



# From Commitments to Action: Practical Pathways for Health Financing in Africa

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Position statement from the December 2025  
Health Financing Experts Insight Workshop

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# Introduction

While significant commitments have been made over decades, progress on health financing across Africa remains inconsistent and fragile. Despite advances in expanding access to services and mobilising resources, financing systems continue to struggle with sustainability, execution, and accountability. The result is a persistent gap between policy intent and system performance, even where the money is nominally ‘there’.

A Health Financing Expert Insights Workshop, convened in December 2025, brought together African leaders in health financing, economists, implementers, and policy advisers. The discussion revealed strong convergence around four key realities:

- 1 Health continues to be treated primarily as a social sector cost rather than an economic and development investment
- 2 Accountability, costing, and implementation often remain weak despite repeated commitments
- 3 Practical financing mechanisms already exist across the continent, but they are inconsistently governed, unevenly scaled, and insufficiently embedded in national systems
- 4 While African expertise exists in abundance, it is underutilised in shaping financing narratives, policy choices, and political decision-making.

This paper consolidates those points of convergence into a focused set of recommendations aimed at political leaders, including finance ministries, health ministries and regional institutions, as well as partners in African-led financing reforms- with an emphasis on what can be done inside today’s fiscal ceilings.

This is not a call for new pledges, targets, or frameworks. It is a finance-facing position statement focused on execution, governance, and prioritisation, grounded in what is politically and fiscally feasible in the current environment. Put bluntly: credibility now comes from delivery, not declarations.

# The Global Financing and Political Context

This position statement is issued at a moment of structural change in global health financing, as the external environment that shaped health financing in Africa over the past several decades no longer holds.

Official development assistance for health is flattening in real terms and is more volatile in practice. Concessional finance is tightening as development banks rebalance portfolios and respond to shareholder pressure. Debt servicing now consumes a growing share of national budgets across Africa, directly crowding out social sector spending. At the same time, geopolitical fragmentation has weakened collective action around global public goods, including pandemic preparedness and health system strengthening.

Health financing decisions will increasingly be shaped by domestic fiscal politics rather than global commitments. Finance ministries face competing pressures from debt obligations, infrastructure demands, security spending, and climate shocks. In this environment, appeals based on moral obligation or historical commitments carry less weight than arguments grounded in fiscal risk, economic productivity, and political stability.

The implication is clear. The old playbook, ‘wait for replenishments’, won’t carry in the next decade. External financing will not return to previous trajectories, and health budgets will not be protected by default. Sustainable progress now depends more than ever on how effectively countries govern, prioritise, and deploy their own resources. It also depends on whether regional and continental institutions can shift incentives, expectations, and norms around health financing performance.

This paper responds to that reality. It does not assume new money. It focuses on governance, prioritisation, and implementation choices that determine whether existing and future resources translate into functional health systems. It is written for decision-makers who control budgets, oversight mechanisms, and political signals across government.

# Africa's Health Financing Challenge: A Governance and Prioritisation Gap

Africa's health financing challenge is widely framed as a problem of insufficient resources. This framing is incomplete and misleading.

Across many countries, the binding constraints are misallocation, weak prioritisation, and poor governance of existing funds. Health is often deprioritised within national budgets, not only because resources are unavailable, but because it is not treated as a core economic function. Budget execution rates lag allocations. In some cases, money returns to the treasury while facilities run dry. Procurement inefficiencies and leakage erode value. Financing decisions are insufficiently linked to service delivery realities.

At the same time, decades of external financing have often bypassed national systems, fragmenting accountability and weakening domestic ownership. Over time, vertical donor financing has inadvertently stifled natural market mechanisms. By creating parallel, subsidized supply chains for specific diseases, global funding has discouraged private sector investment in the broader commodity markets and weakened the local 'health-wealth' ecosystem required for long-term sustainability. Parallel planning, reporting, and procurement arrangements have sometimes diluted incentives to strengthen public financial management within the health sector. The result has been a cycle of commitments without durable institutional reform.

The challenge, therefore, is not simply about how much money is mobilised, but how financing decisions are governed, implemented, and verified. Without addressing these issues, additional resources will continue to deliver diminishing returns.

