WORLD BANK BE FAIR

MICs NEED THEIR SHARE

RAISETHEMIC.ORG

AHF

World Bank, $2.86 per day is not a Middle Income wage!

"Raise the MIC" International coalition of NGOs

EXECUTIVE SUMMARY

In August 2015, AIDS Healthcare Foundation (AHF) launched the "Raise the MIC" Coalition, which now includes 530 Non-Governmental Organizations from 45 countries.

In an effort to address the disadvantaged status of Middle Income Countries (MICs) as it pertains to global development and public health, the coalition urges the World Bank to make a public statement clarifying that the World Bank country classifications should not be used by development agencies to set foreign aid levels and pharmaceutical companies to establish pricing levels on essential medicines in MICs.

The following document lays out the rationale for this urgently needed announcement and the advocacy steps undertaken by the coalition to precipitate its implementation by the World Bank.

In 1989, the World Bank formulated the underlying methodology for classifying countries into the Low, Middle and High Income groups based on their GNI per capita. The World Bank created this system for analytical purposes, so that data users could more easily aggregate, analyze and compare statistical data.[1]

The World Bank chose the GNI per capita as the criterion for country classification because it was already using it for determining its operational lending levels. The World Bank has acknowledged the limitations inherent in using GNI per capita for comparing different economies.

The GNI does not reflect income inequalities in an economy. In addition, the World Bank uses the Atlas method to estimate the GNI, which relies on the official currency exchange rates and does not account for differences in domestic price levels.[2] Thus, while GNI per capita may have certain analytical usefulness, it is far from an ideal economic benchmark for making real-life policy decisions that affect millions of people.
Nearly 30 years have passed since the classification system was first proposed. With the end of the Cold War and the spread of globalization, the economic realities of the world have seen a dramatic transformation in global development and capital flows. The passing of time has amplified the inflexibility of GNI to adequately represent the economic condition of populations, particularly in Low Income Countries (LIC) and Middle Income Countries (MIC) as defined by the World Bank.

The negative effects of the classification system stem from the fact that it is being used by entities outside of the World Bank in ways that go beyond its intended analytical purposes. The Global Fund to Fight AIDS, Tuberculosis and Malaria, for example, uses the World Bank country groups to set progressively lower funding levels for Middle and Low Income Countries. At the same time, certain pharmaceutical companies base their tiered pricing policy for medicines and the terms of voluntary licensing agreements on the country groups established by the World Bank.

As a result of this policy-setting approach, the analytical limitations of GNI as a comparative metric have been translated into tangible negative effects on global public health for millions of people.

Approximately 75% of the world's poor and two-thirds of all people living with HIV/AIDS now reside in MICs. Yet, despite a significant burden of poverty and disease these countries face reductions in foreign assistance and increases in the cost of essential medicines. This is in part due to the misleading labeling of the country groups.

The entities, which use the country groups for policy-setting purposes, interpret the arbitrary line dividing the countries into Low and Middle Income categories as a measure of economic strength and development. In simplest terms, the prevailing logic is that MICs are not poor and thus can afford to pay higher prices on medicines and fill the remaining gaps left by declining foreign assistance with domestic funds.

[1] https://datahelpdesk.worldbank.org/knowledgebase/articles/378834-how-does-the-world-bank-classify-countries
[2] https://datahelpdesk.worldbank.org/knowledgebase/articles/378831-why-use-gni-per-capita-to-classify-economies-into

In essence, this misguided simplification has reduced the complex problems of development and the true extent of poverty as experienced by millions of people—regardless of how their country has been labeled—down to a single statistical measurement, GNI per capita.

Therefore, to prevent long-term consequences resulting from this flawed approach to policy-setting by the external development agencies and the pharmaceutical industry, the World Bank should make a public statement declaring in unequivocal terms that the country groups based on GNI per capita, a metric with significant limitations, were never intended to serve as the basis for funding and pricing decisions, but merely as an approximation for analytical purposes.

"Raise the MIC" – Global NGO Coalition on the World Bank MIC Classification

December 11, 2015

ORIGINS OF THE MIC PROBLEM AND THE GLOBAL GRASSROOTS MOVEMENT TO CORRECT IT

I. GNI as a factor in the Global Fund Funding Methodology

In August 2015, AIDS Healthcare Foundation formed an advocacy coalition of NGOs concerned about the impact of the World Bank classification on the MICs. Since then, the coalition has grown to include 530 NGOs from 45 countries.

In a response to the coalition's initial letter requesting a meeting with the President of the World Bank Dr. Jim Kim, Mr. Kaushik Basu, Chief Economist and Sr. Vice President for Development Economics at the World Bank, responded by acknowledging that the classification of economies is being used for unintended purposes (correspondence in Appendix 1). In part, Mr. Basu writes:

> "Our classification of economies is intended only for analytical purposes such as comparison and aggregation, but as you highlight, it is clear that its usage has extended beyond that. It is worth noting though that the analytical classification of a country as 'middle income' is not used for the purposes of eligibility to World Bank Group resources."

Mr. Basu's response underscores the need for the World Bank to make its position on the country groups widely known. The World Bank works closely with the Global Fund, handling financial transactions on its behalf and a representative of the Bank sits on the Global Fund board. In light of the close cooperation between the World Bank and the Global Fund, it is essential that these two organizations are on the same page with respect to the limitations and functions of the GNI per capita.

Currently, a key component of the formula created by the Global Fund to apportion funding among the recipient countries under the New Funding Model uses World Bank's GNI per capita as the default source of income level data.[3] This fact has particularly serious implications for the AIDS response in the Eastern Europe and Central Asia (EECA) region. Many of the EECA countries are classified as MICs. They face the prospect of having to fight the AIDS and TB epidemic, which is growing at a faster rate than in any other region of the world with fewer funds.

In the 2013 analysis of the Global Fund's NFM, the Eurasian Harm Reduction Network points out that indicators based on per capita income do not fully reflect the need in EECA countries. Fifteen out of 27 countries with high rates of multidrug resistant TB are located in the EECA region, however the majority of the region's countries eligible for Global Fund funding are classified as MICs, and as a result will receive far fewer resources.[4]

The Eurasian Harm Reduction Network report further notes that, "With its high rates of MDR-TB, increasing HIV prevalence and deplorable human rights environment, EECA needs a significantly greater share to ensure that even the basic needs for people living with/affected by HIV and TB are addressed."

"Raise the MIC" advocates from the Balkan countries.

Despite the clear need for additional resources, according to the Global Fund Investment Guidance for Eastern Europe and Central Asia, the region's Lower and Upper MICs are responsible

[3] http://www.theglobalfund.org/documents/fundingmodel/FundingModel_OverviewAllocation_Methodology_en/
[4] http://www.icaso.org/media/files/23800-HRMEN3.pdf
[5] http://www.theglobalfund.org/documents/publications/other/Publication_GlobalFundInvestmentEECA_Guidance_en/

providing 60%-100% of funding for patients who area already on treatment from domestic sources.[5] Given the scale of the epidemic in the region and the complex geopolitical situation precipitated by armed conflicts and migration, the Global Fund's approach to funding in MICs could prove devastating.

This problem has been repeatedly brought to the Global Fund's attention without any action on its part. In November 2015, AHF and a coalition of advocates from the Balkan countries organized a grassroots action during the Global Fund Board meeting in Geneva, Switzerland. During a coffee break, advocates distributed informational materials urging the Global Fund not to use GNI per capita as a criterion for funding decisions, along with campaign-branded coffee cups, which represents the price of coffee in the developed world and the lower limit of the GNI per capita that divides LICs and MICs. The coalition also submitted a formal petition letter to the entire board (Appendix 2).

David Williams, the World Bank representative to the Global Fund Board with the "Raise the MIC" coffee cup.

Other groups have also raised this issue with the Global Fund. In September 2015, nearly 80 NGOs from Latin America, The Caribbean, Eastern Europe and Central Asia attending the Global Fund Partnership Forum submitted a similar letter to the Global Fund. It presented a list of three actionable requests to the Global Fund Board, which included the following:

I. Stop using the GNI per capita indicator to define country bands and as part of the allocation formula; Stop using it as the measure of the countries' readiness to transition out of the Global Fund.

II. Delay the approval of the allocation formula for the new GF Strategy until the Equitable Access Initiative has concluded and the relevant results can be incorporated into the new allocation formula.

III. The new allocation formula should include the disease burden criterion, along with other health indicators such as incidence rates, health gaps and treatment gaps, as well as barriers to access of these services.

Separately, in November 2015 about 20 executive directors and leaders, mostly from MIC-based NGOs, sent a letter to the Global Fund voicing their concern about the impact of the income level dependent allocation methodology on the MICs.[6]

Participants of the Global Fund Partnership Forum from Latin America, Caribbean and Eastern Europe countries meet and delivered a petition letter to the WB Officer in Buenos Aires, Argentina.

Despite extensive, concerted advocacy efforts, to the dismay of many advocates the Global Fund Technical Evaluation Reference Group (TERG) recently concluded that in combination with the disease burden, GNI per capita has allowed the Global Fund to better target the investments for greatest impact.[7]

[6] http://www.tbcoalition.eu/wp-content/uploads/2015/11/Open-Letter-Civil-Society-GF-Board-November-2015.pdf
[7] http://www.aidspan.org/gfo_article/terg-applauds-principles-and-directions-current-strategy-identifies-several-areas
[8] https://www.msfaccess.org/sites/default/files/MSF_UTW_17th_Edition_4_b.pdf

II. The role of the World Bank Country Groups in Drug Pricing

The misapplication of the World Bank country groups beyond their intended analytical purposes also has a significant real-life impact on another critical aspect of the global AIDS response – drug pricing.

According to the annual report compiled by the Doctors Without Borders (MSF), "Untangling The Web of Antiretroviral Price Reductions," MICs are at a particular disadvantage when it comes to paying for antiretroviral medicines.[8]

> "Typically unable to access the lowest prices, despite 75% of the world's poor living in these countries, some middle-income countries are excluded from voluntary licensing agreements pharmaceutical companies negotiate with the Medicines Patent Pool or bilaterally with generic manufacturers."

In addition to being excluded from the voluntary licensing agreements, MICs are subjected to tiered pricing, a practice used by many pharmaceutical companies to segment the market and impose varying pricing based on the countries' economic status.[8]

The MSF report goes on to say that, "While tiered pricing has long been practiced by the pharmaceutical industry, there is considerable concern that potential implementation of this strategy by some of the world's biggest procurers of medicines would entrench the practice and permanently leave MICs at a disadvantage."

In summary, the MICs face a perfect storm of price gouging on essential medicines by being excluded in many instances from the Patent Pool, being subjected to tiered pricing and having to comply with the World Trade Organization Intellectual Property policies which bar MICs from accessing generic versions of patented medicines.

