

'HEALTH POVERTY REDUCTION AND ECONOMIC DEVELOPMENT' INTER COUNTRY WORKSHOP. DAKAR, 28 - 30 OCTOBER 2005 FINAL REPORT

This report contains the collective views of an international group of experts, and does not necessarily represent the decisions or the stated policy of the World Health Organization.

1. Introduction

Health is central to the achievement of the Millennium Development Goals (MDGs). Three of the eight goals relate directly to health and health is an essential component of most of the other goals. The importance of health as a central building block for development was reaffirmed by the international community at the recent Millennium summit (New York, September 2005). And the World's health ministers have called on WHO to assist its member states in accelerating progress towards the internationally agreed health goals¹

There has been good progress on improving the level and quality of aid for the MDGs, including the conclusions of the G8 summit to increase aid and debt relief for the poorest countries. Moreover, commitment by leading bilateral donors to improve harmonisation and alignment has been reinforced with the Paris Declaration on Aid Effectiveness (March 2005). However, in many developing countries, Ministry of Health lack the capacity to articulate health policy within poverty reduction strategies and medium term economic development plans - and as a consequence may be unable to make the case for increased funding for the health sector, despite higher aid inflows and increased government budget.

More and more, developing countries are asking WHO to provide support in improving the linkage between PRSPs and the health MDGs. Areas where help has been requested include:

- Establishing better links between Ministry of health and ministries of planning, finance and/or economic management;
- Advocating for increasing investments in health;
- Building capacity to adapt implementation of national health strategies through the development of sector-wide approaches (SWAp) to effective management of global initiatives (PRSP, MDGs, MCA);
- Addressing the needs of the poor in health policies and systems.

This workshop was organized within the framework of on going WHO strategic partnership on the above topics to the Ministry of Health of Senegal, with the generous support from the Government of Luxemburg. It was organised with few countries in Sub Saharan Africa, to start responding to these increasing requests for help in addressing health, poverty reduction and economic development in PRSPs, National Development strategies and Health sector plans.

Participants included officials from Ministries of Health and Finance/Planning of nine sub-Saharan African countries, and from WHO HQ (HDP, CMH) and AFRO (DES, DSD).

2. Objectives and Outcomes of the workshop

A. Objectives:

The workshop had two objectives: 1) to share knowledge on developing MDG-based PRSPs, Health SWAPs and reflecting the needs of the health sector in the budget and the medium

¹ In May 2005 at its 58th session the World Health Assembly called on the WHO to help member states accelerate progress towards the health MDGs (WHA58.3). In the African region of WHO, the Regional Committee, during its 55th session (Maputo, August 2005) urged Member States to develop and implement 'road-maps' for the achievement of the MDGs in the context of existing nationally led development planning frameworks.

term expenditure framework. This included identifying the major challenges facing MoH and WHO in relation to health poverty reduction and economic development; and 2) (in the longer term) to influence the international aid architecture for health, by identifying areas where more technical support from the international development community is needed to address these challenges.

As part of this objective, participants were asked to discuss the role of WHO at country, regional and HQ levels, and to identify further actions to be undertaken by governments in partnership with national and international stakeholders.

B. Outcomes of discussions

Summary of country presentations

Each country made a presentation outlining the major weaknesses and strengths in the health sector, planned actions, and areas where support from partners, including WHO was needed. The content of presentations is summarized as follows.

- Diagnostic
 - Weak health systems
 - Recurrent structural problems
 - Weak institutional capacity in the MoH
- Emerging issues
 - Budget support consistent with sector expenditure framework
 - Weak advocacy and leadership role of MoH in these settings
 - MDGs based PRSP: What's the role for health? How to articulate pro poor policies?
- Capacity needs
 - Elaboration of health MTEF
 - Results based management (including financial management)
 - Managing health in multisectoral approach
- Way forward
 - Enhancing linkages between PRSP, MTEF and SWAp
 - WHO technical support to countries and global advocacy
 - Harmonisation and alignment

Participants exchanged various experiences before drawing conclusions from the discussions of day 1 (summarized below). Five critical issues were highlighted, (i) Health systems, (ii) Human resources development for health sector, (iii) Partnership and intersectoral collaboration, (iv) Health Information Management, and (v) Financing health care and Performance.

(i) Health systems

- Country health systems will not be able to get all the resources needed and therefore the focus should be on improving management, including efficient use of resources, especially through pro poor focus.

