

The High-Level Forum (HLF) on the Health Millennium Development Goals

The purpose of the HLF was to provide an opportunity for senior policy makers from North and South to take stock, review progress and identify opportunities for accelerating progress towards the health-related Millennium Development Goals (MDGs). The focus was on challenges and actions which can be taken at *country* level, however, the intrinsic value of the Forum was to facilitate learning at *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 HLF was coordinated by a small secretariat provided by the World Health Organization and the World Bank. Participants included ministers and senior officials from developing countries as well as heads of bilateral and multilateral agencies, foundations, regional organizations and global health initiatives. The process was unique for two reasons. First, it allowed frank, open and informal discussion among the full range of health partners (including global partnerships). Second, debate focused on ‘political’ rather than technical constraints to progress in health.

The first HLF on the Health MDGs took place in Geneva, Switzerland, in January 2004; the second in Abuja, Nigeria, in December 2004; and the third in Paris, France, in November 2005.



**World Health
Organization**

The main themes emerging from the HLF process are summarized below:

Aid effectiveness in health

The HLF concluded that there was a need for *more* aid for health; more *predictable and sustained* aid for health; *greater harmonization* between donors and better *alignment* behind country plans. Increases in the quantum of aid are necessary, but more effective aid is also required if progress towards the MDGs is to be sustained. Research carried out by the HLF suggests that progress in implementing the Paris Declaration on Aid Effectiveness has been slow in the health sector, and that aid volatility remains a serious problem. Even where robust sector plans and budgets exist, donors do not always align and provide flexible resources for implementation.

The HLF looked in-depth at the role of Global Health Partnerships (GHPs), which channel an increasing share of health aid. GHPs have been successful in raising the profile of particular health conditions, bringing additional resources and developing innovative approaches to health delivery. However, the proliferation of GHPs has created or exacerbated problems such as poor coordination and duplication among different donors; a high administrative burden on government from having to deal with multiple initiatives and lack of “alignment” with country systems. They may also be responsible for distorting health spending in favour of particular health priorities. The HLF recommended a set of Best Practice Principles for engagement of GHPs at country level, based on the five key areas of the Paris Declaration on Aid Effectiveness. These have now been accepted or are under consideration by all major GHPs.

Expanding fiscal space for health

Increasing fiscal space for health and managing the macroeconomic effects of scaling up health spending were central themes of the HLF. Fiscal space is the amount of ‘budgetary room’ that governments have to expand health spending, from domestic and external sources, without upsetting the macroeconomic balance. The HLF concluded that the most serious macroeconomic effects relate to *lack of predictability* in aid: aid flows are up to seven times more volatile than domestic fiscal revenue, so ministries of finance are understandably reluctant to expand health investments on the basis of aid commitments. Other macroeconomic effects exist, but in most circumstances these can be managed, and must be balanced against the positive impact of improving health.

The HLF discussed the feasibility of a ‘buffer fund’ to smooth aid flows, and the importance of longer-term donor commitments. Partly as a result of the HLF discussions, the EC, the UK and GAVI have announced their intention to move towards 10-year funding commitments in health.

Health in Poverty Reduction Strategies

HLF looked at the way health is reflected in broader development processes, such as public sector reform, poverty reduction strategies (PRS) and medium-term expenditure frameworks. It found that in many cases the relationship is weak - health is not prioritized by ministries of finance, and as a result, domestic resource allocation to health is stagnating. An analysis of health in PRS in 14 countries found that:

- The health chapters of PRS tend to be about health services: the role of other sectors such as education and transport in achieving health targets is recognized but not usually quantified or fully integrated in planning.
- While there is remarkable agreement across PRS on health sector priorities and the content of ‘essential services packages’, there is little evidence of health budgets being reallocated towards these priorities, nor being decreased in non-priority areas.
- There is a disconnect between decentralization policy and health: on the one hand, lower levels of the health systems are responsible for delivering results. On the other, they have little control over the management of staff, procurement or budget allocation.

In some cases, lack of robust sector strategies are the root of the problem - particularly so in fragile states. In these cases, improving links between health and the macro framework will require increased capacity in ministries of health to develop sound sector plans and budgets.

Fragile states

All of the challenges highlighted by the HLF process are acute in fragile states - where governments are either unable or unwilling to deliver health services to their populations. These countries bear a disproportionate burden of disease and mortality, and are progressing slowest towards the MDGs. Countries emerging from conflict or experiencing political instability present a particular challenge for donors: while these are the countries most in need of stable, predictable aid flows, they tend to suffer from the worst volatility, especially during the transition from humanitarian to development funding. In many cases, donors are reluctant to invest in fragile states at all. When aid is provided, it tends to be through non-government actors without corresponding support to strengthen government’s stewardship and leadership role in the health sector.

HLF studies on ‘good health donorship’ in fragile states, and on Health Service Delivery in Post-Conflict States have fed into OECD/DAC guidance on this topic.

Human resources for health

The crisis in human resources for health emerged as a significant and consistent area of concern for the HLF. In particular, links were made between shortages of health workers and other HLF themes: aid predictability, health in poverty reduction strategies, and improved sector planning. The human resources crisis has been exacerbated by reluctance among donors to fund recurrent costs such as salaries and incentives to work in rural areas, deteriorating working conditions - particularly in poor and remote areas - and the ongoing migration of health workers from developing countries to the industrialized world. The HIV/AIDS pandemic has also had a devastating impact upon the health workers themselves. The Global Health Workforce Alliance, launched with the support and guidance of HLF members, will attempt to tackle many of these issues.

