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



Elaine Zuckerman & Suzanna Dennis
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Project Scope

- **Very modest resources →**
 - **A first step report on:**
 - **1. How much MDBs spend on RH and H/A**
 - **2. Quality of MDBs spending on RH and H/A**
 - **3. How MDB policies reduce poor countries' ability to address these issues**
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Pressing Issues

- **MDBs spend \$100 billion per year on “aid”**
 - **Largest MDB – World Bank’s -- new GAP claims Bank satisfactorily incorporates gender issues into health projects so GAP does not focus on RH & H/A (mentioning them only once)**
 - **Gender Action research and Bank evaluations challenge these GAP conclusions (Suzanna data)**
 - **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%**
 - **U.S. administration moralistic ideology of ‘abstinence only’, ending family planning, and safe abortion affecting MDBs**
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Pressing Issues: MDGs

- **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**
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Overview: IFIs, Reproductive Health (RH) & HIV/AIDS

Loans & Grants:

- Asian Development Bank
- African Development Bank
- Inter-American Development Bank
- World Bank

Vague Commitments:

- European Bank for Reconstruction & Development
- European Investment Bank
- International Finance Corporation
- International Monetary Fund

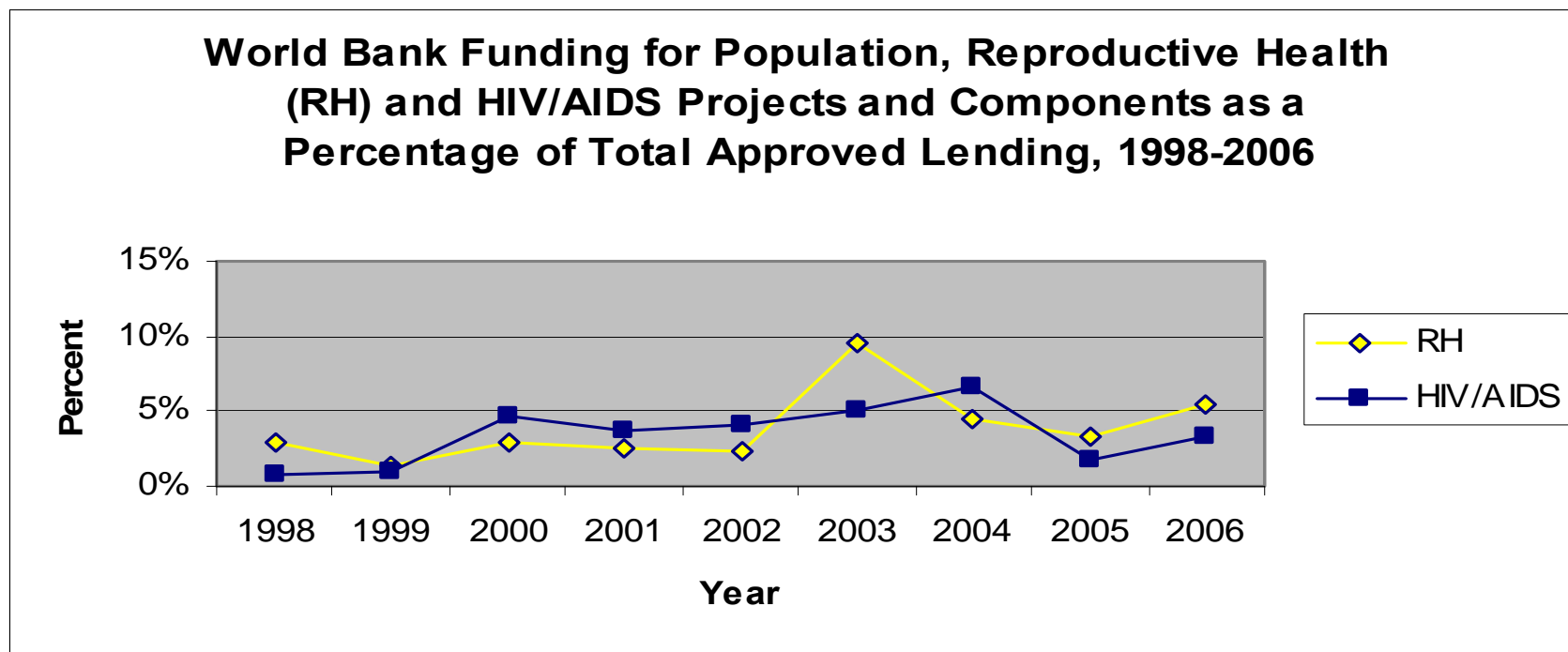
RH and HIV/AIDS is a Low Funding Priority at the MDBs

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%

Source: Calculations based on [Mapping](#) pages 8-16; 64

World Bank Funding is Decreasing





Quality of MDB Investments

- A Few Gender Sensitive Projects:
 - AfDB
 - ADB

- No 'Satisfactorily' Gender Sensitive Projects:
 - IDB
 - World Bank



Questions/Issues

- Why is World Bank funding decreasing?
 - Are other funding sources making up for shortfall?
 - What is the appropriate role for MDBs in the health and social sectors?
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Recommendations

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

Next Steps

- **In-Depth Report: based on:**
 - **Interviewing MDB staff & other experts**
 - **Analyzing a larger sample of MDB projects**
 - **Evaluating effectiveness of MDB RH & H/A project implementation through fieldwork with local partners to objectively assess project outcomes and impacts**
- **Toolkit for Activists to guide & inform advocacy presenting data & findings & identifying leverage points**
- **Partnerships and coalitions within the SRRH & IFIwatcher communities to increase pressure on MDBs**
- **Massive 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**

Project 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)**
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Contact Information

www.genderaction.org

+1 202-587-5242

elainez@genderaction.org

suzannad@genderaction.org
