WORLD HEALTH ORGANIZATION / WORLD BANK

PARTNERSHIP

Recommendations for Action for Health Development

WHO/World Bank Review Meeting
Geneva, 31 October - 2 November 1994

WORLD HEALTH ORGANIZATION
GENEVA, 1995
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PREFACE

It is now increasingly recognized that the development of comprehensive health care services cannot be the responsibility of the Ministries of Health alone. Meeting the needs for better health cuts across traditional sectoral boundaries and the health sector must combine its resources and efforts with those of other sectors to achieve the delivery of integrated health care services to all. The equitable provision of health care requires the participation of a far wider spectrum of partners than may have been envisaged in the past. Moreover, it is recognized that the health sector can no longer be considered as a consuming sector; investing wisely in health builds human capital, enabling people to contribute to and gain from economic productivity on a more equitable basis. Investments in health can generate significant returns to individuals and for a society that benefit both current and future generations. Global political and economic changes over recent years have also been accompanied by new challenges calling for closer intersectoral collaboration. To meet the global challenges, WHO and other organizations must combine their respective capabilities and capacities which support Member States in their long-term comprehensive and sustainable national development programmes.

It was in this context that the Division of Interagency Affairs, WHO Headquarters, took the initiative to seek closer working partnerships with international organizations which are active in the health and health-related fields. In pursuance of this concept, consultations took place with the World Bank in order to set the stage for a stronger partnership in support of countries’ health development. As a result, the First WHO/World Bank Review Meeting hosted by WHO took place in Geneva in October 1994. The objective of the meeting was to improve the collaborative framework between WHO and the World Bank in support of the health and health-related development sectors in developing countries. Senior government officials from four selected countries and the senior representatives from headquarters and regional offices of the World Bank as well as senior WHO staff members from headquarters, regional offices and four WHO Representatives also attended the meeting. The participants made an in-depth review of the WHO/World Bank collaborative situation and agreed on a series of practical recommendations. The meeting concluded its work with a pledge to build a true partnership in the health and health-related fields by combining the two organizations’ complementary technical and financial expertise and resources in support of health development in developing countries. As a result of this meeting, this short document has been produced for use by concerned WHO staff at country, regional and global level. It can also be shared with national authorities and development aid agencies for the preparation of country and intercountry collaborative programmes.

I would like to take this opportunity to thank and acknowledge the valuable contributions made to the success of the meeting and the production of its recommendations by the government representatives, World Bank participants, and the WHO staff at country, regional and global level, as well as to the members of the secretariat of the meeting.

Yoji Kawaguchi, M.D., Ph.D.
Director, Division of Interagency Affairs
World Health Organization
1. INTRODUCTION

The history of collaboration between WHO and the World Bank goes back to the early 1950s. Since then there has been valuable collaboration in specific programme areas, and in 1976 a Memorandum was signed by the heads of the two organizations. Nevertheless both organizations acknowledge that there have been limitations, duplication and gaps in their efforts to support Member States in the health and health-related fields.

In the past several months, a number of discussions have taken place between WHO and the World Bank aimed at helping strengthen cooperation. A WHO/World Bank Review Meeting took place in WHO/IHQ Geneva, from 31 October to 2 November 1994. Both organizations felt that the meeting was timely and helpful in identifying ways to work together more effectively.

2. DISCUSSION

The participants at the meeting considered successful and less successful examples of WHO and World Bank collaboration and suggested recommendations for stronger links and partnership between the two organizations. The participants also reviewed four selected country situations presented by government representatives from Bolivia, India, Lebanon and Zambia, and discussed in detail major issues related to Government/WHO/World Bank collaboration. As a result the following issues were highlighted:

1) More consultation needed between the two organizations.

2) More awareness needed by the two organizations of the other’s capabilities, capacity and potential; this issue is especially important where there are frequent changes of World Bank senior officials and an inadequate exchange of information.

3) The World Bank’s perception of WHO’s role sometimes insufficiently recognizes WHO’s full range of technical and other contributions to supporting Member States.

4) Inadequate inter-ministerial coordination of external resources at country level. The World Bank usually works with Ministries of Finance and Economic Development (Ministry of Planning) while WHO works mainly with
the Ministries of Health. These ministries often have different views and priorities for national health planning and programmes.

5) Insufficient flexibility of WHO administrative procedures, rules and regulations for recruitment of staff. World Bank rates of remuneration for staff, and particularly for consultants, are considerably higher than those that can be offered by WHO. Furthermore, the terms of employment and the management style of the two organizations are different.

