

## APPENDIX A: WORLD BANK GROUP HNP TIMELINE

---

Appendix A: World Bank Group HNP Timeline			
Year	World Bank group events	HNP sector events	HNP publications and strategies
1952	Economic Survey mission to Jamaica to study the country's development requirements considers the effects of rapid population growth. (March) (1)	Concern over the impact of population growth on development is discussed at Seventh Annual Meetings in Mexico City. Chairman of the Board of Governors argues that the World Bank is well placed to combine sound banking principles with creative efforts to address population growth issues. (September) (1)	HNP partnerships and commitments
1956	IFC is established as an institution of the World Bank Group to promote sustainable private sector investment in developing countries.		
1961	World Bank begins lending for water supply and sanitation projects. (2)		
1964		The first IFC investment in pharmaceuticals, "Huhtamaki-Yhtymä Oy" of Finland, is approved.	
1968	Robert McNamara becomes World Bank President. (April) (1) McNamara calls for governments to develop strategies to control population growth. He admits that there is no alternative to the World Bank's involvement in "this crisis." (October) (1)	Economics Department's Special Studies Division is reorganized to create a Population Studies Division headed by E.K. Hawkins. (3) Population Projects Department is established under the Office of the Director of Projects. (November) (4) K. Kanagaratnam is asked and accepts the post as head of the Population Projects Department; however, he is unable to start immediately, and in the interim George C. Zaidan becomes the first division chief of the new department. (3)	

<p><b>1969</b> McNamara calls for emphasis on population planning, educational advances, and agricultural growth in his Annual Meetings address. He highlights the need for development in nutrition, water supply, and literacy. (September) (1)</p>	<p>First population loan is approved for \$2 million to support Jamaica's family planning program. (June) (1)</p>	<p>In his Annual Meeting address, McNamara emphasizes the importance of addressing the basic problems affecting the daily lives of people in developing countries, including nutrition, employment, and income distribution, among others. He describes malnutrition as a major barrier to human development. (September) (1)</p>	<p>World Bank/WHO Cooperative Program is established to address water supply, waste disposal, and storm drainage. (September) (1)</p>
<p><b>1970</b></p>	<p>As a result of the reorganization, a Population and Nutrition Projects (PNP) Department and several others with too few staff for decentralization are grouped in the Central Operation Projects Department and provide technical services to the Regions. (4)</p>	<p><i>Possible Bank Actions on Malnutrition Problems</i> is released. It is influential in calling attention to the Bank's role in addressing malnutrition. (January) (5*)</p> <p><i>Sectoral Programs and Policies Paper</i> includes recommendations on population policies. It points to the economic effects of population growth in developing countries, describes the Bank's efforts to assist member countries to reduce population growth rates, and outlines its future program in population assistance. (March) (6*)</p>	<p>World Bank participates in an advisory capacity in WHO's Special Program of Research Development and Training in Human Reproduction (HRP). (7)</p>
<p><b>1971</b></p>	<p>The Board of Executive Directors approves McNamara's proposal for the Bank to take the lead in mobilizing international funds for an onchocerciasis (river blindness) control program. (May) (1)</p>	<p>A nutrition policy paper makes the case for investment in nutrition and proposes that the Bank "assume a more active and direct role in nutrition." (8*)</p>	<p>World Bank convenes Meeting of Onchocerciasis Control Program in Paris with WHO, the U.N. Food and Agriculture Organization (FAO), the United Nations Development Program (UNDP). The purpose of the meeting is to formulate a strategy to fight river blindness. (June) (1)</p>
<p><b>1972</b></p>	<p>McNamara uses his address at the Annual Meetings to emphasize the need to incorporate population planning into development strategies. (September) (1)</p>	<p>World Bank convenes Meeting of Onchocerciasis Control Program in Paris with WHO, the U.N. Food and Agriculture Organization (FAO), the United Nations Development Program (UNDP). The purpose of the meeting is to formulate a strategy to fight river blindness. (June) (1)</p>	<p>World Bank convenes Meeting of Onchocerciasis Control Program in Paris with WHO, the U.N. Food and Agriculture Organization (FAO), the United Nations Development Program (UNDP). The purpose of the meeting is to formulate a strategy to fight river blindness. (June) (1)</p>
<p><b>1973</b></p>	<p>McNamara uses his address at the Annual Meetings to emphasize the need to incorporate population planning into development strategies. (September) (1)</p>	<p>World Bank convenes Meeting of Onchocerciasis Control Program in Paris with WHO, the U.N. Food and Agriculture Organization (FAO), the United Nations Development Program (UNDP). The purpose of the meeting is to formulate a strategy to fight river blindness. (June) (1)</p>	<p>World Bank convenes Meeting of Onchocerciasis Control Program in Paris with WHO, the U.N. Food and Agriculture Organization (FAO), the United Nations Development Program (UNDP). The purpose of the meeting is to formulate a strategy to fight river blindness. (June) (1)</p>

(Table continues next page)

**Appendix A: World Bank Group HNP Timeline (continued)**

Year	World Bank group events	HNP sector events	HNP publications and strategies	HNP partnerships and commitments
1974		Funds to cover the first year of the Onchocerciasis (river blindness) Control Program are mobilized. (March) (1)	<i>Population Policies and Economic Development</i> analyzes the impact of population growth on the fight against poverty. (August) (9*)	WHO, FAO, UNDP and the World Bank implement the Onchocerciasis Control Program (OCP), which is endorsed by the seven governments of West Africa, the countries most affected by the disease. (March) (1)
1975			<i>1975 Health Sector Policy Paper</i> is published. As the first formal HNP policy statement, it establishes that lending will be only for family planning and population. (10*)	World Bank cosponsors the Tropical Research Program along with WHO, UNICEF, and UNDP to coordinate a global effort to combat diseases that affect the poor and disadvantaged through research and development, and training and strengthening. (1)
1976		First loan in nutrition, \$19 million to Brazil, is approved. (June) (1)		
1977				World Bank helps to found and becomes a member of the UN Subcommittee on Nutrition (SCN). (11)
1979		The Population, Health, and Nutrition Department (PHN) is established. The Bank approves a policy to consider funding freestanding health projects and health components of other projects. (July) (2) John R. Evans appointed PHN Department Director. (12)		World Bank and UNDP initiate the UNDP-World Bank Water and Sanitation Program (WSP) to analyze cost-effective strategies and technologies to bring clean water to the poor. (1)
1980	<i>WDR 1980: Poverty and Human Development</i> highlights the importance of the health sector, education, and social protection to alleviate poverty. Part of the report describes the role of human development programs, its effects on productivity and population growth. (August) (13*)		<i>1980 Health Sector Policy Paper</i> commits the Bank to direct lending in the health sector. The strategy focuses on the need for basic health services, especially in rural areas, and describes the links between the health sector, poverty alleviation, and family planning. (14*)	

