

The Human Cost of Public Sector Cuts in Africa

ACTIONAID INTERNATIONAL APRIL 2025





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COVER PHOTO: Nurses carry multiple burdens of care: Nurse in Agba Amaeta health centre, Nigeria.
PHOTO: ACTIONAID

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ACRONYMS

FFD	Financing for Development
FFD4	Fourth International Conference on Financing for Development
FGD	Focus group discussion
GDP	Gross domestic product
IFI	International financing institution
ILO	International Labour Organization
IMF	International Monetary Fund
UN	United Nations
WHO	World Health Organization



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EXECUTIVE SUMMARY

New research from ActionAid International, *The Human Cost of Public Sector Cuts in Africa*, highlights how over the last five years, austerity measures have led to the deterioration of public health and education services. The research draws from a survey conducted through interviews and focus group discussions in six African countries - Ethiopia, Ghana, Kenya, Liberia, Malawi and Nigeria - among 616 individuals in rural and urban locations (296 health and education workers and 320 service users). It reveals that a decline in the quality and availability of services has stretched frontline health and education workers thin, and threatened the rights of communities. Health and education workers are facing overwhelming workloads and fewer resources to perform their jobs effectively, while communities are deprived of public services due to high costs and poor quality.

>> Stretched Thin: Public Health and Education Workers

The survey exposes the worsening conditions faced by health and education workers over the past five years. Across both sectors, financial hardships have left workers struggling to meet basic needs. Across the six countries, education workers report a 50% drop in real income, while 97% of health workers describe their wages as insufficient to cover rent, food and household expenses.

These financial pressures are compounded by soaring workloads. Rising student and patient numbers, combined with cuts in the public budget, have left 70% of education workers and 85% of health workers feeling overwhelmed. Teachers face classrooms packed with up to 200 students, while health workers confront long queues and patient delays due to equipment and medicine shortages. Women working in the health sector experience the heaviest burdens, and maternal care services have been stripped to the core. The crisis has taken a significant toll on mental wellbeing, with 89% of education workers and 95% of health workers reporting stress linked to financial instability and excessive workloads.

Cuts to public budgets since 2020, have slashed essential funding. In the education sector, 87% of education worker respondents cite a shortage of essential classroom furniture and reduced access to teaching materials and 73% of education sector workers have had to purchase resources themselves. Meanwhile, 87% of health

workers report a scarcity of medical equipment and supplies due to insufficient budgets, and 84% report severe shortages in staff and equipment, leading to longer wait times and a decline in service quality. Unions that advocate for these workers face their own limitations due to restrictive policies and funding shortages, while training opportunities — especially for women and rural workers — have dwindled.

The consequences of these systemic failures are far-reaching. The strain on health and education workers jeopardises service delivery, raises attrition risks, and compromises the wellbeing of workers and their families. This emphasises the urgent need for reforms in pay, workloads, infrastructure and training, to save these essential public services.

Appalling State of Public Services

A growing crisis in public healthcare and education is pushing communities to the brink. Insights from both rural and urban communities reveal that chronic shortages of health professionals, rising costs, and crumbling infrastructure are forcing many to forgo essential health services. Urban residents highlight exorbitant doctors' fees, long waits, and costly diagnostics, while rural communities have the additional burden of long travel distances and high transport costs, and face increasing climate-related disruptions. Community members/respondents reported that women and girls are the most affected by rising health cost due to increased caregiving responsibilities, bearing the heaviest load and reduced access to maternal care.

The education sector tells a similarly grim story. Overcrowded classrooms, particularly in urban areas where class sizes can swell to 200 students, leave children with little chance for quality learning. Shortages in staff and educational resources are widespread, and the absence of water, electricity and safe school facilities further diminishes the learning environment. Rural students can endure long commutes, while urban students often struggle with safety issues on their way to school. As both urban and rural families struggle to afford rising education costs, this often has a disproportionate impact on girls.

As public services deteriorate, the unpaid care burden on women and girls is surging. Women in urban areas report shouldering an additional 20 to 28 hours of care work each week, similar in rural households. Time that could be spent on recreational, economic or educational pursuits is consumed in navigating the breakdown of essential public services through increased childcare and caregiving for sick family members, without supportive public sector systems.

Decreased government investment in public health and education shifts the burden onto individuals, forcing users to bear rising costs - the most regressive way to finance public services. Communities criticise government mismanagement and regressive taxation policies that under-tax the wealthiest individuals and corporations while over-taxing ordinary people. The call for change is clear: fund essential public services through progressive taxation measures, recruit more health and education workers ensuring they earn a living wage, and build climate-resilient infrastructure. Without these reforms, the decline of critical public services will only deepen the cycle of inequality and suffering.

Debt Repayment Leaves Services Chronically Under-Resourced

Overall, this new report from ActionAid highlights the lived impact of austerity-driven public sector wage bill cuts and privatisation, drawing on compelling new evidence of the chronic under-resourcing of health and education services in six African countries. This is happening in the context of reductions in government




expenditure and the prioritisation of debt repayments, justified by the goal of gross domestic product (GDP) growth at any cost. In the current climate of aid cuts and geopolitical instability, we can only expect this trend to be exacerbated.

Capturing the perspectives of 616 frontline workers and community members, the research reveals that staffing shortages, inadequate infrastructure, and financial barriers are leading to violations of people's rights to health and education through publicly provided services. Women and marginalised groups face the greatest burden, with increased unpaid care work and restricted access to essential services. There is an urgent need for reforms to end austerity, recruit more workers, pay them a living wage, upgrade infrastructure, and ensure health and education systems are gender-responsive.

The findings of this report point toward the detrimental impact of cuts in government spending on essential sectors, influenced by international financial institutions such as the International Monetary Fund (IMF) on the health and education sectors. ActionAid calls for transformative change in how economic policy is governed internationally, and where decisions are made, to ensure feminist and just alternatives, prioritise human rights, tax justice, climate justice, and value care over GDP growth.

Recommendations

The report calls for immediate actions from the IMF, national governments, and their health and education ministries, to address the dire situation of public services.

-  We urge the IMF to stop imposing austerity measures and privatisation, and focus instead on progressive tax reforms and debt relief or cancellation to increase government revenues for greater investment in public services.¹ National governments should reject coercive IMF policies, seek debt relief or cancellation, expand tax revenues in fair ways and pursue new climate-specific funding opportunities to improve and rebuild health and education infrastructure. They should demand the democratisation of decisions on debt relief and cancellation, with the creation of a UN Framework Convention on Sovereign Debt, and support the UN Framework Convention on Tax. They should also prioritise the substantive gender equality commitments made in the groundbreaking Beijing Declaration and Platform for Action - 30 years old this year – by ensuring that women's rights are upheld in economic policy.
-  Education ministries should collaborate with finance ministries to ensure that at least 20% of national budgets are allocated to education, in line with global benchmarks. They should ensure there are sufficient numbers of trained and qualified teachers, fairly remunerated, and focus on increasing funding to build more schools, improve school infrastructure and learning materials, support professional development for teachers, and reduce the burden of unpaid care work for women teachers.
-  Health ministries should work with finance ministries to allocate more resources to public health facilities, improve healthcare infrastructure, and provide mental health support for workers. These measures aim to create a more equitable and effective public service system, in line with States' human rights obligations and the Sustainable Development Goals (SDGs), to serve the needs of communities better.

1. See ActionAid (2025) Who Owes Who: External debts, climate debts and reparations in the Jubilee Year. <https://actionaid.org/publications/2025/who-owes-who>



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1. INTRODUCTION AND BACKGROUND

For decades, ActionAid has been at the forefront of research into the impact of IMF austerity recommendations in relation to public sector wage policies on spending on public services. This research has highlighted the gendered impacts of austerity, and leads us to hold the IMF responsible for fifty years of failed economic policy, particularly in Africa. We have also documented the impact of the growing debt crisis on health and education spending. This new report shows the human impact of these failures on frontline public sector workers and the users of public services in rural and urban areas across six African countries: Ethiopia, Ghana, Kenya, Liberia, Malawi and Nigeria.

Working closely with public sector unions, our 2021 report, **The Public Versus Austerity Why Public Sector Wage Bill Constraints Must End**, revealed how austerity-driven wage bill constraints pushed by the IMF were crippling public services.² We analysed 69 IMF documents, including loan agreements with governments and IMF surveillance advice, for 15 countries – including five of the six countries included in this study.³

Our data showed how IMF-imposed wage bill constraints led to public sector wage freezes and cuts across the 15 countries, resulting in a US\$ 10 billion reduction in funding and blocking the recruitment of over 3 million frontline jobs. The largest group of people on public sector wages are teachers and health workers. Imposing overall constraints has effectively blocked the recruitment of new teachers and nurses, even where there are well documented shortages in these roles, and has prevented any wage increases, even where roles are underpaid.

The IMF repeatedly claims that public sector wage constraints are intended as short-term measures, but we found that every country has faced a consistent cut or freeze for three years and most for five or six years. The IMF presents no clear logic, rationale or evidence to justify *when* cuts are needed, or how much is enough. So, Zimbabwe, with a wage bill at 17.1% of GDP, was advised to cut, as was Liberia at 10.1%, and even Nigeria

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2. ActionAid International (2021) Public V. Austerity: why public sector wage bill constraints must end. <https://actionaid.org/publications/2021/public-versus-austerity-why-public-sector-wage-bill-constraints-must-end>
 3. Bangladesh, Brazil, Ghana, Kenya, Liberia, Malawi, Nepal, Nigeria, Senegal, Sierra Leone, Tanzania, Uganda, Vietnam, Zambia and Zimbabwe.

at 1.9%. The latest IMF medium-term advice drove every one of these 15 countries below the global average, contributing to a long-term downwards spiral. The result was a growing shortage of health and education workers, eroding the quality of essential public services.

A 2022 research report by ActionAid and Public Services International, **The Care Contradiction - The IMF, Gender and Austerity**, highlighted the devastating impact of public sector cuts on women in low-income countries.⁴ This report showed how women and girls are triply disadvantaged when public services are squeezed: deprived of access to essential services (when boys and men are favoured); losing some of the best opportunities for decent work (70% of frontline public sector workers are women); and bearing most of the burden of unpaid care and domestic work which increases when services fail (increased care for children, the elderly and sick; increased labour to collect fuel and water).

The Care Contradiction critiqued the extractive neoliberal development framework that has narrowly prioritised economic growth - measured by GDP - as both the primary means, and ultimate goal, of development. A focus on GDP growth remains deeply embedded within the economic orthodoxy of the IMF, which is followed by many finance ministries, despite clear evidence that economic growth alone does not guarantee the realisation of rights and social justice for all. This approach makes invisible both the disproportionate unpaid care and domestic work of women, and the limited natural resources available on our shared planet.

In 2023, on the eve of the first IMF annual meetings held in Africa in fifty years, ActionAid produced another report: **Fifty Years of Failure: The IMF, Debt, and Austerity in Africa**.⁵ This report highlighted the detrimental effects of IMF policies on the continent over five decades, based on research and personal testimonies from ten African countries.⁶ The report provided further evidence of how IMF-imposed austerity measures have continued to undermine health, education and broader development efforts in Africa. Despite its stated commitment to support essential services, IMF insistence on prioritising debt repayments and strict targets for both inflation and deficits has often hindered spending on health, education and climate action. This has had a multiplier effect on people's cost of living, as described by a respondent from Pesepa community in Nigeria: *"Challenges that I am facing along with my family are numerous. Rising transportation cost, school fees, food costs, and fertilizer prices have made life extremely difficult for common people. I wonder why the Government has withdrawn subsidies. Rich people don't know that there is inflation, but we the commoners are suffering."*

Most recently, in February 2025, ActionAid produced a briefing paper, **Who Owes Who? External debts, climate debts and reparations in the Jubilee year**.⁷ This paper shows a stark reality: over 75% of lower-income countries spend more on servicing external debt than on healthcare (see Table 1). In 55% of these countries, spending on debt servicing is now more than double that on health, and over half of lower-income countries allocate more funds to debt repayment than to education. In the current neoliberal economic system, the prioritisation of servicing debt to rich private creditors and commercial banks comes at the expense of fundamental rights to health and education for billions of people.

The briefing looks at the big picture of debt, comparing the brutally enforced external debts of lower-income countries to the climate debts and reparations that should be owed by rich countries - which go unpaid and unenforced. Who Owes Who? calls for this egregious imbalance to be addressed in the Jubilee Year of 2025, through cancelling debts and overhauling the international financial architecture, particularly through a UN Framework Convention on Sovereign Debt.⁸ It argues that people's rights to public education and health services must be prioritised over profit.

4. ActionAid International (2022) The Care Contradiction: The IMF, gender and austerity. <https://actionaid.org/publications/2022/care-contradiction-imf-gender-and-austerity>

5. ActionAid International (2023) 50 years of Failure: IMF, debt and austerity in Africa. <https://actionaid.org/publications/2023/fifty-years-failure-imf-debt-and-austerity-africa>

6. Ghana, Kenya, Malawi, Nigeria, Senegal, Sierra Leone, Tanzania, Uganda, Zambia and Zimbabwe

7. ActionAid International (2025) Who Owes Who? External debts, climate debts and reparations in the Jubilee year. <https://actionaid.org/publications/2025/who-owes-who>

8. Eurodad (2025) The Year for Debt Justice: how you can be involved in Jubilee 2025: <https://www.eurodad.org/jubilee-2025-get-involved>

Graphic 1. Spending on debt servicing relative to education and health in 74 lower income countries

HEALTH		EDUCATION	
xx	38 = Debt repayments more than double health spending	xx	13 = Debt repayments more than double education spending
x	14 = Debt repayments exceed health spending	x	18 = Debt repayments exceed education spending
/	12 = Debt and health spending about equal	/	24 = education spending exceeds debt spending but falls short of 20% benchmark
✓	5 = Health spending exceeds debt servicing	✓	6 = education spending exceeds debt servicing and is over 20% benchmark
	5 = no data		13 = insufficient data

Source: Who Owes Who? External debts, climate debts and reparations in the Jubilee year. ActionAid 2025.

ActionAid is committed to linking research and analysis with documentation from local communities. This new report, *The Human Cost of Public Sector Cuts in Africa*, is the result of ActionAid interviews with frontline nurses and teachers, alongside dialogue with community members who depend on public services, in six African countries: Ethiopia, Ghana, Kenya, Liberia, Malawi and Nigeria. These discussions and interviews engaged 616 frontline health and education workers and users, 64% of whom were women. Their evidence highlights the impacts of austerity on frontline education and health workers and communities in the six countries, all of which have experienced public sector wage cuts as part of agreements with the IMF in the past five years. The survey and discussions aimed to uncover some of the lived impacts of austerity on people. In this way the research has been able to:

- Evidence the current state of public services in the survey countries.
- Showcase the impacts of wage bills and other austerity budget cuts on the education and health sectors, through the perspectives of public service providers and users.
- Share testimonies from public servants in the education and health sectors on the lived implications of cuts and freezes to the public sector wage bill.
- Show the gendered impact of austerity policies and practices on both public service providers and users.
- Provide evidence for ministries of health and education to advocate for increased public sector wage bill allocations.

Drawing on insights from the surveys and discussions, this new report reveals that public health and education services are in crisis, and urgent action is needed to save them. Overburdened workers, resource shortages and rising community frustration highlight a system stretched to its limits. People's rights are threatened, as essential services falter under the weight of mounting challenges.

Research Methodology

This study draws on the perspectives of 616 public health and education workers and the communities that use their services, in six African countries. The survey employed both quantitative and qualitative data collection methods. Quantitative data was collected using SurveyCTO from frontline health and education workers. Qualitative data was gathered through focus group discussions (FGDs) with community members, facilitated by ActionAid-supported Local Rights Programmes.

