

World Bank Financed Operations in Africa Region That Include Malaria Support or Have Potential for Malaria Support if Government Requests

April 2003

Introduction and Context

The attached is a table of World Bank financed operations activities in the Africa Region in which there are either existing malaria control activities, or the potential for them to be supported by the credit.

When thinking about where Bank financing is available for malaria, “Health, Population and Nutrition Projects” as well as “Disease Control Projects” provide an obviously inviting home for malaria-control activities. For example, the Eritrea HAMSET (HIV/AIDS, Malaria, STDs, TB) Disease Control Project directly addresses malaria by promoting prompt and proper treatment of severe malaria within 24 hours, including a communications program to increase the percent of children sleeping under an ITN, and allocating US\$690,000 specifically for malaria vector control. In this case, Bank financing “for malaria” is marked clearly, and it has been noted on the attached table wherever the Bank’s Malaria Team has worked to incorporate malaria-specific activities (for example, a line item on ITNs) into project components. However, and more often than not, malaria financing is not explicitly included (with a separate budget line item) in Bank funding of health sector programs, but rather is implicitly included (for instance, a line item on infectious diseases in general, or funding for essential drugs in general).

Considering only the projects in which malaria control is explicitly budgeted in the project documents yields an incomplete picture of the Bank’s portfolio in malaria control and subsequently, an incomplete picture of where potential additional funding for RBM activities exists. Frequently, projects that do not explicitly state that they will support malaria inputs are, in reality, supporting malaria inputs indirectly. For instance, any Bank-financed health project in Africa that finances the purchase of essential drugs (approximately 30% of all disbursements) will finance antimalarials. The same holds for training, laboratory expenditures, some infrastructure, managerial expenditures, staff expenditures (i.e. treatment of malaria by nurses in clinical settings where inputs are financed through the Bank Health Sector Credit), and others.

As a typical example, the Health Sector Development Project in Tanzania provides a credit of approximately US\$22 million over approximately three years. The project’s aims include the strengthening of health service delivery, including primary care and district health services, but do not explicitly include an earmarking of funds for malaria control. The credit supports broadly the first phase of the Health Sector Reform Program of the Government of Tanzania and two more phases are planned at US\$40 million each (over eight years). Despite the lack of explicit earmarking, it can be assumed reasonably that a significant portion of the funding for the Tanzania project will support malaria

control, either for explicit malaria activities at national or district level, through infrastructure and vehicles for health services, or through improved supplies of pharmaceuticals, and that needs for malaria-specific inputs could readily be financed from this sources of funds. Evidence of the expectation that Project financing will support malaria is often revealed in the indicators defined for measuring the project's success, or monitoring the impact of the Sector Program being partly financed by the Bank. Returning to the Tanzania project example, a target of reducing the malaria in-patient case fatality rate for children under-five from 12.8% (1997) to 8% (2011) has been included as an indicator, even though the project does not explicitly earmark financing for malaria. In Fiscal Year 2003, US\$10 million has been set aside for malaria control by partners in the sectoral budget.

Another category in which financing for malaria is not explicit but in which opportunities for financing malaria control exist are in project-specific activities (in projects which describe specific sub-sectoral areas of emphasis, versus the sector-wide approaches that the Bank is increasingly supporting) that focus on health concerns related to malaria. For example, partners should see projects focusing on maternal and child health, nutrition, and similar topics as opportunities for incorporation of malaria-control activities such as IPT and IMCI. It is this broader definition of 'malaria-control' that is used in the attached table as RBM moves toward malaria control working through existing points of contact and interventions.

Using the table

The attached table has been assembled to serve as a practical tool that assists and encourages RBM partners to work with both country officials and Bank staff (including, but not limited to the Malaria Team) to make use of Bank funds available to countries. All partners may not be familiar with certain relevant aspects of Bank's lending process, and so definitions of terminology, as well as suggestions on how the provided information might be used by partners have been provided here.

Project Name

The name assigned to the project by the government and Bank project task team. Clicking on the name will take the user to the project's web-page, which contains an abstract summarizing the project, as well as other detailed documentation and information.

If interested in a particular project, partners are encouraged to review the project documents by clicking on the project's web page the links for the various documents. The Project Appraisal Document (PAD) provides the most detailed information on planned components of the project. Partners will note the documents usually describe a broad range of activities, and the ones included in the attached table have the potential to accommodate readily activities that have an impact on malaria. It is also important to realize that the Legal Agreement is the binding instrument (not the PAD), so even if something is not described within the PAD there may well be room to allocate financing.

IDA Commitment Amount

The amount committed by the World Bank from IDA (International Development Association) sources at the time of the project's approval. This is the amount available to the country from the Bank for the project's duration.

Partners should note that even if the PAD describes annual amounts, the total amount of the Credit or Grant is available from the Effectiveness date, and countries that disburse the entire Credit/Grant amount earlier than anticipated will generally then be eligible for additional financing under a new Credit or new Grant.

