

Global Health: Meeting the Challenge

THE WORLD BANK'S INVESTMENT IN THE HEALTH, nutrition, and population (HNP) sector has evolved from relatively modest investments in population and family planning in the 1970s, to direct lending for primary health care in the 1980s, to support for health system reform in the 1990s. The Bank is now the major source of external finance for the sector in the developing world, with average annual commitments of \$1.3 billion. Its advice and research influence HNP policies at many levels.

Assessing Effectiveness

The Bank has made important contributions to strengthening health, nutrition, and population policies and services worldwide with support for HNP activities in some 92 countries. To assess the effectiveness of this effort, the Operations Evaluation Department (OED) recently carried out the first comprehensive study of Bank assistance to the HNP sector.

Because lending has expanded dramatically during this period—three-quarters of the total has been lent since 1990—the HNP portfolio is young. By fiscal 1997, only a third of projects had been completed and evaluated. As a result, the OED evaluation incorporated assessments of both completed and ongoing projects. This Précis summarizes the final synthesis report of the OED evaluation, which included a review of the evaluation litera-

ture, a desk review of the HNP portfolio, four country case studies (Brazil, India, Mali, and Zimbabwe), and consultations with Bank staff, borrowers, NGOs, and donors.

The overarching recommendation of the study is that the Bank should seek to do better—not more. The rapid growth of the portfolio—and the complex challenges posed by health system reform—requires consolidation, with a focus on selectivity and quality. OED specifically calls for increased attention to institutional development in project design and supervision, and substantial improvement in monitoring and evaluation.

OED also recommends strengthened efforts in health promotion and intersectoral interventions; a renewed emphasis on research; greater understanding of stakeholder interests; and the forging of



strategic alliances with development partners at the local, regional, and global levels.

Health and the Health System

Morbidity, mortality, nutritional status, and fertility are determined by many factors in addition to health services. The most important are income, education, and the quality of the environment—including access to safe housing, clean water, and sanitation. Also important are individual and community practices related to nutrition, sanitation, reproduction, alcohol and tobacco use, and other behaviors that affect health, behaviors that are shaped by social and economic status and culture.

HNP interventions can reduce the burden of disease through preventive services, by encouraging healthy behavior, or by providing curative care. Increased understanding of the causes of disease and improved interventions for both preventive and curative services—such as antibiotics and vaccination—have improved HNP outcomes throughout the world. Prevention is often—although not always—more cost-effective than treatment, but strong demand for curative services can lead to a disproportionate emphasis on the medical care system, both in public policy and in the health care market.

Project Performance

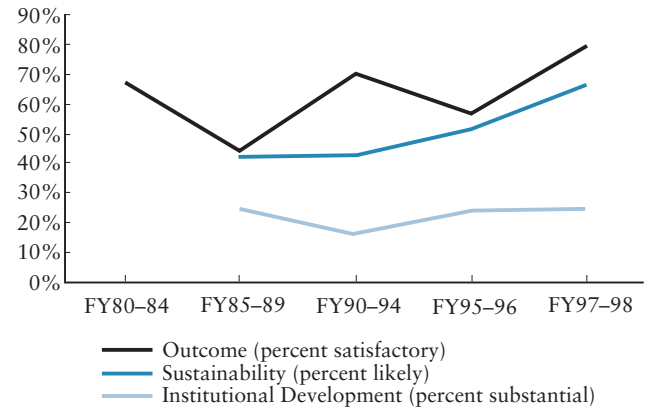
Of the 107 HNP projects completed between FY75 and FY98, OED rated 64 percent satisfactory, compared with 79 percent for non-HNP projects. But efforts by the Bank and sector staff to improve performance may be showing results. Seventy-nine percent of projects completed in FY97/98 satisfactorily achieved their development objectives, close to the Bank average. Although only half of all completed HNP projects were rated as likely to be sustainable, this figure rose to two-thirds in FY97/98.

Yet recent improvements should not be a cause for complacency. A third of ongoing HNP projects are currently rated “at risk” by the Bank’s portfolio monitoring system. Moreover, high rates of completion of physical objectives disguise difficulties the Bank has encountered in achieving policy and institutional change in HNP. OED rated institutional development as substantial in only 22 percent of completed HNP projects, which increased to only 25 percent in FY97/98, well below the Bank average of 38 percent for the same period (figure 1). Improving institutional development performance is therefore a major priority for the Bank’s HNP sector.

