In 2001 African leaders promised to increase spending on health to 15% of their total expenditure. Yet, nearly 15 years later, using new Government Spending Watch data for 2014, we find that no African country is spending 15% of their budget on health, while on-budget aid has been falling in recent years. Outcomes in health continue to be poor in Africa, and while significant progress has been made on the health MDGs, all the health targets will be missed. Spending must be urgently increased, backed by donors, in line with the ambitions contained in the new Sustainable Development Goals, which commit to scaling-up health care for all.
Promises made on improving health outcomes in Africa

In September 2000, 189 heads of state adopted the Millennium Declaration which agreed on a set of global actions to tackle poverty – the Millennium Development Goals (MDGs). Access to medicines and health care was recognised as an essential component in the MDGs and thus having a vital role to play in enabling development, and fighting poverty. This importance was reflected in the focus on health outcomes in the MDGs, with three of the six goals containing health-specific targets:

- MDG 4.A aims to reduce by two-thirds the under-five mortality rate.
- MDG 5.A includes a target to reduce maternal mortality by three-quarters and MDG 5.B aims to achieve universal access to reproductive health.
- MDG 6 aims to combat HIV/AIDS, malaria and other diseases and includes targets to halt and begin to reverse the spread of HIV/AIDS, achieve universal access to treatment for HIV/AIDS for all those who need it and begin to reverse the incidence of malaria and tuberculosis.

In 2001, heads of state of African Union countries met in Abuja, Nigeria and pledged to set a target of allocating at least 15% of their government expenditure to improve their health systems - in what became known as the ‘Abuja commitment’. Using the latest data available in the Government Spending Watch (GSW) database, this briefing examines health spending trends in Africa and the extent to which African countries are meeting their Abuja commitments.

This briefing is intended to be a stocktake of current progress on spending targets in Africa, as the world stands on the threshold of the end of the MDG pledges and at the beginning of the new Sustainable Development Goals (SDGs).

**BOX 1. What is Government Spending Watch?**

The Government Spending Watch (GSW) database tracks government spending on seven sectors related to the delivery of the MDGs: agriculture, education, environment, gender, health, social protection and WASH (water, sanitation and hygiene). These data are published in reports and on the Government Spending Watch website in order to help increase transparency, and accountability.

Currently, the GSW database - a joint initiative by Oxfam and Development Finance International – offers unique data-sets from 67 low and lower-middle income countries on MDG spending. GSW generates consistent and comprehensive data on spending across these sectors using governments’ own published budget documents, which in turn can contribute to evidence-based policy-making. The GSW data is compiled through a lengthy exercise of investigative data gathering, from public and semi-public budget-related documents. The data available in many of these make identifying MDG spending very difficult. So, where necessary, GSW works with a network of government officials to interpret and classify data using a complex consistent methodology, and ruthlessly excluding data where they are unclear.

The data-sets for the 2012-14 period are freely available online. As the latest budget years become updated by the data team these will become available also online, (i.e. 2015-16), thus ensuring that the latest information on government spending on the MDG commitments is in the public domain – to put a vital accountability tool in the hands of citizens. GSW exists because we believe that there is an urgent need for a much clearer picture of domestic...
government spending, and for citizens, and their representatives in parliaments and civil society organisations, to have access to comprehensive and timely data so that they can hold their governments to account.

To view the country data online, go to: http://www.governmentspendingwatch.org/spending-data. Government Spending Watch also has a broader series of data on government spending for a larger time period available, but not currently online. This is used for research, analysis and information in other research and pieces of analysis.

**Is Africa meeting its health spending targets?**

In the nearly 15 years since the Abuja Declaration was pledged, there is far too little progress in increasing financial resources for health in Africa. GSW’s latest research finds that in 2014 no sub-Saharan African country is meeting the 15% Abuja target. In fact, progress towards this target appears to be going backward -- or at least slowing to a virtual standstill.

GSW’s tracking of health spending has revealed that, over the seven years during which we have been tracking health spending, in Africa:

- From 2008-2014 only two African countries in the GSW data-set met the Abuja target to spend 15% of government expenditure on health: Malawi in 2011, and Togo in 2008. ii
- Malawi has the highest average spending across the 2008-14 data-set (averaging 13%).
- Ten countries exceeded 10% of allocations in either 2013 or 2014 budget allocations - Burkina Faso, Burundi, DRC, Ghana, Lesotho, Liberia, Malawi, Swaziland, Mali and Zambia.
- Senegal was the lowest spending African country in 2014, spending below 5% – well below the Abuja target.

