



REPORT ON THE FIRST ANNIVERSARY MEETING OF THE SHARED AGENDA FOR HEALTH IN THE AMERICAS

20 September 2001

SUMMARY:

This meeting was convened at the headquarters of the Pan American Health Organization (PAHO), in conjunction with the Inter American Development Bank and the World Bank, to take stock of what has been accomplished in the first year of implementing the Shared Agenda, and to identify priorities for the coming year.

The meeting was open to professionals from the three institutions so as to encourage feedback to be used in finalizing work plans for next year. Over sixty people attended the 3½ hour meeting, and participated in eleven presentations and discussions including the following:

1. Opening Remarks (Dr. George A. O. Alleyne, Pan American Health Organization)
2. Coordination Group (Dr. Irene Klinger, PAHO)
3. National Health Accounts (NHA) Work Group (Mr. Rubén Suárez, PAHO)
4. Pharmaceuticals Work Group (Ms. Jillian Cohen, PAHO/World Bank)
5. Disease Surveillance and Public Health Work Group (Dr. Alfredo Solari, Inter American Development Bank)
6. HIV/AIDS Sub Group (Dr. Ernest Massiah, IDB)
7. Environmental Health Work Group (Dr. Mauricio Pardón, PAHO)
8. IDB Work Program (Dr. Alfredo Solari, IDB)
9. World Bank Work Program (Mr. Charles Griffin, WB)
10. General Discussion on next steps (Dr. Alfredo Solari, IDB)
11. Wrap-up (Mr. Charles Griffin, WB)

1. **Opening Remarks** (Dr. George A. O. Alleyne, Pan American Health Organization)

Presentation -

- Dr. Alleyne commented on the expectations he had about putting together the experiences of the three institutions, and expressed his pleasure with the results.
- Contacts between the IDB, PAHO, and World Bank have continued throughout the past year both at a high level as well as a technical level in implementing the Shared Agenda for Health in the Americas

- Coordination mechanism has worked well with the Coordination Group meeting on a monthly basis, and the Work Groups as needed;
- Not only has coordination been carried out successfully for over a year, but also the outcome has been extremely positive.

2. **Coordination Group** (Dr. Irene Klinger, PAHO)

The Coordination Group consists of Dr. Alfredo Solari, and until this past summer, Bill Savedoff, of the IDB, Dr. Irene Klinger and James Hill of PAHO, and Charlie Griffin of the World Bank

Presentation -

- Dr. Klinger gave the background on steps leading up to the signing of the Shared Agenda initiative in June 2000, and on the monthly Coordination Group meetings;
- She addressed the objectives of the four leadership areas (National Health Accounts, Pharmaceuticals, Disease Surveillance & Public Health, and Environmental Health) and referred to the work groups established;
- Informed that each work group has developed objectives & plans of action, and started carrying out collaborative plans and activities (information provided in the pamphlet *Looking Back on One Year Implementing the Shared Agenda for the Americas*);
- Advise on the work of the Coordination Group which had met 18 times to exchange information, identify opportunities for collaboration, and to consider new leadership areas;
- Emphasized that the Shared Agenda created opportunities within the available resources, increased inter-institutional collaboration, even beyond the leadership areas, allowed for optimal use of each other's comparative advantages, and initiated country level coordination efforts.

Next Steps/Challenges -

- The Shared Agenda needs to play more of a leadership role in health sector coordination of partners at country level;
- Need to decide whether to identify new areas of collaboration, or elaborate upon our current activities;
- There should be increased involvement of the operational levels of the banks in the implementation of the Shared Agenda objectives and activities

3. **National Health Accounts (NHA) Work Group** (Mr. Rubén Suárez, PAHO)

The NHA Work Group consists of André Medici and Amanda Glassman of IDB, Rubén Suarez and Dr. Cesar Vieira of PAHO, and Ruth Levine of the World Bank.

Presentation -

- The NHA Work Group defined its objectives:
 - Promote development of NHA/HA estimates for most LAC countries

- Dissemination of methods and results
- Training of national teams and staff
- Institutionalizing HA/NHA and ensuring its sustainability
- The accomplishments of the work group were reviewed and disseminated
- While most countries in LAC currently have one or more NHA estimates, the national studies have helped clarify the scope of each estimate, thereby facilitating international comparisons
- The NHA Work Group (WG) will tap on the expertise of the OECD to promote a consistent methodology and facilitate international comparisons. OECD's System of Health Accounts manual has been translated into Spanish and will be published shortly
- Norway has agreed in principle to support the NHA work within the Shared Agenda for Health.

