INTERIM REVIEW OF THE

Multi-Country HIV/AIDS Program for Africa

World Bank

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EXECUTIVE SUMMARY

A team from the World Bank, DFID, UNAIDS and MAP International carried out an Interim Review of the first phase of the Multi-Country HIV/AIDS Program for Africa (the MAP Program) in January/February 2004. It visited projects in six countries: Benin, Burkina Faso, Ghana, Malawi, Mozambique and Sierra Leone.

The principal objective of the review was to assess (i) the continuing viability and appropriateness of the objectives, approach and design of the MAP program, (ii) progress in its implementation, and (iii) the effectiveness of the Bank, and to draw lessons of experience to help guide preparation of the future MAP program. Given the significant changes in the overall environment for HIV/AIDS prevention, care and treatment since 2000, the Review team focused particularly on recommendations for adaptation of the Program to enhance its effectiveness.

The principal conclusions of the review:

- The objectives, approach and design of the MAP Program have generally been appropriate
- The original objectives are in the process of being realized
- Experience with implementation of individual projects and sub-projects has been mixed and often disappointing
- However, most projects are new and need time to mature
- The context for dealing with the HIV/AIDS epidemic in Africa has changed significantly since the Program was launched in 2000
- Consequently, the future MAP program will need to become more strategic, collaborative and evidence-based.

Objectives, Approach and Design

The original objectives of the MAP Program were appropriate: raising awareness, commitment and resources for HIV/AIDS, supporting a multi-sectoral approach, stressing community mobilization and using alternative means to channel funds.

The approach has been very innovative for the Bank: flexible, open-ended, quick, client-driven, collaborative. In less than four years, just over $1 billion has been committed to 28 countries in sub-Saharan Africa. By almost any measure, in its concept and design, the MAP Program has been a major achievement—the largest single commitment to HIV/AIDS ever undertaken by the Bank.

Project Implementation

There is positive experience in most projects. Disbursement levels overall are now comparable to health and social sector projects at the same stage of implementation. The community-based interventions appear to be the best performing component, suggesting the existence of some local capacity. At the same time, implementation of individual projects has been rather disappointing and in some cases inadequate. The team noted several common problems:

- There is no fully operational national **monitoring and evaluation** system in place in any country and little incentive to establish one, with other donors insisting on separate mechanisms

- The **governance** aspect of the national response is troubling. National HIV/AIDS Councils (NACs) are not providing consistent leadership and oversight. NAC Secretariats have often become implementation agencies rather than coordinators and facilitators. There is no real accountability to the general public. Moreover, not all donors use a common structure. The Global Fund, for example, currently has a separate country coordinating mechanism (CCM) to submit proposals for funding

- **Procedures** for approving community-based programs often involve a multi-tiered maze of approvals with opportunities for rent-seeking. Delays of six to nine months are not uncommon. Frustration levels among civil society partners in these circumstances is high

- **The multi-sectoral approach** is often pro forma, with almost identical action plans by ministries focused in the initial stages on workplace programs rather than beneficiaries, and

- The **health response** has generally been weak. Most Ministries of Health have been slow to respond to the epidemic and some have actually felt disempowered by the MAP approach.

The Changing Context

There have been major changes in the overall environment for tackling the HIV/AIDS epidemic in Africa since the MAP program was initiated in 2000. Major new funding has been committed by the Global Fund, the US PEPFAR initiative, private foundations and others. There is an intense emphasis on treatment, with many questions about the pace of increased access tied to strengthening health service delivery in both the public and private sectors. Information on the epidemiology of the disease and behaviors is growing but data on the coverage, reach and quality of HIV/AIDS services is still inadequate. Lessons of experience on effective interventions are emerging from the MAP Program and others. These developments have important implications for the future MAP Program.

The Future Strategic Direction of the MAP

To help ensure a coordinated response to the epidemic, UNAIDS has formulated the principle of "The Three Ones": one national authority for HIV/AIDS, one strategic framework and one M&E

system. A principal goal of the MAP Program is to help realize this vision and improve the national response, by working to strengthen governance, promote the new generation of strategic frameworks and implement a common national monitoring and evaluation system usable by all partners

Specifically, the MAP program should:

- **Support the new strategic frameworks.** Many countries are beginning to revise their national strategies. The Bank and its partners can help ensure the new generation of national strategic frameworks are evidence-based, action-oriented, prioritized, costed and useful as a management tool. They should be developed with the full participation of the civil society and external partners committed to operating within the common framework

- **Help improve governance and accountability.** The MAP Program and its partners can also help strengthen the performance and accountability of a single national authority, by ensuring NAC Secretariats respect their role as facilitators, promoting transparency and accountability of the NAC and NAC Secretariat to the public, improving incentives for performance and integrating separate mechanisms for project development and implementation into one overarching organization

- **Ensure development of a common M&E system.** Fully operational national M&E systems to serve all partners should be in place by the end of the first MAP project and a condition for any future commitment by the Bank. Funds for M&E should have a separate, non-fungible budget.

With a more effective, single system in place for coordinating the national response, future MAP projects can be more effective, tailored to the unique circumstances of individual countries. While retaining the flexibility and openness of the original projects, the next generation can be more focused on results and provide incentives for effective performance. They can also be designed more explicitly in conjunction with a broader health and social sector response contained in poverty reduction strategies and programs. Specifically:

- **Incentives for performance.** To encourage achievement of results, future projects should incorporate explicit incentives to encourage and reward good performance. In collaboration with other partners and using the unified M&E system, a performance-based approach linking disbursements to agreed goals and indicators should be considered

- **Differentiated projects.** New projects can be tailored to the unique epidemiological, economic, behavioral and social circumstances of individual countries. Where other donors are focused on their own explicit priorities (such as treatment), the Bank can use the flexibility of the MAP approach to serve as the "donor of last resort," filling funding gaps in the national response

- **The health sector response.** Future programs should take the overall needs of the health sector into account, with direct support to the Ministry of Health where appropriate and in collaboration with other interventions by the Bank and others within the framework of the poverty reduction and health sector strategies for the country.

