Global Leaders Network Domestic Resource Mobilisation

Webinar Series Report

GLOBAL LEADERS NETWORK
for Women's, Children's and Adolescents' Health

We support the Sustainable Development Goals

PMNCH for Women's, Children's and Adolescents' Health

Hosted by the World Health Organization

20 YEARS

school of government
Department:
National School of Government
REPUBLIC OF SOUTH AFRICA

EXECUTIVE SUMMARY:

GLOBAL LEADERS NETWORK INAUGURAL WEBINAR ON DOMESTIC RESOURCE MOBILIZATION IN ACTION

Date: Friday, 5 September 2025
Duration: 2 hours
Format: Virtual with live streaming
Attendees: 183 participants, including Ministers of Health and Finance, development partners,CSOs

OVERVIEW

The inaugural webinar of the Global Leaders Network (GLN) "Domestic Resource Mobilization in Action" series marked a pivotal moment in addressing the unprecedented global health financing crisis. With Official Development Assistance (ODA) for health projected to decline by 40% between 2023-2025 (from US$25.19 billion to US$15.07 billion), the webinar established a strategic platform for high-level political dialogue on sustainable health financing solutions, with particular emphasis on protecting investments in women's, children's, and adolescents' health (WCAH).

The session successfully launched a coordinated response to fragmented global health financing initiatives. GLN provides a space for learning on strategies to increase DRM including by leveraging 19 distinct domestic resource mobilization (DRM) mechanisms and other opportunities and promoting synergies between them where possible.

MINISTERIAL SESSION

1. SCALE OF THE FINANCING CRISIS

Mr. Rajat Khosla (Executive Director, PMNCH) presented compelling evidence of the crisis magnitude:

- Devastating Impact on Vulnerable Populations: McKinsey projections indicate funding cuts of 23% for maternal health, 17% for child health, and 34% for family planning
- Long-term Mortality Projections: Evidence points to 1 million additional preventable deaths worldwide by 2030, with over 4.5 million children under five
- Extended Impact (2025-2040): Maternal mortality ratio projected to increase by 25%, child mortality by 23%, and stillbirths by 13%
- Quantified Human Cost: An additional 510,000 maternal deaths, 500,000 deaths from lost family planning services, 7.9 million child deaths, and 1.8 million stillbirths

Khosla emphasized that women, children, and adolescents bear disproportionate burden during funding cuts, with historical evidence showing 6% increase in maternal mortality and 4% increase in child mortality during previous aid reductions.

2. POLITICAL LEADERSHIP AND COMMITMENT

Dr. Pakishe Aaron Motsoaledi (Minister of Health, South Africa) articulated the political imperative:

- Strategic Response Framework: Positioned DRM not as crisis management but as fundamental transformation toward health financing sovereignty
- Cross-sectoral Collaboration: Emphasized that sustainable health financing requires breaking down silos between health, finance, planning, and economic sectors

- African Agency: Called for shifting mindset from aid dependency to investment attraction and domestic resource mobilization
- Concrete Examples: Highlighted South Africa's mobilization of 750 million South African Rand from domestic coffers and successful partnerships with Gates Foundation and Wellcome Trust for research funding

Critical Policy Direction: The Minister framed DRM within the broader context of health justice and positioned political leadership, rather than technical expertise alone, as the driving force behind sustainable health financing.

3. COUNTRY-SPECIFIC INNOVATIONS AND STRATEGIES

Ethiopia - Comprehensive Health System Reform

Dr. Mekdes Daba (Minister of Health, Ethiopia) presented Ethiopia's multi-faceted approach:

- Leadership Structure: Joint Inter-Ministerial Committee facilitating cross-sectoral collaboration for health financing alignment
- Policy Transformation: Complete overhaul of 30-year-old national health policy to address post-COVID realities and ODA reduction
- Insurance Coverage Expansion: Community-based health insurance now covering 63 million population (45% coverage), with plans for universal social health insurance
- Healthcare Delivery Reform: Implementing "one plan, one budget, one report" mechanism aligned with SDG 2030 agenda
- Innovation in Revenue Generation: Introduction of health taxes and digital efficiency measures
- Strategic Partnerships: Development of Ethiopian Health Compact mobilizing government, donor, and community resources for maternal and child health

Ethiopia's approach demonstrates the importance of progressive policy change combined with practical implementation mechanisms and multi-stakeholder engagement.

