Record of the WBG-Civil Society Consultative Group Meeting

April 14 and 15, 2015

Participants

The Civil Society Group participants at the April 2015 face-to-face meeting of the WB Civil Society (CS) Consultative Group on Health, Nutrition and Population (HNP) included members who are transitioning out of the Group and new members selected from 150 nominations. Outgoing members: Simon Wright, outgoing chair, Arjanne Rietsema, outgoing secretary, Samson Kironde, Joan Awunyo-Akaba, Faruque Ahmed, Mohga Kamal-Yanni, and Marina Adamyan. Christine Sow is the new chair with Archana Joshi and Lara Brearley taking on secretariat functions for the CS Group.

The list of CS CG members is in Annex 1. The WB HNP staff participants are in Annex 2.

Agenda

The agenda was planned through consultations led by the CS outgoing chair and secretary and HNP focal points. Refer to Annex 3 for final agenda.

Objectives of the Meeting

The joint WBG-Civil Society Consultative Group (CSCG) on Health, Nutrition and Population (the Group) was formed in 2011 in response to the call from CSOs for a more structured mechanism for Bank-CSO engagement at the global and country levels. Specific Objectives for April 2015 meeting:

1. Facilitate a meaningful dialogue between CSOs and the WBG's HNP Global Practice on issues affecting the WBG's work in HNP at the global, regional and country levels.
2. Exchange feedback on lessons learned on promising approaches to assist developing countries in achieving better results in HNP.
3. Onboard the nine new members of the Group into the CSCG. Acknowledge the contributions of outgoing members.
4. Agree on how to engage and work together in the next 18 months.

Opening Session

Tim Evans, Senior Director, HNP Global Practice, opened the meeting and expressed appreciation of the Consultative Group as a forum for the Bank and civil society members to engage in conversation on health, nutrition and population issues. The HNP CS Consultative Group is the first, if not the only, sector-civil society consultative engagement in the Bank. WB-HNP values the CSCG as a bridge to a broader constituency ensuring common understanding between the Bank and civil society.

At the end of the opening session, the Bank team thanked the outgoing members for their active engagement in the last several years.

Session 1. HNP Strategic Directions

HNP's strategic directions towards Universal Health Coverage (UHC) provide the course of action the HNP Global Practice aims to take to contribute to achieving the WBG's twin goals of eliminating extreme

poverty and promoting shared prosperity. The strategic directions are more closely aligned with the operational work in the sector. HNP is not preparing a new strategy as it did in 2007 but will be guided by the strategic directions focusing on seven Global Solution Areas (GSA): healthy societies, nutrition, population and development, financing, service delivery, decision and delivery sciences, and harnessing the private sector (jointly with IFC). Global Leads will provide technical leadership for each GSA.

HNP will strengthen its collaboration with other development partners especially on the Global Financing Facility (GFF) in Support of Every Woman Every Child. The GFF will serve as a major vehicle for financing the proposed post-2015 Sustainable Development goal on healthy lives. The GFF is not a WB mechanism but one that brings together countries (domestic resources) and other development partners. It is not meant to be a grant-making fund. Trust Funds will only be small part of what GFF will be undertaking. The GFF business plan was finalized in May 2015 and will be formally launched at the July 2015 Financing for Development meeting in Addis Ababa, Ethiopia.

A special focus area of the GFF will be to support countries to expand Civil Registration and Vital Statistics (CRVS) efforts toward universal registration of every pregnancy, every birth and every death by 2030. CRVS systems provide a critical accountability tool for reducing mortality and ensuring universal access to health care, education and other essential services.

Session 2. Intro to Civil Society work at global and country levels. Identify linkages with the Bank's country and global work in HNP

Country Level Engagement Realities

The WB HNP GP and Civil Society agree to work more closely at the country level. The Bank encourages Civil Society to be pro-active in its engagement with Government and in connecting with Bank representatives in countries. Civil Society, on the other hand, would like to see the HNP GP facilitate these relationships through more formal mechanisms. Future meetings and conversations will seek to establish a common view on the roles and responsibilities of both in facilitating the dialogue on the ground.

Model CSO-WB engagements

There are a number of successful WB HNP – CSO engagement in Bank projects and processes that can serve as models for working together in countries. It is worth the time to look at the experience from Zimbabwe, South Africa, Botswana and Afghanistan, for example. CSO engagement in curbing HIV at country level as partners can be cited as an example of a successful CSO model engagement. Similarly CSOs could be instrumental in community systems strengthening, improving accountability in the delivery of public health services to achieve the goals of UHC.

