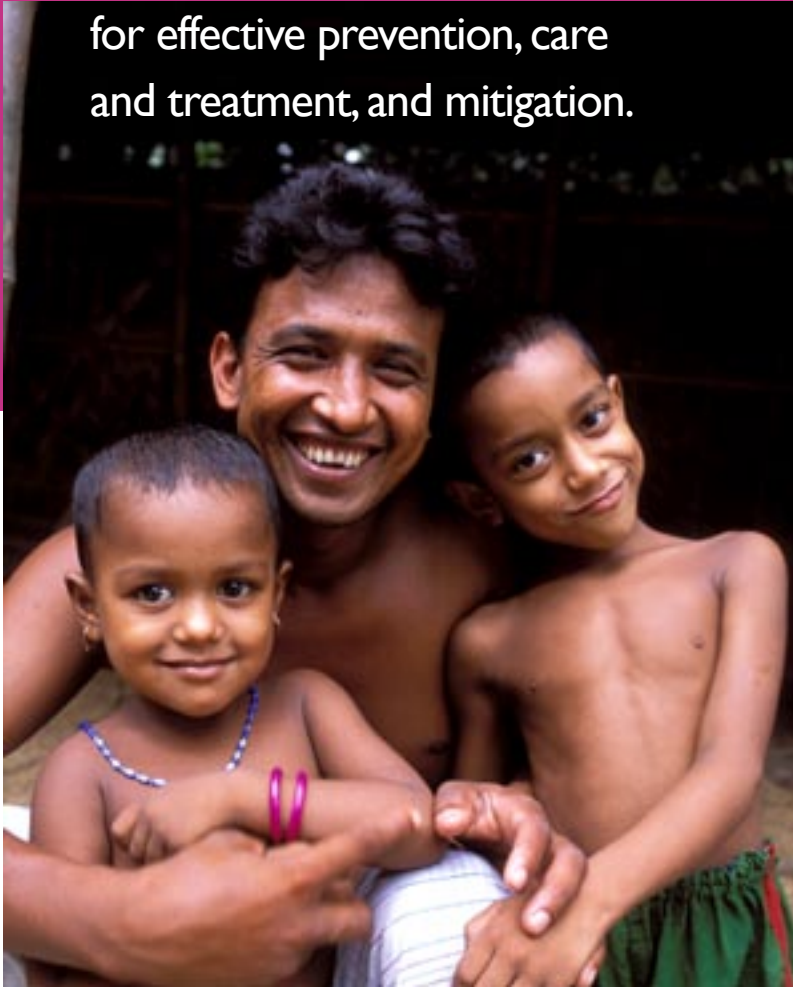




THINGS ABOUT
HIV AND AIDS
&
THE WORLD BANK



The World Bank supports
countries' HIV/AIDS responses,
for effective prevention, care
and treatment, and mitigation.




We work with countries and other partners to prevent new infections, expand access to treatment and care, and help families and communities cope with the social and economic effects of HIV and AIDS. We do this through concessional lending and grants, technical support, analysis and policy dialogue.

The World Bank's Global HIV/AIDS Program of Action emphasizes five priority action areas, in keeping with our commitment to the “Three Ones” principles of one national strategic plan, one national coordinating authority and one national monitoring and evaluation system in each country. The interrelated action areas are:

- 1 support for **strengthening national HIV/AIDS strategies** to be more prioritized and evidence-driven, and better integrated with national planning processes;
- 2 sustained **funding** for national and regional HIV/AIDS programs and for strengthening health systems;
- 3 **accelerating implementation** of national program plans;
- 4 strengthening country **monitoring and evaluation** systems and capacity to collect, analyze and use data; and
- 5 generating and sharing **knowledge**, through evaluations and other analytic work to deepen the impact of programs.

We are a founding co-sponsor of UNAIDS – the Joint United Nations Programme on HIV/AIDS, and serve on the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria. We are fully engaged in efforts by the global development community to make our support more effective in scaling up access to prevention, care and treatment.





