



The World Bank's Reproductive Health Action Plan 2010-2015: Better Health For Women, Men, Adolescents, and Children

Human Development Network

April 2014

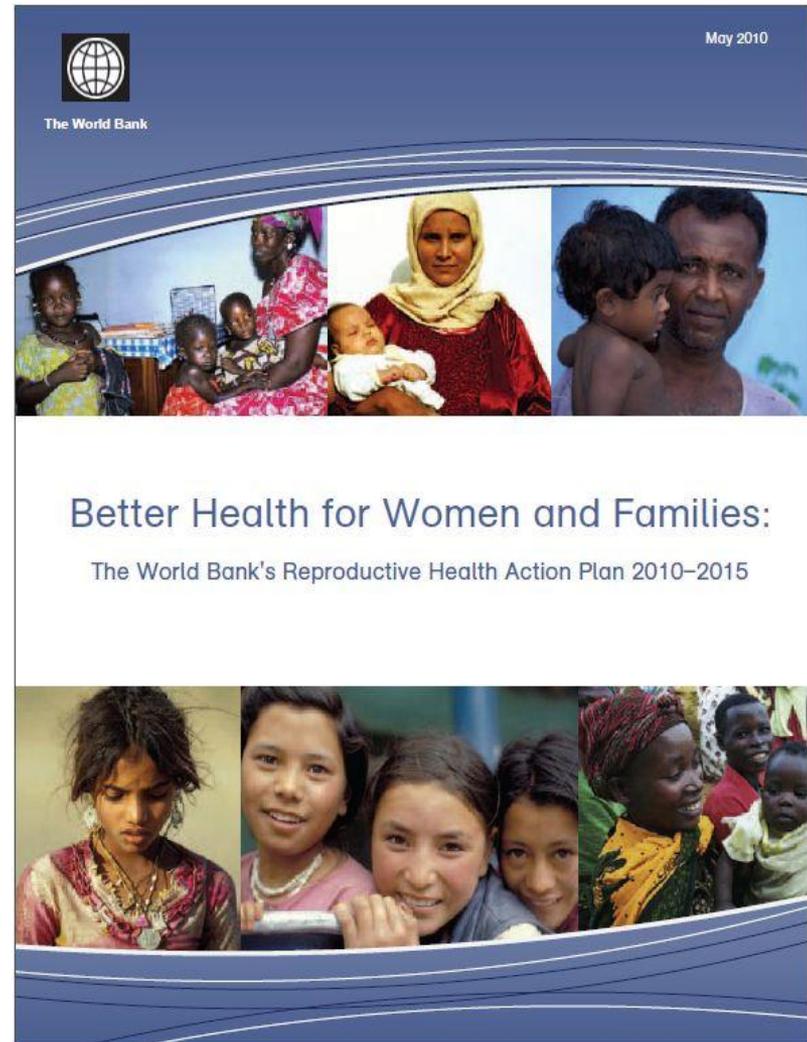


Implementation & Progress



Summary

- 5-year Reproductive Health Action Plan developed at the request of the Bank's Executive Board May 2010
- Aims at addressing RH in 57 high burden countries*
- Focuses on improving RH outcomes through health systems strengthening
- Considerable progress made in delivering on the RHAP Results Framework
 - SRH is reflected more prominently in the Bank's lending and technical assistance;
 - The Bank is enhancing its support for RMNCH, with an additional US\$700 million in IDA for results-based financing focusing on MDGs 4 and 5; and US\$ 200 million for women and girls in the *Sahel*;
 - Our relationship with global partners on SRH remains robust.



* Recent data on MMR and TFR indicates that 12 countries have progressed out of the high MMR and high TFR category, bringing the number of countries with high MMR and high TFR to 45.



Contents of the Presentation

- **Context of the Reproductive Health Action Plan (RHAP)**
- **Activities and Achievements**
- **Opportunities and Challenges**



The RHAP targets interventions for high burden countries and most vulnerable populations

To do this we are focusing on :

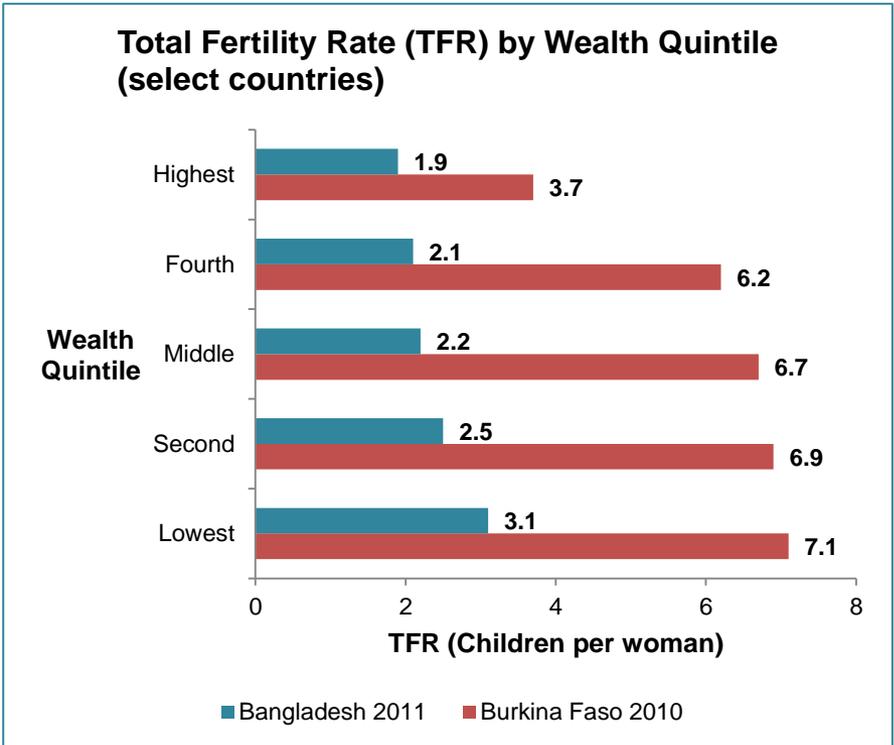
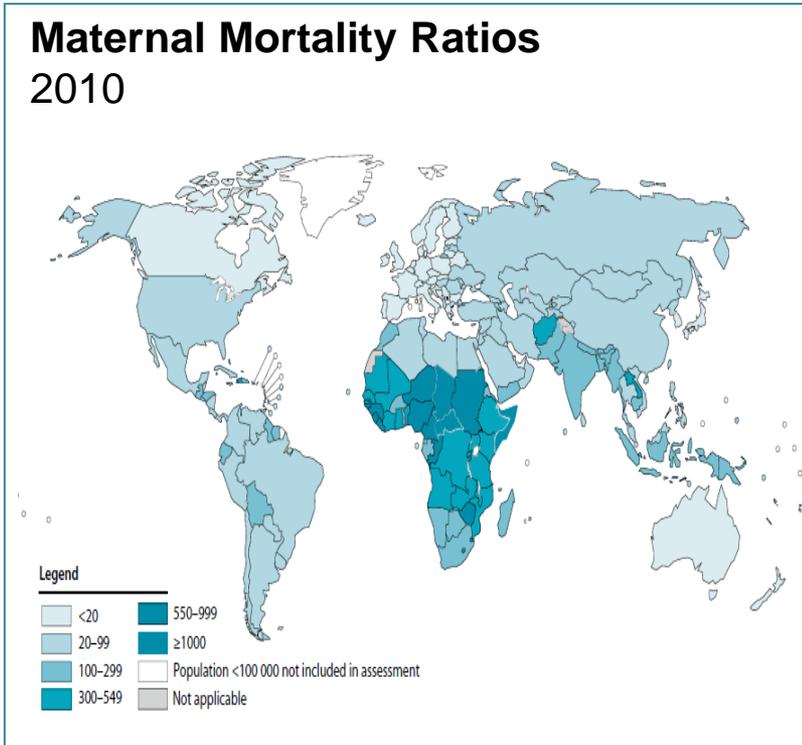
- **57 LICs with high maternal mortality and high fertility*;**
- **Especially, meeting the reproductive health needs of the youth;**
- **Improving RH outcomes through health systems strengthening;**
- **Leveraging partnerships with governments, CSOs, Academia, Bilaterals and Multilaterals**

Whilst the focus is the LICs we capture lessons learnt from the experiences in MICs

* New data on MMR and TFR indicates that 12 countries have progressed out of the high MMR and high TFR category, bringing the number of countries with high MMR and high TFR to 45.



