

# THE WORLD BANK'S GLOBAL HIV/AIDS PROGRAM OF ACTION

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This Global HIV/AIDS Program of Action commits the Bank to supporting more effective and comprehensive AIDS responses in five integrated action areas, which reflect: country needs; the Bank's mandate, capacity and comparative advantages; the findings of reviews of the Bank's work in 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. In addition to financial, technical and analytical support included in the six Bank regional HIV/AIDS business plans and strategies, and actions to mainstream AIDS into sectors beyond health, there are also actions to complement and support the regional operational work. Discussions with regional HIV/AIDS focal points, managers and Task Team Leaders in the Bank as well as with stakeholders outside the Bank have led to a consensus on the priority actions chosen.

The action areas endorsed are:

- Support for *strengthening national HIV/AIDS strategies*, to ensure they are truly prioritized and evidence-based, and integrated into development planning;
- Continued and sustained *funding* for national and regional HIV/AIDS programs, and for strengthening health systems, to support *effective HIV/AIDS* responses that are of sufficient scale and scope;
- *Accelerating implementation*, to increase the scope and quality of priority activities;
- Strengthening *country monitoring and evaluation systems* and evidence-informed responses, to enable countries to assess and improve their programs;
- *Knowledge generation and impact evaluation* of what works, as well as other ana-

lytical work to improve program performance.

These areas are closely interlinked. Strengthened strategic plans will require improved monitoring and evaluation systems and analytic work, and will guide the allocation of new funding. Accelerated implementation requires more effective partnerships. Strengthened national monitoring and evaluation systems and more evidence-informed programming requires rigorous analytic work, which in turn, requires more comprehensive and timely data from national monitoring and evaluation systems.

The key principles that underlie the Program of Action are:

- The objective of the Bank's HIV/AIDS work is to support client country efforts to prevent new infections, and to treat and care for people who are infected and affected by HIV/AIDS.
- The Bank HIV/AIDS program needs to be at a scale capable of making a significant impact on the HIV/AIDS epidemic and its consequences.
- Bank activities must be firmly grounded in available and emerging evidence.
- It is important to be flexible, adapting to meet different needs in different locations, and to adjust actions in the light of new evidence.
- Bank resources will be used to complement funding available from other donor and national sources, in support of the efforts of the Global Task Team on Improving AIDS Collaboration Among Multilateral Institutions and International Donors
- The Bank will focus its efforts in areas where it has a comparative advantage and

**Bank support aims to be comprehensive, large scale, flexible, grounded in evidence, complementary, coordinated and aligned**

**The goal is strategic, prioritized, costed national plans with clear targets, timeframes and accountability, informed by evidence**

can provide the most value-added. These areas include the ability to respond across many sectors; to provide long-term investments in health system strengthening; to access a wide range of policy makers including especially those responsible for finance, planning and macroeconomics; experience and commitment to participatory approaches that help empower communities; and extensive experience, know-how and lessons learned in program preparation and implementation.

- Partnerships are essential, to achieve concerted, harmonized AIDS responses aligned around country systems.

### **Strengthening strategic, prioritized responses**

The MAP Interim Review and OED review drew particular attention to national strategic planning.<sup>1</sup> Under the agreements flowing from the Global Task Team on Improving AIDS Collaboration Among Multilateral Institutions and International Donors, the Bank, UNDP and UNAIDS have particular responsibility to assist countries to improve strategic and action planning. The MAP Interim and OED reviews note that few countries have adequately incorporated AIDS into PRSPs or other overall national planning and budgeting processes. They acknowledge that many countries have now prepared national strategic AIDS plans, which have elevated commitment, broadened the response, and increased stakeholder engagement. However, they note that national plans do not serve as genuinely strategic tools for guiding and prioritizing action. Most plans are not informed by epidemiological information or rigorous analysis of effective approaches. They are all-encompassing and do not prioritize. They lack clear goals and responsibilities. They tend to be uncosted or unrealistically costed. They seldom identify the specific actors and responsibilities required to realize their strategic vision.

Under the aegis of the program of action of the GTT, the Bank, in collaboration with UNDP and other partners, will make a major commitment to assist countries to

strengthen strategic, prioritized national plans, which have: a sound epidemiological foundation and evidence-informed approaches; well defined goals and targets; explicit priorities; systematic planning; well identified timeframes; clear plans for monitoring, evaluation and knowledge utilization; clearly specified implementing actors and responsibilities; detailed cost estimates; strategies for resource mobilization; and analysis of the institutional and human resources required for effective action.

The following activities will be undertaken to strengthen national strategic planning as the basis for results-oriented actions:

- develop practical guidelines for effective, strategic, prioritized planning that guides results-oriented actions
- prepare good practice notes, highlighting examples of sound national strategic planning
- develop strategic planning training courses and train Bank staff, consultants, development partners and national counterparts in multi-sectoral strategic planning
- provide technical support for national strategic planning
- support the development of a network of country practitioners, enabling clients to develop and share national expertise in strategic planning
- strengthen the links from knowledge generation and impact evaluation to prioritization of interventions and program design
- encourage and support countries to write synthesis papers, analyzing their HIV epidemiological data and responses, and identifying priorities, as a basis for better informed strategic planning.

