



Executive Summary

The global AIDS epidemic has profoundly affected the quality of life and progress toward poverty alleviation in many of the poorest developing countries, especially in Sub-Saharan Africa. Since the late 1980s, but particularly over the past decade, the World Bank has launched efforts to prevent HIV/AIDS and to mitigate its impact through participation in global programs; financing analytic work; engaging in policy dialogue; and providing loans, credits, and grants for HIV/AIDS projects. As of June 2004, the World Bank had committed \$2.46 billion in credits, grants, and loans to 62 low- and middle-income countries for 106 projects to prevent, treat, and mitigate the impact of HIV/AIDS, of which about \$1 billion had been disbursed.

Objectives and Methodology

This evaluation assesses the development effectiveness of the Bank's country-level HIV/AIDS assistance against the counterfactual of no Bank assistance. It identifies lessons from this experience and makes recommendations to improve the relevance, efficiency, and efficacy of ongoing and future activities. For the purposes of the evaluation, *HIV/AIDS assistance* includes policy dialogue, analytic work, and lending with the explicit objective of reducing the scope or impact of the AIDS epidemic. Few HIV/AIDS projects have been completed and the vast majority of projects and commitments are ongoing. With this in mind, the three substantive chapters address:

- The evolution and phases of the Bank's institutional response and an overview of the port-

folio of HIV/AIDS assistance since the start of the epidemic

- Findings on the efficacy of the "first generation" of completed World Bank country-level HIV/AIDS assistance and lessons from that experience
- An assessment of the assumptions, design, risks, and implementation to date of 24 ongoing country-level AIDS projects in the Africa Multi-Country AIDS Program (MAP).

The evaluative evidence comes from detailed timelines of the World Bank and international response; an inventory and desk review of the Bank's HIV/AIDS lending portfolio; in-depth field assessments of completed AIDS projects; field-based case studies of Bank HIV/AIDS assistance in Brazil, Ethiopia, Indonesia, and Russia; inter-

views and surveys of Bank task team leaders for the Africa MAP and country directors in those countries; a review of the national AIDS strategies of 26 countries receiving Bank assistance; commissioned background papers; an inventory of the Bank's analytic work on HIV/AIDS; and surveys of Bank staff and African AIDS workers on the reach, quality, and usefulness of that work. Most of this material is in the appendixes to this report and/or posted on the evaluation Web site (www.worldbank.org/oed/aids). The report also draws on completed OED evaluations of: the Bank's health, nutrition, and population (HNP) programs; nongovernmental organizations (NGOs) in World Bank projects; community development; and capacity building in Africa. It complements OED's recent evaluation of World Bank involvement in global programs, including global programs in health.

The Evolution of the Bank's HIV/AIDS Assistance

The first AIDS cases were reported in the United States in 1981. For several years thereafter, the international research community strived to understand the cause and modes of transmission of the new disease. By 1985, it became evident that a serious HIV/AIDS epidemic of unknown magnitude was taking place in parts of Sub-Saharan Africa. At that point, the Bank had been lending directly for health projects for only about five years; it had limited expertise on health or AIDS and followed the lead of the World Health Organization (WHO). Two factors framing the response of the Bank and the international community were, first, the great uncertainty and rapidly changing information about a totally new disease—its epidemiology, its spread, and how to fight it—and, second, the extraordinary stigma and denial of the disease.

There have been two distinct phases to the Bank's response to HIV/AIDS. During the first phase, from 1986 to 1997, the Bank's response was constrained externally by low demand for HIV/AIDS assistance by developing countries. Internally, the Bank's response was held back by the focus of the Bank's health sector leadership on vital health system reforms, eclipsing the urgency of investing in preventing the rapidly

spreading HIV epidemic. As late as 1997, the Bank's health, nutrition, and population (HNP) strategy contained no discussion of the AIDS epidemic, mentioning it only in a remote part of an annex in the context of emerging diseases.

Nevertheless, during this period about \$500 million was committed in loans and credits to 8 free-standing projects and 17 significant components to support national AIDS programs on 4 continents in countries at all stages of the epidemic. The initiative for AIDS strategies and lending came primarily from individual health staff in the regional and technical operational groupings of the Bank, but not in any coherent way from the Bank's HNP leadership or top-level management. The Bank collaborated closely with the WHO Global Program on AIDS (GPA) in project design and in launching important analytic work on the cost-effectiveness of AIDS interventions.

The second phase of the Bank's response, from 1998 to the present, is one of high-level institutional mobilization and advocacy in which the Bank began to take a proactive role in raising awareness and demand for AIDS support among its staff and client countries. Several significant developments in 1996–97 may have contributed to this shift: the creation of the Joint United Nations Program on HIV/AIDS (UNAIDS), which took on a strong advocacy role and was capable of directly reaching high-level Bank management; the issuance by the Bank of a major research report that highlighted AIDS as a development issue; and the development of highly active anti-retroviral therapy (HAART) in 1996. There was also increasing international evidence of the scope and impact of the epidemic.

