



LAUNCH OF PARLIAMENTARIANS TASK FORCE ON DOMESTIC RESOURCE HEALTH IN AFRICA.

11TH – 12TH JULY
2023

FAIRMONT THE NORFOLK HOTEL IN NAIROBI,
KENYA



TABLE OF CONTENT'S

TABLE OF CONTENTS

Acronyms	ii
Executive Summary	ii
Background	i
Objectives of the Forum	1
Opening Remarks	1
Importance of strong health systems to deliver health for all - UHC 2030	2
Overview of HIV and TB situation on funding gaps in Africa	6
Overview of Malaria situation on funding gaps in Africa	7
Domestic Resources Mobilization for the Fight against Malaria, TB and HIV: National Dialogues on Health Financing in Africa	9
The ALM Declaration	1
The Role of Parliamentarians in Mobilizing Domestic Resources	0
Niger experience	12
Senegal experience	13
Launch of the Regional task force of parliamentarians on domestic resource mobilization for health in Africa	14
Next steps	15
Closing remarks	16
Annex	17
	18



ACRONYMS

—	
ALM	African Leadership Meeting
CHW	Community Health Worker
CSO	Civil Society Organization
DRC	Democratic Republic of Congo
DRM	Domestic Resource Mobilization
EAC	East African Community
GFAN	Global Fund Advocates Network
HIV	Human Immunodeficiency Virus
IRS	Indoor Residual Spraying
ITN	Insecticide-Treated Nets
MP	Member of Parliament
NEPAD	New Partnership for Africa's Development
OOP	Out of pocket
PAP	Pan African Parliament
PFM	Public Finance Management
PHC	Primary Healthcare
PPPR	Pandemic Prevention, Preparedness and
PR	Response Principal Recipient
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
TB	Tuberculosis
TCIH	Traditional ComplementaryIntegrative
TOR	Healthcare Terms of Reference
UHC	Universal Health Coverage
UNGA	United Nations General Assembly
WHO	World Health Organization

Intro:

EXECUTIVE SUMMARY



Global Fund Advocates Network (GFAN) Africa facilitated the launch of the Parliamentarians' Task Force on Domestic Resource Mobilization for Health in Africa and organized a high-level regional dialogue involving parliamentarians and civil society organizations from African countries (Cameroon, Ivory coast, DRC, Ghana, Kenya, Niger, Senegal, Zambia and Zimbabwe). The forum aimed to raise awareness about critical health financing issues in Africa and promote collaboration between CSOs and MPs in developing joint strategies and concrete solutions.

The discussions focused on the importance of political commitment and collaborative efforts to achieve equitable healthcare access and universal health coverage in Africa. Presentations highlighted the funding gaps for HIV, TB, and malaria, noting the decreasing donor financing and the need for innovative and sustainable funding mechanisms, including increased domestic resource mobilization and embracing of preventive health approaches through primary healthcare. Addressing healthcare inefficiencies and inequalities for marginalized populations were identified as a key priority for realization of Universal Health Coverage (UHC) by 2030.



Parliamentarians were recognized for their role in advocating for greater domestic resources for the health sector by influencing budget allocations processes and monitoring efficient utilization of health funds. MPs were encouraged to track budget implementation rigorously to ensure that resources reach the communities in need. The focus on preventive measures, public education, and lifestyle changes, particularly for programs targeting HIV and TB, was emphasized. Advocacy efforts should be evidence-based, utilizing health financing data and addressing barriers to resource mobilization.

Decentralization, improved data collection, and building a compelling investment case were identified as crucial factors for effective resource allocation.

The meeting concluded with the launch of the Regional Parliamentarians Task Force on Domestic Resource Mobilization for Health in Africa and the appointment of Hon. Daniel Molokele (Zimbabwe) and Hon. Dr. Maitournam Moustapha Rabi (Niger) as Co-Chairs. The Co-Chairs expressed their commitment to advocating for increased domestic resource mobilization for quality healthcare in Africa, emphasizing the importance of African countries funding their own healthcare systems.

“The meeting concluded with the launch of the Regional Task Force on Domestic Resource Mobilization for Health in Africa.



BACKGROUND

Parliamentarians have a crucial role in advocating for equitable access to healthcare through activities such as budget advocacy, policy influence, oversight, and community engagement. They represent the voices of the communities who have elected them.

The Global Fund Advocates Network (GFAN) Africa has engaged with parliamentarians on various occasions, including during Global Fund replenishments. During the sixth and seventh replenishments, African countries pledged the situation of HIV, TB, and malaria at national, significant amounts, demonstrating increased regional, and global levels. political will.

They highlight the parliamentarians' role. Parliamentarians collaborate with civil society in influencing Heads of State through to mobilize policymakers in government evidence-based advocacy for increased and advocate for adequate funding to build commitment and participation in global equitable and resilient health systems for solidarity efforts to save lives. universal health coverage. GFAN Africa has facilitated parliamentary engagements through its programs and networks, where parliamentarians have expressed the need for a Pan-African Country Resource Mobilization Caucus.



The Task-force of parliamentarians will bring together elected officials from Francophone and Anglophone Africa to advocate for increased national resources and progressive health policies that promote health equality. Universal Health Coverage, in collaboration with Africa CDC, PAP, AUDA-NEPAD, and TCIH, will be another important topic of discussion.

The initiative aligns with the Addis Ababa Declaration of Commitment to Shared Responsibility and Global Solidarity for Increased Health Financing resulting from the African Leaders' Meeting (ALM) - Investing in Health in 2019.