Discussion -

- It is important to strengthen the link between health expenditures and public policy making, i.e. data should be used to determine priorities
- It was emphasized that USAID is, in fact, a formal member of the NHA Work Group
- The Banks can play a key role in promoting the development of NHA at the country level by systematically including the NHA component in its loans.

Next Steps -

- There is a need to examine the health equity aspects of health expenditures and financing. Studies should review the implications of the "silent privatization" of health services currently under way.
- The WG on Pharmaceuticals asked to liaise with the WG on NHA, stressing the importance of the growth in drug expenditures.
- The Banks should promote the institutionalization of NHA at the country level by making NHA development and production a component of its loans to modernize the health sector.
- The IDB should consider using its grant funding mechanism to promote NHA country studies.
- Expand the bank's analytical work to include research on poverty incidence in reviewing public health expenditures.

4. **Pharmaceuticals Work Group** (Ms. Jillian Cohen, PAHO/World Bank)

The Pharmaceuticals Work Group includes Antonio Giuffrida of IDB, Rosario d'Alessio of PAHO, and Jillian Cohen (her position co-funded by World Bank and PAHO)

Presentation -

- Jillian Cohen presented the objectives of the Pharmaceutical Working Group which are:

- to collaborate on priority areas in the pharmaceutical sector in existing work programs with emphasis on communication between the three organizations (PAHO, the WB, and the IDB);
- to build mechanisms for knowledge-sharing between the three organizations and their clients/constituencies; and,
- to promote and strengthen lending practices and policies that improves access to good quality drugs in the Americas.
- Strategic Themes include Industry and the Market, Public Health Regulations and Quality, Drug Management, Drug Prices, Drug Consumption and Utilisation, Economic Regulations
- Project priorities for the first two years included:
 - a Multi-Sectoral Meeting on Improving Business Practices which dealt with corruption and transparency;
 - Institutional Partnering, collaboration on smaller day to day activities such as a series of meetings i.e. a USP a Study Tour, and, a Pharmaceutical Clearinghouse of the Americas. (Partners include WHO Collaborating Centers, USAID, USP, and ISALUD).
 - Resource papers on transparency and on institutional involvement in the Pharmaceutical Sector are being completed; and Country Coordination - Dominican Republic, Peru, Costa Rica, Brazil.
 - Future initiatives include a drug lending framework, training activities in core areas such as quality assurance, pharmaco-economics and a study of the impact of regional integration on the pharmaceutical system.
- There is a lack of systematic, unbiased, and cutting-edge information on pharmaceutical policies in the Americas that covers the gamut of informational needs.
- The intent of the Pharmaceutical Clearinghouse of the Americas is to build a mechanism that systematically gathers, organizes, and disseminates information related to select pharmaceutical policies, markets, and practices to key stakeholders.
- The Clearinghouse will provide analyses, a forum for debate, knowledge sharing and link existing information to fill information deficits creating a virtual Knowledge Bank on Pharmaceuticals in the Americas providing a consistent methodology to the collection and dissemination of data on the pharmaceutical system.
- Country level coordination is considered an important aspect of operationalizing all aspects of the shared agenda. In working with pharmaceuticals it is essential that collaboration continues to be improved at the country level through the support of management, the working group and local staff from the three institutions. Discussions have been initiated by all three institutions in Brazil, Costa Rica, Peru and the Dominican Republic.

Discussion -

- Although it is agreed that coordination at the country level is invaluable, challenges of country coordination, continue to be problematic since the three organizations have differing roles, methods of working and levels of commitment at the local level. i.e. the WB has no HNP personnel in the field once activities are underway.

- The virtual library was mentioned as one facility with which the Pharmaceutical Clearinghouse could collaborate. BIREME could offer support in this endeavor to further the utilization of the Virtual Health Library.
- Efforts of the Working Group on Pharmaceuticals should be centered on countries that are currently revising health policy and legislation and/or agreements with pharmaceutical companies.
- A new area that focuses on Pharmaceuticals and HIV/AIDS, with the participation of consumer groups and civil society should be developed.