<p><b>1981</b></p> <p>First loan to expand basic health services is made to Tunisia. (15)</p> <p>The first IFC investment in hospitals, the Dr. Simo Milosevic Institute located on the Mediterranean coast of Yugoslavia (now Montenegro), for a medical rehabilitation facility is approved. (1a)</p>	<p>John N. North becomes Director of the PHN Department. (12)</p> <p><b>1984</b></p> <p><i>WDR 1984: Population and Development</i> emphasizes the role of governments to reduce mortality and fertility. (16*)</p> <p>Research Department launches the first Bank-sponsored Living Standards Measurement Survey in Côte D'Ivoire. LSMSs are multi-topic household surveys capable of linking the level and distribution of welfare at the household level to health care decisions, the availability and quality of health services, and HNP outcomes. (17)</p> <p>World Bank partners with The Rockefeller Foundation, UNDP, UNICEF, and WHO to establish the Task Force for Child Survival and Development, a campaign to achieve the goal of universal child immunization by 1990. (1)</p>
<p><b>1985</b></p> <p>Frederick Sai appointed Senior Population Adviser. (18)</p>	<p><i>Poverty and Hunger: Issues and Options for Food Security in Developing Countries</i> argues that food insecurity is caused mainly by poor people's lack of purchasing power. It asserts that the role for international donors is to provide assistance to develop and financing to support improved policies to reduce food insecurity, as well as addressing international trade factors that contribute to food insecurity. (20)</p>

(Table continues next page)

Year	World Bank group events	HNP sector events	HNP publications and strategies	HNP partnerships and commitments
1987	<p>President Conable announces an internal reorganization to be completed by September. (May)(1)</p>	<p>PHN becomes a division of the Population and Human Resources (PHR) Department. Technical departments, including PHN units, are created within each region, and country departments are created within Regions, combining the functions formerly divided between programs and projects departments. (21)</p> <p>Ann O. Hamilton is appointed PHR Department Director. (12)</p> <p>Dean T. Jamison is appointed Chief Manager of PHN Division. (12)</p>	<p><i>Financing Health Services in Developing Countries: An Agenda for Reform</i> argues that government expenditures should shift toward providing health services for the poor. The policy study addresses themes of inefficient public spending on health care and recurrent cost financing. (May) (22*)</p>	<p>World Bank cosponsors the Safe Motherhood Conference in Nairobi, Kenya. The Bank pledges to take specific steps to address issues affecting women, and the Safe Motherhood Initiative is launched. (February) (1)</p>
1988		<p>First freestanding AIDS project is approved in Zaire. This is also the first approved freestanding Bank project for a single disease. (21)</p> <p>Anthony Measham becomes PHN Chief Manager. (12)</p>	<p><i>Acquired Immunodeficiency Syndrome (AIDS): The Bank's Agenda for Action</i> is prepared by the Africa Technical Department. It was not formally adopted by the Bank management as a strategy but released as a working paper. (23*)</p>	<p>World Bank becomes a funder of the WHO's HRP. (24)</p>
1989	<p>The IDA Debt Reduction Facility is established to reduce the stock of debt owed to commercial creditors by IDA-only countries. (August) (1)</p> <p>Bank finances the first freestanding nongovernmental organization-implemented project for grassroots development in Togo. (19)</p> <p>First social fund project is approved. (1)</p>			<p><i>Sub-Saharan Africa: From Crisis to Sustainable Development</i> calls for a doubling of expenditure on human resource development: food security, primary education, and health care. (November) (25*)</p>
1990	<p>The IBRD approves the largest loan at this point in its history (nominal terms) to Mexico to support a debt-reduction program, and the Debt-Reduction Facility for IDA-only countries undertakes its first operation in Bolivia. (19)</p>	<p>Steven Sinding becomes Senior Population Adviser. (26)</p>		

<p><b>1991</b></p> <p>Lewis T. Preston is appointed as the 8th president of the World Bank. (September) (21)</p>	<p>World Bank joins with UNDP, UNICEF, WHO, and Rotary International to form the Children's Vaccine Initiative (CVI). CVI's goal is to vaccinate every child in the world against viral and bacterial diseases. (27)</p>
<p><b>1992</b></p> <p>A report of the Task Force on Portfolio Management (the "Wapenhans Report") is transmitted to the Executive Directors and is a major factor in the Bank's impetus to redouble its efforts toward effective implementation of lending projects. (1)</p> <p>Bank issues a statement that abortion is an issue countries themselves must address and denies advocating the legalization of abortion in Latin America. (March) (1)</p> <p>The first health-related advisory service project is approved by IFC for the Thailand Bumrungrad Hospital.</p>	<p>World Bank participates in International Conference on Nutrition in Rome. (December) (15)</p>
<p><b>1993</b></p> <p><i>WDR 1993: Investing in Health</i> evaluates the roles of governments and markets in health, as well as ownership and financing arrangements to improve health and reach the poor. It introduces the disability-adjusted life year (DALY) to calculate the Global Burden of Disease, and argues that the international community must commit to addressing health issues. (June) (27*)</p>	<p><i>Disease Control Priorities in Developing Countries</i> provides information on disease control interventions for the most common diseases and injuries in developing countries to help them define essential health service packages. The publication eventually leads to increased Bank lending for disease control. (October) (28*)</p>
<p><b>1994</b></p> <p>A policy paper, <i>Water Resources Management</i>, proposes a new approach to managing water resources. The approach advocates a comprehensive policy framework and treatment of water as an economic good, along with decentralized management and delivery structures, greater reliance on pricing, and fuller participation by stakeholder. (29*)</p>	<p>Bank participates in International Conference on Population and Development (ICPD) in Cairo and commits to its plan of action. (31)</p> <p><i>Better Health in Africa</i>, directed to both Bank and external audiences, argues that because households and communities have the capacity to use knowledge and resources to respond to health problems, policy makers should make efforts to create an enabling environments that stimulate "good" decision making. It also points out that health reforms are necessary, that cost-effective packages of services can meet needs, and that changes in domestic and international financing for health are necessary. The publication was never approved as an official strategy, but the World Bank supported an independent "Better Health in Africa" Expert Panel that worked to disseminate key messages to African policy makers. (30*)</p>