We have
promised
that no
country with
an effective
HIV/AIDS
strategy will
go unfunded.

We have provided more than US\$2.7 billion in grants, credits, and loans in over 100 projects since 1988—one of the major sources of funding for HIV and AIDS worldwide. The Multi-Country HIV/AIDS Program (MAP) for Africa has committed \$1.2 billion to help countries expand their national prevention, care and treatment programs. A similar program in the Caribbean has provided US\$ 118 million for 9 countries and one regional project. A series of projects in India and Brazil have helped build effective HIV/AIDS agencies and expertise at national and state level, engage NGOs in prevention and care, build public awareness, and bolster political commitment. Brazil's investment in prevention and treatment has kept HIV prevalence below 1% and halved AIDS-related deaths. Prevalence trends in India show hopeful signs. Recent Bank funding includes a grant to help Vietnam prevent HIV infection and reduce stigma and discrimination, in line with its national strategy, transferring most of the funds directly to provinces and cities. Lebanon is the first Middle Eastern country to receive a grant to strengthen HIV monitoring, evaluation and surveillance. New projects in Eritrea and Angola support multi-disease approaches to address malaria, TB and reproductive health alongside HIV. Recent support for Burkina Faso's HIV/AIDS program is integrated with a health systems program. There are now other major sources of grants for HIV; even so, our funding remains important, especially for countries and interventions that others do not fund, and to ensure sustained, long-term, predictable funding.

A new AIDS Strategy and Action Plan (ASAP) service, housed at the World Bank on behalf of UNAIDS, helps countries strengthen their national AIDS strategies and action plans. Prioritized, evidence-driven strategies and plans that can be carried out effectively; with clear objectives, accountability, and costing, and good monitoring and evaluation systems, will help achieve stronger results.

Preventing HIV infection remains vital in every country. Effective prevention focuses on behaviors that contribute most to new infections. In many countries, groups that engage in risky behaviors include sex workers, injecting drug users, men who have sex with men, and people with multiple concurrent sexual partners. Working with vulnerable, often marginalized groups to reduce their exposure to HIV may require involvement of communities, peers, NGOs, police, health and social workers.

Our funding helps get prevention and support to high risk groups in many countries, including Bangladesh, Brazil, India, Jamaica, Lebanon, Pakistan, Sri Lanka, and countries along the Abidjan-Lagos road corridor in West Africa. A grant for the Great Lakes Initiative on AIDS is helping this post-conflict region work with refugees and internally displaced people. Civil society organizations are important partners in many of these efforts.

In many countries in Eastern Europe and Asia, most new infections occur through injecting drug use. This makes it vital to reach injecting drug users (IDU) with effective harm reduction activities, so that people unable to stop injecting illicit drugs at least minimize their risk of being infected with HIV or hepatitis. As part of this, needle exchange and syringe programs decrease circulation of blood-borne pathogens via dirty needles or syringes, and encourage safe disposal of used equipment. Working with governments, civil society organizations and other partners, we support harm reduction efforts in the Russian Federation, Moldova and in South and Central Asia. In Vietnam, a pilot community-based approach that integrates harm reduction activities with treatment and care is being funded in two cities and one province, with the Ministries of Health, Labor, Invalids and Social Affairs working together. Studies show that harm reduction works. IDUs participating in needle exchanges quickly stop using dirty needles when they have a choice.



Our support
emphasizes
effective HIV
prevention
in every
country.



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3

We are helping countries scale up access to treatment.

