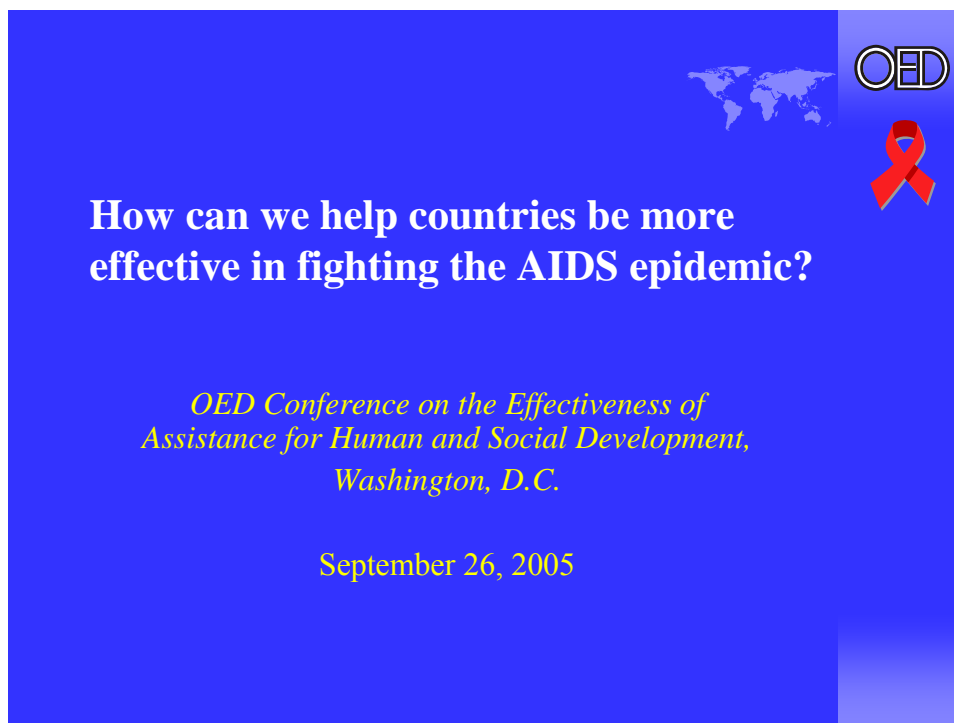


How can countries be more effective in fighting the AIDS epidemic?

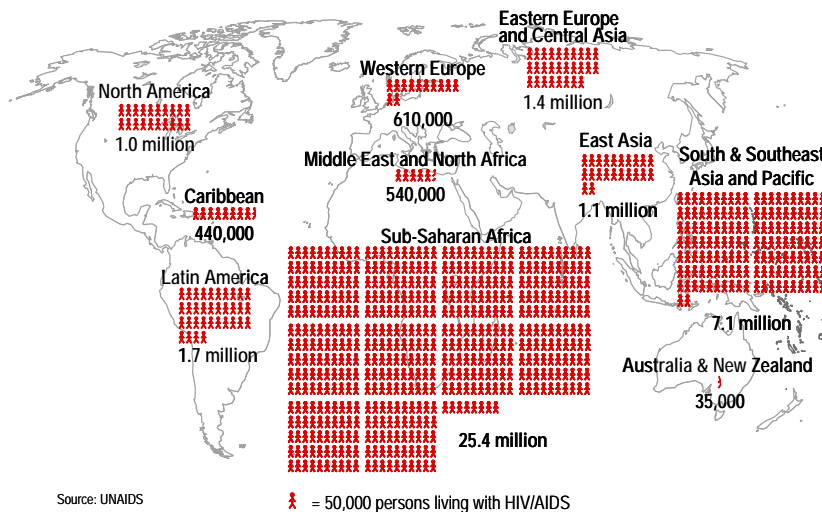
Presentation by Martha Ainsworth, Coordinator of Health and Education Evaluation,
Operations Evaluation Department



Thank you Mr. Chairman. Good morning ladies and gentlemen and distinguished guests. We are here to discuss how countries can be more effective in fighting the AIDS epidemic, but I'd first like to review the context for this discussion.

