

HNP and the Poor: Inputs into PRSPs and World Bank Operations

Session 1

Authors:

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Session Objectives

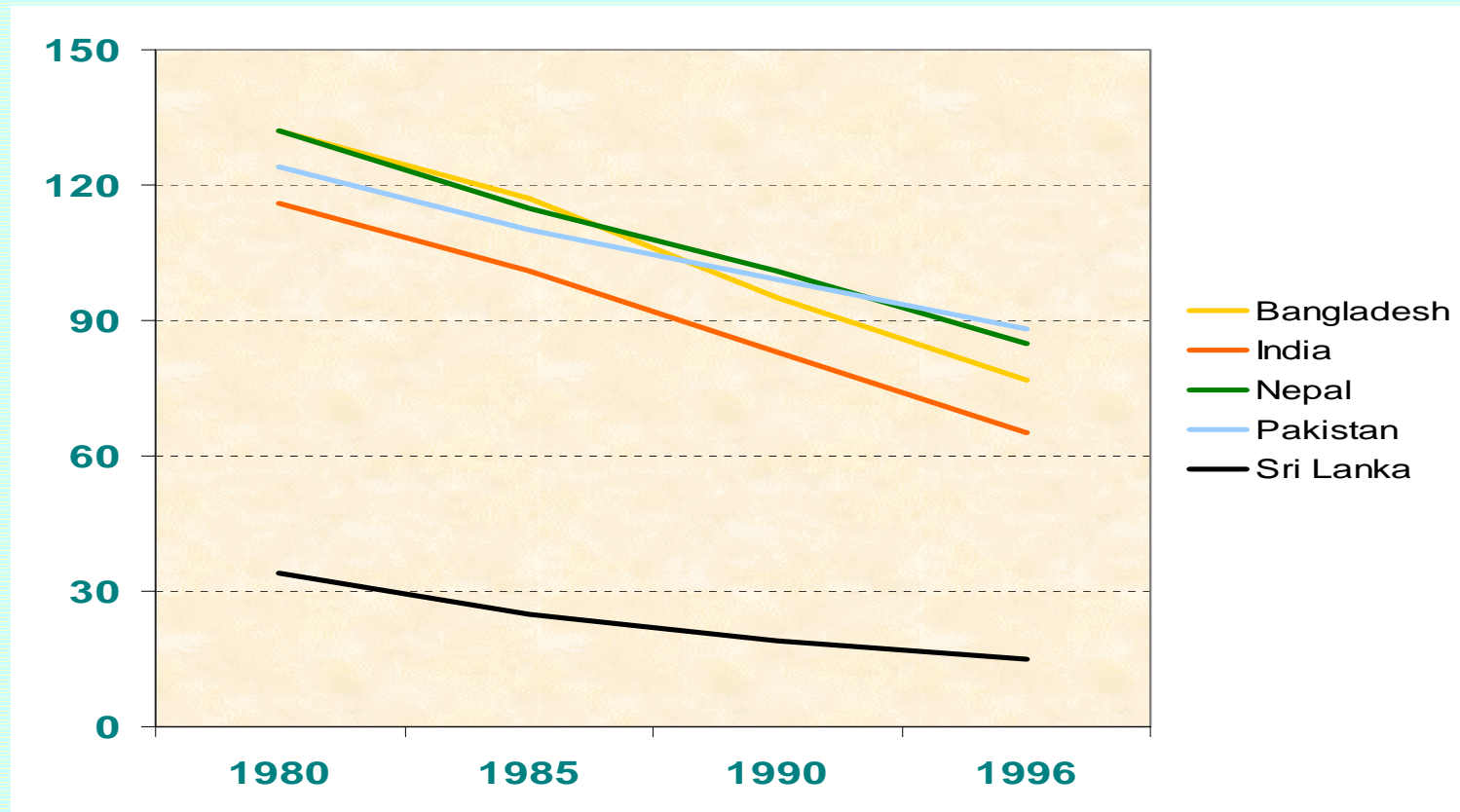
In addition to introducing the main framework, this session will answer the following questions:

- What is the basic relationship between poverty and HNP (health status being both a determinant and a dimension of poverty)?**
- How can Bank staff use our tools (Lending, Sector Work, CASs, and dialogue) to improve the equity performance of our clients?**
- What can Bank staff do to help improve the quality of PRSPs produced by our clients?**

Session Outline

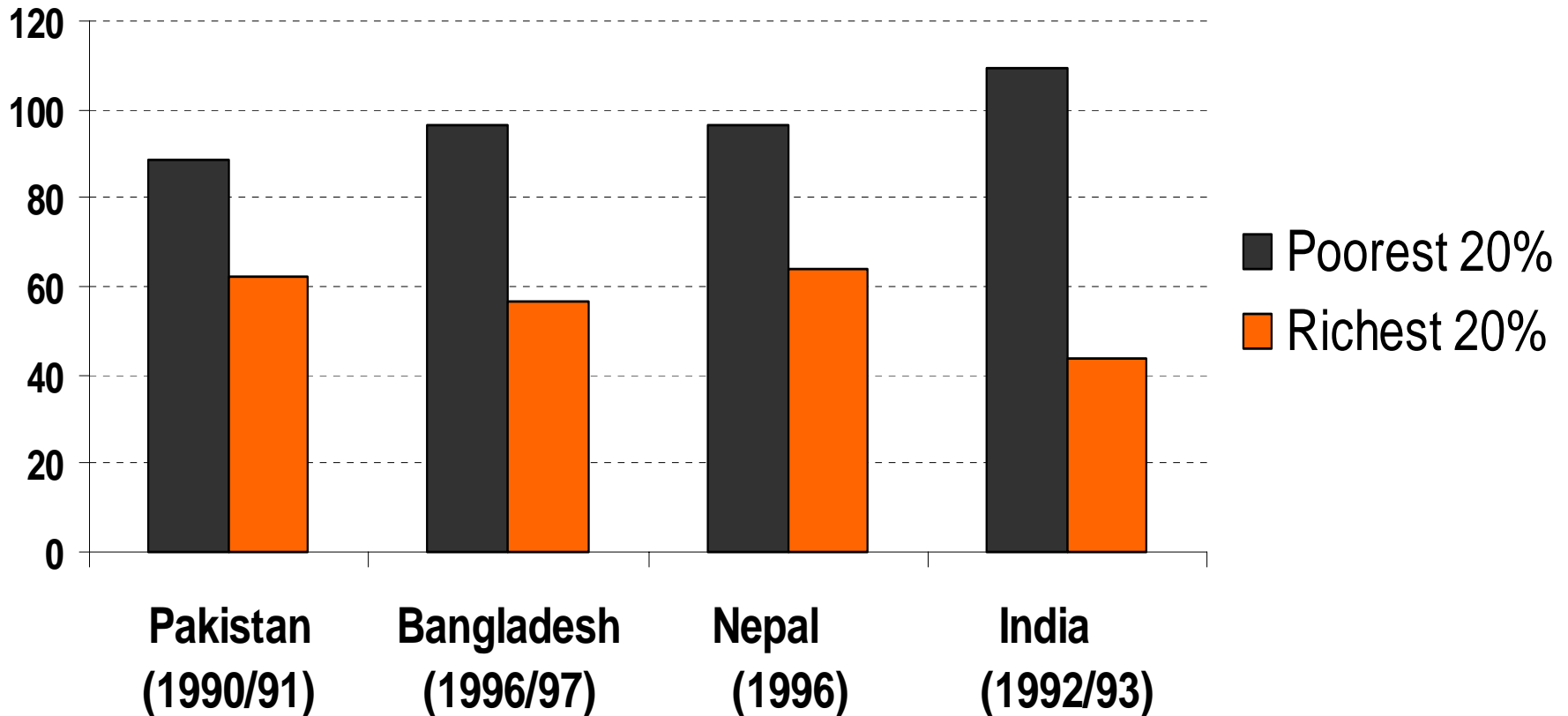
- The poor and HNP outcomes
- The vicious cycle bad health and poverty
- A way forward (Logical Framework with examples)
- Bank Performance and Instruments
 - PRSPs/HIPC and the opportunity of debt relief
 - Poverty Focus and Bank Portfolio
 - Using the Banks Lending and Non-Lending Instruments

