World Bank-Civil Society Consultative Group on Health, Nutrition and Population
Meeting Summary
April 9-10, 2014 – 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 9-10, 2014 in Washington, DC, around the time of the World Bank-IMF Spring Meetings. Below is a summary of the meeting. The list of participants is attached as an Annex.

General Meeting Overview and Objectives

This was the third face-to-face meeting of the CSCG. CS members contributed significantly to shaping the meeting agenda. World Bank managers and operational staff from the regions participated actively for the duration of the meeting.

The group now has a total of 18 members from around the globe; 16 were able to participate in the April meeting. Christine Sow recently moved to another CS organization, but still retains her role as a CSCG member. Simon Wright remains the CSCG Chair-person, and Arjanne Reitsema is the CSCG Secretary.

The main objectives of the April meeting were to focus on the following:

1. Exchange feedback on key topic areas that are of priority interest to both Civil Society and the World Bank Group: Universal Health Coverage (Monitoring Framework, UNICAT), Adolescent Reproductive Health, Service Delivery, Community System Strengthening and IFC's work in health.
2. Reflect on the group's activities and discussions over the past year.
3. Discuss and agree on parameters and process for recruitment of next cohort of CS members of group.
4. Identify specific areas of priority interest for collaboration and mutual support.

Overall, both CS and the Bank found the meeting to be fruitful. CS provided useful input 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 (on health financing and on community systems strengthening) forward.

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 CS members to take initiative to identify key areas where they would like to engage with the Bank, and re-affirmed the value-added of the input provided by CSOs. Christine provided a recap of the CS-only meeting held before the WB-CS Group Meeting. CS colleagues noted that they were happy with the agenda, and addressed the need to revisit ways to

improve group communication (for instance, the timely receipt of documents for review from the WB).

Session 1: UHC Monitoring Framework Update

The UHC Monitoring Framework, which CSO members had the opportunity to comment on (and whose feedback WB colleagues cited as highly useful), was written jointly by the World Health Organization (WHO) and The World Bank Group on the basis of consultations and discussions with country representatives, technical experts and global health and development partners. A draft of the paper was circulated widely for consultation between December 2013 and February 2014. The feedback was synthesized and reviewed at a meeting of country and global experts in Bellagio, Italy, in March 2014.

Adam Wagstaff provided a brief introduction to the UHC Monitoring Framework. The paper proposes a framework for tracking country and global progress around levels of coverage with health services and financial protection, with a focus on equity. The UHC Monitoring Framework recognizes that the UHC agenda has meaning also for middle- and high-income groups. He emphasized that the key question and concern around UHC at the moment is how to fit it into the post-2015 agenda.

Patrick Eozenou informed that the WBG-WHO Team is in the process of modifying the Framework. He discussed the main comments/feedback received. These include: 1) general issues related to the M&E framework; 2) monitoring intervention coverage; 3) monitoring financial risk protection; 4) equity and targets; and 5) implementation support and measurement needs.

Strengthening capacity to monitoring progress towards UHC requires action in three key areas – technical assistance (analysis of health equity and financial protection), knowledge product development (UHC monitoring tools), and the improvement of data collection.

CSOs asked numerous questions, and engaged in a productive dialogue with Adam and Patrick. The WB team clarified that population surveys being used should be able to capture households that may not be captured in national statistics; they are striving to improve survey instruments to capture previously left-out demographics.

POST-MEETING FOLLOW UP INFORMATION: the UHC Monitoring Framework is available from this site:

http://www.who.int/healthinfo/universal_health_coverage/en/

Session 2: Reproductive Health Action Plan

Rafael Cortez delivered a presentation on the World Bank's Reproductive Health Action Plan (RHAP) for 2010-2015, focusing in on the implementation and progress of the Plan. RHAP aims at addressing RH in 57 high burden countries by way of strengthening health systems. Since its inception, there has been significant progress made in delivering on the RHAP Results Framework: 1) sexual RH is reflected more prominently in the WB's lending and technical

assistance, 2) the WB is enhancing its support for RMNCH, with an additional US$700 million in IDA for RBF, and 3) the WB relationship with global partners on sexual RH remains strong.

Rafael noted that RHAP results are measured against 3 components, including analytical & advisory work, Bank Capacity and expertise on RH, and improving portfolio monitoring on RH. Significant progress has been made against each component, especially in terms of delivery in the regions, as highlighted in the attached PowerPoint. Despite progress, there are several remaining challenges. There is a continued need to strengthen country level capacity and reach the most poor, marginalized populations to ensure health coverage and access. Moving forward, the WB is leveraging new opportunities to support RMNCH.

