

Bilateral Overseas Development Assistance (ODA) to Health

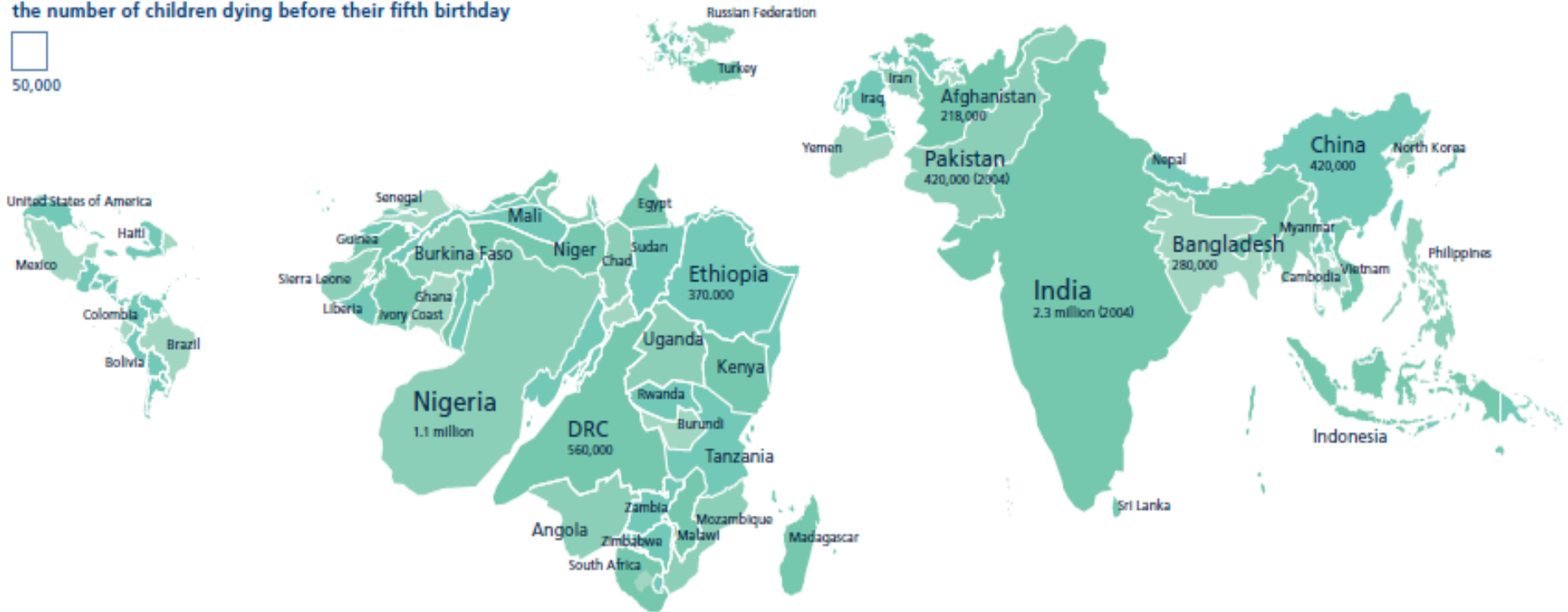


Tony Daly, DFID
Regional Maternal Health Adviser

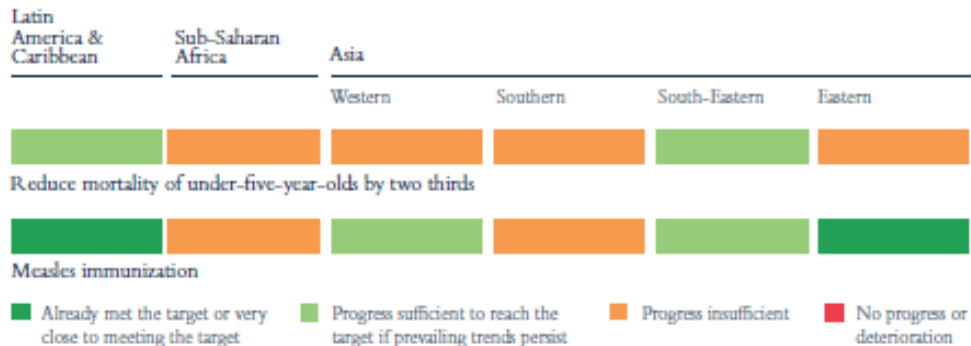
MDG 4 • Reduce Child Mortality

The size of each country is proportional to the number of children dying before their fifth birthday

50,000



Progress chart



MDG 4

In 2007, over nine million children died before reaching their fifth birthday.

Sub-Saharan Africa and much of Asia are not on track to reach their target of reducing under-five mortality by two thirds.

India accounts for almost one quarter of all child deaths. It appears disproportionately large compared to many countries, notably China whose child mortality rate is less than a third of India's.

Between 1990 and 2007, under five mortality has decreased in Western Asia from 67 to 34 per 100,000 live births; and in Eastern Asia from 45 to 22 per 100,000 live births.

