



**OFFICIAL USE ONLY**

SecM2007-0150/2

April 20, 2007

**For Discussion  
Informal Meeting  
Tuesday, April 24, 2007**

FROM: Vice President and Corporate Secretary

**Healthy Development: The World Bank Strategy for Health, Nutrition,  
and Population Results**

**Revision**

1. Attached are revised paragraphs 152-161 of the report entitled "Healthy Development: The World Bank Strategy for Health, Nutrition and Population Results" (SecM2007-0150), which will be discussed at an informal meeting of Executive Directors to be held on **April 24, 2007**. The revised text is underlined for ease of reference.
2. Questions on this paper may be addressed to Mr. Baeza (ext. 80413) and Ms. Klingen (ext. 87413).

Distribution:

Executive Directors and Alternates  
President  
Bank Group Senior Management  
Vice Presidents, Bank, IFC and MIGA  
Directors and Department Heads, Bank, IFC and MIGA

## H. Implications for Priority Health, Nutrition, and Population Programs and Interventions

152. The new environment, Strategic Objectives, and Strategic Directions discussed here apply to all HNP program areas for which the Bank provides technical and financial support, including nutrition, population, and HIV/AIDS. Some of the core policy implications of this Strategy in nutrition, population, and on HNP's contribution to combating HIV/AIDS are examined in this section.
153. Upon country demand, the Bank will continue to support through lending and policy advice all health, nutrition and population activities necessary to improve HNP outcomes, especially for the poor and the vulnerable. The Bank will increasingly ensure that Bank operational support and policy advice for priority areas in health will strengthen country health systems. Strengthening health systems will lead to removing systemic constraints and thus improve the effectiveness of country, Bank, and international community financing to achieve HNP results. Through policy analysis and policy dialog, the Bank can also assist countries in realizing levels of investment in HNP sector and rational allocations within the sector consistent with accelerated progress towards MDG 1, 4, 5, and 6, and with other international commitments to achieving better health outcomes and greater health equity.

A strong commitment to population, sexual and reproductive health, and maternal and child policy.

154. The term "population" covers a variety of topics. Within the HNP sector two broad areas are most commonly referred to as population:
- (a) Reproductive, maternal, and sexual health issues, and the health services that are concerned with addressing them;
  - (b) Levels and trends in births, deaths, and migration that determine population growth and age structure, and frequently have an impact on economic growth, poverty, labor markets, and other sectors.
155. The Bank commitment to population issues is embedded in the Programme of Action of the International Conference on Population and Development (ICPD 1994)<sup>1</sup> and identifies a number of entry points for the Bank to engage in population issues from within and outside the health sector. The Bank endorsed the Cairo Consensus in 1994 and continues to do so.
156. The ICPD called for achieving broader development goals through empowering women and meeting their needs for education and health, especially safe motherhood and sexual and reproductive health.

---

<sup>1</sup> UNFPA. 2004. *Programme of Action. Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994*. New York: UNFPA.

- (a) It recommends that health systems provide a package of services, including family planning, prevention of unwanted pregnancy, and prevention of unsafe abortion and dealing with its health impact, safe pregnancy and delivery, postnatal care, as well as the prevention and treatment of reproductive –tract infections and sexually transmitted diseases, including HIV/AIDS.
- (b) In terms of reproductive rights, the Programme of Action specifically includes the following:
- improving knowledge and information on reproductive health services;
  - access to quality services particularly for the poor and vulnerable groups (i.e., migrants, adolescents, etc.);
  - inclusion of youth in sexual and reproductive health programs, outreach and services (including provision of birth spacing methods);
  - prevention of sexually transmitted diseases, including HIV;
  - promotion of gender equality with particular attention to prevention of violence against women.