To be able to play this broader strategic, collaborative and differentiated role, the Bank can improve its own effectiveness, strengthening internal technical capacity to support MAP Projects, particularly in the areas of M&E, communications and institutional design. Locating task team leaders (TTLs) in country offices demonstrably helps build the trust and effective partnerships that are essential to this highly collaborative approach to the epidemic.

I. INTRODUCTION

This report presents the findings of an Interim Review of the Multi-Country HIV/AIDS Program for Africa (The MAP Program).

Initiated by the World Bank in 2000, the MAP Program is a long term effort to mitigate the effects of the HIV/AIDS epidemic and eventually reduce the rate of incidence of the disease. The first five-year phase is designed to put in place institutional and organizational mechanisms, build the human capacity to undertake a large-scale program of prevention, care, treatment and research and scale up existing programs.

The Executive Directors of the World Bank approved $500 million for the Program in September 2000 and an additional $500 million in February 2002. This represented a significant achievement for the Bank and Regional management--making HIV/AIDS a priority for the institution and placing it squarely on the development agenda of many African countries. By December 31, 2003, MAP projects had been approved for 24 countries in Sub-Saharan Africa, with another eight country and sub-regional projects scheduled for approval in 2004. The initial $1 billion was fully committed by mid 2004.

The AIDS Campaign Team for Africa–ACTafrica in the Bank's Africa Region–initiated this Interim Review as an initial step in preparing the next stage of the program.

The review team consisted of Phil Compernolle (DFID), Cassandra de Souza (ACTafrica), Peter Okaalet (MAP International), Daniel Ritchie (consultant, Chair), Miriam Schneidman (Africa Region, World Bank), Kristan Schoultz (UNAIDS) and David Wilson (GHAP, World Bank/UNAIDS M&E unit). Sven Sandstrom, former Managing Director of the World Bank, advised the team.

The team carried out the Interim Review in January and February 2004. It visited MAP projects in six countries: Benin, Burkina Faso, Ghana, Malawi, Mozambique and Sierra Leone. The countries were chosen to reflect a variety of factors—disease incidence (high and low), country size and location, project age (older and newer) and implementation experience.

II. THE CONTEXT

The epidemic. The HIV/AIDS epidemic continues to constitute an enormous health and development challenge. According to UNAIDS, Africa accounts for over 60% of the infections and 75% of the mortalities worldwide. Approximately 25 million people in Africa are HIV positive and about 2.3 million died in 2003. Young women ages 15 to 24 are more than twice as likely to be infected than their male counterparts. Southern Africa remains the region with persistently high HIV prevalence rates in the general population. The situation in Eastern Africa and parts of Central Africa is quite different and there are promising signs in some countries of decreases in the disease prevalence. In West Africa, the epidemic is generally more contained, with pockets of infection in particular areas and among vulnerable groups like commercial sex workers and highly mobile workers.

Global Funding. Perhaps the most important development in the fight against HIV/AIDS since the MAP Program began has been the significant increase in global funding. In addition to the $1 billion from the Bank, the Global Fund for HIV/AIDS, TB and Malaria (GFATM) has committed $1.5 billion over two years. The US PEPFAR initiative announced by President Bush in January 2003 plans to commit up to $15 billion over five years to 12 African, 2 Caribbean countries and Vietnam. The Gates Foundation and other private foundations have also become more active in Africa. From a desperate lack of resources in 2001, the situation has suddenly become both more promising and considerably more complicated in a number of countries. At the same time, country-led implementation remains a major challenge and the pace of these donor-supported programs is likely to be slow.

The MAP Program. In less than four years the MAP Program has initiated development of HIV/AIDS projects in every IDA-eligible country in Sub-Saharan Africa. By October 2004, projects had been approved in 28 countries and one sub-regional project (the Abidjan-Lagos Corridor Project) with a commitment of over $1 billion and disbursements of $300 million[1]. Eight other projects are scheduled to be submitted to the Bank's Board for approval in 2004.

The focus on treatment. Currently, only about 5% of HIV-positive individuals in Africa are receiving anti-retroviral treatment. Much of the focus of the Global Fund and the PEPFAR initiative is on treatment, a very complex undertaking due to the need for continuous monitoring of patient adherence to the drug regimen, drug resistance awareness, and the need for treatment to be on-going for the patient's lifetime. This growing emphasis on treatment will put even greater demands on a chronically weak health system as well as increase the need to safeguard the appropriate balance among HIV/AIDS interventions, including ensuring a continuing and enhanced focus on prevention.

Decentralization. Given that decentralization of government services is a major public service initiative in all the countries visited, the national responses to HIV/AIDS will need to adapt accordingly to changes in the locus of decision-making and service delivery to take advantage of the new approach.

[1] Figures are accurate as of October 1, 2004.

III. THE INTERIM REVIEW PROCESS

The Interim Review was carried out with two basic objectives: (i) to assess whether the original objectives, approach and design of the MAP program remained appropriate and sustainable in the light of experience and changing circumstances, and (ii) to draw lessons from the initial projects to help guide the future development of the MAP program and the second generation of MAP projects.

Terms of Reference

In its Terms of Reference (see Annex 2), the Review team was asked to address:

- The appropriateness of the objectives of the MAP Program, and progress in their realization
- The continued viability and effectiveness of the basic approach used by the MAP Program
- The suitability of the design of the individual interventions funded
- The World Bank's effectiveness in supporting the HIV/AIDS national programs
- The lessons of experience that might be incorporated in the next phase of the MAP Program.

