



# **INCREASING INVESTMENTS IN HEALTH OUTCOMES FOR THE POOR**

**2nd CONSULTATION ON MACROECONOMICS AND HEALTH**  
October 2003 • Geneva, Switzerland



World Health Organization

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## Abbreviations

CMH:	Commission on Macroeconomics and Health
DAH:	Development Assistance for Health
HIPC:	Heavily Indebted Poor Countries Initiative
IMF:	International Monetary Fund
MDG:	Millennium Development Goals
MH:	Macroeconomics and Health
NEPAD:	The New Partnership for Africa's Development
OECD:	Organisation for Economic Co-operation and Development
ODA:	Official Development Assistance
ORAS:	Andean Health Organization
PRSP:	Poverty Reduction Strategy Papers
SWAp:	Sector Wide Approach

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## A call for better health among the poor



The last few years have seen the emergence of an international consensus in global public health: socio-economic development can be achieved only by rigorously promoting the implementation of pro-poor policies within a viable development strategy, financed through a significant increase in health investments. We have witnessed important achievements, including heightened attention among policy-makers to the health of the poor and recent increases in assistance for health. But more determination and resources are needed to meet the real health needs of the poor. Failure to act promptly and decisively will result in countless additional deaths and illness from preventable causes, trapping individuals and families in poverty and hindering economic growth and development.

WHO's Macroeconomics and Health approach is a response to developing countries' requests for support in analysing their health situations, policies and options for mobilizing additional resources for health and using existing resources more efficiently. The work supports the development of Health Investment Plans that address health priorities within the overall macroeconomic framework. The work brings together ministers of health, finance, and planning with development partners to take forward a shared agenda to increase investments in health and eliminate health system and institutional constraints, enabling greater absorption of additional resources. These efforts support achievement of major WHO priorities, the Millennium Development Goals and national development targets.

In this spirit of global partnership, WHO has convened a series of Consultations at the regional and global level, providing fora for exchange of experiences and lessons learned in implementing and advancing country-level Macroeconomics and Health processes. June 2002 saw the gathering of representatives from ministries of health, finance, and planning from 20 countries at the 1st Consultation on National Responses to the Report of the Commission on Macroeconomics and Health. The 2nd Consultation on Macroeconomics and Health, "Increasing Investments in Health Outcomes for the Poor", held in October 2003, was the culmination and furtherance of over a year's efforts to translate the recommendations of the CMH Report into concrete actions at the country level.

Participation at the October meeting by high-level representatives from 40 developing countries, the International Monetary Fund, the World Bank and other development partners signified real commitment and resulted in a Declaration that was unanimously endorsed by the countries. Participants identified several particularly pressing issues to be addressed, including resource mobilization options, human resource constraints, and harmonization of donor funding. Following three days of productive discussion, countries reaffirmed their will to create Health Investment Plans that address these and other issues and pay particular attention to the health needs of the poor.

There is now much work to be done, and this Consultation is but one step in a vital process that must lead to action and results. This report presents key materials and outcomes from the 2nd Consultation. I hope it stimulates thought and carries forward the tremendous momentum that will be necessary to achieve the goals we have set for ourselves and for the world.

*Dr Kerstin Leitner  
Assistant Director-General  
Sustainable Development & Healthy Environments*

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## Introduction



# Macroeconomics and Health

**H**ealth is a priority goal in its own right as well as a central input to development. Good health is critical for poverty reduction and the achievement of the Millennium Development Goals (MDGs). Although the global environment for health is dynamic —with more energy, public awareness, more political engagement and increased financial resources — still, major diseases continue to cause high morbidity and mortality and overwhelm public health systems around the world. Unless the world commits to steady, long-term investments in health, poor communities and countries will continue to suffer disproportionately from the “double crises” of devastating diseases overwhelming failing health systems.

The result is a vicious cycle of ill health, poverty, and economic stagnation or recession. People that are ill and dying cannot lift themselves out of poverty. Sick, malnourished children cannot attend school and reach their full potential. And populations that are burdened by major diseases cannot contribute to their country’s socio-economic growth.

The two-way causal links between health and economic growth, first publicized by the 2001 Report of the Commission on Macroeconomics and Health, are now widely recognized. Responding to the CMH Report’s findings and to the urgent need for action, WHO’s Macroeconomics and Health Strategy mobilizes support for countries as they place health centrally within their development agenda. The work examines alternative approaches within and outside the health sector for supporting efforts to increase resources and investment for health, and inputs into long-term plans to build national capacity to effectively, efficiently and equitably utilize increased funding. A Macroeconomics and Health process complements other development instruments, such as Poverty Reduction Strategy Papers (PRSPs) and Sector-Wide Approaches (SWAs), by ensuring that health system constraints and equity issues are given proper attention and analysis. Since 2001, many countries have chosen to follow-up on the Commission’s recommendations by initiating Macroeconomics and Health activities, which are now being pursued in over thirty countries worldwide.

An important event in the ongoing efforts to highlight the importance of health for poverty reduction and development took place from 28 to 30 October 2003, when ministers of

health, finance and planning from 40 developing countries gathered with development partners at WHO Headquarters in Geneva. The 2nd Consultation on Macroeconomics and Health, “Increasing Investments in Health Outcomes for the Poor”, discussed necessary next steps for achieving more investment in health and building national capacity to absorb increased funding.

The WHO-hosted meeting was widely attended by non-health officials, evidence that there is cross-sectoral recognition of the urgent need for worldwide increase in health investment.



The meeting provided an opportunity for dialogue among ministers of health, finance and planning together with development partners. Delegates demonstrated political commitment to bringing about lasting strengthening of health systems and were keen to develop a common understanding of how countries and their partners can transform global and national pledges into action, as documented in the ensuing Consultation Declaration.

Over the past years, there has been a heightening focus on improving health as a co-requisite for poverty alleviation, as developing country governments are committing more resources towards the achievement of the MDGs.

The country-led Macroeconomics and Health process offers suggestions on how to realize these goals and helps raise high-level political commitment for more resources to health. The CMH Report has been instrumental in calling for greatly expanded financial resources to health, from internal reallocation of resources and from donor funding to fill the financing gaps. The Macroeconomics and Health process assists countries in tackling their institutional and systemic constraints and making optimum use of scarce health resources. At the same time, this process improves coordination with international partners and provides increased predictability of donor investment.

## A time for action

The 2nd Consultation on Macroeconomics and Health, “Increasing Investments in Health Outcomes for the Poor”, was held two years after the launch of the 2001 Report of the Commission on Macroeconomics and Health (CMH) which recommended that by 2007, donors should increase assistance for health from the current levels of about US\$ 6 billion per year to US\$ 27 billion. The Commission also called for more budgetary resources for public health from developing countries, and more political and organizational effort than has been seen in the past decades to achieve real improvements in health.

