

World Bank-Civil Society Consultative Group on Health, Nutrition and Population
Meeting Summary
April 16-17, 2013 – World Bank HQ - Washington, DC

The World Bank – Civil Society Consultative Group on Health, Nutrition and Population (CSCG) held a face-to-face meeting on April 16 and 17, 2013 in Washington, DC, concurrent with the World Bank and IMF Spring Meetings. Below is a summary of the meeting. Refer to Annex 1 for the agenda, Annex 2 for a full list of participants. Soft copies of presentations delivered to the group by World Bank staff will be posted on the group’s virtual collaboration space and can be emailed upon request.

Meeting Overview and Objectives

This was the first meeting welcoming the newly selected members of the CSCG. The group now has a total of 20 members from around the globe; 18 of the 20 members were able to participate in April meeting. The main objectives of the April meeting were to help new members understand how HNP fits into the Bank’s structure and brief all CSOs on the Bank’s work in HNP overall, and to agree on how the group can work together as CSOs and with the Bank staff more effectively. The meeting also provided an opportunity to discuss more in-depth the Bank’s work in HNP in a few selected areas, namely universal health coverage and nutrition, and to discuss status and next steps on previously tabled issues, including a forthcoming Bank paper on the experience of user fees in various countries, and draft CSO position papers on health financing, community health systems strengthening, and the Millennium Development Goals and post-2015 development framework.

Summary of Agreed Next Steps

During the last session on April 17, participants agreed on next steps and action points. Both CSOs and the Bank agreed to follow-up actions.

1. *Overarching:* CSOs will be more proactive in setting priority action areas and following up on them; this cannot be a Bank led effort. The Bank will continue to facilitate the group and engage CSOs in Bank work.

2. *Communications:* a) CSOs to issue a civil society statement after each meeting, and ensure its proper dissemination; b) CSOs share agenda and collect views prior to future in-person meetings and teleconferences; c) Bank will facilitate the setup of an online collaboration platform; d) CSOs will participate in monthly teleconferences, facilitated by the Bank; e) CSOs to update communications protocol and bring as an agenda issue to an upcoming virtual teleconference; f) Bank will support engagement with CSOs and Bank staff at the country level by making formal introductions to Country Directors and Health Sector Lead & Focal Points in the countries where CSO members operate. However, logistics and follow-up remain a CSO responsibility.

3. *Engagement with the Bank:* a) CSOs to issue collective comments on important topics; b) where relevant, Bank to engage certain CSOs (not as a whole group) as external peer reviewers for upcoming papers/projects; c) Bank to create and circulate a list of programs in the health sector where civil society is engaged in implementation efforts; d) Bank to keep CSOs informed on opportunities for engagement around the new World Bank strategy.
4. *Priority Areas:* Agree on future priority areas. Suggestions include: maternal and reproductive health, social & cultural determinants and how they impact health, nutrition, preventative (not just curative) services, UHC, post-MDG agenda, private-public partnerships for improved health outcomes, health observatories.
5. *Position Papers:* Entire CSCG to review each of the three draft position papers and share comments & proposed ways forward during the May, June and July teleconferences.
6. *Documents & Future Meetings:* a) Bank to circulate minutes from previous CSCG meeting, materials from Tokyo UHC meeting, and reports on good governance; b) future meetings should be 2.5 days, with the first .5 day for CSOs, the subsequent 1.5 days for CSOs and Bank colleagues, and the final .5 day as a wrap-up for CSOs (where action points and priority items will be determined). October 7-8, 2013 are the tentative dates for the next face-to-face meeting in Washington, DC, just ahead of the Bank's 2013 annual meetings. The Bank will also seek opportunities to meet with group members who will be traveling to upcoming global health events including the World Health Assembly in Geneva (May 20-23) and Women Deliver conference in Kuala Lumpur (week of May 27).

Summary of Discussion (by Session)

Opening Session

Carolyn Reynolds (World Bank) and Arjanne Reitsema (Cordaid) welcomed participants, reviewed the meeting agenda, and provided a brief history of the group. Carolyn congratulated the new group members, emphasizing how competitive the open recruitment was earlier this year. Arjanne provided a recap of the CSO-only coordination meeting and orientation to the CSCG that preceded this session, designed to on-board the second cohort of CSO representatives who joined the group this past year. These 10 new members bring deep expertise and greater regional and issue diversity to the existing group.