For example, a commonly prescribed first-line regimen for the treatment of HIV consisting of Efavirenz, Emtricitabine and Tenofovir (TDF/FTC/EFV) costs about $2,391 per patient per year (ppy) in Mexico, while the lowest generic price for the formulation accessible in the LICs is about $143 ppy.[8]

From the public health perspective these examples illustrate the severity of real-life consequences that countries face when they cross the MIC threshold, and specifically in the context of the AIDS epidemic, which affects this group of countries more than any other. It is clear that the country groups have been coopted by other entities to uses that the World Bank never intended, however the MIC definition itself is problematic and should be changed.

Artwork from the transit shelter ads in Washington, D.C.

III. $2.86 per day is not Middle Income

According to the World Bank, the GNI per capita of $1045, or roughly $2.86 per day is the dividing line that separates LICs from MICs. There is an inherent disconnect between the implied meaning of the MIC label as "not poor" and the purchasing

power of the people in them.

The middle-income bracket encompasses countries with the Gross National Income per capita of $1,045 to $12,736, which is approximately equivalent to a daily income of $2.86 to $34.89. This puts China and Kenya in the same income group. How could a person be considered to be living above the subsistence level when the lower end of the MIC bracket is only $1.61 higher than the International Poverty Line of $1.25 per day?

This flaw in the MIC definition was the impetus for the formation of the Raise the MIC grassroots coalition, which has grown to include 530 NGOs from 45 countries. The coalition first appealed to the World Bank and its President Jim Kim in August 2015, requesting an in-person meeting with Dr. Kim and urging him to raise this threshold and bring it in line with a level of income truly reflective of a Middle Income lifestyle. (List of NGOs and correspondence in Appendix 3.)

Since then, the formal appeal to the World Bank has been followed up by a large-scale grassroots mobilization of advocates around the world, coupled with an extensive media campaign. To date, AHF has sponsored 4 runs of ad placements in the transit shelters throughout Washington, DC to educate the public and call attention to the country classification issue (Appendix 4). In conjunction with the ads, a street team has been engaged in the distribution of campaign flyers around the World Bank headquarters.

A number of demonstrations and protests have been held near the World Bank offices around the world. In September, AHF and the International Association of Physicians in AIDS Care convened a press conference in Washington, DC to brief the press on the MIC issue and publically request a meeting with Dr. Jim Kim. The same day over 100 advocates staged the inaugural "Raise the MIC" protest at the World Bank headquarters.

"Raise the MIC" demostration outside the World Bank Headquarters in Washington, D.C. on September 21.

On October 7, coalition advocates staged two protests in Lima, Peru during the Annual Meeting of the Board of Governors of the World Bank Group. At the meeting, advocates approached Dr. Jim Kim personally, raising the MIC issue and asking for a meeting. Though Dr. Kim had given a verbal agreement to the meeting, it hasn't occurred yet despite repeated follow-up by the coalition members.

Dr. Jose Luis Sebastian Mesones, AHF Peru Country Program Manager speaks with Dr. Jim Kim at the World Bank Board of Governors Annual Meeting in Lima, Peru on October 7.

Since then, the coalition has continued a sustained campaign of grassroots actions in: Phnom Penh, Cambodia on November 4; Beijing, China on November 5; Kathmandu, Nepal on November 6; Geneva, Switzerland on November 16; Bangkok, Thailand on November 17; Kiev, Ukraine on November 24; Mexico City, Mexico on December 8, Nairobi, Kenya on December 17 and New Delhi, India on December 22. In some instances advocates also organized press conferences and delivered

petition letters to the local World Bank offices. (A more detailed overview is included in Appendix 5.)

This appeal is resonating not only among the NGOs that are working on HIV/AIDS, but other diseases such as cancer and diabetes, as well as

with organizations engaged in other social causes like hunger reduction, community empowerment and education. This shows that the MIC issue is a crosscutting one and affects many aspects of development beyond health care.

Perhaps one of the most impactful ways to show just how inadequate $2.86 per day is as the lower limit of the MIC threshold, is to compare it to the cost of a meal in the countries classified by the World Bank as MICs.

AHF compiled data for food prices in a selection of MICs where it operates, from Numbeo.com. Numbeo.com is a crowd-sourced data aggregator, which tracks food prices across the world. The graph below shows estimated expenditure on food per day totaling 2,400 calories, based on the selection of regionally relevant and commonly consumed proteins and carbohydrates.

According to this data, $2.86 per day is not enough to purchase sufficient nutrition for MIC residents, let alone secure shelter, clothing and retain at least some disposable income to purchase non-essential goods and services—a true measure of distinction between subsistence and a middle class lifestyle. This graphic has been incorporated into a transit ad in Washington, DC and a flyer being distributed by the street team (Appendix 6).

Anecdotal evidence suggests that the public is responding well to this message, which clearly illustrates the deficiencies of the MIC designation. AHF has also interviewed a number of people on the streets of Los Angeles on what they thought about the $2.86 per day figure. The overwhelming response has been that it's not consistent with what an average person would consider an MIC income. The video is available here: https://youtu.be/8XcrT9s9VjE.

IMMEDIATE ACTION IS NEEDED BY THE WORLD BANK

In communications with the "Raise the MIC" coalition, the World Bank has acknowledged the limitation of the GNI per capita based measure and has indicated that it is taking steps to review the analytical classification framework. It is also a co-convener of the Equitable Health Initiative, which aims to propose options for health classifications that are more flexible than those currently in place.

We commend the World Bank for these admirable efforts and look forward to their eventual outcome. However, while a workable solution might necessitate lengthy evaluation, review and approval by various World Bank stakeholders before it is adopted, the current situation is having an immediate detrimental impact on millions of poor people in the MICs; it demands urgent action.

With respect to global public health and the war on AIDS, this problem manifests itself in reduced availability of funding from the Global Fund and a significantly higher cost of anti-retroviral therapy across the world. This is, without exaggeration, a matter of life and death.

The World Bank has the power to take immediate steps to address the problems arising from the misuse of the GNI per capita criterion, and the resulting classification of countries while a better classification system is being developed. The World Bank should make a public statement which clarifies that the classification system was created for analytical purposes, has significant limitations and as such should not be used as a basis for apportioning Global Fund grants or other foreign assistance, or setting prices on essential medicines, such as antiretroviral therapy.

As evident from this report, the MIC issue has galvanized a tremendous outpouring of support from civil society around the world in the form of the "Raise the MIC" coalition. Hundreds of NGOs have committed themselves to advocating on behalf of millions of people living in the MICs. They will not cease to protest and raise their voice in every corner of the world until the World Bank takes action and the MICs are no longer unfairly disadvantaged on the basis of GNI per capita.

Correspondence is response to this document may be sent to:

NGO Coalition on the World Bank MIC Classification
6660 Santa Monica Blvd. 2nd Floor
Los Angeles, CA 90038
United States of America
denys.nazarov@aidshealth.org
www.RaisetheMIC.org

GLOBAL MOVEMENT

GLOBAL MOVEMENT

Advocates across the world are taking to the streets with a message for the World Bank and its President Dr. Jim Kim, "World Bank, raise the MIC! We are many and we will not rest until this global inequity is corrected."

WASHINGTON, UNITED STATES
Sept. 21, 2015
Protest at the World Bank headquarters

LIMA, PERU
Oct. 7, 2015
Demonstration at the World Bank
Meeting of the Board of Governors

BEIJING, CHINA
Nov. 5, 2015
"Raise the MIC" press conference

PHNOM PENH, CAMBODIA
Nov. 5, 2015
Press conference and petition signing

KATHMANDU, NEPAL
Nov. 6, 2015
Demonstration outside the World Bank office

GENEVA, SWITZERLAND
Nov. 16, 2015
Advocates attended the Global Fund Board meeting and distributed marketing materials

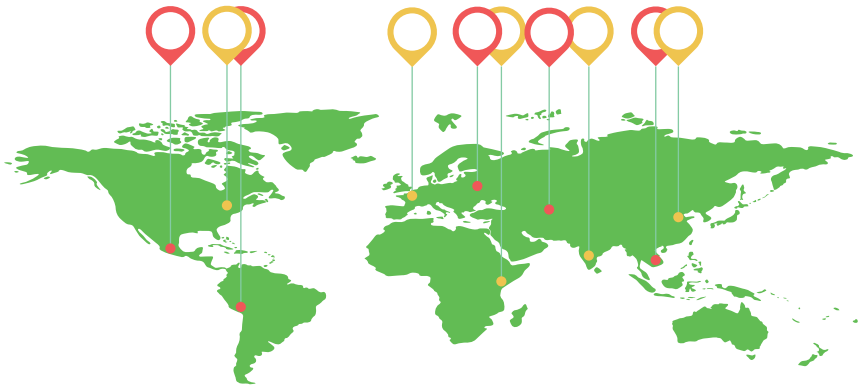
BANGKOK, THAILAND
Nov. 17, 2015
Protest outside the World Bank country office

KIEV, UKRAINE
Nov. 24, 2015
A demonstration near the World Bank country office

MEXICO CITY, MEXICO
Dec. 8, 2015
A demonstration outside the World Bank country office

NAIROBI, KENYA
Dec. 17, 2015
11 Organizations met with the World Bank officials

NEW DELHI, INDIA
Dec. 22, 2015
111 Advocates from nine organization participated in the protest

