



Health Financing

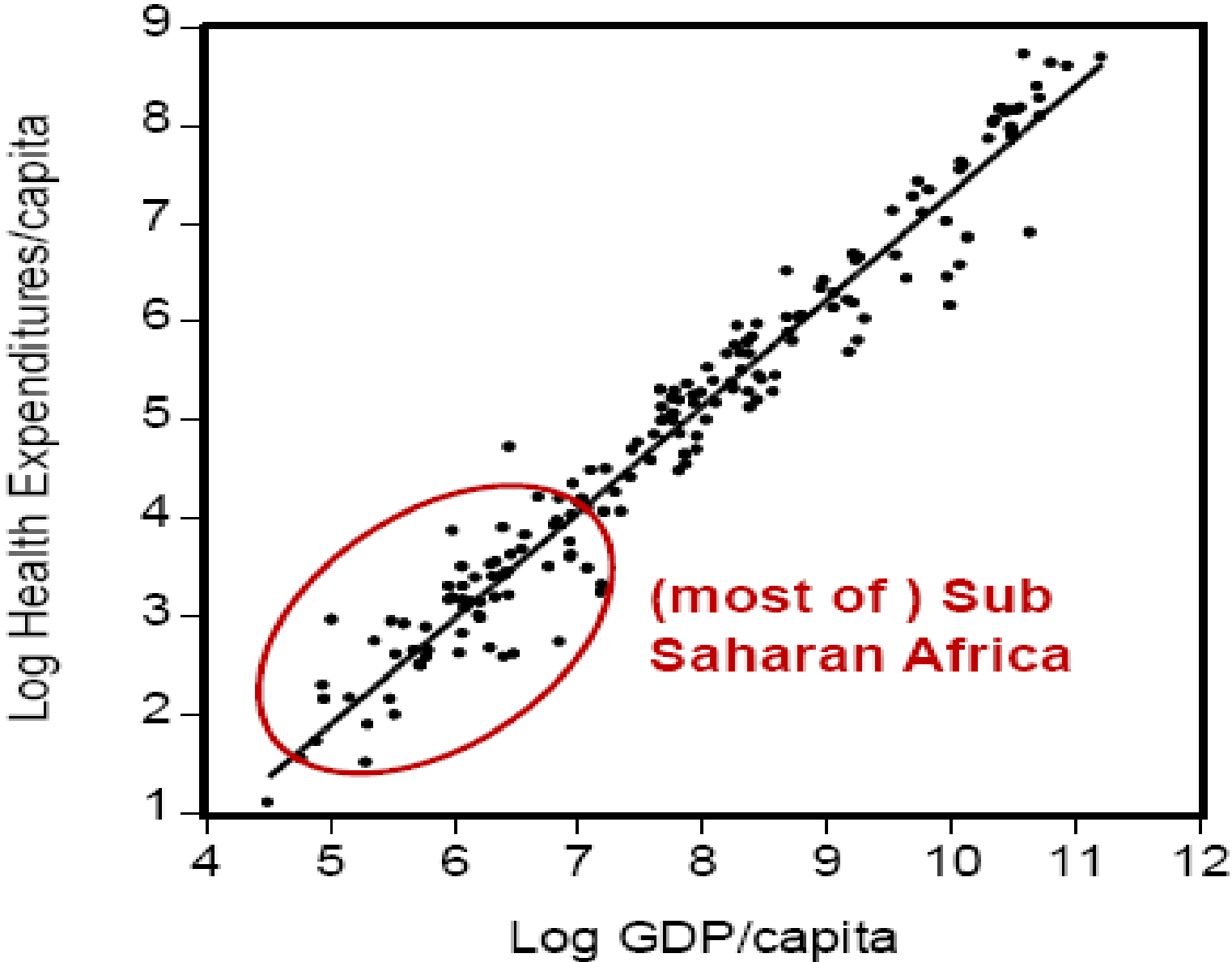
Professor Alan Whiteside



What Determines Health Financing?

- Need (i.e.: burden of disease)
- Budget (i.e.: Abuja Declaration 15% target)
- Supply/capacity (i.e.: CAT Scan machines)
- Profit (i.e.: rate of return)
- Demand (i.e.: elective)
- Advocacy (i.e.: voice)

Health Expenditure Per Capita Predicted by GDP (US\$)

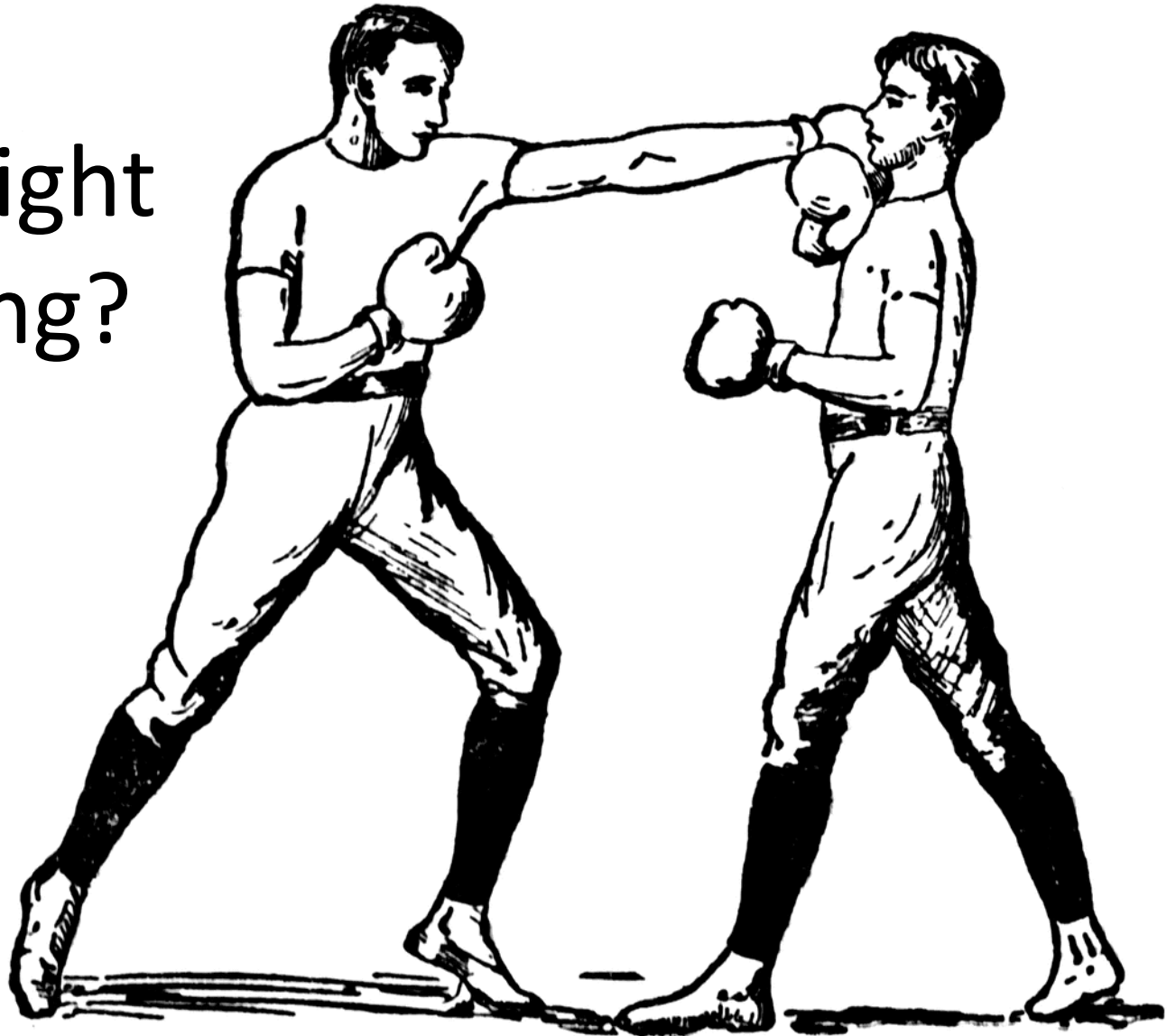




Sources of Financing

- Public
 - Government
 - National
 - Provincial
 - Municipal
- Private
 - Health insurance/medical schemes
 - Out-of-pocket
- Development Assistance for Health (DAH)
 - Bilateral
 - Multilateral
 - Philanthropy
 - Religious

Did/does HIV
and AIDS
Have to Fight
for Funding?



