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Healthgram “Staff Concerns about AIDS”,
September 19, 1985

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These exhibits, authored by World Bank archivists, highlight key events, personalities, and publications in the history of the World Bank. They also bring attention to some of the more fascinating archival records contained in the Archives' holdings.

To view current exhibits, visit the [Exhibits](#) page on the Archives' website.



Healthgram “Staff Concerns about AIDS”, September 19, 1985

The Bank did everything to reassure the staff that they could not contract the disease from others in the workplace by casual contact and outlined the precautions that needed to be taken while traveling. Information on AIDS was distributed through the Bank's health newsletter. Videos and printed materials were also available through the Training Department Library.

By 1989, the Bank had implemented an institutional policy in cooperation with WHO, regarding AIDS in the workplace. This policy specified that the Bank would not require AIDS screening of prospective and current employees. In addition, the Bank agreed to treat any staff member who had the HIV virus as it would any other staff with a chronic illness.



"AIDS and the Bank", The Bank's World, March 1988. View enlarged document below.

First World Bank Projects on AIDS

The World Bank joined other international organizations in the global battle against AIDS by lending money in support of projects focused on AIDS control and prevention. The first project to receive AIDS-related financing was approved for Burundi in December 1987 (credit 1862). The AIDS component for this project included the implementation of an information, education and communication program, as well as blood screening for HIV contamination, and collecting data on the spread of AIDS.



Press Release No. 89/S14, December 1, 1988. View enlarged document below.

The following year, a project with similar components was approved for Brazil. In September 1988, the Bank financed the National AIDS Control Program Assistance Project for Zaire. At this time, about 6 percent of Zaire's urban population was infected with HIV. The goal of the project was to control the epidemic in order to prevent the human and economic losses that the country would otherwise experience.



Community Involvement

In addition to its global activities, the Bank was also leading local efforts to study this disease. More than 50 local businesses and community leaders joined the Bank in organizing a volunteer coalition called the Washington Metropolitan Area Business Leadership Task Force on AIDS. The purpose of this taskforce was to examine AIDS in the workplace and the business community's response to it. The Bank understood the importance of studying AIDS and educating staff about it.

"The more we learn about this disease, the better able we will be able to deal with it. Everyday we read about new discoveries, possible advances. We can prevent the disease by educating staff about unsafe sexual behavior and the dangers of intravenous drug use," said Brigitte Sterrett, a nurse in the Health Services Department. (The Bank's World, January 1989)

World Bank Today

Today, according to the latest UNAIDS/WHO report, the number of people living with HIV exceeds 40 million worldwide. AIDS continues to be one of the major obstacles to economic development and poverty alleviation in the developing world. The World Bank is dedicated to halting the spread of HIV/AIDS through financing projects addressing AIDS and fulfilling the Millennium Development Goals. During the first week of December the World Bank is observing World AIDS Day to continue raising awareness of AIDS and the effects it has on development.

AIDS and the Bank

by Richard Kollodge

"AIDS is already a major problem in a number of countries. We simply don't know how many countries will be severely affected or the likely overall impact of the disease."

Dr. Anthony Measham, Health Adviser, Population and Human Resources Department

There are as many as 150,000 cases of acquired immune deficiency syndrome—AIDS—in 129 countries. According to World Health Organization estimates, this number will more than double by the end of this year. A substantial portion of the stricken will be in developing countries, where the financial and technical resources needed to cope with the disease are lacking.

Providing even basic health care is a challenge due to tight national health care budgets and a severe shortage of qualified health workers. Additionally, caring for AIDS patients poses special, sometimes overwhelming, problems—so much so that some hospitals in the developing world, already operating on severely limited budgets, refuse to admit the afflicted. There is no medicine and hospital space, nor personnel to treat them.

Straining health care systems

But the AIDS problem in developing countries goes far beyond straining health care systems and national health budgets.

"The potential economic and developmental impact of AIDS is enormous in badly affected poor countries. The disease tends to strike adults in their

Editor's note: Richard Kollodge is Assistant Editor of World Bank News, the weekly media newsletter.

most productive years, often disproportionately hitting the better educated and more highly skilled individuals," says Dr. Measham.

