Breakout Session 3  
Leveraging Non-health Sector Investments for Better Health Outcomes  
Baseline documents for discussion prepared by the World Bank

Workshop Summary
This breakout session will offer participants the opportunity to discuss the importance of working across sectors – education, labor, infrastructure, water, sanitation, environment, etc. – to improve health results. It will also provide an opportunity for participants to discuss experience in cross-sectoral or non-health sector work that has had a significant impact on health results.

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1. Why is a multi-sectoral approach important for the health sector?
Strengthening health systems to achieve HNP results requires a multi-sectoral effort at the country level. A multi-sectoral approach is essential for achieving HNP results. Many advances in health status achieved during the 20th century were the result of close synergy among HNP and multiple sectors of the economy such as water and sanitation, environment, transport, employment, education, agriculture, energy, infrastructure, and public administration. For example, investments in girls’ education improve household decisions on nutrition and demand for basic health care. At the same time, investing in basic nutrition during pregnancy and infancy has a substantial positive effect on early childhood development, which, in turn, significantly contributes to educational attainment, employability, and future income.1

2. How are we working with other sectors to promote improved health results?
Given the interdependence of health results on several other key sectors, the mainstreaming of multi-sectorality is key pillar of the World Bank’s Health, Nutrition and Population (HNP) Strategy. Organized around the five pillars of a strong health system – health financing, human resources for health, supply chain and pharmaceuticals, infrastructure and information-communication technologies, and service delivery and governance – the Bank is working across sectors to provide support to partner countries.

Building on the Bank’s comparative advantage in development finance, the Bank has supported several innovative financing mechanisms such as the IDA buy-downs (for polio), Advanced Market Commitments (to create market incentives for the rapid production, distribution, and introduction of priority vaccines at low prices) and the Affordable Medicines Facility for malaria (to accelerate the global introduction of artemisinins).

The Bank is unique in that it is one organization with a strong country dialogue across many sectors, it is engaged with clients in finance and planning, and it has strong technical capacities in different areas. The HNP sector already engages widely with other sectors, contributing to HNP-related results in projects in transport, agriculture and rural development (ARD), water and sanitation, social protection, and others. In the Middle East region, for example work has been taken forward to better and closer coordination between social security and social insurance reforms, as elaborated below. Nutrition programs have also lent themselves to multi-sectorality,

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1 Bloom 2004; Jamison 2006; World Bank 2003b, 2004, and 2006j
entailing collaboration with ARD on biofortification, social protection programs, and early childhood development. About 45% of HNP’s lending in FY09 was through other sectors, and this is projected to increase in the future.

**Examples of Multisectoriality in HNP**

The **Ethiopian Protection of Basic Services** program is a multisectoral loan focusing on the delivery of basic services, including education and health. The project transfers funds directly to local governments based on needs and performance criteria. A federal fund—the **MDG Performance Fund**—was also established to ensure the financing of public goods such as vaccines. As part of this project, more than 20 million ITNs were distributed and more than 24,000 health extension workers—female 10th graders trained in one year to provide services in their village—were deployed. After two years, there is evidence that malaria incidence decreased by more than 40% in the country.

The **Madagascar Second Community Nutrition Project** is a multisectoral loan focusing on community behavior change of mothers. The key development objective is to improve nutritional status, especially for children and mothers, and ensure long-term sustainability of nutrition results by improving the quality and quantity of food intake by children at home. The project has four components: (a) overall nutrition, provision of food and vitamins; (b) provision of iron supplement and deworming for children in schools; (c) inter-sectoral activities between health and agriculture to disseminate guidelines for agricultural diversification and product storage; and (d) project management. The project has been ongoing for several years, but recent additional financing for its core activities has resulted in significant achievements. An impact evaluation conducted in 2006 showed that after two years of being enrolled in the National Community Based Nutrition Program (PNNC), there was a 10% reduction in underweight in malnourished children under three. Madagascar is now one of few countries on target to attain the nutrition MDG.

The **Middle East and North Africa region** has supported a coordinated approach between health insurance reforms and social safety net/social targeting reforms. For example, in the **Arab Republic of Egypt** the Bank is supporting a government pilot program which is applying the new social targeting mechanisms (proxy-means testing) developed by the Ministry of Social Solidarity to the new health insurance registration and enrollment scheme. The process is intended to improve the identification of the poor, who will be exempted from premium contributions and copayments, and ultimately, to improve financial protection of the citizens. The program’s success depends on the effectiveness of the new social targeting mechanism, and requires close coordination with the social protection team.

The Bank’s Human Development and Social Development Networks have worked closely along with other international technical agencies (FAO, OIE, WHO, UNICEF) to support the development of a **strategic framework for reducing risks of infectious diseases at the animal-human-ecosystems interface**, such as Avian Influenza.