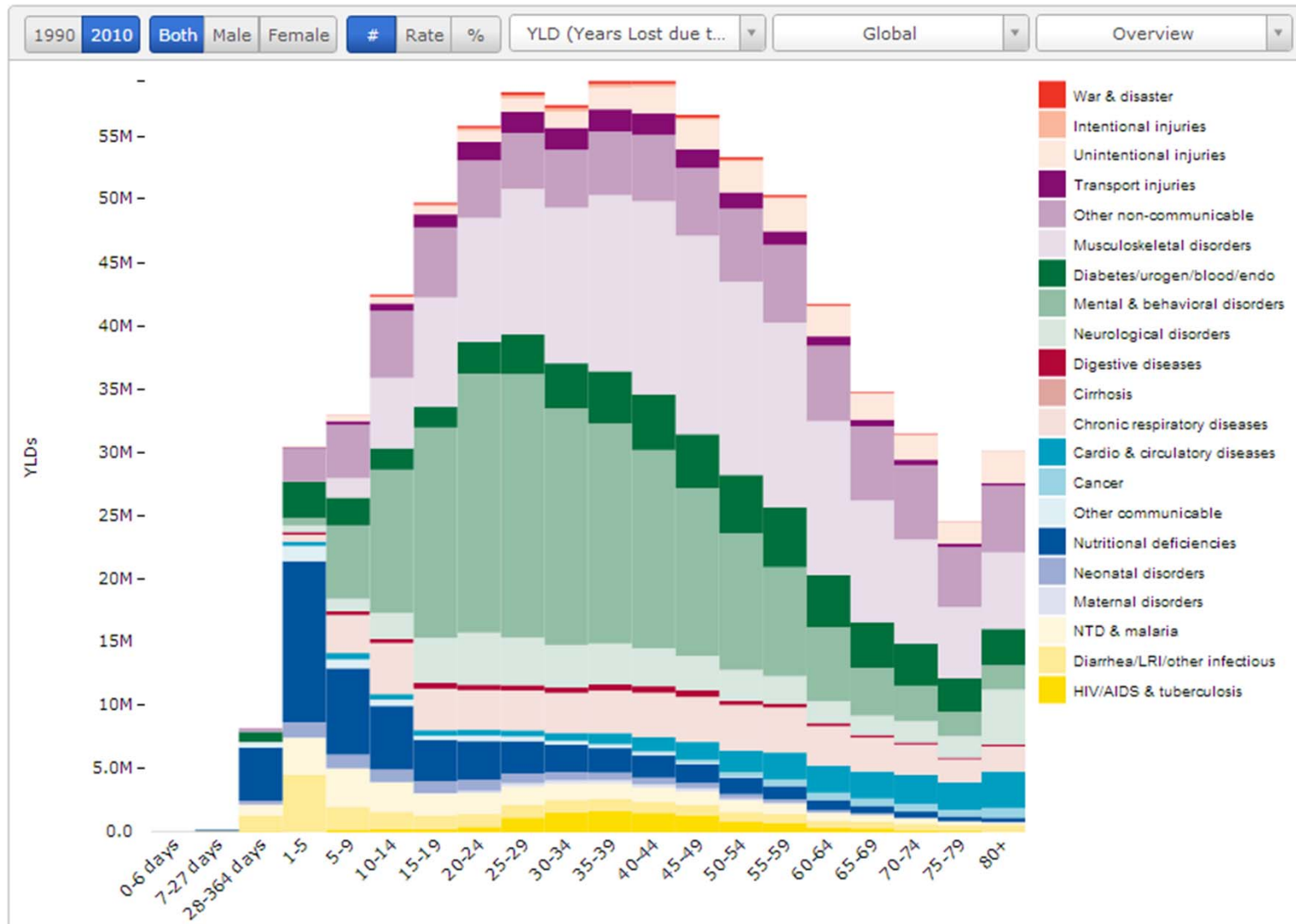


Figure 8: Mean age of death in Global Burden of Disease regions in 1970 compared with 2010

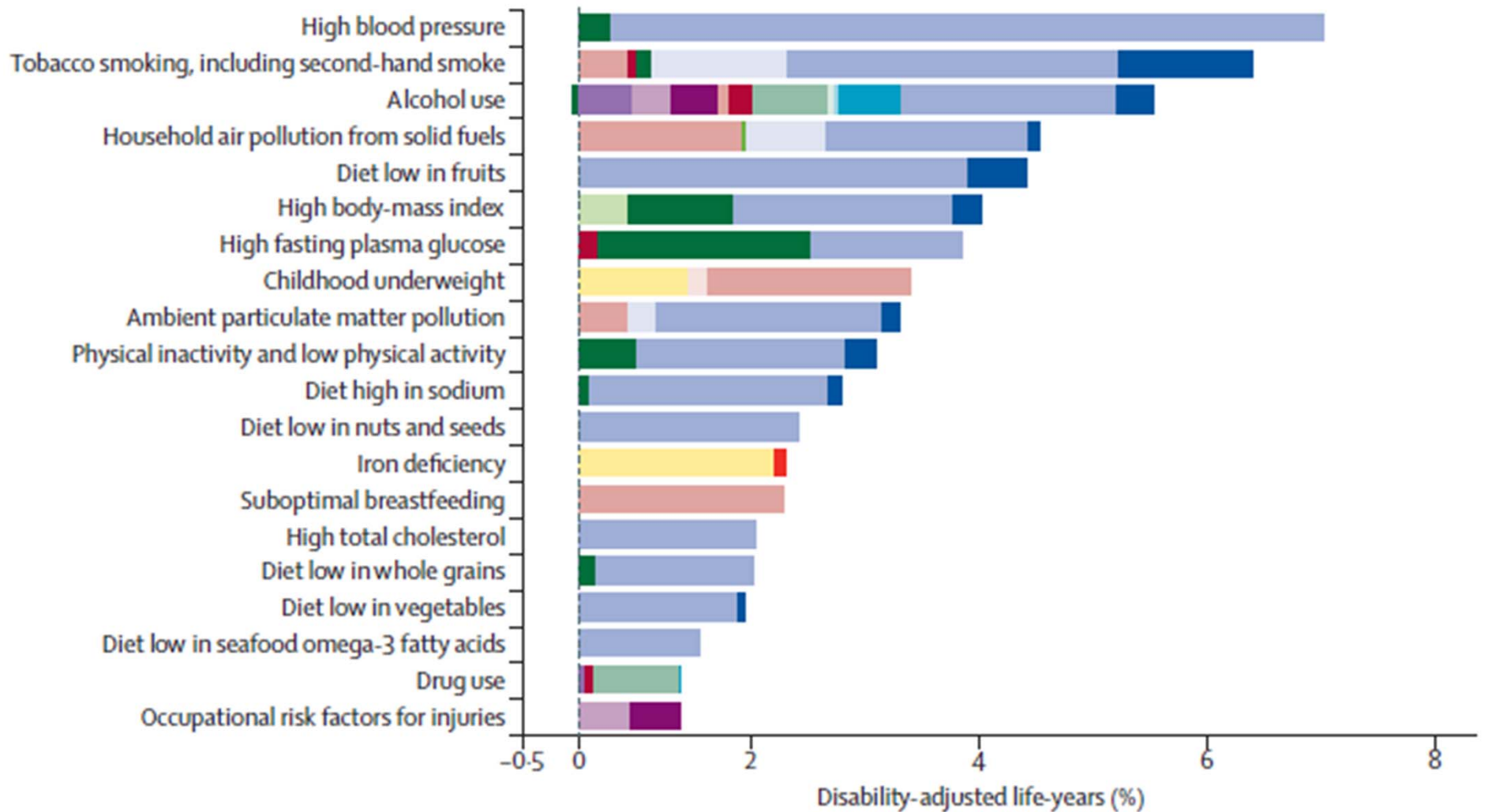
Percent of DALYs from Non-Communicable Diseases in 2010: Over 60% in Nearly All Countries Outside of Sub-Saharan Africa



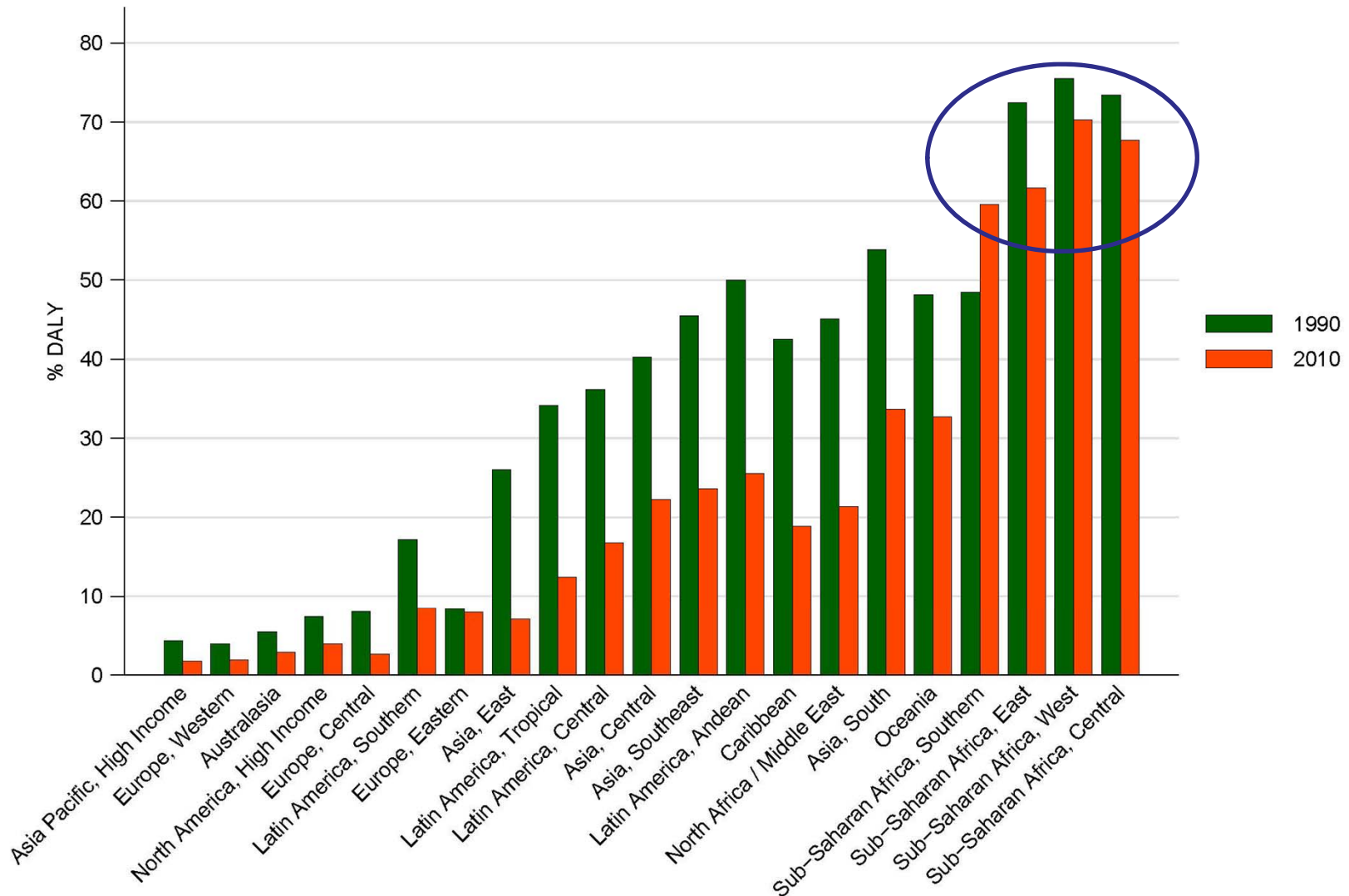
What Ails You is Not Necessarily What Kills You: Years Lived with Disability by Cause and Age, 2010



Risk Factor Transition: Global DALYs Attributable to Leading Risk Factors 2010



Despite Progress in Sub-Saharan Africa: Health Priorities Still Dominated by MDG 4, 5, and 6



Outline

Global Health Context



Three Phases of DAH

Who Provides DAH?

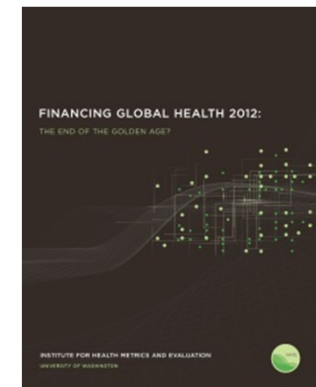
Where Does DAH Go?

Government Spending

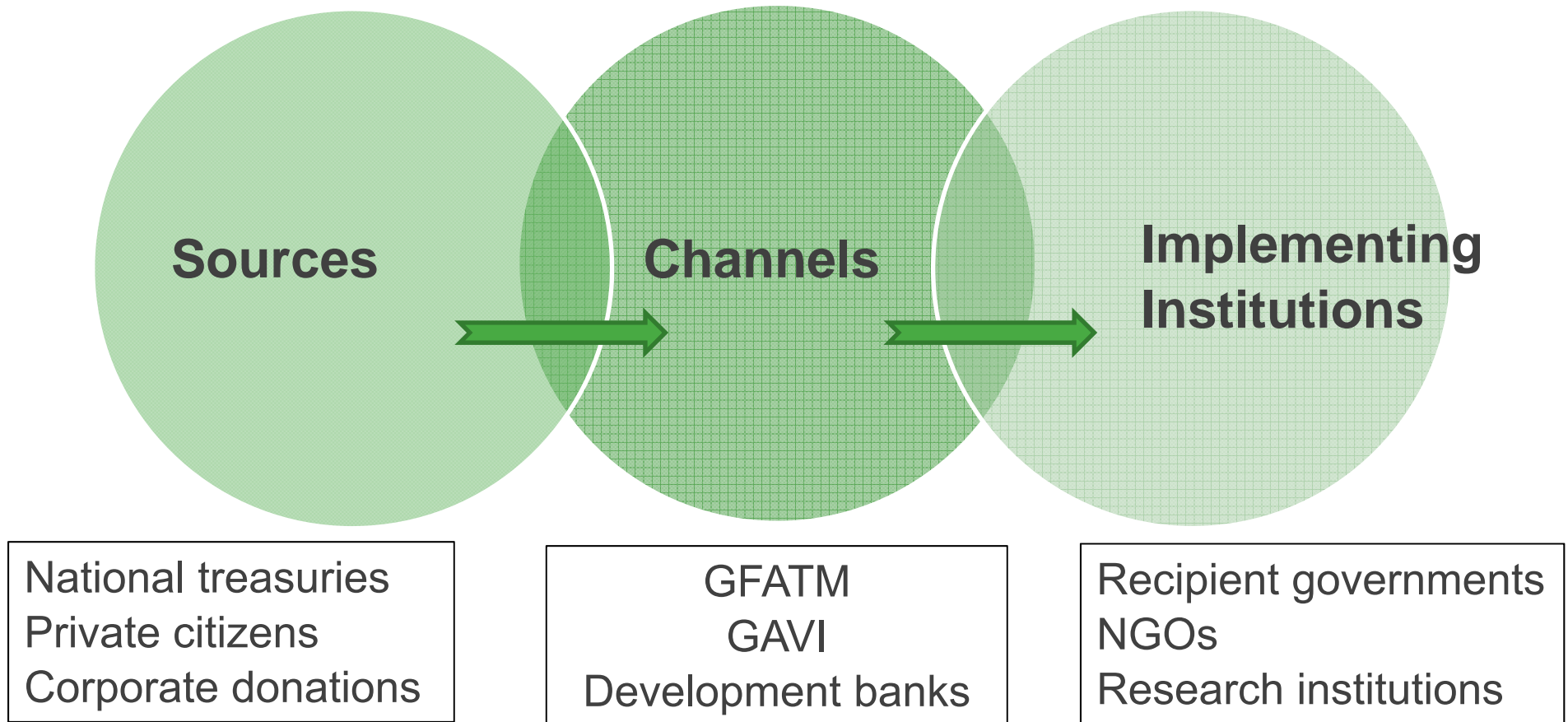
Future Directions

What is *Financing Global Health*?

