

ORIENTATIONS IN DEVELOPMENT

Preventing HIV/AIDS in the Middle East and North Africa

A Window of Opportunity to Act



THE WORLD BANK

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Contents

| | |
|--|------------|
| <i>Acknowledgments</i> | <i>vii</i> |
| <i>Abbreviations and Acronyms</i> | <i>ix</i> |
| <i>Executive Summary</i> | <i>xi</i> |
| <i>Introduction</i> | <i>1</i> |
| | |
| Chapter One: Situational Analysis, Justification, and Epidemiological Context | 3 |
| Situation Analysis: The Silent Threat Grows | 3 |
| Justification for World Bank Action | 4 |
| Current Knowledge of the Epidemic in the Region | 7 |
| Risk Factors in the Region | 10 |
| Key Messages and Prerequisites for Action | 12 |
| | |
| Chapter Two: Responses and Challenges | 15 |
| National Responses | 15 |
| Integrating Prevention with Treatment at the National Level | 18 |
| Private Sector | 19 |
| Donor and Thematic Responses | 19 |
| Further Challenges and Gaps | 23 |
| Summary and Key Messages | 26 |
| | |
| Chapter Three: Strategic Directions | 29 |
| Key Strategic Directions | 29 |
| Timeline, Geographic, and Area Priorities | 38 |
| Risks and Challenges Associated with Implementation of the Strategy | 39 |
| Conclusion and Key Message | 40 |

Annexes 43

List of Tables

| | | |
|------------|---|----|
| Table 1.1 | Estimated Number of People Living with HIV/AIDS in MENA Countries | 10 |
| Table 2.1 | National Response to HIV/AIDS Epidemic | 16 |
| Table 2.2 | Countries Approved for GFATM Funding for HIV/AIDS Activities | 17 |
| Table 3.1 | World Bank's Role in Key Strategic Directions | 31 |
| Table 3.2 | Synopsis of MENA Regional HIV/AIDS Strategy | 41 |
| Table A1.1 | Economic Impact of HIV/AIDS in Rich and Poor Countries | 48 |
| Table A1.2 | Economic Impact of the HIV/AIDS Epidemic | 54 |

List of Figures

| | | |
|-------------|--|----|
| Figure 1.1 | Percentage Increase in the Numbers of Adults and Children Living with HIV/AIDS, 2001–3 | 8 |
| Figure A1.1 | HIV/AIDS-Related Health Expenditures in 2015 | 47 |
| Figure A1.2 | Income Inequality and HIV Prevalence Rate in Developing Countries | 49 |
| Figure A1.3 | HIV/AIDS and Female Education in Developing Countries | 50 |
| Figure A1.4 | Female Employment and HIV/AIDS Prevalence Rate | 51 |
| Figure A1.5 | Potential Underestimation of HIV/AIDS Prevalence Rates in MENA Countries | 53 |
| Figure A1.6 | Percent of Individuals at Risk with Access to Interventions | 56 |
| Figure A1.7 | Net Benefits from Increasing Access to Condoms and Safe Needles for IDUs in 2000–25 | 58 |
| Figure A1.8 | Losses Incurred by Delaying Interventions by Five Years in 2000–25 | 58 |

List of Boxes

| | | |
|----------|--|----|
| Box A1.1 | Epidemiological Profiles in the MENA Region | 44 |
| Box A4.1 | President Bouteflika's Speech on the World AIDS Day 2003 | 72 |
| Box A4.2 | Islam and Harm Reduction in the Islamic Republic of Iran | 74 |

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Abbreviations and Acronyms

| | |
|---------|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| ART | Antiretroviral therapy |
| CAS | Country Assistance Strategy |
| CBO | Community-based organization |
| CEDPA | Center for Development and Population Activities |
| CSW | Commercial sex worker |
| EMRO | Eastern Mediterranean Regional Office, WHO |
| ESW/AAA | Economic and Sector Work/Analytical and Advisory Activities |
| FHI | Family Health International |
| FSW | Female sex worker |
| GAMET | Global HIV/AIDS Monitoring and Evaluation Team |
| GDP | Gross domestic product |
| GFATM | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| GTZ | Deutsche Gesellschaft for Technische Zusammenarbeit |
| HAART | Highly active antiretroviral therapy |
| HIV | Human Immunodeficiency Virus |
| HNP | Health, nutrition, and population |
| IDA | International Development Association |
| IDF | Institutional Development Fund |
| IDP | Internally displaced persons |
| IDU | Injecting drug user |
| IEC | Information, education, and communication |
| ILO | International Labour Organization |
| IPPF | International Planned Parenthood Federation |
| KAP | Knowledge, attitude, practice |
| M&E | Monitoring and evaluation |
| MDG | Millennium Development Goals |
| MENA | Middle East and North Africa |
| MNSHD | Human Development Sector of MENA Region |
| MoH | Ministry of Health |

