

**Working Group 5: Improving Health Outcomes of the Poor****STATUS REPORT No. 4****JUNE 8, 2001****Overview of CMH**

The Commission on Macroeconomics and Health (CMH) was established in January 2000 by Dr. Gro Harlem Brundtland, Director-General of the World Health Organization with the goal of placing health at the top of the development agenda. Chaired by Jeffrey Sachs, Professor of Economics at Harvard University, the CMH is comprised of 18 development economists, macroeconomists, and leading figures in global science from around the world. The objectives of the CMH are to analyse the impact of health on development, to produce studies of health-related interventions and their impact on economic growth and equity in developing countries, and to recommend a set of measures to minimise poverty and maximise economic development.

There are six Working Groups (WG) reporting to the CMH. They are:

1. Health, Economic Growth, and Poverty Reduction
2. International Public Goods for Health
3. Mobilisation of Domestic Resources for Health
4. Health and the International Economy
5. Improving Health Outcomes of the Poor
6. Development Assistance and Health

Working group reports are due to the Commission by summer 2001. The Commission's report is due at the end of 2001.

Working Group 5: Improving Health Outcomes for the Poor

Co-chaired by Anne Mills (Professor, London School of Hygiene and Tropical Medicine, and CMH Member) and Prabhat Jha (Senior Scientist, World Health Organization), Working Group 5 has been assigned the task to elaborate options and costs for mounting a major global effort to dramatically improve the health of the poor over the next 5, 15 and 25 years, examining interventions within and outside the health sector. The WG draws extensively on ongoing work with WHO and the World Bank. WG5 involves a tripartite group: a core group of experts who will serve as a steering committee board, a group of institutional representatives, and an operational group involved in analytical work. In addition, it will obtain anonymous peer review. WG5 relies on significant ongoing consultation with technical programs and potential users. Dr. Fred Paccaud (Director, Institute of Social and Preventative Medicine, University of Lausanne) leads the consultation process.

WG5 findings are one input into the Commission, and the Commission will be free to draw on other sources. WG5 co-chairs report to the Chair of the CMH. The co-chairs are chiefly responsible for ensuring the delivery of the WG5 products. They will be guided by the core Working Group members, who serve as a steering committee.

Key Questions:

Working Group 5 will address three key questions:

- A. *What set of interventions will significantly improve health of the poor in a relatively short time period?*
- B. *What factors hamper the widespread implementation of these interventions amongst the poor and what options are available to deal with these?*
- C. *What are the total costs of scaling up and sustaining interventions in differing, but generalizable, scenarios?*

Products:

The WG will:

- conduct consultations to generate input and debate around the key questions of the Working Group;
- produce working papers documenting the assessed evidence-base pertaining to the above mentioned topics, and where appropriate reporting new research; and
- submit to the CMH a draft final report with recommendations by summer 2001; and if considered desirable, arrange for working papers to be assembled in an edited volume.

Accomplishments to Date:

The WG's approach is to have wide consultations, develop detailed background papers, and issue a final report. Each are described in turn.

a) Consultations

1. A planning meeting was held 8-9 June, 2000 in London, with input and debate on the key questions and the terms of reference, and clarification on the role of the various subgroups. There was institutional representation as well as participation from several core WG5 members.
2. WG5 core membership has been finalised. All nine core members are very senior professionals, with six having direct experience in health service delivery in low- or middle-income countries¹. Core members will serve as a critical sounding board.
3. A full-day meeting was held in Geneva on 5 July 2000 to draw on the expertise within WHO and UNAIDS on technical issues concerning the selection of interventions and constraints in increasing coverage. WHO experts also provided guidance on what levels of coverage are achievable, how they can be achieved, and what that would cost.
4. WG5 conducted a consultation session October 6, 2000 at the CDC-organised HIV & STD meeting in Rome, Italy. Experts were asked for input on the work of WG5 around HIV/AIDS.
5. The first WG5 meeting was held 28 October - 2 November, 2000 in Bagamoyo, Tanzania.
6. At the 3rd CMH meeting, held 9-10 November 2000 in Paris, France, WG5 discussed existing work, focusing on HIV/AIDS.
7. At the CMH special meeting of African finance ministers and academics from 12-16 February 2001 in Bellagio, Italy, WG5 discussed disease burden, interventions, and costs for sub-Saharan Africa, with a specific focus on HIV/AIDS and malaria control.
8. At the 4th CMH meeting, held March 6-8 in Addis Ababa, Ethiopia, WG5 presented an overview of TB control issues, a case study of malaria control in Uganda, and a paper on the costs of increased coverage for priority interventions in 2007.
9. At the WG5 meeting in Lausanne, 27-29 March, attended by the steering group and lead authors, and chaired by Mike Person and Fred Paccaud, all of the main draft papers were reviewed, with authors presenting a summary of the paper and the key comments of reviewers. Discussions were also held on the outline of the WG5 report.
10. A consultation was held on the India case study, New Delhi (with follow-up on mortality statistics pending for May 24-26), 11-16 April