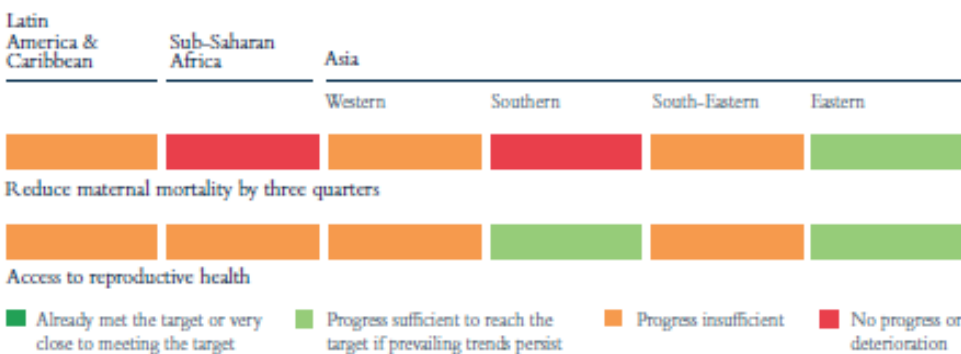
Source progress chart: UN Statistics Division MDG Report 2009. Map data based on UN Millennium Indicators and United Nations Population Division. Copyright map: Mapping Worlds

MDG 5 • Improve Maternal Health

The size of each country is proportional to the number of women dying as the result of pregnancy or childbirth



Progress chart



MDG 5

In 2005, over half a billion women and girls died as a result of complications relating to pregnancy or childbirth.

India accounts for almost one quarter of all maternal deaths. It appears disproportionately large compared to China because its mortality rate is ten times higher.

There has been virtually no progress against this MDG. The number of maternal deaths has decreased from 430 to 400 per 100,000 births over fifteen years.

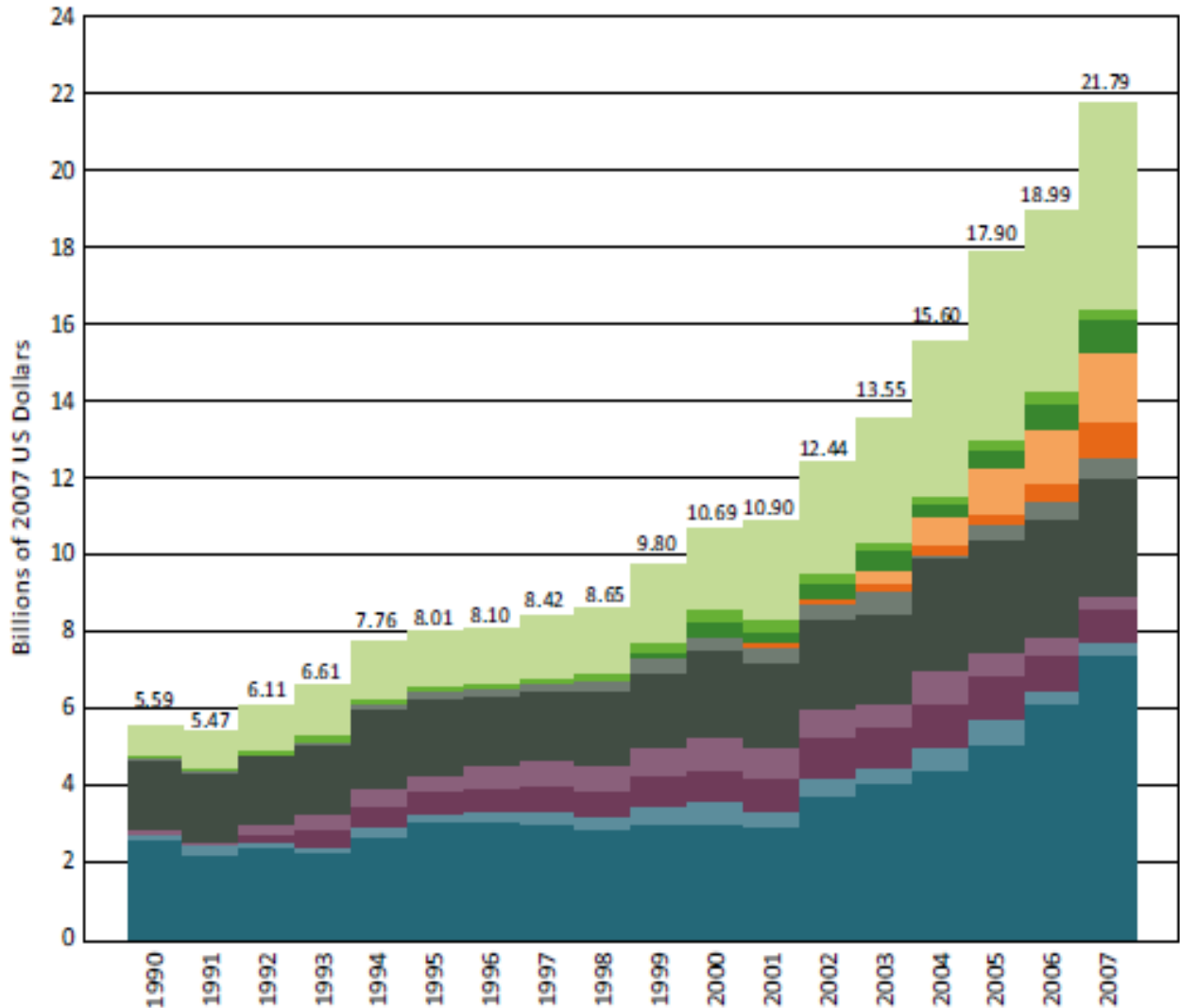
In Latin America and the Caribbean, 83 per cent of women have access to adequate pre-natal care.