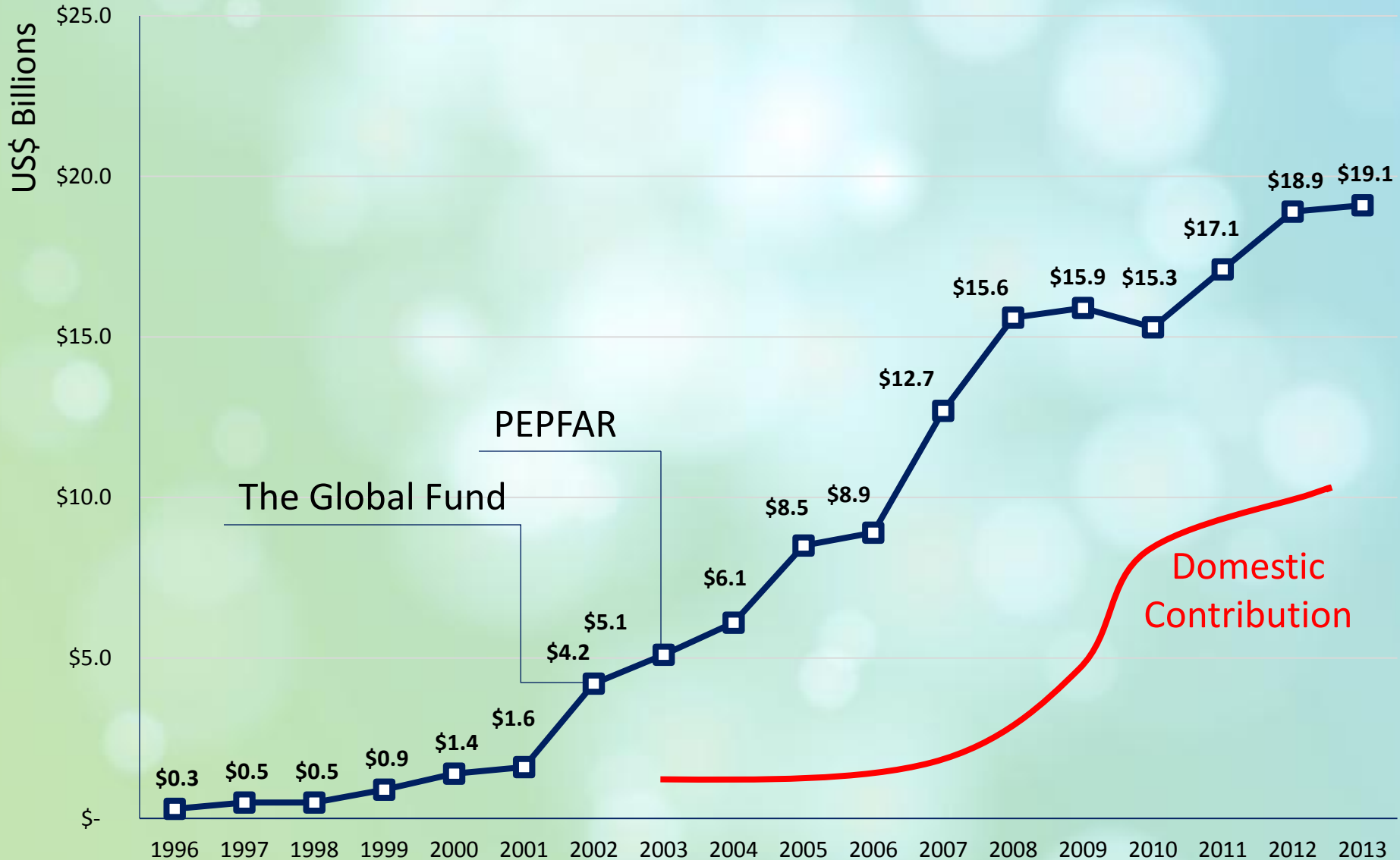
#ADHERENCE2015



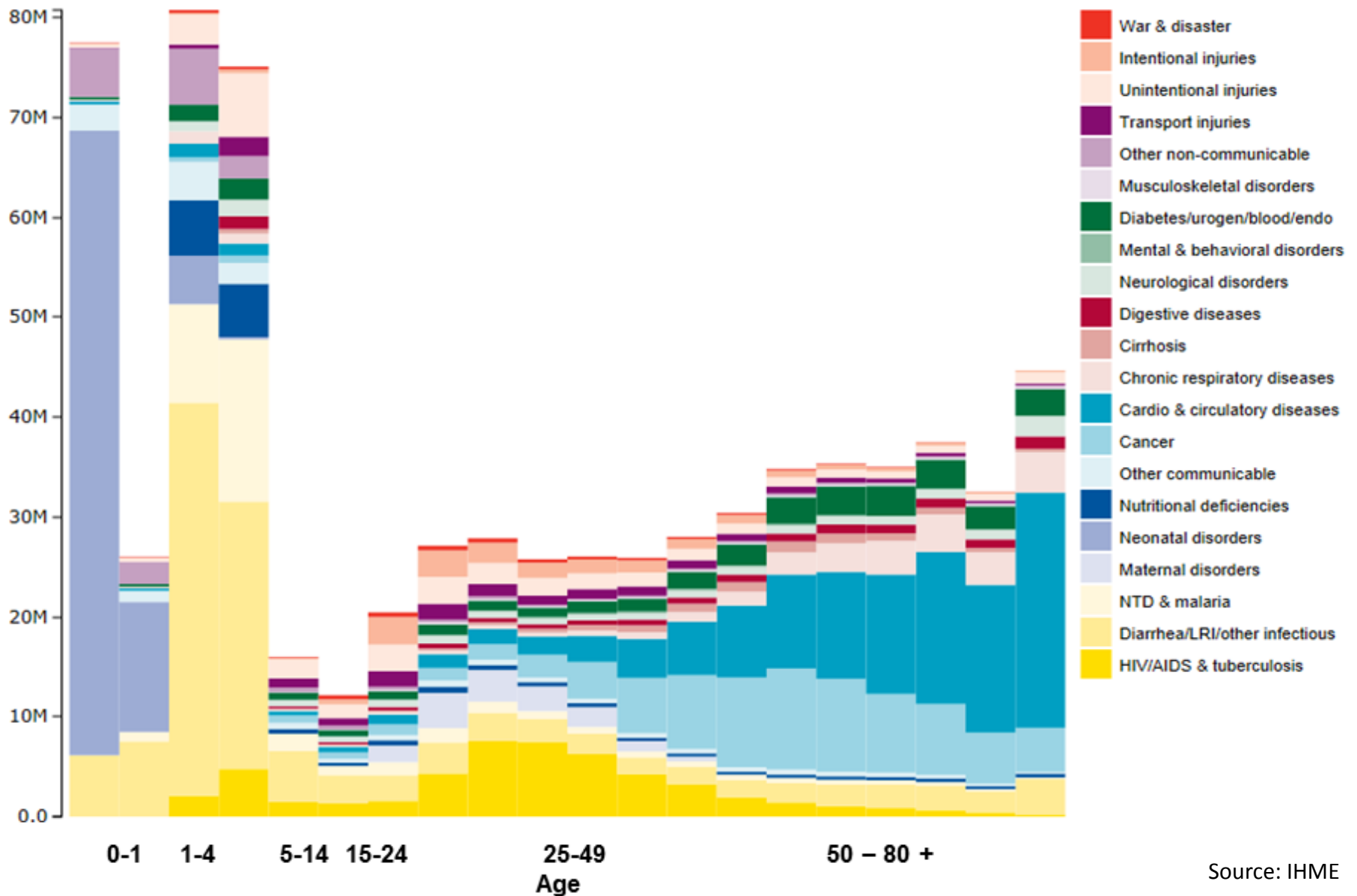
Focus on HIV



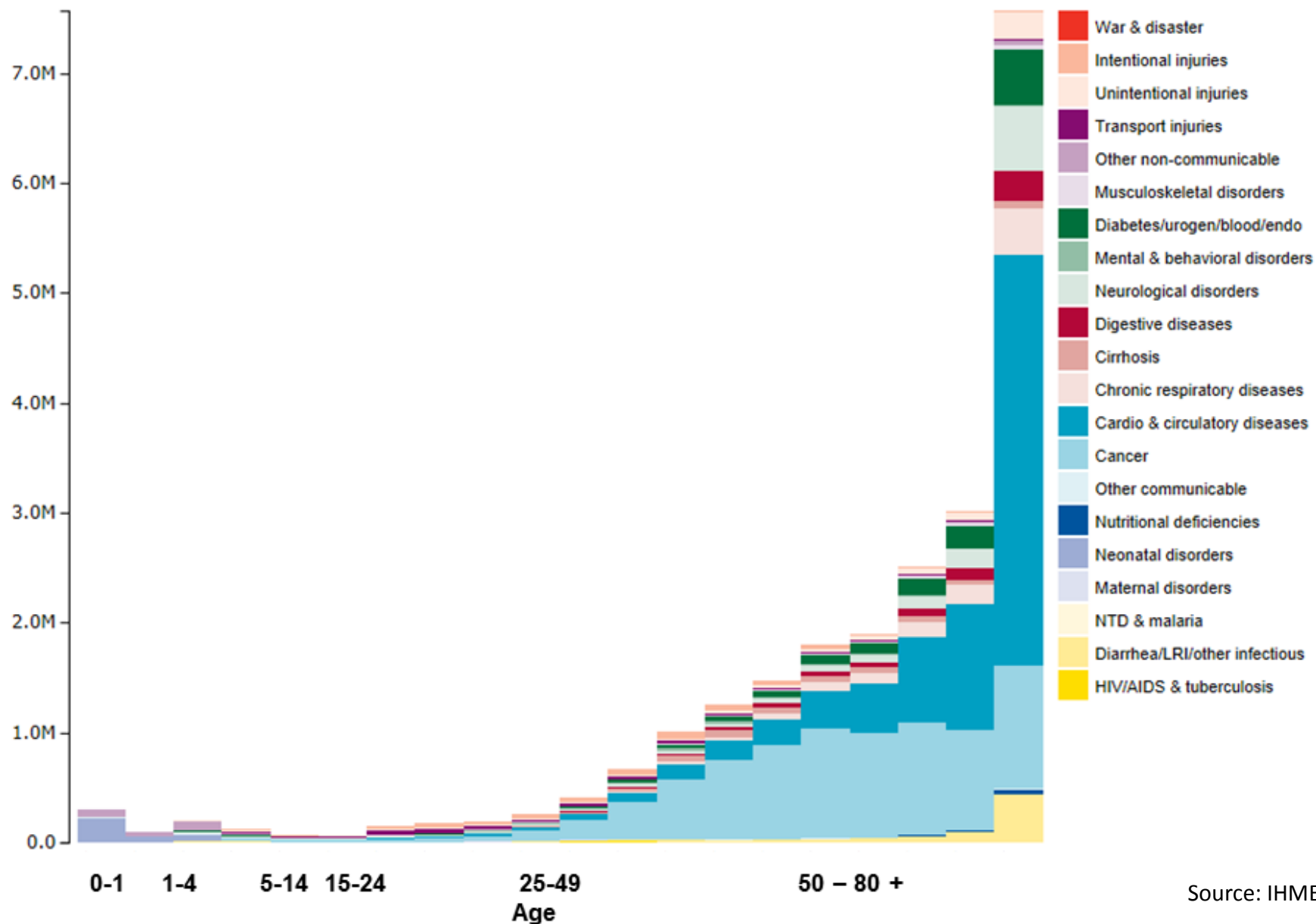
Total Annual Funding for HIV/AIDS



Years of Life Lost by Cause (Global, Women, 2010)

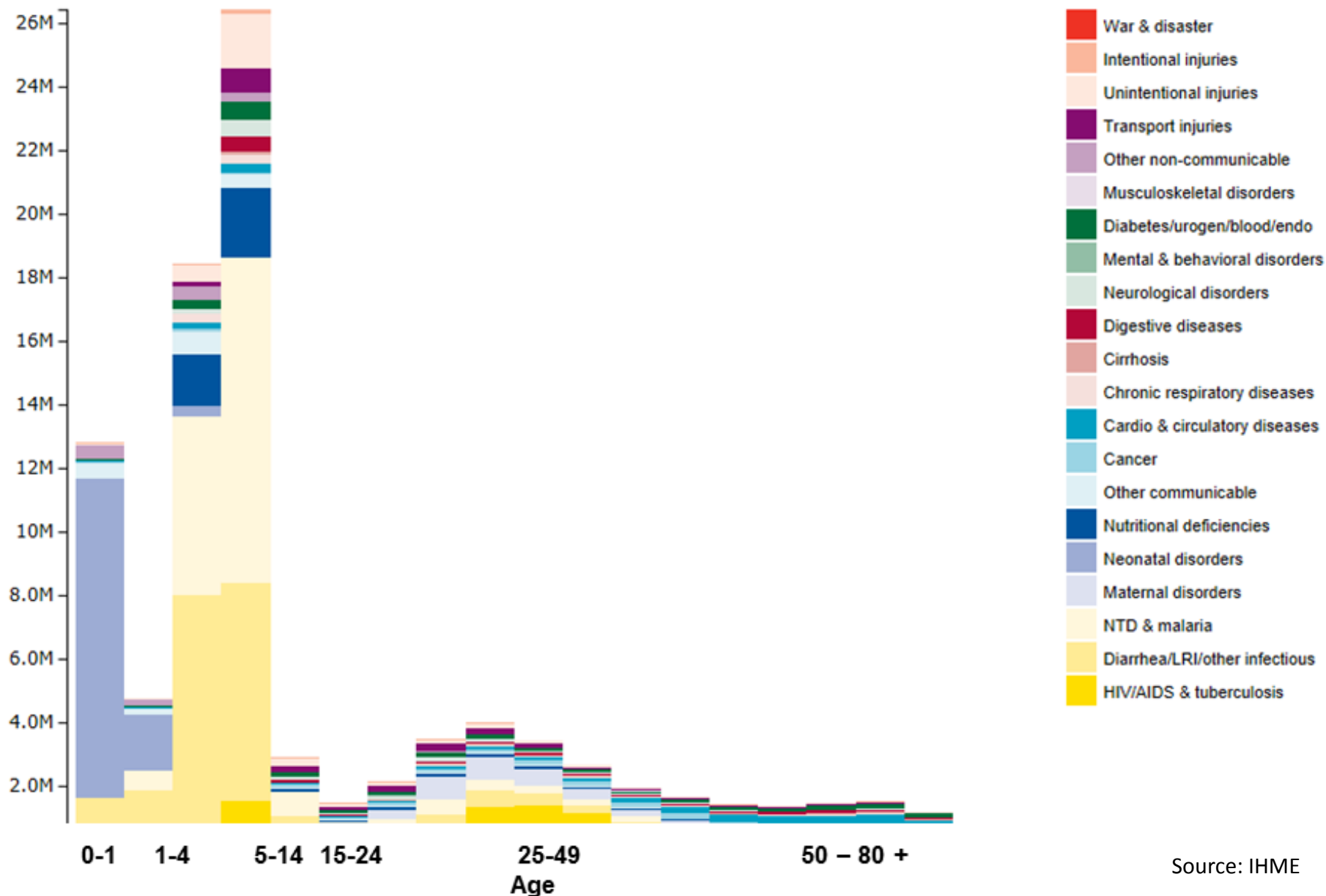


Years of Life Lost by Cause (Western Europe, Women, 2010)



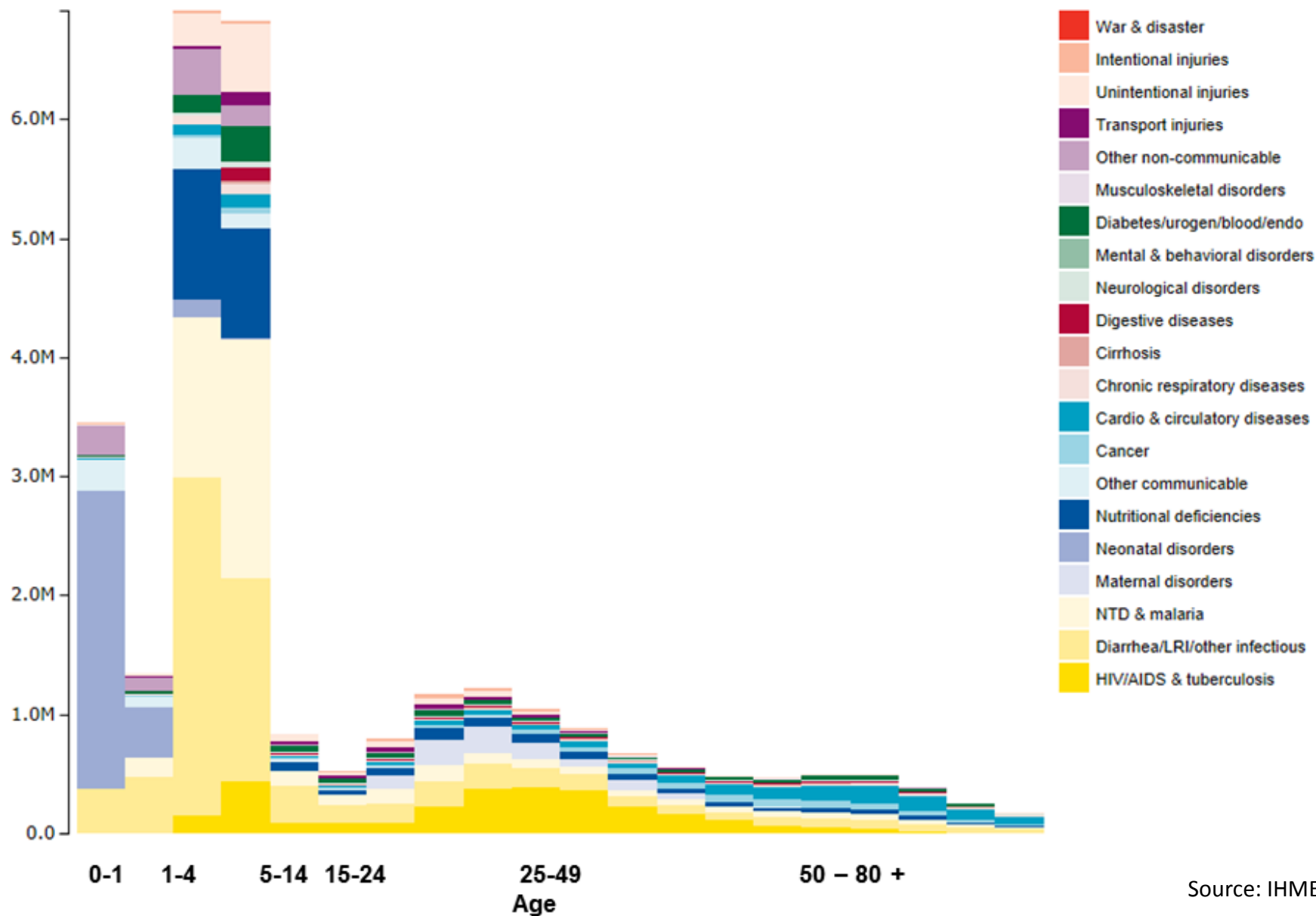
Source: IHME

Years of Life Lost by Cause (Western Africa, Women, 2010)

