Celebrating 25 Years of the WHO Health Expenditure Tracking Programme and the Launch of the Global Health Expenditure Report 2024
December 9, 2024

Time	Topic
16:00-16:05	**Opening** Dr Tedros Ghebreyesus, Director General, WHO (Speech)
16:05-16:10	**Guest remark** Ambassador Tormod C. Endresen, Permanent Representative of Norway
16:10-16:20	**25-years WHO Health Expenditure Tracking Programme and future vision.** Kalipso Chalkidou, Director, Health Financing and Economics, WHO
16:20-16:35	**Highlights from the Global Health Expenditure Report 2024** Ke Xu, Senior Health Financing and Expenditure Analyst Health Financing and Economics WHO
16:35-17:25	**Guest remarks** • Francesca Colombo, Head, Health Division, OECD • Ruth Lawson, Minister, Deputy Permanent Representative for Health at the Foreign, Commonwealth & Development Office, United Kingdom • Ishii Yoshizane, Minister, Deputy Permanent Representative of Japan • Lebogang Lebese, Health Attaché, Permanent Mission to the United Nations and Other Organizations, Republic of South Africa • Victor Nwaoba Itumo, Minister, Nigeria Permanent Mission
17:25-17:30	**Closing** Bruce Aylward, Assistant Director-General of the Universal Health Coverage, Life Course Division, WHO

World Health Organization

25-years
WHO Health Expenditure Tracking Programme and future vision

Kalipso Chalkidou, Director
Health Financing and Economics Department
WHO

WORLD HEALTH ORGANIZATION

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EXECUTIVE BOARD

Sixty-ninth Session

Provisional agenda item 7.3

Expenditures, Health
Primary health care - econ

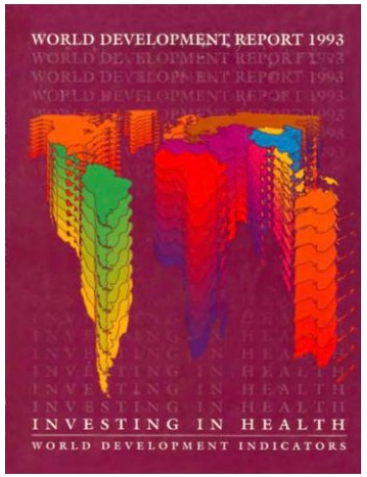
REVIEW OF HEALTH EXPENDITURES, FINANCIAL NEEDS OF THE STRATEGY FOR HEALTH FOR ALL BY THE YEAR 2000, AND THE INTERNATIONAL FLOW OF RESOURCES FOR THE STRATEGY

Health resources
Int. coop.

Report by the Director-General

7. Interest in the financial aspects of health care is growing, reflecting the growing need for action to be taken to correct drawbacks associated with both inadequate finance, which is clearly a major limitation to the provision of essential care, and uncontained costs, since escalating expenses are not matched by commensurate returns in terms of better health.

9. Any attempts to overcome these past and current limitations must not only provide an adequate definitional framework for data but also seek out such data, which for the most part lie outside the reporting systems currently used by countries.