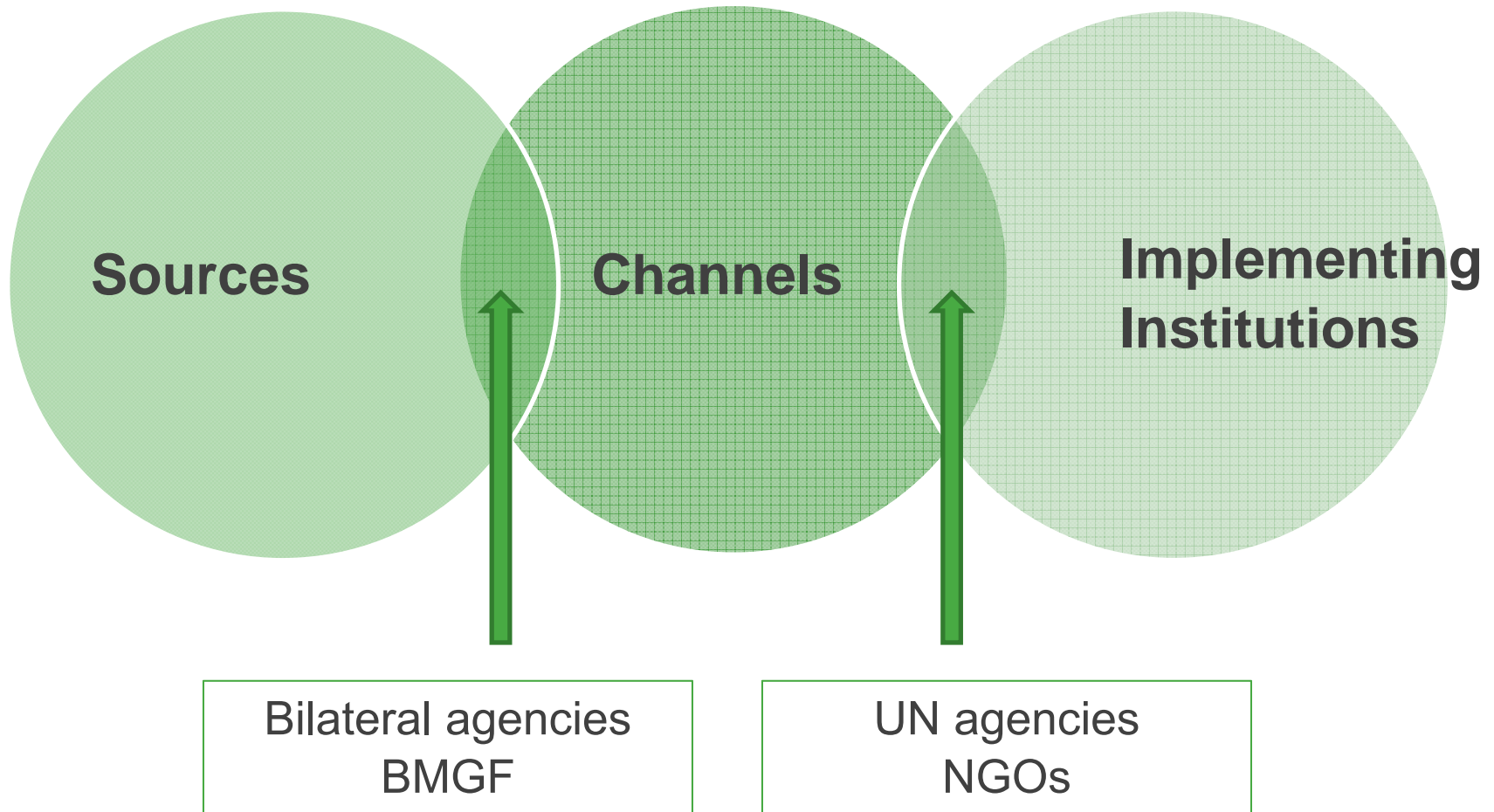
- Accounting of development assistance for health
- DAH > health ODA
- 2012 is the 4th report in the series



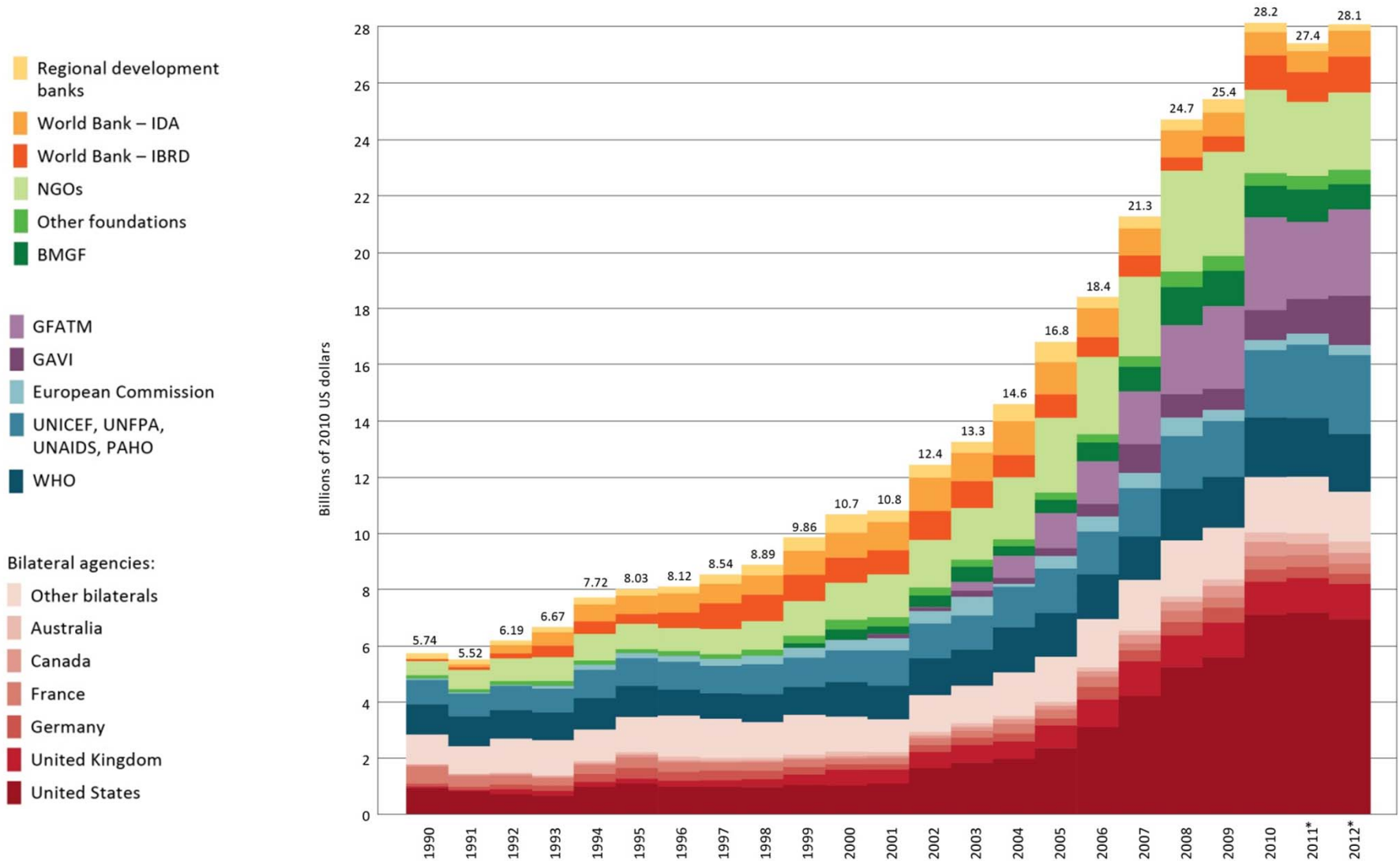
Conceptual framework



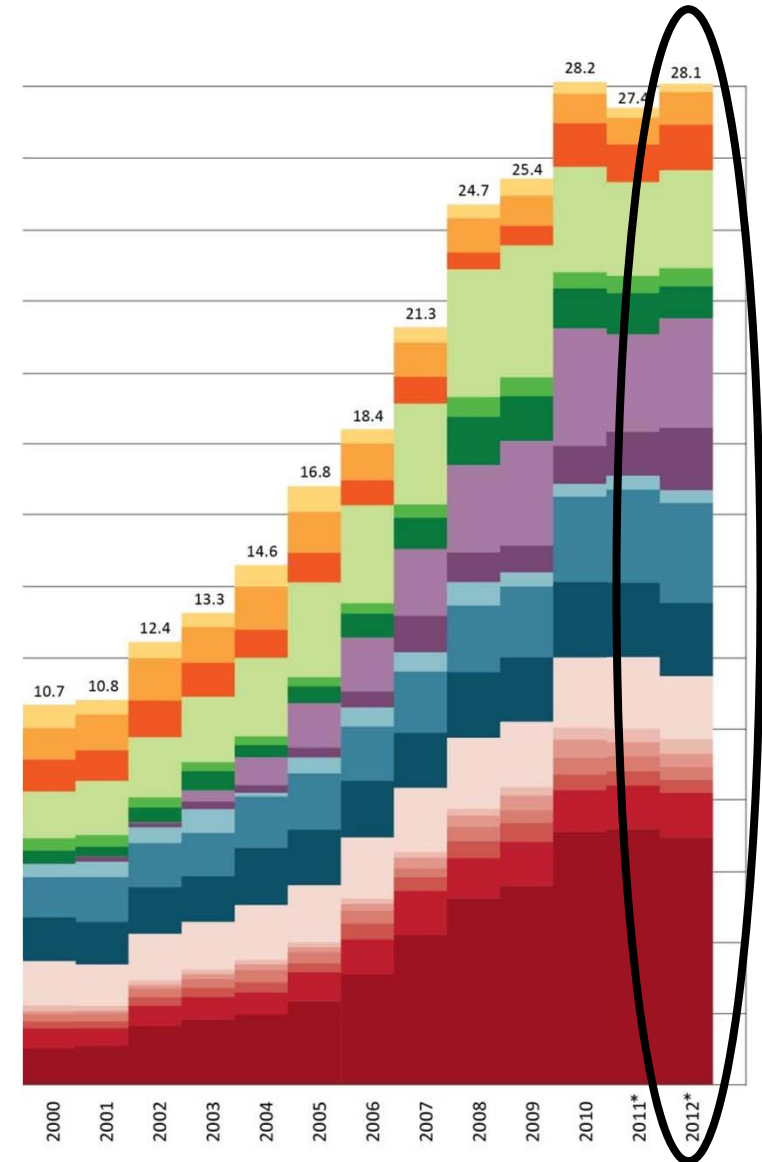
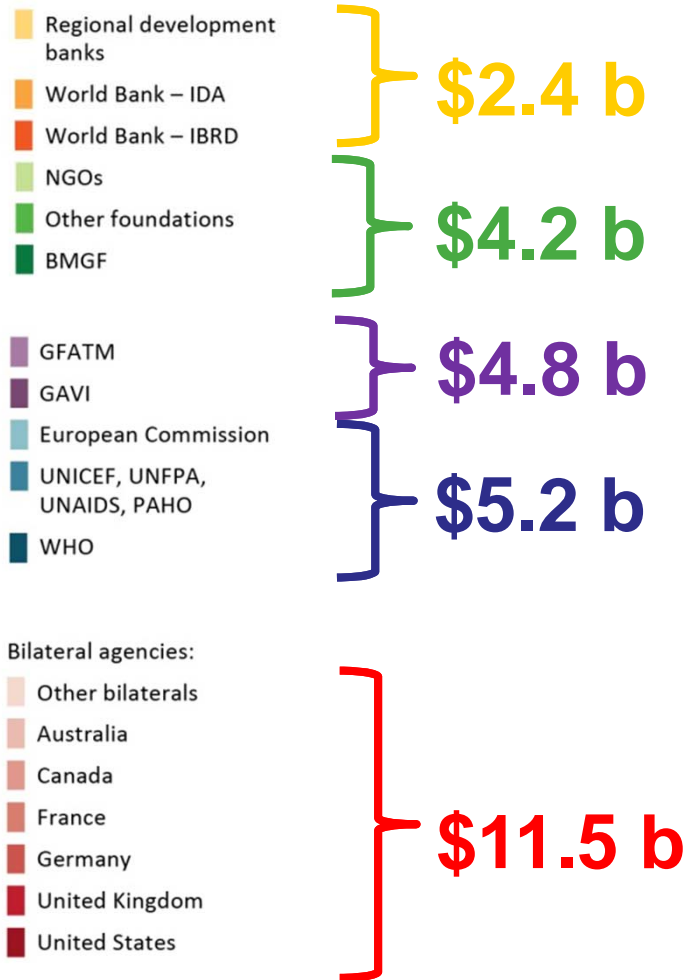
Overlapping roles



