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The World Bank

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the 1990s, the number of people who have been employed in the public sector has increased in all countries. The increase has been particularly large in the United States, where the public sector has grown from 10.5% of the total workforce in 1970 to 17.5% in 1995. In the United Kingdom, the public sector has grown from 12.5% of the total workforce in 1970 to 18.5% in 1995. In the Netherlands, the public sector has grown from 10.5% of the total workforce in 1970 to 15.5% in 1995. In the Scandinavian countries, the public sector has grown from 10.5% of the total workforce in 1970 to 15.5% in 1995.

The increase in the public sector has been driven by a number of factors. One of the most important factors is the aging of the population. As the population ages, the need for social security and health care increases. This has led to a large increase in public spending on social security and health care. Another important factor is the increase in government spending on education and research and development. This has led to a large increase in public spending on education and research and development.

The increase in the public sector has also been driven by a number of other factors. One of these factors is the increase in government spending on infrastructure. This has led to a large increase in public spending on infrastructure. Another important factor is the increase in government spending on social services. This has led to a large increase in public spending on social services.

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Key strategies and approaches to integrate HIV into broader agency mandate

The World Bank provides financial and technical support to developing countries with the overarching aim of alleviating poverty within a generation and promoting shared prosperity. Ensuring everyone has access to essential services regardless of ability to pay is a critical part of this drive, as reflected in its new flagship Human Capital Project, which has made HIV a core component of its work to focus investments towards effective and equitable health systems.

As a UNAIDS Cosponsor and under the UNAIDS Division of Labour, the World Bank co-leads (with UNDP) the Joint Programme’s work on efficiency, effectiveness, innovation, and sustainability of the global AIDS response. This includes efforts to ensure that the HIV response is fully funded and efficiently implemented. In collaboration with WHO, the World Bank co-leads the work programme on integrating people-centred HIV and health services in the context of stronger systems for health, particularly the decentralization and integration of HIV-related services. The World Bank also contributes to prevention of HIV among key populations and youth, addressing gender inequality and gender-based violence, HIV-sensitive social protection, and decentralizing and integrating SRHR and HIV services. It leverages experience from HIV to quickly adapt tools and processes for other pandemics, like COVID-19, to achieve better outcomes for HIV and those pandemics.

To help countries do “better for less”, the World Bank works with partners to maximize impact and efficiency; use performance-based financing to improve outcomes; provide evidence for strategic planning; and employ cutting-edge analytic tools to improve efficiency, effectiveness, financing, and sustainability. The World Bank also uses innovative financing mechanisms and investment to increase the funding available for critical needs across the fight to end AIDS and achieve the SDGs. Working with partners, the World Bank is working to ensure that its health investment and research are focused in ways that assist countries to achieve UHC by 2030.

Contributing to progress towards the SDGs

In 2018–2019, two new initiatives lay at the heart of the World Bank’s strategy.

- The new flagship global Human Capital Project is centred on the conviction that investing in people is key to ending extreme poverty. It is benefiting more than 50 countries, including many HIV Fast-Track countries, and is helping drive the World Bank’s work on health.

- The World Bank also launched the Africa Human Capital plan with a commitment to increase funding in human development projects in the region to US\$ 15 billion in fiscal years 2021–2023 (compared to US\$ 3.4 billion committed for fiscal year 2018).

In health

The World Bank helps countries provide HIV prevention, care and treatment services by offering financing, specialized technical support, and access to knowledge products and quality data. In 2018–2019, its active health, nutrition, and population portfolio exceeded US\$ 14.5 billion in net commitments.

Advancing appropriate integration and transitioning to sustainable financing. In 2018–2019, the World Bank prioritized improving access to and the quality of health services, including HIV-specific operations as well as funding for HIV testing and treatment as integrated components of broader health projects. This included, 20 approved projects totalling US\$ 3.3 billion in World Bank financing, supported by US\$ 452 million from the Global Financing Facility. The World Bank Group and the Global Fund are in the midst of a five-year commitment to contribute a combined total of US\$ 24 billion to UHC in Africa, with US\$ 15 billion of that commitment resting with the World Bank Group.

The [Multi-Donor Trust Fund for Integrating Externally-Financed Health Programs](#), operated with support from partners including the Global Fund, supported lower-middle income countries transitioning from external financing to increasing a greater share of their domestic budget on health. For example, in Lao PDR, the trust fund leveraged US\$ 41.4 million from other sources to strengthen health systems including HIV and TB services. The World Bank also approved a project in Indonesia to support primary care reform, including key local service delivery for people living with HIV.