There are varying degrees of engagement between governments and Civil Society. Some engage actively and create space for CS participation through formal mechanisms. Other governments act in a completely opposite manner – mistrusting CS and intentionally excluding them. CS looks to the Bank to influence change towards a better dialogue between Government and CS.

Civil Society would like to be a partner to Government in (i) implementation of programs, (ii) monitoring and surveillance of programs implemented by Government, particularly those supported by the Bank, and (iii) piloting programs. Civil Society makes the observation that well designed government programs and schemes in some cases are weak in implementation and in ensuring the "last mile reach".

Civil Society SWOT Analysis

The CS Group met separately and conducted a SWOT analysis (Annex 4), presenting areas of opportunities for engaging with the Bank as well as issues that need attention. A fuller discussion will be scheduled for one of the forthcoming virtual meeting of the Group.

Session 3. Sharing the Bank's technical work – UNICO, Demographic Dividend

Demographic Dividend Potential for Africa

The HNP Global Practice is strengthening the focus on Population, looking at Aging as an issue in Europe and in the Central Asia region, and at the demographic dividend potential in the Africa Region.

The story in Africa shows the remaining rising population growth in the world. Fertility rates continue to be high. While this can hamper development, Africa's large population can also be an opportunity to capture the Demographic Dividend. A Demographic Dividend (DD) is achieved when a demographic transition is accompanied by sound economic policies, which then lead to an economic transition. Education and health sector reforms contribute to DD. Policies matter and they matter a lot. Increased child survival creates a "youth bulge" that can lead to an increase in the working population. Promoting economic policies that create jobs leads to this demographic dividend. Women joining the work force because they are having less children also contributes to economic growth. A dynamic workforce brings economic growth. As population ages, savings increase, contributing to the second dividend.

The report on the Demographic Dividend Potential for Africa proposes that there is optimism for the Africa Region. The drop in child mortality, rapid enrollment of girls and its impact on fertility, economic dynamism from growth in extractive industries providing governments with more money, creating fiscal space to invest in decreasing fertility and mortality, and on job creation all contribute to the optimism.

The Bank will launch the book at the Annual Meetings in Peru to Ministers of Finance. There are also plans for pre-launch dissemination of the findings to a broad range of audiences through multi-media channels.

The discussions following the presentation was robust. Discussion points:

- Population problems are different in each country necessitating different strategies.
- In some examples from Africa, the success is not the reform but the success of political will in pushing reforms.
- Involvement of young people in the programs that is about them is important. Programs should not shy away from sensitive issues such as sex education.
- The Bank should bring data and findings from countries to the high level global discussions on SDGs.
- Nutrition is a pre-requisite to ensure productivity of the working population. Investment in addressing malnutrition is part of the strategy for taking advantage of the demographic dividend.
- The approach for labor market development is driven by each country.
- Tri-sector partnering (government, private sector and civil society) in economic development not addressed appropriately, no funding mechanism to manage the collaboration.

Going Universal: how 24 developing countries are covering people from the bottom up

The study focuses on how countries are implementing Universal Health Coverage. It is more descriptive rather than prescriptive of how policy makers address UHC. Looks at both demand and supply side issues. The study shows that countries are developing new ways of strengthening accountability.

Main finding is that the UHC programs are new, massive and transformational. Most of the growth of programs happened in the last 10 years.

Across countries there are similarities in how programs operate. The implication is that tools can be developed to be useful across countries. While there are many similarities there are also differences. Countries need to find their own paths towards UHC. One of the arguments in the book is that countries must choose a path particularly suited to its circumstances including how to cover the poor, non-poor in the informal sector. Because the reforms take long, countries are undertaking transitory reforms, like stepping stones towards UHC.

In terms of strengthening accountability, CS can play a big role in ensuring promises are kept.

Discussant. Lara Brearley.

