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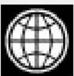

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Washington, D.C.
© International Bank for Reconstruction and Development / International Development Association or
The World Bank
1818 H Street NW
Washington DC 20433
Telephone: 202-473-1000
Internet: www.worldbank.org

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Health Sector Strategy Paper Project Files, 1996/1997 - Sector Assistance Strategy (SAS) - Initiation Memorandum - 1v

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Sector Assistance Strategy (SAS)
Health Sector[1]

Preamble

The following brief note provides an outline of the objectives and contents of the 1997 Health Sector SAS as well as a suggested process for producing this development-policy instrument and a timetable for next steps.

The health sector component of the new Country Assistance Strategy (CAS)-Country Compacts will rely heavily on: (a) a consultative process with individual governments and other stakeholders; (b) common objectives for all Bank Group interventions (IBRD, IDA, IFC, MIGA); (c) a full range of analytical/advisory services and lending instruments; (d) measurable development indicators and accountability; and (e) regular updates on progress in achieving the different goals set out in the CAS.

The SAS will be closely linked to the new CAS--Country Compacts to ensure it is: (a) consistent with the country dialogue on development objectives and level/composition of Bank services at the individual department and regional levels; and (b) effective as a cross-cutting corporate strategy for the Bank's involvement in the health sector.

The timeframe for achieving many broad health sector development objectives (10 to 15 years) exceeds the life-cycle of most projects (5-8 years). It is critical that the new CAS--Country Compact provide: (a) a medium-term health sector policy framework to guide the analytical/advisory services and pipeline of lending operations used to address country and regional priorities; and (b) measurable short-term (3-5 years) development indicators to underpin the monitoring and accountability of the analytical/advisory services and individual lending operations.

The SAS will be developed as a principle Bank instrument, which will be used in parallel to the new CAS--Country Compact to:

- assist country departments and regions elaborate effective health sector strategies that keep a focus on clearly defined and achievable short- and medium-term priorities; and
- define a clear corporate policy to guide the Bank's involvement in the health sector currently not available.

The audience for the SAS will be both internal (the Executive Board, Senior Management, Country Managers, sector staff etc.) and external (borrowers, partners, NGOs, the international health community etc.) It will attract the greastest interest and is likely to be widely read and studied.

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[1] The term health will refer to the population, health and nutrition sector (PHN).

Contents

Given the objectives of the SAS, the contents of the document will include the following:

- an up-to-date assessment of global trends in health (residual and emerging infections diseases such as TB and the rising epidemics of chronic diseases such as those caused by the growing use world-wide of tobacco) and the health sector (access, equity, efficiency, quality and choice), including links to other global trends (political, economic, security, demographic, technological etc.)
- a summary of the current portfolio (type of Bank services and value) and proposed pipeline at the individual country and regional levels, reflecting priorities developed in the CAS--Country Compacts;
- a list of key problem areas and recommended next steps to improve portfolio performance based on the work of both the Quality Assurance Group (QAG) and individual Country Project Implementation Reviews (CPIRs);
- identification of risks which threaten achievement of the overall health strategy presented in the SAS and possible mitigating measures
- definition of triggers for *high case* (e.g. adequate health policy framework) and *low case* (e.g. inadequate health policy framework) scenarios and suggestion of appropriate responses (level of management responsibility, budget envelope and application of different non lending and lending instruments); and
- an overarching sector assistance strategy for the health sector (priorities, resource requirements, staff development etc.) for the Bank's involvement in the health sector over the short and medium term which is likely to achieve the greatest development impact based on the above background

An effort will be made to differentiate, as necessary, the objectives, strategies and other aspects of the SAS on a regional, sub-regional and thematic (low income, middle-income, transition, post-conflict etc.) levels.

Mode of Production

The production of the SAS will depart significantly from past sector policy notes by relying heavily on a consultative process with country departments, regional advisors and to a limited degree external stakeholders.

The Bank's Senior Advisor for this sector and the Lead Health Specialist from each region will comprise a Steering Committee to oversee the activities of a Core Working Group comprising members from HDD and the various regions of the Bank. The Steering Committee and Core Working Group will conduct an initial period of consultation and data collection, followed by a short intense period of drafting by the Core Working Group.

Timetable of Next Steps

Given the health sector SAS is a first of its kind, HDD will seek to make this a benchmark for other sectors and will allocate additional time and resources to this activity in FY97 as part of the overall development of this new and important policy instrument. Ultimately, however, this process will be to streamline to produce the document in the same timeframe (3-4 months) as the CAS--Country Compact, with a 2-3 year periodicity.

