

CORRECTION

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Correction to: Tracking Japan's development assistance for health, 2012–2016

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Correction to: *Glob Health* (2020) 16: 32
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Following publication of the original article [1], the authors reported a conversion error that concerned the estimated amounts of development assistance for health (DAH) for 2012–2015; when the authors converted the current prices of 2012–2015 to the constant prices of 2016 using the gross domestic product (GDP) deflator, they erroneously multiplied the current prices by the GDP deflator instead of dividing them.

Please find the details of this error in this correction.

Firstly, the 'Results' in the article's Abstract stated that "Japan's DAH was estimated at 1,472.94 (2012), 823.15 (2013), 832.06 (2014), 701.98 (2015), and 894.57 million USD (2016) in constant prices of 2016", while it should state that "Japan's DAH was estimated at 853.87 (2012), 718.16 (2013), 824.95 (2014), 873.04 (2015), and 894.57 million USD (2016) in constant prices of 2016".

Secondly, the first sentence of the article's Results section stated that "Japan's DAH was estimated at 1, 472.94 (2012), 823.15 (2013), 832.06 (2014), 701.98 (2015), and 894.57 million USD (2016) in constant prices of 2016", while it should state that "Japan's DAH was estimated at 853.87 (2012), 718.16 (2013), 824.95 (2014), 873.04 (2015), and 894.57 million USD (2016) in constant prices of 2016".

In addition to the above mentioned parts of the article, the conversion error affected Table 1, Fig. 1a, Fig. 2a, and Additional file 2, for the data of 2012–2015; please find (the corrected version of) these files in this correction.

The errors have now been corrected in the original article.

Furthermore, the authors would like to assure the reader that the discussions proposed in their article were based on the part of the results not related to the conversion by the GBD deflator (i.e. percentage value rather than amount) and, therefore, that the miscalculated amounts of DAH mentioned above do not affect the interpretation or conclusions of the study.

The authors thank you for reading this correction, and apologize for any inconvenience caused.

The original article can be found online at <https://doi.org/10.1186/s12992-020-00559-2>.

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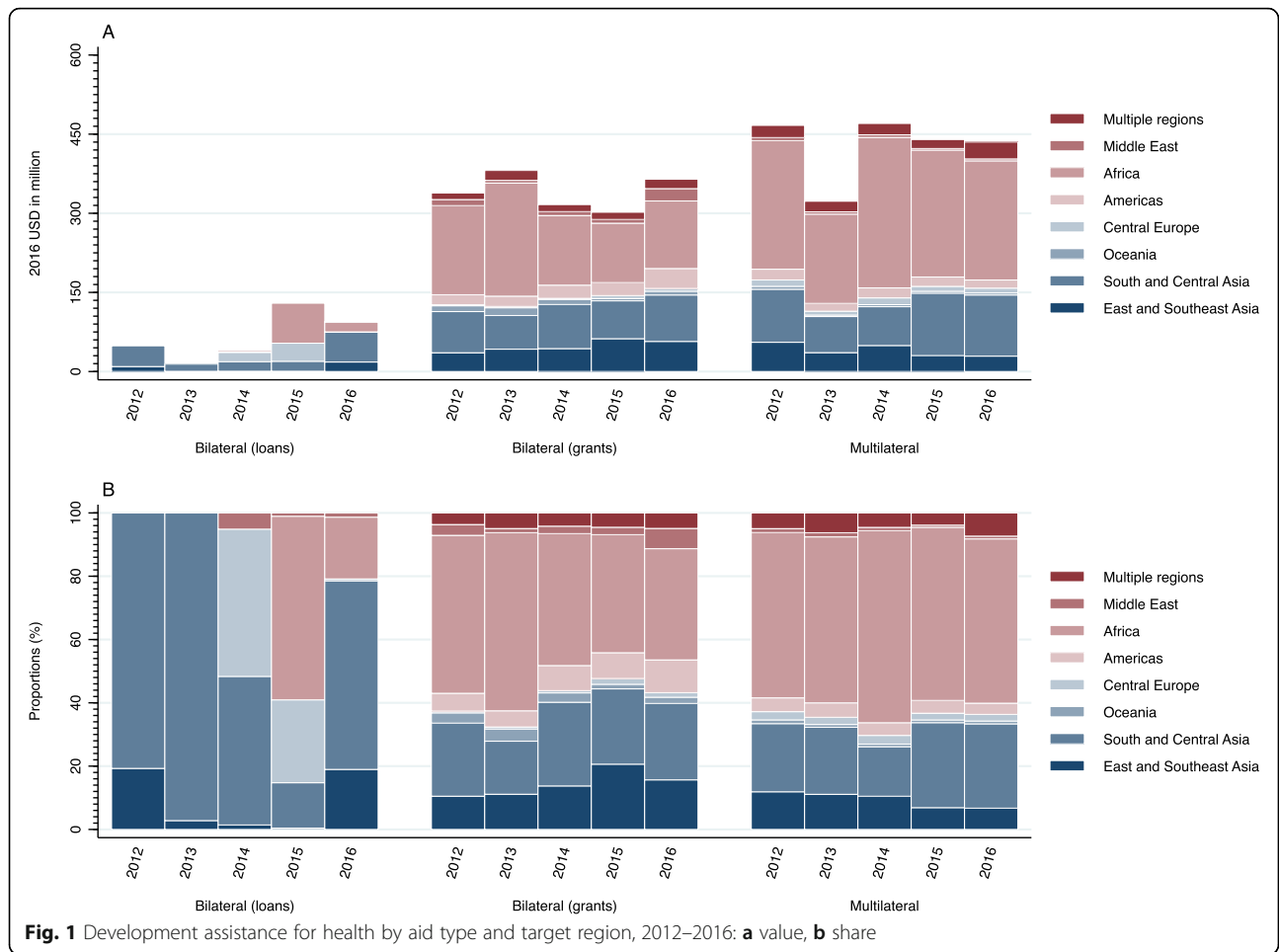


