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1. Introduction

Long-term investment in health is a key contributor to economic development. The greatest asset of any society is its human capital. Crucial sustainable accumulation and transfer of knowledge and skills – a pre condition for industrial, technological and economic development - is impossible in a setting where high levels of mortality and morbidity, and low healthy life expectancy are the norm. The European Region, Western Pacific and Americas for instance all have average regional Healthy Life Expectancy of 67 years, while for Africa this is 45 years.[ii]

African states have recognized the crucial impact of health on development[iii] and have repeatedly committed to increasing and improving health investments. In April 2001, African Heads of State and Government met in Abuja, Nigeria where they made a financial commitment towards meeting the Millennium Development Goals (MDGs) by pledging to allocate at least 15% of their domestic national budgets to health. This commitment was re-affirmed at a Special Summit on HIV/AIDS, TB and Malaria in 2006 in Abuja and at the 15th Session of the AU Ordinary Summit in 2010 in Kampala. As a side event of the 15th Session of the AU Ordinary Summit in 2010, the AU Ministers of Health and Ministers of Finance have keenly followed up on these commitments by brainstorming on finding solutions to the challenges in health financing as evidenced by the dialogue held in July 2010 in Kampala and the scheduled panel discussion in March 2011.

2. Status of Health Investment in Africa

Ten years after, the pledge remains largely unmet, as only 6 countries out of 53 African Union Member States[1] have achieved the Abuja commitments on health financing. Furthermore, 32 out of 53 AU Member States are still investing less than $USD 20 per capita in health, less than half the WHO recommended $USD40. This includes 11 countries investing $USD5 or less per capita, which is not adequate to tackle a combination of diverse health issues as well as strengthen health systems[xi].

With only five years left to achieve the Millennium Development Goals and reduce the heavy health burden which includes the loss of about 8 million lives a year from just 5

[xi] According to Africa Public Health Alliance & 15%+ Campaign, they are: Rwanda 18.5%, Botswanaand Niger 17.8%; Malawi 17.1%; Zambia 16.4% and Burkina Faso 15.8%.

MDG health issues (HIV / AIDS, TB, Malaria, Maternal and Child Health), it is crucial to underline the correlation between improved investment and achievement of the Health MDGs.

3. Status of Health Performance in Africa

The April 2011 10th year anniversary of the 2001 Abuja Commitments on Health Financing, the 2010 10th year review of the Millennium Development Goals, the 2010 15th year review of the International Conference on Population and Development (ICPD) Program of Action, the 5-year review of the Implementation of the Abuja Call towards HIV/AIDS, TB and Malaria Services, the Review of the Implementation of the Maputo Plan of Action for the implementation of the Continental Policy Framework for Sexual Reproductive Health and Rights , the AU July 2010 Summit on Maternal Newborn and Child Health and the new 2010 UN Secretary Generals Global Strategy on Women and Children's Health all provided an important background and opportunity for measuring progress and refining Africa's health financing commitments for more efficient impact.

i. MDG Target 4A: Reduce by Two-Thirds, Between 1990 and 2015, the Under-Five Mortality Rate

The MDG target to reduce child mortality by two-thirds is a relative target. It measures progress on child mortality taking into account the initial level of child mortality.[iv] Child mortality in developing regions declined by approximately one-third between 1990 and 2000, from 103 to 74 per 1,000 live births. One hundred and twenty-four out of 131 countries succeeded in reducing their incidence of child mortality between 1990 and 2007. However, there are huge variations across countries. In some African countries, the under-five mortality rate is still above 200 per 1,000 live births, as compared to other developing countries such as Thailand, Chile and Cuba where the under-five mortality rate is less than or equal to 10 per 1,000 live births.[v]

An important disparity between the two sets of countries is the levels of health investment; In some African countries, the percentage of budgets allocated to health is below 15% and the per capita investment in health is lower than the said developing countries such as Cuba, Thailand and Chile. Some African countries have attained the Abuja target or are close to doing so, but their per capita investment is lower (with corresponding huge health burden) than the other developing countries such as Thailand.[vi]

