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WORKS



IEG
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EVALUATION GROUP

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World Bank Group Support to Health Services

Achievements and Challenges

PRÉCIS



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1818 H Street NW
Washington, DC 20433
Telephone: 202-473-1000 Internet: www.worldbank.org
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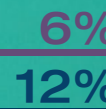


Health Services and Development

HEALTH SERVICES are an important component of any health system and are arguably its most visible part. These include services dealing with the diagnosis and treatment of disease or the promotion, maintenance, and restoration of health. They include personal and nonpersonal health services. Providing health services is the most visible function of any health system to both users and the public. Service provision refers to the way in which inputs such as money, staff, equipment, and drugs are combined to allow the delivery of health interventions. Improving access, coverage, and quality of services depends on these inputs being available, on the ways services are organized and managed, and on incentives influencing providers and users. It is recognized that it takes more than health services to improve health, nutrition, and population outcomes. A range of personal, social, economic, and environmental factors are known to influence health. This evaluation focuses primarily on health services rather than on broader health, nutrition, and population outcomes.



At least **400 million people**, most of them living in developing countries, **were not receiving the essential health services needed** to achieve the Millennium Development Goal targets, according to the World Health Organization (WHO) and World Bank.



Total health expenditure (by government and households) represents only **6 percent** of gross domestic product among low- and middle-income countries compared with 12 percent in Organisation for Economic Co-operation and Development countries.

Furthermore, according to World Bank Group and WHO research, **6 percent** of people in low- and middle-income countries are tipped into or pushed deeper into extreme poverty because of health spending.

LOW INCOME COUNTRIES

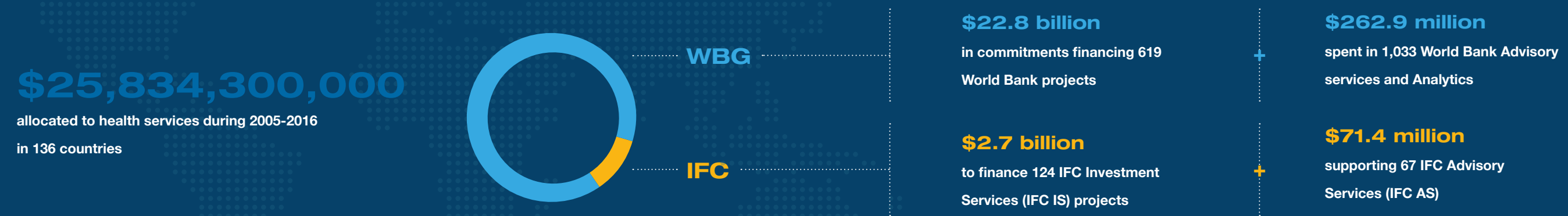
2.5 physicians

HIGH INCOME COUNTRIES

28.7 physicians



The Bank Group has adopted health-related goals at the country and global levels, actively participating in the global call for universal health coverage and heeding Sustainable Development Goal 3 while reaffirming its focus on “investing in people”



IEG’s Evaluation Questions:

- 1 What has been the nature, extent, and evolution of support to health services in the last 10 years?
- 2 How relevant has World Bank Group support to health services been to the main health needs and priorities?
- 3 To what extent has World Bank Group support effectively contributed to the achievement of its goals?
- 4 What has been the role of the World Bank Group in global and country levels partnerships supporting health services?

World Bank Group support is aligned with countries' health needs

At country-level World Bank financing is positively associated with the total burden of disease for child health, HIV/AIDS, malaria, tuberculosis, other communicable diseases, and noncommunicable diseases and injuries.

