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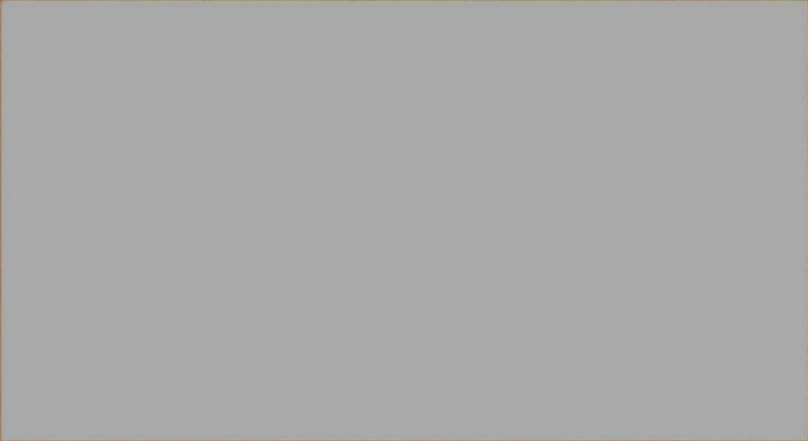
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PHN Objectives

-- PHNPR



 **Archives**

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Policy, Health and Nutrition [PHN] Objectives - Correspondence

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POPULATION, HEALTH AND NUTRITION DEPARTMENT (PHND)

1. Improve and Extend Policy Advice and Lending, Population. Strengthen and broaden Bank population policy work and lending, with emphasis on (a) family planning service delivery issues (b) role of private sector in family planning (c) acceptability and financial feasibility of various economic incentives for small family size.
2. Improve and Extend Policy Advice and Lending, Health. Strengthen Bank health policy work and lending, with emphasis on financing issues, including insurance, and on improved allocation of health resources.
3. Improve Nutrition Policy and Lending. Contribute to improving nutritional and health status in developing countries by research on the determinants and consequences of malnutrition and undernutrition, and by assessment of operational experience.
4. Population: Sub-Saharan Africa. Assist in developing and implementing improved strategies for fertility reduction in Africa.
5. Pharmaceuticals Policy. Strengthen pharmaceuticals management policies in developing countries and clarify the role of the Bank.
6. Interactions among Social Programs. Develop evidence of interaction and complementarity among health, family planning, nutrition and education programs as a basis for a broader assessment of their economic and social benefits.
7. Poverty Alleviation. Strengthen the poverty focus of PHND projects.

February 1, 1985

IMPROVE AND EXTEND POLICY ADVICE AND LENDING, POPULATION

Description

The objective is to strengthen and broaden Bank population policy work and lending.

Background

The Bank is seeking ways to strengthen the policy commitment of countries to population, to improve family planning service delivery in the context of its projects, and to broaden its lending program.

Approach

Three areas of work will be emphasized:

1. Cost-effectiveness of alternative family planning delivery systems. What mix of services, and what organizational and infrastructural approaches to delivering them, have the best payoff -- in different country circumstances? What are the most efficient ways to combine family planning with maternal and child health care?
2. The role of the private sector in contraceptive distribution. What are the best strategies that countries can pursue to expand the contribution that social marketing, NGOs, and other private sector activity can make to increasing use of family planning. How might Bank lending be broadened to take into account the potential role of the private sector?
3. Incentives for birth spacing and termination. Do they "work"? What types (Payments to whom? Under what conditions? Deferred or not?) are most -- and least -- promising? What are their costs and consequences? What must be done to assure there is no coercion?

Work in these three areas, along with a review of Bank sector and project work in population, will be the basis for a policy paper on Future Directions in Bank Population Lending. There will also be work aimed at identifying and carrying out steps to strengthen the quality and quantity of relevant data for policy analysis in sub-Saharan Africa, and work on population education.

How/When to Gauge Progress

Issues papers on three topics above in FY86. Policy Paper on Future Directions in Bank Population Lending FY87.

IMPROVE AND EXTEND POLICY ADVICE AND LENDING, HEALTH

Description

To strengthen Bank health policy work and lending, with emphasis on financing issues, including insurance, and on improved allocation of health resources.

Background

Inefficiency, inequity, shortages of budgetary funds, ambitious plans to extend and upgrade services, and undue bias in favor of urban, curative, hospital-based care, tend to characterize the health sector in developing countries. Underfunding of services, failure to reach priority targets, and concern among national economic planners about uncontrolled growth in public outlays for health are compounded by inadequate financial management procedures and information systems. Through policy dialogue and project work, the Bank has an opportunity and a comparative advantage, compared with other international organizations, in assisting developing country governments in developing and applying policy options for improving resource allocation and resource mobilization (cost recovery).

Approach

In FY84, issues papers addressing this objective were completed and circulated. In FY85-87, emphasis will shift to: (i) identifying and examining the various alternatives at a more detailed level, taking into account practical program design requirements and institutional and administrative factors, (ii) working out policy positions on specific alternatives and assisting in implementation, and (iii) exploring, through research, remaining areas of uncertainty (e.g., the magnitude of the impact of price on demand for health care -- which a recently approved research project is studying with data on Peru).

How/When to Gauge Progress

FY86 major policy paper on health financing. FY86 and FY87, several major papers presenting research results and drawing conclusions for policy dialogue. Guidance should also have been provided to Bank staff in implementing recommended new initiatives.

IMPROVE NUTRITION POLICY AND LENDING

Description

Objective is to improve nutrition policies, programs and institutions through a better understanding of (a) the impacts (nutritional, economic and social) of alternative nutrition interventions; (b) their cost-effectiveness, including comparison with health interventions in reducing child mortality and contributing to child development; (c) the impact on nutritional status of agricultural and rural development projects.

Background

Little is known about the impact of large-scale interventions and the cost-effectiveness of alternative interventions, including health measures. Less still is known about the nutritional effects, positive and negative, of agricultural actions that generally are assumed to be nutritionally beneficial. The importance of this information has been detailed in earlier Bank reports. Evaluations were built into each of the Bank's nutrition projects and useful lessons have been learned about the effectiveness of alternative types of nutrition programs, and institutional arrangements. In most cases, however, the evaluation work was not up to expectations. This reflects the state of the art in measuring the complex effects of malnutrition on growth and performance and the existing research capability in this field in the borrowing countries. It also suggests that governments are less interested than the Bank in evaluations.

Approach

A major emphasis should therefore be on research aimed at identifying the impact of nutrition projects or components, as well as the nutritional effects of agriculture and rural development projects (this in conjunction with AGR). Paralleling this effort will be the incorporation in project work of the lessons of Bank (and other agencies) experience, operational support, advisory work, and training, leading to improved capability in nutrition planning and operations in developing countries.

How/Where to Gauge Progress

A comprehensive review of Bank nutrition operations has just been completed. Within the next three years, the major lessons stemming from the review, i.e., those relating to alternative nutrition interventions and institutional arrangements should have been evidenced in a significant number of projects -- either free-standing nutrition, or major components of health or other projects. Given the state of the art of evaluating nutrition interventions, a five-year period is likely to be needed before we can substantially improve our understanding of nutrition-health linkages, and begin to incorporate the lessons in project planning.

POPULATION: SUB-SAHARAN AFRICA

Description

Determination and implementation of appropriate approaches to population policy and programs for African countries, and the Bank's role in this process, recognizing both the wide variation among countries in Africa, and the general demographic differences between Africa and other continents. Strengthening of African institutional capability in population research and management.

Background

Even with low life expectancy, population growth in Sub-Saharan Africa is reaching unsustainable levels. Fertility rates are the highest in the world, and there is a widespread lack of understanding among individuals and governments of the implications of population growth for economic development. The main objective of this exercise is to create awareness among African officials of the determinants and consequences of rapid population growth, and to indicate ways of dealing with the problem. The work should also tie in with Bank country economic strategies, and will draw heavily upon experience of UNFPA, USAID and other members of the donor community.

Approach

Contributing studies underway cover: aggregate consequences of rapid population growth, the demography of Sub-Saharan Africa, proximate determinants of fertility, population growth and labor markets, household consequences of large families, attitudinal and behavioral indicators of the demand for family planning, the evolution of population policy and family planning projects; other papers cover policy options in coping with population distribution problems, an evaluation of experimental family planning projects and an analysis of constraints to strengthening population policy and programs in SSA.

The objective will be pursued by a variety of means; the papers listed above will be based upon operational experience; analytical/research work; policy/guidelines development. The individual papers will be produced intermittently between October 1983 and October 1984. A small number of African technical and political leaders will be involved in review of selected background papers and the draft report on Approaches to Population Problems in SSA. Completion of the overall strategy paper is scheduled for Spring 1985. Thereafter, incorporation of the findings into operations, both country and sector work.

How/When to Gauge Progress

As component parts of the project are completed, their findings may be reflected in country and sector work, and in dialogue with the countries. By end of FY86, we should have agreed with a substantial number of African countries on an appropriate population strategy, and taken concrete steps to strengthen institutional capabilities for population policy formulation and program development in several SSA countries.

PHARMACEUTICALS POLICY

Description

Development of criteria to assist member countries in selecting among a broad range of supply- and demand-oriented interventions to increase access to priority pharmaceuticals, particularly among the poor.