The number of people in low- and middle income countries on antiretroviral treatment tripled from 400,000 in 2003 to 1.3 million in 2005. But millions more people still need treatment. Brazil, with our support, took the decisive step of guaranteeing free treatment for all who need it. We worked with the Clinton Foundation and others to negotiate lower AIDS drug prices, and are supporting efforts to scale up access to treatment in many countries in Africa and the Caribbean. Our projects have helped increase the number of sites that offer treatment in Malawi from 3 in early 2003 to 60 in 2005 and from 3 to more than 110 facilities in Zambia. In Rwanda, we financed antiretroviral treatment for over 3,000 patients over two years, and developed a provincial model for scaling up treatment that is now being funded by PEPFAR and the Global Fund. The Treatment Acceleration Project works with local and international NGOs in Burkina Faso, Ghana and Mozambique, testing different models for scaling up antiretroviral treatment, especially to poor people. Within just a year and a half, this project has helped provide treatment and care to at least 20,000 people while maintaining adherence rates of over 95%, and is learning and sharing crucial lessons about how to expand treatment successfully and responsibly, promote treatment adherence and prevention, monitor and minimize drug resistance, and enhance program effectiveness.

Despite lower drug prices, countries face major human resource, infrastructure and budgetary challenges in expanding and sustaining treatment. We fund investments to strengthen health systems, and work with countries to better integrate HIV into broader national development plans, as one step towards long term, sustainable, predictable financing. Our analysis with Thailand's Health Ministry of the costs, benefits and implications of providing ART helped Thailand decide on affordable and effective treatment regimens and contributed to a national discussion on the need to reinvigorate prevention efforts, which will limit future treatment needs. A similar costing study underway in India will inform decisions on scaling up treatment.

Monitoring and evaluation (M&E) is crucial, to track and understand the HIV epidemic and response, and use the results to improve programs. Housed at the World Bank, the Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET) was established by the UNAIDS family to improve national M&E, capacity and systems. GAMET M&E specialists, based primarily in developing countries, provide rapid, intensive, flexible, practical and expert hands-on M&E support to 45 countries in 4 continents. The team works closely with other agencies and donors, helping countries improve data collection and analysis, developing the evidence base from which to assess progress and make program decisions. Some examples of the practical results achieved: Eritrea, India, Indonesia, Jamaica, Lebanon and Kenya have developed M&E frameworks through a highly consultative process with stakeholders; Angola, Gambia, Guyana, the Republic of Congo and Swaziland have M&E Operational Plans agreed with stakeholders and have estimated the cost of implementing them; Burkina Faso, Cameroon, Ghana, Indonesia, Malawi, Nigeria and Papua New Guinea are updating their M&E Plans to reflect new national HIV/AIDS strategies; and Jamaica, Rwanda, Swaziland, Vietnam and Zambia are beginning to have M&E systems that can manage data and report on results. We are also providing funding and technical support to help regional associations in the Caribbean and in Africa to strengthen their HIV and AIDS surveillance.



Helping
countries
improve
monitoring
and evaluation
is a top
priority.



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5

We support
HIV and AIDS
activities in
many different
sectors.

In addition to the crucial work of the health sector, an effective response to HIV and AIDS also needs action and involvement from many other sectors. HIV activities are increasingly included in Bank-funded education, transport, infrastructure, urban development and water supply and sanitation projects. All construction contracts with Bank funding must now include activities to address HIV – usually information and condom distribution, but also treatment. In a growing number of countries in Eastern Europe and Asia, projects are involving the legal, justice, police, prisons and social welfare ministries to create contexts conducive to working with injecting drug users, sex workers, prisoners and the armed forces. India is involving all key sectors in developing and implementing the next phase of the national program. In Latin America and the Caribbean, our projects are helping many ministries develop and implement HIV response plans. With our technical support, assessments of legislation in Guyana, Grenada, St. Lucia and St. Vincent provide a basis for legal reforms to address stigma, discrimination and the human rights of people with HIV, and better protection of children orphaned by AIDS. An innovative sub-regional HIV project in Africa focuses on prevention and treatment at border crossings along the Abidjan-Lagos transport corridor. Many transport projects in Africa now include activities to prevent HIV among transport workers and the groups they interact with along transport routes. Special efforts to accelerate the education sector response to HIV have involved 35 countries in Africa, supporting interventions in schools and communities, and are beginning in the Caribbean, working with the Pan-Caribbean HIV/AIDS Partnership, education Ministries and UNESCO.