(Table continues next page)

**Appendix A: World Bank Group HNP Timeline (continued)**

Year	World Bank group events	HNP sector events	HNP publications and strategies	HNP partnerships and commitments
1995	<p>James Wolfensohn is appointed as the ninth World Bank president. (June) (1)</p> <p><i>The Broad Sector Approach to Investment Lending: Sector Investment Programs</i> defines sector investment programs (SIP), analyzes experience with the new lending instrument and advocates for more learning and support of SIPs, particularly in Africa. (32)</p>	<p>The Human Development Department is established and David de Ferranti serves as Department Director. Richard Feachem (Health), Jorge Barrientos (Implementation), Alan Berg (Nutrition) and Thomas Merrick (Population) are appointed as managers/advisers. (July) (4, 12)</p>		<p>The Bank hosts a conference to launch the African Program for Onchocerciasis Control, a follow-up to a successful project launched in the 1970s. Sponsored by governments, NGOs, bilateral donors and international institutions, it implements community-based drug-treatment programs in 16 African countries. (December) (1)</p>
1995		<p>Learning and Leadership Center-Human Development Network training week initiated to provide staff with intensive training focused on topical issues in the HNP sector. (15)</p>		<p>The Bank participates in the Fourth World Conference on Women in Beijing (FWCW) and agrees to: reduce the gender gap in education and ensure that women have equitable access and control over economic resources. (31)</p>
1996	<p><i>World Bank Participation Sourcebook</i> launched. Wolfensohn announces that the Bank will involve NGOs, the private sector, community groups, cooperatives, women's organizations, and the poor and disadvantaged in decision-making processes. (February) (33)</p> <p>In his Annual Meetings address, Wolfensohn defines the key elements of the Strategic Compact to renew the Bank Group and improve development effectiveness: improving resource mobilization; taking more integrated approaches; building partnerships and sharing knowledge; and restructuring the Bank to be closer to clients through responsive and high-quality products. (October) (33)</p> <p>The Bank announces that three new networks will be created: Environmentally and Socially Sustainable Development (ESSD), Finance, Private Sector and Infrastructure (FPSI), and Poverty</p>	<p>World Bank sponsors tobacco-related and non-communicable disease conference in Washington, DC. (June) (1)</p> <p>The Flagship Program on Health Sector Reform and Sustainable Financing is initiated by the Economic Development Institute (EDI, now World Bank Institute) to provide knowledge and training on options for health sector development, including lessons learned and best practices from country experience. Course is offered at regional and country levels. (1)</p>	<p>IFC launches a global study on "Private Hospital Investment Opportunities" to identify key success factors for investment in hospitals and more generally in health. (2a)</p>	<p>Special UN Initiative for Africa launched; Bank partners with UN to promote an expanded program of assistance to Sub-Saharan Africa and improve cooperation between the Bank and the UN. Bank commits to take special responsibility for mobilizing resources for basic health and education reforms. (March) (1)</p> <p>Wolfensohn announces Bank's support for the G-7's declaration and objective of providing an exit strategy for heavily indebted countries. Bank pledges \$500 million to a trust fund for debt relief as its initial contribution. (June) (33)</p> <p>World Bank cosponsors the Joint UN Program on HIV/AIDS (UNAIDS) with UNDP, UNESCO, UNFPA, UNICEF, and WHO. (21)</p>

<p>Reduction and Economic Management (PREM). (December) (1)</p> <p><i>Poverty Reduction and the World Bank: Progress and Challenges in the 1990s</i> is released and vows to redouble Bank's efforts to ensure success in its mandate to help countries reduce poverty. The Bank says that it will judge itself and staff by their contributions to achieving this goal. (June) (1)</p> <p>The Bank and International Monetary Fund launch the Highly Indebted Poor Country (HIPC) Initiative, creating a framework for creditors to provide debt relief to the world's most poor and indebted countries. The HIPC Trust Fund and HIPC Implementation Unit are established. (November) (1)</p> <p>Quality Assurance Group (QAG) established with the expressed purpose of improving the quality of the Bank's operational work within the broad context of reducing poverty and achieving development impacts. (34)</p>	<p>World Bank becomes a donor to the newly formed International AIDS Vaccine Initiative (IAVI). It is established to ensure the development of an HIV vaccine for use around the world. (35)</p>
<p><b>1997</b></p> <p><i>World Development Indicators 1997</i>, the first edition, is published. Wolfensohn points to the publication as an example of the World Bank's role in disseminating knowledge to facilitate decision making in development. (April) (33)</p> <p>The Strategic Compact period, a three-year organization renewal process, is launched. (April) (1)</p> <p>Bank reorganization leads to the creation of Bank-wide "anchor" units to provide quality support to the Regions. The reorganization was designed to promote balance between "country focus" and "sectoral excellence." (21)</p>	<p>The Human Development Network (HDN) is formed, along with the HNP Sector Board, when Bank reorganization groups sector staff into regional sector units or departments. Sector staff work with county departments in a matrix relationship. This allows Regional managers working in the HNP sector to come together. (21)</p> <p>David de Ferranti serves as Vice President and Head of HDN. Richard G.A. Feachem is named HNP Director and serves as Chair of the Sector Board. (12)</p> <p>World Bank organizes and hosts an International Conference on Innovations in Health Financing. (36)</p> <p>IFC sponsors a global conference on "Investing in Private Hospitals and Other</p>
	<p>The 1997 <i>Health, Nutrition, and Population Sector Strategy Paper</i> emphasizes the importance of institutional and systemic changes to improve health outcomes for the poor, improve health system performance, and achieve sustainable financing in the health sector. (September) (15*)</p> <p><i>Confronting AIDS: Public Priorities in a Global Epidemic</i> makes the case for government intervention to control AIDS in developing countries from epidemiological, public health, and public economics perspectives. The report advocates that donors base their support on evidence of country-specific effectiveness for interventions, and finance key international public goods. (November) (37*)</p> <p>The World Bank and The Danish Ministry of Foreign Affairs cohost a meeting for donor agencies in Copenhagen to discuss sectorwide approaches. At the meeting the term SWAp is coined, a SWAp guide is commissioned, and an Inter-Agency Group on SWAp is formed. (32)</p>