The significant changes that have taken place in the environment for addressing HIV/AIDS in Africa prompted the Review team to focus fundamentally on the lessons of experience and the road ahead. An in-depth evaluation of the Bank's overall role in HIV/AIDS is being undertaken by the Operations Evaluation Department.

Methodology

In carrying out its assignment, the team:

- reviewed basic MAP program documents and individual project documents for a number of countries and status reports for projects in the six countries visited

- interviewed Task Team Leaders and other Bank staff involved in the MAP Program

- interviewed representatives of external partners such as UNAIDS, DFID, relevant UN Agencies, the Global Fund and representatives of international NGOs, both in the field and at their headquarters

- met in London prior to the field visits to agree on the principal issues and questions to be addressed and the initial "story line" to be tested

- carried out field site visits to Benin, Burkina Faso, Ghana, Malawi, Mozambique and Sierra Leone, where they met with multiple stakeholders: NAC/NAS program managers and staff, ministries, the private sector, people living with HIV/AIDS, community grant beneficiaries, donors, the UN Theme Groups on HIV/AIDS, umbrella and local NGOs

- prepared informal country reports following each visit to draw lessons of experience and provide evidence and examples to substantiate the general findings, and

- met together after the country visits to agree on the findings and conclusions and draft the final report.

Eight critical factors

During its initial meeting in London on January 14-16, 2004, the review team identified eight elements of the MAP Program that it felt should be explicitly reviewed in each country:

- Government commitment and governance, particularly the effectiveness of the NACs and their Secretariats (NAS)
- National HIV/AIDS strategies and frameworks
- The multi-sectoral approach in the national response, including the health sector response
- Community engagement
- Monitoring and evaluation
- Donor collaboration and coordination
- Bank instruments—the relation of MAP Projects to programmatic loans and health sector projects
- Implementation experience

Caveats

The Review Team believes that the findings of this Interim Report are appropriate and based on the evidence gained during its field visits. At the same time, it should be pointed out that the review was rapid (one week in each country), with no formal analysis commissioned by the team. There is limited information yet available about the results of the interventions. Several projects are new (the Malawi grant was not yet effective at the time of the review team visit). The findings in the Report are consequently the informed judgments of the team, grounded in examples from the review and the broader experience of the team.

IV. THE FINDINGS

As indicated above, the Interim Review team was asked to evaluate the appropriateness of the objectives, approach and design of interventions of the initial MAP Program and the performance of the Bank, and draw lessons of experience for the future.

THE OBJECTIVES OF THE MAP PROGRAM AND PROGRESS IN THEIR REALIZATION

The **objectives** of the first phase of the MAP Program have been to establish the institutional foundations and framework for the World Bank's engagement in national programs for HIV/AIDS. The overarching goals were to scale up the response and build national capacity. The specific goals were to help (i) increase national awareness, political commitment and available resources, (ii) promote a multi-sectoral response, (iii) increase community and civil society engagement, (iv) adopt "extraordinary and exceptional" methods to combat the epidemic, and (v) improve monitoring and evaluation systems to capture the lessons of experience and facilitate "learning by doing."

These objectives are essentially process-oriented. They establish mechanisms and approaches to be used to combat the disease. The objectives of the early projects were not to promise specific outcomes in terms of changes in behavior and attitudes or in the epidemiology of HIV/AIDS, but to lay the foundations for such changes to develop through implementation of subsequent activities and support in the coming years.

Positive experience

The review team found that the basic objectives were in the process of being met:

- The President or Prime Minister is Chair of the HIV/AIDS Commission in all six countries, an outward sign of political commitment at the highest level of government

- The Bank provided an infusion of cash to help accelerate the national response well before other major donors arrived, and Bank funding for HIV/AIDS in Africa has grown exponentially, from commitments of less than $5 million annually before 2001 to more than $300 million committed in 2003 for all MAP projects

- The multi-sectoral response has been formally introduced and workplace action plans adopted in a large number of ministries, typically 20 or more in each country

- The community level component for prevention, care and support has been initiated and is performing reasonably well in several countries, although overall disbursement levels are modest due, in part, to the very small size of individual interventions

- NGOs/CBOs and faith-based organizations are playing a critical role in the delivery of services for community and targeted interventions

- Most of the six MAP projects visited have autonomous agencies contracted to handle financial management and procurement on behalf of the National HIV/AIDS Secretariats

- Most projects had developed good operational plans for monitoring and evaluation, and

- Local capacity exists, especially in the civil society and private sector, to manage prevention, care and support activities, and some treatment.

Shortcomings

At the same time, the team found that implementation experience of the individual MAP projects has been decidedly mixed. In particular:

- Real **political commitment** seems only skin deep. Several countries have defaulted on one of the most important measures of commitment—obligations to provide budget allocations or counterpart funding, even at the reduced level of 5% (in some cases) of the project cost

- The **multi-sectoral response** supported by the MAP has been somewhat half-hearted with the exception of a few ministries such as Defense, which recognize the importance of greater engagement in HIV/AIDS. Most sectoral plans reviewed by the team were similar to one another, giving the impression of a "cookie cutter" planning process. Except in one country, ministries had not moved significantly beyond their own workplace interventions to consider programs for their constituencies such as students and farmers. While the initial focus has been on the involvement of as many ministries as possible (since up to 80% of formal sector employees are in the public service), greater attention to key ministries now seems appropriate with more effective implementation of a fewer number of action programs

- Where resources for the **Ministry of Health** were treated as part of the multi-sectoral response (in several early MAPs) rather than as a dedicated component managed by the MOH, the results have been generally poor. In these circumstances, MOHs typically felt disempowered by the early MAP projects. Even when there were dedicated funds, the MOH response has sometimes been disappointing. Most Ministries of Health at the moment are not prepared to deal with the significant increase in funding for HIV/AIDS in general and anti-retroviral treatment in particular

- **The community/civil society component** has in some countries been the best performing project activity, reaching large numbers of people often in remote areas and promoting active community involvement in prevention activities. In the majority of countries visited, however, the component is mired in complex, multi-layered review procedures causing delays of months and providing opportunities for rent-seeking. Funds are not reaching the intended beneficiaries with the urgency and using extraordinary and

exceptional means as recommended by the MAP Program. In these countries, the civil society has expressed considerable frustration at the lack of progress in sub-project approvals, and

- **M&E systems** are not fully operational in any country visited.

