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Executive Summary

This document presents the rich country experience with macroeconomics and health (MH) activities in countries of WHO's South-East Asia (SEA) Region. It uses these to draw key policy implications for health and development and also identifies next steps in sustaining and furthering the MH agenda in member countries of the region.

The 2002 Report of the Commission for Macroeconomics and Health (CMH) recommended a set of strategic country actions to scale up health interventions, particularly for the poor. Using these as a framework to analyze country MH experiences for policy implications, this study finds the following:

1. Substantial progress has been made on advocacy for health in the development agenda. This effort needs to be sustained politically by maintaining a focus on health as an important aspect of development at both national and international levels. Also, the technical link in the health-development nexus needs to be continuously emphasised, particularly health as an area of 'productive' investment.
2. Implementation of CMH and national commission recommendations has been limited, largely due to weak health systems. Focus now needs to be on key deliverables vis-à-vis health systems strengthening and public health needs of the poor. Country experiences highlight the need for attention in the areas of equitable and sustainable health financing; quality health workforce; affordable drugs; and a responsive and accountable system through decentralization and community participation.

Next steps for WHO, based on consultations and agreements with SEA Region countries, are to support a regional secretariat to:

1. Sustain advocacy for health in macroeconomic and development at all levels.
2. Collaborate with countries in implementing MH recommendations, especially advance primary health care and health systems strengthening to scale up services for the poor.



I. Introduction

Purpose and layout

Furthering the MH effort in the SEA region

Recapping key CMH findings and recommendations

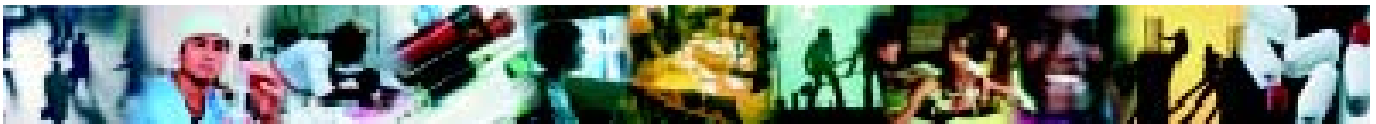
A framework to analyse MH country experiences for policy implications

Using the analysis to draw policy implications

Identifying next steps

The purpose of this document is to present the rich country experience with macroeconomics and health (MH) related activities in WHO's South-East Asia (SEA) Region and to draw key policy implications from these. It also identifies next steps to sustain and further the MH effort in the member countries of the region.

Section II briefly recaps the main CMH findings and recommendations. Section III develops a framework for analyzing the MH experience and its implications for policy in member countries of the SEA region. To do this, the section presents a brief summary of MH activities in selected countries and, in doing so, highlights the relevance of the CMH recommended strategic actions as an analytical framework for policy implications. This analysis is carried out in Section IV, illustrating both problems as well as potential solutions in implementing a MH country agenda. From the analysis of country MH experiences in the previous section, Section V draws out key policy implications for sustaining health in the macroeconomics and development agenda at both country and global levels. The final section outlines next steps in moving forward with these policy implications, including the role of WHO.



II. Recapping global CMH findings, recommendations and strategic actions

This section briefly recaps the main CMH findings and recommendations. It also details strategic actions identified by the Commission to take the MH agenda forward in countries. These are developed into a framework to discuss country MH experiences and policy implications in the sections that follow.

▪ Main CMH findings

The health-poverty nexus

Health and poverty are closely linked in a two-way causal relationship. Ill-health causes impoverishment due to both the loss of productivity and income as a result of illness as well as the cost of accessing health care. And, poverty itself is a major cause of ill health: the poor are less resistance to diseases; face greater health risks in their living and work environments; and, are subject to greater constraints, particularly financial, in accessing health care.

CMH estimates indicate that a few essential interventions to combat major infectious diseases and malnutrition could save eight million lives by 2010 *and* generate at least US\$ 360million in additional incomes annually by 2015-2020.

The financing gap

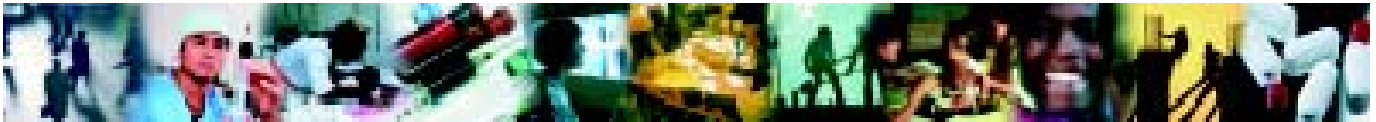
The volume of resources needed to address their health needs is unaffordable for poor countries. Estimates show that the minimum expenditure for scaling up a set of essential interventions (including those to fight HIV and AIDS) is, on average, US\$ 34 per person per year. Against this, actual average investment in 2001 stood at US\$ 11 per person per year (almost equally divided between budgetary resources, including donor contributions, and out-of-pocket expenditures). This financing gap is too wide for poor countries to bridge without substantial and sustained external assistance.

