



SUPPORTING GLOBAL AND COUNTRY RESPONSES TO THE COMMISSION ON MACROECONOMICS AND HEALTH REPORT

MacroHealth Proposed Strategy, Plans and Work in Progress: A Summary

MacroHealth has three central goals:

- ⊙ First, to develop strong political leadership and reinforce commitments at country level for sustainable investment in health, especially for the poor. This will be achieved by interacting with political leaders, policy makers and opinion formers in order to influence their decision.
- ⊙ Second, to create a national consensus based on coalitions built between stakeholders ranging from ministries of health, finance, planning and other public sector departments, international and bilateral agencies, private foundations, civil society, academia, the private sector and other partners. The aim is to review national policies and plans on the relationship between macroeconomics, health and poverty and to strengthen strategies and health systems through targeted interventions and increased investments in health.
- ⊙ Third, to respond to the demands from Member States for assistance with strategic planning for health. The WHO-created Co-ordinating Macroeconomics and Health Support Secretariat in collaboration with the regional and country offices will help secure increased investments in health both from domestic sources and donors, and will steer funding towards evidence-based and cost-effective interventions.



Background

1. The Commission on Macroeconomics and Health (CMH) was established in January 2000 by Dr Gro Harlem Brundtland, Director-General of the World Health Organization, to study the links between increased investments in health, economic development and poverty reduction. Two years later, the Commission produced a landmark report, based on several studies, that highlights the need for a global coalition to scale up essential health interventions, especially to the poor. The report is entitled **Macroeconomics and Health: Investing in Health for Economic Development**.
2. The CMH report has placed health firmly at the centre of the development agenda. It has also sent out the strong message that increased investments in health generate economic benefits and lead to poverty reduction. The CMH follow-up work —**MacroHealth**— aims to enhance country efforts by WHO and by development partners and to facilitate the process of increasing investments in health and improving effectiveness of health expenditures.
3. Since its launch, the Report has had a major positive impact at various international events this year, such as the World Economic Forum held in New York in January, the International Conference on Financing for Development in Monterey, Mexico in March, and the World Conference on Sustainable Development in Johannesburg in August. The Report has also been the focus of attention at development partners' meetings and other technical fora around the world.
4. During the World Health Assembly in May 2002, WHO Member States discussed extensively the CMH recommendations and how they could be implemented at the country level. The report's Action Plan was commended in one of the World Health Assembly resolutions as "a useful approach to the achievement of the Millennium Development Goals (MDGs), and other internationally agreed development goals.

Macroeconomics and Health —MacroHealth— work

5. In order to identify future directions and define WHO's role in the process, a Consultation on "**National Responses to the CMH Report**" was convened at WHO headquarters in June 2002. Ministers and senior representatives from the ministries of health, finance and planning from 20 countries came together with representatives from the World Bank, a dozen bilateral agencies, the Bill and Melinda Gates Foundation and senior WHO staff to discuss how to translate the CMH recommendations into concrete actions at country level. The Consultation considered what could be done to dramatically increase investments for achieving the MDGs in health, and the steps countries need to take to move quickly in this direction. The Consultation positioned WHO, *inter alia*, "to lead the effort for advocacy and dissemination of the key messages of the CMH Report and engaged the international community in vigorous and sustained follow up". It was also envisaged that WHO would "put in place appropriate mechanisms for periodic review and consultation on the impact of such efforts".



6. The Strategy can be divided into three components:
 - ⊙ Advocacy and communication
 - ⊙ Planning, implementing and monitoring change at the country level.
 - ⊙ Analytical development work in areas identified by the CMH requiring further assessment.

The latter includes: further work on how to deal with the double burden of diseases by developing co-ordinated approaches to communicable and non-communicable diseases, especially those needing long-term care; priority interventions in low-income settings; surveillance and response systems; incentive systems to promote research and development for low income settings; conceptual and monitoring work in relation to differential pricing post Doha; taking up the agenda on community financing and health delivery systems; new approaches to health development assistance.

7. The main thrust of the advocacy and communication effort is to expand the circle around the idea of health as the key to sustainable development, especially in relation to the poor. Efforts are ongoing to disseminate the report's findings and recommendations as a whole to an ever increasing wider audience, by translating the CMH messages into various languages. A new MacroHealth website and updated literature on MacroHealth activities will be used to spread even further the MacroHealth word. The scope of the advocacy effort is to use the political enthusiasm generated by the report in senior government circles to develop the MacroHealth implementation process.

8. Planning, implementing and monitoring change at the country level to support country responses to the CMH Report will be carried out by:

- ⊙ Advocating widespread national responses and assisting countries which have expressed an interest in following up on the recommendations of the CMH report. Many countries have already requested support from WHO country offices. Not all of these countries are planning to establish a National Commission, but nearly all are placing the follow-up work in the context of their national development agendas such as Poverty Reduction Strategy processes or other country specific initiatives. WHO will not urge countries to set up National Commissions but instead will support promising national mechanisms deemed appropriate by each country.
- ⊙ Taking forward the MacroHealth work in a variety of ways that are applicable to each country setting and taking into account work in the context of national health plans, and the Poverty Reduction Strategy processes.
- ⊙ Facilitating the process for making effective utilization of existing and additional resources for health.

