
APPENDIX J: SURVEY OF WORLD BANK COUNTRY DIRECTORS FOR AFRICAN COUNTRIES PARTICIPATING IN THE MULTI-COUNTRY AIDS PROGRAM

OED interviewed 16 current and former country directors (CDs) responsible for 26 of the 28 active country-level African Multi-Country AIDS Program (MAP) projects (see attachment). Whenever possible, the current country director and the country director at the time of project approval were both interviewed. In many instances, this was the same individual and any one country director might be responsible for anywhere from 1–4 countries. Overall, two country directors were interviewed for 7 countries and a single country director for 19 countries. Interviewing took place over the period June–July 2004.

The interviewer asked 10 open-ended questions covering the following themes:

- Country-level policy dialogue
- The relevance of the Bank's assistance (including the comparative advantages of the Bank's assistance and the past and present relevance of the MAP approach)
- AIDS and resource allocation in the country portfolio
- The effectiveness of the Bank's HIV/AIDS assistance through the MAP.

A final question allowed the respondents to raise any other issues they felt should be addressed in relation to the OED evaluation.

This annex synthesizes the responses of the country directors. In many cases, the responses are not mutually exclusive, because the respondent would make several points in a single answer. When this is the case, it is so noted at the bottom of the table. The respondents were asked questions in relation to each of the countries for which they are responsible and, whenever pos-

sible, the answers are presented at both the respondent level (maximum sample of 16) and the country level (maximum sample of 26) of observation. However, in a few cases the responses were too general to be attributed to specific countries, so the results are shown only for the sample of 16 country directors.

Inputs: Engagement of Country Directors in HIV/AIDS Policy Dialogue

The country directors were asked whether they had been involved in any policy dialogue on HIV/AIDS and, if so, the content, participants, and degree of success. Fifteen country directors responded, representing 25 of the 26 countries with MAP projects, and all reported some involvement in policy dialogue (table J.1). The overwhelming subject matter had to do with promoting the MAP as a concept, either with the country or among donors (or both)—an activity of three-quarters of the country directors in nearly two-thirds of the countries. Five of these country directors noted the participation of World Bank senior management (the president or Africa Regional vice president) or high-level officials from other donor agencies, in five countries (not shown).

In one-fifth of countries the country director became involved in sorting out tensions between the MOH and multisectoral National AIDS Councils (NAC) or other agencies, arising in part from the new institutions promoted by the MAP. The extent of country director involvement in dialogue on substantive issues, such as the relative importance of prevention and issues of treatment policy, was relatively low, affecting only a fifth of countries and country directors.

Table J.1: Country Director Involvement in HIV/AIDS Policy Dialogue

Issue	Country directors (n = 15)		Countries (n = 25)	
	Number	Percent	Number	Percent
Consciousness-raising, HIV in relation to country strategy, promoting government participation in MAP	11	73	16	64
Smooth collaboration w/development partners and reduce tense relationships or resistance around MAPs ^a	6	40	6	24
Resolution of operational problems	5	33	6	24
Tensions between MOHs and NACs or other agencies	4	27	5	20
HIV/AIDS prevention, treatment and care, including ARV dialogue	3	20	5	20

Note: Responses are not mutually exclusive.

a. One CD mentioned that donors had actively fought the MAP in one of the countries.

Relevance of the Bank's HIV/AIDS Assistance

Comparative Advantage of the Bank in Addressing HIV/AIDS

The country directors were asked what they see as the comparative advantage or “value added” of the Bank in addressing HIV/AIDS in the countries for which they are/were responsible. An overwhelming share (88 percent), representing about two-thirds of the countries, reported the

Bank's main comparative advantage is in terms of access to senior officials, convening power, and the ability to set agendas and build awareness (table J.2). More than half cited the Bank's multisectoral perspective, its ability to work on a national scale, and to make AIDS a development issue. Other frequently cited strengths were the ability to mobilize money and expertise and to set up institutions and procedures, and to facilitate order and discipline in public sector decision making.

Table J.2: Comparative Advantage of the Bank in Addressing HIV/AIDS

Response	Country directors (n = 16)		Countries (n = 26)	
	Number	Percent	Number	Percent
Access to senior officials, convening power, ability to set agendas and build awareness	14	88	17	65
Multisectoral perspective, ability to work on a national rather than geographically or sectorally limited scale, make HIV a development issue	9	56	11	42
Ability to provide large amounts of money and facilitate access to knowledge	6	40	12	46
Ability to help set up institutions and operational procedures and to facilitate order and discipline in public decision making	6	40	7	27
Ability to act with speed and flexibility	2	13	5	19
Willingness to take risks	2	13	2	8
Prior engagement in the health sector	1	6	1	4

Note: Responses are not mutually exclusive.