Within each country, two localities where ActionAid is engaged were chosen—one rural and one urban – using a purposive sampling approach to ensure diversity in geographic and socioeconomic contexts. Health facilities and schools within the selected localities were randomly chosen to maintain objectivity in the sample selection. National and local ActionAid colleagues agreed upon a minimum sample size of at least 100 respondents in each country, including: at least 10 health workers and 10 teachers per area, totalling 40 public sector workers per country; and at least 30 community members in each area, totalling 60 per country.

The study also aimed for a gender balance in respondent selection: at least 70% of public sector workers were targeted to be women, reflecting their significant presence in frontline public sector roles. 50% to 70% of community members were expected to be women, acknowledging that cuts to public services disproportionately affect women, particularly in terms of increased unpaid care and domestic work responsibilities. During data collection, informed consent was obtained from all respondents. Participants were provided with clear information about the purpose of the study, their voluntary participation, and their right to withdraw at any time.

Graphic 2. Number of individuals participated in the survey and focus group discussions

Survey	Women	Men	Total
Education Workers	84 (55%)	69 (45%)	153
Health Workers	95 (66%)	48 (34%)	143
Focus group discussions	214 (67%)	106 (33%)	320
TOTAL	393 (64%)	223 (36%)	616

Source: survey



Education

Across the 6 countries surveyed, an average of

40%

of teachers reported an **reduction in income**

Across the 6 countries surveyed, an average of

34%

of teachers reported **strain on personal relationships** because of an increase in workload

Across the 6 countries surveyed, an average of

47%

of teachers reported they had **no training opportunities** in the last 3-5 years

Across the 6 countries surveyed, an average of

44%

of teachers **plan to leave the profession**

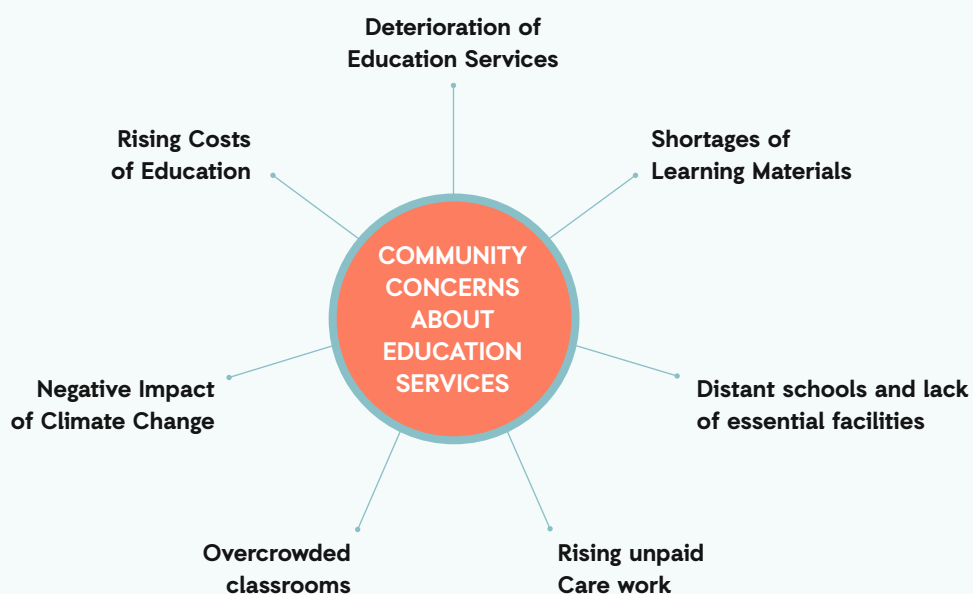


2. STRETCHED-THIN: UNVEILING SHARED CONCERNS AND INSIGHTS FROM EDUCATION WORKERS AND COMMUNITIES

Graphic 3. Challenges of teachers



Graphic 4. Community concerns about public education



The survey reveals that public education services are stretched to their limits. Teachers⁹ face compounding pressures from financial hardship, overcrowded classrooms, mental stress, and climate-induced challenges. Urgent systemic reforms are needed to ease workloads, improve pay, and strengthen infrastructure—without which, the education sector risks a deeper crisis.

The growing crisis is also threatening the rights of people using public education systems across the six African countries. Insights from the FGDs with over 300 community members highlight the profound challenges faced by families, especially women and girls. Rising costs, overcrowded classrooms, distant schools, inadequate learning materials, and climate-related disruptions have left many disillusioned. The impact on women and girls has intensified, due to increased unpaid care work and the prioritisation of boys' education due to gender stereotyping and discrimination. Without decisive action, the education crisis risks further entrenching gender and socioeconomic inequalities.

>> 2.1 Diminishing Investment, Shortages and Rising Costs of Education

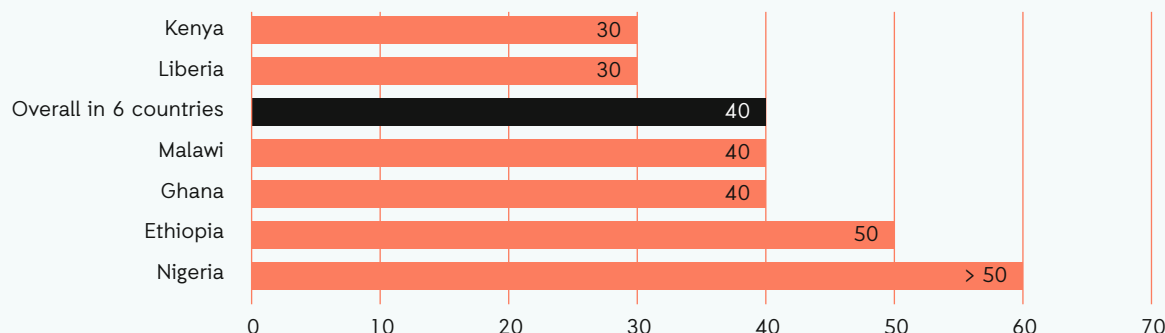
The survey found that budget cuts and lack of investment in infrastructure and essential facilities have taken their toll on teachers, students and families alike.

Budget Cuts and Shortages

“The education services have declined. Schools lack teachers and textbooks. The type of books prepared by the Government are revised rapidly and without enough quantity. Three years ago, the Government used to provide free textbooks but nowadays families are ordered to pay for books. School equipment like desks and blackboards are not suitable.” **ALEMITU WODERASHA, MOTHER OF SEVEN, MUYAKELA KEBELE, ETHIOPIA.**

Severe budget cuts have hit the education sector hard, with 95% of teachers across the survey countries reporting insufficient funds for essential school supplies. Overall, they reported that school level budgets have been cut by over 30% in the last five years; school furniture availability has declined (87% of respondents), and the supply of textbooks has reduced by 50% (61% of respondents). Teachers are being forced to bridge the gap, with 73% purchasing their own learning materials, and 64% sharing resources with colleagues to keep classrooms operational.

Graphic 5. School budget cuts reported by teacher respondents



9. The majority of the respondents were teaching staff, some support staff were also interviewed.

Country-specific analysis of the survey reveals that Nigeria has experienced the most severe school level budget cuts in the last 3-5 years, of over 50% according to 67% of workers surveyed. In Ethiopia, the impact on resources was most acute, with 100% of workers reporting a significant decline in school furniture and book supplies. To cope with these shortages, 100% of Kenyan teachers reported purchasing their own teaching materials, and 81% of Ethiopian respondents reported regularly shared teaching materials with colleagues.

Communities engaged across the six countries noted the impact of these shortages of essential learning materials on education outcomes. Students frequently lacked access to textbooks, stationery, and even daily meals. A community in Ghana noted that parents sometimes have to pay for chairs and tables in schools. While some schools in Ghana provided meals to kindergarten students, most children in other surveyed communities experienced hunger throughout the school day, which negatively impacted their ability to concentrate and learn.

CASE STUDY 1

Mr. William M. Kasor, a teacher in Montserrado County, Liberia, is grappling with mounting challenges. His salary has remained stagnant for years, but with the rising costs of living *"I often struggle to put enough food on the table,"* he says.

William describes a steady decline in his teaching environment over the past 3-5 years, with increasing responsibilities and larger class sizes. Student enrolment has risen by 40% in recent years, further stretching limited resources. Boys dominate the classrooms, and while more students are completing their education, the learning environment remains far from adequate. *"The ministry doesn't provide teaching aids or textbooks,"* William explains. As a result, teachers are often forced to buy materials themselves or share resources, further straining their already tight budgets.

Managing an average of 80 students per class has become an overwhelming task. *"I feel stressed and hopeless,"* he admits, emphasising the toll on teachers' mental health as feelings of anger, sadness and fear become commonplace for educators. Adding to these challenges are the effects of climate change. William's school has faced issues like flooding and heatwaves, which disrupt the learning environment, but the education department has yet to implement sufficient measures to address these climate-related challenges. *"We need better infrastructure and resources to cope with these changes,"* he urges.

Despite these difficulties, William remains committed to his profession. He has benefited from an increase in quality professional development opportunities. However, he is not a member of any teachers' association, limiting his ability to advocate for better working conditions and resources. *"I wish I had more support,"* he confides, *"but I focus on preparing for my lessons and doing my best for my students."*



Lack of Infrastructure and Essential Facilities

“In this area, Secondary schools are far apart, making it difficult for girls to attend school. We also face a big challenge of human-wildlife conflict which affects education in the Kisushe area.” Anonymous (woman), **TAITA TAVETA, KENYA.**

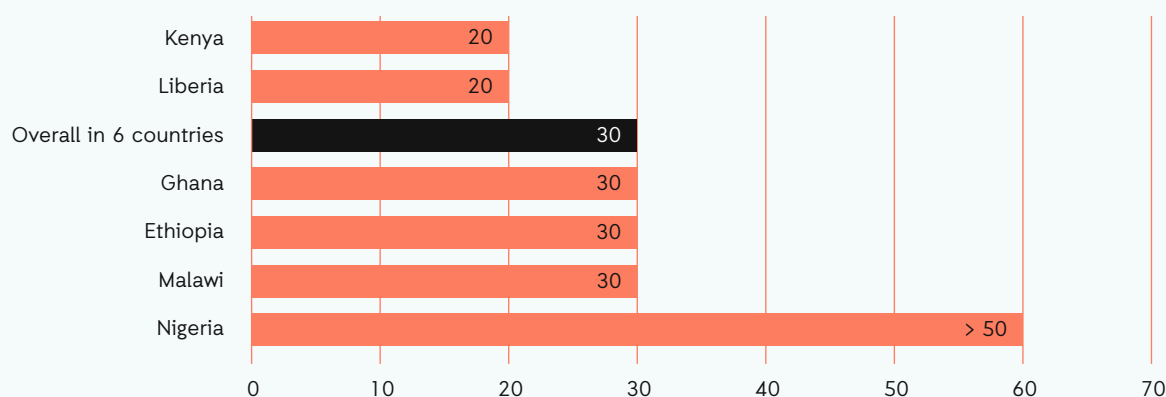
Discussions with communities in all countries raised concerns that access to education is hindered by the long distances some students need to travel to attend school. One community in Nigeria reported distances to primary schools of as far as 10 km, and up to 20km to some secondary schools. Students in rural areas often walk these distances, while those in urban areas face high transport costs. These long commutes leave students exhausted, late for school, and according to one Ghanaian community, students are more likely to fall asleep during lessons. Many students drop out altogether due to the high cost of commuting. Girls are disproportionately affected: one Nigerian community pointed out their struggle to combine education with household chores, while a Ghanaian community indicated that girls face additional challenges during menstruation.

Communities across the six countries also expressed significant concern about the poor state of school infrastructure. Many schools lacked essential facilities such as clean water, functional toilets, electricity, and adequate security. In Liberia and Ghana, communities noted the absence of separate toilets for girls. Participants in Kenya and Nigeria noted that, even where separate toilets exist, they are often inadequate, in disrepair or lack the necessary water and hygiene provisions – especially for menstruating students. Additionally, communities in Kenya, Liberia and Ghana highlighted insecure and poorly fenced school grounds, which pose safety risks to children.

Growing Class Sizes and Higher Student to Teacher Ratios

Rising student numbers and growing demand for education have caused overcrowded classrooms in public schools. Overall, in the survey countries, most teachers reported a 20–30% rise in student numbers, with increases in girls’ enrolments, especially in urban areas (70% of urban respondents, compared to 47% rural). This influx of students, without a corresponding growth in resources, is placing a massive burden on education sector workers, with 70% reporting higher workloads and 53% noting increased class sizes.

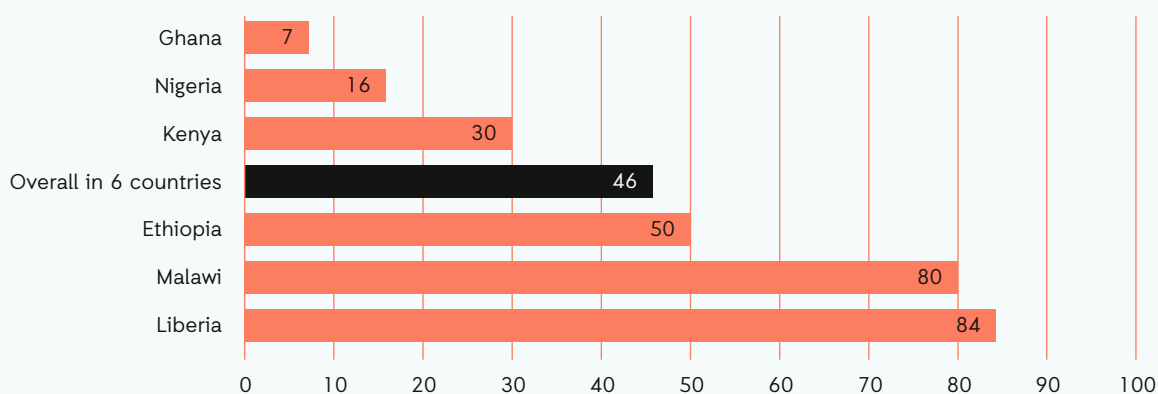
Graphic 6. Survey results on teachers’ perception of student enrolment increases



Country-specific survey analysis on enrolment in public schools indicates that Nigeria has experienced an enrolment increase of over 50% in the last 3-5 years, while Kenya and Liberia have seen a 20% rise. 91% of Kenyan teachers reported facing heavier workloads, compared to 48% in Ghana. 70% of teachers in Malawi noted a significant rise in class sizes, compared to only 27% in Ethiopia.

This growth in student numbers has affected the student-teacher ratio across all countries surveyed; with 84% of respondents in Liberia and 80% in Malawi noticing a significant increase in the ratio; and respondents from Ethiopia (50%), Kenya (30%), Nigeria (16%) and Ghana (7%) reporting moderate changes. Variations between rural and urban populations were pronounced, Malawi and Ethiopia reporting a 93% and 80% increase respectively in rural populations, and 94% of teachers in Liberia noting an increase in urban areas.

Graphic 7. Percentage of teacher respondents reporting an increase in student teacher ratios



(200) was reported by a community in Malawi. Community members noted that, with fewer teachers available, students receive minimal attention, and many struggle to learn to read or write. This leads to students losing interest in education or having difficulties in learning, with students frequently failing their exams. A community group in Kenya reported that they had requested an additional 30 teachers be hired for local schools to address this issue, and a community in Liberia highlighted the spread of communicable diseases due to overcrowded classes. A community in Ghana shared that children often study under trees due to the lack of proper classrooms, with classes cancelled when it rains.