Background

Pharmaceuticals are essential to achievement of health status improvements, and where local production is feasible, can contribute to national industrial growth objectives. Pharmaceuticals comprise a large and foreign exchange intensive portion of national health expenditures. Inefficiencies in local production, where existent, and in management of supply and in utilization of pharmaceuticals raise costs and thus limit equitable access. The 1982 policy brief set the stage for a broad analysis of sectoral issues. In recognition of potential conflicts arising from pursuit of both health and industrial development objectives in the pharmaceuticals sector, PHN requested IND participation in this analysis. A preliminary issues paper is currently under review and should be completed by December, 1984.

Approach

Systematic exploration, on a country-specific basis, of the alternatives to ensure a continuous, affordable supply of pharmaceuticals is a pre-requisite to develop a comprehensive Bank-wide policy on this critical sub-sector. As outlined in the draft issues paper a dual research and operational strategy is envisaged to expand sectoral knowledge, with specific attention to identifying cost-effective approaches: to expand and strengthen, where feasible, local production capacity, to serve domestic and, as appropriate, export markets; to improve overall pharmaceuticals supply management; and to guide more appropriate utilization by providers and consumers via regulation, pricing and/or education. Development of 3-4 pharmaceutical projects or components annually in PHN and IND are anticipated over the next few years. Research will focus on key data gaps, e.g. pharmaceuticals pricing. These activities will provide the analytic base for formulation of a sector policy paper by FY87.

How/Where to Gauge Progress

Since this is a new lending area, progress will be difficult to measure in the three-year time horizon. However, analysis to date has revealed key points where explicit choices or judgments concerning pharmaceuticals should be made. Consequently, one can examine how well these issues are addressed through project review. Indicators of success might include achievement of more efficient local production, institution of more cost effective pharmaceuticals supply management and/or evidence of more appropriate utilization of priority pharmaceuticals in project countries.

INTERACTIONS AMONG SOCIAL PROGRAMS

Description

Develop evidence of interaction and complementarity among health, family planning, nutrition and education programs as a basis for a broader assessment of their economic and social benefits.

Background

The benefits of social sector investments are understated unless "cross-effects" are taken into account. For example, family planning availability can be expected to increase parents' investments in children's schooling, to the extent family planning prevents unwanted births. Similarly, availability of schooling may reduce fertility as parents substitute investment in education of a few children for (other) spending on more children.

Approach

We will combine systematic assessment of existing literature (which is unfortunately rather thin) with development of new evidence. We will emphasize piggybacking onto existing Bank and other household survey efforts (especially LSMS) rather than entirely new data collection.

How/When

Literature review and work plan end FY86. Comprehensive study by end of FY87.

POVERTY ALLEVIATION

Description

Assessment of the extent to which PHND projects have been targeted on the poor, and identification of potential means and opportunities for strengthening the poverty focus in sector and lending work.

Background

In many but not all cases, investments in the population, health and nutrition sectors tend, by their very nature, to benefit the poor more than better-off groups. Yet the converse outcome is easily possible if care is not exercised in the design stages. In addition, there can be valid reasons for deliberately not concentrating solely on direct benefits to the poor: e.g., if certain institutional strengthening is essential first, to provide a basis for later initiatives that will aid the poor directly. Assessing the poverty alleviation features of PHND is thus not as simple and straightforward an exercise as it might first appear.

Approach

A review will be undertaken of the Department's lending experience to date. Recommendations will then be formulated for improving the poverty focus of population, health, and nutrition projects.

How/Where to Gauge Progress

The review will begin in FY86. All work, including development of recommendations for strengthening the poverty impact of PHN activities, should be completed within twelve months.

PCT.OF DIRECT COSTS	TOTAL DEPT. BUDGET	DEPT. RESRCH BUDGET	EXTERN. FUNDED RESRCH	MAJOR POLICY	GUIDE- LINES	GOR/DMS	ADVICE & REVIEW	STAFF DEVELP	SUPPT. TO EDI	SUPPT.TO REG,EIS	MISCEL
OBJECTIVE 7: Poverty Alleviation (07007)											
85	0.2%	2.1	()		2.1						
86	0.2%	2.3	()		2.3						
87	0.2%	2.3	()		2.3						
85-87	0.2%	6.7	0.0 (0.0)	0.0	6.7	0.0	0.0	0.0	0.0	0.0	0.0
OBJECTIVE 8:											
85	0.0%	0.0	()								
86	0.0%	0.0	()								
87	0.0%	0.0	()								
85-87	0.0%	0.0	0.0 (0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OBJECTIVE 9:											
85	0.0%	0.0	()								
86	0.0%	0.0	()								
87	0.0%	0.0	()								
85-87	0.0%	0.0	0.0 (0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OBJECTIVE 10:											
85	0.0%	0.0	()								
86	0.0%	0.0	()								
87	0.0%	0.0	()								
85-87	0.0%	0.0	0.0 (0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NON-LINKED TASKS											
85	3.1%	26.6	()						1.0		25.6
86	1.9%	18.4	()								18.4
87	3.0%	29.2	()								29.2
85-87	2.6%	74.2	0.0 (0.0)	0.0	0.0	0.0	0.0	0.0	1.0	0.0	73.2

PCT. OF DIRECT COSTS	TOTAL DEPT. BUDGET	DEPT. RESRCH BUDGET	EXTERN. FUNDED RESRCH	MAJOR POLICY	GUIDE- LINES	GOR/DMS	ADVICE & REVIEW	STAFF DEVELP	SUPPT. TO EDI	SUPPT. TO REG, EIS	MISCEL
SUBTOTAL OF DIRECT COSTS											
85	860.1	138.8	(152.2)	209.8	199.5	163.9	88.5	0.0	1.0	33.0	25.6
86	978.0	212.9	(255.3)	123.9	371.6	129.7	95.0	0.0	0.0	26.5	18.4
87	978.2	247.2	(201.3)	54.7	370.2	120.8	116.9	0.0	0.0	39.2	29.2
85-87	2816.3	598.9	(608.8)	388.4	941.3	414.4	300.4	0.0	1.0	98.7	73.2
INDIRECT COSTS											
85	312.6										
86	353.0										
87	353.0										
85-87	1018.6										
TOTAL COSTS											
85	1172.7	138.8	(152.2)	209.8	199.5	163.9	88.5	0.0	1.0	33.0	25.6
86	1331.0	212.9	(255.3)	123.9	371.6	129.7	95.0	0.0	0.0	26.5	18.4
87	1331.2	247.2	(201.3)	54.7	370.2	120.8	116.9	0.0	0.0	39.2	29.2
85-87	3834.9	598.9	(608.8)	388.4	941.3	414.4	300.4	0.0	1.0	98.7	73.2

SUMMARY OF DEPARTMENTAL STAFF RESOURCES OF PROGRAMS BY OBJECTIVE (SYs) DIR2SY OPS/PHN

PCT.OF DIRECT COSTS	TOTAL DEPT. BUDGET	DEPT. RESRCH BUDGET	EXTERN. FUNDED RESRCH	MAJOR POLICY	GUIDE- LINES	GOR/DMS	ADVICE & REVIEW	STAFF DEVELP	SUPPT. TO EDI	SUPPT.TO REG,EIS	MISCEL
OBJECTIVE 1: Improve & Extend Policy Advice & Lending, Population (03017)											
85	42.6%	5.6	0.8 ()	0.3	2.5	0.8	0.7			0.5	
86	45.4%	6.1	1.4 ()	0.5	2.1	0.9	0.9			0.3	
87	44.6%	6.0	1.6 ()	0.5	1.9	0.9	0.8			0.3	
85-87	44.2%	17.7	3.8 (0.0)	1.3	6.5	2.6	2.4	0.0	0.0	1.1	0.0
OBJECTIVE 2: Improve & Extend Policy Advice & Lending, Health (03016)											
85	25.1%	3.3	1.0 ()		0.5	1.3	0.4			0.1	
86	28.3%	3.8	0.8 ()		2.1	0.2	0.5			0.2	
87	27.5%	3.7	1.1 ()		1.5		0.7			0.4	
85-87	27.0%	10.8	2.9 (0.0)	0.0	4.1	1.5	1.6	0.0	0.0	0.7	0.0
OBJECTIVE 3: Improve Nutrition and Lending (03019)											
85	5.3%	0.7	0.2 ()		0.1	0.0	0.4				
86	8.2%	1.1	0.4 ()		0.4	0.1	0.2				
87	8.2%	1.1	0.4 ()		0.2	0.1	0.4				
85-87	7.2%	2.9	1.0 (0.0)	0.0	0.7	0.2	1.0	0.0	0.0	0.0	0.0
OBJECTIVE 4: Population: Sub-Saharan Africa (06007)											
85	18.3%	2.4	()	2.4							
86	3.0%	0.4	()	0.4							
87	0.0%	0.0	()								
85-87	7.0%	2.8	0.0 (0.0)	2.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OBJECTIVE 5: Pharmaceuticals Policy (03021)											
85	5.3%	0.7	()	0.7							
86	4.5%	0.6	()	0.6							
87	0.0%	0.0	()								
85-87	3.2%	1.3	0.0 (0.0)	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OBJECTIVE 6: Interactions among Social Programs (03025)											
85	0.0%	0.0	()								
86	8.2%	1.1	0.5 ()		0.6						
87	16.4%	2.2	0.5 ()		1.7						
85-87	8.2%	3.3	1.0 (0.0)	0.0	2.3	0.0	0.0	0.0	0.0	0.0	0.0

