

Financing Global Health 2025

Cuts in Aid and Future Outlook



Institute for Health
Metrics and Evaluation

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INSTITUTE FOR HEALTH METRICS AND EVALUATION
UNIVERSITY OF WASHINGTON

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Acronyms

AI	Artificial intelligence
CDC	Centers for Disease Control and Prevention
DAH	Development assistance for health
FCDO	Foreign, Commonwealth and Development Office
GDP	Gross domestic product
GNI	Gross national income
NGO	Non-governmental organization
ODA	Official development assistance
OECD	Organisation for Economic Co-operation and Development
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
UNICEF	United Nations Children's Fund

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About IHME

An independent population health research organization based at the University of Washington School of Medicine, the Institute for Health Metrics and Evaluation (IHME) works with collaborators around the world to develop timely, relevant, and scientifically valid evidence that illuminates the state of health everywhere. In making our research available and approachable, we aim to inform health policy and practice in pursuit of our vision: all people living long lives in full health. For more information about IHME and its work, please visit www.healthdata.org.

Call for Collaborators

In addition to conducting the Financing Global Health study, IHME coordinates the Global Burden of Diseases, Injuries, and Risk Factors (GBD) Study, a comprehensive effort to measure epidemiological levels and trends worldwide. (More information on GBD is available at <https://www.healthdata.org/research-analysis/gbd>.) The GBD study relies on a network of more than 16,500 Collaborators in 167 countries and territories. Current Collaborator areas of expertise include epidemiology, public health, demography, statistics, and other related fields. IHME has expanded the scope of GBD to encompass quantification of health resource flows, health system attributes, and the performance of health systems. To that end, IHME is seeking GBD Collaborators who are experts in health financing and health systems. GBD Collaborators – many of whom have co-authored GBD or Financing Global Health publications – provide timely feedback related to the interpretation of GBD and Financing Global Health results, data sources, and methodological approaches pertaining to their areas of expertise. We invite researchers and analysts with expertise in health financing to join the GBD Collaborator Network. Potential Collaborators may apply at <https://gbdcollaboratorportal.healthdata.org/asp/apply>.

Executive summary

IHME's *Financing Global Health* report tracks the world's investments in health, with a focus on funding for improving health in low- and middle-income countries. This year's report provides preliminary estimates of development assistance for health, which dropped by 21% between 2024 and 2025 from \$49.6 billion to \$39.1 billion. Forecasts indicate that development assistance for health is likely to decline even more over the next five years, to reach \$36.2 billion in 2030. As many development partners cut their spending, there is a need for new approaches.

Decades of health gains at risk as global health funding drops

As major health crises have emerged over the last three decades – from HIV/AIDS to COVID-19 – development partners have responded by investing record-breaking amounts in fighting these diseases. Among many other things, this funding has been instrumental in driving down the rate of deaths from HIV/AIDS by nearly two-thirds since 2003. Now, however, many development partners are pulling back, particularly the US – IHME estimates the US government reduced its funding by 67%, more than \$9 billion, in 2025. These cuts threaten to undo the global health progress that the world has made to date. In contrast, some funders, such as Australia and Japan, have maintained or slightly increased their development assistance for health contributions (increases of 2.6% [\$18.2 million] by Australia and 2.2% [\$30.4 million] by Japan).

Sub-Saharan African countries and NGOs facing steep cuts

Amid the steep drops in development assistance for health, countries in Eastern, Central, Southern, and Western sub-Saharan Africa are expected to witness the largest declines in health spending, especially Malawi, the Gambia, Lesotho, and Mozambique. Among global health organizations, estimates indicate that funding has decreased the most among NGOs and UN agencies. Contrary to these trends, IHME's preliminary estimates show that funding from the Gates Foundation, the World Bank, and regional development banks remains relatively constant.

Low- and middle-income countries unlikely to fill funding gaps

Health spending in some of the most under-resourced settings in the world remains extremely low. For example, in 2025, health spending in high-income countries was 299 times greater than in low-income countries. IHME forecasts that these disparities will increase over the next five years.

This report provides estimates of global health spending based on publicly available data as of June 25, 2025.

Résumé analytique

Le rapport *Financing Global Health* de l'IHME présente les investissements dans la santé à travers le monde, en mettant l'accent sur le financement visant à améliorer la santé dans les pays à revenu faible et intermédiaire. Le rapport de cette année contient des données préliminaires sur l'aide au développement en matière de santé, qui a chuté de 21 % entre 2024 et 2025, passant de 49,6 à 39,1 milliards de dollars. Selon les prédictions, l'aide au développement en matière de santé devrait encore diminuer au cours des cinq prochaines années, pour atteindre 36,2 milliards de dollars en 2030. Il est nécessaire de mettre en œuvre de nouvelles stratégies, car de nombreux partenaires de développement réduisent leurs dépenses.

Les progrès sanitaires des dernières décennies sont menacés par la chute du financement de la santé mondiale

Au cours des trois dernières décennies, face à l'apparition de crises sanitaires majeures allant du VIH/SIDA à la COVID-19, les partenaires de développement ont réagi en investissant des montants sans précédent pour lutter contre ces maladies. Ce financement a, entre autres, joué un rôle déterminant dans la réduction de près de deux tiers du taux de mortalité dû au VIH/SIDA depuis 2003. Cependant, de nombreux partenaires de développement se retirent actuellement, en particulier aux États-Unis. L'IHME estime qu'en 2025, le gouvernement américain a réduit son financement de plus de 67 %, soit plus de 9 milliards de dollars. Ces coupes budgétaires menacent de réduire à néant les progrès réalisés en matière de santé mondiale à ce jour. Par contre, certains organismes de financement, comme l'Australie et le Japon, ont maintenu leur aide au développement dans la santé, voire l'ont légèrement accrue (augmentation de 2,6 % [18,2 milliards de dollars] par l'Australie et 2,2 % [30,4 milliards de dollars] par le Japon).

Les pays d'Afrique subsaharienne et les ONG sont confrontés à des réductions importantes

Dans un contexte d'une forte baisse de l'aide au développement en matière de santé, les pays d'Afrique subsaharienne orientale, centrale, méridionale et occidentale devraient subir les réductions les plus sévères des dépenses de santé, particulièrement le Malawi, la Gambie, le Lesotho et le Mozambique. Pour ce qui est des organismes de santé mondiaux, les estimations indiquent que le financement des agences des Nations unies et des ONG a connu la plus forte baisse. À l'inverse de ces tendances, les estimations préliminaires de l'IHME suggèrent que le financement par la Fondation Gates, la Banque mondiale et les banques régionales de développement reste relativement constant.

Il est peu probable que les pays à revenu faible et intermédiaire puissent combler les déficits de financement

Les dépenses sanitaires restent extrêmement faibles dans certaines régions du monde aux ressources les plus limitées. Par exemple, en 2025, les dépenses sanitaires des pays à revenu élevé ont été 299 fois plus importantes que celles des pays à faible revenu. L'IHME prédit que ces disparités augmenteront au cours des cinq prochaines années.

Ce rapport présente des estimations quant aux dépenses de santé dans le monde, basées sur les données publiques disponibles au 25 juin 2025.

Resumen ejecutivo

El informe de *Financiación Mundial de la Salud (Financing Global Health)* del Instituto de Métricas y Evaluación de la Salud (Institute for Health Metrics and Evaluation, IHME) hace un seguimiento de las inversiones mundiales en materia de salud, con énfasis principal en el financiamiento para mejorar la salud en los países de ingresos bajos y medianos. El informe de este año ofrece estimaciones preliminares de la asistencia para el desarrollo de la salud, que disminuyó en un 21% entre 2024 y 2025: de 49 600 a 39 100 millones de dólares. Y según los pronósticos, es posible que en los próximos 5 años disminuya aún más y alcance la cifra de 36 200 millones de dólares en 2030. Se requieren nuevas estrategias para poder afrontar los recortes presupuestarios de muchos de los socios de desarrollo.

Conforme disminuye el financiamiento mundial para la salud, peligran décadas de ganancias en materia de salud

En las últimas tres décadas, a medida que han surgido graves crisis médicas –desde el VIH/sida hasta el COVID-19–, los socios de desarrollo han respondido invirtiendo enormes recursos económicos para la lucha contra estas enfermedades. Además de muchos otros beneficios, estos fondos han resultado indispensables para reducir la tasa de mortalidad por VIH/sida en casi dos tercios desde el año 2003. Ahora, sin embargo, muchos de estos socios de desarrollo están mermando sus contribuciones, hecho que es especialmente notorio en Estados Unidos: el IHME estima que el Gobierno estadounidense redujo su financiamiento en 2025 en más de 9000 millones de dólares, lo cual representa un descenso del 67%. Tales recortes amenazan con anular el progreso mundial que se había logrado en materia de salud hasta la fecha. En cambio, algunos otros financiadores, como Australia y Japón, han mantenido o aumentado ligeramente sus contribuciones a la asistencia para el desarrollo de la salud, con incrementos, respectivamente, del 2.6% (18 200 millones de dólares) y el 2.2% (30 400 millones de dólares).

Los países del África subsahariana y las ONG enfrentan fuertes recortes

En medio de las bruscas caídas de la asistencia para el desarrollo de la salud, se prevé que los mayores descensos en los gastos en salud afectarán a los países del África subsahariana oriental, central, meridional y occidental, especialmente Malawi, Gambia, Lesoto y Mozambique. Entre las organizaciones mundiales de la salud, se estima que las no gubernamentales (NGO) y las de las Naciones Unidas han sufrido los máximos recortes del financiamiento. En contraposición a estas tendencias, las estimaciones preliminares del IHME muestran que el financiamiento por parte la Fundación Gates, el Banco Mundial y bancos de desarrollo regionales sigue manteniéndose relativamente constante.

Es improbable que los países de ingresos bajos y medianos puedan subsanar las brechas de financiamiento

En algunas de las regiones más empobrecidas del mundo, el gasto en salud sigue siendo extremadamente bajo. Por ejemplo, en 2025, el gasto en salud en los países de ingresos altos fue 299 veces superior al de los países de ingresos bajos. Según los pronósticos del IHME, estas disparidades aumentarán en los próximos 5 años.

Este informe ofrece estimaciones del gasto mundial en salud a partir de datos disponibles al público a la fecha del 25 de junio de 2025.

Resumo executivo

O relatório *Financiamento da Saúde Global* do IHME rastreia os investimentos mundiais em saúde, com foco no financiamento para melhorar a saúde em países de baixa e média renda. O relatório deste ano fornece estimativas preliminares da assistência ao desenvolvimento para a saúde, que caiu 21% entre 2024 e 2025, de US\$ 49,6 bilhões para US\$ 39,1 bilhões. As previsões indicam que a assistência ao desenvolvimento para a saúde provavelmente diminuirá ainda mais nos próximos cinco anos, chegando a US\$ 36,2 bilhões em 2030. Como muitos parceiros de desenvolvimento reduziram seus gastos, há a necessidade de novas abordagens.

Décadas de conquistas na área da saúde estão em risco com a queda no financiamento da saúde global

Com o surgimento de grandes crises de saúde nas últimas três décadas — do HIV/AIDS à COVID-19 — os parceiros de desenvolvimento responderam investindo quantias recordes no combate a essas doenças. Entre muitas outras coisas, esse financiamento foi fundamental para reduzir o índice de mortes por HIV/AIDS em quase dois terços desde 2003. Agora, no entanto, muitos parceiros de desenvolvimento estão recuando, especialmente os EUA — o IHME estima que o governo dos EUA reduziu seu financiamento em 67%, mais de US\$ 9 bilhões, em 2025. Esses cortes ameaçam desfazer o progresso da saúde global que o mundo fez até o momento. Em contrapartida, alguns financiadores, como a Austrália e o Japão, mantiveram ou aumentaram ligeiramente suas contribuições de assistência ao desenvolvimento para a saúde (aumentos de 2,6% [US\$ 18,2 milhões] pela Austrália e 2,2% [US\$ 30,4 milhões] pelo Japão).

Países da África Subsaariana e ONGs que enfrentam cortes acentuados

Em meio às quedas acentuadas na assistência ao desenvolvimento para a saúde, prevê-se que os países do leste, centro, sul e oeste da África Subsaariana testemunharão as maiores reduções nos gastos com saúde, especialmente Malawi, Gâmbia, Lesoto e Moçambique. Entre as organizações globais de saúde, as estimativas indicam que o financiamento diminuiu mais entre as ONGs e as agências da ONU. Ao contrário dessas tendências, as estimativas preliminares do IHME mostram que os financiamentos da Fundação Gates, do Banco Mundial e dos bancos regionais de desenvolvimento permanecem relativamente constantes.