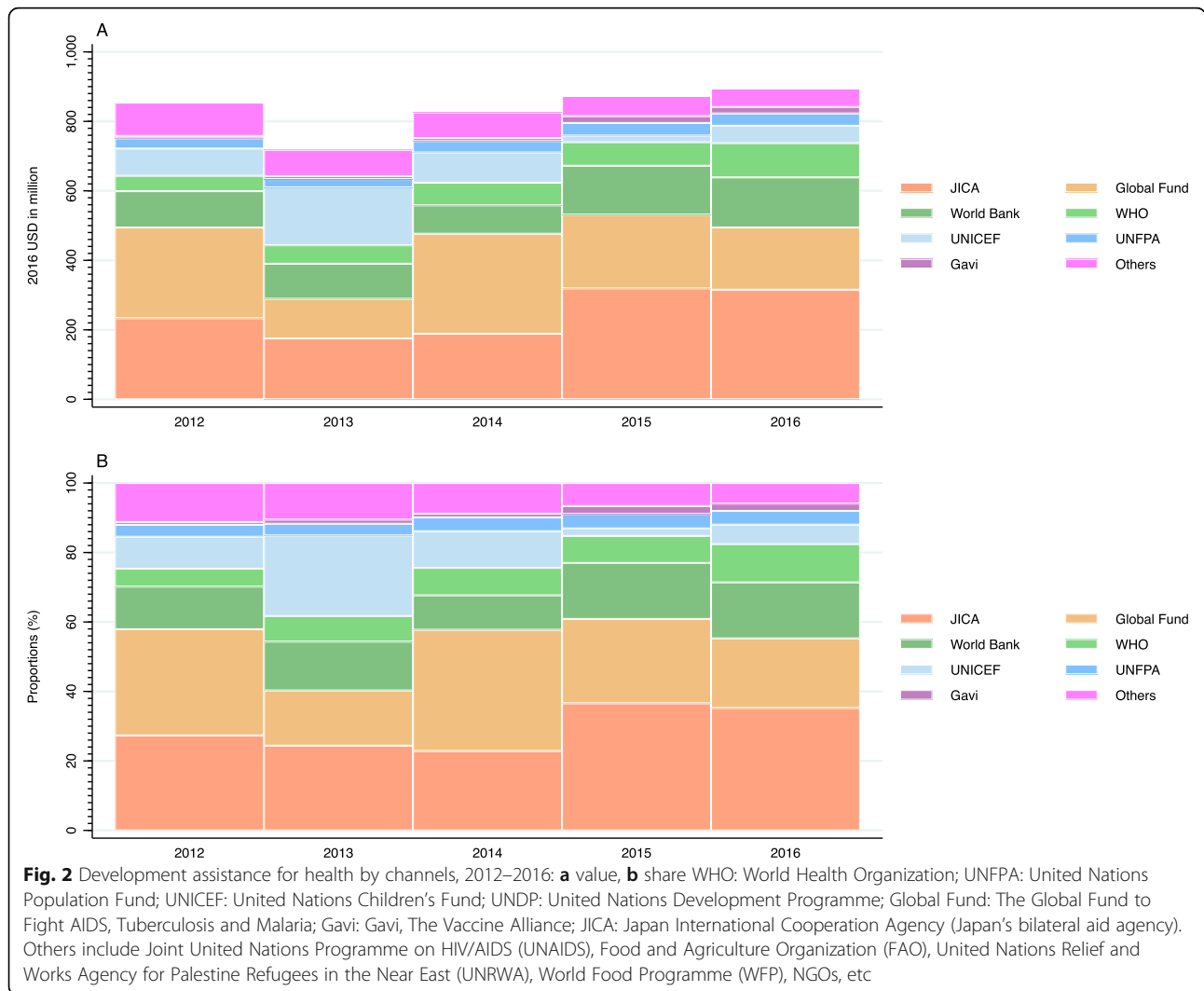
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Table 1 Development assistance for health by source and type, 2012–2016 (2016 USD in million, %)