Moreover, average aggregate spending across the African countries in the GSW database has remained largely stagnant. Across the 21 countries in Africa with data available in the GSW database, average spending between 2008 and 2011 hovered around the 8.5% mark. iv While for 31 African countries with data available from 2011-14, average spending was 8.8%v. This means that spending levels have stayed remarkably stagnant over the last 7 years, rather than progressing towards the 15% commitment. In fact, spending is at the same level in 2014 as it was 5 years ago in 2009. Overall, of the 31 African countries in the GSW database, for 2012-14, only 42% of African countries increased their health spending compared to total spending.

Spending as a percentage of GDP shows relatively similar trends, with less than 50% (48%) increasing their spending as a percentage of GDP on health – which means marginally more countries are making reductions, or are stagnant, than are increasing spending. Overall, the latest years’ GSW data indicates virtually no rise in health spending as a percentage of GDP since 2012, and with spending standing at 2.7% of GDP, this is the same as the 2009 level cited in the GSW 2013 report.vi

These stagnating trends are very worrying, given the major shortfalls in meeting the health MDGs, and they highlight the challenges ahead in financing the health SDGs.
What are African countries spending per person on health?

One other international target which countries have been measured on is per capita spending on health. In 2001, the WHO Commission on Macroeconomics and Health concluded that a minimum of US$ 34 per capita is required to be spent on health to reach health related MDGs. More recently the Taskforce on Innovative International Financing forecast that by 2015 US$60 per capita was needed to strengthen health systems and provide essential services in 49 low-income countries.
In relation to the target of US$60 per capita, 5 out of 31 African countries with data available planned to spend above $60 in 2014. However, none of these are LICs, for whom the target was set: Angola, Cape Verde, Congo, Sao Tomé and Príncipe, Swaziland are all categorised as lower-middle income economies.

The same result is reached against the recent target of at least US$86 per capita proposed by Chatham House in a report on health financing which recommends that “in order to strengthen domestic financing of national health systems, every government should ensure government health expenditures per capita of at least $86 whenever possible”vi. Overall, with an average LIC per capita spending below US$20, it is clear that most countries are spending much less than is needed, with the lowest spenders being Madagascar (US$4), and Zimbabwe (under US$1).

**BOX 2**

**How does Government Spending Watch track spending on health?**

GSW data is built on the documents which governments publish to say what they have budgeted or spent each year – sometimes these are public, sometimes these are semi-public or need sourcing off government officials.

As well as tracking what a government is spending from their own domestic revenue sources, GSW also tracks ‘on-budget’ aid. It should be noted that the analysis of donor funding is based only on funding which is on-budget spending, as the GSW analysis aims to identify only spending which is aligned to governments’ own priorities. Given the sometimes low share of aid which goes through country budgets – as well as private spending in its various forms – this does mean that the totality of spending in each country is not captured, especially as off-budget health expenditure by donors (sometimes considerable sums) is not recorded in GSW. GSW does not include this, because it tracks the amount of funding allocated to health *in the budget* vii

Furthermore, the GSW database disaggregates spending according to its “type” – either capital (investment in buildings, equipment etc) or recurrent (for wages, maintenance and other goods and services). This is the only globally comparable breakdown of this kind in health spending.

**What is happening to aid in support of government spending on health?**

GSW data has revealed that governments’ own revenues account for more than three-quarters of the budget commitment to health in the countries we track. So while this means that overall government commitment is hugely important, more than one quarter of budget allocation to health budgets are coming from aid.

What’s more GSW data also reveals some interesting trends around on and off budget aid to health (see box 2 for more information). According to GSW data for on-budget aid across the MDG sectors, health gets the third largest amount of aid spent on all the seven GSW sectors tracked (see Figure 3 for sectors). Unfortunately, on-budget aid spending on health has fallen by around 20%, from an all-time high in 2012, requiring governments to spend much more from
their own revenues to maintain the relatively slow MDG progress in this sector. This is a worrying threat to progress on health, as aid which directly support governments’ own efforts to meet their targets, is vital - which was acknowledged by the African governments in their call for solidarity from aid donors in the Abuja declaration.

![Figure 3: Percentage of donor funding by MDG sector (GSW data)](image)

Meanwhile, comparing GSW data to that collected by the OECD DAC also reveals some interesting information. Using the same set of sector spending from the OECD’s aid database (which measures “off-budget” aid too) around 40% of spending, the largest amount, was spent on aid. This is very high, and higher than the same breakdown in the on-budget data which GSW collects, because high proportions of health aid are spent off-budget.

Given the huge scale-up in health coverage envisaged in the SDGs, it is worrying that on-budget aid to health is reducing, it is also worrying that so much aid remains off-budget, given scaling up universal healthcare will, arguably, require huge scale up of governments own plans and coverage.

