



Technical Assistance Report

Project Number: 40104
May 2006

Fighting HIV/AIDS in Asia and the Pacific (Financed by the Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific)

Asian Development Bank

CURRENCY EQUIVALENTS

(as of 11 April 2006)

Currency Unit	–	Swedish krona/kronor (SKr)
SKr1.00	=	\$ 0.1293
\$1.00	=	SKr7.7323

ABBREVIATIONS

ADB	–	Asian Development Bank
ADF	–	Asian Development Fund
CSP	–	country strategy and program
DMC	–	developing member country
IDU	–	injecting drug user
MDG	–	Millennium Development Goal
NGO	–	nongovernment organization
RM	–	resident mission
RSDD	–	Regional and Sustainable Development Department, ADB
RSGS	–	Gender, Social Development and Civil Society Division, ADB
Sida	–	Swedish International Development Cooperation Agency
TA	–	technical assistance
UN	–	United Nations
UNAIDS	–	Joint United Nations Program on HIV/AIDS

TECHNICAL ASSISTANCE CLASSIFICATION

Targeting Classification	–	Targeted intervention
Sector	–	Health, nutrition, and social protection
Subsector	–	Health programs
Themes	–	Capacity development, gender and development, inclusive social development
Subthemes	–	Client relations, network, and partnership development; regional gender equity initiatives; other vulnerable groups

NOTE

In this report, "\$" refers to US dollars.

Vice President	G. van der Linden, Knowledge Management and Sustainable Development
Director General	B. Lohani, Regional and Sustainable Development Department (RSDD)
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I. INTRODUCTION

1. In 2004, the Asian Development Bank (ADB) assessed the costs and anticipated impact of HIV/AIDS on Asia's economic growth and development, with emphasis on the potential effects on vulnerable groups.¹ The assessment concluded that spending on HIV prevention and AIDS care was justified by the high economic returns that reasonably could be expected from such spending. During the eighth replenishment of the Asian Development Fund (ADF IX), ADB and its member states, recognizing that more needed to be done to address the challenges that HIV/AIDS poses to Asia and the Pacific, agreed to earmark 2% of ADF resources (approximately \$140 million) for grant assistance targeting HIV/AIDS and other infectious diseases in all ADF-eligible developing member countries (DMC).

2. Management approved a strategic directions paper² in April 2005 defining ADB's response to the AIDS epidemic. The paper reflects an institution-wide consensus on how, and in what areas, ADB is best placed to support the DMCs in their fight against HIV/AIDS. The paper acknowledges ADB's commitment to (i) achieving the Millennium Development Goals (MDGs) related to HIV/AIDS, as set out in the memorandum of understanding that ADB signed with the Joint United Nations Program on HIV/AIDS (UNAIDS) in February 2005; and (ii) reducing the risk and vulnerability of individuals and communities to HIV/AIDS infection, and alleviating its impact.³

3. In parallel, ADB and the Swedish International Development Cooperation Agency (Sida) had been discussing how to strengthen their collaboration in the fight against HIV/AIDS in Asia and the Pacific region. On 23 February 2005, ADB signed an agreement with the Government of Sweden to establish a Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific (the Fund).⁴ The Government of Sweden made an initial commitment of SKr100,000,000 (equivalent to \$12,930,000 as of 11 April 2006) to the Fund, which was to be provided over 4 years (2005–2008). Open to other funding agencies, the Fund will complement and leverage ADF IX resources, in accordance with ADB's strategic directions paper. This technical assistance (TA) paper describes how the Fund's resources are to be used. The TA framework is in Appendix 1.⁵

II. ISSUES

4. Asia is in the path of the global AIDS pandemic. With an estimated 8.3 million infections (including 1.1 million people newly infected in 2005), the region is at a pivotal juncture. The Asian AIDS epidemic seems unlikely to reach the levels seen in Sub-Saharan Africa, where the disease increasingly is threatening entire nations with potential economic and institutional collapse. However, if current trends continue in Asia, which is home to 60% of the world's population, the results could be devastating socially and economically.

5. An interdisciplinary approach is needed to fight HIV/AIDS effectively. National governments must lead aid coordination to ensure concerted country-level responses in line with the "Three Ones" key principles: (i) one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; (ii) one national AIDS coordinating authority with a broad-based multisector mandate; and (iii) one agreed country-level monitoring and evaluation system. Support for fighting HIV/AIDS should be provided within this context.

¹ ADB. 2004. *Asia's Economies and the Challenge of AIDS*. Manila.

² ADB. 2005. *Development, Poverty and HIV/AIDS: ADB's Strategic Response to a Growing Epidemic*. Manila.

³ As indicated in the Declaration of Commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS, June 2001.

⁴ ADB. 2005. *Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific*. Manila.

⁵ This TA first appeared in the *ADB Business Opportunities* on 27 March 2006.

6. ADB's engagement with a broad range of actors, partners, and networks in sector-specific policy dialogue and investments provides an enabling environment for a systematic and multisector approach to HIV/AIDS prevention and care. ADB's comparative advantage is rooted in its access to, and policy dialogue with, ministries of finance and "hard" sectors (i.e., transportation, energy, and urban development), and national planning agencies. ADB also plays an important catalytic role in documenting and disseminating good practices. These strengths justified the establishment of the Fund.