Components relevant to malaria/Comments

Provides a brief description of parts of the project that include direct and indirect malaria control activities. Summarizes information found in the project documents, which are available on the internet and contain detailed descriptions of the project and its components.

Partners can find the full documents from which the summary has been pulled by clicking on the project's name in the table.

Balance

Amount of the credit that is unspent as of the date of update. Note that balances and disbursements are updated frequently, and users are encouraged to confirm the credit's balance and status with the Bank's Malaria Team.

Some portion of these funds are potentially available for malaria control activities, even if malaria control has not been designated explicitly as a goal of the project. When approaching country officials (such as the Contact Person) in the implementation agency, partners might hear that the funds have already been committed to activities and are not available. However, these commitments are not usually official commitments, but rather, planned use of the funds. Official commitments have already been subtracted from the Balances provided and only these commitments are legally binding. When faced with a situation where uncommitted funds are being claimed to have been committed, it is best to engage Bank staff and the Bank's Malaria Team who will work with country counterparts to explore the situation and alternatives.

Average disbursement rate

Calculated as percentage of total credit disbursed, divided by the number of years that the credit has been active – as of the date of the table's update. This is a very general indication of absorptive capacity and it is important to bear in mind that disbursements are not necessarily made in equal parts per year. In fact, they tend to be "lumpy", as a single expenditure on a civil works or pharmaceuticals contract can account for a large

share of the Credit. Refer to the project documents for the planned disbursement schedule.

Scheduled closing date

The date all financial activities related to the project are scheduled to be stopped. In many cases, financial activities (e.g., closing the books) will continue up to three months after actual field activities have ceased. As a result, any re-allocation of funds for malaria activities should be planned well in advance of the listed closing date.

Guidance and Conclusions

Partners – in particular, WHO and UNICEF Country Representatives, staff from AFRO and Malaria Control Program Managers – should be able to use this information to encourage Ministries of Health to employ these available resources against specific malaria inputs as the needs arise. Partners may be aware that legal agreements (known as DCAs or Development Credit Agreements) that govern the use of Bank financing. However, for the most part, the Legal Agreements that govern the use of these resources would readily accommodate malaria financing, *even when this has not been earlier anticipated*. At times, World Bank Task Team Leaders may need to approve government requests for large procurements or reallocations across the expenditure categories defined within the legal agreement (although as these categories are extremely broad, this is not usually necessary). However, in general it is the responsible party within the Implementing Agency (usually the Ministry of Health) who can make decisions regarding reallocation or propose such to the respective policy maker. In the case of SWAps, the proposal might need to be jointly endorsed by the MOH and its partners. What the Bank frequently encounters is a situation where the MOH decision maker wants to “save” the Bank financing for some specific purchase in the future (e.g., construction of health facilities that will not be built for 3 more years when the credit is set to close in 1 year). In these cases, it is preferable to work with the Bank staff member who can advise the government that additional resources could be made available once existing resources are spent and/or that there is a disadvantage in “hoarding” Credit proceeds, as it is costly and implies that the MOH does not need the resources.

It is hoped that the this note and attached table provides both a more complete understanding of existing Bank financing for malaria, as well as a tool that can be used by partners to find out in which countries Bank funds are still available and could potentially be allocated and used for malaria activities. The table should also be used by partners to integrate malaria control better into health sector planning processes (the biannual planning meetings used for SWAps, for example). The Partnership can now begin to take stock systematically of where the potential for future World Bank support for malaria control exists and where RBM can make better use of the resources already available to countries.

It is recognized that this document elucidates only partially the process of engaging Bank financing for malaria control making it all the more important that the Bank’s Malaria

Team is aware of and involved in partners' efforts to engage Bank staff and country officials to make better use of Bank credits for RBM activities. Training sessions and workshops in which the Bank's Malaria Team and/or other Bank staff hope to work with partners to understand the World Bank financing process to increase support to malaria began in March 2003 and are expected to continue.

