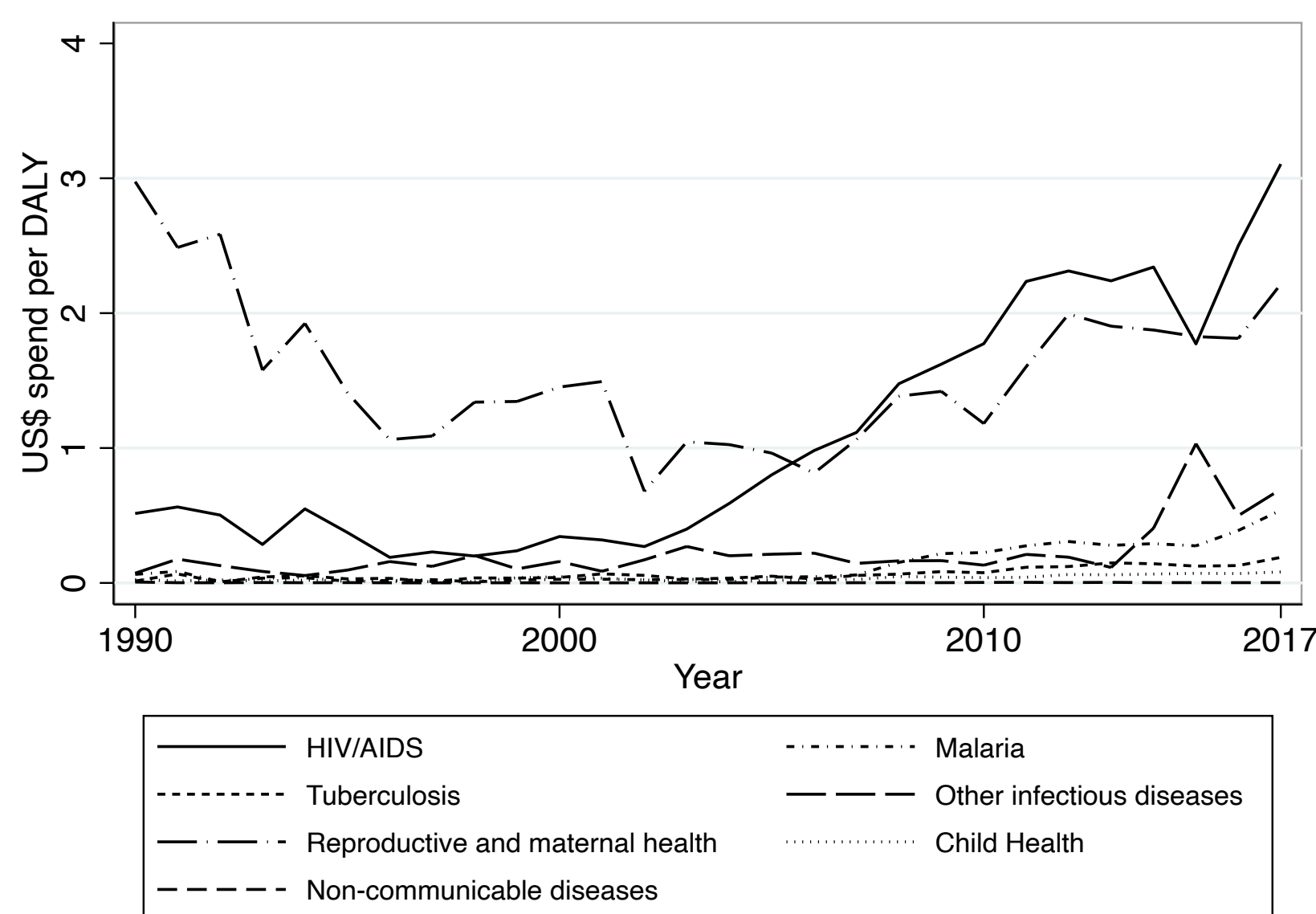# The social construction of global health priorities:
an empirical analysis of contagion in bilateral health aid
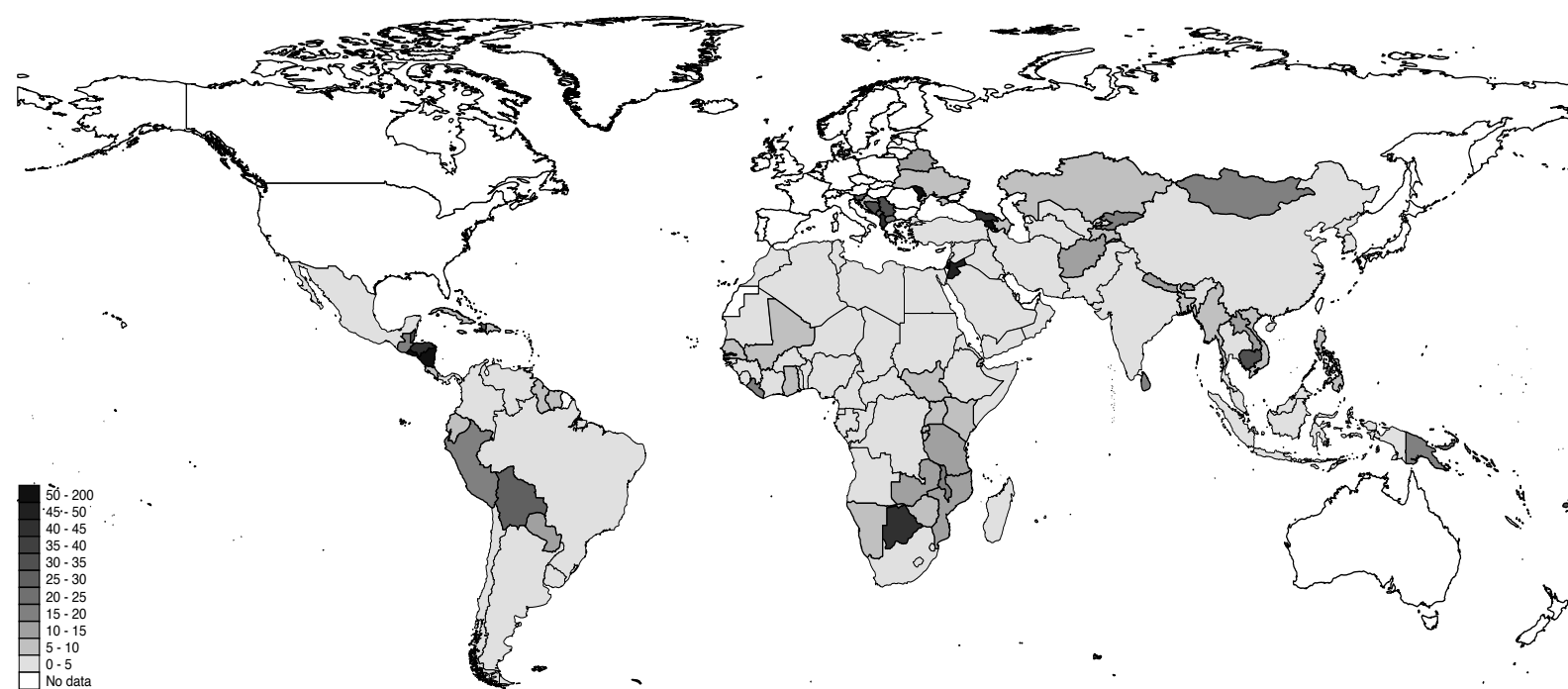
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Motivation