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CREDIT: ACTIONAID

Rising Costs for Families

“Earlier the Government provided notebooks, pens, and other school necessities but now the burden has shifted to parents. This has lowered the performance of pupils in primary schools since parents can’t afford to pay. The Government abolished school fees but now we are paying school fees as development funds in all primary classes.” **ANNA GONDWE, MOTHER OF TWO SCHOOL-GOING CHILDREN, KAWAZA, MALAWI.**

“Rising costs are affecting both teachers and students, with transportation, food, and basic needs becoming unaffordable. Insurgency adds to the risks, while children often attend school hungry due to the cessation of food programs. Teachers face delayed and unequal salaries, leading to strikes, which leads to a drop in school attendance. Hungry students frequently leave school mid-day to find food, further disrupting education. If the schools provided food, children would study with interest.” **ABIGAIL, AN ASSISTANT HEAD TEACHER IN THE PRIMARY SCHOOL OF PESEPA.**

“The hardship in Nigeria is making it difficult to send children to school. If the Government can enable school feeding programmes to work smoothly, it will help us send our children to school.” **ANONYMOUS (WOMAN), NIGERIA.**

“The Government should take the responsibility of assisting parents with children living with disability and make education absolutely free for them.” **FAITH MAKAU, MOTHER OF FOUR, MUKURU KWA NJEGA, KENYA.**

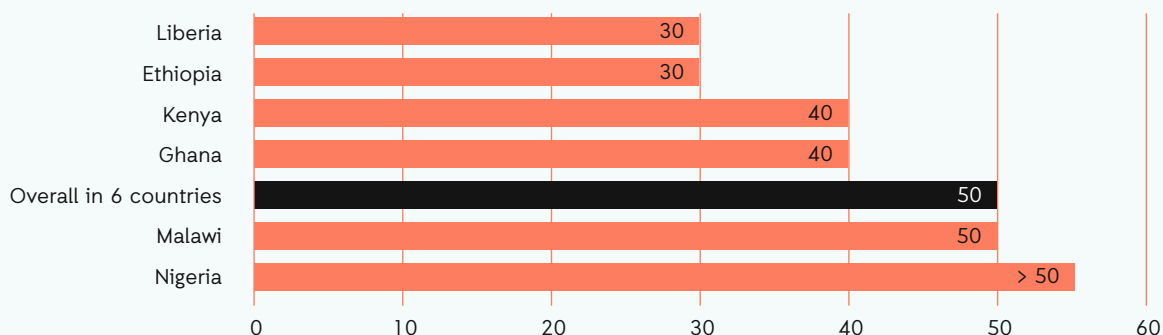
During discussions for this research, communities in the six countries revealed that rising costs are pushing education out of reach. The success of civil society campaigns for free education have meant that direct user fees are now less common than 20 years ago, but there remain a range of other costs that are deeply problematic. Fees for membership of parent-teacher associations, and the costs of compulsory uniforms, exams, equipment, and transport are widespread, and surging. For example, a community in Ghana reported that parents are being asked to fund school renovations, and one Nigerian community reported increases in school-associated costs of up to 50% over the past five years. The high cost of transport adds to the burden, with families unable to afford commutes to distant schools.

The impact has been devastating, with some children pulled out of school or reducing attendance. Parents in the survey confirmed broad evidence that girls are disproportionately affected because harmful gender stereotypes and discrimination lead parents to prioritise boys’ education over girls’, and girls are also more likely to be withdrawn to support domestic work.

➤ 2.2 Worsening Pay and Conditions, and the Ripple Effects on Teachers

Teachers are facing a financial crisis, with declining wages eroding their quality of life. 84% of all teachers reported a drop in real income of between 10 and 5 % since 2020, and 79% reported struggling with bills as a result. Many have been forced to explore additional income streams, with 47% attempting to start small businesses to make ends meet. 70% reported negative effects on their children’s education, and most have had to cut back on food and rent payments (60% and 79% respectively). The resulting strain is felt deeply, with 89% of workers citing mental stress, further compounding the pressures on their professional and personal wellbeing.

Graphic 8. Percentage of income drop/reduction reported by Teacher respondents over last 3-5 years

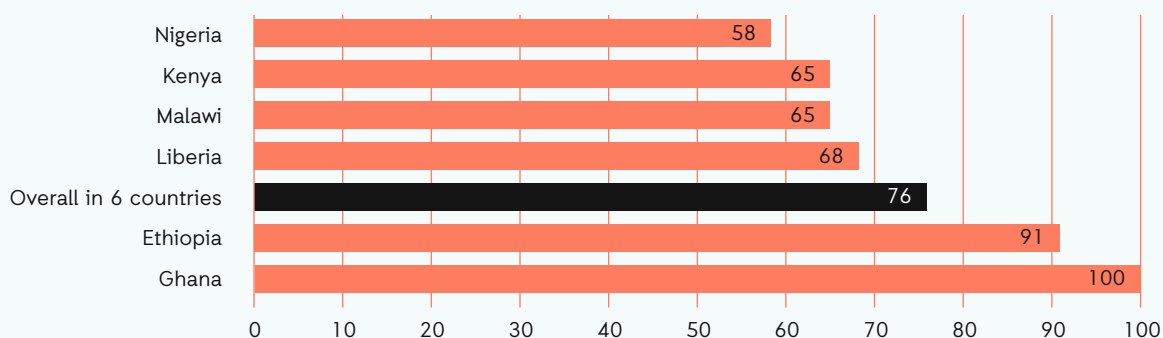


The country-specific situation shows that the number of teachers reporting a decline in wages was highest (more than half) in Nigeria. The impact is evident across all countries, as teachers struggle to: pay their bills (96% in Kenya, and 79% in Nigeria); pay for their children's schooling (90% in Malawi, 81% in Ghana); or have noted impacts on family food intake (97% in Liberia, and 91% in Ethiopia). 70% of Kenyan teachers surveyed reported having to start small businesses in order to make ends meet, as did 65% in Ghana, but only 9% of Ethiopian teachers.

Deterioration of Working Conditions

Beyond financial hardship, the working conditions for education staff have steadily worsened. Extra responsibilities, growing class sizes, and the behavioural challenges of students have pushed 76% of all surveyed teachers to report a decline in overall working conditions.

Graphic 9. Percentage of teachers surveyed reporting a deterioration in work conditions over 3-5 years



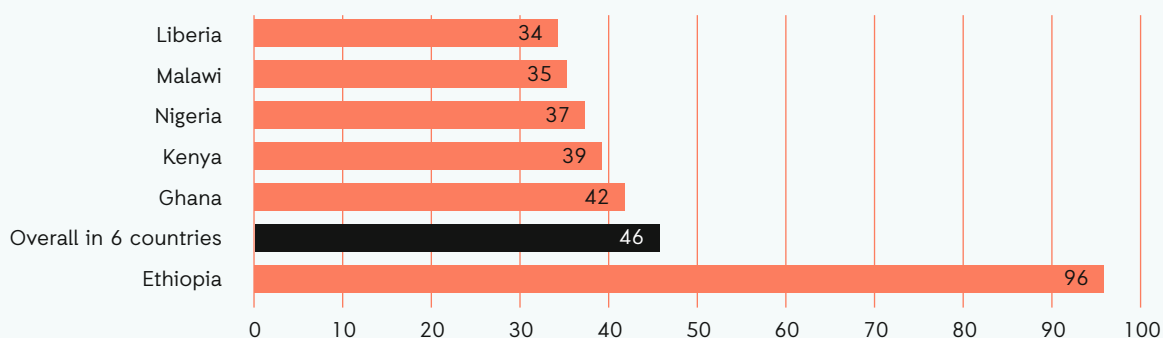
The highest incidence of deteriorating working conditions was in Ghana (100% of respondents) and Ethiopia (91%), compared to 58% in Nigeria.

Dwindling Access to Professional Development

Access to professional training is dwindling across the six countries, with 46% of teachers not receiving any training over the past three to five years. Men (67%) have greater access to professional development opportunities than women (44%), and urban workers (66%) fare better than rural workers (45%). Training

opportunities have declined particularly for rural workers and women. While some improvements in training quality have been noted (67%), access remains unequal, limiting opportunities for professional growth.

Graphic 10. Percentage of teacher respondents reporting no training opportunities in last 3-5 years

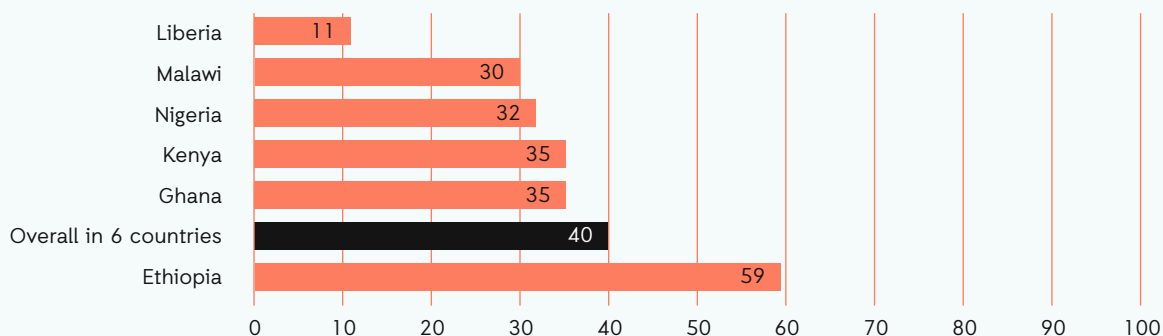


Ethiopian workers were the hardest hit, with 96% reporting no professional training opportunities in the last 3–5 years, and 100% reporting that the training available was of poor quality, compared to 48% of respondents in Liberia.

Challenges in Achieving Work-Life Balance

The growing demands of the job, and the decline in pay and conditions, have left many teachers struggling to maintain a work-life balance. Over 52% reported increased workloads in the six survey countries, yet 94% say they received no extra pay for the additional responsibilities. This imbalance is straining personal relationships for 35% of workers, and many are contemplating career changes.

Graphic 11. Percentage of teacher respondents reporting strain on personal relationships due to increased workloads

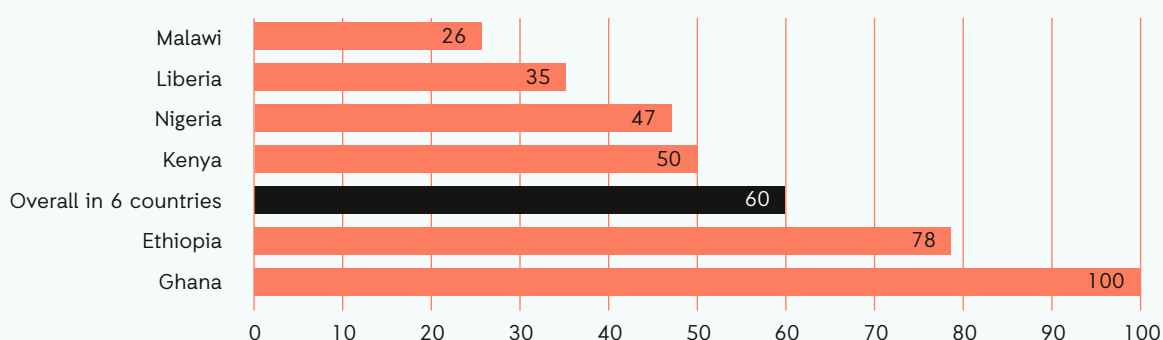


Teachers in Liberia (79%) and Kenya (78%) reported the heaviest workloads, and reports of this causing strain on personal relationships were most pronounced in Ethiopia (59% of respondents) and lowest in Nigeria (11%). Most respondents across the survey countries highlighted the lack of fair compensation for the additional time they were compelled to work.

Constraints on Support from Teachers' Unions

Unions serve as a crucial support system for public teachers, providing support such as pay negotiations and legal aid. 82% of all teacher respondents reported membership of a professional association or trade union, with women reporting a higher membership rate (86%) than men (77%). Rural workers benefitted more from pay-related support (46%), while urban workers reported greater access to legal assistance (44%).

Graphic 12. Percentage of teacher respondents reporting restrictive government policies constraining unions



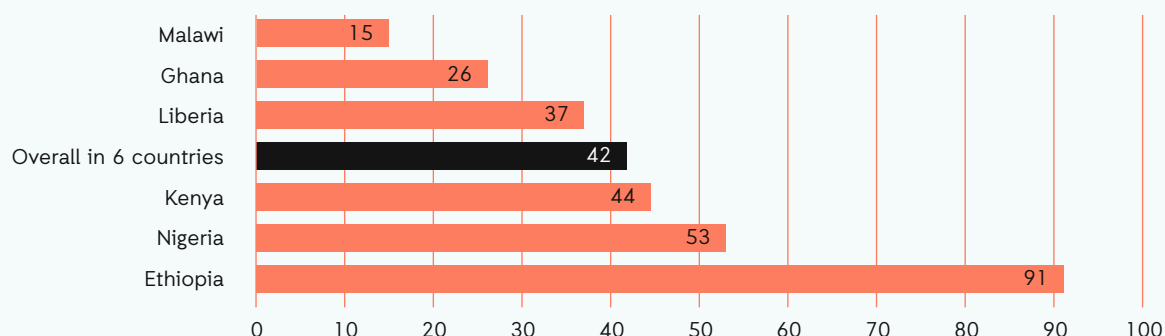
100% of respondents from Ghana and Nigeria reported membership of teacher unions and associations, and 95% in Malawi. These unions have been instrumental in securing pay raises, with the highest reported support in Malawi (58%) and Kenya (50%), compared to only 6% in Ethiopia. Union support for obtaining long-term contracts was most frequently reported in Ghana (45%) and Kenya (33%). Legal assistance provided by unions was reported most in Ethiopia (78%) and Kenya (67%), in sharp contrast to Nigeria, where only 11% of respondents reported receiving such support.

However, unions face significant challenges in their operations, including restrictive government policies, as was noted by 60% of respondents overall, while 46% noted funding limitations. 100% of teacher respondents in Ghana and 78% in Ethiopia identified restrictive government policies as a significant barrier to the effectiveness of unions. This was also noted as a problem by half of respondents in Kenya, and 47% in Nigeria, although in some countries, such as Malawi, this was considered less of an issue (27%). Even though there may be global forces and trends, the diversity of country responses to this question demonstrates that decisions around civil and political space still lie largely with national governments.

Teachers Leaving the Sector

Overall, in the six countries surveyed, nearly 42% of teachers were contemplating leaving the profession altogether, although 85% said they would stay if pay and work conditions were improved. Ethiopian teachers exhibited the highest level of dissatisfaction with their jobs, with 91% expressing a strong desire to leave, followed by 53% of Nigerian workers, 44% of Kenyans, 26% of Ghanaians, and 15% of Malawians. However, most of these workers would consider staying if there were improvements in their salaries.

Graphic 13. Percentage of teachers surveyed who report plans to leave profession



CASE STUDY 2

Malawi's Education Sector Is in Crisis as Demotivated Teachers Struggle with the Impact of Austerity Measures

Ms. Fanny, a Standard Five teacher at Bumba Primary School in Rumphi District, reflects on the disparity between her aspirations and the reality of her profession. Growing up in Wenya, Chitipa District, she dreamed of teaching as a way to uplift her family and inspire girls in her community to pursue education instead of early marriages. However, after 14 years in the profession, she regrets her decision.



"I now believe teaching is the least valued profession," she laments. "With over 200 students in my class and inadequate teaching and learning materials, delivering quality education is nearly impossible. Monitoring individual performance and supporting struggling students has become a daunting task."

