

HIV/AIDS AND THE BANK: THE STORY THUS FAR

World Bank support for HIV/AIDS has increased dramatically, with total commitments over US\$ 2.5 billion

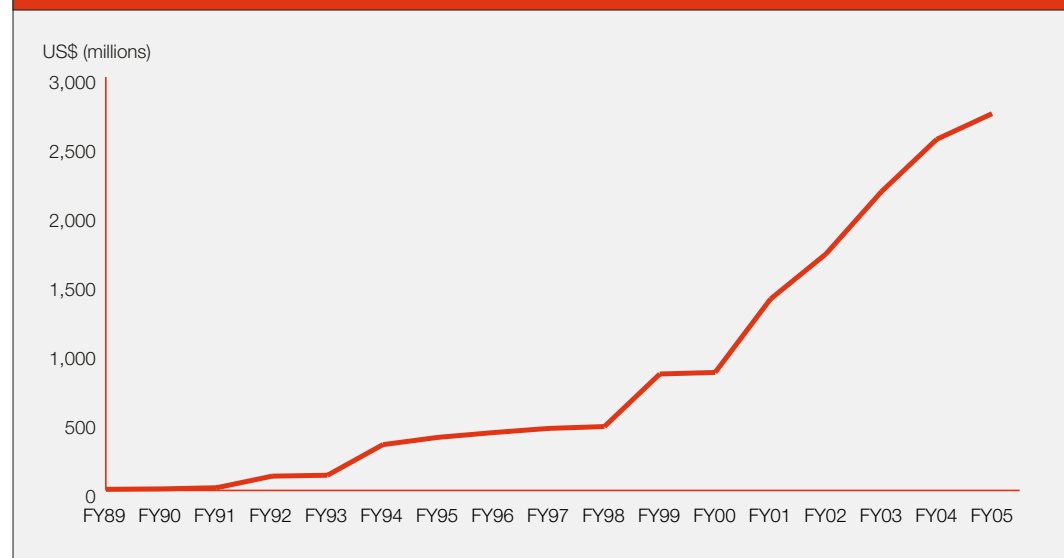
In the past 5 years, the World Bank has dramatically increased its support for HIV/AIDS programs. Cumulative total Bank commitments now exceed US\$ 2.5 billion (Figure 2). Funding increases for AIDS in Africa have been particularly impressive, from an average of US\$ 10 million annually 10 years ago to \$250-300 million annually in each of the last four years. The Africa MAP has committed US\$1.12 billion for 29 countries and four regional projects, and the Caribbean MAP has committed US\$118 million for nine countries and one regional project.¹

Although it started lending for HIV/AIDS in 1988, more than a decade passed before the Bank began to apply the full range of its tools and talents to confronting the epidemic. Some of the Bank's early work produced important and lasting results, but the failure to

make HIV a priority kept those results from evoking or informing a broader institutional response. Neither its shareholders nor its managers gave AIDS the priority it warranted, and few Bank clients asked for advice or funding for HIV/AIDS. Most other public organizations were also slow to react in those early years, but as a leader in development, the Bank bore a special responsibility—which it failed to fulfil.²

India and Brazil stand out in Bank lending: they were among the first countries with dedicated HIV/AIDS projects (in 1992 and 1993), and in both, support has been sustained, with second projects approved in 1999 and 1998, and a third project under implementation in Brazil and being prepared in India. This support has helped build robust HIV/AIDS institutions and capacity at na-

Figure 2. Cumulated new AIDS commitments, fiscal years 1989–2005



tional and state level, engage NGOs in prevention and care efforts, build public awareness and bolster political commitment, and improve surveillance. Brazil is especially notable for the focus on prevention among the most marginalized groups

Since the late 1990s, Bank support for HIV/AIDS programs has risen fast, particularly in the hardest hit regions. Regional HIV/AIDS strategies have been developed to guide the Bank's work (Appendix 1). Still one of the three largest funders worldwide, the Bank also provides policy analysis and advice, is a leading source of implementation support to countries, a cosponsor of UNAIDS and a core member of other major global partnerships. The Bank has deepened its expertise, learned valuable lessons (see box), and become increasingly aware of its strengths and limitations.

These lessons, together with assessments of where programs most need strengthening especially to overcome implementation bottlenecks, countries' most pressing needs for support, the Bank's particular strengths, and the directions set out in the regional strategies, have determined which of the many challenges described earlier the Bank has chosen to focus on in this Program of Action.

Experience in analysis and policy advice

Through analysis, policy dialogue and advocacy at the highest levels, the Bank has helped put HIV/AIDS on the development agenda. Analytic efforts have identified the broader development dimensions of the epidemic, demonstrated the high returns from investing in HIV/AIDS programs, and provided tools for selecting and costing appropriate interventions. In its policy dialogue, the Bank has helped legitimise HIV/AIDS as a development concern and a priority for public action.