Conclusions about objectives and progress

While direct attribution to the MAP Program is not possible for either the successes or the shortcomings, clearly there has been a quantum leap in the response to HIV/AIDS over the past three years. Broadly, the MAP objectives are being achieved. They remain appropriate as broad goals for the Program. Awareness of the causes of infection and prevention measures are high in every country. However, the good news—increase in visibility and attention to HIV/AIDS and the development of the basic mechanisms, policies and procedures for the national response—has not been accompanied by the requisite quality of implementation. The continuing focus of current MAP projects must be to strengthen governance, streamline processes and introduce a fully operational national M&E system.

THE CONTINUED VIABILITY AND EFFECTIVENESS OF THE BASIC APPROACH

A unique aspect of the MAP Program for the Bank has been the introduction of a radically different **approach** to project design and implementation. The basic features include: (i) very rapid project preparation (an average of ten months, less than half the Bank average), (ii) an open-ended menu of activities—almost anything can be financed, (iii) client determination of the activities to be financed, often using participatory diagnostic techniques, (iv) flexibility in implementation with streamlined procedures, (v) the involvement of non-traditional Bank partners in project execution, such as faith-based organizations, and (vi) complementing speed and flexibility with a major effort to ensure governments adopt a "learning while doing" approach, using M&E to guide programmatic adjustments at all levels.

The review team commends the basic MAP approach developed, even though it found the reality did not always reflect the vision. Actual implementation was often less flexible than the original intent. At the same time, the basic approach has resulted in a sense of urgency within the Bank, rapid project development and improved engagement of old and new development partners for the Bank. It has generated a measure of client ownership and responsibility and induced the Bank apparatus to rethink, and revise, long-standing approaches to funding and procurement.

The significant change in the overall environment over the past four years argues for a reconsideration of certain aspects of the basic approach:

- Major new funding is coming available for HIV/AIDS in Africa from the Global Fund ($1.5 billion over two years), the US PEPFAR initiative (up to $15 billion over five years), the

Gates and Clinton Foundations, bilateral donors, and other development partners. The MAP Program may be dwarfed in some areas by these other sources of finance

- A priority for the new funders is on anti-retroviral treatment

- More and better information is emerging on the nature of the epidemic in individual countries, and

- Experience is growing from MAP projects and elsewhere on the effectiveness of interventions, the mechanisms for scaling up and the sustainability of results.

Under these changing circumstances, the future approach of the MAP Program will need to be more strategic. While retaining the very positive aspects of the current approach—flexible, client-driven, community-based and delivered through the civil society—the future Program should be an instrument to reinforce the national approach advocated by UNAIDS, referred to as "The Three Ones"—one national authority, one strategic framework and one monitoring and evaluation system to manage the HIV/AIDS response. The MAP program is operating within this framework, and should encourage others such as the Global Fund and PEPFAR to adopt this approach. Working with other development partners, it can assist national authorities to build a more effective, accountable authority, revise the strategic framework and introduce a simple, manageable and useful M&E system for HIV/AIDS.

In countries where others are providing significant financial resources for their priorities, the MAP Program has the flexibility to serve as the "donor of last resort." It can fund prevention, care and support or treatment activities within the national program that might be of less interest to other donors.

The speed in the development of the initial MAP Projects provided a sense of urgency and commitment to the response to the epidemic. It did not always lead to rapid implementation. In fact, the early MAP projects underestimated the complexity of introducing new institutions, processes and procedures, and implementation measured by disbursements was painfully slow. Today, as projects mature, disbursement levels on MAP Projects are comparable to other projects in the Africa Region, and newer MAP Projects have adopted the lessons of experience and are being initiated faster. However, one major bottleneck remains in many projects. The sub-project approval process has not always followed the "extraordinary and exceptional" measures recommended by the MAP. The team noted several countries where sub-project approvals involved a multi-layer process with opportunities for rent-seeking. Approvals in these countries took six to nine months, generating considerable frustration among potential beneficiaries and civil society organizations involved in the delivery of funds and services.

In summary, the basic approach of the MAP Program remains valid and appropriate—open-ended, flexible, client-driven, involving non-traditional partners for the Bank. However, the next phase of the MAP Program can use the approach more strategically. Project preparation can be more deliberate and evidence-based. The Bank can serve as a donor of last resort that supports the national program in a collaborative and harmonized manner.

SUITABILITY OF THE DESIGNS OF THE INDIVIDUAL INTERVENTIONS

The **design** of the interventions in most MAP Projects to date have generally been based on a common template. Most projects have had four principal components—strengthening HIV/AIDS organizational and service delivery structures, promoting the multi-sectoral response, fostering community engagement and supporting project management. The organizational structure consists of a National HIV/AIDS Council (NAC) and a NAC Secretariat. Each country has a national Strategic Plan or Framework to guide the national response. Individual ministries were expected to adopt action plans for their employees and eventually for their beneficiaries. Community activity was to be based on plans developed locally and often implemented with the help of civil society organizations, selected on a competitive basis wherever possible.

The review team found that some interventions were working well, particularly those community–level prevention, care and support activities carried out by NGOs/CBOs, the private sector and faith-based organizations. However, the team found the public-sector response generally less impressive.

