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
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
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
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

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

<table>
<thead>
<tr>
<th>MDB</th>
<th>Population &amp; RH</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADB</td>
<td>0.004%</td>
<td>0.1%</td>
</tr>
<tr>
<td>AfDB</td>
<td>0.8%</td>
<td>0.3%</td>
</tr>
<tr>
<td>IDB</td>
<td>0.3%</td>
<td>0.008%</td>
</tr>
<tr>
<td>World Bank</td>
<td>6%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: Calculations based on *Mapping* pages 8-16; 64
World Bank Funding is Decreasing

World Bank Funding for Population, Reproductive Health (RH) and HIV/AIDS Projects and Components as a Percentage of Total Approved Lending, 1998-2006

Source: Mapping page 11
Quality of MDB Investments

- A Few Gender Sensitive Projects:
  - AfDB
  - ADB

- No ‘Satisfactorily’ Gender Sensitive Projects:
  - IDB
  - World Bank

Source: Mapping pages 17-22
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?
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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