Global HIV/AIDS infections, December 2004

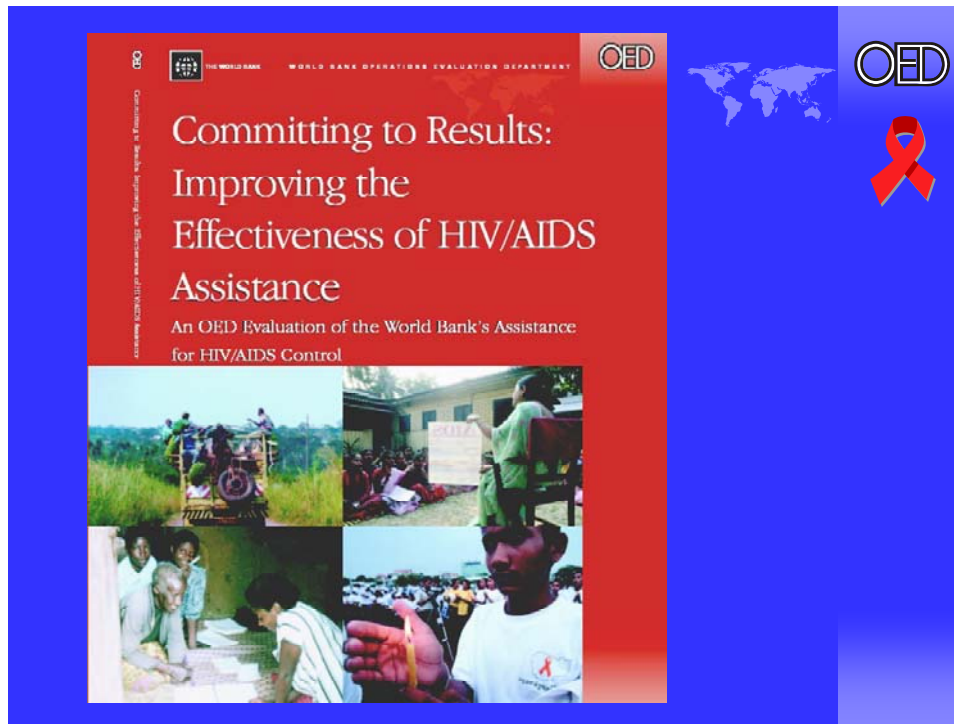
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Context

HIV/AIDS is turning back the clock on development. It is reversing gains in life expectancy and pushing hard-it families into poverty. As of the end of 2004, an estimated 39 million people were living with HIV infection or full-blown AIDS. More than two-thirds lived in Africa and more than 95 percent in developing countries. There have been important advances in treatment and care, but AIDS remains a fatal disease and HIV continues to spread.

Governments, the World Bank, and the international community have been fighting the epidemic for two decades. The environment was difficult: AIDS was a totally new disease. Every day we learn more about it. It's a disease that is fatal and highly stigmatized, that spreads through very private behaviors, and affects some of the most marginalized people in society. And it has been spreading most rapidly in the poorest countries with many other problems. **What have we learned from this experience? How can countries be more effective in confronting the epidemic?**



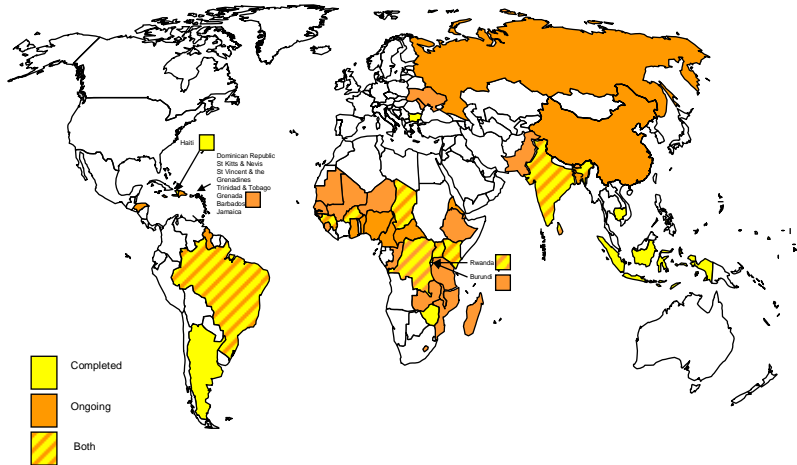
OED has just completed the first comprehensive evaluation of the World Bank's country-level assistance for HIV/AIDS control. Since the World Bank supports implementation of government programs by governments, the evaluation provides insights on how well national AIDS programs supported by the Bank have performed and how they can be even more effective.