Individual country project designs did not often use the flexibility inherent in the MAP to differentiate among countries to the degree permitted. Countries at different stages of the epidemic were using similar approaches. The HIV prevalence rates in the countries visited ranged from 0.9% to 15% but the projects were very much the same.

Moreover, the team found the NAC Secretariats to be of very uneven quality. Some performed their facilitation and coordination functions with skill and limited resources while others had a very large workforce and appear to produce relatively poor results. The size of the Secretariats ranged from 8 and 10 professional staff in two countries to 50 to 70 staff in two others with roughly the same population as the first two. They had essentially become implementation agencies rather than the facilitators and coordinators of the national response to HIV/AIDS. In most countries visited, their titular managers, the National HIV/AIDS Councils, were not exercising their responsibility for oversight. The NASes do not appear to have any real accountability. In some countries, the use of Project Implementation Units by the MAP appeared to compound the problem by dividing responsibility and authority for implementation.

In only one of the six countries visited was the issue of gender mentioned by the clients, despite the fact that in Africa, women and especially girls are among the most vulnerable to HIV/AIDS infection. While gender is an explicit focus of some project elements, it has not yet become an organizing principle of some governments.

The review team feels that future **designs** should continue to evolve based on experience and growing evidence of what works and why. In particular, new projects can be more explicitly differentiated by an individual country's epidemiological and behavioral situation. The balance between a generalized approach for the public at large and targeted interventions focused on high-risk and vulnerable groups will differ based on the evidence. New projects should also be designed to ensure the NAC Secretariats play their intended role as facilitators rather than implementation

agents. There should be a transparent accountability mechanism to ensure a better response to beneficiaries. And the next MAP design will need to respond to the intentions of national processes of decentralization of authority.

Future projects also need to be designed in the context of the broader issues of poverty alleviation and the provision of basic social services, typically embedded in the national poverty reduction program (PRSP) and a national health strategy. In Malawi, for example, the government has requested that all ministries put aside 2% of their PRSP budgets for HIV/AIDS, as the PRSP is the overarching development program within which the epidemic needs to be mainstreamed. The HIV/AIDS Action Plans need to be aligned with the broader development agenda.

In summary, future project designs ought to be developed in the context of the needs for a broad health sector response, developed on the basis of evidence of the nature and stage of the epidemic in individual countries including the questions of gender and based on a good institutional diagnosis of the HIV/AIDS organizations and implementation agencies.

THE WORLD BANK'S EFFECTIVENESS

As noted above, the MAP Program can point to several notable achievements**:**

- being the first multi-lateral financial institution to mobilize significant resources for HIV/AIDS in Africa
- supporting projects in every eligible IDA country in Sub-Saharan Africa
- adopting a radical new approach for the Bank—flexible, swift, adaptable, programmatic, open-ended and client-driven
- promoting innovation for the Bank in partnerships such as pooled funding
- budgeting (if not always actually authorizing) $200,000 per year for supervision, more than twice the Bank average, and
- building stronger partnerships and trust among partners and promoting a more rapid response.

The Program has been intensively reviewed twice in its brief history, and newer MAP projects have built on the lessons of their predecessors. Task Team Leaders and staff located in the field have been highly effective in building and maintaining trust and relations with other partners and supporting implementation. In short, the overall effort at both the institutional and staff level has been commendable.

Support to project implementation has generally been less creative and flexible than the vision. Some observed shortcomings include:

- governance, accountability and incentives for performance remain a problem for most NAC Secretariats, as does the co-existence of a PIU in some countries. The Bank recognized at the outset the complexity of creating new institutions and rated the MAP program as highly risky for the outset. Still, it could have analyzed more systematically the institutional environment and requirements for effective implementation

- rapid preparation did not always lead to rapid startup. As noted by previous reviews of the MAP, preparing projects more deliberately (while still more quickly than traditional projects) may have actually resulted in faster project execution

- the flexibility inherent in the approach was not always adopted by countries in the original operations. For the Bank, in the traditional areas such as procurement and safeguards, there was sometimes a slow response, overly complex procedures and lack of local authority. Simplified guidelines are now being introduced for the procurement of HIV/AIDS-related products and other commodities

- the Bank's internal technical support has been insufficient in areas such as M&E, communications and treatment. For example, ACTafrica recommends that 5-10 percent of program funds be invested in M&E and yet the Bank has contributed almost no financial resources to provide M&E technical and implementation support to task teams and clients. Such activities have been funded almost wholly from a UNAIDS Trust Fund. Effective communications is critical for modifying attitudes and behavior, and yet the team noted very little support for communications strategies although the Bank has a Development Communications program in its External Affairs Department. Institutional development and capacity building are central features to the MAP approach, but again there is very little internal support to TTLs on organizational diagnosis and designs

- Despite growing support to the health sector through sector-wide approaches (SWAPs) and Poverty Reduction Support Credits (PRSCs), the team was concerned that Ministries of Health are still not getting the support needed to respond to the growing demands for HIV/AIDS care and treatment, much less their continuing obligations to deal with other public health priorities. The Bank will need to revisit its support to the health sector and ensure the MAP program fits within the broader approach, and

- the higher income countries in southern Africa such as South Africa, Botswana, Swaziland and others with some of the highest incidence rates in the world are not eligible for funding by the MAP, which is restricted to IDA countries. While the Bank has been providing small-scale technical assistance and supporting the work of other funders in one country as an experiment, the Bank is unable to provide the full range of its technical and financial services to several of the most vulnerable populations in Africa. This is a serious anomaly for which a remedy should be sought urgently.