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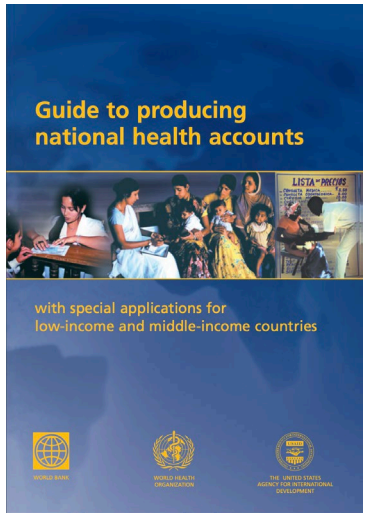
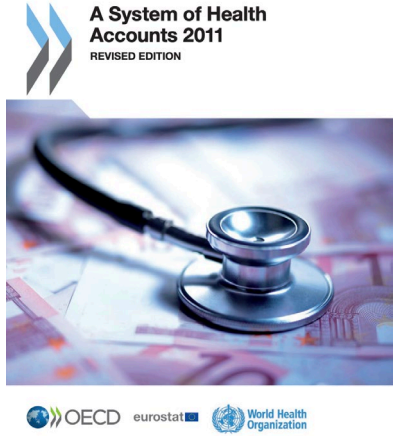
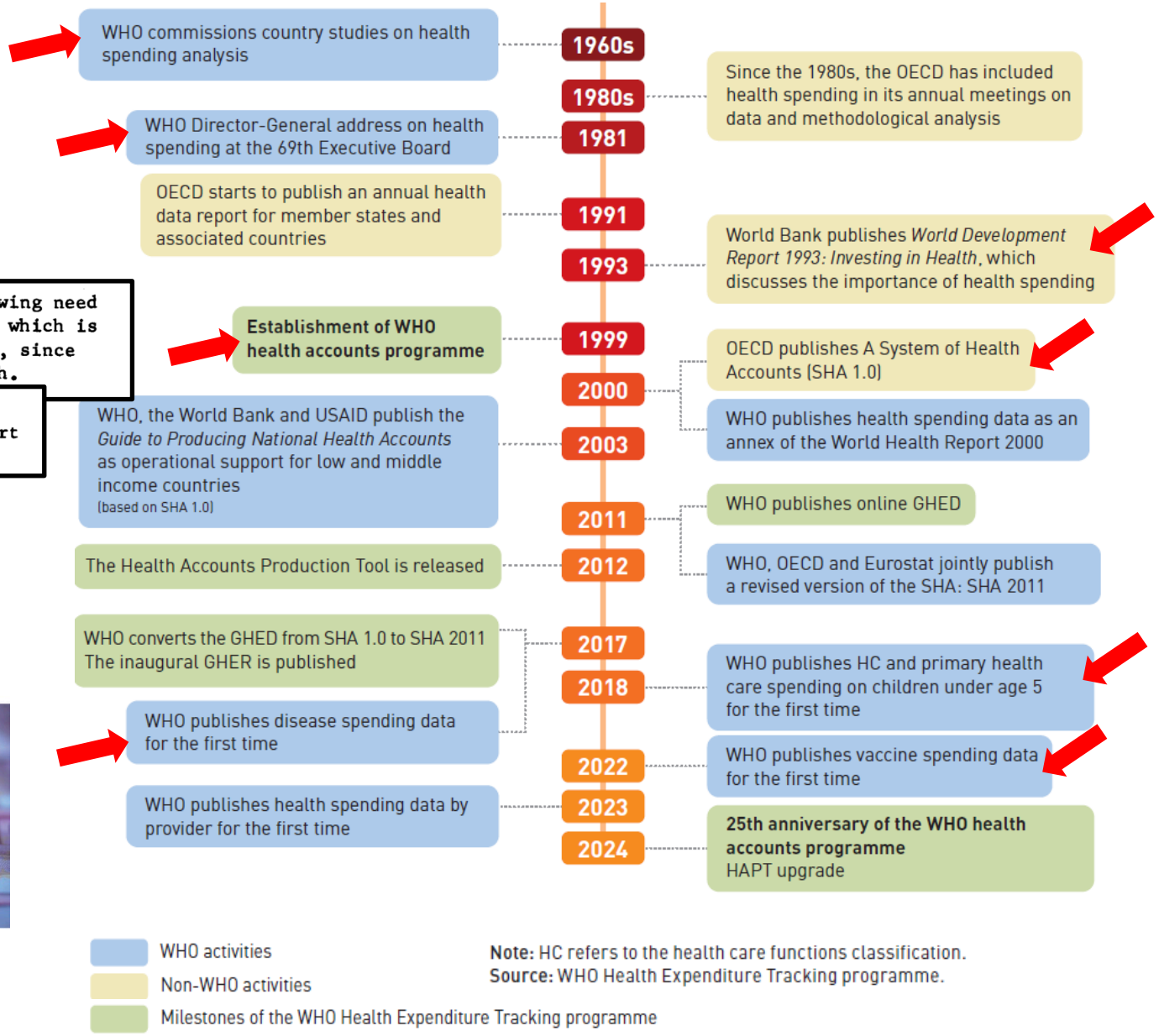


2003



2011



Note: HC refers to the health care functions classification.
Source: WHO Health Expenditure Tracking programme.