Infant Mortality Rate

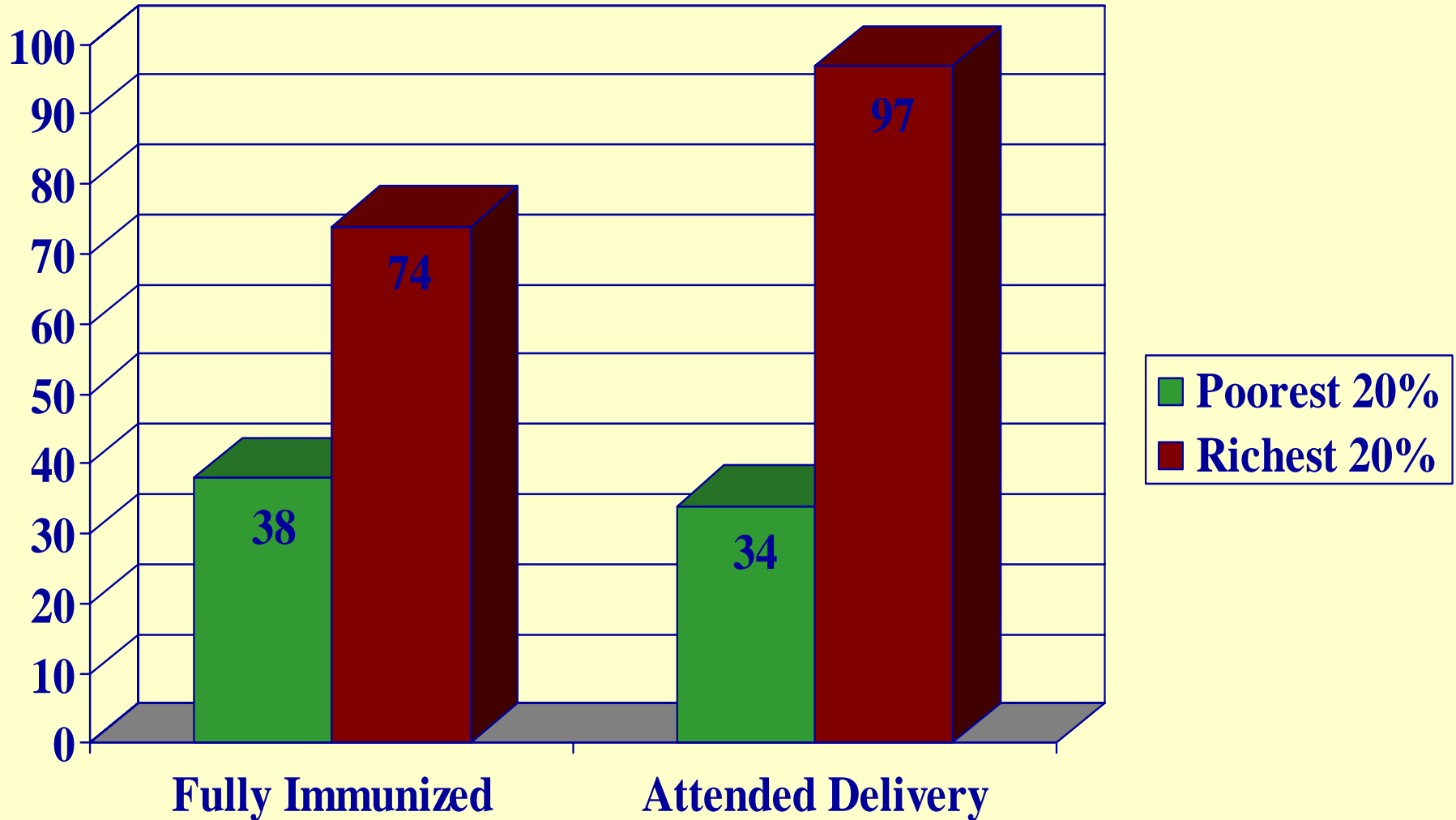


Half Empty

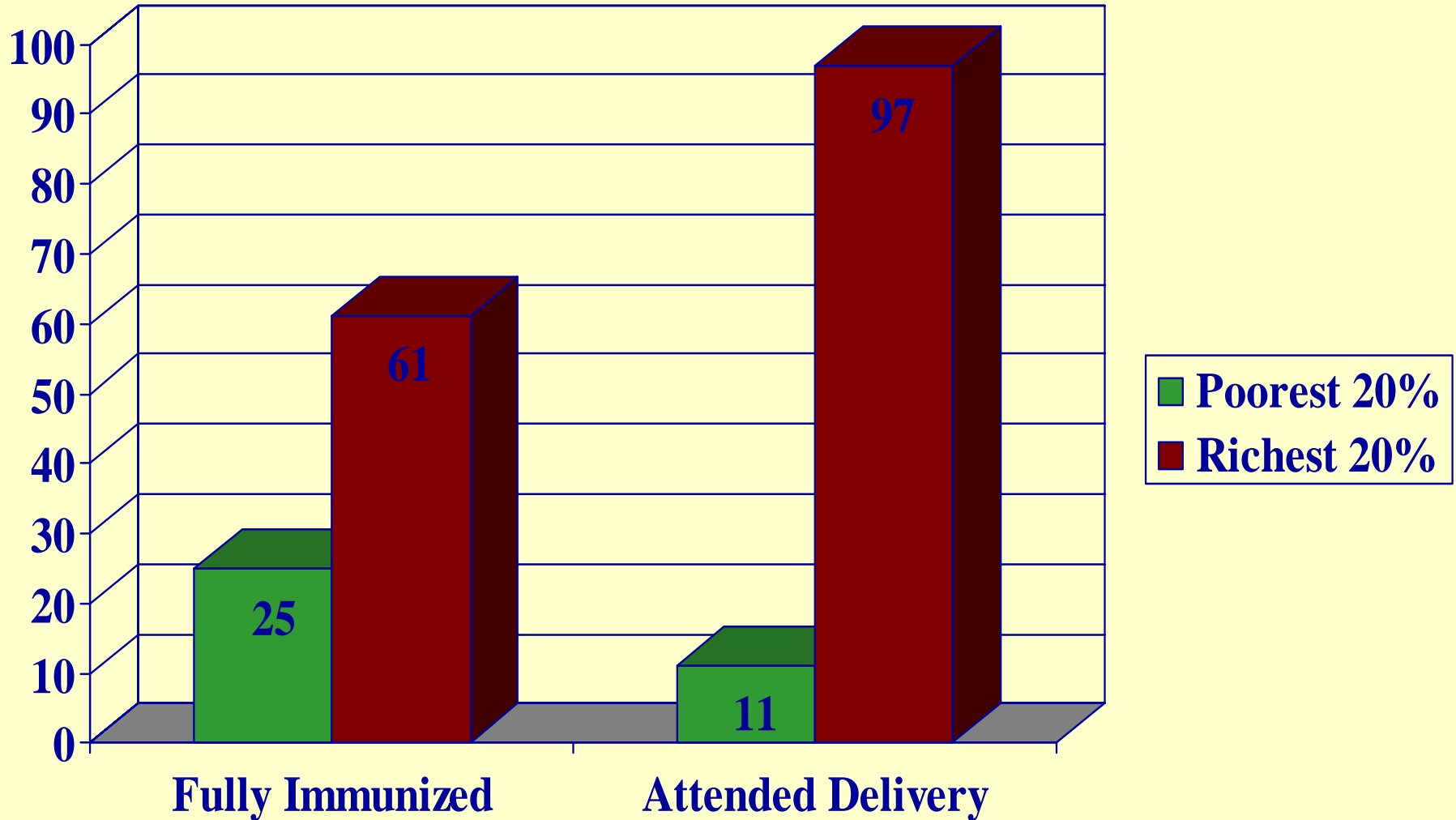
Infant Mortality Rate



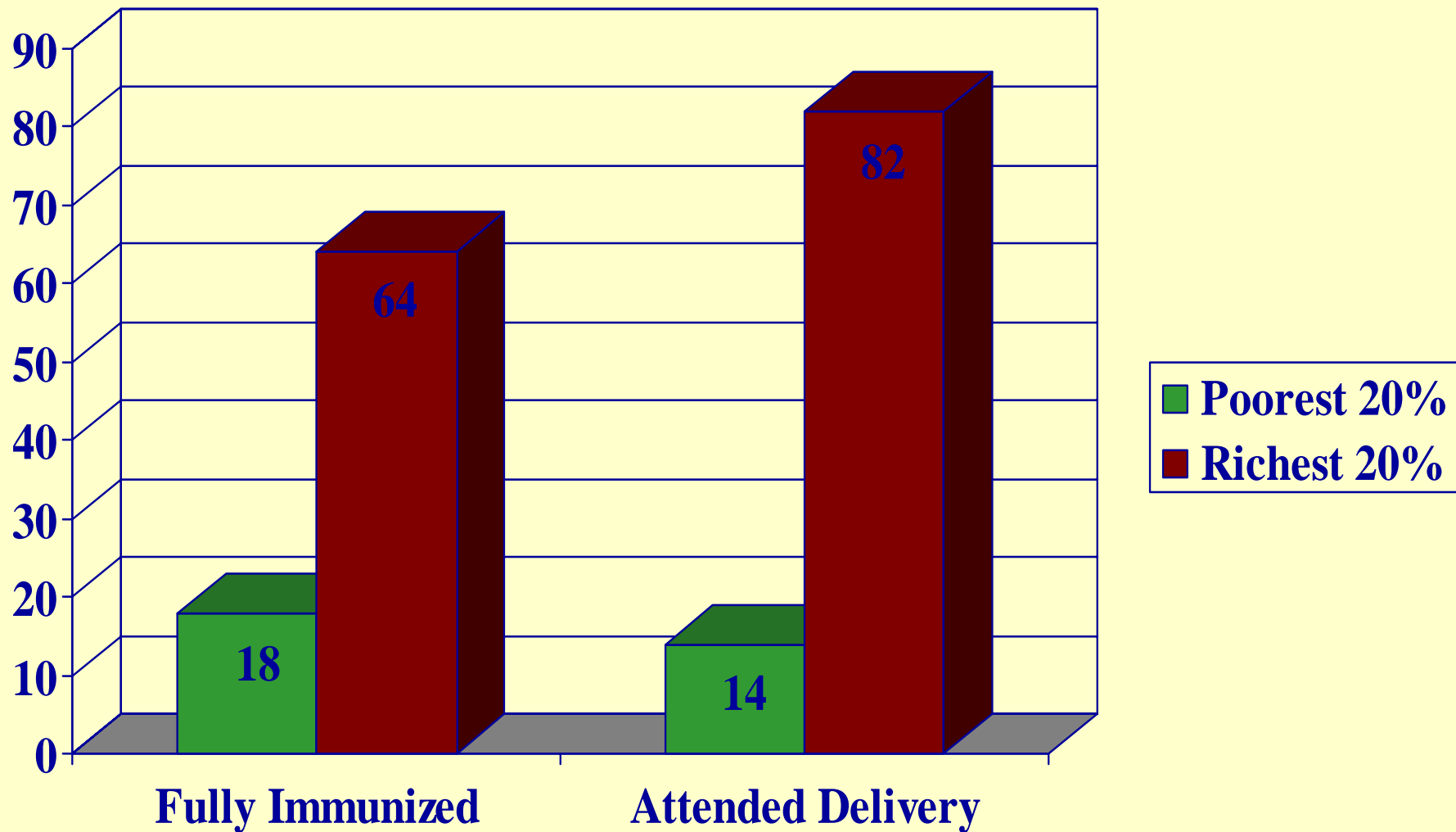
Benin (1996)