PCT.OF DIRECT COSTS	TOTAL DEPT. BUDGET	DEPT. RESRCH BUDGET	EXTERN. FUNDED RESRCH	MAJOR POLICY	GUIDE- LINES	GOR/DMS	ADVICE & REVIEW	STAFF DEVELP	SUPPT. TO EDI	SUPPT.TO REG,EIS.	MISCEL
SUBTOTAL OF DIRECT COSTS											
85	13.1	2.0 (	0.0)	3.4	3.1	2.1	1.5	0.0	0.0	0.6	0.4
86	13.4	3.1 (	0.0)	1.5	5.2	1.2	1.6	0.0	0.0	0.5	0.3
87	13.4	3.6 (	0.0)	0.5	5.3	1.0	1.9	0.0	0.0	0.7	0.4
85-87	40.0	8.7 (	0.0)	5.4	13.7	4.3	5.0	0.0	0.0	1.8	1.1
INDIRECT COSTS											
85	2.5										
86	2.8										
87	2.8										
85-87	8.1										
TOTAL COSTS											
85	15.6	2.0 (	0.0)	3.4	3.1	2.1	1.5	0.0	0.0	0.6	0.4
86	16.2	3.1 (	0.0)	1.5	5.2	1.2	1.6	0.0	0.0	0.5	0.3
87	16.2	3.6 (	0.0)	0.5	5.3	1.0	1.9	0.0	0.0	0.7	0.4
85-87	48.1	8.7 (	0.0)	5.4	13.7	4.3	5.0	0.0	0.0	1.8	1.1

1/30/85

FY85 DEPARTMENTAL RESOURCES BY BUDGET CATEGORY

	TOTAL DEPARTMENT	TOTAL DIVISION 1
A. STAFF YEARS		
HIGHER LEVEL	9.50	9.50
ASSISTANT LEVEL	6.00	6.00
SECRETARIAL/CLERICAL LEVEL	3.00	3.00
TOTAL REGULAR STAFF YEARS	18.50	18.50
RESEARCHERS	0.54	0.54
CONSULTANTS	5.57	5.57
UNDP OVERHEAD POSITIONS	0.00	0.00
TOTAL HL, UNDP, CONSULTANT, RESEARCHER	15.61	15.61
B. DOLLAR COSTS		
STAFF SALARIES	705.38	705.38
TEMPORARY	45.00	45.00
OVERTIME	4.00	4.00
STAFF TRAVEL	73.05	73.05
CONSULTANT TRAVEL	28.40	28.40
HOSPITALITY	0.70	0.70
REPRESENTATION	0.00	0.00
CONSULTANT FEES	287.91	287.91
CONTRACTUAL SERVICES	0.00	0.00
DIRECT COMMUNICATION	6.30	6.30
INTERNAL COMPUTING	22.00	22.00
SUBTOTAL	1172.74	1172.74
EQUIPMENT	0.00	0.00
TOTAL DOLLAR COSTS	1172.74	1172.74

1/30/85

FY86 DEPARTMENTAL RESOURCES BY BUDGET CATEGORY

	TOTAL DEPARTMENT	TOTAL DIVISION 1
A. STAFF YEARS		
HIGHER LEVEL	11.00	11.00
ASSISTANT LEVEL	6.00	6.00
SECRETARIAL/CLERICAL LEVEL	3.00	3.00
TOTAL REGULAR STAFF YEARS	20.00	20.00
RESEARCHERS	0.19	0.19
CONSULTANTS	4.94	4.94
UNDP OVERHEAD POSITIONS	0.00	0.00
TOTAL HL, UNDP, CONSULTANT, RESEARCHER	16.13	16.13
B. DOLLAR COSTS		
STAFF SALARIES	862.16	862.16
TEMPORARY	45.00	45.00
OVERTIME	4.00	4.00
STAFF TRAVEL	119.05	119.05
CONSULTANT TRAVEL	9.80	9.80
HOSPITALITY	0.70	0.70
REPRESENTATION	0.00	0.00
CONSULTANT FEES	248.75	248.75
CONTRACTUAL SERVICES	0.00	0.00
DIRECT COMMUNICATION	6.30	6.30
INTERNAL COMPUTING	35.00	35.00
SUBTOTAL	1330.76	1330.76
EQUIPMENT	0.00	0.00
TOTAL DOLLAR COSTS	1330.76	1330.76

1/31/85

FY87 DEPARTMENTAL RESOURCES BY BUDGET CATEGORY

	TOTAL DEPARTMENT	TOTAL DIVISION 1
A. STAFF YEARS		
HIGHER LEVEL	11.00	11.00
ASSISTANT LEVEL	6.00	6.00
SECRETARIAL/CLERICAL LEVEL	3.00	3.00
TOTAL REGULAR STAFF YEARS	20.00	20.00
RESEARCHERS	0.38	0.38
CONSULTANTS	4.75	4.75
UNDP OVERHEAD POSITIONS	0.00	0.00
TOTAL HL, UNDP, CONSULTANT, RESEARCHER	16.13	16.13
B. DOLLAR COSTS		
STAFF SALARIES	862.16	862.16
TEMPORARY	45.00	45.00
OVERTIME	4.00	4.00
STAFF TRAVEL	123.10	123.10
CONSULTANT TRAVEL	10.70	10.70
HOSPITALITY	0.70	0.70
REPRESENTATION	0.00	0.00
CONSULTANT FEES	243.85	243.85
CONTRACTUAL SERVICES	0.00	0.00
DIRECT COMMUNICATION	6.30	6.30
INTERNAL COMPUTING	35.00	35.00
SUBTOTAL	1330.81	1330.81
EQUIPMENT	0.00	0.00
TOTAL DOLLAR COSTS	1330.81	1330.81

OFFICE MEMORANDUM

DATE February 1, 1985

TO Mr. S. Shahid Husain, Vice President, Operations Policy

FROM John D. North, Director, PHN

EXTENSION 61171

SUBJECT OPS Planning: Revision of FY85-87 Proposed Budget,
PHN Policy Group Revised

Following our meeting in your office January 14 to discuss our January 4 memorandum on the PHN policy and research work program, we have revised our set of objectives, added non-OPS research funds to our proposed budget, and made more explicit the end-products we expect in fiscal year 1986. This revision does not constitute any real change in substance. But it has assisted us in our own planning and we hope it makes our work program more clear to you.

This memorandum, as requested in your November 5, 1984 memorandum (A) summarizes highlights of the revised plan, (B) gives information on FY86 resources for sub-Saharan Africa (C) outlines expected outputs in FY86, and (D) points to a number of issues and constraints. The associated revised tables (DIR2\$, 2SY and DIR4) are also attached. You also requested we address the need for an additional higher level staff person in the Policy and Research Division. The critical need for such a person, explained in our January 4 memo, is not repeated here.

Our seven objectives for FY85-87 are:*

- to improve population policy advice and broaden the scope of population lending;
- to improve health policy advice and lending;
- to strengthen and broaden our nutrition policy advice and lending;
- to develop appropriate strategy for population policy advice and lending in Sub-Saharan Africa;
- to develop a framework for policy advice and Bank assistance in the area of pharmaceuticals' supply and distribution;
- to develop evidence of the complementarity and interaction among health, family planning, nutrition and education

*Descriptions of these revised objectives are attached.

programs, as a basis for a broader assessment of their economic and social benefits; and

- to review the Bank's success in poverty reduction via PHN projects.

A. Five points about the work program can be highlighted:

(1) New initiatives in population. A set of new policy and research initiatives in population address the objective of improving and expanding the population lending program. The new initiatives fall into three categories: analytic work on cost-effective approaches to delivery of family planning services; policy work on subsidies for private sector distribution of contraceptives and on the role of the nonprofit private sector in family planning; and policy work on the acceptability, financing and effectiveness of various forms of small-family incentives. The first of the three is geared to operational needs of the Department in project design. It will probably include emphasis on the information and communication component of family planning programs (IEC), a component for which there is considerable scope for innovation in existing programs. The second is designed to address the question whether and how the lending program in population could be expanded to finance government-sponsored subsidy schemes and to encourage more concrete forms of cooperation between government and nongovernmental organizations. The third is designed to provide the Bank a basis for policy advice to governments on incentives and disincentives to encourage lower fertility, as well as to explore the possibility of Bank lending to governments to help finance incentive schemes that are acceptable (in terms of enhancing welfare without being coercive). These new initiatives are included under the general population objective, which takes up more than one-third of total staff years and direct costs budgeted for the FY85-87 period.

For each of these three areas, a specific output is planned, though not at this time a major policy paper. (The work on incentives may evolve into major policy, but whether that is appropriate is not yet clear.) The work for them, along with a review of population lending and the policy paper on sub-Saharan Africa, will also provide input for a major policy paper, "New Directions in Population Lending," scheduled for completion in December 1986. The new initiatives in population reflect the need for the Bank to follow up the policy statements of the World Development Report 1984 in its operational work. The Report raised several issues of operational relevance but provided little in the way of specific guidance, in part because of a dearth of the type of analysis on which specific guidance must be based. For example, the large literature on determinants of fertility fails to answer the question of how much difference the principal policy intervention, program services, makes in specific contexts. Thus new research on fertility determinants, including in Africa, must be based on data that includes availability of information about family planning, availability of services, and quality of services as potential determinants, on the supply side, of household contraceptive and fertility behavior.