World Health Organization

Highlights

Global spending on health: Emerging from the pandemic

WHO Health Accounts Team

9 December 2024

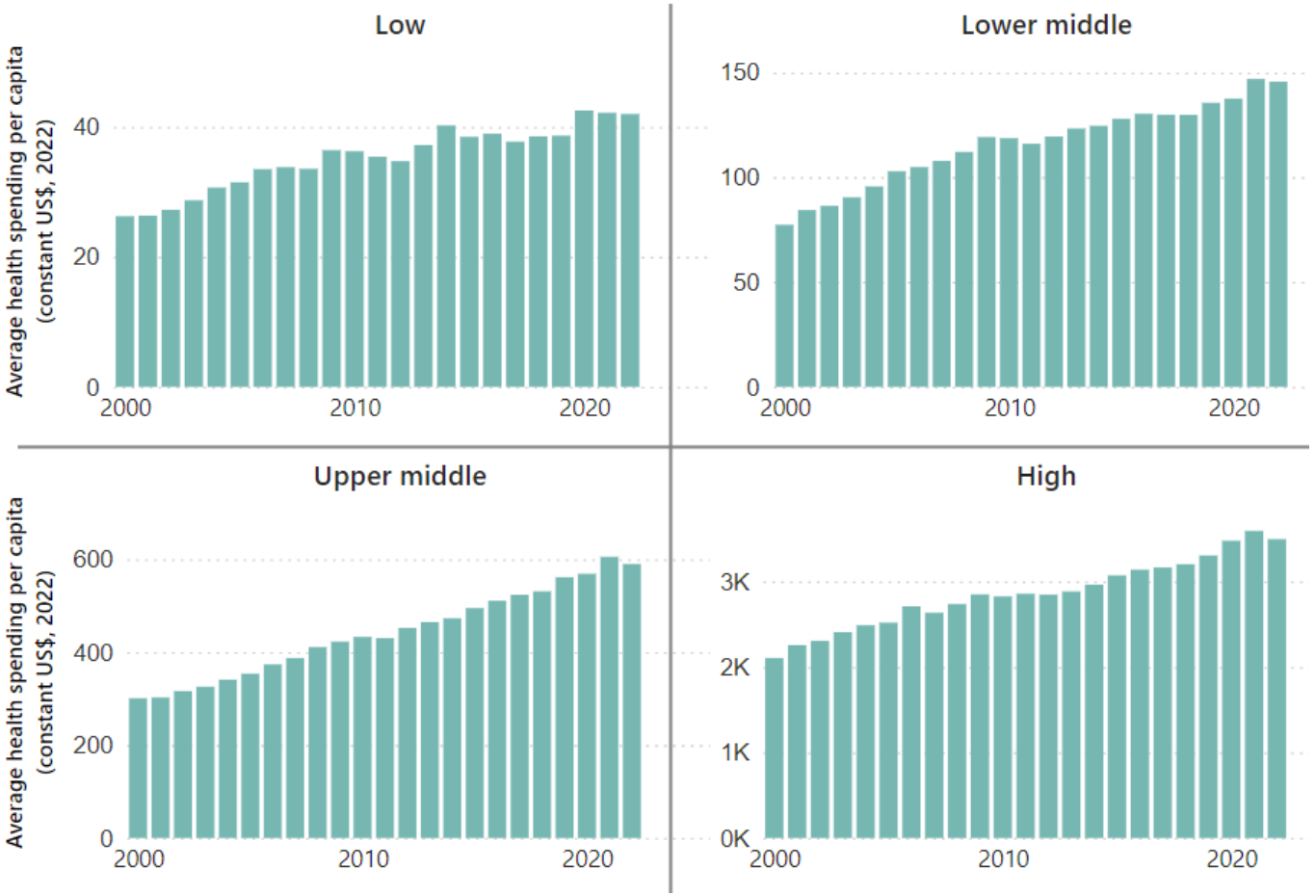
Highlights on health spending trends: 2000 to 2022