HIV/AIDS needs to be integrated into national development planning efforts. The Regions and the Global HIV/AIDS Program (GHAP) will continue working with PREM colleagues, client country counterparts, the IMF and other international partners such as UNDP and the UNAIDS Secretariat to better integrate HIV/AIDS planning into national development planning and financing, and especially in Poverty Reduction Strategies (PRSPs), CASs and Medium-Term Ex-

penditure Frameworks (MTEFs). An HIV/AIDS dimension will be added to the Operational Guidelines for PRSPs and Joint Staff Assessment criteria for PRSPs in countries with high or rapidly rising HIV levels. The Global HIV/AIDS Program Monitoring and Evaluation Team (GAMET) will provide more analytical and advisory services to assist key stakeholders (especially Ministries of Finance and Planning and Bank Country Teams) to give appropriate priority to HIV/AIDS interventions in PRSPs and MTEFs. CASs should make explicit (i) the rationale for including or excluding interventions to support the national AIDS response, and, where relevant, (ii) how Bank projects and policy-based lending will help a country attain its HIV/AIDS objectives.

Rigorous, genuinely strategic national plans provide an essential platform for concerted, coordinated, effective AIDS responses that, along with the other action areas, will help the Bank to contribute to better success in preventing new infections and increasing the healthy years of life of people with AIDS.

### **Funding national and regional HIV/AIDS responses and strengthening health systems**

#### ***Bank funding for HIV/AIDS***

The Bank will remain a major financier of AIDS activities globally, alongside the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States Government and the United Kingdom (DFID) and other financing partners. The Bank's financing role increasingly will reflect its greater flexibility with respect to both the countries and range of activities it can finance. Thus the Bank is likely to remain a major source of finance for HIV/AIDS in many of the lowest income IDA countries, particularly those in central and west Africa with limited access to other AIDS funding. The Bank can also lend to middle-income IBRD countries that are ineligible for other sources of financing. The Bank has demonstrated an ability to establish AIDS programs in post-conflict countries, often more rapidly than other major financing mechanisms. The ability to fund regional programs enables the Bank to sup-

port HIV/AIDS efforts in countries that are ineligible for national assistance, and for cross-border activities. Predictable, multi-year Bank funding can help countries ensure sustainability of their HIV/AIDS programs.

Within countries, the Bank will use its flexibility to finance major gaps in HIV/AIDS programs that other funders cannot address as effectively. Specific examples include financing long-term institutional and operating costs, and activities and commodities that may be controversial, including clean needle programs to reduce HIV transmission among injecting drug users and condoms to prevent HIV transmission among sex workers and their clients. Bank procurement procedures that require countries to purchase competitively at least cost can have positive spill-over into better use of other sources of funds as well.

The Bank will support country efforts to ensure that prevention and treatment interventions are informed by the evidence on quality and outcomes. In prevention, the Bank's support will take into account the fact that epidemiological risks vary across and within populations and age groups. The Bank will support countries to address the dual TB/HIV problem, particularly in sub-Saharan Africa and Eastern Europe and Central Asia.

The Bank's ability to fund HIV/AIDS programs is subject to client countries' decisions to borrow. The Bank hopes to commit additional funding for HIV/AIDS programs in the following countries in the coming three years (either in dedicated HIV/AIDS projects, or as part of broader support): Albania, Argentina, Benin, Bhutan, Burkina Faso, Cameroon, Cape Verde, Chad, Côte d'Ivoire, Ethiopia, Eritrea, the Gambia, Ghana, Guinea, Guinea Bissau, India, Kenya, Kyrgyz Republic, Madagascar, Mali (within a transport project), Niger, Nigeria, Senegal, Sierra Leone, Suriname, Togo, Uganda, Zambia, and multi-country projects in the Abijan-Lagos Corridor, and in the Mercosur countries.

The current three-year round of concessional financing, IDA14, has no resources earmarked specifically for HIV/AIDS, and

***AIDS financing will increasingly reflect the Bank's flexibility with respect to the countries and activities it can fund***

**Strengthening health systems and services is a crucial part of HIV/AIDS programs and broader health sector support**

eligibility for grant funding (rather than repayable credits) has changed to depend primarily on each country's risk of debt distress.<sup>2</sup> Countries whose IDA funds are not given as grants may be less willing to request IDA funding for investing in HIV/AIDS than during the previous three years, when all IDA funding for HIV/AIDS was provided as grants.

**Strengthening health systems and the capacity for service delivery**

Given the demands that HIV/AIDS makes on the health sector in its key role in prevention and treatment, and the weaknesses in health services delivery in many countries, the HIV/AIDS interventions that the Bank supports in the health sector need to be designed to help strengthen the health care delivery system. The Bank will continue to provide funding and support to strengthen health systems and client country capacity for service delivery, as part of HIV/AIDS program funding, and/or within broader health sector support.

Depending on country decisions, new health sector funding may be committed in the coming three years in Africa in Burundi, Cameroon, Democratic Republic of Congo, Côte d'Ivoire, the Gambia, Ghana, Lesotho, Madagascar, Mali, Mauritania, Niger and Zambia; in the East Asia and Pacific region in Cambodia, Indonesia, Lao People's Democratic Republic, the Philippines, Timor-Leste and Vietnam; in Europe and Central Asia in Albania, Azerbaijan, Croatia, Kyrgyz Republic, Moldova, Poland, Tajikistan, Turkey and Ukraine; in Latin America in Brazil, Colombia, Ecuador, Panama, Paraguay, Peru, Uruguay and Venezuela, as well as in India, Lebanon and the West Bank and Gaza.

