

The World Bank

Unified Budget Results and Accountability
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Achievements

Introduction

The World Bank provides financial and technical support to developing countries with the overarching aim of alleviating poverty within a generation and a health goal of ensuring everyone has access to essential services regardless of ability to pay.

The World Bank has long recognized the threat HIV poses to progress and development. It helps to define the global response and champions the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. As a UNAIDS Cosponsor, and under the UNAIDS Division of Labour, it is the lead agency for supporting the planning, efficiency, effectiveness and sustainability of the global AIDS response. The bank co-leads assistance provided on sexual transmission of HIV with UNFPA, and on social protection with UNICEF.

Innovative testing strategies

Through its analytical work, the World Bank continued to build evidence on innovative testing and treatment implementation. In South Africa, the ART programme performance evaluation helps government decision-making for the roll-out of interventions. It is designed to provide robust effectiveness data and implementation learning in the HIV treatment cascade.

Access to treatment cascade

The World Bank funded major health system strengthening to improve service access and quality, including HIV testing and treatment. Operations include HIV-specific actions and funding for testing and treatment as part of broader health projects. In Nigeria, Saving One Million Lives aims to increase the utilization and quality of high-impact reproductive and child health interventions, including HIV and AIDS counselling and testing during antenatal care. In Swaziland, the Health, HIV/AIDS and TB Project aims to improve access and quality of health services, with a focus on primary health care, maternal health and TB, and to increase social safety net access for orphans and vulnerable children.

90-90-90 for children and adolescents

Through its lending portfolio, the bank funded major health system strengthening to improve primary health-care services, with a focus on child health. Projects in Nigeria, the United Republic of Tanzania and Zambia improved care for women and children, monitored HIV at facilities, and addressed immediate and systemic, and medium-term bottlenecks to service delivery for young children. Through the Health Results Innovation Trust Fund and the Global Financing Facility, it is a major financier of eMTCT programmes.

HIV services in high-burden cities

Size estimation and programmatic mapping provided data to scale up key population programmes in cities. Studies, such as one conducted in Côte d'Ivoire for the cities of Abidjan, Bouake and San Pedro, offer programme managers, planners and implementers granular information needed to fast-track services.

The bank completed allocative efficiency studies at provincial, national and regional level and pioneered city-level studies. The Johannesburg study provided epidemic projections (HIV prevalence, related mortality, incidence, people living with HIV) and programmatic projections (people living with HIV on ART, people living with HIV virally suppressed). The analysis responded to the Fast-Track Cities initiative by assessing the HIV care cascade and future needs to reach 2020 and 2030 targets. It concluded, among other things, that the Johannesburg Health District needs to double ART scale-up to reach 2020 targets. In national studies, the bank can increase allocative efficiency by 20–40%, akin to a 20–40% budget increase, without additional resources from finance ministries.

HIV services in humanitarian emergencies

The World Bank funded health system strengthening to provide HIV-related services in humanitarian emergencies. In Lebanon the bank is funding an emergency primary health-care project to restore access to essential services for poor people affected by the influx of Syrian refugees, including those living with HIV and AIDS. The bank is increasing its work in fragile, conflict and violence settings and is the largest development financier in such contexts.

Medicines and commodities

The bank provided funding to improve supply chain management and laboratory capacity in Africa through operations such as the East Africa Health Laboratories Network project. These aim to establish at country or regional level a network of efficient, accessible public health laboratories for the diagnosis and surveillance of TB, HIV and AIDS and other communicable diseases. The bank finances better access to medicines and commodities as part of a broader health project. Kenya's Health Sector Support project to improve planning, financing and procurement of pharmaceutical/medical supplies, includes HIV testing and ART.

Comprehensive eMTCT services

In 2016, the World Bank funded and coordinated more than 30 maternal and child health projects to integrate PMTCT into SRH services, and increase uptake of primary maternal and child health services, including for HIV and AIDS.