▪ Key CMH recommendations

Scaling up investment in health to address the needs of the poor

Prioritizing the health needs of the poor in scaling up health services.

Scaling up financial investment in health -- both governments and donors need to urgently mobilize additional resources for health: to 1% of GNP in 2007 and to 2% of GNP by 2015; and from US\$ 8 billion to US\$ 27 billion in 2007 and to



US\$ 38 billion in 2015, respectively.

Scaling up access to non-financial inputs to health, especially in the poorest settings and particularly the availability of essential drugs at viable prices.

▪ **CMH suggested strategic country actions**

1. Advocacy on CMH findings and mobilization of additional political support

Advocating for health in development

- Communicate the CMH concept and messages and encourage debates on the CMH Report's findings.
- Define the appropriate country-level response to CMH recommendations.

2. Data analysis, development of strategies, and setting out a framework of macroeconomics and health action

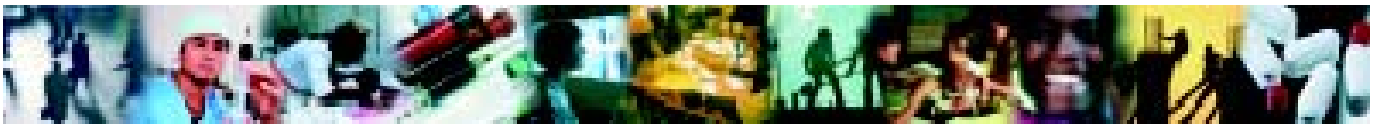
Evidence-based planning

- Review relevance of CMH findings within a country context, possibly through a National Commission for Macroeconomics and Health (NCMH).
- Investigate system constraints to scaling up.
- Ensure information on coverage, equity, and cost effectiveness of priority services is available.
- Develop national health investment plans on how to reach the poor effectively.
- Consider approaches to retaining and training health professionals at all levels of care.
- Investigate how to incorporate health in a national Poverty Reduction Strategy (PRS) process.
- Incorporate increased health spending within national Medium-Term Expenditure Frameworks.

3. Addressing the national burden of HIV/AIDS

Targeting HIV and AIDS

- Address the impact of HIV on poverty, economic growth, and health status.
- Establish policies and resources for increased access to prevention and care.



4. Estimating funding needs and mobilization of additional financial support from domestic and international sources

Financing the funding gap

- Improve information on the cost of health inaction i.e. the impact of continued health outcomes on growth and development.
- Ensure links between relevant ministries and health.
- Build effective links with global funding initiatives.

5. Managing implementation of plans and monitoring achievements

Managing implementation effectively

- Build country capacity for stewardship, intersectoral action and monitoring performance.
- Assess results, relate them to expenditure and track financial flows for health.

6. Securing better coordination and coherence of action

Forging a multi-sectoral and multi-stakeholder approach

- Document country experiences in intersectoral collaboration.
- Establish effective mechanisms for in-country coordination, coherence in regional and global action, and to ensure that global initiatives respond to country needs.

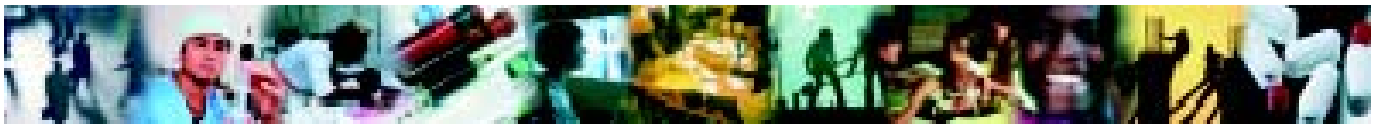
The next section illustrates country experience with MH. As will be noted, countries have found these strategic actions outlined by the CMH useful in implementing the Commission's recommendations.

III. Country MH experiences based on CMH recommended strategic actions

This section presents summary MH actions from selected countries in the SEA region. As is evident from this, the CMH recommended strategic country actions have been the basis of country activities and may be used as a framework to analyze broader policy implications for sustaining the MH agenda.

Bangladesh: *A MH effort integrated with the PRS*

The Government of Bangladesh established a National Committee on Macro Health and Poverty-Reduction Strategy (NCMH-PRS) with the Health Economics Unit (HEU) of the Ministry of Health and Family Welfare (MoH&FW) as the focal point. The MoH &FW concurred with



the messages of the global CMH report and made a commitment to implement its recommendations. Efforts were made to further integrate these in other planning mechanisms of the country, including the Sector Investment Plan (SIP) and the Health, Nutrition and Population Sector Plan (2003-10).

Indonesia: *MH actions consolidated with the national health agenda*

The CMH follow-up work in Indonesia – a country undergoing democratization and accelerated decentralization – focused on fulfilling the national health development programme - ‘Healthy Indonesia 2010’ - and on achieving the MDGs. The objectives were: to increase knowledge of, and government commitment to, health, development and poverty reduction; to carry out timely and focused research on resource allocations and financing options; and, to enhance the use of existing stakeholder processes to promote pro-poor health policies.