Several key aspects of health systems are likely to receive particular attention:

- To strengthen governments' *capacity to perform key public health roles*, in collaboration with specialized institutions, the Bank will support the following cross-cutting issues that are relevant to HIV/AIDS: (i) formulation of public health policies for disease control and services with positive externalities, (ii)

epidemiological surveillance, reporting and response, (iii) standard setting and regulation of the public and private sectors and civil society organisations (CSOs); (iv) improvement of local capacity in public health and epidemiology; (v) monitoring social and geographic inequities in outcomes that are amenable to affordable services and to changes in individual or household behaviour; and (vi) enhancing capacity for behaviour change communication.

- *Health human resources*: Upgrading skills and expanding capacity for training different cadres of health care workers, and better incentives to retain and deploy health care workers where they are needed most.
- The Bank will provide financing and advisory services to improve local capacity for managing logistics of pharmaceuticals and other supplies, procurement and financial management, health management information systems, and health care waste management systems.
- Upgrading of health care *facilities*, medical laboratory infrastructure and services to enhance diagnostic capacity.
- Some countries are working with the Bank to design incentives for better outcomes in the health sector; if successful, this approach could be expanded.

The Bank will continue to participate with partners in efforts to seek common approaches and policies to key areas of health system strengthening, and to take forward the work of the Global Task Team on Improving AIDS Collaboration Among Multilateral Institutions and International Donors, the High Level Forum, Joint Learning Initiative, Global Health Council and the recommendations of the World Health Assembly, to strengthen key aspects of health systems and health service delivery at country level, within a sustainable fiscal framework.

**Supporting stronger HIV/AIDS responses in other key sectors**

The Bank is also working with client countries and other key partners to support stronger HIV/AIDS responses in selected key sectors and areas (in addition to health), es-

pecially in education, legal, gender, youth, transport, infrastructure and the private sector. GHAP and other Bank staff working on AIDS will support and encourage efforts to mainstream effective HIV/AIDS interventions into the work of other sectors in the Bank.

In the **education sector**, HDNED's School Health program will continue working, at the request of the regions, to support Africa, LAC and SAR's efforts to accelerate and enhance the education response to HIV/AIDS. This will be done by working through national education systems, in the context of efforts to achieve the MDG and Education for All goals. The country level work focuses on implementing activities in schools and communities, and regional level work focuses on strengthening leadership and sharing knowledge. The emphasis is on prevention—especially for girls—and ensuring access to education for orphans and vulnerable children, and addresses the response at all educational levels. A key element is to help the education sector make use of resources within the sector as well as funds available specifically for HIV/AIDS efforts. Good practice examples in school-based prevention programs, in programs to increase access to school for HIV/AIDS orphans, and explaining the role that teachers can play in addressing HIV/AIDS will be documented and widely disseminated. This work benefits from the collaborative effort of the Working Group of the UNAIDS Inter Agency Team for Education to accelerate the education sector response to HIV/AIDS.

**Transport and infrastructure:** All construction contracts with Bank funding should include HIV/AIDS activities (condom distribution and IEC, and treatment could also be included). "Good practices" will be highlighted to help companies do this in an effective way. The Transport Sector Board, with GHAP and health sector colleagues, will develop an action plan to ensure a more proactive HIV/AIDS response in the transport sector across the Bank. In India and Africa, HIV/AIDS activities will be incorporated into all new transport and infrastructure projects, and added to existing projects in Africa during mid-term reviews. In West Africa, the HIV/AIDS project for the Abid-

jan-Lagos transport corridor is beginning to offer useful lessons that could be applied in other corridors, specifically in a proposed new HIV/AIDS transport corridor project in Southern Africa. The Africa Transport Group are working with key transport sector decision makers in Anglophone and Francophone countries, to support development of policies on HIV/AIDS for transport workers, implementation plans, and local networks for sharing information and advice.

The **Urban Sector** will continue to support Local Government Responses to HIV/AIDS in several ways, including: (1) supporting urban operational units to mainstream HIV/AIDS responses into their policy dialogue and projects; (2) supporting local governments directly by providing them with updated and enhanced training material and toolkits; (3) ensuring that local governments and decentralized responses are adequately taken account of in the design and implementation of multi-sectoral HIV/AIDS programmes; and (4) supporting relevant analytical work including analysis of the impact of HIV/AIDS on the urban sector. In addition, the Bank will continue to coordinate and engage with external partners to share best practice, knowledge and practical guidance.

In the **legal** sector, the work will focus mainly on how to improve laws that could protect PLWHA against discrimination and protect children orphaned or made vulnerable by AIDS; and advice on intellectual property rights (patents) and international trade law relating to pharmaceuticals (especially generic ARV drugs).