| | |
|---------|---|
| MSM | Men who have sex with men (or males who have sex with males) |
| MTCT | Mother-to-child transmission |
| NAP | National AIDS Program |
| NAMRU-3 | U.S. Naval Medical Research Unit-3 |
| NGO | Nongovernmental organization |
| NSP | National Strategic Plan |
| OPEC | Organization of the Petroleum Exporting Countries |
| PAF | Program Acceleration Funds |
| PER | Public Expenditure Review |
| PLWHAs | People living with HIV/AIDS |
| PMSP | Persons with multiple sex partners |
| PRSPs | Poverty Reduction Strategy Papers |
| STD/STI | Sexually transmitted disease/infection |
| TB | Tuberculosis |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific, and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| UNODC | United Nations Office on Drugs and Crime |
| UNODCCP | United Nations Office for Drug Control and Crime Prevention |
| USAID | United States Agency for International Development |
| VCT | Voluntary counseling and testing |
| WBI | World Bank Institute |
| WHO | World Health Organization |

Executive Summary

Introduction

This document presents the rationale for addressing HIV/AIDS in the Middle East and North Africa (MENA) region (including Algeria, Bahrain, Djibouti, the Arab Republic of Egypt, the Islamic Republic of Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, the Syrian Arab Republic, Tunisia, the United Arab Emirates, the West Bank and Gaza, and the Republic of Yemen)¹ and the Bank's strategic choices in supporting countries to prevent the spread of the disease. These choices are based on the Bank's comparative advantage as a knowledge-based financial institution. The World Bank considers meeting the Millennium Development Goals (MDGs) a corporate priority and, in fact, the MDGs provide the global framework on which the MENA regional strategy is based. Two interrelated MDGs are to (1) eradicate extreme poverty and hunger and (2) halt and begin to reverse the spread of HIV/AIDS by 2015. Studies have shown that poverty and income inequality facilitate the diffusion of HIV epidemics and that HIV prevalence levels increase when income per capita declines and inequality increases. While abject poverty in the region remains low, a significant proportion (23.2 percent) of the population lives on less than \$2 per day (all dollar amounts are U.S. dollars unless otherwise indicated) and are extremely vulnerable in their ability to cope with shocks. HIV/AIDS is one of the shocks that can drive vulnerable households into abject poverty, a situation which the Bank is working to prevent. The HIV/AIDS epidemic has the potential to impede and even reverse development if not addressed early enough. To preserve the benefits of national and regional development investments put in place by governments and development partners including the World Bank, greater investments to improve HIV/AIDS advocacy, information base, and prevention strategies are needed to maintain low prevalence levels.

The World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates for 2003 (considered to be conservative) indicate a total of 97,000–100,000 people living with HIV in the MENA region today. Most MENA countries are still at an early stage of the HIV infection with a 0.3 percent regional prevalence. What makes the HIV/AIDS epidemic particularly lethal is that it remains invisible for a long period of time and has an incubation period of five to eight years, separating HIV infection from the AIDS stage. As has happened in other countries, if action to prevent this is not taken early, MENA countries face the risk that the HIV infection will spread through the general population. The option of waiting to act until the HIV prevalence rate rises further in the general population would be a costly one. By that time, a general epidemic would be well on its way and, as shown by the international evidence, it would then be too late to prevent the inevitable increase in human sufferings as well as associated losses in economic growth.