Nepal: *A national CMH to support district health systems*

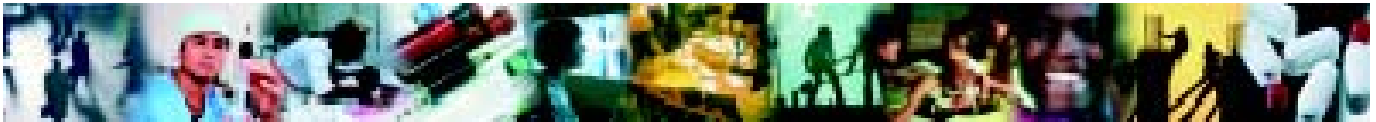
The Nepal NCMH was created as part of an existing National Commission on Sustainable Development chaired by the Minister of Health and including representatives from most other ministries, the National Planning Commission and the private sector. Notwithstanding political uncertainties, the NCMH promoted district-level investment planning. The goal of this work will be to estimate the cost of scaling-up essential interventions at the district level and to use this effectively in negotiating for health with the Planning Commission and development partners.

Sri Lanka: *A National CMH to place health on the development agenda*

The Sri Lanka NCMH was created in 2002 and was co-chaired by the Minister of Finance and the Minister of Health. The Commission focused on building on Sri Lanka's remarkable achievements in improving the health status of its people in a resource-scarce setting. And, in doing so, its report emphasized several key issues in scaling up services further, including health resource allocations to tertiary versus primary health care, health financing and human resource planning.

Thailand: *A Working Group to strengthen health achievements*

In Thailand the Ministry of Public Health responded to the CMH report by setting up a multi-stakeholder Working Group on Macroeconomics and Health (WGMH) to assist in the preparation of a strategic framework and interventions for a dramatic reduction in poverty and



marked improvements in the health of the poor. In its report, the WGMH proposed a health investment framework and plan to realize the national missions of 'Healthy Thailand National Agenda' and 'Thailand as a World Class Medical Hub'. The framework captured the goals of equitable and quality health care based on increased resources and reduction of risk factors. The WGMH outlined a health investment plan for 2006-2025 to achieve these goals focusing on infrastructure and human resources for health; health insurance coverage; and, health risk reduction.

As country illustrations presented above suggest, the strategic actions recommended by the CMH provided a set of activities which countries were able to adapt to their own health needs and structures. These strategic actions may therefore be used as a framework for more in-depth country analysis to draw out policy implications from these national MH experiences.



IV. Analyzing country MH experiences using the CMH strategic action framework

This section examines the MH experience in the SEA Region using CMH strategic actions as an analytical framework. For each strategic action, relevant country experiences - both problems as well as potential solutions – are presented. These will then be used in the next section to draw out policy implications for sustaining the MH effort.

1. Advocacy on CMH findings and mobilization of additional political support

- ***Communicate the CMH concept and messages and encourage debates on the Report's finding***

Indonesia: Increased political commitment through advocacy

CMH follow-up in Indonesia encouraged advocacy activities to raise the visibility of health in economic development and poverty reduction among policy-makers, the government and the public. An advocacy meeting with parliamentarians started the processes and, subsequently, similar advocacy meetings were organized for provincial parliamentarians. Advocacy at the lower levels of government is particularly crucial in a decentralizing system as districts are responsible for allocating resources across sectors. Following the initiation of these activities, health was placed on the agenda of the Consultative Group, a key health development entity of the government (see below).

Nepal: Evidence for advocacy

The NCMH in Nepal supported building evidence for advocacy and planning for better resource allocation. The first step was an in-depth situation analysis to identify gaps in information needed to profile health in development.

- ***Define the appropriate country-level response to CMH recommendations***

CMH contextualized in all countries

As discussed in detail in Section III, country-level responses to CMH recommendations have been contextualized into a varied range of activities and processes according to country health needs and administrative structures.



2. Data analysis, development of strategies, and setting out a framework of macroeconomics and health action

▪ *Review relevance of CMH findings within a country context*

Sri Lanka: A workplan to sustain health achievements

Sri Lanka has made remarkable progress in health in spite of its relatively low per capita GDP. The focus of the MH effort was on sustaining these achievements by:

- Reducing the knowledge gap with respect to MH issues;
- Strengthening institutional capacities across national, provincial and district levels in the area of MH;
- Promoting international partnerships, i.e. linking up with international efforts in the field of economics and health; and
- Monitoring the impact of these actions on increased resources for health, greater efficiency and effectiveness in health delivery and better health, particularly for the poor.