With respect to **gender dimensions** of HIV/AIDS, the PREM Gender and Development Group (PRMGE) will continue and expand analytical and operational work to integrate a gender dimension into HIV/AIDS policy and operations, building on the new Operational Guide on Gender and HIV/AIDS.<sup>3</sup> The main focus will be collaboration with associations of judges and women's lawyers, government agencies and civil society groups, to strengthen capacity among law, justice, medical and health sector institutions and professionals to address the gender and legal dimensions of

*Work will continue to mainstream effective HIV/AIDS interventions in key sectors in addition to health*

**Ongoing and new efforts will support faster, more efficient, effective and transparent implementation of HIV/AIDS programs**

HIV/AIDS. Relevant topics will include the gender-responsiveness of existing legal frameworks in the HIV/AIDS setting, in such areas as customary law/practices, religious laws, land law, inheritance and property rights, family law, women's rights issues in the context of gender-based violence, and the links between HIV/AIDS and conflict, post-conflict reconstruction and trafficking in women and girls.

### **Accelerating implementation**

The GTT noted that improving program implementation at country level and ensuring better coordination and harmonization on the part of donors are essential to accelerating and maintaining the world's response to the HIV/AIDS epidemic. The "implementation gap" can be substantially reduced if countries and donors use exceptional policies and procedures commensurate with the exceptional nature of the epidemic, and if implementation by key stakeholders in the public and private sector and in civil society becomes faster, more efficient, effective and transparent. While the most flexible and least bureaucratic Bank instrument—the Africa MAP—is disbursing at about 90 percent of original projections, higher than average for Bank lending in general, this pace is still insufficient to deal with the challenges in prevention, care and treatment and impact mitigation. The Bank has reaffirmed its commitment to improving implementation as one of its areas of focus in the division of labor between agencies through the Global Task Team.

To further accelerate and strengthen HIV/AIDS program implementation, the Bank will:

- Continue to provide financial and technical support through lending and Institutional Development Fund grants to countries to enhance capacity and systems, improve human resources, infrastructure and equipment, and fund essential administrative and operating costs of their HIV/AIDS programs over the medium to long term.
- Continue to support the global partnership on ARV procurement and logistics

management capacity building, including holding national and regional training workshops.

- Based on learning and experience, continue to simplify operational processes and guidelines for HIV/AIDS projects and encourage countries to use exceptional implementation procedures (such as outsourcing fiduciary management).
- GHAP will continue to work with the regions to ensure that AIDS project supervision is adequately funded, and to raise and use TF resources to provide the additional implementation support needed to deliver the comprehensive, flexible and adaptable "program support" on which the MAP approach is built.
- The Bank's Implementation Acceleration Team (IAT) comprises key staff from across the Bank working with OPCS and TTLs to see where Bank policies need to be streamlined or simplified to facilitate MAP implementation. This team will be strengthened, drawing on expertise from across the Bank, to become an AIDS Implementation Advisory Service (IAS) that will work with countries and Bank project teams, especially in the areas of planning, budgeting, program design, financial management, disbursement and procurement, expenditure tracking, and scaling up programs in the public and private sectors and in civil society. This will build on the work of the IAT and of ACTAfrica, moving into a new phase that goes beyond looking at Bank policies and procedures to the way they are in fact practiced, and work with Bank teams and country counterparts to improve practice on-the-ground. We will use country, regional and global publications, workshops for regional learning, implementation advisory service missions to countries, and operational guidelines for the Bank, and potentially for other donors, to carry out this work.
- The private and non-profit sectors, civil society groups, communities and people living with HIV/AIDS are essential partners in every country. The regions and GHAP will continue to support the active involvement of private sector and civil society organizations, including FBOs, to scale up and manage HIV programs. Depending on country needs, this may include (i) supporting policy changes to

allow scaled-up contracting of services to NGOs (e.g., legal frameworks, registering of NGOs); (ii) providing conditional cash transfers to communities to help care for those most affected by the epidemic and continuing to ensure wide access to MAP and other donor funds, through competitive, transparent and results-based processes; (iii) encouraging governments to promote greater diversity in service delivery systems; (iv) hands-on in-country work with national AIDS commissions, ministries, donors, business and labor organisations, civil society groups including FBOs and communities to create mechanisms and energize partnerships to address HIV/AIDS.

- GHAP and the Bank's regional units will generate and capture knowledge about good HIV/AIDS implementation practices, which GHAP will make widely and readily available. GHAP will assist the Bank's regional units to create networks of program practitioners to exchange experiences, knowledge and practical advice across countries and globally that will encompass general operational issues, the fiduciary architecture, and special programmatic themes. These efforts will support the GTT's commitment to better implementation of the Three Ones.

Accelerated implementation of AIDS projects and programs—especially care and treatment for infected people—requires strong health systems. The broader work of the Bank's HNP sector in strengthening health care systems is crucially important, and the GHAP will look for opportunities to work with the HNP group and relevant units in WHO to enhance and support this work.

### **Strengthening country monitoring and evaluation systems and evidence-informed responses**

AIDS resources have grown rapidly in recent years, from US\$300 million in 1996 to US\$8 billion in 2005.<sup>4</sup> As the GTT noted, the critical need to ensure that available resources are used effectively places unprecedented responsibility upon country monitoring and evaluation systems. Improved national systems require a sustained commitment to ca-

capacity building and systems development, particularly in countries with limited public sector capacity and human resources, challenges exacerbated by poverty and AIDS mortality.