157. **Background and context to today's population issues.** In the second half of the 20th century, the world population more than doubled, reaching 6.4 billion by mid-2004. According to current projections, 95 percent of all population growth will occur in developing countries (United Nations 2003). Since the middle of the last century, fertility and mortality trends almost everywhere have gradually started to converge toward low fertility and lengthened life expectancy. The exception is the Sub-Saharan Africa Region, where total fertility rates are still high: nearly 6 children per woman, compared with an average TFR of 2.6 in other low- and middle-income Regions (figure A22). About 200 million women who either want to space or limit their childbearing lack access to effective contraceptives. Intermediate fertility countries in South Asia and elsewhere, some with total fertility rates of 3 or 4, also continue to face challenges as they proceed through the demographic transition.
158. Africa will be the fastest growing Region, but most of the people born into the world between 2005 and 2050 will be Asians, due to the huge population size of Asia (60 percent of the world's population in 2005) and the associated population momentum. Concurrently, most countries in Europe and Central Asia are expected to grow little, and a decline in population is projected in a few.
159. Countries can be grouped into three categories with broadly similar population issues (table A5): (a) countries with high fertility rates (TFR over 5.0), often showing little change in fertility over time; (b) countries with intermediate fertility rates (TFR ranging from 2.5 to 5.0); and (c) countries with fertility rates near replacement level and below. Individual country-level analyses of population trends will be required to identify specific constraints and remedies for policy formulation. Countries in various stages of fertility transitions face diverse challenges in the areas of sexual and reproductive health.

160. Many aspects of effective reproductive and sexual health service delivery depend on overall health system strengthening, including, planning, human resources, financing, regulation, information systems, management, and commodity procurement and logistics. There is now a robust body of evidence and experience to guide the design, delivery, and assessment of sexual and reproductive health programs. However, the determinants and consequences of demographic change need urgent study, specifically on policies and interventions affecting fertility, family planning, and utilization of other sexual and reproductive health care. Trends resulting from demographic processes—large birth cohorts in high-fertility countries, changes in the age structure resulting in large youth populations and rapidly growing elderly cohorts—all have profound implications for HNP, education, labor markets, pensions, poverty reduction, and environment.
161. **Countries with high unmet needs in sexual and reproductive health as a priority.** Despite the dramatic decline in global fertility rates, 35 countries, mostly in Sub-Saharan Africa, and a few countries in other Regions (Timor Leste, Afghanistan, West Bank-Gaza, and Yemen) still have fertility rates above 5 (United Nations 2003). Fertility rates in a number of these countries have not declined for several decades (figure A23), demonstrating their high unmet needs in sexual and reproductive health and maternal mortality reduction.
162. The rationale for Bank focus on these countries, along the lines of Bank comparative advantages, is clear from an economic growth / poverty reduction perspective as well as from equity considerations. The consensus today is that rapid population growth constrains countries at low levels of socioeconomic development (Kelley 1988; Birdsall, Kelley, and Sinding 2001). It raises demand for public services and financial resources in countries that cannot create the fiscal space to provide either. Women endure a disproportionate burden of poor sexual and reproductive health. Their full and equal participation in development is therefore contingent on accessing essential sexual and reproductive health care, including the ability to make voluntary and informed decisions about fertility.
163. Notwithstanding, global attention to population issues has been declining (PATH/UNFPA 2006). The earlier success in reducing global fertility rates, the rise of competing priorities, the unintended loss of focus on family planning services within the broader ICPD agenda, and the changing environment have all contributed to persistently high fertility rates in some countries and declining funding for family planning (figure A24). Repositioning family planning within the ICPD agenda and, in collaboration with development partners, strengthening its visibility are important. Harmonization and aid alignment at the country level is necessary to make sure that sexual and reproductive health services are funded adequately in national budgets. A comprehensive response is required from the Bank and its partners.

164. **Future directions for the Bank.** The Bank commitment to population issues is embedded in the ICPD Programme of Action (ICPD 1994).<sup>2</sup> The Bank recognizes that UNFPA and WHO are the main agencies working on the technical aspects of reproductive health issues. The Bank will work on population issues on the basis of its comparative advantages. Upon country demand, the Bank will focus its contributions in countries with high unmet needs in sexual and reproductive health in the following areas:
- (a) assessing multisectoral constraints to reducing fertility, determining impacts of population changes on health systems and other sectors, and assisting countries in strengthening population policies;
  - (b) providing financial support and policy advice for comprehensive sexual and reproductive health services, including family planning, and maternal and newborn health;
  - (c) generating demand for reproductive health information and services, including improving girls' education and women's economic opportunities, and reducing gender disparities;
  - (d) raising the economic and poverty dimensions of high fertility in strategic documents that inform policy dialogue (such as, CASSs, CEMs, and country-led PRSPs).

---

<sup>2</sup> UNFPA. 2004. *Programme of Action. Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994*. New York: UNFPA.