

SUSTAINABLE AND GENDER EQUITABLE CAPACITY BUILDING FOR HEALTH FINANCING IN AFRICA

Problem Statement

Governments in Sub-Saharan Africa (SSA) are facing challenges in mobilizing and allocating resources for health service delivery due to institutional capacity constraints. Ministries of Finance (MOF) and Health (MOH) lack specialized skills in budgeting, financial forecasting, and public financial management.

Challenges such as rigid hiring processes, uncompetitive salaries, and frequent staff rotations further weaken institutional learning. At the subnational level, decentralization has created demand for financial expertise, yet capacity-building has lagged. Many health officials also lack budgetary negotiation and communication skills, reducing their ability to advocate for sufficient funding.

Stakeholder Engagement

196
Total consultations

35
Ministry of Finance
Reps

9 Insurance agency Reps 68
Ministry of Health
Reps

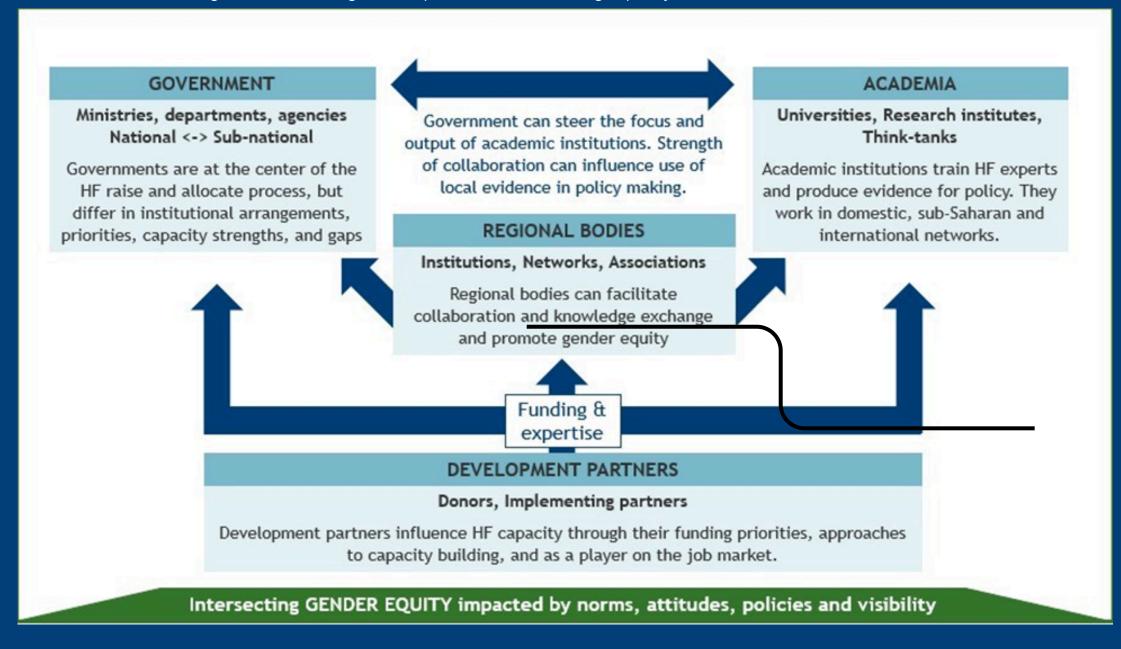
43
Academic
Insitution Reps

41
Others (Ministry of Gender, Dev Partners & Legislature)

*31% female respondents: Govt Respondents included those at National & Sub-national level

Stakeholder Engagement Framework

Strengthening health financing capacity requires coordinated efforts among key stakeholders. The framework below demonstrates the relationships between the stakeholders that can play a critical role in enhancing sustainable and gender-equitable health financing capacity in Africa.





Governments: Need to improve hiring flexibility, invest in training, and create career pathways to enhance retention.



Academic Institutions: Align training programs with practical skills in health economics that are responsive to the needs of governments.



Regional Institutions:
Facilitate collaboration,
share knowledge, and
develop training programs
that are responsive to the
unique needs of the
continent.



Development Partners:
Structure support to build long-term government capacity beyond the short-term approaches currently in place.

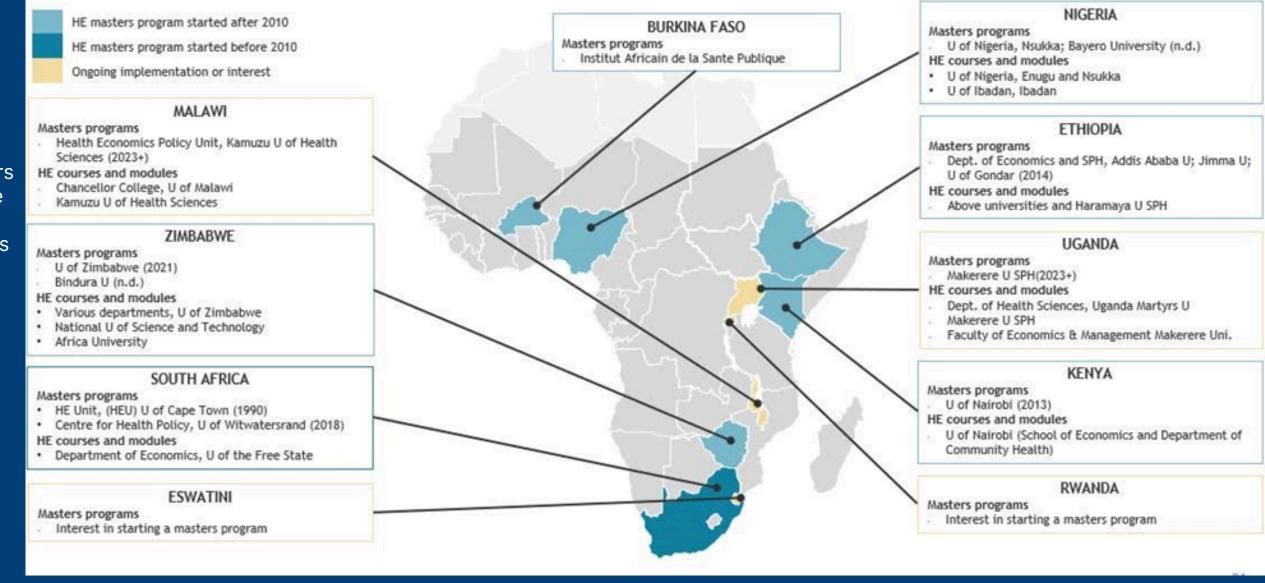
Key Capacity Skills Gaps in Health Financing

