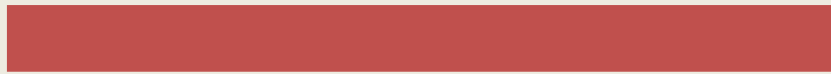


The High Level Task Force and the advisory facility



Presentation for the workshop on “Recommendations from the
Taskforce on Innovative International Financing for Health
Systems”

October 29-30, London

April Harding
World Bank Group

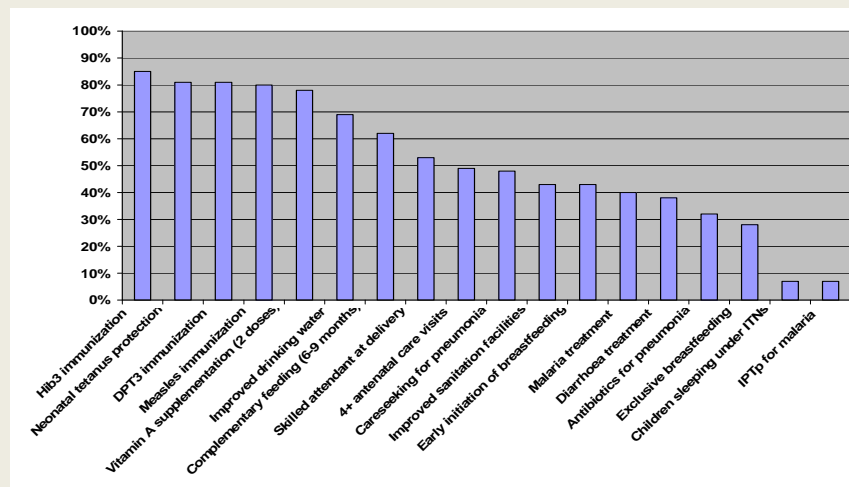
Health, Nutrition and Population Department

Availability of Ob-gynecologists in public sector of selected states and India

	Population (in Millions)	Ob-gyns required (state norm)	Actual Ob-gyns	Gap	Population per Ob-gyn
Andhra Pradesh	55	164	73	91	753,425
Chhattisgarh	17	116	15	101	1,133,333
Madhya Pradesh	44	229	13	216	409,524
Rajasthan	43	326	195	221	3,384,615
India	749	3346	1215	1643	615,768

Source: Government of India. Rural Health Statistics Bulletin 2003.

Coverage of key interventions in 68 countries (which account for 97% of under-five mortality)



Source: Bryce et al, 2008.

Availability of Ob-gyns in public sector rural areas of selected states and India

	Population (in Millions)	Ob-gyns required (state norm)	Actual Ob-gyns	Gap	Rural population per Ob-gyn
Andhra Pradesh	55	164	73	91	753,425
Chhattisgarh	17	116	15	101	1,133,333
Madhya Pradesh	44	229	13	216	409,524
Rajasthan	43	326	195	221	3,384,615
Gujarat	32	272	8	264	4,000,000
India	749	3346	1215	1643	615,768

Source: Government of India. Rural Health Statistics Bulletin 2003.

Expected and reported maternal and newborn deaths; estimated lives saved by Chiranjeevi Scheme up to February 2008

Total deliveries under scheme	Expected maternal deaths	Maternal deaths reported under scheme	Estimated mothers saved	Expected new born deaths	Newborn deaths reported under scheme	Estimated newborns saved
165278	642	32	310	6561	559	6002

Source: Bhat, R., D. V. Mavalankar, et al. (2009). "Maternal healthcare financing: Gujarat's Chiranjeevi Scheme and its beneficiaries." *J Health Popul Nutr* **27(2): 249-58**. Evaluation from pilot in 5 remote districts with 11 million population.