Fanny explains how the school is forced to ask parents to contribute money for school expenses and examination paper production, putting additional strain on families already struggling financially. This, she says, undermines the goal of education for all, as students from poor households often drop out. Parents, unable to afford these fees, are forced to make heartbreaking decisions, often prioritising boys over girls.

"In some cases, girls are forced to give up on their education dreams," she says. "Yet, as a school, we desperately need these contributions to buy necessities like charts, dusters, and chalk, and to conduct quality examinations." Efforts to seek support from district education authorities have yielded little success.

Fanny attributes this lack of response to the Government's shrinking fiscal space caused by growing public debt. *"The debt crisis has intensified calls for public expenditure cuts, severely affecting education and other essential sectors,"* she explains.

The devaluation of the Kwacha has driven up the cost of essentials like food and fuel by over 100% since 2023, while her salary has remained stagnant. This has forced her to take on additional work, such as running a grocery shop, to make ends meet. *"Life is becoming unbearable. Frequent devaluations of the Kwacha, without salary adjustments, are pushing me closer to poverty,"* she adds.

Fanny urges the Government to abandon austerity measures and prioritise saving the education sector. She calls for engaging international financial institutions for debt relief to create fiscal space for investment in education and health.

"Once the Government addresses these challenges, it can employ more teachers to reduce the teacher-pupil ratio and provide adequate teaching and learning materials to ensure every child can stay in school," she concludes.

» 2.3 Disproportionate Impact on Women and Girls

Rising Unpaid Care Work for Women

Communities in all survey countries observed that the decline in education services has increased the burden of unpaid care work for women. Women from communities in Liberia reported spending an additional 21 hours per week on caregiving responsibilities since 2020. Women tended to care for children who were at home, whether because schools were inaccessible, overcrowded, or closed due to bad weather or strikes.

Community respondents believed that better education and health services would reduce this unpaid workload. A women's group in Ghana noted that improvements in public health and education facilities would reduce their expenses, allowing them to purchase equipment for the kitchen and laundry to save time on those chores. They called for the recruitment of more teachers, improvements to school infrastructure, and the provision of essential services like potable water, electricity, and childcare centres.

Women and Girls are the Worst Hit in the Education Sector

The survey showed slight variations in the issues raised by women and men in both groups - teachers and community members – but all highlighted the disproportionate impact of the deterioration of education services on women and girls. Their inputs underscore the urgent need for more targeted interventions to address the unique challenges faced by women and girls in the education sector. Improvements to school infrastructure, the provision of menstrual hygiene supplies, and ensuring safe and accessible education for all students are crucial steps towards achieving gender equality and ending gender discrimination in education.

Teachers across the survey countries reported significant challenges impacting women and girls due to the lack of proper education facilities and services. Issues such as inadequate menstrual hygiene management and the absence of gender-segregated toilets have been particularly detrimental. For instance, in Liberia, Nigeria, Kenya and Ghana, teachers and communities noted that in many schools, separate toilet facilities for girls either did not exist or were in disrepair, leading to increased absenteeism of girls during their menstrual periods or dropping out altogether. Lack of clean water and sanitation facilities exacerbated these issues, making it difficult for girls to stay clean and concentrate on their studies.

Communities echoed the concerns raised by teachers on the specific challenges faced by women and girls in accessing schools. Many community members reported the safety risks to girls required to walk long distances to school, which affected their attendance and performance. A community in Nigeria noted that primary schools can be as far as 10 km from students' homes, and secondary schools up to 20 km away. This long commute is particularly challenging for the many girls who also bear the burden of household chores.

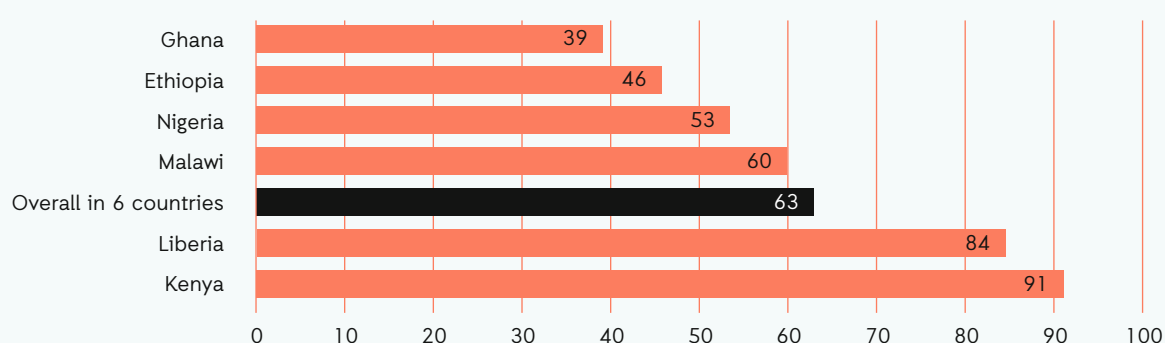
The rising costs of education - including fees, uniforms, and transportation - disproportionately affect the opportunities for girls. Economic pressures and harmful gender stereotypes often force families to prioritise boys' education, leading to higher dropout rates among female students. One community in Ghana highlighted that girls are more likely to be withdrawn from school to support domestic work, further entrenching gender inequalities in education.



>> 2.4 The Impact of Climate Change on Education

The effects of climate change are being felt in the education sector across all survey countries. 63% of teachers reported disruptions caused by drought, floods or heatwaves with rural areas reporting higher disruption (69%) than urban (57%). Damage to infrastructure was not being repaired, with 52% of respondents highlighting a lack of maintenance from education authorities. Calls for climate-resilient infrastructure and curriculum reforms are growing, with 56% of respondents noting that the current education curriculum is ill-equipped to prepare communities for climate-related challenges.

Graphic 14. Percentage of teacher respondents noting negative impacts of climate change since 2020



Teachers in all survey countries revealed the stark challenges of climate change disruptions in the education sector, particularly in Kenya (%91 respondents), Malawi (%60 respondents), and Nigeria (%53 respondents). Additionally, a significant majority of respondents in Nigeria (%89), Kenya (%61) and Malawi (%50) emphasised that the current education curriculum is poorly equipped to address climate-related challenges.

Communities also emphasised how climate change has exacerbated the education crisis. In Ghana and Nigeria, floods and heavy rains have washed away roads and damaged thatched classrooms, making it difficult for students to access schools. Floodwaters also destroyed learning materials and forced children to miss lessons. A Kenyan community highlighted how droughts have led to water and food shortages, while Nigerian communities reported that heatwaves, combined with poor classroom ventilation, have made it hard for students to concentrate.

Governments have largely failed to repair damaged school infrastructure. This issue is most severe in Ghana (%100 of teachers highlighted the problem), followed by Liberia (%63) and Nigeria (%60). In Ghana, for instance, a community reported that parent teacher associations have had to pool funds for urgent repairs, adding to financial strain on parents and school committees.

Health

Across the 6 countries surveyed, an average of

97%

of healthcare workers reported **insufficient pay** compared to 2020

Across the 6 countries surveyed, an average of

93%

of healthcare workers reported **increased stress** since 2020

Across the 6 countries surveyed, an average of

52%

of healthcare workers reported they had **reduced training opportunities** since 2020

Across the 6 countries surveyed, an average of

32%

of healthcare workers **plan to leave the profession**

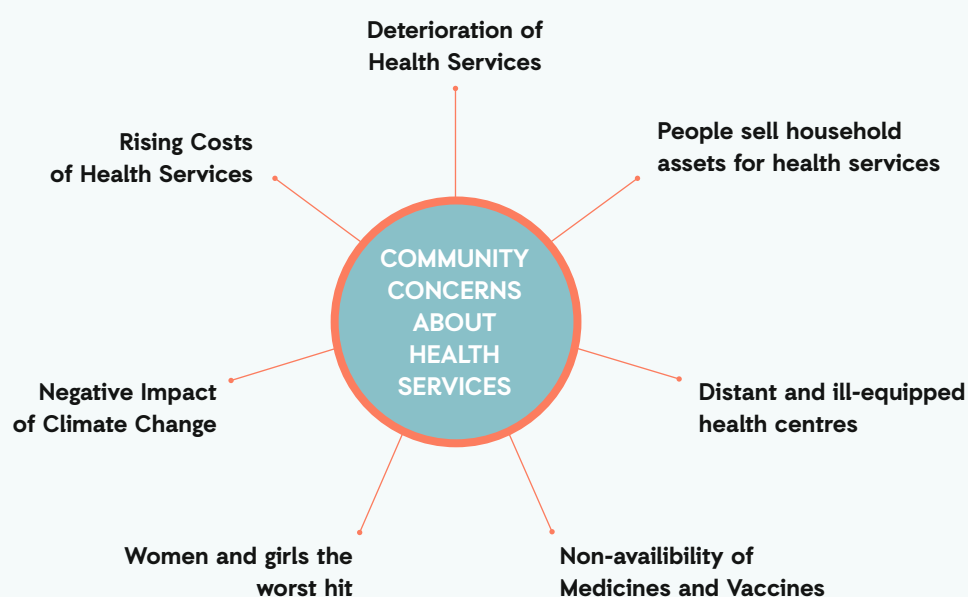


3. STRETCHED-THIN: UNVEILING SHARED CONCERNS AND INSIGHTS FROM HEALTH WORKERS AND COMMUNITIES

Graphic 15. Challenges of health workers



Graphic 16. Community concerns about health workers



The survey of 143 frontline health workers (66% women) from six African countries reveals a crisis in the public health sector marked by inadequate pay, deteriorating working conditions, rising workloads, and mental health challenges. Without swift action, the sector risks further worker attrition, undermining public health outcomes in already vulnerable communities. This section delves into the challenges faced by health workers in detail.

A growing sense of despair is taking root among communities, as health services continue to deteriorate. FGDs with 320 community members from selected areas in the six countries reveal deep dissatisfaction with healthcare delivery. Frustrated by rising costs, shortage of health workers, and poor infrastructure, communities' rights are being violated in public health systems. Without swift intervention to improve public health services, violations of peoples' rights will increase, further endangering lives and deepening inequalities.

>> 3.1 Diminishing Investment, Shortages and Rising Costs of Healthcare

The overall survey results in six countries show that public budget cuts of 20–30% in the health sector have severely impacted essential services.

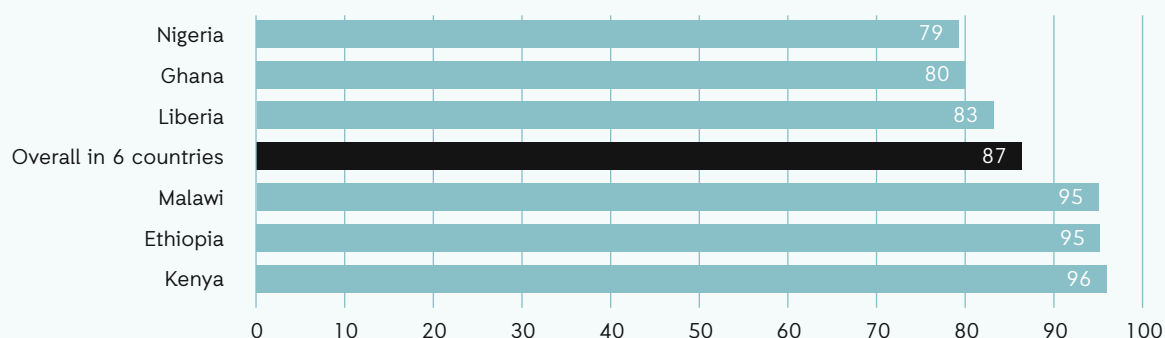
Shortages of Equipment, Medicines and Vaccines

“We are facing rising transportation and food costs, shortage of healthcare staff, and inadequate facilities, such as absence of sufficient labour room beds and essential medicines.” **LAUNDRY STAFF AT PESEPA COMMUNITY PRIMARY HEALTH CARE CENTRE, NIGERIA.**

Health workers and communities have underscored the shortages of equipment, medicines and vaccines in all survey countries. Shortages of equipment and medicines due to insufficient budgets were reported by 87% of respondents, with those in rural areas (82%) feeling the impact more acutely than urban centres (68%). 82% of health worker respondents noted that the availability of medicines has fallen, and most also reported rising costs: 80% reported an increase in the cost of medicines, 59% in the cost of diagnostic tests, and 37% in doctors' fees. 66% of health workers from the six countries reported subsequent declines in healthcare quality, with women (69%) more likely than men (59%) to flag this issue.

Country-specific analysis reveals significant budget shortages for equipment and medicines in local health centres across all survey countries. The highest levels of shortages were reported by health workers in Kenya (96%), Ethiopia (95%), and Malawi (95%).

Graphic 15. Percentage of health worker respondents reporting insufficient budget





Communities in the six countries also voiced concerns about access to essential medicines and vaccines. Apart from in Ghana and Liberia, where communities reported improved vaccine availability, the community discussions highlighted critical shortages. The lack of available medicine forced community members to seek private pharmacies, often at much higher costs, further straining household budgets.

Communities Face Poorly-equipped and Remote Healthcare Facilities

"We are referred to Wesu district hospital for diagnosis tests 40 km away from the [local] dispensary. Doctor's consultation has been increased from 50 to 100 Shillings at the referral hospital making it difficult for the community to access services." **WOMEN FGD MEMBER, TAITA TAVETA, KENYA.**

Communities, particularly in rural areas, reported significant hurdles due to poor infrastructure. Rural health centres, as noted by communities in Kenya can be up to 30km away, forcing patients to travel on foot, by commercial transport, or by motorbike. Communities in Liberia reported traveling to other counties to access health services. Urban communities face shorter distances but reported high public transport costs, such as in Nigeria and Ghana.

Communities have noted that health centres are often ill-equipped, lacking basic amenities like clean water, sanitation, electricity, and security fencing. These conditions compromise hygiene and safety, with some rural respondents from Kenya expressing fear of wild animals, like elephants, wandering into unsecured facilities.

Budget Cuts Impact Maternal Health Services

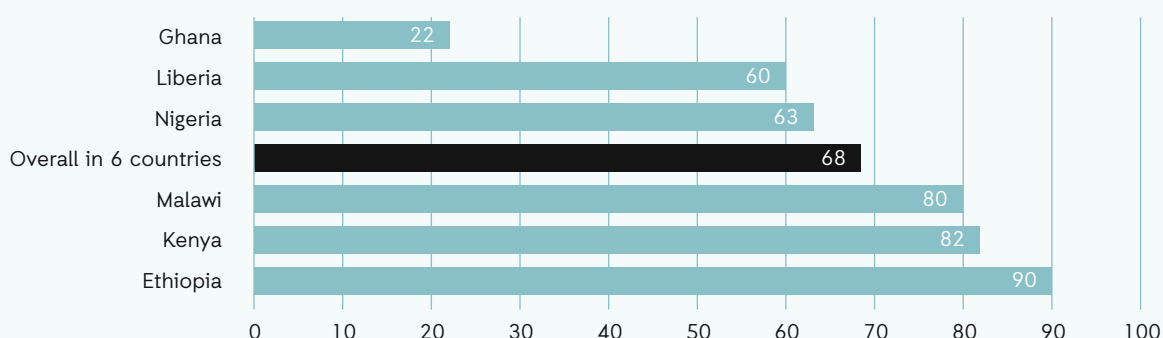
"In the past month I have witnessed four women giving birth at home due to unaffordable hospital fees. The community has to seek vaccines and immunisation in private hospitals since they are not available in public hospitals. Our health services do not include pregnant and lactating women. Most of them have to seek services in Mombasa which is expensive." **HEALTHCARE WORKER, KENYA.**

"There is a need to increase funding for primary health centres as the cost of health care has become unbearable. Pregnant women are meant to pay full charges before they are attended." **MRS. RABI UMAR, JIWA COMMUNITY, ABUJA, NIGERIA.**

“Before we had Linda Mama, a government scheme that would pay for maternal child health for vulnerable mothers. This was stopped two years ago making it difficult for women to access Maternal-Child Health Services.” **WOMAN FGD PARTICIPANT, TAITA TAVETA COUNTY, KENYA.**

Across all countries surveyed, 68% of health workers highlighted the impact of budget cuts on maternal health services, with women health workers (76%) expressing greater concern about these issues than men (52%). The impact on maternal health was particularly severe in Ethiopia, where 90% of workers reported significant challenges, while Ghana experienced the least disruption, with 22% of workers highlighting the issue.

