

Multilateral Development Banks & COVID-19

By: Nadeen Madkour | Policy Analyst

The views expressed in this presentation are the views of the author/s and do not necessarily reflect the views or policies of the Asian Development Bank, or its Board of Governors, or the governments they represent. ADB does not guarantee the accuracy of the data included in this presentation and accepts no responsibility for any consequence of their use. The countries listed in this presentation do not imply any view on ADB's part as to sovereignty or independent status or necessarily conform to ADB's terminology.





Background

The COVID-19 pandemic has exposed critical gaps in the public health systems, particularly in countries which lack free quality healthcare for all.

Since the 1980s, the World Bank's role in healthcare has focused on promoting private health care provision.

The World Bank, the largest multilateral development bank, have set the stage in March 2020 by announcing \$6bn in initial health funding (part of \$160bn in broader pandemic financing)

In April, the Bank's Board of Directors approved a COVID-19 Strategic Preparedness and Response Program (SPRP) also known as the Fast-Track Facility.





Our Research

- Review of the SPRP showed that the World Bank's response to COVID-19 has missed vital opportunities to strengthen public health systems & deliver health for all (this has been mirrored in the ADB's response to COVID-19)
- WB's COVID-19 response has been strong in disease prevention – including testing, PPE and training for health care workers.
- However, widespread prevention measures have been limited to support actions in health facilities, with just two out of 71 projects assessments aimed at the wider community.
- **Only 8 out of 71 WB COVID assistance included plans to remove financial barriers – health user fees and out of pocket health expenditure.**



Problems with the current approach

- Multilateral Banks such as the World Bank have used their policy lending facilities to disseminate austere restructuring measures of privatization and financialization onto their developing member countries.
- This withering role of the state was replaced with the market as the solution & Public-Private-Partnerships were the go-to approach towards its SDG commitment to Universal Health Coverage (UHC).
- **The result is that many countries in the South have a large private health sector with little oversight over how much capacity these system have – no semblance or a cohesive health system nor pandemic responsiveness.**

ARE PRIVATE ACTORS SERVING PUBLIC INTEREST?

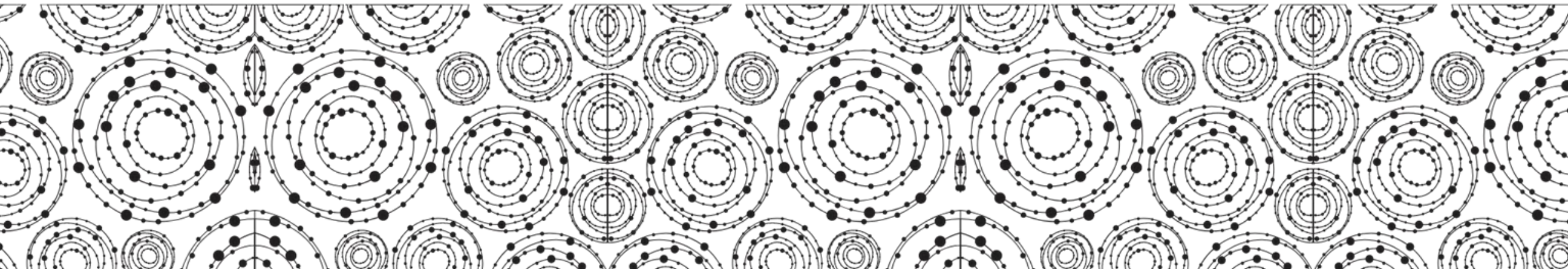
- Private sector can play an essential role in tackling health crises, especially when they have the lion's share of development funding and trained personnel.
- However, in our research we found that the engagement of the private sector in health provision **goes beyond what was agreed on;**
- Given the well-evidenced risk of engaging private health actors, a review of project documents show **no clarity or level of detail on planned support from MDBs** – allows no room for accountability and scrutiny;
- There is also **no stipulation of safeguards** to ensure that private sector are kept accountable and in public interest – *undermines the public health system strengthening commitment made by MDBs.*





Time for an urgent redirection

- The overarching goal of development is to alleviate and reduce the disproportionate levels of, poverty & yet *the current model of healthcare is not pro-poor; it is pro-profit.*
- Achieving equitable healthcare for all in low- and middle-income countries relies on investment in strong and accountable **universal public health systems.**
- Women and girls are disproportionately affected by health crises such COVID-19 pandemic.
- Women make up the overwhelming number of low-paid and un-paid frontline workers in developing countries.
- Overwhelming amount of research show the supersession of the public system in health provision especially in handling health crises such as COVID-19 – is this an ideological war?



EVIDENCE FROM THE GROUND



ALJAZEERA

News ▾ Coronavirus Features Economy Opinion

BREAKING

COVID-19-related deaths also jump by a record 2,104 fatalities

News | Coronavirus pandemic

Bangladesh coronavirus patients shun government hospitals

Thousands of beds for coronavirus patients lie empty, even as cases rise in the country.



ALJAZEERA

News ▾ Coronavirus Features Economy Opinion

News | Coronavirus pandemic

Indonesia: Doctors reject patients as COVID cases top one million

Medical professionals warn hospitals overwhelmed amid lack of ICU beds and shortage of healthcare workers.

Over 300 COVID-19 patients wait days for admission in Metro Manila hospitals

APR 12, 2021 7:25 PM PHT

SOFIA TOMACRUZ

'No Place For You': Indian Hospitals Buckle Amid Virus Surge

Amid a ferocious second wave of COVID-19, India's hospitals are overrun.

By [Aniruddha Ghosal and Neha Mehrotra](#)

April 21, 2021





Recommendations – The World Bank & ADB should:

End user-fees and direct payments for all essential health care in line with WHO Guidance and provide financial support with clear and transparent safeguards stipulations to countries to achieve this.

Introduce minimum standards and safeguards for any financial support provided to the private health care sector including that contracts are transparent and open to public scrutiny; and that quality standards and patient rights are upheld and can be enforced.

Ensure full inclusion of civil society and healthcare unions stakeholders at the local and national level in the design and implementation of healthcare projects, including women's rights organizations and those representing disadvantaged or vulnerable groups. This included providing accessible, timely information about projects that is understandable to communities.

Ensure that health sector support is pro-poor and adjusted for the wider rural-urban divide.

