

CHAPTER 3

The Agenda for the World Bank

The previous chapters addressed global noncommunicable disease (NCD) trends and offered a framework for improving outcomes in relation to the prevention and control of NCDs. Against that background, this chapter looks at the extent to which the Bank's portfolio of analytical and advisory services and lending operations addresses NCD issues. It then presents the Bank's agenda for action in support of the prevention and control of NCDs.

NCDs in the World Bank's Portfolio

To what extent has the Bank addressed NCDs in its portfolio? The following subsections summarize the findings of a background paper that addressed this question (World Bank 2006d).

Analytical and Advisory Services

The scope and application of the Bank's analytical work on NCDs has been limited. Tobacco control is one area in which the Bank has made a visible and substantial contribution to global efforts to control NCDs. The Bank has funded analytical work on the economics of tobacco control in a number of countries, building local analytical capacity. In addition, it published and disseminated *Curbing the Epidemic: Governments and the*

Economics of Tobacco Control (World Bank 1999). This landmark report examined the costs of tobacco control policies and set out an agenda for action by governments. It also identified roles for international agencies in reducing the avoidable toll of smoking-related premature death and disability. Other major Bank publications on tobacco include *Tobacco Control in Developing Countries* (Jha and Chaloupka 2000) and *Tobacco Control Policy: Strategies, Successes, and Setbacks* (de Beyer and Brigden 2003). An unpublished report on tobacco control and the World Bank's partnership with the U.S. Centers for Disease Control and Prevention describes a substantial program of work in many countries (World Bank 2005e).

In 2005, the Bank prepared two important reports on NCDs in Brazil (World Bank 2005a) and Russia (World Bank 2005b). Both these reports are contributing to country-led strategies and programs for the control of NCDs. Boxes 3.1 and 3.2 provide examples of analytical and advisory services at the regional and country levels.

Box 3.1

Regional Focus: Epidemiologic Surveillance Systems in the Europe and Central Asia Region

With funding from the government of the Netherlands, the World Bank's Europe and Central Asia Region commissioned a study of epidemiological surveillance systems in the region. The report contained important information on the systems' features and limitations and recommended improvements (Miller and Ryskulova 2004). Despite a shared legacy of central planning and standardization of processes and systems in the former Soviet Union and Eastern Europe, the completeness, timeliness, and quality of disease surveillance data widely vary across countries, and in many cases are weak. Data completeness and quality do not appear to be high priorities for the governments and agencies responsible for health and disease surveillance. The surveillance systems tend to be overly complex, with duplicate and parallel reporting, fragmented reporting, delinking of important data, and lack of integration among parts of the surveillance systems.

Birth and death registration systems in the region are better developed than other forms of epidemiological surveillance, but even these are in need of reform, rationalization, and modernization. Infectious disease surveillance systems have serious limitations, with potential implications for global health. The region's surveillance systems need to be brought up-to-date in relation to case definitions

and national procedural manuals and adapted to meet the information needs of public health programs.

The reporting burden is overwhelming in many of the region's countries: too many data items are being collected for unclear purposes. For example, the collection of morbidity data consumes a large volume of resources, but the data are incomplete and of poor quality, leading to incorrect conclusions and actions or no action at all because the presumed end users discount the data. Behavioral risk factor surveillance for NCDs is rudimentary. This leaves governments, international organizations, and donors without the critical information required to prevent and control the leading causes of morbidity and mortality. The study could not verify that surveillance data were being used for a variety of health and public health uses.

The state of epidemiological surveillance in Europe and Central Asia has critical policy implications, including the limited nature of the basis on which to design, implement, and evaluate programs and policy interventions to prevent and control the leading causes of morbidity and mortality. Further research, evaluation, and significant investments are required to reform and improve the region's surveillance systems.

Source: Miller and Ryskulova 2004.

Box 3.2

Country Focus: Addressing the Challenges of NCDs in Brazil

A recent World Bank report (2005a) provides an overview of the changing burden of NCDs in Brazil and its causes. It examines the costs and effectiveness of alternative policy interventions to address this growing burden, the costs of disease, the potential returns from expanding NCD activities, and the policy implications of a stronger response to the challenge of NCDs.

What Were the Report's Main Findings?

Brazil's NCD mortality rate is higher than in developed countries and is high in all regions, including the poorer areas of the north and the northeast. The poor suffer a double burden, as they are also more affected by communicable diseases than the nonpoor.