This work has helped convince many client countries to increase funding for HIV/AIDS programs from domestic and external resources, and likewise prodded donor countries to commit billions more for HIV/AIDS—two key developments that were especially important in countries that had been reluctant to acknowledge or address their epidemics.

Since 1988 the Bank has published over two hundred analytical and research reports and papers on HIV/AIDS covering many different sectors, including education, transport, local government and the private sector.³ However,

Analysis, policy dialogue and high level advocacy have helped raise political commitment and funding for AIDS

Twenty years—five lessons: What the Bank has learned from its HIV/AIDS programs

In recent years, the Bank has carried out several studies of its AIDS work. Five key lessons have emerged from these reviews and have guided the development of this global HIV/AIDS Program of Action.

- **The Bank—by its acts and its omissions—influences both developed and developing countries in their actions on HIV/AIDS.**
- **Country ownership, leadership, and capacity are crucial for successful action.** Countries that have had success in fighting the epidemic have been supported to lead their own programs and build on local institutions. The Bank's policy advice and country-led approach are important assets to countries in pursuing these goals.
- **HIV/AIDS needs to be better integrated into development policy and planning—and** the Bank is uniquely positioned to assist countries with this.
- **HIV/AIDS strategies, policies and programs should be evidence-informed, with priorities based on local epidemic conditions.** Activities should also continually generate new evidence and channel it to managers to inform ongoing program refinements.
- **Monitoring and evaluation are essential—and consistently neglected.**

The overall impact of Bank support for HIV/AIDS in 67 countries is mixed, with successes and weaknesses

analytical gaps remain, at both the macro- and micro-levels. For instance, there has not been enough attention to the links between HIV/AIDS and poverty, which may explain in part the general neglect of HIV/AIDS in Poverty Reduction Strategy processes and other national development planning exercises. At the micro-level, more economic and sector work is needed on a host of important issues, such as the sector impact of HIV/AIDS, the effectiveness of various HIV/AIDS interventions, and the factors explaining household and individual behavior changes. In policy dialogue, Bank performance is uneven, with HIV/AIDS emphasized with some clients and overlooked with others. In addition, in most cases the Bank has not done enough to help countries develop effective, prioritized HIV/AIDS programs, or to absorb key findings from Bank projects as to which interventions work, under what circumstances, and at what scale.

Experience in financing and supporting implementation

Since 1988, the Bank has funded HIV/AIDS projects and activities in 67 countries.⁴ In the early years, these projects supported countries as different as Brazil, Cambodia, and India in laying the foundations for effective national programs. The Africa MAP was the first to fund African HIV programs on a billion-dollar scale. Responding to client demand, the MAP also introduced a set of innovations, including multisector reach, funding for both operating and recurrent costs, flexible programming, simplified procedures, and direct flow of funds to civil society. These activities jump-started a rapid scaling up of HIV initiatives in Africa, where today most national governments have programs of unprecedented scope and where the Bank has funded more than 50,000 civil society subprojects.⁵ Bank investments in HIV/AIDS initiatives have also climbed steadily in most other regions.

The Bank has also developed new tools and practices to enhance its HIV/AIDS support. To address targets that individual country programs cannot reach, it has begun funding sub-regional HIV/AIDS projects in the Caribbean, Central America, Central Asia and Africa. In

addition, the Bank has begun to integrate HIV/AIDS into other sectors, such as transport and education, and to require HIV safeguards in projects where there are risks of HIV transmission. To help alleviate debt concerns, it has increasingly used grants to finance HIV/AIDS projects in IDA countries.

The Bank has been among the foremost sources of support for implementation and has reaffirmed its commitment to improving implementation through the Global Task Team division of labor among agencies. It has provided considerable support to countries in areas where their programs have traditionally been weakest, especially financial management and disbursement, procurement, and monitoring and evaluation. This support has helped channel resources to an unparalleled number of stakeholders, and also strengthened the capacity of countries to carry out programs funded by other donors. Internally, the Bank has created dedicated HIV/AIDS units in Africa, South Asia, and the Human Development Network (Global), and, recently, in the International Finance Corporation, the World Bank Institute and the Legal Department, as well as a Bank-wide HIV/AIDS Implementation Acceleration Team, all of which share a key mandate to ensure rapid and consistent support to project teams and clients. Some of these units have sponsored broad initiatives to disseminate lessons learned from ongoing programs, which has made it possible for new projects to benefit from earlier experience. These units have also helped develop new policies to simplify project processing and implementation.

