

EXECUTIVE SUMMARY

We have made a good start, but . . . we are only at the beginning of the efforts that we really need to make on AIDS.

—James Wolfensohn

The World Bank is committed to long-term, strong support for comprehensive national HIV/AIDS responses for effective prevention, care and treatment, and mitigation. The Bank works closely with client countries and other development partners, including civil society and people living with HIV/AIDS (PLWHA). This Program of Action describes the steps the World Bank will take over the coming three years to strengthen the Bank's response to the HIV/AIDS epidemic at country, regional, and global levels, through lending, grants, analysis, technical support and policy dialogue. The scope of this Program of Action is Bank-wide and global, drawing on and complementing the Bank's regional HIV/AIDS strategies (summarized in Annex 1). This Program of Action supports the "Three Ones" principles, and is aligned with the recommendations of the Global Task Team on Improving AIDS Collaboration Among Multilateral Institutions and International Donors (the GTT) and the division of labor agreed among the UNAIDS co-sponsors.

The document was written for the World Bank's Executive Directors, management and staff, and for readers beyond the Bank, especially for our counterparts in client countries and partner organizations. It translates into concrete actions the Bank's commitment to work with client countries and partner agencies, to more effectively prevent new infections and treat and care for people infected and affected by HIV/AIDS. Several internal reviews of the Bank's HIV/AIDS work and an independent evaluation by the

Operations Evaluation Department (OED) provided useful input.¹ Discussions within the Bank, especially with regional HIV/AIDS focal points, managers and Task Team Leaders as well as with stakeholders outside the Bank have led to a consensus on the priority actions in the Program of Action for the next three years.

AIDS today: Continuing and emerging challenges

AIDS has been called "an unprecedented crisis . . . that demands an exceptional response".² More than 40 million people are now infected with HIV, over 20 million have died, and there are more than 15 million AIDS orphans.³ Yet prevention efforts remain small-scale and half-hearted in most countries, new infections continue to grow and treatment coverage is limited. In 2005 more people will become infected with HIV and die from AIDS than in any previous year. Despite international efforts to expand access to treatment and much lower prices for antiretroviral drugs, most people living with AIDS (PLWA) are not being treated.

The epidemic is evolving in diverse patterns across countries and regions. In most countries, overall adult prevalence is below 1 percent, with the epidemic concentrated in sub-populations, notably injecting drug users, sex workers and men who have sex with men. In some countries, prevalence has risen to as high as 80 percent of some sub-populations. Ominously, in a growing number of countries, the epidemic is spreading among the general population. In Sub-Saharan Africa, adult prevalence is over 7 percent, and in the next-hardest hit region,

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The AIDS epidemic has entered a new phase

the Caribbean, it is over 2 percent. Whether concentrated or generalised, high and rising prevalence rates are of serious concern. Women—particularly young women and girls—are made especially vulnerable to infection by physiological and social factors, resulting in an increasing feminization of the epidemic, particularly in Sub-Saharan Africa and South Asia. Increasing HIV infection rates among young people globally are also of great concern.⁴

More than twenty years on, the AIDS epidemic has entered a new phase. There has been an unprecedented outpouring of resources, significant advances in treatment, accumulated understanding of how to implement prevention efforts and deliver treatment and care, and growing political commitment to stop the spread of HIV. Once seen as a health emergency, AIDS is now recognized as a broad, long-term development issue. There is also growing recognition that international development partners and countries must address HIV/AIDS through harmonized, coordinated actions, in order to promote common approaches.

A number of longstanding challenges continue to undermine our efforts to confront the epidemic, jeopardizing the enormous investment of resources and blunting the impact of thousands of international, national, and local initiatives. The growing emphasis on treatment offers hope and healthy years of life to those infected people who can access treatment, but also brings new challenges. In developing this Program of Action, we have analyzed the continuing and emerging threats and the most pressing needs of country HIV/AIDS programs for strengthening and support, and then identified five priority action areas for the World Bank's HIV/AIDS response. This Program of Action takes advantage of the Bank's particular strengths, seeking to support country and regional HIV/AIDS programs, to enhance their effectiveness in reducing new infections and providing care and treatment, and in working together in constructive and harmonious ways with our partners. It also harnesses the Bank's capacity to address HIV/AIDS through multisectoral and broad developmental approaches.

