Analysis of the
General State
Budget
Angola 2026

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Health in the State Budget

Key Messages

The General State Budget (OGE) for 2026 is estimated at Kz 33.24 trillion, of which approximately **Kz 2.1 trillion (Kz 2,099,623,528,420.00) has been allocated to the health sector**, a nominal increase of 6 percent compared to 2025.

This allocation represents **6.3 percent** of total **OGE** spending and **1.5 percent of Gross Domestic Product (GDP)**. Even though the sector's share of the State Budget is higher than in 2025 (5.7 percent), this level remains well below the 15 percent target set forth in the Abuja Declaration, indicating that health continues to account for a relatively small share of overall public spending.

In terms of **budget implementation** , it is observed that **49 percent of total spending is the responsibility of provincial governments**. Within this component, the **provinces of Luanda (8 percent), Benguela (6 percent), and Huambo (4 percent) stand out with the largest allocations**. In turn, the **Ministry of Health (31 percent)** and the **Budget Reserves (16 percent)** together account for 47 percent of total health spending.

The 2026 State Budget introduces the **direct allocation of resources to hospital facilities** on a broader scale, with decentralized management, thereby altering the structure for implementing the health budget, with the aim of improving efficiency and effectiveness.

Despite the increase in the **per capita health budget** – standing at approximately **57,000 Kz per person in 2026** – it remains limited given the scale of health needs , rapid population growth , and pressure on maternal and child health services.

Public Health Services and General Hospital Services account for the largest shares of health expenditure, absorbing approximately **46 percent and 36 percent of the sector's budget**, respectively. Other areas such as Medical Products, Devices, and Equipment, and Health Research and Development continue to account for a small share.

The analysis of health expenditure by category is limited by the **lack of methodological detail regarding the content of each budget line item**, which restricts analysis by program areas and international comparability.

The country faces a **dual epidemiological burden**, characterized by the **persistence of communicable diseases**, such as malaria, acute respiratory infections, measles, tuberculosis, and cholera, among others, and by the **gradual increase in noncommunicable diseases**, such as cardiovascular diseases, diabetes, and cancer.

Rapid population growth and the high proportion of young people place significant **pressure on maternal and child health services**, vaccination, and nutrition, in a context where more than one million children are born annually and require access to health services.

Budget execution for the health sector remains volatile, with high rates between 2021 and 2022 (95 to 96 percent), a sharp drop in 2023 (63 percent), a recovery in 2024 (96 percent), and a **further decrease in 2025 (77 percent)**, compromising the predictability of funding and the continuity of health programs.

From the perspective of budgetary priorities, **health care spending as a proportion of total spending in the State Budget has followed a volatile trajectory** over the period. After a rise from 4.8 percent in 2022 to 6.7 percent in 2023, it declines in 2024 (5.5 percent) and recovers partially to **6.3 percent in 2026** (see Figure 2). Despite this recovery, **there is no consistent trend of convergence toward the 15 percent target established by the Abuja Declaration**, in which African Union countries (including Angola) committed to allocating at least 15 percent of the national budget to health. Budgetary prioritization of the health sector in Angola remains below the levels observed in several countries in the region.

Figure 1 Trends in Budgetary Expenditures on Health, 2022–2026 (in billions of Kz)

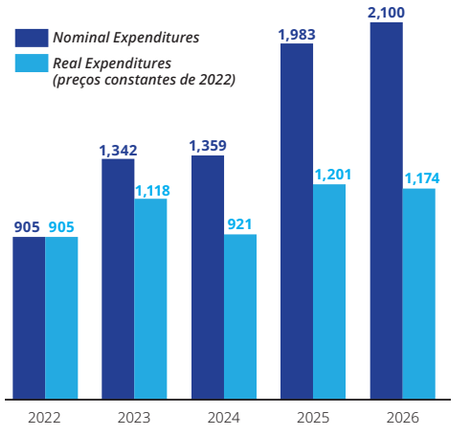
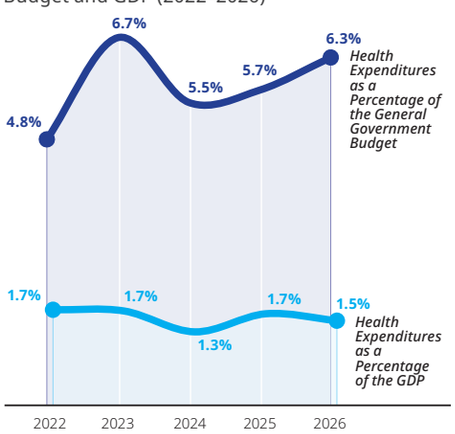


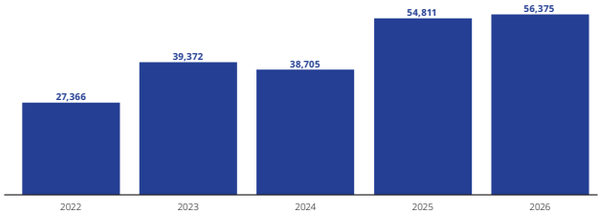
Figure 2 Trends in Health Expenditures as a Percentage of the General Government Budget and GDP (2022–2026)



Source: Ministry of Finance, 2022-2026 Budget by Function

Public health expenditure per capita (public expenditure per capita) shows a **general upward trend** over the period analyzed, **rising from about 27,400 Kz in 2022 to 53,500 Kz in 2026**, which corresponds to a nominal increase of approximately 95 percent. After growing in 2023, there is a slight decrease in 2024, followed by a significant increase in 2025 and relative stabilization in 2026.

