BUILDING GOVERNMENT CAPACITY IN HEALTH ECONOMICS AND FINANCING FOR CHILD HEALTH

unicef
for every child

The Health Economists Network, changing health financing from within

20 Health economists	**Inside 20 governments** full time	**For 4 years** funded by UNICEF	**25+** universities

Why now

Aid is shrinking
Official development assistance is contracting.

Global funders are stepping back
Transitions from global institutions financing vertical portfolios are accelerating.

Debt is crowding out health
Debt service is displacing health spending, and child health spending even more.

Because financing decisions on child health are moving into domestic budgets, and so must the expertise to make them.

What it is

Who we place

A trained health economist, or an economist specialised in the health sector, recruited competitively at national level.

Why four years

No budget cycle can be meaningfully influenced by an eight-month placement. Four years matches a national budget cycle, and the grant cycle of many international institutions. Duration is not a luxury here: it is capital.

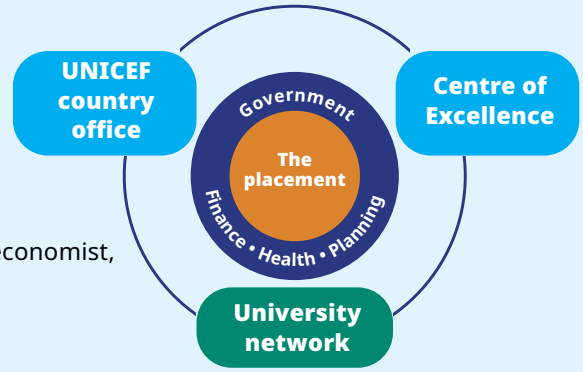
Why UNICEF

The work is the government's to direct. What UNICEF adds is one question: **whose coverage is defended when a benefit package is trimmed.**

What each placement can draw on

UNICEF country office
A standing link to the country programme.

Government
Sets the workplan, hosts the economist, and owns what is produced.



Centre of Excellence
Common methods, technical support on request, and the cohort of twenty peers.

Uppercase University
Academic supervision, shared methods and co-authorship, across more than 25 departments.

The network is being built with the **University of Ghana, School of Public Health**, and the **National University of Singapore**, and connects the placements to the reform agendas already under way.

Indicative areas of work

Each placement has a workplan adapted to its country context and designed with the host government, in areas such as:

- Health financing strategy and domestic resource mobilization
- Health insurance design
- Primary health care and the essential benefit package
- Donor transition and sustainable financing
- Innovative financing
- Child-focused equity analysis
- Economics of emergencies and health security
- Price norms and regulation
- Any other health economics and financing topic chosen by the host government
- Priority-setting and health technology assessment (HTA)

The founding twenty

Twenty countries, one placement in each.



Why 11 countries in Africa?

1 of 54
African countries are at or above the Abuja Declaration benchmark of 15% of government spending on health, in 2023

42 of 51
African countries are off track to reach it by 2063, on historical trends

~8%
is the media probability of reaching it by 2063, among countries that never have

Changing that trend depends on analytical capacity inside the ministries where those budgets are set.

Beyond aspiration: An expenditure-based evaluation of progress towards the Abuja Declaration target and implications for domestic health financing in Africa

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How the Network is funded: From our budget to the national payroll

Years 1–2
UNICEF, centrally
From the Global Health Practice set-aside funding. Nothing is asked of the country office.

Years 3–4
UNICEF country office
Funded by the office, which is what makes the placement its own.

Then
Government payroll
The government hosts the economist and owns the analysis. The destination is its own payroll, reached with domestic funds or its own partners.

Partners
UNICEF went first. Who comes next?

Match what UNICEF has already invested, and choose where the network grows: New countries, more thematics, or the shared tools the whole network uses. The unit is one placement, and we know its cost. Contributions can be co-branded and phased across financial years. See below four ways to support this programme.

In countries we are in
Deepen
A second economist where the need and the policy window are greatest, in countries already in the network.

In new countries
Broaden
Countries beyond the founding 20, with a thematic focus if you want one, including areas health economics usually passes over.

In a cohort you shape
Sharpen
The countries, the specialism, or the profile of the economists, for example women health economists.

In the shared layer
Power the platform
What the whole network runs on: The portal, the technical coordination, and the work of the partner universities.

The transition roadmap

- The four-year placements are the first phase of a longer plan.
- The second phase extends structured training to government staff already in post, so the capability does not rest on a single appointment.
- The third phase builds executive courses and teaching capacity inside partner universities, so countries produce their own health economists rather than recruiting them.
- Together the three phases form a transition roadmap, each one moving the expertise further inside the country and reducing what has to come from outside.

IN PARTNERSHIP WITH

UNIVERSITY OF GHANA

NUS National University of Singapore
Saw Swee Hock School of Public Health

Want to know more, or to join us?
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