The Task Force aims to involve parliamentarians in a dynamic approach to health financing in African countries, drawing on tools such as the Africa Scorecard on Domestic Financing for Health.



Objectives of the forum

Launch the Regional Task Force on Domestic Resource Mobilization for Health in Africa.

Explore best practices to address gaps in healthcare.

Relay the Nairobi declaration on domestic resource mobilization.

Highlight the important role of MPs in advocating for policies that impact health delivery at the community level.

Facilitate the collaborative co-creation of strategies between civil society organizations (CSOs) and Members of Parliament (MPs) for increased domestic resource mobilization (DRM) for resilient and sustainable health systems.

OPENING REMARKS

HON. STEPHEN MULE - MEMBER
OF PARLIAMENT AND CHAIR OF
TB CAUCUS (ON BEHALF OF HON.
PATRICK MUNENE MURIUKI)



“Hon. Mule highlighted the low compliance with the Abuja Declaration, which recommends that at least 15% of national budgets be allocated to the health sector.

Speaking on behalf of Hon. Patrick Munene, Hon. Stephen Mule reaffirmed the Kenyan National Assembly's dedication to improving health by increasing domestic funding. He acknowledged the profound impact of the Ukrainian war and the COVID-19 pandemic in Africa, which have affected lives, livelihoods, and development efforts.

While African governments have implemented measures to control the COVID-19 virus, the social and economic costs continue to be significant, with rising food prices and disrupted supply chains leading to increased poverty and hindering development progress.

To address the rising challenges, Hon. Mule emphasized the need for ongoing and purposeful efforts to enhance domestic resource mobilization to ensure sustainable health responses, particularly regarding HIV, TB, and malaria. He expressed his belief in the effectiveness of community-led programs and the potential for African nations to collaborate and pool resources effectively to combat these diseases.

Furthermore, Hon. Mule highlighted the low compliance with the Abuja Declaration, which recommends that at least 15% of national budgets be allocated to the health sector. He underscored the crucial role of parliamentarians in addressing health issues through legislation, budget allocation, oversight, and representation.

Their involvement is essential in paving the way for a robust and resilient healthcare system that can provide equitable access to healthcare services for all individuals, particularly the most vulnerable and marginalized.



H.E DR ILLIASSOU IDI MAINASSARA - PUBLIC HEALTH MINISTER, REPUBLIC OF NIGER

In his remarks, H.E Dr Illiassou Idi Mainassara expressed gratitude for the participation of the Honorable Members of Parliament and Civil Society representatives present, highlighting the importance of the meeting in addressing key issues related to healthcare access and universal health coverage (UHC) in Africa.

Dr Illiassou emphasized the commitment of African states to achieving UHC by 2030, citing the example of Niger and its President's prioritization of the national strategy for UHC. He commended the efforts made by various countries to improve access to quality healthcare and combat health inequalities.

While acknowledging significant steps made in the health sector, the H.E Dr Illiassou Idi Mainassara also noted existing challenges, particularly the inadequate public funding allocated to the health sector in many African nations that continues to hinder progress towards UHC and the reduction of financial burdens on families seeking healthcare. To overcome these challenges, he underscored the urgent need for political commitment at the highest level to allocate more national resources to healthcare.

Dr Illiassou noted that the involvement of decision-makers is essential, especially for significant progress towards UHC and the elimination of diseases such as HIV/AIDS, tuberculosis, and malaria. He lauded the establishment of an African Parliamentary Task Force on domestic resource mobilization for health as a promising initiative to foster political engagement and strengthen health systems and a positive step towards achieving UHC in Africa.

H.E Dr Illiassou encouraged the participants to honour their collective and individual commitments arising from the meeting to foster collaborative and sustainable efforts to improve healthcare access throughout the continent.

MESSAGE FROM THE CEO OF THE GLOBAL FUND - DELIVERED BY MR PETER SANDS (EXECUTIVE DIRECTOR, GLOBAL FUND)

Mr Peter Sands expressed gratitude towards GFAN for their invaluable contributions and exceptional support, which played a pivotal role in Global Fundraising of a record \$57 billion. The resources have been critical in the far-reaching impact of the Global Fund's investments across Africa, particularly through collaboration with African parliamentarians.

While recognizing the fiscal challenges African countries face, especially in light of the COVID-19 pandemic's impact on economies and healthcare resources, Mr Sands emphasized the significance of prioritizing investments in health. He highlighted how insufficient health spending undermines global health security and hampers progress towards the Sustainable Development Goals (SDGs).

To strengthen pandemic preparedness, Mr Sands underscored the importance of investing in combating existing pandemics like HIV, TB, and malaria as the most effective approach to prepare for future outbreaks. He highlighted the need to strengthen health systems, encompassing laboratories, supply chains, data systems, and healthcare workforce capacity, to enhance prevention, detection, and response capabilities.

Mr. Sands reaffirmed the vital role of domestic financing in establishing the necessary and sustainable infrastructure and capabilities for effective pandemic preparedness and response; combating HIV, TB, and malaria, and fostering a healthier and more equitable world.

He stressed the imperative need to increase domestic funding to drive further progress against these diseases and achieve the objectives outlined in the Global Fund's 2023-2028 strategy. Mr. Sands acknowledged the crucial role of policymakers and parliamentarians in meeting the Global Fund's financing requirements and their influential advocacy for the co-financing agenda in their respective African countries.