Next Steps -

- Complete projects and products already under way
- Solidify institutional linkages in the area of pharmaceuticals
- Develop a linkage between the Virtual Health Library (BIREME) and the Pharmaceutical Clearinghouse;
- Identify which countries are reviewing their legislation on pharmaceuticals, and provide technical support to their governments
- Develop a summary of who is doing what among the three institutions in the area of pharmaceuticals, and use this information to expand collaboration at the operational level.
- Assist the HIV/AIDS sub-group, and provide information on retro-viral drugs

5. **Disease Surveillance and Public Health Work Group** (Dr. Alfredo Solari, Inter American Development Bank)

This group includes Dr. Alfredo Solari of the IDB, Dr. Marlo Libel of PAHO, and Anabella Abreu of the World Bank.

Presentation -

- Dr. Solari talked about the changing aspects of the burden of disease in the Americas, and the need to track these trends;
- Decision making is too often based on perceptions and interest group pressures so there is a need for reliable credible epidemiological data
- This work group developing the following objectives:
 - To strengthen national and regional disease surveillance systems
 - To develop common approaches and methodologies
- Five main activities have been developed including:
 - Develop a public health and disease surveillance toolkit geared to communicable and non-infectious diseases to facilitate project design in two parts: (a) conceptual approach; (b) practical "how to" advice;
 - Develop public health surveillance protocols for communicable diseases, as most countries have parallel surveillance systems for various diseases which is often inefficient;
 - Develop criteria for priority setting by establishing a matrix of different types of interventions and conditions;

- Strengthen public health surveillance systems, specifically for non-communicable diseases and behavioral risk factors;
- Disseminate and advocate public health surveillance among the countries of the region

Dr. Solari spoke about the recent creation of a sub-group on HIV/AIDS, and turned the meeting over to Dr. Ernest Massiah, before opening a discussion on his presentation on the Disease Surveillance and Public Health Work Group.

6. **HIV/AIDS Sub Work Group** (Dr. Ernest Massiah, IDB)

This work group consists of Dr. Ernest Massiah of IDB, Dr. Fernando Zacarias of PAHO, and Dr. Patricio Marquez of the World Bank.

Presentation -

- Dr. Massiah explained that this sub-work group was only started a few weeks ago, and its work overlaps with the work of the disease surveillance and pharmaceuticals work groups;
- The first meeting decided that it must proceed as follows:
 - Identify priorities (this was facilitated by the UNGASS luncheon organized by the IDB and PAHO in June, 2001, in New York);
 - Facilitate information exchange;
 - Review the comparative advantages of each institution's lending and technical activities
- The following activities have been identified so far:
 - Hold a high level seminar on HIV/AIDS in March, 2002, at the annual IDB meeting in Fortaleza, Brazil, which will bring together ministers of finance with national HIV/AIDS coordinators and members of regional networks
 - Participate in the Nicaragua meeting sponsored by UNAIDS in February, 2002, drawing on the sector work done by Annabella Abreu at World Bank, and papers at IDB.
- Need to determine how best to collaborate at country level in HIV/AIDS activities in such countries as Guatemala, Nicaragua, and Haiti
- Access to retroviral drugs is a burning issue which points out the need to liaise with the Pharmaceutical Work Group;
- We need to see how we can collectively use our comparative advantages in our respective institutions to advocate against HIV/AIDS, and cope with the relative reticence on this subject in the LAC region

Discussion -

- There has recently been good country level collaboration between PAHO and the World Bank in developing an HIV/AIDS strategy for the Caribbean;
- We need mechanisms to ensure that data gathered is used as a policy making tool, and not just for annual reports. This epidemiological data must be generated on a real time basis;

- All three institutions have now received mandates to invest more time in HIV/AIDS issues, and this has often inspired a spirit of competition instead of collaboration. This is counter-productive. It is not yet clear how we are going to finance our work on HIV/AIDS;
- The HIV/AIDS sub work-group should join efforts with the disease surveillance work group;
- In the aftermath of health sector reform and resulting decentralization, we must deal with the issue of human resource development as there is a need for re-structuring in this sector;
- We must monitor and evaluate the impact of the economic and social impact of the HIV/AIDS epidemic, as little work has been on this;
- We must commit ourselves to a more rigorous use of data in defining our work priorities;
- The product of these work groups could serve a global need, but we must narrow our scope to be successful. Our work in the Caribbean has shown that all countries appear strong in the advocacy and strategic work, but we are short on capacity to actually implement programs at the country level;
- The work in these Shared Agenda groups has gone beyond the agreed upon POA, in that the three institutions have learned how to work together.

