

HIGH-LEVEL FORUM ON THE HEALTH MDGs

Geneva, 8–9 January 2004

Summary of discussions and agreed action points

Executive Summary

WHO and World Bank staff convened a successful meeting of the High-Level Forum on the Health MDGs on 8 and 9 January 2004. Outcomes of the meeting include a recommendation to the Development Committee for practical steps to ensure a closer relationship between the PRSP process and the achievement of the MDGs; joint work to assess the effectiveness of donor harmonization in health; a mandate for further joint work on human resources for health, and to explore a link with the Global Commission on International Migration; and an endorsement of plans to establish the Health Metrics Network.

Participants agreed that progress on the health MDGs is too slow, particularly in low-income countries. Midway through the period 1990-2015, the results are mixed but overall, the half-time score is a cause for great concern. Discussions made frequent reference to commitments from Monterrey to provide more resources for development and concluded that developing countries, in particular those with good policy environments, could absorb more. However, it was also recognized that increased availability of resources is not sufficient to meet the MDGs: policy and institutional change in developed and developing countries is also required. This consensus was set in the context of dealing with debt and trade issues. The point was therefore made that we do not need more promises; we need to deliver on those already made.

The HLF was welcomed as an opportunity for relatively informal discussions in a spirit of responsibility and mutual accountability between donors, recipient countries and technical agencies. The challenge at future meetings will be to maintain this openness without limiting access.

Background

A decision to establish the High-Level Forum was taken at a meeting convened by the World Bank, DFID and CIDA in May 2003. The Bank and WHO were asked to facilitate the process. WHO agreed to take the lead in convening the first meeting of the Forum which was held in Geneva in January 2004. It brought together senior officials from 17 developing countries (including nine ministers of health and three ministers of finance, economic planning and local government); 11 bilateral agencies; eight multilateral agencies; and nine foundations, regional organizations and global partnerships.

The purpose of the Forum is to provide an informal opportunity for senior policy-makers from North and South to take stock, review progress and identify opportunities for accelerating action in relation to the health-related MDGs. Discussions focus on challenges and actions which can be taken at *country* level, however, the intrinsic value of the Forum is to facilitate learning at a *global* level from good practice on the ground, and to consider ways in which actions by governments and agencies can support nationally-led processes.

This note summarizes key points from the discussions at the Forum. The Recommendations for Action agreed at the final session can be found in Annex 1.

Summary of discussions

Session 1: Overview of progress towards the health MDGs

Progress on the health MDGs is too slow, particularly in poor countries. Midway through the period 1990-2015, no country in sub-Saharan Africa is on track to reduce child mortality by two-thirds and globally, progress to reduce child mortality is getting slower. There is some good news – 80% of the world's population lives in a country that is on-track to meet the hunger goal, though again Africa is lagging behind. At present, effective interventions are failing to reach the most vulnerable groups.¹

- A substantial shift in the culture and behaviour of international development partners and developing countries is required. A clear commitment to achieve the health MDGs must be communicated, particularly to those making budget allocation decisions in both developing and developed countries.
- Greater investment in effective interventions that are known but currently underutilized is needed, coupled with better targeting and capacity-building.. This will require much greater levels of resources for health. Toward this end, action to fulfil past commitments, especially those made at Monterrey, should be accelerated.
- As investment in health is scaled up, questions about sequencing, pacing and targeting of the poor will need to be addressed, taking into account national context and priorities. Equally, the need to front-load resources to address critical issues should not detract attention from sustainable systems strengthening.
- Bilateral donors must ensure that their policies and funding arrangements are coherent and responsive to country needs
- Sexual and reproductive health issues, while not reflected in a specific MDG, remain essential to the achievement of other Goals. A gender perspective and the empowerment of women are key to most development problems including, and especially, in health.
- Greater attention to public funding, regulation and monitoring of health is required, including overall strengthening of health systems. The role of the private sector – profit and not-for-profit – in provision of health services is also critical and requires suitable policies, regulation and monitoring.
- To address the multidimensionality of health and poverty issues, interactions beyond ministries of health are necessary, including with local authorities.

Session 2: Resources, aid effectiveness and harmonisation

Much higher levels of financial resources for health must be provided in low-income countries; these must be invested in health systems and known effective interventions. Equally, donor harmonization efforts need to move from the pilot stage to the broader implementation, and aid flows must become more predictable. Developing countries should show leadership on all these issues.

Resources

- Current resources for health fall far short of need. In this context, it is important to consider mobilization from both domestic and external sources. Resources for health must be genuinely additional, should be “untied”, and should not mean fewer resources for other sectors.
- The Forum debated how additional resources for health should be delivered. Many recipient countries prefer budget support, whether specifically earmarked for the sector or not. It was acknowledged that a plurality of aid-delivery mechanisms would continue to operate. There was

¹ The World Bank's presentation on *Progress Towards the Health MDGs* is attached in Annex 2.

general agreement that system-wide approaches are more appropriate than fragmented, single-purpose projects unless these are developed in the context of a wider strategic framework.