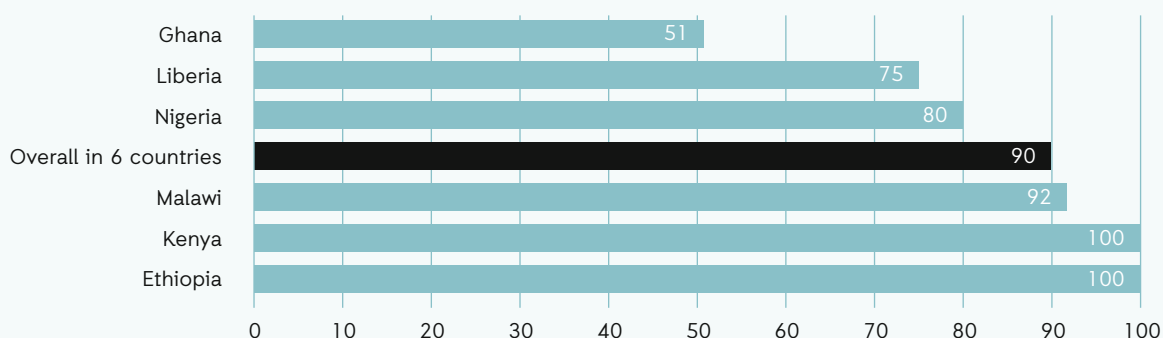
Graphic 16. Percentage of healthcare worker respondents noting greatest impacts of budget cuts on maternal health



Rising Cost of Health Service Access

Rising healthcare costs have further compounded the crisis. Among all health workers surveyed in the six countries, 80% noted an increase in medicine prices, 59% reported higher costs for diagnostic tests, and 37% observed a rise in doctors' consultation fees. 100% of public health worker respondents in Ethiopia and Nigeria reported a significant increase in the cost of medicines, and 51% in Liberia. The level of increases in medicine costs was the highest (over 50%) in Ethiopia, Nigeria and Malawi.

Graphic 17. Percentage of healthcare worker respondents noting a rise in the cost of medicines since 2020



Community members in all countries stated that, over the last 3-5 years, the price of medicines, doctor fees, diagnostic tests, and hospitalisations has soared. Urban communities also noted sharp increases in transportation costs to health centres: in Ghana the cost is reported to have quadrupled.

The Financial Consequences of Rising Health Costs on Families

“Our primary health care centre needs to be upgraded to a hospital. It is also painful that medication has become more expensive in primary health care. The Government should do their best to reduce out of pocket expenditure for us.” **WOMAN FGD PARTICIPANT, NIGERIA**

“Services that were provided for free before, now we pay for them in government health facilities. For example, if an older person has a fracture, she/he pays MK25,000 (\$14) to get the service in a government clinic.” **WOMAN FGD PARTICIPANT, KAWAZA, MALAWI**

“Now malaria is an epidemic in our area, five years ago we could buy chloroquine for 50 birrs (USD 0.4) but now it costs more than 500 birr (US \$4) in private health centres.” **ALEMITU WODERASHA, WOMAN FGD PARTICIPANT, MUYAKELA KEBELE, ETHIOPIA.**

Communities noted that the rising cost of healthcare is pushing vulnerable communities into financial despair. Mounting medical expenses force families to delay or avoid treatment, only seeking medical help when conditions become critical. In Malawi, for instance, community members reported that the rising costs of healthcare have led to preventable fatalities. Those who do seek treatment often face financial strain, resorting to borrowing money, reducing food intake, or selling essential household items to cover medical expenses.

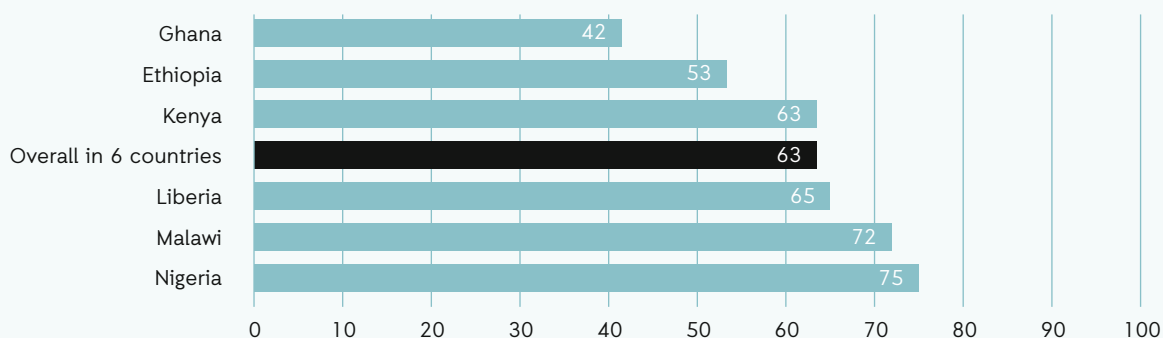
Community discussions revealed that the economic burden of healthcare is overwhelming for families in all six countries. To pay for treatment, community members, particularly in Malawi, have reported selling household assets, taking out loans, or reducing spending on essentials like food. The high cost of transportation to health centres exacerbates the financial strain, especially noted by community members in Nigeria and Ghana. Rural communities are the worst affected, as long distances to health centres require higher transportation costs, which disproportionately affects women, children, and elderly individuals.



3.2 Worsening Pay and Conditions, and the Ripple Effects on Healthcare Workers

Rising patient numbers and decreased resources have put a strain on healthcare workers, with 46% from all survey countries reporting a decline in working conditions over the past 3–5 years. Rising patient numbers, reported by 63% of respondents, compounded the strain on workers, with women workers (71%) being more affected than men. Among the survey countries, the highest percentage of health workers reporting an increase in patients was in Nigeria, at 75%. In comparison, 42% of health workers in Ghana reported the same issue. Additional responsibilities, felt by 51% of workers, and insufficient medical equipment (57%) have stretched health workers' capacity to provide quality care. Moreover, 75% of workers reported working overtime at health centres, with 92% receiving no additional pay for their extra hours.

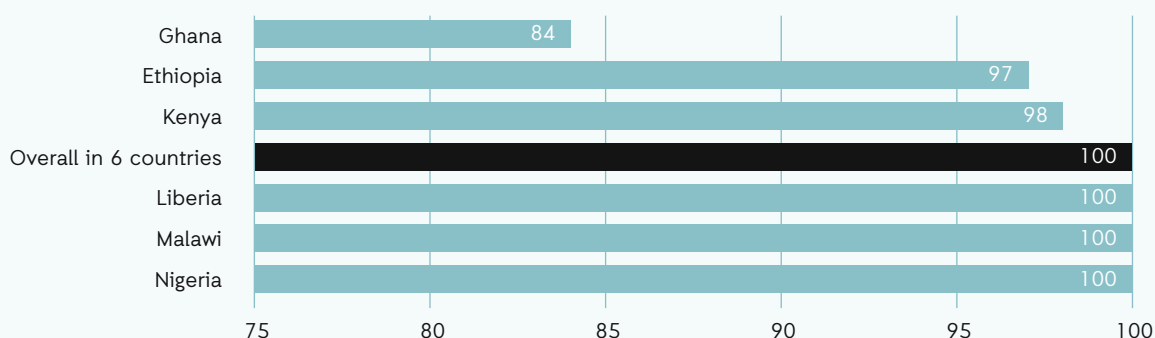
Graphic 18. Percentage of Healthcare Worker Respondents reporting Increases in Patient Numbers since 2020



Inadequate Pay and Cost-of-Living Challenges

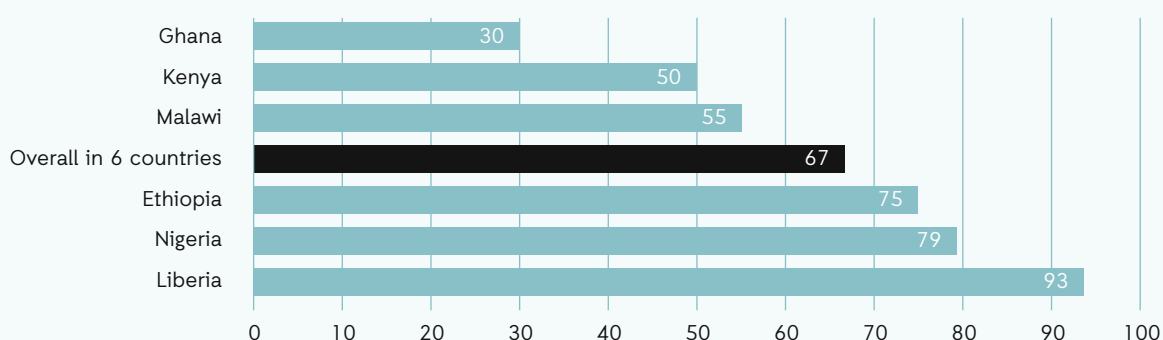
Nearly all health workers (97%) from the six survey countries reported that their pay was inadequate, with 42% reporting that their earnings have declined by up to 30% in recent years. Living costs have outpaced wages for 68% of respondents, pushing workers into financial hardship. 100% of healthcare workers in Ethiopia, Ghana, Kenya and Malawi reported inadequate pay, with similar figures in Liberia (98%), and Nigeria (84%).

Graphic 19. Percentage of healthcare worker respondents reporting insufficient pay compared to 2020



This decline in real wages has had impacts on the living conditions of healthcare workers and their families. Nearly 87% of healthcare workers reported difficulties to pay utility bills, 63% to pay rent, and 67% reported reducing their food intake. Women were more affected than men, with 72% of women compared to 58% of men reporting reduced food consumption. Liberian health workers reported the highest rate of reduced family food intake, with 93% acknowledging this challenge, compared to 30% of Ghanaian workers.

Graphic 20. Percentage of healthcare worker respondents reporting reduced food intake for their families since 2020



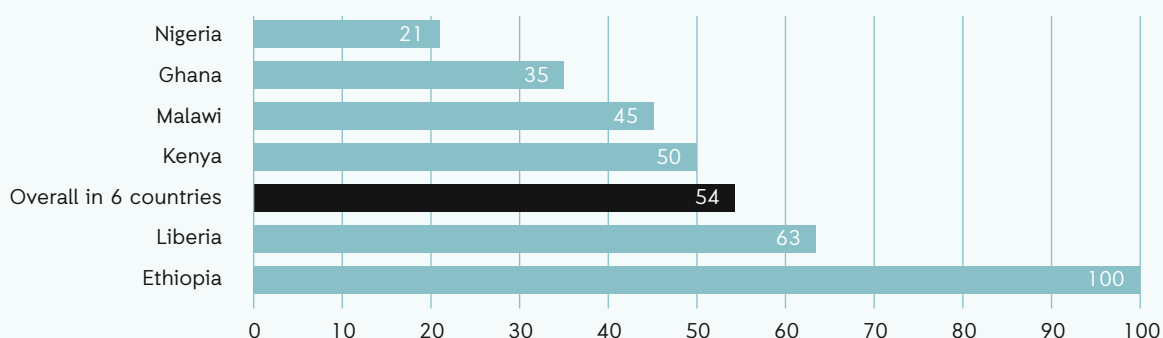
Health workers also reported that negatively impacts on their children's education, with 67% struggling to cover school-related costs. 95% of Malawian health workers struggled with covering school-related expenses, while the lowest reported incidence was among Kenyan health workers (30%).

To survive, many health workers are pursuing side jobs, with 40% from all survey countries engaging in small businesses. Women (48%) are more likely than men (24%) to seek additional income. Among the survey countries, 82% of Kenyan health workers are forced into establishing small businesses in order to make ends meet, while 17% of Ethiopian health workers are involved in similar ventures.

Dwindling Access to Professional Development

Opportunities for professional development in the health sector are on the decline. Over half (54%) of health workers across the six countries reported a reduction in training opportunities since 2020. The lack of opportunities disproportionately affected women (57%) and rural workers in all the countries.

Graphic 21. Percentage of healthcare worker respondents reporting reduced training opportunities since 2020

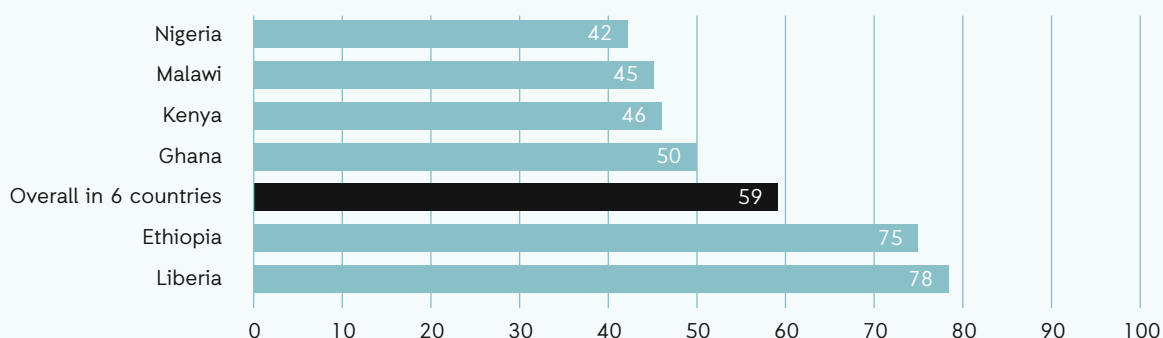


The issue is most severe in Ethiopia, where 100% of surveyed workers noted this challenge, compared to 21% in Nigeria. Overall, 55% of health worker respondents believed that the quality of training had improved, but the situation was starkly different in Ethiopia, where an overwhelming 90% of respondents reported a decline in training quality. This reinforces an urgent need to address both access to and the quality of training opportunities, in Ethiopia and other countries.

Challenges in Work-Life Balance and Impacts on Mental Health

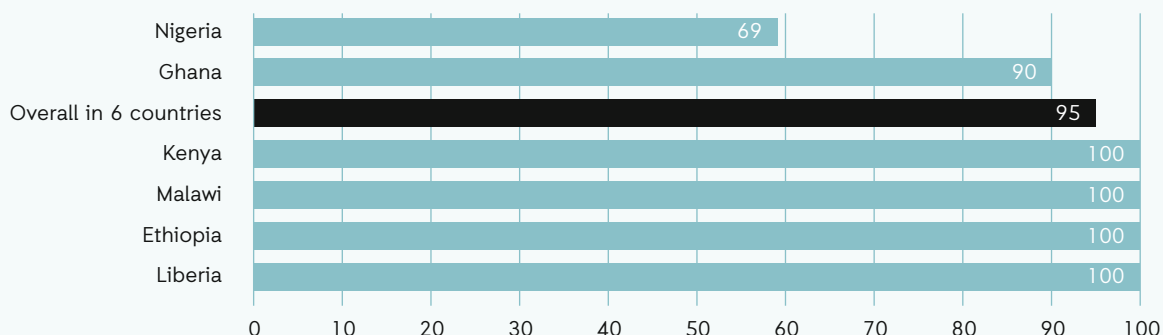
As a result of these pressures, balancing personal and professional life has become more difficult for 59% of health workers from the six survey countries. As workloads have grown, 47% of workers report struggling to relax, 43% face relationship issues, and 45% report a worsening of their mental health. Dissatisfaction with home life is driving some to consider leaving the sector altogether. A significant portion of health workers in Liberia (78%) reported difficulties with work-life balance, closely followed by Ethiopia (75%), whereas in Nigeria, 42% of health workers reported this issue.