| Source | Year | Bilateral (loans) | Bilateral (grants) | Multilateral | Total |
|--------|------|-------------------|--------------------|----------------|--------|
| MOFA | 2012 | 48.72 (7.16) | 337.96 (49.65) | 293.99 (43.19) | 680.67 |
| | 2013 | 14.07 (2.57) | 380.66 (69.50) | 152.97 (27.93) | 547.70 |
| | 2014 | 38.28 (5.71) | 309.21 (46.13) | 322.85 (48.16) | 670.34 |
| | 2015 | 131.31 (18.19) | 301.25 (41.73) | 289.26 (40.07) | 721.81 |
| | 2016 | 94.97 (13.27) | 363.81 (50.84) | 256.78 (35.88) | 715.56 |
| MHLW | 2012 | – | 0.25 (0.55) | 44.80 (99.45) | 40.05 |
| | 2013 | – | 0.23 (0.42) | 53.19 (99.58) | 53.42 |
| | 2014 | – | 0.43 (0.85) | 49.80 (99.15) | 50.22 |
| | 2015 | – | 0.47 (0.92) | 50.95 (99.08) | 51.43 |
| | 2016 | – | 0.61 (0.75) | 81.10 (99.25) | 81.71 |
| MOF | 2012 | – | – | 127.48 (100) | 127.48 |
| | 2013 | – | – | 116.74 (100) | 116.74 |
| | 2014 | – | – | 97.63 (100) | 97.63 |
| | 2015 | – | – | 99.56 (100) | 99.56 |
| | 2016 | – | – | 97.14 (100) | 97.14 |
| Others | 2012 | – | 0.26 (39.16) | 0.40 (60.84) | 0.67 |
| | 2013 | – | 0.31 (100) | – | 0.31 |
| | 2014 | – | 6.75 (99.84) | 0.01 (0.16) | 6.76 |
| | 2015 | – | 0.23 (94.41) | 0.01 (5.59) | 0.24 |
| | 2016 | – | 0.15 (93.15) | 0.01 (6.85) | 0.16 |
| All | 2012 | 48.72 (5.71) | 338.47 (39.64) | 466.68 (54.65) | 853.87 |
| | 2013 | 14.07 (1.96) | 381.20 (53.08) | 322.89 (44.96) | 718.16 |
| | 2014 | 38.28 (4.64) | 316.38 (38.35) | 470.29 (57.01) | 824.95 |
| | 2015 | 131.31 (15.04) | 301.95 (34.59) | 439.78 (50.37) | 873.04 |
| | 2016 | 94.97 (10.62) | 364.58 (40.75) | 435.02 (48.63) | 894.57 |

MOFA Ministry of Foreign Affairs; MHLW Ministry of Health, Labour and Welfare; MOF Ministry of Finance. Others include Ministry of Agriculture, Forestry and Fisheries (MAFF); Ministry of Economy, Trade and Industry (METI); Ministry of Defense; Cabinet Office; and prefectures.





Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12992-020-00640-w>.

Additional file 2: Supplementary Table 1. Development assistance for health by target region, 2012–2016 (2016 USD in million, %): (A) bilateral (loans), (B) bilateral (grants), (C) multilateral, (D) total. **Supplementary Table 2.** Development assistance for health by channel, 2012–2016 (2016 USD in million, %). **Supplementary Table 3.** Developing assistance for health channeled through multilateral agencies, 2012–2016 (2016 USD in million, %). **Supplementary Table 4.** Development assistance for health by health focus area, 2012–2016 (2016 USD in million, %): (A) bilateral (loans), (B) bilateral (grants), (C) multilateral, (D) total. **Supplementary Table 5.** Development assistance for health for primary healthcare and health system strengthening, 2012–2016 (2016 USD in million, %): (A) bilateral (loans), (B) bilateral (grants), (C) multilateral, (D) total.

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