World Bank-Civil Society Consultative Group on Health, Nutrition and Population
Meeting Summary
October 8-9, 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 October 8 and 9, 2013 in Washington, DC, concurrent with the World Bank Annual 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.

General Meeting Overview and Objectives

This was the second meeting with newly selected members of the CSCG; as a result, members were able to engage more deeply in issues, especially health financing and community system strengthening. CS members contributed significantly to shaping the meeting agenda, and agreed play an even larger role in doing so in subsequent meetings.

The group now has a total of 18 members from around the globe; 16 were able to participate in the October meeting. The main objectives of the April meeting were to focus on two of the CSCG's objectives as stated in the Terms of Reference:

Objective 2: Ensure that civil society views on the Bank's work in HNP are shared with the Bank's senior management, regional and country teams, and Executive Directors, facilitating linkages with these and other relevant Bank stakeholders and consultative processes as needed.

- Key topic areas: health financing, community system strengthening and UHC
- Civil Society will present its views to HNP management and staff on key topic areas
- HNP CS will participate at the Civil Society Forum during the Annual Meetings to learn from the experiences of other WB-ES engagement

Objective 3: Exchange feedback on lessons learned from the Bank, CSOs, partner countries, and organizations on promising approaches to assist developing countries in achieving better results in HNP

- Bank will share recent findings/initiatives and engage in discussion to analyze the conclusions and recommendations from the perspective of CS, and to determine opportunities for engaging with CS in current and future work

Overall, both CS and the Bank found the meeting to be extremely fruitful, especially in the areas of health financing and community system strengthening. CS provided useful to Bank staff on a range of projects and initiatives, and the Bank offered guidance to CS on how to take their two position papers forward.

Summary of Agreed Next Steps

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. *Group management*: a) CSOs to discuss and agree on a method for replacing members that have to leave the group, for various circumstances; b) group to agree on next Chair and co-Chair

3. *Future Meetings*: a) CSOs will to take a more active role in planning the meeting, both in terms of preparing their own materials for sharing with the Bank, and in terms of shaping the agenda; b) Each session will have clear objectives; c) In order to provide greater opportunity for dialogue, powerpoints and background information will be circulated to CSOs before meetings; CSOs will be expected to have prepared accordingly; d) Bank and CSO facilitators to be put in contact prior to meeting to ensure sessions achieve their objectives, e) in next April meeting, Tim will share an update on the operationalization of the HNP Global Health Practice (and plans for setting up private sector engagement in health) and the UHC Monitoring Framework; f) CSOs will have the opportunity to convene separately prior to the next meeting, but only require 2 hours.

4. *Communications*: a) CSOs will setup new communications 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.

5. *Engagement with the Bank*: a) CSOs to provide the Bank with guidance on how it can best engage them, broadly and on specific issues; b) where relevant, Bank to engage CSCG as an external peer reviewer for upcoming papers/projects. The Bank will prepare a list of potential papers/policies/strategies that CSOs can comment on by November 2013. This list will outline specific deadlines for comments and highlight key areas where CS feedback is needed. CSOs to discuss and agree on which to take forward during November call. *See Annex 3 for more information*; c) Once aforementioned list of publications for comments is finalized, Bank to create and circulate calendar to CSCG; d) Bank to keep CSOs informed on opportunities for engagement around the new World Bank strategy; e) Bank to put CSCG members in contact with regional and local level colleagues, upon request

6. *Position Papers*: a) Health Financing – Mogha to revise paper per discussions in October meeting and share with CSCG group during November teleconference call. The group will determine the best mechanism through which they will share with the Bank; b) Community System Strengthening – CSCG to revise paper by providing more detailed

framing, and subsequently share again with the Bank; c) Bank to provide an update on its "health service fees at the point of service" paper, and – once available – share draft paper with group.

7. *Engaging on specific topics – areas for CSOs to refine position and create an agenda:* i) accountability more broadly (lead: Ariel), ii) mechanism for educating citizens on what it means to move towards UHC (lead? to coordinate with Maria-Luisa Escobar afterwards, who will nominate staff to work with CSOs); iii) Results-based financing (RBF) – CSOs to provide concrete suggestions to Monique and RBF team on areas for improved engagement (lead?); iv) reproductive health and voice/accountability (lead: Joan – this could evolve into a paper)

Summary of Discussion (by Session)

Opening Session

Nicole Klingen (World Bank) and Christine Sow (Plan USA) welcomed participants, reviewed the meeting agenda, and provided a brief recap of actions taken since the last April 2013 meeting. Nicole encouraged CSOs to take initiative to identify key areas where they would like to engage with the Bank, and re-affirmed the value-add of the input provided by CSOs. Christine provided a recap of the CSO-only meeting that preceded this session. [WAITING FOR SIMON/CHRISTINE RECAP]

World Bank Group Goals, Strategy and the Path to UHC

Tim Evans (World Bank) provided an overview of the new World Bank Group strategy to end extreme poverty by 2030 and boost shared prosperity in a sustainable way. He introduced the new World Bank Group strategy and Global Practices structure, emphasizing that the details of the reform are still being worked out. Tim promised to provide a briefing on how the HNP global practice has been operationalized during the April 2014 meeting.