Graphic 22. Percentage of workers reporting difficulties in achieving work-life balance



The combination of financial pressures and tough working conditions is taking a mental toll on healthcare workers. A staggering 95% of health workers from all survey countries reported stress, with women (98%) more affected than men (90%). Sadness (57%), sleeplessness (50%), hopelessness (49%), and anger (44%) were common experiences. Country-specific analysis exposes a critical mental health crisis, with 100% of workers in Liberia, Ethiopia, Malawi and Kenya reporting severe stress levels, closely followed by Ghana at 90% and Nigeria at 69%. The majority of Liberian health workers (82%) reported experiencing feelings of sadness, compared to only 10% of their counterparts in Ghana.

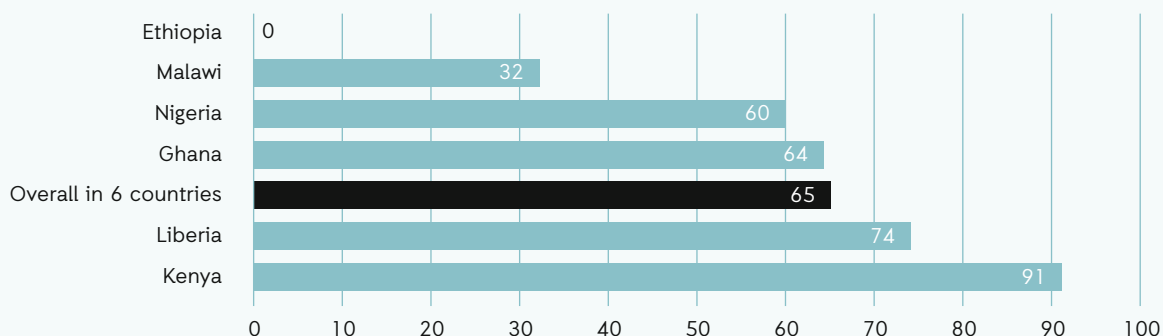
Graphic 23. Percentage of healthcare workers reporting increased stress since 2020



Constraints on Support from Healthcare Workers Unions

Unions remain a lifeline for health workers. About 64% of public health workers in all countries are union members, with higher participation in urban areas (73%) compared to rural ones (57%). Unions are reported to offer solidarity (46%), negotiate for better pay (41%), and provide legal aid (41%). Despite these efforts, unions face significant barriers, including funding constraints (65%) and restrictive government policies (38%).

Graphic 24. Percentage of health worker respondents reporting lack of funding for unions

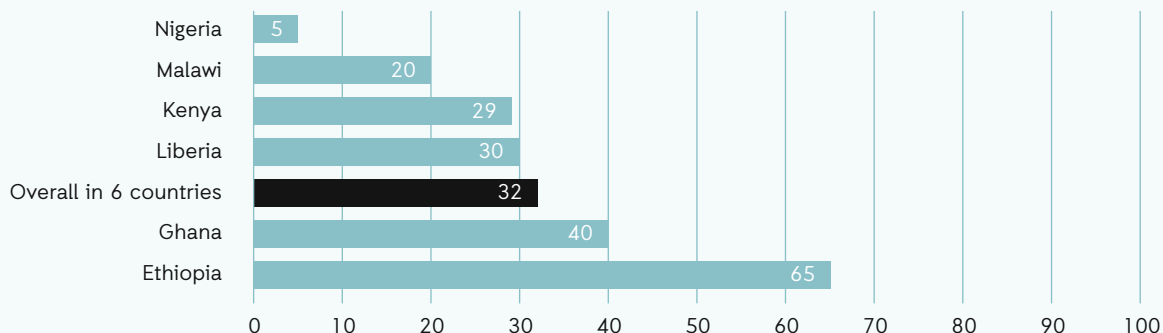


Union membership among health workers surveyed varied significantly across countries. In Malawi, 95% of health workers surveyed were members of a union, compared to just 5% in Ethiopia. Funding constraints for unions were a major issue in Kenya, as 91% of health workers reported this challenge, while only 32% of workers in Malawi identified funding as a problem.

Healthcare Workers Leaving the Sector

Approximately 32% of health workers surveyed in the six countries expressed a desire to leave the profession due to unrelenting pressures; though 71% would reconsider if pay and working conditions were improved.

Graphic 24. Percentage of health worker respondents reporting intention to leave their jobs



Ethiopian health workers exhibited a stronger desire to leave their jobs, with %65 considering quitting. This signals an urgent need for reforms to prevent an exodus of critical staff.



» 3.3 Disproportionate Impact on Women and Girls in the Public Health Sector

The survey revealed that women and girls are the most severely affected by the deterioration of health services, a view shared by male and female respondents. These findings point to an urgent need for targeted interventions to address the unique challenges for women and girls in the health sector, both as healthcare workers and health service users. Without swift action, the health and wellbeing of women and girls will continue to deteriorate, further deepening inequalities.

Increased Workload and Stress Among Women Workers

Women health workers face unprecedented levels of stress and workload. With the rise in patient numbers, 56% of women reported experiencing increased responsibilities and inadequate support at work. This pressure is taking a toll on their mental and physical health, leading to burnout and decreased job satisfaction, as 48% of women health workers reported mental stress whereas 64 % of women reported anger issues due to increased workload.

Inadequate Pay and Financial Strain

Nearly all women health workers (97%) across the survey countries reported that their pay is insufficient to meet the rising cost of living. While male workers reported similar issues, financial strain is particularly detrimental to women who often bear the additional burden of household expenses. Many have been forced to take on side jobs or work overtime without additional pay, exacerbating their stress levels.

Limited Opportunities for Professional Development

Opportunities for professional development are dwindling, disproportionately affecting women. Over half (57%) of women health workers in survey countries reported a reduction in training opportunities, limiting their career growth and advancement. This lack of training impacts their ability to provide quality care and hinders their professional progress.

Decline in Maternal and Child Health Services

Communities reported significant challenges in accessing maternal and child health services. Pregnant women face difficulties obtaining necessary care, especially at night when health workers are unavailable. The discontinuation of government schemes, like the Linda Mama program in Kenya, has exacerbated these issues, leading to preventable fatalities and increased financial burden on families.

Impact of Rising Healthcare Costs

The rising costs of healthcare are hitting women and girls the hardest. Many are forced to delay or avoid treatment due to unaffordable fees, resulting in worsening health outcomes. In Malawi, for example, the high cost of services has led to preventable fatalities, with families resorting to borrowing money, reducing food intake, or selling household assets to cover medical expenses.

Unsafe and Distant Health Centres

"I visited the hospital with my pregnant friend when she was due. As we got there, the lights had gone off. What the nurse could do was to use a torch light to look at our faces and laughed saying: 'Oh she's here to give birth? We don't have electricity and can't attend to her. Send her to the nearest hospital you know and that was the end of the child. My friend lost her baby in this tragedy.'" ALBERTA, WOMAN FGD PARTICIPANT, AMASAMAN MUNICIPALITY, GHANA.

Women and girls from rural areas face long and dangerous journeys to reach health centres, which are often ill-equipped and lacking basic amenities. Rural health centres frequently refer women to county hospitals, leading to costly and time-consuming commutes. This challenge is compounded by poor infrastructure, with some communities in Kenya reporting distances of up to 30 km to the nearest health centre. The lack of security and essential services, like clean water and sanitation, further compromises their health and safety. Women also face longer wait times, adding to the time poverty accrued from a disproportionate share of unpaid care and domestic work.

Early Pregnancies and Education Disruption

The lack of access to family planning services has led to an increase in early pregnancies among girls, forcing them to drop out of school. This issue is particularly prevalent in Liberia, where communities reported a significant rise in teenage pregnancies. The disruption of education not only affects the girls' future prospects but also perpetuates the cycle of poverty and health disparities.

CASE STUDY 3

Challenges faced by Ms Anita Kalaswaah, a Healthcare Professional in Liberia

Anita, a mother of three, has the dual role of Community Health and Social Services provider and Midwife in her local clinic in Gbarpolu County, Liberia. Faced with a critical shortage of qualified midwives, Anita's commitment to her community means she is performing two vital roles but is compensated for only one.

The absence of reliable ambulance services poses a severe risk to patient care in Gbarma. Anita emphasised that many patients cannot afford the minimum six gallons of fuel as a fee for the ambulance service during an emergency, thereby leading to delayed medical attention that can result in unnecessary fatalities, especially for women in labour.

With a population of over 9,000 households of Gbarma District (23 towns) relying on the clinic, the staff is stretched thin. Anita and her colleagues often work overtime, sometimes skipping meals due to their overwhelming workload. "Sometimes we fail to eat," Anita shares, emphasising the toll that exhaustion takes on their ability to serve the community effectively.

Daily medication shortages plague the clinic, forcing locals to walk for hours only to find that essential drugs are out of stock. This lack of resources has left many residents disillusioned with the clinic's capacity to meet their healthcare needs. With only two rooms available for patient admissions, the clinic often struggles to accommodate the needs of the community.

The clinic faces environmental hurdles as well, such as an unstable electricity supply. Critical medications, including injections, require refrigeration to remain preserved; summer's excessive heat compromises the efficacy of many essential drugs at the Gbarma Clinic. Additionally, heavy rains can delay the drying of essential reusable supplies like blankets and clothing, thereby disrupting clinic operations.



>> 3.4 The Impact of Climate Change on Health Services

Communities reported that climate change is intensifying health vulnerabilities. In Ghana, Nigeria and Liberia, respondents reported floods triggering malaria outbreaks, landslides blocking access to health centres, and extreme heat leading to increases in diarrheal and mosquito-borne illnesses. Kenyan communities highlighted that during droughts, wildlife such as elephants would invade human settlements in search of water, damaging community water storage systems.

Health centres are not spared from the destructions of climate change, with floods damaging buildings and leaving infrastructure in disrepair. While community members in Ghana valued the government provision of mosquito nets to combat malaria, most respondents believed that the authorities have done little to address broader climate-induced damage.



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4. CONTEXT: ROOTED IN SYSTEMIC ECONOMIC ASYMMETRIES

>> 4.1 How did we get Here?– Governments and the IMF

Community members have largely held governments responsible for the deterioration in education services, citing poor planning, underfunding and a failure to enforce tax justice. For example:

- In **Kenya**, community members attributed the issues to inadequate planning and excessively regressive government taxation.
- Communities in **Malawi** held their government responsible for failing to allocate adequate resources for health and education in the national budget.
- In **Ethiopia**, community members cited several reasons for the deterioration of public services: the Government's low capacity to monitor frontline service providers, a lack of training for workers, instability, loss of hope for the future, high inflation, corruption and budget shortages.
- Community members from **Liberia** pointed to a lack of necessary resources, but also the Government's failure to adequately compensate teachers and healthcare workers, resulting in corruption and additional fees within both sectors. The effects of the civil war further compounded economic decline and undermined efforts to establish a functioning public healthcare system.
- In **Nigeria**, community members asserted that the Government was not taking education and healthcare seriously, highlighting shortages of workers, equipment and infrastructure in both the education and health sectors. They blamed the Government for misappropriating and improperly utilising the funds intended for these sectors, as well as an erratic recruitment system.
- In **Ghana**, community members emphasised the poor implementation of health and education policies, monitoring and accountability measures. A few held the IMF and other multilateral institutions responsible, due to their unfair and unrealistic economic conditions, and expressed concerns about the government's reliance on IMF loans, asserting that the country could thrive without such assistance.

Regarding taxation, Ghanaian, Kenyan, Malawian, and Liberian community members believed that while the poor were heavily taxed, the wealthiest individuals and corporations were not paying their fair share, depriving the education and health sectors of much-needed funds.

The struggles documented in these six countries are emblematic for the age of permanent austerity around the world, and very high debt levels in low- and middle-income countries. This survey aimed to step away from the dry economic indicators that shape our world and depoliticise the human impact of government decisions. This human impact is indisputable and cannot be ignored, as is the deterioration of public services with severe impacts for women and marginalised communities, gender equality and unpaid care workloads.

In this section, we aim to connect the lived realities back to big economic indicators - the systemic issues and historic power imbalances among countries that are impeding national governments' decision-making on economic policy - and we outline the role and influence of international financial institutions in economic governance.¹⁰

4.2 Flawed Economic Metrics: Uncounted Unpaid Care and Domestic Work

A first fundamental and systemic problem with current economic policy making is that it renders invisible and uncounted the immense subsidy provided by women's disproportionate and unpaid care and domestic work - which underpins the global economy. It has been estimated that, valued at an hourly minimum wage, global unpaid care work would represent approximately 9% of global GDP, while exceeding 40% of GDP in some countries.¹¹ If monetised, this would be \$11 trillion per annum (all likely underestimations).¹² While the point is not to monetise unpaid care work, these calculations show the scale of this hidden and unrecognised contribution to the world economy, 76% of which is done by women - essential work that is reproducing and sustaining the human workforce for free.¹³

The invisibility of care work in global economic measures means that most economic policy and decision-makers do not consciously consider it, and routinely ignore the gendered impacts of their economic and budget decisions.¹⁴ Women - and other marginalised communities - are time and again at the forefront of crises and in effect act as involuntary shock absorbers of austerity, disguising the full human cost of cuts from the public eye.¹⁵ Feminist economists have systematically found that austerity measures, and especially cuts to public budgets, intensify women's burden of unpaid work and their time poverty.¹⁶

In this research, respondents report an increase in women's unpaid care work as a result of public service cuts. It is further evidence of the increase in women's subsidy to the State, and society as a whole, that is made through increased unpaid care and domestic work. This invisible contribution needs to be included in economic decision-making, for example through the systematic inclusion of time-use surveys. Without recognising unpaid care work, undertaken mostly by women, it is hard to envision a shift in which gender-responsive public services are prioritised because the true impact of cuts goes unnoticed. In order to address this, the key is to move beyond GDP growth as a core measure and to put human rights and care at the centre of economic objectives and indicators. We need a feminist approach to fiscal and tax justice, and we need full recognition of the links between unpaid care work and the financing of public services.