Source progress chart: UN Statistics Division MDG Report 2009. Map data based on UN Millennium Indicators. Copyright map: Mapping Worlds

Development assistance for health from 1990 to 2007 by channel of assistance

- NGOs
- Other foundations
- BMGF
- GFATM
- GAVI
- European Commission
- WHO, UNICEF, UNFPA & UNAIDS
- World Bank - IBRD
- World Bank - IDA
- Regional development banks
- Bilateral development agencies

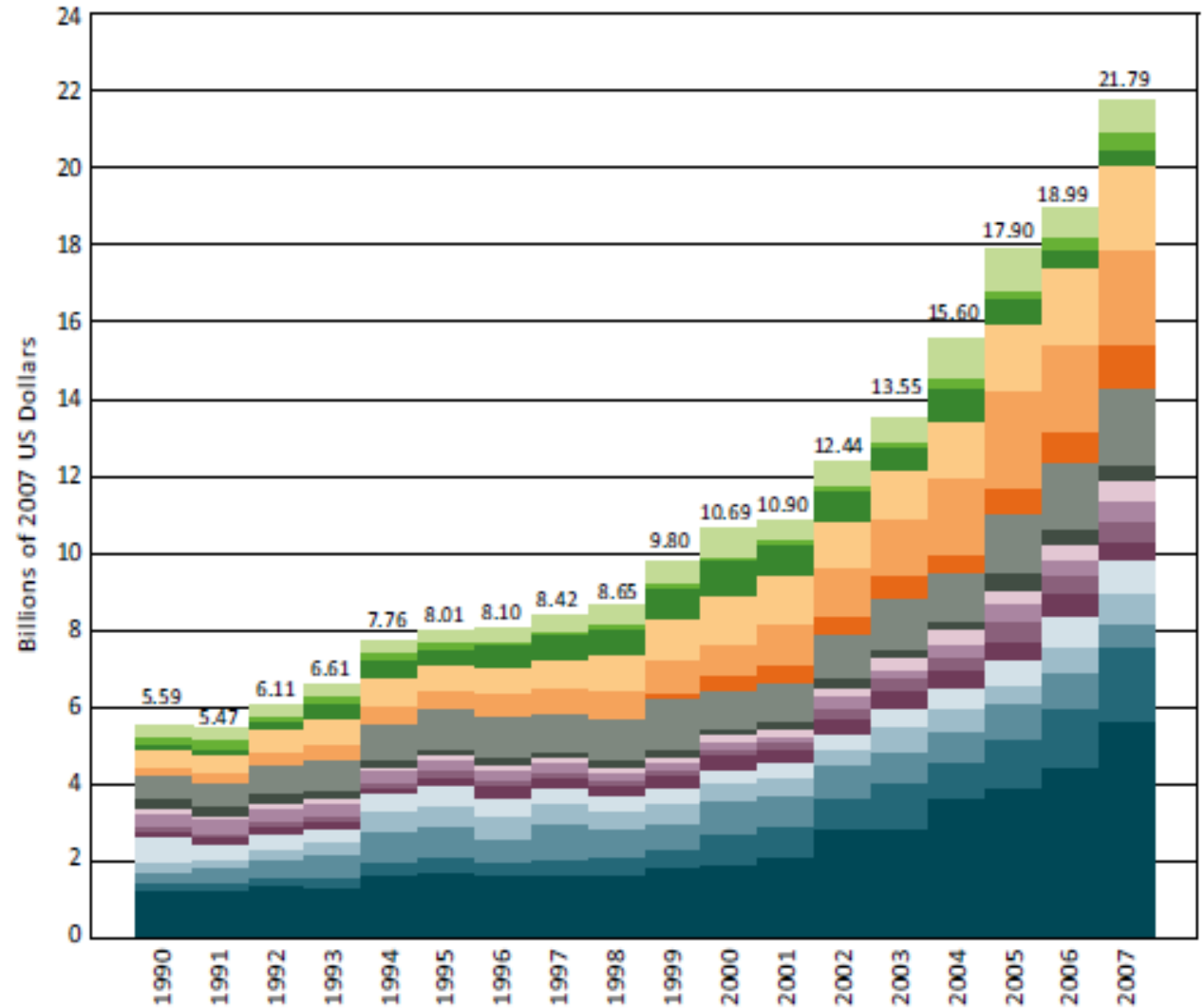
Source: IHME DAH Database



Development assistance for health from 1990 to 2007 by source of funding

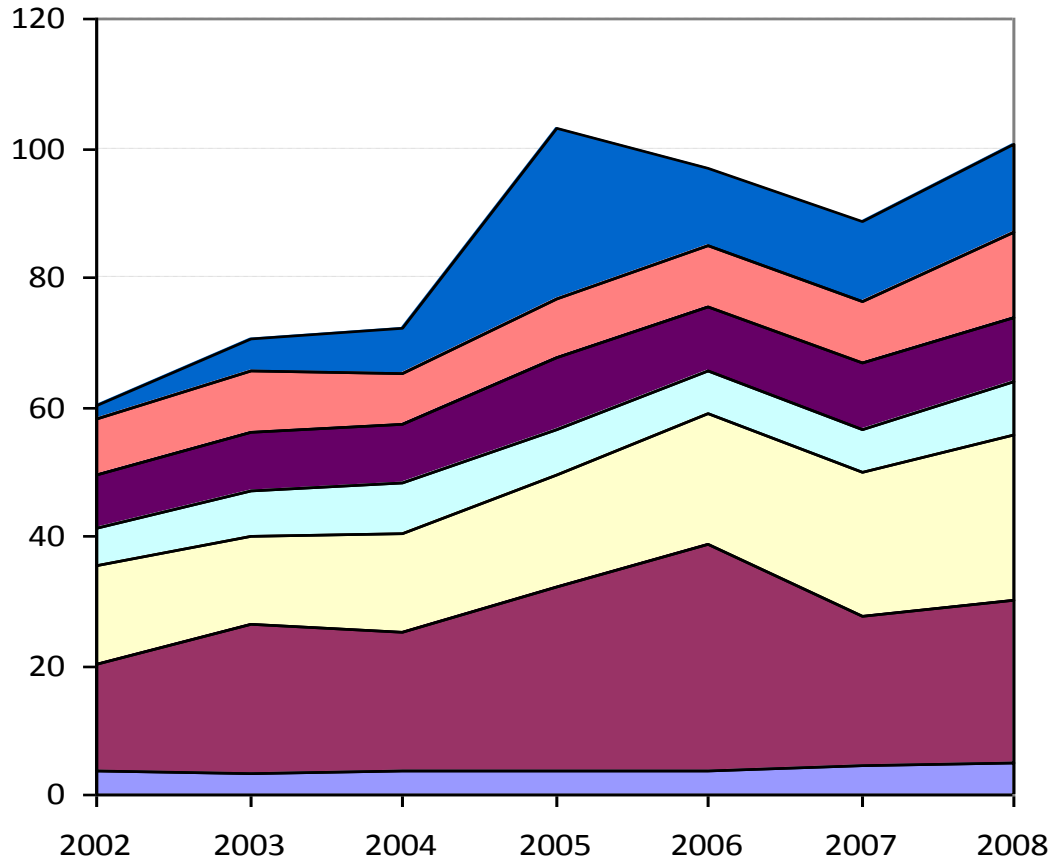
Funds from channels for which we were unable to find disaggregated revenue information and interagency transfers from non-DAH institutions are included in "unallocable" and "other" refers to interest income, currency exchange adjustments, and other miscellaneous income.

