2025

Expanded Health Economics Community of Practice

WORKSHOP MEETING REPORT

1 – 3 DECEMBER 2025 | KIGALI, RWANDA

EAST, CENTRAL AND SOUTHERN AFRICA HEALTH COMMUNITY
Fostering Regional cooperation for Better Health

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THANZI

West African Health Organization
Promoting better health through regional integration

Introduction and context

The 2025 meeting of the Health Economics Community of Practice (HE-COP) was convened in Rwanda to address the critical and shifting landscape of health financing across Africa and begin discussions regarding the future and sustainability of the HE-COP.

Originally established by the East, Central & Southern Africa Health Community (ECSA-HC) in partnership with the University of York as part of the *Thanzi Programme*, the HE-COP was designed to strengthen the interaction between academic health economists and policy-makers. While the group began with the nine member states of ECSA-HC, this year's gathering marked a significant move toward inclusivity, welcoming new members from the East African Community (EAC) - Rwanda, Somalia, and South Sudan - as well as Namibia from Southern Africa. A delegation from the West African Health Organisation (WAHO) was also present, introducing the prospect of establishing a sister organisation in West Africa to facilitate cross-regional learning.

Image 1 HE-COP Attendees 1-3 December 2025 | (c) ECSA Health Community

Prioritising resources in a changing funding landscape

The central theme of the workshop was the challenge of prioritising resources in a changing financial landscape. Discussions were driven by recent cuts to USAID funding and further signals that higher-income countries are reducing their funding contributions to lower-income nations, a shift that necessitates a renewed focus on domestic resource generation and efficiency.

The state of health financing and reform

New members of the HE-COP shared comprehensive summaries of their health financing architectures, revealing a diverse array of systems and challenges.

- Rwanda showcased its universal health insurance model, covering 95% of the population through community-based schemes. Strategic purchasing reforms, including a shift from fee-for-service to capitation, aim to curb inefficiencies and reduce costs. Digital tools for provider training were highlighted as a cost-saving innovation.
- Namibia outlined its progress toward Universal Health Coverage (UHC), with government funding accounting for 80% of health expenditure. Challenges include inequitable risk pooling and inefficiencies in both public and private sectors. Proposed reforms include sin taxes, oil levies, and pooled procurement to improve equity and sustainability.

- Somalia reported heavy reliance on donor funding (over 50%) and high out-of-pocket payments (44%). Plans are underway to introduce health taxes and strengthen domestic financing, though political transitions pose challenges.
- South Sudan faces fragmented financing and minimal government health spending (2.5% of the national budget). Efforts are focused on developing a Domestic Resource Mobilisation roadmap.

The impact of donor funding reductions

A significant portion of the meeting was dedicated to analysing the impact of Official Development Assistance (ODA) cuts, particularly from the US Government. Research presented by Mr Edward Kataika (*Thanzi Programme* Lead, ECSA-HC) highlighted that countries heavily reliant on donor funding face the greatest risks to their health systems.

The real-world consequences of these cuts are already becoming visible. In Tanzania, reduced funding for laboratories has led to a loss of qualified staff and maintenance issues, which threaten to reduce the screening of TB and lead to an increase in TB rates. In Zambia, the closure of 32 drop-in centers for HIV testing and the redundancy of 24,000 Community Health Workers (CHWs) have caused major service disruption, particularly for rural and low-income households. Meanwhile, Eswatini has struggled to maintain information systems essential for decision-making.

To mitigate these risks, countries are adopting various coping strategies. Rwanda's Government asked the Ministry of Health to prioritise essential services for the government to absorb, leading to an acceleration of delivering capability building and training online as opposed to in-person in order to reduce costs. In neighbouring Tanzania, the Government has introduced taxes on betting to fund HIV and TB programs. However, the consensus among participants was that when GDP growth is slow, the primary avenue for sustaining services is improving efficiency.

Image 2 Director Sibandze addressing participations | (c) ECSA Health Community

Risk assessment and prioritisation

To understand future vulnerabilities, participants engaged in a Delphi exercise led by Mr Matias Nestore and Dr Miriam Broeks of The Life You Can Save to identify the sectors most at risk from funding cuts. Participants ranked health areas most vulnerable to cuts; areas which are anticipated to have the greatest shortages; and areas best suited for philanthropic investment.

Analysis of the responses to the Delphi-style exercise are ongoing, alongside additional evidence gathering, with a final report due to be produced once all evidence has been assessed. However, the initial responses from HE-COP members represent indicative conclusions.

