Medical Mission Institute Würzburg

Catholic Advisory Organisation for International Health

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Action against AIDS Germany

Life is a human right!

Mobilizing the Resources Required for Universal Health Coverage

Outline of a Global Compact towards Closing the Financing Gap by 2020

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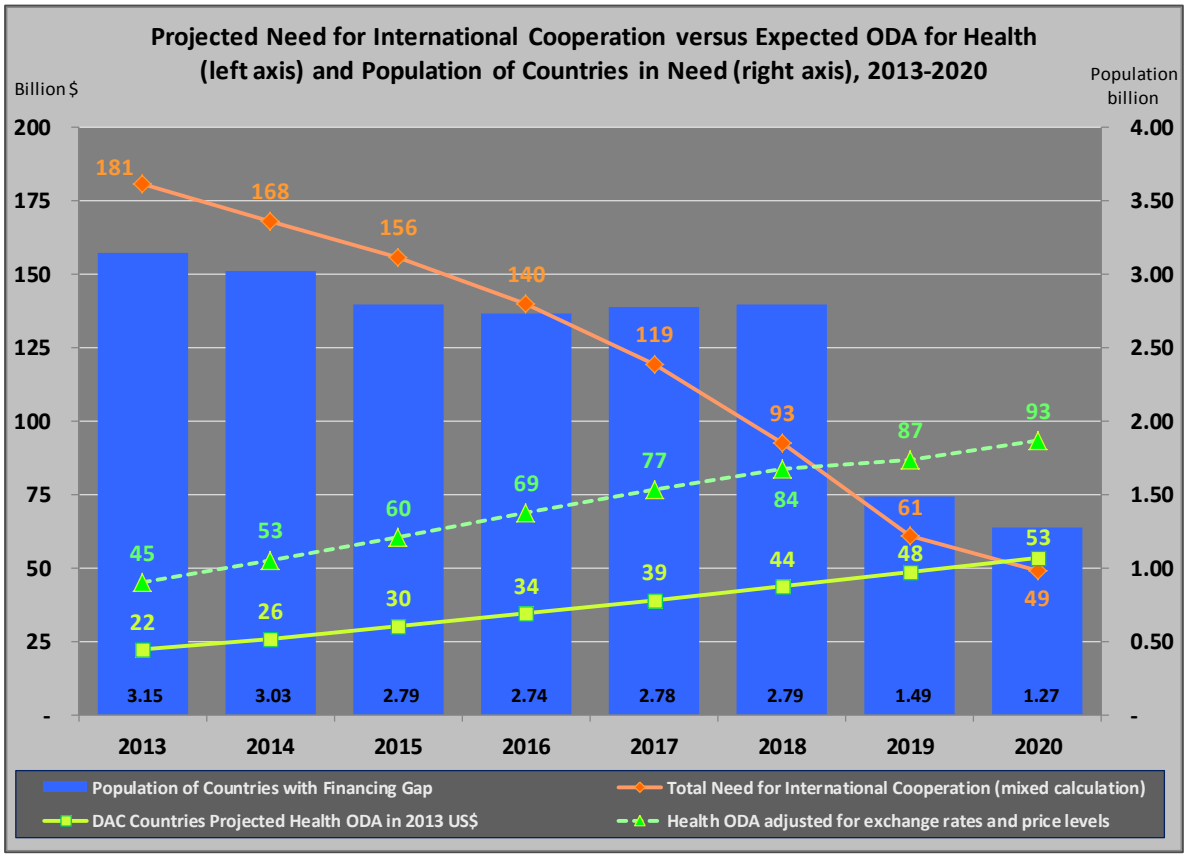
Contents

Introduction

Since the adoption of the Millennium Declaration and the MDGs that derived from it, the international community has achieved substantial gains in reducing avoidable deaths and improving health outcomes. The multiplication of financial resources from both domestic funds and international cooperation - along with policies to reduce the prices of essential medicines - was instrumental for increasing the access to lifesaving health services. In many developing countries life expectancy has improved significantly, while the decline seen in the regions most affected by the HIV epidemic was reversed. The positive results, however, are distributed very unevenly among countries and populations, as are the financial and political efforts to reach internationally agreed targets. Still, in 2012, more than 60 % of deaths registered in low-income countries occurred in people younger than 50 years of age. Inhumane living conditions, extreme social inequality, persistently underfunded health systems and ongoing discrimination against vulnerable populations still cause unacceptable levels of mortality and morbidity - representing one of the most atrocious forms of injustice.

Closing the Main Financing Gap by 2020

Securing a minimum of financial resources permitting to bring the full range of critical health services to all people constitutes a fundamental human right and an indispensable condition for human dignity. The model outlined here demonstrates that it is within our reach to close the financing gap even for the poorest countries by 2020 if all governments, from the privileged and underprivileged parts of the world alike, just fulfil the commitments and recommendations for financing human development and health that already were agreed many years ago.



On the one hand, the additional effort of developing countries to mobilize domestic resources combined with the projected economic growth would reduce the worldwide gap between the nationally funded spending for health and the minimum financing need from 181 to 49 billion US$ (in

2013 terms). The estimate of economic capacity is based on a mixed calculation of income levels at exchange rates and purchase power parities to take into account the fact that required health investments comprise both locally produced goods and imported commodities.

On the other hand, the resources provided by the wealthiest countries for international cooperation in support of health systems in disadvantaged countries would rise to 53 billion US$ (at constant 2013 prices), if the recommendation of the WHO Commission on Macroeconomics and Health is met to make available 0.1 % of the Gross National Income (GNI) for global health. When considering that exchange rates of countries in need of external support are often considerably lower than internal purchase power levels of national currencies and, thereby, making health ODA amounts comparable to the volumes of domestic resources computed by a mixed calculation as described above the equivalent value of external resources rises to up to 93 billion US$. For the first time in history the development assistance for health would be commensurate with the volume of external cooperation needed to co-finance a minimum spending level for essential health services in every part of the world.

The major part of this joint financial effort would be contributed by developing countries themselves. In the Sub-Saharan region alone the domestic resources provided for health would increase from 50 billion US$ in 2013 to 105 billion US$ in 2020 calculated on the basis of the average of amounts expressed in international dollars and US$ values at exchange rates. This incremental financial effort of 55 billion US$ would represent a growth of 109 %. The average amount per capita made available by national financing sources for public health spending in Africa south of Sahara would rise from 55 to over 96 US$ in this period, representing a growth in real terms of 75 %. Taken by itself, all other things being equal, the fulfilment of the Abuja target by every country of the region would increase the nationally funded health expenditure per capita to 76 US$. The projection that India and Nigeria will raise sufficient domestic resources to close the national financing gap before 2020 explains the major part of the reduction of the population living in countries in need from over 3.1 to 1.3 billion.

In conclusion, the worth of resources made available through development cooperation for health would exceed the absolute need of external support in the most disadvantaged countries before the end of this decade. The projected surplus would constitute a necessary reserve for those unforeseeable cases, where exceptionally high resource needs or the failure to achieve the expected income and revenue growth lead to additional needs of international cooperation. Furthermore, the international community needs to confront the humanitarian need of supporting life-saving interventions in countries where the responsible government institutions fail to provide public services for the poor and discriminated populations.

It is time now to commit to and bring into reality a global compact to guarantee the universal access to crucial health services. This is the moment to overcome the fragmentary approaches depending on the generosity of the rich and develop a new financing model for global health based on binding commitments in order to raise the resources required for developing truly operational, equitable and sustainable health systems.

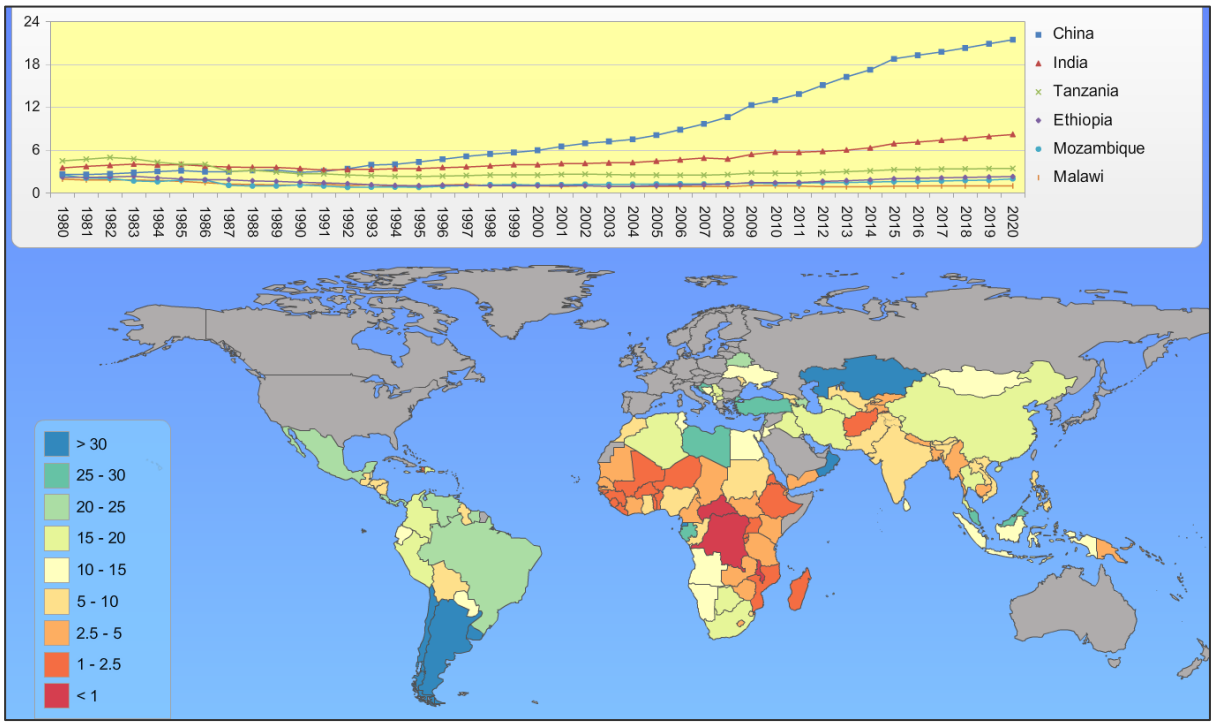
Extreme Income Inequality Calls for Consequent Redistribution of Resources

Besides the basic guarantee of meeting the minimum need everywhere, we have to take into account that the proportional backlog of income levels in most developing countries compared to high-income countries is higher now than 30 years ago. The income per capita of 63 out of 95 countries with available data, i.e. two thirds, declined in relation to the average of economically privileged nations

between 1980 and 2014. The fact that China and India, the most populous countries, achieved a higher economic growth in this period than the average of advanced economies makes the picture more complicated with regard to global inequality on the population level. Simultaneously, however, both countries showed a clear tendency of income concentration in the hands of the richest decile. With 1.9 billion people 34 % of the total population in developing regions lives in countries that lost ground compared to the advanced economies in the course of the last decades.

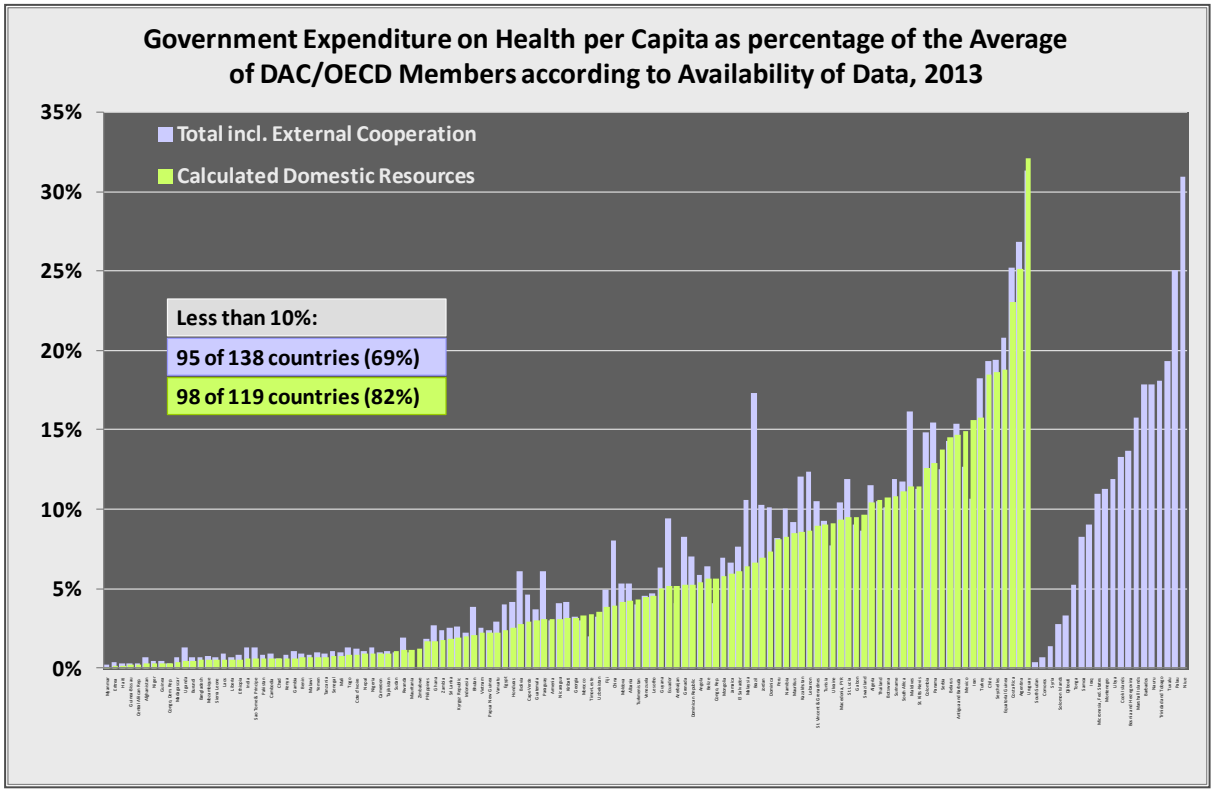
At present, 55 % of developing countries fall in the bracket of having per capita income levels that do not even reach one tenth of the average seen in better-off nations, compared to a proportion of 50 % in 1980. Thus, the proportion of countries showing an extreme relative backlog did not improve but actually became worse over a generation, despite some more recent positive trends. This increasing income gap between countries means that the necessity of international resource transfers has increased if there is the aspiration that all people participate in the progress of mankind, especially in existential fields of human development such as health.