- Perspective of bottom up approach needs more clarity as it defines the study. Prioritizing the poor and targeting the poor are not synonymous. In talking about lessons from the case studies, it is important to look at these from the viewpoint of systems and not just the schemes. By taking a scheme approach and not a system approach there is the issue of consolidation that has become difficult for some countries.
- Stepping stone can be an important pathway but the long term implications of institutional arrangements and the politics around the stepping stones should be considered. There are risks for hard-wiring inequality in the system through fragmentation.
- Many LICs have more of a clean slate and the opportunity to leapfrog if they know what NOT to do as well as what has worked well
- Study limitations include a lack of discussion of the administrative costs of such approaches; inadequate emphasis on the need for public subsidies; no analysis of the political economy of the agenda and the issue of redistribution which is at the heart of UHC.
- The role of civil society in the cycle of planning and implementing to strengthen accountability for UHC should be defined.

The presentations are attached as Annex 5 “Demographic Dividend Potential for Africa, Some Findings from Two WBG Reports” and Annex 6 “Going Universal. How 24 developing countries are covering people from the bottom up”.

<u>Session 4. How and what are countries doing to promote UHC?</u>

Session focuses on what countries are doing to implement UHC and how the Bank supports the countries.

It looks at key lessons and findings from **11 country case studies funded by the government of Japan**.

UHC involves redistribution of resources in some way. Successful countries have addressed resistance, political and vested interests to move towards UHC. This requires a strong adaptive leadership that can look at long term vision, able to articulate and mobilize support for difficult changes. It also needs to be accompanied by bottom up or democratic movement or collective action at local or community level where civil society plays a key role for raising issues of equity.

Perspectives from Zambia

The country is faced with many challenges including on the demographic side. Resource allocation to health is low vis-a-vis outcomes in maternal health and nutrition. It did well in child health, TB, malaria but has challenges of urban-rural disparity on most HNP indicators. Coverage disparity is high and income disparity is wide. In Zambia, primary health care is free of charge, the country abolished user fees progressively. This however does not guarantee high service utilization. In many situations, drugs and diagnostics are often absent. WB support to Zambia aims for development of human resource skills development to help ensure better provision of services and supply.

The Government is working on a national health insurance scheme. The informal and poor are upfront in the design of health insurance schemes. The WB is helping to ensure that scheme is pro-poor.

The Bank's HNP work in Peru and Latvia

In 2009 Peru made a major expansion of coverage especially for the poor to have access to health insurance. Coverage now is at 80% for poorest quintile. Challenges continue after expansion. The system is fragmented in providing services.

Increased funding became available to provide services, however, supplies coming from the central government were not reliable. Reforms are needed in how systems are organized. Financing and service delivery are challenges for the future.

Latvia has big challenges in its health system. The financial crisis decreased funding for health systems. With the massive cut backs, a large portion of health expenditure is out of pocket, with large co-payments. Lack of financing and improving efficiency are main challenges.

Discussant. Ariel Frisancho.

1. Importance of health workforce for success of UHC. Need to have right skills in right places.
2. Disaggregating concept of UHC. Formal definition important and could include other determinants of health, such as water and sanitation. Quick wins needed to show value of UHC. Important to highlight quality. A discussion on whether quality should be included in the definition is needed.
3. Peru case highlights that both State and private sector are needed at the same time. Neither State nor private sector alone can be provider and financier at the same time. Noted that the UHC law in Peru was for universal health insurance, a financial mechanism. UHC is broader in scope.
4. Importance of social movements in shaping processes. This is where the Bank and CS can work together.
5. Importance of rights and rights based approaches. There are many examples where civil society and citizens have made a difference in improving health service insurance schemes especially for poor people. Civil Society and the Bank can be good advocates for poor people.

On the issue of health workforce, it is important not to repeat the mistakes of rich countries, like over educating workforce. Countries should look at the right skills mix and composition especially at primary care level. Effective coverage is as important as universal coverage. Countries should make sure the focus is on health not just providing health care.

The WB looks after quality by promoting licensing of professionals, accreditation of health facilities as precursors of quality. The WB works across sectors and is able to respond to issues such as gender, water and sanitation as determinants of health.

Lunch session. Independent Evaluation Group (IEG)

Civil Society requested an informal session with IEG to know more about what IEG does, its work in health and how the CS CG can contribute to its activities. IEG is charged with evaluating the activities of the World Bank Group. The goal of evaluation is to influence the World Bank Group's ability to achieve development outcomes globally and with partner countries by providing impartial, evidence-based assessments and lessons on drivers of success and failure. IEG reports directly to the Executive Board which is the Bank's governing body. The reviews include interviews with civil society. A general health sector evaluation was last done in 2009. The review of the Bank's work on Health Financing is ongoing. A Nutrition evaluation is proposed in two years.

