

APPENDIX 1: REGIONAL HIV/AIDS STRATEGIES, AND IFC AND WBI HIV/AIDS INITIATIVES

The mainstay of the World Bank's work in HIV/AIDS is of course the lending, analysis and policy discussions led by the six regions. This Appendix briefly summarizes the regional HIV/AIDS strategies or business plans, and the IFC and WBI programs to address AIDS.

Africa (AFR)

The 1999 Africa regional strategy, *Intensifying Action Against HIV/AIDS in Africa; Responding to a Development Crisis*¹ notes the inadequacy of Bank efforts against the ferocious spread of the epidemic in Africa and its unprecedented impact on regional development. It states that HIV/AIDS must become a central element of the Bank's development agenda in Africa and called on African leaders, civil society and the private sector also to put HIV/AIDS at the center of their agendas.

The strategy rests on four pillars:

- 1 Advocacy to position HIV/AIDS as a central development issue and to increase and sustain an intensified response;
- 2 Increased resources and technical support for African partners and Bank country teams to mainstream HIV/AIDS activities in all sectors;
- 3 Prevention efforts targeted to both general and specific audiences, and activities to enhance HIV/AIDS treatment and care; and
- 4 An expanded knowledge base to help countries design and manage prevention, care, and treatment programs based on epidemic trends, impact forecasts, and identified best practices.

To help realize the strategy, Africa established a multisectoral AIDS Campaign Team,

ACTAfrica, to provide operational support in all sectors. ACTAfrica's role includes (i) equipping and supporting Bank country teams to mobilize African leaders, civil society, and the private sector to intensify action against HIV/AIDS; (ii) retrofitting projects with HIV/AIDS components where possible, helping develop new dedicated HIV/AIDS projects, and building AIDS-mitigation measures into other projects where necessary; and (iii) supporting Bank country teams in addressing HIV/AIDS in their country assistance strategies.

When the Africa region strategy was developed, Bank lending and economic and sector work (ESW) for HIV/AIDS had diminished to a trickle, many governments lacked the political commitment to tackle HIV/AIDS, and resources and capacity were sparse.

UNAIDS had recently been created and although the Bank was a cosponsor, it was not as active as it could have been.

The strategy was innovative in the central role it saw for HIV/AIDS in the Bank's development agenda for sub-Saharan Africa. It also broke new ground in advocating multi-sectoral approaches, with country AIDS Control Programs coordinated from outside the Ministry of Health; flexible financing of programs that were open-ended, client driven and collaborative; and innovative mechanisms for channeling resources to the private sector, civil society and communities. The innovative, intensive new efforts incorporated a process of learning from experience, adapting and improving.

Since 2000, when the Bank's first Multi-Country HIV/AIDS Program was approved, the Bank has committed US \$1.2 billion to 29

countries and 4 sub-regional projects in Africa. Of this, approximately US \$440 million has been disbursed, about forty percent channeled directly to implementing organizations in the public and private sectors, civil society and communities in over 30,000 sub-projects. In 2002, IDA rules were changed to allow 100 percent grant financing for HIV/AIDS in IDA-only countries, and up to 25 percent in blend (IDA/IBRD) countries. HIV/AIDS was also made a priority for Institutional Development Fund (IDF) grants that allow the Bank to provide up to US \$500,000 for capacity building in IDA and IBRD countries.

An interim review of the MAP program in 2004² recommended that it do more to help realize the “Three Ones” goals of one national authority for HIV/AIDS, one strategic framework and one M&E system; help governments to develop stronger national HIV/AIDS strategies; help improve governance and accountability; incorporate incentives for performance; support differentiated projects as a flexible donor of last resort; and better address the overall needs of the health sector. The review also suggested that the Bank improve its own effectiveness and technical capacity to support MAP projects, particularly in the areas of M&E, communications and institutional design. In addition to responsive actions by the Africa region and ACTAfrica, the key recommendations of the interim review have guided this Global Program of Action.