During this session, CSO representatives discussed results achieved thus far by the group, ways to improve exchanges within both this group and with the broader global CSO community, and setting longer-term goals. CSOs agreed on the need to take greater ownership of the group and put forth concrete issues they wish to take forward with the Bank.

Session 1: Overview and highlights of the World Bank's work in Health, Nutrition and Population (2013-2014)

Nicole Klingen, Acting Director, Health Nutrition and Population (HNP) welcomed participants and shared her views on the Bank's transition, in terms of its new President and strategy. She encouraged the CSCG to think critically about what they hope to achieve, set specific targets, and outline the steps required to reach those targets; she affirmed that the Bank is committed to engaging with CSOs through this platform.

Nicole subsequently delivered a PowerPoint presentation on the World Bank HNP strategy, priorities and portfolio. She began by providing a broader context of World Bank Group priorities and processes. Specifically, she outlined President Jim Kim's new global goals to end extreme poverty by 2030 and boost shared prosperity by raising the incomes of the poorest 40 percent of the population in all countries (these were later endorsed by the ministers on the Bank's Development Committee, its main oversight body). Nicole then discussed the Bank's governance structure, project cycle, and lending portfolio.

Group members had questions about the development of the new World Bank Group Strategy, the Bank's work on governance and accountability, community driven projects, and projects in the health sector where civil society is engaged in implementation activities. Nicole responded to these questions, and expressed her willingness to have further/more in-depth conversations on any of these topics in the future.

Session 2: Social Platform for Knowledge Exchange

In response to CSCG requests for an online collaboration workspace, Julia Ross and Aisha Faquir (World Bank) proposed a possible virtual platform for document and knowledge sharing and discussion. They provided an overview of the key functionalities – each member can login with his/her own unique information, create a profile, add documents, comment on documents uploaded by other users, among other functions. The group responded enthusiastically to this platform, and agreed to utilize it in the future. [This has now been set up and instructions will be sent to group members to access].

Session 3: Working Together

Samson Kironde, Health Systems Action Network, facilitated this section. Participants discussed three key issues:

- Results of the Civil Society Consultative Group Survey 2012: Carolyn Reynolds explained that this survey was designed for as an accountability measure. It was sent to three categories of people who have engaged with the group: 1) targeted Bank staff, 2) those participating in the group, and 3) other CSOs. The survey is based off of the CSCG Terms of Reference, and several members from the group devised the questions.

Discussion of this 7-question survey surrounded around two main points: 1) that only 65% of survey takers were familiar with the HNP-CSCG, and 2) a high number of survey takers skipped several questions. The group agreed that these results suggest the need to improve both the visibility of the CSCG both inside and outside the Bank, as well as to deepen existing relationships.

- Priorities for the group: The group agreed that it is critical to set its priorities for the coming year in a way that aligns with Bank priorities. Nicole and Armin discussed that while the Bank has a new President, a new strategy in its early stages of development, and a new incoming HNP Director, its priorities in the health sector are unlikely to change dramatically. There will, however, be a stronger focus on Universal Health Coverage (around the goals of improved service delivery and financial protection).

Tentative priority areas for the group include: maternal and reproductive health, social and cultural determinants and how they impact health, nutrition, preventive (not just curative) services, and UHC. [The group still needs to agree on these areas moving forward.]

- Updates on 3 position papers developed by task teams: Thus far, there is at least a working draft of each position paper. However, the group acknowledged that progress on the papers has been delayed. In order to accelerate progress, the participants agreed to revisit all three position papers and discuss them as agenda items during upcoming monthly teleconferences. Focal points for the papers encouraged the group to avoid making meticulous comments and undergoing excessive iterations of drafts, but to instead focus on how each paper can be *practically utilized*.
 - Health Financing: CSCG members are asked to review the paper and share feedback on ways forward during the *July* teleconference
 - Health & Community Systems Strengthening: The group's Health Systems Strengthening (HSS) task team focused on reviewing literature on Community Health Workers (CHWs) and putting together a note on their role in service delivery. Simon Wright, the focal point for this piece, noted that very little progress has been made on this paper since October 2012. CSCG members are asked to review the paper and share feedback on ways forward during the *June* teleconference
 - Why health should be a priority in the post-MDG development agenda: Participants agreed that this paper should be a priority for the group, giving the approaching MDG deadline. Therefore, CSCG members are asked to review the paper and share feedback on ways forward during the *May* teleconference

Session 4: Update/report back on the World Bank User Fees Study

During the April 2012 meeting of the CSCG, it was suggested that the Bank could make a useful contribution to the debate on user fees in health by undertaking research that would draw lessons learned from country experiences in implementing user fee removal policies. Since then, a Task Team was appointed within HNP in order to write the paper.

