GenderAction

GenderEquality Women'sRights

Mapping Multilateral Development Banks' Reproductive Health and HIV/AIDS Spending

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Population Action INTERNATIONAL

Note to the Reader:
This updated version includes inadvertently omitted projects funded by the Inter-American Development Bank (IDB). We are grateful to Gabriela Vega, Chief of the IDB's Gender Equality in Development Unit, for bringing this oversight to our attention.

We have also taken this opportunity to update the funding data to reflect projects that appeared on the World Bank's and Asian Development Bank's websites since the first version. Projects that are new in this edition are italicized in Annexes 2 and 5. We have also made other minor improvements throughout.

We are grateful to Nicole Belanger, Gender Action intern, for assisting in these revisions.

About Gender Action
Gender Action was established in 2002. It is the only organization dedicated to promoting gender equality and women's rights in all International Financial Institution (IFI) investments such as those of the World Bank — the largest public source of development financing in the world.

Gender Action's goal is to ensure that women and men equally participate in and benefit from all IFI investments.

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List of Acronyms

ADB	Asian Development Bank
ADMARC	Agricultural Marketing Board
AfDB	African Development Bank
AIDS	Acquired Immunodeficiency Syndrome
APL	Adaptable Program Loan
DPL	Development Policy Loan
DSA	Debt Sustainability Analysis
EBRD	European Bank for Reconstruction and Development
EIB	European Investment Bank
ERL	Emergency Recovery Loan
FSS	Draft Food Security Strategy (Eritrea)
H/A	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
HNP	Health, Nutrition and Population
ICPD	United Nations International Conference on Population and Development
IDB	Inter-American Development Bank
IFC	International Finance Corporation
IMF	International Monetary Fund
IPR	Intellectual Property Right
I-PRSP	Interim Poverty Reduction Strategy Paper
IsDB	Islamic Development Bank
MAP	Multi-Country AIDS Program
MDB	Multilateral Development Bank
MDG	Millennium Development Goal
MPRSP	Malawi Poverty Reduction Strategy
NPRAP	National Poverty Reduction Action Programme (Namibia)
PARPA	Action Plan for the Reduction of Absolute Poverty 2001-2005 (Mozambique)
PARPA II	Plan for the Reduction of Absolute Poverty, 2006-2009 (Mozambique)
PLWA	People Living with HIV/AIDS
PRSP	Poverty Reduction Strategy Paper
RCH	Reproductive and Child Health
RH	Reproductive Health
RRP	Report and Recommendations to the President
SAD	Sector Adjustment Loan
SAL	Structural Adjustment Loan
SIL	Specific Investment Loan
SIM	Sector Investment and Maintenance Loan
SPIP	State Program Implementation Plan (India)
STI	Sexually Transmitted Infection
TAL	Technical Assistance Loan
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
WTO	World Trade Organization

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Foreword

Ensuring that the World Bank and other Multilateral Development Banks (MDBs) keep their promises to combat HIV/AIDS and support reproductive health is essential for achieving their important poverty reduction and Millennium Development Goal (MDG) commitments. Gender Action launched this project to hold the MDBs accountable on these promises. We do so in this report by assessing the quantity and quality of World Bank, African Development Bank (AfDB), Asian Development Bank (ADB) and Inter-American Development Bank (IDB) spending on reproductive health and HIV/AIDS. Together these four MDBs collectively disburse US$40 billion annually in "development aid". Our report asks what proportion of MDB aid supports combating HIV/AIDs and providing reproductive health services. It explores to what extent the MDBs are following up on their repeated commitments to achieve the MDGs through spending on reproductive health and HIV/AIDS. Our findings indicate that only a tiny fraction of total MDB spending addresses reproductive health and HIV/AIDS. Most MDB investments in reproductive health and HIV/AIDS lack gender sensitivity although the majority of HIV cases worldwide are sexually transmitted.

After examining the quality and quantity of MDB spending on combating HIV/AIDs and supporting reproductive health programs, this report juxtaposes these data to MDB and International Monetary Fund (IMF) policies which impede poor countries from achieving the MDGs. It is important to discuss IMF policies that squeeze poor countries' investments in reproductive health and HIV/AIDS because of the IMF's gatekeeper role in granting poor countries access or not to MDB funds.

This project was supported by Population Action International (PAI). Suzanne Ehlers of PAI inspired this report: When Suzanne related that PAI hosted a late 2005 workshop on strategies to advance World Bank support for sexual and reproductive health, I asked if the workshop discussed how much the Bank spends on these issues. We realized that nobody knew the answer because the data are elusive. One reason is that not only do MDBs support freestanding sexual and reproductive health projects but they also finance components addressing these issues in other sectoral projects, usually without disaggregating the components' price tags. Another serious data hurdle is lack of MDB transparency on amounts they spend by category. As a result, this report sometimes had to rely on estimates.

Our limited budget confined this project to a first-stage desk-study but we developed a list of next steps to move the agenda forward. Gender Action hopes follow up will include deepening the quantitative and qualitative data analysis and undertaking an advocacy campaign. Advocacy would focus on increasing the quantity and improving the quality of MDB spending on reproductive health and HIV/AIDS, and pressuring MDBs and the IMF to eliminate their harmful loan conditions that impede poor countries from achieving the MDGs related to ending HIV/AIDS, improving reproductive health, and achieving gender equality.

We hope that this report's data, analysis and proposed follow up measures will make a difference in improving MDB contributions to achieving the MDGs and will improve the health and livelihoods of poor people.

Elaine Zuckerman
President
Gender Action
June 2007

Executive Summary

This is the first report testing Multilateral Development Bank (MDB) commitment to promote reproductive health, prevent HIV and treat AIDS. It analyses the quantity and quality of MDB funding for these sectors during 2003-2006 and highlights how MDB and International Monetary Fund (IMF) policies undermine achieving the Millennium Development Goals (MDGs) reproductive health and HIV/AIDS targets. Although limited resources confined this report to a short timeframe, it provides a strong basis for critical deeper analysis and advocacy.

Despite firm commitments by all MDBs to achieving MDG reproductive health and HIV/AIDS targets, we identified a recent decline in World Bank spending and dearth of other MDB support for reproductive health and HIV/AIDS. The World Bank was the largest MDB funder addressing these two challenges; from 2003-2006 the World Bank approved $7.2 billion for reproductive health and HIV/AIDS projects and components. World Bank funding amounts declined from $2.3 billion for projects and components in both sectors in 2003 to $2.1 billion for the same in 2006. World Bank funding for HIV/AIDS projects and components dropped from $1.3 billion in 2004 to $790 million in 2006. The African Development Bank (AfDB) was the second largest MDB funder, but, despite the devastating HIV/AIDS pandemic affecting many African countries, the AfDB provided merely $44 million for HIV/AIDS projects and components from 2003-2006 compared to $108 million for reproductive health over the same period. The Inter-American Development Bank (IDB) provided $76 million in loans and grants for reproductive health and HIV/AIDS between 2003 and 2006. Asian Development Bank (ADB) investments in reproductive health and HIV/AIDS from 2003 to 2006 total $48 million and concentrate mostly on grants for HIV and AIDS. These investments averaged less than one percent of spending at the AfDB, ADB and IDB, and less than six percent at the World Bank from 2003 to 2006. As we explain further below, this Word Bank data is highly inflated.

We reviewed a sample of MDB reproductive health and HIV/AIDS projects to assess their quality, especially their gender sensitivity. Overall, the quality of these investments was disappointing with only a handful of projects addressing gender issues despite the critical importance of gender roles in reproductive health and HIV/AIDS. Although many projects acknowledged the plight of women or discussed gender inequality, they failed to follow through with mitigating actions. Most projects focused solely on women, overlooking men's involvement in reproductive health and rights and HIV/AIDS prevention and treatment. Furthermore, most MDB population projects focus primarily on maternal health and lack attention to reproductive and sexual health and rights. Compounding lack of gender sensitivity in MDB projects is their unsustainability caused by endemic MDB project shortcomings including short-term project duration and lack of funding for recurrent expenditures such as salaries for doctors and nurses.

MDB and IMF policies and practices also undermine meeting their MDG reproductive health and HIV/AIDS commitments. World Bank and IMF policy-based loans cut government funding for reproductive health and HIV/AIDS programs. Health sector privatization and user fees make reproductive health and HIV/AIDS services unaffordable to the poor. IMF imposed caps on public sector wages limit the number of doctors and nurses in a country. MDB and IMF promotion of intellectual property rights increase the price of essential medical supplies and drugs. Recently, conservatives have been using the World Bank to impose their anti-family planning ideology on the global South. Finally, lack of transparency of MDB and IMF data limits citizens' ability to monitor their investments in reproductive health and HIV/AIDS.

We close by suggesting deeper research and extensive advocacy to overcome the foregoing impediments to deploying the world's largest development assistance programs toward improving reproductive health, ending HIV/AIDS and achieving these and other MDGs.

Introduction

Women constitute nearly half of the 40 million people living with HIV worldwide (UNFPA et al. 2004:iv). In sub-Saharan Africa, 57 percent of adults with HIV are women, and in Africa as a whole 74% of young people with HIV are women (UNFPA et al. 2004:iv; Hargreaves & Boler 2006). Shortages in reproductive and sexual health care account for nearly 20 percent of the illness and premature death worldwide, and one third of the illness and death among women of reproductive age (Singh et al. quoted in UNFPA 2004). Most of the women who die are very poor.

Poor sexual and reproductive health and HIV/AIDS are intimately related. Both are driven by the same root causes including poverty, class and gender inequality, violence and the social marginalization of women and girls. Services for both face the same challenges—shortages of trained staff, essential supplies and equipment, adequate facilities, and management skills. And both face similar obstacles in dealing with sensitive or taboo subjects (UNFPA No date A, B). Violence, poverty, inequality and lack of basic rights all need to be addressed to increase women's and girls' access to quality reproductive health and tackle HIV/AIDS (Women Won't Wait Campaign 2007). Addressing gender issues including men's gender issues is an integral part of this process.

To achieve their commitments to attain the Millennium Development Goals (MDGs), Multilateral Development Banks (MDBs) must address the nexus of poverty, reproductive health and HIV and AIDS. Therefore, this report asks: What are the largest multilateral 'development institutions' collectively owned and controlled by governments—including the Asian Development Bank (ADB), African Development Bank (AfDB), Inter-American Development Bank (IDB), the International Monetary Fund (IMF), the European Bank for Reconstruction and Development (EBRD), the European Investment Bank (EIB) and the World Bank and its private sector lending arm, the International Finance Corporation (IFC), which collectively spend over a hundred billion dollars each year in "development aid"—doing to improve the status of reproductive and sexual health and rights; prevent and treat HIV and AIDS; and impede progress in these areas?

Scanning the health, reproductive health, and HIV/AIDS policies and investments of the MDBs and the IMF, we found only four MDBs address reproductive health and HIV/AIDS to any extent.[1] Among MDBs the World Bank invests most in reproductive health and HIV/AIDS, although this funding is decreasing. Average World Bank expenditures on reproductive health and HIV/AIDS projects and components constituted less than six percent of total spending annually from 2003 to 2006, and we estimate the actual figure is much lower. We are likely to have bloated World Bank expenditures on reproductive health and HIV/AIDS since Bank data do not disaggregate spending by components. The ADB, AfDB and IDB support considerably fewer reproductive health and HIV/AIDS projects than does the World Bank. During 2003 to 2006 average spending on reproductive health and HIV/AIDS at the AfDB, ADB and IDB was less than one percent of total spending.

[1] For comprehensiveness, in this report we categorize the EIB as a development bank despite the fact that it is an investment bank lacking a development mandate.

We also found that different MDBs have differing styles of investment. During 2003-2006, the majority of reproductive health and HIV/AIDS projects funded by the IDB and ADB were dedicated projects funded through technical assistance grants. In contrast, since World Bank and AfDB investments in reproductive health and HIV/AIDS are often components of larger projects, tracking their exact investments in reproductive health and HIV/AIDS is a formidable challenge. These two banks mostly provide loans with a relatively small proportion of grants. Individual MDBs also have different emphases on reproductive health and HIV/AIDS. The ADB focuses nearly entirely on HIV/AIDS projects. Reproductive health projects and components dominate the portfolios of the World Bank and AfDB.[2] The AfDB provides very little funding for HIV/AIDS projects and components despite the HIV/AIDS crisis afflicting many African countries. While most of IDB projects are dedicated technical assistance grants, a few large health loans with reproductive health components compose the bulk of IDB spending on reproductive health and HIV/AIDS.

Our qualitative analysis revealed a wide range of gender sensitivity within MDB projects, but the majority of projects fail to integrate gender issues. Many projects describe the plight of women or discuss gender inequality, but fail to identify mitigating actions.

Section 1 begins by mapping all MDB and IMF commitments in reproductive health and HIV/AIDS. In Section 1 we also look at a sample of Poverty Reduction Strategy Papers (PRSPs) to see how World Bank and IMF-driven country strategies incorporate reproductive health and HIV/AIDS concerns. Section 2 tracks MDB funding for reproductive health and HIV/AIDS from 2003-2006. Section 3 is an in-depth analysis of four projects from each MDB. Sections 2 and 3 highlight the main findings of analysis in the annexes. Those who want to see our deeper underlying analysis should reference the annexes. Section 4 examines MDB and IMF practices that undermine reproductive health rights and preventing and treating HIV/AIDS. Section 5 offers concluding thoughts and Section 6 explores next steps.

1. Commitments

As a prelude to assessing the quantity and quality of MDB funding for reproductive health and HIV/AIDS—the main focus of this report—this section examines MDB commitments to these issues.

MDB commitments in all sectors are embodied in their policies, strategies and action plans. Out of eight MDBs and the IMF, only four MDBs—the ADB, AfDB, IDB, and World Bank—have committed to work to improve reproductive health services and/or treat and prevent HIV/AIDS (see Table 1, below, and Annex 1). The EBRD and IMF, and Islamic Development Bank do not have health sector strategies. The IFC and the EIB have health sector strategies which do not address reproductive health or HIV/AIDS. All MDB strategies related to population emphasize demographic issues such as fertility over reproductive and sexual health and rights. [3]

[2] Throughout this report we use 'projects and components' to refer to dedicated projects that seek to address reproductive health and/or HIV/AIDS, and relevant components within larger projects. Funding am ounts are based on the total MDB commitment. Gender Action hopes to analyze relevant component amounts in the future.

[3] In the health sector, the term 'population' generally refers to two areas: (1) reproductive, maternal, and sexual health; and (2) demographic trends such as levels of births, deaths, and migration (World Bank 2007:64). In this analysis we focus on the former over the latter. However, World Bank funding amounts necessarily include population activities because the Bank does not disaggregate population and reproductive health.

The Millennium Development Goals are also a framework to which all donors—including the MDBs and the IMF—commit. The MDGs include goals relevant to this report: Goal 5: Improve maternal health, which is related to reproductive health; and Goal 6: Combat HIV-AIDS-Malaria and other diseases.

This section focuses on MDB commitments to reproductive health and HIV/AIDS in their policies, strategies and action plans. Table 1 provides a summary of these commitments (see page 6).

Asian Development Bank

The ADB has a health sector policy that incorporates reproductive health and HIV/AIDS issues, as well as a separate Population Policy and an HIV/AIDS strategy. The ADB's Population Policy outlines a three pronged strategy for fertility decline: (1) Enhanced educational, economic, and social status of women in the development process; (2) Protection of women's reproductive rights and health, and; (3) Equitable access to family planning services (ADB 1994:ii). The Bank intends to achieve these goals through: (a) Population sector reviews in country strategies and programming (Ibid:iv); (b) Sector work and human resource development to reduce high levels of fertility and mortality (Ibid:iv); (c) Funding for projects with high levels of local financing and recurrent expenditures, and low levels of cost recovery with an emphasis on "first generation" projects where there is little or no infrastructure in place (Ibid:41); and (d) Collaboration with the UN Population Fund, the World Bank, bilateral donors, and NGOs in the population sector (Ibid:v). The Population Policy mentions cost-recovery measures, which could limit poor women and men from access to health services.

The ADB's Strategy for HIV/AIDS commits the Bank to ensure that an effective response to HIV/AIDS is in place at the regional and country levels through leadership support, capacity building, and targeted programs (ADB 2005B:26). The ADB commits to integrate gender in these three priority actions (ADB 2005B:29).

African Development Bank

The AfDB has a very enlightened Policy on Population which promises to adopt actions in the following areas: (1) Population policy formulation and implementation; (2) Access to reproductive health services and rights; (3) Integrated population activities providing social, economic and political empowerment; (4) Management of migration, urbanization and environmental issues; (5) Youth empowerment, and; (5) Research and capacity building (AfDB 2002:40-42). The AfDB also has a heath sector policy, guideline, and an HIV/AIDS strategy, none of which are available on their website. The AfDB's failure to systematically disclose its policies undermines its legitimacy and the ability for civil society to hold it accountable.

Inter-American Development Bank

The IDB has a Public Health Policy which discusses reproductive health but fails to address HIV/AIDS (IDB No date A). The IDB also has a Population Policy which focuses heavily on the demographic population issues. The policy pledges to fund maternal and family planning, but says "the type and range of (population) activities depend on a country's general acceptance of maternal and child welfare programs." It never mentions the word 'reproductive' (IDB No date B). The policy emphasizes that given movements between bordering countries population must be considered as one of the major factors in the process of regional integration. This serves the IDB's regional integration goal.

World Bank

The World Bank has the most HIV/AIDS and reproductive health strategies of any MDB. The Bank has regional strategies, but this analysis will focus only on the global strategies.[4]

In April 2007 leaked versions of the World Bank's draft Strategy for Health, Nutrition, and Population (HNP Strategy) threatened to effectively eliminate all commitments to reproductive health and family planning (Sippel 2007). United States government political appointees within the World Bank tried to align the Bank's strategy with their conservative ideology (Sippel 2007).[5] A coordinated emergency response from civil society led key members of the World Bank's Executive Directors to reject the draft and restore commitment to family planning.[6] The approved strategy, however, restored discussion of reproductive health in an isolated section toward the end of the strategy. It avoided mentioning reproductive health in the Executive Summary, Introduction and most of the text despite the Bank's gender strategy commitment to mainstream it into all Bank health activities. The HNP Strategy included an 'Implications' subsection clarifying the Bank's role in population and HIV/AIDS and reiterating the Bank's commitment to the Program of Action of the United Nations International Conference on Population and Development (ICPD, or Cairo Consensus) (World Bank 2007A:64-70). However, the new HNP Strategy took a retrograde permissive position on user fees for public health services for the poor, reversing the Bank's previous position to eliminate them to achieve its poverty reduction mission.

In the HNP Strategy the Bank commits to focus its contributions in countries with high unmet needs in sexual and reproductive health upon country demand in the following areas: (1) Assessing multisectoral constraints to reducing fertility, determining impacts of population changes on health systems and other sectors, and assisting countries in strengthening population policies; (2) Providing financial support and policy advice for comprehensive sexual and reproductive health services, including family planning, and maternal and newborn health; (3) Generating demand for reproductive health information and services, including improving girls' education and women's economic opportunities, and reducing gender disparities; (4) Raising the economic and poverty dimensions of high fertility in strategic documents that inform policy dialogue (including in PRSPs) (World Bank 2007A:67).

In HIV/AIDS, the Bank HNP Strategy pledges to work to improve efficiency and expand supply capacity through infrastructure investments (World Bank 2007A:69). The Bank commits to financing the following (upon government request): (1) Leveraging global partner funding and/or providing increased and predictable long-term financing for the health sector and HIV/AIDS; (2) Creating fiscal space and reducing distortions to help countries enhance capacity to absorb and reduce the adverse effects of fiscal shocks and create fiscal space for health interventions, including prevention and treatment; (3) Enhancing financial and democratic accountability; and (4) Testing new types of financing (World Bank 2007A:69-70). While the World Bank was previously a lead financier in the fight against HIV/AIDS, Bank financing is being replaced by private foundations and large global funds.

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[4] The World Bank has regional HIV/AIDS strategies in South Asia, Middle East and North Africa, East Asia and the Pacific, Eastern Europe and Central Asia, and Africa. The World Bank's two health sector strategies in East Asia and the Pacific and Europe and Central Asia are only available for a $22 fee. All World Bank documents should be free and published on the Bank's website so affected citizens and advocates can access them.

[5] See Section 4 of this report for more on harmful ideological practices at the World Bank.

[6] See the Call to Fix the World Bank's draft Health, Nutrition and Population Strategy on Gender Action's sign-on letters page at http://www.genderaction.org/signon.html.

The World Bank's Global HIV/AIDS Program of Action aims to strengthen the Bank's response to HIV/AIDS at the country, regional, and global levels through lending, grants, analysis, technical support and policy dialogue (World Bank 2005E). The five action areas are: (1) Supporting national HIV/AIDS strategies; (2) Funding for national and regional HIV/AIDS programs; (3) Accelerating implementation of actions; (4) Strengthening country monitoring and evaluation systems, and; (5) Generating knowledge-sharing and impact evaluation (World Bank 2005E).

PRSPs and Country Strategies

Besides presenting individual MDB commitments to reproductive health and HIV/AIDS, we also explore the extent to which a few Poverty Reduction Strategy Papers (PRSPs) address reproductive health and HIV/AIDS imperatives. PRSPs are donor-driven country development strategies that must be approved by the World Bank and IMF Boards and are a prerequisite for accessing almost all "donor" loans, grants and debt relief. PRSPs are a vehicle through which countries internalize reforms pushed by the IMF and World Bank (Rowden and Irama 2004). Since all PRSP countries have serious reproductive health and HIV/AIDS needs, PRSPs must prioritize reproductive health and HIV/AIDS issues to achieve their poverty reduction goals.

This HIV/AIDS and reproductive health PRSP assessment emanates from Gender Action's gender analysis of PRSPs completed between 2001 and 2005. Some of the documents analyzed here have been superseded by more recent strategies. Below are Gender Action's findings on six PRSPs based on our fieldwork and document analysis.

Bangladesh's 2003 National Strategy for Economic Growth, Poverty Reduction and Social Development, or Interim PRSP, discusses the lack of sensitivity of the health system to "women's needs" but the health section neglects to discuss reproductive health (Zuckerman 2003A). The 'Dimensions of Poverty' section mentions the HIV/AIDS prevalence rate (Ibid). Bangladesh finalized its PRSP in 2005 that better addresses these issues.

Eritrea's 2003 (Draft) PRSP and Draft Food Security Strategy mention reproductive health issues but fail to make any commitments (Garrett 2003B). Yet the PRSP is very strong on HIV/AIDS: Prevention of HIV/AIDS and social protection of the most vulnerable is one of the five goals of the strategy and the main goal for the health sector (Garrett 2003B).

Malawi's 2002 PRSP includes a very vague section on health and population which fails to link population planning with HIV/AIDS prevention (Zuckerman 2003B). However, it identifies HIV/AIDS as a cross-cutting issue, seeks to integrate gender and HIV/AIDs issues into training programs, and aims to reduce gender disparities, HIV/AIDS infections and effects in the agricultural sector (Ibid). Malawi produced a second PRSP in 2006.

Mozambique's first Action Plan for the Reduction of Absolute Poverty 2001-2005 (PARPA I) is fairly strong on reproductive health and population issues (Garrett 2003A). The 'Demographic Context" section identifies high fertility rates as one of the biggest challenges in addressing poverty, has a section devoted to women's health, and maternal health is included in the "Allocation of Priority Expenditures: Budgets and Unit Costs" (Ibid). The Action Plan for the Reduction of Absolute Poverty 2006-2009 (PARPA II) deals with reproductive health minimally, and simply seeks to reduce mother and child mortality (Dennis 2005). However, PARPA II

Table 1. Summary of MDB and IMF Policies and Strategies Relevant to Reproductive Health (RH) and HIV/AIDS (H/A)

MDB (or IMF)	Health Sector Strategy(s)	Include RH or H/A Commitments?	Specific RH Strategy(s)	Specific H/A Strategy(s)
ADB	• Policy for the Health Sector (1999)	• Yes	• Population Policy: Framework for Assistance in the Population Sector (1994)	• Development, Poverty and HIV/AIDS: ADB's Strategic Response to a Growing Epidemic (2005B)
AfDB	• Guidelines on Communicable Diseases (2004) • Health Sector Policy Paper (1996)	• Not publicly available • Not publicly available	• Policy on Population and Strategies for Implementation (2002)	• HIV/AIDS Strategy Paper for Bank Group Operations (2001); Not publicly available
EBRD	-	• n/a	-	-
EIB	• EIB Lending for Health and Education (2006A)	• No	-	-
IDB	• (Draft) Health Strategy (Framework for Bank Action in the Sector) Profile (2004) • Public Health Policy (No date A)	• Not publicly available • Discusses RH, fails to mention H/A	• Population Policy (No date B)	-
IFC	• Health Sector Strategy (No date A)	• No	-	-
IMF	-	• n/a	-	-
IsDB	-	• n/a	-	-
World Bank	• Healthy Development: The World Bank Strategy for Health, Nutrition, and Population Results (2007) • A Health Sector Strategy for the Europe and Central Asia Region (1999B) • The World Bank Strategy for Health, Nutrition, and Population in the East Asia and Pacific Region (2000)	• Yes • Not publicly available • Not publicly available	-	• The World Bank's Global HIV/AIDS Program of Action (2005E) • The World Bank's (HIV/AIDS Sector) Strategy for South Asia (2005C) • Preventing HIV/AIDS in the Middle East and North Africa: A Window of Opportunity to Act (2005A) • Addressing HIV/AIDS in East Asia and the Pacific (2004A) • Averting AIDS Crises in Eastern Europe and Central Asia - A Regional Support Strategy (2003) • Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis (1999A)
Columns two and three list the health policies and strategies of each MDB and whether or not each strategy (etc.) discusses reproductive health or HIV/AIDS. Columns four and five list MDB strategies specific to reproductive health and HIV/AIDS. A description of these strategies is included in Annex 1.				

effectively integrates HIV/AIDS as a cross-cutting issue in a more gender sensitive manner than did PARPA I (Dennis 2005).

Namibia's 2000 National Poverty Reduction Action Programme poorly addresses reproductive health and HIV/AIDS (Zuckerman 2004).