“Insufficient health spending undermines global health security and hampers progress towards the Sustainable Development Goals (SDGs).”



“

Africa accounts for 95% of all malaria cases and 96% of malaria-related deaths.



According to Mr. Michael Adekunle Charles from the RBM Partnership to End Malaria, Africa continues to experience high malaria cases, with approximately 600,000 cases annually, predominantly affecting children under the age of five. Africa accounts for 95% of all malaria cases and 96% of malaria-related deaths.

Mr. Adekunle emphasizes that these statistics represent real people, including husbands, wives, and other individuals. While significant progress has been made, there is still a need for additional resources to bridge the funding gap, which amounts to one billion dollars.

Parliamentarians are expected to play a crucial role in advocating for the necessary funds and demonstrating ownership and commitment to malaria elimination. Mr. Adekunle expressed his belief that malaria can be eradicated both on the African continent and globally.

He extended his gratitude for the anticipated fruitful discussions and emphasizes the importance of collective efforts in fighting against malaria, concluding with a call for support and a hopeful outlook for the future.



IMPORTANCE OF STRONG HEALTH SYSTEMS TO DELIVER HEALTH FOR ALL - UHC 2030

ROSEMARY MBURU, EXECUTIVE DIRECTOR - WACI HEALTH

The significance of strong health systems for achieving universal health coverage (UHC) is highlighted by UHC 2030. This initiative brings together various partners, including governments, private entities, foundations, civil society organizations (CSOs), the World Bank, and the World Health Organization (WHO), to strengthen health systems. It is crucial to recognize that health for all cannot be realized without robust health systems.

Mrs. Rosemary noted that the year 2023 holds great importance due to several significant and opportune events that the CSOs and the Taskforce must seek to influence their agenda. The United Nations General Assembly (UNGA) will host high-level meetings on tuberculosis, UHC, and pandemic prevention, preparedness and response (PPPR). Additionally, a new global compact will determine the future of financing. This presents a critical opportunity to address the achievement of health for all through strengthening health systems, which she cautioned that without it, African region will continue to face delays in accessing essential healthcare as witnessed during the formative stages of distributing antiretroviral drugs and COVID-19 vaccines.

Mrs. Rosemary emphasized that the most sustainable approach to health system strengthening is through PHC, combined with community engagement and integrated health services. Approximately 90% of essential health services can be delivered through PHC. Primary healthcare (PHC) also forms the basis of ensuring that everyone, regardless of their location, has access to quality health services without facing financial hardships. She mentioned that out-of-pocket (OOP) expenditures can sometimes be prohibitively expensive, leading individuals to resort to fundraising (harambees) or other means to afford healthcare.

The Regional Parliamentarians Task Force on domestic resource mobilization presents a valuable opportunity to address and influence the implementation of UHC and primary healthcare (PHC) issues. By actively participating in the Task force, the Members of Parliament can play a crucial role in advocating for adequate domestic resources to be allocated towards strengthening health systems and achieving UHC. This includes engaging in discussions and influencing decision-making processes both collectively and in their respective countries.

“Approximately 90% of essential health services can be delivered through PHC.”

She also suggested that the upcoming high-level meeting on UHC, pandemic preparedness and response (PPPR), and tuberculosis (TB) at the United Nations General Assembly on September 21st is another significant opportunity for engagement. CSOs were encouraged to seek participation in this meeting as part of the delegation, for direct influence on the agenda and outcomes.

By being part of the country delegations, CSOs can work towards making actionable commitments that address the needs of the population and hold the leadership stakeholders accountable for the commitments made.



OVERVIEW OF HIV AND TB SITUATION ON FUNDING GAPS IN AFRICA AND COST OF INACTION OF EACH PROGRAM

Mrs. Evaline highlighted the funding gap for TB and HIV in Africa, noting that the continent carried the highest budget for both diseases. The Global Fund had allocated additional funding for 2023-2025 compared to the previous period, with increases of \$152.6 million for HIV, \$154.2 million for TB, and \$111.2 million for malaria. However, the allocations primarily targeted countries with the highest disease burden, representing 63% of the total funding.

EVALINE KIBUCHI,
STOP TB PARTNERSHIP
KENYA



The impact of Global Fund investments in Africa has been massive with significant progress made in reducing HIV-related deaths and new infections. Despite the gains, the funding gap remained huge. The region heavily relied on international funding, with only 27% coming from domestic resources. She mentioned that the funding gap had been growing rapidly, making it challenging to meet the targets set for disease control.

To address these challenges, Mrs. Evaline emphasized that it is essential for African nations to prioritize and increase their funding for HIV and TB programs through domestic resource mobilization to ensure sustained progress and work towards ambitious global goals by 2030. By mobilizing resources within their own countries, African nations can take ownership of their healthcare systems and drive sustainable progress in combating these diseases.

Addressing inequalities is another critical aspect. Inequities in access to healthcare services place a significant burden on households, particularly due to high out-of-pocket expenditures. To alleviate this burden, it is vital to implement policies that promote equitable access to healthcare.

Investments in community health programs play a pivotal role in closing the gap and ensuring that no one is left behind. Community-based initiatives are crucial for reaching marginalized populations, particularly in remote and underserved areas. By increasing investments in these programs, countries can improve prevention, diagnosis, and treatment services at the grassroots level.



The Global Fund had allocated additional funding for 2023-2025 compared to the previous period, with increases of

\$152.6 million for HIV,
\$154.2 million for TB, and
\$111.2 million for malaria.