Armin Fidler, World Bank, provided an update on progress over the past year. During the desk literature review phase, the Team determined that there is sufficient literature already written exclusively on the topic of user fees and there would be very little innovation or value-add associated with producing yet another paper. Therefore, the Bank team decided that the paper will examine lessons learned from a wide range of health service fee experiences (ranging from positive to negative fees). The paper will examine how many scenarios may exist simultaneously within one country, depending on the particular policy objectives, and will not take an advocacy position with respect to user fees. A concept note was written and circulated for feedback from the CSCG, in addition to other peer reviewers. The Team then responded to all comments and adjusted the concept note accordingly.

In general, participants found the approach innovative, but still expressed concern and raised a number of questions. These include:

- 1) The paper cannot address only access to services – it must also focus on the quality of care and services, and to define UHC more explicitly to include quality.
 - *Bank response:* Yes, absolutely. The team will make this more explicit.
- 2) This paper is not what was proposed initially by the CSCG.
 - *Bank response:* After a desk review of existing literature, the Team concluded that it would be duplicative to produce another paper on user fee removal. The Bank intends to produce a paper that responds to the debate on UHC in a global and comprehensive way; there will of course be case studies on country experiences with user fee removal, but it is critical to look at the full range of health service fee experiences in the interest of poor people gaining access to quality services.
- 3) There are both financial *and* non-financial barriers to access that should be captured in the paper.
 - *Bank response:* This is an important point, and the paper addresses non-financial barriers in both positive and negative fee scenarios.
- 4) The team should be sensitive to cultural factors & perceptions and how this impacts health service selection.
 - *Bank response:* In each case study, the team will note that the results are highly contextual, and that results from one country cannot necessarily be extrapolated to another.

The Bank agreed to keep CSOs apprised of progress on the paper and will consult with the group on the draft, likely before and/or during the October meeting.

Session 5: HNP and World Bank – CSO Collaboration – Regions and Issues

Nicole Klingen began the session by completing her PowerPoint presentation on World Bank HNP strategy, priorities and portfolio. World Bank Sector Managers and/or representatives from the regional departments of the World Bank and World Bank Institute (WBI) joined her. Colleagues from the HNP Anchor (HIV/AIDS Program, IHP+, and RBF) also joined the conversation.

HIV/AIDS: David Wilson, Global HIV/AIDS Program Director HNP, spoke briefly on the Bank's work in HIV/AIDS. The Bank's approach to HIV/AIDS is multisectoral, and it intends to help countries spend money both efficiently and effectively (which is not just a challenge in terms of combating HIV/AIDS, but also a broader development challenges). David and CSCG members discussed Bank engagement with CSOs & governments, HIV/AIDS in the European and Central Asia (ECA) region, and transparency & accountability in spending, among other topics.

Southeast Asia: Julie McLaughlin, Sector Manager, spoke about the diversity of priorities and needs across the region. She noted that in Southeast Asia, insurance is not the most prevalent mode of health care in practice (although it is on paper). In practice, health care is paid for through OOP spending. She affirmed that CSOs play a critical voice of conscience by raising these issues in the public sphere.

Middle East and North Africa: Tamer Rabie, Sr. Health Specialist, discussed the Kyrgyz SWAp, a provider payment mechanism for in-patient care (single payer system). He noted that the success story is not only that we have delivered on health indicators, but also changed the way donors work together by pooling funds at the Treasury level in order to support a comprehensive sector strategy.

Session 6: Achieving Universal Health Coverage (UHC)

Donna Barry, Partners in Health, facilitated the session. Daniel Cotlear, Lead Economist HNP, delivered two PowerPoint presentations on the Bank's expanding work in UHC. In the first, Daniel introduced the Bank's Universal Health Coverage initiative, the 25 case studies on UHC completed thus far, and the Universal Coverage Assessment Tool (UNICAT). Daniel expressed that an important common element of success in UHC is strong civil society engagement, which is critical to hold governments to account and ensure that citizens are aware of their entitlement to health care. He explained that the UHC instruments and initiatives presented require enforcers of accountability in order for them to work, and the CSOs can fill this role.

