

## SUMMARY OF DISCUSSIONS AND ACTION POINTS

### Background

The decision to establish the High-Level Forum was taken at a meeting convened by the World Bank, DFID and CIDA in May 2003 in Ottawa. The Bank and WHO were asked to facilitate the process and subsequently formed a small secretariat for this purpose.

The purpose of the Forum is to provide an informal opportunity for senior policy-makers from the North and South to take stock of progress towards the health MDGs, and to identify opportunities for accelerating progress based on increased convergence in policies and actions. Discussions take place in a spirit of responsibility and mutual accountability between donors, recipient countries and technical agencies. The focus is 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.

The first meeting of the Forum took place in January 2004 in Geneva and brought together senior officials from 17 developing countries, 11 bilateral agencies, 8 multilateral agencies and 9 foundations, regional organizations and global partnerships. A larger number of participants gathered for the second meeting in Abuja in December 2004 which was co-hosted by the Government of Nigeria: 18 developing countries, 14 bilateral agencies, 8 multilateral agencies and 12 regional organizations, foundations and global partnerships participated.

All background papers and presentations are available on the HLF website at [www.hlfhealthmdgs.org/December2004Mtg.asp](http://www.hlfhealthmdgs.org/December2004Mtg.asp)

### Session 1

#### Overview of Progress toward Health MDGs in Low and Middle-Income Countries

*HLF 1 had issued a warning that unless there was a substantial shift in the culture and behaviour of international development partners and developing countries, many countries would not reach the health MDGs. At HLF2, the key message was that progress is possible if certain conditions are met. A global overview presentation demonstrated how data and statistics can be powerful tools to inform and motivate action by policymakers and people. [Vietnam](#), [Peru](#), and [Mozambique](#) presented national strategies which are proving to be successful in accelerating progress toward attaining the health MDGs, and reviewed challenges still to be faced.*

*Factors that appear to positively influence progress included socio-political stability, economic development, government commitment, high literacy rates, a wide network of basic services, pro-poor financing and continuous research to guide policy adjustment. Lack of involvement of civil society, the absence of incentives for health personnel to work in difficult places, and fragmented*

*responsibilities under decentralization, were among the factors thought to limit progress. Growing inequity and disparities within countries were seen as a major challenge.*

#### **Discussion Points**

- A large resource increase is needed to meet the health MDGs. In most low-income countries, domestic resources won't be enough – donors will have to bridge the gap.
- Investments in other sectors, including infrastructure (water supply, sanitation, roads) are critical to reach the health MDGs.
- Governance, stewardship and accountability, within the health sector and overall, must be improved to achieve the MDGs.
- Access to commodities (medicines and other health supplies) is critical and requires further work and global support.
- Good data are essential: countries need to know their current health status, not just where they want to be, by building stronger information systems.
- Several participants argued for greater attention to specific MDGs, including more emphasis on gender issues, sexual and reproductive health, and child survival.
- Monitoring improvements in health outcomes across income groups is key to achieving and safeguarding greater equity.
- The need for strengthening health systems cannot be overstated, particularly in the area of human resources. The challenge is not the development of new interventions but getting those that work effectively to the poor, and mobilizing additional money and political commitment.

## **Session 2**

### **Overview of Progress with MDG-Orientated Sector and Poverty Reduction Strategies**

*HLF1 concluded that much higher levels of financial resources for health must be provided in low-income countries and that these must be invested in strengthening key health system functions, such as human resource development, and in known effective interventions. Aid flows must become more predictable, and donor harmonization must move on from pilots to broader implementation. At the country level, policy and institutional changes are necessary to improve absorptive capacity. A single process leading to one MDG-responsive PRSP, with donors working within nationally led procedures, was recommended.*

*At HLF2, progress in the directions proposed by HLF1 was considered, based on a review of the relevant literature and an analysis of experience in 14 countries. The background paper offered a number of recommendations that were debated by the Forum.*

#### **Discussion Points**

- MDGs need to be adapted to national circumstances and priorities.
- Needs-based and resource-based approaches should be reconciled by developing more than one scenario for PRSPs.
- Sector strategies must be better coordinated with central ministries, and sector priorities need to be well argued and clearly reflected in expenditure plans and budgets.
- Estimates of cost should include the resources needed to address institutional constraints and be linked to budgets. A number of different costing tools and approaches are currently available and should be reviewed, since there is considerable variation in the findings they render.