In addition, the limited health budgets of countries present a significant challenge in closing the funding gap. Overcoming this obstacle requires broader partnerships and the active involvement of Members of Parliament (MPs).

Political engagement and increased health budgets are essential to ensure adequate resource allocation and absorption. Through fostering collaborations and securing commitments, financial support for TB and HIV programs can be strengthened, effectively meeting the needs of affected communities.

Meaningful representation and inclusion of affected individuals emerged as fundamental aspects of addressing the funding gap. Proactive efforts should be made to demand representation rather than passively waiting to be invited. It is crucial to include individuals with a strong connection to communities and a deep understanding of their needs. By incorporating their perspectives and experiences, effective strategies and policies can be shaped to tackle the challenges faced in TB and HIV financing.

Analysis of funding requirements over time indicates a consistent increase in the resources needed for TB. To bridge the gap, it is crucial to explore innovative funding approaches and ensure efficient resource utilization. This may involve exploring alternative funding sources, collaborating with stakeholders, and maximizing the impact of each dollar spent. Finding creative solutions to stretch the available funds will lead to sustainable progress in addressing the TB and HIV financing gap in Africa.

By taking these recommendations into account, stakeholders in the health sector can work together to secure the necessary resources and ensure the long-term success of TB and HIV programs.



OVERVIEW OF MALARIA SITUATION ON FUND-ING GAPS IN AFRICA

OLIVIA NGOU - IMPACT SANTÉ AFRIQUE

Mrs. Ngou discussed the progress made in combating malaria, highlighting the decrease in mortality rates due to the distribution of mosquito nets and rapid diagnostic tests. However, despite these efforts, the curve of malaria cases started to plateau around 2017, indicating a stall in progress. It is apparent that Africa is not currently on track to eradicate malaria, and the same level of commitment and effort from 50 years ago is needed to achieve zero malaria.

She highlighted several challenges that contribute to the persistence of malaria. Changes in demography, the impact of COVID-19, and emerging threats pose significant obstacles. Vulnerabilities in health systems, the rechanneling of funds, misdiagnosis due to similarities with other diseases, natural disasters like floods, climate change, the evolution of resistant mosquitoes, insufficient fund- ing (with a gap of \$4 million), and conflicts all hamper the fight against malaria.

To address these challenges, a comprehensive response is required. This includes strengthening data collection, building resilient health systems, investing in research and innovative tools, fostering partnerships, adopting a collaborative multisectoral approach, and increasing access to malaria treatment and tools, particularly for marginalized populations.

Comments from participants emphasized the need for community sensitization to change perceptions and behaviours related to malaria. Translating educational materials into multiple languages would facilitate better understanding and dissemination of important messages. Adequate shelter and sanitation are also key factors, although they require significant financial investments. Sensitization efforts should be carried out at all levels and with strong leadership in place, employing an all-sector approach.



It was also raised that a multidisciplinary and multisectoral approach is necessary, involving sensitization campaigns in schools, promoting personal hygiene, and ensuring government action in malaria management. Working in isolation or in silos is not sufficient, and collaboration is essential for success.

While eradicating malaria may be challenging, it is not impossible, and country-specific data and gap analysis are needed to focus advocacy efforts and allocate resources effectively. Prudent use of funds is crucial, and some countries have already made significant strides in malaria control, demonstrating that progress is achievable.

Domestic Resource Mobilization (DRM) plays a crucial role in malaria prevention, particularly in the efficient distribution of insecticide-treated nets (ITNs) and indoor residual spraying (IRS). The cost of spraying one county in Kenya is estimated at 4 million dollars per round, highlighting the magnitude of financial requirements for such critical health interventions.

DOMESTIC RESOURCES MOBILIZATION FOR THE FIGHT AGAINST MALARIA, TB AND HIV: NATIONAL DIALOGUES ON HEALTH FINANCING IN AFRICA

REGINA OMBAM- GLOBAL FUND/EAC

Mrs. Regina noted that discussions about sub-Saharan Africa often focus on its problems. However, she emphasised the need to appreciate the significant improvements made in the health sector in the region, such as enhanced service delivery and increased life expectancy. While governments have been allocating more resources to health, the overall health expenditure in the region remains relatively low, with many countries spending less than 21 USD per person annually. She pointed out that despite the increase in health financing, a substantial portion of it still relies on external sources, particularly for communicable diseases and maternal and child care. Regina also noted with a concern that there is still a significant reliance on out-of-pocket expenditure.

She advocated for a shift toward prioritizing prevention and optimizing the utilization of existing resources, rather than solely focusing on requesting more funding. She encouraged parliamentarians to understand the significance of the 15% Abuja Declaration benchmark so that when allocating funds to healthcare, it would result in tangible outcomes. She stressed the need for prioritization of domestic resource mobilization and addressing inefficiencies within the health sector and streamlining of human resources, governance, and leadership structures.

In her presentation, Regina also noted that health financing decisions are not only technical but also political. She urged parliamentarians present to understand the political economy and macroeconomic aspects while advocating for increased resources as it is not only health that needs more resources. She emphasized the need to present well-informed cases for more health financing, considering the overall economic situation and debt issues faced by governments.



Mrs. Regina highlighted the importance of national dialogues on health financing, referencing the 10 commitments made at African Union's African Leaders Meeting (ALM) in 2019, in assessing progress, identifying challenges, and building consensus on health financing reform priorities that are technically viable and politically feasible to will accelerate progress towards sustainable and effective domestic financing in light of donor fatigue.