The RHAP aims to address persisting high levels of, and inequities in maternal mortality and fertility



- 287,000 total maternal deaths globally annually
- 85% of these in SSA and South Asia

- Significant inter- and intra- country inequity
- High unmet need for family planning in SSA (26%)



Despite some progress, the burden of maternal mortality remains high in low income countries

2008

- Globally, there were **260** maternal deaths/100,000 live births (rate of deaths)
- Sub-Saharan Africa had the highest burden of maternal mortality with **640** deaths for every 100,000 live births
- South Asia had the second highest burden with **280** deaths for every 100,000 live births

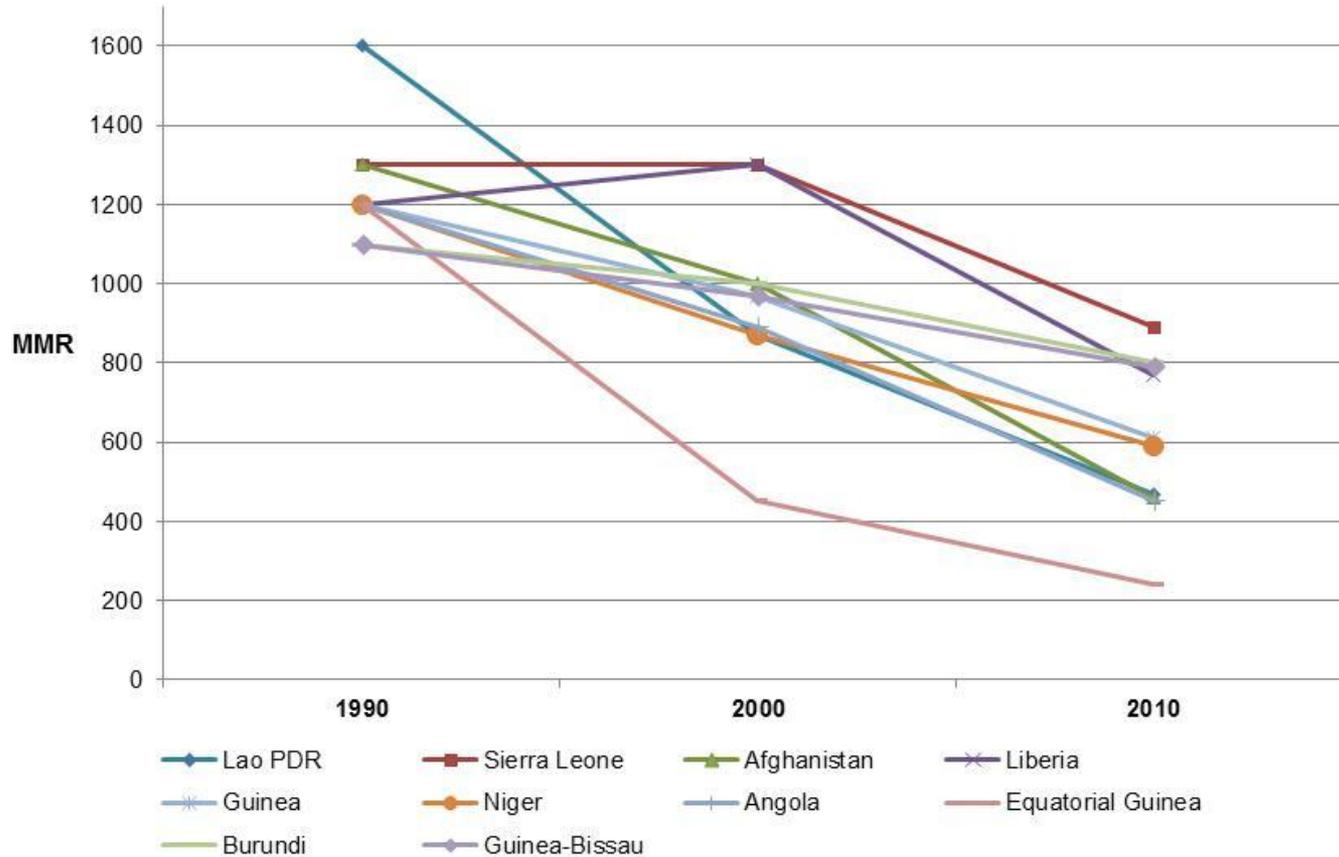
2010

- Globally, there were **210** maternal deaths/100,000 live births (rate of deaths)
- Sub-Saharan Africa continued to have the highest burden of maternal mortality with **500** deaths for every 100,000 live births
- South Asia had the second highest burden with **220** deaths for every 100,000 live births

The maternal mortality ratio for low income countries is nearly 30 times that of high income countries (410 deaths/100,000 live births vs. 14 deaths/100,000 live births)



Among the 10 highest burden countries in 1990, progress on reducing MMR has been slow with few on track to reach MDG 5



	% change in MMR 1990-2010
Equatorial Guinea	80%
Lao PDR	71%
Afghanistan	65%
Angola	63%
Niger	51%
Guinea	49%
Liberia	36%
Sierra Leone	32%
Guinea-Bissau	28%
Burundi	27%

MMR: Maternal Mortality Ratio (maternal deaths per 100,000 live births)



Limited progress on maternal mortality between 1990 and 2010 with maternal mortality ratio (MMR) even increasing in a number of countries

10 Countries with Highest MMR*	
1990	2010
Lao PDR	Chad
Sierra Leone	Somalia
Afghanistan	Central African Republic
Liberia	Sierra Leone
Guinea	Burundi
Niger	Guinea-Bissau
Angola	Liberia
Equatorial Guinea	Sudan
Burundi	Cameroon
Guinea-Bissau	Nigeria

10 Countries with Lowest MMR*	
1990	2010
Iraq	Iraq
Botswana	Solomon Islands
Solomon Islands	Philippines
Guatemala	Honduras
Philippines	Guatemala
Honduras	Botswana
Gabon	Nepal
Djibouti	Bolivia
Swaziland	Djibouti
Papua New Guinea	Yemen, Rep.