The 2nd Consultation followed the 1st Consultation on Macroeconomics and Health, held in June 2002, at which several developing countries agreed to follow-up on the recommendations of the CMH Report and approved a broad action plan at country level.



***The CMH Report estimated that the minimum expenditure for scaling up a set of essential interventions is on average US\$ 34 per person per year. In many of the world’s poorest countries, average total spending for health is about US\$ 11 per person per year.***

However, a year and half after the June meeting, the world still has not increased investment in health to the levels needed to measurably impact major diseases that affect the world’s poor. The 2nd Consultation offered an unprecedented opportunity to focus debate and come to a consensus on the urgent actions needed to improve health sector performance and provide an enabling environment through more and better financing.

Over 350 participants attended the Consultation. These included representatives from 27 low-income and 13 middle-income countries as well as 18 major donors, of which 14 were donor countries and four donor foundations and international banks. Participants included country representatives from all six regions – Africa, the Americas, Eastern Mediterranean, Europe, South-East Asia, and the Western Pacific. From the countries invited, 31 ministers of health and 18 ministers of finance or planning participated. Additional participants included 197 high-level officials from the ministries of health, finance and planning.

There were senior representatives from the International Monetary Fund (IMF), the Organisation for Economic Co-operation and Development (OECD), and the World Bank. Regional entities such as The New Partnership for Africa’s Development (NEPAD), the Andean Health Organization (ORAS) and the Commission of African Union, as well as ten

UN organizations, eleven academic institutions and six NGOs, were represented at the Consultation. See Annex 1 for the List of Participants.

The Consultation began with a one-day preparatory meeting on 28 October, with high-level health, finance, and planning policy-makers from participating countries coming together to discuss key operational policy issues in their ongoing Macroeconomics and Health work. The debate of the preparatory day fed the discussions held during the Ministerial Consultation. Please see Annex 2 for a detailed Consultation Agenda.

## Preparatory meeting sets the stage for Consultation discussions

In order to prepare the groundwork for the Ministerial Consultation, technical sessions were held on 28 October, for which participants broke up into the three thematic Working



Groups. The preparatory meeting provided an opportunity for discussion of issues related to the Consultation's three main themes:

- How to improve the effectiveness of health delivery systems and monitor outcomes (Working Group 1);
- How to make health central in the country macroeconomic framework and increase internal allocation of resources to health (Working Group 2);
- How to make external funding more predictable and increase coordination with partners (Working Group 3).

These themes were discussed during the Consultation through presentations and debate between country delegates, expert speakers, and representatives of development agencies.

### Improving the effectiveness and efficiency of health delivery systems and monitoring outcomes

Working Group 1, chaired by Professor Anne Mills of the London School of Hygiene and Tropical Medicine, provided the opportunity for discussion of how to improve the effectiveness and efficiency of health delivery systems and monitor outcomes. The session heard that three main issues are key to well-functioning health systems: setting realistic health priorities; building institutional and organizational components of health delivery systems; and setting up effective mechanisms for tracking management and health outcomes.

Priority-setting in countries begins with a consensus among major stakeholders to develop a comprehensive development framework, with agreed upon objectives and sufficient resources to finance efforts. Political commitment is raised through consistent involvement

of government and its partners in all aspects of analytical and planning work and implementation. Before national health priorities can be set effectively, participants felt there

***Political commitment across sectors, strong evidence to set priorities and monitor outcomes, and a focus on easing human resource constraints are essential to improving the effectiveness of health delivery systems.***

must be a realistic assessment of the components of the health delivery system based on firm evidence. Governments can proceed by targeting the poorest groups with priority interventions. When discussing the components of a more effective health system, countries agreed that governments must ensure access for the poor to essential health services. To achieve this goal, human resource constraints will need to be addressed, and health sector management must be strengthened. Finally, to develop more effective monitoring mechanisms, countries should invest in information systems and quality data. Governments will take the lead in coordinating the development of information systems to avoid duplication, and the private sector can make its data accessible to the public to ensure that both the public and private sectors are held accountable for outcomes.

### **Making health central in the macroeconomic framework and increasing internal allocation of resources to health**

Working Group 2 sessions were chaired by Dr Peter Heller, Deputy Director of the Fiscal Affairs Department at the International Monetary Fund, Mr Alexander Preker, Lead Economist for Health, Nutrition, and Population at the World Bank, and Mr Pablo Gottret, Senior Economist in the Human Development Program at the World Bank. Delegates discussed how to make health central to the macroeconomic policy framework and increase internal resources to health. Discussions took place around three main areas:

***Domestic resource mobilization for health can come about through reallocation of expenditures, heightened efficiency in resource use, and increased revenue efforts, as well as enhanced public-private partnerships. Countries need ambitious goals based on realistic fiscal frameworks.***

reviewing multisectoral coordinating mechanisms that can best ensure the integration of pro-poor health investments into development plans; identifying options for reallocating internal resources; and building on private, public and external partnerships in order to improve the health of the poor.

To ensure that pro-poor health investments are integrated into overall development plans, participants noted the critical importance of involving multiple ministries and sectors in dialogue. This wide involvement is important to decisions on how to prioritize increase in expenditure across sectors. Countries must be the drivers of this process, whether by means of PRSPs or other development initiatives, and they must think creatively about how to achieve ambitious development goals while at the same time staying within realistic fiscal frameworks. When discussing how to generate and allocate more domestic resources for health, tax reform (particularly win-win taxes) and reallocation of expenditures within and outside the health sector to more efficient purposes were among the ideas proposed. Macroeconomic stability

is also critical to achieving real economic growth and thus increasing overall domestic resources. Finally, a clear role must be defined for public-private partnerships outlining how they will complement public sector financing and provision of health



services. It was noted that for the poorest countries, even the most efficient use of domestic resources will not be enough, and grants and debt relief will be important sources of additional external funds. Countries must ensure they are following a pro-poor strategy and that changing demographics and the rise in non-communicable diseases do not crowd out spending on health for poor, rural populations.

### **Making external funding more predictable and increasing coordination with partners**

Working Group 3, chaired by Mr Paul Isenman, Head of the Policy Coordination Division at the Organisation for Economic Co-operation and Development, and Ms Karin Norberg, Executive Director of Transparency International, heard how to make external funding more effective, predictable, and coordinated. The session also heard that recent development

#### ***Harmonization of donor procedures and a more timely translation of donors' commitments into disbursements are needed to increase coordination between developing countries and their partners.***

assistance trends and data must be analysed, and ways to increase funding must be assessed. Total development assistance for health increased by US\$ 1.7 billion between 1999 and 2002, with the largest growth recorded in HIV/AIDS interventions. Several participants recognized the impact of the Macroeconomics and Health approach on this important outcome.