DAH by channel, 1990—2012



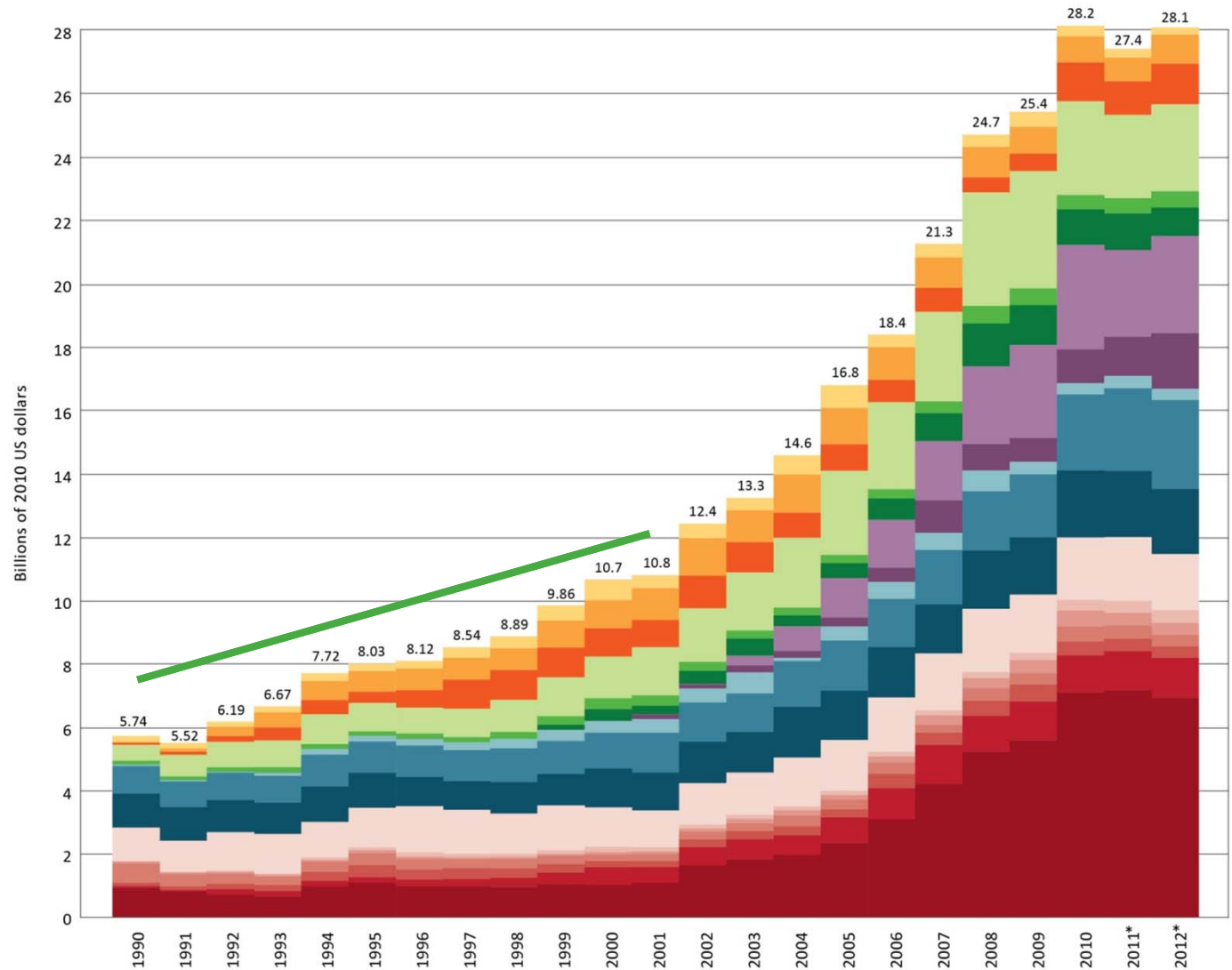
DAH by channel, 2012



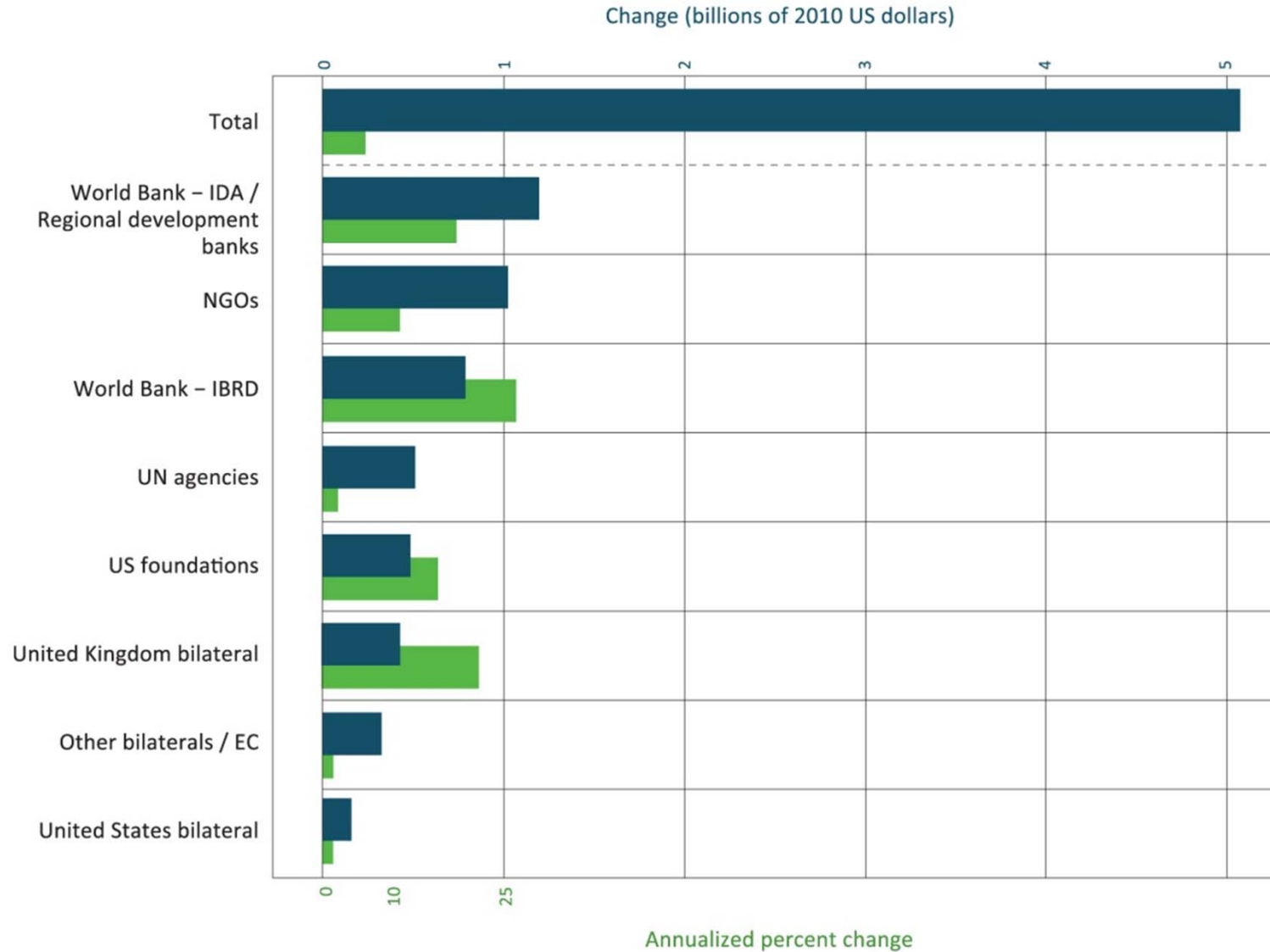
DAH 1990—2001: “Moderate growth”

6% annual increase

Health ODA increased as a share of total ODA



Change in DAH by channel, 1990 – 2001

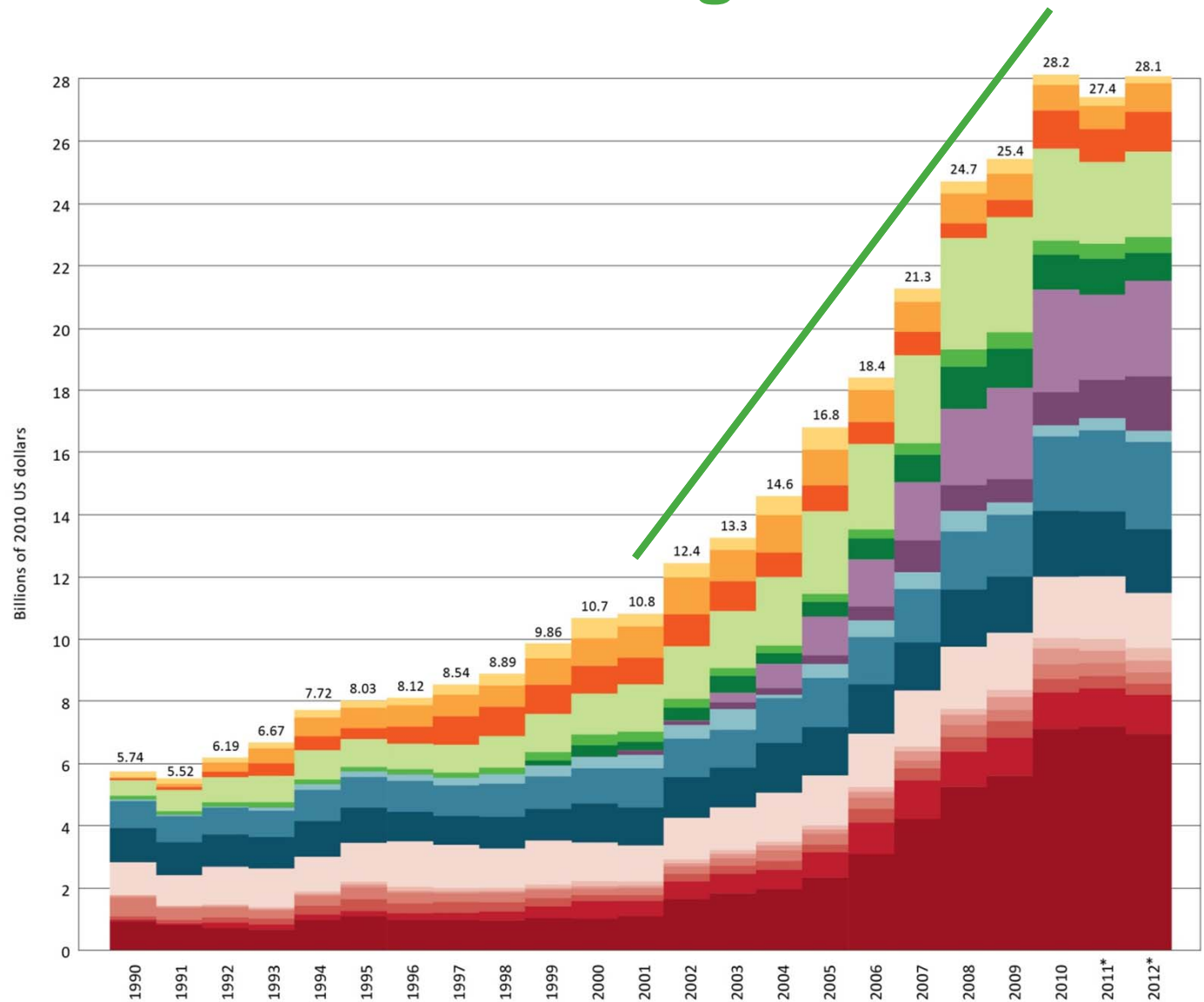


DAH 2001—2010: “Golden Age”

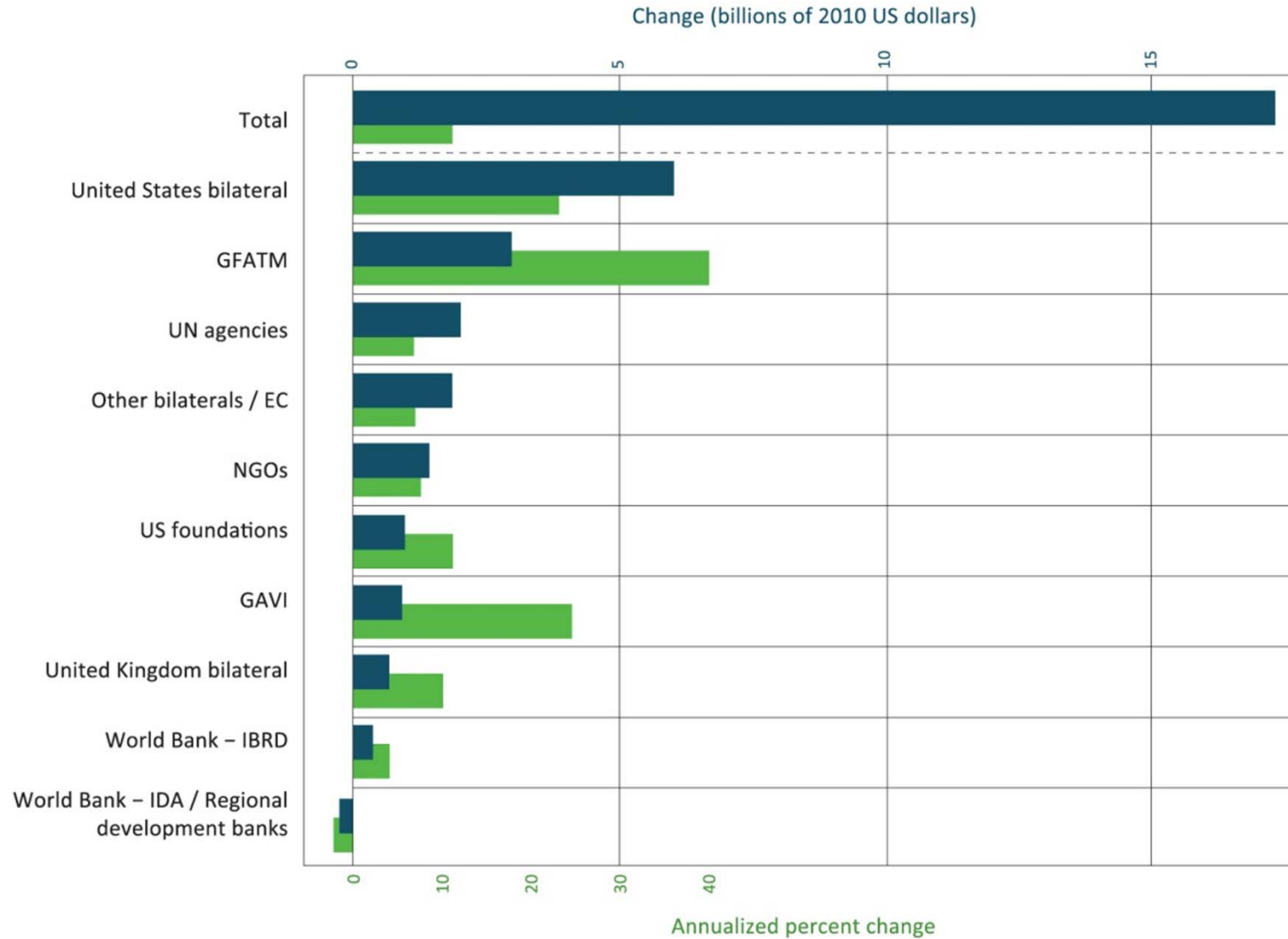
11% annual
increase

New players
emerge:

