Health systems, Africa

After the aid cuts, which African health systems lean most on outside money?

In 22 of 54 African countries, outside money paid for more health care in 2023 than the government's own budget did. Only South Africa met the Abuja target of 15% on WHO's strict measure, which counts only governments' own resources.

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In short

- Only one of 54 African Union member states with data, South Africa (16.9%), met the Abuja target of 15% in 2023 on WHO's strict measure: health spending from domestic resources as a share of government spending. Forty-five spent under 10%; Nigeria spent 3.9%.
- In 22 of 54 countries, external sources paid for more of current health spending than the government's own budget. Outside money paid for 65.5% of all health spending in Malawi and 62.3% in South Sudan.
- Bilateral aid from donor countries to sub-Saharan Africa fell 26.3% in 2025 and is projected to fall a further 11.6% in 2026. Replacing all outside health money from their own budgets would require health to take about 20% of government spending in Malawi, 33% in South Sudan and 38% in Somalia (our calculation).

The evidence

Each figure carries its source, its date and a label for how much weight it can bear. Open 'How we know this' for the method.

Record or count 2023

1 of 54

African Union member states met the Abuja 15% target on WHO's domestic-resources measure: South Africa, at 16.9%. Namibia (14.99%) and Botswana (14.6%) came closest.

WHO Global Health Expenditure Database, December 2025 update

How we know this

The measure is domestic general government health spending (from the government's own revenue and social insurance) as a share of all general government spending. It excludes donor money, even when it passes through the government budget. The Sahrawi Republic has no data.

Record or count 2023

22 of 54

countries where outside money paid for more health care than the government's own budget. In South Sudan it was 14 times larger; in Malawi, 5 times.

Probatio Africa count from the WHO Global Health Expenditure Database

How we know this

Countries where external sources' share of current health spending exceeds the domestic government share. Comparing spending per person gives the same list. Cameroon is counted, by a margin of about 0.01 percentage points (14.706% against 14.694%).

✓ Record or count

2025

26.3%

fall in donor countries' bilateral aid to sub-Saharan Africa in 2025, to US$24.5 billion. A further 11.6% fall is projected for 2026.

OECD, preliminary 2025 aid data (April 2026) and 2026 projections

How we know this

Bilateral official development assistance from members of the OECD Development Assistance Committee, preliminary data. Total aid fell 23.1% in real terms in 2025, the largest annual drop on record.

Modelled or projected

Scenario on 2023 data

38%

of all government spending would have to go to health in Somalia to replace outside health money from its own budget. South Sudan: 33%. Malawi: 20%.

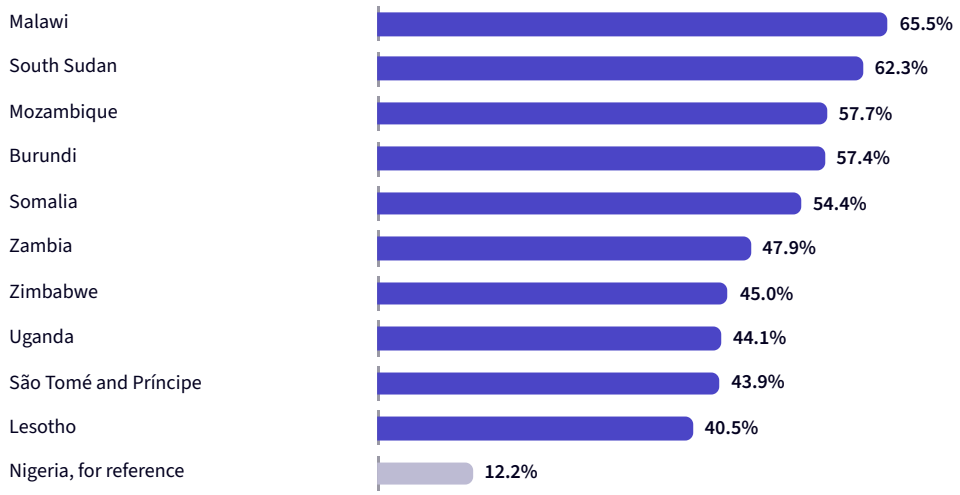
Probatio Africa calculation from the WHO Global Health Expenditure Database

How we know this

Required share = the Abuja indicator × (1 + external spending per person ÷ domestic government spending per person), holding total government spending constant. Assumes one-for-one replacement, which no budget can make overnight.

The ten African health systems most dependent on outside money

External sources as a share of current health spending, 2023



External sources include direct foreign transfers and foreign money distributed by government. Data for 2023, before the 2025 cuts in aid.

Sources: 1.

