

The scorecard

Monitoring and evaluating the implementation of the
World Bank's Reproductive Health Action Plan 2010–2015





Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

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Introduction to the scorecard

A shadow report on the World Bank's Reproductive Health Action Plan 2011

This scorecard is an analysis of the World Bank's Reproductive Health Action Plan. Approved in 2010, the Action Plan marks the Bank's renewed commitment to sexual and reproductive health. Building on recommendations of an evaluation of the Bank and consultation with civil society, it sets out the Bank's approach to increase its effectiveness in promoting and supporting national policies and strategies for reproductive health, and to support improved reproductive health outcomes at national level.

Civil society welcomes the Reproductive Health Action Plan and the Bank's renewed commitment to sexual and reproductive health. One year after its approval, it is time to take stock of the Plan; to assess implementation globally and nationally; to celebrate progress; and to identify where increased focus is needed to ensure that the Plan is reflected in Bank policy and lending patterns.

This scorecard includes an analysis of the Reproductive Health Action Plan and its Results Framework. It reviews progress to date and makes recommendations for changes to the indicators. It also includes three country scorecards – for Burkina Faso, Mali and Ethiopia – which chart progress at country level in three of the 57 focal countries.

The scorecard was produced by IPPF with excellent collaboration from sexual and reproductive health champions within the Bank's Health, Nutrition and Population division. Because the Action Plan is only one year old, there are some gaps in the data. A more comprehensive picture will be available in the future when more data become available.

This is a tool for civil society advocates to hold the Bank accountable for implementing the Action Plan and for sexual and reproductive health champions within the Bank. These two groups of advocates must work together 1) to galvanize increased support for sexual and reproductive health, and for the Action Plan globally, regionally and nationally; and 2) to ensure it is embedded in the Bank's global and regional policies and strategies. The Action Plan represents the Bank's contribution to global efforts to strengthen health systems and prioritize sexual and reproductive health. Several recommendations emerge:

- The Action Plan indicators should be harmonized with existing frameworks including the health-related Millennium Development Goals and the Global Strategy for Women's and Children's Health.
- Regional versions of the Plan are needed to improve sexual and reproductive health outcomes at country level, and to reflect the goals of regional policy frameworks such as the Maputo Programme of Action.
- Advocacy is needed at national level to ensure that the indicators are included in the Country Assistance Strategies, the document that sets out the focus of investment from the Bank to national governments.
- Advocacy is needed with the Bank's major investors – in the UK, US, France, Germany, Canada and Japan – to ensure that their priorities for reproductive health are reflected in Bank lending. These governments provide over 50 per cent of the funding that the Bank lends to low-income countries.

It is time to take stock of the World Bank's Reproductive Health Action Plan; to assess implementation globally and nationally; to celebrate progress; and to identify where increased focus is needed.

IPPF recognizes the important role played by the World Bank in improving health, including reproductive health, for people living in poverty.

Commentary

The World Bank: renewed focus on reproductive health

IPPF recognizes the important role played by the World Bank in improving health, including reproductive health, for people living in poverty as well as the Bank's role in strengthening national health systems to ensure access to and increase demand for quality services.

The Bank is a major financier of health and development projects, which are designed and funded in response to partner government requests. Equally important are its macro-economic and multi-sectoral perspectives, and its influential role in policy dialogue with the highest levels of government. The Bank's technical advice and analytical studies help to build the case and advocate for increasing national investment in health. The World Bank is one of many actors contributing to internationally agreed global health targets, and works closely in partnership with multilateral and bilateral agencies and others at country and global levels.

Following a critical evaluation of its performance in the health, nutrition and population sector between 1997 and 2007, the Bank has responded proactively to calls for increasing its influence and spending in this sector, and adopting a health systems approach (as opposed to stand-alone communicable disease programmes). In particular, the Bank is refocusing on reproductive health (especially family planning), where investments fell from 18 per cent of the health portfolio in 1995 to around 10 per cent in 2007.

The Reproductive Health Action Plan, approved in 2010, reflects the Bank's contributions to broader efforts to mobilize global commitments for reproductive health, especially maternal health, in the past two years.

"In recognition of the importance of reproductive health for human development, the Action Plan aims at reinvigorating the Bank's commitment to helping client countries improve their reproductive health outcomes, particularly for the poor and vulnerable and in the context of the Bank's overall strategy for poverty alleviation."
(Reproductive Health Action Plan p.2)

Major landmarks include the Global Consensus for Maternal, Newborn and Child Health and the UN Human Rights Council Declaration in 2009, followed by the G8 Muskoka Declaration, the UN Secretary-General's Global Strategy for Women and Children's Health and the Africa Union Declaration in 2010.

The Action Plan was developed through a consultative process with donor organizations, UN agencies, academia, think tanks and civil society organizations from a range of Bank partner countries. It has been broadly welcomed by its partners as a positive response to the worrying findings of an internal evaluation of the health, nutrition and population portfolio in 2007.



The action-oriented agenda clearly signals the Bank's renewed commitments to use its significant comparative advantages at country and global levels. The Bank aims to increase its effectiveness to promote and support sound national policy and strategy for reproductive health, as part of wider health systems strengthening, and to increase government-led demand for the Bank's financial support.

The Action Plan focuses on three result areas: reducing high fertility, improving pregnancy outcomes, and reducing sexually transmitted infections, including HIV. It will deliver results by strengthening capacity at headquarters and country levels in health and health systems, increasing its analytical and advisory activities to identify constraints, and working with government to design and finance appropriate solutions. It also includes a broad results framework, which aims to provide guidance for developing targeted country level action plans adapted to specific country needs.

It will step up its work with other partners, including the UN and through the International Health Partnership+, and with civil society and other stakeholders, to further prioritize reproductive health. In particular, it will draw on its comparative advantage in macro-economic analysis and development, and advocate for stronger linkages between rights-based approaches to reproductive health, and the wider population and development agenda.

The Action Plan also includes the need for Bank support to improve country systems for both routine and survey data collection, and monitoring trends in its priority areas. These include civil registration, household and facility data, service utilization and public expenditure tracking surveys.

The Africa Region Strategic Plan for Population and Reproductive Health, available in the public domain as a summary, appears as the first step by a Bank region to tailor the Reproductive Health Action Plan to regional and country realities. The Africa Region's Plan strongly emphasizes the health and development challenges of continued population growth and high fertility in sub-Saharan Africa, with resulting high levels of maternal death, unsafe abortions and unmet need for family planning. It stresses the importance of linking demographic trends, socio-economic outcomes and the human rights agenda, including approaches to reproductive health.

The Action Plan in context: making progress?

The Bank's Reproductive Health Action Plan is part of wider efforts since 2007 to step up its role in global health and at country level, and maximize its comparative advantages. Overall, the Bank has achieved a marked turnaround.

The Bank's overarching approach to poverty reduction and human development provides the framework for the 2007 Health, Nutrition and Population Strategy, which emphasizes strengthening country health systems (such as governance, human resources and removing financial barriers to access); improving the Bank's focus on country level results, especially for the poor and most vulnerable; and the Bank's effective alignment with global partners.

The Action Plan aims to achieve population and reproductive health results within the broader framework of the Health, Nutrition and Population Strategy.

The Bank's Reproductive Health Action Plan is part of wider efforts since 2007 to step up its role in global health and at country level, and maximize its comparative advantages. Overall, the Bank has achieved a marked turnaround.

In its country operations over the last two years, there are signs that the Bank is placing higher priority on health, through a health systems approach and by ensuring that reproductive health is addressed systematically.

It complements strategies and roadmaps developed for other key technical areas, which had also suffered a similar decline in profile or poor performance, such as nutrition, HIV and AIDS, and gender.

The Health, Nutrition and Population Strategy sets out clearly the Bank's commitment to population, sexual and reproductive health, and maternal, neonatal and child health. It places priority on countries with a high unmet need for sexual and reproductive health services, with a focus on:

1. Assessing multi-sectoral constraints to reducing fertility, impacts of population changes on health systems and other sectors, and assisting countries to strengthen population policies.
2. Providing financial support and policy advice for comprehensive sexual and reproductive health services, including family planning, and maternal and newborn health.
3. Generating demand for reproductive health information and services, including improving girls' education and women's economic opportunities, and reducing gender disparities.
4. Raising the economic and poverty dimensions of high fertility in strategic documents that inform policy dialogue.

At the country level...

In its country operations over the last two years, there are signs that the Bank is placing higher priority on health, through a health systems approach and by ensuring that reproductive health is addressed systematically. The Bank's review of the Health, Nutrition and Population Strategy in 2009 finds some encouraging progress in addressing

weaknesses identified by the evaluation: strengthening health systems components, improving pro-poor focus and contribution from other sectors, introducing results-based financing, and improving portfolio management and monitoring and evaluation.

