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Conference papers and detailed summaries of the plenary presentations and working groups can be found on the Macroeconomics and Health website at http://www.who.int/macrohealth/events/civil_society_asia/en/.

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Acronyms and Abbreviations

AIDS	acquired immune deficiency syndrome
CBO	community-based organization
CHCC	catastrophic health care cost
CMH	Commission on Macroeconomics and Health
CSO	civil society organization
GDP	gross domestic product
GNP	gross national product
HIV	human immunodeficiency virus
KIT	Royal Tropical Institute
MDG	Millennium Development Goal
NGO	non-governmental organization
NHA	National Health Account
PRSP	Poverty Reduction Strategy Paper
PHC	primary health care
SAARC	South Asian Association for Regional Cooperation
WHA	World Health Assembly
WHO	World Health Organization

Introduction

S

ince the official launch of the report of the Commission on Macroeconomics and Health (CMH) in December 2001, WHO has undertaken to facilitate the implementation of its recommendations at the country level. Countries are supported as they analyse the health situation of the poor and produce a strategic framework for priority setting and a long-term Health Investment Plan for scaling up essential interventions that will benefit the poor, thereby improving their health as well as contributing to economic growth and poverty reduction. Apart from a clear focus on the poor, advocacy for more resources for health and assistance to countries in removing non-financial constraints to increasing health investments are also crucial components of the WHO Macroeconomics and Health approach.

It is critical to involve civil society organizations (CSOs) in adapting the findings and recommendations of the Commission, particularly at country level, because their work is central to poverty reduction and the promotion of equity. They can play an important role in the efforts to scale up resources for health and to invest them wisely through advocacy, lobbying, contribution to implementation and analysis. They are therefore important partners in Macroeconomics and Health activities.

On 27-28 April 2004, the World Health Organization (WHO) organized an Asian Civil Society Conference on Macroeconomics and Health in Colombo, Sri Lanka, with the support of the Royal Tropical Institute (KIT) in Amsterdam and the Marga Institute in Colombo. The overall objective of the Conference was to inform CSOs about the Macroeconomics and Health approach and to discuss the challenges and opportunities related to their potential contribution at country level to improving health outcomes for the poor through the Macroeconomics and Health processes in which their governments are engaged. The meeting was intended to contribute to a constructive dialogue between WHO and international and indigenous CSOs, as well as between them and the governments of the countries they work in, on the important issue of promoting better investment for the health of the poor.

Some 60 representatives of indigenous and international CSOs, operating in low and middle-income countries from the WHO South-East Asia and Western Pacific Regions, came together to discuss how CSOs could contribute to improving the health of the poor in their respective countries within the Macroeconomics and Health framework. The following countries were represented: Bangladesh, Cambodia, China, India, Indonesia, Lao People's Democratic Republic, Mongolia, Nepal, the Philippines, Sri Lanka, Thailand and Viet Nam. In order to facilitate dialogue with the governments of these countries, which are already involved in Macroeconomics and Health work, government officials also attended.

Process of the Conference



WHO offices in the 12 countries identified a number of CSOs to be invited for the Conference on the basis of agreed-upon criteria. The final composition of the participants in the Conference was a balance of organizations involved in advocacy and lobbying, in provision and financing of health services, and in research. The complete List of Participants is available as Annex 2. Invited CSOs received a brief overview of the Conference and the brochure Investing in Health: a Summary of the Findings of the Commission on Macroeconomics and Health. They were requested to fill out an NGO profile, prepared by the organizers, indicating their involvement in pro-poor health and other development sectors.

WHO commissioned the following two background papers for the Conference, which were also made available to participants:

1. Rajiv Misra. The CMH Process and Civil Society.
2. Nance Upham. Making Health Care Work for the Poor: a Preview of NGO Experience in Selected Countries.

The plenary presentations by both authors were based on these background papers and are summarised in this report.

During the two-day Conference, participants received further documentation, including the full CMH Report, a CD-Rom with all CMH working group papers and reports, the declaration of the 2nd Consultation on Macroeconomics and Health held in Geneva in October 2003, global and country updates on Macroeconomics and Health, the People's Charter for Health, the Mumbai Declaration of the People's Health Movement, a booklet on Government/NGO Partnership in Health Care in Sri Lanka, and the People's Health Movement Response to the Commission on Macroeconomics and Health.

The Conference programme is attached as Annex 1. On the first day of the Conference, participants were addressed by key note speakers in a plenary session. Brief summaries of the plenary presentations are given in this report.

All of these documents and presentations stimulated discussions in four thematic working groups, for which ample time was reserved. Participants could choose the working group of their preference but were urged to spread their country team over the different groups. All themes were related to the role of CSOs and the potential for partnership between CSOs and government in improving the health of the poor. Participants looked for common ground, discussed the challenges involved, and debated what and how CSOs could contribute to the Macroeconomics and Health work in general and in their respective countries.

The themes for the four working groups were:

- 1. How can CSOs contribute to the policy debate and decision-making on poverty, economic development and health?**
- 2. How can CSOs contribute to increasing access to essential health services for the rural and urban poor?**
- 3. How can CSOs contribute to giving relief to households that experience catastrophic health costs?**
- 4. How can CSOs contribute to analysis and strategic planning of Macroeconomics and Health issues through research?**

In order to facilitate discussion, three objectives were formulated for each group and some background thoughts, information, and questions for each group were prepared by the organizers. These were meant to provoke discussion and were not intended to be prescriptive or exhaustive. Each group was encouraged to come up with additional or different questions and issues.

Each group presented their findings and recommendations during the plenary session on the second day, and interesting discussions followed each presentation. Brief summaries of the discussions in the working groups are given in this report.