Outputs targets for the near future include the following:

- Lending: Second MAP projects are expected to begin implementation soon in Ghana and Ethiopia, preparation is underway in Kenya and Eritrea. MAP follow-on projects are also likely to be needed in the following countries: Nigeria, Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Madagascar, Sierra Leone, Uganda, Senegal, Guinea Bissau, Zambia, Niger and Guinea. Supervision of programs will have high priority.
- Analytic and advisory services: Policy dialogue and analytic work will be integrated with supervision and preparation

of projects. A study of community response to HIV/AIDS is being done in Ethiopia.

Latin America and the Caribbean (LAC)

In 2001, the Bank was supporting three HIV/AIDS projects in the Latin America and the Caribbean region: a Brazil HIV/AIDS project loan approved in 1993, a health and disease project loan in Argentina approved in 1997, a Haiti health project that included HIV/AIDS activities, and a small regional Latin American and Caribbean initiative that was being integrated into UNAIDS’ regional technical support.

Recognizing that intensified efforts were needed, a strategy was developed for the Caribbean sub-region, where the epidemic was most advanced.³ The strategy suggested five key steps to intensify national responses to HIV/AIDS: (i) increase national government commitment, attention and funding to combat the HIV/AIDS epidemic; (ii) scale up HIV/AIDS prevention activities at national and community levels using communications to induce behavior change; make condoms, treatment of STIs and VCT more accessible; ensure a safe blood supply and reduce MTCT; (iii) scale up national and community level HIV/AIDS care activities; (iv) support more HIV/AIDS-related research at national level, and (v) strengthen regional responses to the epidemic in the Caribbean.

The Bank acted upon the Caribbean strategy by approving a US\$155 million Caribbean Multi-Country HIV/AIDS Adaptable Lending Program in 2001. Since then, US\$117.6 million has been committed to nine country programs and one regional project using the multisectoral approach outlined in the strategy.

The region also has HIV/AIDS projects in Brazil, where a third loan in 2003 brought total AIDS lending to US\$425 million.⁴ A number of health and other projects in Argentina, Venezuela, Honduras, Mexico and El Salvador include significant funding for HIV/AIDS. These projects follow a broadly

similar strategy: prevention activities implemented by NGOs and the government, services for AIDS patients, and institutional development and monitoring and evaluation. A US\$8 million HIV/AIDS regional grant was approved in March, 2005 for a capacity strengthening project for Central America (El Salvador, Costa Rica, Guatemala, Honduras, Nicaragua and Panama).

In 2003, the region published two reports that review the state of the epidemic and country responses and suggest priority actions. *HIV/AIDS in Latin America: The Challenges Ahead*⁵ notes that although many Latin American countries are not faced with full-scale HIV/AIDS epidemics, in several countries the epidemic appears to be expanding beyond the highest risk groups (MSMs and IDUs) into the general population. It warns that the epidemic may become generalized unless appropriate strong preventive measures are taken in the very near future. The priority areas in low endemic settings are suggested to be: (i) strong efforts to prevent new infections in high risk groups; (ii) epidemiological surveillance; and (iii) care and support for PLWHA.

“HIV/AIDS in Central America: An Overview of the Epidemic and Priorities for Prevention” reports the work and conclusions of three country workshops (in Honduras, Panama and Guatemala) in which teams of local and international experts explored the likely impact on new infections of different resource allocations across HIV/AIDS activities, using a modelling tool designed to help strategic planning.

In all three countries, the most cost-effective preventive interventions were condom social marketing, free condom distribution to high risk groups, IEC for high-risk groups including MSM, sex workers and prisoners, and voluntary counselling and testing. The difficulty of reaching high risk groups was a strong constraint on preventing infections, pointing to the importance of going beyond traditional prevention interventions. The modelling showed that existing funding levels were inadequate and poorly targeted. In 2005, similar analysis was published for Argentina: “Optimizing the allocation of re-

sources among HIV prevention interventions in Argentina”.