6) Insufficient authority, resources, back-up support and flexibility of the WHO Representative (WR) at the country level.

7) Inadequate and weak health system infrastructures at country level; inability of governments to assume full responsibility for the management of World Bank/WHO collaborative programmes due to inter alia:

   a) poor management capability which decreases the capacity of the Ministry of Health to mobilize and coordinate the use of all external resources for health;

   b) national health budgets usually not the responsibility of Ministries of Health;

   c) high turnover of national staff especially project managers and lack of job security among senior officers;

   d) poor intersectoral collaboration and coordination at the country level coupled with weak decentralized systems.

3. RECOMMENDATIONS

During their deliberations the participants focused on the facilitating factors and successful examples in order to propose practical procedures for improving the collaboration between the two organizations. Subsequently, four working groups were formed to prepare proposals for strengthened mechanisms and procedures to provide better support to the countries.

The recommendations of the working groups were subsequently discussed in plenary. This revealed a substantial level of similarity in each of the four reports facilitating the task of establishing a basis for a framework for a true partnership for health. At the closing session the recommendations were consolidated as follows:
1) The focus of collaboration is the Member States. The World Bank and WHO's cooperation must be in a spirit of close partnership for the country.

2) Governments should be effective coordinators of all external development assistance. WHO and the World Bank should make every effort to ensure that governments have the required capabilities and resources to coordinate external support effectively.

3) Government policy should be the basis for external collaboration in health and development projects. Where needed, WHO and the World Bank, with the Ministry of Health, should jointly support governments in the further development of their health policies.

4) With the Ministry of Health, WHO and the World Bank should promote periodic reviews of projects and programmes, engaging as many of the other involved sectors and development partners as possible.

5) Countries should be encouraged to consider the health implications of all development projects. WHO and the World Bank should ensure, with the Ministry of Health, that appropriate health-related projects are taken into account in broader development projects having health impacts.

6) Close involvement of the Ministry of Health by the Ministry of Finance and Economic Development (Ministry of Planning) on issues concerning financing of health-related projects and development projects with health consequences.

7) The World Bank Department of Population, Health and Nutrition (WB/PHN) will be the Bank's focal point to liaise with WHO/DIVISION OF INTERAGENCY AFFAIRS (WHO/INA) to facilitate and strengthen the collaborative activities between the World Bank and WHO at the global level. Additional contact points will be established at other levels of the two organizations.

8) The focal points of World Bank and WHO should meet periodically (mutually suitable time to be arranged by the focal points) to review the progress of coordination efforts.

9) Mechanisms to be established for a regular exchange of information and communication between WHO and the World Bank, enabling both partners to be fully informed of matters of mutual concern.

10) Collaboration between the two organizations should be established at the earliest stage of any proposed health or health-related activity, especially at the country level. WHO Representatives (WRs) should be involved from
the earliest stage of the Bank's planning process. The Bank should share its country mission plans with WHO, and particularly the WR, in good time before missions take place.

11) WHO/HQ and the Regional Offices should inform the WRs about forthcoming World Bank appraisal missions so that the WR, in close collaboration with the Ministry of Health and other relevant Ministries, can contribute effectively to the preparation of the project documents.

12) WHO should strengthen the role and function of the country offices and representatives by providing information and back-up support in order that they can effectively collaborate with the Bank and governments.

13) Secondment between the two organizations should be encouraged. For example, the World Bank can complement WHO in the area of health economics and WHO can complement the World Bank in specialized health fields, including environmental health. Such secondment promotes collaboration and joint activities between the two organizations.

The meeting concluded its work with a pledge to build a "true partnership in the health and health-related fields" by combining the two organizations' complementary technical and financial expertise and resources in support of health programmes in developing countries.
WHO role in implementing the recommendations

Since 1981, when the Global Strategy for Health for All by the Year 2000, founded on primary health care, was adopted by the World Health Assembly, WHO has been at the forefront in advocating policies based on the principles of social justice and equity, self-reliance and community development in the promotion of health. The role of WHO has become increasingly crucial to the attainment of the goal of health for all and the reduction in the gap between the health status of the people of developed and the developing countries, as well as between the developing and least developed areas.