(continued)

Box 3.2 (continued)

The report estimated that in 2003, the financial and economic costs related to diseases caused by three preventable risk factors—physical inactivity, smoking, and hypertension—were equivalent to 10 percent of gross domestic product. If no additional efforts were made, it estimated that during 2005–9, productivity losses would amount to US\$72 billion and treatment costs to US\$34 billion. Seventy-five percent of treatment costs would be for ischemic heart disease.

The study estimated the cost-effectiveness of a tax increase on cigarettes, a comprehensive physical activity campaign, and the provision of treatment for hypertension to 25 percent of those with the disease. The three interventions could potentially save US\$3.1 billion over the 2005–9 period in treatment and productivity losses.

How Has the Government of Brazil Used the Report?

The Ministry of Health is developing a strategic action plan for health promotion, including the reduction of NCD risk factors. It is focusing its initial efforts on interventions to increase physical activity. Brazil has been fairly successful with its antismoking interventions: smoking prevalence decreased from 35 percent in 1989 to 18 percent in 2003. The government is studying increased taxation and other methods to reduce smoking rates further, particularly among the poor, where the prevalence of smoking is now the highest.

The Ministry of Health has taken action in the following areas that the report identified as gaps: (a) improving its NCD risk factor surveillance in urban areas (most state capital cities were to have a system providing continuous data by the end of 2006); (b) strengthening NCD surveillance, prevention, and control activities at the state level; and (c) developing research projects to assess the effectiveness of some of its health promotion interventions.

Source: Isabella Danel, personal communication, May 12, 2006.

During 1999–2004, the Bank undertook a work program on mental health that was supported by a mental health specialist with financing from the MacArthur Foundation, the U.S. government’s National Institutes of Health and Center for Mental Health Services, and the Bank. The scope of work included generating and compiling knowledge on mental health through analytic work; disseminating this knowledge within the Bank and to the Bank’s clients; providing policy and technical advice and preparing

tools to facilitate the integration of mental health components into country assistance strategies and poverty reduction strategy papers; and undertaking partnership activities with the World Health Organization (WHO), the United Nations Development Fund for Women and other United Nations agencies, bilateral agencies, and global nongovernmental organizations working on mental health.¹

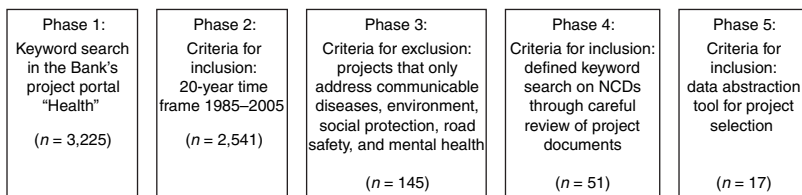
Lending Operations

This section is based on a 20-year retrospective assessment of the World Bank's work on NCDs in the health, nutrition, and population (HNP) sector from 1985 to 2005. Figure 3.1 presents the five-phase approach the authors used to find documents.

The major types of Bank documents the authors collected and reviewed were project appraisal documents, staff appraisal reports, implementation completion reports in the case of closed projects, and project status reports. The types of document reviewed for each project depended on what was electronically cataloged. The authors identified 17 World Bank-financed projects for more detailed analysis.

Over the past 10 years, the Bank's lending (grants, credits, and loans) for HNP has remained at about US\$1.4 billion per year. The largest thematic allocations for HNP projects approved in fiscal 2005 were concentrated under health system performance (US\$462 million), followed by injuries and NCDs (US\$331million) (World Bank 2005c). Of the 17 projects reviewed in preparing this report, 7 were already closed and the most recently approved projects were scheduled to close in 2010. The regional distribution of these 17 projects is as follows: 9 in the Europe and Central Asia Region, 3 in the Latin America and the Caribbean Region, 3 in the South Asia Region, and 2 in the East Asia and the Pacific Region. There were none in the Africa Region or the Middle East and North Africa Region.

Figure 3.1. Document Search Methodology



Source: Authors.

Note: n = number of projects.

Ascertaining how much money has been allocated to NCD control is difficult, as the documentation does not track expenditures by disease. The only conclusion on financing that can be made with confidence is based on free-standing components, which have a modest total cumulative commitment of US\$18.8 million. In addition to these funds, expenditures on general strengthening of health services in some projects probably contribute indirectly to the prevention and control of NCDs.