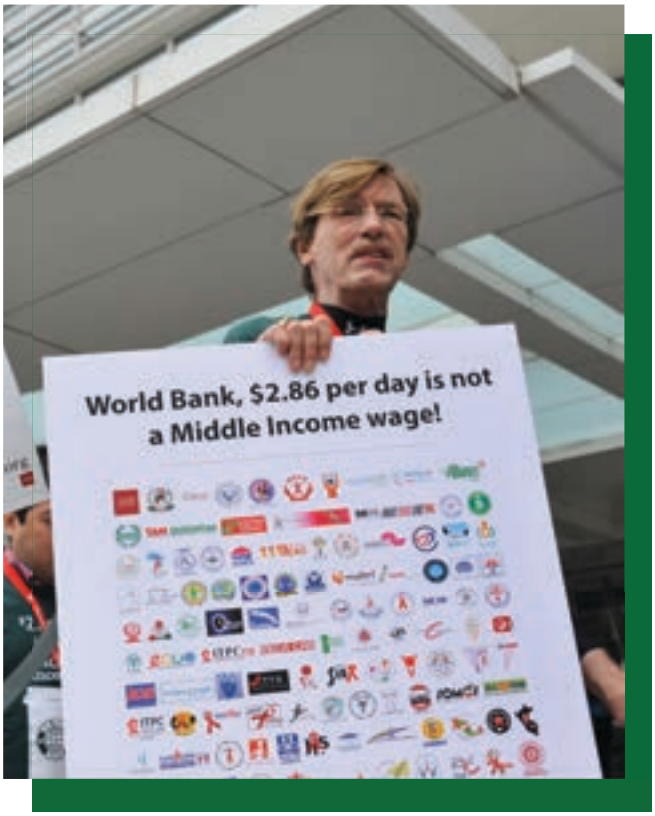


GLOBAL MOVEMENT

WASHINGTON, UNITED STATES

Sept. 21, 2015

Protest at the World Bank headquarters



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GLOBAL MOVEMENT

PHNOM PENH, CAMBODIA

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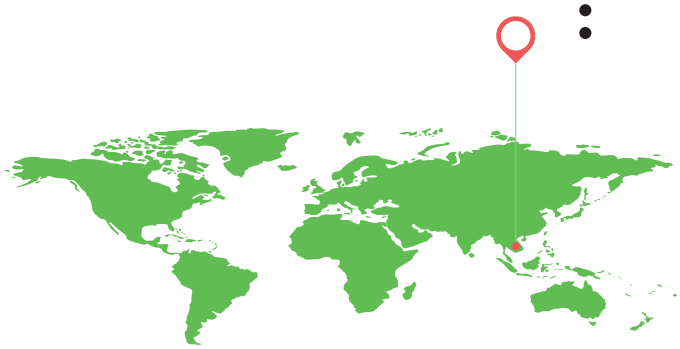
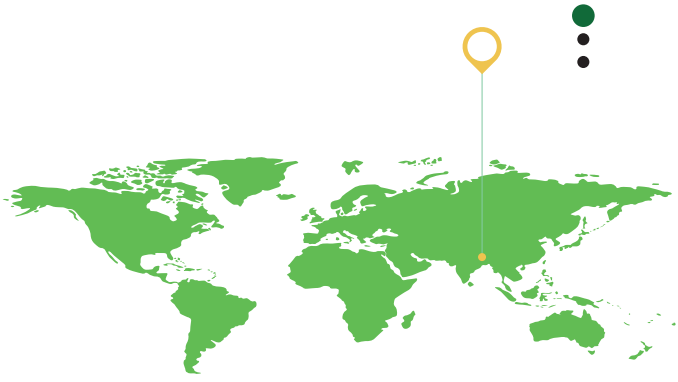
Press conference and petition signing



GLOBAL MOVEMENT

KATHMANDU, NEPAL

Nov. 6, 2015
Demonstration outside the
World Bank office



GLOBAL MOVEMENT

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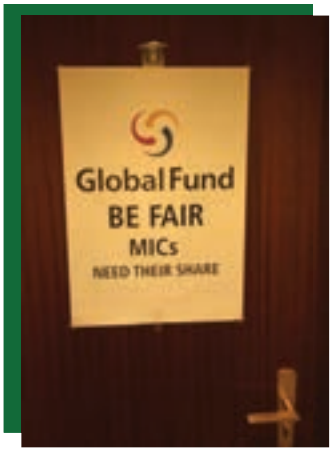
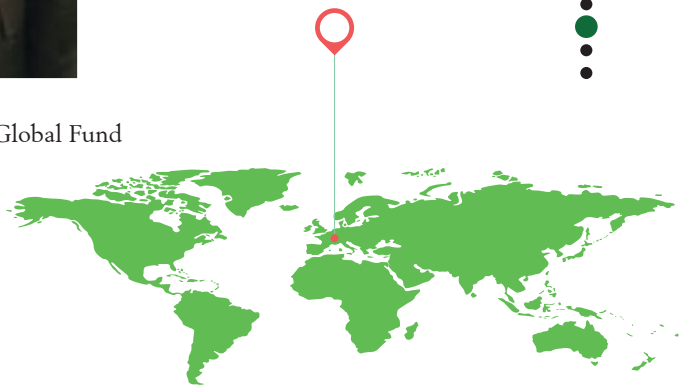
David Williams
World Bank representative

Dr. Mark Dybul
Executive Director of the Global Fund





GLOBAL MOVEMENT

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Protest outside the World Bank country office

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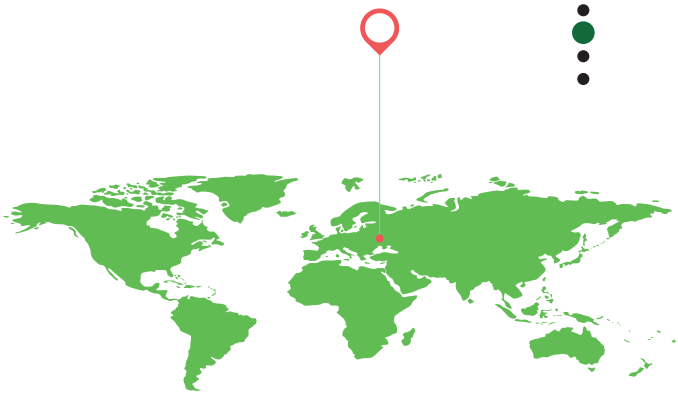
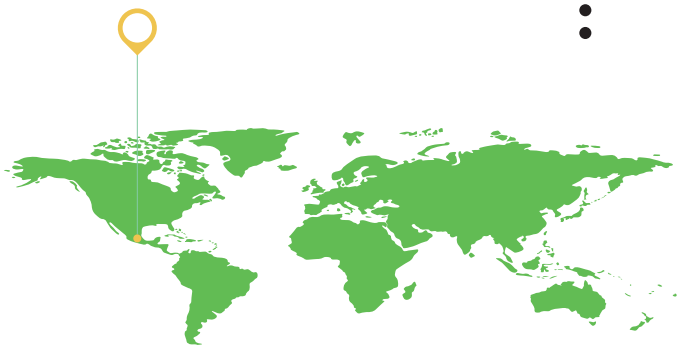
A demonstration near the World Bank country office



MEXICO CITY, MEXICO

Dec. 8, 2015
A demonstration outside the
World Bank country office



GLOBAL MOVEMENT

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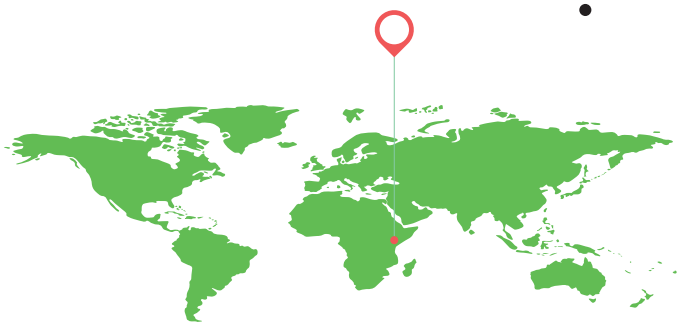

GLOBAL MOVEMENT

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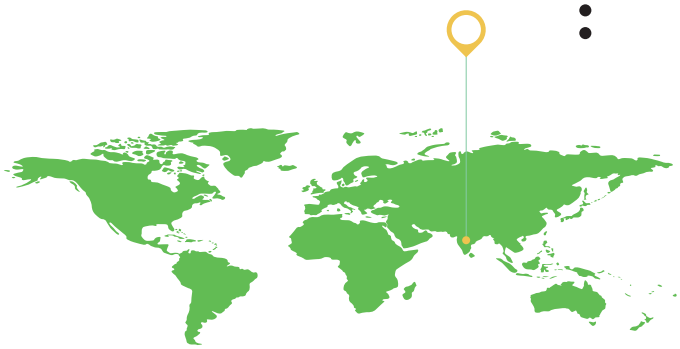


MARKETING MATERIALS

WORLD BANK

Jim Kim:
Do the right thing

WORLD BANK

Jim Kim:
¡Haz lo correcto!

$2.86 per DAY is NOT middle income.

AHF

$2.86 USD al DÍA

is NO es

ingreso medio.

AHF

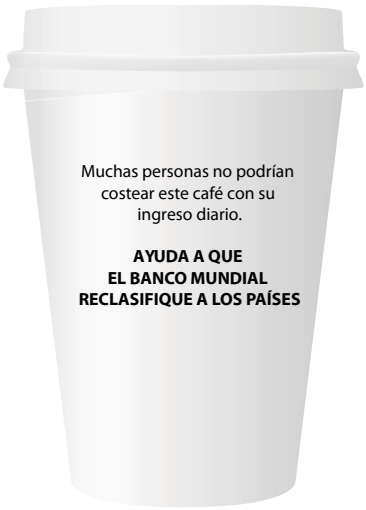
Global Fund

BE FAIR

MICs

NEED THEIR SHARE


THE WORLD BANK
RaiseTheMIC.org


Muchas personas no podrían costear este café con su ingreso diario.
AYUDA A QUE EL BANCO MUNDIAL RECLASIFIQUE A LOS PAÍSES


Many can't buy this coffee with their daily income.
CHANGE THE WORLD BANK CLASSIFICATION


$2.86/day is NOT middle income.
THE WORLD BANK
$2.86


RaiseTheMIC.org
AHF


$2.86 USD/ DÍA NO es ingreso medio.
THE WORLD BANK
$2.86


ALZA LA VOZ & PROTESTA
AHF
RaiseTheMIC.org

RAISE THE MIC & PROTEST

$2.86 per DAY is NOT middle income.

Call on the World Bank to be fair and change how it classifies countries by income level.

A country where its citizens earn an average of the price of a cup of coffee per day is NOT middle income.

Monday, September 21 @12PM - 1PM
Edward R. Murrow Park
19th St. NW & H St. NW, Washington, DC

SIGN the PETITION

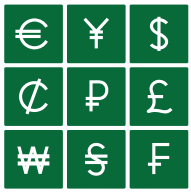
RAISETHEMIC.ORG

AHF

Countries where people earn as little as $2.86 per day—**about as much as the price of a cup of coffee in many countries**—are designated by the World Bank as Middle-Income Countries (MICs). By comparison, a High-Income Country such as the US, has an average daily income of $148.48 per capita.

75% of the world's poor now reside in these countries.
The majority of people living with HIV/AIDS now reside in the MICs.

The World Bank designation of MICs understates the true extent of poverty in these countries.



The International Poverty Line is $1.25 per day, while countries with per capita income of as little as $2.86 per day are considered Middle Income – this is unconscionable.

MICs suffer because they receive less foreign aid and pay higher prices for essential medicines and medical commodities. The Global Fund to Fight AIDS, TB and Malaria gives the MICs less money, even though they have a high burden of the three diseases.

