The World Bank and Strengthening of National Public Health Institutes

Timothy Evans, HNP Sector Director, World Bank
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World Bank Goals and Relevance to Health, Nutrition and Population

World Bank Renewed Focus on Public Health: The Public health Policy Note.

Rationale for Renewed focus on Public Health

Examples of World Bank Work in Building Capacity on Public Health at Country Level (non exhaustive)

Going forward: Key Messages
Ending Extreme Poverty, Boosting Shared Prosperity

To fight poverty with passion and professionalism for lasting results

To help people help themselves and their environment by providing resources, sharing knowledge, building capacity, and forging partnerships in the public and private sectors

• Providing **financial and technical assistance** to 100 countries in 20 development sectors

• Supporting inclusive and sustainable **globalization**, promoting **good governance**, creating **jobs**, enhancing **resilience and economic growth**

• Operating through a **country-driven demand business model**

• Prioritizing the world’s **poorest countries**
World Bank Goals and the HNP Global Practice

World Bank Goals

End Extreme Poverty by 2030

Boost Shared Prosperity

Financial Protection
No one should be impoverished due to out-of-pocket expenditures.

Service Delivery
All communities and individuals, especially the bottom 40%, should receive the quality health services they need throughout their lives and be protected from public health risks.

Multi-sectorality
Promoting investments that are the foundation of healthy societies, e.g., water & sanitation, agriculture, education, social protection, transport, gender, environment, etc.
HNP Global Practice Priorities

Improve access to affordable quality health care by building strong and accountable health systems and harness the investments in other sector for health outcomes.

**HEALTH OUTCOMES**

**UHC**
Equitable access to quality health services without risk of financial compromise

**Financial Protection**
No one should be impoverished due to out-of-pocket expenditures.

**Service Delivery**
All communities and individuals, especially the bottom 40%, should receive the quality health services they need through the life cycle.

**Public Health**
All communities should be empowered and protected from public health risks.

**Governance, Accountability, Sustainability**

**Multisectoral Engagement**
Harness the investments in other sectors for health outcomes

**Partnerships**

**Corporate Services**

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Governance, Accountability, Sustainability

Multisectoral Engagement
Harness the investments in other sectors for health outcomes

Partnerships

Corporate Services
World Bank’s Renewed Focus on Public Health: The Public Health Note (1)

Key Messages:

Multi-sectoral action for health is alive and growing at the World Bank!

60% of the Bank’s projects in health in the last 20 years are multi-sectoral!

Of $45 billion in health spending in last 20 years, $16 billion spent on multi-sectoral areas such as social protection, poverty reduction, transportation, education, urban development, water supply and sanitation and agriculture
Catalyze a shift in mindset within the Bank, placing the responsibility for Health Results not just in the HNP Global Practice, but across multiple sectors, thus empowering other sectors to pay greater attention to the health outcomes of their operations.
World Bank’s Renewed Focus on Public Health: The Public Health Policy Note – The Vision (3)

- World Bank is working to develop ‘a whole of government, whole of society approach’ to health outcomes
- Strengthen interfaces between animal and human public health systems to prevent and prepare for pandemics.
- Risk factor approach to diseases (communicable and non communicable) – strong focus on tobacco control
“It makes no sense to pour resources responding to downstream complications, without investing in upstream prevention and disease management that could often keep those complications from happening in the first place”

Jim Yong Kim, World Bank President, WHA Speech, May 2013
Renewed Focus on Public Health is timely: Major Shifts in Global Landscape (1)

- Globalization, inequality, rapid urbanization, climate change.

- Key drivers of rapid changes in global health patterns require a new public health focus (GBD 2010):
  - A demographic transition with substantial increase in proportion of the population over 60 years old in most regions.
  - A cause of death transition with NCDs as the leading cause of premature death in almost every region.
  - Emergence of road traffic injuries and drownings as leading causes of death in certain age groups.
  - A transition to chronicity and disabling conditions.
  - Risk behaviors transitions.
Renewed Focus on Public Health is timely: Recent developments (2)

- Reforms towards Universal Health Coverage require sound public health policies aimed at preventing diseases and promoting health.

- MERS and the H7N9 influenza are sober reminders of pandemics risks: need for “surge capacity” and inter-sectoral action for which most institutions are ill-equipped to manage.

- “Intersectoral Imperative”: as per the 8th Global Health Conference on Health Promotion: countries will need support to implement the HiAP framework.