Country participants felt it would be important to make data on external assistance to developing countries more available and to build national capacity to use those data. They called for a prompter translation of donor commitments into grants, and increased predictability of aid flows, since budgetary decisions on use of external assistance are made on the basis of commitments. Meanwhile, common donor criteria for reporting on health outcomes need to be identified, and investment should be made to increase in-country capacity to track, monitor, and evaluate data on national outcomes of investments in health from external assistance. Countries felt that development assistance needs to focus more on health systems, as well as on other sectors impacting health and the health-related MDGs. Finally, participants noted the need for better coordination between national priorities and

policies and external assistance and highlighted the crucial role that multilateral international organizations, including WHO, can play.

The three Working Group presentations and discussions inspired extensive and lengthy debate on the themes of the meeting. At the close of the preparatory meeting, the Chairs prepared the summaries of the Working Group sessions for presentation to the ministers of health, planning and finance and donor representatives at the Consultation on the following day. For the Working Group list of participants please see Annex 3. For a more detailed description of Working Group outcomes, please see Annex 4. For all Working Group presentations, please see the event website at:

[http://www.who.int/macrohealth/events/health\\_for\\_poor/en/](http://www.who.int/macrohealth/events/health_for_poor/en/).

### Summary of Working Group recommendations

Working Group theme discussions	Working Group recommendations
<p><b>Theme I</b></p> <p><b>How to improve effectiveness of the health delivery system and monitor outcomes</b></p>	<p><b>1. Set national health priorities</b></p> <ul style="list-style-type: none"> <li>• Assess the components of the health delivery system</li> <li>• Ensure that quality and demand for health care are sustained</li> <li>• Set priorities across sectors that impact health</li> <li>• Ensure local delivery systems reach the poorest groups</li> <li>• Make data available through strong evidence and information systems</li> </ul>
	<p><b>2. Address institutional and organizational constraints and opportunities</b></p> <ul style="list-style-type: none"> <li>• Emphasis on district health planning and monitoring, analyses of constraints, target vulnerable groups by building an optimal mix of fixed and outreach services</li> <li>• Focus on improving human resources: increase number, correct maldistribution and improve skills</li> <li>• Provide incentives and reward good performance; promote management capabilities</li> <li>• Pursue social mobilization. Improve access and financing of care by assessing and optimizing roles of local NGOs</li> </ul>
	<p><b>3. Monitor outcomes</b></p> <ul style="list-style-type: none"> <li>• Invest in information systems and quality data for monitoring and evaluation</li> <li>• Ensure an integrated approach to avoid the creation of multiple information systems</li> <li>• Make access to private sector data and monitoring outcomes available to ensure accountability at all levels, including private providers</li> </ul>

Working Group theme discussions	Working Group recommendations
<p><b>Theme 2</b></p> <p><b>How to make health central in the country macroeconomic framework and increase internal allocation of resources to health</b></p> <p><b>1. Integrate pro-poor health investment into national development plans</b></p>	<ul style="list-style-type: none"> <li>• Encourage dialogue between international health community, ministries of finance and planning, and ministries of health</li> <li>• Ensure multisectoral approaches (policies to improve access to education, clean water and sanitation infrastructure)</li> <li>• Countries are the principal drivers in choosing the mix of government policies for improved health</li> <li>• Set ambitious goals and think innovatively on how to solve challenges</li> </ul>
<p><b>2. Options for generation and allocation of domestic resources for health</b></p>	<ul style="list-style-type: none"> <li>• Strengthen domestic resource mobilization (tax reform and increased revenue efforts)</li> <li>• Domestic resource mobilization can come about through: <ul style="list-style-type: none"> <li>– Reallocation of expenditures from national budget</li> <li>– Reallocation of expenditures within the health budget</li> <li>– Seeking lower cost forms of interventions and treatment</li> <li>– Realizing higher efficiency in resource use</li> </ul> </li> <li>• Promote macroeconomic stability and prevention of financial crises</li> <li>• Ensure government spending is focused on the poor</li> <li>• SWAPs and untied budget support can facilitate maximization of gains from external resources. Good governance can ensure continued donor support</li> </ul>
<p><b>3. Involvement of public and private partnerships and external partners</b></p>	<ul style="list-style-type: none"> <li>• Involve and define a role for the private sector in financing and provision of health services. Assure that out-of pocket expenditures maximize health outcomes and are used for risk-pooling schemes</li> <li>• Donors must ensure sustained and predictable external assistance to support well-formulated programs. The strong imperative is for donors to finance through grants and debt relief</li> </ul>

Working Group theme discussions	Working Group recommendations
<p><b>Theme 3</b></p> <p><b>How to increase predictability of external funding and increase coordination with partners</b></p> <p><b>1. The flow of development assistance; Assessing assistance trends and how to increase funding</b></p> <p><b>2. Making donor funding more efficient</b></p> <p><b>3. Realistic choices for coordination with partners</b></p>	<ul style="list-style-type: none"> <li>• Development Assistance for Health has increased since 1998 with the largest growth recorded in HIV/AIDS interventions</li> </ul>
	<ul style="list-style-type: none"> <li>• Inform countries of both donor disbursements and commitments. WHO to continue with OECD to put in place a system to track and monitor the flow of development assistance</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure timely translation of donors' commitments into disbursements. Identify steps to make aid flows more predictable and emphasize multilateral assistance and multi-year commitments</li> </ul>
	<ul style="list-style-type: none"> <li>• Identify common criteria for reporting health outcomes. The "health metrics" approach was recognized as a promising mechanism</li> </ul>
	<ul style="list-style-type: none"> <li>• Strengthen national capacity at all levels to track, monitor and evaluate data on outcomes of investments in health</li> </ul>
	<ul style="list-style-type: none"> <li>• External assistance for health should include analyses of its potential effectiveness based on existing health systems; ensure support to build their capacity</li> </ul>
	<ul style="list-style-type: none"> <li>• External resources should not substitute domestic investment. Macroeconomics frameworks should be more flexible and sensitive to the need for investment in health. External assistance for health should be in the form of grants, less conditional, innovative and follow government priorities</li> </ul>
	<ul style="list-style-type: none"> <li>• Recipient countries' priorities should be pro-poor and transparent and be innovative in promoting public goods</li> </ul>
	<ul style="list-style-type: none"> <li>• Assistance should support health-related sectors (education, water and sanitation)</li> </ul>
	<ul style="list-style-type: none"> <li>• Provision of technical assistance to countries by international organizations, including WHO</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure harmonization of external assistance and internal allocation of resources</li> </ul>	
<ul style="list-style-type: none"> <li>• CMH Consultation and similar exercises are useful mechanisms to facilitate South-to-South information sharing</li> </ul>	
<ul style="list-style-type: none"> <li>• Determine what flow of assistance is needed to help countries meet the MDGs</li> </ul>	