*The highlighted countries appear on lists for both 1990 and 2000



Adolescents are particularly affected and there are several challenges in how to address their health demand and needs

Adolescents: An important & vulnerable group

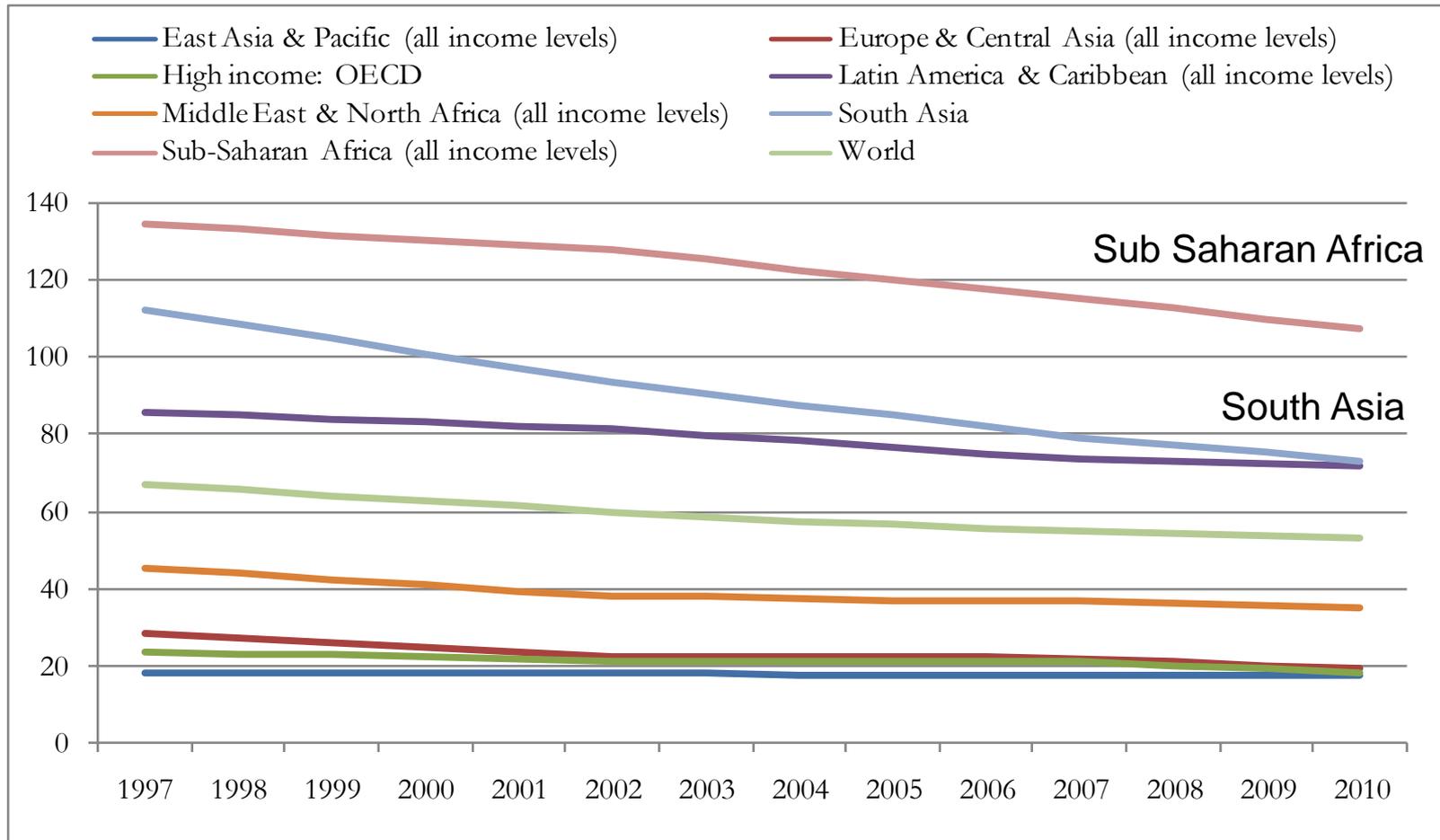
- 1.2 billion young people age 10-19 make up 18% of the world's population
- 90% of adolescents live in developing countries
- Decisions during youth transitions have the greatest long-term impacts on human development
- Adolescents face new challenges:
 - initiating sexual activity
 - entering the age of risk-taking
 - entering into unions
 - making decisions on family formation

Adolescent sexual & reproductive health (ASRH)

- By age 25, nearly 60% of adolescent girls have become mothers
- Almost no decline in adolescent birth rate in sub-Saharan Africa since 1990
- Adolescents bear 23% of the disease burden due to pregnancy and childbirth



Regional trends in the adolescent fertility rate (1997-2010)



Source: WDI 2010, World Bank. 2013



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RHAP results are measured against three components

COMPONENTS	DESCRIPTION OF ACTIVITIES
Analytical and Advisory Work	<ul style="list-style-type: none">Analytical and advisory work on RH to inform Country Assistance Strategies, lending and policy dialogue on health in the RHAP focus countries
Bank Capacity and Expertise on RH	<ul style="list-style-type: none">Develop capacity and expertise within the Bank on RH , through recruiting technical specialists where possible and strengthening understanding and expertise of staff working in health sector.
Improving Portfolio Monitoring on RH	<ul style="list-style-type: none">Conduct monitoring of Bank's portfolio on reproductive healthEstablish a baseline for tracking Tier I & II indicators *

*Tier I indicators: Country development outcomes
Tier II indicators: Country intermediate outcome indicators

Note: A comprehensive list of RHAP implementation results in Year 3 is presented in the Annex (slides 21 – 28)



The RHAP is well on-track on these three components

ACTIVITIES

ACHIEVEMENTS FY11-FY13

Component 1

Conducted Analytical and Advisory Work to Inform Bank Operations

- RH profiles for **51** countries completed and used to inform policy dialogue and lending operations
- Completed a cross country study to understand paths taken in these countries towards **achieving MDGs 4 and 5** (in collaboration with PMNCH)
- Completed National Health Accounts **survey in 36 countries** on integrating maternal and child health subaccounts into national health accounts; **26** countries committed to reporting on Reproductive Maternal Neonatal and Child Health expenditures.
- Completed study on **family planning and incentives** which aims to give broad guidance to TTLs on what issues to be aware of and consider in relation to family planning when designing RBF projects.
- Country Assistance Strategies or Country Partnership Strategies in **44** high MMR and/or high TFR countries approved between FY11 and FY13. All include discussion on RH



Regions are prioritizing key interventions

- In **South Asia**, focus on adolescent sexual and reproductive health, skilled birth attendance for all, neonatal mortality, and nutrition is helping to address MDGs 4 & 5;
- In the **Africa region**, innovative financing to support maternal, and child health programs at country level, analytical work on **demographic dividend** to place population in the center of economic development, and support to global partnerships for enhancing nutrition innovations are playing a key role in improving maternal and child health outcomes;
- The **Middle East and North Africa** region is emphasizing accountability and equity in its approach to address MDGs 4 & 5.
- The **Latin America and Caribbean** region is prioritizing prevention of neonatal mortality and teen pregnancy as well as improving quality of care – critical to the next steps in improving outcomes in the region.
- In **East Asia and the Pacific**, the Bank is supporting countries to reach remote population in particular to overcome both demand-side and supply-side barriers to health services.
- In **Central Asia** the focus is on improving the quality of care to address maternal and child health



... and the RHAP is well on-track for delivery in the regions

ACTIVITIES

ACHIEVEMENTS FY11-FY13

Africa:

- Analytical work on **Harnessing the Demographic Dividend** is expected to come out in fall 2013. The results of the study have triggered policy dialogue among countries such as Nigeria, Ghana, Mozambique with in-depth studies planned in several countries. The study also served as a seed in generating the interest and support for addressing reproductive health in the *Sahel* region.
- Advanced policy dialogue on integrating FP and nutrition in community based approaches in **Ethiopia, Niger, Malawi, Rwanda, Uganda, and The Gambia**

East Asia & the Pacific:

- Analytical work on access to maternal and child health services in Lao PDR has guided the government's national policy making MCH services free.
- Analytical work on *demand and supply side results based financing programs for reproductive health* completed and disseminated
- *Delivery strategies for sexual and reproductive health and second chance education and training for youth*. Supported policy changes through identifying effective strategies in **Papua New Guinea, Solomon Islands, and Vanuatu**



... and the RHAP is well on-track for delivery in the regions

ACTIVITIES

ACHIEVEMENTS FY11-FY13

Eastern Europe & Central Asia:

- The *Family Medicine* assessment of **Turkey's performance based contracting** highlights its contribution to improving MCH. Recommendations from the study are informing the next phase of implementation.
- *Review of reproductive health content in medical and nursing education curricula* completed. Recommendations incorporated into curricula in **Tajikistan, Uzbekistan, Moldova, Armenia, Azerbaijan** and **Kosovo**

Latin America and the Caribbean:

- Analytical work on school health in the Caribbean has supported the development of a teacher's manual on school health in collaboration with 11 countries and production of a commercial film that promotes the benefits and good practices in prevention of teen pregnancies.
- Analytical work on *universal health coverage* examining the extent to which maternal health services are provided and maternal health outcomes ongoing
- *Analytical work on Adolescent sexual reproductive health and review of legal framework on reproductive health rights* completed in **Nicaragua** and **Argentina**, and **El Salvador**. Its findings have been critical in redirecting resources for implementing Sexual and Reproductive Health Strategy in El Salvador and Nicaragua.



... and the RHAP is well on-track for delivery in the regions

ACTIVITIES

ACHIEVEMENTS FY11-FY13

South Asia:

- Analytical work on *Strengthening Commitment to SRH in South Asia*, has supported the design of a cervical cancer screening and treatment program in **Karnataka, India**. In **Pakistan** it has highlighted the critical need for addressing men's SRH needs and including them in maternal and child health.

Middle East and North Africa:

- Findings of analytical work on *Reproductive Health Rights in Egypt* suggest that **Egypt** has legal foundations for upholding a range of reproductive rights relevant to family planning. These findings will inform further dialogue in redefining the population policy to focus on a rights-based approach for service delivery.



The RHAP is well on-track on these three components

ACTIVITIES

ACHIEVEMENTS FY11-FY13

Component 2

Enhanced Bank Expertise and Capacity on RH

- **21 RH focal points appointed in all regions** to act as RH champions in their regions and actively coordinated on RH work
- The World Bank's **course on RH** *Achieving the Millennium Development Goals: Poverty Reduction, Reproductive Health and Health Sector Reform* revised to reflect recommendations of the RHAP with trainings held once a year.
- New **e-learning** course *Reproductive Health: From Advocacy to Action* launched with trainings in September 2013 and February 2014.
- RH training course adapted for South Asia region; regional training held in Sri Lanka in April 2012
- International workshop sharing experiences of public policies on ASRH in Latin America in March 2013.



The RHAP is well on-track on these three components

ACTIVITIES

ACHIEVEMENTS FY11-FY13

Component 3

Regularized Portfolio Monitoring on RH

- Of the **59** HNP projects approved in the countries with high MMR and/or high TFR between FY11 and FY13, **51%** include a reproductive health focus*
- **2** RH-specific projects in **Mali**** and **Burkina Faso** approved. New projects in **Lesotho** and **Haiti** have strong Maternal and Newborn Health focus.
- In addition, projects addressing reproductive health were approved in the following high MMR or high TFR countries between FY11 and FY13:
 - Bangladesh, DR Congo, Iraq, Lao PDR, Mozambique, Nigeria, Swaziland, Yemen, Central African Republic, Madagascar, Malawi, Nepal, Nigeria, Pakistan, Senegal, Zimbabwe, Burundi, Liberia, Sudan, Afghanistan
- **Baseline** for tracking RH indicators for high MMR/high TFR countries established and available online
(Available at <http://corporatescorecard.worldbank.org>; and additional indicators at <http://data.worldbank.org>)

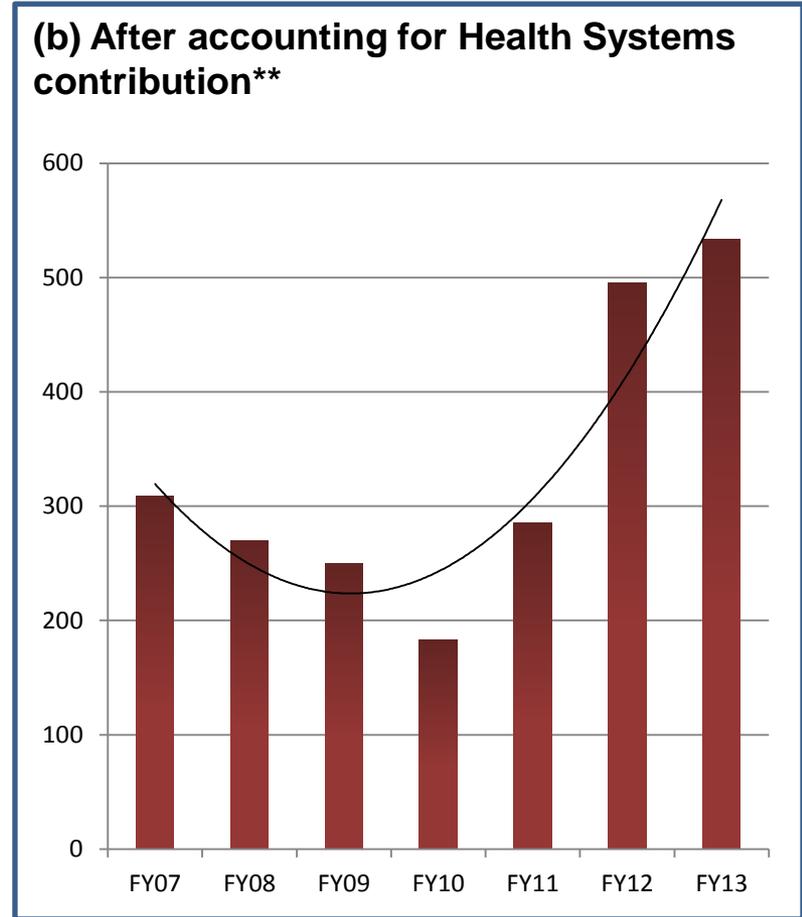
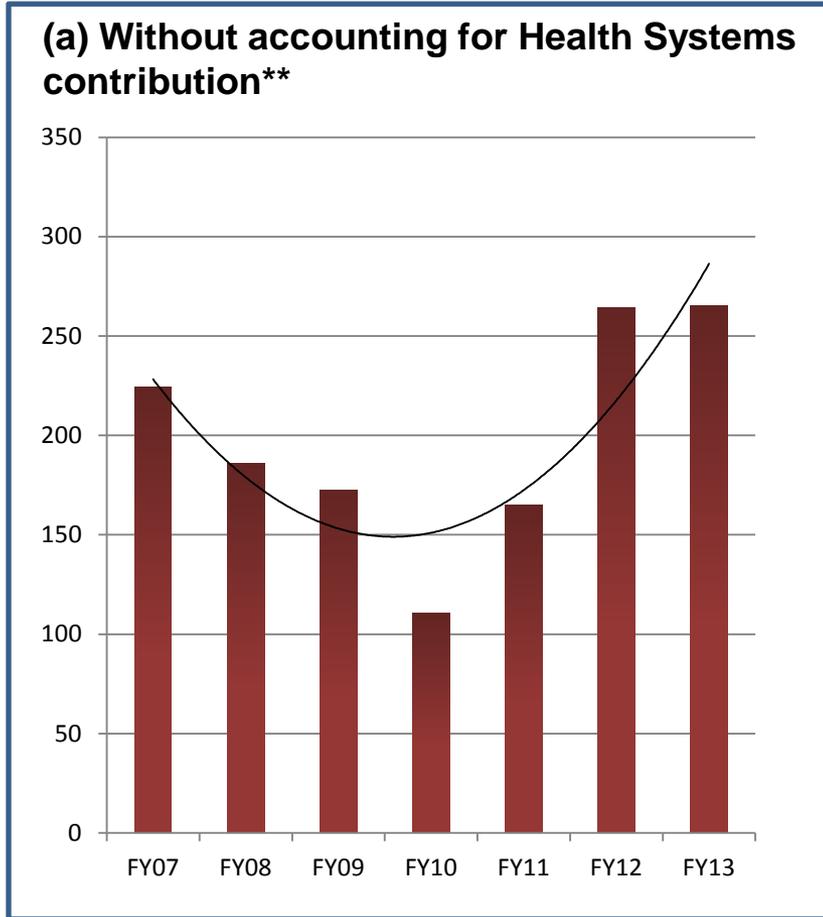
* Of all ongoing HNP projects in countries with high MMR or high TFR, **70%** include reproductive health

