THE HEALTH RECORD

Health Works Without Accountability.

$8.4 Billion Committed. 71% Below Satisfactory.

What the IEG Record Shows.

What Health Works Must Fix.

And Where the Jobs Will Come From.

Parminder Brar | mdbreform.com | April 2026

34.6%	$5.9bn	$1.3bn	84.6%
Satisfactory — one in three	Below Satisfactory in a decade	Tanzania: zero Satisfactory	MS+ — the number the Bank reports

Executive Summary

The World Bank has committed $8.4 billion to 78 IEG-rated Health, Nutrition and Population projects in Sub-Saharan Africa between FY2015 and FY2026. Of this, $5.9 billion — 71 percent — went to projects that did not achieve Satisfactory development outcomes. The Africa HNP Satisfactory rate is 34.6 percent. The global rate is 43.8 percent. South Asia achieves 46.2 percent on comparable volume.

The headline MS+ rate is 84.6 percent — one of the highest in the Africa portfolio. The gap between 84.6 percent (the Bank's headline) and 34.6 percent (the honest bar) is wider in health than in any other major sector in Africa. The health portfolio is where the MS+ metric does the most damage to accountability.

The Bank's **Health Works** initiative commits the Bank to reaching 1.5 billion people with quality, affordable health services by 2030. A $27 billion global portfolio across 160 projects. Fifteen National Health Compacts. $2 billion in co-financing with the Global Fund and Gavi each. $410 million in philanthropic mobilisation. The ambition is real. The machinery is impressive. The question is whether the delivery model that produced the 34.6 percent can deliver at that scale.

The Bank's own promotional material cites Mozambique as a Health Works success — community health workers doubled, household access doubled. Mozambique's IEG record: 2 projects, zero Satisfactory, $150 million. Tanzania — the largest health commitment in Africa at $1.3 billion — has zero Satisfactory outcomes. Ten countries with two or more health projects returned zero percent Satisfactory on a combined $3.3 billion.

The structural finding: the Bank's health portfolio succeeds when it does specific things — eradicate a disease, respond to an outbreak, distribute a commodity. It fails when it tries to build the systems that would allow countries to do these things for themselves. Projects with bounded operational objectives succeed. System-strengthening projects fail at rates that have not improved in a decade. The 2009 IEG evaluation documented this. The 2018 IEG evaluation confirmed it. The design model has not changed.

Each of Health Works' four pillars has a documented IEG record: access improved in 70 percent of projects but quality in only 46 percent; DPF in health returned zero Satisfactory; health worker constraints are cited in only 12 percent of IEG lessons; and IFC investee companies failed to integrate with public financing. The 15 National Health Compacts should each carry an annex: what does the IEG record show for this country's health portfolio, and what specifically will be different this time?

1. The Portfolio

The World Bank has committed $8.4 billion to 78 IEG-rated Health, Nutrition and Population projects in Sub-Saharan Africa between FY2015 and FY2026. Of this, $5.9 billion — 71 percent — went to projects that did not achieve Satisfactory development outcomes. The Africa HNP Satisfactory rate is 34.6 percent. The global HNP rate is 43.8 percent. South Asia achieves 46.2 percent on $5.9 billion — a comparable commitment delivering substantially better outcomes.

The headline MS+ rate is 84.6 percent — one of the highest in the Africa portfolio. This is the number the Bank reports. It means that five in six health projects mostly worked, with significant shortfalls. It does not mean they achieved their development objectives. The gap between 84.6 percent (the Bank's headline) and 34.6 percent (the honest bar) is wider in health than in any other major sector in Africa.

IEG evaluations referenced: *Improving Effectiveness and Outcomes for the Poor in Health, Nutrition, and Population* (IEG, 2009); *World Bank Group Support to Health Services: Achievements and Challenges* (IEG, 2018). Both documented persistent underperformance in the Africa region, weak health system strengthening, and limited collaboration between the World Bank and IFC on health financing.

2. Regional Split: Western Africa Outperforms Eastern Africa

Region	Projects	S+	S+ Rate	Commitment	Below S+
Western and Central Africa	43	19	44.2%	$4,162M	$2,330M
Eastern and Southern Africa	35	8	22.9%	$4,214M	$3,598M
Total Africa	**78**	**27**	**34.6%**	**$8,376M**	**$5,928M**

Western and Central Africa's 44.2 percent is driven by strong regional disease surveillance projects (REDISSE I, II, and III — all rated Satisfactory), the Sahel Women's Empowerment programme ($510M, Satisfactory), and the Ebola Emergency Response ($105M, Highly Satisfactory). These are projects with clear, bounded objectives: detect diseases, respond to outbreaks, deliver specific interventions. They succeed because the objective is operational, not institutional.