Tim spoke about HNP's strategy for achieving UHC – financial protection (no one should be impoverished due to OOPs) and service delivery (all communities and individuals, especially the bottom 40%, should receive the quality health services through the life cycle and be protected from public health risks) in a multi-sectoral way.

Framework for measurement and monitoring of UHC: The WB and WHO, with support from other development partners, are currently in the process of developing a UHC Monitoring Framework. The Framework sets forth a multi-sectoral, consolidated approach to monitoring UHC by measuring aggregate and equitable coverage of health services and financial risk protection using tracer indicators. For health service coverage, these indicators include health-related MDGs and chronic conditions & injuries (CCIs) and span across curative and preventative services. For financial risk protection, tracers are incidence of catastrophic OOP spending and incidence of impoverishment from OOP. Tim emphasized that most available data

on health service coverage available is population/ambulatory data; this Framework is an attempt to think about what health service coverage means with respect to facility-based care.

CSO members were very engaged in conversation with Tim, asking questions along the following key themes.

- Q: What is the role of countries in developing this framework? A: 12 countries have been convened to address contextual factors that contribute to measurement.

- Q: Why are the MDGs one of the tracer indicators, given that we're moving into a post-2015 world? A: We want this Framework to be relatable and understandable, otherwise it will have no meaning.

- Q: What makes the Bank so optimistic that it can end poverty by 2030? Jim Kim is a strong believer in ambitious quantitative targets and their ability to drive an organization to achieve more than it otherwise would in the absence of such targets. Moreover, he did not set this target blindly. All World Bank Chief Economists were gathered to analyze available information and generate a target date.

- Q: Is UHC relevant to all countries? A: Yes. There are many countries graduating to middle-income status, and we find that the majority of the poor will be in MICs.

- Q: How do we finance UHC, and how does the Bank advise countries on this? A: There is no single system that works for every country. However, given low rates of tax collection (especially in LICs), we need innovation in order to finance coverage – prepayment schemes are one of many options.

- Q: How is the Bank working to ensure community involvement in its work? A: (Many Bank staff from across numerous regions provided answers, including AIDS programs for high-risk populations implemented by those communities, community verification to do RBF in Afghanistan, and citizen scorecards to develop new MENA strategy after the Arab Spring).

Session 1: World Bank Group to invest $700 million by 2015 to improve women and children's health in poor country – using Results-based Financing (RBF) to achieve results

Nicole opened the session by providing a context for the WBG $700 million investment. Through RBF, the WBG has been working with countries to move the focus from paying for inputs to paying for results; payment to health service providers is explicitly tied to successful delivery and independent verification of pre-agreed results. There is strong evidence that this approach works, as the three World Bank presenters in this session showcased. The $700 million of funding comes from IDA and will enable national scale-ups of successful pilot reproductive, maternal and child health projects made possible by IDA and the Bank's Health Results Innovation Trust Fund (HRITF). Every project will have an impact evaluation.

Marine Adamyan (World Vision) introduced the three WB presenters – Monique Vledder, Tekabe Belay and Christel Vermeersch. Tekabe presented a powerpoint presentation on successful RBF efforts in Afghanistan, and Christel presented on achievements of the Plan Nacer RBF program in Argentina. CSO members can access these powerpoint presentations online or by request.

Monique then responded to questions from CSO members, according to the following major themes:

- Q: What is CS's role in the RBF model, implementation and monitoring? A: Involvement isn't consistent across the board, which provides a very promising basis for increased CSO engagement. CSOs have acted as implementing agencies, performance purchasing agencies, and third party verification actors. In Afghanistan, CSOs were in involved in service delivery, external verification, and the design process.

- Q: How can CS learn more about RBF in order to better understand the role it can have? A: On November 2, there will be an RBF Seminar available online. Additionally, CS members can sign up to receive the RBF bulletin.

Session 2: Community System Strengthening (Presentation from CSOs, feedback from WB-HNP Specialists)

Simon Wright (Save the Children) gave a presentation on the CSS position paper written by the group. The paper argues that CSS is currently neglected in Bank policy and work. It recommends that the WB i) begin a dialogue on CSS, potentially during a conference in 2014, and ii) that HNP develop a position on CSS that informs the next HNP strategy. Specifically, CSOs asked the Bank asked for a joint framework on CSS.