Although the 2009 progress review notes that budgets are likely to be affected by global financial instability, the total health, nutrition and population portfolio grew from US\$7.7 billion in 2007 to US\$8.2 billion in early 2009, with Africa and South Asia accounting for nearly half. In 2010, the Bank's financing for health reached a record US\$4.38 billion, and commitments for 2011 are projected to be more than US\$3 billion. Projects with health systems components rose from 10 in 2007 to over 20 by 2010. However, it is of concern that lending commitments for 2009 coded to the population and reproductive health theme amounted to only 3 per cent of the total health, nutrition and population portfolio. From 2010 to mid-2011 this increased to a mean average of 7.2 per cent. More encouragingly, there are at least 25 new health projects with a reproductive health component in the pipeline, with commitments worth US\$317.6 million (and an additional US\$13.3 million in grants). Countries with projects that have a family planning component include Burundi, Chad, Madagascar, Mali, Sierra Leone, Djibouti and Yemen.

In 2009, well over a third of the Bank's Country Assistance Strategies targeted health, nutrition and population results and included capacity and systems building activities. The Africa Region Draft Strategic Plan cites new analytical and advisory work in about 10 countries. A new 'Health Systems for the Health Millennium Development Goals' initiative was launched in



late 2008 to fund and implement coherent country-led health sector programmes in Africa, beginning with International Health Partnership+ countries. The programme is increasing technical assistance on the ground, and coordinating partners to better support national strategies.

The Bank is developing results-based financing as a strategy to improve service access, quality and coverage, through for example performance-based provider contracting and vouchers for service users. As well as promoting results-based financing through new projects, it is also managing two multi-donor trust funds. To date, US\$300 million has been allocated for results-based financing activities through the Health Results Innovation Trust Fund, which reported in 2009 that round 1 is supporting health system strengthening activities with a focus on maternal, neonatal and child health services. This includes Country Pilot Grants for International Development Association projects in Afghanistan, Benin, Burkina Faso, Burundi, DRC, Ethiopia, Ghana, India, Kyrgyz Republic, Laos, Nigeria, Rwanda, Sri Lanka, Zambia and Zimbabwe. In addition, grants for learning, knowledge and impact evaluation under results-based financing have been made to 29 countries, mainly in Africa. A further scale-up is expected over the next 12–24 months. To date, the Global Partnership on Output-Based Aid, a partnership of donors that include the World Bank, has funded 133 projects, of which 19 are in the health and social sector. Out of a total of US\$3,946 million, 14 per cent has been allocated to health and other social services (US\$565 million). However, data on reproductive health allocations are not available in the public domain.

At the global level...

The Bank has participated in key global processes and fora for support to health, championing the health systems approach. Major stakeholders, including the Bank, have been working together to address serious concerns about aid effectiveness in health – the fragmentation of funds across programmes and projects, a disproportionate focus on communicable diseases, and the neglect of reproductive health and the wider health system.

The Bank played a leadership role as co-chair of the High Level Task Force on Innovative International Financing for Health Systems and was past chair of the Partnership for Health Systems and was past chair of the Partnership for Maternal, Neonatal and Child Health. The Bank played a leading role in the International Health Partnership+, and co-chairs the monitoring and evaluation working group. It is a partner in the Health Systems Funding Platform, with GAVI, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the World Health Organization.

Reproductive health, and maternal health in particular, has also achieved much greater prominence. In 2009, at an event organized by the Task Force, the Global Consensus for Maternal, Neonatal and Child Health was launched with very broad support. Its five pillars cover leadership and accountability, effective health systems and interventions including comprehensive family planning, safe abortion where legal, nutrition, removing barriers to access, and skilled and motivated health workers. These are all well reflected in the World Bank's Reproductive Health Action Plan.

Global efforts to raise the profile of and commitments to women's and children's health culminated in events in 2010 in the Global Strategy for Women's and Children's

The Bank is developing results-based financing as a strategy to improve service access, quality and coverage, through for example performance-based provider contracting and vouchers for service users.

The World Bank is now well positioned to take forward the reproductive health agenda for 2015, particularly through its health systems approach, given its renewed leadership and progress in recent years.

Health, launched by the United Nations Secretary-General at the UN Summit. The Global Strategy reflects the agreed approach of governments, multilateral agencies including the World Bank, civil society and the private sector, and highlights key areas of work:

- support for country-led health plans, supported by increased, predictable and sustainable investment
- integrated delivery of health services and life-saving interventions – so that women and their children can access prevention, treatment and care when and where they need it
- stronger health systems, with sufficient skilled health workers at their core
- innovative approaches to financing, product development and the efficient delivery of health services
- improved monitoring and evaluation to ensure the accountability of all actors for results

Of the US\$40 billion committed, the Bank commits to focusing on women's and children's health in 35 countries, particularly in East Asia, South Asia and sub-Saharan Africa. This expands the reach of the World Bank's results-based programmes by more than US\$600 million in addition to the International Development Association allocation, to scale up essential health and nutrition services and strengthen the underlying health systems. This is in addition to significantly increased financing for agriculture and education, which will also benefit the health of women and children.

As UN agencies, the Bank, the World Health Organization, UNFPA and UNICEF, together with UNAIDS, also commit to mobilize political support, and work

together (through, for example, the UN Joint Statement on Maternal and Neonatal Health, and the H4 and H8 groupings) to strengthen technical capacity, and promote engagement of other sectors such as education, gender, nutrition, water and sanitation, culture and human rights.

Health, including reproductive health, is a priority for the Bank's major investors, the UK, US, France, Germany, Canada and Japan, which together account for over 50 per cent of International Development Association contributions (the bulk of Bank lending to low-income countries). As major shareholders, they are likely to be continuing to advocate for the Bank's leadership role in health, and especially in reproductive health, with national governments.

'Not to be missed' opportunities

The World Bank is now well positioned to take forward the reproductive health agenda for 2015, particularly through its health systems approach, given its renewed leadership and progress in recent years. IPPF urges the Bank to take greater advantage of its strengths and leverage with other partners. The Bank can play an even more prominent role at country level, in championing neglected reproductive health issues, in advocating for the links between reproductive health and rights and wider issues such as poverty reduction and climate change, and by further improving its accountability and transparency in reporting results.



Investing for poverty reduction and women's empowerment

IDA16, agreed in March 2011, is the last full funding replenishment before the 2015 Millennium Development Goals target date, and it will focus on contributing to development results. All four priority themes (climate resilient development, crisis response, fragile and conflict affected states, and gender) potentially have a health systems and reproductive health dimension. The gender theme is welcome and prioritizes mainstreaming and making progress on Millennium Development Goals 3 and 5, including the Action Plan.

However, under climate change, there is no mention of the linkages between population growth, reproductive health and unmet need, and developing adaptation strategies. This is a significant missed opportunity, especially given that the National Adaptation Programmes of Action in many countries link high population growth with climate change, which presents a major window for demand-based reproductive health financing, girls' education and multi-sectoral approaches. The Bank is well placed to develop the case for and promote the benefits of investment in rights-based approaches to meeting reproductive health needs, thereby reducing population growth and improving women's status and household incomes.

Assessing success in improving reproductive health

The IDA16 Results Measurement System provides the overarching framework for assessing progress by the Bank. However, despite frequent references to the Reproductive Health Action Plan in the text, it is surprising that the IDA16 framework does not include contraceptive

prevalence or unmet need for family planning. (Indicators include maternal mortality ratio and adolescent fertility rate, HIV prevalence, access to antenatal care, skilled birth attendance, and a 'basic package of health, nutrition or reproductive health services'.)

The Action Plan's own Results Framework provides a reasonable basis for performance monitoring in target countries against many of its priorities. However, it does not provide measurable targets or milestones against which agency progress can be assessed, in terms of number and size of projects, investments or activities. While the Bank's project portfolio must be demand driven, it is important to report progress on, for example, the additional US\$600 million promised by the World Bank for the Global Strategy.

The Action Plan does not incorporate indicators to monitor progress across all its priority cross-cutting themes and proposed technical and systems interventions. Feedback on the Action Plan during the consultation strongly recommended using Millennium Development Goal and Countdown 2015 indicators, where appropriate, because there is country ownership and national processes are already in place for data collection.

Annex 1 refers to the priorities and deliverables of the Reproductive Health Action Plan, and highlights three areas of reproductive health for priority work in the 57 focus countries.

Annex 2 draws on the 2010 Reproductive Health Action Plan Results Framework, and suggests new or amended indicators that reflect the Action Plan's priorities and which are already included in internationally agreed initiatives (Millennium Development Goals and Countdown 2015) and/or are feasible for country level collection by the Bank.