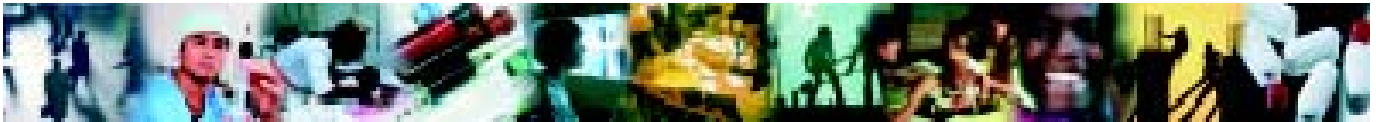
▪ *Investigate system constraints to scaling up*

India: Causes of inefficiencies in the health system

The NCMH in India undertook a comprehensive causal analysis to identify constraints on optimal functioning of the health system. Key causes were found to be:

- Fragmented responsibilities and misalignment of structure and responsibility in the health sector.
- Poor linking of evidence with goals and intervention strategies.
- Poor capacity in managing and planning resources and implementation at all levels.
- Incomplete devolution of authority from the central government to states (the level mainly responsible for health) and from states to districts.
- Disjointed engagement of the private sector in delivering public health care, without effective regulation.

The NCMH recommended a shift away from funding specific line-programmes and restructuring the financing system towards funding alternative health care packages that could, potentially, include the entire range of preventive, promotional and curative services.



- **Ensure information on coverage, equity, and cost effectiveness of priority services is available**

India: *Main drivers of health care costs*

The NCMH identified three main drivers of health care costs in India:

- The NCMH found the shortage of skilled human resources to be India's biggest obstacle in reaching its health goals. One of the primary challenges in ensuring the availability of a quality health workforce was identified as a lack of effective human resource planning and training and at the state level.
- The Commission asserted that 10 of the 25 highest-selling drugs in the country could be described as non-essential, irrational or hazardous. This has important implications for optimal access to drugs, drug prices, quality regulation and patent regulation.
- Finally, the NCMH found the lack of policies to guide the appropriate and equitable expansion of the use and regulation of medical technology as a cause of spirally health costs in the country.

Nepal: *Costing equitable access at district level*

The Nepal Ministry of Health has made efforts to identify and estimate the cost of an essential health care package at district level. It was noted that this exercise needs to be improved upon by further detailing costs based on actual data and including attention to scaling up services, especially for the poor.

- **Develop national health investment plans on how to reach people effectively**

Thailand: *A consistent health investment plan*

The Thai Working Group on Macroeconomics and Health has followed a five-step approach to develop a consistent health investment plan:

1. The Vision statement: 'Healthy Thailand' and Thailand as an international medical hub.
2. The Mission statement: Equitable access to quality, universal health care.
3. Goals:
 - a. Strengthening health systems.
 - b. Increasing resource availability in health – financial, physical, technological and human.
 - c. Reducing health risk factors.
4. Framework for investment: Effective interaction between the following activities:



- a. Empower individuals, households and communities through the *Healthy Thailand* National Agenda.
 - b. Improve access to quality health service for all and invest in cost-effective interventions.
 - c. Strengthen health systems to provide universal health care coverage.
 - d. Increase resources for the production of adequate health services.
 - e. Reduce health related risk factors through cost effective interventions.
5. Health Investment Plan for 2006-2015:
Given the proposed vision, mission and goals of the framework for investment plans, the Working Group has proposed a health investment plan along with resource requirements in three critical areas:
- a. Infrastructure and human resources for health
 - b. Health insurance coverage
 - c. Health risk reduction

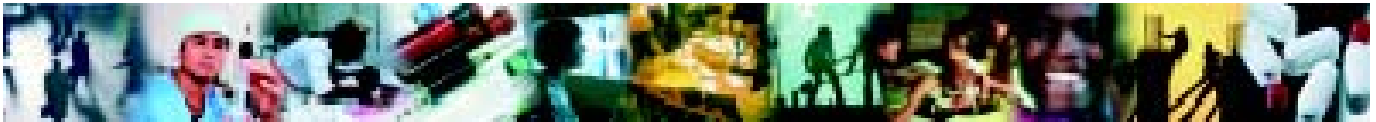
▪ ***Consider approaches to retaining and training health professionals at all levels of care***

Sri Lanka: Planning for effective human resources for health

A major health issue for Sri Lanka was found to be the shortage of qualified staff (particularly nurses, pharmacists and paramedics) and the deployment of staff to remote and conflict-prone areas. The NCMH reported the lack of a comprehensive human resource strategy and the need for coordination among all units of the Ministry of Health as well as other ministries responsible for the production, employment and utilization of physicians in the country.

India: Expanded social participation in the management and delivery of health services

The NCMH visualised social participation is a key component of public-private partnerships in health. The National Health Plan 2002 had already called for allocating a share of the health budget to non-governmental organizations. The NCMH endorsed this and further recommended that funds be given to Village Health Committees in the form of a Village Health Fund to carry out health promotion, delivery of essential health services and training activities. The NCMH also called for civil society representation in key health policy institutions.