To better support the countries in achieving their health goals, the recommendations of the First WHO/World Bank Review Meeting have provided a clear basis on which to develop a practical framework and guidelines, requiring WHO to play a stronger role in the planning and implementation of collaborative programmes. WHO, with its existing network and systems at the global, regional and more specifically at the country level, is in a unique position to assist the countries in this process.

The WHO Representative (WR), as a key figure at the country level, must fulfill the most important role and apply the recommendations of the meeting – turning words into action. The WRs at the country level should continue to be mostly advocates for country health development, encourage intersectoral cooperation and promote collaboration among international agencies active in the health and health-related fields. To implement these objectives, the WR should be provided with timely back-up support from WHO at the regional and global levels. At the regional level, under the policy guidance of the Regional Directors, the Directors of Programme Management are the focal points to coordinate the implementation of the recommendations, including the establishment of a mechanism for the implementation, monitoring and coordination of the WHO/World Bank recommendations. At the global level, WHO will continue its work to strengthen the overall collaborative framework between WHO/World Bank and governments and in designing strategies which facilitate the implementation of the recommended policies.
ANNEX I

List of Participants

GOVERNMENTS

Bolivia

Mr Fernando Ruiz, Secretary of Policies & Social Investment, Ministry of Human Development

Dr Javier Torres Goitía, Under-Secretary of Health, Ministry of Human Development


India

Mr Indrajit Chaudhuri, Additional Secretary, Ministry of Health & Family Welfare

Mr T.S. Tirumurti, First Secretary, Permanent Mission of India to the United Nations Office and other International Organizations in Geneva

Lebanon

Dr Walid Ammar, Director General of Health, Ministry of Public Health

Dr Lina Oueidat, Adviser to the Minister of Health, Ministry of Public Health

Ms Abi Samra, Permanent Mission of Lebanon to the United Nations Office and other International Organizations in Geneva
Zambia

Dr Katele Kalumba, Deputy Minister of Health, Ministry of Health

Ms A. Kazhinga, Second Secretary (Political Affairs), Permanent Mission of the Republic of Zambia to the United Nations Office and other International Organizations in Geneva

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Middle East & North Africa Regional Office (MNA)

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Human Resources Development & Operations Policy (HRO)

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Regional Office for the Eastern Mediterranean (EMRO)

Dr Abdelhay Mechbal  WHO Representative, Lebanon
Dr Habib Rejeb  WHO Representative Designate, Iraq

Regional Office for Europe (EURO)

Dr Xavier Leus  Regional Adviser for Coordination & Resource Mobilization (RA/COR)

Regional Office for South-East Asia (SEARO)

Dr M.Z. Husain  Director, Programme Management (DPM)
Dr N.K. Shah  WHO Representative, India

Regional Office for the Western Pacific (WPRO)

Dr Liu Xirong  Director, Programme Management (DPM)
Headquarters

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Dr I.S. Antezana, Assistant Director-General (ADG)
Dr R.H. Henderson, Assistant Director-General (ADG)
Dr Hu Ching-Li, Assistant Director-General (ADG)
Dr J.-P. Jardel, Assistant Director-General (ADG)
Dr W. Kreisel, Executive Director (EXD/EH)

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Mr H. Benaziza, Office of Director, Division of Health Promotion & Education (HPE)

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Dr H.R. Hapsara, Director, Division of Epidemiological Surveillance & Health Situation & Trend Assessment (HST)

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Dr Ko Ko, Special Adviser to the Director-General (DGK)
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Secretariat

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Dr A. Amini, Short-term Consultant, Division of Interagency Affairs (INA)
Mrs D. Halvorsen, Division of Interagency Affairs (INA)
Mr J.A. Jorgensen, External Relations Officer, Division of Interagency Affairs (INA)
Ms S. Berry, Secretary, Division of Interagency Affairs (INA)
Ms J. Fox, Secretary, Division of Interagency Affairs (INA)
Ms A. Prodhame, Administrative Assistant, Division of Interagency Affairs (INA)
ANNEX II

Joint memorandum of World Bank / 
World Health Organization
health activities

1. This memorandum is aimed at developing further cooperation between 
the World Bank ("the Bank") and the World Health Organization ("WHO") 
in the area of health. Health activities are defined herein to include those 
activities which substantially affect physical, mental and social well-being.

2. The Memorandum supplements the already existing arrangements between 
the Bank and WHO for collaboration under the Cooperative Programme in 
Water Supply and Waste Disposal, the Joint Memorandum on Population 
Activities, and the Programme for Onchocerciasis Control. This expanded 
relationship is expected to enhance the effectiveness of both organizations 
and prevent uneconomic duplication of efforts and staffing.