Partnerships with the Private Sector in Health:

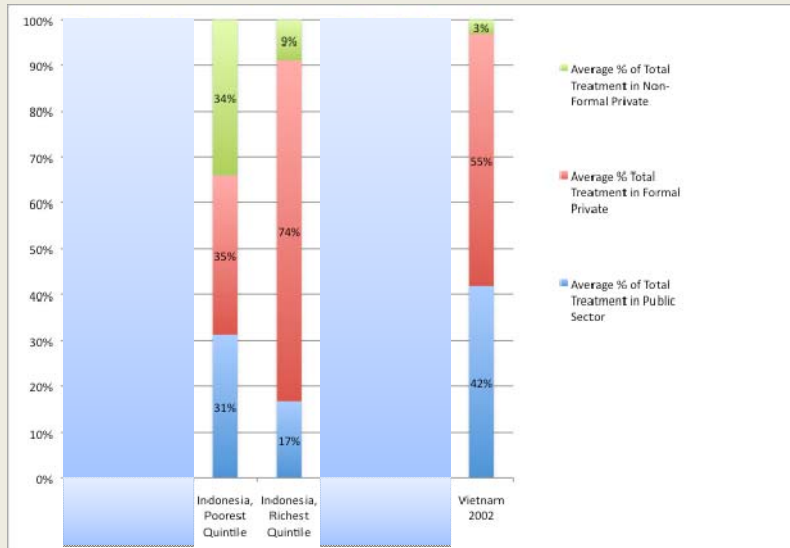
What the International Community Can Do to Strengthen Health Systems in Developing Countries

Report of the CGD Private Sector Advisory Facility Working Group

DRAFT

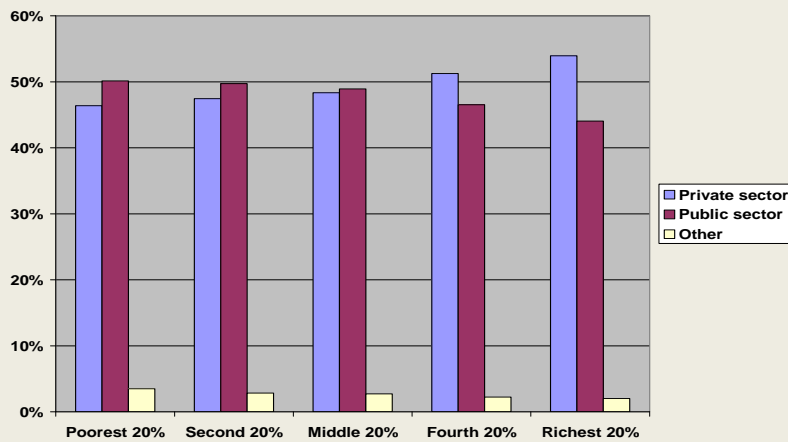
April Harding, chair
October 2009

Source of Healthcare by Wealth Quintile



Source: DHS Data (Cambodia 2005; Indonesia 2007; Philippines 2003; Vietnam 2002)

Treatment of ARI and diarrhea in children under five, by type of provider and socioeconomic status

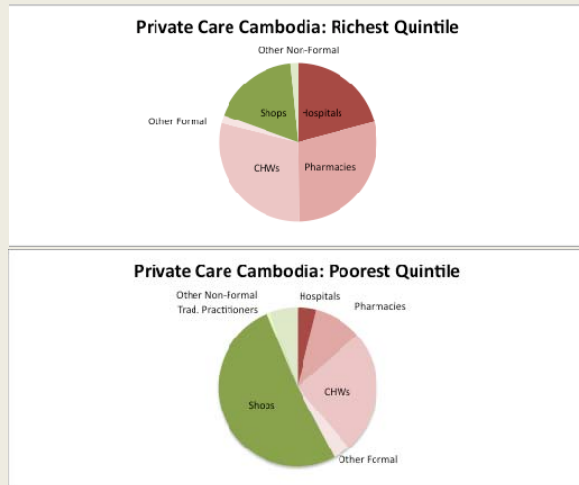


Source: Demographic and Health Surveys, 35 countries

Source of healthcare for rich and poor: Bangladesh

83% of
healthcare
from private
providers

78% of
healthcare
from private
providers



Source: DHS Data Cambodia 2005