Continuing challenges

Although much has been learned about HIV/AIDS in two decades, there are major obstacles to applying that knowledge systematically and effectively. National HIV/AIDS *planning tends to be poor*: too little planning (in the rush to apply for funding and then spend it), too many plans (to please a variety of donors) with very little coordination, and an inability to plan effectively (especially at the national level) because of a *lack of good epidemiological surveillance and monitoring and evaluation information*, minimal collaboration among government sectors, and donors bypassing “official” planning mechanisms. This results in misallocated funds and little chance of impact; in one country only 1 percent of program resources target the particular risk groups that cause 75 percent of new infections.

Even the best planned programs face *implementation constraints*: a lack of resources, especially skilled personnel; unpredictable or conditional funding; burdensome disbursement and procurement processes; government reluctance to contract implementation out to civil society or the private sector; and multiple management and monitoring and evaluation systems to meet differing donor requirements. One of the most intractable problems is that in many countries *health systems are overwhelmed*. Inadequate, understaffed and underfunded health facilities, strained to the limits, are faced with rapidly rising numbers of people with AIDS who need treatment. Newly available donor funding for antiretroviral (ARV) drugs raises demand and expectations, but also exacerbates pressures on health care providers, especially if donors are reluctant to pay for salaries and other essential operating costs.

Many HIV/AIDS *programs are too small* in scale or too narrowly targeted to make a real difference. And the *social, political and legal climate is often inimical* to effective AIDS programming. Populations at high risk of infection are overlooked/underserved because of stigma, taboos and denial, or because governments shy from controversial services or serving marginalised groups (such as clean needle programs for drug users or promot-

ing condom use among sex workers and men who have sex with men).

Donor demand for quick and visible results discourages efforts to solve long-term, less visible problems such as weak health systems and lack of health personnel. Conflicting donor demands frustrate coordinated planning, and conditional funding reduces efficiency and raises costs.

Emerging challenges

Much still remains to be done to provide life-saving *antiretroviral therapy (ART)* on a large scale in resource-poor settings. To do this, health system capacity and infrastructure need to be strengthened and long-term funding is needed to make expanded treatment programs sustainable. Widespread access to treatment could have enormous benefits, prolonging healthy life, and enabling infected parents to remain productive and raise and care for their children. Treatment adherence and the impact of wide access to treatment on risky behaviours need careful monitoring, and promoting safe behaviours must be unrelenting. There are huge unmet needs for treatment and care, at the same time as prevention and mitigation programs are still under-resourced and inadequate. *Preventing new infections should still remain the highest priority* for all countries—at all prevalence levels. Successful prevention relies on widespread efforts in many sectors and by many groups in society. The more successful countries are at preventing new infections, the more feasible they will find it to provide treatment and care to those who are infected.

Prevention and treatment have important synergies. Effective prevention makes treatment more affordable and sustainable by reducing the number of new infections and hence the number of people who will need treatment. Availability of treatment and care can bring large numbers of people into health care settings, providing new opportunities for health care workers to deliver and reinforce HIV prevention messages and interventions. Improved access to HIV testing provides an entry point for both prevention and treatment services. Prevention can enhance access to treatment, by reducing

stigma and improving community knowledge and treatment readiness. Integrated prevention and treatment ensures that prevention activities are not neglected and can provide important opportunities to address vulnerable groups more effectively. Treatment investments can help improve infrastructure and human resources for prevention and other health services, by strengthening health facilities and health worker training. As recognized by the Global Task Team (GTT) and the Gleneagles G8 Communiqué, both prevention and treatment and care are critical and related components for an effective response.