In summary, the Bank has been highly effective at the corporate level in making the case for significant support to HIV/AIDS in Africa, mobilizing the resources, committing funds, providing

skilled task team managers and staff and constantly reviewing and adapting and program. Implementation processes and procedures of the clients have not always been as creative and imaginative. Disbursements have lagged but are improving as projects mature. Technical support to task teams has been improved with the use of special "SWAT" teams but needs to be strengthened. Improving the quality of interventions and the effectiveness of the delivery of the whole range of HIV/AIDS services and interventions (including prevention, care, treatment and mitigation) needs to be a preoccupation of the next MAP.

V. CONCLUSIONS

The MAP Program is an audacious and in many ways a remarkable undertaking. It has helped generate significant new resources for HIV/AIDS by demonstrating that a broad, intensive response is possible, and has worked with other development partners to establish new mechanisms for supporting national programs in a harmonized fashion.

Most MAP Projects are new. The six projects visited have an average age of 12.5 months. Perhaps the most important objective in the coming period will be to allow the new institutions and mechanisms created by the governments with Bank support to mature, ensuring that the fundamental mechanisms and systems are in place as noted above. In other words, the first priority is to **stay the course.**

The review team found the original objectives of the MAP Program to be appropriate and on their way toward realization. The MAP approach and the individual component designs also seem broadly appropriate.

The principal concerns of the team related to (i) the quality of implementation of current projects, (ii) the urgency of improving the mechanisms for the overall national response—better governance, a revised strategic framework and an effective M&E system and (iii) the opportunity for using the MAP program more strategically and making the next generation of projects more evidence-based and performance-based.

VI. RECOMMENDATIONS

The recommendations of the review team are clustered into three groupings. The first relates to improving the overall framework for the national response within the principles of the Three Ones—one national authority, one strategic framework, one M&E system. The second cluster addresses the design and quality of future MAP projects. The third relates to improving the World Bank's own contribution to the HIV/AIDS response in Africa.

IMPROVING THE NATIONAL RESPONSE

National strategic frameworks

The initial National Strategic Frameworks were clearly useful to rally forces and promote broad-based engagement, but they were generally less helpful in terms of guiding concrete action. Many current five-year National Strategic Frameworks are nearing completion. There is, therefore, an opportunity for the Bank, governments and development partners to enhance strategic thinking in terms of where to invest, how to sequence investments, and what specific activities and interventions will have the greatest potential impact, based on analyses of current epidemiological and behavioral data. Such an approach will allow countries to better tailor the national response to country-specific circumstances.

The MAP Program should support governments (under the leadership of the NACs and together with other partners) in the development of the next generation of National Strategic Frameworks and the subsequent development of associated multi-sectoral, prioritized, and costed action plans. Partner support should be explicitly linked to these operational plans in keeping with the guiding "Three Ones" principle.

Governance and the NAC/NAS

National HIV/AIDS Councils have so far been largely ineffective in their leadership in the response to the epidemic and in their oversight of the NAC Secretariats (NASes). They often lack the authority to appoint the Executive Director, approve the work program and budget, and review and reward achievements. NASes are often independent of oversight apart from the President's Office, which can have serious consequences. Moreover, they have frequently overstepped their original mandate as a national coordination, facilitation and supervision entity. They have, in effect, become the project implementation agency. They review and approve sub-projects to the civil society and community, and ministerial action plans, often in a very complex and multi-layered process that can encourage rent seeking. In some cases, they have become a financial institution (and effectively an employment agency). Their roles as facilitators should be reinforced.

Fund management should be competitively outsourced to independent agents that can review and approve sub-project proposals under pre-specified guidelines with overall NAS supervision, provide funds and receive reports from implementing organizations. This will allow the NAS to concentrate

more on coordinating the overall national HIV/AIDS response and tracking the nature of the epidemic at the national level. Close linkages between such fund management units and government are crucial for alignment with general public expenditure management and the sustainability of the response. The institutional reviews that are currently underway in some MAP countries (such as Kenya) can assist in focusing the role of the NAS in this direction and ensuring that the NAS is properly equipped to perform this role.

Monitoring and evaluation

The review team noted that there are currently no fully functioning monitoring and evaluation systems in any of the countries visited, undermining the learning by doing approach of the MAP and making it difficult to assess the results of the investments made.

The team believes that the following steps are required to develop a single national M&E system that focuses on results, harmonizing donor activities and improving evidence of effectiveness. First, to create an incentive for building a national M&E, it recommends that a fully functioning M&E system be established under the current MAP projects and be a prerequisite for any future MAP project. Second, to ensure adequate in-country resources to develop operational M&E systems, M&E should have its own non-fungible budget item that cannot be absorbed into general administrative expenses. Third, to ensure adequate in-country personnel for M&E, clients should appoint a full-time M&E officer and also recruit a long-term, in-country, national M&E specialist to develop, test drive and transfer a national system that provides adequate biological, behavioral and routine program activity monitoring information. Fourth, the Bank should increase its own technical support. Currently the Bank finances less than two full time staff for M&E. The review team believes that the Bank should double the resources and staff available to support M&E development and implementation in MAP projects.

Donor collaboration

The emergence of major new funding initiatives for HIV/AIDS in Africa, such as the Global Fund, the US PEPFAR initiative and the Gates and Clinton Foundations, and new programs such as the WHO "3 by 5" initiative have brought new urgency to the need for much closer cooperation and collaboration. Multiple demands among donors for their own procedures, reporting and supervision requirements can cripple implementation agencies. The MAP Program should continue to work with its principal technical partner, UNAIDS, and others to further harmonize donor efforts under the umbrella of the UNAIDS "Three Ones" principle—one national authority, one national strategy and one M&E system.