É improvável que países de baixa e média renda preencham as lacunas de financiamento

Os gastos com saúde em alguns dos locais com menos recursos do mundo continuam extremamente baixos. Por exemplo, em 2025, os gastos com saúde nos países de alta renda foram 299 vezes maiores do que nos países de baixa renda. O IHME prevê que essas disparidades aumentarão nos próximos cinco anos.

Este relatório fornece estimativas de gastos globais com saúde com base em dados publicamente disponíveis em 25 de junho de 2025.

Краткое резюме

В отчете *Финансирование сферы всемирного здравоохранения* IHME (Institute for Health Metrics and Evaluation [Институт оценки показателей здоровья населения]) отслеживаются мировые инвестиции в сферу здравоохранения с особым акцентом на финансирование улучшения здоровья населения в странах с низким и средним уровнем дохода. В отчете за текущий год содержатся предварительные оценки финансовой помощи на развитие здравоохранения, которая за период с 2024 по 2025 год сократилась на 21 % — с 49,6 млрд долларов США до 39,1 млрд долларов США. Согласно прогнозам, за ближайшие пять лет объем помощи, выделяемой на развитие здравоохранения, может претерпевать дальнейший спад, и в 2030 году он может уменьшиться до 36,2 млрд долларов США. Поскольку многие партнеры, занимающиеся реализацией проектов по развитию, сокращают свои расходы, возникла необходимость в поиске новых стратегий.

Сокращение финансирования нужд всемирного здравоохранения ставит под угрозу десятилетия достижений в сфере охраны здоровья

Возникшие за последние три десятилетия в области здравоохранения серьезные кризисы — от ВИЧ/СПИДа до COVID-19 — побудили партнеров по развитию инвестировать на борьбу с этими заболеваниями рекордные суммы. Помимо прочего, такое финансирование сыграло важнейшую роль в снижении уровня смертности от ВИЧ/СПИДа почти на две трети с 2003 года. Однако сейчас многие партнеры по развитию сокращают объемы предоставляемой ими помощи, в особенности США — по оценкам IHME, в 2025 году правительство США сократило финансирование на 67 %, т.е. более чем на 9 млрд долларов США. Такие сокращения финансирования угрожают свести на нет успехи в области всемирной охраны здоровья, достигнутые на сегодняшний день. Напротив, некоторые доноры, в частности, Австралия и Япония, продолжают предоставлять финансовую помощь на развитие здравоохранения на прежнем уровне или даже немного увеличили ее объем (Австралия увеличила помощь на 2,6 % [18,2 млн долларов США], а Япония — на 2,2 % [30,4 млн долларов США]).

Страны Африки к югу от Сахары и НПО столкнулись с резким сокращением финансовой поддержки

На фоне резкого сокращения финансовой помощи на развитие здравоохранения ожидается, что наибольшее сокращение расходов на здравоохранение произойдет в странах Восточной, Центральной, Южной и Западной Африки к югу от Сахары, особенно в Малави, Гамбии, Лесото и Мозамбике. По оценкам, среди организаций, занимающихся вопросами всемирного здравоохранения, в большей степени сократилось финансирование НПО и организаций, работающих под эгидой ООН. В отличие от вышеописанных тенденций, по предварительным оценкам IHME, финансирование со стороны Фонда Гейтса, Всемирного банка и региональных банков развития остается относительно постоянным.

Маловероятно, что страны с низким и средним уровнем дохода смогут восполнить недостаток финансовых средств

Расходы на здравоохранение в некоторых регионах мира, испытывающих острый недостаток ресурсов, остаются на крайне низком уровне. Например, в 2025 году расходы на здравоохранение в странах с высоким уровнем дохода были в 299 раз больше, чем в странах с низким уровнем дохода. По прогнозам IHME, в ближайшие пять лет это неравенство будет только усугубляться.

В этом отчете представлены оценки расходов на всемирное здравоохранение; эти оценки основаны на общедоступных данных по состоянию на 25 июня 2025 года.

الملخص التنفيذي

يرصد تقرير تمويل قطاع الصحة العالمي الصادر عن معهد القياسات الصحية والتقييم (IHME) الاستثمارات العالمية في مجال الصحة، مع التركيز على التمويل المخصص لتحسين قطاع الصحة في البلدان منخفضة ومتوسطة الدخل. ويقدم تقرير هذا العام تقديرات أولية لمساعدات التنمية الصحية التي انخفضت بنسبة 21% بين عامي 2024 و2025، من 49.6 مليار دولار إلى 39.1 مليار دولار. تشير التوقعات إلى أنه من المرجح أن تنخفض مساعدات التنمية الصحية أكثر خلال السنوات الخمسة المقبلة، لتصل إلى 36.2 مليار دولار بحلول عام 2030. ومع تقليص العديد من شركاء التنمية لإنفاقهم، تظهر الحاجة إلى اتباع نهج جديدة.

عقود من المكاسب الصحية في خطر بسبب انخفاض التمويل العالمي للصحة

توالى ظهور الأزمات الصحية الكبرى خلال العقود الثلاثة الماضية، من فيروس نقص المناعة البشرية (HIV)/الإيدز إلى كوفيد-19، وقد استجاب شركاء التنمية من خلال ضخ تمويلات غير مسبوقه لمكافحة هذه الأمراض. وقد ساهمت هذه التمويلات، إلى جانب عدة عوامل أخرى، مساهمة فعالة في تقليص معدل الوفيات الناتجة عن فيروس نقص المناعة البشرية/الإيدز بنسبة تقارب الثلثين منذ عام 2003. غير أن العديد من شركاء التنمية بدأوا الآن في الانسحاب، وعلى رأسهم الولايات المتحدة. فحسب تقديرات معهد القياسات الصحية والتقييم، خُفّضت الحكومة الأمريكية تمويلها بنسبة 67% في عام 2025، أي أكثر من 9 مليارات دولار. وهذه التخفيضات تهدد بنسف التقدم الذي أحرزه العالم في مجال الصحة العالمية حتى الآن. وعلى النقيض، حافظ بعض الممولين - مثل أستراليا واليابان - على مستوى مساهماتهم في مساعدات التنمية الصحية أو زادوا منها طفيفاً (زيادة بنسبة 2.6% [18.2 مليون دولار] من أستراليا و2.2% [30.4 مليون دولار] من اليابان).

الدول الإفريقية جنوب الصحراء الكبرى والمنظمات غير الحكومية (NGO) تواجه تخفيضات حادة

وسط هذا الانخفاض الحاد في مساعدات التنمية الصحية، من المتوقع أن تشهد الدول الإفريقية الشرقية والوسطى والجنوبية والغربية الواقعة جنوب الصحراء الكبرى أكبر تراجع في الإنفاق الصحي، وخاصة مالاوي وغامبيا وليسوتو وموزمبيق. أما على مستوى المنظمات الصحية العالمية، فتشير التقديرات إلى أن التمويل قد انخفض بشكل أكبر بين المنظمات غير الحكومية ووكالات الأمم المتحدة. وعلى خلاف هذا التوجه العام، تُظهر التقديرات الأولية لمعهد القياسات الصحية والتقييم أن التمويل المقدم من مؤسسة Gates Foundation والبنك الدولي والبنوك الإقليمية للتنمية لا يزال مستقرًا نسبيًا.

من غير المرجح أن تتمكن البلدان ذات الدخل المنخفض والمتوسط من سد فجوات التمويل

لا يزال الإنفاق الصحي في بعض أفقر البيئات وأكثرها حرماناً في العالم منخفضاً للغاية. فعلى سبيل المثال، في عام 2025، كان الإنفاق الصحي في البلدان ذات الدخل المرتفع أعلى بمقدار 299 مرة من نظيره في البلدان ذات الدخل المنخفض. ويتوقع معهد القياسات الصحية والتقييم أن تتسع هذه الفوارق على مدار السنوات الخمس المقبلة.

يعرض هذا التقرير تقديرات الإنفاق الصحي العالمي استناداً إلى البيانات المتاحة للعامّة حتى 25 يونيو 2025.

कार्यकारी सारांश

IHME की वैश्विक स्वास्थ्य का वित्तपोषण रिपोर्ट स्वास्थ्य के क्षेत्र में विश्व के निवेश पर नज़र रखती है, और निम्न और मध्यम आय वाले देशों में स्वास्थ्य में सुधार के लिए वित्तपोषण पर ध्यान केंद्रित करती है। इस साल की रिपोर्ट में स्वास्थ्य के लिए विकास सहायता का शुरुआती अनुमान दिया गया है, जो 2024 और 2025 के बीच 21% घटकर \$49.6 बिलियन से \$39.1 बिलियन हो गया है। पूर्वानुमानों से पता चलता है कि स्वास्थ्य के लिए विकास सहायता अगले पांच वर्षों में और भी कम होकर 2030 में \$36.2 बिलियन तक पहुंच जाएगी। क्योंकि बहुत से विकास साझेदार अपने खर्च में कटौती कर रहे हैं, इसलिए नए दृष्टिकोण की आवश्यकता है।

वैश्विक स्वास्थ्य वित्तपोषण में गिरावट के कारण दशकों की स्वास्थ्य उपलब्धियाँ खतरे में हैं

पिछले तीन दशकों में एचआईवी/एड्स से लेकर कोविड-19 तक, बड़े स्वास्थ्य संकट उभरे हैं, और विकास साझेदारों ने इन बीमारियों से लड़ने में रिकॉर्ड तोड़ निवेश करके अपनी प्रतिक्रिया दी है। कई अन्य बातों के अलावा, इस वित्तपोषण ने 2003 से एचआईवी/एड्स से होने वाली मौतों की दर को लगभग दो-तिहाई तक कम करने में महत्वपूर्ण भूमिका निभाई है। हालाँकि, अब कई विकास पार्टनर, विशेष रूप से अमेरिका, अपने निवेश में कटौती कर रहे हैं - IHME का अनुमान है कि अमेरिका की सरकार ने 2025 में अपने वित्तपोषण में 67%, यानी \$9 बिलियन से अधिक की कटौती की है। इन कटौतियों से दुनिया द्वारा अब तक की गई वैश्विक स्वास्थ्य प्रगति पर पानी फिरने का खतरा है। इसके विपरीत, ऑस्ट्रेलिया और जापान जैसे कुछ वित्तपोषकों ने स्वास्थ्य योगदान के लिए अपनी विकास सहायता को बनाए रखा है या थोड़ा बढ़ाया है (ऑस्ट्रेलिया द्वारा 2.6% [\$18.2 मिलियन] और जापान द्वारा 2.2% [\$30.4 मिलियन] की वृद्धि)।

उप-सहारा अफ्रीकी देश और गैर-सरकारी संगठन भारी कटौती का सामना कर रहे हैं

स्वास्थ्य के लिए विकास सहायता में भारी गिरावट के बीच, पूर्वी, मध्य, दक्षिणी और पश्चिमी उप-सहारा अफ्रीकी देशों, विशेष रूप से मलावी, गाम्बिया, लेसोथो और मोज़ाम्बिक में स्वास्थ्य संबंधी खर्च में सबसे बड़ी गिरावट आने की उम्मीद है। वैश्विक स्वास्थ्य संगठनों में, अनुमान बताते हैं कि गैर-सरकारी संगठनों और संयुक्त राष्ट्र एजेंसियों के वित्तपोषण में सबसे अधिक कमी आई है। इन रुझानों के विपरीत, IHME के प्रारंभिक अनुमान बताते हैं कि गेट्स फाउंडेशन, विश्व बैंक और क्षेत्रीय विकास बैंकों से प्राप्त होने वाला वित्तपोषण अपेक्षाकृत स्थिर बना हुआ है।

निम्न और मध्यम आय वाले देशों द्वारा वित्तपोषण की कमियों को पूरा करने की संभावना नहीं है

दुनिया के कुछ सबसे कम संसाधन वाले क्षेत्रों में स्वास्थ्य संबंधी खर्च बेहद कम बना हुआ है। उदाहरण के लिए, 2025 में, उच्च आय वाले देशों में स्वास्थ्य संबंधी खर्च निम्न आय वाले देशों की तुलना में 299 गुना अधिक था। IHME का अनुमान है कि अगले पाँच वर्षों में ये असमानताएँ और बढ़ेंगी।

यह रिपोर्ट 25 जून, 2025 तक सार्वजनिक रूप से उपलब्ध आँकड़ों के आधार पर वैश्विक स्वास्थ्य संबंधी खर्च का अनुमान प्रदान करती है।