- The global average of per capita health spending grew over 60% from 2000 to 2022, outpacing GDP growth. But divergent trends exist by source of funding and across income groups, exacerbating inequalities between wealthy and poorer nations.
- In low-income countries, the increase in spending from 2000 to 2022 was mainly driven by Out-of-pocket (OOP) spend and external aid. Government spending on health per capita stagnated, with governments de-prioritising health in national budgets. The OOP as of 2022 stands at over 40% of total health spending.
- In lower-middle income countries, the drivers of increase in health spending were mainly domestic public and private spending. External aid still played a role, but much smaller than in low-income countries. In upper-middle and high-income countries, government spending was the main driver of growth, with OOP and aid playing a much smaller role.
- For the first time since 2000, the average domestic **public** spending per capita on health decreased across all income groups, in 2022 compared to 2021.
- Health financing is at a crossroads, and it is too soon to determine the direction of future spending on health. Strong political will is essential to return to pre-covid spending trends, especially in lower income countries where health seems to have fallen down the list of government priorities.

Per capita health spending (from all sources) increased by over 60% from 2000 to 2022, outpacing GDP growth.

Growth drivers (i.e. domestic public, private, aid) varied across country income groups.

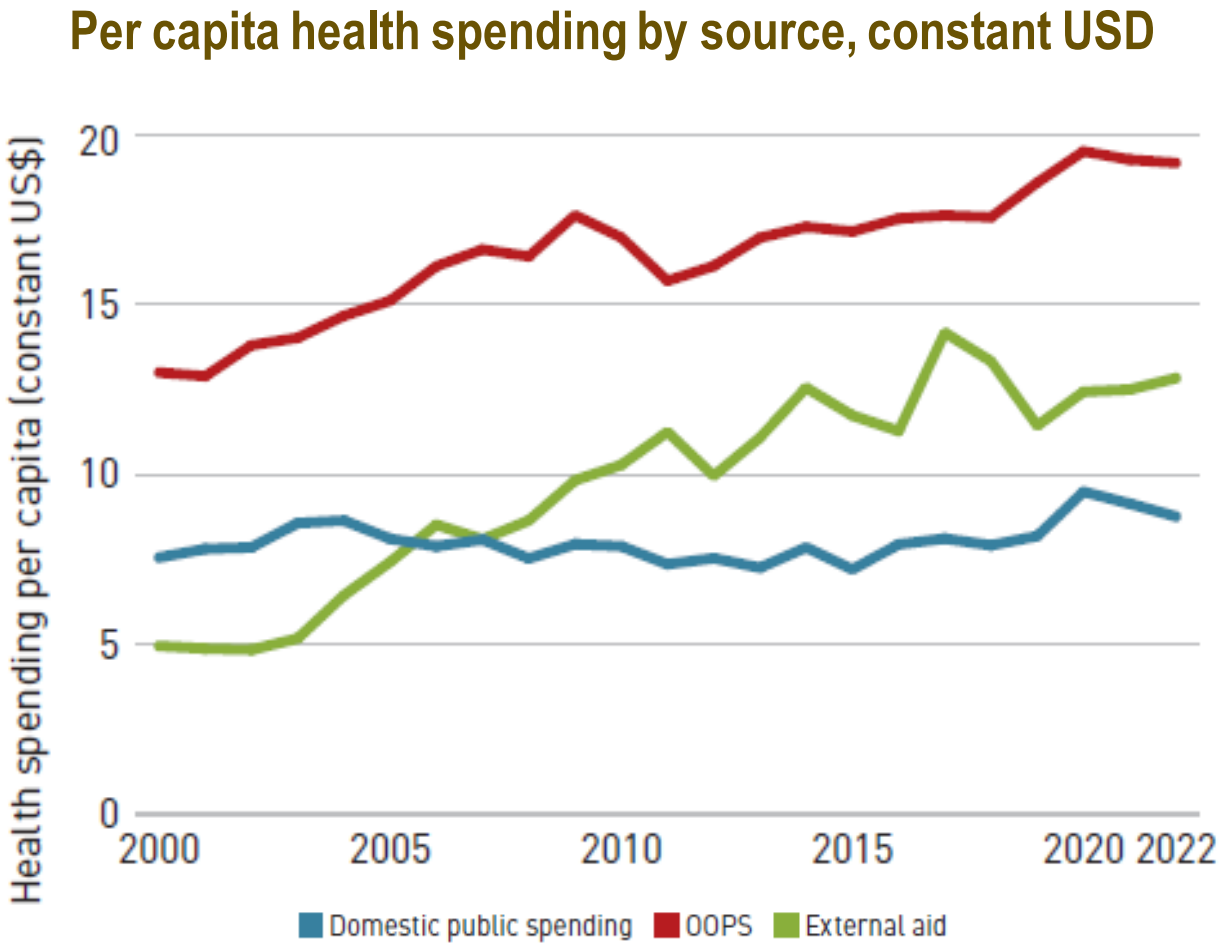
Per capita health spending, constant USD