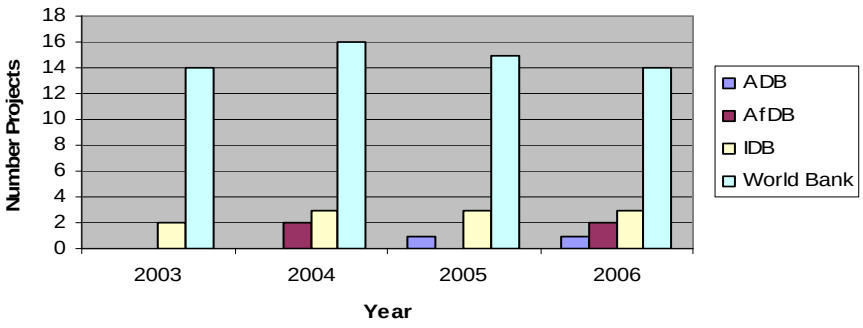
Rwanda's 2000 Interim PRSP includes a section on "Reproductive health and population issues" which mentions the fertility rate, infant and maternal mortality rates, and the need for family planning services for women, but neglects crucial information such as contraceptive prevalence and decision-making in family planning issues (Zuckerman 2001). It includes a sectoral policy on HIV/AIDS (Ibid). Rwanda subsequently produced its PRSP in 2002.

All PRSPs commit to meet the MDGs in their countries. Without greater focus on supporting reproductive health needs and confronting HIV/AIDS, their commitments to achieve the MDGs will not be realized.

2. Funding

Gender Action compiled a list of MDB dedicated reproductive health and HIV/AIDS projects and projects with reproductive health and HIV/AIDS components to assess the quantity and quality of MDB funding for these two issues. This list is contained in Annex 2. In this section, we try to calculate the quantity of MDB funding for projects addressing reproductive health and HIV/AIDS in the four years from 2003 to 2006. Section 3 examines the quality of this funding.

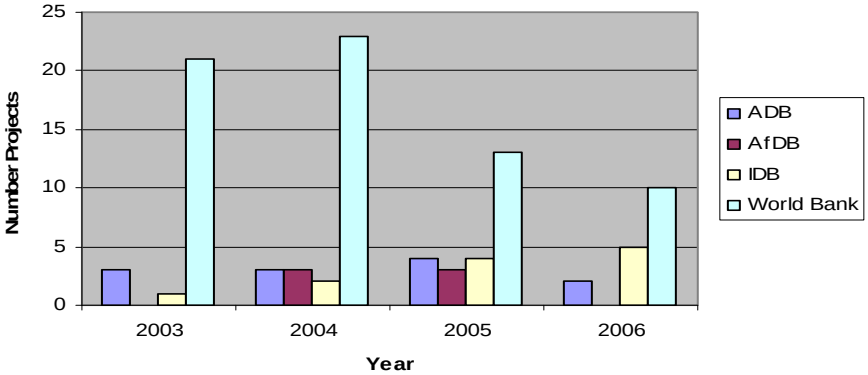
Chart 1. Number of Approved MDB Reproductive Health Projects and Components, 2003-2006



Source: Authors' calculations based on data in Annex 3. The World Bank steadily approves the largest number of reproductive health projects and components although the number has declined each year since 2004, whereas the ADB has approved the smallest amount of such projects.

The World Bank has steadily approved the largest number of MDB reproductive health projects and components between 2003 and 2006, while the ADB has approved the smallest number (see Chart 1).

Chart 2. Number of Approved MDB HIV/AIDS Projects and Components, 2003-2006



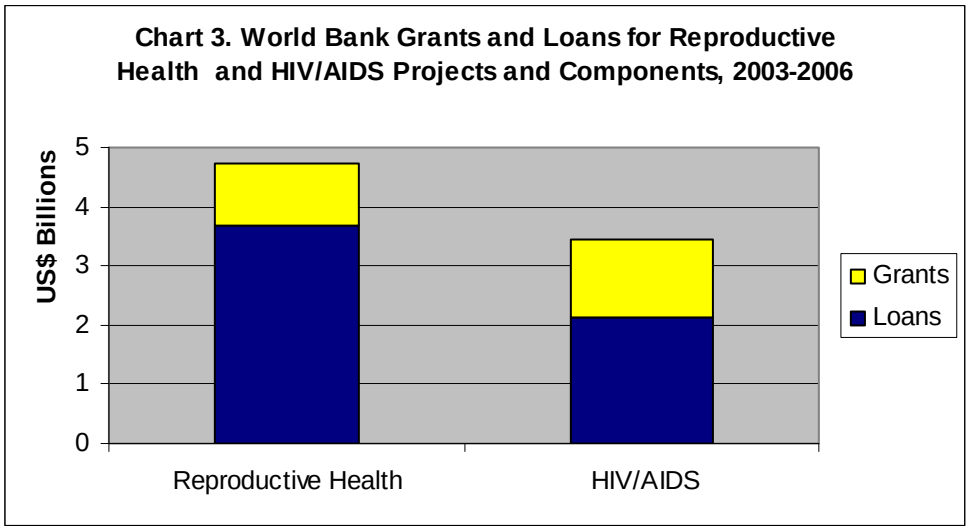
Source: Authors' calculations based on data in Annex 3. The World Bank approved the largest number of HIV/AIDS projects and components relative to any other MDB, although this number is declining. The IDB has increased the number of HIV/AIDS projects and components from 2003 to 2006.

The World Bank also approved the largest number of MDB HIV/AIDS projects and components from 2003 to 2006. However this figure has declined significantly since 2004 (see Chart 2). The IDB has increased the number of HIV/AIDS projects and components over the same time period.

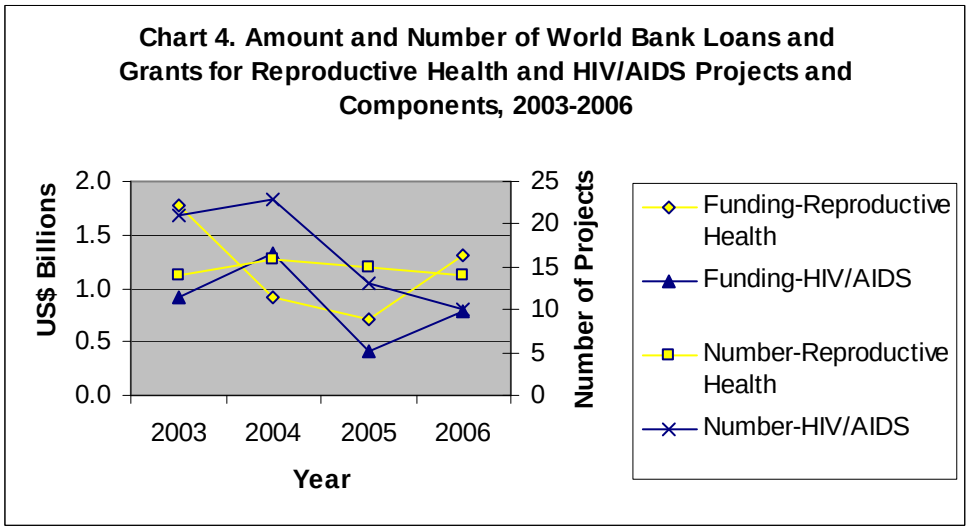
In World Bank projects, reproductive health or HIV/AIDS are often components of larger health, education, and public administration projects. Our calculations are based on total funding commitments.

The remainder of this section analyzes MDB funding for reproductive health and HIV/AIDS from 2003-2006. It is organized by largest funder to smallest funder, beginning with the World Bank.

World Bank



Source: Authors' calculations based on data in Annex 3. The World Bank provides more funding for reproductive health projects and components than for HIV/AIDS. It also provides more loans than grants for both reproductive health and HIV/AIDS.



Source: Authors' calculations based on data in Annex 3. The striking feature of this chart is the dramatic trend to fewer HIV/AIDS projects and components over the time period. There is a slight increase in funding for reproductive health projects and projects with reproductive health components between 2005 and 2006.

The World Bank provides more loans than grants for reproductive health and HIV/AIDS projects and components (see Chart 3). The overwhelming majority of World Bank operations addressing reproductive health and HIV/AIDS are project components. The majority of dedicated projects are funded through Multi-Country AIDS Program (MAP) grants for African countries. MAP projects are indicated with an asterisk in the list of projects in Annex 2.

Estimated funding for World Bank reproductive health and HIV/AIDS projects and components average $80 and $52 million per project respectively, during 2003-2006. As previously stated, we used entire project amounts because component amounts are not valued independently of total projects. This results in a large overestimate of World Bank funding for these two areas. World Bank figures are also inflated because the Bank's project database does not distinguish between projects with reproductive health components and those with a population focus. More research is needed to disaggregate these amounts, but that depends on the World Bank refining component financial reporting.

The number of World Bank reproductive health and HIV/AIDS projects and components is also relatively high, with an annual average of 15 and 17 projects respectively during 2003-2006. The majority of these projects are health sector investment loans.[7] Between 2003 and 2006, ten projects, or roughly ten percent of the World Bank reproductive health and HIV/AIDS projects and components, were multi-sector adjustment operations.

Chart 4 reveals a striking recent decline in World Bank investments in HIV/AIDS. The amount of funding and number of HIV/AIDS projects and components has clearly declined from a peak of $1.3 billion and 23 projects in 2004 to $790 million and 10 projects in 2006. That is a 40 percent decline in funding and a 57 percent decline in the number of projects. Funding for population and reproductive health projects and components has also declined, albeit less dramatically. In 2003 the Bank allocated $1.8 billion. By 2006 the Bank decreased this amount by nearly thirty percent to $1.3 billion. The number of World Bank projects for reproductive health has remained between 14 and 16 annually.

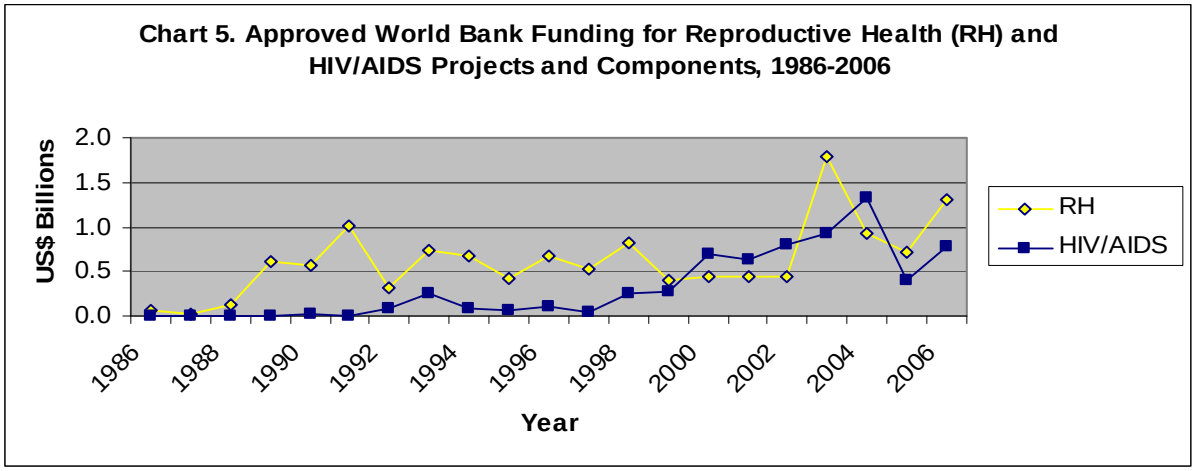
World Bank spending on reproductive health and HIV/AIDS projects and components as a percentage of total World Bank spending was 5.7 and 4 percent on average, respectively, between from 2003 to 2006 (See Annex 3, Tables 8 and 9). As mentioned above, these averages reflect total project amounts which are often far larger than reproductive health and/or HIV/AIDS component amounts.

A longer view reveals that World Bank investments in reproductive health were very low in 1986 when project data are first available. Reproductive health investments grew during the 1990s (See charts 5 and 6). Starting in 2000 World Bank funds for reproductive health and HIV/AIDS began to climb, and spiked in 2003 and 2004, respectively. Funding then declined, but has started to rise again. World Bank investments in reproductive health and HIV/AIDS projects and components as a percentage of total approved operations followed the same trend between 1998 and 2006 (see Chart 7).

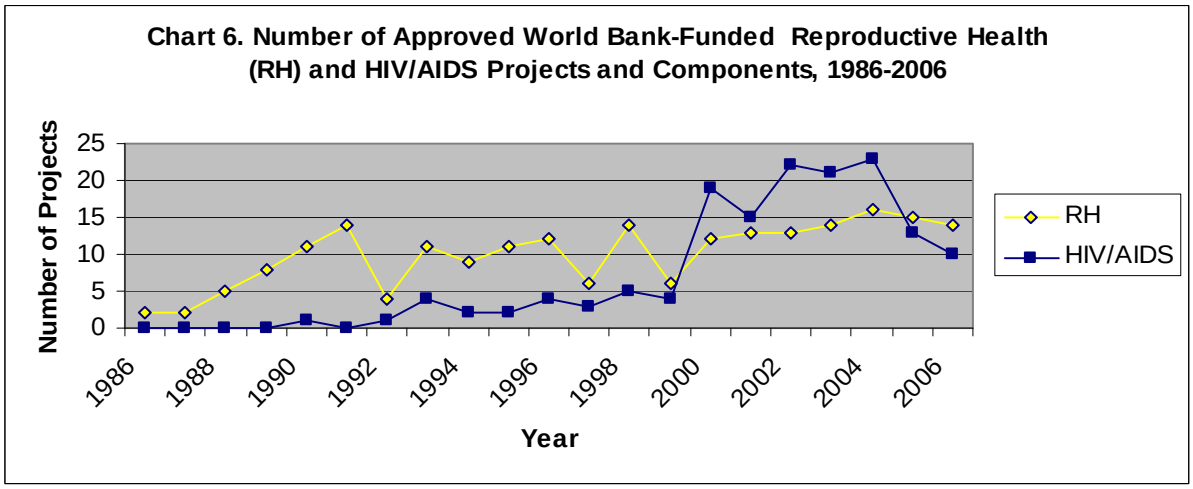
The increase in projects with reproductive health and HIV/AIDS components during 2000-2004 could reflect a growing Bank focus on social services. This focus was a response to criticisms that poor countries were paying more for debt service than critical social programs such as healthcare. Since 2004, the Bank has reverted to its early years' lucrative infrastructure thrust and more recent extractive industry privatization push.

Charts 5 and 6 also demonstrate that the Bank was very late in supporting investments in HIV/AIDS. It provided a little funding for HIV/AIDS in 1993, with hardly any follow up until the year 2000. More research is needed to determine whether or not other MDBs understood the pressing HIV/AIDS crisis earlier. While World Bank rhetoric on HIV/AIDS remains strong, the number of projects and funding is steadily declining. This finding supports previous research that while World Bank and 'donor' commitment to gender equality goals tends to be strong in policies, it fades away at the level of budget allocations (Clark et al. 2006:24).

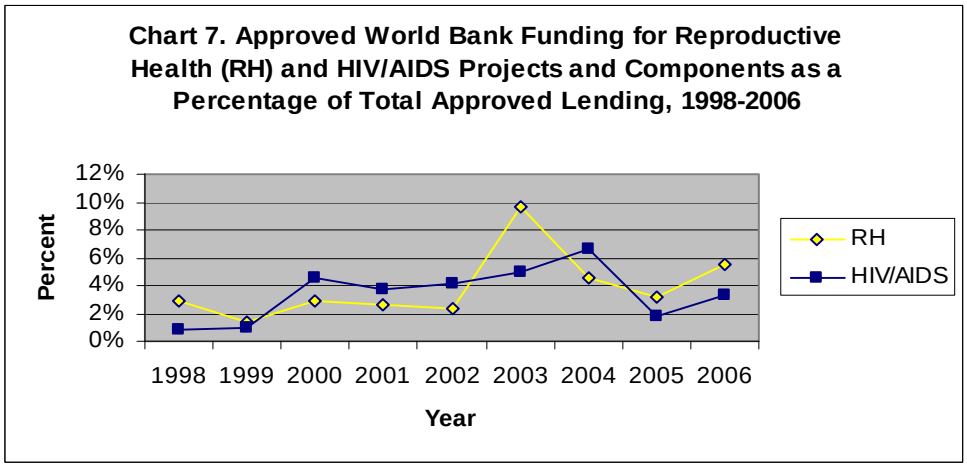
[7] The World Bank has two basic types of lending instruments: Investment Loans, which have a longer-term focus and Adjustment Loans, which have a short-term focus. Investment Loans include Adaptable Program Loans, Emergency Recovery Loans, Sector Investment and Maintenance Loans, and Specific Investment Loans. Adjustment operations are loans or grants for balance of payments assistance or budget support loaded with policy or structural reform conditions. They include: Development Policy Loans, Debt and Debt Reduction Service Loans, Sector Adjustment Loans, and Structural Adjustment Loans. Investment loans also usually include policy conditions.



Source: Authors' own calculations based on figures from the World Bank's projects database. World Bank funding for population/reproductive health and HIV/AIDS projects and components remained fairly steady from 1990 to 2002, spiked in 2003 and 2004, declined, and has started to rise again.

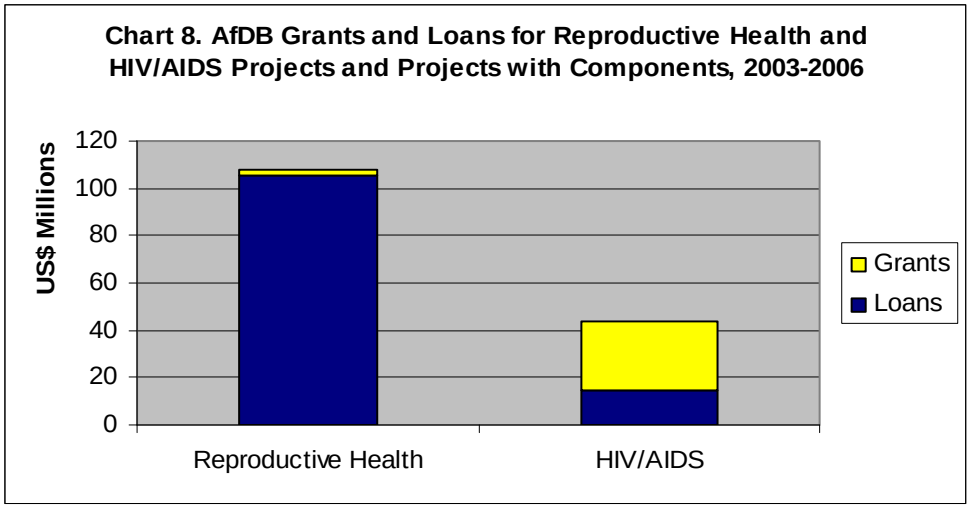


Source: Authors' own calculations based on figures from the World Bank's projects database. Approved World Bank population and reproductive health projects and components have remained fairly steady since 2000. World Bank HIV/AIDS projects and components increased between 2000 and 2004 and have declined since.

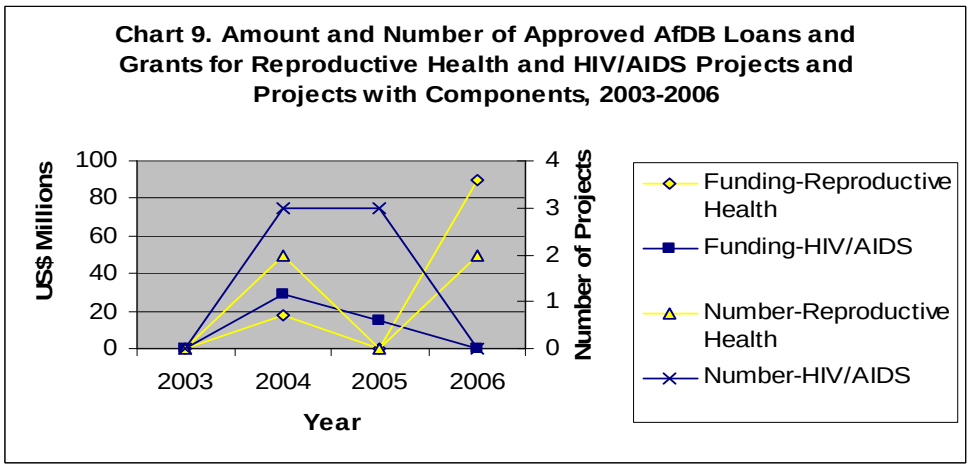


Source: Authors' own calculations based on figures from the World Bank's projects database. Approved World Bank population/reproductive health and HIV/AIDS projects and components as a percentage of total approved projects spiked between 2003 and 2004 and have declined, with a slight increase in funding for both in 2006.

African Development Bank[8]



Source: Authors' calculations based on data in Annex 3. This chart demonstrates the AfDB's overwhelming portfolio in loans for dedicated reproductive health projects and components. It also shows that roughly two-thirds of AfDB investments in HIV/AIDS are grants.



Source: Authors' calculations based on data in Annex 3. Grant amounts appear on the left axis and the number of projects is on the right axis. The fluctuations in the number and amount of reproductive health projects and projects with reproductive health components is in stark contrast to the arc-shaped trend in HIV/AIDS, which begins and ends at zero.

The AfDB is the second largest funder of reproductive health and HIV/AIDS projects and components. Its portfolio is heavily weighted in favor of loans for dedicated reproductive health projects and components, which cumulatively totaled $105.3 million between 2003 and 2006 (See Chart 8). Of the two large reproductive health loans that make up $90 million of this figure, one is a sector-wide health loan to Uganda with a reproductive health component, and the other is a dedicated project to reduce maternal mortality in Tanzania. We examine both these loans further in Section 3 and Annex 5. Grants for reproductive health projects and components constituted a mere $2.9 million between 2003 and 2006. The average AfDB dedicated reproductive health project or component cost $27 million, whereas the same average for HIV/AIDS was only $7.3 million. However, AfDB funding for HIV/AIDS is weighted towards grants, which made up $29 million—or 66 percent—of the $43.8 million the AfDB allocated towards HIV/AIDS from 2003-2006. AfDB loans and grants in reproductive health and

[8] Financial data for the AfDB is limited since it does not isolate funding for reproductive health and HIV/AIDS components from total project cost in multi-sector projects. More research is needed to calculate the amounts dedicated exclusively to these areas, and the AfDB should improve its reporting.

HIV/AIDS include dedicated projects and project components, for example in the transport and education sectors.[9]

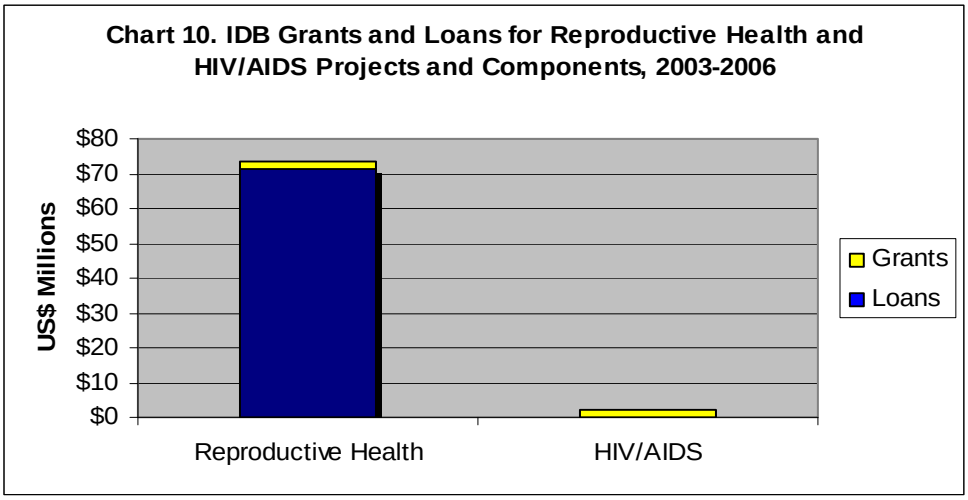
The average share of AfDB funding for dedicated reproductive health and HIV/AIDS projects and components as a proportion of total AfDB commitments was .75 and .28 percent, respectively (See Annex 3, Tables 8 and 9).

Between 2003 and 2006 AfDB funding for reproductive health projects and components fluctuated from $0 in 2003 and 2005, to $18 million in 2004, and finally to $90 million in 2006 (See Chart 9). Spending on dedicated HIV/AIDS projects and components peaked in 2004 with three projects constituting $29.2 million, declined to $14.5 million in 2005 for three projects, and dropped to zero in 2006. We flag the scarcity of AfDB funding for HIV/AIDS as a serious problem because the AfDB is not meeting its commitment to address Africa's HIV/AIDS crisis that claims so many lives on a continent where HIV is intimately related to women's rights and reproductive health issues.

Inter-American Development Bank

The IDB spent $71.6 million in loans for reproductive health projects and components between 2003 and 2006. It also provided a small amount of grant funding for dedicated reproductive health and HIV/AIDS projects, with a cumulative total of $2.2 and $2.3 million, respectively for years 2003-2006 (see Chart 10). On average, approved IDB investments in reproductive health composed .3 percent of total approved annual IDB investments, while funding for HIV/AIDS constituted less than one hundredth of a percent of total approved IDB investments (See Annex 3, Tables 8 and 9).

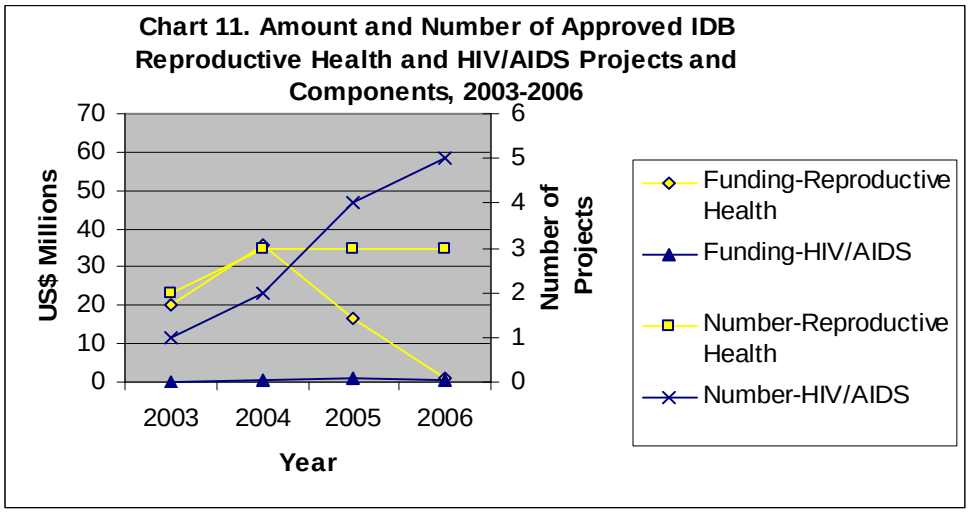
Chart 10. IDB Grants and Loans for Reproductive Health and HIV/AIDS Projects and Components, 2003-2006



Source: Authors' calculations based on data in Annex 3. IDB funding is concentrated in loans for reproductive health projects and components. The IDB provides relatively little grant funding for reproductive health and HIV/AIDS.

[9] Again, it is difficult to disaggregate total project costs into the components that specifically address HIV/AIDS or reproductive health, so the total project costs in the AfDB funding section of this report are an overestimate of AfDB commitments to reproductive health and HIV/AIDS.

