Building National Capacity in the Health, Nutrition and Population Sector: A Perspective

Experience has clearly shown that it is neither lack of money nor lack of technological packages that constrains the World Bank’s efforts to design and support effective health sector investments with tangible and sustainable results. Rather, the principal constraint centers around the issue of national capacity, which is both limited and underutilized. This has been documented as early as 1991 in the Population, Health and Nutrition Fiscal 1991 Sector Review. While this review of the Bank’s Health, Nutrition and Population (HNP) portfolio noted positive evolutions in both the quantity and quality of HNP projects in the portfolio since the Bank began lending for health in 1980, it also highlighted the issue of serious and persistent weaknesses on the part of the Bank in the assessment of national capacity to implement health projects and programs and in the design and implementation of institutional strengthening support that is needed to enhance the outcome and impact of Bank investments in the sector. Unfortunately, this weakness in the Bank’s analytical and operational work persists, as is documented in Operations Evaluations Department’s recent review of development effectiveness of Bank’s HNP investments (Stout, Johnston, circa 1998/1999).

These observations and experience have energized the development of a new framework for institutional assessment and design of interventions for capacity building that have been fine-tuned through their application in various countries. The framework defines capacity very broadly to encompass the enabling environment, institutional/organizational framework, systems and processes, and skills. It is also expansive in its inclusion of all actors and stakeholders (non-governmental as well as governmental, non-health sector as well as health sector, and clients/communities as well as providers). Finally, it begins to frame the question: “the capacity to do what?”

Application of this framework in the countries in which the author works has shown interesting and promising results. The World Bank team’s efforts to support decentralization and greater district autonomy in Niger have succeeded in institutionalizing participatory district planning and strategic sector management, most notably quarterly reviews of district plan implementation led by the districts that evaluate expenditures as
well as performance vis-à-vis indicators. The successes and lessons learned are incorporated into the following quarterly plan. Slowly, but surely, the planning process and plans are evolving away from being input-oriented to results oriented. This framework has also led to the design and implementation of an innovative partnerships component whereby districts contract out tasks included in their action plans to local actors who offer both a comparative advantage as well as a lower price for carrying out such work. Successful examples of such contractual arrangements with local actors include the cleaning and maintenance of health facilities by a local youth organization that has attracted more clients, and outreach work undertaken by a local women's association to encourage women to utilize prenatal and preventive services available in the local health center, with documented increases in the use of these services directly attributable to this initiative.

In Burkina Faso, the team has worked with the government to support their efforts in decentralizing health services and health services management to the district level through the design and implementation of tools and processes for a performance-based management system. This system allows the direct disbursement of International Development Association (IDA) funds to district commercial bank accounts to top off funding from other sources so as to give districts the means, as well as the responsibility and accountability, to implement their action plans. It has also established contractual arrangements between the various levels of the Ministry of Health system that lay out clearly the roles, responsibilities, obligations and accountabilities of each party. Quarterly reports and reviews of performance against a few, carefully selected indicators, as well as of the proper utilization and accounting of financial resources provide the basis on which future disbursements are agreed. This was achieved because: (a) critical Bank expertise and advice was brought to the field in areas where there was potential for resistance or obstacles (procurement, disbursement, financial management, legal); and (b) the government was encouraged to take the lead in designing the tools and mechanisms relating to questions of capacity, institutional set-ups (within and outside MOH) and the decentralization policy. In essence, the team listened to the needs and constraints of the government and found ways to accommodate them within the Bank's rules. As a part of the final evaluation process (Implementation Completion Report), which is being initiated, the government is already seeking ways and means to institutionalize this process and apply it to the allocation and use of other financial resources for health, both public budget and other donor funding.

Such approaches entail paradigm shifts both for the Bank as well as for the government. The experience to date reveals that such approaches do in fact build capacity and have the potential for expanding the limited absorptive capacity of MOH and for the more effective utilization of funds for health, and, as such, are well worth the effort. In the case of Burkina Faso, the Bank is disbursing $1.5 million annually directly to districts to cover the costs of critical activities to fight communicable diseases for which there had been no reliable financing. These amounts are over and above the large procurement packages for infrastructure rehabilitation and expansion and for central and regional-level support. In both Niger and Burkina Faso, the learning-by-doing approach has proven far superior to the more limited and traditional approaches to "capacity building", including: technical assistance, training and workshops, reorganization exercises, study tours, and purchase of equipment and supplies for units responsible for sector management.

While the experience thus far is encouraging, serious challenges remain, and these relate also to the present emphasis on Communicable Disease Control and the new Bank-assisted HIV/AIDS umbrella operation for Africa. In Burkina Faso, for example, the Bank needs to ensure that the Communicable Disease agenda is well articulated in the government's national health policy and strategic framework. The Bank also needs to ensure that its support is not conceived as being "vertical" in nature. Such an approach would risk encouraging and supporting the resistance (of central-level directors, responsible for various diseases) to ongoing reforms for decentralization and integration of programs. The performance-based management approach facilitates a successful decentralization and integration effort through the choice of appropriate performance indicators for
Communicable Diseases (CD) for which local actors will be held accountable. The Bank is challenged to go beyond the district with regard to decentralization and empower and establish partnerships with the myriad of actors and stakeholders who have an important part to play in the fight against CD: communities, NGOs, other sectors. The donor community's emphasis on health and CD demands that coherence and consistency be maintained with regard to the history and rationale of sector dialogue, working and partnership protocols and commitments, policy matters, priorities, conditionalities, and rigor in setting targets and in monitoring and evaluation.

The nature of the Bank's HNP work is evolving in the context of innovations and policies of governments and of the Bank itself. Support for public expenditure reviews and capacity building support (institutional assessments, assisting governments in capacity-building efforts and in institutional reform) are now indispensable to being a critical player in improving health in Africa. These tasks focus on the costs, cost-effectiveness and financial requirements of medium-term expenditure frameworks for health as well as on the assessment and ultimately the expansion of the absorptive capacity of governments.

This article is extracted from a presentation by Denise Vaillancourt at a Communicable Diseases Retreat, August 23-24, 2000. This perspective comes from the application of her expertise in Management and Public Policy, in a number of settings inside the World Bank and outside – the US public sector and a secondment position at UNDP designing and implementing a management networking initiative in Sub-Saharan Africa. For more information, please e-mail: Dvaillancourt@worldbank.org
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