Conversely, operations research on family planning must include more on the socioeconomic environment in which information and service programs are operating. Bringing together so-called supply and demand factors will be one objective of our planned work on cost-effective approaches to family planning delivery systems. We hope some of this work can be done in the context of evaluation of Bank-supported family planning programs, e.g. in Indonesia.

(ii) Continuation and strengthening of policy work on financing issues. A paper on health financing will be completed by October 1985, and issued as a Technical Note and/or a Bank Staff Working Paper. We expect that paper to be close to a finished version of three chapters of a book covering both resource mobilization (financing) and resource allocation issues in health. The book manuscript is to be completed by April 1986. Except for work on risk-sharing or insurance, much of the material for the October paper is in hand. We are now initiating work on risk-sharing to provide input to it. We will expand work on risk-sharing in FY86 and FY87 if expansion is appropriate.

Emphasis on financing and cost recovery will also be reflected in work on the feasibility of fee-financed revolving funds for drugs and on use of private sector distribution of contraceptives, both of which will be examined in planned research on cost recovery in health and family planning in The Gambia. The Pharmaceuticals Policy Paper will also of course address financing issues.

(iii) New emphasis on service delivery questions, i.e. on how to improve the delivery of services to people through better resource allocation (health, family planning, and nutrition services). This focus on service delivery issues reflects operational needs of the Department in project design and implementation. In addition to work on cost-effectiveness of family planning, mentioned above, work on management information systems (about to be completed) and planned work on cost-effectiveness of alternative "selective linkages" among health, nutrition and family planning services (e.g. nutritional supplementation for lactating women and family planning) reflects this concern with service delivery. The reviews of the Bank's health and population lending programs to date should also shed light on service delivery issues.

(iv) New work on the complementary interactions among social service programs. The objective is to develop and analyze information on so-called "cross-effects" of programs, i.e. the effects of family planning services on health status and school enrollment, of health and nutrition services on schooling (enrollment and achievement); of schooling services on health, and so forth. This work will be designed to strengthen the case for spending on "social" programs, by

demonstrating that their broadly-defined economic and noneconomic benefits are understated if only direct effects (e.g. of family planning services on fertility) are measured.

A number of large household data sets are now or soon will be available within the Bank (LSMS, Ivory Coast, Peru; education study, Peru) and we plan to piggyback onto these surveys (nutrition, Ivory Coast; additional information on family planning availability, Peru) to minimize costs of doing such work — which requires both household information and matched information on availability and quality of health, family planning and school programs.

(v) Extension of ongoing policy work on Africa. Directions for further population work on sub-Saharan Africa will be more clear once that policy paper is completed. We do know already that data on fertility, mortality, contraceptive use and family size attitudes are poor in Africa, and poorly-exploited where they exist, and that development of population policy depends in part on improving these data. We are therefore planning now for a modest program to collect and analyze, in conjunction with an African research institute, such data, as a kind of demonstration project.

B. Dollar resources for Sub-Saharan Africa

The policy paper on population in Sub-Saharan Africa will be finished in substance by June 1985. Follow-up in FY86 and 87 will take the form of considerable emphasis on Africa in the population policy work summarized above. Africa will also continue to be a major focus in the work on financing and resource allocation in health and on pharmaceutical issues. We estimate that at least 40 percent of PHN policy group resources will go to case studies and comparative reviews in African settings, plus up to 50 percent of anticipated resources from the Supplemental Research Budget. Dollar amounts would thus amount to about \$480,000 for FY86 and FY87.

C. End-products in FY86

Two major policy papers will be completed: Sub-Saharan Africa Population (July 1985) and Pharmaceuticals (January 1986). In addition, major work on health financing will be completed (October 1985), and the health lending review will be completed (December 1985). (See attached figure.)

In addition, several major efforts designed to provide input to the FY87 policy paper "Future Directions in Population Lending," will be completed in FY86, including (a) a review paper evaluating effectiveness of schemes for subsidizing commercial distribution of contraceptives and outlining implications for Bank operations; (b) a review paper on the role of nongovernmental organizations in providing family planning service delivery; and (c) an issues paper on small-family incentives.

D. Issues and Constraints

The revised work program implies more completed output in FY86 than will be possible without the (assumed) increase of one position for an economist in the Policy and Research Division. For the next fiscal year, the addition of more policy work on population without any reduction in ongoing work on health financing, resource allocation and pharmaceuticals, assumes perfectly efficient use of additional and existing resources, and assumes we will be successful in obtaining additional resources from the Supplemental Research Budget for several activities. If recruitment of new staff is delayed, or turnover of present staff reduces our ability to manage the work program efficiently, or we are not successful in obtaining SRB funds, we will have difficulty -- though additional resources for consultants could substitute in part.

A comparison of the FY85 staff-year allocation to those for FY86 and FY87 indicates a decline in major policy and a compensating increase in guidelines and research. This reflects a shift in emphasis toward development of new thinking on several topics. We anticipate that some portion of work now labelled guidelines or research will eventually shift to the major policy category.

There is more direct operational support, e.g. through participation of staff of PHNPR in missions, than is obvious from the attached tables. (The operational support of Advisors is shown under OAR and CESW.) Division staff will participate in missions wherever two objectives can be simultaneously met: the field experience will provide input to their policy work (e.g. on pharmaceuticals, on private sector role in family planning, on health risk-sharing issues); and their prior policy work means they can provide input to the operational objectives of the mission.

Several areas of work are shortchanged in this work program, given the expressed needs of the operating divisions. Follow-up to our guidelines on management information systems through case studies in countries with projects would take one-half of a senior staff person's time. Though information programs will be an important concern in the work on family planning programs, a more focussed effort to assess IEC (information, education, communication programs for family planning, also known as demand generation) cannot be launched without additional resources. More work on project evaluation than we can now do would probably be warranted.

Much "consequences" work should fall under the rubric of CESW. But the amount allocated for CESW is tiny compared with demand; with more resources we could choose one or two issues (such as population, environment and agriculture, an area highlighted at the January 1985 Agriculture/PHN Symposium) and develop a work program in conjunction with the Agriculture Department and/or the Office of Environmental Affairs. There are also several potential areas for collaboration with the Education Department (pre-school programs,

informal education) where we will not be able to provide more than nominal input without reducing effort elsewhere.

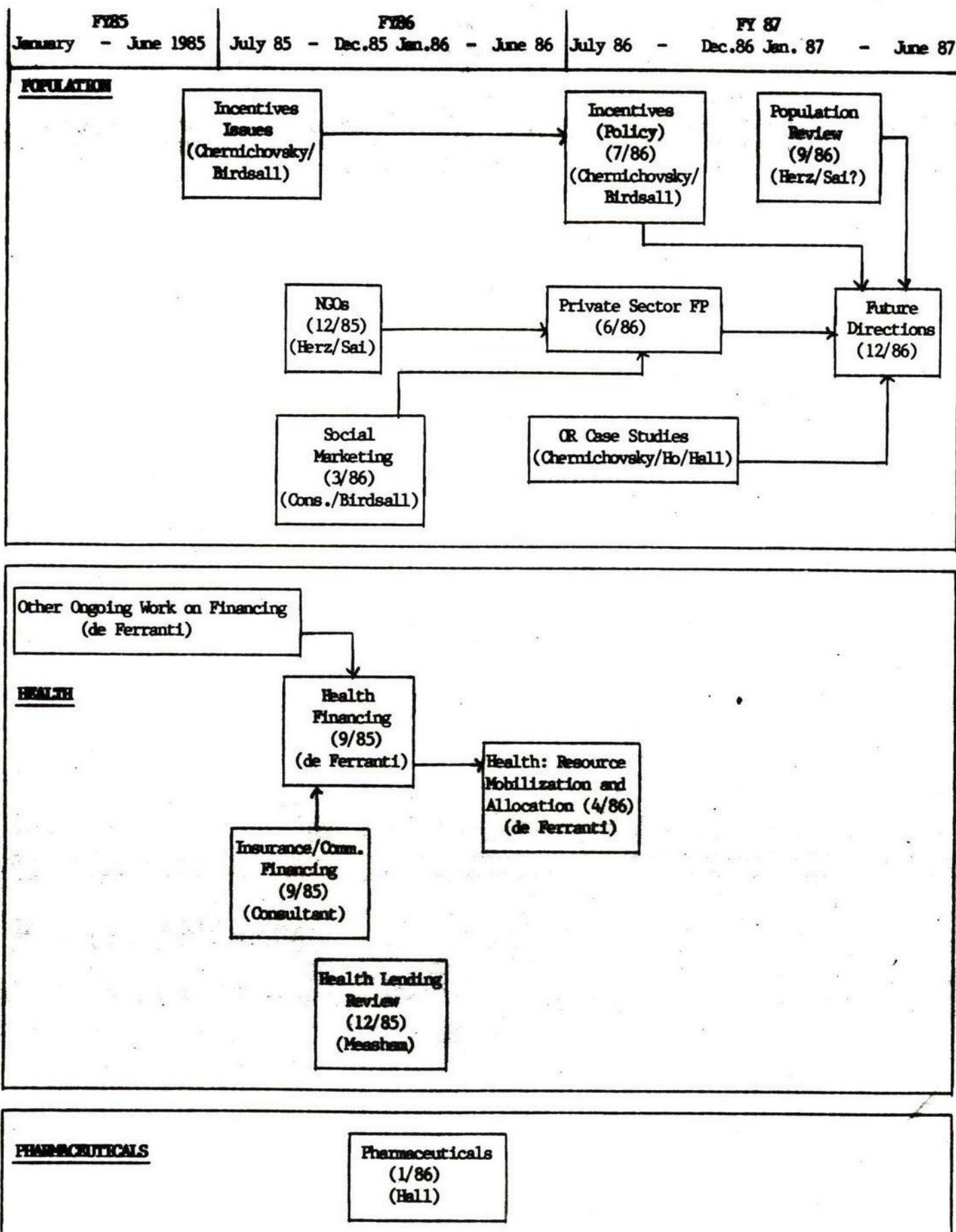
Nutrition policy work and demographic assistance to sector and project work could also be increased. Though a modest increase in policy and research work in nutrition is planned for FY86 and FY87, some activities in nutrition planned for FY85 have had to be deferred to FY86 for lack of dollar resources. In general the amount of staff time and budget for nutrition is small given the potential for useful work outlined in the Nutrition Review.