Regional HIV/AIDS Risk Factors

Although the weak HIV/AIDS surveillance system in the MENA region indicates a low prevalence scenario, risk factors for the spread of the infection exist in the region. The four key interrelated risk factors present in most of the countries of the region are (1) behavioral risks such as injecting drug use (IDU), commercial sex work (CSW), men who have sex with men (MSM), persons with multiple sex partners, unprotected sexual activities; (2) rising youth population who are particularly at high risk of infection; (3) sexually transmitted infections and low condom use; and (4) structural factors (such as poverty, unemployment of youth, labor migration, gender inequality, gender-based violence, discrimination, and so on), conflict, and refugees. While the epidemic in the region is currently limited to high-risk groups, these are not an isolated group and their interactions with the general populace put the whole region at risk. Interrupting the transmission of the infection to the general populace is crucial and needs to be done in a timely manner. As prevalence rates rise, the impact on human cost begins to shift from being limited to a personal-level issue of the pain and guilt surrounding intimate relationships to a state-level issue threatening economic, social, and political securities.

Framework of Strategic Interventions: Advocacy, Information/Knowledge, and Prevention

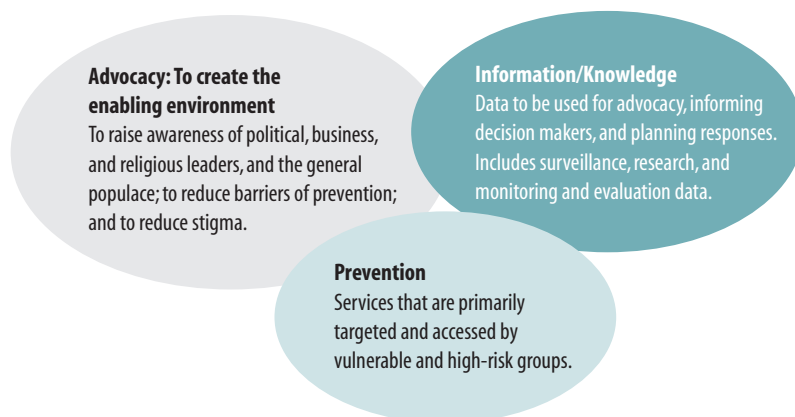
For low HIV/AIDS prevalence settings such as the MENA region, countries must be prepared to act primarily at three key levels of interventions:

advocacy, information/knowledge, and prevention in order to keep prevalence rates low. These three interventions must be implemented concurrently to be effective in keeping prevalence rates low. An enabling environment within which these interventions can take place is essential. Advocacy to raise the awareness of leaders regarding the issues, and reduce the stigmas associated with the disease is key to achieving this. Within an enabling environment, people at risk can be empowered to take greater control of their own lives and safety as it concerns the infection. Empowering people will require governments to reduce barriers (such as policies, regulations, customs, and attitudes) at all levels that the populace face, which prevent them from adequately protecting themselves. Combining knowledge with reduced barriers and services will facilitate empowerment of individuals and communities in a way that enables them to alter risky practices and access needed services, leading to a reduction in transmission of HIV. Implementing effective prevention programs that incorporate these elements will require knowledge of the major factors that influence risk taking among people whose lifestyles will likely expose themselves and others to HIV. The figure below shows the conceptual framework to keep prevalence rates low in the MENA region.

In 2003, a global HIV prevention working group estimated that the region requires a tenfold increase in current spending to mount the kind of prevention response capable of preventing a significant outbreak of

FIGURE 1

Conceptual Framework for Preventing HIV/AIDS in Low Prevalence Settings*



Source: Author's creation.

* While this framework advocates keeping HIV prevalence rates low, the strategy also acknowledges that care and treatment services also need to be provided to those who are already infected and need antiretroviral therapy.

HIV/AIDS. Beyond these financial needs, however, MENA countries need to be prepared to mount the effective actions against HIV/AIDS described above, which experience from other regions has shown could take years to develop. While the infection is still largely confined to vulnerable groups, countries with low prevalence epidemics must be ready to take advantage of the opportunity to create an enabling environment and improve their information/knowledge base to implement prevention efforts among these groups. This approach would be more effective and less costly than having to deal with a full-blown epidemic.

Popular, political, business, and religious leaders must be solicited to help create the enabling environment within which effective prevention activities can be conducted. Usually, legislative change is also required, and legal reform takes time. The MENA region is lagging on most fronts in its defense against HIV. Most decision makers in the region have not considered investment in HIV prevention a high priority. HIV/AIDS is a developmental issue that requires collaborative and multisectoral efforts of many partners beyond the health sector. Coordinating these efforts will require political commitment at the highest levels. The challenge will be to implement HIV/AIDS programs in a more integrated approach rather than as vertical programs. Currently, the range of responses to the HIV/AIDS threat in the region is wide; however, to date no country has implemented an integrated, multisectoral, national program.