As Chart 11 demonstrates, the number of approved reproductive health projects and components has remained fairly steady between two and three annually, However, funding for approved reproductive health projects and components peaked at $35.8 million in 2004 and dropped to just under $1 million in 2006. Funding for HIV/AIDS projects has remained low at $570,000 per year on average, while the number of projects has risen steadily.



Source: Authors' calculations based on data in Annex 3. The number of IDB HIV/AIDS projects increased steadily between 2003 and 2006, while the amount of funding per year has remained low. IDB reproductive health projects and components increased in 2004 and have remained constant since. In contrast, IDB funding for reproductive health projects and components peaked in 2004 fell to just under $1 million in 2006.

The majority of IDB reproductive health and/or HIV/AIDS projects and components are in the form of technical cooperation grants which are small in size, and nearly 40 percent of the projects identified are regional in focus. All but one of the projects identified are either in health or social investment sectors.[10] Given the IDB's heavy focus on infrastructure expansion for regional integration, the concentration of reproductive health and HIV/AIDS projects in the social sectors raises concerns that the IDB may not be sufficiently addressing the relationship between infrastructure development, transportation, and the spread of HIV/AIDS.[11]

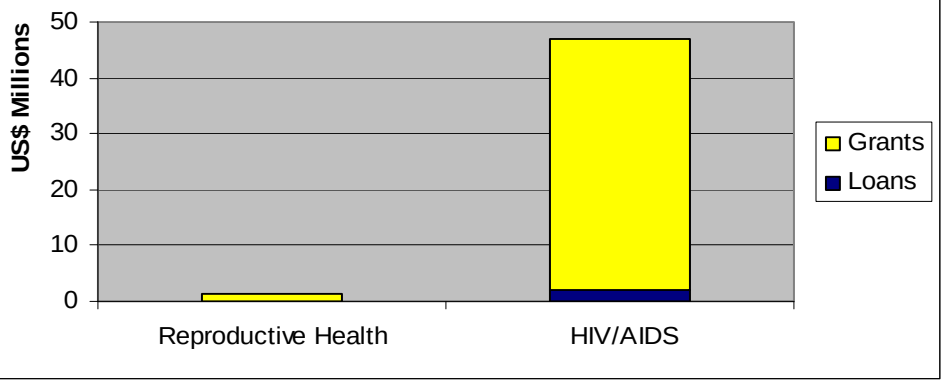
[10] The project, *Response Capacity Building Program HIV/AIDS Education Caribbean*, is in the education sector.

[11] One IDB technical cooperation grant for $300,000 approved in 2002—and therefore outside the timeframe of the present report—called the *HIV/AIDS Initiative Within the Puebla Panama Plan* presumably links HIV/AIDS and infrastructure but the project webpage does not provide any project documents to review (http://www.iadb.org/projects/Project.cfm?project=TC0202047&Language=English).

Asian Development Bank

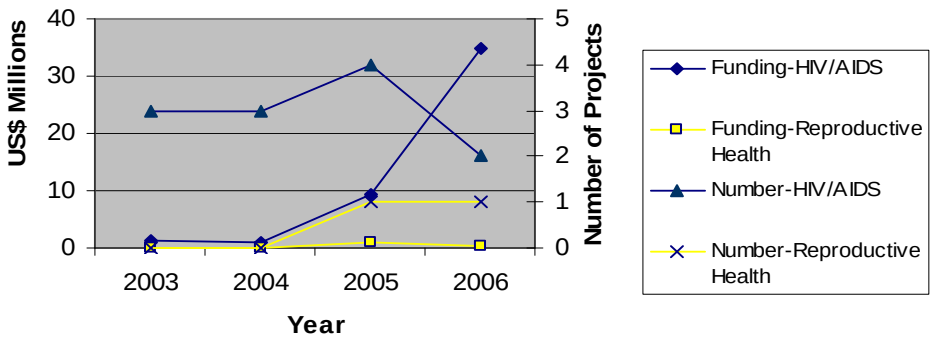
The ADB has a strong focus on HIV/AIDS over reproductive health, as demonstrated in Chart 12. In the four years under review, ADB funding for two small reproductive health projects represented a mere two percent of ADB funding for HIV/AIDS during this period. Grants and loans for HIV/AIDS-related projects ranged from a low of $150,000 to a $20 million project to raise awareness among youth in Viet Nam. While the average grant amount was $3.5 million, the median grant amount was $500,000.[12]

Chart 12. ADB Grants and Loans for Reproductive Health and HIV/AIDS Projects, 2003-2006



Source: Authors' calculations based on data in Annex 3. This chart shows the ADB's overwhelming emphasis on HIV/AIDS over reproductive health, and the large proportion of grants versus loans.

Chart 13. Amount and Number of Approved ADB Grants and Loans for Reproductive Health and HIV/AIDS, 2003-2006



Source: Authors' calculations based on data in Annex 3. The amount of approved funding for HIV/AIDS operations between 2003 and 2006 increased sharply, whereas the number of projects fluctuated between two and four. Two reproductive health projects—one per year beginning in 2005—are for $1 million or less.

Average ADB investments in HIV/AIDS from 2003-2006 constituted a mere 0.15 percent of the ADB's average annual $6.9 billion in approved loans and grants. The percentage of investments in reproductive health is insignificant (See Annex 3, Tables 8 and 9).

As Chart 13 demonstrates, the amount of approved funding for HIV/AIDS operations between 2003 and 2006 increased sharply, while the number of projects fluctuated between two and four. The ADB approved one reproductive health project per year in 2005 and 2006 for $1 million and $357,000 respectively.

[12] The median is the midpoint in a series of numbers such that half the data values are above the median, and half are below. The median is an important measure for data with a broad range of values such as these grants, since the average is pulled up by a few large grants.

The ADB may be beginning to integrate reproductive health and HIV/AIDS into other projects, but more research is needed to determine this.[13] For example, massive infrastructure projects such as roads tend to increase HIV/AIDS and violations against women's reproductive rights. We found two ADB projects for HIV prevention attached to road projects between 2003 and 2006. This is a pattern all MDBs should follow.

International Finance Corporation

Since 2000, the IFC has financed 59 health sector projects, all of which invest in private health care companies or hospitals. None of the project names mention reproductive health or HIV/AIDS.

The IFC has a program called "IFC Against AIDS" which seeks to, "protect people and profitability by being a risk management partner, HIV/AIDS expert and catalyst for action where HIV/AIDS is threatening sustainable development." (IFC No date B). The program currently works with client companies in Africa and India to prevent new infections, manage existing infections, and mitigate the effect of HIV on the company itself (Lutalo 2006). For example, IFC Against AIDS helps fund a construction company program in Angola which trains peer educators and HIV/AIDS counselors and technicians, tests for infections, and has distributed 1.6 million male condoms and 15,000 female condoms (Lutalo 2006). Efforts are underway to expand "IFC Against AIDS" into China and Russia. (IFC B).

International Monetary Fund

IMF operations—which include surveillance and financial and technical assistance to countries in debt—allegedly restore macroeconomic balance and 'sound' fiscal and monetary policies. The IMF does not provide funding for any projects in any sector. The IMF claims its role in confronting HIV/AIDS is through supporting PRSPs, advising countries on the macroeconomic impact of HIV/AIDS, and how to effectively absorb large inflows of foreign aid (IMF 2005). As Part IV demonstrates, IMF operations have huge negative consequences for reproductive health and HIV/AIDS particularly through restricting government spending.

European Bank for Reconstruction and Development

The EBRD does not fund any health projects, although its projects have huge health consequences, particularly its oil and gas projects (Bacheva, Kochladze and Dennis 2006).

European Investment Bank

The EIB does not fund any health projects in the global South, although its massive infrastructure projects all over the world have huge health implications.

[13] The ADB's project database appears to only search project titles. This search conceals projects that do not mention reproductive health and/or HIV/AIDS in the title, but include components in these sectors.

3. Quality of Funding

Table 2. Gender Analysis of Select MDB Reproductive Health and HIV/AIDS Projects, 2003-2006

MDB	Highly Gender Sensitive	Gender Sensitive	Somewhat Gender Sensitive	Fails to Integrate Gender Issues
ADB	1	0	2	1
AfDB	1	1	1	1
IDB	0	0	2	2
World Bank	0	0	1	3
Total:	2	1	6	7
Percent	13%	6%	38%	44%

Source: Authors' assessment based on analysis in Annex 5. Of the 16 projects we reviewed, a mere 13 percent were highly gender sensitive and only 6 percent were gender sensitive. Therefore the overwhelming majority of projects reviewed—or 81 percent—were only somewhat gender sensitive or fail to integrate gender issues. Totals may not add up due to rounding.

To undertake our in-depth gender analysis, we identified four projects for each MDB from the List of Approved MDB Reproductive Health and/or HIV/AIDS Projects and Components, 2003-2006 (Annex 2). Our detailed analysis is presented in Annex 5. We tried to balance the projects selected by region and equally between reproductive health and HIV/AIDS. We selected larger projects (in terms of funding). For projects containing reproductive health and HIV/AIDS components, we focused on the relevant component, not the entire project. We examined such projects across a wide spectrum of sectors. For example, at the ADB we looked at projects in health, transportation, and education. Additionally, for the World Bank, we tried to balance the type of lending instrument.

While a sample of 4 reproductive health and HIV/AIDS projects is small for the World Bank which supported 102 projects in these sectors during 2003-2006, it is a significant sample for the ADB (14 total projects), AfDB (9 total projects) and IDB (23 total projects). Gender Action plans to delve into a larger sample of World Bank projects in future follow-up (see Section 6 for next steps).

The following spectrum of gender sensitivity classifies projects reviewed:

- Highly gender sensitive: Has a strong focus on women's and men's gender issues throughout the project background, objectives, components, and monitoring and evaluation.
- Gender sensitive: Includes gender issues of men and women in the project components and monitoring and evaluation.
- Somewhat gender sensitive: Discusses gender issues in the background section or includes gender sensitive data, but fails to mention or glosses over gender issues in the project or components. Also includes projects that exclusively focus on women's issues.
- Fails to integrate gender issues: Completely fails to mention gender issues. Also includes projects that briefly mention women in the background section, objectives or annexes.

The overwhelming majority of projects examined—13 of 16 projects, or 81 percent—fail to integrate gender issues or are merely somewhat gender sensitive. This corroborates other research which found a lack of sensitivity to gender-based violence in programming and funding

for HIV and AIDS (Women Won't Wait Campaign 2007). Only one project examined at the AfDB is gender sensitive and two projects—one at the ADB and one at the AfDB—are highly gender sensitive. Half of the IDB projects reviewed are somewhat gender sensitive, while the remaining two projects fail to integrate gender issues. Of the four World Bank projects reviewed, only one is somewhat gender sensitive. The implementation sections of all of the project documents reviewed have considerable scope for improvement.[14] While this sample of selected projects is not necessarily representative of MDB projects in reproductive health and HIV/AIDS, these figures are dismal.[15]

Of the nine projects examined that have any gender sensitivity, four of them—one each at the ADB and World Bank, and two at the IDB—exclusively focus on women and never mention men. This reflects an outdated approach to development that overlooks male-female gender relations and men's gender issues. By ignoring men's role in family planning, sexual and reproductive health and rights, and HIV prevention, these projects fail to recognize men's important influence on women's health and men's own reproductive health needs. In many communities, men serve as gatekeepers to women's access to reproductive health services (RHO Cervical Cancer, No date), and recent studies have found that marital sex is the single greatest HIV risk factor for women around the world (See, for example, Smith 2007). Two AfDB projects—the *Support to Health Sector Strategic Plan Project II* in Uganda and *Support to Maternal Mortality Reduction* in Tanzania—target men for gender sensitization and seek to increase men's involvement in maternal health (AfDB 2006A:20; AfDB 2006B:15-16). An ADB *HIV/AIDS Prevention Among Youth* project in Viet Nam also provides equal access to training and employment opportunities to men and women (ADB 2006A:19-20; ADB 2006B:20-21). The other projects examined fail to integrate men's gender issues.

Compounding lack of gender sensitivity in MDB projects is their lack of funding for recurrent expenditures and short-term project focus. The implication is the MDB project descriptions that promise to sustainably provide reproductive health, HIV/AIDS and other services are often misleading. These problems are explained further below.

Nearly all MDB projects provide loans or grants for capital, or one-time expenditures in infrastructure facilities, equipment, research, and training. This limits their sustainability. With rare exceptions, MDB project funding is limited to capital costs. Among the projects we analyzed, for example, are: (a) An AfDB loan to Uganda called *Support to Health Sector Strategic Plan Project II* that claims it will reduce maternal mortality—not by hiring much needed health professionals—but by financing remodeling, construction and equipping health facilities; and (b) A World Bank loan to Romania called the *Health Sector Reform 2 Project* that promises to increase access to maternity services through rehabilitating facilities and providing equipment. MDB project after project makes loans (or grants) for capital costs without providing funds for critical recurrent costs. That is why so many MDB projects end up as unused, underused or decayed facilities.

[14] For example, projects should ensure that organizations promoting gender equality and women's rights, and line ministries in charge of women's affairs are involved in implementation; hiring of project staff and consultants is gender-balanced, and; women-owned companies have ample opportunities to provide project inputs such as goods and services to counteract the 'old boys network' in procurement.

[15] More research is needed to assess gender sensitivity in a representative sample of MDB projects. Analysis of project documents only presents a portion of the picture; more work is needed to determine gender sensitivity in project implementation. For example, a project that ignores gender issues may be implemented in a gender sensitive manner although this rarely happens, and similarly a project that appears gender sensitive on paper may neglect gender issues upon implementation.

Only two projects in our sample clearly support recurrent costs, both funded by the IDB. The grant for a *Teen Reproductive Health Program* in Medellín, Colombia pays for nursing staff in health centers for 12 months. The *Improving Maternal and Child Health* loan finances the provision of health services, with an emphasis on care for mothers and children during the three to five year life of the project.

The lack of funding to pay for government health care workers reflects the common belief championed by the IMF—and held by other 'donors' and many governments—that recurrent costs should be covered locally so the government does not hire more employees than it can afford in the long term (Marphatia et al. 2007:14; Ooms et al. 2006). For example, if a government hires nurses and doctors using aid money one year, and donor funds dry up the following year, the government must either reduce salaries, lay off workers, or risk exceeding the budget ceiling imposed by the IMF (Marphatia et al. 2007:14).

The short-term implementation periods of MDB-supported projects, with promising descriptions like those presented in Annex 5, suffer perennial sustainability problems. MDBs typically finance projects for an average of three to five years, or the time it takes to construct and install facilities. Once installations are complete, the MDBs exit. Communities not only end up with buildings without funds to maintain them or provide services, but their taxes must repay MDB project loans often in foreign exchange which social sector projects do not generate. For the short-term MDB project implementation period, MDBs establish dedicated project implementation units which usually whither after the MDBs exit.

The remainder of this section examines the quality of each MDB's funding for reproductive health and HIV/AIDS as measured by gender sensitivity and treatment of reproductive health and HIV/AIDS issues. We begin with the AfDB that had the most gender sensitive selected projects, and end with the World Bank, that had the least gender sensitive selected projects.

African Development Bank

AfDB projects reviewed represent the entire range of gender sensitivity. The *Support for Maternal Mortality Reduction* project in Tanzania is highly gender sensitive. The project tries to balance the unequal power dynamics between men and women by providing women with preferential treatment in housing and scholarships for medical school (AfDB 2006B:15-16). It targets husbands and male community leaders for trainings to influence their female family members to deliver in health facilities, and to empower women in matters related to their health (AfDB 2006B:8,14,16,29).

The AfDB-funded *Support to Health Sector Strategic Plan Project II* in Uganda is also gender sensitive. It seeks to improve access to quality maternal health services and recognizes that the low level of gender awareness and existing inequality between men and women adversely affect the health of women and children (AfDB 2006A:2). The project includes gender sensitive performance indicators such as fertility rates, married women with spousal consent to use family planning methods, and adolescents' awareness of reproductive health services (AfDB 2006A:viii-ix). The project prioritizes the "revitalization of male involvement programmes on maternal health" through sensitization seminars for men, including training male educators on male involvement (AfDB 2006A:20).

The remaining AfDB projects are somewhat gender sensitive or not gender sensitive. AfDB's *Education Sector Support Project* is fairly gender sensitive overall, but the component that seeks to sensitize teachers and school inspectors to HIV/AIDS mentions gender but fails to integrate gender issues (AfDB 2005). The *Tombo-Gbessia Road Improvement* project in the Republic of Guinea seeks to raise popular awareness about issues including HIV/AIDS, but fails to mention any gender issues such as the potential rise in demand for commercial sex work as a result of the influx of construction workers (AfDB 2005:20).

Asian Development Bank

The ADB projects reviewed reflect a wide range of gender sensitivity. The ADB's *HIV/AIDS Prevention Among Youth* in Viet Nam is highly gender sensitive. A table illustrates how each element of each component will address HIV/AIDS issues as they relate to gender norms (ADB 2006A:38-42). The project also targets men as well as women (ADB 2006A:19-20; ADB 2006B 20-21). ADB funding for this project is conditional upon the government implementing the project's gender strategy in a timely manner with adequate resources (ADB 2006B).

Two other ADB projects are somewhat gender sensitive. The *HIV/AIDS Prevention and Capacity Development* in the Pacific discusses gender in the background and appendices, but only mentions women once in the components and fails to discuss men at all (ADB 2005C). This project also includes a 'Gender and Development' section in the appendices requiring project staff to explain how the project maximizes impacts on women (ADB 2005C:51). The *Maternal Mortality Reduction* project in Mongolia focuses exclusively on the needs of pregnant and post-delivery women, but fails to mention gender issues, men or family planning (ADB 2005A).

The ADB's *Preventing HIV/AIDS on Road Projects in Yunnan Province* in China fails to integrate gender issues. It mentions women's and girl's vulnerability to human trafficking and commercial sex work in the background section (ADB 2003:3), but fails to address these issues in the project components. Only 2 of the roughly 30 performance indicators mention men or women (ADB 2003:6-9).

Inter-American Development Bank

The IDB projects reviewed reflect considerable space for improvement on gender issues. Two IDB projects are somewhat gender sensitive, but focus heavily on women. This perspective reflects an incomplete, one-sided picture of gender issues. For example, the *Teen Reproductive Health Program in Medellín*, Colombia to reduce teen pregnancy and improve adolescent knowledge of sexual and reproductive health says it will emphasize gender, but this is not reflected in the Plan of Operations (IDB 2005B:4). The *Improving Maternal and Child Health* in Nicaragua targets mothers and children, but fails to mention men or fathers, or address household gender relations. This project also largely fails to address women's needs aside from their role as mothers. The project concept paper mentions financing birth control, early detection of cervical-uterine and breast cancer, and reproductive and sexual health. However these measures are not discussed in the English loan proposal. Interestingly, the Spanish loan proposal mentions birth control, whereas the English version does not.

The IDB's *Support to the National Strategic Plan for HIV/AIDS* in Suriname seeks to change behavior that is conducive to the spread of HIV/AIDS and to reduce the stigma and discrimination faced by people living with HIV and AIDS. However, the Plan of Operations fails

to mention any gender keywords in the background, project objectives and components, although three of the monitoring indicators are linked to women's or men's behavior (IDB 2005A:Annex C Page 1). It only mentions men when referring to men who have sex with men (IDB 2005A:2). The project entirely ignores the ways gender roles can spread or prevent the virus, and how living with HIV and AIDS affects women and men differently.

The IDB's *Caribbean Education Sector HIV/AIDS Response Capacity Building Program* seeks to improve the response of the education sector to HIV/AIDS and claims to have a gender perspective. The background section includes an enlightening paragraph on gender issues and HIV/AIDS in the Caribbean, but the remainder of the Plan of Operations fails to take a gendered approach (IDB 2004:8,1).

World Bank

The World Bank projects reviewed incorporate gender issues very poorly. Only one project—The *Reproductive and Child Health Second Phase* project in India—is somewhat gender sensitive. The project provides follow-up funding to the Government of India to expand the use of quality reproductive and child health services (World Bank 2006B:5). However, the Bank notes that the "intensive focus on family planning services for population stabilization may lead to a disregard of principles of client choice and voluntary acceptance of family planning" (World Bank 2006B:17-18). While the government has reaffirmed its commitment to promote a "voluntary, non-coercive and (sterilization) target free program," the government's previous plan emphasized female sterilization including sterilization targets (World Bank 2006B:38,86). The project never mentions reproductive or human rights. In 2006 the World Bank withheld funding for this project and five other health sector loans—including the *Karnataka Health Systems* project which has a reproductive health component—supposedly on allegations of corruption (Dhoot 2006). However, Bank insiders claim that the real reason for stalled funding for these reproductive health projects was the US government's political pressure on the Bank to end funding for "women's choice" (Population Action International 2005).

The Bank's *Second Multisectoral STI/HIV/AIDS Prevention Project* in Madagascar misses huge opportunities for gender sensitivity. The background sections of the Project Appraisal Document have a wealth of information on women and men, but the only mention of gender in the project components is related to eliminating syphilis among pregnant women (World Bank 2005B:43). The document repeatedly identifies commercial sex workers, truck drivers and military personnel as the most at-risk groups for HIV/AIDS transmission and aims to change their behavior, but fails to undertake a gender analysis of necessary prevention measures (see for example: World Bank 2005B:14-15). Subsequent to this loan approval, World Bank staff and civil society activists challenged a conservative World Bank managing director for instructing staff to remove references to family planning in Madagascar's Country Assistance Strategy (Sippel 2007).

The *Health Sector Reform 2 Project* in Romania focuses exclusively on mothers and maternal health (World Bank 2004C:35). It never mentions fathers or men in the body of the text, nor gender, family planning, or contraception.

In Malawi, the World Bank *Fiscal Management and Accelerating Growth Program*, a structural adjustment loan, fails to integrate gender issues and aggravates the health of women and men in the country. Bank staff identified increasing HIV/AIDS as a potential risk of the loan, and

therefore incorporated an HIV/AIDS component (World Bank 2004B:1). But the project fails to integrate HIV/AIDS concerns in the other project components which include: (1) Fiscal Management: civil service wage reforms and decentralization; (2) Parastatal reforms: privatization and restructuring of Malawi's Agricultural Marketing Board (ADMARC); and (3) Agriculture reforms in land, tobacco and maize markets (World Bank 2006A). Privatization of ADMARC increased food insecurity in the context of a famine, and women were primarily responsible for securing food for their families. Research demonstrates that in Malawi, privatization of ADMARC led desperate women into sex work and early marriage, which increased the transmission of the HIV virus (Phalula 2005). Civil service restructuring often results in women being fired before men. Women and men who were laid off may have engaged in risky behavior to earn money (Dennis & Zuckerman 2006).

Despite World Bank claims that its investments in health are highly gender-sensitive sectors (World Bank 2007B), the poor quality of World Bank reproductive health and HIV/AIDS investments should not be surprising. In the HNP sector, the ranks of regular or open-ended staff members decreased by 40 percent between fiscal years 1999 and 2006 (World Bank 2007A:42). These permanent staff have been replaced by Junior Professional Associates, consultants, and seconded staff, financed mostly by donor Trust Funds (Ibid:42). And Bank project teams rated the outcomes of one third of HNP projects "unsatisfactory," making HNP consistently the worst performer of all the Bank's 19 sectors from 2001 to 2006 (Ibid:40).

4. Obstacles to Providing Reproductive Health Services and Preventing the Spread of HIV

Despite MDB commitments to provide reproductive health services and prevent the spread of HIV, MDBs and the IMF have a number of policies and practices that undermine meeting these commitments and undercut their promises to help countries achieve the MDGs. This section describes these obstacles.

Crippling Debt

Poor country governments around the world are crippled by sovereign debts to the MDBs and IMF, and are forced to pay their rich-country creditors instead of financing basic health services for their citizens. Many of these debts are illegitimate because they arose from irresponsible lending to corrupt dictators. Other debts are illegitimate because countries cannot afford to pay them and meet basic human needs of men and women (Jubilee Debt Campaign 2007). For example, despite the second highest maternal mortality rate in the world, for years Malawi was forced to service its $3.5 billion in external debt instead of investing in essential services (Ibid). As a result, Malawi currently has vastly inadequate numbers of medical workers: merely 2,200 nurses—or one nurse for every 5,864 people—and less than 200 doctors, representing one doctor for every 64,500 Malawians (Ibid). After receiving debt relief, countries are able to invest more in the health and well-being of their people. Tanzania, Uganda, and Zambia abolished school fees after receiving debt relief, which increased girls' enrollment rates (Ibid). The more education girls attain, the less likely they are to contract the HIV virus (Hargreaves & Boler 2006).

Policy-Based Lending

Beginning in the 1980s the MDBs and IMF launched structural adjustment lending—now known as policy-based lending. Standard policy-based loan requirements impede improving

reproductive health and ending HIV/AIDS by curtailing women's and girls' access to reproductive health and HIV/AIDS services and education. For example, public health expenditure cutbacks increase women's home care for sick family members and reduce their time available for paid work. Public sector and state-owned enterprise downsizing and/or privatization eliminate many jobs and benefits. In these restructurings, women are often the first to lose jobs and last to be rehired because they are assumed to be secondary breadwinners. Developing country tariff reductions, unreciprocated by developed countries, threaten the livelihood of manufacturing and agricultural workers, the majority of whom are women in the poorest countries. Financial sector reforms decrease women's access to financial services while increasing their risk of financial crisis (Dennis & Zuckerman 2006:3).

Privatization

Privatization, requiring governments to divest state owned enterprises, is one of the most harmful and common loan "conditionalities," or requirements mandated by MDB and IMF policy-based loans. As we demonstrated in the World Bank's Fiscal Management and Accelerating Growth Program in Malawi, World Bank-mandated privatization of Malawi's agricultural marketing board aggravated an ongoing food crisis by limiting the availability of corn, the country's primary staple food. Chronic hunger forced desperate women and girls into sex work and early marriage, and increased their exposure to HIV/AIDS

Limiting the "Wage Bill"

Obtaining IMF loans and passing-grade surveillance reports are often conditioned on a country limiting its national budget through minimizing recurrent costs, curbing inflation, and keeping debt low. These conditions limit how much countries can spend on the public "wage bill" including on salaries of doctors and other health workers (Rowden 2004:12; Marphatia et al. 2007:15). The IMF fears that without a low ceiling on the wage bill, a government will hire more employees than it can afford in the long term and veer away from its agreed budget (Rowden 2004). If national revenue or aid drops after a wage bill increase, a government could fall into a deficit unacceptable to the IMF when it pays these wages and other expenditures (Marphatia et al. 2007:14).

