

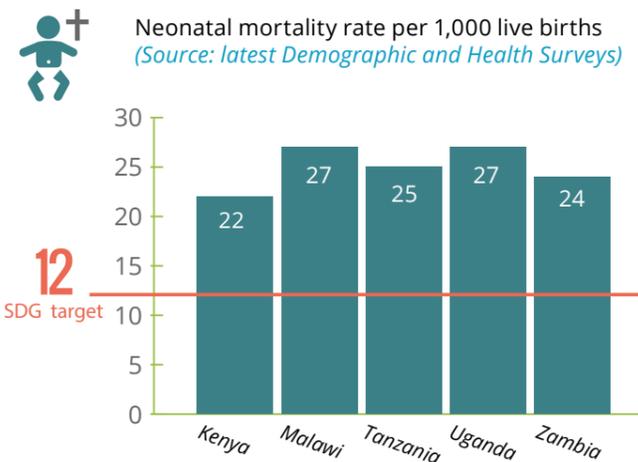
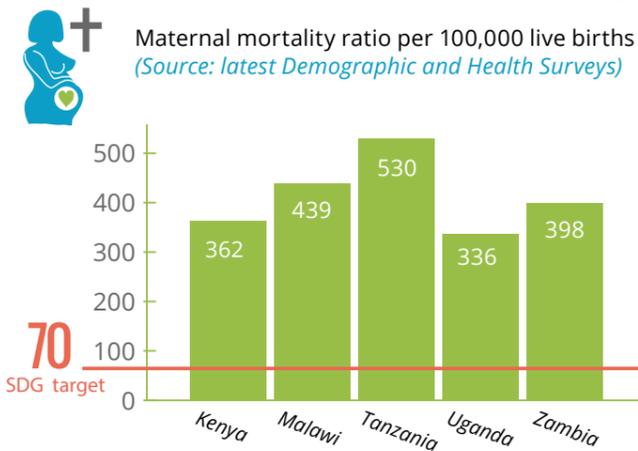
# FINANCING FOR HEALTH (SDG3) SHARED GLOBAL RESPONSIBILITY

## AN ANALYSIS OF FIVE AFRICAN COUNTRIES



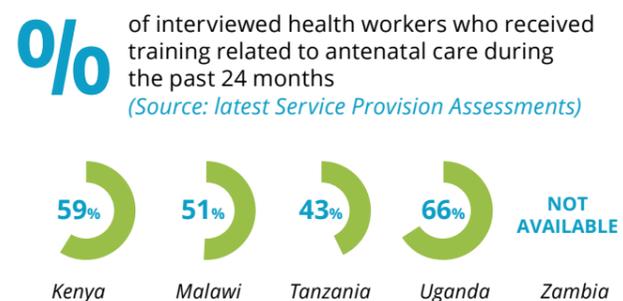
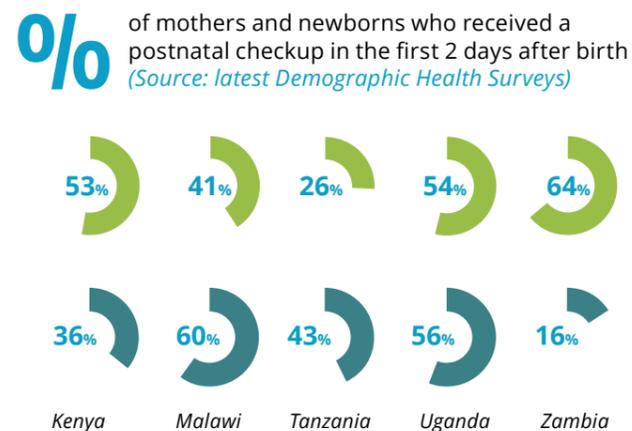
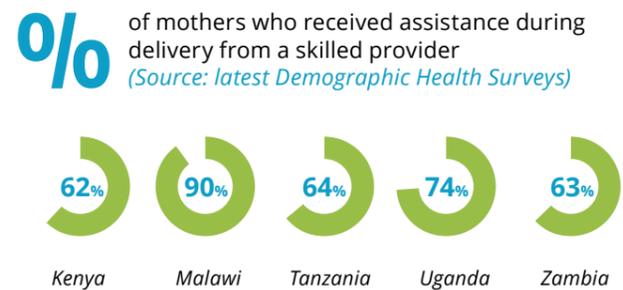
### MATERNAL AND NEO-NATAL DEATHS

The vast majority of all maternal and neo-natal deaths occur in low- and middle-income countries (LMIC). Universal access to good-quality sexual and reproductive health services are part of the health-related sustainable development goals (SDG3).



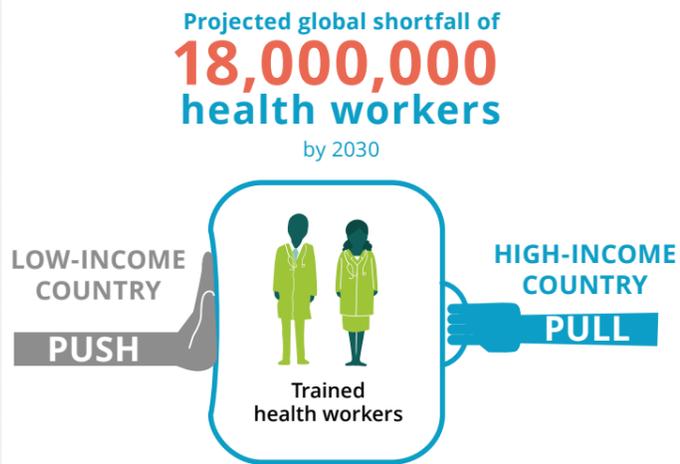
### MOST CAUSES ARE PREVENTABLE

Most of these deaths are caused by low quality of perinatal care, both routine and emergency care. Unnecessary deaths can be prevented by having more and better trained health workers with better working conditions and sufficient commodities. Only then can they provide quality care to all mothers and their babies.

