
APPENDIX B2: AN ANNOTATED TIMELINE OF THE WORLD BANK HIV/AIDS
RESPONSE

Year	Analytic work	Strategy and institutional response	Lending	World Bank events
1986		At the start of this timeline, Population, Health, and Nutrition (PHN) is a centralized Department of the World Bank.	At the start of the timeline, the Bank has been lending directly for health projects only since 1980.	Barber Conable becomes the 7th president of the World Bank (July). In October, President Conable announces that an internal reorganization will take place with assistance from professional management consultants.
1987	At the request of WHO/GPA, a Bank economist is sent to Geneva in mid-1987 to estimate the economic impact of AIDS. World Bank demographers initiate modeling of the demographic impact of AIDS in select countries (Tanzania, Zaïre) using the PRAY model, which demonstrates the potential impact of greater condom use.	<i>Financing Health Services in Developing Countries</i> placed health financing at the center of policy dialogue with borrowers, focusing on improved efficiency and equity. Key reforms: user charges at government health facilities; insurance; effective use of non-governmental resources; and decentralized planning, budgeting, and purchasing. The reorganization substantially changes the way that PHN is organized. (1) At the central level, Population, Health, and Nutrition becomes a division of the Population and Human Resources Department. (2) Technical departments are created within each Region, including PHN units. (3) Within Regions, country departments are created, combining the functions formerly divided between programs and projects departments.	World Bank issues a press release announcing approval of the Burundi Health and Family Planning Project (\$14 million), with a \$1.9 million component supporting the National AIDS Control Program (December). The component includes blood screening, IEC, health worker training, surveillance, STD control, and research & evaluation. Immediately after negotiation, the government wants to renegotiate the AIDS component because it is financed by a credit (not a grant). The component was never formally dropped; \$715,000 was spent for equipment, furniture, and IEC using funds from another project component. WHO/GPA financed most of the planned activities through \$4.76 million in grants, along with other donors. The AIDS component funds were reallocated to rehabilitate health facilities and build additional health infrastructure.	On May 8, Mr. Conable announces that implementation of the reorganization will begin, and will be completed by September. In his address to the Annual Meetings of the World Bank and the IMF, President Conable says “We will support the World Health Organization’s worldwide effort to combat AIDS, a disease that has potentially grave consequences for some countries in Africa.” (September) ^a As part of the reorganization, two Africa vice presidencies (East and Southern, and Western) are merged. Edward Jaycox is appointed Vice President for Sub-Saharan Africa.
1988	Bank research article on the direct and indirect costs of AIDS in Tanzania and Zaïre is published.	<i>Acquired Immunodeficiency Syndrome (AIDS): The Bank’s Agenda for Action (1988)</i> is prepared by the Africa Technical Department. If called for the Bank to assist countries through: <ul style="list-style-type: none"> • Policy dialogue on prevention & control 	First free-standing AIDS project approved in Zaïre, building on research by <i>Projet SIDA</i> , headed by Jonathan Mann. This is also the first health project in that country and the first approved freestanding Bank project for a single disease. The press release notes	The staff newsletter, <i>The Bank’s World</i> , features an article on the spread of HIV and its impact on health systems and the economies. It announces that AIDS control components are planned for 10 health projects. Only 5,000 cases of AIDS have

- Analytic work on current & projected spread of HIV & STDs
 - Financing priority activities via free-standing AIDS projects and components, restructuring active health projects
 - Mobilizing donor resources
 - Training Bank staff
 - Launching Regional studies/programs
 - Assisting governments to establish sub-Regional AIDS research & training centers
- However, this strategy was not formally adopted by Bank management and was issued as a working paper.
- that average lending for population, health, and nutrition globally is \$220 million annually.
- Northeast Endemic Disease Control Project in Brazil is approved, with a \$6.6 million AIDS component. (Most of this money was used later to prepare the first Brazil AIDS project.)
- Bank offers to lend to Thailand for AIDS, but government declines to borrow.
- World Bank press release on World AIDS Day (December) reports that the Bank is supporting AIDS-related project components in 7 countries and preparing components in 9 more.
- been reported in Sub-Saharan Africa, but an estimated 1 million Africans are infected (March).

1989 "Guidelines for Rapid Estimation of the Direct and Indirect Costs of HIV Infection in a Developing Country," by Over, Bertozzi, and Chin, is published.