The table below is a summary of the key capacity gaps identified during the assessment.

| Skill Category | Skill Area | Impact |
|-----------------------|---|---|
| Operational Skills | Communications & Advocacy | Low capacity to negotiate health financing and influence budget decisions. |
| | Project & Financial Management | Inadequate financial oversight and budget execution at national and subnational levels. |
| | Leadership & Coordination | Poor collaboration between finance and health ministries, leading to inefficient resource allocation. |
| | Negotiation & Budgeting | Limited capacity to justify and negotiate health funding. |
| Technical Skills | Data Analytics & Forecasting | Shortage of professionals skilled in financial forecasting and expenditure tracking. |
| | Health Economics & Policy | Limited application of economic principles in policymaking. |
| | Public Financial Management | Gaps in program-based budgeting, expenditure monitoring, and regulatory compliance. |
| | Actuarial Analysis & Risk Assessment | Lack of expertise in financial risk assessment and sustainable insurance models. |

Sources & Evolution of Health Financing Skills Current Landscape

Most health financing expertise in SSA comes from foreign university programs and a few others in the continent which are sparse and often fail to equip graduates with skills to address the unique needs of African governments. Moreover, governments struggle to hire and retain health financing expertise, leading to reliance on individuals without specialized expertise.



Alternative approaches such as short courses, in-service training, and mentorship programs have emerged but remain fragmented and largely donor driven.

Evolving Training Approaches

Efforts to build health financing capacity have expanded beyond universities to include:



Government-led training programs, such as Burkina Faso's National School of Finance (ENAREF).

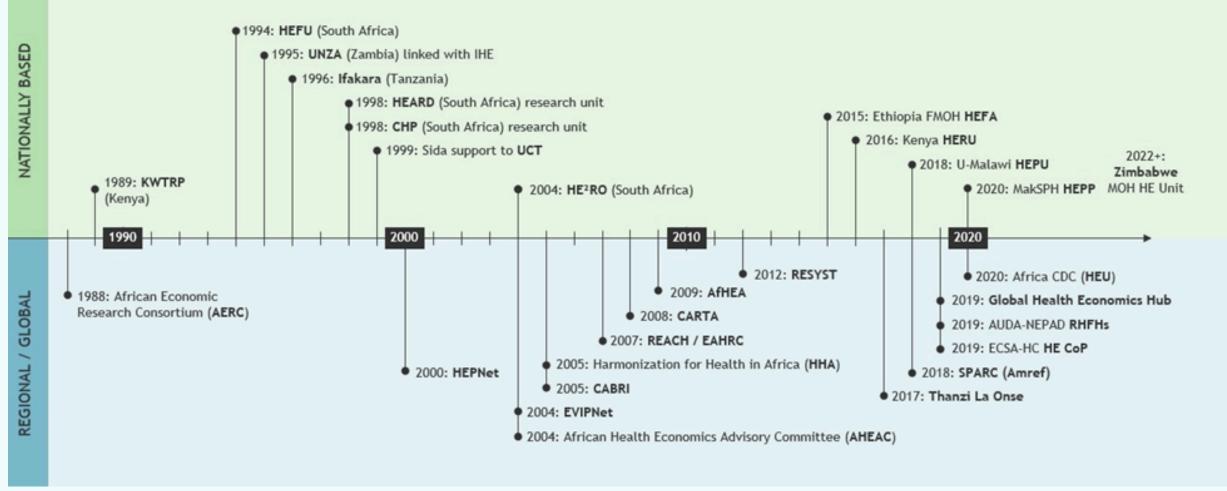


Technical training by development agencies, including the WHO and World Bank.



Policy-oriented research units, such as Kenya's Health Economics Research Unit (HERU) and Malawi's Health Economics and Policy Unit (HEPU).

Stronger regional coordination and investment in Centers of Excellence are needed to build a sustainable pipeline of skilled professionals.



Opportunities & Current Initiatives

Strategic Actions to Strengthen Capacity

Government Training Institutions: Modernizing civil service training institutions like South Africa's National School of Government and Kenya's School of Government to integrate health financing courses.

Internships & Secondments: Expanding programs like South Africa's National Treasury Graduate Development Programme (NTGDP) to provide real-world government experience.

Academic-Government Partnerships: Strengthening collaboration between universities and policymakers to ensure training aligns with national health financing needs.

Scaling Policy Research Units: Expanding institutions like Malawi's HEPU and Kenya's HERU to enhance evidence-based policymaking.

Ongoing Initiatives

AfHEA/ Africa CDC Health Economics Curriculum Development: Delivered through Centers of Excellence, equipping professionals with skills in health system financing and policy development.

Centres of Excellence for Health Economics and Policy: Ongoing efforts to set up centres of excellence for health economics and policy in Ghana and Rwanda.

With a more coordinated approach and investment in long-term capacity building, SSA can develop a robust pipeline of health financing professionals to meet the region's needs.