Funding for AIDS: The World Bank’s Role

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Bi-regional Workshop for the Procurement of ARVs
Phnom Penh, Cambodia
Outline

• New resources needs estimates
• Bridging the gap
• Global overview of World Bank’s work
• The MAPs and how they work
• Support to 3 by 5
1. New Resources Needs Estimates
New resources needs estimates

- In 1996 spending for AIDS was $300m
- In 2004 $5 billion available
- Less than half of what is needed
- Estimated need by 2005: $12b
- Estimated need by 2006: $20b
- Of which, US$10b for prevention; $7b for care and treatment; $2b for orphan support and $1b for policy, advocacy, and administration
New Resources Needs Estimates

- Sub-Saharan Africa: 44%
- Asia: 29%
- Latin America and the Caribbean: 17%
- Eastern Europe: 9%
- North Africa and Near East: 1%

Legend:
- Red: Sub-Saharan Africa
- Blue: Asia
- Purple: Latin America and the Caribbean
- Green: Eastern Europe
- Yellow: North Africa and Near East
New resources needs estimates

- About 44% of the resources will be needed in sub-Saharan Africa; 29% in Asia, 17% in Latin America and the Caribbean, 9% in Eastern Europe and 1% in North Africa and Near East.
- Of that, Asia will need 77% for prevention.
- Countries with the largest resource needs include large countries with high HIV prevalence levels (SA, Nigeria and Ethiopia) and lower prevalence but very large populations (China, Russia and India) as well as those with high coverage rate (Brazil).
2. Bridging the Gap
Bridging the gap

- Increase budgetary allocations in low- and middle-income countries
- Substantial proportion to come from international sources (up to 80% in sub-Saharan Africa and parts of Asia)
- The funding shortfall cannot be met by a single source
Bridging the gap

- As of 2003 GFATM had approved 227 grants totaling $2.1b in 124 countries and had disbursed $232 m. (60% for AIDS)
- The World Bank has approved $1b in SSA and $155 m in the Caribbean
- PEPFAR has proposed $15b for AIDS, ($2.4b – 2004, $2.8b – 2005)
## Commitments to 3x5 and other Countries in Africa

<table>
<thead>
<tr>
<th>3X5 Countries by WHO</th>
<th>Status</th>
<th>Estimated AIDS Comm. (USD millions)</th>
<th>Treatment Acceleration Program (TAP)</th>
<th>GFATM 2 years funding</th>
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Updated as of Jan. 25, 2004 (Wbank data updated Nov 9 2004)
Bridging the gap

- Domestic spending in AIDS has increased dramatically in many countries (e.g., SA, with the largest number of infected people in the world, increased spending from national budget by 86%)

- UNAIDS estimates that in 2002, 58 low- and middle-income countries spent $995m (twice the amount documented in 1999)

- This, however, does not correspond to the levels needed
Debt relief

- More than 1/3 of the world’s HIV+ people (or 14 million) live in countries classified by the Bank as heavily burdened by debt.
- In 2002 the 42 poorest and most indebted countries (34 in SSA) together owed $213b.
- Reducing the burden of debt will have an impact if it is genuinely additional to existing levels of foreign aid.
3. Global Overview of World Bank’s Work
The Bank’s **overall role**

- **Lending, credits and grants**
  - $20 billion per year; portfolio > $200 billion
  - Largest global funder of health & education
  - Provides ¼ of all official aid to Africa
  - Bank endorsement often mobilizes co-financing

- **Economic analysis** and advice
- **Development research** & publications
- **Partnerships:** UN, bilaterals, NGOs
- **Manage trust funds** (e.g. GFATM $)
The Bank’s roles in AIDS

- Influence on finance ministers
- Economic and sectoral analyses
- Finance for scaling up
- Implementation support
- Seat of Global M & E Team (GAMET)
- Mainstreaming in multiple sectors
- Partners: UNAIDS, USAID, IFPMA, GF
Progress in AIDS to date

