

APPENDIX A: CONCEPTUAL FRAMEWORK FOR THE EVALUATION

Evaluating the development effectiveness of the Bank's HIV/AIDS assistance is challenging because, first, there are many determinants of the spread of HIV beyond the activities of the Bank, donors, and governments. Individual and household behavior ultimately determines the course of the epidemic and is conditioned on factors such as culture, political institutions, educational levels, the status of women, and the macroeconomic environment. Second, the Bank is only one of many actors in HIV/AIDS, and all Bank-supported projects are implemented by government, directly or indirectly, often in collaboration with other co-financiers. While the Bank can influence policies, responsibility for key policy decisions and the implementation of programs rests with the government. Thus, the development effectiveness of the Bank's activities is strongly linked to the effectiveness of government.

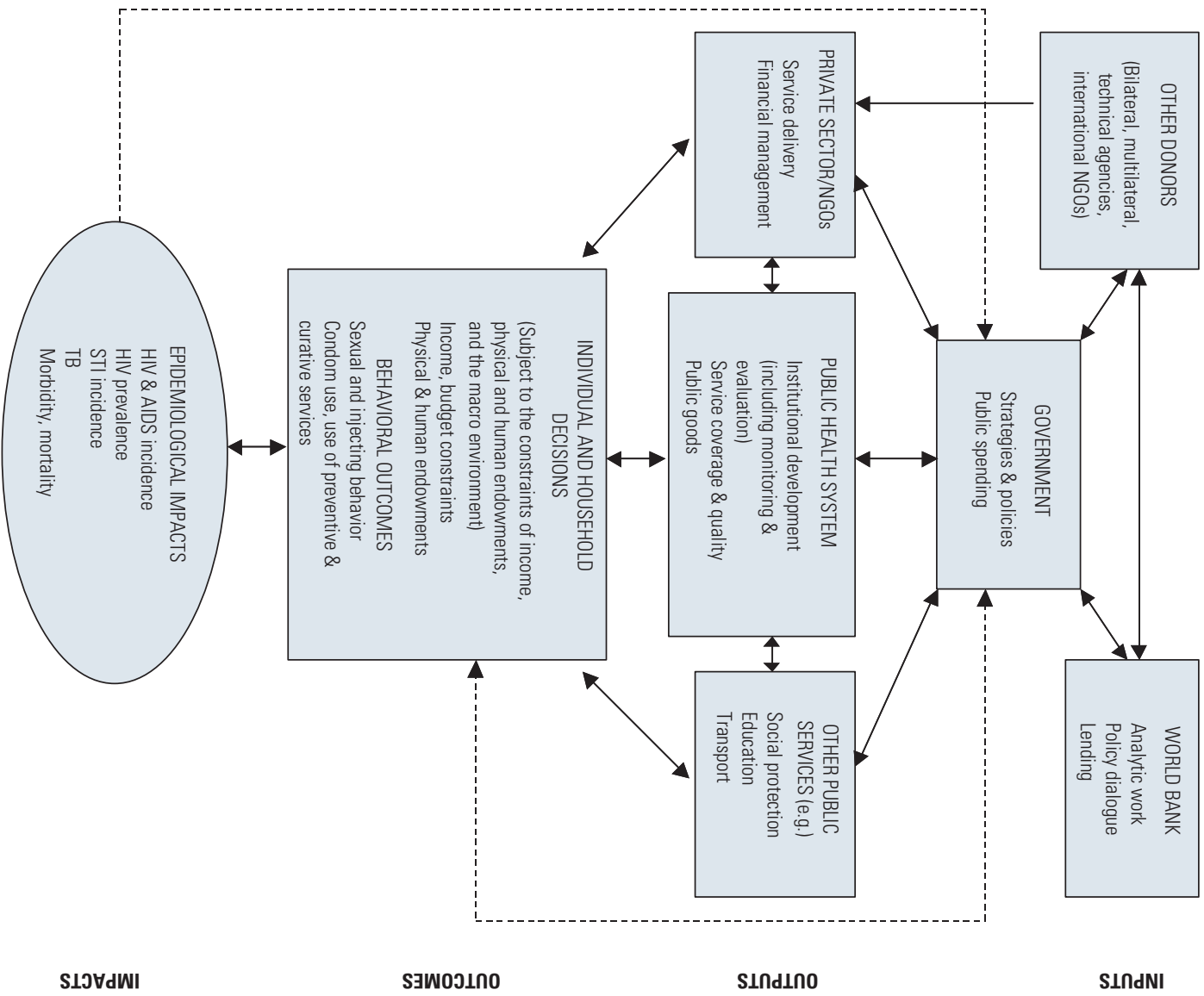
Figure A.1 presents a schematic diagram of the channels through which World Bank HIV/AIDS assistance affects government outputs, behavioral outcomes, and epidemiological impacts at the country level. The Bank's policy advice, analytic work, and lending can affect government policy directly by influencing government strategies, policies, and public spending on activities relevant to the HIV/AIDS epidemic. Collectively, these are indicators of government commitment. In countries where decision making has been decentralized, **government commitment** is reflected in the strategies and expenditure decisions of many levels of central and local administration. The Bank can affect commitment indirectly through its influence on the behavior of other donors and effective coordination with their activities. Unlike other donors, which can interact both with government and directly with the private sector and nongovernmental organizations