7. The availability of grant resources from ADF IX in 2005 was a powerful incentive to develop a stronger portfolio of HIV/AIDS-specific activities, consistent with the direction set out in the strategic directions paper. These resources have been allocated to strengthen HIV/AIDS mitigation measures in ADB loans that are being implemented or prepared. ADB's transport and communications sector, a core business area, is gaining experience in supporting and implementing HIV/AIDS initiatives.⁶ ADB's physical infrastructure projects are incorporating more comprehensive HIV/AIDS components, with increasing attention to gender, human trafficking, and migration. Effectiveness and sustainability are being emphasized through increased partnership and capacity development activities targeting local government agencies, nongovernment organizations (NGO), local communities, and the private sector. Through the Fund, this emerging approach could be expanded and strengthened.

8. In September 2005, a progress report assessed the accomplishments in implementing the strategic directions paper. While acknowledging ADB's efforts to achieve a more systematic and multisector approach to HIV/AIDS prevention and care, the report also identified key constraints and made recommendations (paras. 9–12).

9. The countries of Asia and the Pacific are characterized by different HIV prevalence and incidence rates, epidemiological patterns, and modes of transmission. Until recently, HIV was transmitted in Asia mainly among injecting drug users (IDU) and sex workers. As a result, HIV/AIDS prevalence in most countries was confined to groups with high-risk behavior. However, current estimates suggest that HIV increasingly is spreading from localized high-risk groups into the general population. Girls and women face the greatest risk. The rapidly changing HIV/AIDS epidemic has distinct cultural and subpopulation factors that drive its spread, including greater exposure of women to its risks and impacts. Regular collation and review of reliable gender-disaggregated data are needed, as well as careful analyses of monitoring and evaluation results, to ensure an accurate knowledge base conducive to evidence-based country strategies and programs (CSP). The CSPs should present information on HIV/AIDS prevalence and trends at the national, local, and household levels. Further, they should show the impact of the AIDS epidemic on economic growth, poverty reduction, and—increasingly—gender relations.

10. A multisector and gender-responsive approach to the inherent risks of HIV/AIDS infection should be reflected adequately in sector strategies, road maps, and programs, as well as in the design of HIV/AIDS mitigation measures in ADB-funded projects. The quality, outreach, and impact of national HIV/AIDS programs, funding agencies' responses, and gaps in targeting and outreach need to be assessed constantly at the country and regional levels.

⁶ In 2005, several transport projects with HIV/AIDS components were approved, including: ADB. 2005. *Proposed Grant Greater Mekong Subregion Regional Communicable Diseases Control Project (Cambodia, Lao People's Democratic Republic, and Viet Nam)*. Manila. (with HIV/AIDS and human trafficking component); ADB. 2005. *Proposed Loan and Asian Development Fund Grant Dushanbe-Kyrgyz Border Road Rehabilitation Project, Phase II (Tajikistan)*. Manila. (with HIV/AIDS and human trafficking component); ADB. 2005. *Report and Recommendation of the President to the Board of Directors on a Proposed Asian Development Fund Grant to the Democratic Republic of Timor-Leste for the Road Sector Improvement Project*. Manila. (with community empowerment component); and ADB. 2004. *Technical Assistance to Viet Nam for Preparing HIV/AIDS Prevention Among Youth Project*. Manila.

Guidelines and technical support need to be provided to ensure adequate access to, and use of, relevant data, information, and resources.

11. As highlighted at the 7th International Congress on AIDS in Asia and the Pacific (Kobe 2005), most of the Asians infected with HIV belong to vulnerable populations. To maximize the use of limited resources, interventions should focus on migrant workers, sex workers, IDUs, men who have sex with men, and the youth. Power relations between men and women contribute significantly to women's greater exposure and vulnerability to the risks and impacts of HIV/AIDS. Research confirms that women—especially young women—are extremely vulnerable, and points to complex links among poverty, inequality (in particular gender inequality), and the spread of HIV.

12. The impact of ADB's contribution to the fight against HIV/AIDS could be maximized by strengthening internal capacity. Staff constraints identified during discussions on the Fund will be reduced using the Fund's resources to provide long-term technical support and develop internal capacity. This would enable ADB to help DMCs respond more effectively to the AIDS epidemic.

III. THE PROPOSED TECHNICAL ASSISTANCE

A. Impact and Outcome

13. The proposed regional TA is umbrella assistance comprising 11 subprojects (Appendix 3).⁷ It will help DMCs achieve the sixth MDG, target 7: "halt and begin to reverse the spread of HIV/AIDS"⁸ in Asia and the Pacific by 2015. The TA's outcome will be to develop and implement a more effective and evidence-based response to the AIDS epidemic at the country and regional levels. It will have four major outputs, consolidating individual outputs from TA-funded subprojects: (i) knowledge products, such as issue papers and technical notes on emerging issues relevant to ADB operations, consolidating outputs from TA-funded subprojects under component 1; (ii) review of socially inclusive and community-driven HIV/AIDS interventions, presenting practical lessons learned and good practices from TA-funded subprojects under component 2; (iii) evidence-based guidelines and tools for effective HIV/AIDS prevention and care; and (iv) HIV/AIDS training program and modules for ADB staff, consolidating outputs from TA-funded subprojects under component 3. TA outputs will be finalized in partnership with Sida and UNAIDS, distributed to DMC governments and nongovernment partners, and posted on ADB's HIV/AIDS website.

B. Methodology and Key Activities

14. The proposed activities are grouped into three TA components: (i) knowledge base; (ii) operational support, and (iii) capacity development.

1. Component 1: Knowledge Base

15. This component aims to strengthen the HIV/AIDS knowledge base to enable a more cost-effective and evidence-based approach to the AIDS epidemic in Asia and the Pacific. Evidence-based advocacy will be supported by developing (i) a regional database; (ii) information services; and (iii) publications on trends, risk behavior patterns, responses, and impacts. Resource tracking and economic impact analyses will assess financing needs and gaps in providing a package of essential HIV/AIDS prevention and care services in the region, as well as economic updates and poverty analyses. A review and identification of good

⁷ The HIV/AIDS steering committee endorsed the list of subprojects, which was approved by Sida, according to the General Principles of the Cooperation Fund set out in Appendix 2. Endorsed subprojects are in the supplementary appendix, available upon request.

