

Has Aid for AIDS Raised all Health Funding Boats?

Published in *JAIDS*, November 2009 Supplement

Jeremy Shiffman, PhD

**Associate Professor of Public Administration
Maxwell School of Syracuse University**

David Berlan, MPA

**Doctoral student in Public Administration
Maxwell School**

Tamara Hafner, MSc

**Doctoral candidate in Public Administration
Maxwell School**



ICAP

International Center for AIDS
Care and Treatment Programs

MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University

Has aid for AIDS raised all health funding boats?

Question much discussed but little researched

- AIDS has raised other health funding boats
 - Often expressed by members of AIDS advocacy communities
- AIDS has caused leaks to spring in other health funding boats
 - Often expressed by members of other health advocacy communities
- Level of conviction not commensurate with quality of evidence

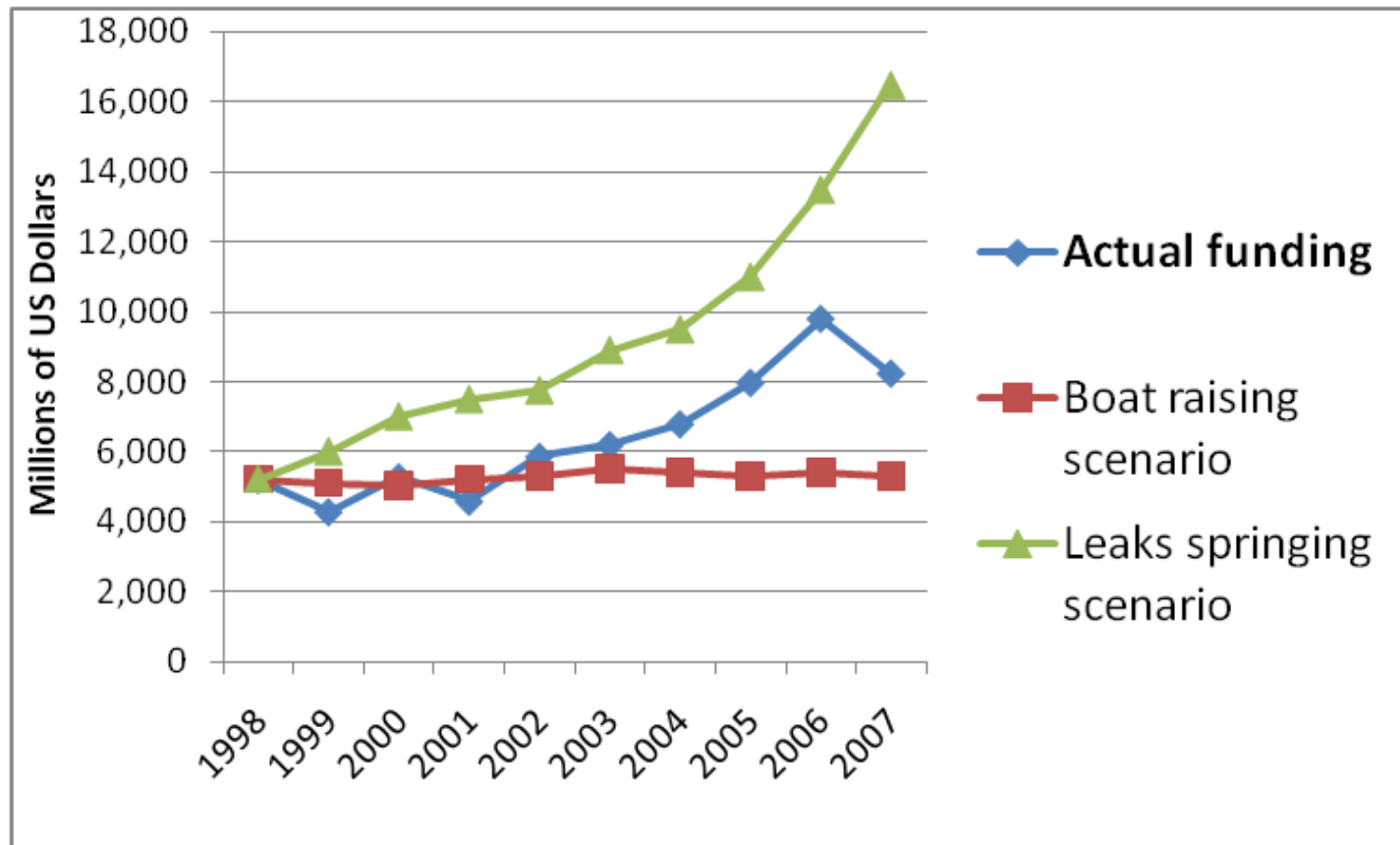
Part of larger debates in global health

- How to increase overall pool of resources for global health
- How to ensure best allocation of existing and new resources
- Deeper dynamic:
 - Fear that global financial crisis will diminish rich country willingness to fund health
 - Camps working hard to frame arguments to ensure resources sustained for their concerns

We can never know the answer with certainty

Answer relies on comparing funding in counterfactual world without HIV/AIDS with real world where epidemic does exist

