

Management highly values IEG's evaluation of World Bank Group support in the health, nutrition and population sector, an important assessment after 10 years of implementation of the 1997 health, nutrition and population (HNP) strategy.¹ The evaluation is helpful in articulating some of the contextual difficulties the Bank Group faces as a key partner in the international health environment. Management has some general comments on the changing context for its support, followed by comments on the evaluation's main findings and recommendations. Lastly, the Response cites the International Finance Corporation's (IFC) evolving role in the sector. The Management Action Record (attached to the Management Response Summary at the front of this volume) provides a Bank Group response to IEG's recommendations. As noted below, the 2007 Health Strategy (World Bank 2007a) found issues similar to those raised by IEG, not surprising because there was regular interaction between HNP staff and the IEG team in the process of preparing the new strategy. The recent health Strategy Progress Report (World Bank 2009) lays out the Bank's actions to strengthen its support, including taking into account all of the major IEG analysis and recommendations. Annex 2 of the Progress Report, the Management Action Plan, summarizes how the actions being taken correspond to IEG's recommendations, including assigning responsibilities and setting benchmarks for measuring progress. For reference it is appended to this response.

Changing Context for WBG Support

The context in which the Bank Group provides support in this sector has changed dramatically during the last decade. That context affects how the World Bank Group works.

A Changing Global Environment Requires More from the Bank. The last 10 years have seen the creation of new international health institutions and foundations, as well as the emergence of many different innovative health funding mechanisms.² The welcome result has been sharply increased global funding for HNP. The Bank's role has undergone a similar paradigm shift. Although lending investment remains significant, we now play a much more nuanced role, working with and through partners and new international institutions.³ This changing role, anchored in the Paris and Accra Declarations, is desirable from a development perspective, but it also imposes significant additional challenges in attributing development outcomes to Bank finance or technical contributions. The sector is constantly adapting to this rapidly evolving environment, using the full spectrum of the Bank's comparative advantages beyond traditional lending and economic and sector work (ESW). The benefits are clear, as are the risks of working in a complex development area, investing in complex health systems while respecting the multiplicity of synergies necessary for a continuum of care and service delivery, essential for public health and disease control, and in some instances relying on partners to deliver results.

A Mandate to Achieve Health Outcomes through Health in All Policies. The international health community and the World Bank Group have recognized that, in addition to stand-alone interventions and sector-specific policies, we must focus on more comprehensive "health in all policies." Given how the Bank Group is organized, this is our comparative advantage—and the HNP sector has been moving in this direction over the past years. The 2007 HNP strategy (World Bank

2007a) included a critical self-assessment of the sector's performance since 1997. The IEG evaluation reconfirms much of this self-assessment, and many of IEG's recommendations are helpful in achieving greater effectiveness and impact.

Main Findings and Recommendations

Management agrees with many of the findings, and appreciates the recommendations. Management has taken them into account in the Progress Report and the Plan of Action (see the attached Action Plan). While not detracting from the importance that it gives to the evaluation and its usefulness for the Strategy Progress Report, management has a set of observations on some of the findings.

Health Status Has More than One Development Dimension. Management considers better health a development outcome in and of itself, irrespective of its contributions to other goals. In addition to improving health status, the HNP sector aims to cushion the financial shocks of health costs, which can be substantial in many client countries, where out-of-pocket payments dominate. Thus, while we agree that investments should focus on health outcomes for the poor, it is also vital to protect those above the poverty line from financial shocks from poor health that push families into poverty.

The World Bank Group's Global HNP Engagements Go Beyond Projects and ESW.

