

**SUMMARY OF DISCUSSIONS AND ACTION POINTS**  
**Third High-Level Forum on the Health MDGs**  
**Paris, 14-15 November 2005**

**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 World Bank and WHO were asked to facilitate the process and subsequently formed a small secretariat for this purpose.

The purpose of the Forum was to provide an informal opportunity for senior policy-makers from national governments and development organizations to identify opportunities for accelerating progress toward the health MDGs. Discussions take place in a spirit of 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 development partners can support nationally-led processes.

The first meeting of the Forum took place in January 2004 in Geneva, the second in Abuja in December 2004 (co-hosted by the Government of Nigeria) and the third and final in Paris in November 2005 (co-hosted by the Government of France).

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

**Session 1**

**'The Year of Development' - What does it mean for health?**

*A number of landmark events during 2005 focused global attention on the needs of poor countries: the Millennium Summit of the UN and other forums (e.g., Commission on Africa, the World Bank's Global Monitoring Report) highlighted the poor progress to date in meeting the MDGs; commitments were made to increase aid, and deliver it more effectively; to reduce or cancel debt; and to maintain a strong focus on poverty reduction and human development. A panel including the Director General of International Development and Cooperation, Ministry of Foreign Affairs, France, the President of the World Bank, the Director-General of the World Health Organization, the Executive Director of UNICEF, the Minister of Health, Ghana, the Deputy-Minister of Finance, Mozambique, and Secretary of State for International Development from the UK), and the Chair of the Development Assistance Committee of the OECD discussed the implications of the 'new development agenda' for health.*

**Discussion points:**

- Demonstrating impact on the ground will be key to mobilizing and sustaining resource flows for health and development.
- Current aid is often fragmented, donor driven, and unresponsive to country needs. If aid is to be scaled up - as promised - these issues will need to be addressed. However, we

- have some time to improve the effectiveness of aid as inflows are likely to increase only gradually.
- More effective aid also means more effective technical assistance. This must be delivered wisely and used to build domestic capacity and institutions.
  - Though debt relief is welcome, it is important to ensure the expansion of additional net foreign inflows of resources needed to address development challenges.
  - As better health means longer lives and fewer premature deaths, there is a case for treating health 'exceptionally' within government planning and budgeting processes. However, this does not mean that the need for a sound economy can be ignored.
  - Health is a multi-sectoral issue and therefore requires cross-sectoral planning. Prudent use of existing money, in addition to new resources, could achieve much.

## **Sessions 2 and 3**

### **Fiscal Space and Aid Sustainability**

#### **Clarification of the issues:**

*Session 2 clarified concepts of fiscal space and fiscal sustainability, and discussed the macroeconomic challenges faced by countries trying to increase aid-financed health expenditures. Although these challenges apply to all types of government expenditure, the point was made that health is a particularly difficult sector to scale-up because of the number of actors involved and the high proportion of long term recurrent funding for staff and drugs within the health budget. Background research commissioned for this session shows that these challenges are real but manageable, in particular when donor assistance for health is provided through general and sectoral budget support on a long-term predictable and transparent basis so that developing countries can plan effectively to use scaled-up assistance.*

#### **Towards solutions:**

*Session 3 focused on the steps that donors and developing countries can take to increase the effectiveness of spending on health. Most actions apply to donors, although countries also face absorptive capacity constraints: the paper tabled for this session proposed a range of changes in the way donors disburse and monitor their aid programmes which would ensure that a higher proportion of aid committed for health is actually translated into expanded health service provision. The session also looked at the challenges faced by ministries of health as they seek to influence their finance ministries and ensure higher health spending is programmed into the government budget and aligned with the PRSP.*

#### **Discussion points:**

- There are a range of options for opening up fiscal space – from both domestic and external sources - decisions must be based on country context. But, opportunities for domestic resource mobilization in poor countries are limited in the near or medium-term future. A significant expansion of fiscal space therefore implies much higher, long-term and more predictable external flows.
- Country ownership over fiscal space is essential: donor must not dictate the details of how fiscal space for health is allocated.
- Increasing predictability and delivering on commitments to scale up will require much greater levels of trust between donors and recipients: donors must be confident that aid will be well used, recipients that it will arrive as promised.