1. Dr Mushtaq Chowdhury, Head of Research and Evaluation Division, BRAC, Bangladesh

2. Dr Peter Kilima, Director, International Trachoma Institute, Tanzania

3. Dr Jeff Koplan, Director, CDC, USA

4. Dr Ayanda Ntsaluba, Director-General of Health Services, Department of Health, South Africa

5. Mr Ram Ramasundram, Joint Secretary, Department of Commerce, India

6. Dr Sally Stansfield, Program Officer, Bill and Melinda Gates Foundation, USA

7. Professor Marcel Tanner, Director, Swiss Tropical Institute, Switzerland

8. Dr Jaime Galvez Tan, CEO, FriendlyCare Foundation Inc., Philippines

9. Dr Jorge Jimenez de la Jara, Professor, Faculty of Medicine, Chile

11. A series of ongoing consultations with key technical programs at WHO, UNAIDS, World Bank and others is occurring in parallel with the writing of background papers, including a visit by Anne Mills to WHO and UNAIDS on 17/18 May for discussions with key heads of technical programmes.

b) Background Papers: CMH WG5 Publication Series

Almost all papers were available for the Lausanne meeting in draft, and the main papers were reviewed anonymously through a panel co-chaired by Michael Merson (Dean, School of Public Health, Yale University) and Fred Paccaud. Paper authors have been given May 15 as the deadline for final versions. A complete list of papers is attached as Annex 1. Because of the amount of work involved or because of scheduling issues, a few papers will not be completed until after this deadline (in particular, complete estimates of costs and benefits of the chosen package).

c) Main Report

1. Draft papers are serving as inputs to the report, with iterative drafts going to the WG5 core members and outside groups for critical input.
2. Contingent on more resources being available to complete the WG5 report, the following will be the schedule. Drafting of WG5 report has begun in mid-May with the aim to produce a skeletal draft for the CMH Mexico meeting, a further draft by July which will be reviewed by the WG5 steering committee and selected others, a first full draft by the August CMH meeting, and a final version after that.
3. A lead editor has been identified (Oliver Morton) and is working with the co-chairs.

Key Upcoming Events:

- 11-13 June CMH Meeting 5, Mexico City, Mexico
- 11 July Critical review of draft report at LSHTM meeting, hosted by Dean of the LSHTM
- 12 July Core WG5 meeting to review report, London
- 21-23 August CMH Meeting 6, Geneva, Switzerland

Key Next Actions:

- Finalise background papers and post them on the CMH website (www.cmhealth.org)
- Complete the modelling of costs for scenarios 2007B, 2015 and 2025, and drafting of technical note, by mid August; as agreed with Jeff Sachs the writing of the paper has been delayed by the analysis required in May for urgent input on costs of scaling up in Africa; the paper will be written following the CMH Geneva meeting
- Organise London meeting, hosted by the Dean of the LSHTM, to ensure thorough academic scrutiny of the draft report; this will involve around 40 participants including key UK academics and the WG5 steering committee
- Submit the full draft WG5 report to the CMH in August 2001.
- Submit a draft statistical annex to the CMH in August 2001.
- Produce a second draft of the WG5 report by September assuming feedback from the CMH and others arrive by the end of August.
- Report and statistical annex will finalised between September and the end of October, with a launch of the report following thereafter, in consultation with the other CMH dissemination strategies.