** Due to political instability in Mali, all Bank's operations in the country were suspended until recently



Bank Lending for Reproductive Health shows an upward trend

Pop/RH Lending, FY07-FY13 , 3-year rolling average (US\$ Million, excluding HRITF)



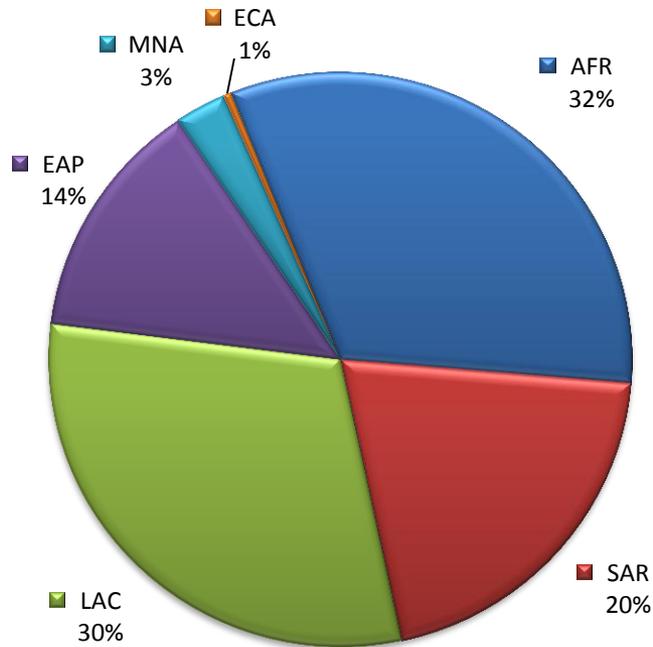
** Investments in health systems strengthening also contribute to better outcomes related to RH (e.g. upgrading a hospital which also has a maternity ward or training of health workers which also includes skilled birth attendants) but are not reflected in data coded strictly to reproductive health. Figure (a) does not reflect these contributions while Figure (b) includes them. Additional funding through HRITF is not included in above graph. A three year rolling average is taken to smooth out fluctuations.



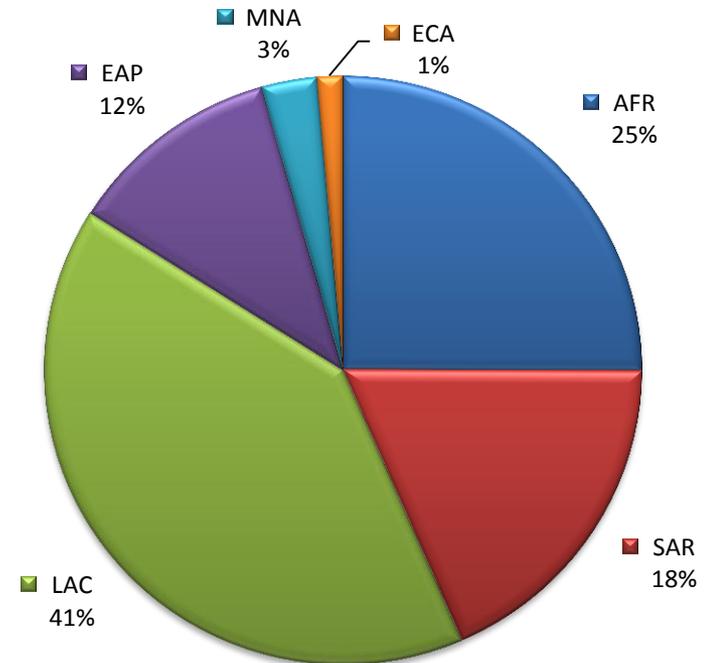
World Bank lending is focusing on high priority regions

Bank Lending for Pop/RH by region (FY09-FY13, % of total), excluding HRITF

(a) Without accounting for Health Systems contribution



(b) After accounting for Health Systems contribution





The WB is allocating substantial amount of resources to RMNCH activities (with HS contribution)

US\$ 5 billion committed in past 5 years for MDGs 4 & 5 (RMNCH):

- US\$ 3.03 billion for child health
- US\$ 1.99 billion for reproductive health (including family planning and maternal health)

High burden regions have been main focus of investments:

- Africa: US\$ 1141 million (US\$ 501 million for RH)
- South Asia: US\$ 1209 million (US\$ 368 million for RH)
- Latin America: US\$ 1505 million (US\$ 808 million for RH)



Bank projects on RH are showing promising results

PROJECT

ACHIEVEMENTS FY11-FY13

Burundi Health Sector Development Support Project

- The project supports the nation-wide results-based financing (RBF) program. Notable RH achievements include:
 - An increase facility based births by 25%
 - Increase in prenatal consultations by 20%
 - 35% increase in curative care consultations for pregnant women; and
 - 27% increase in family planning services obtained through health facilities

Burkina Faso Reproductive Health Project

- The project has been very successful in improving reproductive and maternal health outcomes through better services. Between 2010 and 2013:
 - Contraceptive prevalence has more than doubled, from 15% to 33%
 - Skilled assistance at delivery has increased from 67% to 82%



Bank projects on RH are showing promising results

PROJECT

ACHIEVEMENTS FY11-FY13

Karnataka Health System Reform and Development Project

- The project has been very successful in improving maternal and child health outcomes through better services, including:
 - 86% births delivered in a health facility
 - 78% children fully immunized
 - 89% of PHCs have a functional labor room

Tamil Nadu Health Systems Project

- Project has led to significant improvements for maternal and neonatal health, including:
 - Risk adjusted maternal case fatality rate reduced to 8%
 - Risk adjusted neonatal case fatality rate reduced to 3%

Health Sector Development Project (Djibouti)

- Project has led to significant improvements for maternal and child health between 2002 and 2012 include:
 - Maternal mortality reduced by 30% from 546 to 383 maternal deaths per 100,000 live births
 - Under-5 mortality reduced by 45% from 124 to 63 per 1000 live births
 - Skilled deliveries increased from 40% to 87%
 - Children 12-23 months vaccinated with DPT3 doubled from 45% to 93%



Bank projects on RH are showing promising results (cont'd)

PROJECT

ACHIEVEMENTS FY11-FY13

Second Health Sector Support Program (Cambodia)