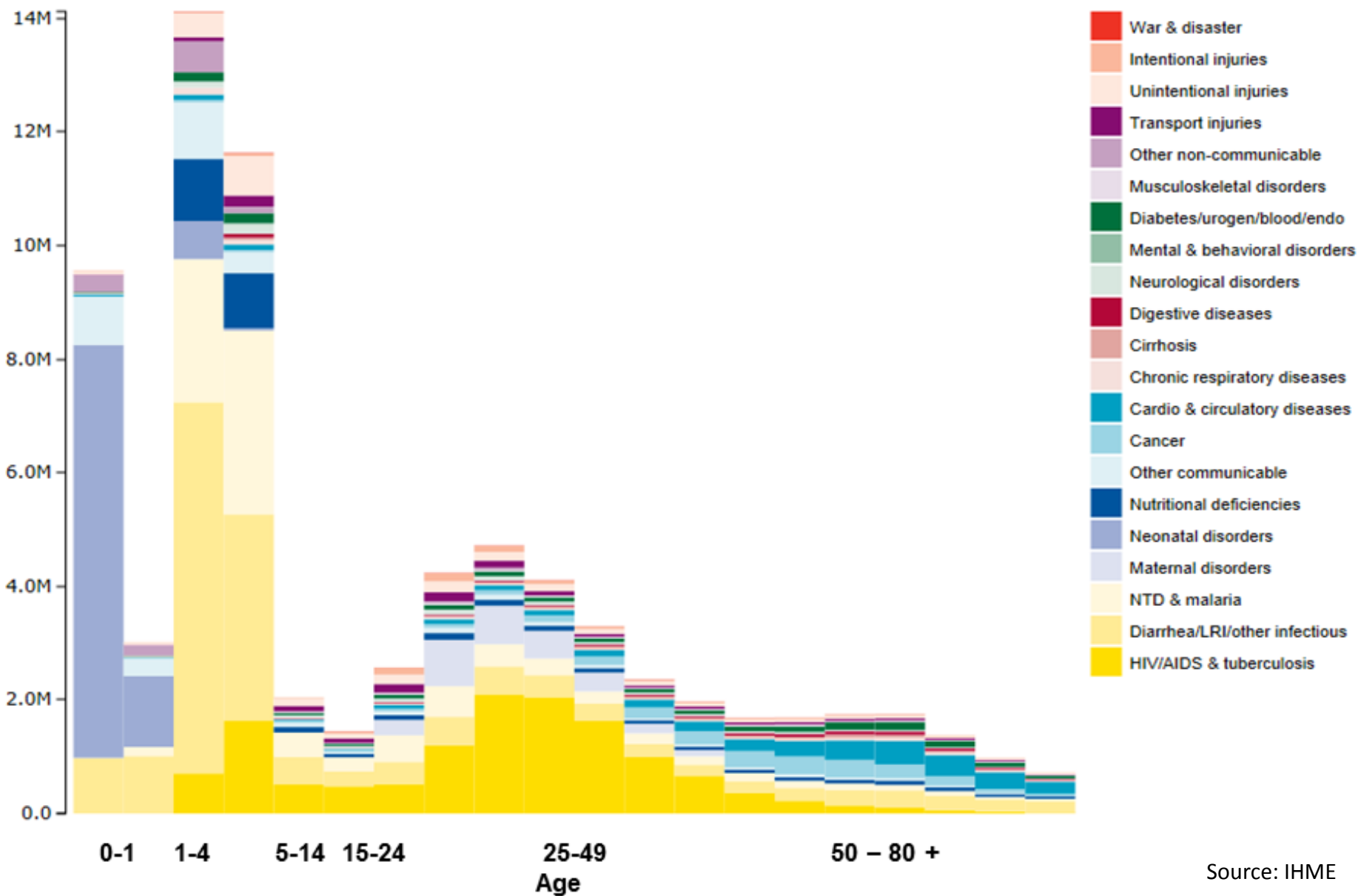


Source: IHME

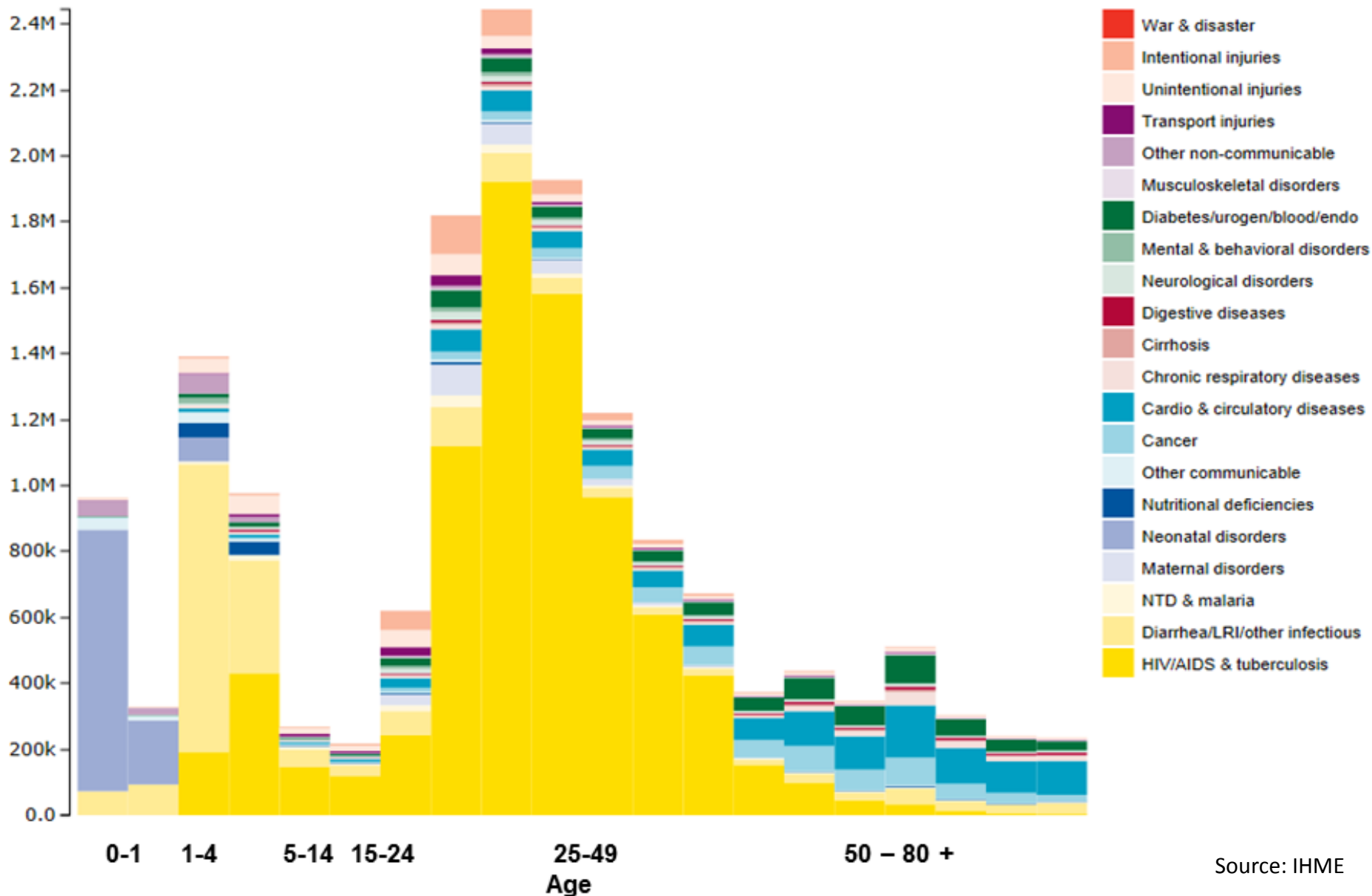
Years of Life Lost by Cause (Central Africa, Women, 2010)



Years of Life Lost by Cause (Eastern Africa, Women, 2010)



Years of Life Lost by Cause (Southern Africa, Women, 2010)

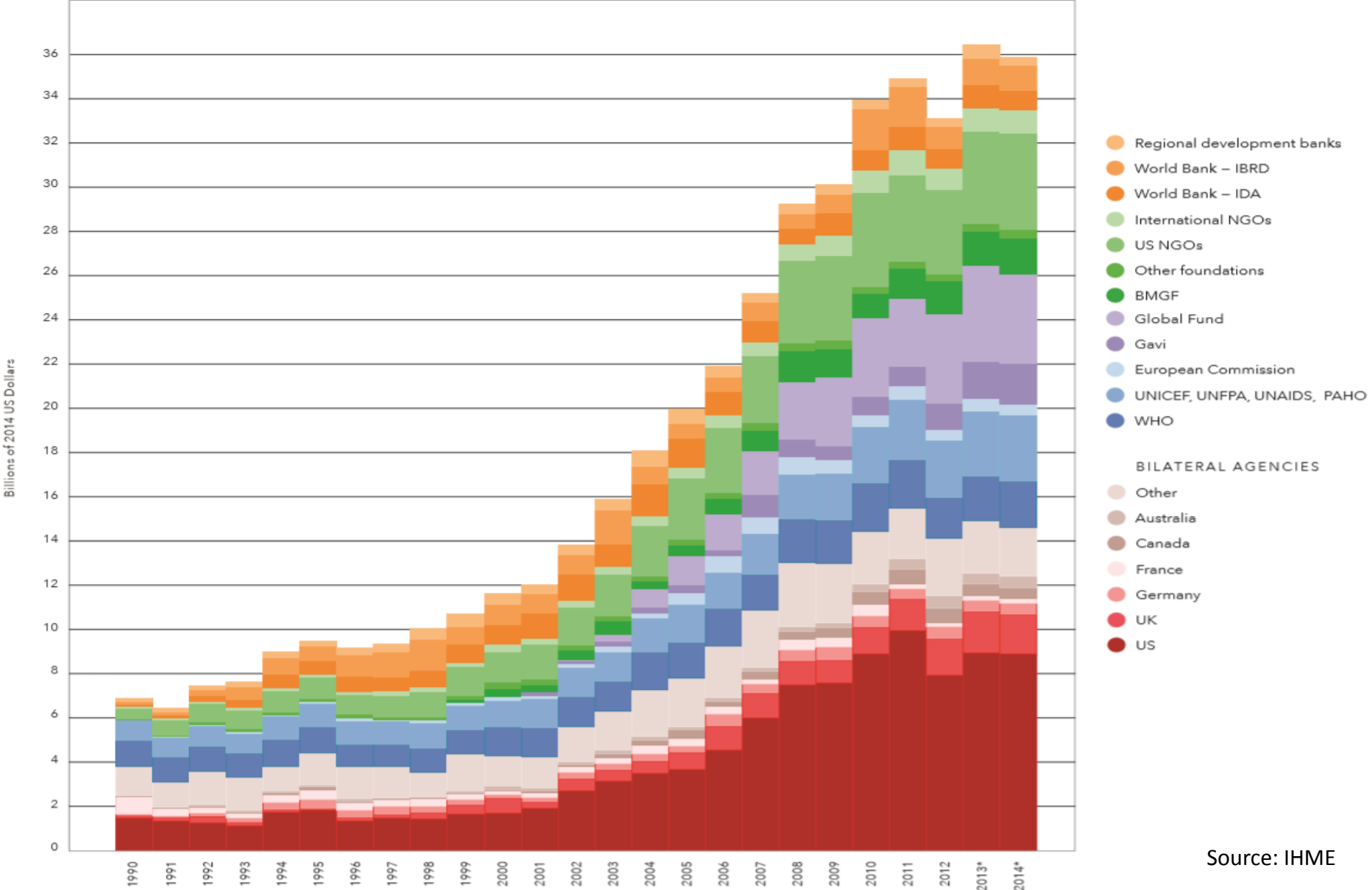


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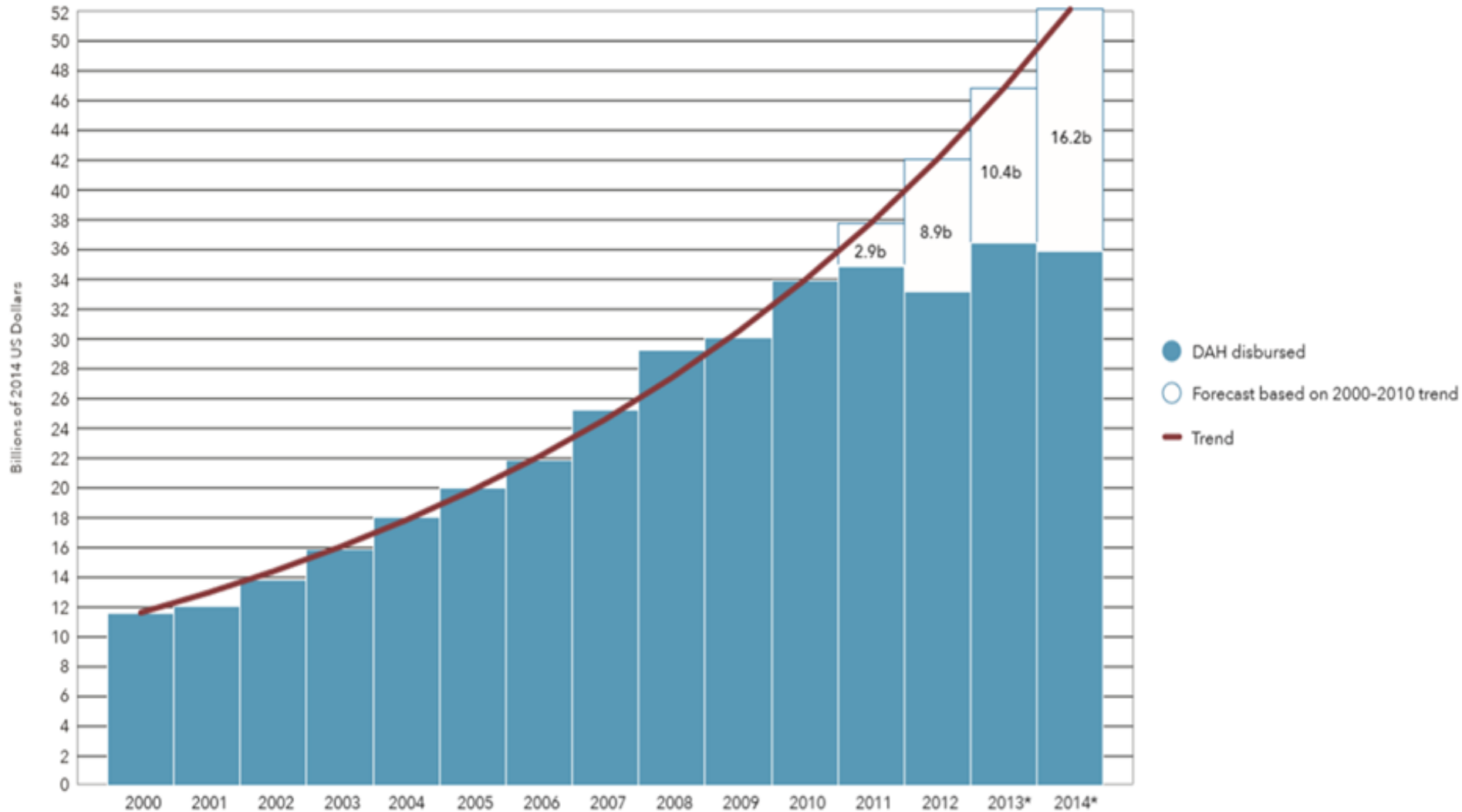
Financing for Health