⁸ Website of the UN Millennium Development Goals (on 19 April 2006). <http://www.un.org/millenniumgoals/#>

practices and lessons for socially inclusive and community-driven HIV/AIDS interventions will complement this knowledge base. Subprojects under this component will be implemented in collaboration with UNAIDS to ensure peer discussions, high quality products, and broad dissemination.

2. Component 2: Operational Support

16. This component will identify modalities to strengthen the design and impact of HIV/AIDS elements in ADB core business areas of road transport, energy, urban infrastructure, rural infrastructure, and education. The role of civil society organizations in promoting effective outreach and delivery of essential HIV/AIDS services to the poor, vulnerable, and high-risk groups will be tested by engaging with a broad range of NGOs and community-based organizations. The activities will be monitored and assessed carefully for possible replication and incorporation in CSPs. Subprojects will help document modalities to ensure the participation and involvement of ethnic minorities in the design and implementation of HIV/AIDS preventative measures. Women's greater exposure to the risks and impacts of HIV/AIDS calls for a rigorous assessment of the impact of HIV-related and gender-based discrimination, and an evaluation of gender design features and impacts of selected ADB-funded physical infrastructure loans. Based on the subproject outputs and review of successful activities, training programs will be developed to support government-led participatory reviews. The aim will be to translate national HIV/AIDS strategic plans into operational plans with financial and human resource management indicators, identified priorities and targets, and monitoring and evaluation systems.

3. Component 3: Capacity Development

17. The TA will support subprojects to develop the capacity (human, structural, and managerial) of selected national and regional organizations to undertake effective interventions focused on high-risk groups. These subprojects will involve (i) development of a framework that can be institutionalized across all countries to ensure a comprehensive approach to HIV prevention among high-risk groups; (ii) capacity building (workshops, training, and development of tools) at the country and regional level; and (iii) reduction of policy barriers in the DMCs through evidence-based analysis and advocacy. Subprojects under this component will be implemented in collaboration with UNAIDS.

18. This component will support the establishment of an HIV/AIDS Unit in ADB's Gender, Social Development and Civil Society (RSGS) Division of the Regional and Sustainable Development Department (RSDD). Further, it will promote increased HIV/AIDS awareness, skills, and knowledge among ADB staff. Internal skills and knowledge will be strengthened through the services of an HIV/AIDS senior advisor, who will be engaged to (i) advise ADB on critical HIV/AIDS issues in Asia and the Pacific, as well as emerging areas of research, policy, and law relevant to ADB operations; (ii) suggest ways to improve the implementation of ADB's HIV/AIDS strategic directions paper; and (iii) advise ADB on innovative approaches, good practices, and lessons related to successful responses to HIV/AIDS, which could be incorporated in ADB financing, strategies, programs, and projects. An HIV/AIDS training program will address the need to increase staff awareness and basic skills.⁹ Training modules will include public health aspects of HIV/AIDS; lessons and good practices in incorporating HIV/AIDS prevention into ADB core business areas of operations; and gender, social exclusion, and vulnerability to the risks and impacts of HIV/AIDS.

⁹ The training program will be based on an ADB staff survey on HIV/AIDS awareness and knowledge to be carried out at project outset and project completion.

C. Cost and Financing

19. The TA is estimated to cost \$8,670,000 (SKr67,039,041 as of 11 April 2006), which the Fund will finance through a grant administered by ADB. The detailed cost estimates and financing plan are in Appendix 4.

D. Implementation Arrangements

20. ADB will implement the TA through the HIV/AIDS Unit in RSGS, in association with the regional departments. The HIV/AIDS Unit will have a secretariat responsible for coordinating and implementing the TA, including administering and monitoring TA subprojects. Subprojects included in the work program have been selected based on the general principles set forth for the implementation of the Fund, endorsed by Sida in accordance with the agreement establishing the Fund.¹⁰ Staff in the regional departments, resident missions (RM), and RSDD can submit to the HIV/AIDS Unit additional subprojects developed during the year. These will be considered on an ad hoc basis and submitted for endorsement to the HIV/AIDS steering committee, chaired by the RSGS director. The steering committee will comprise the chair of the Health Community of Practice and the regional departments' social sector directors. The proposals also will be sent to Sida for approval, following the process outlined in Appendix 5.¹¹ The project officers in the regional departments and/or RMs will implement the subprojects in consultation with RSGS and other relevant staff. Subprojects of project officers at ADB headquarters will be implemented in close cooperation with the relevant RM staff and UNAIDS country and regional offices.

21. The HIV/AIDS Unit will consist of one full-time administrator (international consultant) and a research assistant (domestic consultant), financed under the TA. They will report to the principal health specialist in RSGS. Additional short-term international individual consultants will be recruited, including an HIV/AIDS senior policy adviser, to provide guidance on policy and strategic issues to strengthen ADB's internal knowledge base and operational response to the AIDS epidemic. An outline of consultants' estimated inputs for TA-funded subprojects is in Appendix 6. Outline terms of reference of individual consultants for the HIV/AIDS Unit are in Appendix 7. ADB's *Guidelines on the Use of Consultants* and other arrangements acceptable to ADB for the recruitment of domestic consultants will be used to select and engage TA consultants. Procurement of goods and other services will be in accordance with ADB's *Procurement Guidelines*. At TA completion, the equipment will be turned over to the executing agencies and/or implementing agencies concerned. The TA will be implemented over 36 months, from June 2006 to June 2009. All subprojects will provide biannual progress reports to the HIV/AIDS Unit for consolidation into an annual progress report that will be submitted to the steering committee for review and discussion, and sent to Sida. Selected reports will be posted on ADB's HIV/AIDS website. ADB and funding agencies will review the activities jointly each year. A midterm review in December 2007 will assess outcomes of the TA and recommend follow-up activities, as required. A list of expected reports is in Appendix 8.