In Swaziland, for example, nearly 1 in 3 adults is HIV-positive. Despite this, United Nations Population Fund (UNFPA) said it will stop providing condoms to Swaziland because it is an MIC, and is thus not a poor country.

MICs such as Mexico, Vietnam, and Ukraine have to pay as much as 10 times more for commonly prescribed HIV drugs, compared to the Low-Income Countries.

TAKE ACTION

RAISETHEMIC.ORG

The World Bank needs to change how it groups countries by income level.

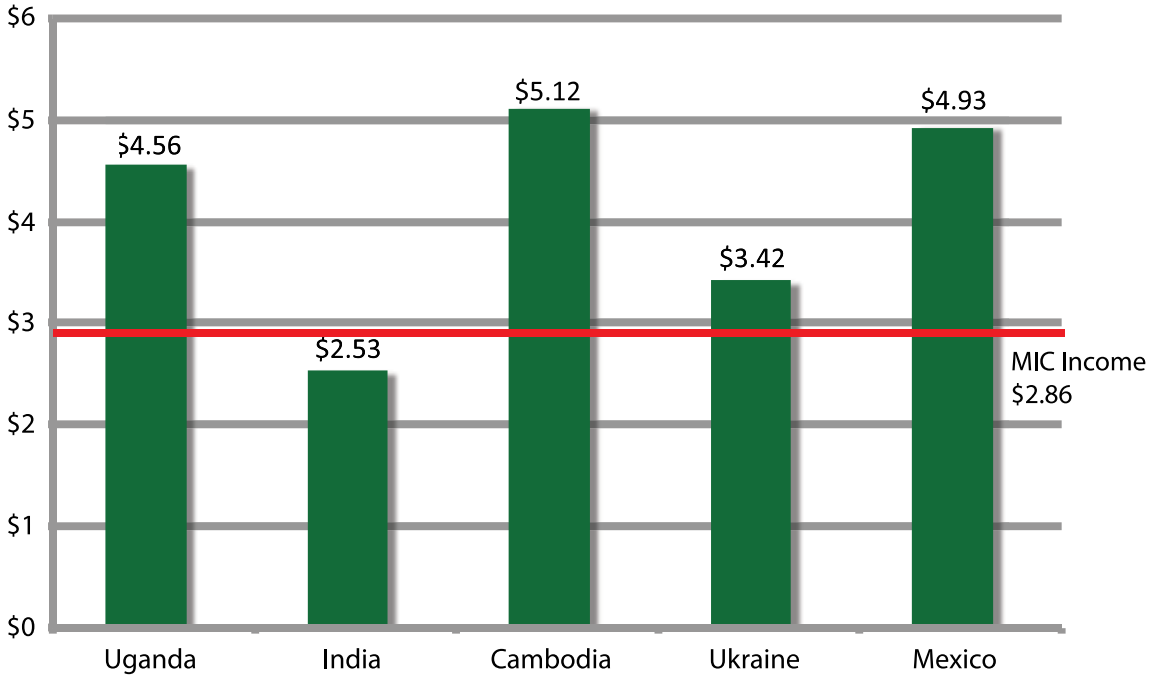
Country designations need to account for on-the-ground realties, such as disease burden, unequal pay, and the quality of life.

The lower limit of the MIC bracket should be raised to between $10-$15 per day.

RAISE THE MIC

DAILY COST OF FOOD

Could You Survive on MIC Income?



- A person needs about 2,400 calories of food per day to stay healthy.
- $2.86 per day, a threshold by which the World Bank defines Middle Income Countries (MIC), is not sufficient to buy enough food in many countries.
- In a Middle Income Country, the majority of citizens should have enough money to fulfill all basic life necessities and have some disposable income.
- With the current definition of MIC, that is not possible.

Data compiled from: Numbeo.com
Estimated cost for 2400 calories per day

TAKE ACTION

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AHF

GLOBAL MOVEMENT

Advocates across the world are taking to the streets with a message for the World Bank and its President Dr. Jim Kim, "World Bank, raise the MIC! We are many and we will not rest until this global inequity is corrected."

Washington, United States – Sept. 21, 2015
Protest at the World Bank headquarters

Lima, Peru – Oct. 7, 2015
Demonstration at the World Bank Meeting of the Board of Governors

Beijing, China – Nov. 5, 2015
"Raise the MIC" press conference

Geneva, Switzerland – Nov. 16, 2015
David Williams, World Bank representative at the Global Fund Board meeting

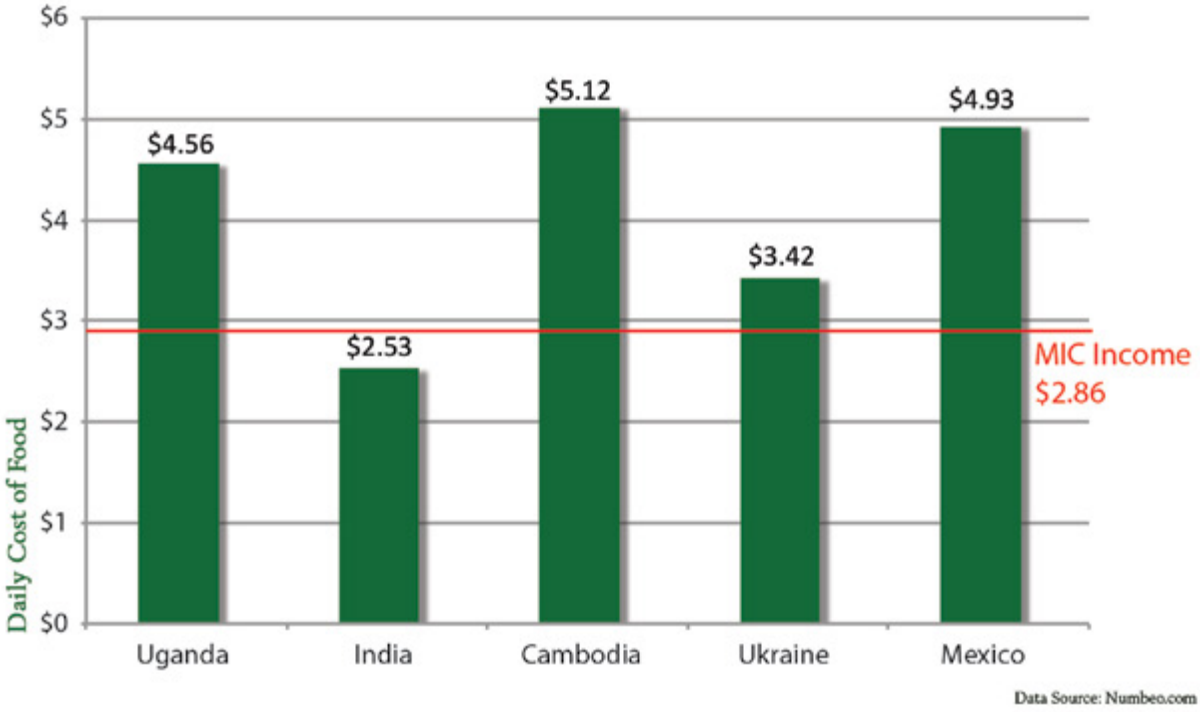
Bangkok, Thailand – Nov. 17, 2015
Protest outside the World Bank country office

Kiev, Ukraine – Nov. 24, 2015
A demonstration near the World Bank country office

"Raise the MIC" campaign has mobilized a global grassroots movement. Over 530 NGOs in 45 countries have formed a coalition, urging the World Bank to change how it classifies countries into income categories.

Transit Shelter Ads in Washington, D.C.

Could You Survive on $2.86/Day?



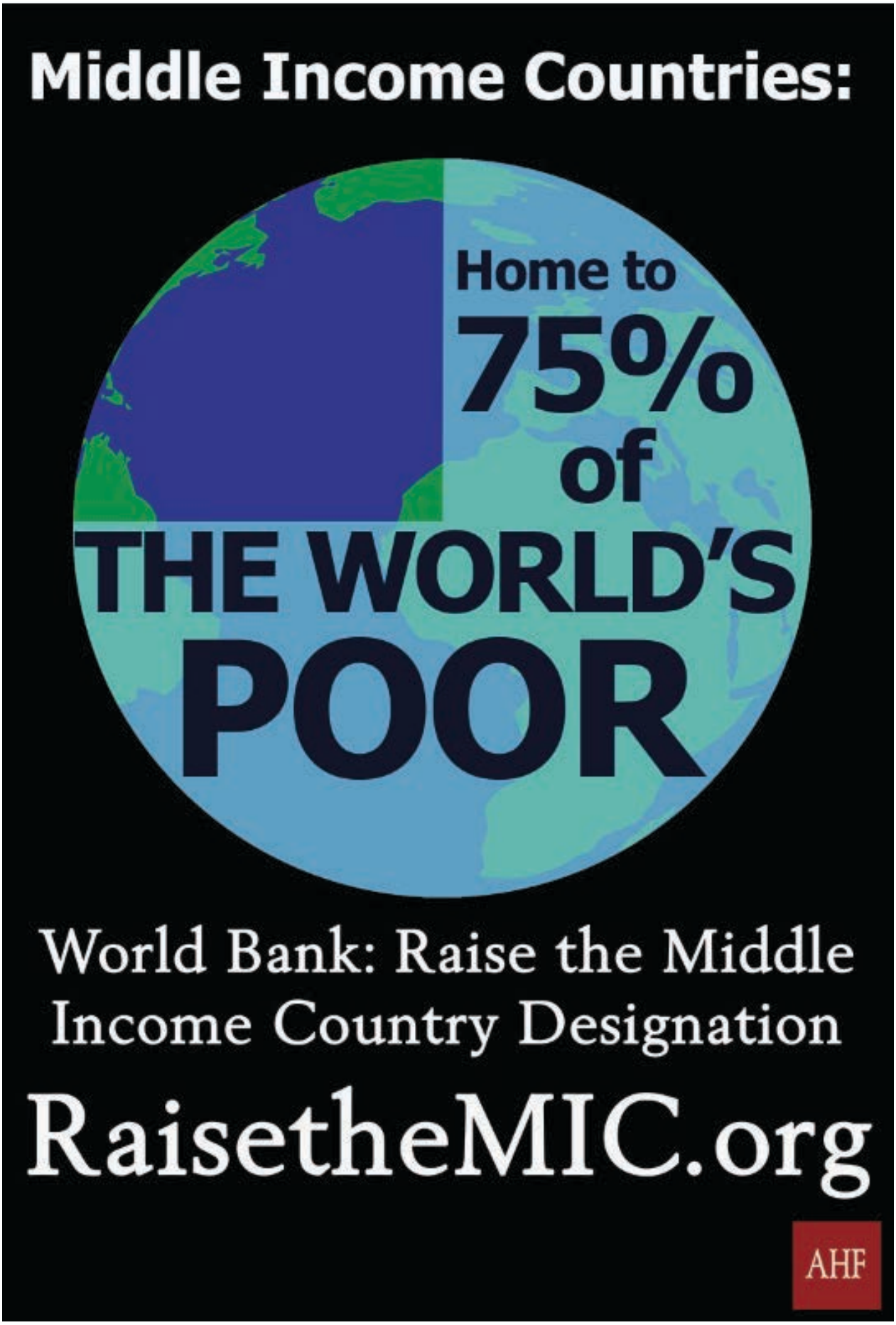
World Bank: Raise the Middle Income Country Designation

RaisetheMIC.org

AHF

Transit Shelter Ads in Washington, D.C.

