
APPENDIX K: STATEMENT OF THE EXTERNAL ADVISORY PANEL

The External Advisory Panel welcomes this comprehensive evaluation of the World Bank's HIV/AIDS assistance. We note that while the World Bank has had involvement in HIV/AIDS-related assistance since 1986, it substantially increased its involvement after 1998. As such, this timely and important evaluation has been conducted after less than seven years since the World Bank expanded the amount of funding and number of countries receiving support for HIV/AIDS. Because it is still early, it is not surprising that it is difficult to assess the true country-level impact of the World Bank's assistance, particularly on the ultimate goals of reducing HIV incidence and mitigating the impact of the epidemic. However, there are important observations and recommendations in the report; if the recommendations are fully implemented, the World Bank's ability to demonstrate impact in the future will be significantly enhanced.

Although the World Bank has not always been viewed as a major source of development assistance for health, it has been one of the largest supporters of HIV/AIDS activities in developing countries. The Bank's HIV/AIDS-related strategies and actions have clearly evolved over time and it will be essential that they continue to do so into the future, as the world learns more about what works and as the landscape of the epidemic and the global response continue to shift. We hope this report will help to stimulate dialogue within the Bank. Particularly in light of the World Bank's new leadership, this is an important moment to use the evaluation's recommendations to further strengthen the Bank's response.

Overall, the Panel would like to emphasize our belief that the evaluation is sound and our support for its findings. Our comments below should be understood in this context.

The evaluation is missing perhaps the most important and compelling recommendation—the job is not finished. The Panel strongly believes that the World Bank must sustain its commitment to making HIV/AIDS a central priority of its poverty-reduction strategy. Even with the increased involvement of other actors (the Global Fund on AIDS, Tuberculosis, and Malaria, the government of the United States, the private sector, and so on), the World Bank continues to have both its own comparative advantage in responding to AIDS and a crucial role to play as a UNAIDS co-sponsor.

The Panel believes that the World Bank should adopt an overall HIV/AIDS strategy—something that it has not done to date, despite various Regional and sector strategies. The fact that the World Bank does not really have a true institution-wide strategy seems short-sighted. We believe that the development and adoption of such a strategy would be an important step and one that would help with both global- and country-level prioritization of activities. Such a strategy should respond to the lessons of the evaluation and the evolution of the epidemic, paying particular attention to the need for serious and sustained mitigation investments in the most heavily affected countries and the ongoing uncertainty and risk associated with the emergence of new epidemic hot-spots in other parts of the world. A new strategy must be rooted in a forward-looking analysis in addition to drawing lessons from the past. In particular, the World Bank must work with countries to support the institutionalization of HIV prevention, care, and mitigation into politically, financially, and institutionally sustainable structures: the overall health system, the education system, the social protection system, and so on. HIV will be with us for at least another generation.

The Panel notes that the evaluation has demonstrated that Bank projects have sometimes “failed to reach people with the highest-risk behaviors,” which in turn has likely “reduced the efficiency and impact of assistance.” As a result, the Panel agrees that the Bank should try to encourage and support governments to prioritize “public goods” and “prevention among those most likely to spread HIV.” We have two caveats, however.

Not unreasonably, the evaluation’s terms of reference were restricted to the HIV-related impact of HIV-related investments. Nevertheless, it is not unreasonable to speculate that cost-benefit analyses of different intervention strategies, and therefore selection of appropriate priorities, may be considerably different if other potential benefits are factored into the analysis: for example, achievement of other sexual and reproductive health objectives, control of tuberculosis, or strengthening of health systems. We therefore recommend that the World Bank indeed help governments prioritize and sequence activities with an emphasis on those likeliest to have the greatest and most efficient impact on the epidemic, but that the World Bank not use such a rationale to rule out appropriate integration of HIV into other health programs, especially those related to sexual and reproductive health and infectious disease control, as long as such investments can be defended as cost-effective as overall packages.