Data source: WHO Global Health Expenditure Database, 2024.

World Health Organization

Low-income countries: health spending trends, 2000-2022

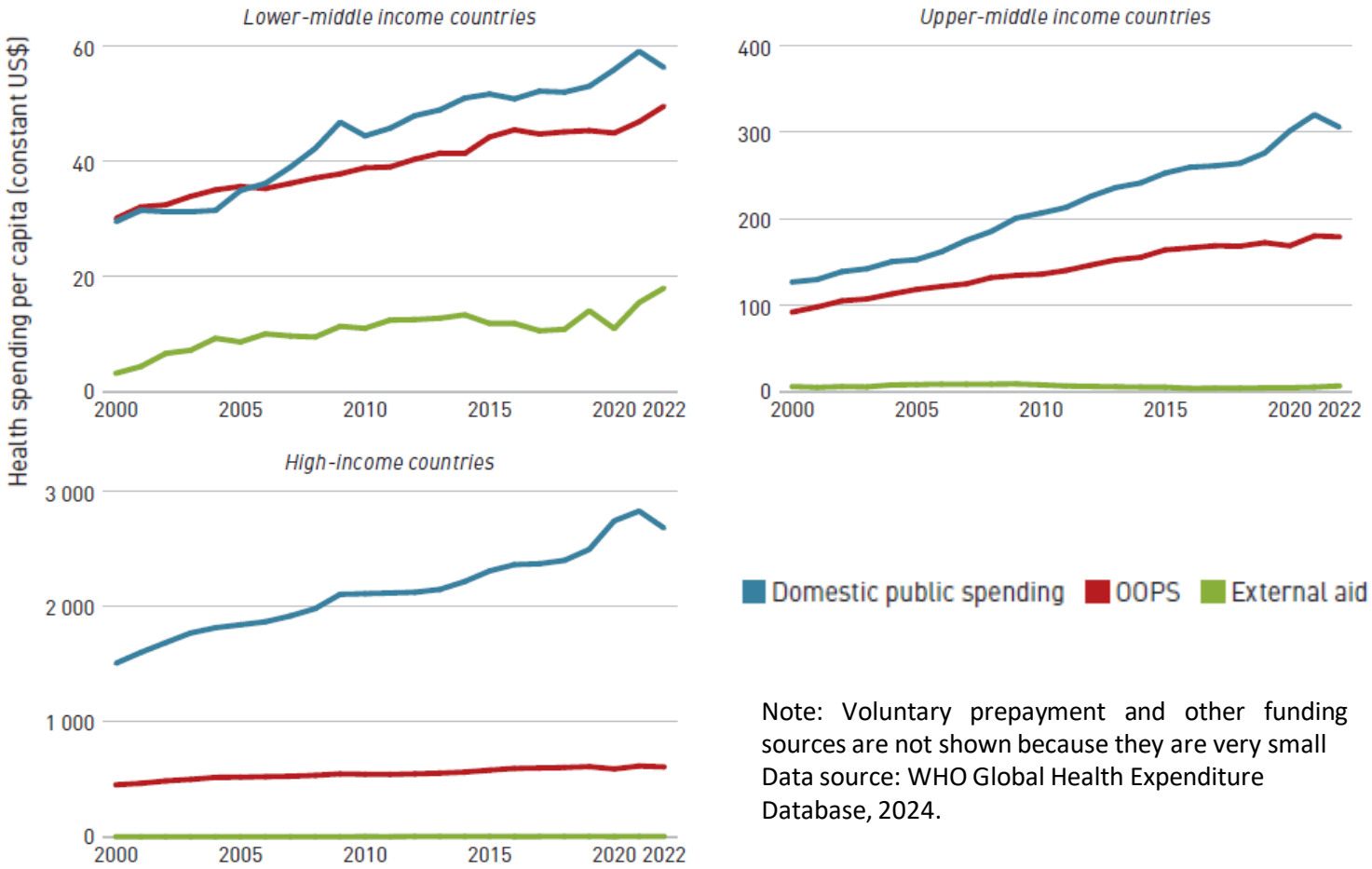


Note: Voluntary prepayment and other funding sources are not shown because they are very small
Data source: WHO Global Health Expenditure Database, 2024.

- The increases in spending from 2000 to 2022 were driven by out-of-pocket (OOP) spend and external aid.
- As of 2022, OOP made up over 40% of total health spending.
- Per capita external aid surpassed domestic public spending on health after 2006-2007.
- Over this period, LIC governments de-prioritised health in national budgets, while external aid increased.
- Domestic public spending on health will have to grow to address aid dependence and inequitable OOP spend. But it will be hard, given rising debt service and competing demands from other sectors.