The evaluation assessed country-level analytic work, policy dialogue, and lending from the beginning of the epidemic through mid-2004. Over this period, the World Bank committed nearly \$2.5 billion dollars to 62 developing countries in order to prevent, treat, and mitigate the impact of HIV/AIDS. (See first slide, next page.)

The Bank's AIDS lending was launched in 1988, but the number of project approvals and new financial commitments accelerated in the late 1990s. (See second slide, next page.)

Countries receiving World Bank project support, 1988-2004

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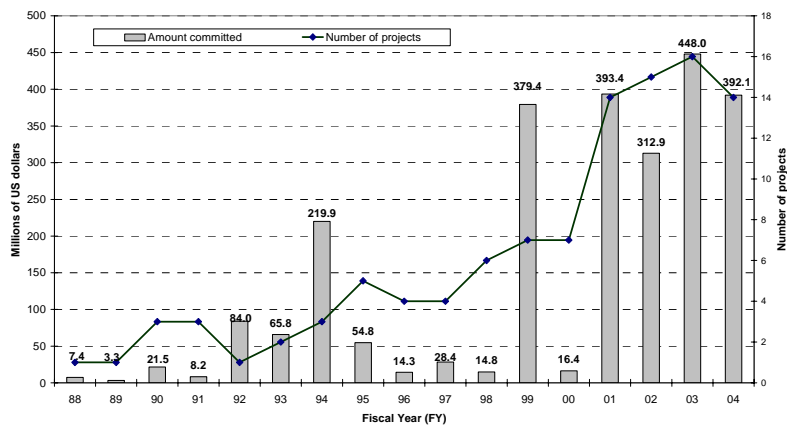


The scale of AIDS lending has increased since 1998

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New AIDS Commitments and Projects by Fiscal Year of Approval



*AIDS projects and AIDS components greater than US\$1 million. Includes projects in health, education, and social protection. The full amount of the commitment is attributed to the year of approval.



Major accomplishments

- **Heightened political commitment**
- **Stronger institutions**
- **NGO capacity built and engaged**
- **Improved efficiency in some cases**
- **Increased HIV knowledge and safer behavior**

Findings

The evaluation's main findings point to several accomplishments in countries supported by the World Bank.

- Political commitment has increased. In India, the evaluation found that the Bank's engagement probably advanced government action by several years.
- Robust institutions for fighting AIDS have been created, in most cases linked to the Ministry of Health, as in Cambodia.
- The capacity of local nongovernmental organizations has been built and mechanisms have been created to enlist NGOs to deliver services, as in Chad.
- National AIDS programs supported by the Bank became more efficient by prioritizing interventions and ensuring that the riskiest behavior is addressed, as in Brazil.
- Knowledge about HIV has increased and behaviors are safer in several countries receiving Bank support in Africa, for example. However, we can't attribute these changes to the actions of programs due to weak monitoring; nor do we know in most cases whether programs have actually changed the rate of new infections.

There are many other important findings – both accomplishments and shortcomings – detailed in the evaluation report.



How can countries be more effective in fighting the AIDS epidemic?

- **Anticipate political obstacles**
- **Be more strategic**
- **Strengthen institutions for the long-run response**
- **Act on local evidence**

How national AIDS programs can be more effective

Based on the evaluation's findings, I'd like to highlight four specific ways that HIV/AIDS programs in developing countries can be more effective: First, by anticipating political obstacles; second, by being more strategic; third, by strengthening institutions for the long-run response; and fourth, by acting on local evidence. Let me take each of these in turn, explain why they are important, and suggest actions to address them.