Nicole Klingen thanked the group for putting together this paper, nothing that it helps move in the direction of working better together in countries. She clarified that IDA is supporting CSS, and we should focus on determining ways that the Bank and CSOs can figure out a way to improve CSS work at the country level. Additionally, she noted that the conversation about involving communities has to span beyond the health sector. She then invited Bank colleagues working in the regions to respond to the paper and the group's questions:

- *Maria-Luisa Escobar (Manager, World Bank Institute):* this paper reminds us of crucial role communities have on health systems communities are essential to the functioning of health systems, and that we need to ensure all relevant stakeholders (especially those affected, communities) are around the table. At the Bank, we are addressing the role of the community by focusing on capacity development in terms of 1) technical knowledge development and exchange, 2) the development of a network of practitioners, and 3) building multi-stakeholder groups. Finally, she clarified that the government or Country Director does not need approval in order to engage with communities.

- *Bert Voetberg (Sr. Health Specialist, Southeast Asia):* i) this paper fails to mention one important thing – the Bank's main client, country governments; ii) the paper should be framed around outcomes; iii) the paper would do well to clarify what is CS, and who can represent them in a way that no one is left out.

- *Lucy Bassett (Social Protection Specialist, Latin America):* CSOs have a big role in CCTs, but communities aren't playing as big of a role in service equality & accountability. As CCTs evolve, they will be a good opportunity through which to engage communities. It will be important to document successes and failures, and share stories across sectors/regions – this can be a great utility for the group.

Both the Bank and CSOs agreed on the need to develop a framework around the function of CSS, using UHC as the entry point. They agreed to convene a multi-sectoral seminar with a larger meeting of CSOs (including CSOs not represented in the CSCG), governments, and the Bank to discuss the possibility of developing this framework. The CSCG will review the paper and frame it more clearly; this paper will then serve as the background to the CSS seminar.

Session 3: Health Financing, Presentation from CSO group and discussion with WB-HNP specialists

Mogha Kamal Yanni (Oxfam) presented the CSCG position paper on health financing. The paper provides an overview of the numerous health financing modalities available, and explains the CS position on each of these mechanisms. Mogha noted that the group is not asking the Bank to adopt the paper, but is asking them support countries in implementing equitable solidary-based financing.

Tim Evans responded, noting that there are different "cultures of financing" that populations often take for granted, and there is no "right" health financing system. He noted that this paper helps to promote the public discussion about the different financing mechanisms available. He then responded to particular points in the paper, referencing the WHA of 2010 which argues that in order to decrease OOP payments, it is necessary to increase the pool of funding (or, insurance).

Tim stated that going to a tax-financed based system for UHC may be where we want to end up, but the road to getting there has to traverse two key problems: there are low tax collection rates in countries, and minimal funds are earmarked for the poor. Given that, we have to look at a broader menu of 21st century financing solutions. He then invited colleagues to provide feedback on the paper:

- *Daniel Cotlear (Lead Health Economist):* Daniel noted that a lot of the recommendations CSOs made in their paper are already being taken forward. For example, many countries are phasing out user fees. He also noted that of the 25 UNICO country case studies, 23 of them are expanding tax-based financing. Finally, he said that he liked the principles set forth in the paper, but reminded CS that in countries the conversation around health financing is not black and white – it's a long process of phasing in and out various processes. There is a huge opportunity for CSOs in this process in terms of

accountability/governance to advocate that the poor get what they have been promised.

- *Roberto Iunes (Sr. Economist, World Bank Institute):* Roberto noted that it seems as though there is a convergence about what needs to be done, but less agreement on how to do it. In maximizing cross-subsidization, we have to ensure that all stakeholders are at the table (for instance, middle class).

The conversation evolved into how CS can be more involved in health financing work. Bank colleagues identified accountability and governance as key areas for CSO involvement. However, CS colleagues noted that it is oftentimes difficult, especially in low-income or corrupt societies where information is simply not available, in order to fulfill this role – this is where the Bank can assist CS by endorsing its role as. In addition, CS bandwidth is limited – oftentimes staff live project to project, so as donors increasingly look to CS to play a role in accountability, funding and capacity building needs to accompany that request.

Moving forward: i) The Bank will share health financing papers and publications with CS for comments (for example, UNICAT report); ii) Mogha will revise the paper and share it with the CSO group to discuss via teleconference; iii) Bank to identify individuals to work with CS on constructing mechanisms of accountability; iv) CS to implement this mechanism

Session 4: Engaging the private sector in health

Armin Fidler (Lead Health Policy Adviser) opened the session by providing a definition for "private sector" as including civil society, private-for-profit, private non-for-profit, faith-based organizations, and other non-state actors. He also differentiated between the role of the private sector in service provision vs. its role in health financing. Armin reinforced that the private sector is mixed with public providers, and CS is especially important in informing how we move this forward.