The MENA region is characterized by a profound lack of data on the nature and dynamics of its HIV epidemics to use for advocacy, informing decision makers, and planning responses. While national HIV surveillance focuses on relatively low-risk groups, the virus can spread to the general population from high-risk groups. In the absence of adequate surveillance systems, as is the case in most MENA countries, there are no early warning systems that would alert public health officials to detect outbreaks among high-risk populations. Such a situation allows the HIV infection to spread to the general population, at which point it becomes more difficult and expensive to control the HIV/AIDS epidemic. The end result is to transform a public health issue into a disease that affects the economic and social course of countries for many decades to come.

In addition to the lack of hard data, high levels of stigma and discrimination against people with HIV/AIDS exist in almost all of the MENA countries (as elsewhere in the world). The silence surrounding sexual issues limits the opportunities to introduce sexual education in schools and set up prevention measures. The stigma also drives people living with HIV/AIDS (PLWHAs) and high-risk groups underground, which further complicates the task of epidemiological surveillance. The stigma is made worse by the broad lack of understanding of HIV/AIDS, which translates into a lack of protective behavior. The stigma of HIV/AIDS

leads to many serious problems as countries attempt to respond to the epidemic. For example, use of voluntary counseling and testing (VCT) services is hampered by high levels of HIV-related stigma, as is the access to antiretroviral therapy (ART).

Why Act Now?

As is currently evident in other regions, even in low prevalence countries, the situation can change rapidly for the worse if action is not taken early enough. Despite the conservative estimates of HIV infections in the MENA region, research has shown that future losses of potential output and consumption over the next 25 years because of the epidemic could be in the order of 35 percent of current gross domestic product (GDP). While the epidemic situation in the region may never reach the proportions that exist in Sub-Saharan Africa today, the HIV prevalence rates and risk factors in the MENA region indicate that HIV/AIDS will be a continued burden on the economies of the region. Collective research and evidence has shown the economic and social benefits of tackling HIV/AIDS epidemics while prevalence rates are low. International experience has also shown that low-cost prevention strategies are efficient in slowing the spread of HIV/AIDS and that the costs of these actions are more than compensated by the savings they generate. Additionally, the Copenhagen Consensus 2004 expert panel of world leading economists has recommended that combating HIV/AIDS prevention be placed at the top of the world's priority list based on an analysis of the costs and benefits of 10 top global challenges. There is no doubt that the MENA region is currently facing a variety of security and development-related crises, but this state of affairs is leading to a lack of attention to the insidious entry of HIV/AIDS into the region. With other far more visible health problems and high levels of stigma associated with HIV/AIDS, few people see the suffering of those with HIV/AIDS. MENA countries have a unique window of opportunity to stem the tide of HIV/AIDS while prevalence rates are still low and when early interventions can bring higher benefits at lower costs.

In principle, allocating public funds for an epidemic such as HIV involves a decision process quite similar to other decisions about the use of public funds. It entails comparing today's cost of implementing a program of HIV/AIDS activities with the enhanced economic and social development made possible by the subsequent reduction in the prevalence of HIV/AIDS. In the case of MENA countries, the choice they face is quite straightforward: either pay a small cost now to implement intervention measures or defer action and incur a much higher cost later on. Be-

cause the epidemic is still at an early stage, the intervention measures would consist mainly of advocacy for political action, improved surveillance activities (to remedy the shortcomings of the current system and provide information for better planning), prevention activities targeting specific groups, and information and education campaigns (IEC) for the general population. Achieving the HIV/AIDS goal (and other goals) of the MDGs, requires evidenced-based and focused policies that can be put in place only when adequate data on the epidemic are available.

