

**TICAD 7 Official Side Event**  
**Achieving Sustainable Financing for Health in Africa**

August 29, 2019 | Yokohama, Japan

**Overview of Discussions**

On August 29, a high-level discussion brought together top global health leaders on the sidelines of the Tokyo International Conference on African Development (TICAD7) to identify concrete steps to increase financing for health in a sustainable manner and to build on commitments made at the February 2019 African Leadership Meeting regarding domestic resources for health.

JCIE co-organized the event along with the African Union Commission; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Government of Japan; the World Bank Group; and the World Health Organization (WHO). It featured keynote addresses by Rwanda's finance minister and Senegal's health minister, representatives from two countries that have been leaders in domestic resource mobilization (DRM) for health. Speakers from many of the major global health institutions reflected on the progress that has been made in mobilizing more resources for health, as well as the challenges that we need to overcome in order to ensure that funding for health continues to increase in quantity and is used increasingly more effectively and efficiently. More than 150 participants from Japan, Africa, and around the world were in attendance.

The event was designed to build on commitments made at the African Leadership Meeting: Investing in Health, held in conjunction with the African Union Summit in February 2019, and recommendations for the G20 and TICAD processes that emerged from JCIE's International Advisory Group on Global Health. While the speakers all acknowledged the important progress that has been made so far in increasing domestic financial commitments to health sectors throughout Africa, the discussion highlighted several challenges that still need to be addressed in order to create stronger health systems and ensure access to quality healthcare for all. Below are some of the top priorities pointed to by speakers as being crucial for sustaining momentum on health financing.

***Equity***

Despite improvements that have been made in financing for health and expanding access to larger portions of the population, the burden of healthcare costs still falls heavily on households, and out-of-pocket expenditures may be higher for those families who are least able to afford them. According to the WHO and World Bank, 100 million people around the world are being pushed back into extreme poverty each year due to health costs. The expansion of health insurance is one tool that helps to decrease this burden, but health insurance itself is not a silver bullet, nor is it a one-size-fits-all solution. Health insurance schemes need to be designed carefully to fit the local population and the local economy. For example, large portions of the population in low- and middle-income countries work in the informal sector, and their particular

needs and experiences must be taken into account if they are going to benefit from health insurance schemes without bearing a disproportionate burden of the cost. More attention should also be paid to ensuring that health systems contribute to building social safety nets that take into account the various social, economic, cultural, and geographic factors that affect if and how people access health services in order to level the playing field and guarantee true universal access.

### ***Efficiency and accountability***

More financial resources for health are needed from domestic and international sources. But increasing the availability of financial resources alone will not lead to an improvement in health outcomes if money is wasted through inefficient processes and corruption. By some estimates, between 20 and 40 percent of money in the health sector is wasted. Too often, new resources going into the health system are allocated to high-cost tertiary care when primary healthcare is still weak, despite the fact that the latter offers the biggest bang for the buck. Global health financing mechanisms such as the Global Fund, Gavi, and the Global Financing Facility have developed innovative approaches to increasing domestic capacity to account not only for the funding they provide to governments and other organizations but also for domestic financing. The private sector also has an important role to play in helping to transfer their own models of evaluation and accountability to the health sector.

### ***Cooperation and coordination***

Stronger inter-ministerial cooperation is needed, particularly between ministries of health and finance, if DRM for health is going to be sustained. While many health and development experts understand that spending on health is an investment that yields both humanitarian and economic returns, this connection may not be as clear to finance officials who also have to deal with many competing priorities. In this context, the introduction of joint G20 meetings of health ministers and finance ministers is a significant step forward. Strengthened coordination between these ministries is also needed to ensure that all key stakeholders buy into the importance of spending on health. In countries where donor support is still a sizable portion of their health financing, careful coordination among donor agencies and between donors and local authorities is also needed. In order to strengthen country ownership and sustain financing over the long term, this is a role for domestic authorities rather than for outside actors.

### ***Data collection and improvement***

Promising new tools have been developed to help in evaluating progress toward financing commitments and effective use of funding, such as the Africa Scorecard on Domestic Financing for Health and the Primary Health Care Performance Initiative, and these tools need to be more widely adopted around the world. In order to gain broad buy-in and contribute to improvement in health systems—and ultimately in health outcomes—all stakeholders need to be involved in employing these mechanisms, including collecting and analyzing data and formulating plans for improvement based on the data.

### ***Primary healthcare***

With its focus on health promotion and prevention, primary healthcare is the first line of defense against ill health. Despite broad consensus that it represents the best investment in health outcomes, primary healthcare often suffers when resources—financial and human—are shifted

away to deal with pandemics or other health emergencies. While it is natural that local authorities and the international community turn their focus to the time-bound, costly interventions needed to mitigate the effect of pandemics, primary healthcare needs champions who will ensure that these investments are not made at the expense of primary healthcare and that people are still able to access primary healthcare services during a pandemic without worrying about exposing themselves to dangerous pathogens. At the same time, there is limited evidence on what interventions lead to the best outcomes within the realm of primary healthcare, and we need more carefully designed indicators to help build up that base of evidence. This also requires taking a broad view of what constitutes health-supporting interventions. For example, while activities to strengthen water and sanitation, education, or gender equality may not be accounted for in health sector budgets, they represent important investments in improved health and need to be valued accordingly by the health sector so that they are not sacrificed in the interest of increasing the portion of limited budgets that is allocated to health.

***This report was prepared by JCIE and does not necessarily reflect the views of the other co-organizers. All errors are the responsibility of JCIE.***

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The African Union Commission	Ministry of Finance of Japan
Gavi, the Vaccine Alliance	Ministry of Foreign Affairs of Japan
Global Fund to Fight AIDS, TB and Malaria	World Bank Group
Japan Center for International Exchange (JCIE)	World Health Organization (WHO)

**Agenda**

**Opening Remarks**

Mr. Akio Okawara, President & CEO, JCIE

**Keynote Speeches**

H.E. Abdoulaye Diouf Sarr, Minister of Health and Social Action, Senegal

H.E. Uzziel Ndagijimana, Minister of Finance and Economic Planning, Rwanda

**Welcome Remarks**

Mr. Yoshiki Takeuchi, Vice Finance Minister for International Affairs, Japan

**Report on African Leadership Meeting (ALM) and Updates**

H.E. Mrs. Amira Elfadil Mohammed Elfadil, AU Commissioner for Social Affairs

**Panel Discussion**

Amb. Mark Dybul, Co-director, Center for Global Health and Quality, Georgetown University  
Medical Center [*Moderator*]

Dr. Seth Berkley, CEO, Gavi, the Vaccine Alliance

Dr. Annette Dixon, Vice President for Human Development, World Bank Group

Dr. Christopher Elias, President of the Global Development Program, Bill & Melinda Gates  
Foundation

Ms. Rosemary Mburu, Member, UHC2030 Civil Society Engagement Group (CSEM);  
Executive Director, WACI/Health for all in Africa, Kenya

Dr. Matshidiso Moeti, Regional Director of the WHO Regional Office for Africa (AFRO)

Mr. Peter Sands, Executive Director, Global Fund

Mr. Ikuo Takizawa, Deputy Director General, Human Development Department, Japan  
International Cooperation Agency (JICA)

**Way Forward**

H.E. Dr. Donald Kaberuka, Board Chair, the Global Fund; former President, African  
Development Bank (AfDB); former Minister of Finance, Rwanda

H.E. Dr. Ngozi Okonjo-Iweala, Board Chair, Gavi, Vaccine Alliance; former Minister of  
Finance, Nigeria