- Direct budget support, delivered through multilateral channels is the most predictable, and therefore desirable from MOF perspective. However, civil society and other actors require funding and are needed both to deliver services, and to put pressure on government about issues such as equity, poverty, etc
- Improving transparency and accountability is key to building trust. This requires better monitoring systems to strengthen reporting on health outcomes, aid disbursements and the effective use of resources to demonstrate progress and support future evidence-based planning.
- There are different views on the pace of scaling up in health. On the one hand, health must be put in the context of general economic and social development, and macroeconomic policy, with sector scaling up plans linked to overall poverty reduction and growth efforts. On the other hand, immediate needs, e.g., the human resources crisis, HIV/AIDS pandemic suggests there is an exceptional case for faster scaling up in health. More information/evidence of successful approaches is needed.
- Investment in health does not only mean investment in the health sector – better health requires multi-donor, multi-sector plans integrating nutrition, infrastructure, water and sanitation etc.
- Several additional proposals to improve aid effectiveness and scale-up efforts to reach the health MDGs were made, including:
  - Moving the analysis and discussion of scaling-up to the country level. This discussion should be based on country specific health strategies that are costed and aligned with the PRSP.
  - Reconciling the short term nature of aid conditionality with the long term nature of expenditure requirements. This should avoid all ex-ante conditionality.
  - Continuing work on how to implement an aid guarantee fund to diminish bilateral aid volatility.
  - Increasing the time horizon of PRSP analyses to reflect the maturity required to produce social sector outcomes

#### **Sessions 4:**

#### **Reporting Back: Human Resources for Health**

*The crisis of human resources for health has been on the agenda of the High-Level Forum since its inception and the discussions have evolved considerably over the course of the three meetings – from raising political awareness to debating concrete proposals for a global agenda in support of country action. The HLF had also catalysed the coming together of key stakeholders at the Oslo Consultations in February 2005 and in the creation of a Transitional Working Group on HRH. Reporting back to the Forum and proposing ways to continue and maximise international collaboration, the Working Group presented a report advocating country support and global problem solving, and sought advice on how to move forward from problem identification towards solutions.*

#### **Discussion points:**

- Forum participants, from developing and developed countries alike, expressed strong agreement on the importance of the issue for improving the performance of health systems and global initiatives; on the urgent need to address the crisis, in particular in Africa; and the considerable political momentum for HRH in support of country action.

- The Forum supported the emergence of a global alliance as a platform for all stakeholders, hosted within an existing organization, with a focus on promotion, learning and knowledge sharing. Interest was expressed in a light touch mechanism that would add clear value to existing work and institutions, with a continuing strong role of WHO and the involvement of the ILO. Some concerns were raised regarding the term 'global plan of action' referring to activities by the alliance planned for the next 1-3 years.
- Many speakers stressed the critical importance of ensuring long-term sustainability in the context of policies on fiscal space and several African representatives reflected on their countries' experiences in dealing with ministries of finance, the IMF and the World Bank. Regarding health budget ceilings and public sector hiring freezes for health workers, the discussion illustrated the extent to which clear guidance from the International Finance Institutions to ministries of finance and health is often still lacking, as well as the prevailing confusion over governments' policy options for increasing the health workforce. The representative of the IMF was able to clarify that hiring increases should generally be possible - even beyond existing budget ceilings.- as most IMF programs include 'adjusters' which provide flexibility in agreed upon budget ceilings if grant assistance for health or education is available.
- Many expressed interest in learning about experiences with new approaches to HRH and the possible impact on performance and health indicators. Preliminary feedback from Malawi suggested positive results where the number of nurses and overall performance had improved. Also highlighted was the need for a study of knock-on effects (including increasing wage demands) from other sectors.
- While pointing to the global dimension of human resources problems in the context of global labour markets, participants agreed on the exceptional nature of the crisis in HRH for Sub-Saharan Africa.
- Frequently mentioned by developing countries were the importance of the composition, skill-mix and distribution of health workers, as well as losses of health workers to global initiatives, NGOs and the private sector. Some participants mentioned the importance of incentives and an enabling environment (such as housing and schools) to combat losing health workers to migration from certain areas.
- Many highlighted the link of HRH with overall health systems performance and highlighted the need to focus on the later.

## **Sessions 5:**

### **Global Health Partnerships**

*This session discussed the cumulative impact of global health partnerships. Background analysis for this session highlighted the achievements of GHPs, including securing significant new resources for health; raising the international and political profile of target diseases; attracting new partners, including NGOs and the private sector, in the global fight against specific diseases; and achieving economies of scale in areas such as drug procurement.*

*At the same time, however, the collective impact of GHPs has created or exacerbated a series of problems at country level including: poor coordination and duplication among GHPs; high transaction costs to government and donors from having to deal with multiple initiatives; variable degrees of country ownership; and lack of alignment with country systems. There is a risk that*