কার্যকরী সারাংশ

IHME-এর বৈশ্বিক স্বাস্থ্য অর্থায়ন রিপোর্টে বিশ্বের বিভিন্ন প্রান্তে স্বাস্থ্যের খাতে যে পরিমাণ অর্থ নিবেশিত হচ্ছে তা উল্লেখিত থাকে, এছাড়াও এটি নিম্ন ও মধ্য-উপার্জনকারী দেশগুলিতে স্বাস্থ্য পরিস্থিতির উন্নতি ঘটাতে অর্থায়ন করার উপর জোর দেয়। এই বছরের রিপোর্টে স্বাস্থ্য জনিত উন্নয়নে সহায়তার প্রাথমিক অনুমান উল্লেখিত রয়েছে যা 2024-এর \$49.6 বিলিয়ন থেকে 21% হ্রাস পেয়ে 2025-এ \$39.1 বিলিয়ন হয়েছে। পূর্বাভাস থেকে বোঝা যাচ্ছে যে আগামী পাঁচ বছরে স্বাস্থ্য জনিত উন্নয়নে সহায়তার পরিমাণ আরও কমতে থাকবে, যা 2030-এ \$36.2 বিলিয়নে পৌঁছে যাবে। এই উন্নয়নের সাথে জড়িত বিভিন্ন অংশীদাররা এই খাতে তাদের নিবেশ কমিয়ে আনার ফলে, একটি নতুন কৌশল গড়ে তোলার প্রয়োজনীয়তা তৈরি হয়েছে।

বৈশ্বিক স্বাস্থ্যের খাতে আর্থিক নিবেশ কমানোর জন্য কয়েক দশকের স্বাস্থ্যের উন্নতি বিপন্ন হয়ে পড়েছে

গত তিন দশকে - HIV/AIDS থেকে শুরু করে COVID-19-এর মতো গুরুতর স্বাস্থ্য জনিত বিপর্যয় দেখা দেওয়ার কারণে এই সকল রোগের প্রতিরোধ করার জন্য উন্নয়নের সাথে জড়িত অংশগ্রহণকারীরা রেকর্ড পরিমাণ অর্থ বিনিয়োগ করেছেন। অন্যান্য বিষয়ের পাশাপাশি, 2003 থেকে এই খাতে নিবেশিত অর্থ HIV/AIDS-এর কারণে হওয়া মৃত্যুর হার প্রায় দুই-তৃতীয়াংশ কমিয়ে আনার ক্ষেত্রে একটি গুরুত্বপূর্ণ ভূমিকা রেখেছে। তবে, বর্তমানে, এই বিকাশের সাথে জড়িত অনেক অংশীদাররা পিছু হটছে, বিশেষত মার্কিন যুক্তরাষ্ট্রের - IHME-এর গণনা অনুযায়ী 2025-এ মার্কিন যুক্তরাষ্ট্রের সরকার এই অর্থায়নের পরিমাণ \$9 বিলিয়নেরও বেশি কমিয়েছে অর্থাৎ 67% কমিয়ে এনেছে। এই সকল অর্থায়ন কমে যাওয়ার কারণে স্বাস্থ্যের ক্ষেত্রে বিশ্বব্যাপী বর্তমানে অর্জিত অগ্রগতি নষ্ট হয়ে যাওয়ার সম্ভাবনা গড়ে উঠছে। অপরদিকে, অস্ট্রেলিয়া ও জাপানের মতো কিছু অর্থ প্রদানকারী দেশ, স্বাস্থ্য জনিত উন্নয়নের খাতে তাদের বিনিয়োগের পরিমাণ একই রেখেছে অথবা তা সামান্য পরিমাণে বাড়িয়েছে (অস্ট্রেলিয়া 2.6% [\$18.2 মিলিয়ন] ও জাপান 2.2% [\$30.4 মিলিয়ন] বৃদ্ধি ঘটিয়েছে)।

সাহারা-নিম্ন আফ্রিকা অঞ্চলের দেশগুলি ও NGO-তে বিনিয়োগ অনেকটা কমিয়ে আনা হয়েছে

স্বাস্থ্য জনিত উন্নয়নে সহায়তার পরিমাণ তাৎপর্যপূর্ণভাবে কমে যাওয়ার কারণে পূর্ববর্তী, কেন্দ্রীয়, দক্ষিণস্থ ও পশ্চিম সাহারা-নিম্ন আফ্রিকায় বিশেষত মালাউই, গাম্বিয়া, লেসোথো ও মোজাম্বিকে স্বাস্থ্যের খাতে বিনিয়োগের পরিমাণ সর্বাধিক কমে যাবে বলে অনুমান করা হয়েছে। গণনায় দেখা গেছে যে বিশ্বের বিভিন্ন স্বাস্থ্য প্রতিষ্ঠানগুলির মধ্যে NGO ও জাতিসংঘের বিভিন্ন সংস্থাগুলিতে বিনিয়োগের পরিমাণ সর্বাধিক হ্রাস প্রাপ্ত হয়েছে। IHME-এর গণনাতে এই সকল প্রবণতাগুলির ঠিক বিপরীতে দেখা গেছে যে, গেটস ফাউন্ডেশন (Gates Foundation), ওয়ার্ল্ড ব্যাংক (World Bank) ও অন্যান্য আঞ্চলিক উন্নয়ন ব্যাংকগুলি তাদের নিবেশিত অর্থের পরিমাণ তুলনামূলকভাবে একই রেখেছে।

নিম্ন থেকে মধ্য-উপার্জনকারী দেশগুলিতে অর্থের এই ঘাটতি পূরণ হওয়ার তেমন কোনো সম্ভাবনা নেই

বিশ্বের বিভিন্ন প্রান্তের সর্বাধিক সুবিধাবঞ্চিত দেশগুলিতে স্বার্থের উপর বিনিয়োগের পরিমাণ এখনো অত্যন্ত কম রয়েছে। যেমন, 2025-এ উচ্চ-উপার্জনকারী দেশগুলিতে স্বাস্থ্যের খাতে বিনিয়োগের পরিমাণ নিম্ন-উপার্জনকারী দেশগুলির তুলনায় 299 গুণ ছিল। IHME-এর অনুমান অনুযায়ী আগামী পাঁচ বছরের মধ্যে এই তারতম্যের পরিমাণ আরও বৃদ্ধি পাবে।

25 জুন, 2025 পর্যন্ত বিশ্বের বিভিন্ন প্রান্তে স্বাস্থ্যের খাতে হওয়া খরচ সংক্রান্ত জনসমক্ষে উপলব্ধ তথ্যের উপর ভিত্তি করে করা অনুমান এই রিপোর্টে উল্লেখ করা হয়েছে।

执行摘要

健康指标与评估研究所（IHME）发布的《全球卫生筹资报告》追踪了全球卫生领域的投资，重点关注用于改善中低收入国家人民健康状况的资金。今年的报告对卫生发展援助进行了初步估算，2024年至2025年间，卫生发展援助从496亿美元下降到391亿美元，降幅为21%。预测显示，未来五年，卫生发展援助可能还会进一步下降，到2030年将降至362亿美元。随着许多发展合作伙伴削减支出，我们需要采取新的方法。

随着全球卫生资金投入减少，数十年来取得的健康成果面临风险

过去三十年，从艾滋病毒/艾滋病到新冠肺炎，各种重大卫生危机层出不穷，发展合作伙伴为此投入了创纪录的资金，用于抗击这些疾病。这些资金发挥了重要作用，包括将艾滋病毒/艾滋病死亡率自2003年以来降低近三分之二。但是，现在许多发展合作伙伴正在撤资，尤其是美国——IHME估计，2025年，美国政府将资金投入减少67%（超过90亿美元）。这些削减会威胁迄今为止全球卫生领域取得的进展。相比之下，一些资助国（例如澳大利亚和日本）则保持或略微增加了卫生发展援助（澳大利亚增加了2.6%[1820万美元]，日本增加了2.2%[3040万美元]）。

撒哈拉以南非洲国家和非政府组织面临大幅削减

在卫生发展援助大幅下降的背景下，预计撒哈拉以南非洲东部、中部、南部和西部的国家将面临卫生支出的最大降幅，尤其是马拉维、冈比亚、莱索托和莫桑比克。据估计，在全球卫生组织中，非政府组织和联合国机构的资金减少幅度最大。与这些趋势相反，IHME的初步估计显示，盖茨基金会、世界银行和区域开发银行的资金保持相对稳定。

中低收入国家不太可能填补资金缺口

世界上一些资源最匮乏的国家的卫生支出仍然极低。例如，2025年，高收入国家的卫生支出是低收入国家的299倍。IHME预测，未来五年，这些差距将会扩大。

本报告根据截至2025年6月25日的公开数据，对全球卫生支出进行了估算。

Ringkasan Eksekutif

Laporan *Pembiayaan Kesehatan Global* IHME melacak investasi dunia di bidang kesehatan, dengan fokus pada pendanaan untuk meningkatkan kesehatan di negara-negara berpenghasilan rendah dan menengah. Laporan tahun ini memberikan estimasi awal bantuan pembangunan untuk kesehatan, yang turun sebesar 21% antara tahun 2024 dan 2025, dari \$49,6 miliar menjadi \$39,1 miliar. Perkiraan menunjukkan bahwa bantuan pembangunan untuk kesehatan kemungkinan akan terus menurun dalam lima tahun ke depan, hingga mencapai \$36,2 miliar pada tahun 2030. Karena banyak mitra pembangunan memangkas pengeluaran mereka, muncul kebutuhan akan berbagai pendekatan baru.

Puluhan tahun pencapaian di bidang kesehatan terancam akibat penurunan pendanaan kesehatan global

Ketika krisis kesehatan besar muncul selama tiga dekade terakhir—mulai dari HIV/AIDS hingga COVID-19—para mitra pembangunan merespons dengan menginvestasikan jumlah tertinggi sepanjang sejarah untuk memerangi penyakit-penyakit tersebut. Di antara banyak hal lainnya, pendanaan ini telah berperan penting dalam menurunkan angka kematian akibat HIV/AIDS hingga hampir dua pertiga sejak tahun 2003. Namun, kini banyak mitra pembangunan yang mulai menarik diri, terutama AS—IHME memperkirakan bahwa pemerintah AS mengurangi pendanaannya sebesar 67%, lebih dari \$9 miliar, pada tahun 2025. Pemotongan ini berisiko menghapus pencapaian dunia hingga saat ini dalam kemajuan kesehatan global. Sebaliknya, beberapa pendana, seperti Australia dan Jepang, justru mempertahankan atau sedikit meningkatkan bantuan pembangunan mereka untuk kontribusi kesehatan (peningkatan sebesar 2,6% [\$18,2 juta] oleh Australia dan 2,2% [\$30,4 juta] oleh Jepang).

Negara-negara Afrika Sub-Sahara dan LSM menghadapi pemotongan tajam

Di tengah penurunan tajam bantuan pembangunan kesehatan, negara-negara di Afrika Sub-Sahara bagian Timur, Tengah, Selatan, dan Barat diperkirakan akan mengalami penurunan pembelanjaan kesehatan terbesar, terutama Malawi, Gambia, Lesotho, dan Mozambik. Di antara organisasi kesehatan global, estimasi menunjukkan bahwa penurunan pendanaan terbesar terjadi pada LSM dan badan-badan PBB. Berlawanan dengan tren ini, estimasi awal IHME menunjukkan bahwa pendanaan dari Gates Foundation, Bank Dunia, dan bank pembangunan regional tetap relatif konstan.

Negara-negara berpenghasilan rendah dan menengah kecil kemungkinan dapat mengisi kesenjangan pendanaan

Pembelanjaan kesehatan di beberapa negara dengan sumber daya paling terbatas di dunia masih sangat rendah. Misalnya, pada tahun 2025, pembelanjaan kesehatan di negara-negara berpenghasilan tinggi 299 kali lebih besar dibandingkan dengan di negara-negara berpenghasilan rendah. IHME memperkirakan bahwa kesenjangan ini akan meningkat selama lima tahun ke depan.

Laporan ini menyajikan estimasi pembelanjaan kesehatan global berdasarkan data yang tersedia untuk publik per 25 Juni 2025.