DAH by Channel of Assistance, 1990-2014

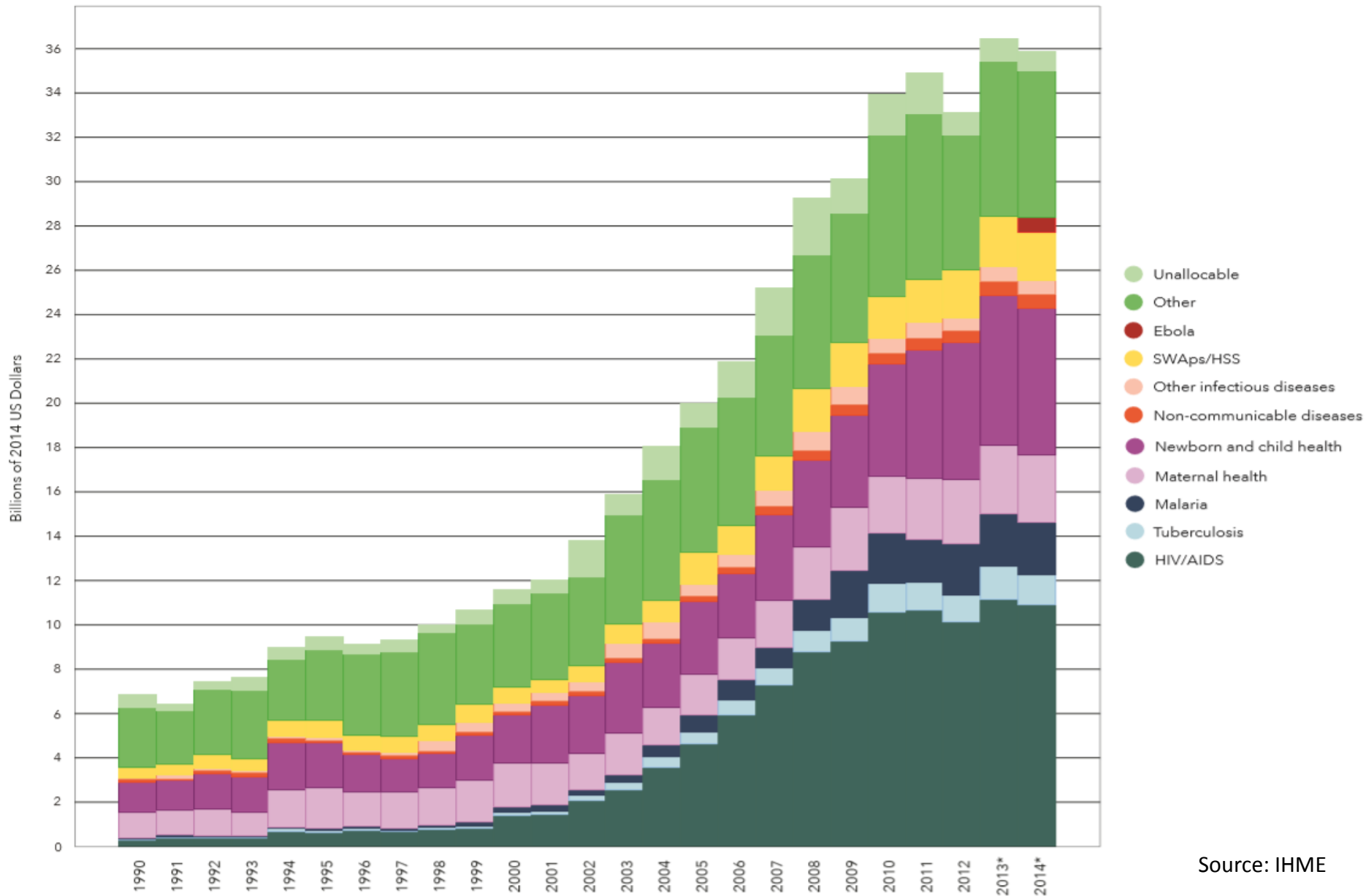


Source: IHME

Total DAH, 2000-2014 (Observed vs. Potential)

