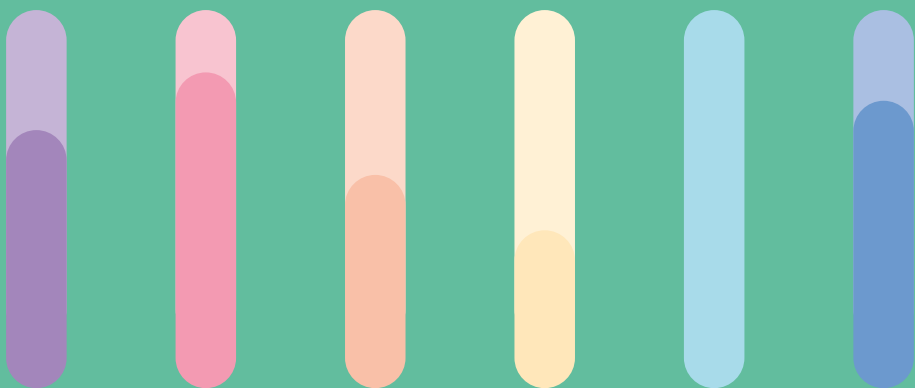


# Health in Development Cooperation and Humanitarian Action

REPORT 2025



# HIGHLIGHTS

  
medicusmundi



The “Health in Development Cooperation and Humanitarian Action” report is a joint initiative by *medicusmundi* and *Doctors of the World* which, since 2002, has provided a critical analysis of international, state and decentralised Official Development Assistance in the field of health and humanitarian action.

It also covers the most significant policies, factors and developments that affect global health and regularly shape the international agenda, alongside detailed analyses of the health situation in specific countries or regions of the world.

All the information is available in the *Cooperasalud* online tool:

<http://www.cooperasalud.org/>

## Introduction

We are living in a new geopolitical reality. The world has changed, and the mechanisms of cooperation must change too. The unstable and complex international landscape requires new forms of global cooperation, or else we risk fragmentation, which would undoubtedly affect both international stability and the well-being of societies. Now is the time to respond with determination, to renew the commitment between nations, making dialogue and shared responsibility the pillars of a new, fairer, more resilient and sustainable world order. It is time to bid farewell to Bretton Woods and build a new framework for global governance capable of tackling difficult challenges such as poverty, inequality, the climate crisis, health emergencies and existing conflicts—which are becoming increasingly complex and involve violations of international law with impunity—swiftly and decisively.

In this new world order, cooperation for sustainable development must play a leading role; it cannot serve merely as a diplomatic appendage, but rather as the backbone of a renewed multilateralism capable of coordinating collective responses to challenges that no country can tackle alone. However, to achieve this, the cooperation system must undergo its own restructuring,

through a profound reform that encompasses its ethical foundations, its operational mechanisms and its institutional architecture. This is not an option; it is a prerequisite.

In 2024, official development assistance (ODA) from member countries of the Development Assistance Committee (DAC) amounted to US\$207.619 billion, representing 0.33% of the combined GNI of DAC members. The data show that global cooperation is at pre-pandemic levels, although it has stagnated over the last three years, a prelude to widespread budget cuts that go beyond the decision by the United States. Twenty-two donor countries reduced their financial contributions in 2024, and a further decrease of up to 17% is forecast for 2025.

Predicting the future impact of these cuts is no easy task, although there are already several impact assessments<sup>1</sup> and/or scientific articles that clearly warn us of the potential consequences of this worrying trend. Impoverished countries and vulnerable sectors such as public health and humanitarian aid would be the hardest hit, with projected reductions of up to 33% in these areas.<sup>2</sup> A study published by the Barcelona Institute for Global Health (ISGlobal) in the scientific journal *The Lancet* estimates that cuts to USAID

1 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01186-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01186-9/fulltext)

2 <https://raci.org.ar/recortes-en-la-asistencia-oficial-al-desarrollo-la-advertencia-de-la-ocde-sobre-el-futuro-inmediato-de-la-cooperacion-internacional/>

funding alone could lead to more than 14 million preventable deaths by 2030, including an additional 700,000 child deaths per year.

It is still too early to say with any certainty what mitigating effects the Seville Commitment—the outcome of the Fourth International Conference on Financing for Development, July 2025—and its more than 130 initiatives may have. For the time being, we consider one of them to be a major step forward: the proposal “Towards a Renewed Global Health Ecosystem: Addressing the Challenges and Opportunities for Financing Inclusive, Resilient and Sustainable Health Systems”, presented by President Sánchez together with the WHO, GAVI and the Global Fund. Spain’s multi-year commitment to contribute €315 million for the period 2025–2027 represents a substantial political commitment, based on shared responsibility, which can help shape a reformed, more equitable and resilient global health architecture.

As regards Official Development Assistance, Spanish Cooperation allocated just over €4 billion, representing a 12% increase against a backdrop of global reductions. However, this contribution stands at 0.25% of Gross National Income (GNI), a figure well below the 0.33%

average for all donors in the Development Assistance Committee, the 0.47% average for European Union countries, and the 0.7% commitment established by law for 2023.

In the health sector, Spanish ODA grew in absolute terms to reach €276.7 million, maintaining its relative share at 6.87% of the total. This figure remains below the DAC average of 8.9%. Decentralised cooperation, meanwhile, which plays a key role in Spanish cooperation as a whole, maintained figures similar to those of 2023, both overall (€412.6 million) and in the health sector (10.54% of the total).

As for Humanitarian Action (HA), DAC countries allocated a total of US\$24.933 billion in 2024, representing a 3.9% decrease compared to the previous year. Spanish Cooperation’s HA has fallen by 20% compared to 2023, dropping from €213,777,954 to €174,175,615. This decline, significant in both absolute and relative terms, once again places the proportion of ODA allocated to HA below 5% of the total, far below international standards and the commitments made in both the Humanitarian Action Strategy and Spanish Law 1/2023 of 20 February on Cooperation for Sustainable Development and Global Solidarity.

## 1. Health Around the World

1. With five years to go until the 2030 Agenda deadline, most of the goals are far from being achieved: only 18% show real progress, whilst 48% show minimal or moderate progress and more than a third have stagnated or even regressed.

