



AGENCY PROFILE

In Health, Nutrition and Population, the World Bank focuses on improving the health conditions of people by improving financial protection and sustainability, governance, transparency, and results at the country level, especially for the poor and vulnerable.

COUNTRIES WHERE THE AGENCY IS DEMONSTRATING PROGRESS



COUNTRIES WHERE THE AGENCY IS REPORTING LIMITED PROGRESS

EXPECTED RESULTS

PROGRESS

OVERALL RESULTS



Commitments are documented and mutually agreed.



An IHP+ Country Compact or equivalent has been signed by the agency in 100% of IHP+ countries where they exist. Target = 100%.



Support is based on country plans & strategies, including to strengthen Health Systems.



In 2009 99% of health sector aid was reported by the agency on national health sector budgets - an increase from 94%. Target = 50% reduction in aid not on budget (with ≥ 85% on budget).



In 2009 100% of capacity development was provided by the agency through coordinated programmes - no change from 100%. Target = 50%.



In 2009 100% of health sector aid was provided by the agency through programme based approaches - an increase from 95%. Target = 66%.



Funding commitments are long-term.



In 2009 100% of health sector aid was provided by the agency through multi-year commitments - an increase from 88%. Target = 90%.



Funds are disbursed predictably, as committed.



In 2009 93% of health sector aid disbursements provided by the agency were released according to agreed schedules - a decrease from 97% in 2005. Target = 90%.



Country systems for procurement & public financial management are used & strengthened.



In 2009 3.5% of health sector aid provided by the agency used country procurement systems - a decrease from 9.9%. Target = 33% reduction in aid not using procurement systems (with ≥ 80% using country systems).



In 2009 100% of health sector aid provided by the agency used national public financial management systems - no change from 100%. Target = 33% reduction in aid not using PFM systems (with ≥ 80% using country systems).



In 2009 the stock of parallel project implementation units (PIUs) used by the agency in the surveyed countries was 7.0 - an increase from 6.0. Target = 66% reduction in stock of PIUs.



Resources are being managed for Development Results.



In 2009 national performance assessment frameworks were routinely used by the agency to assess progress in 100% of IHP+ countries where they exist. Target = 100%.



Mutual accountability is being demonstrated.



In 2009 the agency participated in health sector mutual assessments of progress in 100% of IHP+ countries where they exist. Target = 100%.



Civil Society actively engaged.



In 2009, evidence exists in 90% of IHP+ countries that the agency supported civil society engagement in health sector policy processes. Target = 100%.



DETAILS OF WHAT THE AGENCY IS DOING TO ACHIEVE RESULTS

This additional information is reported by the Agency to explain what specific actions it is taking to implement its IHP+ commitments to the 8 Expected Results, or to qualify its measures of progress.



Commitments are documented and mutually agreed

The World Bank signed national IHP+ Compacts in Ethiopia, Mali, Mozambique and Nepal, as well as equivalent agreements in Burundi and Niger.



Support is based on country plans and strategies that sufficiently address Health Systems Strengthening

The World Bank disburses directly to all of the participating country Governments – but in Djibouti this is not reported on the national health sector budget. The WB provides some Technical Assistance (through trust funds or consultancies); the amount is small (in comparison to total health sector disbursements), and difficult to capture - so estimates are reported (although these may be under-reported). WB support to the health sector is fully coordinated with other partners and in line with the national health strategy.



Funding commitments are long-term

In CY05 the Niger Public Expenditure Reform Credit made up approximately 60% of total health sector disbursements; funds for this work were delivered in a single tranche in CY05, in order to synchronize WB funding with country budget cycle, while other projects were multi-year.



Funds are disbursed predictably, as committed

In Ethiopia, delays in disbursement were noted in CY05 due to i) low priority accorded to the health sector in general at regional and woreda levels; and ii) fragmented contribution to the sector which undermines effective allocation of resources. A memorandum of understanding was signed last year to harmonize donor resources and requirements.



Country systems for procurement & public financial management are used & strengthened

WB use of national procurement systems varies between countries and between projects; where systems are weak (eg. Burundi, DRC), WB supports capacity development of country procurement systems. PFM systems are used in all countries except DRC, Djibouti and Nigeria, where the CPIA scores are less than the 3.5 deemed sufficient to use. No PIUs were reported in 6 countries. Djibouti reported a decrease in use of PIUs, and 3 countries reported static or increasing use of PIUs. It was noted that some PIUs are established at the request of governments.



Resources are being managed for Development Results

In Djibouti the WB uses national HIS data for monitoring and evaluation purposes. In DRC, donors use their own performance assessment frameworks, due to weak national systems and ongoing development of donor coordination, though some indicators are the same as national indicators. In Nigeria, national performance assessment frameworks are the foundation of any project results frameworks – but on a project by project basis, the WB does complement national frameworks with additional information for project-specific results frameworks.



Mutual Accountability is being demonstrated

The WB reported participating in mutual assessments (eg through joint working groups, mid-term reviews, JARs) in all countries. In Mali partners have increased the amount of joint missions from approximately 25% in CY05 to about 50% in CY09. In Burkina Faso, Djibouti and Nigeria the WB reported participating in mutual accountability mechanisms, whereas the governments of these countries reported that none existed. This highlights an interesting point of interpretation that merits further consideration.



Civil Society actively engaged

The WB does not provide funds directly to NGOs/CS. However, in some cases, there is a formal agreement with the Government that they will engage CS and contract them for specific work under the project. Additionally, the WB is very supportive of CS engagement in health sector activities, such as participation in JANS and development partner fora.

HOW TO INTERPRET THIS SCORECARD

12 Standard Performance Measures (SPMs) were agreed by IHP+ signatories to track the implementation of Expected Results (see below). A detailed list of SPMs can be found at www.ihpresults.net

Countries where the Agency is reporting limited progress: Where ratings of ➡ or ✓ for the minority of SPMs.

Expected Results: Reflect key commitments made in the IHP+ Global Compact.

Progress: Symbols illustrate whether the Agency has achieved ✓, is making progress ➡, or has not made progress ! against 12 SPMs.

Specific points on interpreting progress:

- **Comparability of ratings:** Five targets* track change over time. For these, ➡ reflects progress since baseline, rather than absolute performance in 2009. Negative or flatline trend performance receives !. These ratings should not be used to compare absolute performance between agencies. In all instances ✓ shows that the target has been met.

- **Scorecard ratings are aggregates** of performance across a number of countries. Aggregates might hide variations in the agency's performance. The additional information above provides more detail on the agency's performance. This was drafted by IHP+Results using data provided by the agency, but in some cases the agency made significant changes before the final text was agreed.

* Corresponding to the following Standard Performance Measures (SPMs) - 2DPa, 4DP, 5DPa, 5DPb, 5DPc. For more information on SPMs and targets see www.ihpresults.net