Justification for World Bank Action

This strategy has been developed to meet the imperative for investing early in this epidemic, and the following justify the Bank's involvement in HIV/AIDS programming in the region:

- Investing now makes economic and social sense. As an example, economic analysis shows that expanding access to safe needles for IDUs and increasing condom use in the region can generate savings equivalent to 20 percent of today's GDP.
- Investing in HIV/AIDS programming is consistent with the Bank's overall poverty and reduction strategy and corporate priorities and, therefore, is a corporate responsibility.
- Investing in HIV/AIDS programming supports the two pillars of the region's corporate strategy (improving the investment climate and empowering poor people to participate in development) as well as the regional social development strategy.
- There is a window of opportunity now to be proactive rather than reactive to the growing epidemic.
- There is growing interest among client countries to address HIV/AIDS.
- With the multisectoral effects of HIV/AIDS, investments made by the Bank to address the epidemic now will have a multiplying effect beyond the health sector to many other development sectors.

Objective and Priorities

The objective of this regional strategy is to clarify the role of the Bank in confronting the HIV/AIDS epidemic in the region based on a review of regional and country needs and gaps, regional and national responses to the needs, and the areas in which the Bank is best positioned to support countries' efforts. Having reviewed the available evidence and held con-

sultative meetings with other stakeholders, the following four priority areas have been identified, which fit into the conceptual framework that integrates advocacy, information, and prevention interventions.

- 1. Engage political leaders, policy makers, and key stakeholders to raise awareness and increase the priority given to HIV/AIDS programs within national and regional development agendas.** Bank support (through policy dialogue with clients during preparation of country assistance strategy [CAS], public expenditure review [PER], poverty reduction strategy papers [PRSPs], and the convening of conferences/meetings) would contribute to advocacy efforts and concurrently to creating an enabling environment within which countries can increase their knowledge base and provide targeted prevention services.
- 2. Support the upgrading of the surveillance systems and strengthen research and evaluation of epidemiological, economic, and behavioral aspects of HIV/AIDS to enhance the effectiveness of HIV/AIDS policies and programs.** While directly supporting the information/knowledge base of the region, Bank intervention in this area (through Economic and Sector Work/Analytical and Advisory Activities [ESW/AAA], monitoring and evaluation [M&E], research, and so on) would concurrently provide the data needed for more effective advocacy and the planning and design of targeted prevention, care and treatment services.
- 3. Support the development of national HIV/AIDS strategies and programs, based on the specific epidemiological, social, and economic conditions and context of each country.** Bank support (through technical assistance, fostering multisectoral and regional collaboration, integration of HIV/AIDS into multisectoral projects, and so on) would concurrently contribute to the three levels of intervention of the conceptual framework.
- 4. Support capacity building and knowledge sharing for the comprehensive management of HIV/AIDS programs.** Bank intervention (through technical assistance, capacity building in collaboration with World Bank Institute [WBI] and the Bank's Global HIV/AIDS Unit, Global HIV/AIDS Monitoring and Evaluation Team [GAMET], ACTAfrica, and so on) would primarily support the knowledge base and prevention services but also would contribute to creating an enabling environment.

Based on the Bank's comparative advantage of being a financial institution, skilled in economic and social analysis, and a convener of stakeholders and

resources, the role of the Bank in the four areas of intervention will vary from leadership to active partnership and participation. The Bank will collaborate with other developmental agencies in the region and beyond to help governments work in a comprehensive and harmonized manner.

Timeline and Criteria for Intervention

Some activities, like engaging political leaders and strengthening the knowledge base, which can be easily integrated into ongoing bank business, can take place in the short to medium term without much of an incremental budget. But others, such as promoting multisectoral policy and response and capacity building, will require additional resources and have to be planned in the medium to long term. The criteria for the Bank's involvement in HIV/AIDS programming in a country include the following: (1) ongoing dialogue between the Bank and the country and, as an extension, in cases in which policy dialogue tools like CASs and PERs are under preparation; (2) evidence of the government's commitment to address HIV/AIDS (such as the existence of a national HIV/AIDS strategic plan and dedicated resources) and expressed interest by the country for the Bank to support its efforts; (3) opportunity to work with other development partners (for example, the UN Theme Groups on HIV/AIDS) and leverage technical and financial resources (for example, existence of resources from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria; the Ford Foundation; and the United States Agency for International Development [USAID]); (4) ongoing Bank projects/interventions in which HIV/AIDS activities can be retrofitted; and (5) presence of an enabling environment for the Bank to work in an intersectoral manner.