BMGF
PEPFAR
GFATM
GAVI



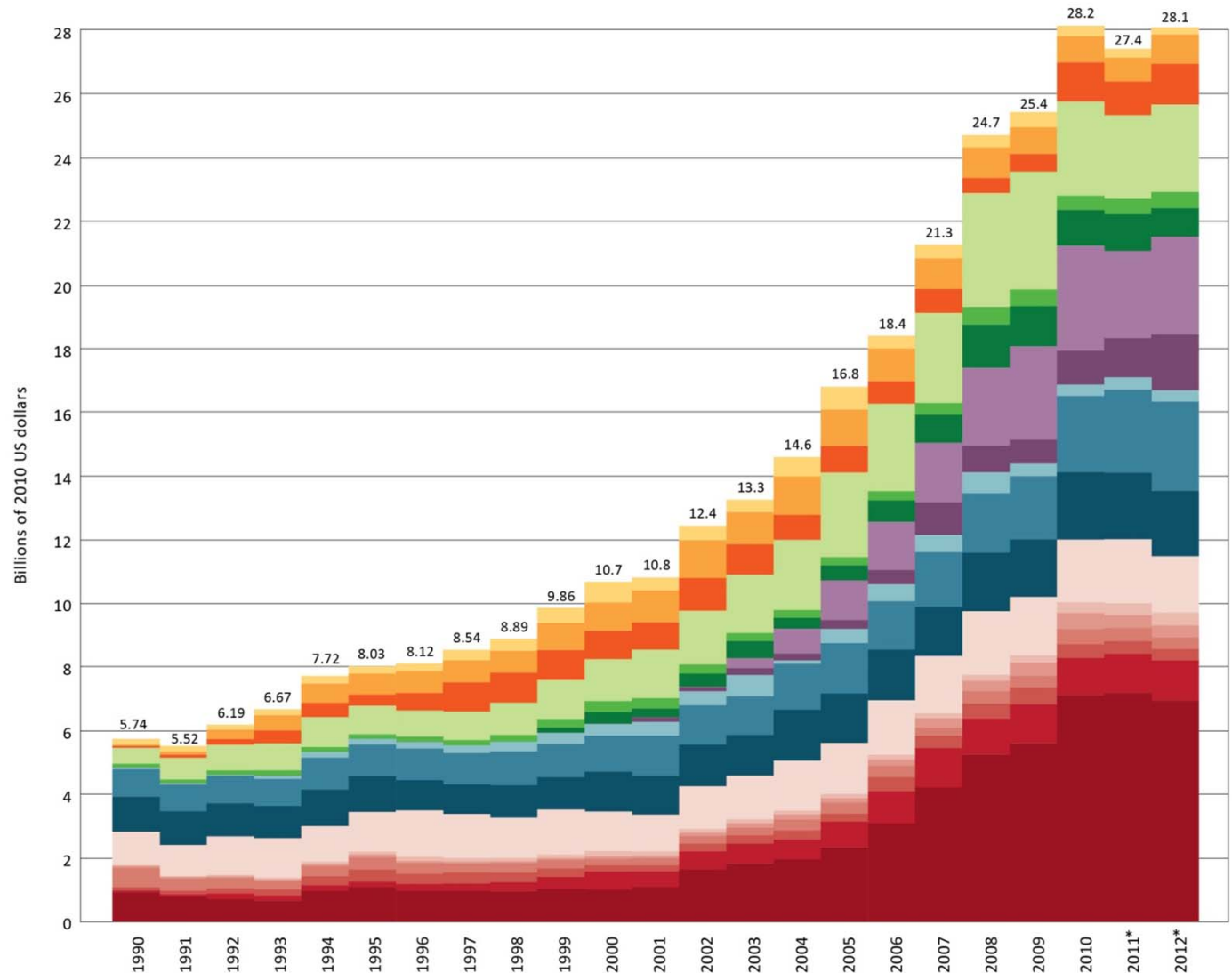
Change in DAH by channel, 2001 – 2010



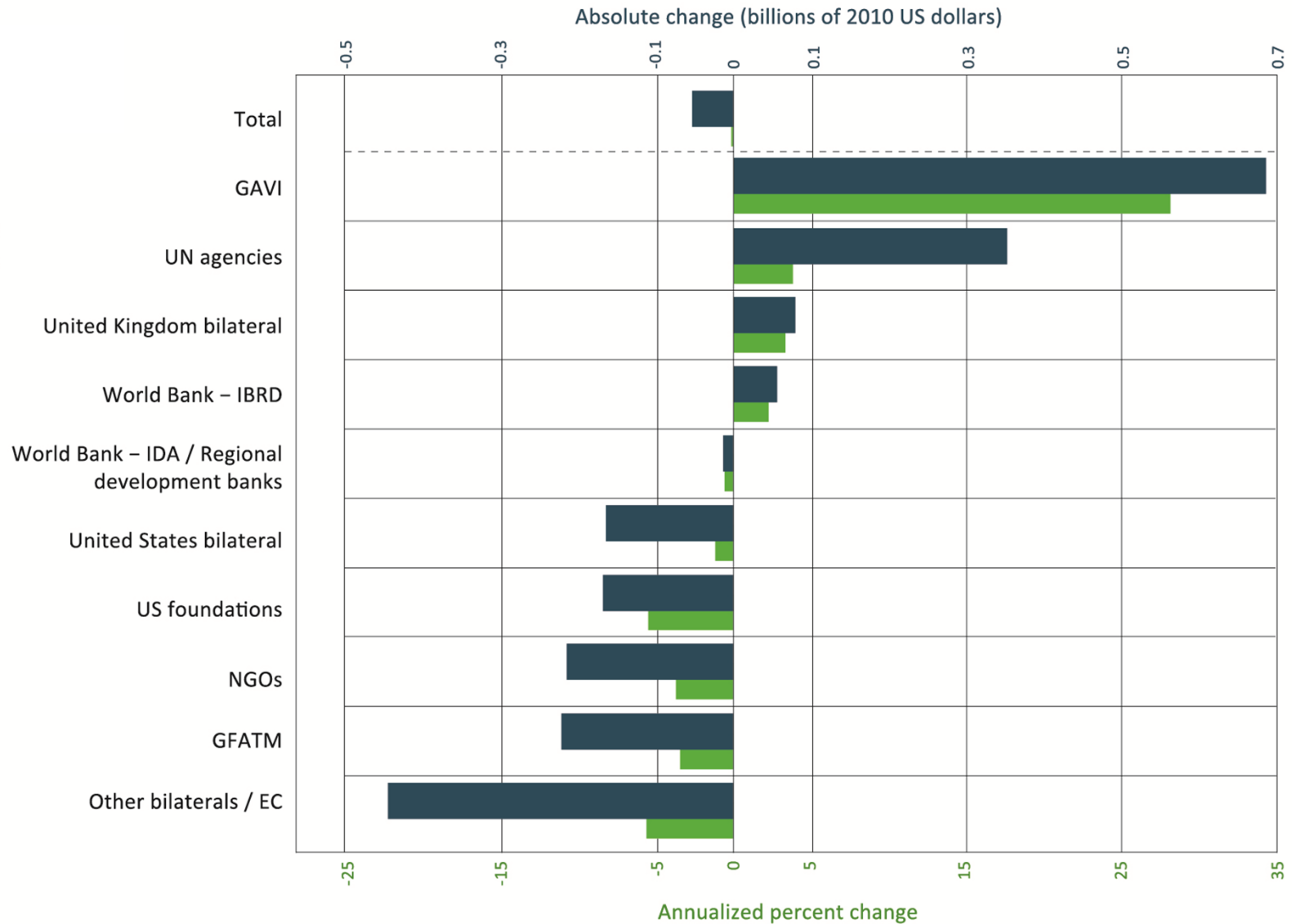
DAH 2010—2012: “No growth” stage?

Macro
envelope of
spending
constant

Micro
major
changes in
organization-
level
spending



Change in DAH by channel, 2010 – 2012



Outline

Global Health Context

Three Phases of DAH



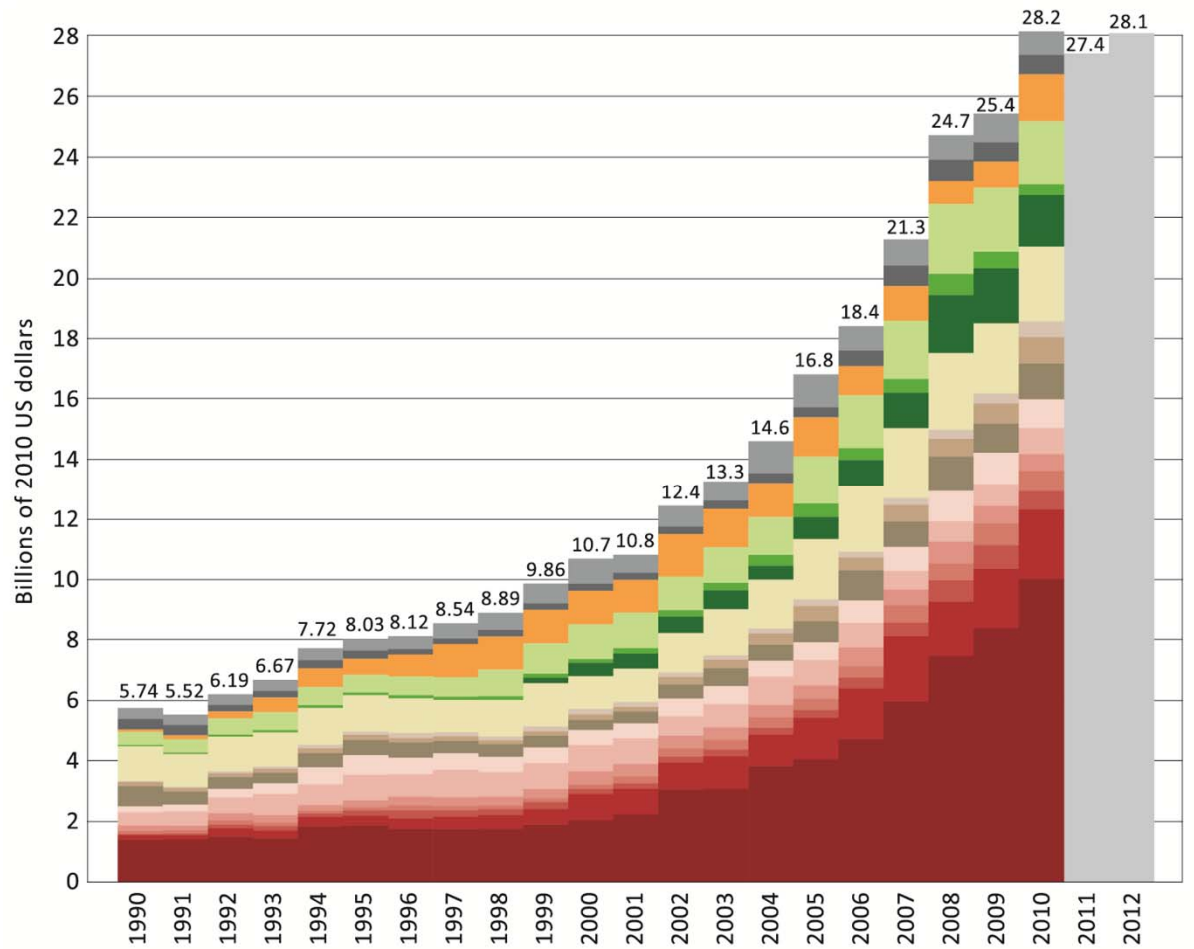
Who Provides DAH?

Where Does DAH Go?

Government Spending

Future Directions

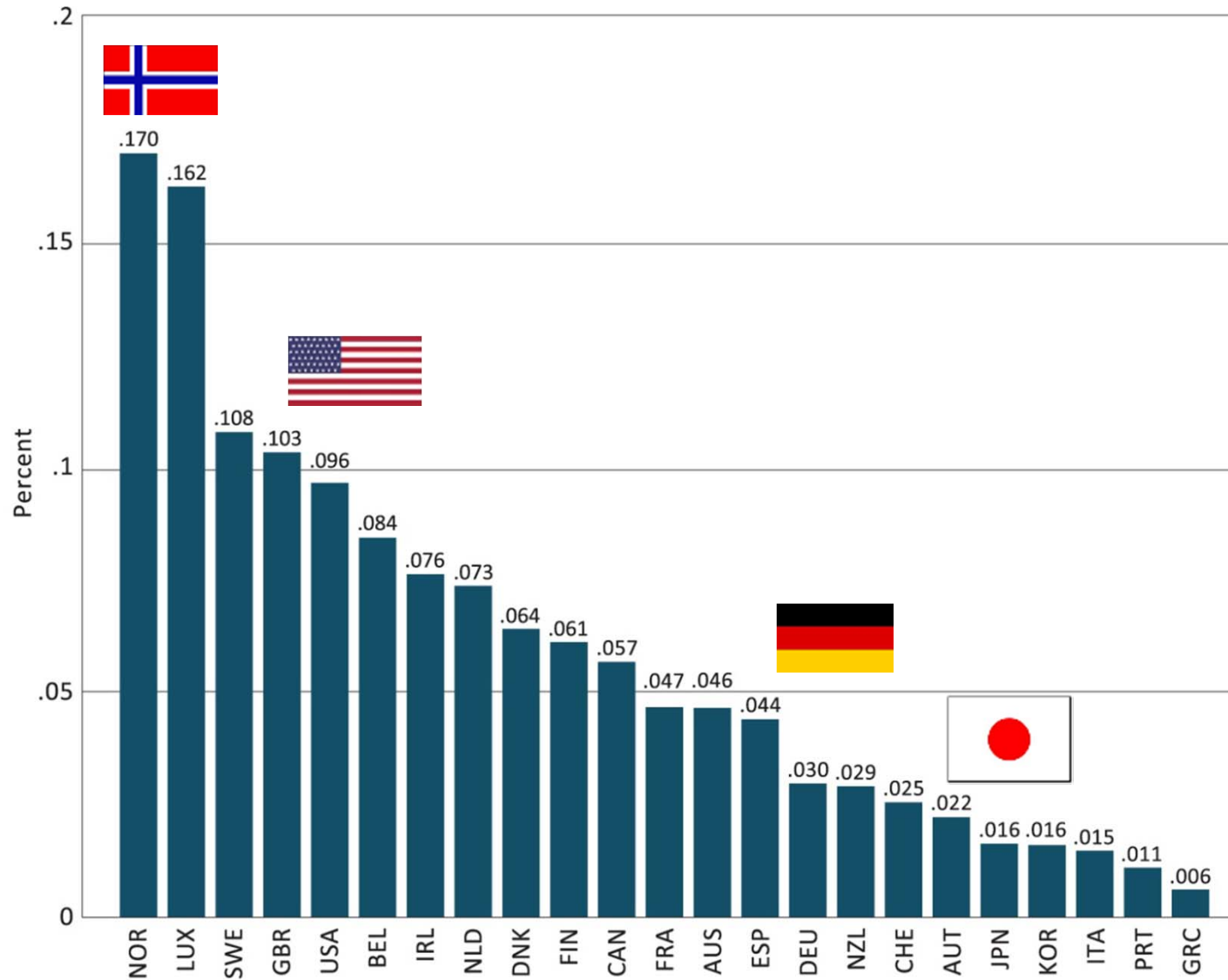
DAH by source, 1990—2010



Who provides DAH?

Source	2010 Amount (billions USD)
US	\$10.0
UK	\$2.3
Private philanthropy (non-BMGF)	\$2.1
BMGF	\$1.7
IBRD	\$1.6
France	\$1.2
Germany	\$1.0

DAH as a percentage of GDP



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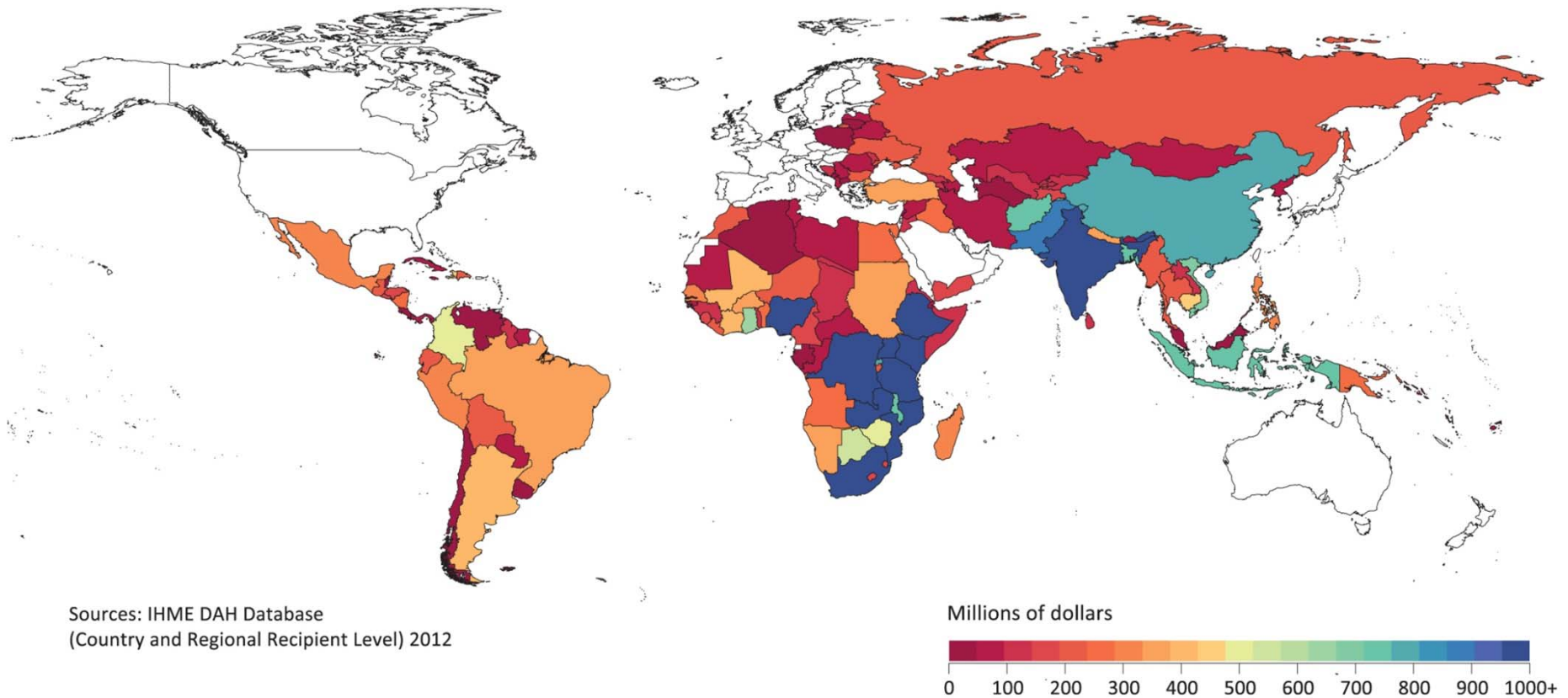
Who Provides DAH?

