

# Advisory Panel Statement

---

The external advisory group welcomes this report on World Bank Group support for health, nutrition, and population outcomes since 1997. In an era when health has been very high on the international agenda, it is vital that development agencies such as the World Bank Group rigorously scrutinize the effectiveness of what they do and learn from such scrutiny to improve practices.

From its involvement during the process of the evaluation, the advisory group was satisfied that the processes were transparent, independent, constructive, and evidence-based. The evaluation's approach and methods made the most of what evidence was available, and the overall analyses, conclusions, and recommendations are sound. Below we highlight and comment on key findings.

The decade has seen a remarkable increase in international assistance for health, and a marked decline in the Bank's share of total assistance, from 18 percent in the 1990s to 6 percent. While we echo the view of the evaluation that the Bank still has a very important role to play, we were taken aback by the extent to which the Bank followed the trend of increased support to communicable disease control. At a time when disease-specific programs were getting greatly increased support from elsewhere, we were surprised that the Bank did not provide a countervailing trend. Indeed, there was a fall of nearly half in the share of projects with objectives to reform the health system. We endorse the view in the report of the Bank's comparative advantage—that it can provide long-term, sustained engagement, a focus on building country capacity in the sector, strong links to Ministries of Finance, and engagement across many sectors—and fully agree that its focus should be on making health systems work better and ensuring that benefits reach the poor.

In this context, it is a source of considerable concern that the performance of the HNP portfolio overall has been below average, and that within this the health sector reform type of projects have tended to perform less well. The report provides much food for thought in exploring why this might have been the case. We strongly endorse the recommendations that project design should be matched to country context and capacity, that complex projects should be avoided in low capacity settings, and that thorough institutional analysis and exploration of political economy issues should be part of project design and implementation. The strong preparatory analytical work that the report calls for should help ensure that projects are relevant to country needs. Although the advisory group agrees that it is important to seek to explore the determinants of project outcome ratings, the regression results summarized in the text and presented in an appendix table should be interpreted with care.

The evaluation did not undertake any extensive analysis of the past analytical work done in HNP. However, it is notable that 41 percent of the analytical work was on health system performance, and yet many projects in this area encountered difficulties. Further exploration of the analytical work would be valuable, to assess the extent to which it was relevant to country programs and to see whether lessons can be learned in terms of ensuring that analytical work supports high-quality project design and implementation.

Another area that would have benefited from greater attention is that of sustainability and building country capacity. Although sustainability was an objective in both the 1997 and 2007 HNP strategies, this aspect has not been sufficiently explored in the report. There are a number of aspects of

capacity that need building at the country level—human resources are absolutely key and yet whether or not they were adequately addressed by projects was not explored. There are similar considerations with respect to health information systems and national monitoring and evaluation capacity. No evidence is presented on the extent to which local capacity was used or built to ensure projects are sustained into the future, or on whether projects were managed in the most efficient way. If there are inadequate attempts to use or build internal capacity, it is highly likely that the projects will not be effectively sustained.

The report comments that while half of all Water Supply and Sanitation projects cited potential for health benefits, only 10 percent had an objective to improve health. This is presented as a weakness, but it need not be: the projects can improve other things that have large effects on health, so failure of a project to state that it is improving health or its failure to do things that directly improve health may not be bad for health. For example, SWAPs encourage projects to do things that indirectly improve health.

The report highlights a clear problem of accountability for results. Despite the Bank's mandate for poverty reduction, a very small share of projects had explicit objectives relating to improving HNP outcomes among the poor, and of closed projects with these objectives, very few were able to demonstrate improvements. Similarly, many projects were termed *pilots*, implying they were intended at least in part for learning, but few projects actually evaluated results. A widespread weakness in monitoring and evaluation and in evaluation was identified.

It is notable that these weaknesses have been identified in previous evaluations, and recommendations made to improve monitoring and

evaluation. Improvements are noted—for example, in terms of availability of baseline data—but weaknesses remain. Failure to respond sufficiently to previous recommendations suggests that there are pervasive incentives in the Bank that work against investing sufficiently in monitoring and evaluation and evaluation. This is a vital area for management action to consider how to create stronger incentives. The issue of whether staff are drawing in the necessary expertise in evaluation research methods also needs consideration—issues of appropriate research design and data analysis methods are complex.

The World Bank Group has many strong assets, including its analytical and synthesis capacity, its strong relationship to country financial policy makers, its extensive networks at the country level in all regions, its massive financial and social capital, and its skill in managing development funds. These assets are extremely important in helping the group successfully formulate, implement, evaluate, and reformulate its HNP projects. If applied properly and efficiently, these assets will allow the World Bank Group to build up sustainable capacity within developing countries and support health systems development that is more pro-poor, more efficient, and more sustainable. However, given the now highly complex aid environment in health, it is vital that the World Bank position itself clearly with respect to what others are doing. To address the problem of fragmentation within countries, it should also seek to support interagency coordination.

Finally, there is a need to strengthen the IEG evaluation team and resources. Insufficient human resources, financial support, and time inevitably limited the work that could be done for the evaluation report. The IEG staff have done their best, given limited resources, to come up with an excellent assessment with much rich detail. But more could be done with better support.

---

Augusto Galán-Sarmiento, former Minister of Health, Colombia  
 Anne Mills, London School of Hygiene and Tropical Medicine, United Kingdom  
 Germano Mwabu, University of Nairobi, Kenya  
 Suwit Wibulpolprasert, Ministry of Public Health, Thailand