(NGOs) as implementers, the Bank affects the behavior of the private sector and NGOs through its impact on government policies and spending.

Government policies and public spending influence HIV/AIDS through strengthening the government's resources and capacity to provide public goods, service coverage and quality, and the strengthening of institutions to manage the response to HIV/AIDS, both in the public health system and in other public services, such as education, transport, and social protection. Government also affects the response of the private sector and NGOs through the regulatory and legal environment, public subsidies for certain activities, and subcontracting management and implementation. The capacity and activities of the private sector and NGOs also affect the activities of the public health system, in some countries augmenting it. The two-way arrow in figure A.1 between the public health system and other public services reflects the degree of multisectoral coordination of activities. *The outputs of this middle tier of public and private agencies represent the **implementation of government strategies, policies, and activities, some of which may be financed by the Bank.***

Ultimately, the epidemiological impact of Bank-supported government policies and programs on HIV/AIDS depends on the behavior of households and individuals. Within the constraints of their income, human capital, and physical endowments (such as wealth), as well as the cultural and macro environment, households and individuals process public information, make decisions on the allocation of their own time and resources across activities that raise or lower their risk of contracting HIV, and decide whether to consume public and private services (preventive and curative care, schooling, other social services). For ex-

Figure A.1: Channels Through Which World Bank Assistance Affects HIV/AIDS Outcomes



ample, they decide with whom to associate, their number of sexual partners, whether to use condoms, or whether to seek medical treatment for a sexually transmitted infection (STD). Thus, *individuals and households, to the extent that they are affected by public policies and services, may change behavior (an outcome) that, in interaction with the epidemiological macro environment, results in changes in epidemiological impacts in terms of HIV infection, other STIs, morbidity from AIDS opportunistic infections (like TB), and AIDS mortality.*

The focus of this evaluation is on documenting and assessing these key elements of the response of the Bank and the government, including:

- The *activities of the Bank and donors*, their interactions or coordination with each other, and with the government and civil society.

- The *government's commitment* to HIV/AIDS, as measured by the policies and strategies adopted and the level and distribution of public expenditure relevant to the problem.

- The *implementation* of policies and programs, in terms of the coverage and quality of services, provision of public goods, and institutional development. Vital to an understanding of the inputs and outputs is the extent of *multisectoral* collaboration within government and the *modalities and effectiveness of interactions between the public and private/NGO sectors.*

The activities of the Bank and donors can be thought of as **inputs**, and both government commitment and implementation as **outputs**. The evaluation will attempt to link the inputs to outputs and, where possible, to **behavioral outcomes** and **epidemiological impacts** at the individual level.