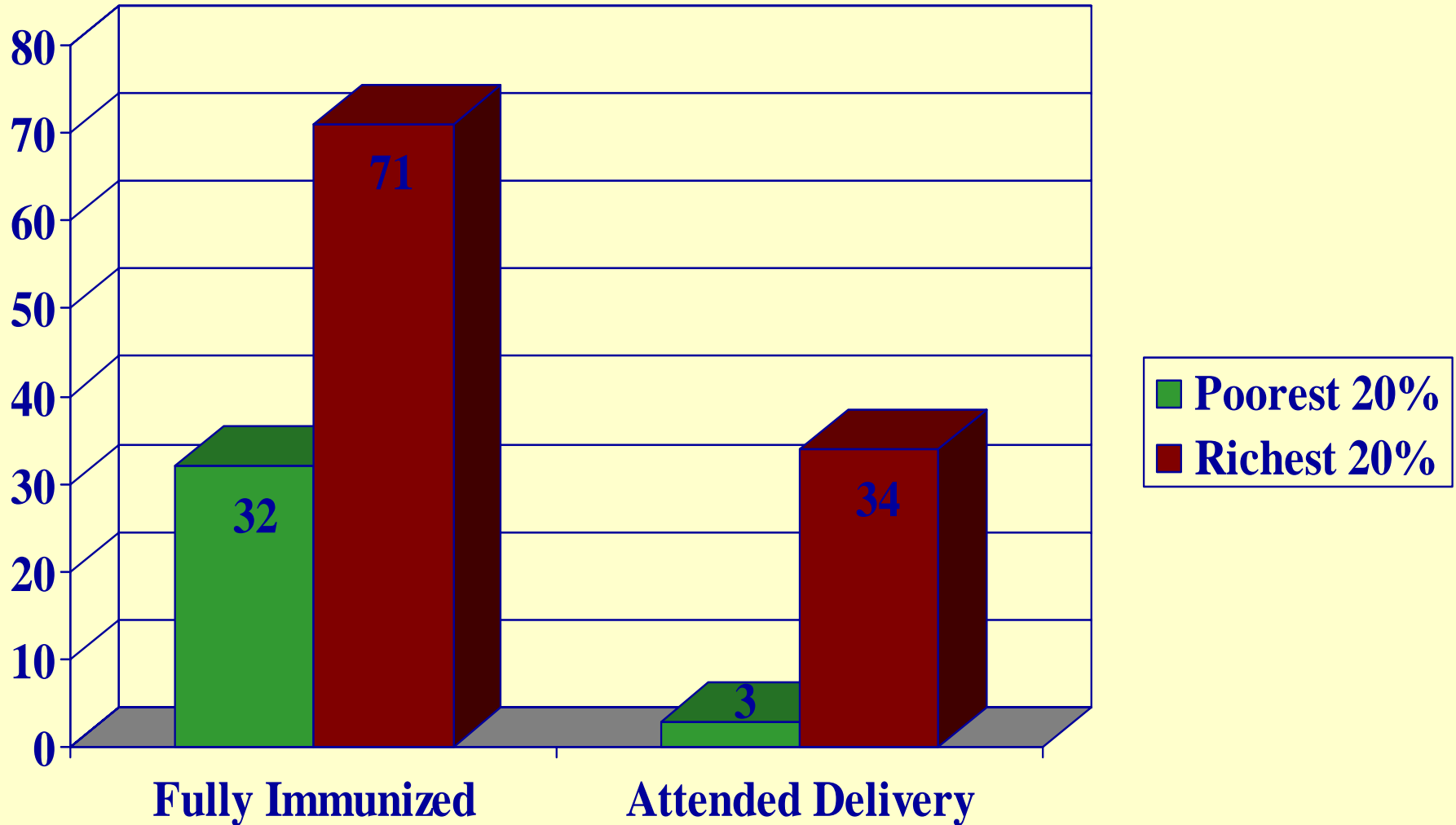
Bolivia (1994)



Central African Republic (1995)



Nepal (1996)



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Facts !!

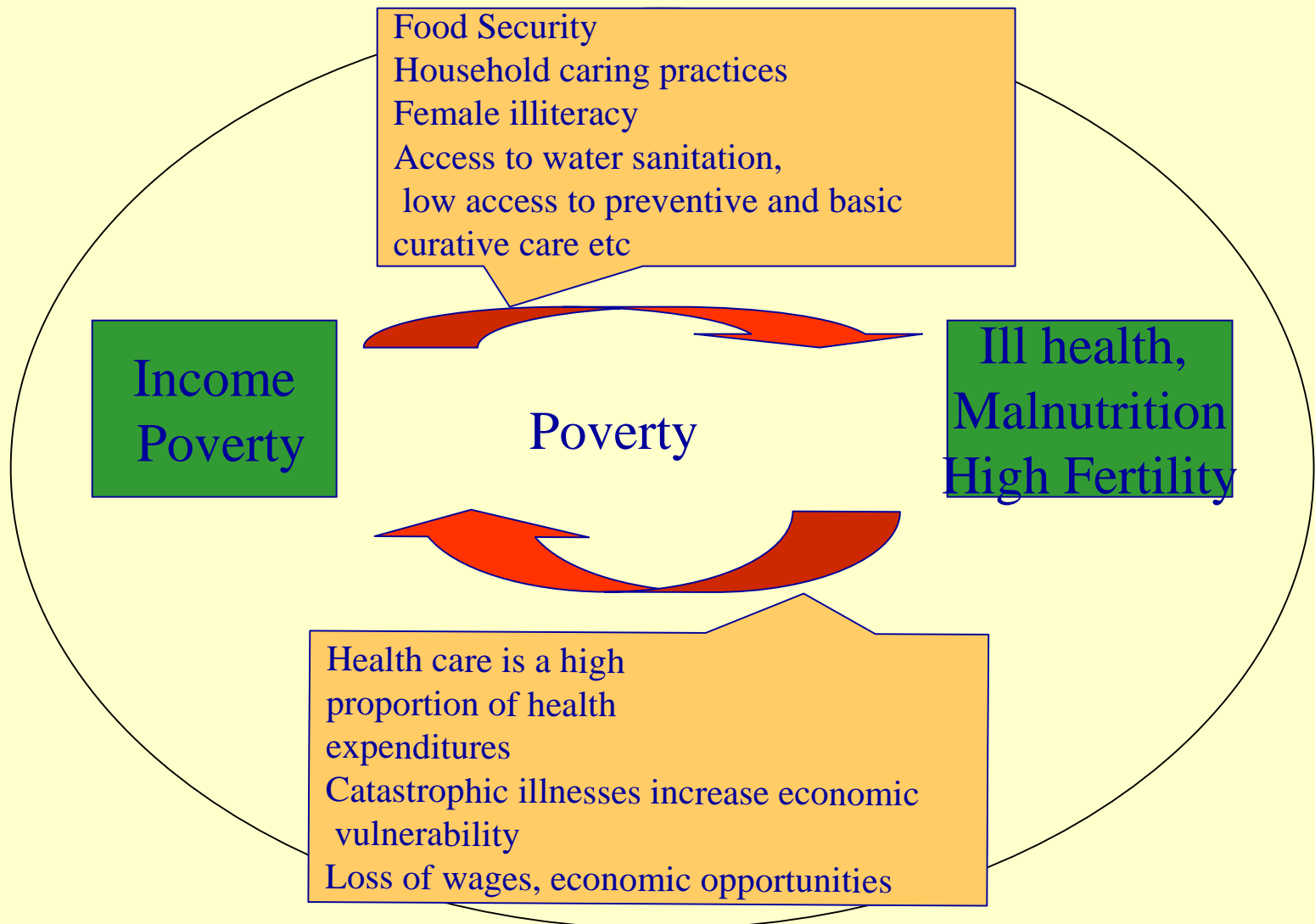
Income poverty leads to ill health

- **70% of the variance in infant mortality can be attributed to across and within country differences in income**
- **Half of the burden of communicable diseases is concentrated in the poorest 20%**
- **Globally the poorest 20% experience three and a half the mortality and four times the number of DALYs loss of the richest 20%, an equivalent to excess mortality of nearly 10,000, 000 deaths per year**
- **Communicable diseases are responsible for 60% of both deaths and DALYs' loss in the poorest groups**

Ill health contributes to poverty

- **A recent study estimated that Africa's income growth per capita is being reduced by about 0.7 percent per year because of HIV/AIDS**
- **Recent studies attribute a 20% loss of GNP in Sub-Saharan Africa to malaria**
- **Studies in East Asia show that 50% of financial crises in poor families are triggered by catastrophic illnesses including TB HIV and severe malaria**

Income Poverty and Ill-Health



Poverty Reduction Oriented Strategies for HNP

- **Income poverty leads to ill-health** → **Reaching the poor with essential quality services**
- **Ill Health contributes to income poverty** → **Limiting the impoverishing effect of health expenditures**
- **Ill health is inherent to the overall poverty concept ?** → **Developing participation for more system responsiveness and accountability to the poor ?**

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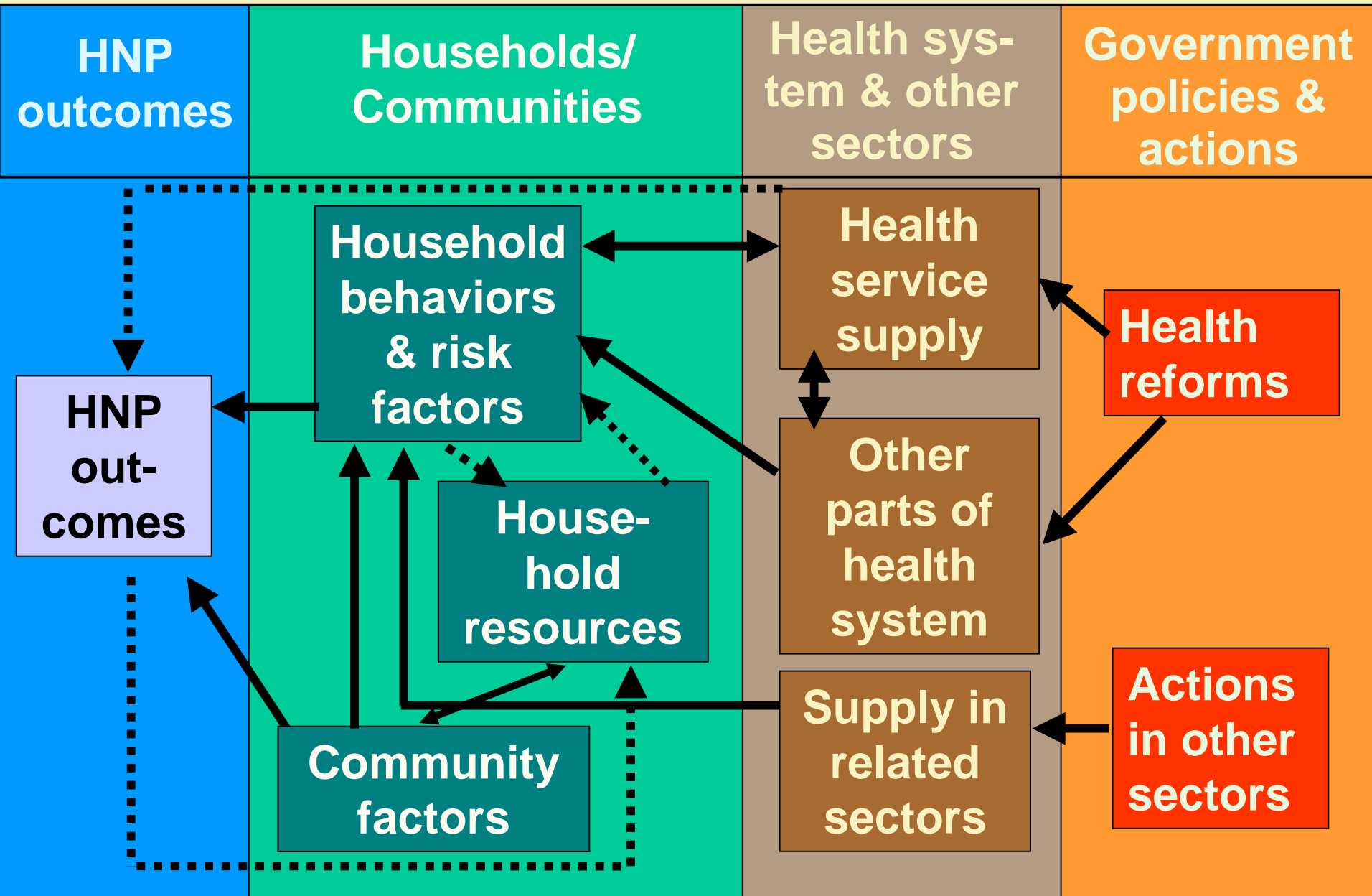
Beyond Recognition

