

THE WORLD BANK AND INTERNATIONAL FINANCIAL INSTITUTIONS
ACTIONS IN AFRICA ON HIV/AIDS

A critical review

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TABLE OF CONTENT

1.0	Table of contents	ii
2.0	List Of Abbreviations.....	iii
3.0	Introduction.....	1
4.0	Financing HIV/Aids Programmes In Africa.....	2
5.0	The World Bank.....	5
5.1	Background And Objectives	5
5.2	The World Bank Aids/Aids Strategic Priorities In Africa.....	7
6.0	Challenges Of Implementation Of HIV/Aids Programs In Africa And How the Bank Should Respond To These Challenges.....	11
7.0	The World Bank Renewed Hiv/Aids Response In Africa (The Multi - Country Approach To HIV/Aids).....	14
8.0	Way Forward For The Banks Future Projects	22
9.0	Conclusion.....	26
10.0	Bibliography.....	27

1.0 ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ACTAfrica	AIDS Campaign Team for Africa
ACBF	African Capacity Building Foundation
AERC	African Economic Research Corporation
CSOs	Community Service Organizations
DFID	Department for International Development
DRC	Democratic Republic of Congo
HIPC	Heavily Indebted Poor Countries
HIV	Human Immune-deficiency Virus
IEC	Information Education Communication
IMF	international Monetary Fund
KANCO	Kenya AIDS NGOs Consortium
KHADREP	Kenya HIV/AIDS Disaster Response Project
MAP	Multi Country Aids Approach.
ACC	National AIDS Control Council
PACT	Partnership for Capacity Building.
PLWAs	People Living with AIDS
PVOs	Private Voluntary Organizations
STI	Sexually Transmitted Infections
UNAIDS	United Nations Joint Program on AIDS
UNGASS	United Nations General Assembly Special Session
USAID	United States of Aid for International Development
WHO	World Health Organization

2.0 INTRODUCTION

The Acquired Immune Deficiency Syndrome (AIDS) has become a serious health problem in many countries around the world. UNAIDS estimates that by the end of the year 2001, a total of 40 million people were living with Human Immune Deficiency Virus/Acquired Immune deficiency Syndrome (HIV/AIDS) in the world. Sub-Saharan Africa carries the majority share of the world's HIV infection with over 28.1 million people living with the virus. There was an estimated 3.4 million new HIV infections in sub-Saharan Africa in the year 2001 and at the same time 2.3 million Africans died due to AIDS in the same year. Since the epidemic began, more than 60 million people have been infected with the virus. HIV/AIDS is now the leading cause of death in sub-Saharan Africa. With inadequate treatment and care, which is reeling in Sub - Saharan Africa, most of the infected people will not survive the next decade (UNAIDS 2001 December update, P 14)

The United Nation Aids Program (UNAIDS) reports indicate that over 10% of people within the ages of 15-49 are infected in over 16 African countries, this includes some southern African countries, where 20% are now infected with HIV virus which cause AIDS. Governments and communities with support of international donors across the African region are expanding and scaling up their responses. However, the high prevalence rates mean that even where there is exceptional success on the prevention front these will only gradually reduce impact on the human toll unless there is a an effort to have in place multifaceted and multi-sectoral scaled up approaches.

In some of the most affected countries like Senegal and Uganda among others, reports indicate growing evidence that multi-sectoral scale up prevention efforts are bearing fruit. For instance, according to UNAIDS report of December 2001, HIV prevalence rates continue to fall in Uganda—the first African country to have subdued to a major HIV/AIDS epidemic in the early 90s. HIV prevalence amongst pregnant women in urban areas has fallen within the last eight years, from 29.5% in 1992 to 11.25% in 2000. Uganda has focused heavily on information, education and communication, and decentralized programmes that reach down to the village level in addition to efforts aimed at boosting condom use across the country. For instance in the Masindi and Pallisa districts in Uganda, condom use with casual partners in 1997-2000 rose from 42% and 31%, to 51% and 53%, respectively. In the capital city, Kampala, almost 98% of the sex workers surveyed in 2000 said that they had used a condom the last time they had sex.

