

SUPPORTING NATIONAL RESPONSES TO THE  
COMMISSION ON MACROECONOMICS AND HEALTH  
(*MacroHealth*)

Possible elements of an action plan – Draft 4

**1. Background**

- 1.1 WHO convened on 17 and 18 June 2002 a consultation for senior officials from Ministries of Health, Planning, and Finance to review possible national responses to the Report of the Commission on Macroeconomics and Health (CMH Report). The consultation also included a variety of development partners. The meeting considered, in light of the CMH Report, what might be done to dramatically accelerate the achievement of the Millennium Development Goals (MDGs) in health and what steps need to be taken for countries to move quickly in this direction. The background to the consultation and its most important conclusions are noted below.

**2. Issues and Challenges**

- 2.1 The Report of the Commission on Macroeconomics and Health was published in December 2001. The Commissioners concluded that investing in people's health is essential for the human and economic development of poor nations. They identified a number of cost-effective investments which will save millions of lives and result in billions of dollars worth of economic growth. They showed that investing in essential health care for the poor would help millions of people to emerge from poverty, as well as contribute in important ways to overall economic growth.
- 2.2 Key constraints to scaling up essential health care include the low level of public expenditure on primary health care that is "close to the client", and health system weaknesses that affect the efficiency, effectiveness and coverage of health services among populations in need. Other barriers to more rapid scaling up include inadequate contributions from other sectors such as education, water supply and sanitation, and inappropriate health seeking behaviours.
- 2.3 The CMH Report identifies many existing mechanisms within countries that are designed to scale up health outcomes among poor people. They propose that greater attention be paid to linkages between macroeconomic policies and health outcomes. They suggest follow up actions at both global and national level. They do not offer a blueprint for national health policies and plans but instead recommend setting up appropriate mechanisms at the national level for developing strategies and programmes for the realisation of these goals.

- 2.4 The CMH Report has increased the international attention being paid to achieving better health outcomes for poor people. This attention has been accompanied by a number of new global funding initiatives such as the Global Fund to fight AIDS, TB and Malaria and the Global Alliance for Vaccines and Immunization (GAVI), and new public-private alliances. At the same time, countries are trying to ensure that health is given proper attention in national poverty reduction strategies. Accelerating the pace of achieving the Millennium Development Goals in health is a major challenge for governments and their partners in the international community.

### **3. National Macroeconomics and Health Work**

- 3.1 The Commissioners encourage health and finance ministers, and their staff, academic groups, politicians, senior figures from the private sector, and representatives of civil society to examine the findings of the CMH Report and their implications for individual country action. Given that many nations have committed to the Millennium Development Goals, the national macroeconomics and health work could provide an opportunity to re-assess policies for investing in health, re-invigorating plans for achieving the MDGs, and laying the groundwork for more intense alliances in-country and with partners.
- 3.2 Macroeconomics and Health (*MacroHealth*) work at the national level would draw on national data about health expenditure, health status and health system performance; on evaluations of policies and programmes that affect health (including those from outside the health sector); on the progress of Poverty Reduction Strategies and Sector Wide Approaches; on experiences from other countries; on national operational research; and on relevant experiences of private entities, NGOs and others involved in health action. It would involve exploring ways to increase resources for health action, and to maximise support from development partners, as well as resources from new funding mechanisms like the Global Fund to Fight AIDS, TB and Malaria.
- 3.3 During the consultation, many delegations indicated the extent to which countries are already seeking ways to scale up their health actions – particularly geared to addressing health problems faced by poor people. They indicated the relevance of the CMH Report and joint work by Ministries of Health, Finance and Planning, to the Poverty Reduction Strategy process and to Sector Wide Approaches – both as a means for increasing high level engagement on health issues within countries, and as a guide to options for investing in the better health of poor people. Many drew attention to the significant differences in the health issues faced from region to region and the country responses to the same. They identified challenges to enabling poor people to have access to close-to-client services, the constraints to scaling up coverage and improvement of health system performance, as well as to putting in place multi-sectoral responses with strong and high level government support. Besides the important non-financial constraints to scaling up, the delegations highlighted the critical need for real increases in resources for health actions, particularly in the poorest countries.

- 3.4 Participants noted the importance of carrying out work on macroeconomics and health in an intersectoral manner that would have both visibility and political support. They noted the suggestion that Commissions on Macroeconomics and Health be established at the national level to carry out this work. The participants agreed, however, that the macroeconomics and health work could be taken forward in a variety of different ways that would have to be appropriate to each country setting, taking account of the work already done, as well as the state of national health plans PRSP processes, etc.
- 3.5 Thus, options for carrying out this work might include, for example:
- 3.5.1 PRSP national steering committees, through the health working groups.
- 3.5.2 A National Health Council, or Commission (where this exists).
- 3.5.3 A National Commission for Macroeconomics and Health.
- 3.5.4 Working through subregional groups (such as in the Caribbean).
- 3.6 Ideally, countries should select the inter-ministerial arrangement that best fits national conditions by building on existing structures, while ensuring a wider circle of interest, high level engagement and minimal incremental work, without compromising priority focus on health.

#### **4. Specific Tasks that might be undertaken within Countries**

- 4.1 Each country would need to develop a specific plan of action appropriate to its situation, keeping in view the broad parameters of action outlined in the CMH document. Developing such an action plan, in any case, will require that a number of key activities be undertaken. The most important of these which emerged from the consultation are noted below.
- 4.2 Mobilizing more political support, and advocacy.
- 4.2.1 Communicating the concept and messages through various campaigns and media briefings.
- 4.2.2 Encouraging study of, and debates on, the Report's findings and recommendations in services.
- 4.2.3 Setting up visits to the countries by CMH Commissioners, experts and senior officials from WHO, World Bank and other agencies to propagate CMH messages and assist countries in defining their responses.
- 4.3 Undertaking analysis, developing strategies and setting out a framework for action.
- 4.3.1 Reviewing relevance of the existing CMH Report to the country context.