GDP per Capita in relation to Average of Advanced Economies, Situation in 2013 and Trend for selected Countries over the period 1980-2020, mixed calculation of PPP in international dollars and US$ at exchange rates



Source: IMF World Economic Outlook, April 2015

Due to generally lower levels of government revenue in relation to GDP and smaller health shares of public expenditure the backlog of the majority of developing countries with regard to government health spending per capita is even considerably more pronounced than international income inequality. When including external cooperation, we find that the per capita government expenditure on health in 69 % of developing countries was less than one tenth of the average seen in economically privileged countries. This proportion increases to 82 % when looking exclusively on public health expenditure funded with domestic resources. In 47 countries with available data the domestic resources allocated by the respective governments to finance health services did not even reach 2 % of the average calculated for advanced economies. Most of the countries not considered in the following analysis due to lack of data are small island states, while others are affected by conflict.



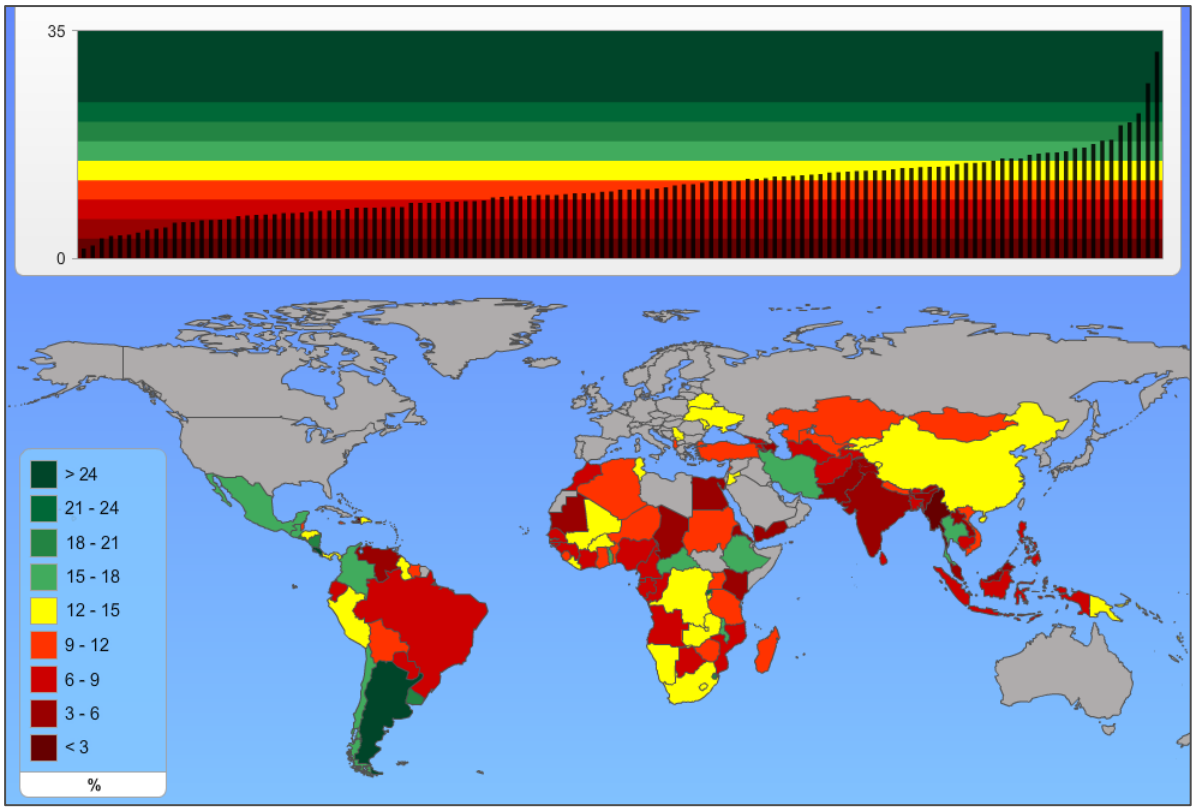
Considering that health outcomes constitute a crucial yardstick for measuring the fulfilment of the basic principles of social justice and human solidarity it is evident that all efforts required for securing the access of the world's poor to essential health services should be seen as a primary task of both governments of disadvantaged countries and providers of international cooperation.

Health Expenditure by National Governments – Less than Necessary and Promised

In addition to economic disadvantage, many governments of developing countries do not attach the necessary importance to health financing. The Abuja target agreed in 2001 by African Union members to allocate at least 15 % of government budgets to health was only achieved by a minority of countries. In 2013, more than a decade after making that commitment, it was only met by six out of 46 Sub-Saharan countries, i.e. barely 13 % of this region with the highest burden of HIV and other devastating diseases. This deplorable number practically did not change since 2007. Ten African countries south of the Sahara did not even reach half of the required level, but this appalling figure dropped significantly since 2008 when 15 states were below 7.5 %. The average health expenditure of total government spending by all countries in this region stagnated below 11 %.

Looking at all 145 developing countries for which data is provided by the WHO, there were 25 countries that achieved or exceeded the target level equalling only 17 % of the total. Again, this clearly insufficient proportion did not show a consistent tendency to improve. In 2013, the governments of 36 countries belonging to the developing world spent less than 7.5 % of their total expenditure on health, compared to 43 that allocated less than half of the Abuja target to this life-protecting area in 2008. The lowest health shares are to be seen in Southern and Eastern Asia, where the regional average reached only 8.2 % in 2013 and half of the 20 countries spent less than 7.5 % of total government expenditure on health. On the other side, Latin America and the Caribbean show the highest percentages with a mean of 13.4 %. And in the American region nearly one third of low and middle income countries reach the target level.

Government Expenditure for Health as percentage of Total Government Expenditure, 2013



Source: Global Health Expenditure Database, accessed in January 2016

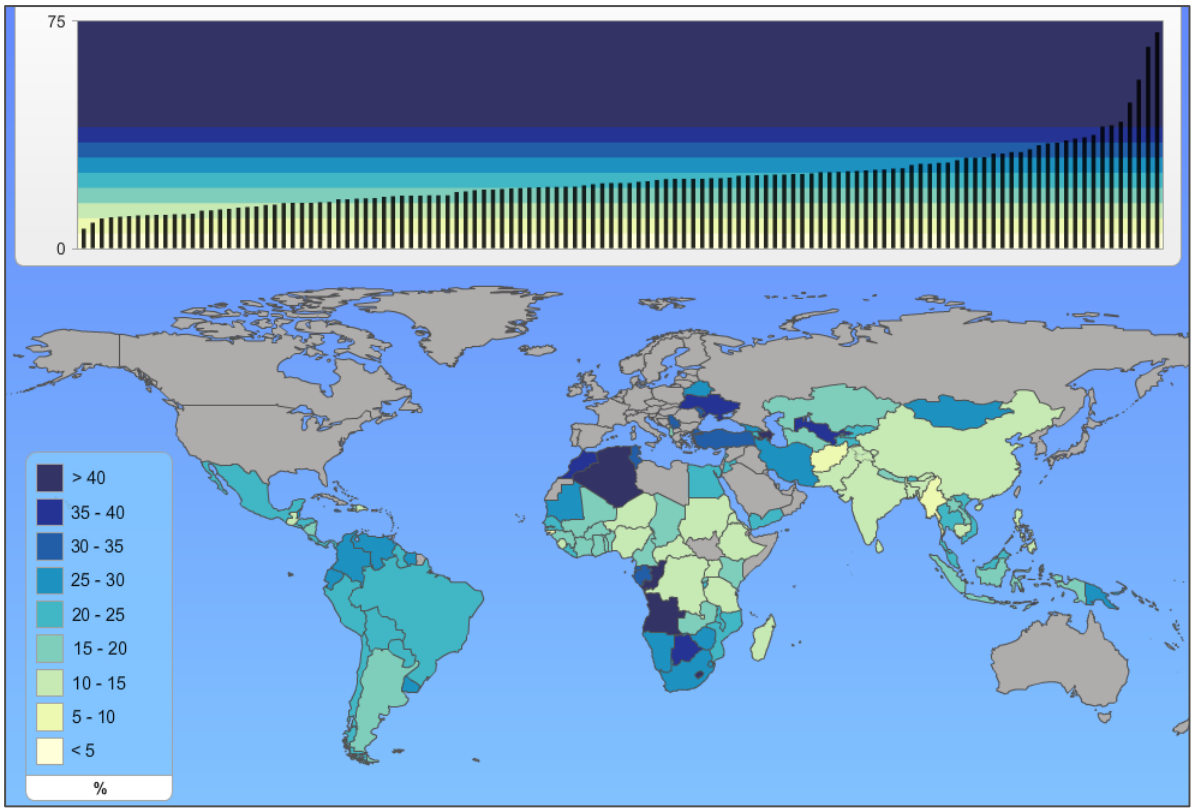
Insufficient Government Revenue

The original so-called "zero draft" of the Addis Ababa Action Agenda to be adopted as the Outcome Document of the Third Financing for Development Conference stated the following: "Countries with government revenue below 20 % of GDP agree to progressively increase tax revenues, with the aim of halving the gap towards 20 % by 2025, and countries with government revenue above 20 % of GDP agree to raise tax revenues as appropriate." Recognizing that there are enormous unmet financing needs for sustainable development this minimum target for domestic resource mobilization was proposed as a necessary cornerstone to implement post-2015 development agenda. It is highly unfortunate that this commitment was dropped in the final version, which only mentions the aim to improve the tax systems without fixing concrete target levels in relation to income.

The World Development Indicators (WDI) database contains figures that represent the situation of recent years with regard to government revenue in relation to GDP excluding external cooperation for 99 developing countries. For an additional group of 26 countries this indicator was calculated using data published by the International Monetary Fund on government revenue including external sources and deducting total amounts of ODA grants allocated to the public sector of the recipient states as reported to the DAC/OECD database on aid activities (creditor reporting system). This procedure was also applied for the case of Nigeria in order to take into account the considerable part of government resources raised from domestic resources that are spent through state and local authorities.

Out of the total of 125 countries of the developing world, the government revenues obtained from taxes, social contributions and other local receipts or transactions remained below 20 % of GDP in 49 cases. This means that the commitment removed from the Addis Ababa outcome document would have been of importance for 39 % of developing countries.

Government Revenue excluding Grants as percentage of GDP, most recent year

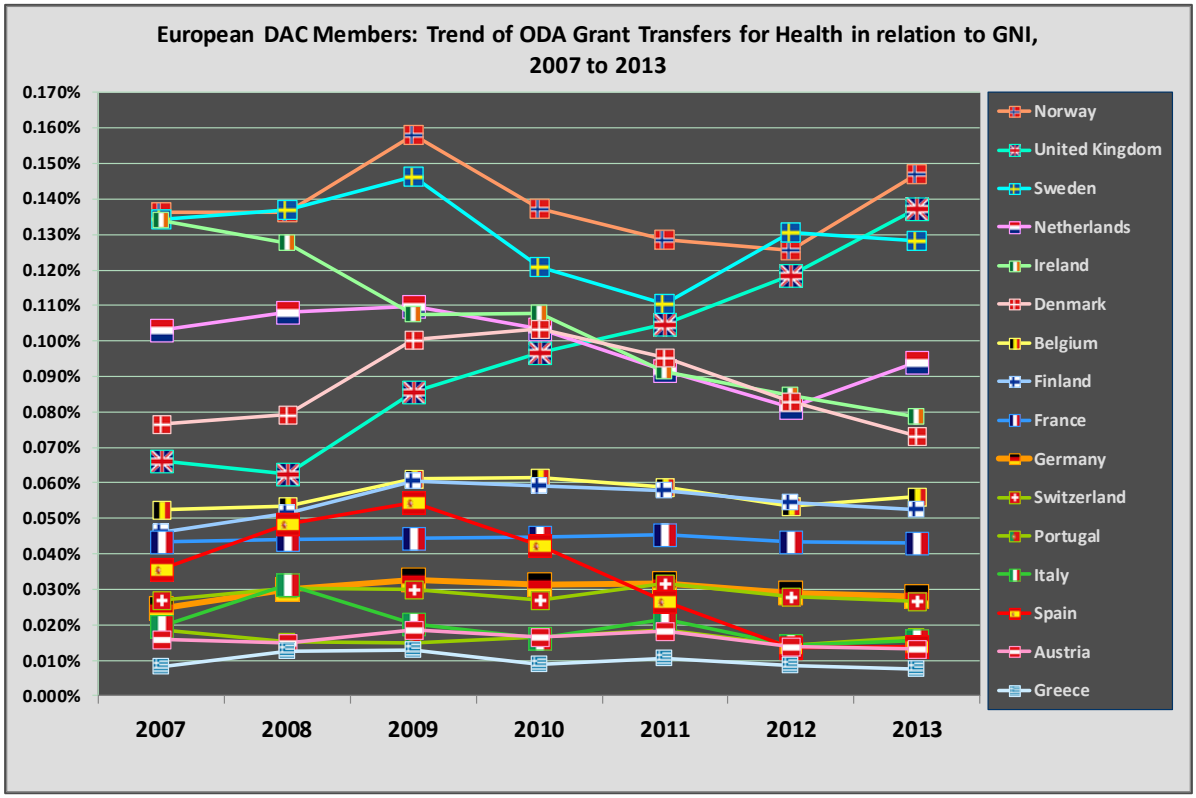


ODA for Health – Few are on Track

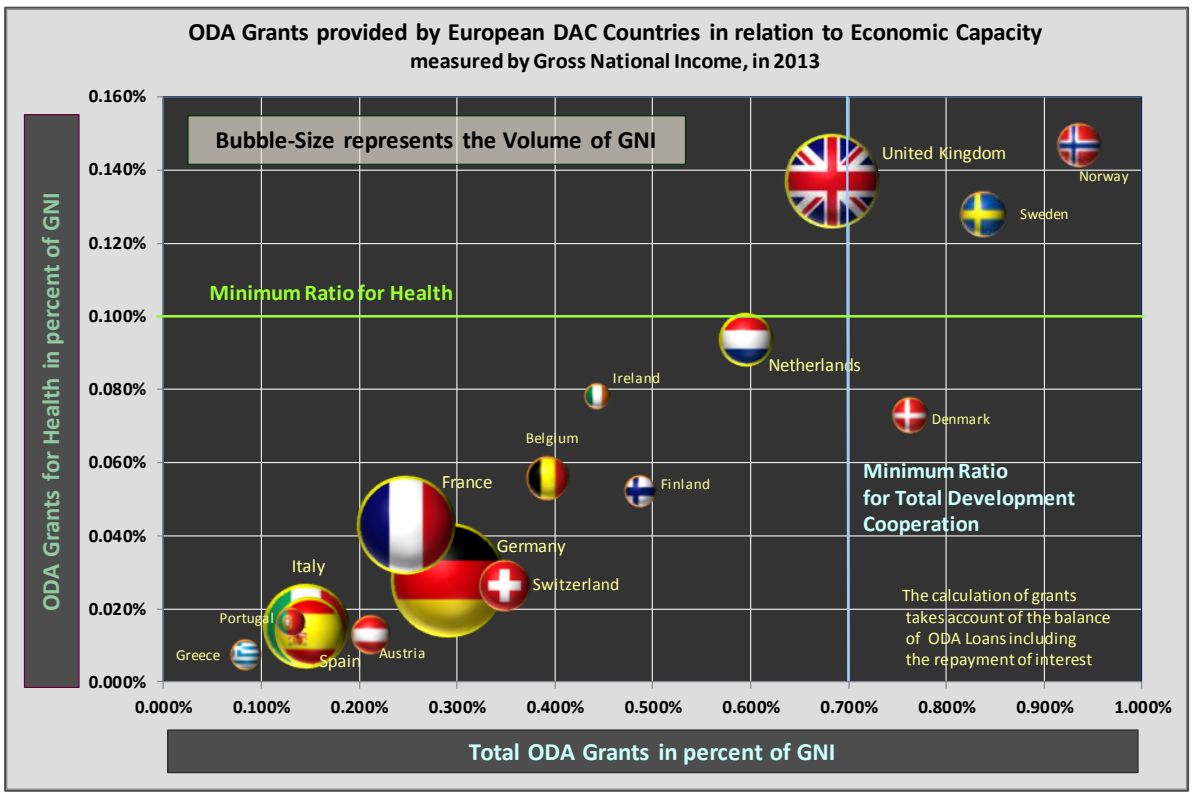
In this context, international cooperation for health constitutes an ethical obligation and an indispensable element of human solidarity. This in mind, the Medical Mission Institute, Action for Global Health and Action against AIDS Germany developed a research collaboration in order to analyse and quantify the contributions made available by European DAC member states for global health and specifically the HIV response through all channels of official development assistance (ODA). The study based on a complete review of all health-relevant projects funded though bilateral and multilateral aid aims to produce comparable and objective estimates of the ODA contributions differentiated by financing modalities and mechanisms as well as final recipient countries.

