Improving Reproductive Health

The Role of The World Bank
IMPROVING REPRODUCTIVE HEALTH

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THE REPRODUCTIVE HEALTH APPROACH

Reproductive health is not merely the absence of disease or disability. It is a state of physical, mental, and social well-being in all matters related to the reproductive system and to its functions and processes. Reproductive health therefore implies that women and men have a right to a safe sex life, and to reproduce if and when they wish. This includes the right of men and women to be informed about and to have access to safe, effective, affordable, and acceptable methods of regulating childbearing. The reproductive health approach requires health services that enable women to go safely through pregnancy and childbirth and provide the best chance of having a healthy outcome for both mother and child. It also encompasses information and services to improve reproductive and sexual health through disease control and increasing gender equity.

The Programme of Action adopted by the 1994 International Conference on Population and Development (ICPD) represented a major departure from conventional thinking on population and development. Among the international community concern has extended beyond the numbers of people and demographic targets, and now explicitly places human beings at the center of all population and development activities. Investments in people, in their health and education, are seen as the key to sustained economic growth and sustainable development.

The strategies supported by the Bank include:
• providing access to and choice in family planning;
• caring for women before, during, and after pregnancy;
• preventing and controlling sexually transmitted diseases (STDs), including Human Immunodeficiency Virus (HIV), which leads to AIDS;
• preventing and treating cervical cancer;
• promoting the health of adolescents; and,
• supporting positive health practices.

These objectives are pursued through a range of comprehensive activities in Bank-supported projects in population, health, nutrition, and education, though specific components of projects are always determined in consultation with government officials and beneficiaries to take account of specific country needs.

REASONS FOR INVESTING IN REPRODUCTIVE HEALTH

The problems are widespread and serious:

Illness and death from unwanted pregnancies

Birth rates are still very high in much of the world, and frequent pregnancies are correlated with poor health and poverty. One in five births is unwanted, in part

STDs AND HIV/AIDS

Projects are tailored to country priorities. In Kenya, activities under the Sexually Transmitted Infections Project aim to teach women how to recognize STDs and encourage them to seek treatment. Other program components include partner notification, STD screening among pregnant women seeking care in health clinics, and IEC activities. In Burkina Faso, the Population and AIDS Control Project addresses the pressing need to mobilize public awareness and political support, and to build needed capacity for reproductive health and AIDS control activities. Increasing societal awareness of women’s rights is an integral component of this program.
because safe and effective methods of fertility regulation are not available. About half of the 45-60 million abortions performed per year are unsafe, and over 65,000 deaths from unsafe abortions occur annually, most in developing countries.

**Illness and death from complications of pregnancies**

At least forty percent of the 200 million women who become pregnant each year experience complications that require treatment from a trained provider, and one in ten requires hospitalization. But most women in developing countries lack access to basic prenatal and delivery care. As a result, countless millions suffer from preventable or treatable conditions, 15-20 million develop long-term disabilities, and 600,000 die. One-half of all infant deaths could also be prevented by improving maternal health care.

**Illness and death from STDs**

Sexually transmitted diseases are a major cause of serious illness and death. They usually affect people in the 15-44 age group, the most economically productive years. In some countries, congenital syphilis is one of the principal causes of illness and death of newborns. The presence of STDs—especially those associated with genital ulceration—speeds the rate of transmission of HIV, substantially increasing both the susceptibility to HIV and AIDS, and the infectiousness of an HIV-infected individual. Some 23 million people are infected with HIV worldwide and nearly two-thirds of them live in sub-Saharan Africa.

**Illness and death from preventable cancers**

Cervical cancer, which is preventable at low cost if signs are detected early, is among the most common cancers in the developing world, causing 200,000 deaths a year. As developing country populations age during the coming decades and the incidence of HIV infection increases, the number of cervical cancer cases can be expected to increase. Women with HIV-induced immune suppression are at increased risk of developing cervical cancer. Breast cancer, which is more difficult and costly to treat, causes 322,000 deaths every year.

