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AFRICAN MINISTERS OF HEALTH DISCUSSED INCREASED DOMESTIC FINANCING AND EFFICIENCY, LEADERSHIP, AND FINANCIAL PROTECTION AMID COVID-19 IN AFRICA

The African Union convened a series of virtual meetings of health and finance ministers from central, North, and West Africa and regional economic organizations to discuss domestic resource mobilization for health amid the coronavirus disease 2019 (COVID-19) pandemic on 17, 23, and 24 November 2020, respectively. The objectives included a discussion of the impact of COVID-19 on African economies and domestic health financing, solutions to sustain the health gains in the region, and plans to build back better by leveraging effective partnerships.

Technical and financial partners in health programs were represented by Dr. Tedros Adhanom Ghebreyesus, Director General, World Health Organization (WHO), Mr Peter Sands, Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria, Dr Seth Berkley, Chief Executive Officer, Gavi, the Vaccine Alliance, Dr Matshidiso Moeti, Director, WHO Regional Office, Ms. Joy Phumaphi, Executive Secretary, African Leaders Malaria Alliance (ALMA), Prof. Mark Dybul, Co-Chair, Center for Global Health and Quality, Georgetown University, Ms. Winnie Byanyima, Executive Director, Joint United Nations Programme on HIV/AIDS (UNAIDS), and Mr Kieran Daly, Deputy Director, Program Advocacy and Communications, Bill and Melinda Gates Foundation.

In 2018, the Africa Leadership Meeting (ALM) committed to increase domestic resources for health, establish a scorecard and a tracking mechanism to monitor countries' progress towards that goal, and convene a meeting of their ministers of health and finance biannually. Aidspan [described the meeting of the East and central Africa region](#) earlier. President Paul Kagame of Rwanda was the Chairman of the African Union at the time. As the position of chairperson rotates among the heads of States, he is no

longer the chairperson, but retains the position of chairperson of this initiative.

The case for Africa to increase domestic funding for health

The Global Fund Board Chairperson, Donald Kaberuka, explained that the improved health outcomes seen in most countries in Africa in the last two decades stem mainly from general economic growth and donor funding, rather than prioritization of health in the state budget. African countries often rely on out-of-pocket expenditure to fund health services. This form of financing disadvantages the poor and vulnerable populations. Therefore, it is important, especially in the wake of COVID-19, to rebuild better by spending more public and private domestic resources on health. In addition, he said that more efficient use of funds would result in “more money for health and more health for the money.” Two other levers of domestic resource mobilization are better coordination of partnerships as well as social protection for the poor.

Rodrigo Salvado from the Bill and Melinda Gates Foundation shared regional graphs illustrating health expenditure per capita and the related health outcomes. He explained that for similar health expenditure per capita, different countries get different health outcomes depending on the efficiency of this expenditure. (The presentations did not list specific countries.) He encouraged countries to choose the appropriate interventions that would improve health outcomes for vulnerable populations.

Patrick Eozenou from the World Bank described the likely effect of COVID-19 on Africa’s poor and vulnerable populations. As states shift expenditure towards fighting COVID-19, fewer funds will be available for other health programs. This will probably increase out-of-pocket expenditure. However, with reduced economic activities and increased economic fragility of households, it is unlikely that these health expenses will be affordable. Consequently, families are likely to forego healthcare.

Countries share their experiences

Countries shared their experiences during the COVID-19 pandemic and the resulting domestic health funding changes. Below are a few highlights.

In North Africa, the representative of Egypt, one of the worst-hit countries in Africa, explained that COVID-19 reduced tourism income, badly affecting the state coffers and workers’ incomes. Nevertheless, Egypt displayed solidarity with other African countries by sharing medical supplies with the African Union. Algeria’s representative described the double penalty of COVID-19: not only was the state covering the care of Algerians suffering from COVID-19, but the worldwide decrease in economic activity resulted in a reduced demand for petroleum and natural gas, the main sources of income for the state. Notably, Morocco discussed the production of pharmaceutical products and its export to other African countries. This was useful for a continent that imports more than 95 percent of its health commodities.

Countries in North Africa are in the low-middle-income categories, thus less dependent on donor funding than other countries in sub-Saharan Africa.

In West Africa, the impact of COVID-19 in terms of lives lost is far less significant than projections at the start of the pandemic indicated. In contrast, the impact on livelihoods was far more significant. Most countries in the West African region are in the low-income category. COVID-19 prevention measures like curfews and reduced mobility disproportionately affected those working in the informal sector, which lacks safety nets such as unemployment benefits or health insurance.

Build back better

Participants discussed important components of the post-COVID-19 health systems to “build back better.” The suggested measures included increased social protection for the poor and vulnerable populations, improved engagement with the private sector, better donor coordination, and increased alignment with

national strategies.

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