

# Meeting the Abuja Promise by African Governments to Commit 15% of Total National Budgets to Health

## What is the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases?

Heads of State in Africa met from 26-27 April 2001 at a special summit to address the exceptional challenges of HIV/AIDS, tuberculosis and other related infectious diseases. At this meeting, the governments committed to allocating at least 15% of their total annual government budgets to the health sector. They also called upon donor countries to meet their commitment of devoting 0.7% of Gross National Product (GNP) as official development assistance and cancel African external debt in order to allow increased investment in the social sector.



African governments must demonstrate commitment to health by devoting an increasing share of their own resources to the health sector. In 2008, Nobel Peace Prize winner Archbishop Desmond Tutu stated, “The African Union (AU) Abuja 15% pledge is one of the most important commitments African leaders have made to health development and financing, and our Heads of State should strive to meet this pledge without further delay. The continued loss of millions of African lives annually which can be prevented is unacceptable and unsustainable. Our leaders know what they have to do. They have already pledged to do it. All they have to do now is actually do it. This is all we ask of them.”

## What Progress Has Been Made?

Since 2001, a number of countries have made progress in increasing their domestic funding towards the Abuja 15% target. The WHO states that only Rwanda and South Africa have reached 15%, while the African Union Commission reports that six AU member states have met the 15% benchmark—Rwanda (18.8%), Botswana (17.8%), Niger (17.8%), Malawi (17.1%), Zambia (16.4%), and Burkina Faso (15.8%).

According to the WHO, only eight countries in Africa are on track to meet the Millennium Development Goals (MDGs)—Algeria, Cape Verde, Egypt, Eritrea, Madagascar, Rwanda, Seychelles, and Tunisia—and most African countries are achieving less than 50% of the gains required to reach the goals by 2015. Progress on improving maternal health (MDG 5) is particularly slow.

The WHO also reports that the median level of real per capita government spending in Africa has increased from \$10 to \$14 since 2001. The AU states that government health spending in sub-Saharan Africa currently averages US\$25-27 per capita, yet 32 of the 53 AU member states invest less than \$20 (this includes four of the six countries who have met the 15% benchmark). The result of this funding shortfall from both domestic and donor resources means that most African countries are not yet on track to achieve the health MDGs.

## How to Support Implementation

**In developing countries:** Progress towards the Abuja target needs to be measured and monitored regularly. This progress also needs to be regularly reported publically as part of national budget

debates. It should also be reported regularly in regional meetings of the African Union, Economic Community of West African States (ECOWAS), the Southern African Development Community (SADC), and the East African Community (EAC).

African governments need to set out open and transparent policies on how domestic funding for health is to be sourced, spent, monitored and accounted for. To do this, African governments must be accountable to citizens with effective mechanisms of answerability and enforceability.

Ministers of health and ministers of finance can enhance governance of Official Development Assistance (ODA) that flows into their country for health. Currently, as much of 50% of these funds do not flow through the government. Yet if all ODA from donors was received and spent according to country-determined priorities and combined with existing levels of government spending for health, almost US\$61 per capita would be available. This is close to the level identified as required to reach the MDGs in developing countries by the High Level Taskforce on Innovative International Financing for Health Systems.

Inefficiencies in health systems mean that between 20-40% of all health resources are being wasted. Initiatives of disease-specific grants (such as to improve supply chains) should benefit the entire health system, increased use of South-South and in-country technical expertise, and better-coordinated spending have been identified as ways to make considerable efficiency gains in the health system.

Increased domestic spending for health also must not come at the expense of reductions in spending on other social services.

**In donor countries:** Improved health care is dependent upon debt cancellation and increased ODA. Donors must also truly untie aid and make it more predictable, an essential step toward ensuring that countries can lead their own development processes. Donors must also strive to reach the goals of the Monterrey Consensus, specifically the urging for developed countries to increase their ODA to the target of 0.7 percent of gross national product (GNP) to developing countries.

## **Resources:**

[African Union. 2001. Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases](#)

[The World Health Organization. 2011. The Abuja Declaration: Ten Years On Five-Year Review Of The Abuja Call For Accelerated Action Towards Universal Access To Hiv/Aids, Tuberculosis, And Malaria Services By 2010. Progress Report \(2006-2010\). Special Session of The African Union Conference Of Ministers Of Health, Geneva, Switzerland, 15 May 2010](#)

[10 Year Review: Abuja Declaration on Health Financing in Africa Presentation. Dr Ademola Olajide, Head of Division – HNP, Social Affairs Department, African Union Commission](#)

[Meeting of the Committee of Experts of the 4th Joint Annual Meetings of the AU Conference of Ministers of Economy and Finance and ECA Conference of African Ministers of Finance, Planning and Economic Development. 2011. Information Note: 10 Years After the “Abuja Commitment” to Allocate 15% of National Budgets to Health](#)

[Millennium Development Goals](#)

[International Conference on Financing for Development in Monterrey, Mexico \(2002\), which resulted in the Monterrey Consensus](#)

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