Agreement on general approach to SAS by mid-July
Constitution of Steering Committee and Working Group by end of August
Begion consultation with Regions by end of September
First draft-Outline of SAS by end of November
Regional Consultations completed by end of December, 1996
Intensive drafting January-February 1997
Final SAS by end of February 1997
Board Presentation May 1997

A L L - I N - 1   N O T E

DATE: 28-Oct-1996 04:48pm

TO: Alexander Preker (ALEXANDER PREKER)

FROM: Alexander Preker, HDDHE (ALEXANDER PREKER)

EXT.: 32327

SUBJECT: SAS - Summary EM for Initiating Memorandum

A L L - I N - 1   N O T E

DATE: 29-Apr-1996 02:26pm EST

TO: Richard Feachem (RICHARD FEACHEM@A1@WBHQB)

FROM: Helen Saxenian, HDD (HELEN SAXENIAN@A1@WBHQB)

EXT.: 32179

SUBJECT: Follow up on possible FY97 board presentation on health finance

Next steps on this product

At our meeting on health finance with Armeane Choksi, we discussed the idea of a board seminar--with a background paper--on health finance in FY97.

Dirk Matthiesen from Secretary's just called me with additional information about board seminar procedures:

We need to get the idea approved by our MD and on the Board's schedule for consideration. The next discussion of the Board's schedule is in early July (date not yet set). We would need to float the idea of a board seminar soon to Messrs. Kaji and Koch-Weser to find out if they agree to forward this for Board consideration. John D. Shilling works for Kaji and is the contact for inputs into the Board's schedule. Dirk suggests that we have an informal talk with him first about this and/or with Joanne Salop. So as a next step, I think we need to prepare an outline of what we want to do and have the conversation about how to proceed w/ Jed Shilling and/or Joanne Salop.

Also, FYI, Dirk said that scheduling the Board seminar is easiest for the 2nd and 3rd quarters, when the Board's schedule is the lightest. I asked again about examples of good board seminars. He couldn't think of anything outstanding done over the past 18-24 months. He said that the rate of change of the Board's expectations is great--what was good three years ago might not be acceptable today. He did stress that we should focus on operational or policy concerns (as we would agree)--the Board is not interested in a general survey of the field.

CC: David de Ferranti (DAVID DE FERRANTI@A1@WBHQB)
CC: ALEXANDER PREKER (ALEXANDER PREKER@A1@WBWASH)
CC: George Schieber (GEORGE SCHIEBER@A1@WBHQB)
CC: William McGreevey (WILLIAM MCGREEVEY@A1@WBHQB)

A L L - I N - 1 N O T E

DATE: 15-Apr-1996 01:26pm EST

TO: Richard Feachem (RICHARD FEACHEM@A1@WBHQB)

FROM: Helen Saxenian, HDD (HELEN SAXENIAN@A1@WBHQB)

EXT.: 32179

SUBJECT: Health Finance Board Paper

Our Business Plan says that we will do a Board paper on health finance in FY97. Before we go down that time-consuming path, I called Dirk Mattheisen who works at Secretary's to find out what other approaches we might take. Dirk said that we are in a very dynamic environment at the moment, and can propose what we think makes sense, as long as it is approved by Koch-Weser.

If we simply want to review the sector without proposing any change or clarification in Bank policy, he suggested that we do a Board seminar. The purpose would be to inform the Board and have a discussion. The Board likes to get some sort of background paper for the seminar in order to have something to send to their governments. So while we could do a powerpoint presentation, the Board would still want more than just bullets on a page to send to their governments. Dirk said that many of the recent Board powerpoint presentations have been complete disasters, with type too small to read and confusing storylines.

If we want to propose a change of policy or a clarification of policy, we are much better off with a Board paper.

We could also take a two-stage approach to the latter. The first stage might be a "concept seminar" in FY97 to lay out the issues and have a discussion, and follow that with a Board paper in FY98 or FY99 with the objective of clarifying or changing Bank policies on health finance.

I asked Dirk for examples of particularly good recent Board seminars that we might use as a model--he drew a blank but promised to look over the Board's schedule for the previous year and a half to identify best practice examples to send to us.

We can explore the objective of a Board presentation on health finance, and the best vehicle, in our meeting with Armeane tomorrow.

CC: David de Ferranti (DAVID DE FERRANTI@A1@WBHQB)
CC: ALEXANDER PREKER (ALEXANDER PREKER@A1@WBWASH)
CC: Xavier Coll (XAVIER COLL@A1@WBHQB)
CC: George Schieber (GEORGE SCHIEBER@A1@WBHQB)