The research projects track all financial flows that qualify as ODA according to DAC/OECD standards including loans and equity investments, but focuses on of grants as only this form of genuine aid contributes to benefit the most disadvantaged countries and populations and avoids the risk of unsustainable and damaging debt burden. Furthermore, transfers of grants to support development efforts of developing countries represent a tangible financial effort using budgetary resources of the respective donor country.

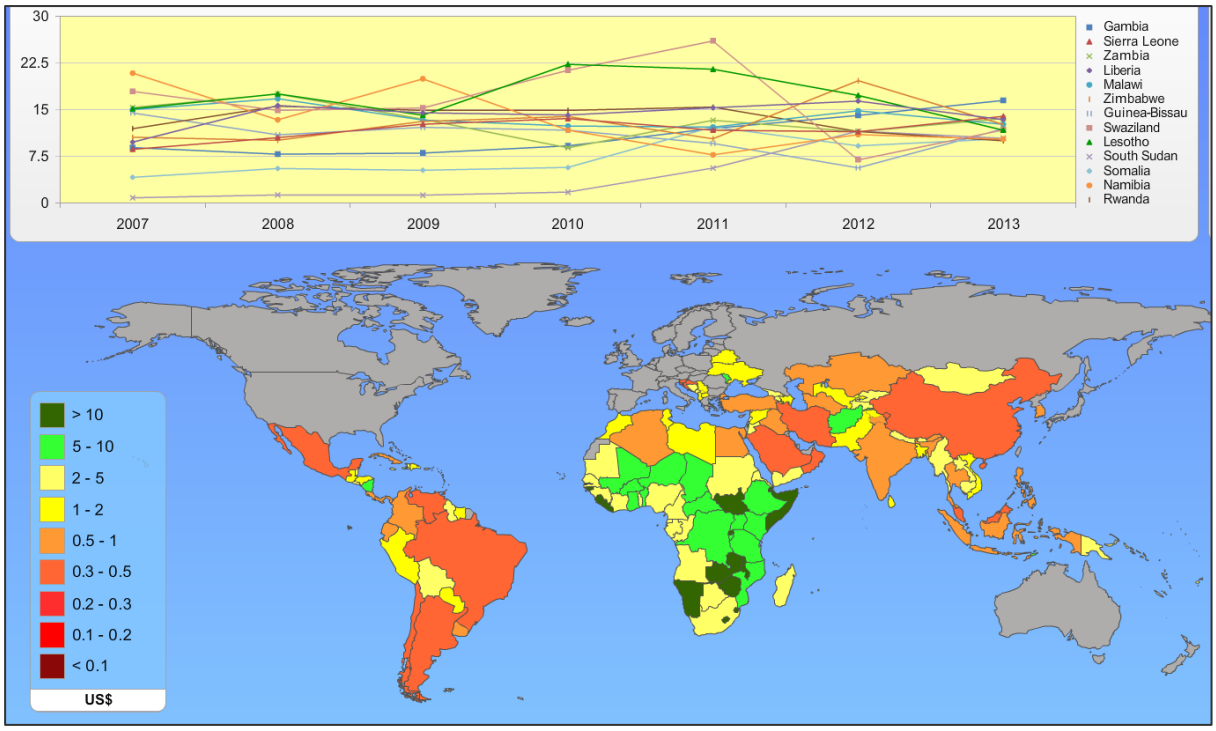
Specifically, the minimum level of ODA grants for health in relation to the Gross National Income (GNI) that should be reached by all economically better-off country is 0.1 % according to the recommendation made by the Commission on Macroeconomics and Health in 2001 mandated by the WHO. The reality, however, is that ODA contributions provided by European DAC member countries vary widely and there are few laudable examples performing well with respect to this target.



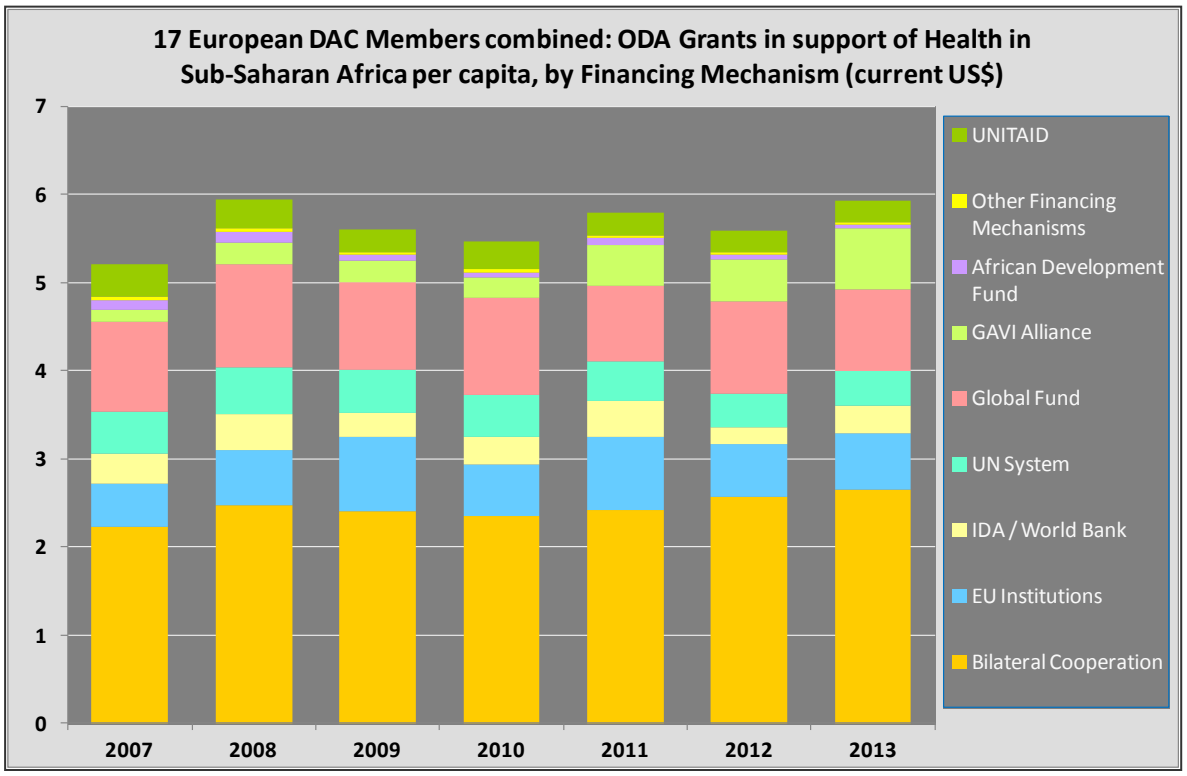
In any year of the period between 2007 and 2013 only four or five countries out of 17 (including Luxembourg not shown in the chart) achieved the recommended level to contribute not less than 0.1 % of GNI to improve health outcomes in the developing regions. Many countries with the larger economies of Europe do not even achieve half or one third of the required ratio.



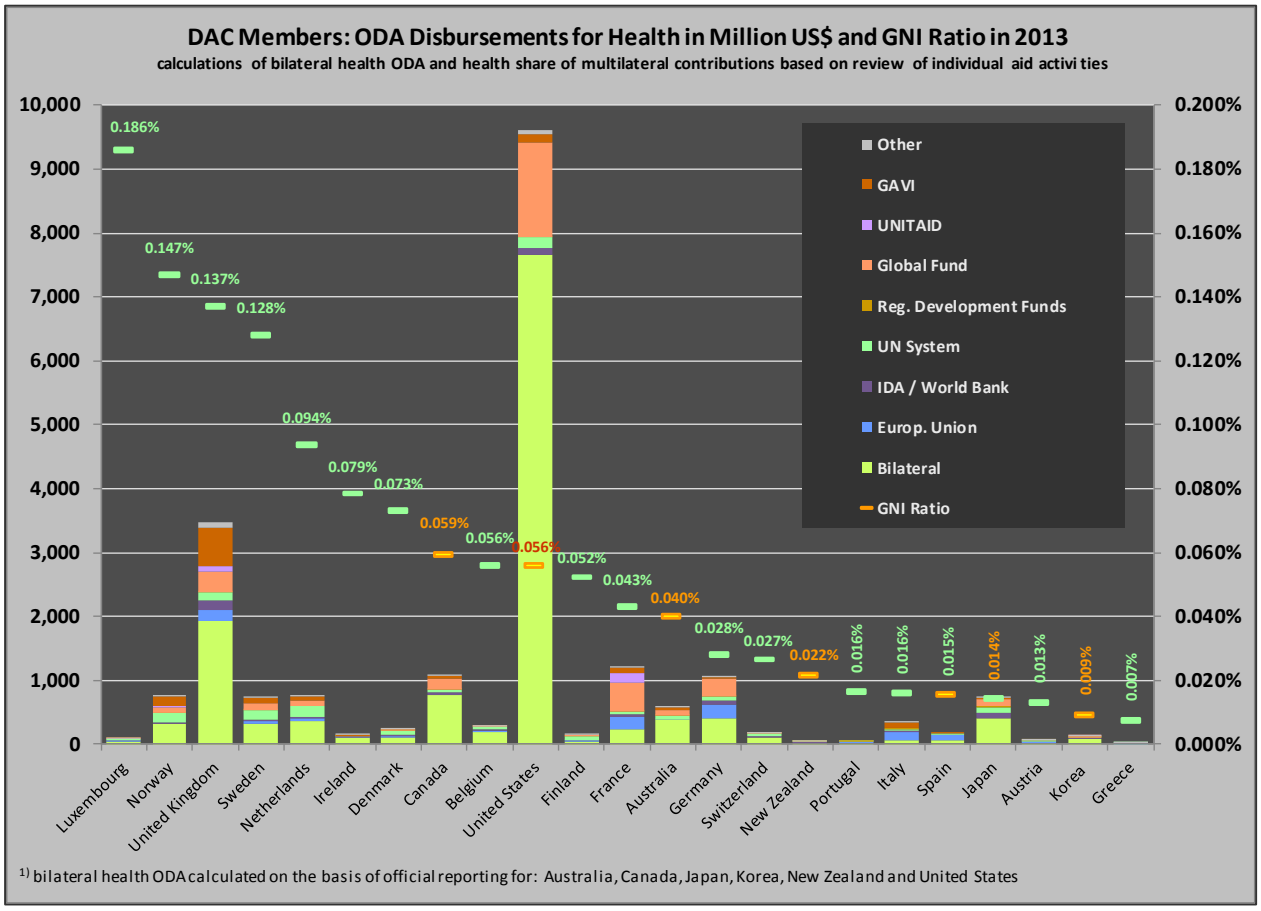
European DAC Members: ODA Grants for Health per Capita in 2013 and Trend for Selected Countries



Taking into account all bilateral and multilateral financing mechanisms the 17 European DAC members combined provided on average of roughly 5 US$ per capita and year in support of the health sector in low-income countries without significant changes over the period 2007 to 2013. Likewise, the combined annual ODA disbursements for health in Sub-Saharan Africa stagnated at less than 6 US$. Except for small island states and Palestine only 14 countries, all of them in Sub-Saharan Africa, received in 2013 more than 10 US$ per capita from Europe to improve their health situation, of which just one (Gambia) obtained more than 15 US$ in that year.



Moreover, none of the six non-European DAC member states comes close to meet the target. The financial efforts of these high-income countries are extremely diverse to the extent that some are below one tenth of the best performers. The total amount of ODA grants for health provided by all DAC members corresponded to roughly 0.049 % of combined donor GNI, i.e. hardly half of what it should be. In other words, ODA for health would double if these donor countries just fulfilled the recommendation to contribute no less than 0.1 % of their GNI.



