

Preface

This new HNP Strategy was prepared in two phases. The first phase of preparation was completed at a briefing to the Committee on Development Effectiveness (CODE) in June 2006, as presented in the Background Note on the New HNP Strategy, dated May 30, 2006. That briefing culminated in a process of extensive consultations with global partners, Bank staff, and management and confirmed the proposed Strategic Directions (annex H). The second phase finalized necessary technical work to address the main comments from the CODE discussion and comments received from global partners before the CODE briefing and began consultations with client countries from all Bank Regions. So far, more than 9 client countries in the field, 65 global partners, including civil society organizations and bilateral and multilateral organizations, and 160 Bank managers and staff from HNP and other sectors have been consulted.¹ The new Strategy benefits from the comments and suggestions given the team during these enriching consultations. It is intended to contribute to the decisions of client-country policy makers, Bank country teams, Bank management and global partners on country- and Region-specific strategies and Action Plans for achieving HNP results on the ground. This final strategy document includes comments and suggestions from the CODE discussion held on March 14, 2007.

This Strategy Paper does not attempt to make in-depth, specific technical recommendations on the diverse and complex range of issues involved in HNP policy today. In-depth technical recommendations must be country-context specific. Therefore, this Strategy Paper does not, for example, list specific health system reforms to improve performance in specific country contexts, nor does it recommend the best approach to support much-needed improvements in HNP in post-conflict and fragile states or propose international arrangements necessary for sustainable donor HNP financing in low-income countries. Instead, the paper outlines a new strategic vision for the World Bank in improving its own capacity to respond to these urgent questions globally and with a country focus, ensuring that this capacity will be mainstreamed in Bank lending and nonlending country support and support to global partners in areas of Bank comparative advantages.

Although this HNP Strategy does not include country-specific technical recommendations, its preparation has been informed by abundant in-depth policy work, conducted by the Bank,

¹ Interviews were conducted using a structured, open-ended interview technique, small group consultations, and consultations with partners at country and global levels. A questionnaire was sent to the Human Development (HD) Sector Management Units (SMUs) in all Regions, to the HNP Hub, the Global Program on HIV/AIDS, the World Bank Institute (WBI), and the International Finance Corporation (IFC) in March 2006. A consultation with the World Health Organization (WHO) was held in May 2006 in Geneva. Focus groups with randomly selected HNP staff (30 participants in all) as well as meetings with HNP teams at regional levels were organized to discuss the same set of questions. Two preliminary consultations with global partners were held on May 18 and 23 and in October and November 2006. Between September and November 2006, the strategy facilitation team visited 9 client countries (Argentina, Algeria, Armenia, Djibouti, India, Indonesia, Mali, Mexico, and Tanzania) to consult with government, civil society, academia, global partners in the field, and Bank country office staff. Additionally, the strategy facilitation team benefited from abundant information and analysis provided by Bank staff, other multilaterals, bilaterals, and foundations. The team held various discussion meetings with groups of civil society in Washington D.C.

setting forth analysis on health financing,² on nutrition policy,³ on a Bank Global Program Action Plan for HIV/AIDS⁴ (World Bank 2006h), and a renewed commitment to population policy (World Bank 2006j).⁵ It provides the vision of the Bank on the need to strengthen health systems and, in section H, it refers to key challenges for the HNP sector in contributing to combating the HIV/AIDS pandemic, in repositioning nutrition on the development agenda, and in renewing its commitment on population policy in line with, inter alia, the Programme of Action of the International Conference on Population and Development (UNFPA 2004). We refer readers to this specific technical work for further in-depth technical analysis. Through the implementation of this new HNP Strategy, the Bank plans to further strengthen its analytical and operational work in these important areas.

The new Strategy identifies a plan of action and internal functional adjustments for its implementation to bring about essential improvements in Bank work on HNP. It identifies necessary changes that would allow better support for government leadership and programs as well as global partners' efforts to achieve results. Country-driven and country-owned programs are the key to good HNP results on the ground.

² Preker and Langenbrunner 2005; Angel-Urdinola and Jain 2006; Baeza and Packard 2006; Cotlear 2006; Dussault, Fournier, and Letourmy 2006; Gottret and Schieber 2006; Marek, Eichler, and Schnabl 2006.

³ Allen and Gillespie 2001; Berhman and Rosenzweig 2001; Galasso and Yau 2006; Jamison et al. 2006; World Bank 2006l.

⁴ Bell, Bruhns, and Gersbach 2006; Duflo et al. 2006; Görgens et al. 2006; Görgens-Albino and Nzima 2006; Lutalo 2006; Malek 2006; Marquez 2006; Moses et al. 2006; Wilson and de Beyer 2006a; Wilson and de Beyer 2006b; Wilson and Claeson 2006.

⁵ Additional sources: Birdsall, Kelley and Sinding 2001; Wagstaff and Claeson 2004; Campbell-White, Merrick and Yazbeck 2006; World Bank 2006j.