

ALMA summary report | Quarter 4, 2025

# Sustainable health financing for primary health care and UHC



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## ALMA Scorecard for Accountability & Action

Access the quarter 4, 2025 scorecard and country reports.

→ [alma2030.org/quarter-4-2025/](https://alma2030.org/quarter-4-2025/)



## Introduction

The SDG period has demonstrated more than ever before the need for integrated health systems as the backbone of Primary Health Care (PHC). To achieve universal health coverage, PHC financing has to be built on these stable integrated domestic health system foundations, including sustainable domestic, rather than external, funding. Countries require a framework that will create fiscal space, ensure equity, and drive efficiency and accountability, for results and impact.

As ALMA, we are recommending a Multi-Pillar Financing Framework. This framework focuses on moving the financial burden away from the individual out of pocket payments, towards a single domestic prepaid system.

Pillar	Focus area
Revenue mobilization	Expanding the health wallet
Pooling and risk sharing	Minimizing financial risk
Strategic purchasing	Maximizing value for money
Accountability and public financing management	Protecting public trust

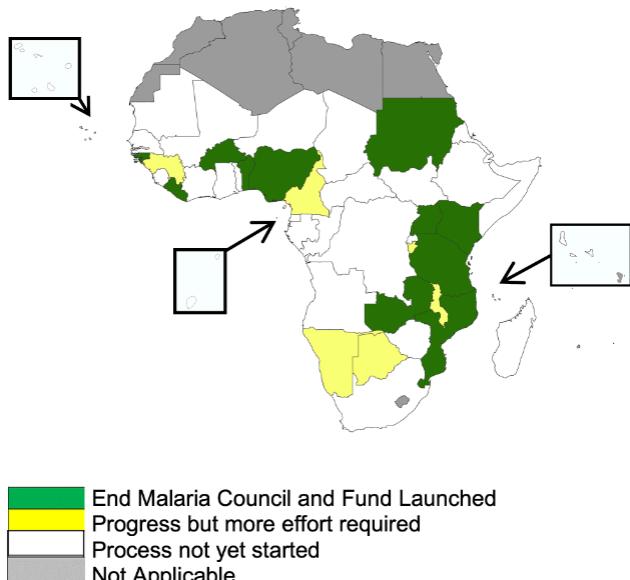
## Revenue mobilization: creating fiscal space

Most of our countries have a large informal sector. This makes traditional income tax collection difficult.

Countries must audit spending and eliminate user fees or patient medical supplies purchases at the point of care for maternal and child health and other primary health care services. It therefore makes sense to introduce:

- **Full transition to a tax based and combined social insurance model** with 0% out of pocket spending for essential PHC.
- **Health taxes (sin taxes):** Implementing or increasing taxes on tobacco, alcohol, high sugar products like sweets and beverages, trans fats in foods. These are double win policies that generate revenue whilst reducing the burden of non-communicable diseases.
- **Innovative levies:** Small, automated levies on telecommunications (such as \$0.01 fee on mobile money transfers) can generate massive predictable revenues for PHC.
- **Debt to health swaps:** This requires countries to negotiate with creditors to redirect interest repayments on loans to domestic PHC infrastructure and programmes.
- **Blended financing:** De-risking private investments in the health sector by combining pooled resources from public, donor and private sectors. Examples include government building facilities and renting them out to the private sector.
- **National Health Councils & Funds:** National End Malaria (& NTD) Councils and Funds have demonstrated that well structured financing PPPs with critical health stakeholders and the private sector, where they are given voice, control and oversight not only mobilizes resources, but ensures effective targeting, efficiency and impact, for priority PHC programmes.

The existing councils, which were established first by bringing stakeholders together in a Zero Malaria Starts with Me campaign, are now operational in 12 countries and being set up in six. They have already mobilized over US\$200 million. They can target any health program, as prioritized. Establishing a single national health fund, with public/private oversight is crucial for both routine health services and rapid response to disease outbreaks.



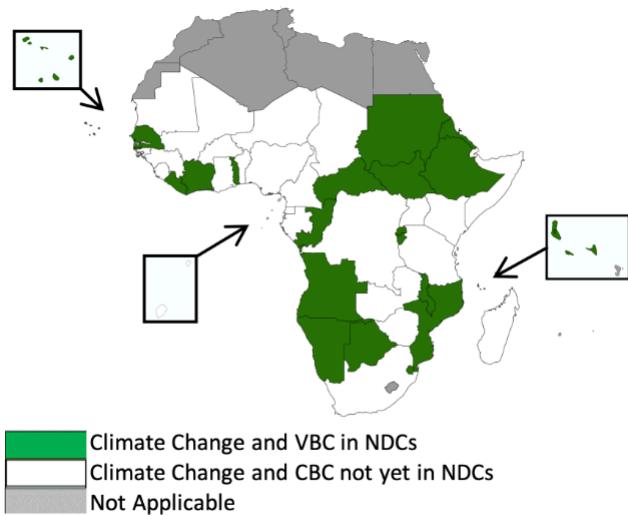
Source: Quarter 4 2025 ALMA Scorecard

End Malaria & NTDs Council and Funds launched

## Pooling and risk sharing

This entails recognizing that health is multifaceted and that the determinants of health are housed in every sector, therefore making shared responsibility for preventing ill health, and intervening to stop the spread of disease; a logical path across most government sectors.

