



CABRI Report on Public Health Budget Practices and Procedures in Africa

How African countries budget for health

CABRI launched the Public Health Budget Practices and Procedures in Africa survey in the second half of 2019. The survey sought to better understand:

- The formulation, execution and monitoring of health budgets
- How donor resources are channelled and tracked, and
- The role of ministries of health in the WASH (water, sanitation and hygiene) sector.

Participating countries

The survey was completed by officials from health and/or finance ministries in 15 countries, namely: the Republic of Benin, the Republic of Cameroon, the Republic of Chad, the Democratic Republic of the Congo, the Republic of Côte d'Ivoire, the Republic of The Gambia, the Republic of Guinea-Bissau, the Kingdom of Lesotho, the Republic of Liberia, the Republic of Mauritius, the Federal Republic of Nigeria, the Republic of Seychelles, the Republic of Sierra Leone, the Republic of South Africa and the Republic of Uganda. The survey findings are intended as an instrument to help governments learn from each other and understand the existing gaps and ways in which to address these in budgeting and execution processes.



The respondent countries are a heterogeneous grouping, reflecting some of the dispersion in socio-economic indicators seen in sub-Saharan Africa as a whole. The two island nations, Mauritius and Seychelles, appear to be slight outliers, with higher GDP per capita and better health outcomes than the other countries. In terms of spending on healthcare, Seychelles and Mauritius can convert high GDP per capita into high government spend on healthcare as well as better health outcomes.

On the other hand, four of the 10 countries in the sample have the lowest GDP per capita in the world, namely the Democratic Republic of the Congo, Liberia, Sierra Leone and Guinea-Bissau. Levels of GDP per capita may reflect the ability of the state to raise revenue and use this revenue for health expenditures. Countries with a higher GDP per capita are able to use extra funds to provide other public goods – such as water, sanitation and hygiene – that also impact on health outcomes. The literature indicates that under the right circumstances, better use of government resources can lead to improved healthcare. Therefore, despite varying levels of economic performance in the respondent countries, there is scope for countries to improve management practices in public finance towards better health systems and outcomes.

Findings

The findings of the survey indicate that in addition to the roles played by ministries of finance and health in budget processes in Africa, stakeholders such as legislators and donors appear to fill gaps, both in availability of resources and in execution.

Going forward, it is crucial that ministries of finance and health work closely together for an increased resource allocation to health and more efficient use of resources in Africa. Similarly, a better coordination of budgeting and execution processes between the ministries of health and donors is likely to enhance resource availability and use.

Finally, given that ministries of health play the biggest role in hygiene within the WASH sector, they are likely to benefit from involvement in, and networking with, the units responsible for the development of infrastructure and water supplies on which the effectiveness of hygiene and sanitation activities are dependent.

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