Sustaining Africa’s Health Gains in the Face of COVID-19: 
Community and Civil Society Perspectives

8th October 2020

We, the undersigned health advocates from across Africa, welcome the Inaugural African Union (AU) Biennial Joint Meeting of Ministers of Health and Finance for Eastern and Southern Africa Regions.

We applaud African Union for the leadership on the ALM framework and commitments, which has laid a foundation for Domestic Financing agenda in Africa. This framework recognises that Africa’s human capital development cannot solely be supported by external partners. It also demonstrates Africa’s leadership towards increased and efficient investments in health.

Around the world, COVID-19, has led to an economic contraction. On average, Africa’s economy is forecast to contract by about 4% in 2020. Given significant revenue shortfalls, most governments are responding to the crisis by increasing spending mostly financed by increasing debt. Several countries have also introduced tax policy measures (including tax cuts and deferrals) to counter the economic effects of Covid-19.

We welcome the temporary debt relief through a reduction in debt financing obligations in 2020 by international debt actors. The suspension of debt service payments from official bilateral creditors through the Debt Service Suspension Initiative (DSSI) between May and December 2020 has allowed beneficiaries to reallocate spending to health and other Covid-19-related areas.

We recognise that prior to the pandemic, there was a high degree of variation across Africa and within regions, in per capita levels of public spending on health. We are concerned that most member states had not met the recommended health investments threshold of 5% of GDP; 15% of total Government Total Expenditure; $86 per capita.

Our concern is not only on health spending in 2020 but also on what may occur in 2021 and future years as government spending falls and normal debt servicing resumes. We therefore submit the following perspectives:

1. **Governments will need to raise additional revenues.** This will require building more effective tax systems. Those with the broadest shoulders will need to bear more of the burden, whether through administrative reforms to improve collection, or through changes in tax policy. The efficiency of the tax system can also be improved through the expansion of environmental taxation and cutting wasteful subsidies and tax expenditures (Granger, et al., 2020).

2. **Ministries of Finance will need to take measures to maintain higher levels of government spending and reallocate funds towards the health sector.** In countries where per capita expenditures are falling overall, funds will need to be reallocated to the health sector if health spending is not to fall in the midst of a global pandemic. Whilst all sectors tend to consider themselves under-funded, Ministers of Finance will
have to assess the needs of the health sector, and whether it is potentially underfunded relative to others.

3. **Health Ministers will need to better allocate and make better use of funding within the sector.** Better priority-setting can help focus spending on the most efficient and effective programmes (Glassman et al., 2017). Reforms to expenditure management can ensure that frontline service providers have sufficient flexibility to respond to the new conditions and improve performance (Barroy et al., 2019). Advocates urge AU Ministers to put tighter systems to manage corruption— we have heard of corruption cases that are on the rise over CODIV-19 tenders across Africa. Ministries of Health will need to improve the value-for-money of spending at a time when the overall fiscal position is strained.

4. **Governments will need to address social barriers to equitable access to health services.** With COVID-19 pushing millions into extreme poverty, the economic shocks -- and disruptions to health, nutrition, and education systems – have multiplied the devastation of the pandemic well beyond the direct impact of illness from the virus. There is a need for a powerful, equitable response to the pandemic that protects the poorest and most marginalized communities. This includes ensuring that gender and human rights barriers to equitable access to services are addressed.

   Ensure that savings from the Debt Service Suspension Initiative (DSSI) are reallocated to health and other Covid-19-related and that **spending goes where the most need exist to ensure investment in basic needs for the most vulnerable.**

   Once the urgency of addressing the health crisis subsides, African governments will need to focus interventions on mitigating the lasting economic damages of the Covid-19. To preserve labour productivity, **there is a need to continue human capital accumulation including health, nutrition and education.**

5. **Need for greater health R&D investments.** The AU Health Research and Innovation Strategy (HRISA) 2018-2030 underlines the need for country-led health research and information management systems to inform disease surveillance, preparedness and response in the event of an epidemic emergency. The Policy identifies the need for “a paradigm shift” to establish effective disaster preparedness and response management systems at continental, regional and country levels. **In this sense the impact of the COVID crisis itself provides a powerful demonstration of the need for greater health R&D investment.** We urge you to ensure an enabling environment for health research by establishing and/or strengthening a legal and policy framework that will nurture scientific careers, protect research subjects and ensure that research findings translate to health policy, product development, manufacturing and commercialization.

As communities and civil society, we are committed to our role on accountability in ensuring that Africa builds back better. We urge for more meaningful inclusion and engagement of communities as critical stakeholders in planning and financing.

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2. Africa free of New HIV Infections (AfNHi)
3. WACI Health
4. East African Network of AIDS Service Organizations (EANNASO)
5. Hope for Future Generation, Ghana
6. Journalists Against AIDS, Nigeria
7. Community Working Group on Health, Zimbabwe
8. CITAM+, Zambia
9. Health promotion Tanzania (HDT)
10. Human Rights Empowerment Program, Malawi
11. Tanzania Network of Women Living with HIV (TNW+)
12. Stop TB Partnership Kenya
13. ZOOLOOh International
14. We Rise and Prosper