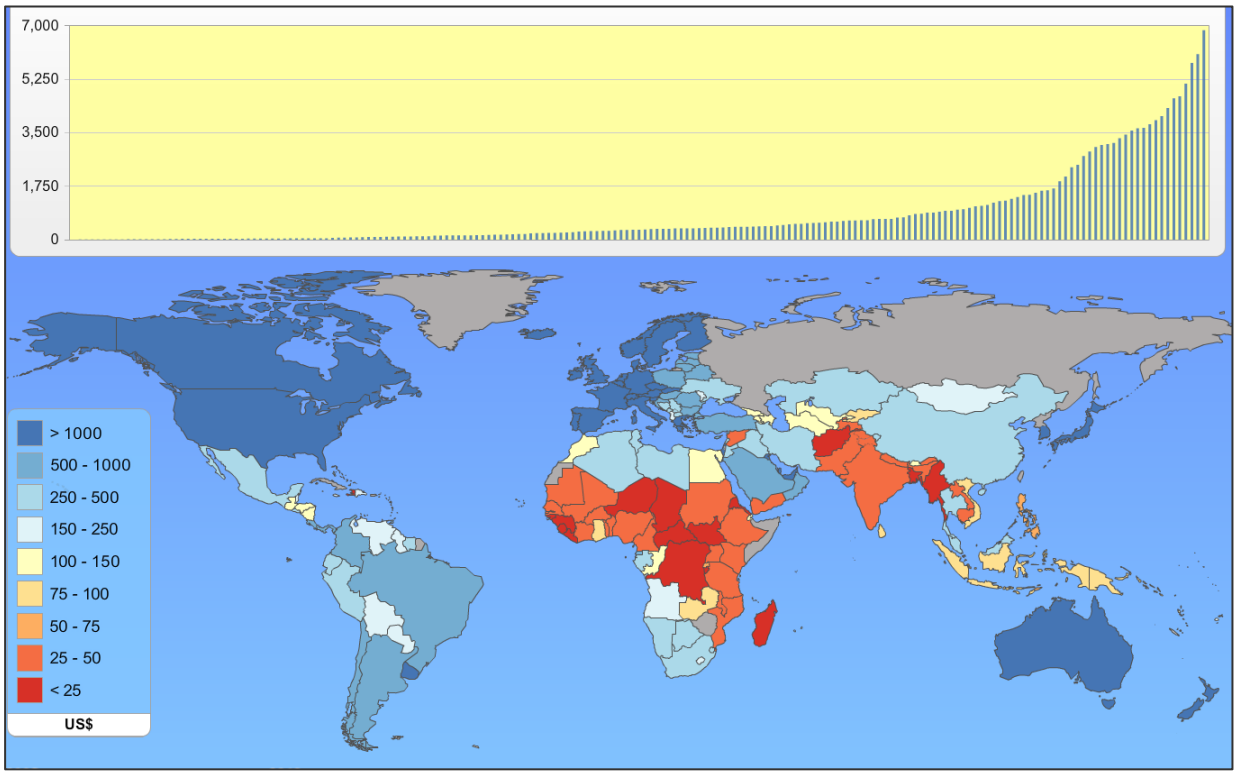
Underfunding of Health Services and its Deadly Consequences

As immediate consequence of economic disadvantage frequently combined with the failure to meet reasonable national and international financing targets, we observe the grossly inadequate level of funding for health services in many developing countries. The government expenditure on health per capita represents the amount of resources that, in principle, is available to fund health services that are accessible for all citizens. This indicator includes health spending funded through external sources such as development cooperation. The amounts shown in the following map combine purchase power parities, i.e. expressed in international dollars, and values calculated at average exchange rates to better reflect the real capacity for financing health services.

Whereas government expenditure for health is as low as about 10 US Dollars in countries like Myanmar, Haiti, Central African Republic, Democratic Republic of the Congo, Guinea-Bissau and Eritrea public spending for health reaches levels that are 500 times higher in countries such as Switzerland, Luxembourg and Norway. In 50 countries actual government expenditure for health was below the general minimum estimated for low-income countries (89 US Dollars in 2013 terms based on the estimate made by McIntyre and Meheus of 86 US$ expressed in 2012 terms and considering world inflation rate). In fact, the current levels of public health spending may be insufficient in a

number of other countries as well compared to the required minimum level due to factors such as higher medicine prices related to so-called intellectual property rights imposed by trade agreements, higher-than-average disease burdens especially caused by generalized HIV epidemics or investment needs to increase the health workforce and infrastructure.

Government Expenditure for Health per capita, 2013, in US Dollars



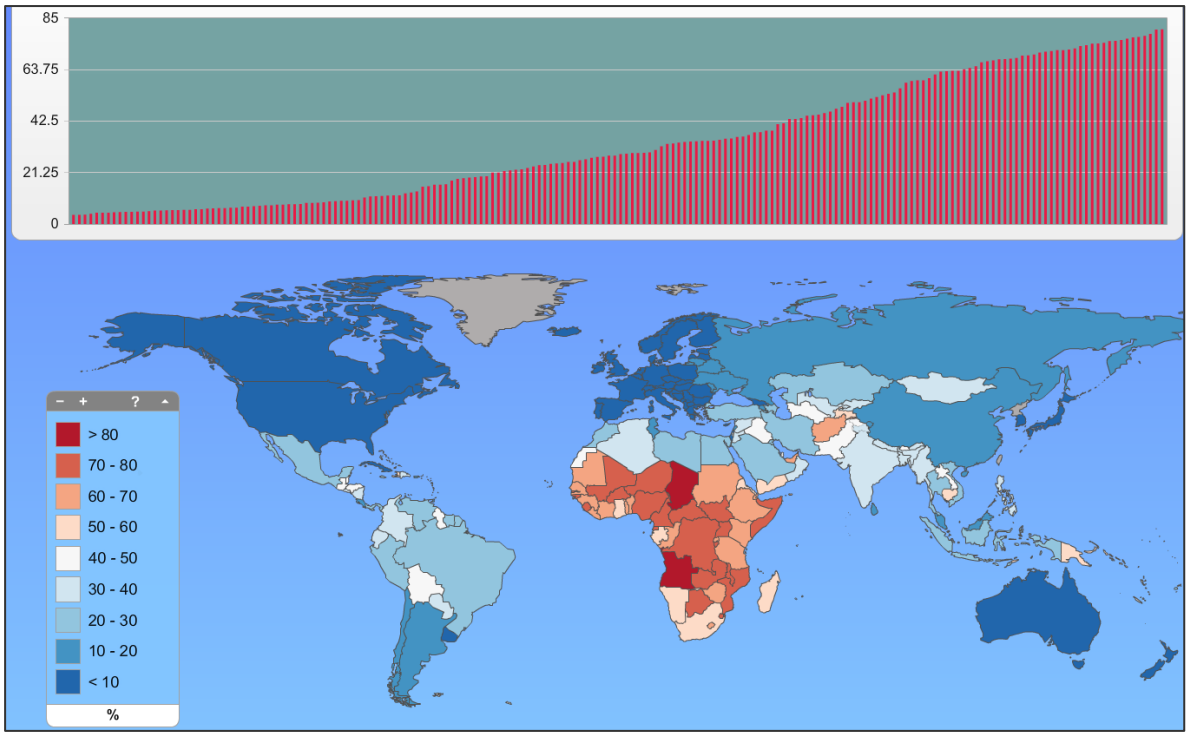
Source: Global Health Expenditure Database, combining amounts based on power purchase parities and exchange rates

The main consequence of underfunded health systems, combined with harmful determinants such as economic and social marginalization, is to be seen in the deprivation of life chances. The percentage of deaths that occurred among people younger than 50 years of age reflects not only the different death risks between, but also within countries and, therefore, reveals the extent of structural disadvantage and its fatal outcomes.

The demographic estimates of the United Nations Population Division for the period 2010-15 show the persistent gaps with respect to fatal health threats. Whereas in better-off countries in Europe about one out of 20 deaths is reported to have occurred in people younger than 50 years, it is estimated that in Sub-Saharan Africa 7 out of 10 fatalities have affected persons before they reach 50 years of age. In 22 countries, all of them located in the latter region, this proportion was even higher. Under-five mortality caused more than half of all deaths that according to estimates took place in people, who died before their 50th birthday in Africa south of Sahara.

These estimates also show that in 54 out of 201 states and territories more than half of all deaths occurred in people younger than 50 years. Except for United Arab Estimates, where the age distribution of mortality is mainly related to the unusual population structure created by high immigration rates of expatriate workers, only 7 of these countries are located in regions other than Sub-Saharan Africa.

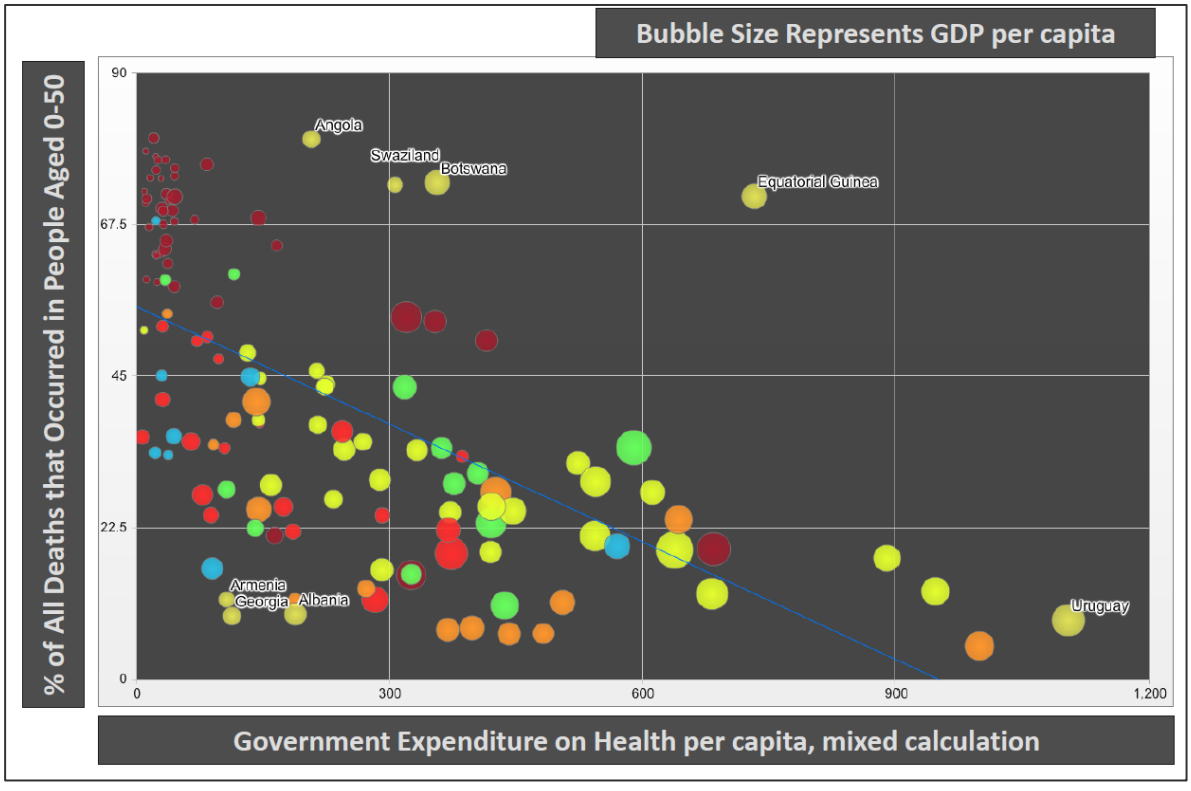
Percentage of Deaths that occurred in Persons before Reaching Age 50, 2010-15



Source: United Nations, Department of Economic and Social Affairs, Population Division (2013), data correspond to the period 2010-15.

The geographical coincidence between government health expenditure per capita and survival chances is obvious and the following graph points to the same close relationship. In general, higher levels of public resources correlate with lower rates of premature death, but its scope and impact are obviously influenced by the magnitude of health threats, especially the HIV epidemic, as well as effectiveness of use according to scientific evidence and social justice.

Public Health Expenditure per Capita and Premature Deaths, 2013



The international community urgently needs to overcome these unconceivable differences in death risks for the sake of vulnerable people and as a crucial element of a liveable global society. Without bridging this gap the 2030 Agenda for Sustainable Development adopted by the United Nations and the dictum to “leave no one behind” would become meaningless for many of the people, who are in dire need.

Potentials and Constraints to Mobilize Domestic Resources for Health

The calculations to initially determine the expected capacity to finance the required health services by each country intend to bring together economic trends of the recent past, predicted growth rates of national economies, realistic expectations regarding efforts to increase government revenue and commitments to reach an established threshold of public spending on health in developing countries. The combination of these factors permits to develop an approximate calculation of the per capita expenditure for health that the public sector in developing countries will be able to fund with domestic resources by 2020. On the other hand, the model applies an updated estimate of the basic level of financing needs that is tailored to the country specific situation taking into account the HIV burden. The following sections provide a detailed description of the parameters and considerations that are applied for the projection of the capacity to generate domestic resources and the country-specific minimum needs for health financing.

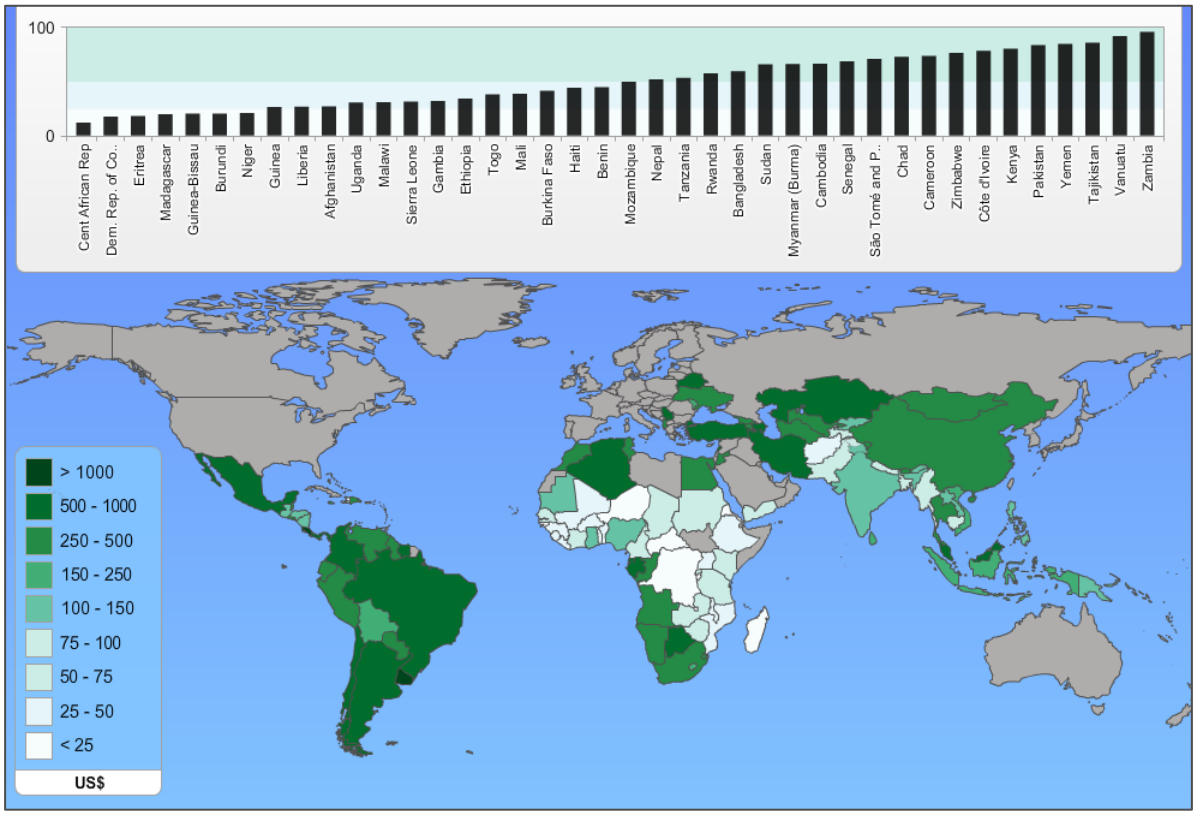
Notwithstanding the well-known weaknesses of the concept gross domestic product (GDP) per capita constitutes the basic measure of economic capacity. Considering that a part of investments in health systems requires the importation of products such as medicines and diagnostic tools, whereas other elements can be bought on the domestic market the model uses a mixed calculation (50:50) of the amount expressed in power purchase parities (international dollars) and the value at average exchange rates (current US$). The WHO working group for the Taskforce on Innovative International Financing for Health Systems estimated that in 2015 about 34 % of the total incremental cost for expanding coverage of essential services would correspond to internationally traded goods that need to be purchased at global market prices. In addition, however, the levels of salaries of an increasingly mobile health workforce – accounting for 27 % of total cost excluding community health workers - are influenced by the opportunities to earn money in economically better-off countries. Therefore, the proportion of the investments needed to enhance health systems that are determined by external economic relations may considerably go beyond 50 %. The respective input data are derived from the latest World Economic Outlook published by IMF in October 2015.

