

Overview of the Strategic Health Economics Plan, 2006–2015

Introduction

A number of recent global and regional initiatives on health include the Millennium Development Goals (MDGs),¹ the New Partnership for Africa's Development; the Report of the Commission on Macroeconomics and Health,² the WHO Regional Committee for Africa resolution on macroeconomics and health; Poverty Reduction Strategy Papers; and the multilateral trade agreements.³ These have served to raise awareness of the important role that health economics plays in health decision-making.

Health economics has a valuable role to play in the costing of MDG-related interventions, guiding choices of public health interventions with greatest expected value for money, evaluation and design of sustainable and equitable health financing mechanisms.

The fifty-third session of the WHO Regional Committee for Africa adopted a resolution on macroeconomics and health that urges Member States to strengthen health⁴ economics and public health capacity within the ministries of health and other relevant sectors in order to enhance the effectiveness and efficiency of health investments, and prevent and mitigate negative effects of development projects on public health. In the same resolution, the Committee urged the Regional Director to provide support to regional institutions that train health economists and conduct research in health economics and related fields.

This article outlines a ten-year strategic plan for strengthening health economics capacities in WHO Member States of the African Region.

Regional strategic plan for health economics

Vision

The vision of this strategic plan is that by 2015, countries in the African Region will be using health economics principles and evidence to inform policy; advocate, justify and utilize resources efficiently, effectively and equitably within their health sectors to improve the health status of their populations; and achieve the health-related MDGs.

Mission

The mission of the regional health economics programmes is to advise, advocate and provide technical support to Member States on the most effective use of economics-based models in building systems, promoting equity and efficiency in resource mobilization, utilization, health financing and comprehensive service delivery. The programmes will employ a country focus and Member State-led approaches in defining specific country priorities in collaboration with other development partners and nongovernmental organizations.

Goal

The goal is to evolve a culture for using health economics principles and evidence in policy-making, planning, choice of interventions, resource allocation and utilization to ensure that health benefits are optimised and maximized. The aim also is to reduce health



*Dr Paul-Samson
Lusamba-Dikassa

inequalities and inequities in access to health promotion, prevention, curative and rehabilitative interventions within the population.

Guiding principles

In order to achieve the above-mentioned goal, the following principles must underpin the process of strengthening health economics capacities in countries:

- **Multidisciplinary:** It must be multidisciplinary, i.e. involve other disciplines outside health.
- **Integration into development agenda:** It must foster integration of health issues in the development agenda.
- **Responsiveness to country needs:** It must be relevant to the different health needs and problems of each country, i.e. contribute to the formulation and implementation of policies that will support health development.

¹UN, United Nations Millennium Development Goals, New York, United Nations, 2000.

²WHO, Macroeconomics and health: investing in health for economic development, Geneva, World Health Organization, 2001.

³WHO and WTO. WTO agreements and public health: a joint study by the WHO and the WTO secretariat. Geneva, World Health Organization and World Trade Organization, 2002.

⁴WHO/AFRO, Macroeconomics and health: the way forward in the African Region (Resolution AFR/RC53/R1), Brazzaville, World Health Organization, 2001.

- **Efficiency and equity:** It must enhance efficient and equitable choice of interventions, allocation and use of all health resources.
- **Promotion of pro-poor policies:** It must ensure that the application of health economics evidence in decision-making enhances poor people's access to cost-effective interventions.
- **Bioethics:** It must ensure that collection, analysis and interpretation of information obtained from human beings is undertaken in an ethical manner that assures protection of the dignity, integrity and safety of all actual or potential research participants.

Objectives

The major objectives of the strategic health economics plan are to:

- Support Member States to develop or strengthen health economics capacity to generate and utilize health economics evidence for decision-making and improvement of health system performance with a view to achieving the health-related MDGs, reducing disease burden and developing long-term pro-poor health development and financing strategies;
- Support countries in monitoring health inequalities and inequities in distribution (by gender, race, social groups, education, income and geographical location), access and utilization of promotive, preventive and curative services;
- Forge regional and international partnerships for promoting, coordinating and funding health economics research and training.