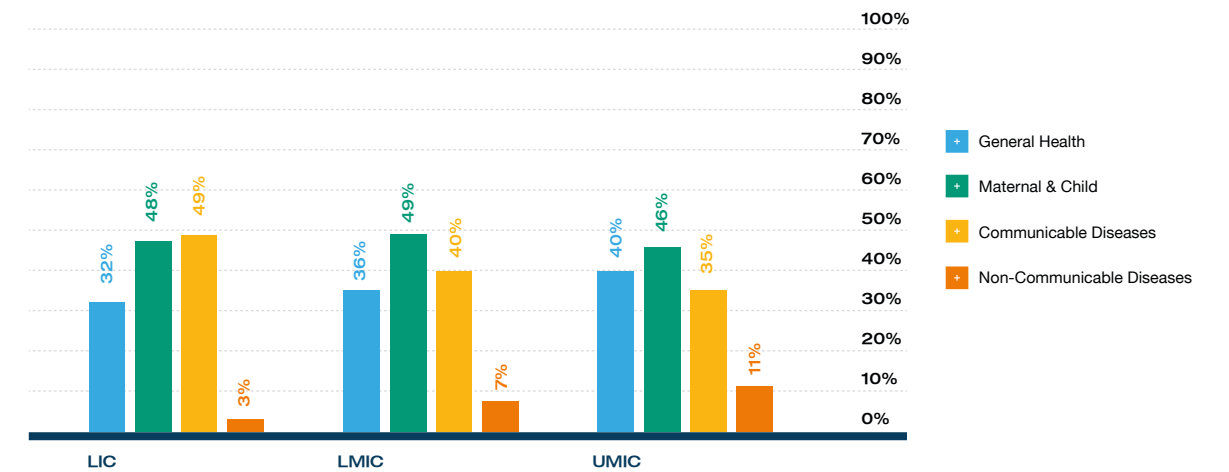
Countries with sicker population receive more from the World Bank in term of project financing commitments.

The health focus is also generally consistent with country epidemiological transitions and income levels. Bank's support for communicable diseases, which disproportionately affect the poor, is stronger in low-income countries and fragility, conflict, and violence situations.

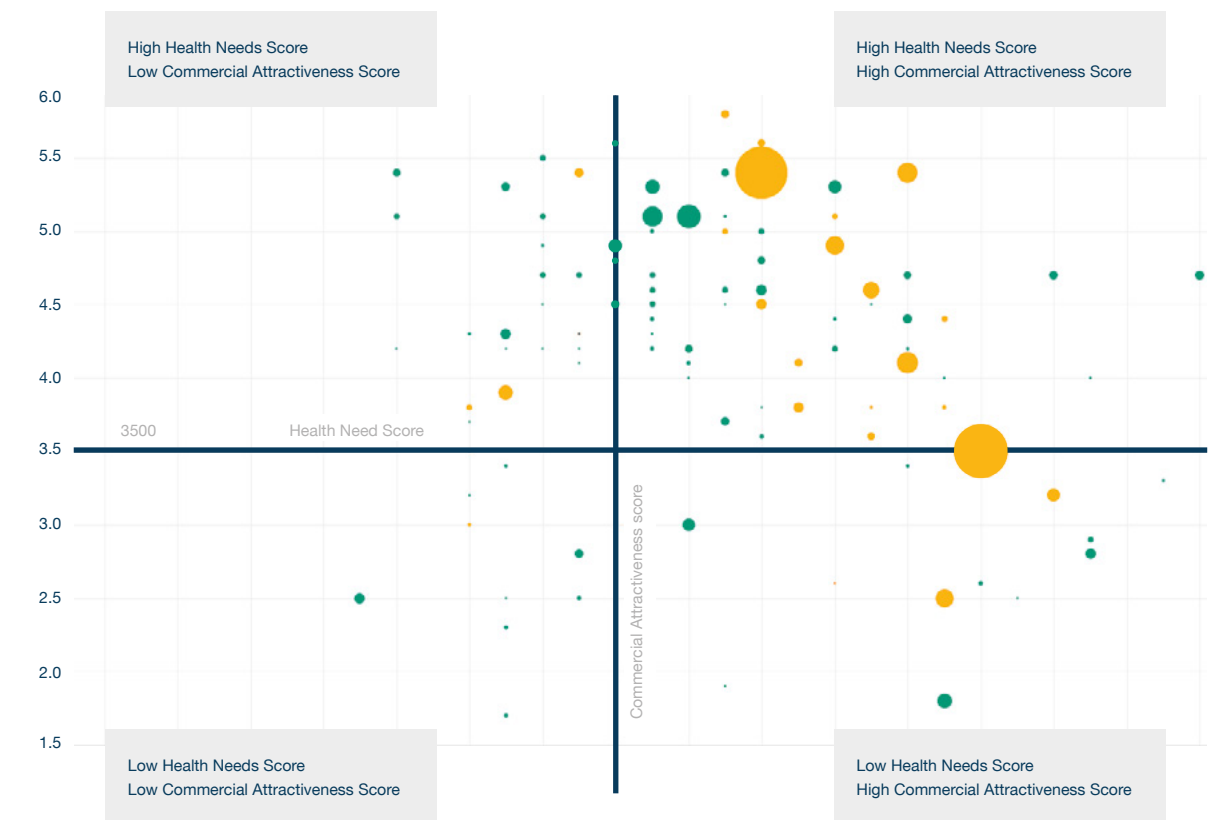
IFC investments are in those countries with more commercial attractiveness, where the business environment is good enough for private sector companies to deliver services with positive returns.

