
HIV/AIDS and Reproductive Health Spending: Multilateral Development Banks' (MDBs')



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Overview

- **Gender Action is the only organization dedicated to holding MDBs accountable for the impacts of their investments on women, who compose the majority of the world's poor**
 - **Gender Action has a project that tracks:**
 - **1. How much MDBs spend on H/A and RH**
 - **2. Quality of MDBs spending H/A on H/A and RH**
 - **3. How MDB policies reduce poor countries' ability to address these issues**
 - **Gender Action:**
 - **Produced reports in 2007 and 2009 (forthcoming) and a Toolkit for Activists to guide & inform advocacy presenting data & findings & identifying leverage points**
 - **Plans to continue tracking MDB spending, especially in Africa**
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Issues

- **Overall MDB spending has been increasing significantly during the global financial and economic crisis**
- **Collectively spend \$150 billion per year on “aid”**
- **Largest MDB’s – World Bank’s -- current GAP claims Bank satisfactorily incorporates gender issues into health projects so GAP does not focus on H/A and RH**
- **Gender Action research and Bank self-evaluations challenge these GAP conclusions**
- **The Bank’s 2007 Health, Nutrition and Population Strategy states HNP portfolio was “the worst-performing portfolio among all 19 sectors for the last five years in a row.”**
- **HNP states full time Bank health staff since 2000 has dropped by 40%**
- **The Bank’s Independent Evaluation Group.....**

All MDBs Committed to Achieving MDGs by 2015

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- **Goal 5: Improve maternal health**
- **Goal 6: Combat HIV/AIDS, malaria and other diseases**
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a Global Partnership for Development

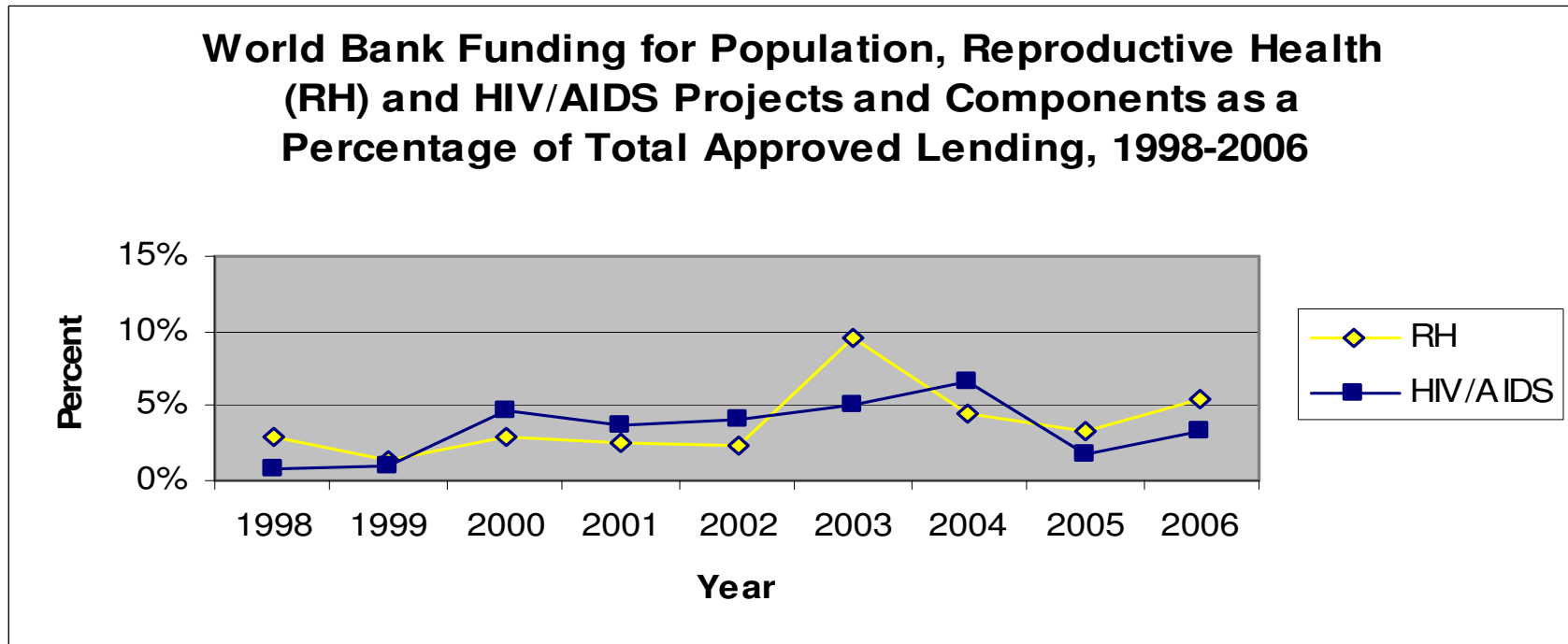
The Reality:

HIV/AIDS and Reproductive Health are Low Funding Priorities at the MDBs???

Average MDB Spending on RH and HIV/AIDS as a Percentage of Total Spending, 2003-2006

| MDB | Population & RH | HIV/AIDS |
|------------|----------------------------|-----------------|
| ADB | 0.004% | 0.1% |
| AfDB | 0.8% | 0.3% |
| IDB | 0.3% | 0.008% |
| World Bank | 6% | 4% |

World Bank Funding is Decreasing



Quality of MDB Investments

- Gender sensitive projects:
 - AfDB
 - ADB

- Poor quality investments:
 - IDB
 - World Bank

- Conditionalities

Recommendations

- **Increase MDB Funding for RH and HIV/AIDS**
- **Improve the Quality of MDB RH and HIV/AIDS Projects, especially gender sensitivity**
- **End MDB Policy Conditionalities such as:**
 - **Privatization of health services**
 - **“User Fees” for Essential Services: Current WB HNP Strategy restored user fees and loans eg Ghana anti-retroviral drugs**

Next Steps

- **Advocacy to hold IFIs & governments accountable:**
 - **IFIs should increase & improve spending on RH & H/A & remove impediments such as user fees**
 - **Governments should pressure IFIs, eg the U.S. as largest shareholder & poor country governments most impacted by IFIs**
- **Regional workshops sharing findings and stimulating advocacy**
 - **Central America first half 2010**

Hoped for Outcomes

- **Increased MDB investments in RH & H/A (Short Term)**
- **Improved quality of MDB RH & H/A investments (Short Term)**
- **Mobilized campaign involvement by SRRH & IFIwatch communities (Short Term)**
- **An end to IFI conditions impeding addressing RH & H/A such as privatization & “user fees” (Short-Med Term)**
- **Increased women’s and men’s access to high-quality RH services, HIV prevention & AIDS treatment (Med-Long Term)**
- **Achievement of MDGs Five and Six which promise improved maternal health and reduced incidence of H/A (Long Term)**