Government revenue as % of GDP refers to transfers or cash receipts for the central government (taxes, social contributions, and other revenues such as fines, fees, rent, and income from property or sales) for public purposes expressed as proportion of GDP. Grants from development cooperation or other flows from external sources are excluded here in order to determine the potential of domestic resource mobilization. The general rate of increase is obtained from the recent trend seen on average in low-income and lower middle-income countries. For countries, however, which at present show government revenue shares below 20 % an alternative projection applies with the aim of reducing the gap towards this level by a quarter at the end of the period, in line with the target to halve the gap by 2025. As mentioned above, this commitment was foreseen in earlier versions of the Addis Ababa Outcome Document, but was eliminated in the final declaration. In these cases the model uses the target ratio that is resulting higher. The respective data for recent years are available for the majority of countries from World Development Indicators, while in other cases the figure was calculated on the

basis of IMF and DAC/OECD data on total revenue and volumes of ODA grants, as described previously.

For the proportion of health expenditure in relation to total government expenditure the model assumes that all countries with spending proportions below the Abuja target of 15 % will reach this minimum, while those countries that exceed the target will maintain this higher level. Actual data are derived from the WHO Global Health Expenditure Database.

Projected Own Resources for Health per Capita, 2020, in US Dollars, mixed calculation as described above



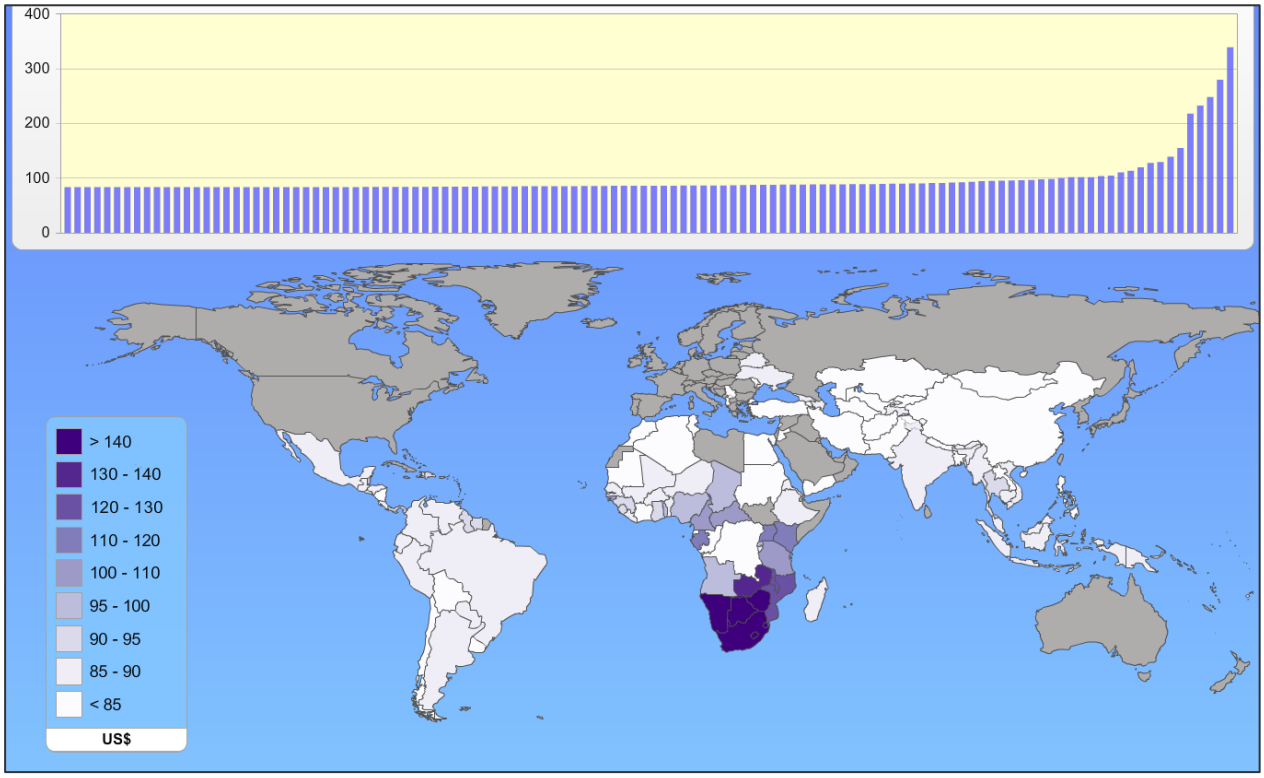
Applying the before-mentioned factors and the respective changes projected for the period under review results in country-specific estimates of the potential to mobilize domestic resources for health. Even when the positive predictions materialise, by 2020 the own financial effort of 21 countries would result in amounts per capita of less than 50 US Dollars using the mixed calculation, as described above. And in another 19 countries the funds per capita available from domestic sources would remain below 100 US Dollars.

Financing Needs Adjusted for the Resources Required for HIV Response

The minimum level of resource needs is based on the technical recommendation made by McIntyre and Meheus that a figure of 86 US$ (expressed in 2012 terms) should be used as the estimated average of per capita resource requirements for providing a range of key services in low-income countries (Di McIntyre and Filip Meheus: Fiscal Space for Domestic Funding of Health and Other Social Services, March 2014). This updated estimate builds on the work of the High Level Taskforce on Innovative International Financing for Health Systems (HLTF), in particular the information provided through the normative approach of the respective WHO team with collaboration from UNFPA and UNAIDS. The range of interventions included the achievement of the health-specific MDGs, some

interventions to address non-communicable diseases and essential drugs for chronic conditions, some cancers, neglected tropical diseases, mental health and general care as well as the medicines needed for the above-mentioned areas. This costing also took into account investments in order to enhance facility and equipment infrastructure, increasing staffing levels and other components of health system strengthening. The authors translated the original figure of 54 US$ in 2005 terms into 2012 terms adjusting for local currency exchange rates and annual inflation rates for the period for all low-income countries included in the costing exercise. In the model presented here this figure was converted in 2013 terms by applying the global inflation rate published by IMF.

Minimum Health Financing Need per capita, 2020, in 2013 US$

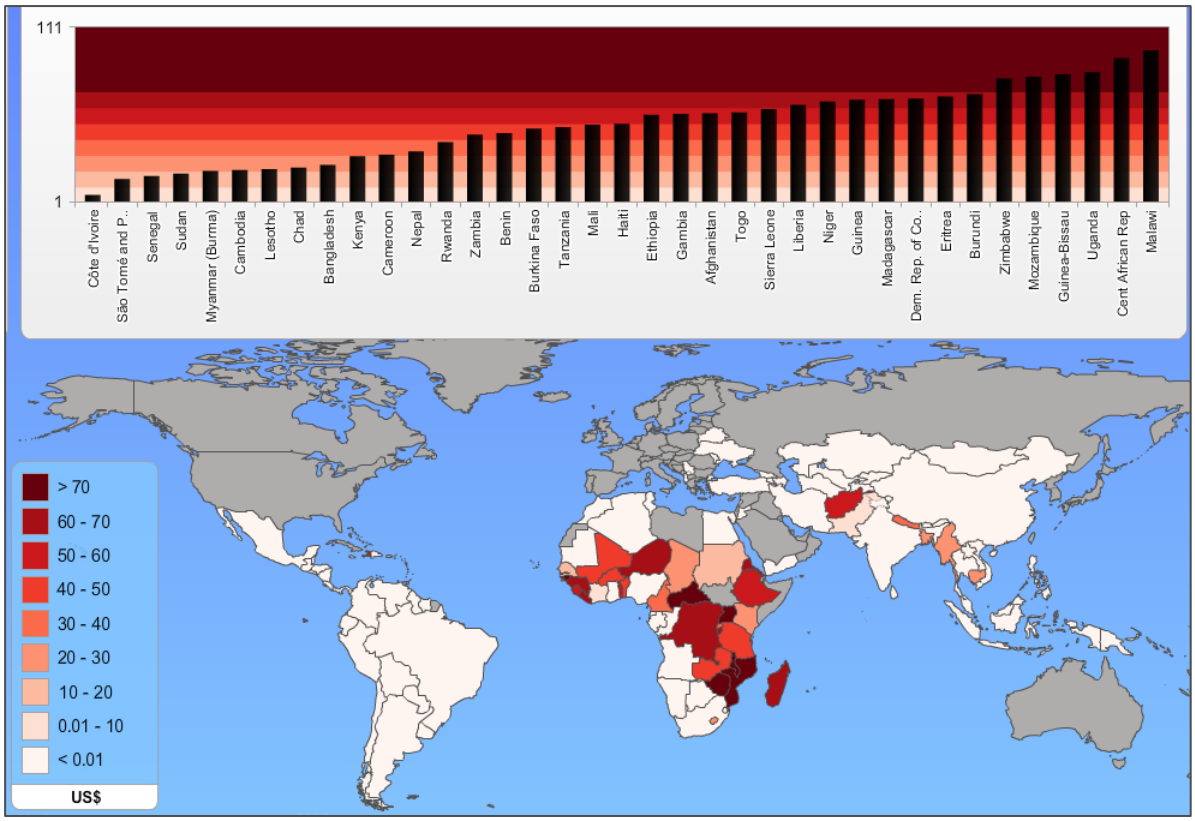


Due to the highly differentiated prevalence rates and the relatively high cost of life-long treatment and complex prevention programmes the HIV epidemic constitutes the single most important factor for differences regarding the country-specific resource needs. Moreover, the implementation of the UNAIDS Fast Track Initiative proposes a rapid and massive acceleration of HIV prevention and treatment programmes for ending the AIDS epidemic by 2030 that requires a substantial increase of financial resources. Therefore, the model calculates the national minimum needs by adjusting the per capita cost of the HIV response (6 % of the total figure on average) according to the estimated number of people living with the virus in 2013 taking into account the required increase of resources towards 2020 and the respective distribution by income groups of developing countries. This explains the considerably higher per capita need observed in Southern Africa.

Remaining Financing Gaps according to Economic Analysis

Even with the best efforts, 38 out of the 120 countries under review would not be able to finance the minimum need through enhanced domestic resource mobilization by 2020. This gives a picture where development assistance in support of health is needed most. In addition, there are special needs for international cooperation in order to secure fundamental health services for populations living in fragile states for which no reliable data exist, such as Somalia or South Sudan.

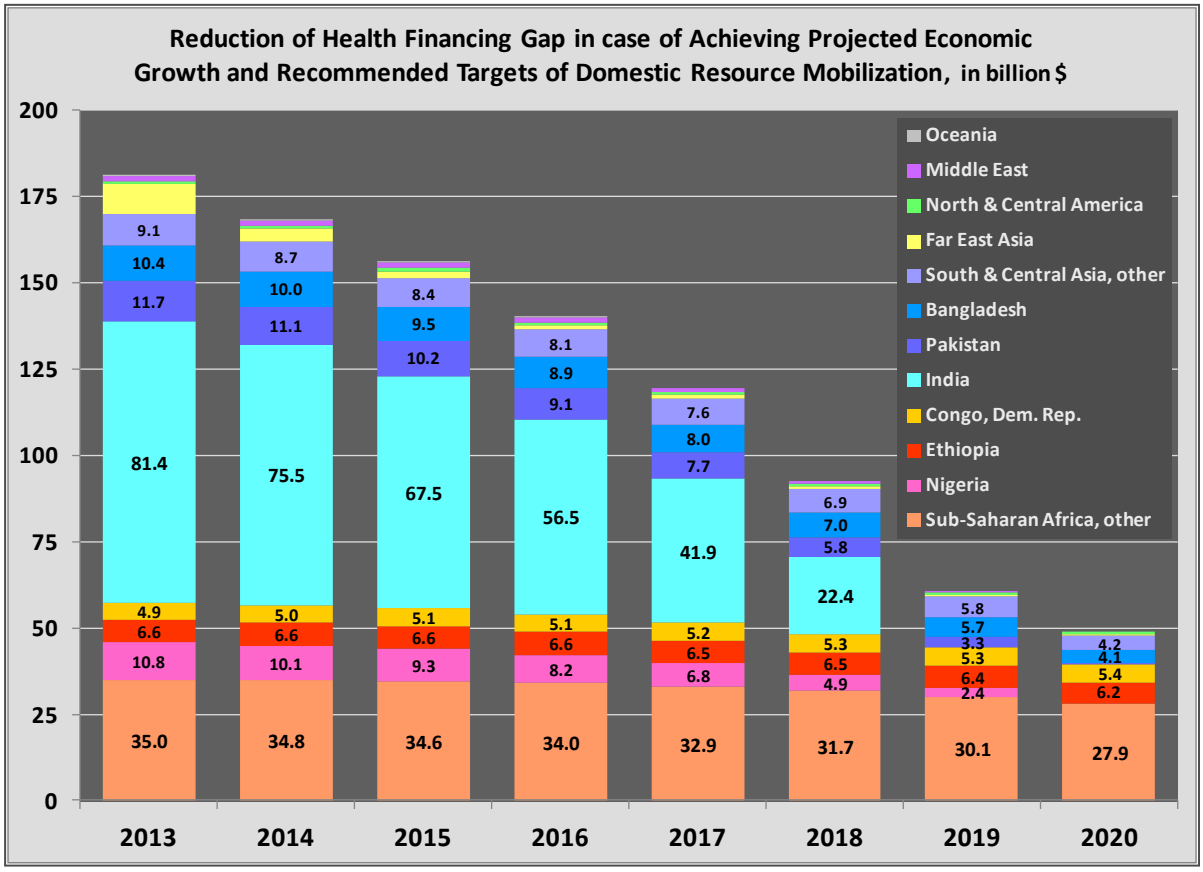
Projected Financing Gap per Capita, 2020, in US Dollars, mixed calculation as described above



As stated in the summary above, the global gap between domestic resource mobilization and minimum health funding needs would be reduced from 181 billion US$ estimated in the year 2013 to 49 billion US$ projected for 2020. With nearly 40 billion US Dollars over 80 % of the remaining need of external financing for health in 2020 would be concentrated in the region south of the Sahara. However, the average financing gap of all 34 sub-Saharan countries that are in need of external support at the beginning of the period would be reduced from 69 US Dollars per capita in 2013 to 48 US Dollars at the end of the decade.

