Public Financing for Health in Africa: from Abuja to the SDGs







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Foreword

Leaders of the African region have demonstrated their continued commitment to making resources available in support of stronger health systems and better health results – from declarations made in Abuja (2001), Ouagadougou (2009), Tunis (2012) and Luanda (2014). Their decisions have generally been followed and put into effect at country-level, reflecting national commitments to the sector. In particular, the share of public resources allocated to health has increased over time in a majority of African countries.

With the adoption of the new Sustainable Development Goals (SDGs), the year 2015 marked a shift in the global and regional discourse on health. Universal Health Coverage (UHC) is now acknowledged as a core target for all nations and offers a powerful framework with system-wide implications across the full spectrum of health services, presenting a unique opportunity to drive progress toward better health results in the region.

The challenge is now to transform domestic investments in health into actual progress toward UHC. Increasing reliance on public funds to finance coverage expansion has proven to be successful in other settings to reduce out-of-pocket (OOP) spending and therefore to improve financial protection. However, the way in which public funding is allocated and used matters. Too often, public resources are fragmented, poorly distributed, and inefficiently used. As a result, they do not benefit the people who need them most. Bolstered by UHC-related principles enshrined in SDG target 3.8, the countries of the region are presented with a unique opportunity to embrace UHC as a driver of social equality, and are therefore encouraged to reform their systems of public financing for health.

At the same time, external assistance must increasingly support and catalyse sustainable health system performance, transitioning away from the sometimes volatile and fragmented approaches of the past. At the 2015 Addis Ababa conference, WHO urged the international community to strengthen cooperation with low- and lower-middle income countries of the region to combine domestic and external funding in order to provide sufficient resources to build robust health systems. Strong, adequately-financed health systems are essential to ensure both individual and global public health security, a truth that was thrown into sharp relief by last year's Ebola crisis in West Africa. UHC presents a unique opportunity to promote a comprehensive and coherent approach to health, beyond the treatment of specific diseases, to focus on how the health system as a whole delivers integrated, people-centred health services.

We call upon Ministers of Health, Ministers of Finance, other Department Ministers, Parliamentarians and all stakeholders involved in health financing and systems to use the evidence published in this document to advocate for change and take the urgently needed decisions regarding public policies, strategies and reforms. By doing this they will ensure that resources invested in health are used in the most relevant, effective and efficient manner so as to benefit the people who need them most.

We thank you very much. Your commitment makes all the difference.



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Contents

Introduction	8
Key recommendations	10
1. Policy Highlights	12
1. Aligning budget resources and health priorities	13
1.1 Prioritizing health within budget: mixed trends, including de-prioritization	13
1.2 Resource allocation skewed towards high-end care	11
Closing the gap between health budget allocation and expenditure	19
2.1 Underspending health budgets: opportunities lost	
2.2 The root causes of health budget underspends	
3. Maximizing UHC performance with the money available	
3.1 Misallocation of public money: the negative impact on financial protection	25
3.2 No direct association between better service coverage,	
equity and financial protection	28
3.3 No convergence in translating money into health results	31
Conclusion: Making public funds work for UHC	34
Endnotes	36
2. Health Financing Country Profiles	26
Algeria	
Angola	
Benin	
Botswana	
Burkina	
Faso	
Burundi	
Cameroon	
Central	
African Republic	
Cabo Verde Republic of	
Chad	
Comoros	
Congo	
Côte	
d'Ivoire	
Democratic Republic of the Congo	
Equatorial	
Guinea	
Eritrea	
Ethiopia	
Gabon	
GambiaGhana	
Ghana	
Guinea	
Guinea-Bissau Kenya	
Lesotho	
LG30110	01

	Liberia	62
	Madagascar	63
	Malawi	64
	Mali	65
	Mauritania	66
	Mauritius	67
	Mozambique	68
	Namibia	69
	Niger	70
	Nigeria	71
	Rwanda	72
	Sao Tome and Principe	73
	Senegal	74
	Seychelles	75
	Sierra Leone	76
	South Africa	77
	South Sudan	78
	Swaziland	79
	Togo	80
	Uganda	81
	United Republic of Tanzania	82
	Zambia	83
	Zimbabwe	84
3.	. Health Financing Strategies and Benchmarks	85
	Elaboration of Health Financing Strategy in African countries: Situation in June 2016	86
	Key Health Financing Indicators: Regional and Country Benchmarks	88

Introduction

In 2001, African Union heads of state pledged to allocate at least 15% of annual expenditure to health under the Abuja Declaration. They also urged donor countries to fulfil the yet-to-bemet target of Overseas Development Assistance (ODA) to developing countries equivalent to 0.7% of Gross National Income (GNI). This commitment acknowledged the key role played by public funding to ensure sustainable and equitable health coverage. The alignment of high level African leaders on pro-health commitments was an important first step in the Millennium Development Goals (MDGs) era and remains a unique initiative in the history of financing health and social goals.

Fifteen years later, most African governments have increased the proportion of total public expenditure allocated to health. In addition, the average level of per capita public spending on health rose from about US\$70 in the early 2000s to more than US\$160 in 2014 (Parity Purchasing Power, PPP). Health is predominantly financed by domestic resources in Africa, with an average 76% in 2014, while external aid has increased from 13% to 24% of total health expenditure over the same period.

But it is too early to declare victory. Moving towards spending targets, though important, is not enough. Indeed, by focusing too much attention on reaching certain expenditure levels, policy makers may actually lose sight of other challenges, such as improving the way existing resources are allocated and used in the health sector. The adoption of the Addis Ababa Action Agenda on Financing for Development and of the new Sustainable Development Goals (SDGs) in the second half of 2015 has been accompanied by a growing recognition of the need to explore the nature of the resources available and the use to which they are put, rather than focusing solely on the volume of resources required to make progress toward UHC. In particular, how public monies are allocated, spent and used has a direct impact on the level of coverage and financial protection, as well as on equity.

Countries' experiences in reforming public finance systems to support progress toward UHC indicate that success depends on more than simply increasing levels of public budgets; it requires:

• Appropriately targeted health budget allocations (public resources for health are not optimally

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