She encouraged parliamentarians to advocate for and support the sustainability of these dialogues at the national, regional, and global levels. The ongoing dialogues within the East African Community (EAC) and Southern African Development Community (SADC) are opportunities for parliamentarians to advocate, contribute and follow up on the implementation of ALM commitments on domestic resource mobilization.



During the plenary, the impact of the 15% Abuja Declaration target was questioned, with some countries which have achieved the target still facing challenges in achieving key indicators such as maternal and child health.

During the plenary, the impact of the 15% Abuja Declaration target was questioned, with some countries which have achieved the target still facing challenges in achieving key indicators such as maternal and child health. The importance of investing in research and innovation was also emphasized, particularly in leveraging African practices and experiences witnessed during the COVID-19 pandemic.

Strategic approach centred around accountability and preventive measures through behavioural change was suggested to address funding gaps. Additionally, civil society organizations are urged to relentlessly play their role in providing commentary and shadow reports on countries' performance in health financing indicators.

THE ALM DECLARATION

FITSUM LAKEW - WACI HEALTH

Mr. Fitsum Lakew discussed the African Leadership Meeting Declaration, which recognizes the progress made in improving health outcomes in the past 20 years. The goal of the declaration is to invest in government-led human capital development, aligning with Africa's sustainable economic growth agenda. The outcome of the declaration would be reported as the Addis Ababa commitment towards shared responsibility and global solidarity for health financing.

The Africa Leadership Meeting Declaration included ten commitments:



1. Increase domestic investment in health and measure progress against the benchmarks of the Africa Scorecard on Domestic Financing for Health.
2. Improve effectiveness through strategic use of resources.
3. Increase the coherence of investment in health by better aligning development partners and private sector efforts to the priorities of the continent.
4. Improve public financial management (PFM) capacity to help improve tax collection and or increase the proportion of tax revenue collected as a percentage of GDP.
5. Enhance national health financing systems by reducing fragmentation, strengthening procurement and purchasing, improving prevention, cost effectiveness and efficiency.
6. Better engage the private sector to strengthen public health systems and expand access to health services.
7. Convene African Ministers of Finance and Health every 2 years to discuss the implementation of the health financing reforms and review progress against benchmarks.
8. Establish regional health financing Hubs in each of Africa's five regions to provide practical and technical expertise to support countries to implement these reforms.
9. Complement the Africa Scorecard with a domestic health financing 'Tracker'. Guide health financing reforms and track the country's progress in implementing health financing enablers.
10. Digitize the Africa Scorecard on Domestic Financing for Health so that data used to review performance is widely disseminated.



Mr. Lakew also presented on the African scorecard, focusing on three performance indicators: per capita allocation, percentage of GDP allocation (with a 5% GDP target), and the Abuja Declaration target of 15% allocation. Looking at the 2020 data, only South Africa maintained all three indicators.

During the plenary on ALM Declaration, it was suggested that heads of state should not only commit to these declarations but also ensure the timely release of funds. Domestic resource mobilization (DRM) was emphasized as the best approach to address the financing gap created by diminishing donor funding for health.

THE ROLE OF PARLIAMENTARIANS IN MOBILIZING DOMESTIC RESOURCES

Parliamentarians play a crucial role in mobilizing domestic resources for various sectors, including health. However, the budgeting process is controlled by the government, and parliamentarians work alongside the Minister of Health and other officials. They advocate for budget allocations that address the needs of the communities they represent. As members of parliament (MPs), they have the opportunity to reduce administrative obstacles and bureaucracy to ensure efficient and timely utilization of health finances.

There is currently no systematic approach for monitoring budgets on a year-to-year basis, and technical support is necessary for documenting and monitoring budget performance. To address this issue, a tool developed through a task force can assist MPs across Africa in tracking budget trends and making informed decisions for sustainable health financing. During the budget-making process, MPs responsible for health financing should ensure commitments are made. Creating platforms for exchanging experiences and advocating for resource allocation to local authorities is also crucial.

Health is vital not only for individual well-being but also for contributing to the overall growth of the economy. It is recommended that MPs focus on addressing the needs of the population through preventive measures and lifestyle changes, as well as promoting public education on hygiene and good health practices. Penalties may be considered for those who do not adhere to preventive measures.



Parliamentarians should mobilize funds for the health sector, focusing on specific programs such as HIV and TB. Advocacy efforts must be evidence-based, utilizing data on health financing to engage effectively with relevant ministries. Amending laws that limit public expenditure and hinder domestic resource mobilization, such as health insurance and public finance management laws, is necessary. The decentralization of functions and better data capture on health spending is essential.

Moreover, building a strong investment case that demonstrates a return on investment is crucial for advocating for increased resources in the health sector. Prioritizing critical issues in the budget and addressing the fragmented nature of budgets are important challenges to address.

SHARING EXPERIENCE IN NIGER



In Niger, healthcare funding is inadequate to provide equitable access to services, similar to many low-income countries. The main sources of health financing include the government, donors, NGOs, businesses, insurance and mutual funds, communities, and households.

However, despite the government's efforts, the resources allocated to healthcare fall short of most international estimates and recommendations. The state budget allocation for healthcare has fluctuated over the years, ranging from 4.92% to 7.21% of the budget. The per capita healthcare expenditure is significantly below the recommended amount of \$112 per person annually.