Transit Shelter Ads in Washington, D.C.



Transit Shelter Ads in Washington, D.C.

Appendix 1

THE WORLD BANK
IBRD • IDA | WORLD BANK GROUP

KAUSHIK BASU
Chief Economist and Senior Vice President

Phone: (202) 458-1076
email: kbasu@worldbank.org

September 4, 2015

NGO Coalition on the World Bank MIC Classification
6660 Santa Monica Blvd. 2nd Floor
Los Angeles, CA 90038
USA

Dear NGO Coalition on the World Bank MIC Classification:

Subject: The Impact of the World Bank Reclassification on the Middle Income Countries

Thank you for your letter dated August 13, 2015 to Dr. Jim Yong Kim, President of the World Bank Group, on the classification of middle income countries. We welcome your feedback. We have made note of the specific information you have provided to us on the use of the World Bank's analytical classifications by pharmaceutical companies and donors.

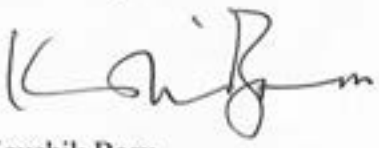
Our classification of economies is intended only for analytical purposes such as comparison and aggregation, but, as you highlight, it is clear that its usage has extended beyond that. It is worth noting though that the analytical classification of a country as "middle income" is not used for the purposes of eligibility to World Bank Group resources. For instance, the majority of countries labeled as middle income in the chart attached to your letter receive concessional financing from the World Bank Group's International Development Association (IDA). As you know, IDA is the part of the World Bank Group that helps the world's poorest countries. Established in 1960, IDA aims to reduce poverty by providing loans (called "credits") and grants for programs that boost economic growth, reduce inequalities, and improve living conditions. IDA complements the World Bank Group's original lending arm—the International Bank for Reconstruction and Development (IBRD).

A review of the analytical classification is ongoing, which should address the limitations of a GNI per capita based measure. In order for users to determine whether the classification is fit for the purpose it is used for, we have updated our description of how the classification is produced, the variables utilized, and how the cutoffs are determined. This now includes references to the key discussions which led to the determination of the current thresholds and the agreed methodology. In parallel, the World Bank Group has become a co-convener of the Equitable Access Initiative, which assesses options for a health classification that goes beyond traditional economic criteria.

The World Bank's Development Economics Data Group is best placed to organize a discussion on the analytical classifications and will be happy to follow up with you to schedule a meeting.

We share the same objective of eradicating poverty and we look forward to a fruitful discussion.

Sincerely,



Kaushik Basu
Chief Economist and Sr. Vice President
Development Economics

World Bank, $2.86 per day is not a Middle Income wage!

International appeal of NGOs calling on the World Bank to revise the Middle Income Country designation criteria

Dr. Jim Yong Kim, President
The World Bank
1818 H Street, NW
Washington, DC 20433

Re: The impact of the World Bank reclassification on the Middle Income Countries

Dear Dr. Kim,

The World Bank has reclassified 28 countries from Low- to Middle-Income Countries (MIC) since the year 2000.[1] These countries deserve praise for their economic growth, but the World Bank income classification scale sends a global message that is distorting the reality and does not accurately reflect the income level of the majority of people in these countries.

As a consequence of the MIC status, states with weak economies are now facing reductions in foreign aid, fewer concessionary development loans and higher prices for essential medicines, such as the antiretroviral therapy for HIV.

The common interpretation of the "Middle Income" classification is that people in this bracket should have sufficient income to satisfy the basic necessities of life such as adequate housing, food, clothing and access to health care. In reality, 75% of the world's poor now live in the MICs.[2] Therefore, we are convinced that the scale is broken and needs to be adjusted.

For political reasons, some governments of developing countries prefer to be placed in higher economic classifications by the World Bank, but in addition to the aspirations of the governments, the classification should take into account the often-poor living conditions that remain in place for the majority of the populations after the change in country classification.

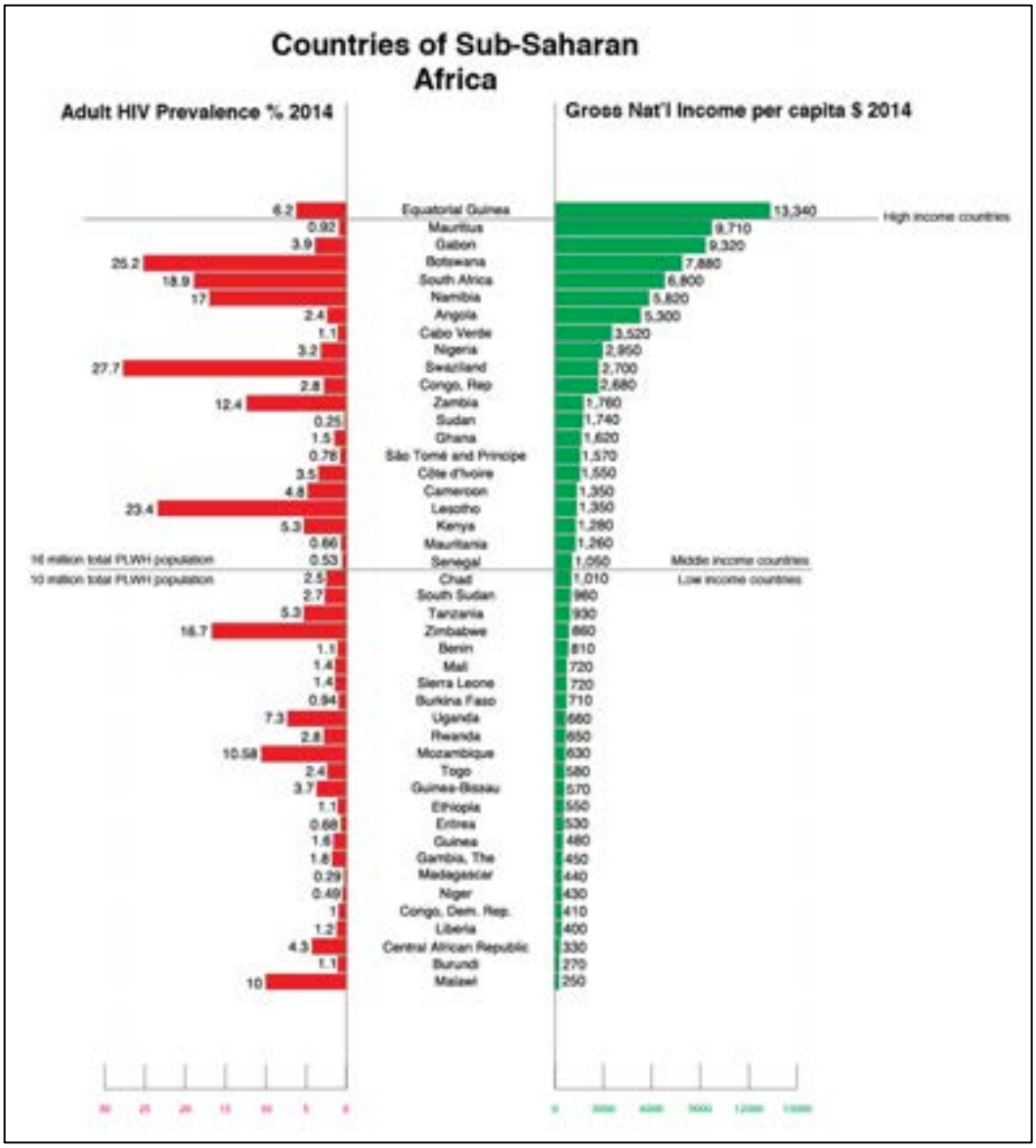
There is an inherent disconnect between the implied meaning of the MIC label as "not poor" and the purchasing power of the people in them. The middle-income bracket encompasses countries with the Gross National Income per capita of $1,045 to $12,736, which is approximately equivalent to a daily income of $2.86 to $34.89. This puts China and Kenya in the same income group. How could a person be considered to be living above the subsistence level when the lower end of the MIC bracket is only $1.61 higher than the International Poverty Line of $1.25 per day?

In a recent article, Médecins Sans Frontières aptly noted that, "The term 'middle-income' is an artificial classification that is not linked to public health realities on the ground."[3] The World Bank income classification is being applied by the pharmaceutical companies to set tiered pricing on medicines that makes them much more costly for the MICs. For example, Atripla a brand-name version of a commonly prescribed first-line HIV treatment regimen is accessible to the Low-Income Countries at the base cost of $613 per patient per year (ppy), while the same drug costs MICs at least $1033 ppy, although many countries such as Mexico, Viet Nam and Ukraine pay double of that or more.[4]

The donors are increasingly using the MIC label to justify funding cutbacks and decrease the pool of countries eligible for the development assistance. For example, the Global Fund to Fight AIDS, Tuberculosis and Malaria sets proportionately lower ceilings on funding levels for bands of countries based on their income classification. As a result, the MICs now have the largest proportion of the global HIV burden but are facing the prospect of fighting the epidemic with less money.

[1] http://www.theguardian.com/global-development/poverty-matters/2011/jul/12/world-bank-reclassifies-28-poor-countries
[2] http://www.msfaccess.org/sites/default/files/MSF_UTW_17th_Edition_4_b.pdf
[3] http://infojustice.org/archives/34723
[4] http://www.msfaccess.org/content/untangling-web-antiretroviral-price-reductions-17th-edition-%E2%80%93-july-2014

This problem is especially acute in Sub-Saharan Africa as Figure 1 demonstrates below. Of the 10 countries with the highest HIV prevalence in the world, which are all located in Sub-Saharan Africa, seven are considered MICs. The majority of Africa's people living with HIV now reside in countries that are no longer considered poor according to the World Bank scale.



Developed by AHF, source data from UNAIDS and the World Bank.