9. In the MacroHealth Strategy greater attention is paid to bridging the gap between macroeconomic health policies and health system performance framework (health expenditures, health functions and health outcomes). Due to the wide



diversity of situations and conditions in different countries, the CMH report, although indicating broadly how to implement its recommendations, does not provide a contextual framework on turning its recommendations into national actions. Yet, it invites each country to develop, on the grounds of an updated profile of national epidemiological situations, health status and poverty determinants in order to work out a sound strategy of scaling up health interventions within a MacroHealth investment plan. This strategy must be specific, costed, and time-bound.

10. The MacroHealth Strategy supports analytical, policy and strategy development work by:

- ⊙ Strengthening national MacroHealth activities, using local expertise and institutions wherever feasible.
- ⊙ Supporting, serving as a backup, sending of the sending of trained teams of technical advisors to support country activities. These teams will operate in coordination with WHO Representatives and work with national experts and development partners to analyse the current situation and identify the next steps in collaboration in collaboration with WHO.
- ⊙ Strengthening WHO's core function of assisting Member States and supporting health sector development. This emphasis is represented by the Country Focus Strategy and MacroHealth actions are integrated within the Country Focus Strategy. The emphasis in the MacroHealth plan is on the long-term vision of improved health outcomes.

11. The WHO Co-ordinating Macroeconomics and Health Support Secretariat, within the cluster of Sustainable Development and Healthy Environment (SDE), has the responsibility of managing the project and of monitoring the effectiveness of outcomes. The scope of the work will involve close coordination with relevant departments at Headquarters, WHO Regional and Country Offices and with other potential partners including the Earth Institute at Columbia University under the direction of and directed by Jeffrey Sachs.

12. WHO/HQ has established a Reference Group, chaired by the Executive Director SDE and comprising Regional Offices' Representatives, Executive Directors and Directors of relevant technical departments. This Group will guide the practical implementation of the MacroHealth strategy and in doing so it will co-ordinate closely with the Regional Offices. WHO will also establish a MacroHealth Partnership Group that will meet once a year with the project stakeholders on how to monitor the co-ordination of MacroHealth work. Project stakeholders include private foundations, bilateral and multilateral agencies, civil society organizations and representatives of those countries where MacroHealth work is already in progress.



Expected outcomes

- ⊙ Enhance political commitment and support for greater investment in health, for poverty reduction and better health outcomes.
- ⊙ Scale up national and international investments in essential health interventions in the low and middle-income countries to the level recommended by the CMH report.
- ⊙ Increase health financing from all perspectives (public per capita spending, percentage of health expenditures to GDP, foreign aid to health, share of total government budget to health) and alleviate the burden of catastrophic expenditures on poor households, following “close-to-client” approach.
- ⊙ Support the process leading to increased absorption capacity of additional investments at the peripheral level of the health services.
- ⊙ Support WHO Member States and development partners to Each country involved in the process to build a specific plan of action tailor-made to each country situation and taking into account the contents of the report.
- ⊙ Strengthen intersectoral co-ordination in support of the strategic framework and the investment plan for health.



ANNEX I: Update on MacroHealth activities at the country level provided by Regional and Country offices

AFRO (The African Region)

Ethiopia

Health has been included in the PRSP process and a planning mission in November 2002 discussed a MacroHealth strategy within the parameters of the CMH Report.

Ghana

Since the June consultation, ministries of health, economic planning and regional co-operation, finance, local government and rural development, together with national health services have been active in co-ordinating a multi-sector Ghana National Macroeconomics and Health (GMH) Initiative. The President of Ghana, His Excellency J.A. Kufuor launched the initiative in Accra on 19th November 2002. A committee has been set up at the national level to carry forward the Ghana macroeconomics and health initiative. The committee will assess the Ghana Poverty Reduction Strategy (GPRS) in the light of the recommendations made by the CMH, and provide strategic options for scaling up investments in health closely aligned to the Report's recommendations.

Mozambique

The Executive Summary of the Report has been translated into Portuguese and discussions are in progress on implementing the key CMH recommendations.

AMRO (The Americas Region)

Latin America and the Caribbean Region

A meeting entitled "**The CMH Report: its relevance for countries of the Latin America and Caribbean region**" was convened by PAHO in Washington D.C. last April. Since then discussions are ongoing on following up on the Report's recommendations within the Region.

Mexico

The Mexican Commission on Macroeconomics and Health (CMMS) was established on 29 July 2002. The event was headed by Dr Nora Lustig, president of the CMMS and member of the CMH, Dr. Julio Frenk, Secretary of Health, Dr. Carlos Hurtado, Undersecretary of Budget. Immediately following the event, the first working session of the 27 commissioners was held. During this meeting the commissioners outlined some of the functions and objectives of the CMMS. The Mexican Commission has established its own web link (www.salud.gob.mx).