Using these criteria, this strategy has identified a number of countries where the available but limited resources can immediately be put to best use. These countries include Djibouti,² the Islamic Republic of Iran, Jordan, Lebanon, Morocco, and the Republic of Yemen. Other countries can be added to this list as resources become available and interest in the Bank's assistance increases. There is insufficient information on the epidemic in the Gulf countries to make a case for immediate interventions beyond continuing advocacy for action. Within the countries where the Bank intervenes, the priority groups that have been identified for focused interventions are IDUs, CSWs, prisoners, the youth, and MSM.

Resource Implications

Implementing this strategy in the short to medium term will require resources for ESW/AAA tasks to increase the knowledge base, incorporating HIV/AIDS programming into CASs and other policy dialogue tools, retrofitting HIV/AIDS activities into projects in which governments are so willing, consultative meetings with regional partners and stakeholders, awareness raising and capacity building for Bank and regional staff, and the Bank staff time needed to implement these activities. The need for innovative financing mechanisms is key, because the region is mainly composed of middle-income countries where financing through lending operations on HIV/AIDS will be less significant than in low-income countries, particularly if governments can access grants from other sources.

Notes

1. These countries comprise the World Bank's MENA regional definition, which is not synonymous with that of other UN agencies. The UNAIDS region includes the Sudan and Somalia but omits Israel. The EMRO/WHO region includes the Sudan, Somalia, Pakistan, and Afghanistan but omits Algeria and Israel.
2. Assistance to Djibouti will likely vary from other countries, because it is already relatively well funded with a stand-alone HIV/AIDS project. Therefore, Bank assistance will more likely focus on synergizing the experience of Djibouti with other countries of the region.

Introduction

While it is acknowledged that HIV/AIDS is only one of many serious threats facing the Middle East and North Africa (MENA) region, the World Bank has a corporate agenda for controlling HIV/AIDS. Experience from other regions of the world with more advanced epidemics clearly indicates how devastating it is to ignore the need for investments to prevent the spread of HIV/AIDS while prevalence rates are low. It is precisely this context of low HIV/AIDS prevalence in the region that provides a unique window of opportunity today to control and avert a catastrophic epidemic in the future. Countries of the region need to be supported in adequately preparing themselves to address the impact of the epidemic.

The objective of this regional strategy is to clarify the role of the Bank in confronting the HIV/AIDS epidemic in the region based on a review of regional and country needs and gaps, as well as the areas in which the Bank is best positioned to support countries' efforts. To fully achieve this objective, the strategy also reviews and assesses the degree to which responses by governments, nongovernmental organizations (NGOs), and bilateral and multilateral partners have met national needs. This strategy has attempted to identify appropriate instruments for implementing the Bank's support agenda. Based on the paucity of data and the early stage of the epidemic, this strategy provides guidance more at an aggregate/regional level than on a country-by-country basis, which requires more in-depth and country-specific analyses that are best coordinated by the countries themselves.

This document has identified four key strategic directions based on the abovementioned regional and country reviews as well as on the Bank's comparative advantages. The order of priority may vary for each country, depending on specific situations and the presence of support from other development partners. The role of the Bank within each strategic direction will also vary based on the specific sets of skills that are most needed. Because of the evolving nature of the epidemic and the

lack of adequate surveillance data in the region, this strategy is not intended to be a static document but one that will continue to evolve to respond to new and updated data to ensure that it remains responsive to the actual needs of the region.

This strategic document provides guidance on focal issues for discussion by the Bank with governments and development partners of the region. In this regard, the three main audiences of the strategy will be MENA Region Bank staff, client country governments, and regional development partners. For the Bank staff, the strategy is both an advocacy tool on the importance of incorporating HIV/AIDS components in their ongoing and planned activities and a tool that provides guidance on strategies to achieve these goals. For governments and development partners, the strategy is an advocacy tool and one that highlights possible areas of support and collaboration to reduce the spread and impact of the epidemic in the region.

Chapter 1 presents the situational analysis, the justification for World Bank action, and the epidemiological context of the epidemic in the region. Chapter 2 describes the responses from countries, UN agencies, bilateral donors, NGOs, and the private sector, and identifies challenges and gaps in relation to the priority needs by country and across the region. Chapter 3 identifies the four proposed key strategic directions based on information from the previous two chapters. The chapter concludes with a brief review of anticipated risks and challenges associated with implementing the strategy.