IMF imposed wage bill ceilings have constrained countries from recruiting and retaining healthcare professionals necessary to halt the spread of HIV, treat people living with HIV and AIDS, and provide reproductive health services. Wage bill ceilings contribute to a "brain drain" of skilled health professionals leaving their home countries in search of higher wages abroad, often in Europe and the United States of America (Rowden 2004:15). For example in 2004 Zambia went "off track" on its IMF Program when it increased the government wage bill above the IMF-imposed 8 percent of its Gross Domestic Product to 9 percent by introducing a housing allowance system designed to make staying and working in Zambia more attractive to health workers, among other spending increases (Ibid:15).

The World Bank's new HNP Strategy claims that the Bank will work with the IMF to increase governments' ability to create fiscal space necessary for HNP interventions, including HIV/AIDS prevention and treatment (World Bank 2007A:69). Contradicting this claim, the Bank and other "donors" provide funds only to countries with an IMF-approved program (Rowden 2004:2). Also, World Bank policy-based loans typically require countries to downsize their civil service (Dennis & Zuckerman 2006:10), which often results in lay-offs of doctors, nurses and teachers.

User fees

User fees and other cost-recovery mechanisms imposed as MDB loan conditionalities and project components can also contribute to the spread of HIV, prevent people living with HIV/AIDS from accessing treatment, and curtail public reproductive health services for the poor. The World Bank funded *Multisector HIV/AIDS Project* in Ghana includes government cost recovery programs such as patient user fee co-payments for anti-retroviral drugs that make these drugs unaffordable for the poor (World Bank 2005F:73). User fees that the MDBs routinely imposed into the 1990s in education limited educational opportunities, particularly for girls. This impacted girls' health and livelihoods since the more education girls have, the less likely they are to contract the HIV virus (Hargreaves & Boler 2006). The MDBs also routinely imposed health user fees into the 1990s.

Because of the harmful impacts of health and education user fees on poor men and women, as a result of civil society pressure over many years, in the 1990s the World Bank claimed it abolished user fees. But it never did so consistently. The new World Bank HNP Strategy includes language praising and reviving user fees (World Bank 2007A:50). The IDB's Public Health Policy requires borrowers to impose user fees whenever possible, and increase taxes when user fees are not possible (IDB No Date A).

Promotion of Intellectual Property Rights

The World Bank and other MDBs provide loans and grants for countries to strengthen their protection of Intellectual Property Rights (IPRs) to comply with the World Trade Organization's (WTO's) Trade Related Intellectual Property Rights Agreement (TRIPS). TRIPS ensures that developing countries respect patents on pharmaceutical drugs, which are more expensive than generic drugs and protects patent-holders, who can request sanctions against countries that violate TRIPS (Williams 2001; Fossé 2002).

High prices for patent-protected medicines place them out of reach of poor governments and poor people, and violate the right to health (Williams 2001). Affordable drugs are needed to treat HIV/AIDS and infections such as tuberculosis, which is the leading killer of people living with AIDS (RESULTS International 2006:10). Since women are girls are the majority of the people infected with HIV/AIDS, prohibitively expensive patented anti-retroviral drugs leave many poor women untreated. IPRs also increase the costs of drugs for non-infectious diseases essential to women's reproductive health and child welfare, all primary concerns for women.

Although the WTO established *some* public safeguards by allowing countries to override drug patents and make or import generic pharmaceutical drugs to meet their public health needs, big pharmaceutical companies have resisted these protections (Head 2007). Implementation of this exemption is currently being tested in Thailand, which recently came under heavy fire from pharmaceutical companies for issuing compulsory licenses for antiretroviral drugs (Ibid).[16]

[16] Compulsory Licenses are licensees granted by a government to use patents, copyrighted works or other types of intellectual property. They are an essential government instrument to intervene in the market and limit patent and other intellectual property rights in order to correct market failures and protect the public interests (CPTech 1999).

Conservative Ideology

Conservative World Bank officials have been using their power to impose their anti-family planning ideology on the global South (Sippel 2007).[17] Early versions of the World Bank's 2007 HNP Strategy were reportedly "censored" by a managing director who removed references to family planning and sexual and reproductive health and rights from the Strategy (Sippel 2007).[18] Effective advocacy by civil society across the globe forced the Bank to re-insert language on sexual and reproductive health. But before the HNP Strategy could be approved, the World Bank Executive Director for the United States allegedly tried to insert the phrase "age-appropriate reproductive health care" and attempted to replace references to reproductive health "services" with "care" and reproductive "rights" with "health" (Sippel 2007). Civil society thwarted these attempts.

The final HNP Strategy affirms the World Bank's commitments to reproductive health but does so in an isolated section late in the strategy. It fails to mention reproductive health and HIV/AIDS in first 63 pages of the 80 page strategy including the Executive Summary, Introduction, Strategic Objectives, Strategic Directions and everything else contained in the initial 80 percent of the strategy.

Country programming at the World Bank is similarly in jeopardy of backpedaling on reproductive health and rights. In a separate incident, the same World Bank managing director sought to remove all references to family planning in a country strategy document for Madagascar (Sippel 2007; Government Accountability Project 2007). The US government is trying to use its influence to eliminate World Bank reproductive health services in the disguise of corruption. The Wolfowitz presidency anti-corruption crusade was so inconsistently applied to borrower countries that the Board refused to adopt it. But in the name of anti-corruption, the Bank postponed approval of loans such as the India *Reproductive and Child Health Project* discussed in Section 3. This and other examples illustrate that the recent conservative US government has had a major influence in reversing hard-fought gains in women's rights to reproductive health which the MDBs committed to supporting.

Lack of Transparency

Lack of MDB and IMF transparency limits outsiders' ability to monitor their interventions in reproductive health and HIV/AIDS. One of the greatest challenges to this research has been lack of access to information. The IMF does not publish any of its operational procedures. Two AfDB policies relevant to reproductive health and HIV/AIDS are not available on the AfDB website. The World Bank charges fees to access some of its strategies. Agreements which outline the terms of MDB grants and loans are rarely available on the webpages of these publicly funded institutions. The AfDB projects database is so unhelpful—and only dates to 2004—that we had to search the entire website project by project and undoubtedly overlooked some. The IDB only publishes documents on projects over $150,000 but IDB projects for reproductive health and HIV/AIDS are often smaller. This made it difficult for us to locate and review a *Gender Sensitization in HIV/AIDS Prevention and Mitigation* project in Jamaica. Both the World Bank, AfDB, and IDB—but in particular the World Bank—channel large amounts of funding through components in projects that are not dedicated solely to reproductive health or

[17] The United States government additionally limits support for sexual and reproductive health and rights through its bilateral aid and through restricting support for United Nations entities such as the UNFPA (Sippel 2007).

[18] The alleged managing director was Juan José Daboub, former finance minister of El Salvador and a strong supporter of the Bush anti-family planning agenda.

HIV/AIDS. However they do not indicate exactly how much funding finances these components, making it difficult for outsiders to assess exact funding levels.[19] For these reasons, Gender Action has always been a strong supporter of increasing transparency at the MDBs and IMF, such as through the Global Transparency Initiative.[20]

5. Conclusions

This initial research has revealed some startling trends in MDB funding for reproductive health and HIV/AIDS and the quality of MDB investments. The regional MDBs on average devote less then one percent of their entire budget to either of these themes. The largest MDB funder for both reproductive health and HIV/AIDS —the World Bank—is diminishing its funding for both. This is occurring simultaneously when conservative political appointees are trying to weaken World Bank commitments and investments in reproductive health. The other MDBs that fund reproductive health and HIV/AIDS projects provide relatively little support. In particular, the IDB and AfDB provide little funding for HIV/AIDS, and the ADB provides astonishingly few resources for reproductive health. The AfDB, which has committed to reducing poverty and empowering women on a continent where young females constitute the vast majority of people living with HIV and AIDS, must significantly increase spending on HIV/AIDS and reproductive health from a mere fraction of one percent of its spending (See Annex 3, Table 9).

Gender Action research confirms that MDB policies include gender equality goals, but these commitments often evaporate or disappear in budget allocations (CIEL and Gender Action 2007; Clark et al. 2006:24).

It could be argued that foundations and other agencies such as the Bill and Melinda Gates Foundation and The Global Fund to fight AIDS, Tuberculosis and Malaria are taking up the slack as World Bank funding for reproductive health and HIV/AIDS diminishes. But the MDBs and IMF retain significant power over poor countries' policy decisions which we show diminishes country spending on health workers.

In terms of the quality of MDB funding for reproductive health and HIV/AIDS, we found a handful of gender sensitive MDB projects. However, the overwhelming majority of projects lacked a gender analysis essential to improve reproductive health and rights and halt the spread and feminization of HIV/AIDS and related violence against women (Women Won't Wait Campaign 2007). Furthermore, most MDBs still focus primarily on maternal health issues over reproductive and sexual health and rights more broadly.

This report also identified endemic sustainability challenges resulting from the type of MDB support for reproductive health and HIV/AIDS provided by the MDBs. First, since an adequately staffed public sector is necessary to fulfill the human right to health, the nearly exclusive MDB investments in facilities and training will not solve the current global health crisis. Governments must have access to funding for public sector employee wages either through locally generated funds or reliable, long-term grants. Second, the fixed short term MDB project life cycle often results in debt burdens with little or no benefits to communities. For these reasons, MDB

[19] In many cases reproductive health and HIV/AIDS elements of a project are components of components. For example, the health component of a $60 million World Bank *Poverty Reduction Support Credit* to Burkina Faso is 20% of the total project cost. But it is difficult to assess from the outside exactly how much of that $12 million health component supports reproductive health and how much goes to other areas of the health sector.

[20] www.ifitransparency.org/

project descriptions that promise to sustainably increase access to reproductive health, HIV/AIDS and other services are misleading.

We also identified a number of MDB and IMF practices that undermine reproductive health and HIV/AIDS goals. Harmful conditionalities such as privatization of state-owned enterprises, "wage bill" ceilings, and user fees commonly imposed by the MDBs and IMF limit governments' ability to address reproductive health and HIV/AIDS imperatives, and undermine women's and men's ability to realize their right to a healthy life. The MDBs and IMF must end policy-based lending.

Only a massive civil society advocacy campaign could overcome the foregoing impediments to deploying the world's largest development assistance programs toward improving reproductive health, ending HIV/AIDS and achieving these and other MDGs. The next section proposes steps to develop such an advocacy campaign.

6. Next Steps

This report based on analyzing MDB project documents presents a first picture of the quantity and quality of recent MDB financing of reproductive health and HIV/AIDS projects and describes MDB and IMF impediments to achieving their reproductive health, HIV/AIDS and other MDG goals. Gender Action has developed an agenda of follow-up steps to complete the initial research presented in this report and undertake advocacy to ensure MDB spending on reproductive health and HIV/AIDS is adequate, high quality and implementable. Funding permitting, Gender Action hopes to move this agenda forward by producing the following outputs:

1. **In-Depth Report:** As a follow-up to this initial report, produce an in-depth report for activists and policymakers on the IFIs' role in population, reproductive health and HIV/AIDS services to inform advocacy, especially focusing on the World Bank but also investigating the IDB, AfDB, and ADB. The World Bank is the strategic IFI target because it is by far the largest IFI funder in these areas, and it sets the standard for all the regional development banks. Therefore improving the World Bank's performance on these issues raises the bar globally. This new cutting-edge research would be based on:
    a. Interviewing (1) IFI staff to clarify issues identified in this report and obtain information not available online; (2) Experts in population, reproductive health and HIV/AIDS.
    b. Following our small sample in this report, analyze a larger statistically representative sample of IFI population, reproductive health, and HIV/AIDS projects from 2000 to 2006.
    c. Assessing the effectiveness of IFI population, reproductive health, and HIV/AIDS project implementation. Our previous work only reviewed IFI project documents approved by IFI Boards of Directors, prior to project implementation. Independently evaluating implementation would reveal how IFI projects affected people on the ground – whom the IFIs call "project beneficiaries." But assessing implementation is a costly process. While it could entail examining IFI project completion reports and other self-evaluations of project implementation, these alone present subjective records. To objectively assess project outcomes and impacts, ideally Gender Action and/or partners on the ground would interview local residents who participated in IFI project design and were "beneficiaries" of

a sample of IFI projects in select countries. Doing so would require field visits either by Gender Action working with local partners, or by local partners solely.

2. **Toolkit for Activists:** Produce a toolkit for activists to guide their work and inform their advocacy campaigns, distilled from the information in Mapping and the follow-up in-depth report. The toolkit would include essential data on each IFI in population, reproductive health and HIV/AIDS, map the relevant units working on these issues within each IFI, identify possible points of leverage, and provide guidelines for advocacy by citizens' groups around the world.

3. **Advocacy**: Coordinate a massive advocacy campaign, working with civil society coalitions and networks, to pressure the IFIs to increase and improve spending on population, reproductive health, and HIV/AIDS, and remove their impediments to achieving MDG reproductive health and HIV/AIDS targets such as user fees and other loan requirements. Also it will be critical to undertake advocacy on governments, including those holding the largest shares and influence over the IFIs—among them the U.S. is the largest shareholder—as well as the least influential governments which are the most impacted by IFI policies to enable the latter to better negotiate with the IFIs.

   The advocacy campaign would entail a number of steps, including:

   - **Disseminating** our in-depth report highlighting our research findings to IFI and governmental staff and policymakers by hosting public events to pressure the IFIs to do more, better.
   - **Developing and strengthening partnerships** and **building capacity** within the international reproductive health and rights, and IFI watcher communities to increase collective pressure on the IFIs through workshops and events such as those Gender Action sponsors for Southern, Northern, and global groups. We would also build health-community pressure on the IFIs through disseminating information. Capacity-building would include training workshops based on the toolkit targeting activists in the global South and North to give them tools necessary to ensure IFI investments enhance and do not undermine essential family planning, reproductive health and HIV/AIDS services.

Undertaking the above next steps aims to achieve the following outcomes:

1. Increased women's and men's access to high-quality family planning methods, reproductive health services, HIV prevention tools, and AIDS treatment.
2. Increased IFI investments in population, reproductive health and HIV/AIDS as well as addressing these considerations in IFI non-health investments, particularly policy-based loans.
3. Improved quality of IFI population, reproductive health, and HIV/AIDS investments.
4. An end to IFI conditions which prevent poor countries from spending to address these issues.
5. No more IFI-imposed "user fees" that prevent poor women and men from accessing population and reproductive health services.
6. Achievement of the MDGs, especially MDGs Five and Six which promise improved maternal health and reduced incidence of HIV/AIDS.

Annex 1. MDB and IMF Commitments to Reproductive Health and HIV/AIDS

MDB	Current Policies and Strategies[21]	Year	Description	Extent of Support for RH and HIV/AIDS
Asian Development Bank (ADB)	Development, Poverty and HIV/AIDS: ADB's Strategic Response to a Growing Epidemic http://www.adb.org/Documents/Others/in90-05.pdf	2005	The goal of this strategy is to support member countries to achieve Millennium Development Goal 6/Target 7: to halt and begin reversing the spread of HIV/AIDS by 2015. The purpose of ADB's interventions is to ensure that an effective response to HIV/AIDS is in place at the regional and country levels through: 1. Leadership support: strengthen the commitment of regional leaders to address HIV/AIDS through: (a) Policy dialogue on HIV/AIDS with member countries; (b) Evidence for advocacy and decision-making, and; (c) Regional activities to raise awareness and commitment. 2. Capacity Building: increase capacity at country and regional levels to address HIV/AIDS by: (a) Supporting the formulation and implementation of HIV/AIDS strategies at national and regional levels, and; (b) Helping improve efficiency and effectiveness of HIV/AIDS programs. 3. Targeted Programs: expand HIV/AIDS interventions that mitigate risk among the poor, the vulnerable and the high-risk groups through: (a) Integrating HIV/AIDS activities in ADB infrastructure projects that potentially interact with, create or enhance high-risk environments or behaviors for HIV/AIDS; (b) Integrating HIV/AIDS activities in ADB projects in other sectors (non-health and non-infrastructure sectors); (c) Supporting NGOs and programs targeting groups with high-risk behavior, and; (d) Supporting HIV/AIDS projects that specifically target women and girls in selected member countries (ADB 2005B:26). The ADB commits to integrate gender in the three priority actions (ADB 2005B :29).	The strategy is entirely about HIV/AIDS.
Asian Development Bank	Policy for the Health Sector http://www.adb.org/Documents/Policies/Health/health.pdf	1999	The Bank's overall approach in the health sector is to help member countries ensure that "their citizens have broad access to basic preventive, promotive, and curative services that are efficacious, cost effective, and affordable" (ADB 1999:xi). The five strategic considerations are:	This policy incorporates reproductive health and HIV/AIDS issues.

[21] We only include policies and strategies currently in effect. We do not include policies and strategies that have been superseded by a more recent policy or strategy.

MDB	Current Policies and Strategies[21]	Year	Description	Extent of Support for RH and HIV/AIDS
			1. Improve health of the poor, women, children and indigenous peoples by increasing lending in health with an emphasis on primary care and focusing on vulnerable groups, particularly women. This includes improving reproductive health and family planning services (Ibid:xii,63). 2. Focus on achieving tangible, measurable results by: (a) strengthening monitoring and evaluation of the health sector; (b) emphasizing highly effective interventions; (c) improving the quality of loans, and; (d) improving implementation; 3. Support the testing of "innovative approaches and the rapid deployment of effective and affordable new technologies; 4. Through policy dialogue, encourage member governments to "take an appropriate and activist role in the health sector" including increasing budgetary allocations for primary care, diversifying sources of financing, increasing collaboration with the private sector, and increasing support for public goods such as research, health education and regulation; 5. Increase the efficiency of investments in health by: (a) helping strengthen management capacity of the public sector; (b) improving economic and sector work and linkages with other sectors, including ensuring that construction sites associated with power or road sector projects do not become a focus of HIV infection, and; (c) collaboration with partner institutions (Ibid:xii, 70).	
Asian Development Bank	Population Policy: Framework for Assistance in the Population Sector[22] http://www.adb.org/Documents/Policies/Population/population.pdf	1994	The Bank's three pronged strategy for fertility decline, as part of its objective to integrate Population and Women in Development, is: 1. Enhancing the educational, economic, and social status of women as participants in the development process; 2. Protecting women's reproductive rights and health, and; 3. Equitable access to family planning services (ADB 1994:ii). The Policy reads, "The crucial variable is the educated and healthy Asian woman able to manage her productive and reproductive life in the best interest of family and society" (Ibid:ii). The scope for Bank assistance in reducing fertility rates in member	Includes reproductive health considerations. *Cost-recovery measures could limit access for poor women and men.*

[22] Despite being 13 years old, this Strategy is the ADB's most recent population policy.

MDB	Current Policies and Strategies[21]	Year	Description	Extent of Support for RH and HIV/AIDS
			countries is to: 1. Review educational achievement of girls and boost gender equity in enrollment, and; 2. Integrate women's reproductive health in Bank projects which include health and family planning. These interventions will vary depending on the typology of the member country (Ibid:iii). The bank will execute three types of activities based on the context in the member country: 1. Population sector reviews in country strategy and programming (Ibid:iv); 2. Sector work and human resource development to give clear guidance on gaps and gender disparities in access to basic social services in order to reduce high levels of fertility and mortality (Ibid:iv); 3. Greater flexibility in the selection of population projects to consider projects with high levels of local financing and recurrent expenditures, and low levels of cost recovery. The bank should emphasize "first generation" projects where there is little or no infrastructure in place (Ibid:41); 4. Collaboration in the population sector on a case-by-case basis with the UN Population Fund, the World Bank, bilateral donors, and NGOs (Ibid:v). Cost-recovery is desirable but "not normally" a condition for borrowing (Ibid: v).	
African Development Bank	Guidelines on Communicable Diseases see: http://www.afdb.org/portal/page?_pageid=473,970125&_dad=portal&_schema=PORTAL	2004	Not disclosed. The AfDB mentions this policy as part of the institution's policy on HIV/AIDS.	The AfDB's failure to systematically disclose its policies undermines its legitimacy and the ability for civil society to hold it accountable.
African Development Bank	Policy on Population and Strategies for Implementation	2002	The goal is to help member countries develop and implement integrated population policies and programs in the context of poverty reduction. This includes: (1) access to reproductive health services with an	This very enlightened policy is entirely about population and reproductive health

MDB	Current Policies and Strategies[21]	Year	Description	Extent of Support for RH and HIV/AIDS
	http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/ENVIRONMENTALANDSOCIALASSESSMENTS/POPULATION%20POLICY_0.PDF		emphasis on maternal and child health care; (2) adolescent sexuality and satisfying their unmet needs for family planning, information education communication, and community-based service delivery and social marketing. Poverty reduction will address population issues that indirectly influence demographic processes such as universal primary and girls' education, vocational training and employment; urbanization; economic empowerment of the vulnerable groups; capacity building and research. The specific objectives are to: • Support programs and direct interventions aimed at reducing fertility; • Build human resources through implementing education and health programs and skills building opportunities, to stimulate household income and savings and support gender balanced socioeconomic opportunities; • Help governments develop legal frameworks and policies to improve the response to adolescents' and women's' sexual and reproductive health and rights, including gender-based discrimination and cultural practices that increase women's risks of illness or death and economic marginalization; • Assist governments to set up policies and strategies for the management and empowerment refugees by addressing their family planning and reproductive health services, skills building and access to productive assets, and; • Assist African countries to achieve a balance between population growth and economic growth, by making information on the population and development interrelationship through training and increased awareness. Strategic actions include: • Population policy formulation and implementation; • Access to Reproductive Health Services and Rights; • Integrated population activity providing social, economic and political empowerment; • Management of migration, urbanization and environmental issues; • Youth empowerment, and; • Research and capacity building.	issues.

MDB	Current Policies and Strategies[21]	Year	Description	Extent of Support for RH and HIV/AIDS
African Development Bank	HIV/AIDS Strategy Paper for Bank Group Operations (ADB/BD/WP/2001/11/Rev. 3.)	2001	Not disclosed. May be a strong policy judging from language on website: http://www.afdb.org/pls/portal/PORTAL.wwv_media.show?p_id=154608&p_settingssetid=19&p_settingssiteid=0&p_siteid=273&p_type=basetext&p_textid=155068	See comments on the AfDB's 2004 policy (above). The policy is entirely about HIV/AIDS.
African Development Bank	Health Sector Policy Paper (ADB/BD/WP/96/52)	1996	Not disclosed.	See comments on the AfDB's 2004 policy (above).
European Bank for Reconstruction and Development	None	n/a	n/a	n/a
European Investment Bank	EIB Lending for Health and Education http://www.eib.europa.eu/Attachments/thematic/health_education_2006_en.pdf	2006	The focus is entirely on investments in human capital inside the European Union without discussing any investments outside of Europe.	The health strategy fails to mention reproductive health or HIV/AIDS.
Inter-American Development Bank	(Draft) Health Strategy (Framework for Bank Action in the Sector) Profile http://www.iadb.org/sds/doc/GN%2D2321%2DE.pdf see also: http://www.iadb.org/idbLink.cfm?linkID=280&language=EN	2004	Not disclosed. In Consultation phase since July 2004.	Document unavailable for review.
Inter-American Development Bank	Public Health Policy http://www.iadb.org//exr/pic/VII/OP_742.cfm	No date	The IDB prioritizes investments in countries with "a generally unsatisfactory health condition" with particular attention to: a) Providing basic health services for the slums of urban centers, as well as rural areas; b) Assisting the establishment and expansion of maternal/child health care; c) Make potable water and facilities for disposal of wastes as well as other environmental improvements available; d) Controlling and reducing eradicable and reducible disease in specific geographic areas; e) Achieving a well balanced ratio between	The policy prioritizes maternal and child health care, but fails to mention HIV/AIDS. *User fees encouraged by the IDB could limit access of poor women and men to services.*

MDB	Current Policies and Strategies[21]	Year	Description	Extent of Support for RH and HIV/AIDS
			professional and auxiliary medical personnel and the population; f) Improving the management and planning of existing health facilities and services as part of an integrated national health program; g) Preinvestment in health planning and assistance in project preparation; h) Assistance to establish and implement national nutritional policies; i) Health and hygienic education (IDB No date A). The following are some of the activities: Rural health centers; constructing, expanding and modernizing hospitals; potable water and sewage systems; pharmaceuticals and nutritional supplements; staffing (called 'health manpower'), education and training, and; social and economic development projects that integrate health elements (IDB No date A). The policy requires borrowers impose user fees whenever possible, and increase taxes when user fees are not possible.	
Inter-American Development Bank	Population Policy http://www.iadb.org//exr/pic/VII/OP_741.cfm	No date	The IDB will fund projects in member countries to support population policies which form an integral part of a social development policy and which have as their primary objective improvement of family welfare. Priority activities include demographic analysis and health (IDB No date B). The IDB's five areas of concern for Latin America are: 1. Productive rural and urban employment; 2. Increased effectiveness of investments in human beings; 3. Further integrate vast areas in the interior of Latin America, including undeveloped natural resources; 4. Migration triggered by asymmetrical development must be included as a factor in national integration. The Bank should help cultivate new "industrial poles;" 5. Population must be considered as one of the major factors in the process of regional integration given movements between bordering countries and the so called brain and talent drain (IDB No date B). The Bank supports activities related to "the population problem" such as maternal and child welfare programs, including family planning (IDB No date B).	IDB funds maternal and family planning, but "the type and range of activities depend on a country's general acceptance of maternal and child welfare programs." Never mentions the words 'reproductive' or 'contraception.'
International	Health Sector Strategy	No	The IFC's Health Sector Strategy defines the role of the IFC in promoting	This very short strategy

MDB	Current Policies and Strategies[21]	Year	Description	Extent of Support for RH and HIV/AIDS
Finance Corporation	http://www.ifc.org/ifcext/che.nsf/content/strategy	date	private sector investment in the health sector. The IFC's objectives in the sector are: (1) *business*: to provide financing for projects; and (2) *development*: to improve the health sector's ability to improve services. It is currently moving from an investment portfolio dominated by the 'hospital sector' to non-hospital investments such as private health insurance, pharmaceuticals, and training health workers.	makes no mention of reproductive health. It mentions HIV once, as one of the "pressing issues" in the health sector. Its thrust is privatizing health services which tend to be unaffordable to poor men and women.
International Monetary Fund	None	n/a	n/a	n/a
Islamic Development Bank	None	n/a	n/a	n/a
World Bank	Healthy Development: The World Bank Strategy for Health, Nutrition, and Population Results (HNP Strategy) http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1154048816360/HNPStrategyFinalTextAnnexes.pdf	2007	The objective of the Strategy is to contribute to improving life and health conditions of the poor and the vulnerable by focusing on client-country efforts to achieve results in the following four Strategic Objectives: 1. Improve the level and distribution of key HNP outcomes, outputs, and system performance at country and global levels in order to improve living conditions, particularly for the poor and the vulnerable; 2. Prevent poverty due to illness (by improving financial protection); 3. Improve financial sustainability in the HNP sector and its contribution to sound macroeconomic and fiscal policy and to country competitiveness; 4. Improve governance, accountability, and transparency in the health sector (World Bank 2007A:30). These results are supported through the following five Strategic Directions: 1. Renew Bank focus on HNP results; 2. Increase the Bank contribution to client-country efforts to strengthen and realize well-organized and sustainable health systems for HNP results; 3. Ensure synergy between health system strengthening and priority-disease interventions, particularly in low income countries; 4. Strengthen Bank capacity to advise client countries on an intersectoral approach to HNP results; 5. Increase selectivity, improve strategic engagement, and reach	The first mention of reproductive health and discussion of HIV/AIDS is in an 'Implications' subsections towards the end of the document which clarifies the Bank's role in population and HIV/AIDS (World Bank 2007A:64-67; 68-70). The heart of the strategy—the Strategic Objectives and Strategic Directions—fail to mention HIV/AIDS and gloss over reproductive health (World Bank 2007A:48-52;53-63, respectively). The Implementation section fails to mention either (World Bank 2007A:72-81). User fees block the poor from access to services. This strategy back peddles on the

MDB	Current Policies and Strategies[21]	Year	Description	Extent of Support for RH and HIV/AIDS
			agreement with global partners on collaborative division of labor for the benefit of client countries (World Bank 2007A:31). The 'Implications' section affirms the Bank's commitment to the Program of Action of the United Nations International Conference on Population and Development (Ibid:67). The Bank promises to focus its contributions in countries with high unmet needs in sexual and reproductive health in, upon country demand, in the following areas: (1) Assessing multisectoral constraints to reducing fertility, determining impacts of population changes on health systems and other sectors, and assisting countries in strengthening population policies; (2) Providing financial support and policy advice for comprehensive sexual and reproductive health services, including family planning, and maternal and newborn health; (3) Generating demand for reproductive health information and services, including improving girls' education and women's economic opportunities, and reducing gender disparities; (4) Raising the economic and poverty dimensions of high fertility in strategic documents that inform policy dialogue (including PRSPs) (World Bank 2007A:67). In HIV/AIDS, the Bank will improve efficiency and, when necessary, expand supply capacity and contribute to Efficiency improvements and increase supply capacity through infrastructure investments (World Bank 2007A:69). In terms of financing, the Bank commits to the following (upon government request): (1) Leveraging global partner funding and/or providing increased and predictable long-term financing for the health sector and HIV/AIDS; (2) Creating fiscal space and reducing distortions to help countries develop ways of enhancing capacity to absorb and reduce the adverse effects of fiscal shocks and create fiscal space for necessary health interventions, including HIV/AIDS prevention and treatment; (3) Enhancing financial and democratic accountability; (4) Providing financial and technical capacity to countries requesting help with the development of health financing systems that promote accountability, efficiency, and financial protection including testing new approaches (World Bank 2007A:69-70).	Bank's commitment to oppose user fees by stating, "user fees have a role to play as copayment when there is evidence of excess demand" (World Bank 2007A:50).