Introduction

Sharp declines in global health funding

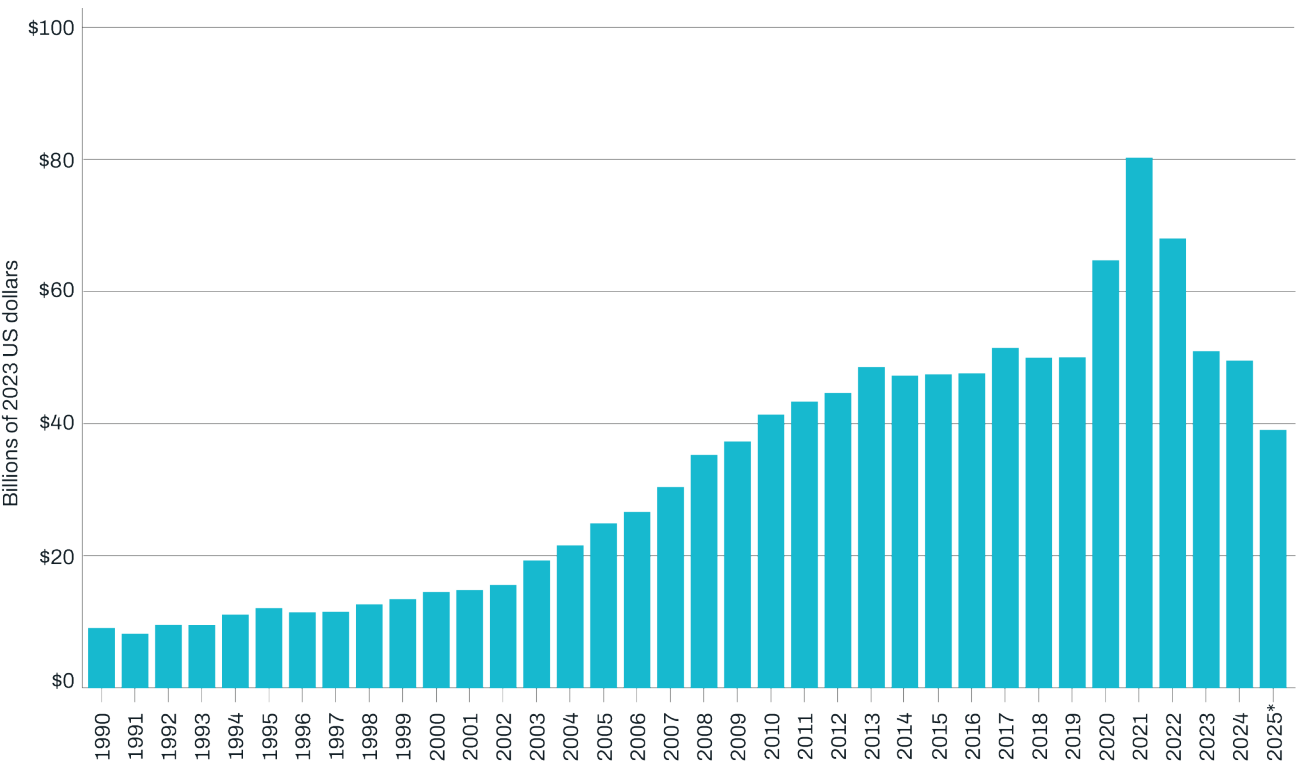
In the first decade of the 21st century, funding for improving and maintaining health in low- and middle-income countries – known as development assistance for health (DAH) – more than tripled. In parallel, deaths among children and people living with HIV/AIDS plunged. Then, development assistance funding increased slightly between 2011 and 2019, and global health progress continued, with deaths among children under 5 in low-income countries dropping from 1,837 per 100,000 in 2011 to 1,485 per 100,000 in 2019, a 19% decline.¹ When COVID-19 emerged, threatening the health and well-being of the entire world, DAH rose to record heights, reaching \$80.3 billion in 2021, helping nations protect their people. Now, in 2025, major development partners have scaled back their DAH, putting lives at risk and jeopardizing the health progress that countries have made to date.

This report's peer-reviewed foundation

The work presented in *Financing Global Health 2025* draws in part on a peer-reviewed research article published on July 15, 2025:

[Tracking development assistance for health, 1990–2030: historical trends, recent cuts, and outlook](#)

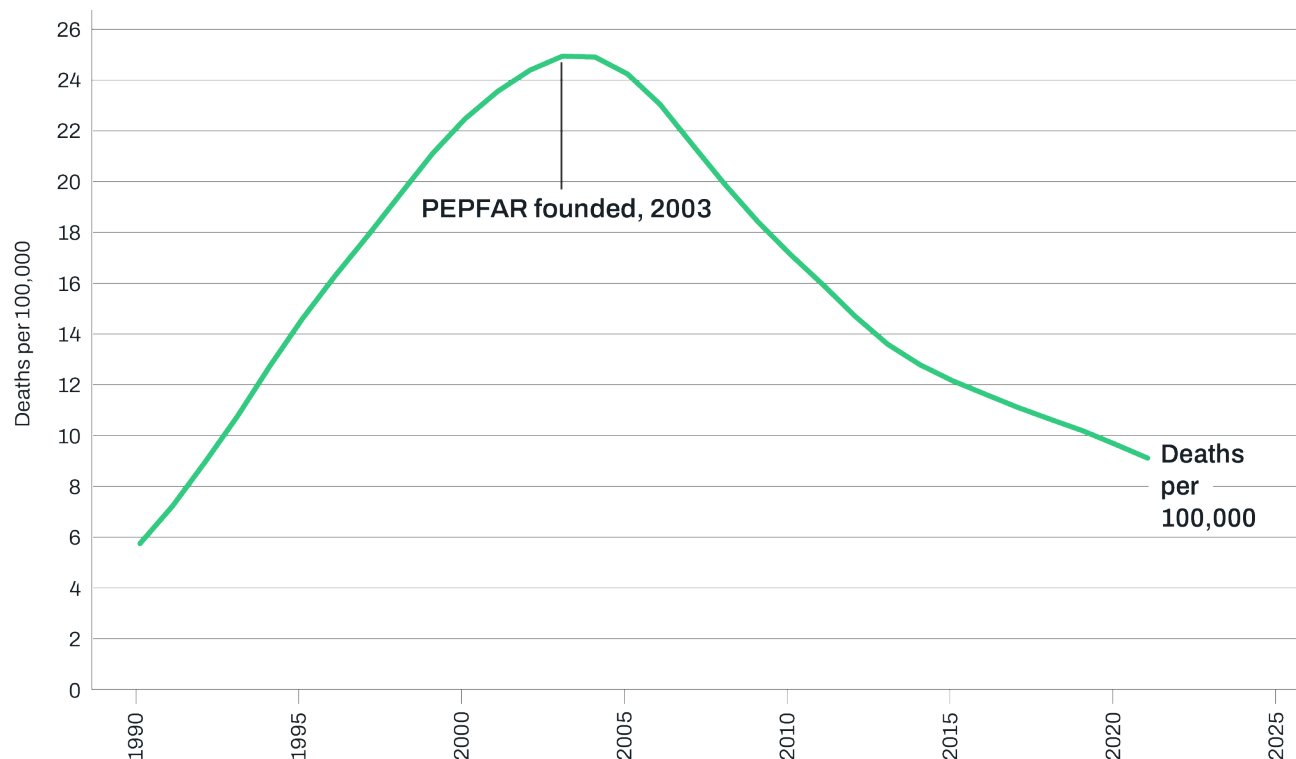
Figure 1: Development assistance for health, 1990–2025



Development assistance for health is measured in 2023 real US dollars.

*2025 estimates are preliminary.

Figure 2: HIV/AIDS global deaths per 100,000 people, 1990–2021



Source: vizhub.healthdata.org/gbd-compare, accessed June 25, 2025

PEPFAR stands for the U.S. President's Emergency Plan for AIDS Relief.

In 2025, IHME's preliminary estimates indicate that DAH has fallen to levels not seen for over 15 years, to \$39.1 billion. DAH dropped by more than one-fifth between 2024 and 2025. For perspective, DAH is now less than half the size it was during the pandemic's peak in 2021, when the world rallied to help countries during the global health emergency.

Declining DAH is just one of the economic challenges that low-income countries have faced recently. Many of these countries have been paying back the loans they took out to protect lives and livelihoods amid COVID-19.² They have been grappling with a steep increase in interest rates, which has made it more expensive to repay their loans.² In addition, governments are facing slowing economic growth as well as inflation and tariffs.³

What's new in FGH 2025?

IHME has been publishing *Financing Global Health* since 2009. The innovations in this year's report include the following:

Visualizing the impact of cuts from major development partners

- We examine how the cuts that development partners announced in late 2024 and early 2025 would reduce the amount of funding invested in improving health in low- and middle-income countries.

Anticipating what the future holds

- IHME has created new forecasts to show how the trajectory of global health funding could evolve over the next five years under current policies.

Tracking contributions from newly added development partners

- For the first time, IHME is tracking contributions from Czechia, Estonia, Hungary, Iceland, Lithuania, Poland, Slovakia, and Slovenia.

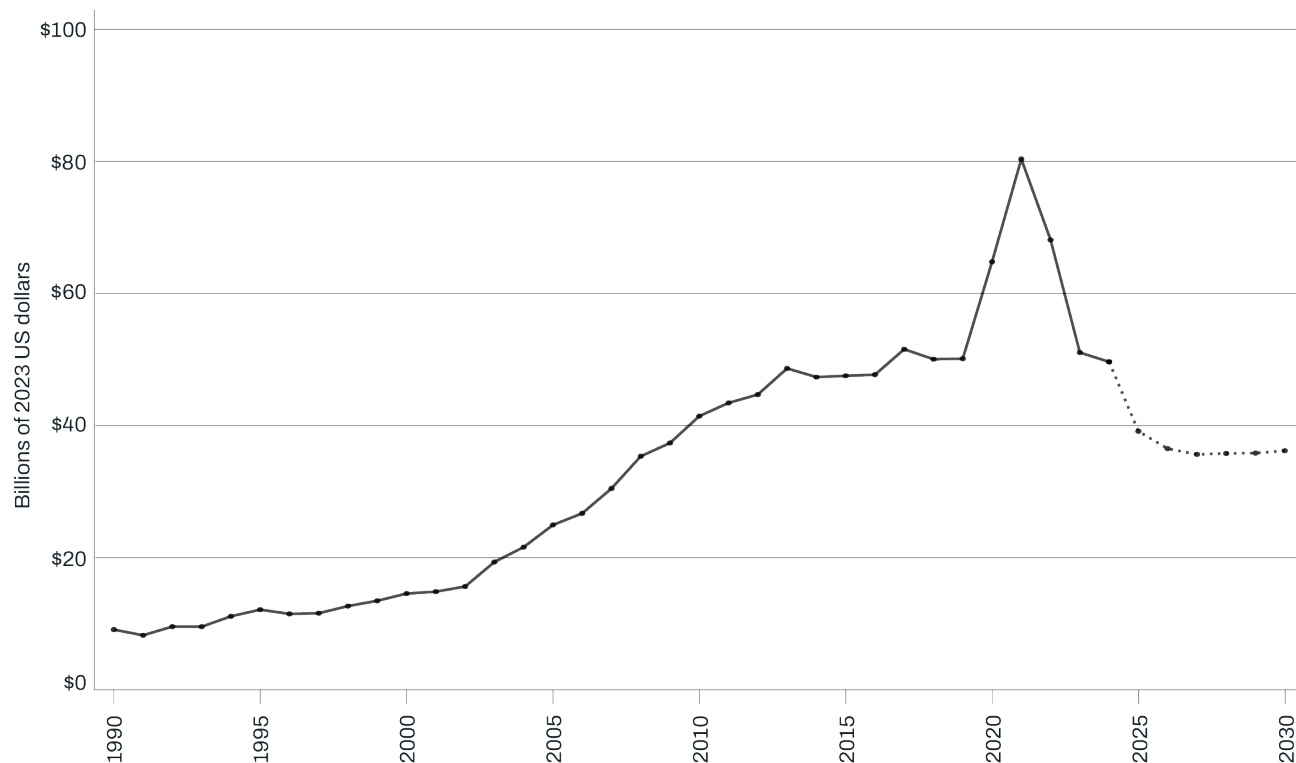
Downward trends in funding likely to continue

The decline in DAH is likely to continue over the next five years according to IHME's forecasts, decreasing by approximately 7.5% over this period. These forecasts take into account the spending targets that funders have recently announced.