IV. THE PRESIDENT'S RECOMMENDATION

22. The President recommends that the Board approve ADB administering technical assistance not exceeding the equivalent of \$8,670,000 to be financed on a grant basis by the Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific for Fighting HIV/AIDS in Asia and the Pacific.

¹⁰ Before the start of TA subprojects in a DMC, appropriate government consent or no-objection will be obtained.

¹¹ Follow-on RETAs are anticipated to consolidate subprojects under work programs for 2007 and 2008.

DESIGN AND MONITORING FRAMEWORK

Design Summary	Performance Targets/Indicators ¹	Data Sources/ Reporting Mechanisms	Assumptions and Risks
<p>Impact Help developing member countries (DMC) achieve Millennium Development Goal (MDG) 6, target 7: to have halted and begun to reverse the spread of HIV/AIDS in Asia and the Pacific by 2015</p>	<p>Decreased HIV prevalence among pregnant women 15–24 years old</p> <p>Increased condom use rate or contraceptive prevalence rate</p> <p>Increased condom use during last high-risk sexual encounter</p> <p>Increased percentage of population 15–24 years old with comprehensive correct knowledge of HIV/AIDS</p>	<p>Joint United Nations Program on HIV/AIDS (UNAIDS) 6th (2008) and 7th (2010) Reports on the Global AIDS Epidemic</p> <p>Additional data and information from United Nations (UN) agencies, including United Nations Children’s Fund, UN Population Division, UN Development Fund for Women, and World Health Organization</p>	
<p>Outcome Develop and implement a more effective and evidence-based response to the AIDS epidemic at country and regional levels</p>	<p>In the countries covered by the subregional technical assistance (TA) subprojects:</p> <p>Accurate and timely information and data used in HIV/AIDS programs to (i) assess needs and constraints, (ii) develop HIV/AIDS awareness and prevention programs, and (iii) monitor the impact of the programs</p> <p>Good practices identified, reviewed, assessed, adopted, and/or expanded in HIV/AIDS country (and regional) programs</p> <p>Use of knowledge products, guidelines, and tools to improve impact of HIV/AIDS programs</p>	<p>National HIV/AIDS Programs and Plans of Actions</p> <p>Biannual progress reports on TA-funded subprojects indicating emerging lessons learned and practices</p> <p>UNAIDS country reports</p> <p>Country reports by national AIDS coordinating authorities</p>	<p>Assumption</p> <ul style="list-style-type: none"> • Target countries have the political will and commitment to strengthen their response to the AIDS epidemic <p>Risk</p> <ul style="list-style-type: none"> • Dissemination of knowledge products does not reach the intended audience effectively
<p>Outputs</p> <p>Component 1 Knowledge Base:</p> <p>(a) Regional database (b) Publications and technical reports relevant to Asian Development Bank (ADB) operations</p>	<p>Regional database established by December 2008</p> <p>TA’s database generally regarded as the authoritative repository for information on HIV/AIDS in the region</p> <p>At least five major publications produced on topics ranging from the economics of HIV/AIDS to mechanisms for targeting vulnerable and high-risk groups effectively</p>	<p>Records of database “hits,” or use by professionals and general public</p> <p>Number of references to database in publications, presentations, etc.</p> <p>Production of publications</p>	<p>Assumptions</p> <ul style="list-style-type: none"> • Conducive working relationship between the implementing agencies, consultant teams, and governments’ focal agencies • Timely start to each TA subproject
<p>Component 2 Operational Support:</p> <p>(a) Support to regional departments and the Regional and Sustainable Development Department</p>	<p>Final reports completed for all subprojects by mid-2009</p> <p>Regional departments are aware of the TA findings, and all future Report and Recommendation of the President (RRPs) with HIV-</p>	<p>Sections on health issues in project preparatory TA papers, RRP, CSPs, RCSPs, and environmental impact assessments</p> <p>Project progress reports, back-to-office reports, project</p>	<p>Assumptions</p> <ul style="list-style-type: none"> • Strong collaboration and coordination between RSSD and regional departments • Effective consultative