- **Motivating principles for suggested framework:**
 - **poverty is primarily a household and community characteristic**
 - **with limited resources and capacity comes the need to identify priority actions that can produce changes in outcomes**

The Framework in Words

- **Health Outcomes -- assessing health outcomes and setting targets**
- **Households/Communities – their role in generating poor health outcomes**
- **Health System and Related Sectors -- assessing health sector performance to support households for better health outcomes:**
- **Government Policies and Actions -- improving outcomes through government actions**

Pathways to Improved HNP Outcomes



Outcomes

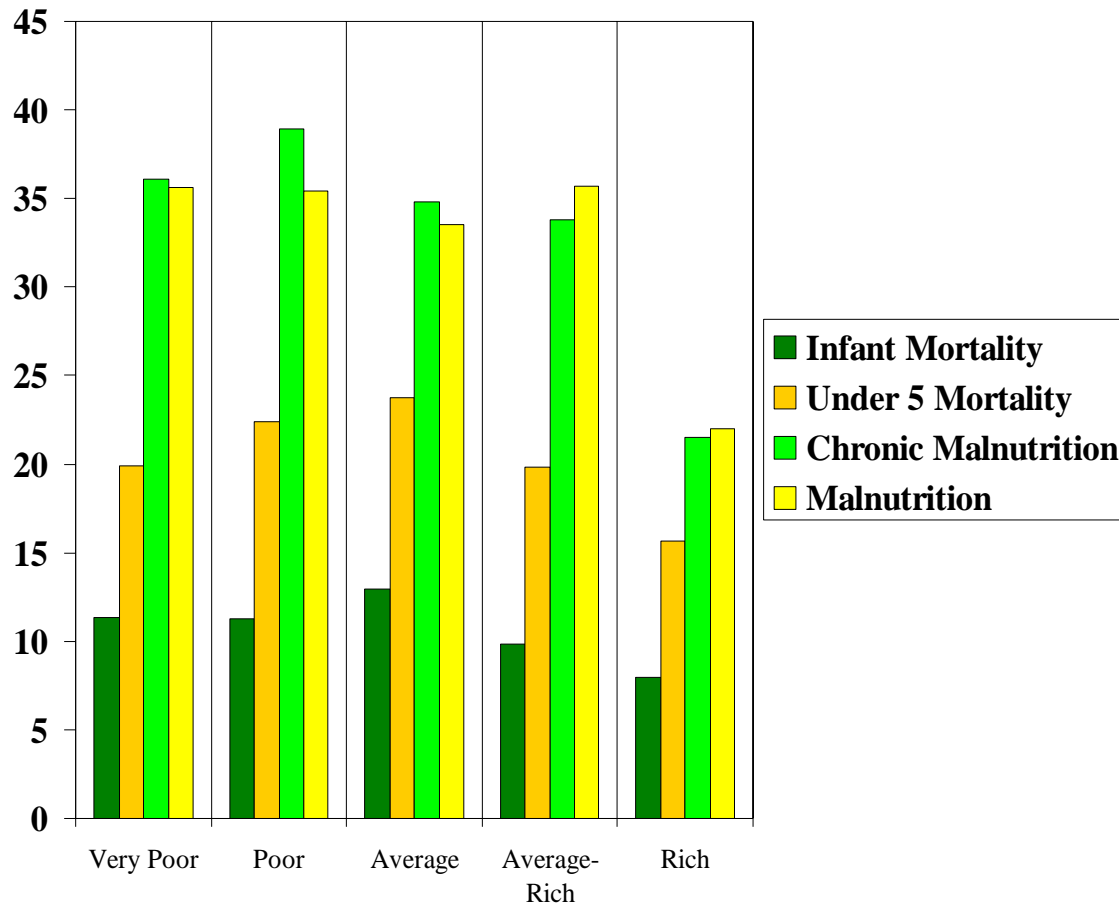
Poverty Related HNP Outcomes

HNP outcomes	Households/ Communities	Health system & other sectors	Government policies & actions
<p data-bbox="22 476 458 815">Health outcomes nutrition, fertility, mortality</p> <p data-bbox="22 891 458 1039">Income protection</p> <p data-bbox="22 1125 458 1339">Poor's involvement, participation ?</p>			

Mortality and Nutrition Status

Under 5 mortality and nutrition status by income group

Burkina Faso- 1996



Pathways Framework (Outcomes)

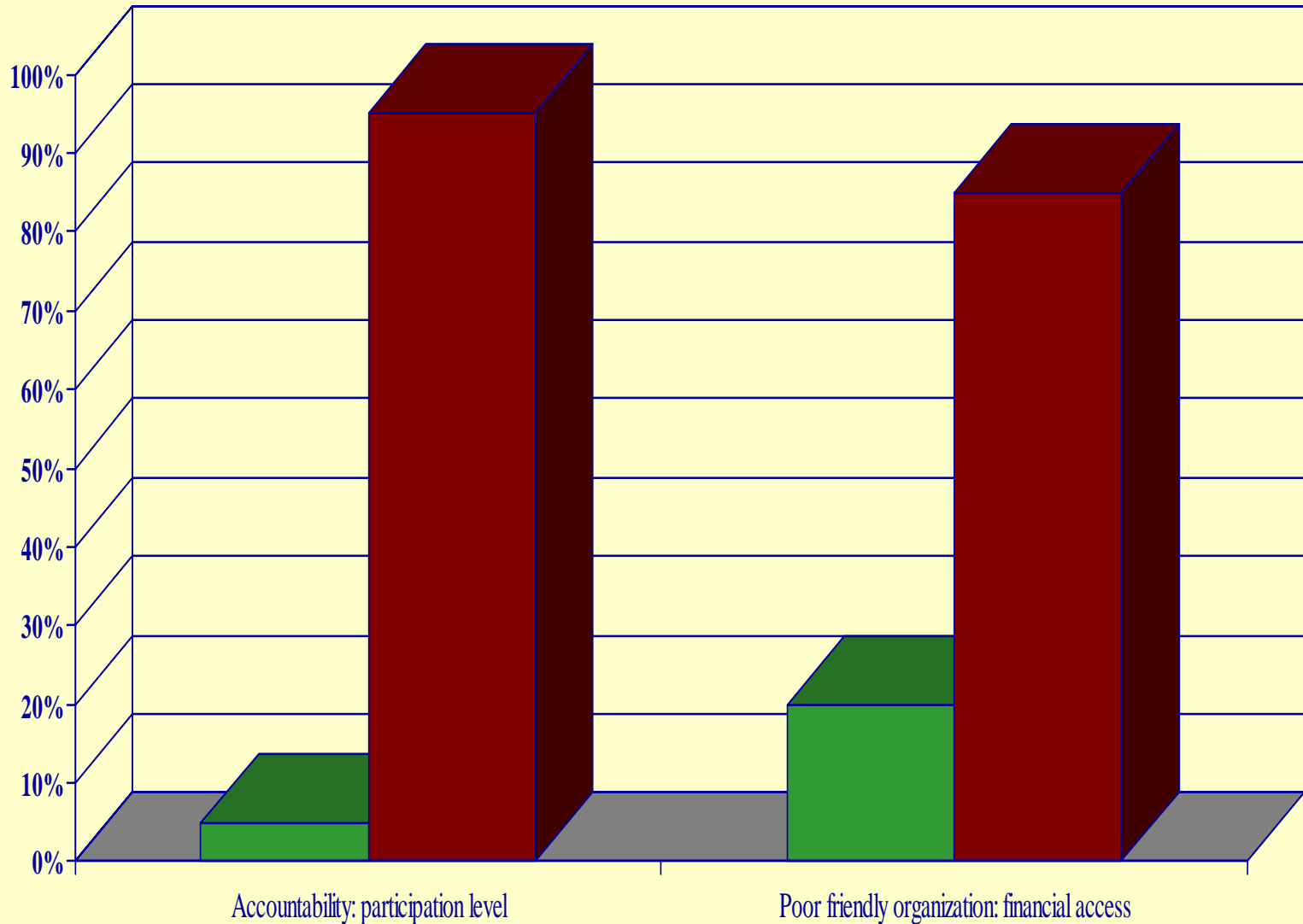
Income Protection

OOPS on health: Burkina Faso 1998

	Burkina	Urban	Rural	Rural
OOPS per capita in FCFA	4,900	9,490	3,000	North 1,300
OOPS per capita in US\$	8	15.8	5	2
% of income spent on health	10%	14.1%	9%	

Source: BCS 1998

Participation of the Poor: Benin 88-96



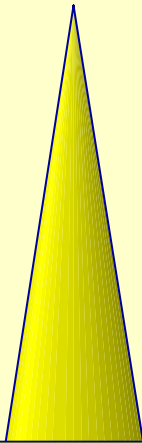
Relating HNP to the overall PRSP framework

PRSP

- **Ill Health contributes to income poverty** → **Limiting impoverishing effect of health expenditures**
 - **Income poverty leads to ill-health** → **Reaching the poor with essential quality services**
 - **Ill health is inherent to the overall poverty concept** → **Developing participation for more system responsiveness and accountability to the poor**
- **Protecting income**
 - **Improving quality of life**
 - **Promoting involvement of the poor**