World Bank releases *Sub-Saharan Africa: From Crisis to Sustainable Growth*. A box on AIDS notes that the epidemic "is likely to strain the capacity of already weak health sectors in the countries to which it spreads during the next decades. The potential cost of caring for AIDS patients is high, in addition to the indirect cost to society of the loss of labor and family caretakers. It is also likely to divert resources from the treatment and control of other diseases." (p. 65)

The most affected countries are Burundi, Kenya, Rwanda, Tanzania, Uganda, and Zaïre. "Strategies... depend on the specific epidemiology of AIDS within the country concerned." Four priorities:

- Integration of AIDS with primary health care and family planning programs, MCH, and STD services

The staff newsletter, *The Bank's World*, features an article on AIDS in the workplace, how HIV/AIDS can and cannot be transmitted.

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1989 (cont.)		<ul style="list-style-type: none"> • Counseling of people who test positive for HIV, “to reinforce behavioral patterns that could reduce the spread of infection.” • Rapid diagnosis and treatment of STD patients and targeted condom distribution to prostitutes. • IEC targeted to “school-age populations, sexually active people and prostitutes.” 		
1990	<p>World Bank demographers include AIDS mortality in population projections for all countries.</p> <p>World Bank Research Committee approves funding of research proposal to study the impact of adult mortality on households in Kagera, Tanzania. A longitudinal survey is fielded from 1991 to 1994. Co-financed by USAID and DANIDA.</p> <p>Bank economist gives plenary speech at the International AIDS Conference in Africa (Kinshasa) on the economic impact of AIDS. Background work launched on the <i>Tanzania AIDS Assessment & Planning Study</i>, not formally published until December 1992.</p> <p>Background studies on:</p> <ul style="list-style-type: none"> • Demographic impact (Bulatao 1990) • Survivor assistance (Bertozzi 1990; Ainsworth & Rwegarulira 1992) • Managing OIs (Pallangio 1990) • Cost-effectiveness of alternative IEC interventions (Foote 1990) <p>Sector work on the impact of AIDS in Uganda is launched (December), updated in</p>		<p>First Health and AIDS project approved in Haiti (January), including a \$3.3 million component for AIDS. By the time the project closed, \$10 million had been spent on AIDS.</p> <p>PAPSCA project for alleviating the social costs of adjustment in Uganda is approved, with \$3.3 million for a major component for widows and orphans from war and AIDS.</p> <p>In 1990–91, projects with AIDS components are approved in three countries with low HIV prevalence—Morocco (1990), Mali, and Madagascar (>\$1 million but < 10% of project costs).</p>	

	1993 with Uganda Census numbers, published in 1995. Background work included the food security impact of AIDS.		
1991	<p>Bank economist gives plenary speech at the Vth International Conference on AIDS in Africa in Dakar on “The economic impact of AIDS: Shocks, responses, and outcomes.”</p> <p>Additional <i>Tanzania AIDS Assessment</i> Background papers are produced:</p> <ul style="list-style-type: none"> • Projected mortality (Chin 1991) • Costs & effects of STD treatment, blood screening, & condoms (Over 1991) 	<p>HIV/STD specialist joins the Africa Technical Department, financed for nearly 3 years by the U.S. Centers for Disease Control (June).</p> <p>Returning from a workshop on the economic impact of AIDS in South Africa, a staff member notes that the consensus of the meeting was that South Africa is in a position to act earlier than other African countries and can learn from the experience of the North. The workshop estimated that there would be 400,000 AIDS cases by 2000.^b</p>	Lewis T. Preston becomes the 8th president of the World Bank (September).
1992	<p>Researchers publish three studies of the economic impact of AIDS, both macro and micro.</p> <p>The <i>Tanzania AIDS Assessment and Planning Study</i> is published.</p> <p>Bank demographers publish the <i>1992–93 World Population Projections</i> incorporating the demographic impact of AIDS in all countries. They predict that life expectancy will decline in Uganda from 48 in 1985 to 44 in 2000–05, and in Zambia from 53 to 46 over the same time frame. With limited knowledge of the spread of HIV in South Africa, life expectancy is expected to increase.</p>	<p>HIV/STD specialist in Africa is designated the Region’s coordinator of HIV/AIDS activities in the Region, with an informal working group of technical and operational staff. The Africa Region issues its second AIDS strategy: <i>Combating AIDS and other Sexually Transmitted Diseases in Africa: A review of the World Bank’s Agenda for Action</i> (1992). It articulates a country-level agenda to:</p> <ul style="list-style-type: none"> • Develop multisectoral policies for coping with the impact of the epidemic • Allocate prevention resources to groups with low HIV but high STD infections and on “core transmitter” groups • Set priorities for prevention • Integrate HIV and STD responses • Strengthen health infrastructure 	<p>The India National AIDS Control Project is approved, the second free-standing AIDS project. Creates NACO, the National AIDS Control Organisation. By the project’s close in 1999, the government will have spent substantially more of its counterpart funds than was originally agreed, a sign of government commitment.</p> <p>Division chief of the HNP division of the Africa Technical Department gives presentation on HIV/AIDS to the Africa Regional Management Team, including managers of non-health departments.</p>