3.0 FINANCING HIV/AIDS PROGRAMMES IN AFRICA

Presently, there is continuous growing concern among many groups working on HIV/AIDS in Africa because most donor-funded programs are not as effective as they ought to be. There is a growing demand that when designing and implementing programs on HIV/AIDS in Africa, international donors should focus their approach to help build local capacities and to adopt a holistic package that treats HIV/AIDS as being fuelled by poverty. Concerns have also been raised on the non - involvement of Communities, being the most affected and also that it is only communities' activities and practices which can reverse

the trends. These concerns were, for instance, raised at the African Development Forum held between 3 - 7 December 2000, in Addis Ababa, Ethiopia.

During the United Nations General Assembly Special Session (UNGASS) held in New York City on 27 June 2001, a declaration of commitment was made to all actors to engage in urgent and scaled up action to ensure that the resources provided for the response to HIV/AIDS in Africa are substantial, sustained and geared towards achieving results. The African governments on the other hand need to increase and prioritise national budgetary allocation for HIV/AIDS programs as required, and ensure that all ministries and other relevant stakeholders make adequate allocations. However, one may want to ask, are there ways to check how governments are using the funds obtained from the Bank? Or are there any forms of practical evaluation systems in place?

Operation and financial plans are developed that corresponds to objectives and targets. Under any project financed by the World Bank, the borrowing government and the project implementing entities maintain financial management systems including accounting, financial reporting and auditing systems assumed to be adequate to ensure that they can provide the Bank with accurate and timely information regarding project resources and expenditure (*Borrowers Financial Management Page @ www.worldBank.org*). According to accounting procedures acceptable to the Bank, the borrowing government is expected to have in place accounting and internal control systems. In addition, reliable records detailing all assets, liabilities and transactions of the project, are a must.

Meanwhile, project legal agreements normally requires the borrower and implementing entities to provide the Bank within six months after the end of each fiscal year, financial statements that are accountable and acceptable to the Bank. What the Bank is simply stating is that financial viability is vital to project success, however, it is not clear if the Bank has in place a framework to do a Social Audit. The Bank relies entirely on the *going concern* advanced by the auditor. However, it is not clear if the Bank has any external control to check the actual viability of the activities carried out and to what extent they may be considered a success. On the other hand, evaluation and monitoring results are actively employed in policy formulation and programme planning. However, it is not clear what mechanism and structures are in place to strengthen the existing programme plan. Even in the Bank's strategic plan, it is not clear how the Bank and its partners are going to measure the impact of their lending.

As the HIV/AIDS pandemic continues to change all aspects of development, the response of the entire world has to change as well. International financial agencies such as the World Bank, The International Monetary Fund, UNAIDS, USAID, DFID, must put in more resources and expertise to address the HIV/AIDS pandemic and its consequences through development assistance, research and policy dialogue. Presently the World Bank and other leading financial institutions have not opened up to policy dialogue. Instead there is a monologue status where the Bank's requirements must be met regardless of its relevance to the borrowing nations. The Bank and the IMF need also to consider advancing grants to

poor countries instead of their current strict lending terms. There is also need to expand networks of partners, at all levels, which should provide leadership roles necessary in developing and providing interventions that can be used in multiple countries of the world. These include not only the international partners, but also the private sector like the Bill Gates Foundation and drug companies, which have also joined in the search race of Hope in Africa.

UNAIDS and other specialised agencies of the UN like World Health Organisation in collaboration with the World Bank and other bilateral donors must work with different governments and communities to develop nation - specific themes on HIV/AIDS prevention, care and support. It is difficult at this stage to determine how committed the African Governments are since very few of them have set aside the minimum budget allocation of 15% even after the UNGASS Declaration.

4.0 THE WORLD BANK

4.1 Background and objective

The World Bank is a multilateral institution whose purpose is to assist its developing country members to reduce poverty and improve the living standards through sustainable investment in people. The Bank extends loans to its members in developing countries to finance investments that contribute to economic growth and the alleviation of poverty. It also provides specialized advice to help improve development programs and policies. To-date, the World Bank is the single largest international source of finance for health and education in Africa.