Has the MAP Capitalized on These Comparative Advantages?

The directors were asked whether the MAP capitalized on these comparative advantages and whether they saw any inherent advantages or disadvantages in the MAP projects compared with alternative ways of addressing AIDS in the country work program and lending portfolio. This was essentially a two-part question, and only three country directors answered the first part: two (responsible for 6 countries) believed that the MAP definitely did address the comparative advantages of the Bank, while a third (referring to one country) said that the preparation was too rushed and the staff should have undertaken and used sector work.

The results for the second part of the question, on advantages and disadvantages relative to alternative ways of addressing HIV, are shown in table J.3. Slightly more than a third of the directors quibbled with the perceived premise of the question, that there are alternatives (interpreted by them as substitutes) for the MAP in addressing the comparative advantages of the Bank; they noted that there are many complementary activities that might be undertaken to achieve an ob-

jective. A quarter of the directors indicated that the MAP was a short-term activity, but the intent is longer term, for which budgetary support through a sector-wide operation or Poverty Reduction Support Credit (PRSC) that includes AIDS is a more appropriate choice. Finally, a quarter summarized what they felt were the advantages and disadvantages with the MAP approach (though they did not compare it with alternatives).

The Impact of Increased Donor Assistance on the Relevance of the MAP

Country directors were asked how (if at all) the availability of new international sources of funding for HIV/AIDS (the Global Fund, the U.S. government's PEPFAR initiative, foundations, and bilateral donors) affected the relevance of the MAP and the Bank's allocation of resources for HIV/AIDS. Is there still absorptive capacity to use the resources efficiently? Should the Bank re-group or adapt its approach and, if so, how?

Nearly two-thirds of the country directors felt that the Bank strategy would or should change, citing the opportunity to improve institutions and the efficiency of resource use, the need to complement funding of antiretroviral drugs with in-

Table J.3: Advantages and Disadvantages of the MAPs Compared with Alternatives

Response	Country directors (n = 16)	
	Number	Percent
MAP and other instruments and sector work are complements, not substitutes; need to work against objectives and issues rather than sectors or instruments	6	38
In the longer term, a sector-wide approach (SWAP) with budgetary support for HIV would be the preferred option	4	25
Advantages of the MAP:	4	25
<ul style="list-style-type: none"> • High visibility • Entire portfolio to be re-engineered to be HIV sensitive • Better, faster procurement procedures • Quick preparation addressed the urgency of HIV 		
Disadvantages of the MAP:	4	25
<ul style="list-style-type: none"> • The emergency approach raised problems; it should have been based on sector work but it wasn't • The MAP is not a long-term solution • Didn't get enough country ownership and damaged relations with development partners 		
No response	3	19

Note: Responses are not mutually exclusive.

vestments in the health system, and the even more urgent need to harmonize procedures among donors (table J.4). Only one in four directors thought that no change would be needed.

Resource Allocation in the Country Portfolio

Allocation for AIDS relative to other priorities

Country directors were asked whether the current level of funding for HIV/AIDS in their countries was too much, too little, or just about right

compared with other development issues in the portfolio. If too much or too little, they were asked to explain.

Three-quarters of the country directors, representing about two-thirds of the countries, felt that the current allocations were about right, while about a quarter of the directors felt that there was a risk of over-funding in relation to absorptive capacity or other priorities (table J.5). Related to this, several noted that the level of funding is irrelevant if absorptive capacity is the binding constraint. None of the directors indi-

Table J.4: The Impact of Increased Donor Assistance on the Relevance of the MAP

Response	Country directors (n=16)		Comments by country directors
	Number	Percent	
Changes in Bank strategy or operational policies are warranted	10	63	The Bank should scale back on money and focus on institutions, fiduciary review, other expertise, and using the money well. The Bank needs to seek synergies between itself and the GFATM. The Bank needs to harmonize policy and procedures with other donors. If others decide to finance drugs, they will need Bank support for the health system, complementary support.
There's no need to change the Bank's approach	4	25	Even with the arrival of other donors, there will still be an unmet need to finance treatment. The lack of policy context in the Global Fund is a reason to stay engaged.
No response	2	13	
<i>Additional comments</i>			
Absorptive capacity remains limited and is the real issue; new financial resources will exacerbate this problem	6	38	9 countries
Not much of these additional external resources have actually been disbursed	4	25	11 countries
Bank can play a facilitating role in the use of GFATM money, as already shown	4	25	5 countries
The international institutions favor Anglophone countries, so there will continue to be a need in Francophone countries	1	6	

Note: The responses are mutually exclusive; the "additional comments" are not.