Many countries have elements of an HIV/AIDS monitoring and evaluation system in place, but few countries have comprehensive monitoring and evaluation systems, which track both the epidemic and national responses to the epidemic and use the results for program improvement. A comprehensive M&E system comprises the following components:

- One overall national M&E system, with a guiding flowchart, which specifies precisely how data flows from each M&E component and each level, to a single overall national data repository.
- Biological surveillance (of HIV status), to assist countries to implement sound, regular, credible, affordable, HIV surveillance of the general population and vulnerable groups, in keeping with international best practice.
- Behavioral and social surveillance, to assist countries to implement sound, regular, credible, affordable surveillance of key behaviors among the general population and priority groups, based on international best practice.<sup>5</sup> When combined, biological and behavioral surveillance constitute a second generation surveillance system, in which behavioral and biological data and trends are examined together, for reciprocal elucidation and greater understanding of the epidemic and behaviors contributing to it.
- Health facility surveillance, to continually assess the coverage and quality of essential HIV related health services.
- Research, to address key AIDS prevention, care and treatment research questions.
- Program activity monitoring, to assist countries to track HIV/AIDS related activities and services. The goal is for all implementing partners to submit regular, structured program monitoring reports to a well-functioning system, to enable national AIDS program coordinators continuously to assess the scope and quality of key interventions and identify and address gaps and limitations promptly.

*Good monitoring and evaluation systems track the epidemic and national response, informing decisions to improve program impact*

- Financial monitoring, to enable countries to track expenses, cost services and corroborate program activity reports.
- Program impact evaluation, to guide allocation of resources and effort.

The GTT recently reaffirmed the Bank's particular responsibility, in collaboration with the UNAIDS Secretariat, for strengthening country monitoring and evaluation systems.<sup>6</sup> The Bank established the Global HIV/AIDS Monitoring and Evaluation Team (GAMET) to provide country support. In cooperation with UNAIDS cosponsors and other partners within the framework of the Monitoring and Evaluation Reference Group (MERG), GAMET will continue to provide M&E support through the following activities:

- Developing and regularly revising guidelines for national monitoring and evaluation systems.
- Preparing good practice notes that highlight examples of promising national responses.
- Co-facilitating global, regional and national M&E training courses.
- Continuing to build one unified, multi-agency, global country support team (CST) of international monitoring and evaluation specialists, who provide intensive practical monitoring and evaluation field support to countries.

As a major source of practical, in-country M&E support, the country support team undertakes the following activities in order to support the development of national monitoring and evaluation systems:

- Coordinated, multi-agency country support visits, to understand monitoring and evaluation needs and priorities.
- Harmonized and participatory development of national monitoring and evaluation frameworks, with indicators.
- Working with development partners and countries to: develop operational plans, including detailed descriptions of essential actions to strengthen biological, behavioral and health facility surveillance; enhance evaluation research; and develop program and financial monitoring systems.
- Jointly training national AIDS authorities and implementing partners; and

- Working together to provide case-specific assistance, including diagnosis and troubleshooting, using the complementary strengths of major development partners.

Through these activities, GHAP and partners will collectively and jointly assist a progressively larger number of countries to develop comprehensive, functioning monitoring and evaluation systems. This work will be done in collaboration with technical staff of other agencies who are also assigned to help build country M&E capacity, to work together to realize this part of the "Three Ones" vision at country level.

The Bank and partners will also assist countries to use their monitoring and evaluation systems to promote effective, evidence-informed prevention, care and treatment responses. Few countries base their responses on a rigorous analysis of national HIV transmission dynamics and priorities for effective interventions, or undertake rigorous impact evaluation. Numerous reviews draw attention to the need for more selective, evidence-informed national responses. By strengthening national monitoring and evaluation systems as described above and intensifying analytic work as outlined below, the Bank, working with specialized technical agencies and research institutions, will assist countries to implement strategic, data-driven, evidence-informed approaches. This will increase the impact of investments in HIV/AIDS programs.

The Bank HD Network Chief Economist leads a team that provides advice and help to Bank staff for designing ways to generate knowledge about good practices and to evaluate the impact of Bank-funded projects, with the goal of learning what works, what doesn't, and why. The regions and GHAP will encourage TTLs of HIV/AIDS projects to take advantage of this support, and will document and share good practice examples and evaluation results.

### **Knowledge generation and sharing, impact evaluation and analysis**

There are many aspects of the epidemic about which much remains to be learned.

**The Global AIDS Monitoring and Evaluation Team (GAMET) provides practical, in-country support**

There is a need for country-specific analytic work to help make important policy and program decisions. The analytic work included in regional and country work plans will address key country-specific issues. GHAP will support cross-cutting and cross-country analytical work in priority areas, working with DEC, PREM, the IMF and other researchers, especially those with a strong client-country presence. Working with specialized technical agencies, the Bank will sponsor or conduct operational research on key issues related to large-scale antiretroviral treatment in resource-limited settings, including quality, effectiveness, impact and outcomes, and risk behaviors of people on ARV treatment.

### **Knowledge generation and impact evaluation about what works**

The international community must significantly improve the effectiveness of HIV/AIDS responses in order to reduce new infections and meet the needs of people affected by and living with HIV/AIDS. Currently, there is insufficient evidence on “what works” when it comes to issues as diverse as fighting communicable diseases among groups with high-risk behavior or ensuring access to health care in resource-poor communities. As a result, national strategic plans and donor funding decisions are frequently devised without the benefit of sound evidence-based analysis.