The Action Plan's own Results Framework provides a reasonable basis for performance monitoring in target countries against many of its priorities. However, it does not provide measurable targets or milestones against which agency progress can be assessed, in terms of number and size of projects, investments or activities.

All partners, including the Bank, need to focus on a “sea change in the way donors and development actors have traditionally done business, with a simplified aid architecture, stronger civil society involvement and a greater focus on mutual accountability.”

Providing leadership and coordination

The World Bank has a unique role at country level in its relations with governments and other stakeholders. In particular, the Bank may use its leadership position with ministries of health and finance to advance understanding and dialogue. It can also encourage work on sensitive reproductive health issues, working with civil society, parliamentarians, and other development partners such as the World Health Organization and UNFPA.

With regard to improving aid effectiveness, progress on the International Health Partnership+ and Health Systems Funding Platform is fairly slow, but promising. Results from the recent International Health Partnership+ review of the Partnership report some progress at country level, with improvements in process (such as adherence to Paris Declaration principles) but with limited data available on impact. The most critical indicator of the success of these initiatives will be expanding services and achieving the health-related Millennium Development Goals. However, quite apart from the difficulties in establishing causality, any measurable effect on outcome and impact could not be expected in such a short time span. And it seems fair to assume that the intended improvements in aid effectiveness would indeed over time contribute to improved service delivery and health impact. All partners, including the Bank, need to focus on a “*sea change in the way donors and development actors have traditionally done business, with a simplified aid architecture, stronger civil society involvement and a greater focus on mutual accountability.*” (Health, Nutrition and Population Strategy Progress Report 2009)

Benefiting from investment across sectors

The Health, Nutrition and Population Strategy notes a comparative advantage for the Bank in multi-sectoral approaches to health, nutrition and population results, linked to its unique role in country dialogue across many sectors, its engagement with clients in finance and planning, and strong technical capacities in different areas. At least 30 per cent of health lending is through other sectors – through projects in transport, agriculture and rural development, water and sanitation, and social protection. It will be critical to include gender and reproductive health strategies and indicators in these projects to drive and demonstrate maximum synergies.

Improving equity and access

The Bank stresses its determination to improve equity and access by the poor to quality services, including reproductive health, through reducing financial barriers for people in poverty. The Action Plan states that the indicators in level 2 will be disaggregated as far as possible by age, poverty quintile and by urban-rural location, factors that are welcomed. However, neither the IDA16 nor the Reproductive Health Action Plan Results Frameworks include indicators to assess how Bank projects are contributing to affordable access by the poorest and most vulnerable.



Involving the non-state sector

The non-state sector (including non-governmental organizations, faith-based organizations and private-for-profit providers) is a significant source of reproductive health care and family planning in most countries, and especially those where government capacity is limited, such as in fragile states. The Bank's expertise in upstream processes for health financing and regulation can position it to foster greater government stewardship of the whole health sector and to promote innovation in public-private partnerships. Efforts need to be made to better incorporate non-state providers into public health systems, to ensure complementary approaches and reduce duplication, to ensure access for the poor to comprehensive service packages through demand side financing or contracting out, and to promote and regulate common quality standards and greater accountability.

At the global level, the United Nations Secretary-General designated 2010 as 'The Year of Development', signalling the beginning of the five-year countdown to the 2015 Millennium Development Goals. In response, the Health, Nutrition and Population division is further deepening its engagement with civil society organizations to explore ways to help developing countries achieve the better health results called for in the health Millennium Development Goals. A series of consultations in 2010 led to the development of the World Bank Civil Society Consultative Group on Health, Nutrition and Population in late 2010. A committee of civil society organization and Bank representatives selected the 18 members of the Consultative Group; the first meeting was held at World Bank headquarters on 18 April 2011, following the World Bank-IMF spring meetings. IPPF is a member of this Consultative Group.

Challenging issues

More attention is needed on some specific areas and interventions for reproductive health and rights, which may be neglected and sensitive, but where the Bank's advice, technical assistance and support for inclusion in project finance could make a difference.

- The Action Plan includes **unsafe abortion** as a serious public health issue. It describes the Bank's commitment to support family planning services, including emergency contraception, and to support post-abortion care and access to safe abortion where countries permit abortion and request help. This policy emphasis is greatly welcomed. The Bank may consider including support for safe abortion in circumstances where abortion is legal but access is restricted, and ensuring that reproductive health financing includes capacity-building activities and supplies for safe abortion and post-abortion care.
- The Bank recognizes the numerous benefits for **investing in girls' education** to delay early marriage and first pregnancy, empowering women to make reproductive health choices and have healthier families. As well as financing education access programmes, the Bank may consider using its links with education and family welfare ministries to promote the inclusion of **comprehensive sexuality, gender and reproductive health information into school curricula**. Proven benefits include greater male acceptance of family planning, and better health care seeking behaviour.
- The Action Plan is silent on both the challenges and the need to work with country partners to address sensitive issues such as **gender-based and sexual violence** and practices such as **female genital cutting/mutilation**. The Bank may seek opportunities to enhance the evidence base, provide advice and assistance, and offer financial support to services and training.

Sources:

- The World Bank's Health, Nutrition and Population Strategy, 2009
- The World Bank's Independent Evaluation Group Health, Nutrition and Population Evaluation 1997–2007, 2007
- The World Bank's Reproductive Health Action Plan, 2010–2015
- Reproductive Health Action Plan Consultation Reports, 2010
- Healthy Development, The World Bank Strategy for Health, Nutrition and Population, Progress Report, March 2009
- IDA16, Delivering Development Results, March 2011
- Mutunga C and Hardee K (2009) *Population and Reproductive Health in National Adaptation Programmes of Action (NAPAs) for Climate Change*. Population Action International.

Global progress indicators

Global reproductive health data			
For high total fertility rate and high maternal mortality ratio Reproductive Health Action Plan focused countries, and for Africa and South Asia as the key Reproductive Health Action Plan focus regions			
	Indicator	Pre-2010 baseline	May 2011
Reducing fertility	Total fertility rate women 15–49	High total fertility rate/maternal mortality ratio countries: 4.7 (2009) Africa: 4.9 (2008) South East Asia: 2.6 (2008)	Data not available at date of publication
	Adolescent fertility rate girls 15–19	High total fertility rate/maternal mortality ratio countries: 94 (2009) Africa: 118 (2008) South East Asia: 55 (2000–2007)	
	Contraceptive prevalence rate women 15–49	High total fertility rate/maternal mortality ratio countries: 27.4% (2006–2010) Africa: 23.7% (2000–2008) South East Asia: 57.5%	
	Unmet family planning need	Africa: 24.3% South East Asia: 12.8% (2000–2007)	
Improving pregnancy outcomes	Maternal mortality ratio	High total fertility rate/maternal mortality ratio countries: 556 (2008) Africa: 900 (2005*) South East Asia: 450 (2005*)	Data not available at date of publication
	Skilled birth attendance	High total fertility rate/maternal mortality ratio countries: 45% (2006–2010) Africa: 47% (2000–2008) South East Asia: 49% (2000–2008)	
	Antenatal care 1 visit	High total fertility rate/maternal mortality ratio countries: 70% (2006–2010) Africa: 73% (2000–2008) South East Asia: 75% (2000–2008)	
	4 visits	Africa: 44% (2000–2008) South East Asia: 43% (2000–2008)	
Reducing sexually transmitted infections	HIV prevalence women 15–24	High total fertility rate/maternal mortality ratio countries: 2% (2009) Africa: 3.4% (2009) South East Asia: 0.1%	Data not available at date of publication
	HIV-positive pregnant women receiving antiretrovirals to prevent mother-to-child transmission	High total fertility rate/maternal mortality ratio countries: 33% (2009)	

Sources:

- High total fertility rate and high maternal mortality ratio country data from the World Bank
- Regional breakdowns are based on World Health Organization regional data 2010, apart from HIV prevalence which is from UNAIDS 2010 Global Report

* interagency estimate



Existing Reproductive Health Action Plan indicators in dark blue Proposed additional indicators and/or additions in light blue