Donor Funding for Health Issues other than HIV/AIDS



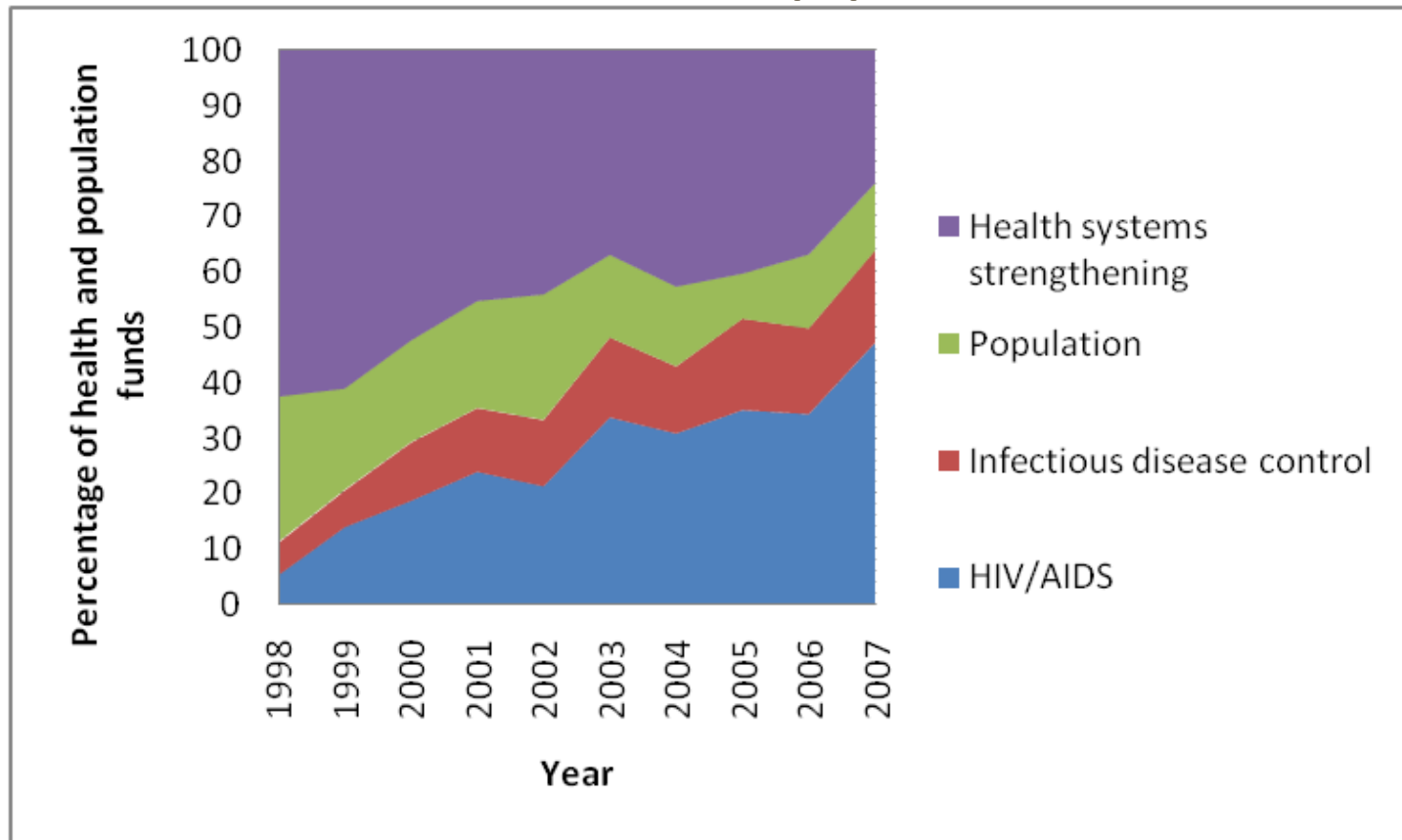
The Study

But can try to make inferences based on observed data

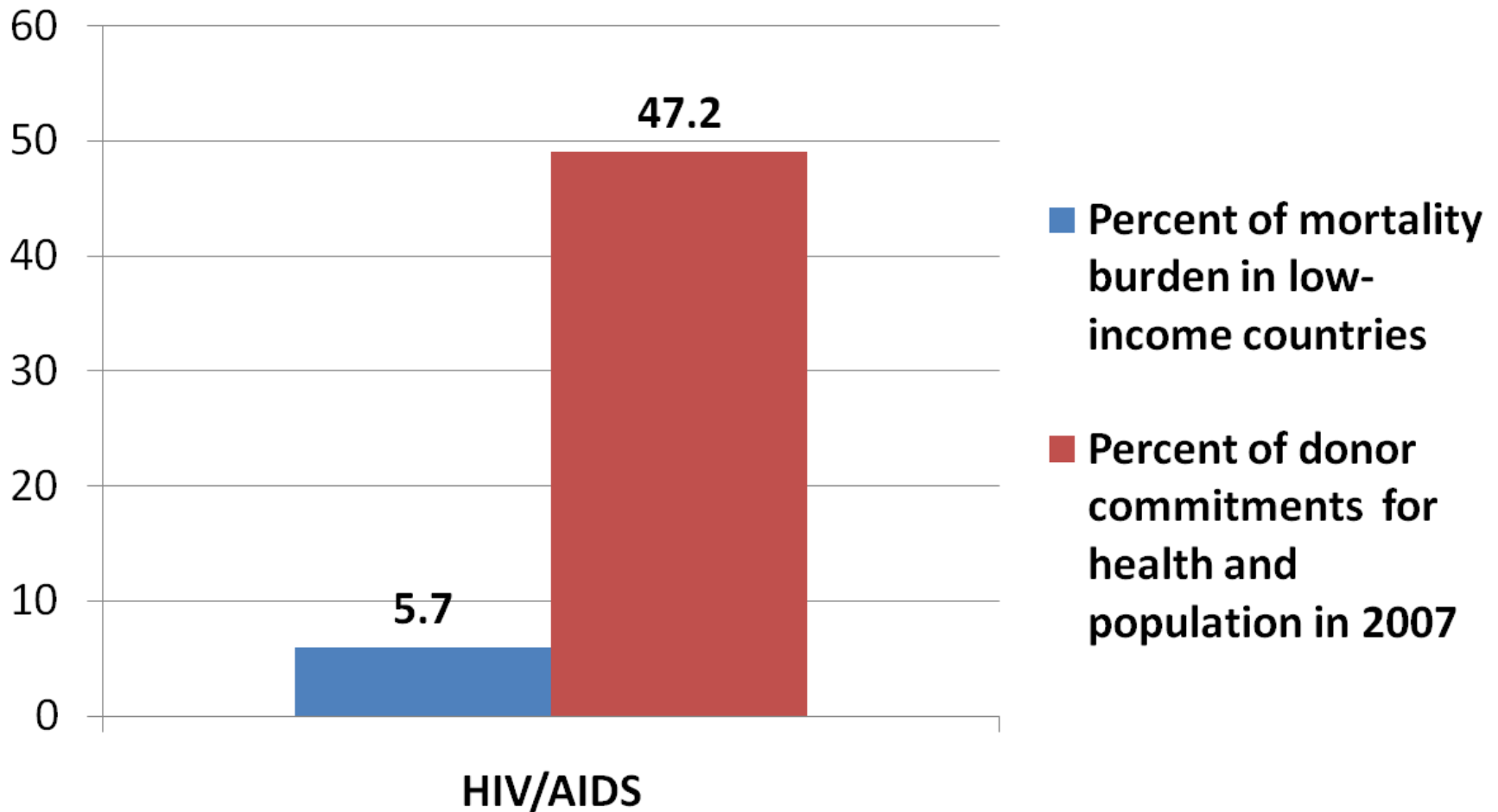
- Limited to one facet of interactions between AIDS and other health issues: international aid
 - Making no inferences on other dynamics (national funding; health workforce, etc.)
- Drew on data from OECD's Development Assistance Committee
 - Covers all major official donors
- Years: 1998-2007
- Grouped funding into four historically prominent health agendas:
 - HIV/AIDS
 - Population and reproductive health
 - Control of other infectious diseases
 - Health systems strengthening
- Data limitations; but only reliable comparative source across time