- Unallocable
- Other
- Debt repayments (IBRD)
- Private philanthropy:
 - Other
 - Corporate donations
 - BMGF
- National treasuries:
 - Other governments
 - Italy
 - Norway
 - Sweden
 - Canada
 - Netherlands
 - France
 - Germany
 - Japan
 - United Kingdom
 - United States



Source: IHME DAH Database

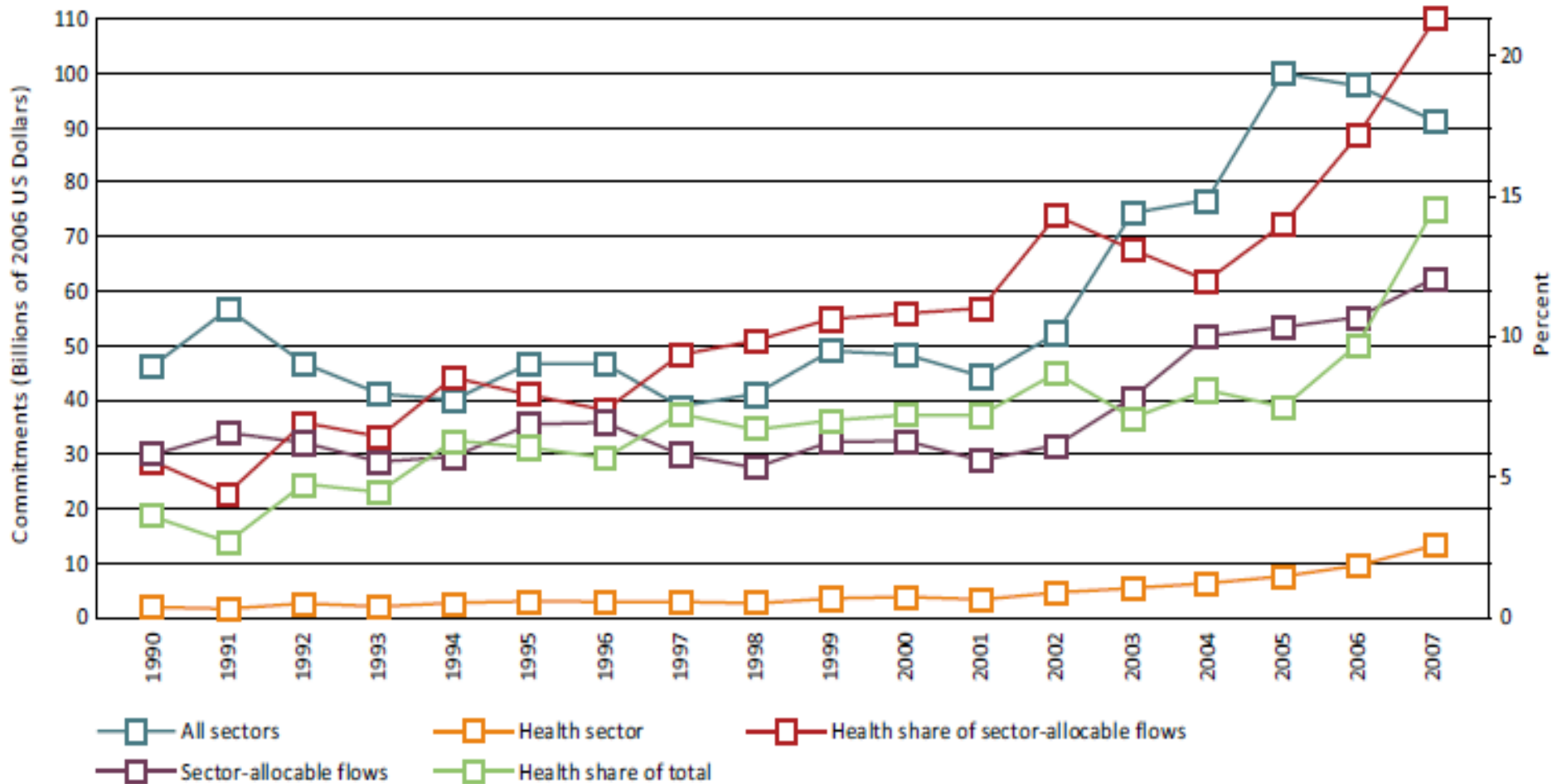
Bilateral ODA - where it goes to



- Middle East
- South & Central Asia
- Far East Asia
- Americas
- Other regions
- Sub-Saharan Africa
- Other Africa

Bilateral ODA commitments from 1990 to 2007

This figure shows annual commitments and not disbursements. Sector-allocable ODA excludes general budget support, debt relief, and humanitarian assistance.