Factors Influencing Performance

Based on a statistical analysis of completed HNP projects, OED found *borrower performance* to be the most important determinant of HNP project outcome. But borrower performance is not entirely independent; it

Figure 1: Outcome, Sustainability, and Institutional Performance



is influenced by the Bank’s assessment and encouragement of project ownership, the fit between the project design and borrower capacity, and the effectiveness of supervision.

The country *institutional context*—including the prevailing levels of corruption—was the next most important factor. Although national institutions evolve slowly, this suggests that the institutional context must be clearly understood, and informed choices made of instruments and objectives.

With regard to *Bank performance*, quality at entry—particularly the quality of institutional analysis—was found to be the most important element, followed by the quality of supervision. OED found that quality at entry has improved in recent years, but institutional analysis remains a key HNP weakness. OED also tabulated the most commonly cited lessons from completed projects. Among unsatisfactory projects, inadequate assessment of borrower capacity and commitment, inadequate Bank supervision, little or no monitoring and evaluation, and excessive complexity of project design were at the top of the list.

Major Findings

World Bank support has helped to expand geographical access to basic health services, sponsored valuable training for service providers, and offered other important inputs to basic health services. The Bank has also used its lending and nonlending services to promote dialogue and policy change on a variety of key issues, including family planning, health financing, and nutrition strategies. Clients find the Bank’s broad strategic perspective an asset, and the Bank has taken on a growing role in donor coordination.

Despite an initial focus on government health services, the Bank has moved increasingly to deal with issues of private and NGO service delivery, insurance, and regulation. In recent years, the Bank has also placed

Box 1: Successful Institutional Development

OED RATED THIRTEEN PROJECTS COMPLETED between FY91 and FY98 as having substantially achieved their institutional objectives. These projects shared several characteristics:

- *A consistent commitment to achievement of institutional objectives.* Consensus was promoted among stakeholders regarding priorities and approaches. When necessary, strategies were developed to anticipate and soften resistance.
- *Project design based on solid analysis of the underlying constraints to improved performance.* Sector work, evaluation of previous experience, and dialogue with key stakeholders were combined to reveal impediments. Designers developed realistic strategies to address these constraints, including attention to the proper sequencing of interventions.
- *Flexible project implementation.* Progress toward institutional objectives was reviewed regularly, with proactive attention to problems by Bank staff and borrowers. About half the projects that substantially achieved institutional goals were significantly modified during implementation.
- *A governance and macroeconomic context supportive of institutional and organizational development.* If this was not the case, the above factors were particularly important.

greater emphasis on client ownership and beneficiary views in project design and supervision. With the current generation of projects, the Bank and its partners are attempting to address underlying constraints to sector performance, while recognizing the difficulty of improving health sector effectiveness and efficiency—even in developed countries. The following broad concerns emerge regarding the Bank’s performance to date.

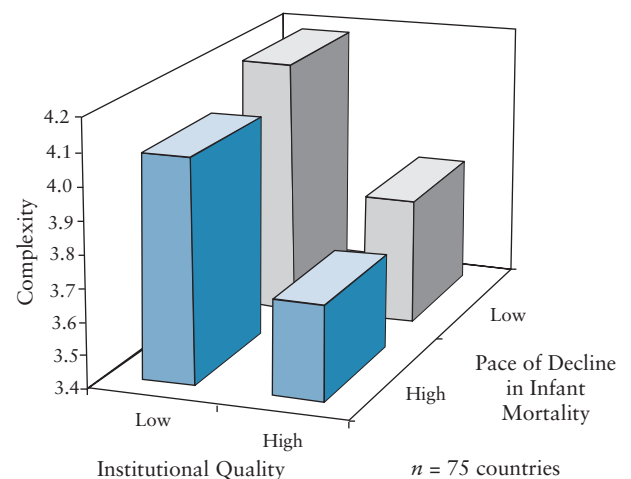
Disappointing Institutional Impact

The Bank generally has been more successful in expanding health service delivery systems than in improving service quality and efficiency, or promoting institutional change. There are several dimensions to this problem. First, in seeking to promote institutional change and build borrower capacity, the Bank often does not adequately analyze the constraints underlying current performance. Although the quality of institutional analysis has improved in recent years, the Bank is often better at specifying *what* practices need to change than *how* to change them or *why* change is difficult.

