Contents

VII	Abbreviations	
ix	Acknowledgments Foreword Executive Summary	
xi		
xiii		
xxiii	Management Response Summary	
xxxi	Chairperson's Summary: Committee on Development Effectiveness (CODE)	
XXXV	Advisory Panel Statement	
1	1	Introduction 4 Rationale for World Bank Group Investments in Health, Nutrition, and Population 5 World Bank Group Strategies in Health, Nutrition, and Population 8 Objectives and Scope of this Evaluation 9 Evaluation Design and Methodology 10 Organization of the Report
13	2	 Evolution and Performance of the World Bank's Country Support for Health, Nutrition, and Population The Health, Nutrition, and Population Portfolio and Its Performance Monitoring, Evaluation, and the Results Agenda Is Health, Nutrition, and Population Support Reaching the Poor?
33	3	Lessons from Three Approaches to Improve Outcomes 35 Communicable Disease Control 41 Reforming Health Systems 48 Sectorwide Approaches
55	4	The Contribution of Other Sectors to Health, Nutrition, and Population Outcomes 57 Intersectoral Approaches in Country Assistance Strategies 58 Multisectoral Health, Nutrition, and Population Lending 63 Health in the Lending Portfolios of Other Sectors

5 IFC's Health Strategy and Operations

- 77 Evolution of IFC's Approach to Private Investment in Health
- 80 IFC's Investment Portfolio in Health
- 85 IFC's Advisory Services in Health
- 88 IFC's Institutional Arrangements for the Health Sector
- 90 Social Impacts of IFC Health Investments

6 Conclusions and Recommendations

97 Recommendations

Appendixes

- 103 A: World Bank Group HNP Timeline
- 123 B: Definition of the Samples Used for Portfolio Reviews and World Bank HNP Staff Analysis
- 127 C: World Bank HNP Sector Projects Approved in Fiscal Years 1996-2007
- 133 D: IFC Health Investments, Fiscal Years 1997-2007
- 137 E: World Bank Support for Population
- 141 F: World Bank Support for Nutrition
- 145 G: World Bank Support for Analytic Work on HNP
- 147 H: Additional Figures on World Bank HNP Lending, Analytic Work, and Staffing
- 153 1: Evaluation of World Bank Participation in Two Global HNP Partnerships
- 155 J: Management Response

Endnotes

References

Boxes

- 7 1.1 Six Phases of World Bank Engagement in HNP
- 10 1.2 Evaluation Building Blocks
- 20 2.1 Analytic Work Supported Better Outcomes in Four Countries
- 22 2.2 Family Planning Can Be Successful in Difficult Environments
- 26 2.3 Early Childhood Interventions Improved Cognitive Development and Nutritional Status in the Philippines
- 28 2.4 Is Public Health Spending Pro-Poor?
- 30 2.5 Links Between Health Reform Projects and the Health of the Poor Were Complex and Uncertain
- 37 3.1 Successful Malaria Control in Eritrea
- 39 3.2 Recommendations of IEG's 2005 Evaluation of World Bank Support for AIDS Control Remain Relevant
- 43 3.3 Shared Themes: Public Sector and Health Systems Reform
- 46 3.4 Consequences of Inadequate Stakeholder Analysis
- 47 3.5 Programmatic Lending Maintained Momentum on Health Reform
- 48 3.6 Genesis of the Sectorwide Approach in Health: An International Consensus
- 62 4.1 Quality-at-Entry for Multisectoral Projects Is Weak
- 63 4.2 Greater Selectivity in Sectoral Participation Can Improve Multisectoral Performance

- 64 4.3 Poverty Reduction Support Credits: Multisectoral Development Policy Lending in Support of HNP
- 66 4.4 Health Has Been Featured in World Bank Water Supply and Sanitation Strategies Since 1993
- 68 4.5 Better Hygiene Behavior through Rural Water Supply and Sanitation in Nepal
- 69 4.6 Health and Transport in the World Bank's Sector Strategies
- 73 4.7 What Accounts for Fewer Road Fatalities in Romania?
- 84 5.1 Early Hospital Investments Provided Important Lessons
- 86 5.2 What Are Public-Private Partnerships in Health?
- 87 5.3 IFC Against AIDS: A Preliminary Assessment
- 88 5.4 Outpatient Dialysis Services in Romania—A Successful Advisory Services
 Public-Private Partnership in Health
- 96 6.1 Evolving Value Added of the World Bank Group in HNP

