

April 19, 2007

Eckhard Deutscher, MC 11-1109
World Bank Group
1818 H Street, NW
Washington, D.C. 20433, USA

Dear Eckhard Deutscher:

As you know, the Bank's revised Health Nutrition and Population Strategy will be presented for Board consideration on April 24.

Considerable attention has been focused, rightfully, on the Strategy's minimal reference to sexual and reproductive health. We understand that a supplemental note to be appended to the strategy will make greater reference to the role of the Bank with regards to sexual reproductive health. This is helpful.

However, there are still some serious omissions:

The draft fails to state that the Bank's own evidence shows that user fees for essential health care has been very injurious to public health and that the strategy of providing "exemptions" for the poor has failed. From this evidence should flow a Bank recommendation to eliminate health care user fees. Language in the present draft suggesting that user fees should only be eliminated after multiple prior conditions have been met should be deleted. The Bank should also commit to work with countries to adopt appropriate financing schemes, including measures that ensure sufficient resources are allocated to clinics and facilities providing basic care to the poor.

The draft fails to make reference to non-communicable diseases. This is a serious omission. The World Health Organization reports that non-communicable diseases account for more than 40 percent of deaths in developing countries, and many of the appropriate interventions to reduce this toll of disease and death are highly cost-effective. The final version should include paragraphs on non-communicable diseases.

The draft does not give enough weight to the Bank's responsibility to work with developing countries to resolve the human resources for health crisis. The Bank's comparative advantage in this area is the provision of finance, and structural approaches to create fiscal space for health care investments.

In addition to ensuring access to essential health care for the poor, the Bank should support health financing approaches that are equitable, integrated and non-commercial.

The draft focuses its discussion of governance and corruption on the public sector. Corruption is not a uniquely public sector problem -- it is a problem across all sectors. The failure to acknowledge that corruption equally affects the private sector (and the ways in which private sector actors corrupt the public) wrongly perpetuates myths about the public sector. Discussions of corruption that only reference the public sector should be dropped from the strategy.

Finally, the strategy assumes current levels of funding, and fails to make the case for the need for -- and to outline how services must to be scaled up as a result of -- the large-scale aid increases to which donors have committed themselves.

We urge you to have the strategy modified to address these concerns.

Sincerely,

Action for Global Health
Bruxelles, Belgium

ActionAid International USA
Washington, DC, USA

ACT UP East Bay
Oakland, CA, USA

Advocates for Youth
Washington, DC , USA

Afrikagrupperna/Africa Groups of Sweden
Stockholm, Sweden

Alcohol and Drugs Information (ADIC) Sri Lanka Colombo, Sri Lanka

American Medical Student Association
Reston, VA, USA

Asia Pacific Network of PLHA (APN+)
Thailand

Campaign to Reform the World Bank - CRBM / Mani Tese Rome, Italy

Center for Policy Analysis on Trade and Health (CPATH) San Francisco, CA, USA

Christian Aid
London, UK

Church World Service
Washington, DC, USA

Coordination Of Action Research On AIDS & Mobility - Asia Kuala Lumpur, Malaysia

Corporate Accountability International
Boston, MA, USA

Essential Action
Washington, DC, USA

European Union of Nonsmokers
G.D. of Luxembourg

Framework Convention Alliance
Geneva, Switzerland

Gender Action
Washington DC, USA

Global Aids Alliance

Washington, DC, USA

Global Health Advocates

Health Alliance International
Seattle, Washington, USA

Health GAP
New York, NY, USA

HealthBridge
Ottawa, Ontario, Canada

Interagency Coalition on AIDS and Development (ICAD) Ottawa, Ontario, Canada

International HIV/AIDS Alliance
Brighton, UK

Japanese Society for Tobacco Control
Tokyo, Japan

Just Foreign Policy
Washington, DC, USA

Kenya Treatment Access Movement-KETAM
Kenya

Medici Con L'Africa CUAMM (Doctors with Africa CUAMM) Padova, Italy

medico international
Frankfurt, Germany

Osservatorio Italiano sulla Salute Globale (Italian Global Health Watch) Bologna, Italy

Other Worlds, US/Mexico/South Africa
Albuquerque, NM, USA

Oxfam International
Oxford, UK

Partners In Health
Boston, MA, USA

People's Health Movement
Cairo, Egypt

People's Health Movement USA
Berkeley, California, USA

Physicians for Human Rights
Washington, DC, USA

RESULTS

Washington, DC, USA

RESULTS Canada
Ottawa, Ontario, Canada

RESULTS UK
Leamington Spa, UK

Save the Children UK
London, UK

Search For A Cure
Cambridge, MA, USA

Sightsavers International
West Sussex, UK

Sri Lanka National Federation on Smoking or Health (SLNFSH) Colombo, Sri Lanka

tbACTION Kenya
Nairobi, Kenya

TB Alert
Brighton, UK

Tropical Health and Education Trust
London, UK

WBB Trust (Work for a Better Bangladesh) Dhaka, Bangladesh

Soren Ambrose
Solidarity Africa Network
Nairobi, Kenya

Francis G. Anyona, Executive Director
Ikonzos Musanda Self Help Group
Busia, Kenya

Amoako Julius Bekoe
Young Activists Against AIDS
Ghana

Dr Annette Bornhäuser
Heidelberg, Germany

Dr. Sheila Caddy, M.D., BSc
Obstetrics and Gynecology, University of Alberta Edmonton, Alberta, Canada

Cynthia Callard, Executive Director
Physicians for a Smoke-Free Canada
Ottawa, Ontario, Canada

Elizabeth Chapman

Medical Student, Dalhousie University
Halifax, Nova Scotia, Canada

Colleen Daniels
KEW VIC, Australia

Nicoletta Denticò, Policy and Advocacy Advisor Drugs for Neglected Diseases Initiative (DNDi)
Italy

Dr. Daniele Dionisio, M.D.
Italy

Connie Gates
Jamkhed International
Carrboro, NC, USA

Dr. Tim Hubbard, Director
Human Genome Analysis, Wellcome Trust Sanger Institute Cambridge, UK

Ben Krohmal
Knowledge Ecology International (KEI)
Washington, DC, USA

Anne Langdji
Linguere, Senegal

Luisa Morgantini
Vice-President of the European Parliament Bruxelles, Belgium

Dr. Lydia Mungherera
Uganda Treatment Access Movement
Kampala, Uganda

Nigar Nargis, PhD
Department of Economics
University of Dhaka
Dhaka, Bangladesh

Njoki Njoroge Njehu
Daughters of Mumbi Global Resource Center Nairobi, Kenya

Mark Peck, Director
Smokefree Coalition
Wellington, New Zealand

Manjari Peiris, President
Jeevaka Foundation
Sri Lanka

Judit Rius
Knowledge Ecology International (KEI)
Washington, DC, USA

Allan Rosenfield, MD, Dean
Mailman School of Public Health, Columbia University New York, NY, USA

Claire Seaward, Campaigner
Oxfam
London, UK