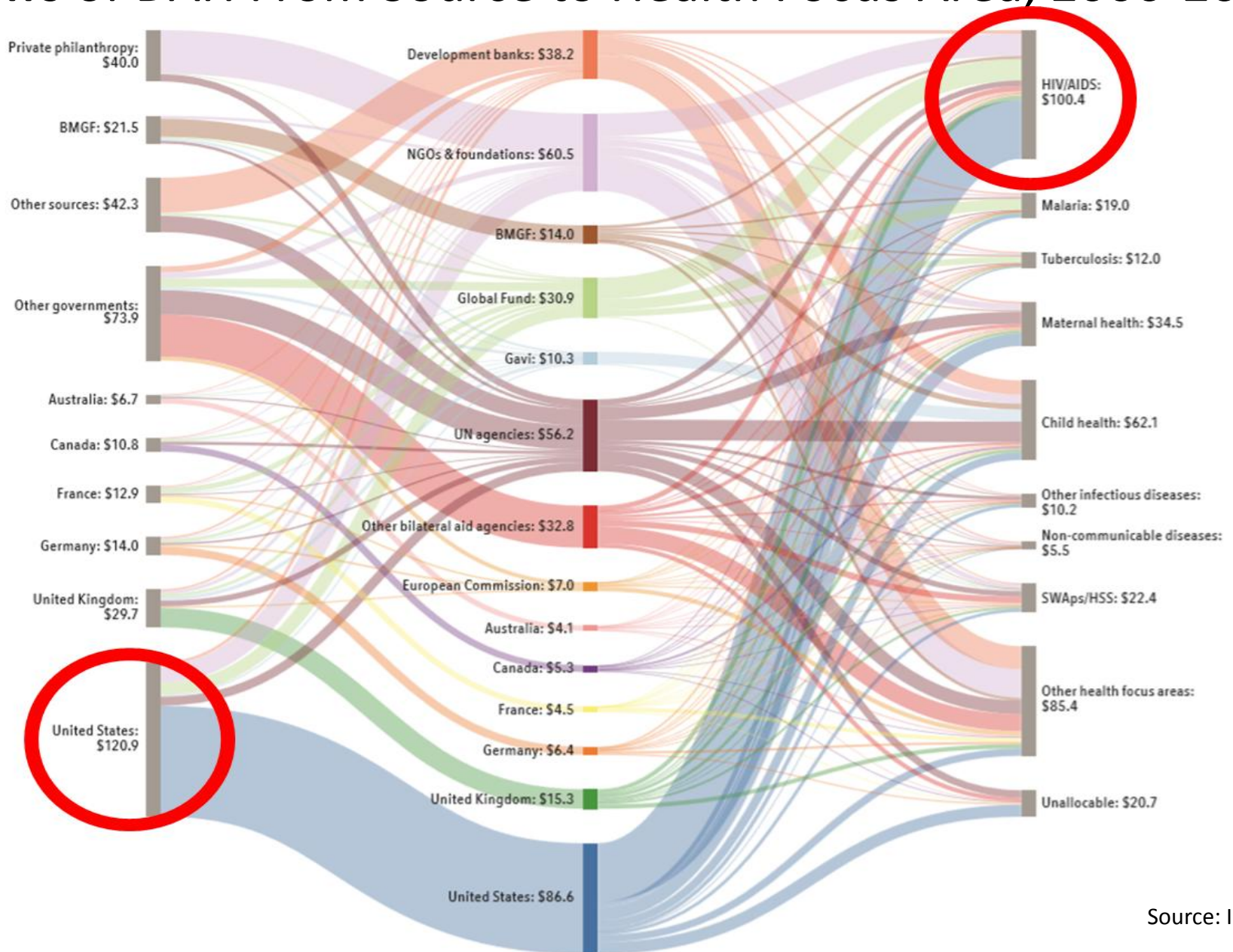


DAH by Health Focus Area, 1990-2014

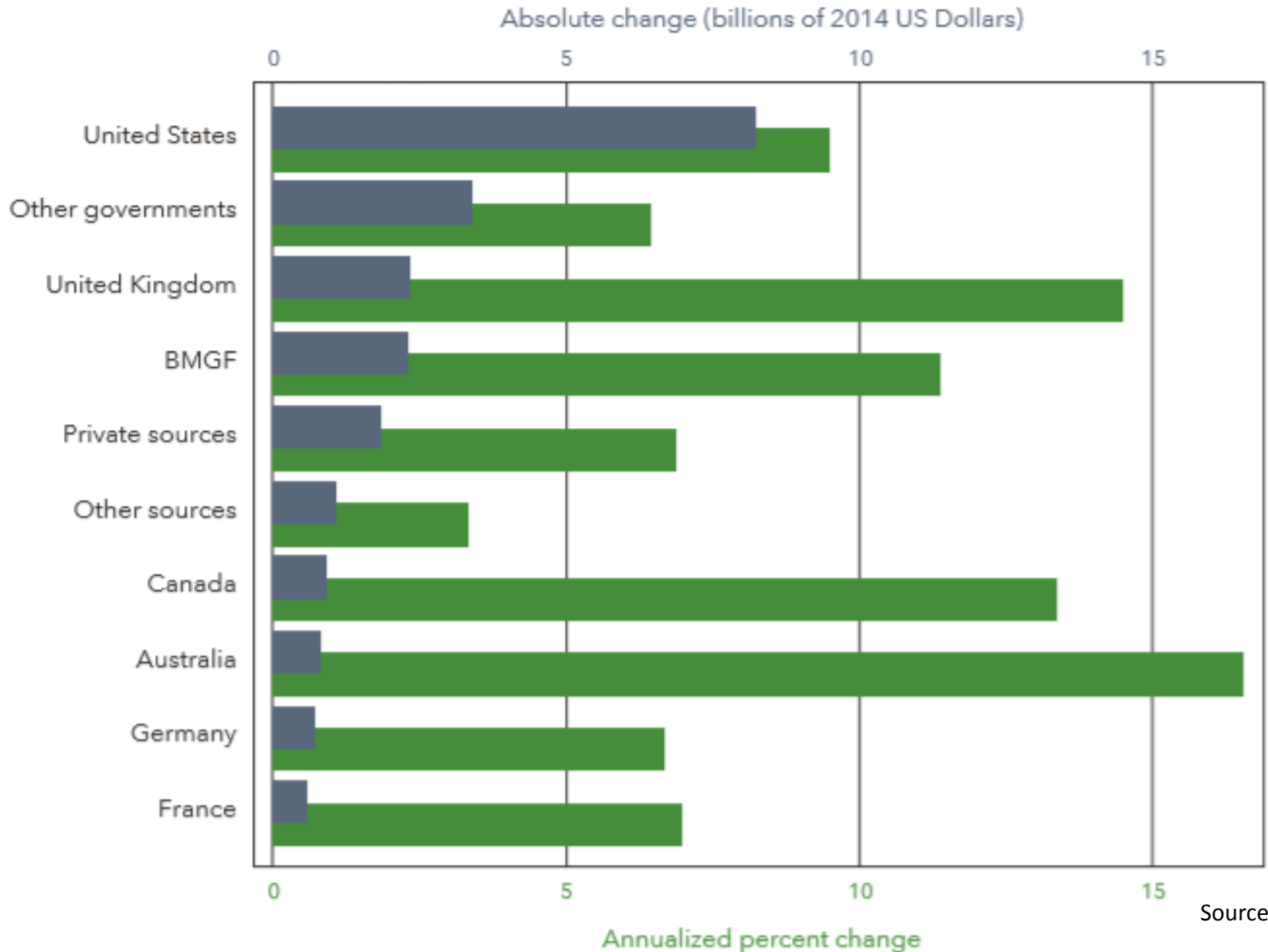


Source: IHME

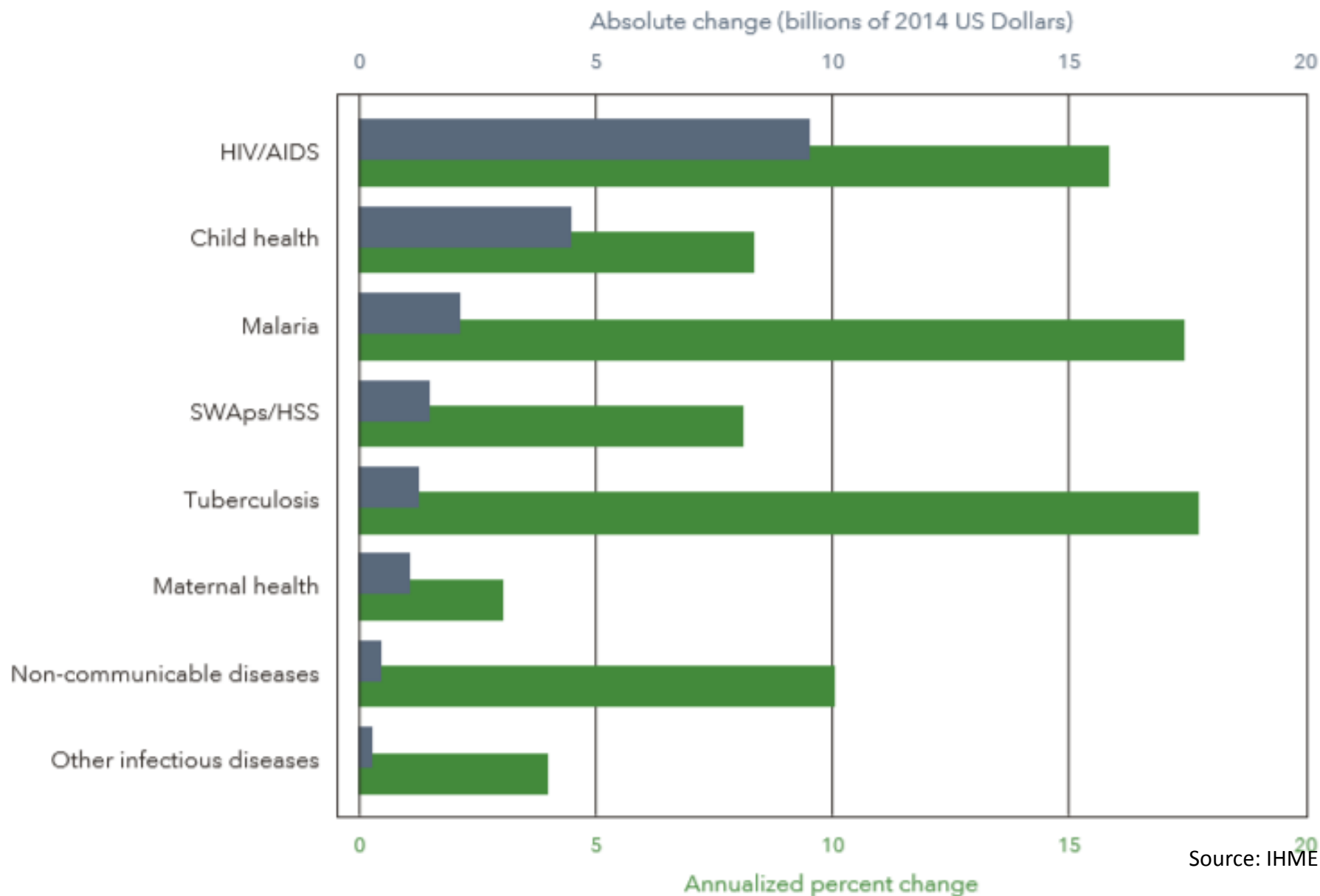
Flows of DAH From Source to Health Focus Area, 2000-2014



Change in DAH by Source, 2000-2014



Change in DAH by Health Focus Area, 2000-2014

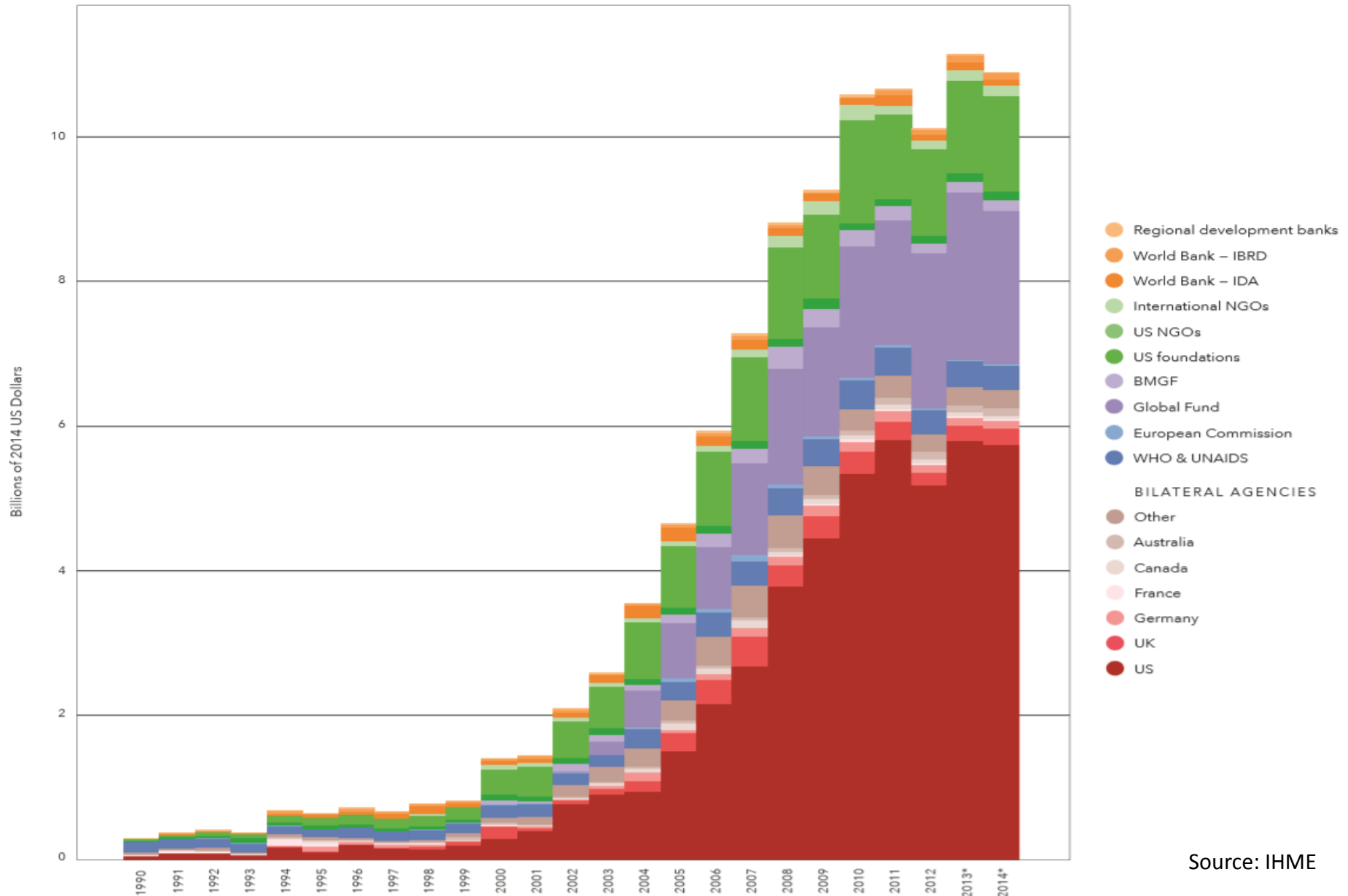


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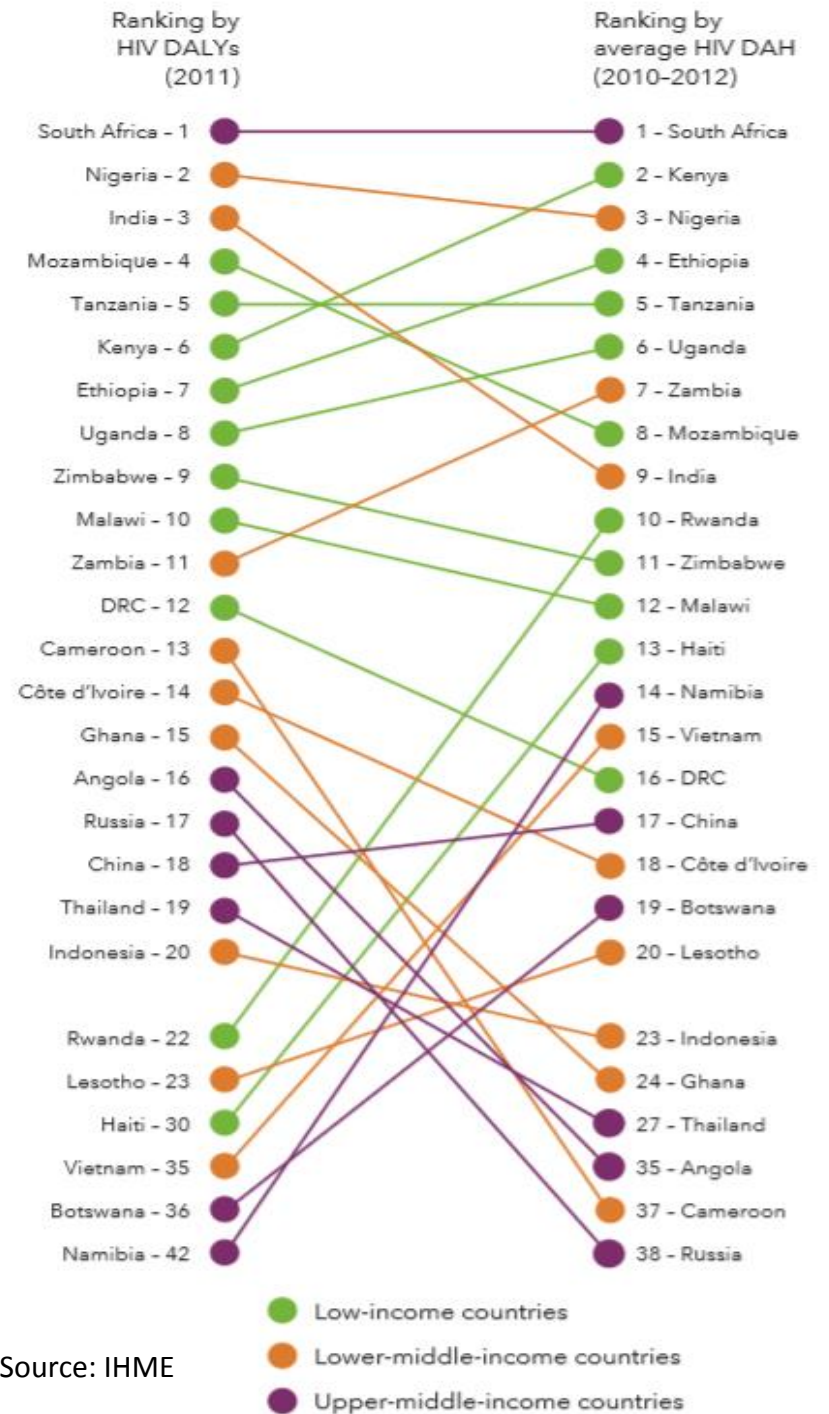
Financing for HIV/AIDS

DAH for HIV/AIDS by Channel of Assistance, 1990-2014



Source: IHME

Top 20 Countries by 2011 HIV/AIDS Burden of Disease vs. Average 2010-2012 DAH



Source: IHME



“Triple Squeeze”

1. Rising HIV programme costs to meet new commitments to treatment and access targets
2. Shrinking donor support for HIV
3. Limited availability of domestic resources



