Advancing Sustainable Health Financing in East, Central and Southern Africa: Health Financing Reform Priorities from the 76th Health Ministers' Conference

Abstract

Background: Sustainable health financing is a key determinant of health system performance in low- and middle-income countries. In the East, Central and Southern Africa (ECSA) region, progress in expanding primary health care (PHC) and essential services has been supported by domestic reforms and external assistance. However, challenges such as donor dependence, fragmented financing systems, high out-of-pocket payments, limited fiscal space, and climate-related pressures continue to hinder progress toward Universal Health Coverage (UHC).

Objective: To analyse policy framing, reform priorities, and strategic commitments on sustainable health financing articulated during the 76th ECSA Health Ministers' Conference (HMC76).

Methods: A qualitative policy synthesis was conducted using documentary review and thematic analysis of HMC76 proceedings, including resolutions, communiqués, technical presentations, and country case studies. Analysis focused on value for money, domestic resource mobilisation, climate-responsive financing, and regional collaboration, with findings triangulated against global literature.

Results: Four key priorities emerged: improving efficiency through strategic purchasing; expanding domestic resource mobilisation via health taxes and insurance; integrating climate-responsive financing; and strengthening regional collaboration and governance. Ministers also emphasised PHC investment and structured donor transition strategies.

Conclusion: HMC76 reflects a shift toward sustainable, resilient health financing. Strong political commitment and coordinated regional action will be critical to advancing UHC.

Keywords: Sustainable health financing; UHC; domestic resource mobilisation; ECSA; health systems.

Introduction

Sustainable health financing is a key determinant of health system performance in low and middle-income countries, influencing access, equity, quality, and system resilience. Over the past two decades, countries in Eastern, Central, and Southern Africa (ECSA) have expanded access to essential services and strengthened primary health care (PHC) through domestic reforms and development assistance. However, continued reliance on external aid has created vulnerabilities, including unpredictable funding flows, reduced country ownership, limited capacity building, and fragmented, disease-specific programmes that weaken health system integration[1,2]. Additional constraints include fragmented financing systems, high out-of-pocket expenditures, limited risk pooling, and inconsistent adherence to commitments such as the Abuja Declaration target of allocating 15% of national budgets to health[3,4]

The global health financing landscape is also shifting. Declining Official Development Assistance, rising public debt, inflation, and post-pandemic fiscal pressures are limiting governments' ability to expand health budgets despite growing demand[5–7]. In many ECSA countries, real per capita health expenditure remains stagnant when adjusted for inflation and population growth, and spending often falls short of levels required to deliver essential health services[8,9].

Regional analysis presented at the 76th ECSA Health Ministers' Conference (HMC76) identified persistent dependence on external financing for priority disease programmes, constrained fiscal space, and underinvestment in PHC. Financing fragmentation continues to undermine efficiency and equitable access, while climate change introduces additional fiscal risks[10].

These challenges underscore the need for deliberate policy reforms and stronger accountability. This paper analyses the policy framing, reform priorities, and strategic commitments on sustainable health financing articulated by ECSA Member States at HMC76

Methods

Design

The authors used a structured qualitative policy synthesis design to analyse the proceedings and outputs of HMC76 and the preceding Senior Health Officials Dialogue. The design combined documentary review, thematic content analysis, and contextual triangulation against peer-reviewed health financing literature. The approach aligns with standards for qualitative health policy research and structured narrative synthesis.

Data Sources

The primary data sources are:

- Officially adopted Resolution ECSA/HMC76/R1
- Ministerial communique from the preconference meeting on health financing
- Technical presentations delivered during the pre-

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conference meeting on value for money
- Country case presentations from Member States
- Ministerial plenary statements
- Regional financial analysis reports presented by ECSA-HC
- Official speeches and strategic statements from regional and global organisations (e.g., Africa CDC, WHO), documented in meeting records and validated Secretariat notes.

All documents were obtained through official Secretariat channels. Ethical approval was not required because the review involved no human subjects. These materials provided additional insight into the strategic framing and policy priorities informing ministerial deliberations.