Through its results-based financing programme, the bank funded services to improve uptake of antenatal and PMTCT services in multiple countries. Ensuring a pregnant woman accesses quality antenatal clinic services, is tested for HIV and delivers at a health facility, are important steps in eMTCT. The programme expands the quality and reach of health-care services in the poorest countries by linking financing to results. It focuses on paying for outputs and outcomes (e.g. increasing the percentage of women having a trained health worker deliver their baby) rather than for inputs or processes.

In Zimbabwe, the results-based financing grant increased coverage of maternal and child health interventions, including for HIV-positive mothers and children, in targeted rural and urban districts. The population coverage is about 4.1 million people. Urban pilot districts are supported through a demand-side maternal health voucher for the poorest households in Harare and Bulawayo, enabling testing of a targeted results-based intervention that reduces financial barriers for women and children to high-impact services, and improves their quality.

In Uganda, vouchers increased access to skilled care—primary reproductive health services, nutrition, PMTCT and HIV and AIDS counselling services—during pregnancy and delivery for poor women in rural and disadvantaged areas.

In 2016, the Bank supported projects in Nigeria, the United Republic of Tanzania and Zambia providing financing to improve primary health care, monitoring HIV at primary health-care facilities, and addressing immediate, systemic and medium-term bottlenecks to service delivery for pregnant women, lactating mothers, newborns and young children at primary care and community levels.

Combination prevention

World Bank funding supported combination prevention in multiple countries. In Malawi, the Nutrition and HIV/AIDS Project tackles significant causes of disease burden by implementing and scaling up the most cost-effective nutrition and HIV prevention interventions via public sector and community delivery systems. The bank provides fiduciary guidance and contributes to the pooled fund that supports HIV service delivery and coordination costs associated with the National AIDS Commission. The project is a major source of financing and technical assistance for Malawi's VMMC action plan.

Projects such as the Southern Africa Trade and Transport Facilitation Project (covering Botswana, DRC, Malawi, Mozambique, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe) received financing for scaling up HIV services.

The bank built evidence to improve the design of combination projects, and provided technical assistance to help countries define projects. It supported studies highlighting the importance of incentivizing VMMC demand. One in Malawi showed national policies and programmes can change perceptions and create demand. In South Africa, the bank's MMC

analysis demonstrates that financial savings are spread over long periods, and MMC can contain HIV costs. The bank generated evidence on the impact of incentives (conditional and unconditional cash transfers) on HIV outcomes, including reducing new HIV infections, and improving uptake and adherence to biomedical HIV interventions.

Youth health and education needs

Combination prevention for young people remained a key part of the bank's global focus on HIV. By 2016, it had invested US\$ 46 billion in education. Bank funds are helping to crowd in larger resources from governments and development partners, resulting in harmonized education programmes and lower transaction costs. Through this lending portfolio, the bank can strengthen the HIV education needs of young people via improved SRH curriculum, and better trained teachers and access to education for girls, particularly those most at risk of acquiring HIV (from low-income households, disadvantaged ethnic groups and fragile or conflict-affected contexts).

Adolescent SRH, one of five focus areas of the World Bank's Reproductive Health Action Plan, has implications for reducing poverty. Early age sexual debut, particularly for females, increases the risk of STIs including HIV, unplanned pregnancies, and maternal mortality and morbidity. The bank financed projects and conducted analysis in six countries with a high adolescent SRH burden (Bangladesh, Burkina Faso, Ethiopia, Nepal, Niger and Nigeria) to investigate their socioeconomic profile and SRH status (and its determinants) from a demand and supply perspective, assess adolescent-friendly initiatives, and recommend country-specific policies to improve services.

Bank analysis of male circumcision focused on demand creation, cost-effectiveness and return on investment, and on the impact of age-specific interventions. It modelled the impact of combination prevention on youth in several countries, including Namibia and Zimbabwe. In South Africa, analysis focused on age-targeting, confirming its importance in making the HIV response more sustainable. Evidence of a higher epidemic impact in adolescent boys compared with adult men made the case for circumcising males at school age.

The bank focused on prevention for young people through its work on social protection. It led landmark social protection studies that showed conditional cash transfers can reduce STIs and HIV for young people.