IMPROVING MAP EFFECTIVENESS

Incentives for effective performance

The review noted that the MAP has limited incentives for improved performance and limited remedies to address underperformance. There are almost no sanctions (positive or negative) to

enhance effectiveness. The review team recommends consideration of a performance-based disbursement system in future MAP projects. A system already exists in a number of MAP projects for certain components and individual recipients of funds, for which continued funding is conditional on achievement of agreed targets. In a performance-based disbursement system, the implementing agency would set annual performance targets, ensure that a functioning national monitoring and evaluation system tracks performance and agree to link future disbursements to the attainment of such performance targets. These targets could be expenditure-based, where spending would be monitored against agreed budgets by categories, or results-based, a more powerful approach, where agreed activities would be tracked and rewarded. "Rapid results" approaches can be introduced within individual operations for some kinds of activities. In the case of pronounced under-performance, alternative mechanisms can be used to ensure delivery of core services so that beneficiaries will not be harmed. This approach would need to be developed by the NAC with Bank support, in close collaboration with other development partners, and using national M&E systems for implementation.

Project design based on evidence

The review noted recent evidence that HIV infection may be less generalized than expected and that there is wide variation in the levels of HIV infection across the continent. As indicated above, the review recommends differentiated programming priorities according to each country's epidemic status and determined by a participatory process weighing surveillance and behavioral data. The review recommends a more evidence-based approach which strikes the balance between broad-based general public intervention and the targeting of groups with recognized vulnerability, using international good practices to intervention.

Quality of interventions

The initial focus of the MAP Program has been to help expand and accelerate existing programs for HIV/AIDS prevention, care, treatment and mitigation and creating greater capacity for confronting the epidemic. However, it is not clear that the rapid scaling up of the response has resulted in interventions of the quality needed to influence behaviors on the scale that is commensurate with the effort. More time for learning and experimenting is needed.

To enhance the quality of interventions, the Bank should (i) offer better technical guidance to implementation agencies on good practice, (ii) help develop a standard set of quality guidelines for sub-project beneficiaries and encourage NACs to establish national systems for documenting and sharing promising interventions and practices, and (iii) develop greater technical support capacity, especially for scaling up local responses, strategic planning capability, appropriate national M&E systems and approaches and designs for ARV procurement, supply and delivery.

Civil society engagement

The review also noted that civil society had generally limited involvement in the initial design of the civil society component of the MAP, especially organizations of people living with HIV/AIDS (PLHWA). This has limited their ownership and the effectiveness of the component. Civil society

has important experience that would significantly enhance the design and performance of the civil society component. In fact, community-based and targeted interventions managed by civil society organizations and visited by the review team were often inspiring. The review recommends that civil society be fully involved in the future design of materials and procedures for grant making, application, funding and reporting.

Health sector response

The health sector has a pre-eminent role in the response to the HIV/AIDS epidemic. Where MAP projects have a dedicated component for the Ministry of Health, the response (and relationships with the NAS) has generally been positive. The review team recommends adopting a menu approach in terms of how MAP funds are used for health sector support, allowing greater flexibility and creativity within a dedicated budgetary envelope**.** In addition to the standard HIV/AIDS interventions, more emphasis could be placed on assisting the Ministry of Health to strengthen financial management capacities, reinforce planning of investments, and address human resources constraints, whether in a MAP Project or through other interventions. Greater attention also needs to be given to the fit of the proposed project with other aspects of the health sector and with the links to other IDA-supported activities such as PRSCs, SWAPs and the pilot Treatment Acceleration Program (TAP).

IMPROVING WORLD BANK EFFECTIVENESS

Incentives and rewards

The review team was impressed by the quality and effectiveness of the task team leaders (TTLs) and staff met in the field and in Washington. They were well informed, committed and thoughtful. The TTLs and staff have been particularly effective in building trust with their clients and funding partners, and maintaining strong partnerships. Several initiatives such as pooled funding might not have materialized without the team leader being in the field and recognizing the importance of managing relationships. To the extent possible, TTLs should be located in the field. Their personnel review should put a premium on their ability to build and maintain good relationships and trust.

Technical Support

The MAP Program, and the review team, have strongly articulated the importance of M&E. However, until recently internal support to M&E development has consisted of half a staff year. The GAMET program is still budgeted at only about $1 million, largely through a UNAIDS Trust Fund, far less than required to meet the demand and scale needed. In addition, greater support is needed to introduce effective communications strategies into future MAP Projects. Communications is the key to successful prevention. Similarly, institutional development and capacity building are central features of the MAP approach, but there is very limited support to TTLs on organizational diagnosis and design. The MAP Program should enhance its own technical skills in these areas—M&E, communications and institutional assessment—to support effectively the future MAP program.

ANNEXES

1. Data Sheet on HIV/AIDS in Africa
2. Interim Review Terms of Reference
3. Team Composition in Each Country
4. Acknowledgements

DATA SHEET ON HIV/AIDS IN AFRICA

Country	MAP Effective Date or *Approved Board Date*	MAP Commitment ($ millions)	HIV Rate (%)	Number Infected	Number of AIDS Orphans	% of Global Infected
Angola	*Dec-04*	*20*	5.5	350,000	100,000	0.25
Benin	Jul-02	23	3.6	120,000	34,000	0.09
Botswana			38.8	330,000	69,000	0.17
Burkina Faso	Mar-02	22	6.5	440,000	270,000	0.68
Burundi	Oct-02	36	8.3	390,000	240,000	0.60
Cameroon	Sep-01	50	11.8	920,000	210,000	0.53
Cape Verde	Jul-02	9	1.7	3,600		0.00
Central African Republic	Sep-03 (Suspended)	18.6	12.9	250,000	110,000	0.28
Chad		*25*	3.8	150,000	72,000	0.18
Comoros			0.1			0.00
Democratic Republic of Congo	*Mar-04*	102	4.9	1,300,000	930,000	2.33
Republic of Congo	*Apr-04*	19	7.2	110,000	78,000	0.20
Cote d'Ivoire	*Nov-04*	*50*	9.7	770,000	420,000	1.05
Djibouti	Dec-03	13	11.8		6,000	0.02
Equatorial Guinea			3.4	5,900	100	0.00
Eritrea	Mar-01	40	2.8	55,000	24,000	0.06
Ethiopia	Jan-01	59.7	6.4	2,100,000	990,000	2.48
Gabon			4.2		9,000	0.02
Gambia	Jul-01	15	1.6	8,400	5,300	0.01
Ghana	May-02	25	3	360,000	200,000	0.50
Guinea	Mar-03	20.3	1.5		29,000	0.07
Guinea Bissau	*May-04*	7	2.8	17,000	4,300	0.01
Kenya	Jan-01	50	15	2,500,000	890,000	2.23
Lesotho	*Jul-04*	5	31	360,000	73,000	0.18
Liberia			2.8		39,000	0.10