EMRO (The Eastern Mediterranean Region)

Regional Office

The CMH report was discussed at the 18th Meeting of RD with WRs and Regional Office Staff from 7-10 October 2002. The participants felt that the report could be a powerful tool for raising domestic and donor investments in health. A task force comprising different technical units is being established to coordinate and support the CMH implementation process in the region.

Jordan

Jordan has taken a number of active steps to implement the recommendations of the CMH report. These includes establishing the national council under the chairmanship of the Prime Minister that will plan and monitor specific activities consistent with the CMH report. In addition a comprehensive report has been prepared highlighting government actions to increase financial allocations for the health sector especially to the poor.

Islamic Republic of Iran

Iran is in the process of establishing a national commission on macroeconomics and health comprising representatives of different departments and agencies. The recommendations of the CMH report have been discussed within the highest levels of the ministries of health, planning and budget.

Yemen, Sudan and Pakistan

These countries have briefed political leaders and policy makers on the findings of the CMH report. They are expected to institute in the near future, regular follow-up mechanisms in collaboration with WHO.

SEARO (The South Eastern Asian Region)

Bangladesh

A high level launch of the CMH Report was held in May 2002. Discussions are currently in progress on integrating MacroHealth issues in intersectoral frameworks, including Poverty Reduction Strategy processes.

The Economic and Social Commission for Asia and the Pacific (ESCAP)

The 59th Commission of ESCAP will be held in May 2003 with the theme "investing in health". The work of the Commission on Macroeconomics and Health will be taken into consideration by the Commission.



DPR Korea

The Ministry of Public Health and other relevant government authorities are currently studying the Report which was the focus of discussion at a recent workshop organized by WHO country office and attended by government officials.

India

The need for a CMH follow up is generally appreciated, and there seems to be an agreement in principle to set up a suitable mechanism to channel the CMH recommendations. However, the precise shape and structure for this mechanism is still to be determined.

Indonesia

Since March 2002, Indonesia has been disseminating the Report in different ways, including the translation into Indonesian of the Executive Summary. At the request of the donor consortium 'Partners in Health' health was included on the agenda of the meeting of the Consultative Group on Indonesia (CGI) on 28-29 October 2002 (which was deferred as a result of the Bali bombing). Follow-up activities are at the planning phase to support a reform agenda that will include high quality health care to the poor and strategies to reduce financial vulnerability due to ill-health. MacroHealth work will be carried forward by the National Team on Poverty Alleviation: the Ministry of Health is now represented on this team.

Maldives

During an inter-ministerial national seminar involving healthcare and finance stakeholders on 24 September 2002, a presentation was made on the CMH Report. Following the seminar, a note on guidelines for systematic follow-up of the CMH Report in Maldives was drafted.

Myanmar

The Ministry of Health conducted a workshop on the CMH Report on 2 October 2002. It was followed by a meeting of the core group. The core group is studying ways to take the MacroHealth process forward. In parallel, the Government has issued a notification constituting a NCMH comprising representatives from the Ministry of Finance and the from the Department of External Economic Relations and Universities.

Thailand

Though Thailand is now a middle-income country where non-communicable diseases are becoming dominant, it is widely believed that the framework of the CMH Report has enormous potential for transforming the national health development scenario. The Government of Thailand is in the process of establishing a CMH follow up working group, under the Bureau of Health Policy and Planning of the Ministry of Health. The office of the WHO Representative in Bangkok is actively supporting the working group as well as government efforts to achieve universal health coverage and increase health investments.



Nepal

Following a national seminar on health and poverty reduction in February 2002 it is proposed to constitute a sub-commission on Macroeconomics and Health under the existing Commission on Sustainable Development (CSD). The Prime Minister is the chair of CSD.

Sri Lanka

Following the national seminar on Health and Poverty Reduction held in September 2001, which anticipated the CMH Report in many respects, the WHO Representative (WR) and national authorities have been active in CMH follow up. The WR set up a Core Group to examine the national health situation in the context of developing a MacroHealth framework and to draw up a Report entitled: *Macroeconomics and Health Initiatives: Sri Lanka*. This Report was subsequently presented to the National Health Advisory Council (NHAC) which met under the chairmanship of the Prime Minister towards the end of August 2002. The NHAC has agreed to the establishment of a NCMH.

WPRO (The Western Pacific Region)

Cambodia

Awareness of the importance to invest in health is already quite high in Cambodia. Discussions are in progress on setting up a small Commission focusing on a few themes from the main CMH report.

China

The WHO office finalised the translation, publication and printing of large quantities of CMH Reports into Chinese. A high profile launch of the Report is scheduled to take place in Beijing, China on 18 and 19th December 2002.