1 Reproductive health is a priority: Reproductive health features in World Bank policy and analysis			
	Indicator	Pre-2010 baseline	May 2011
1.1	Reproductive health issues included in The World Development Report 2012: <i>Gender Equality and Development</i>	Not applicable	Not applicable
1.2	Regional flagship analytical and advisory activities completed and disseminated in all regions by mid-2013	Not applicable	Africa = 0 (3 in progress) EAP = 0 (1 in progress) LCR = 0 S Asia = 1 (1 in progress) MENA = 0 ECA = 0 (1 in progress) Global = 0 (1 in progress) Total = 1 completed (7 in progress)
1.3	Case studies completed and disseminated	Not applicable	Africa = 0 (1 in progress) EAP = 0 LCR = 0 (1 in progress) S Asia = 0 (1 in progress) MENA = 0 Total = 0 completed (3 in progress)
1.4	High burden countries with reproductive health projects for analytical and advisory activities or policy dialogue, <i>disaggregated by region</i>	Not applicable	Africa = 30 EAP = 4 LCR = 3 S Asia = 2 MENA = 1 Total = 40 of 57 (all reproductive health country profiles)
1.5	High burden countries with mechanism to track resource flows and identify financing gaps	Africa = n/a EAP = n/a LCR = n/a S Asia = n/a MENA = n/a Total = 57 information not available	Africa = 2 Yes, 1 Partial, 39 n/a EAP = 6 n/a LCR = 4 n/a S Asia = 1 Yes, 2 n/a MENA = 3 n/a Total = 3 yes, 1 partial, 53 n/a
1.6	<i>Country assistance strategies from high burden countries going to the Board that are informed by gender, equity and reproductive health analysis</i>	Africa = 9 (partial analysis) EAP = 2 (partial analysis) LCR = 0 S Asia = 0 MENA = 0	Africa = 10 (partial analysis) EAP = 1 (partial analysis) LCR = 1 (partial analysis) S Asia = 1 (partial analysis) MENA = 0

- Reproductive Health Action Plan focus countries: high maternal mortality ratio and high total fertility rate = 57 (Africa 41, EAP 6, LCR 4, S Asia 3, MENA 3, ECA 0).

- Key:
- EAP East Asia and Pacific
 - LCR Latin America and the Caribbean region
 - S Asia South Asia
 - MENA Middle East and North Africa
 - ECA Europe and Central Asia

n/a = not available

Existing Reproductive Health Action Plan indicators in dark blue Proposed additional indicators and/or additions in light blue

2 Investment in reproductive health: Reproductive health is a significant component of total current and planned World Bank health investments			
	Indicator	Pre-2010 baseline	June 2011
2.1	Reproductive health as percentage of total health portfolio disaggregated by region	Africa = 72% (\$360m of \$502m) EAP = 3% (\$4m of \$151m) LCR = 5% (\$43m of \$875m) S Asia = 0% (\$0 of \$105m) MENA = 89% (\$263m of \$296m) Total = 35% (\$670m of \$1,929m)	Data not available at date of publication
2.2	World Bank innovative financing projects that include reproductive health	Africa = 1 EAP = 0 LCR = 0 S Asia = 0 MENA = 0 Total = 1	Africa = 4 EAP = 1 LCR = 0 S Asia = 1 MENA = 0 Total = 6

Complete data for the year 2010–2011 are not yet available.

3 Influencing and inclusiveness for reproductive health: The World Bank is engaged in effective and inclusive policy dialogue with regional and global partners			
	Indicator	Pre-2010 baseline	May 2011
3.1	Active partner promoting reproductive health in key regional reproductive health, health and development initiatives and partnerships	10 partnerships Level of engagement: 8 high 1 medium 1 low	10 partnerships Level of engagement: 7 high 2 medium 1 low
3.2	Active partner promoting reproductive health in key regional reproductive health, health and development initiatives and partnerships	n/a	3 partnerships Level of engagement: 3 medium
3.3	Civil society and other partners are included in Bank health and reproductive health dialogue processes	2) World Bank process involved civil society: 1) Consultations on the Reproductive Health Action Plan and 2) consultations on the World Bank's work in health Level of civil society engagement: medium	1) World Bank process involved civil society: establishment of the World Bank Civil Society Organization Consultative Group Level of civil society engagement: high
3.4	The World Bank is engaged with civil society organization consultation processes and fora	n/a	1) Civil society process the World Bank is involved in: Continuation of consultation on status of Reproductive Health Action Plan implementation by IPPF-led civil society organization group Level of World Bank engagement: high



Existing Reproductive Health Action Plan indicators in dark blue Proposed additional indicators and/or additions in light blue

4 Transparency and accountability for reproductive health: The World Bank is making information and data available to stakeholders and reporting on results			
	Indicator	Pre-2010 baseline	May 2011
4.1	Reproductive Health Action Plan progress reported as part of health, nutrition and population results reporting and World Bank annual report	Not applicable	Health, nutrition and population: No (not reporting in 2011 – next report due in 2012) World Bank for Results Annual Report: Yes (July 2011)
4.2	Progress reported on each of the core areas: - activities for analytical and advisory activities - activities for World Bank capacity and expertise - activities for portfolio monitoring	Not applicable	World Bank reports that will be reported on in World Bank Results Annual Report 2010–2011 due in July 2011 (data not available at date of publication)
4.3	Information on Reproductive Health Action Plan progress against the Action Plan Results Framework is available in the public domain	Not applicable	World Bank reports that the above report will be available in the public domain in June 2011 (data not available at date of publication)

5 Expertise and learning in reproductive health: The World Bank is building internal capacity and professional development in reproductive health			
	Indicator	Pre-2010 baseline	May 2011
5.1	Reproductive health global Expert Team established by June 2010, includes representation from other sectors, and is maintained beyond 2011	Not applicable	Not applicable
5.2	Reproductive Health Focal Points in all Bank regions identified	Not applicable	Africa = 2 EAP = 2 LCR = 1 S Asia = 10 MENA = 1 ECA = 1 Total = 17
5.3	New health, nutrition and population specialists recruited with understanding of reproductive health issues	Not applicable	Global = 3 Africa = not available EAP = not available LCR = not available S Asia = not available MENA = not available ECA = not available
5.4	Learning resources and courses strengthened: - frequently-asked questions and guidance notes developed - flagship course strengthened - short course on reproductive health in 2010 - development marketplace in Africa and South Asia	Not applicable	- Frequently-asked questions and guidance notes developed = 1 - Flagship course strengthened = 1 - Short course on reproductive health in 2010 = 1 - Development marketplace in Africa = 0 - Development marketplace in Asia = 0
5.5	World Bank reproductive health expertise participating in mid-term reviews and implementation completion reports, quality enhancement reviews of projects with reproductive health component		Data not available at date of publication



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Country progress scorecards

The Reproductive Health Action Plan has 57 focal countries. For the purposes of this publication, we chose to highlight the first year of progress for three of the 57 countries: Burkina Faso, Ethiopia and Mali.

Country progress: Burkina Faso

Country development outcomes (disaggregated by age, economic quintile, urban-rural location where possible)			
	Indicator	Pre-2010 baseline	2011
Reducing fertility	Total fertility rate per woman	5.9 (2008)	Data not available at date of publication
	Adolescent fertility rate 15–19 per 1,000 women	129 (2008)	
	Contraceptive prevalence rate 15–49	17.4% (2006)	
	Unmet need for family planning	29% (2003)	
Improving pregnancy outcomes	Maternal mortality ratio	700 (2005)	
	Skilled birth attendance	54% (disaggregated data available) (2006)	
	Antenatal care: 1 visit	85% (2006)	
	4 visits	18% (2003)	
	Postnatal care (visit within 2 days)	85% (2006)	
Reducing sexually transmitted infections	HIV prevalence young women 15–24	0.8% (2009)	
	HIV prevalence adults 15–49	1.2% (2009)	
	Antiretrovirals for prevention of mother-to-child transmission	20% (2008)	
	Condom use at last high risk sex	Female 15–24: 63.7% (2006) Male 15–24: 66.9% (2003)	
Reproductive health policy and strategy	Country has an updated reproductive health strategy	Yes (covered by commodity security and maternal health strategies)	
National investment in reproductive health	Current allocation to reproductive health in national health budget (and capacity to track)	Not available. Total health government expenditure, 174,784m CFA Francs (2009)	

Sources:

- World Health Organization Health Statistics 2010; Countdown to 2015 country profile; UNAIDS (HIV prevalence); UN Statistics-Millennium Development Goals dataset (condom use)
- Reproductive health strategy: Plan Stratégique de Sécurisation des Produits Contraceptifs 2006–2015 (apparently replaced by Plan Stratégique de Sécurisation des Produits en Santé de la Reproduction (PSSPSR), 2009–2015 but plan not found at time of research); Plan d'Accélération de Réduction de la Mortalité Maternelle et Néonatale au Burkina Faso (Feuille de Route), 2006–2015
- Reproductive health investment: World Health Organization National Health Accounts data at www.who.int/nha/country/bfa/en/