**Traditional practices harmful to health**

Two million young girls are subjected to circumcision and other forms of genital mutilation every year. These practices can lead to death, acute pain, recurrent urinary tract infections, mental trauma, painful intercourse, and complications during childbirth. Discrimination in the way girls are treated can damage their reproductive health—for example, inadequate feeding during childhood may stunt growth, bringing higher risks of complications during childbirth. Early marriage and adolescent pregnancy are serious problems because of the greater health risks of pregnancy for adolescents than for women in their 20s.
and early 30s, as well as the adverse effects on education and employment opportunities. Poor nutrition is also harmful to women's health. Insufficient nourishment and inadequate iron not only reduce productivity and well-being, but also increase the likelihood of pregnancy-related complications and poor infant outcomes.

The solutions are cost-effective and feasible:

Value for money

As background work for the 1993 World Development Report, the Bank, in collaboration with the World Health Organization (WHO), carried out a comprehensive analysis of the disease burden—the amount of premature death and disability attributable to specific diseases and injuries. In combination with information on cost-effectiveness of health interventions, these estimates help set priorities for the health sector and guide governments in directing public spending. The 1993 Bank report assesses the cost effectiveness of a wide range of health interventions and identified a minimum package of essential health services. Reproductive health interventions—including family planning services, prenatal and delivery care, and case management of sexually transmitted diseases—are a fundamental part of this minimum package. Clustering services can further increase their cost-effectiveness. For example, providing STD management and prenatal care services, or postpartum family planning and infant care, at the same place and time often promotes positive interactions in health benefits and reduces service delivery costs and women's time and travel costs.

Cost-effective interventions

Quality family planning services can eliminate the health risks of unwanted pregnancies. Extending prenatal, delivery, and postpartum care to the underserved, particularly the management of obstetric complications, would substantially reduce the death and disability associated with childbearing. Because STDs increase the ease with which HIV is transmitted, controlling STDs is one of the most important interventions for containing the spread of AIDS. Prenatal screening and treatment for syphilis and iron supplementation have been recommended for the minimum package, because of the health benefits for mother and child and the low cost of treatment. In developing countries with the financial resources and political will to go beyond the minimum clinical package, a more comprehensive set of services could include appropriate screening and treatment for cervical cancer.

Benefits to the society

Reproductive health is fundamental to improving human welfare, reducing poverty, and promoting economic growth. Investments in reproductive health have multiple payoffs for families, communities, and the national economy. In particular, reproductive health has a significant effect on the health and productivity of the next generation.

Reproductive Health in India

The India Reproductive and Child Health Project is upgrading the quality and scope of reproductive and child health services. The two central project components include a nationwide policy reform package covering monitoring and evaluation, institutional strengthening and service delivery, and a local capacity enhancement component that would fund district and city sub-projects aimed at meeting specific needs of local priority groups.
generation, in addition to the benefits for the current generation. In contributing to sustainable development through improving equity, quality of life, and economic potential, investing in reproductive health confers widespread benefits to the society as a whole.

**Policy and Program Design**

From the experience and expertise in reproductive health and human development that the Bank has built up over the years, certain imperatives have emerged in its policy dialogue with member countries. First, convincing governments to build organizational and service delivery capacity to extend reproductive health information and services is critical. Second, reproductive health policies and strategies need to be integrated with social policies that address a range of poverty reduction and human development objectives, including education of girls and empowerment of women. Third, interventions should respond to individual needs and aspirations rather than being driven by top-down demographic targets. Finally, a policy or program needs to address each country's specific situation.

Integrated approaches to reproductive health are more likely to succeed when adequate account is taken of the specific needs of a country, its cultural values, and its financial and institutional constraints. In most cases, an incremental approach will be needed that works toward provision of the essential services on the basis of existing capacity and with emphasis on closing the most serious gaps in the reproductive health needs of its population.

**World Bank Lending for Reproductive Health**

Improving health and economic productivity are vital to the Bank's work to alleviate poverty. The Bank is the largest single source of external financing for health in developing countries, and reproductive health activities constitute about one-third of all lending for population, health, and nutrition activities. Over the past 27 years, the Bank has lent more than $3 billion to support reproductive health activities through more than 160 projects in over 70 countries. Although new commitments have varied from year to year, the trend has been upward. In recent years, Bank lending has integrated reproductive health projects with its population programs, financing an average of $379 million a year since fiscal year 1992 for projects involving population and reproductive health activities. Many Bank projects include grant assistance from other donors, or are designed to complement the work of other donors in the country.