Country	MAP Effective Date or *Approved Board Date*	MAP Commitment ($ millions)	HIV Rate (%)	Number Infected	Number of AIDS Orphans	% of Global Infected
Madagascar	Nov-02	20	0.3	22,000	6,300	0.02
Malawi	Mar-04	35	15	850,000	470,000	1.18
Mali	*May-04*	15	1.7	110,000	70,000	0.18
Mauritania	Jan-04	21	0.5			0.00
Mauritius			0.1	700		0.00
Mozambique	Aug-03	55	13	1,100,000	420,000	1.05
Namibia			22.5	230,000	47,000	0.12
Níger	Oct-03	25	0.89	96,120	33,000	0.08
Nigeria	Apr-02	90.3	5.8	3,500,000	1,000,000	2.50
Rwanda	Aug-03	30.5	8.9	500,000	260,000	0.65
Senegal	Jan-03	30	0.5	27,000	15,000	0.04
Sierra Leone	Oct-02	15	7	170,000	42,000	0.11
Somalia			1	43,000		0.00
South Africa			20.1	5,000,000	660,000	1.65
Sudan			2.6	410,000	62,000	0.16
Swaziland			33.4	170,000	35,000	0.09
Tanzania	Oct-03	70	7.8	1,500,000	810,000	2.03
Togo	*Dec-04*	*16*	6	150,000	63,000	0.16
Uganda	May-01	47.5	5	600,000	880,000	2.20
Zambia	Jul-03	42	21.5	1,200,000	570,000	1.43
Zimbabwe			33.7	2,300,000	780,000	1.95
Abidjan-Lagos Transport Corridor	Feb-04	16.6				
Treatment Acceleration Project	*Jun-04*	59.8				
TOTALS		**1078.2**		**28,518,720**	**11,026,000**	**71.30**
Review Team countries visited						

Rates are as of December 2001 among adults age 15-49. Source: UNAIDS 6/02; except Cape Verde, based on 2002 sentinel sero-prevalence study; and Niger, based on 2002 prevalence study.

TERMS OF REFERENCE

for Interim Review of the Multi-Country HIV/AIDS Program (MAP) for Africa

Introduction

The World Bank, in collaboration with development partners, plans to carry out an interim assessment of the Multi-Country HIV/AIDS Program for the Africa Region (MAP).

The MAP is a multi-year program to accelerate and expand existing programs in HIV/AIDS prevention, care, treatment and mitigation and to create greater capacity for confronting the epidemic. It was launched in September 2000 when the World Bank approved an initial US$500 million program, and supplemented by a second $500 million approved in February 2002. These funds will be fully committed shortly. The Bank and its collaborators are beginning to plan for the next phase. This assessment will be an Interim Review to brief the Executive Directors of the Bank and other development partner agencies on the progress and accomplishments of the program to date, problems warranting attention and recommendations on the road ahead.

Objectives

The principal objectives of the assessment will be to evaluate:

- The appropriateness of the objectives of the MAP, and progress in their realization
- The continued viability and effectiveness of the basic approach used for the MAP Program
- The suitability of the designs of the individual interventions funded, and
- The lessons of experience that might be incorporated into the next phase of the program.

More specifically, it will also assess progress against the basic objectives of the MAP Program set out in 2000 and enlarged in 2002:

- intensified action on HIV/AIDS by individual countries and improved institutional structures to implement strategies and programs
- broader public sector involvement to the crisis
- stronger and more empowered community responses, and
- improved monitoring and evaluation systems

In addition to an assessment of the Program's accomplishments against goals, it will evaluate aspects of the World Bank's effectiveness in supporting the MAP, including:

- the quality of Bank implementation support through project supervision and other means
- whether implementation experience has adequately reflected the recommendations of the 2001 Progress Review

- the relationship of the MAP program to sector-wide approaches (so-called SWAPs) supporting health and educations system improvements, and opportunities for closer articulation, and
- The MAP impact on partnerships with other donors through means such as joint reviews, pooling of resources and joint supervision.

Output

The product of the review will be a concise, focused report outlining the basic conclusions of the review and recommendations for the formulation and execution of the next phase of the MAP program.

Team Composition

The review team will be led by Daniel Ritchie. He will provide the overall direction for the review, participate in country visits, and have lead responsibility for the report. The review team will comprise:

- Daniel Ritchie, Consultant, World Bank
- Cassandra de Souza, Operations Analyst, AIDS Campaign Team for Africa, World Bank
- Miriam Schneidman, Senior Health Specialist, World Bank
- David Wilson, Global AIDS Monitoring and Evaluation Team, World Bank
- Kristan Schoultz, UNAIDS Country Coordinator, Kenya
- Phil Compornolle, Department for International Development (DFID) Africa Policy Division, United Kingdom
- Peter Okaalet, Africa Director, MAP International, Kenya

The team will also be advised by a **senior advisor,** Sven Sandstrom, with prior experience in high-profile Bank reviews of this type. The advisor will meet with the team (either physically or virtually) at the outset of its work and again before it completes its final draft.

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