The evaluation emphasizes lending, with some attention to policy dialogue and analytic work. But the HNP sector has expanded the paradigm over the past decade. The World Bank Group uses a range of engagement instruments, such as analytic and advisory activities (including IFC Advisory Services),⁴ just-in-time policy advice, policy-based lending led by other sectors, subnational lending without a sovereign guarantee (through IFC), and working through international networks and partnerships, such as the Global Alliance for Vaccines Initiative (GAVI), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and the European Union (EU) Observatory. Working with partners through pooled funding, country systems and joint strategies and supervision (as opposed

to ring-fenced Bank operations) is also anchored in international commitments and agreements such as the Paris and Accra Declarations. The success of the Joint United Nations Program on HIV/AIDS (UNAIDS), GFATM, GAVI, Roll Back Malaria, EU Observatory and other major international partnerships is also the shared success of the Bank Group's HNP work, as we exercise substantial technical and financial influence in these networks and partnerships. Over the past decade, we have also enhanced internal collaborations to improve the Bank Group's impact on global health: Examples include work across units (notably with Concessional Finance and Global Partnerships, Operations Policy and Country Services, and Treasury for innovative financing mechanisms—the International Finance Facility for Immunization, Advance Market Commitment, and Treasury services) and partnerships with GFATM, GAVI, UNAIDS, and others. Harnessing the Bank's broader development expertise has significantly impacted the structure of the global health architecture, in addition to saving millions of lives.

The Evaluation Framework Does Not Assess the World Bank Group's Non-Traditional Contributions to Global Health and Client Support.

The evaluation's review of four approaches misses much of the work carried out in support of global public health, including key analytical pieces, the global work on core public health functions, water and sanitation, surveillance and vital statistics, indoor air pollution, avian and human influenza, and so forth. The evaluation does not evaluate performance-based approaches, which we believe have delivered impressive results. Regarding SWAPs, we note that before reaching any conclusions on their effectiveness we need to take into account elements beyond the evaluation that reflect the Bank's support for greater donor coordination and the use of country systems as enshrined in the Paris and Accra Declarations.

Coverage of Analytic Work. Much of the non-traditional analytical work has a potentially large or larger impact than the Bank's lending, especially since Bank financing is usually a small share of overall health spending in middle-income coun-

tries.⁵ Knowledge-product tasks are often preferred to ESW to get findings out more quickly or provide just-in-time advice to clients and partners. The evaluation does not sufficiently account for the role of analytic and advisory activities in engaging clients and advancing policy dialogue, either as a stand-alone tool to support the client (in particular in middle-income countries) or as a parallel track dialogue to investment and policy-based lending. The evaluation could also have taken greater account of other knowledge products, such as a large portfolio of Japan Policy and Human Resources Development Fund (PHRD) grant-financed analytic and advisory activities in support of project preparation, as well as non-formal ESW and technical assistance.

Improving Poverty Targeting. Management agrees with the need to ensure that project design responds to the priorities and needs of the poor, and to measure the full impact of improved health services for the poor. Indeed, the 2007 HNP strategy explicitly recognizes the need to focus not only on levels of HNP outcomes but also on their distribution, especially among the poor. This focus in the strategy drew heavily on HNP's path-breaking Reaching the Poor Program, active since 2001. Reaching the Poor has delivered global leadership in the measurement of disparities in HNP health-service coverage and outcome indicators among the poor versus the non-poor, as well as of the financial burden on households from seeking care. In 2005, Reaching the Poor published a review of interventions and programs that had been successful in reaching the poor (Gwatkin, Wagstaff, and Yazbeck 2005). A new report (Yazbeck 2009) has been produced in the period since the adoption of the 2007 HNP strategy and was launched in January 2009. This volume lays out a policy menu emphasizing pro-poor policy reform along six dimensions, and a list of the analytical tools to better understand the constraints to pro-poor targeting of public health investments.⁶ Management will use these findings to ensure a better pro-poor focus in future lending operations.

Disease Control Programs and Targeting. As opposed to specific income groups, disease control programs must focus on the prevailing epi-

demology. For example, an AIDS program must focus on high-risk groups—irrespective of income. A malaria program focused solely on the poor would fail to eliminate malaria. Polio could only be eradicated from the Western Hemisphere by focusing on large, inclusive campaigns targeting all income groups. Such investments in public health and control of communicable diseases are global public goods, generating positive externalities for society, irrespective of income status.