But the alignment with countries' health needs could be improved. IFC is active in only about one-third of countries having high needs and a good business environment, suggesting potential for IFC investments to expand beyond countries in its current portfolio.

World Bank Focus as Percent of Projects by Country Income Level



Alignment of IFC investments with Country Health Needs and Commercial Attractiveness



Note: Size refers to Population size. Orange: Countries with IFC Investments (excluding Pharma). Green: Countries with no IFC Investments. Source: Based on portfolio and World Development Indicators data.

The World Bank Group is addressing key drivers of universal health coverage

Since 2007, Bank Group support has shifted its focus from inputs to results.

The Bank Group's recent strategic focus acknowledges the importance of expanding health service delivery to achieve the twin goals of ending extreme poverty and promoting shared prosperity.

In 2014, the World Bank joined a global coalition of more than 500 leading development organizations that called for acceleration in universal health coverage to ensure everyone, everywhere, can access quality health services when needed without being forced into poverty.

The 2015 United Nations General Assembly embraced universal health coverage among the targets for Sustainable Development Goal 3, which is to "ensure healthy lives and promote well-being for all at all ages."

But drivers of universal health coverage have been part of Bank Group strategies in the health sector for two decades. The recent Bank Group Human Capital Project confirms the central role that health services will continue to play in the Bank Group's strategic focus.



IMPROVE ACCESS

Increasing access is the most frequent objective in Bank Group-financed projects. Operations including conditional cash transfers and performance-based financing approaches perform better in improving access. IFC evaluated projects improved access to health services 73 percent of the time.



IMPROVE QUALITY

World Bank-financed projects show greater emphasis over time on improving the quality of health services. However, they show limited capacity to monitor all the relevant dimensions, and quality objectives were successfully achieved only half the time. Projects adopting performance-based financing present stronger monitoring and evaluation frameworks for quality and show greater improvements.



STRENGTHEN HEALTH SYSTEMS

Health systems-strengthening activities are identified in approximately 90 percent of projects, yet such goals have lost traction over time. Results have been rated positively half of the time. Projects are more likely to achieve these objectives if the scope is well defined and the World Bank has significant experience in the area.



IMPROVE HEALTH OUTCOMES

The share of World Bank-financed projects with explicit health improvement objectives has declined with the focus on outcomes that are measurable within the lifetime of the project. About half of World Bank-financed projects reached their health improvement objectives. World Bank projects supporting conditional cash transfers and performance-based financing approaches perform the best.



IMPROVE EQUITY

The majority of World Bank-financed projects identify the specific population groups with coverage gaps who are expected to benefit from interventions. However, even when the beneficiaries are identified, the projects' monitoring and evaluation rarely measure improvements in relative terms, thus the distributional impacts are seldom known. IFC strives to invest on large markets and networks, engaging with clients with a focus on corporate social responsibility. Despite this potential for systemic impact, the distributional impact of IFC projects is also rarely specified in project interventions.