<p>(RSDD) to implement 11 subprojects</p> <p>(b) Critical review of HIV/AIDS design features in ADB core business areas</p> <p>(c) Collection of TA-funded good practices and lessons</p> <p>(d) Impact assessment on a sample of TA-funded subprojects</p>	<p>related issues incorporate these findings where relevant</p> <p>The Country Strategy and Program (CSP), CSP Update (CSPU) and Regional Cooperation Strategy and Program (RCSP) for participating countries and subregions incorporate lessons and key messages developed during TA implementation</p> <p>Public-private partnership (PPP) modalities documented and strengthened throughout the region</p>	<p>completion reports, technical assistance completion reports</p> <p>Records of discussions related to implementation of the ADB-UNAIDS memorandum of understanding</p>	<p>process with governments, civil society organizations, and beneficiaries during subproject implementation</p> <ul style="list-style-type: none"> • ADB will continue to prioritize HIV/AIDS in the health sector
<p>Component 3 Capacity Development:</p> <p>(a) Develop the capacity of selected national and regional organizations and civil society organizations (CSO)</p> <p>(b) Establish an HIV/AIDS Unit</p> <p>(c) Develop ADB's capacity</p>	<p>Each participating country effectively implements the "Three Ones" key principles</p> <p>Key infrastructure line agencies in selected countries more effectively contribute to national HIV/AIDS strategy</p> <p>Sustainable partnership established between ADB and UNAIDS</p> <p>HIV/AIDS Unit functioning by June 2006</p> <p>At least 50 mission leaders from ADB regional departments trained</p>	<p>Country reports of their National HIV/AIDS Programs</p> <p>Links/working relations of infrastructure line agencies with the National HIV/AIDS Program as described in country reports</p> <p>Visits and communications between ADB and UNAIDS</p> <p>Unit consultants' contracts</p> <p>Records of training and seminars in ADB</p>	<p>Assumptions</p> <ul style="list-style-type: none"> • Continuing understanding and support of senior ADB staff in infrastructure sectors for addressing HIV/AIDS risks • Political commitment of governments to fight HIV/AIDS remains at least at present levels
<p>Activities with Milestones</p> <p>1.1 Field HIV/AIDS Unit, including recruitment of TA administrator and research assistant (by June 2006)</p> <p>1.2 Form TA steering committee (by June 2006)</p> <p>1.3 Establish TA project performance and monitoring system (by July 2006)</p> <p>1.4 Establish and/or update Web site (by August 2006)</p> <p>1.5 Annual joint ADB-Sida project reviews (2007–2009)</p> <p>2.1 Finalize subprojects (by December 2006)</p> <p>2.2 Obtain appropriate government consent or no-objection before starting subprojects in a DMC (by December 2006)</p> <p>3.1 Develop regional database (by December 2008)</p> <p>4.1 Submit TA-funded subprojects' biannual progress reports to the HIV/AIDS Unit for consolidation into TA performance report (2007–2009)</p> <p>4.2 Begin critical review of HIV/AIDS design features in ADB core areas of business (by January 2008)</p> <p>4.3 Complete preparation of knowledge products, e.g., issue papers, technical notes, good practices, other documents (by June 2009)</p> <p>5.1 Develop and begin to deliver training programs to support government-led participatory reviews (by December 2008)</p> <p>5.2 Develop and begin to deliver ADB training programs on HIV/AIDS (by January 2007)</p>			<p>Inputs</p> <ul style="list-style-type: none"> • ADB \$8,670,000 (through the Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific) • International TA administrator (24 person-months) • Domestic research assistant (36 person-months) • International HIV/AIDS senior policy advisor (12 person-months) • Subproject international consultants (84 person-months) • Subproject domestic consultants (158 person-months)

TA performance targets and indicators are based on the MDG targets and indicators, available at <http://unstats.un.org/>. These broad indicators will be strengthened by more detailed subproject-specific performance targets/indicators.

COOPERATION FUND FOR FIGHTING HIV/AIDS IN ASIA AND THE PACIFIC: GENERAL PRINCIPLES

The following general principles will apply to the implementation of the Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific (the Fund):

- (i) The Fund will be open to developing member countries (DMC) of the Asian Development Bank (ADB), with priority given to
 - (a) poorer DMCs;
 - (b) countries especially affected by, or vulnerable to, the HIV/AIDS epidemic; and
 - (c) poor and vulnerable groups, and high-risk groups¹ in participating countries that are implementing specific programs for these groups
- (ii) Activities that can be integrated appropriately into ADB programs and projects, and are consistent with ADB's country strategy and program, will be prioritized.
- (iii) Fund-financed activities should be in line with, and supportive of, the “Three Ones” key principles established by the Joint United Nations Programme on HIV/AIDS (UNAIDS):
 - (a) One agreed HIV and AIDS national strategy that provides the basis for coordinating the work of all partners;
 - (b) One national AIDS coordinating authority with a broad based multisector mandate; and
 - (c) One agreed country-level monitoring and evaluation system.
- (iv) Fund-financed activities should add to, rather than substitute for, activities that otherwise would be financed by ADB.
- (v) In accordance with ADB's Gender and Development Policy, activities financed by the Fund should
 - (a) provide a gender assessment and analysis related to HIV risk and impact, when appropriate;
 - (b) be informed by principles of gender equality; and
 - (c) ensure the systematic integration of women's needs and concerns into the design and implementation of project activities.
- (vi) Fund-financed activities should play a catalytic role, with emphasis on innovation, pilot testing, dissemination of lessons, potential replication, mainstreaming, and upscaling of activities.
- (vii) To maximize the impact on those at greatest risk or most affected, the Fund should seek to support activities that facilitate the flow of funds directly to project implementation agencies that can execute projects effectively and efficiently.

¹ In Asia and the Pacific, high-risk groups are predominantly injecting drug users, commercial sex workers, and men who have sex with men.