Participants were very engaged in this session and made a number of comments:

- 1) CSO: The current definition of UHC makes a number of assumptions about affordability. The definition should include a statement about reducing direct payments and moving

towards lowering OOP spending. Bank response: this is a good point, and we will make note of it moving forward.

- 2) There is no mention of the right to health (and the four pillars that underpin it). Bank response: this could be included in Bank material on UHC.
- 3) The presentations imply that patients have to pay for health care, which precludes government involvement; we need to push governments to increase spending on health, and this is an area where the Bank has considerable influence. Bank response: Daniel noted that as advocates, CSOs also play an important role in this. Julie McLaughlin, Sector Manager in SAR, explained the complexities of working with governments to determine spending allocations.
- 4) It seems as though the Bank equates UHC with insurance. Bank response: UHC does not involve just insurance – for example, the public health function is a critical part of UHC.
- 5) How were countries selected for the 25 case studies, and why were more fragile states not selected? Bank response: we let countries speak for themselves. We created a list of countries that have made efforts in terms of UHC, and consulted with colleagues in those regions. Additionally, we are unsure whether the UNICAT tool is designed for fragile states; we have included the West Bank in the pilot to determine if it can. The lack of fragile states included has nothing to do with indifference towards countries that are struggling.
- 6) To what degree is civil society engaged in this effort? Bank response: we are still at the phase of collecting information. We hope to engage CSOs once we advance to the next phase.

Session 7: World Bank's Work on Nutrition

Leslie Elder, HNP Sr. Nutrition Specialist, and her team (Monika Gutestam and Julie Ruel-Bergeron) presented on the Bank's work with the Scaling up Nutrition (SUN) Global Movement, the Bank's SecureNutrition Knowledge Platform, and efforts to improve nutrition through multisectoral approaches. These efforts include work not only in health, but also in social protection, water & sanitation, agriculture & food security, among other sectors.

The Bank's work on nutrition is to target vulnerable groups, also known as those in the 1,000-Day Window of Opportunity from conception through 24 months. The Bank supports three broad intervention groups: 1) behavior change, 2) micronutrients & deworming, and 3) complementary & therapeutic feeding. The SecureNutrition Knowledge Platform – launched to address critical knowledge gaps on how to link agriculture, food security, and nutrition – aims to improve access to knowledge, impact operations, and facilitate global learning.

The CSCG noted that although few of their members have a strong background in nutrition, this is an area where it hopes to engage with the Bank in the future (given the fact that nutrition is extremely multisectoral and multi-determinant). Members asked how to ensure that CSO and private sector colleagues are engaged in nutrition work moving forward, and requested more detailed information on how nutrition initiatives are working at the country level. Leslie assured CSCG members that the Bank is reaching out to CSOs for ideas on innovation, and will continue to do so in the future.

Session 8: The World Bank's International Development Assistance (IDA) and Health in the IDA-17 Replenishment

Traci Phillips, Adviser from the Bank's Concessional Financing and Partnerships (CFP) Vice Presidency (home of the Bank's IDA team) delivered a presentation on IDA, the Bank's fund for the poorest countries. IDA is a revolving fund - it provides interest-free or low interest loans and grants for programs that foster economic growth and help reduce poverty and inequalities in poor countries. More than half of IDA's assistance goes to Sub-Saharan Africa, and all IDA assistance is country-led (not predetermined or earmarked, and is aligned with countries' own development strategies). IDA also provides technical assistance and policy advice and global knowledge services including through economic sector work and country studies. CSCG members asked a number of questions, specifically regarding whether there exists a mechanism for CSOs to monitor what is happening on the ground.

Session 9: Wrap-up session

The Group agreed to appoint Simon Wright (Save the Children) as CSCG Chair and nominated Christine Sow (Plan USA) to serve as Secretary. Christine subsequently agreed via email. Both are 6-month, rotating positions.

Members agreed on the need to take better ownership of the group. This will begin with monthly, 1-hour teleconferences to discuss priorities and action areas. The Bank will facilitate this effort and sit-in on calls as requested. The Bank also will continue to organize the quarterly discussions (face-to-face and virtual) with the HNP director and other Bank staff.

For additional action points, see page 1.