3. The Bank will assist WHO in the analysis and projection of socio-economic 
conditions, in the assessment of national development plans and, selectiv-
tively, in the planning, implementation and evaluation of WHO-assisted 
projects, in the establishment or strengthening of national health and health-
related institutions and in the analysis of problems arising from the deliv-
ery of health services. WHO, on the other hand, will make its assistance 
available to the Bank as required in designing, appraising and monitoring 
schemes for the delivery of health services, the control of communicable 
diseases, the planning of health manpower education, the monitoring of 
health conditions, and in relation to research in the bio-medical sciences. 
These forms of collaboration shall be undertaken with due regard to their 
likely cost and effect in particular instances, on the basis of jointly agreed 
plans. In addition, the two parties are expected to assist each other in 
defining priorities for joint study or action, developing operational guid-
elines and procedures, and in recruiting temporary and permanent staff.

Methods of Cooperation

4. Bank and WHO staff will, on request, assist field and headquarters oper-
tions to the extent consistent with their responsibilities and obligations to 
their respective organizations and host countries. The two organizations
will seek, at the request of the other organization, on a case-by-case basis, to include participants from the other organization in missions to countries. Secondment of WHO staff to the Bank and of Bank staff to WHO will also be considered in order to facilitate communication and liaison.

5. The two parties will give serious consideration to selection of one another’s staff members as participants in their training programmes as appropriate to this Memorandum. WHO staff will be considered for appropriate courses offered by the Bank’s Economic Development Institute and Bank staff for attendance at WHO in-service training programmes at headquarters or in the regions.

6. The Bank will provide WHO with schedules of missions, confidential appraisal reports for projects with health components or consequences, and research proposals, research reports, policy analyses and reports, guidelines and operational manuals related to health. Similarly, WHO will provide the Bank with information on its planned programme, including research, and with research reports, policy analyses and reports, guidelines, and operational manuals which are likely to be of interest to the Bank. In addition, both parties will exchange any other materials likely to be of interest and value, and which affect relevant policies and current thinking of the organizations. It is basic to the spirit of this understanding that such documentation and information should be communicated regularly and as early as possible in order to facilitate constructive criticism and review, with a view to enhanced cooperation.

7. Staff of the Bank and WHO will meet at least once a year in Washington or Geneva to discuss policy issues of interest to both organizations, to review operations in countries which they are carrying out, or have planned, projects or other activities in the health sector or with health implications, and to identify methods and procedures which would increase collaboration. At that time they shall also examine the scope and adequacy of the information exchanges provided for in paragraph 6.

Reimbursement for Services

8. The Bank and WHO will make appropriate arrangements for the reimbursement of the cost of services provided by each other under this Memorandum on a case-by-case basis.
Liaison

9. Within the Bank, the Director, International Relations Department, will be responsible for Bank contacts and liaison on matters of inter-institutional cooperation arising in connexion with the implementation of this Memorandum; the Bank's Environmental and Health Adviser, Office of Environmental and Health Affairs, will be responsible for contacts and liaison on health policy and technical matters.

10. Within WHO headquarters, the contact point for inter-institutional cooperation with the Bank will be the Director, Division of Coordination.

Date 5/17/76

for the World Bank

Date 5/5/76

for the World Health Organization
ANNEX III

SELECTED OFFICES OF THE WORLD BANK AND
WORLD HEALTH ORGANIZATION

WORLD BANK HEADQUARTERS
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Washington, DC 20433, USA
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OFFICE OF THE PRESIDENT (EXC)

THE VICE PRESIDENT
ENVIRONMENTALLY SUSTAINABLE DEVELOPMENT (ESD)

THE VICE PRESIDENT
HUMAN AND RESOURCES DEVELOPMENT & OPERATIONS POLICY
(HRO)

   a) Director, Population, Health & Nutrition Department (PHN)

THE VICE PRESIDENT
AFRICA REGIONAL OFFICE (AFR)

   a) Director, Southern Africa Department (AF1)
      (Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia,
      South Africa, Swaziland, Zambia, Zimbabwe)

   b) Director, Eastern Africa Department (AF2)
      (Djibouti, Eritrea, Ethiopia, Kenya, Somalia, Sudan,
      Tanzania, Uganda)

   c) Director, Central and Indian Ocean Department (AF3)
      (Burundi, Cameroon, Central African Republic, Chad,
      Comoros, Congo, Equatorial Guinea, Gabon, Madagascar,
      Mauritius, Rwanda, Seychelles, Zaire)

