

## ***Aid Without Impact: How the World Bank and Development Partners Are Failing to Improve Health Through SWAps***

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### Executive Summary

#### *Background*

As the world's leading infectious killer after HIV/AIDS, tuberculosis (TB) remains a disease of exceptional public health importance. TB most heavily impacts the poor in low- and middle-income countries as well as people living with HIV, and it impedes development in areas with a high burden of the disease. The need to address TB has become more urgent in recent years, as HIV/AIDS has driven a resurgence of the disease across much of Africa and as a growing share of TB has become resistant to one or more of the standard drugs used to treat it. Some important progress has been made in global TB control over the last decade, but the world is still far off track toward meeting the Stop TB Partnership's 2015 targets of reducing global TB prevalence and mortality rates to half the levels that were seen in 1990 (World Health Organization 2009b).

There were 9.4 million new cases of TB in 2008, as well as 1.8 million TB deaths. Approximately 44 percent of all TB deaths occurred in Africa, including over 80 percent of all TB deaths among people living with HIV/AIDS. Most people with TB disease in sub-Saharan Africa go undiagnosed, and fewer than 12 percent of the estimated number of multidrug-resistant TB cases in the region in 2008 were identified (World Health Organization 2009b; World Health Organization 2010a; World Health Organization 2010b).<sup>1</sup>

While the World Bank has successfully supported national efforts to control TB in China and India through large-scale TB-specific investments, the Bank is largely pursuing a different strategy against TB in the Africa region. Rather than supporting TB-specific projects, the Bank's latest Health, Nutrition and Population (HNP) strategy seeks to address TB through support to recipient governments for health sector development more broadly (World Bank 2007). This approach emerged in the late 1990s in response to certain limitations that were observed in the project-based approach to health in some settings. The sector-wide approach (SWAp) then evolved as a way to coordinate donor financing for health sector development. Development assistance channeled toward broad health sector support increased from approximately \$2 million in 1998 to \$937 million in 2007, and in

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<sup>1</sup> South Africa accounted for over 80 percent of all notified MDR-TB cases in the Africa region. Excluding South Africa, fewer than three percent of MDR-TB cases in Africa were identified in 2008.

<sup>2</sup> "Health sector development projects" are investment projects in the health sector that generally support the

2006 funding for health sector support exceeded for the first time both TB- and malaria-specific funding (Institute for Health Metrics and Evaluation 2009).

### *Focus of This Report*

This report seeks to assess the efforts of the World Bank and its development partners to address TB in sub-Saharan Africa through SWAps. Moreover, because SWAps are intended to improve public health more generally, the research yielded evidence regarding their performance against other priority health interventions.

As it examines support provided for TB control, this report seeks to answer four questions for the period 2001 to 2008 for low-income countries in sub-Saharan Africa:

- To what extent did the World Bank, working with its development partners, support TB control through “health sector development projects,” including those carried out through SWAps?<sup>2</sup>
- To what extent were SWAps associated with improvements in TB case detection and treatment success rates?
- To what extent do SWAps appear to be associated with improvements in health outcomes more generally?
- How could the World Bank, its development partners, and countries with a substantial TB burden strengthen the impact of SWAps on TB case detection and treatment success?

### *Methodology and Limitations*

This report is based on a review of selected project data, a literature review, and key informant interviews. First, ACTION reviewed 15 World Bank-assisted health sector development projects for countries in sub-Saharan Africa that were approved between 2001 and 2008. Second, ACTION reviewed considerable literature on program-based approaches to development assistance, SWAps in health, and SWAps in education.<sup>3</sup> ACTION then carried out 28 key informant interviews with people with expertise in development assistance for health, including for TB control and for health sector development.

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<sup>2</sup> “Health sector development projects” are investment projects in the health sector that generally support the strengthening of key health systems functions as well as various programs within the health sector. This type of operation is to be contrasted with a health project that focuses on a narrow range of investments, such as a project focused on TB control, or HIV/AIDS control, or nutrition.

<sup>3</sup> “Program-based approaches” was a term used more often during the early conceptual phase of SWAps. It is meant to differentiate between aid directed to discrete projects and aid directed to broadly support a sector plan.

This review is not meant to be exhaustive or to compare TB outcomes associated with SWAp with TB outcomes associated with development projects that have a specific TB focus. In addition, ACTION did not examine the extent to which countries implemented the TB component of their SWAp “program of work” (PoW). Rather, this review is concerned with health outcomes — including the extent to which SWAps appear to be associated with improvements in TB case detection and treatment success.

### *Findings*

***There is an unacceptable dearth of scientific assessment that demonstrates the impact of SWAps on health outcomes, despite the billions of dollars that have been invested in this approach over the last thirteen years.***

Information collected through 28 key informant interviews, as well as a review of the available literature, suggests that the World Bank and its development partners urgently need to adjust their approach to SWAps if SWAps are to effectively and efficiently produce better health outcomes. Within the available literature on SWAps, it was difficult to find evidence that SWAps were enabling improvements in health outcomes. Moreover, while all of the individuals ACTION interviewed for this report expressed that the SWAp is an essential approach to development assistance for health in low-income countries in sub-Saharan Africa, almost all of them noted that in most countries SWAps are not yet being implemented in a way that has led to improvements in health outcomes in effective, efficient, measurable, or sustainable ways.