In 19 countries, of which 17 located in Africa, the projected difference between the minimum resource need and the potential to mobilize domestic resources surpasses 50 US Dollars per capita. To help these extremely disadvantaged countries to secure the access of all citizens to essential health services should be at the heart of international cooperation without overlooking other urgent and life-saving programmes in cases of hardship and humanitarian need as mentioned above.

Remarkably, the reduction of the global gap for financing essential health services will depend heavily on the financial efforts of just three countries with huge populations and very low levels of domestic resources for health, both in absolute terms and in relation to their economic capacity: India, Pakistan and Nigeria. With a combined financing deficit of nearly 104 billion US Dollars these countries in 2013 accounted for more than 57 % of the global gap. India and Nigeria are expected to cover the minimum requirements completely with internal government revenue before the decade ends and Pakistan should nearly close the financing gap through its own efforts, too. As the proportions of government revenue and health shares of public expenditure are far below average, all three countries need to make particular financial efforts aiming to increase nationally funded government expenditure for health per capita by 3 (Nigeria) to nearly 6 (India) times. Taken together, they are responsible for almost 79 % of the expected decrease of the total financing gap that is projected to drop by 132 billion US$ between 2013 and 2020.



Necessary Increase of Official Development Assistance (ODA) in support of Health

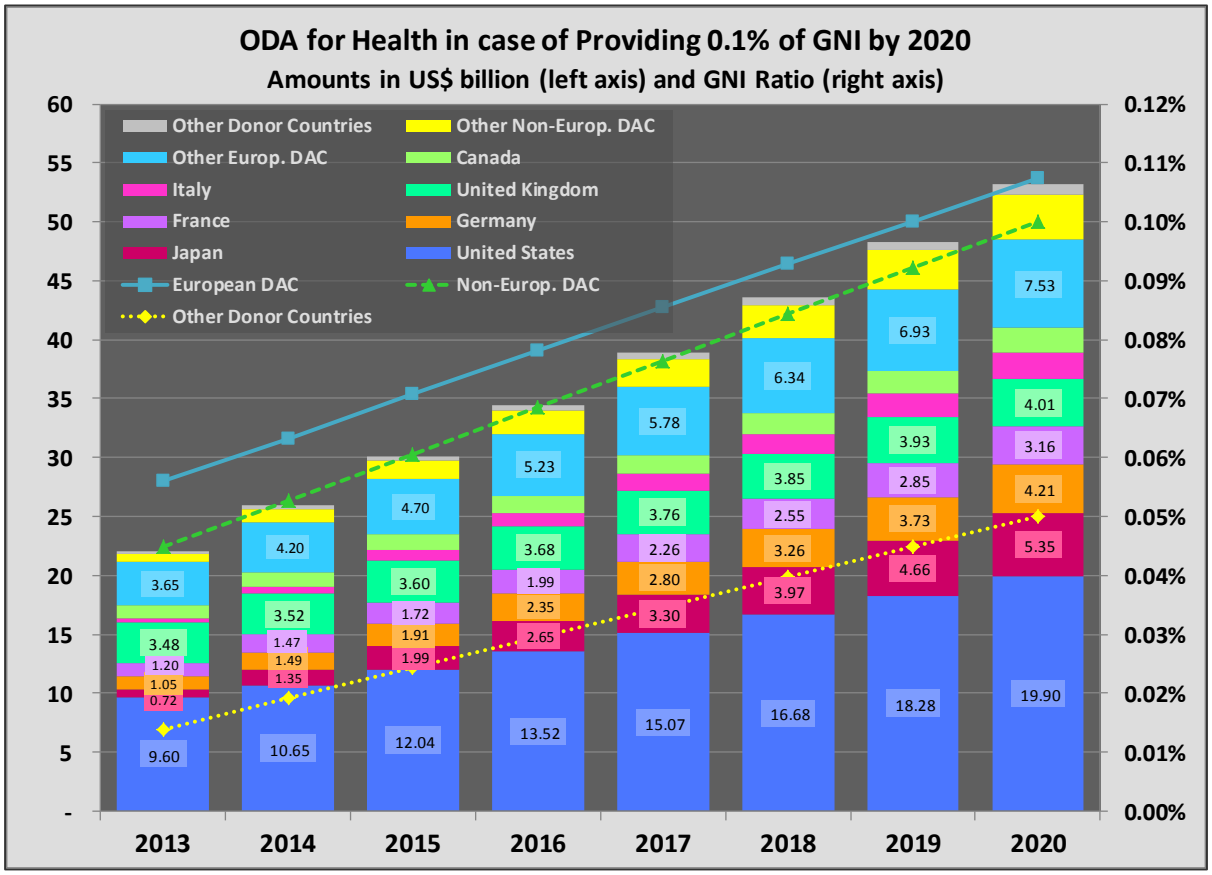
The calculation of the potential volume of financial resources to be provided through international cooperation assumes that all member countries that joined the OECD Development Assistance Committee (DAC) before 2000, will as a minimum meet the recommendation of the WHO Commission on Macroeconomics and Health to provide 0.1 % of GNI to improve health services and conditions in developing countries (exception: Greece). Those few countries that surpass this level are expected to maintain the GNI ratio achieved in 2013. For those countries, which joined the European Union after 2000 the target level to reach by 2020 is set at 0.05 % of GNI in line with the respective commitments to increase total ODA by 2015 agreed by EU for these members. The growth rates of the economic output of all donor countries were calculated on the basis of the data published by IMF in the World Economic Outlook in October 2015.

The initial GNI ratios of ODA grants for health provided by the 17 European DAC member countries in 2013 were derived from the project-level research for both bilateral cooperation and multilateral contributions. For the non-European DAC members the figures for bilateral ODA in support of health are based on officially reported sector classifications of aid activities, whereas the calculation of multilateral aid is resulting from the before-mentioned ODA analysis. The points of departure for the rest of included donor countries were estimated using the DAC information on GNI ratios of total ODA and applying the average health share derived from the study for the 23 European and non-European DAC members.

The adjusted figure of total ODA for health to take into account the differences between exchange rates and internal price levels applies the weighted average of the country-specific ratios of amounts resulting from the mixed calculation and values at market exchange rates. In this procedure only those countries that exhibit a financing gap in the respective year are included, while the relative weight

corresponds to the share of the total required external funding. For 2020 the projected factor calculated this way amounts to 1.76 US$, which means that one US$ (in 2013 terms) buys health-related goods and services that would cost 1.76 US$ in the United States assuming that half of the provided resources are spent in the domestic market and that the local price levels of health commodities are equal to the average of the bundle of goods that make up GDP. Evidently, this factor does only apply if ODA for health is distributed exactly according the foreseen financing needs. Due to the probability explained above that more than 50 % of the required health expenditure may correspond to cost items determined by external economic factors the figures resulting from the adjustment may represent an upper bound estimate.

In order to reach the minimum target of ODA for health set at 0.1 % of GNI all G7 member countries except for United Kingdom will have to multiply their contributions. The aid volumes made available by Italy and Japan, which are among the worst performers regarding the financial effort in support of global health, need to increase by seven times until 2020. Germany should quadruple the amount of development assistance for health for the most disadvantaged countries and populations and France is expected to nearly triple its contribution. According to preliminary estimates of current levels of health ODA the US and Canada would need to double their respective aid volumes. Taken together, G7 countries should provide 41 billion US$ (in 2013 terms) equalling 77 % of the total amount of projected ODA to fill the remaining gap of financing universal health coverage by 2020. If these wealthy countries with the largest economies would contribute just 10 Cent out of 100 US Dollars or euros of their respective national income, the international community could make a huge step forward in one of the most elemental areas of social justice, namely to close the gap between the life chances of the privileged and the underprivileged parts of the world.



Health Financing Perspectives: Potential of developing Countries to Generate Domestic Resources for Health (Part 1)

Countries	Population, millions		GDP per capita (mixed calculation power purchase parities / US$ at exchange rates)		Government Revenue from Domestic Sources as % of GDP		Government Revenue from Domestic Sources per capita		Health Expenditure as % total Gov. Spending		Government Domestic Resources for Health per capita		Minimum Financing Need per capita		Government Domestic Resources for Health as % of Minimum Need		Financing Gap per capita		Total Required External Financing, US$ million	
	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020
Afghanistan	30.552	35.667	1,297	1,450	9.89%	12.42%	128.23	180.08	7.07%	15.00%	9.06	27.01	83.86	83.88	10.81%	32.20%	74.8	56.9	2,285.3	2,028.4
Albania	2.774	3.243	7,790	10,283	19.29%	20.99%	1,502.82	2,157.95	9.85%	15.00%	147.97	323.69	83.77	83.77	176.64%	386.39%	0.0	0.0	0.0	0.0
Algeria	39.208	43.830	9,626	10,662	40.62%	40.62%	3,909.80	4,330.56	9.43%	15.00%	368.86	649.58	84.48	84.75	436.64%	766.46%	0.0	0.0	0.0	0.0
Angola	21.472	26.475	6,138	6,672	40.22%	40.22%	2,468.39	2,683.31	7.74%	15.00%	191.06	402.50	96.66	99.97	197.66%	402.62%	0.0	0.0	0.0	0.0
Antigua and Barbuda	0.090	0.096	17,751	19,861	19.88%	21.62%	3,528.73	4,294.92	14.67%	15.00%	517.65	644.24	83.77	83.77	617.92%	769.03%	0.0	0.0	0.0	0.0
Argentina	41.446	43.835	18,403	17,175	15.15%	16.48%	2,788.29	2,830.72	31.76%	31.76%	885.58	899.05	86.31	87.49	1026.04%	1027.60%	0.0	0.0	0.0	0.0
Armenia	2.977	2.991	5,756	7,038	24.10%	26.22%	1,387.03	1,844.98	7.85%	15.00%	108.89	276.75	84.44	84.91	128.95%	325.93%	0.0	0.0	0.0	0.0
Azerbaijan	9.417	10.030	12,535	15,020	41.85%	41.85%	5,245.30	6,285.39	3.50%	15.00%	183.36	942.81	84.85	85.35	216.09%	1104.69%	0.0	0.0	0.0	0.0
Bangladesh	156.595	169.566	2,101	3,088	10.46%	12.85%	219.77	396.78	7.84%	15.00%	17.23	59.52	83.81	83.82	20.56%	71.00%	66.6	24.3	10,426.3	4,121.3
Belarus	9.466	9.027	12,701	13,147	29.98%	32.62%	3,808.36	4,288.39	13.45%	15.00%	512.30	643.26	86.70	88.52	590.91%	726.66%	0.0	0.0	0.0	0.0
Belize	0.332	0.386	6,362	6,702	26.06%	28.35%	1,657.75	1,899.87	11.90%	15.00%	197.22	284.98	94.78	98.43	208.09%	289.54%	0.0	0.0	0.0	0.0
Benin	10.323	12.344	1,301	1,612	17.01%	18.50%	221.18	298.29	10.65%	15.00%	23.56	44.74	88.09	89.01	26.75%	50.27%	64.5	44.3	666.2	546.4
Bhutan	0.754	0.822	4,882	7,495	22.95%	24.96%	1,120.39	1,871.01	6.58%	15.00%	73.74	280.65	85.20	86.01	86.55%	326.31%	11.5	0.0	8.6	0.0
Bolivia	10.671	11.913	4,352	4,974	23.27%	25.31%	1,012.47	1,258.84	9.68%	15.00%	98.05	188.83	84.53	84.93	116.00%	222.33%	0.0	0.0	0.0	0.0
Botswana	2.021	2.150	11,758	14,018	36.68%	36.68%	4,312.50	5,141.55	8.75%	15.00%	377.41	771.23	259.03	339.02	145.70%	227.49%	0.0	0.0	0.0	0.0
Brazil	200.362	211.102	13,951	13,974	24.25%	26.38%	3,383.22	3,686.38	6.93%	15.00%	234.43	552.96	87.81	89.70	266.99%	616.42%	0.0	0.0	0.0	0.0
Burkina Faso	16.935	20.542	1,182	1,444	17.52%	19.06%	207.01	275.32	13.52%	15.00%	27.99	41.30	87.69	88.45	31.92%	46.69%	59.7	47.1	1,011.0	968.5
Burundi	10.163	12.579	591	620	20.39%	22.18%	120.53	137.59	13.72%	15.00%	16.54	20.64	88.70	89.53	18.64%	23.05%	72.2	68.9	733.4	866.6
Cambodia	15.135	16.947	2,038	2,981	13.16%	14.87%	268.13	443.19	7.73%	15.00%	20.72	66.48	86.76	87.64	23.88%	75.86%	66.0	21.2	999.5	358.5
Cameroon	22.254	26.405	2,107	2,576	17.59%	19.13%	370.58	492.73	8.53%	15.00%	31.62	73.91	98.30	104.65	32.17%	70.62%	66.7	30.7	1,483.8	811.8
Cape Verde	0.499	0.531	4,936	5,794	20.86%	22.70%	1,029.77	1,315.12	10.01%	15.00%	103.09	197.27	85.39	86.37	120.72%	228.41%	0.0	0.0	0.0	0.0
Central African Rep.	4.616	5.286	469	567	11.05%	13.29%	51.89	75.31	15.90%	15.90%	8.25	11.97	99.44	103.59	8.29%	11.56%	91.2	91.6	421.0	484.3
Chad	12.825	15.733	1,827	2,241	19.93%	21.68%	364.12	485.67	5.94%	15.00%	21.62	72.85	93.64	95.42	23.09%	76.35%	72.0	22.6	923.7	355.1
Chile	17.620	18.645	19,100	21,495	22.27%	24.22%	4,252.99	5,206.80	15.35%	15.35%	652.76	799.15	83.77	83.77	779.20%	953.95%	0.0	0.0	0.0	0.0
China	1,357.380	1,432.868	9,582	14,313	11.33%	13.50%	1,085.34	1,931.61	12.63%	15.00%	137.07	289.74	84.41	84.71	162.39%	342.05%	0.0	0.0	0.0	0.0
Colombia	48.321	52.379	10,448	12,281	26.43%	28.75%	2,760.82	3,530.45	16.05%	16.05%	443.24	566.80	86.98	88.36	509.58%	641.48%	0.0	0.0	0.0	0.0
Congo, Dem. Rep.	67.514	81.252	550	722	14.99%	16.31%	82.50	117.79	12.87%	15.00%	10.62	17.67	83.77	83.77	12.68%	21.09%	73.2	66.1	4,938.9	5,371.1
Congo, Rep.	4.448	5.268	4,733	5,115	48.22%	48.22%	2,282.55	2,466.78	8.71%	15.00%	198.73	370.02	83.77	83.77	237.22%	441.69%	0.0	0.0	0.0	0.0
Costa Rica	4.872	5.295	12,406	15,058	24.36%	26.50%	3,021.89	3,989.84	26.89%	26.89%	812.64	1,072.94	85.50	86.23	950.46%	1244.21%	0.0	0.0	0.0	0.0
Cote d'Ivoire	20.316	23.770	2,140	2,952	16.26%	17.69%	348.00	522.22	8.51%	15.00%	29.62	78.33	83.77	83.77	35.36%	93.51%	54.2	5.4	1,100.2	129.3
Dominica	0.072	0.074	8,867	10,523	25.13%	27.34%	2,228.19	2,876.57	11.62%	15.00%	258.94	431.49	83.77	83.77	309.10%	515.07%	0.0	0.0	0.0	0.0
Dominican Republic	10.404	11.235	9,619	12,360	13.68%	15.26%	1,316.21	1,886.42	14.06%	15.00%	185.05	282.96	88.67	90.80	208.70%	311.65%	0.0	0.0	0.0	0.0
Ecuador	15.738	17.416	8,437	8,260	25.26%	27.48%	2,131.33	2,270.03	8.52%	15.00%	181.60	340.51	86.38	87.42	210.25%	389.52%	0.0	0.0	0.0	0.0
Egypt	82.056	91.062	6,983	8,106	21.54%	23.44%	1,504.54	1,899.87	5.55%	15.00%	83.48	284.98	83.82	83.85	99.60%	339.88%	0.3	0.0	27.8	0.0
El Salvador	6.340	6.614	5,830	6,615	20.35%	22.13%	1,186.18	1,464.11	18.19%	18.19%	215.80	266.36	85.56	86.69	252.22%	307.25%	0.0	0.0	0.0	0.0
Equatorial Guinea	0.757	0.909	29,973	20,142	31.82%	31.82%	9,538.06	6,409.68	6.96%	15.00%	663.58	961.45	83.77	83.77	792.12%	1147.69%	0.0	0.0	0.0	0.0
Eritrea	6.333	7.727	872	833	12.95%	14.71%	112.86	122.62	3.60%	15.00%	4.06	18.39	85.49	85.81	4.75%	21.44%	81.4	67.4	515.7	520.9
Ethiopia	94.101	111.521	1,017	1,578	10.88%	13.16%	110.63	207.65	16.43%	16.43%	18.17	34.11	88.83	89.96	20.46%	37.92%	70.7	55.8	6,649.3	6,228.3
Fiji	0.881	0.916	6,215	7,883	24.43%	26.57%	1,518.16	2,094.73	8.87%	15.00%	134.72	314.21	83.77	83.77	160.82%	375.07%	0.0	0.0	0.0	0.0
Gabon	1.672	1.955	15,559	19,674	30.12%	30.12%	4,685.65	5,924.90	7.17%	15.00%	336.12	888.74	110.92	119.75	303.02%	742.14%	0.0	0.0	0.0	0.0

