

1. Record Nr.	UNINA9910809162503321
Titolo	Improving health, nutrition, and population outcomes in Sub-Saharan Africa : the role of the World Bank // the World Bank
Pubbl/distr/stampa	Washington, DC, : World Bank, 2005
ISBN	141756802X 1-4175-6802-X 1-280-08492-8 9786610084920
Edizione	[1st ed.]
Descrizione fisica	li, 242 pages : color illustrations ; ; 24 cm
Disciplina	362.1/0967
Soggetti	Public health - Africa, Sub-Saharan Medical economics - Africa, Sub-Saharan
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Bibliographic Level Mode of Issuance: Monograph
Nota di bibliografia	Includes bibliographical references and index.
Nota di contenuto	Intro -- Contents -- Preface -- Acknowledgments -- Abbreviations and Acronyms -- Executive Summary -- Chapter 1: Today's Realities -- Health, nutrition, and population outcomes are advancing too slowly to reach the Millennium Development Goals -- Africa's health sector faces special challenges -- Conclusion -- Chapter 2: Why and How the World Bank Should Be Involved -- Poverty and health in Sub-Saharan Africa are interrelated -- Health outcomes are affected in complex ways by a broad set of determinants -- The World Bank should focus its work on its areas of comparative advantage -- Conclusion -- Chapter 3: Improving Health, Nutrition, and Population Outcomes through Economic and Fiscal Policy -- The Bank can help to ensure that public expenditure recognizes the role of health, nutrition, and population in poverty reduction -- Improved health outcomes and reduced poverty require more effective policies, implementation, and resource allocation within the sector -- The health sector could benefit from working more closely with central ministries -- Health sector expertise can help ensure that economic and fiscal policy contributes to health outcomes -- Conclusion -- Chapter 4: Multisector Action to Improve Health, Nutrition, and Population Outcomes -- Actions across multiple sectors

can affect health, nutrition, and population outcomes -- The response to HIV/AIDS sets an example -- Reducing malnutrition requires multisector action -- Multisector action can reduce disability and death from many causes -- Conclusion -- Chapter 5: Effective Systems for Delivering Health, Nutrition, and Population Interventions -- Health workforce limitations pose the greatest challenges to health care delivery -- Access to and use of pharmaceuticals must be improved -- The institutional and organizational frameworks must also be right. The private sector can play an important role in service delivery -- Household and community factors also affect system effectiveness -- Conclusion -- Chapter 6: Sustainable Financing of Health, Nutrition, and Population Interventions -- Spending on health, nutrition, and population is lower in Africa than anywhere else -- Countries are employing a range of strategies to manage health financing -- Countries are trying to improve the efficiency and equity of health financing -- Conclusion -- Chapter 7: Implications for World Bank Operations -- World Bank operations in Sub-Saharan Africa aim to achieve sustainable improvements -- Lending operations and resource transfers are taking a new approach -- Nonlending opportunities can also be exploited -- The World Bank cannot achieve its objectives without partnerships -- Conclusion -- Notes -- References -- Index -- Figures -- 1.1 Few African countries are on track to achieve the MDGs for infant and child mortality and malnutrition -- 1.2 Under-five mortality has declined more slowly in Africa than in South Asia -- 1.3 Life expectancy at birth declined in the 1990s -- 1.4 Poor and rich experience big differences in under-five mortality -- 1.5 Poor and rich experience big differences in under-three mortality -- 1.6 The mortality-plus-disability gap is even wider than the mortality gap -- 1.7 The burden of disease for the four leading causes of death is related to the prevalence of AIDS in Sub-Saharan Africa -- 1.8 Africa's share of child mortality is rising -- 1.9 World population under age 15 -- 1.10 Will Africa have 1.8 billion people in 2050? -- 1.11 Not many married women use modern contraception -- 1.12 Sub-Saharan Africa has the highest fertility rates -- 1.13 The unmet demand for family planning is great in Sub-Saharan Africa -- 1.14 Africa has the fewest physicians. 1.15 Tuberculosis cases are rising fast in Sub-Saharan Africa -- 1.16 Africa has more orphans than Asia or Latin America -- 2.1 Health and poverty are linked in a cycle -- 2.2 Africa's window of opportunity is still decades away as dependency rates remain high -- 2.3 Health, nutrition, and population outcomes have many determinants -- 2.4 The Bank's institutional comparative advantage overlaps with the most critical strategic HNP issues faced by client countries in Africa today -- 2.5 The World Bank can help integrate the matrix of individual health care initiatives -- 3.1 Health expenditures in Sub-Saharan Africa were flat in the 1990s -- 3.2 The incidence of illness was lower among children enrolled in PROGRESA -- 3.3 Public spending on health correlates with under-five mortality rates -- 3.4 Higher expenditures on health do not always result in better health outcomes -- 3.5 Few nursing staff are in rural areas -- 3.6 A number of African countries have reduced or waived taxes and tariffs on bednets, netting material, and insecticide -- 3.7 Cigarette consumption in South Africa plunges with higher prices -- 3.8 High proportions of health workers intend to migrate -- 4.1 The environment-related burden of disease is high in Sub-Saharan Africa -- 4.2 Environmental factors cause great health damage in developing countries -- 4.3 The Benin multisector AIDS project supports more activities in civil society -- 4.4 Malnutrition in the Senegal Community Nutrition Project was reduced from 60-70