Malawi - Finance Ministry Perspective

Dr. Grecium Kandio (Director Revenue Policy, Ministry of Finance and Economic Affairs, Malawi) outlined Malawi's systematic approach:

- Strategic Framework: Implementation of Malawi Domestic Revenue Mobilization Strategy (2021-2026) and National Health Financing Strategy (2020-2030)
- Tax System Strengthening: Focus on tax compliance improvement and expanded tax base to generate additional health sector revenues
- Health Tax Innovation: Introduction of health-specific taxes through legislative reform channeling revenues directly to health sector
- Public-Private Partnerships: Strategic collaboration with Ministry of Health to achieve universal health coverage through efficiency-focused partnerships
- Alignment with Development Goals: Integration of health financing priorities within Malawi 2063 vision for upper-middle-income status

Critical Governance Insight: Malawi's experience highlights the essential role of finance ministries in championing health sector priorities within broader economic policy frameworks.

4. CONTINENTAL HEALTH SOVEREIGNTY AGENDA

Dr. Jean Kaseya (Director General, Africa CDC) presented Africa's transformative vision:

- Narrative Transformation: Repositioning health financing as political agenda requiring heads of state and ministerial commitment
- Concrete Implementation: Democratic Republic of Congo's innovative 2% tax on all goods and 2.5% on all salaries (public and private) generating $1.4 billion annually for health sector
- Institutional Capacity Building: Deployment of 10 public finance management specialists across strategic African countries to strengthen health-finance sector coordination
- Local Manufacturing Agenda: Leveraging Africa's 1.4 billion population as market for pharmaceutical and health technology production, transforming health sector from liability to economic assets
- Lusaka Agenda Implementation: Systematic approach to ending fragmented donor programming and ensuring alignment with national health priorities
- Regional Cooperation: Supporting African Union's New Public Health Order through coordinated domestic resource mobilization

Strategic Vision: Dr. Kaseya positioned health financing within Africa's broader economic transformation, emphasizing health sector's potential contribution to job creation, value addition, and economic sovereignty.

TECHNICAL AND OPERATIONAL INSIGHTS

5. Health Expenditure Tracking and Accountability

Dr. Ogochukwu Chukwujekwu (WHO Team Lead, Health Financing and Governance) highlighted critical gaps in monitoring systems:

- Data Availability Crisis: Only limited countries provide consistent data on RMNCAH spending, with substantial gaps in tracking reproductive and maternal health expenditures
- External Funding Dependency: Africa shows 24% average dependence on external health spending, with six countries having 45% or more health spending from external sources
- Transparency Challenges: Insufficient sharing of budget execution data and donor funding flows limiting evidence-based policy making
- Monitoring Framework Potential: National Health Accounts provide comprehensive framework for tracking health spending flows but require strengthened government financial management systems and donor accountability

6. Regional Cooperation and Technical Support

Dr. Tina Chisenga (ECSA-HC Acting Director of Programmes) presented regional support mechanisms:

- Political Accountability Platform: Annual Health Ministers' Conference providing policy guidance and reviewing regional health financing commitments
- Evidence-Based Decision Making: ECSA-HC's health financing model enabling simulation-based policy analysis for resource allocation efficiency
- Best Practices Forum: Regional platform for sharing successful approaches to financing and accountability for child well-being
- Technical Assistance: Health economics and resource allocation support helping member states optimize budget negotiations and value-for-money arguments

7. Country Implementation: Nigeria's Sector-Wide Approach

Dr. Ogbe Oritseweyimi (Nigeria Basic Health Care Provision Fund) shared Nigeria's comprehensive reform model:

- Legal Framework: Basic Health Care Provision Fund allocating 1% of federal revenue specifically for primary health care
- One Health Approach: Sector-wide coordination bringing all stakeholders to single planning and implementation platform
- Efficiency Gains: Estimated $8.4 billion mobilized over two years through coordinated approach, enabling expanded insurance coverage
- Presidential Leadership: Direct mobilization of $200 million to address ODA withdrawal impacts
- Accountability Mechanisms: Digital platforms ensuring transparent spending and results-based financing approaches
- Federal-State Coordination: Alignment of federal resources with state government investments through common planning framework

8. Development Partner Engagement

Vasoontara Yiengprugsawan (Asian Development Bank) outlined innovative financing approaches:

- Policy-Based Lending: Incentivizing government reforms through disbursement tied to policy implementation achievements
- Results-Based Financing: Supporting integrated primary health services with specific focus on maternal and child health outcomes
- Multi-sectoral Integration: Programs addressing malnutrition, stunting, and reproductive health through coordinated facility upgrades and workforce training
- Technical Assistance: Supporting government capacity building while providing flexible financial instruments adapted to country contexts

CRITICAL SUCCESS FACTORS FOR DOMESTIC RESOURCE MOBILIZATION

1. POLITICAL LEADERSHIP AND CROSS-SECTORAL COORDINATION

High-Level Political Championship: The webinar demonstrated that successful domestic resource mobilization requires political champions at the highest levels of government. President Ramaphosa's leadership of the Global Leaders Network exemplifies how heads of state can elevate health financing from a technical issue to a political priority. Similarly, Dr. Kaseya noted that African leaders specifically mandated Africa CDC to lead the health financing agenda, demonstrating continental political commitment.