# Practical Steps to Accelerate Health Financing

Health financing outcomes improve when three elements align: the political narrative that shapes prioritisation; the budget rules that govern allocation and execution; and the accountability mechanisms that verify performance and enable course-correction. The following practical steps focus on these levers. Together, they form a coherent agenda to improve financing performance within existing fiscal constraints.

## 1 Reframe health as an economic and development investment

Health spending is a driver of economic stability and growth. Health shocks translate directly into fiscal shocks through emergency spending, revenue losses, and increasing borrowing. Furthermore, a lack of investment in primary care and care-extension models or decentralized care models forces patients into expensive, late-stage facility care, creating unnecessary fiscal strain on the public system. High out-of-pocket spending undermines labour productivity, household resilience, and political stability.

When health is framed primarily as social expenditure, it consistently loses budget competition to infrastructure, debt servicing, and short-term political priorities. Reframing health as economic policy changes which ministries lead, which metrics matter, and how trade-offs are evaluated.

While regional and continental institutions cannot implement national budgets, they can influence incentives and narratives by setting norms, supporting indicator development, and convening credible African expertise to make policy decisions based on evidence.

## Recommendations

### For Ministries of Finance

- Require health sector budget submissions to articulate the economic case for investment, including productivity impacts, fiscal risk mitigation, cost efficiencies of primary care models, and cost-of-inaction considerations.
- Assess health spending proposals alongside infrastructure and debt priorities using comparable economic metrics.
- Treat underfunded health systems as a macroeconomic risk, especially in relation to workforce productivity, fiscal shocks, and crisis preparedness.

### For Ministries of Health

- Position health financing as an economic issue, not solely a social expenditure, particularly in national budget speeches, economic recovery plans, and fiscal reform agendas.
- Anchor budget requests on economic returns, financial protection outcomes, and system resilience, alongside moral or sectoral arguments.
- Present funding requests in the finance and planning language of national development and fiscal strategies.

### For regional and continental institutions

- Consistently position health financing as an economic policy in finance minister engagements and economic fora.
- Coordinate civil society, governments, and the private sector to develop shared positions to reduce fragmentation and strengthen collective negotiating power.

## 2 Reinforce accountability through transparent governance and verification

Headline targets without verification distort incentives and undermine credibility. The Abuja Declaration's<sup>i</sup> 15% budget target became the most cited health financing commitment<sup>1</sup> on the continent. Still, it also became a case study<sup>ii</sup> in how targets fall short when clear definitions, verification processes, or enforcement mechanisms are not in place.

Accountability must shift from aspirational targets to verifiable performance. Budget execution, procurement integrity, and financial protection outcomes matter more than nominal allocations.

To move forward, adopting standardised definitions for health expenditure<sup>iii</sup> is critical. Leading health bodies should institute and support routine, public verification cycles to scrutinise financing performance. Oversight models for health funds<sup>iv</sup> should formalise roles for civil society and audit institutions, drawing lessons from the country-coordinating mechanisms<sup>v</sup> adopted by global health initiatives<sup>vi</sup>, to ensure transparency and corrective action.

### Recommendations

#### For Government Leaders and Parliament

- Treat accountability failures for what they are, not merely technical shortcomings, and ensure that representatives are held responsible when public trust is betrayed.

#### For Ministries of Finance

- Standardise the definition and reporting of health expenditure across government.
- Require an annual, public “health financing performance and accountability” package linked to the budget, including execution rates, verification timelines, and named responsible actors.
- Mandate routine, public scrutiny of health financing performance through formal accountability processes linked to national budgets.

## For Ministries of Health

- Strengthen public reporting on budget execution, procurement, commodity availability, and service readiness.
- Formalise the role of civil society and audit institutions in oversight processes.
- Outline a clear approach to prioritisation and strengthen allocation accountability for each subsector.

## For regional and continental institutions

- Support the development of an Africa-led accountability mechanism with a standardised costing framework and public verification cycles that countries can adopt.
- Align technical assistance and measurement around a limited number of practical pathways.
- Elevate African expertise, particularly those who are championing evidence based, systems change approaches, as the default, not supplementary, voice in global health financing dialogues.

### 3 Scale practical financing mechanisms with robust governance

Africa already has functioning health financing mechanisms. Their success depends less on technical design and more on governance, transparency, and protection from erosion.