Next Steps -

- Improve linkage between the HIV/AIDS work group and the pharmaceutical work group;
- Work collectively to decide where it would be best to focus our efforts to make a real difference;
- Link our efforts with the International Health Regulations;
- We must work towards more effective use of epidemiological data at the country level so that the latest data is used as a management/policy making tool

7. **Environmental Health Work Group** (Dr. Mauricio Pardón, PAHO)

This work group consists of Walter Arensberg, Camilo Garzón, and Antonio Rossin from the IDB. Abel Mejía, John Redwood, and Teresa Serra of the World Bank. Mauricio Pardón, Gerardo Galvis, Luiz Carlos Soares, Luiz Augusto Galvao, Maritza Tennasee, and Henry Salas from PAHO.

Presentation -

Dr. Pardón, Director of the Health and Environment Division at PAHO, presented the first year results of the Work Group in this area, which is comprised of multiple specialists from the three institutions WB, IDB and PAHO.

- The complexity and diversity of the theme required visits to all three institutions followed by several collective meetings. The work group has subdivided their scope of work into three related but distinct subjects: (a) Water and Sanitation; (b) Solid Waste; (c) Air Quality

- Substantial variations in and between countries in coverage and quality in terms of environmental health aspects can still be reported.

Within the aforementioned subjects, the work of the group is focused on three aspects:

- Politics (Advocacy and lobby).
- Programming (Regulation, Accreditation, Education, Informed decision taking).
- Operations (Country Projects, Coverage, Joint actions).
- The work group will seek recognition, approval and support of their efforts at the American Region Ministerial Conferences on environment to achieve consistency in the region in terms of policy development and to comply with internationally accepted guidelines and resolutions.
- Results of the work of the Environmental Health Group should be reflected at country level, as it is there where the achievements in this area will become visible. Within the working group and its relation with the field, PAHO is in the privileged position of having environmental health experts working in 27 of their representations in the Region Latin America and the Caribbean.

Discussion/Next Steps -

- We must be creative in overcoming the institutional separation of health and environment into different ministries at the country level, as well as within the banks;
- The banks expressed the need to better articulate ways that the three institutions can work more effectively in integrating environmental issues into our public health work.

8. **IDB Work Program** (Dr. Alfredo Solari, IDB)

Presentation -

- In the next 12 months, IDB's Department of Evaluation will be carrying out an evaluation and review of IDB's health portfolio;
- IDB is working on a Social Development Strategy which is one of the four pillars of the IDB's work which also includes competitiveness, modernization of the state, and economic integration
- IDB is developing background studies for health strategies to be developed for the period October, 2002 to September, 2003, and this will be spearheaded by André Medici
- Poverty is considered a cross-cutting issue, and IDB will examine the impact of economic losses due to illness, and the importance of health insurance for compensating economic losses;
- A number of IDB projects in Colombia, Panama, Nicaragua, Mexico, and Haiti were described. In regards to Haiti, a loan was approved by IDB a couple of years ago but disbursement has been put on hold due to the political situation, but limited technical cooperation is being considered.

