



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

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, Vietnam. List of participating organizations available at: www.who.int/macrohealth/events/civil_society_asia/en/

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 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 fulfill 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 grievance systems 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.