These developments challenge all institutions to rethink their roles: Assisting countries in building capacity for and implementing sound public health policies has become an imperative.
The West Africa Multi Disease Surveillance Project

- US$ 10.75 million project
- Sept 2013 – June 2017
- Covers all 15 ECOWAS countries (Benin, Burkina Faso, Cape Verde, Cote d’Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, and Togo)
- Project components: Regional capacity building; strengthening human resources; and management support.
- Partners - National, regional, international: WHO, CDC, CCISD (Centre de Coopération Internationale en Santé et Développement), a Canadian-based international NGO), and The Foundation Merieux (France).
Examples of World Bank Work in Building Capacity in Public Health at Country level (2)

The World Bank’s Public Health Portfolio in Argentina: US$1 billion

1. **Essential Public Health Functions and Programs I** (US$ 220m)
   1. Strengthen national/provincial health stewardship
   2. Capacity for core Public Health functions and programs

2. **Essential Public Health Functions and Programs II** (US$485m)
   1. Stewardship for NCD control
   2. Extend coverage of priority PH programs for NCDs.

3. **Emergency Project for the Prevention and Management of Influenza Type Illness and Strengthening of Argentina’s Epidemiological System** (US$160m)
   1. supported strengthening the capacity of the epidemiological surveillance system for more effective prevention and better monitoring and evaluation of influenza activities.
The East Africa Public Health Laboratory Networking Project (US$ 78.6 m)

- **Countries:** Kenya, Rwanda, Tanzania, Uganda, Burundi

- **Period:** 2010-2016

- **Project components:**
  1. Regional diagnostic and surveillance capacity;
  2. Joint training and capacity building for laboratory personnel;
  3. Joint operational research and knowledge sharing, regional coordination and program management.
Examples of World Bank Work in Building Capacity in Public Health at Country level (4)

The East Africa Public Health Laboratory Networking Project

Key Results to-date:

- **Faster, more accurate diagnosis:** The project has rolled out new molecular diagnostic technology that is increasing accuracy of test results, saving time and money.

- **Joint surveillance and investigation:** With enhanced national capacity and improved regional collaboration, Uganda was able to swiftly respond (within 7 days) to several Ebola and Marburg outbreaks.

- **Building top-notch institutions:** The Uganda national TB laboratory has become a WHO Supranational Reference Laboratory, the second of its kind on the continent.

- **Benchmarking by global standards:** The project has instilled a culture of continuous quality improvement, and benchmarking and tracking performance across countries.

- **ICT innovations:** Collaboration with the private sector (Microsoft Corporation) has resulted in training on ICT skills for participants from all countries. A joint website for sharing information has been created.

- **Partners:** National Public Health Laboratories and Research Institutes (KEMRI, NMRI); Regional: East African Community, East, Central and Southern Africa Health Community, AMREF, Clinton Foundation, ASLM (African Society for Laboratory Medicine); International: CDC, WHO, TB Union, Microsoft.
Brazil – Surveillance and Control (VIGISUS) Program: US$600 million (IBRD-US$300m; GOB-US$ 300 m)

- Purpose: improve and strengthen the national disease surveillance and control system and supporting disease prevention and control for indigenous populations.

- Vigisus includes 3 projects:
  
  - **Vigisus I (US$ 200 m. 2001-2004)**: focused on strengthening PH laboratory network, data management and information system and establishment of environmental health surveillance unit.
  
  - **Vigisus II (US$ 200 m. 2004-2009)**: focused continuing to strengthen the surveillance program, broadening its scope to include NCDs, injuries and risk factors; utilization of services to indigenous populations and extending water and sanitation services to rural communities.
  
  - **Vigisus III: (US$ 200 million. Board date July 2014)**: will focus on increasing the sensitivity, timeliness and reliability of the national surveillance system; increasing decentralized management capacity of the surveillance system and improving the quality of indigenous PHC services.
One Health approaches

- WB contribution to **global response to Avian Influenza** through a US$1.3 billion multi-sectoral program
- 72 projects in 60 countries **combined actions** to strengthen systems for animal health, human health, disaster risk management, and communications
- Two thirds of the projects were managed by the agriculture sector
- **Overarching goal of the program** was to safeguard human health security
Going Forward: Key Messages (1)

- Investing in NPHIs is a priority for the World Bank to support governments in their stewardship role in performing essential public health functions (EPHF) and achieving UHC.

- The World Bank is engaged in dialogue on EPHFs with WHO, WHO/EMRO, and NPHIs e.g. US CDC.

- Demand from countries for strengthening NPHIs needs to be more effectively articulated at country level and regionally.
Going Forward: Key Messages (2)

- World Bank Health Projects could be used as vehicles for building PH capacity such as NPHIs in selected countries across regions.

- Our Public Health Cluster will follow up with IANPHI to discuss countries and concrete areas of collaboration across WB regions in moving this agenda forward.
THANK YOU!

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