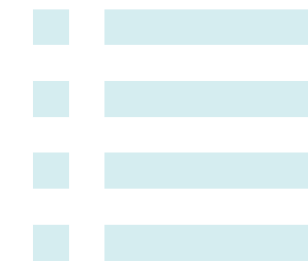


AFRICA HUMAN CAPITAL PLAN

DEEP DIVES



OUTLINE



- THE STATE OF HUMAN CAPITAL IN AFRICA
- FINANCING THE HUMAN CAPITAL AGENDA
- ACCELERATING THE DEMOGRAPHIC TRANSITION
- LEVERAGING INNOVATIONS AND TECHNOLOGY
- HEALTH, NUTRITION AND POPULATION
- EDUCATION
- SOCIAL PROTECTION AND JOBS
- YOUTH SKILLS AND EMPLOYMENT
- MOBILIZING ALL WORLD BANK TEAMS TO SUPPORT THE HC AGENDA





DEEP DIVES

1.

THE STATE OF HUMAN CAPITAL IN AFRICA

HUMAN CAPITAL INDEX: THE STORY



THREE INGREDIENTS REFLECT BUILDING BLOCKS OF THE NEXT GENERATION'S HUMAN CAPITAL:



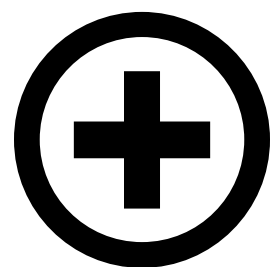
SURVIVAL

Will children born today survive to school age?



SCHOOL

How much school will they complete and how much will they learn?



HEALTH

Will they leave school in good health, ready for further learning and/or work?

“How much Human Capital can a child born today expect to acquire by age 18, given the risks to poor health and poor education that prevail in the country where she lives?”



THE HUMAN CAPITAL INDEX

“How much Human Capital can a child born today expect to acquire by age 18, given the risks to poor health and poor education that prevail in the country where she lives?”



VIEW MORE: [HCI Methodology](#)



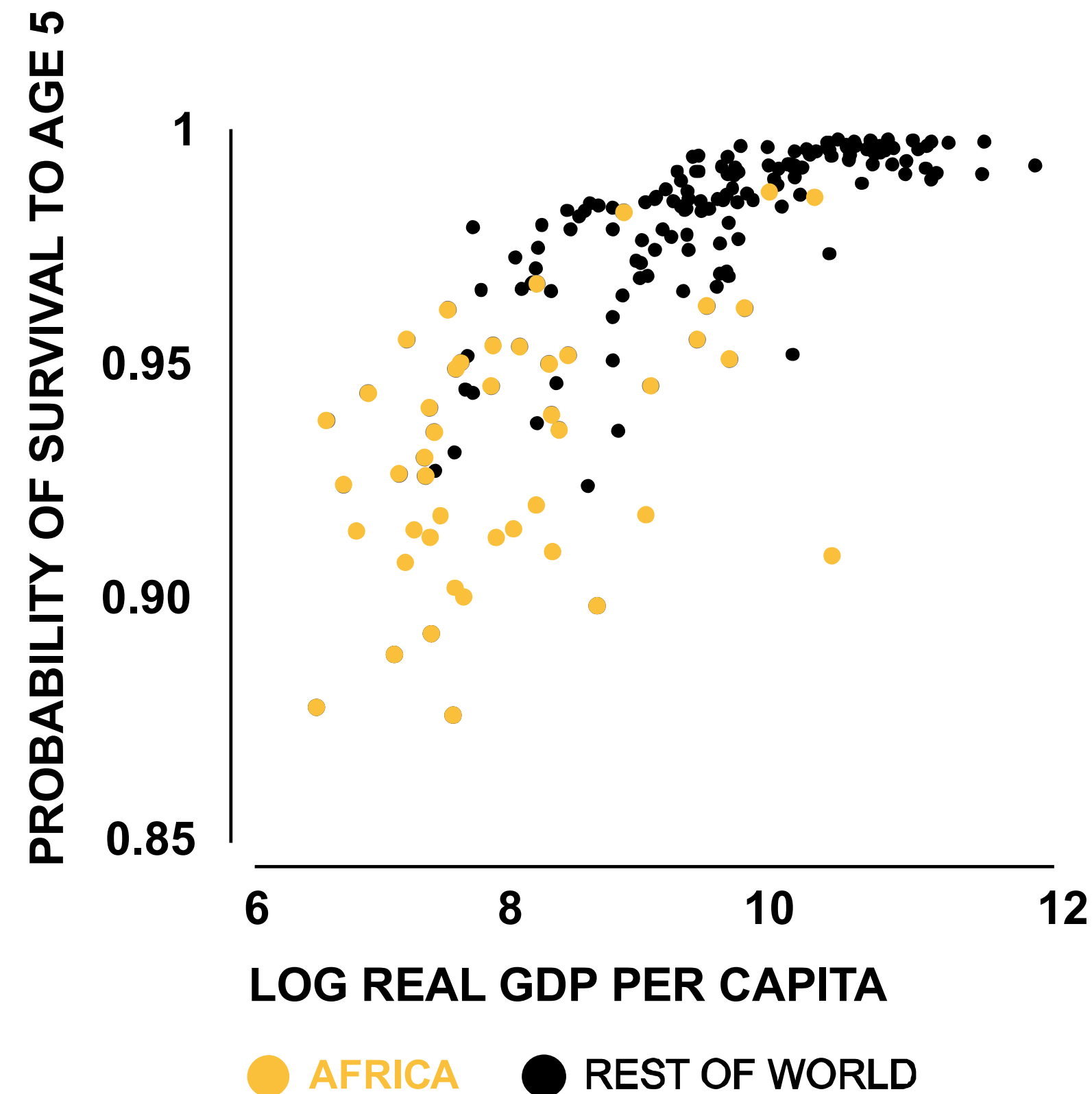
HCI SCORES IN AFRICA

Country	HCI	Probability of Survival to Age 5	Expected Years of School	Harmonized Test Scores	Learning-adjusted Years of School	Not Stunted Rate	Adult Survival Rate
Seychelles	0.68	0.99	13.68	463	10.14	0.92	0.84
Mauritius	0.63	0.99	12.50	473	9.46		0.86
Kenya	0.52	0.95	10.70	455	7.79	0.74	0.79
Gabon	0.45	0.95	8.26	456	6.03	0.83	0.77
Zimbabwe	0.44	0.95	10.01	396	6.35	0.73	0.67
Ghana	0.44	0.95	11.60	307	5.70	0.81	0.76
Namibia	0.43	0.96	8.94	407	5.82	0.77	0.71
Botswana	0.42	0.96	8.41	391	5.27	0.69	0.79
Congo, Rep.	0.42	0.95	8.80	371	5.22	0.79	0.75
Senegal	0.42	0.95	7.25	412	4.78	0.83	0.82
Togo	0.41	0.93	9.07	384	5.57	0.72	0.74
Comoros	0.41	0.93	8.45	392	5.30	0.69	0.78
eSwatini	0.41	0.95	8.15	440	5.74	0.74	0.59
Malawi	0.41	0.94	9.37	359	5.39	0.63	0.73
South Africa	0.41	0.96	9.31	343	5.11	0.73	0.68
Benin	0.41	0.90	9.32	384	5.73	0.66	0.76
Tanzania	0.40	0.95	7.76	388	4.82	0.66	0.79
Gambia, The	0.40	0.94	8.96	338	4.84	0.75	0.74
Zambia	0.40	0.94	9.15	358	5.25	0.60	0.71
Cameroon	0.39	0.92	9.07	379	5.50	0.68	0.67
Ethiopia	0.38	0.94	7.85	359	4.51	0.62	0.79
Uganda	0.38	0.95	7.00	397	4.45	0.71	0.70
Burundi	0.38	0.94	7.51	423	5.08	0.44	0.71
Sudan	0.38	0.94	7.28	380	4.42	0.62	0.78
Madagascar	0.37	0.96	7.47	351	4.19	0.51	0.79
Guinea	0.37	0.91	6.95	408	4.54	0.68	0.75
Rwanda	0.37	0.96	6.55	358	3.75	0.63	0.81
Lesotho	0.37	0.91	8.74	393	5.50	0.67	0.50
Burkina Faso	0.37	0.92	6.50	404	4.20	0.73	0.75
Congo, Dem. Rep.	0.37	0.91	9.19	318	4.67	0.57	0.75
Angola	0.36	0.92	7.89	326	4.11	0.62	0.76
Mozambique	0.36	0.93	7.44	368	4.39	0.57	0.69
Côte d'Ivoire	0.35	0.91	7.04	373	4.21	0.78	0.61
Mauritania	0.35	0.92	6.26	342	3.42	0.72	0.80
Sierra Leone	0.35	0.89	8.95	316	4.52	0.74	0.61
Nigeria	0.34	0.90	8.18	325	4.25	0.56	0.65
Liberia	0.32	0.93	4.41	332	2.34	0.68	0.77
Mali	0.32	0.89	5.57	307	2.74	0.70	0.74
Niger	0.32	0.92	5.34	305	2.61	0.58	0.76
South Sudan	0.30	0.90	4.24	336	2.28	0.69	0.68
Chad	0.29	0.88	4.95	333	2.64	0.60	0.64
Equatorial Guinea		0.91				0.74	0.67
Somalia		0.87				0.75	0.70
Eritrea		0.96	4.67			0.50	0.76
Central African Republic		0.88	6.10			0.59	0.62
Cabo Verde		0.98	9.91				0.88
São Tomé and Príncipe		0.97	10.12			0.83	0.81
Guinea-Bissau		0.92	7.63			0.72	0.74

SOURCE: Human Capital Project, 2018.



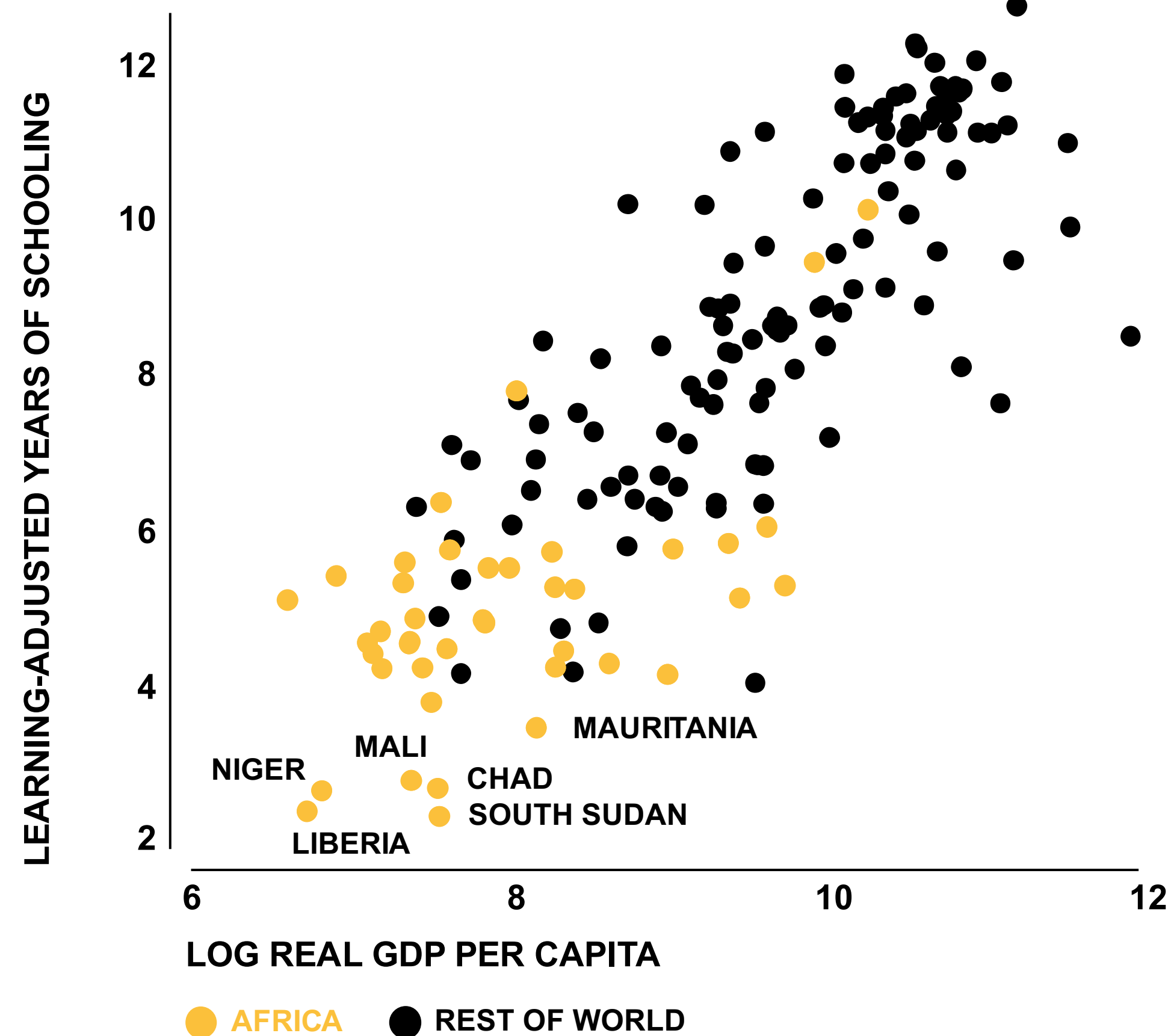
SURVIVAL TO AGE 5



- Under age 5 mortality in Africa has **more than halved since 1990**, but it is still nearly twice as high as in South Asia.
- **2.9 million children** under age 5 die of avoidable causes yearly.
- Main Causes: **neonatal disorders, respiratory infections, diarrhea and malaria.**
- Contributing factors:
 - Coverage and quality of **healthcare.**
 - Access and quality of **water and sanitation.**
 - **Malnutrition.**
 - **Poor housing.**



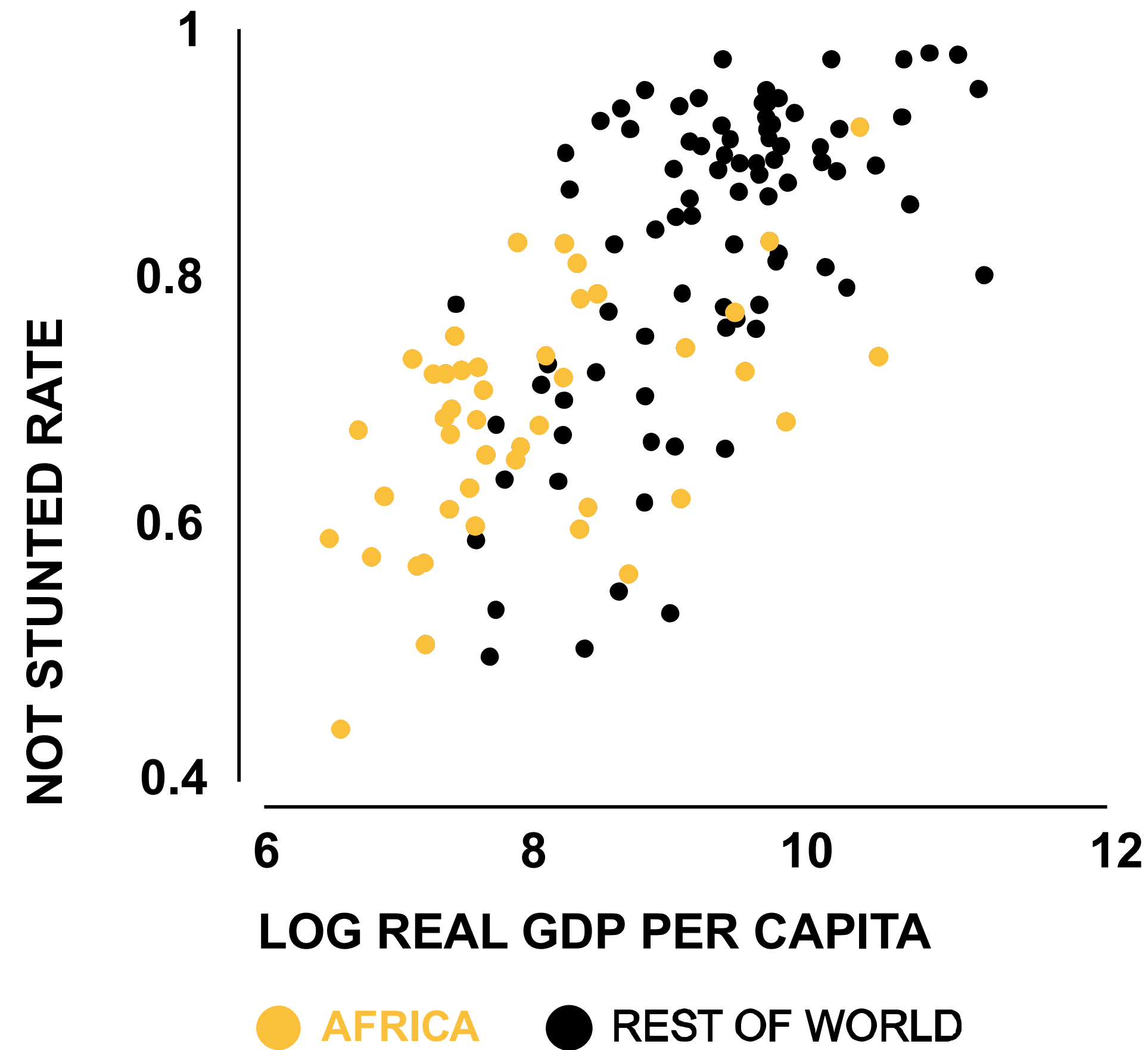
EDUCATION



- **50 million children** remain **out of school**.
- Only region where number of **out-of-school adolescents has risen** in recent years.
- In some countries, **more than 85% of primary school students are unable to read** proficiently.
- Africa is the region with **the highest return on education**: each year of schooling raises earning by 11 % for males and 14% for females.



NUTRITION



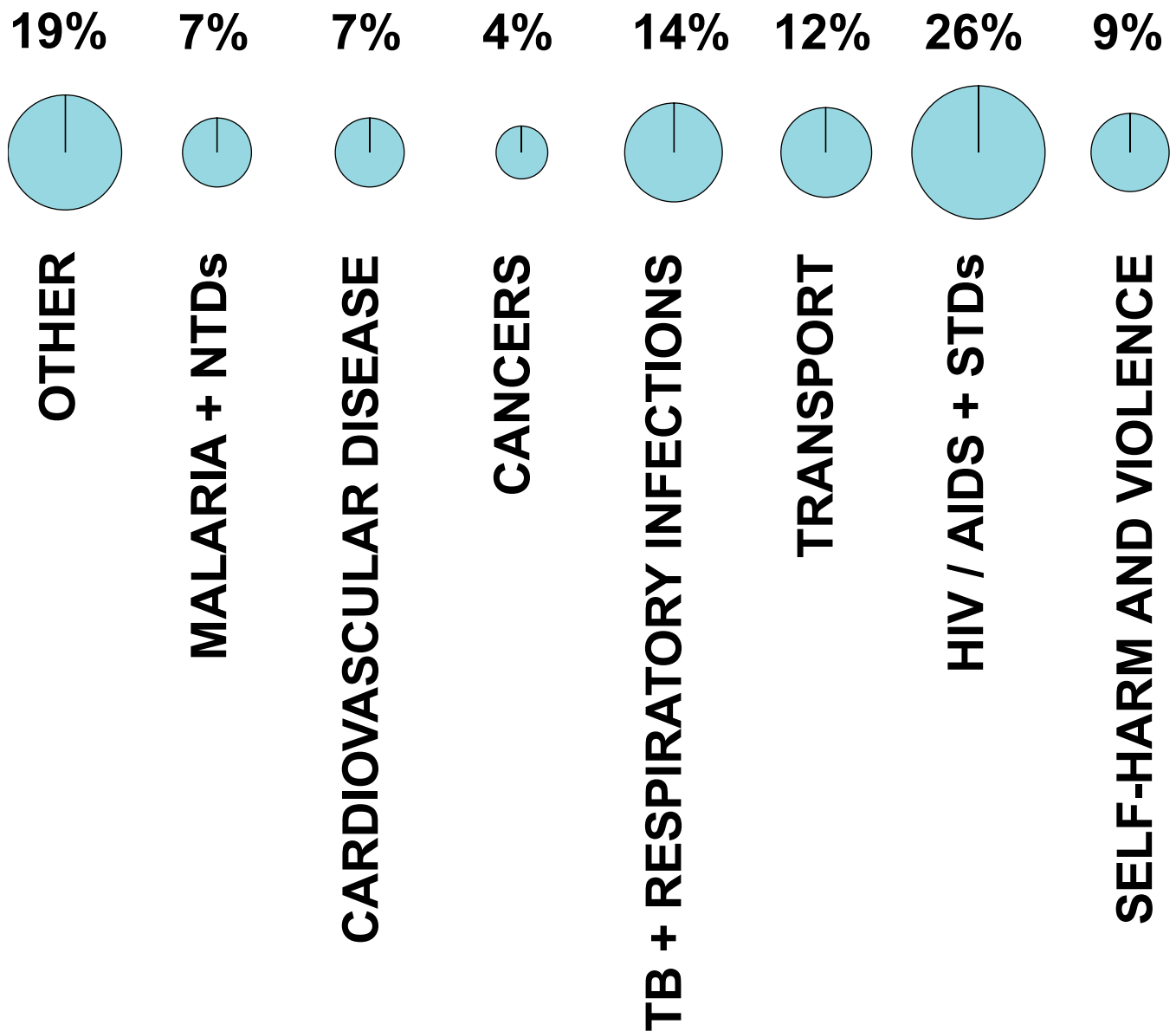
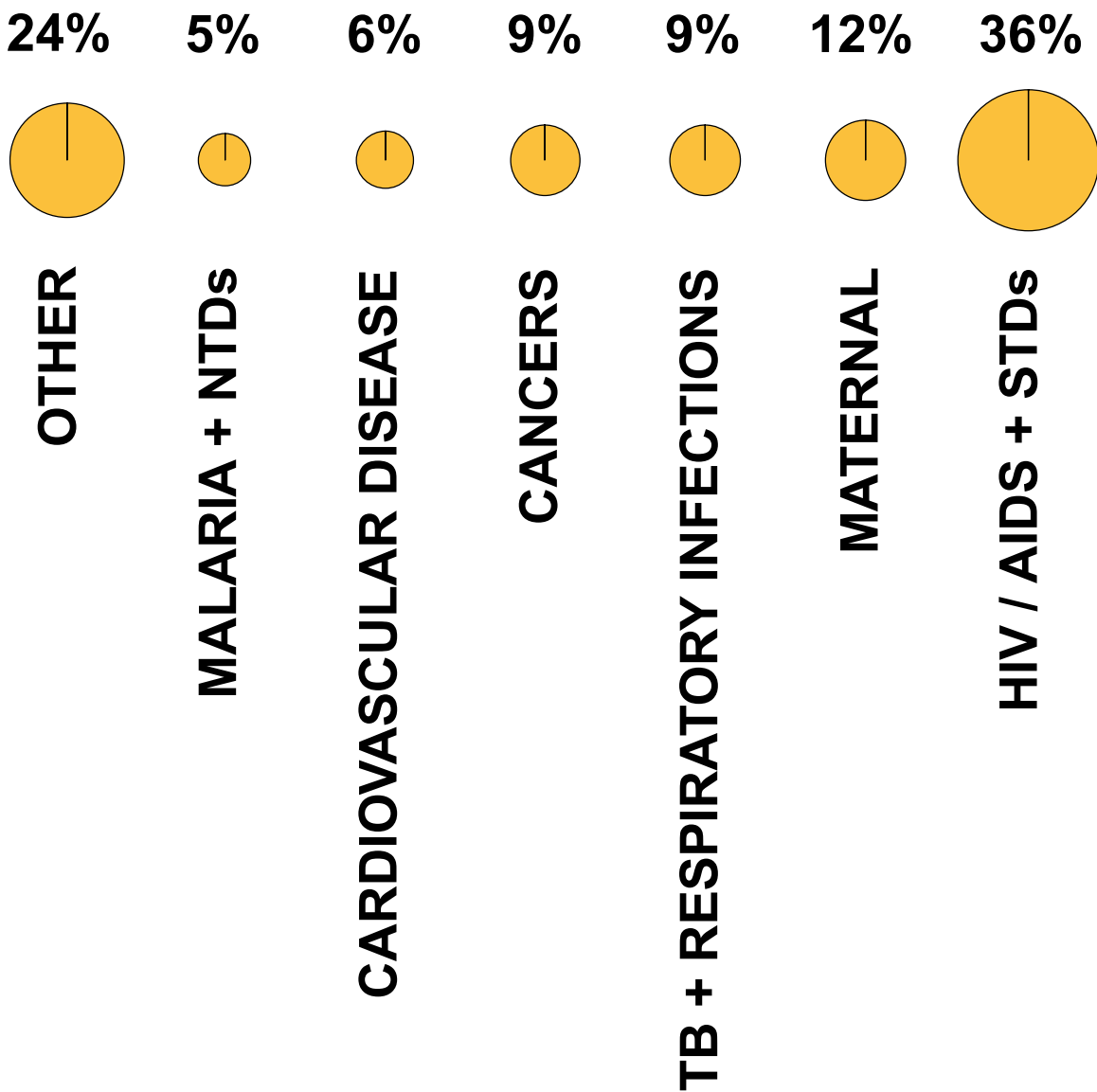
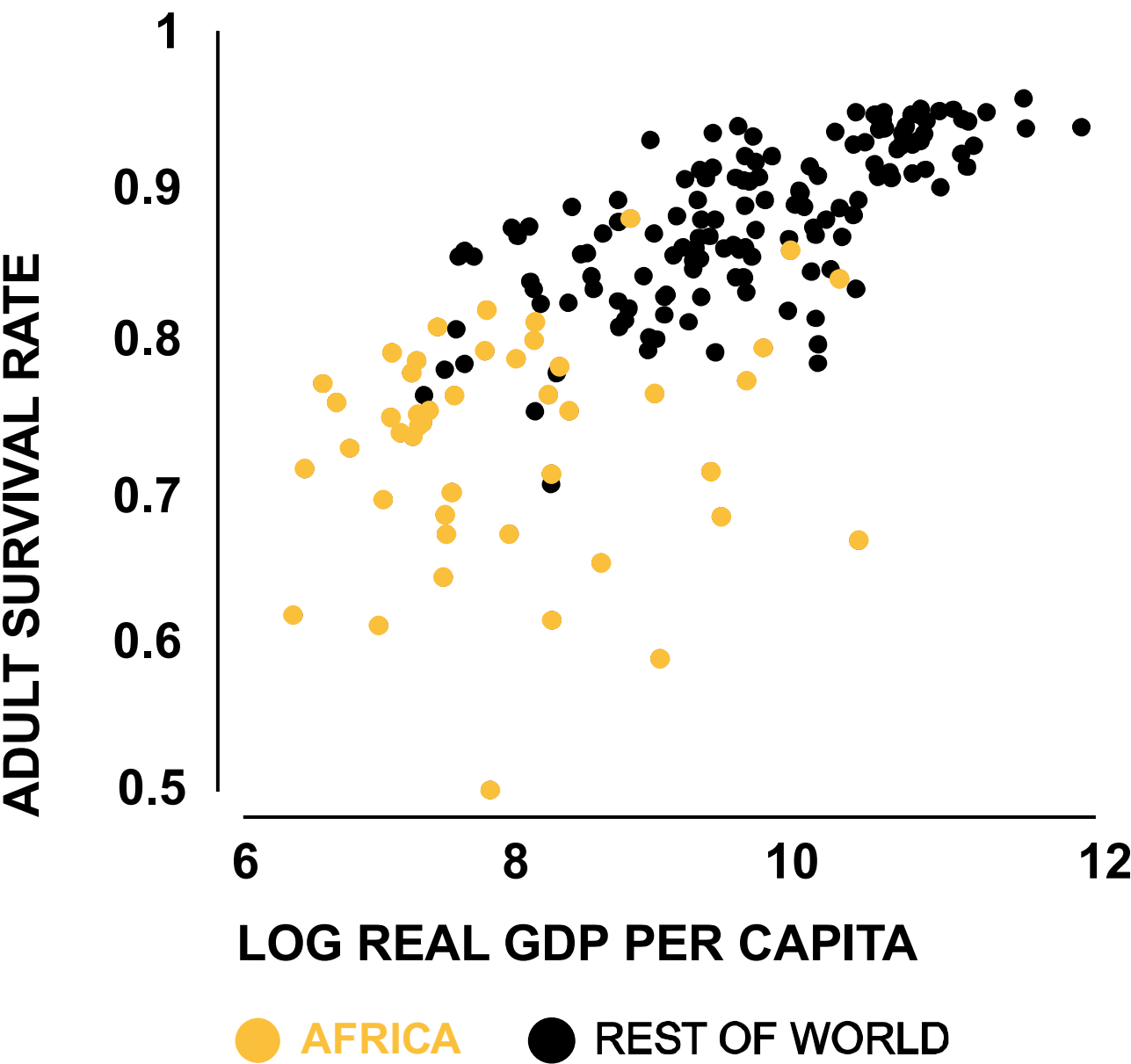
AFRICA HAS THE
HIGHEST STUNTING RATE
IN THE WORLD: 32%