The overarching objective of the World Bank is to work with member countries "with good intentions" to fight poverty and to contribute to their long-term economic and social development. According to the World Bank these efforts have improved the lives of people particularly those living in the developing world significantly: average per capita income has doubled, child mortality has reduced, and life expectancy rates have risen in the last two decades.

The Bank's portfolio in Africa represents a total lending of just over \$13.0 billion (see Overview of the Bank's group in Africa last update 09/19/00 @www.worldbank.org). This update puts forward information that \$2.4 billion was earmarked to finance Education, \$1.3 for Agriculture and \$ 1.3 for Energy sector. It is also important to note that this is the same period that the HIV/AIDS strategic plan launched in November 1999 was to take effect yet only a few dollars could be traced as far as the epidemic is concerned.

The Bank is organized into seven operational regions each headed by a vice - president with the exception of the Africa Regional Office, which is headed by two vice presidents. Within each region are country departments, which are responsible for the Bank's operation in a group of countries or in some cases, a single country and a supporting technical department.

The World Bank provides funds and plays a key role in developing the projects of the governments of borrowing countries. The Bank financed projects are implemented by government agencies or private entities that may be sub - contracted with the Bank closely involved in each stage. Where private organizations are often involved, the Bank's loans are made to member governments, which then pass the funds to the organizations through sub - contracts. Loans can also be made to private sector organization directly with guarantee from the governments. One disadvantage with this kind of arrangement is that, with the kind of corrupt activities witnessed among many African governments, only those "politically correct" organisations can be able to access the funds. These organisations seldom deliver services to the communities and therefore end up having very little impact. Also, governments are known for following sometimes unnecessary bureaucracy that delays disbursement of funds to the intended organisations and hence affecting delivery of services. Sometimes governments divert funds from intended projects to other uses to pave way for misappropriation. The Bank may on a continuous basis seek partnership with other multilateral agencies, bilateral, commercial, governmental and non - governmental through their project specific missions. This is in order to increase coordination and the effectiveness of its efforts.

4.2 The Banks HIV/AIDS Strategic priorities in Africa

World Bank and the other bilateral donor agencies have set out several priorities in combating HIV/AIDS in Africa. Currently, the Bank is mainstreaming HIV/AIDS into as

much of its work as is feasible. Indeed most donor agencies now share this same strategy by reallocating unspent funds from existing projects to dedicated AIDS interventions.

In new projects, these financial institutions have built in HIV/AIDS components wherever possible. Besides these specific steps, the institutions have also built in general safeguards to "AIDS-proof" in all the projects. In the near future, the Bank envisages that all its supported projects in Africa will undergo an HIV/AIDS impact assessment as part of the standard environmental assessment. Also, its supported civil works contracts will require construction firms to include prevention and mitigation measures. HIV/AIDS is currently devastating and there is no need to wait for the near future as suggested by the Bank. True in this sense, the Bank has not proven any viability of its projects and therefore no standards of measure can be guaranteed. Besides, the Bank does not tell the world how it intends to ensure the prevention mechanisms are all in place as integral part of all projects funded by it, since the referred firms above are private entities which may only get secondment from the borrowing government.

Since addressing the HIV/AIDS crisis is one of the most pressing concerns of developing countries today, the World Bank has put forth four pillars to support the strategy as follows:

- Advocacy to position HIV/AIDS as a central development issue and to increase and sustain intensified response.
- Increased resources and technical support for African partners and Bank country teams to deal with HIV/AIDS activities in all sectors.

- Prevention efforts targeted at both general and specific audiences, and activities to enhance HIV/AIDS treatment and care.
- Expanded knowledge to help countries design and manage prevention, care, and treatment programs based on epidemic trends, impact forecasts, and identified best practices.

The "pillars" do not stand strong enough to acknowledge any contribution from Africa. Participatory approach to making of any strategic plan is vital for usability. Besides there is no known approval of the process followed to come up with the four pillars.