Finally, the demands of the operating divisions for assistance in demographic work and the demands of the regions already far exceed the amount of support we are able to provide. We are now developing a plan to constitute a small advisory group to assess systematically the Bank's overall needs in demography and to propose alternative bureaucratic arrangements for meeting those needs.

Attachment

cc: Mrs. I. Husain (PHND2) N. Birdsall (PHNPR)
Messrs. A. Berg, F. Sai, A. Measham, (PHN)
Messrs. E. Schebeck (PHND1), S. Denning (PHND3), van der Tak,
Selowsky (OPSVP)
PHNPR Staff

NBirdsall:am



OFFICE MEMORANDUM

file

DATE **November 16, 1984**

TO **Mr. J.C. Peter Richardson, OPSVP**

FROM **John D. North, Director, PHN**

EXTENSION **61571**

SUBJECT **PHN Objectives**

As requested in Mr. Husain's memo of November 5, please find attached (a) a complete set of our final objective statements and (b) a one-sentence summary of each objective.

Attachments

cc: **Ms. C. Scherr, OPSVP**

DdeFerranti:lcj

POPULATION, HEALTH AND NUTRITION DEPARTMENT (PHND)

1. Population: Sub-Saharan Africa. Assist in developing and implementing improved strategies for fertility reduction in Africa.
2. Population and Health Policy. Aid in strengthening Bank population and health sector and policy analytic work and approaches to project design, through assessment of recent efforts and research aimed at identifying cost-effective program alternatives.
3. Nutrition Policy. Contribute to improving nutritional and health status in developing countries by research on the determinants and consequences of malnutrition and undernutrition, and by assessment of operational experience.
4. Pharmaceuticals Policy. Strengthen pharmaceuticals management policies in developing countries and clarify the role of the Bank .
5. Resource Allocation and Cost Recovery in Health. Develop and help in introducing improved policies on resource allocation and cost recovery.
6. Poverty Alleviation. Strengthen the poverty focus of PHND projects.
7. Monitoring and Evaluation. Determine appropriate approaches for monitoring and evaluation in PHND projects and country programs.

November 16, 1984

POPULATION POLICY: SUB-SAHARAN AFRICA

Description

Determination and implementation of appropriate approaches to population policy and programs for African countries, and the Bank's role in this process, recognizing both the wide variation among countries in Africa, and the general demographic differences between Africa and other continents. Strengthening of African institutional capability in population research and management.

Background

Even with low life expectancy, population growth in Sub-Saharan Africa is reaching unsustainable levels. Fertility rates are the highest in the world, and there is a widespread lack of understanding among individuals and governments of the implications of population growth for economic development. The main objective of this exercise is to create awareness among African officials of the determinants and consequences of rapid population growth, and to indicate ways of dealing with the problem. The work should also tie in with Bank country economic strategies, and will draw heavily upon experience of UNFPA, USAID and other members of the donor community.

Approach

Contributing studies underway cover: aggregate consequences of rapid population growth, the demography of Sub-Saharan Africa, proximate determinants of fertility, population growth and labor markets, household consequences of large families, attitudinal and behavioral indicators of the demand for family planning, the evolution of population policy and family planning projects; other papers cover policy options in coping with population distribution problems, an evaluation of experimental family planning projects and an analysis of constraints to strengthening population policy and programs in SSA.

The objective will be pursued by a variety of means; the papers listed above will be based upon operational experience; analytical/research work; policy/guidelines development. The individual papers will be produced intermittently between October 1983 and October 1984. A small number of African technical and political leaders will be involved in review of selected background papers and the draft report on Approaches to Population Problems in SSA. Completion of the overall strategy paper is scheduled for Spring 1985. Thereafter, incorporation of the findings into operations, both country and sector work.

How/When to Gauge Progress

As component parts of the project are completed, their findings may be reflected in country and sector work, and in dialogue with the countries. By end of FY86, we should have agreed with a substantial number of African countries on an appropriate population strategy, and taken concrete steps to strengthen institutional capabilities for population policy formulation and program development in several SSA countries.

POPULATION AND HEALTH POLICY

Description

The overall objective is to ensure that the Bank's population and health sector and policy analytic work contributes to continuous and effective policy dialogue with borrowing countries and to the timely modification of approaches to project design, implementation and evaluation, so that future lending is as cost-effective as possible.

Background

The Bank has now completed population and health sector work in 38 countries, and has funded 39 projects. New efforts in over 20 countries are planned for FY85 and 86. To ensure that lessons learned from past work are fully incorporated into new initiatives and that analytic efforts are well matched to policy development requirements, research and operations reviews are needed to fill important information gaps in several key areas.

Approach

Areas to be examined will include (but not necessarily be limited to):

1. The role of the private sector in contraceptive distribution. What are the best strategies that countries can pursue to expand the contribution that social marketing, NGOs, and other private sector activity can make to advancing population objectives.
2. Incentives for birth spacing and termination. Do they "work"? What types (Payments to whom? Under what conditions? Deferred or not?) are most—and least—promising? What are their costs and consequences? What must be done to assure there is no coercion?
3. Cost-effectiveness of alternative family planning delivery systems. What mix of services, and what organizational and infrastructural approaches to delivering them, have the best payoff—in different country circumstances?
4. Operational issues in service integration. What are the obstacles to more effective integration of family planning with maternal and child health care, and how can these obstacles best be overcome?
5. New directions in population lending. A review will be done of Bank sector and project work in population. Given the results of that review, and of the other efforts above and below, should PHND reorient the scope or content of its lending for population; and if so, precisely how?
6. Health review. What have been the strengths and weaknesses of PHND health sector and project work to date, and how could it be improved?
7. Program cross-effects (research). Insofar as increased availability and utilization of family planning services contribute to advances in other sectors (e.g., in health or education) and vice versa (e.g., better health care fuels increased demand for family planning), are there specific ways that Bank or country policies should be adjusted in light of these cross-effects?
8. Sub-Saharan Africa—family health and demographic data. The aim here will be to identify and carry out steps to strengthen the quality and quantity of relevant data for policy analysis.
9. Population and health education. How can it be done better (e.g., improved curricula for schools)?

How/When to Gauge Progress

By the end of FY85, substantial progress should have been made, for all of the topic areas above, in initiating research and/or reviews of sector and project work. By the end of FY87, findings from these efforts should have been discussed within the Bank, and some impact on sector and project work should be evident.

NUTRITION POLICY

Description

Objective is to improve nutrition policies, programs and institutions through a better understanding of (a) the impacts (nutritional, economic and social) of alternative nutrition interventions; (b) their cost-effectiveness, including comparison with health interventions in reducing child mortality and contributing to child development; (c) the impact on nutritional status of agricultural and rural development projects.

Background

Little is known about the impact of large-scale interventions and the cost-effectiveness of alternative interventions, including health measures. Less still is known about the nutritional effects, positive and negative, of agricultural actions that generally are assumed to be nutritionally beneficial. The importance of this information has been detailed in earlier Bank reports. Evaluations were built into each of the Bank's nutrition projects and useful lessons have been learned about the effectiveness of alternative types of nutrition programs, and institutional arrangements. In most cases, however, the evaluation work was not up to expectations. This reflects the state of the art in measuring the complex effects of malnutrition on growth and performance and the existing research capability in this field in the borrowing countries. It also suggests that governments are less interested than the Bank in evaluations.

Approach

A major emphasis should therefore be on research aimed at identifying the impact of nutrition projects or components, as well as the nutritional effects of agriculture and rural development projects (this in conjunction with AGR). Paralleling this effort will be the incorporation in project work of the lessons of Bank (and other agencies) experience, operational support, advisory work, and training, leading to improved capability in nutrition planning and operations in developing countries.

How/Where to Gauge Progress

A comprehensive review of Bank nutrition operations has just been completed. Within the next three years, the major lessons stemming from the review, i.e., those relating to alternative nutrition interventions and institutional arrangements should have been evidenced in a significant number of projects -- either free-standing nutrition, or major components of health or other projects. Given the state of the art of evaluating nutrition interventions, a five-year period is likely to be needed before we can substantially improve our understanding of nutrition-health linkages, and begin to incorporate the lessons in project planning.