Targets

The targets identified for the end of the strategic plan period (2015) are:

- At least 50% of the countries in the Region will have at least one health economist based at the Ministry of Health;
- At least 20% of the countries will

have included health economics in the undergraduate and postgraduate curricula for national medical or public health schools and other institutions;

- At least 25% of the countries will have undertaken a statistically representative national study and 50% will have undertaken other studies to monitor the impact of health sector reforms on the functions and goals of health systems;
- At least 15% of the countries will have generated evidence on one or more of the following: cost of health facility-based services; technical and allocative efficiency; equity in resource allocation; trade and health;
- All the regional priority programmes, in line with the MDGs, will have generated evidence on economic impact, economic cost and cost-effectiveness of their interventions;
- At least 50% of the eligible countries will have been supported to formulate (or revise) the health component of poverty reduction strategies;
- At least 50% of the countries will have been supported to develop comprehensive health investment plans;
- At least 25% of these countries will have implemented their comprehensive health investment plans;
- At least 50% of the countries will have institutionalized national health accounts;
- At least 40% of the countries will have developed (or revised) pro-poor health financing policies;
- The Regional Office will have facilitated the establishment and functioning of three subregional networks of health economists;
- At least three regional health economics centres of excellence will have been designated as WHO collaborating centres.

Strategic thrusts

In order to achieve the objectives and targets listed above, the strategic thrusts will be advocacy; country capacity strengthening; support for regional health economics institutions; strengthening of mechanisms and processes which support health economics; technical support to countries; economic evidence generation and dissemination; regional linkages and networking; strengthening of the Regional Office health economics capacity; and resource mobilization.

Implementation Framework

The Ministry of Health, with the support of WHO Country Offices, should:

- Undertake a situation analysis of the existing national health economics capacity and estimate the additional number of health economists that need to be trained;
- Include the training of health economists in national policies, plans and budget for development of human resources for health;
- Encourage and sponsor national staff to enrol in health economics certificate, sandwich, diploma and degree (including internet) courses offered by accredited national and international institutions;
- Provide fellowships to appropriate nationals for post-graduate training in regional health economics institutions with a view to creating a local pool of trainers;
- Spearhead the inclusion of a module on health economics in the undergraduate and postgraduate curricula for national medical or public health schools; national universities, schools or departments of economics, and other institutions;
- Compile and maintain a national inventory of health economics research undertaken by various stakeholders in the country;
- Identify, in close collaboration with

all relevant stakeholders in the country, the priority national health economics research needs;

- h) Utilize, whenever available, health economists based in the country to undertake health economics research and advise on health economics-related aspects of health systems;
- i) Create an enabling environment for ensuring retention of health economists within the country.

The Regional Office should:

- a) Facilitate the designation of the main regional health economics centres of excellence as WHO collaborating centres;
- b) Support Member States in soliciting for training grants for nationals to train in regional health economics centres of excellence;
- c) Participate in teaching and co-supervising students in the regional health economics institutions; and provide external examiners, as and when requested by the regional institutions;
- d) Provide support to regional institutions willing to set up health economics training programmes to ensure standards in curriculum;
- e) Encourage the regional priority programmes to budget for and undertake studies for generating relevant

economic evidence;

- f) Develop and update databases on regional health economics experts and research;
- g) Develop a website or web-page on health economics and update it regularly;
- h) Promote the sharing of health economics expertise between countries;
- i) Facilitate the establishment of sub-regional health economics networks where they do not exist;
- j) Organize a biennial conference with subregional health economics networks to share methodologies and research results;
- k) Proactively generate and publish relevant regional evidence in regional and international journals to increase awareness of health economics, and take the lead in the establishment of an African journal of health economics.

Partnerships for plan implementation

At the country level, in the process of identifying appropriate fellowship grantees, it will be necessary for ministries of health to involve national universities, regional health economics centres of excellence and organization(s) providing the fellowships. In addition, it will also be necessary to closely involve all relevant stakeholders in the coun-

try, such as the ministries of finance and planning, private health subsector representatives, national universities, national health research institutions, and potential funding agencies in the process of delineating priority national health economics training and research needs.

At the regional level, the work of the Regional Health Economics Programmes will be complemented by the African Health Economics Advisory Committee, the African Advisory Committee on Poverty and Health, and the WHO collaborating centres on health economics.

Alliances with international and regional development agencies will be built and nurtured to support the implementation of the strategic health economics plan.

Monitoring and evaluation

In order to ascertain progress in the realization of the planned targets, monitoring will be carried out at the end of each year, at both country and regional levels. Detailed evaluation will be carried out after every five years.

**Dr Lusamba-Dikassa is the Director of Programme Management at the Regional Office*