



Chapter 1

Background

1. The purpose of the guidelines

Turning Bureaucrats into Warriors - Preparing and Implementing Multi-sector HIV/AIDS Programs in Africa is a Generic Operations Manual (GOM) that has been prepared to provide practical, timely, operational, and relevant advice, lessons learned, and examples for those involved in waging the war against the HIV/AIDS epidemic in Africa. This GOM has three main audiences: (i) National AIDS Councils and their implementing partners in the public sector and civil society, across the sectors and from the village to the national level; (ii) external institutions involved in assisting the preparation and implementation of HIV/AIDS programs, including specialized agencies and donors such as the World Bank; and (iii) institutions and people around the world who are more generally involved in the practical aspects of enhancing the effectiveness and efficiency of HIV/AIDS program implementation.

The GOM may be especially relevant for the preparation and implementation of multi-sectoral national HIV/AIDS programs which will be supported by donors, including the World Bank. It reflects the substantial flexibility available to implementing entities undertaking HIV/AIDS prevention, care and treatment and mitigation activities once a “fiduciary architecture” of financial management, procurement and disbursement mechanisms, and monitoring and evaluation are put in place. Therefore, the emphasis is on the “how” not the “what”, on the fiduciary architecture and the implementation channels for reaching beneficiaries, not on program activities themselves which are the subject of other guidelines and best practice examples by specialized institutions. While the GOM includes chapters on program activities, the emphasis of these chapters will be on preparation and implementation experience as this becomes available over the next few years, rather than on what programs in prevention, care and treatment and mitigation work best when, where and for whom.

The GOM includes lessons learned and examples of good practices and is meant as a living document to which additional lessons and good practices can be added by practitioners in real-time through: (i) an interactive website; (ii) meetings of practitioners; and (iii) annual country reviews. It may be especially appropriate for countries preparing HIV/AIDS programs or expanding existing programs since cross-country experience can help implementing agencies in the public sector and civil society which participate extensively and intensively in preparing operational manuals. The GOM represents a generic set of lessons learned that can be adapted for specific country and beneficiary conditions. Thus it is applicable for both high and low prevalence countries, for those with small and large populations, for those in a conflict or post-conflict situation as well as those with stable political environments. These lessons contained in the GOM will evolve with operational experience and time.

2. What is the Multi-Country AIDS Program (MAP)?

HIV/AIDS is the leading cause of death in Sub-Saharan Africa. By the end of 2003, more than 20 million Africans had died, there were than 10 million AIDS orphans, and another 27 million Africans were living with the virus, the vast majority of them in the prime of their lives as workers and parents. Life expectancy continues to drop, family incomes are being decimated, and agricultural and industrial efficiency is declining because of the epidemic. In 16 countries, more than one of every ten adults is HIV-positive. More than 10,000 Africans are newly infected each day, nearly four million every year. If effective action is not taken, the Joint United Nations Program on HIV/AIDS (UNAIDS) estimates that 40% of today’s 15-year olds will ultimately acquire HIV/AIDS in countries such as Ethiopia and Cote d’Ivoire and 60% in countries such as South Africa and Zambia.

African nations and the international community have recognized the disaster the epidemic is raining on the continent and have concluded that past efforts to wage war against the virus have failed because:

- There was insufficient commitment and leadership to fight the epidemic among nations both inside and outside the continent;
- The war was being waged with too few human and financial resources;
- Programs that were effective, often undertaken by civil society organizations, were seldom scaled up and rarely expanded to national levels;
- Resources weren't reaching communities which have proven one of the most effective implementers of HIV-AIDS prevention, care and treatment and mitigation programs; and
- Programs were often too narrowly focused on the health sector.

A new strategy was developed by African countries and the donor community in the late 1990s to wage war more effectively based on:

- Defining national HIV-AIDS prevention, care and treatment, and mitigation strategies and implementation plans through a participatory and more comprehensive process (i.e. greater attention to a multi-sector approach and to gender issues, human rights, and the relationship between HIV/AIDS and poverty).
- Establishing National AIDS Councils as legal entities with broad stakeholder representation from the public and private sector and civil society, and with access to the highest levels of decision-making, including in government;
- Empowering and mobilizing stakeholders from the village to the national level with money and decision-making authority within a multi-sectoral framework; and
- Using *exceptional* implementation arrangements such as channeling money directly to communities and civil society organizations, and contracting services for many administrative functions such as financial management and procurement, monitoring and evaluation, elements of program approval, as well as capacity development and IEC/BCC.