Table J.5: Allocation for HIV/AIDS in the Country Portfolio Relative to Alternative Uses

Response	Country directors (n = 16) ^a		Countries (n = 26) ^a	
	Number	Percent	Number	Percent
About right	11	69	16	62
Risk of overfunding in relation to absorptive capacity or other priorities	4	25	6	23
Whether or not it is too high doesn't matter; absorptive capacity is the main issue	2	13	3	12
Did not answer question	2	13	4	15
<i>Additional comments</i>				
Institutional/absorptive capacity and ability to use available funds effectively is a concern	8	50	9	35
Additional funds will be needed (especially if ARV funding becomes an issue)	2	13	3	12

Note: The response on country directors and countries adds to more than 16 or 26 (and more than 100%) because some directors answered differently for the two or more countries for which they were responsible and some countries had directors responding from different time periods with different views. Additional comments are not mutually exclusive.

cated that too little was being spent on HIV/AIDS in their countries.

Additionality of MAP Resources

At the time that MAP was proposed, it was also conveyed that IDA resources for HIV through the MAP would be additional to the country-level IDA allocations, therefore not reducing resources for other programs. The country directors were asked whether in their experience the resources for MAP were additional to the IDA allocation for each country and the evidence supporting it.

There were only three directors, responsible for as many countries, who could confirm the “additionality” of MAP resources. Forty-four percent of the country directors said they were sure that MAP resources were not additional and more than a third (38 percent) were not sure (table J.6). In any event, it seems that in many instances the additionality issue never arose because IDA resources were sufficient to accommodate the MAP (a spontaneous comment from 38 percent of country directors, linked to absorptive capacity). One remarked that it isn't money but rather the availability of Bank staff and preparation/super-
vision budgets that are the real constraint.

The MAP and Health Lending

Related to the issue of resource allocation within

the IDA envelope, the directors were asked whether there was any evidence that MAP or other HIV/AIDS lending has “crowded out” health lending in the countries for which they are responsible. The overwhelming share (93 percent, responsible for 88 percent of the countries surveyed) maintained that MAP lending had had no adverse impact on the availability of funds for health projects (table J.7). In fact, a third remarked that in five countries, MAP and health operations co-exist and are complementary. However, several noted that, while the availability of funds from the Bank was not an issue, the MAP may be drawing Bank staff and managerial time or health personnel in-country away from health sector operations or activities.

The Effectiveness of the Bank's HIV/AIDS Assistance Through the Map

Main Achievements of the Bank's HIV/AIDS Assistance to Date

The country directors were asked what they see as the main achievements of the Bank's HIV/AIDS efforts to date in the countries for which they are responsible, *compared to the counterfactual of no Bank HIV/AIDS involvement*.¹ They were also asked to mention any problem areas. In interpreting the responses to these questions, it

Table J.6: Is MAP Funding Additional to IDA?

Response	Country directors (n = 16)		Countries (n = 26) ^c	
	Number	Percent	Number	Percent
No, MAP funding is not additional	7	44	9	39
Don't know	6	38	7	30
One country director said not additional; other didn't know			3	13
One country director said additional; other didn't know			1	4
Yes, was incremental or facilitated additional funding to overall country program	3	19	3	13
<i>Additional comment:</i>				
It didn't matter because there was no constraint in terms of availability of IDA funds	6	38	11	48

Note: Countries add to more than 23 because for two countries more than one Country Director responded and the answers did not agree.

Table J.7: Is MAP or HIV/AIDS Lending Crowding Out Health Lending?

Response	Country directors (n = 16)		Countries (n = 26)	
	Number	Percent	Number	Percent
No, not crowding out health lending	14	93	23	88
Yes, crowding out health lending	1	7	2	8
Not sure	1	7	2	8
<i>Additional comments of those not finding crowding out:</i>				
MAP and health lending are in parallel and complementary	5	33	5 ^a	19
Availability of Bank staff and managerial time for both health and AIDS is a constraint	2	13	3	12
MAP may be drawing health personnel away from health system	1	7	3	12

Note: Responses for Country Directors are mutually exclusive. Total countries exceeds 26 (and 100%) because of two countries in which Country Directors at two points in time had different conclusions (one finding crowding out, the other not).

a. At least 5 countries (19%), and perhaps as many as 8 (31%). (The CD cited "several" of his countries.)

is important to keep in mind that some of the MAP II projects had only recently been approved, and the MAP I projects had been in operation for several years longer, on average. Thus, the results are broken down for MAP I and II countries separately.