percent to less than 30 percent in six months -- 4.5 Sanitation and water coverage are limited in Africa -- 4.6 More Africans are dying on the roads or suffering disabilities -- 4.7 Mother's education is associated with lower infant mortality -- 5.1 Tanzania will meet only half its staff needs by 2015.

5.2 The percentage of overseas-trained nurses registered in the United Kingdom is increasing -- 5.3 Most Nigerian registered physicians are in private hospitals -- 5.4 Per capita pharmaceutical expenditures are lowest in Africa -- 5.5 Prices for antiretrovirals are declining -- 5.6 Botswana traditional healers far outnumber physicians, 2001 -- 5.7 Community-directed treatment can improve control of onchocerciasis, schistosomiasis, and lymphatic filariasis -- 6.1 The flow of funds for health in a "typical" Sub-Saharan African country -- 6.2 Households account for the largest share of spending on health in Tanzania -- 6.3 Estimated development assistance for health was significant in Sub-Saharan Africa, 1998-2000 -- 6.4 Sub-Saharan Africa had the largest proportion of World Bank-supported health, nutrition, and population projects in fiscal 2004 -- 6.5 Patterns of use changed when fees were abolished in Uganda -- 7.1 SWAps vary in application, but share building blocks -- 7.2 The traditional project cycle has sequential processing steps -- 7.3 A focus on results demands a more continuous and flexible use of Bank tools -- 7.4 The World Bank has defined a new strategic framework for assistance to Africa -- Tables -- 1.1 Under-five mortality rates worsened in many African countries, 1997-2002 -- 1.2 HIV/AIDS affects Sub-Saharan Africa disproportionately (December 2002) -- 1.3 All scenarios project a shortfall in resources for population and reproductive health (billions of US) -- 2.1 Population indicators are high in Africa (selected countries) -- 2.2 Households in Zimbabwe with an AIDS death suffered reduced crop production -- 3.1 The public resources available for health following debt relief "decision points" increased in selected heavily indebted poor countries -- 4.1 Health outcomes are strongly affected by interventions outside the health sector.

4.2 Government agencies other than ministries of health have responsibilities that relate to health outcomes -- 4.3 Changes in food imports and food production in Sub-Saharan Africa are dramatic -- 4.4 Urban and peri-urban water and sanitation investments are cost-effective -- 4.5 Motor vehicle accidents in Africa contribute significantly to the burden of disease (fatalities per 10,000 vehicles in 1995) -- 4.6 On-site assessment of vaccine refrigerators at rural primary health care facilities in the Eastern Transvaal shows dramatic correlation of function to energy source -- 5.1 Measurable factors affect the health sector's interactions with clients -- 5.2 Average monthly salaries for junior doctors are low (1999 US) -- 5.3 Various pharmaceutical supply systems exist in Africa -- 5.4 Africa has several types of private providers -- 6.1 Revenues from cost recovery vary across African countries -- 6.2 Benefit incidence of public spending on health in selected countries shows the disparity between rich and poor -- Boxes -- 1.1 Five conditions account for more than half of all deaths -- 1.2 Rapid population growth in Sub-Saharan Africa leads to high dependency ratios -- 1.3 "Feel Good" Risks -- 1.4 New Government Institutions Lack Accountability -- 2.1 The Millennium Development Goals -- 2.2 Households are the main producers of health -- 2.3 The Malawi paradox: Health services alone do not determine outcomes -- 2.4 The nature of health investments is long term and complex -- 2.5 How do global priorities respond to country priorities? -- 3.1 Conditional cash transfers improve health and nutrition -- 3.2 What is required to more effectively address health in PRSPs? -- 3.3 Reducing

taxes and tariffs on insecticide-treated bednets: How fiscal policy can affect health outcomes -- 4.1 The highway sector in Ethiopia is responding to HIV/AIDS.

4.2 Nutrition interventions can be successful.
