

## **Annex K**

### **“The ESW Previously Known as BCOP”: Multisectoral Constraints Assessment (MCA) for Health Outcomes**

#### **Rationale I (for Countries and Country Directors)**

The attention to outcomes brought about by the Millennium Development Goals (MDGs) exposed a critical gap in client-country and World Bank programs for health, nutrition, and population (HNP). While it is universally acknowledged that reducing mortality, morbidity, fertility, and malnutrition requires multisectoral inputs and actions, little analysis has been done at the country level to systematically document the bottlenecks in different critical sectors, set out a framework for prioritizing actions, or assess institutional constraints. The proposed new economic sector work (ESW) instrument is designed to address this gap in the arsenal of client countries and development agencies. The proposed ESW will: (i) systematically assess multisectoral constraints to achieving HNP Results; (ii) provide a framework for prioritization of actions; and (iii) assess institutional factors and structures for facilitating coordinated actions by the prioritized sectors. For the World Bank country program, this new ESW product line will guide CAS development for multisectoral approaches to addressing the MDGs and other health outcomes, especially for the poor.

#### **Rationale II (for the HNP Family)**

Successful knowledge institutions (e.g., consulting firms or development institutions) put a premium on quality of knowledge, standardization of core competencies, and relevance to the clients. Within the World Bank, these success factors can be seen in the way groups like PREM and Social Protection select specific ESW lines that are high in quality, focus on the comparative advantages of the World Bank, and target not only line ministries, but primarily the Ministry of Finance (MOF). For HNP to achieve similar success, the current practice of an ad hoc and unstructured ESW program has to give way to much more selectivity, based on comparative advantage and serving the need of MOFs and Bank Country Directors in addition to Ministries of Health (MOHs). The new World Bank HNP Strategy has identified two clear lines of ESW business that fit the above success criteria. One line of ESW should focus on the crucial link between the MOH and the MOF by building simple instruments that address contingent liabilities for a country's budget created by the health sector, issues around fiscal space, and issues around the allocative efficiency and the welfare impact of the health sector. The second line of ESW, addressed in this note, relates to systematic assessments of multisectoral constraints to achieving health outcomes as well as institutional frameworks to ensure coordination of inputs by different line ministries. The ultimate objective of this latter line of ESW is to provide a technical and institutional prioritization framework for Finance and Planning Ministries (and input for Bank CASs) and to help elevate MOHs from service delivery structures to a higher role of stewardship.

#### **Objectives of the Multisectoral Constraints Assessment**

Given the complex multisectoral determinants of HNP outcomes, it is critical that decisions about investments in the different sectors be guided by evidence on distribution of these outcomes, assessment of the binding constraints in relevant sectors, a prioritization framework, and an assessment of institutional factors that can help or hinder multisectoral coordination and sectoral

implementation. A fully fledged application of this new ESW instrument has the following objectives (rapid MCAs take on a subset of the objectives):

- *Identifying outcome targets* by reviewing and stratifying health, nutrition, and fertility outcomes at the national and subnational levels. Outcomes include mortality (infant, child, maternal, and adult), morbidity by cause of illness / injury, nutritional status, and fertility rates. Depending on the size and organization of the country assessed and the availability of data, the outcomes will be stratified by geographic groupings and socioeconomic status, including poverty levels, wealth groups, education, gender, and different sources of country-specific vulnerability factors (minorities, tribes, social castes, and so on).
- *Investigate sector-specific constraints* by documenting the presence or absence of critical inputs for achieving the targeted HNP outcomes. Inputs include, for example, immunization rates, access to and use of attended deliveries, use of iodized salts, knowledge of and use of modern contraceptives, source of indoor cooking and heating, access to clean water, success of vector control measures, and availability of roads for emergency transport of pregnant women. The selection of constraints to be investigated is a function of the HNP outcome in question.
- *Guide decision making* by using outcome and constraint assessments to develop a country-specific prioritization framework that outlines short-, medium-, and long-term policy actions by different sectors, develops alternative cotargeting maps and mechanisms that combine poverty and health outcome data, identifies institutional and operational constraints as well as possible solutions for coordinated action, and lays out a menu of potential policy instruments.

A number of these objectives can be addressed with existing ESWs in some countries, especially if large ESWs were undertaken, but the approach tends to be ad hoc in nature and focus almost entirely on one sector (e.g., HNP or environment). Moreover, rarely are all the relevant sectors addressed at the same time to allow for prioritization and synergy. Even more challenging is to find institutional assessments or options that look at practical ways of ensuring coordination in the production and targeting of multisectoral inputs. What MCAs can do for health outcomes in any country is to assess systematically technical and institutional constraints in order to create a prioritization framework for client countries and support World Bank country teams in addressing outcomes in the CAS process.