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**Financing Health in Africa**

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As countries in Africa move towards universal health coverage, and in the context of the Sustainable Development Goals, increased attention is being paid to how these countries can increase financial resources for health. This paper examines the extent to which current and future levels of domestic and external sources of finance can meet health needs in Africa. We review levels of funding for health in fifty countries in Africa using data from the World Health Organisation’s National Health Accounts databases. Countries are categorised according to levels of government health expenditure and an attempt is made using quantitative indicators to attribute the problem to three main areas: the strength of national economy, domestic fiscal effort and relative prioritisation of health in the budget. We estimate the funding gap for health and show how it might be addressed through modifying these three key health financing factors. Our results show that the majority of countries are far from meeting health financing goals, including the Abuja target on budgetary allocation to health and minimum levels of per capita health expenditure as set by the High Level Task Force on Innovative International Financing for Health Systems (HLTF). A substantial funding gap remains even after modelling increased funding as a percentage of GDP and considering economic growth, suggesting there is a continued role for external assistance for the poorest countries.

Key words: health financing, universal health coverage, fiscal space for health, domestic resource mobilisation, National Health Accounts, Africa

Main findings -

1. Analysing sources and levels of funding for health is a first step towards understanding how countries in Africa can mobilise adequate resources for health.

2. The majority of countries are still far from meeting key health financing goals and targets. Reasons are a combination of the strength of national economy, weak domestic fiscal effort and low prioritisation of health in the budget.

3. Experience from those who have increased domestic resources shows how this can be achieved.

4. Even if these three variables are increased the majority of countries in Africa are unlikely to be able to achieve minimum spending per capita required to fund the basic package of health services and improve health outcomes.

5. While increasing domestic public financing should be the aim for countries in Africa, this analysis suggests a continued role for external finance for development.