The recent outpouring of AIDS funding has raised expectations among donors and affected populations but overwhelmed weak administrative systems and fragile infrastructures. This has caused an “*implementation gap*”—a temporary resource bottleneck, as financial resources arrive faster than they can be spent effectively, even though a “*resource gap*” remains between available funding and what is needed for a comprehensive and adequate response. The UN agencies, the Global Fund to Fight AIDS, TB and Malaria (GFATM) and HIV/AIDS stakeholders have redefined the division of labor among agencies through the GTT in order to improve implementation and use of funds. Harmonized and coordinated international support will significantly reduce the implementation burden.

While the demographic consequences of HIV are increasingly apparent in many countries, the extent of the economic and social impact is only beginning to be understood. And yet HIV/AIDS is still largely being *overlooked in the broader development agenda*, especially in countries with emerging epidemics, whose poverty reduction strategies are often silent or cursory about HIV/AIDS, including its links to gender, youth and development.

AIDS and the Bank

In two decades of involvement the Bank has learned important lessons about fighting HIV, including the need for countries to own and lead their individual campaigns, for AIDS efforts to be part of overall development

Prevention, treatment and care are all critical and related parts of an effective response

planning, for programs to be based on the best available evidence, and for more effective monitoring and evaluation to add continually to that evidence and to guide program improvements.

In recent years, the Bank has dramatically scaled up its financial support to countries, helping jump-start expanded programs in many of the hardest-hit places. Cumulative lending for HIV since the first project in 1988 is now over US\$2.5 billion, and commitments in sub-Saharan Africa have grown from \$10 million annually ten years ago to \$250-300 million in each of the last four years.⁵

The Bank has contributed more than financing to global efforts against HIV/AIDS. Through strong economic and policy analysis it has helped countries identify the development implications of the epidemic and the potentially high returns to investments in prevention, care and treatment and mitigation programs (and how to choose the best ones). And through policy dialogue it has helped redefine AIDS as a development issue. This is not to suggest that the Bank and Bank-supported initiatives have done nearly enough—the Bank's record on HIV is, in fact, uneven, and the Bank was slow to respond at the required scale. But the Bank does offer certain unique expertise which, if effectively applied, can contribute, along with others, to turning the tide against the epidemic.

The World Bank's Global HIV/AIDS Program of Action

The Global HIV/AIDS Program of Action will support more effective AIDS responses in five integrated action areas, which reflect: country needs; the Bank's mandate, capacity and comparative advantage; the findings of reviews of the Bank's work in AIDS; the agreed division of labor among the major agencies working on HIV/AIDS; and the Bank's commitment to the "Three Ones" vision of one national strategic plan, one national coordinating authority and one national monitoring and evaluation system in each country.⁶ The Program of Action coincides with the publication of the report of

the Global Task Team on Improving AIDS Collaboration among Multilateral Institutions and International Donors (GTT) and the G8 Gleneagles communiqué. The Global Task Team recognizes that the world must do more to effectively tackle AIDS. Strengthening coordination, alignment and harmonization, in the context of the "Three Ones" principles, UN reform, the Millennium Development Goals, and the OECD/DAC Paris Declaration on Aid Effectiveness, is essential for rapid, effective scale-up of the AIDS response.

This Program of Action will contribute to these goals, through a range of activities, including lending and technical support, analytic work and policy engagement, that the Bank's regional units plan for the coming three years in HIV/AIDS and health system strengthening, as well as actions that will be taken to support and facilitate the regional and country plans. It also describes additional cross-cutting activities led by the Global HIV/AIDS Program, and actions planned by other Bank units to mainstream HIV/AIDS responses in key sectors and areas such as education, transport, infrastructure, gender, youth, legal and the private sector.

The work will be done through partnerships across Bank units, working closely with client countries, UNAIDS co-sponsors, GFATM and other development partners to achieve strong, well focused, concerted and harmonized AIDS responses. The Bank's engagement across many different sectors is an important comparative advantage, especially in addressing the increasing feminization of the epidemic, which requires progress in many related areas, including girls' education, poverty alleviation, and growth.