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1992 (cont.)		<p>And a <i>Bank-level agenda</i> to:</p> <ul style="list-style-type: none"> • Assess impact of AIDS on development, on health and non-health sectors • Include HIV/AIDS overviews in non-health sector studies • Analytic work on the effectiveness of STD/HIV interventions • Raise priority of lending for parts of health system critical to STD/HIV prevention & control • Increase involvement of NGOs and CBOs • Improve information of Bank staff within and outside the health sector • Continue collaboration with WHO/GPA <p>→ AIDS should <i>not</i> dominate the HNP agenda in Africa.</p>		
1993	<p><i>Disease Control Priorities in Developing Countries</i> increased Bank support for project lending for disease control. The chapter on HIV/AIDS and STDs, by Mead Over and Peter Piot, highlighted the role of “core transmitter groups” in launching and sustaining an STD epidemic and the theoretical efficiency of targeting prevention resources to those groups.</p> <p><i>World Development Report 1993: Investing in Health</i> highlights the role of government in the health market. It advocates a 3-pronged approach: fostering an environment that enables households to improve their health; improving the cost-effectiveness of government health care and expanding basic public health programs; and encouraging diversity and competition in provision of health services and insurance.</p>	<p>The first Regional AIDS support unit is set up, the <i>AIDS in Asia</i> unit in the East Asia and Pacific Region.</p>	<p>The Brazil <i>AIDS & STD Control Project</i> is approved (\$250 million, of which \$160 million is Bank loan), emphasizing prevention among those most likely to contract and spread HIV. The IBRD loan disburses faster than projected.</p> <p>The first of three sexually transmitted infection (STI) projects is approved, in Zimbabwe, a country with perceived high political commitment. The project mainly supports drug purchases.</p> <p>Following economic and political chaos from 1991 onward, disbursements of all lending to Zaire are suspended in 1993 and the Bank’s first free-standing AIDS project is cancelled in 1994. Only \$3.3 million of the \$8.1 million credit was disbursed. Low capacity and problems with local management of implementation led to slow</p>	<p>Africa Region Vice President Jaycox chairs a session on the economic impact of AIDS at a one-day symposium at the Annual Meetings of the African Development Bank, in Abidjan, Côte d’Ivoire.</p> <p>World Bank President Preston attends the meeting of the heads of U.N. agencies, the Administrative Committee on Coordination, chaired by the U.N. Secretary General, on the “Joint and Cosponsored United Nations Programme on HIV/AIDS,” October 28.</p>

It recommends a cost-effective package of basic health services that includes low-cost HIV prevention. Early and effective HIV prevention is essential because:

- HIV is widespread and spreading rapidly
- The cost-effectiveness of prevention drops when infections move out of high-risk groups into the general population
- The consequences of AIDS are severe and costly
- Prevention is politically charged because it involves sex and drug use.

Priority interventions are:

- Public information on protection
- Encouraging condom use
- Reducing blood-borne HIV transmission
- Integrating HIV prevention and STD services
- Encouraging voluntary anonymous testing
- Developing public health surveillance systems

Research on the macroeconomic impact of AIDS in Tanzania is published in the *World Bank Economic Review*.

disbursements even before these problems, however.