Investments in Health Systems. The 2007 HNP strategy underscores the need to focus on health systems for delivering improved HNP results, particularly for the poorest and the most vulnerable, and the Bank has emerged as a strategic leader in advancing health systems strengthening for improved HNP results. Over the past two years, projects with a primary focus on health systems have increased twofold. In line with the strategy, 67 percent of Bank programs approved since fiscal year 2007 that focus on priority disease areas also include strong components on health systems strengthening. A new Health Systems for the Health MDGs initiative was launched in 2008 to bring together the resources and efforts to fund and implement coherent, country-led health sector programs in Africa and selected countries in Asia.⁷ This program will improve the Bank's ability to rapidly assist and advise HNP operations on the ground, particularly in the areas of health finance and risk pooling mechanisms, human resources for health, governance, supply chain management, as well as infrastructure planning.

HNP in Poverty Assessments and CASs. Management notes the substantive improvements over the past years in quantity and quality of HNP involvement in the Poverty Reduction and Economic Management Network-led analytical work, and agrees that HNP must be fully included in all Poverty Assessments and fully examined in the preparation of CASs.

Cross-Sector Work. Management welcomes the suggestion to expand cooperation and cross-sector work with the Transport, Water and Sanitation sectors. More will be done to harness cross-sectoral results along the notion of "health in all

policies.” The 2007 HNP strategy is a good conduit to foster improved collaboration across sectors in support of health outcomes. We note the recommendation that “when the benefits are potentially great in relation to the marginal costs,” health objectives should be incorporated into non-health projects, but also note that clients undertake such operations largely for non-health objectives and it would be unrealistic within current resources to burden all such projects with potentially small (albeit cost effective) health impact objectives, or to demonstrate and document empirically such impact and outcomes in each case.

The Quality of the Bank HNP Portfolio. Management appreciates the concern for the quality of the Bank HNP portfolio—in particular in Africa. The current data on riskiness of the HNP portfolio confirms the fact that the problems are most acute in the Africa Region, and that HNP’s performance across most other Regions is approaching other sectors’ performance. An additional area of concern is the underperformance of projects that have a significant HIV/AIDS component, a high percentage of which have received unsatisfactory ratings from IEG^{8,9} (with a relatively high disconnect—as management rated the outcomes of several of these operations as satisfactory) and which also constitute a disproportionate number of projects at risk in the current portfolio.

The HNP Action Plan for the Portfolio. As outlined in the Strategy Progress Report, the HNP sector is making major efforts to improve the quality of the existing portfolio and ensure the quality of new operations entering the portfolio. These efforts include increasing candor in reporting to close the realism gap and improving other portfolio indicators. The Africa Region has implemented several changes aimed at improving HNP’s portfolio in the Region. In March 2008, the Quality Assurance Group (QAG) was asked to review the performance of HNP projects that were categorized as being at risk. The QAG panel indicated important areas for urgent attention: strengthening sector management oversight; reviewing current resources for preparation/supervision; and addressing two key weaknesses: monitoring

and evaluation (M&E) and institutional analysis. A detailed Portfolio Improvement Action Plan that includes all at-risk projects, as well as projects needing additional management oversight to avoid falling into at-risk status, has been developed and is being monitored on a quarterly basis by the HNP Sector Board.¹⁰ The Portfolio Improvement Action Plan addresses some of the key concerns raised by the various reviews, namely, intensifying management oversight, targeting of resources to projects most in need, strengthening project implementation to focus on monitoring and evaluation, and matching project interventions to the country’s institutional capacity. A comprehensive approach has also been adopted to improve the quality of HIV/AIDS projects, and this included an umbrella restructuring package of 11 Multi-Country HIV/AIDS Programs (MAP) for Africa projects in fiscal year 2007. Additional technical support is being provided to improve implementation, develop impact evaluation capacity, and strengthen governance and accountability within national AIDS programs.

Doing More in Population and Reproductive Health. The Strategy Progress Report highlights plans for strengthening support for population and reproductive health in a health systems approach. That strengthening is critical to improving maternal and child survival rates.