*the cumulative effect of these problems will undermine national development plans, distort national priorities, divert scarce human resources and/or establish uncoordinated service delivery structures. At global level, there is a marked acceleration in action to address some key problems and challenges directly caused by GHPs but there remain opportunities, within the control of GHPs, to make changes in their approach and processes to reduce the costs they impose on recipient countries.*

*On the basis of these findings, the Forum was asked to discuss a set of best practice principles for the engagement of GHPs at country level, based on the Paris Declaration on Aid Effectiveness, as well as some guidelines for the governance of the partnerships. Forum members were asked to discuss mechanisms for their endorsement and operationalisation.*

**Discussion points:**

- GAVI and the Stop TB Partnership welcomed the best practice principles. The Board of the latter had preliminarily agreed to the draft principles, and the GAVI Board was to discuss the principles at its next meeting.
- The Global Fund pointed out that its policies already reflected commitments to harmonize and align. However, given that the Global Fund is primarily a financing instrument, operationalising the principles will depend on the behaviour of its partners on the ground.
- Many participants noted that the study findings were consistent with their own experiences. Some participants commented that GHPs had released more resources for the health sector and had added to the momentum for better planning. However, GHPs had also created parallel funding and reporting procedures (outside the SWAp mechanism), and a focus on programme activities rather than sector constraints. Further, the availability of GHI resources had influenced the Ministry of Finance not to increase its allocation to the health sector.
- Other countries echoed this view, pointing to the need for 'clear and stable' policies from GHPs, and for greater harmonization among donors. One country added that GHPs' use of local procurement systems was a particularly important aspect of alignment, but one that was rarely implemented.
- The Global Fund acknowledged these issues, but suggested that many of the implementation challenges were *revealed* rather than *caused* by GHPs. In this connection, the need for stronger links among major GHPs, and between GHPs and their partners with a field presence was urged.
- Many participants suggested that GHPs should introduce incentives for harmonization and alignment, and noted that current GHP incentives - for fast disbursement and attributable impact - often ran counter to aid effectiveness objectives.
- The behavior of bilateral donors sitting on GHP boards is particularly important in this context, and many speakers noted inconsistencies in donor policies vis-à-vis GHPs and harmonization and alignment objectives. Some participants suggested that, given this 'donor schizophrenia' and the high transaction costs for countries of working with GHPs, the objectives and functioning of GHPs should be reviewed, and some GHPs should be considered for merging or termination.
- The need to strengthen health systems was also a frequent theme in the discussion. GAVI suggested that its activities 'do not make sense' without a broader effort to improve health systems, and to this end urged GHPs to be closely involved in efforts to scale up

- around a first wave of countries. However, there was some concern that direct financing of health systems by GHPs may create confusion. The World Bank and WHO are well-placed to provide leadership on this issue.
- Finally, many participants mentioned the need to re-assess technical assistance provided in support of implementation, to ensure that it is appropriate, integrated, effective and helps to build institutional capacity in government *and* civil society organizations in developing countries.

## **Sessions 6:**

### **Health in Fragile States**

*The High-Level Forum in Abuja recognized the magnitude of the health problems in fragile states and the obstacles they pose to achieving the health MDGs. Participants at HLF2 requested the HLF secretariat to further review issues affecting health service delivery in post-conflict societies and in 'chronic non-performers', and to formulate recommendations. A meeting of experts convened in London and inputs from the advisory group contributed to background work on this issue, and helped shape the agenda for the HLF3.*

*Key policy issues brought to the attention of participants in this session were: the urgent need to increase aid for health in fragile states, while at the same time reducing volatility and improving predictability of aid flows; the difficulty of making real progress on harmonisation and alignment agenda; and, the disconnect between humanitarian and development activities.*

## **Discussion**

- Discussants agreed that operating in fragile states poses challenges and risks for the international community. Not least, there is the inherent fiduciary risk in providing unearmarked and flexible funding (through instruments such as direct budget support) to countries with weak budgeting and accountability systems. Such risks can never be fully eliminated, even with in-depth analysis of local context. However, participants affirmed that there is an increased willingness on the part of the donor community to take risks, and increase the level of engagement with fragile states.
- A consensus was expressed that health programmes provide 'neutral ground' to engage the state, civil society -- and when needed opposition parties -- in development efforts. However, there was also experience that this approach has limitations and does not work in all contexts.
- Discussion highlighted that delivery of health services based on needs, especially to the weaker part of the society - women, girls, combatant children - was perceived as key to diminishing state fragility and in preventing spill over effects to neighbouring countries. Further, improving health services can help to address those aspects of ill-health that contribute to state fragility (i.e., the impact of HIV/AIDS on the workforce). NGOs, faith based institutions and Global Health Partnerships have a substantial role in delivering services in such contexts (as was witnessed in post-conflict Cambodia, for example).
- Several participants stressed the need to work with civil society and the private sector in delivering services, recognizing the challenge of getting diverse actors to work in a harmonized and sector-wide approach.

