

Helping Country Health Systems Deliver Results in a New Global Context

Lending by the International Development Association (IDA) for health, nutrition, and population (HNP) initiatives has averaged US\$825 million annually over the last decade. These investments have provided more than 47 million people with a basic package of HNP services, immunized 310 million children, and provided antiretroviral therapies to almost 2 million people with HIV. IDA investments emphasize collective action for strengthening health systems to achieve the Millennium Development Goals (MDGs).

Challenge

There have been some encouraging gains in halting and beginning to reverse the spread of major communicable diseases, such as HIV/AIDS and malaria, but progress must be accelerated if the MDG targets are to be met. For the under-five mortality and maternal mortality MDGs, more than 80 percent of IDA countries are not on track to achieve them. Weak health systems undermine the ability of countries to achieve and sustain health results. For example, progress toward maternal and child health and nutrition outcomes is particularly slow because these “neglected” MDGs are dependent on well-functioning health systems and their ability to reach the poor. Expanding the implementation capacity of health sectors and improving the quality, efficiency, and reach of health services is critical for programs to achieve sustainable results on the necessary scale.

Achieving the MDGs in the poorest countries has suffered a further setback following the recent financial, food, and fuel crises, which together in 2010 have pushed 64 million more people into extreme

poverty. Equity and financial protection for the poor remains at the core of the Bank's health strategy, and the Bank supports countries in these areas through both its policy advice and operations. Another high priority for the sector is to demonstrate results on the ground, and many more resources are being directed toward strengthening country monitoring and evaluation systems.

Approach

An important pillar of the 2007 HNP Strategy is increased use of results-based financing, which for health includes any program that uses financial incentives to reward the delivery of one or more verified health outputs or outcomes. Results-based financing holds considerable promise for increasing health service utilization, improving service quality, increasing efficiency, and enhancing equity. It focuses attention on health results rather than inputs, thereby more tightly linking budgets and financing to results.

Given the interdependence of health outcomes on several other key sectors, the mainstreaming of multisectorality is another pillar of the HNP Sector Strategy. 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).

Improving monitoring and evaluation is another key component of the Bank's HNP strategy. The Bank is working with partners

to develop better ways to monitor the health MDGs, and IDA is increasingly encouraging countries to carry out rigorous impact evaluations of health innovations and programs, in addition to building up effective monitoring and evaluation systems.

Results

IDA lending for HNP has averaged US\$825 million annually over the last decade. These investments have provided more than 47 million people with access to a basic package of health, nutrition, or population services and have delivered antiretroviral therapies to almost 2 million adults and children with HIV. In addition, IDA has: provided 2.5 million pregnant women with antenatal care during a visit to a health provider; immunized 310 million children; provided 98 million children with targeted interventions to improve nutrition such as Vitamin A doses and deworming; purchased and/or distributed 813 million condoms for the prevention of HIV, sexually-transmitted diseases, and unwanted pregnancies; purchased and/or distributed almost 33 million mosquito nets to prevent malaria; constructed, renovated, and/or equipped 23,000 health facilities to improve access to health services; and trained 1.8 million health personnel to improve the quality of health services delivery.

IDA operations have been successfully designed and implemented with a particular emphasis on reaching the health MDGs. For example, in *Senegal*, it supports an innovative multisector health program that operates at community level in collaboration with local governments, district health authorities, and civil society organizations. National malnutrition rates have dropped to 17 percent from 22 percent as a result of this program, bringing Senegal

within reach of achieving the MDG to halve the rate of malnutrition. In *Rwanda*, the Bank has bolstered budgetary support to improve health service delivery and governance. This effort has resulted in an increase in health insurance enrollment to over 70 percent of the population from 7 percent, a 50 percent increase in utilization of health services by poor children, an increase in the use of insecticide-treated nets to 67 percent from 4 percent, more than doubling the use of family planning services to 27 percent from 10 percent, a decrease by 62 percent in the incidence of malaria, and a 30 percent decrease in child mortality. In addition, early evidence of results-based financing for health programs suggests great potential. In *Afghanistan*, the government was able to reduce deaths of infants and children under five by 22 percent and 26 percent, respectively, in just three years. Furthermore, results from a 2006-2008 impact evaluation of the national Rwanda performance-based financing scheme at the primary health center level found significant positive impacts on institutional deliveries (a 21 percent increase), preventive care visits by young children (a 64 percent increase for children under two and 133 percent increase for children between two-and-five years of age), and quality of prenatal care in facilities that received financial incentives.