**Moving forward: is Africa ready for the spending on the health SDGs?**

Low spending on health has been a contributing factor in slow progress in the health related MDG targets. According to the UNDP 2014 Africa MDG progress report, despite some progress, for instance, maternal and child mortality declining by 47% and 45% respectively, and the incidence rate of HIV/AIDS fell from 0.85% to 0.32 % during the 2000–2012 period, progress has been too slow on the health MDGs. What’s more, progress in many areas is stagnating, and much more needs to be done to deliver on many of the targets in Africa.
Against this backdrop, over the coming months, the world will agree on a set of new, ambitious and inspiring Sustainable Development Goals (SDGs) and a financing strategy to back it.

While the final shape of the SDGs is still being fully finalised, it is clear that they will contain a much greater level of ambition than the MDGs on health.

Currently the proposed goals include commitments to universal access to healthcare (UHC), a focus on accelerating reductions in maternal and child mortality and on increasing access to sexual and reproductive health. While the SDG preamble also commits to ‘leave no one behind’: this means not just eliminating unequal access, but also reducing inequity in outcomes.

What’s more, it is broadly accepted in the international health community that UHC-related spending needs to be predominately public. Many argue that this will need to be delivered free at the point of delivery, as absolutely vital to ensure universal coverage and equity of outcomes.\(^\text{viii}\) This will entail significant government spending, with most countries currently spending well short of what is needed, while ODA in support of health is shrinking.

How this will be financed is set to be a challenge. Whatever the ways forward for financing healthcare, it will require a significant scale-up of spending and vast new commitments to government spending – which makes the context of current stagnant spending very worrying. Global estimates give a sense of the scale of the task ahead - according to some estimates this will require a require trebling of spending on health over the lifetime of the SDGs. The Lancet Commission on Global Health 2035 has suggested that low- and lower-middle income countries would need to spend US$51 billion more a year from 2015, rising to $80 billion in 2035.\(^\text{ix}\)

Finally, it will also be necessary to improve the ability to track spending on the health SDGs moving forward. While health budgets are relatively easy to find, there is still much work to be done to ensure that spending on the new health SDGs can be effectively tracked. More work will need to be done to improve monitoring of spending on the health SDGs around the degree and nature of disaggregation, in particular. As research carried out by GSW has found, the health sector is very difficult to disaggregate. Whether considering beneficiaries for maternal and child health, spending on particular diseases, or spending by objective such as sexual and reproductive health, it is fiendishly difficult to disentangle spending by intended outcome or with a focus on equity. A major effort to monitor spending split by disease and beneficiary group will therefore be paramount.

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**Endnotes**

1 This is based on the budget cycles for 2014 (in some case this runs 2014-2015). Hence this is the most comprehensive cross-country data available on health spending across a number of LICs and LMICS. For more information on GSW datasets and how these are compiled see the boxes in the briefing.

2 It should be noted these are different figures to the latest available on health spending from the WHO Global Health Expenditure Database: National Health Accounts Indicators. On average in 2010–12, they registered 6 of 43 countries in sub-Saharan Africa met the Abuja commitment to allocate 15% of their national budgets to health. But this was for a slightly larger data-set (i.e. 43 countries instead of 31) and they count off-budget aid – see box 2 for more information on this. Source: WHO, Global Health Expenditure Database: National Health Accounts Indicators.
The African countries with data available over the 2008-2011 period were: Angola, Benin, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Congo, Cote d'Ivoire, Ethiopia, Ghana, Guinea-Bissau, Lesotho, Liberia, Madagascar, Mali, Mozambique, Senegal, Sierra Leone, Tanzania, The Gambia, Zambia. Specifically this was: 2008 8.4%; 2009 8.7%; 2010 8.3%, and 2011 8.9%.

This is a slightly large dataset with the following new countries being included: Burundi, DRC, Kenya, Malawi, Niger, Rwanda, Sao Tomé and Principe, Swaziland, Togo and Zimbabwe. The actual figures are: 2012 8.7%, 2013, 8.9% and 2014, 8.6%

The data-sets for the GSW 2013 report are only for 52 countries, while the datasets for the 2015 GSW report are across 67 countries, they are therefore not directly comparable average but are indicative of broad trends across LICs and LMICS.

For instance, latest African Union (AU) and WHO data suggest that six countries (Liberia, Madagascar, Malawi, Rwanda, Togo and Zambia) met the Abuja target in or before 2011. However, these use a methodology which adds a proportion of off-budget aid into government spending. GSW puts only two of these countries at meeting the Abuja target in (roughly) the same time period. See http://www.unaids.org/sites/default/files/media_asset/JC2524_Abuja_report_en_0.pdf

For online use, we ask readers to link to the original resource on the GSW website.

Government Spending Watch 2015.

For more information or to make enquiry about how to use these data, contact GSW on gsw@development-finance.org

This brief was jointly put together by Jeannette Laouadi and Jo Walker. In addition, as always, thanks goes to the rest of the GSW data team, including Maria Holloway, Lance Karani, David Waddock.