- Greater resources are required, but so is improved stewardship, governance and leadership at country level.
- Budget support has recently increased as a way of providing aid but is still insufficient. Given the importance of recurrent expenditures in health which require long-term predictable financing, a greater proportion of development assistance should be provided in the form of budget support.
- Greater volume and predictability of donor aid must be accompanied by increased domestic efforts, demonstrating that health is a national priority.
- Increased funding must be based on national health sector plans that take into account macroeconomic constraints, operate according to each country's public expenditure management system and take on board equity and gender issues.
- The importance of macroeconomic sustainability is recognized, but further clarification of the concept of fiscal space and its implications for expenditure ceilings for the health sector is needed.
- Greater clarity and agreement on the concept of economic and institutional absorptive capacity will help to inform discussions and action.
- Funding decisions need to be coordinated as much as possible with Government budget cycles to ensure clarity and transparency on the available resources.
- Donor commitments should support the agreed strategy and priorities, and use consistent monitoring and financing frameworks, in line with sector-wide approaches.

## **Action Points**

### ***Fiscal Space, Sustainability and Predictability of Financing***

#### *World Bank and IMF*

Given the specific health sector needs of recurrent expenditures, the need for predictable funding and the commitment of additional grants from donors, the World Bank and the IMF should:

- clarify the concept of fiscal space and sustainability in the presence of long term grant funding and concessional lending at the country level and the implications for sector expenditure ceilings;
- work with other development partners on possible mechanisms to increase the volume and predictability of funding taking into consideration the DFID proposal (and potentially others).<sup>1</sup>

#### *Governments with support from development partners*

- to review progress in increasing health expenditures from domestic resources.

#### *HLF Secretariat*

- to monitor progress and report back to HLF3

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<sup>1</sup> DFID tabled a proposal to move at a faster pace to provide longer term predictable financing. The note suggests that progress is being made within the DAC framework on improving the predictability of bilateral financing, but that multilateral mechanisms are needed to make faster progress. The proposal is to consider IDA financing for 50% of the required incremental recurrent cost for more ambitious health sector plans (designed to reach the MDGs) over a 6 to 7 year time period, with bilaterals providing the other 50%. To overcome the uncertainties of fluctuations in donor funding over the medium term, the establishment of a separate pooled fund to operate along-side the IDA program is envisaged.

## **Health Sector Strategies and Expenditure Frameworks**

*Government with support from development partners:*

- to prepare health sector strategies, and the health components of poverty reduction plans, around several scenarios of resource availability, linked to achievable results and MDG targets;
- to improve capacity for operational planning and budgeting in Ministries of Health - in support of coherent sector strategies that are costed in ways compatible with budgeting systems.

*HLF Secretariat*

- to review progress on these points, and to report back to HLF3.

## **Session 3 Global Health Initiatives and Partnerships**

*The decision to include the topic of Global Health Initiatives and Partnerships came late in the process of preparing for HLF2 when the Forum's advisory group suggested that the issues around Global Health Initiatives (GHIs) required urgent attention and should be placed on the agenda without delay.*

*Viewed from the perspective of one country - Uganda - where a large number of global health initiatives co-exists with an advanced sector-wide approach and a well-developed poverty reduction strategy, opportunities and challenges faced in working with GHIs were presented. Challenges included the potential undermining of harmonization and alignment of external support, uncertain sustainability and predictability of financing (echoing discussions in the previous session), corresponding displacement of government funds into the health sector, and movement of health workers to GHI-funded NGOs/CSOs. But there was also recognition that GHIs have been successful in raising the profile of particular health conditions, bringing additional resources and innovative ideas to health issues, and having concrete results.*

### **Discussion Points**

- Without increased investment in human resources, financing, oversight, and other key health system functions, the resources mobilised by global partnerships are unlikely to achieve their full potential, as increased funding is putting a strain on weak systems and in some places diverts health resources from other priorities.
- Global Partnerships have a positive impact, achieve objectives and are welcomed by countries, but have not yet reached their full potential.
- Government stewardship and national ownership are essential for the long-term success of GHIs.
- Some countries already have engagement principles and codes of conduct, but GHIs and Partnerships are not necessarily following them in practice.
- There has been progress in improving practice regarding alignment with national systems, including a recent agreement to channel funds through the budget by the Global Fund for AIDS, TB and Malaria.
- Trust (or lack of trust) by Boards vis-à-vis governments and also UN organizations is an issue. More discussion is needed on the relative roles of Partnerships and multilateral organizations.
- DAC's work in both aid effectiveness and procurement needs to be fully taken on board before considering mechanisms for alignment and harmonization of Global Health Initiatives.

- The issue of sustainability needs to be addressed together with the question of budget ceilings and displacement of government budgets. Many of the issues set out under Session 2 are highly relevant to Global Partnerships.