Findings: relative shares

Between 1998 and 2007, HIV/AIDS moves from around 5% to nearly half of all donor commitments for health and population



Findings: relative shares



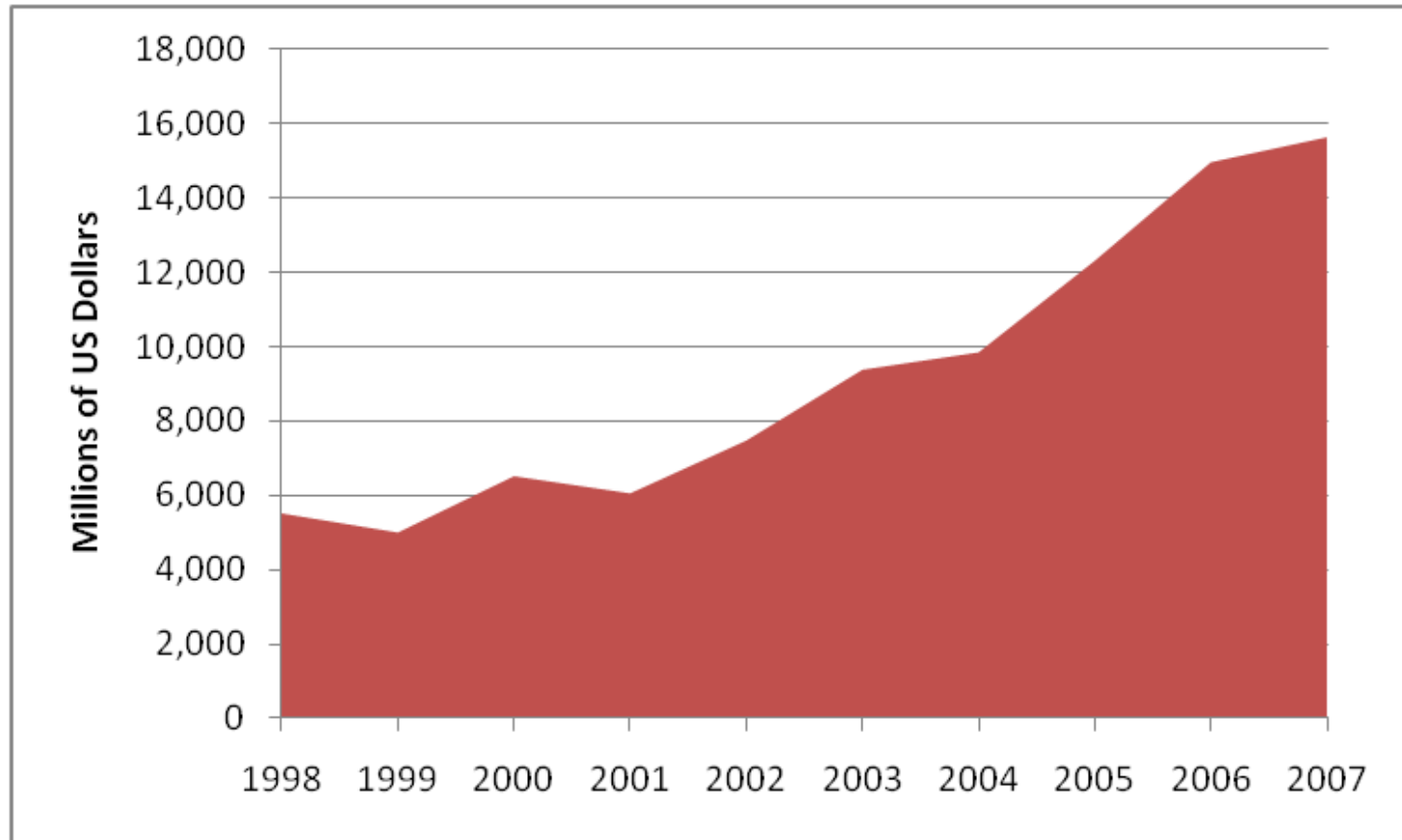
Findings: relative shares

Percentage of health and population commitments

Year	HIV/AIDS	Infectious disease control	Population	Health systems strengthening	Total
1998	5.5	5.8	26.4	62.3	100%
2007	47.2	16.7	12.3	23.9	100%

Findings: total funding

Between 1998 and 2007 total donor funding commitments for health and population nearly triple



HIV Scale-up and Global Health Systems

Findings: absolute shares

Total health and population commitments by issue (millions of US dollars)

Year	HIV/AIDS	Infectious disease control	Population	Health systems strengthening
1998	304	319	1455	3439
2007	7381	2607	1916	3731