Preparations are initiated for a \$19.2 million HIV/AIDS prevention project in Nigeria (to be funded with a \$13.7 million IDA credit), with strong support from the Minister of Health. The proposed project featured a research and evaluation component. A \$1 million PHRD grant is made available for studies during preparation, including a household survey with HIV and STD prevalence modules, a study of the feasibility of condom production, and a pilot study of social marketing of male urethritis kits.

1994

“AIDS and African Development” is published in the *World Bank Research Observer*. Bank demographer projects child mortality rates through 2005, with and without AIDS. The Bank publishes *World Population Projections 1994–95*, including the impact of AIDS, immediately before the International Conference on Population and Development (ICPD) in Cairo.

Africa Region HIV/AIDS specialist becomes staff member (February). Global focal person for HIV/AIDS, Debrework Zewdie, joins the central Population, Health, and Nutrition Department. *Better Health in Africa* sets forth practical strategies for health improvement in Africa. HIV/AIDS is labeled the most dramatic new health threat. HIV prevalence, vulnerable

An STI project is launched in Uganda and the first of three population projects with substantial AIDS components, in Burkina Faso.

Sven Sandstrom, Managing Director of the World Bank Group, delivers a keynote address to the AIDS in the World Conference, on “AIDS and Development: A shared concern, a shared vision,” in Stockholm. The conference is sponsored by the Government of Sweden.

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1994 (cont.)		<p>groups, transmission modes, and economic impacts are discussed and potential AIDS treatment costs as a share of total and government health expenditures presented. Recommendations are in a box: The public policy response must start with prevention. The top priority is carefully targeted public education and condom promotion campaigns, and for the detection and treatment of other STDs. There is also recognition of the growing needs of AIDS patients as their diseases progress and the strain on African hospitals, underscoring the importance of health system reform. However, overall, the AIDS epidemic is given scant treatment in the document and is not featured in the report's recommendations.</p>		
1995	<p>World Bank discussion paper on <i>Uganda's AIDS Crisis: Its implications for development</i> is published.</p>	<p>The <i>Regional AIDS Strategy for the Sahel</i> is issued for a set of extremely poor countries with relatively low HIV prevalence. It calls for:</p> <p>(1) Country-level support for:</p> <ul style="list-style-type: none"> • Medium- to long-term strategies to develop sustainable policies and programs • Strengthened communications • Accelerated condom social marketing • Expanded clinical management of STDs • Assisting NGO & private sector initiatives • Broad-based policy analysis and program coordination <p>(2) Regional support for:</p> <ul style="list-style-type: none"> • Advocacy and capacity building with grant financing from the donor commu- 	<p>The Kenya <i>STI and Chad Population and AIDS Control</i> projects are approved. After two years of preparation and a final project appraisal document, the Nigeria AIDS prevention project is cancelled for reasons that have nothing to do with the project's merits. At the time, there were many governance problems, only social sector projects were being approved and several of them had been cancelled after approval. The \$1 million PHRD grant for preparatory research is still approved for execution. However, it too is eventually not pursued following a one-year struggle within the government over who would be the signatory for the PHRD account.</p>	<p>James Wolfensohn becomes the ninth World Bank president (June). Bank funds a high-level OAU delegation, accompanied by Africa region AIDS coordinator, to talk with 4 African presidents on the AIDS agenda, in preparation for the 1996 OAU assembly.</p>

nity, by mobilizing political & opinion leaders

- Pilot projects
- Studies and research
- Technical support and training

The Latin America and Caribbean Region proposes to support a Regional AIDS Initiative for Latin America and the Caribbean (SIDALAC), based in the Mexican Health Foundation (FUNSALUD) in Mexico City. SIDALAC is funded through earmarked contributions of the Bank to UNAIDS. Its main objectives are to conduct analytic work for strategic planning, and to disseminate results and promote exchange of country experiences in the Region.

1996

AIDS Prevention and Mitigation in Sub-Saharan Africa: An Updated World Bank Strategy.

(1) Findings:

- Household and sectoral impacts
- Slow progress with multisectoral policies
- Pilot projects needed to be expanded in depth and breadth
- Interventions need to be targeted early in the epidemic to the highest-risk groups to be most cost-effective
- Care of AIDS patients needs to be integrated into the health system

(2) New areas for the Bank:

- Generating political commitment
- Changing risk behaviors
- Mobilizing resources to intensify the breadth and depth of programs

The *Cambodia Disease Control and Health Development Project* is approved, the first Bank-supported health project in that country, with components to strengthen government infectious disease programs for AIDS, TB, and malaria.