Investing in Nutrition Support. We also agree with the evaluation’s findings that nutrition has played a less prominent role within HNP over the past 10 years. The need for action is even more important today in the context of the aftermath of the crises in fuel, food, and fertilizers, as well as the escalating effects of the financial crisis. Management is therefore investing significant resources in the next few years to ramp up the Bank’s analytical and investment work and leverage resources from other donors. The agenda for scaling-up nutrition is being catalyzed with additional budget resources starting in 2009, and continuing for three years. The increased allocations are being utilized principally in Africa and South Asia, two Regions where the malnutrition burden is highest. These funds will be complemented by additional trust fund resources from

Japan, and possibly from other donors that are currently engaged in discussions on this issue.

Needed Improvement in Monitoring and Evaluation. Management agrees that M&E needs to be improved, and it is an important part of Strategy implementation, as noted in the Strategy Progress Report (including the work on retrofitting projects and improving the design of new projects). The evaluation proposes a focus on strengthening health information systems. However, in some cases, routine health monitoring systems (including surveillance, facility reporting, vital registration, census data, resource tracking, and household surveys) first need to be strengthened to provide the data and indicators that are needed. The Bank has deepened its collaboration with the Health Metrics Network, a global partnership aimed at building statistical capacity in countries to improve the collection and use of health information. The Bank has produced a toolkit on measuring health system governance to better monitor accountability in the sector, and this is being piloted in five countries with support of the Governance and Anti-Corruption Trust Fund. One of the largest impact evaluation trust funds at the Bank, the Spanish Trust Fund for Impact Evaluation, is housed in the human development sector. The trust fund, which was initiated in 2007 and will continue until 2010, finances rigorous impact evaluations of interventions aimed at enhancing human development as well as learning and dissemination activities to help promote knowledge and awareness of “what works” in the human development Sector. The Bank is also working with partners, such as WHO, to develop better ways to monitor the health MDGs, including the estimation of trends in child and maternal mortality for which updates have recently been issued.

The Problem of Attribution. The evaluation argues for a better attribution of health outcomes to inputs financed by the World Bank Group. Health outcomes are hard to evaluate within the timeframe of a project and are influenced by multiple determinants. Also, the Paris and Accra Declarations emphasize the greater development impact of pooled funding, use of country systems, and country-based M&E. The Bank’s policy

on M&E (OP 13.60) likewise emphasizes the use of country-level M&E systems. Strictly speaking, attribution is only possible in a tightly designed randomized trial, which will rarely be feasible in Bank-supported investment projects or sector support. The standard should be that sufficient evidence on outputs, intermediate outcomes, and outcomes should be collected to establish a credible results chain regarding the link between Bank-financed investments and sector progress.

Cost of M&E. Borrowing countries have many development and poverty-reduction priorities and worry about the opportunity cost of complex M&E systems, especially those that are separate from country systems. They see that large-scale evaluations have an important global public good aspect, justifying external (grant) financing in most cases. This may delay the establishment of appropriate baseline data and results frameworks prior to project approval, notably with regard to impact evaluations.

Operational Complexity. Management agrees that we need to strive to reduce complexity in Bank-financed HNP operations. However, HNP operations can rarely be institutionally or technically simple, since the desired outcome usually depends on a complex and interacting set of social, cultural, and institutional factors. Investing in simple programs would not necessarily provide for lasting impact. Management acknowledges, however, that complexity can be at least partially addressed by some of the recommendations of the evaluation, such as thorough technical preparation, including solid analytical underpinning, political mapping, high quality at entry including a good results framework, and finally in-depth supervision and parallel policy dialogue with client and partners.

The 2007 Health Sector Strategy and IEG Recommendations. The 2007 strategy actually cited findings that were similar to the IEG findings, as would be expected since IEG staff worked with the strategy team to share preliminary results of their work. Annex 2 of the Progress Report summarizes how the overall actions being taken to strengthen the Bank’s HNP support correspond to IEG’s recommendations (see attached).