The action areas are:

- Support for *strengthening national HIV/AIDS strategies*, to ensure they are truly prioritized and strategic, integrated into development planning and linked to gender and equity issues;
- Continued *Bank funding for national and regional HIV/AIDS programs*, and for strengthening health systems, to support

The Program of Action describes five integrated action areas to focus Bank support for more effective AIDS responses

responses that are of sufficient scale and scope;

- *Accelerating implementation*, to increase the scope and quality of priority activities, through harmonized, well aligned actions;
- Strengthening *country monitoring and evaluation systems* and evidence-informed responses, to enable countries to assess and improve their programs;
- *Knowledge generation and sharing and impact evaluation* about what works, as well as other analytical work to improve program performance.

Consistent with the Global Task Team process and the division of labor among agencies, the World Bank will focus intensively on improving national HIV/AIDS strategies and annual action plans and on improving program implementation.

Practical guidelines, good practice notes and examples, technical training and support for a network of country practitioners will be provided to help countries to develop strategic, prioritized national plans, soundly based on epidemiology and evidence, with well-defined priorities, goals and targets, time-frames, responsible actors, cost estimates, and plans for monitoring, evaluation and knowledge utilization. Analytic and advisory services and enhanced Country Assistance Strategy (CAS) and Poverty Reduction Strategy (PRSP) guidelines and assessment criteria will aim to support better integration of HIV/AIDS into national development planning and better aligned national AIDS responses.

The Bank will remain one of the major financiers of AIDS activities globally, including using its flexibility to fund countries and activities that others cannot or will not finance. Particular efforts will be made to work with countries to ensure that program and funding decisions are informed by evidence on risk behaviours, epidemiology, and effectiveness and impact of interventions, as well as links to gender, youth, minorities and equity issues.

The Bank will continue to provide funding and support to strengthen health systems and client country capacity for service deliv-

ery, as part of HIV/AIDS program funding, and/or within broader health sector support, given the heavy demands that HIV/AIDS prevention and treatment makes on the health sector and the weaknesses in health services delivery in many countries. Areas that will receive particular emphasis include human resources for health, health planning, key public health functions (including surveillance and governance), procurement, management and other logistics of drugs and other essential supplies, and enhancing laboratory and diagnostic capacity.

Ongoing work to mainstream HIV/AIDS into the work of key sectors in addition to health—including education, transport, legal, gender and youth—will continue, and be expanded. The education sector has the capacity to reach millions of children (and their parents) and empower future generations to protect themselves against HIV infection. Schoolchildren are a “window of hope” for the future. Nearly all school age children are free of HIV infection, even in the worst affected countries, and if they remain so as they grow up, they could change the face of the epidemic within a generation.

To further accelerate and strengthen HIV/AIDS program implementation, the Bank will continue to provide financial and technical support through project/program support and IDF grants to enhance country capacity and systems to implement national HIV/AIDS plans; seek to ensure adequate funding for project supervision and additional implementation support; work with countries and Bank project teams to further improve planning, budgeting, program design, financial management, disbursement and procurement, monitoring and evaluation and expenditure tracking. Depending on individual country situations, appropriate actions will be taken to help make it possible for the private sector, civil society organizations including non-governmental organizations (NGOs) and faith-based organizations (FBOs) and communities to play a strong role in the HIV/AIDS response. Good practice notes will capture and widely share knowledge about effective implementation practices and promote more evidence-informed approaches. Networks of program practitioners will be supported,

**Five focus areas:
national
strategies,
funding
HIV/AIDS
programs and
health systems;
accelerating
implementation;
M&E; analysis
and knowledge**

The Program of Action endorses the Bank's approach to HIV/AIDS. But we must do even more and do it better

to facilitate exchanges of experiences, knowledge and practical advice on general operational issues, fiduciary architecture, and special programmatic themes.