IDA Contribution

During fiscal years 2005-2010, IDA investments in HNP were US\$5.6 billion. The health systems strengthening theme received the largest share, accounting for more than 30 percent of the Bank's IDA contribution in health. Simultaneously, a significant proportion of IDA investments over this time period went to key MDG themes such as child health (18 percent), TB and malaria (12 percent),

population and reproductive health (11 percent), HIV/AIDS (10 percent), and nutrition (5 percent). The multisector approach to health outcomes has also gained momentum and about 30 percent of the new lending (or US\$1.6 billion) for the health sector came from operations managed by other sectors such as social protection, poverty reduction, economic policy, and public sector governance. The Bank's efforts to support results-based financing approaches for the achievement of health-related MDGs has been intensified through the use of the multi-donor Health Results Innovation Trust Fund. Contributions to this trust fund from Norway and the UK now total US\$558 million for use through 2022. In order to improve monitoring and evaluation, lending is much more focused on creating incentives for key results—clear and measurable objectives for health service delivery and for important health outcomes. To underpin this shift, IDA is increasingly encouraging countries to carry out rigorous impact evaluations of health innovations and programs, in addition to building up effective monitoring and evaluation systems.

Partners

Together with the World Health Organization, the Bank is coordinating the work of the International Health Partnership (IHP+) to deliver improved results in health by focusing on implementing the principles of aid effectiveness (Paris Declaration) for health. IHP+ continues to gain momentum, with 24 countries having signed on to the partnership.

In September 2008, the Bank co-chaired the High Level Taskforce on Innovative International Financing for Health Systems. The Taskforce identified innovative financing mechanisms to bridge health system financ-

ing gaps and urged donors to put the funds to use more effectively. The Taskforce recommended the development of the Health Systems Funding Platform. This Platform, in line with IHP+, is a way for development partners, including the GAVI Alliance, the Global Fund, and the World Bank, with facilitation from the World Health Organization (WHO), to improve how they work together in countries. It will enable countries to use new and existing funds more effectively for health systems development, and facilitate easier access of donor funds that are more aligned to their own national processes.

The Bank is a part of the informal partnership of the heads of eight health-related agencies. Formed in July 2007, this group meets bi-annually to strengthen linkages and work jointly to address challenges to expanding health services, particularly for low-income countries. The Bank is also an active member of several other health partnerships such as the GAVI Alliance, the Global Fund, Roll Back Malaria, and the Partnership for Maternal and Newborn Child Health.

Moving Forward

HNP continues to move towards more output-based and results-based lending and is using the resources of the Health Results Innovation Trust Fund to leverage additional IDA funds. The Bank will also continue to invest in strengthening health systems as a means of meeting disease-specific targets as well as achieving the MDGs. In Africa, two health

systems strengthening “hubs” have become fully operational, and the Bank is well positioned to provide non-lending assistance to countries in areas such as results-based financing, pharmaceuticals, health care financing including community insurance, and support to the development of IHP+ compacts. The Bank’s 2010-2015 Reproductive Health Action Plan focuses on health systems strengthening for better reproductive health outcomes, especially for the poor and the youth, in countries with a high burden of maternal deaths and high fertility. The Bank is putting a lot of effort in improving health system governance and developing a toolkit to measure health system governance to better monitor accountability in the sector, which is being piloted in five countries. The Bank is also working with partners to develop better ways to monitor the health MDGs, including the estimation of trends in child and maternal mortality. Regions are also making an explicit effort to identify opportunities to address HNP across operations outside the sector and build linkages with non-state actors to position the Bank as a knowledge partner (e.g. South Asia), pursuing multi-year programmatic analytic and advisory activities (e.g. Latin America and the Caribbean), non-lending technical assistance, policy notes, policy dialogue and country-to-country learning to maintain engagement with countries even in the absence of lending.

Last updated September 2010.
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