IFC's HNP Footprint

IFC has considerably increased its footprint in HNP over the past decade and is prepared to intensify collaboration within the World Bank Group. During the period under review, much has occurred, both in IFC's health activities and in the private health sector in developing countries. There is a growing acknowledgement of the role of the private sector in health care in developing countries. Indeed, in many low-income countries, the private sector pays for a far larger part of health care than the public one, and in many more, it is at least of equal size. Furthermore, joint research by the World Bank, IFC, and the U.S. Agency for International Development (USAID) conducted in Africa showed that very poor people often obtain health care in the private sector and that the public sector often subsidizes health care for the rich. These findings have led to the Bank and its partners designing innovative consumer-focused approaches to addressing major health financing challenges; such as the AMFm (Affordable Medicines Facility for Malaria), which will reduce the price of Artemisinin-based Combination Therapy (ACT), and therefore out-of-pocket payments.

In a world of growing, aging populations in developing countries that are likely to “get old before they get rich,” both public and private sector resources are needed to tackle the health needs of the population, as neither has the resources by itself. Indeed, all countries' health systems are financed by both sectors; it is only the proportions that vary.

IFC therefore has taken up the challenge to grow its work to support the private health sector in developing countries to complement the larger, more established work done with the public sector by the World Bank. The period under review has seen a marked increase in IFC's activity in health, the creation of a dedicated Health and Education Department, and a specific focus on pharmaceutical and life sciences activities within IFC's Global Manufacturing and Services Department. During this time, many lessons have been learned, specialist knowledge has deepened, and performance has improved by any measure applied. As in other sectors, IFC continues to strive for greater development impact, and we therefore welcome all input that could help us to do better.

World Bank Management Action Plan			
IEG Recommendation	Actions to Be Taken	How Much & by When	By Whom
I. Intensify efforts to improve the performance of the World Bank's health, nutrition, and population support.			
(a) Match project design to country context and capacity and reduce the complexity of projects in low-capacity settings through greater selectivity, prioritization, and sequencing of activities, particularly in Sub-Saharan Africa.	<ul style="list-style-type: none"> – Carry out Quality Enhancement Reviews focusing on technical preparation, M&E, and institutional and risk assessments and mitigation measures. – Reviews of HNP portfolio. 	<ul style="list-style-type: none"> – 75% of all new HNP projects have an intensive Quality Enhancement Review focusing on technical preparation, M&E, and institutional and risk assessments and mitigation measures, starting fiscal year 2010. – Quarterly reviews of HNP portfolio by HNP Sector Board ongoing. 	HNP Sector Board, HNP Hub, and Regional quality teams.
(b) Thoroughly and carefully assess the risks of proposed HNP support and strategies to mitigate them, particularly the political risks and the interests of different stakeholders, and how they will be addressed.	<ul style="list-style-type: none"> – Concentrate on risk management and mitigation during Quality Enhancement Reviews. – Expand learning on HNP sector risk assessments and mitigation strategies. 	<ul style="list-style-type: none"> – Of the Quality Enhancement Reviews conducted, 100% include focus on risk, starting fiscal year 2010. – Develop and roll out course on project risk analysis for HNP teams, and disseminate best practices and lessons learned, starting fiscal 2010. 	HNP Sector Board, HNP Hub, World Bank Institute.
(c) Phase reforms to maximize the probability of success.	<ul style="list-style-type: none"> – Increase analytical work focusing on reform for those HNP projects focusing on health system reform. 	<ul style="list-style-type: none"> – 100% of new HNP projects focusing on health system strengthening or broadly on health reform to be based on analytical work, including political risks and the interests of different stakeholders, starting fiscal 2010. 	HNP Sector Board, with technical support from HNP Hub, as needed.
(d) Undertake thorough institutional analysis, including an assessment of alternatives, as an input into more realistic project design.	<ul style="list-style-type: none"> – Increase analytic and advisory activities for institutional analysis, with increased attention through better policy dialogue and analytical work, adapted to country context. – Learning program focusing on HNP sector institutional and stakeholder analysis. 	<ul style="list-style-type: none"> – 80% of new HNP projects to be based on institutional analysis, starting fiscal 2010. – Training program designed and delivered, starting fiscal 2010. 	HNP Sector Board, HNP Hub.
(e) Support intensified supervision in the field by the Bank and the borrower to ensure that civil works, equipment, and other outputs have been delivered as specified, are functioning, and are being maintained.	<ul style="list-style-type: none"> – Project design to specify borrower responsibilities for civil works and equipment maintenance. – Project design to ensure adequate recurrent cost budgeting for civil works and equipment maintenance. 	<ul style="list-style-type: none"> – All new HNP projects starting preparation in fiscal 2010. – All new HNP projects starting preparation in fiscal 2010. 	HNP Sector Board, HNP Hub.