The outcomes of the plenary and working group sessions were summarized in a consensus statement that was put together during the two days of the Conference and discussed and agreed upon during the closing session. After the meeting, the WHO secretariat finalized the consensus statement on the basis of the discussions and further comments from the participants. The final version is attached at the end of this report.

The summaries of plenary presentations and working groups in this report and on the event website were produced by the organizers. Drafts were sent back to presenters and group chairpersons and rapporteurs for comments. All comments were included so as to make the summaries a true reflection of the Conference proceedings and recommendations.

All information about the Conference, including full background papers, NGO profiles, programme, participant list, presentations, and extensive summaries of plenary presentations and working group discussions, can be found on the Macroeconomics and Health event website (www.who.int/macrohealth/events/civil_society_asia/en/). References to the Conference can also be found in the MacroHealth Newsletter 9, also available on the Macroeconomics and Health website (www.who.int/macrohealth).

Overview of the Plenary Presentations

Inaugural address

The Minister of Health of Sri Lanka, Nimal Siripala de Silva, welcomed the participants on behalf of the Government of Sri Lanka, the host country. He emphasized the need for increased funding of the health sector, but also stressed that poverty reduction and sustainable development are essential for improving health. He went on to say that the efficient use of money in a cost-effective manner is equally important, maximizing benefits with minimum spending and cutting down waste and corruption. The Minister perceived a role for the civil society organizations, in their capacity as representatives of the community, in acting as a pressure group and in raising awareness that spending on health is, in fact, an investment. He also thought that CSOs could play a role in canvassing funds and in the policy debate on health sector reforms. Setting an example for other Asian countries, the Minister was able to announce that the Government of Sri Lanka had recently pledged to increase the current spending of around 1.5% of GNP on the health sector to 2.5 % within a year, an increase equivalent to what the CMH suggested.

Introduction

On behalf of WHO, Sergio Spinaci, the Executive Secretary of the Coordination of Macroeconomics and Health Support Unit, welcomed the participants and praised the invaluable involvement of CSOs in effectively addressing the problems that affect the poor, including assisting displaced populations and those living in underserved areas. Civil society, in his view, also greatly contributes to linking health and poverty reduction by putting critical issues, such as debt, human and gender rights, trade, and the environment, at the centre of national and global agendas. He stressed that equity in health and universal coverage of health services in low-income countries can be better addressed through closer links and partnerships between governments and CSOs and expressed his hope that discussions would push forward a common agenda for better access to health by the poor.

Overview of Macroeconomics and Health work

A review of the follow-up to the CMH work was given in three presentations by WHO representatives: Silvia Ferazzi's presentation focused on the global process, Bhupinder Singh Lamba presented on the activities in South-East Asia, and Anjana Bhushan presented on the situation in the Western Pacific. The presentations highlighted the need for the CMH Report to be adapted to the local contexts through a flexible, lessons learning-oriented approach and noted that the involvement of the civil society is key to that purpose.

At the global level, after the launch of the CMH report in December 2001, two global consultations for countries and development partners were held in Geneva. The first took place in June 2002, and the second in October 2003. As a result of these two meetings, while it was agreed that there is a need for

additional resources to achieve the CMH objectives, it became clear that the use of existing institutional mechanisms was preferred to the designing of new ones; the creation of ad hoc national commissions on Macroeconomics and Health should be promoted only when existing mechanisms that could fulfil the required functions were not in place or were ineffective.

Work with NGOs started with a briefing on the CMH report at the report's launch in December 2001 and with a discussion on its follow-up at the World Health Assembly (WHA) 2003. The NGOs considered the centrality of health as a human right, which links firmly to the Alma Ata principles, to be weak in the CMH Report. They recommended going beyond selective, vertical programmes, referring rather to a broad primary health care approach. A reduction in the dependency on external aid was preferred, in order to strengthen country responsibility and ownership. A wider circle outside the health sector itself, encompassing non-health sector determinants of health and focusing on synergies with other social sectors, was considered the most fruitful way forward. These comments have been taken into consideration in the approach to the country follow-up to the work of the CMH, and should be further strengthened through common action by WHO and CSOs.

In South-East Asia several high-level regional meetings on MH took place, resulting in a strong interest in most countries to pursue a Macroeconomics and Health process. Concrete country initiatives include the setting up of national Macroeconomics and Health mechanisms, stressing the importance of intersectoral cooperation and collaboration with CSOs, organization of advocacy meetings, preparations for production of Health Investment Plans and mobilization of additional domestic resources. Some countries have sought to reposition health in country Poverty Reduction Strategy Papers (PRSPs) and to link up with complementary initiatives such as the Millennium Development Goals (MDGs).

Some Western Pacific countries are adapting CMH findings through country-specific economic analysis to examine the linkages between health, poverty and macroeconomics, through costing of essential services and through analysis of cost-effectiveness of interventions. In health financing, efforts are focused on policies to reduce financial barriers to equitable access and use of basic health services, through the use of targeted subsidies or through social health insurance initiatives. WHO assistance to countries focuses on the development and use of National Health Accounts (NHAs) and capacity building in resource planning and management.

The CMH process and civil society

The former Health Secretary of the Government of India, Rajiv Misra, discussed the CMH report, the background to its constitution, the main findings and recommendations, follow-up activities and the role

he thought civil society could play in the implementation of the action agenda. He stated that follow-up of the CMH recommendations has been slow and uneven. No country has yet developed long-term plans, and external aid is still nowhere near the scale recommended by the CMH. Public interventions still tend to benefit the rich more than the poor. The neglect of the poor can lead to potentially destabilizing imbalances in development and cause social tensions and unrest. Investment in the health of the poor is not only good economics, but good politics as well.