TECHNICAL ASSISTANCE WORK PROGRAM (2006)—SUBPROJECTS

No.	Project Title	Country or Region	Project Officer	TA Component			Budget (\$)
				C1	C2	C3	
South Asia Department							
1.	Support to National HIV/AIDS Education Program	Sri Lanka	A. Inagaki	X		X	400,000
2.	Developing Capacities for HIV/AIDS Prevention in Urban Local Governments	Bangladesh	S. Bonu	X		X	250,000
Subtotal							650,000
Southeast Asia Department							
3.	HIV/AIDS Prevention and the Infrastructure Sector in the Greater Mekong Subregion (Cambodia, People's Republic of China (Yunnan and Guanxi), Lao PDR and Vietnam)	Greater Mekong Subregion	V. de Wit	X	X	X	750,000
4.	Developing Capacity Among Ethnic Minority Communities to Combat HIV/AIDS	Cambodia Lao PDR	M. Mitra, tbc	X		X	270,000
5.	Strengthening Country Response to HIV/AIDS Among High Risk Groups	Philippines	R. Ondrik	X	X	X	600,000
Subtotal							1,620,000
East Asia Department							
6.	Sustainable Networks for Local HIV/AIDS Prevention	PRC	C. Spohr	X	X	X	500,000
7.	HIV/AIDS Prevention and Anti-Human Trafficking in the Guangxi Road Development II Project	PRC	K. Jraiw		X		500,000
Subtotal							1,000,000
Central and West Asia Department							
8.	Regional Training on Mainstreaming HIV/AIDS Prevention in Transport Sector Initiatives in Central Asia	Central Asia	Y. Shiroishi	X		X	250,000
Subtotal							250,000
Regional and Sustainable Development Department							
9.	HIV Prevention in Asia/Pacific: Increasing the Gender Focus of ADB Operations	Asia/Pacific	F. Tornieri		X		300,000
10.	NGO Initiatives to Prevent HIV/AIDS	Asia/Pacific	B. Edes J. Francis		X		1,500,000
Subtotal							1,800,000
Joint Projects of ADB and UNAIDS							
11.	Evidence-Based Advocacy	Asia/Pacific	J. Jeugmans	X	X	X	2,850,000
Subtotal							2,850,000
Regional Departments							
		South Asia				650,000	
		Southeast Asia				1,620,000	
		East Asia				1,000,000	
		Central and West Asia				250,000	
Subtotal for Regional Departments							3,520,000
Regional and Sustainable Development Department							1,800,000
Joint Projects of ADB and UNAIDS							2,850,000
Total							8,170,000

ADB = Asian Development Bank, Lao PDR = Lao People's Democratic Republic, NGO = nongovernment organization, PRC = People's Republic of China, TA = technical assistance, UNAIDS = Joint United Nations Program on HIV/AIDS.
Sources: ADB staff

COST ESTIMATES AND FINANCING PLAN^a
(\$'000)

Item	Total Cost
Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific Financing^b	
A. Subprojects Under TA Work Program (2006)	
1. Consultants (including international and local travel)	1,676.6
2. Equipment ^c	461.0
3. Training, Seminars, and Workshops (including material development, supplies, and travel)	2,215.6
4. Surveys	1,085.0
5. Publication (including handbooks and training modules)	25.0
6. Reports and Dissemination	320.9
7. Pilot Projects ^d	340.0
8. NGO-Implemented Initiatives ^e	1,300.0
9. Miscellaneous	164.8
10. Contingencies	581.1
Subtotal A	8,170.0
B. Administration and Support Costs for the HIV/AIDS Unit (TA Unit)^f	500.0
Subtotal B	500.0
Total	8,670.0

NGO = nongovernment organization, TA = technical assistance.

^a Cost estimates for items 1–10 cover all expenditures associated with the implementation of subprojects 1–11 (Appendix 3).

^b Administered by the Asian Development Bank (ADB).

^c Cost estimates for item 2 cover the acquisition of computers, software, and selected medical equipment for HIV testing.

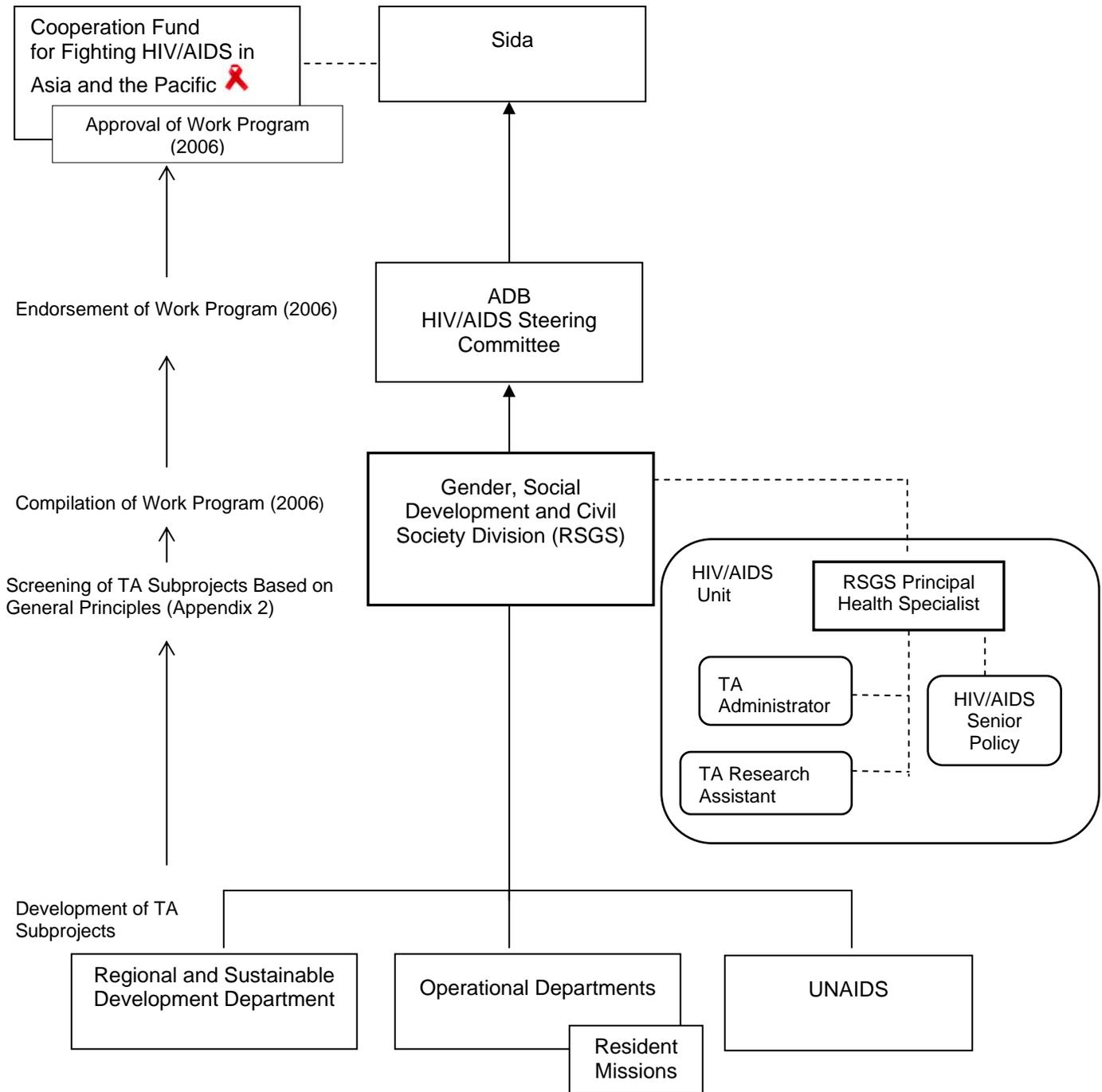
^d Cost estimates for item 7 cover all expenditures associated with pilot projects funded under subproject 3 (Appendix 3).

