Making the case for health: prioritizing health in public budgets
The road to UHC is a long one

Access to services

Financial protection

Note: Impoverishment estimates are based on 297 nationally representative household consumption expenditure surveys. A household is counted as impoverished due to OOP if its aggregate consumption gross of OOP is above the poverty line, and its aggregate consumption net of OOP is below the poverty line.

Source: 2015 WHO-WB UHC Monitoring Report

Source: Preliminary work for 2016 WHO-WB UHC Monitoring Report
The economy (GDP)

How large is the economy, how fast is it growing, and how stable and broad-based is the growth?

Government revenue as a share of GDP

How effectively does the government translate economic growth into revenue?

Government spending on health

What share of the government budget is allocated to health?

Sustained commitment to prioritizing health in the budget is needed
Across regions, the priority given to health varies...
Regional averages obscure cross-country variation

Source: World Bank WDI 2015
As incomes grow, the share of spending on health increases

2001 Abuja Declaration:
15%

Average:
LICs: 10.8% of GGE
LMICs: 10.3% of GGE

Source: World Development Indicators database
Why do countries allocate more/less to health?

- Are other sectors genuinely more productive?
- Could it reflect constraints and rigidities in the budgeting process?
- Does it reflect failure to make a convincing case for health?
  - Realistic, costed plans?
  - Good budget execution and proper accounting for use of funds (PFM)?
  - Can MOH demonstrate that results that have been achieved?
- Or, is it just “politics”?
Introducing countries represented by our panel

Source: World Development Indicators database
Note: x-axes logged

Source: NHA-2014