Eastern and Southern Africa's 22.9 percent tells the opposite story. The region's largest commitments — Tanzania ($1.3bn), DRC ($880M), Kenya ($291M), Mozambique ($150M) — all returned zero Satisfactory. The projects that fail are system-strengthening operations. They fail because the constraint is not what is delivered to the health system. It is what the health system does after delivery.

3. The $1.3 Billion Tanzania Question

Tanzania is the single largest health commitment in Africa — and has zero Satisfactory outcomes.

Project	Closing FY	Rating	Commitment
Basic Health Services Project (P125740)	FY2017	Moderately Unsatisfactory	$1,062M
Strengthening PHC for Results (P152736)	FY2021	Moderately Satisfactory	$240M

The Basic Health Services Project is the largest single health project failure in Africa at $1.062 billion — rated Moderately Unsatisfactory by IEG. The successor project improved to Moderately Satisfactory but did not reach the Satisfactory threshold. $1.3 billion committed. Zero Satisfactory. Tanzania will repay both loans in full.

4. Ten Countries, Zero Satisfactory

Ten countries with two or more HNP projects returned zero percent Satisfactory between FY2015 and FY2026:

Country	Projects	Commitment	S+ Rate
Tanzania	2	$1,302M	0%
Congo, Dem. Rep.	3	$880M	0%
Kenya	2	$291M	0%
Burkina Faso	3	$189M	0%
Cameroon	2	$188M	0%
Mozambique	2	$150M	0%
Africa (regional)	3	$129M	0%
Central African Rep.	2	$81M	0%
Sierra Leone	2	$36M	0%
Lesotho	2	$21M	0%

Combined: 23 projects, $3.3 billion, zero Satisfactory. These are not marginal economies. Tanzania, DRC, Kenya, and Cameroon are among the Bank's largest health borrowers on the continent. The zero is not a sampling problem. It is a delivery problem.

5. Nigeria: $1.6 Billion and the SOML Question

Nigeria is the largest single-country health commitment at $1.567 billion across 7 projects — 42.9 percent Satisfactory, the strongest among the major borrowers. The portfolio includes two successes: the Malaria Control Booster Project ($180M, Satisfactory) and the Polio Eradication Support Project ($95M, Highly Satisfactory). Both had clear, bounded objectives — reduce malaria incidence, eradicate polio. Both succeeded.

The question mark is the Saving One Million Lives PforR (P146583, $500M), which the IEG database records as Moderately Satisfactory. The detailed case study on SOML published on this platform documents that IEG rated efficiency Negligible — meaning the Bank could not demonstrate that the money produced the health outcomes it was supposed to produce. Nigeria will repay $387.6 million over 38 years.

6. FCS vs Non-FCS: The Gap That Should Not Exist

Category	Projects	S+ Rate	Commitment
FCS	28	32.1%	$2,986M
Non-FCS	50	36.0%	$5,390M

The FCS gap in health is narrower than in any other sector — 4 percentage points. This is not because FCS performance is strong. It is because non-FCS performance is weak. Two-thirds of committed health resources in stable, non-fragile African countries go to projects that do not achieve Satisfactory outcomes. The problem is not fragility. The problem is the Bank's health delivery model.

7. By Lending Instrument

Instrument	Projects	S+ Rate	Commitment
IPF	72	36.1%	$7,131M
PforR	4	25.0%	$945M
DPF	2	0.0%	$300M

DPF in health: two projects, zero Satisfactory, $300 million. Policy lending does not build health systems. The instrument that works in health is IPF at 36.1 percent. Even this is not strong. But it is the least bad option, and the only one that puts resources into clinics, health workers, and supply chains.

8. Annual Trend

Closing FY	Projects	S+	S+ Rate	Commitment
FY2015	7	2	28.6%	$490M
FY2017	9	2	22.2%	$1,556M
FY2018	6	1	16.7%	$293M
FY2019	8	0	0.0%	$488M
FY2020	9	3	33.3%	$365M
FY2021	11	4	36.4%	$1,602M
FY2022	5	4	80.0%	$373M
FY2023	4	0	0.0%	$290M
FY2024	16	10	62.5%	$2,174M

FY2019: zero percent Satisfactory across 8 projects and $488 million. FY2023: zero percent across 4 projects. The trend is volatile, not improving. FY2024 shows 62.5 percent — but this cohort includes multiple regional disease surveillance projects with bounded objectives.