HEALTH

CAUSE OF MORTALITY - WOMEN SUB-SAHARAN AFRICA 2017

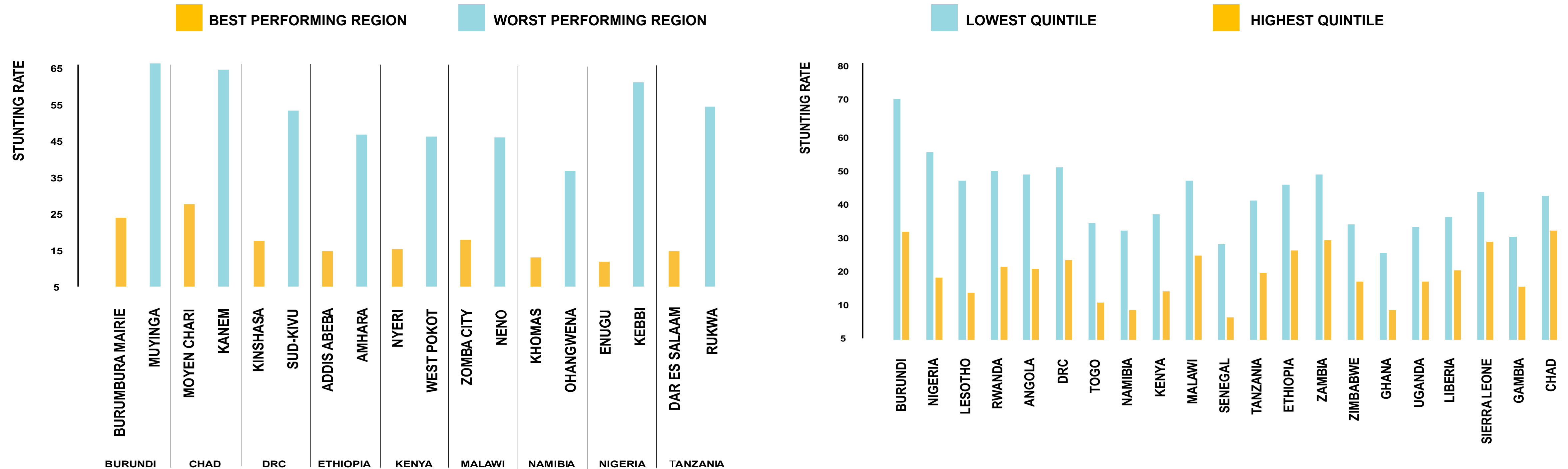
CAUSE OF MORTALITY - MEN SUB-SAHARAN AFRICA 2017



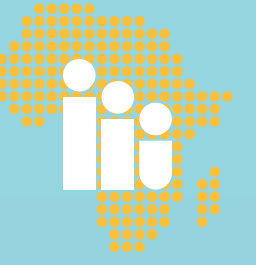
- MORE THAN 700,000 PEOPLE DIED FROM HIV/AIDS-RELATED CAUSES IN 2016, AND AS MANY FROM TB
- HIGHEST MATERNAL MORTALITY RATIO IN THE WORLD: 547 PER 100,000 LIVE BIRTHS
- OTHER IMPORTANT CAUSES: VIOLENCE, TRANSPORT INJURY, CANCER, ETC



WIDE INEQUALITIES ACROSS REGIONS AND INCOME GROUPS



- **BIG GAPS BETWEEN RURAL AND URBAN AREAS**
- **CAPITAL CITIES ARE TYPICALLY THE BEST PERFORMERS**
- **BIG INEQUALITIES ACROSS INCOME GROUPS**
- **IN BURUNDI THE DIFFERENCE IS 39.7 PERCENTAGE POINTS**



DEEP DIVES

2.

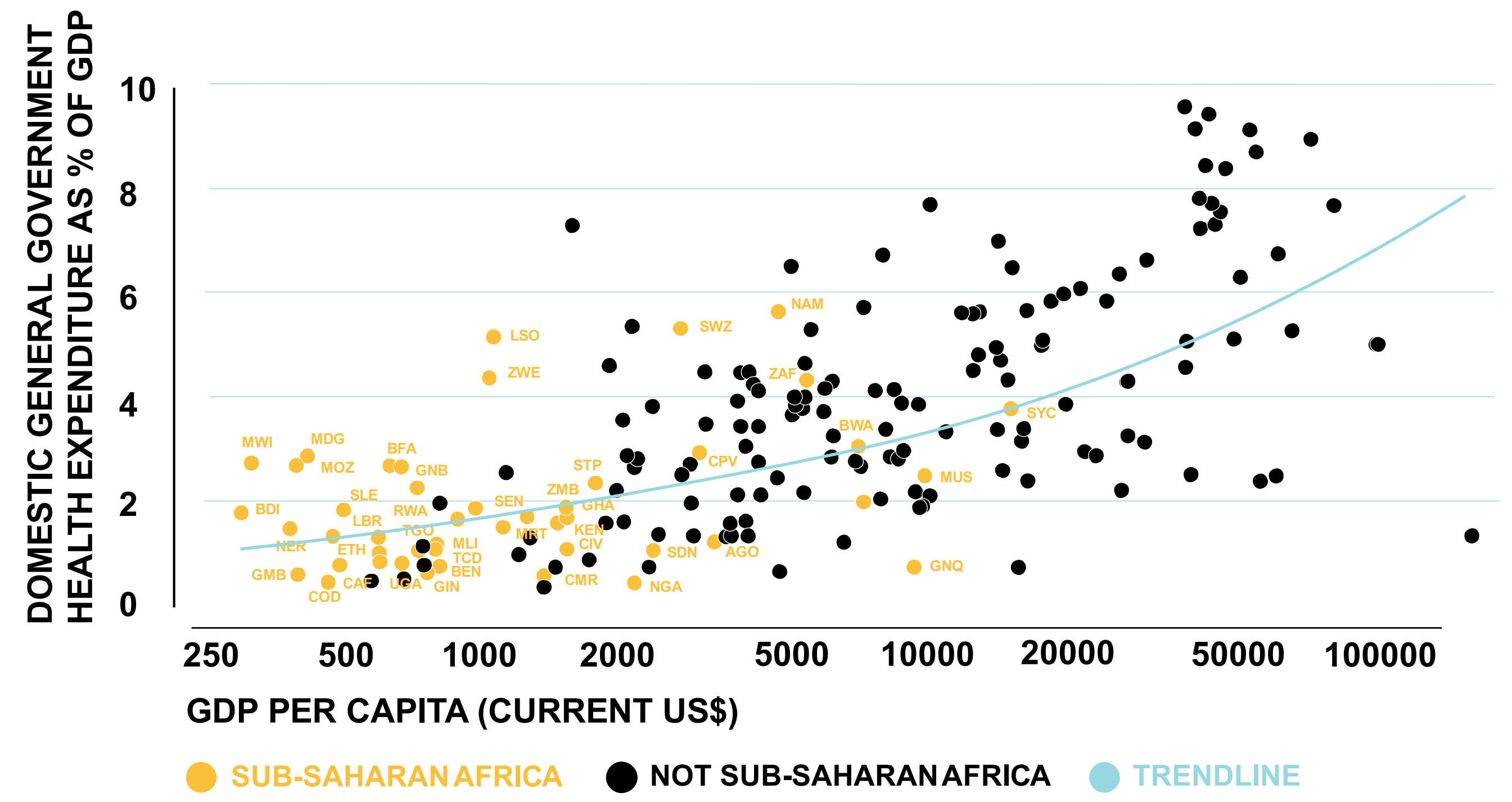
FINANCING THE HUMAN CAPITAL AGENDA



INSUFFICIENT DOMESTIC FINANCING

DOMESTIC
GOVERNMENT
SPENDING ON HEALTH
AS A PERCENTAGE OF
GDP IS LOW

WITH SOME IMPORTANT
EXCEPTIONS

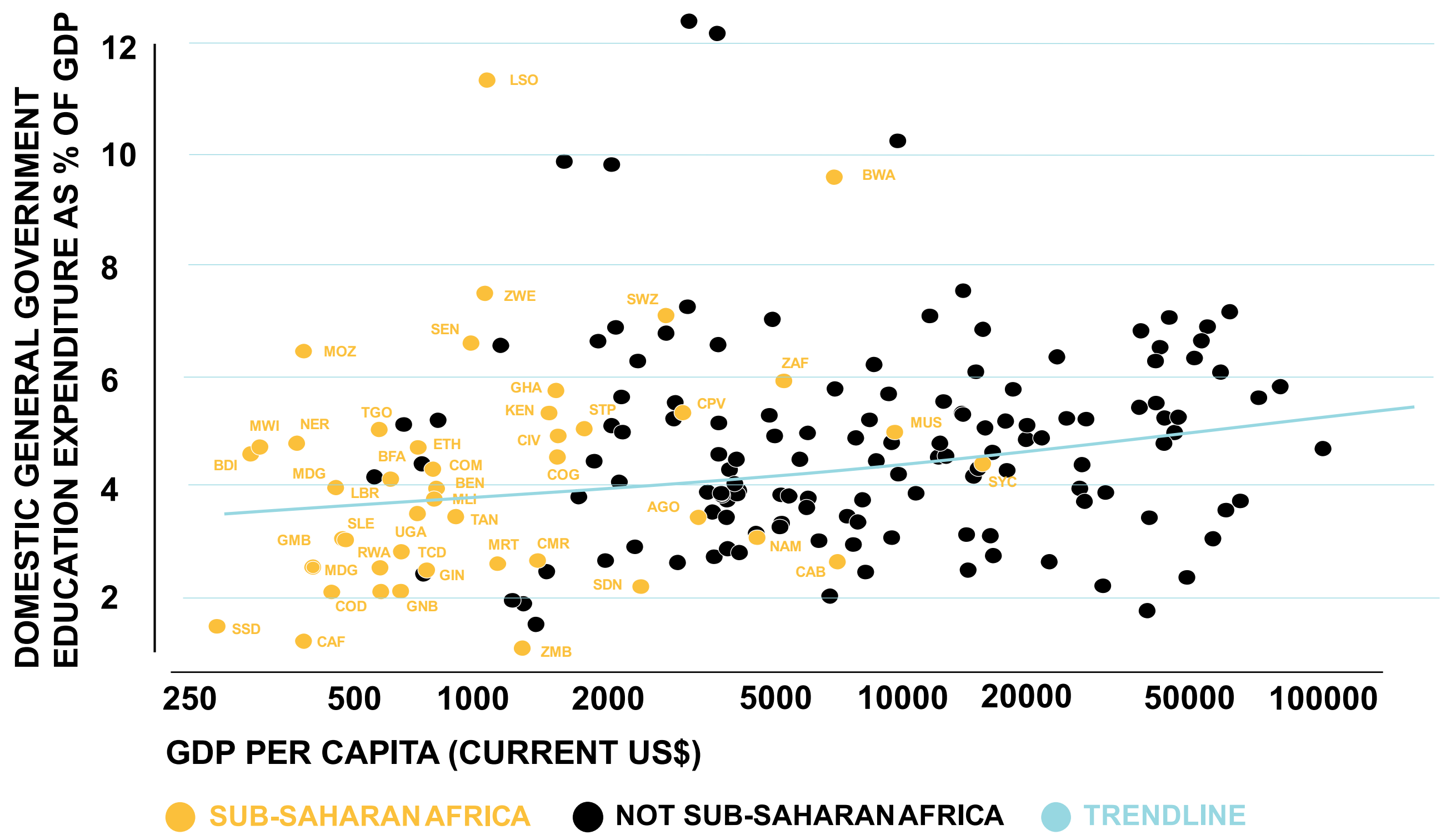


NOTE: Numbers are for the latest year available.
Countries dropped when the % as a share of GDP was greater than 10%, which includes the US, Tuvalu and Marshall Islands.
The blue line is the trend line that represents the data on a scatter plot.



INSUFFICIENT DOMESTIC FINANCING

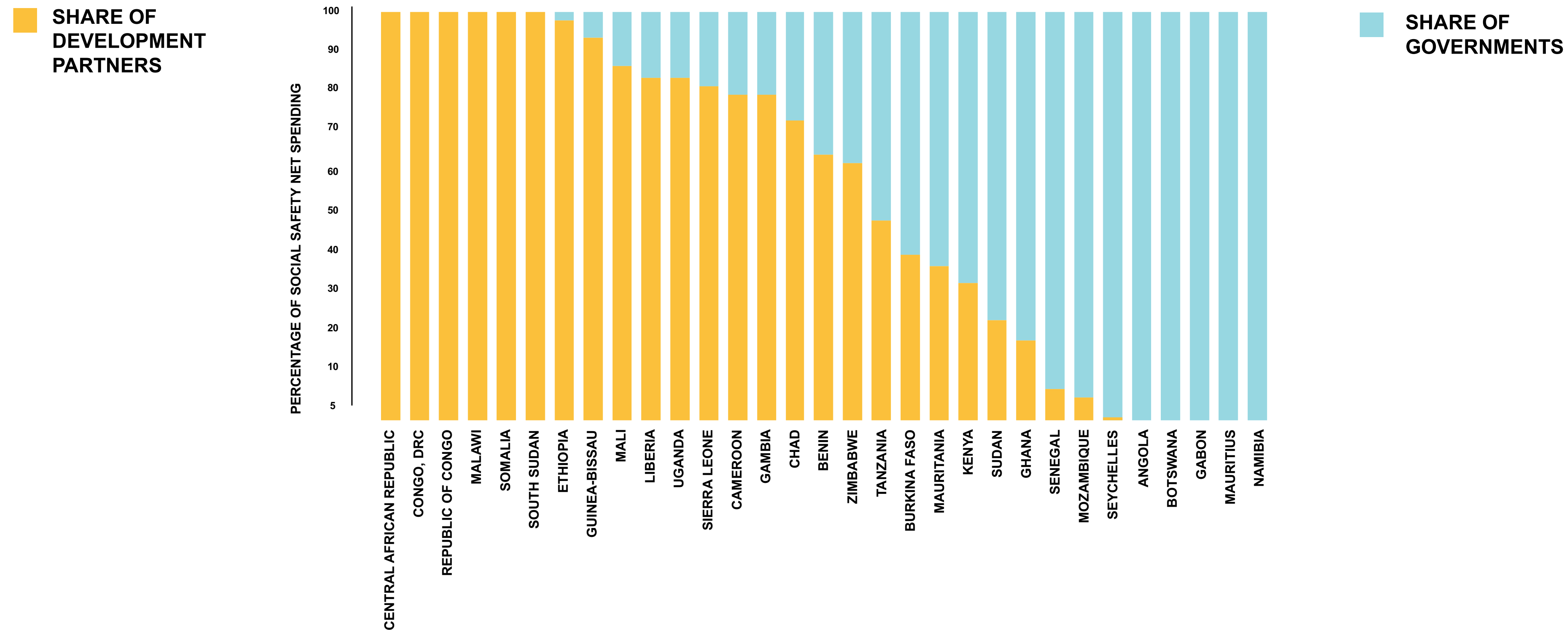
DOMESTIC GOVERNMENT SPENDING ON EDUCATION AS A PERCENTAGE OF GDP IS HIGHLY VARIABLE



NOTE: Numbers are for the latest year available.
The blue line is the trend line that represents the data on a scatter plot.



DEVELOPMENT PARTNERS FINANCE MORE THAN HALF TOTAL SAFETY NET SPENDING IN MOST AFRICAN COUNTRIES

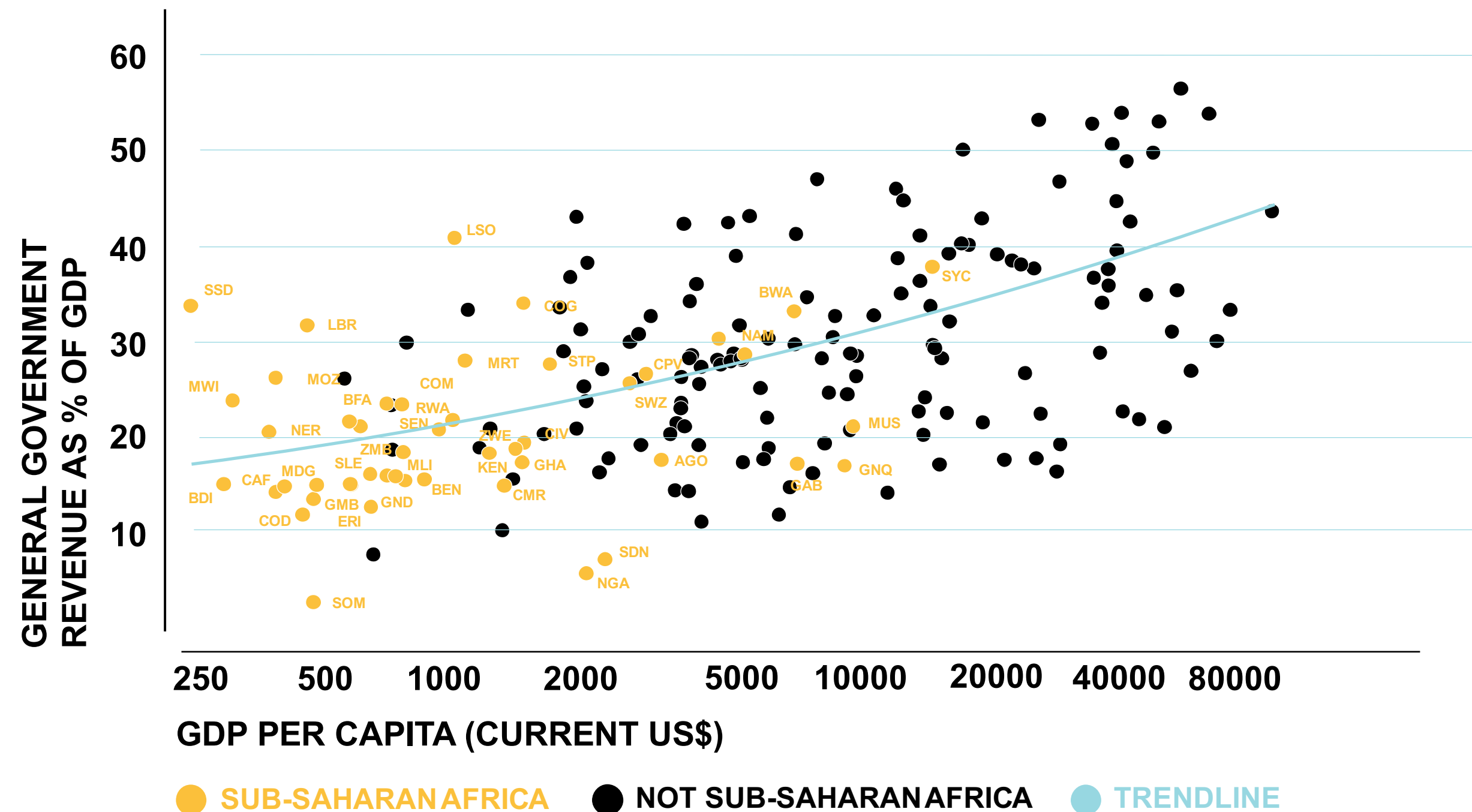


SOURCE: Beegle, Coudouel, and Monsalve, 2018.



A CASE FOR DOMESTIC RESOURCE MOBILIZATION

DOMESTIC REVENUES
ARE **LESS THAN 20%**
OF GDP FOR MOST
COUNTRIES IN THE
REGION

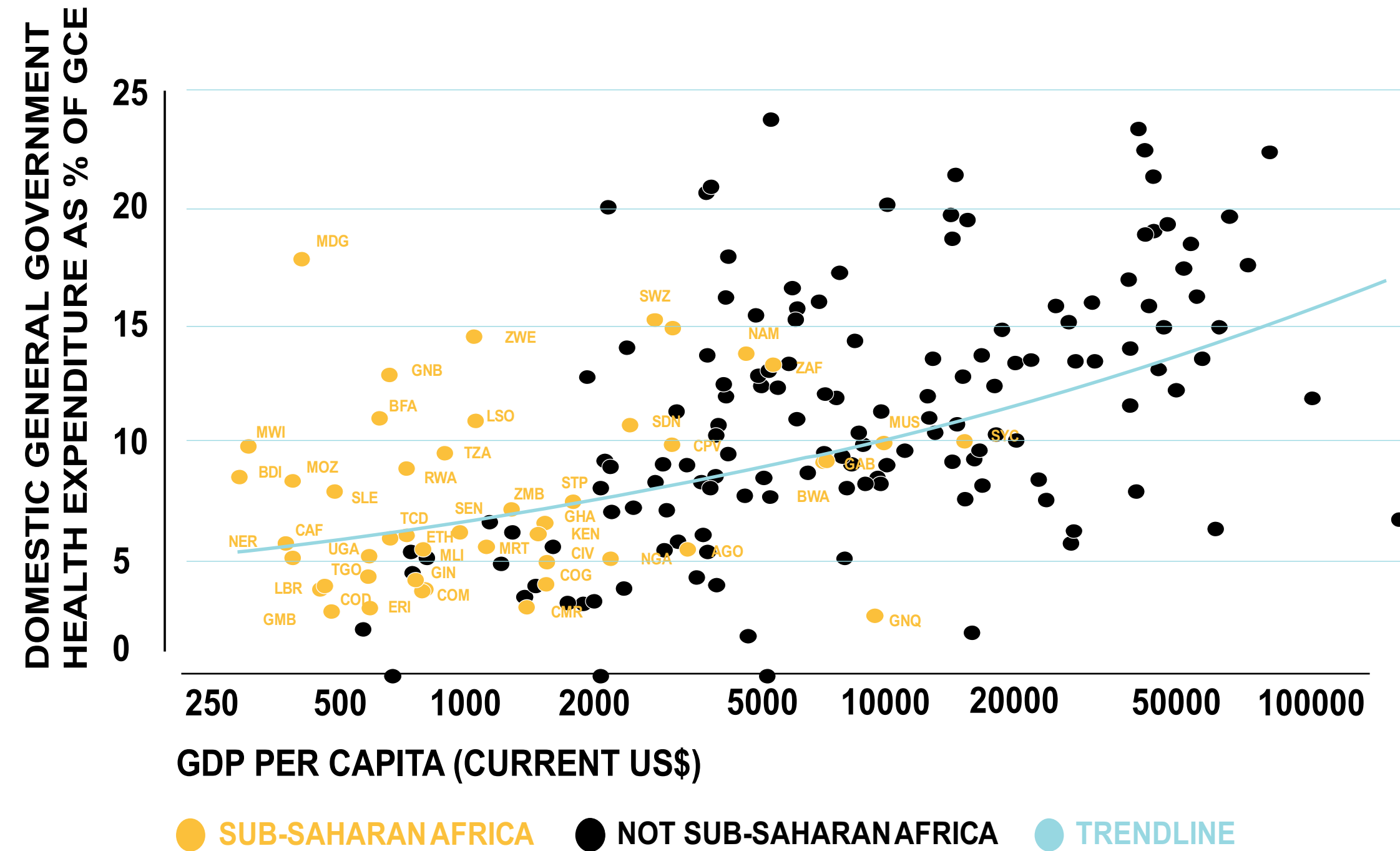


NOTE: Numbers are for the latest year available.
Countries dropped when the % as a share of GDP was greater than 60%, which includes Micronesia, Kiribati, Nauru, Tuvalu.
The blue line is the trend line that represents the data on a scatter plot.



A CASE FOR REPRIORITIZATION

THERE ARE SEVERAL AFRICAN COUNTRIES IN WHICH **HEALTH SPENDING ACCOUNTS FOR LESS THAN 5% OF TOTAL GOVERNMENT SPENDING**

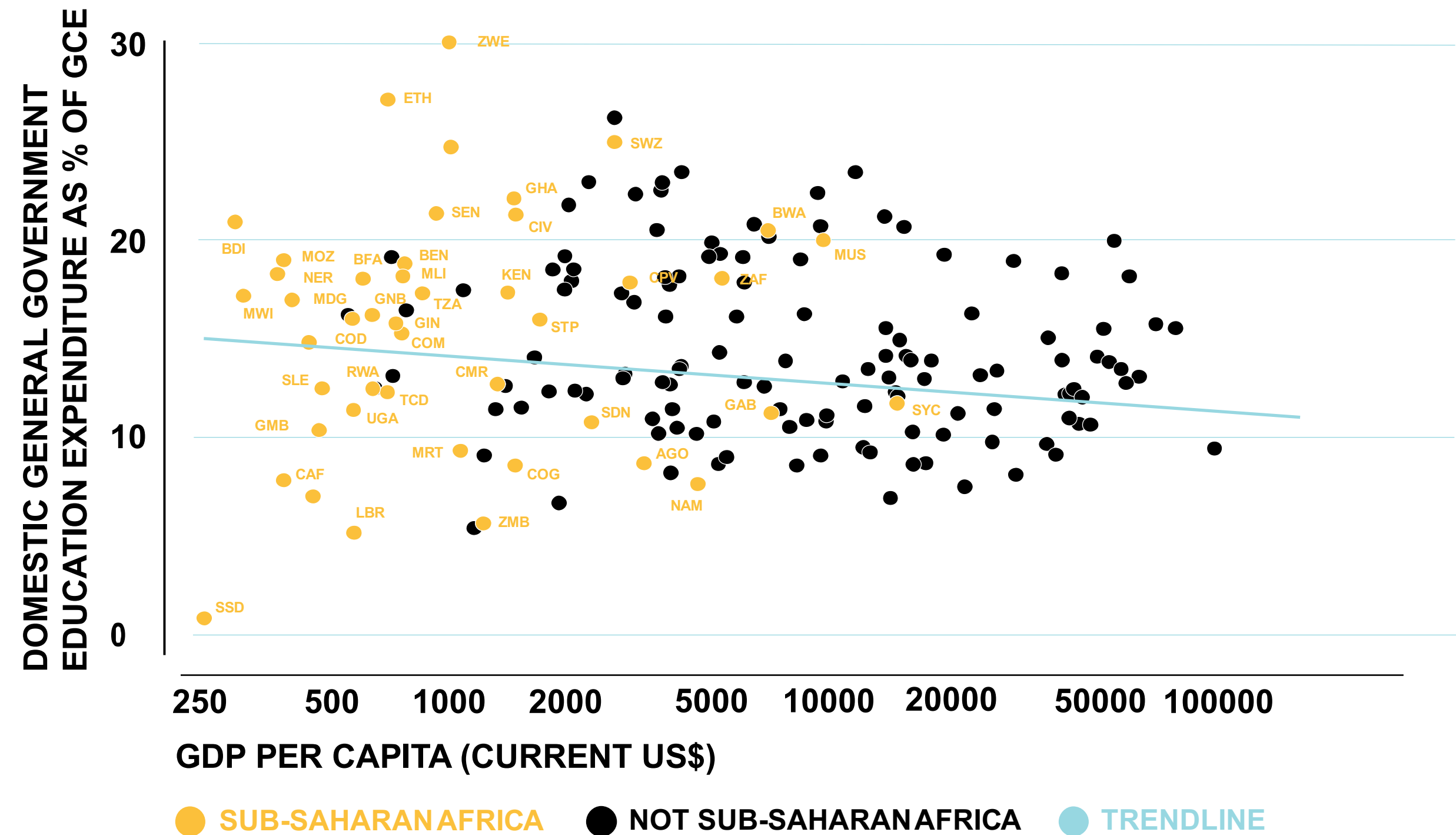


NOTE: Numbers are for the latest year available.
Countries dropped when the % as a share of GDP was greater than 60%, which includes Micronesia, Kiribati, Nauru, Tuvalu.
The blue line is the trend line that represents the data on a scatter plot.