9.Ghana	Health Sector Support Program (02)	\$89,600,000	US\$32 million is grant and will be disbursed first. General support for health sector. Specifically the project will: (i) strengthen the Ministry of Public Health's capacity to design and implement key sector reforms; (ii) improve the efficiency and affordability of health care delivery in rural areas; (iii) contribute to reducing population growth and maternal and child mortality rates; and (iv) promote beneficial health and family planning behaviors.**		no disbursement	30-Jun-2007
10.Guinea	Population and Reproductive Health Project	\$11,300,000	Imp quality and use of and access to priority RH and CH programs (6.0) including promotion of Safe Motherhood and IMCI. Second and third APL phases planned at appx 13.0 each.	\$300,618.86	27.80	31-Dec-2003
11.Guinea-Bissau	National Health Development Program	\$11,700,000	Basic min package of care in health centers with support from of national programs (such as MCH) with emphasis on rural and marginalized urban areas, this includes malaria as a part of disease control and has an essential drugs component (37.5); HR developmen (12.6); Promotion of better health - IEC included (3.2)	\$6,618,194.89	8.24	31-Dec-2003
12.Kenya	Decentralized HIV/AIDS and Reproductive Health Project	\$50,000,000	Large RH component (10.8).that targets MCH (8.5), focusing on women of reproductive age and expectants. IMR/CHR (1.75), % births attended by qualified health workers are indicators, and % of health facilities with pro-poor exemption mechanisms for user fees are overall targets. RH health indicators include: decrease in malaria CFR , increase in AN coverage rate. Recent district-level RBM engagement.	\$34,669,573.23	7.29	30-Jun-2005
13.Madagascar	Community Nutrition Project (02)	\$27,600,000	Broadly defined community nutrition program (14.9); Contributues to MOH for cost of IMCI (0.68); immediate relevance for malaria activities uncertain	\$6,715,993.49	15.54	31-Jan-2004
14.Madagascar	Health Sector Support Project (02)	\$40,000,000	The Second Health Sector Support Project aims to improve the quality of, and access to primary health services, especially in rural areas, including transport and other logistical expenditures, drugs and insecticides, equipment, studies, and training to diagnose, prevent, treat, and monitor malaria, tuberculosis, plague, and schistosomiasis. Also 5.0 for RH - including HIV/AIDS	\$19,947,920.47	10.85	31-Dec-2006
15.Mali	Health Sector Development Program	\$40,000,000	Specific objectives include: 1) reducing hospital deaths from malaria by 10% by the year 2000; 2) increasing the use of impregnated materials in certain areas by 20%; 3) reinforcing the coordination capacity of the PNLP; and 4) reinforcing the program's capacity for regular monitoring of evaluation and research.	\$27,721,644.85	8.53	30-Jun-2004
16.Mauritania	Health Sector Investment Project	\$24,000,000	Imp health servcies, quality, coverage (3.1); Mitigate impact of IMR, infectious disease (incl malaria), promote IMCI, and inc preventive measures (1.3 IDA, 56.5 total). IMR and <5 reductions are included in indicators	\$9,762,922.92	13.88	30-Jun-2003

17.Niger	Health Sector Development Program Project	\$40,000,000	Supports implementation of the "minimum package of services" to be delivered through the CSI & district facilities, employing a quality assurance approach. This focuses on the most cost-effective interventions aimed at the most vulnerable groups: mothers and children. Anti-malaria prophylaxis is among the preventative interventions, and curative interventions include management, treatment, and proper referral of priority illnesses such as malaria. Also, improve supply and distribution of essential drugs (3.7).	\$4,816,537.99	15.37	31-Dec-2003
18.Nigeria	Health Systems Development Project (02)	\$127,009,599	Comp 2 (63.60) seeks to strengten delivery of priority health services in qualifying states (18 states)-includes Safe Motherhood and communicable disease control, IMCI	\$127,009,599.00	no disburse	1-Jul-2007
19.Senegal	Endemic Disease Control Project	\$14,900,000	USD4.6 million to malaria/schisto/oncho specifically. Training of health workers, management of fever part in <5, management/prevention of mal and anemia in preg. women, ITN financing, IEC activities, Imp quality of CM in health fac and hh level; large scale targeted tx and/or prevention; selective vector control.	\$7,467,040.26	5.46	31-Dec-2002
20.Senegal	Integrated Health Sector Development Project	\$50,000,000	Imp access to, quality and use of PHC and RH services. PAD/PID unavailable	\$23,399,508.24	11.28	30-Jun-2003
21.Senegal	Nutrition Enhancement Project	\$14,700,000	1st component of project-comm based nutrition and pop-includes IMCI (7.7). Project recognizes malaria is a contributor to low birth weight. 3 phases. Indicators of success include increase in proportion of caregivers who recognize at least 2 danger signs in sick children (by 2005) and increase prenatal care.	\$14,698,274.79	21.60	15-Jan-2006
22.Sierra Leone	Health Sector Reconstruction and Development Project	\$20,000,000	Will finance drugs, consumables, other recurrent non-salary recurrent expenditures in 3 districts. Seeks to improve performance of key programs addressing primary public health issues, such as malaria and strengthen private sector capacity to do so.	no disbursement	no disburse	28-Feb-2008
23.Tanzania	Health Sector Development Project	\$22,000,000	In FY03, \$10 million for malaria (from all SWAp partners). Project seeks to: strengthen health service delivery (12.9) including primary care, district health services. This Adjustable Program Loan (APL) supports the first phase of the Health Sector Reform (HSR) Program of the Government of Tanzania (GOT). Two more phases are planned at 40.0 each. The overall purpose of the HSR Program is to improve access, utilization, quality, and financing of health services through increased efficiency and effectiveness in use and allocation of resources, to maximize impacts on health outcomes, especially among the poor, women, and children.	\$9,678,140.96	16.80	31-Dec-2003
24.Uganda	Nutrition and Early Childhood Development Project	\$34,000,000	Integrated community child care package with provisions for ANC/PNC and community capacity building for child care (20.0); National level program support (8.0) including provisions for behavior change communications	\$3,774,688.81	23.20	31-Dec-2003