PHARMACEUTICALS POLICY

Description

Development of criteria to assist member countries in selecting among a broad range of supply- and demand-oriented interventions to increase access to priority pharmaceuticals, particularly among the poor.

Background

Pharmaceuticals are essential to achievement of health status improvements, and where local production is feasible, can contribute to national industrial growth objectives. Pharmaceuticals comprise a large and foreign exchange intensive portion of national health expenditures. Inefficiencies in local production, where existent, and in management of supply and in utilization of pharmaceuticals raise costs and thus limit equitable access. The 1982 policy brief set the stage for a broad analysis of sectoral issues. In recognition of potential conflicts arising from pursuit of both health and industrial development objectives in the pharmaceuticals sector, PHN requested IND participation in this analysis. A preliminary issues paper is currently under review and should be completed by December, 1984.

Approach

Systematic exploration, on a country-specific basis, of the alternatives to ensure a continuous, affordable supply of pharmaceuticals is a pre-requisite to develop a comprehensive Bank-wide policy on this critical sub-sector. As outlined in the draft issues paper a dual research and operational strategy is envisaged to expand sectoral knowledge, with specific attention to identifying cost-effective approaches: to expand and strengthen, where feasible, local production capacity, to serve domestic and, as appropriate, export markets; to improve overall pharmaceuticals supply management; and to guide more appropriate utilization by providers and consumers via regulation, pricing and/or education. Development of 3-4 pharmaceutical projects or components annually in PHN and IND are anticipated over the next few years. Research will focus on key data gaps, e.g. pharmaceuticals pricing. These activities will provide the analytic base for formulation of a sector policy paper by FY87.

How/Where to Gauge Progress

Since this is a new lending area, progress will be difficult to measure in the three-year time horizon. However, analysis to date has revealed key points where explicit choices or judgments concerning pharmaceuticals should be made. Consequently, one can examine how well these issues are addressed through project review. Indicators of success might include achievement of more efficient local production, institution of more cost effective pharmaceuticals supply management and/or evidence of more appropriate utilization of priority pharmaceuticals in project countries.

RESOURCE ALLOCATION AND COST RECOVERY IN HEALTH

Description

Develop, and assist in the application of, improved policies for (i) attaining more efficient and equitable allocation of resources within the sector and (ii) placing the financing of services on a sounder footing, considering options for encouraging greater self-financing by the health sector through expanded user charges and risk-sharing.

Background

Inefficiency, inequity, shortages of budgetary funds, ambitious plans to extend and upgrade services, and undue bias in favor of urban, curative, hospital-based care, tend to characterize the health sector in developing countries. Underfunding of services, failure to reach priority targets, and concern among national economic planners about uncontrolled growth in public outlays for health are compounded by inadequate financial management procedures and information systems. Through policy dialogue and project work, the Bank has an opportunity and a comparative advantage, compared with other international organizations, in assisting developing country governments in developing and applying policy options for improving resource allocation and resource mobilization (cost recovery).

Approach

In FY84, issues papers addressing this objective were completed and circulated. In FY85-87, emphasis will shift to: (i) identifying and examining the various alternatives at a more detailed level, taking into account practical program design requirements and institutional and administrative factors, (ii) working out policy positions on specific alternatives and assisting in implementation, and (iii) exploring, through research, remaining areas of uncertainty (e.g., the magnitude of the impact of price on demand for health care -- which a recently approved research project is studying with data on Peru).

How/When to Gauge Progress

By the end of the FY85-87 period, several major papers should have been produced, presenting research results and drawing conclusions for policy dialogue. Guidance should also have been provided to Bank staff in implementing recommended new initiatives.

POVERTY ALLEVIATION

Description

Assessment of the extent to which PHND projects have been targeted on the poor, and identification of potential means and opportunities for strengthening the poverty focus in sector and lending work.

Background

In many but not all cases, investments in the population, health and nutrition sectors tend, by their very nature, to benefit the poor more than better-off groups. Yet the converse outcome is easily possible if care is not exercised in the design stages. In addition, there can be valid reasons for deliberately not concentrating solely on direct benefits to the poor: e.g., if certain institutional strengthening is essential first, to provide a basis for later initiatives that will aid the poor directly. Assessing the poverty alleviation features of PHND is thus not as simple and straightforward an exercise as it might first appear.

Approach

A review will be undertaken of the Department's lending experience to date. Recommendations will then be formulated for improving the poverty focus of population, health, and nutrition projects.

How/When to Gauge Progress

The review will begin in FY86. All work, including development of recommendations for strengthening the poverty impact of PHN activities, should be completed within twelve months.

November 16, 1984

MONITORING AND EVALUATION

Description

Identification of criteria for monitoring and evaluating the effectiveness of population, health and nutrition projects and programs in developing countries, including the development of the analytical methods and management information systems that are required. To this end, an appropriate and consistent approach to these subjects in Bank projects should be developed, and progress made in introducing necessary reforms in borrowing countries.

Background

Various approaches are currently used regarding the introduction of management information, monitoring and evaluation systems into PHN projects, and this element of sectoral planning is particularly weak in developing countries. Moreover, performance of components of Bank projects covering these areas appears to be unsatisfactory. Data systems on which allocation decisions must be based are invariably inadequate and the highly technical skills needed for data analysis are often unavailable. There is need to develop and apply in actual country contexts practical methodologies for evaluating alternative approaches, guidelines for the establishment of efficient management information systems and opportunities for development of local analytical skills. While generally agreed to be of great importance, the amount of attention given to these subjects is, in part, due to lack of a clear and consistent policy, invariably inadequate, both in the Bank and in the countries themselves.

Approach

Review of (a) approaches including Bank experience, to evaluating population, health and nutrition activities and examples of their application to the setting of priorities in specific country contexts; (b) state of data availability and management information systems based on experience in sectoral work and assessment of information needs in PHN sectors; (c) monitoring and evaluation components as designed and implemented in past and ongoing projects and the extent to which they help promote local evaluation skills. Research will be done to the extent possible in the context of operational support and using lessons from other sectors. Production of guidelines will also be an important activity.

Evaluation

Ultimate outcome will be improved ability among managers in borrowing countries to make decisions based upon efficient management information systems. An intermediate outcome will be the improved understanding among Bank staff of the issues involved, and this should be evidenced in an increasing proportion of projects over the next few years.

OFFICE MEMORANDUM

*file: PHN Objectives
(exists?)*

DATE November 14, 1985

TO PHND1 Staff

FROM Emmerich M. Schebeck, Chief, PHND1



EXTENSION 61670

SUBJECT PHN-Division I Objectives for FY86

Please find attached updated PHN Divisional objectives for FY86. Your comments would be appreciated.

Attachments

Cleared with and cc: Mrs. Maraviglia, PHND1

cc: Messrs. North, PHN
Sai, PHN
Berg, PHN
Measham, PHN
Hodgkinson, PHN
Denning, PHND3
Ms. Husain, PHND2
Ms. Birdsall, PHNPRD
Dr. Liese, PHN

EMSchebeck:jm

PERFORMANCE PLANNING AND REVIEW (PPR)

OBJECTIVES OF PHN DIVISION I

FY86

Context

1. PHN Division I is responsible within the Bank for the population, health and nutrition sectors in the Eastern Africa and South Asia Regions. The Bank's goals in these sectors are to:

- reduce fertility to permit a faster improvement in productivity and GNP growth;
- reduce morbidity and malnutrition to enhance both the quality of life and productivity; and
- prevent or reduce premature death from disease.

2. At a time when most of the countries in the Eastern Africa and South Asia Regions are confronted with a prolonged recession resulting inter alia in domestic resource shortage and external debt problems governments' attention has shifted nearly exclusively to short-term economic management of the directly productive sectors and neglecting the long-term problems associated with rapid population growth and an inadequate health status of major population segments. Declining ODA levels, largely caused by reduced IDA resources, are most severely affecting the poorest countries in the Eastern Africa and South Asia Regions and will accentuate the resource allocation to productive sectors. Given the existing inadequate levels of resources devoted to the PHN sectors and their inequitable distribution, the vulnerability of the poorest countries, particularly those in Sub-Saharan Africa in the areas of health and nutrition, is underlined. The problem of rapid population growth in the same African countries are still to be adequately recognized and responded to whilst in the poorer countries of South Asia efforts to control population growth need to be reinforced if growth rates are not to plateau at unacceptably high levels. Therefore, for the South Asian countries generally, the main priority will be in the development of population programs; health and nutrition development will only have priority when they will be supporting inter alia national population efforts. While in Sub-Saharan Africa the priority objective will also be on population, this objective will have to be achieved through direct population interventions where these are feasible and otherwise through health interventions directed at MCH development with primary focus on infant mortality reductions and child spacing. Further development of the PHN sectors in all the Eastern African and South Asian countries will largely depend upon how effectively the limited domestic and foreign-aid resources can be utilized, how soon problems of managerial capacity can be remedied, and how coordination between governments and NGO can be improved to avoid wasteful duplication.