The leading development partners have justified their cuts in DAH by citing the need to increase defense spending amid the Russia–Ukraine war. For example, the UK recently cut its development assistance and raised its military spending to the highest levels since the Cold War, citing threats to its national security.⁴

Also, in reducing development assistance, development partners have pointed to the need to redirect resources within their borders to resettling people who are migrants.^{5,6}

Figure 3: Total development assistance for health, 1990–2030

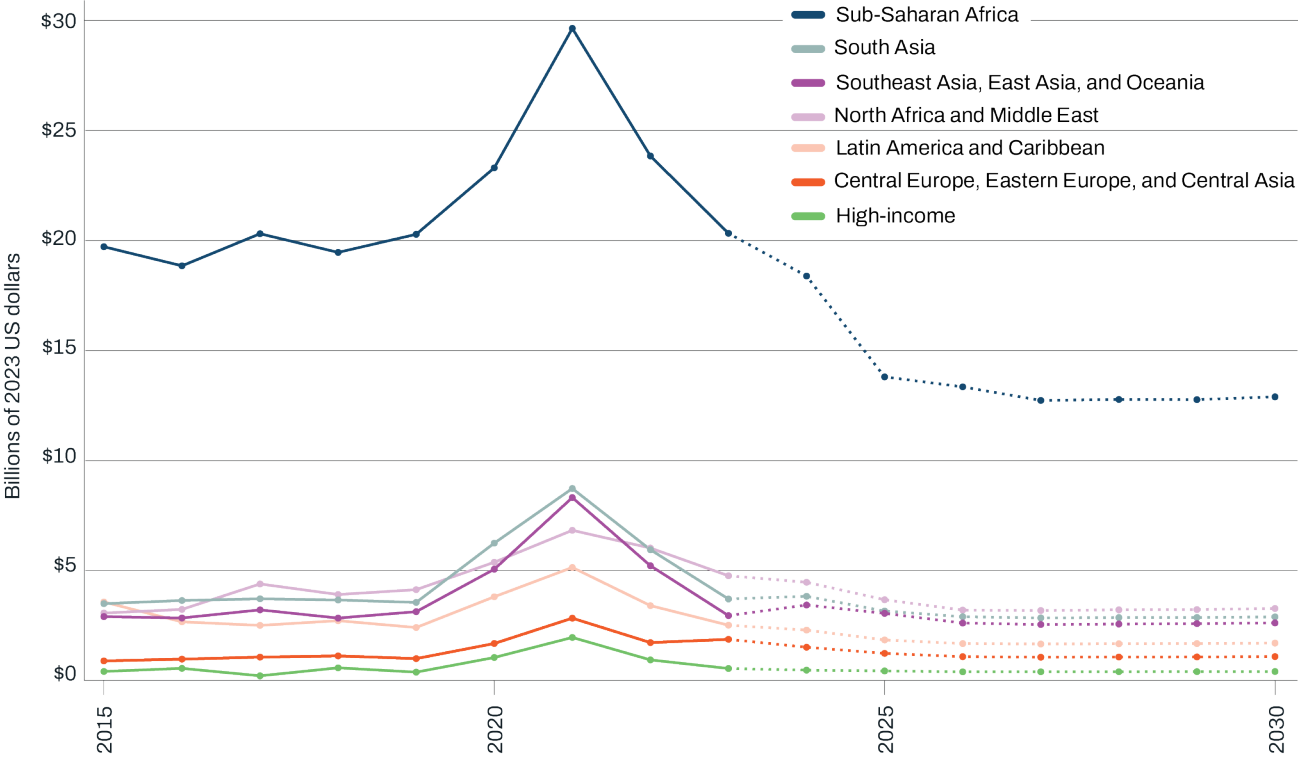


Development assistance for health is measured in 2023 real US dollars, with 2025 being preliminary estimates and 2026 through 2030 estimates being forecasted.

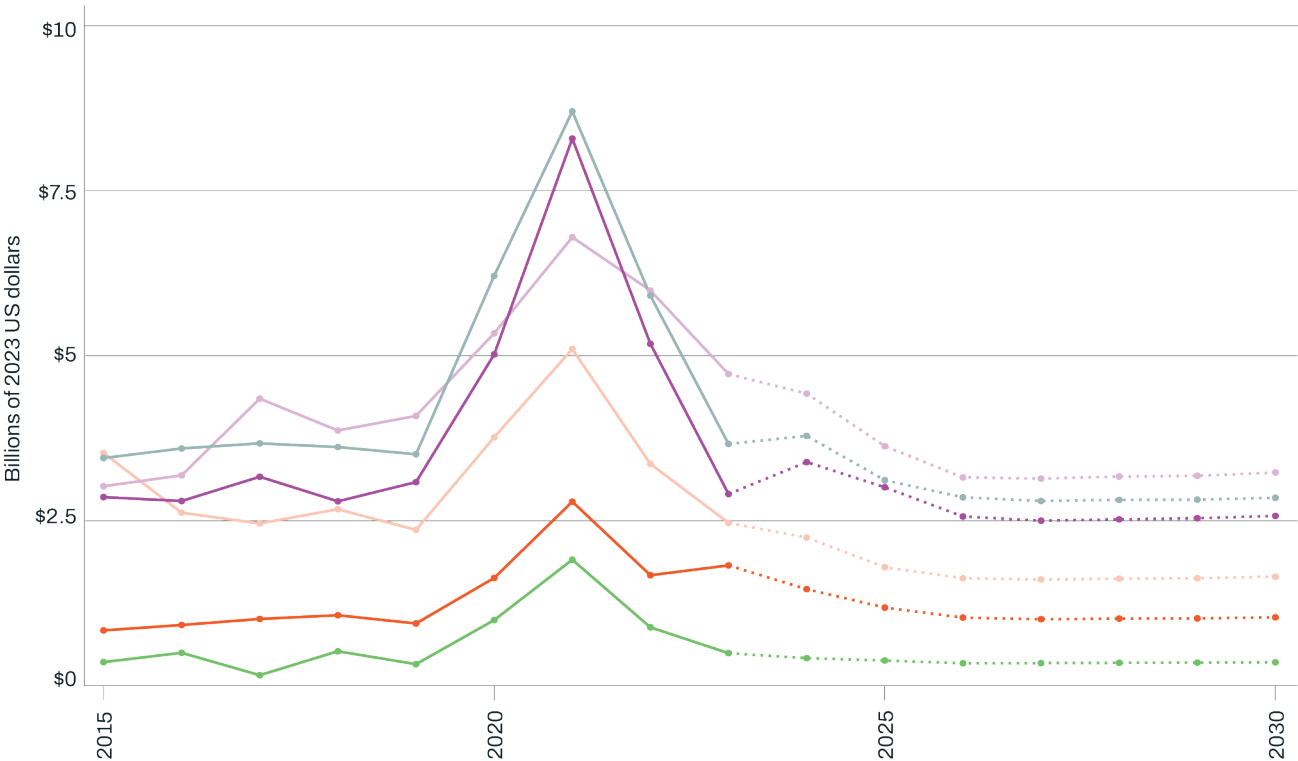
Sub-Saharan Africa hardest hit by cuts over time

As the region receiving the largest amount of DAH, sub-Saharan Africa will experience the largest cuts according to IHME's preliminary estimates, with DAH declining by 25% (\$4.6 billion) between 2024 and 2025 and dropping by an additional 6.6% (\$0.9 billion) from 2025 to 2030. After sub-Saharan Africa, North Africa and the Middle East, South Asia, and Latin America and the Caribbean are seeing the next-largest reductions in DAH. This profound shift in DAH marks a sharp contrast to the US's founding of the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003. When PEPFAR was established with support from the two major political parties, it aimed to reverse the AIDS epidemic in African and Caribbean countries.⁷

Figure 4: Development assistance for health by GBD super-region, 2015–2030



Excluding sub-Saharan Africa



Development assistance for health is measured in 2023 real US dollars, with 2024 through 2030 estimates being forecasted.

Major funders reduce spending while others maintain their support

According to the most recent data available, many countries reduced their investments in global health in 2025. Finland, France, Germany, the UK, and the US have cut their DAH. In contrast, at the time of writing this report, DAH from other countries, including Canada, China, and the United Arab Emirates has stayed steady in 2025, while Japan, Australia, and South Korea increased their DAH slightly.

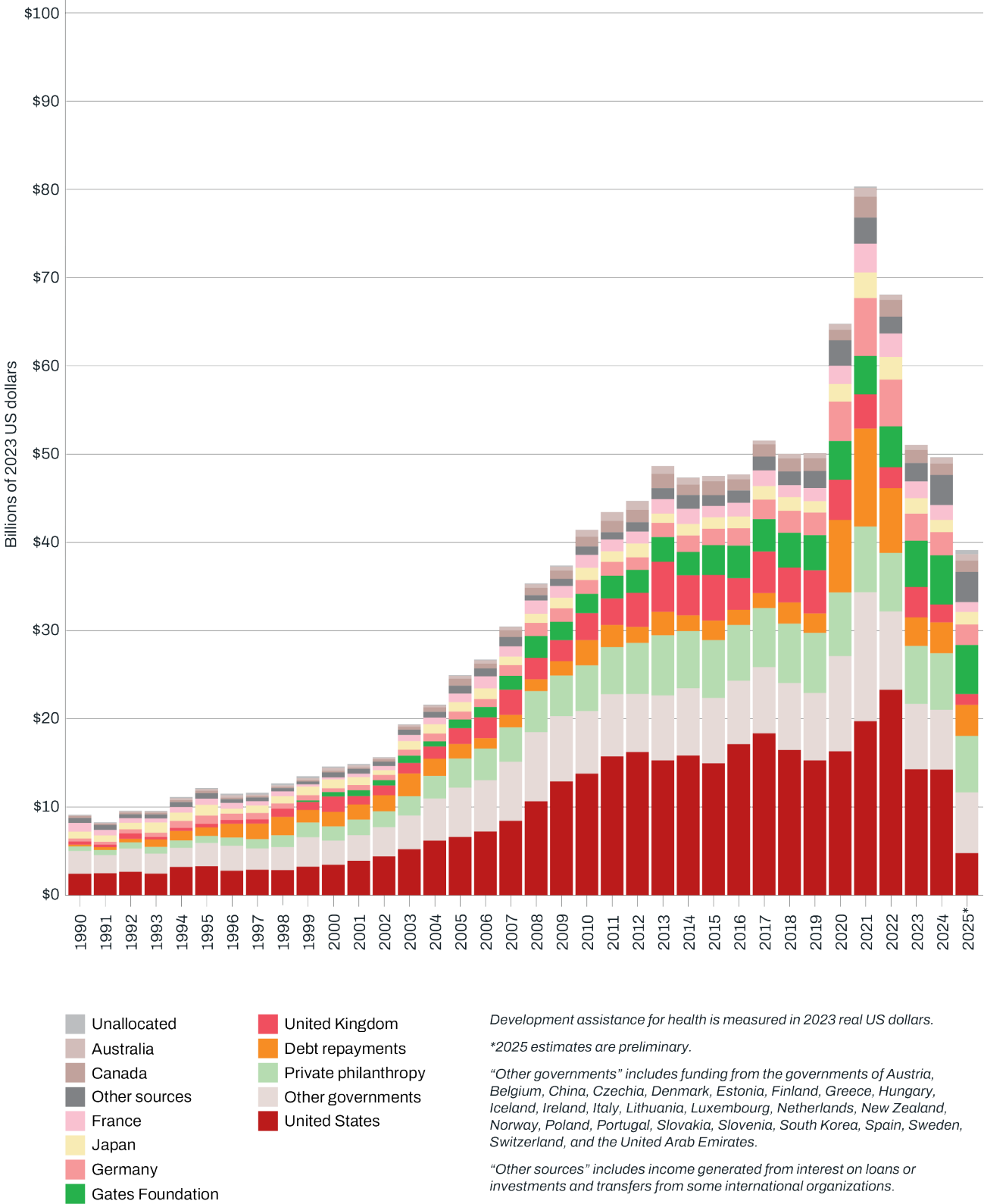
Some countries, including France, have reduced their investments in global health in response to internal pressure and domestic concerns about the effectiveness of this spending.⁸ Other countries, including Germany and the UK, are reducing DAH as they ramp up spending on domestic priorities, such as bolstering defense.^{4,9}

In contrast, Japan increased its DAH from \$1.38 billion to \$1.41 billion – a 2% increase – between 2024 and 2025. The country is focusing on helping low- and middle-income countries expand access to high-quality, effective health care through universal health coverage.¹⁰ Another development partner, Canada, maintained its DAH from 2024 to 2025. This steady funding reflects the Canadian government's 10-year commitment, spanning the years 2020 to 2030, to promote the health and rights of women and girls globally.¹¹

Some development partners have shifted and/or increased their DAH investments in direct response to the US cuts. When the US announced its plans to reduce development assistance, Australia declared that it would help strategically important countries – nations in the Pacific and Southeast Asia – fill their funding gaps.¹² As a result, Australia's DAH increased. However, while allocating more money to countries of strategic interest, Australia shifted funding away from other organizations, such as the Global Fund.¹²

China is another country that changed its global health investment strategy in response to the US government's cuts. In May 2025, China announced that it would provide an additional \$500 million to WHO in response to the US's withdrawal from the organization.¹³

Figure 5: Development assistance for health by source, 1990–2025



Focusing on government funding exclusively, cuts from the US government alone have been the largest in volume terms, with US DAH dropping by more than \$9 billion in 2025 (a 67% decline), followed by cuts from the UK (\$796.1 million, a 39% decline), France (\$555.1 million, a 33% decline), and Germany (\$304.5 million, a 12% decline).