^e Cost estimates for item 8 do not include \$200,000 associated with workshop, reports, and dissemination in subproject 10 (Appendix 3).

^f Cost estimates for item B include (i) HIV/AIDS senior advisor, \$150,000; (ii) international TA administrator, \$144,000; (iii) research assistant, \$60,000; (iv) regional travel, \$41,000; (v) international consultants, \$70,000, to carry out technical reports indicated in Appendix 8.B; and (vi) contingencies \$35,000.

Source: Asian Development Bank estimates.

APPROVAL PROCESS FOR THE TECHNICAL ASSISTANCE WORK PROGRAM (2006)



Sida = Swedish International Development Cooperation Agency, TA = technical assistance, UNAIDS = Joint United Nations Program on HIV/AIDS.
 Source: Asian Development Bank.

OUTLINE OF ESTIMATED CONSULTANT INPUTS

Project Title	Country Region	International Consultant	Domestic Consultant	
South Asia Regional Department				
1	Support to National HIV/AIDS Education Program	Sri Lanka	<ul style="list-style-type: none"> • HIV/AIDS and Education experts (4 person-months) • M&E expert (2 person-months) 	Education specialists (8 person-months)
2	Developing Capacities for HIV/AIDS Prevention in Urban Local Governments	Bangladesh	<ul style="list-style-type: none"> • HIV/AIDS expert (6 person-months) 	<ul style="list-style-type: none"> • HIV/AIDS specialist (24 person-months) • Survey specialist (12 person-months) • Training specialist (12 person-months)
Mekong Regional Department				
3	HIV/AIDS Prevention and the Infrastructure Sector in the Greater Mekong Subregion (GMS)	GMS	<ul style="list-style-type: none"> • HIV/AIDS expert (12 person months) • Capacity development expert (6 months) 	TA coordination (24 person-months)
4	Developing Capacity Among Ethnic Minority Communities to Combat HIV/AIDS	Cambodia Lao PDR	<ul style="list-style-type: none"> • HIV/AIDS medical anthropologist (3 person months) • Capacity development expert (3 months) 	TA coordination (24 person-months)
Southeast Asia Department				
5	Strengthening Country Response to HIV/AIDS Among High Risk Groups	Philippines		
East and Central Asia Department				
6	Sustainable Networks for Local HIV/AIDS Prevention	PRC	<ul style="list-style-type: none"> • HIV/AIDS prevention expert (1 person month) • Civil society and government partnership expert (1 person-month) • Community-based HIV/AIDS expert (1 person-month) 	<ul style="list-style-type: none"> • HIV/AIDS prevention specialist (4 person-months) • Civil society and government partnership specialist (4 person-months) • Community-based HIV/AIDS specialist (4 person-months) • HIV/AIDS specialists (4 person-months) • TA coordination (24 person-months)
7	HIV/AIDS Prevention and Anti-Human Trafficking in the Guangxi Road Development II Project	PRC	<ul style="list-style-type: none"> • HIV/AIDS and infrastructure development expert (3 person-months) 	<ul style="list-style-type: none"> • HIV/AIDS specialists (2 person-months) • Infrastructure specialists (2 person-months)
8	Regional Training on Mainstreaming HIV/AIDS Prevention in Transport Sector's Initiatives in Central Asia	Central Asia	<ul style="list-style-type: none"> • HIV/AIDS and infrastructure development expert (5 person-months) 	<ul style="list-style-type: none"> • HIV/AIDS specialists (10 person-months) • Infrastructure specialists (10 person-months)

	Project Title	Country Region	International Consultant	Domestic Consultant
	Regional and Sustainable Development Department			
9	HIV Prevention in Asia/Pacific: Increasing the Gender Focus of ADB Operations	Asia/Pacific	<ul style="list-style-type: none"> • HIV/AIDS and GAD expert (4 person-months) • HIV/AIDS and legal expert (2 person-months) 	
10	NGO Initiatives to Prevent HIV/AIDS	Asia/Pacific		
	Joint Projects of ADB and UNAIDS	Asia/Pacific	<ul style="list-style-type: none"> • Health economist (9 person-months) • HIV/AIDS program expert (9 person-months) • Public health training expert (9 person-months) 	

ADB = Asian Development Bank, GAD = Gender and Development, GMS = Greater Mekong Subregion, HIV/AIDS = HIV/AIDS = Human Immunodeficiency Virus/Acquired Immuno Deficiency Syndrome, NGO = Nongovernment Organization, PRC = People's Republic of China, TA = Technical Assistance , UNAIDS = UNAIDS = Joint United Nations Program on HIV/AIDS.