1 Reproductive health is a priority: Reproductive health features in relevant World Bank analyses and is included in key World Bank and national policy and plans			
	Indicator	Pre-2010 baseline	2011
1.1	World Bank analytical and advisory activities and poverty assessments that focus on, or include, reproductive health and health system priorities	3 in 2006–2007*	Data not available at date of publication
1.2	Country Assistance Strategy/ Progress Report: 1) informed by gender, equity and reproductive health analysis; and 2) all three country development outcomes and at least three of the reproductive health priority interventions and three health system interventions	1) Yes (weaker on equity) 2) Partial Source: Interim Strategy 2010–2011, 2009	
1.3	Poverty Reduction Strategy Papers or other national poverty reduction/development strategy includes: 1) gender, equity and reproductive health analysis; and 2) all three country development outcomes and at least three of the reproductive health priority interventions and three health system interventions	1) Yes (weaker reproductive health) 2) Yes Source: Poverty Reduction Strategy Paper 2004 and Joint Staff Advisory Note 2008	
1.4	Reproductive health strategic plan incorporated in national health strategy	No Source: Plan National de Développement Sanitaire 2001–2010	
1.5	Mechanism in place to track resource flows and identify financing gaps (recent/underway/planned)	None found	



2 Investment in reproductive health: Reproductive health is a significant component of total current and planned World Bank health investments			
	Indicator	Pre-2010 baseline	2011
2.1	Health sector projects that address high maternal mortality ratio or high total fertility rate	3 (of 19 projects)** Value of health projects: US\$65.43m; 10.15% of total lending and grants (US\$838.55m)	1 project with reproductive health/population component going to the Board in 2011**
2.2	World Bank funds disbursed as planned	79% of funds to health sector projects disbursed	Data not available at date of publication
2.3	Reproductive health included in Bank innovative financing projects	0	1 under preparation
2.4	World Bank supported multi-sectoral projects include reproductive health	No	Data not available at date of publication

3 Influencing and inclusiveness for reproductive health: The World Bank is engaged in effective and inclusive policy dialogue with government ministries and key partners			
	Indicator	Pre-2010 baseline	2011
3.1	Active World Bank engagement with Ministry of Finance and Ministry of Health on reproductive health, population and development fora, and with key counterparts in the health sector, civil society and private sector	Data not available at date of publication	Data not available at date of publication
3.2	Implementing partner in key fora that focus on health, reproductive health or gender		
3.3	Civil society and other partners contribute to Bank consultations and inform decision making		

4 Transparency and accountability for reproductive health: The World Bank is building national systems, making information and data available to stakeholders, and reporting on results			
	Indicator	Pre-2010 baseline	2011
4.1	World Bank health projects include Reproductive Health Action Plan Results Framework indicators, as appropriate	Yes (health sector support programme)	Data not available at date of publication
4.2	Reproductive health indicators in World Bank health projects are disaggregated and reported on by age, poverty quintile and geography	No	
4.3	Project documentation, performance frameworks and progress reports available in public domain	Partial (No information on grant for female genital cutting/mutilation; scarce information on innovative financing projects)	
4.4	Support to national data collection included in World Bank health projects	Yes	

5 Expertise and learning in reproductive health: The World Bank country team is building internal capacity and professional development in reproductive health			
	Indicator	Pre-2010 baseline	2011
5.1	World Bank staff with understanding of reproductive health	Data not available at date of publication	Data not available at date of publication
5.2	Task team leaders who have completed flagship courses		
5.3	World Bank reproductive health expertise contributing to the country's reproductive health-related analytical and advisory activities		
5.4	Reproductive health expertise participating in mid-term reviews, implementation completion reports, quality enhancement reviews of projects with reproductive health component		

* Analytical work

- Burkina Faso: Socio-economic differences in health, nutrition and population (2007, working paper)
- Who gets AIDS and how? The determinants of HIV infection and sexual behaviours in Burkina Faso, Cameroon, Ghana, Kenya and Tanzania (2006, policy research paper)
- Discordant couples: HIV infection among couples in Burkina Faso, Cameroon, Ghana, Kenya and Tanzania (2006, policy research paper)

** Projects

Active projects in April 2010:

- Health Sector Support and Multi-sectoral AIDS Project (FY06) 2006–2013, US\$47.7m (disbursed 94% to date)
- Health Sector Support and Multi-sectoral AIDS Project Additional Financing (FY08) 2008–2013, US\$15m (disbursed 42% to date)
- Strengthening community participation for the fight against female genital cutting (FGM/C) (FY09) 2009–2013, US\$2.73m grant (disbursed 0% to date)

Pipeline projects:

- Health Sector Support and Multi-sectoral AIDS Project Additional Financing, US\$30m

Country progress: Ethiopia

Country development outcomes (disaggregated by age, economic quintile, urban-rural location where possible)			
	Indicator	Pre-2010 baseline	2011
Reducing fertility	Total fertility rate per woman	5.3 (2008)	Data not available at date of publication
	Adolescent fertility rate 15–19 per 1,000 women	109 (2000–2007)	
	Contraceptive prevalence rate 15–49	14.7% (2000–2008)	
	Unmet need for family planning	34% (2005)	
Improving pregnancy outcomes	Maternal mortality ratio	720 (2005)	
	Skilled birth attendance	28% (disaggregated data available) (2005)	
	Antenatal care: 1 visit	28% (2005)	
	4 visits	12% (2005)	
	Postnatal care (visit within 2 days)	2% (2005)	
Reducing sexually transmitted infections	HIV prevalence young women 15–24	Not available (Adults 15–49: 2.1%) (2007)	
	Antiretrovirals for prevention of mother-to-child transmission	18% (2008)	
	Condom use at last high risk sex	Female 15–24: 28.4% (2005) Male 15–24: 50.2% (2005)	
Reproductive health policy and strategy	Country has an updated reproductive health strategy	Yes, 2005–2015	
National investment in reproductive health	Current allocation to reproductive health in national health budget (and capacity to track)	Reproductive health expenditure from government: US\$43.77m, 17.6% of total health government expenditure (US\$248.53m) (2007–2008)	

- Sources:
- World Health Organization Health Statistics 2010; Countdown to 2015 country profile; UNAIDS (HIV prevalence); UN Statistics-Millennium Development Goals dataset (condom use)
 - Reproductive health strategy: National Reproductive Health Strategy 2005–2015
 - Reproductive health investment: Ethiopia's Fourth National Health Accounts, 2007–2008 (prepared 2010)

1 Reproductive health is a priority: Reproductive health features in relevant World Bank analyses and is included in key World Bank and national policy and plans			
	Indicator	Pre-2010 baseline	2011
1.1	World Bank analytical and advisory activities and poverty assessments that focus on, or include, reproductive health and health system priorities	2) (does not include general health sector analytical and advisory activities)*	Data not available at date of publication
1.2	Country Assistance Strategy/ Progress Report: 1) informed by gender, equity and reproductive health analysis; and 2) all three country development outcomes and at least three of the reproductive health priority interventions and three health system interventions	1) Partial (mainly gender) 2) Partial (no health systems) Source: Country Assistance Strategy Progress Report September 2010	
1.3	Poverty Reduction Strategy Papers or other national poverty reduction/development strategy includes: 1) gender, equity and reproductive health analysis; and 2) all three country development outcomes and at least three of the reproductive health priority interventions and three health system interventions	1) Partial (no reproductive health) 2) Yes Source: PASDEP 2005/2006–2009/2010	
1.4	Reproductive health strategic plan incorporated in national health strategy	Yes Source: Health Sector Strategic Plan 2005/2006–2009/2010	Yes Source: Health Sector Development Program IV 2010/2011–2014/2015
1.5	Mechanism in place to track resource flows and identify financing gaps (recent/underway/ planned)	Yes Source: Ethiopia's Fourth National Health Accounts, 2007–2008 (prepared 2010)	Data not available at date of publication



2 Investment in reproductive health: Reproductive health is a significant component of total current and planned World Bank health investments			
	Indicator	Pre-2010 baseline	2011
2.1	Health sector projects that address high maternal mortality ratio or high total fertility rate	3 (of 32 projects)** Value of health projects: US\$600m; 18.49% of total lending and grants (US\$3,244.75m)	Protection of Basic Services additional financing (US\$420m)**
2.2	World Bank funds disbursed as planned	92% of funds to health sector projects disbursed	Data not available at date of publication
2.3	Reproductive health included in Bank innovative financing projects	0	
2.4	World Bank supported multi-sectoral projects include reproductive health	Yes (Nutrition: iron and folate supplements for pregnant women; PBS: skilled birth attendance; contraceptive acceptance are outcome indicators)	

3 Influencing and inclusiveness for reproductive health: The World Bank is engaged in effective and inclusive policy dialogue with government ministries and key partners			
	Indicator	Pre-2010 baseline	2011
3.1	Active World Bank engagement with Ministry of Finance and Ministry of Health on reproductive health, population and development fora, and with key counterparts in the health sector, civil society and private sector	Data not available at date of publication	Data not available at date of publication
3.2	Implementing partner in key fora that focus on health, reproductive health or gender		
3.3	Civil society and other partners contribute to Bank consultations and inform decision making		