- ***Investigate how to incorporate health in the PRSP process***

Bangladesh:
*Integrating health
planning efforts*

In Bangladesh it was recognised that existing health planning processes could be made use of to promote the MH effort. Specifically:

1. The Strategic Investment Plan (SIP) 2003-2010 had been developed to increase per capita investment in health and infrastructure, with a strong commitment from donors to the pool fund for the Health, Nutrition and Population Sector Program (HNPSP).
2. The HNPSP, too, was well tailored to be integrated with PRS targets.

And, the Bangladesh MH effort was lead by National Committee on Macro Health and Poverty Reduction Strategy (NCMH-PRS) which effectively consolidate these two processes to strengthen the health agenda in overall poverty reduction and development.

- ***Incorporate increased health spending within national Medium-Term Expenditure Frameworks***

Indonesia:
*Strengthening medium
term expenditure
planning*

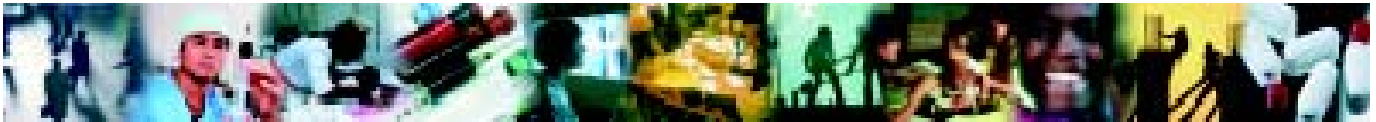
Indonesia's first national public expenditure review of the health sector has been completed. The purpose of this review was to estimate medium-term national health expenditures in a decentralized setting. A district level summary of 84 health accounts has also been completed with the objective of strengthening evidence-based, decentralized decision-making processes.

3. Addressing the national burden of HIV/AIDS

- ***Address the impact of HIV on poverty, economic growth, and health status***

India: *Estimating the
burden of HIV and
AIDS*

The NCMH in India made a comprehensive effort to estimate the potential burden of HIV and AIDS in the country. Based on reviews of available data, it estimated that by 2015 the numbers affected by HIV and AIDS would be three times more than the current level of 4-5 million, with an associated potential increase in the existing prevalence level of TB of about 8.5 million cases. The Commission emphasized the urgent need to focus on containing the alarming spread of the pandemic.



- ***Establish policies and resources for increased access to prevention and care***

Thailand: Strategy for scaling up continuum of care

Thailand has been successful in halting the spread of HIV and AIDS through a concerted preventive effort focused on public awareness and education. CMH related work indicated the emergence of new cases of HIV and AIDS in non-traditional groups, primarily adolescents and married women, and suggested that the HIV and AIDS strategy be reviewed accordingly. While continued attention on existing preventive activities was recommended, the importance of extending activities to include confidential counselling and testing services, effective prevention of mother-to-child transmission and cost containment in treatment was emphasized. It was recognized, as well, that demand for services was central for successful service delivery and that the demand for HIV and AIDS was often constrained due to the stigma attached to the disease. This implied that social acceptance needed to be targeted through health promotion and education, in parallel with prevention and curative activities.

4. Estimating funding needs and mobilization of additional financial support from domestic and international sources

- ***Improve information on the costs of health inaction***

India: Estimating the impoverishing impact of health

NCMH studies in India found that poor households were most likely to require essential services and were also most likely to be pushed into poverty (or deeper into poverty) by the cost of accessing this care. An estimated 3.3% of the country's population was found to be impoverished annually due to inadequate financial protection against out-of-pocket health expenditures and catastrophic costs of care.

- ***Ensure links between relevant ministries and insert health in HIPC***

India: Estimating a multi-sector financing gap for health

The Indian NCMH has estimated the resource gap to scale up interventions in the health sector as well as in several health-related sectors -- education, water and sanitation, nutrition, and transportation. Keeping in mind budgetary and macro pressures in financial planning, the NCMH also suggested options to fill this funding gap at the state level including:



- generation of additional resources; and
- improved efficiency in:
 - flow of funds (tackling inefficiencies in budgetary processes and financial architecture), and
 - use of funds, including reviewing national programmes versus delivering a core care package through strengthened health systems.

- ***Build effective links with global funding initiatives***

Indonesia:
Establishing a country-led platform for aid effectiveness

The Consultative Group of Indonesia (CGI) was established as part of the process of high-level government engagement with various health-related sectors and stakeholders. (The CGI serves as the main forum for donor coordination and policy dialogue). A Health Working Group (HWG) within the CGI proposed areas of collaboration to reaching consensus on developing and implementing pro-poor health policies and strategies e.g. a shared plan of work as the basis for donor alignment, harmonization and mutual accountability in health.