A CASE FOR REPRIORITIZATION IN SOME COUNTRIES

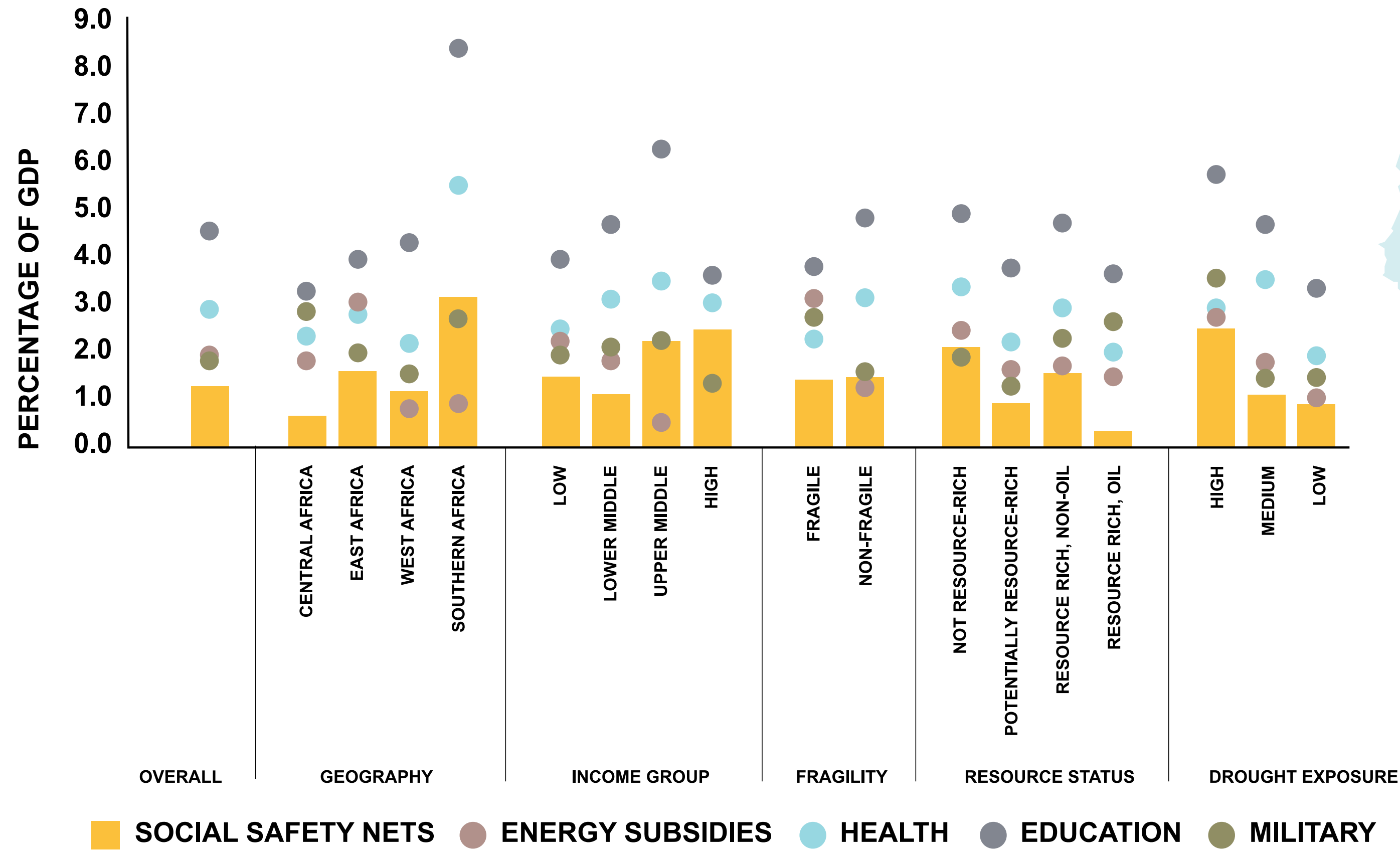
SHARE OF EDUCATION
IN TOTAL GOVERNMENT
SPENDING IS HIGHLY
VARIABLE



NOTE: Numbers are for the latest year available.
The blue line is the trend line that represents the data on a scatter plot.



SAFETY NET SPENDING



SAFETY NET SPENDING IS 1.2% OF GDP ON AVERAGE IN AFRICA

SOURCE: Beegle, Coudouel, and Monsalve, 2018.



OPTIONS TO INCREASE FINANCING FOR HUMAN CAPITAL

FOSTER INCLUSIVE GROWTH AND ENHANCE EFFICIENCY

If growth is double the projected GDP per capita, additional spending declines by 4.5 percentage points of GDP.

Countries could save about as much through efficiency efforts in education, health care, and infrastructure as they could raise through tax reform.

MOBILIZE DOMESTIC RESOURCES

Raising Tax to GDP ratio by 5 percentage points of GDP in the next decade is an ambitious but reasonable target.

Middle income countries could fully fund the costs assuming 50% of country's tax potential is available for the three core sectors.

A recommended starting point would be to increase third-party tax reporting.

DEBT FINANCING IS NOT ALWAYS AN OPTION

Low income countries have little room to finance SDGs through debt financing. Debt service costs are increasing rapidly.

Share of countries at high risk or in debt distress has doubled to 40% from 2013 to 2018.

ROLE OF THE PRIVATE SECTOR

Foreign direct investment and private philanthropy have a critical role in infrastructure, service provision and job creation.

DONOR FINANCING COMMUNITY (ODA) TO HELP FINANCE

Help to close development gaps in many LIDCs, if better targeted to countries most in need of such assistance.

Reallocating some of the existing aid to severely financially challenged countries could bridge some of the gap but won't eliminate it (only 1/8th of aid needed to cover full cost).

NOTE: Numbers are for the latest year available.
The blue line is the trend line that represents the data on a scatter plot.



HOW CAN THE GLOBAL COMMUNITY COORDINATE TO FINANCE SDGs IN GENERAL?

REBALANCE THE GLOBAL DEBATE AROUND AID

The current conversation focuses on identifying which countries are in most need without reference to their ability to self-finance, rather than understanding countries' ability to self-finance.

One starting point is for all presentations of aid flows to include two key metrics: amount of aid per person living in extreme poverty and a country's own ability to pay.

CORRECT THE RELATIVE FUNDING IMBALANCE FOR SOCIAL PROTECTION TRANSFERS

Recent international initiatives have focused on addressing the critical underfunding of education, health and nutrition. While these sectors are still severely underfunded in LICs and need to be addressed, social protection programmes fare even worse.

REBALANCE GLOBAL AID ALLOCATIONS

Focusing on severely financially challenged and other under-resourced countries implies that the share of aid to LDC and fragile states should increase.

The current allocation of aid needs to be shifted so that those countries that can least afford to finance the ending of extreme poverty are prioritized.

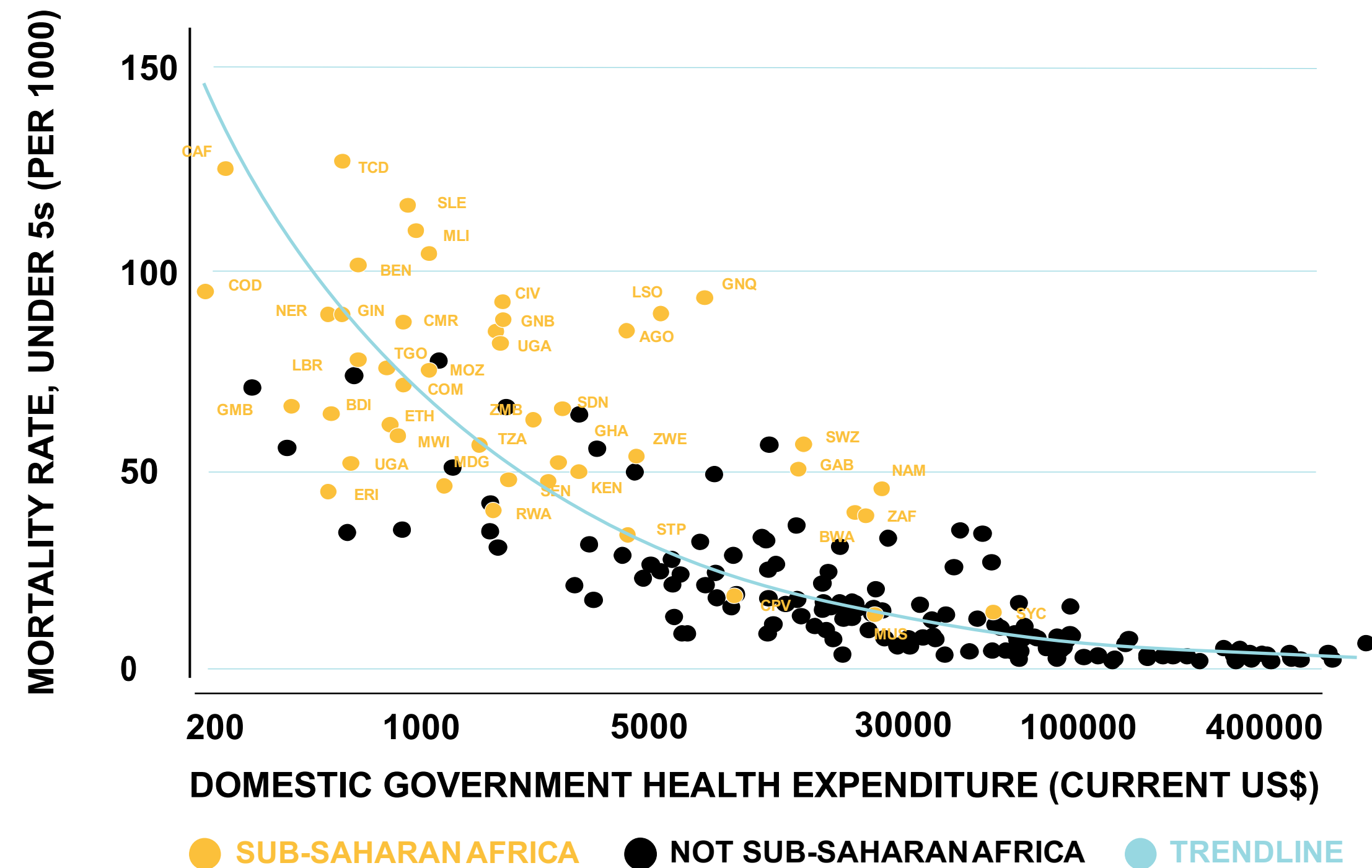
REBALANCE THE GLOBAL BURDEN-SHARING OF SUPPORTING COUNTRIES TO END EXTREME POVERTY

Rebalancing existing aid will generate only an eighth of the aid needed by all the under-resourced countries for them to afford 100% of the costs; only if all donors meet the 0.7% ODA/GNI target will all countries be able to afford the costs of ending extreme poverty.



A CASE FOR IMPROVING EFFICIENCY

THERE IS A WEAK
RELATIONSHIP
BETWEEN
GOVERNMENT
SPENDING AND CHILD
MORTALITY IN AFRICA



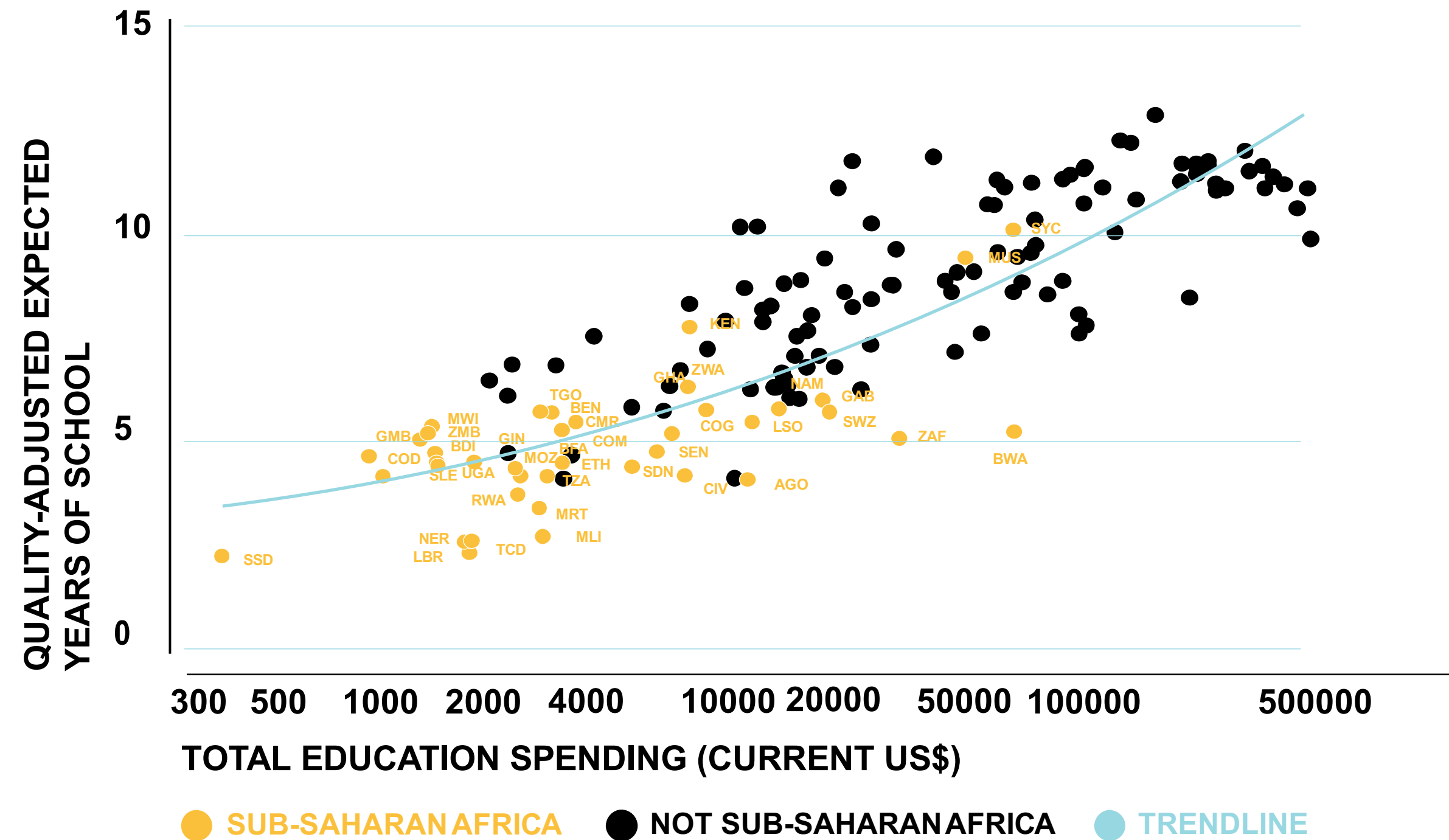
NOTE: Numbers are for the latest year available.
Social sector is defined as the sum of health and education sectors.
The blue line is the trend line that represents the data on a scatter plot.



A CASE FOR IMPROVING EFFICIENCY

THE LINK BETWEEN
GOVERNMENT
SPENDING AND
QUALITY ADJUSTED
YEARS OF SCHOOLING
IS STRONGER

**BUT THERE IS STILL
SIGNIFICANT
VARIATION**



NOTE: Numbers are for the latest year available.
The blue line is the trend line that represents the data on a scatter plot.



DEEP DIVES

3.

ACCELERATING THE DEMOGRAPHIC TRANSITION

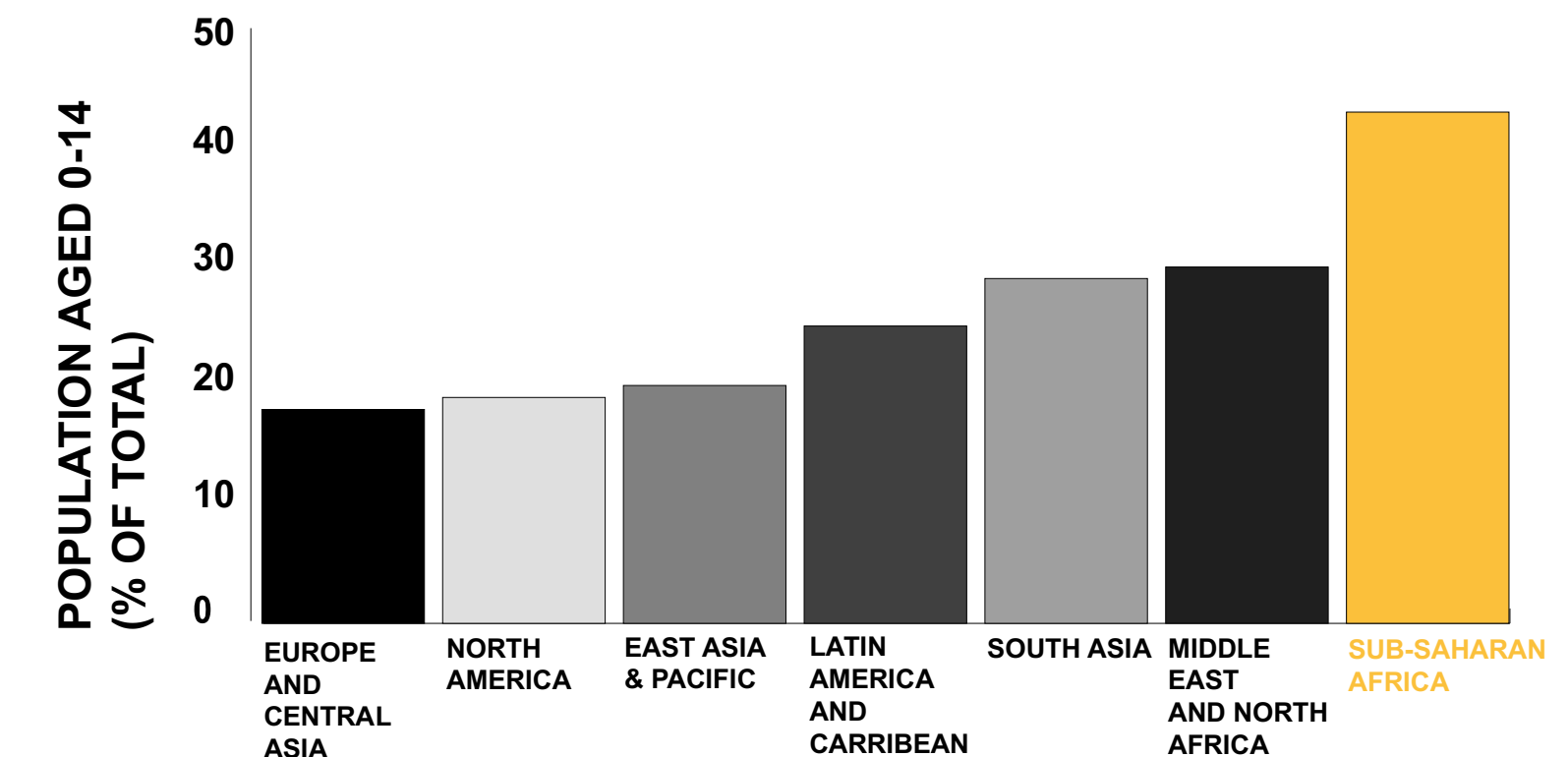


AFRICA IS THE YOUNGEST, FASTEST-GROWING CONTINENT

BY 2035 THE NUMBER OF SUB-SAHARAN AFRICANS REACHING WORKING AGE OF 15-64 **WILL EXCEED THE REST OF THE WORLD COMBINED**, ADDING 12 MILLION TO THE LABOR FORCE EVERY YEAR



IN AFRICA, 43% OF THE POPULATION IS AGED BELOW 15, **THE HIGHEST % IN THE WORLD**



- Total Fertility Rate in Africa (4.8) is **twice the global average**.
- Adolescent (aged 15-19) fertility rate (101 per 1,000) is **3 times the one in South Asia** (33 per 1,000).
- **The decline in fertility has been slow**, but with important differences across countries.
- **Fertility rates are significantly higher among the poor** – e.g. 6.4 total fertility rate for bottom quintile vs. 2.6 for top quintile in Ethiopia.

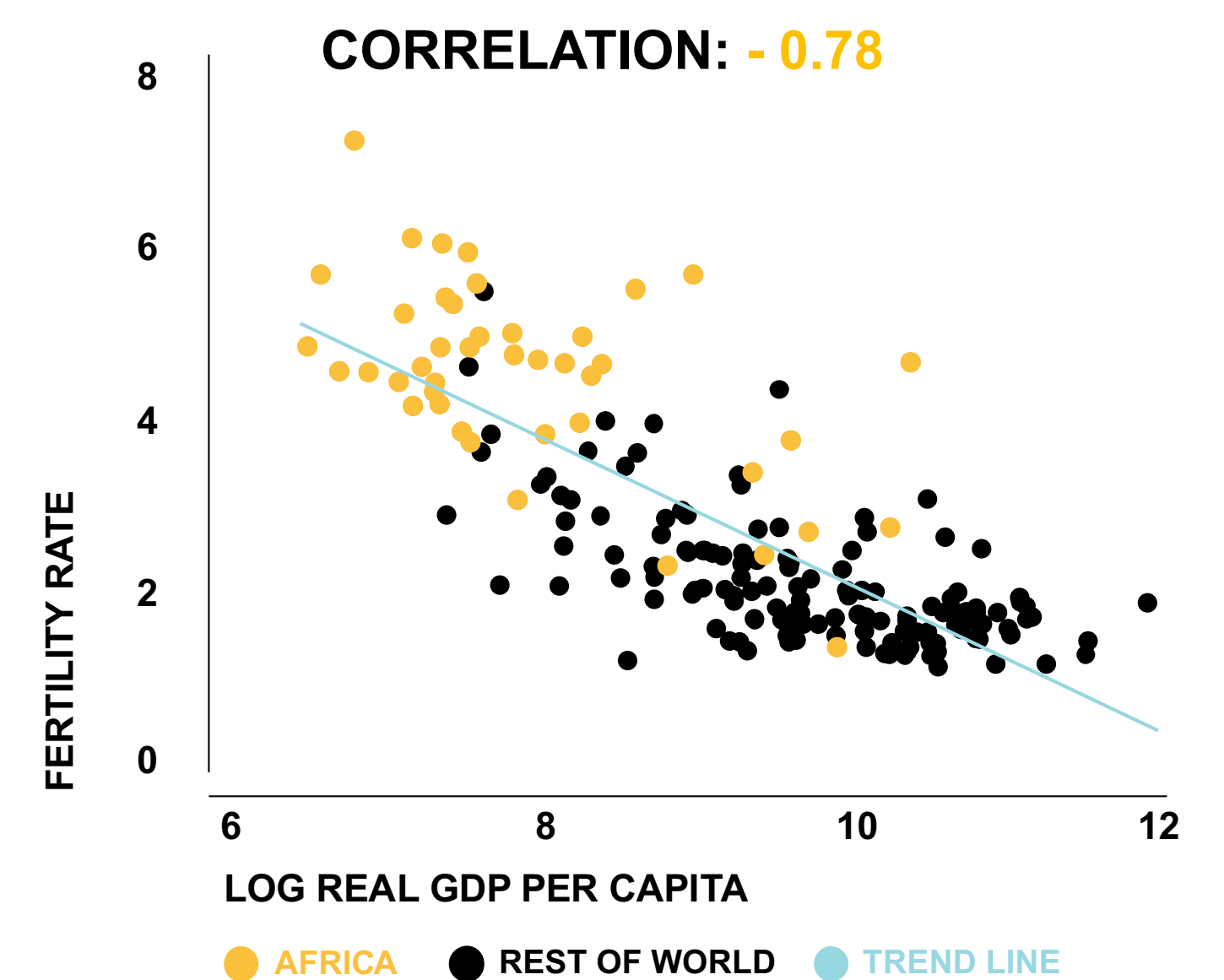
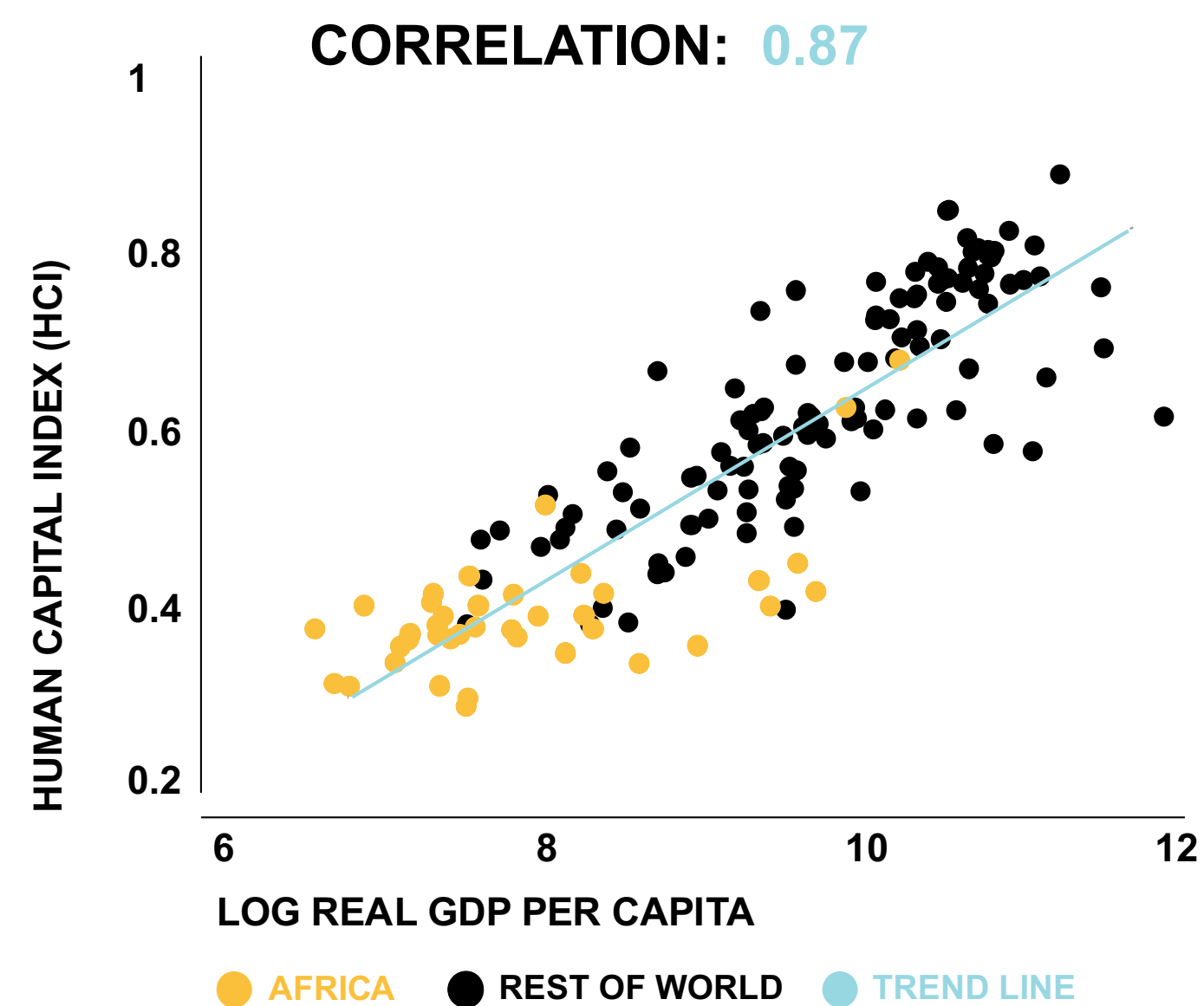
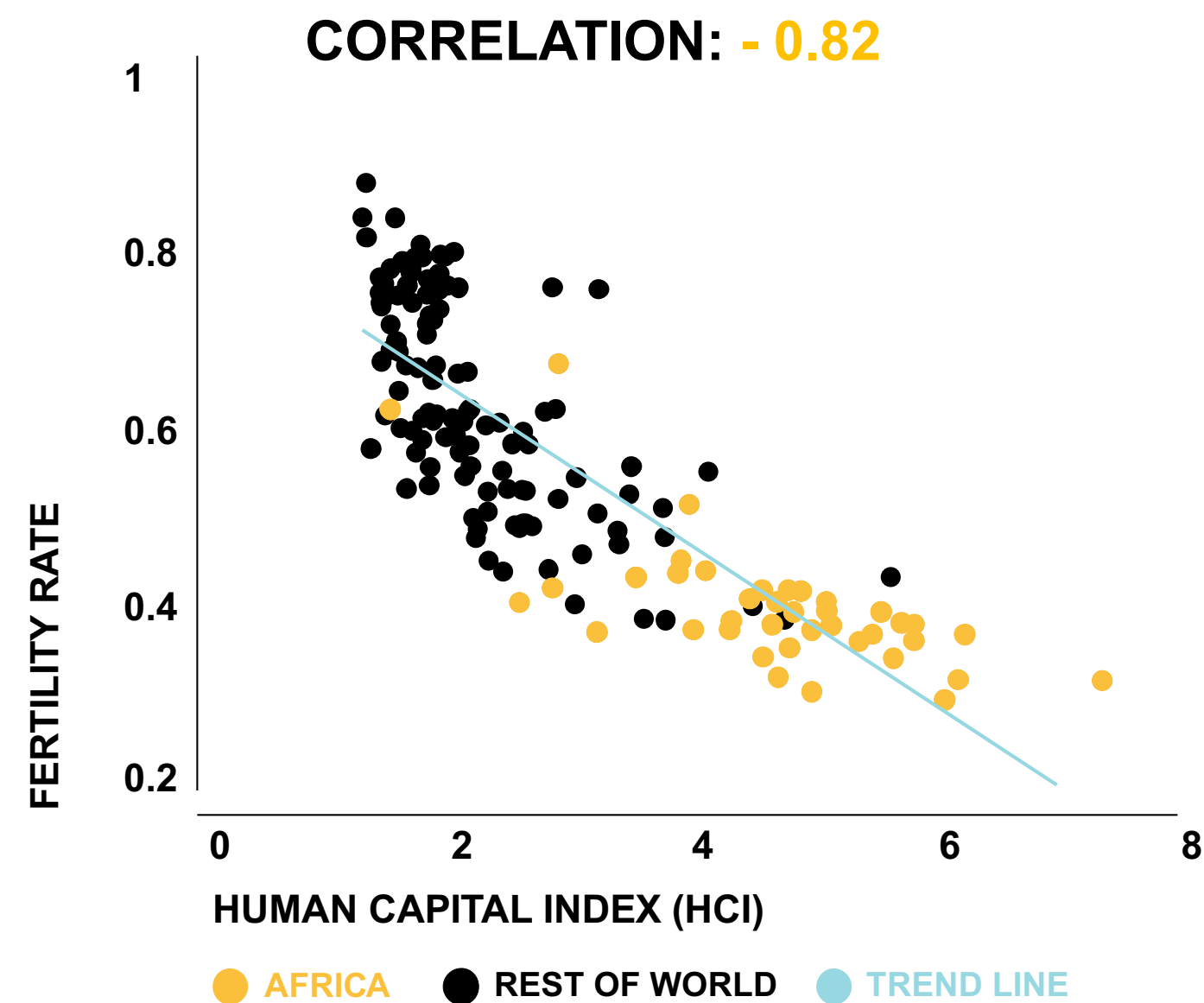


FERTILITY AND GDP PER CAPITA ARE NEGATIVELY CORRELATED

STRONG NEGATIVE CORRELATION
BETWEEN FERTILITY AND HCI

POSITIVE CORRELATION BETWEEN
HCI AND GDP PER CAPITA

NEGATIVE CORRELATION BETWEEN
FERTILITY AND GDP PER CAPITA



NOTE: HCI and Fertility rates are for 2016, GDP per capita is for 2017.