It is anticipated that the drafting of the CMH report will throw up queries on costs and costing scenarios as well as benefits, and hence that further costing and benefits work may continue into September and October.

Prepared by:

Anne Mills (LSHTM) and Prabhat Jha (WHO)

ANNEX 1: LIST OF PAPERS

Drafts of the various papers are available by contacting Lara Vaz (vazl@who.int).

Full Title	Primary Author(s)	Short Title	Contact information	Status and date
The Evidence Base for Interventions to Prevent HIV Infection in Low and Middle-Income Countries	<u>Jha P</u> , Plummer FA	HIV Prevention	jhap@who.int plummer@form-net.com	EXPECTED 15 Jun 01
The Evidence Base for Interventions to Reduce Maternal and Neonatal Mortality in Low and Middle-Income Countries	<u>Gelband H</u> , Nemer LE	Maternal Mortality	hgelband@aol.com	EXPECTED 04 Jun 01
The Evidence Base for Interventions to Reduce Malaria Mortality in Low and Middle-Income Countries	<u>Meek S</u>	Malaria	sylvia.meek@lshtm.ac.uk	EXPECTED 04 Jun 01
The Evidence Base for Interventions to Reduce Smoking-related Mortality in Low and Middle-Income Countries	<u>Chaloupka FJ</u> , <u>Jha P</u> , Corrao M	Smoking	fjc@uic.edu jhap@who.ch	EXPECTED 15 Jun 01
The Evidence Base for Interventions to Reduce Tuberculosis Mortality in Low and Middle-Income Countries	<u>Borgdorff M</u>	Tuberculosis	borgdorffm@kncvtbc.nl	FINAL 01 May 01
The Evidence Base for Interventions to Reduce Under-Five Mortality in Low and Middle-Income Countries	<u>Gelband H</u> , Stansfield S	Under Five Mortality	hgelband@aol.com	FINAL 08 Jun 01
The Evidence Base for Interventions to Reduce Mortality from Vaccine-Preventable Diseases in Low and Middle-Income Countries	<u>England S</u> , Melgaard B	Vaccines	englands@who.int	FINAL 08 Jun 01
The Evidence Base for Interventions to Reduce Malnutrition Among Children in Low and Middle-Income Countries	<u>Nemer LE</u>	Malnutrition	nemerl@who.int	FINAL 08 Jun 01
The Health Impact of Indoor Air Pollution	<u>Vonschirnding Y</u>	Indoor Air	vonschirndingy@who.int	EXPECTED 15 Jun 01
Constraints to Improving Health Outcomes of the Poor: Conceptual Framework and Country Typology	<u>Hanson K</u> , Ranson MK	Constraints typology	kara.hanson@lshtm.ac.uk kent.ranson@lshtm.ac.uk	EXPECTED 08 Jun 01
Approaches to Improving the Performance of the Peripheral Health System: A Review of the Evidence	<u>Oliveira-Cruz V</u>	Systems review	valeria.oliveira-cruz@lshtm.ac.uk	EXPECTED 08 Jun 01
Constraints to Scaling Up Health Interventions: Country Case Study: India	<u>Rao Seshadri S</u>	Case Study: India	raoseshadri@hotmail.com	EXPECTED

Full Title	Primary Author(s)	Short Title	Contact information	Status and date
Constraints to Scaling Up Health Interventions: Country Case Study: Tanzania	<u>Munishi G</u>	Case Study: Tanzania	munishi@udsm.ac.tz	FINAL 07 Jun 01
Constraints to Scaling Up Health Interventions: Country Case Study: Chad	<u>Wyss K</u>	Case Study: Chad	kaspar.wyss@unibas.ch	FINAL 01 Jun 01
The Costs of Scaling Up Interventions: Methods and Estimates (2007 A scenario available only)	<u>Kumaranayake L</u>	Costs: low income	lilani.kumaranayake@lshtm.ac.uk	FINAL 01 Jun 01
The Costs of Scaling Up Interventions: Estimates for the Poor in Middle Income Countries (not yet available)	<u>Bertozzi, S</u>	Costs: middle income	sbertozzi@insp.mx	EXPECTED