



Africa Health Financing Initiative

CONCEPT NOTE

Investing in Africa's Health

High-Level Forum on Sustainable Health Financing

United Nations Economic Commission for Africa (UNECA)

Formal Project Launch · Political Acceleration · Resource Mobilization

Idou Malabata Hotel, Tangier, Morocco. 1 April 2026



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1. Background and Strategic Context

Africa's health financing model remains structurally fragile. Governments finance less than 41 per cent of total health expenditure on average, while out-of-pocket payments push over 150 million people into poverty annually. Rising debt distress and declining concessional flows are further compressing already limited fiscal space.

This configuration is unsustainable against the backdrop of demographic expansion, epidemiological transition, and climate vulnerability. Health financing must be repositioned from a residual social expenditure into a macroeconomic stabilization and growth instrument, embedded in fiscal frameworks, public financial management systems, and regional integration strategies.

ECA's initiative – "Transforming Health Financing in Africa" – proposes a systemic architecture built on seven interlinked outcomes combining fiscal embedding, innovative instruments, digital governance, primary health care modernization, regional

public goods, institutional capacity, and narrative transformation across 25 countries over 5 years (2026–2030).

The High-Level Forum is conceived not as a technical symposium but as a catalytic political platform and the formal launch of the ECA initiative. It is designed to:

- Formally launch the initiative and secure anchor commitments from early-adopter partners.
- Align Ministries of Finance and Health around a shared macroeconomic framing of health investment.
- Engage development banks, bilateral donors, institutional investors, and health partners on structured financing pathways.
- Advance regional integration through the AfCFTA as a health financing multiplier.
- Initiate a concrete resource mobilization process toward the project's US\$100 million financing requirement.



2. Stakeholder Architecture

The event's impact will depend as much on participation as on substance. Seven stakeholder categories are strategically convened, each with a distinct and non-substitutable role – contributing directly to session outcomes, financing commitments, and institutional deliverables rather than serving as passive observers.

Category	Key Institutions	Strategic Role
African Governments	Ministers of Finance, Health & Planning	Country ownership; early-adopter commitment; political leadership
Continental Institutions	AU Commission, Africa CDC, AfCFTA Secretariat, AMA, AUDA-NEPAD, RECs	Continental mandate; policy coherence; regulatory architecture
Multilateral Finance	AfDB, World Bank Group, IMF, EU/EIB, Afreximbank, AAMFI, TDB, AFC, GFATM, GCF	Investment anchoring; blended finance structuring; de-risking
Multilateral and UN Partners	EU, OIF, WHO, UNICEF, UNDP	Normative leadership, technical expertise, convening power, and support to policy design and implementation
Bilateral Partners	Belgium, China, France/AFD, Belgium, Germany/KfW/GIZ, India, Spain, Sweden/SIDA, UKFDCO, Gates Foundation	Grant & concessional financing; co-funding; technical assistance
Philanthropic Organizations	The Susan Thompson Buffett Foundation, the Gates Foundation, the Bloomberg Foundation, the Open Society Foundation, the Rockefeller Foundation, the Mastercard Foundation	Catalytic and innovation financing, and support to pilot programmes, research, and scaling of high-impact health financing solutions.
Private Sector	Pan-African insurers, pharma manufacturers, pension and Sovereign Wealth Funds, Health tech platforms	Commercial investment; insurance portability; pharma sovereignty
Civil Society & Academia	UHC advocates, women's health orgs, youth platforms, African universities	Accountability; equity lens; narrative legitimacy
Media & Parliament	Economic journalists, Parliamentary Budget Committees, Pan-African Parliament	Narrative shift; budget protection; legislative accountability

3. Structure of Sessions

OPENING SEGMENT · 45 minutes

Health as Sovereign Investment: The Macroeconomic Imperative

Formal project launch · Open plenary

The opening segment carries three simultaneous responsibilities: establishing the intellectual framing for the day, formally launching the project, and generating the first media moment. A keynote dialogue models the political alignment the rest of the day is designed to achieve. The opening closes with the formal project launch – including first entries in the Financing Commitment Register and the simultaneous unveiling of the #InvestInHealthAfrica campaign.

EXPECTED OUTCOMES

- Political recognition of health as a macro-fiscal priority.
- Positioning of the initiative as a continental reform platform with named early partners.
- First entries in the Financing Commitment Register.
- Live social media activation of #InvestInHealthAfrica.

SESSION I

From Fiscal Strategy to Innovative Financing

The analytical and resource mobilization core of the event

This session is structured in three parts. The central argument is that innovative financing instruments are only viable when grounded in credible, costed, and fiscally embedded national strategies. Without integration into macroeconomic frameworks and public financial management systems, instruments such as debt-for-health swaps or ESG-linked bonds risk becoming isolated transactions rather than structural solutions.