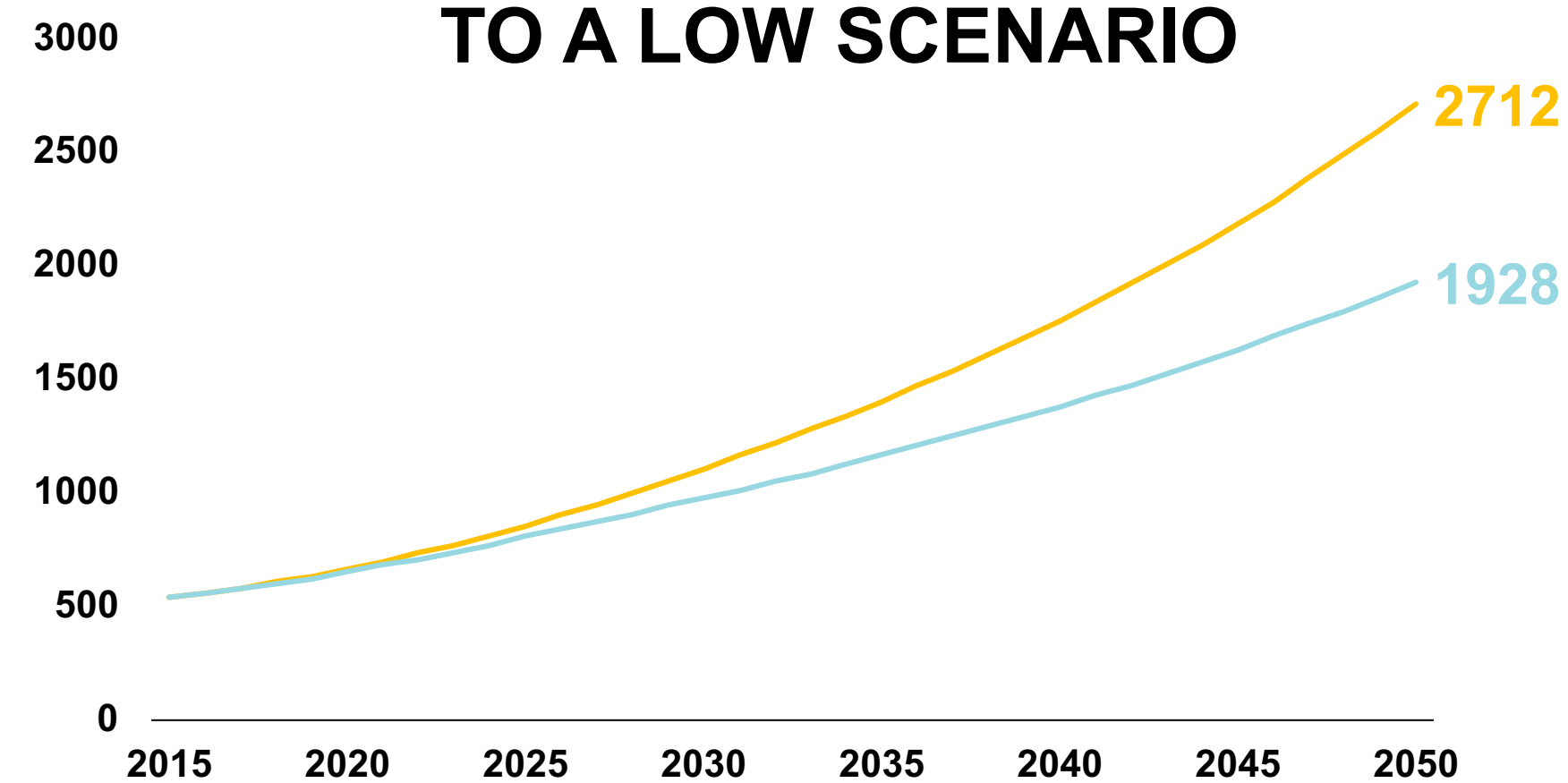


REDUCING FERTILITY WILL INCREASE PER CAPITA GROWTH

Tanzania

Low fertility scenario: 2.77 for Tanzania.
Current fertility levels: 5.24 for Tanzania.

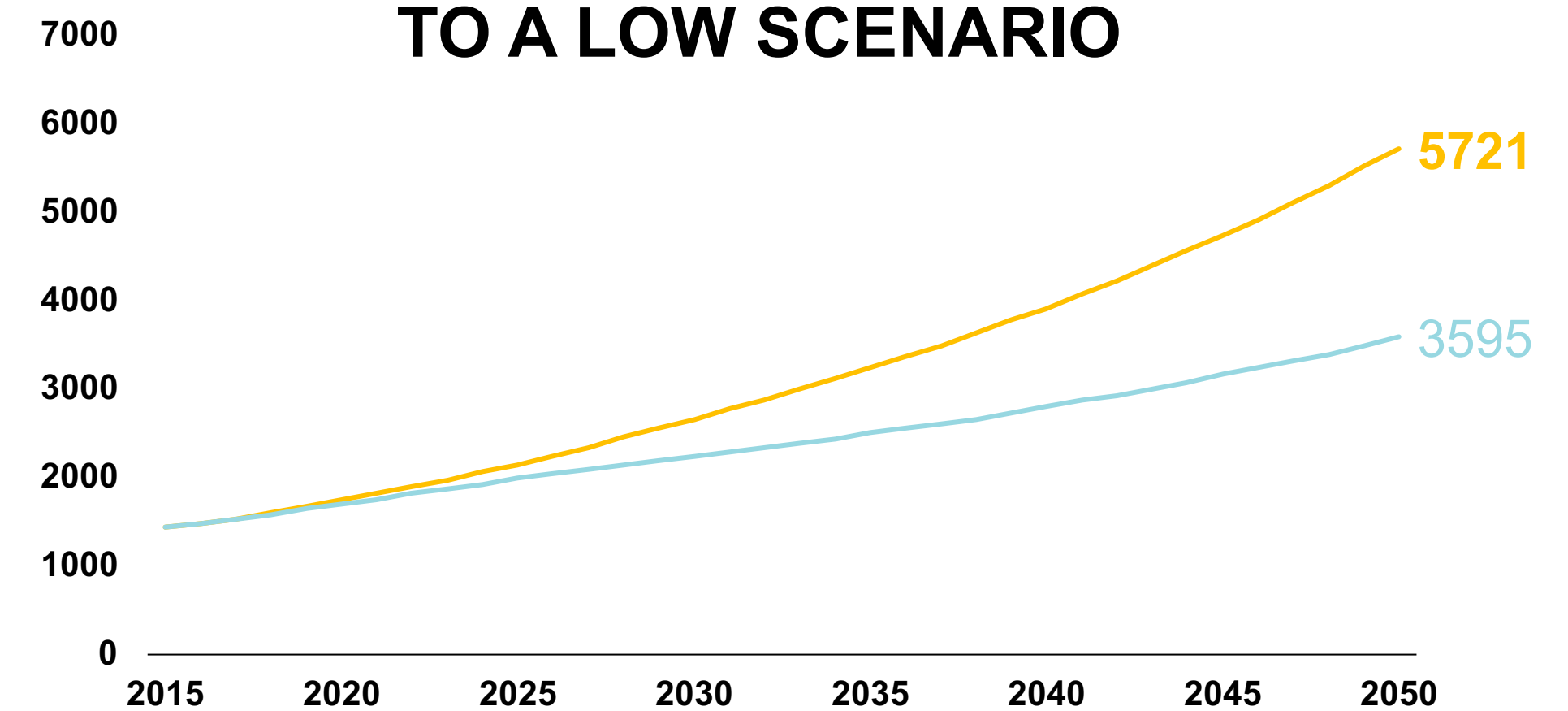
GDP PER CAPITA WOULD BE 40% HIGHER BY 2050 IF FERTILITY WERE REDUCED TO A LOW SCENARIO



Nigeria

Low fertility scenario: 2.82 for Nigeria.
Current fertility levels: 5.74 for Nigeria.

GDP PER CAPITA WOULD BE 59% HIGHER BY 2050 IF FERTILITY WERE REDUCED TO A LOW SCENARIO

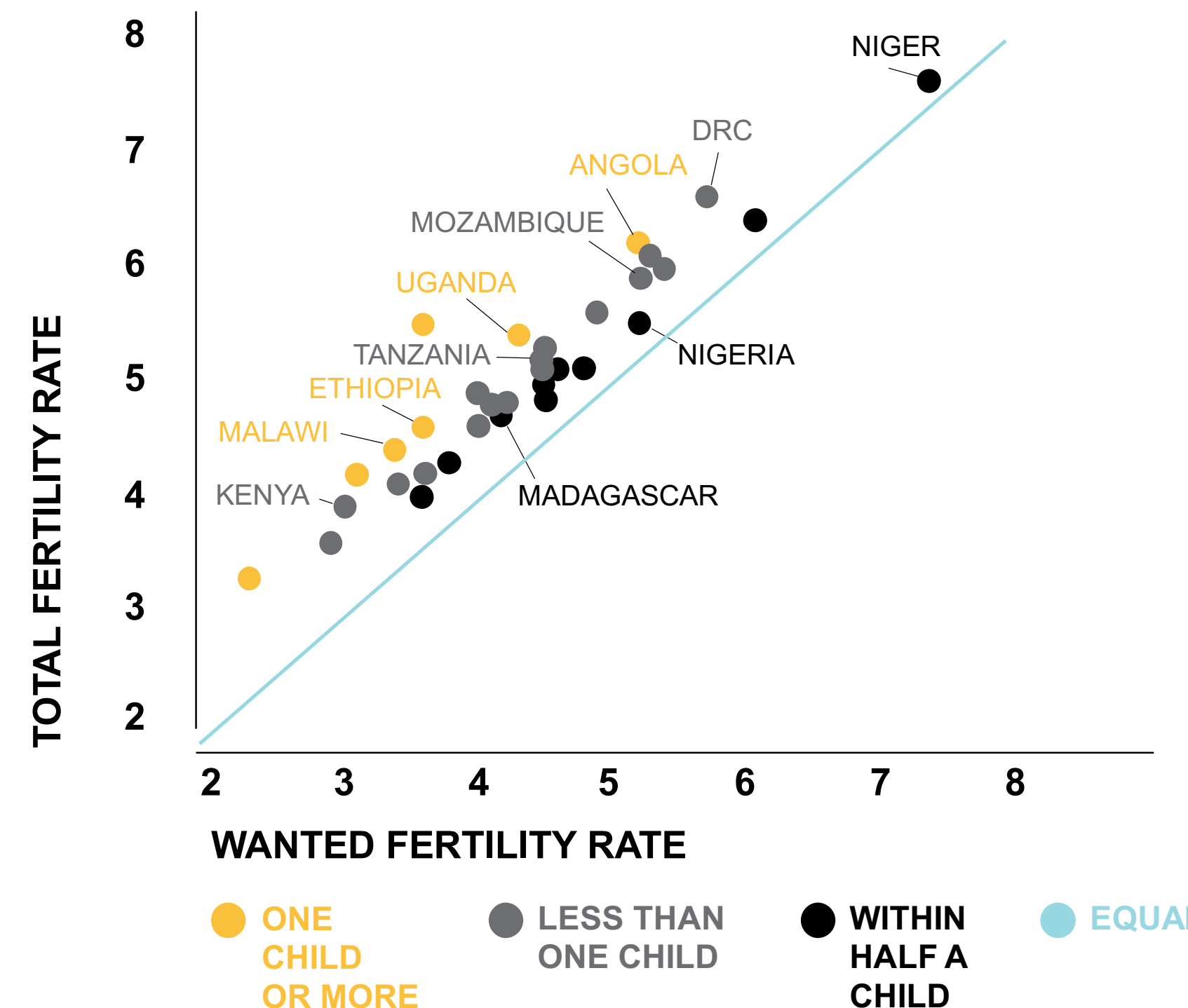


NOTE: For methodological details see Ahmed et al, 2016.



IN-COUNTRY DEMAND FOR ACCELERATING THE DEMOGRAPHIC TRANSITION

- **LEADERSHIP FROM HEADS OF STATE AND FAITH LEADERS ON DEMOGRAPHICS** INCLUDING FERTILITY, CONTINUED EDUCATION AND GENDER EQUALITIES
- **AFRICA UNION'S 2017 THEME ON "HARNESSING THE DEMOGRAPHIC DIVIDEND THROUGH INVESTMENTS IN YOUTH"**
- **RECENT LAUNCH OF AU'S FIRST STRATEGY FOR GENDER EQUALITY AND WOMEN'S EMPOWERMENT**
- **OUAGADOUGOU PARTNERSHIP (2011): 9 WEST AFRICAN COUNTRIES COMMIT TO ACCELERATE FAMILY PLANNING ACTIONS**
- **FP2020: COUNTRY-LEVEL COMMITMENTS FROM 30 AFRICAN COUNTRIES**



WITH A FEW EXCEPTIONS, THERE ARE GAPS BETWEEN WOMEN'S WANTED FERTILITY RATES AND TOTAL FERTILITY RATES IN LARGE GROWTH COUNTRIES

STILL, THE DESIRE FOR LARGE FAMILIES IN PRE-DIVIDEND COUNTRIES REMAINS HIGH



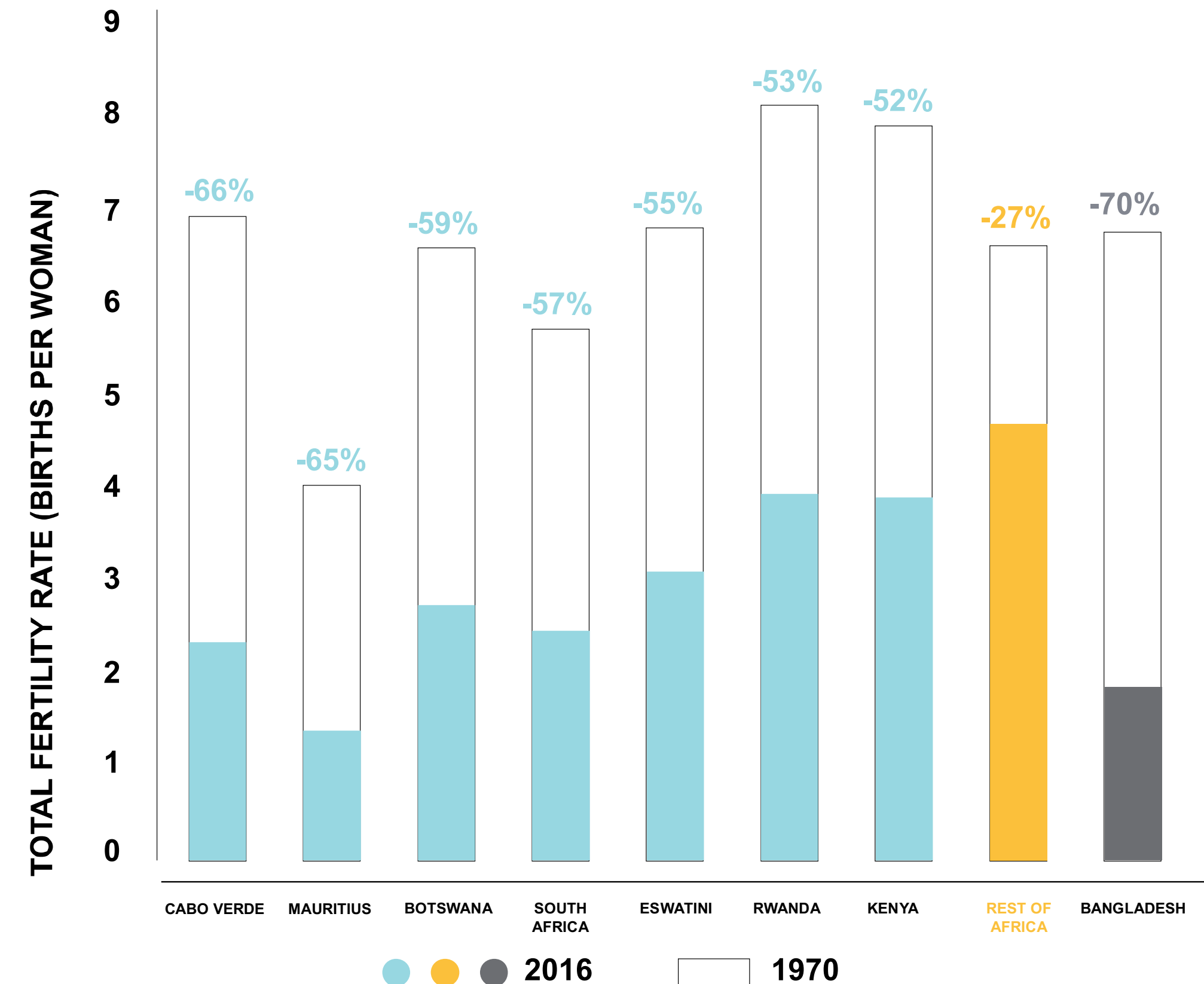
REDUCING FERTILITY: PROGRESS IS POSSIBLE

7 COUNTRIES IN THE REGION REDUCED
FERTILITY BY MORE THAN 50% SINCE 1970

**PROGRESS CAN BE MADE WITHIN A SHORTER
TIMEFRAME:** ETHIOPIA'S TOTAL FERTILITY RATE
DECLINED BY 40 PERCENT IN THE PAST THREE
DECADES, MAINLY BECAUSE OF A STEEP
INCREASE IN CONTRACEPTIVE USE

IN REMAINING COUNTRIES IN SUB-SAHARAN
AFRICA, THE REDUCTION WAS ONLY 27%

**PROGRESS HAS BEEN PARTICULARLY SLOW IN
WEST AND CENTRAL AFRICA**



STRONG EVIDENCE TO INFORM ACTION

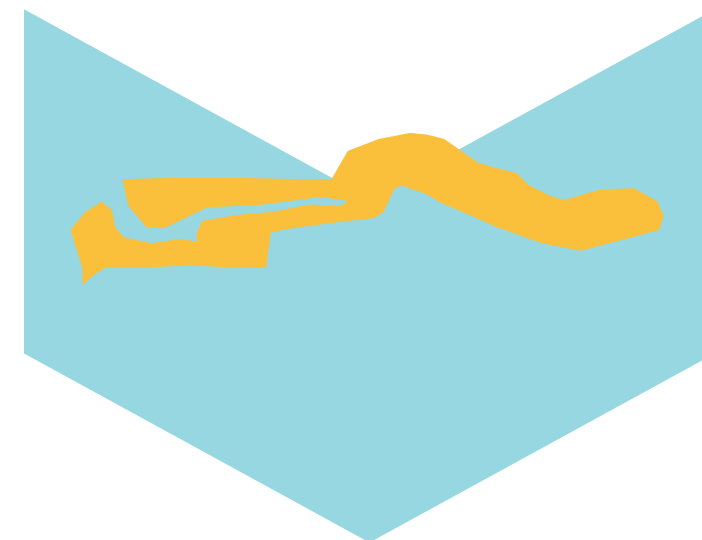


REPRODUCTIVE HEALTH AND FAMILY PLANNING



In **Ghana**, providing family planning service training and community outreach was associated with a **15 percent reduction in the total fertility rate** among married women (Debpuur, 2002).

SOCIAL AND BEHAVIOR CHANGE



In **Gambia**, a radio program that focused specifically on family planning **increased positive attitudes and knowledge about family planning and use of modern methods (from 10% to 27%)** (Valente et al, 1994).

GIRLS' EDUCATION



In **Ghana**, scholarships in secondary school **reduced drop out and the probability of ever having been pregnant by 18%, eight years later, at age 25** (Duflo, 2017).

SUPPORTIVE ACTIONS



In **Kenya**, a national cash transfer program (OVC) **reduced the risk of early sexual debut and teen pregnancy on adolescent girls through increasing the enrollment of young women in school and financial stability of the household** (Handa et al, 2015).



THE 4E FRAMEWORK FOR WORLD BANK SUPPORT FOR DEMOGRAPHIC CHANGE

EMPOWERING

- SUPPORTING EMPOWERMENT AND **LIFE SKILLS** FOR WOMEN AND GIRLS
- **REDUCING** CHILD MARRIAGE
- **ADDRESSING SOCIAL NORMS** AROUND GENDER THROUGH SOCIAL AND BEHAVIOR CHANGE COMMUNICATION
- **SAFETY NETS AND PENSIONS** AS INCOME INSURANCE MECHANISMS

ENHANCING

- INCREASING COVERAGE AND QUALITY OF **A CONTINUUM OF CARE** COVERING REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH SERVICES AND NUTRITION
- DIVERSIFIED FUNDING FOR **QUALITY CONTRACEPTIVE PROGRAMS** WITH IMPROVED SUPPLY, PRO-POOR STRATEGIES AND METHOD CHOICE

EMPLOYING

- **JOB SKILLS** TRAINING
- ACTIVE **LABOR MARKET** POLICIES
- SUPPORT FOR PRIVATE SECTOR **DEVELOPMENT AND ENTREPRENEURSHIP**
- ENHANCING **PRODUCTIVITY OF WORKERS**, NOTABLY IN AGRICULTURE AND IN INFORMAL SECTORS
- TO **INCREASE EARNINGS** FOR WOMEN

EDUCATING

- INCREASING **ACCESS** AND AFFORDABILITY
- IMPROVING **QUALITY**
- ENSURING **INCLUSION** AND COMPLETION OF AND TRANSITION TO DIFFERENT LEVELS
- TACKLING **LAWS AND POLICIES** THAT EXCLUDE PREGNANT GIRLS
- **PREVENT AND PENALIZE GBV**
- WITH AN EMPHASIS ON KEEPING GIRLS **IN SCHOOL** LONGER

INTERDEPENDENCY CALLING FOR A MULTI-SECTORAL APPROACH TO ADDRESS SUPPLY AND DEMAND SIDE DETERMINANTS OF FERTILITY



DEEP DIVES

4.

LEVERAGING INNOVATIONS AND TECHNOLOGY



INNOVATION CAN UNLOCK HEALTH OUTCOMES

CASE STUDIES OF HOW MULTIPLE TECHNOLOGIES AND DELIVERY INNOVATIONS IMPROVE VACCINE DELIVERY

KENYA

CHAD + NIGER

SUPPLY CHAIN NETWORK RE-DESIGN FOR MORE DIRECT DISTRIBUTION AND OPTIMIZED TRANSPORT

60%

Reduction in logistics cost per dose of vaccine delivered.

NIGERIA

OUTSOURCING THE VACCINE DISTRIBUTION TO A PRIVATE SECTOR LOGISTICS COMPANY (3PL)

100%

Reduction in vaccine stock-outs (Lagos).

TUNISIA

INTEGRATED TRANSPORT OF VACCINES AND OTHER TEMPERATURE SENSITIVE PRODUCTS

32%

Reduction in freeze alarms at health center level within 6 months (pilot zones).

MOZAMBIQUE

TASK SHIFTING TO CREATE A DEDICATED DELIVERY AND MAINTENANCE FUNCTION AT THE LAST MILE

60%

Increase in cold chain equipment uptime (pilot zones).



INNOVATION CAN UNLOCK HEALTH OUTCOMES

CASE STUDIES OF HOW MULTIPLE TECHNOLOGIES AND DELIVERY INNOVATIONS IMPROVE VACCINE DELIVERY

CHAD

IMPLEMENTING A **CTC STRATEGY** FOR MEN-A VACCINE AT THE LAST MILE DURING A CAMPAIGN

50%

Reduction in the cost of running a cold chain and logistics system.

ESTIMATE

REPLACING GAS/PETROL COLD CHAIN EQUIPMENT WITH **BATTERY FREE SOLAR REFRIGERATORS**

55%

Reduction in the annual cost of running the equipment (incl. amortization).

TUNISIA

REPLACING DIAL THERMOMETERS WITH **CONTINUOUS TEMPERATURE MONITORING DEVICES**

34%

Reduction in freeze alarms at health center level within 6 months (pilot zones).

MOZAMBIQUE

STRENGTHENING PERFORMANCE AND STOCK MANAGEMENT WITH **NETWORKED DATA SYSTEMS**

33%

Increase in Pentavalent vaccinations per month (pilot zones).