Because civil society is the driving force of public opinion, CSOs can play an important role in advocating for improvement in the health of the poor. Civil society is well-placed to spearhead the effort to give health its due status and priority. CSOs also have an important role in service delivery for the poor, because they are in close contact with the community. Such activities can be expanded by developing public-private partnerships. Misra advised governments to be flexible in their arrangements with CSOs and not to stifle their initiative and freedom. CSOs were advised to overcome their differences of opinion, as they could be more effective if they come together and develop systems of self-regulation.

NGO contributions to health systems for the poor

The President of the Geneva Office of the People's Health Movement, Nance Upham, had a strong message for the Conference: health systems for the poor need not be and should not be poor health systems. While governments often do not manage to serve the poor, or provide low quality services, NGOs are on the record to deliver good primary health care to poor populations, adapted to the local realities of the communities they serve. However, she asserted that NGOs can only work within the framework of strong public health services. Upham also stressed that primary health care is best delivered as part of a broader socio-economic assistance package and backed up by a sustainable secondary and tertiary health system accessible to the poor. NGOs also have valuable experience in this respect, as many NGOs provide health care alongside education, micro-credit, agricultural and nutrition support, and insurance, for example. This kind of synergy between different aspects of a comprehensive development policy is needed to reduce poverty.

Upham also touched upon community health financing schemes, which have to be further developed to increasingly cover the very poor and suggested that we need more flexible, mobile and modern health systems. Rather than expecting people to travel to the health delivery point while they are sick, more attention should be paid to bringing the services to the people. Besides the more classic outreach services and mobile clinics, the possibilities telemedicine offers could bring sophisticated diagnosis to the remotest parts of the world.

The health transition and economic growth in Sri Lanka

Godfrey Gunatilleke, member of the National Commission for Macroeconomics and Health in Sri Lanka and Chairman Emeritus and Fellow of the Marga Institute in Colombo, described how at present Sri Lanka is managing the later stages of the health transition, characterized by the decline in the proportion of infectious diseases and the rise in non-communicable diseases, with a national health care system which by international norms is an unusually low-cost system. The total cost of health care has been maintained at around 3% of GDP over time.

At present, the public health care system in Sri Lanka provides nearly 75% of all outpatient and inpatient health care, while the private sector, mainly serving the needs of the higher income groups, provides about 6% of inpatient and about 19% of outpatient care. For this volume of goods and services the private sector spends approximately four times as much as the public sector. Household expenditure on health care accounts for no more than about 25% of total expenditure. Although poverty persists and child and maternal mortality still pose serious challenges, the health of the population has improved substantially. The example of Sri Lanka shows that it is possible to improve population health at an affordable price. It also shows that remaining ill health is clearly related to poverty and that there is an indivisible link between health, poverty reduction, productivity and economic growth.

According to Gunatilleke, the role of NGOs has changed. During the first phase of the health transition, community-based organizations (CBOs) made the delivery of health care more cost-effective. They were involved in health education and public awareness, humanitarian support and in maternal and child health. The contributions of NGOs in the second phase were characterized by a greater emphasis on research and advocacy on the public issues of health care in Sri Lanka, budgetary allocation for health, the national health care system and privatization.

Overview of the Working Groups

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he core of the discussion on the involvement of CSOs in health and poverty reduction activities and in the Macroeconomics and Health processes took place in the working groups. These centred around the potential contribution of NGOs in four areas: the policy debate and decision making; access to essential health services for the rural and urban poor; relief to households that experience catastrophic health costs; and analysis and strategic planning of Macroeconomics and Health issues through research.

The main conclusions and recommendations with direct implications for the Macroeconomics and Health process are summarized below:

Working group 1 - The contribution of CSOs to the policy debate and decision-making on pro-poor strategies to provide and finance health services

Working group 1 discussed the comparative advantages and constraints that CSOs have as partners in the policy debate on pro-poor strategies, and focused on issues such as experience in working with communities, desire to develop innovative approaches, and inter-sectoral scope. Based on the assumption that governments have the main responsibility for the provision of quality primary health care services for all, including the poor, working group 1 agreed with the plenary speakers that CSOs have a complementary role, in particular in providing health services to the poor and the disadvantaged in remote or otherwise underserved areas. They highlighted that CSOs can effectively bring the voices of the poor to the policy table, both through formal and informal dialogue, at the local level but also at higher levels of government, provided they are well organized, have good networks and base their views on solid evidence. By piloting alternative health financing mechanisms, for instance, CSOs can add to the evidence base for policy making. Working group 1 also recognized the importance of involving donors in fostering and harmonizing partnerships between governments and CSOs.

Working group 1 recommended that:

- ***CSOs should advocate for governments to invest more in health, as this will improve economic growth and reduce poverty. CSOs should advocate for simultaneous investment in other sectors, such as education and employment, in order to render investment in health sustainable.***
- ***In order to be more effective counterparts at the policy table, CSOs should develop the evidence on which their policy viewpoints are based, build up their expertise and strategic alliances with other stakeholders, and unify their voice.***

- ***Governments should regularly involve CSOs in policy debates, as they can effectively help in addressing, inter alia, the limitations of sector-based ministerial structures. Good practice participatory mechanisms should be developed. Donors can also be instrumental in fostering and harmonizing partnerships between CSOs and governments, as has been the case with the Country Coordinating Mechanisms of the Global Fund for AIDS, Tuberculosis and Malaria.***

Working group 2 - The contribution of CSOs to increasing access to essential health services for the rural and urban poor

Working group 2 gave an opportunity to explore the relations between CSOs and governments in providing health services and interventions. It was felt that governments have the primary responsibility for quality public health services, including to the poor. However, CSOs can usefully enter in collaborative arrangements with governments to provide complementary, demand-based health services, particularly to the poor in rural and underserved areas, where fewer public health staff are available to work and where, therefore, public services are weak or non-existent. Among other issues, and with reference to the problem of financing CSO activities in provision of health, health-related and relief services, it was concluded that in addition to funding from government and international agencies or charities, sustainable results can be achieved through local income generation programmes, community funds, community health insurance, and links to micro-credit programmes.

