An analysis of Domestic and Donor Financing for Maternal, Neo-natal and Child Health in Sub-Saharan Africa

Jacob Novignon\*, \*\*Dr Chris Atim, \*Dr Eric Arthur: \*KNUST / \*\*African Health Economics and Policy Association (AfHEA)

Background: Achieving improvement in maternal, neo-natal and child health (MNCH) is an important public health objective and key performance indicator of overall progress of a country’s health sector. Despite efforts to improve these outcomes in the Sub-Saharan Africa (SSA) region, the rates of maternal and neo-natal deaths remain relatively high in the region, at 547 per 100,000 live births and 28.6 per 1000 live births, respectively, in 2017 (World Bank 2017). Similarly, the region has relatively poor infant and child health outcomes.

Objectives: This study is submitted by AfHEA as a framework paper to the AERC Collaborative Research on Health Financing in Africa. The study sought to analyse domestic and external financing for improving Maternal Neo-natal and Child Health (MNCH) outcomes in SSA. Specific objectives are: (i) analysis of the trends and patterns in MNCH financing in SSA and, given those trends, asks what are the potential gains to be realized from increased funding of these services? (ii) What are the funding gaps that need to be covered for SSA countries to achieve the SDGs by 2030? (iii) Is there potential fiscal space from domestic sources for MNCH financing across SSA?

Results: The trend and pattern analysis of MNCH outcomes in SSA showed wide variation across countries. While few countries achieved the MDG health related targets, the majority of countries failed to achieve the target. Also, health financing trends showed low resource commitments to health in SSA relative to the Abuja declaration target. This result demonstrate the need for extra resource mobilisation and high impact health policy interventions in these countries if significant progress is to be made towards meeting the health related SDGs targets. Further, we found significant gains from domestic financing, but also modest gains from external financing. Interestingly, private domestic financing showed higher gains. Our study also showed that for the countries analysed in this study to meet the set SDG targets by 2030, there may be the need for progressive incremental cost until 2030. Finally, a combination of different fiscal space options could be harnessed and prioritised by SSA countries to finance MNCH interventions.

Conclusion: The results emphasised the need for accelerated commitment by governments towards improving MNCH outcomes in SSA if significant progress is to be made towards meeting the health related SDGs targets. Key among these commitments is the need to scale up financial resources (especially domestic resources) to the health sector.