Since 1998, HIV/AIDS strategies or business plans have been completed in nearly all geographic groupings of the Bank, and an additional \$2 billion has been committed to support national HIV/AIDS programs in 55 countries at all stages of the epidemic. Roughly half of the new commitments since 1998 have been through more than two dozen projects of the Africa MAP, and the balance to projects in South Asia, Eastern Europe, Latin America, and the Caribbean. The main objectives of these projects, as articulated in design documents, have been to prevent the spread of HIV, provide treatment and

care, mitigate the impacts of AIDS, build national institutions, and provide public goods.

The Development Effectiveness of Completed HIV/AIDS Assistance

As a result of the recent dramatic increase in commitments, most of the Bank's HIV/AIDS lending assistance is ongoing: only 18 free-standing AIDS projects or projects with significant AIDS components, accounting for \$636 million in disbursements, had closed as of June 2004. Case studies and project assessments for this evaluation concluded that, in addition to increasing the resources for AIDS in these countries, the Bank induced several governments to act earlier and/or in a more focused and potentially more cost-effective way than would have been the case otherwise. The principal contribution of the Bank's country-level HIV/AIDS assistance relative to the counterfactual of no assistance has been to: (a) help generate, deepen, and broaden political commitment to controlling the epidemic; (b) enhance the efficiency of national AIDS programs by helping governments focus on prevention, cost-effectiveness, and prioritization of activities in the face of scarce resources; (c) help create or strengthen robust national and sub-national AIDS institutions, usually linked to high-level units in the Ministry of Health (MOH), to enhance the long-run response; and (d) encourage governments to build the capacity of NGOs and create mechanisms to enlist them in the national response, often expanding access to prevention and care among the high-risk groups most likely to contract and spread the infection.

However, there were also shortcomings. The capacity of NGOs and community-based organizations (CBOs) to design, implement, and evaluate AIDS interventions was overestimated in virtually all countries, as was political commitment in many cases. Implementation was also delayed because of overly cumbersome procedures in processing subprojects and withdrawing funds. The projects underinvested in prevention programs for high-risk groups, which are key in stopping the spread of HIV. This was often because of a failure to implement planned activities, rather than overlooking them in design. Last, the proj-

ects as a group often failed to implement planned evaluation, monitoring, and research, which are public goods and should be among the highest priorities of government HIV/AIDS programs. The resulting dearth of information severely limits the ability to establish plausible attribution of changes in HIV/AIDS knowledge, risk behavior, and epidemiological outcomes to government programs supported by the Bank's assistance. It also implies that there was limited data for improving decision making and the effectiveness of programs over time.

A number of lessons were garnered from the first generation of AIDS assistance:

- Commitment to fighting AIDS from top leadership is necessary—but not sufficient—for results: efforts are needed to raise, broaden, and sustain political commitment.
- Strengthening the institutional capacity of the Ministry of Health to address HIV/AIDS is critical to the effectiveness of the national AIDS response.
- Even in countries with a strong civil society, implementation capacity for AIDS programs cannot be taken for granted. Bank projects need to invest in the capacity of civil society and develop more flexible project implementation procedures to engage it more effectively.
- Strong incentives and supervision are critical to ensure that interventions for high-risk groups are implemented by government and civil society to the extent necessary to reduce HIV transmission.

In addition to country-level assistance, the Bank has sponsored or managed analytic work on HIV/AIDS that informed that assistance. The evaluation identified more than 230 pieces of analytic work on HIV/AIDS—economic and sector studies, research, and journal articles—sponsored or managed by the Bank through the end of June 2004. This material is not systematically tracked in the Bank's internal record-keeping system, nor does any existing Web site assemble it in a comprehensive way. Surveys of two key audiences revealed that those who had read the most prominent studies gave them high marks for technical quality and usefulness. However, the

surveys also revealed that the Bank's analytic work on AIDS is not reaching key audiences in the African policy community, particularly government policy makers. The nonavailability of reports in French and low access to the Internet are major barriers to greater access in Sub-Saharan Africa. Further, the level of familiarity of Bank staff who manage AIDS projects with HIV/AIDS analytic work and toolkits was much lower than anticipated.

The Ongoing Africa Multi-Country AIDS Program

The projects of the Africa MAP account for about two-thirds of the Bank's active HIV/AIDS projects globally, and about \$1 billion, or half, of ongoing AIDS commitments. The goal of the first phase of the MAP is to "intensify action against the epidemic in as many countries as possible," with the explicit objectives of scaling up prevention, care, support, and treatment programs and to prepare countries to cope with those who develop AIDS. The program uses country eligibility criteria and a project design template to meet these goals and objectives. The emphasis of the program is to raise political commitment through engagement of all segments of government and civil society and to dramatically and rapidly expand the implementation of HIV/AIDS interventions.

The first two MAP projects were approved in 2000, and as of June 2004 about \$255 million of the \$1 billion of new commitments had been disbursed. Because none of the projects had closed, the OED evaluation focuses on assessing the key design features of the Africa MAP, the assumptions that underlie the approach, and the risks that were anticipated and those that were not, in light of the evidence from completed HIV/AIDS assistance and implementation of MAP projects to date (as of August 2004).