Analytical Framework

A deductive, inductive thematic analysis was conducted. An initial analytical framework was developed based on five pre-specified domains derived from contemporary UHC and health financing scholarship:

1. Value for Money (VfM) and efficiency
2. Domestic Resource Mobilisation (DRM)
3. Climate-responsive financing
4. Regional collaboration, monitoring and accountability

These domains reflect the widely recognised core functions of health financing systems: revenue generation, pooling, purchasing, and stewardship[4].

Two reviewers independently coded the proceedings documentation, identifying recurring themes, reform proposals, and policy commitments. Discrepancies were resolved through consensus discussion. Emergent sub-themes were identified inductively within each domain

Contextualisation and Triangulation

The thematic findings were contextualised through comparison with established global health financing frameworks and peer-reviewed literature. This included alignment with:

- WHO Universal Health Coverage monitoring frameworks[8]
- Evidence on fiscal space for health expansion[6]
- Research on strategic purchasing and health financing reform[13]
- Literature on climate-related health system risks[15]
- This triangulation strengthened interpretive validity and situated regional deliberations within global scholarship, thereby improving one's perception of how local actions align with international frameworks and commitments.

Limitations of Methodology

As a proceedings-based synthesis, findings reflect reported positions and commitments rather than independently verified implementation data. The analysis does not assess policy outcomes post-conference. Structured documentation and resolution adoption, on the other hand, are effective ways to show that a formal policy is in place, as they provide a clear framework for accountability and implementation tracking, which is crucial for evaluating the success of the policy and ensuring that commitments made during the conference are translated into actionable outcomes.

Findings

Table 1. Summary of Health Financing Reform Priorities Across Selected ECSA Member States and Regional Institutions

Country / Organization	Key Reform Focus	Value for Money & Efficiency	Domestic Resource Mobilisation	Climate-Responsive Financing	Regional Collaboration & Governance
ECSA-HC (HMC76 Resolution)	Regional health financing reform commitments	Strategic purchasing reforms; results-based financing	Health taxes; prepaid pooled financing arrangements	Epidemic preparedness funds; climate-resilient health systems	Harmonisation of health financing reforms across Member States
ECSA-HC Pre-Conference Dialogue	Sustainable health financing pathways	Direct facility financing; harmonised health benefit packages	Increased domestic budget allocations; health taxes	Climate-resilient PHC investments	Alignment of financing reforms and pooled procurement
WHO (Regional Analysis)	Regional health financing system performance	Procurement inefficiencies; corruption losses; fragmented financing pools	Excise taxes on tobacco, alcohol and sugar-sweetened beverages	–	Governance strengthening and multisector coordination
EAC Secretariat	Regional health financing integration	Pooled procurement; aggregated demand; digital financial management systems	Reduced donor dependence; expansion of national health insurance	–	Regional procurement platforms and coordination mechanisms

Tanzania	National health insurance reform and UHC	Strategic purchasing; provider payment reform	Insurance contributions; diversification of revenue sources	–	Regulation through TIRA; monitoring and governance systems
Kenya	Transition from donor financing	Strategic purchasing reforms; pooling reforms	Social health insurance reforms; increased government spending	–	National Health Financing Framework and IFMIS monitoring
Zambia	Addressing PHC investment gaps	Low PHC allocation; inefficiencies in hospital spending	Tax reforms and strengthening of the National Health Insurance	–	Alignment with AU and SADC policy frameworks
Mauritius	Health system efficiency reforms	Public financial management weaknesses; allocative inefficiencies	Government budget allocations and tobacco taxes	Climate change recognised as fiscal pressure	Performance-based budgeting and pooled procurement
Malawi	Financing allocation reforms	Efficiency in resource allocation	Budget allocation formula based on population and health needs	–	Learning from Tanzania model; governance reforms
Regional Financial analysis report	Evidence generation and policy dialogue	Analytical assessments of health financing reforms	–	–	Academic partnerships and stakeholder engagement
High-Level Panel (HMC76)	Domestic resource mobilisation and system resilience	Strategic purchasing and provider accountability	Diversification of revenue sources including health taxes	Climate risks and contingency financing	Partner alignment and joint planning frameworks