#1: Anticipate political obstacles

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Political obstacles are particularly severe when confronting the AIDS epidemic, because of the stigma and sensitivity surrounding the disease. At the outset, policymakers everywhere have insisted that the behaviors that spread HIV do not exist in their countries. Fueling this denial is the disease's long incubation period – 10 years or more -- when few people have symptoms. Even a rapidly-spreading epidemic is largely invisible. So, paradoxically, when HIV is most preventable, commitment to stopping it is likely to be low. Once the epidemic becomes visible – when many people have AIDS – there's an urgent need to provide services for the people who are affected. Yet, since there is no cure, the only way ultimately to reduce the number of people affected is to prevent HIV infection.

In most countries that the World Bank has supported, the evaluation found that the extent of political commitment to undertake AIDS programs has been over-estimated. In the Indian state of Andhra Pradesh, for example, NGOs supported by the national AIDS program were hampered in preventing HIV among sex workers by local law enforcement. Political commitment that is concentrated among top leadership can also be temporary, because leadership can change, shifting priorities, as in Ethiopia. Commitment is especially fragile early in an epidemic, when it is invisible, as was the case in Indonesia in the mid-1990s.



To build and sustain commitment:

- Inform policymakers with local data
- Demonstrate feasible approaches
- Sponsor relevant analytic work
- Engage NGOs in implementation

The importance of political commitment to the AIDS response is now well recognized, but there's a continuous need to anticipate obstacles, broaden and reinforce the commitment of relevant decision-makers. The evaluation highlights a number of actions that countries can take.

- First they can keep policymakers informed of the levels and trends in behavior and infection. This can have a powerful catalytic role in building political support, as seen in India and Thailand.
- Second, the political and technical feasibility of controversial programs, like needle exchange programs in Brazil or the 100 percent condom use program in Cambodia, can be demonstrated in pilot projects before they are applied nationwide.
- Third, analytic work relevant to key decision-makers can be very influential. Analysis of the economic impact of AIDS by Russian researchers contributed to raising commitment at the highest levels of government.
- Finally, enlisting non-governmental organizations to reach marginalized people makes politically sensitive programs easier to support and builds a new constituency of implementers with an interest in maintaining the AIDS response.

#2: Be more strategic



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AIDS programs also could be more effective if they were more strategic and prioritized the use of resources to have the largest impact. Being strategic also means assuring that government provides some critical activities that are unlikely to be provided by the private sector, namely: (a) “public goods”, like information, monitoring and evaluation, and public health infrastructure; and (b) ensuring that the people most likely to spread HIV are reached by prevention programs. This will reduce the exposure of the whole population to the virus. A final strategic concern of governments is equity, ensuring that the poorest have access to services.

The evaluation found that the Bank’s support helped some countries to prioritize actions. But in many countries, activities to reach people with the riskiest behavior were often not implemented to the extent planned, like in Argentina and Uganda. The evaluation also found that most national strategic plans for AIDS control in the African countries supported by the Bank were not costed and included a broad menu of actions with no clear priorities. In two-thirds of the countries, between 10 and 30 ministries were being supported, many of which have no specific mandate or comparative advantage in implementing AIDS activities. About 40 percent of AIDS funding from the Bank in these countries is supporting a broad range of interventions by civil society. This has raised awareness and grassroots commitment, for sure. But in most cases there

are few mechanisms to ensure that the activities are cost-effective, that they achieve systematic coverage, or that they exploit some comparative advantage in service delivery.



To improve strategic selectivity:

- **Assess costs, effects, sustainability**
- **Sequence activities for greatest impact**
- **Ensure public goods, prevention among those most likely to spread HIV**
- **Prioritize key sectors in implementation**

To improve the selectivity and efficiency of national AIDS programs, countries can:

- Analyze the costs, effectiveness, and sustainability of AIDS prevention, treatment and mitigation programs as a basis for prioritization, and sequence activities for greatest impact.
- They can ensure that programs systematically address public goods and prevention among those most likely to spread HIV. Even in countries where HIV has spread widely, this is key to reducing the rate of future infections efficiently.
- Finally, they can focus implementation on the sectors whose activities will have the greatest potential impact and/or with some comparative advantage in service delivery – like the military, the transport and education sectors.