- The project supports the Government's implementation of its Health Strategic Plan 2008-2015. Notable achievements include:
 - Increase in percentage of children immunized from 60 to 74% between 2007 and 2011
 - Increase in pregnant women receiving ANC from 68 to 74 percent between 2009 and 2011

Health Services Improvement Project (Lao PDR)

- The project aims to increase utilization and quality of health services for poor children and women in 8 rural provinces. Some notable achievements between 2011 and 2012 include:
 - Increase in skilled birth attendance from 39 to 43%
 - Increase in women using contraception from 57 to 61%
 - Over 13,000 children immunized

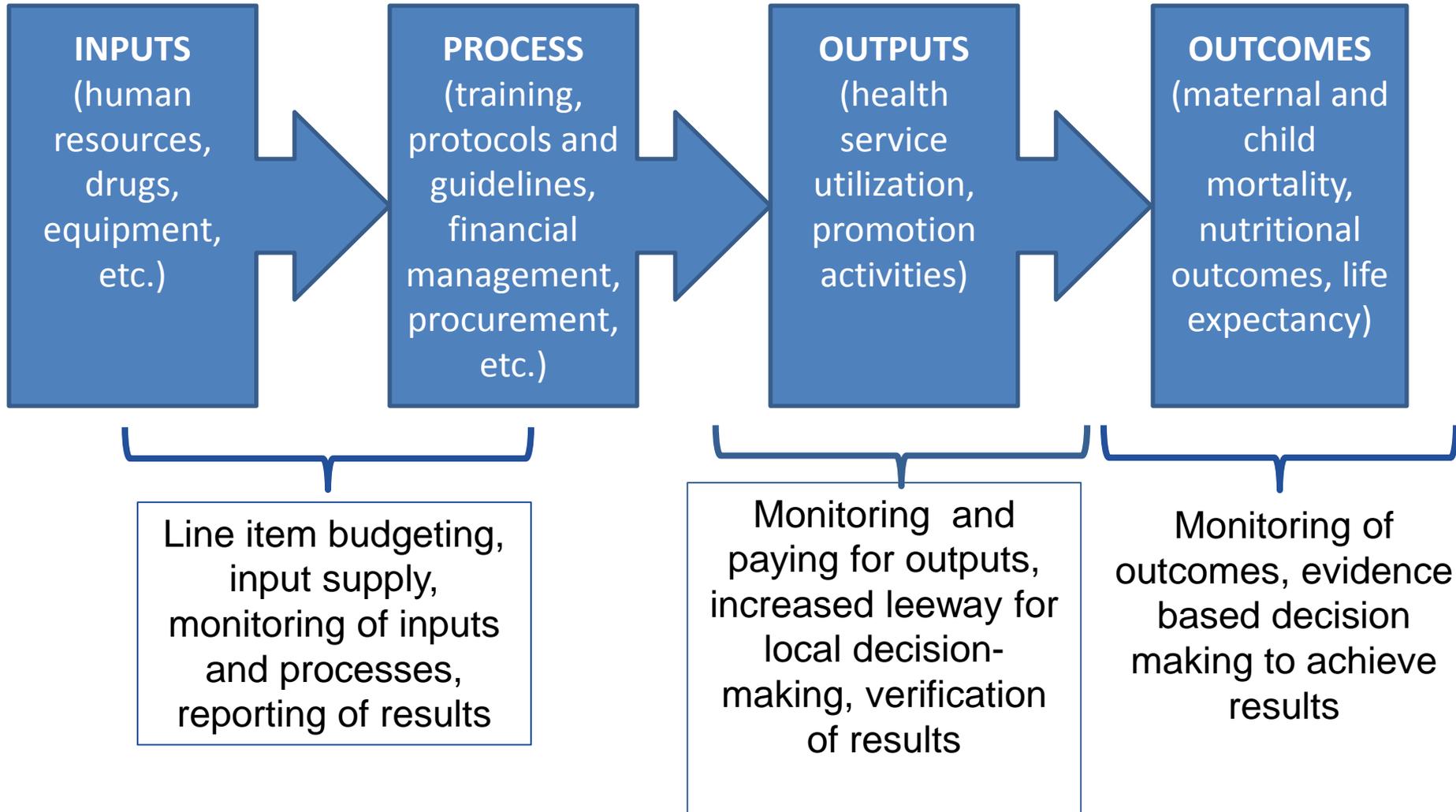


Results-based financing for health, nutrition, and population at the World Bank

- The Health Results Innovation Trust Fund (HRITF), is the World Bank's main instrument for delivering results-based financing in the HNP sector.
 - Multi-donor trust fund supported by the Governments of Norway and the United Kingdom,
 - Commitments totaling US\$ 550 million through 2022, focusing on health-related MDGs, particularly MDGs 1c, 4 and 5 (maternal and child health and nutrition).
 - As of February 2014: US\$429.42 million committed for 38 Country Programs in 32 countries, leveraging an additional US\$ 2.07 billion of IDA for these programs (including the FY14 commitments)
- RBF mechanisms have now been introduced or explored in more than 40 LICs/MICs, with World Bank support in, *inter alia*
 - Afghanistan, Argentina, Benin, Brazil, Burkina Faso, Burundi, Cameroon, Dominican Republic, DRC, Ethiopia, Ghana, India, Kyrgyz Republic, Laos, Mexico, Nicaragua, Nigeria, Rwanda, Sri Lanka, Tajikistan, Vietnam, Zambia, and Zimbabwe.



Shift in focus from traditional input financing to output financing through results-based financing





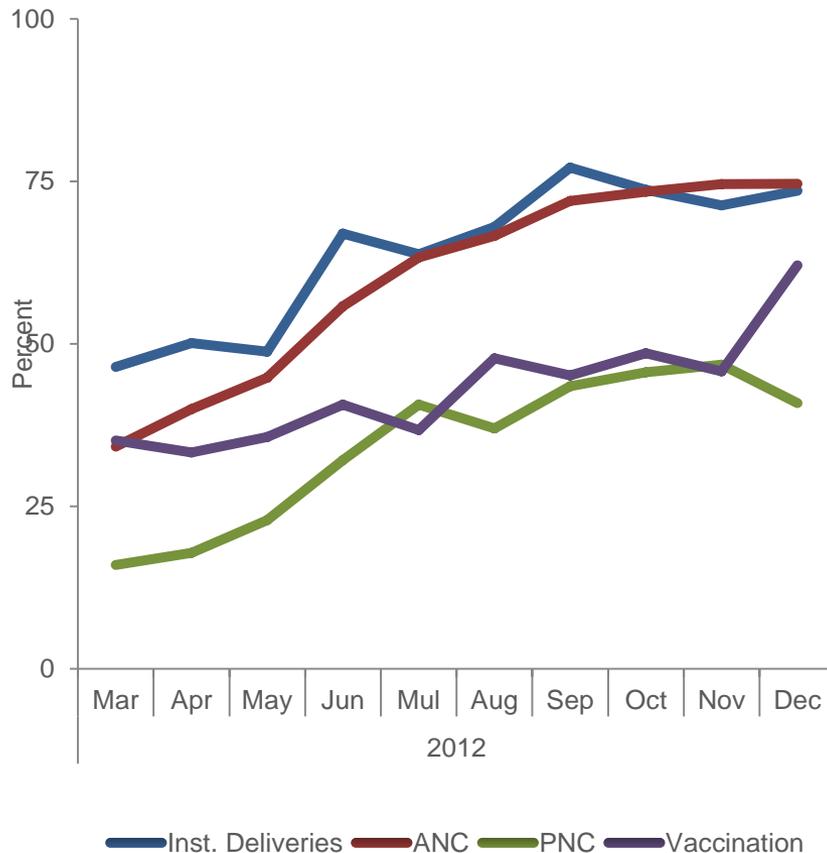
Results-based financing for health, nutrition, and population helps to:

- Focus government and donor attention on outputs and outcomes -- *for example, percentage of women receiving antenatal care, or taking children for regular health and nutrition check ups* -- rather than inputs or processes (e.g., training, salaries, medicines).
- Strengthen delivery systems and accelerate progress toward national health objectives.
- Increase use, quality and efficiency of services in a variety of situations.