The *Indonesia HIV/AIDS and STD Prevention and Management Project* is approved, the first free-standing AIDS project in a country with a nascent epidemic.

Health projects with AIDS components in Bulgaria and Sri Lanka are approved. The Bulgarian project finances only blood safety.

President and Mrs. Wolfensohn travel to India, visit the Dharavi red-light district of Mumbai and meet with prostitutes and NGOs. He discusses AIDS with the Prime Minister, President, Minister of Finance, and the Chief Ministers of Maharashtra, Karnataka, and Orissa (October).

In his speech to the Annual Meetings, President Wolfensohn calls for creation of the "Knowledge Bank" (October).

Africa VP Jaycox retires. He is replaced by two Vice Presidents for Africa — Messrs. Callisto Madavo and Jean-Louis Sarbib.

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1996 (cont.)		<ul style="list-style-type: none"> Improving design and implementation of cost-effective measures to mitigate the epidemic <p>However, because this strategy was developed and disseminated immediately prior to an internal restructuring within the Africa Region, it is never published or disseminated.</p> <p>World Bank joins UNAIDS as one of six co-sponsors.</p> <p><i>AIDS in Asia</i> unit is disbanded.</p>		
1997	<p><i>Confronting AIDS</i> is published by the research department of the Bank, in a press conference led by the Bank's Chief Economist and Senior Vice President, Joseph Stiglitz. The report assembles evidence on the economic and societal determinants of the epidemic, its economic impact, and the effectiveness of interventions in developing countries. It identifies principles for priority-setting by policy makers, makes the economic case for government involvement in fighting AIDS, and highlights government's unique role in providing public goods and ensuring that people most likely to contract and transmit HIV engage in safer behavior. It advocates access of AIDS patients to cost-effective health care and the integration of AIDS mitigation programs and policies with poverty reduction programs and emphasizes the need to intervene early in countries with nascent epidemics, highlighting India, China, and Eastern Europe, where epidemics can still be averted. Preface of the book is</p>	<p>The <i>HNP Sector Strategy</i> is released, emphasizing the Bank's objectives to improve HNP outcomes of the poor, enhance the performance of health systems, and secure sustainable health care financing. Mentioned emergence of new epidemics and the infectious disease burden, mentioning AIDS, TB, and malaria in an annex. No specific strategy for HIV/AIDS.</p> <p>The global AIDS coordinator is hired to lead AIDS activities in the Africa Region (September).</p> <p>A 1997 reorganization of the Bank tried to strike a better balance between "country focus" and "sectoral excellence." Sector staff are grouped into larger Regional sector units or departments and worked with country departments in a matrix relationship. Sector Boards (including the HNP Sector Board) were created to bring together the Regional managers working in the same sector. Bankwide "anchor" units were put in place to provide quality support to the Regions.</p>	<p>The <i>AIDS and STD Control Project</i> in Argentina is approved.</p>	<p>East Asian economic crisis unfolds in the summer of 1997.</p> <p>Senior Vice President and Chief Economist Joseph Stiglitz addresses the European Parliament on the need to confront AIDS in developing countries, in Brussels (November 25).</p>

co-signed by the Bank, UNAIDS, and the European Commission.

World Bank economists deliver plenary speeches on *Confronting AIDS* at the International Conference on AIDS and STDs in Latin America (Lima, Peru) and at the International Conference on AIDS and STDs in Africa (Abidjan, Côte d'Ivoire). (December) "Setting priorities for government involvement in antiretrovirals" is published in a WHO volume, based on work on mother to child transmission in Thailand.

The first of several pieces of country-level economic and sector work sponsored by the AIDS in Asia unit is completed.

1998

Eighteen background papers for *Confronting AIDS* are published by the European Commission in a background paper volume. The original report is disseminated widely in Latin America and Asia, translated into Spanish, French, Russian, Vietnamese, Japanese, and Chinese.

World Bank discussion paper, "World Bank HIV/AIDS interventions: Ex-ante and ex-post evaluation," is published, reviewing the design and performance of Bank-sponsored projects to date.

