

revenue. Three out of 8 countries would indeed increase financial resources if they followed the recommendation, but even if they spent 15% of these additional financial resources on health – in line with the Abuja Declaration⁶ – it would merely raise between US\$ 0.8 per person per year (Rwanda) and US\$ 1.5 per person per year (Madagascar).

Furthermore, 6 out of these 8 countries still face a huge gap between current total health expenditure and the revised target made by the Commission on Macroeconomics and Health: in Liberia, Madagascar, Malawi, Mozambique, Rwanda and Sierra Leone, total health expenditure is still below US\$ 20 per person per year, even with 40% coming from international health aid.

Even if some countries of the African region might be able to wean themselves from international health aid, others obviously cannot: they need increased aid, urgently. This can be achieved through sustained international health aid, which should not be seen as an act of charity to be overcome as soon as possible, but as an act of global solidarity, with health recognized as a human right that entails both national and international duties. For these reasons we agree with the position of WHO's Director-General who has called for much greater, and more predictable, international health aid for Africa.⁷ We hope that her voice will be heard and understood throughout WHO and the wider international community. ■

Competing interests: None declared.

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Response to Ooms and Van Damme

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The thesis of our base paper is that if African Region countries armed themselves with a strategy for weaning themselves off donor funding for health, which is backed up by effective programmes for improving economic efficiency in public

and private expenditure; identifying and pruning unproductive public expenditure; raising additional domestic revenue; creating an enabling environment for private health sector growth; and boosting health development governance to curb corruption, they would have a high probability of succeeding in this century, i.e. in the next 92 years.

In their commentary, Ooms and Van Damme attempt to argue that none of the above-mentioned strategies would singly enable African countries to raise the US\$ 40 per person required to provide an essential package of health interventions. They do not propose an alternative set of strategies that would enable African countries to mobilize the US\$ 40 per capita without depending solely on donor funding. Instead, they make a rallying cry for sustained international health aid.

The commentators mistakenly assumed that our proposed strategies are mutually exclusive. Of course, none of the five strategies alone would be able to raise enough domestic resources needed to wean countries off donor funding. However, our argument is that the five strategies, depending on each country's context, should be implemented in tandem.

Our argument was that 8 countries (Algeria, Angola, Botswana, Gabon, Lesotho, Namibia, Seychelles and South Africa), whose current military spending is above the regional average of US\$ 16 per person, may have scope for savings. Ooms and Van Damme argue that this strategy would not make a difference to Liberia, Madagascar, Malawi, Mozambique, Rwanda, Sao Tome and Principe, Sierra Leone and Zambia. This is tautological since the military expenditure of the latter set of countries is below our assumed US\$ 16 per capita threshold.

Concerning the strategy on raising additional revenue, we argued that 13 countries whose tax share of GDP is less than 15% have scope for raising additional revenue by improving efficiency of their tax administration systems. Commentators argue that countries such as Madagascar and Rwanda would raise merely an additional US\$ 1.5 and US\$ 0.8 per person per year. When multiplied with the total population, those seemingly small figures would yield an additional US\$ 36.15 million per year for Madagascar and US\$ 9.68 million per year for Rwanda. Those amounts are not insignificant in these countries where more than 60% of the population live below the international poverty line of US\$ 1 per person per day.¹

We concur with the WHO Director-General's call for increased and more predictable international aid for Africa which adheres to the principles of the Paris Declaration on Aid Effectiveness.² In our opinion, the effectiveness of international aid should also be judged on the extent to which it helps recipient countries to develop and implement strategies for weaning themselves off external donor funding before the end of this century. ■

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