## The Consultation on Macroeconomics and Health

On 29 October 2003, Dr LEE Jong-wook, the WHO Director-General, officially opened the Ministerial Consultation. “Many

**“The Macroeconomics and Health approach is an invaluable road map guiding national health care systems to reaching the poor and the disadvantaged with essential health care services.”**

*Dr Tadesse Kebede, Minister of Health of Ethiopia*

countries are implementing the recommendations of the Report of the Commission on Macroeconomics and Health. Its message was simple: one of the most effective ways to reduce poverty is to improve health,” Dr Lee said.



Delegates heard speeches by Professor Lincoln Chen of Harvard University, who noted that the world is facing the “double crises” of devastating diseases overwhelming failing health systems in poor communities. He said that urgent mobilization of financial and social resources is needed and stressed the importance of cementing a “new alliance” between public health and finance. Delegates also heard from Professor Jeffrey Sachs of Columbia University, who stressed that while developing countries can absorb substantial increases in development assistance, funds fall dramatically short of meeting countries’ urgent needs. Sachs emphasized that the funds required — US\$ 27 billion by 2007— are widely available in rich nations, and urged developing country leaders to request increased assistance for health based on a realistic assessment of their needs.

**“After SARS, health and investment in health reached the top of China’s agenda. If there is no health, there is no better-off, or Xiaokang, society. This important Consultation has provided an opportunity for China to share experiences with other countries. It has brought together multiple ministries and experts and their own Macroeconomic and Health initiatives.**

**China’s own strategy for investment for health will especially address gaps in the health system that affect its rural areas to threatening diseases and to poor populations whose lives must be improved as the country advances economically and socially.”**

*Mr Gao Qiang, Executive Vice-Minister of Public Health of China*

Delegates also heard presentations from seven countries — China, Djibouti, Ethiopia, Ghana, Indonesia, Mozambique and Sri Lanka — confirming the links between disease and development and highlighting national efforts to mobilize resources to reduce disease burden and build health systems. In particular, countries described heightened high-level political commitment and analytical work undertaken as part of the Macroeconomics and Health process and how these are helping to accelerate existing initiatives in line with countries’ poverty reduction strategies.

Professor Anne Mills of the London School of Hygiene and Tropical Medicine focused on human resource constraints as one of the major impediments to scaling up essential health interventions. She urged identifying training needs and making health service employment more attractive to workers in the sector. Dr Heller of the International Monetary Fund proposed drawing on the private sector and win-win options like tobacco taxation for mobilizing resources, noting that for the poorest countries, external resources

will be necessary. He said, "There is a need to balance realism with ambition, taking a pragmatic view on how to address key obstacles and bottlenecks to the scaling up of the delivery of medical care systems."

Mr George Schieber of the World Bank presented evidence that increases in health status accounted for 17% of increases in productivity gains in countries, underscoring the positive economic impact of investments in health. He emphasized the need for a pro-poor approach: "Recent studies suggest that policy makers should focus on sectors, regions and factors of production dominated by the poor....as there is evidence that improvements in these areas,

***"Djibouti, being a poor country, is fully committed to improving the health and quality of life of its poor people. National efforts can be greatly facilitated through additional external financial assistance and debt relief for the social sector, providing the needed resources for the pro-poor health sector reform."***

***Dr Mahmoud Ali Youssouf, Minister for International Cooperation, Ministry of Foreign Affairs of Djibouti***

as well as lower inflation, lead to both growth and progressive redistribution." The World Bank commitment to health projects is on the rise; in Financial Year 2003 it will likely provide US\$ 1.7 billion for 32 new operations, as compared with an average of US\$ 1.3 billion per year for 22 projects over Financial Years 1998-2002.

Speakers also tackled issues related to donor-driven priorities and systems. Mr Paul Isenman presented efforts by the OECD's Development Assistance Committee to ensure harmonization of donor procedures, untying of aid, respect for national priorities, and strengthening of local capacity. Representing the Bill & Melinda Gates Foundation, Dr Sally Stansfield described constraints faced by donors and implementation challenges in developing countries, urging the need for promising innovations. Countries need to show that they can improve health outcomes with additional assistance, she stated. Finally, Dr Montasser Kamal from the Canadian International Development Agency expressed support for strengthening health systems, as this is a way for donors to ensure that investments are sustainable.

After the many presentations, the Consultation concluded with the discussion of a draft Declaration, which was unanimously endorsed by countries attending the Consultation and later approved by the four Chairs of the Consultation, the following Ministers:

- Mrs Sushma Swaraj, Minister for Health and Family Welfare of India
- Mr Mwesigwa Rukutana, Minister of State for Finance, Ministry of Finance, Planning and Economic Development of Uganda
- Mr M.N. Khan, Minister of Health of Pakistan
- Prof. Eyitayo Lambo, Minister of Health of Nigeria.

By endorsing the Declaration, country leaders pledged to maintain and strengthen political commitment and inter-ministerial cooperation for addressing macroeconomic- and health-related challenges. They called for urgent mobilization of domestic resources for health, including through increased debt relief, more flexibility in macroeconomic frameworks, and cautiously-increased taxation. They also stated the need for additional external resources for

health, calling upon donors to expand financing, improve flexibility and predictability of funds, and fulfil development assistance commitments to health.

In addition, countries concluded by reaffirming their will to continue to prepare and implement Health Investment Plans with the support of development partners. They pledged to establish, strengthen and operate appropriate mechanisms for carrying out these plans, as well as to ensure that they adopt priorities that are pro-poor, to sustain significant increases in resources allocated to health, and to give a high priority to addressing human resource constraints.

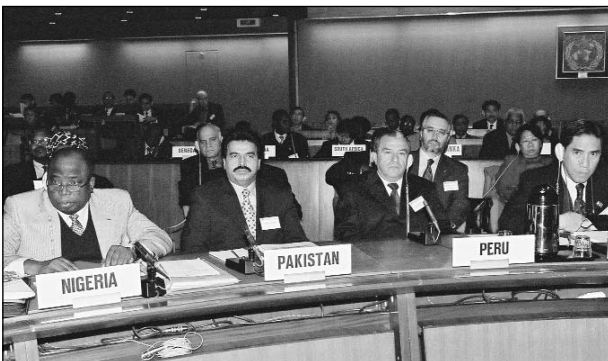
Finally, country participants discussed presenting the Declaration at the 2004 World Health Assembly to indicate their strong commitment to its principles and guidelines for action. They agreed to meet again to review progress and maintain momentum for these important tasks.