- 4.3.2 Investigating system constraints to scaling up.
- 4.3.3 Ensuring that information is available – on coverage, equity and cost-effectiveness of current priority services.
- 4.3.4 Developing national health investment plans to reach people effectively (or pulling together existing plans for national health investment and reviewing them in the light of CMH recommendations).
- 4.3.5 Considering alternative approaches to facilitating the training and retention of medical and paramedical manpower.
- 4.3.6 Identifying ways to get health properly located within the Poverty Reduction Strategy process.
- 4.3.7 Incorporating increased health spending within Medium-Term Expenditure Frameworks (given the tendency for “resource capping” within different sector budgets).
- 4.4 Confronting the national burden of HIV and AIDS.
  - 4.4.1 Addressing the impact of HIV/AIDS on poverty, economic growth and health.
  - 4.4.2 Establishing policies and identifying resources for enabling people to access HIV care and preventive services.
- 4.5 Estimating funding needs, and mobilising additional financial support domestically and internationally.
  - 4.5.1 Improving the information available on the costs of health action.
  - 4.5.2 Ensuring viable links between ministries of finance, planning and health, to insert and emphasize health in HIPC, develop a medium-term expenditure programme and secure involvement of non-government sector.
  - 4.5.3 Building effective links with the global funding initiatives, including the Global Fund to fight AIDS, Malaria, TB and other external funding sources.
- 4.6 Managing implementation and monitoring achievements.
  - 4.6.1 Ensuring emphasis on the health of poor people.
  - 4.6.2 Building country capacity for stewardship, communication, intersectoral action and monitoring performance.
  - 4.6.3 Assessing results and relating them to expenditure.
  - 4.6.4 Tracking financial flows for health, especially the health of the poor people.
- 4.7 Securing better coordination and coherence of action.

- 4.7.1 Documenting country experiences in intersectoral coordination.
- 4.7.2 Effective institutional mechanisms for in-country coordination (between sectors and ministries and between governments, private sector and NGOs, and between development partners).
- 4.7.3 Coherence between country, inter-country, regional and global action for health, ensuring that global initiatives respond to country needs.

## **5. Specific Mechanisms for Support to National *MacroHealth* Work**

- 5.1 The consultation also brought out a number of ways in which partners could support the achievement of health goals as recommended in the CMH Report. Specific international support could include, for example:
- 5.2 Communications support: Communicating the essential messages from the Report to a wide selection of interested parties in-country, as well as regionally and internationally.
- 5.3 Supporting enhanced development assistance: This would respond to country priorities – ideally with budget support, and donor coordination through national strategies (e.g., PRS) or sector programmes (SWAP).
- 5.4 Arranging additional technical assistance: This would include technical and logistic back-up for the inception of national *MacroHealth* work, and scaling up essential health interventions, within countries; facilitating short meetings involving officials of finance, health, economic, planning, education and local government, together with political figures, and relevant personnel from key non-profit organisations and private sector.
- 5.5 Short-term intensive support for a National Macroeconomics and Health Commission (or similar effort): If requested by countries, this support would include technical and operational support for work for a National Commission on Macroeconomics and Health (or similar efforts). (Many donor participants indicated willingness to support such efforts).
- 5.6 Long-term support for implementing a national health investment programme: This will usually be developed within the PRSP context – as a clear cut element with specific outcomes, because key parties will have been involved in developing the health investment programme, investors in health from within and outside the country would link their contributions to health outcomes to the principles, opportunities and planned outcomes identified in the programme.

## **6. Support from WHO and Other Partners**

- 6.1 The Chair of the WHO Commission on Macroeconomics and Health, Professor Jeffrey Sachs, together with other Commissioners, will be available

to assist countries as they take forward their national responses to the CMH report. WHO would endeavour to lead the effort for advocacy and dissemination of the key messages of the CMH report and engage the international community in vigorous and sustained follow up. It would also put in place appropriate mechanisms for periodic review and consultation on the impact of such efforts.

- 6.2 The WHO Secretariat will also be able to support national *MacroHealth* work, along with the World Bank, regional development banks and other UN system agencies. It will do this through its WHO Country Representatives (which would be suitably strengthened, where necessary) and specialist personnel drawn from within and outside the organisation. The emphasis will be on: (i) sharing experiences of scaling up between countries; (ii) systematic technical support for data collection, additional planning and analysis and scaling up of essential interventions (iii) helping with the operation of national commissions on Macroeconomics and Health or similar entities, and (iv) encouraging coherent and coordinated action by development partners. WHO will also work closely with the technical team that works with Professor Sachs, based at The Earth Institute, Columbia University, New York, USA and with the technical groups that work with other Commissioners that may be in a position to provide support.
- 6.3 WHO will, in addition, also follow up on the Commission's recommendations for continued work on global initiatives that have an influence on national processes. Specific attention will be given to health system strengthening, access to essential medicines, modalities for supporting health research, and approaches to facilitate the expansion and retention of trained medical and paramedical personnel.
- 6.4 During the meeting, the World Bank and other development partners expressed strong support for the CMH recommendations. In addition, the World Bank has already committed itself to a significant increase in its financing for health. Development partners also expressed their support for helping countries to carry out the advocacy, analytical work, implementation and monitoring and evaluation that would be part of moving ahead quickly on an agenda for accelerated action in health.