5. Managing implementation of plans and monitoring achievements

- ***Build country capacity for stewardship, intersectoral action, and monitoring performance***

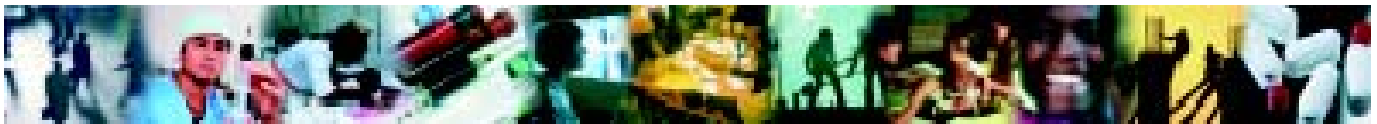
India: *Raising accountability by emphasizing primary health care*

As noted above, the NCMH in India strongly supported the initiation to "demedicalize, democratize and decentralize health-care delivery by having a wider group of people to share the powers, responsibilities and functions". This clearly promoted the participation of civil society groups in the area of health. And, it also emphasized the core principles of the primary health care approach: addressing the health needs of the community through a mechanism anchored at the lowest level of care and in the context of overall country characteristics.

- ***Assess results, relate them to expenditure and track financial flows for health***

Thailand: *Creating outcome scenarios for policy choice*

The Thai WGMH estimated potential resource mobilization from alternative financing schemes and their impact on total health



expenditure and hence on the health investment plan. This provided a sound basis for balancing or trade-offs in policy between priorities, resources and outcomes.

6. Securing better coordination and coherence of action

▪ Document country experiences in inter-sectoral collaboration

Identifying documenting experiences as a useful follow-up activity at Regional-level

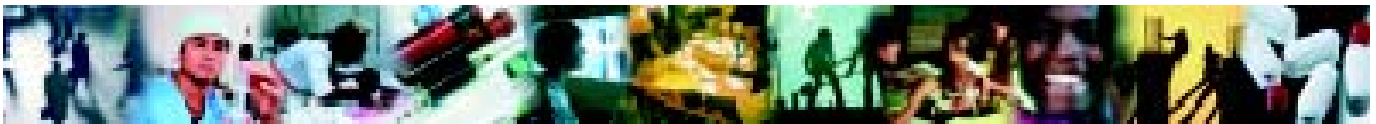
At the *Regional Consultation to Track Progress on Macroeconomics and Health* (Colombo, Sri Lanka 8-9 June 2006), Member countries underlined the importance of sustaining the CMH effort in the Region. Particularly notes was the need to document country lessons learnt and best practices in all macroeconomics and health issues for broad dissemination and application.

▪ Establish effective mechanisms for in-country coordination and coherence in regional and global action, and ensure that global initiatives respond to country needs

A Regional Secretariat as a coordination mechanism

The *Regional Consultation* also recommended the immediate setting up of a Regional Secretariat to coordinate country, regional and global initiatives to sustain and further the MH agenda.

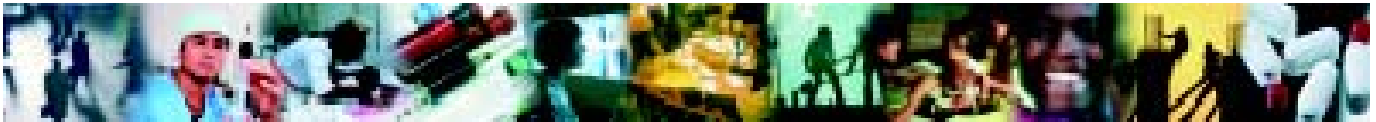
Country experiences with implementing CMH strategic actions have brought the significance of health systems to the forefront. Strengthening health systems then needs to forms the core of any country health strategy aimed at scaling up services, especially for the poor.



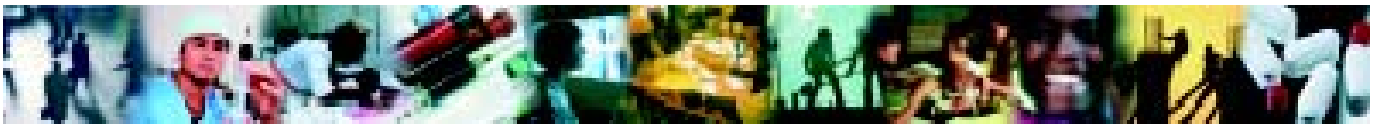
V. Policy implications from country MH experiences

This section uses the rich country experience with MH activities discussed above to draw out policy implications for a sustained agenda to promote health in the macro and development at all levels.