WBG results-based is supporting better access to, and provision of affordable SRH services

Zimbabwe: HRITF support increased coverage



In **Nigeria**, HRITF support during 2011-2012 increased:

- Institutional deliveries from 9% to 39%
- ANC visits from 16% to 77%
- Quality of service provision - avg. quality score for health facilities improved from 28% to 55%

In **Afghanistan**, RBF is linked with:

- Doubling of SBA between 2010-2012
- Higher increase in ANC visits in RBF area compared to non-RBF area

In **Cameroon** (Littoral region), between 2011 and 2013, RBF has contributed to:

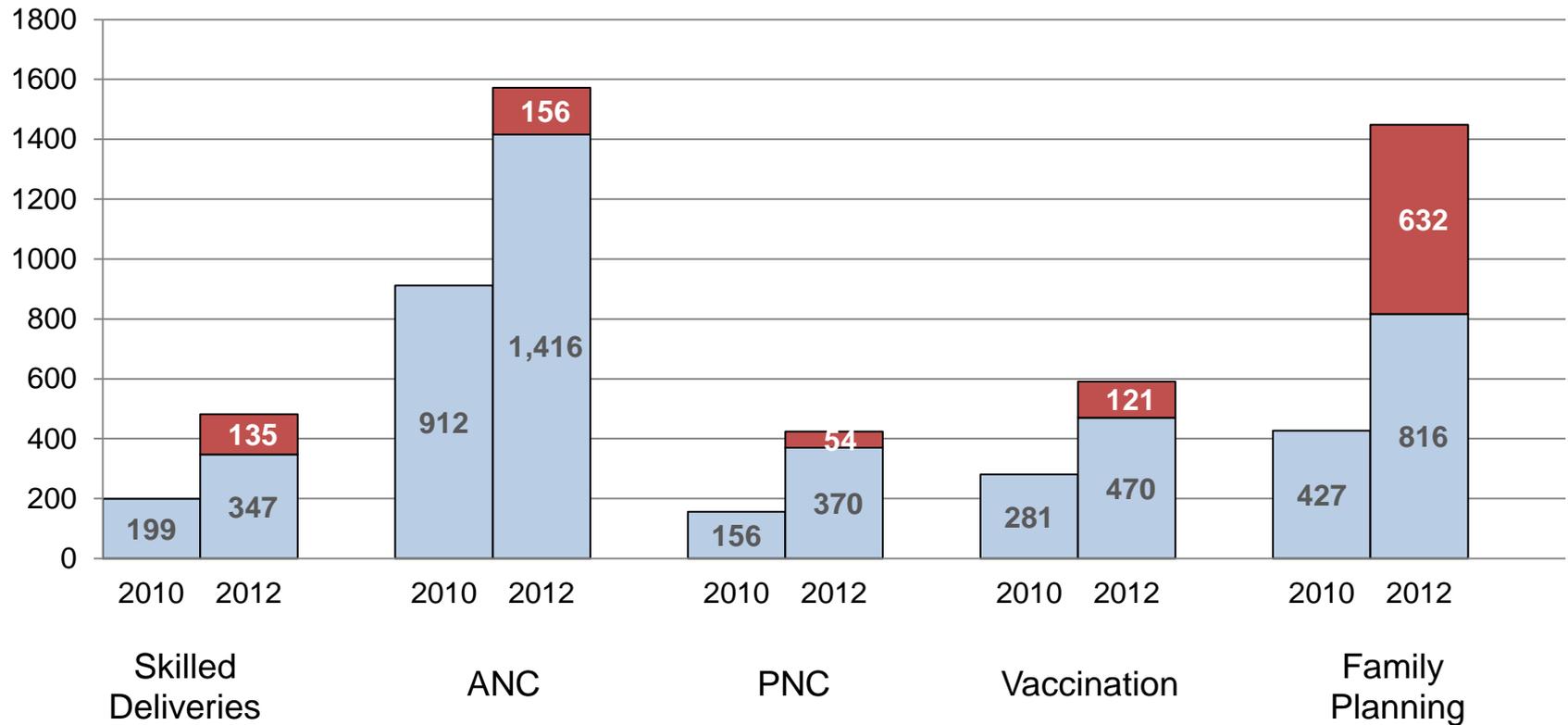
- A sevenfold increase in skilled birth attendance
- Quadrupling of HIV voluntary counseling and testing



RBF has increased beneficiaries for core services

■ Afghanistan, Burundi
■ Benin, Cameroon, Nigeria, Zambia, Zimbabwe

Total Number of RBF Beneficiaries ('000)





The World Bank is also leveraging its partnerships ...

- The Bank is a strong partner of the **Every Woman Every Child Initiative** and has committed US\$ 600 million towards the UNSG's Global Strategy for Women's and Children's Health
- As a permanent member of the **Partnership for Maternal, Newborn and Child Health (PMNCH)**, the World Bank is actively engaged with the global efforts on reproductive, maternal, newborn, and child health under the PMNCH umbrella
- The Bank is actively engaged with civil society through the **Health, Nutrition, and Population (HNP) CSO Consultative Group**, a structured and transparent mechanism for CSOs to contribute to; influence; and share information, lessons learned, and advice on the development and impact of Bank plans and policies and programs in HNP including reproductive health in low- and middle-income countries
- The Bank is a strong supporter of the UNDP, UNFPA, UNICEF, WHO, and the World Bank's **Special Program of Research, Development and Research Training in Human Reproduction (HRP)**, which is the main instrument for research on human reproduction in the UN system
- The Bank is a member of the **H4+**, working towards harmonization of efforts at the country level

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Overall there have been substantial achievements, but there are challenges moving forward...

- Scaling up the most effective ways to incentivize much needed demand for RH, including family planning, at country level
- Delivering on the continued need to strengthen country level capacity
- Ensuring full leverage of the Bank's multi-sectoral advantage to improve RH outcomes including leveraging RH as a tool for women's empowerment
- Reaching the most poor, marginalized and vulnerable populations to facilitate their access to health services and promote universal coverage of health services

Looking ahead, the Bank is leveraging new opportunities to support RMNCH



- Looking beyond 2015, the Bank is working with partners to lay solid foundations to ensure Universal Health Coverage. The Bank's strategy is to help countries build healthier, more equitable societies, as well as to improve their fiscal performance and country competitiveness—toward the goals of ending extreme poverty by 2030 and boosting shared prosperity. We have two targets:
 - For **financial protection**, by 2020: reduce by half the number of people who are impoverished due to out-of-pocket health care expenses. By 2030, no one should fall into poverty because of out-of-pocket health care expenses. Achieving this target will require moving from 100 million people impoverished every year at present, to 50 million by 2020, and then to zero by 2030.
 - For **service delivery**: double the proportion of poor people in developing countries who have access to basic health services, such as vaccination for children or having a skilled attendant available at childbirth, from 40% today to 80 % by 2030. In addition, by 2030, 80% of the poor will have access to other essential health services such as treatment for high blood pressure, diabetes, mental health, and injuries.
- The Bank is moving forward on scaling up support to countries to improve provision of maternal, newborn and child health services using results-based financing and strengthening monitoring and evaluation.
- RMNCH specific indicators in the IDA17 results matrix continue to facilitate monitoring of RMNCH results*

* RH-specific indicators included are: prevalence of HIV/AIDS; births attended by skilled health staff; adolescent fertility rate; contraceptive prevalence rate; maternal mortality ratio; pregnant women receiving antenatal care during a visit to a health provider; and people with access to a basic package of health, nutrition, or population services.