People living with HIV, NGOs, community groups, AIDS service organizations, and faith-based organizations are essential partners in every country's HIV response. They can affect cultural norms, beliefs and attitudes, pierce denial and stigma, and create supportive social environments for responding to HIV. Our work with governments supports active involvement of these groups, encouraging policy changes where needed, channeling funds directly to affected communities and to support civil society organizations' work, especially with hard-to-reach high risk groups. Civil society groups play critical roles in national AIDS programs in South Asia, helping formulate policies and design and implement programs. The Africa Multi-Country AIDS Program has funded over 50,000 NGO, faith- and community-based subprojects. Communities have closed bars and brothels near schools in Benin, organized food baskets for people ill with AIDS in Tanzania, and got people talking about AIDS in towns, villages, schools and homes across the continent. In Central America, preventing HIV transmission in mobile populations – migrants, seasonal workers, and sex workers – will help stop the epidemic from spreading. The Central American Regional HIV/AIDS Project has used an open, competitive process to select prevention subprojects with NGOs that are well-placed to work with mobile populations. The Caribbean Network of People Living with HIV/AIDS is an active partner, and the Pan-Caribbean HIV/AIDS Partnership is helping implement the regional HIV/AIDS project we are funding. The Guyana Government is channeling our funds to faith-based organizations, unions, NGOs and community based organizations to provide information, peer education, skills training, home-based care, voluntary counseling and testing, psychosocial support; and reaching out to indigenous groups, youth, miners, commercial sex workers, farmers, orphans, and people with HIV and their families.

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We encourage full engagement of civil society, NGOs and people living with HIV.



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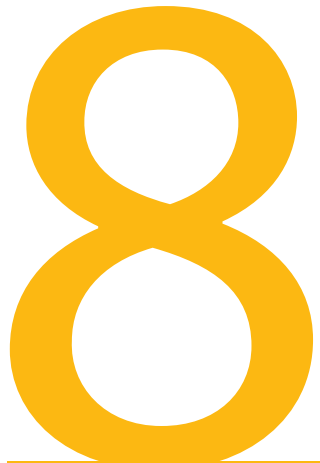


We work with businesses to increase the private sector's HIV/AIDS response.

HIV can present enormous challenges to businesses. It affects workers, managers and markets. Businesses face increased costs—medical and other benefits, recruitment, and training—and lower productivity due to absenteeism, labor turnover, and loss of experienced personnel. Recognizing that AIDS is a business issue as well as a development and humanitarian concern, the International Finance Corporation (IFC), the private sector arm of the World Bank group, promotes private sector involvement in responding to the epidemic. Since 2000, the IFC Against AIDS program has worked with more than 30 companies in Africa and South Asia to develop, implement, and manage effective HIV/AIDS programs in their workplaces and surrounding communities. In Africa, the program has trained 30 small businesses in Kenya, South Africa and Mozambique on how to mitigate the impact of HIV/AIDS on their operations. In India, four client companies (covering about 20 sites across the country) are matching the funds they receive through IFC, addressing HIV in their workplaces, clinical facilities and communities at risk. In the Russian Federation, IFC Against AIDS has initiated a study on using workplaces as venues for health messaging, and to show how employee health affects companies' bottom line. The Bank also co-sponsored a Business Summit on HIV in Russia. Our HIV lending and grants have also supported business coalitions on HIV/AIDS in 25 African countries. In St. Lucia and Trinidad and Tobago, the private sector co-sponsors activities our funding supports, such as the Jazz festival and Carnival, weaving information on HIV and AIDS into the festivities.

