Many people ask us about funding: How can their programs get more, how other programs are funded and what are the best models for sustainable funding sources. Here, we share an aggregate picture of how programs in the CHMI database are funded.

Firstly, we looked at the overall distribution of primary source of funding for all 667 programs with data in this field. Donor funding from bilateral agencies and private foundations is the primary source of funding for about 50% of the programs profiled in the CHMI database for those 667 programs. The remaining 50% comes primarily from government funding and out-of-pocket payments (34% in total), and a mix of other sources such as debt and equity investments, membership fees and in-kind contributions.

Funding source by health focus
Then we wanted to know if there is a link between what health issues programs focus on and how they get the majority of their funding. We found that donor funding dominates the funding landscape for HIV/AIDS, malaria and TB. TB programs, however, also receive a significant portion (36%) of primary funding from government sources. Governments are also likely to be a primary source of funding for programs focusing on emergency care treatment (48%), secondary care (43%), and chronic diseases care (26%). Along with government and donor funding, out-of-pocket payments are a significant source of revenue for programs delivering family planning/reproductive health services, maternal and child health as well as primary care. In eye care, a growing specialty service, out-of-pocket payments constitute the main source of funding. With 26 eye care programs currently profiled in CHMI’s database, it will be interesting to see how the funding profile of this emerging area will evolve if eye care continues to grow and scale across the world.

Key Takeaways:
- Donor agencies and foundations are the primary source of funding for about 50% of CHMI-profiled programs.
- Out-of-pocket payments are a significant source of revenue for reproductive health, maternal and child health as well as primary care programs.
- Generally, lower-middle income countries have a higher proportion of funding for health market innovations coming from governments than low-income countries.
Funding source by country

Finally, we focused on the 16 countries where CHMI partner organizations work to identify differences across countries and regions. As a proportion of total funding by country, donor funding for programs is most common in Vietnam, Tanzania, Kenya and Indonesia and less frequently the primary source of funding for programs in the Philippines, India and South Africa.

*Clinical officer at Access Afya

Government funding, on the other hand, is more commonly the primary source of funding in Pakistan, India, Philippines, and Brazil. No significant regional differences appear; rather, differences in the distribution of primary funding seem closely related to country income. Generally, lower-middle income countries have a higher proportion of funding for health market innovations coming from government sources than low-income countries.

A caveat to these primary conclusions CHMI’s relationships with partner organizations in specific countries may result in data collection biases. For example, in countries where CHMI partners are not currently operating, donor-funded programs may be over-represented because they are better known and documented in the literature.

As we gather more data about the universe of health market innovations, we will continue to track trends and highlight new insights gleaned from analysis of the aggregate. We invite you to do the same by downloading the CHMI Database and sharing your findings with us!

*Photo at top: A sale taking place at Access Afya’s street-side pharmacy