Not All Aid Flows Are Created Equal: An analysis of the allocation of foreign aid to combat infectious diseases

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The developing world is plagued by infectious diseases. Controlling infectious diseases will reduce suffering and promote economic development.

Foreign aid donors fund projects for developing countries to help combat infectious diseases. However, foreign aid is not always allocated based on need. Often, it is given for political and strategic reasons. With respect to aid for the health sector, the research has focused primarily on the global-disease level and not on the country-disease level. The limited research on the latter suggests that donors are responding to need.

The focus of my research is to examine the allocation of foreign aid specifically targeted at infectious diseases at the country-level to evaluate whether donors respond to countries’ level of need (as measured by disease burden).

Data

Data on foreign aid from various bilateral and multilateral donors for combating infectious diseases was obtained from the Project-Level Aid Database (PLAID) 1.9 with CRS data coded using the PLAID system. Data on foreign aid from the Bill & Melinda Gates Foundation and the Global Alliance for Vaccines and Immunisation (GAVI) was retrieved from the Institute for Health Metrics & Evaluation (IHME). Data on Disability Adjusted Life Years (DALY) due to infectious and parasitic diseases was obtained from the World Health Organization’s 2002 Global Burden of Disease estimates.

Methods

Using Stata and MS Excel, I isolated the foreign aid projects with PLAID purpose and activity codes that indicated all or part of the project was for combating infectious diseases (I used a systematic formula based on PLAID purpose and activity codes to allocate the appropriate amount for combating infectious diseases).

The total foreign aid to fight infectious diseases was summed for each recipient over the period from 1999 to 2007. I used disbursement amount obtained directly from IHME and indirectly by lagging the commitment amounts obtained from the PLAID data by one year. I then divided this amount by the 2002 DALY estimates for infectious and parasitic diseases to get the dollars per DALY ratio.

I used Arc GIS to develop the $ per DALY map and MS Excel to create the various graphs—all of which were used to compare standardized levels of funding across countries.

Findings

• From 1999 to 2007, of the total aid allocated to fight infectious diseases, Multilateral donors gave $12.1 billion (62.1%), OECD donors gave $7.3 billion (37.4%), and Non OECD donors gave $0.9 Billion (0.5%).

• The top ten recipients of aid (in terms of dollars per DALY) had an average dollars per DALY ratio of $21,414. The average aged-standardized DALY rate for infectious diseases per 100,000 was 1,365.

• The average dollars per DALY ratio for the ten countries with the highest age-standardized DALY rates was $98. The average age-standardized DALY rate for these countries was 46,216.

• Small island nations (e.g. St. Kitts & Nevis, Maldives, etc.) and eastern European nations (e.g. Estonia, Bulgaria, etc.) comprise the majority of the top 10 recipients (in terms of dollars per DALY).

• All of the ten countries with the greatest infectious-disease burden (measured by age-standardized DALY rates per 100,000) are from Africa.

• Countries from Latin America and Eastern Europe receive more per DALY than countries from Africa and South Asia on average.

Discussion

• Donors do not allocate foreign aid to combat infectious diseases based solely on the level of disease burden.

• The countries with the greatest disease burden likely do not receive aid comparable to their need because of corruption and lack of infrastructure, which prevent aid dollars from reaching the intended recipients.

• The countries with the highest dollar per DALY ratios may be of strategic importance (e.g. Eastern European nations) or may be receiving aid that is not only direct funding for infectious disease control, but also indirect funding for tourism and economic development (e.g. tropical island nations).

• Donors may be able to better respond to the countries with the greatest disease burden by providing matching grants to countries that provide their own funds and resources for combating infectious diseases.

References