The Global Financing Facility, which is dedicated to maternal, child, and adolescent health, supported country-led efforts and used performance-based financing to improve outcomes. Operating in 36 countries (including 20 newly added), a major replenishment raised over US\$ 1 billion in new commitments to expand support. Through the Facility, Cameroon more than doubled its budget for maternal and child health (including PMTCT and nutrition), effectively doubling family planning and antenatal care visits in facilities. This was part of a commitment to increase the share of the national health budget allocated to primary and secondary care from 8% in 2017 to almost 30% by 2020. In Lesotho, a [project](#) focused on maternal and child health, TB and HIV, saw the number of people on HIV treatment in target districts rise from 128 037 in 2016 to 206 298 in 2018.

To strengthen coordination and maximize impact, the World Bank and the Global Fund signed a [cofinancing framework](#) agreement to accelerate efforts by countries to end HIV, TB and malaria and build sustainable systems for health. The framework agreement outlines a

new approach for joint financing of investment-type operations and results-based financing between the two organizations, as well as results-based financing, with a goal of reducing transaction costs and deepening the strategic partnership.

The World Bank also joined UNDP, UNICEF, UN Women, WFP and WHO in signing the [Global Action Plan](#) to help countries accelerate progress toward SDG 3 by mobilizing more resources for health, investing them better, and strengthening health system capacity. With WHO, the World Bank Group co-convenes UHC2030, a multi-stakeholder platform focused on strengthening health systems. The World Bank also supported the G–20 Finance Ministers and Leaders’ Summits in Japan in June 2019, which focused for the first time on sustainable financing for UHC-based health systems as a critical component of inclusive economic growth, and with USAID the World Bank co-hosted the Third Annual Universal Health Coverage Financing Forum.

The World Bank’s UHC Study Series in 2018–2019 produced 19 case studies from more than 14 countries on expanding health coverage, as well as a paper on current health financing policies for expanding health coverage in 46 African countries, a report on [high-performance health financing for UHC](#), and a *PLoS One* article on building from the HIV response to UHC. To address data needs, the World Bank produced a new edition of the Health Equity and Financial Protection Indicators, the new World Development Indicators website, and the [2019 Global Monitoring Report on Financial Protection in Health](#) produced in collaboration with WHO and the related [data set](#). The World Bank also provided data resources on other key factors and supported the [Primary Health Care Performance Initiative, supported by UNICEF and WHO](#), to meet the evidentiary needs to achieve effective UHC including HIV coverage.

Better data strengthened decision-making. Towards supporting sustainability, efficiency and effectiveness in the HIV response, the World Bank worked with partners to conduct over 35 allocative and implementation efficiency studies in 18 countries, support key databases and conduct training sessions, including a series of regional workshops on AI for HIV and other core health concerns. The studies provided governments with the evidence needed to appropriately reallocate HIV and broader health budgets.

In Zimbabwe, for example, Bank studies assessed efficiency gains made through HIV/ SRH integration, as well as the allocative efficiency of the national HIV response. They found that integration reduced the average service cost by 9% in hospitals and by 20% in primary care sites. A project in Kenya used modelling to improve HIV resource allocations to and within counties.

The Bank also conducted country studies on the financial sustainability of HIV interventions in the context of UHC. Examples included studies addressing HIV programming in Colombia, Mexico and Peru; health spending including HIV in countries such as Indonesia, Kiribati and Viet Nam; and a regional assessment of the financial sustainability of HIV and UHC

programmes in sub-Saharan Africa. Additional studies in the form of public expenditure reviews and resource tracking exercises advanced that work and focused on the health sector (including HIV) in countries such as Cameroon, Lesotho, Nigeria and Romania. Other studies used cascade analytics to identify bottlenecks in service delivery chains for HIV and cervical cancer in countries such as South Africa and Ukraine.

The World Bank Group is in the midst of a major push to better leverage disruptive technology and digital health. For example, it launched TechEmerge for the health-care market in Brazil, which led to 27 pilot partnerships between health-care providers and tech developers, covering needs such as rapid diagnosis blood testing equipment. A similar initiative was developed for eastern Africa, where it was launched in January 2020.

The Identification for Development initiative supports digital development, social protection, health, and gender to reach the estimated one billion people who lack effective identity documents, including many who are affected by HIV. In partnership with the Bill & Melinda Gates Foundation, the Omidyar Network and others, the World Bank is working in countries such as Morocco to support the development of national registers to improve government services including a free medical insurance programme for the poor.