Health Financing Perspectives: Potential of developing Countries to Generate Domestic Resources for Health (Part 2)

Countries	Population, millions		GDP per capita (mixed calculation power purchase parities / US$ at exchange rates)		Government Revenue from Domestic Sources as % of GDP		Government Revenue from Domestic Sources per capita		Health Expenditure as % total Gov. Spending		Government Domestic Resources for Health per capita		Minimum Financing Need per capita		Government Domestic Resources for Health as % of Minimum Need		Financing Gap per capita		Total Required External Financing, US$ million	
	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020
Gambia	1.849	2.297	1,053	1,218	16.23%	17.66%	170.90	215.17	12.97%	15.00%	22.17	32.27	88.01	88.71	25.19%	36.38%	65.8	56.4	121.7	129.6
Georgia	4.477	4.202	6,396	8,806	25.74%	28.00%	1,646.31	2,465.58	6.71%	15.00%	110.49	369.84	84.54	85.17	130.69%	434.22%	0.0	0.0	0.0	0.0
Ghana	25.905	29.746	2,942	3,588	19.37%	21.07%	569.96	756.01	10.56%	15.00%	60.16	113.40	88.35	90.57	68.10%	125.21%	28.2	0.0	730.1	0.0
Grenada	0.106	0.108	9,806	11,784	19.69%	21.42%	1,930.78	2,524.10	9.56%	15.00%	184.66	378.61	83.77	83.77	220.43%	451.95%	0.0	0.0	0.0	0.0
Guatemala	15.468	18.281	5,391	5,845	11.47%	13.60%	618.33	795.08	16.88%	16.88%	104.38	134.22	85.62	86.44	121.91%	155.28%	0.0	0.0	0.0	0.0
Guinea	11.745	13.927	889	989	16.55%	18.00%	147.14	178.06	6.77%	15.00%	9.96	26.71	90.45	91.92	11.01%	29.06%	80.5	65.2	945.3	908.2
Guinea-Bissau	1.704	2.004	1,017	1,188	8.56%	11.42%	87.05	135.68	7.79%	15.00%	6.78	20.35	98.28	101.63	6.90%	20.02%	91.5	81.3	155.9	162.9
Guyana	0.800	0.825	5,144	6,548	24.60%	26.77%	1,265.59	1,752.51	13.87%	15.00%	175.55	262.88	88.96	92.35	197.34%	284.66%	0.0	0.0	0.0	0.0
Haiti	10.317	11.288	1,262	1,450	18.77%	20.42%	236.90	296.06	1.94%	15.00%	4.60	44.41	91.95	94.60	5.00%	46.94%	87.4	50.2	901.2	566.6
Honduras	8.098	9.235	3,453	3,857	21.19%	23.05%	731.68	888.85	12.20%	15.00%	89.28	133.33	85.37	86.16	104.58%	154.74%	0.0	0.0	0.0	0.0
India	1,252.140	1,353.305	3,443	5,218	12.54%	14.41%	431.85	751.85	4.55%	15.00%	19.64	112.78	84.68	85.20	23.19%	132.37%	65.0	0.0	81,434.9	0.0
Indonesia	249.866	269.413	6,890	9,111	15.38%	16.73%	1,059.29	1,523.90	6.63%	15.00%	70.23	228.59	85.15	85.96	82.48%	265.93%	14.9	0.0	3,727.5	0.0
Iran	77.447	84.149	10,781	12,970	29.14%	31.70%	3,141.32	4,110.90	17.53%	17.53%	550.72	720.71	83.77	83.77	657.40%	860.31%	0.0	0.0	0.0	0.0
Jamaica	2.715	2.877	6,791	7,513	31.80%	31.80%	2,159.85	2,389.40	9.72%	15.00%	209.85	358.41	96.00	101.66	218.58%	352.57%	0.0	0.0	0.0	0.0
Jordan	6.459	8.087	8,415	9,464	21.52%	23.41%	1,810.83	2,215.50	13.48%	15.00%	244.05	332.32	83.77	83.77	291.33%	396.70%	0.0	0.0	0.0	0.0
Kazakhstan	17.038	17.519	18,295	21,003	15.14%	16.47%	2,770.67	3,460.15	10.90%	15.00%	302.07	519.02	83.77	83.77	360.58%	619.56%	0.0	0.0	0.0	0.0
Kenya	44.354	52.906	2,143	2,801	17.57%	19.12%	376.64	535.54	5.85%	15.00%	22.04	80.33	105.52	110.17	20.88%	72.92%	83.5	29.8	3,702.9	1,578.6
Kiribati	0.102	0.114	1,645	1,676	66.52%	66.52%	1,094.52	1,114.53	10.03%	15.00%	109.78	167.18	83.77	83.77	131.05%	199.56%	0.0	0.0	0.0	0.0
Kyrgyz Republic	5.720	6.162	2,215	2,660	23.16%	25.19%	512.95	670.06	13.22%	15.00%	67.82	100.51	83.77	83.77	80.95%	119.98%	16.0	0.0	91.3	0.0
Laos	6.770	7.651	3,133	4,549	16.60%	18.05%	519.93	821.27	3.46%	15.00%	17.97	123.19	83.77	83.77	21.45%	147.05%	65.8	0.0	445.5	0.0
Lebanon	4.467	4.877	14,117	16,156	20.32%	22.10%	2,868.38	3,571.13	10.66%	15.00%	305.74	535.67	83.77	83.77	364.97%	639.43%	0.0	0.0	0.0	0.0
Lesotho	2.074	2.226	1,988	2,525	55.62%	55.62%	1,105.94	1,404.52	14.48%	15.00%	160.12	210.68	177.25	232.41	90.33%	90.65%	17.1	21.7	35.5	48.4
Liberia	4.294	5.086	685	820	20.12%	21.88%	137.75	179.40	13.18%	15.00%	18.15	26.91	87.98	88.92	20.63%	30.26%	69.8	62.0	299.8	315.4
Macedonia, FYR	2.107	2.107	8,970	11,253	27.86%	30.30%	2,498.66	3,409.99	13.17%	15.00%	328.95	511.50	83.77	83.77	392.67%	610.58%	0.0	0.0	0.0	0.0
Madagascar	22.925	27.798	938	1,036	10.28%	12.71%	96.45	131.70	11.84%	15.00%	11.42	19.76	85.19	85.47	13.40%	23.11%	73.8	65.7	1,691.3	1,826.7
Malawi	16.363	19.895	691	816	21.67%	23.57%	149.79	192.41	16.23%	16.23%	24.32	31.24	120.62	127.64	20.16%	24.47%	96.3	96.4	1,575.8	1,918.0
Malaysia	29.717	32.858	17,323	21,599	22.07%	24.01%	3,823.59	5,186.16	5.88%	15.00%	224.68	777.92	86.98	88.26	258.32%	881.38%	0.0	0.0	0.0	0.0
Maldives	0.345	0.388	10,284	12,244	24.04%	26.15%	2,472.34	3,201.87	16.27%	16.27%	402.35	521.07	83.77	83.77	480.29%	622.01%	0.0	0.0	0.0	0.0
Mali	15.302	19.060	1,188	1,350	17.55%	19.09%	208.41	257.77	12.32%	15.00%	25.68	38.67	87.59	88.21	29.32%	43.83%	61.9	49.5	947.4	944.4
Mauritania	3.890	4.577	2,762	3,346	26.46%	28.78%	730.79	963.02	5.46%	15.00%	39.92	144.45	83.77	83.77	47.66%	172.43%	43.9	0.0	170.6	0.0
Mauritius	1.296	1.271	13,613	17,376	23.02%	25.04%	3,133.24	4,350.69	9.52%	15.00%	298.36	652.60	91.97	96.73	324.41%	674.68%	0.0	0.0	0.0	0.0
Mexico	122.332	131.955	14,070	15,865	24.28%	26.41%	3,415.74	4,189.91	15.38%	15.38%	525.42	644.51	85.40	86.11	615.23%	748.44%	0.0	0.0	0.0	0.0
Moldova	3.559	3.323	3,471	4,222	31.24%	31.24%	1,084.11	1,318.69	13.41%	15.00%	145.33	197.80	83.77	83.77	173.48%	236.12%	0.0	0.0	0.0	0.0
Mongolia	2.839	3.114	7,705	10,269	25.62%	27.87%	1,973.89	2,861.88	10.28%	15.00%	203.01	429.28	83.77	83.77	242.33%	512.44%	0.0	0.0	0.0	0.0
Morocco	33.008	35.936	5,422	6,896	35.66%	35.66%	1,933.30	2,458.71	6.04%	15.00%	116.68	368.81	84.28	84.57	138.45%	436.12%	0.0	0.0	0.0	0.0
Mozambique	25.834	30.553	856	1,330	22.92%	24.93%	196.18	331.57	8.81%	15.00%	17.29	49.74	121.11	129.48	14.27%	38.41%	103.8	79.7	2,682.2	2,436.5
Myanmar	53.259	56.125	2,730	4,482	6.47%	9.85%	176.60	441.56	1.50%	15.00%	2.66	66.23	85.92	86.73	3.09%	76.37%	83.3	20.5	4,434.7	1,150.2
Namibia	2.303	2.609	8,066	10,666	25.94%	28.22%	2,092.72	3,010.27	13.86%	15.00%	289.97	451.54	203.92	248.13	142.20%	181.98%	0.0	0.0	0.0	0.0
Nepal	27.797	30.001	1,474	1,825	17.46%	19.00%	257.49	346.74	11.87%	15.00%	30.57	52.01	84.62	84.91	36.13%	61.26%	54.0	32.9	1,502.4	986.9
Nicaragua	6.080	6.665	3,158	3,880	16.53%	17.99%	522.13	697.85	20.89%	20.89%	109.08	145.79	84.40	84.75	129.24%	172.02%	0.0	0.0	0.0	0.0

Health Financing Perspectives: Potential of developing Countries to Generate Domestic Resources for Health (Part 2)