Second, weak analysis contributes to a lack of clarity in the articulation of institutional development objectives, including whether the instruments selected are the best choices to bring about change. Bank projects have traditionally addressed capacity constraints through the provision of training and additional resources. The absence, until recently, of appropriate indicators for institutional goals has contributed to the tendency to assert that “capacity was built” because training or technical assistance was provided. The Bank is adopting increasingly sophisticated approaches to promoting sector reform, but the institutional problems being addressed are increasingly difficult. Yet experience shows that realistic objectives, together with increased attention to *why’s* and *how’s*, increase the likelihood of achieving institutional objectives (see box 1).

Third, the Bank often does not adequately assess borrower capacity to implement planned project activi-

Figure 2: High Complexity in Difficult Settings



ties. For example, Bank project designs tend to be more complex—with a greater number of components and organizational units—in countries with weak institutional capacity and with slower rates of decline in infant mortality (see figure 2). This partly stems from an understandable desire to address many problems at once. The challenge therefore is to get complexity “right,” including proper assessments of existing implementation capacity, greater effort to prioritize and sequence interventions, and targeted provision of technical assistance and training.

Weak Monitoring and Evaluation

During project implementation, the Bank typically focuses on providing inputs rather than on clearly defining and monitoring progress toward HNP development

Box 2: Successful Monitoring and Evaluation: Lessons from Country Experience

SUCCESSFUL APPROACHES TO ASSESSING THE effectiveness of project interventions, strengthening borrower health information and disease surveillance systems, or monitoring progress toward sectorwide objectives have been demonstrated by a number of projects, including the following:

- *Brazil's Amazon Basin Malaria Control project* helped to train malaria fieldworkers and strengthen disease surveillance systems, which—together with a shift in strategy from eradication to control, early treatment, and case management—contributed to a decline in malaria incidence and fatality rates.
- *Tamil Nadu's Integrated Nutrition project* in India established a community-based system for regularly monitoring the growth and weight of children found to be malnourished. The project significantly reduced severe malnutrition in the target group. The monitoring system both contributed to and documented the impact.
- *Mali's Health and Rural Water Supply project* (1991–98) eventually helped establish a nationwide health information system, although data were not available until the final years of the project. This illustrated the importance of balancing long-term efforts to strengthen borrower monitoring capacity with provisions for periodic external qualitative or quantitative assessments, including rapid assessments.
- In the current *sectorwide health reform programs in Bangladesh and Ghana*, government and donors (including the Bank) agreed—after lengthy negotiations—on a limited number of national indicators that will serve as benchmarks for joint annual reviews of sector performance. Remaining challenges include better linkage of system performance indicators to HNP outcomes, and ensuring that national indicators create incentives for performance at lower levels of the system.

objectives. Because of weak incentives and systems for monitoring and evaluation (M&E) within both the Bank and borrower governments—and inadequate attention to building borrower M&E capacity—there is limited evidence regarding the impact of Bank investments on system performance or health outcomes for the poor. The Bank therefore has not used its lending portfolio to systematically collect evidence on what works, what does not, and why.

Experience shows that effective M&E design enhances the focus on results and increases the likelihood of achieving development impact. This would include the selection of a limited number of appropriate indicators and attention to responsibilities and capacity for data collection and analysis. But methodological challenges can make it difficult to conclusively link project interventions with changes in HNP outcomes or system performance. Yet while most HNP projects identify key performance indicators, and design of M&E has improved in recent years, the overwhelming problem stated in project completion reports is that the data required were not adequately collected or analyzed.

A number of Bank HNP projects have included components to strengthen health information systems, but these have tended to focus excessively on hardware and training, and not enough on increasing demand for, and the use of, information in decisionmaking. Strengthening borrower systems for the collection, analysis, and use of health information in policymaking is a long-term process. But progress can be achieved if sufficient attention and resources are mobilized during program design and

implementation, including measures to strengthen incentives for M&E (see box 2).

Weak Intersectoral Coordination

With some notable exceptions, the Bank has not placed sufficient emphasis on addressing determinants of health that lie outside the medical care system, including behavior change and cross-sectoral interventions. The incentives and mechanisms for intersectoral approaches currently are weak, both within the Bank and in borrower governments, and intersectoral coordination can be difficult, so priorities must be carefully chosen. The Bank has a fundamental responsibility, however, to more effectively link its macroeconomic dialogue with sector dialogue, particularly on issues of health financing, the health workforce, and civil service reform.