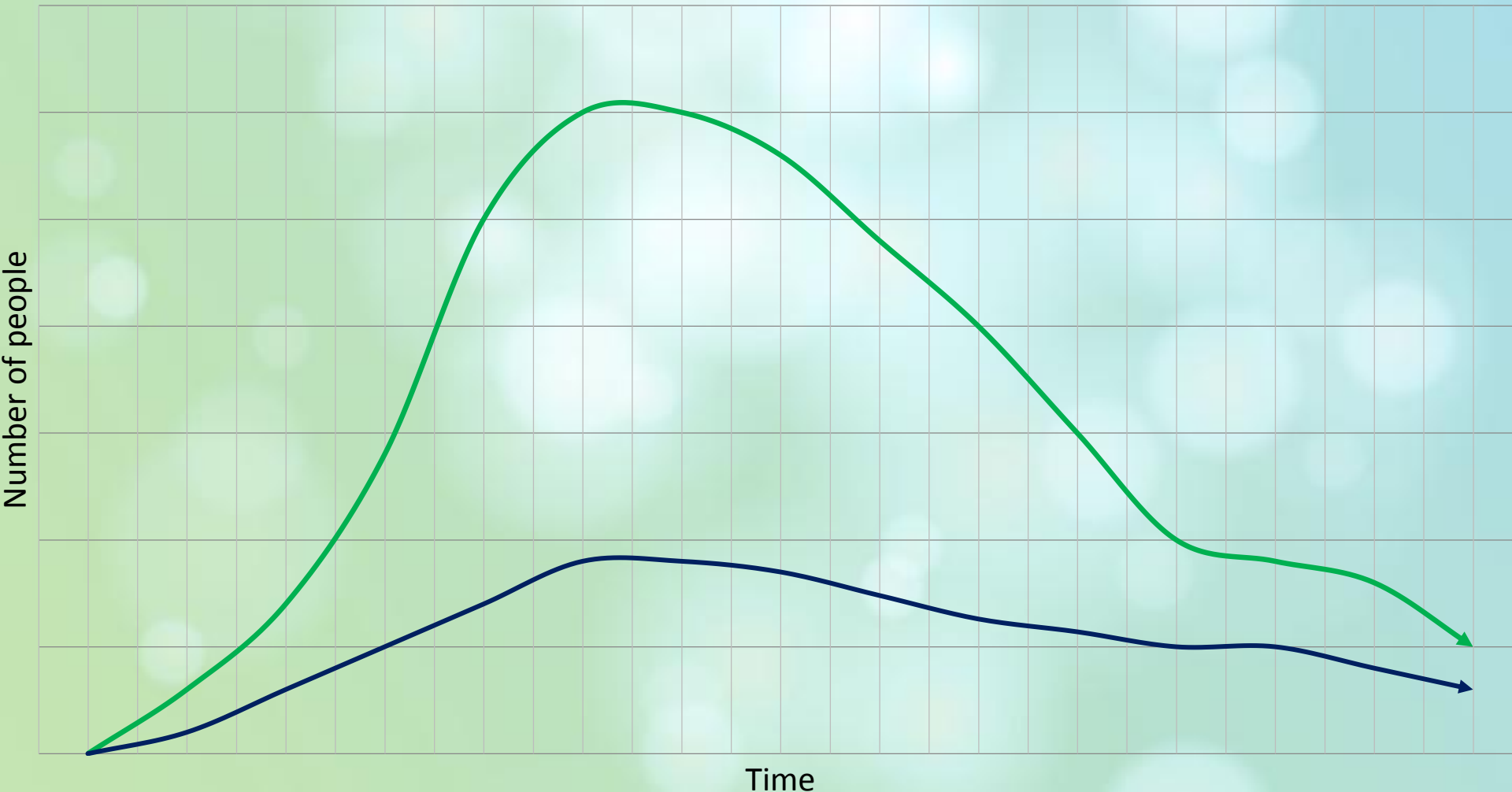
Three Major Factors

1. Burden of disease
2. Value for money and rate of return
3. Populations rights and the right to health



New Infections and Deaths

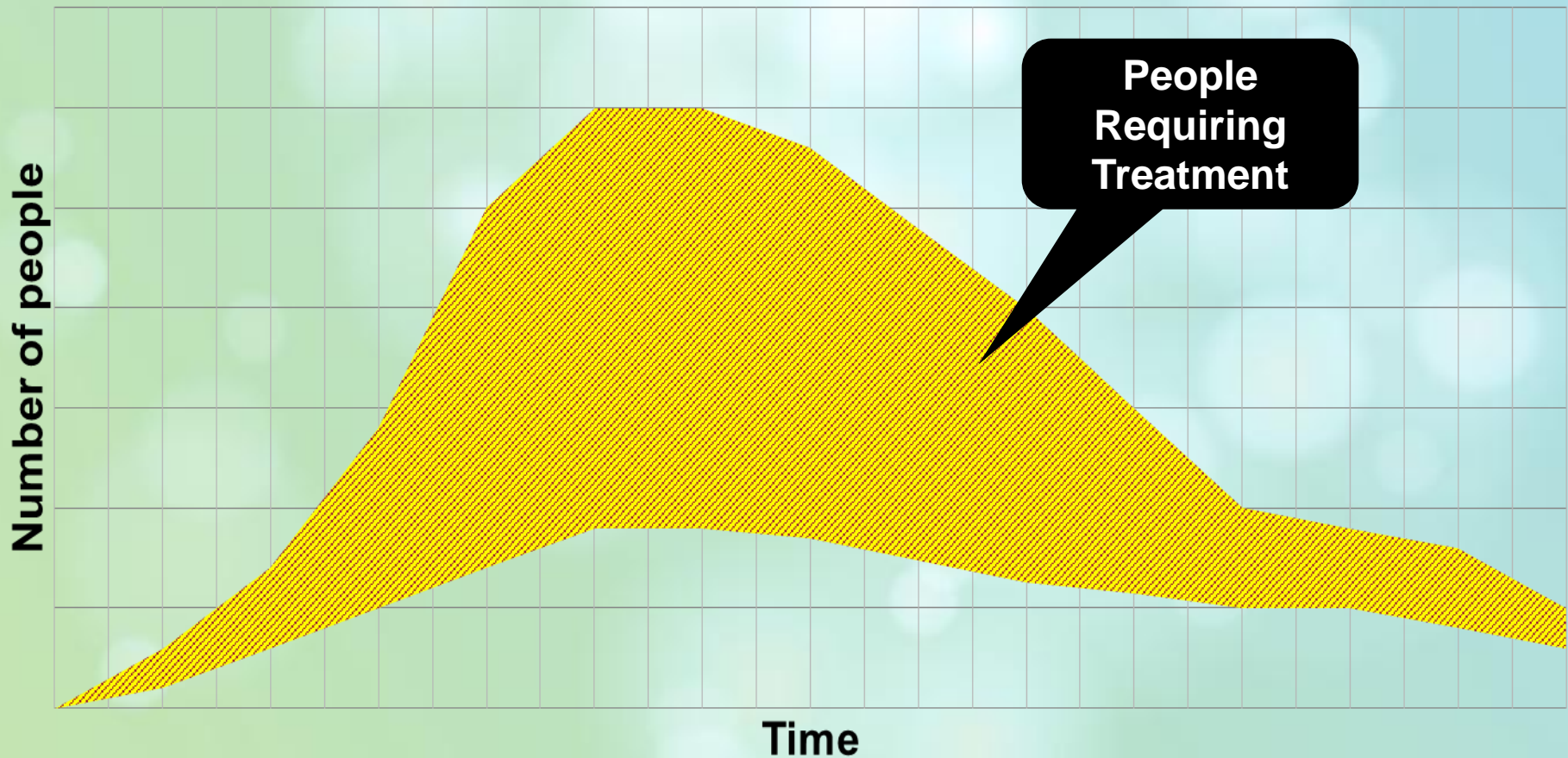
→ New Infections → Deaths of HIV Positive People