 Where Does DAH Go?

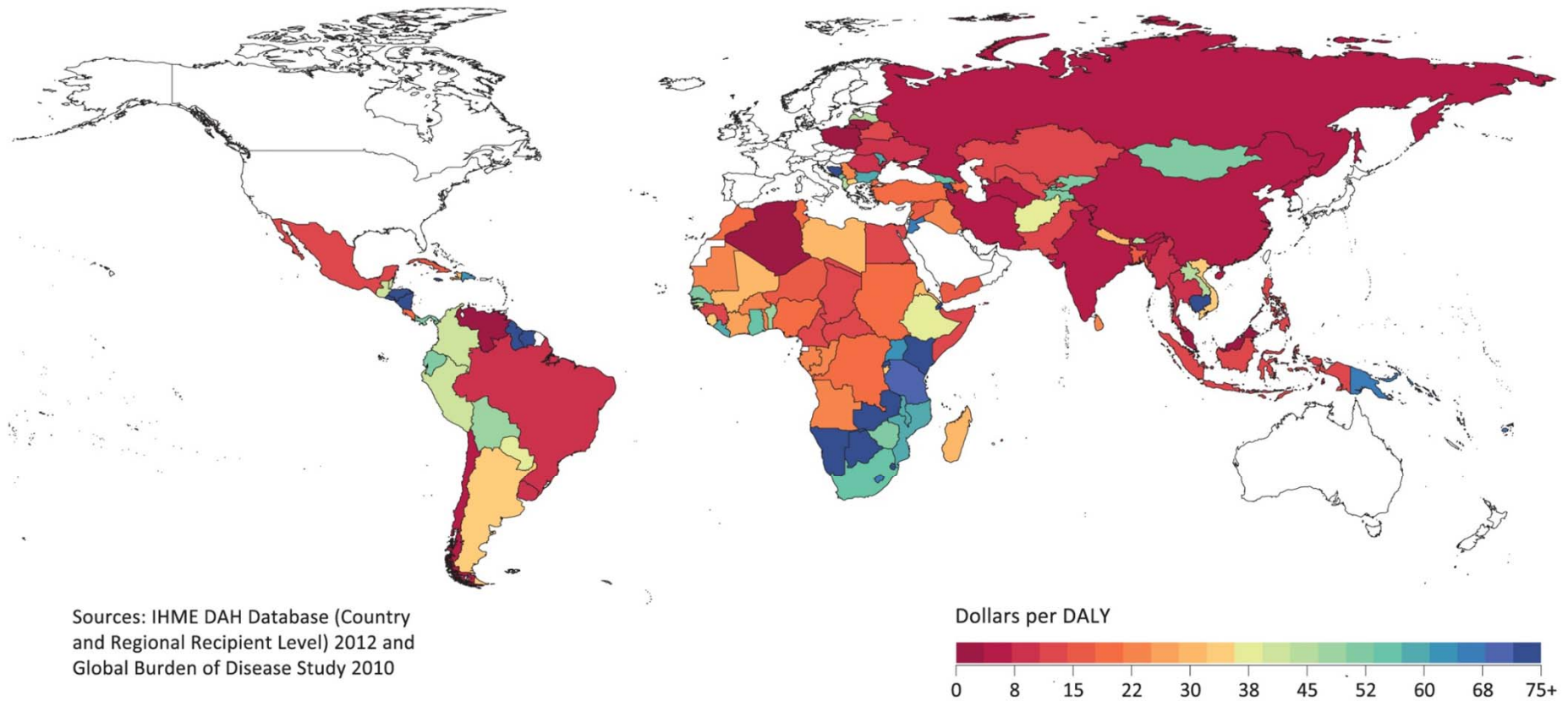
Government Spending

Future Directions

Country-level estimates, 2008-2010



DAH per all-cause DALY, 2008-2010

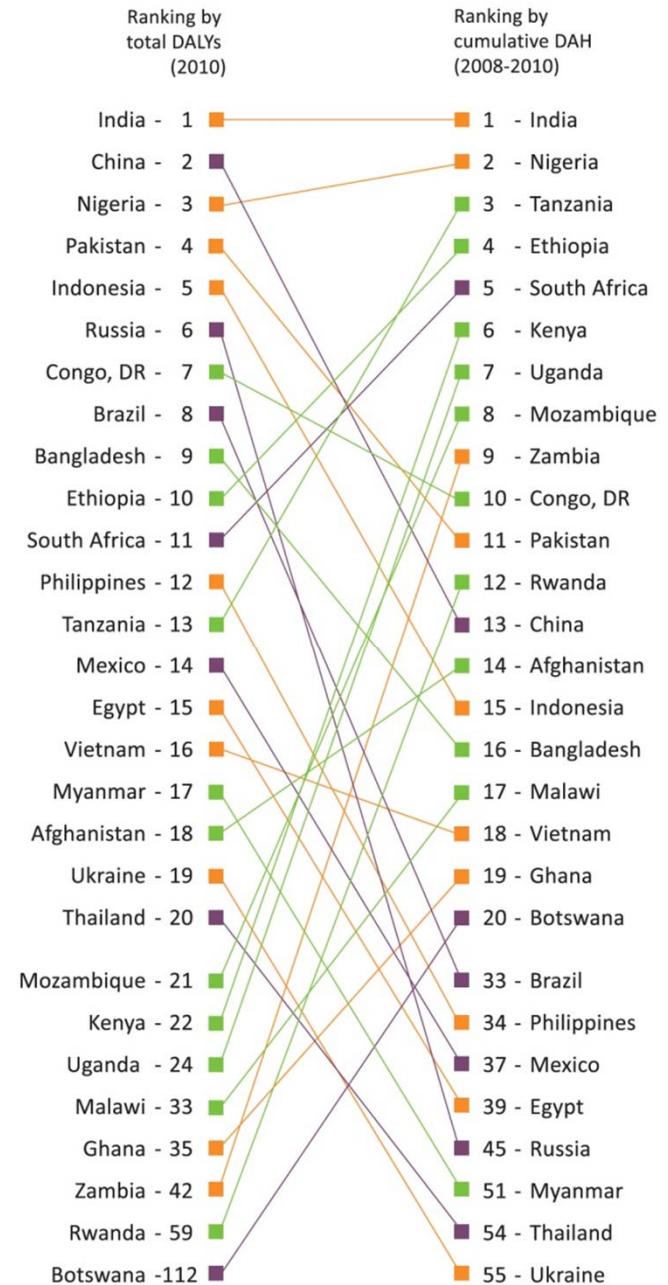


Relationship between DALYs and DAH

Income explains many incongruities

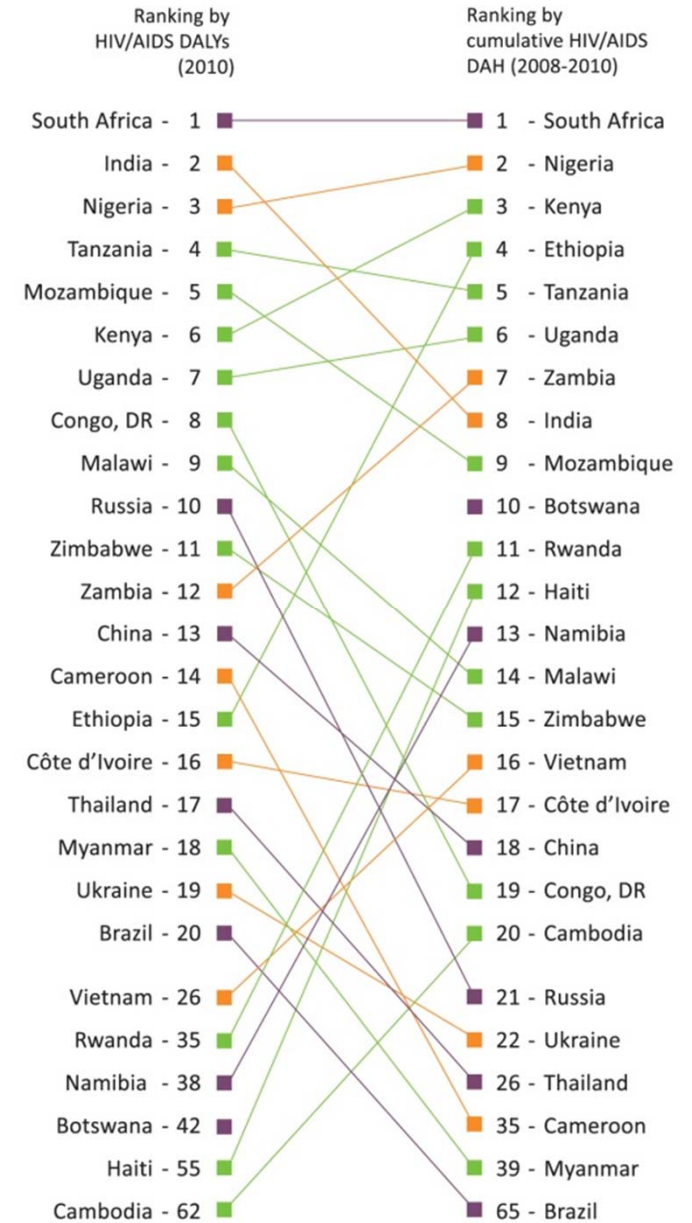
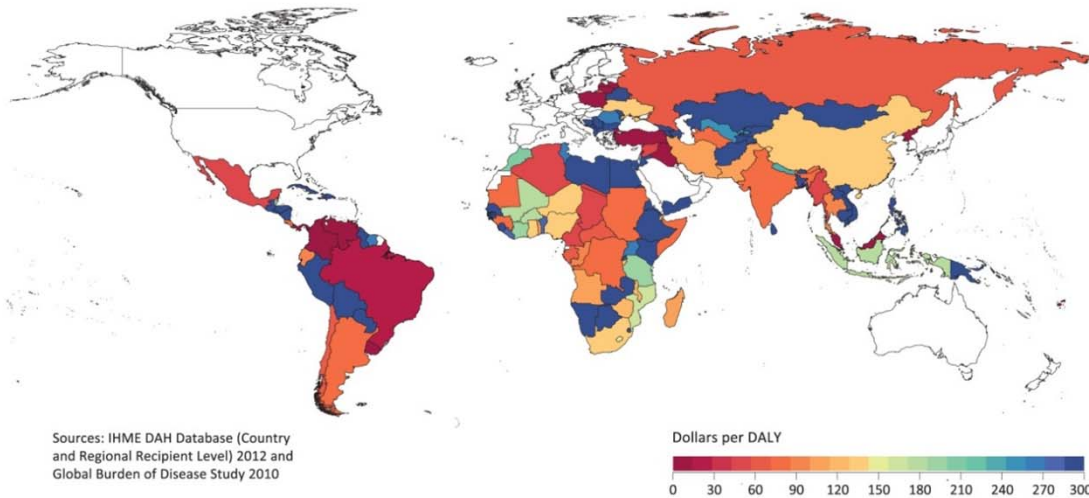
- Low-income countries
- Lower-middle-income countries
- Upper-middle-income countries

Yet other factors matter, too



HIV/AIDS

- \$0 - \$300+ per DALY
- Disproportionately to SSA



DAH to HIV/AIDS by channel, 1990—2010

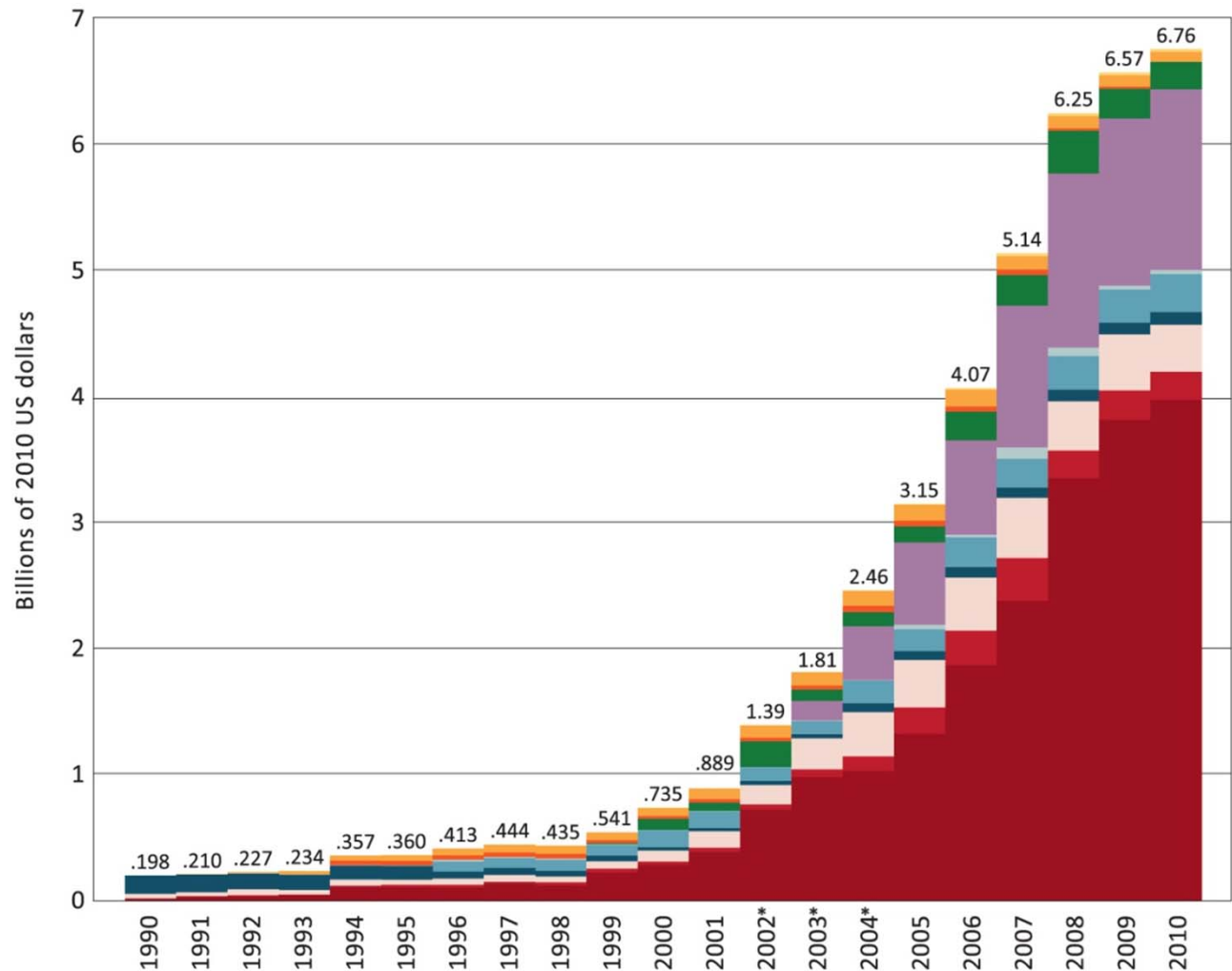
- Regional development banks
- World Bank – IDA
- World Bank – IBRD
- BMGF
- GFATM

United Nations and European Commission:

- EC
- UNAIDS
- WHO

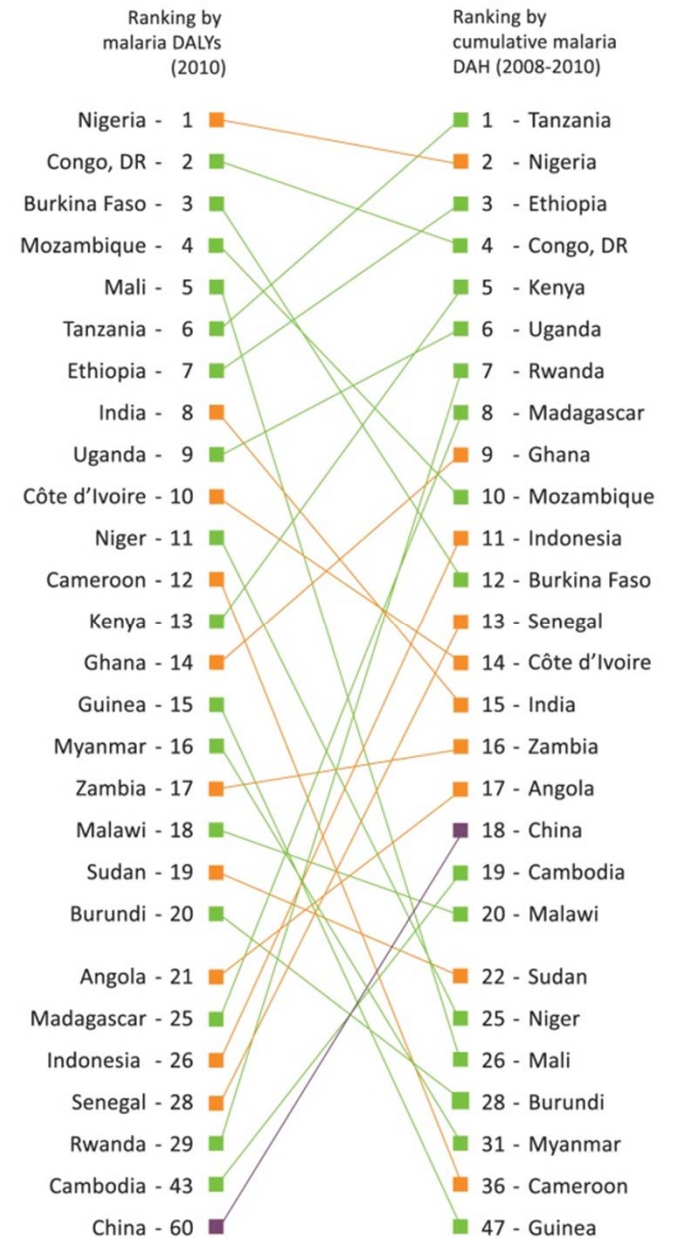
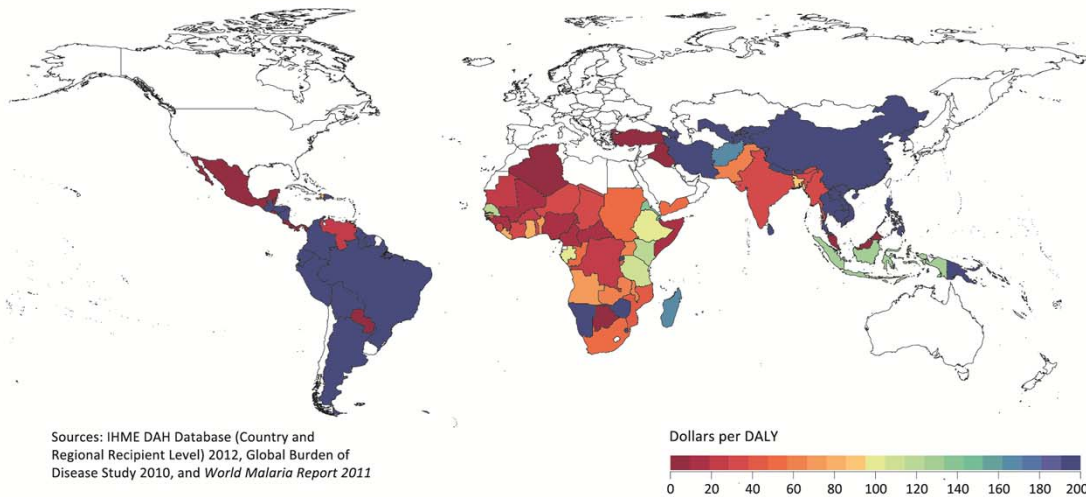
Bilateral agencies:

- Other
- United Kingdom
- United States

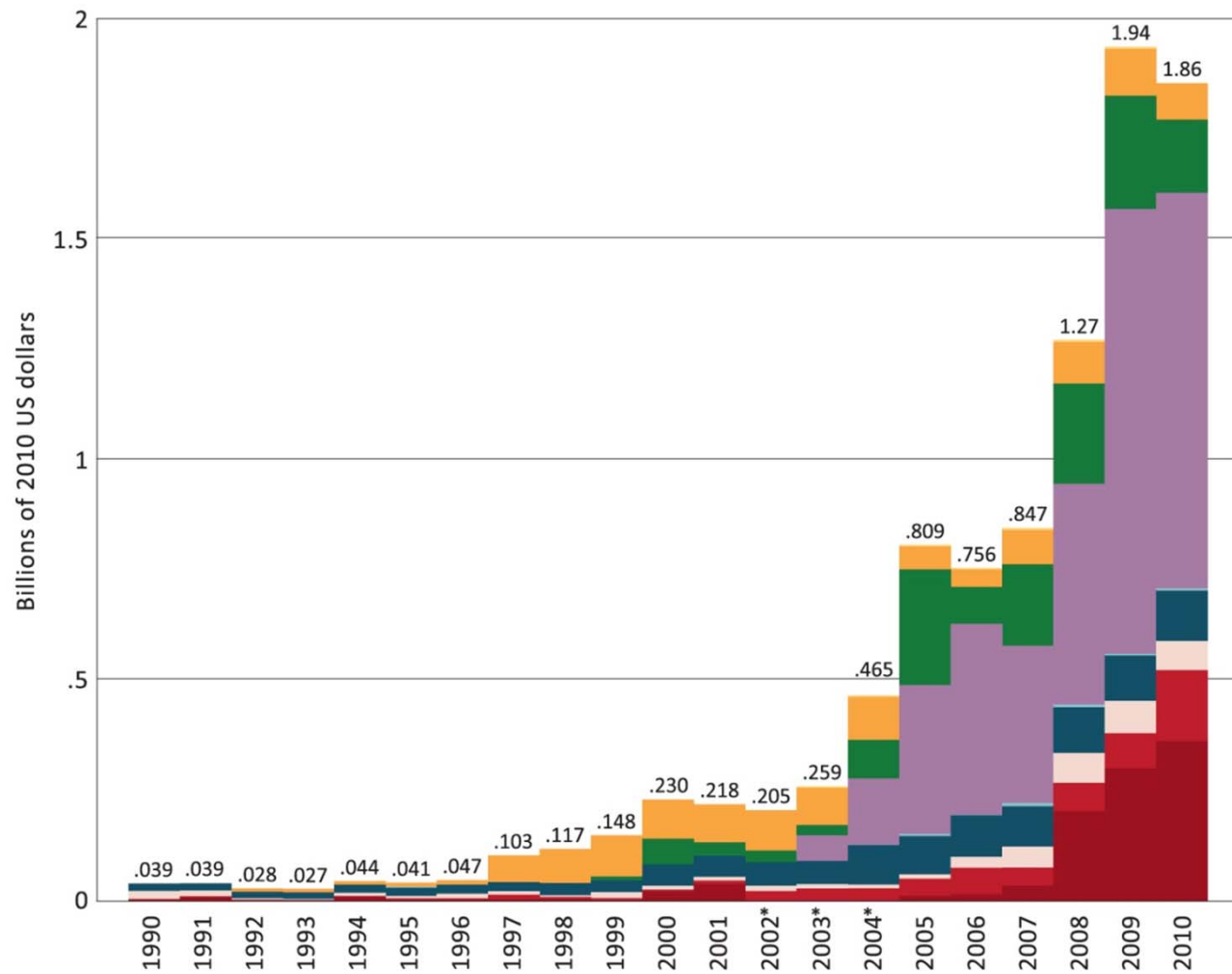


Malaria

- \$0 - \$200+ per DALY
- Highest burdens receive lowest DAH per DALY

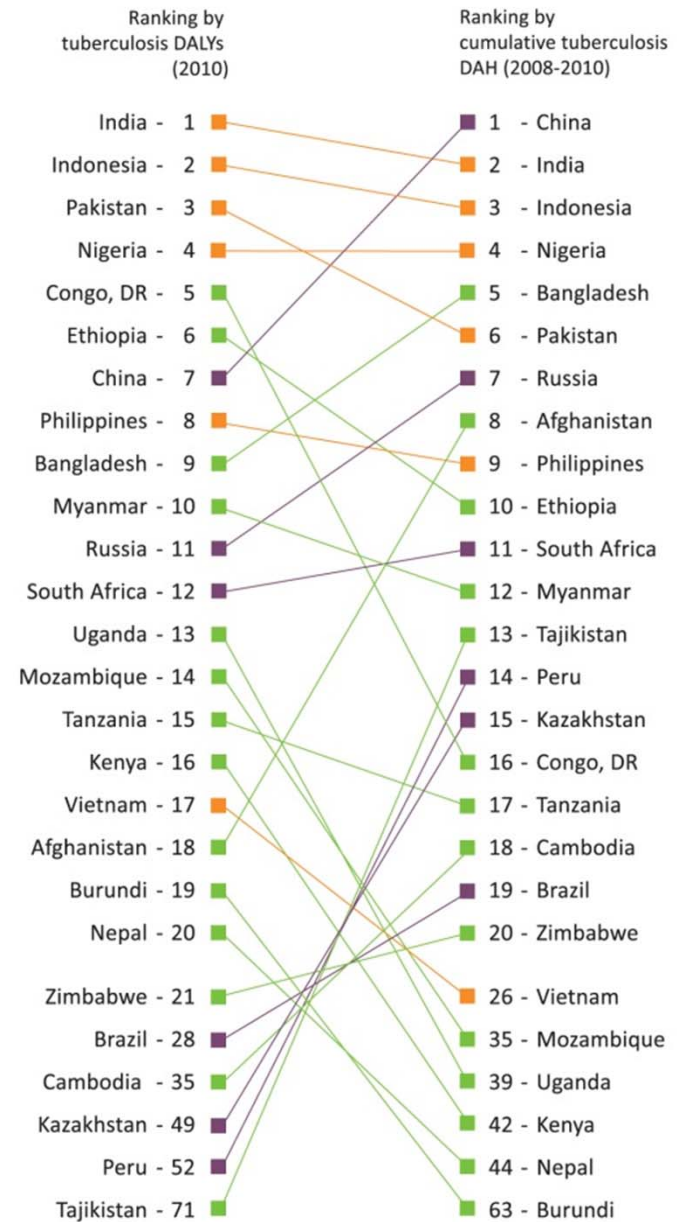
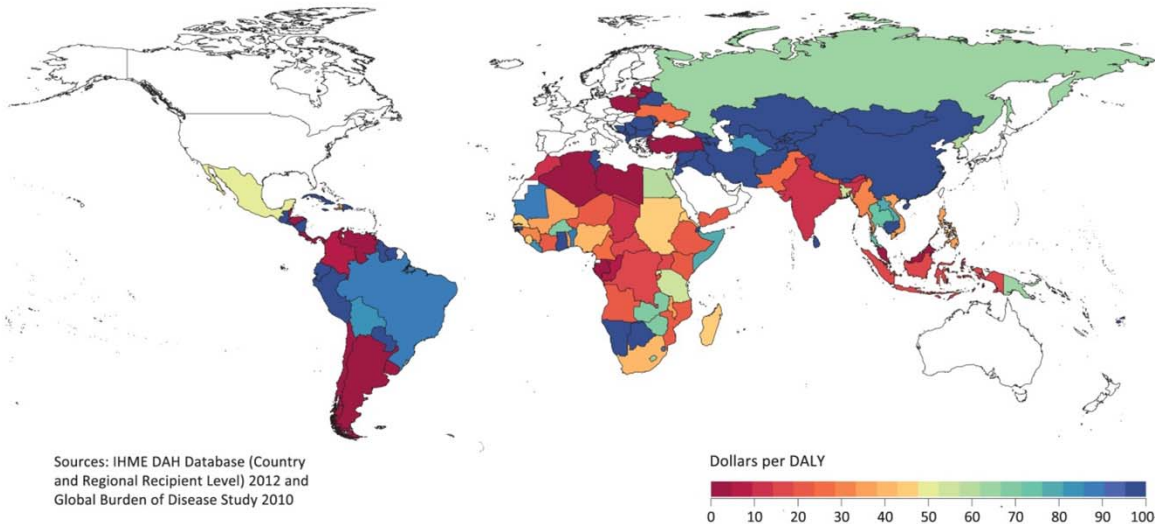