The findings of a World Bank Independent Evaluation Group (IEG) evaluation of SWAps in the health sector were consistent with this review’s findings, identifying major flaws in the approach the Bank and its development partners are taking to SWAps. These flaws included, among others:

- A general lack of attention to results
- Insufficient attention to ensuring that SWAps are technically sound
- A general failure to monitor country expenditures to be sure they focus on the highest-priority investments
- Very weak monitoring and evaluation of the health programs that SWAps are supporting

The IEG review found that SWAps are associated with mixed results at best (World Bank Independent Evaluation Group 2009a).

***The World Bank and its development partners are not addressing TB adequately or appropriately through SWAps in sub-Saharan Africa.***

Only three of the 15 projects reviewed (20 percent) included indicators for improving both TB case detection and treatment success. Programs in three countries with high TB burdens included no TB indicators at all, despite the fact that these programs were oriented toward broad “health sector development.” Little evidence from project documents or 28 key informant interviews suggested that the World Bank and its development partners gave TB the rigorous and priority attention that it should be given in countries with a high TB burden.

Key informant interviews also did not identify any successful impacts on TB that might have been driven by SWAp. Rather, the most pertinent comments made by key informants suggested that improving TB control in the presence of a SWAp occurs most in those countries that “ring fence” their TB program from the SWAp and continue, often with financing separate from the SWAp, to pay focused attention to improving both case detection and treatment success.

### *Recommendations*

The World Bank and its development partners need to see the failure of SWAps to consistently promote better health outcomes as a potentially lethal breakdown in their development assistance programs for health. They urgently need to reduce the emphasis in SWAps on *process* and increase the emphasis on *outcomes*. They must also view SWAps as a means to achieve better health outcomes rather than as an end in themselves. While efforts to strengthen health systems are important, and while they might be *necessary* conditions for the achievement of health outcomes in some settings, they will rarely be *sufficient* conditions for such achievement. Reducing morbidity and mortality will almost always require well-focused, continuous technical engagement with countries in high-priority areas, regardless of the approach to development assistance being taken by the development partners active in that country.

For SWAps to promote improvements in health outcomes, the following measures should be taken with urgency:

***The World Bank and other development partners must look beyond the process of coordinating aid and toward measuring and improving health outcomes.***

Management within these institutions must provide stronger incentives for staff to focus on achieving results. If development partners are made to tie their disbursements to results, this adjustment should help turn their attention, as well as the attention of recipient governments, to improving health outcomes. Moreover, evaluation must be adequately funded and integral to all development-assistance efforts in health. These are findings that the World Bank and others have repeatedly come to themselves, but have failed to sufficiently act on. Absent such changes, established initiatives will fail to improve health outcomes. Moreover, new initiatives such as the International Health Partnership and

related initiatives (IHP+) will risk becoming another process-oriented effort that fails to improve health outcomes.

To better ensure accountability for improving health outcomes within SWAps:

- ***Health programs should be reviewed at least once every two years by a truly independent technical team that assesses the impact of program implementation compared to stated objectives, publicly reports on findings, and makes recommendations for improving performance.*** Despite the best efforts of stakeholders, the current arrangements for project oversight generally do not produce uncompromised, publicly available information on the status of development investments, as the World Bank itself has noted (World Bank Independent Evaluation Group 2009b).
- ***The World Bank and other development agencies should make public, at a minimum, the Annual Joint Program Reviews that cover the health projects they support.*** Public oversight of key development investments in low-income settings is critical to the success of these investments. Recent revisions to the World Bank's policy on transparency could be a valuable step in this direction.<sup>4</sup>
- ***SWAps must be more rigorously monitored and evaluated to determine what is working and what is not.*** The World Bank and its development partners should invest more resources in monitoring and evaluation to better determine what is working and what is not within the implementation of SWAps. They should disseminate this information widely among all stakeholders, and the results of such research should be used to improve the implementation of SWAps over time.

***The World Bank and other development institutions must ensure that the development assistance they provide is appropriate to country capacity.***

SWAps were conceived for application in countries exhibiting strong financial accountability, a coherent policy framework, and substantial country capacity for effective program implementation. In practice, however, SWAps have generally been implemented in contexts that do not fit this model. In part for this reason, the aims of SWAps have often exceeded available country capacity and have failed to pay sufficient attention to priority health interventions (World Bank Independent Evaluation Group 2009a). Development partners must better assess risk before developing SWAps. In addition, funds should flow on a large scale only to those SWAps that evidence shows are helping to achieve improvements in health outcomes, particularly for the poor, women and girls, and other marginalized groups. This will encourage greater attention to the appropriate design of SWAps.

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<sup>4</sup> In December 2009, the Board of Directors of the World Bank approved a new disclosure policy that will greatly increase the number of World Bank project documents that are made publicly available.

***The assistance that the World Bank and other development partners provide for TB through SWAps must lead to improvements in TB case finding and treatment success.***

SWAps in countries where TB is a disease of public-health consequence should include indicators for tracking the progress being made to improve TB case detection and treatment success. Targets for improvements in these indicators should be established, performance of the SWAp should be consistently measured against these benchmarks, and staff should be held accountable for meeting these targeted outcomes.