- Provided that deficits are not financed by open domestic credit expansion, large inflows of *grant* aid are unlikely to have destabilizing effects on the macroeconomy. However, macroeconomic consequences are likely if a country exceeds its *borrowing* ceiling. A number of participants stated that in many countries – particularly those with strong policies and institutions – absorptive capacity need not be a significant barrier to expanding health expenditure.
- Participants commented on discrepancies between policy statements of the IMF at central level and advice actually provided at country level on the issue of fiscal flexibility and budget ceilings.
- Resource increases will be most effectively spent in countries where policies and institutions are strong. In this context, there are good practice examples of how institutional and policy reforms have made a difference. However, judging institutional capacity is difficult.
- While it is important to focus on countries that can deliver results, “poor performers” and countries in crisis should not be neglected. These countries require support to build institutional capacity and improve governance in the health sector.

Aid Effectiveness and Harmonization

- Developing countries were urged to take the lead in the aid effectiveness and harmonization agenda, for example, by raising the issue during their dialogues with donors. This will require that donors take risks; both by relinquishing control over the projects they support, and by providing much greater levels of resources. In this context, recipient countries urged that donors show more confidence and patience. Taking such risks will require a difficult change in culture and behaviour on the part of donors but this change is already under way – particularly in terms of allowing much greater country leadership.
- Lack of predictability in aid flows is a key problem for developing countries. According to a representative from the IMF, aid flows are up to seven times more volatile than domestic fiscal revenue. New mechanisms that will promote predictability, such as the proposed International Finance Facility, should be explored
- Strategies to reach the MDGs, especially those related to health, need to feature more prominently in PRSPs. There was a lively debate over to what extent these strategies should be linked to the medium-term expenditure framework (i.e. be based on available resources), or be based on scenarios for scaling-up actions needed to reach the MDGs. Ultimately, participants agreed that countries should have a single PRSP process linked to the MTEF, but that they might also develop long-term investment plans for reaching the MDGs, showing how additional resources could be spent if available.
- Experience of harmonization in health needs to be better documented, and harmonised donor practices must be developed and achieved beyond the small group of well-known pilot countries.

Session 3: Monitoring performance

Health information systems need to be strengthened, better coordinated, and more orientated towards country priorities and needs. First and foremost, information systems must provide data for policy-making at national level; but they also need to respond to global demands to monitor progress towards the MDGs. The creation of the Health Metrics Network (HMN) was welcomed, while the need for overall coordination and concerns regarding possible duplication were noted.

- There is an urgent need for agreement on a limited set of intermediate health indicators that can be used by all for short-term and regular tracking of progress towards the health-related MDGs. The set should be limited to those indicators that are immediately relevant to policy-makers and programme managers.
- Monitoring of policies and institutional performance is also critical. There is a need to define recognized standards of health system performance and build national capacity, including national statistical capacity, for tracking inputs.

- It is equally important to monitor donor policies and practices, particularly with regard to the predictability and stability of financial flows to health.
- A multiplicity of actors across different sectors is engaged in generating data but such efforts are frequently poorly coordinated. The result is fragmentation and duplication, caused specifically by donor requirements for separate, complex, disease-based monitoring and evaluation systems which impose heavy burdens on over-stretched health information systems without meeting country needs.
- The quality of health information often reflects the quality and capacity of the health system and vice-versa. It is therefore vital that countries are enabled to generate and disseminate better quality health information and use it for policy development and policy-making. Good progress on this issue has already been made.
- It is important to develop consensus around data quality standards, especially in the context of performance-based funding mechanisms such as the Global Fund and GAVI.
- The HMN was welcomed as a timely initiative to contribute significantly to coherence and harmonisation in health information systems around a common single technical framework.
- The HMN should be country-centred, build upon what already exists, be inclusive of sectors other than health, yet focused, and light and simple in its functioning. The HMN could contribute specifically in the monitoring of basic services.
- Emerging developments in health system organization, such as decentralization, are placing new demands on health information systems, especially at subnational levels; innovative ways of addressing these issues and building capacity at lower tiers of the health system need to be developed as a matter of urgency.

Session 4: Human resources in health

There is a human resources crisis in health, which must be urgently addressed. To this end, the HLF supported plans by the World Bank and WHO to set up a Working Group on Human Resources in Health to develop an action plan, pilot country-based actions and share experiences.

Donor practice

- There is a need for multilateral action through PRSPs to address the human resources situation across all sectors, especially in health.
- Increasing numbers of donors are reforming their financing policies to allow the funding of recurrent costs, such as salaries and incentives to work in rural areas. Others were urged to follow this example.
- The Global Fund clarified that it welcomes proposals which include training of health staff.

Strengthening health systems

- Measures that will improve the performance of health systems and help alleviate the human resource crisis include: increasing salaries; improving working and living conditions, particularly in rural areas; and expanding training opportunities. These measures will need to be considered in the context of broader fiscal responsibility.
- The skill mix and deployment of health personnel may need to be reviewed in some countries.
- The available information on human resources in health in general and the impact of migration in particular is largely incomplete and needs to be improved.