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10. To understand more on the mechanisms of debt and relationship to economic policy and public services, see: <https://csoforffd.org/work/debt/>
 11. For United Nations statistics and analysis on the economic value of unpaid care see: <https://www.undp.org/latin-america/blog/missing-piece-valuing-womens-unrecognized-contribution-economy>; <https://www.unwomen.org/en/news-stories/statement/2024/10/care-a-critical-investment-for-gender-equality-and-the-rights-of-women-and-girls>
 12. This International Labour Organization (ILO) statistic from 2018 has been widely cited but not updated.
 13. ILO (2018) Care Work and Care Jobs for the Future of Decent Work: https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_633135.pdf; Bellamy Foster, J. and B. Clark (2017) Women, Nature, and Capital in the Industrial Revolution. See review here: <https://monthlyreview.org/2018/01/01/women-nature-and-capital-in-the-industrial-revolution>
 14. With around 11% of ministers of finance and central bankers being women. See more stats from UN women here: <https://www.unwomen.org/en/news-stories/press-release/2025/03/political-leadership-roles-in-2025-men-continue-to-dominate>
 15. Woodroffe, J. and P. Meeks (2019) Opinion: Austerity takes a devastating toll on women. Here's why. <https://www.devex.com/news/opinion-austerity-takes-a-devastating-toll-on-women-here-s-why-95224> Picchio, A. (2003) A macroeconomic approach to an extended standard of living', in A. Picchio (ed.) Unpaid Work and the Economy. A Gender Analysis of the Standards of Living.
 16. Donald, K. and N. Lusiani (2017) The IMF, Gender Equality and Expenditure Policy. CESR. <https://www.brettonwoodsproject.org/2017/09/imf-gender-equality-expenditure-policy/>

>> 4.3 Restricted National Sovereignty over Economic Policy

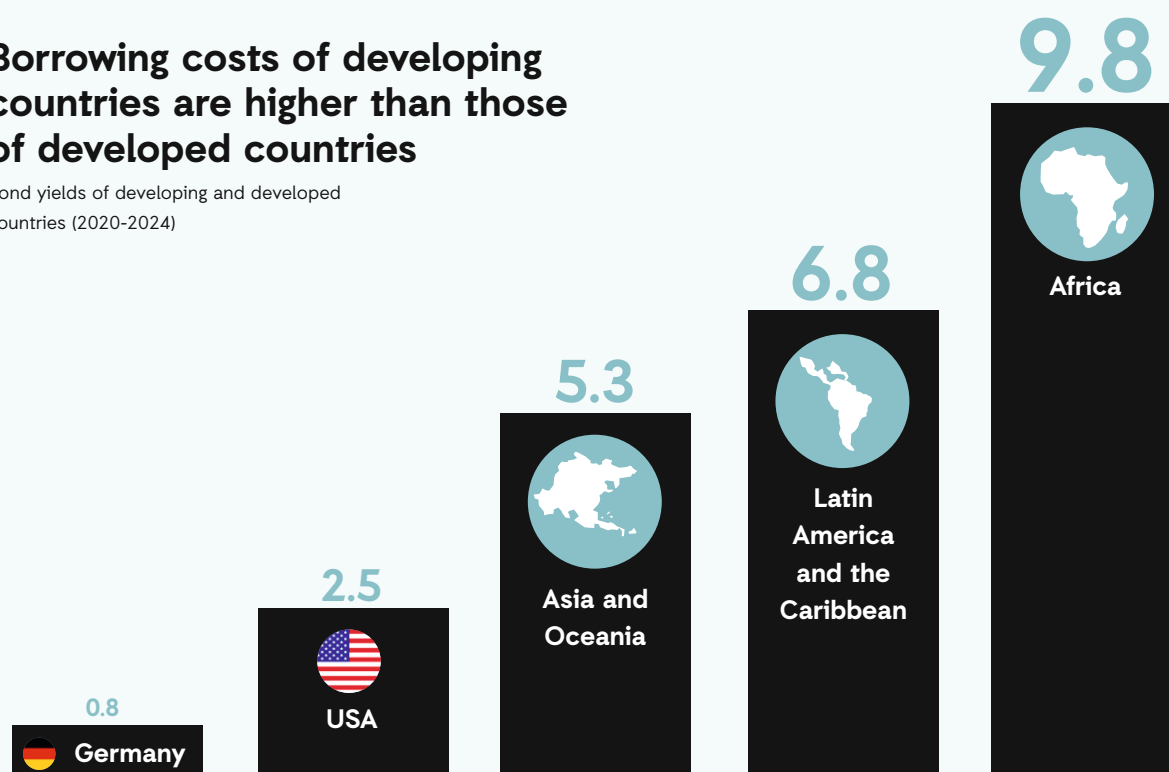
A second critical issue to note is that **national governments operate within a global economic order** that is significantly impeding decision-making on economic policy and the right to development by national governments. This extractive and exploitative system, neglecting public welfare, is reinforced by intersecting oppression and discrimination along race, gender and class lines. The current unjust international financial architecture makes access to financing inadequate and expensive.¹⁷ The 2024 UNCTAD World of Debt report finds that countries in Africa pay interest rates that are four times higher than the United States and twelve times higher than Germany.¹⁸ Without access to low-cost financing like Global North governments, many African governments now find themselves facing a deeper debt crisis than ever before.

This perpetual state of indebtedness reflects a pattern of exploitation, where global South countries are held in bondage under the weight of illegitimate debt and forced by the IMF to cut their public spending to pay their debts.¹⁹ We need to see support and immediate debt cancellation to all countries in need by all creditors (bilateral, multilateral and private).²⁰

Graphic 24. Government borrowing costs per region

Borrowing costs of developing countries are higher than those of developed countries

Bond yields of developing and developed countries (2020-2024)



Source: UN GCRG - technical team calculations, based on Refinitiv data.

Note: Illustrative comparison of the average JPM EMBI Global Diversified USD bond yields per region with the 10-year bond yields of Germany and the United States from January 2020 to May 2024

17. See: Civil Society Financing for Development Mechanism (CSFDM): <https://csoforffd.org/work/debt/>

18. UN Trade and Development (UNCTAD) (2024) A World of Debt. <https://unctad.org/publication/world-of-debt>

19. CSFDM: <https://csoforffd.org/work/debt/>

20. CSFDM Database: <https://csoforffd.org/resources/database-governments-supporting-debt-cancellation-and-or-debt-architecture-reform/>

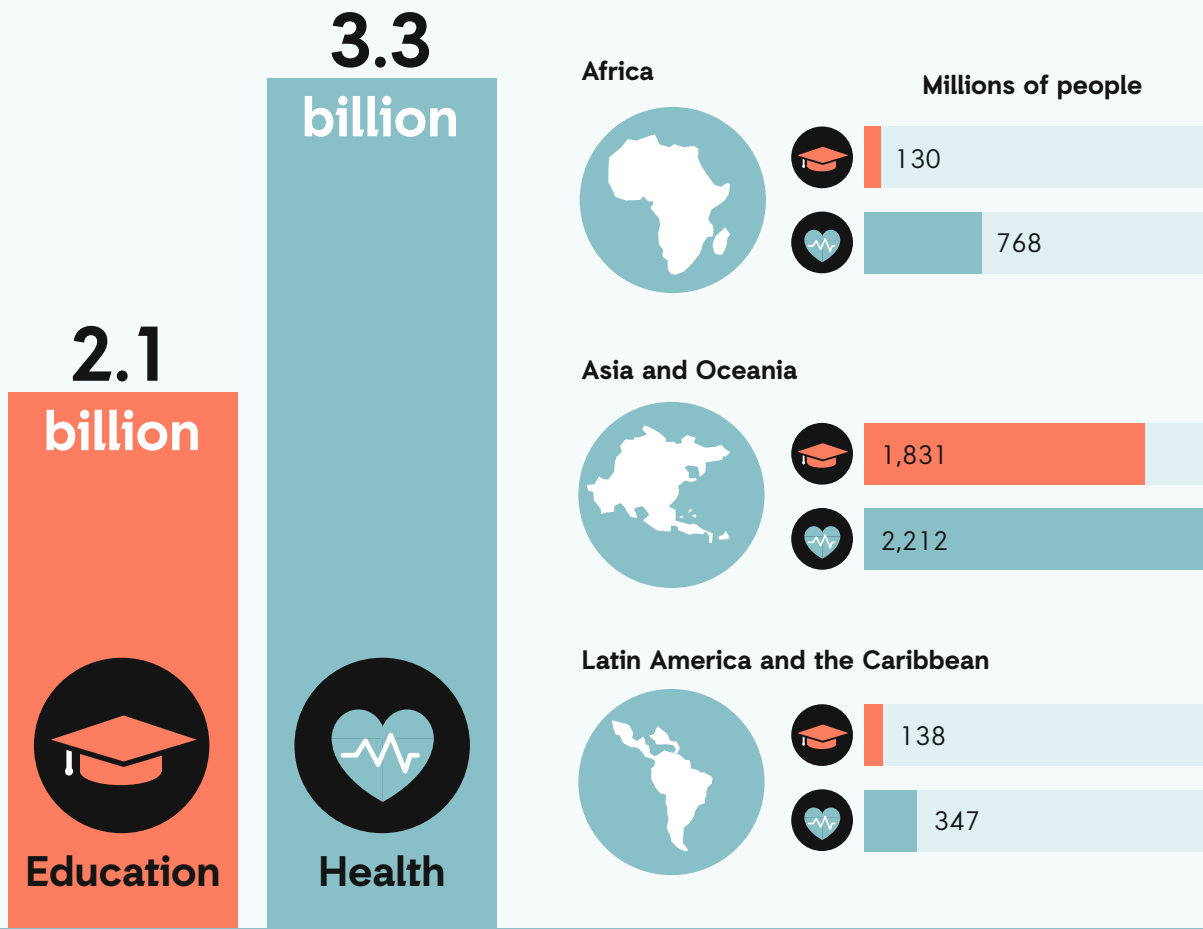
21. We acknowledge problems with the data referenced here as national averages hide huge subnational differences, but we use them to provide national context to the survey results.

UNCTAD also found that, in 2024, 3.3 billion people were living in countries that spend more on interest payments than on either education or health. We can see this trend across the six countries covered by this research - Ethiopia, Ghana, Kenya, Liberia, Malawi and Nigeria in Table 3. Four have been spending less than the recommended 20% benchmark of the budget on education and have high teachers to pupil ratios, not meeting the recommended ratio of 1 teacher per 30 pupils.²¹ (see Table 2). For health, all countries are spending less than the guideline of 15% of their national budget. The doctor to patient and nurse to patient ratio is very low for all countries. With the World Health Organization (WHO) stating that global inequalities in availability of nursing personnel are largely income driven, with a density of 9.1 nurses per 10 000 population in low-income countries compared to 107.7 per 10 000 population in high-income economies.²²

Graphic 24. Government spending on interest, education and health per region

3.3 billion people live in countries that spend more on interest than education or health

Population in developing countries where spending on interest exceeds education or health (2020-2022)



Source: UN GCRG - technical team calculations, based on IMF World Economic Outlook (April 2024) and World Bank World Development Indicators.

22. WHO (2020) State of the World's Nursing 2020: investing in education, jobs and leadership. <https://www.who.int/publications/i/item/9789240003279>

Graphic 2. Teacher to pupil ratio and doctor to patient ratio

Country	Teacher to pupil ratio primary school (standard 1:40 or 1:30 ²³)	Medical doctors per 10,000 (2023 unless indicated)	Nursing personnel per 10,000 population (2023)
Ethiopia	1:55	1.43	10.47 (2022)
Ghana	1:27	2.66	16.62
Kenya	1:31	2.89	22.68
Liberia	1:22	1.78 (2022)	8.23 (2022)
Malawi	1:59	0.54 (2022)	4.77 (2022)
Nigeria	1:38	3.80	9.89 (2022)
Source	https://data.worldbank.org/indicator/SE.PRM.ENRL.TC.ZS?locations=ZG	https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery https://apps.who.int/nhwportal/	https://www.who.int/publications/i/item/9789240003279 https://apps.who.int/nhwportal/

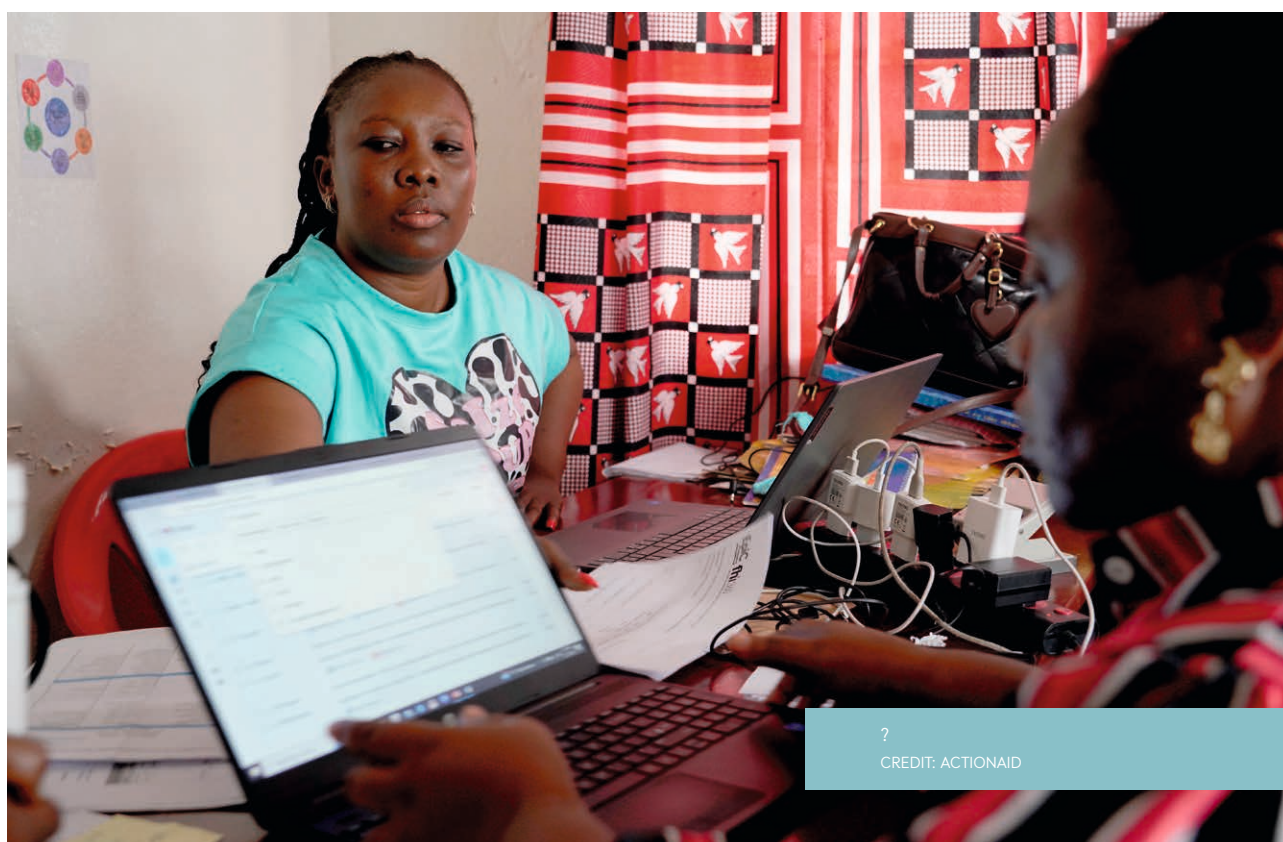
Graphic 2. Government expenditure on debt, health, education in 2024

Country	Debt Status	External Debt Payments As % Of National Revenue	Education Spending As % Of Government Spending/ National Revenue	Health Spending As % Of Government Spending/ National Revenue	Public Sector Wage Bill Spending As % Of GDP	Most Recent IMF Advice On Wage Bill	Illicit Financial Flows Leaving Country
Ethiopia	IN DISTRESS	6.0	23.01	7.10	6.6	n/a	213,300,000
Liberia	Moderate	8.4	11.73	3.66	7.4	Cut	947,900,000
Malawi	IN DISTRESS	25.4	n/a	5.76	4.5	Cut	51,300,000
Ghana	IN DISTRESS	9.2	13.18	8.20	9.7	Cut	66,100,000
Kenya	High	28.7	17.90	9.29	8.1	Freeze ^{*24}	333,300,000
Nigeria	n/a	20.1	4.40	4.06	1.6	Cut	206,600,000
Data Source	World Bank) (extra data marked * from https://data.debtjustice.org.uk/)		UNESCO Global Education Monitoring Report 2024	World Health Organisation	Worldwide Bureaucracy Indicators: https://databank.worldbank.org/source/worldwide-bureaucracy-indicators-(wwbi)	The Public Versus Austerity	

23. There is not a universally accepted benchmark, a recommended 1:40 ratio is sometimes referenced, or 1:30, which is a better standard. This is a total of all teachers and there are often big urban/ rural differences and between rich and deprived areas. Teachers are not evenly spread across grades. A common pattern is that early grades of primary have large classes (100 or over) and upper levels have smaller classes (10 or 15). Also, some teachers will not be in the classroom at any one point. For comparison the same data shows the UK has a ratio of 1:15, Denmark 1:11 and Norway 1:9.
24. Where available based on research in ActionAid International (2021) The Public Versus Austerity and *ActionAid International (2020) The Pandemic and the Public Sector: <https://actionaid.org/publications/2020/pandemic-and-public-sector>

Current debt sustainability analysis is flawed, for many reasons, but especially because of the prioritisation of debt repayments at any cost and over public health, education and social protection spending needs.²⁵ Ignoring the human rights commitments and obligations of States creates an upside-down world. The foreign debts of lower-income countries are enforced, especially by the IMF, leading to cuts in spending on health, education, and climate action. At the same time the much larger debts of rich countries go unenforced and unpaid – whether those are debts for climate pollution, slavery, colonisation, the continuing unjust economic system, illicit financial flows or failed aid promises.²⁶ Debt sustainability assessments should include benchmarks for social spending as a non-negotiable public budget that cannot be used for debt repayments. Debt sustainability analysis needs to include human rights and development impact assessments.