Almost all of the achievements cited were in terms of implementation and intermediate outputs. Increased awareness and political commitment was cited in more than half of both MAP I and MAP II countries, 71 percent overall,

and improvements in the civil society response (in terms of enlisting NGOs and building their capacity) were cited by about one in four respondents for both MAP phases (table J.8). Directors for about half of the MAP II countries reported as a major achievement improvements in donor coordination or harmonization, including attracting resources from other donors. Directors for one in four countries cited expanded services. In three countries—all of them MAP I—the country directors maintained that

Table J.8: Main Achievements of the Bank's HIV/AIDS Assistance to Date

Response	MAP I (n = 11)		MAP II (n = 13)		Total (n = 24)	
	Number	Percent	Number	Percent	Number	Percent
Increased awareness and political commitment	9	82	8	62	17	71
Improved donor coordination, harmonization; attracted other donor resources	0	0	7	54	7	29
Improvements in civil society/NGO response	3	27	3	23	6	25
Reduction in HIV prevalence relative to counterfactual	3	27	0	0	3	13
Established Bank's institutional and technical credibility with donors	0	0	2	15	2	8
Country-level MAP institutional framework established	1	9	0	0	1	4
Other achievements	1	9	5	38	6	25
Expansion of condom distribution, VCT, orphan interventions						
Blood transfusion improvements						
Promotion of access to treatment						

Note: Responses are not mutually exclusive. The videoconference was cut short for one CD for two countries, so no response is available.

HIV prevalence was likely lower than it would have been in the absence of the project. They generally did not substantiate these claims.²

It is noteworthy that none of the country directors mentioned an impact of the Bank's HIV/AIDS assistance on behavior change—such as increases in condom use, reductions in casual or commercial sexual partners, or delayed onset of sexual relations. Behavior is the channel through which program outputs change HIV transmission and reduce HIV incidence. This is not to say that behavior change has not occurred; it might indicate, however: (a) a lack of association of changes in behavior with “impact” in the respondents' minds; (b) a lack of baseline and trend data on which to base an opinion; or (c) lack of specific knowledge in this area by the country director in question.

Problems mentioned in terms of implementation and impact of the Bank's HIV/AIDS assistance were reported for six countries:

- Low quality of subprojects and slow development of action plans outside of the Ministry of Health
- Limited capacity, both within the client countries and within the Bank

The following MAP-specific problems were noted:

- Little is yet happening on the ground. “This is a pure MAP problem” (in reference to two MAP I countries).
- The Bank rushed to prepare the MAP in 3 months, then it took 9 months to become effective. This “forced the pace and paid the consequences,” while in non-MAP AIDS projects they worked in an “orderly, credible way.”
- “The Ministry of Health (MOH) was very jealous of its prerogatives and we had huge battles with the minister. There's a real risk of less enthusiasm and engagement than there should be, among the officials most directly concerned.”

Effectiveness of MAP Relative to Standard Investment Projects

Country directors were asked whether the MAP instrument has been more or less effective in pursuing the objectives of stopping the HIV/AIDS epidemic than would have been a standard investment project. A surprising finding was that one in four directors did not rec-

ognize any difference between these two types of operation (table J.9). Among those remaining who answered the question, equal numbers thought that the MAP was more effective, less effective, or equally effective compared with a standard investment project. Among the advantages of the MAP cited were its multisectoral dimension, the engagement of the

president and civil society, the results orientation, greater supervision resources, and the ability to launch regional operations. Among the factors mentioned that were thought to make the MAP less effective than a standard investment project was a lack of project preparation and the failure of the template approach to take into account local conditions and priorities.

Table J.9: The Effectiveness of the MAP Compared with a Standard Investment Project

Response	Country directors (n = 16)		Comments
	Number	Percent	
MAP is more effective	3	19	Theoretically more effective because of results orientation, intensity of supervision, and greater resources. Signaling effect of the MAP Multisectoral dimension, engagement of the president and civil society in the face of public sector implementation constraints Ability to launch multi-country regional operations
MAP is less effective/significant disadvantages	3	19	Failure to take into account local conditions (Bank insistence not to treat HIV as a health issue and multisectoral entity in the Presidency, against strong local view to the contrary) Alienated donor and UN agency partners Because of too much "focus on disbursement, with a top-down approach, we lost some credibility and focus on the real priorities...it would have been better to devote resources to the top priorities"
Equally effective	3	19	Both types suffer from similar operational problems, like lack of counterpart funds "As for the template approach, this has not really accelerated anything" "The MAP has suffered as much as other projects...the problems were the lack of preparation and dependence on an institutional framework that remained to be created" "The key point is to get beyond the instrument ... into an appropriate definition of the problem"
Each has advantages & disadvantages	1	6	The MAP has lightened up the Bank's procurement requirements and are 'an extreme form of CDD,' an "inevitable evolution." But they are open to the abuse of per diems
Don't recognize the difference between MAP and a standard investment project	4	25	
No answer	2	13	

Note: Responses are mutually exclusive.