4 Transparency and accountability for reproductive health: The World Bank is building national systems, making information and data available to stakeholders, and reporting on results			
	Indicator	Pre-2010 baseline	2011
4.1	World Bank health projects include Reproductive Health Action Plan Results Framework indicators, as appropriate	Yes	Data not available at date of publication
4.2	Reproductive health indicators in World Bank health projects are disaggregated and reported on by age, poverty quintile and geography	No	
4.3	Project documentation, performance frameworks and progress reports available in public domain	Yes	
4.4	Support to national data collection included in World Bank health projects	Yes (PBS and AIDS)	

5 Expertise and learning in reproductive health: The World Bank country team is building internal capacity and professional development in reproductive health			
	Indicator	Pre-2010 baseline	2011
5.1	World Bank staff with understanding of reproductive health	Data not available at date of publication	Data not available at date of publication
5.2	Task team leaders who have completed flagship courses	Not applicable	
5.3	World Bank reproductive health expertise contributing to the country's reproductive health-related analytical and advisory activities		
5.4	Reproductive health expertise participating in mid-term reviews, implementation completion reports, quality enhancement reviews of projects with reproductive health component		

* Analytical work

- Unleashing the potential of Ethiopian women: trends and options for economic empowerment (2009, policy note)
- Capturing the demographic bonus in Ethiopia: gender, development and demographic actions (2008, health study)

** Projects

Active projects in April 2010:

- Multi-sectoral HIV/AIDS II (FY07) 2007–2011, US\$30m (disbursed 94% to date)
- Ethiopia Nutrition SIL (FY08) 2008–2014, US\$30m (disbursed 27% to date)
- Protection of Basic Services Phase II (FY09) 2009–2013, US\$540m (disbursed 95% to date)

Pipeline projects:

- Protection of Basic Services Phase II (FY11) 2011–2013, Additional Financing US\$420m (approved 2011)

Country progress: Mali

Country development outcomes (disaggregated by age, economic quintile, urban-rural location where possible)			
	Indicator	Pre-2010 baseline	2011
Reducing fertility	Total fertility rate per woman	5.5 (2008)	Data not available at date of publication
	Adolescent fertility rate 15–19 per 1,000 women	190 (2000–2007)	
	Contraceptive prevalence rate 15–49	8.2% (2000–2008)	
	Unmet need for family planning	31.2% (2000–2007)	
Improving pregnancy outcomes	Maternal mortality ratio	970 (2005)	
	Skilled birth attendance	49% (disaggregated data available) (2005)	
	Antenatal care: 1 visit 4 visits	70% (2006) 35% (2006)	
Reducing sexually transmitted infections	HIV prevalence young women 15–24	0.5% (2009)	
	HIV prevalence adults 15–49	10% (2009)	
	Antiretrovirals for prevention of mother-to-child transmission	Not available	
	Condom use at last high risk sex	Female 15–24: 35.9% (2006) Male 15–24: 16.5% (2006)	
Reproductive health policy and strategy	Country has an updated reproductive health strategy	Yes (covered by commodity security and maternal health strategy)	
National investment in reproductive health	Current allocation to reproductive health in national health budget (and capacity to track)	Not available. Total health government expenditure, 113,157m CFA Francs (2009)	

Sources:

- World Health Organization Health Statistics 2010; Countdown to 2015 country profile; UNAIDS (HIV prevalence); UN Statistics-Millennium Development Goals dataset (condom use)
- Reproductive health strategy: Plan Stratégique en Santé de la Reproduction 2004–2008; Plan d'Action pour assurer la Contraception Sécurisée au Mali 2002–2011; Feuille de Route pour l'Accélération de la Réduction de la Mortalité Maternelle et Néonatale 2007–2015
- Reproductive health investment: World Health Organization National Health Accounts data at www.who.int/nha/country/bfa/en/

1 Reproductive health is a priority: Reproductive health features in relevant World Bank analyses and is included in key World Bank and national policy and plans			
	Indicator	Pre-2010 baseline	2011
1.1	World Bank analytical and advisory activities and poverty assessments that focus on, or include, reproductive health and health system priorities	3 in 2001–2005*	1 Source: The demographic challenge
1.2	Country Assistance Strategy/ Progress Report: 1) informed by gender, equity and reproductive health analysis; and 2) all three country development outcomes and at least three of the reproductive health priority interventions and three health system interventions	1) Yes 2) Partial Source: Country Assistance Strategy 2008–2011 (2007)	Data not available at date of publication
1.3	Poverty Reduction Strategy Papers or other national poverty reduction/development strategy includes: 1) gender, equity and reproductive health analysis; and 2) all three country development outcomes and at least three of the reproductive health priority interventions and three health system interventions	1) Yes 2) Yes Source: GPRSF 2007–2011	
1.4	Reproductive health strategic plan incorporated in national health strategy	No	
1.5	Mechanism in place to track resource flows and identify financing gaps (recent/underway/planned)	None found	



2 Investment in reproductive health: Reproductive health is a significant component of total current and planned World Bank health investments			
	Indicator	Pre-2010 baseline	2011
2.1	Health sector projects that address high maternal mortality ratio or high total fertility rate	2 (of 14 projects)** Value of health projects: US\$31.5m; 6.54% of total lending and grants (US\$1,064.77m)	1 in pipeline, US\$30m** (100% reproductive health)
2.2	Reproductive health included in Bank innovative financing projects	0	1 under preparation
2.3	World Bank supported multi-sectoral projects include reproductive health	Yes (HIV: prevention of mother-to-child transmission)	Data not available at date of publication

3 Influencing and inclusiveness for reproductive health: The World Bank is engaged in effective and inclusive policy dialogue with government ministries and key partners			
	Indicator	Pre-2010 baseline	2011
3.1	Active World Bank engagement with Ministry of Finance and Ministry of Health on reproductive health, population and development fora, and with key counterparts in the health sector, civil society and private sector	Data not available at date of publication	Data not available at date of publication
3.2	Implementing partner in key fora that focus on health, reproductive health or gender		
3.3	Civil society and other partners contribute to Bank consultations and inform decision making		

4 Transparency and accountability for reproductive health: The World Bank is building national systems, making information and data available to stakeholders, and reporting on results			
	Indicator	Pre-2010 baseline	2011
4.1	World Bank health projects include Reproductive Health Action Plan Results Framework indicators, as appropriate	Yes (prevention of mother-to-child transmission)	Data not available at date of publication
4.2	Reproductive health indicators in World Bank health projects are disaggregated and reported on by age, poverty quintile and geography	No	
4.3	Project documentation, performance frameworks and progress reports available in public domain	Yes	
4.4	Support to national data collection included in World Bank health projects	No	

5 Expertise and learning in reproductive health: The World Bank country team is building internal capacity and professional development in reproductive health			
	Indicator	Pre-2010 baseline	2011
5.1	World Bank staff with understanding of reproductive health	Data not available at date of publication	Data not available at date of publication
5.2	Task team leaders who have completed flagship courses	Not applicable	
5.3	World Bank reproductive health expertise contributing to the country's reproductive health-related analytical and advisory activities		
5.4	Reproductive health expertise participating in mid-term reviews, implementation completion reports, quality enhancement reviews of projects with reproductive health component		

- * Analytical work
- The demographic challenge (2010, ESW)
 - Utilisation des services de santé de premier niveau au Mali: analyse de la situation et perspectives (2005, working paper)
 - La problématique de la santé et de la pauvreté au Mali: analyse des indicateurs de santé et population dans le cadre de la stratégie nationale de lutte contre la pauvreté au Mali (2004, working paper)
 - Mali – Traditional knowledge and the reduction of maternal and infant mortality (2001, brief)

- ** Projects
- Active projects in April 2010:
- Multi-sectoral HIV/AIDS Project (FY04) 2004–2011, US\$25.5m (disbursed 99.9% to date)
 - HIV/AIDS MAP Additional Financing (FY09) 2009–2011, US\$6m (disbursed 78% to date)
- Pipeline projects:
- Strengthening Reproductive Health, US\$30m (estimated Board approval September 2011)

Annex 1

Summary: Reproductive Health Action Plan priorities and deliverables

The Action Plan focuses on three result areas: reducing high fertility, improving pregnancy outcomes, and reducing sexually transmitted infections, including HIV. It aims to present a 'detailed operationalization' of the reproductive health component of the Bank's 2007 Health, Nutrition and Population Strategy, outlines the activities that the Bank will undertake in order to better serve the efforts of client countries to improve reproductive health outcomes, and provides a 'broad brush' results framework.