Fragility, conflict and violence

By 2030 an estimated 43–60% of the world's extreme poor will be living in settings affected by fragility, conflict and violence, including many individuals affected by the HIV epidemic. The World Bank Group has more than doubled the resources available to such affected countries—to US\$ 14 billion under the 18th IDA replenishment and US\$18.7 billion under the IDA 19 replenishment—with an understanding that health, including HIV-related services, must be a central part of the portfolio. IDA commitments to the countries reached US\$ 8 billion in fiscal year 2019.

New financing mechanisms include US\$ 2 billion to support refugees and host communities, and a risk-mitigation regime that supports initiatives to help countries mitigate fragility risks. That includes a new "Refugee Sub-Window", from which Cameroon received the first grant in 2018 to provide refugees and host communities with access to health care, education and social safety nets. The Global Concessional Financing Facility, launched in partnership with the UN and the Islamic Development Bank, also continued providing support to refugees and their host communities.

To strengthen collaboration in key areas including humanitarian response, the UN and the World Bank signed a Strategic Partnership Agreement which enabled the World Bank to provide additional funding for implementation capacity to achieve the SDGs, including health objectives. The World Bank Group and UNHCR established the new Joint Data Center on Forced Displacement to collect, analyse and share primary microdata, including health status.

UNHCR, the United Kingdom Department for International Development and the World Bank established a forced displacement partnership, generating evidence on what works in areas central to the HIV response such as health, education and social protection to ensure that investments are targeted, prioritized and efficient.

Operational programmes targeted areas across Africa and the Middle East, including a focus on health needs, including HIV support services.

- As of September 2019, the Great Lakes Emergency Sexual and Gender-Based Violence and Women's Health Project had reached over 6 million beneficiaries in Burundi, the Democratic Republic of Congo and Rwanda, including the provision of holistic sexual and gender-based violence services to over 450 000 beneficiaries in the Democratic Republic of Congo alone.
- By end-2019, the Jordan Emergency Health Project had provided over 432 000 Syrian refugees and host communities with essential health, nutrition and population services.
- The Health System Support and Strengthening project in Central African Republic (in partnership with UNICEF) focused on pregnant women, children under five years of age and victims of violence against women. It provided free health services to over 68 000 people with and family planning services to over 16 300 women and adolescents (as of November 2019).
- In the Democratic Republic of Congo, rollout of a priority health services package, including for HIV and TB, significantly reduced the financial burden on vulnerable women and children, while also improving the availability, quality and use of health and nutrition services.

Gender

Operationally, 60% of World Bank operations in the biennium helped address gender gaps and encouraged full incorporation of women in economies and societies, including multiple projects addressing issues of gender equality, including in health and HIV.

The World Bank attracted over US\$ 1 billion in private funds in 2018 for gender work. Through its Umbrella Facility for Gender Equality, it funded investments to strengthen knowledge and capacity for gender-informed policy making. It targeted areas critical to closing gaps between knowledge and execution, and supported more than 150 activities in 80 countries (double the number of projects and 30 more countries than in previous years), with US\$ 18.5 million in allocations in fiscal year 2018.

Multiple projects and initiatives tackled sexual and gender-based violence. They included:

- a Great Lakes project providing holistic support to survivors including post-exposure prophylaxis kits;
- a prevention project in the United Republic of Tanzania which reduced the time and distance girls have to travel to school and which trained teachers on preventing gender-based violence; and
- a project in [Nepal](#) that created a national integrated service platform for survivors which provided integrated services to over 15 000 people, information and referral services to over 12 000 people.

The World Bank also collaborated with UNICEF, WHO, UNFPA and other partners on the [Sexual Violence Research Initiative](#) to foster innovations that can prevent and respond to gender-based violence. Through the [Development Marketplace](#) Awards, US\$ 2.2 million was awarded to 20 research teams around the world in 2018–2019. Since 2012, over 200 World Bank projects have included work on gender-based violence.

Key products to expand the knowledge base in 2018-2019 included numerous reports as well as the [Gender Data Portal](#). The portal is a comprehensive resource for the latest sex-disaggregated data and gender statistics covering demography, education, health, economic opportunities, public life and decision-making. It serves as an easily accessible entry point for statistics that track gender equality.

Education and social protection

The World Bank recognizes the critical role of education and social protection in the HIV response, both as a prevention tool and as vital support for people living with HIV. It has joined with the ILO in supporting [universal access to social protection](#). Under its [social protection and labour strategy](#), the World Bank in 2018–2019 had 87 active social protection and labour projects, representing investments of US\$ 15 billion.