| Country findings | Policy implications |
|--|---|
| 1. Advocacy on CMH findings and mobilization of additional political support | |
| <ul style="list-style-type: none"> Both technical and political efforts are important for profiling health in the development agenda. | Country health policy statements need to reflect both societal values (e.g. the right to health) as well as the implication of neglecting health in overall development policy (e.g. the 'cost' of ill health in terms of productivity losses and increased poverty). |
| 2. Data analysis, development of strategies and setting out a framework of macroeconomics and health action | |
| <ul style="list-style-type: none"> Weak health systems are clearly the main obstacle to scaling up services, especially for the poor. | Strengthening health systems must be at the centre of country policies aimed at scaling up services, especially for the poor. Findings and policy implications for each system function is detailed below. |
| <ul style="list-style-type: none"> High cost of care and inadequate financial protection are the major causes of inequity in health. | <p>Health financing policy needs to focus on:</p> <ol style="list-style-type: none"> Increasing resource availability with financial protection. For countries in the SEA Region this would mean financing mechanisms that support a sustainable shift from out-of-pocket expenditure to some form of pre/co-payment with safeguards for the poor. Using available resources more effectively by improving technical, allocative and distributional efficiency. This implies cost-effective interventions applied to persistent public health problems at appropriate levels of care and targeted at vulnerable groups. For the region the core principles of primary health care therefore remain very relevant. Managing resources more efficiently, particularly budgetary processes and flow of public funds from source to use. This may have implications for the organization of the public sector in countries, especially in the context of |



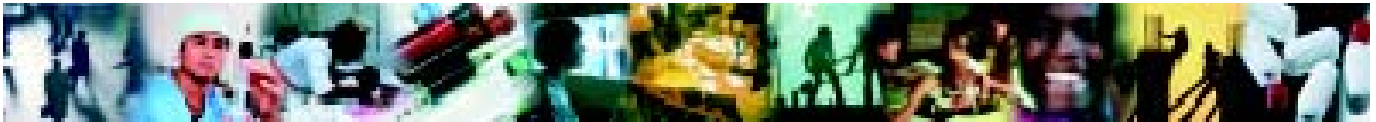
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| | decentralization. |
| <ul style="list-style-type: none"> Deployment and retention of health professionals as well as quality of services in the public sector is a challenge, particularly in rural areas. | <p>At the nucleus of an effective human resource policy for health are incentives for deployment, retention and performance, particularly in the public sector and especially in rural areas. Countries in the region need to examine the scope and nature of any reforms keeping in mind the macro implications of increasing public spending. Given the role of the private sector in service provision in the region, public-private partnerships are an important area for consideration in scaling-up, including innovative ways to involve non-public actors in public health.</p> |
| <ul style="list-style-type: none"> Cost of (unnecessary) drugs forms a substantial proportion of the high out-of-pocket expenditure on care. | <p>Countries in the Region need to urgently place the rational use of drugs, drug procurement, pricing and distribution on the health policy agenda. Simultaneously, a strategy to promote use of low-cost generic drugs also needs to be developed.</p> |
| <p>3. Addressing the national burden of HIV/AIDS</p> | |
| <ul style="list-style-type: none"> The potential negative impact of HIV and AIDS is enormous for health, particularly on already weak systems, as well as overall development. | <p>The threat from HIV and AIDS is growing rapidly in the SEA Region. This has critical implications for health policy. The importance of systems strengthening needs to be underlined as an overarching strategy for securing a disease-specific continuum of care that covers both the prevention and cure of HIV and AIDS. Each of the systems components is crucial to addressing</p> |



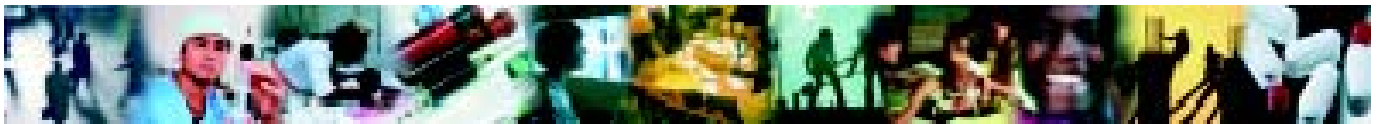
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| <ul style="list-style-type: none"> ▪ Some countries have been successful in containing HIV and AIDS in targeted high-risk population as well as limiting its spread to other groups through public awareness and education. However, the disease has now been detected in 'non-traditional' population groups. And, the stigma attached to HIV and AIDS persists. | <p>the epidemic:</p> <ul style="list-style-type: none"> (a) Designing a disease-specific strategy within broader systems planning; (b) Financing access to long-term curative care; (c) Access to drugs, particularly low-cost generic drugs; (d) Access to care, particularly capacity to use community care for home-based and long term care requirements; and, (e) Community involvement in promotive, preventive and voluntary testing activities, particularly awareness to remove the stigma attached to HIV and AIDS. |
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4. Estimating funding needs and mobilization of additional financial support from domestic and international sources

| | |
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| <ul style="list-style-type: none"> ▪ Country MH efforts highlight the importance of a systematic and consolidated approach to addressing the financing constraints on health, including: costing of priorities; defining the resource gap such that it takes into account multi-sector and multi-stakeholder contributions to health; and, identifying fair and sustainable financing alternatives to fill the gap. | <p>This finding underscores the policy implication discussed above on the importance of the cost-budget-outcome link in health and the need to identify fair and sustainable health financing mechanisms. In addition, the finding also highlights the need for this to be a consolidated and inclusive process involving contributions from all health-related sectors and stakeholders.</p> |
| <ul style="list-style-type: none"> ▪ A common, agreed workplan has been found to be an effective tool for donor alignment, harmonization and mutual accountability. | |