In contrast to the large shifts in DAH from governments, private sector DAH continues to flow. Funding from private philanthropy including the Gates Foundation stayed constant between 2024 and 2025. The Gates Foundation is one of the largest funders of WHO and Gavi. In another important development, in spring 2025, Bill Gates announced that his Foundation would give away his fortune over the next two decades and that he would spend most of that money helping the African continent.¹⁴

Foundations outside of the US are playing an increasingly important role in global health. In the United Arab Emirates, the Mohamed Bin Zayed Foundation for Humanity is contributing to a fund totaling nearly \$500 million that aims to improve maternal and child health in 10 countries in sub-Saharan Africa: Ethiopia, Ghana, Kenya, Lesotho, Malawi, Nigeria, Rwanda, Tanzania, Uganda, and Zimbabwe.¹⁵

Figure 6: Total development assistance for health from major donor countries, 1990–2025

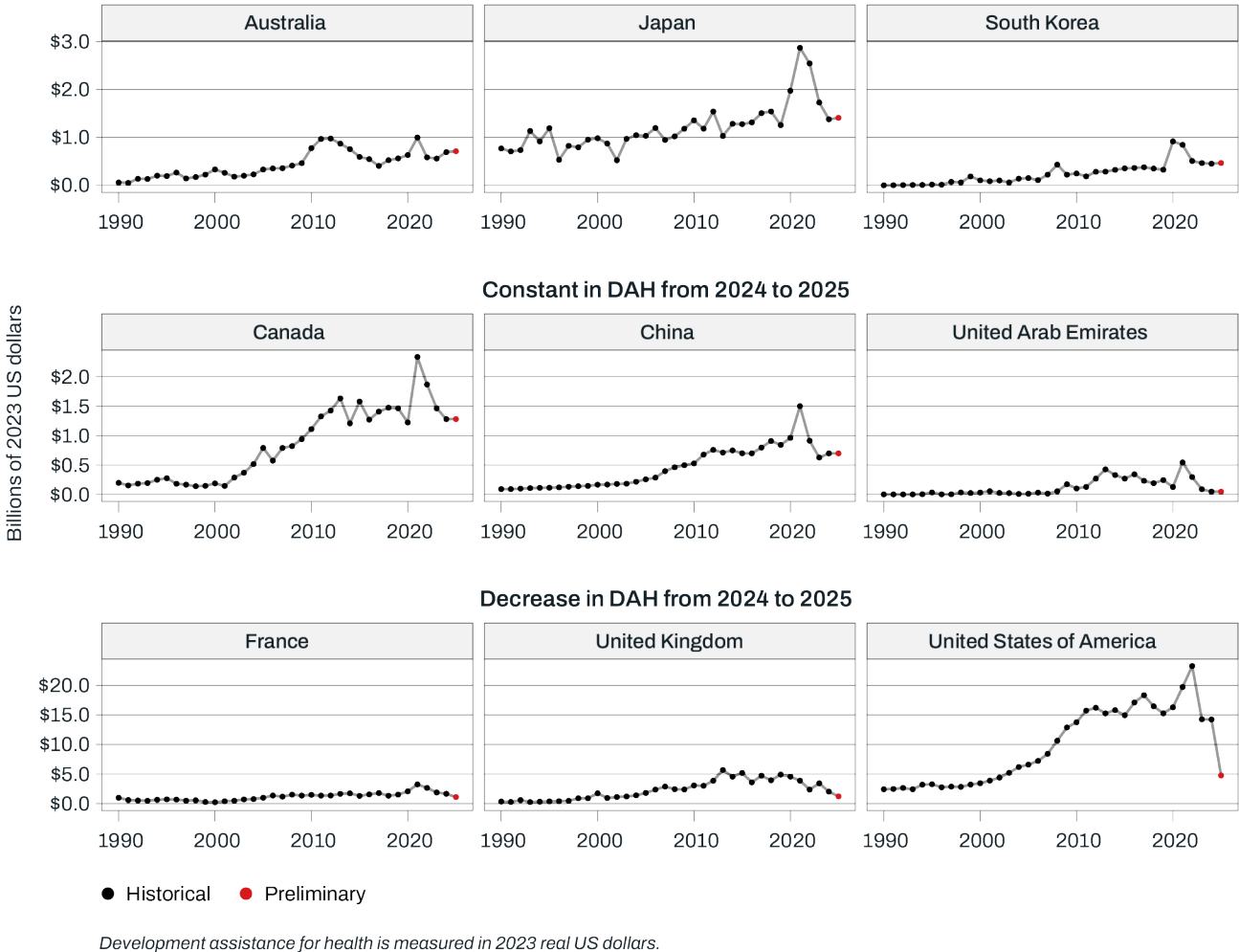
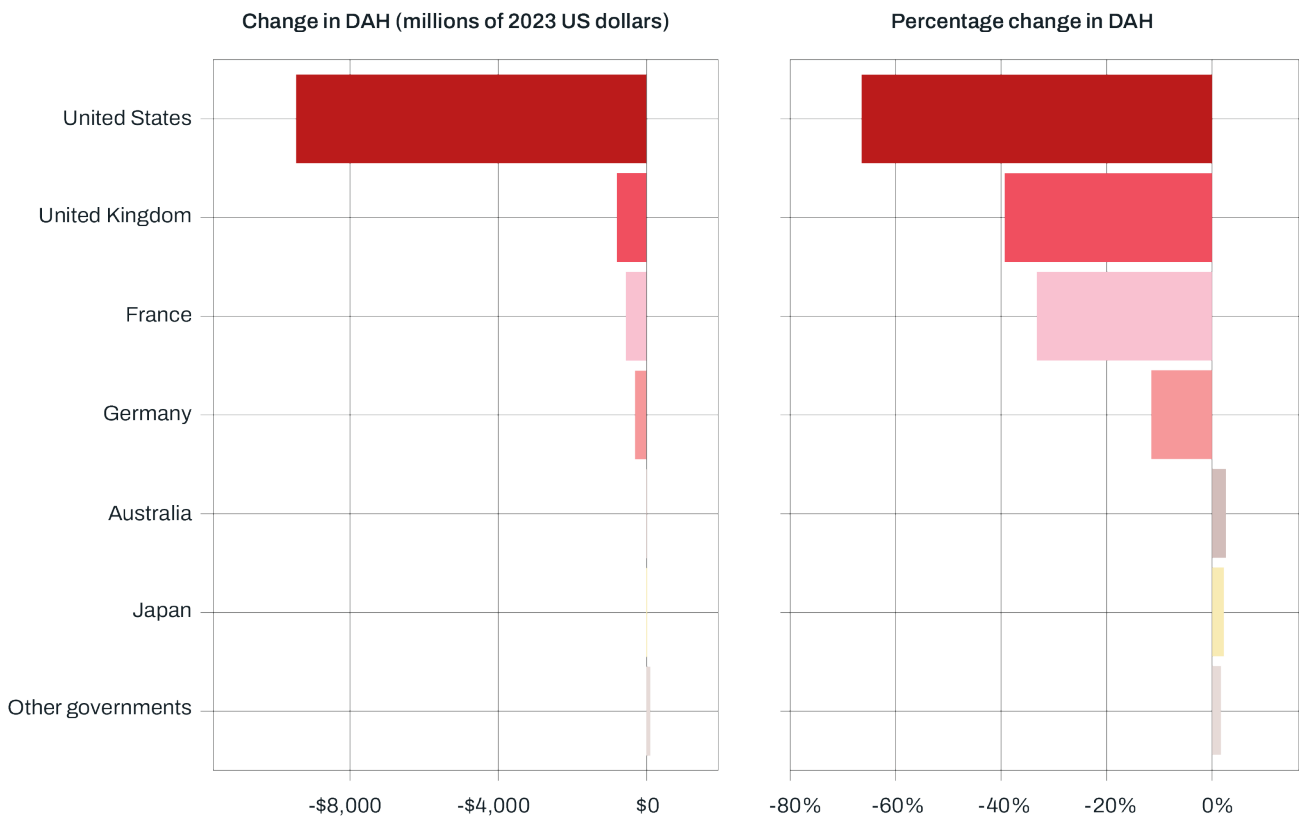


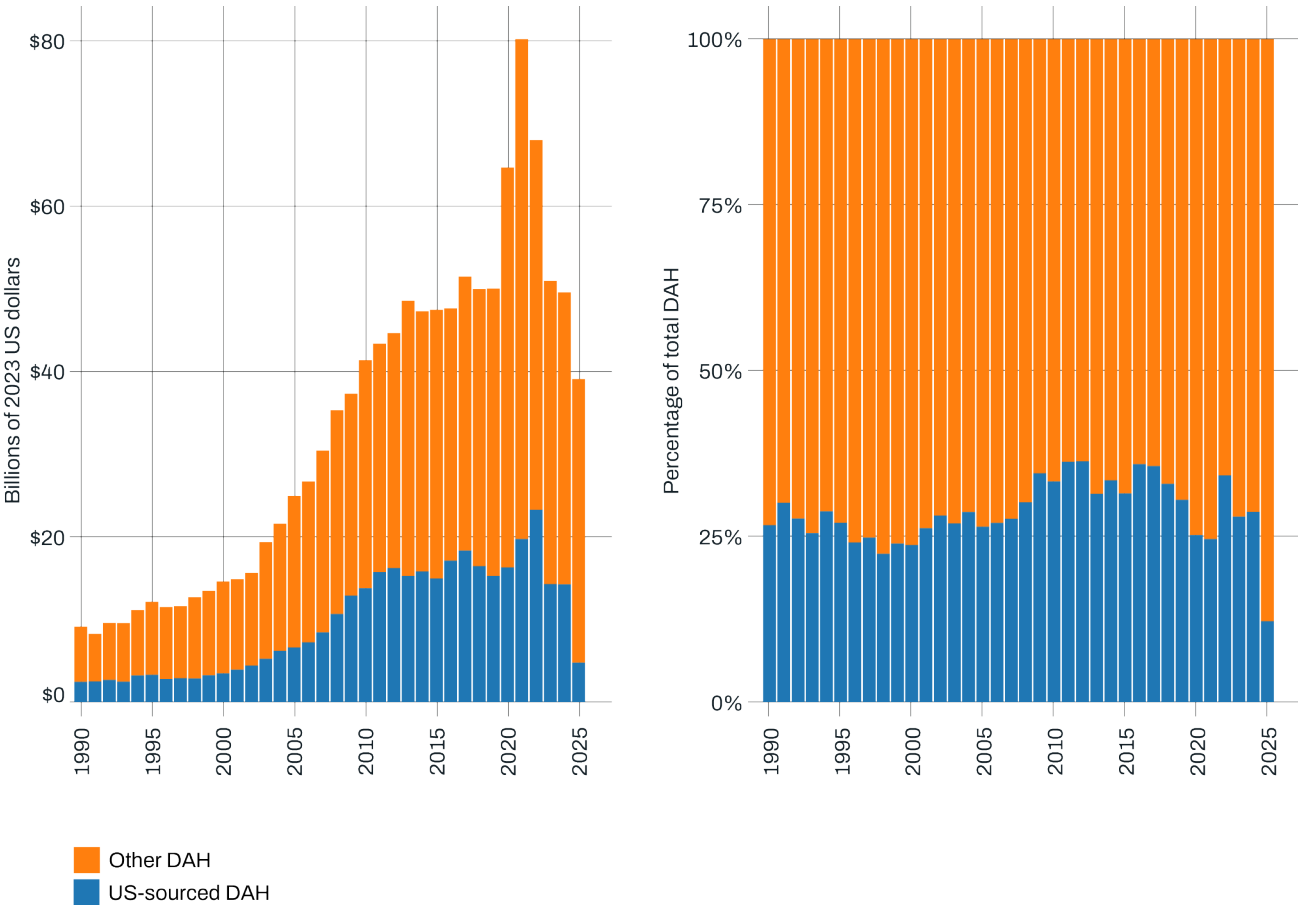
Figure 7: Change in development assistance for health by source, 2024–2025



Development assistance for health is measured in 2023 real US dollars, with 2025 being preliminary estimates.

As far back as 1990, the first year for which IHME tracks DAH, the US government has been the largest source of funding overall, providing more than one-quarter of total funding. After cutting its development assistance budget in 2025, funding from the US government dropped to 12% of total DAH. Now, in 2025, for the first time, IHME’s preliminary estimates suggest that the Gates Foundation has surpassed the US government as the largest individual source of funding for DAH.

Figure 8: US-sourced development assistance for health vs. other development assistance for health, 1990–2025



Development assistance for health is measured in 2023 real US dollars, with 2025 being preliminary estimates.

Other DAH includes all DAH that comes from a source other than the US government. For example, it includes DAH from other governments and private philanthropy.

Who and where are those most affected by these cuts?