For example, the role of the Ministries of Environment and Agriculture in managing the effects of climate change and increased food production by reducing breeding sites of vectors such as mosquitoes for malaria; and introducing and funding vector control programs is a good example of this shared responsibility.



Source: Quarter 4 2025 ALMA Scorecard

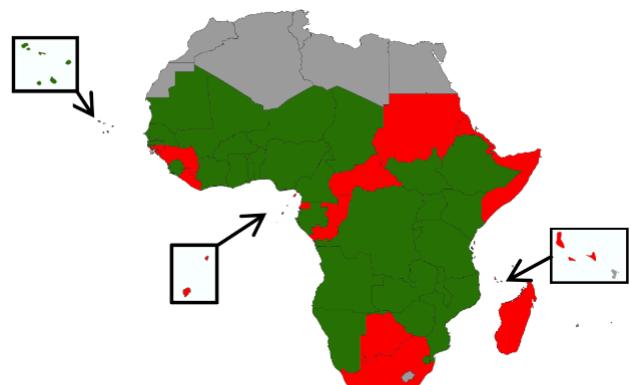
Climate change and vector borne diseases (VBC) in Nationally Determined Contributions (NDCs)

## Strategic purchasing

This risk sharing extends to the manner in which resource allocation and strategic purchasing is conducted by all sectors, including health.

All sectors must be concerned about what they spend resources on, how much they spend, and how they spend it.

- **Capitation-based payments:** Instead of paying or allocating to clinics a dollar amount for every pill dispensed, governments could pay a fixed amount per person in the community, allowing for effective health prevention. This incentivizes PHC providers to focus on keeping their communities healthy, rather than waiting for them to get sick.
- **Observe the “PHC-First” rule:** Countries should legally mandate that a fixed percentage (for example, 50%) of the national health budget is allocated to PHC. Similarly, there must be set percentages for related sectors to ring fence part of their budget for PHC. Inefficient primary health care leads to a heavier burden being placed on secondary and tertiary health facilities.

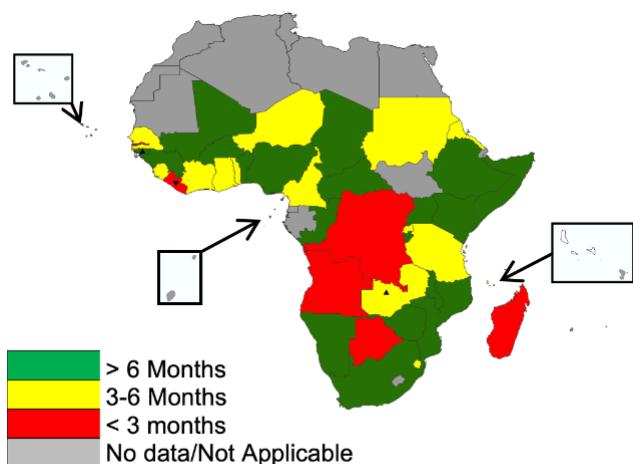


Source: Quarter 4 2025 ALMA Scorecard

Zero Malaria Starts with Me launched

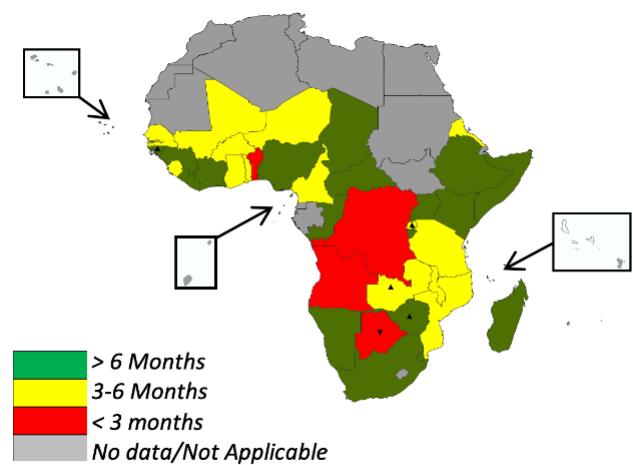
- **Performance-based financing (PBF):** This could be designed to increase the benefits to staff of clinics that hit specific SDGs, regional and national targets, and strengthen specific health system programs.

For example, countries have been advised to have at least 3 months stock of ACTs and RDTs at any given time, to ensure that malaria outbreaks do not go unchecked. The charts below demonstrate the failure of many countries to satisfy this essential requirement, which could save thousands of lives every year.