### **Action Points**

#### *Key Partners*

- to collaborate in harmonizing procurement procedures and support strengthening procurement (and, where appropriate production) systems that best meet local needs, building on OECD/DAC work in this area;
- report back to HLF3.

#### *HLF Secretariat*

- to work closely with DFID and other partners in preparing and organizing a meeting to be hosted by DFID during the first quarter of 2005, bringing together partnerships, foundations, key donors and recipient countries to review cross-cutting issues and identify opportunities for synergies and harmonization between different initiatives and partnerships;
- to support further analytic work (building on studies and evaluations already carried out by DFID and its Health System Resource Centre, the World Bank, the European Commission and DAC) that will provide greater clarity about guiding principles and actual practices, draw out lessons about best practice, and support the development of common principles of engagement and systems for monitoring their application.  
An HLF Working Group may be established to guide this work. The Gates Foundation has expressed an interest in supporting work in this area.

## **Session 4 Human Resources for Health**

*HLF1 established that there is a human resources crisis in health which must be urgently addressed. Toward this end, the HLF supported plans to set up a Working Group on Human Resources in Health to analyse and pilot country-based actions, share experiences and develop an action plan. The work on HRH has benefited significantly from the activities of the Joint Learning Initiative (JLI) on human resources for health and development.*

*At HLF2, the HRH crisis in Africa was presented as an exceptional case requiring exceptional action. Overall, the agenda for HRH has become clearer and stronger, and now enjoys greater political support. The meeting highlighted key macro-economic and political issues and challenged partners – countries, donors, multilaterals, regional institutions - to engage in immediate actions appropriate both for an emergency response and long-term solutions.*

### **Discussion Points**

- The case for exceptional action in health, particularly in Africa, is widely accepted, but some thought that it was not strong enough and further evidence was required.
- The shortage of HRH is frequently raised as a key constraint during negotiations of countries with Global Health Initiatives. These shortages and other HRH issues should be considered for the sector as a whole.
- It was agreed that while responses must be country-based, greater international support and co-ordination is also required.

- HRH issues also need to be viewed in the context of overall public sector management and public sector labour force issues. This entails rebalancing poverty reduction strategies and increasing fiscal space for public investment, including HRH.
- Fiscal constraints and recruitment ceilings are major challenges in most countries tackling HRH shortages, as is the issue of sustainability. The process of determining ceilings as well as sectoral allocations needs to be revisited.
- Private for-profit and not-for-profit sectors need to be brought into the picture in exploring solutions to the HRH crisis.
- Increasing training of other professionals, such as managers and procurement specialists, is needed to strengthen health systems and free up trained health professionals for other tasks
- There is a need to publicize and advocate the strong association between health indicators and HRH density.
- Migration of health workers is a major concern. National trends and global agreements should be examined to review impact on migration.

### Action Points

- A response framework has been proposed, featuring support for country action teams; addressing macro-economic constraints and recruitment ceilings; considering mechanisms for resourcing education of African health workers; developing technical cooperation networks; and providing better intelligence for HRH.
- Norway has offered to host a meeting in late February 05 in Oslo to take these issues forward in collaboration with the HRH Working Group.
- African participants decided to convene a regional consultation to feed an African agenda into the follow-up consultation in Oslo.
- The Working Group (or its successor) will report back to HLF3 on efforts to accelerate the country level response to the HRH crisis (country action partnerships); on the review of fiscal constraints (in connection with other work on fiscal space, sustainability and predictability of financing); and on moving forward with the harmonization agenda around HRH (global action alliance).
- Members of the Working Group will collaborate with the OECD, International Office of Migration and the Global Commission for Migration on progress in addressing migration issues and report back to HLF3.

## Session 5

### Progress Reports on Health Metrics and Tracking Resource Flows

*HLF1 concluded that health information systems need to be strengthened, better coordinated and more orientated towards country priorities and needs. Monitoring of policies and institutional performance was highlighted as an area requiring further work. The creation of the **Health Metrics Network (HMN)** was announced and welcomed, and a rapid launch anticipated.*

*HLF 1 also observed shortcomings in the international community's current ability to monitor resource flows in global health, and emphasized the need to improve the tracking of all financial resources going to the health sector.*

*HLF2 reported on progress establishing the Health Metrics Network , and on the activities of the Global Health Resource Tracking Working Group led by the Global Health Policy Research Network of the Center for Global Development.*

### Discussion Points

- In supporting health information system strengthening, the guiding principle should be to generate data useful for policy-making and accountability at country level first and foremost.
- The importance of the equity dimension and of disaggregation by geographical area and income was emphasised.
- The Working Group on Global Health Resource Tracking should take full advantage of existing tracking experiences.
- There remain major information gaps on commitments and disbursements by program, by intervention and by MDG, as well as information on donor and country coverage.
- The missing links between national health accounts and budgets need to be addressed.