Despite efforts there is still limited public-private integration in client countries

- ✘ All health systems are mixed, with variation in the roles of public and private sectors across countries services. This plurality of systems makes it difficult for countries to understand the roles each actor should play.
- ✘ Generally, however, private providers can provide only a limited set of services and cannot offer comprehensive universal care (particularly preventive and promotive care) even at a primary care level. Therefore, a more effective channel to expand coverage among the poor is through the integration of private provision with public financing.
- ✘ WBG have increasingly recognized the importance that the private sector has in health systems and the need to ensure public-private complementarities for a more effective resource use in the sector.

However, the evaluation found that:

- ✘ Opportunities for synergy and collaboration between the World Bank and IFC in health have not been fully seized, despite the strong potential.
- ✘ The sample of six country case studies also found limited instances of complementarities between WBG institutions.
- ✘ Despite the efforts the World Bank's support to private service provision and public financing in client countries is still limited,
- ✘ The IFC face challenges in blending private provision with public financing to improve access for the Underserved.
- ✘ The main reasons for these challenges are limited availability of public resources and capabilities; underdeveloped private markets for health services, including difficulties in making true price comparison between the public and private sectors; and inadequate regulation, including enforcement.
- ✘ The experience of the Health in Africa Initiative shows that complementarities and synergies between the public and private sectors are difficult in low-capacity and low-resource settings, and that collaboration between World Bank and IFC teams is difficult without unified leadership at the country level.
- ✘ The HNP GP has appointed a global solutions lead for private sector engagement to facilitate the joint World Bank-IFC approach in health. Also, the WBG has engaged with Maximizing for development approach the bank is using the cascade to serve clients with the adequate instruments. These are encouraging steps.

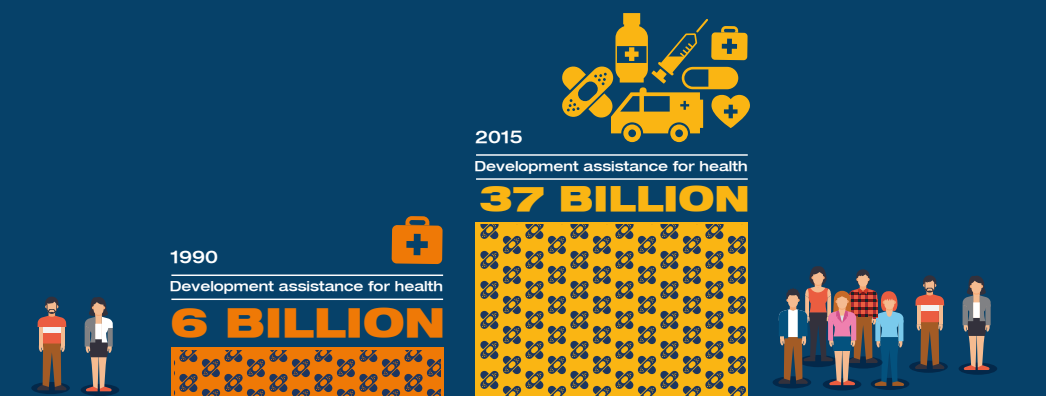
The global health landscape has become more complex shaping the World Bank Group's role in Global Partnerships Programs

This complexity arises primarily from the increase in the multiplicity of actors, and the size and diversity of funding instruments.

Most of the increase in development assistance for health funding comes from members of the Organization for Economic Co-operation and Development's Development Assistance Committee, philanthropic foundations and global partnerships and multi-donor trust funds increasingly complement traditional single-donor funding.

The World Bank Group is currently involved in 25 Global Partnership Programs and 6 Multi-Donor Trust Funds in health. These 25 partnerships have disbursed more than \$35 billion for health services since 2010. IFC has been a founding member of 3 Global Partnership Programs — HIA, HANSHEP and Global Health Investment Fund (co-investor).