MDB	Current Policies and Strategies[21]	Year	Description	Extent of Support for RH and HIV/AIDS
World Bank	The World Bank's Global HIV/AIDS Program of Action http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1127498796401/GHAPAFinal.pdf	2005	The Bank intends this global, three year program to strengthen the Bank's response to HIV/AIDS at the country, regional, and global levels through lending, grants, analysis, technical support and policy dialogue (World Bank 2005E). The five action areas are: 1. Support to strengthen national HIV/AIDS strategies; 2. Fund national and regional HIV/AIDS programs; 3. Accelerate implementation of actions; 4. Strengthen country monitoring and evaluation systems, and; 5. Knowledge generation, sharing and impact evaluation.	This strategy is entirely about HIV/AIDS.
World Bank	The World Bank's (HIV/AIDS Sector) Strategy for South Asia http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/EXTSAREGTOPHEANUT/EXTSAREGTOPHIVAIDS/0,,contentMDK:20543028~pagePK:34004173~piPK:34003707~theSitePK:496967,00.html	2005	Through lending, advice, analysis, assistance and capacity-building, the HIV/AIDS Strategy aims to: 1. Mobilize countries to improve and accelerate their response to HIV AIDS; 2. Support to countries in their efforts to slow the spread of the disease, and; 3. Support treatment and care for those already living with HIV/AIDS (World Bank 2005C). The main components of national projects include: -Focused prevention for highly vulnerable subpopulations, through service delivery, community mobilization and empowerment; -Interventions aimed at increasing knowledge and reducing stigma among the general population; -Management and prevention of sexually transmitted infections; -Strengthening surveillance systems and monitoring and evaluation; -Improving blood safety; -Care and support to people living with HIV/AIDS, including treatment of opportunistic infections; -Promoting and sustaining political and societal commitment and leadership to fighting HIV/AIDS; and -Strengthening public and private institutions for a multi-sectoral response.	This strategy is entirely about HIV/AIDS, although it is not a comprehensive strategy nor is it clear that it has been approved by the Board. It is one page on a website and full of typos.
World Bank	Preventing HIV/AIDS in the Middle East and North Africa: A Window of Opportunity to Act	2005	This strategy notes that the Middle East and North Africa (MENA) region currently has low levels of HIV/AIDS infection which requires advocacy, information/knowledge, and prevention (World Bank 2005A:xiii). It also notes a "profound" lack of data on HIV epidemics in MENA and high levels of stigma and discrimination against people with HIV/AIDS (Ibid:	This strategy is entirely about HIV/AIDS.

MDB	Current Policies and Strategies[21]	Year	Description	Extent of Support for RH and HIV/AIDS
	http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1127498796401/082136264XPreventingHIV.pdf		xiv). The strategy aims to: 1. Engage political leaders, policy makers, and key stakeholders to raise awareness and increase priority for HIV/AIDS programs including through policy dialogue with clients during preparation of Country Assistance Strategies, Public Expenditure Reviews, Poverty Reduction Strategy Papers (PRSPs), and conferences/meetings; 2. Support surveillance systems and strengthen research and evaluation of HIV/AIDS through Economic and Sector Work/Analytical and Advisory Activities, monitoring and evaluation, and research; 3. Support the development of national HIV/AIDS strategies and programs, and; 4. Support capacity building and knowledge sharing for the management of HIV/AIDS programs (Ibid: xvii).	
World Bank	Addressing HIV/AIDS in East Asia and the Pacific http://siteresources.worldbank.org/INTEAPREGTOPHIVAIDS/PublicationsandReports/20282986/Regional_Paper.pdf	2004	The Bank will develop country specific strategies based on the needs of the country and the stage of HIV/AIDS in the country. The strategy is the basis for World Bank engagement, designed in concert with national strategic HIV/AIDS plans and World Bank Country Assistance Strategies. The strategy provides specific work plans that incorporate some mix of analytic and advisory work, lending, and regional activities (World Bank 2004A:7). The country-specific HIV/AIDS strategy focuses on: 1. Building political commitment and multisectoral support; 2. Increasing public health surveillance, monitoring, and evaluation; 3. Assisting countries in monitoring and evaluating the effectiveness of HIV/AIDS programs; 4. Ensuring prevention is a pillar of government programs; 5. Helping to understand operational issues related to care, support, and treatment, and; 6. Working with governments to help in the formulation of better policies for public and the private sectors to improve access to care, support, and treatment (Ibid: 8-9).	This strategy is entirely about HIV/AIDS.

MDB	Current Policies and Strategies[21]	Year	Description	Extent of Support for RH and HIV/AIDS
World Bank-Europe and Central Asia Region	Averting AIDS Crises in Eastern Europe and Central Asia - A Regional Support Strategy[23] http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2003/10/25/000094946_03100904005390/Rendered/PDF/multi0page.pdf	2003	The Strategy's priorities are: 1. Raising social and political commitment to deal with HIV/AIDS; 2. Generating and using essential information in Country Assistance Strategies, Poverty Assessments, Development Policy Reviews, Public Expenditure Reviews, and Medium-Term Expenditure Frameworks, will provide opportunities for mainstreaming policy discussions on HIV/AIDS and tuberculosis control; 3. Preventing HIV infections by improving blood safety, interventions targeting high risk groups; 4. Ensuring good quality, sustainable care, and; 5. Controlling the dual tuberculosis-HIV epidemic (World Bank 2003:26-33).	This strategy is entirely about HIV/AIDS.
World Bank	The World Bank Strategy for Health, Nutrition, and Population in the East Asia and Pacific Region Available for a $22 fee. Free 'Glimpse' of first chapter at: http://www1.worldbank.org/publications/pdfs/14739frontmat.pdf	2000	The Bank's priorities in the region are to: 1: Improve the health, nutrition, and population outcomes of the poor; 2: Enhance the performance of health care systems; 3: Secure sustainable health care financing (World Bank 2000:viii-ix). Key steps for achieving these objectives are: • Increasing project selectivity based on regional priorities above; • Addressing country-specific needs; • Improving portfolio quality; • Improving client services; • Strengthening partnerships (World Bank 2000:ix).	The first chapter mentions reproductive health and HIV/AIDS a number of times but does not make any commitments.
World Bank	A Health Sector Strategy for the Europe and Central Asia Region Available for a $22 fee at: http://publications.worldbank.org/ecommerce/catalog/product?item_id=210282	1999	This strategy summarizes the World Bank's experience so far in the issues facing health policymakers and suggests lessons. It outlines both an external strategy by which the Bank's health staff could assist countries to restructure their health systems and an internal strategy by which the staff could organize their own activities to achieve this result.	This strategy was not reviewed. It should be free and published in full on the World Bank's website.

[23] The following four papers on HIV/AIDS in Europe and Central Asia are also listed on the World Bank's Global HIV/AIDS Program of Action website: Combating HIV/AIDS in Europe and Central Asia (2005-04-13); Reversing the Tide: Priorities for HIV/AIDS Prevention in Central Asia (January 1 2005); MDGs for Health in Europe and Central Asia (June 1 2004), and; HIV/AIDS and TB in Central Asia (November 11 2003). This table focuses on Averting AIDS Crises in Eastern Europe and Central Asia - A Regional Support Strategy because it contains a program of action.

MDB	Current Policies and Strategies[21]	Year	Description	Extent of Support for RH and HIV/AIDS
World Bank	Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis http://siteresources.worldbank.org/AFRICAEXT/Resources/aidstrat.pdf	1999	This very passionate (albeit outdated) strategy condemns the lack of Bank and global action on HIV/AIDS and argues that in order to compensate for lost time, the Bank and its development partners must: 1. Put the HIV/AIDS crisis at the center of their national agendas and popularize early preventative action; 2. Build capacity within governments, communities, and the private sector to design and implement effective programs including modifying existing Bank-financed projects (or developing new ones) to build capacity for HIV/AIDS prevention and care; 3. Strengthen Bank capacity to respond to country requests for support by making HIV/AIDS a central element of its development agenda for Africa; provide timetables and guidance for Bank country teams to address the subject in all their projects and activities; include HIV/AIDS as an aspect of all country assistance strategies; require AIDS impact assessments for all projects; and issue a Bank operational directive on the subject.[24] 4. Build capacity within the Bank to mobilize others by establishing an AIDS Campaign Team, ACTafrica, to provide operational support in all sectors; 5. Continue Bank efforts to help countries improve their economic and social circumstances and slow the spread of the epidemic; 6. Expand the resources available for fighting HIV/AIDS through increased funding for prevention, care, and treatment; 7. Retrofit Bank-financed projects to reach more vulnerable populations and address long-term needs created by HIV/AIDS including by supporting social assessment and impact studies to develop long-range planning;[25] 8. Mobilize additional resources from the international community through high-level meetings; better collaboration with UNAIDS and other actors, and; 9. Identify new ways of financing the development of affordable	This outdated strategy is entirely about HIV/AIDS.

[24] The Bank never issued an operational directive on HIV/AIDS and the Operations Manual never mentions the word HIV.

[25] The Strategy includes a small section titled, "Assess the Impact of Development Projects on HIV/AIDS" which says, "Major development projects may inadvertently facilitate the spread of HIV. For example, major construction projects often require large numbers of male workers to live apart from their families for extended periods of time, leading to increased opportunities for men to purchase commercial sex and to an increased likelihood that women left behind may resort to it for economic survival. These projects can be designed or retrofitted to reduce these risks by providing innovative means to keep families together, reduce mobility, generate income, and provide strong prevention programs."

MDB	Current Policies and Strategies[21]	Year	Description	Extent of Support for RH and HIV/AIDS
			vaccines and other prevention options and support research efforts to provide decision-makers with the data and tools they need to intensify their efforts against the epidemic (World Bank 1999).	

Annex 2. List of Approved MDB Reproductive Health and/or HIV/AIDS Projects and Components, 2003-2006

See Annex 5 for an in-depth analysis of MDB projects shaded below.

Table 1. Approved ADB Reproductive Health (RH) and HIV/AIDS (H/A) Projects, 2003-2006[26]

Project Name	Country/ Executing Agency (where available)	RH and/or H/A	Type of Project[27]	Project No.	Approval Date	Approved Amount (US$)	Loan or Grant
Demographic and Health Survey in Papua New Guinea	*Papua New Guinea/ Department of National Planning & Rural Development*	*RH*	*Dedicated: Technical Assistance*	*39354-01/02*	*7-Jul-2006 / 24-Oct-2006*	*357,000*	*Grant*
HIV/AIDS Prevention Among Youth	Viet Nam, Soc Rep of/ Vietnam Comm for Population, Family and Children	H/A	Dedicated: Technical Assistance	38581	30-Jun-2006	20,000,000	Grant
HIV/AIDS Prevention and Control in Rural Development Enclaves	Papua New Guinea/ Department of Health	H/A	Dedicated: Technical Assistance	39033	25-Apr-2006	15,000,000	Grant
HIV/AIDS and Migration[28]	*Tajikistan/ Ministry of Health*	*H/A*	*Dedicated: Project*	*38236-01*	*17-Nov-05*	*500,000*	*Grant*
HIV/AIDS Prevention and Capacity Development in the Pacific	Regional/ Secretariat of the Pacific Community	H/A	Dedicated: Regional Technical Assistance	38599	8-Nov-2005	8,000,000	Grant
HIV/AIDS Vulnerability and Risk Reduction Among Ethnic Minority Groups Through Communication Strategies	Regional/ UNESCO	H/A	Dedicated: Regional Technical Assistance	36228	1-Jul-2005	700,000	Grant
Socioeconomic Implications of	Regional/	H/A	Dedicated:	38635	29-Apr-2005	300,000	Grant

[26] Projects compiled by a keyword search of the ADB's project database for the words 'reproductive,' 'maternal,' 'population,' and 'HIV.'

[27] All relevant ADB projects are dedicated, in that they focus primarily on reproductive health or HIV/AIDS, and the nearly all are technical assistance projects intended to transfer knowledge and skills and strengthen capacity.

[28] This project is piggybacked to Loan Dushanbe-Kyrgyz Border Road Rehabilitation Project, Phase II

Project Name	Country/ Executing Agency (where available)	RH and/or H/A	Type of Project[27]	Project No.	Approval Date	Approved Amount (US$)	Loan or Grant
HIV/AIDS in the Pacific	Asian Development Bank		Regional Technical Assistance				
Maternal Mortality Reduction	Mongolia/ Ministry of Health	RH	Dedicated: Technical Assistance	38066	10-Feb-2005	1,000,000	Grant
Awareness and Prevention of HIV/AIDs, Sexually Transmitted Infections, and Human Trafficking[29]	Kyrgyz Republic/ Ministry of Healthcare	H/A	Dedicated: Technical Assistance	38575	23-Nov-2004	500,000	Loan
Awareness and Prevention of HIV/AIDS and Human Trafficking[30]	Mongolia	H/A	Dedicated: Technical Assistance	38105	22-Jul-2004	420,000	Loan
Strengthening the Response to HIV/AIDS in Asia and the Pacific[31]	Regional	H/A	Dedicated: Regional Technical Assistance	38035	21-May-2004	150,000	Loan
Establishment of Pilot HIV/AIDS Care Centers[32]	Papua New Guinea	H/A	Dedicated: Technical Assistance	37216	30-Oct-2003	450,000	Grant
Preventing HIV/AIDS on Road Projects in Yunnan Province[33]	China, People's Republic/ Yunnan Department of Health	H/A	Dedicated: Technical Assistance	36399	14-Jul-2003	800,000	Loan
Financing Needs for HIV/AIDS Prevention and Care in Asia and the Pacific[34]	Regional	H/A	Dedicated: Regional Technical Assistance	37158	16-May-2003	150,000	Loan

[29] This project is piggybacked to Loan 2106-KGZ: Southern Transport Corridor Rehabilitation http://www.adb.org/projects/project.asp?id=36257. Report and Recommendation of the President http://www.adb.org/Documents/RRPs/KGZ/rrp-kgz-36257.pdf.

[30] This project is piggybacked to Loan 2087-MON: Regional Road Development Project: http://www.adb.org/Documents/RRPs/MON/rrp-mon-35377.pdf

[31] http://www.adb.org/Health/annual-sector-report.pdf

[32] http://www.adb.org/Documents/TARs/PNG/tar_png_37216.pdf

[33] http://www.adb.org/Documents/TARs/PRC/tar_prc_36399.pdf

[34] http://www.adb.org/Health/annual-sector-report.pdf

Project Name	Country/ Executing Agency (where available)	RH and/or H/A	Type of Project[27]	Project No.	Approval Date	Approved Amount (US$)	Loan or Grant
					Loans for Reproductive Health:	**0**	
					Grants for Reproductive Health:	**1,357,000**	
					Loans for HIV/AIDS:	**2,020,000**	
					Grants for HIV/AIDS	**44,950,000**	
					Total:	**$48,327,000**	

Table 2. Approved AfDB RH and H/A Projects and Components, 2003-2006[35]

Project Name	Country	RH or H/A	Type of Project[36]	Project No.	Approval Date[37]	Approved Amount (US$ Millions)	Loan or Grant
Support to Health Sector Strategic Plan Project II[38]	Uganda	RH	Component, Sector-wide: Health	Not available	Nov-2006*	30	Loan
Support to Maternal Mortality Reduction[39]	Tanzania	RH	Dedicated	Not available	Oct-2006*	60	Loan
Project D'Amenagement Des Routes Tiberi-Dakoro et Madoua-Bouza-Tahoua[40]	Niger	H/A	Component: Transport	Not available	31-Oct-2005 (Document Issuing Date)	1.25	Loan
Tombo-Gbessia Road Improvement[41]	Guinea, Republic of	H/A	Component: Transport	Not available	Jun-2005	12.37	Loan
Projet d'Entretien Routier[42]	Senegal	H/A	Component: Transport	P-SN-DB0-008	27-May-2005 (Document Issuing Date)	.95	Loan
Support to the Regional Initiative for HIV/AIDS/STI Prevention in the Indian Ocean Commission (IOC) Countries[43]	Multinational	H/A	Component: Health	PZ1-IBE-001	Sept-2004*	9	Grant
HIV/AIDS Control Programme[44]	Mali	H/A	Dedicated	Not available	Jun-2004*	12.43	Grant

[35] These projects were compiled by searching the AfDB entire website for keywords: 'reproductive,' 'maternal,' 'population,' and 'HIV' scanning the list of documents for projects approved or documents issued between 2003 and 2006. Projects that are new in this edition are italicized.

[36] We categorize projects as either dedicated to reproductive health or HIV/AIDS or as components of other type of projects. For project components, we distinguish what sector the project is in, and indicate whether it is a sector-wide project.

[37] Date of approval listed unless otherwise indicated. An asterisk * indicates that the date provided is the probable date of board approval.

[38] http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/OPERATIONSINFORMATION/UGANDA%20AR%20SHSSPPII.PDF

[39] http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/OPERATIONSINFORMATION/TANZANIA%20SUPPORT%20TO%20MATERNAL%20MORTALITY%20REDUCTION%20%E2%80%93%20APPRAISAL%20REPORT.PDF

[40] Project piggybacked onto a larger project. All social and environmental impact mitigation estimated at CFAF 602.3 million or US$1.25 million. http://www.afdb.org/pls/portal/url/ITEM/0490A154AC2747CDE040C00A0C3D4B5B

[41] http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/OPERATIONSINFORMATION/ADF_BD_WP_2005_56_E.PDF

[42] This project is piggybacked to a road maintenance project. AfDB anticipates that all social mitigation efforts for this project—including HIV/AIDS mitigation will cost CFAF 459 million, or US$.95 million http://www.afdb.org/pls/portal/url/ITEM/FE1F35DDA3175242E030C00A0C3D675F http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/OPERATIONSINFORMATION/ADF_BD_WP_2005_47_E.PDF

[43] http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/OPERATIONSINFORMATION/ADF_BD_WP_2004_118_E.PDF

Project Name	Country	RH or H/A	Type of Project[36]	Project No.	Approval Date[37]	Approved Amount (US$ Millions)	Loan or Grant
National Reproductive Health Support Program[45]	Cameroon, Republic of	RH	Component, Sector-wide: Health	Not available	Jun-2004	18.15	15.3 Loan 2.85 Grant
Education Sector Support Project[46]	Congo, Democratic Republic of	H/A	Component: Education	Not available	Mar-2004*	7.84	Grant
					Loans for Reproductive Health:	**105.3**	
					Grants for Reproductive Health:	**2.85**	
					Loans for HIV/AIDS:	**14.57**	
					Grants for HIV/AIDS:	**29.27**	
					Total:	**151.99**	

*Probable date of board approval.

[44] http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/OPERATIONSINFORMATION/ADF_BD_WP_04_68_E.PDF
[45] http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/OPERATIONSINFORMATION/ADF_BD_WP_04_53_E.PDF
[46] http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/OPERATIONSINFORMATION/ADF_BD_WP_04_11_E.PDF

Table 3. Approved IDB RH and H/A Projects, 2003-2006[47]

Project Name	Country/ Implementing Agency	RH or H/A	Type of Project[48]	Project No.	Approval Date	Approved Amount (US$)	Loan or Grant
DR-CAFTA's Impact on Drugs' Affordability: the Case of AIDS	*Regional/ IDB*	*H/A*	*Dedicated: Health Technical Cooperation (TC)*	*RG-T1245*	*1-Nov-2006*	*150,000*	*Grant*
Rainbow Project: Health & Opportunities for Vulnerable Children, Youth and Women	*Dominican Republic/ Instituto Promundo*	*H/A*	*Dedicated: Social Investment TC*	*DR-T1015*	*29-Aug-2006*	*150,000*	*Grant*
Regional System for Epidemiological Surveillance	*Regional/ Sistema De Integración Social Centro Ame*	*RH*	*Component: Health TC*	*RG-T1224*	*2-Aug-2006*	*150,000*	*Grant*
HIV/AIDS Prevention in Vulnerable Afro-Ecuadorian Population	Ecuador/ Sociedad Civil Afroamérica	H/A	Dedicated: Health TC	EC-T1054	21-Jul-2006	132,100	Grant
Strengthening the National Response to HIV/AIDS in Belize	*Belize/ National Aids Commission*	*H/A*	*Dedicated: Social Investment TC*	*BL-T1003*	*23-May-2006*	*109,740*	*Grant*
Documenting HIV/AIDS Intervention Programmes for Jamaican Children	Jamaica/ University Of The West Indies Mona	H/A	Dedicated: Health TC	JA-T1017	21-Apr-2006	41,500	Grant
Toolkit to Reduce Maternal and Infant Mortality Rates on Indigenous Populations	*Regional/ IDB*	*RH*	*Component: Social Investment TC*	*RS-T1234*	*28-Feb-2006*	*100,000*	*Grant*
Program on Adolescent Reproductive Health in Medellín	Colombia/ Alcaldía De Medellín (Medellín Mayor's Office)	RH	Dedicated: Health TC	CO-T1020	18-Jan-2006	749,000	Grant
Support the National Strategic Plan for HIV/AIDS	Suriname/ Ministry Of Health	H/A	Dedicated: Health TC	SU-T1007	15-Dec-2005	750,000	Grant
Reproductive Health Accounts in LAC: Methodology & Pilot	Regional/ Inter-American Development	RH	Dedicated: Health TC	RG-T1141	14-Nov-2005	150,000	Grant

[47] We compiled this list of projects by searching the IDB Projects Database for projects in the health sector by keywords: 'reproductive,' 'maternal,' 'population,' and 'HIV.' Projects that are new in this edition are italicized.