(Table continues next page)

Appendix A: World Bank Group HNP Timeline (continued)				
Year	World Bank group events	HNP sector events	HNP publications and strategies	HNP partnerships and commitments
		Health Delivery Systems in Developing Countries: Opportunities and Risks, "bringing together IFC and World Bank staff and other major private health care players from developing and developed countries."		
<b>1998</b>	<p>President Wolfensohn's address at the Annual Meetings warns that financial reforms are not sufficient, that human needs and social justice must also be sought. (1)</p> <p><i>Assessing Aid: What Works, What Doesn't and Why</i> concludes that there is a role for foreign aid and that properly managed aid can contribute to improving people's lives. It argues that institutional development and policy reforms along with strong three-way partnership among recipient countries, aid agencies, and donor countries can improve the impact of foreign assistance. (39*)</p> <p>IFC introduces its frontier country strategy to steer resources toward "pioneering" or underserved sectors in high-risk and/or low-income countries. (3a)</p>	<p>The World Bank launches AIDS Vaccine Task Force to speed up deployment of effective and affordable AIDS vaccine. It supports high-level dialogue with policy makers and industry, both "push" and "pull" strategies to generate investments in research and development, and sponsors studies of potential demand for a vaccine in developing countries. (April) (1)</p> <p>The World Bank Institute develops a course and learning program titled "Adapting to Change" as a response to the ICPD. (40)</p> <p>Christopher Lovelace is appointed Director of the HNP Sector. (12)</p> <p>The Health Care Best Practice Group is formed in IFC to analyze potential investments in health and to share and leverage knowledge about the health care industry that was developing across IFC departments. Nevertheless, the group has no decision-making role. (4a)</p>	<p>The World Bank partners with WHO and Smith Kline Beecham to initiate a Program to Eliminate Elephantiasis by distributing drugs free of charge to governments and collaborating organizations. (January) (1)</p> <p>The World Bank, WHO, UNDP, and UNICEF launch Roll Back Malaria to provide a coordinated global approach to halve malaria by 2010. (41)</p>	
<b>1999</b>	<p>Wolfensohn calls for development partners to adopt a Comprehensive Development Framework, which aims to improve the effectiveness of development activities and move beyond individual projects, promoting national leadership and consensus, and requiring a commitment to</p>	<p>The AIDS Campaign Team for Africa (ACTAfrica) unit is created to help mainstream HIV/AIDS activities in all sectors. (21)</p> <p>Eduardo A. Doryan is appointed HDN Vice President. (12)</p>	<p><i>Population and the World Bank: Adapting to Change</i> is shaped largely by its commitment to the 1994 ICPD and by an emphasis on health sector reform in the 1990s. Its objective is to address population issues with a people-centered and multisectoral approach that improves reproductive health through access to information and</p>	<p>The World Bank partners to establish The Global Alliance for Vaccines and Immunization (GAVI), a public-private partnership, to ensure financing to save children's lives and people's health through widespread vaccinations. (46)</p>

<p>expanded partnership, transparency, and accountability. (January) (33)</p> <p>Bolivia becomes the pilot country for the CDF with two loans for health and institutional reform. (June) (1)</p> <p>In preparation for WDR 2000/2001, the Bank launches the <i>Voices of the Poor</i> study. The study focused on perceptions of a quality of life; pressing problems and priorities; the quality of interactions with key public, market and civil society institutions in their lives; and changes in gender and social relations. (September) (42*)</p> <p>Wolfensohn appointed for second term as World Bank president. (September) (33)</p>	<p>The Health and Education Unit is established in IFC.</p>	<p>services, and recognizes the importance of contextual factors such as gender equity and human rights. (January) (31*)</p> <p>The Bank's new strategy to fight HIV/AIDS in Africa in partnership with African government and Joint UN Program on HIV/AIDS (UNAIDS) approved by Regional Leadership Team. (May) (21)</p> <p><i>A Health Sector Strategy for the Europe and Central Asia Region</i> responds to changes in the health care systems, particularly in transition countries, by providing a guide to support regionally appropriate, intersectoral health system reforms. Key priorities are identified as: (i) promoting wellness and reducing the prevalence of avoidable illness; (ii) creating affordable and sustainable delivery systems; and (iii) maintaining functioning health systems during the reform process. (September) (45*)</p> <p>The document "Investing in Private Health Care: A Note on Strategic Direction for IFC" is prepared by IFC's Health Care Best Practice Group. (5a)</p>
<p>Wolfensohn links corruption and poverty at International Anti-Corruption Conference in Durban. He states that the Bank will position corruption as a central issue to development, apply external pressures for change at the country level while encouraging internal pressures for change, and create partnerships to address corruption issues. (October) (33)</p>		
<p>The World Bank and International Monetary Fund announce that concessional lending to 81 eligible poor countries will be based on poverty reduction strategies, initiating the Poverty Reduction Support Paper process. (43)</p>		
<p>Enhanced HIPC launched. HIPC initiative is modified to provide deeper and broader relief, faster relief, and to create a more direct link between debt relief and poverty reduction through Poverty Reduction Strategy Papers. (1)</p>		
<p>IEG releases an evaluation of the HNP sector that suggests that the Bank improve knowledge management, develop more flexible instruments, and support increased economic and sector work to help countries identify challenges and improve the efficiency, effectiveness, and equity of health reforms. It argues</p>		

(Table continues next page)