Agenda for Action

Much of the Bank's future work on NCDs will focus on policy advice to governments. The potential scope of such work includes undertaking situation analyses; generating information and sharing it with policy makers; and supporting the design of appropriate responses, including multisectoral strategies, resource allocation, and progress monitoring. This approach is informed by two main considerations:

- Strong grounds exist for government intervention in the control of NCDs, as do effective public policy instruments and interventions through which governments can act.
- To be viable, the roles of the Bank must be few and of high impact. The Bank will concentrate on those aspects of NCD control that fit best with its comparative advantage, the most important of which is the combination of (a) expertise in development economics, (b) multi-sectoral perspectives that can be brought to bear on public policy dialogue and programs, (c) analytical and advisory services and demand-led investments in NCD prevention and control, and (d) capacity to be an informed consumer of the literature and to work in partnership with specialized technical agencies such as WHO without duplicating their work.

Guiding Principles from the World Bank's Strategy for HNP Results

The Bank's approach to the control of NCDs will be guided by its Strategy for HNP Results (World Bank 2007). The considerations underpinning the strategy are as follows:

- *Renewing emphasis on results (outputs, outcomes, and system performance).* This means paying greater attention to the pathways from policies and inputs to health outcomes and system performance. An important part of this effort will be to strengthen the link between advisory services,

HNP-related operations, outputs, outcomes, and the performance of specific elements of the health system as much as possible. In an environment of programmatic operations and efforts by multiple donors, the purpose is not to emphasize the attribution of health outcomes to specific Bank operations, but to bring more rigor to bear on such operations wherever doing so is feasible.

- *Paying greater attention to the intersectoral linkages that contribute to better outcomes.* This implies changes in the Bank's institutional incentives to influence behaviors. The relevance to NCDs lies in their integration into outcome-oriented strategies at the multisectoral level, regardless of the sectoral origin of a particular input or intervention. Some NCD interventions are multisectoral. In addition to central ministries of finance and planning, key sectors for highly effective interventions include health, agriculture, nutrition (World Bank 2006c), rural development, and trade.
- *Strengthening health system knowledge creation and policy and technical advice in areas in which the Bank has a comparative advantage.* This report has noted the pressures on health systems that may arise as a result of NCDs among aging populations and the potential financial consequences of NCD interventions. The Bank will concentrate on those aspects of NCD control for which it has a comparative advantage. These are health financing; fiduciary, logistical, and financial management of health systems; system governance; and household behavior in relation to health. Concurrently, the Bank will seek advice from local and international partners with comparative advantages in the following areas: stewardship (sector oversight); organization and management of service providers; technical aspects of disease control, training, human resources, and medical technologies; and clinical and field research on the effectiveness of health interventions and clinical protocols.
- *Ensuring synergy between health system and single-priority disease control approaches in low-income countries.* Here the need is to combine the development of health systems, which is crucial, with attention to context-specific priorities for disease control and systems for outcomes rather than systems versus outcomes.
- *Working selectively with global partners to complement Bank and global partners' comparative advantages at the country level.* In partnership with governments, the Bank will rely on local institutions, WHO, international research institutions, and other specialized technical agencies for up-to-date information on the evidence base for NCDs. It will work with appropriate nongovernmental organizations to improve the reach of service delivery at the country level. It will also work with

other financiers and with foundations to address the financing needs of NCD prevention and control within countries' budget frameworks.

Approach to Analytical and Advisory Services

As noted earlier, the Bank will focus its policy discussions with countries on those areas in which it has a comparative advantage. The emphasis will be on quality and relevance to country needs and on technical support for countries to integrate affordable and highly effective interventions into their health and development policies, processes, and strategies. The channels include poverty reduction strategy papers in low-income countries as and when appropriate, informal consultations, country assistance strategies, and country economic memorandums. In both low-income and middle-income countries, the Bank will work more actively with WHO, foundations, research institutions, and nongovernmental organizations to convene informed discussions with country officials responsible for NCD control within the broader development agenda.

As strategies are country led, the Bank's services should include two mutually reinforcing approaches. The first is generating information and sharing knowledge that strengthens the basis for country decisions. The second is coconvening with countries selected intersectoral forums for policy analyses that have consequences for health in general, and for NCDs in particular, without any ties to a lending operation. For example, the Framework Convention for Tobacco Control is now in force and provides a clear basis whereby the World Bank can strengthen its support for tobacco control.