Inter-Ministerial Integration Beyond Health: Ethiopia's Joint Inter-Ministerial Committee represents a best practice model where health, finance, planning, and education ministries collaborate on health financing decisions. Dr. Mekdes Daba emphasized that this cross-sectoral approach ensures health priorities are embedded in national strategic planning processes, not isolated within health ministry silos.

Finance Ministry Leadership: Malawi's experience, as presented by Dr Kandio, highlights the critical role of finance ministries as champions of health investment. The Malawi Domestic Revenue Mobilization Strategy (2021-2026) demonstrates how finance ministries can proactively design health-specific revenue generation mechanisms while aligning health investments with broader economic development goals.

Presidential and Prime Ministerial Engagement: Nigeria's sector-wide approach succeeded because President Buhari and state governors signed compacts committing to health sector reform implementation. This demonstrates how executive-level commitment creates political accountability that extends beyond health ministries to encompass entire government structures.

2. INSTITUTIONAL MECHANISMS FOR SUSTAINABILITY

Legal Frameworks for Protected Health Financing: Nigeria's Basic Health Care Provision Fund, established by law to allocate 1% of federal revenue specifically for primary health care, exemplifies how legal frameworks can protect health financing from political volatility. Dr. Oritseweyimi emphasized that this legal foundation ensures continuity across electoral cycles and provides predictable funding streams.

Formal Accountability Architecture: ECSA-HC's institutional model demonstrates how formal accountability mechanisms work across political cycles. Dr. Chisenga outlined how Health Ministers' Conferences provide binding resolutions that create ministerial accountability for health financing commitments, while the Directors Joint Consultative Committee ensures technical follow-through on political commitments.

Constitutional and Policy Integration: Ethiopia's approach of embedding health financing within the SDG 2030 implementation framework and constitutional commitment to health access

demonstrates how countries can institutionalize health financing beyond single-ministry mandates. The "one plan, one budget, one report" mechanism creates systemic accountability across government structures.

Digital Accountability Systems: Nigeria's digital platforms for expenditure tracking and results-based financing demonstrate how technology can create transparency and accountability that transcends individual political leaders. These systems enable public oversight and create institutional memory that persists beyond political transitions.

3. INNOVATION IN REVENUE GENERATION

Health-Specific Tax Mechanisms: Democratic Republic of Congo's innovative approach, supported by Africa CDC, implements 2% tax on all goods and 2.5% on all salaries specifically for health sector, generating $1.4 billion annually. This demonstrates how countries can create dedicated health revenue streams beyond traditional budget allocations.

Insurance System Expansion as Revenue Strategy: Ethiopia's social health insurance expansion covering 63 million people (45% of population) with plans for universal coverage represents insurance not just as service delivery mechanism but as domestic resource mobilization strategy. Dr. Mekdes Daba emphasized how insurance pooling creates sustainable financing architecture.

Tax System Strengthening with Health Focus: Malawi's tax reform strategy demonstrates comprehensive approach combining expanded tax base, improved compliance, and health-specific taxes. Mr. Kandio outlined how tax system strengthening generates revenue for overall government function while creating specific mechanisms for health sector investment.

Results-Based Financing Innovation: Nigeria's experience shows how results-based financing can leverage limited resources more effectively. Dr. Oritseweyimi noted that paying for results costs "a fraction of what you need to spend to get that result," demonstrating how innovative financing mechanisms can maximize impact of domestic resources.

Public-Private Partnership Revenue Models: Multiple speakers emphasized PPP approaches not as privatization but as resource mobilization strategy. Ethiopia and Malawi specifically outlined how strategic private sector engagement can expand available resources while maintaining government stewardship of health systems.

4. REGIONAL COOPERATION AND LEARNING

Sub-Regional Technical Support Platforms: ECSA-HC's health financing model and simulation tools provide evidence-based policy analysis that individual countries might lack capacity to develop independently. Dr. Chisenga demonstrated how regional platforms can provide technical expertise that strengthens national policy making.