**Research Support**

Research sponsored by the Bank and other institutions provides the analytical basis for policy and action. Operations research and situation analyses can help program managers to assess needs, institute or modify services, and improve the quality of care. Carefully monitored field-based pilot projects can also help them to understand the effects...
of interventions on health systems and health status, and to apply that understanding to improve policy and program design.

An example is work being funded by the Canadian International Development Agency (CIDA) with Bank supervision. This Can$3 million project is comparing the effectiveness of alternative strategies for preventing illnesses and deaths related to pregnancy and childbirth. Executed by the Population Council, the project is studying strategies and specific interventions in three countries—Ghana, Vietnam, and Ecuador—to determine which are most cost-effective in reducing maternal morbidity and mortality.

The World Bank's Special Grants Programs represent another mechanism for support of large-scale, long-term efforts that will benefit many countries, but which are too costly for most developing countries to undertake independently. One example is the WHO Human Reproduction Program (HRP), cosponsored by the United Nations Development Program (UNDP), the United Nations Population Fund (UNFPA), and the World Bank. HRP is one of the few programs engaged in contraceptive research and development that focuses on the needs of the developing world. Its scope has widened since its inception in 1972 to include broader issues of reproductive health. The Bank has contributed $23 million—about 10 percent of HRP's total funding—from 1987 to 1997.

In a process known inside the Bank as "sector work," Bank staff analyze data to provide information for policy decisions and to help develop programs and projects. In India, for example, sector work documented the dimensions of women's health problems, including high maternal mortality, early childbearing, high rates of unsafe abortion, and poor nutrition. In Brazil, Pakistan, Russia, and Uganda, sector analyses also helped to identify women's health problems and constraints on their use of health services.

BUILDING CAPACITY IN BORROWER COUNTRIES

In addition to support provided for reproductive health activities through project lending and the Special Grants Program, the Bank's Economic Development Institute (EDI) organizes training activities that strengthen national capacities to design and implement policies and programs in this field. EDI seminars and workshops facilitate dialogue among all players—policy-makers, program managers and local trainers—through the exchange of ideas and dissemination of best practice experiences in improving reproductive health information and services. An EDI core curriculum on population and reproductive health will be offered starting in 1998.

THE POWER OF PARTNERSHIPS

The Bank actively seeks and supports collaboration among donor agencies.

THE MULTI-DONOR APPROACH

In Bangladesh, health and population programs have been funded by a consortium of development partners, including the Bank and the Government of Bangladesh. The consortium was established for the Fourth Population and Health Project, and is now collaborating in the design of a new program that will support delivery of an essential package of reproductive and child health services. Priority will be given to the needs of vulnerable groups, particularly poor women and children, and to addressing Bangladesh's high rates of maternal mortality and morbidity.
and local non-governmental organizations (NGOs) to spread awareness of reproductive health issues and improve the effectiveness of projects with reproductive health components. Special Grants Programs for Population NGOs and Safe Motherhood provide more than $1.5 million annually in support of innovative approaches to implement the reproductive health approach. The Inter-Agency Group for Safe Motherhood, for example, provides a coordinating mechanism for safe motherhood programs. World Bank projects in Bangladesh, Indonesia, and Zimbabwe have strengthened collaboration among multilateral, bilateral, and NGOs, improving the delivery of maternal health and family planning services.

### Ten Years of Safe Motherhood

In an effort to reduce the high toll of maternal morbidity and mortality, the World Bank was a principal cofounder of the Safe Motherhood Initiative in 1987. The objective of the Initiative is to make family planning services and maternal health care more acceptable and effective by improving quality, increasing access, and educating the public about the importance of such services to ensure couples have the best chance for a wanted and safe pregnancy. The Initiative reflects a comprehensive view of the interrelationships of reproduction with girls' schooling, women's health throughout the lifecycle, and other socioeconomic factors.

The Initiative, in its first ten years, has brought greater awareness of the problem of maternal health, and many countries have developed plans and programs to begin addressing the problem. The World Bank's lending program reflects increasing support to safe motherhood. While in 1986 the Bank's overall lending program included just nine projects with safe motherhood components, by 1997 there were some 100 projects which included family planning and maternal health.