Under the first approach, the Bank will emphasize the improvement of country capacity to develop results-based monitoring and evaluation systems for health policy and health systems. Although this is not limited to NCDs and is best undertaken across the health sector, given the previous prominence of maternal and child health and infectious diseases, NCDs are notoriously absent from health monitoring systems and may require special attention. The Bank will work with countries to assess their capabilities and readiness to monitor and evaluate NCD interventions and to improve the quality and use of existing data sources, including the following:

- death registration
- disease-specific and health service data in health information systems
- incorporation of assessments of risk factors, morbidity, and anthropometric measures related to NCDs into living standards measurement studies by creating and testing special modules

- strengthening and modernization of local health information technology to monitor outputs and the performance of interventions.

Furthermore, the Bank will actively promote the use of information for decision making regarding NCDs in relation to public policies and health systems. Areas of work will include studies of costs, cost-effectiveness, and affordability of priority NCD interventions.

The second approach is relevant to both low- and middle-income countries, but is especially important for the latter. The Bank will make wider use of the approach of coconvening intersectoral policy forums to address tobacco control policy, alcohol abuse prevention, food and nutrition policies to prevent obesity and NCDs, and interventions to increase regular physical activity. The framework of the “Multisectoral Bottlenecks Assessment for Health Outcomes” (World Bank 2006b) will be adapted for this purpose as appropriate. This approach, which is not tied to any lending operation, could build confidence in relation to NCD control among country officials, Bank staff, and partner agencies and could stimulate country demand for pertinent lending operations.

As NCDs have implications for the private sector as well as the public sector, the Bank will also engage in this arena. In many low- and middle-income countries, the private sector plays a large role in the delivery of health services. At the same time, governments, particularly ministries of health, have modest capacity for undertaking the regulatory functions to ensure that the private sector conforms to appropriate standards of practice. The agenda for action will involve strengthening public institutions to perform these functions as part of the broader responsibility for stewardship, an endeavor that is both necessary and challenging.

The World Bank will also help countries prepare for the pressures NCDs will exert on the growth of costs. Countries should, in particular, place NCDs within the context of budgeting for multiple sectors, including health, and consider NCDs alongside discussions of mobilizing the fiscal resources (or finding the fiscal space) for financing the required spending on health (for more on this subject, see Heller 2006).

The analytical and advisory services will incorporate a broad perspective on health interventions. Countries will set their own priorities and make trade-offs based on local needs, desired outcomes, resource constraints, institutional capacity, and local values. In particular, the World Bank can provide advisory services (and, where appropriate, investment or development policy lending based on client demand) to help ensure the sustainability of health financing through the appropriate definition

of benefits packages, supply- and demand-side reforms aimed at cost containment, health technology assessments, availability and affordability of pharmaceuticals, and other measures as needed.

Integration into Lending Operations

Depending on country requests, the Bank will consider increasing its support for country-led efforts to prevent and control NCDs. The step-wise framework of interventions recommended by WHO (2005a) provides a useful basis for action. The Bank will support approaches that are consistent with the emerging consensus on the alignment and harmonization of aid with country operations and integration into country strategies with predictable and sustainable financing.²

In addition to the provision of analytical and advisory services, the Bank will be more proactive in stimulating informed discussions about best buys in interventions against NCDs and in ensuring that clients are aware of these interventions when planning large-scale operations to be financed in part by grants, credits, or loans from the Bank. Chapter 2 and appendix 2 contain more detailed information about these interventions. In low-income countries, the need is for a gradual integration of selected, highly cost-effective interventions against NCDs into health services in a way that can be sustained within the resource envelope of domestic and external financing. In both low- and middle-income countries, the Bank will assist countries by disseminating the key messages of this report.

World Bank lending operations can reflect the findings of this report through at least three approaches. The first is the inclusion of NCDs in multisectoral programs that include outcome and impact indicators of NCD prevention and control. The second approach consists of health system operations that help countries prevent NCDs as much as possible while also preparing to deal with the rising burden of NCDs. The third approach consists of NCD-specific projects in countries where NCDs are important and governments request such operations.