By virtue of its focus on long-term development, the World Bank is in a unique position to play a leading role in providing policy advice and programs that are evidence-based. By building upon its lending and non-lending activities, the World Bank can establish a continuous and deliberate process of learning and sharing information and applying the acquired knowledge to program design. Establishing such a systematic process will assist governments, the Bank and its development partners to devise increasingly effective AIDS responses. To implement this, the Bank will do the following:

- *Carry out impact evaluations of development programs.* Through its involvement in HIV/AIDS projects, the Bank supports implementation of the AIDS response in

over 70 developing countries. The Bank will use this existing project infrastructure to carry out impact evaluations of its interventions. To do this, additional resources and technical assistance will be provided to project task teams by GHAP which will mobilize trust funds to support this effort.

- *Carry out prospective evaluations of new HIV/AIDS projects.* Prospective evaluations are time sensitive and need to be designed, and baseline data collected, before the implementation of a project begins. An expert consultative group will be formed to help develop carefully planned and scientifically sound prospective evaluations of new HIV/AIDS projects.

### **Analytical and advisory activities**

Planned country-specific and regional analytic work covers the following areas:

- *HIV/AIDS country situational analyses* in Maldives, Afghanistan
- *Analysis of treatment options* in Nepal, Bhutan, Thailand
- *Evaluation of different prevention strategies* in Bangladesh, Pakistan, Bahamas, comparative assessments of the Ukrainian and Russian National HIV/AIDS Programs, assessment of the HIV/AIDS public information campaign in Russia
- *Estimates of the economic impact of HIV/AIDS or links with poverty* in Argentina, India, Jamaica and Grenada
- *Studies on mobile populations* in Caribbean and Central America
- *Analysis of AIDS expenditures* in India, China, Cambodia
- *Local government, community or NGO responses to HIV/AIDS:* Africa (local governments) and Ethiopia (communities), Caribbean (NGOs and private sector)
- *Assessments of legal and regulatory issues* (including implications of trade agreements) relating to pharmaceuticals, discrimination against PLWHA, protection of children orphaned by AIDS in Africa, Caribbean and Central America and in selected countries in South Asia.
- *Operationalizing the “Three Ones”*, joint work with WHO, DFID, SIDA and UNAIDS in Russia

**New country-specific and cross-cutting analyses will increase our understanding of HIV/AIDS and what works**

- *Analysis of health systems, health sector service delivery issues or institutional issues* in Argentina, Azerbaijan, Bulgaria, Burundi, Indonesia, Jordan, Madagascar, Mauritius, Nepal, Nigeria, Oman.
- *Analysis of implementation constraints* in the Caribbean.

New global and cross-cutting analysis to be funded or undertaken by GHAP, DEC, PREM, HDNED, LEGVP and other key units in the Bank is likely to include:

- *Analysis of the links between poverty, gender and HIV*, including the likely interaction between HIV programs and broader efforts to reduce poverty; and the long-term impact of HIV and higher mortality. The work will assess the extent to which public expenditures on HIV/AIDS treatment, care and impact mitigation reach poor people, and mechanisms for improving targeting.
- *Analysis of the economic and budgetary implications and fiscal impact of HIV*, looking at expenditures and revenues, costing the national HIV response, and assessing the impact on economic performance and on the skilled labor market in the public and private sectors, notably health, education, agriculture and the civil service. GHAP will offer funding to key sectors in the Bank (such as education and social protection) to analyze the impact of AIDS in specific sectors and actions to mitigate the effects.
- *Analysis of potential policy and program trade-offs*, including how to ensure enough attention is given to prevention, care and treatment and mitigation, the implications of long-term and short-term responses, the comparative costs and benefits of different approaches, and operational research on quality and cost tradeoffs, and resource requirements for deploying new diagnostics and treatments. This research will contribute to policy discussions and decisions at the country level.
- *Analysis of institutional and structural factors that influence program effectiveness and response effectiveness of public sector agencies*, including decentralization, human resource policies, service delivery capacity, means of delivery (whether public, private or CSOs, for example) and market incentives.

- *Lessons from operational experience*, including evidence of the effects of Bank support on service delivery, and on the performance of key entities with the biggest responsibility for aspects of HIV/AIDS programs that depend on health systems; comparisons of the effectiveness of different programs; and donor coordination and harmonization efforts especially at country level.

### **Knowledge sharing, dissemination and use**

Research findings and emerging lessons of experience need to be shared widely and quickly, so they can be incorporated into programming decisions. More will be done to share analytic and program/project results broadly and to target potential users during program/project planning and implementation. Full use will be made of existing distribution and dissemination channels, including conferences and workshops, journals, newsletters and list-serves and communities of practice. State-of-the-art workshops, conferences and debates will be convened as needed, to discuss latest research and thinking, good practice and lessons of experience on current controversial and cross-cutting issues on HIV/AIDS prevention, care and treatment.

The Bank will develop and implement a *core learning program for Bank staff* on the epidemiology of HIV/AIDS, with emphasis on the analytical basis for improved decisions in program design, as well as appropriate indicators for monitoring and evaluation, and on the “Three Ones” principles and how Bank staff can help realise the vision in the countries where they work.