Working group 2 recommended that:

- ***Governments should support CSOs in the provision of health services to the poor by creating a conducive environment and providing financial incentives, while ensuring CSOs operational flexibility and autonomy in implementation.***
- ***In order to make health service delivery for the poor locally sustainable, dependence on international agencies should be avoided; local financing of the costs should primarily take the form of income generation, community funds, community health insurance, and microcredit programmes.***
- ***To subsidise the health expenditures of the poor, governments should consider establishing special equity funds. In order to avoid unnecessary use of services and raise the value of the product, users of health services, however poor, would be requested to complement this support with contributions adequate to their means.***

Working group 3 - The contribution of CSOs to giving relief to households that experience catastrophic health care costs (CHCCs)

Working group 3 defined CHCCs and debated the main determinants of households falling into poverty due to high health care costs, categorizing them into health system-related, patient-related and environment-related determinants. The group further debated the role CSOs can play in prevention of CHCCs, as well as in provision of support once households experience CHCCs. Participants noted that efficient delivery of primary and secondary health care to the poor can prevent CHCCs. Besides direct service delivery to the poor, CSOs can encourage the development of risk pooling arrangements and other financing schemes to protect the poor from high health care costs. CSOs can also play an important role in accident prevention and disaster preparedness, as accidents and disasters are important causes of CHCCs. Households that have fallen into poverty can be assisted by reimbursement of their health care costs from private donations, or in case of disaster, by the provision of relief.

Working group 3 recommended that:

- ***Governments should consider setting up special funds, from which prolonged and expensive courses of treatment for the poor can be (co-)funded, and/or empower and assist communities to mobilize resources to this end themselves.***
- ***Government should develop risk pooling arrangements and financing schemes protecting the poorest. CSOs should collaborate by explaining terms and conditions of insurance and other risk pooling arrangements and assist members of poor families with generating more income.***
- ***CSOs should be involved in educating and informing poor communities about accident prevention and disaster preparedness.***
- ***Governments and CSOs should establish grievance address systems to ensure good governance and quality of services, since the best prevention of CHCCs is the timely delivery of quality health care.***

Working group 4 - CSOs can contribute to analysis and strategic planning of Macroeconomics and Health issues through research

Working group 4 agreed that health and economics research is crucial for policy, planning and programme formulation in the area of health and is a strong tool for monitoring the achievements of health goals. Community-based CSOs can identify issues and areas for research, gather data on attainment of the MDGs

at community level, and also be actively involved in operational, action and policy-related research. CSOs have a special responsibility in making research more pro-poor. It was felt that CSOs, when joining forces, have considerable research capacity which can contribute to health policy and strategic planning efforts, for example by identifying reasons for inadequate access to public health services and evaluating the impact of health sector reforms.

Working group 4 recommended that:

- ***National governments should increase investment in health research and encourage collaboration with CSOs.***
- ***CSOs should contribute to building a sound evidence base for policy making by making data collection and documentation of best practices part of their mainstream activities.***
- ***CSOs should establish an International CSO Forum for Research on Economics and Health. In addition, CSOs should link up more closely with the yearly meeting of the Global Forum for Health Research.***
- ***Health research in developing countries should move from being donor-driven to people-driven and contribute to building a country-based empirical evidence for convincing the governments, thus facilitating the advocacy and lobbying role of CSOs.***

Conclusions and Way Forward



While there is wide knowledge and consensus on the value of a primary health care approach, and the technical interventions, public health measures, system requirements, and cost for scaling up are known, the world's poor still lack access to essential health services. Towards addressing this situation, participants considered the findings of the CMH and the ongoing follow-up approaches in countries of the regions and debated the contribution that CSOs could make towards reaching the poor with essential services.

Over the years CSOs have gained very useful experience in health in relation to poverty reduction. The following three points are a clear justification for their official involvement in Macroeconomics and Health work:

- CSOs have supported national efforts in expanding the scale of primary health care, in particular by assisting displaced populations and those living in underserved or remote areas (often the poor).
- On a global level, CSOs greatly contributed to linking health and poverty reduction by putting critical issues, such as debt, human and gender rights, trade, and the environment, at the centre of national and global agendas.
- Many CSOs deal with health not as a separate issue, but as a part of a comprehensive package of services that also includes education, nutrition and micro-credit, for example. This holistic approach is better geared to contribute to poverty reduction than a single-sector approach.

In the unanimous consensus statement, participants committed themselves to participate in national Macroeconomics and Health processes and asked their governments to ensure full involvement of civil society and NGOs. More specifically, CSOs can make the following contributions:

- CSOs can play an important advocacy role by speaking on behalf of the poor, stressing that health care is a basic human right, promoting equity in health care, and lobbying politicians to really commit increased resources for health.
- CSOs can provide many examples of innovative ways to reach the poor with services, of multisectoral approaches, of providing quality services in difficult circumstances, and in providing relief to households. They can document these practices and extract lessons learned, in order to facilitate replication on a larger scale.
- CSOs can assist governments by experimenting with alternative health financing schemes, such as equity funds or community-based health insurance. Specifically, CSOs can look into building safety nets for the very poor, because user fees and insurance premiums, however low, have undesirable consequences for health care-seeking behaviour.

- CSOs can be instrumental in preventing catastrophic health care costs by advocating for a universal health insurance system, by delivery of health care themselves (both regular and emergency care), as well as by organizing disaster preparedness and relief programmes.
- CSOs are in a good position to identify problems, issues, and areas for Macroeconomics and Health-related research and can also conduct research themselves, in particular operational research and applied research.

Participants came up with several recommendations to their respective governments, as well as to their own constituencies, related to improving engagement and collaboration in areas key to health and poverty reduction, such as pro-poor policy development, provision and financing of services for the poor, preventing catastrophic health care costs, and planning and conducting pro-poor research.