*This address, telephone and facsimile numbers to be used for all offices listed below.
d) Director, **Central-Western Africa Department (AF4)**
   (Benin, Burkina-Faso, Côte d'Ivoire, Ghana, Niger, Nigeria, Togo)

c) Director, **Western Africa Department (AF5)**
   (Cape Verde, Gambia, Guinea, Guinea-Bissau, Liberia, Mali,
   Mauritania, Sao Tome & Principe, Senegal, Sierra Leone)

f) Director, **Africa Technical Department (AFT)**

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**THE VICE PRESIDENT**

**EAST ASIA & PACIFIC REGIONAL OFFICE (EAP)**

a) Director, **Country Department I (EA1)**
   (Cambodia, Korea, Lao PDR, Malaysia, Mekong Committee,
   Myanmar, Philippines, Thailand, Viet Nam)

b) Director, **Country Department II (EA2)**
   (China, Mongolia)

c) Director, **Country Department III (EA3)**
   (Fiji, Indonesia, Kiribati, Marshall Islands, Micronesia,
   Papua New Guinea, Solomon Islands, Tonga, Vanuatu,
   Western Samoa)

---

**THE VICE PRESIDENT**

**SOUTH ASIA REGIONAL OFFICE (SAS)**

a) Director, **Country Department I (SA1)**
   (Afghanistan, Bangladesh, Maldives, Pakistan, Sri Lanka)

b) Director, **Country Department II (SA2)**
   (Bhutan, India, Nepal)

c) Director, **Asia Technical Department (AST)**
THE VICE PRESIDENT
EUROPE & CENTRAL ASIA REGIONAL OFFICE (ECA)

a) Director, Country Department I (EC1)
   (Bulgaria, Cyprus, Former Yugoslav Republic of Macedonia,
   Portugal, Romania, Turkey)

b) Director, Country Department II (EC2)
   Albania, Republic of Bosnia-Herzegovina, Croatia,
   Czech Republic, Hungary, Poland, Slovak Republic, Slovenia)

c) Director, Country Department III (EC3)
   (Azerbaijan, Kazakhstan, Kyrgyz Republic,
   Russian Federation, Tajikistan, Turkmenistan, Uzbekistan)

d) Director, Country Department IV (EC4)
   (Armenia, Belarus, Estonia, Georgia, Latvia, Lithuania,
   Moldova, Ukraine)

THE VICE PRESIDENT
MIDDLE EAST & NORTH AFRICA REGIONAL OFFICE (MNA)

a) Director, Country Department I (MN1)
   (Algeria, Islamic Republic of Iran, Libya, Malta, Morocco,
   Tunisia)

b) Director, Country Department II (MN2)
   (Bahrain, Arab Republic of Egypt, Iraq, Jordan, Kuwait,
   Lebanon, Oman, Qatar, Saudi Arabia, Syria, United Arab
   Emirates, Yemen Republic)

c) Director, ECA/MNA Regions Technical Department (EMT)

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a) Director, Country Department I (LA1)
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   Haiti, Honduras, Mexico, Nicaragua, Panama, Venezuela)

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Tome and Principe, *Senegal, *Seychelles, *Sierra Leone, +South Africa,
*Zimbabwe

* with WHO Country Representative
+ with WHO Liaison Officer
y with WHO Special Coordinator
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Member States: *Antigua and Barbuda, *Argentina, *Bahamas, *Barbados,
*Belize, *Bolivia, *Brazil, Canada, *Chile, *Colombia, *Costa Rica, *Cuba,
+Dominica, *Dominican Republic, *Ecuador, *El Salvador, +Grenada,
*Paraguay, *Peru, *Puerto Rico*, +Saint Kitts and Nevis; +Saint Lucia, +Saint
Vincent and the Grenadines, *Suriname; *Trinidad and Tobago, United States of

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+ with Programme Coordinator
y with OPS/OMS Chargé d'Affaires

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**Non-Member State Observers to the World Health Assembly:** Holy See, Liechtenstein.

+ with WHO Liaison Officer  
o with Special Representative of Director of WHO Regional Office for Europe  
y with WHO Coordinator  
z with Area Office  
■ with WHO Public Health Adviser to the Minister of Health
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