It takes as its starting point the globally agreed commitments of the International Conference on Population and Development, and the fundamental importance of the rights-based approach to reproductive health. Its analysis is grounded in the value of better reproductive health outcomes for women and their children, and the far-reaching benefits for individuals and households, as well as wider social and economic development. The close linkages between gender inequalities and reproductive health are recognized, together with understanding that increasing women's access to education, and their full and equal participation in the development process, is contingent on women having access to essential reproductive health services, and the ability to make voluntary and informed decisions about their reproductive health.

The narrative provides a detailed analysis of the scale of the challenges, along with social, cultural, economic and health systems barriers. It covers the range of evidence-based strategies to improve reproductive health across the continuum of care, including family planning, access to safe abortion, antenatal care, safe delivery, and access to emergency obstetric care and postnatal care. The Bank presents its comparative advantages in the key health systems issues to address, including human resources and task delegation, supplies and infrastructure, governance, stewardship and regulation,

financing, including social protection and innovation in results-based financing for providers and service users.

More broadly, the Plan stresses that *"sustained political commitment and leadership, especially at the national and local levels, are vital to scale up care, ensure translation of commitments into overcoming of implementation bottlenecks, effective service delivery, and financial protection for all mothers and children."* It cites the need for *"multi-sectoral commitments to tackle the root causes of poor maternal and neonatal health, including inequity, poverty, gender inequality, the low educational status of women, and lack of respect for women's human rights."* Investments are needed to improve governance, education, transport and roads.

The Action Plan emphasizes three overarching areas:

- **Reproductive health cross-cutting themes:** Health systems and equity, adolescents, poverty, partnerships, high burden countries.
- **Reproductive health priority interventions and actions:** Family planning, safe abortion, HIV/sexually transmitted infections, antenatal care, skilled birth attendance, emergency obstetric and neonatal care, postnatal care, maternal nutrition.
- **Reproductive health and health system interventions and actions:** Governance/stewardship, financing (social protection, results-based financing), human resources/task shifting, integration, commodity security (and non-state/private sector).

The Reproductive Health Action Plan recommends work with countries based on their demands and needs, in three key reproductive health outcome areas:

- **Reducing high fertility:** This includes addressing the total and adolescent fertility rates, and increasing the contraceptive prevalence rate.



Five cross-cutting themes

1. **Health systems strengthening:** The Action Plan emphasizes the need to strengthen key interventions for better maternal and reproductive health outcomes within health systems strengthening. The Bank strongly supports availability of quality contraceptives, skilled birth attendants and emergency obstetrics care. The Bank will focus on two fronts to achieve this: 1) provision of quality essential inputs (supplies and drugs, human resources, facilities); and 2) ensuring equity (for example, through innovative financing such as results-based financing).
2. **Poverty:** Looking beyond the health sector, the Action Plan draws attention to the linkages between health and poverty. The Bank will provide technical assistance and support to countries in their efforts to reach women, especially in the lower two wealth quintiles, and ensure that they have access to the full range of reproductive health services.
3. **Young people:** The Action Plan will also focus on young people, with support to countries to improve access to reproductive health services for young people, to provide training for doctors and nurses, information and knowledge about safer sex, access to services to prevent unplanned pregnancies, and supporting countries to increase motivation among young people to delay pregnancy and childbearing, and to achieve higher levels of education and training before forming a family.
4. **Working with partners:** Guided by the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action, the Bank will work closely with partners to support country-led health system strengthening strategies to produce, finance and deliver reproductive health services and increase their utilization.
5. **High burden countries:** There are 58 countries with high maternal mortality and fertility rates – these are countries with a maternal mortality ratio of 220/100,000 live births and above and a total fertility rate of 3 and higher. The majority of these countries are in sub-Saharan Africa and South Asia. These countries are generally also characterized by medium to high levels of prevalence of sexually transmitted infections and weak health systems. The Reproductive Health Action Plan will prioritize work in these countries.

Source: World Bank website

- **Improving pregnancy outcomes:** This includes reducing the maternal mortality ratio, increasing antenatal care and skilled birth attendance, and protecting newborns against tetanus.
- **Reducing sexually transmitted infections and HIV:** This includes reduced morbidity and mortality from HIV and AIDS and other priority sexually transmitted infections, and prevention of mother-to-child transmission of HIV.

The Bank will use its comparative advantage and address these key areas through: 1) leveraging existing global partnerships such as the International Health Partnership+, H4 and Partnership for Maternal, Newborn and Child Health; 2) health systems strengthening for better service delivery for reproductive health as well as promoting linkages with other sectors (such as education, micro-finance); and 3) promoting high level policy dialogue with countries.

The Action Plan aims for specific Bank deliverables in the following core areas:

- **Increased analytical and advisory activities** to identify constraints and appropriate interventions to improve reproductive health outcomes.
- **Increased level and effectiveness of lending** in health systems strengthening for reproductive health to countries.
- **Developing and strengthening capacity and expertise** within the Bank to ensure effective implementation.

The Action Plan's outline Results Framework sets out three levels for performance assessment: 1) country development outcomes (impact); 2) intermediate outcome indicators to which the Bank contributes (along with countries and other development partners); and 3) 'agency effectiveness activities', such as analytical work and capacity, needed for delivering the outcomes.

Annex 2

Commentary on Reproductive Health Action Plan Results Framework

Existing Reproductive Health Action Plan indicators in dark blue Millennium Development Goals and Countdown 2015 indicators in light blue Other proposed indicators in red

Priority area	Reproductive Health Action Plan 2010 indicators	Recommended indicators (disaggregated by age, economic quintile, urban-rural location where possible)
1 Reproductive health country development outcomes		
1.1 Reducing fertility	- Total fertility rate reduced (Health, Nutrition and Population Strategy indicator)	- Total fertility rate reduced (Health, Nutrition and Population Strategy) - Adolescent/age-specific fertility rate (number of births per 1,000 women aged 15–19) reduced (Millennium Development Goal) - Incidence of unsafe abortion (World Health Organization regional and global estimates)
1.2 Improving pregnancy outcomes	- Maternal mortality ratio reduced (Health, Nutrition and Population Strategy indicator)	- Maternal mortality ratio reduced (Health, Nutrition and Population Strategy/Millennium Development Goal)
1.3 Reducing sexually transmitted infections	- Reduced morbidity and mortality from HIV/AIDS and other priority sexually transmitted infections (Health, Nutrition and Population Strategy indicator)	- HIV prevalence among pregnant women aged 15–24 (Millennium Development Goal) - Percentage of pregnant women aged 15–24 testing positive for syphilis (World Health Organization Global Strategy for Prevention and Treatment of STIs 2006–2015)
2 Reproductive health intermediate outcomes		
2.1 Reducing fertility	- Adolescent fertility rate in target countries reduced (Health, Nutrition and Population Strategy indicator and IDA16) - Contraceptive prevalence rate increased to allow women to reach desired family size (Health, Nutrition and Population Strategy indicator) - Number of target countries with reproductive health strategic plans incorporated in national health strategies - Number of target countries with no contraceptive stock-outs in the preceding year	- Percentage of women using contraception – contraceptive prevalence rate (couple protection rate) (Millennium Development Goal) 15–49 married/in union; recommend modern methods only - Percentage of women who have an unmet need for contraception (Millennium Development Goal); 15–49 married/in union; recommend modern methods only
2.2 Improving pregnancy outcomes	- Births attended by skilled health personnel in target countries increased (Health, Nutrition and Population Strategy indicator) - Newborns protected against tetanus in target countries increased (Health, Nutrition and Population Strategy indicator) - Pregnant women receiving prenatal care in target countries increased (Health, Nutrition and Population Strategy indicator)	- Percentage of births attended by skilled health personnel (Millennium Development Goal) - Percentage of live births delivered by caesarean section (World Health Organization); target 5–15% (Countdown 2015) - Percentage of women attended at least once by skilled health personnel during pregnancy (Millennium Development Goal); or four times by any trained personnel - Percentage of newborns protected against tetanus (Countdown 2015) - Percentage of mothers who received one postnatal contact within two days of childbirth (Countdown 2015)