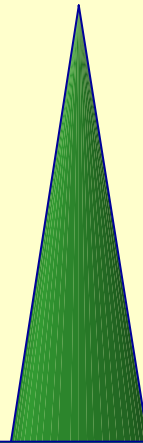
Example: Mauritania 's PRSP

Improve
Outcomes



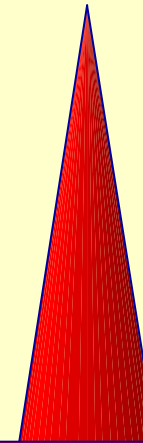
- Reduce IMR and U5MR
- Reduce MMR
- Control communicable diseases
- improve nutrition

Protect
Income



- Increase affordability and financial access
- Increase risk sharing
- Increase transfers

Increase
Participation



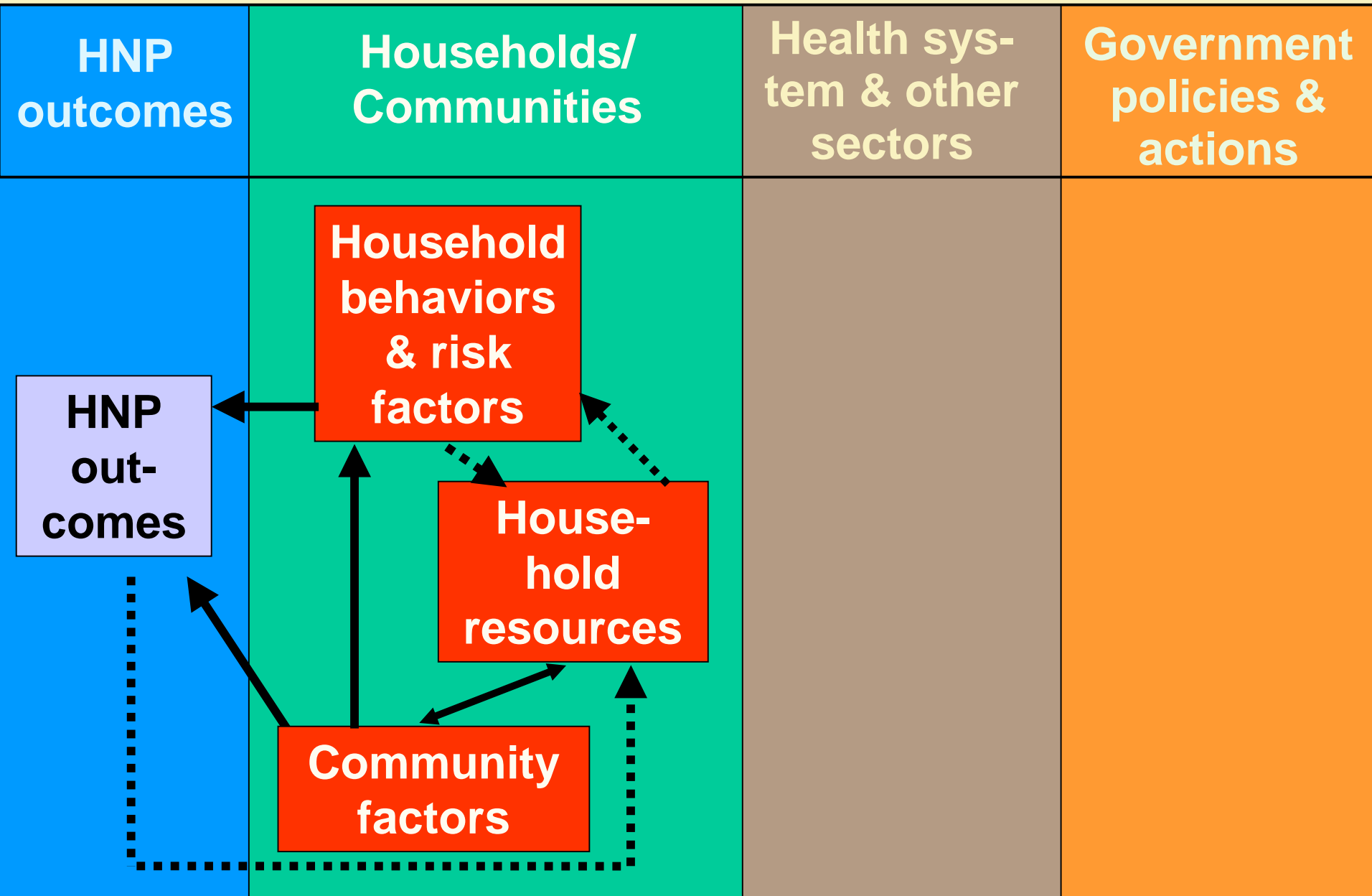
- Participatory co-financing and co-management
- Participatory monitoring and micro-planning
- Support to civil society

International Development Goals and objectives

- **Reduction in Infant Mortality and Under 5 Mortality**
- **Reduction in Maternal Mortality**
- **Reduction of TB and HIV**

Household and Community

Pathways to Improved HNP Outcomes



Pathways Framework (Household)

Role of household factors

Guinea, household behaviors

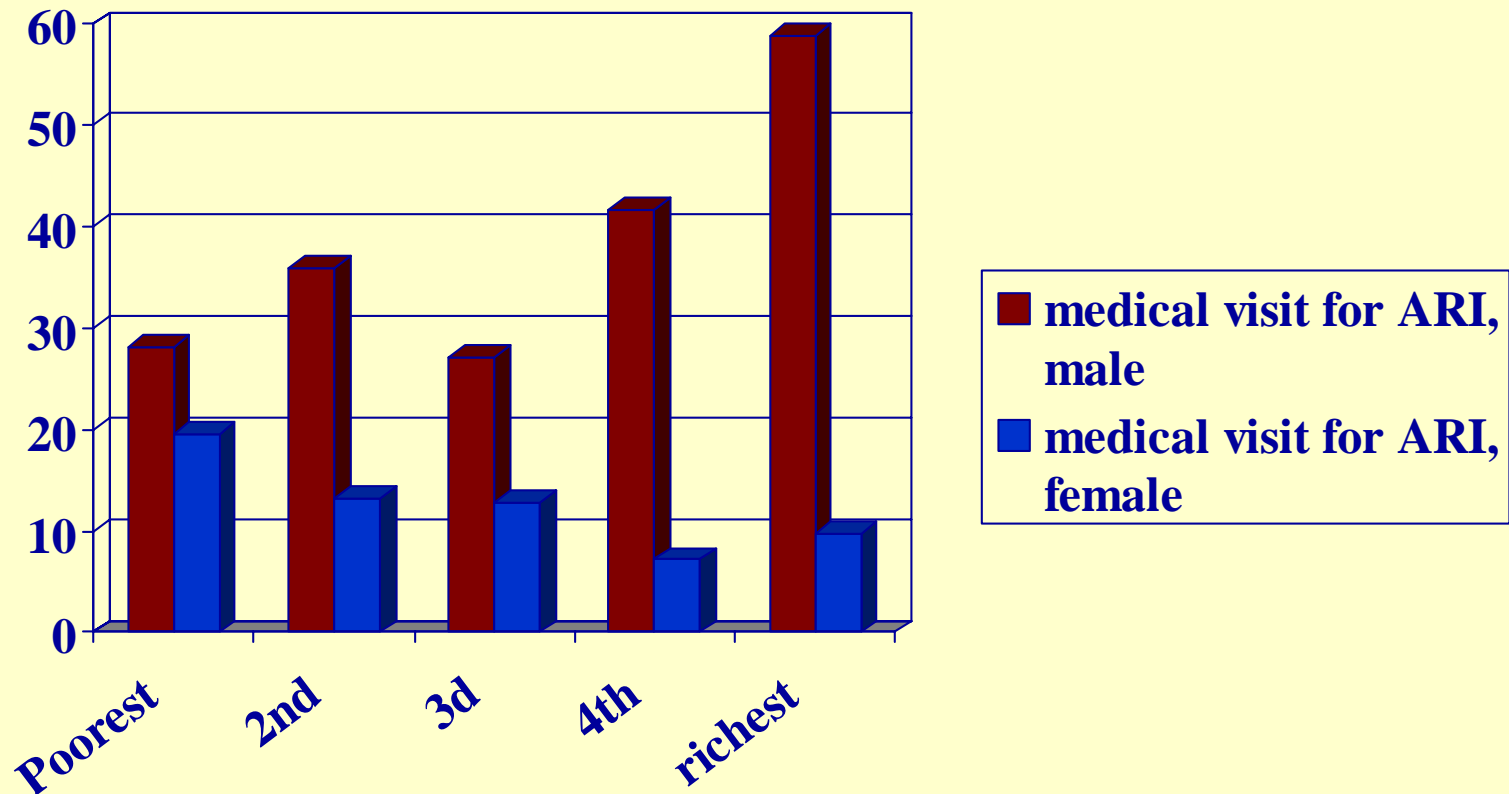
	No education	Primary Education	Secondary Education	Rural areas	Urban areas
Average duration of breastfeeding with water only (in months)	6.4%	3.7%	0.6%	6.4%	3.8%
Treatment of diarrhea by increased liquids whether at home or in health services	51.7%	61.4%	55.4%	51.4%	57.9%
% men having ever used a condom	17.4%	44.9%	64.5%	22.8%	56%

DHS 1999

Pathways Framework (Household)

Role of household factors

Gender influence on use of health services, Bangladesh 1996



DHS

International Development Goals?

- **Exclusive and Prolonged Breastfeeding**
- **Use of iodized salt**
- **No smoking**
- **Hand washing**
- **Waste disposal**
- **Use of latrines**
- **Safe handling of water (e.g. use of tap)**
- **Safe sex**
- **Home treatment of fever and diarrhea**
- **Children's books in the household...**

(actually this latter isn't but wouldn't it be a nice one ?)