DAH to malaria by channel, 1990—2010

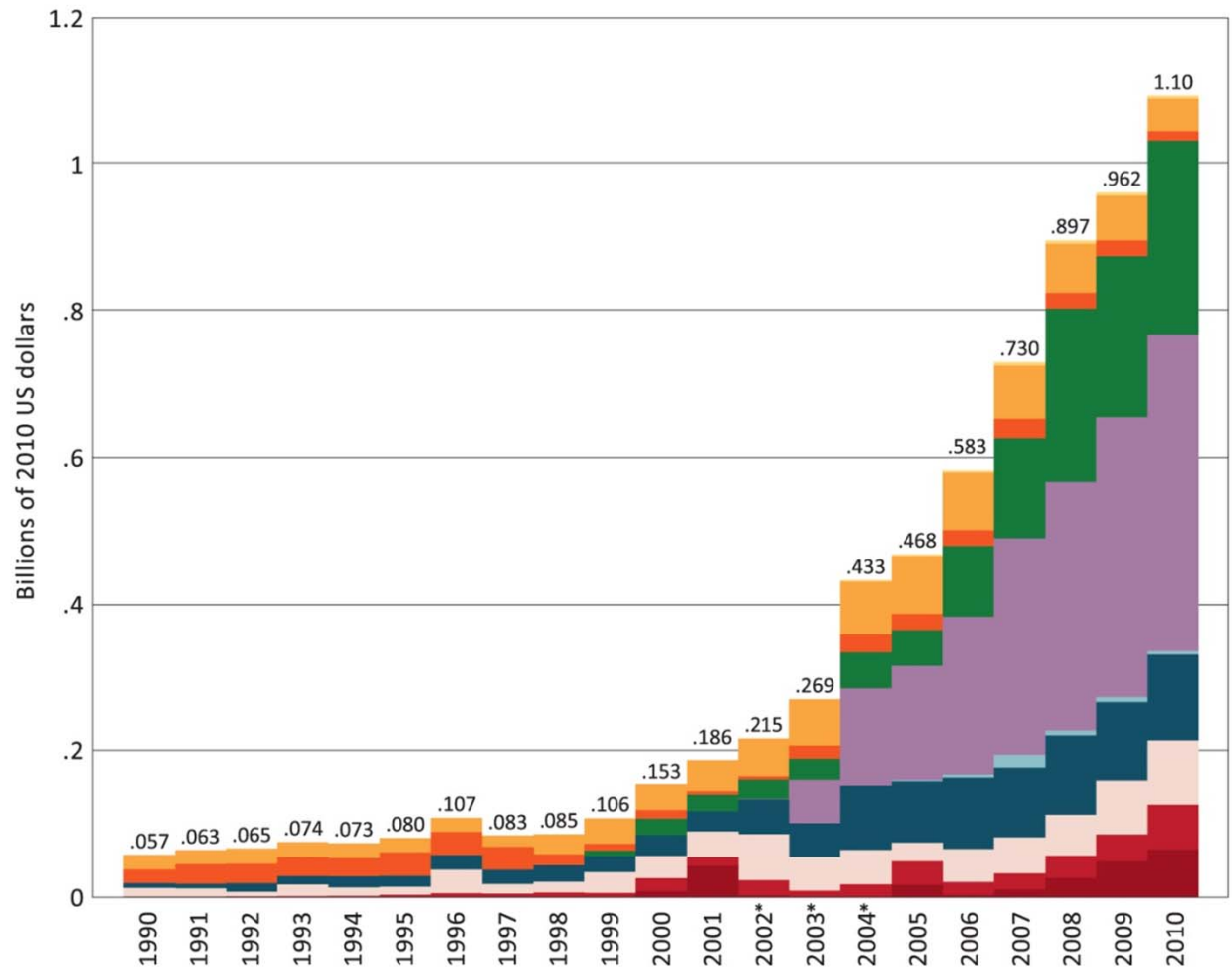


Tuberculosis

- \$0 - \$100+ per DALY
- BRICS receive substantial TB DAH

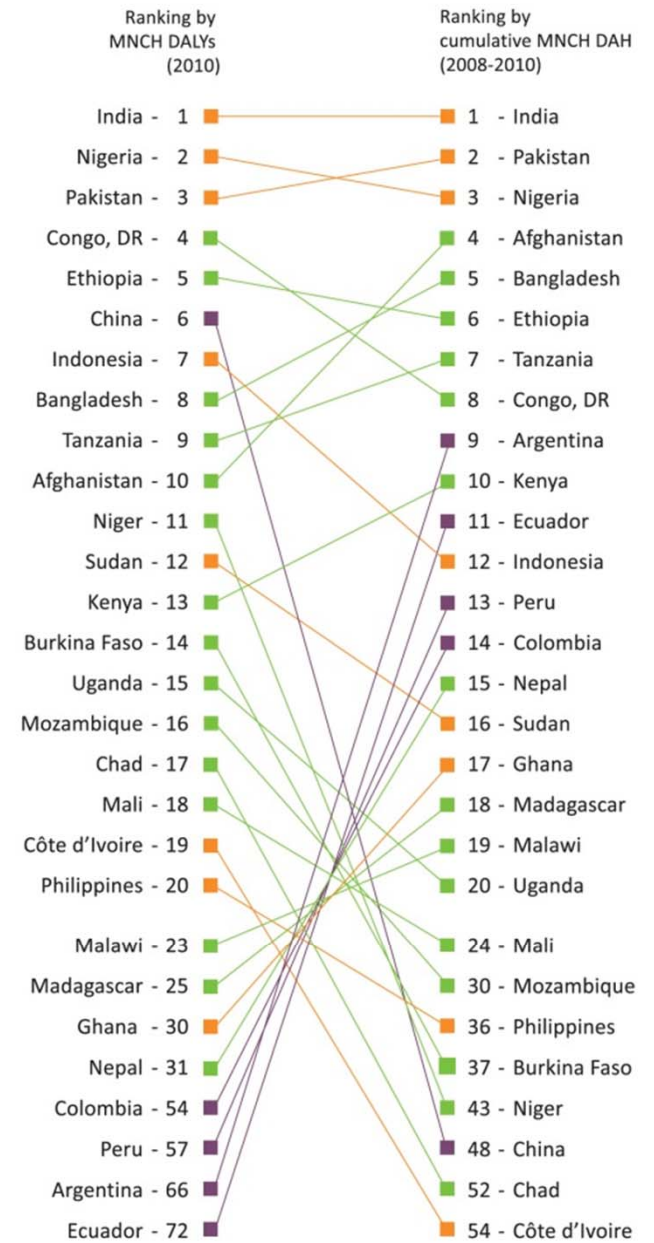
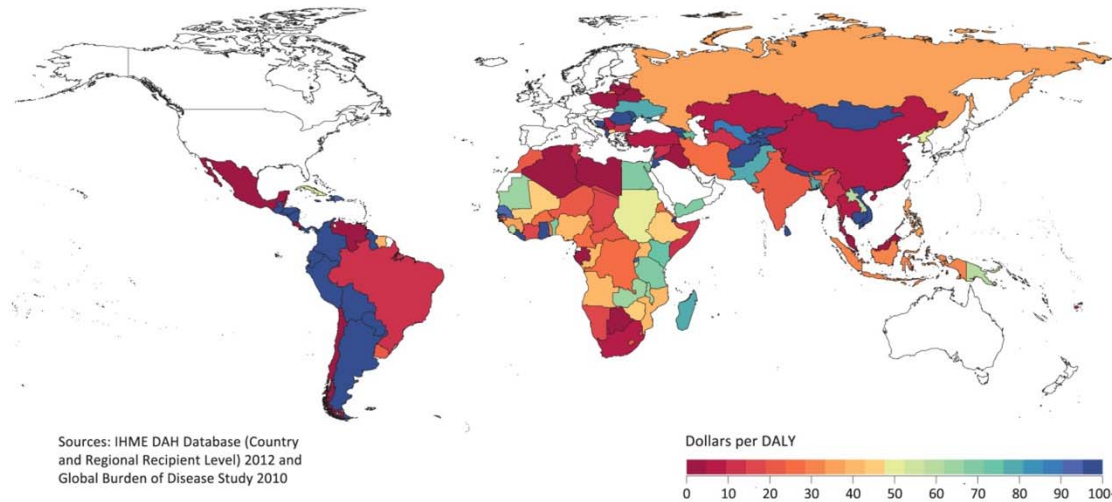


DAH to TB by channel, 1990—2010

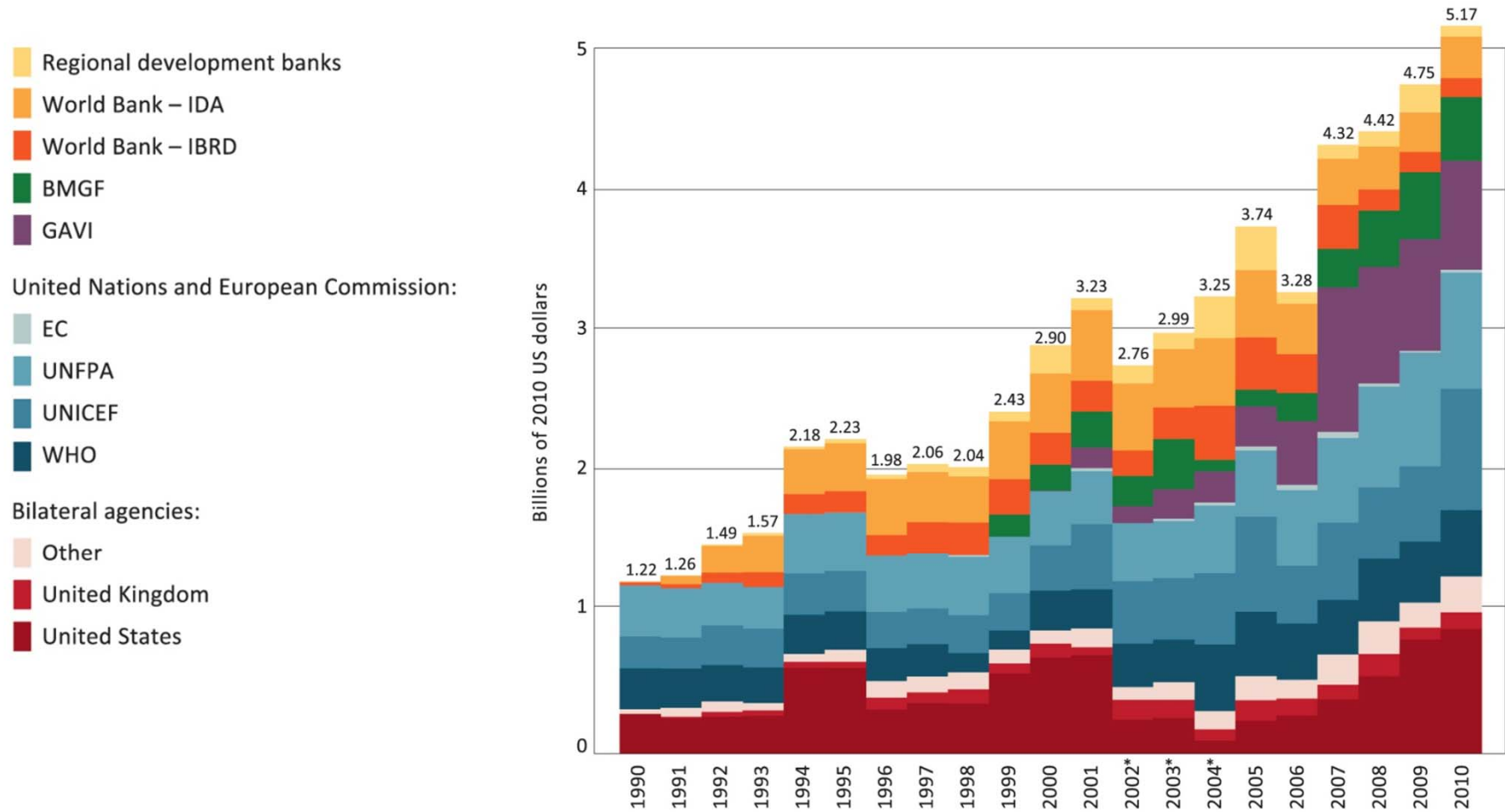


MNCH

- \$0 - \$100+ per DALY
- Wealthier countries receive MNCH DAH

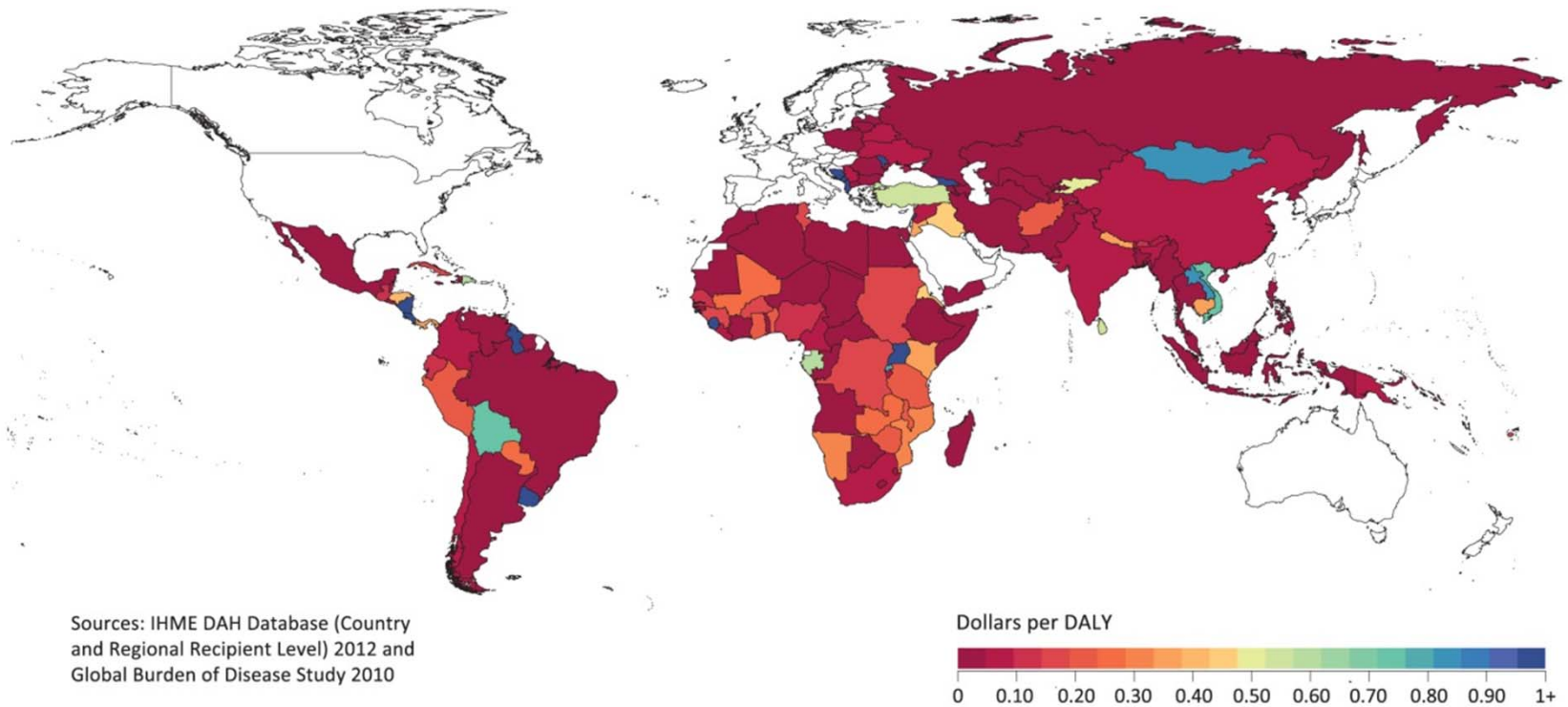


DAH to MNCH by channel, 1990—2010



NCDs

- 2010 total is less than \$200m
- \$0 - \$1+ per DALY



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DAH-G and DAH-NG

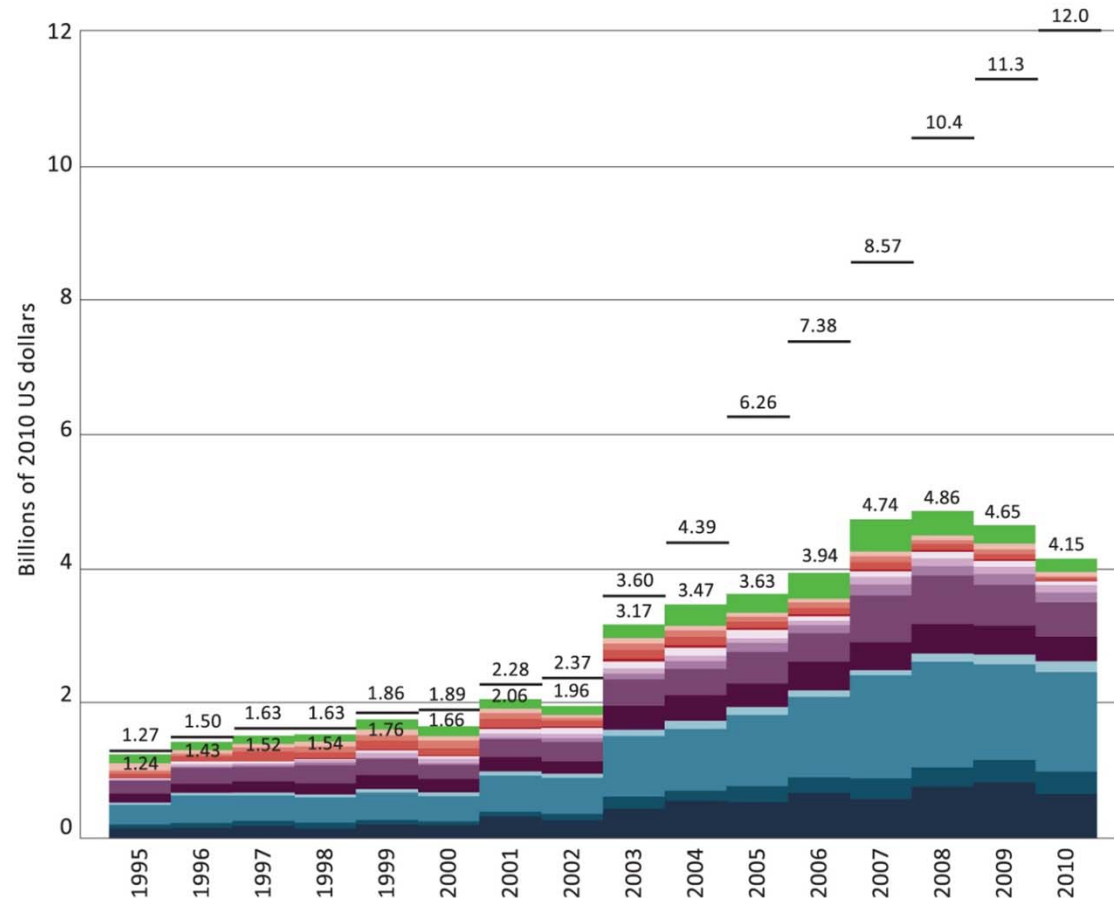
- WHO reports “total government health expenditure”
- Conflates DAH and domestically-generated expenditure
- IHME separates DAH into DAH-G and DAH-NG to (partially) disentangle funding streams

DAH-G, 1995—2010

The upper-most number in each column is the sum of DAH-G and DAH-NG for that year.