Flexibility and Learning

Promoting health reform requires strategic and flexible approaches to support the development of the intellectual consensus and the broad-based coalitions necessary for change, but the Bank is still in the early stages of adapting its instruments to emphasize learning and knowledge transfer. System reform is difficult and time-consuming, and stakeholders outside ministries of health can determine whether reforms succeed or fail. This highlights the importance of realism in project objectives, strong country presence, stakeholder analysis, and a more strategic use of the Bank's convening role. While incremental approaches are arguably more appropriate, the Bank may have been excessive in its encouragement of dramatic, overly ambitious reforms.

Recommendations

The overarching recommendation of the review is that the Bank should not seek to do more, but to do better. To move in that direction, OED recommends the following measures.

Organizational Strategy

- *Enhance quality assurance and results orientation.* To improve portfolio quality, the HNP Sector Board and regional technical managers should continue current efforts to strengthen their role in monitoring portfolio quality, establishing mechanisms to provide timely support to task teams in project design and supervision. The HNP sector should develop standards and good practice examples for M&E, and increase staff training. But strengthening incentives to achieve results and to use information, both within the Bank and in client countries, is critical to enhancing borrower M&E capacity. Increased experimentation with and learning from performance-based budgeting mechanisms in Bank projects would be an important step.
- *Intensify learning from lending and non-lending services.* In light of the institutional challenges facing the health sector and weak institutional performance, the Bank should seek to establish appropriate tools, guidelines, and training programs for institutional and stakeholder analysis. This should include strengthening analytic work on major institutional challenges and providing flexible support to task teams facing difficult institutional problems.
- *Strengthen partnerships and increase strategic selectivity.* Achieving change in HNP requires effective partnerships with local stakeholders, international partners, and within the Bank. It also requires judicious use of limited resources. The Bank should select a few strategic areas for enhanced intersectoral coordination, including macroeconomic dialogue and health workforce issues. In client countries, the Bank could encourage communication and collaboration among government ministries, and between government and other partners. At the international level, the Bank could strengthen its partnership with WHO and other interested agencies to address such priorities as strengthening M&E and performance-based health management systems in client countries.

Policy and Practice

- *Increase emphasis on health promotion and behavior change,* including attention to information, education, and communication campaigns and the broader policy and regulatory changes essential to success.
- *Avoid overly complex project design* by combining an assessment of the capacity of implementing organizations with a greater effort to prioritize and sequence interventions.
- *Place a stronger emphasis on targeting the poor,* measuring HNP outcomes, and assessing the poverty impact of HNP policies and programs. More work is needed to analyze factors that lead to ill health among the poor and to select interventions that are likely to achieve the maximum impact on their overall disease burden.
- *Develop the intellectual consensus and broad-based coalitions necessary for change.* This requires an understanding of the political context of reform, the interests of the broad range of stakeholders, and facilitating increased “voice” for the community in the planning, implementation, and management of HNP programs.

Management Response

OED CONSULTED WITH THE HNP SECTOR Board throughout the study, including an intensive review of the draft synthesis report and policy ledger. Management has broadly endorsed the findings of the review, and the HNP Board has prepared an action plan to respond to the recommendations. The HNP Board plans to phase implementation, however, in light of the wide-ranging recommendations and constraints on staff and resources.

The World Bank Executive Board’s Committee on Development Effectiveness (CODE) endorsed the analysis and recommendations of the OED study, and welcomed the collaboration between OED and the HNP Board. The committee noted that some of the issues highlighted are Bank-wide, and will require efforts beyond the HNP sector. While recognizing the need for a phased approach to the recommendations, it emphasized that strengthening borrower capacity in monitoring and evaluation must be given sufficient priority if results are to be achieved in the medium term.

► This *Précis* is based on *Development Effectiveness in Health, Nutrition, and Population: Lessons from World Bank Experience*, by **Timothy Johnston** and **Susan Stout**, Report No. 19266, May 1999. The following case studies are also available: Brazil (18142), India (19537), Mali (18112), and Zimbabwe (18141). Available to Bank Executive Directors and staff from the Internal Documents Unit and from regional information service centers, and to the public from the World Bank InfoShop.