Impact of Grants on Bank Leverage with the Borrower

The directors were asked in what ways, if any, has the move from IDA credits (during MAP I) to grants for AIDS (during MAP II) changed the Bank's relation or leverage with the borrower or the borrower's ownership and accountability. Half of the country directors thought that it had changed the Bank's leverage—generally increasing the Bank's involvement—while the other half saw no change or the issue had not arisen in their experience or it was too early to tell. Very few respondents commented on the impact on borrower accountability and ownership, with two commenting that they were not affected and a third distinguishing between the effect on country ownership and government ownership (table J.10).

Other Issues Raised by the Country Directors

In concluding, the respondents were asked about any other issues or opinions that they would

like to provide on the MAP projects or on AIDS assistance more generally in the countries for which they are responsible. Issues raised by the country directors included:

- *Accountability.* (1) There is a risk that the Bank is disbursing excessive funds with inadequate controls in connection with the MAP operations. The MOH in the country was reported to argue that the “good times” should roll, funds should be disbursed, and the “accountability approach” should be avoided. There is a problem of getting “value for money” and of enforcing accountability. (2) Accountability remains an issue and costs are rising; there are real issues in scaling up without cost increases.
- *Donor coordination and the international situation.* (1) “I find the international situation on HIV confusing. There are so many actors. If we could give the countries some broader, institutional guidance, agreed at the senior management level and among the international institutions concerned, that would be

Table J.10: Impact of IDA Credits on the Bank's Leverage and the Borrower's Accountability and Ownership

Response	Country directors (n = 16)		Countries (n = 26)	
	Number	Percent	Number	Percent
Has changed the relationship	8	50	11	42
No change in relationship	4	25	9	35
Grants v. credits not an issue, had not arisen, or too early to tell	4	25	6	23
<i>Additional comments among those who believe the relationship has changed</i>				
Will increase the Bank's leverage	3	19	6	23
Facilitated the Bank's involvement in AIDS tremendously	1	6	2	7
Ministry of Finance is worried that grants will make it easier for the Bank to push its own agenda	1	6	1	4
Facilitated involvement in cross-border issues	1	6	1	4
Did not reduce government ownership or responsibility (including one comment that grants also require counterpart contribution)	2	13	4	15
Grants could increase country ownership but not necessarily borrower ownership, since grants can be sent more quickly to civil society	1	6	1	4

Note: Responses are mutually exclusive; additional comments are not.

very beneficial for our countries.” (2) The issue of donor coordination, harmonization, and simplification has to be raised at the level of senior management at donor headquarters, not just at the country level or among working-level staff. (3) The Bank should be able to scale down its AIDS efforts over time and pass the torch to the Global Fund, though it may be too early now. If the MAP prevents the Global Fund from mobilizing donor funding, then the Bank should pull back.

- *Multisectorality in practice.* The long preparation for [country x] was a function of the “top-heavy baggage of multisectorality.” “This kind of thing takes months or years in bureaucracies.” “Disbursements have been slow.” “The message that HIV is a development problem is important, but we should work with governments, and then broaden during implementation.”

- *Absorptive capacity constraints.* These are paramount in many countries as even larger sums of money are allocated to HIV/AIDS.
- *Monitoring and evaluation.* We need to promote and organize real-time M&E, to get beyond formal, long-term work.
- *Complacency.* How do we avoid complacency in the Bank and among our clients, now that HIV has become part of the landscape?
- *New instruments.* What will happen to HIV/AIDS as it is absorbed into PRSCs? What will or should be the sectoral base of task team leadership?
- *Supervision resources.* One director argued that because the MAP projects are not above average complexity and since there’s no more “learning by doing” than in other projects, that supervision does not require the additional resources provided by the MAP.³

Attachment: Country Coverage

MAP I (12 countries)	MAP II (16 countries)
Benin	Burundi
Burkina Faso	Cape Verde
Cameroon	Congo, Democratic Rep.
CAR	Congo, Republic of
Eritrea	Guinea-Bissau
Ethiopia	Malawi
Gambia	Mali
Ghana	Mauritania
Kenya	Niger
Madagascar	Rwanda
Nigeria	Senegal
Uganda	Sierra Leone
	Tanzania
	Zambia