Migration

- Migration of health personnel can have a devastating effect in countries already experiencing staff shortages. However, it can also provide significant remittances and encourage knowledge

transfer. In this context, any regulatory action at global or country level will need to take both the negative and positive consequences of migration into account.

- Developed countries were urged to end active recruitment of health workers from countries with staff shortages. It was noted that some donor countries base their future staffing plans on this “poaching practice”.
- Developing countries that seek to reduce migration of health staff must address the “push factors” that cause health staff to leave their countries, including political instability, low wages and social unpredictability. Measures to encourage health workers to repatriate, such as revising existing tax legislation, could also be considered.
- The HLF secretariat was asked to explore the usefulness of linking up with the new Global Commission on International Migration.
- It was noted that migration issues should also be debated in the context of relevant WTO/GATS discussions.

Annex 1: Summary of Recommendations for Action

Resources for Health and PRSPs

1. Countries should have a *single* process leading to one “MDG-responsive” PRSP.
2. In order to facilitate this process, countries should be encouraged to prepare health sector strategies with investment plans based on well-documented needs and costing scenarios.
3. Members of the HLF will ask the next Development Committee to request that the World Bank and IMF incorporate into their joint assessments of PRSPs explicit reference to and review of progress toward MDGs. The UN Secretary-General will be asked by the Millennium Project to endorse this recommendation to the Development Committee.

Aid Effectiveness and Harmonization

4. The Secretariat of the HLF will establish a small working group on Aid Effectiveness and Harmonization to:
 - Link with the OECD/DAC work on harmonization and, with the participation of developing countries, draw out lessons on common methods and instruments for the health sector and review achievements to date.
 - Follow up on country pilots on budget support for the health sector.
5. A paper on *Aid effectiveness, poor performers and countries in crisis* will be presented to the next HLF. It will draw on existing work by the World Bank, WHO, UNDP and OECD/DAC, and provide recommendations on how to work with these countries to achieve the health MDGs.

Human Resources in Health

6. A working group will be established by the HLF Secretariat to:
 - Assess spending on human resources in health by development partners.
 - Develop a series of in-depth HR studies with selected developing countries addressing: the current stock of health personnel; requirements to meet the MDGs; the deployment of health personnel. This work should link with related work in the World Bank, WHO and the ILO/Joint Learning Initiative.
 - Establish a link with the Global Commission on International Migration, and ask it to look at the impact of migration on health. The Commission will be asked to report to the next meeting.

Monitoring Performance

7. The HLF welcomed the HMN and encouraged its rapid launch, possibly at or around the World Health Assembly in May 2004.
 - The secretariat of the HMN, which will be located for the first 18 months in WHO, was encouraged to disseminate the draft business plan to HLF members.Among priority tasks that were given particular emphasis are:
 - The agreement on a set of intermediate indicators and definition of process indicators, including measures of policy and institutional performance, to regularly gauge short-term progress towards the health MDGs.
 - The development of a “report card” to illustrate progress to be presented to the next HLF.It was also noted that the HMN would take forward work on disaggregating data, the improvement of its quality, and the coherence of data collection platforms.

The HMN will report on these issues to the next HLF.
8. The World Bank and WHO, in collaboration with OECD, are to look at the feasibility of improving the tracking of financial investment in the health sector at national level, from domestic and external sources, using national health accounts and other financial flows data.

The Work of the HLF

General
<ul style="list-style-type: none">▪ The HLF must maintain a “light touch” and an informal format allowing for open discussions; No prepared statements should be given.▪ A life span of four meetings is envisaged. The need for further meetings will then be reviewed.▪ Ensuring high-level attendance is important.▪ The HLF must remain action-oriented.
Format
<ul style="list-style-type: none">▪ In drawing up the participant list, the Secretariat must maintain a balance between inclusiveness of membership and the need to remain informal, action-oriented and regionally balanced.▪ The HLF should retain a focus on specific issues or themes, while allowing open and flexible discussions.▪ The next meeting should include more breakout group discussions, as well as a greater focus on the lessons learned from specific countries.▪ It was suggested to assign lead responsibilities for agreed actions.▪ The role of the HLF in public relations/public education on MDGs will be reviewed.
Next Meeting
<ul style="list-style-type: none">▪ Nigeria has offered to host the next meeting in the last quarter of 2004, provided that formal endorsement by the Government is given and that requisite support is provided. The Secretariat will coordinate with Nigeria to set a date.▪ Greater participation of finance ministers in the next meeting will be sought.▪ An agenda will be developed by the Secretariat, according to discussions in Geneva. It will include a focus on poor performers and countries in crisis, and a report on progress towards each of the agreed action items above
Immediate Follow-up to January 2004 Meeting
<ul style="list-style-type: none">▪ The Secretariat will disseminate a summary of agreed conclusions and recommendations for specific actions.▪ At the conclusion of the Forum, Japan announced that it would hold a regional meeting on the health MDGs in the first quarter of 2005.