| 5. Managing implementation of plans and monitoring achievements | |
|--|--|
| <ul style="list-style-type: none"> ▪ Creating input-outcome scenarios based on alternative levels of resources is a useful exercise for feasible implementation planning against policy priorities and goals. | <p>This finding emphasizes the need for linking strategies to costs, budgets and outcomes for realistic implementation plans. It also highlights the need for capacity building among sub-national authorities and the community for monitoring and evaluation activities.</p> |
| <ul style="list-style-type: none"> ▪ Decentralization and community participation are considered as effective means to improve implementation management. | |
| 6. Securing better coordination and coherence of action | |
| <ul style="list-style-type: none"> ▪ Countries have emphasized the importance of sustaining and furthering national MH efforts. Important here is the exchange of country lessons learnt and best practices. A regional secretariat is a recommended platform to do this effectively. | <p>MH regional discussions have recognized the need for documenting and analyzing international experiences to support country policy formulation and review.</p> |



VI. Recommendations and future role of WHO

▪ Recommendations

To further the macroeconomics and health agenda it is recommended to focus on a limited set of key deliverables for advancing primary health care and pro-poor scaling up of health systems.

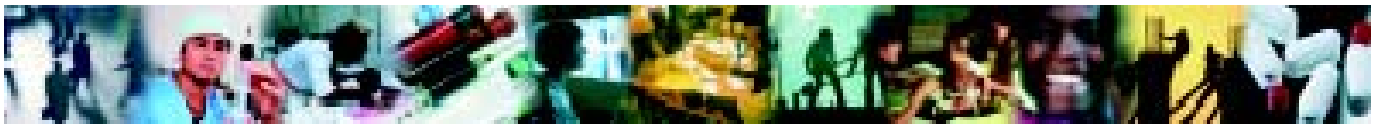
These include:

- Adequate, equitable and sustainable financing which implies:
 - Mobilizing additional domestic resources with financial protection, especially for the poor, through innovative mechanisms anchored at community level.
 - Using all resources more effectively, focusing them on public health needs and at lower levels of care.
 - Managing finances efficiently, including greater community participation for accountability.
- Scaling up human resources for health which implies:
 - Review of both skill mix and incentive structure to secure adequate health staff in underserved poor areas (addressing both internal and external migration).
 - Drawing on community health workers to immediately bridge the human resource gap at lower levels of service delivery.
- Securing an equitable distribution of adequate and quality drug supply at affordable prices which implies:
 - At the global level, actively lobbying for affordable essential drugs.
 - At national level, ensuring equitable distribution at low cost.
 - At household level, financial protection against cost of drugs which account for (on average) over one-third of out-of-pocket expenditure on health care.

▪ Future role of WHO

Regional consultations have underlined the important of continuing with the macroeconomics and health effort in this strategic area. Following are some identified for continued WHO involvement:

- provide technical support and capacity building at country level;
- facilitate exchange of country experiences (web-based and annual meetings);
- facilitate the effective use of established CMH-related country structures for linkages with other processes, particularly the Commission on Social Determinants of Health; and
- provide a platform for discussions with donors.



References

Available on <http://www.who.int/macrohealth>:

Various SEA Region countries. National Macroeconomics and Health reports.

SEARO (2006). Report of the Regional Consultation to Track Progress on Macroeconomics and Health.

SEARO (2004). Regional Macroeconomics and Health Framework for South-East Asia.

WHO (2004). Colombo Consensus, WHO Asian Civil Society Conference on Macroeconomics and Health.

WHO (2004). Papers, WHO Asian Civil Society Conference on Macroeconomics and Health - April 2004

SEARO (2003). Report of the Regional Consultation on Macroeconomics and Health in South-East Asia.

SEARO (2006). Report of the Regional Consultation to Track Progress on Macroeconomics and Health.

WHO (2005). Tough Choices: Investing in Health for Development, Experiences from national follow-up to the Commission on Macroeconomics and Health

WHO (2005). Flow of donor funds in Cambodia, Indonesia and Sri Lanka: Synthesis of key findings.

WHO (2004). Macroeconomics and Health: an Update.

Conference report (2004). WHO Asian Civil Society Conference on Macroeconomics and Health.

WHO (2004). Macroeconomics and Health: an update.

WHO (2003). Declaration: the 2nd Consultation on Macroeconomics and Health, Increasing Investments in Health Outcomes for the Poor

WHO (2003). Consultation Report: the 2nd Consultation on Macroeconomics and Health, Increasing Investments in Health Outcomes for the Poor.



WHO (2003). Papers, Consultation on Increasing Investments in Health Outcomes for the Poor.

WHO (2002). Supporting Global and Country Responses to the CMH Report.

WHO (2002). MacroHealth Action Plan.

WHO (2002). Report of the Commission on Macroeconomics and Health.