9. Health Works: The 1.5 Billion Target and What the Record Shows

The World Bank has made primary health care the centrepiece of its current strategy. The **Health Works** initiative — launched in April 2024 — commits the World Bank Group to helping deliver affordable, quality health services to 1.5 billion people by 2030. The Bank now reports a $27 billion global health portfolio across 160 projects. In December 2025 in Tokyo, 15 countries introduced National Health Compacts. The Health Works Leaders Coalition was launched with Japan and WHO. The HSTRF is the primary trust fund vehicle. $2 billion in co-financing has been announced with each of the Global Fund and Gavi. $410 million in philanthropic support is being mobilised. The Bank reports 375 million people already reached. The Bank claims every $1 invested in primary health care yields $16 in economic benefits. The ambition is real. The machinery is impressive.

The question is whether the delivery model that produced the record documented in this paper can deliver at that scale. The Bank's own promotional material cites Mozambique as a Health Works success — community health workers doubled from 3,380 to 8,300, household access rose from 1.7 million to 3.6 million. Mozambique's IEG record for health in Africa: 2 projects, zero Satisfactory, $150 million. The gap between the marketing and the evaluation is the accountability problem this paper documents.

What the 2018 IEG Evaluation Found

The Bank's health portfolio focuses strongly on primary care, prevention, and maternal and child health — consistent with the priorities of the poorest countries. Support for maternal and child conditions increased from 39 percent to 60 percent of projects. This alignment is genuine. The problem is not what the Bank targets. It is what happens after the money arrives.

Access improves; quality does not. Access to health services is the Bank's strongest achievement — rated positively in 70 percent of evaluated projects. But quality improvement was rated positively in only 46 percent. The Bank can get people to clinics. It cannot ensure that what happens inside the clinic is adequate.

Health systems strengthening is declining as an objective. The share of projects with explicit health systems strengthening PDOs fell from 42 percent of closed projects to 27 percent of open projects. This is the opposite of what primary health care requires. The Bank is retreating from the hard institutional work precisely when the Bank2019s own strategy calls for more of it.

PBF works short-term but faces sustainability risks. PBF projects outperform the rest of the portfolio on access (84% S+), quality (67% S+), and health outcomes (67% S+). But the 2018 IEG evaluation flagged sustainability risks when PBF pilots are not integrated with broader health financing systems.

Corruption vulnerability is higher in health than any other sector. The Bank's Integrity Vice Presidency opened 191 cases in HNP between FY07 and FY16 — 18 percent of all cases, second only to transport.

The IFC gap. IFC health investments concentrate on secondary care in middle-income markets. IFC's investee companies failed to integrate with public financing. The joint Bank-IFC approach articulated in 2015 has not been implemented at country level.

Testing the Four Pillars Against the Record

Pillar 1: Strengthen primary care platforms. Access improved in 70 percent of projects. Quality improved in 46 percent. Sierra Leone's compact promises 300 new facilities. The IEG record for Sierra Leone: 2 health projects, zero Satisfactory, $36 million.

Pillar 2: Financing reforms. DPF in health: 2 projects in Africa, zero Satisfactory, $300 million. Kenya's compact promises to double health spending to 5 percent of GDP. Kenya's IEG health record: 2 projects, zero Satisfactory, $291 million.

Pillar 3: Expand the health workforce. Health worker constraints are cited in only 12 percent of IEG lessons. Ethiopia's compact promises digital tools for 40 percent of primary health centres. Ethiopia is the one bright spot: $100 million, Satisfactory. But it is one project.

Pillar 4: Private sector investment through IFC. IFC investee companies failed to integrate with public financing. Nigeria's compact promises pharma manufacturing. Nigeria's health record is 42.9 percent Satisfactory — the strongest — but the $500 million SOML PforR had its efficiency rated Negligible by IEG.

The Fragmentation Problem

Peter Sands, Executive Director of the Global Fund, said at the 2025 World Health Summit that the system has too many entities, too much duplication, and too many underfunded institutions. The Health Works architecture — which adds the HSTRF alongside the GFF, the Pandemic Fund, and aligned financing with Gavi and the Global Fund — risks compounding the fragmentation it claims to resolve.

The Bank's results page cites Côte d'Ivoire: national health insurance enrollment rose from 10 to 62 percent, creating 10,000 direct jobs. This is genuine progress. But if the Bank can produce this in Côte d'Ivoire, why does 71 percent of committed health resources across Africa fall below Satisfactory? The

successes are real but not systematic. They depend on specific country conditions, specific task team leadership, and specific political windows — none of which the current incentive structure is designed to replicate.