## Next steps for Macroeconomic and Health activities

The commitment and momentum generated by this important meeting must be continued, and lessons learned must be put into practice. In particular:

### Sustaining political commitment: the central place of health in sustainable development

As countries go forward with analyses and planning for strengthening their health systems,



several key issues need to be considered. High-level political commitment, as well as heightened collaboration among multiple ministries, is essential to sustaining attention to poverty-health linkages and the importance of investing in health. To maintain this commitment and widen the circle around health as an investment with major socio-economic returns, continued advocacy and dissemination of the CMH messages are important. As countries develop their Health Investment Plans, focus must be on targeting priority interventions to the poor and achieving measurable results. Human resource constraints should be given urgent attention.

### Mobilizing increased domestic resources

In order to meet the CMH Report's recommended per capita expenditure on health of US\$ 34 on average per year, countries will have to mobilize increased domestic resources for health. Already, studies have been undertaken in many countries to analyse the efficiency of resource use and determine how much additional funding is needed and how resources could be mobilized to fill the gaps. Countries should press for debt forgiveness, increase tax

revenues and set up equitable mechanisms that reduce or eliminate out-of-pocket payments by the poor. In particular, there is an urgent need to increase the flexibility of imposed conditionalities and reduce conditionalities that have been shown to worsen the health of the poor.

### Improving coordination with partners

Additional external resources will be required in many countries to finance health investments. The significant number of bilateral and multilateral development partners represented at the Consultation are an important indication of the high level of support for the Macroeconomics and Health process in countries. While external funding for health has increased in recent years, more is needed, and there is still work to be done on improving coordination between and among donors and countries. Development assistance commitments to health must be fulfilled, procedures harmonized, and country priorities respected.



## Extracts from speeches

### One of the most effective ways to reduce poverty is to improve health

“...Collaboration is just as important nationally as it is globally, and is demonstrated by this extraordinary gathering. I cannot think of another occasion when we have hosted such a diverse and influential group.

**“We will work with International Financing Institutions and highly-indebted countries to transfer debts to increased investments for 3 by 5 and other health needs. These other health needs include the fight against TB and malaria; the completion of polio eradication; prevention of tobacco-related and other noncommunicable diseases; and the reduction of maternal and child mortality. Poverty Reduction Strategy Papers provide an important opportunity to reflect these important health priorities in intersectoral approaches to poverty reduction.”**

*Dr LEE Jong-wook*

Many countries are implementing the recommendations of the Report of the Commission on Macroeconomics and Health. Its message was simple: one of the most effective ways to reduce poverty is to improve health. The fatalistic argument that health was unaffordable for most people was discredited. In robust economic terms the opposite was shown to be true: it is the neglect of national health systems that is unaffordable. In fact it ruins countries and communities, probably more effectively than any other negative force. That argues powerfully for investment in health infrastructure, human resources and technologies on a far larger scale than was previously thought necessary, or even possible.

The global community had already acknowledged this fact by agreeing to the Millennium Development Goals a year earlier. The welcome increase in official development assistance for health during the last two years is probably due in part to this clearer understanding of what is needed. But it is still only a very small fraction of what is required every year to reach those goals.”

**Dr LEE Jong-wook, WHO Director-General**

**The investments in health must be well-designed, well-financed, and very importantly they must be very ambitious and must happen very soon**

“...The MDGs are about health through and through. One cannot think about poverty reduction without thinking about improvements in health. That’s why a significant number of the goals are explicitly about health: reducing the child mortality rate by two thirds by the year 2015 compared with 1990; reducing the maternal mortality rate by three quarters by the year 2015; controlling the great pandemic diseases of our time – AIDS, malaria, and TB; giving access to safe drinking water and sanitation; and alleviating the scourge of hunger. All of these goals are about improving public health. Moreover, the first MDG, to reduce by half the proportion of the population in extreme poverty (the so-called ‘dollar a day’ poverty) by the year 2015, cannot conceivably be accomplished if the health goals are not achieved. People that are sick and dying do not get out of poverty. Children orphaned by AIDS or other killers do not have much prospect of getting out of poverty in the world that we are living in.

The investments in health must be well-designed, well-financed, and very importantly, they must be very ambitious and must happen very soon. There’s no time to lose, whether it’s in Uganda with its life expectancy of 45 years, where 124 out of 1000 children still die before the age of 5, or other countries in a similar position. There is no future without getting these disease burdens under control. The MDGs are more than targets: they provide leverage for you to use within your publics, your governments and the donor world.

In regards to the question on absorptive capacity, I can firmly tell you as a macroeconomist that all of your countries can absorb substantial increases of assistance if directed towards health. This increased assistance will not destabilise countries, but actually give a tremendous boost to productivity and to the ability to achieve economic growth.”

***Professor Jeffrey Sachs, Director of the Earth Institute at Colombia University, USA***

**A double crisis**

“...First, although this is an exciting time for global health – more energy, actors, resources, public concern, and political engagement – our health world is confronting a divisive and

historically unprecedented "double crises" of devastating diseases overwhelming failing health systems in the world’s poorest communities. Divergence in health has intensified. Severe disparities in health are unsustainable, epidemiologically and morally, in our interdependent world.

Second, massive and sustained action over three decades – one generation – will be necessary to dampen disease and build health systems in the poorest countries. Urgent mobilization of social and financial resources is needed to



curb immediately the spiral of preventable deaths, paving the way for steady improvements over the longer-run.

**“...treating this Consultation like another meeting will be a lost opportunity. World health is in crisis; both urgent as well as sustained actions are needed. A new alliance between public health and public finance has been stimulated by the Commission on Macroeconomics and Health and is being strengthened by these consultations, the only global forum of this kind.”**

*Dr Lincoln Chen*

divides and forging alliances among health and finance, I believe, will influence the future of world health.