The Bank’s *AIDS website* will be improved and used to provide quick and easy, user-friendly access to information on Bank supported HIV/AIDS project and Bank reports, papers, manuals, etc. on HIV/AIDS. The “revamping” will ensure that the users will easily be able to find information on the Bank’s work on HIV/AIDS. The country HIV/AIDS synthesis papers referred to earlier will be published and posted on the website, and a new series of HIV/AIDS Discussion Papers will speed up publication and dissemination

**Research findings and lessons of experience need to be shared widely and quickly, to inform decisions**

of new analysis. The Bank will make its work available in a wider range of languages, to increase accessibility.

A new series of short reports and notes highlighting examples of HIV/AIDS work will be developed in collaboration with UNAIDS, to share operationally useful information and experience.<sup>7</sup> These notes will help to publicize national and cross-country lessons of experience quickly. The topics will include examples of GAMET's work on monitoring and evaluation, good examples of work with and being done by CBOs and NGOs; good examples of school-based HIV prevention programs and efforts to ensure access to school for orphaned children; and good examples of country-level donor harmonization and coordination.

New *Guidelines* to be developed and published include the following topics:

- preparing HIV/AIDS projects in a post-conflict setting
- legal aspects of HIV/AIDS (primarily for Bank staff)
- legal protection for children orphaned or made vulnerable by HIV/AIDS (primarily for governments)
- Guidelines on how India's new patent law relates to HIV/AIDS drugs.

The Bank will support opportunities for countries to share their experiences, through networks of practitioners and "south-south" consultations on topics of shared importance, such as the consultation planned among Pakistan, Afghanistan and Iran on harm reduction and high risk groups. Other examples of similar efforts being supported by the Bank include technical cooperation visits and virtual meetings among Moldova, the Ukraine, Russia and Brazil; "twinning" arrangements between the Caribbean and Central Asian regional HIV/AIDS organisations, and between the Russian business council on HIV/AIDS and the European Branch of the Global Business Council and the Brazilian Business Council on HIV/AIDS.

## **Working together**

The GTT emphasizes that effective 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 MDGs and UNGASS. Strong working partnerships at country level are also key to putting the "Three Ones" vision into practice. The importance of the "Three Ones" principles was also reaffirmed in the G8 Gleneagles Communiqué.

Within the Bank, the Global HIV/AIDS Program and regions will continue to work closely together, to ensure that the overall and regional AIDS strategies are coordinated and complementary and reflect an optimal division of responsibilities. GHAP will intensify its cooperation with PREM, to strengthen economic analysis of the epidemic and its links to poverty, gender and vulnerability. With the IMF, the Bank will help countries to integrate HIV/AIDS into their overall budget planning and management processes, including Medium Term Expenditure Frameworks and PRSPs. GHAP will work closely with HNP, whose leadership in efforts to strengthen health systems and health services delivery and health financing is crucial to country capacity to address HIV/AIDS. Work with the Education group (HDNED) will continue, to promote a broader, more effective education sector response, and to extract and build on what has been learned so far. GHAP will also continue to work with the Legal Unit and Gender group. New work will be initiated with the Transport Sector Board, to better integrate HIV/AIDS into transport activities, and with HDNDE, to understand how the Bank can best work with religious and faith leaders and institutions on HIV/AIDS. GHAP and the regions will also continue to work in close concert with IFC Against AIDS, in order to strengthen private sector AIDS responses. The work led by WBI will continue to provide training to staff and clients in priority areas, especially program management, and ARV procurement and supply management.

The World Bank's many external AIDS partnerships include the UNAIDS secretariat and other cosponsors, major international financing agencies, PLWHA and other civil society groups, and the private sector. The

**Strong global and country-level partnerships will help realize the "Three Ones" and ensure coordinated, harmonized, effective support**

**Civil society, including people living with HIV/AIDS, and the private and non-profit sectors all have key roles**

Bank's partnership with UNAIDS and other cosponsors will continue to be of the utmost importance, particularly in light of joint actions recently agreed as part of the GTT. Within the UNAIDS family, the Bank has formal responsibility for economic analysis and the development of country monitoring and evaluation systems and is also recognized for its leading role in strategic planning, institution building and implementation, which are all reflected in the priority areas of this Program of Action.<sup>8</sup>

With respect to civil society, including people living with HIV/AIDS, a large and growing literature attests to the importance of continued strong Bank efforts to foster community leadership and engagement in AIDS prevention, care and treatment. The Bank will strengthen its partnerships and continue to provide financing, through national structures, to civil society at all tiers, including non-government, faith-based and community organizations, and local universities and researchers.

The Bank will also strengthen its partnerships with the private sector to leverage increased private sector resources for AIDS, enlist the private sector's expertise and capacity in the fight against AIDS and utilize the private sector's enormous reach to increase the coverage of essential AIDS prevention, treatment and care services. The interests of private and public sector players

can diverge, so public-private partnerships need to be structured well, to take advantage of potential synergies.

### **The broader perspective**

Recognizing that a "business as usual" response to HIV/AIDS was grossly inadequate, in the new Millennium the Bank launched its innovative MAP program to support quick, forceful, substantial and sustained action against the epidemic in as many client countries as possible. Many lessons have been learnt in the process and are reflected in the priority actions in this program. Momentum must be maintained, because millions of lives and the development gains and prospects of many countries are at stake. The effect of AIDS in slowing or even reversing progress towards many of the Millennium Development Goals (MDGs) is clearly evident in Africa.