The region intends to develop a new HIV/AIDS strategy in 2005 that will build upon the earlier response, and take account of the diverse nature of the epidemic across sub-regions and countries and within countries; the specific needs of low prevalence countries with epidemics concentrated in small high risk population groups; the need for different responses by the Bank given that middle income countries may seek technical rather than investment support from the Bank; and the rapidly changing external funding scenario.

Outputs targets for the near future include the following:

- Lending: The region will seek additional opportunities to take advantage of scale economies using sub-regional projects and programs that support HIV/AIDS and strengthen health system capacity. A specific effort will be made to strengthen the implementation of existing projects in the Caribbean. A health project for Argentina (FY06) will include support for HIV/AIDS. The region may also consider support for HIV/AIDS in Dominica and Suriname.
- Analytic and advisory services: Policy dialogue will continue in the course of project supervision and developing and discussing a new regional HIV/AIDS strategy. The recently published report on application of the Allocation by Cost-Effectiveness (ABC) Model in Argentina will be discussed with the government. The model will be applied to a number of other countries in the region. Other analytic and advisory work envisaged includes: an assessment of implementation weaknesses of Bank-financed and other donor projects in the Caribbean; analysis of the private sector response to HIV/AIDS (focusing on the tourism sector); assessment of interventions for reaching mobile populations; assessment of experience in the use of NGOs and community based groups to deliver interventions to target populations. In addition, analytic work will be conducted through the two regional HIV/AIDS proj-

ects for the Caribbean and for Central America that will include studies on the following areas: linkages between HIV/AIDS and poverty in the Caribbean (with Jamaica and Grenada as case studies); lessons from the Bahamas experience on HIV/AIDS; HIV risk factors in mobile populations; and an assessment of the pharmaceuticals patent and registration systems of the CARICOM countries. The Central American regional project will support a review of the HIV/AIDS legal framework for civil rights, integrated treatment and drug and laboratory supplies regulation. Two GDLN dialogues are scheduled in FY06 to discuss regional cooperation and the potential for a new regional operation in the Mercosur countries (Chile, Argentina, Bolivia, Brazil, Paraguay and Uruguay).

- Accelerating AIDS response in selected sectors: The LAC region plans to strengthen the multi-sectoral response to the HIV/AIDS epidemic. A process has already been initiated for strengthening the role of the education sector in the Caribbean. This effort will be a collaboration of the Caribbean Management Unit HIV/AIDS and Education team, the Education team at the Human Development Network, UNESCO, the Pan-Caribbean HIV/AIDS Partnership (PANCAP) Secretariat and other members of PANCAP.
- Capacity Building. The LAC region will continue to provide technical support for cross-cutting areas through the two regional projects in a number of areas including: monitoring and evaluation; legal and regulatory aspects; and strengthening the education sector response.
- Donor Coordination/Partnerships. The region will help strengthen ongoing collaboration with bilateral donors and multi-lateral agencies including: the Pan-American Health Organization (PAHO/WHO); the Inter-American Development Bank, the Global Fund and the Clinton Foundation. The region will continue to contribute to regional partnerships and provide technical support for strengthening regional agencies including the Pan-Caribbean Partnership against HIV/AIDS of CARICOM and the Central American Secretariat for Social Integration (SISCA).

Europe and Central Asia (ECA)

The 2003 regional HIV/AIDS strategy⁶ notes the rapid speed at which the HIV/AIDS and TB epidemics are growing in some parts of the region, threatening to undermine economic growth, drive up health expenditures and worsen dependency ratios. New cases are heavily concentrated among young people, chiefly injecting drug users, commercial sex workers and mobile populations. The strategy sees a compelling case for reducing vulnerability to infection especially among “high risk core transmitters and bridge populations”, and supporting targeted, nonstigmatizing prevention programs on a much larger scale than most existing pilot projects.

The strategy commits the Bank to efforts to raise social and political commitment to addressing the epidemics of HIV/AIDS and TB in the region. It gives priority to helping countries to generate and use essential information in program design, implementation and evaluation, including: epidemiological and behavioral surveillance as the basis for effective prevention; identifying the interventions that yield the most value in terms of preventing new infections; estimates and projections of the economic and social impacts of HIV/AIDS and TB and of the resource requirements for prevention and treatment.