To help implement the new strategy, the Bank has created a multi-sectoral AIDS Campaign Team for Africa, or *ACTAfrica*. Although the implementation of the strategic plan will be the responsibility of the entire Africa Region, the *ACTAfrica* team will be charged with catalysing and coordinating this Regional response through the provision of technical and operational support, advice and referrals. In addition to its core members, *ACTAfrica* also has "affiliated" members throughout the African Region of the Bank. These affiliates are staff and managers who are contracted to help expand the capacity and sectoral expertise of the team.

Most financial institutions acknowledge the fact that high aid dependency can seriously weaken a government's ability to address some of the more pressing social needs of its people. There has been a lot of rethinking in the donor community about assistance and

debt. The same worries and concerns are being experienced in several countries where good governance and accountability of government to its people is more than wanting.

In this strategic plan, there is need to look at how the policies put forward by the Bank would ensure greater involvement of Community Service Organizations in terms of mechanism and processes. The same strategic plan seemingly has since been put forward like gospel truth. The World Bank in a document referred to as *Intensifying Action Against HIV/AIDS in Africa - Responding to a development crisis*, calls upon all its development partners and African governments to make new commitment to saving millions of people from the worst effect of HIV/AIDS (*Intensifying Action Against HIV/AIDS in Africa*, pg 1). The World Bank also outlines the four areas of immediate concern, which are referred to as pillars. These four pillars give the impression that the World Bank is in the process of reinventing the wheel.

There is need therefore, to put some mechanisms in place not just to make up for the lost time, but also to put in required, acceptable and all-inclusive strategy to bring forth the desired change. The Bank has put a lot of emphasis on advocacy; however, it is worth mentioning that the Bank must use its global presence not only to position HIV/AIDS as a central development issue within countries but also to view it as a global problem that requires international attention. The Bank also needs to acknowledge the work that has been done by other development partners in the past in Africa and the vital lessons from these initiatives.

Even though the Bank recently came up with a Multi- Country approach for Africa, it is true that Africa is not one country and therefore advocacy of any worth need to be country - specific. Resources to fight HIV/AIDS in Africa are needed. The question is how much is enough to bring meaningful impact on the situation as it stands. The program being used by the Bank currently requires that there be a strong political support and a broad based management structure that is inclusive of all stakeholders. But there is a serious problem with this kind of arrangement. Firstly, the AIDS Control Programme or National AIDS Commission are placed too high in the government structure such that its operations cannot be influenced by the involvement of CSO or even NGOs. CSOs are known not to go a long well with government systems and this arrangement is set to experience serious difficulties particularly in co-ordination. In cases where resources have been released for community involvement, such resources have not reached their intended destinations due to the bureaucratic structure that the government systems as synonymous to. Besides, all directors of these programs are full time officers and report to highly influential and superior office. In Kenya for example the National AIDS Control Council is under the office of the President (NACC strategic plan, P 1). This often subjects such programmes to undue political influence or even abuse and the citizens may not even know or even worse question its operations.

6.0 CHALLENGES OF IMPLEMENTATION OF HIV/AIDS PROGRAMS IN AFRICA AND HOW THE BANK SHOULD RESPOND TO THESE CHALLENGES

- The need for multi-sectoral approach in combating the scourge has motivated many actors to be involved in HIV/AIDS activities. They have evolved out of a need to serve the overwhelming needs of their communities. These Community Service Organisations (CSO) more often than not, offer an important service, which is culturally acceptable though, in most cases they are lacking in resources, skills and organizational capacities. On the other hand, they are not able to access resources and technical support from international donors such as the World Bank due to their policies of disbursement of funds. The Bank and other donors have maintained a status quo in which most funding for HIV/AIDS from government and multilateral donors are channelled through recipient governments. This practice creates unnecessary high administrative costs and open doors to both corruption and misappropriation of funds. The World Bank and other international financial institutions have the challenge to take into cognisance the need to involve the local community and other local actors directly in donor negotiations and in setting national priorities. So far, in many African countries, top levels of governments have complete control of funding allocation. Besides there is continued mistrust between governments and CSOs and hand the community has lost trust in state - run programs. However even where there is adequate good will, there is need to build trust amongst stakeholders to respond to the epidemic, for example, the administration will need to know that community contributions are important while, communities will need to respond to issues that affect them and determine or suggest the best ways on how they can be addressed both at community and tertiary levels.