The 15 National Health Compacts should each carry an annex: what does the IEG record show for this country's health portfolio, and what specifically will be different this time? Without that annex, the compacts are commitments without baselines — and commitments without baselines are the definition of the approval culture this platform exists to document.

10. What the Lessons Say

Constraint	Projects Citing	% of Portfolio
Implementation capacity	64	83%
Institutional capacity	48	62%
Results measurement	36	47%
Institutional architecture	32	42%
Design complexity	30	39%

Implementation capacity is cited in 83 percent of projects — higher than in any other sector. Projects with bounded operational objectives (disease surveillance, polio, malaria, Ebola response) succeed. Projects that attempt to strengthen the institutional architecture of health systems fail at rates that have not improved in a decade.

11. The Structural Finding

The World Bank's health portfolio in Africa succeeds when it does specific things: eradicate a disease, respond to an outbreak, distribute a commodity. It fails when it tries to build the systems that would allow countries to do these things for themselves. The constraint is not funding. $8.4 billion has been committed. The constraint is that the Bank's institutional model — designed in Washington, supervised from Washington, evaluated against Washington-designed indicators — cannot build the local institutional capacity that health system strengthening requires.

The 2009 IEG evaluation found significant underperformance in the Africa health portfolio. The 2018 IEG evaluation found limited health system strengthening and weak integration between the World Bank and IFC. The same findings, a decade apart. The design model has not changed.

South Asia achieves 46.2 percent Satisfactory on comparable volume. The difference is not clinical. It is institutional. The Bank's health operations in Africa attempt to build institutional foundations through project-level interventions. The foundations do not hold after the project closes. That is the sustainability gap, and it explains why 71 percent of committed resources are rated below standard.

12. The Jobs Question

Health Works explicitly promises that health investments will create millions of jobs — for doctors, nurses, caregivers, paramedics, and in pharmaceuticals, biotechnology, digital health, and support services. The Bank's Spring Meetings materials frame health as a vehicle for job-rich economic growth. The National Health Compacts are designed around this premise. The $1-yields-$16 claim is an employment multiplier as much as a health outcome.

The IEG record documented in this paper demolishes the premise. If 71 percent of committed health resources in Africa are rated below Satisfactory, the health systems those resources were supposed to build are not functioning at the level required to sustain employment. You cannot create millions of health sector jobs on platforms that do not deliver quality care. You cannot train health workers for facilities that the IEG record shows are not operationally sustainable after the project closes. You cannot build pharmaceutical supply chains in countries where the Bank's own procurement and governance systems are flagged as problematic in 15 percent of projects.

The jobs argument is not limited to health. It runs through every sector the Bank is scaling up. AgriConnect promises to transform smallholder agriculture into a driver of employment — on a portfolio with a 35.7 percent Satisfactory rate. Mission 300 promises energy access that powers economic growth — on a portfolio where the Bank has turned from policy adviser to debt collector in the largest market on the continent. Water Forward promises resilient infrastructure — on a portfolio with a 24.5 percent Satisfactory rate. Education promises human capital — on a portfolio where 79 percent of committed resources are below Satisfactory.

The Bank's jobs agenda depends on sectoral delivery. If the sectors cannot deliver, the jobs will not materialise. The sovereign guarantee ensures that the Bank gets paid regardless. The countries repay the loans. The populations that were promised jobs, clinics, classrooms, and electricity connections bear the cost of the gap between the initiative and the outcome. That is the accountability question this platform exists to ask — and that the Spring Meetings exist to avoid.

Data and Sources

IEG outcome data: IEG Master Database March 2026 (10,542 deduplicated rated projects). Health, Nutrition & Population GP = IEG Global Practice classification. Africa = ESA + WCA. S+ = Satisfactory or Highly Satisfactory only. FCS: World Bank FY26 Harmonized List, July 2025. Commitment data: World Bank Projects Database, April 2026.

IEG evaluations referenced: Independent Evaluation Group (2009), *Improving Effectiveness and Outcomes for the Poor in Health, Nutrition, and Population*. Independent Evaluation Group (2018), *World Bank Group Support to Health Services: Achievements and Challenges*. IEG project-level lessons: ICRR/PPAR database, FY2015–2026.

This paper extends prior analyses at mdbreform.com: the IDA Performance Record; the Education Record; the Energy Record; the Agriculture Record; the Water Record; the FCV Strategy Submission; the DPF Incentive Trap; the Board Governance paper; the Game Theory analysis. Full data at mdbreform.com/data/.

Parminder Brar is the founder of mdbreform.com and a former World Bank Country Manager and Lead Governance Specialist.