The strategy emphasizes that preventing new infections is “the ultimate priority for the Bank’s work on HIV/AIDS” in the region. It identifies key actions as: programs to prevent transmission among sex workers and their clients; harm reduction among injecting drug users; interventions among prison inmates and ex-inmates; and increasing blood safety. It calls for ensuring affordable, good quality care and support for PLWHA, but cautions that use of ARVs should be subject to international peer review and improvement of health systems to ensure quality and reduce the emergence of drug-resistant strains of HIV. It offers Bank support to increase country capacity for implementing large-scale HIV/AIDS and TB programs.

At the time the ECA strategy was produced, the Bank had completed a country HIV/AIDS study in Georgia, and sub-re-

gional studies in Poland and the Baltic States and in south-eastern Europe, and a sub-regional study in Central Asia was underway (now completed). In 2003 the Bank also co-financed two regional studies with UNAIDS, including an inventory of resources for HIV/AIDS programs in the region. Bank lending currently supports HIV/AIDS programs in the Ukraine, Russian Federation, Moldova, and a new regional Central Asia HIV/AIDS project. There are grant financed projects for Moldova and Central Asia.

Outputs targets for the coming 2-3 years include the following:

- Lending: Supervision of programs in Moldova, Russia, Ukraine and Central Asia. New operations in Azerbaijan and Albania will include activities to strengthen the health sector, including capacity to respond to HIV/AIDS.
- Analytic and advisory services: Analysis and policy dialogue will focus on: TB and HIV/AIDS in Central Asia; a regional HIV/AIDS assessment of South Eastern Europe; in Russia, assessment of patents and registration systems for ARV drugs, the public information campaign on HIV/AIDS, and a comparative evaluation of the Russian and Ukrainian HIV/AIDS programs.
- Capacity Building: ECA will support partnerships, twinning and technical cooperation visits, meetings and other activities to support program implementation among countries in the region (especially those with a common language), as well as between countries in the region and Brazil, between the Central Asian and Caribbean regional organisations for HIV/AIDS, and between the Business Councils for HIV/AIDS in Russia, Brazil and Europe.
- Donor coordination: ECA will work with WHO, UNAIDS, DFID and SIDA on an assessment and activities to operationalize the “Three Ones” in Russia.

South Asia (SAR)

The South Asia region, with its immense population, has the second highest number of newly infected cases per year despite the

low overall regional HIV prevalence rate. There are significant intra and inter-country variations, with some geographic pockets already experiencing a generalized epidemic⁷ and some a concentrated epidemic.⁸ The prevalence of risk behaviors is significant in the region; unprotected commercial sex remains the most risky behavior but HIV has also been increasing among IDUs and MSMs. The regional HIV/AIDS business plan points out that the window of opportunity exists now to prevent concentrated epidemics from generalizing further and that there is urgent need to scale up support to country responses.⁹

The region’s strategic approach emphasizes (i) focusing on high impact preventive services targeting the right people and influencing the multi-sector determinants that create an enabling environment, facilitate and reinforce safe practices, and de-stigmatize HIV/AIDS; and (ii) using country specific approaches, taking into account the dynamics of the epidemic in each country and the high level of risk and vulnerability throughout the region. It also recognizes the need for harmonization and donor coordination, and ensuring that the Bank’s contribution is strategic, considering the changing donor landscape.

Outputs targets in the current three-year work program include the following:

- Lending: National programs will be strengthened and expanded in India, Bangladesh, Bhutan¹⁰, Sri Lanka and Pakistan and supervision of programs will be improved.
- Analytic and advisory services: Policy dialogue will be initiated in Afghanistan and Maldives. Treatment options and plans will be developed in Sri Lanka and Nepal.
- Capacity Building: HIV/AIDS prevention will be incorporated into education and transport, private and rural development sector operations, and second generation surveillance and M&E systems will be developed in all countries.
- Donor coordination: Partnerships with the Global Fund and Gates Foundation will be established and the Bank’s collaboration with UN partners will be strengthened.