Households bear a significant portion of healthcare expenses, leading to a high risk of catastrophic spending among vulnerable populations, particularly those residing in rural areas with limited access to quality healthcare services. The funds allocated by the state to the health sector are insufficient to meet the increasing demands. Healthcare expenditure as a percentage of nominal GDP was 6.43% in 2020, with a slight increase in per capita spending from \$42.75 to \$44.70 between 2019 and 2020.

To address these challenges, the Ministry of Public Health, in collaboration with technical and financial partners, aims to revise the healthcare financing strategy to align with new political and strategic choices. The strategy focuses on enhancing internal resource mobilization, efficient resource utilization, and increasing the proportion of public health expenditure within the overall budget.

The goal is to achieve universal health coverage by 2030 through various actions, including dialogue between the Ministry of Finance and the Ministry of Health, strengthening health insurance mechanisms, and implementing effective resource allocation and management mechanisms. In the fight against HIV, tuberculosis, and malaria, the Global Fund has been a major contributor to Niger through grant allocations. The funding has increased significantly over the years, reaching €151 million for the 2023-2025 period. However, domestic healthcare financing remains limited, and fulfilling the country's co-financing commitments has been challenging due to various factors, including security issues. The question arises about the optimal financing model that can reduce reliance on external investments and household contributions to ensure sustainable and resilient health systems in the country.

SENEGAL EXPERIENCE

In Senegal, a community health system has been successfully set up. Community health workers, known as 'Badienou Goxx' ; were set up at community level in 2019 and have proved highly effective in providing health services within their communities. The godmothers in the community look after the needs of children, while the 'Badienou Goxx'; perform various functions in the health centers. The government provides them with the necessary support to ensure that their work is effective and efficient.

President Macky Sall of Senegal has recognized their significant contributions, particularly in improving key health indicators such as maternal health. Previously, they were paid CFAF 25,000 per month. Last June, the President of Senegal welcomed 9,138 'Badienou Goxx'; who are actively involved in community health work. He increased and institutionalized their allowance to 25,000 FCFA. This makes official the increase in remuneration for each 'Badienou Goxx';, who now receive 50,000 FCFA/month. They also actively contribute to vaccination campaigns and implement preventive measures in their communities.

At parliamentary level, politicians play a crucial role in representing and assessing the situation at local community level, alongside civil society organizations and the 'Badienou Goxx'. Community health interventions, including the distribution of mosquito nets and the coordination of vaccination campaigns, are managed by community health workers at local level. Local contribution funds and a support fund for the development of equipment are in place to encourage community dynamism. Decision-makers need to be aware of the community context and adapt their approaches to effectively facilitate development.



LAUNCH OF THE REGIONAL TASK FORCE OF PARLIAMENTARIANS ON DOMESTIC RESOURCE MOBILIZATION FOR HEALTH IN AFRICA

The Regional Task Force of Parliamentarians on domestic resource mobilization for Health in Africa was officially launched by the nomination of the first Co-chairs for two years.

Nominations

Co-Chairs

- Hon. Daniel Molokele Tsiye (Zimbabwe) - Co-Chair
- Hon. Maitouraam Moustapha Rabi (Niger) - Co-Chair

Other positions to be nominated at country level:



NEXT STEPS

1. Finalizing the Terms of Reference (TOR) for the task force and ensuring that its structure is fully established. This includes determining the additional members who will be part of the team and clarifying how the task force will be supported by the secretariat. Sub-committees will be formed within the task force to focus on specific areas or tasks related to its objectives.
2. A roadmap and specific timelines will be developed to guide the work of the task force, outlining the key milestones and actions to be taken. The frequency of task force meetings will also be determined, with options including annual meetings or twice-yearly gatherings to ensure regular updates and progress assessments.
3. Establish clear and effective channels of communication to transmit the outcomes and discussions of the Nairobi Declaration and subsequent Taskforce Meetings to the respective parliaments. This may include utilizing various forms of communication such as official documentation, press statements, and other means to ensure that the information reaches the intended recipients.

CLOSING REMARKS

HON. DANIEL MOLOKELE AND HON. MAITOURAAM MOUSTAPHA RABI(CO-CHAIRS OF THE REGIONAL TASK FORCE OF PARLIAMENTARIANS ON DOMESTIC RESOURCE MOBILIZATION FOR HEALTH IN AFRICA)

In their closing remarks, the newly elected Co-Chairs of the Regional task force of Parliamentarians on domestic resource mobilization for health in Africa, Hon. Daniel Molo kele (Zimbabwe) and Hon. Maitouraam Moustapha Rabi (Niger) expressed their gratitude for the meeting and highlighted its significance as a milestone for parliamentarians, civil society partners, and friends in Africa. They emphasized that reaching this stage was not just an event but a process that took years. As people with experience in both civil society and parliament, they recognized the value of civil society's support in advancing parliamentary efforts.

In the realm of healthcare, they mentioned that parliamentarians have a responsibility to ensure quality healthcare for millions of Africans across the continent. They must work towards a healthcare system that is self-funded by Africa itself, rather than relying on external sources. They underscored that Africa is rich in resources, including gold, platinum, diamonds, and abundant natural resources.

Therefore, parliamentarians should strive to channel Africa's wealth into its healthcare system. Through advocacy, they aim to create a healthcare landscape that is predominantly funded by African resources, with global partners like the Global Fund playing a complementary role. The Co-Chairs expressed the need for Africans to take pride in funding their healthcare system instead of relying on other continents. By working collaboratively with civil society and development partners, parliamentarians aim to ensure that healthcare for all in Africa is funded by Africans themselves. They concluded with an inspiring call to action, emphasizing that Africa's resources should be utilized to shape its destiny, and together, they can achieve this goal.