HIV services for key populations

The World Bank financed comprehensive HIV prevention programmes for key populations. In Nigeria, the HIV/AIDS Program Development Project provides funding to scale up prevention interventions for sex workers and increase access to HIV counselling, testing, care and support services. Similar large-scale operations targeting sex workers and men who have sex

with men received funding in 2016, including in India and Niger. Key population programmes are integrated in lending for SRH. In Burkina Faso, the Reproductive Health Project includes a component targeting key populations. Additional financing provided in 2016 supported a package of health services via results-based financing and reinforcing reproductive health and HIV care.

Harm reduction package for people who inject drugs

World Bank lending operations financed a package of harm-reduction services for people who inject drugs. In India, funding for the National AIDS Control Support helps increase safe behaviours among high-risk groups and procure opioid substitution therapy drugs. The bank financed HIV programmes for people who inject drugs in Cebu, the Philippines, and in Viet Nam, including the national strategic plan and methadone maintenance treatment.

Bank analysis provides evidence for effective harm-reduction policies. It has supported studies on the cost-effectiveness and impact of harm-reduction services for people who inject drugs. Among those it disseminated in 2016 was one comparing drug relapse rates between compulsory drug detention centres and voluntary drug treatment centres, and another on the cost-effectiveness of a Malaysian harm-reduction programme. The report comparing the compulsory approach with voluntary-based “Cure & Care” clinics providing methadone services showed opioid-dependent persons in compulsory drug detention centres relapse faster than those treated with evidence-based treatments. Evidence on the return on investment of the needles and syringe exchange programme and methadone maintenance therapy in Malaysia has boosted the Government position in introducing these previously controversial programmes.

Women and girls

The bank began to implement its Gender Equality Strategy 2016–2023 following consultations with more than 1000 stakeholders in 22 countries. The strategy addresses constraints to the HIV response, such as inadequate investment and prioritization of care services, including for HIV prevention and treatment. It focuses on improving human endowments through health, education and social protection, enhancing the ability of women to exert control over their lives, and engaging men and boys. The bank takes gender equality into account in its analysis, content, and monitoring and evaluation work. This translates into financing for multiple targeted actions. In Uganda, for example, it finances a project to empower women and adolescent girls, and improve access to quality reproductive, child and maternal health services, including for HIV.

The bank provided evidence to support gender-transformative HIV strategies. It financed and conducted studies in several African countries on the social drivers of transmission in young women. These included a trial of incentives (cash transfers, and/or a lottery system) to

adolescent girls and their families to determine the impact on retention in school and risk of HIV infection.

Gender-based violence

World Bank lending contributes to gender-based violence prevention programmes, such as the Great Lakes Emergency Sexual and Gender-Based Violence & Women's Health Project. This project aims to expand services to mitigate the impact of sexual violence and gender-based violence, and interventions targeted at poor and vulnerable females, including those at high risk of acquiring HIV or already HIV-positive. As part of this project, the bank provides support to Burundi, DRC and Rwanda.

The bank helped countries address gender-based violence in HIV strategies through the umbrella facility for gender equality, a multi-donor trust fund dedicated to strengthening awareness, knowledge and capacity for gender-informed policy-making.

Access to justice and rights

World Bank funding empowered disadvantaged groups and upheld their rights, in particular, to HIV and health services. In Indonesia, the Citizens Voice for Government Accountability project improves maternal, newborn and child health outcomes, including PMTCT, through better governance and service delivery.

HIV health care discrimination eliminated

The World Bank supported a study in Uganda on how information engages beneficiaries and leads to better health care and outcomes. Health education was found to significantly reduce stigmatization.