A regional multisectoral team has been established to support this action agenda, with a regional AIDS program coordinator in place since January 2005.

East Asia and Pacific Region (EAP)

The strategy note, “Addressing HIV/AIDS in East Asia and the Pacific” (2004) describes the diversity of the epidemic in the world’s most populous region.¹¹ It points out lessons learned from successful and unsuccessful attempts to curb the epidemic in the region. The strategy notes that even where commitment has been strong, government funding for HIV/AIDS has been low, with a key role for the Bank and other development agencies. New sources of external funding make future demand for Bank lending uncertain, but there is likely to be an important role for the Bank in mobilizing resources, providing analytic and advisory services and capacity building, helping ensure a multi-sectoral response and perhaps as donor of last resort.

Five key challenges every country faces in combating the epidemic are outlined: (i) political commitment and multisectoral support; (ii) public health surveillance and monitoring and evaluation, (iii) prevention; (iv) care, support and treatment; and (v) health services delivery. It proposes to develop country-specific strategies to respond to these challenges based on each country’s needs and stage of the epidemic, national strategic HIV/AIDS plans developed by governments, and World Bank Country Assistance Strategies. The country HIV/AIDS strategy notes will outline flexible and innovative specific work plans that incorporate some mix of analytic and advisory work, lending, and regional activities in focusing on the five key challenges.

The strategy outlines critical actions for addressing each of the key challenges. Political commitment and multisectoral support across a broad spectrum of sectors can be built using communications that increase public awareness and support. Modern methods of public health surveillance are needed to gather information on the numbers of people practicing high-risk behavior and their interactions with other groups.

This requires regular behavioral surveys, research on sexual and drug-using behaviors, and increased local capacity to conduct research. Monitoring and evaluation systems are needed to collect information on interventions for prevention and care, support, and treatment.

Larger scale prevention interventions must be established, maintained and strengthened based on sound local knowledge. Access to a range of care, support and treatment services for people infected and affected will require better policies for the public and the private sectors, and analytic work to understand how best to provide ARV therapy in the context of relatively weak health systems. Strengthening health care systems and absorptive capacity within the broader government are both key for implementing successful HIV/AIDS interventions.

Cumulative regional lending for HIV/AIDS is US\$138 million, as components of ten broader health project and two projects exclusively for HIV/AIDS (Indonesia and Vietnam).¹² Projects currently under implementation are a project in four target provinces in China—Fujian, Guangxi, Shanxi, and Xinjiang (US\$ 25 million), a safe blood project in Vietnam (US\$ 47.5 million) and the newly approved Vietnam HIV/AIDS Project (US \$35 million), and support for ARVs under a health program in Cambodia.

Looking ahead, planned activities include the following:

- Lending: Efforts will focus on strong implementation of the existing portfolio, and preparation of new HIV/AIDS projects, depending on country demand.
- Analytic and advisory services: In China, new analytic work focuses on policy options to address HIV/AIDS in China. In Papua New Guinea, a joint strategy for HIV/AIDS is being developed, as part of a broader human development strategy together with AusAID and the ADB. In Thailand, a recently completed analysis of policy options for treatment while promoting effective prevention will generate various follow-up activities, and several knowledge sharing activities are planned for Vietnam and PNG. Proposed new an-

alytical work is under discussion with the Indonesian government.

- Capacity Building: In Vietnam, there is a strong focus on monitoring and evaluation in close collaboration with other partners as part of the newly approved project on HIV prevention. The lending operations in Vietnam and China also include capacity building efforts. All the analytic work listed above also involves specific capacity building efforts.
- Donor coordination: The region will keep on strengthening collaboration with other key players in the region, such as UNAIDS, AusAID, the ADB and UN. This is an integral part of the approach and the regional strategy highlights this.