Pathways Framework (Household and Community)

Strategies

Support to Household and Community care practices:

- Home care
- Care seeking and compliance
- Effective use of preventive technologies

Support to Communication Strategies:

- Assessment of current practices
- Communication for behavior change
- Community driven communication

Support to local resources mobilization

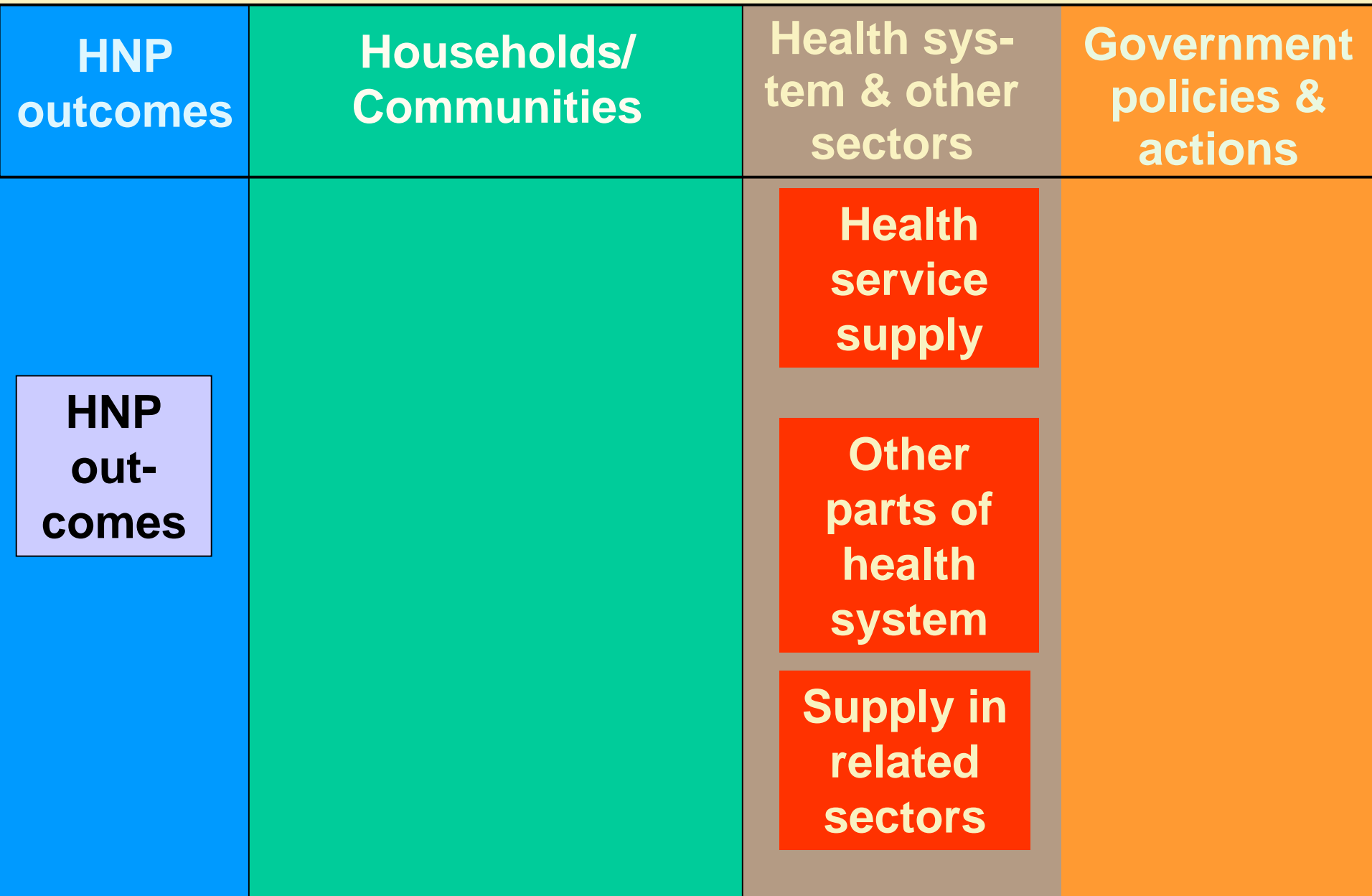
- Subsidies for basic services
- Drug revolving funds
- Community funds

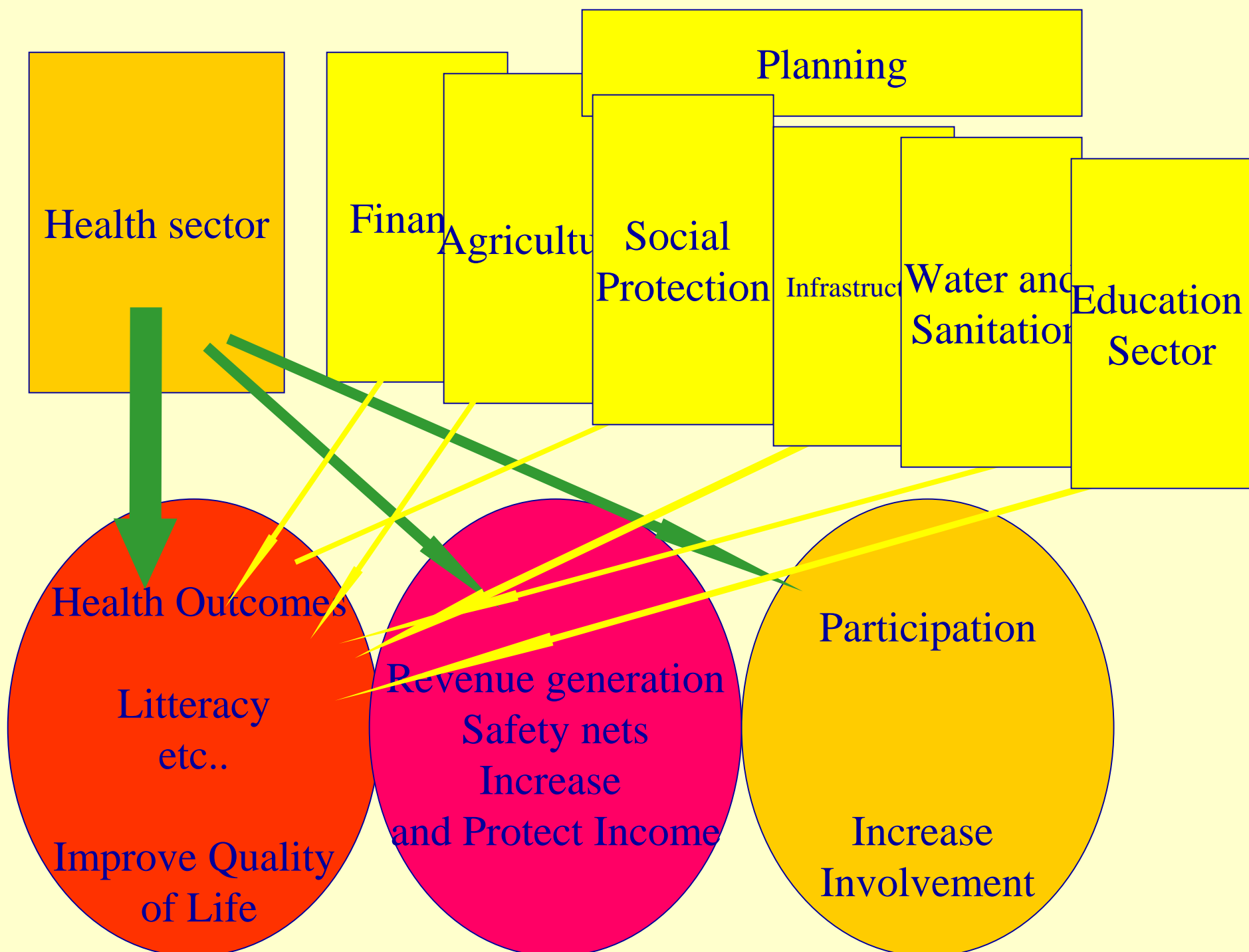
Existing Initiatives

- **Community Driven Development (WB)** WB
- **Community based health/nutrition** UNICEF
- **Early childhood development** WB-UNICEF
- **Information, Education, Communication,** UNICEF-WHO
- **Social marketing**
- **Primary Health Care, (comprehensive)** USAID-GTZ
- **Bamako Initiative,** WHO
- **Village health workers, community based agents** WHO-UNICEF
- **Health and Sustainable development,** WHO