### Action Points

- HMN to continue its work with particular attention to harmonisation of definitions and terminologies, triangulation of data collection, and further refinement of indicators;
- HMN to seek technical and political endorsement by all concerned partners around a consensus technical framework for strengthening country health information systems;
- HLF donor partners to participate in the assessment of internal donor information systems;
- Working Group on Global Health Resource Tracking to report back on outcomes at HLF3.

## Session 6 Health MDGs in Fragile States

*Participants at HLF1 were keen to ensure that, given the current focus on countries that can deliver results, 'poor performers' and countries in crisis ('fragile states') which need support for building institutional capacity, improving governance and delivering health services were not neglected.*

*A small Working Group on Health in Fragile States was convened by the HLF Secretariat to guide preparation for a session on this topic. HLF2 provided an overview on current thinking on harmonization and alignment in fragile states which will be taken forward in much greater detail at the forthcoming Forum on Development Effectiveness in Fragile States in January 2005 in London. A presentation on reaching the health MDGs in fragile states mapped out key issues to be addressed, particularly in situations where conflict, violence and political instability paralyse critical institutions that safeguard the lives of people in need. Particular emphasis was placed on planning essential basic services as an inclusive process by all stakeholders, combining humanitarian, transition and development actions, with clear outcomes and time-bound benchmarks; and on dependable, and predictable provision of assistance and services to restore public confidence.*

### Discussion

- The sheer magnitude of the problem is often underestimated: Only one seventh of the developing world's population lives in fragile states; but they represent one third of all those living on less than 1 \$ per day. This is where one third of maternal deaths occurs and where half of the children die before the age of five, The majority of countries in Africa are part of this group.
- Health needs to be a much more central part of peace processes, negotiations and post-conflict reconstruction.
- More work is needed to address the humanitarian – development continuum in relation to health.

- Global resources have increasingly gone to well-performing countries in recent years. It is critical to establish specific goals for fragile states and support them to make progress towards the MDGs
- Fragile states need to be included in the codes of conduct/rules of engagement being developed for harmonization and alignment to avoid the distortions and fragmentation that can occur in humanitarian projects.
- Addressing the need for national ownership and leadership, given constraints of weak governance and the powerful coalitions and alliances that work around humanitarian aid, is a major challenge.
- The existing knowledge base on what works, and how, in planning and delivering essential health services in fragile states is weak.
- There is not a single paradigm for action in fragile states but common lessons may be extracted from different countries, and the transfer of technical strategies from development to humanitarian portfolios is possible.
- Gender is a critical issue in conflict and post-conflict situations.

### **Action Points**

#### *HLF Secretariat*

- to take forward the harmonisation agenda in health in fragile states, particularly in post-conflict societies, including reviewing the role of humanitarian NGOs and their relation to government structures, and the relationship between bilateral and multilateral actors;
- to catalyse and commission more work on 'poor performers' and the aid instruments most suited to providing support for health where institutions and policies are weak;
- to work with partners to increase the practical knowledge base on health service delivery in fragile states, through further analysis and documentation of good practice in different country situations.

## HLF ACTION IN 2005

- The next meeting of the High-Level Forum on the Health MDGs is to be hosted by the French Ministry of Foreign Affairs at the end of November or early December, probably in Paris.
- The HLF Secretariat will keep track of the heavy calendar of events in 2005 related to the MDGs and to financing for development, and share relevant information.
- It is important that the HLF feeds into and learns from these events, and provides inputs into the associated processes of preparation and negotiation.
- Like the Health Metrics Network, the Human Resources for Health agenda has developed its own dynamic, and will now advance through parallel channels, though there will be a report back at HLF3 .
- Themes to be taken forward by the Forum during 2005 will centre on predictable, sustainable financing and on fiscal space, as well as on global health initiatives and partnerships, and on health in fragile states.
- The HLF Secretariat has been asked to reflect further on the concept of *mutual accountability* that has been underpinning the Forum's deliberations, and on a framework for guiding donor policies and actions in countries, beyond the life-space of the Forum itself.
- The HLF secretariat will continue to work collaboratively through advisory groups, technical working groups and other already existing bodies that are engaged in a related agenda.
- Participants will be fully briefed on progress of the working groups and the HLF Secretariat through the HLF webpage