#3: Strengthen institutions for managing the long-run response

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A third way to improve effectiveness is to strengthen institutions for managing the long-run response. AIDS is a long-term problem that will need competent national and sub-national institutions that are accountable to the public for results. Ministries of Health often have an absolute advantage in managing and delivering AIDS prevention and care, as they are the key technical agency, they manage the public health system, and they often are involved in regulating private health care. In hard-hit countries, the epidemic also puts new demands on social safety nets. Families and communities have largely absorbed these shocks so far, but this is probably not sustainable in the long run. Institutions need to be strengthened to cope.

The evaluation found that when political commitment was present, AIDS institutions linked to Ministries of Health were created or elevated and strengthened, as in Brazil, Cambodia, and India. AIDS programs in the health sector were also decentralized in Chad, Kenya, and Uganda. But Ministries of Health are not set up to generate political commitment; when commitment is absent, effectiveness is compromised. The evaluation also found that in most countries, mechanisms were created for enlisting NGOs for delivering services. However, the capacity of NGOs to design, implement, or evaluate AIDS activities has been overestimated in virtually every instance and needs continued effort.

The Bank has often supported activities in other priority sectors through funding of programs coordinated by the health sector, as in Brazil and Uganda in the 1990s. More recently, non-health sectors have been supported directly through AIDS components in education, transport and social protection programs, or indirectly through national multi-sectoral AIDS commissions. There were no examples of completed Bank assistance that channeled support through AIDS commissions, and there is scant evidence in the literature on the effectiveness of these commissions compared with alternatives. However, in ongoing programs following this model, the evaluation did find evidence of a lack of coordination between direct support for non-health sectors and the support through AIDS commissions. It also found a tendency for sectors to work in parallel instead of collaboratively and a lack of technical supervision.



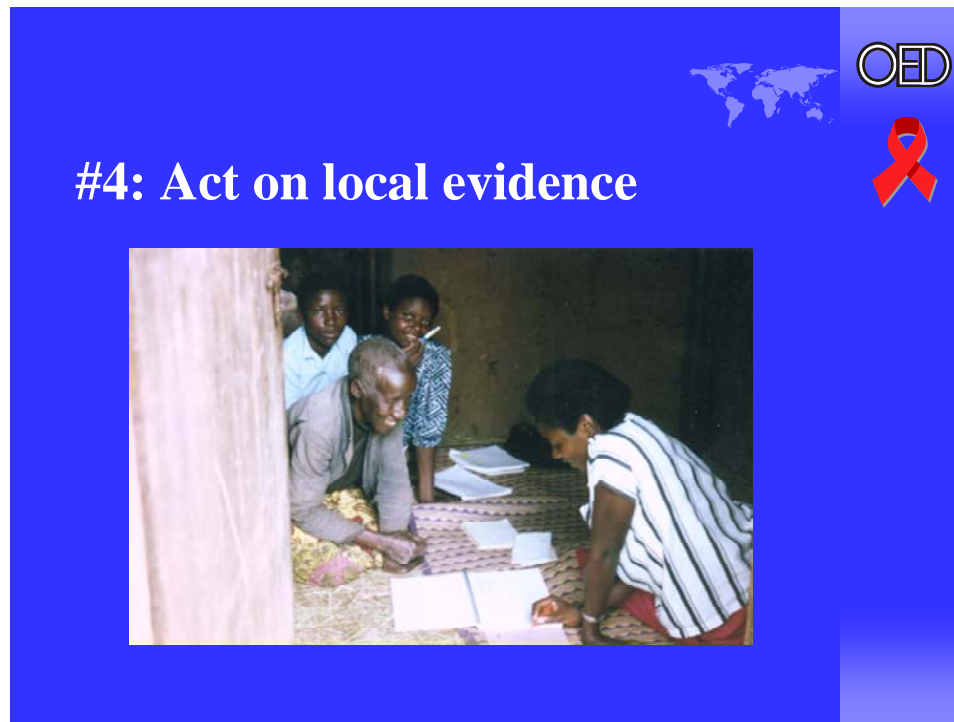
To strengthen institutions for the long-run response:

- **Build the capacity of health sector at all levels, other key sectors**
- **Improve cross-sectoral collaboration, especially with health**
- **Evaluate and adapt institutions**

To strengthen institutions for managing the long-term response, countries can:

- Build the capacity of health sector at all levels, and other key sectors. Capacity needs to be addressed among NGOs enlisted in the response as well.

