

Ensuring the World Bank Contributes to Reaching Health MDGs

SUMMARY: *Progress towards achieving the Millennium Development Goals (MDGs) for health, which include reducing child death rates, maternal death rates and halting the spread of infectious diseases has been mixed – death rates have declined, but not sufficiently to achieve the MDGs. The World Bank is one of the largest sources of funding for health, so changes in the level and targeting of its health funding will affect progress towards this goal significantly. In recent years, the World Bank has increased its lending for health, but its support for health has not necessarily targeted or achieved measurable improvements in health standards. This month we are going to ask our Executive Director at the World Bank, Dr Jim Hagan, to seek commitments by the Bank to include TB in HIV/AIDS projects, ensure that its initiative to support laboratories in Africa is implemented quickly and ensure health sector reforms target health outcomes.*

INTERNATIONALLY AGREED HEALTH GOALS

In 2000, world leaders set the following goals for improving health and reducing the burden of disease, as part of the Millennium Development Goals (MDGs):

- Reduce by two thirds, between 1990 and 2015, the under-five mortality rate
- Reduce by three quarters the maternal mortality rate
- Achieve universal access to reproductive health
- Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
- Have halted by 2015 and begun to reverse the spread of malaria and other major diseases.

Progress towards these goals has been mixed: child deaths are declining but not quickly enough to achieve the target of a two thirds reduction, maternal deaths are also declining, but 350,000 women continue to die during or just after childbirth each year, and significant growth in treatment for HIV/AIDS has still fallen short of achieving universal access.

The Australian Government aims to ensure its contributions to multilateral organisations complement its own aid priorities. Given that the World Bank is one of the largest sources of international funding for health, and the Australian Government is to contribute \$168 million in 2011-12 to the International Development Association (the World Bank's agency supporting low-income countries), Australia needs to play a larger role in ensuring the Bank's funding priorities contribute to achieving the health MDGs.

The World Bank has increased its overall lending to developing countries dramatically since 2008, following the Global Financial Crisis, and more than doubled its lending for health, nutrition and population between 2008 and 2010 to \$US 4.2 billion (\$A 4 billion). However, RESULTS has identified the following problems with World Bank health programs:

Little attention to TB and HIV coinfection: While tuberculosis (TB) is the leading cause of death for people with HIV/AIDS, few of the World Bank's HIV or other health programs screen for or include treatment for TB.

Reliance on Sector Wide Approaches (SWAps): The World Bank and its development partners have emphasised undertaking reforms of health systems, as a way of achieving improved health outcomes. However, research by the ACTION¹ project indicates that:

- 1) the World Bank and its partners are not addressing TB effectively through their broader efforts to strengthen health systems in sub-Saharan Africa, and
- 2) despite the billions of dollars put into SWAps since the mid-1990s, there is very little evidence to show that they are working to improve health outcomes in Africa. One of the main reasons SWAps are not working in Africa is because the sector-wide funding does not seek to measure specific health outcomes.

Recommendations by the ACTION project to improve the outcomes of SWAps are that the World Bank and partner organisations:

- 1) hold their staff accountable for achieving results in their SWAps projects,
- 2) re-orient aid to be much more focused on achieving health outcomes, especially for the poor, and
- 3) strengthen transparency and accountability be strengthened through conducting independent, external evaluations of SWAps projects.

One promising initiative by the World Bank is a new project announced in May 2010 to strengthen a network of TB and public health laboratories in 4 African countries – Kenya, Rwanda, Tanzania and Uganda. Funding for this initiative is set at \$63 million and it could dramatically improve capacity to track the spread of TB and other diseases. It is essential that this project be implemented promptly to achieve its potential benefits.

As RESULTS Australia representatives will be meeting with Australia's Executive Director at the World Bank, Dr Jim Hagan, in Washington next month, it is timely for us to write to Dr Hagan to seek the following commitments from the Bank on health:

- That the World Bank will ensure that HIV/AIDS projects its supports include screening and treatment for people infected with both HIV and TB;
- That the World Bank and partners set objectives for, and monitor achievement of, actual health outcomes from SWAps; and
- The World Bank ensure the TB laboratory initiative in Africa is implemented promptly.

ACTION:

Write a letter to Australia's Executive Director at the World Bank, Dr Jim Hagan (jhagan@worldbank.org), noting the importance of the World Bank's role in reducing poverty.

1. Note that the World Bank and other international donors need to increase and better target health programs to support achieving the health MDGS.
2. Welcome recent increases in health funding from the World Bank, but express concern that the Bank has focused on health sector reforms which have not produced measurable improvements in health outcomes and has not addressed HIV and TB coinfection.
3. Ask Dr Hagan to seek agreement from World Bank board members to ensure that the Bank includes TB screening and treatment in HIV/AIDS projects, that its initiative to support laboratories in Africa is implemented quickly and that health sector reforms target health outcomes.

¹ ACTION (www.action.org) - Advocacy to Control Tuberculosis Internationally consists of the RESULTS Education Fund and its partners in several countries, including Australia.

ATTACHMENT

About the World Bank

The World Bank was established in 1945 to help with post World War II reconstruction. According to its website, today the Bank's overarching goal is poverty reduction. The World Bank is made up of the **International Bank for Reconstruction and Development (IBRD)** and the **International Development Association (IDA)**. The IBRD focuses on middle income countries and poor countries considered creditworthy, while IDA focuses on the poorest countries in the world.

Both the IBRD and IDA provide loans to member country governments for investment in education, health, public administration, infrastructure, financial and private sector development, agriculture, and environmental and natural resource management. Loans by the IBRD are interest-bearing, while IDA provides interest-free loans and some grants. As IDA loans are on more favourable terms for borrowers, World Bank members make regular contributions to support IDA's continued lending.

The **International Finance Corporation (IFC)**, which is also part of the World Bank group, focuses on lending and investment to the private sector (including for microfinance).

The World Bank is owned by the 185 member governments who provide its funding. Each member country has a Governor on the Board which meets annually to review operations and basic policies. The day-to-day running of the World Bank is headed by its President (currently Robert Zoëlick) and managed by 24 full-time Executive Directors. The World Bank is based in Washington, DC and also has 100 country offices.

Australia's current Executive Director is Dr Jim Hagan, who is serving from 2007 to 2011. The role of Executive Director for Australia's grouping in the World Bank alternates between Australia, New Zealand and the Republic of Korea.

FURTHER BACKGROUND READING

Aid Without Impact: How the World Bank and Development Partners Are Failing to Improve Health Through SWAps ACTION (June 2010)

The last decade saw an increase in support for broader health sector development in sub-Saharan Africa, but has this led to improvements in health outcomes? Overwhelming evidence indicates it has not. This report assesses the World Bank and its partner's efforts to improve TB and other health outcomes using Sector Wide Approaches (SWAps). The findings suggest that SWAps, as currently implemented, do not effectively address the alarming rates of TB in sub-Saharan Africa. The report uncovers a shocking lack of attention to results by the Bank and its partners. The analysis shows that in order to reduce the burden of TB and other diseases, SWAps must move beyond coordinating aid and focusing on measuring and improving health outcomes.

Full report at http://c1280352.cdn.cloudfiles.rackspacecloud.com/results_swaps_report_0610_lowres.pdf