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World Bank Management Action Plan (continued)			
IEG Recommendation	Actions to Be Taken	How Much & by When	By Whom
	<ul style="list-style-type: none"> – Develop guidelines and standard specifications for civil works and equipment and other health inputs, and their maintenance. 	<ul style="list-style-type: none"> – By fiscal 2010. 	
II. Renew the commitment to health, nutrition, and population outcomes among the poor.			
<p>(a) Boost <i>population</i> and <i>family planning</i> support in the form of analytic work, policy dialogue, and financing to high-fertility countries and countries with pockets of high fertility.</p>	<ul style="list-style-type: none"> – Analytic and advisory activity policy note on reproductive health, including family planning. – Incorporate family planning into health-system strengthening projects. – In high-fertility countries, incorporate population and family planning issue into CAS. 	<ul style="list-style-type: none"> – By fiscal 2010. – 2 health system strengthening projects in high-fertility countries include strengthening of family planning delivery, by fiscal 2010. – 50% of CASs for high-fertility countries, starting fiscal 2010. 	HNP Sector Board, HNP Hub.
<p>(b) Incorporate the poverty dimension into project objectives to increase accountability for health, nutrition, and population outcomes among the poor.</p>	<ul style="list-style-type: none"> – Ensure adequate attention is given to poverty dimensions in project design and supervision, particularly project development objectives and key performance indicators. 	<ul style="list-style-type: none"> – 80% of all new HNP projects incorporate the poverty dimension, where appropriate, starting fiscal 2010. 	HNP Sector Board, with technical support from HNP Hub, as needed.
<p>(c) Increase support to reduce <i>malnutrition</i> among the poor, whether originating in the HNP sector or other sectors.</p>	<ul style="list-style-type: none"> – Scale-up the Bank's analytical and investment work and leverage resources from other donors. 	<ul style="list-style-type: none"> – President's Regional Reprioritization Fund to hire 6 additional Bank staff (US\$4 million committed for fiscal years 2009–11); Japan TF (US\$2 million with potential for additional US\$20 million); possibly funds from other donors that are currently engaged in discussions on this issue. – Global Action Plan designed and agreed with key partners, by fiscal 2010. – Six to 8 analytic and advisory activities or new investment in nutrition by fiscal 2011. 	HNP Sector Board, HNP Hub.
<p>(d) Monitoring health, nutrition, and population outcomes among the poor, however defined.</p>	<ul style="list-style-type: none"> – Track health outcomes and intervention coverage among the poor. – Publish report on health indicators of poor people. 	<ul style="list-style-type: none"> – Annual review of health indicators among the poor, starting fiscal 2010. – Annual report, starting fiscal 2010. 	HNP Hub