Source: Asian Development Bank.

OUTLINE TERMS OF REFERENCE

1. These outline terms of reference describe the main tasks for international and domestic consultants to support the establishment of an HIV/AIDS Unit in the Gender, Social Development and Civil Society Division (RSGS). This unit will be responsible for the coordination and implementation of the regional technical assistance (TA), and will provide guidance on policy and strategic issues to strengthen the impact of the Asian Development Bank's (ADB's) response to the AIDS epidemic.

A. TA Coordination, Monitoring, and Evaluation

2. An international TA administrator will be engaged for 24 person-months to support the coordination and monitoring and evaluation (M&E) of the TA by (i) helping to develop the second work program (2007) and third work program (2008) to be submitted for endorsement to the Swedish International Development Cooperation Agency (Sida); (ii) organizing consultations with Sida and other contributor(s) to the Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific (the Fund); (iii) ensuring effective coordination with the Joint United Nations Program on HIV/AIDS (UNAIDS) and other relevant UN agencies through consultation, knowledge sharing, and the establishment of effective collaborative modalities, especially pertaining to the implementation of TA-funded subprojects jointly undertaken by ADB and UNAIDS; (iv) helping staff in the regional departments and resident missions develop proposals for TA activities; (v) helping RSGS staff and the HIV/AIDS steering committee review and process TA proposals; (vi) developing targets and performance indicators for the main TA components, which will be included in the TA monitoring system and the annual review and report; (vii) overseeing implementation of TA activities, including disbursements and submission of progress and other reports; (viii) supervising the domestic research assistant in preparing and updating material on TA activities for ADB's HIV/AIDS Web site; and (ix) organizing annual reviews of TA activities, and preparing annual reports on these activities.

3. A domestic research assistant will be engaged for 36 person-months to support TA coordination and M&E by (i) helping the international TA administrator and RSGS staff prepare annual work programs under the TA, and to organize consultations with Sida and other Fund contributors; (ii) helping the international HIV/AIDS specialist, RSGS staff, and HIV/AIDS steering committee process TA proposals; (iii) establishing and maintaining a database and monitoring system for TA activities and related disbursements and use of funds; (iv) helping the international TA administrator oversee implementation of TA activities, including disbursements and submission of progress and other reports by those implementing TA subprojects; (v) preparing and updating material on TA activities for ADB's HIV/AIDS web site; and (vi) helping the international TA administrator organize annual reviews of TA activities, and prepare annual reports on these activities.

B. Training and Capacity Development for ADB staff

4. An international HIV/AIDS senior policy advisor will be engaged for 12 months on an intermittent basis to provide ad hoc support to RSGS on a broad range of training and capacity development activities. Aimed at strengthening ADB's internal knowledge base and operational response to the AIDS epidemic, these activities will include:

- (i) **Increasing staff awareness.** An ADB training program on HIV/AIDS will be developed to promote staff awareness on the nature, trends, and directions of the AIDS epidemic in Asia and the Pacific. Training modules to be developed will include (a) clinical, therapeutic, epidemiological, and public health aspects of HIV/AIDS; (b) good practices and lessons in incorporating HIV/AIDS prevention

into ADB core business areas (i.e., road transport, urban and rural infrastructure, education, and energy); and (c) gender, social exclusion, and vulnerability to the risks and impacts of HIV/AIDS.

- (ii) **Upgrading internal skills and knowledge.** At the start of the Project, the HIV/AIDS focal point in RSGS, assisted by the senior policy advisor, will define HIV/AIDS rating categories of ADB loans and grants. Further, it will assess the composition of ADB's portfolio according to the identified parameters. This information will form the baseline data from which TA performance targets and indicators will be set and monitored. Progress will be reflected in the annual progress report on the Fund. Other activities will include (a) advising ADB on critical HIV/AIDS issues in Asia and the Pacific, as well as related research, policy, and law developments that might be relevant to ADB operations; (b) facilitating dialogue with senior ADB officials, and suggesting ways to improve implementation of ADB's HIV/AIDS strategic directions paper; (c) advising ADB on innovative and comparative approaches, good practices, and lessons related to successful responses to HIV/AIDS prevention, treatment, and care, which could be incorporated into ADB financing, strategies, programs, and projects; (e) compiling information notes, briefing notes, and/or issue papers on relevant aspects related to HIV/AIDS for ADB staff, Management, and/or Board members, and disseminating them to ADB partners and/or other stakeholders.

LIST OF TA ADMINISTRATIVE AND TECHNICAL REPORTS

Report	Deadline
A. Administrative Reports	
1. Annual Progress Reports (Work Program 2006)	June 2007 June 2008
2. Mid-Term Report	December 2007
3. Completion Report	June 2009
B. Technical Reports	
1. Knowledge management products, including issue papers and technical notes on emerging issues relevant to ADB operations	March 2009
2. Review of good practices and lessons for socially inclusive and community-driven HIV/AIDS interventions	June 2009
3. Guidelines and tools for effective HIV/AIDS prevention and care at national and regional levels (in collaboration with UNAIDS)	December 2008
4. HIV/AIDS training program and modules for ADB staff	June 2007

Source: ADB Staff