*Dr Lincoln Chen, Harvard University, USA*

### **The mission of growth and social justice through investing in health**

“...I would like to compliment the vision and leadership of WHO in carrying forward the mission of growth and social justice through investing in health. The need is for a manifold



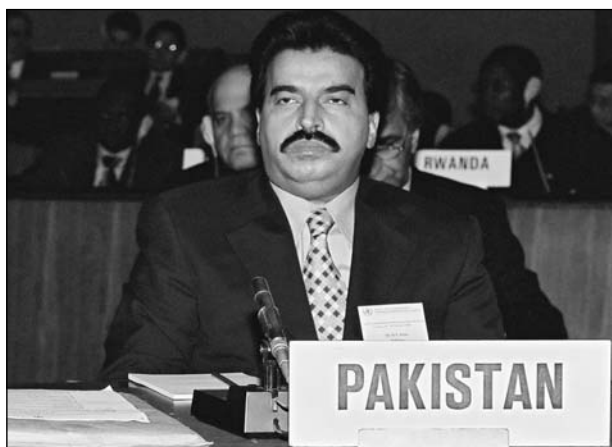
increase in investment in health focusing on expanding access to primary health care, infant and maternal mortality reduction, controlling communicable diseases and preventing the increase in lifestyle diseases. It is in this context that we need to integrate traditional systems of medicine with our modern systems and have a holistic approach towards health care. Likewise, motivating doctors and other health personnel with the right compensation packages and a sound personnel policy is a critical challenge that we have to address comprehensively, as it is their functioning that will have a direct impact on the quality of the health delivery system. The developing countries will have to increase the allocation of their budgetary and other domestic resources for health in addition to mobilizing external resources for assuring health security for the poor. We will have to ensure that the underprivileged sections of the society have affordable access to medicines and Medicare. Only then will the health delivery systems be meaningful and effective.”

*Mrs Sushma Swaraj, Minister of Health & Family Welfare  
and Parliamentary Affairs of India*

### Bringing finance and health ministers together

“...It is a tremendous opportunity having finance and health ministers together. There are two ways to provide health care. One is through private insurance, the other, as in Pakistan and many developing countries, is through the State...”

***Mr M.N. Khan, Minister of Health of Pakistan***



### Mobilizing national resources

“...This meeting is important as African countries will be sharing views and experiences. There are many aspects to be considered, such as mobilizing national resources. In Botswana, we have always had national development plans that included health. Primary health care is a priority. Today every person is within 15 km of a primary health care center and receives free treatment. Health care centres monitor the nutritional status of children under six and provide dietary supplements, and primary schools provide children with one free meal a day. We are starting to provide free anti-retroviral treatment.”

***Mr Baledzi Gaolathe, Minister of Finance of Botswana***

### Innovative financing for health

"We need to harness every resource we can find. That includes reaching out to the private sector, trying to achieve better linkages and synergies across borders. We also need to find a way, instead of just doing business as usual, to really enable innovation, enable people who are taking risks, enable people who are doing what sounds a little crazy out there, in order to get the job done. Give them the money. Give them the chance. Test it, make it work. Show that we're all willing to innovate. Empower new leaders..." "This chance that we have now, with additional resources and additional political will, will be gone in just a very few months.... We need to show that we can accelerate coverage, we need to show that we can improve health outcomes and we need to find a way to share better what works across borders. And we need to document that development assistance for health really does change health outcomes."

***Dr Sally Stansfield, Bill & Melinda Gates Foundation, USA***

### Strengthening health systems in developing countries

“Canada strongly believes that the effectiveness of current partnerships should be measured, in part, by their impact on strengthening health systems. Strong systems assure the rich countries that their investment is sustainable and the developing countries can guarantee that their hard-won gains will continue to be enjoyed by future generations. Canada will continue to work with its partners to strengthen health systems in developing countries and,

following Canada's five principles of Strengthening Aid Effectiveness, engage in Program-based and system-wide approaches (SWAps) in the health sector. The five Principles are: local ownership, results-based approach, improved donor coordination, strong partnership, and greater coherence.”

**Dr Montasser Kamal, Chief, UN Health-related Institutions Unit, Canadian International Development Agency**

For some of the full speeches, please visit

[http://www.who.int/macrohealth/events/health\\_for\\_poor/speeches/en/](http://www.who.int/macrohealth/events/health_for_poor/speeches/en/).

## Consultation papers

Several background papers were prepared for the Consultation and distributed to participants. “Macroeconomics and Health: An Update” describes the Macroeconomics and Health approach, process, and expected outcomes in countries and provides an update of country Macroeconomics and Health activities. “Macroeconomics and Health in Context:



Background Summary for Participants” is a technical document that provides information relevant to the Consultation and the Working Groups.

“Development Assistance for Health: Recent Trends and Resource Allocation,” by Dr Catherine Michaud of the Harvard Centre for Population and Development Studies, shows that the analysis of recent trends of Development Assistance for Health (DAH) from major donors conveys mixed messages. While DAH fared much better than other sectors during the 1990s, at a time when Official Development Assistance (ODA) plummeted, and political

commitment to improving health for the poor is at a high point, funds still fall short of meeting real needs.

In “Pro-poor Health Reforms: Why, What and How”, Mr Rajiv Misra, Former Health Secretary of the Government of India, provides a convincing argument for targeting the poor in any effort to increase investment in health and implement systemic reforms.

“Links between Macroeconomics and Health: Relevance to the South-East Asian Region” was prepared by Dr Abusaleh Shariff, Chief Economist and Head of the Human Development Division at the National Council of Applied Economic Research in India. Dr Shariff analyses the links between macroeconomics and health in ten countries in the South-East Asian Region. He reports that health is an essential input to economic development, and that health spending must be increased in nearly all South-East Asian countries.

Please see Annex 5 for the Consultation papers.

## World media coverage of the Consultation

The Global Consultation was covered in the press worldwide, as developed and developing country media tuned in to see the gathering of ministers of finance, health and planning and development partners to pledge commitment to increasing investment in health. The press was also interested in how country follow-up work was progressing nearly two years after the highly-publicized launch of the Report of the Commission on Macroeconomics and Health.

***....Countries can be too poor and too disadvantaged to grow, no matter how enlightened their policies. Without a healthy population, developed harbours, roads and other infrastructure, foreign investors will stay away. And the poor people themselves can be too poor to save a dime, if all income gets spent on life's necessities. In sub-Saharan Africa, the cycle of disease, low domestic savings, poor infrastructure and no foreign investment produces self-reinforcing poverty, not growth.***

*The Financial Times, 10 November 2003*

Much work went into ensuring that consistent and well-articulated information was made available to the media both before and during the Consultation. Advocacy materials were prepared and provided, including a press kit containing the Media Advisory, Fact Sheet, Press Release (available in English, French and Spanish), and the Consultation papers. In addition, a variety of advocacy materials were made available including: The CMH Report, "Investing in Health: a Summary of the Findings of the Commission on Macroeconomics and Health", two issues of the MacroHealth Newsletter, and biographies of Consultation speakers. Please see Annex 6 for the press release, "Health and Finance Ministers to Address Need for Worldwide Increase in Health Investment."