Rafael and WB colleagues from the regions took questions and engaged in conversation with CSO members about RHAP and the broader RH agenda. Specifically, CSOs noted that the indicators for RH listed are not extensive enough, and could be improved. The WB explained that extensive consultation is undertaken at the country level to develop RH indicators on a case-by-case basis, and that not all indicators were presented. Nevertheless, the WB encouraged CSOs to contribute feedback for alternate indicators (the areas of violence against women, women's mental health, and youth & men were specifically mentioned). CSOs noted there is no explicit space for WB/CSO consultation on this issue, and encouraged the WB to adopt a scorecard to address this.

Session 3: Service Delivery

In this session, CSOs and WB colleagues discussed the issue of building capacity with "first point of contact" workers, or human resources for health (HRH). WB colleagues from across the regions joined the conversation. WB colleagues acknowledged that measuring the performance of HRH is critical. Often in low-income settings, there is inadequate knowledge among health workers. To ensure good performance of HRH, systems for accountability must be in place – this is a key opportunity and area where CS is needed. The WB does extensive work in HRH (in labor markets, competencies, incentives/motivations) and this work creates a knowledge sharing platform which the WB hopes can be leveraged by others.

CS raised several issues for the WB to keep top-of-mind. These include: the need to agree on common competencies, the need to develop a sustainable, systemic approach to incentivizing HRH, and the need to cut down on indicators related to HRH (given how overburdened HRH are, especially in rural areas).

Session 4: Community System Strengthening (CSS)

George introduced the CSS agenda, referencing the paper that the group produced. He noted that without community engagement, it is impossible to maintain highest standards of healthcare. He suggested that UHC opens new window of opportunity to build upon and significantly expand the CSS framework. Using the community as a watchdog as UHC is being rolled out in countries is a way to ensure that CSS is included in the context of UHC. Mette then delivered a presentation on CSS, emphasizing the need to foster an understanding in the

Ministry of Health about the importance of Civil Society as a watchdog and key resource for delivering TA and implementing programs.

WB colleagues responded to a previously circulated CSCG paper on CSS. The WB recommended the group to think more explicitly about what it is they hope to achieve in this and clarify key concepts (for instance, different functions of CSS). Colleagues also recommended that we think about the link between governance and quality of service delivery, as communities are critical to this.

The group picked up the topic of the CSS seminar, which was raised during the last face-to-face meeting in October. The group agreed that before a seminar can be planned, 1) the CS group should develop a concept note outlining the seminar objectives, agenda, audience, timeline and budget; the CN should draw on examples of how/when CSS has worked, and explore possible synergies with other existing groups. 2) In addition, CS needs to revisit the CSS paper and include more evidence. After both of these steps, 3) the WB and CS will each appoint 3 individuals to take forward seminar development activities.

Session 5: Planning the transition for new members of the CSCG

The CSCG agreed to post-pone a decision on this until fall 2014, after the HNP Global Practice has been operationalized. At this point, the group will also review its objectives and TORs.

Session 6: WBG Transition to Global Practices – Strategic Directions

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 described the new operating model for the World Bank Group operations – 14 Global Practices including Health, Nutrition and Population, and 5 Cross-Cutting Solutions Areas (CCSAs), emphasizing that the details of the broad internal reform are still being worked out. The Global Practices and CCSAs will connect global and local expertise to serve the WBG's clients. The new operating model will be launched on July 1, 2014. Tim promised to provide a briefing on how the HNP Global Practice has been operationalized during the next meeting, in October 2014.

Tim affirmed the importance of the engagement with Civil Society colleagues and that he looks forward to continuing to engage in a two-way flow of information and mutual support. He noted that he would welcome suggestions on how we manage this opportunity for engagement in the Global Practice environment.

Session 7: Conversation with the IFC

Colleagues from IFC joined the conversation. Scott Featherston, Principal Investment Officer, discussed IFC work in the context of health. He noted that every national health system comprises some mix of public and private sectors. The IFC supports governments in strong public governance, including engagement with and regulation over the private health sector. The IFC invests in service provision, pharmaceutical manufacturing, namely generic drugs and API productions, and medical technologies.

CS was particularly interested in whether the IFC supports vaccine technology transfer/ development in developing countries, specifically in Africa. Scott noted that the IFC looks at proposals for investments in vaccines in Africa, but there are not sufficient economies of scale currently to make this an efficient investment at this time. However, he welcomed ideas, and offered to the group to discuss any proposals they may have.