ANNEX

TERMS OF REFERENCE —

Against a backdrop of global economic crisis, various conflicts and an unprecedented migration crisis, it will become increasingly difficult for Africa to receive health funding from donor countries. For some years now, international aid has been stagnating or even falling. Following numerous debates and international meetings, there is now a consensus in favour of mobilizing domestic resources to support national health responses to the deadliest diseases.

Many countries are struggling to meet their commitments to mobilize domestic resources. In particular:

- The “Abuja Declaration” of 2001, according to which African governments should devote 15% of public spending to health.
- In 2015, the AU Heads of State and Government adopted the Sustainable Development Goals (SDGs) aimed at accelerating progress towards Universal Health Coverage (UHC).
- More recently the “Addis Ababa Declaration” at the 32nd AU Assembly in February 2019, Heads of State and Government endorsed the deliberations of the African Leaders’ Meeting (ALM) and adopted declarations in favour of mobilizing increased domestic resources for health in Africa by stressing the need to invest in this sector to boost development.

MONITORING THE ABSORPTION OF FUNDS MANAGEMENT BUDGET REORIENTATION

Africa’s efforts to accelerate progress towards the Sustainable Development Goals (SDGs), including Universal Health Coverage (UHC), face major challenges. Countries must mobilize enormous national resources and overcome certain capacity gaps that limit them. Achieving these goals depends on a country’s technical absorption capacity, i.e. its ability to make effective use of the resources mobilized. Public debate often focuses more on the size of budget allocations than on implementation.

This is generally due to the absence of formal systems for monitoring budget implementation in general and health spending in particular. One of the main roles of parliamentarians in supporting the effective implementation of health programmes is to confirm that the funds allocated to them are spent in an appropriate and accountable manner, so as to produce sustainable and significant results.

IMPROVING WORKING CONDITIONS CSA —

Community health workers (CHWs) are men and women from the communities they serve, who are accountable to these communities and receive training from their health authorities. They contribute to the use of healthcare services, reduce inequalities, provide a high quality of service and improve overall health outcomes. Unlike traditional health facilities, which are often a long way from where people live or work, community health workers bring services directly to individuals and communities, at an appropriate time and place.

Community health workers (CHWs) are men and women from the communities they serve, who are accountable to these communities and receive training from their health authorities. They contribute to the use of healthcare services, reduce inequalities, provide a high quality of service and improve overall health outcomes. Unlike traditional health facilities, which are often a long way from where people live or work, community health workers bring services directly to individuals and communities, at an appropriate time and place.

MONITORING GLOBAL FUND COUNTERPART FUNDS FOR MALARIA, TB AND HIV

Since 2014, the Global Fund Board has been implementing its new funding model, which incorporates mechanisms designed to encourage increased national investment in health and specifically in the AIDS, TB and malaria programmes it supports. Under this new funding model, all programmes supported by the Global Fund must continue to meet the requirements of matching funds. The Grant Agreement under the new funding model formalizes the commitments related to counterpart funding for the duration of the grant as well as additional commitments related to willingness to pay.

It specifies the government's annual investments, the results of its investments, and the mechanism and schedule for reporting on its annual spending. If commitments are not met, the Global Fund may proportionally reduce its resources for the following year in its annual disbursement decision. In some countries, however, it has been observed that the counterpart funds that are sometimes included in budgets have difficulty in being disbursed within the planned deadlines.

The Parliamentarians Task Force on Domestic Resource Mobilization for Health in Africa will focus on the following key areas:

- Domestic Resource Mobilization for Health: Advocate for the move from commitment to action, emphasizing the importance of domestic resource mobilization for health.
- Community Health System Strengthening: Advocate for the recognition and financing of community health workers, ensuring their vital role in the health system.
- Universal Health Coverage: Encourage the incorporation of universal health coverage as a goal in national health policy frameworks.
- Bridging Financial and Implementation Gaps: Address the financial and implementation gaps in the National Strategic Plan for HIV, TB, and malaria

The parliamentary engagement will have the following objectives:

1. Establish a space for exchange and sharing of good practices among parliamentarians from different regions of Africa
2. Create synergies with civil society the on Domestic Resource Mobilization for Health in Africa.
3. To brief parliamentarians on the investments, impact and successes of the Domestic Resource Mobilization
4. To engage parliamentarians on pandemic preparedness and what their role should be in respective pandemic responses.
5. Advocate for active and meaningful involvement of CSOs in sensitization of the public on the budget formulation processes

The purpose of these terms of engagement is to outline the framework and responsibilities for parliamentarians involved in initiatives related to domestic resource mobilization:

ENGAGEMENT STRUCTURE —

- **Leadership Structure:** There shall be two co-chairs nominated from among the participating parliamentarians. The co-chairs will serve on a rotating basis, with a term duration of two years. They will provide overall leadership and coordination for the parliamentary engagement activities.
- **Frequency of Meetings:** Parliamentarians will convene at least quarterly to discuss progress, share updates, and strategize on the designated
- **focus areas.** The exact dates and locations of the meetings shall be coordinated by the secretariat in consultation with the Co- chairs.
- **Collaboration with In-Country Partners:** Parliamentarians shall engage in close collaboration with the civil society organization, to ensure coordinated efforts. This collaboration will involve joint initiatives, information sharing, and coordination to achieve common objectives.
- **Membership:** The taskforce shall comprise of 10 member countries: Cameroon, Niger, Democratic Republic of Congo, Côte D'Ivoire, Senegal, Zimbabwe, Zambia, Ghana, Rwanda and Kenya. This is subject to review biannually.

