External AID for health remains insufficient in low income countries

It has long been recognized that many countries lack sufficient funds to ensure universal access to critical health interventions and services. In response, the international community has increased their financial support to low and low-middle income countries, particularly related to the Millennium Development Goals (MDGs). Have these funds helped increase overall expenditures on health in poor countries? Are they sufficient? Trends between 2001-2005 show significant increases in total expenditures on health in the group of low-income countries.\(^1\) Taken as a group, these countries spent $12 (in 2005 US$) per capita health in 2001, a figure that includes contributions from external sources such as bilateral and multilateral partners and foundations. This had increased to $15 in 2005, and $21 in 2012. This represents an increase of 85% over the period.

At the same time, financial contributions from outside these countries for health also increased. External aid per capita received by the low-income countries have increased from US$ 1.8 (2005 constant) in 2001 to $5.9 in 2012, which is an increase of 25% per year. The relative contribution of these external resources to total expenditure on health has increased from 15.3% in 2001 to 28.6% in 2012 during the period concerned however remains relatively low. In individual countries, however, the contributions can be considerably higher, rising as high as 80% of total health expenditures.

The 2014 CHATHAM House report, “Shared responsibilities for health, A coherent global framework for health financing”, estimated that a minimum set of essential preventive and curative interventions, focusing largely on communicable diseases, would cost approximately $86 per person. Despite the increase in aid, per capita expenditure on health across the group of low-income countries in 2012 was only $21, of which only $6 was financed through external aid.

External Resources per capita by year (US$ 2005 prices), excluding Somalia, South Sudan and Zimbabwe

![Graph showing external resources per capita by year](https://www.who.int/health-accounts/en)


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