- Development Assistance for Health (DAH) per Disability Adjusted Life Years (DALYs) lost for seven disease focus areas:

- DAH per DALYs lost for child health across recipient countries:

- The Data show a **mismatch** between the years lost to diseases and the funding of the aid community to combat these diseases
- **RQ: Why mismatch?**

Theory

- Global health priorities are based on policy paradigms
- Donor officials emulate the behaviour of other donors
- NGOs and IGOs active in health serve as agents and forums of transmission of policy paradigms
- Hypothesis: *A donor's allocation of DAH among health issues is influenced by the allocation of other donors, in proportion to the intensity of the donors' links through health-focused epistemic communities.*

Research Design

- *Empirical strategy:* Spatial lag model with dyad, donor-year, disease-year and/or recipient-year fixed effects
- *Dependent variable*: DAH disbursed from 23 donors in 7 health focus areas in 145 recipients between 1995 and 2017 (IHME 2020)
- *Independent variable*: Spatial lag of DAH of other donors connected through common health I(N)GO membership
- *Main control variables*: DALYs lost, Costs per DALYs averted, political & economic interests of donors, other spatial lags

Results

	(1)	(2)	(3)	(4)	(5)
Spatial lag (health organizations)	0.1572*** (0.0050)	0.1506*** (0.0042)	0.1531*** (0.0042)	0.0790*** (0.0059)	0.1443*** (0.0071)
DALY lost (in millions)	-0.0001 (0.0009)	-0.0006 (0.0007)	-0.0006 (0.0007)	-0.0005 (0.0007)	-0.0004 (0.0007)
Median costs per DALY (log)	-0.0182*** (0.0038)	-0.0168*** (0.0031)	-0.0169*** (0.0031)	-0.0156*** (0.0031)	-0.0157*** (0.0030)
Spatial lag (economic ties)	No	No	No	Yes	No
Spatial lag (social ties)	No	No	No	No	Yes
Country-level controls	Yes	No	No	No	No
Dyad fixed effects	Yes	Yes	No	No	No
Year fixed effects	Yes	No	No	No	No
Donor-year fixed effects	No	Yes	No	No	No
Recipient-year fixed effects	No	Yes	No	No	No
Dyad-year fixed effects	No	No	Yes	Yes	Yes
Constant	-19.4696*** (2.5952)	0.2230*** (0.0167)	0.2146*** (0.0167)	0.2977*** (0.0162)	0.2729*** (0.0159)
N	244958	423829	423829	423829	423829
R^2	0.389	0.397	0.482	0.491	0.492

Note: OLS regressions with clustered Standard errors at the dyad-level in parentheses; $^+ p < 0.10$, $^* p < 0.05$, $^{**} p < 0.01$, $^{***} p < 0.001$.

Conclusions

- DAH is not aligned with DALYs to different diseases in the same countries and to the same diseases across countries
- Donors connected to other donors through membership in the same I(N)GOs appear to emulate each other
- This emulation seems to affect the mismatch between DAH
- **A change from one SD below to one SD above the mean is associated with a three-fold DAH increase across diseases and twofold DAH increase across recipients**