3. Since 1979, PHN Division I has developed a sound sectoral knowledge in many countries and an acceptable pipeline of projects. However, its effectiveness in responding to the problems outlined above needs to be strengthened. The quality of the global economic situation accentuates the challenge of meeting the Bank's goals in the PHN sectors and requires well designed assistance efforts to be effective. The PHN Strategy papers for the South Asia and Eastern Africa Regions which have been approved by the respective Regional Vice Presidents set out the operational objectives through FY88 by sector and country and delineate the proposed Bank strategy.

Performance Areas

4. On behalf of the Eastern Africa and South Asia Regions, PHN Division I manages the Bank's operations in the PHN sectors. The principal operational responsibilities are:

1. Ensuring, in collaboration with the Country Programs Divisions, the sectoral resource allocation for ESW and lending to meet the objectives of country programs and, accordingly, prepare appropriate work programs and budgets.
2. Conducting country sector work and associated policy dialogue.
3. Identifying suitable projects and components and, as necessary, assisting countries in preparing them.
4. Appraising, helping negotiate and supervising projects and components.
5. Contributing to the formulation of policies and guidelines, and the conduct of workshops, seminars and training courses for Bank staff and EDI courses for Borrowers' staffs.

5. In addition, the Division is responsible for the effective utilization and development of divisional staff, for ensuring the technical quality, soundness and adherence to Bank policies and standards of all sector, project, policy work, and proper clearance of key reports and correspondence.

Key Performance Areas/Priority Objectives/Performance Criteria in FY86

6. The attached table lists the five key performance areas which have been chosen from the above stated areas of divisional accountability for PHN Division I priority focus in FY86 as well as the priority objectives in each performance area and the performance criteria, by which progress of achievement of these objectives can be measured.

Key Performance Areas/Priority Objectives/Performance Criteria

FY86

Key Performance Areas	Priority Objectives	Performance Criteria
Lending and ESW	TO DELIVER THE AGREED FY86 LENDING AND ESW PROGRAM IN ACCORDANCE WITH APPROPRIATE REGIONAL/COUNTRY STRATEGIES.	<ul style="list-style-type: none"> (a) Do our part in delivering up to four projects to the Board. Quarterly monitoring of lending and ESW program and if necessary, because of major country developments, adjust program. Improve pipeline factor for FY87 and 88 lending program by completing three appraisals of the FY87 lending during FY86. (b) Reassess and if necessary revise for key countries ESA PHN strategy. Agreement to be reached with ESA Management by May 1986. (c) Implement the South Asia PHN Strategy but revise the strategy for India by December 1985 and conduct by March/April high level policy dialogue with GOI to strengthen project pipeline.
	TO ACCOMPLISH FURTHER IMPROVEMENTS OF ESW'S AND PROJECT DESIGN'S RELEVANCE FOR POLICY DIALOGUE AND REFORMS IN AREAS OF POPULATION, HEALTH FINANCING, AND MANAGERIAL CAPACITY.	<ul style="list-style-type: none"> (a) Continue the divisional review process for (a) pre-sector missions issues papers, (b) project briefs, (c) white cover sector reports, and (d) white cover SARs to enhance quality and broader sharing of staff experience. (b) Initiate health financing studies in Ethiopia, Kenya, Pakistan and management studies in India, Nepal and Pakistan.
Population, with special emphasis on Sub-Saharan Africa	TO STRENGTHEN THE EFFECTIVENESS OF THE BANK'S POPULATION WORK, GIVING PARTICULAR EMPHASIS ON PROMOTING FERTILITY DECLINES IN SUB-SAHARAN AFRICA THROUGH A VARIETY OF AREAS INCLUDING SECTOR WORK, POLICY DIALOGUE AND LENDING.	<ul style="list-style-type: none"> (a) Initiate sector work and policy dialogue in new key countries such as Zaire, Tanzania, Madagascar and Sudan. (b) Conduct two seminars (anglo and francophone) for NGOs and senior government officials of Eastern African countries in Kenya and Rwanda and a training program for NGOs of Southern African countries. (c) Conduct high level population policy seminars, based on the 1984 WDR in Malawi and Ethiopia and disseminate the S.S.A. Population Strategy Paper among key countries. (d) Formalize with ASA, P&B and PMD the posting of a PHN staff at RMEA beginning FY87. (e) Develop operational collaboration with WHO Brazzaville.
Supervision	TO IMPROVE THE EFFICIENCY OF OUR SUPERVISION WORK AND ENHANCE ITS QUALITY.	<ul style="list-style-type: none"> (a) Reduce supervision coefficients to 16.6 staff-weeks per project and improve system for semi-annual portfolio reviews aimed primarily at accelerating disbursement and adherence to covenants. (b) Continue to draw on local consultants for supervision of SA and ESA Regions projects.
Management Process	TO IMPROVE THE COST-EFFECTIVENESS OF OUR OPERATIONS AND ACHIEVE COST ACCOUNTABILITY FOR EACH LENDING, SUPERVISION AND ESW TASK.	<ul style="list-style-type: none"> (a) Implement MIS system and task budgeting. (b) Implement second phase of office technology, including additional IBM-PCs and staff training.
Staff Development	TO PREPARE THE BASIS FOR A MORE EFFECTIVE STAFF TRAINING AND STAFF DEVELOPMENT PROGRAM.	<ul style="list-style-type: none"> (a) Implement the training program identified through the PPR process. (b) Improve team building of divisional staff through divisional retreat and training of newly recruited staff.

THE WORLD BANK/INTER.FINANCE CORPORATION
OFFICE MEMORANDUM

Date: May 6, 1986

To: Mr. S. Shahid Husain, Vice-President OPS

From: Emerich Schebeck, Acting Director PHN

Extension: 61561

Subject: External strategy for PHN

1. Further to your discussion on April 22 with Mr. Denning on the need to organize PHN activities so as to satisfy more effectively and systematically the varied external constituencies concerned with PHN issues, this memorandum requests approval of the addition of one staff-year in FY87 to plan and prepare an external strategy in the PHN sectors. Mr. North supports the substance of the proposal, although he has not seen the precise formulation in this memorandum.

Background

2. Among the different fields in which the Bank is active, the PHN sectors require a relatively high external profile, given the priority that the Bank gives to population, the high visibility of, and interest in, these sectors by key donors and constituencies in those donors, the close connection of the population issue to IDA replenishment and IBRD capital increase, by the large number of donors that need to coordinate their activities, and the key role that attitudinal change in borrowing countries, particularly in Africa, plays in connection with the population sector.

3. In response to these needs, PHN has, over the last few years, in collaboration with IPA and EDI, conducted a very substantial program of external relations activities. Annex 1 illustrates the main regular on-going activities over a six month period, but there are also a large number of informal contacts (meetings, lunches, seminars, replies to letters), which are taking place in response to particular actions, initiatives, or inquiries. The maternal mortality conference to be held early next year in Kenya is an example of our leadership role in external activities. Annex 2 describes the main external constituencies, that we are dealing with.

4. The growth in external activities reflects the growth of operations. The Bank is already the largest lender in health, and its population lending is growing rapidly. Increasingly, the Bank is becoming the lead donor in the PHN sectors. Regional strategies have been prepared for our internal activities i.e. in terms of the borrowing countries. While the large program of PHN's external

activities has been relatively successful, it has not been accompanied by a formal strategy to deal with our external relations.

5. We now believe that the preparation of an external strategy should be undertaken addressing the questions:

whether PHN should be in a more proactive mode, rather than reactive mode, particularly in relation to the donor lobbying groups. The question of closer liaison with other lobbies in the population field with whom we share a common interest, such as the Population Crisis Committee, should be considered.

whether the existing level of effort is appropriate. The current assumption is that a higher profile is desirable, and that a somewhat greater level of effort to achieve that profile will be needed.

whether PHN external activities should be more sharply focused on specific audiences to improve the efficiency and effectiveness of our external activities (through clearer identification of who we want to reach, what we want to communicate, and how we can reach them at lowest cost)

whether PHN can coordinate its many external and internal activities better, so that they fit together as part of an overall strategy that makes sense, and so as to improve the overall efficacy of the program.

whether we can maintain more effective liaison with IPA and EDI.

Short-term action

6. It is proposed in FY87:

to develop a formal PHN external relations strategy, in collaboration with EDI and IPA. Cost 0.4 staffyears.

to start developing more systematic data on audiences to be reached, modes for reaching them, and evaluation of effectiveness. Cost 0.3 staffyears.

to make appropriate arrangements for the marketing of the Sub-Saharan Africa Population Paper, and the Maternal Mortality Conference. Cost: 0.3 staffyears.

to recruit a senior person experienced in Bank operations and public relations to lead the effort of preparing and launching the strategy.

7. Activities beyond FY87 would depend on the outcome of the strategy formulation undertaken during that year. In other words, the work proposed here is aimed at developing the strategy. It would be

done within PHN, but in collaboration with EDI and IPA: the question of the respective roles of PHN, IPA, and EDI in implementation of the external strategy would depend on the outcome of the strategy and discussion among the concerned departments. We are thus not asking for any resources beyond FY97 at this stage.

cc. Mr. North o/r, Mr. Sai o/r, Dr. Measham, Mr. Berg, Ms. Husain o/r,
Ms. Birdsall o/r, Mr. McGreevey, Mr. Hodgkinson, Mr. Peter Richardson.