Table 2. Thematic Coding of HMC76 Presentations and Policy Deliberations

Analytical Theme	Frequency Across Presentations	Countries/Organisations Highlighting Theme	Representative Policy Statements
Value for Money and Efficiency	Very High (identified in ~80–90% of presentations and discussions)	WHO, Tanzania, Kenya, Mauritius, Malawi, EAC Secretariat, ECSA-HC	• "Strategic purchasing reforms and provider payment mechanisms are required to improve efficiency." • "Fragmentation of financing arrangements undermines efficiency and financial protection."
Domestic Resource Mobilisation	Very High (identified in ~90% of presentations and discussions)	ECSA-HC, Tanzania, Kenya, Zambia, Mauritius, Malawi, WHO	• "Health taxes and pooled financing arrangements can expand fiscal space for health." • "The national budget remains the largest prepaid pool for health in most countries."
Climate-Responsive Financing	Moderate (identified in ~40–50% of presentations)	WHO, Mauritius, High-Level Panel, ECSA-HC	• "Climate change is emerging as a fiscal pressure requiring contingency financing mechanisms." • "Health systems must integrate preparedness and resilience financing."
Regional Collaboration, Monitoring and Accountability	High (identified in ~70% of presentations and discussions)	EAC Secretariat, ECSA-HC, Tanzania, Kenya, Regional platforms	• "Regional pooled procurement can improve bargaining power and reduce costs." • "Monitoring systems and governance frameworks are required to ensure accountability."

- **Very High**: mentioned in most presentations and discussions (>75%)
- **High**: mentioned in a majority (50–75%)
- **Moderate**: mentioned in several documents (25–50%)