Organizations most affected by declining global health funding

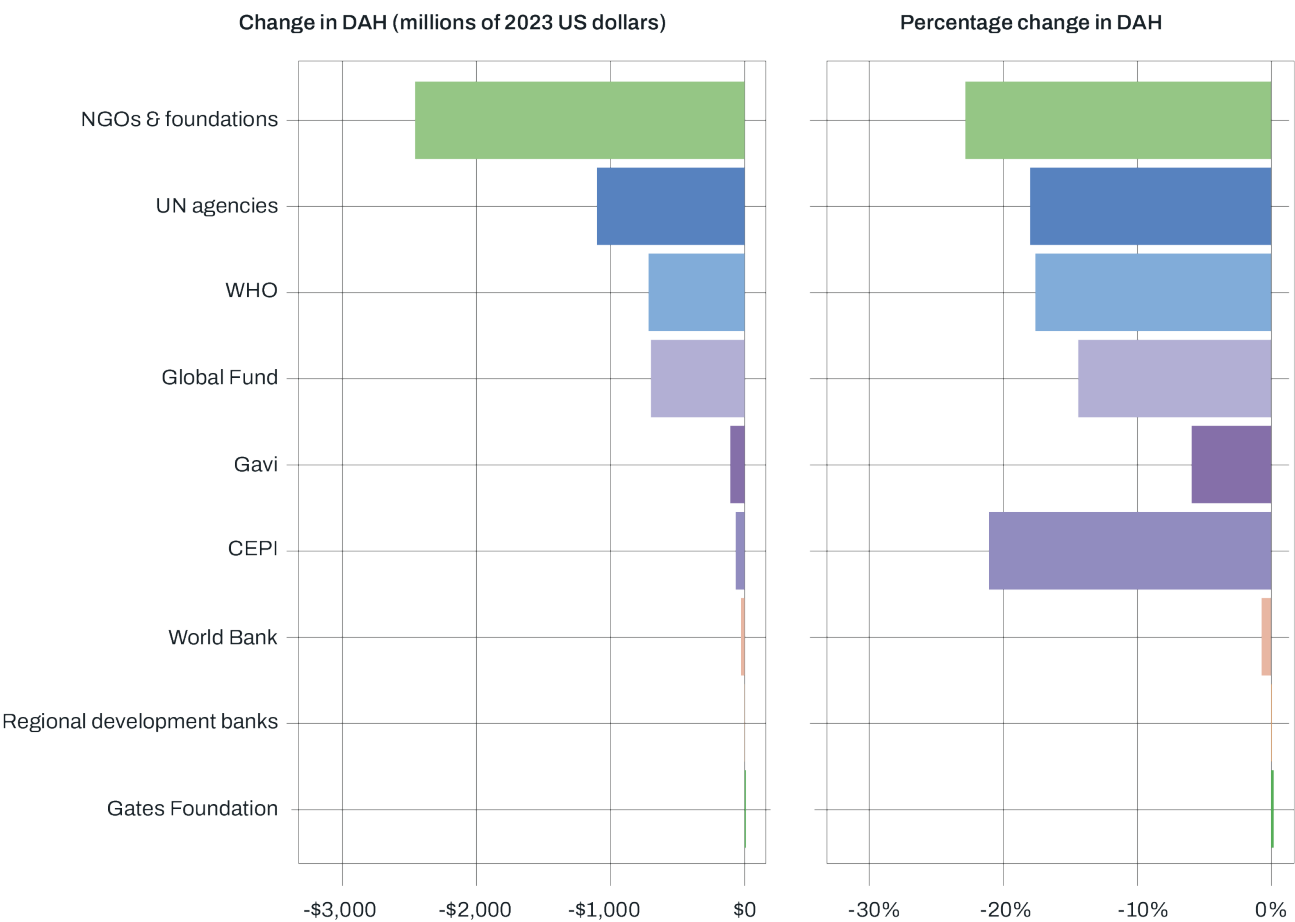
At an institutional level, the disbursing entities (excluding bilateral agencies) that will experience the biggest drops in funding according to IHME estimates include NGOs, as many had received funding from the US government. After NGOs, UN agencies and WHO – which IHME tracks separately from the UN – will see the next-largest decreases in funding.

While many organizations have seen their expected funding drop in 2025, IHME's estimates indicate that – so far – DAH from the World Bank has remained relatively stable. This is because most of its resources come from longstanding commitments or debt repayments. Funding from regional development banks also stayed steady.

The Global Fund is hosting a pledging meeting later this year, and IHME will update its estimates based on which development partners commit to funding the organization. The Global Fund aims to raise \$18 billion to finance its operations through 2029.¹⁶ Norway was the first government to declare its pledge for this fundraising cycle, and the governments of Spain and Luxembourg also announced plans to increase their giving to the Global Fund.^{17,18} On the private side, Japanese pharmaceutical company Takeda and the UK-based Children's Investment Fund have made pledges.^{19, 20}

Another major pledging meeting already occurred in 2025. Gavi, the Vaccine Alliance, held its fundraising meeting on June 25, 2025, securing resources for its work over the next five years. The organization raised a total of \$9 billion, falling short of the \$11.9 billion it originally sought.²¹ The US declined to give any funding to Gavi, while other countries contributed for the first time, including Uganda and Indonesia.²² In the past, Gavi had invested funding in Uganda and Indonesia.

Figure 9: Changes in development assistance for health from 2024 to 2025 among disbursing entities, excluding bilateral agencies



Development assistance for health is measured in 2023 real US dollars, with 2025 being preliminary estimates.

NGOs = non-governmental organizations

UN = United Nations

WHO = World Health Organization

CEPI = Coalition for Epidemic Preparedness Innovations

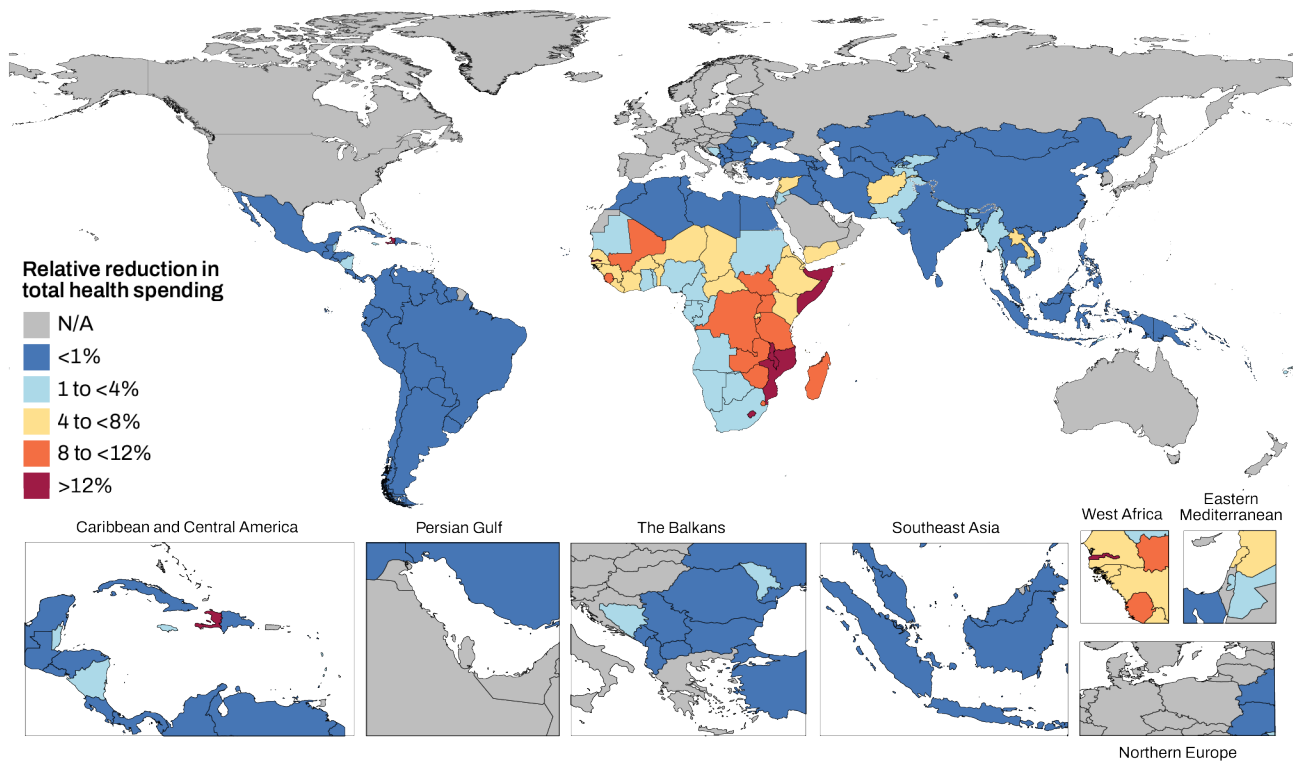
UN Agencies include PAHO, UNFPA, UNICEF, UNAIDS, and UNITAID. Regional development banks include African Development Bank, Asian Development Bank, and Inter-American Development Bank.

Countries and regions most affected by cuts

As development partners decrease their investments in global health, many news reports have revealed the human face of these cuts.²² IHME predicts that countries in sub-Saharan Africa might see the greatest decreases in their total health spending between 2024 and 2025. It is estimated that Malawi will lose the largest amount – 17% in 2025 – while Mozambique, Lesotho, the Gambia, and the Marshall Islands will lose 14–15% of their total health spending. Other countries that may face substantial reductions include the Marshall Islands in Oceania along with Haiti in the Caribbean.

These potential spending reductions could make it harder for countries to achieve the Sustainable Development Goals (SDGs). Already, before

Figure 10: Preliminary estimates of relative reduction in total health spending due to reduced development assistance for health, 2024–2025



The relative reduction in total health spending due to reduction in development assistance for health is calculated by dividing the change in each country's DAH from 2024 to 2025 by the country's total health spending in 2022, which is the last year of retrospective total spending estimates.

Estimates differ from Lancet estimates published by Apeagyei et al. due to differences in the time period shown and the fact that IHME updated its database to include the pledges Gavi received on June 25, 2025.

development partners cut their DAH, progress on achieving these goals was a challenge. For one focus area of the SDGs, the global nutrition targets – which aim to increase rates of exclusive breastfeeding; decrease low birth weight, stunting, wasting, and overweight among children; and reduce anemia among women of reproductive age – IHME estimated that 89 countries would not reach any of these goals.²³

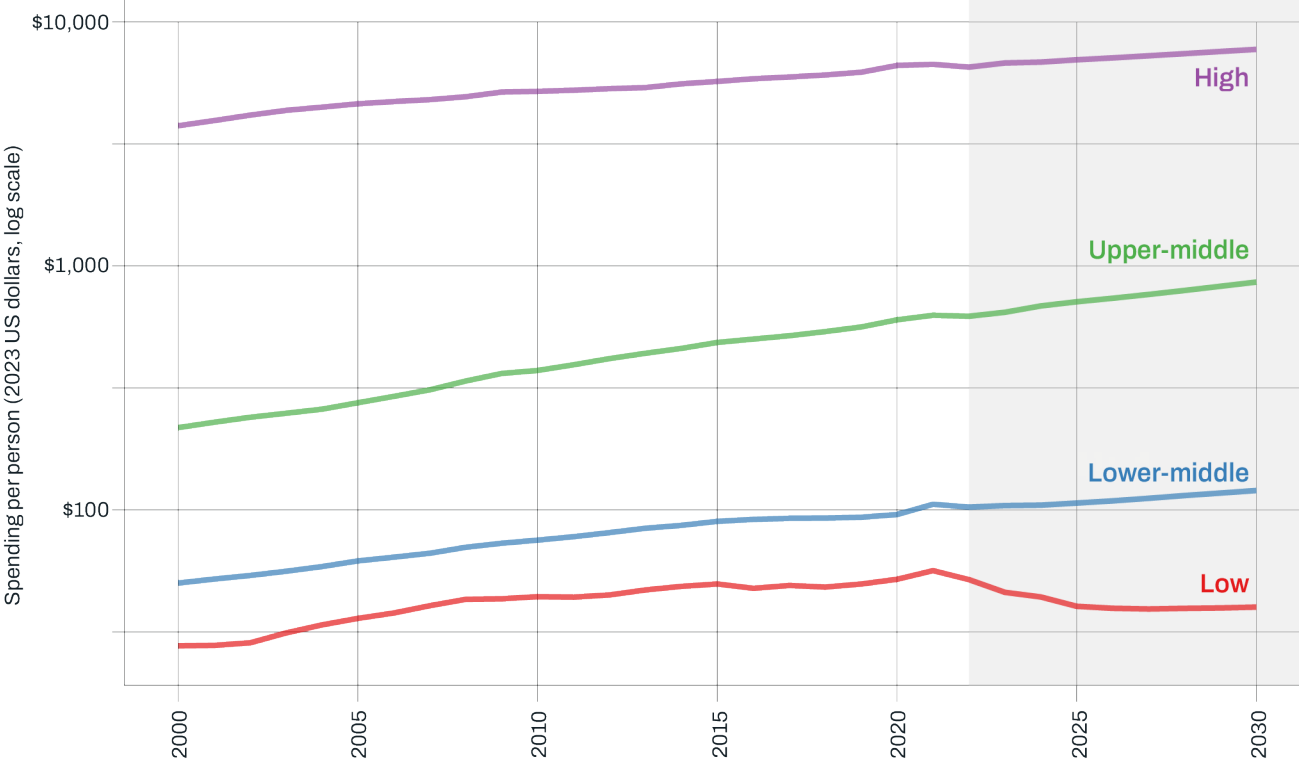
Can governments in low- and middle-income countries fill the DAH gaps?