Based on its evaluation, IEG provides recommendations. A Management Action Record is agreed upon by the Bank and IEG. The MAR identifies what the Bank will be doing over a 5 year period in response to the recommendations. Indicators are set in the MAR for annual reviews.

IEG can only evaluate what is seen in project documents. It cannot evaluate "influence" nor "advocacy". Reports are shared with countries. When funding is available, IEG goes to countries for presentations.

Session 5. Practicalities of Moving Forward

- The HNP Global Practice continues to view the Civil Society Consultative Group as an important engagement.
- HNP GP commits to one face-to-face meeting a year at the time of the Spring Meetings. There will be no face to face meeting in Peru due to budgetary limitations. The Bank and CS will look at other opportunities for members to meet face-to-face at other venues where no additional funding would be needed, such as the World Health Assembly. This takes advantage of the presence of a good number of members from both the Bank and CS CG.
- The CS CG acknowledged with appreciation the offer made by Deisi Kusztra, World Family Organization, to host a face-to-face meeting of the CS CG in December alongside the WFO's annual Summit. WFO will cover airplane tickets, accommodations and meals. No other allowances.
- For the WB hosted face-to-face meeting in the Spring 2016, both the Bank and CS will endeavor to confirm the agenda at least 2 weeks in advance. In an effort to be more strategic and purposeful, the Agenda will be organized taking into account which items are of interest to the whole group and which ones are of interest to a smaller number of members. Part of agenda setting will be determining what the face-to-face meeting should be used for and where the discussion can benefit from having other WB colleagues at the table.
- CS would like to know that the input the Group provides at the face-to-face and virtual meetings contribute to the Bank's dialogue with other partners and stakeholders.
- Community systems strengthening is the framework through which CS sees itself contributing to the Bank's work in countries. The Bank welcomes suggestions to this end.
- In setting priorities for future discussions, it was suggested to look at common objectives and at issues that are of interest to both the Bank and CS.
- Adolescent Reproductive Health is one issue of common priority. CS shared a paper on the topic with the Bank. The Bank focal points on Reproductive Health appreciated the recommendations and will take those into account whenever appropriate to specific country contexts.
- Other areas for future consultations:
    - Gender Strategy development
    - Measurement and Accountability Summit

- Global Financing Facility (GFF)
- Growing focus on community health workers. primary healthcare measurement
- Tobacco
- Mental health
- Frontline health functionaries & training infrastructure

- Immediate next steps:
  - Develop an agenda for discussions in the coming months
  - Discuss SWOT analysis developed by CS as a guide to future engagement
  - Connect the HNP CS CG with the WB's Civil Society Group

Session 6. From Crisis to Building More Resilient Health Systems

The recent Ebola Crisis showed the lack of capacity in the affected countries to identify and respond to the epidemic. Worse, the epidemic affected a large number of health workers. More than 800 frontline health workers were affected and half these workers died. Deaths impacted the capacity to respond and build systems moving forward. Access to essential health services dropped dramatically. Health systems collapsed.

The negative impact of the epidemic spread beyond the health sector: schools closed, the construction industry came to a halt, businessmen and investors including in extractive industries left affected countries.

Together with other development partners, the World Bank provided rapid and flexible grant funding. As of September 2014, $120m had been made available to countries. Social mobilization was a critical part of the response. An important lesson from dealing with the epidemic is that community engagement and community based responses made the difference. Local chiefs and religious leaders approached communities to change behavior which helped tremendously in changing the dynamic of the epidemic. Community organizations in the front lines allowed recruitment and mobilization of support for contact tracers.

Taking into account voices from communities, preferences of populations, giving voice to program design, active participation in implementation and monitoring of use of resources all contribute to building resilient health systems.

New patterns of deaths, people getting sick are identified faster through the information chain in communities. A community based surveillance system can bring information on new patterns of diseases across political boundaries and enable countries to deal with these quicker. The WB is helping establish regional surveillance through an African CDC, based in Addis under the African Union, The Bank has also supported the One Health agenda linking public health with veterinarian and environmental services.

The world community needs to view health as a global agenda and look for solutions within and with local communities.

The presentation is attached as Annex 7.

The face-to-face meeting of the WB-Civil Society Consultative Group on HNP adjourned on April 15, 2015.