An uneven record

Overall, the impact of this work has been mixed. Within the portfolio, some operations have succeeded, while many others have not. The reasons for the latter vary widely. Some projects suffered from poor design and not enough analysis before being approved; others foundered because of government disinterest or neglect; and others were undermined by a weak strategic framework for AIDS.⁶ Other projects failed to perform because of poor governance or because governments were reluctant to pass on the

flexibility of Bank funding to implementing agencies. Many projects had sound technical designs but stumbled when it came to implementation, hampered by poor institutional capacity and intra-governmental relationships or weak national ownership. Even some projects that succeeded (achieving their own specific objectives) were too small in scale to affect the country's epidemic. Owing to a general neglect of monitoring and evaluation, especially impact evaluation, opportunities have been missed to learn from previous projects.

While the Bank's support for implementation has assisted countries to improve their fiduciary architecture—financial management, disbursement of funds, and procurement of goods and services—the Bank has done less well in supporting two other vital areas: strategic planning and monitoring and evaluation. Very few countries have developed a true strategic framework for HIV/AIDS based on the most recent country level information about the epidemic, let alone viable and costed implementation plans that have the support of national funders, especially Ministries of Finance and Planning. The Bank could do more to work with other UNAIDS partners to help countries undertake a systematic, comprehensive and participatory process of strategic planning that fits within the overall development framework, including the PRSP process.

In supporting program monitoring and evaluation, no country, donor, or partner has done an adequate job—the Bank included—and few countries have an adequate national system in place. Individual large-scale projects rarely include prospective evaluation of impact. With billions of dollars at stake, improving monitoring and evaluation has become one of the highest priorities. At this stage of the response to the epidemic, there can no longer be any excuse for not knowing whether and how AIDS activities are making a difference.

The Bank's comparative advantages

Although many global institutions are now engaged in the fight against AIDS, the World

Bank retains a special role and responsibility, which its partners are relying on it to fulfill. As the largest single provider of development assistance and an important repository of knowledge and advisory services, the Bank has a unique set of strengths to bring to bear on the epidemic, as summarized below.

Advocacy and Access

- The Bank has access to key decision makers, including in the area of finance, who are critical to giving HIV/AIDS appropriate emphasis and putting it at the center of the development agenda, both globally and in individual countries.

A Longer-term, More Independent Perspective

- Less fettered by national electoral politics and budget cycles than other major donors, the Bank is in a position to take a sustained, long-term approach to the epidemic.
- Bank funding is longer term, more flexible, and better rooted in national ownership.
- Gaps in human resources—the biggest obstacle to rapid scale-up of promising interventions in the hardest-hit countries—can best be addressed by long-term investments across sectors, an approach the Bank is particularly well suited to support.

Breadth of Action across Sectors and Countries

- The Bank engages across the full range of sectors and government ministries, from health to education, transport and defence, giving it unmatched advocacy and influence among external actors.
- In some countries the Bank is still the only major provider of funding for HIV/AIDS work. The Bank can provide funds to countries that are not able to access funding from other major sources.
- The Bank's privileged relationship with the IMF and its central role in national development planning in low-income countries enable it to link HIV/AIDS planning to broader development planning and ensure that the latter address the epidemic. It is also well placed to assist Ministries of Finance and Planning to improve their understanding of the epidemic.
- The Bank can easily finance projects with multiple objectives.

The Bank has a special role and responsibility and set of strengths in the fight against AIDS

Bank regional HIV/AIDS strategies are tailored to address specific and diverse issues and needs

Ability to Jointly Provide Funding, Analysis and Technical Assistance

- The Bank provides access to highly concessional IDA funding, in some cases directly for HIV/AIDS programs. It provides this financial assistance in tandem with analytical work, policy dialogue and multisector convening power.
- The Bank has the capacity to support multisector strategic planning to encourage rational allocation of resources.
- The Bank has unique expertise in supporting program implementation around the world and in all the key economic and social sectors; working with governments, civil society and the private sector from the community level to the national level to develop a relevant and flexible fiduciary architecture of appropriate financial management and procurement systems and other structures that enable implementation of HIV/AIDS activities.
- The Bank's extensive expertise in analysis, particularly in development economics, positions it uniquely to explore the HIV/AIDS-poverty-gender-development dynamic and to support the design and analysis of the impact of large-scale, multisector, multi-output programs.

Taken together, these strengths enable the Bank to play a central role in developing an effective and lasting response to the epidemic. They also position the Bank as uniquely credible to advise government and other partners on the proper emphasis to be given to HIV-related initiatives within the context of a country's overall development agenda.

Diversity and commonality across regions

Many of the challenges discussed earlier are common across many countries and regions. But there is also great diversity within each region, and even within countries, with respect to the epidemic, the country response and the barriers to effective action. The Bank regional HIV/AIDS strategies⁷ are tailored to address specific issues and needs.