Areas most vulnerable to funding cuts	Greatest anticipated shortages	Best suited for philanthropic investment
• Reproductive, Maternal, and Child Health (RMCH) • HIV • Malaria • TB • Health product supply chains	• Health workforce • Medicines • Information systems • Infrastructure (specifically laboratories)	• Supply chains • Workforce development • Reproductive, Maternal, and Child Health (RMCH) • Non-communicable disease programmes

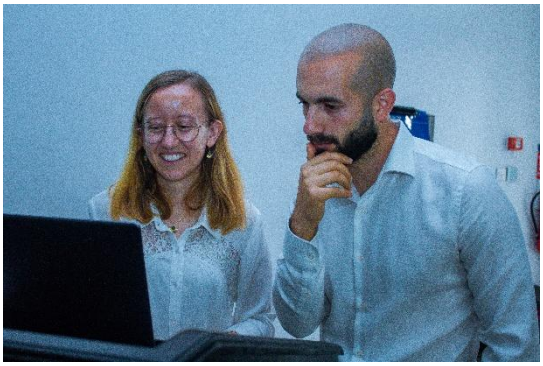

Image 3 Drs Broeks and Nestore leading the Delphi-style exercise | (c) ECSA Health Community

There was a specific concern regarding the health workforce and supply chains, which have historically been heavily reliant on ODA.

The discussion highlighted a "visibility" problem in funding. While direct interventions like HIV drugs and health infrastructure are often prioritised, "politically invisible" areas such as health infrastructure maintenance and capacity building are expected to suffer the largest funding shortages. Participants noted that while governments may step in to fund high-profile diseases, they struggle to replace the technical support and research funding previously provided by NGOs.

Discussions highlighted the cascading effects of donor withdrawal—such as reduced HIV testing impacting nutrition programs—and the need to shift from vertical to system-level approaches. Participants called for dynamic funding strategies and stronger advocacy for budget support over fragmented project funding.

Future of the Health Economics Community of Practice

The secondary focus of the HE-COP workshop was to consolidate members' opinions and preferences on how the HE-COP should be maintained and evolve over time. The crux of this discussion was the 3-year *Health Economics for Policy Impact (HEPI)* project, launched in January 2025 with funding from the European Commission. Members were reminded about some of the key objectives of the HEPI project (expansion of the HE-COP in the ECSA region and establishment of a sister HE-COP in West Africa; launch a 2-year mentorship scheme for up-and-coming African health economists; and develop post-graduate curricula and short-course content in health economics), and invited to comment and share their reflections.

Capacity building and regional collaboration

The workshop emphasised that navigating this new funding landscape requires robust domestic capacity in health economics. The *HEPI* project and the *Thanzi Programme* were introduced as key vehicles for this capacity building. A mentorship program is being introduced to support earlier-career economists, with revised postgraduate curricula to ensure inclusivity across the ECSA and WAHO regions.

Image 4 Dr. Humuza participating in open discussion | (c) ECSA Health Community

Collaboration between ECSA and West Africa regions was a focal point, with Mr Sibusiso Sibandze (Director of Operations & Institutional Development, ECSA-HC) noting the signing of a Memorandum of Understanding between ECSA-HC and WAHO to support a common voice at the African Union level. WAHO shared its experience in harmonising health education curricula, suggesting a similar opportunity exists for aligning health economics training across the region.

Future directions and sustainability

The meeting concluded with a strategic discussion on the sustainability of the HE-COP itself. Members agreed on the need to move beyond passive participation and increase the community's visibility. Suggestions included publishing meeting outputs as academic papers to legitimise the HE-COP's work and engaging with potential funders such as climate change funds or the Wellcome Trust. There was also strong support for engaging African Health Economics and Policy Association (AfHEA) chapters and showcasing HE-COP at regional conferences.

There was a strong call for the HE-COP to interface directly with policy rather than focusing solely on analysis. This includes utilising the ECSA-HC governance infrastructure to push recommendations to Ministers of Health and Finance. Participants agreed on the importance of institutionalising health economics within universities and ministries, fostering demand for health economists, and aligning curricula regionally. Collaboration between ECSA-HC and WAHO, formalised through a new MOU, was seen as pivotal for harmonising policy and amplifying Africa's voice in global health financing debates.

Moving forward, the HE-COP aims to facilitate peer-to-peer learning, allowing member states to act as experts for their neighbors, thereby laying the foundation for more South-led research and policy development.

Next steps

- Share this report with HE-COP members and stakeholders.
- Advance discussions about the sustainability of the HE-COP and come to initial agreements about next steps within the next 6-8 months.
- Prepare for the 2026 Ministers of Health meeting (February 2026) to present findings on donor funding impacts.

Image 5 Drs Nkhoma and Kaunda representing Malawi | (c) ECSA Health Community

Image 6 Workshop participants | (c) ECSA Health Community

Image 7 Director Vital providing opening remarks on behalf of the Governance of Rwanda | (c) ECSA Health Community

Image 8 Drs Mohamud and Hussein representing Somalia | (c) ECSA Health Community

Acknowledgements

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This meeting report was produced by Alexandra Rollinger (*Thanzi Programme* Manager, University of York) with AI support from Google Gemini and Microsoft Copilot.

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