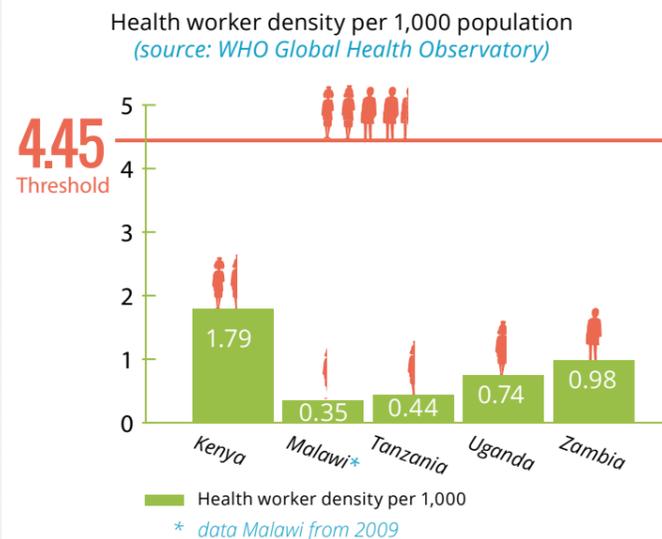


### THE GLOBAL HEALTH WORKFORCE IS IN CRISIS

The world is facing a global health workforce crisis, particularly in LMIC. In order to reach the SDG targets, all countries need a sustainable, well planned health workforce. Health workers need decent working conditions and need to be evenly distributed geographically.



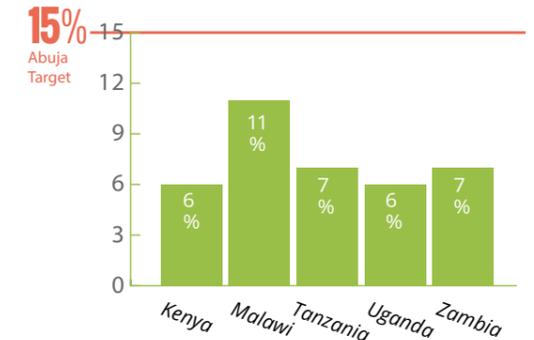
There should be **ENOUGH** and a **RIGHT MIX** of health workers to care for a country's population



### SUSTAINABLE HEALTH FINANCING NEEDED

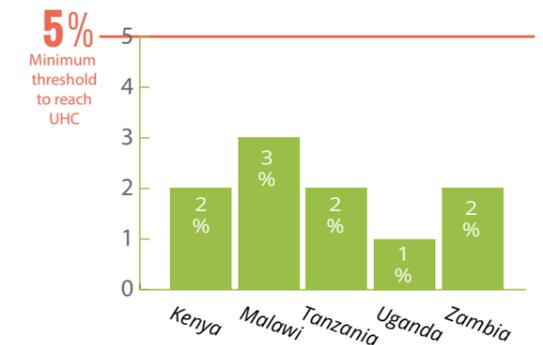
In most LMIC domestic resources are insufficient to fund a well-functioning health system. The international community has committed to the SDG and Universal Health Coverage (UHC) targets. These can be reached with joint financing from domestic resources and international funding.

Domestic General Government Health Expenditure as % of General Government Expenditure  
(Source: Global Health Expenditure Database)

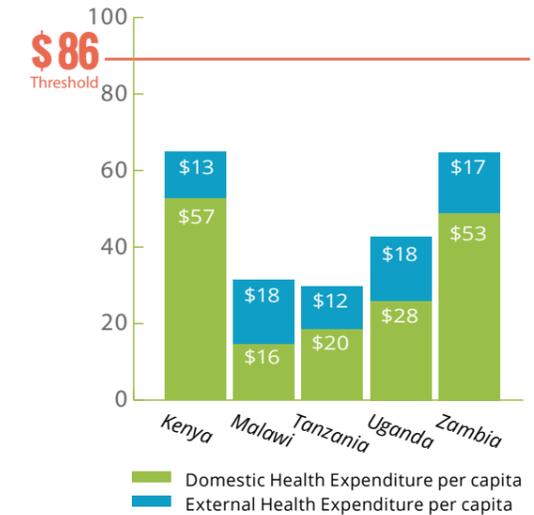


**PROPOSED TWIN TARGETS TO REACH UHC**  
by McIntyre, Meheus and Rottingen (2017)

Domestic General Government Health Expenditure as % of Gross Domestic Product



Total expenditure per capita per year (by source in USD)



(Source: Global Health Expenditure Database)



This document is part of Wemos' contribution to the Health Systems Advocacy Partnership, financed by the Dutch Ministry of Foreign Affairs.

All data accessed in May 2018