- Donors have a role in supporting service delivery, but this is not the limit of their responsibilities. Donors must work to build trust between recipient countries and the international community. This can be done by improving the flexibility and transparency with which resources are provided; increasing the overall level of resources; strengthening coordination and harmonization through use of appropriate aid instruments (i.e. multi-donor trust funds and aid allocation models that correct for other donors); and, providing long term predictable commitments.
- Several donors agreed that their humanitarian and development instruments are not well aligned, and that they would need to adapt their instruments in order to increase support for health in fragile states.

## **Conclusions:**

### **The future of the High Level Forum**

*This session considered whether and how to continue the work of the High-Level Forum. Discussion covered: achievements of the HLF process to date, and whether to hold future meetings; how best to ensure a continuing dialogue between donors and country partners on emerging issues, as well as the unfinished agenda of the HLF; and, how to translate the emerging consensus reached at the HLF into action at country level.*

## **Future meetings:**

- Participants agreed that the three High Level Forum meetings had been successful in helping to clarify key issues and constraints to progress in achieving the health MDGs – in relation to expanding the fiscal space available for scaling up health sector financing; increasing the predictability of donor funds; improving aid effectiveness through greater coordination of diverse actors, including global health partnerships; tracking outcomes and resources; addressing the human resource crisis, and the health needs of fragile states. Several initiatives launched at earlier meetings – on resource tracking, the health metrics network and the proposed global alliance on HR – now have an independent life of their own.
- It was therefore concluded that the High Level Forum would be limited to three meetings and therefore not be reconvened *in its current format*. Participants recommended that a review and evaluation of the work of the Forum be organized by the Secretariat.

## **Continuing dialogue:**

- There are few opportunities for donors and country partners to meet in a spirit of mutual accountability issues affecting health and development policy. There remain some issues on the HLF agenda for which there is no obvious venue to discuss unfinished business. In addition, there is a need to anticipate future cross-cutting issues that may affect health outcomes, and to draw lessons from experience with scaling up investments and activities in health to determine what works well and why.
- Areas suggested for possible further work included: *aid architecture* – bringing together several existing streams of work on the role of GHPs and on the comparative advantage of key international agencies; *exceptionality* - making the case for health as a special case for investment; *capacity building* – better management of technical assistance for health; *monitoring for results* – keeping track of progress toward 2015; assuring sustainable financing of health systems - limiting aid dependency and promoting

economic growth; *middle income countries* – shifting the focus of the HLF agenda to the particular circumstances of middle income countries.

**Action at country level:**

- It is essential that the consensus forged through the HLF is translated into action at country level. Throughout the meeting suggestions were made as to how this might be done. A consensus emerged around several key themes: a focus on limited set of ‘first wave’ countries (these should be self-selecting, and should include some ‘fragile states’); that the basis of agreement should be a compact which sets longer term aid commitments against performance; and that such agreements include a more graduated approach to conditionality (from “on-off” to “dimmer switch”). It may also be possible to test mechanisms to smooth aid flows (as suggested in the discussion on the aid guarantee facility) in this context.
- Key points from the discussion included the importance of sustaining the dialogue between ministries of health and finance; recognizing the impact on health outcomes from investments in other sectors; and the need to ensure that countries in need of resources are not excluded by externally determined processes of selection.

**Next steps:**

- The HLF Secretariat will initiate a review to evaluate the impact of the HLF meetings. The HLF Advisory Group will provide input and advice on the review process.
- The Secretariat in consultation with the Advisory Group should prepare a proposal for means by which dialogue on key issues discussed at HLF meetings can be continued. In so doing, the Secretariat should note that some issues (e.g. donor behaviour and aid architecture) may be best taken up by the DAC, while others (MDG monitoring, Human Resources) have established independent work programmes (through the Health Metrics Network, Transitional Working Group on human resources for health). In addition, any proposal should acknowledge the relative roles, responsibilities and strengths of WHO, the World Bank, and other partners.
- The HLF Secretariat will develop proposals for how scaling-up work with a ‘first wave’ of countries might be taken forward. An initial meeting, convened by the World Bank, has already been held. Further work might usefully be linked to an (already planned) meeting to be hosted by the European Commission at the beginning of February.

The HLF Secretariat will prepare more detailed proposals on all elements of the follow up agenda in preparation for a meeting of the HLF Advisory Group in early 2006.