HEALTH: THE FRONTLINE IS THE NEXT FRONTIER



TECHNOLOGIES PROVIDE MANY OPPORTUNITIES TO ADDRESS CRITICAL HEALTH SYSTEM BOTTLENECKS

PRIMARY CARE ACCESS

Babyl, in Rwanda, uses a combination of telemedicine, AI-powered diagnosis and triage chatbot, and longitudinal care records linking public health centers with call centers. There are also linkages with pharmacies via remote prescriptions and digital payments, and linkages with labs. Other Examples: WeDoctor, Ada, Zebra Medical Vision, MIMIC.

MANAGEMENT CAPACITY

Last Mile Health and Living Goods equip community health workers (CHW) with the Smart Health app, which provides real-time data to manage thousands of workers. By 2021, they will bring quality health care to 34 million people and quality jobs to 50,000 people in the region. Other examples: Muso, Atlas.

HEALTH WORKER SUPPORT

Human Diagnosis Project uses digitized clinical vignettes to rapidly assess and train health workers. Other examples: BMJ Learning. Google has developed an artificial intelligence (AI) algorithm to automate screening for eye problems in diabetes. Other examples include xray reading and pathology slide interpretation.

TARGETING HIGH NEEDS

Researchers have developed a machine learning tool to identify weather and land-use patterns associated with dengue fever transmission in Manila. Other examples: Rockefeller Foundation precision public health initiative.

INNOVATIONS TO BOOST HEALTH

MOVING FORWARD



EXEMPLAR CASE STUDIES TO DEMONSTRATE POTENTIAL FOR UNIVERSAL HEALTH CARE

POLICY-MAKER GUIDE ON THE PROCESS AND IMPLEMENTATION OF ADOPTING TECHNOLOGIES IN PRIMARY HEALTH CARE

CURRICULUM AND IMPLEMENTATION OF THE MODULES FOR THE POLICY-MAKERS CORE CURRICULUM INCLUDING THE FLAGSHIP COURSES, LEVERAGING THE WBG'S DISRUPTIVE TECHNOLOGY NETWORK CURRICULUM

INNOVATION ACCELERATION

Building upon existing resources, such as the innovations window in the GFF and the WBG's lending operations, significant opportunities exist to accelerate innovation (e.g., PHC in the Sahel; integrated CHW and PHC models; PHC for displaced populations and in urbanizing settings).

EVIDENCE AGENDA

Working with other partners and governments, the Bank and GFF can align on a high-priority evidence agenda to assess safety, health outcomes, incremental access, and cost effects of technology-enabled PHC at a systems level.

MARKET EXPANSION

The WBG is uniquely positioned to support the governments in prioritizing the PHC and FLF needs and matching them to scalable and sustainable solutions (e.g., WBG operation preparation and implementation, GFF investment cases).

ECOSYSTEM DEVELOPMENT

Policy reforms promoted by the WB as well as direct technical assistance and use of existing initiatives (e.g., TechEmerge) can be mobilized to develop a more favorable ecosystem to support the successful adoption of identified solutions.



INNOVATIONS TO BOOST EDUCATION

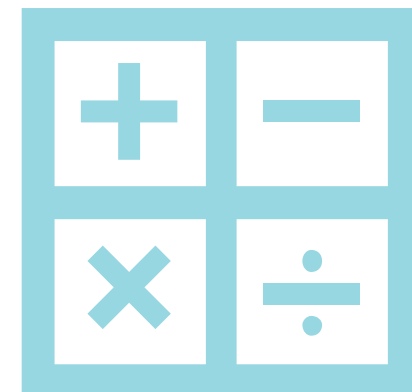
TECHNOLOGIES PROVIDE MANY OPPORTUNITIES
TO IMPROVE EDUCATION SYSTEMS AND OUTCOMES

RESOURCES TO SUPPORT TEACHERS



MobiStation, a **multimedia tool** developed in Uganda, supports education in and out of schools and assists teachers to provide a higher quality education. Through the provision of **specific offline content** to complement the school curriculum (e-books, lessons from the best teachers, and other multimedia content), it creates an **innovative learning environment** that can be carried to various locations, without the need for internet access. Other interesting options include gamification of learning.

ADAPTIVE LEARNING



Adaptive-learning uses **computer algorithms** to coordinate the interaction with the learner and deliver customized resources and learning activities to address the unique needs of each student. For example, Daptio, in South Africa uses artificial intelligence to help students, mentors and teachers understand the proficiency level of each student. The goal is to find a model that allows students to receive the right content, leading to a more tailored education and higher grades. A rigorous Randomized Controlled Trial in India has shown **positive impacts of adaptive-learning**.

DIGITAL SKILLS

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Several countries in the region have started supporting initiatives that aim to develop digital skills, both basic and advanced, including projects to **teach coding**.



INNOVATIONS TO BOOST EDUCATION

MOVING FORWARD

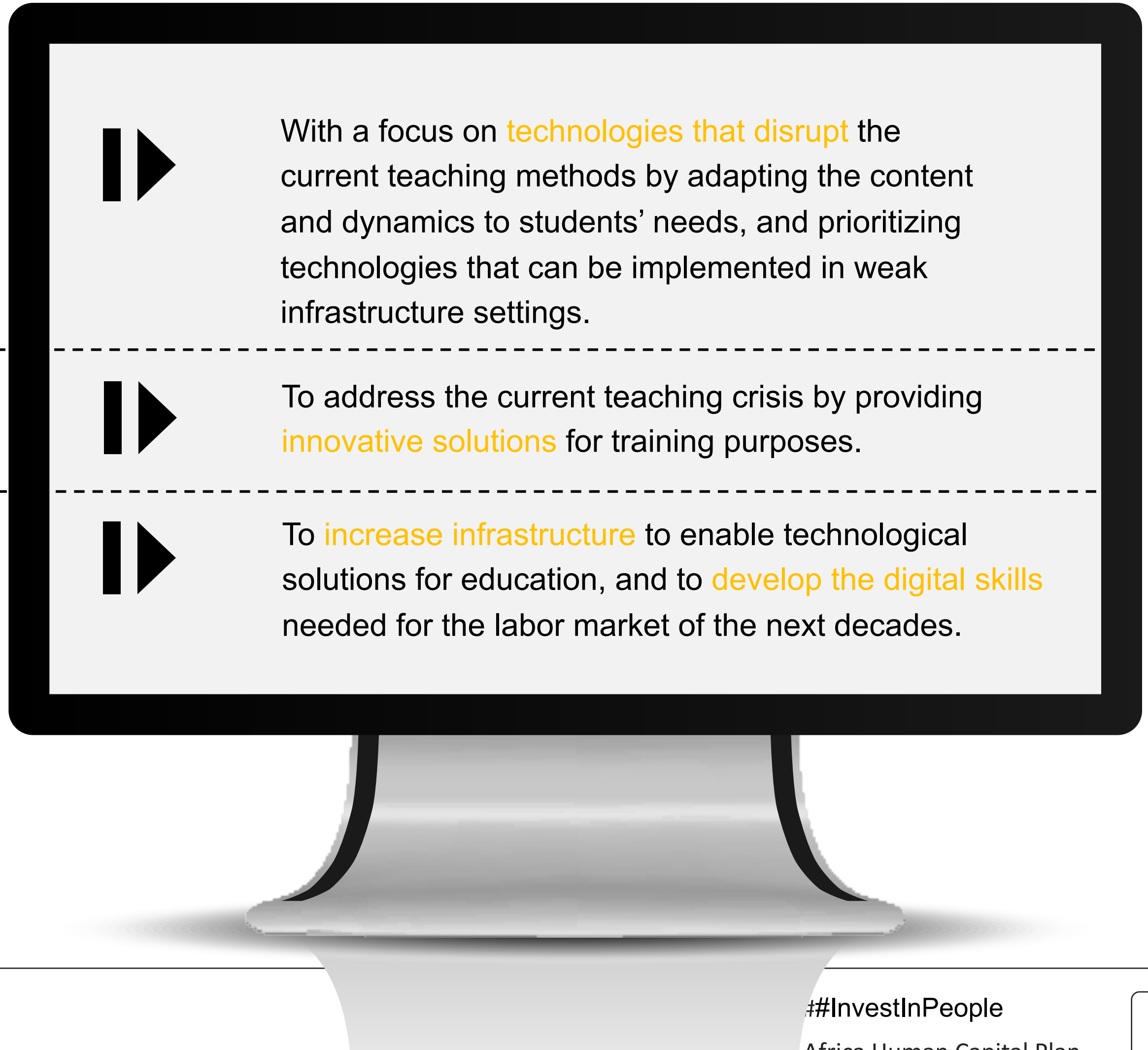
INCREASING SUPPORT FOR
TECHNOLOGIES THAT
COMPLEMENT TEACHERS



SUPPORTING TECHNOLOGIES TO
IMPROVE TEACHER TRAINING



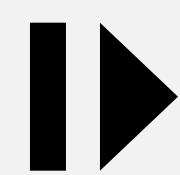
COORDINATING WITH
THE DIGITAL MOONSHOT



With a focus on **technologies that disrupt** the current teaching methods by adapting the content and dynamics to students' needs, and prioritizing technologies that can be implemented in weak infrastructure settings.



To address the current teaching crisis by providing **innovative solutions** for training purposes.



To **increase infrastructure** to enable technological solutions for education, and to **develop the digital skills** needed for the labor market of the next decades.



INNOVATIONS TO BOOST SOCIAL PROTECTION

INNOVATIONS FOR SOCIAL PROTECTION SYSTEMS THAT TARGET THE POOREST

DIGITAL SOCIAL PROTECTION SYSTEMS



IDENTIFICATION

For 500 million people without government-recognized proof of identity in Africa.



SOCIAL REGISTRIES

To reach universal coverage and reliably assess eligibility for social assistance, health, pro-bono legal services and water sanitation programs.



G2P PLATFORMS

Government-to-person payment platforms can transfer benefits and contribute to digital financial inclusion of the poorest and women.

ADDRESSING THE CHALLENGES OF A CHANGING JOB MARKET

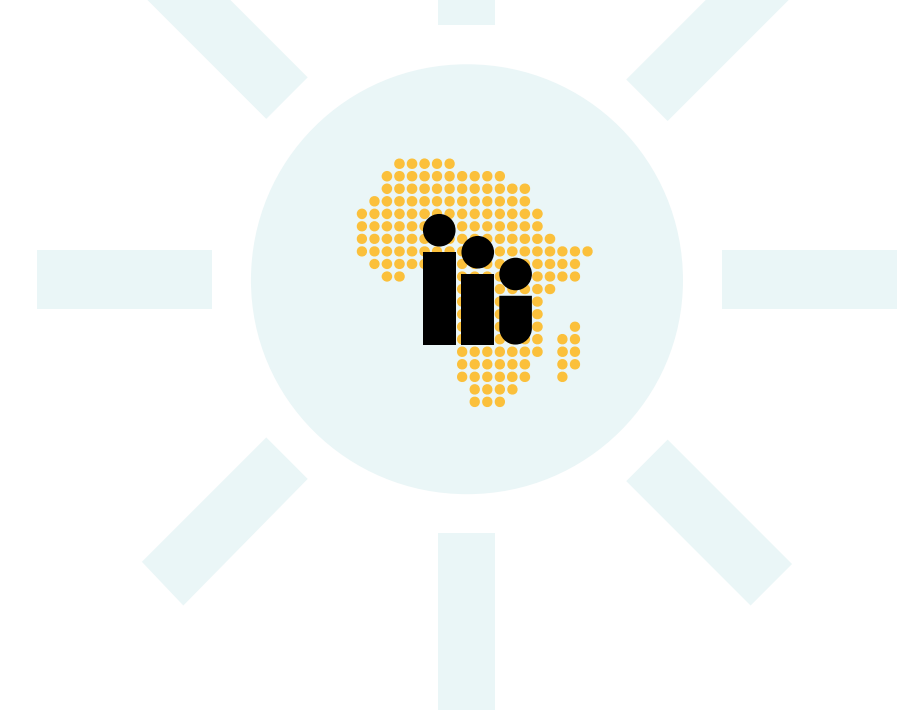


Social protection programs can offer new opportunities for **financial inclusion** of informal and gig economy workers to receive benefits and services.

At the same time, mobile and digital payments ecosystems are creating new opportunities to **extend coverage** to the informal sector and gig economy workers:

- ‘Unified payments interface’ systems are bringing the cashless economy closer to the poor.
- Micro-insurance platforms and ‘nudges’ in Kenya and Ghana are being used to incentivize people to make flexible, voluntary and cashless contributions.

INNOVATIONS TO BOOST AGRICULTURE AND FOOD PRODUCTION



DIGITAL TECHNOLOGIES CAN TRANSFORM AFRICA'S FOOD SYSTEM IN THREE WAYS



ACCESS TO RESOURCES

Technologies can expand farmers' access to capital and resources. With the touch of a button on their phone, farmers can now rent machines—like tractors—that require significant capital to buy.



ECONOMIES OF SCALE

Digital technology can also disrupt value chains through economies of scale, allowing smaller players to be integrated into the value chain. For example, e-commerce platforms can link producers directly to consumers, relaxing the constraint that producers need to be a certain size to reach customers.



BOOST PRODUCTIVITY

Technology can disrupt the management of natural resources through precision tools, helping to boost food production sustainably. Digital technologies can make information on land, soils and other resources more widely available, allowing farmers to apply inputs like fertilizer and water in a more precise manner.

MOVING FORWARD

INCREASE INCOME

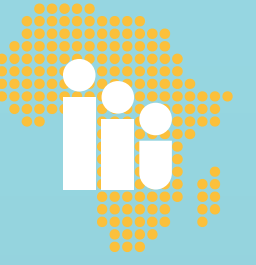
Additional income for farmers can increase investments in health and education.

BOOST PRODUCTION

Both in terms of quantity and quality, also reducing the cost.

SUPPORT FARMERS

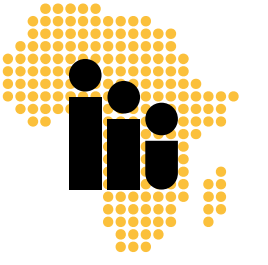
Instead of replacing them.



DEEP DIVES

5.

HEALTH, NUTRITION AND POPULATION



WHAT IS HAMPERING PROGRESS IN IMPROVING HEALTH AND NUTRITION OUTCOMES IN AFRICA?

COVERAGE GAPS

Despite progress, there are large gaps in access to key health services and interventions. Fragmented approaches and financing vs. systemic approach.

QUALITY OF CARE

Poor quality of care is a widespread problem. As a result, access to services does not necessarily translate into improved outcomes.

PREPAREDNESS AND RESPONSE CAPACITY

Weaknesses in core health system (availability of services and HR), public health functions (e.g. labs and surveillance), and regional coordination.

HEALTH FINANCING

Low levels of domestic government spending undermines progress and raises concerns about sustainability. Efficiency of spending is often low.

MULTISECTORAL ACTION

Multi-sectoral action critical to address risk factors and improve outcomes – e.g. fertility, smoking, stunting, obesity...

CLIMATE CHANGE

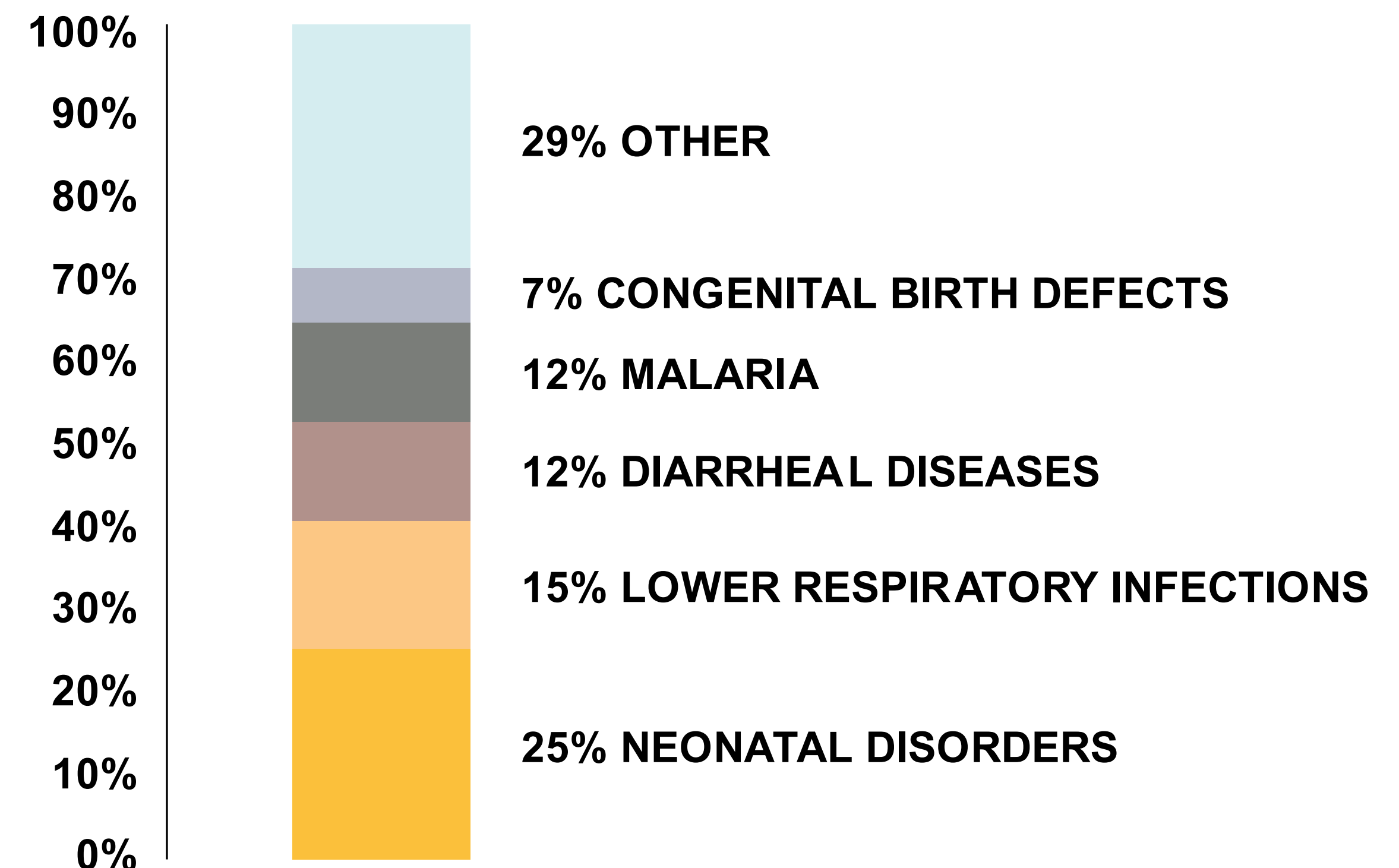
Climate variability and change threatens to reverse development and gains made, and even trigger growth in the disease burden.



UNDER-5 MORTALITY IN AFRICA: KEY FACTS

LEADING CAUSES OF UNDER-5 MORTALITY IN SUB-SAHARAN AFRICA IN 2017: NEONATAL DISORDERS AND LOWER RESPIRATORY INFECTIONS ACCOUNTED FOR 40% OF THE TOTAL

- **2.9 million children** under-5 died in Sub-Saharan Africa in 2015.
- The **under-5 mortality rate has been reduced** by more than half in Sub-Saharan Africa in the past three decades.
- Despite progress, nearly half of under-5 deaths globally occur in Sub-Saharan Africa.
- The rate of decline has been **slowest for neonates** (first 28 days).
- **Half of under-5 deaths** are during neonatal period.
- A baby born in Sub-Saharan Africa is **9 times more likely to die** in the neonatal period than a child born in a high-income country.
- **Most neonatal deaths can be prevented** if births take place in adequately staffed and equipped health facilities.
- Nearly half of under-5 mortality is linked to **malnutrition**.

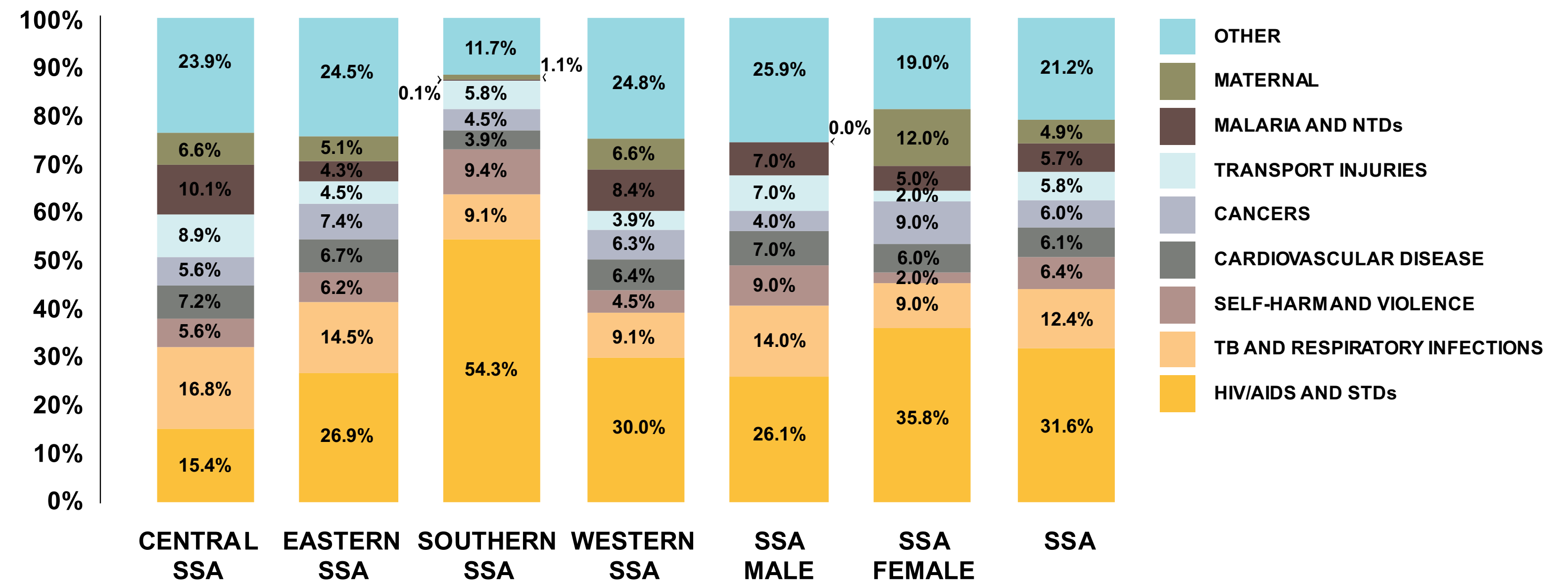




CAUSES OF ADULT MORTALITY

- HIV/AIDS & TB leading causes of death among adults in Africa:
 - Accounts for more than 60% of deaths in Southern Africa; less elsewhere.
- Other major causes include:
 - Violence and self-harm.
 - Cardiovascular disease and cancers.
 - Transport injuries.
 - Malaria.
 - Maternal.
- Delivery-related complications account for 12% of deaths for women in Sub-Saharan Africa.

CAUSES OF ADULT (15-49 YEARS) MORTALITY IN SUB-SAHARAN AFRICA IN 2017: HIV/AIDS AND TB AS THE LEADING CAUSES

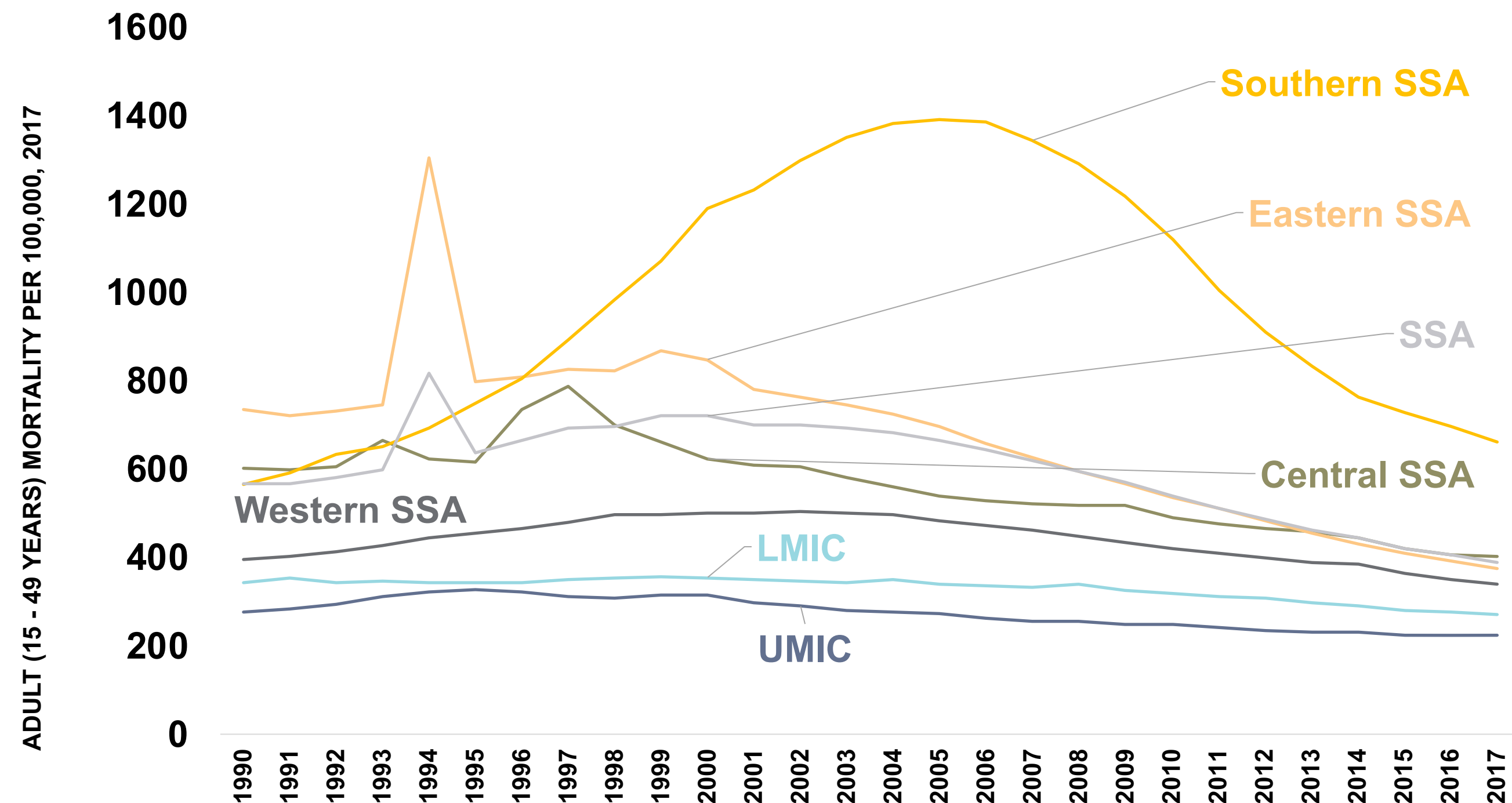




ADULT MORTALITY RATES ARE HIGH IN SUB-SAHARAN AFRICA

- The number of adult deaths per 100,000 adults in Sub-Saharan Africa is nearly **505 higher than the average** for Lower Middle-Income Countries (LMIC).
- Adult deaths in Southern Africa are **140% higher than the average** for Lower Middle-Income Countries (LMIC).