- Externally driven reforms are not given enough time to be owned by country national system and to bring expected changes. Meanwhile, global vertical initiatives further weaken policy coherence and health systems.
- Institutional capacity is required to analyse how to link between inputs, outputs and outcomes for a more sustainable mechanism of resource allocation.

(ii) Human Resources development for health sector

- Countries are all facing a deep crisis of human resources, which is not yet sufficiently taken into account in PRSP and sector strategies. Human resources are putting at risk achievement of MDGs, and unless urgent measures are taken, the situation will worsen. The approach to solving it should go beyond individual country efforts to address global demand, and target the following:
 - Quantity
 - Quality
 - Motivation, especially in poorer settings
 - Absorptive capacity
 - Migration

(iii) Partnership and Intersectoral collaboration

- MoHs will have to include the private sector, NGOs and civil society in policy discussions including the MDGs and PRSPs as well as performance assessment.
- Government should improve coordination of plans and budget at all levels, and involves all stakeholders and implementers (DP, local government, civil society, NGOs decentralised Ministries) in monitoring and evaluation.
- MoH needs to reinforce leadership to enhance collaboration within the Government, political leaders, and other poles of decisions making at appropriate levels.

(iv) Health Information and Management

- In the current situation, most countries are weak in overall information systems, especially health information; they are unable to gather quality and timely data for effective decision making.
- Where some analysis is performed, the lack of data and the weak analytical framework impede an adequate impact measurement of health on poverty reduction and economic development.
- National planning mechanisms are still addressing overall indicators and do not incorporate health sector planning and emerging challenges.

- Available health information is not analysed by gender, age, socio-economic group, sex and urban/rural, and does not favour a better resources targeting, nor does it reach transparently key stakeholders contributing to better accountability.
- Countries will have to be more accountable and convincing on statistics, with developing better monitoring and evaluation mechanisms to inform and be well informed.

(v) **Financing health care and Performance**

- MDGs and targets are not likely to be achieved with current resources and system performance, and there is no plan to increase resources available in country in order to reach those targets. There are still no indication of a substantive increase in external resources as agreed in Monterrey and according to Goal 8 spirit.
- It is not possible with the level of information available to quantify per capita expenditure to reach IMR and MMR targets in many countries, unless new mechanisms are set to link inputs outputs and outcomes into a sector framework for planning and monitoring.
- The ultimate goal, which should lead performance assessment is to increase healthy life expectancy, with improving other aspects of population well being.

(vi) **Other critical issues**

- Strengthening partnership to reinforce existing interventions instead of building new mechanisms.
- Assessing what has been done in countries to alleviate constraints of absorptive capacity in the sector.
- Identifying policy steps as how to deal with the multisectoral nature of health in planning, implementation and monitoring.
- Measuring impact of public expenditures on health outcomes and address correlation /causality/elasticity of health outcomes to public expenditures and to poverty indicators.
- Determining WHO's role in mitigating donors' conditionality in health sector (for instance completion of health sector MTEF in Cape Verde).

3. Health Poverty Reduction and Economic Development - Policy and Institutional issues

During the second day (cf. Agenda), countries discussed in two groups policy issues towards identifying what needs to be done to systematize health poverty reduction and economic development in national development processes. The format of issues addressed by groups is as follows:

- How can we improve the following aspects of the health sector:
 - Stewards hip role of the MoH
 - Strength of institutions in the sector
 - Government
 - Private sector
 - Communities, NGOs
 - Ability to manage health across many sectors (multisector)
 - Ability to reach and empower the poor

The summary of group discussions (PowerPoint slides) is attached in Annexe II.

The following are some critical issues that have emerged from the plenary discussions of the two group findings:

- While many countries are using Benefit Incidence Analysis to measure the poor/non-poor gap, there is not yet a systematic planning or evaluation model that can measure the contribution of health to economic growth in low income countries.
- The multisectoral nature of health is recognized by all stakeholders; however how to operationnalise it within the health sector is still not addressed, because of persistent weak institutional and leadership capacity of MoH. It should not be the responsibility of the health sector alone to lead the multisectoral approach, as this is a national issue.
- There are often many health indicators that are measured at micro or at sector level, and which affects significantly the macro level. The debate on social determinants of health needs to incorporate this issue and recommend concrete measures to be taken by Governments.
- There is no doubt that the health sector is in competition with other sectors in all resources allocation (budget, aid, debt relief, etc). However, not only the low quality of expenditures and management issues (institutional governance, structural reform, transparency and accountability) do not play in favour of MoH, but also there are not enough strong measures to address these issues at sector level.
- The constraints of health sector development are not isolated from overall development framework; resources allocation, expenditures efficiency, and advocacy for better health are all linked to MDG based PRSP and SWAp, therefore the role of MoH in taking those forward should be played within the PRSP, MDGs and SWAp process to avoid to be sidelined.