Participants concluded that civil society plays a critical role towards strengthening political will by building awareness of the importance of health and of pro-poor health system reform in economic development and poverty reduction. Governments, for their part, should facilitate the participation of civil society in national Macroeconomics and Health mechanisms and involve them in the preparation of Health Investment Plans. CSOs working internationally should also lobby for increased and better donor assistance to developing countries, while urging the acceleration of debt relief and ensuring that a major share of resources so released are used for increased spending on the health of the poor.

The Conference was an important step towards promoting the participation of the civil society and NGOs in the country work on Macroeconomics and Health in Asia. The next challenging steps, emanating from the consensus and from the specific recommendations of the Working Groups, will be to keep high the interest and involvement of CSOs in the Macroeconomics and Health process, to increase collaboration at country level to advocate for increased pro-poor investments in health, and to promote with governments the regular participation of the civil society in the national mechanisms on Macroeconomics and Health. It is now up to the participating CSOs and governments to translate the above conclusions and recommendations into activities that can be implemented locally. WHO is willing to support this effort.

Among immediate follow-up activities, a dedicated Conference webpage has been set up on the WHO Macroeconomics and Health website. A wide circulation of the consensus document and this report will be ensured and a discussion space created for information sharing among CSOs on issues and activities going on in countries.

Colombo Consensus

Asian Civil Society Conference on Macroeconomics and Health Colombo, Sri Lanka, 27-28 April 2004

Preamble

We, Asian Civil Society Organizations (CSOs)¹ gathered with government representatives in Colombo, Sri Lanka, on 27 and 28 April 2004 on the occasion of the Asian Civil Society Conference on Macroeconomics and Health, acknowledge with appreciation the opportunity and facilitation provided by the World Health Organization to participate and deliberate on issues concerning macroeconomics and health.

Recognizing that CSOs are major, critical and strategic stakeholders in the formulation, implementation and monitoring of macroeconomic policies related to health, and that they help ensure good governance and social accountability of governments by servicing and articulating citizens' demands,

Recognizing and emphasizing the right to health as a social, economic and political issue and a fundamental human right, and that macroeconomics has a critical role in ensuring this right,

We urge that appropriate, equitable and effective macroeconomic policies and increased investments be put in place to ensure the people's right to health,

We commit ourselves to fully participate in the national mechanisms on macroeconomics and health in order to meet the health needs of the poor. We shall share these recommendations with other civil society and non-for profit organizations, at all levels, and with our governments.

By consensus, the following are our conclusions and recommendations:

Theme I. How can CSOs contribute to the policy debate and decision making?

1. We recognize that political will is determined largely by public opinion and that the civil society plays a major role in creating awareness and highlighting the contribution of health in economic development and poverty reduction.
2. CSOs should advocate for increased and more equitable investments in health, reforms in the health systems and a better focus on the poor, vulnerable groups and women. In this context, the civil society should bring out the existing inadequacies and inequities of the health systems before

1. From Bangladesh, Cambodia, the People's Republic of China, India, Indonesia, the Lao People's Democratic Republic, Mongolia, Nepal, the Philippines, Sri Lanka, Thailand, Viet Nam. List of participating organizations is included in this report.

governments, donors, media and people at all levels, and thereby foster an environment for addressing critical deficiencies of the health systems.

3. Governments should facilitate and strengthen the participation of CSOs in the national macroeconomics and health mechanisms. CSOs should make a proactive effort to participate in the preparation of investment plans, in partnership with national health and health-related ministries and commissions, or equivalent macroeconomics and health mechanisms and planning commissions. They are key to contribute suggestions and inputs on appropriate and evidence-based policy changes and systems reforms to improve equity, efficiency, accountability and transparency of the health delivery systems, particularly for the poor, and to achieve the objective of comprehensive primary health care.
4. CSOs working in the international arena should lobby for increased donor assistance to low-income countries for health to promote balanced and sustainable development and human welfare. They should also create an enabling environment for a coordinated approach, harmonization of procedures and stability of financial commitments from the donor community in respect of the health sector development through public-civil society partnerships.
5. CSOs should strengthen their internal networks and urge donor countries to accelerate the process of debt relief and ensure that a major share of the resources so released are used for increasing outlays for the health of the poor.

Theme II. How can CSOs contribute to increasing access to essential health services for the rural and urban poor?

1. We recognize the need for a functioning national health policy in place, based on comprehensive primary health care, as a first priority, which entails the need for strong health systems. We also recognize that CSOs have knowledge of the deficiencies in the functioning of health delivery systems, and several of them have a demonstrated capacity in providing basic health services in remote areas.
2. CSOs, with financial support from public funds, should enter in active partnership with governments to undertake greater responsibilities in collaborating with them in providing health care and health services at the primary and secondary level, both in rural and urban areas, more efficiently and cost effectively. Besides, in remote and backward areas, where public health infrastructure is virtually non-functioning, governments should provide a liberal package of incentives to motivate and strengthen the capacity of CSOs to fill the gaps.
3. Governments should ensure that the CSOs are provided with the required level of operational flexibility and autonomy in the implementation of programme activities, in order for CSOs to fulfil their

commitments and achieve the performance indicators mutually agreed upon and to be able to make contributions towards appropriate remedies.

Theme III. How can CSOs contribute to giving relief to households that experience catastrophic health costs?