**Complying with the 2030 Agenda requires strengthening monitoring and accountability mechanisms, focusing efforts on the goals that are lagging furthest behind. At the same time, it**

**is essential to promote global public goods and tackle shared challenges—such as disinformation—through political commitments linked to clear and verifiable indicators. All of this must be underpinned by a broader mobilisation of financial, technological and human resources, capable of ensuring sustainable and equitable progress.**

2. The drastic, overnight reduction in Official Development Assistance will have immediate

consequences for people’s lives and health. The Trump administration’s decision to end 83% of USAID projects has led to the suspension of numerous health programmes, with the risk of causing up to 14 million additional deaths by 2030. 32% of these deaths would be children under five, and the most severely affected would be low-income countries, where international cooperation is essential for supporting fragile health systems.

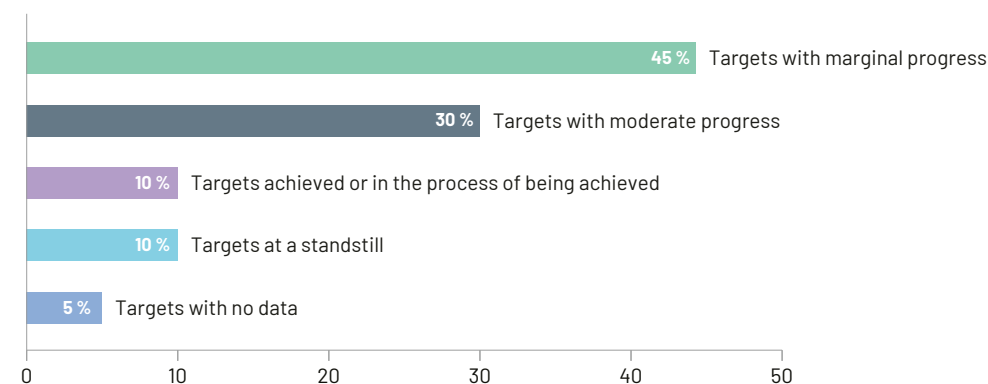
**The cuts are putting pressure on the United Nations system and, consequently, on multilateral institutions such as the WHO, which will have to redouble its efforts to maintain its capacity to respond. In this context, initiatives such as the Pandemic Treaty take on strategic importance, as, in addition to strengthening global preparedness for future health crises, they highlight the value of coordinated action by multilateral institutions in the common interest.**

3. SDG 3, ensuring healthy lives and promoting well-being for all, is progressing more slowly than the Sustainable Development Goals as a whole. Only 10% of its targets have been met or are on track to be met, whilst 15% show no progress at all. Since 2000, maternal mortality has fallen by 40% and infant mortality by 52%.

However, every day 712 women die from complications related to pregnancy and childbirth, and 13,150 children die from mostly preventable causes, concentrated mainly in impoverished countries. Inequality in access to healthcare is evident: in 2022, 31% of public health expenditure in low-income countries depended on international cooperation, which barely compensates for the enormous gap with high-income countries, whose health budget is 70 times larger.

**To accelerate progress towards SDG 3, we need to strengthen national health systems through investment in infrastructure, healthcare staff and universal access to basic services, particularly in low-income countries; increase international cooperation, ensuring that foreign aid is stable, predictable and aimed at reducing structural inequalities; promote health equity, prioritising interventions targeting women, children and vulnerable communities where preventable deaths are most frequent; drive innovation and technology transfer, facilitating access to medicines, vaccines and medical technologies in countries with fewer resources; and finally, strengthen accountability by establishing transparent monitoring and evaluation mechanisms that enable progress to be measured, gaps to be identified and policies to be adjusted swiftly and effectively.**

FIGURE 1. Progress towards SDG 3 targets



SOURCE: COMPILED INTERNALLY BASED ON INFORMATION FROM THE UNITED NATIONS 2024 REPORT ON THE SUSTAINABLE DEVELOPMENT GOALS.

4. The scientific evidence on the links between climate change and health is becoming increasingly robust, reinforcing the urgency of adapting health systems to this new paradigm. The WHO has launched a Global Action Plan on Climate Change and Health, which aims to promote climate-smart health systems that not only respond to the impacts of climate change but also help to mitigate them, for example by reducing greenhouse gas emissions. Health systems have a significant role to play in the climate crisis, accounting for 5% of global emissions. The WHO plan transcends the strictly health-related sphere, as it is based on the 'One Health' approach, which integrates human, animal and planetary health, and calls for profound changes in our societies, challenging the consumerist model of unlimited growth that currently prevails.

**To tackle the growing impacts of climate change on health, it is essential that we decarbonise health systems by incorporating renewable energy and sustainable supply chains; strengthen their resilience by adapting infrastructure and services so that they can respond to extreme weather events; integrate the 'One Health' approach into public policies, coordinating actions across the areas of human, animal and environmental health; drive green innovation, promoting sustainable medical and technologies and clinical practices with a smaller ecological footprint; promote education and awareness, training both health-care staff and the general public on climate risks; and review development models, moving towards circular and sustainable economies**

**that reduce pressure on ecosystems and ensure greater health equity.**

5. The crisis in multilateralism and the weakening of international institutions pose a direct threat to the ability to coordinate global responses to pandemics and health emergencies. The withdrawal of certain countries from organisations such as the WHO, coupled with budget cuts, has reduced their legitimacy and effectiveness, increasing the fragility of the international system at a time when cooperation is needed more than ever. Reforming and strengthening these institutions is essential to ensure they can respond swiftly, transparently and credibly, encouraging the active participation of all states and civil society in decision-making.

**To reverse the weakening of the international system at such a critical juncture, which has jeopardised the ability to coordinate global responses to pandemics and health emergencies, we need increased stable and sustainable funding for international organisations, as well as to promote governance reforms that enhance their legitimacy, transparency and representativeness, and to encourage the active participation of all countries and civil society in decision-making. It is also essential that we strengthen binding cooperation mechanisms, develop early-warning and global coordination systems underpinned by technological innovation, and champion multilateralism as a global public good, emphasising its importance in the face of the risks posed by fragmentation and nationalism.**

## 2. International Outlook

6. The 6.9% reduction in Official Development Assistance (ODA) in 2024, equivalent to a decrease of US\$15.119 billion compared to the previous year, represents a historic and unprecedented decline in absolute terms. This is the third-largest percentage drop in the history of the DAC and reflects an alarming trend: against a backdrop of global crises, donor countries are weakening one of the main instruments of international solidarity and cooperation. This decline not only jeopardises essential projects in health, education and the fight against poverty, but also erodes the credibility of the multilateral system and the ability to achieve the Sustainable Development Goals.