[48] The IDB defines 'Non-Reimbursable Technical Cooperation' as "a subsidy granted by the Bank to a developing member country to finance technical cooperation activities," targeting the least-developed countries of the region. IDB. No date. Technical Cooperation. http://www.iadb.org/aboutus/II/op_tech.cfm?language=English

Project Name	Country/ Implementing Agency	RH or H/A	Type of Project[48]	Project No.	Approval Date	Approved Amount (US$)	Loan or Grant
Applications	Bank						
Operative Tools and Innovative Strategies for Youth Development Interventions	*Regional/ IDB*	*H/A*	*Component: Social Investment TC*	*RS-T1107*	*5-Oct-2005*	*100,000*	*Grant*
Consolidación de Derechos en Salud Reproductiva	Chile/ Servicio Nacional De La Mujer	RH	Dedicated: Health TC	CH-T1003	14-Sep-2005	120,000	Grant
Improvement of Health Conditions in Honduras	*Honduras/ Secretaria De Salud*	*RH*	*Component: Health Loan*	*HO-L1002*	*16-Mar-2005*	*16,600,000*	*Loan*
Capacity Building for an Improved Financial Response to HIV/AIDS	Regional/ Fundación Mexicana De La Salud	H/A	Dedicated: Health TC	RG-T1069	24-Feb-2005	150,000	Grant
Diagnosis on Situation of HIV/AIDs in Colombia's Atlantic Department	Colombia/ Undisclosed	H/A	Dedicated: Health TC	CO-T1014	21-Jan-2005	55,000	Grant
Improving Maternal and Child Health	*Nicaragua/ Ministerio De Salud*	*RH*	*Component: Health Loan*	*NI-L1001*	*15-Dec-2004*	*30,000,000*	*Loan*
Gender Sensitization in HIV/AIDS Prevention and Mitigation	Jamaica/ Jamaica Aids Support For Life	H/A	Dedicated: Health TC	JA-T1010	13-Dec-2004	44,000	Grant
Strengthening of Rural Social Insurance	*Ecuador/ Instituto Ecuatoriano De Seguridad*	*RH*	*Component: Health Loan*	*EC0101*	*28-Sep-2004*	*5,000,000*	*Loan*
Enhancing Ecuador's Demographic and Mother-Child Health Information	*Ecuador*	*RH*	*Component: Health TC*	*EC-T1009*	*22-Jun-2004*	*770,000*	*Grant*
Caribbean Education Sector HIV/AIDS Response Capacity Building Program	Regional/ Caribbean Community Secretariat	H/A	Dedicated: Health TC	TC0301035	11-Feb-2004	565,000	Grant
Paraguay Social Protection Program	*Paraguay*	*RH*	*Component: Social Investment Loan*	*PR0147*	*17-Dec-2003*	*20,000,000*	*Loan*
Response Capacity Building Program HIV/AIDS Education Caribbean	*Regional*	*H/A*	*Dedicated: Education TC*	*TC0304014*	*3-Oct-2003*	*27,500*	*Grant*

Project Name	Country/ Implementing Agency	RH or H/A	Type of Project[48]	Project No.	Approval Date	Approved Amount (US$)	Loan or Grant
Reproductive Health Consultant	Regional/ Inter-American Development Bank	RH	Dedicated: Health TC	TC0207029	16-Apr-2003	130,000	Grant
					Total grants for RH:	**2,169,000**	
					Total loans for RH:	**71,600,000**	
					Total grants for H/A:	**2,274,840**	
					Total loans for H/A:	**0**	
					Total:	**76,043,840**	

Table 4. Approved World Bank RH and H/A Projects and Components, 2003-2006[49]

Project Name	Country	RH or H/A[50]	Type of Project[51]	Instrument[52]	Project No.	Approval Date	Approved Amount (US$ Millions)	Grant or Loan[53]
HIV/AIDS MAP Supplemental	Cape Verde	H/A	Dedicated: Health	Specific Investment Loan (SIL)	P101950	19-Dec-2006	5	Loan
Malaria Control Booster Project	*Nigeria*	*RH*	*Component: Public Administration & Health*	*SIL*	*P097921*	*12-Dec-06*	*180*	*Loan*
Punjab State Roads Project	*India*	*H/A*	*Component: Transportation*	*SIL*	*P090585*	*5-Dec-06*	*250*	*Loan*
Nutrition Enhancement Program II	*Senegal*	*RH*	*Component: Health, Social Services & Public Administration*	*Adaptable Program Loan (APL)*	*P097181*	*13-Nov-06*	*15*	*Loan*
Education Sector Support Program	*Kenya*	*H/A*	*Component: Education & Public Administration*	*Sector Investment and Maintenance Loan (SIM)*	*P087479*	*7-Nov-06*	*80*	*Loan*
Provincial Maternal-Child Health Investment	Argentina	RH	Component: Health	APL	P095515	02-Nov-2006	300	Loan
Second National Tuberculosis Control Project	*India*	*H/A*	*Component: Health & Public Administration*	*SIL*	*P078539*	*22-Aug-06*	*170*	*Loan*

[49] We compiled these projects by isolating projects in the World Bank's Projects Database that Bank staff categorize as having components in: (1) Population and reproductive health; and (2) HIV/AIDS. Many projects only include RH and/or HIV/AIDS components and are not dedicated projects; therefore the entire project cost greatly exceeds the actual investment in RH and/or HIV/AIDS. Projects that are new in this edition are italicized.

[50] We removed duplicate projects that have population and reproductive health and HIV/AIDS components.

[51] We categorize each project as either: dedicated to reproductive health or HIV/AIDS or as components of other type of project. For project components, we name the sector and indicate whether it is a sector-wide project. Sectors are summarized from each project's 'Project-At-A-Glance' and listed in order of weight from largest to smallest. We did not list components with less than a five percent share in the project.

[52] The instrument is the type of loan or grant provided by the World Bank to the Borrower as classified on each project financial page. There are two basic types of lending instruments: Investment Loans, which have a long-term focus (5-10 years) and Adjustment Loans, which have a short-term focus (1-3 years). Investment Loans include: Adaptable Program Loans, Emergency Recovery Loans, Sector Investment and Maintenance Loans, and Specific Investment Loans. Adjustment operations are loans or grants for balance of payments assistance or budget support with attached policy or structural reform conditions. They include: Development Policy Loans, Debt and Debt Reduction Service Loans, Sector Adjustment Loans, and Structural Adjustment Loans. World Bank. No date. Glossary: Lending Instrument.
http://web.worldbank.org/WBSITE/EXTERNAL/PROJECTS/0,,contentMDK:20628647~pagePK:64328798~piPK:64328797~theSitePK:40941,00.html

[53] Projects before September, 2005 include the grant facility. Grants in this sample are for HIV/AIDS, or post-conflict, debt vulnerable, and poorest countries. Debt vulnerable countries receive grants because their debts are at or near a point of 'unsustainable debt' as defined by the Bank's Debt Sustainability Analysis (DSA). For a critique of DSA and a discussion of an alternative, "human development" approach to measuring debt sustainability see: Caliari, Aldo and Jean Merckaert. April 2007. Preventing New Rounds of Debt. CIDSE background paper.
http://www.cidse.org/docs/200704051349467096.pdf?&username=guest@cidse.org&password=9999&workgroup=&pub_niv=&lang=&username=guest@cidse.org&password=9999

Project Name	Country	RH or H/A[50]	Type of Project[51]	Instrument[52]	Project No.	Approval Date	Approved Amount (US$ Millions)	Grant or Loan[53]
Karnataka Health Systems	*India*	*RH*	*Component: Health, Public Administration & Finance*	*SIL*	*P071160*	*22-Aug-06*	*141.83*	*Loan*
Reproductive & Child Health Second Phase	India	RH	Component: Health & Public Administration	SIL	P075060	22-Aug-2006	360	Loan
National Sector Support for Health Reform	Philippines	H/A	Component: Health & Public Administration	SIM	P075464	29-Jun-2006	110	Loan
Rural Capacity Building Project	Ethiopia	H/A	Component: Agriculture, Health, & Public Administration	SIL	P079275	22-Jun-2006	54	Loan
Malaria Control Booster Program	Benin	RH	Component: Health & Public Administration	SIL	P096482	01-Jun-2006	31	Grant
Health and Nutrition Support Project	Mauritania	RH	Component: Health & Public Administration	SIL	P094278	01-Jun-2006	10	Loan
Strengthening the National Statistical System	Tajikistan	RH	Component: Public Administration	APL	P098410	31-May-2006	1	Grant
Development Policy Grant I	Bhutan	RH	Component: Public Administration, Trade, Education & Health	Development Policy Loan (DPL)	P078807	25-May-2006	15	Grant
Debt Relief Grant Under the Enhanced HIPC Initiative	Cameroon	H/A	Component: Education, Health, Transportation & Public Administration	DPL	P100965	27-Apr-2006	31.5	Grant
Health Sector Support & Multisectoral AIDS Project	Burkina Faso	H/A & RH	Component: Health & Other Social Services	SIM	P093987	27-Apr-2006	47.7	Loan
Guyana Poverty Reduction and Public Management Operation	Guyana	H/A	Public Administration, Agriculture, Education, Health, Water	DPL	P078703	27-Apr-2006	9.6	Grant
Technical and Vocational Education and Training	Mozambique	H/A	Component: Education & Public Administration	SIL	P087347	21-Mar-2006	30	Loan
Afghanistan Health (supplement)	Afghanistan	RH	Component: Education & Public Administration	Emergency Recovery Loan (ERL)	P098358	28-Feb-2006	30	Grant
Health Insurance Strategy for	Ecuador	RH	Component: Public	APL	P088575	16-Feb-2006	90	Loan

Project Name	Country	RH or H/A[50]	Type of Project[51]	Instrument[52]	Project No.	Approval Date	Approved Amount (US$ Millions)	Grant or Loan[53]
the Poor Support Project			Administration & Health					
Maternal and Infant Health and Nutrition	Guatemala	RH	Component: Health, Other Social Services & Public Administration	SIL	P077756	19-Jan-2006	49	Loan
Institutional Strengthening & Health Sector Support Program	Niger	RH	Component: Health, Other Social Services & Public Administration	SIM	P083350	05-Jan-2006	35	Loan
Health & Social Protection Project	Kyrgyz Republic	H/A	Component: Health, Public Administration & Other Social Services	SIL	P084977	15-Dec-2005	15	Grant
Community & Basic Health Project	Tajikistan	RH	Component: Health, Public Administration & Other Social Services	SIL	P078978	15-Dec-2005	10	Grant
Multi-Sector HIV/AIDS Program	Ghana	H/A & RH	Dedicated: Public Administration, Health & Other Social Services	SIL	P088797	15-Nov-2005	20	Loan
Social Protection project	El Salvador	RH	Component: Health & Public Administration	SIL	P088642	27-Oct-2005	21	Loan
Paraguay Mother & Child Basic Health Insurance	Paraguay	RH	Component: Health, Public Administration & Other Social Services	SIL	P082056	20-Oct-2005	22	Loan
Health Sector Reform Project Phase 2	Lesotho	H/A & RH	Component: Health, Public Administration, Finance & Water	APL	P076658	13-Oct-2005	6.5	Loan
Health Services Improvement Project	Lao People's Democratic Republic	RH	Component: Health & Public Administration	SIL	P074027	13-Sep-2005	15	Grant
Health Sector Rehabilitation Support Project	Congo, Democratic Republic of	H/A & RH	Component: Health & Public Administration	SIL	P088751	1-Sep-2005	150	Grant
Second Multisectoral STI/HIV/AIDS Prevention Project*	Madagascar	H/A	Dedicated: Health	SIL	P090615	12-Jul-2005	30	Loan (per credit agreement; says grant on MAP

Project Name	Country	RH or H/A[50]	Type of Project[51]	Instrument[52]	Project No.	Approval Date	Approved Amount (US$ Millions)	Grant or Loan[53]
								website)
Eritrea HIV/AIDS/STI, TB, Malaria and Reproductive Health Project (HAMSET II)*	Eritrea	H/A & RH	Component: Health, Public Administration& Other Social Services	SIL	P094694	30-Jun-2005	24	Grant For Post-Conflict
Supplemental Credit for Second Health Project (CRESAN II)	Madagascar	RH	Component: Health	SIL	P088729	28-Jun-2005	18	Loan
Health Sector Support Project	Guinea	RH	Component: Health & Public Administration	SIL	P065126	02-Jun-2005	25	Loan
Supplemental HIV/AIDS Disaster Response Project*	Burkina Faso	H/A	Dedicated: Health & Other Social Services	APL	P088879	3-May-2005	5	Grant For HIV/AIDS
Poverty Reduction Support Credit (5)	Burkina Faso	RH	Component: Public Administration, Health, Industry, Agriculture & Education	DPL	P078995	03-May-2005	60	Loan: 46.1 Grant For Debt Vulnerable: 13.9
Health Nutrition and Population Sector Program	Bangladesh	RH	Component: Health, Public Administration& Other Social Services	SIM	P074841	28-Apr-2005	300	Loan
Second Women's Health & Safe Motherhood	Philippines	H/A & RH	Dedicated: Health & Public Administration	SIL	P079628	21-Apr-2005	16	Loan
Health Services Extension and Modernization	Nicaragua	RH	Component: Health & Public Administration	APL	P078991	05-Apr-2005	11	Loan
HIV/AIDS Prevention	Vietnam	H/A	Dedicated: Health & Public Administration	SIL	P082604	29-Mar-2005	35	Grant For HIV/AIDS
Central America HIV/AIDS Project	Central America	H/A	Dedicated: Health & Public Administration	SIL	P082243	29-Mar-2005	8	Grant For HIV/AIDS
Central Asia AIDS Control Project	Central Asia	H/A	Dedicated: Health, Public Administration & Other Social Services	SIL	P087003	15-Mar-2005	25	Grant For HIV/AIDS

Project Name	Country	RH or H/A[50]	Type of Project[51]	Instrument[52]	Project No.	Approval Date	Approved Amount (US$ Millions)	Grant or Loan[53]
Great Lakes Initiative on HIV/AIDS Support*	Africa	H/A & RH	Component: Other Social Services & Public Administration	APL	P080413	15-Mar-2005	20	Grant For HIV/AIDS
Emergency Multisector Recovery Program	Angola	H/A	Component: Water, Public Administration, Health, Agriculture & Education	ERL	P083333	17-Feb-2005	50.7	Grant For Post-Conflict
HIV/AIDS, Malaria and TB Control Project*	Angola	H/A	Component: Public Administration, Other Social Services & Health	SIL	P083180	21-Dec-2004	21	Grant For HIV/AIDS
Lucknow-Muzaffarpur National Highway Project	India	H/A	Component: Health	SIL	P077856	21-Dec-2004	620	Loan
Health Sector Reform 2 Project	Romania	RH	Component: Health	APL	P078971	16-Dec-2004	80	Loan
Tamil Nadu Health Systems Project	India	RH	Component: Health & Other Social Services	SIL	P075058	16-Dec-2004	110.83	Loan
African Regional Capacity Building Network for HIV/AIDS Prevention, Treatment, and Care*	Africa	H/A	Dedicated: Health & Public Administration	SIL	P080406	22-Sep-2004	10	Grant for HIV/AIDS
Health 2 Project	Uzbekistan	H/A	Component: Health	SIL	P051370	9-Sep-2004	40	Loan: 39.5M Grant for HIV/AIDS: .5M
Nepal Health Sector Program Project	Nepal	RH	Component: Health & Public Administration	SIM	P040613	09-Sep-2004	50	Loan: 10M Grant For Poorest Country: 40M
Poverty Reduction Support Credit 4	Uganda	RH	Component: Public Administration, Agriculture, Water,	Poverty Reduction Support Credit (PRSC) (A DPL)	P074082	02-Sep-2004	150	Grant For Debt Vulnerable

Project Name	Country	RH or H/A[50]	Type of Project[51]	Instrument[52]	Project No.	Approval Date	Approved Amount (US$ Millions)	Grant or Loan[53]
			Health & Education					
HIV and AIDS Capacity Building and Technical Assistance Project	Lesotho	H/A	Dedicated: Health, Other Social Services & Public Administration	Technical Assistance Loan (TAL)	P087843	6-Jul-2004	5	Grant for HIV/AIDS
HIV/AIDS Prevention and Control Project	St. Vincent and the Grenadines	H/A & RH	Dedicated: Public Administration, Health & Other Social Services	APL	P076799	6-Jul-2004	7	Loan: 5.25M Grant for HIV/AIDS: 1.75M
St. Lucia HIV/AIDS Prevention & Control	St. Lucia	H/A	Dedicated: Public Administration, Health & Other Social Services	APL	P076795	6-Jul-2004	6.4	Loan: 4.8M Grant for HIV/AIDS: 1.6M
HIV/AIDS and STI Prevention and Control Project	Bhutan	H/A & RH	Component: Health, Public Administration & Other Social Services	SIL	P083169	17-Jun-2004	5.8	Grant for HIV/AIDS
Multi-sectoral HIV/AIDS Project*	Mali	H/A & RH	Dedicated: Health, Public Administration & Other Social Services	SIL	P082957	17-Jun-2004	25.5	Grant for HIV/AIDS
Regional HIV/AIDS Treatment Acceleration Project*	Africa	H/A & RH	Dedicated: Health, Public Administration	SIL	P082613	17-Jun-2004	59.8	Grant for HIV/AIDS
Health Sector Reform Project	Sri Lanka	RH	Health, Other Social Services, Public Administration, & Finance (Non-compulsory health finance)	SIL	P050740	15-Jun-2004	60	Grant For Post-Conflict
Health Systems Modernization Project	Armenia	H/A	Component: Health & Public Administration	APL	P073974	10-Jun-2004	19	Loan
HIV/AIDS Global Mitigation	Guinea-Bissau	H/A &	Component: Other Social	SIL	P073442	2-Jun-2004	7	Grant for

Project Name	Country	RH or H/A[50]	Type of Project[51]	Instrument[52]	Project No.	Approval Date	Approved Amount (US$ Millions)	Grant or Loan[53]
Support Project*		RH	Services, Public Administration & Health					HIV/AIDS
Emergency Demobilization and Reintegration Project	Congo, Democratic Republic of	H/A	Component: Other Social Services & Health	ERL	P078658	25-May-2004	100	Grant For Post-Conflict
Social Sector Support Project	Sao Tome and Principe	H/A & RH	Component: Education, Health, Other Social Services & Public Administration	SIL	P075979	18-May-2004	6.5	Loan: 5M Grant For Debt Vulnerable: 1.5M
HIV/AIDS and Health*	Congo, Republic of	H/A	Dedicated: Other Social Services, Health & Public Administration	SIL	P077513	20-Apr-2004	19	Grant for HIV/AIDS
Provincial Maternal-Child Health Investment Project	Argentina	RH	Component: Public Administration & Health	APL	P071025	15-Apr-2004	135.8	Loan
Fiscal Management and Accelerating Growth Program	Malawi	H/A	Component: Public Administration, Agriculture, Crops, Power & Telecommunications	Structural Adjustment Loan (SAL)	P072395	13-Apr-2004	50	Loan
HIV/AIDS Prevention & Control Project	Guyana	H/A & RH	Dedicated: Health, Public Administration & Other Social Services	APL	P076722	30-Mar-2004	10	Grant for HIV/AIDS
Multisectoral HIV/AIDS Project*	Congo, Democratic Republic of	H/A & RH	Dedicated: Other Social Services, Public Administration & Health	APL	P082516	26-Mar-2004	102	Grant For HIV/AIDS
The Pan Caribbean Partnership Against HIV/AIDS	Caribbean	H/A	Dedicated: Other Social Services, Health & Public Administration	APL	P080721	25-Mar-2004	9	Grant For HIV/AIDS
Burundi Emergency	Burundi	H/A	Component: Other Social	ERL	P081964	18-Mar-2004	33	Grant For

Project Name	Country	RH or H/A[50]	Type of Project[51]	Instrument[52]	Project No.	Approval Date	Approved Amount (US$ Millions)	Grant or Loan[53]
Demobilization, Reinsertion and Reintegration Program			Services & Health					Post-Conflict
Poverty Reduction Strategy Credit	Benin	RH	Component: Health, Education, Public Administration, Water, & Forestry	PRSC/DPL	P072003	18-Mar-2004	20	Loan
Transport Infrastructure Rehabilitation Project	Burundi	H/A	Component: Transportation, Public Administration & Water	SIM	P064876	18-Mar-2004	51.4	Loan
Rajasthan Health Systems Development Project	India	RH	Component: Health, Other social services, Finance (Non-compulsory health finance), Public Administration	SIL	P050655	11-Mar-2004	89	Loan
Road Rehabilitation and Maintenance Project	Zambia	H/A	Component: Transportation & Public Administration	APL	P071985	9-Mar-2004	50	Loan
Education Sector Project	Ghana	H/A	Component: Education & Public Administration	SIL	P050620	9-Mar-2004	78	Loan
HIV/AIDS Project for Abidjan-Lagos Transport Corridor*	Africa	H/A	Dedicated: Health, Other Social Services & Public Administration	SIL	P074850	13-Nov-2003	16.6	Grant For HIV/AIDS
Provincial Maternal-Child Hlth Sector Adjustment Ln. (PMCHSAL)	Argentina	RH	Component: Health & Public Administration	Sector Adjustment Loan (SAD)	P072637	28-Oct-2003	750	Loan
Provincial and Rural Infrastructure Project	Cambodia	H/A	Component: Transportation & Public Administration	SIL	P071207	11-Sep-2003	20	Loan
Multi-Sectoral AIDS Project*	Malawi	H/A & RH	Dedicated: Public Administration, Other Social Services & Health	SIL	P073821	25-Aug-2003	35	Grant For HIV/AIDS
Second Education Sector Development Project (Phase 2)	Lesotho	H/A	Component: Education & Public Administration	APL	P081269	17-Jul-2003	21	Loan

Project Name	Country	RH or H/A[50]	Type of Project[51]	Instrument[52]	Project No.	Approval Date	Approved Amount (US$ Millions)	Grant or Loan[53]
Multisector HIV/AIDS Control Project*	Mauritania	H/A & RH	Dedicated: Other Social Services, Public Administration, & Health	SIL	P078368	7-Jul-2003	21	Grant For HIV/AIDS
Multi-Sectoral AIDS Project*	Tanzania	H/A	Dedicated: Public Administration, Other Social Services & Health	APL	P071014	7-Jul-2003	70	Grant For HIV/AIDS
HIV/AIDS Prevention and Control Project	Trinidad and Tobago	H/A & RH	Dedicated: Health	APL	P075528	27-Jun-2003	20	Loan
AIDS and STD Control Project (03)	Brazil	H/A	Dedicated: Health	SIL	P080400	26-Jun-2003	100	Loan
Social Safety Net Structural Adjustment Credit	Bolivia	RH	Component: Other Social Services, Health & Education	SAL	P082700	17-Jun-2003	35	Loan
ET- Road Sector Development Phase 2	Ethiopia	H/A	Component: Transportation & Public Administration	APL	P044613	17-Jun-2003	126.8	Grant For Debt Vulnerable
AIDS Control Project	Moldova	H/A	Dedicated: Health	SIL	P074122	10-Jun-2003	5.5	Grant For HIV/AIDS
Health Sector Emergency Reconstruction and Development Project	Afghanistan	RH	Component: Health & Public Administration	ERL	P078324	05-Jun-2003	59.6	Grant For Post-Conflict
HIV/AIDS Prevention Project	Pakistan	H/A	Dedicated: Health	SIL	P074856	5-Jun-2003	37.11	Grant For HIV/AIDS
HIV/AIDS, Malaria and Tuberculosis Control Project	Djibouti	H/A	Component: Other Social Services, Health & Public Administration	SIL	P073603	29-May-2003	12	Grant For HIV/AIDS
Argentina Economic and Social Transition Structural Adjustment Loan	Argentina	RH	Component: Public Administration, Other Social Services & Health	SAL	P083074	22-May-2003	500	Loan
Djibouti Int'l Road Corridor Rehab. Project - Supplemental	Djibouti	H/A	Component: Transportation	SIL	P082134	6-May-2003	6	Loan

Project Name	Country	RH or H/A[50]	Type of Project[51]	Instrument[52]	Project No.	Approval Date	Approved Amount (US$ Millions)	Grant or Loan[53]
Credit								
Multi-Sector STI/HIV/AIDS Support Project*	Niger	H/A & RH	Component: Health, Other Social Services & Public Administration	SIL	P071612	4-Apr-2003	25	Grant For HIV/AIDS
Tuberculosis & AIDS Control Project	Russian Federation	H/A & RH	Component: Health	SIL	P064237	3-Apr-2003	150	Loan
Multi-Sectoral HIV/AIDS Project*	Rwanda	H/A & RH	Dedicated: Other Social Services, Health & Public Administration	APL	P071374	31-Mar-2003	30.5	Grant For HIV/AIDS
HIV/AIDS Response Project*	Mozambique	H/A & RH	Dedicated: Health, Other Social Services & Public Administration	APL	P078053	28-Mar-2003	55	Grant For HIV/AIDS
Emergency Demobilization and Reintegration Project	Angola	H/A	Component: Health	ERL	P078288	27-Mar-2003	33	Grant For Post-Conflict
Education Sector Reform Project	Chad	H/A	Component: Education & Public Administration	SIL	P000527	18-Mar-2003	42.34	Grant For Poorest Country
Second Health Sector Program Support Project	Ghana	H/A & RH	Component: Health	SIL	P073649	6-Feb-2003	89.6	Loan: 57.3M Grant For Poorest Country: 32.3M
HIV/AIDS Prevention and Control Project	St. Kitts and Nevis	H/A & RH	Dedicated: Health & Public Administration	APL	P076798	22-Jan-2003	4.05	Loan
Health and Population II	Burundi	RH	Component: Health, Other Social Services & Public Administration	SIL	P078111	16-Jan-2003	9.5	Grant For Post-Conflict
						Loans for Reproductive Health:	**3,686.36**	
						Grants for Reproductive Health:	**1,041.15**	
						Loans for HIV/AIDS:	**2,120.5**	

Project Name	Country	RH or H/A[50]	Type of Project[51]	Instrument[52]	Project No.	Approval Date	Approved Amount (US$ Millions)	Grant or Loan[53]
						Grants for HIV/AIDS:	**1,328.40**	
						Subtotal:	***8,176.41***	
						Minus duplicate projects:	***937.95***	
						Total Grants & Loans:	**7,238.46**	

*Indicates a Multi-Country HIV/AIDS Program for Africa (MAP) project.

Annex 3. Funding

Table 1. Total MDB Financial Commitments by Year

MDB	2003	2004	2005	2006	Total:	Average
ADB /a	$6,295,700,000	$5,712,900,000	$7,432,400,000	$8,176,320,000	$27,617,320,000	$6,904,330,000
AfDB /b	$2,569,739,100	$4,231,816,200	$3,368,727,400	$3,517,959,858	$13,688,242,558	$3,422,060,640
IDB /c	$6,887,000,000	$6,095,000,000	$7,253,000,000	$6,495,000,000	$26,730,000,000	$6,682,500,000
World Bank /d	$18,354,180,000	$24,415,430,000	$23,321,380,000	$21,641,080,000	$87,732,070,000	$21,933,017,500
Total:	$34,106,619,100	$40,455,146,200	$41,375,507,400	$39,830,359,858	$155,767,632,558	

/a Approvals for 2003: Annual Report 2004: ADB Operations (loans and grants). Page 11. http://www.adb.org/Documents/Reports/Annual_Report/2004/ar2004.pdf; ADB. 2006. Approvals for 2004 and 2005: Annual Report 2005: 2005 In Figures: Annual Report 2005: ADB Operations. Page 24. http://www.adb.org/Documents/Reports/Annual_Report/2005/ADB-Annual-Report-2005.pdf. Note: 2004 figures vary slightly between 2004 and 2005 Annual Reports, so we used the more recent, 2005 figure; 2006 data: ADB. 2007. Annual Report 2006: Financing Operations, Table 2: Top Recipients by Approval. http://www.adb.org/Documents/Reports/Annual_Report/2006/financing-operations.asp.

/b Approved AfDB 2003 and 2004 operations (including loans and grants) (2003, UA 1.77 billion; 2004, UA 2.79 billion): AfDB. Report by the Boards of Directors of the African Development Bank and the African Development Fund covering the period January 1 to December 31, 2004. May 2005. Page xxi. http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/FINANCIALINFORMATION/ANNUALREPORT2004_FULLVERSION_ENGLISH.PDF; Approved operations in 2005 (Includes loans, grants, debt relief, equity participation and guarantees) (UA 2.29 billion): AfDB. May 2006. Report by the Boards of Directors of the African Development Bank and the African Development Fund Covering the period January 1 to December 31, 2005. May 2006. Page ix. http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/FINANCIALINFORMATION/PRELIMINARIES.PDF; Approved loans and grants for 2006 (UA 2.3 billion): AfDB. May 2007. Annual Report 2006. Page 239. http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/FINANCIALINFORMATION/ANNUAL%20REPORT%202006%20UK%20PRINTED%20APRIL%2015-07.PDF. The AfDB releases its annual reports each May. Exchange rate values used to calculate UA approvals use the exchange rate in May after the year covered.