Compared to the 2001 AU Abuja commitment of Heads of States to allocate at least 15% of national budgets to health, it is apparent that it is not just percentage allocation alone that is important, but also that actual per capita investment needs to be taken into consideration alongside percentage allocation.[vii]

ii. Under Five Mortality Trends in Africa: Improved Investment in Both Health Sector and Social Determinants:

Africa South of the Sahara has made strong absolute progress on reducing under-five mortality. The region reduced its rate by 1.94 per 1,000 live births annually between 1990 and 2007. Performance in Western and Eastern Africa has been particularly impressive, with annual reductions in mortality of 2.64 and 2.16 per 1,000 live births. Given high initial levels, the relative progress rate of the region is low, at 20%. Northern Africa has reduced its under-five mortality by similar absolute numbers, representing a 57% relative reduction on the initial level.[viii] Despite strong progress, however, childhood mortality remains high and a major source of concern in many countries. The African average is almost twice as high as the global one (124 per 1,000 compared with 69 per 1,000).[ix]

iii. MDG Target 5A: Reduce By Three-Quarters, Between 1990 and 2015, the Maternal Mortality Ratio

Given the limitations in the maternal mortality data, progress on this target is assessed using MDG Indicator 5.2, measuring the proportion of births attended by skilled health personnel.[x] The degree to which women in the developing world have access to health professionals varies dramatically across countries, and the variation is wider than on other indicators (from only 6% to nearly 100% in some countries).[xi]

About one-third of developing countries (35 out of 107) have succeeded in providing universal access to skilled birth attendants, and nearly 20% of countries (20 out of 107) have achieved near universal access (99% or 100% coverage). High levels of coverage (above 90%) have been achieved in almost all countries in the Caribbean and the CIS, in the majority of Latin American countries and in some parts of Asia. Birth attendance by skilled professionals is lowest in a number of African countries South of the Sahara.[xii] Northern Africa stands out as the region with the strongest progress globally.[xiii]

iv. MDG Target 6A: Have Halted by 2015 and Begun to Reverse Spread of HIV/AIDS - and MDG Target 6B: Achieve, by 2010, Universal Access to Treatment for HIV/AIDS for All Those Who Need It.

Progress on MDG 6A target is assessed using MDG Indicator 6.1 on the percentage of 15-49 year olds living with HIV/AIDS.[xiv] The global average percentage of 15-49 year olds living with HIV/AIDS was just under 3% in 2007. There are large disparities

between countries, and infection rates vary between 0.1% and 26%. The worst affected region by far is Southern Africa, followed by Eastern and Central Africa, with average infection rates of 21%, 5% and 4%, respectively.[xv]

4. Health Financing and Health Outcomes

Attaining the 15% Abuja target alone may not dramatically improve health. Health investment in both percentage and crucially per capita terms needs to increase alongside separate investment in social determinants for Africa to increase Africa's chances of meeting the health MDGs.

The reason for the performance in North Africa may partly lie not just in overall health investment, which is on average more consistent in both percentage and per capita terms but also in targeted investment at the education sector, aimed specifically at training and retaining the required numbers of health workers and professionals

On the occasion of the 10th anniversary of the Abuja commitments being the most important collective commitment of African governments to health financing, it is important not only to restate the commitments, but also to intensify efforts to meet the commitments - including improvements such as combining per – capita investment with percentage allocation – and also supporting these with improved investments in crucial determinants such as improved clean water and sanitation, education for health workforce, and improved investment in commodities and pharmaceuticals which all fall outside the health sector budgets.

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i Developed in Collaboration with Africa Public Health Alliance and 15%+ Campaign
ii .World Health Statistics 2010.

iii African Union. 1987. Declaration on Health as a Foundation for Development

iv Millennium Development Goals Report Card, Measuring Progress Across Countries 2010: UN Millennium Campaign, Gates Foundation, ODI, September 2010.
v Ibid
vi Ibid
vii Ibid
viii Ibid
ix Ibid

x Millennium Development Goals Report Card, Measuring Progress Across Countries 2010: UN Millennium Campaign, Gates Foundation, ODI, September 2010.

xi Ibid
xii Ibid
xiii Ibid

xiv Millennium Development Goals Report Card, Measuring Progress Across Countries 2010: UN Millennium Campaign, Gates Foundation, ODI, September 2010.

xv Ibid