ADULT MORTALITY IN SUB-SAHARAN AFRICA IS VERY HIGH

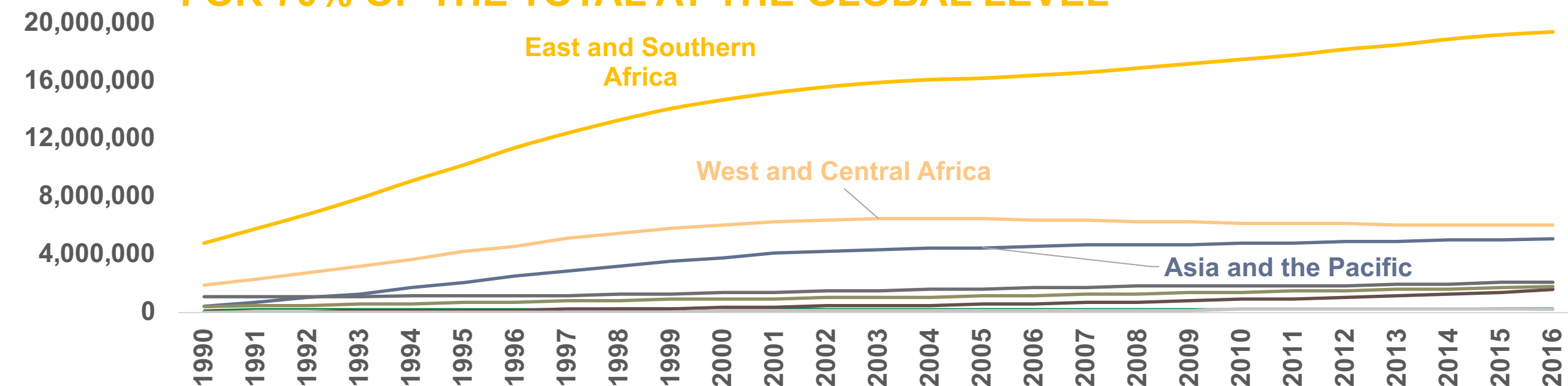




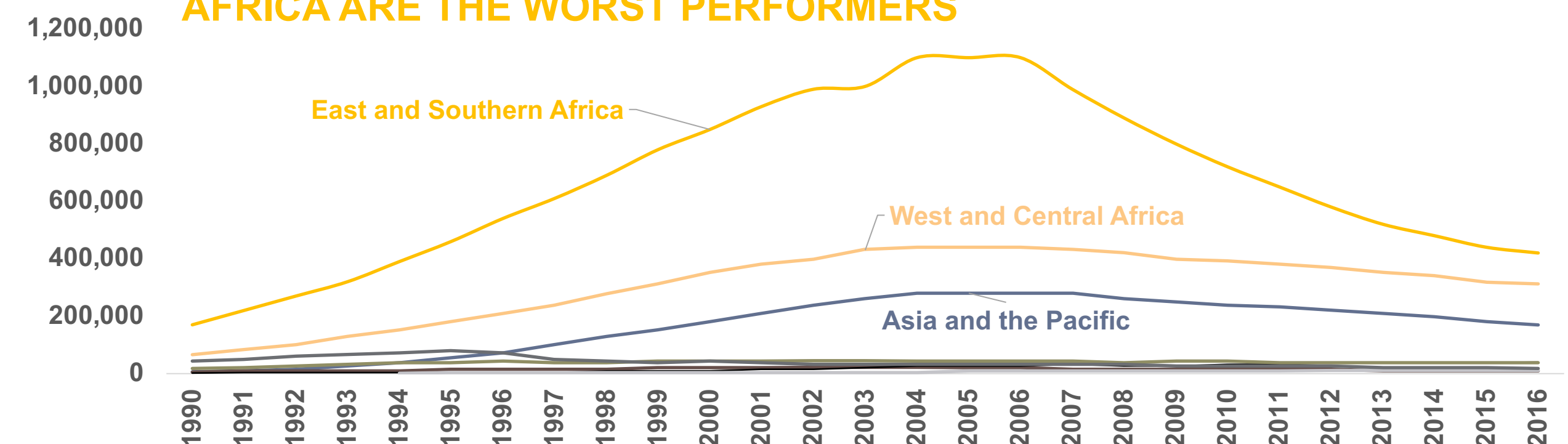
HIV/AIDS AND TB CONTINUE TO BE MAJOR CHALLENGES

- SSA accounts for **70% of people** living with HIV/AIDS globally.
- **1,160,000** new HIV/AIDS infections in SSA in 2016 – declining but still high.
- **730,000** HIV/AIDS related deaths in SSA in 2016 – large decline with expansion of treatment.
- Massive treatment scale up in ESA (**66%** on treatment), but significant lags in coverage in WCA (only **40%** on treatment).
- Expansion of treatment mainly financed from external sources – only **30%** of financing from domestic sources.
- Countries with high prevalence vulnerable to reduction in funding – significant contingent liabilities or **reversal of gains** in life expectancy.
- TB cases in SSA are increasing – nearly **2.6M** in 2016.
- **740,000** TB related deaths in SSA – more than HIV/AIDS and not declining.

PEOPLE LIVING WITH HIV/AIDS, 1990-2016: SSA ACCOUNTS FOR 70% OF THE TOTAL AT THE GLOBAL LEVEL



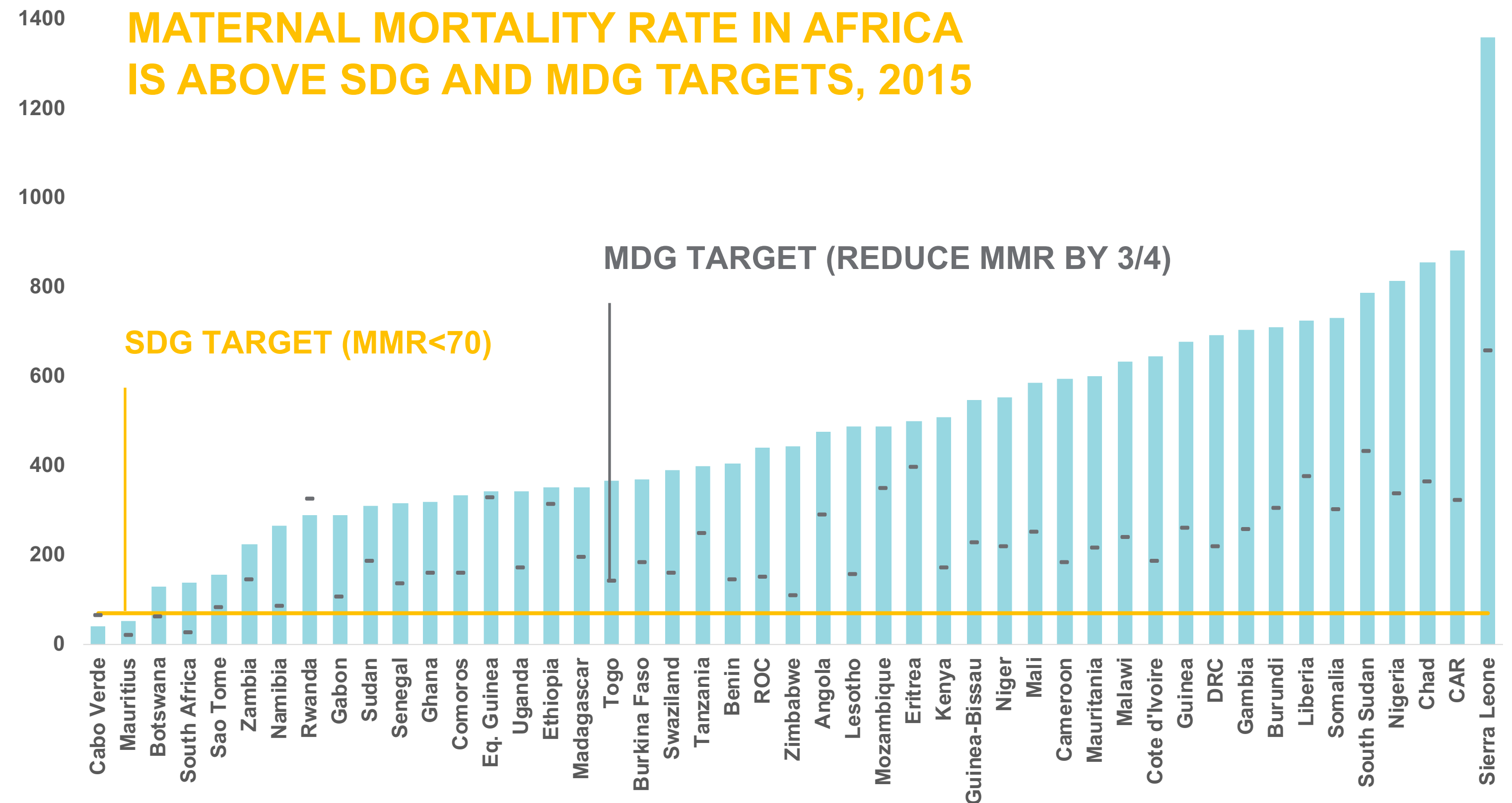
AIDS-RELATED DEATHS, 1990-2016: EAST AND SOUTHERN AFRICA ARE THE WORST PERFORMERS





MATERNAL MORTALITY: DIVERSE COUNTRY EXPERIENCES

- Despite steep reductions, maternal mortality remains high in SSA, with a regional average of **547 deaths per 100,000** live births.
- MMR ranges from **42 to over 1,000 per 100,000** live births.
- Only two countries achieved MDG on maternal mortality (Cabo Verde and Rwanda).
- On current trends, most countries **will not achieve the SDG**.





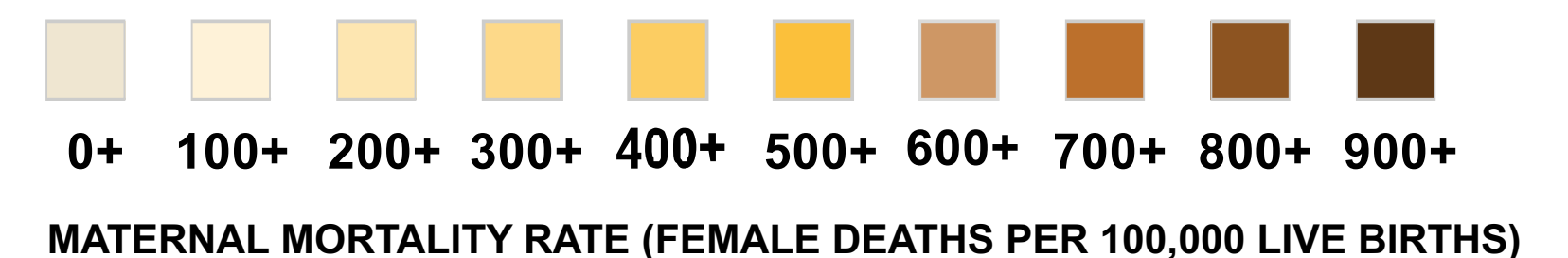
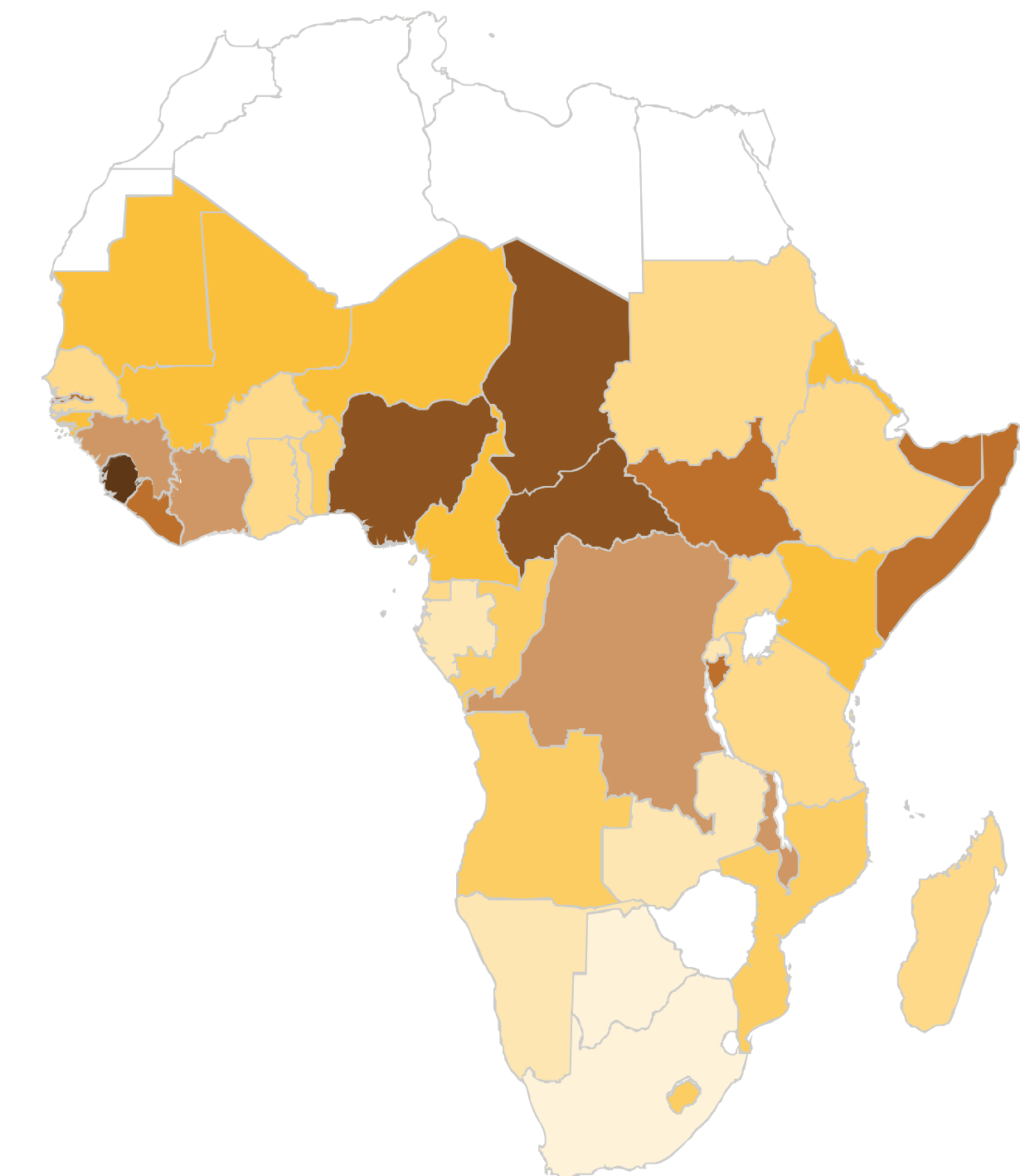
REDUCTIONS IN MATERNAL MORTALITY ARE POSSIBLE

SUCCESSFUL STRATEGIES INCLUDE

- Reducing financial barriers to accessing care through affordable maternal and child health services (Rwanda).
- Improving access to high quality emergency care for all women (Namibia).
- Integrating community health workers into health systems (Ethiopia).
- Using innovative community-based transport strategies to improve access in remote areas (Tanzania).
- **RISK OF COMPLICATIONS DURING DELIVERY ARE HIGHER FOR ADOLESCENT MOTHERS AND ALSO LINKED TO NUTRITIONAL STATUS – E.G. WIDESPREAD ANEMIA**

KEY MATERNITY CARE POLICY QUESTIONS

- Is quality of care a central priority and is there a national quality policy and strategy that addresses maternity care?
- Are national health provider training institutions able to produce the right number of competent and motivated maternity care providers?
- Are communities empowered and informed to demand high quality maternity care?
- Is the system designed so that all pregnant women can reach comprehensive emergency obstetric care (CEmONC) within 30 minutes in case of an emergency?



**DISPARITIES IN MATERNAL MORTALITY RATES
(2017 GBD)**



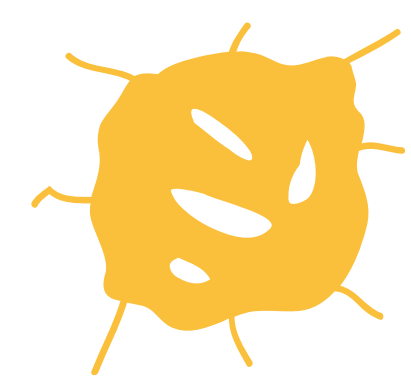
CHRONIC DISEASE IS A GROWING CONCERN IN SSA

- Non-communicable diseases account for a **growing share of deaths** and burden of disease: Cardiovascular disease, cancers, diabetes, mental health.
- Most health systems in the region **lack capacity** to diagnose, manage and treat chronic disease.
- With few exceptions (e.g. tobacco and sugar taxes), **action on risk factors is limited**.

KEY ACTIONS



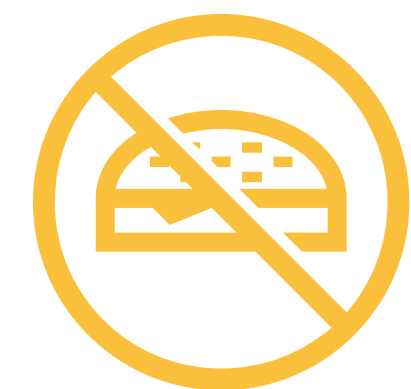
REDUCE TOBACCO USE



MANAGE CANCER



REDUCE THE HARMFUL USE OF ALCOHOL



REDUCE UNHEALTHY DIET

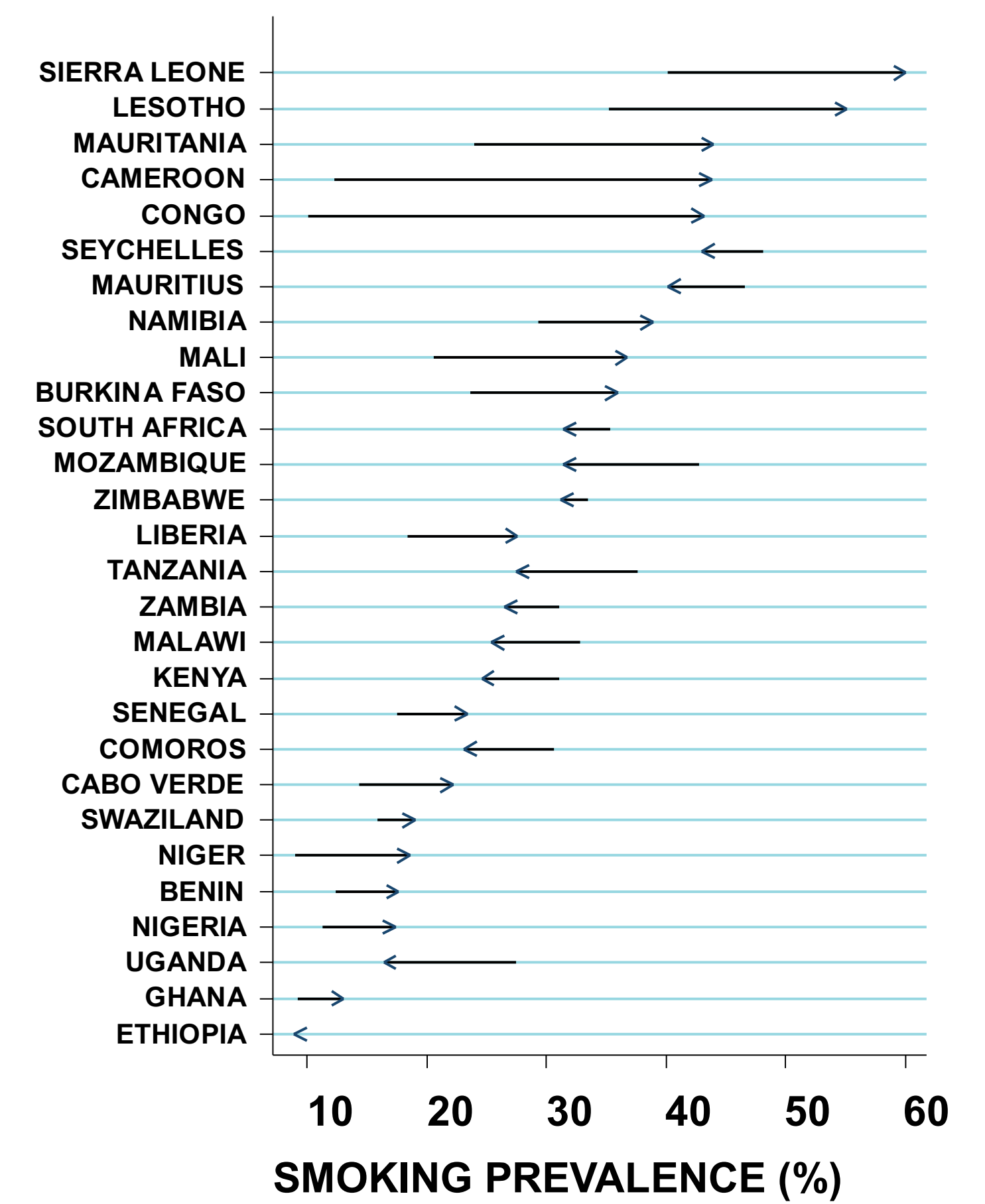


REDUCE PHYSICAL INACTIVITY



MANAGE CARDIOVASCULAR DISEASE AND DIABETES

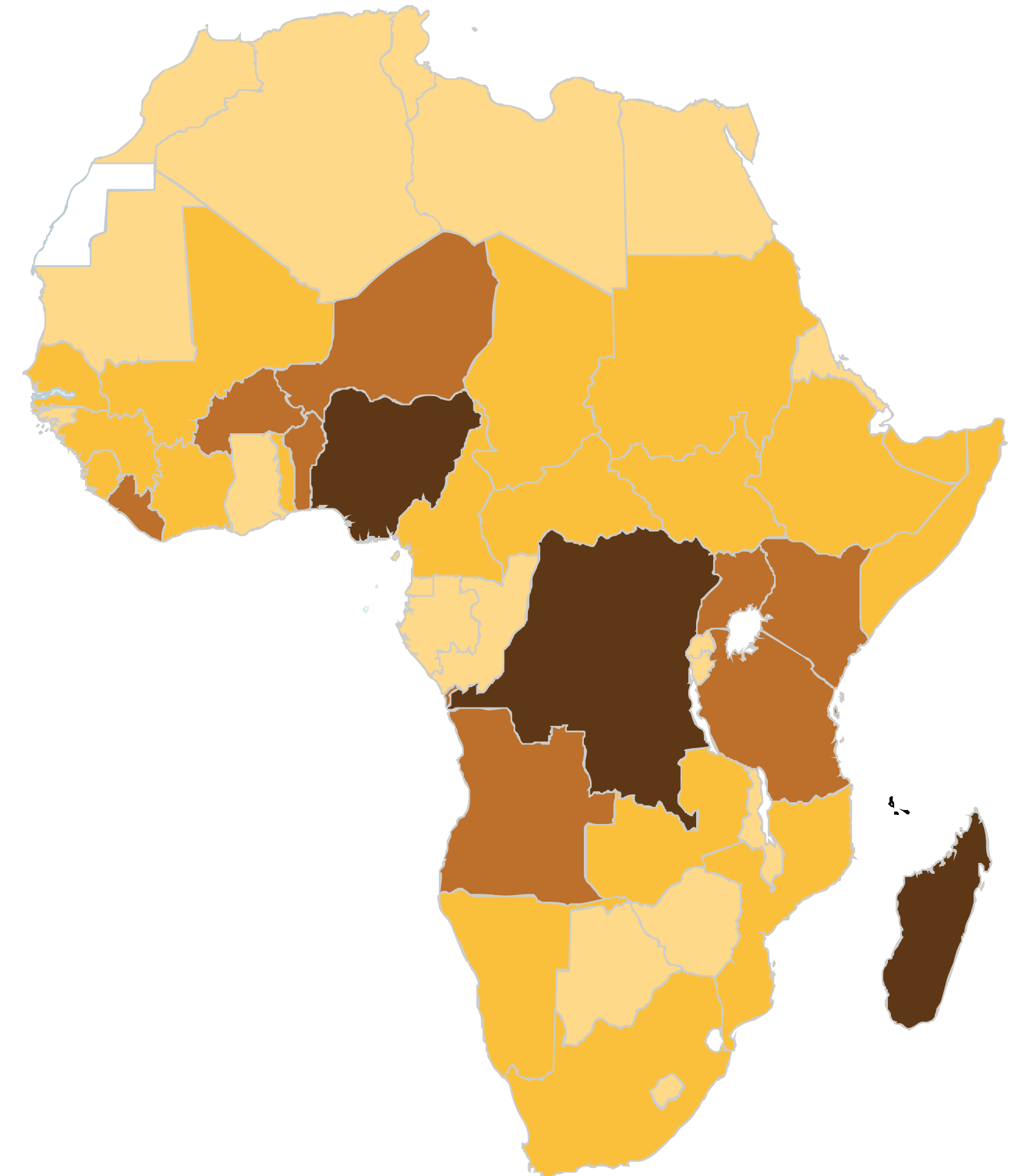
SMOKING PREVALENCE HIGH AND INCREASING IN MANY COUNTRIES

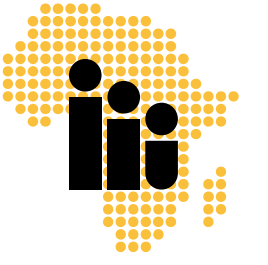


DISEASE OUTBREAKS AND THE THREAT OF PANDEMICS

- Sub-Saharan Africa (SSA) is a **hotspot for emerging infectious diseases** and zoonotic diseases.
- **22 of 25 countries most vulnerable** to disease outbreaks are in Africa.
- Disease outbreaks are associated with significant economic disruption and costs:
 - e.g. 2014 Ebola outbreak resulted in US\$ 2.8 billion economic loss in affected countries, and US\$ 3.6 billion regional economic cost.
- **Pandemic risks aggravated** by:
 - Population growth.
 - Increased mobility.
 - Environmental degradation.
 - Antimicrobial resistance.
 - Conflict and fragility.
- Yet, **Africa has no** integrated and continent-wide disease surveillance, detection, and response network.