Health information systems

Improving national capacity to track resource flows, progress and outcomes is critical to sector planning, and to making the case for increased aid flows. In order to do this, health information systems need to be strengthened, better coordinated and more oriented towards country priorities and needs. First and foremost, information systems must provide data for policy-making at national level, but they also need to respond to global demands to monitor progress towards the MDGs. This includes monitoring of policies and institutional performance, as well as donor policies and practices.

Recognizing the key role of health information systems, the first meeting of the HLF endorsed plans to establish the Health Metrics Network. Health Metrics then became a separate initiative, providing regular progress reports to the HLF.

The 'HLF Consensus'

By the conclusion of the HLF process, there was broad consensus around the issues and constraints to be tackled if progress towards the health MDGs is to be made. The 'HLF consensus' can be summarized as follows:

- Promised increases in aid - made at the 2005 G8 summit and elsewhere - are welcome. However, aid needs to be provided and spent more effectively, and programmed in line with need. In particular, aid must be more predictable.
- Global Health Partnerships represent a particular challenge in applying the Paris Principles to the health sector. GHPs must therefore be fully engaged in the aid effectiveness dialogue.
- There are a number of 'donor orphans' which require higher levels of aid for health - these are often fragile states, where provision of development assistance is particularly challenging.
- Ministries of finance need to be convinced of the importance of health if domestic resource allocation is to increase. Ministries of health need support to do this - including to embed health in poverty reduction strategies and medium-term expenditure frameworks.
- There is a need for increased investment in the systems and staff needed to deliver health outcomes, including information systems.
- Greater attention is needed to the circumstances of fragile states where governments are unwilling or unable to address the health needs of their people.

The Post-HLF Agenda: Scaling Up for Better Health

In February 2006, a meeting was held in Brussels, Belgium in order to continue the dialogue between all partners and begin to move from the consensus to action. The focus was on a proposal for work at global and country level to improve aid effectiveness, assure sustainable financing, and increase country capacity to develop sector plans and link to the macroeconomic framework. To further discuss these concepts and agree the way forward, a follow-up meeting was held in Tunis, Tunisia in June 2006.

The Tunis meeting

It was agreed in Tunis that action to speed progress towards the achievement of the health MDGs should be country-focused and country-led, supported by dedicated regional and global operations. Support was needed to help countries prepare, update, finance and implement results-based sectoral strategies that are fully embedded in the macroeconomic and fiscal planning process. It was also recognized that considerable change in behaviour is needed both on the part of countries, to fulfil their responsibilities for stewardship and to increase domestic financing for health; and on the part of donors, to better respond to country needs, fulfil pledges to harmonize and align aid with country strategies, and to provide long-term predictable financing.

Concretely, the meeting helped scope out what action was required at global, regional and country level. It was agreed that while we need ways to continue linking what goes on at country level with action at global level, the *main locus of support for countries should be at regional level*. Based on this agreement, a concept note which outlines key functions at global, regional and country level has been developed .

It was also agreed that the process should begin in Africa, though many partners support an extension to Asia as soon as possible. The World Bank, WHO, UNICEF, and the African Development Bank (AfDB) have taken forward this commitment by developing a proposal for 'tackling the barriers to scaling up in health' through a mechanism known as Program Assistance for Facilitation in Health (PAFH). This proposal was presented to the 2006 Regional Committee for Africa.

It is envisaged that work at global level will provide back-up for regional operations, including facilitating access to high-quality technical support. It will also ensure that what is learnt on the basis of country and regional experience influences donor policy and practice, and to this end will explore the feasibility for a forum for donor accountability linked to the OECD/DAC. Finally, global work will look at the potential for new financing instruments to smooth aid flows and address the needs of countries with limited donor support. A Global Steering Committee of interested development partners has been established to oversee work and decide on institutional arrangements. It is due to hold its first meeting in Paris on 25-26 September 2006.

The 56th WHO Regional Committee for Africa

The Regional Committee discussed the proposal for '*tackling the barriers to scaling up in health*' at a special session for Ministers on 1st September 2006.

Ministers endorsed the HLF consensus and recommendations of the Tunis meeting. They welcomed a commitment by the World Bank, WHO, UNICEF and AfDB to support countries in the African Region as they address barriers to scaling up health through an initiative designed to act on the recommendations of the HLF.

Discussion at the special session looked at how the initiative would work in practice.

- Ministers stressed that a new initiative should focus on making existing commitments (particularly on aid effectiveness) work in practice. Agencies should work together to fulfil their mandates rather than create new partnerships.

- They encouraged the four partners (The World Bank, WHO, UNICEF, and AfDB) to engage with all development partners active in country and to look at harmonizing their own practices, particularly on issues like procurement policies.
- Participants strongly agreed that the focus of action must be the country level. Support should be tailored to meet the specific needs of individual countries. But they also stressed the importance of having an effective link between work at country and global levels: Country experience should influence decisions on policy and practice in donor capitals, development banks, and the boards of global partnerships and foundations.
- A regional team (the PAFH) will be established to coordinate support to countries. It will include secondees from several partner organizations, and will also draw on the strengths of a wide range of African development institutions to support this work.

The next step will be to develop a business plan for the whole initiative (country operations, regional support and global coordination). This will be discussed in outline at the 'Scaling up for Better Health' Steering Committee Meeting in Paris on 25-26 September 2006.

WHO
September 2006