/c IDB Approved loans and guarantees. IDB. 2007. Annual Report: Financial Summary 2002-2006. Calculated by adding "Loans and Guarantees Authorized (Annual)" and "Nonreimbursable Technical Cooperation Authorized (Annual), http://www.iadb.org/exr/ar2006/table_xi.cfm?language=english

/d World Bank. 2007. World Bank amounts derived from results from World Bank database search for all projects approved in each calendar year. Calculated total commitments by summing the column titled "TOTAL AMT" and the column titled "GRANT AMT" and adding them together when results are exported into excel.

Table 2. Approved MDB Loans and Grants for Reproductive Health and HIV/AIDS Projects and Components, 2003-2006

	Reproductive Health /e		HIV/AIDS /f		
MDB	**Loans**	**Grants**	**Loans**	**Grants**	**Total:**
ADB	$0	$1,357,000	$2,020,000	$44,950,000	$48,327,000
AfDB	$105,300,000	$2,850,000	$14,570,000	$29,270,000	$151,990,000
IDB	$71,600,000	$2,169,000	$0	$2,274,840	$76,043,840
World Bank/g	$3,686,360,000	$1,041,150,000	$2,120,500,000	$1,328,400,000	$8,176,410,000
Total:	$3,863,260,000	$1,047,526,000	$2,137,090,000	$1,404,894,840	$8,452,770,840

/e For ADB, AfDB and IDB, approved projects compiled from keyword searches of each MDB project database and/or website for 'reproductive,' 'maternal,' 'population.' World Bank approved projects obtained by compiling projects in the World Bank project database that matched theme 'Population and reproductive health.' World Bank project amounts are highly inflated due to a large number of projects with small reproductive health components.

/f For ADB, AfDB and IDB, approved projects compiled from keyword searches of each MDB project database. World Bank approved projects obtained by compiling projects in the World Bank project database that matched theme 'HIV/AIDS.' World Bank project amounts are highly inflated due to the presence of large projects with small HIV/AIDS components.

/g World Bank amounts include duplicate projects with both reproductive health and HIV/AIDS components.

Table 3. Total Approved MDB Funding for Reproductive Health and HIV/AIDS Projects and Components, 2003-2006 /h

MDB	**RH**	**HIV/AIDS**	**Total:**
ADB	$1,357,000	$46,970,000	$48,327,000
AfDB	$108,150,000	$43,840,000	$151,990,000
IDB	$73,769,000	$2,274,840	$76,043,840
World Bank	$4,727,510,000	$3,448,900,000	$8,176,410,000
Total:	$4,910,786,000	$3,541,984,840	$8,452,770,840

/h Calculated by adding the total loans and grants for reproductive health and HIV/AIDS in Table 2 for each MDB. World Bank amounts include duplicate projects with both reproductive health and HIV/AIDS components.

Table 4. Total Approved Funding for MDB Reproductive Health Projects and Components by Year, 2003-2006 /i

MDB	2003	2004	2005	2006	Total:
ADB	$0	$0	$1,000,000	$357,000	$1,357,000
AfDB	$0	$18,150,000	$0	90,000,000	$108,150,000
IDB	$20,130,000	$35,770,000	$16,870,000	$999,000	$73,769,000
World Bank	$1,784,250,000	$919,230,000	$718,500,000	$1,305,530,000	$4,727,510,000
Total:	$1,804,380,000	$973,150,000	$736,370,000	$1,396,886,000	$4,910,786,000

/i Includes loans and grants. For ADB, AfDB and IDB, approved projects compiled from keyword searches of each MDB project database or website for 'reproductive,' 'maternal,' 'population.' World Bank approved projects obtained by compiling projects in the World Bank project database that matched theme 'Population and reproductive health.' World Bank project amounts are highly inflated due to a large number of projects with small reproductive health components.

Table 5. Number of Approved MDB Reproductive Health Projects and Components, 2003-2006 /j

MDB	2003	2004	2005	2006	Total:
ADB	0	0	1	1	2
AfDB	0	1	0	2	3
IDB	2	3	3	3	11
World Bank	14	16	15	14	59
	16	20	19	20	75

/j For ADB, AfDB and IDB, approved projects compiled from keyword searches of each MDB project database or website. World Bank approved projects obtained by compiling projects in the World Bank project database that matched theme 'Population and reproductive health.'

Table 6. Total Approved Funding for MDB HIV/AIDS Projects and Components, 2003-2006 /k

MDB	2003	2004	2005	2006	Total:
ADB	$1,400,000	$1,070,000	$9,500,000	$35,000,000	$46,970,000
AfDB	$0	$29,270,000	$14,570,000	$0	$43,840,000
IDB	$27,500	$609,000	$1,055,000	$583,340	$2,274,840
World Bank	$920,500,000	$1,335,400,000	$405,200,000	$787,800,000	$3,448,900,000
Total:	$921,927,500	$1,366,349,000	$430,325,000	$823,383,340	$3,541,984,840

/k Includes loans and grants. For ADB, AfDB and IDB, approved projects compiled from keyword searches of each MDB project database or website. World Bank approved projects obtained by compiling projects in the World Bank project database that matched theme 'HIV/AIDS.' World Bank project amounts are highly inflated due to the presence of large projects with small HIV/AIDS components.

Table 7. Number of Approved MDB HIV/AIDS Projects and Components, 2003-2006 /l

MDB	2003	2004	2005	2006	Total:
ADB	3	3	4	2	12
AfDB	0	3	3	0	6
IDB	1	2	4	5	12
World Bank	21	23	13	10	67
Total:	25	31	24	17	97

/l For ADB, AfDB and IDB, approved projects compiled from keyword searches of each MDB project database or website. World Bank approved projects obtained by compiling projects in the World Bank project database that matched theme 'HIV/AIDS.'

Table 8. MDB Spending Commitments on Reproductive Health Projects and Components as a Percentage of Total Commitments, 2003-2006 /m

MDB	2003	2004	2005	2006	Average
ADB	0.000%	0.000%	0.013%	0.004%	0.004%
AfDB	0.000%	0.429%	0.000%	2.558%	0.747%
IDB	0.292%	0.587%	0.233%	0.015%	0.282%
World Bank	9.721%	3.765%	3.081%	6.033%	5.650%

/m Amounts calculated by dividing the annual values in Table 4. by values for the corresponding year in Table 1.

Table 9. MDB Spending Commitments to HIV/AIDS Projects and Components as a Percentage of Total Commitments, 2003-2006 /n

MDB	2003	2004	2005	2006	Average
ADB	0.022%	0.019%	0.128%	0.428%	0.149%
AfDB	0.000%	0.692%	0.433%	0.000%	0.281%
IDB	0.000%	0.010%	0.015%	0.009%	0.008%
World Bank	5.015%	5.469%	1.737%	3.640%	3.966%

/n Amounts calculated by dividing the annual values in Table 6. by values for the corresponding year in Table 1.

Annex 4. Poverty Reduction Strategy Paper (PRSP) and Country Strategy Inclusion of Reproductive Health and HIV/AIDS Concerns

This table is adapted from existing gender analysis of PRSPs and country strategies completed by Gender Action between 2001 and 2005. Please contact info@genderaction.org for more information.

Country	Year	Reproductive Health	HIV/AIDS
Bangladesh: A National Strategy for Economic Growth, Poverty Reduction and Social Development	2003	• The section titled, "Participatory Consultations on Poverty Reduction Strategy: Emerging Lessons" discusses the lack of sensitivity of the health system to women's needs; • The health section neglects to discuss reproductive health.	• The dimensions of poverty mention the HIV/AIDS prevalence rate.
Eritrea: (Draft) Poverty Reduction Strategy Paper	2003	• Gender inequality section compares health of urban and rural women including maternal health indicators; • Identifies the maternal mortality rate among the highest globally but fails to identify causes, or provide an in-depth analysis or a detailed action plan to improve maternal health; • Human resources development section Identifies peri-natal and maternal health related problems; • Includes some analysis of regional health services (women's access to antenatal care, attended births)	• Prevention of HIV/AIDS and social protection of the most vulnerable is one of the five goals of the strategy • Discusses HIV/AIDS in the main goals for health sector; • Human resources development section aims to prevent and treat HIV/AIDS;
Eritrea: Draft Food Security Strategy	2003	• Implementation section identifies projects that support pregnant women's health and nutritional status.	• Identifies the impact of HIV/AIDS and growing migration to urban centers despite limited income generation opportunities as an important factor.
Malawi: Malawi Poverty Reduction Strategy	2002	• The "Poverty Analysis and Profile" section has a subsection on "Health,	• The strategy section seeks to reduce gender disparities, HIV/AIDS infections

Country	Year	Reproductive Health	HIV/AIDS
		Fertility and Nutrition Characteristics;" • Section on health and population is very vague, and fails to link population planning with HIV/AIDS prevention.	and effects in the agricultural sector; • Strategy seeks to integrate gender and HIV/AIDs issues into training programs; • Identifies HIV/AIDS as a cross-cutting issue.
Mozambique, Republic of: Action Plan for the Reduction of Absolute Poverty 2006-2009	2006	• Seeks to reduce mother and child mortality	• Recognizes the connection between HIV/AIDS and the economy and discusses HIV/AIDS orphans; • HIV/AIDS is one of the cross-cutting issues; • Notes women's higher rates of HIV/AIDS when compared to men's infection rates and recognizes gender inequality as a factor contributing to women's infection and poverty; • The section on human capital discusses the importance of educating women and girls to help prevent the spread of HIV/AIDS (among other benefits); • Discusses women and girls' higher HIV/AIDS infection rates, time spent as caregivers, and the importance of addressing gender inequality in the overall poverty reduction strategy to reduce women's vulnerability to infection; • Health section includes a clear strategy to reduce HIV transmission from mother to child, but does not set targets; • Includes an HIV/AIDS prevention and mitigation strategy for women; • Objectives and actions include an HIV/AIDS strategy.
Mozambique, Republic of: Action Plan for the Reduction of Absolute Poverty 2001-2005	2001	• The 'Demographic Context" section identifies high fertility rates as one of the biggest challenges in addressing poverty;	• Identifies HIV/AIDS as one of the major factors contributing to poverty; and one of the greatest factors influencing the success of macroeconomic policy;

Country	Year	Reproductive Health	HIV/AIDS
		• Has a section devoted to women's health; • Maternal health is included in the "Allocation of Priority Expenditures: Budgets and Unit Costs;" • Ignores reproductive health in "Health care for youth and adolescents."	• Includes a section titled, "Combating HIV/AIDS in the education sector;" • Section titled, "Fight against HIV/AIDS;" • Neglects HIV/AIDS in the section on health and nutrition; • Fails to address HIV/AIDS in "Health care for youth and adolescents."
Namibia: National Poverty Reduction Action Programme	2000	• Section on Investing in People—Education mentions population education; • Includes a National Population Policy section.	• Overall, document weakly addresses HIV/AIDS; • Action 63, the final action, states that all program implementers shall ensure that their poverty reduction efforts contribute to reducing H/A prevalence. This section seems to be a last-minute add-on since it is not integrated into the text like the other Actions; • HIV/AIDS is singled out for its negative impact on life expectancy; • Fails to discuss HIV/AIDS education in the education section; • Health section has a strong paragraph on HIV/AIDS, including emphasizing HIV/AIDS alarming infection rate, social cost, and lost productivity, but fails to integrate it throughout the discussion; • Acknowledges that civil society organizations play an important role in providing responses to fighting HIV/AIDS.
Rwanda: An Approach to the Poverty Reduction Action Plan for Rwanda: The Interim PRSP	2000	• The section on "Reproductive health and population issues" mentions the fertility rate, infant and maternal mortality rates, and the need for family planning services for women. It neglects contraceptive prevalence and decision-making in family planning.	• The prevalence of HIV/AIDS and rape is discussed as a legacy of the 1994 genocide; • Includes a sectoral policy on HIV/AIDS.

Annex 5. Gender Analysis of MDB Projects in Reproductive Health and HIV/AIDS

MDB	• **Project Name** • **Country** • **Approval Date** • **Amount** • **Type**[54] • **Element(s)**[55]	**Description of Project or Relevant Component**[56]	**GENDER SENSITIVITY ASSESSMENT**[57] **Gender Analysis**[58] ***Capital vs. Recurrent Costs***[59]
ADB	• HIV/AIDS Prevention Among Youth[60] • Viet Nam • 30-Jun-2006 • $20 Million (M) Grant • Dedicated Technical Assistance • Capacity-building	The objective of the Project is to contain HIV/AIDS infection rates among young people (15-24 years of age) and reduce the spread and impact of HIV/AIDS in Viet Nam, by implementing a comprehensive youth-focused behavior change communication program. Specifically, the project aims to: (a) increase condom use and youth knowledge of HIV/AIDS; and (b) reduce needle sharing among intravenous drug users in the Project provinces. The project has 4 components: (1) Leadership and Strategy Support to bring a greater youth focus in the implementation of the national HIV/AIDS strategy; (2) National Mass Media Program for Behavior Change supports the production of "a high quality, mass media	**HIGHLY GENDER SENSITIVE** The Report and Recommendations to the President (RRP) mentions gender dynamics and the different needs of men and women. It includes a highly enlightened paragraph on Gender and HIV/AIDS. It also highlights the role of men who engage in high-risk behavior such as using drugs and sex workers in spreading the epidemic (ADB 2006A:5). The RRP contains a five page Gender Strategy which details how the project will address the gender norms, empowerment, and social expectations that affect men and women's risk of HIV/AIDS infection in all aspects of the project. A table illustrates exactly how each element of each project component will address HIV/AIDS issues as they relate to gender norms (ADB 2006A:38-42). The 'project assurances' in the RRP and the terms of the credit agreement require the government to implement the gender strategy in a timely

[54] 'Type' indicates whether or not the project is a dedicated reproductive health and/or HIV/AIDS project, a project component, or a sector-wide loan. Also includes the lending instrument where given.

[55] 'Element(s)' classifies whether the project aims to build capacity, deliver services, or support research.

[56] Project descriptions are adapted from MDB project documents, and therefore use MDB0 language.

[57] The summary assessment classifies each project on a spectrum from 'fails to integrate gender issues,' 'somewhat gender sensitive,' 'gender sensitive,' to 'highly gender sensitive' based on the projects' consideration of the gender issues of men and women.

[58] The gender analysis was carried out by searching project documents for gender keywords—gender, women, men, female, male, girl and boy—and analyzing the text.

[59] Recurrent costs are expenses that continue over time such as salaries of government employees. Capital costs are one-time investments, for example, in facilities, equipment or trainings. Wages for consultants to implement projects are considered capital costs, because they recur over a finite period linked to the project cycle.

[60] ADB. 24 July 2006B. Grant Agreement (Special Operations) (HIV/AIDS Prevention Among Youth Project) between SOCIALIST REPUBLIC OF VIET NAM and ASIAN DEVELOPMENT BANK. http://www.adb.org/Documents/Legal-Agreements/VIE/38581-VIE-GRJ.pdf;
ADB. June 2006A. Proposed Asian Development Fund Grant Socialist Republic of Viet Nam: HIV/AIDS Prevention among Youth Project. Report and Recommendation of the President to the Board of Directors. http://www.adb.org/Documents/RRPs/VIE/38581-VIE-RRP.pdf.

MDB	• Project Name • Country • Approval Date • Amount • Type[54] • Element(s)[55]	Description of Project or Relevant Component[56]	GENDER SENSITIVITY ASSESSMENT[57] Gender Analysis[58] *Capital vs. Recurrent Costs*[59]
		behavior change communication program" focused on youth and their families; (3) Community based HIV/AIDS prevention resources for youth comprises three subcomponents: (i) comprehensive harm reduction services; (ii) peer education and life skills training; and (iii) primary prevention through school-based education and community outreach to parents; (4) Support for project management (ADB 2006A:i-ii; ADB 2006B:18). The Report and Recommendation to the President notes that, "Grant financing is justified given that HIV/AIDS prevention is a public good and highly cost-effective" (ADB 2006A:i).	manner and provide adequate resources to finance the plan. Gender is incorporated across project activities including the provincial action plans and monitoring and evaluation indicators, and equal employment and access to opportunities, including training, will be provided for men and women during project implementation" (ADB 2006A:19-20; ADB 2006B:20-21). ***Funds capital costs only.*** *Does not fund salaries of government employees; only domestic and international consultants to implement project components (ADB 2006A:44).*
ADB	• HIV/AIDS Prevention and Capacity Development in the Pacific[61] • Regional • 8-Nov-2005 • 8M Grant • Dedicated Regional Technical Assistance • Capacity-building	The project goal is to support the Pacific Regional Strategy on HIV/AIDS 2004–2008 by reducing the spread and impact of HIV/AIDS in the Pacific by improved management and delivery of HIV/AIDS prevention activities through the targeting of vulnerable populations (ADB 2005C: iii). The Project has four components: (1) Strengthening surveillance. Build the capacity of countries to better understand the status of and risk factors governing HIV infection and prevention; (2) Community-based interventions for HIV/AIDS Prevention through a condom social marketing program in the mass media; and for sexually transmitted infection (STI) treatment and care	**SOMEWHAT GENDER SENSITIVE** An interesting section of the RRP titled, Human Rights, Participation, and Gender Issues identifies HIV in the Pacific as a gender issue. The project document's background and appendices mention women's heightened risk of infection and men's high-risk behavior, but the components only mention women once and fail to mention men at all. It includes multiple references to the ADB's commitment to integrating gender into its work (ADB 2005C:8,9,25,27). An appendix includes a "Gender and Development" section which explains how the project maximizes impacts on women (ADB 2005C:51). ***Funds capital costs only.*** *Does not fund salaries of government employees; only domestic and international consultants to implement project components (ADB 2005D:12).*

[61] ADB. October 2005. Report and Recommendation of the President to the Board of Directors on a Proposed Asian Development Fund Grant to the Secretariat of the Pacific Community for the HIV/AIDS Prevention and Capacity Development in the Pacific Project. RRP: REG 38599. http://www.adb.org/Documents/RRPs/REG/38599-REG-RRP.pdf and ADB. 18 November 2005. Grant Agreement (Special Operations) (HIV/AIDS Prevention and Capacity Development in the Pacific Project) between Secretariat of the Pacific Community and Asian Development Bank. GAS:REG 38599. http://www.adb.org/Documents/Legal-Agreements/REG/38559/38559-REG-GRJ.pdf

MDB	• Project Name • Country • Approval Date • Amount • Type[54] • Element(s)[55]	Description of Project or Relevant Component[56]	GENDER SENSITIVITY ASSESSMENT[57] Gender Analysis[58] *Capital vs. Recurrent Costs*[59]
		programs, including the provision of training for local health care workers and of equipment and materials for STI treatment facilities; (3) Targeted interventions for vulnerable groups including support for maritime schools in training on HIV/AIDS, information, education, and communication materials for vulnerable groups, and antiretroviral drugs for HIV-positive people; (4) Project management (ADB 2005C:i).	
ADB	• Maternal Mortality Reduction[62] • Mongolia • 10-Feb-2005 • $1M Grant • Dedicated Technical Assistance • Service delivery, capacity-building and research	The Project seeks to reduce maternal mortality in Mongolia by reaching underserved mothers with reproductive health information and services to achieve universal usage of quality reproductive health services. The project targets three *aimags* (or provinces) with the highest rates of maternal mortality (ADB 2005A:1). The Project has four components: (1) Support to Rural Mothers through improving reproductive health services and access to those services (ADB 2005A:2-3); (2) Support to Urban Mothers by outreach service provision to meet the needs of socially disadvantaged migrant women (ADB 2005A:4); (3) Information Strategy (ADB 2005A:4-5); (4) Assessment of Maternal Deaths and Local Actions to avoid maternal complications and deaths (ADB 2005A:5).	**SOMEWHAT GENDER SENSITIVE; FOCUSES ON WOMEN BUT LACKS GENDER ANALYSIS** Project focuses exclusively on the needs of pregnant and post-delivery women. The project should provide for the reproductive health needs of women beyond this timeframe. The project should also recognize that women's reproductive health needs go beyond their role as mothers. Unwanted or unplanned pregnancies can lead to health complications and increase poverty among women. Yet the project fails to mention contraception or family planning, which should be an integral element of any reproductive health project. This project fails to mention men, address men's reproductive health needs or men's role in family planning. The project should recognize that men have an important influence on women's and children's health and also have distinct reproductive health needs. In many communities, men serve as gatekeepers to women's access to reproductive health services.[63] ***Funds capital costs only.*** *This project funds domestic and international consultants and staff to implement the project, as well as medical supplies, but does not provide funding to pay government health workers (ADB 2005:13-17).*

[62] ADB. February 2005. Grant Assistance to Mongolia for the Maternal Mortality Reduction Project (Financed by the Japan Fund for Poverty Reduction). Japan Fund for Poverty Reduction Report. http://www.adb.org/Documents/JFPRs/MON/jfpr-mon-38066.pdf

[63] Adapted from RHO Cervical Cancer. Date unknown. Men and Reproductive Health. http://www.rho.org/html/menrh.htm

MDB	• Project Name • Country • Approval Date • Amount • Type[54] • Element(s)[55]	Description of Project or Relevant Component[56]	GENDER SENSITIVITY ASSESSMENT[57] Gender Analysis[58] *Capital vs. Recurrent Costs*[59]
ADB	• Preventing HIV/AIDS on Road Projects in Yunnan Province[64] • China, People's Republic • 14-Jul-2003 • $800,000 Loan • Dedicated Technical Assistance • Capacity-building and service delivery	The goal of this project is to implement an HIV/AIDS and STI prevention program in Yunnan Province to mitigate social risks associated with the Western Yunnan Roads Development Project (ADB 2003:1). Target populations are construction workers, commercial sex workers, truck drivers, and local resident communities, particularly from vulnerable communities (ADB 2003:4). Project components are: (1) Advocacy actions on HIV/AIDS and STIs through workshops aimed at the target population; (2) Information and education campaigns on HIV/AIDS and STI prevention through posters, events, trainings and distribution of condoms; (3) Provision of comprehensive HIV/AIDS and STI medical packages to construction workers and local Communities; (4) A project performance and management system to track sexual and treatment-seeking behavior.	**FAILS TO INTEGRATE GENDER ISSUES** The only mention of women or girls in the body of the text describes the dynamic between human trafficking and commercial sex work. It states, "The persons infected by or being at high risk of HIV/AIDS are often those who have been trafficked or those on the demand side of trafficking. The factors that drive people, especially vulnerable young women and girls, to sexual exploitation and behaviors favorable to HIV/AIDS transmission are the same factors that increase their vulnerability to being trafficked" (ADB 2003:3). Only 2 of roughly 30 performance indicators mention men or women (ADB 2003:6-9). ***Funds capital costs only.*** *The ADB funds wages for consultants and inputs, such as medical supplies, but does not pay for salaries of doctors or nurses.*
AfDB	• Support to Health Sector Strategic Plan Project II[65] • Uganda • November 2006 • $30M Loan • Component: Sector-wide loan • Capacity-building	The objectives of the project are to contribute to the reduction of maternal mortality in selected districts and to contribute to the reduction of mental health disorders in Uganda. Components include: (1) Improvement of access to quality Maternal Health Services as well as the timely referral of pregnant women with complications. The project will also seek	**GENDER SENSITIVE** Component 1 recognizes that the low level of gender awareness and the existing inequality between men and women has an adverse effect on the health of women and children (AfDB 2006A:2). Includes gender sensitive performance indicators such as fertility rates, married women with spousal consent to use family planning methods, and adolescents' knowledge of reproductive health services (AfDB 2006A:viii-ix).

[64] ADB. July 2003. Technical Assistance (Financed by the Poverty Reduction Cooperation Fund) to the People's Republic of China for Preventing HIV/AIDS on Road Project in Yunnan Province. TAR: PRC 36399. http://www.adb.org/Documents/TARs/PRC/tar_prc_36399.pdf

[65] AfDB. June 2006A. Support to Health Sector Strategic Plan Project II (SHSSPP II). Human Development Department. Appraisal Report. http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/OPERATIONSINFORMATION/UGANDA%20AR%20SHSSPPII.PDF. For this project we will include a detailed description and analysis of Component 1 only.

MDB	• Project Name • Country • Approval Date • Amount • Type[54] • Element(s)[55]	Description of Project or Relevant Component[56]	GENDER SENSITIVITY ASSESSMENT[57] Gender Analysis[58] *Capital vs. Recurrent Costs*[59]
		to strengthen adolescent and community awareness to quality reproductive health activities. Specifically, the project will finance the remodeling/new construction and equipping of selected regional and district health facilities including antenatal structures, blood Banks, obstetric blocks and delivery rooms (AfDB 2006A:18); (2) Mental Health Service Delivery (AfDB 2006A:20-22); (3) Project Management (AfDB 2006A:22).	Includes the "revitalization of male involvement programmes on Maternal Health. This will entail sensitization seminars organized for men as well as peer educators among men. The peer educators will be trained on male involvement in Maternal Health and will be facilitated to reach out to men" (AfDB 2006A:20). *This project component* ***funds capital infrastructure costs only.***
AfDB	• Support to Maternal Mortality Reduction[66] • Tanzania • Oct-2006 • $60M Loan • Dedicated • Capacity-building	The project objective is to improve the health and well-being of Tanzanians and to accelerate the reduction of maternal and newborn deaths. The project has the following components: (1) Strengthened Delivery of Maternal Health Services (Mainland) by improving existing facilities by: (i) building boreholes for water, latrines, placenta pits; (ii) linking all health facilities to a common call radio network; and (iii) increasing the number and skill of health workers (AfDB 2006B:12-13); (2) Strengthened Delivery of Health Care Services (Zanzibar) through: (i) increasing the supply of and access to health services training and implementing measures to retain trained workers; and (ii) upgrading medical staff training and service delivery facilities (AfDB 2006B:15); (3) Management and Coordination.	**HIGHLY GENDER SENSITIVE** The Project is expected to benefit women and address gender disparities in health and access to opportunities (AfDB 2006B: vii). The project tries to balance the unequal power dynamics between men and women by providing women with preferential treatment in housing and scholarships to study medicine (AfDB 2006B:15-16). To ensure the involvement of men, community-level trainings target an equal number of men and women (AfDB 2006B:14,16). The project addresses men's gender issues related to maternal health. The project has a special emphasis on involving husbands and male community leaders in trainings to influence their female family members to deliver in health facilities, and to make it easier for women to make their own choices and have a more powerful say in matters related to their health (AfDB 2006B:8,14,16,29). ***Funds capital costs only,*** *such as training and improved facilities, even though it identified an acute shortage of skilled health care workers (AfDB 2006B:4,5).* [67]

[66] AfDB. August 2006B. United Republic of Tanzania: Support to Maternal Mortality Reduction Project (Appraisal Report). Human Development Department, Health Division. http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/OPERATIONSINFORMATION/TANZANIA%20SUPPORT%20TO%20MATERNAL%20MORTALITY%20REDUCTION%20%E2%80%93%20APPRAISAL%20REPORT.PDF

[67] The project cites a shortage of 20,000 skilled health personnel in the Mainland and "acute shortages as well as imbalances in the distribution of health workers skewed towards urban areas" in Zanzibar (AfDB 2006BB:4).