*The OECD's forecast of a 17% reduction in total ODA, combined with the historic cut by the United States (US\$50 billion in a single year, equivalent to 92% of its aid) and those announced by several European countries (an additional US\$17.5 billion), suggests that 2025 could prove to be the worst year in history for international cooperation.*

**ODA funding must be safeguarded through legally binding commitments that ensure compliance with the 0.7% GNI target or the creation of international stabilisation funds capable of guaranteeing minimum resources in times of crisis. The current crisis must become an opportunity to rebuild a more inclusive, transparent and resilient multilateralism, which is capable of sustaining global public goods and ensuring that international cooperation remains a cornerstone in the face of common challenges.**

7. In 2024, Official Development Assistance (ODA) from DAC countries stood at just 0.33% of GNI, far short of the international commitment of 0.7% set by the United Nations for 2030. The fall of 0.04 percentage points compared to 2023 reflects

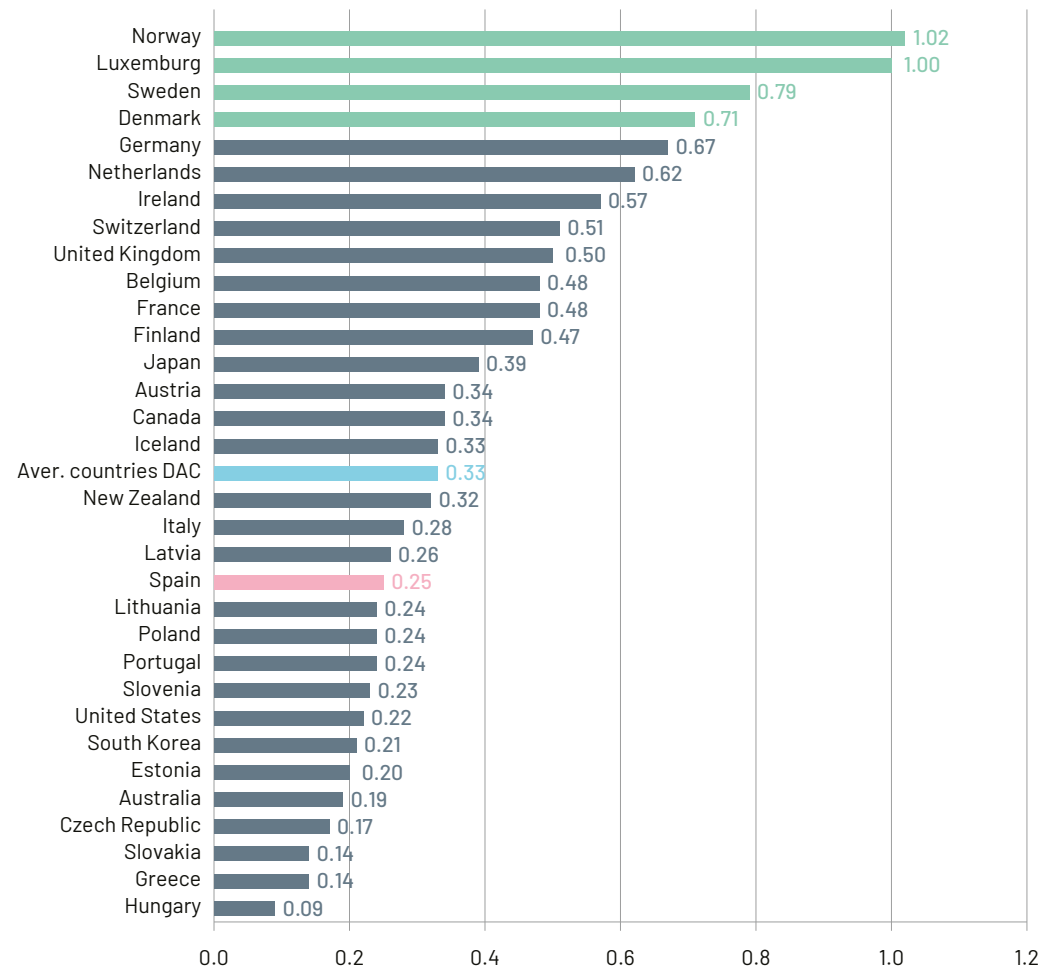
a sustained decline that seriously undermines the credibility of donor countries and the viability of the 2030 Agenda. The fact that only four of the thirty-one DAC countries have met the target highlights a lack of political will and a disconnect between rhetoric and action. Furthermore, the reduction has been concentrated in multilaterally provided aid (-10.9%), weakening global coordination capacity, whilst bilateral aid (-5.8%) has been affected by the decline in aid to Ukraine, the reduction in humanitarian funding and the decrease in the costs associated with hosting refugees.

**To reverse this downward trend in ODA, countries must establish binding national roadmaps, with clear timelines and verifiable interim milestones towards meeting the 0.7% target. They must also ensure stable and predictable contributions to multilateral cooperation that strengthen the capacity of multilateral organisations, and safeguard humanitarian aid by ensuring it is not subject to budget cuts. Without a genuine and sustained commitment, international cooperation risks becoming nothing more than empty rhetoric in the face of shared challenges.**

8. In 2023, ODA allocated to health by DAC countries fell by 44% compared to 2022, standing at US\$15.514 billion and accounting for 8.7% of total bilateral aid—half the figure from the previous year. The cuts affected not only the response to COVID-19, but also key programmes targeting sexually transmitted diseases such as HIV/AIDS. This trend demonstrates that, despite the lessons of the pandemic, there is still no sustained and coherent strategy on global health.