Margareta Harrit (Partnerships Specialist) then spoke, noting that the private sector has not been a success story in the Bank. The Bank has introduced the Health in Africa Initiative, but it needs the involvement of the private sector in order to fill many gaps.

CS responded, raising questions along the following themes:

Finally, Tim discussed the role of the private sector in the Bank moving forward. He noted that previously, the Bank and IFC objectives regarding the private sector were not aligned; in the new Global Practice model, this will be rectified. He identified a clear role for CSOs in private sector engagement in health: regulation. There is a serious need for regulation (soft or hard, up for debate), both at the national and local level, and CSOs can fill this role.

Lunch session on major health-related global events

During this lunch session, Tim reviewed a list of upcoming health-related global events with CS participants. In particular, Tim drew the group's attention to the Human Resources for Health meeting that will take place in Recife. He noted that there is urgent need to move the HRH

agenda forward –especially given that the Global Health Workforce Alliance will soon cease to exist – and encouraged the group to think of ideas and/or mechanisms that would be feasible for doing so. There will be a number of different actors present at the table, and it will be important to have CSO represented.

A full list of events is available online and by demand.

Session 5: Discussion on the Bank's recent report on "Investing in Women's Reproductive Health"

Jeni Klugman (Director, Gender) presented on the Bank's recent report on "Investing in Women's Reproductive Health," and the topic of voice & accountability. She spoke about the widespread regressive gender based norms, but noted that there is opportunity for expansion of agency (noting the evidence and constraints). In order to take the agenda forward, it is critical to focus on addressing structural issues (laws, norms) and then address persisting gaps (engaging boys and men, GBV). The WB has begun exploring different ways to integrate agency into diagnostics, policies, programmes, and partnerships, with a focus on indicators for monitoring progress.

There are very few gender-based data on agency (for example, decision-making, intra-household allocation of resources, GBV surveillance, local participation). A Bank report, to be launched in April 2014, will take stock of existing data sources and recommend a typology of indicators on voice and agency that be utilized in Bank operations. The group raised questions around the following themes:

- How do we ensure this agenda applies to men and boys?
- How is information used and applied at the country level?

Rafael Cortez (Sr. Health Economist) then discussed the Bank's work on adolescent and sexual reproductive health. The Bank is currently doing studies in Nepal, Nigeria, Burkina Faso, among other countries, in order to assess the situation of adolescent health in various contexts, and incorporate this information into projects moving forward. Rafael agreed to share case studies as they are completed for CSO feedback.

Joan agreed to lead a discussion with CSOs on reproductive health that could potentially evolve into a paper.

Session 6: Moving forward – priority areas for action

Members agreed on the need to take better ownership of the group. This will continue 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.

Specifically, the CSCG is asked to generate ideas of where and how they want to engage with the Bank. See *summary of agreed steps* (page 2) for greater detail.

Annex 1 – Meeting Agenda [LAURA, please insert final agenda; not sure version I have is most updated]

Annex 2 – List of Participants

Surname	Name	Email	Organization
Aboumayaleh	Maher	maher.aboumayaleh@akdn.org	Manager of Health Programme, Aga Khan Foundation/Syria *could not attend
Adamyan	Marine	marine_adamyan@wvi.org	World Vision International, Eastern - Europe/Central Asia/Middle East Region| Director, Health & HIV&AIDS
Akusika Awunyo-Akaba	Joan	jawukaba@yahoo.com	Ghana Coalition of NGOs in Health - Executive Director, Future Generations Int.(FUGI)
Faruque	Ahmed	faruque.a@brac.net	Senior Director , BRAC International
Frisancho	Ariel	afrisanchoarroyo@yahoo.es	Care Peru - National Manager - Social Rights Programs Unit (Education, Health, Nutrition, Water & Sanitation)
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Sow	Christine	Christine.sow@planusa.org	Plan International USA- Vice President, International Programs
Wilkinson	Bruce	bwilkinson@cmmb.org	Catholic Medical Mission Board, USA
Wright	Simon	S.Wright@savethechildren.org.uk	Save the Children, UK-

Annex 3 – Potential Bank papers, publications, and/or strategies that can benefit from CSO insight (as a peer reviewer)

List to be finalized and sent to CSOs by November 2013; CSOs to select which from list they would like to provide feedback on.

- UHC Measurement and Monitoring Framework
- UNICO synthesis report and UNICAT tool report (2)
- Case studies for adolescent and sexual reproductive health (4 case studies)
- Report from the Africa region on the Demographic Dividend
- Africa Regional Strategy
- Flagship proposal on governance and accountability for service delivery in social sectors
- ECD work in MENA
- Public Expenditure Reviews in MENA (UAE, Iraq)