Middle East and Northern Africa (MNA)

The MNA region strategy¹³ notes that although adult prevalence in the region is estimated at only 0.3 percent and appears to be concentrated among high risk groups such as injecting drug users, sex workers and prisoners, the absence of reliable surveillance data among these groups makes the actual level of infection uncertain. It notes that low prevalence does not mean a low risk of an epidemic. Despite social and cultural values that have helped prevent rapid spread of HIV/AIDS in MNA countries, there are many vulnerabilities that could lead to increased transmission: widespread migration; silence and stigma; civil conflicts and security problems that could undermine government ability to respond effectively; and a large youth population that bears the brunt of unemployment.

The strategy calls for decisive action in four areas: (i) establish a reliable surveillance system to identify and target support to the most vulnerable groups; (ii) vigorously pursue cost-effective public health measures to stem the spread of HIV/AIDS, targeted at injecting drug users and their sex partners, sex workers, prison inmates, males who have sex with males and youth; (iii) expand public information and education, and encourage greater public discourse on HIV/AIDS; and (iv) promote cooperation between governments and civil society to mobilize all

levels of the society to participate in preventing HIV/AIDS, and raise the effectiveness of programs.

Four areas are identified where the World Bank could support MNA countries in preventing the epidemic and expanding access to information on HIV/AIDS:

- Engage political leaders, policy makers and key stakeholders to raise awareness and priority given to HIV/AIDS programs within national development agenda
- Support upgrading of surveillance systems and strengthening research and evaluation of epidemiological, economic, and behavioral aspects of HIV/AIDS
- Support the development of National HIV/AIDS strategy and programs, based on country-specific epidemiological, social and economic conditions and contexts
- Support capacity building and knowledge sharing for comprehensive management of HIV/AIDS programs.

The Bank supports one HIV/AIDS project in the region, the Djibouti HIV/AIDS, Tuberculosis and Malaria Control Project which is a grant for US\$ 12 million for capacity building, prevention and support to community-based initiatives. In addition, the Djibouti International Road Corridor Rehabilitation Project (approved in 2000) includes some HIV/AIDS activities. The Bank has also supported the development of national AIDS plans in Morocco and Lebanon, held regional workshops to raise awareness, and engaged in advocacy.

Outputs targets for the coming years include the following:

- Lending: No new lending specifically focused on HIV/AIDS is expected, but HIV/AIDS prevention programs will be incorporated in new lending projects with a high degree of community-based and NGO activities (e.g., Egypt Social Fund, Iran Local Development Project and Yemen Population project). MNA also plans to identify specific components and investment activities related to HIV/AIDS prevention and selected priority health and social services which should be inte-

grated into new lending operations in education, health and social protection.

- Regional Technical Assistance: (i) Advocacy and Building Partnership for Prevention of HIV/AIDS activities will include launching the Regional HIV/AIDS Strategy, follow up consultative processes with key partners, and identification of and preparation of priority investment and analytical work to be undertaken by the Bank in partnership with other stakeholders, including the Global Fund. (ii) An Inter-regional Program on HIV/AIDS Prevention among High Risk Groups will involve cooperation with SAR and ECA for countries bordering Afghanistan and affected by the rapid expansion of drug trafficking and IDU use. In the first phase, a conference is proposed to be held in Tehran in 2006, to discuss how to address drug trafficking, drug addiction and the spread of HIV/AIDS in Afghanistan, Pakistan, Iran, Tajikistan and Uzbekistan.
- Capacity Building: Under a new Lebanon IDF Grant project, NGO-based HIV/AIDS projects will be promoted. Funds (JSDF or IDF) will be sought for local capacity building grant projects to complement Global Fund activities, in selected countries in the region (to be selected based on readiness and political will) in FY07-FY08. Capacity building activities will be identified based on the outcome of the Advocacy and Partnership TA.

The World Bank Institute Leadership Program on AIDS

The Leadership Program on AIDS supports the World Bank's intensified efforts in HIV/AIDS lending and research and contributes to a critically important but still neglected need for leadership and capacity building. The Program focuses on: building capacity of clients including local institutions to strengthen implementation; mobilizing policy makers to focus on HIV/AIDS; sharing knowledge of best practices within and between countries; and using technology to create mass awareness and to share knowledge. The Program targets a wide range of stakeholders including policy-makers and analysts in government ministries and other public institutions; national PRSP

teams; community leaders and NGO representatives; managers from the private sector; staff from international organizations, HIV/AIDS program staff and trainers and academicians. WBI develops and delivers more than half of its activities with partners in client countries and has formal partnership agreements with nearly 200 organizations that provide expertise, content, facilities, staff, funding and other inputs.