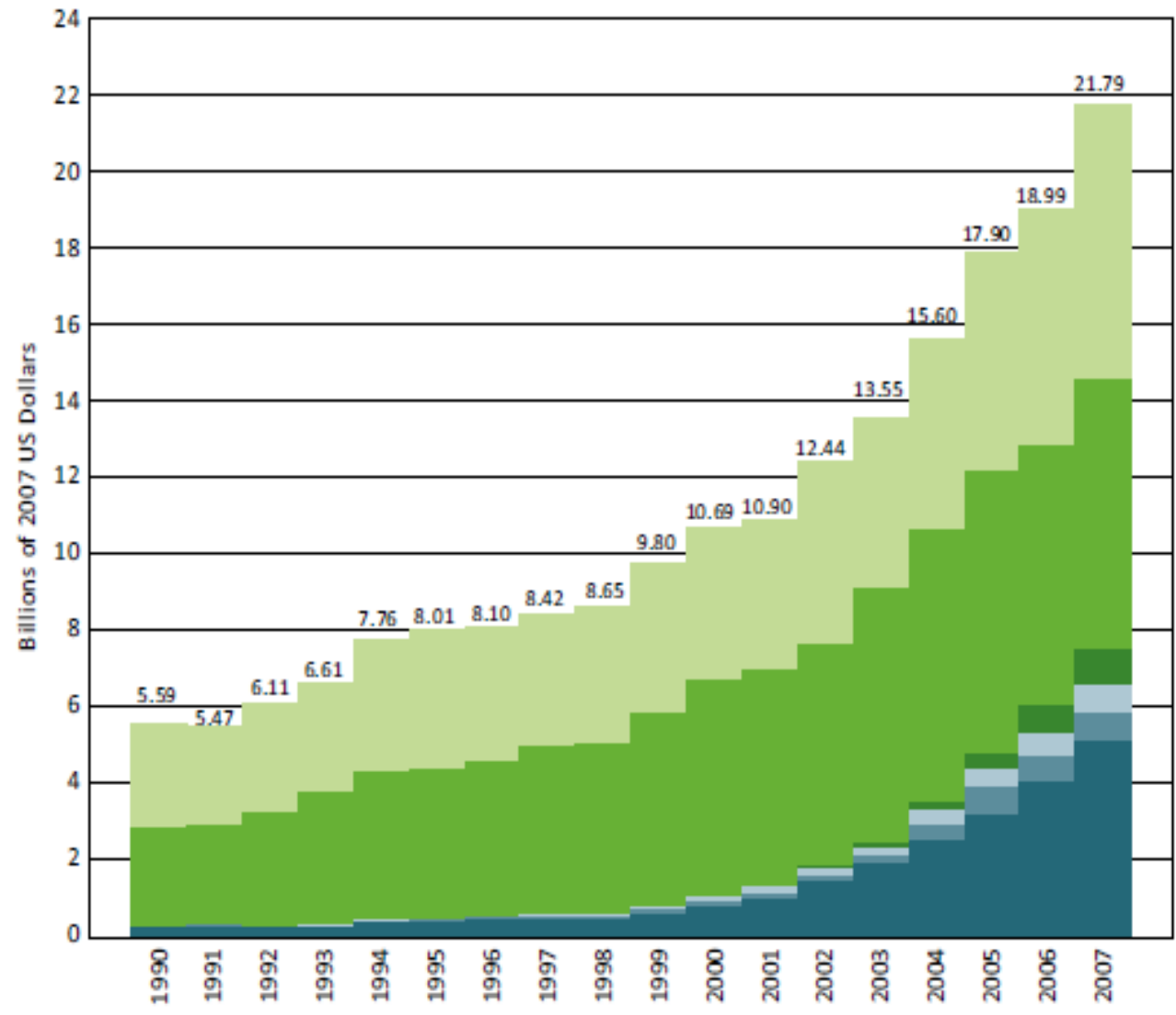
Source: OECD-DAC Creditor Reporting System

Development assistance for health from 1990 to 2007 for HIV/AIDS, tuberculosis, malaria and health sector support

“Unallocable” corresponds to DAH for which we did not have project level information on disease-focus.

- Unallocable
- Other
- Health sector support
- Tuberculosis
- Malaria
- HIV/AIDS

Source: IHME DAH and project databases



Development assistance for HIV/AIDS

World Bank:

- IDA
- IBRD

US foundations:

- BMGF

Global health partnerships:

- GFATM

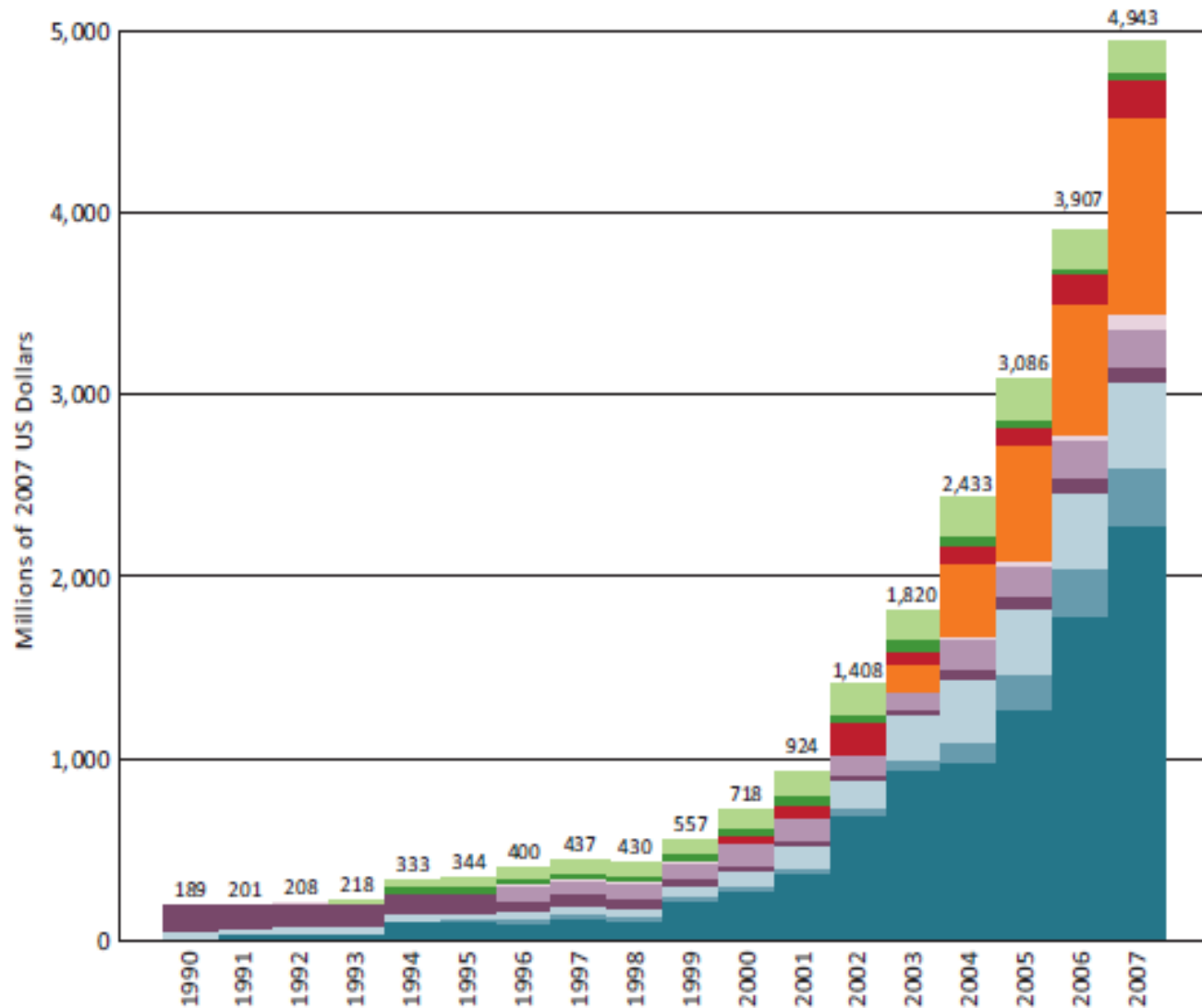
United Nations & European Commission:

- EC
- UNAIDS
- WHO

Bilateral agencies:

- Other
- UK
- USA

Source: IHME Project Database



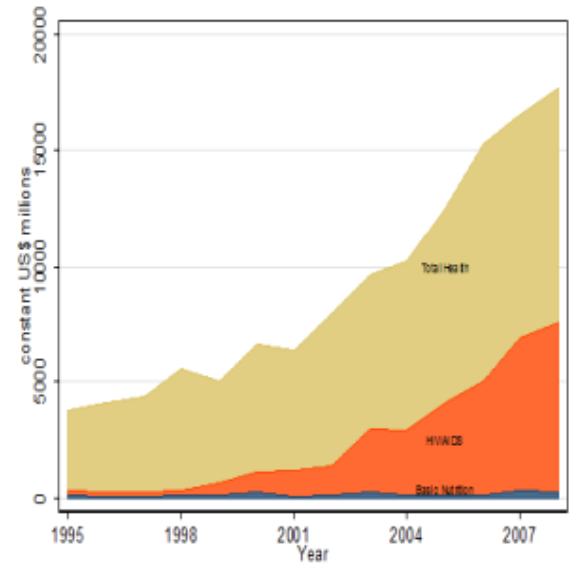
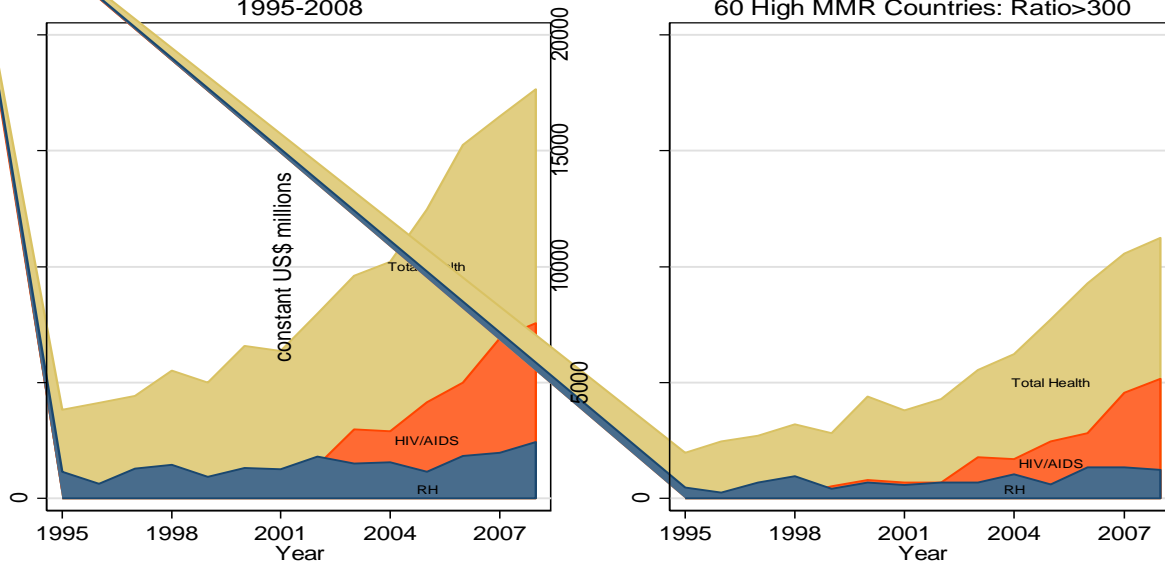
ODA Commitments for Health (1995-2008)