Middle & high-income countries: health spending trends, 2000-2022

Per capita health spending by source, constant USD

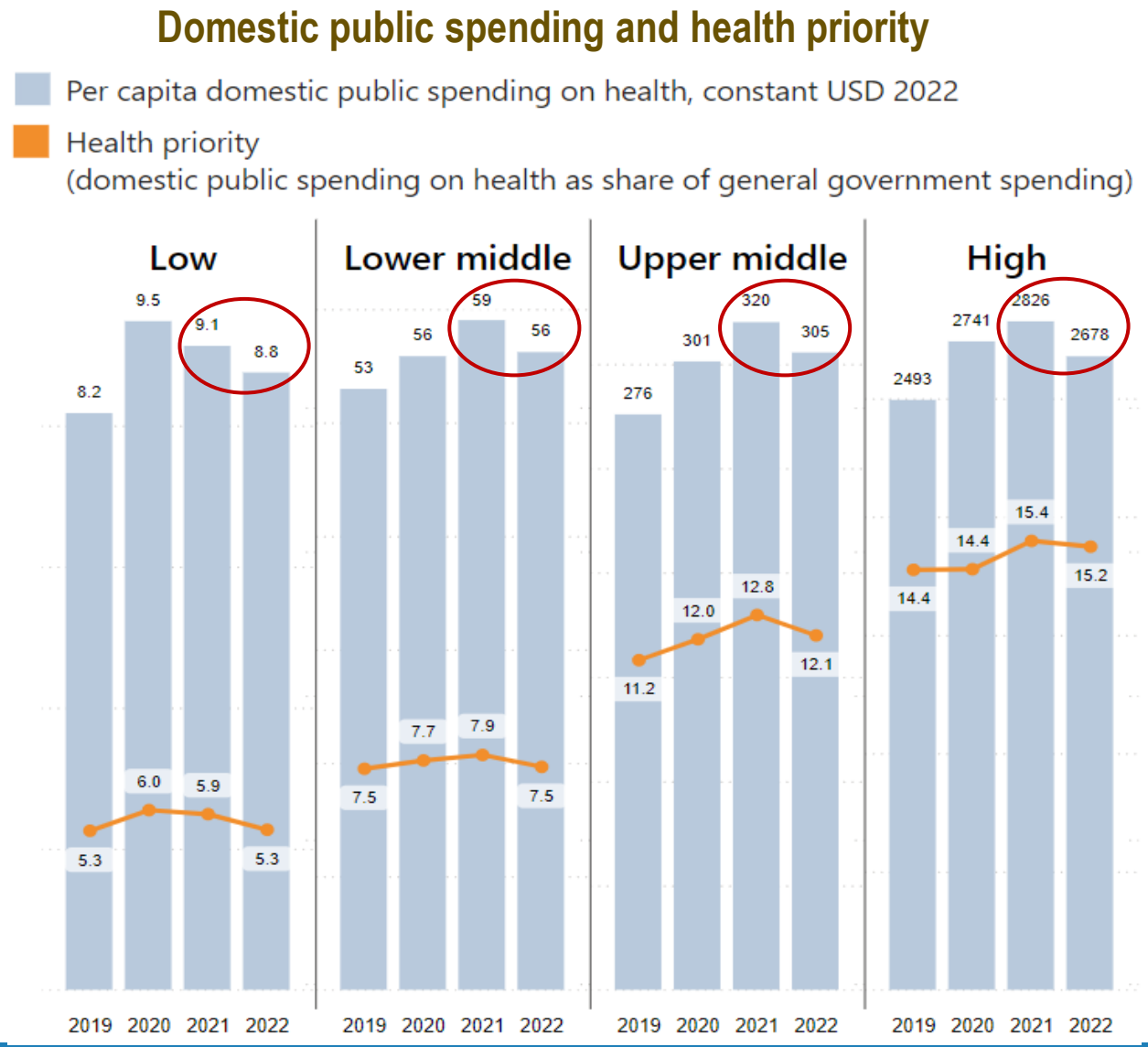


Note: Voluntary prepayment and other funding sources are not shown because they are very small
Data source: WHO Global Health Expenditure Database, 2024.

- In lower-middle income countries, the drivers of increases in health spending from 2000 to 2022 were mainly domestic spending through government and OOP.
- External aid still played a role in lower-middle income countries, but much smaller than in low income countries.
- In upper-middle and high-income countries the main driver of growth was government spending with OOP and aid playing a much smaller role.