In addition, necessarily sequencing highest-impact or highest-efficiency interventions first would sometimes result in missed opportunities for relatively easy, quick, and appropriate investments, which could also help to create or sustain political support for the overall AIDS response in a country. Similarly, the highest-impact interventions in the short run might not be the most sustainable. For example, it may be politically more appropriate to combine important but controversial interventions (such as focused HIV prevention with drug users or sex workers) with other programs that command broader public support, such as basic HIV education in schools, or a range of voluntary counseling and testing (VCT), care, and support services. However, this should not detract from the strength of the Bank’s program focus on the populations at greatest risk for HIV. In addition,

we believe that the World Bank must recognize both political realities and shifting conceptions of “good practice” to accommodate a range of investments: the classic message applies that a good program supported and led locally is far superior to a perfect program that only has support from foreigners and “experts.”

The Panel strongly supports the evaluation’s second recommendation, regarding the strengthening of national institutions, especially in the health sector. In addition, however, special note must be made of the mitigation needs of the most heavily affected countries, especially those with a large and growing burden of orphans. Some mitigation needs can and should be addressed through the health sector (including, of course, provision of care and treatment). Many others require leadership from other sectors, however, especially social protection and education. There is not clear evidence from the evaluation about the relative merits of addressing mitigation concerns through specialized AIDS technical advice and programming (such as MAP), as opposed to addressing these issues through appropriate sector lending in education, social protection, and so on. What matters most, however, is that the Bank recognize and respond to the special needs and challenges of the most AIDS-affected countries, and gear up both analytic and country work to respond to these needs. In addition, given the Bank’s special capacity to leverage political commitment and action across multiple ministries, it is important that the Bank continue to look for opportunities for HIV *prevention* in sectors beyond health: education, development of transport infrastructure, and defense are all obvious areas for action.

At a more detailed level, we note that the evaluation documents a number of important findings without clearly documenting a suggested way forward. Perhaps most significantly, the evaluation repeatedly points to capacity limitations as a key constraint to success, especially in its discussion of MAP, but also elsewhere, but the evaluation does not recommend a clear response to these constraints. Since this is key to building successful programs, this may be an area in which the Bank could develop models that could be replicated. Given the multisectoral reach of the

World Bank, this may be a unique contribution the Bank could make. The evaluation finds evidence of high-quality analytic work, but poor performance at dissemination and using such work to leverage others. The finding is not surprising, but we would like to see more concrete recommendations on how the Bank could have been more effective in these efforts to date, and how it could be more effective in the future. Similarly, the evaluation finds evidence of innovative and successful partnerships with NGOs and civil society (e.g., Cambodia, Brazil), and a willingness to take risks in the advancing such partnerships (e.g., MAP). However, the Bank's capacity to learn from its NGO-related successes and failures seems limited, and there is no clear central or country strategy for either analyzing or advancing appropriate government–civil society relationships. Finally, the evaluation points to some useful and innovative Bank involvement in public-private partnerships (such as the International AIDS Vaccine Initiative), but once again the Bank does not yet seem to have a well-developed logic for prioritizing such efforts. None of these comments is meant to be particularly critical of past performance or of the evaluation's findings—the Bank (like other actors) has been making it up as they go along. However, it is crucial in mapping the way forward to respond to these particular shortcomings with explicit strategies and new mechanisms of working.

The evaluation quite correctly notes that the World Bank departed from some of its traditional planning and prioritization processes as it developed its work in HIV/AIDS. While the Panel shares the implied conclusion of the evaluators that perhaps the Bank may at times have strayed too far from its operational niche, we also give credit to Bank staff working on HIV/AIDS for their willingness to be innovative and responsive and to foster action even as clear evidence of “what works” was not yet available. It is surely better to have gambled on a variety of strategies, some of which turned out to be successful, than to have waited for a clear evidence base and a thorough analysis before engaging. That said, we agree with the thrust of two of the evaluation's related recommendations: that previous work has insufficiently invested in systematic learning and evaluation, and that future work must both build on the current evidence base and continue to generate new learning.

Looking forward, we suggest that the World Bank prioritize its role as a key supporter of long-term, sustainable responses. This implies an increased focus on infrastructure, integration of programs, HIV/AIDS-related health system strengthening, and attention to key long-term mitigation strategies outside the health sector. At the moment at least, other donors are better placed to emphasize speed and emergency responses, roles that the Bank itself has played in the past.

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Note: The fourth member of the External Advisory Panel, Ms. Mary Muduuli of Uganda, provided very constructive advice throughout the preparation of the report, but had to step down from the Panel shortly before the evaluation report was finalized, and was therefore unable to participate in the statement.