**To remedy this, the health sector must be safeguarded and treated as a strategic priority within international cooperation. Health cannot**

**FIGURE 2.** ODA from DAC countries, as a percentage of GNI, in 2024



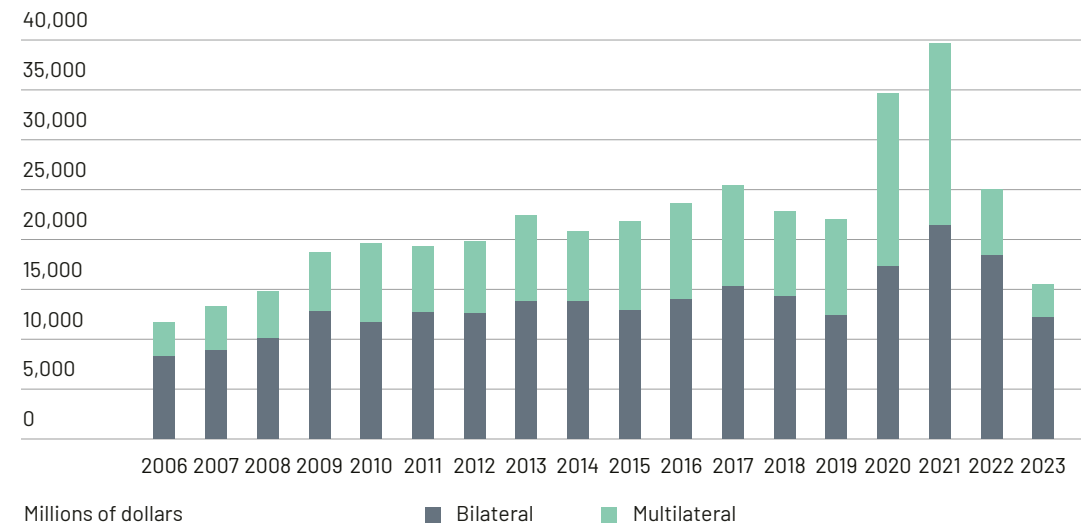
SOURCE: COMPILED INTERNALLY BASED ON OECD DATA, 2025

be seen as a flexible budget item that is cut in times of crisis, because the impact is immediate on human lives and on the stability of public health systems. To this end, commitments need to be made that ensure health funding remains stable over time, avoiding political volatility; funding for initiatives against communicable diseases (HIV/AIDS, malaria, tuberculosis) and emerging diseases must be safeguarded, as they require continuity to be effective; and health cooperation must be aligned with the ‘One Health’

approach, which connects human, animal and environmental health.

9. The weakening of the WHO and related organisations such as UNAIDS and GAVI demonstrates the fragility of the multilateral health system. The WHO is looking at a 39% shortfall in its 2026–27 budget, whilst other institutions rely on increasingly uncertain voluntary contributions. Against a backdrop of recurring health crises and growing global threats, the lack of stable funding erodes

**FIGURE 3.** Gross ODA disbursements by all DAC countries for health (sectors 120 and 130) by channel (in 2023 constant dollars)



SOURCE: COMPILED INTERNALLY BASED ON DATA FROM THE CREDITOR REPORTING SYSTEM

the legitimacy of these institutions and jeopardises historic advances in public health

To ensure the stability and effectiveness of the global health response, it is essential to reform the funding model of multilateral health institutions. This would require increasing mandatory contributions from member states, thereby reducing dependence on voluntary contributions that are volatile and subject to short-term political decisions; or creating permanent emergency funds capable of mobilising immediate resources in the event of pandemics or health crises without waiting for new negotiations.

10. The legitimacy and effectiveness of international cooperation is limited by a structural weakness: it remains conditioned by the polit-

ical and economic interests of donor countries, whilst recipient countries lack genuine representation in decision-making. The result is a gap between rhetoric on global commitment and actual practice, which erodes the trust of beneficiary communities and weakens the impact of development policies.

To overcome this fragility, it is essential to promote more inclusive and horizontal cooperation, placing recipient countries and local communities at the centre when it comes to defining priorities and strategies. There is an urgent need to reform governance mechanisms, ensuring equitable and sustainable representation of the voices of the Global South so that decisions reflect diversity and strengthen the legitimacy of the international system.

### 3. Health in Spanish Cooperation

**11.** In 2024, Spanish ODA reached €4.021 billion, an increase of 11.8% compared to the previous year. Although this growth is positive in absolute terms, the percentage of GNI remains at just 0.25%. This means that Spain is still far from meeting its international, parliamentary and legislative commitments: the 0.55% target set for this parliamentary term ending in 2027 and the 0.7% target set out in the Spanish Cooperation Act for 2030. The shortfall compared with the EU average (0.47%) and the DAC average (0.33%) reflects a lack of alignment with international standards and jeopardises the credibility of Spanish development cooperation.

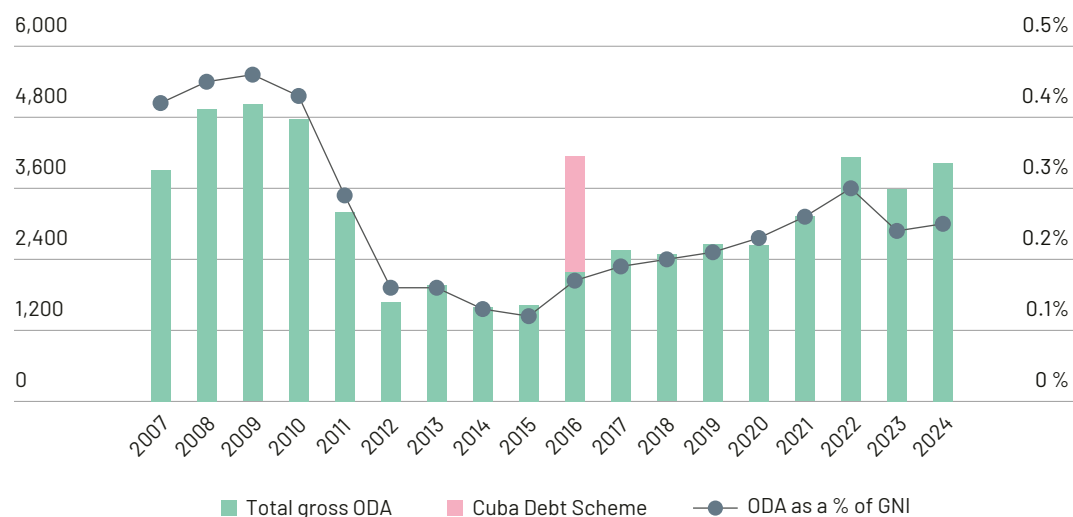
**There is an urgent need to design and implement a binding budgetary roadmap, with clear and verifiable annual increases, to enable these commitments to be progressively met. This roadmap must be firmly established and accompanied by accountability mechanisms to ensure that the objectives are not**

**undermined by potential changes in the political cycle.**

**12.** Despite the overall increase in ODA, the funds managed by the MAEUEC (Spanish Ministry of Foreign Affairs, European Union and Cooperation) fell by 5% in 2024, whilst the AECID (Spanish Agency for International Development Cooperation) saw a slight increase (2.9%) to €590 million. However, the latter agency's share of total Spanish cooperation fell to 14.7%. This situation reflects a lack of coherence and institutional consolidation: the growth in ODA has not been accompanied by a commensurate strengthening of the structures responsible for managing it.