Two more outputs of the AIDS in Asia unit are issued.

Joint symposium of World Bank and UNAIDS in Washington on the demographic impact of AIDS, chaired by Africa Region VP Callisto Madavo (January). The shocking statistics on reduced life expectancy lead to dramatically increased commitment by Africa Regional management to mainstream AIDS in all of the Region's work.

Institution-wide AIDS Vaccine Task Force is initiated by the Chief Economist's office and the Vice President for Human Development, chaired by the head of the health sector, to develop new and innovative mechanisms for the Bank to encourage more rapid development of an HIV/AIDS vaccine for developing countries (April).

The second *Brazil AIDS & STD Control Project* is approved. By project closing in 2003, the government has spent more counterpart funds than it originally committed to the project.

The Guinea *Population and Reproductive Health Project* is approved.

In an address to the Economic Commission for Africa in Addis Ababa, President Wolfensohn puts education and health at the top of the African agenda and urges delegates to "vigorously and straightforwardly pronounce the words 'AIDS' and 'AIDS prevention'." He says that AIDS "needs to be put front and center and we need to emphasize prevention." (February) Africa VP Callisto Madavo delivers a speech at the 12th World AIDS Conference in Geneva (June 30, 1998), on "AIDS, Development and the Vital Role of Government." He speaks of the impact on development and the impact of development on AIDS, and the contribution of partners/donors: (a) keep AIDS in the policy agenda; (b) supplement country resources; (c) "broadly disseminate the latest information (biological, technical, policy) and

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1998 (cont.)				facilitate cross-country sharing of experience"; (d) facilitate international public goods, like vaccine research and evaluation. While saying that the Bank has not done enough, he notes the demand problem—"Because our resources are loans to governments, we cannot start programs on our own. Governments must first seek our support."
1999	<p>Four more papers from the AIDS in Asia unit are issued (including a newsletter). Sector work is forthcoming on Brazil and Uganda, linked to projects.</p> <p>Study of the AIDS vaccine industry's perceptions of the market for an AIDS vaccine in developing countries is completed for the AIDS Vaccine Task Force.</p>	<p>New Africa Region Strategy, <i>Intensifying Action Against HIV/AIDS in Africa</i>. Noting that many interventions have been shown cost-effective, the strategy focuses on creating an enabling environment and mobilizing resources to increase coverage of interventions. The four pillars of the strategy are:</p> <ul style="list-style-type: none"> • Advocacy to strengthen political commitment • Mobilization of resources • Support for HIV/AIDS prevention, support, treatment • Expanding the knowledge base. <p>The paper advocates a "decentralized participatory approach." In low-prevalence countries (defined as less than 7% HIV prevalence), it advocates focusing on prevention among groups at highest risk for transmitting HIV. In high-prevalence countries (7% prevalence or higher), "the program must address wider objectives and reach all vulnerable groups, while reinforcing sustainable behavior change among those at highest risk."</p> <p>AIDS Campaign Team for Africa (ACTAfrica) unit is created to provide resources and technical support to country teams to "main-</p>	<p>The first <i>India AIDS Control project</i> is concluded, with the government disbursing more counterpart funds than were in the plan, a sign of heightened political commitment. A second <i>India AIDS Prevention Project</i> is approved.</p> <p>Following poor implementation experience and the East Asian crisis, the <i>Indonesia HIV/AIDS & STD Prevention and Management Project</i> is cancelled, with only \$4.5 million of the \$24.8 million commitment expended.</p> <p>A health project with a major AIDS component is approved for China.</p> <p>Preparation of a TB/AIDS control project in Russia is launched, with much policy dialogue. Discussion and project development continue through 2002.</p> <p>The AIDS project pipeline for Africa is dry; there are no preparations underway for new AIDS projects.</p>	<p>Africa VP Madavo addresses the International Conference on AIDS in Africa in Lusaka, Zambia, calls for "A new compact on AIDS" and launches the new Africa region strategy to "intensify" the fight against AIDS (September).</p> <p>Madavo visits Ethiopia to discuss HIV/AIDS with the Prime Minister and encourage project development.</p> <p>Vice President for South Asia, Mieko Nishimizu, speaks on the impact of AIDS and the need to confront the epidemic at the International Conference on AIDS in Asia and the Pacific (ICAAP), in Kuala Lumpur. (October)</p> <p>Following up on the ICAAP meeting, President Wolfensohn sends letters to the heads of state of South and East Asia pointing out the economic impact of AIDS on urging them to act. (December)</p> <p>President Wolfensohn travels to Nigeria and raises AIDS in the policy dialogue.</p>

stream” HIV/AIDS activities in all sectors, headed by the Africa Region AIDS Coordinator.