Three categories warrant focused scaling:

- Earmarked domestic revenue, such as health levies and excise taxes, can generate predictable funding if protected against inflation and leakage through independent audit and oversight. Proven examples<sup>vii</sup> include Ghana's National Health Insurance Levy (NHIL),<sup>viii</sup> Health ('sin') taxes,<sup>ix</sup> when designed<sup>x</sup> with inflation protection, offer a "triple win"<sup>xi</sup> for revenue, health promotion, and economic productivity.
- Facility and subnational financing mechanisms<sup>xii</sup> can improve service delivery when paired with clear expenditure rules and community oversight.
- Debt-linked instruments, including debt-for-health swaps,<sup>xiii</sup> can be effective when<sup>xiv</sup> transaction costs are low, and alignment with national systems is explicit.<sup>xv</sup>

## Recommendations

### For Government Leaders and Parliament

- Ensure political backing for governance reforms that protect financing tools from leakage and erosion.

### For Ministries of Finance

- Scale mechanisms that already function in African contexts, rather than continuously piloting new instruments.
- Embed governance, audit, and reporting requirements from inception.

### For Ministries of Health

- Participate actively in the governance design of financing instruments to ensure alignment with service delivery realities.
- Support transparent reporting at the facility and subnational levels.

### For regional institutions and development finance partners

- Promote governance standards, not just revenue mobilisation.
- Share African case studies that demonstrate and document governance conditions for success, using instruments/journals from the continent, to reduce the selection bias linked to a peer-reviewed journal environment dominated by external voices.

## 4 Generate and use locally owned, operational evidence

Financing decisions often rely on poor evidence, such as unrealistic cost estimates and delayed analysis, disconnected from operational realities. This undermines credibility with finance ministers and political leaders. Effective planning<sup>xvii</sup> requires credible costing of a basic package of services, including salaries, commodities, supply chains, referral pathways, and maintenance. If these key elements are not taken into account, the resulting plans are often aspirational but not financially viable. Costings should be updated annually to reflect wage bills and inflation.

## Recommendations

### For Ministries of Finance

- Require realistic cost estimates for basic service packages as a condition for policy approval.
- Limit reform agendas to a small number of implementable actions with clear milestones.
- Support the routine use of evidence in fiscal decision-making.

### For Ministries of Health

- Lead the definition and costing of a basic package of services grounded in recurrent cost realities.
- Shift advocacy from inputs to service delivery and health outcomes using credible unit costs.
- Use National Health Accounts indicators, particularly out-of-pocket spending,<sup>xviii</sup> as performance measures.
- Leverage data and service delivery capacity from the private sector, which delivers a substantial share of services, to gain a comprehensive perspective of costs, expand primary care access points, and improve planning.

### For regional and continental institutions

- Champion a shared evidence package combining minimum costing standards and routine use of National Health Accounts.
- Support African research institutions as core producers of evidence.

# From Consensus to Execution

There is no shortage of commitments on health financing in Africa. What remains scarce is disciplined execution anchored in governance, accountability, and realistic costing, with named owners and deadlines. The gap between aspiration and delivery has become a fiscal and political liability.

The recommendations in this paper point to a narrower, more demanding agenda: reframe health as economic policy, make accountability visible and enforceable, scale financing mechanisms that already function, and ground decisions in locally owned, operational evidence. This agenda requires a shift in leadership, not more strategy documents. Regional and continental institutions must move beyond convening towards more transparent accountability and signal-setting roles. Development partners must align behind country-led financing and governance reforms. Ministries of Health must engage finance actors with credible data and focused asks.

The coalition convened through this work has a specific role to play. It can translate political commitments into finance-facing propositions. It can elevate African expertise as the default source of financing guidance. It can track a small number of verifiable indicators, measured annually against budget execution, that matter to fiscal authorities and publicly surface progress and gaps.

The next phase of African health financing will be defined less by pledges and more by performance. The choice is between reforms that are politically and fiscally grounded, and continued erosion of trust in health financing promises. This paper is intended as a contribution to the former.

# Annex

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# Annex

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- <sup>xvii</sup> [World Bank. Sustainable Financing for Priority Programs in Kenya.](#)
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