Newly announced Global Practice Director Laurence Carter introduced the IFC's work on private-public partnerships (PPPs) in health. He noted that PPPs in health are a tool that can be considered by governments in certain circumstances. The IFC gives advice when asked on how governments can bring in the private sector. The IFC gives options to the government, which then makes decision on whether/how to proceed. Laurence reiterated that mobilizing money from private sector is not the objective of PPPs. The objective is to bring in specialized management, when the government isn't the best supplier for it.

Khama Rogo, Lead Health Specialist, and Jorge Coarasa, Senior Economist, briefed CS members on the Health in Africa (HiA) program. The HiA program is intended to be learning exercise for institutions, governments, and civil society. There has been a wealth of lessons learned on engaging private sector. The next step is to distill how those lessons to inform the WBG's work in health in close partnership with the HNP Global Practice.

POST-MEETING FOLLOW UP INFORMATION: IFC discloses information about its activities that would enable its clients, partners and stakeholders to understand better and engage in discussion about its activities, impacts and development outcomes. This information is made available prior to consideration by IFC's Board of Directors (either 30 or 60 days, or in some cases more, in advance of Board or management consideration). Contacts are provided and any interested party may write in comments, request information, etc. IFC also may provide periodic updates about its investments after approval. This information is available at www.ifc.org/projects. Anyone interested can sign up for notifications about projects of interest also at this website.

Session 8: Presentation on the UNICAT tool

Daniel Cotlear delivered a presentation on the UNICAT tool and its implementation in 4 pilot countries (the Philippines, Colombia, Georgia and Kenya), and asked for feedback from CS.

Daniel concluded by asking for CS to give feedback on the UNICAT Report, which will be soon circulated. Feedback was requested by May 15, 2014.

Session 9: Next Steps for HNP-CSCG, as agreed during April 8-9 meeting

This session consisted largely of a "tour de table," in which all CS and WB colleagues shared what the engagement in the HNP CSCG has meant for them thus far. The general consensus is this has been a critical forum for information exchange and engagement on key issues, especially UHC (according to CS colleagues). However, most admit that there has been slow progress; for instance, CS has not been able to empower their broader networks, and it is

unclear how CS is to engage concretely with the Bank (in the absence of a mechanism/channel). Colleagues agreed that this is due, in many ways, to the time for each counterpart (WB or CS) to understand the other's language.

Julie McLaughlin challenged the group to think about how the WB can help CS engage effectively, and how CS aids the WB in its work. Greater country level engagement is critical, and informing CS networks about "who to call" in respective country offices is important.

Final Wrap-up

Overarching: Identify priorities for next 2 years; re-evaluate TORs

1. *Future Meetings of the WB-CS Consultative Group:* (a) CS will take a more active role in planning the agenda for future meetings as it did for the meeting in April; (b) clear objectives will be set for each individual session, with identifiable target to guide discussion; (c) PowerPoint presentations will be avoided, focusing instead on dialogue.

2. *CSCG membership & group leadership:* (a) The next round of CS members will be selected after the World Bank Annual Meetings in October 2014; (b) Simon Wright and Arjanne Reitsema will remain the CSCG Chair-person and Secretary, respectively.

3. *Review of Group Terms of Reference in light of WBG's new operating model and the launch of the HNP Global Practice.* Note that the Change process within the WBG affecting how the HNP GP will operate is not yet complete. IFC and the WB will align their work including in HNP.

4. *Feedback on WB reports and initiatives:* (a) CSCG is invited to give feedback on the UNICAT paper by May 15; (b) CSCG will be asked for feedback on the ASRH paper developed by the WB by June 15 (tentative); (c) CSCG is encouraged to review proposals and submit ideas to IFC on human development projects.

5. *Community systems strengthening 1-day workshop:* (a) CS (Christine) will develop a Concept Note for the workshop; (b) both the CSCG and WB will appoint 3 members each to discuss the CN and the best way forward; (c) CS will revise the CSS paper, including more evidence.

6. *CSCG Papers:* (a) the CSCG will develop TORs for two potential new papers, in the areas of social accountability (Ariel) and reproductive health and adolescent health (Joan); (b) CSCG will revise the CSS paper, to include more evidence.

7. *Communication:* WB HNP will facilitate introductions with WB colleagues in the countries where CS members operate upon request; CS will be responsible for the logistics and other requirements for this engagement.