South Africa and Lesotho, for example, are considered Upper and Lower Middle-Income Countries respectively, even though South Africa's GNI per capita is five times greater than that of Lesotho. With equally enormous burdens of HIV in both countries, on average a resident of Lesotho has to survive on $3.69 per day, compared to a South African with $18.60 per day. Given the disparity between these countries, it is clear that the lower limit of the Middle-Income bracket is too low.

In the discussion on the income group classification methodology, the World Bank concedes that the Low- and Middle-Income labels "[do] not imply that economies in the same income group have reached similar stages of development or that high-income economies have reached a preferred or final stage of development."[5] It also points

[5] http://data.worldbank.org/news/2010-GNI-income-classifications

out that GNI per capita is an imperfect benchmark because it tends to ignore inequalities in income distribution, which coincidentally are greatest in Sub-Saharan Africa. However, in the context of global development, and specifically public health financing these important limitations are being overlooked to the detriment of millions of poor people, who aren't any better off financially but now find themselves living in the MICs.

We urge you as the head of the World Bank to undertake the revision of the income classification methodology so that it is more closely aligned with the economic realities of the people in the developing world. The perceived meaning of the MIC label needs to correspond to an income threshold that is sufficiently high to meet a person's basic necessities and put him or her firmly above the poverty line. Specifically, we propose to set the lower limit of the MIC category at, or above $3650 of GNI per capita – equivalent to $10 day.

The mission of the World Bank is to end extreme poverty within a generation and boost shared prosperity. This goal cannot be accomplished by renaming developing countries into MICs; the underlying problems associate with global poverty will remain in place until we face up to reality and start calling things for what they are.

We respectfully request a meeting between the representatives of the NGO coalition supporting this appeal, you and the World Bank leadership, to further discuss possible solutions to the challenges outlined in this letter regarding the country income classification scale.

Sincerely, the undersigned organizations:

	NGO Name	**Country**
	North America	
1	AIDS Healthcare Foundation - Coalition Coordinating Body	United States
2	International Association of Providers of AIDS Care (IAPAC)	United States
3	Advocates for Quality	United States
4	AID Atlanta	United States
5	AIDS Center of Queens County (ACQC)	United States
6	AIDS Outreach Center	United States
7	Amdramada	United States
8	Andromeda	United States
9	Aspirations	United States
10	BNFIT	United States
11	Brown Boi Project	United States
12	California Prostitutes Education Project	United States
13	Campos Enterprises	United States
14	Charles Butler & Trinity	United States
15	Community education group	United States
16	Cumberland County HIV Task Force	United States
17	DC CFAR CAB	United States
18	Designs By Courtney H	United States
19	Florence Crittenton Services	United States
20	Get Screened Oakland	United States
21	GIIIAssociates	United States
22	Global Justice Institute	United States
23	Heart to Hand	United States
24	HRinMotion, LLC	United States

25	LaGrand Enterprises	United States
26	LGBT Center of Raleigh	United States
27	Mabel Wadsworth Women's Health Center	United States
28	MALAC, Inc.	United States
29	Medstar family choice	United States
30	Metropolitan Community Churches	United States
31	Miami Valley Positives for Positives	United States
32	Mike McCoy Ministries	United States
33	Missouri Family Health Council, Inc.	United States
34	Nova salud inc	United States
35	One Heartland	United States
36	Places of Worship Advisory Board	United States
37	Positively U, Inc.	United States
38	Pride For Youth	United States
39	Providing Ultimate Life-sustaining Strategies through Education	United States
40	Q Spot	United States
41	QUEST	United States
42	Redeemed Christian Fellowship	United States
43	REP Music	United States
44	Robin Bell Yoga & Wellness	United States
45	South central educational development	United States
46	Spiritual Essence Yoga	United States
47	Sweet Marital Bliss Wedding Films	United States
48	Symfonikz Entertainment LLC	United States
49	TCN Behaviorial Health Services	United States
50	TERRIFIC	United States
51	The AIDS Taskforce of Greater Cleveland	United States
52	The Arkansas Aids Foundation	United States
53	The Wanda Alston Foundation	United States
54	The Women's Collective	United States
55	TLR Jewelry Salon	United States
56	Total Life Changes Health & Wellness, LLC	United States
57	Translatina Network	United States
58	Us Helping Us	United States
59	Women of W.O.R.T.H (Women's Organization for Reproductive and Total Healthcare)	United States
60	Zoha Artistry	United States

Africa

61	Dawn of Hope	Ethiopia
62	Mekdim Ethiopia National Association	Ethiopia
63	Network of Networks of HIV Positives in Ethiopia (NEP+)	Ethiopia
64	Save Your Generation Ethiopia	Ethiopia
65	Worldwide Orphans Foundation	Ethiopia
66	KELIN	Kenya
67	Kenya AIDS NGOs Consortium (KANCO)	Kenya

68	PIPE	Kenya
69	Women Fighting AIDS in Kenya	Kenya
70	World Provision Centre	Kenya
71	Citizen's Health Education and Development Initiative (CHEDI)	Nigeria
72	Community Health Focus (CHeF)	Nigeria
73	Network of People Living With HIV/AIDS in Nigeria (NEPWHAN)	Nigeria
74	OROL Youth Empowerment Initiative (OROL)	Nigeria
75	PLAN Foundation	Nigeria
76	ProjektHope Nigeria (Curator of http://www.nigeriahivinfo.com)	Nigeria
77	The Association Of Religious Leaders Living With/Personally Affected By HIV/AIDS in Nigeria (NINERELA+)	Nigeria
78	Treatment Access Mobilizers Initiative (TAM) formerly Treatment Action Movement	Nigeria
79	Women Initiative For Family Empowerment (WIFE)	Nigeria
80	ALLIANCE International HIV/AIDS/Rwanda Program	Rwanda
81	ASOR/RWANDA	Rwanda
82	ASSIST-RWANDA	Rwanda
83	Association des Eglises de Pentecote au Rwanda (ADEPR)	Rwanda
84	BCN(Better Care Network)	Rwanda
85	Brot	Rwanda
86	CCN RWANDA	Rwanda
87	CICR	Rwanda
88	CPR (Conseil Protestant du Rwanda)	Rwanda
89	CUAHA (CHURCH UNITED AGAINST HIV AND AIDS IN SOUTHERN AND EASTERN AFRICA)	Rwanda
90	Cuddalore District HIV positive society(CDS+)	Rwanda
91	ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION	Rwanda
92	fhi(Family Health International) Rwanda country office	Rwanda
93	GASABO EVANGELIQUE CHURCH	Rwanda
94	HOPE FOR LIVING	Rwanda
95	ILO	Rwanda
96	Kigali Hope Association(KHA)	Rwanda
97	MEMS (MONITORING AND EVALUATION MANAGEMENT SERVICES)	Rwanda
98	PMU InterLife/Rwanda Program	Rwanda
99	Rural Development Initiative(RDI)	Rwanda
100	Rwanda Interfaith Council on Health	Rwanda
101	RWANDA NGOs FORUM ON AIDS AND HEALTH PROMOTION	Rwanda
102	RWANDA WOMEN COMMUNITY DEVELOPMENT NETWORK	Rwanda
103	RWANERELA+(RWANDA NETWORK OF RELIGION LEADERS LIVING WITH OR PERSONALLY AFFECTED BY HIV /AIDS)	Rwanda
104	SOLUVAS RWANDA	Rwanda
105	SOLUVAS RWANDA(Solidarity in defeating and fighting against vulnerability and AIDS in Rwanda)	Rwanda
106	THE CONSTELLATION FOR AIDS COMPETENCE/RWNDA PROGRAM	Rwanda
107	VNET Rwanda	Rwanda
108	WE-ACTx RWANDA	Rwanda

109	WWORLD RELIEF INTERNATIONAL /Rwanda Program	Rwanda
110	AIDS Foundation of South Africa	South Africa
111	Durban Lesbian & Gay Community & Health Centre	South Africa
112	Grassroots Soccer	South Africa
113	Mosaic Men's Health Initiative	South Africa
114	Oxfam SA	South Africa
115	Sex Workers Education and Advocacy Taskforce (SWEAT)	South Africa
116	Action Aid Uganda	Uganda
117	Center for Participatory research and Development (CEPARD)	Uganda
118	Centre for Youth Driven Development Initiatives (CFYDDI)	Uganda
119	Coalition for Health Promotion and Social development	Uganda
120	Community Health Alliance Uganda	Uganda
121	Development Initiatives International	Uganda
122	Health Journalists' Network in Uganda (HEJNU)	Uganda
123	HEPS Uganada	Uganda
124	Home Based Care Alliance, Kawempe - Uganda	Uganda
125	Ice Breakers	Uganda
126	KIYITA FAMILY ALLIANCE FOR DEVEOPLMENT	Uganda
127	Lungujja Community Health Caring Organization (LUCOHECO)	Uganda
128	Mama's Club	Uganda
129	MUKONO AIDS SUPPORT ASSOCIATION (MASA)	Uganda
130	Nakawa Home Base Care Givers Alliance	Uganda
131	National Community of Women Living with HIV/AIDS in Uganda (NACWOLA)	Uganda
132	Ndeeba Parish Youth Association (NPYA)	Uganda
133	Positive Men's Union (POMU)	Uganda
134	Public Health Ambassadors Uganda (PHAU)	Uganda
135	Rubaga HBCA- Uganda Home Based Care Alliance	Uganda
136	SAIL-Uganda	Uganda
137	Sexual Minorities Uganda (SMUG)	Uganda
138	Support The Children (SUTCHI)	Uganda
139	Uganda Network of AIDS Service Organizations	Uganda
140	Uganda Youth and Adolescents Health Forum	Uganda
141	Hope for Africa International	Zambia
142	MWAROKY HIV/AIDS SAVERS	Zambia
143	Tiny Tim and Friends	Zambia

Latin America and Caribbean

144	AIDS Secretariat . Ministry of Health and the Environment	Antigua and Barbuda
145	Adolescentes contra el Sida (ACES) Jesús María	Argentina
146	Amigos en Salud, Rosario	Argentina
147	Asociación de Trans y Trabajadorxs Sexuales (ATTS), Río Negro	Argentina
148	Asociación Mutual Hughes F.B.C. (sin logo)	Argentina
149	Asociación Portadores de Vida, Formosa (no tienen logo)	Argentina
150	Fundación Bienestar, Venado Tuerto	Argentina
151	Prevensida, Venado Tuerto	Argentina