Treatment Requirements

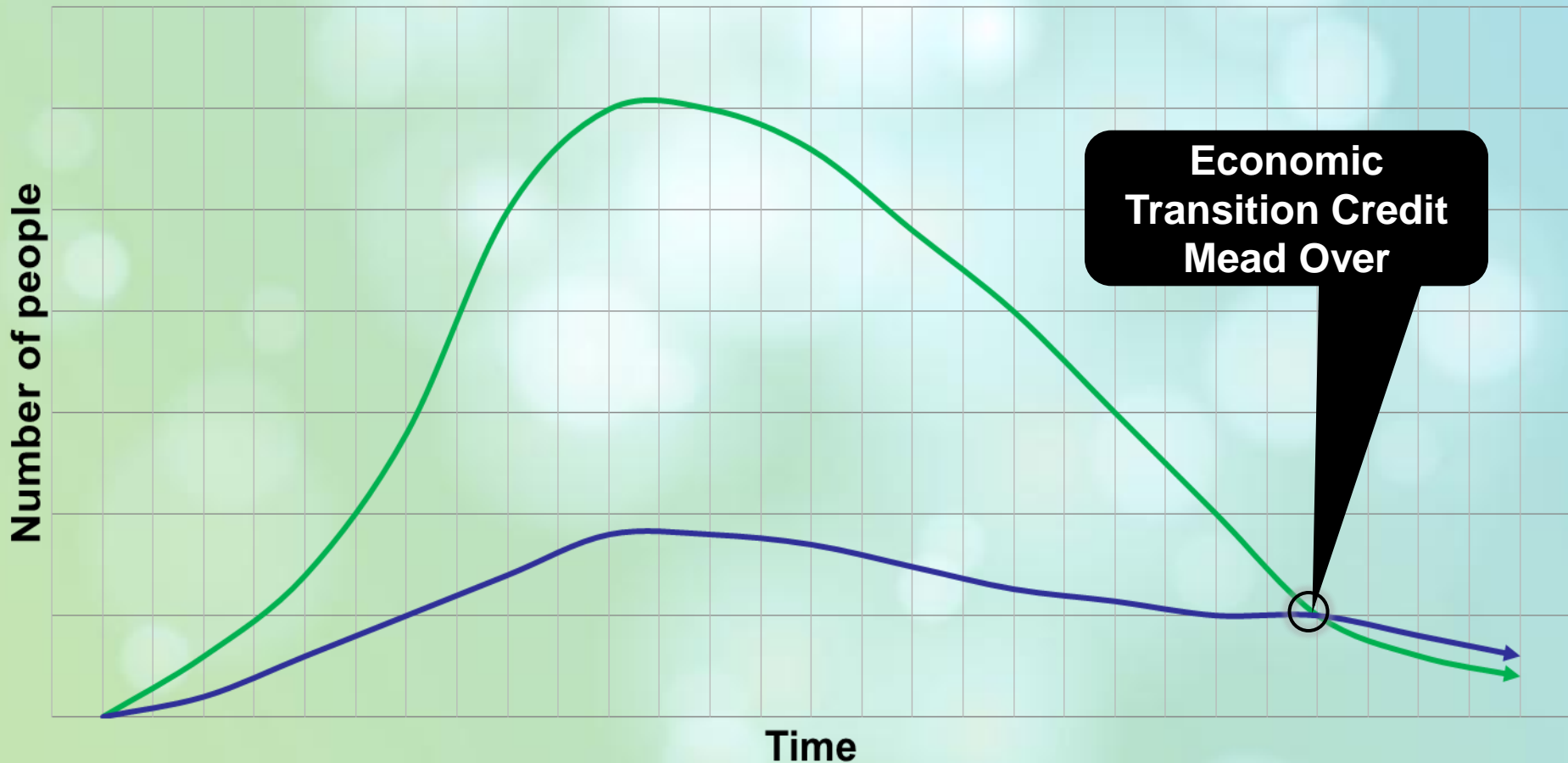
■ Treatment needed





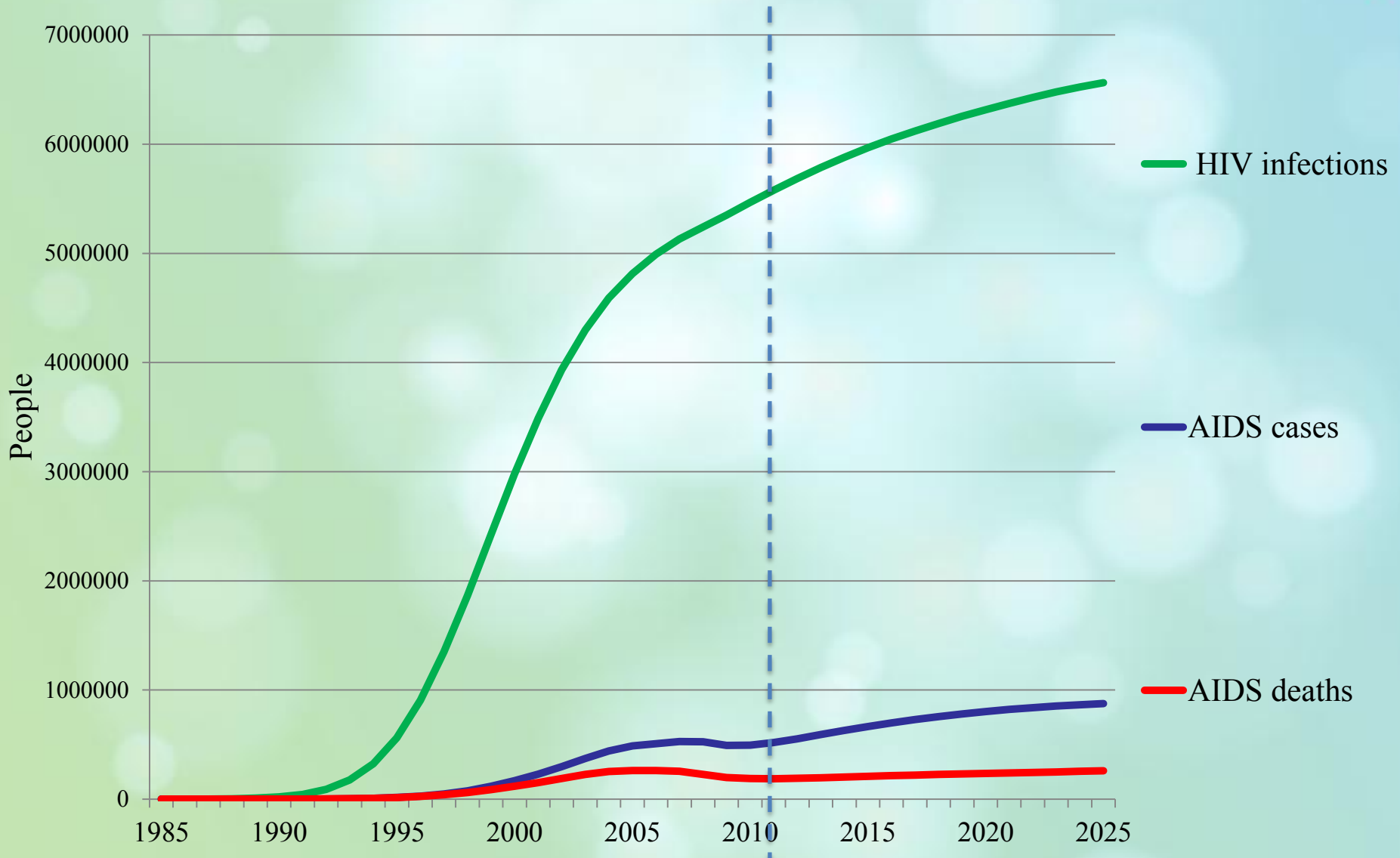
Economic Transition

→ New Infections → Deaths of HIV Positive People



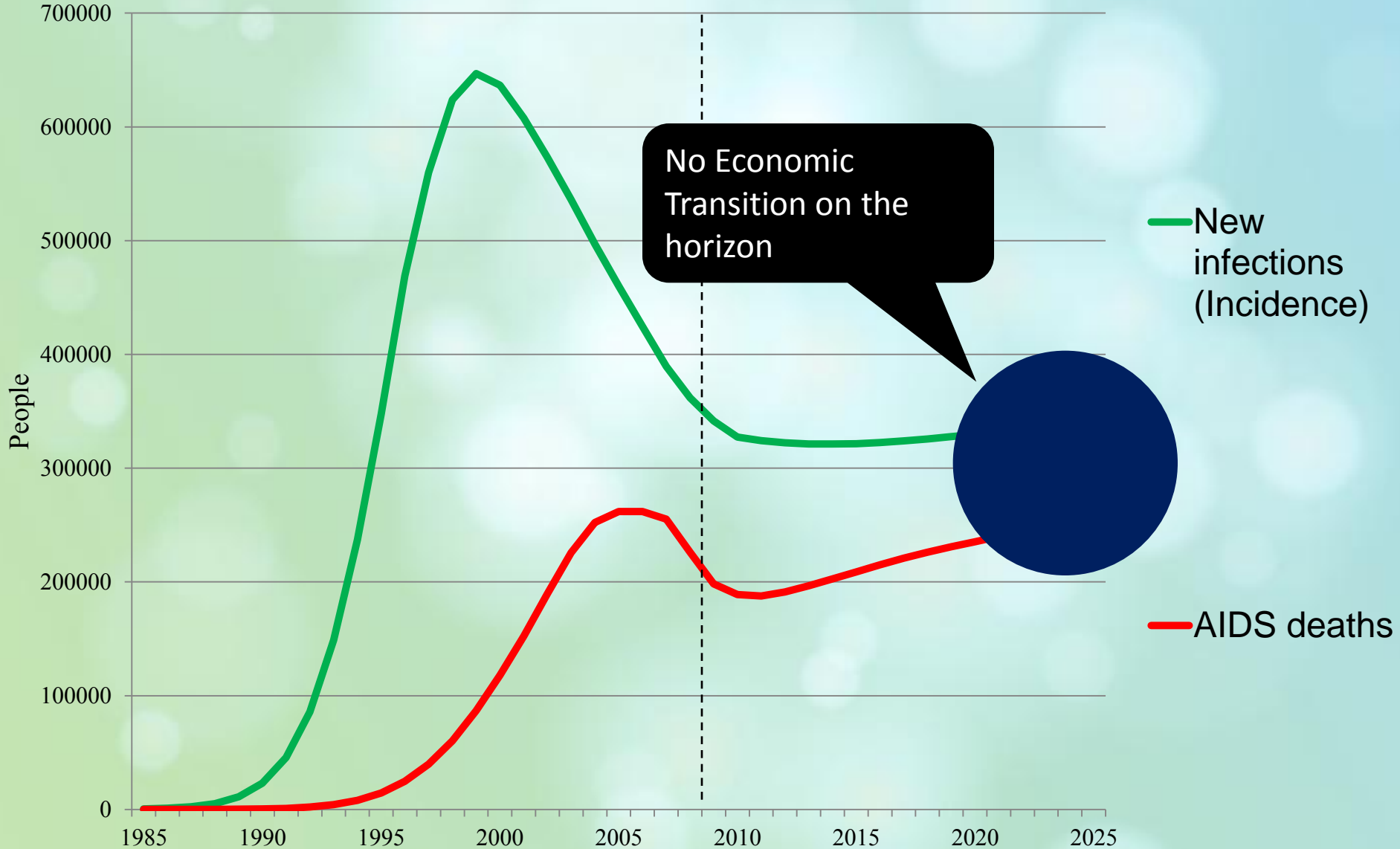


Data from South Africa





Data from South Africa





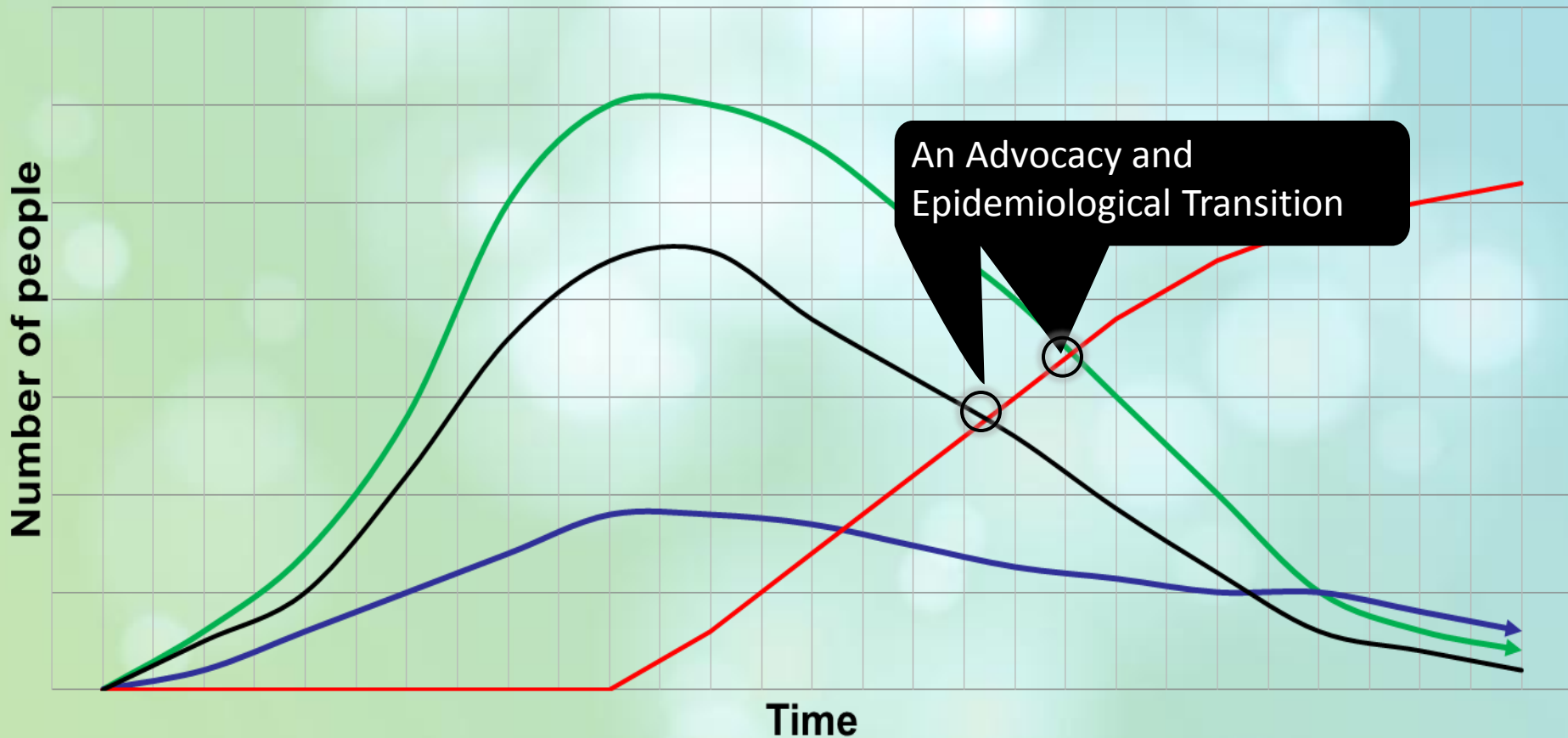
Epidemiologic Transition

→ New Infections

→ Deaths of HIV Positive People

— Treatment

— New people needing treatment





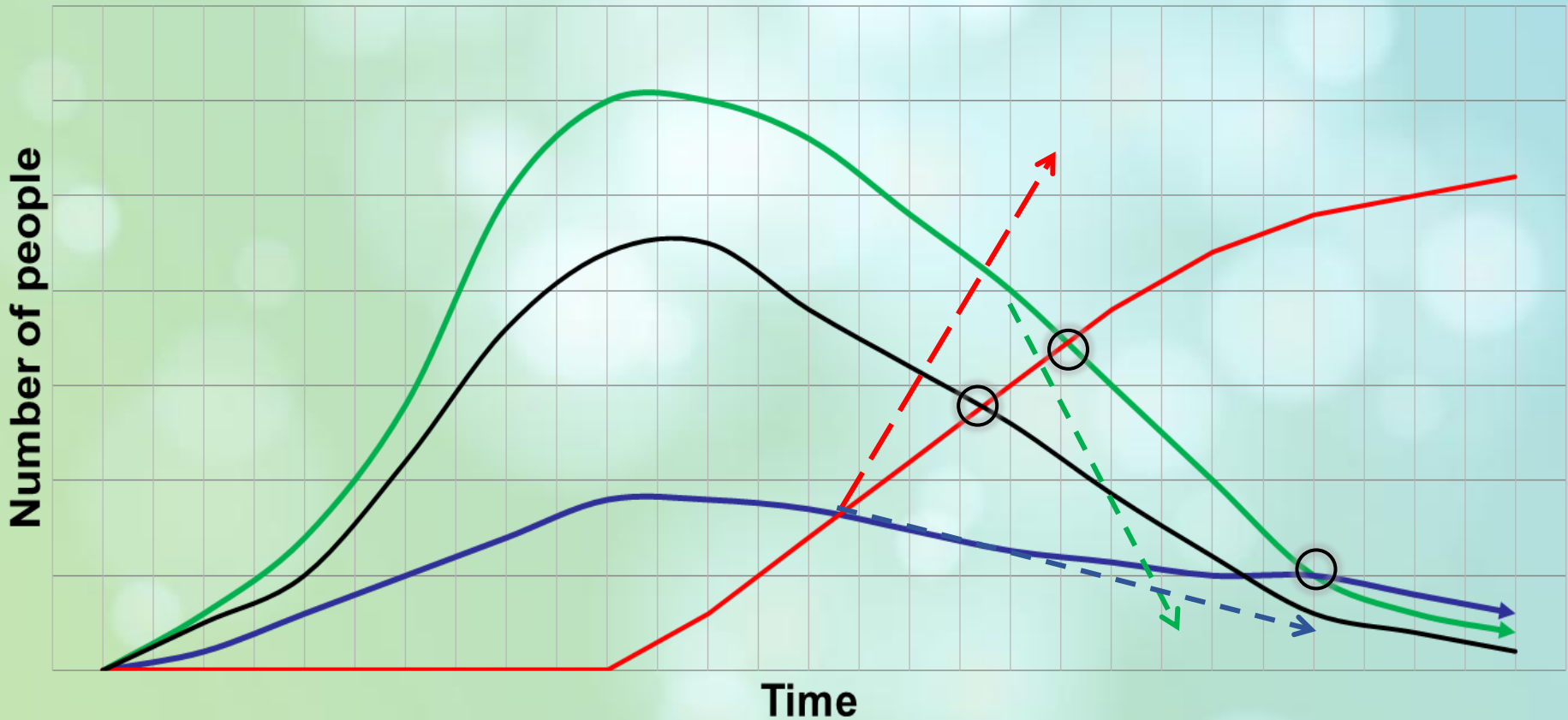
Epidemiologic Transition

→ New Infections

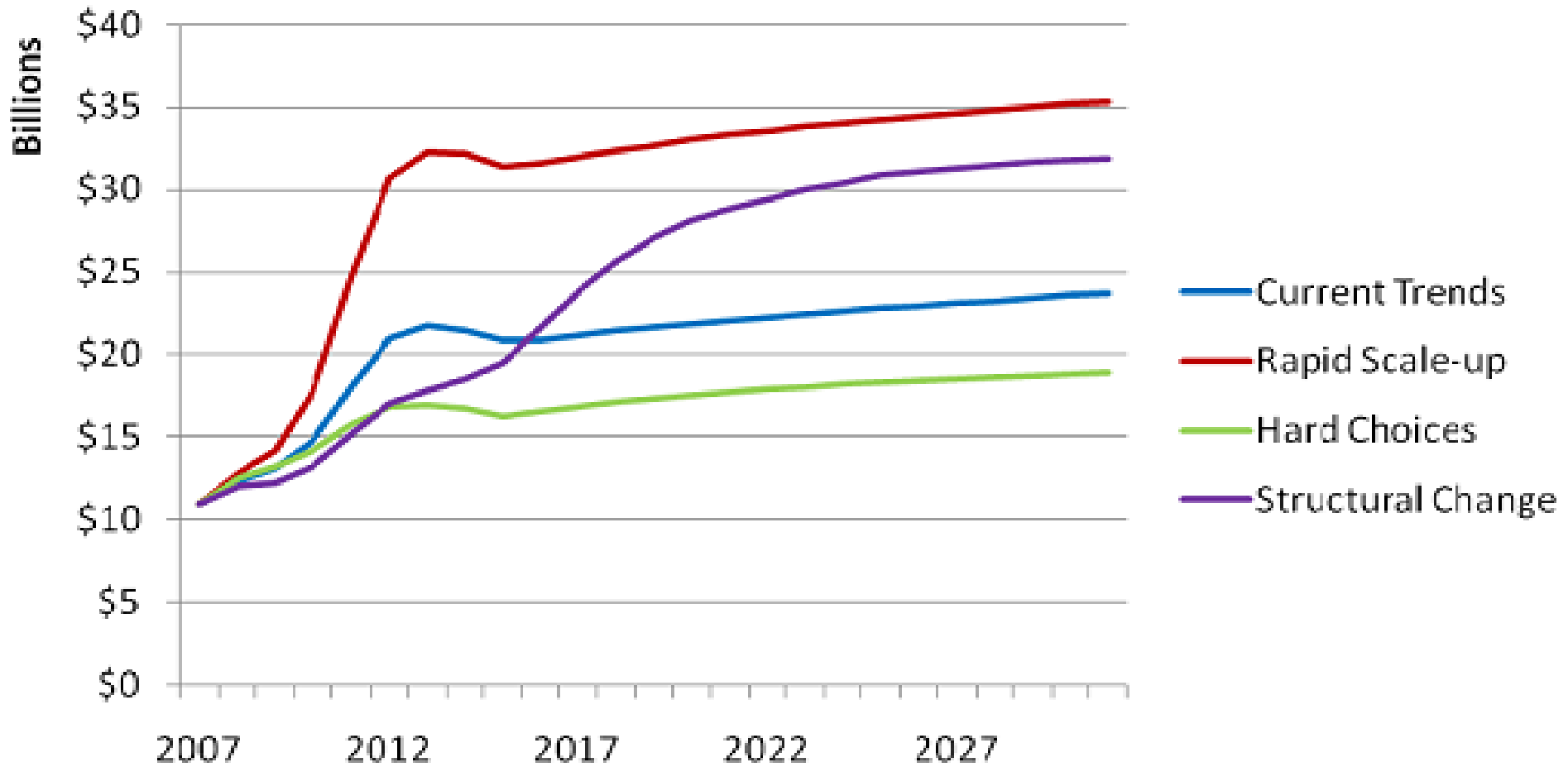
→ Deaths of HIV Positive People

— Treatment

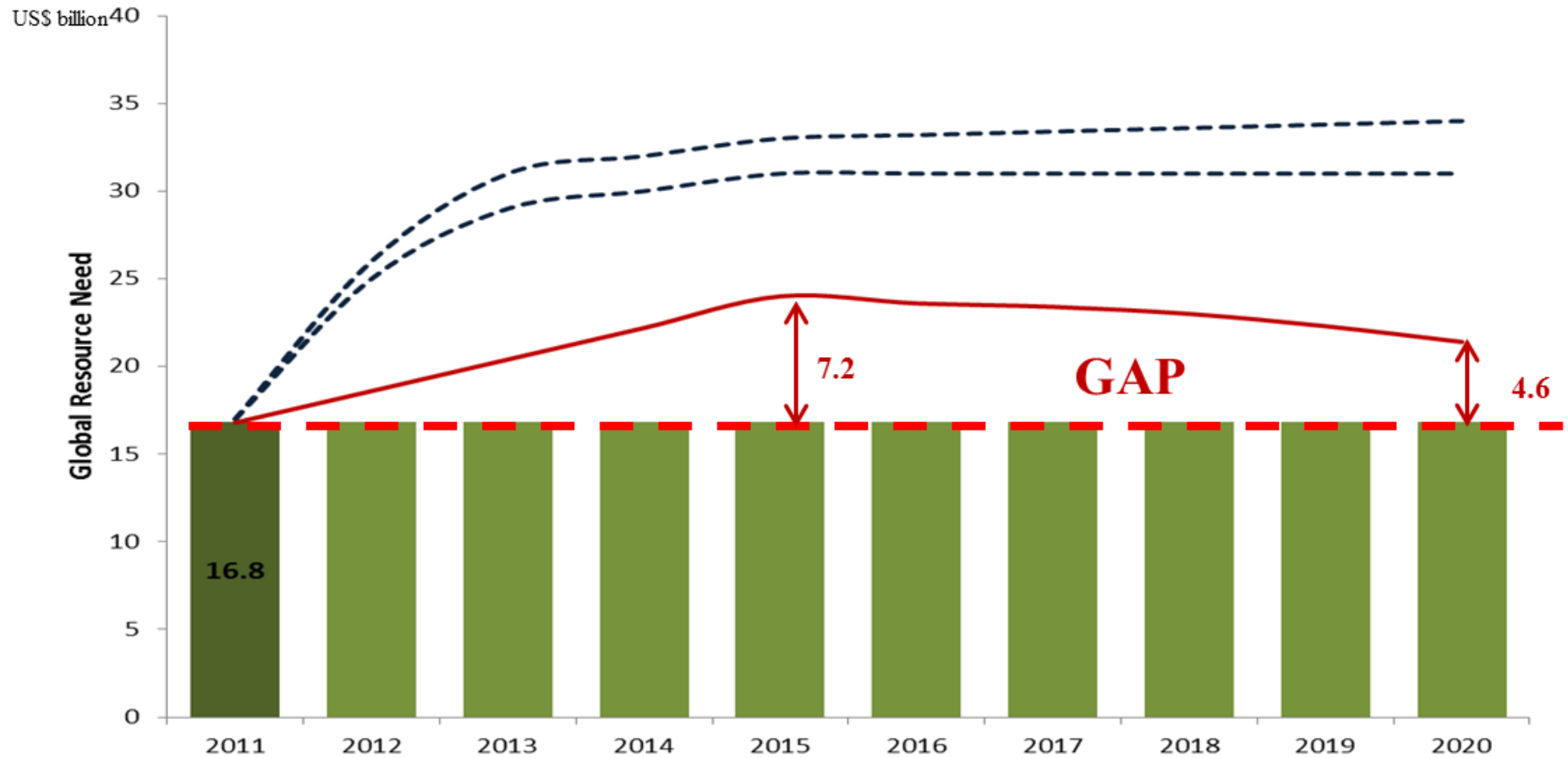
— New people needing treatment



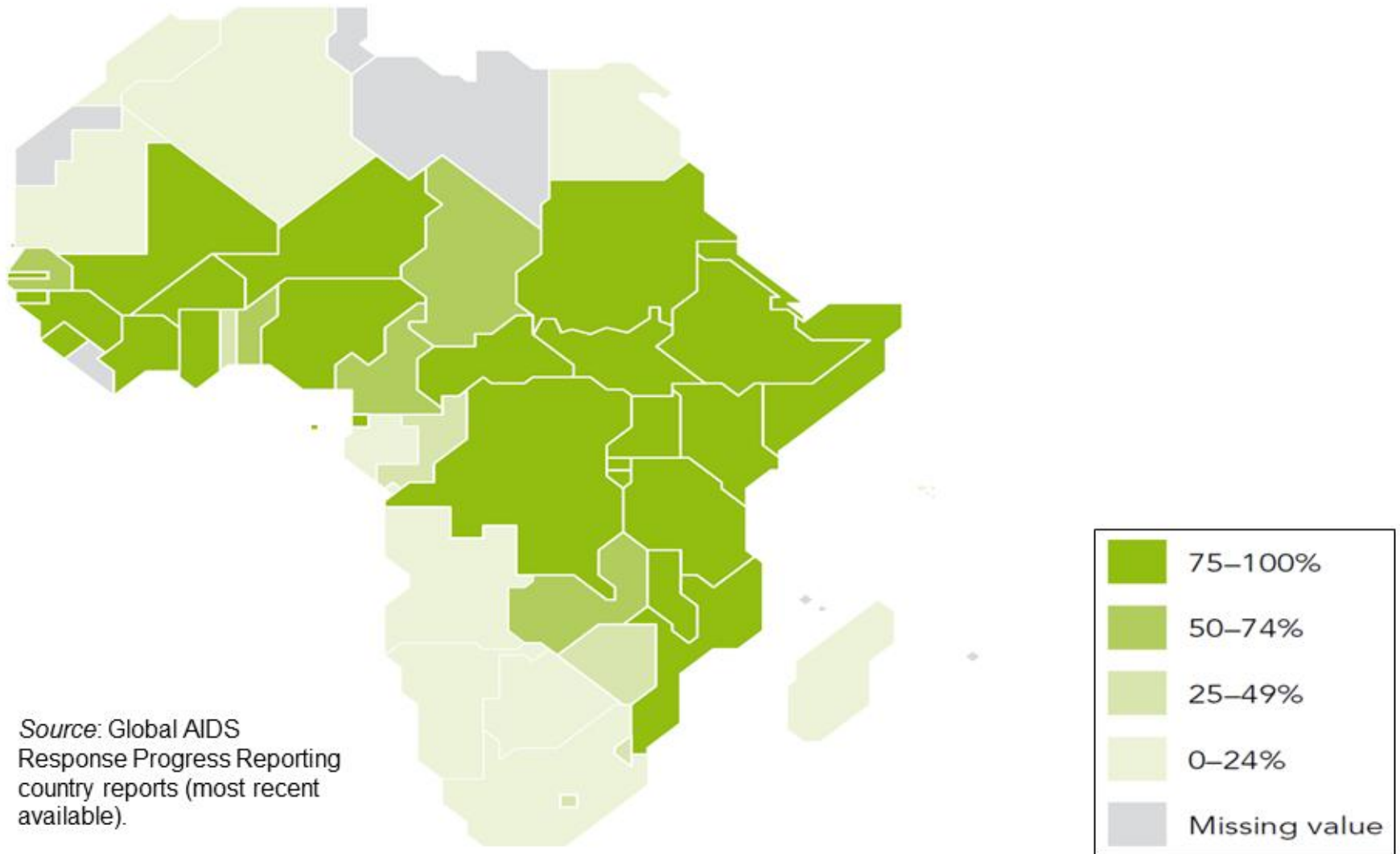
Global Resource Needs



Global Resource Need Estimates and Financing Gap



Donor Dependency of HIV Treatment and Care in Africa





