



Recommendations

In the next phase of its response, the Bank should help governments use human and financial resources more efficiently and effectively to have an impact on the HIV/AIDS epidemic. The Bank should focus on improving the efficiency, efficacy, and sustainability of national AIDS programs by building capacity; developing strong national and subnational institutions; investing strategically in public goods and the activities likely to have the largest impact; and creating incentives for monitoring, evaluation, and research based on local evidence that is used to improve program performance.

For All Bank HIV/AIDS Assistance

1. Help governments to be more strategic and selective, to prioritize, using limited capacity to implement activities that will have the greatest impact on the epidemic.

Greater prioritization and sequencing of activities will improve efficiency, reduce managerial complexity, and ensure that the most cost-effective activities are implemented first. In particular, the Bank should ensure that public goods and prevention among those most likely to spread HIV are adequately supported.

- The Bank should help governments prioritize and sequence the implementation of activities likely to have the greatest impact and that enlist sectors and implementers according to their comparative advantages to work collaboratively toward specific epidemiological outcomes. Costs, cost-effectiveness, impact, equity,

human resource requirements, and sustainability of alternative AIDS prevention, treatment, and mitigation strategies should be assessed.

- With respect to prevention, projects in countries at all stages of the epidemic should be systematically mapping high-risk behavior; monitoring HIV and behavior in populations most likely to contract and spread HIV; assuring high coverage of information and preventive interventions to them; and taking action to reduce stigma and legal barriers to prevention and care among marginalized groups. A country-by-country assessment of the extent to which this is currently taking place and an action plan to improve performance would satisfy this recommendation.
- With respect to treatment and care, in high-prevalence countries the Bank should work with government and other partners to assess

the costs, benefits, affordability, sustainability, and equity implications of different types of treatment for AIDS patients, on the basis of which to make rational decisions in the allocation of health resources. This should be a priority even if Bank resources will not be financing this care. A population-based HIV prevalence survey is critical to understanding the scope and distribution of demand for treatment and for designing efficient treatment and care strategies in hard-hit, low-income countries.

2. Strengthen national institutions for managing and implementing the long-run response, particularly in the health sector.

Expanded responses among other priority sectors are important, but should not come at the expense of investments in the capacity of the health sector to respond to AIDS. In addition:

- Bank assistance should distinguish between institutions and strategies for raising political commitment (mobilization) and those for efficient and effective implementation of activities on the ground. Both objectives have been shown to be critical, but experience shows that a single institution may not be able to satisfy both objectives efficiently.
- Bank HIV/AIDS assistance needs to consider strategies for building, broadening, and sustaining political commitment in specific settings.
- Greater use of institutional and political analysis should be made to enhance the local relevance and effectiveness of national and subnational institutions (including multisectoral institutions and those in the Ministry of Health) in relation to local capacity, political realities, and the stage of the epidemic.

3. Improve the local evidence base for decision making.

The Bank should create incentives to ensure that the design and management of country-level AIDS assistance is guided by relevant and timely locally produced evidence and rigorous analytic work.

- The Bank should launch immediately—within the next 6 months—an in-depth inventory and assessment of the extent of implementation of

all planned M&E activities and the availability and comparability over time of input, output, and outcome data relevant to assessing program effectiveness, in all countries with free-standing HIV/AIDS projects and significant components. This assessment should serve as the basis for a time-bound action plan to improve the incentives for M&E in the Bank's HIV/AIDS assistance, with explicit targets in terms of improved monitoring and periodic use of evaluation to improve program effectiveness.

- Ongoing projects and those in the planning stage should pre-identify a program of commissioned research and analytic work on issues of priority to the AIDS program.¹
- Pilot programmatic interventions should be independently evaluated before they are replicated or expanded; those that have been scaled up without the benefit of evaluation should be evaluated within the next 12 months as a condition for continued finance.
- The Bank should become an “AIDS knowledge bank” by: maintaining a central database of Bank-sponsored or managed analytic work on AIDS—including evaluations—that is complete, up to date, and accessible to staff, clients, researchers and the public; developing a mechanism for the routine dissemination of findings from the Bank's analytic work on AIDS to internal and external audiences; translating key products; and investing in priority cross-national analytic work and research that is an international public good.²

For the Africa MAP

The Africa MAP is designed to mitigate risks concerning political commitment and implementation, but there are few structural mechanisms to assure efficiency or efficacy. These risks can be reduced through the following actions (in addition to the recommendations above, which apply to all projects):

- **A thorough technical and economic assessment of national strategic plans and government AIDS policy and an inventory of the activities of other donors should become a standard part of MAP project prepa-**

ration. When national strategic plans are found inadequate as a basis for prioritization and sequencing of activities, the Bank should engage government in strategic discussions, informed by analytic work, to identify programmatic priorities that reflect the stage of the epidemic, capacity constraints, and the local context. Follow-on projects should be structured to ensure that those priority activities, including public goods and prevention among those with high-risk behavior, are pursued.

- **The objectives of the engagement of different segments of civil society need to be clearly articulated to distinguish between the actors enlisted for purposes of political mobilization and those with the expertise and comparative advantage to implement activities with a direct impact on the epidemic.** The results of ongoing CDD-type AIDS activities should be rigorously evaluated with respect to their effectiveness in changing behavior or mitigating impact before they are renewed, in line with the recommendations of the OED CBD/CDD evaluation. The complementarity or competition

between CDD AIDS activities and the decentralized public sector response should be assessed as part of this effort.

- **The Bank should focus support for implementation on the sectors whose activities have the greatest potential impact on the epidemic and with some comparative advantage in implementation—such as the Ministry of Health, the military, education, transport, and others, depending on the country—and ensure that the resources to supervise their activities are forthcoming.** The objectives of multisectoral action against AIDS—particularly in terms of political mobilization and implementation—also need clearer articulation; the key actors with respect to each of these two objectives need to be more clearly defined. A country-by-country assessment of the relation between MAP support for line ministries and the AIDS activities in non-health sector assistance and their relative effectiveness should be conducted, with an eye on improving their complementarity and using supervision resources efficiently.