



How countries nurture Human Capital

Sustained efforts across political cycles

Continuity across political cycles is fundamental to human capital transformation. Country experiences across diverse contexts have shown that consistent prioritization of human capital issues is both possible and effective.

ABOUT THIS SERIES

This four-part series explores the strategies governments have deployed to overcome the myriad barriers to effectively invest in human capital. It focuses on a whole of government approach that (i) sustains efforts across political cycles; (ii) coordinates across government; and (iii) designs policies and programs that use and expand the evidence base.

While adopting any one of these strategies can help build human capital, countries that have implemented all three in tandem are often among those that have made major strides in improving human capital outcomes. In this series, we examine the various dimensions of this approach using country examples and conclude with a look at how success across all three strategies has led to meaningful gains and lasting benefits.



Bangladesh: sustained efforts to reduce fertility

Bangladesh was able to achieve a dramatic fertility decline as the result of sustained effort over several decades. In the mid-1970s, a Bangladeshi woman had more than six children on average; by 2000, this number had declined significantly to 3.3, and by 2011 it had dropped to 2.3 and was on track to achieve replacement levels. A major family planning program that combined supply-side and demand-side initiatives helped make this transformation possible.¹

The program depended on a large cadre of female outreach workers going door-to-door to provide information, motivate clients, and offer contraceptive supplies. It used mass media and other forms of social and behavior change communication to stimulate a change in attitudes about family size and demand for contraception. This involved not only academics and researchers who generated and built an evidence base around these efforts but also religious and community leaders who supported behavior change. The program both contributed to and benefited from improvements in women's status in Bangladesh over the past 40 years, including improvements in girls' educational attainment and the economic empowerment of women. The program is estimated to have cost \$100 million to \$150 million

per year, with about one-half to two-thirds of the funding coming from external donors (depending on the year). Cost-effectiveness estimates suggest a value of \$13 to \$18 per birth averted (a standard measure for family planning programs).²

Senegal: prioritizing nutrition beyond a single administration

Since the country's independence in 1960, nutrition has always been recognized as a priority for the government of Senegal. The country's Quadrennial Economic and Social Development Plans, as early as the 1960s, prioritized the development of institutions dedicated to food and nutrition and made maternal and infant protection a national priority. The institutionalization of nutrition in the 1990s, the shift toward the prevention of malnutrition using a community-based and preventive approach, and the subsequent creation of the Prime Minister's Nutrition Coordination Unit in 2001 to coordinate the large-scale implementation of these activities across pertinent sectors, all contributed to the significant and rapid improvements in nutrition the country has seen to date.

The parallel addition of an investment line to the national budget—and its growth over time, from US\$0.3 million in 2002 to US\$5.7 million annually in 2015—further demonstrates the administration's commitment to nutrition through institutionalizing **“funding for nutrition beyond the life of any single project or administration”**.³

As a result, between 1992 and 2017, Senegal reduced the prevalence of child stunting from 34 percent to 17 percent, the lowest in continental Sub-Saharan Africa and in contrast with several neighboring countries which experienced either a stagnation or deterioration in child nutrition indicators. Though still high, child anemia also saw some improvement, with a reduction from 82.6 percent in 2005 to 66.3 percent in 2015.

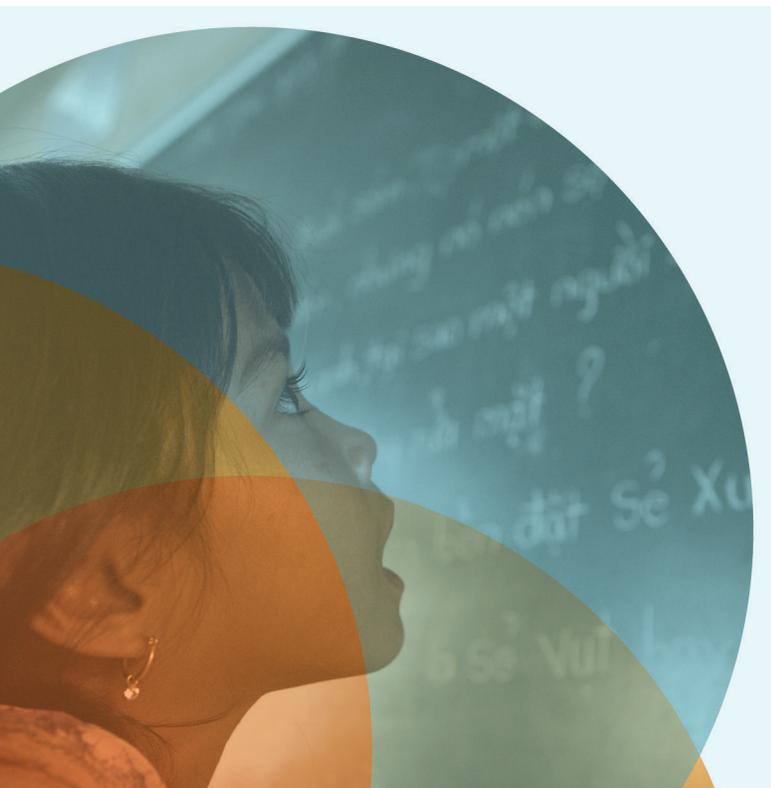
Senegal is now at a critical stage of ramping up key nutrition interventions to scale and embarking on a new Multisectoral Strategic Nutrition Plan. Due to varying nutrition profiles across the country, the government recognizes interventions should be regionally tailored to strengthen community and household resilience against malnutrition.

Vietnam: a persistent focus on education

In Vietnam, the government's unshakable commitment to improving people's learning, together with regular monitoring of reforms and realignment between policy and implementation, has driven the continuous expansion and improvement of the country's education system.⁴

In 1945, the newly independent government of Vietnam immediately began offering literacy classes to all of its citizens. Literacy has been a national priority for every administration ever since.