The MDGs envision that by 2015 the world will have halted and begun to reverse the AIDS epidemic.<sup>9</sup> The *Declaration of Commitment on HIV/AIDS*—unanimously adopted by UN Member States at the unprecedented UN General Assembly Special Session (UNGASS) on HIV/AIDS in 2001—includes a comprehensive set of concrete, time-bound targets to elicit effective global, regional and national responses to the epidemic.<sup>10</sup> This Program of Action reflects and furthers the

### **Civil society and communities play key roles in responding to AIDS**

Civil society plays a vital *advocacy* role, spurring countries to intensify AIDS prevention, care and treatment programs. Widespread community engagement *reduces stigma*, pierces denial, promotes personal risk perception, and instils personal proximity to the epidemic, helping *change community norms and individual behaviors* in ways that reduce HIV transmission. In addition, civil society and community partners can play a critical role in *implementing* AIDS activities in both concentrated and generalized epidemics, and promoting interventions that reach marginalised groups at high risk and with high rates of HIV infection.

In Brazil's concentrated epidemic, for example, vulnerable community members played a major role in mobilizing effective prevention, care and treatment responses among men having sex with men, injecting drug users and sex workers. In Uganda's generalized epidemic, the involvement of community and faith-based leaders played a major role in reducing stigma, increasing communication about AIDS, increasing personal risk perception, changing community norms and promoting safer sexual practices. In Thailand and elsewhere, civil society and community partners have demonstrated an ability to motivate people with AIDS to seek antiretroviral therapy and to adhere to treatment regimens.

| Millennium Development Goal  | Africa Progress  | AIDS effect |
|------------------------------|------------------|-------------|
| Reduce poverty/hunger        | Stagnant at best | Large       |
| Universal primary education  | Lagging          | Moderate    |
| Gender equality              | Lagging          | Large       |
| Child & infant mortality     | Worsening        | Large       |
| Maternal health              | Worsening        | Large       |
| Combat AIDS & diseases       | Worsening        | Large       |
| Environmental sustainability | On track         | Minimal     |
| Improve global partnerships  | On track         | Favorable   |

Bank's commitment to support national governments and programs as they strive towards these important goals.

The fight against HIV/AIDS has entered a new phase. In the 24 years since the virus was identified, much has been learned about its epidemiology and about prevention, treatment and care. The recent enormous increase in funding offers new potential to put our accumulated knowledge into action, on an unprecedented scale. HIV/AIDS used to be seen as a health problem, now it is recognized as a broad development problem. What started as an emergency response has become a long-term commitment. The initial few agencies working on HIV/AIDS have been joined by many more, and the efforts and resources of all are desperately needed. But these efforts must be harmonized and coordinated to provide efficient and effective support to countries, instead of deluging countries with multiple demands and pulling them in many different directions.

This Program of Action embodies the World Bank's commitment to work with our colleagues, partner agencies and client countries, doing all we can, as best we can, to prevent new infections and treat and care for people infected and affected by HIV/AIDS, guided in each country by one strong national HIV/AIDS program, coordinated by one national authority, and monitored and evaluated within one national system.

## Notes

1. World Bank. October, 2004. Interim Review of the Multi-Country HIV/AIDS Program for Africa, and World Bank. 2005. Committing to

Results: Improving the Effectiveness of HIV/AIDS Assistance.

2. The changes in criteria for financing terms (all grant, half grant/half credit, or all credit) are summarized and explained in a note issued to World Bank staff in March 2005: "Summary of IDA14 Policies for Operational Staff". IDA14 resources for grant funding are 20% greater than under IDA13. The net effect on funding that will be extended for HIV/AIDS as grants under IDA14 remains to be seen, although it is expected that about 30% of all IDA14 funding will be provided as grants. Only the 81 poorest countries with per capita GNI below \$895 are eligible for IDA funding; these changes have no effect on Bank financing on IBRD terms available to higher-income countries. More information is available at: [www.worldbank.org/IDA](http://www.worldbank.org/IDA)

3. Integrating Gender Issues into HIV/AIDS, An Operational Guide. 2004, Gender and Development Group (PREM), World Bank. [http://www.worldbank.org/afr/aids/map/Gender\\_and\\_HIV-AIDS\\_Guide\\_Nov-04.pdf](http://www.worldbank.org/afr/aids/map/Gender_and_HIV-AIDS_Guide_Nov-04.pdf)

4. UNAIDS. 2004 Report on the Global AIDS Epidemic.

5. Key behaviors to monitor are: age of sexual debut, multiple partners, commercial sex and condoms use.

6. UNAIDS. 8 April 2002. *Convening Agencies: Role and Responsibilities*. Geneva: UNAIDS.

7. These would complement the UNAIDS "Best Practice" collection.

8. UNAIDS. 8 April 2002. *Convening Agencies: Role and Responsibilities*.

9. United Nations General Assembly. 2000. "United Nations Millennium Declaration." [[www.un.org/](http://www.un.org/)].

10. United Nations General Assembly 2001. "Declaration of Commitment on HIV/AIDS." New York.