- They can improve cross-sectoral collaboration, especially with the health sector, as in Thailand, when the Ministry of Health collaborated with police, local government, and brothel owners to encourage condom use in commercial sex.
- Finally, they can evaluate and adapt institutions to local conditions, to improve performance, as in India, when state level AIDS cells were replaced by autonomous AIDS Societies to accelerate action.

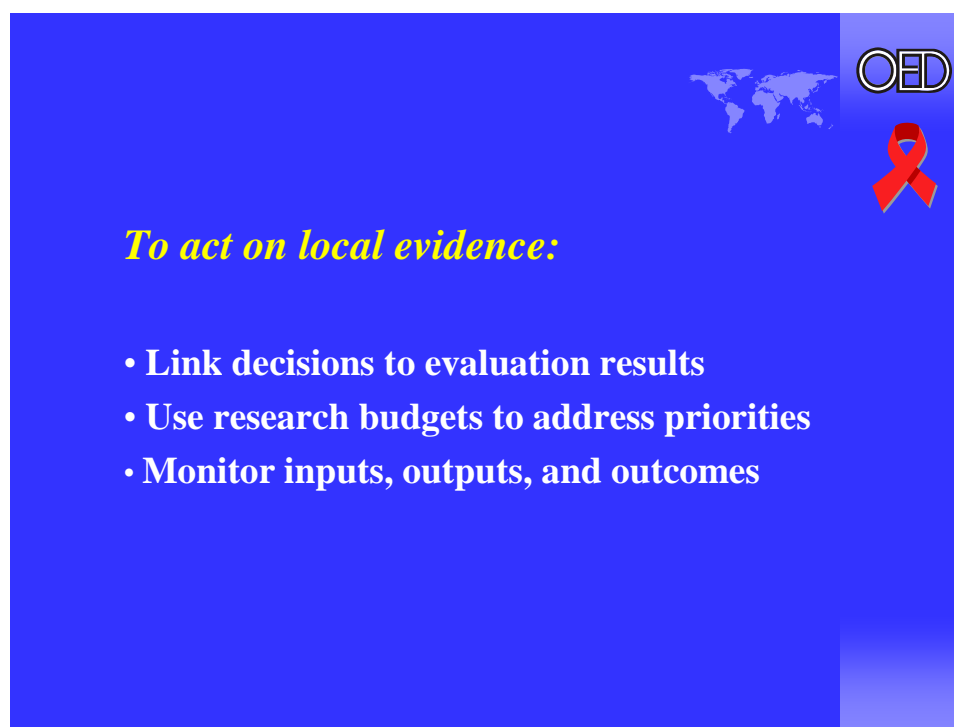


#4: Act on local evidence

Finally, to improve effectiveness, national AIDS programs need to act on local evidence. This is critical because country circumstances – the epidemic, the infrastructure, the politics, the institutions –are all very different and they evolve over time. What ‘works’ in one national or regional setting may not be as effective or cost-effective elsewhere or at a different point in the response. Kemal Derviş made this point this morning: “One size does not fit all.”

The evaluation found that one of the major shortcomings of national programs supported by the Bank is poor monitoring of program outputs and outcomes, and scant evaluation of programs or specific activities with respect to their effectiveness in changing behavior or HIV/AIDS outcomes. Baseline surveys have often not taken place until the end of projects and several with dedicated monitoring and evaluation components did not implement them. Very few pilot

interventions have been evaluated before they were expanded. An important exception is the home-based care model in Cambodia. Research often has not been oriented toward programmatically relevant issues. Even when collected, data are often not being used for decision-making. There are capacity constraints, for sure. But the OED evaluation found that the biggest constraint to improved data collection and decision-making is the lack of incentives – a reluctance to link funding decisions to performance and results.