Continental Coordination Mechanisms: Africa CDC's deployment of 10 public finance management specialists across strategic African countries represents systematic approach to building health-finance coordination capacity across the continent. Dr. Kaseya emphasized how this creates shared expertise that benefits all participating countries.

Peer Learning and Accountability Networks: The Global Leaders Network's peer-to-peer model, as described by Mr. Khosla, creates horizontal accountability where countries learn from each other's successes and challenges. This peer pressure and support system strengthens individual country efforts through shared commitment and mutual accountability.

Regional Manufacturing and Procurement Coordination: Africa CDC's local manufacturing agenda demonstrates how regional cooperation can create economies of scale for health commodity production, reducing foreign exchange outflows and creating domestic value-added production. This transforms health sector from economic liability to economic opportunity.

Harmonized Donor Coordination: The Lusaka Agenda implementation, as emphasized by Dr. Kaseya, requires regional coordination to ensure donor programs align with national priorities rather than creating parallel systems. Regional platforms provide collective negotiating power with development partners.

5. STRATEGIC USE OF EXTERNAL RESOURCES

Catalytic Financing Rather Than Replacement: Ethiopia's health compacts demonstrate how external resources can be structured to match government commitments rather than replace them. Dr. Mekdes Daba outlined how government matching funds for maternal and child health commodities creates multiplier effects while ensuring national ownership.

Capacity Building Investment: Asia Development Bank's technical assistance approach, as presented by Dr. Yiengprugsawan, shows how development partners can invest in government capacity to mobilize domestic resources rather than simply providing direct service funding. Policy-based lending incentivizes government reforms that strengthen domestic resource mobilization capacity.

Co-Financing Models: Nigeria's experience with World Bank results-based financing demonstrates how external funding can be structured to reward domestic resource mobilization achievements. Dr. Oritseweyimi emphasized how $200 million presidential mobilization in response to aid cuts demonstrates how external support can build rather than undermine domestic capacity.

Knowledge Transfer and Innovation: Regional and global platforms serve as mechanisms for transferring innovative financing approaches across countries. The webinar series itself represents strategic use of external coordination support to facilitate domestic innovation and learning.

Transition Planning: All speakers emphasized importance of external support being designed with explicit transition timelines and capacity building objectives. Rather than creating dependency, external resources should build domestic capacity for eventual self-reliance in health financing.

6. CROSS-CUTTING IMPLEMENTATION INSIGHTS

Sequential Implementation Strategy: Successful countries demonstrate phased approaches starting with legal frameworks, building institutional capacity, implementing pilot programs, and scaling successful models. This sequential approach allows for learning and adjustment while maintaining political momentum.

Data-Driven Decision Making: WHO's National Health Accounts framework and ECSA-HC's modeling tools demonstrate importance of evidence-based policy making in domestic resource mobilization. Countries need robust data systems to track progress, identify gaps, and make compelling cases for increased investment.

Communication and Advocacy Strategy

Media engagement and **civil society involvement** emerged as critical success factors. Dr. Okereke emphasized media's role as "fourth arm of government" in creating public accountability for health financing commitments.

The ODA reduction crisis, while challenging, creates opportunity for countries to build more sustainable financing systems. Dr. Kaseya noted that if African countries had been prepared, ODA reductions could be "seen as a major blessing" by accelerating domestic resource mobilization innovation.

These expanded success factors demonstrate that domestic resource mobilization requires comprehensive, multi-faceted approaches that combine political commitment, institutional innovation, technical capacity, regional cooperation, and strategic external partnership. The webinar evidence shows that countries achieving success in DRM implement multiple strategies simultaneously rather than relying on single interventions.

PROPOSED STRATEGIC ACTIONS

Priority Area	Specific Actions	Lead Stakeholders
Political Commitment	Establish formal inter-ministerial committees for health financing in all GLN countries	Health and Finance Ministries
Policy Frameworks	Develop/update national health financing strategies aligned with DRM principles	National governments with technical support
Revenue Innovation	Implement health-specific taxes and expand insurance coverage	Finance Ministries with WHO/World Bank support
Regional Coordination	Strengthen sub-regional health financing platforms and peer learning mechanisms	Regional Economic Communities
Monitoring Systems	Establish transparent health expenditure tracking and public reporting	Health Ministries with WHO technical assistance
Private Sector Engagement	Create formal platforms for private sector participation in health financing dialogue	National governments with development partners
Capacity Building	Deploy public finance specialists to strengthen health-finance sector coordination	Africa CDC, WHO, regional partners
Initiative Harmonization	Coordinate 19 identified DRM initiatives to reduce fragmentation and maximize impact	GLN Secretariat with PMNCH