**For Spain to fulfil its international commitments and maximise the impact of its development cooperation, it must invest in human resources and implement all aspects of the reform in order to establish a more robust and coordinated institutional framework.**

**FIGURE 4.** Trend in gross ODA and percentage of GNI, 2007–2024 (millions of euros)



SOURCE: COMPILED INTERNALLY BASED ON ODA DATA PUBLISHED BY DGPOLDES

**13.** ODA allocated to health has seen an increase of €29 million, reaching €276.7 million. This growth does not translate into a proportional increase within the overall Spanish cooperation budget, where health accounts for a relative share of just 6.87%, well below the DAC average of 8.9%. It should be noted that, of the total allocated to health, the AECID allocates €96.3 million, representing 16.3% of its budget, a percentage that clearly reflects the priority given by that agency to the health sector, commensurate with the global challenges we face.

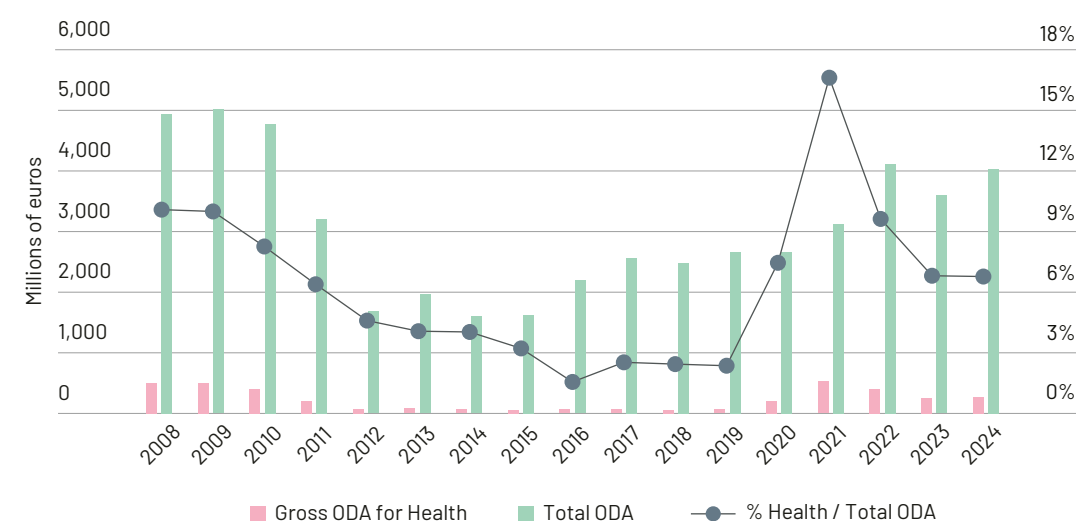
**There is an urgent need to increase the share of ODA allocated to health, setting a minimum target of 10% in line with international standards and moving towards the 12% recommended to address global challenges. To this end, an explicit commitment is required to the challenges facing the sector, as set out in the Global Health Strategy and the Master Plan.**

**14.** Decentralised cooperation remains at levels similar to those of 2023, contributing €412.6 million, just €3 million less than in that year. Within the overall framework of Spanish ODA,

it accounts for 10.26% of the total, a percentage which, whilst significant, falls short of the potential contribution that the Autonomous Communities could make. This stability, however, coexists with a worrying trend towards cuts, reflecting how a narrative that undervalues the role of decentralised cooperation in promoting global justice is gaining ground, even going so far as to question its very existence. In response to this, it is essential to highlight its achievements and reinforce its legitimacy as a fundamental pillar of development and international solidarity.

**The trend towards cuts and the discourse that disparages decentralised cooperation must be countered; its legitimacy must be strengthened through a communications strategy that highlights its concrete contributions; positive narratives must be developed that emphasise its local relevance and capacity for innovation; and partnerships with civil society and other actors must be consolidated. By doing so, decentralised cooperation will be able to establish itself as a key component of Spanish Cooperation, capable of promoting international solidarity amongst the public and demon-**

**FIGURE 5.** Trend in gross ODA for health and its percentage of total ODA, 2009–2024



SOURCE: COMPILED INTERNALLY BASED ON THE ODA DATA PUBLISHED BY DGPOLDES

strating its real impact on improving the living conditions of the most vulnerable populations.

15. Health cooperation accounted for 10.5% of total decentralised ODA, with a contribution of €43.5 million. However, these funds allocated to health fell by around €5 million compared to the previous year, highlighting a worrying trend at a time when global health challenges require greater commitment. Despite this, decentralised cooperation in health continues to play a strategic role: it accounts for 15.7% of total Spanish ODA allocated to health, meaning that one in

every six euros of health cooperation comes from this sector. This figure confirms that, although its volume may seem limited, decentralised cooperation is a cornerstone of the global health cooperation response.

**It is important to consolidate the capacity for grassroots engagement, innovation and connection with the public that decentralised cooperation possesses. This provides added value that must be recognised and strengthened, especially if we wish to establish a coherent and sustainable policy in the face of**