For further information see: www.ifc.org/ifcagainstaids

Our country-specific and regional analytic studies cover many topics, helping inform countries' decisions about policies and programs. All our reports can be found on line at www.worldbank.org/aids. Recent studies have assessed country surveillance systems; the socio-economic effects of AIDS in Russia, the Ukraine and the Middle East and North Africa region; the impact of the first Russian public education campaign on HIV and AIDS; and the AIDS drug patents and registration systems in Russia. Other analysis helped Argentina to assess the most cost-effective prevention strategies, looked at options for scaling up the response in the Andean region, and assessed behavior change communications in the Latin American and Caribbean region. In India, an assessment of policy options explored the possible effects of combining Antiretroviral Therapy and HIV prevention; a study in Bhutan assessed the national response and opportunities and challenges in expanding action. A new analysis of existing data and key factors driving the epidemic in countries across South Asia underscores differences and similarities in the way the epidemic is developing, and where programs need stronger emphasis. A study in Indonesia looks at ways to improve surveillance, and allocate resources to the most cost-effective prevention interventions. Field work in Africa has looked at the situation and needs of children orphaned by AIDS; families caring for people with AIDS; and refugees, displaced and migrant populations and their host communities in the Great Lakes Region countries. Evaluations of our work and the programs we support highlight lessons learned.



Our analytic work seeks to better understand the epidemic and how to respond more effectively.

HEALTH, NUTRITION, and POPULATION SERIES



AIDS in South Asia

*Understanding and Responding
to a Heterogeneous Epidemic*



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We work with countries and partners to build skills and capacity to implement HIV/AIDS programs.

There are several ways in which we provide technical support, advice and training. Manuals, tools and guidelines offer practical support in designing national HIV programs, monitoring and evaluation, addressing gender issues, streamlining procurement and disbursement, and integrating HIV into early childhood programs, mining operations and the work of local governments. The AIDS Campaign Team for Africa (ACTAfrica) sponsors inter-country learning and information sharing through regular meetings of AIDS practitioners. The World Bank Institute convenes frequent international videoconferences so that government officials and NGOs around the world can share knowledge and experiences. Recent conferences have focused on implementing the “Three Ones”, integrating HIV in Poverty Reduction Strategies, fighting stigma and discrimination in workplaces, youth programs, HIV and disability, gender and legal dimensions of HIV/AIDS, and exchanges of experience among Central American and Caribbean countries. In Teheran, Iran the World Bank Institute collaborated with the government, the UN and World Bank teams in Europe, Asia and the Middle East to convene an inter-regional consultation on AIDS among Injecting Drug Users, responding to demand from countries to learn about effective harm reduction programs. Working with WHO, UNICEF and other partners, we have trained more than 600 people from about 100 countries on procurement and logistics of AIDS drugs and related supplies. We have used the Rapid Results Approach to accelerate implementation of programs in Yemen, Sri Lanka and Tanzania, working with officials to achieve meaningful goals within a 100 day timeframe.

As one of many development partners supporting national HIV/AIDS programs, we are fully committed to ongoing efforts to improve coordination, and better align and harmonize our support with country responses. The aim is more effective, efficient support, and faster results in scaling up towards universal access to prevention, treatment and care. We are trying to realize the “Three Ones” in each country – one national HIV/AIDS coordinating authority with a multisectoral mandate; one national framework for action; and one national HIV/AIDS monitoring and evaluation system. We were part of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, and are working closely with the UNAIDS Secretariat and other cosponsors, PEPFAR and the Global Fund, to implement its recommendations. In the Caribbean, five donors undertook a joint review of national and regional responses and donor-supported programs and collaboration, and together with seven national programs and the regional AIDS organization, brainstormed ways to move ahead more effectively. Regular World Bank supervision meetings for the Central America Regional HIV/AIDS Project have a much broader agenda, and include other donors and the activities they support also. This saves time and reduces costs for the national teams who travel to the meetings, and helps coordinate regional efforts.

What started as an emergency response has become a long-term development commitment. With countries and other development partners, we work to prevent new infections, and treat and care for people infected and affected by HIV. Millions of lives, and the development prospects of many countries are at stake.

10

We support countries more effectively and efficiently by harmonizing and coordinating better with partners.





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