**Appendix A: World Bank Group HNP Timeline (continued)**

Year	World Bank group events	HNP sector events	HNP publications and strategies	HNP partnerships and commitments
	<p>that projects had been too complex, had neglected institutional analysis and that monitoring and evaluation was almost nonexistent. It urged that the sector “do better, not more.” that is, be more selective to do a few things better rather than too much with poor results. (44)</p>			
<b>2000</b>	<p>World Bank announces a plan to work with church groups in Africa to fight poverty and AIDS. (March) (1)</p> <p>Thousands of demonstrators protest at the Development Committee’s Spring meetings in Washington. The Development Committee renews its pledge to speed up debt relief and to support the fight against AIDS. (March) (1)</p>	<p>Wolfensohn addresses the UN Security Council and calls for increased resource allocation to fight a “War on AIDS,” noting the epidemic’s devastating effects on the developing world, especially Africa. (January) (33)</p> <p>The first Multicountry AIDS Program (MAP) is approved by the Board and provides a \$500 million envelope for financing HIV/AIDS projects in Africa. (September) (21)</p>	<p>The overall objective of the <i>World Bank Strategy for Health, Nutrition, and Population in East Asia and the Pacific Region</i> is to improve the Bank’s effectiveness in health, nutrition, and population in the region. The strategy urges selectivity and flexibility to develop new approaches, as necessary, based on lessons learned and experience in the region. It prioritizes: improving outcomes for the poor, enhancing the performance of health care systems, and securing sustainable financing. (June) (47*)</p> <p>World Bank and WHO issue a publication, <i>Tobacco Control in Developing Countries</i>. It argues that a reduction in tobacco use is essential to improve global health. (August) (48*)</p> <p><i>Intensifying Action Against AIDS in Africa</i> emphasizes the importance of increased advocacy to strengthen political commitment to fighting HIV/AIDS, mobilization of resources, and strengthening the knowledge base. It advocates allocation of increased resources and technical support to assist African partners and the World Bank to mainstream HIV/AIDS into all sectors. (August) (49*)</p> <p>World Bank releases 44 country reports on Socio-Economic Differences in Health, Nutrition and Population. The reports stress that the poorest sectors of the population must receive adequate healthcare. (November) (50*)</p>	<p>At the World Economic Forum, Wolfensohn urges world leaders to support GAVI and its campaign for children. (January) (33)</p> <p>At the Second World Water Forum, Wolfensohn pledges the Bank’s support to ensure that everyone has water services for health, food, energy, and the environment. The approach he outlines emphasizes participatory institutions as well as technological and financial innovation. (March) (1)</p> <p>At the XIIIth International AIDS Conference, the World Bank pledges \$500 million. The Multicountry AIDS Program, developed with UNAIDS, helps countries to implement national HIV/AIDS programs. (July) (1)</p> <p>The Bank-Netherlands Water Partnership Program (BNWPP) is established to improve water security by promoting innovative approaches to integrated Water Resources Management (IWRM), and thereby contribute to poverty reduction. (51)</p>

**2001**

*WDR 2000/2001: Attacking Poverty* emphasizes that insecurity, in income or health services, is one of many deprivations suffered by the poor. (52\*)

The World Bank announces that it will join the UN as a full partner to implement the Millennium Development Goals and to put these goals at the center of the development agenda. (September) (1)

World Bank makes a Declaration of Commitment at Special Session of the UN General Assembly, reaffirming pledges made by world leaders to halt and reverse the spread of HIV/AIDS by 2015. (June) (33)

The Water Supply and Sanitation Program (WSP) Council is created to oversee program activities and guide strategic development in water and sanitation. (53)

Board of Executive Directors approves a gender and development mainstreaming strategy. (54)

First poverty reduction support credit (PRSC) approved. (1)

Bank announces it will build upon current programs and follow the Caribbean Regional Strategic Plan of Action for HIV/AIDS, devoting up to \$150 million to the fight against HIV/AIDS in the Caribbean. (April) (21)

Joseph Ritzen appointed HDN Vice President. (June) (1)

Leadership Program on AIDS launched by the World Bank Institute (WBI) to build capacity for accelerated implementation of HIV/AIDS programs. (21)

IFC Against AIDS is launched with the idea of accelerating the involvement of the private sector in the fight against HIV/AIDS through risk management and implementation of workplace programs. (6a)

The Health and Education Unit becomes a Department within IFC. (7a)

Sub-regional HIV/AIDS strategy for Caribbean. *HIV/AIDS in the Caribbean: Issues and Options* released. (January) (55\*)

The Bank and partners gather in Washington, to further commit to operationalize the Amsterdam Declaration. The Global Plan to Stop TB calls for expansion of access to DOTS and increased financial backing for the program from governments throughout the world. (October) (56)

The Bank's Water and Sanitation Program forms the Private-Public Partnership for Handwashing with the London School of Hygiene and Tropical Medicine, the Academy for Educational Development, USAID, UNICEF, the Bank-Netherlands Water Partnership, and the private sector. (57)

The Bank becomes a trustee of the Global Fund to Fight HIV/AIDS, TB, and Malaria (GFAIM), a financing mechanism established to foster partnerships between governments, civil society, the private sector, and affected communities to increase resources and direct financing toward efforts to fight HIV/AIDS, TB, and malaria. (58)

In cooperation with the Gates Foundation and Dutch and Swedish governments, the World Bank Health and Poverty Thematic Group initiates the Reaching the Poor Program (RPP). RPP is an effort to find better ways to ensure that the benefits of HNP programs flow to disadvantaged population groups through research, policy guidance, and advocacy. (1)

The Bank joins the Rockefeller Foundation, Sida/SAREC, and Wellcome Trust to launch the INDEPTH Network, an international platform of sentinel demographic sites that provides health and demographic data and research to enable developing countries to set evidence-based health priorities and policies. (59)

The Bank and USAID cohost the Annual Meetings of the Global Partnership to Eliminate Riverblindness in Washington. The partners pledged to eliminate riverblindness in Africa by 2010. (1)

(Table continues next page)