As a member of the Joint United Nations Programme on HIV/AIDS (UNAIDS) family, and in line with the implementation of the Three Ones, the Bank has particular responsibility for strengthening country monitoring and evaluation systems. The Global HIV/AIDS Monitoring and Evaluation Team (GAMET) will continue to provide practical, in-country support to country counterparts to develop and strengthen their national monitoring and evaluation (M&E) systems. The goal is to work with partners to build national capacity to carry out M&E and to use the data for making decisions. Specific activities include joint country support visits with other major M&E partners to ensure coordinated country support, participatory collaborative development of one national monitoring and evaluation framework in each country, operational plans and indicators, troubleshooting, working closely with partners to harmonize, align and coordinate efforts, and preparing and sharing guidelines, good practice notes and training.

Building on lending and non-lending activities, the Bank will establish a continuous and deliberate process of learning more about what works and about the impact of AIDS programs, and will systematically share and apply this knowledge in program design. Bank project task teams will be supported to carry out impact evaluations of interventions funded through projects, and new HIV/AIDS projects will include prospective evaluations. Working with researchers within the Bank and beyond, especially those with a strong client-country presence, new analytical work will be supported in priority areas to supplement the analytic work included in regional and country work plans, and to focus on cross-cutting and cross-country areas, and on research that has "international public good" attributes, particularly in relation to impact evaluation. More emphasis will be given to: (i) sharing research findings and emerging lessons of experience widely and quickly, using a range of distribution and dissemination

channels, and especially targeting potential users; and (ii) supporting coordinated country efforts to translate evidence into improved national programming.

Partnerships are essential to ensure coordinated and harmonized national AIDS responses of sufficient focus, scope and quality to reduce HIV transmission, and achieve the international AIDS targets outlined in the United Nations General Assembly Special Session (UNGASS) and the Millennium Development Goals (MDGs).⁷ The Bank will continue to work closely with other international organizations and donors, with people living with HIV/AIDS, with civil society groups, with the private sector, and through public-private partnerships.

In the end, HIV will be defeated one village at a time, one household after another. But essential grassroots efforts will reach more people and save more lives if they are part of carefully coordinated national strategies, with national programs being supported in a harmonized and coordinated way, to try to guarantee the most effective use of all available resources. This Program of Action endorses the Bank's present approach to HIV/AIDS. But we must do even more and do it better to prevent new infections and treat and care for those who are infected and affected by HIV/AIDS. Millions of lives and the development gains and prospects of many countries are at stake.

Notes

1. World Bank. 2004. *Interim Review of the Multi-Country HIV/AIDS Program for Africa*. Washington, DC. and World Bank 2005. *Committing to Results: Improving the Effectiveness of HIV/AIDS Assistance*. An OED Evaluation of the World Bank's Assistance for HIV/AIDS Control. Washington, D.C. Available on line at: www.worldbank.org/OED.
2. Peter Piot, "AIDS: The Need for an Exceptional Response to an Unprecedented Crisis", Presidential fellows Lecture, delivered on November 20, 2003 at the World Bank, and published by the World Bank, Global HIV/AIDS Program, Washington DC.
3. UNAIDS (Joint United Nations Program on HIV/AIDS) 2004. *2004 Report on the Global AIDS Epidemic: 4th Global Report*. Geneva: UNAIDS.

4. UNAIDS/UNFPA/UNIFEM 2004. *Women and HIV/AIDS: Confronting the Crisis*.

5. World Bank data prepared April 30, 2005 by the Global HIV/AIDS Program, World Bank, Washington, DC. 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 BW coding of HIV/AIDS components may differ from the information provided directly to GHAP by TTLs.

6. UNAIDS (Joint United Nations Program on HIV/AIDS) 25 April 2004. "Three Ones" Key Principles: Coordination of National Responses to HIV/AIDS: Guiding Principles for National Authorities and their Partners. Conference Paper 1. Washington Consultation, Washington, DC.

7. UN General Assembly 2000. "United Nations Millennium Declaration."
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