The World Bank is the largest financier of education in low- and middle-income countries, with investments totalling US\$ 16 billion in 80 countries as of June 2019, including more than US\$ 4 billion in education projects directly benefiting adolescent girls. The investments, largely concentrated across sub-Saharan Africa and South Asia, are helping provide adolescent girls with access to quality education at the secondary level, and ensuring they remain in school using scholarships and conditional cash transfers—measures essential to end AIDS (see box).

Case study: The Power of education and social protection

Results of an important trial showed that keeping adolescent girls and young women in some form of education significantly reduces HIV incidence—by a size comparable to biomedical interventions. Working with partners across the country and the World Bank, and support from the Global Fund, UKAID, World Bank, the Government of the Kingdom of Eswatini and UNAIDS, the Sitakhela Likusasa Impact Evaluation assessed the impact on HIV incidence of two types of conditional financial incentives for education.

The three-year randomized control trial involved almost 4400 adolescent girls aged 15–22 years, with the majority from rural areas. Half of were already in school or another educational institution, while the others were not enrolled in any form of education. Participants assigned to education incentives received about US\$ 100 a year for enrolling in and attending school, while tuition fees of up to US\$ 200 were paid for out-of-school participants during the final year of the study. Participants could also receive up to US\$ 100 per year for enrolling in, and completing, tertiary education or vocational short courses. Half were also eligible for a raffle prize if they tested negative for syphilis and trichomonas vaginalis.

The results were significant: girls who received the education grants had 23% lower odds of acquiring HIV, while girls receiving both incentives were 37% less likely to acquire HIV.

Other projects also produced powerful results. For example, Sahel Women’s Empowerment and Demographic Dividend Project, undertaken in collaboration with partners such as UNFPA and WHO, empowers young women in 5 countries with key life skills and improves their access to quality reproductive, child and maternal health services, including integrated HIV services. [As of 2019](#), more than 106 000 girls and adolescents had received scholarships or other material support to attend and stay in school. More than 3400 safe spaces had been created for over 100 000 vulnerable and out-of-school girls, and awareness campaigns on reproductive, maternal, child and adolescent health and violence against women had reached more than 4 million people.

As of November 2019, a project in [Zambia](#) had benefitted 49 865 women and girls from extremely poor households, including covering school fees for 25 239 girls. Female drop-out rates in project districts fell from [5.8% to 3.9%](#), compared to 3.8 to 2.9% in non-project areas. Operating [80 programmes worldwide](#), the [Rapid Social Response Programme](#) supported governments to quickly and effectively mitigate the impact of shock on the poor and vulnerable, including people living with HIV. It also has helped develop six interagency social protection assessment tools.

The World Bank contributed to the knowledge base with numerous studies and publications. For example, the World Development Report 2018 on education’s promise highlighted a massive learning crisis affecting virtually all developing countries. Other publications included a [study](#) of safety net benefits programmes in 79 countries; Realizing the Full Potential of

Social Safety Nets in Africa; and Measuring the Effectiveness of Social Protection with practical guidance on conducting analyses. The [ASPIRE indicator atlas](#) provides a global data snapshot of social protection coverage and impact on well-being.

Across the broader World Bank operational portfolio

Recognizing that achieving full coverage requires even broader integration of HIV services across programming areas, the World Bank continued integrating HIV programming into other work, such as large-scale transportation projects to reach people who might otherwise be overlooked with robust service packages including condom distribution, awareness raising and strengthened HIV service delivery. Recent examples include the Lesotho Infrastructure and Connectivity Project, with awareness raising campaigns on HIV and gender-based violence, and the Southern Africa Trade and Transport Facilitation Project, which includes an HIV combination prevention package for key populations.

Innovative financing tapping private sector interest. Securing the additional financing needed remained an important part of the World Bank's work in 2018–2019. This included developing and leveraging innovative financing mechanisms such as the Sustainable Development Bonds to raise private sector investor awareness and investment. For example, as of 2019, the World Bank had issued over US\$ 2 billion in bonds to highlight efforts supporting women and children's health, including their HIV-related needs. Annual World Bank issuances of such bonds now total US\$ 40–50 million annually.

Managing debt. Public debt affects the ability of governments to allocate funding to meet HIV-related needs. The World Bank worked to help countries better understand and manage their debt. With the International Monetary Fund, the World Bank implemented the revised Debt Sustainability Framework and announced a collaborative approach—designed to advance the SDGs, including progress in health and other areas critical to success in the fight against AIDS—to help countries address debt vulnerabilities.

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