Global battle

The Bank joined the global battle against the disease—led by WHO—in April 1986.

"It became clear early on that there was a need for a coordinated international effort. There had been complaints from developing countries and donors that there were too many actors in AIDS-control efforts and duplication of work," Dr. Measham says. "From the outset, we have supported—and not competed with—WHO's efforts.

"WHO's comparative advantage is on the medical side of AIDS. Our comparative advantage is in the social sciences, so we agreed with WHO to help on the economic and demographic aspects.

"We have a full-time staff member doing nothing but working closely with WHO on the direct and indirect costs of AIDS in developing countries. This work will eventually move toward considering the cost-effectiveness of the different approaches that governments might take to prevent and control AIDS."

Another World Bank staff member is studying the epidemiological and de-

mographic impact of AIDS. All of this work is being done in collaboration with WHO's Special Programme on AIDS, established in February 1987 to support national AIDS-control efforts.

The Bank has also begun providing support for AIDS-control components in its lending for health projects, and about 10 projects are expected to have such components.

"There's been a rapid response to AIDS on the part of our borrowers and Bank staff," according to Dr. Measham.

AIDS-control component

The first AIDS-control component was approved in December for a population and health project in Burundi. The project includes measures such as a broad information, education and communication program aimed at promoting safer sex, the use of condoms and the importance of reducing the number of people's sexual partners. It also includes programs to screen blood in hospitals for contamination by the AIDS-causing human immunodeficiency virus (HIV), and a plan for tracking the disease to get better information on its transmission and control.

Other health projects with AIDS components are likely to be approved this year for several African and Latin American countries and will provide

training for health workers, equipment for testing for HIV infection, disposable syringes, condoms, as well as public information programs.

Of all the developing regions of the world, Africa may have one of the most serious AIDS problems, according to Ishrat Husain, Division Chief in the Africa Technical Department.

"While only about 5,000 cases of AIDS have been officially reported in Sub-Saharan Africa," she says, "WHO estimates that well over a million people have been infected with HIV and that about 30 percent of them will develop the disease within the next five years."

Current estimated infection rates are highest in Central and East Africa, she points out, noting that between 5 and 20 percent of the urban adult population carry HIV.

Profound impact

AIDS threatens to have a profound impact on the economic development of the region, Ms. Husain says. "It is clear from at least two demographic analyses that death rates will increase significantly in Africa as a result of AIDS. Under pessimistic scenarios, by the year 2000 AIDS could wipe out improvements in reducing the death rates that are expected under normal conditions of continued socio-economic development and rising living standards."

She fears that panic over AIDS may cause governments to pay too much attention to the disease at the expense of other serious illnesses. "There are already severe resource constraints in African health care services. If a disproportionate amount of drugs and

'AIDS deals with sex and death. It has a potential for distorting priorities and resource allocation. Like cholera epidemics, it can lead to serious problems for governments if they don't handle it right.'

— Dr. Measham

services is diverted to AIDS patients, other diseases could be neglected."

In one country, Ms. Husain says, between 40 and 55 percent of the hospital beds were occupied by AIDS patients.

Prevention and control

The Africa Department's strategy includes several actions. The first, Ms. Husain explains, is assistance to WHO's Special Programme on AIDS in preparing and implementing medium-term AIDS prevention and control plans. The Bank will also concentrate on governments' ability to manage and

sustain these plans.

"We'll also be working to expedite the development of health systems in countries where governments have asked for Bank assistance in making services more responsive to all health problems—today it's AIDS, tomorrow it could be something else. And we are collaborating with WHO and local African institutions on inter-country research to determine the effectiveness of various prevention and control measures," she adds.

AIDS will continue to be a serious problem—not only in Africa—for decades, Dr. Measham believes, but now that governments, health professionals and international organizations are coordinating their efforts to combat the disease, hope for controlling it before it becomes a worldwide disaster has risen.

Attitudes changing

Dr. Measham recalls that until only a couple of years ago, some governments were reluctant to report AIDS cases to international organizations and the news media. "Some governments felt for a while that the world was blaming them for the AIDS problem," he says. "They were concerned, naturally, about what having an AIDS problem would do to tourism. But attitudes are changing.