Country	Total Health Expenditure as % of GDP		Development Assistance for Health as % of GDP	Out-of-Pocket as % of Total Health Expenditure
	Public	Private		
Argentina	5.2%	3.0%	0.37%	21.6%
Canada	8.0%	3.3%	N/A	14.2%
Colombia	5.0%	1.8%	1.21%	17.8%
India	1.0%	2.7%	0.62%	61.8%
Indonesia	1.1%	1.8%	0.64%	47.2%
Iraq	2.3%	0.8%	11.18%	26.1%
Japan	7.9%	1.7%	N/A	14.4%
Sierra Leone	2.4%	13.1%	26.46%	77.4%
South Africa	4.1%	4.7%	2.03%	7.4%
Swaziland	5.7%	2.7%	1.64%	14.1%
Turkey	5.1%	1.7%	0.05%	16.1%
United Kingdom	8.0%	1.6%	N/A	9.4%



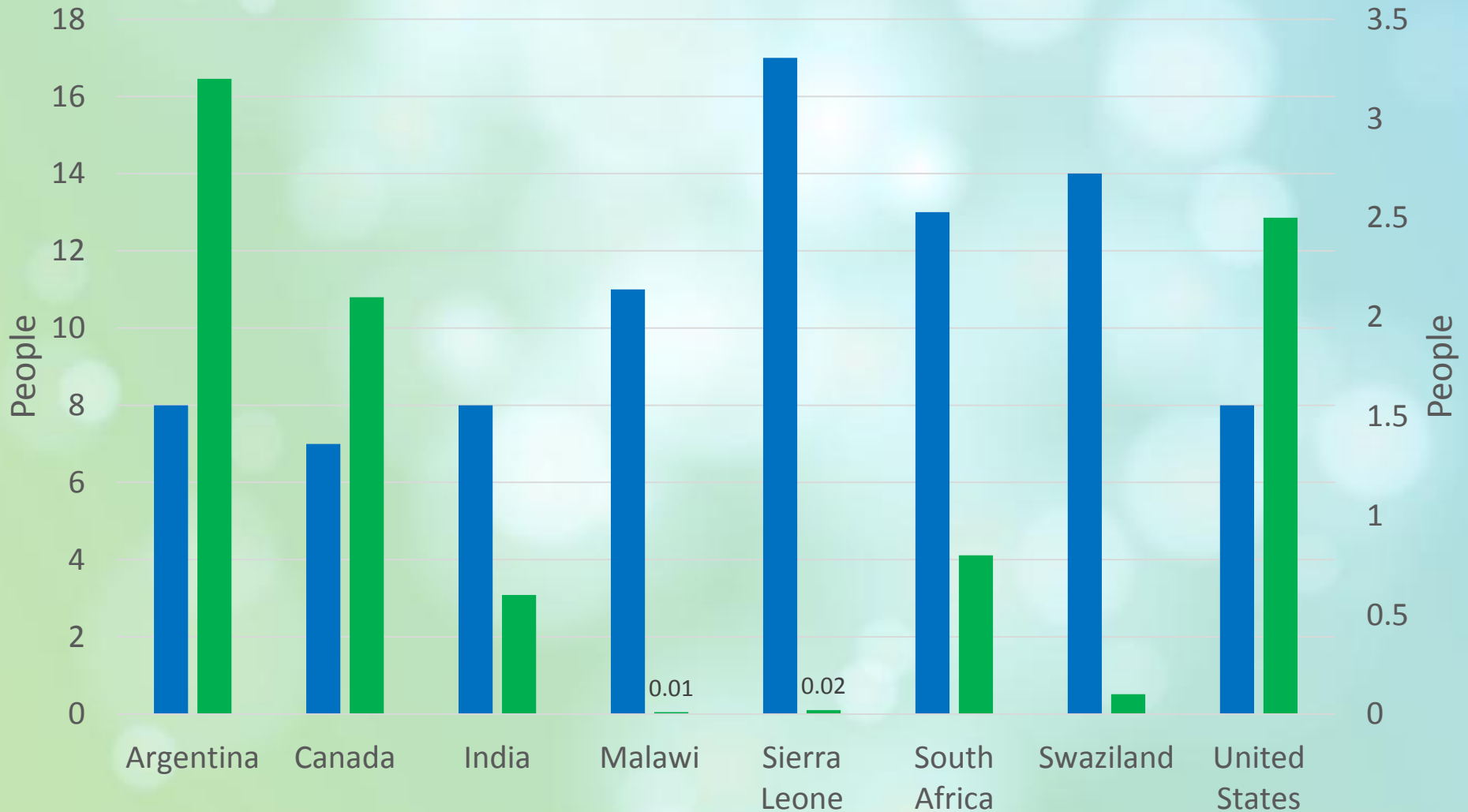
Health Expenditure Per Capita (US\$)



Source: World Bank



Crude Death Rate and Physicians (per 1000 people)





Conclusion

1. Determinants of health financing are complex and vary from country to country
2. DAH for HIV has peaked
3. Financial needs will rise
4. Nuanced advocacy is urgently required
5. MDGs to SDGs is not good for health financing and thus HIV