An event website was created ([www.who.int/macrohealth/events/health\\_for\\_poor/en/](http://www.who.int/macrohealth/events/health_for_poor/en/)) to promote the Consultation and provide event information and documentation.

### Press conference

A press conference was held on 29 October 2003. Podium speakers included LEE Jong-Wook, WHO Director-General; Mr Baledzi Gaolathe, Minister of Finance and Development Planning of Botswana; and Mr M.N.Khan, Minister of Health of Pakistan. Dr Lee noted the significance of bringing together at the Global Consultation such a large number of ministers from different sectors.

Mr Khan emphasized that countries must focus on training human resources, their most important assets. He also stressed the critical importance of peace for any effort to improve the health of the poor. He reiterated this at the plenary session, saying, "Peace is a prerequisite for any kind of programs to be implemented...Where there is peace, instead of spending billions of dollars on the war machine, we can spend that on the children, on the women to alleviate poverty and look after their health." Mr Khan also mentioned public-private partnerships and increased gender equity as key to scaling up essential health services to the poor.

Mr Gaolathe stated his commitment to working together with the Minister of Health of Botswana to address issues like HIV/AIDS. He also emphasized that countries need additional external resources and have the capacity to absorb them. He noted that NEPAD's Health Strategy calls for greatly increased funding for health from both domestic and external sources.

Articles on the Consultation and Macroeconomics and Health were featured in the Voice of America News, Jeune Afrique, and The Press Trust of India, among others. Please see Annex 7 for complete media coverage of the Consultation.

## Conclusion

### Forging a path to increased health investment and stronger, more equitable health systems

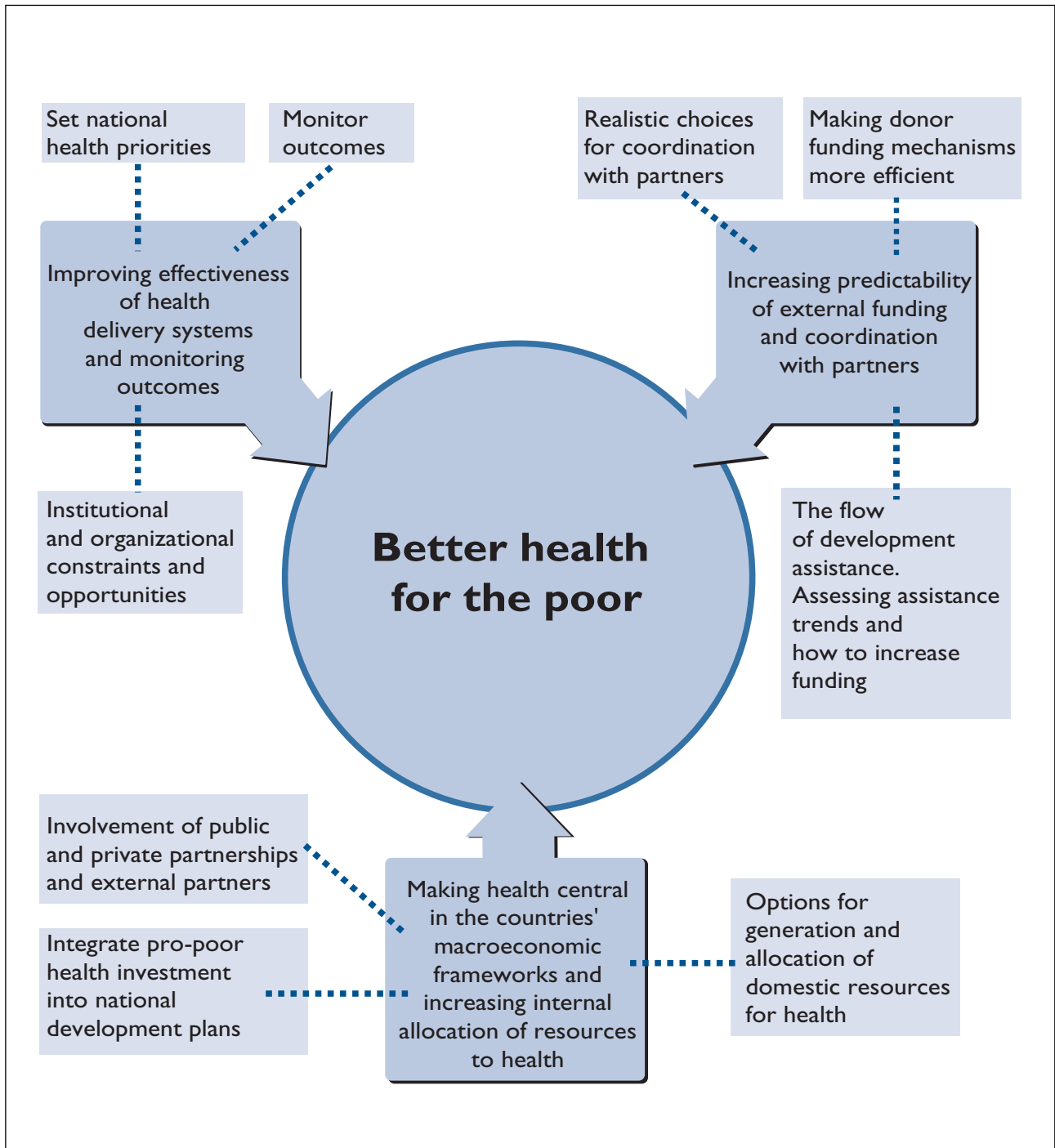
The 2nd Consultation on Macroeconomics and Health reflected high-level commitment among ministers of finance, planning and health together with international donors, representatives of civil society and international agencies to accelerate and intensify action in countries to increase investment in health. They also explored how to make health more central to the countries' macroeconomic frameworks and increase the efficiency and effectiveness of health systems.

Country delegates unanimously endorsed the Declaration, and development partners indicated their strong support for country Macroeconomics and Health work. Now, political and partner support – particularly funds, policies, and commitment from all stakeholders - is required to make certain that the principles expressed in the Declaration are integrated into countries' policy-making processes at the highest levels. It is important to build on the momentum generated by the Consultation to ensure recognition of the importance of health for socio-economic development and of the urgent need for action to strengthen health systems.

At the close of his speech, Professor Lincoln Chen commented, "Make no mistake, treating this Consultation as just another meeting will be a lost opportunity. World health is in crisis; both urgent as well as sustained actions are needed. A new alliance between public health and public finance has been stimulated by the Commission on Macroeconomics and Health and is being strengthened by these consultations, the only global forum of this kind. As demonstrated by history, these conferences can build the political will, negotiate the consensus, cement the trust, and forge the clarity of purpose for jump-starting urgent action."

