

## IDA 20 RECOMMENDATIONS

*RE: ENSURING PRIORITY FOR PRIMARY HEALTH, IMMUNIZATION, NUTRITION, ECD  
AND OTHER HUMAN CAPITAL INVESTMENTS AND POLICY COMMITMENTS IN IDA 20*

October 15, 2021

Mr. Akihiko (Aki) Nishio  
Vice President of Development Finance  
World Bank

**Dear Akihiko,**

We are writing with regards to the crucial negotiations underway for the IDA 20 replenishment, including the upcoming meeting in October 2021. With your leadership, we believe this is a critical moment to reinforce the World Bank's firm commitment to increasing the priority of human capital investments in health, particularly primary health care, immunization, nutrition and ECD, through IDA 20. The outcome of the IDA 20 replenishment will affect the lives of hundreds of millions of people throughout the world and will be a critical resource in supporting country needs in addressing the impacts of COVID-19, reclaiming the gains we've made in human development and building health systems that can deliver essential services to all and respond to the threats of our time.

As you look toward the discussions around the policy and financing framework and outline the policy commitments needed to deliver on the promise of IDA 20, we urge that you support the following recommendations in the IDA 20 framework and agreement documents:

- 1) Policy commitments that prioritize human capital, and strengthen primary health care, immunization, nutrition, ECD and social protection:**
  - a) We strongly endorse the decision to include human capital as a special theme in IDA 20 and crisis preparedness as a cross-cutting issue. This presents an opportunity for IDA to strengthen its commitment to health and nutrition as

human capital priorities, especially in the face of COVID health and economic impacts.

- b) We applaud the addition of the following new IDA 20 proposed policy commitment within the Human Capital special theme emphasizing a One Health Approach. In addition, we specifically recommend that it be refined to better reflect the importance of primary health care interventions → (potential revisions in ***bolded italics***): “To prevent zoonotic diseases and ensure pandemic preparedness ***with expanded primary health care access at the center***, support at least 20 IDA countries with One Health approaches which address the nexus between human, animal, and ecosystem health.
- c) Accelerating progress on getting the COVID-19 vaccine to developing countries will be essential to the recovery. Currently, the WHO target for COVID-19 vaccines is to reach 70% of the population of every country by mid-2022. Ensuring that there are specific and measurable targets will be key to achieving these policy commitments. Therefore, we specifically recommend that the IDA 20 proposed policy commitments within the Human Capital special theme be refined to align with the WHO target → (potential revisions to policy commitment in ***bolded italics***): “To contain the pandemic, support all IDA countries in the roll-out of COVID-19 ***vaccinations in keeping with the WHO targets and ensure strengthening of health care systems through universal primary health care coverage as a centrepiece***, as well as pandemic preparedness.”
- d) Malnutrition is the biggest driver of child mortality, and anemia impacts over a third of all women and girls. Food security is very important, but without also ensuring explicit expanded support for high-impact nutrition interventions (often delivered through the health system, as well as fortification), we will fail to positively impact tens of millions of children and women. Therefore, we specifically recommend that the IDA 20 proposed policy commitments within the Human Capital special theme be refined to better reflect targeting of nutrition and reproductive health interventions □ (potential revisions to policy commitment in ***bolded italics***) “To empower women and support children’s formative years, restore and expand access to quality maternal and reproductive health and ***evidence-based maternal, infant, and young child nutrition interventions*** in at least 30 IDA countries, of which 15 countries with ***highest maternal mortality, stunting, and wasting***.” In addition, we specifically recommend that the IDA 20 proposed policy commitment under the crisis preparedness cross-cutting issue, be refined to reflect urgency of on-going malnutrition crisis → (potential revisions to policy commitment in ***bolded italics***) “Support at least 25 countries (including at least 10 fragile and conflict-afflicted states) facing natural hazards, food ***and malnutrition crises*** to improve their crisis preparedness and response capacity by implementing preventative interventions and strengthening institutional and planning frameworks and/or delivery

infrastructure.”