"AIDS deals with sex and death. It has a potential for distorting priorities and resource allocation. Like cholera epidemics, it can lead to serious problems for governments if they don't handle it right.

"AIDS," Dr. Measham concludes, "is not just a disease; it's a political issue as well."





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BANK NEWS RELEASE NO. 89/S14

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The World Bank Sums Up Its Efforts to Help Developing Countries
Combat AIDS to Mark "World AIDS Day," December 1, 1988

WASHINGTON, December 1--The World Bank is stepping up its efforts to help developing nations stem the AIDS epidemic. Most of the Bank's support is being provided through a growing number of health projects that carry special AIDS components designed to strengthen national AIDS prevention and control programs being implemented by individual countries.

The World Bank entered the battle against AIDS three years ago when it joined the international effort coordinated by the World Health Organization (WHO). WHO, with its medical and epidemiological expertise, guides the global effort and the individual country AIDS programs. The World Bank's contribution is to analyze the economic and demographic consequences of AIDS and--with WHO and other bilateral and multilateral donors--to help design and finance national AIDS prevention and control programs.

So far, the Bank is supporting AIDS-related project components in seven countries and is preparing components for at least nine more.

The first of these components was approved for Burundi a year ago and illustrates the kind of assistance the Bank is providing. The component covers measures for implementing a broad information, education and communication program aimed at promoting safer sex, the use of condoms and the need to reduce the number of sexual partners. Its other aspects include programs in hospitals to screen blood for contamination by HIV (the human immuno-deficiency virus that causes AIDS) and a plan for tracking AIDS to obtain better information on the spread of the epidemic. A similar component has since been approved for Brazil.

In Zaire, where the Bank estimates that AIDS could increase infant mortality rates by 20 to 100 percent and reduce life expectancy by as much as six years by the year 2005, the Bank is supporting a project that focuses entirely on the National AIDS Control Program. This project supports expanding the information/education/communication program, integrating AIDS prevention and control activities into health and social programs, conducting operational research, and strengthening institutions at the central, regional and subregional levels, including non-governmental organizations.

The impact of AIDS on the development process in the most severely affected countries is likely to be very substantial. In addition to the staggering direct medical costs for AIDS victims--in Tanzania, for example, the cost of caring for an AIDS patient is from 20 to 100 times the per capita national health budget--the loss of lives due to AIDS threatens to reduce projected economic growth rates.

According to Mead Over, a World Bank health economist who is developing a methodology to estimate the economic impact of AIDS, "If current patterns don't change, the impact of the epidemic in the most affected central African countries in the next 20 years could reduce the GNP [Gross National Product] growth rate from current rates of 2 and 3 percent to close to zero. This is because AIDS primarily strikes the urban population in its most productive years--from ages 16 to 35--and results in a severe loss of human resources to the economy."

Most of the World Bank's anti-AIDS effort is provided as part of its population, health and nutrition (PHN) sector activities. As Anthony Measham, who heads the World Bank's AIDS Working Group, explains: "We are dealing with many countries where health care is minimal and where premature death is a daily fact of life. The AIDS pandemic adds another deadly scourge that requires urgent attention."

While the Bank has been lending for population projects since the late '60s and for nutrition since the mid '70s, direct lending for health began in 1980 to reflect the Bank's view that health considerations also have a vital place in the development process. From an initial annual PHN lending program of \$100 million, average funding for the past three years has more than doubled to \$220 million and is expected to reach at least \$500 million per year by the end of the decade.

Ann Hamilton, Director of the department responsible for PHN policies and research, sums up the thrust of the Bank's health lending as follows: "Because the World Bank's goal is overall development, most projects in the health sector are broad and aim at reinforcing a country's efforts to combat a wide range of diseases. In tandem with the work of other donor agencies, World Bank loans are targeted at improving a developing country's capability to extend basic preventive and curative services to its people. By strengthening national institutions that plan, manage and finance health care systems, the Bank helps ensure that the benefits of these investments will be sustained."

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