In **African countries** with very high prevalence and generalized epidemics, the economic and social impact of AIDS is

severe—worsened poverty, millions of orphaned children and losses of productivity and scarce skilled people. Implementation and funding gaps are wide, and the differing requirements of funders make heavy demands on hard-pressed managers. The unmet need for treatment and care is vast, while prevention remains the priority for the uninfected majority of the population. With increasing focus on development in Africa, HIV/AIDS plays a critical role because of its devastating impact on development.

The epidemic is highly diverse across the **East Asia and Pacific** region, and Government response has also varied, with decisive action in Thailand, Cambodia and Philippines showing success in preventing infections, whereas some countries still hesitate, and political commitment remains low. Other big issues include the difficulty of mobilizing multisectoral action and achieving the enabling legal environment needed to work effectively with high risk groups; poor surveillance especially of high risk groups; high rates of TB; and changing social patterns that increase vulnerability to infection.

In **Eastern Europe and Central Asia**, prevalence is still fairly low, but new infections are rising very fast, especially among young people, with injecting drug use driving the epidemic in many countries. TB has emerged as a parallel epidemic in some countries, because HIV-positive people are especially vulnerable to TB. Growing numbers of young women are infected, suggesting an increase in heterosexual transmission.

Much higher HIV prevalence in some **Caribbean** countries than in most of the rest of the **Latin America** region makes it a very heterogeneous group of countries. Some of the low prevalence countries are not doing enough to prevent infections, and program funding has been low and poorly targeted in many countries. Although most Caribbean governments are now responding, donors tend to overestimate their implementation capacity. Inadequate government ownership of programs also hampers implementation progress.

Although general prevalence rates are low in most of **South Asia**, large numbers of

Diversity and commonality across regions

	AFR	EAP	ECA	LAC	MNA	SAS
HIV/AIDS Situation						
Adult Prevalence Rates 2004	7.4	0.1	0.8	0.6/2.3*	0.3	0.6
PLWHA (millions)	25.4	1.1	1.4	2.1	0.5	7.1
Main bottlenecks/issues						
National Program not strategic, focused	X	X	X	X	X	X
Lack of donor harmonization	X	X	X	X	X	X
Implementation capacity shortfall	X			X		X
Overwhelmed health systems	X	X	X	X*		X
Inadequate surveillance data	X	X	X	X	X	X
Too little monitoring and evaluation	X	X	X	X		X
Denial ("not in our country")		X		X	X	X
Stigma—IDU, SW, MSM	X	X	X	X	X	X
High/growing prevalence among IDUs		X	X			

* Caribbean

Source: UNAIDS December 2004 (for prevalence rates and numbers of PLWHA)

people are infected in India, and many populations are made vulnerable by structural and socio-economic factors, including poverty and illiteracy, widespread denial, stigma and discrimination against PLWHA, women's low status, and high levels of commercial sex activity. Recent sharp rises in HIV among some groups with identified risky behaviors and in general adult prevalence in some Indian states are worrying. Although there are some effective prevention efforts underway, better targeting, coverage and quality are needed, and access to care and treatment is very low. Institutional and governance weaknesses in AIDS programs and health services delivery remain major challenges.

Data are so sparse that many countries in the **Middle East and North Africa** do not really know what their HIV situation is. Prevalence is low in the general population, but appears to be climbing in some high risk groups for whom data are available. Strong social stigma attaches to high risk groups where HIV typically takes hold first (injecting drug users, sex workers, men having sex with men) and there are few programs that address their needs. Vulnerability to the epidemic is increased by migration, high youth unemployment, conflict and security problems that make it difficult to implement programs, and cultural taboos against talking about sex that keep people ill-informed about HIV/AIDS.

Taking account of the commonalities and differences across countries and regions, this global Program of Action complements and supports the regional strategies, focusing its priority action areas on key common bottlenecks and barriers.

Notes

1. World Bank data prepared April 30, 2005 by the Global HIV/AIDS Program, World Bank, Washington, D.C. These data include the total committed amounts of HIV/AIDS projects, as well as HIV/AIDS components of over \$1 million in projects classified under other sectors, using information provided by Task Team Leaders. The AIDS lending data recorded in the Bank's "Business Warehouse" (BW) differ because part of HIV/AIDS projects may be coded and counted under other topics such as gender, population, health systems, etc., and because coding of HIV/AIDS components may differ from the information provided directly to GHAP by TTLs.

2. World Bank 2005. Committing to Results: Improving the Effectiveness of HIV/AIDS Assistance.

3. World Bank 2005.

4. World Bank 2005.

5. World Bank, October 2005. *ACTAfrica* internal project monitoring data.

6. World Bank 2005.

7. See Annex 1 for summaries of the regional strategies and www.worldbank.org/aids for the full documents.