1. We recognize that the principal instrument for avoiding catastrophic health costs to the poor is to ensure the efficient delivery of public health care and services at the primary and secondary level. The CSOs can play an important role in monitoring the functioning of the public health care institutions in respect of the services to the poor. However, there would be contingencies where the patients and their family have to bear a major share of the burden, in the case of prolonged and expensive course of treatment.
2. CSO should advocate with governments for the provision of universal health insurance schemes and enter in partnership with governments to ensure the efficient delivery of public health and emergency medical services. CSOs can complement these services by running health services and health care programmes.
3. CSOs should monitor the functioning of health systems in respect of the quality of services for the poor and help establish a grievance system that ensure users' feedback and good governance.
4. CSO should contribute to prevent the occurrence of catastrophic expenses through collaboration with governments in health education, preventive campaigns, disaster preparedness and management.
5. Governments should set up special funds for the purpose of addressing households incurring catastrophic expenditures and empower communities to mobilize resources to make the services affordable to the poor, including mechanisms for reimbursement of treatment expenses from private donations, community health financing and micro-credit schemes.

Theme IV. How can CSOs contribute to analysis and strategic planning of macroeconomics and health issues through research?

1. We recognize that research is imperative for policy planning and programme formulation in the area of health, and a strong tool for advocacy and monitoring the achievement of country health goals by governments and other stakeholders. Several CSOs have participatory research capabilities to contribute to this effort. In the context of the work of the national commissions on macroeconomics and health, or equivalent mechanisms, CSOs can provide an important input to policy and strategic planning through research.
2. Governments should support CSOs' contribution to increase the health research capacity of low and middle-income countries.

3. CSOs should evaluate the impact of health sector reforms on access to health, and identify reasons for inadequate access to public health services.
4. CSOs should organize themselves and use at best mechanisms to contribute to setting international research agenda with a participatory and pro-poor approach, which promote transfer of knowledge and results, assistance to remote areas, pooling of human resources and capacities, grassroots feedback and influence on the process of resource mobilization for health.

Mindful of the challenge ahead and of the need for forceful action, we close this Conference, and look forward to continuing this dialogue and interaction on macroeconomics and health within our countries.

Annex 1

Conference Programme

WORLD HEALTH ORGANIZATION

Sustainable Development and Healthy Environments Cluster

in collaboration with the Royal Tropical Institute Amsterdam and Marga Institute Colombo

Asian Civil Society Conference on Macroeconomics and Health

27-28 April 2004 – Colombo, Sri Lanka

Day 1	Chairpersons: Mr B.S. Lamba, WHO Regional Office for South-East Asia and Dr Soe Nyunt U, WHO Regional Office for the Western Pacific
09.00 – 09.15	Welcome by Chairpersons on behalf of WHO Regional Directors
09.15 – 09.30	Inaugural address by Hon. Nimal Siripala de Silva, Minister of Health of Sri Lanka
09.30 – 09.45	Introduction by Dr Sergio Spinaci, WHO CMH Executive Secretary
09.45 – 10.15	The CMH Report, the Macroeconomics and Health process, and civil society Mr Rajiv Misra, Former Health Secretary, Government of India
10.15 – 11.00	Presentation of the Macroeconomics and Health approach: Overview on MH work globally and in the WHO South-East Asian and Western Pacific regions Dr Silvia Ferazzi, Headquarters, Dr B.S. Lamba, Regional Office for South- East Asia, Ms Anjana Bhushan, Regional Office for the Western Pacific
11.30 – 12.00	Review of NGO experiences in health and development in selected Asian countries Ms Garance Upham, President, People's Health Movement, Geneva International
12.30 – 12.30	Health Transition and Economic Growth in Sri Lanka Dr Godfrey Gunatilleke, Member of the National Commission for Macroeconomics and Health, Sri Lanka
12.30 – 13.00	Open stage for discussion and raising of issues/reactions from the floor

- 14.00 – 18.00 Four thematic working groups:
- How can CSOs contribute to the policy debate and decision-making?*
- How can CSOs contribute to increasing access to essential health services for the rural and urban poor?*
- How can CSOs contribute to giving relief to households that experience catastrophic health costs?*
- How can CSOs contribute to analysis and strategic planning of macroeconomic and health issues through research?*

Day 2 **Chairpersons: Mr B.S. Lamba, WHO Regional Office for South-East Asia and Dr Soe Nyunt U, WHO Regional Office for the Western Pacific**

- 09.00 – 13.00 Working groups, including preparation of recommendations
- 14.00 – 15.00 Presentation of group work
- 15.30 – 17.00 Plenary discussion and consensus on recommendations
- 17.00 Closure

Annex 2

List of Participants

WORLD HEALTH ORGANIZATION

Sustainable Development and Healthy Environments Cluster

in collaboration with the Royal Tropical Institute Amsterdam and Marga Institute Colombo

Asian Civil Society Conference on Macroeconomics and Health

27-28 April 2004 – Colombo, Sri Lanka

COUNTRY	ORGANIZATION	NAME & DESIGNATION OF PARTICIPANT
BANGLADESH	BRAC	Mr Faruque Ahmed Director, Health and Nutrition
	Center for Policy Dialogue	Ms Fatema Yousuf Head of the Dialogue Division
	Gonoshasthya Kendra	Dr Abul Qasem Chowdhury Vice Chancellor GonoBiswabidyalay
	Grameen Bank Head Office	Mr Zamal Uddin Biswas Deputy General Manager
	Save the Children-UK	Dr Selina Amin Programme Manager, Health and Nutrition Programme
	Ministry of Health and Family Welfare	Mr Md. Jahangir Joint Chief, Health Economics Unit
CAMBODIA	Cambodia Association for Assistance to Families and Widows (CAAFW)	Mr Iyong Suor Director
	Cambodia Family Development Service (CFDS)	Mrs Samnan Lov
	HealthNet International	Dr Fred Griffiths Programme Manager