The South Asia Health Unit forms a small HIV/AIDS team supported by funds from the Regional Vice President’s office.

2000

Thailand Social Monitor series publishes study “Thailand’s Response to AIDS,” documenting the evolution of the epidemic, AIDS policy, programs, and evidence of effectiveness.

The AIDS Vaccine Task Force produces recommendations on how the Bank can accelerate an AIDS vaccine (May). However, no action is taken by management on the recommendations. The European Commission offers to co-finance with Development Economics one of the recommendations, namely additional research on the demand for and cost-effectiveness of AIDS vaccines in developing countries.

The Bank drops earmarking of support to SIDALAC; funding reverts to UNAIDS where it competes with other proposals.

First *Multi-Country AIDS Program* (MAP) is approved by the Board to provide a \$500 million envelope for financing HIV/AIDS projects (September). The first four projects are in Kenya, Ethiopia, Eritrea, and Ghana. The Ethiopia project is identified, appraised, and negotiated in only six weeks. The Eritrea project departs from the template, is based in the MOH and has AIDS, TB, and malaria components.

Free-standing AIDS project is approved for Bangladesh, which has a nascent epidemic; health projects with major AIDS components are launched in Kenya and Lesotho.

President Wolfensohn becomes the first President of the World Bank to address the UN Security Council. He calls for a “War on AIDS” and asserts that the resources and effort being devoted to the epidemic are grossly inadequate. (January) He estimates that \$1–\$2.3 billion is needed for prevention in Africa, against \$160 million in existing official assistance.

At the spring meetings of the Bank and the Fund in Washington D.C., AIDS is placed as the first item of business before the Development Committee, in addition to trade & development and debt relief. (April)⁶ No country that wishes to act will be unable to implement it for lack of resources. In response to a concept note from ACTAfrica asking for several hundred million dollars for African AIDS lending not subject to IDA caps, senior Bank managers approve an even greater amount (\$500 million) on condition that the Africa team bring two fully negotiated projects to the Bank’s Board by the Annual Meetings, in September (June).

At the International AIDS Conference in Durban, South Africa, the Bank pledges \$500 million to assist with AIDS prevention and care in Africa. (July).

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2000 (cont.)				At the Caribbean AIDS Conference the Bank pledges to dramatically increase the scale of its assistance to AIDS in Caribbean countries by \$85–100 million. In his speech to the Annual Meetings, President Wolfensohn underscores the huge increase in resources made available to Africa (\$500 million), with AIDS assistance overall at \$1 billion. He calls for exploring “innovative instruments, including grants, for such pressing issues as HIV/AIDS” (September, in Prague, Czech Republic). Mr. Wolfensohn again travels to India and raises AIDS as an issue.
2001	Numerous sector studies and operational background papers are issued. Two clusters of research studies are published that focus on: (a) the potential demand for an AIDS vaccine in developing countries; and (b) the economic impact of adult AIDS mortality on children, the elderly, and households in Tanzania.	<i>HIV/AIDS in the Caribbean: Issues and Options</i> , the sub-regional strategy for the Caribbean, is produced. World Bank Institute launches the Leadership Program on AIDS.	Seven country-level African MAP projects are approved, one of them in Madagascar, a country with a nascent AIDS epidemic. The \$155 million Caribbean Multi-Country AIDS Project is approved, with the first two loans for Barbados and the Dominican Republic. Agreement is reached to allow financing of anti-retroviral treatment in Barbados, an upper-middle income country (June). The second Chad Population and AIDS project is approved, outside of the MAP (July).	
2002	The Bank releases the <i>Economic Consequences of HIV/AIDS in Russia</i> in May 2002, updated in November. It seems to have a positive impact on government commitment, in conjunction with contacts with President Wolfensohn.	The Global HIV/AIDS program is created. The Global Monitoring and Evaluation Support Team (GAMET) is created, housed at the World Bank, to facilitate UNAIDS cosponsor efforts to build country-level M&E capacities and coordinate technical support (June).	Second \$500 million multi-country AIDS program envelope is approved (February). The second MAP allows finance of antiretroviral treatment. Seven country-level African MAP projects are approved, including two financed by the first IDA grants (Guinea and Zambia).	Debrework Zewdie is appointed as the first Global HIV/AIDS adviser, under the Vice President for Human Development. Bank President Wolfensohn meets with President Putin of Russia, discusses commitment to borrowing for AIDS control.