9. **World Bank Work Program** (Mr. Charles Griffin, WB)

Presentation -

- The work of the Health, Nutrition, and Population (HNP) sector of the World Bank consists of lending and analytical work;
- Lending in the Latin American and Caribbean region will be between \$500,000 and \$1.3 billion, and will consist of 5-10 operations;
- Ongoing projects amount to about \$2.5 billion in almost all Latin American countries and some Caribbean countries;
- Policy work is done outside of lending activities;
- New loans by World Bank will soon be approved for Costa Rica, El Salvador, Argentina, Venezuela, and Jamaica. Any technical expertise which can be brought forward by PAHO for these projects would be welcome;
- Charlie Griffin circulated a chart listing all lending projects indicating those responsible and encouraged the group to establish a dialogue on any of these projects;
- Potential lending is being considered for Honduras, Brazil, Trinidad & Tobago, as well as Mexico;
- Patricio Marquez, leading health specialist at the World Bank, is working on a program of lending for the Caribbean;
- Mr. Griffin also provided a list of analytical and advisory activities, and stated that the World Bank would welcome coordination at country level with PAHO in this area;
- A list of projects being closed were also presented, though there is little do in this area, we can identify "lessons learned". Ruth Levine of World Bank oversees closing of projects, and would welcome feedback on the impact of these projects from her colleagues in IDB and PAHO;
- In regards to the ongoing World Bank projects, Mr. Griffin mentioned 26 projects being executed, and he referred everyone to the World Bank website (www.worldbank.org/lachealth) for a list of all of these projects. This list identifies the task manager, and gives a description of each project.

10. **General Discussion/ Next Steps/ Wrap-up** (Dr. Solari and Mr. Griffin)

Discussion -

- During the final discussion there were several comments and suggestions made to the Coordination Group. One of them was the great responsibility they had in having a parallel effort at country level. The WB, IDB and PAHO do not have as strong a coordinated effort at country level as they do at their headquarters. A question was raised as to what kind of activities could be done with the countries to promote progress at that level.
- Another suggestion was to have the Coordination Group be more active in identifying links between the 4 working groups in cross cutting or overlapping issues.

- At the country level, the three agencies have been working together through various mechanisms such as the Consultative Groups, the Inter-Agency Coordination Committees, and the UNDAF processes. Coordination could be further promoted through annual meetings among the three agencies where they could establish realistic goals for their collaboration. The international community would like to see the Shared Agenda playing a bigger role in coordination at country level, supporting the responsibility that Ministries of Health have in these respects.
- It was mentioned that while the Shared Agenda has strengthened collaboration in the leadership areas, some colleagues feel that they have lost ground on collaboration in other areas (indigenous health, for example) where all three institutions have been active.
- Coordination Group members responded by pointing out that the work of the Shared Agenda is based on the principle of making optimal use of the comparative advantages of the three institutions. This calls for a narrow focus in order to be effective, and it means that some areas cannot be included within the framework of the Shared Agenda.
- One comment made was that there are limited human resources in the countries where we work. A parallel administration employing temporary consultants has to be established to carry out projects, and this adversely impacts on sustainability.
- Participants expressed that the most important part about the meeting was the information shared. When the same information is shared with everyone, each person can learn what the other work groups are doing, and identify areas of potential future collaboration.
- The international community is following closely the implementation of the Shared Agenda for Health. The expectations are high, in particular in ensuring inter-agency collaboration at the country level.
- Members of the Coordination Group stressed the need to work within available resources, and stick to its priorities.
- The Coordination Group will also have to take into account the different objectives, corporate cultures, and organizational structures while promoting inter-agency coordination to maximize efforts in overlapping initiatives. The first year of the Shared Agenda for Health has been an important step towards accomplishing this goal.
- All in all participants expressed satisfaction with the accomplishments so far and with the Anniversary meeting, and the opportunity it offered to participate in the assessment and future planning of the Shared Agenda initiative.
- This type of expanded Shared Agenda meeting should take place on an annual basis, or at least every other year.

Next Steps -

- The Inter-Agency Coordination Group should take steps to foster the implementation of the Shared Agenda for Health both at their headquarters (e.g. among the advisory, analytical, and operational and loan staff) as well as at country level;
- Better coordination is needed among the Work Groups to ensure necessary linkages on some crosscutting issues (HIV/AIDS, retroviral drugs, tracking health expenditures);

- The Coordination Group should consider taking more efforts to promote and reinforce capacity building in public health systems at the country level.
- While it was decided to concentrate efforts in the current leadership areas, it was agreed that the Coordination Group should identify opportunities for new joint efforts as they arise.
- Agreement was reached as to the possibility of including others in specific efforts of the Shared Agenda, as is the case of USAID participation in the NHA Work Group.
- The Shared Agenda should play more of a leadership role in health sector partner coordination at country level.