Dr Kirsten Leitner, Assistant Director-General for WHO Sustainable Development and Healthy Environments cluster, emphasized the importance of sustaining the momentum and enthusiasm engendered by the Consultation. She closed the final session: "Now we need staying power."

## Increasing investments in health outcomes for the poor





- regional and sub-regional initiatives, such as those being developed by the Andean Health Agency, the Caribbean Community and the New Partnership for Africa's Development, are a welcome development and are providing further impetus to country and inter-country approaches to macroeconomics and health;
- the 2nd Consultation on Macroeconomics and Health has helped to delineate the range of issues to be addressed to enable progress on the MDGs and to accelerate reduction of poverty caused by and contributing to ill health;
- the Consultation has facilitated discussion among Ministries of Planning, Finance and Health to address the dual crises of a crushing burden of disease and failing health systems;
- the three themes of the meeting were reviewed by Working Groups and reports were presented by their Chairs. The following main points were noted by country delegations during the Consultation:

### Theme I: Effectiveness of Delivery Systems and Monitoring of Outcomes

- political commitment by all parties is fundamental to progress toward the MDGs and to successful implementation of the CMH vision, and requires Finance, Health and Planning Ministries to collaborate at all levels to create an environment of sustained attention to the challenges linking macroeconomy and health;
- the CMH Report follow-up has helped countries and sub-regions to develop their own political, financial, economic and health strategies, and the process should be continued;
- good governance is critical throughout and every effort needs to be made to promote transparency, accountability and efficiency;
- advocacy of the value of health and its importance to economic growth and poverty alleviation is a core part of the process;
- a multi-sectoral approach beyond the health sector, taking into account water and sanitation and education with due attention paid to gender issues, is necessary and requires appropriate coordinating mechanisms;
- the private and voluntary sectors may be critical for positive solutions in many countries, not least for the important processes of social mobilization;
- focus has to be on results, emphasizing improved access to health services and better outcomes for the poor, and including greater access to essential and generic drugs, strengthened health systems and better management;
- improved research and analysis capabilities must provide the foundations for the national Health Investment Plans;
- lifting of human resource constraints is critical for improving performance of the health system and deserves urgent attention. These constraints are linked to conditions of service, training, and remuneration, and will fundamentally determine capacities for sustained improvement in health services.

## Theme 2: Health in the Macroeconomic Framework and Allocation of Resources

- the burden of debt for some countries, including both those under the Heavily Indebted Poor Countries Initiative (HIPC) and non-HIPC countries, disrupts the provision of health services and must therefore be reduced with appropriate debt relief grants to safeguard public health and protect vulnerable people;
- domestic and international economic crises can have catastrophic health consequences for the most vulnerable, and therefore special attention to health is required in the negotiations to resolve the crises;
- at the national and international level, there is an urgent need for more flexibility in macroeconomic frameworks to respond to adverse economic shocks, including contingent spending plans to handle possible large supplementary inflows for health from global funds to avoid harm to the health of poor people, especially children;
- countries must evolve appropriate strategies based on realistic assessment of how health systems function currently and must press vigorously for additional grants for health to the extent required for improving their performance;
- while increased tax revenues along with reallocation of subsidies may be necessary, other innovative approaches to mobilizing additional domestic resources for health should be considered; however, taxation of tobacco is of high priority as a resource for health;
- linkages and mutual accountability will be required across global initiatives and partnerships aimed at better health for the poor, including further work on harmonization, policy coherence and scaling up to reach the MDGs.

## Theme 3: Predictability of External Funding and Increased Coordination

- additional investments, from both domestic resources and external grants, will be required to finance health investments, including strengthening infrastructure and human resources, pursuing system reforms, and scaling up of essential health interventions;
- the international agencies and the donor community must further expand their financing for health, and support health within the framework of national poverty reduction strategies and as part of debt relief arrangements;
- at the country level, urgent and continuing efforts must be made to improve absorptive capacities for increased funding, and donors must be willing to finance associated costs to improve both the effectiveness and efficiency of resource use;
- the international agencies and the donor community must improve flexibility and predictability in the provision of external resources, harmonize their procedures and reporting requirements and respect country priorities;
- development assistance commitments to health must be fulfilled, with monitoring of the commitments and annual disbursements thereof by low and middle-income countries and with the assistance of external partners such as the WHO and OECD;

- in line with the CMH Report recommendations, middle-income countries will develop approaches tailored to their specific needs; low, middle-income countries will need additional external funding, mainly to cover the high cost of HIV/AIDS.

#### **We have therefore concluded that:**

- countries should continue to be encouraged and supported to prepare and implement Investment Plans to accomplish the CMH recommendations consistent with the core themes of the Macroeconomics and Health work:
  - i. Investing in the health of the poor.
  - ii. Ensuring more resources for health overall, from all sources and with greater efficiency and impact.
  - iii. Lifting the non-financial and systemic constraints to effectively use additional investments in health.

#### **We request the WHO, working with the international and bilateral agencies, to:**

- continue dissemination of the messages of the CMH;
- make necessary arrangements to support countries and sub-regional partnerships that have already established mechanisms to prepare their Investment Plans and help countries that have not yet begun their efforts, with the support and involvement of the international community;
- assist countries and sub-regional partnerships in securing financing for both further preparation and implementation of their Investment Plans;
- continue to provide technical cooperation to countries and sub-regions for their plans in coordination with other agencies.

And, we will:

- establish, strengthen and operate appropriate national and sub-regional mechanisms for development of our specific national Health Investment Plans and orient priorities toward pro-poor approaches, including approaches within poverty reduction strategies;
- give the highest attention within our Investment Plans to capacity building, leadership skills and incentives for retention and utilization of skilled human resources, bearing in mind that human resource constraints constitute the main impediment to progress.

**Mindful of the serious challenges ahead and the compelling need for rapid action, we conclude these Consultations and look to the progress to be reported in our next meeting.**

**AFRICAN REGION**

Angola  
Botswana  
Congo  
Ethiopia  
Ghana  
Kenya  
Malawi  
Mozambique  
Nigeria  
Rwanda  
Senegal  
South Africa  
Uganda  
United Republic of Tanzania

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Haïti  
Mexico  
Nicaragua  
Peru  
CARICOM

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Iran (Islamic Republic of)  
Jordan  
Pakistan  
Sudan  
Yemen

**EUROPEAN REGION**

Azerbaijan  
Estonia

**SOUTH-EAST ASIA REGION**

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Bhutan  
India  
Indonesia  
Myanmar  
Nepal  
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