	<p><i>Education and AIDS: A Window of Hope</i> launches the Bank's efforts to engage the education sector in the response to AIDS. <i>Africa's Orphans and Vulnerable Children</i>, a working paper, is published by the social protection family in the Africa Region, engaging yet another sector.</p> <p>An AIDS toolkit for transport projects is published.</p>	<p>HIV/AIDS is featured as one of the main themes at a meeting in Beirut on "The public health challenges in the 21st century in the Middle East and North Africa," sponsored by the Bank/MENA, WHO, the National Institutes of Health, U.S. Centers for Disease Control and Prevention and American University of Beirut. The meeting is attended by delegates from 22 countries, including 11 ministers of health or finance. Three sessions address the need to confront AIDS in the Middle East and North Africa Region, one of them by Peter Piot, head of UNAIDS (June).</p>	<p>A national AIDS prevention project is approved for Sri Lanka (an IDA grant), with a nascent epidemic, and health projects with major AIDS components are approved in Honduras and Ukraine. The latter is the first large AIDS commitment in Eastern Europe other than for blood safety.</p> <p>IBRD loans for two Caribbean MAP projects are approved, for Jamaica and Grenada.</p>	<p>IDA grants become a new instrument for use against AIDS (September).</p>
2003	<p>A research paper on the <i>Long-run Economic Costs of AIDS</i> in South Africa is released at the Nairobi AIDS conference, with dramatic conclusions that increase the pressure to act in South Africa.</p>	<p><i>Averting AIDS Crises in Eastern Europe and Central Asia</i>, a Regional strategy, is published.</p>	<p>Eight African MAP projects are approved, financed by IDA grants, including the first regional project on the Abidjan-Lagos transport corridor.</p> <p>A first AIDS project is approved for Pakistan, which has a concentrated epidemic, and the third Brazil AIDS project is approved. New AIDS/TB projects are approved in Russia, following many years of dialogue and analytic work, and in Moldova.</p> <p>IBRD loans are approved for two additional Caribbean MAP projects, in St. Kitts and Nevis and Trinidad & Tobago.</p>	
2004	<p>Large study on modeling the costs and consequences of HIV/AIDS treatment and prevention in India is completed, conducted to inform Indian government of treatment policy options. Report by the Middle East and North Africa</p>	<p>East Asia and the Pacific Region publishes a Regional strategy, <i>Addressing HIV/AIDS in East Asia and the Pacific</i>.</p>	<p>By the end of the fiscal year (June 2004), five African MAP projects are approved, including a regional Treatment Acceleration Program (TAP) covering several countries, all IDA grants. Three additional Caribbean MAP projects are approved—country-level projects in</p>	<p>The World Bank, GFATM, UNICEF, and Clinton Foundation reach an agreement that allows countries supported by the three institutions to gain access to ARV drugs and diagnostic prices negotiated by the Clinton Foundation (April).</p>

(Continued on the following page.)

Year	Analytic work	Strategy and institutional response	Lending	World Bank events
2004 (cont.)	Region highlights the cost of inaction with respect to HIV/AIDS.		Guyana and St. Vincent & the Grenadines and a regional Caribbean project. All receive some element of grant financing. An AIDS and STI Prevention and Control project is approved in Bhutan.	Human Development Network Vice President Jean-Louis Sarbib participates in a high-level panel discussion on accountability for results of HIV/AIDS assistance at the 13th International Conference on AIDS, in Bangkok (July).

a. There were no references to AIDS in the speeches of either President Clausen (1981–86) or Preston (1991–95) in the World Bank Archives' collection.

b. "Although the full economic impact of the disease is not completely clear, it is apparent that we are not facing a 'doomsday' scenario."

c. Wolfensohn statement to the Development Committee, April 17, 2000.