The emphasis of the new approach, due to the nature of the epidemic, is on speed, scaling up existing programs, building capacity, "learning by doing" and continuous project rework, rather than on exhaustive up-front technical analysis of individual interventions. The new approach relies on immediate monitoring and evaluation (M&E) of programs to determine which activities are efficient and effective and should be expanded further and which are not and should be stopped or benefit from more capacity building. Funding "good" programs quickly is more important than funding "best practices" with delay which may result in even more HIV/AIDS victims.

The MAP approach represents the first phase of a 12-15 year World Bank program to support the national mobilization of Sub-Saharan African countries against the HIV/AIDS epidemic¹ In its design, the MAP is unprecedented in its flexibility and coverage. Country programs are designed to:

- Empower stakeholders with funding and decision-making authority;
- Involve actors at all levels, from individuals and villages to regions and central authorities;
- Provide support in the public and private sectors and in civil society; and
- Encompass all sectors and the full range of HIV/AIDS prevention, care and treatment, and mitigation activities.

¹ *Because mitigating the epidemic is a medium- to long-term challenge, the MAP will be phased over 12 to 15 years. Phase 1, over the first three to four years, would scale up existing programs in HIV/AIDS prevention, care and support, and mitigation and build capacity. Phase 2, following a rigorous stocktaking, would, over the next five years, mainstream those programs that have proved effective, attain nationwide coverage, and expand care, support and treatment interventions. Phase 3, by which time new infections are expected to decline, would permit a sharper focus of prevention on areas or groups where the spread of the epidemic continues. The number of AIDS cases will probably peak during Phase 3, requiring a maximum effort in care and support.*

This new approach is being supported by a number of donors, including bilateral agencies, regional development institutions, and the World Bank which is committing US\$1 billion through the Multi-Country HIV-AIDS Programs (MAP) for Africa². So far, as Table 1.1 shows, 28 African countries and two regional programs have received US\$1,028.4 million within the MAP approach and MAP projects are being prepared in another ten countries and for regional programs.

TABLE 1.1 – FUNDING APPROVED UNDER THE MAP

(US\$ Millions)

COUNTRY	COMMITMENT
ABIDJÁN-LAGOS ³	16.6
REGIONAL CAPACITY BUILDING NETWORK FOR HIV/AIDS PREVENTION CARE AND TREATMENTS (ARCAN) ⁴	10.0
BENIN	23.0
BURKINA FASO	22.0
BURUNDI	36.0
CAMEROON	50.0
CAPE VERDE	9.0
CENTRAL AFRICAN REPUBLIC	17.0
CONGO - BRAZZAVILLE	19.0
DEMOCRATIC REPUBLIC OF CONGO	102.0
ERITREA	40.0
ETHIOPIA	59.7
GAMBIA	15.0
GHANA	25.0
GUINEA	20.3
GUINEA-BASSAU	7.0
KENYA	50.0
MADAGASCAR	20.0
MALAWI	35.0
MALI ⁵	25.5
MAURITANIA	21.0
MOZAMBIQUE	55.0
NÍGER	25.0
NIGERIA	90.3
RWANDA	30.5
SENEGAL	30.0
SIERRA LEONE	15.0
TANZANIA	70.0
UGANDA	47.5
ZAMBIA	42.0
TOTAL	1,028.4

² In September, 2000, the Board of Directors approved the US\$500 million Multi-Country HIV/AIDS Program for Africa (MAP1) followed by another funding (MAP2) of the same amount in February 2002.

³ Regional project for Nigeria, Benin, Cote de Ivorie, Ghana, Togo

⁴ Negotiated but not yet approved for United Republic of Tanzania, Ethiopia and Kenya

⁵ Negotiated but not yet approved

