



## Brief: ACTION Partnership Recommendations for IDA21 Replenishment

August 20, 2024

Following the series of IDA21 Replenishment meetings and forums including at the World Bank Spring Meetings, there is continued concern that the focus on human capital, including health and nutrition, which were central to IDA20, appear to be diminishing. In April, the World Bank President announced a bold new goal to reach 1.5 billion people with quality, affordable health services by 2030. This powerful target can have an enormous impact in the world – yet the IDA21 policy package so far does not include the focus needed for IDA to play its part in reaching this goal. There has been a strong push from civil society, and ACTION worked with a coalition of CSOs, including Oxfam, Pandemic Action Network, Global Citizen, ONE and SDG2 Advocacy Hub, to develop a [Call to Action](#) outlining recommendations framed around human capital priorities with specific health and nutrition policy commitments and indicators ahead of the most recent IDA Deputies meeting in Nepal. The most current iteration of the policy commitments under “healthier lives” lacks ambition and detail and seems to have been diluted and are weaker than what we saw in previous drafts of the policy commitments.

Given the unprecedented global challenges we face, including the alarming rise in infant and maternal mortality, increasing food and nutrition insecurity, and the strain on health systems post-COVID-19, it is imperative that IDA Deputies and the World Bank reassert health, nutrition, and human capital as priorities. Amidst the compounding long term challenges, it is more imperative than ever to make the “right” choices to ensure the needs of IDA countries and communities remain the top priority for IDA21 grants and highly concessional financing. A recent World Bank report “[The Great Reversal](#)” found that over the period of 2020–2024, average per capita incomes in half of IDA countries have been growing more slowly than those of wealthy economies and that one out of three IDA countries is poorer, on average, than it was on the eve of the COVID-19 pandemic. These IDA countries now account for 90% of all people facing hunger or malnutrition, maternal mortality is five times higher than in other emerging countries, and half of these countries are either in debt distress or at high risk of it. **We cannot afford to neglect the essential building blocks of communities – health, nutrition, and social protection.**

IDA countries are where the SDG battle will be won or lost, and these areas are the top priority, as the [Dakar Call to Action from 2022](#) and the [Dar es Salaam Declaration](#) show. We also recognize that to meet the urgency of the moment, focusing on the SDGs and core areas is needed to reduce debt and increase growth, especially if debt relief support can help IDA countries free up more funding for human capital investments. **For the IDA21 Replenishment**

**to be most impactful, we underscore the following recommendations ahead of the upcoming virtual IDA21 Deputies meeting on September 5, 2024:**

- **Strengthen ambition and specificity of IDA21 policy commitments to be able to deliver on the needs of IDA countries and include a policy commitment that aligns with the World Bank’s UHC pledge to deliver quality, affordable health services to 1.5 billion people by 2030:** We urge the World Bank and IDA Deputies to strengthen ambition on the ‘People’ policy commitments to ensure all IDA countries are supported and that areas like nutrition, sexual and reproductive health and rights (SRHR) and maternal, newborn, and child health (MNCH) are elevated and prioritized. In addition, we urge for alignment with the World Bank’s Universal Health Coverage (UHC) pledge through the addition of a policy commitment within IDA21, with a clear focus on reaching the millions of people living in IDA countries who are part of this target. Without a dedicated policy commitment, the prioritization and monitoring of progress towards this ambitious goal risks being sidelined. Including this commitment within IDA21 will ensure that critical investments are directed towards strengthening health systems, expanding access to essential services, and ultimately achieving equitable health outcomes in the world’s most vulnerable countries. We propose the following commitment:
  - Support *all active IDA countries* to build human capital in all the critical early childhood and adolescent years through more resilient and sustainable financing for health and nutrition that *promotes quality maternal and child health, nutrition and sexual and reproductive health services*. (We note that the current Policy Package states that “IDA21 will expand essential services promoting quality maternal and child health, nutrition, and sexual and reproductive health service”: **this wording should also appear in the policy commitment.**)
  - Support *all active IDA countries in implementing/expanding universal health coverage (UHC) and primary health care (PHC) by delivering quality, affordable essential health service, prioritizing disadvantaged communities and hard to reach areas, eliminating or adapting user fees and other financial barriers and embedding social protection and preventative health strategies to advance human development outcomes.*
- **Prioritize Health and Nutrition within the IDA21 Policy Framework and Scorecard:** While the World Bank must ensure that health and nutrition are prioritized within the IDA21 policy commitments and with targeted support through the Crisis Response Window (CRW+), this effort would be incomplete without robust performance management. The agreed framework for the WBG Corporate Scorecard will apply to IDA21, and in order for the current indicators to be useful and relevant to IDA countries, they need to be more specific to ensure meaningful impact. In addition to mentioning maternal and reproductive health, the current [Policy Package](#) specifies that in IDA 21 will “*design adaptive safety net programs to target children (and women) in the first 1,000 days of life; and deliver high-impact nutrition services for children to prevent stunting and wasting and improve women’s nutrition*” and that they will aim to expand health services in “[hard-to-reach](#)” areas. Similarly, the World Bank also indicated that it would help fight hunger through an increase to 500 million in the number of people receiving social protection; an undertaking which, to be efficient, must focus on the lowest quintile where food insecurity is concentrated. In order for these statements of intention to come to fruition, they need to be backed by sub-indicators. We therefore propose that Scorecard include the following sub-indicators for IDA21:
  - Millions of children receiving treatment or prevention services due to expanded capacity to respond to wasting.
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- respond to stunting.
- Millions of women of reproductive age receiving treatment or prevention services due to expanded capacity to respond to anemia.
- Millions of people in “hard-to-reach” areas receiving expanded health services.
- Millions of women attended by skilled personnel due to expanded capacity to offer support for safe births.
- Millions of people who are beneficiaries of social safety nets in the poorest quintile.

This focused approach will help drive meaningful progress on health and nutrition, ultimately improving monitoring of health and nutrition outcomes and building resilience in IDA countries.

- **Ensure comprehensive alignment and accountability across World Bank frameworks and initiatives and clearly delineate how they will deliver on a comprehensive and impactful IDA21:** To ensure IDA21’s effectiveness, it is crucial the World Bank creates alignment across other key World Bank initiatives, strategies, Global Challenges Programs, Corporate Scorecard, and the IDA21 policy framework. This alignment is essential for fostering ambition, enhancing transparency and accountability, and ensuring sustainable and measurable impact through the World Bank’s programs, partnerships and investments. Currently, there is a lack of clarity and transparency on how this alignment will be implemented and where there are overlapping priorities and targets. It’s reasonable that not everything can be prioritized, but it is crucial for countries to understand and take part in how decisions are made on what is embedded in each of these frameworks and initiatives so they can effectively support implementation and accountability.
- **Ensure IDA is Country-led:** To deliver on a “Better Bank” and a “Simplif-IDA,” it will be important for this process to be led by the whole of the country (e.g., communities, civil society, and parliamentarians), not led only by the highest reaches of government. These stakeholders must be meaningfully and consistently engaged in the IDA21 Replenishment process and its implementation. As civil society, we are supportive partners that enhance transparency and accountability, but need to be actively engaged in a timely and meaningful manner. Therefore IDA 21 needs to be more supportive and intentional when it comes to meaningful engagement, monitoring and evaluation of their projects in countries by communities, CSOs and MPs who represent the principal beneficiaries of the investments made.