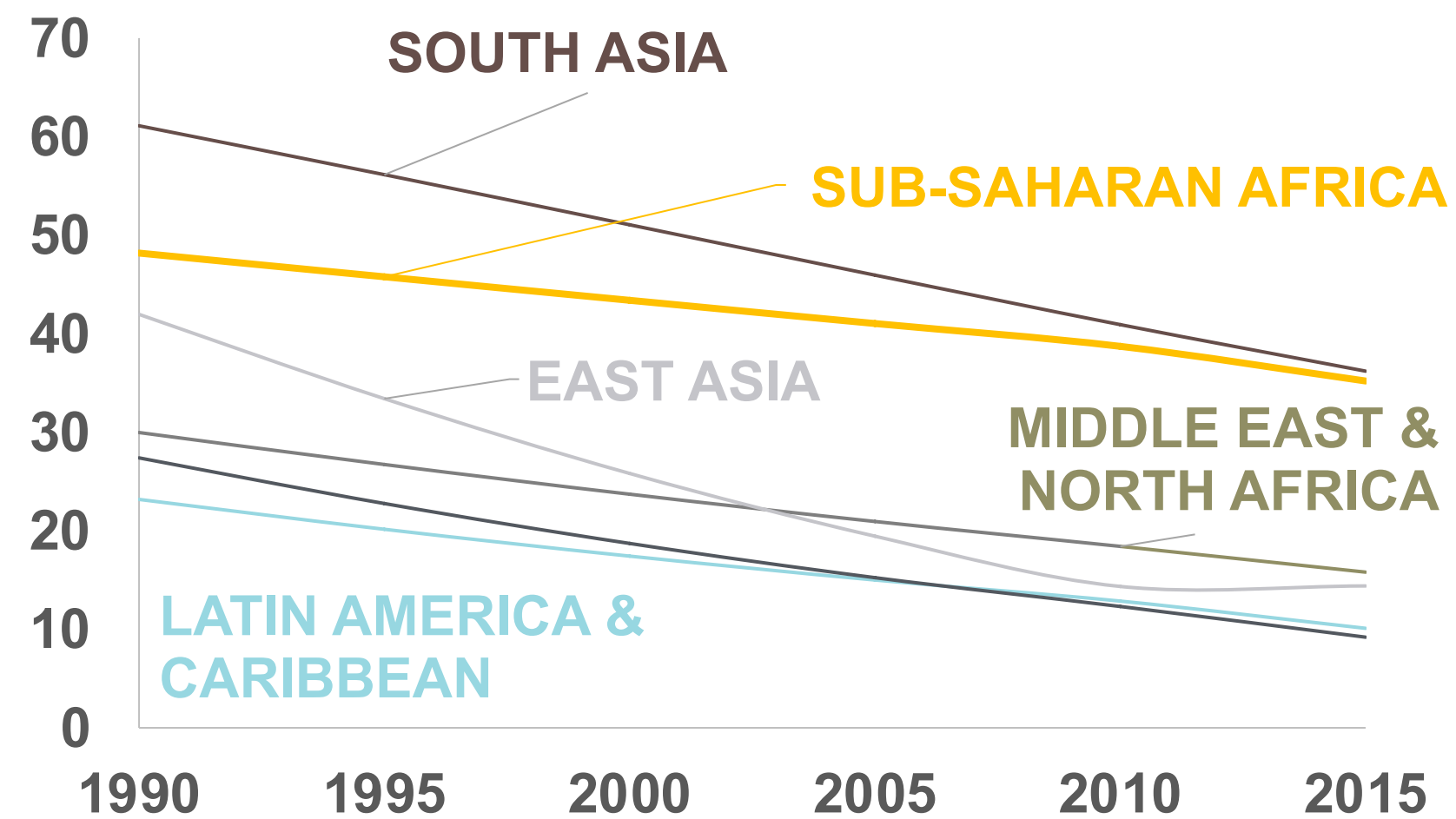
NUMBER OF DISEASE OUTBREAKS (2013-2018)



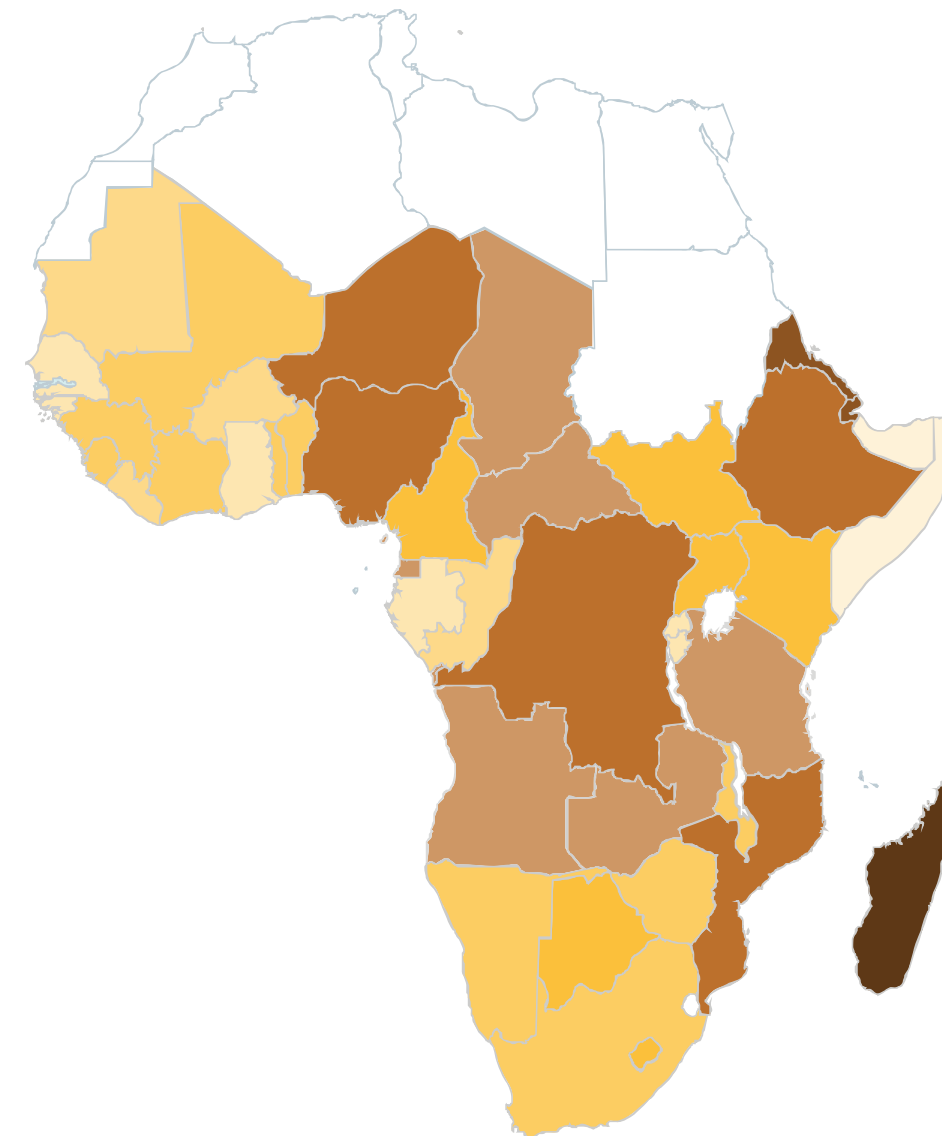


STUNTING HAS BEEN SLOW TO DECLINE IN AFRICA

STUNTING RATES IN AFRICA ARE VERY HIGH...



VERY HETEROGENEOUS...



AND HAVE PROFOUND SOCIAL AND ECONOMIC CONSEQUENCES

SCHOOLING: early nutrition programs can increase school completion by one year.

EARNINGS: early nutrition programs can raise adult wages by 5-50%.

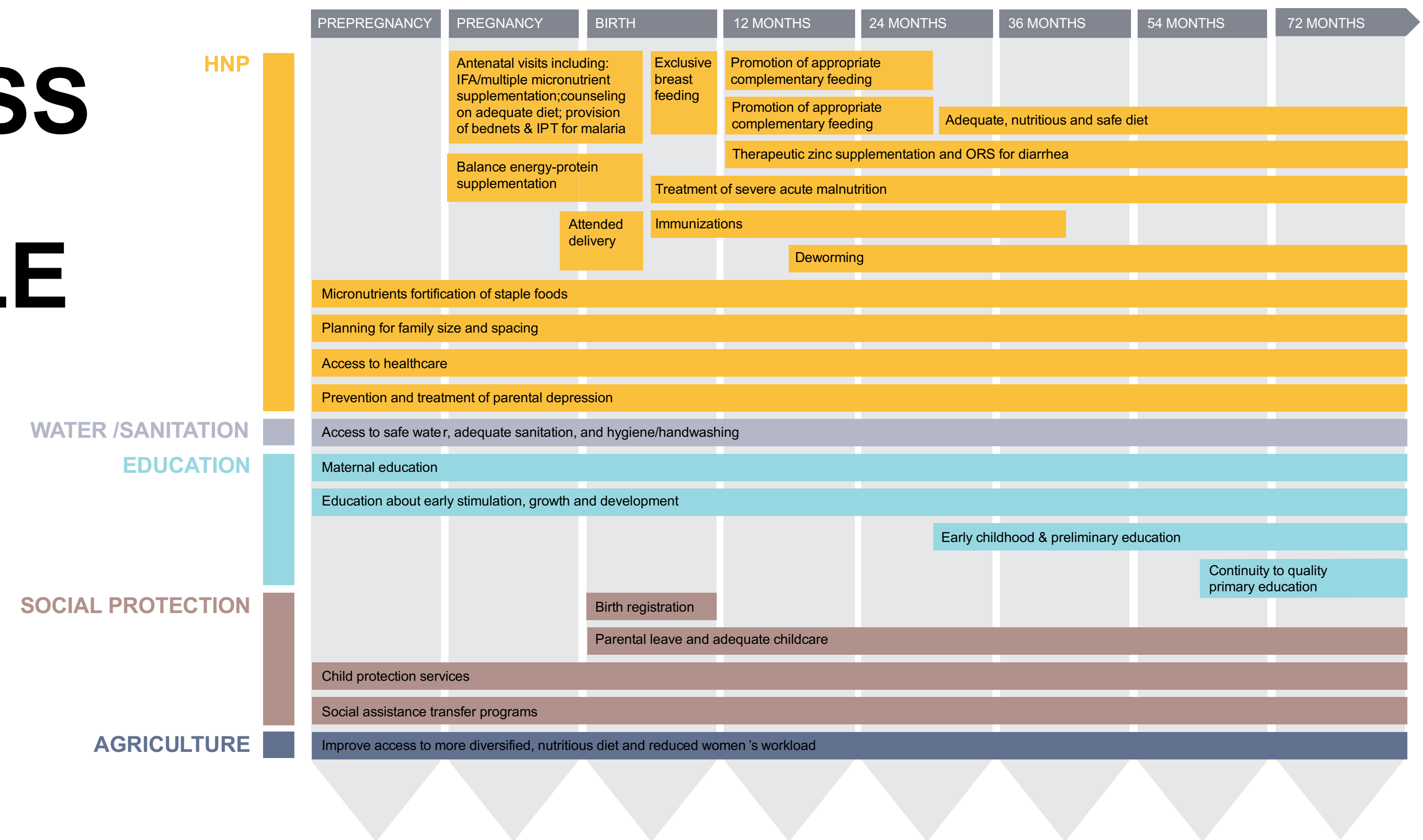
POVERTY: children who escape stunting are 33% more likely to escape poverty as adults.

ECONOMY: reductions in stunting can increase GDP by 4-11% in Asia & Africa (Ezeneou and Meera, 2017).

- **151 million** children under-5 are stunted globally; **59 million in SSA**.
- An **increase of 14 million** in SSA since 1990 – modest progress and high fertility.
- But some countries in the region have shown that **rapid progress is possible**.



ADDRESSING STUNTING REQUIRES ACTION ACROSS SECTORS AND THE LIFE CYCLE



SOURCE: Denboba et al, 2014.



DEEP DIVES

6.

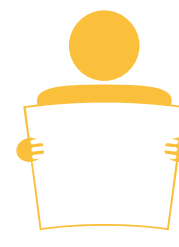
EDUCATION



EDUCATION AND HUMAN CAPITAL

MAIN CHALLENGES

LEARNING CRISIS



ACCESS TO QUALITY
EDUCATION FOR ALL



SKILLS NOT MATCHED TO
CHANGING LABOR MARKET



CONSTRAINTS

- Low teacher performance.
- Demand-side constraints for women and disadvantaged populations (e.g. financing).
- High fertility rates resulting in an influx of children.
- Inadequate learning infrastructure.
- Lack of private sector engagement in Technical and Vocational Education and Training (TVET).
- Insufficient effective financing in the education sector.
- Weak management implementation capacity.
- Fragility and conflict.

INTERVENTIONS

- Reform teacher recruitment, deployment, and promotion.
- Effective teacher training: focus on pre-service training, on the job training; use of technology.
- Performance-based financing focused on systemic reforms in management.
- Multi-sector approaches especially for Early Childhood Development and adolescent girls.
- Targeted incentives for last mile primary school students and secondary education for girls (e.g. Conditional Cash Transfers, safe schools).
- Incentivize private sector partnerships with TVET.
- Improved use of technology-enabled education delivery.
- Labor market relevant digital skill training programs.



EDUCATION: PRIORITY AREAS AND PRINCIPLES

4 PRIORITIES

TEACHERS REFORM TEACHING AND TEACHERS' CAREERS	TECHNOLOGY INVEST IN TECHNOLOGIES TO DRIVE INCREASED LEARNING OUTCOMES
MANAGEMENT REFORM MANAGEMENT AND IMPLEMENTATION CAPACITY	SKILLS DIGITAL JOBS AND TRADE SPECIALIZATIONS WITH GROWTH POTENTIAL

7 PRINCIPLES

- 1. System-wide approach that focuses on learning:**
All inputs are part of a coherent plan to increase learning for all.
- 2. Capacity to delivery:**
All interventions should imply a change in the permanent capacity to deliver.
- 3. Whole-of-government approach:**
Policy change - Public servant change - Decentralization - Other Ministries.
- 4. Plan to reach all, inclusiveness and equity:**
Scalable, cost-effective interventions that eventually reach everyone.
- 5. Financing for results:**
Finance only what moves the needle and based upon results (not inputs).
- 6. Measure Results, process, and inputs:**
Know your theory of change - you cannot fly blind.
- 7. Larger, ambitious projects:**
To achieve large impacts.

PRIORITY 1: REFORM TEACHING AND THE TEACHER'S CAREER

ACCELERATOR

HR TEACHER REFORM IN EDUCATION

- ONLY HIRE TESTED QUALIFIED TEACHERS
- MERITOCRATIC CAREER PATHWAYS
- EFFICIENT DEPLOYMENT
- STUDENT LEARNING AS A MEASURE OF TEACHERS' SUCCESS

REFORM CLASSROOM TEACHING

- TEACH TO THE LEVEL OF THE CHILD
- LANGUAGE OF INSTRUCTION
- EARLY GRADE READING
- SCRIPTED LESSON PLANS

WHAT WE WILL CHANGE

- Expand engagement in **pre-service training** emphasizing practicum component.
- Invest in effective and impactful teacher training that emphasizes practice and feedback that leads to changes in **teachers' behavior**.
- Incentivize merit-based teacher recruitment, promotion, and need-based deployment.
- Use **technology** to enhance teachers' effectiveness.



PRIORITY 2: REFORM MANAGEMENT AND IMPLEMENTATION CAPACITY



ACCELERATOR

STRENGTHEN
MINISTRIES OF
EDUCATION'S
MANAGEMENT ROLE
USING PEER LEARNING
NETWORKS ON POLICY
LEARNING AND
IMPLEMENTATION
CAPACITY

DELINK MANAGEMENT
STATUS FROM
SENIORITY/YEARS OF
SERVICE - SCHOOL
LEADERSHIP

RECOGNIZE THE
SCHOOL PRINCIPAL'S
ROLE AS A
MANAGEMENT ROLE
AND MAXIMIZE ITS
VALUE ADDED

WHAT WE WILL CHANGE

- **Engage countries** in the definition of career frameworks for school principals and system managers; **eliminate politics** from selection of personnel as a critical condition for reform.
- Leverage our global and **results-oriented** training opportunities for ministry staff.
- **Invest** in ICT for education management.
- **Empower parents** and **communities** to improve education quality (i.e. improved information, school grants, etc..).



PRIORITY 3: TECHNOLOGY TO DRIVE INCREASED LEARNING OUTCOMES

ACCELERATOR

TRANSFORMING CLASSROOM DYNAMICS WITH TECHNOLOGY

- DIGITAL TEACHER TRAINING AND COACHING
- DIGITAL READING MATERIALS & GAMES, ONLINE LEARNING - ADJUST CONTENT TO STUDENT'S LEVEL

UNIVERSALIZE ICT IN EDUCATION MANAGEMENT

- MOBILE DATA COLLECTION AND COMMUNICATION SYSTEMS
- TABLET-BASED STUDENT ASSESSMENTS AND BIG DATA
- TEACHER HR SYSTEMS WITH MOBILE SALARY PAYMENT

WHAT WE WILL CHANGE

- **Delivery systems** for semi-self learning.
- Invest in technology to improve **teaching** - tablets for lessons plan, digital materials, automatize teachers' administrative tasks.
- Using technology to improve **learning** of students - digital library, gaming, personalized learning, mobile-phone based learning.



PRIORITY 4: SKILLS FOR DIGITAL JOBS AND TRADE SPECIALIZATIONS WITH HIGH GROWTH POTENTIAL

ACCELERATOR

TRAINING PROGRAMS GEARED TOWARDS DIGITAL JOBS AND TRADE SPECIALIZATIONS WITH HIGH GROWTH POTENTIAL IN THE LABOR MARKET

PARTNERSHIPS OF INSTITUTIONS WITH THE PRIVATE SECTOR

ENABLE PRIVATE PROVIDERS

TRAINING FUNDS TO FOSTER DEMAND-RESPONSIVENESS OF PROGRAMS

UPSKILL WORKERS/PROFESSIONALS THROUGH LIFE-LONG LEARNING TO CHANGING NEEDS OF INDUSTRY

REGIONAL INITIATIVES (ACE, PASET): INTERNATIONAL ACCREDITATION AND SUSTAINABLE REGIONAL FUNDS

WHAT WE WILL CHANGE

- Consider **employment outcomes** in institutional funding formulas.
- Incentivize **partnerships with industry** including supporting workplace learning through apprenticeships, internships and short programs.
- **Foster skills development** opportunities for female youth: incentive programs, broadening the range of occupational areas.
- **Invest in digital skills** development and support appropriate digital infrastructure in skills development institutions.
- **Support teacher training** for digital skills and modern teaching and learning methodologies.
- Incorporate **basic ICT competences** into all basic education projects.
- **Incentivize/support STEM** careers.

CRITICAL CROSS-CUTTING AREAS



SUPPORTING YOUNG WOMEN TO MEET THEIR POTENTIAL

Work in multi-sectoral teams to invest in:

- **Demand and supply-side interventions** to improve access to girls in lower secondary education (e.g. CCTs, reduce distance to school).
- Vocational training, life-skills and **second chance education**.
- School health and Reproductive health curricula.
- **Safe schools**: reduction of gender-based violence in schools.
- Girls' socio-emotional and employability skills for **empowerment**.
- Helping more women to cross over to traditionally male-dominated sectors of the economy by providing **relevant training programs** and information on the higher earnings potential in male-dominated sectors.
- Unleash the potential of the digital economy to **offer good jobs** for women by supporting targeted skills and jobs programs.
- **Review policies** for girl's access and retention to school – including issues about teen pregnancies.
- **Include boys and men** to be a part of discussions about cultural and societal practices.
- **Expand the evidence** on what works to improve the school-to-'good jobs' transition for women.

TAILORED SUPPORT TO CHILDREN LIVING IN FRAGILE CONTEXTS

WORK IN MULTI-SECTORAL TEAMS TO INVEST IN:

- DELIVER **EDUCATION** THROUGH NON-STATE ACTORS, INCLUDING NGOS, CBOS, PRIVATE AND RELIGIOUS GROUPS
- THIRD-PARTY AND **TECHNOLOGY OVERSIGHT** AND SUPPORT
- **SAFE SCHOOLS** FOR TEACHERS AND STUDENTS
- **PSYCHO-SOCIAL SUPPORT** FOR TEACHERS AND STUDENTS
- **FLEXIBLE PROJECT DESIGN** TO ALLOW FOR ADAPTION TO DYNAMIC ON-THE-GROUND SITUATIONS
- **COLLABORATION** WITH MULTIPLE MINISTRIES AND WORLD BANK GLOBAL PRACTICES TO IMPLEMENT COMMUNITY BASED-APPROACHES



SUCCESS IS POSSIBLE

KENYA: PROGRESS IN BOTH PRIMARY COVERAGE AND LEARNING

WITHIN 20 YEARS, KENYA HAS MADE SIGNIFICANT PROGRESS IN
PRIMARY COVERAGE AND LEARNING OUTCOMES:

- **GROSS ENROLLMENT RATE OF ABOUT 100 PERCENT** IN GRADE SIX;
ALMOST ALL CHILDREN ENROLL IN SCHOOL, EVEN IF LATE
- TOP PERFORMER IN REGIONAL LEARNING
- SECOND ONLY TO MAURITIUS ON ASSESSMENTS AT THE PRIMARY LEVEL

Success factors include:

- Strong **government commitment** to education
(17.1% of national budget in 2014).
- Introduction of **free primary and secondary (day-school) education**.
- Introduction of **new curriculum** reducing the number
of examinable subjects.
- Expansion of **early childhood education** covering
children from birth through age 5.
- **Legal reforms** to strengthen and streamline the
institutional framework in the education sector.
- Enforcement of consistent **teacher training** and
recruitment policies: all teachers in primary and
secondary education are trained; teachers'
performance monitoring; entry standards into the
profession.



SUCCESS IS POSSIBLE

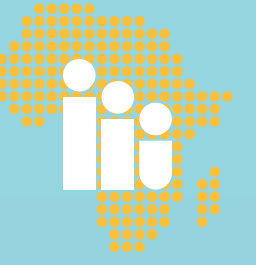
BURUNDI: OUTPERFORMING COUNTRIES ON EDUCATION ASSESSMENTS

DESPITE BEING ONE OF THE POOREST COUNTRIES IN AFRICA, **BURUNDI SCORES HIGH IN PASEC AND EGRA:**

- OVER 1 FULL STANDARD DEVIATION ABOVE THE PASEC MEAN IN READING AND MATHEMATICS AT GRADE 2
- 1/3 STANDARD DEVIATION ABOVE PASEC MEAN IN READING
- A FULL 1 STANDARD DEVIATION ABOVE THE SAMPLE MEAN IN MATHEMATICS
- IN SOME AREAS, GIRLS OUTPERFORMED BOYS

Success is a result of:

- **Linguistic homogeneity**: 90% of population shares mother tongue Kirundi. Instruction and teaching aids in local language.
- **Community participation**, i.e. through community contributions to school infrastructure, creates ownership.
- Focus on **teachers' training**: 90%+ of teachers are qualified; high proportion of female teachers.
- Modern **child-centered pedagogical approach** and ongoing support to teachers.
- **Reduction of class sizes** through flexible double-shift systems.



DEEP DIVES

7.

SOCIAL PROTECTION AND JOBS



SOCIAL PROTECTION AND JOBS

INTERVENTIONS

SPJ INTERVENTIONS

- **SOCIAL ASSISTANCE**
- **(CASH, IN-KIND, VOUCHERS)**
- **SOCIAL INSURANCE**
- **SKILLS-TRAINING**

‘PLUS’:
INFORMATION,
SERVICES DIRECTLY
PROVIDED, NUDGES
OR CONDITIONS TO
USE OTHER SERVICES

OUTPUTS

Goods: more/better food, water, soap, medicines, etc.

Services: more health and education.

Time use: reduced child labor, more and better caring time.

Socio-emotional functioning: reduced stress and depression, greater bandwidth for parenting.

Diversification of income, better employment.

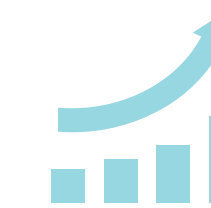
Parenting: breastfeeding, nutrition education, EC stimulation.

Training: job skills, literacy, socio-emotional, entrepreneurial.

OUTCOMES

- **Reduced poverty and vulnerability.**
- **Increased savings.**
- **Reduced Inequality.**
- **Higher birthweights.**
- **Lower morbidity.**
- **Better nutrition.**
- **Higher enrollment rates.**
- **Higher attendance.**
- **Better grade progression.**
- **Higher completion rates.**
- **Better test scores.**
- **Better skills.**
- **Better labor market outcomes.**
- **Reduced stress and depression.**

HUMAN CAPITAL OUTCOMES



- **IMPROVED CHILD SURVIVAL**
- **IMPROVED SCHOOLING**
- **IMPROVED HEALTH OUTCOMES**

PROJECT ILLUSTRATION

NIGER: THE ADAPTIVE SAFETY NETS PROJECT

It combines cash transfers and accompanying measures to support poor and food insecure households by increasing income and investing in human capital – especially the health and education of young children.

Accompanying measures have improved nutrition practices, child stimulation, preventive health behaviors, food consumption and resilience to shocks, among others (Premand et al, 2016).



SOCIAL PROTECTION AND JOBS: PRIORITY AREAS AND PRINCIPLES

4 PRIORITIES

INCENTIVIZE HOUSEHOLDS'
INVESTMENTS IN HUMAN CAPITAL

IMPROVE DELIVERY SYSTEMS

PROMOTE ECONOMIC
INCLUSION AND JOBS

STRENGTHEN RESILIENCE

5 PRINCIPLES

1. **Prioritize the poorest and ensure inclusion** with scalable, cost effective and sustainable solutions that can ensure social protection for all.
2. **Implement efficiently using strong delivery platforms** to reach the poorest, scale up rapidly, coordinate services, leverage technology, ensure transparency and accountability.
3. **Innovate and evaluate to tackle difficult challenges, build evidence.** Use creative solutions, tailor to fragile settings, partner with non-traditional implementers, ensure rapid response to crises, use evidence on cost effectiveness to guide investments.
4. **Integrate across sectors** ensuring demand and supply side complementarities, access to social services and markets; lead work on cross sectoral agendas (Early Years, Jobs and Youth, Identification).
5. **Invest in one Africa team** with a strong field presence and promote cross country knowledge sharing.



PRIORITY 1: INCENTIVIZE HOUSEHOLDS' INVESTMENTS IN HUMAN CAPITAL: THE 'CASH+' AGENDA

Robust evidence that cash transfers raise school attendance, reduce monetary poverty, stimulate health service use, improve dietary diversity, reduce child labor, and increase women's decision-making power.

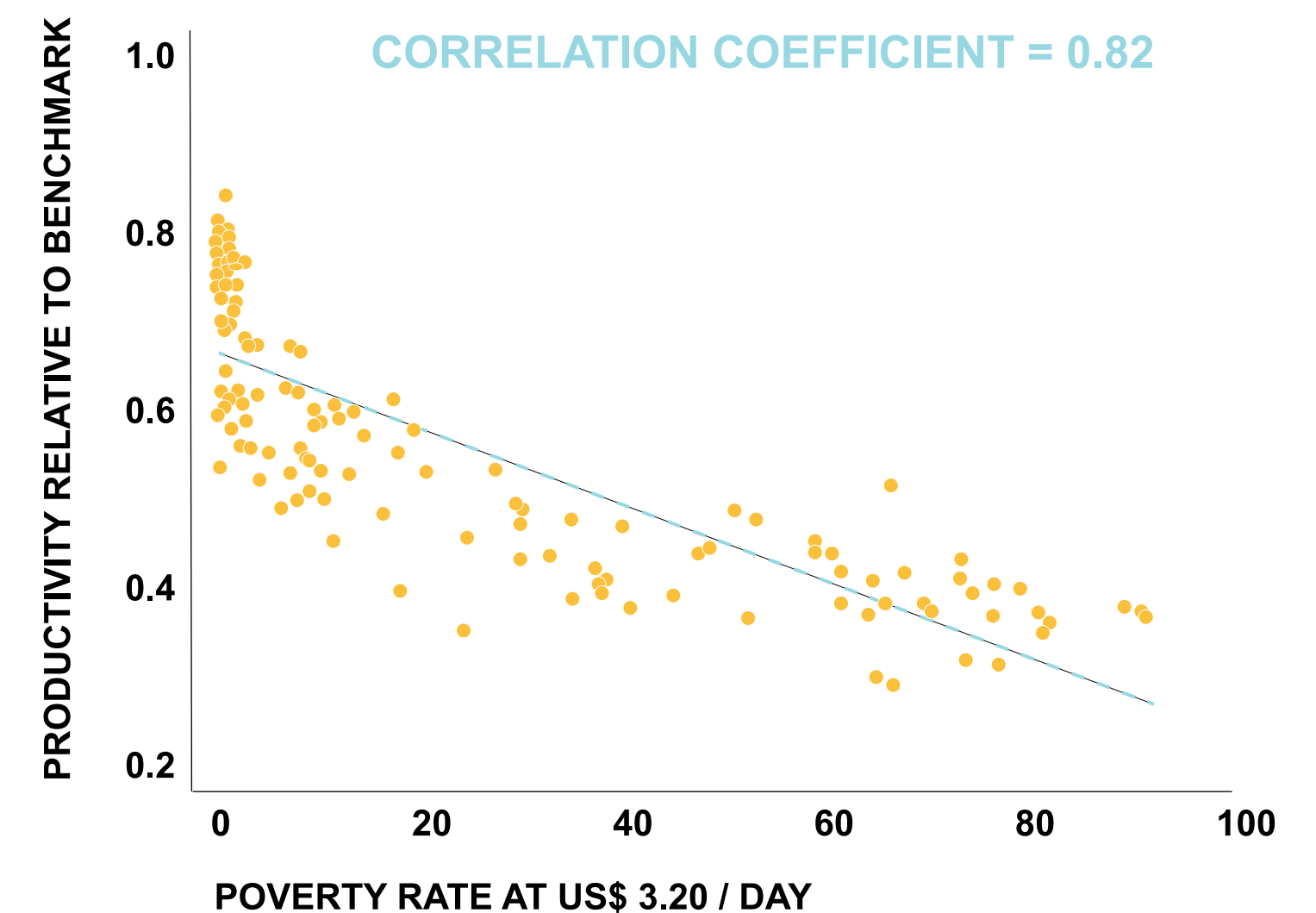
Cash transfer programs allow poor households to **invest in human capital**, while facilitating flexibility and choice in household spending and allocation of time.

Promote behavior change and build assets, skills, or resilience, e.g. parenting or nutrition support during the early years.