What the data show

WHO's Global Health Expenditure Database, updated in December 2025, now covers 2023 for 54 of the 55 African Union member states[1]. On its strict measure of the Abuja target, health spending from a government's own revenue and social insurance as a share of all government spending, only South Africa (16.9%) reached the 15% that African leaders pledged in 2001[1,2]. Namibia (14.99%) and Botswana (14.6%) came close. Forty-five countries spent under 10% and 17 under 5%, Nigeria among them at 3.9%. The median was 6.0%[1].

Outside money is concentrated in a few systems. In ten countries it paid for 40% or more of current health spending, led by Malawi (65.5%), South Sudan (62.3%), Mozambique (57.7%), Burundi (57.4%) and Somalia (54.4%)[1]. In 22 countries it exceeded what the government spent from its own budget: by 14 times in South Sudan, 5 times in Malawi and about 4 times in Burundi and Somalia. Nigeria depends less on outside money, which paid for 12.2% of its health spending, but its government's own contribution is small: outside money equalled 87% of it[1].

These figures describe 2023, before the cuts. In 2025 official development assistance fell 23.1% in real terms, which the OECD calls the largest annual drop in its history, and donor countries' bilateral aid to sub-Saharan Africa fell 26.3%, to US$24.5 billion[3]. The OECD projects a further 11.6% fall in bilateral aid to sub-Saharan Africa in 2026[5]. IHME's preliminary estimates, published in July 2025, put the fall in development

assistance for health between 2024 and 2025 at 21%, and 25% in sub-Saharan Africa, and projected that Malawi would lose 17% of its total health spending in 2025[4].

If governments replaced every dollar of outside health money from their own budgets, holding total government spending constant, health would need to take about 38% of government spending in Somalia, 33% in South Sudan, 32% in the Central African Republic, 23% in Burundi, 22% in Lesotho and Mozambique and 20% in Malawi. No African government spent more than 17% from its own resources in 2023[1].

Where sources disagree

Africa CDC said in April 2025 that Rwanda, Botswana and Cabo Verde had 'consistently met or exceeded' the 15% target[6]. WHO's database puts them at 8.9%, 14.6% and 13.8% for 2023[1]. The likely reason is the measure: WHO's indicator excludes donor money passed through government budgets, which is large in Rwanda, where 37% of health spending is external. Budget allocations also differ from what is spent, and the years compared differ. Any Abuja figure should name its measure.

Our health sector page shows that 4.3% of Nigeria's 2025 federal budget was allocated to health. WHO's 3.9% is health spending by all tiers of government from domestic sources, as a share of all government spending, in 2023. They measure different things and do not conflict.

On the size of the aid fall, Africa CDC cites a 70% decline in official development assistance from 2021 to 2025 without stating its basis[6]. IHME's preliminary figures imply a 51% fall in development assistance for health from its 2021 peak of US$80.3 billion to US$39.1 billion in 2025[4]. The OECD's 23.1% covers all sectors, in 2025 alone[3].

What this means for decisions

- The Abuja figure depends on the measure. On WHO's domestic-only basis the gap is wider than often presented; budget documents that include donor money show higher shares.
- The systems with the largest external shares are where cuts bite first. In Malawi and South Sudan, a 25% fall in outside money would require government health spending to more than double to hold total spending level (our calculation).
- One-for-one replacement would need health shares beyond anything an African government spent from its own resources in 2023. How long a transition can realistically take, and which services need a guaranteed floor, are the practical questions.
- The database runs two years behind. Tracking the effect of the cuts as they happen needs faster sources: budget execution reports, facility data and the supply pipelines for medicines and commodities.

Method

- Data: WHO Global Health Expenditure Database, data year 2023 (December 2025 update), read through the WHO Global Health Observatory for all 54 African Union member states with data: indicators for external spending as a share of current health spending, domestic government spending as a share of current health spending and of government spending, and spending per person in US dollars.
- Dependence count: a country is counted when the external share of current health spending exceeds the domestic government share.
- Replacement scenario: required share = domestic government health spending as a share of government spending × (1 + external spending per person ÷ domestic government spending per person). For Malawi: 3.29% × (1 + 27.03 ÷ 5.29) = 20.1%.
- Cut scenario: the rise in government health spending needed to offset a 25% fall in external money = 0.25 × external ÷ domestic government spending per person. Malawi: +128%; South Sudan: +361%.

Limitations

- The latest data year is 2023, before the 2025 cuts. The brief sets a baseline; it cannot show what has happened since.
- External spending recorded in national health accounts is not the same as donors' reported disbursements, so WHO and IHME figures cannot be added or subtracted.
- Some values need care: Nigeria's Abuja indicator is identical for 2022 and 2023, which suggests a carried-forward estimate, and Mali's external share fell from 35.0% in 2018 to between 3% and 8% from 2020 onwards (6.0% in 2023), a break that suggests a change in coverage or method.

- Figures per person are in current US dollars and move with exchange rates; the shares in this brief do not.

Sources

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6. Africa CDC (April 2025). **Africa's Health Financing in a New Era**.
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