- e) Economic inclusion programs help boost the income and assets of the world’s poorest individuals and households with a “big push” of coordinated interventions – usually a combination of cash or in-kind transfers, skills training or coaching, access to finance, and links to basic services like health and nutrition and education. Given the staggering numbers of people who have fallen into extreme poverty as a result of the COVID-19 pandemic, the intentional inclusion of the extreme poor in programs is critical to ensuring a resilient and equitable recovery. We specifically recommend that the IDA20 proposed policy commitment be refined to reflect → (potential revisions to policy commitment in ***bolded italics***) “Incorporate specific productive economic inclusion components (e.g., producer cooperatives/associations, digital finance/savings and service delivery, entrepreneurship support, social care services, regulatory frameworks, and/or links to market support) for women in at least 30 IDA social protection/jobs, agriculture, urban, and/or community development projects ***where at least 50% of women reached by these projects are measurably among the extreme poor.*** In addition, we specifically recommend that the IDA 20 proposed policy commitment be refined to reflect support for the expansion of adaptive social protection and building resilience to shocks intentionally prioritize reaching those deeper in poverty to more fully accelerate upward social and economic mobility → (potential revisions to policy commitment in ***bolded italics***) “ To ensure inclusive and effective response against shocks and crises, support at least 20 IDA countries’ resilience by building adaptive social protection systems, including the use of digital technologies ***starting with intentionally reaching those living in extreme poverty, especially women.***”

## 2) Increased scale and flexibility of IDA resources through various “Windows”:

- a) The Crisis Response Window (CRW) saw significant demand during IDA 19 and increasing access to these resources will be key to the success of IDA 20 across an array of issues, including effective ongoing COVID response capacity. IDA’s Private Sector Window (PSW), established in the IDA18 replenishment, was intended to “catalyze private sector investment in IDA-only countries, with a focus on fragile and conflict-affected states.” However, a number of assessments of the PSW have shown little evidence of development impact – including World Bank’s own [PSW mid-term review](#) and the 2021 [assessment](#) by the World Bank’s Independent Evaluation Group. Closing the PSW in IDA20 and redirecting resources to the CRW could expand resources for vaccines and to help build long term public health, education or social protection systems. We therefore call for ***an increase in the size of the Crisis Response Window*** given the continued significant demand from countries. In addition, ***we recommend that IDA’s Private Sector Window (PSW) wind down in IDA 20 and that those resources be redirected to the CRW.***

- b) Within the Crisis Response Window, we call for (a) **increased Early Response Financing**, (b) **ensuring countries address acute malnutrition in their crisis preparedness and response plans**, including: immediate life-saving interventions for children who are wasted and/or ill; pre-stocking of supplies; surge support; and scale-up of existing development programs that prioritize maternal, infant, and young child nutrition interventions; (c) **revising the triggering criteria** for food security crises in the CRW to be more sensitive to earlier signs of a potential crisis and clearly reflect malnutrition.
  - c) Additionally, robust monitoring and accountability mechanisms as well as the support of civil society at national and international levels will be central to deliver on IDA 20 commitments. The Bank already recognizes that one of the best ways to ensure accountable delivery is to ensure that beneficiary communities can exercise agency and democratic control over project design, monitoring and implementation. **We recommend that a CSO Window be established that would set aside at least 1% of IDA to ensure that sufficient resources exist to provide civil society and affected communities with a stronger support system to advance transparency, accountability, and participation of citizens around the world.**
- 3) **Improved tracking and measurement of IDA Resources and Commitments in the IDA Results Measurement System (RMS):**
- a) Ensuring that priority areas under human capital, particularly nutrition and ECD, have specific indicators within the RMS that measure delivery on those commitments will be critical to delivering on IDA 20. The current RMS already includes a Tier 1 indicator for under-five stunting rates and a Tier 2 indicator for women and children who have received basic nutrition services, and we support their continued inclusion for IDA20. In addition, **we recommend adding wasting (“prevalence of wasting in infants”) as a Tier 1 IDA indicator** alongside “prevalence of stunting among children <5” to capture impacts of acute malnutrition (which stunting does not reflect). This would ensure consistency with the Sustainable Development Goals (SDGs) and World Health Assembly (WHA) global nutrition targets.
  - b) The Mid-Term Review of IDA is essential to assessing progress and giving an early warning of a requirement for course correction. It will be more important than ever to ensure that the MTR is published on time and tracks impact of IDA investments on human capital. **We recommend that each year, and at the time of the Mid-Term review, the WB publish the amount of funding allocated to each human capital sector and the number of development policy operations with a significant human capital focus.**
- 4) Finally, as civil society advocates working with partners across IDA countries and globally, we urge that **IDA Deputies prioritize ensuring countries’ use of IDA**

**financing and progress on targets is tracked and made transparently available, to support civil society oversight and accountability.**

As you prepare for the IDA 20 discussions this month, we urge you to include these critical recommendations as a means of ensuring that IDA is even more effectively able to deliver on human capital priorities, reduce inequity, and drive much-needed progress on the SDGs.

We welcome the opportunity to discuss the importance of these recommendations with you and would request that you raise these critical issues with other IDA colleagues and Bank leadership.

Thank you for your leadership and consideration.

ACTION Global Health Advocacy Partnership

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