ODA Commitments for Health, 1995-2008

ODA Commitments for Nutrition, 1995-2007

Total ODA Commitments for Health 1995-2008

ODA Commitments for Health, 1995-2008
60 High MMR Countries: Ratio > 300

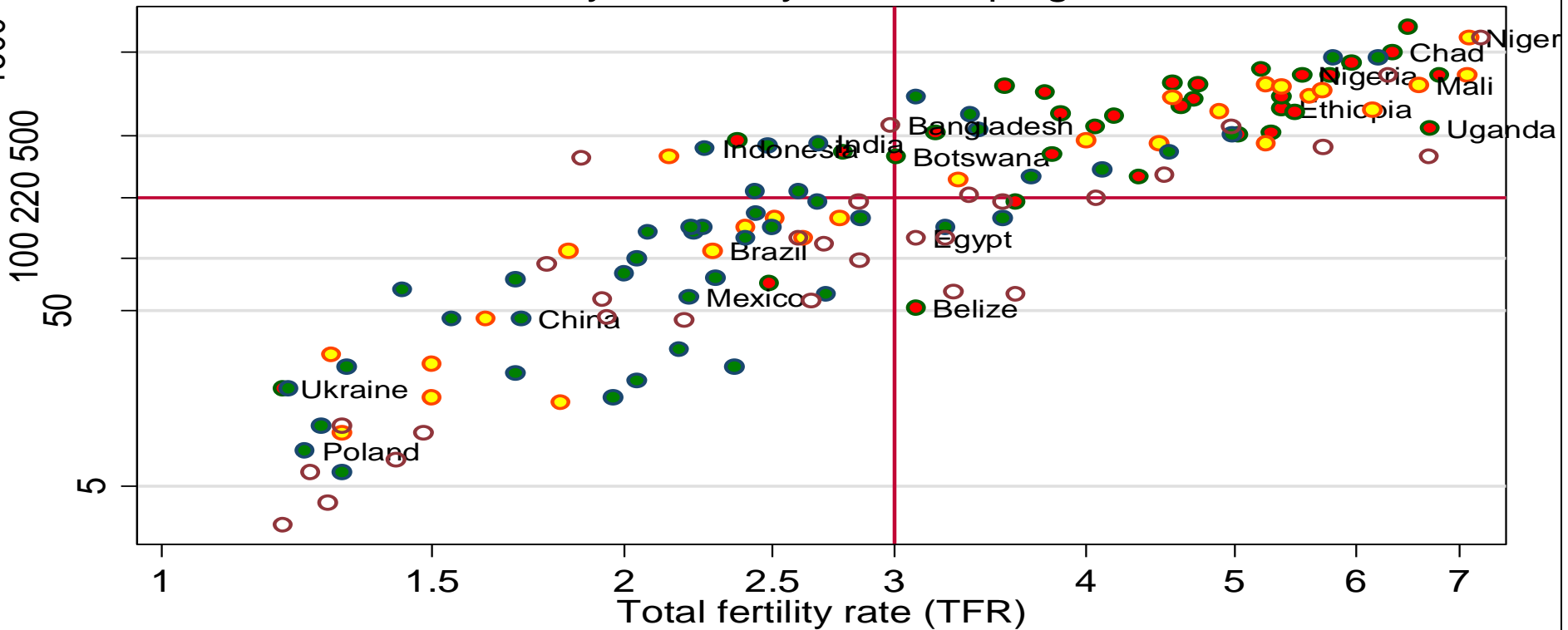


Source: OECD/DAC

Note: RH includes population policy and administrative management, reproductive health care, family planning, personnel development for population and reproductive health

Maternal Mortality v. Fertility

Maternal mortality vs fertility in developing countries, 2005



Source: WDI

Note: Median TFR=3; Median MMR=220

Note: Colors mark HIV prevalence among females aged 15-24

Red=high prevalence (greater than 1.3%)





Yellow=middle prevalence (between 0.3% and 1.3%)

Green=low prevalence (less than 0.3%)

Donor funding for family planning declines, even as progress in maternal health stalls

Percentage change in donor assistance for family planning programmes per woman aged 15 to 49, 1996 to 2006