#1:external/sd

LIST OF INTERNATIONAL MEETINGS

DATE	ORGANIZATION	PURPOSE OF MEETING	PLACE	REPRESENTATION BY
APR. 3-5	POP ASSOCIATION	ANNUAL MEETING	SAN FRANCISCO	MCGREEVEY, AKIN, BIRDSALL
APR. 3-4	UNDP/WHO/WB	SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES 27TH MEETING STANDING COMMITTEE	WASHINGTON	NORTH/LIESE
APRIL 6-11	GHANA GOV./AID	POPULATION AND DEVELOPMENT	ACCRA	SAI
APR. 7-11	ACC	SUB COMMITTEE ON NUTRITION, 12TH SESSION	TOKYO	BERG
APR. 8	WHO/WB	CDD MANAGEMENT REVIEW MEETING	WASHINGTON	NORTH/MEASHAM
APR. 14-18	Boston University	SIDS WHO/AFRO Disease Surveillance Conf.	RAMAKO	NO REPRESENTATION FROM PHN
APR. 17-18	UNFPA	AD HOC INTERAGENCY CONSULTATIVE MEETING	NEW YORK	NORTH/DENNING
APR. 17-18	AMERICAN ASSEMBLY	EFFECTS OF US POPULATION POLICY	NEW YORK	SAI
APR. 18	UNICEF	TASK FORCE FOR CHILD SURVIVAL	NEW YORK	BARNUM
APR. 21-22	WHO	DONOR MEETING FOR THE PREVENTION AND CONTROL OF AIDS	GENEVA	MEASHAM
APR. 22	OAS	INTERAMERICAN SPECIALIZED CONF. ON DRUG TRAFFIC	RIO DE JANEIRO	NO REPRESENTATION FROM PHN
APR. 28 MAY 1	CARTER CENTER	GLOBAL CONSULTATION ON HEALTH	ATLANTA	MEASHAM/PORTER
APR. 28 MAY 2	SIDS WHO/AFRO	APPLIED RESEARCH CONFERENCE	BRAZZAVILLE	NO REPRESENTATION FROM PHN
APR. 28 MAY 2	EDI	POLICY SEMINAR	YAOUNDÉ	NORTH/SAI/HUSAIN/BAUDOY
MAY 1-5	ICOMP	1986 BIENNIAL CONFERENCE	SAN JOSE	NO REPRESENTATION
MAY 5-16	WHO	WORLD HEALTH ASSEMBLY	GENEVA	

Annex 1

Annex 1

MAY 12-13	NCIH	HEALTH OF URBAN POOR IN DEVELOPING COUNTRIES	PHILADELPHIA	PORTER
MAY 12-16	CEPT	ALL AFRICA CONFERENCE OF PARLIAMENTARIANS ON POPULATION AND DEVELOPMENT	HARARE	NORTH/SAI
MAY 20-22	HARVARD UNIV.	SECOND TAKEMI SYMPOSIUM IN INTERNATIONAL HEALTH	BOSTON	BIRDSALL, BEIG
MAY 26-27	WHO/AFRO	WHO/AFRO BANK COLLABORATION	GENEVA	HUSAIN, DENNING, MRASHAM, SAI
JUNE 2-3	BELLAGIO TASK FORCE	QUARTERLY MEETING	ATLANTA	SCHEYER
JUNE 9-11	WB/WHO/CLARK FOUND.	WORKSHOP ON ORGANIZATION AND MANAGEMENT OF SCHISTOSOMIASIS AND OTHER TROPICAL DISEASES	WASHINGTON	LIESE
JUNE 10-13	NCIH	13TH ANNUAL INTERNATIONAL HEALTH CONFERENCE	WASHINGTON	
JUNE 23-28	WHO	TECHNICAL WORKING GROUP ON BASIC OBSTETRIC FUNCTIONS/AIDS DONOR MEETING	GENEVA	MRASHAM
JUNE 25-26	UNDP/WHO/WB	SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES JOINT COORDINATING BOARD(9)	GENEVA	NORTH
JUNE 25-27	UNFPA/BANK	AFRICAN POPULATION DONORS MEETING	GENEVA	NORTH/SAI/HUSAIN/DENNING
JUNE 27	WHO/WB	CDD MANAGEMENT REVIEW MEETING	GENEVA	NORTH
JULY 7-11	WHO/UNICEF	INTERREGIONAL CONSULTATION ON URBAN HEALTH CARE	MANILA	PORTER
JULY 14-25	POP.CENTER FOUND.	EFFECTIVE DELIVERY OF ADOLESCENT FERTILITY RELATED INFORMATION AND COUNSELLING SERVICES	MANILA	NO REPRESENTATION FROM PHN
JULY 28 AUG 1	WHO	WORKSHOP FOR MANAGERS OF EXPANDED PROGRAM ON IMMUNIZATION	MANILA	NO REPRESENTATION FROM PHN
AUG. 13-15	INACC	SOCIAL MARKETING OF PROGRAMS TO CONTROL NUTRITIONAL ANEMIA	NEW HAMPSHIRE	NO REPRESENTATION FROM PHN
AUG. 26-29	NGO/GOV./WB/EPF	WORKSHOP ON POP/HEALTH	BANJUL	SAI(?), HUSAIN, RADRI
SEPT. 23-26	SOCIETY FOR ADVANCEMENT OF CONTRACEPTION	FOURTH ANNUAL MEETING	CHICAGO	
APR 1987				

Notes on target audiences

1. There are three main external audiences that we are concerned with: lobbying groups, decision makers in borrowing countries, and donor groups.

(a) lobbying groups

2. The first dimension comprises the various lobbying groups, mainly but not always, in the donor countries. These groups are interested in PHN activities. Some of them are satisfied with what PHN is doing. Others think that PHN should be doing more, or less, or something different from what we are currently doing. Most would like to receive more information than they are currently receiving about our activities, and are interested in influencing PHN activities in directions of interest to them.

3. These groups include:

- a. donor population community: this comprises both academics and politicians. Some are satisfied with what the Bank is doing. Others want the Bank to be more active in population, are concerned that the Bank is not doing enough, that population is being swamped by health, that our operations have an excessive proportion of hardware relative to software and so on. Apart from the mechanisms for dealing with the donor agency aspect of the population community, our dealings with this community are largely informal and reactive. Relations have improved dramatically over the last few years, but there is no plan for maintaining systematic links with this community (apart from the donor agencies).
- b. a body of opinion, particularly among the NGOs, which is concerned that health/fp services are not adequately reaching poor people at the periphery of the system. The work program of the Policy and Research Division includes components to evaluate the extent of the problem, understand its causes, and propose possible changes in approach.
- c. right to lifers: a group that is concerned not only about abortion and coercion but also seems intent on using these issues to undermine support for family planning generally. No contacts are currently held with this group, except at their request, e.g. in connection with the U.S. vote against the Bangladesh project.
- d. other groups, that are generally "concerned" about the population issue, but which are unaware of what the Bank is doing about it. These groups are not active lobbyists, and the question is whether they could be turned into more active supporters of the Bank, IDA etc.

4. Hypotheses that would be examined include:
- a. if we knew more about these audiences, we could define messages more efficiently and effectively to influence them.
 - b. if PHN develops an active strategy of reaching out to key groups that are actually or potentially supportive, this will be more effective than passively waiting for them to come to us.
 - c. if some donor constituencies knew more about Bank operations, the trends and evolutions thereof, and more about the constraints under which we work, then they would be more supportive, of PHN activities in general, including research, and of Bank-wide issues like IDA replenishments.
 - d. the special case of the right-to-life groups, implies knowing more about their positions and concerns, and acting to anticipate and prevent damage on issues like abortion and coercion.

(b) decision-makers in borrowing countries, particularly Africans

5. The external dimension bears heavily on activities with the borrowing countries. Population is a unique field, where lending and sector work is not enough. Changing the climate of opinion will be a key, so that attitudes of key decision makers shift over a period of time. Many activities are now on-going:

EDI seminars in Berlin and Cameroon
Government- NGO seminars Botswana, Kenya, and Rwanda
maternal mortality conference in Kenya early next year

6. Our hypothesis here is that if the various promotional activities were undertaken as part of a consistent and systematic effort to change opinion and attitudes of key groups, it would have more effect than the current set of individually planned activities.

7. The scale of the effort, particularly if it is expanded, warrants a more systematic attempt to monitor progress.

(c) other donors

8. The third dimension comprises the other international agencies such as WHO, UNICEF, UNFPA as well as a host of bilateral programs. We are already active with these agencies in various ways: for instance, PHN is for instance:

Co-sponsor of the Child Survival Task Force
Co-sponsor of TDR,
Co-sponsor of the Riverblindness Program

Co-sponsor of the African population donors meeting in Geneva
Co-sponsor of the Diarrheal Diseases Program
Co-sponsoring the Maternal mortality conference in Kenya

9. Our hypotheses here are:
- a. as the collaborative work with other international agencies proliferates, it may be possible to consolidate some activities, while in other areas it may be advisable to launch new initiatives on our own.
 - b. PHN should have more of a leadership role than it currently has, or is perceived to have. The current assumption that somewhat higher profile is desirable, and that a somewhat greater level of effort to achieve that profile will be needed.
 - c. it may be possible to work collaboratively with donors who money to spend on research, but who lack modalities to carry out research with adequate quality control. The arrangements being discussed with UNDP and the Pugh Foundation are examples of ways to organize this, but there may be others.