



# The Organized Hypocrisy of Development Funding: Maternal mortality changes in sub-Saharan Africa

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Sub-Saharan Africa has the highest levels of maternal mortality in the world with 625 maternal deaths per 100,000 live births each year (United Nations 2015). The implications of such high maternal mortality cannot be overstated. In Sub-Saharan Africa, they include the increased likelihood of food insecurity, declines in child health and survival, and reduced probabilities of (especially female) child schooling. While several economic and demographic factors are known to influence maternal mortality, little attention has been paid to the role that organizations play in the process.

In Sommer et al (2019), we apply the theory of Organized Hypocrisy to the African Development Bank and ask how it might affect maternal mortality rates. Brunson's (1989) theory of organized hypocrisy helps to explain why institutions pursue contradictory agendas or display a gap between their "talk" and their "actions." Problems emerge when an organization faces external pressure to implement policies that are in conflict with its mission or ongoing efforts. Toward this end, an organization often implements reforms to appease outside influences, such as donors, which can result in the organization having conflicting agendas.

Like many other organizations, the African Development Bank (AfDB) depends on its external environment for financial support and legitimacy (Weaver 2008). We argue that this process or organized hypocrisy is at work at the AfDB, manifests itself in its lending, and has implications for maternal mortality within Sub-Saharan African nations. On the one hand, the AfDB pursues a "finance ministry agenda," that represents the interests of companies. This involves providing Sub-Saharan Africa with structural adjustment loans or loans that require indebted nations to undertake certain macro-economic policy reforms in return for the money. These reforms may require cuts to public health spending and implement user fees, which we hypothesize are related to increased maternal mortality (Babb 2009). At the same time, the AfDB aims to improve the health and well-being of citizens in Sub-Saharan Africa and is encouraged by non-governmental organizations, United Nations agencies, and social movements to pursue a "civil society" agenda that stresses human development. Following this agenda, the AfDB thus also funds reproductive health projects that should reduce maternal mortality. These include maternity-ward construction, obstetrics training, family planning campaigns, and drug and equipment purchases.

In the end, we find that AfDB structural adjustment in the health sector is related to increased maternal mortality using two-way fixed effects regression for 33 Sub-Saharan African nations

Institutions often practice a form of 'Organized Hypocrisy' when they face pressures to pursue conflicting agendas. In this example, the African Development Bank potentially lowers as well as raises the risks of maternal mortality through supporting reproductive health programs at the same time as it gives out structural adjustment loans.

from 1990 to 2010. We also find that AfDB reproductive health lending is related to decreased maternal mortality. Our findings suggest that there is a larger beneficial effect of reproductive health lending compared to the harmful effects of structural adjustment. The net effect may be that the AfDB is helping to reduce maternal mortality in Sub-Saharan Africa. However, these gains are being eroded by structural adjustment continent aid. Our findings suggest that the AfDB is therefore a case of an institution that pursues contradictory agendas to stay in operation, and that these agendas have differential impacts on the health of Sub-Saharan African mothers.

In terms of policies, the AfDB should increase its reproductive health investments. Nevertheless, increasing reproductive health investments does not address the fundamental causes of high rates of maternal mortality from structural adjustment. If the AfDB continues to provide nations with such loans, then it is undermining its own efforts to reduce maternal mortality via its reproductive health investment loans. Thus, it appears that the AfDB reproductive health lending is serving more of a political purpose—to appease one section of its funders.

We call on health NGOs and social movements to lobby AfDB officials to cease structural adjustment loans. In particular, the focus must be on pressuring funders to focus their interests on health outcomes rather than economic development. There should also be a focus on grants to help nations improve women's reproductive health and keep nations from going more into debt, which is why nations end up with an adjustment loan. Because the AfDB receives a large portion of its funding from the United States, lawmakers there could be persuaded to bring about change if African member nations appear unwilling (Babb 2009).

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