In 2006, to achieve national school standards, the Ministry of Education and Training implemented the Primary Education for Disadvantaged Children (PEDC) Project. The objective of the project was to improve access to primary school and the quality of education for disadvantaged girls and boys. PEDC introduced the concept of Fundamental School Quality Levels, which defined the minimum package of inputs—physical facilities, school organization and management, teaching materials and teacher support, and school-parent linkages—necessary for providing a quality education at a



A primary school student, Soc Trang province, Vietnam
Photo: Chau Doan / World Bank

school, and the basic outcomes that are expected of schools.⁵ Over time, it was used to create an input index, which serves not only to monitor progress but to assess whether inputs actually lead to learning.⁶

Vietnam's long-term investment in education is reaping rewards. The country has achieved both universal preschool education for five-year-old children and primary education and is working towards achieving universal lower secondary education. In 2012, the country's 15-year-olds participated for the first time in the Program for International Student Assessment (PISA) and ranked 17th in mathematics, 8th in science, and 19th in reading among 65 participating nations, placing Vietnam above the OECD average. Almost 17 percent of Vietnam's poorest 15-year-old students were among the 25 percent top-performing students in PISA tests, far above the 6 percent average across OECD countries. More recently, Vietnam was also among the top 10 worldwide in science on the 2015 PISA.⁷

Chile: institutionalizing investments in the early years

In 2007, the government of **Chile** launched Chile Crece Contigo (ChCC) to provide health care to all children under-five and their families. The program offered a universal platform that brought together education, health, social and community services to support children throughout the course of their development—from conception until entry into preschool (age 4)—laying the foundations for their human capital and addressing issues of inequality and poverty early in life.

Crece Contigo was institutionalized in Chilean law, ensuring the program would transcend presidential terms of office. Sustainable funding was also codified in law, creating an official budget line for the Ministry of Social Development devoted to the program, along with specific funding for aspects of ChCC undertaken by the Ministries of Health and Education.

Impact studies of this program have shown positive effects on child development—with significant impacts on the health and welfare of low-income Chileans. The poorest 60 percent of households have free access to nurseries and

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SENEGAL:

-  prioritized nutrition as early as the 1960s
-  institutionalized funding beyond the life of any single project or administration
-  reduced child stunting from 34% to 17% (1992-2017)
-  lowest stunting rates in continental Sub-Saharan Africa

preschools and the prevailing early life health gap between low-income and richer Chileans has been closed.⁸ The program now includes children up to the age of 9.

Philippines: expanding protection of the most vulnerable

In the **Philippines**, the ongoing Pantawid Pamilyang Pilipino Program (Pantawid Pamilya) plays a central role in the government's strategy to address poverty and vulnerability among Filipinos. This national conditional cash transfer (CCT) program provides health and education grants to poor households based on an objective national targeting system. Piloted in 2007 with 6,000 household beneficiaries, it was **launched formally in 2008 to cover 320,000 households**. Since then, the program has **expanded to cover approximately 20 percent of the population (20 million Filipinos) and 100 percent of all poor households with children**, making Pantawid Pamilya the **fourth largest CCT program in the world**.

While the program started with a budget of PHP 4 million (US\$100,000) in 2007, representing a tiny share of the country's GDP and national budget, by 2014, it had grown to PHP 62.2 billion (US\$1.5 billion), reaching 4.2 million household beneficiaries and representing 0.5 percent of the country's GDP and 2.8 percent of the Government's national budget. Impact evaluation studies show that the program is resulting in improved education and health outcomes among beneficiaries, including enhanced food security, community participation, and women's empowerment. Specifically, it has helped reduce short-term poverty and food poverty at the national scale by up to 1.4 percentage points each—a substantial reduction given that pre-Pantawid rates were at 26.4 percent for total poverty and 12.5 percent for food poverty.⁹

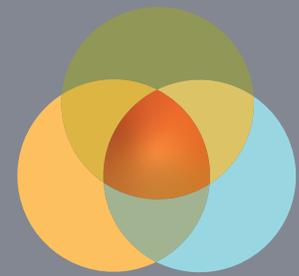
Republic of Korea: long-term investments in health and education

Starting in the early 1960s, the **Republic of Korea** underwent a **massive demographic and economic transition resulting from simultaneous and sustained investments in health and education by successive governments**. Investments in family planning policies, health centers and field workers, led to a rapid decline in Korea's fertility, which sank from 5.4 children per women in 1950 to 2.9 in 1975 and 1.2 by 2005.

This demographic shift created a window of opportunity to accelerate economic growth, which Korea did through policy measures across several sectors. The government shifted its education and skills development strategy, which resulted in a higher skilled labor force. This 'production-oriented education' provided citizens with knowledge and skills needed for economic development. The government also introduced comprehensive economic plans that focused on investments in labor-intensive sectors, directed investments to infrastructure and rural construction programs, and created a favorable business environment that brought in foreign direct investments. These economic policies took advantage of the demographic dividend and led to average annual growth of 6.7 percent over a 40-year period.

ENDNOTES

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- 8 Clarke, Damian, Cortes Mendez Gustavo, and Diego Vergara Sepulveda. 2017: *Growing Together: Assessing Equity and Efficiency in an Early-Life Health Program in Chile*.
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The Human Capital Project is a global effort to accelerate more and better investments in people for greater equity and economic growth. The Project is helping create the political space for national leaders to prioritize transformational investments in health, education, and social protection. The objective is rapid progress toward a world in which all children are well-nourished and ready to learn, can attain real learning in the classroom, and can enter the job market as healthy, skilled, and productive adults.

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