Annex 1

MEETING AGENDA

World Bank - Civil Society Consultative Group on Health, Nutrition, and Population
1225 Connecticut Avenue, Room C8-100, Washington DC

Day 1: Tuesday, April 16

11:30-12:00	<i>Registration, provision of per diem and reimbursement of applicable transportation costs will be provided outside the meeting room. Original boarding passes and applicable receipts will be collected at this time.</i>
12:00-14:45	Informal Welcome Lunch with Nicole Klingen, Acting HNP Director, World Bank Coordination meeting and orientation to the WB-HNP Civil Society Consultative Group (for CSOs only). Facilitator: Simon Wright, Save the Children
14:45-15:00	Coffee Break
15:00-16:00	Opening Session Facilitator: Arjanne Reitsema, Cordaid and Carolyn Reynolds, World Bank <ul style="list-style-type: none">▪ Group introductions and expectations▪ Review meeting agenda▪ Follow-up actions on previous actions
16:00-17:00	Session 1: Overview and Highlights of World Bank's Work in Health, Nutrition and Population Activities - 2013-14 Facilitator: Marine Adamyan, World Vision <ul style="list-style-type: none">▪ Presentation on World Bank HNP strategy, priorities, portfolio – Nicole Klingen, World Bank▪ Group Discussion
17:00-17:30	Session 2: Social Platform for Knowledge Exchange Facilitator: Carolyn Reynolds, World Bank <ul style="list-style-type: none">▪ Demonstration of new Civil Society Consultative Group online collaboration space -- Julia Ross and Aisha Faquir, World Bank▪ Group Feedback and Discussion
17:30-20:30	Reception/Dinner for CSCG Members with WB staff at Daily Grill Restaurant 1200 18 th St. N.W. Washington, D.C. 20036 Tel: (202) 822-5282

Day 2: Wednesday, April 17**8.00 – 8.30: Breakfast served outside the meeting room**

8:30-9:30	Session 3: Working Together Facilitator: Samson Kironde, Health Systems Action Network <ul style="list-style-type: none"> ▪ Discussion of results of the Civil Society Consultative Group Survey 2012 ▪ Priority areas for the group for the coming year ▪ Updates on the 3 position papers developed by the task teams: Health Financing, Community Systems Strengthening and Why health should remain a priority in Post-MDG Development Agenda
9:30 – 10:00	Session 4: Update/report back on World Bank User Fees Study Facilitator: Carolyn Reynolds, World Bank <ul style="list-style-type: none"> ▪ Update on the World Bank User Fees Paper, Armin Fidler, World Bank
10:00-10:15	Coffee Break
10:15-11:45	Session 5: Regional World Bank – CSO Collaboration Facilitator: Nicole Klingen, World Bank <ul style="list-style-type: none"> ▪ Discussion on regional collaboration and emerging issues with regional sector managers and Bank staff in Health, Nutrition and Population
11:45-12:30	Lunch – continuation of discussion
12:30-14:30	Session 6: Achieving Universal Health Coverage – The Role of the World Bank Facilitator: Donna Barry, Partners in Health <ul style="list-style-type: none"> ▪ Presentation on the Bank’s work on UHC – Daniel Cotlear, World Bank ▪ Group Discussion
14:30-15:30	Session 7: World Bank’s work on Nutrition Facilitator: Stefan Steebacher, International Federation of Red Cross and Red Crescent Societies <ul style="list-style-type: none"> ▪ Presentation on the Bank’s work in Nutrition – where we are and where we are going, Leslie Elder, World Bank ▪ Group Discussion
15:30-16:00	Session 8: The World Bank’s International Development Association (IDA) and Health in the IDA-17 Replenishment Facilitator: Carolyn Reynolds, World Bank <ul style="list-style-type: none"> ▪ Presentation by Traci Phillips, World Bank ▪ Group Discussion
16:00-17:00	Session 9: Wrap-up Session Facilitators: Carolyn Reynolds, World Bank and Simon Wright, Save the Children <ul style="list-style-type: none"> • Discussion of Action Items • Proposed schedule for next meetings • CSO group work time
17:00-18:30	WB HNP Team offers to arrange bilateral meetings between individual CSCG members and relevant WB staff members on specific topics/countries of interest. Please send an email with requests for specific meeting topics/countries to Claire Kairys – ckairys@worldbank.org or NDella Njie – nnjie@worldbank.org

Friday, April 19

Venue: 1776 G Street, Washington DC, Room G7-011

9:00-10:00	Light breakfast with Tim Evans, incoming Director of Health, Nutrition and Population, World Bank (for CSOs only)
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Annex 2 : List of Participants

Surname	Name	Email	Organization
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