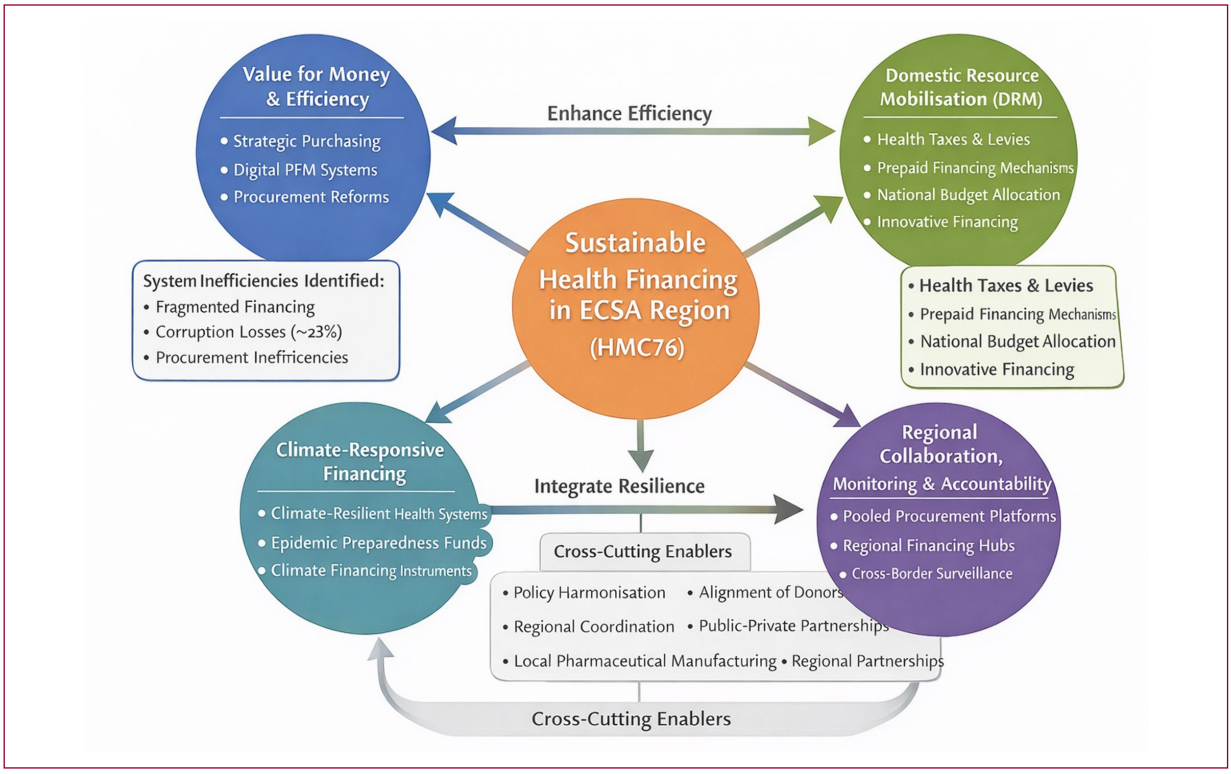

Figure 1 reflects information from HMC76 synthesized into a conceptual framework centred on sustainable health financing in the ECSA region.

Discussion

HMC76 deliberations highlight a shift toward efficiency-oriented health financing in the ECSA region. Participants emphasised improving value for money beyond cost containment to include technical and allocative efficiency, equity, and outcome-based financing. With inefficiencies accounting for up to 20–40% of spending, better resource allocation presents significant gains[11]. This shift reflects a move from expanding fiscal space to strengthening fiscal credibility and return on investment, while positioning health financing as central to health security, resilience, and economic stability[5].

Member States emphasised strengthening expenditure tracking and transparency through improved public financial management systems and digital tools. Prioritising cost-effective interventions, especially investments in primary health care (PHC), was recognised as essential for improving efficiency and equity, given PHC's role in delivering better outcomes and financial protection[12]. There was also strong emphasis on shifting from input-based budgeting to strategic purchasing and performance-based financing to enhance accountability and maximise outcomes[13].

Domestic resource mobilisation (DRM) emerged as a central pillar for sustainability. Ministers emphasised aligning health investments with broader economic strategies while strengthening governance and budget credibility. Expanding pooled financing, including national health insurance, was identified as key to improving financial protection when supported by strong institutions[14]. Earmarked taxes on tobacco, alcohol, and sugar-sweetened beverages were also recognised as viable revenue sources that improve population health[15], alongside structured donor transition frameworks to ensure continuity of essential services[16].

Climate-responsive financing was identified as increasingly important, given the growing impact of climate-related shocks on disease burden, service delivery, and infrastructure[10,15]. Integrating climate resilience into health budgeting and developing contingency financing mechanisms were prioritised.

Finally, regional collaboration was highlighted as essential for advancing reforms, with pooled procurement, cross-border coordination, and policy harmonisation seen as critical for improving efficiency and strengthening collective health security[16]. Overall, HMC76 reflects a shared commitment to more efficient, domestically driven, and climate-resilient health financing systems.

Key Recommendations and Policy Actions for Member States

Resolution ECSA/HMC76/R1 highlights actions aimed at improving system resilience, efficiency, and domestic financing:

1. Member States committed to strengthening domestic resource mobilisation (DRM) by increasing national health budget allocations, exploring innovative financing mechanisms such as health taxes, and improving public financial management systems to enhance transparency and efficiency.



Health care expenses-*courtesy of FREEPIK*

2. Countries were encouraged to develop structured donor transition frameworks to gradually integrate donor-funded programmes into national systems while ensuring continuity of essential services.
3. Member States agreed to expand prepaid and pooled financing mechanisms, including national health insurance, to reduce out-of-pocket expenditures and improve financial protection, particularly for vulnerable populations.
4. Ministers endorsed strategic purchasing reforms, including performance-based provider payment mechanisms, to enhance accountability, efficiency, and value for money.
5. Member States reaffirmed prioritising investments in primary health care as the foundation for equitable, resilient, and cost-effective health systems essential for achieving UHC.

Limitations

This synthesis reflects deliberative content and formal resolutions rather than independently verified reform implementation. Future longitudinal research should evaluate progress against Resolution R1 indicators, which are specific measures established to assess the effectiveness of health financing reforms.

Conclusion

HMC76 signals a strategic shift in sustainable health financing in the ECSA region. Member States emphasized domestic resource mobilisation, efficiency, and climate resilience, reflecting a move toward self-reliant systems. Progress will depend on sustained political commitment, fiscal coordination, stakeholder engagement, and robust monitoring with clear performance metrics.

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