**Appendix A: World Bank Group HNP Timeline (continued)**

Year	World Bank group events	HNP sector events	HNP publications and strategies	HNP partnerships and commitments
2002	<p>Wolfensohn presents a seven-point Post-Monterey Action Plan to the Development Committee on how to boost development aid and effectiveness, and translate Monterrey commitments into results. (April) (33)</p> <p>From this point, Country Assistance Strategies (CASs), the main vehicle for making strategic choices about program design and resource allocations for individual countries, were based on Poverty Reduction Support Papers in low-income countries. (July) (60)</p> <p>IDA announces that 18–21 percent of IDA would be in grants and available for specific activities and for the debt-vulnerable poorest countries. (July) (1)</p>	<p>\$500 million is approved for the second stage of its Multicountry HIV/AIDS Program for Africa (MAP). (February) (1)</p> <p>WBI's course "Adapting to Change" becomes "Achieving the MDGs: Reproductive Health, Poverty Reduction, and Health Sector Reform." (40)</p>	<p>The HNP Sector Board presents an HNP strategy update to the Board. The presentation reviews trends in project lending and objectives, analytic and advisory services, QAG ratings, IFC lending for HNP, and staffing. The update reconfirms the sector's commitment to the objectives in the 1997 strategy. It also emphasizes that greater country selectivity and diversity in lending instruments will be pursued along with efforts to sharpen the focus on quality and effectiveness, work more closely with clients and communities, and improve training for staff and their allocation to ensure the appropriate skills mix. (March) (61)</p> <p>The 2002 IFC Health Strategy is presented to the Board of Directors.</p>	<p>The Global/HIV/AIDS program is created along with the Global Monitoring and Evaluation Team (GAMET). GAMET is housed at the World Bank and supports efforts with UNAIDS to build country-level monitoring and evaluation capacities as well as coordinate technical support. (June) (21)</p> <p>First phase of Bank-Netherlands Water Partnership-Water Supply and Sanitation initiated. (51)</p> <p>Global Alliance for Improved Nutrition (GAIN) created at a special UN session for children. The World Bank is a key partner, mainly managing trust funds and program implementation. (62)</p>
2003	<p><i>World Bank Annual Report</i> describes the Bank's commitment to meeting the MDGs and emphasizes its commitment to four priority sectors including HIV/AIDS, water and sanitation, health, and education for all. (September) (1)</p>	<p>Jean-Louis Sarbib assumes HDN Vice Presidency. (July) (12)</p> <p>Board approves first pilots of buy-down mechanism in several polio eradication projects in Pakistan and Nigeria. Projects were financed by Gates Foundation, UNF, Rotary International, and the Centers for Disease Control and Prevention. (63)</p> <p>Romania Dialysis is the first public-private partnership (PPP) project in health approved by IFC.</p>	<p>Regional AIDS strategy for ECA published: <i>Averting AIDS Crises in Eastern Europe and Central Asia</i> (September) (64*)</p>	<p>The Bank and the Pan-American Health Organization (PAHO) inaugurate the "Health Partnership for Knowledge Sharing and Learning in the Americas." The initiative promotes the use of technology to share expertise in order to meet the MDGs across the region. (October) (1)</p>

## 2004

*Water Resources Sector Strategy: Strategic Directions for World Bank Engagement* is published. The strategy highlights the centrality of water resource management and development to sustainable growth and poverty reduction. It argues that the World Bank is perceived to have a comparative advantage in the area. It emphasizes the need to tailor Country Water Assistance Strategies to be consistent with country context, CASS, and Poverty Reduction Support Papers. (January) (65)

Reaching the Poor Program sponsors global conference for researchers to disseminate evidence of how well health and other social programs reach the poor and to produce policy guidelines based upon the evidence. (February) (66)

The Bank sponsors an event for 35 African ambassadors, Harmonizing Approaches to Health in Africa, to intensify efforts to improve women's health in Africa and plan follow-up activities. (April) (1)

IEG releases an evaluation of the Bank's approach to global programs, *Addressing the Challenges of Globalization*. The evaluation recommends that the Bank separate oversight of global programs from management, improve standards of governance and management of individual programs, reevaluate selection and exit criteria, strengthen links between global programs and country strategies, and strengthen evaluations and review of global programs within the Bank. (67\*)

WDR 2004: *Making Services Work for Poor People* identifies good governance and accountability mechanisms as key determinants of health system performance. (68\*)

Regional HIV/AIDS strategy for East Asia and Pacific published *Addressing HIV/AIDS in East Asia and the Pacific*. (January) (69\*)

*Improving Health, Nutrition, and Population Outcomes in Sub-Saharan Africa—The Role of the World Bank* notes that positive trends in health indicators have slowed or reversed in Sub-Saharan Africa. It argues that the Bank must use its comparative advantage to work with governments and partners to strengthen the capacity of countries to improve health outcomes. Nutrition and population must remain central issues in development in Sub-Saharan Africa and accordingly, the report presents a regional guide to shape strategy formulation at the country or sub-regional level. (December) (70\*)

IFC clarifies five strategic priorities, of which health and education are one. (8a)

WHO and the Bank cosponsor the First High-Level Forum on the Health MDGs. Heads of development agencies, bilateral agencies, global health initiatives, and health and finance ministers agree on four action areas: resources for health and poverty reduction papers; aid effectiveness and harmonization; human resources; monitoring performance. (January) (1)

(Table continues next page)

**Appendix A: World Bank Group HNP Timeline (continued)**

Year	World Bank group events	HNP sector events	HNP publications and strategies	HNP partnerships and commitments
2005	<p>Paul Wolfowitz is approved by the Board of Executive Directors as the World Bank's 10th President. (March) (1)</p> <p>In his speech at the Annual Meetings, Wolfowitz emphasizes the importance of leadership and accountability, civil society and women, and the rule of law as well as focusing on results. When speaking on the importance of health on the development agenda, he emphasizes the World Bank's commitment to fight malaria with the same intensity as HIV/AIDS. (September) (71)</p> <p>An IEG evaluation of the Bank's HIV/AIDS Assistance, <i>Committing to Results: Improving the Effectiveness of HIV/AIDS Assistance</i>, is released. It finds that the Bank's support has raised commitment and access to services, but the effect on the spread of HIV and survival is unclear. It recommends that the Bank: help governments to be strategic and selective, and prioritize high-impact activities and the highest-risk behaviors; strengthen national institutions to manage and implement long-run responses; and improve monitoring and evaluation to strengthen the local evidence base for decision making. (21*)</p>	<p>When the Adviser for Population and Reproductive, Maternal and Child Health (Elizabeth Lule) is appointed as manager of ACTAfrica, the Adviser position is eliminated. (January) (72)</p> <p>The Life Sciences Group is established within IFC's Global Manufacturing Department.</p>	<p><i>Rolling Back Malaria: The World Bank Global Strategy and Booster Program</i> provides the basis and rationale for initiating the five-year Booster Program for Malaria Control. Its objectives are to increase coverage, improve outcomes, and build capacity. Described as a "new business model," it prioritizes flexible, country-driven, and results-focused approaches. (January) (41*)</p>	<p>World Bank partners launch the Health Metrics Network, a global partnership to improve the quality, availability, and dissemination of data for decision making in health. (June) (73)</p>