To respond to country demand, in the coming 3-5 years, WBI will focus on building implementation capacity for HIV/AIDS programs by: i) building the management capacity of the public sector and civil society organizations to overcome the current planning, management and implementation constraints, ii) continued collaboration with WHO, UNAIDS, Global Fund and PEPFAR to harmonize ARV procurement and supply management efforts at country level, iii) continuing to hold training workshops on procurement and supply management at regional and country level, iv) building the technical capacity of program managers using technology to rapidly disseminate evidence-informed knowledge across geographical borders, v) engaging high level policy makers to advocate for HIV/AIDS, and vi) building the capacity of ministry of health and ministry of finance officials to address the macroeconomic policies that might impede rapid scaling-up of HIV/AIDS activities.

Business and HIV: IFC against AIDS

Businesses feel the impact of the AIDS epidemic most clearly through their workforce, with direct consequences for a company's bottom line. These include increased medical expenditures and health insurance costs, funeral and death benefits, higher recruitment and training needs due to lost personnel, higher absenteeism and staff turnover, reduced productivity, declining morale and a shrinking consumer base.

The International Finance Corporation, the private sector investment arm of the World Bank Group, recognizes that HIV/AIDS is as much a business issue as a development and humanitarian concern. Since 2000, the IFC

AIDS program—IFC Against AIDS—has worked to increase the private sector’s role in fighting the epidemic. The overarching goal is to accelerate the role of the private sector in the fight against HIV/AIDS. The program has honed its approach and tools and worked with over 30 client companies, of which 25 are in sub-Saharan Africa. The program has also included companies in the Caribbean and South Asia.

Africa will remain a priority for the program, in moving forward to intensify existing activities (facilitated by increased staff capacity in the Africa region), and to launch an innovative program to reach small and medium-sized enterprises (SMEs).

IFC Against AIDS has four areas of activity:

- 1 Raising awareness:** IFC Against AIDS works with IFC clients to help them analyze and acknowledge the risks that AIDS poses to their companies, making the business case for action. This work will continue in African countries, and expand to countries in other regions, including India, Russia, and China. Tools are being developed and used, and a communications strategy guides activities to demonstrate how private companies can respond to the challenge of HIV/AIDS.
- 2 Guidance:** Once companies are aware of the risk that HIV/AIDS poses to their operations, they typically do not know where to start. Through one-on-one interaction with clients, IFC Against AIDS helps companies develop an appropriate and tailored response, working with clients to design and implement programs that include HIV/AIDS education, prevention, and care interventions for the workforce and/or communities in which they operate. This demand-driven support is expected to expand to more companies in future.

In the coming year, IFC Against AIDS will pilot a more systematic and client-based monitoring and evaluation (M&E) tool with selected clients in sub-Saharan Africa. This tool will help clients to assess the relative success of activities and interventions and enable them to make more informed decisions concerning their HIV/AIDS workplace programs.

- 3 Training:** IFC Against AIDS will deliver a 3-year training program in Africa for small and medium enterprises (SMEs), which can be just as affected by HIV/AIDS as larger companies. A package of tools and approaches is being developed that will be able to be used by others in the field, increasing reach to this important part of the private sector. The strategy includes building capacity of local trainers and NGOs to deliver the training program, which should increase the ability of SMEs to respond to HIV/AIDS. This program has been developed in cooperation with the IFC Private Enterprise Partnership program (PEP Africa), and will be managed jointly with PEP Africa from October 2005 till September 2008.
- 4 Financing:** Close collaboration with the IFC Corporate Citizenship Facility (CCF) has enabled IFC Against AIDS to leverage financing on a cost-sharing basis for clients for whom a compelling case for support can be made. Financing will be provided to clients that can show a demonstration effect for a particular sector, such as tourism, or a particular geographic area or country, such as Nigeria. These examples will be used to capture lessons learned that can be replicated internally with other IFC clients and externally, and add to the body of knowledge within the field. This collaboration with the CCF is expected to continue, but there is also the possibility of establishing an IFC Against AIDS Facility in the future if warranted.