To act on local evidence:

- **Link decisions to evaluation results**
- **Use research budgets to address priorities**
- **Monitor inputs, outputs, and outcomes**

To encourage action on local evidence, countries can:

- Link funding decisions to results, to create incentives for better data collection. For example, they can evaluate pilot programs before they are scaled up, and ensure that those that have been widely replicated are evaluated as a condition for continued funding
- They can use research budgets more effectively by making sure that they are focused on issues of priority to the AIDS program.
- And they can monitor program inputs and outputs, in parallel with outcomes like changes in risk behavior, HIV infection, the health status of those infected, and welfare outcomes in

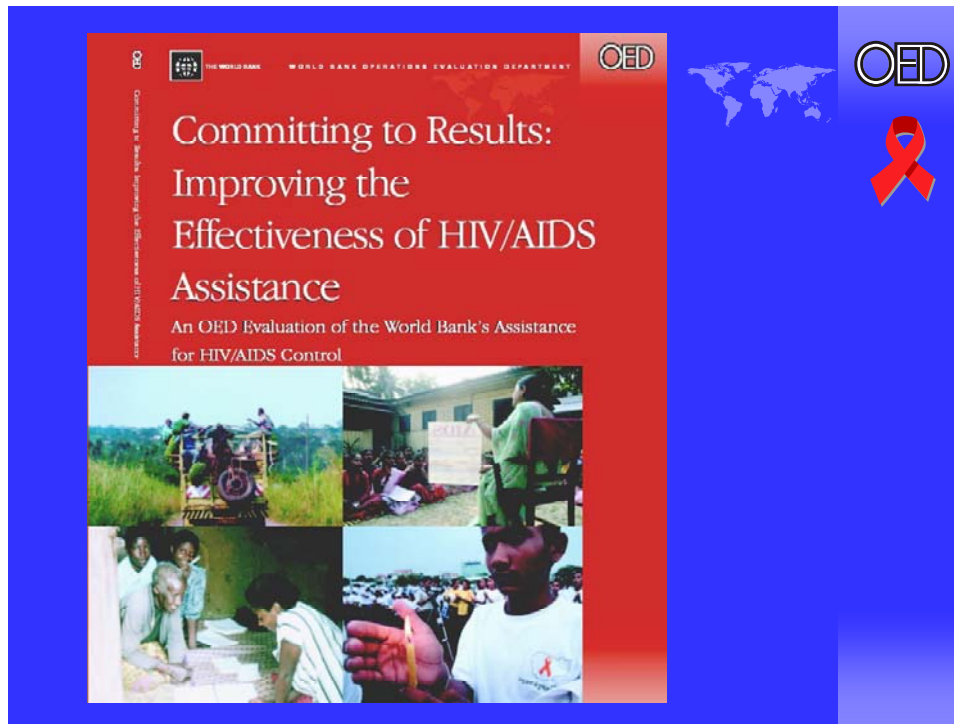
affected households. This will improve understanding of the relation between program outputs and impact on the epidemic. In Uganda, for example, the evaluation found that researchers had tracked outcomes extensively, but the program could not account for program outputs that might have contributed to these changes.



How can countries be more effective in fighting the AIDS epidemic?

- **Anticipate political obstacles**
- **Be more strategic**
- **Strengthen institutions for the long-run response**
- **Act on local evidence**

To summarize, AIDS programs can become more efficient and effective by anticipating political obstacles, being more strategic, strengthening institutions and acting on local evidence. But they can go one step further, to commit to results in terms of changing the epidemic.



Conclusion

There's been a dramatic change in the international environment for AIDS control in the past five years. Political commitment is higher and more funding is available to 'scale up' programs nationally. Yet we still have scant evidence on whether these activities have had any impact on the trajectory of the epidemic or the survival of those infected. For 20 years, the urgency of action has been the excuse for postponing evaluation. Decisions are still being made on notional 'best practices' rather than local evidence of what works best to prevent new infections and keep people alive. In the next phase, with new commitment and new resources, it's time to Commit to Results.