Italy's global health ODA

Health is one of Italy’s development priorities; it provides strong support to multilateral health organizations

In 2016 (latest year for which full data is available), Italy contributed US$271 million to health official development assistance (ODA), increasing by 10% compared to 2015 contributions. However, the proportion going to global health went down from 6% to 5% in the same period (DAC average: 8%). This is because although Italy has started to increase its ODA levels, global health has increased at a slower pace than other sectors.

Italy’s ODA to global health remains relatively low: Italy was the 11th-largest donor to global health in 2016 in absolute terms, compared to other members of the Organisation for Economic Co-operation and Development’s (OECD) Development Assistance Committee (DAC). In relative terms it was the 19th largest donor.

Health has been a priority for Italy’s development policy in the past and has been reaffirmed as a strategic priority in the ‘Programming Guidelines and Directions for Italian Development Cooperation 2017-2019’. Within health, the guidelines place a focus on health system strengthening (HSS); maternal, newborn, and child health (MNCH); non-communicable chronic diseases; communicable diseases; and mental health.

As with the rest of its ODA, Italy delivers most of its health ODA multilaterally: 75% in 2016, or US$204 million (+22% compared to 2015 levels). The largest share of multilateral funding was core contributions to the EU (37% of total health ODA in 2016, which was a 29% increase compared to 2015).

Italy strongly supports health multilaterals. On August 25, 2019, during the G7 Head of State summit in Biarritz, Italy announced an early pledge of €160 million (US$177 million) to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, for the replenishment period of 2020-2022. This represents an increase of 15% from the previous contribution. Italy has been a strong supporter of the Global Fund from its onset, playing a major role in its creation at the G8 Summit in Geneva in 2001, and hosting the first meeting of donors to replenish the Global Fund’s resources in Rome in 2005. During the last Global Fund replenishment in 2016, Italy increased its contribution by 40%, from €100 million (US$ 110 million) to €140 million (US$155 million). In 2017, Italy introduced the ‘5% initiative’, which means that Italy will keep 5% of its 2017 to 2019 contribution to the Global Fund (€7 million, US$8 million for the direct financing of synergistic initiatives implemented by Italian research institutes. The activities will be identified and agreed on together with the Global Fund.

Italy is also a major funder of Gavi, the Vaccine Alliance (Gavi). It supports Gavi mostly through innovative finance mechanisms. With nearly 50% of total contributions, Italy is the largest donor (US$264 between 2016 and 2020) to Gavi’s Advance Market Commitment (AMC), a mechanism that provides market incentives for vaccine makers to develop and produce sustainable and affordable products for neglected diseases. Italy is also a significant contributor to the International Financing Facility for Immunization (IFFIm), a financing entity that makes immediate funding available to Gavi. According to Gavi, Italy will contribute US$101 million (8% of total funding) to IFFIm between 2016 and 2020. In addition, in 2015, Italy committed €100 million (US$117 million) in direct funding to Gavi, it’s first-ever direct contribution. Taking together all funding mechanisms (AMC, IFFIm, and direct funding), Italy has given a total of US$482 million for Gavi’s 2016 to 2020 funding period.

Italy’s bilateral ODA to health amounted to US$124 million in 2017 (latest year for which bilateral data is available), corresponding to 4% of Italy’s total bilateral ODA. This represents a substantial increase compared to US$68 million in 2016. Within health, funding focused on infectious disease control (36% of bilateral ODA in 2017), basic healthcare (14%), and medical services (13%). This is partly in line with the priorities spelled out in the Guidelines for Development Cooperation 2016-2018, which included a focus on universal health care (UHC).
and HSS. Contributions to global health research and development (R&D) have been low compared to other donors (for more details, see section ‘Deep Dive: Global Health R&D’).

Italy’s recent initiatives in the global health sector include instituting a global day against infantile diarrhea. During her visit in Geneva in March 2019 to celebrate World Water Day, Italy’s Vice Minister of Foreign Affairs Emanuela Del Re raised awareness for the issue. Diarrhea is the second main cause of death among children under five. This initiative will most likely be discussed at the World Health Organisation Assembly (WHA) in 2020.

**DGCS defines priorities within global health**

Within the Ministry of Foreign Affairs and Development Cooperation (MAECI), the Directorate General for Development Cooperation (DGCS) defines Italy’s priorities around global health. Relevant departments include the Deputy Minister’s cabinet, geographic departments, and the unit on multilateral development cooperation, which is in charge of relations with multilateral organizations working on global health, such as the Global Fund. Within the Italian Agency for Development Cooperation (AICS), the office in charge of programs in the health sector is the ‘Human Development’ office. It is currently headed by Leone Gianturco.

![Image of Italy's ODA to Health](image-url)
RECIPIENTS OF ITALY’S HEALTH ODA, 2016
Total: US$271 million

- Bilateral: 24.9% (US$67.6m.)
- EU Institutions: 27.7% (US$75m.)
- Global Fund: 16.7% (US$45.2m.)
- IFFIm: 11.2% (US$30.3m.)
- Other: 19.5% (US$53m.)

OECD CRS and imputed multilateral contributions to the health sector. DAC secretariat estimates. In 2017 prices.

ITALY'S KEY GLOBAL HEALTH COMMITMENTS
US$ millions


Data from government and listed organizations
TOP 15 DAC DONORS TO HEALTH, 2016
Total health ODA; US$ millions; in 2017 prices; incl. bilateral and multilateral funding

Brazil
United Kingdom
Germany
France
Japan
Canada
Netherlands
Norway
Sweden
Australia
Italy
Korea
Belgium
Switzerland
Denmark

10,048 2,359 1,194 971 871 799 569 568 530 372 271 255 304 197 161

0 2k 4k 6k 8k 10k 12k

OECD CRS and imputed multilateral contributions to the health sector (DAC Secretariat estimates)

TOP 20 DAC DONORS TO HEALTH, 2016
Health ODA as % of total ODA

United States
Canada
Luxembourg
United Kingdom
Ireland
Netherlands
Australia
Korea
Sweden
Belgium
France
Denmark
Portugal
Finland
New Zealand
Switzerland
Japan
Italy
Germany

26.1 19.2 15.6 13.3 13.2 11.1 10.6 10.4 10.3 8.3 8 6.2 5.6 5.6 5.4 5.4 5.4 5.1 4.3

OECD CRS and imputed multilateral contributions to the health sector (DAC Secretariat estimates)