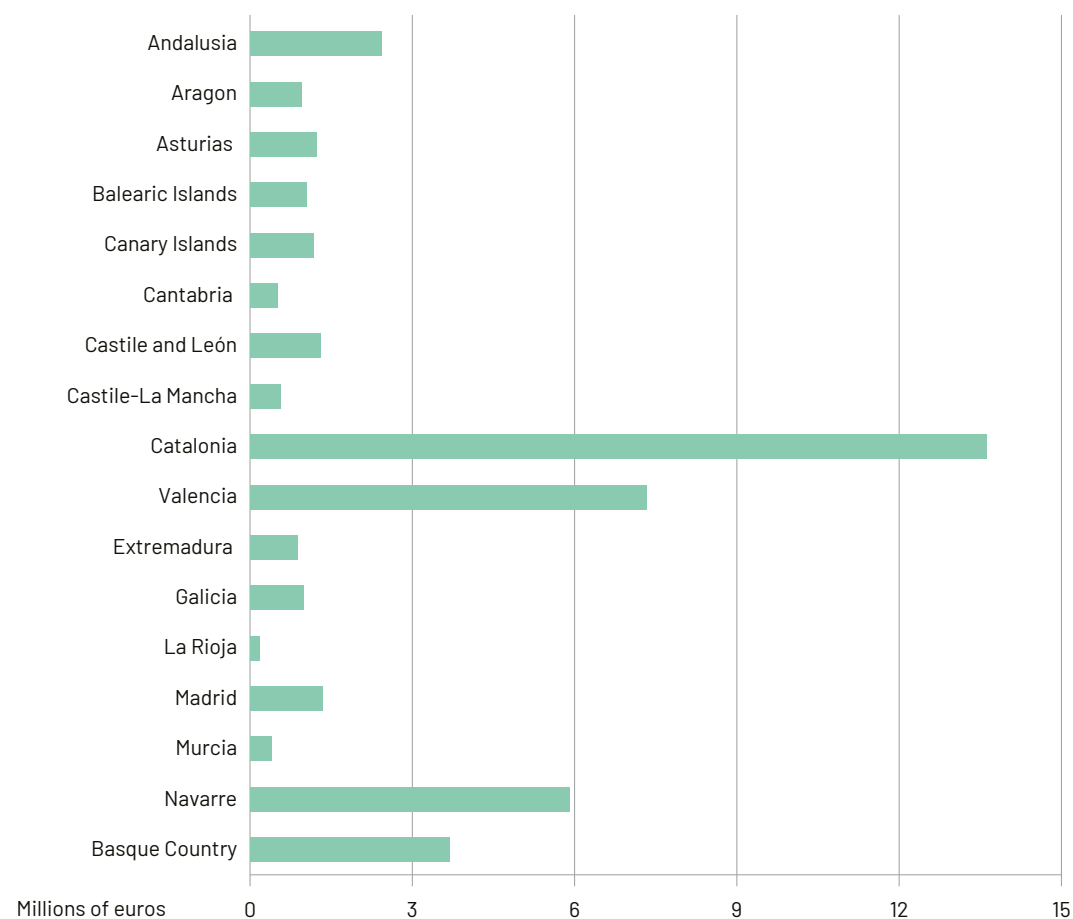
**the threats posed by denialist narratives. To achieve this, we must ensure a steady increase in funding allocated to health, promote coordination between Autonomous Communities and local authorities to prevent fragmentation, and systematically disseminate the results achieved in terms of their impact on vulnerable populations.**

16. Spain announced a commitment of €315 million for 2025–2027 as part of the initiative “Towards a Renewed Global Health Ecosystem: Addressing the Challenges and Opportunities for Financing Inclusive, Resilient and Sustainable Health Systems”, alongside the WHO, GAVI and the Global Fund. This represents a substantial political commitment for the country,

underpinned by a shared responsibility that can help shape a renewed and more equitable global health framework.

**The initiative will need to address challenges and critical issues such as: long-term sustainability, given that funding is currently planned only until 2027; its implementation and the impact on concrete actions in each country, particularly in fragile contexts or those with low institutional capacity; coordination among stakeholders; and complementarity with initiatives such as the Lusaka Agenda, which partly inspired this initiative and which, incidentally, represents a historic opportunity to redefine global health from a fairer and more collaborative perspective.**

FIGURE 6. Total decentralised ODA for health in 2024



SOURCE: COMPILED INTERNALLY BASED ON THE ODA DATA PUBLISHED BY DGPOLDES

## 4. Humanitarian Action

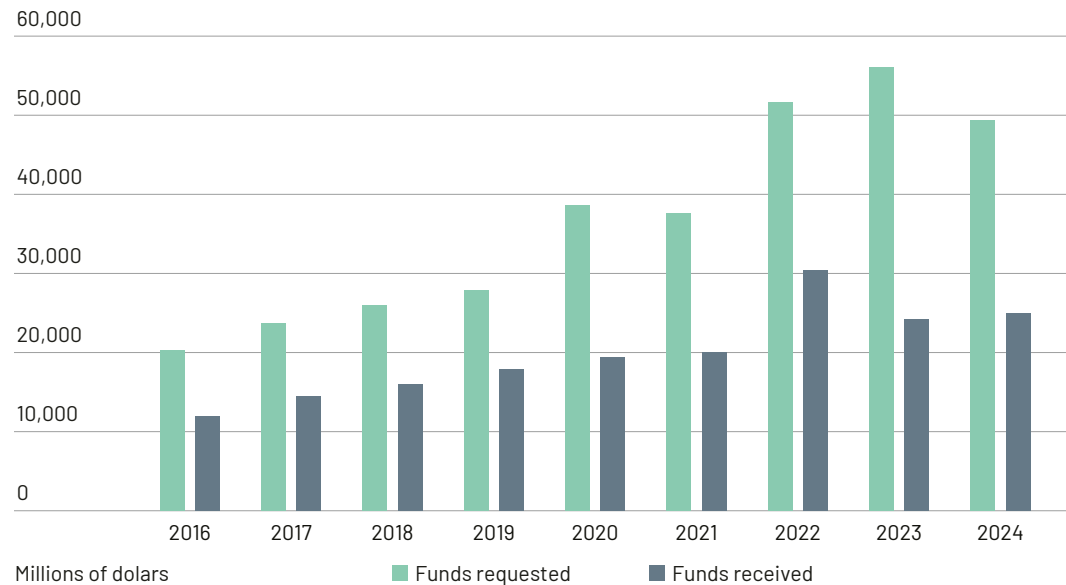
17. The year 2024 saw an unprecedented worsening of humanitarian crises, marked by an increase in violence against civilians, restrictions on humanitarian access and systematic attacks on health workers and infrastructure. The scale of the needs—with more than 323 million people requiring assistance—stands in stark contrast to a significant reduction in international funding, which left millions of people in critical situations without support.

Regions such as Eastern and Southern Africa, the Middle East and Asia are the areas of greatest need, highlighting how the climate crisis and protracted conflicts are exacerbating vulnerability and putting the survival of millions of people at risk. Forecasts for 2025 paint a grim picture: more than 305 million people will need humanitarian assistance, whilst food insecurity continues to rise and famine is re-emerging for the first time since 2020.