The bank has taken a more comprehensive approach to including sexual orientation and gender identity in its management and operations. The SOGI Task Force coordinates research with Cosponsors on the legal discrimination of identity-based minority groups, including sexual minorities. SOGI considerations have been included in strategic documents, such as systematic country diagnostics and partnership frameworks in Thailand, Uruguay and the western Balkans, and in Brazil's Bahia inclusion project to deliver HIV and health services and address victimization of LGBTI. In October 2016 the bank appointed its first SOGI global adviser to provide leadership and technical guidance to staff and enhance coordination with civil society, UN agencies and other partners

Efficiency and effectiveness of HIV response

The World Bank emphasizes sustainability, efficiency and effectiveness in the HIV response in a dramatically altered funding landscape. To help governments finance programme scale-up with limited resources, and to support countries transition from international financing to greater domestic financing, the bank led a programme to improve HIV allocative efficiency and sustainability.

Technical efficiency studies to improve HIV services and interventions were carried out, and programme effectiveness evaluated. The second phases of impact evaluation studies on ART adherence in South Africa and creating demand for VMMC in Malawi continue. The bank developed a tool to assess the financial sustainability of national HIV programmes and helped governments produce strategies, including integrating HIV and universal health coverage.

In 2016, the bank worked on more than 10 allocative efficiency studies across its six regions. In Europe and central Asia, it analysed the effect of reallocating HIV resources in Belarus following the Optima study. It was estimated these reallocations will avert an estimated 3200 new infections by 2018, and 25 000 by 2030. A rapid analysis of ARV prices in Bulgaria, and an analysis of programmes for people who inject drugs, were conducted. In West and central Africa, the bank completed studies in Cameroon, Côte d'Ivoire and Togo, which underlined the need for additional efforts to close treatment gaps, and for continued investment in key population prevention and treatment programmes.

Technological and service delivery innovations

The World Bank emphasizes eHealth to relieve service delivery bottlenecks and improve access and quality of health services, including HIV treatment and prevention services. It funds the eGabon project, which aims to improve the timeliness and availability of information to better deliver public health services, and the development and roll-out of eHealth applications and services, and information and communication technology services more generally.

Through its analysis, the bank provides evidence for using innovative tools and approaches in the HIV response. In 2016, it evaluated a smartphone app in a randomized controlled trial in Johannesburg. In Malawi, the bank is supporting the health ministry and National HIV/AIDS Commission in a human resources for health analysis of staffing profiles and productivity using the WHO staffing-need tool at facility and community level. An ART adherence study in South Africa tested several service delivery modalities for decentralized medication provision, including adherence clubs, the central chronic medicine dispensing and distribution scheme, and the central dispensing unit scheme. It uses a biomarker for effectiveness (viral suppression) and accumulates information on implementation processes, client views and the opinions of health-care staff.

Decentralization and integration

The World Bank provides financing, analysis and policy advice to help countries expand access to quality, affordable health care. The Bank aims to strengthen health systems at all levels, with support provided to decentralize and integrate HIV-related services into primary health-care centres and SRH. Projects financed in 2016 included one in Ghana to improve the utilization of maternal, child health and nutrition services at primary care-level in target regions.

In 2016, the bank disseminated country studies on policy options for universal coverage financing in Africa. The goal was to help the governments of Côte d'Ivoire, Kenya, Nigeria and United Republic of Tanzania and their development partners ensure the financial sustainability of HIV and AIDS initiatives within the context of universal health coverage amid declining international health financing.

HIV-sensitive social protection

The World Bank's new annual lending on social protection programmes reached US\$ 3.6 billion in the fiscal year 2016, including US\$ 2.5 billion in International Development Association countries, targeting the world's poorest. Its lending portfolio of more than US\$ 12 billion for social protection provides funding for systems in 70+ plus countries. Projects included: Swaziland Health, HIV/AIDS and TB Project to increase social safety nets for orphans and vulnerable children; a conditional cash transfer programme in the Philippines that improved poor children's enrolment in basic education and provided maternal care, including PMTCT, to families; and Mexico's cash transfer programme that pays families who send children to school and access vaccination and health services.

The bank continued to increase the evidence base in support of HIV-sensitive social transfers, building on its studies investigating how conditional cash transfers can reduce STIs, shown to be effective in Lesotho, Malawi and the United Republic of Tanzania.

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