World Health Organization

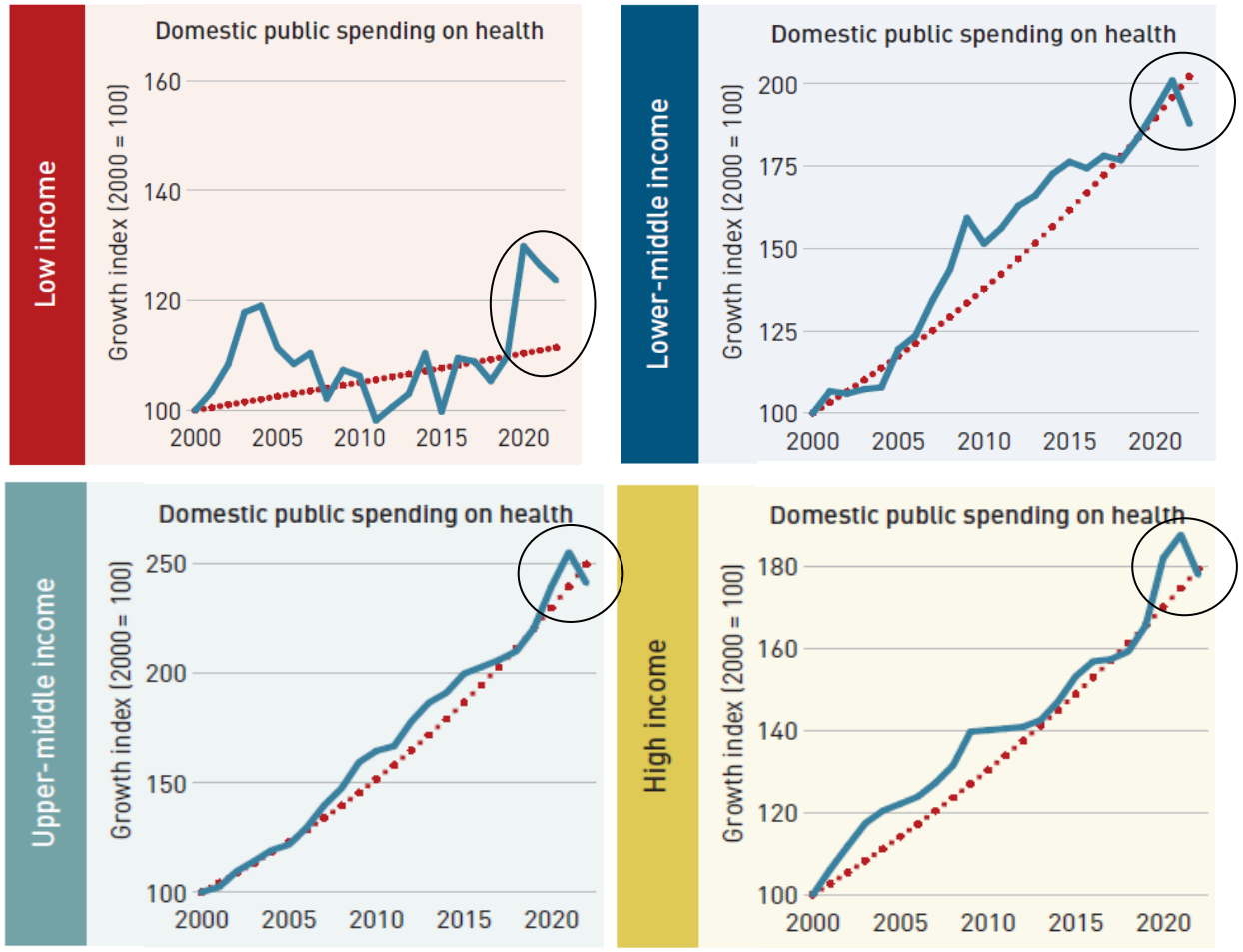
The average domestic public spending on health per capita fell in 2022



- For the first time since 2000, the average domestic public spending per capita on health decreased in all income groups in 2022.
- The fall followed a surge in domestic public spending on health during the early years of the pandemic.
- The decrease in 2022 reflected a de-prioritisation of health in national budgets across all income groups.
- Initial evidence from a small set of countries indicates a **sustained decline in public spending on health through 2023**.

Has the COVID-19 pandemic shifted long-term trends in health spending? Too soon to tell…

Long term trends of domestic public spending



- Could counties return to pre C19 trends, which were positive in terms of growth but still fell short of meeting the SDG targets by 2030?
- Could the declining trend continue, putting the world even further off track meeting the SDGs, especially in the poorest countries relying on OOP and aid?
- Health financing is at a **crossroads**, and strong political to prioritise public spending on health will be essential if the promise of UHC is to be fulfilled.

Note: Actual values are calculated as the growth index (2000 = 100) of average spending per capita for each year. Trend values are calculated as the annualized growth rate of average spending per capita between 2000 and 2019 and extended to 2020–2022. Both actual and trend values are based on per capita values in constant (2022) US dollars by income group, including only countries with uninterrupted panel data between 2000 and 2022. Data source: WHO Global Health Expenditure Database, 2024.

Thank you!

Acknowledgement

Country health accounts teams

Technical partners and dedicated technical experts

Policy makers and data users

Financial support from governments and development partners

The report is based on the latest health spending data which are now online together with country health expenditure profiles, and relevant methodology documents. https://apps.who.int/nha/database

Citation:
Global spending on health: emerging from the pandemic. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.
https://www.who.int/publications/i/item/9789240104495/