COUNTRY	ORGANIZATION	NAME & DESIGNATION OF PARTICIPANT
	MEDICAM	Dr Sin Somony Executive Director
	Reproductive and Child Health Alliance (RACHA)	Ms Sun Nasy Deputy Director
	Ministry of Health	Dr Lo Veasna Kiry Deputy-Director, Planning and Health Information Department
PEOPLE'S REPUBLIC OF CHINA	China Primary Health Care Foundation	Dr Yan Xiao Zheng Secretary-General
	Health Technology Assessment & Research Center, Fudan University, School of Public Health	Dr Jie Chen Professor and Director
	Think Tank Research Center for Health Development	Prof. Wang Ke-An Director
	Ministry of Health	Ms Zhu Peihui Department of Planning and Finance
INDIA	Gujarat Institute of Development Research	Dr Leela Visara Director and Professor
	Janani	Mr Krishnamurty Gopalakrishnan Programme Director
	Karuna Trust	Dr H. Sudarshan President
	Sanket Development Group	Ms Maheen Mirza Programme Co-ordinator (Projects)
	SEARCH (Society for Education, Action and Research in Community Health)	Dr Pradeep Prabhakar Paranjpe
	National Commission on Macroeconomics and Health	Ms K. Sujatha Rao Secretary-designate

COUNTRY	ORGANIZATION	NAME & DESIGNATION OF PARTICIPANT
INDONESIA	Indonesian Heart Foundation	Dr Sutedjo Coordinator, Research and Data Center
	Yayasan Lembaga Konsumen Indonesia	Ms Sinthia Prideaka Soekarto Staff Member, Research Department
	Ministry of Health	Mr Teguh Budi Santosa Staff Member, Bureau of Planning and Budgeting
LAO PEOPLE'S DEMOCRATIC REPUBLIC	Central Lao Women's Union	Ms Kaysamy Latvilayvong Deputy Head of Planning Division, Development Department
	Macfarlane Burnet Institute for Medical Research and Public Health	Dr Niramonh Chanlivong Country Programme Manager
	Swiss Red Cross	Dr Vannaly Boupha
	Ministry of Health	Dr Bouaphat Phonvisay Ag Director of Health Insurance Division, Planning and Budgeting Department
MONGOLIA	Mongolian Anti-Tuberculosis Association	Dr Naranbat Nymadawa Chair of Executive Board
	Mongolian Association of Family Doctors	Dr Bunijav Orgil President
	Mongolian Public Health Association	Dr Yondon Dunggu President
	Mongolian Red Cross Society	Dr Zambalgarav Jadamba Under Secretary General

COUNTRY	ORGANIZATION	NAME & DESIGNATION OF PARTICIPANT
NEPAL	Mongol Vision	Dr L. Tumurbaatar Executive Director
	Ministry of Health	Mr D. Chimeddagva Director for Strategic Planning
	Family Planning Association of Nepal	Mr Hari Khanal Ag. Director General
	Nepal Health Economics Association	Dr Badri Raj Pande President
	Nepal Red Cross	Dr Vijay Kumar Singh Member Central Executive Committee
	New ERA	Dr Bal Gopal Baidya Senior Research Associate
	United Mission Nepal (UMN)	Dr Maureen Dariang Women and Children Health Technical Advisory Team
	Ministry of Health	Dr Mahabir Krishna Malla Chief Specialist, Policy, Planning & International Cooperation Division
	Ministry of Health	Dr Rita Thapa Senior Health Policy Adviser
	PHILIPPINES	Gerry Roxas Foundation
Health Alternatives for Total Human Development Institute		Dr Maria Eufemia C. Yap Member, Board of Directors
Maharlika Charity Foundation		Dr Michelle Marie Aportadera Plastic Surgeon

COUNTRY	ORGANIZATION	NAME & DESIGNATION OF PARTICIPANT
	Philippine Rural Reconstruction Movement	Dr Glenn V. Paraso Social Development Specialist, Health & Family Planning
	Department of Health	Dr Liezl Lagrada Medical Officer VII, Health Policy Development and Planning Bureau
SRI LANKA	Asian Community Health Action Network	Mr Niranjan Udumalagala
	Community Development Services	Ms Nilani Wijeyesinghe
	Family Planning Association	Mr P.J. Karunaratne Deputy Director, Youth Reproductive Health
	Health Action International-Asia Pacific	Dr K.Balasubramaniam Advisor and Co-ordinator
	Helpage Sri Lanka	Mr N.W.E. Wijewantha Executive Director
	Management Sciences for Health (MSH)	Mr Vimal Dias
	Marga Institute (co-organizer)	Dr Godfrey Gunatilleke, Member, National Commission on Macroeconomics and Health
	Marga Institute (co-organizer)	Mrs Myrtle Perera Senior Research Fellow
	Marga Institute (co-organizer)	Ms Dineshini Jayawardana
	Sarvodaya Shramadana Movement	Dr Vinya S. Ariyaratne Executive Director

COUNTRY	ORGANIZATION	NAME & DESIGNATION OF PARTICIPANT
	Ministry of Health, Nutrition and Welfare	Dr S. M. Samarage Director, Organization Development Management Development and Planning Unit
THAILAND	Anti-Tuberculosis Association of Thailand	Dr Nadda Sriyabhaya Executive President
	Thai Health Promotion Foundation	Dr Viroj Na-ranong
	Thai Health Promotion Foundation	Dr Chartri Charoensiri
	Ministry of Public Health	Dr Orasa Kovindha Chief, Macrohealth Policy Section, Health Policy Group, Bureau of Policy and Strategy
	Ministry of Public Health	Dr Luecha Wanaratna Chief of Technical Office
VIET NAM	Institute for Social Development Studies	Ms Nguyen Thi Van Anh Head of Soc. Dev. Section
	Research and Training Centre for Community Development (RTCCD)	Dr Tran Tuan Director
	Viet Nam Family Planning Association (VINAFPA)	Prof. Pham Song President
	Viet Nam Women Union	Ms Chu Nhi Ha Department of Family and Society
	Communist Party of Viet Nam	Prof. Pham Manh Hung Vice Chairman, Committee for Education and Sciences