The Africa MAP has succeeded in enlisting at least two dozen countries to launch major HIV/AIDS initiatives with \$1 billion of new resources, and it appears to have contributed to heightened political commitment. This alone is an enormous accomplishment, given the lack of demand for AIDS assistance by most of these countries in the 1990s. In this sense, it has ad-

ressed the major earlier impediment to broader impact. There is evidence of broad mobilization of civil society, on a greater scale than most (but perhaps not all) of the completed HIV/AIDS projects, and engagement of many more sectors of the economy. Mechanisms have been created to finance an AIDS response from civil society in many countries where they did not previously exist. MAP resources have disbursed, on average, somewhat faster than for those health projects in the first dozen countries. The objective of "scaling up" interventions is being pursued.

However, the overarching objective of the MAP is to prevent HIV infection and mitigate its impact; broader implementation and political commitment are a means to that end. The MAP approach relies heavily on the technical and strategic guidance of each country's national strategic plan (one of the eligibility criteria), coupled with strong monitoring and evaluation (M&E), heavier than standard project supervision, and the existence of proven, locally evaluated pilot projects to ensure the efficiency and efficacy of the activities that will be scaled up. The risks of the project design associated with these factors that ensure efficiency and effectiveness were not assessed in the design of the MAP. Because of the emphasis on rapid preparation of the projects, less up-front analytic work and fewer baseline assessments were conducted. The strategic input of the Bank at the design stage—which might have provided some insurance against these risks—was less than in previous HIV/AIDS projects.

Because all of the Africa MAP projects were still active as this report was being concluded, it is too early to know whether these risks have been mitigated by project-specific features or by technical assistance and other inputs from the MAP management unit, *ACTAfrica*. However, the evidence to date suggests that in many cases the national strategic plans are not sufficiently prioritized. Like the completed projects before them, there are signs that weak M&E in many Africa MAP projects have not produced the anticipated "learning by doing," and that many activities are being scaled up that have never been evaluated locally. Supervision appears to be no greater than for health lending, while the aver-

age complexity of the projects and the number of activities is far greater. As a result, there is a risk that many of the actors that have been mobilized politically behind the fight against HIV/AIDS are engaged in implementing activities for which they have little capacity, technical expertise, or comparative advantage, diverting scarce capacity from other poverty-reduction activities and resources from actors that can use them effectively. These potential risks have been created by weaknesses in the design of the MAP that impact the effectiveness and efficiency of resource use. The mid-term reviews of these projects and the next phase of lending provide an opportunity to develop mechanisms to minimize these risks and improve the effectiveness of the Bank's assistance.

Recommendations

In the next phase of its response, the Bank should help governments use human and financial resources more efficiently and effectively to have a sustainable impact on the HIV/AIDS epidemic. The Bank should focus on building capacity; developing strong national and sub-national 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.

To promote this objective in ***all Bank HIV/AIDS assistance***, the report makes the following recommendations:

- ***Help governments to be more strategic and selective, to prioritize, using their 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 in all countries, and help high-prevalence countries to assess the costs, benefits, affordability, sustainability, and equity implications of different treatment and care options.
 - ***Strengthen national institutions for managing and implementing the long-run response, particularly in the health sector.*** Expanded responses among other priority sectors are appropriate in specific settings, but should not come at the expense of investments in strengthening the capacity of the health sector to respond. In addition, Bank assistance should consider separate institutions, where appropriate, to satisfy the objectives of political mobilization and implementation of activities on the ground; develop explicit strategies for building, broadening, and sustaining political commitment; and make greater use of institutional and political analysis to improve the performance of local institutions.
 - ***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 are guided by relevant and timely locally produced evidence and rigorous analytic work. Specific actions include: an immediate systematic and in-depth inventory and assessment of ongoing M&E activities in all HIV/AIDS projects and components, as the basis for a time-bound action plan to improve the incentives for M&E, with explicit targets; pre-identification of a program of commissioned research and analytic work on priority issues to AIDS programs in each country; enhanced use of independent evaluation of pilot projects and of major ongoing program activities; and actions to make the Bank an “AIDS knowledge bank.”
- 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 project preparation.*** When national strategic plans are not adequate as a basis for prioritization and se-

quencing of activities, the Bank should engage clients 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 in specific activities need to be clearly articulated, to distinguish between those engaged for political mobilization and those with the expertise and comparative advantage in implementing activities with a direct impact on the epidemic.*** The results of ongoing community-driven development (CDD) AIDS activities should be rigorously evaluated with respect to their effectiveness in raising awareness,

changing behavior, or mitigating impact, as should the cost-effectiveness of alternatives before they are renewed.

- ***The Bank should focus multisectoral support for implementation on the sectors with activities that have the greatest potential impact on the epidemic—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 and the key actors with respect to each of the objectives need to be more clearly defined. An 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 to improve their complementarity and the efficiency of supervision.