

Plenary session on Health research and development: what issues after the 2001 Report of the Commission on Macroeconomics and Health and the Millennium Development Goals

Thursday, 14 November 2002, 9.00-10.30

Country responses to the CMH Report and the way forward

Sergio Spinaci, Executive Secretary, Commission on Macroeconomics and Health, WHO, Geneva

Since the CMH Report was launched last December, it continues to generate widespread interest and expectations world-wide. The key message of the report is that increased investments in health will generate economic returns and lead to poverty alleviation. At the World Health Assembly in May, the report's Action Plan was singled out as "a useful approach to the achievement of the Millennium Development Goals, and other internationally agreed development goals".

The cornerstone for applying the Commission's recommendations is a mechanism that brings together ministries of finance and health and other key players, including those in civil society. These time-limited bodies - sometimes referred to as national commissions on macroeconomics and health - will formulate long-term programmes for scaling up essential health interventions, usually as part of a national poverty-reduction strategy.

Nine months down the road, many countries have started to take steps to implement the CMH recommendations that fit their national profile. The focus is on widening the circle of people at the country level involved in discussions about how to increase investments in health and how to improve effectiveness of expenditure. In order to implement the CMH recommendations - from now on to be referred to as MacroHealth work - countries will need to secure the involvement of senior political figures, and top officials in the ministries of health, finance and planning as well as development partners such as the World Bank and Regional Development Banks, bilateral aid agencies, civil society and the private sector.

Different countries have responded differently to the report. Some countries already have clear ideas about how they want to take their "Macrohealth" work forward. Other countries are deciding - whether and how - they want to adopt the CMH process forward. In Bangladesh, for example, a high level launch of the CMH Report held in May 2002 has led to efforts on integrating MacroHealth issues across the ministries of finance, health and planning taking into account the Poverty Reduction Strategy processes. Indonesia is using existing mechanisms to implement MacroHealth activities and to support a reform agenda which will include high quality health care to the poor and strategies to reduce financial vulnerability due to ill-health. Ghana is planning to officially launch its own National Commission on Macroeconomics and Health which has brought together the ministries of finance and development in the process.

An important component of the CMH Action plan covers the area of health research. The report recommends that investments in health research should be stepped up. For instance,

additional R&D outlays of \$1.5 billion per year should be channelled through existing institutions and various public-private partnerships that are currently aiming towards new drugs and vaccines. Country programmes should also direct at least 5 percent of outlays to strategic operational research.

What is clear so far in the process is that the CMH Action plan provides a valuable road map on how to attract and apply increased investments for health and a window of hope and opportunity for the world's two billion poor.