152	Red Argentina de Mujeres con VIH	Argentina
153	Red Bonaerense de PVVS, Buenos Aires	Argentina
154	Red de Adultxs Positivxs +30 (RAP+30)	Argentina
155	Red Diversa Positiva Nacional	Argentina
156	Sociedad Argentina Interdisciplinaria de Sida (SAISIDA)	Argentina
157	REDUC - Brazilian Harm Reduction and Human Rights Network	Brazil
158	National HIV/AIDS Response Program	Dominica
159	Acción Para Una Vida Saludable O.N.G.	Guatemala
160	Asociación Apevihs	Guatemala
161	Asociación Artística Kakol Kiej	Guatemala
162	Asociación De Jóvenes Diversos En Acción (Somos)	Guatemala
163	Asociación De Promotores De Salud Villa Del Quetzal San Juan Sacatepequez	Guatemala
164	Asociación De Salud Integral (Asi)	Guatemala
165	Asociación Gente Nueva	Guatemala
166	Asociación Investigacion, Desarrollo Y Salud Integral (Idei)	Guatemala
167	Asociación Iseri Ibagari	Guatemala
168	Coalición Internacional de Preparación para el Tratamiento (ITPC-Latca)	Guatemala
169	Comisión Episcopal De Justicia Y Solidaridad Subcomisión De Vih Conferencia Episcopal De Guatemala	Guatemala
170	Foro Permanente Ciudadano Por La Salud De Los Pueblos	Guatemala
171	Frente Nacional De Lucha Por La Defensa De Los Servicios Públicos Y Recursos Naturales (FNL)	Guatemala
172	Fundación Esfuerzos Y Prosperidad (Fundaespro)	Guatemala
173	Fundación Fernando Iturbide	Guatemala
174	ITPC Latin America and The Caribbean	Guatemala
175	Sindicato Nacional De Trabajadores De La Salud De Guatemala (S.N.T.S.G)	Guatemala
176	Haiti Clinic	Haiti
177	Caribbean Vulnerable Communities Coalition	Jamaica
178	Caribbean Vulnerable Communities Coalition (CVC)	Jamaica
179	Eve For Life	Jamaica
180	Jamaica Aids Support for Life	Jamaica
181	Jamaica Family Planning Association	Jamaica
182	Video for Change	Jamaica
183	Women's Resource & Outreach Centre (WROC)	Jamaica
184	Women’s Resource and Outreach Center	Jamaica
185	Agencia de Noticias Independiente Noti-Calle	Mexico
186	Brigada Callejera de Apoyo a la Mujer, "Elisa Martínez", A.C.	Mexico
187	Coalición de Activistas por el Derecho Universal en VIH/Sida	Mexico
188	Condomóvil AC	Mexico
189	El Encanto del Condón	Mexico
190	Red Mexicana de Trabajo Sexual	Mexico
191	Centro de Servicios SER, A. C.	Mexico
192	Comunidad Cutural de Tijuana LGBTI A. C.	Mexico
193	Fronteras Unidas PRO SALUD A. C.	Mexico
194	Diversidad Sexual de Ensenada A. C.	Mexico
195	Mexicali Integración Social Verter A.C	Mexico

196	Integración Social Verter A.C	Mexico
197	Cabo PAALF A.C.	Mexico
198	Casa del Migrante de Saltillo (Frontera con Justicia, A.C.)	Mexico
199	COMAC “Comunidad Metropolitana”, A. C.	Mexico
200	ACODEMIS A. C.	Mexico
201	Acción Colectiva por los Derechos de las Minorías Sexual A.C.	Mexico
202	Compartiendo Retos A. C.	Mexico
203	Asociación Sinaloense de Universitarias	Mexico
204	CENTRO DE ATENCION AL VIH CASA Y VIDA A.C.	Mexico
205	Tamaulipas Diversidad VIHDA Trans A. C.	Mexico
206	Oasis de San Juan de Dios A.C.	Mexico
207	Asociación de Prevención Detección y Atención Integral Ante la Respuesta VIH, sida IAP. (Previhniendo)	Mexico
208	Centro de Desarrollo e Investigación sobre Juventud, A.C. (Cdij)	Mexico
209	Grupo Multisectorial en VIH- SIDA e ITS del Estado de Veracruz (Grupo Multi)	Mexico
210	Sí, a la Vida, A.C.	Mexico
211	Macuco por la Vida, A.C	Mexico
212	Colectivo de Atención para la Salud Integral de la Familia A.C. (CIFAM)	Mexico
213	Unidos Contra la Discriminación, A.C. (Uncondis)	Mexico
214	Circulo Social Igualitario AC	Mexico
215	Vida Positiva Playa	Mexico
216	Club Gay Amazonas	Mexico
217	Asociación de Ciudadanos Grupos en Movimiento AC (Gemac)	Mexico
218	Amigos Unidos del Sur Sin Fronteras (AUDESF)	Peru
219	COMSERPAR	Peru
220	Comunidad de Mujeres Positivas Perú	Peru
221	CONVIHVIR	Peru
222	Coordinadora Nacional de Peruanos Positivos	Peru
223	INPACVIH	Peru
224	Lazos de VIDA	Peru
225	Red de comunicación e información para grupos de ayuda muta del Perú (Redecoms)	Peru
226	Red de Trabajadoras Sexuales de Latinoamérica y El Caribe (Redtrasex)-Perú	Peru
227	Red Sida Perú (13 groups)	Peru
228	SIDA VIDA	Peru
229	Trabajo Organizado por los Derechos Sexuales (TOD@S)	Peru
230	VIA LIBRE	Peru
231	National AIDS Programme	Saint Kitts and Nevis
232	St. Lucia Planned Parenthood Association	Saint Lucia
233	TENDER LOVING CARE (TLC) ST LUCIA	Saint Lucia
234	Marion House	Saint Vincent and Grenadine

Europe & Central Asia

235	Guarantee Center Of Civil Society NGO	Armenia
236	NGO "Real World, Real People"	Armenia

237	NGO " Legal Development and Democracy "	Azerbaijan
238	Belarusian public association "Positive movement"	Belarus
239	Positive Movement	Belarus
240	HESED	Bulgaria
241	Estonian Network of PLWH	Estonia
242	NGO Estonian Network of PLWH	Estonia
243	International women's organization « ACESO »	Georgia
244	International women's organization ACESO	Georgia
245	Network of low HIV prevalence countries of Central and South East Europe - NeLP	International
246	"Kazakhstan Union of People Living with HIV"	Kazakhstan
247	Central Asian Association of People Living with HIV	Kazakhstan
248	NGO "AGEP'C"	Kazakhstan
249	Public association "Amelia"	Kazakhstan
250	Казахская ассоциация "Равный-Равному"	Kazakhstan
251	Общественное Объединение Поддержка Людей Живущих с ВИЧ (ОО ПЛЖВ) "Куат"	Kazakhstan
252	Public fund " PLUS CENTER"	Kyrgyzstan
253	Public fund «Prosvet»	Kyrgyzstan
254	Public Fund Prosvet	Kyrgyzstan
255	Public Union "Kyrgyz Indigo"	Kyrgyzstan
256	Association HIV.LV	Lithuania
257	Association of HIV affected women and their families "Demetra"	Lithuania
258	Center for development and improvement of public life, Tetovo	Macedonia
259	Choice, Strumica	Macedonia
260	Coalition for sexual and health rights among marginalized communities	Macedonia
261	EGAL Equity for gay and Lesbian, Skopje	Macedonia
262	HELP, Gostivar	Macedonia
263	HERA –Health Education and research association, Skopje	Macedonia
264	HIV Platform for sustainability of HIV services	Macedonia
265	HOPS -Healthy options project Skopje, Skopje	Macedonia
266	HOPS-Healthy Options Project Skopje	Macedonia
267	Interethnic project Gostivar	Macedonia
268	LGBT United, Tetovo	Macedonia
269	Opcija Ohrid	Macedonia
270	PULS, Kumanovo	Macedonia
271	Red Cross	Macedonia
272	STAR	Macedonia
273	STAR-STAR, Skopje	Macedonia
274	STRONGER TOGETHER, Skopje	Macedonia
275	Trust, Skopje	Macedonia
276	VIA VITA, Bitola	Macedonia
277	Youth Club, Shtip	Macedonia
278	Zona, Kavadarci	Macedonia
279	AO "Amele Pentru Via"	Moldova
280	AO "Mamele pentru Viaţa"	Moldova

281	League of People Living with HIV of Moldova	Moldova
282	GAT Grupo Ativistas tratamento	Portugal
283	“Patients in Control” initiative	Russia
284	Andrey Rylkov Foundation for Health and Social Justice	Russia
285	Charitable Foundation of Svetlana Izambaeva " Mother and baby"	Russia
286	Charitable Fund "Svetoch"	Russia
287	Charitable Fund “Humanitarian action”	Russia
288	Community advisory board in Eastern Europe and Central Asia (EECA CAB)	Russia
289	International Treatment Preparedness Coalition in EECA (ITPCru)	Russia
290	Journal of Health AIDS Statistics	Russia
291	Kaliningrad regional public organization "STATUS PLUS"	Russia
292	Kazan Public Organization “Vera”	Russia
293	NGO "Phoenix PLUS"	Russia
294	NGO "Prevention and Initiative"	Russia
295	Open Health Institute, Russia	Russia
296	Public Charitable Foundation "Heritage"	Russia
297	Russian women's network "E.V.A."	Russia
298	Saratov regional public fund "Megapolis"	Russia
299	Volgograd regional public organization "UNITY"	Russia
300	Автономная некоммерческая организация "Новая жизнь"	Russia
301	Благотворительный фонд содействия деятельности в сфере профилактики и охраны здоровья граждан "Дом н	Russia
302	Гуманитарное действие	Russia
303	Краснотурьинская городская общественная благотворительная организация "ДОМ"	Russia
304	КРОО ОЗ "Равный диалог"	Russia
305	Некоммерческое партнерство "Антинаркотические программы"	Russia
306	Севастопольская региональная благотворительная общественная организация социальных проектов "Гавань	Russia
307	Сухоложская Городская Общественная Организация Поддержки Граждан в Трудной Жизненной Ситуации "УМКА"	Russia
308	Q-Club Serbia	Serbia
309	AS - Center for the Empowerment Youth of people who are living with HIV and AIDS	Serbia
310	Association “Stav +”	Serbia
311	Sloboda Prava	Serbia
312	Public organization "Bovary +"	Tajikistan
313	Public organization "SPIN Plus"	Tajikistan
314	Public Organization "Volunteer"	Tajikistan
315	“Healthcarers” community initiative	Ukraine
316	All-Ukrainian League - Legalife	Ukraine
317	All-Ukrainian Network of PLWH	Ukraine
318	East Europe and Central Asia Union of PLWH (ECUO)	Ukraine
319	Eurasian Women's Network on AIDS	Ukraine
320	International HIV/AIDS Alliance in Ukraine	Ukraine
321	PO (NGO) Gay-Alliance	Ukraine