- North Africa / Middle East
- Caribbean
- Latin America, Andean
- Latin America, Central
- Latin America, South
- Latin America, Tropical
- Oceania
- Asia, Central
- Asia, East
- Asia, South
- Asia, Southeast
- Sub-Saharan Africa, Central
- Sub-Saharan Africa, East
- Sub-Saharan Africa, South
- Sub-Saharan Africa, West

Source: IHME DAH Database
(Country and Regional Recipient Level) 2012

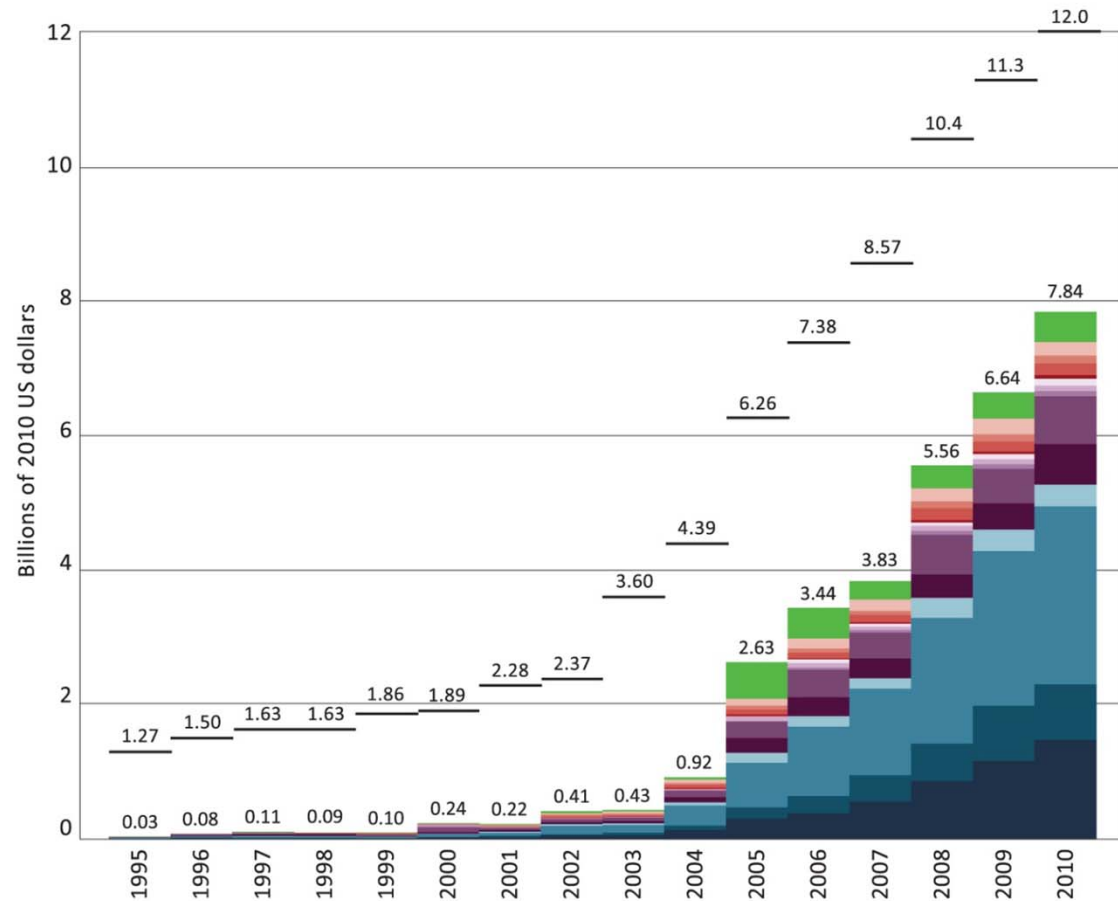


DAH-NG, 1995—2010

The upper-most number in each column is the sum of DAH-G and DAH-NG for that year.

- North Africa / Middle East
- Caribbean
- Latin America, Andean
- Latin America, Central
- Latin America, South
- Latin America, Tropical
- Oceania
- Asia, Central
- Asia, East
- Asia, South
- Asia, Southeast
- Sub-Saharan Africa, Central
- Sub-Saharan Africa, East
- Sub-Saharan Africa, South
- Sub-Saharan Africa, West

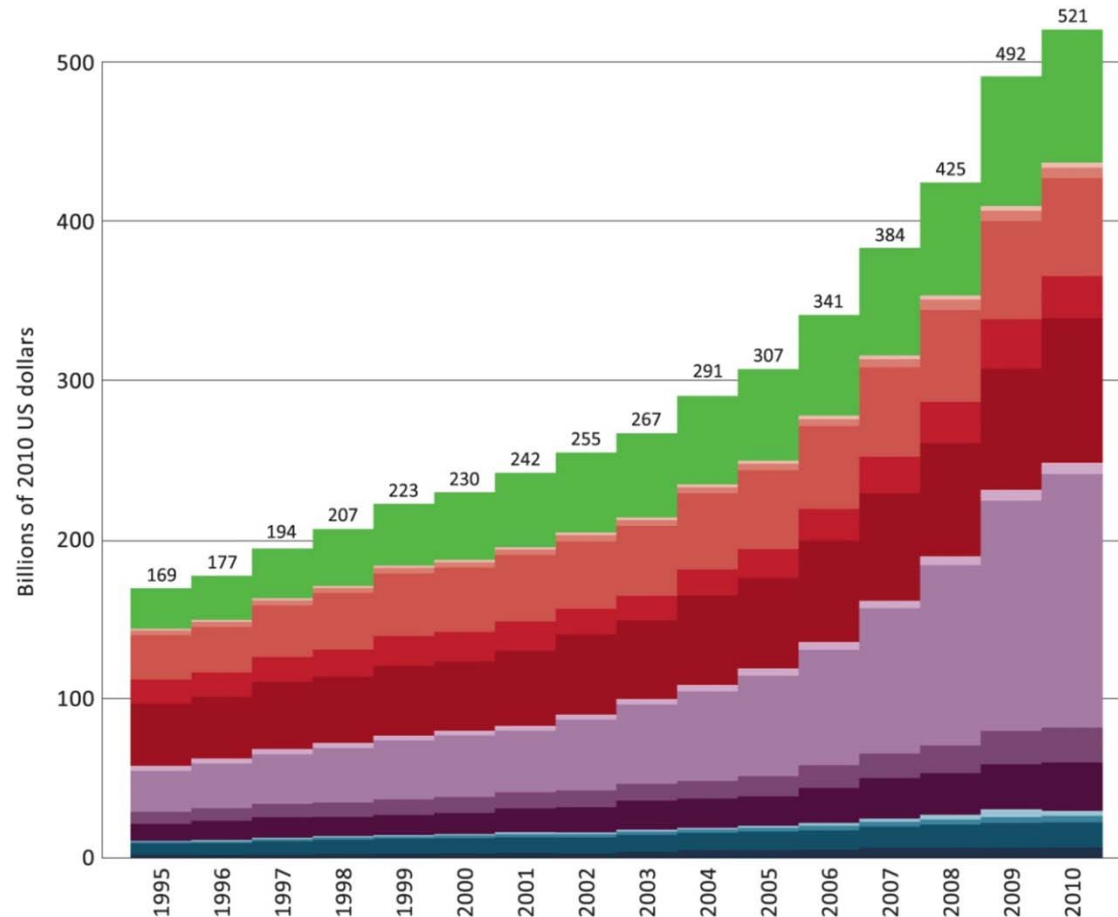
Source: IHME DAH Database
(Country and Regional Recipient Level) 2012



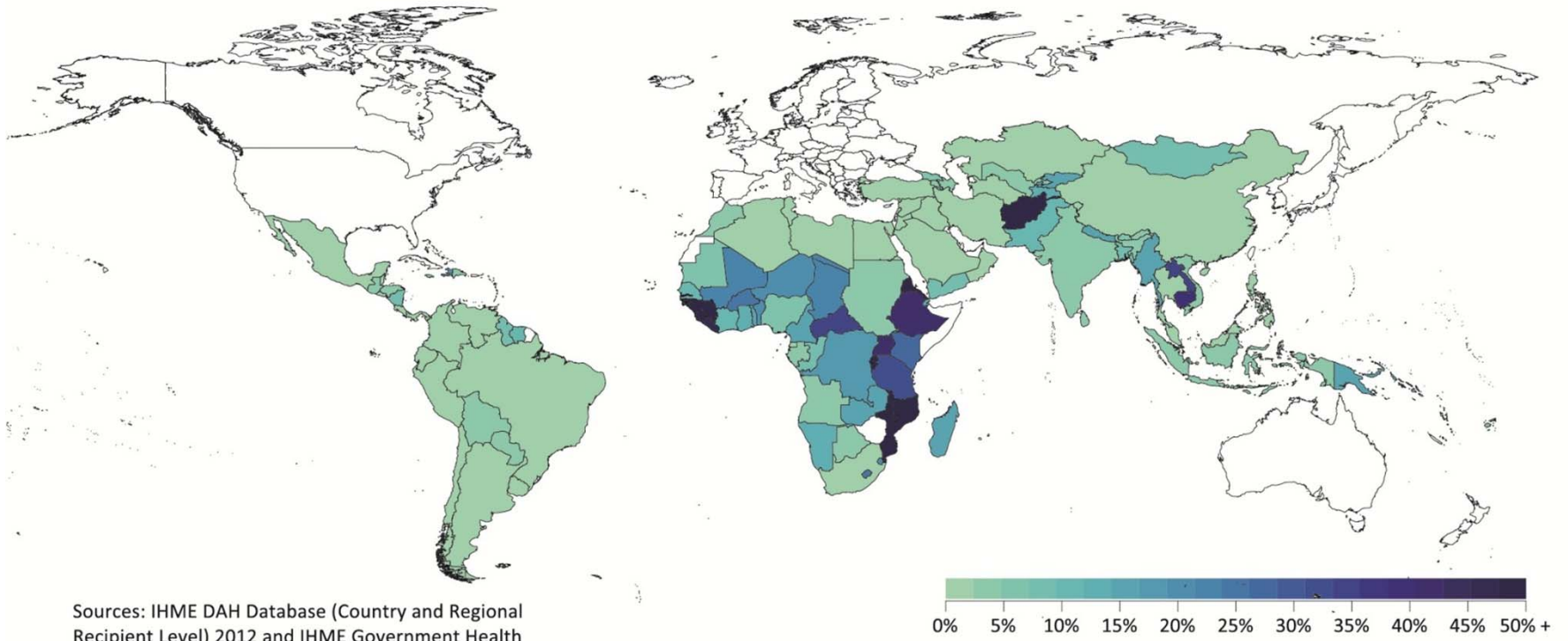
Government expenditure, 1995—2010

- North Africa / Middle East
- Caribbean
- Latin America, Andean
- Latin America, Central
- Latin America, South
- Latin America, Tropical
- Oceania
- Asia, Central
- Asia, East
- Asia, South
- Asia, Southeast
- Sub-Saharan Africa, Central
- Sub-Saharan Africa, East
- Sub-Saharan Africa, South
- Sub-Saharan Africa, West

Source: IHME Government Health Spending Database (Developing Countries) 2012



DAH-G as a percentage of total GHE



Sources: IHME DAH Database (Country and Regional Recipient Level) 2012 and IHME Government Health Spending Database (Developing Countries) 2012

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Future Directions

Beyond *FGH* — *private expenditure*

How to measure out-of-pocket spending?

- Analysts rely on HH surveys
- Results a function of survey instrument (number of questions, recall period)
- Forthcoming study quantifies these effects, normalizes results across surveys

Beyond *FGH* — *additionality*

Government receives \$1 in DAH-G. How much does total government health expenditure increase?

- Best evidence suggests less than \$1
- Methodological challenges around causality
- Forthcoming study identifies asymmetric effect: displacement \neq replacement

Beyond *FGH* — expenditure by condition

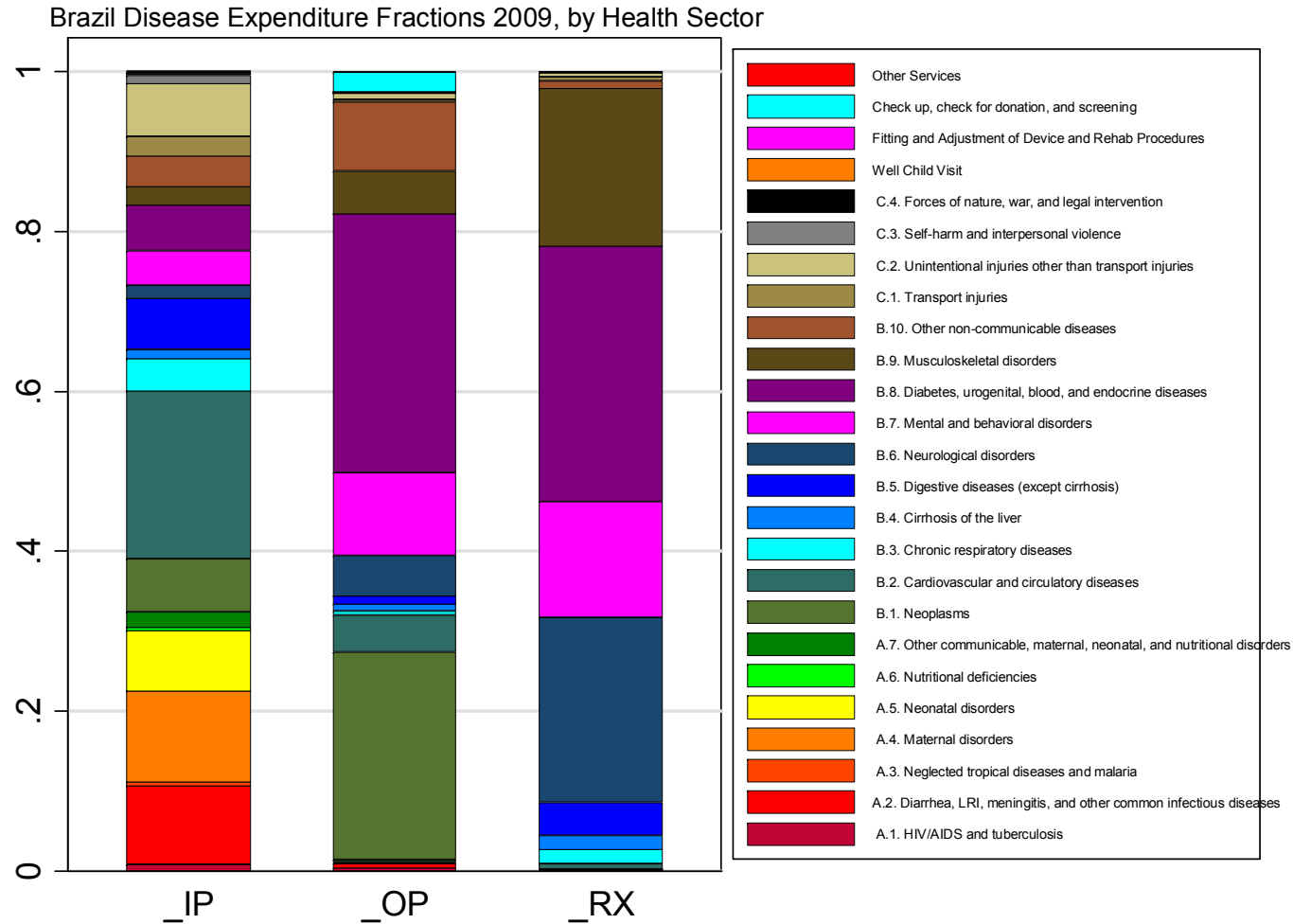
- How much health expenditure (irrespective of source) is devoted to each condition or disease
- We are currently conducting “proof of concept” analyses in multiple countries
- Eventually extend to 187 countries

Preliminary results



Brazil

Expenditure by service type





Institute for
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Thank you



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