Against this backdrop, it is incomprehensible that international humanitarian funding fell in 2024 compared to 2023, reaching only \$36.367 billion. Although the United States significantly increased its contribution and consolidated its position as the leading donor, accounting for 38.9% of the total, most major donors reduced their contributions, reinforcing a downward trend that critically affects the sector’s capacity to respond to increasingly complex and protracted crises.

**It is therefore more important than ever that donors fulfil their international responsibilities and commitments, and increase funding for humanitarian action. Only by doing so will it be possible to narrow the growing gap between the resources requested and those actually received, and to ensure an adequate response to the needs of the most vulnerable populations.**

**FIGURE 7. Funding for UN appeals 2016–2024**



SOURCE: COMPILED INTERNALLY BASED ON OCHA FTS DATA

**18.** *The sharp reduction in funding—particularly following the closure of USAID and cuts by other donors—has left the humanitarian sector facing an alarming funding shortfall: by mid-November 2025, only 25.1% of the funds requested to address humanitarian needs had been received, 21.9% of those requested for food security, and 17.5% for nutrition.*

*The ‘humanitarian reset’ spearheaded by OCHA in response to these cuts has focused more on the hyper-prioritisation of resources than on strategic reform of the system. As a result, millions of people have been left without support, whilst the humanitarian space is being eroded and increasingly constrained by political and geopolitical interests.*

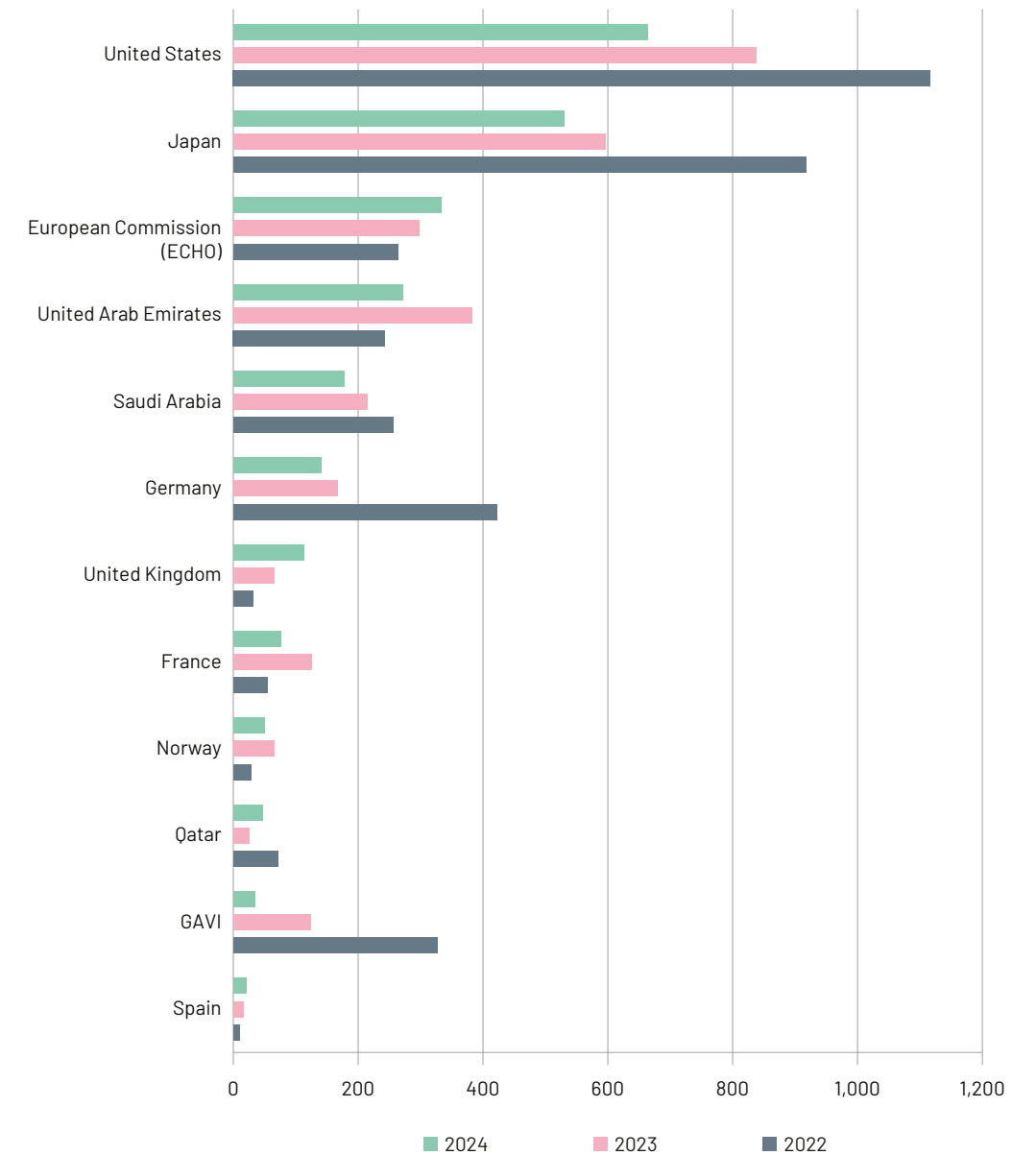
**Donors must be required to allocate at least 10% of their ODA to humanitarian action and to fund aid that is guided by humanitarian principles, not by other interests. Only in this way can we move towards a humanitarian system that is**

**more inclusive, fair and accountable to those affected by humanitarian crises.**

**19.** *The health sector within humanitarian action is facing a critical funding crisis at a time when health needs have intensified due to conflicts, natural disasters and disease outbreaks. In 2024, funding allocated to health by the international community fell by \$651 million compared to 2023, leaving millions of people without coverage. This reduction has occurred both in UN appeals—\$172 million less than in 2023—and in funding allocated outside the UN system—\$479 million less.*

**Reversing these cuts is essential to ensure an adequate response to growing health needs. Sufficient, sustained funding is required, accompanied by improvements in the flexibility and predictability of aid, so that the sector can respond more effectively and in a timely manner to the health crises facing the most vulnerable populations.**

**FIGURE 8. Main donors to the health sector 2022–2024**



SOURCE: COMPILED INTERNALLY BASED ON OCHA FTS DATA

**20.** The protection of healthcare in conflicts is enshrined in international humanitarian law. However, attacks and violence against healthcare systems are being carried out with total impunity. Over the last three years, attacks on healthcare in conflict settings have increased alarmingly, both in frequency and severity. In 2024 alone, 3,623 violent incidents were recorded, with 1,100 medical facilities damaged or destroyed, more than 900 healthcare workers killed in 27 countries and 470 detained in 15 countries.

