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*Advancing  
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**Media Contact:**

Jodi Jacobson, +1 (301) 257-7897  
jjacobson@genderhealth.org

Serra Sippel, +1 (301) 768-7162  
ssippel@genderhealth.org

**PRESS RELEASE**

**U.S. Group Sees Partial Victory in new World Bank Health, Nutrition Population Strategy;  
Applauds Efforts by World Bank Executive Board to Reaffirm Commitments to Sexual and Reproductive Health and Rights**

*Final document released after Wolfowitz appointee tampers with Bank policy on sexual and reproductive health*

(Takoma Park, MD)-The World Bank's 10-year Health, Nutrition and Population Strategy, approved Monday by the Bank's Executive Board, represents an important but partial victory over attempts by an ultra-conservative Wolfowitz appointee to eliminate references to reproductive and sexual health from the strategy document, said the Center for Health and Gender Equity (CHANGE).

"This is a victory for women throughout the world. An appointee obviously working in line with the ultra-conservative forces in the U.S. and abroad tried to impose his own fundamentalist religious agenda on women worldwide. As a result of concerted action by civil society, and leadership by both Executive Directors of the Bank and committed staff inside the Bank, this effort failed," stated Jodi Jacobson, executive director of the Center for Health and Gender Equity (CHANGE).

Women's health and rights groups throughout the world were joined by a diverse array of civil society actors such as the International Planned Parenthood Federation, The Bretton Woods Project, CARE International UK and Action Aid in protesting the initial draft strategy, which did not acknowledge women's sexual health and rights and included no references to family planning services. The draft appeared to have been "censored" by Mr. Juan José Daboub, an appointee of Paul Wolfowitz. Daboub, who is from El Salvador, is a member of the right-wing Catholic sect-like group Opus Dei, and a strong supporter of the anti-family planning and reproductive health policies of the Bush administration. In a separate incident, Mr. Daboub sought to remove all references to family planning from the country assistance strategy for Madagascar despite a strong request by the Madagascar government to include these services as a core component of Bank support for its health sector.

The majority of women in many countries still lack access to basic sexual and reproductive health services and information, safe labor and delivery services, emergency obstetric care, and essential drugs and contraceptive

supplies. Complications of labor and delivery and of unsafe abortion, HIV and other sexually transmitted infections, and conditions such as vesico-vaginal fistula remain the leading causes of death and illness among women ages 15 to 49 worldwide. "Lack of access to basic sexual and reproductive health services is a major reason that we have seen little progress in reducing maternal deaths worldwide. These problems also have exacerbated women's vulnerability to HIV infections," stated Serra Sippel, Deputy Director of CHANGE. Women now represent two-thirds of those infected with HIV in sub-Saharan Africa. "It is critical that a multilateral organization such as the Bank promote public health and human rights, not ideology," she stated.

Advocates were aided in their efforts by strong leadership among the Executive Directors of the Bank from throughout the world, including a strong contingent from Europe. The EDs rejected both the first and the second drafts, which represented a step backward from longstanding Bank policy supporting sexual and reproductive health and rights. A large contingent of World Bank employees, with assurances of anonymity, also strongly supported advocacy efforts. Despite civil society pressure, the United States Executive Director E. Whitney Debevoise attempted several times to weaken language on women's health and rights throughout the process, but was rebuffed by EDs from Europe.

"The final draft is a dramatic improvement over the first version," stated Jacobson, "but it still contains some weaknesses." For example, Jacobson noted, the final version states support for reproductive and sexual health and rights and affirms the Programme of Action of the International Conference on Population and Development, signed in 1994 by more than 180 nations, which are important gains. "But the narrative portions of the document focus largely on demographic trends and fertility rates and do not offer either detailed analysis of the causes and consequences of poor reproductive and sexual health nor outline specific solutions and approaches," she said.

"Moreover, the document fails to explicitly underscore the need to ensure that all women have access to safe abortion services and fails to acknowledge the contributions of gender-based violence in the spread of HIV, in the persistence of high rates of undesired pregnancies, and in undermining women's ability to make real choices about sex and reproduction--and even marriage," Jacobson concluded.

"We pushed as hard as we could for Bank commitments given the circumstances," noted Sippel. "The challenge now is to monitor application of Bank agreements at the country and regional level and ensure that efforts to address sexual and reproductive morbidity and mortality and promote women's fundamental human rights are at the core of each country strategy. This is the next phase of work toward which we all must turn."

*The Center for Health and Gender Equity (CHANGE) is a US-based non-governmental organization focused on the effects of US international policies on the health and rights of women, girls and other vulnerable populations in Africa, Asia, and Latin America.*

Center for Health and Gender Equity (CHANGE)  
6930 Carroll Avenue, Suite 910, Takoma Park, MD 20912, USA  
Tel: 1.301.270.1182, Fax: 1.301.270.2052

[www.genderhealth.org](http://www.genderhealth.org)  
[www.pepfarwatch.org](http://www.pepfarwatch.org)  
[www.preventionnow.net](http://www.preventionnow.net)

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