Countries	Population, millions		GDP per capita (mixed calculation power purchase parities / US$ at exchange rates)		Government Revenue from Domestic Sources as % of GDP		Government Revenue from Domestic Sources per capita		Health Expenditure as % total Gov. Spending		Government Domestic Resources for Health per capita		Minimum Financing Need per capita		Government Domestic Resources for Health as % of Minimum Need		Financing Gap per capita		Total Required External Financing, US$ million	
	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020
Niger	17.831	23.422	725	937	13.49%	15.12%	97.80	141.71	10.02%	15.00%	9.80	21.26	85.16	85.30	11.50%	24.92%	75.4	64.0	1,343.8	1,500.0
Nigeria	173.615	210.159	4,419	5,085	11.00%	13.25%	485.94	673.58	6.48%	15.00%	31.48	101.04	93.70	97.76	33.59%	103.35%	62.2	0.0	10,803.4	0.0
Pakistan	182.143	203.351	2,925	3,531	14.38%	15.78%	420.65	557.39	4.73%	15.00%	19.89	83.61	83.97	84.08	23.69%	99.44%	64.1	0.5	11,671.6	95.9
Panama	3.864	4.296	14,479	19,386	24.61%	26.77%	3,562.76	5,189.10	12.79%	15.00%	455.73	778.36	88.36	90.16	515.78%	863.30%	0.0	0.0	0.0	0.0
Papua New Guinea	7.321	8.422	2,196	2,626	27.89%	30.34%	612.58	796.81	12.60%	15.00%	77.21	119.52	86.13	87.26	89.65%	136.96%	8.9	0.0	65.3	0.0
Paraguay	6.802	7.607	6,151	7,168	22.58%	24.56%	1,388.99	1,760.76	7.83%	15.00%	108.81	264.11	85.04	85.71	127.95%	308.16%	0.0	0.0	0.0	0.0
Peru	30.376	33.079	9,050	10,599	21.51%	23.39%	1,946.28	2,479.68	14.75%	15.00%	287.06	371.95	86.14	87.14	333.24%	426.83%	0.0	0.0	0.0	0.0
Philippines	98.394	110.404	4,692	6,286	14.45%	15.84%	677.81	995.42	8.55%	15.00%	57.93	149.31	83.82	83.85	69.11%	178.08%	25.9	0.0	2,547.4	0.0
Rwanda	11.777	14.123	1,153	1,567	15.11%	16.44%	174.25	257.52	22.32%	22.32%	38.89	57.48	94.01	96.13	41.37%	59.79%	55.1	38.7	649.1	545.9
Sao Tome & Principe	0.193	0.227	2,311	2,834	15.35%	16.70%	354.76	473.27	5.58%	15.00%	19.79	70.99	85.61	86.43	23.12%	82.13%	65.8	15.4	12.7	3.5
Senegal	14.133	17.123	1,667	2,082	20.18%	21.95%	336.35	457.14	7.61%	15.00%	25.58	68.57	85.26	85.87	30.01%	79.86%	59.7	17.3	843.4	296.1
Serbia	7.164	9.169	9,879	11,244	34.91%	34.91%	3,449.27	3,925.80	14.09%	15.00%	485.95	588.87	84.24	84.33	576.89%	698.26%	0.0	0.0	0.0	0.0
Seychelles	0.089	0.096	20,017	23,488	34.11%	34.11%	6,828.18	8,012.25	9.62%	15.00%	656.56	1,201.84	83.77	83.77	783.74%	1434.64%	0.0	0.0	0.0	0.0
Sierra Leone	6.092	6.894	1,366	1,553	11.38%	13.54%	155.46	210.23	11.41%	15.00%	17.74	31.54	89.41	90.99	19.84%	34.66%	71.7	59.5	436.6	409.9
South Africa	52.982	55.131	9,890	10,180	28.28%	30.77%	2,797.23	3,132.16	14.02%	15.00%	392.22	469.82	215.40	279.78	182.09%	167.92%	0.0	0.0	0.0	0.0
Sri Lanka	21.273	22.338	6,420	9,593	13.86%	15.40%	890.07	1,477.14	7.40%	15.00%	65.90	221.57	83.85	83.89	78.60%	264.11%	17.9	0.0	381.8	0.0
St. Kitts-Nevis	0.054	0.058	16,890	18,720	32.62%	32.62%	5,509.18	6,106.32	7.33%	15.00%	403.66	915.95	83.77	83.77	481.85%	1093.37%	0.0	0.0	0.0	0.0
St. Lucia	0.182	0.192	9,689	10,440	23.04%	25.06%	2,232.53	2,616.71	15.00%	15.00%	334.97	392.62	83.77	83.77	399.86%	468.67%	0.0	0.0	0.0	0.0
St. Vincent & Grenadines	0.109	0.110	8,556	9,977	25.21%	27.42%	2,156.58	2,735.56	14.67%	15.00%	316.27	410.33	83.77	83.77	377.53%	489.82%	0.0	0.0	0.0	0.0
Sudan	37.964	44.499	3,025	3,369	10.75%	13.06%	325.14	440.06	11.38%	15.00%	36.99	66.01	84.47	84.78	43.79%	77.86%	47.5	18.8	1,802.5	835.5
Suriname	0.539	0.570	12,619	14,668	25.49%	27.73%	3,217.08	4,067.86	11.84%	15.00%	380.90	610.18	90.34	93.41	421.62%	653.22%	0.0	0.0	0.0	0.0
Swaziland	1.250	1.368	6,731	6,823	27.94%	30.39%	1,880.33	2,073.35	18.08%	18.08%	339.90	374.80	169.99	218.15	199.95%	171.80%	0.0	0.0	0.0	0.0
Tajikistan	8.208	9.602	1,793	2,123	24.78%	26.96%	444.35	572.32	7.33%	15.00%	32.57	85.85	84.80	85.05	38.41%	100.94%	52.2	0.0	428.7	0.0
Tanzania	49.253	60.385	1,771	2,464	12.61%	14.46%	223.25	356.25	11.17%	15.00%	24.94	53.44	98.84	101.57	25.23%	52.61%	73.9	48.1	3,640.3	2,906.5
Thailand	67.011	67.858	10,714	12,861	20.45%	22.25%	2,191.25	2,861.41	17.01%	17.01%	372.63	486.60	91.04	94.89	409.30%	512.77%	0.0	0.0	0.0	0.0
Timor-Leste	1.178	1.286	5,548	2,291	71.32%	41.28%	3,956.72	945.72	3.02%	15.00%	119.45	141.86	83.96	84.06	142.27%	168.75%	0.0	0.0	0.0	0.0
Togo	6.817	8.076	1,017	1,230	18.59%	20.22%	189.11	248.71	15.38%	15.38%	29.09	38.25	93.50	95.66	31.11%	39.99%	64.4	57.4	439.1	463.6
Tunisia	10.887	11.783	7,668	9,088	31.24%	31.24%	2,395.77	2,839.69	13.33%	15.00%	319.39	425.95	84.12	84.27	379.69%	505.48%	0.0	0.0	0.0	0.0
Turkey	74.933	80.309	14,931	17,427	34.62%	34.62%	5,169.73	6,033.85	10.74%	15.00%	555.33	905.08	83.77	83.77	662.89%	1080.39%	0.0	0.0	0.0	0.0
Turkmenistan	5.240	5.685	10,036	16,290	17.43%	18.96%	1,749.11	3,088.64	8.68%	15.00%	151.85	463.30	83.82	83.83	181.17%	552.64%	0.0	0.0	0.0	0.0
Uganda	37.579	47.088	1,278	1,532	11.16%	13.37%	142.64	204.90	10.22%	15.00%	14.58	30.73	109.44	113.43	13.32%	27.10%	94.9	82.7	3,565.0	3,894.0
Ukraine	45.490	43.164	7,066	6,804	37.49%	37.49%	2,649.30	2,551.05	12.17%	15.00%	322.50	382.66	86.26	88.24	373.87%	433.64%	0.0	0.0	0.0	0.0
Uruguay	3.407	3.482	18,520	22,087	29.90%	32.53%	5,538.14	7,184.81	20.43%	20.43%	1,131.55	1,467.99	83.77	83.77	1350.73%	1752.35%	0.0	0.0	0.0	0.0
Uzbekistan	30.241	31.495	3,538	5,182	36.24%	36.24%	1,282.13	1,877.85	9.68%	15.00%	124.15	281.68	84.40	84.79	147.10%	332.19%	0.0	0.0	0.0	0.0
Vanuatu	0.253	0.292	2,842	2,900	19.43%	21.14%	552.21	613.02	14.13%	15.00%	78.02	91.95	83.77	83.77	93.14%	109.76%	5.7	0.0	1.5	0.0
Venezuela	30.405	33.417	12,886	8,609	28.26%	30.74%	3,641.78	2,646.72	4.31%	15.00%	157.10	397.01	87.41	88.91	179.72%	446.55%	0.0	0.0	0.0	0.0
Vietnam	89.709	97.057	3,603	5,079	22.89%	24.90%	824.74	1,264.69	9.33%	15.00%	76.93	189.70	85.27	86.14	90.21%	220.23%	8.3	0.0	748.7	0.0
Yemen	24.407	28.423	2,681	2,221	23.37%	25.42%	626.44	564.56	3.93%	15.00%	24.64	84.68	83.91	83.97	29.37%	100.85%	59.3	0.0	1,446.4	0.0
Zambia	14.539	18.252	2,889	3,399	17.29%	18.80%	499.42	639.25	12.57%	15.00%	62.78	95.89	124.53	139.15	50.41%	68.91%	61.8	43.3	897.8	789.7
Zimbabwe	14.150	17.118	1,504	1,699	27.60%	30.03%	415.23	510.09	10.52%	15.00%	43.70	76.51	143.42	155.16	30.47%	49.31%	99.7	78.6	1,411.1	1,346.2

Projection of Health ODA by Donor Countries, US$ million

Countries	Gross National Income (GNI)		Share of Gross National Income		Health ODA as % of GNI		Projected ODA for Health, US$ millions		Share of ODA for Health		Increase of Health ODA in relation to 2013	Rate of Increase in relation to 2013
	2013	2020	2013	2020	2013	2020	2013	2020	2013	2020	2020	2020
Australia	1,464,362	1,986,586	3.2%	3.8%	0.040%	0.100%	588.0	1,986.6	2.7%	3.7%	1,398.6	237.9%
Austria	428,299	462,061	0.9%	0.9%	0.013%	0.100%	56.5	462.1	0.3%	0.9%	405.5	717.4%
Belgium	507,543	574,218	1.1%	1.1%	0.056%	0.100%	284.1	574.2	1.3%	1.1%	290.1	102.1%
Bulgaria	51,136	58,798	0.1%	0.1%	0.015%	0.050%	7.6	29.4	0.0%	0.1%	21.8	288.5%
Canada	1,799,143	2,080,487	3.9%	4.0%	0.059%	0.100%	1,066.35	2,080.49	4.8%	3.9%	1,014.13	95.1%
Cyprus	20,770	22,418	0.0%	0.0%	0.015%	0.050%	3.07	11.21	0.0%	0.0%	8.14	264.7%
Czech Republic	185,365	231,151	0.4%	0.4%	0.016%	0.050%	30.2	115.6	0.1%	0.2%	85.4	283.0%
Denmark	343,665	393,092	0.8%	0.7%	0.073%	0.100%	251.4	393.1	1.1%	0.7%	141.7	56.4%
Estonia	24,252	29,578	0.1%	0.1%	0.022%	0.050%	5.4	14.8	0.0%	0.0%	9.4	174.7%
Finland	268,120	285,782	0.6%	0.5%	0.052%	0.100%	140.2	285.8	0.6%	0.5%	145.5	103.8%
France	2,793,907	3,161,376	6.1%	6.0%	0.043%	0.100%	1,202.1	3,161.4	5.5%	5.9%	1,959.3	163.0%
Germany	3,735,767	4,207,206	8.2%	8.0%	0.028%	0.100%	1,050.9	4,207.2	4.8%	7.9%	3,156.3	300.3%
Greece	241,484	258,057	0.5%	0.5%	0.007%	0.050%	18.1	129.0	0.1%	0.2%	110.9	612.9%
Hungary	124,411	156,002	0.3%	0.3%	0.018%	0.050%	22.1	78.0	0.1%	0.1%	55.9	253.0%
Iceland	13,759	19,092	0.0%	0.0%	0.031%	0.050%	4.3	9.5	0.0%	0.0%	5.3	123.2%
Ireland	183,108	255,811	0.4%	0.5%	0.079%	0.100%	143.8	255.8	0.7%	0.5%	112.0	77.9%
Italy	2,058,747	2,274,391	4.5%	4.3%	0.016%	0.100%	332.3	2,274.4	1.5%	4.3%	1,942.1	584.4%
Japan	5,100,618	5,345,635	11.2%	10.2%	0.014%	0.100%	723.1	5,345.6	3.3%	10.1%	4,622.5	639.3%
Korea	1,314,696	1,656,825	2.9%	3.2%	0.009%	0.100%	123.1	1,656.8	0.6%	3.1%	1,533.7	1245.5%
Latvia	31,041	38,697	0.1%	0.1%	0.012%	0.050%	3.7	19.3	0.0%	0.0%	15.7	426.5%
Lithuania	44,280	54,304	0.1%	0.1%	0.016%	0.050%	7.2	27.2	0.0%	0.1%	19.9	276.7%
Luxembourg	42,862	48,166	0.1%	0.1%	0.186%	0.186%	79.7	89.6	0.4%	0.2%	9.9	12.4%
Malta	8,946	11,055	0.0%	0.0%	0.030%	0.050%	2.6	5.5	0.0%	0.0%	2.9	108.7%
Netherlands	812,759	962,075	1.8%	1.8%	0.094%	0.100%	762.8	962.1	3.5%	1.8%	199.3	26.1%
New Zealand	174,224	205,704	0.4%	0.4%	0.022%	0.100%	37.8	205.7	0.2%	0.4%	167.9	443.7%
Norway	519,299	595,092	1.1%	1.1%	0.147%	0.147%	762.9	874.8	3.5%	1.6%	111.9	14.7%
Poland	495,662	644,210	1.1%	1.2%	0.012%	0.050%	58.7	322.1	0.3%	0.6%	263.4	448.9%
Portugal	215,399	243,181	0.5%	0.5%	0.016%	0.100%	35.5	243.2	0.2%	0.5%	207.7	585.1%
Romania	180,846	227,025	0.4%	0.4%	0.010%	0.050%	18.7	113.5	0.1%	0.2%	94.8	505.9%
Slovak Republic	92,164	118,207	0.2%	0.2%	0.012%	0.050%	10.9	59.1	0.0%	0.1%	48.2	441.6%
Slovenia	46,559	54,766	0.1%	0.1%	0.019%	0.050%	9.0	27.4	0.0%	0.1%	18.4	205.7%
Spain	1,350,268	1,593,816	3.0%	3.0%	0.014%	0.100%	187.5	1,593.8	0.9%	3.0%	1,406.3	750.2%
Sweden	574,809	684,248	1.3%	1.3%	0.128%	0.128%	736.7	876.9	3.3%	1.6%	140.3	19.0%
Switzerland	717,517	786,262	1.6%	1.5%	0.027%	0.100%	191.2	786.3	0.9%	1.5%	595.1	311.3%
United Kingdom	2,536,220	2,928,929	5.5%	5.6%	0.137%	0.137%	3,479.5	4,012.6	15.8%	7.5%	533.1	15.3%
United States	17,204,300	19,896,299	37.6%	37.9%	0.056%	0.100%	9,602.7	19,896.3	43.6%	37.4%	10,293.6	107.2%
Total	45,706,306	52,550,603	100.0%	100.0%	0.048%	0.101%	22,039.8	53,186.4	100.0%	100.0%	31,146.7	141.3%