World Bank Management Action Plan (continued)			
IEG Recommendation	Actions to Be Taken	How Much & by When	By Whom
(e) Bring the health and nutrition of the poor and the links between high fertility, poor health, and poverty back into poverty assessments in countries where this has been neglected.	<ul style="list-style-type: none"> – Increase inclusion of HNP in poverty assessments. 	<ul style="list-style-type: none"> – 90% of all poverty assessments and at least 40% of all CASs should assess the health status of the poor, starting fiscal 2010. 	HNP Sector Board, with technical support from HNP Hub and PREM, as needed.
III. Strengthen the World Bank Group's ability to help countries to improve the efficiency of their health systems.			
(a) Better define the efficiency objectives of its support and how efficiency improvements will be improved and monitored.	<ul style="list-style-type: none"> – Expanded PAD definition and discussion of efficiency objectives, measures and monitoring framework to be expanded and more explicit. – Analytic and advisory activities to analyze and review experience in improving health system efficiency. 	<ul style="list-style-type: none"> – 70% of HNP projects to include definition and analysis of improving HNP sector efficiency, including discussion of efficiency-equity trade-off, starting fiscal 2010. – Start fiscal 2010. 	HNP Sector Board, HNP Hub.
(b) Carefully assess decisions to finance additional earmarked communicable disease activities in countries where other donors are contributing large amounts of earmarked disease funding and additional funds could result in distortion in allocations and inefficiencies in the rest of the health system.	<ul style="list-style-type: none"> – Closely coordinate proposals for Bank support for new disease-specific programs with other partners. 	<ul style="list-style-type: none"> – 100% of HNP projects with significant priority-disease components to map contributions from other donors and ensure strengthening of health systems, starting fiscal 2010. 	HNP Sector Board, with technical support from HNP Hub, as needed.
(c) Support improved health information systems and more frequent and vigorous evaluation of specific reforms or program innovations to provide timely information for improving efficiency and efficacy.	<ul style="list-style-type: none"> – Build statistical capacity for client countries on priority HNP outcome indicators directly through Bank operations and/or supporting global partner's country support (e.g., MDGs). – Continue support of the International Health Partnership's (IHP+) efforts to strengthen monitoring and evaluation and health information systems in countries. – Conduct country assessments of health information systems. 	<ul style="list-style-type: none"> – 50% of new HNP projects include strengthening of country M&E systems, by fiscal 2010. – Strategy for global monitoring arrangement designed (in collaboration with global partners), by fiscal 2009. – Country assessments in 10 countries in fiscal 2010. 	HNP Sector Board, HNP Hub.

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World Bank Management Action Plan (continued)			
IEG Recommendation	Actions to Be Taken	How Much & by When	By Whom
IV. Enhance the contribution of support from other sectors to health, nutrition, and population outcomes.			
(a) When the benefits are potentially great in relation to the marginal costs, incorporate health objectives into non-health projects, for which they are accountable.	– Provide incentives to non-HNP task team leaders to incorporate health objectives into non-health projects.	– Intersectoral coordination thematic group for HNP results established to identify constraints and incentives, by fiscal 2010.	HNP Sector Board, HNP Hub, Country Directors.
(b) Improve the complementarity of investment operations in health and other sectors to achieve health, nutrition, and population outcomes, particularly between health and water supply and sanitation.	– Develop, implement, and manage an intersectoral coordination thematic group for HNP results.	– Group Functioning by fiscal 2010.	HNP Sector Board, HNP Hub.
(c) Prioritize sectoral participation in multisectoral HNP projects according to the comparative advantages and institutional mandates, to reduce complexity.	– Invite other sectors' participation to HNP project design reviews (e.g., Quality Enhancement Reviews) where appropriate.	– 100% of all HNP projects, starting fiscal 2010.	HNP Sector Board.
(d) Identify new incentives for Bank staff to work cross-sectorally for improving HNP outcomes.	– See response to IV (a) above.	– See response to IV (a) above.	– See response to IV (a) above.
(e) Develop mechanisms to ensure that the implementation and results for small health components retrofitted into projects are properly documented and evaluated.	– Strengthen HNP portfolio monitoring, including non-HNP projects, to document health results achieved through non-HNP sectors.	– 50% of all HNP and non-HNP Sector Board operations tracked, starting fiscal 2010.	HNP Sector Board, HNP Hub.
V. Implement the results agenda and improve governance by boosting investment in and incentives for evaluation.			
(a) Create new incentives for monitoring and evaluation for both the Bank and the borrower linked to the project approval process and the mid-term review. This would include requirements for baseline data, explicit evaluation designs for pilot activities in Project Appraisal Documents, and periodic evaluation of main project activities as a management tool.	– Implement US\$2.8 million Spanish Trust Fund (SIEF), supporting impact evaluations. – Pilot and evaluate impact of output- and performance-based financing for HNP-related projects/programs. – Introduce Results Frameworks targeting HNP outcomes, output, and system performance, including baseline data and output targets and programs.	– 15 HNP projects, fiscal 2011. – 16 active projects with most loan proceeds allocated to output-based financing, fiscal 2010. – At least 70% of new projects/programs approved by the Board, starting fiscal 2009.	HNP Sector Board, HNP Hub.