As governments in high-income countries reduce their development assistance for health, governments in low- and middle-income countries face calls to increase their health spending. To address the financing gaps, Nigeria has pledged to invest an additional \$200 million into its health budget.²⁴ However, IHME's findings suggest that countries are unlikely to be able to make up for the cuts in DAH. IHME forecasts that health spending in areas with the fewest resources – including countries experiencing conflict – will remain extremely low, meaning that people could be pushed into poverty to pay for health care, or forego care. In 2025, for example, the average low-income country spent a total of \$40.29 per person on health, which includes funding from countries' governments, development partners, and families' spending from their own pockets. In five years' time, forecasts indicate that this situation will be largely unchanged, with \$40.00 per person spent on health in low-income countries.

The amount that low- and middle-income countries spend on health pales in comparison to higher-income countries. In 2025, health spending in high-income countries was 299 times greater than in low-income countries. IHME predicts that this gap will widen in the future. The countries that are experiencing the greatest cuts are also the countries that are least capable of filling these gaps in funding.

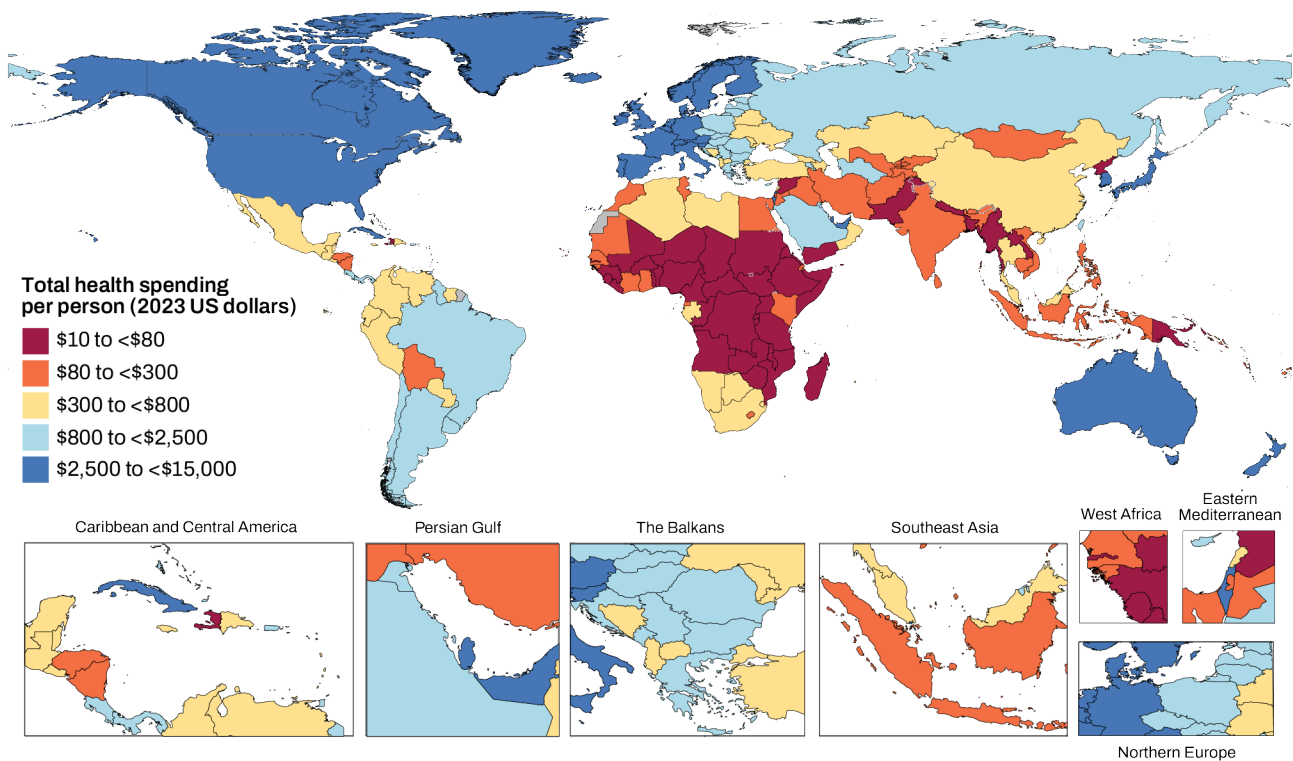
If countries are not able to fill the financing gaps with their own funds, then they will be forced to cut services or improve efficiency. Other IHME research shows that many countries, including low- and high-income countries, could improve their health by boosting efficiency, but these steps are difficult and lack a clear path.²⁵ In one early example, Zambia is digitizing its health system to serve more people and improve their access to medicine, especially in rural areas.²⁶

Figure 11: Total health spending per person by World Bank income group, 2000–2030



Total health spending per person is measured in 2023 real US dollars, with 2023–2030 estimates being forecasted based on retrospective estimates ending in 2022. The y-axis reports values on a log base-10 scale due to the dramatic differences in income group spending.

Figure 12: Forecasted total health spending per person, 2025



Total health spending per person is measured in 2023 real US dollars, with 2025 estimates being forecasted based on retrospective estimates ending in 2022.

Conclusion

As funding for global health drops to levels last seen in 2009, mitigating the impact of the rapid declines in DAH hinges on low- and middle-income countries' ability to mobilize their own domestic resources for health, which varies widely from country to country, or to enhance health system efficiency.

After achieving unprecedented success in improving health worldwide over the last 20 years, this progress is at risk as countries such as the US, the UK, France, and Germany have reduced their DAH. At the same time, while many high-income countries are increasingly turning their focus inward, the global health landscape is changing. The Africa Centres for Disease Control (Africa CDC), which helped countries procure lifesaving supplies during the COVID-19 pandemic, is rallying countries in the region to increase their health budgets.²⁷ However, IHME's findings suggest there is little room for countries with the fewest resources to increase their spending. Africa CDC is also working to raise funds from private partners and airline taxes to protect the continent's health. The organization plans to use these funds to combat outbreaks of infectious diseases such as Ebola.

The health implications of the sharp drop in DAH between 2024 and 2025 may be profound. It is likely that people are losing access to lifesaving health care services. The rapid improvements in global health seen over the past few decades are now in danger of slowing or reversing. The responses from recipient governments and other global stakeholders will likely be consequential in determining the trends we observe in health outcomes in the near future.

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Methods appendix

Overview

The *Financing Global Health 2025* report provides estimates derived from the most accurate and current data available as of June 2025. Using a wide range of sources, including spending accounts, budgets, and other financial estimates, we applied statistical models and accounting techniques to generate our findings. This section offers a concise overview of our methodology. For detailed information on the input data and methodology, please refer to our online Methods Annex, available at <https://rebrand.ly/FGH-annex>.

Development assistance for health

IHME gathered financial data from the sources and organizations mentioned in this report. The objective was to monitor disbursements intended to support or enhance health in low- and middle-income countries over the period from 1990 to 2025. Along with using data from global databases like the OECD's Creditor Reporting System, we collected and standardized information on commitments and disbursements from development project records, annual budgets, financial statements, and revenue reports. These data were sourced from a wide range of development organizations, including multilateral and bilateral aid agencies, public-private partnerships, NGOs, and private foundations. In addition, direct communication with several disbursing agencies helped improve the understanding of their data and enabled access to more detailed, reliable, or timely information. However, some organizations could not provide disbursement figures for the previous year due to lengthy accounting processes. As a result, we relied on budgets, revenues, commitments, appropriations, and macroeconomic data to estimate disbursements for agencies lacking current spending data.

Global health agencies often transfer funds among themselves, which can result in double-counting when both the originating agency and the recipient agency report the same transactions. Including disbursements from both parties would inflate the total figures. To prevent this, we analyzed revenue data to identify the original source of funds and excluded amounts transferred between development agencies prior to final disbursement. In our framework, the source of funds refers to their point of origin, while the channel represents the final disbursing agency we track distributing those resources. Since data sources vary in how they categorize and detail the focus areas targeted by their disbursements, we employed project-specific sector and theme codes along with keyword searches of project titles and descriptions to classify funding. Furthermore, all DAH from the Joint United Nations Programme on HIV/AIDS (UNAIDS) was classified as funding for HIV/AIDS and tuberculosis. Funding from UNICEF was categorized as DAH supporting reproductive, maternal, newborn, and child health, HIV/AIDS, and Ebola. For projects addressing

multiple health focus areas, the funding was allocated proportionally using weights determined by the frequency of keywords linked to each specific focus area. DAH estimates were reported in 2023 US dollars.

Estimating 2025 development assistance for health

Given the changes to the global health financing landscape in 2025 stemming from announcements of cuts from several donors, we set out to estimate 2025 DAH based on information gathered about these cuts to global health funding and development assistance. We generally relied on public statements and news articles from and about the country governments that provide DAH, such as statements from the US government about downsizing USAID, US proposals for 2025 budget rescissions and the 2026 Congressional budget justification, or the United Kingdom FCDO's proposed development assistance budget. These sources provided information about the relative sizes of funding cuts and funding increases to development assistance and/or global health programs. Using this information, we determined how expected levels of 2025 DAH might compare to 2024 levels and adjusted our 2024 estimates accordingly to produce the 2025 estimates. We often utilized cuts in total development assistance and assumed that they applied equivalently to development assistance for health. Additionally, for funding sources where we found no or inconclusive information regarding 2025 development assistance, we held DAH constant from 2024 to 2025.

Domestic health spending and total health spending

We gathered and refined health spending data from the World Health Organization Global Health Expenditure Database to estimate total health spending and health spending by source. The data we extracted included transfers from government domestic revenue allocated for health, social insurance contributions, mandatory prepayments, voluntary prepayments, and other domestic revenue from households, corporations, and nonprofit institutions serving households. Using this approach, we obtained spending estimates spanning the years 2000 to 2022, presented in current local currency and converted into 2023 US dollars. Next, we applied a spatiotemporal Gaussian process regression model (ST-GPR) to estimate health spending across all years, countries, and spending categories. This model also enabled us to produce 500 draws for each data point, capturing the uncertainty inherent in the estimates.

We gave priority to data from the Global Health Expenditure Database with the most reliable sources and thorough documentation for our ST-GPR modeling. To achieve this, we utilized a natural language processing model to assess and assign weights to each data point based on metadata detailing the source and estimation methods. The weights were determined by factors such as the completeness of metadata, the presence of documented source information, and the clarity of estimation methods. Although all available data were incorporated into the ST-GPR model, data from the most credible sources with the most comprehensive documentation had the greatest influence on the model. Finally, we combined DAH, government health spending, prepaid private

health spending, and out-of-pocket health spending to calculate total health expenditures in 2023 US dollars.

Forecasting development assistance for health provided through 2050

To project development assistance for health donated in the long term, we used information on donors' targets for official development assistance (ODA) funding. For donors that use ODA per gross national income (GNI) targets to determine their ODA funding amounts, we collected information on their funding targets from government budgets and press releases. We projected GNI as a function of gross domestic product (GDP) and multiplied by these targeted ratios of ODA per GNI for each donor country, to obtain ODA forecasts. We then used data from the OECD CRS database on each donor's DAH per ODA ratio and multiplied that by the ODA forecasts to obtain total DAH forecasts for each donor. For donors without ODA per GNI targets, we held constant DAH based on 2025 levels. For the Gates Foundation, we assumed constant DAH funding until 2045, when the Foundation will close. For additional donor sources such as other OECD DAC countries, debt repayments, other public donors, private donors, and unallocable donors, we created projections using a linear model based on the historical time trend of DAH donated. Once we created projections for all donors, we used retrospective estimates of DAH flows to calculate the fraction of DAH provided by donors and channels received by different countries. Using this approach, we generated short-term forecasts of DAH by recipient country through 2030.

Future health spending

To project future health spending, we forecasted several key indicators through 2050, including GDP, overall government spending across all sectors, debt as a percentage of general government expenditure, total DAH provided and received as a share of total DAH contributions, as well as government, out-of-pocket, and prepaid private health spending. We used ensemble models to predict these indicators, incorporating a variety of submodels with diverse predictors and modeling approaches. After conducting out-of-sample tests, we identified the best-performing subset of submodels and employed them to generate forecasts, producing 500 draws for each indicator to account for uncertainty.



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