



# Summary Poverty Reduction and Social Strategy

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Project Number: 38599  
September 2005

**REG: HIV/AIDS Prevention and Capacity  
Development in the Pacific Project**

## SUMMARY POVERTY REDUCTION AND SOCIAL STRATEGY (SPRSS)

### A. Linkages to the Country<sup>1</sup> Poverty Analysis

|   |  |  |  |
|---|--|--|--|
| <b>Is the sector identified as a national priority in country poverty analysis?</b>   | <input type="checkbox"/> Yes<br><br><input checked="" type="checkbox"/> No | <b>Is the sector identified as a national priority in country poverty partnership agreement?</b> | <input type="checkbox"/> Yes<br><br><input checked="" type="checkbox"/> No |
| <p><b>Contribution of the sector or subsector to reduce poverty in the Pacific region.</b></p> <p>Progress towards poverty reduction has taken place in all project countries. Health issues and access to health services have been identified as high priority areas for Pacific islanders in the participative poverty assessments undertaken in PDMCs. The region's economies are generally weak and increasingly complex issues - including disease epidemics, rapid population growth and urbanization, and globalization - demand attention.</p> <p>In recent decades improvements in the area of health have been achieved by many PDMCs. Life expectancy has increased, infant and child mortality rates have decreased, and immunization coverage has been extensive. However, infectious diseases such as TB, dengue fever, and malaria are on the rise. There is also a worrying rise in the number of HIV/AIDS and STI cases in several countries and an equally worrying lack of data on the actual situation. Many PDMCs are as a result facing a double burden of prevention and treatment of persistent, traditional, infectious ailments along with a rising tide of new, and non-communicable diseases.</p> <p>Underreporting of HIV/AIDS cases and the lack of testing facilities have resulted in relative low HIV/AIDS prevalence rates. With the exception of PNG, the major form of transmission through heterosexual contact. Even though the HIV/AIDS prevalence rates are lower than in other regions, the underlying social, cultural, economic and demographic conditions exist for a similar rapid spread of the disease. These conditions include a youthful population with a high incidence of youth pregnancies and STIs, movements in, through and out of the region by mobile population groups, slow or negative economic growth and the consequential, lack of employment opportunities, and socio-cultural practices that pattern the behaviour of men and dictate the status of women.</p> <p>Infectious diseases tend to disproportionately affect poor people who suffer from poor nutrition and often live in crowded conditions. The proposed Project interventions have been designed to specifically address these groups through capacity development, improving access to health facilities, and providing equipment and drugs in areas of priority needs. Marginalized women are at particular risk of being drawn into commercial sex work where the risk of HIV infection is very high and will be addressed through special provisions. The Project will help reduce the spread and impact of HIV/AIDS and other STIs in Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Republic of Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu by (i) strengthening surveillance; (ii) community-based interventions for HIV/AIDS prevention; and (iii) targeted interventions for vulnerable groups. The outcome of the Project will be improved management and delivery of HIV/AIDS prevention activities in the Pacific through targeting of vulnerable populations. The Project will help minimize the social and economic impacts of the HIV/AIDS virus, and help target countries' progress towards their 2015 health-related Millennium Development Goals (MDGs) of reducing the mortality rates and halting, to the extent possible, and reversing the spread of HIV/AIDS.</p> |  |  |  |

### B. Poverty Analysis

#### Targeting Classification: Targeted Intervention

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|--|
| <p>Much of the Pacific is still characterized by reliance on subsistence agriculture, although urbanization is increasing. Participatory assessments of hardship in 6 PDMCs<sup>2</sup> revealed that hardship equated to a lack of economic and employment opportunities, as a result of poor education, lack of access to land for gardens or cash crops, poor access to good water and sanitation facilities, poor health, and living alone or depending on others. These pre-existing factors contribute to the spread of HIV/AIDS and other STIs.</p> <p>HIV/AIDS has significant socio-economic impacts on poor people, diverting scarce resources into health care and removing the ability to work. The Project will focus strengthening surveillance and implementing community-based interventions for HIV/AIDS prevention. These will include the targeting of people at high risk such as women; commercial seafarers and their partners; individuals with sexually transmissible infections; mobile populations</p> |
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<sup>1</sup> Cook Islands, Federated States of Micronesia, Kiribati, Nauru, Republic of Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

<sup>2</sup> Federated States of Micronesia, Republic of Marshall Islands, Samoa, Tonga, Tuvalu and Vanuatu.