Accompanying measures boost the effects of cash transfers on human capital while **increasing demand for education and health services** throughout the lifecycle.

Transfers that **target the poorest and most vulnerable groups** have high potential to close human capital gaps.

PRIORITIZE THE POOREST: THERE IS A STRONG CORRELATION BETWEEN THE HUMAN CAPITAL INDEX AND POVERTY



PRIORITY 2: IMPROVE DELIVERY SYSTEMS

- REGISTRIES AND IDENTIFICATION (ID4D) SYSTEMS
- SERVICE DELIVERY PLATFORMS AND MIS FOR TARGETING, PAYMENTS, GRIEVANCES
- TARGETING, PAYMENT AND GRIEVANCE SYSTEMS
- SOCIAL CARE SERVICES
- TECHNOLOGIES TO LOWER COSTS AND RAISE EFFICIENCY

WEST AFRICA

Foundational ID systems with mutual recognition and capacity for authentication across countries.

ZAMBIA

Mobile money payments to keep girls in school and promote women's livelihoods.



PRIORITY 3: PROMOTE ECONOMIC INCLUSION

- YOUTH EMPLOYMENT: SUPPORT ASPIRATIONS AND JOBS FOCUS OF NEXT GENERATION
- LIVELIHOOD: PRODUCTIVE DIVERSIFICATION, TRAINING, PROMOTION OF SAVINGS AND INVESTMENTS
- JOB PROMOTION AND CREATION: COMBINING SUPPORT FOR BOTH THE WORKFORCE AND FIRMS

NIGER

Enhancing livelihoods of the poorest and youth through training and apprentices.

GHANA

Cross-sectoral collaboration to foster informal sector skills development, entrepreneurship and firm expansion.

SOURCE: Hagen-Zanker et al, 2016.





PRIORITY 4: STRENGTHEN RESILIENCE THROUGH ADAPTIVE SOCIAL PROTECTION

- **Adaptive social protection** helps prevent deterioration or loss of human capital in the face of shocks and crisis, whether related to climate, conflict, or the economy.
- Social protection systems help individuals and families cope while **preventing the loss of productive assets and skills**.
- Adaptive social protection helps to identify who is vulnerable to different shocks and how to support them **in recovery as well as in times of crisis**.
- Improved social protection systems **facilitate crisis response and mitigate vulnerability to shocks** and provide support to humanitarian interventions.
- In **post-conflict settings**, SP systems can connect people to jobs, promote investment in health and education, and protect vulnerable groups.
- Programs can build **social coherence between refugees and hosting communities**.

FRAGILITY, CONFLICT AND VIOLENCE (FCV) CONTEXTS

THE WORLD BANK'S ROLE IN HUMANITARIAN SETTINGS HAS EXPANDED IN FRAGILE AND CONFLICT AFFECTED COUNTRIES:

- IN 2017, A US\$ 1.8 BILLION PACKAGE OF 17 PROJECTS DELIVERED CASH TO HIGHLY FOOD-INSECURE POPULATIONS IN NORTH EAST NIGERIA, SOMALIA, SOUTH SUDAN AND YEMEN
- ALLOWS HOUSEHOLDS TO PURCHASE FOOD, STRENGTHENS COMMUNITY RESILIENCE, AND MAINTAINS SERVICE DELIVERY



DEEP DIVES

8.

YOUTH, SKILLS AND PRODUCTIVITY



CHALLENGING LABOR MARKET ENVIRONMENT

12 MILLION NEW LABOR MARKET ENTRANTS EVERY YEAR

80% OF ALL JOBS ARE IN THE INFORMAL SECTOR

420 MILLION YOUTH AGED 15-35: **31%** UNEMPLOYED OR DISCOURAGED; **35%** IN VULNERABLE EMPLOYMENT; **19%** INACTIVE; **15%** IN WAGE EMPLOYMENT (ADB, 2015)

One million young people enter the labor market every month.

Tomorrow's economy is increasingly looking for **new skills sets** (digital skills, green skills) and high adaptability to rapidly changing labor markets.

The bulk of the labor force in 2050 will comprise people who are young children today and those who are not yet born.

Job creation in the formal sector is inadequate. New jobs are mainly created in the **informal sector (up to 90%)**.

Females are underrepresented in good jobs, but the digital economy is creating new chances for good jobs and gainful employment.

WHAT IS REQUIRED TO MAKE YOUNG ADULTS PRODUCTIVE?



CONDUCTIVE ENVIRONMENT FOR JOB CREATION

- Improved public services and ICT infrastructure.
- Improved environment of doing business.

THE RIGHT SKILLS TO ENTER INTO AND RETAIN JOBS

- Specialized technical skills in line with market needs: quality training programs, workplace learning and experience (apprenticeships, internships).
- Digital skills: digital literacy; specialized skills to catch up with modern job requirements; skills for emerging digital professions (ICT professions, e-marketing, etc).
- Employability skills: solid foundational skills, soft skills, work attitudes, communication, entrepreneurial skills, etc.

MEANS AND OPPORTUNITIES TO START SELF-EMPLOYMENT

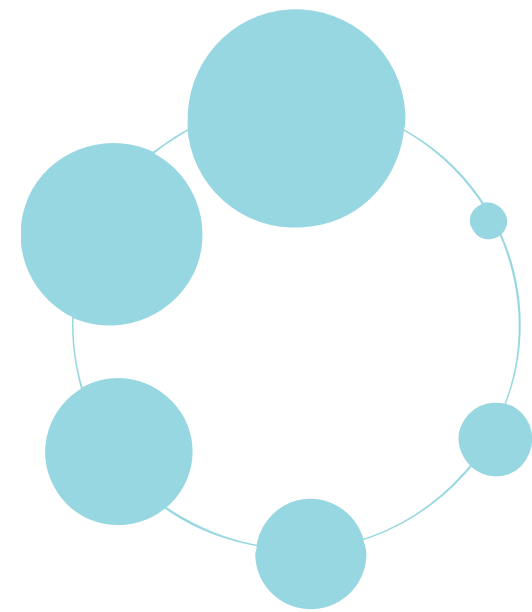
- Entrepreneurship and management skills, complemented by wrap-around services such as access to finance and markets, mentorships.

INFORMATION ABOUT JOB MARKET, AND EDUCATIONAL OPTIONS AND SUPPORT OPPORTUNITIES AVAILABLE TO THEM

- Vocational counselling and guidance underdeveloped; placement services.
- Information on emerging job markets and well paying job options, especially to change career aspirations of women.



WHAT WORKS TO ENHANCE YOUTH PRODUCTIVITY?



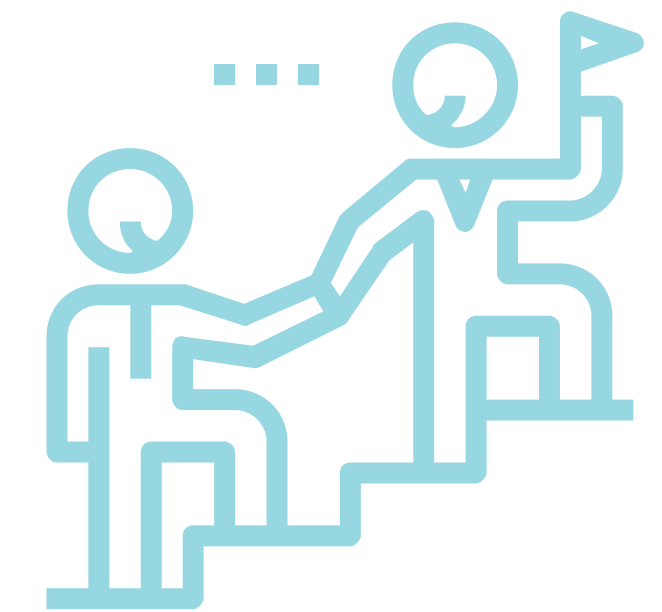
PROGRAMS THAT INCORPORATE **SOFT-SKILLS** OR **LIFE-SKILLS** TRAINING, IN ADDITION TO TECHNICAL SKILLS, ARE MORE SUCCESSFUL THAN THOSE WITH ONLY A TRADITIONAL FOCUS ON TECHNICAL AND VOCATIONAL SKILLS



PROGRAMS THAT INTEGRATE **WORKPLACE LEARNING** (APPRENTICESHIPS, INTERNSHIPS), INSTEAD OF LEARNING ONLY IN A CLASSROOM, PRODUCE BETTER EMPLOYMENT RESULTS



PROGRAMS THAT FOCUS ON **ENTREPRENEURSHIP** ARE MORE SUCCESSFUL THAN THOSE THAT FOCUS ON WAGE EMPLOYMENT (THIS IS ESPECIALLY TRUE IN THE POOREST ENVIRONMENTS, WHERE THERE ARE FEW JOBS AVAILABLE)



PROGRAMS THAT INCLUDE A **PACKAGE OF SERVICES**, SUCH AS TRAINING, MENTORING, FINANCIAL SUPPORT (EG BRAC), ARE MORE SUCCESSFUL THAN THOSE THAT HAVE ONLY ONE OR A FEW COMPONENTS





WOMEN'S EMPOWERMENT

- **Females are underrepresented** in employment and in skills programs (Only 20% of students in Technical Colleges in Nigeria are female).
- **Income of women increases** if they leave traditionally female career paths. For example, when women work outside agriculture, their earnings increase by roughly 35%.
- Information on job markets and earning prospects is **supporting cross-over to traditionally male occupations**, connected to higher earnings.
- The **digital revolution holds new opportunities** ready for young females. Focusing on digital literacy and training for IT professions improves the range of training and job chances for women.
- **Role models matter**. Female teachers and successful female professionals stimulate young women to aspire for better careers.
- **Life and soft skills training** helps young women develop self-confidence and overcome gendered career aspirations.

ICT FOR DEVELOPMENT (ICT4D)

ACWICT SAMSUNG REAL DREAM PROGRAM IN KENYA

- TARGETED YOUNG WOMEN IN INFORMAL SETTLEMENTS (SLUMS) IN NAIROBI
- COMBINED IT PROFESSIONAL TRAINING, LIFE SKILLS, AND TRAINING IN BUSINESS PROCESS OUTSOURCING WITH INTERNSHIPS AND ENTREPRENEURSHIP SUPPORT
- GOOD EMPLOYMENT OUTCOMES
- HIGH POSITIVE IMPACT OF LIFE SKILLS TRAINING



WHAT CAN WE DO DIFFERENTLY?

SIMULTANEOUSLY BUILD A SUPPLY OF PRODUCTIVE WORKERS THROUGH SKILLS PROGRAMS, AND A DEMAND FOR LABOR THROUGH JOB CREATION

SUPPORT PRODUCTIVITY INCREASE IN THE INFORMAL SECTOR

- Improve government services, including ICT infrastructure.
- Improve Doing Business Environment.
- Improve informal apprenticeships.

LEVERAGE PRIVATE SECTOR INVOLVEMENT AND RESOURCES

- Public/private partnerships in skills development.
- Support Workplace Learning: Apprenticeship training, internship.

“STRENGTHEN SOFT AND EMPLOYABILITY SKILLS, INCLUDING FOUNDATIONAL SKILLS”

FOSTER DIGITAL SKILLS AND TECHNOLOGY-ENABLED LEARNING

- Digital literacy for all youth.
- Design skills programs for digital jobs and job requirements.
- Boldly introduce technology (simulations, e-learning, etc.) in all skills development.

MAKE YOUNG FEMALES EMPLOYABLE

- Address cultural barriers to employment.
- Broaden the range of skill options, including digital jobs.
- Female targeted employability skills.
- Career counselling and information about labor market outcomes to facilitate cross-over to male-dominated job fields.

STRENGTHEN INTEGRATED YOUTH EMPLOYMENT PROGRAMS

- Employment/self-employment programs integrating technical with soft, life and foundational skills, business development/market access support, and mentoring.
- Introduce decentralized and tailor-made approaches.



DEEP DIVES

9.

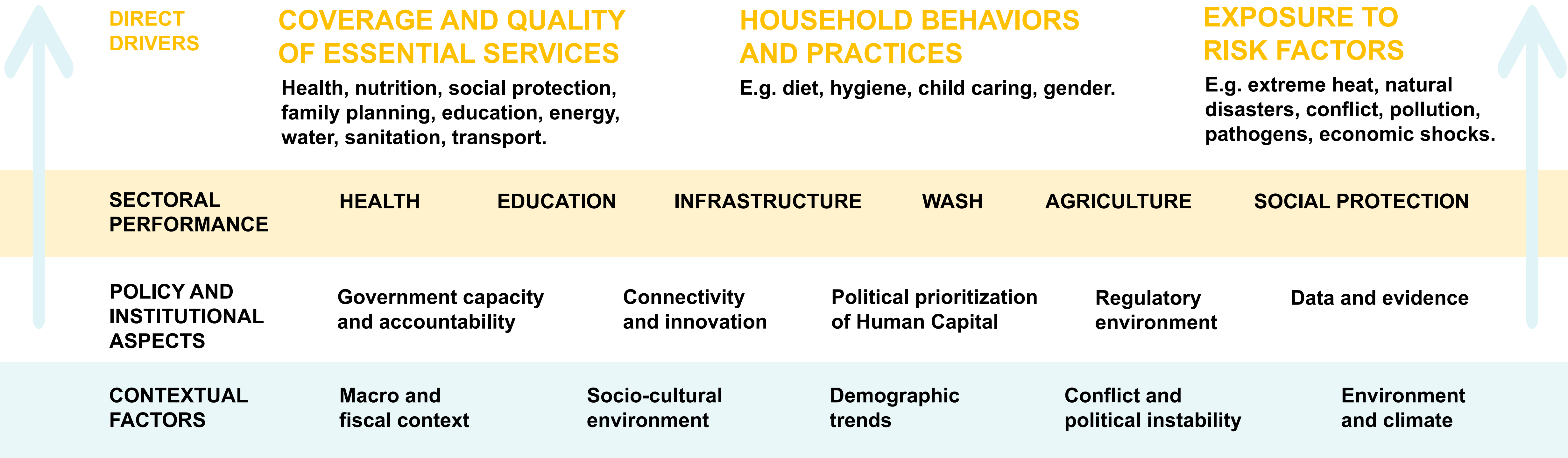
MOBILIZING ALL WORLD BANK TEAMS TO SUPPORT THE HC AGENDA



COMPLEX CHALLENGES CALL FOR MULTISECTORAL SOLUTIONS

PRODUCTIVITY AND ECONOMIC GROWTH + INTRINSIC VALUE OF IMPROVED HC OUTCOMES

HUMAN CAPITAL OUTCOMES





AGRICULTURE AND HUMAN CAPITAL

INTERVENTIONS

AGRICULTURAL INTERVENTIONS

OUTPUTS

- Higher yields with better quality.
- Diversified production.
- Stronger food safety systems.
- More and better jobs and higher revenues.
- Better skills in agricultural education.

OUTCOMES

CLEAN AND SAFE ENVIRONMENT

Improved public health (zoonotic diseases protection, food safety).

IMPROVED NUTRITION

Changes in production and consumption (food access and availability, diversified diet, reduced food loss).

INCREASED INCOME

Better access to food, health, and education.

HUMAN CAPITAL OUTCOMES



- IMPROVED CHILD SURVIVAL
- IMPROVED HEALTH OUTCOMES
- IMPROVED SCHOOLING FOR SKILLS DEVELOPMENT

PROJECT ILLUSTRATION

COTE D'IVOIRE: AGRICULTURE SECTOR SUPPORT PROJECT

Its goal is to improve smallholder access to technologies and markets in Côte d'Ivoire for the enhancement and governance of selected value chains, which are cocoa, rubber, palm oil, cotton, and cashew. **Commitment: \$50 million.**

Through higher incomes, it generates economy-wide effects.

Investments in school, clinics, water points and feeder roads.





WASH AND HUMAN CAPITAL

INTERVENTIONS

WASH INTERVENTIONS

HARDWARE

- Safely managed drinking water and sanitation.
- Handwashing facilities.
- Irrigation and drainage.
- Water storage.

SOFTWARE

- Behavioral change.
- Geographic targeting and inclusion.
- Early warning systems.
- Drought insurance.

OUTPUTS

Reduced fecal-oral pathways of exposure.

Reduced vulnerabilities to climate impacts.

Time savings.

Increased access to nutritious food.

Healthier ecosystems.

OUTCOMES

- Reduced diarrheal disease.
- Reduced illness and disease.
- Better health.
- Higher income.
- Better nutrition.

HUMAN CAPITAL OUTCOMES



- IMPROVED CHILD SURVIVAL
- IMPROVED SCHOOLING
- IMPROVED HEALTH OUTCOMES

PROJECT ILLUSTRATION

GHANA: INCREASING ACCESS TO SCHOOL SANITATION AND MENSTRUAL HYGIENE MANAGEMENT

US\$ 24 million was committed under the Ghana Sanitation and Water Project for institutional sanitation facilities. This includes new and rehabilitated facilities in 200 schools reaching 150,000 students with safe, inclusive sanitation and hygiene training. The project also includes technical assistance to enhance facilities, training and oversight of menstrual hygiene management in schools.



GOVERNANCE AND HUMAN CAPITAL

INTERVENTIONS

GOVERNANCE INTERVENTIONS

- **Public Financial.**
- **Management.**
- **Public Administration.**
- **Procurement.**
- **Institutional.**
- **Arrangements.**
- **External Accountability.**

OUTPUTS

- Improved Institutional Performance.
- Fund flows to schools and hospitals on time.
- Strong budget execution rate for education and health.
- Qualified and present teachers, nurses, and doctors.
- Availability of inputs.

OUTCOMES

- Improved service delivery.
- Improved quality of teaching.
- Improved quality of healthcare.
- Improved equity and access to education and health.

HUMAN CAPITAL OUTCOMES



- **IMPROVED CHILD SURVIVAL**
- **IMPROVED SCHOOLING**
- **IMPROVED HEALTH OUTCOMES**

PROJECT ILLUSTRATION

MOZAMBIQUE: PUBLIC FINANCIAL MANAGEMENT FOR RESULTS

Its goal is to improve the transparency and efficiency of expenditures for the storage, distribution and availability of medicines and for more transparent and accountable management of complete primary schools.



MACROECONOMICS, TRADE AND INVESTMENT, AND HUMAN CAPITAL

INTERVENTIONS

SUPPORTING SOUND MACROECONOMIC FISCAL POLICIES AND MANAGEMENT

SUPPORTING TAX POLICY CONDUCTIVE TO INVESTMENT IN HUMAN CAPITAL

SUPPORTING HIGHER QUALITY PUBLIC INVESTMENT IN HUMAN CAPITAL AND SOCIAL PROTECTION

SUPPORTING IMPROVED ALLOCATION OF RESOURCES AND REDUCED INFORMALITY

OUTPUTS

Improved access to and quality of health and education services.

Polices in support of investment, competitiveness and growth.

Improved revenue mobilization.

Improved public expenditure management.

Improved household and private investment in education and health.

OUTCOMES

- Improved investment and growth.
- Improved resilience to negative shocks.
- Improved inflation and improved real incomes.
- Improved labor productivity and skills.
- Improved government revenue.

HUMAN CAPITAL OUTCOMES



- IMPROVED CHILD SURVIVAL
- IMPROVED SCHOOLING
- IMPROVED HEALTH OUTCOMES

PROJECT ILLUSTRATION

GAMBIA: EMERGENCY DPF TO HELP AVERT A POLITICAL AND ECONOMIC CRISIS

An emergency operation was carried out to avert a political and economic crisis in a difficult transition time, while supporting measures to limit drug shortages in health centers. The DPF proved to be an important vehicle to bring the issue of drug shortages and drug procurement issues to the attention of the new Minister of Finance. But implementation support through TA, IPFs, etc., is also key for sustained results in a fragile environment.



SOCIAL, URBAN, RURAL AND RESILIENCE, AND HUMAN CAPITAL

INTERVENTIONS

ADDRESSING GENDER GAPS AND DRIVERS OF GENDER-BASED VIOLENCE

ENGAGING CITIZENS TO IMPROVE DEVELOPMENT RESULTS AND STATE-SOCIETY RELATIONS

FOCUS ON MARGINALIZED SOCIAL GROUPS

SUPPORT TO HOST DISPLACED COMMUNITIES IN FCV CONTEXTS AND ADDRESS RESOURCE AND POWER CONTESTATIONS

OUTPUTS

Improved equity and accountability in front line service delivery.

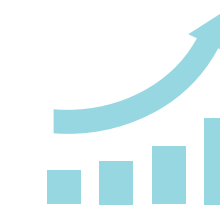
Institutionalization and scale up of programs.

Inclusion of marginalized populations in development processes.

OUTCOMES

- Strengthened local government and institutions to be inclusive and equitable.
- Strengthened local capacity to adapt to shocks and reduce emissions.

HUMAN CAPITAL OUTCOMES



- IMPROVED CHILD SURVIVAL
- IMPROVED SCHOOLING
- IMPROVED HEALTH OUTCOMES

PROJECT ILLUSTRATION

HORN OF AFRICA: DEVELOPMENT RESPONSE TO DISPLACEMENT IMPACTS PROJECTS

The project consists of providing service delivery and livelihood support, including investing in health and education of children and skilling youth and women. The project aims to build the resilience to impacts of displacement among these populations. Throughout the project it was found that CDD approaches are effective in delivering services in FCV and displacement settings where government institutions are weak or under stress.



TRANSPORT AND HUMAN CAPITAL

INTERVENTIONS

RURAL AREAS

- Rural roads and connective infrastructure.
- Resilient infrastructure.
- Transport services.

URBAN AREAS

- Public transport.
- Fare collection/subsidies.
- First/last mile integration.
- NMT modes.

ROAD SAFETY

OUTPUTS

Reduced vulnerability to climate impacts.

Stronger production value-chains, reduction of transport costs.

Time savings.

Job creation.

Reduced fatalities.

OUTCOMES

- Improved access to markets, health, education.
- Reduced poverty and improved equity.
- Improved quality of public services.
- Higher labor force participation.
- Reduced pollution and mortality.

HUMAN CAPITAL OUTCOMES



- IMPROVED CHILD SURVIVAL
- IMPROVED SCHOOLING
- IMPROVED HEALTH OUTCOMES
- IMPROVED EMPLOYMENT OUTCOMES

PROJECT ILLUSTRATION

HAITI: RURAL ACCESSIBILITY AND RESILIENCE PROJECT

US\$ 75 million to increase physical and comprehensive access by investing in feeder roads and a climate-resilient structuring network, with a focus on improving access to primary health facilities.

EVIDENCE-BASED:

Gage and Calixte (2006) find evidence that 43% of women living in an area linked to the nearest urban center by an asphalt road completed the recommended antenatal-care visits, compared to only 14% in areas linked by unpaved roads.



ENERGY AND HUMAN CAPITAL

INTERVENTIONS

INCREASE ELECTRICITY ACCESS USING CONVENTIONAL AND INNOVATIVE APPROACHES

USE DISRUPTIVE BUSINESS MODELS AND PROMOTE EFFICIENT APPLIANCES

PROMOTE PRODUCTIVE USES OF ELECTRICITY AND LOCAL ENTREPRENEURSHIP FOR SUSTAINABLE SERVICE

OUTPUTS

Households, businesses, water pumps, irrigation pumps, schools and health clinics have electricity supply.

Improved economic activities due to electricity availability.

OUTCOMES

- Improved productive hours.
- Improved jobs and firm productivity.
- Improved student school attendance.
- Improved quality service delivery at medical centers.
- Improved use of online and digital materials.
- Improved retention of medical and teaching professionals.

HUMAN CAPITAL OUTCOMES



- **IMPROVED CHILD SURVIVAL**
- **IMPROVED SCHOOLING**
- **IMPROVED HEALTH OUTCOMES**

PROJECT ILLUSTRATION

UGANDA: ENERGY FOR RURAL TRANSFORMATION, PHASE III

Through the Uganda ERT III project, the World Bank financed electrification of schools and health clinics in remote areas of Uganda using stand-alone solar systems, which are far from electricity grid network. Health centers now can serve their patients with electric medical appliances. Students can study at night with solar lights and teachers and health center workers have reported benefits of having electricity.



ENVIRONMENTAL MANAGEMENT, CLIMATE CHANGE AND HUMAN CAPITAL

INTERVENTIONS

BLUE ECONOMY INTERVENTIONS

- Marine, coastal, rivers, inland.

ENHANCED POLLUTION MANAGEMENT

- Solid and liquid waste, indoor air pollution.

SUPPORT FOR COMMUNITY-BASED ECOSYSTEM MANAGEMENT

- Rangelands, forests, cropland.

IMPROVING ENVIRONMENTAL RISK MANAGEMENT SYSTEMS

- Including OHS and community safety.

OUTPUTS

Stronger food safety systems.

New skills development.

Community participation for management of natural capital.

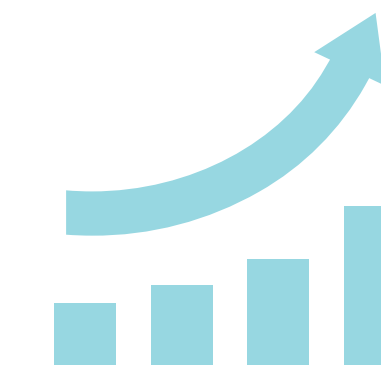
Strengthened national systems (occupational health and safety, tenure rights).

More sustainable institutional performance.

OUTCOMES

- Increased incomes for natural resource-based livelihoods (fisheries, forests, tourism).
- Improved community resilience against shocks (including climate change).
- Clean and safe environment (reduced exposure to pollutants leads to better health).

HUMAN CAPITAL OUTCOMES



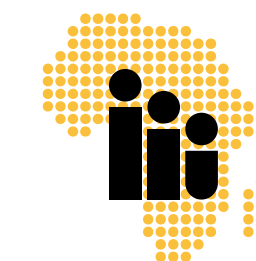
- IMPROVED CHILD SURVIVAL
- IMPROVED SCHOOLING
- INCREASED HUMAN CAPITAL STOCKS TO MAINTAIN OR IMPROVE ENVIRONMENTAL QUALITY

INTERVENTION ILLUSTRATION

NIGERIA: EROSION AND WATERSHED MANAGEMENT PROJECT

The Nigeria Erosion and Watershed Management Project (NEWMAP), a **US\$ 500 million** investment, has introduced an integrated watershed management approach aiming at alleviating poverty, maintaining sustainable ecosystems and improving disaster risk management. The project aims at reducing vulnerability to soil erosion that threatens the lives and homes of thousands of Nigerians.

PARTNERING ACROSS THE WORLD BANK GROUP – IFC AND HUMAN CAPITAL



INTERVENTIONS

INVESTMENT IN EDUCATION, HEALTHCARE AND LIFE SCIENCES (I.E INNOVATIVE DELIVERY MODELS AND COST-EFFECTIVE SOLUTIONS)

INVESTMENT IN RELATED SECTORS (EX. WATER, POWER, TRANSPORT)

ADVISORY IN QUALITY OF CARE AND EMPLOYABILITY

SUPPORT IN IMPLEMENTING PPPS ACROSS ALL RELEVANT SECTORS

SUPPORT INNOVATIVE BUSINESS MODELS AND NEW TECHNOLOGIES IN HEALTH AND EDUCATION

OUTPUTS

Strengthened capacity to achieve quality of care using Healthcare Quality Tool.

Strengthened capacity to achieve employability for students using the Employability Tool.

Support establishment of national health insurance schemes and student lending programs.

Improved standards introduced in both health and education markets.

OUTCOMES

- Improved employability of students.
- Improved quality of care.
- Improved affordability of health.
- Improved access to quality and relevant education.
- Improved graduates with market-relevant skills, capable of adapting to the 'future of jobs'.

HUMAN CAPITAL OUTCOMES



- **IMPROVED CHILD SURVIVAL**
- **IMPROVED HEALTH OUTCOMES**
- **IMPROVED QUALITY OF LEARNING**

PROJECT ILLUSTRATION

GHANA: ROLL OUT OF EMPLOYABILITY TOOL

The IFC provided advisory support to a number of public and private tertiary and vocational institutions in Ghana to strengthen the country's capacity to achieve employability of students. The project showed the substantial potential to overcoming capacity constraints through the provision of education through targeted capacity building.



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