COUNTRY	ORGANIZATION	NAME & DESIGNATION OF PARTICIPANT
OTHER ORGANIZATIONS	People's Health Movement Geneva International	Ms Garance (Nance) Upham President
	Royal Tropical Institute Amsterdam (co-organizer)	Ms Maria Paalman Senior Health Adviser
	World Health Organization	Dr Palitha Abeykoon WHO Office - Sri Lanka
		Dr Lin Aung WHO Health Planner - Nepal
		Ms Anjana Bhushan Technical Officer Poverty and Gender - Western Pacific Regional Office
	Dr Silvia Ferazzi Partnerships Advisor Coordination of Macroeconomics and Health Support Unit	
	Mr B.S. Lamba Sustainable Health Policy Officer Southeast Asia Regional Office	
	Mr Rajiv Misra WHO Consultant	
	Dr Soe Nyunt U Director, Health Sector Development Western Pacific Regional Office	

COUNTRY	ORGANIZATION	NAME & DESIGNATION OF PARTICIPANT
		Dr Sergio Spinaci Executive Secretary Coordination of Macroeconomics and Health Support Unit - Geneva Sustainable Development and Healthy Environments Cluster
		Dr Kan Tun WHO Representative – Sri Lanka

Annex 3

Conference materials

All materials listed below are available on <http://www.who.int/macrohealth>

1. Macroeconomics and Health: Investing in Health for Economic Development. Report of the Commission on Macroeconomics and Health. WHO Geneva, 2001.
2. Investing in Health: A Summary of the Findings of the Commission on Macroeconomics and Health. WHO Geneva, 2003.
3. The Commission on Macroeconomics and Health: Working Group Papers and Reports on CD-Rom. Royal Tropical Institute Amsterdam, 2003.
4. Declaration, The 2nd Consultation on Macroeconomics and Health: Increasing Investments in Health Outcomes for the Poor. WHO Geneva, 28-30 October 2003.
5. Macroeconomics and Health: an Update. WHO Geneva, April 2004
6. Status reports on Macroeconomics and Health. WHO SEARO & WPRO, April 2004. (Profiles from 12 countries)
7. Information on Health Activities by CSOs participating in the Asian Civil Society Conference on Macroeconomics and Health. Amsterdam/Colombo, April 2004.
8. Rajiv Misra. The CMH Process and Civil Society, 2004.
9. Nance Upham. Making Health Care Work for the Poor: a Review of NGO Experience in Selected Countries, 2004.
10. People's Charter for Health. As amended and approved at the People's Health Assembly. Savar Bangladesh, December 2000.
11. The Mumbai Declaration of the People's Health Movement. Mumbai India, 14-15 January 2004.
12. Potential for Government/NGO Partnership in Health Care. WHO Sri Lanka, 2003.
13. People's Health Movement Response to Commission on Macro-economics and Health, April 2004.
14. Sergio Spinaci. Introductory Remarks to the Asian Civil Society Conference on Macroeconomics and Health. Colombo, 27 April 2004.
15. Rajiv Misra. The CMH Process and Civil Society. Powerpoint presentation. Colombo, 27 april 2004.
16. Silvia Ferazzi. The Macroeconomics and Health Country Follow-up and the Civil Society. Powerpoint presentation. Colombo, 27 April 2004.
17. D. Bayarsaikhan. Anjana Bhushan. CMH in WPRO: an Overview. Powerpoint presentation. Colombo, 27 April 2004.
18. B.S. Lamba. Macroeconomics and Health in the South-East Asia Region. Powerpoint presentation. Colombo, 27 April 2004.
19. Nance Upham. NGOs Contributions to Present and future Health Systems for the Poor. Powerpoint presentation. Colombo, 27 April 2004.
20. Dr. Godfrey Gunatilleke. The Health Transition and Economic Growth in Sri Lanka: Lessons of the Past and Emerging Issues. Powerpoint presentation. Colombo, April 2004.

Participating Organizations

Bangladesh

BRAC
Center for Policy Dialogue
Gonoshasthya Kendra
Grameen Bank
Save the Children-UK

Cambodia

Cambodia Association for Assistance to Families and Widows (CAAFW)
Cambodia Family Development Service (CFDS)
HealthNet International
MEDICAM
Reproductive and Child Health Alliance (RACHA)

People's Republic of China

China Primary Health Care Foundation
Health Technology Assessment & Research Center, Fudan University, School of Public Health
Think Tank Research Center for Health Development

India

Gujarat Institute of Development Research
Janani
Karuna Trust
Sanket Development Group
SEARCH (Society for Education, Action and Research in Community Health)

Indonesia

Indonesian Heart Foundation
Yayasan Lembaga Konsumen Indonesia

Lao People's Democratic Republic

Central Lao Women's Union
Macfarlane Burnet Institute for Medical Research and Public Health
Swiss Red Cross

Mongolia

Mongolian Anti-Tuberculosis Association
Mongolian Association of Family Doctors
Mongolian Public Health Association
Mongolian Red Cross Society
Mongol Vision

Nepal

Family Planning Association of Nepal
Nepal Health Economics Association
Nepal Red Cross
New ERA
United Mission Nepal (UMN)

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Sarvodaya Shramadana Movement

Thailand

Anti-Tuberculosis Association of Thailand
Thai Health Promotion Foundation

Viet Nam

Institute for Social Development Studies
Research and Training Centre for Community Development (RTCCD)
Viet Nam Family Planning Association (VINAFFPA)
Viet Nam Women Union

Other Organizations

People's Health Movement Geneva International
Royal Tropical Institute Amsterdam (Conference organizer)

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Bangladesh
Cambodia
People's Republic of China
India
Indonesia
Lao People's Democratic Republic
Mongolia
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