MDB	• Project Name • Country • Approval Date • Amount • Type[54] • Element(s)[55]	Description of Project or Relevant Component[56]	GENDER SENSITIVITY ASSESSMENT[57] Gender Analysis[58] *Capital vs. Recurrent Costs*[59]
AfDB	• Tombo-Gbessia Road Improvement[68] • Guinea, Republic of • Jun-2005 • 12.37M Loan • Component: Transportation[69] • Capacity-building	A component of a road improvement project covering 10.7 kilometers that funds public seminars to raise popular awareness on road safety, environmental protection, malaria, water-borne diseases, STDs and HIV/AIDS (AfDB 2005:20).	**FAILS TO INTEGRATE GENDER ISSUES** Although the road project is somewhat gender sensitive (see, for example, AfDB 2005:8,15,23-24), the HIV/AIDS awareness component fails to mention any gender issues such as the potential rise in demand for commercial sex work as a result of the influx of construction workers. The seminars are supposed to target pupils, students, transporters' unions, drivers and especially women, children and adolescents (AfDB 2005:22). *This project component **does not fund recurrent costs,** only trainings.*
AfDB	• Education Sector Support Project[70] • Congo, Democratic Republic of • Mar-2004 • 7.84M Grant • Component: Education Sector[71] • Capacity-building	The objective of this project is to contribute to the reconstruction of Congo's education system by: (1) Supporting the preparation of sectoral reforms by carrying out sector studies and institutional analyses (AfDB 2003:17-18); (2) Financing an electronic Education Management Information System (AfDB 2003:18); (3) Strengthening institutional planning capacities and sector management through training activities and the provision of equipment, tools and teaching material including ensuring that all teachers and inspectors are sensitized to HIV/AIDS and its impact on education (AfDB 2003:19-20); (4) Project management.	**SOMEWHAT GENDER SENSITIVE** The project is fairly gender sensitive overall, with a major emphasis on collecting gender disaggregated data and supporting girls' enrollment (AfDB 2003:vii,7,18,36). The HIV/AIDS component of the project mentions gender, but fails to analyze the benefits of greater awareness of HIV/AIDS among boys and girls resulting from the teacher training (AfDB 2003:37). For example, a number of studies find that the more education girls have the less likely they are to contract the HIV virus.[72] *This project component **only funds capital costs**, which includes training for hundreds of people.*

[68] AfDB. March 2005. Republic of Guinea: Tombo-Gbessia Road Improvement Project Appraisal Report. Department of Infrastructure, Central and West Regions. http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/OPERATIONSINFORMATION/ADF_BD_WP_2005_56_E.PDF

[69] The project allocated the relevant project component $230,000 total (or African Union (AU) 356,500), so the amount for HIV/AIDS specifically is much smaller. On May 2, 2007 1AU=1.55US$.

[70] AfDB. February 2003. Democratic Republic of Congo: Education Sector Support Project Appraisal Report. Social Development Department, Central and West Region. http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/OPERATIONSINFORMATION/ADF_BD_WP_04_11_E.PDF

[71] The entire budget for component 3 is $3.65M (ADB 2003).

[72] Hargreaves, J. and Boler, T. 2006. Girl power: the impact of girls' education on HIV and sexual behaviour. ActionAid International. http://www.actionaid.org/assets/pdf%5Cgirl_power_2006.pdf

MDB	• Project Name • Country • Approval Date • Amount • Type[54] • Element(s)[55]	Description of Project or Relevant Component[56]	GENDER SENSITIVITY ASSESSMENT[57] Gender Analysis[58] *Capital vs. Recurrent Costs*[59]
IDB	• Teen Reproductive Health Program in Medellín[73] • Colombia • 18-Jan-2006 • $749,000 Grant • Dedicated Technical Cooperation • Research, capacity-building and service delivery	The project objective is to reduce the incidence of adolescent pregnancy and improve adolescent knowledge of sexual and reproductive health (IDB 2005B:1). This is a pilot project that may be replicated. It has three components: (1) Strengthening adolescent access to sexual health services through the establishment of "Teen Centers" with skilled personnel (IDB 2005B:8-9);[74] (2) Social communication and outreach to inform teens about sexual issues and motivate them to use contraception. The project will fund media messaging (including a television show), informational workshops, and a website (IDB 2005B:10); (3) Project research, monitoring and evaluation (IDB 2005B:10-11).	**SOMEWHAT GENDER SENSITIVE; FOCUSES ON YOUNG WOMEN BUT LACKS GENDER ANALYSIS** The project says it will emphasize gender, but this is not reflected in the Plan of Operations (IDB 2005B:4). The project claims that it will promote gender equality and women's empowerment —particularly through the second component—which will bring about more equitable relations between adolescent boys and girls (IDB 2005B:5,10). However, the project focuses heavily on women and may neglect boys and men. Hopefully project implementation is gender sensitive. For example the teen centers should reach out to boys and girls and the television program should address gender roles. The project includes improved family planning services and knowledge of contraception (IDB 2005B:7,8,11). To complement the project, the Department of Health will ensure provision of contraceptives to teens (IDB 2005B:9). ***Funds recurrent costs**; pays for nursing staff for 11 health centers in 4 communes in Medellín for 1 year (IDB 2005B:Annex 1, page 1).*
IDB	• Support the National Strategic Plan for HIV/AIDS[75] • Surinam • 15-Dec-2005 • $750,000 Grant • Dedicated Technical Cooperation • Capacity-building and research	The objective of this project is to reduce behavior that is conducive to the spread of HIV, as well as reduce stigma and discrimination against People Living with HIV/AIDS (PLWHA) (IDB 2005A:1). The project has the following components: (1) Strengthening national AIDS coordination through funding technical assistance and supplies; (2) Reducing stigma and discrimination for PLWHA through the enactment of a new rights-based legal framework on HIV/AIDS; (3) Scaling up prevention of transmission through	**FAILS TO INTEGRATE GENDER ISSUES** The plan of operations fails to mention any gender keywords in the background, and project objectives and components, although three of the monitoring indicators are linked to women's behavior (IDB 2005A:Annex C Page 1). It only mentions men when referring to men who have sex with men (IDB 2005A:2). The project ignores the ways gender roles can help spread the virus, and how living with HIV/AIDS affects women and men differently. It also misses the opportunity to ensure data and research is gender sensitive. ***Does not fund recurrent costs.***

[73] IDB. 23 December 2005. Programa de Salud Reproductiva de Adolescentes en Medellín: Plan de Operaciones. Available on: http://www.iadb.org/projects/Project.cfm?project=CO-T1020&Language=English

[74] Although not financed by the project, the Ministry of Health has promised to distribute contraception to adolescents from the Teen Centers (IDB 2005B:9).

MDB	• Project Name • Country • Approval Date • Amount • Type[54] • Element(s)[55]	Description of Project or Relevant Component[56]	GENDER SENSITIVITY ASSESSMENT[57] Gender Analysis[58] *Capital vs. Recurrent Costs*[59]
		supporting Behavior Surveillance surveys, the design and implementation of prevention projects, and research on HIV/AIDS prevention; (4) Project administration.	
IDB	• *Improving Maternal and Child Health* • *Nicaragua*[76] • *15-Dec-2004* • *$30M Loan* • *Component: Performance-Driven Health Loan* • *Service delivery; Capacity-building*	*The objective of the project is to improve health conditions for the country's poorest people, focusing on maternal and infant mortality from avoidable causes and targeting people living in poor rural areas with a heavy concentration of indigenous people (IDB 2004:9).* *The loan will provide for the following (IDB 2004:13-14):* *1. Provision of basic health services, with emphasis on care for mothers and children;* *2. Construction, upgrade or rehabilitation, plus operating costs, of "maternity homes" for pregnant women from remote areas of the country, to enable them to be closer to a health facility or hospital; and* *3. Technical assistance, consulting services, training, information systems and computer equipment to strengthen the capacity of the Ministry of Health. It will also finance project monitoring and evaluation.*	***SOMEWHAT GENDER SENSITIVE; FOCUSES ON WOMEN BUT LACKS GENDER ANALYSIS*** *The project targets women as mothers. The project claims to enhance gender equality of access to health services through targeting mothers and children from poor families (IDB 2004:27). It does not mention men or fathers, or household gender relations.* *A project concept paper mentions financing birth control, early detection of cervical-uterine and breast cancer, and reproductive and sexual health.*[77] *However these measures are not discussed in the subsequent English Loan proposal, and the Spanish version only mentions birth control.*[78] *The strong emphasis on project performance and the threat of the IDB withholding funding may lead to a focus on immediate results without investments in longer-term solutions, such as training for healthcare workers.* ***Funds the provision of health care, a recurrent cost (IDB 2004:13)**.*

[75] IDB. 19 October 2005. Plan of Operations: Support the National Strategic Plan for HIV/AIDS. Last project document on: http://www.iadb.org/projects/Project.cfm?project=SU-T1007&Language=English

[76] IDB. 15 December 2004. Improving Maternal and Child Health: Loan Proposal. Available at: http://www.iadb.org/projects/Project.cfm?project=NI-L1001&Language=English. References for this project refer to this document unless otherwise specified.

[77] IDB. 30 August 2004. Mejoramiento de la salud materno-infantil: Project Concept Document. Page 7. Available at: http://www.iadb.org/projects/Project.cfm?project=NI-L1001&Language=English.

[78] IDB. 15 December 2004. Mejoramiento de la salud materno-infantil: Loan Proposal. Page 9. Available at: http://www.iadb.org/projects/Project.cfm?project=NI-L1001&Language=English.

MDB	• Project Name • Country • Approval Date • Amount • Type[54] • Element(s)[55]	Description of Project or Relevant Component[56]	GENDER SENSITIVITY ASSESSMENT[57] Gender Analysis[58] *Capital vs. Recurrent Costs*[59]
		As a performance-driven loan, the project's target outcome indicators are closely monitored by the IDB and the borrower, and disbursements are linked to project achievements. If the borrower does not meet its goals, project financing may be shifted to another form (IDB 2004:23-24).	
IDB	• Caribbean Education Sector HIV/AIDS Response Capacity Building Program[79] • Regional • 11-Feb-2004 • $565,000 Grant • Dedicated Technical Cooperation • Capacity-building	The objective of this project is to improve the response of the education sector to the HIV/AIDS epidemic through developing and supporting the implementation of pilot interventions targeted towards youth in and out of school (IDB 20004:7). The program will test strengthening: • Education sector policies on HIV/AIDS prevention and mitigation; • NGO HIV/AIDS service delivery in schools; • Peer to Peer training programs on HIV/AIDS; • Community-based youth drop-in centers providing HIV/AIDS educational services, counseling and risk prevention skills; • Regional dissemination of the results of country-based monitoring and evaluation models (IDB 2004:1,7-10).	**FAILS TO INTEGRATE GENDER ISSUES** The project claims to have a gender perspective in interventions for prevention and care (IDB 2004:8). The background section includes an enlightened paragraph that recognizes that gender issues are particularly crucial for the Caribbean and notes the dramatic and constant increase of HIV/AIDS among Caribbean women (IDB 2004:1). The remainder of the document fails to take a gender approach. *Funds consultants, supplies and trainings, but **does not fund recurrent costs** (IDB 2004:Annex 2, page 1).*
World Bank	• Reproductive & Child Health Second Phase[80]	The project objective is to expand the use of quality reproductive and child health services with a reduction of geographical disparities (World Bank 2006B:5).	**SOMEWHAT GENDER SENSITIVE; RISK OF FORCED STERILIZATION** The project mentions women and gender many times, but the only clear commitments to gender sensitivity are: (1) Each state must clearly

[79] IDB. 11 February 2004. Regional Caribbean Education Sector HIV/AIDS Response Capacity Building Program (TC-0301035-RS), Plan of Operations. Available on the project webpage: http://www.iadb.org/projects/Project.cfm?project=TC0301035&Language=English.

[80] World Bank. 28 July 2006B. Project Appraisal Document on a Proposed Credit in the Amount of SDR 245 Million (US$360 Million Equivalent) to the Republic of India for the Reproductive and Child Health Project II. Report No: 28237-IN. http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2006/08/04/000090341_20060804092028/Rendered/PDF/28237.pdf;
Project page: http://web.worldbank.org/external/projects/main?pagePK=64283627&piPK=73230&theSitePK=40941&menuPK=228424&Projectid=P075060

MDB	• Project Name • Country • Approval Date • Amount • Type[54] • Element(s)[55]	Description of Project or Relevant Component[56]	GENDER SENSITIVITY ASSESSMENT[57] Gender Analysis[58] *Capital vs. Recurrent Costs*[59]
	• India • 22-Aug-2006 • $360M Loan[81] • Component, Health Sector Investment Loan (SIL) • Capacity-building, service delivery and research	The project has three components: (1) Improvement in Essential Reproductive and Child Health (RCH) Services, including: (a) Activities implemented by the Ministry of Health and Family Welfare, including procurement, behavior change, communication, training, public-private partnerships, and demand side financing; (b) Implementation of all RCH related State Program Implementation Plans (SPIPs) supported through the transfer of "flexible funds" from the central government to the states (World Bank 2006B:8-10). This component also supports further decentralization of expenditures for RCH services and a "a more rigorous approach to state accountability" whereby states with better performance indicators receive more funds (World Bank 2006B:17); (2) Technical assistance, monitoring; and evaluation: (a) Technical assistance to states during project implementation; and (b) Reliable monitoring & evaluation arrangements to provide baseline values and track progress towards achievement of the targets for the project's indicators (World Bank 2006B:11); (3) Polio Eradication: Various activities (World Bank 2006B:12).	integrate a gender strategy into its SPIP (World Bank 2006B:13); (2) The Family Planning Program seeks to improve access to gender sensitive family planning services including enhancing male participation (World Bank 2006B:21); and (3) Data collection, monitoring and evaluation will be gender sensitive (World Bank 2006B:32,90). The project identifies the risk that the "intensive focus on family planning services for population stabilization may lead to a disregard of principles of client choice and voluntary acceptance of family planning" (World Bank 2006B:17-18). While the government has reaffirmed its commitment to promote client choice and voluntary acceptance of contraception, in a "voluntary, non-coercive and (sterilization) target free program," the government's previous plan had an emphasis on female sterilization including sterilization targets (World Bank 2006B:38,86). The project never mentions reproductive or human rights. *It is **unclear whether state governments can finance recurrent expenditures** through World Bank funds (World Bank 2006B:10,82).*
World Bank	• Second Multisectoral STI/HIV/AIDS Prevention Project[82]	This project aims to support the Government of Madagascar's efforts to promote a multi-sectoral response to HIV/AIDS.	**FAILS TO INTEGRATE GENDER ISSUES** The Project misses huge opportunities for gender sensitivity. The background sections of the Project Appraisal Document have a lot of information on women and men, with a particular focus on pregnant

[81] The total cost of this project is $2.2 billion which will be funded by multiple donors and creditors. The total cost of Component one, which will have the greatest immediate impact on the supply of reproductive health services, equals $1.3 billion. It is unclear how much World Bank funding is going towards Component one (World Bank 2006B:42).

[82] World Bank. 13 June 2005B. Project Appraisal Document on a Proposed Credit in the Amount of SDR 20.2 Million (USD 30 Million Equivalent) to the Republic of Madagascar for a Second Multisectoral STI/HIV/AIDS Prevention Project. Report No: 323 19-MG. Human Development III, Country Department 8, Africa Region. http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2005/06/23/000090341_20050623103805/Rendered/PDF/32319a.pdf;

MDB	• Project Name • Country • Approval Date • Amount • Type[54] • Element(s)[55]	Description of Project or Relevant Component[56]	GENDER SENSITIVITY ASSESSMENT[57] Gender Analysis[58] *Capital vs. Recurrent Costs*[59]
	• Madagascar • 12-Jul-2005 • $30M Loan • Dedicated SIL • Capacity-building, service delivery and research	Project components are: (1) Harmonization, donor coordination, and strategies: (a) harmonization and donor coordination; (b) updating of the national strategic plan; (c) implementing a communications strategy and action plan; and (d) sector strategies and action plans; (2) Support for health sector response: (a) support for STI control; (b) support for care and treatment of PLWHAs; and (c) other health sector response activities; (3) Fund for STI/HIV/AIDS prevention and care-taking activities: (a) sub-projects; (b) fund management; (4) Monitoring and evaluation: (a) monitoring; (b) epidemiological data collection; and (c) impact studies/evaluation; (5) Project management and capacity building (World Bank 2005B:16).	women. But the only mention of women in a project component is a reference to eliminating syphilis among pregnant women (World Bank 2005B:43). The document repeatedly identifies commercial sex workers, truck drivers and military personnel as the most at-risk groups for HIV/AIDS transmission and aims to change their behavior, but fails to undertake a gender analysis (see, for example: World Bank 2005B:14-15). The Results Framework and Monitoring table sets plans to track women's behavior in condom use and sexual partners (World Bank 2005B:15,36). ***Unclear whether or not project supports recurrent costs***. *Credit agreement excludes Madagascar's civil service salaries from the "operating costs," but the description of the second component includes service provision (World Bank 2005D:14,21)*
World Bank	• Fiscal Management and Accelerating Growth Program[83] • Malawi • 13-Apr-2004 • $50M Loan • Structural	The objective of this program is to support policy reforms designed to accelerate economic growth and reduce poverty. Specifically, the loan aims to maintain macroeconomic stability by meeting the governments' financing gap in balance of payments and protect government expenditures in key social sectors while reducing domestic borrowing, thereby helping to	**FAILS TO INTEGRATE GENDER ISSUES** HIV/AIDS in Malawi—as everywhere—is a gender issue. Women are at risk of HIV infection, bear a greater burden of care for the sick than do males, and girls are the first to drop out of school or lose other vital services in case of death of parents (Malindi 2005:2). Therefore, the SAL should have integrated gender and HIV/AIDS throughout all project components.

World Bank. 13 July 2005D. Development Credit Agreement (Second Multi-Sectoral STI/HIV/AIDS Prevention Project) between Republic of Madagascar and International Development Association. http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/AFR/2006/02/16/2BCDE6DECB82A3D28525707C0065562F/2_0/Rendered/PDF/DCA01Conformed1010ENGLISH.pdf

[83] Project page: http://web.worldbank.org/external/projects/main?pagePK=64283627&piPK=73230&theSitePK=40941&menuPK=228424&Projectid=P072395;
World Bank. 23 January 2004B. International Development Association Program Document for a Credit to the Republic of Malawi in the Amount of SDR 33.8 Million (US$50 Million Equivalent) for the Fiscal Management and Accelerating Growth Program. Report No. 27649. http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2004/01/29/000160016_20040129095924/Rendered/PDF/276490MAI.pdf;
World Bank. 30 March 2006A. Republic of Malawi Fiscal Management and Accelerating Growth Program (FIMAG) Adjustment Credit (Cr. 3881 MAI) Release of the Second Tranche with Request for Waiver of One Condition. Tranche Release Document. http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2006/03/31/000090341_20060331085433/Rendered/PDF/35714.pdf

[84] One of the requirements for the tranche release was for the government to allocate $2M to the NAC per year in 2004-2005 (World Bank 2006A::11).

MDB	• Project Name • Country • Approval Date • Amount • Type[54] • Element(s)[55]	Description of Project or Relevant Component[56]	GENDER SENSITIVITY ASSESSMENT[57] Gender Analysis[58] *Capital vs. Recurrent Costs*[59]
	Adjustment Loan (SAL) • Component: Public Administration, Agriculture, Crops, Power & Telecommunications[84] • Capacity-building	reduce inflation and interest rates. It is linked with the Malawi Poverty Reduction Strategy (MPRS) (World Bank 2004B:1). The government must implement the following components to receive the two 'tranches' of funding: (1) Fiscal Management: civil service wage reforms and decentralization; (2) Parastatal reforms: privatize and restructure Malawi's Agricultural Marketing Board (ADMARC); (3) Agriculture: establish a standard tax and legal framework for land (including increasing taxation for smallholders) and reduce tobacco levies; (4) HIV/AIDS: provide the framework for channeling resources and strengthening institutions in order to mitigate the health and social impacts of HIV/AIDS (World Bank 2004B:1,6). The specific targets are for the government to operationalize the National AIDS Commission; prepare an HIV/AIDS strategy for local authorities; appoint HIV/AIDS coordinators in all Ministries; and create a separate budget line for HIV/AIDS related expenditures in each ministry budget and classify these expenditures as pro-poor (World Bank 2006A:5); and allocate $2M to the AIDS Commission per year in 2004-2005 (Ibid:11). The program incorporated HIV/AIDS to address the risk of HIV/AIDS destabilizing the SAL (World Bank 2004B:1). It is implemented in tandem with the Malawi HIV/AIDS Project, part of the MAP program (World Bank 2006A:1).	The project describes the government's work to promote gender equality and halt the spread of HIV as expressed in the MPRS (World Bank 2004B:29), but utterly fails to integrate gender into the operation. Missed opportunities include: First, civil service restructuring often results in women being fired before men. Women and men who were laid off may have engaged in risky behavior to earn money. Second, research demonstrates that privatization of ADMARC undermined food security as the country was in the midst of a famine. Since women are primarily responsible for securing food for their families, the famine led desperate women into sex work and early marriage, and increased the transmission of the HIV virus.[85] Third, since women constituted a greater proportion of farm labor than men, reforming land and agricultural commodity markets impacted women and men differently. Any agricultural reforms should focus on food security of poor women and men. ***Component does not fund recurrent costs.***

[85] Phalula, Irene. 8 December 2005. "Malawi Food Crisis Hits Women Hardest." Genderlinks via Agenda News, courtesy of AfricaFiles. http://www.africafiles.org/article.asp?ID=10378&ThisURL=./gender.asp&URLName=Gender; Dennis & Zuckerman. 2006. Gender Guide to World Bank and IMF Policy-Based Lending. http://www.genderaction.org/images/Gender%20Guide%20032007.pdf

MDB	• Project Name • Country • Approval Date • Amount • Type[54] • Element(s)[55]	Description of Project or Relevant Component[56]	GENDER SENSITIVITY ASSESSMENT[57] Gender Analysis[58] *Capital vs. Recurrent Costs*[59]
World Bank	• Health Sector Reform 2 Project[86] • Romania • 16-Dec-2004 • $80M Loan • Component: Adaptable Program Loan • Capacity-building	The project objective is to provide more accessible services, of increased quality and with improved health outcomes for those requiring maternity and newborn care, emergency medical care and rural primary health care (World Bank 2004C:6). Project components are: (1) Maternity and Neonatal Care: rehabilitate maternity and neonatal care facilities, supply medical and other necessary equipment, provide technical assistance and training, and improve the capacity of health care authorities and provider units to monitor service quality and access; (2) Emergency Care Services; (3) Primary Health Care and Rural Medical Services; (4) National Health Accounts and Planning; (5) Project Management (World Bank 2004C:6-8).	**FAILS TO INTEGRATE GENDER CONCERNS; FOCUSES EXCLUSIVELY ON MOTHERS** The project focuses exclusively on mothers and maternal health (World Bank 2004C:35). It never mentions fathers, men, gender, family planning, or contraception. ***Component does not fund recurrent costs.***

[86] Project page: http://web.worldbank.org/external/projects/main?pagePK=64283627&piPK=73230&theSitePK=40941&menuPK=228424&Projectid=P078971
World Bank. 17 November 2004C. Project Appraisal Document on a Proposed Loan in the Amount of Euro 65.1 Million (US$80 Million Equivalent) to Romania for a Health Sector Reform Project in Support of the Second Phase of the Health Sector Reform Program. Human Development Sector Unit, Europe and Central Asia Region. http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2004/11/30/000160016_20041130131743/Rendered/PDF/28395.pdf

Annex 6. Recent MDB Self-Evaluations for Interventions in Reproductive Health and HIV/AIDS

MDB	Report Name	Date	Cursory Findings
ADB	Fighting Poverty Through Better Health Care[87]	2001	Mentions population. Reproductive health and HIV/AIDS to a lesser extent.
ADB	Special Evaluation Study on ADB Policy for the Health Sector[88]	2005	Reviews ADB's 1999 Health Policy. Discusses interventions in HIV/AIDS and reproductive health.
AfDB	Review of Bank Assistance Effectiveness to the Health Sector (1987-2005) – Revised[89]	30 October 2006	Discusses interventions in HIV/AIDS
World Bank	Interim Review of the Multi-Country HIV/AIDS Program for Africa[90]	October 2004	Assesses the MAP program.
World Bank	Committing to Results: Improving the Effectiveness of HIV/AIDS Assistance - An OED Evaluation of the World Bank's Assistance for HIV/AIDS Control[91]	31 August 2006	Assesses the effectiveness of the World Bank's country-level HIV/AIDS assistance defined as policy dialogue, analytic work, and lending.
World Bank	The World Bank's Approach to Global Programs: Phase 2 Report: Global Health Programs, Millennium Development Goals, and the World Bank's Role[92]	19 November 2004	Mentions HIV/AIDS frequently. Quote: "Lending to population and reproductive health, and to nutrition and food security – which could, to some extent, help in combating communicable diseases– actually declined" (34).

[87] http://www.adb.org/Documents/Reports/ADI/Health/default.asp and http://www.adb.org/Documents/Reports/ADI/Health/adi_health.pdf

[88] http://www.adb.org/Documents/SES/REG/sst-reg-2005-04/sst-reg-2005-04.asp and http://www.adb.org/Documents/Reports/Evaluation/sst-reg-2005-04.pdf

[89] http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/EVALUATIONREPORTS/EN_ADB%20-%20REVIEW%20HEALTH%20SECTOR%2087-05%20REVISE.PDF

[90] http://siteresources.worldbank.org/INTAFRREGTOPHIVAIDS/Resources/MAP_Interim_Review_04-English.pdf

[91] Report page: http://www.worldbank.org/oed/aids/; very useful background documents: http://www.worldbank.org/oed/aids/other_documents.html#portfolio; table of contents: http://www.worldbank.org/oed/aids/main_report.html; and complete report: http://www.worldbank.org/oed/aids/docs/report/hiv_complete_report.pdf

[92] http://lnweb18.worldbank.org/oed/oeddoclib.nsf/DocUNIDViewForJavaSearch/7F80F1CF544BDF5185256F5E007992A6/$file/gppp_hnp_wp.pdf

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Asian Development Bank. June 2006A. Proposed Asian Development Fund Grant Socialist Republic of Viet Nam: HIV/AIDS Prevention among Youth Project. Report and Recommendation of the President to the Board of Directors. http://www.adb.org/Documents/RRPs/VIE/38581-VIE-RRP.pdf.

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