Improving the Knowledge Base

What are the costs and benefits of treating NCDs? Where are the market failures and what should be done to address them? Are greater public subsidies for treating NCDs through public health care systems likely to benefit the rich rather than the poor? These are critical questions for efforts to tackle NCDs on a large scale, yet they are difficult to answer. The exercise on which this report is based began with critical questions about NCDs, but data to answer the questions in many cases simply

did not exist. The following are some key questions and alternatives approaches to addressing them:

- *What are the costs of NCDs?* Lumping all NCDs into a single disease category is problematic, as their cost profiles can vary considerably by disease, by country, and even within countries. As a first step, the cost profiles of different NCDs among those affected can help answer many questions about the stage or stages at which treatment should be targeted in environments with significant resource constraints. This would also help countries determine whether their systems have ways to reduce costs, for example, by adopting more cost-effective interventions, changing the way services are delivered, or introducing economies of scale in laboratory procedures.
- *What are the benefits of preventing and treating NCDs?* A second basic question relates to the benefits of interventions, including prevention and treatment, but going beyond the clinical context as done by a recent study on HIV treatment (Thirumurthy, Graff-Zivin, and Goldstein 2005), which shows that the benefits of HIV treatment to the individuals in terms of labor supply are lower than the costs of the program. The authors also report that treatment had large positive impacts on school enrollment by children in the family, presumably because the now healthy parents were able to send their children back to school. Thus, evaluating treatment benefits solely on the basis of individuals' outcomes could lead to the wrong policy conclusions.
- *What are the problems that people face in treating NCDs?* Anecdotal information, but little or no empirical data, is available on whether individuals diagnosed with an NCD or risk factor would follow a treatment. Even when information has been provided, individuals may not be able to afford or borrow sufficiently to finance their treatments. The new literature on behavioral economics suggests that problems with bounded rationality (that is, limits on the capacity of individuals to process information, deal with complexity, and pursue rational aims) and self-commitment may play a role. Each of these is a possibility, but little pertinent empirical evidence is currently available.
- *What are the distributional impacts of NCD services?* Understanding the costs and benefits and the market failures in treatments relates to the efficiency aspects of the treatment of chronic illnesses. A second issue is equity. Governments, whether they provide the services or not, need to know the proportion of public expenditure that is spent on the rich and the poor.

Several knowledge generation activities follow on from this framework, among which the following are considered priorities:

- *Knowledge generation activity number 1: long-term monitoring of households.* Both the cross-sectional living standards measurement studies and randomized studies add useful information to our current knowledge. Yet understanding the structure of market failures that prevent treatment or better health outcomes related to NCDs is typically hard, particularly as these require consistent care over time. Small-scale (500 households or so) monitoring studies that follow households over three to five years can help answer at least two of the issues discussed earlier, namely, the costs and benefits of treatment to households that have a member with an NCD and the behavioral issues that people with an NCD face by themselves and within their households.
- *Knowledge generation activity number 2: monitoring and impact evaluation of large-scale programs for control of NCDs.* Demonstrating high levels of efficacy of interventions under ideal conditions is important, but is not sufficient to justify the widespread introduction of an intervention. The efficacy of an intervention measured in a pilot setting can rarely be attained when the intervention is implemented in routine circumstances on a large scale. Therefore, monitoring and evaluating the effectiveness of large-scale programs for the control of NCDs in low- and middle-income settings are important. In collaboration with partner agencies and financiers, the Bank will explore opportunities to commission studies to meet the needs identified earlier. For these studies to be done or commissioned by the Bank is not essential, but having them done or commissioned by institutions with comparative advantages in each area is essential. The options include limited funding by the Bank itself, financing from country budgets with the caveat that publicly funded research is highly constrained in most low-income countries, and financing by other institutions such as foundations and bilateral agencies.

Key Messages

The key messages of this chapter are as follows:

- The Bank will focus its policy discussions with countries on those areas in which it has a comparative advantage in the prevention and control of NCDs. Lending operations will be demand driven. In most

cases, they will be undertaken in the context of health sector programs and multisectoral programs that have impacts on the NCD outcomes framework.

- The emphasis will be on affordable and highly effective interventions at the levels of the population and the individual.
- Future Bank support for the control of NCDs will focus on achieving sustainable outcomes in prevention and treatment, with an emphasis on those aspects in which the Bank has a comparative advantage.
- The Bank's approach will be selective and tailored to each context.
- Knowledge generation is an important part of the Bank's agenda pertaining to the control of NCDs.

Notes

1. For further details, see World Bank. "Showcasing Five Years of World Bank Work on Mental Health." World Bank. <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTMH/0,,contentMDK:20468291~menuPK:384019~pagePK:148956~piPK:216618~theSitePK:384012,00.html>. Date consulted: December 3, 2006.
2. High-Level Forum on the Health MDGs. "Summary of Conclusions and Action Points: Post-High Level Forum on the Health MDGs." June 12–13, Tunis. World Bank and World Health Organization. <http://www.hlfhealthmdgs.org/HLF4Tunis/TunisMeetingReport2006Final.pdf>. Date consulted: November 15, 2006.