Increased donors' resources channeled through the World Bank have allowed to broaden the scope of support in health but created challenges of further fragmentation. While WBG's current partnerships are broadly in line with its sectoral strategies, the complexity of the global development landscape, the appearance of new actors, and the proliferation of partnerships globally require an improvement in the strategic focus (in terms of selectivity and alignment) of the World Bank Group's participation in global partnership programs. Some partnerships may have lost their relevance or have overlapping mandates and objectives.














A key lesson from Bank Group experience in pandemic situations is that capable health systems are necessary to mount a successful response to deadly virus outbreaks. They require adequately staffed health services, a supply of protective equipment, capacities for laboratory diagnosis, clinical management, and surveillance for quick diagnosis and rapid contact tracing.

World Bank Group performance in pandemic preparedness and response has improved through successive pandemic outbreaks.

However, Bank Group support to pandemic risk management, mitigation, and preparedness is not fully mainstreamed into operations to develop sustainable capacity to address pandemics.

-  The World Bank supported pandemic preparedness and response efforts in 63 countries during 2006–13, but it failed to sustain efforts.
-  As a central member of the global coalition that fought the Ebola virus outbreak in West Africa, the World Bank quickly mobilized the financial resources required to fight the spread of infection, restore basic health services, and reactivate the economy.
-  The Pandemic Emergency Financing Facility, approved in May 2016, may accelerate the release of funds to respond to future outbreaks.
-  However, preparedness is the first line of defense. Country health systems' pandemic risk management capacity should be strengthened, and efforts must be integrated with client country's health system and sustained over time.

COMMON FACTORS RELATED TO EFFECTIVENESS OF PROJECTS SUPPORTING PANDEMIC PREPAREDNESS AND RESPONSE:

-  The engagement of international organizations to support implementation of an emergency project has benefits in terms of technical rigor.
-  Multisector project implementation increases the control of the infection.
-  Inclusion of behavior change strategies (such as TV communications, public awareness clips, multimedia campaigns and regional video conferencing).
-  Cross-ministry cooperation (Ministry of Health; Ministry of Agriculture)
-  A fast-track procurement process for emergency operations to speed up implementation and the use of bilateral agencies with faster procurement procedures.



IEG's evaluation findings have led to four recommendations:

RECOMMENDATION 1

Improve measurement of the quality of health services and the distributional effects of health services projects. The monitoring and evaluation framework of World Bank Group projects should include (i) appropriate indicators of the relevant dimensions of health service quality – structure, process, and outcomes and (ii) the measurement of improvements of beneficiaries relative to nonbeneficiaries.

RECOMMENDATION 2

Strengthen World Bank and IFC synergy to support public-private interactions in client countries to contribute to SDG3 and universal health coverage. (i) For World Bank, work with the IFC to strengthen the planning, regulatory, and accountability arrangements for public-private interactions. (ii) For IFC, work with the World Bank to crowd-in public financing for privately delivered services. The World Bank Group's newly launched Maximizing Finance for Development (MFD) approach, aimed at mobilizing finance for development by focusing on upstream reforms where necessary to address market failures and other constraints to private sector investment, can be applied to achieve greater synergies between the public and private sector.

RECOMMENDATION 3

To develop sustainable capacity to address pandemics, systematically integrate, in World Bank Group– financed projects and advisory services in health services, awareness and preparedness plans and governance frameworks for pandemic control within the client country's own health system. Building on the commitment made under IDA18 to support health emergency preparedness, response, and recovery, the management of the World Bank Group institutions could seek to ensure that World Bank's project financing and ASA are not one-off responses outside the client country's health system.

RECOMMENDATION 4

Enhance the strategic alignment and selectivity of World Bank Group engagement in ongoing and future global partnership programs. A strategic review should apply clear selectivity criteria that reflect the World Bank Group's comparative advantage and the broader global development agenda. It can inform the selectivity and relevance of ongoing and future GPPs, and a more effective use of resources needed for engaging in partnerships.



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Washington, DC 20433