- Part A – The Fiscal Backbone explores the structural reforms required to embed health within macro-fiscal frameworks: MTEF integration, PFM efficiency, fiscal space modelling, and gender-responsive budget design.
- Part B – Structuring Innovative Instruments examines practical mechanisms for mobilizing additional capital, including debt-for-health swaps, solidarity levies, diaspora and ESG-linked bonds, blended finance vehicles, and African institutional investor participation. The objective is to move beyond conceptual endorsement toward instruments pilotable within 12–18 months.
- The Ministerial–Investor Dialogue closes the session: a moderated exchange testing political feasibility and financing appetite for specific instruments in specific country contexts, producing the first shortlist of early-adopter countries.

EXPECTED OUTCOMES

- Agreement that fiscal embedding precedes innovative instrument deployment.
- Public identification of 4–6 reform-ready countries.
- Structured financing interest from at least 3 institutions entered in the Commitment Register.
- Shortlist of 3–5 countries for immediate pilot engagement.
- Agreement on an immediate technical follow-up mechanism.

MINISTERIAL ROUNDTABLE LUNCH

Confidential Strategic Alignment

Closed session – Ministers and selected institutional partners only

This session is designed as a strategic negotiation space, not a structured discussion. The closed format gives Ministers the political safety to discuss domestic constraints, red lines, and reform sequencing candidly – the kind of exchange that is not possible in a plenary setting where institutional positions harden in public. This is where the early-adopter coalition is actually formed, as distinct from merely discussed.

Simultaneously, pre-scheduled bilateral matching sessions run alongside the Ministerial Roundtable, enabling ECA to conduct focused 20-minute meetings with potential donor governments and financing institutions. Commitments are entered directly into the Financing Commitment Register.

EXPECTED OUTCOMES

- Identification and confirmation of 3–5 early-adopter countries.
- Formal agreement to establish the Health Financing Technical Task Force with named chair and first meeting within 60 days.
- Agreement on the text of the Closing Declaration.
- Clarity on which reform instruments each early-adopter country will prioritize.
- Bilateral financing expressions of interest captured from priority donor partners.



SESSION II

The Intelligence Layer: Digital Governance and PHC Modernization

Governance tools as investor confidence mechanisms

Reforming financing mechanisms without simultaneously strengthening governance systems exposes countries to fiscal and political risk. New resources – whether mobilized through debt swaps, taxes, or blended finance – must be managed within credible, transparent, and performance-oriented frameworks. Digital governance tools are therefore not technical add-ons; they are safeguards that protect the integrity, sustainability, and political legitimacy of health financing reform, and a prerequisite for investor confidence.

The session can include a live demonstration: a working fiscal-health simulator showing real budget data, health expenditure tracking, and equity gap visualization. Ministers react live – making the case for digital governance more powerful than any sequential presentation. The audience sees evidence-based decision-making in action.

EXPECTED OUTCOMES

- Political endorsement of digital fiscal-health simulators by at least 3 Ministers.
- Agreement to pilot digital governance tools in early-adopter countries.
- Recognition that governance reform is inseparable from financing reform.

SESSION III

Regional Scaling through the AfCFTA*From national reform to continental public good*

National health financing reforms achieve durability and scale when embedded within regional economic frameworks. The AfCFTA provides a structural platform to transform health financing from a purely domestic reform agenda into a continental public good – expanding market size, harmonizing regulatory standards, reducing unit costs, strengthening pharmaceutical manufacturing, improving risk pooling, and enabling portable insurance schemes.

This session positions health financing reform within AfCFTA architecture and ends with the most important institutional deliverable of the entire event: the formal co-announcement of the Continental Health Financing Steering Group, with signed Terms of Reference and a confirmed first meeting date within 90 days.

EXPECTED OUTCOMES

- Formal launch of the Continental Health Financing Steering Group with signed Terms of Reference.
- Political support for AfCFTA-aligned health financing instruments.
- Private sector investment signals from pharmaceutical manufacturers and insurers.
- Momentum toward pooled procurement and cross-border insurance frameworks.





SESSION IV

Changing the Narrative: Health as Investment, Not Expenditure

Campaign launch · Narrative Charter · Parliamentary commitments

Technical reforms in health financing cannot be sustained without a corresponding shift in political and public discourse. When health is treated primarily as expenditure, it becomes vulnerable during fiscal consolidation. When recognized as an investment in human capital, labor productivity, and macroeconomic stability, it gains structural protection within economic planning frameworks.

This session formally launches the #InvestInHealthAfrica campaign and the Health Financing Narrative Charter, securing ministerial commitments to integrate investment framing into upcoming budget cycles, and parliamentary commitments to protect health budgets across electoral cycles.

EXPECTED OUTCOMES

- Formal launch of the #InvestInHealthAfrica campaign with live social media activation.
- Political endorsement of the Narrative Charter by attending Ministers.
- Participating countries commit to integrating investment framing in upcoming budget cycles (target: 5+ countries).
- Parliamentary commitments to protect health budgets in MTEF processes.
- Agreement to establish a continental communications network aligned with reform efforts.