Health System and Related Sectors

Pathways to Improved HNP Outcomes

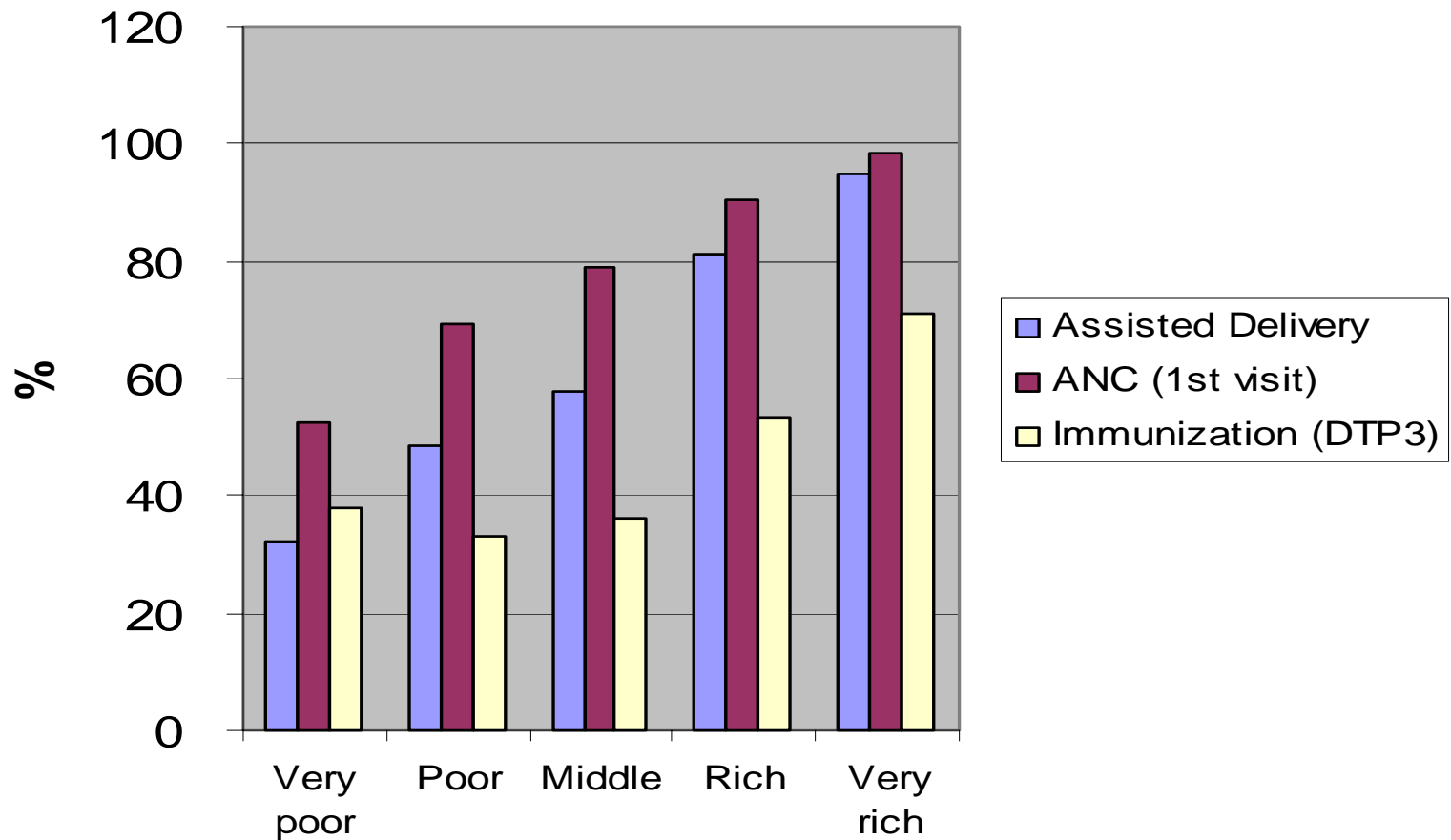




Utilization of maternal and child health services

Cameroon 1998

Source: DHS



International Development Goals?

- **Immunization rates**
- **Antenatal care**
- **Attended deliveries**
- **STDs treated**
- **TB treated**

Strategies

- **Access to basic social services**
 - health
 - education
- **Supply of a minimum package of cost-effective services responding to the poor 's needs**
- **Outreach and targeting towards vulnerable groups:**
 - children, women
 - poor groups, remote population, minorities
 - high risk groups (AIDS)

Existing Initiatives

- **WHO: programmatic PHC (selective: EPI, CCCD, STOP TB), District Approach, Bamako Initiative,**
- **UNICEF: GOBI FFF, Bamako Initiative**
- **USAID: family planning programs**
- **GTZ: district approach**

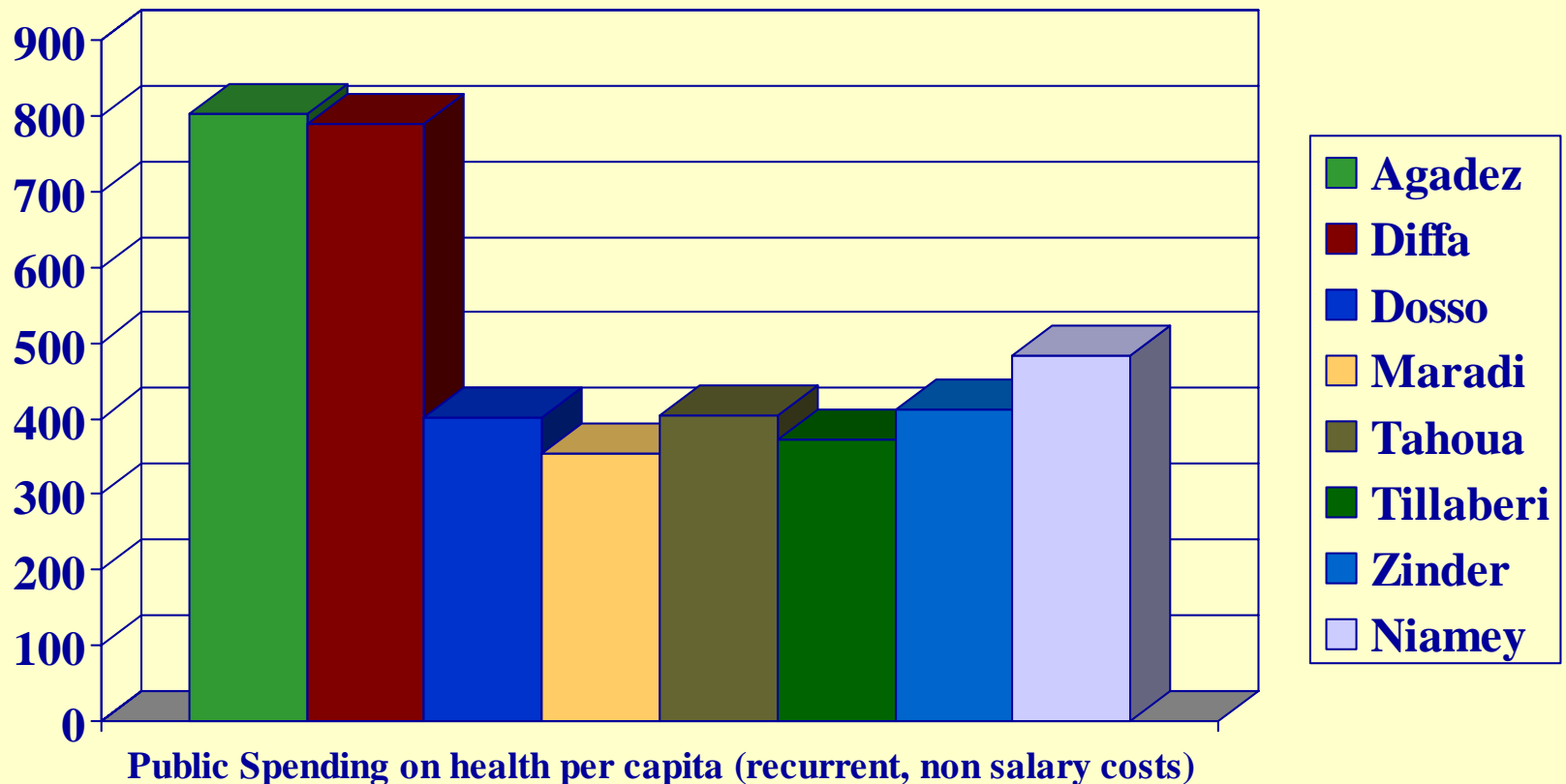
Government Policies and Actions

Government policies and Actions for Improved HNP Outcomes

HNP outcomes	Households/ Communities	Health sys- tem & other sectors	Government policies & actions
<p data-bbox="22 705 293 953">HNP out- comes</p>			<p data-bbox="1532 586 1858 758">Health reforms</p> <p data-bbox="1544 1082 1846 1329">Actions in other sectors</p>

Allocation of resources can be inequitable

Niger 1997 public resource allocation
between regions



International Development Objectives

- **WHO: recommendation on health spending versus public expenditures/GDP**
- **Increase funding for social sectors (debt relief)**
- **Tobacco taxation and bans**

- **Financing generation: Sin Taxes (two shots in one) , multiple sources and mechanisms for revenue generation**
- **Purchasing, resource allocation, transfers targeted to poor areas, poor groups**
- **Stewardship: regulation, monitoring and evaluation**

Existing Initiatives

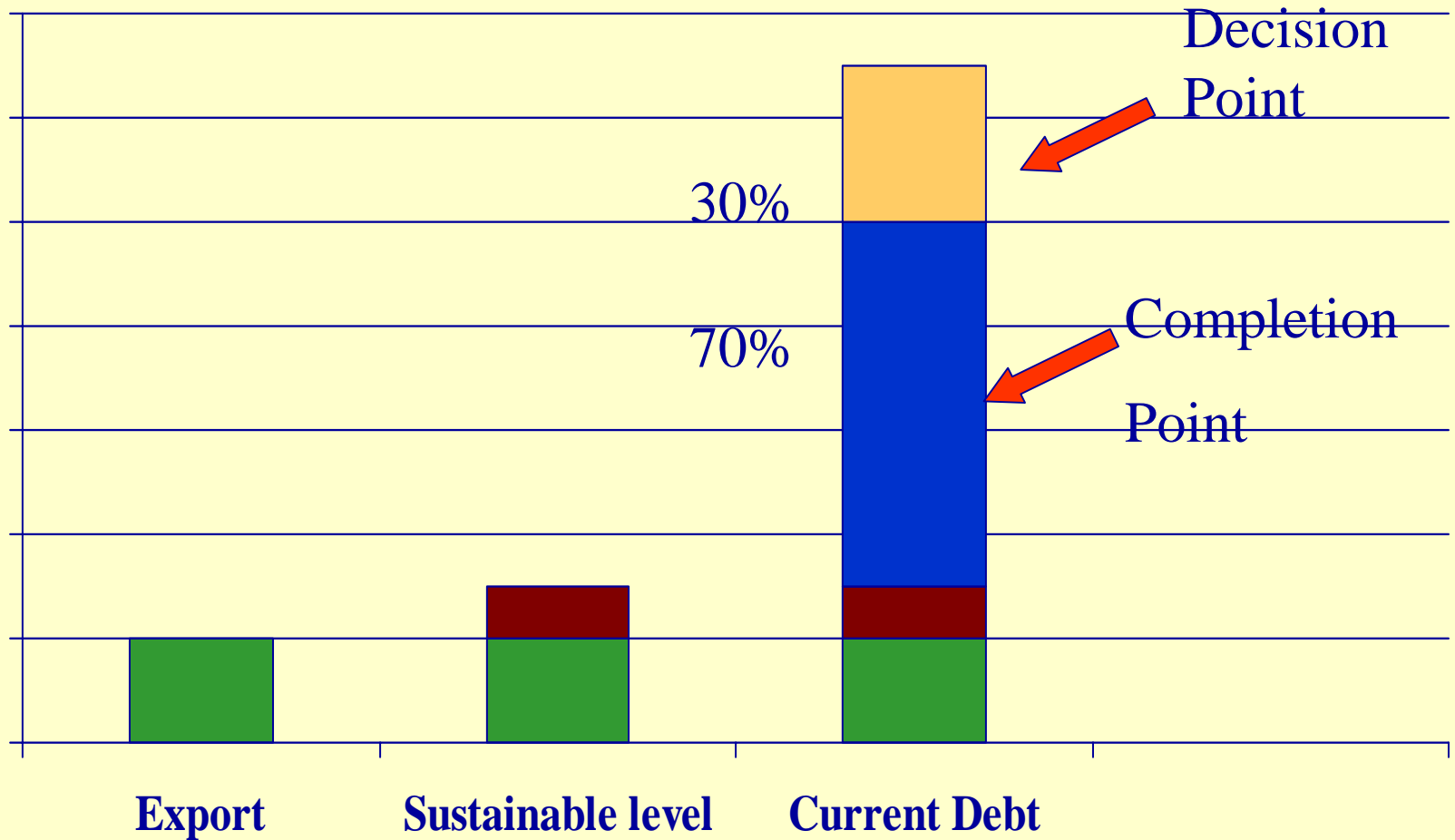
- **WHO: Sector Wide Approaches/Health Sector Reform, specific rallies (GAVI)**
- **EU: Sector Wide Approaches/Health Sector Reform**
- **UNAIDS: partnership for Africa**