A fair and timely resolution of the debt crisis will never result from the current lender-dominated forums, such as the common framework, which excludes the voices of people and governments of the Global South. The civil society mechanisms on Financing for Development (FFD) note that the United Nations, which is not a creditor itself, is the only forum that provides an inclusive and democratic space to provide a lasting multilateral solution to the debt crisis.²⁷ We need to see systemic solutions to address the debt crisis, which is possible as part of the fourth International Conference on Financing for Development (FFD4). Governments need to agree to debt architecture reform with a debt workout mechanism at the UN providing a transparent, binding and multilateral framework for debt crisis prevention and resolution. As pointed out by the civil society mechanism on FFD, *‘the IMF and the World Bank, together with the G7 and G20, are the backbone of the creditor-dominated architecture that has historically failed in delivering fair, lasting solutions for global south countries dealing with debt challenges, and continues to do so.’*²⁸



25. CSFDM: <https://csoforffd.org/work/debt/>

26. ActionAid International (2025) Who Owes Who? <https://actionaid.org/publications/2025/who-owes-who>

27. See CSFDM Database.

28. <https://csoforffd.org/resources/cs-ffd-mechanism-s-inputs-to-the-ffd4-outcome-document-first-draft/>

These global forces have real impact on people's lives, as our survey shows. Public service cuts that arise from debt repayment enforcement by the IMF, has meant increasing and/or introducing fees for access to basic services. Increasing the cost for households, as well as being a regressive way of funding public services, also leads to increased household debt, which disproportionately affects women and marginalised communities.²⁹

Progressive **national action on tax** is hampered by a lack of democratic international cooperation.³⁰ Illicit financial flows, evasion and avoidance lead to many resources leaving Global South countries. Cross-border tax abuse by multinational companies and wealthy individuals is not a marginal phenomenon but a systemic feature of the global economy, draining resources from the Global South to the Global North.³¹

According to the Tax Justice Network, countries are losing \$492 billion in tax a year to global tax abuse, due largely to the 8 countries that remain opposed to a UN tax convention.³² Of the \$492 billion lost to global tax abuse a year, two-thirds (\$347.6 billion) is lost to multinational corporations shifting profit offshore to underpay tax. The remaining third (\$144.8 billion) is lost to wealthy individuals hiding their wealth offshore.

The African continent is a net contributor to the global economy, meaning more resources leave the continent than arrive. The Tax Justice Network Africa reports that Africa's annual loss to illicit financial flows has increased to \$90 billion annually in 2024.³³

This makes national action on progressive taxation insufficient, as African governments have successfully demanded a UN Framework Convention on Tax, which is now being negotiated at the United Nations.



29. ActionAid International (2022) The Care Contradiction. <https://actionaid.org/publications/2022/care-contradiction-imf-gender-and-austerity>

30. The OECD rich club of countries attempts to make progress on international tax rules are disingenuous and flawed.

31. <https://csoforffd.org/work/tax/>

32. These countries are Australia, Canada, Israel, Japan, New Zealand, South Korea, the United Kingdom and the United States of America. <https://taxjustice.net/reports/the-state-of-tax-justice-2024/>

33. <https://taxjusticeafrica.net/resources/news/tjna-advocates-financial-architecture-combat-illicit-financial-flow>

>> 4.4 Unjust Global Economic Governance and International Financial Institutions

Structural changes are needed to the unjust international financial institutions (IFIs), which make up global economic governance, such as the IMF. The current order and global economic governance system was designed in the immediate aftermath of WWII reflecting the colonial structure and balance of power of that historical moment, meaning Global South countries have hardly any voice in these institutions.³⁴

The origins of the Financing for Development initiative in Monterrey in 2002, are rooted in these “systemic asymmetries defining the international financial and monetary architecture, which cannot be resolved on the national terrain and reveal their steep social and economic costs through recurrent crises”.³⁵

This state of permanent structural adjustment, or austerity, and cycles of crisis have been found again and again in our research. Since the 1980s, the IMF and the World Bank have championed variations of structural adjustment and fiscal consolidation programmes that have profoundly undermined development, having a significant impact on the capacity of African States to set their own independent course.³⁶ As ActionAid’s African Country directors stated, *“These institutions are fundamentally colonial in nature, formed before most African countries achieved independence. The voting structures of the IMF and World Bank remain basically unchanged since they were founded, giving power to the former colonisers to perpetuate a world order that does not recognise the voice, dignity and importance of the African continent. These institutions perpetuate colonial power relations and their neoliberal ideologies are outdated, not fit for the 21st century or the needs of African countries.”*³⁷ This is demonstrated by the fact African countries still have very little say in decision-making in the World Bank and the IMF with less than 10% vote share in the IMF board.³⁸

Graphic 2. IMF programmes in the past 5 years per country

Country	IMF programmes in past 5 years	Joined IMF (IMF country pages)	Number of IMF Arrangements since membership (IMF country pages)
Ethiopia	<ul style="list-style-type: none"> • July 2024 Extended Credit Facility • April 2020 Rapid Financing Instrument • Dec 2019 Extended Credit Facility and • Extended Fund Facility 	1945	9
Ghana	<ul style="list-style-type: none"> • May 2023 Extended Credit Facility • April 2020 Rapid Credit Facility 	1957	18
Kenya	<ul style="list-style-type: none"> • Sept 2024 Extended Credit Facility • Dec 2019 Extended Credit Facility 	1964	22
Liberia	IN DISTRESS	1962	25
Malawi	<ul style="list-style-type: none"> • Nov 2023 Extended Credit Facility • Nov 2022 Rapid Credit Facility • May and Oct 2020 Rapid Credit Facility 	1965	18
Nigeria	<ul style="list-style-type: none"> • April 2020 Rapid Financing Instrument 	1961	5

34. <https://csoforffd.org/work/systemic-issues/>

35. Ibid.

36. ActionAid International (2023) 50 Years of Failure. <https://actionaid.org/publications/2023/fifty-years-failure-imf-debt-and-austerity-africa>

37. <https://actionaid.org/sites/default/files/publications/African%20CDs%20-%20a%20political%20statement%20for%20Marrakech%20-%202011%20OCT.pdf>

38. <https://www.imf.org/en/About/executive-board/eds-voting-power>

In the current system of global economic governance centring on the IMF and the World Bank, global South countries continue to lose out in economic decision-making because they remain structurally excluded or marginalised in these institutions that are premised on a one-dollar-one-vote governance system. FfD4 offers an opportunity to affirm an alternative, centred on the UN as a democratic international decision-making space. States urgently need to agree much needed reforms to the international financial architecture in its entirety, coherently and democratically, with universal and inclusive participation, while ensuring human rights, gender equality and ecological integrity. It is high time to bring the IFIs under intergovernmental democratic governance and restore their foundational establishment as an integral part of the UN system with full accountability to the UN General Assembly. FfD4 should therefore initiate a profound review of the financial architecture and multilateral development banks, reaffirming the role of the United Nations in global economic governance, as stated by the civil society mechanism.



5. RECOMMENDATIONS

The concerns raised in this report by hundreds of public sector workers and community members about the appalling state of the public health and education sectors are alarming. Therefore, ActionAid calls for feminist and just alternatives that build economies and societies rooted in care for both people and the planet. Governments should move beyond the narrow focus on GDP growth and instead prioritise human rights, climate justice, and care at the heart of economic goals. There is an urgent need for new international agreements on global economic governance and a shift to democratic institutions, such as the United Nations, that can shape a fairer, more inclusive global economy for all. This needs to include progress on a UN Framework Convention on Tax and the creation of a new UN Framework Convention on Sovereign Debt.

The recommendations below are drawn from survey participants, ActionAid's work with unions and previous policy research. Following States' human rights obligations, these recommendations are first and foremost directed at governments and their ministries of education, health and finance. As the global context restricts governments, explained in the previous section, we end with recommendations for wider systems change.

>> 5.1 National Governments

- National governments must reject the coercive policy advice of the IMF on public sector wage bill cuts and privatisation to save critically-important public education and health systems.
- Governments in the South should strengthen South-South cooperation to demand debt relief / cancellations and an overhaul of the international debt architecture, with the creation of a UN Framework Convention on Sovereign Debt as a clear outcome of the Financing for Development Conference. Wider architecture reform should also be supported, including a UN Framework Convention on Development Cooperation and following through to deliver a strong UN Framework Convention on Tax.
- Governments should introduce progressive tax reforms increasing tax to GDP ratio by five percentage points which, according to ActionAid report, **Transforming Education Financing In Africa: A Strategic Agenda For The African Union Year Of Education** could generate an additional \$146 billion every year for African Union countries.³⁹ Tax revenue should increase progressively through greater contributions from wealthy individuals and corporations to promote fairness and address gender inequalities within the tax system. It is desirable to ensure that all debt, tax, financial assistance agreements are in line with human rights obligations including specific commitments on substantive gender equality and women's human rights.
- Governments should proactively seek new grant opportunities, such as the *Global Climate Fund* for developing climate-resilient infrastructure and the *Fund for Responding to Loss and Damage* for reconstructing education and health facilities affected by climate change. The findings of this report highlight that the poor state of public education and health services has exacerbated the negative impacts of climate change on local communities. Therefore, high-quality and robust public services in education and health are crucial for communities to better face the challenges of climate change.
- Prioritise funding for public health and education services that is gender-transformative benefitting women and girls, explained by ActionAid as a **Gender Responsive Public Services Framework**.⁴⁰

39. ActionAid International (2024) Transforming Education Financing in Africa. https://actionaid.org/sites/default/files/publications/Transforming_Education_Financing_in_Africa_report.pdf

40. ActionAid International (2018) Gender Responsive Public Services Framework: https://actionaid.org/sites/default/files/grps_2018_online.pdf

- Unions provide a platform for teachers and health workers to collaborate with policymakers, ensuring that reforms address real challenges in public education and health services. By promoting equity, stability, and accountability, unions contribute to more effective and sustainable public services. Therefore, governments should strengthen teacher and health workers' unions and associations, ensuring they have the necessary resources and support to play a pivotal role in improving public service systems.

>> 5.2 Education Ministries

Increase Funding to Improve Public Education

- Work with ministries of finance to commit more revenue to invest in strengthening the frontline public sector workforce – and help to make the case for progressive tax reforms to fund this.
- Allocate resources to recruit more teachers to lower the student-teacher ratio, ensuring that each student receives adequate attention and support.
- Implement strategies to retain qualified education professionals with greater emphasis on women teachers by offering a living wage, benefits, and opportunities for career advancement.
- Allocate additional resources to ensure that schools have adequate teaching materials, facilities, and trained staff to support girls' education to address gender inequality.
- Provide financial assistance and scholarships to support girls and low-income families to ensure equal access to education.

Improve School Infrastructure

- Education ministries must secure additional funding to build more schools, especially in rural areas, where long travel distances limit access to quality education—impacting children, especially girls, the most.
- Secure adequate funding to provide essential learning materials, improve school infrastructure, and ensure accessibility to all students. Invest in building and maintaining safe and conducive learning environments, including ventilated classrooms, proper furniture, clean water, sanitation facilities, reliable electricity, and fenced and secure premises to provide a safe learning environment for girls and women students.
- Ensure the infrastructure of schools is climate resilient to withstand the emergency challenges of floods, heatwaves, and droughts.
- Construct and maintain separate, safe, and hygienic toilet facilities for girls in all schools.
- Implement policies to support girls' education, including providing menstrual hygiene management resources and ensuring safe access to schools.

Support Professional Development for Teachers

- Offer continuous professional development opportunities with separate programmes for women teachers, with a focus on improving teaching methods, skills, career prospects and addressing the challenges posed by climate change.
- Provide mentorship programmes to support women teachers in their professional growth and development.
- Establish mental health support programmes for teachers with a separate focus on women teachers to help them cope with the stress and strain of their demanding roles.
- Implement policies that support flexible working hours and provide childcare facilities for women teachers to balance their professional and personal responsibilities.

5.3 Health Ministries

Increase Funding for Health Services

- Work with ministries of finance to commit more revenue to invest in strengthening the frontline public sector workforce – and help to make the case for progressive tax reforms to fund this.
- Allocate resources to recruit more nurses and doctors to lower the patient-doctor ratio.
- Urgently allocate more resources to public health facilities, ensuring the availability of essential medicines, equipment, and vaccines.
- Allocate additional resources specifically for maternal and child health services, including family planning and prenatal care, particularly during nights and weekends.
- Ensure that health facilities are equipped with essential medicines and supplies, particularly those needed for women's health.

Improve Healthcare Infrastructure

- Invest in building and maintaining health centres, particularly in rural areas, to ensure they are equipped with basic amenities such as clean water, reliable electricity, and security to provide a safe environment for patients and staff.
- Secure additional funding to build more health centres, especially in rural areas, where long travel distances limit access – impacting children, especially girls, the most.
- Ensure health infrastructure is climate resilient to withstand the emergency challenges of floods, heatwaves, and droughts.
- Construct and maintain separate, safe, and hygienic toilet facilities for women and girls in all health centres.

Support the Mental Health and Wellbeing of Health Workers

- Health ministries should address the fundamental problems of mental health and work-life balance by ensuring all the resources workers need to carry out their roles effectively are available, being paid a living wage, recruiting more workers to distribute the workload effectively, and ensuring adequate breaks.
- Establish mental health support programmes for workers with separate facilities for women health workers to help them cope with the stress and strain of their demanding roles.
- Provide regular breaks, counselling services, and professional development opportunities to improve their work-life balance and job satisfaction.

Recruit and Retain Health Workers

- Implement strategies to recruit more staff, attract and retain qualified health professionals with greater emphasis on women health professionals by offering living wage salaries and decent work, benefits, and opportunities for career advancement.
- Promote gender equality in the workplace by increasing opportunities for professional growth.

5.4 The IMF

The IMF must cease recommending austerity policies and public sector wage bill cuts to countries in Africa – which are undermining public services and opening the door to privatisation. Instead, governments must be able to focus on ambitious and progressive tax reforms to increase government revenues for greater investment in public services.



ActionAid is a global movement of people working together to achieve greater human rights for all and defeat poverty. We believe people in poverty have the power within them to create change for themselves, their families and communities. ActionAid is a catalyst for that change.

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