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**SPECIAL SUMMIT OF AFRICAN UNION
ON HIV/AIDS, TUBERCULOSIS
AND MALARIA (ATM)
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Theme:

***Universal Access to HIV/AIDS, Tuberculosis and Malaria
Services by a United Africa by 2010***

**RESOLUTION OF THE MINISTERS OF HEALTH ON HEALTH FINANCING IN
AFRICA**

RESULTION OF THE MINISTERS OF HEALTH ON HEALTH FINANCING IN AFRICA

1. We the Ministers, assembled at the Special Summit on HIV/AIDS, Tuberculosis and Malaria at Abuja, Nigeria, on 3 May 2006, deliberated on the theme “***Universal Access to HIV/AIDS, Tuberculosis and Malaria Services by a United Africa by 2010***”;
2. We note that in spite of progress made since the previous Summits, HIV, TB and Malaria continue to be leading causes of morbidity and mortality and continue to cause considerable economic and social losses in Africa;
3. We note that this is happening within a wider context in which member countries are confronted with a number of key challenges: low investment in health; dearth of comprehensive health financing policies and strategic plans due to limited financial access to health services; extensive out-of-pocket payments; limited coverage by health insurance; lack of social safety nets to protect the poor; inefficient resource use; ineffective aid; and weak mechanisms for coordinating partner support in the health sector.
4. In order to reach the health-related Millennium Development Goals and achieve national health development objectives, health systems in the African Region need increased funding; greater equity in financing and access to health services; efficient use of health resources; and expanded coverage of health services, especially those targeting the poor and other vulnerable groups.
5. We recognize the need for member countries to develop and implement national health financing strategies that are not only economically-sustainable and country-specific, but also contribute to improved health outcomes in an equitable and efficient way and protect populations against the impoverishing effects of illness.
6. In this connection, we recall that in the previous Abuja Declaration in 2001, the Heads of State and Government pledged to allocate 15% of national budgets to the health sector;
7. We note that despite modest progress made by some Member States since this past Declaration, the proportion of the national budget devoted to health financing is still low in many of our countries and indeed far less than the 15% agreed at Abuja in 2001.
8. We therefore reaffirm our commitments to the fight against HIV, TB and malaria in Africa and to help achieve other internationally agreed goals such

as reducing child mortality by two thirds by 2015, improving maternal health and eradicating extreme poverty.

9. We pledge to renew our commitment to accelerate progress towards achieving the Abuja and MDG targets. In this regard, we urge member countries to undertake to:

- (i) Give greater urgency to the Abuja target of allocating 15% of national budgets to health through increases in the available fiscal space;
- (ii) Allocate and manage effectively the domestic resources required for sustained implementation of planned HIV/AIDS, TB and malaria prevention and control interventions;
- (iii) Strengthen or develop comprehensive health financing policy and strategic plans as a follow up to the National commissions on Macroeconomics and Health, with a clear roadmap of how to transit from the current health financing situation dominated by inequitable, catastrophic and impoverishing direct out-of-pocket payments to more equitable and innovative health financing mechanisms leading eventually to universal health care coverage
- (iv) ensure that bottlenecks at sub-national levels (provinces/states, districts, sub-districts, etc) of the health system are removed and that the operational levels of health care delivery have the wherewithal to operate effectively during the transition to more equitable health financing systems;
- (v) incorporate our health financing strategic plans into national development frameworks such as the Poverty Reduction Strategy Paper (PRSP) and the Medium Term Expenditure Framework (MTEF);
- (vi) monitor multi-donor budgetary support to ensure that the shift from sectoral to general budgetary support does not decrease funding to the health sector;
- (vii) ensure that Ministries of health make greater efforts to increase the execution rates of funding programmed for health-related activities in national budgets and MTEFs;
- (viii) harness the resources and other potential contributions of the private sector in our countries. Among other things, this will involve addressing the currently inefficient use of resources available in

that sector and the inaccessibility of their services to more vulnerable households due to their costs.

10. We note that the international health financing context for responding to the challenges posed by these targets, and especially for HIV/AIDS, TB and malaria, has significantly improved in recent years. In particular, we welcome the new opportunities offered by:

- i) the setting of the MDGs and commitments of the international community towards achieving them;
- ii) commitment by the donor community (e.g. Global Fund to Fight AIDS, Tuberculosis and Malaria, highly-indebted poor country initiative) and increase aid effectiveness;
- iii) the recommendations of the Commission on Macroeconomics and Health (CMH);
- iv) increasing acceptance of NEPAD to promote governance, transparency and accountability in the region;
- v) the increased evidence and awareness of the pivotal role of health in development; and
- vi) increased knowledge-sharing in health financing.
- vii) the promotion of self-help health groups which can be an important link in the financing of health.
- viii) the participation of the private sector which has begun to invest in health. The public-private sector partnership has become a reality in the supply of services.
- ix) the financing of health thanks to community participation.

11. In spite of this improved context, we are concerned that all estimates of the financial resources required to meet the international health targets show large shortfalls well in excess of what can be reasonably expected to be raised from domestic sources in many countries within the foreseeable future, and that moreover, many countries would still be far short of what they need to attain those goals even if they achieved the above-mentioned Abuja Declaration target of 15%;

12. We believe that this funding gap can only be closed by increased domestic resource mobilization and management efforts, as well as sustained and higher longer term commitments from the development partners;

13. We urge our development partners to work with us to assure long term predictable and less volatile financing commensurate with the burden of these diseases and to provide financial and technical support to our efforts in a coordinated, efficient and country-led manner.

14. We especially wish to call upon our partners to engage in discussions with us about closing the significant gap between funding commitments and funding available, as well as about sustainable financing for the recurrent costs of new investments that have been made possible by the global health partnerships;

15. We recognize that although it may be still early to bring this up, it is important for us and our partners to start thinking about a future when countries may no longer be dependent on the current sources of funding for the ATM diseases. In that connection, we consider that the current focus on the three ATM diseases must ultimately be integrated into wider public health strategies through regular national mechanisms and sustainable financing secured through the comprehensive national financing strategy mentioned earlier in this document.

16. Finally, while we welcome recent attention paid to the issues of harmonization and alignment of international donor efforts, we also note that national goals will not be met unless Member States set their own priorities and take charge of streamlining, planning and coordination of all funding into health sector from donors and other sources. Accordingly, we commit ourselves to providing such effective leadership of the development process in our countries.

17. In this regard, we exhort our colleagues, Ministers of Finance and/or Economic Development to take all necessary actions to allocate the required and adequate financial resources for the fight against the three diseases in accordance with the commitments made by our Heads of State and Government.

4 May 2006, Abuja, Nigeria