- There is need to clarify the role of MoH in stewardship, including performance of contracting out, regulation and financing of public good provision, assessment of services provision condition and client perception.
- The capacity of the health sector to engage in budget support is weak, but the future of the sector development lies in its capacity to conduct coherently all public sector management aspects, including strategic planning, operational planning, financial programming and budgeting, audit/control and ensuring service performance.
- On a broader government policy framework, the question as why despite PRSP, MDGs, debt relief mechanisms and other international commitments to alleviate poverty, interventions are still not reaching nor empowering the poor needs to be addressed in all sectors and in overall country development framework. Each sector, including health, has its responsibility in this. For instance, in Mauritania, during the PRSP preparation, everybody expresses needs except the poor.
- There are many reforms that have been already elaborated, but have not been implemented...how can we get back those issues when we try to progress on the agenda, knowing that a key ultimate barrier for accessing services for the poor is a financial one.
- Public health measures need to address the broader determinants of health, taking into account a demand driven approach and ensuring that pockets of vulnerability are targeted appropriately.
- WHO should build on its comparative advantage to mobilise additional resources towards strengthening tools for policy dialogue/consensus and budgeting, in order to raise health status in PRSP and international development agenda.

Countries have committed each to follow up conclusions and recommendations within their own government, involving all stakeholders to reach a significant progress. Four action points (Cf. Annexe II) have been identified by each delegation in line with national context and future plans in health and development.

4. Next steps, Conclusions and Recommendations

The closing session was chaired by Luxembourg Senegal, who reiterates commitment to support this process, along their new six year cooperation programme with developing countries. WHO, which has submitted a mid term report to Luxembourg HQ on the piloting in Nicaragua and Senegal, committed also to continue the piloting in the two countries and to support countries in their actions plans, starting with Cape Verde, where a joint AFRO - HQ mission is already planned (early October) to support the health sector MTEF. More financial support is expected from Luxembourg and from other donors to support WHO strategic partnership in favour of a health poverty reduction and economic development in low income countries.

Participants recognise the need to shift method of working, away from a business as usual type of approach and requested WHO as well to broke in favour of health at national and international levels.

The critical challenge, as recognised almost by everyone, is in ensuring policy coherence. Since all are stating a development process, health strategies can not be isolated from poverty reduction strategies and economic development plans as well as from global efforts. We need to re-examine coordination mechanisms in countries, following the Paris declaration on 'harmonisation and alignment'. There was an explicit reference to overcome the political bottlenecks technicians were facing in their attempt to move forward.

Examining or re-examining coordination mechanism means inevitably providing reliable information to break the disconnection between the strategic level and the operational level. To this end, three issues can be mentioned as a road map to country progress:

(i) How can we move from intercountry to country processes on these issues, since they touch national issues at political level, as well as at policy and institutional levels;

(ii) There is need to set some benchmarks as where do we stand from the process before embarking in country actions; and

(iii) There is need to work out a country specific analysis to be able to measure progress in two years from now.

Recommendations for WHO

- WHO HQ and WHO AFRO to coordinate their working plan for the next bienniums in this area in order to maximise technical support to countries, starting by pending request (Cape Verde).
- **WHO to report and advocate on the results of this Seminar to Ministers of Health and Financing/Planning, and to raise awareness among donors to overcome weak coordination and increase advocacy for more resources in health in favour of low income countries.**
- **WHO to analyse and share international experiences/best practices, and to voice key conclusions in global forums (HLF)**
- WHO to support countries mobilising additional resources at national and international levels in favour of pro poor health interventions, and to **organize Technical support HQ-AFRO to selected countries**

Recommendation for Luxembourg and other Donors

- Continue supporting the process in pilot countries (Senegal, Nicaragua) and provide more resources for WHO to be able to cover more countries.
- Extend support in Sub Saharan Africa beyond traditional aid recipients (Cape Verde, Mali, Senegal) to encourage other donors to also support this process
- Strengthen the partnership with WHO to take higher the agenda for health poverty reduction and economic development in the international development agenda.
- Earmark more resources for stronger country and regional support of similar processes.