<p><b>2006</b></p>	<p>Task Force on Avian Flu for Africa established to manage the information, communication, and coordination aspects of the response to avian influenza. It supports country teams to prepare individual country operations; helps coordinate the region's response with the global and Bank-wide funding programs, with donors, and mobilize additional funding as necessary. (74)</p>	<p>Cristian Baeza appointed as Acting HNP Director (February) (75)</p>	<p><i>Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action</i> aims to position nutrition as a priority on the development agenda at both the country and international levels to bolster increased commitments and investment to fight malnutrition. It prioritizes: approaches that reach the poor and most vulnerable at strategic stages in their development; scaling-up proven and cost-effective programs; reorienting ineffective programs; improving nutrition through deliberate activities in other sectors; supporting action research and learning by doing; and mainstreaming nutrition into development strategies. (January) (76*)</p> <p><i>Health Financing Revisited: A Practitioner's Guide</i> reviews the policy options and tools available for health finance in low- and middle-income countries. Key priorities include: (i) mobilizing increased and sustainable government health spending; (ii) improving governance and regulation to strengthen the capacity of health systems and ensure that investments are equitable and efficient; and (iii) coordinating donors to make more flexible and longer-term commitments that are aligned with the development goals of a country. (May) (77*)</p>	<p>World Bank cosponsors the International Pledging Conference on Avian and Human Influenza in Beijing to assess financing needs at country, regional and global levels. (January) (74)</p> <p>World Bank joins the International Monetary Fund and the African Development Bank in implementing the Multilateral Debt Relief Initiative (MDRI), forgiving 100 percent of eligible outstanding debt owed to these three institutions by all countries reaching the completion point of the HIPC Initiative. The MDRI will effectively double the volume of debt relief already expected from the enhanced HIPC Initiative. (78)</p>
<p><b>2007</b></p>	<p>Paul Wolfowitz resigns as World Bank President. (June) (79)</p> <p>Robert Zoellick becomes 11th World Bank President. (July) (80)</p>	<p>Joy Phumaphi becomes Vice President of the Human Development Network. (February) (81)</p> <p>Julian Schweitzer becomes HNP Sector Director. (October) (82)</p> <p>IFC Against AIDS is integrated into the Small and Medium Enterprises Department.</p>	<p>The objective of the 2007 World Bank Strategy for Health, Nutrition, and Population Results is to use a selective and disciplined framework to redouble efforts to support client countries to: improve HNP outcomes, especially for the poor; protect households from illness; ensure sustainable financing; and improve sector governance and reduce corruption. (April) (63*)</p>	<p>World Bank signs agreement to join the International Health Partnership. The Partnership aims to improve the work of donor and developing countries and international agencies to create and implement plans and services that improve health outcomes for the poor. (September) (84)</p>

(Table continues next page)

Appendix A: World Bank Group HNP Timeline (continued)

Year	World Bank group events	HNP sector events	HNP publications and strategies	HNP partnerships and commitments
			<p><i>Population Issues in the 21st Century: The Role of the World Bank</i> focuses on levels and trends in births, deaths, migration and population growth, and related challenges. After analyzing global and regional trends, as well as those for lending for population, the report outlines the Bank's areas of comparative advantage. It concludes that the Bank must focus analytical work on population issues, and collaborate with the private sector and global partners to develop and mainstream multisectoral population policies appropriate for low-, middle-, and high-fertility countries. (April) (83*)</p> <p>The IFC Africa Health Strategy is presented to the Board of Directors. (9a)</p>	
	<p>Sources: The World Bank part of this timeline was compiled by Mollie Fair, and is extracted from appendix C of "From Population Lending to HNP Results: The Evolution of the World Bank's Strategies in Health, Nutrition, and Population," IEG Working Paper, no. 2008/3, February 2008.</p> <ol style="list-style-type: none"> <li>World Bank Group Archives 2005.</li> <li>World Bank Web site. "Water Supply and Sanitation Projects the Bank's Experience: 1967–1989." (<a href="http://go.worldbank.org/8LRMSA1520">http://go.worldbank.org/8LRMSA1520</a>)</li> <li>King 2007.</li> <li>World Bank Group Archives, "Sector Department Chart."</li> <li>World Bank 1972a.</li> <li>World Bank 1972b.</li> <li>Golladay and Liese 1980.</li> <li>World Bank 1973.</li> <li>World Bank 1974.</li> <li>World Bank 1975.</li> <li>United Nations System Web site. "Standing Committee on Nutrition." (<a href="http://www.unsystem.org/SCN/Publications/html/mandate.html">http://www.unsystem.org/SCN/Publications/html/mandate.html</a>).</li> <li>World Bank Group Archives, World Bank Group Staff Directories.</li> <li>World Bank 1980b.</li> <li>World Bank 1980a.</li> <li>World Bank 1997b.</li> <li>World Bank 1984.</li> <li>Grosh and Muñoz 1996.</li> <li>Harvard School of Public Health Web site. (<a href="http://www.hsph.harvard.edu/review/fellow.shtml">http://www.hsph.harvard.edu/review/fellow.shtml</a>)</li> <li>Kapur and others 1997.</li> <li>World Bank 1986b.</li> </ol>	<ol style="list-style-type: none"> <li>IEG 2005a.</li> <li>World Bank 1986a.</li> <li>World Bank 1988.</li> <li>Nassim 1991.</li> <li>World Bank 1989.</li> <li>People and Planet. Net Web site. (<a href="http://www.peopleandplanet.net/doc.php?id=1740">http://www.peopleandplanet.net/doc.php?id=1740</a>).</li> <li>World Bank 1993c.</li> <li>Jamison and others 1993.</li> <li>World Bank 1983b.</li> <li>World Bank 1994a.</li> <li>World Bank 1999c.</li> <li>Vallancourt 2009.</li> <li>World Bank Group Archives. "James D. Wolfensohn Timeline of Major Developments."</li> <li>World Bank Web site. "Quality Assurance Group." (<a href="http://web.worldbank.org/WBSITE/EXTERNAL/PROJECTS/OAG/0,,contentMDK:20067126-menuPK:114865-pagePK:109617-piPK:109636-theSitePK:109609,00.html">http://web.worldbank.org/WBSITE/EXTERNAL/PROJECTS/OAG/0,,contentMDK:20067126-menuPK:114865-pagePK:109617-piPK:109636-theSitePK:109609,00.html</a>).</li> <li>IAVI Web Site (<a href="http://www.iavi.org/viewpage.cfm?aid=24">http://www.iavi.org/viewpage.cfm?aid=24</a>).</li> <li>Schieber 1997.</li> <li>World Bank 1997a.</li> <li>UNECA, UNICEF and World Bank. 1998.</li> <li>World Bank 1998a.</li> <li>White, Merrick, and Yazbeck 2006.</li> <li>World Bank 2005b.</li> <li>Narayan and Petesch 2002.</li> <li>Wagstaff and Claeson 2004.</li> <li>IEG 1999.</li> </ol>	<ol style="list-style-type: none"> <li>World Bank 1999a.</li> <li>Walt and Buse 2006.</li> <li>World Bank 2000b.</li> <li>Jha and Chaloupka 2000.</li> <li>World Bank 2000a.</li> <li>Gwatkin and others 2000.</li> <li>Bank-Netherlands Water Partnership Program Web site (<a href="http://www-esd.worldbank.org/bnwpp/">http://www-esd.worldbank.org/bnwpp/</a>).</li> <li>World Bank 2001c.</li> <li>WSP Web site (<a href="http://www.wsp.org">http://www.wsp.org</a>).</li> <li>World Bank Web site. "Gender and Development." (<a href="http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTGENDER/0,,menuPK:336874-pagePK:149018-piPK:149093-theSitePK:336868,00.html">http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTGENDER/0,,menuPK:336874-pagePK:149018-piPK:149093-theSitePK:336868,00.html</a>).</li> <li>World Bank 2001a.</li> <li>Stop TB Partnership Web site (<a href="http://www.stopthb.org/stop_tb_initiative/">http://www.stopthb.org/stop_tb_initiative/</a>).</li> <li>Global Public-Private Partnership for Handwashing with Soap Web site (<a href="http://www.globalhandwashing.org/">http://www.globalhandwashing.org/</a>).</li> <li>Kaiser Family Foundation Web site (<a href="http://www.kff.org/hivaids/timeline">www.kff.org/hivaids/timeline</a>).</li> <li>INDEPTH Web site (<a href="http://www.indepth-network.org/core_documents/vision.html">http://www.indepth-network.org/core_documents/vision.html</a>).</li> <li>World Bank Web site. "Strategies." (<a href="http://intranet.worldbank.org/WBSITE/INTRANET/SECTORS/HEALTHNUTRITIONANDPOPULATION/INTHIV/AIDS/contentMDK:20120702-menuPK:375837-pagePK:210082-piPK:210098-theSitePK:375799,00.html">http://intranet.worldbank.org/WBSITE/INTRANET/SECTORS/HEALTHNUTRITIONANDPOPULATION/INTHIV/AIDS/contentMDK:20120702-menuPK:375837-pagePK:210082-piPK:210098-theSitePK:375799,00.html</a>).</li> <li>HNP Sector Board. (draft, February 7, 2002). "Health, Nutrition and Population Sector Strategy Briefing."</li> <li>GAIN Web site (<a href="http://www.gainhealth.org/gain/en-en/index.cfm?page=/gain/home/about_gain_history">http://www.gainhealth.org/gain/en-en/index.cfm?page=/gain/home/about_gain_history</a>).</li> </ol>	