(including international peacekeepers and individuals involved in international tourism ventures); prisoners; commercial and 'transactional' sex workers; and men who have sex with men (including indigenous sexual minorities such as fa'afafine and fakaleiti). Project activities will benefit those at high risk, but equally will benefit the poor and other vulnerable groups because of specific provisions that will be made. The poor and vulnerable suffer from a higher burden of diseases, particularly HIV/AIDS, and have limited access to both public and private health services. By improving people's health situation, especially those pertaining to vulnerable groups or the poor, the Project will reduce the burden of HIV/AIDS and STIs and generate economic and social benefits: (i) increased health awareness activities lead to improvements in health status, which decreases out-of-pocket expenditures; (ii) increased STI treatment and ARV administration will lead to decreased number of people missing work; and (iii) increased HIV/AIDS and STI awareness will lead to better preventive measure, increased tolerance for PLWHA, and lead to lessened discrimination against PLWHA at the work place, and in the household.

### C. Participation Process

**Is there a stakeholder analysis?**  Yes  No

The Project design took into account the inputs of key stakeholders in the development of the Pacific Regional HIV/AIDS Strategy (PRS) 2004-2008 as well as the consultative process used to develop the PRS Implementation Plan. Design also took advantage of the consultative processes and mechanisms used to develop the Global Fund to Fight AIDS, Malaria and Tuberculosis (GFATM) Round 5 submission in June 2005. ADB is a member of the GFATM Country Consultative Mechanism which monitors the two GFATM projects. Primary institutional stakeholders include the Ministries of Health, Women's Affairs and Youth, and civil society and non-governmental organizations. These organizations have existing links with representatives from vulnerable and higher risk groups and in turn, represent their interests through the regional Global Fund Round 2 activities and mechanisms.

**Is there a participation strategy?**  Yes  No

The Project design took into account the existing participation mechanism for development of the Pacific Regional HIV/AIDS Strategy (PRS) 2004-2008. The involvement of stakeholders will continue during project implementation. The HIV/AIDS Strategy is the result of extensive consultation among national health representatives, regional organizations, and bilateral and multilateral donors. The Project will build on these existing mechanisms and ensure that a participation strategy is integrated into the overall project implementation. The targeting of vulnerable people in the project will require extensive consultation, focus group discussions, surveys, etc. to design activities that are most apt for the target group. These activities are incorporated into the project.

### D. Gender Development

#### **Strategy to maximize impacts on women:**

The Pacific Regional Strategy recognizes that HIV/AIDS is a gender issue and that the age when women are being infected is decreasing. The PRS addresses gender by encouraging the equitable attention to, and participation of, women in regional HIV/AIDS activities. It is estimated that under current major HIV/AIDS projects about 50% and 65% of target beneficiaries are women. The ADB Project falls under the overarching goal of the PRS and will complement or expand on current activities that are undertaken. The Project will address gender in every component.

Women are identified in the sector analysis as being particularly vulnerable to HIV/AIDS for various reasons, notably their socio-economic status and lack of power in national and community decision-making processes. Today, a large number of women in the Pacific are in single partner relationships and/or are housewives that are accounting for an increase in HIV/AIDS infections because of their partners often having multiple sex partners when away from home. For example, wives of seafarers and other mobile workers are highly vulnerable to getting infected with the HIV virus by their husbands. Thus, HIV/AIDS awareness workshops for seafarers and other mobile population will be coupled with workshops to the seafarers' wives. These workshops will ensure that the maximum number of women can participate through rapid needs assessment that will be conducted before.

**Has an output been prepared?**  Yes  No

**E. Social Safeguards and other Social Risks**

| Item                                      | Significant/<br>Not Significant/<br>None   | Strategy to Address Issues   | Plan Required   |
|---|--|--|---|
| <b>Resettlement</b>                       | <input type="checkbox"/> Significant<br><input type="checkbox"/> Not significant<br><input checked="" type="checkbox"/> None | No resettlement will be required   | <input type="checkbox"/> Full<br><input type="checkbox"/> Short<br><input checked="" type="checkbox"/> None |
| <b>Affordability</b>                      | <input type="checkbox"/> Significant<br><input type="checkbox"/> Not significant<br><input checked="" type="checkbox"/> None | Issues pertaining to affordability will not arise in the Project. The Project will improve quality and provide drugs and health services, thereby reducing health related expenditures. Drugs and health services provided are free to the target group. | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                      |
| <b>Labor</b>                              | <input type="checkbox"/> Significant<br><input type="checkbox"/> Not significant<br><input checked="" type="checkbox"/> None | Labor will not be an issue. The Project is expected to slightly increase the number of health workers and train existing health workers in project related activities.   | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                      |
| <b>Indigenous Peoples</b>                 | <input type="checkbox"/> Significant<br><input type="checkbox"/> Not significant<br><input checked="" type="checkbox"/> None | There are no impacts on indigenous peoples.  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                      |
| <b>Other Risks and/or Vulnerabilities</b> | <input type="checkbox"/> Significant<br><input type="checkbox"/> Not significant<br><input checked="" type="checkbox"/> None | There are no other impacts that would trigger safeguard policies.  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                      |