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PHN - External Strategy

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Population, Health, and Nutrition [PHN] External Strategy - Correspondence

OFFICE MEMORANDUM

① Circulate to DC's, Adv.

② Copy to SSIF.

done 6/20/86

DATE June 17, 1986

TO Mr. John North, Director, PHN

FROM Shahid Javed Burki, Director, IRD *SB*

EXTENSION 72408

SUBJECT "External Strategy for PHN", May 6, 1986

In the past 2-3 years I have had several opportunities to express support for your department's forward-looking approach to grassroots organizations involved in health and population. Back to Office reports of IRD staff have stressed PHN leadership in trilateral meetings. Our annual reports on Bank-NGO cooperation recognized your systematic attention to local and international private groups. IRD staff has drawn attention, in papers and in oral presentations, to the fact that PHN has provided a model for replication by other parts of the Bank.

Reading your department's memo of May 6 prompts me to write again to you to commend PHN's openness to NGOs -- so important in poverty-relevant projects such as health and population -- as well as PHN's sensitivity to external Bank constituencies.

Let me assure you of our continuing full support.

cc: Mr. Jose Botafogo G., VPE

VMasoni:yrb

FILE

THE WORLD BANK/INTERNATIONAL FINANCE CORPORATION

May 7, 1986

To: Mr. Shahid Husain

PHN External strategy

Further to your discussions with Mr. Denning on April 22, I am attaching a proposal for your consideration for developing a PHN external strategy.



Emmerich Schebeck

THE WORLD BANK/INTER.FINANCE CORPORATION
OFFICE MEMORANDUM

Date: May 6, 1986

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

From: Emmerich 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 FY87 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	SHDS WHO/AFRO Disease Surveillance Conf.	RAMAKO	NO REPRESENTATION FROM PHN
APR. 17-18	UNEPA	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	SHDS WHO/AFRO	APPLIED RESEARCH CONFERENCE	BRAZZAVILLE	NO REPRESENTATION FROM PHN
APR. 28 MAY 2	EDI	POLICY SEMINAR	YAOUNDE	NORTH/SAI/HUSAIN/BAUDOUIY
MAY 1-5	ICOMP	1986 BIENNIAL CONFERENCE	SAN JOSE	NO REPRESENTATION FROM PHN
MAY 5-16	WHO	WORLD HEALTH ASSEMBLY	GENEVA	SIEBECK (GENEVA OFFICE)

Annex 1

MAY 12-13	NCIH	HEALTH OF URBAN POOR IN DEVELOPING COUNTRIES	PHILADELPHIA	PORTER
MAY 12-16	GCPTD	ALL AFRICA CONFERENCE OF PARLIAMENTARIANS ON POPULATION AND DEVELOPMENT	HARAIRE	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, MEASHAM, 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	MEASHAM
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	INACG	SOCIAL MARKETING OF PROGRAMS TO CONTROL NUTRITIONAL ANEMIA	NEW HAMPSHIRE	NO REPRESENTATION FROM PHN
AUG. 26-29	NGO/GOV./WB/IPPF	WORKSHOP ON POP/HEALTH	BANJUL.	SAI(?), HUSAIN, RADEL
SEPT. 23-26	SOCIETY FOR ADVANCEMENT OF CONTRACEPTION	FOURTH ANNUAL MEETING	CHICAGO	NO REPRESENTATION FROM PHN

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.