Priority area	Reproductive Health Action Plan 2010 indicators	Recommended indicators (disaggregated by age, economic quintile, urban-rural location where possible)
2.3 Reducing sexually transmitted infections/HIV	<ul style="list-style-type: none"> - Pregnant women living with HIV who received antiretrovirals to reduce the risk of mother-to-child transmission increased - Number of target countries promoting contraceptive availability for HIV-positive women increased - Number of target countries with programmes on sexually transmitted infection prevention, treatment and counselling for adolescents (both male and female) increased 	<ul style="list-style-type: none"> - Percentage of HIV-positive women who received antiretrovirals to reduce the risk of mother-to-child transmission of HIV (Countdown 2015) - Percentage of condom use at last high risk sex (Millennium Development Goal) - Percentage of population aged 15–24 with comprehensive correct knowledge of HIV/AIDS (Millennium Development Goal) - Percentage of HIV services providing family planning counselling and services for HIV-positive women (prevention of mother-to-child transmission prong 2 – prevention of unintended pregnancies among HIV-infected women (UNAIDS and World Health Organization, Global Fund to Fight AIDS, Tuberculosis and Malaria indicator) - Percentage of young people aged 15–24 with infections that were detected during diagnostic testing for sexually transmitted infections (prevalence surveys, World Health Organization Global Strategy for Prevention and Treatment of STIs 2006–2015)
2.4 Reproductive health policy and health systems	<p>(Indicators incorporate policy, system and intervention indicators from Reproductive Health Action Plan 2010)</p> <ul style="list-style-type: none"> - Policy and strategy: Poverty Reduction Strategy Paper or other national poverty reduction/development strategy includes reproductive health analysis and priorities - Policy and strategy: National reproductive health policy updated in last five years - Policy and strategy: Reproductive health strategic plan incorporated in national health strategy - Financing: Costed implementation plan for maternal, newborn and child health (Countdown 2015) - Financing: Out-of-pocket expenditures as percentage of total expenditure on health (Countdown 2015) - Aid effectiveness and partnership: World Bank is actively engaged in key technical and aid effectiveness fora (International Health Partnership+, sector and donor working groups, reproductive health commodities security group etc) - Data collection: Country systems for monitoring service utilization (for example, health facility reporting of number of institutional deliveries available, by district, and published within 12 months of the preceding year; International Health Partnership+ Monitoring and Evaluation Framework; World Health Organization MBHSS 2010) - Governance/stewardship: National plan includes role of non-state sector and public-private partnerships - Infrastructure: Availability of emergency obstetric and neonatal care: five basic and one comprehensive facility per 500,000 population (Countdown 2015) - Human resources: Midwives authorized to provide a core set of life-saving interventions (Countdown 2015) - Human resources: Density of health workers relative to population (minimum 23/10,000) (Countdown 2015) - Commodity supplies: No contraceptive stock-outs in preceding year at central procurement level 	

- a) The country level reproductive health outcomes do not have targets because countries and other development partners will also contribute to these outcomes.
 b) In the Results Framework for Gender in IDA16, Operational Policy OP4.20 stipulates gender assessments in all Country Assistance Strategies.

Millennium Development Goals indicators: <http://mdgs.un.org/unsd/mdg/Default.aspx>
 Countdown 2015 indicators: <http://www.countdown2015mnch.org/>

3 Bank effectiveness activities		
	Reproductive Health Action Plan 2010 activities (proposed additions in red)	Targets (proposed additions in red)
3.1 Analytical and advisory activities to facilitate policy dialogue and leverage investment	Conduct analytical work to identify country-specific reproductive health constraints to feed into Country Assistance Strategies and lending operations	<ul style="list-style-type: none"> - Percentage of Country Assistance Strategies scheduled for 2010–2015 that have been informed by country-specific gender analysis, including reproductive health, and include reference to all three country development outcome areas and at least three reproductive health priority interventions and three health systems interventions (target = 100%) - Number and percentage of analytical and advisory activities and poverty assessments that focus on or include reproductive health priority areas and interventions
	Track resource flows for reproductive health and identify financing gaps for reproductive health using National Health Accounts framework	<ul style="list-style-type: none"> - Number of national health reproductive health sub-accounts developed for selected countries (track annually)
	Conduct and disseminate regional flagship analytical and advisory activities in Africa, Europe and Central Asia region, South Asia, Middle East and North Africa, and East Asia and Pacific regions – addressing reproductive health issues	<ul style="list-style-type: none"> - Disseminate the South Asia report <i>Sparing Lives</i> (by December 2010) - Africa region flagship report completed and disseminated (by December 2012) - Europe and Central Asia region flagship report completed and disseminated (by December 2012) - East Asia and Pacific region flagship report completed and disseminated (by December 2011) - Middle East and North Africa region flagship report completed and disseminated (by June 2013)
	Ensure reproductive health issues are included in The World Development Report 2012: <i>Gender Equality and Development</i>	<ul style="list-style-type: none"> - Reproductive health issues incorporated in The World Development Report 2012: <i>Gender Equality and Development</i>
	Develop case studies to document success stories and best practices	<ul style="list-style-type: none"> - Number of case studies, reports disseminated (ongoing)
3.2 Lending and other project operations for reproductive health (current and pipeline)	Track planned reproductive health project investments and expenditure	<ul style="list-style-type: none"> - Percentage of health projects scheduled for 2010–2015 in countries with high maternal mortality ratio or high total fertility rate that address high fertility or maternal mortality (no target, but track annually) - Reproductive health percentage of total health portfolio increasing, disaggregated by region and maternal mortality ratio/total fertility rate quartile (as \$ and number of projects) - Reproductive health portfolio disaggregated by family planning//maternal and newborn health/ HIV and sexually transmitted infections - World Bank finance is used to fund new health sector policy or legislation to improve access to safe abortion services - Number and percentage of projects where funds disbursed as planned
	Reproductive health included in trust funds managed by Bank (Global Partnership on Output-Based Aid and Health Results Innovation Trust Fund)	<ul style="list-style-type: none"> - Number and percentage of reproductive health projects in trust fund portfolio



	Reproductive Health Action Plan 2010 activities (proposed additions in red)	Targets (proposed additions in red)
3.3 Portfolio monitoring	<ul style="list-style-type: none"> - Reproductive Health Action Plan progress reported as part of Health, Nutrition and Population Strategy reports - Prepare monthly updates of the list of pipeline projects and Country Assistance Strategies to identify countries for analytical and advisory activities and reproductive health technical support - Prepare monthly updates of the list of ongoing projects to identify projects due for mid-term reviews and implementation completion reports - Develop a list of countries with high maternal mortality ratio or high total fertility rate that do not have current or pipeline projects for analytical and advisory activities or policy dialogue with countries - Track key reproductive health indicators (as identified earlier) by poverty quintiles in countries with high maternal mortality ratio or high total fertility rate - Participation in Quality Enhancement Review Panel of projects under preparation with population/reproductive health theme in countries with high maternal mortality ratio or high total fertility rate - Participation in mid-term reviews or implementation completion reports of health projects with population/reproductive health theme in countries with high maternal mortality ratio or high total fertility rate 	<ul style="list-style-type: none"> - Health, Nutrition and Population Strategy Progress Update - Matrix of list of pipeline projects and Country Assistance Strategies shared with regional reproductive health focal points monthly in Human Development Network, Health, Nutrition and Population Regions - Matrix of list of projects with upcoming mid-term reviews and implementation completion reports shared with regional reproductive health focal points monthly - Matrix of list of countries without current or pipeline projects shared with regional reproductive health focal points monthly - List of reproductive health indicators for monitoring country reproductive health outcomes developed and updated annually - Number of panels with reproductive health expertise participating in quality enhancement review (ongoing) - Number of mid-term reviews with reproductive health expertise participating in each mid-term review or implementation completion reports (ongoing)

	Reproductive Health Action Plan 2010 activities (proposed additions in red)	Targets (proposed additions in red)
3.4 Bank capacity and expertise in health, including reproductive health and health systems	- Establish reproductive health expert team including representation from other sectors	- Expert team on reproductive health issues, including representatives from PREM, DEC, education and other relevant sectors established (by June 2010)
	- Strengthen skills of existing staff in reproductive health and recruit new staff as necessary, in regions and countries	- Reproductive health focal points in all Bank regions identified - Recruit new health, nutrition and population specialists with strong skills in reproductive health for Africa, South Asia and Human Development Network as required by operational needs
	- Develop and disseminate frequently-asked questions and guidance notes for addressing reproductive health constraints	- Frequently-asked questions and guidance notes developed and disseminated, and available on Health, Nutrition and Population division website (ongoing)
	- Develop learning session for Human Development Network learning week	- Short course on reproductive health delivered during the November 2010 learning week
	- Development marketplace for reproductive health	- Conduct development marketplace in reproductive health in Africa and South Asia regions
	- Review and strengthen the existing flagship course on reproductive health	- Number of task team leaders in countries with high maternal mortality ratio or high total fertility rate who have completed flagship courses (track annually)

All the Reproductive Health Action Plan World Bank effectiveness activities are included in the three country progress reports (see pages 18, 20 and 22).

This scorecard is an analysis of the World Bank's Reproductive Health Action Plan. Approved in 2010, the Action Plan marks the Bank's renewed commitment to sexual and reproductive health. Building on recommendations of an evaluation of the Bank and consultation with civil society, it sets out the Bank's approach to increase its effectiveness in promoting and supporting national policies and strategies for reproductive health, and to support improved reproductive health outcomes at national level.

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