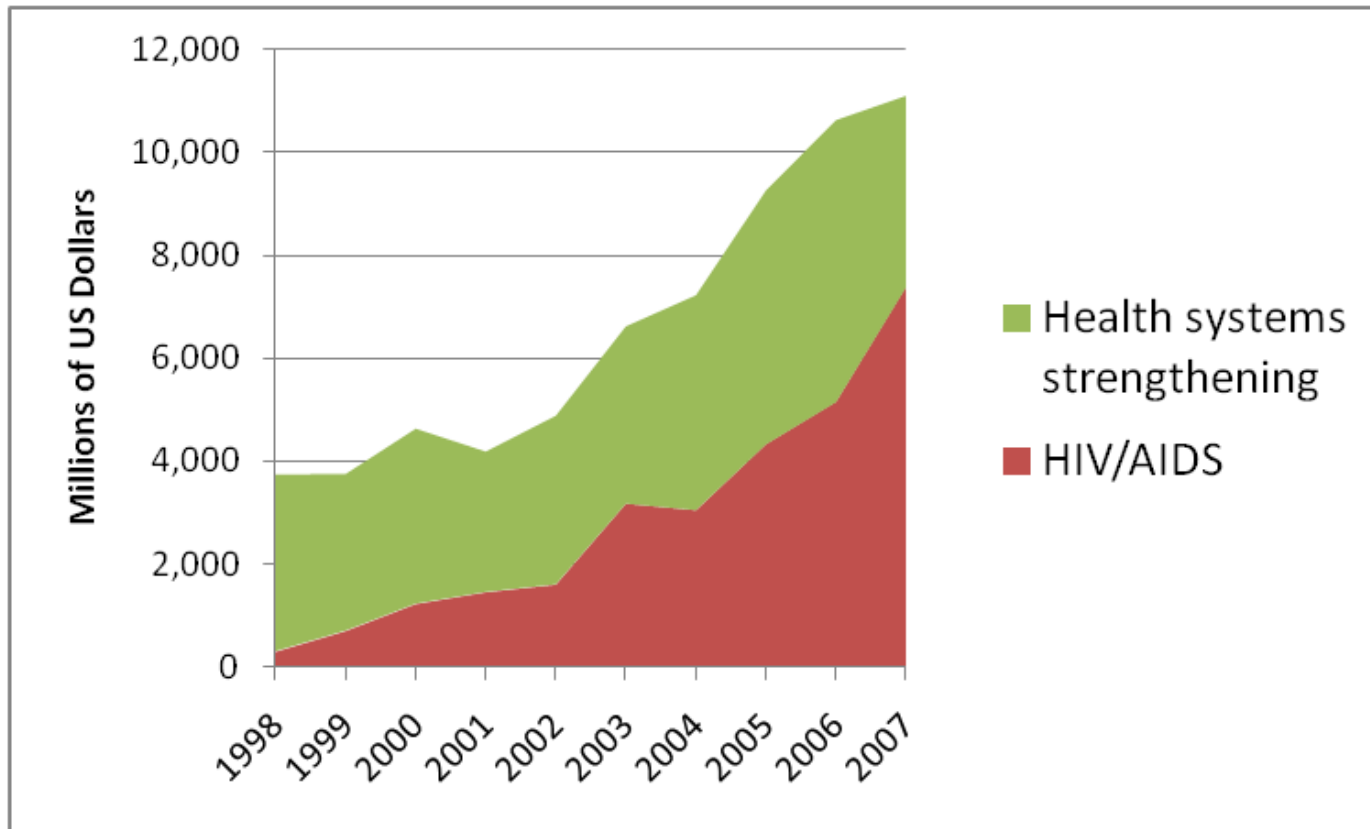
Findings: absolute shares

Average annual growth rates in donor commitments, 1998-2007

Issue	Average annual growth rate
HIV/AIDS	48.1%
All donor aid	11.6%
Health systems strengthening	2.7%

Findings: absolute shares

Dominant dynamic of decade: rapid funding growth for HIV/AIDS; stagnation for health systems strengthening



HIV Scale-up and Global Health Systems

Trends since 2008

Rise in attention to health systems strengthening

- Evidence of attention:
 - Commitments by major global health initiatives (PEPFAR, GAVI, Global Fund)
 - Foundation commitments (Rockefeller, Doris Duke)
 - WHO attention
- Increased funding, or just discourse?
 - No comprehensive data available yet

Has aid for AIDS raised all health funding boats?

We cannot know with certainty either way!

- Problems with generating certainty:
 - The unobservable counter-factual
 - These are *associations*, not proof of causation
- Best inferences based on observed data
 - HIV/AIDS may have helped raised funding boats for other infectious diseases
 - HIV/AIDS may have contributed to leaks springing in funding for health systems strengthening and population

Concluding thoughts

- Normative concern:
 - How can we both increase the pie, and provide aid in ways that benefit the fight against all the major conditions that cause death and illness among the poor?
- Worth examining why debates so contentious
 - Fear of diminished funding from donors due to global financial crisis
 - Camps lining up to frame arguments for claim on resources
- Interesting to continue to monitor:
 - Which camps will emerge?
 - How will they frame their claims?
 - Whose ideas will gain prominence?
 - Will we see greater synergy or increased fragmentation across global health causes?