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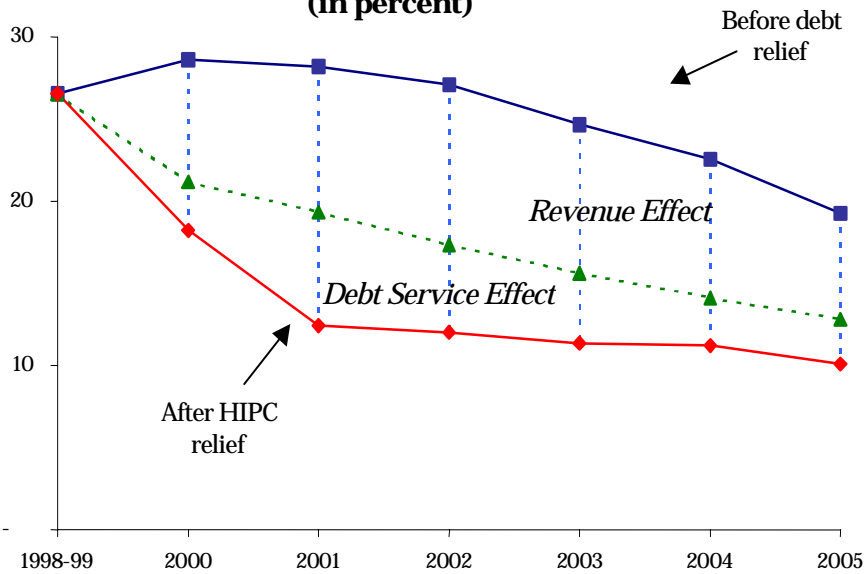
Debt Relief in a Nutshell

US\$



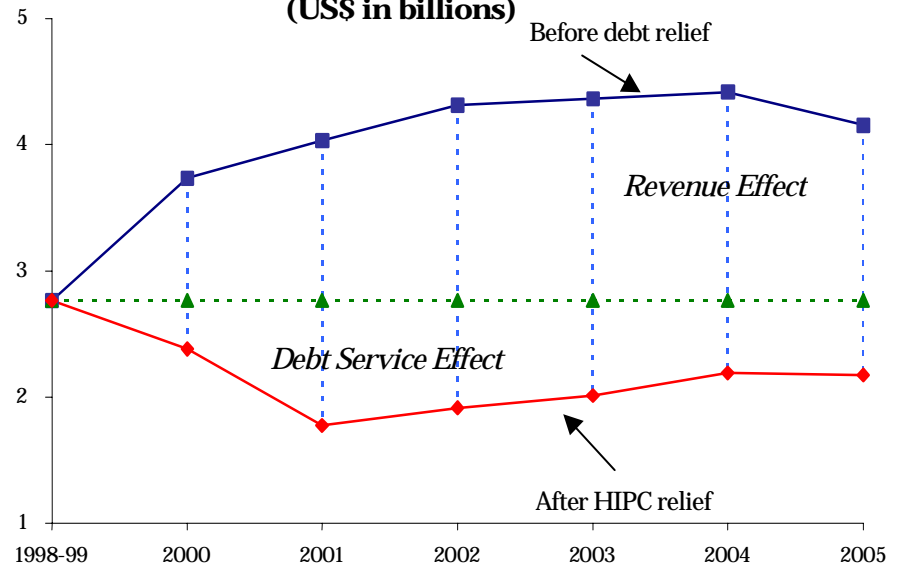
HIPC Debt Relief and Creation of Fiscal Space

Debt Service-to-Revenues (in percent)



- debt service before relief projected in Decision Point Documents
- - ▲ - - 1998-1999 debt service held constant in dollar terms
- ◆— debt service after HIPC assistance projected in Decision Point Documents

Debt Service (US\$ in billions)



- debt service before relief projected in Decision Point Documents
- - ▲ - - average debt service paid, 1998-1999
- ◆— debt service after HIPC assistance projected in Decision Point Documents

What Does it Mean for the Social Sectors?

- **Potentially more money**
- **A seat at the table where macroeconomic and budgetary discussions take place**
- **Chance to respond to sector development challenges**

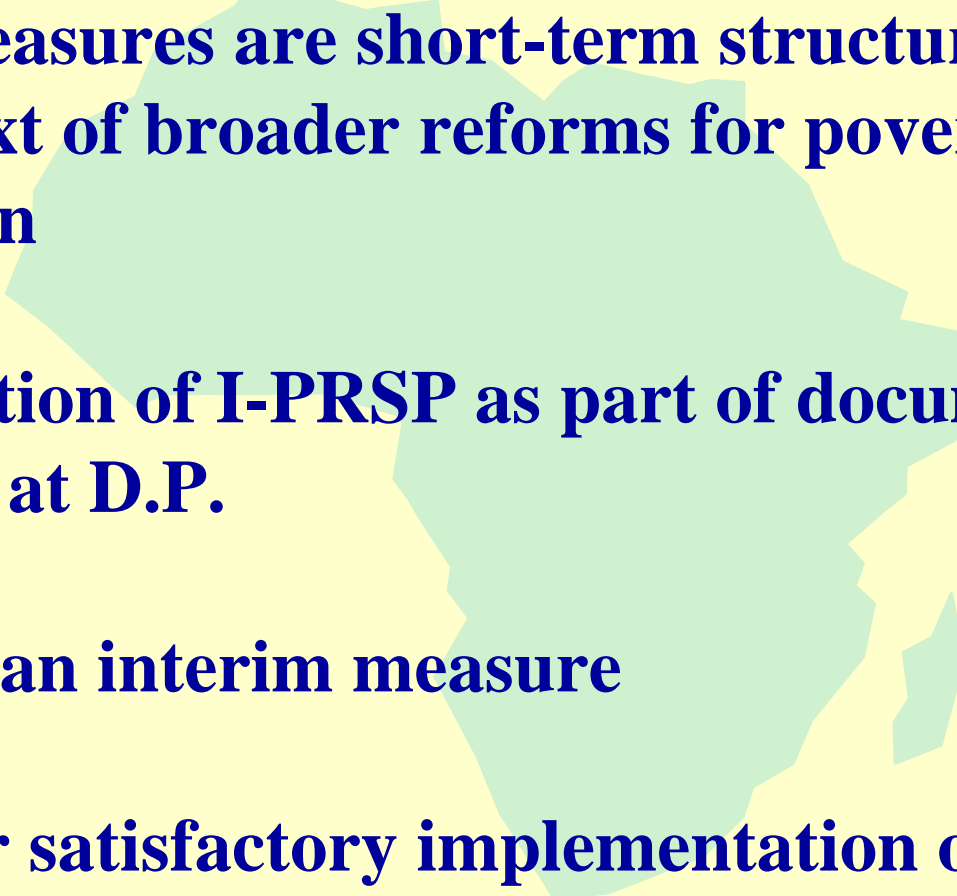
Allocation of resources freed from debt relief for the 22 countries:

- Education: 39%
- Health: 25%
- Rest on HIV/AIDS; rural development & water supply; governance & institution; road construction

Issues with Health Budgets

- **Information, understanding of the mechanisms**
- **Quality of Dialogue finance-health**
- **Donor oriented dialogue, crowding-out of domestic resources by donor funding ?**
- **Lack of Programs: SWAPs or unfunded activities**

Relation between HIPC and PRSPs

- ▶ **HIPC measures are short-term structural changes in context of broader reforms for poverty reduction**
 - ▶ **Preparation of I-PRSP as part of documentation required at D.P.**
 - ▶ **I-PRSPs an interim measure**
 - ▶ **One-year satisfactory implementation of PRSP a condition for reaching C.P.**
- 

Five countries have completed full PRSPs



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Bank Portfolio Review

Methodology

- **Desk review of all HNP PADs in FY99 and FY00 (41 PADs)**
- **Standardized review instrument**
 - **Project Objectives**
 - **Project Analysis**
 - **Project Design**
 - **Monitoring and Evaluation**
- **Analysis of quantitative results**
- **Ranking (simulating different weights)**
- **Panel review for award selection**

The Good News ...

Positive findings and trends

- **Majority focus on HNP outcomes of the poor as a critical objective of the project including reforms**
- **Equity-related quantitative analysis were conducted for the preparation of a majority of the projects**
- **Equity-related qualitative analysis were conducted for the preparation of a majority of the projects**
- **90 percent of projects had some form of targeting (geographic, level of care, disease)**

...and the not so Good News

Weaknesses

- **Disconnect between objectives and M&E systems**
- **Disconnect between equity-analysis and design**
- **Weak equity impact analysis and risk mitigation mechanisms for reforms**
- **Not much other than targeting**

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Non-Lending

Focusing sector work on **equity** and **poverty**

- Documenting inequalities in HNP outcomes and outputs (Session 2 will expand on this)
- Understanding household and community constraints, asking the WHY questions (Session 3)
- Understanding systematic system failures and resource allocation problems (Session 4)
- Sharing global experience (positive and negative)
- Building technical analytical capacity in client countries
- Think Intersectorally (easier in AAA than Lending)

Non-Lending (Continued)

Dialogue and Advocacy

- Supporting the PRSP process through targeted ESW and sharing best practice and knowledge
- Building coalitions for poverty and equity work from both internal groups (NGOs and civil society) and external groups (Bilateral and Multilateral Groups)

Traditional Investment Lending

- **Base design elements on equity analysis**
- **Make listening to the poor a habit
(a critical element and not a check box)**
- **Follow the money (Influence resource
allocation mechanisms)**
- **Monitor equity indicators**

Lending (Continued)

Program Lending (PERCs, PRSCs):

- **Rewards:**
 - Easier to protect sectoral spending
 - May allow for real intersector work
 - May improve donor coordination
- **Risks:**
 - Macroeconomist's Disease
 - Ignores years of OED and Management lessons
 - Untested