CLOSING SEGMENT · 45 minutes

From Dialogue to Implementation: Commitments and Next Steps

Converting a day's political dialogue into datable, assignable commitments

The closing segment is the most consequential 45 minutes of the day and must not be treated as ceremonial. Every commitment announced here is attributed to a named institution or country. The segment moves through seven sequential outputs:

- **Reading of the Financing Commitment Register** (all financing expressions of interest recorded throughout the day).
- **Formal announcement of the Early-Adopter Coalition** (3–5 countries named publicly by their Ministers).
- **Confirmation of the Health Financing Technical Task Force** (chair named, first meeting date announced within 60 days).
- **Confirmation of the Continental Health Financing Steering Group** (ToR signing moment if not completed in Session III).
- **Adoption of the Closing Statement** (signed or publicly endorsed by attending Ministers).
- **Launch of the bilateral follow-up calendar** (30-day schedule of bilateral meetings with each early-adopter).
- **Handover to Press Conference** (open to media immediately after closing).

The Closing Statement is a single page with no more than five concrete, time-bound commitments. It is drafted before the event, agreed during the Ministerial Roundtable, and presented at closing as a pre-agreed text.



4. Digital and Media Strategy

The #InvestInHealthAfrica campaign is a core project outcome, not a communications afterthought. The event functions simultaneously as a political platform and a media production, generating content that reaches far beyond participants in the room. The strategy operates across three phases.

Before the event: progressive announcements of confirmed speakers and participating countries build anticipation; bilateral briefings with key journalists establish media relationships; a pre-event data brief in visual, shareable format establishes the hashtag in policy circles.

During the event: live-streaming with multilingual access, a real-time social media wall, 60-second highlight clips at each session break, and a dedicated media area for bilateral interviews. Pre-drafted social media content is provided to participating Ministers and institutional heads to maximize reach.

After the event: a 10-page event report published within two weeks; the Closing Statement transmitted to AU Heads of State; the Financing Commitment Register summary shared with all participants; and the #InvestInHealthAfrica campaign hub going live within 48 hours, hosting the dashboard, Narrative Charter, Declaration, and a call for countries to join the communications network.



*AI-generated mock-ups

5. Resource Mobilization Architecture

The event functions simultaneously as a political platform and a financing mobilization mechanism. Three embedded structures convert political enthusiasm into financial architecture throughout the day.



Financing Commitment Register	Maintained in real time throughout the day. Institutions register expressions of financial interest by category: grant financing, concessional lending, blended finance, technical assistance, and debt conversion. Announced publicly at the Closing Segment and followed up within 30 days.
Pre-Scheduled Bilateral Matching Sessions	20-minute pre-scheduled meetings between ECA and priority donor governments and financing institutions, running alongside the Ministerial Roundtable Lunch. Each bilateral is supported by a tailored one-page brief mapped to the funder’s institutional priorities. Commitments are entered directly into the Register.
Investor Information Package	A concise investment prospectus distributed to all participants at registration, containing project summary, seven outcomes, budget breakdown, co-financing opportunities, and early-adopter country profiles. Available in English and French.



6. Expected Strategic Outcomes

The event is designed to produce seven structured outcomes, each paired with an accountability mechanism to ensure that commitments made on the day translate into action within defined timeframes.

#	Outcome	Accountability Mechanism
1	Formal project launch with named early partners and initial financing signals	Commitment Register + press announcement at Opening
2	Early-adopter coalition of 3–5 countries with concrete next steps	Closing Statement + 30-day bilateral follow-up calendar
3	Health Financing Technical Task Force established with named chair; first meeting within 60 days	Terms of Reference signed at Ministerial Roundtable
4	Continental Health Financing Steering Group launched with signed ToR; first meeting within 90 days	Co-announcement by ECA and AfCFTA at Session III
5	Structured financing interest from multilateral, bilateral, and private sector partners	Financing Commitment Register closed and summarized at Closing
6	Political endorsement of digital fiscal-health governance tools in early-adopter countries	Ministerial statements + pilot country agreements at Session II
7	#InvestInHealthAfrica campaign launched with Narrative Charter and country commitments	Campaign metrics + Charter endorsements at Session IV



7. Conclusion

This Forum is conceived as a political accelerator and a resource mobilization platform – not a technical forum. By aligning fiscal strategy, innovative finance, digital governance, regional integration, civil society accountability, and narrative transformation, it seeks to lay the foundation for a durable shift in Africa’s health financing paradigm.

Four features distinguish it from previous high-level health financing dialogues:

- Sessions produce concrete, named commitments rather than generic expressions of intent.
- Resource mobilization architecture – the Financing Commitment Register, investor prospectus, and bilateral matching sessions – runs throughout the day, ensuring that political enthusiasm is immediately convertible into financial interest.
- Stakeholder architecture is designed for accountability as well as aspiration: civil society, parliamentarians, and youth are actors with specific roles, not guests.
- Digital and media strategy ensures the event reaches far beyond participants in the room, launching a continent-wide campaign that sustains momentum between this Forum and the first ministerial follow-up.

The Forum does not end with a promise to meet again. It ends with a named Technical Task Force, a signed Continental Steering Group, an announced early-adopter coalition, a live campaign, and a press conference. That is the standard against which success should be measured.





**Invest in
Health Africa -
Building
Sovereign,
Resilient and
Sustainable
Systems**