Recent announcements highlight the Bank's continued support to RMNCH

- *Commitment to Every Woman Every Child (Sept. 2013):*
 - World Bank Group President Jim Yong Kim announced US\$700 million in new funding from the International Development Association (IDA) for the scale-up of Results-Based Financing (RBF) programs to help save more women and children's lives
 - This will enable national scale-ups of successful pilot RBF projects that were made possible by support from the Bank Group's Health Results Innovation Trust Fund (HRITF) and IDA
- *Regional Initiative in the Sahel (Nov. 2013):*
 - The World Bank also announced a regional initiative in the 'Sahel' focused on women and girls in collaboration with the United Nations, European Union, African Union and the African Development Bank.
 - The Bank is investing \$200 million through IDA in Burkina Faso, Chad, Mali, Mauritania, Niger, and Senegal to improve the availability and affordability of reproductive health commodities, strengthen specialized training centers for rural based midwifery/nursing services, and to pilot and share knowledge on adolescent girls' initiatives.



Thank you

HNP Website: <http://www.worldbank.org/en/topic/health>

Twitter: [@worldbankhealth](https://twitter.com/worldbankhealth)

Population and Reproductive Health webpage: <http://go.worldbank.org/HEGBE893Y0>

RHAP: http://siteresources.worldbank.org/INTPRH/Resources/376374-1261312056980/RHAP_Pub_8-23-10web.pdf



New HNP Projects with RH focus (FY11-13)

Country	Project Name	Project Approval Date	Project End Date	Committed Amount (US\$ Million)
Yemen, Rep. of	Health & Population	2/22/2011	9/30/2017	35.00
Swaziland	Health, HIV/AIDS & TB Project	10/3/2011	5/31/2016	20.00
Bangladesh	Health Sector Development Program	5/26/2011	12/31/2016	358.90
Mozambique	Health Commodity Security Project	9/30/2010	12/31/2013	39.00
Lao PDR	Health Services Improvement Project (AF)	6/9/2011	6/30/2014	10.00
Congo, DR	Polio Control Additional Financing to Health Sector Rehab	6/28/2011	6/30/2013	30.00
Nigeria	Community Health System Strengthening & Malaria Control	1/21/2011	2/25/2014	1.56
Iraq	2nd Emerg Assistance Progr for PHC	6/17/2011	5/31/2013	1.20
India	UP Health Sys Strengthening Project	12/20/2011	3/31/2017	152.00
Central African Republic	Health System Support Project	5/17/2012	3/31/2018	17.00
Burkina Faso	Reproductive Health Project	12/20/2011	12/31/2011	28.90
Nigeria	Nigeria States Health Investment Project	4/12/2012	6/30/2018	150.00
Mali	Strengthening Reproductive Health	12/20/2011	2/28/2017	30.00
Malawi	Nutrition & HIV/AIDS Project	3/27/2012	8/31/2017	80.00
Nepal	Community Actionfor Nutrition Project	6/26/2012	6/30/2017	40.00
Pakistan	Revitalizing Health Services in KP	4/12/2012	6/30/2015	16.00
Madagascar	2nd Multisectoral STI/HIV/AIDS Prevention II (AF)	NA	NA	6.00
Senegal	Additional Financing Nutrition Enhancement (PRN2)	3/29/2012	6/14/2014	10.00
Philippines	GPOBA W3(MDTF):Philippines Public Health	4/10/2012	12/31/2015	4.20
Zimbabwe	Health Sector Development Project	9/27/2011	7/31/2014	15.50
Burundi	Health Sector Development Support (AF)	NA	6/30/2014	14.80
Lesotho	Maternal & Newborn Health PBF	4/11/2013	6/30/2017	12.00
Pakistan	Punjab Health Sector Reform Project	5/31/2013	12/31/2017	100.00
Haiti	Improving Maternal and Child Health	5/21/2013	12/31/2018	70.00
Mozambique	Nutrition Additional Financing	1/24/2013	12/31/2016	37.00
Congo, DR	Primary Hlth Care - 3rd AddFin	7/17/2012	6/30/2014	75.00
Liberia	Health Systems Strengthening	5/30/2013	5/30/2018	10.00
Afghanistan	System Enhancement for Health (SEHAT)	2/28/2013	6/30/2018	100.00
India	Karnataka Health AF	9/27/2012	3/31/2016	70.00
Burundi	Health Sector Dev 2nd AF (FY13)	12/10/2012	12/31/2018	25.00
Sudan	N Sudan Decentralized Health 2nd AF	NA	NA	2.00



HRITF Support to HNP Projects (FY06-FY13)

Board Approved CPGs	P Code	Board Date	HRITF (US\$ Million)	IDA (US\$ Million)	Scale up/Existence of Nationwide Program	Government Contribution and Other Partners
Afghanistan	P129663	3/24/2009	12.00	130.50	Pilot part of scaling up/have nationwide program	Japan, USAID, EU
Benin	P113202	5/6/2010	11.00	23.00	Pilot part of general scale up	GAVI, Global Fund
Burkina Faso	P119917	12/20/2011	12.70	29.00		UNICEF, UNFPA
Burundi I	P10160	6/9/2009	14.80	25.00	Scale up/part of national scale up/have nationwide program	EU, GAVI. The Belgian Corporation, SIDA, USAID, WHO, NGOs. The Government of Burundi is the largest contributor.
CAR	P119815	5/17/2012	11.20	17.00		UNFPA, UNICEF
DRC	P088751	9/1/2005	0.86	150.00	Starting scaling up, \$ 200 million in IDA pipeline	USAID, EU
India	P071160	8/22/2006	0.40	142.00		DFID
Laos	P074027	6/9/2011	2.40	15.00		
Nigeria I	P120798	4/12/2012	20.00	150.00		DFID, CIDA, JICA and UN Agencies in Nigeria
Rwanda	P106834 & P122157	Closed	12.00	18.00	Scale up/have nationwide program	
Zambia	P096131	12/7/2010	16.76	20.00	Awaiting results to decide on scale up	
Kyrgyz Republic	P120435	4/18/2013	11.00	-		
Burundi II	P131919	10/23/2012	20.00	25.00		See Burundi Above
Zimbabwe	P125229	12/5/2011	15.00	-	Starting scaling up	UNICEF and Government of Zimbabwe
Ethiopia	P123531	2/28/2013	20.00	100.00	Nationwide program	DFID and others, including the Netherlands, AudAID, the Spanish Development Cooperation, Irish Aid, Italian Cooperation and several UN Agencies
Armenia	P128442	3/27/2013	1.80	35.00		
Lesotho	P114859	4/11/2013	4.00	7.00		
Haiti	P123706	5/21/2013	20.00	50.00		USAID
Liberia	P128909	5/30/2013	5.00	10.00		
Pakistan	P123394	5/31/2013	20.00	100.00		DFID
Total Board Approved			230.92	1046.50		