322	Charitable organization «All-Ukrainian League «Legalife»	Ukraine
323	Черкасское областное отделение ВБО "Всеукраинская Сеть ЛЖВ"	Ukraine
324	Anti-cancer society of Uzbekistan	Uzbekistan
	Asia	
325	Cambodian People living with HIV Network (CPN+)	Cambodia
326	Cambodian Women for Peace & Development Association	Cambodia
327	Center for Child Development (CCASVA)	Cambodia
328	Cooperation for Social Services and Development (CSSD)	Cambodia
329	Hagar	Cambodia
330	Health and Development Alliance (HEAD) Cambodia	Cambodia
331	HIV/AIDS Coordinating Committee (HACC)	Cambodia
332	Indradevi Association (IDA)	Cambodia
333	Key of Social Heatlh Educational Road (KOSHER)	Cambodia
334	KHEMARA	Cambodia
335	Khmer Women's Cooperation for Development (KWCD)	Cambodia
336	Médecine de l'Espoir Cambodge (MEC)	Cambodia
337	Men's Health Cambodia (MHC)	Cambodia
338	Men's Health Social Service (MHSS)	Cambodia
339	Partners in Compassion (PC)	Cambodia
340	Sacrifice Families and Orphans Development Organization (SFODA)	Cambodia
341	Salvation Center Cambodia (SCC)	Cambodia
342	Save Incapacity Teenagers Org	Cambodia
343	Social Health Protection Association (SHPA)	Cambodia
344	Vithey Chivit Organization (VC)	Cambodia
345	Women Organization for Modern Economy and Nursing	Cambodia
346	Baihe town hospital, Heng county	China
347	Bao'an Red ribbon	China
348	Beijing Gender Health Education Institute	China
349	Beijing Jing Jing Concentric Volunteers Development Center	China
350	Beijing LGBT Center	China
351	Beijing LGBT Mental Health Center	China
352	Carnation Love Home	China
353	China Rainbow Health Organization	China
354	Chongqing G-Love Group	China
355	Chongqing Mountain city Love	China
356	Chongqing Public health and medical treatment center	China
357	Chongqing Red-ribbon care family	China
358	Chongqing Yuzhong 4th hospital	China
359	Dali association for HIV/AIDS prevention and health promotion	China
360	Danlan Public Welfare	China
361	Fisherman's life counseling center	China
362	Gejiu Red-ribbon family	China
363	Green Harbour Hand-in-hand Group	China
364	Guangxi Biyunhu community	China
365	Guangxi CDC	China

366	Guangzhou Dipper social service center	China
367	Harbin ID hospital	China
368	Hold Your Hands for Tomorrow	China
369	Humana People to People China	China
370	Kaiyuan Red Ribbon home	China
371	Kangtong community	China
372	Lanxiangxinyu	China
373	LGBT Community Service Center	China
374	Lincang Red Ribbon home	China
375	Linfen ID hospital	China
376	LinXiang PLWHA Group	China
377	Longchuan Guangsong Love Group	China
378	Longchuan Hongbin Group	China
379	Longchuan Sun Home	China
380	Longchuan Tuanjie Group	China
381	Longchuan Zhengwan Group	China
382	Maoming Heart-warming Charity association	China
383	Nanning Green-city Rainbow center	China
384	Nanyang Christianity gospel hall	China
385	Nanyang Mind Harbor Group	China
386	Nanyang Spring-sunshine Love Group	China
387	Nanyang Yuyanghong Group	China
388	Nanyang Zhongjing Traditional medicine research association	China
389	Ren'ai Community	China
390	Sanya south-sea working group	China
391	Shenzhen sunglow youngsters health service	China
392	Tengchong Massenger Bird Family	China
393	Weifang concentric along consulting service center	China
394	Xiaoyi town hospital, Heng county	China
395	Xixia Hongyu Group	China
396	Xixia Red Ribbon Peer Group	China
397	Yunnan AIDS Care Center	China
398	Zhaoyang ART center	China
399	Zhaoyang Care Home	China
400	Zhaoyang CDC	China
401	Zhaoyang Longquan community health center	China
402	Zhaoyang New Family	China
403	Zhitong Mutual Aid Group	China
404	Zhuhai Morning Sunshine volunteer working group	China
405	BANARAS NETWORK FOR POSITIVE PEOPLE LIVING WITH HIV/AIDS SOCIETY	India
406	BASTAR NETWORK OF POSITIVE PEOPLE LIVING WITH HIV AIDS	India
407	Bharosha seva samite khairhan	India
408	Coimbatore Network for positive people	India
409	Dharti Gramothan Evam Sahabhagi Gramin Vikas Samiti	India
410	HIV ULLOR NALA SANGAM(HUNS NAGAI)	India

411	Humana People to People India	India
412	Jyothis Charitable Trust	India
413	Maitri India	India
414	MEGHALAYA STATE NETWORK OF POSITIVE PEOPLE	India
415	MP State AIDS Control Society, Bhopal	India
416	Network for People Living with HIV in Maharashtra NPM+	India
417	Perambalur District Network for HIV+ People (PDNP+)	India
418	Positive Women Nework of Mizoram	India
419	Saathi Care Home	India
420	sarvodaya institute of social science	India
421	Smt. Susheel Gyan Siksha Prachar-Prassar Samitee	India
422	Social Welfare Institute (Caritas)	India
423	Society for Participatory Integrated Development	India
424	Sun Shine Health and Social Welfare Society	India
425	Swargiya Kanhai Shukla Samajik Sewa Sansthan (SKSSSS)	India
426	The Indian Assoication of Dermatologists, Venerologists and Leprologists (IADVL)	India
427	Tiruvannamalai District HIV Positive Society	India
428	Uttarakhand Association for Positive People Living with HIV/AIDs	India
429	Association of Medical Doctors of Asia	Japan
430	Lotus Community Based Organization	Myanmar
431	Moon Shade Karuna Association (MSKA)	Myanmar
432	Aasara Sudhar Kendra (ASK or Aasara)	Nepal
433	Aastha Samuha	Nepal
434	Asal Chhimeki Nepal	Nepal
435	Asha Kiran Pratisthan (AKP)	Nepal
436	Ashirbad Pratisthan	Nepal
437	Association of Medical Doctors of Asia (AMDA)	Nepal
438	BIJAM (Bidhyarthi Jagarn Mancha- Nepal)	Nepal
439	Blue Diamond Society	Nepal
440	Change Team	Nepal
441	Chhahari Mahila Samuha (CMS)	Nepal
442	Child and Women Empowerment Society (CWES)	Nepal
443	Chitwan Sakriya Women`s Foundation	Nepal
444	Community Development Forum (CDF)	Nepal
445	Community Support Group (CSG)	Nepal
446	Control Addiction Nepal	Nepal
447	Dang Plus	Nepal
448	Dharan Positive	Nepal
449	Dristi Nepal	Nepal
450	Federation of Drug Demand Reduction	Nepal
451	Federation of Sexual & Gender Minorities (FSGMN)	Nepal
452	Federation of Sexual and Gender Minorities Nepal	Nepal
453	Friends of Needy Children (FNC)	Nepal
454	Gaurav Nepal	Nepal
455	Golden Gate	Nepal

456	Grace Foundation	Nepal
457	Hamro Fellowship	Nepal
458	Indreni Samaj Kendra (ISK)	Nepal
459	Jagriti Mahila Maha Sangh	Nepal
460	Journey of Recovery	Nepal
461	Junkiree, Banke	Nepal
462	KYC Purnajiwan Kendra	Nepal
463	Lalitpur Drug Users' Network	Nepal
464	Lata Care Foundation	Nepal
465	Lumbini Plus (LP)	Nepal
466	Maya Nepal	Nepal
467	Namuna Integrated Development Council	Nepal
468	NAMUNA Integrated Development Council (NAMUNA)	Nepal
469	National Association of PLHA in Nepal (NAP+N)	Nepal
470	National Federation of Women Living with HIV and AIDS (NFWLHA)	Nepal
471	Naulo Ghumti (NG)	Nepal
472	Nava Kiran Rehabilitation Center	Nepal
473	Nava Yatra Samaj	Nepal
474	Naya Goreto	Nepal
475	Nepal National Social Welfare Association	Nepal
476	Nepal National Social Welfare Association (NNSWA)	Nepal
477	Nepal STD & AIDS Research Center(N'SARC)	Nepal
478	Nepal Telecom	Nepal
479	NNSWA	Nepal
480	Pariwartan Samuha	Nepal
481	Prarambha	Nepal
482	Raksha Nepal	Nepal
483	Re Unity Nepal	Nepal
484	Recovering Group Nepal	Nepal
485	Revolutionary Voice	Nepal
486	Saarathi Nepal	Nepal
487	Saathi Samuha	Nepal
488	Sahara Nepal	Nepal
489	Sakriya Plus Nepal	Nepal
490	Sangati Extended Care Centre	Nepal
491	Shakti Milan Samaj	Nepal
492	Sneha Samaj	Nepal
493	Sober Recovery	Nepal
494	SPARSHA Nepal	Nepal
495	Student Awareness Forum (BIJAM)	Nepal
496	Suruwat (Beginning)	Nepal
497	Syangja Support Group (SSG)	Nepal
498	Thagil Social Development Association (TSDA)	Nepal
499	Trisuli Plus (TP)	Nepal
500	Union C	Nepal
501	Way Of Living	Nepal

502	Youth Vision	Nepal
503	Health and Opportunity Network	Thailand
504	Mplus Foundation	Thailand
505	Network of HIV Positive Men who have Sex with Men (M-Poz Network)	Thailand
506	Planned Parenthood Association of Thailand (PPAT)	Thailand
507	Purple Sky Network Foundation	Thailand
508	Rainbow Group Ratchaburi Province	Thailand
509	Rainbow Sky Association Nonthaburi Province	Thailand
510	Rainbow Sky Association of Thailand (RSAT)	Thailand
511	Rainbow Sky Association Samut Prakan Province	Thailand
512	Rainbow Sky Association Songkhla Province	Thailand
513	Rainbow Sky Association Ubon Ratchathani Province	Thailand
514	Sairoong Ratchaburi Group	Thailand
515	Service Workers In Group Foundation (SWING)	Thailand
516	Sisters Foundation	Thailand
517	The Poz Home Center Foundation	Thailand
518	HealthBridge	Vietnam
519	Medical Committee Netherland - Vietnam	Vietnam
520	Vietnam Network of People Living with HIV/AIDS (VNP+)	Vietnam

Correspondence is response to this letter may be sent to:

NGO Coalition on the World Bank MIC Classification
6660 Santa Monica Blvd. 2nd Floor
Los Angeles, CA 90038
United States of America
denys.nazarov@aidshealth.org