- $2+ billion, 80+ projects, 50+ countries
- 1980s active, 1990s plateau, 2000 revival
- **Today:** 62 projects for $1.6 billion
- Economic analyses:
  - Impact studies in Africa, Russia, Asia
  - Costing studies for Africa, Latin America
- Mainstreaming, advocacy, debt relief
- Accelerating Access, IAVI, Global Fund
Europe and Central Asia

- **Analytic work** on economics, trends
- **Russia** TB & AIDS Project ($150)
- **Moldova** AIDS Control Project ($5.5)
  - Health Investment Fund has AIDS component
- **Ukraine** TB & AIDS Project ($60)
- **Belarus** Tuberculosis/AIDS Project in the pipeline
- **Uzbekistan** Health II in the pipeline
East Asia and the Pacific

- **Vietnam** Blood Safety Project ($38)
- **China** TB Project has AIDS component
  - Innovative “buy-down” with UK/Gates support
- Current and pipeline projects in **Cambodia,** Lao PDR, **Indonesia,** **Philippines** and Papua New Guinea
Latin America & Caribbean

- **Brazil** $$$ ($100)
  - Prior projects were 60% implemented by NGOs
  - Major contributor to Brazil’s success

- **Caribbean MAP** $$$ ($155)
  - Further details below
South Asia

- **India** HIV/AIDS Control Project II ($191)
- **Bangladesh** HIV Prevention Project ($40*)
  
  *But recent $22M reduction due to Global Fund

- **Sri Lanka** HIV Prevention Project ($13)
- **Pakistan** HIV Prevention Project ($37)
- **Bhutan** HIV/AIDS & STI Prevention & Control ($5.5)
4. The MAPs and how they work
The Multi-Country HIV/AIDS Program (MAP) for Africa

- $1 billion for national HIV/AIDS programs
- New approach—simplified procedures
- 24 countries + 1 subregional project for $865 million so far—largest multilateral fund
- All other eligible countries in preparation
- 3 subregional/cross-border projects
- Now all HIV/AIDS funding as grants
The Caribbean MAP

Caribbean MAP ($155M) has stimulated extensive regional cooperation

- Dominican Republic $25
- Barbados $15
- Jamaica $15
- Grenada $6
- St. Kitts & Nevis $4
- Trinidad & Tobago $20
Typical MAP flow of funds

MAP and other $

National AIDS Fund

- Sector Ministries: Health, Educ, Agric, Transport, Military, etc.

- Contractors: Private sector, NGOs, social marketing

Community Fund

- Communities, NGOs, CBOs, FBOs, private sector
Support to civil society

Strong support to civil society org’s

- Thousands of communities mobilized and funded in all MAP countries
- The foundation created by the MAP can be used for the 3 x 5 to reach the community
The Key Challenge

Increase speed, depth, and quality of program implementation

Raising money is only half the challenge

Success of HIV/AIDS programs, Global Fund, and future funding all depend on ensuring effective implementation
Global HIV/AIDS Monitoring and Evaluation Support Team

- Partnership of UNAIDS Bank, bilaterals, GF
- Works with AIDS authorities to
  - Enhance and build national M&E capacity
  - Develop a ‘nationally owned & operated’ framework
  - Promote use of data in program/policy decision making
  - Promote community learning by adapting monitoring techniques at community, district levels
- Promotes harmonization of M&E advice via communication among donors and technical agencies
- Can be used to monitor 3 x 5
5. Bank’s Support for 3 by 5
Bank support to “3 x 5”

- What’s important is country support
- PEPFAR, GF and Bank largest funders
- Substantial MAP funds in Africa/Carib.
- Procurement Technical Guide to medicines/supplies
- Support to health system strengthening
  - $8.7 billion active portfolio; Rx in 100 countries
  - Comprehensive Tx—include TB, other OIs
## Bank support for treatment

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<th>Tx plans being prepared in:</th>
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Conclusion

- Bank has largest resources under implementation in most countries affected by the epidemic
- WHO through the “3 x 5” can provide the technical know how
- Together with other partners we can reach this ambitious but necessary goal