Source: Quarter 4 2025 ALMA Scorecard

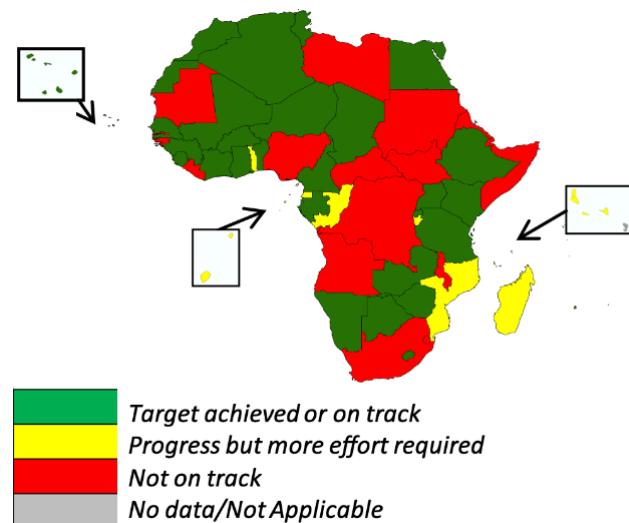
ACTs in stock (>6 months stock)



Source: Quarter 4 2025 ALMA Scorecard

RDTs in stock (>6 months stock)

- In addition, a large number of countries have not signed and ratified the African Medicines Agency (AMA) instruments at the AUC, which would strengthen AMA, and allow the countries to benefit from bulk purchasing and pooled procurement price cuts, as well as improved supply chain management.



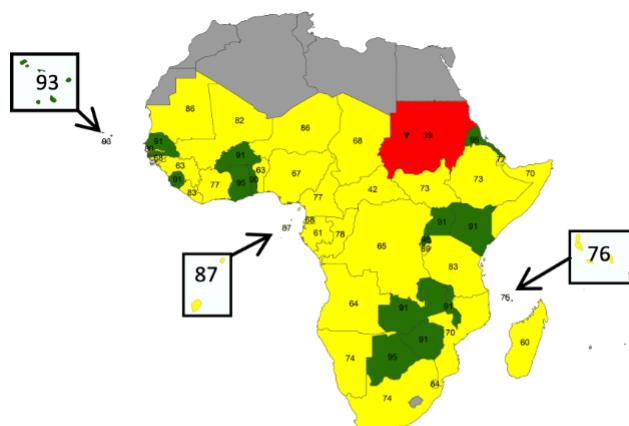
Source: Quarter 4 2025 ALMA Scorecard

Signed, ratified and deposited the AMA instrument at the AUC

## Operational efficiency and accountability and PFM

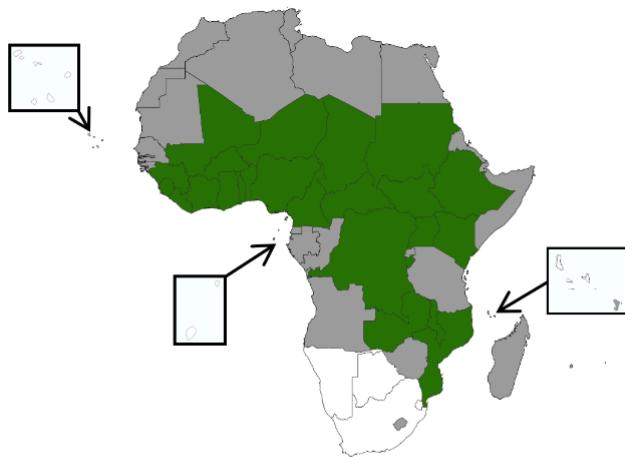
Accountability in Public Financial Management (PFM) requires officials at every level, to justify their management of public funds, ensuring transparency, efficiency, and value for money in resource utilization.

- Countries are urged to use real-time data collected through the health management information systems, to populate the scorecard management tools that inform decision making and measure performance progress and impact.
- Integrated PHC is absolutely critical. This would entail integrating the malaria vaccine into routine EPI, and prevention of malaria in pregnancy into antenatal care, and malaria treatment into integrated case management at community level.



Source: Quarter 4 2025 ALMA Scorecard

DPT3 Coverage 2024 (vaccination among 0-11 month olds)



Malaria Vaccine Introduced  
 Not Applicable  
 No Data

Source: Quarter 4 2025 ALMA Scorecard

Malaria Vaccine  
introduction

- Digitization of PHC: Implementing uniform Electronic Health Records across both the public and private health sectors from PHC to tertiary health care levels, reduces duplicate testing and pharmaceutical waste, as well as antimicrobial resistance (AMR). This can save up to 20% of operational costs.  
This digitization must include implementing a digital tracking system for pharmaceutical and medical supplies, using AI for demand forecasting and supply chain management.
- Community Health Worker (CHW) integration and the formalization of a paid CHW cadre. CHWs are the most cost-effective way to deliver preventative care, reducing expensive clinic, hospital, and emergency room visits.

## Conclusion

The era of ODA and partner driven health care is coming to an end. Countries are moving to protect primary health care and using this opportunity to strengthen PHC systems in a sustainable manner, and accelerate progress towards the SDG targets and the Africa we want.

The designation employed and the presentation of material in these maps does not imply the expression of any opinion whatsoever on the part of ALMA concerning the legal status of any country, territory or area of its authorities or concerning the delimitation of its frontiers or boundaries.