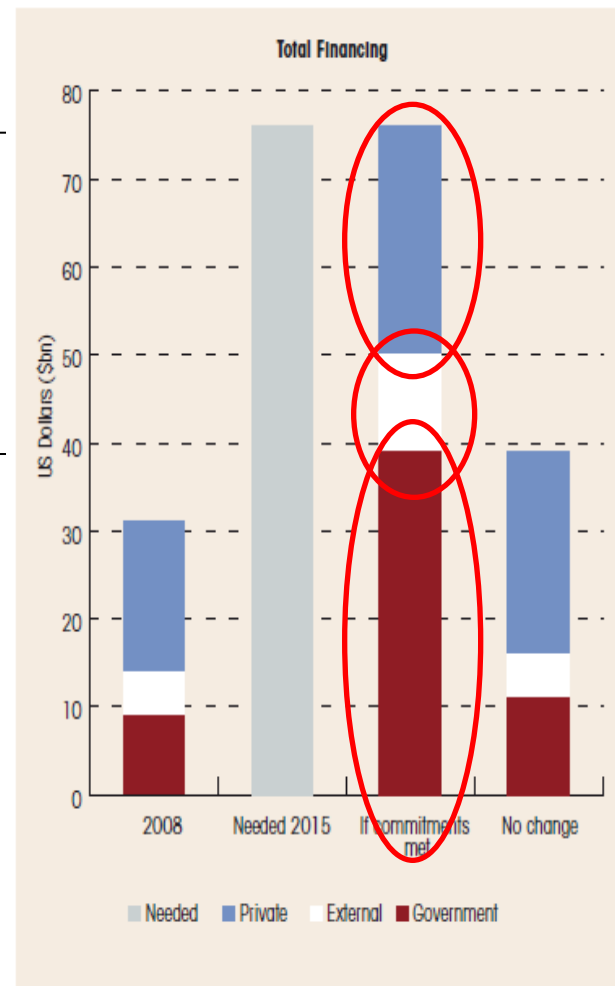
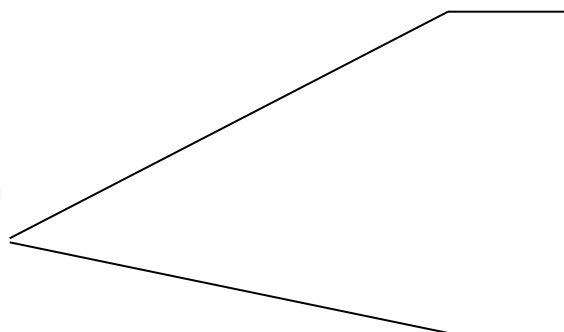


-  Per capita donor assistance declined (by 50 per cent or more)
-  Per capita donor assistance declined (by less than 50 per cent)
-  Per capita donor assistance increased
-  No data available or not applicable

Health Financing: Needs and Resources

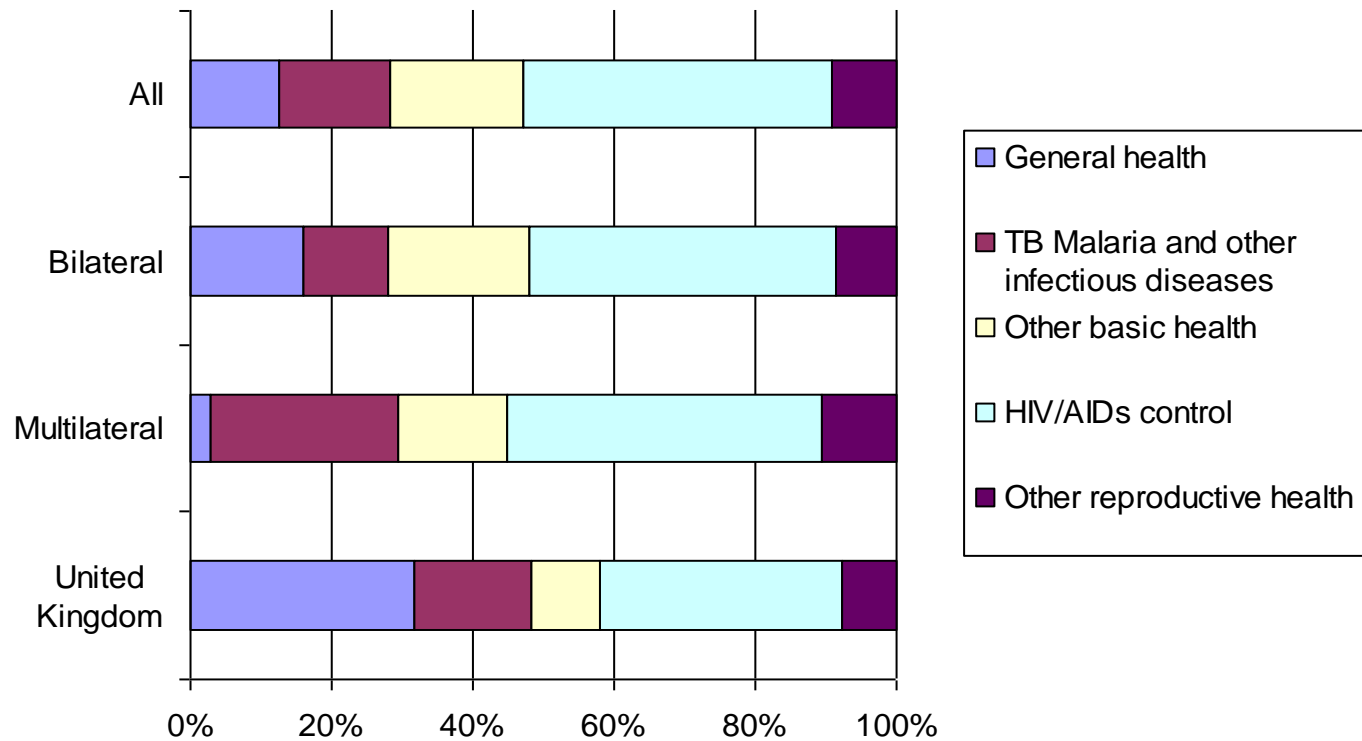
If commitments met and GDP growth continues – no gap (when aggregated across countries)

If stay at current levels of DAH – gap \$28bn – \$37bn by 2015



Health Systems Spend

Health aid by sub sector



Conclusions on Bilateral ODA:

- Its **increasing** – to Africa and to health
- AIDS** funding has caused much of the increase
- RH little increase**
- Basic health services** receives small % of health ODA
- FP** vital to reducing maternal mortality, but **funding has reduced**
- If everyone **honoured their international commitment**, no funding gap
- ODA distribution to countries is increasingly **responsive to disease burden**
- Recipient governments tend to **reduce domestic allocation** when external funding increases