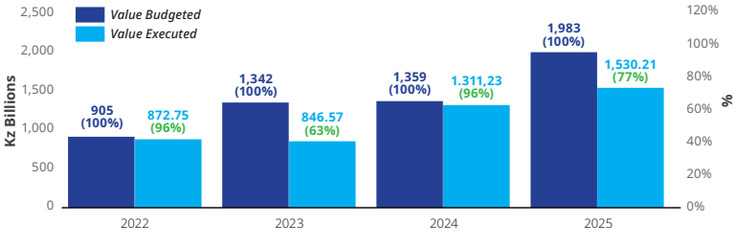
Figure 3 Trends in Health Expenditures per capita, 2022–2026 (in Kz)



Source: Ministry of Finance, 2022-2026 Budget by Function, INE 2014 and 2024 Censuses

After an implementation rate of about 96 percent in 2022, there was a sharp decline to 63 percent in 2023. In 2024, the implementation rate rebounded to approximately 96 percent, before falling again to **77.2 percent in 2025**.

Figure 4 Approved Budget vs. Actual Expenditures Health Budget, 2022–2025 (Kz billion)



Source: Ministry of Finance, 2022-2026 Budget by Function, General Account of the State 2022-2024, Quarterly Reports on the Execution of the 2025 State Budget

Table 1 Trends in Health Expenditures by Budget Categories, 2022–2026 (millions of kwanzas, nominal values)

Budgetary Lines	2022	2023	2024	2025	2026
Total	905,454	1,342,356	1,328,914	1,982,581	2,099,624
General Hospital Services	292,638	380,612	463,062	679,700	746,494
Specialized Hospital Services	68,102	83,198	114,248	156,647	162,668
Specialized Services of Medical Centers and Maternity Centers	33,601	70,213	82,878	211,989	158,966
Services of Public Health	503,763	798,102	665,337	876,633	963,129
Products, Devices, and Medical Equipment	7,312	10,231	3,388	57,612	42,148
Research and Development in Health	38.00				26,219
Health total	**2022**	**2023**	**2024**	**2025**	**2026**
General Hospital Services	32%	28%	34%	34%	36%
Specialized Hospital Services	8%	6%	8%	1%	8%
Specialized Services of Medical Centers and Maternity Centers	4%	5%	6%	11%	8%
Services of Public Health	56%	59%	49%	44%	46%
Products, Devices, and Medical Equipment	1%	1%	0%	3%	2%
Research and Development in Health	0%		0%	0%	1%

Source: Ministry of Finance, 2022-2026 Budget by Function

Recommendations

1 **Gradually Increase Public Investment in Health:** *Strengthen budget allocation to the sector, with a view to reaching at least 10 percent of the State Budget in the short to medium term, as an intermediate step toward the Abuja Declaration target of 15 percent and convergence with regional standards.*

2 **Improve the Efficiency of Budget Execution:** *Conduct an in-depth analysis of the causes of volatility in the execution of the health budget, strengthening mechanisms for planning, implementation, and monitoring of public spending.*

3 **Strengthen Funding for Primary Health Care Primary Health Care:** *Prioritize investments in primary health care, including sexual and reproductive health, maternal and child health, immunization, nutrition, and the fight against major endemic diseases, in line with the Luanda Declaration on Primary Health Care and Immunization, recognizing these areas as the most strategic for reducing mortality and improving health indicators.*

4 **Reduce Regional Disparities in Access to Health:** *Strengthen territorial equity in health financing through more transparent budget allocation mechanisms and technical criteria, such as infant mortality, health coverage, and levels of poverty, population, and disease burden, prioritizing provinces, municipalities, and communities with the worst indicators, particularly in rural areas.*

5 **Strengthen Investment in Essential Medicines, Medical Equipment, Innovation, and Health Systems:** *Increase resources allocated to the procurement of medicines and nutritional products, medical equipment, technological modernization, and health research, in order to improve the quality, efficiency, and responsiveness of services.*

6 **Strengthen Capacity for Financial Management and Execution at the Hospital Level:** *Ensure that hospitals and subnational structures have the technical capacity and appropriate financial management mechanisms to ensure the efficient and transparent use of decentralized resources.*

7 **Strengthen the Availability and Use of Administrative and Statistical Data Administrative and Statistical Data to Inform Decision-Making:** *Ensure that data disaggregated by sex, disability, and geographic location support the formulation, allocation, and monitoring of more equitable health policies.*

8 **Strengthen Transparency and Harmonization of the Functional Classification of Health Expenditures with International:** *Enhance the transparency of the functional classification of health expenditure in the State Budget through the publication of methodological notes that clarify the content of each budget line item and its alignment with international standards (COFOG), in order to enhance the traceability of expenditures by program areas and international comparability.*

9 **Strengthen Intersectoral Coordination and Participatory Monitoring:** *Strengthen institutional mechanisms for coordination and dialogue between health, agriculture, education, water, and sanitation, ensuring that existing structures —including the National National Observatory on Food and Nutritional Security—lead to effective decisions, clear budgetary priorities, and concrete actions in response to structural challenges that disproportionately affect children and women.*