DECLARATION BY THE PARLIAMENTARIAN'S TASKFORCE ON DOMESTIC RESOURCE MOBILIZATION FOR HEALTH IN AFRICA ON THE SIDELINES OF THE AFRICAN UNION SUMMIT

THE NAIROBI DECLARATION 2023

PREAMBLE

We, Parliamentarians from Cameroon, Ivory Coast, DRC, Ghana, Kenya, Niger, Rwanda, Senegal, Zambia and Zimbabwe, gathered in Nairobi on 11th & 12th July 2023 at the sidelines of the African Union Summit, to reflect and discuss health financing in Africa.

Cognizant of the need to formalize genuine collaboration between parliamentarians and Civil Society, we propose for an effective advocacy program on sustainable domestic resource mobilization for health in Africa, through a platform for exchanging information, sharing best practices, strengthening political and synergies.

Our recommendations, resulted in the creation of the Parliamentarian Task Force on Domestic Resource Mobilization for Health in Africa, with the objectives of engaging parliamentarians in their respective countries on issues such as the mobilization of national resources for health; strengthening of community health; universal health coverage; and addressing gaps in funding for the fight against HIV, Tuberculosis and Malaria. We, therefore, unite our voices in support of this declaration:

CONTEXT

The African Union member states have subscribed to a solid normative legal framework on the right to health; they have committed to its Agenda 2063, whose aim is to transform the potential threat posed by the expected doubling of its young population by 2050, into a “demographic dividend”, bringing economic growth and higher living standards, and they also subscribed to the Sustainable Development Goals (SDGs), which aim to significantly increase the health budget to ensure that everyone benefits from universal health coverage (UHC).

Heads of state and government have also made declarations and commitments on health financing, notably at the 32nd Ordinary Conference of the African Union in Addis Ababa in February 2019, during which they endorsed the deliberations of the African Leaders' Meeting (ALM) and adopted declarations in favor of mobilizing domestic resources for health financing in Africa.

Notably, many African states are struggling to meet their commitments to mobilize domestic resources, yet investing in health is investing in human capital, creating stable jobs, stimulating economic growth and reducing inequalities.

While investments in community health programs are cost-effective, we note with concern the lack of prioritization and adequate budgets for the same. These investments contribute to the reduction of health inequalities, ensuring access to basic services for vulnerable and marginalized

populations; they deliver high quality services and improve overall health outcomes and hence need to be prioritized.

COMMITMENTS

We are committed to advocate for:

- Domestic resource mobilization for health including push for the move from commitment to action, co-financing of Global Fund and other development partners programs for HIV, TB and Malaria, to build equitable and resilient health systems, focused on people centered approach and integrated health services (addressing HIV, TB and Malaria and other health issues based on people's needs and disease burden);
- Community Health system strengthening, including ensuring a recognized status for Community Health Workers, financing of Community Health Strategy, support for community-led responses, and incorporation of community, rights and gender considerations in HIV, TB and malaria programming;
- Incorporating universal health coverage as a goal in national health policy frameworks, strategically connected to broader inter-ministerial priorities such as emergency preparedness, social stability, climate, economy and finance;
- Bridging financial and implementation gaps of HIV, TB, Malaria, Health Systems Strengthening, Pandemic Prevention Preparedness and Response and Community Health Systems in the National Strategic Plans for the countries;
- Establish a space for exchange and sharing of good practices among parliamentarians from different regions of Africa;
- Create synergies with civil society on Domestic Resource Mobilization for Health in Africa.

RECOMMENDATIONS

That African governments, in a multi-sectoral approach, work in concert with parliamentarians, civil society and the private sector to implement sustainable strategies for mobilizing domestic resources and for a significant increase in health budgets, given that a healthy nation is indispensable to Africa's socio-economic transformation, as envisaged in Agenda 2063.

African governments, with the aim of achieving universal health coverage by 2030, accelerate the institutionalization of community health agents to ensure the sustainability of their actions. This means formalizing their integration into health systems, professionalizing their training and mobilizing the resources needed to pay them.

List of Parliamentarians

NAME	COUNTRY
Hon Juliette Paule Zingan	Senegal
Hon. Dr RABI Maitournam	Niger
Hon. Dr ARBA Nouhou	Niger
Hon. Mposhi	DRC
Hon. Nelly MUINGA	DRC
Hon. Mpon François Xavier	Cameroon
Hon. Njume Peter	Cameroon
Hon. Marcellin Kouakou	Ivory Coast
Hon. Dr Matthew Nyashanu	Zimbabwe
Hon. Dr Ruth Ladode	Zimbabwe
Hon. Daniel Molokele-Tsiye	Zimbabwe
Hon. Dr. Christopher Kalila	Zambia
Hon. Brenda Nyirenda	Zambia
Hon. Joseph Simumpuka Munsanje	Zambia
Hon. Elizabeth OFOSU Adjare	Ghana
Hon. Kwabena Mintah Akando	Ghana
Hon. Stephen Mule	Kenya
Hon. Patrick Munene	Kenya



waci@wacihealth.org
www.wacihealth.org



contact@impactsante.org
www.impactsante.org