IFC Against AIDS has been working in closer cooperation with AIDS units in the Bank, seeking ways to concretely partner, such as in Kenya with IDA to jointly promote the role of private companies in the National HIV/AIDS Strategic Plan and in the implementation of coordinated activities. Another example is the work with the World Bank Institute in Africa and India. This cooperation should intensify in future.

Considerable attention will be focused on India in the coming years. Proactive engagement in HIV/AIDS in the private sector in India remains piecemeal. After evaluation of what IFC could do to bring value to its clients and contribute to India’s response to the epidemic, IFC Against AIDS and the IFC South

Asia department launched a program in January 2005 that aims at increasing the ability of clients to proactively address HIV/AIDS in three possible areas:

- workplaces—by raising awareness about HIV/AIDS and promoting prevention across company operations, and by extending education programs throughout their groups and to supply chain partners;
- company clinical facilities—by training medical and clinical staff on HIV/AIDS and sexually transmitted infections (STIs), i.e. modes of transmission, prevention (with a special focus on universal precautions related to HIV infection in clinical settings), basic counseling skills, syndromic management of STIs, opportunistic infections related to HIV and anti-retroviral treatment therapies;
- their communities—by supporting or scaling-up the awareness and prevention efforts around their operations, particularly among migrant workers and trucking communities with whom companies interact.

This project is financed from FY05 to FY07 by the CCF: clients may submit project proposals that address any one, two or three components, IFC supporting up to half of the eligible costs incurred for up to 18 months. The goal is to involve about five major corporates under this scheme, and to develop the capacity of local organizations to play an intermediary role in local capacity building, which would enable the project to be extended later to smaller companies or SMEs in the supply chains of larger clients. IFC clients already involved in HIV/AIDS include Apollo Tyres, Ambuja Cement, L&T, Usha Martin and Ashok Leyland.

www.ifc.org/ifcagainstaids

Notes

1. World Bank 1999. *Intensifying action against HIV/AIDS in Africa: Responding to a development crisis*. Washington, DC: The World Bank, Africa Region.
2. World Bank. 2004. *Interim Review of the MAP*.
3. World Bank. 2001. *HIV/AIDS in the Caribbean: Issues and Options*. Washington, DC.
4. This includes \$255.05 million committed under the three AIDS projects as well as funding for HIV/AIDS activities in other projects.
5. Anabela Garcia-Abreu, Isabel Noguera and Karen Cowgill. 2003. *HIV/AIDS in Latin America The Challenges Ahead*. HNP Discussion Paper, Washington, DC: The World Bank.
6. "Averting AIDS Crises in Eastern Europe and Central Asia" 2003, Eastern Europe and Central Asia Region, World Bank.
7. Generalized: greater than 1 percent HIV prevalence among women attending antenatal clinics.
8. Concentrated: greater than 5 percent among STD patients and other groups whose behavior places them at risk e.g. sex workers, injecting drug users.
9. South Asia Human Development Sector. (2004). *HIV/AIDS Business Plan South Asia FY04-FY06*.
10. The first ever Bhutan HIV/AIDS project was approved with grant financing in 2004.
11. Borowitz, Michael, Wiley, Elizabeth, Sadaah, Fadia and Enis Baris. December 2003. *Responding to HIV/AIDS in the East Asia and Pacific Region: A Strategy Note for the World Bank*. HNP Discussion Paper, Washington, DC: The World Bank.
12. Lending data supplied by the EAP region, which may differ from data in the "Business Warehouse" database because of differences in coding.
13. The World Bank. (2005). *Preventing the Spread of HIV/AIDS in the Middle East and North Africa: The World Bank Regional Strategy*. Washington, DC.