Figures

- 3 1.1 Infant Mortality Rates Have Declined in Every Region, but Disparities across Regions Are Large
- 5 1.2 Communicable Diseases Remain a Significant Share of the Disease Burden in Most Developing Regions
- 6 1.3 Trends in World Bank Group Commitments and Project Approvals
- 16 2.1 The Number of HNP-Managed Projects Has Risen Slowly, While Commitments Have Declined
- 17 2.2 IDA and IBRD Commitments Declined; the Number of IBRD Projects Also Fell,
 But IDA Projects Rose in Number
- 18 2.3 The Number of Sector Specialists Rose over the Decade
- 19 2.4 Performance of HNP Projects Has Stagnated, while Outcomes in Other Sectors Continue to Improve
- 21 2.5 IDA Project Outcomes in Africa Are Much Lower than in Other Regions
- 25 2.6 Only a Third of Projects Bank-Wide, and Only a Quarter of HNP Projects, Have Substantial M&E
- 26 2.7 The Discrepancy Between Plans, Evaluation Design, and Implementation of Pilots and Impact Evaluations in HNP Projects Approved in Fiscal Years 1997–2006
- 31 2.8 The Share of Poverty Assessments with a Focus on HNP Declined
- 36 3.1 AIDS Accounted for More than Half of Communicable Disease Projects Approved in Fiscal Years 1997–2006
- 37 3.2 HIV/AIDS Projects Have Performed Less Well than Other Communicable Disease Projects
- 42 3.3 The Share of HNP Project Approvals with Health Reform Objectives Has Declined in Middle-Income Countries and in Most Regions
- 44 3.4 Excess Inpatient Bed Capacity Declined across the Kyrgyz Republic
- 49 3.5 After an Initial Spurt, Growth in World Bank Support for Health SWAps Resumed after 2002
- 52 3.6 Neither Mortality nor Fertility Declined during the 10 Years of Ghana's Health SWAp
- 58 4.1 Multisectoral Approaches to HNP in Country Assistance Strategies

- 59 4.2 Two-Thirds of Multisectoral HNP Projects Involve HIV/AIDS
- 59 4.3 Multisectoral HIV/AIDS Lending Accounts for All of the Increase in Multisectoral HNP Lending
- 60 4.4 Multisectoral HNP Projects Are Unevenly Distributed across Regions
- 62 4.5 Distribution of Multisectoral HNP Projects by the Number of Assigned and Demand-Driven Implementing Agencies
- 63 4.6 Multisectoral Projects Had Lower Performance than Other HNP Projects
- 64 4.7 Approval of HNP Components Managed by Other Sectors Has Grown Steadily Since 1988, though the Commitment per Project Is Small
- 67 4.8 A Large Percentage of Water Supply and Sanitation Projects Invested in Environmental Improvements That Could Improve Health Outcomes
- 67 4.9 The Share of Water Supply and Sanitation Projects with a Health
 Perspective Has Declined
 - 70 4.10 The Majority of Health-Related Objectives in Transport Projects Are for Road Safety
 - 71 4.11 The Share of Transport Projects with Health Components Has Increased Sharply
- 71 4.12 Projects with Explicit Health Objectives Are More Likely to Measure Health Outcomes
- 72 4.13 Reduction in Fatalities per 10,000 Vehicles in Closed Transport Projects
- 78 5.1 Timeline of Health Sector-Related Events in IFC (1997–2007)
- 83 5.2 IFC Development and Investment Outcomes in Two Periods
- 84 5.3 IFC Evaluation Results Show Substantial Improvement in the Second Period

1.1 Objectives and Strategic Directions of Healthy Development, the 2007 World

Tables

8

- Bank HNP Strategy
- 9 1.2 Business and Developmental Objectives of IFC's 2002 Health Strategy
- 16 2.1 Objectives of HNP Projects Approved in Fiscal 1997–2006
- 18 2.2 Key Developments in the HNP Portfolio
- 24 2.3 More Project Appraisal Documents Have Baseline Data, but There Is Still Some Distance to Go, Fiscal Years 1997 and 2007
- 29 2.4 Few HNP Projects Have Objectives That Explicitly Mention the Poor
- 31 2.5 The Poverty Focus of HNP Analytic Work Declined
- 42 3.1 Outcomes and Bank Performance Are Lower for Health Reform Projects than for Other HNP Projects in Middle-Income Countries
- 50 3.2 HNP Projects Supporting Health SWAps in IEG Country Cases or Project Evaluations
- 61 4.1 Distribution of Multisectoral HNP Projects by Management and Implementation Arrangements
- 80 5.1 IFC Health Investments by Type of Investment and Period
- 81 5.2 Geographic Distribution of IFC Projects by Period
- 82 5.3 Profitability of IFC Health and Pharmaceutical Investments
- 85 5.4 IFC Advisory Services in Health (1997–2007)
- 88 5.5 Percent of Health and IFC Projects Rated High, PCR Pilots 1 and 2