Reliable information on the extent and dimensions of maternal death and disability only recently became available. Technologies and model programs are also new. As a result, progress has been slow. Therefore, during 1997-98, supporters of the Initiative are recognizing the tenth anniversary of the Initiative with plans to accelerate country-level action and strengthen international support. Bank staff have organized two events, in cooperation with the other leading partners in the Initiative (WHO, United Nations Children's Fund, UNFPA, International Planned Parenthood Federation, and The Population Council). The first, which took place in Colombo, Sri Lanka, in late 1997, consolidated research and lessons learned from country experiences during the past ten years. The presentations and consensus
articulated at this meeting are being translated into accessible information resource tools that program planners can use to guide action in their own organizations and countries. The second event, hosted at the World Bank on World Health Day in 1998, brings together prominent world leaders to call for strengthened efforts to support maternal survival and family well-being.

### About the World Bank Group

The International Bank for Reconstruction and Development (IBRD), frequently called the “World Bank,” was conceived in July 1944 at the United Nations Monetary and Financial Conference in Bretton Woods, New Hampshire, U.S.A.

The goal of the World Bank is to promote economic development that benefits poor people in developing countries. The World Bank provides loans to developing countries to help reduce poverty and to finance investments that contribute to economic growth. Investments include roads, power plants, schools, and irrigation networks, as well as activities like agricultural extension services, training for teachers and nutrition improvement programs for children and pregnant women. Some World Bank loans finance changes in the structure of countries’ economies to make them more stable, efficient, and market-oriented. The World Bank also provides “technical assistance,” or expert advice, to help governments make specific sectors of their economies more efficient and relevant to national development goals.

The World Bank operates under the authority of a Board of Governors. Each of the Bank’s 180 member countries is represented by one governor, who is usually a ministerial-level government official. The Board of Governors delegates its authority to a smaller group of representatives, the Board of Executive Directors, which is based in Washington, D.C., U.S.A. The board of Executive Directors is responsible for decisions on policies affecting the Bank’s operations and for the overall approval of all loans. The World Bank’s president is the chairman of the Board of Executive Directors.

The World Bank has three affiliated institutions: the International Development Association (IDA), the International Finance Corporation (IFC) and the Multilateral Investment Guarantee Agency (MIGA). The headquarters of the World Bank and its affiliates are in Washington, D.C., U.S.A.

### The International Bank for Reconstruction and Development

The IBRD had 180 member countries as of September 1997. The interest rate on IBRD loans changes every six months. Loans generally have a five-year grace period and must be repaid during periods ranging from 15 to 20 years. The IBRD raises most of its money on the world’s financial markets. It sells bonds and other debt securities to pension funds, insurance companies, corporations, other banks, and individuals around the world. In fiscal year (FY) 1997, IBRD lending amounted to $14.52 billion.

### The International Development Association

Established in 1960, IDA had 159 member countries as of September 1997. This World Bank affiliate provides no-interest credits to the world’s poorest countries. Most of IDA credits are provided to countries with annual per capita income of $785 or less. IDA credits have a 10-year grace period and must be repaid in 35 or 40 years (according to the borrowing country’s
creditworthiness). In FY 1997, IDA credits amounted to $4.62 billion. The money that IDA lends comes from contributions from wealthier nations, an occasional contribution from the profits made by the IBRD, and repayments of IDA credits. Although legally separate from the World Bank, IDA shares the Bank's staff and facilities.

The International Finance Corporation

Established in 1956, the IFC had 172 member countries as of September 1997. The IFC promotes economic growth through the private sector. Unlike the IBRD, it lends without government guarantees. The IFC may also take equity positions in companies to which it lends, play the role of catalyst to other investors from the private sector, and work to develop capital markets in developing countries. In fiscal 1997, projects approved by the IFC had total investment costs of $17.9 billion. Financing approved for IFC’s own account was $3.3 billion.

The Multilateral Investment Guarantee Agency

MIGA was established in 1988. It had 141 member countries as of September 1997. This affiliate promotes private investment in developing countries and it provides investment guarantees to protect investors from non-commercial risk.

FOR FURTHER READING