63. World Bank 2007a.  
 64. World Bank 2003b.  
 65. World Bank 2004d.  
 66. World Bank Web site. <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTERNAL/EXTHEALTHNUTRITIONANDPOPULATION/EXTPAH/0,,contentMDK:20744334~pagePK:210058~piPK:210062~theSitePK:400476,00.html?>  
 67. IEG 2004a.  
 68. World Bank 2003b.  
 69. World Bank 2004a.  
 70. World Bank 2004c.  
 71. World Bank Web site. News and Broadcast. "Annual Meetings 2005 Opening Press Conference with Paul Wolfowitz." (<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20656903~pagePK:64257043~piPK:437376~theSitePK:4607,00.html>)  
 72. World Bank Web site. "News and Broadcasts" <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20138122~pagePK:64257043~piPK:437376~theSitePK:4607,00.html>  
 73. WHO Web site. "What is H5N1?" (<http://www.who.int/healthmetrics/about/whatis/h5n1/index.html>)  
 74. World Bank Web site. "Avian and Pandemic Influenza." (<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTTOPAVIFLU/0,,menuPK:1793605~pagePK:64168427~piPK:64168435~theSitePK:1793593,00.html>)  
 75. World Bank Web site. "Acting Assignments in HNP." (<http://intranet.worldbank.org/WBSITE/INTRANET/SECTORS/HEALTHNUTRITIONANDPOPULATION/0,,contentMDK:20131131~pagePK:210082~piPK:210098~theSitePK:281628,00.html>)  
 76. World Bank 2006c.  
 77. Gottret and Schieber 2006.  
 78. World Bank Web site. "Debt issues." (<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTDEBTDEPT/0,,menuPK:64166739~pagePK:64166681~piPK:64166725~theSitePK:469043,00.html>)  
 79. World Bank Web site. "Statements of Executive Director and President Wolfowitz." (<http://intranet.worldbank.org/WBSITE/INTRANET/UNITS/INTPRESIDENT2007/INTPASTPRESIDENTS/INTPRESIDENTS/STAFCONN/0,,contentMDK:21339950~menuPK:64324835~pagePK:642599040~piPK:64258864~theSitePK:1014519,00.html>)  
 80. World Bank Web site. "President's Staff Connection." <http://intranet.worldbank.org/WBSITE/INTRANET/UNITS/INTPRESIDENT2007/0,,contentMDK:21477815~menuPK:64821535~pagePK:64821348~piPK:64821341~theSitePK:3915045,00.html>  
 81. World Bank Web site. January 30, 2007. "Interview with Joy Phumaphi, New HD Vice President." (<http://intranet.worldbank.org/WBSITE/INTRANET/UNITS/INTHDNETWORK/0,,contentMDK:21199087~menuPK:514396~pagePK:64156298~piPK:64152276~theSitePK:514373,00.html>)  
 82. World Bank Web site. "Julian Schweitzer, Sector Director, HNP; Human Development Network." <http://intranet.worldbank.org/WBSITE/INTRANET/KIOSK/0,,contentMDK:21473063~menuPK:34897~pagePK:37626~piPK:37631~theSitePK:3664,00.html>  
 83. World Bank 2007g.  
 84. Department for International Development Web Site. "International Health Partnership launched today." (<http://www.dfid.gov.uk/news/files/hp/default.asp>)  
 1a IFC 1982.  
 2a IFC 2002, p. 24.  
 3a IFC 1998.  
 4a IFC 2002, p. 24.  
 5a IFC 1999.  
 6a Lutalo 2006.  
 7a IFC 2002, p. 24.  
 8a IFC 2004.  
 9a IFC 2007a.

Note: \* indicates the publication itself, otherwise, facts are reported in the cited reference.