**At a time and in a context where international rules are being systematically violated, governments, the UN and human rights bodies must increase diplomatic pressure on state and non-state actors responsible for, or suspected of, carrying out attacks against healthcare. Where these efforts prove unsuccessful, additional legal measures should be considered, including trade restrictions, sanctions and public condemnation to curb impunity and protect the humanitarian sector.**

**21.** In 2024, Spanish Cooperation in Humanitarian Action as a whole (from the General State Administration, Autonomous Communities and

local authorities) fell by 20% compared to 2023, from €213,777,954 to €174,175,615. This decline once again places the percentage of ODA allocated to humanitarian action below 5%, specifically at 4.33%, representing a fall of 1.6 percentage points compared to the previous year. The General State Administration (AGE in the Spanish acronym) was primarily responsible for this cut, with a reduction of 24% compared to 2023.

**Spanish Cooperation must urgently reverse the cuts to humanitarian action and significantly and sustainably increase its funding. Only in this way will it be able to come close, even if only minimally, to the target of allocating 10% of ODA to humanitarian action by the end of the legislative term. Keeping humanitarian funding below this threshold makes Spanish Cooperation complicit in perpetuating a critical gap between the needs of affected populations and the resources available, thereby weakening the capacity to respond to increasingly complex and protracted crises.**

**22.** In 2024, Spanish decentralised cooperation (Autonomous Communities and local authorities) showed a positive trend, allocating 10.63%

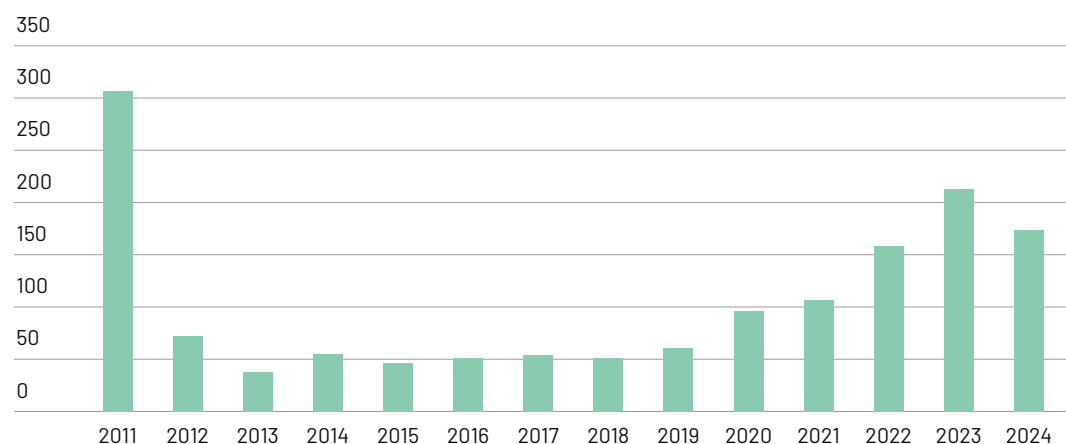
of its ODA to humanitarian action, slightly above the international commitment of 10%. In absolute terms, the increase was modest—€1.4 million more than in 2023—but reflects a sustained commitment against a backdrop of global cuts. However, this overview masks significant regional disparities: whilst Autonomous Communities such as the Basque Country, the Balearic Islands, Andalusia and the Canary Islands have increased their funding, others such as Catalonia, Extremadura, Asturias and the Valencian Community have seen significant cuts.

At the local level, authorities have slightly increased their contributions, although this has

not yet offset the sharp decline seen in 2023. Madrid City Council, Barcelona Provincial Council and the Gran Canaria Island Council stand out as the main funders.

**To consolidate this progress, decentralised co-operation must sustain growth in terms of both volume and percentage, and improve the predictability of its funding through multi-year mechanisms. Only in this way will it be possible to guarantee a more effective humanitarian response and ensure, in the medium term, a sustained increase in the resources allocated to humanitarian action.**

**FIGURE 9.** Trajectory of spanish ODA allocated to humanitarian action (millions of euros)



SOURCE: COMPILED INTERNALLY BASED ON THE ODA DATA PUBLISHED BY DGPOLDES-SECI

**TABLE 1.** HA by Autonomous Community

| Autonomous Community | 2023              | %          | 2024              | %          |
|----------------------|-------------------|------------|-------------------|------------|
| Andalusia            | 700,000           | 2.09       | 1,575,000         | 4.59       |
| Aragon               | 651,245           | 1.94       | 275,000           | 0.80       |
| Asturias             | 1,114,900         | 3.32       | 175,000           | 0.51       |
| Balearic Islands     | 878,713           | 2.62       | 1,832,639         | 5.34       |
| Canary Islands       | -                 | 0          | 1,310,000         | 3.81       |
| Cantabria            | 283,268           | 0.84       | 415,445           | 1.21       |
| Castile and León     | 244,000           | 0.73       | 797,745           | 2.32       |
| Castile-La Mancha    | 416,390           | 1.24       | 502,390           | 1.46       |
| Catalonia            | 6,312,092         | 18.82      | 4,960,000         | 14.44      |
| Valencia             | 8,537,767         | 25.45      | 7,827,473         | 22.79      |
| Extremadura          | 1,548,279         | 4.62       | 529,000           | 1.54       |
| Galicia              | 796,011           | 2.37       | 903,288           | 2.63       |
| La Rioja             | 50,000            | 0.15       | 200,000           | 0.58       |
| Madrid               | 1,132,458         | 3.38       | 803,244           | 2.34       |
| Murcia               | 225,000           | 0.67       | 187,000           | 0.54       |
| Navarre              | 600,000           | 1.79       | 510,000           | 1.48       |
| Basque Country       | 10,050,525        | 29.97      | 11,547,463        | 33.62      |
| <b>TOTAL</b>         | <b>33,540,648</b> | <b>100</b> | <b>34,350,687</b> | <b>100</b> |

SOURCE: COMPILED INTERNALLY BASED ON THE ODA DATA PUBLISHED BY DGPOLDES-SECI



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