- Due to the overwhelming needs for resources, the World Bank needs to use its global presence to press for action on HIV/AIDS by other bilateral and multilateral donors. The donors and African governments need to make a new commitment to saving millions of people from the worst effects of HIV/AIDS. This commitment will need to be as broad as the epidemic itself and intense enough to make up for the late start. These may need to be regional and countrywide in - depth responses while focusing on specific targets for results.
- The continent is currently embroiled in armed conflict in various countries. This poses a great challenge for HIV/AIDS prevention and care programmes in these particular countries. The World Bank and other international agencies presence in these countries is mainly to finance settlement of displaced people and provide for other needs. In an atmosphere of war, families are separated and this poses further dangers in HIV infection. War predisposes those affected by it particularly women and children especially when they have to meet their needs and those of their families. Other HIV/AIDS activities such as sentinel surveillance and monitoring of HIV/AIDS projects become difficult to implement. Even in countries that appear stable, there are several cases where internally displaced persons experience an upsurge of HIV/AIDS cases. There is need to develop and implement specialized HIV/AIDS integrated programs.
- The World Bank and other International Financial Institutions have a moral obligation to integrate HIV/AIDS into debt relief programs. Both the Bank and the IMF are helping process billions in debt relief under the Heavily Indebted Poor Countries

(HIPC) initiative and the Enhanced HIPC initiative. Many of the countries that will benefit from HIPC are countries that are severely affected by the AIDS pandemic. On the other hand it is important for the Bank to put in place a comprehensive anti-corruption policy framework. This is to ensure that some of the debt relief goes to increasing funding for HIV/AIDS efforts in such countries. This needs to be a precondition while negotiating for any such funds.

7.0 THE WORLD BANK RENEWED HIV/AIDS RESPONSE IN AFRICA

7.1 The Multi - Country Approach to HIV/AIDS

In view of the urgency of making finances available to the greatest number of countries in Africa, the eligibility condition now focuses on the readiness of a national HIV/AIDS program and the commitment of the government to step up national response through, community based implementation mechanisms. As part of these strategies, the World Bank launched a Multi - Country HIV/AIDS Program (MAP) for Africa. MAP is part of an integrated partnership against AIDS in Africa (IPAA) spearheaded by UNAIDS.

The goal of the first phase is to intensify action against the epidemic in as many countries as possible. It aims at accomplishing two objectives, that is, to scale up prevention, care, support, and treatment programs, and to prepare all actors in these countries to cope with the unprecedented burdens they will face as the millions living with HIV today develop AIDS over the next decade. On the other hand, its worth noting that MAP is intended to be replicated in as many countries of Africa as possible.

MAP has a framework that is divided into four components including capacity building for government agencies and civil society; expansion of governmental multi-sectoral responses to HIV/AIDS; an Emergency HIV/AIDS Fund to channel grants directly to community organizations, NGOs, and the private sector for local HIV/AIDS initiatives; and effective project coordination, management, monitoring and evaluation mechanisms.

Map has indeed been approved in at least Ten (10) countries, (*World Bank Report no. 20727 AFK Pgs 1*), but not without problems. Even though MAP is the Banks new way of doing business in Africa, there is need to understand that Most Sub-Saharan African countries had National HIV/AIDS priorities and on going AIDS prevention programs prior to the introduction of MAP. Several countries had in the past progressed and had put in place comprehensive national action plans and have managed to overcome denial through advocacy. Most also have excellent isolated examples of AIDS prevention and care projects managed by government departments, community-based organizations, people living with HIV/AIDS (PLWHA), NGOs, and the private sector. However, the World Bank simply assumed that these programs had very little to offer and came up with totally a new structure while disregarding past success stories.

Map targets multiple countries covering a large geographic area and hence, it is wrong to assume that each country programme will respond in the same way. Besides, HIV/AIDS being a function of poverty, poverty levels differ greatly from region to region and more critically from country to country. Therefore, prevention, care, mitigation, and control;

multiple implementation channels with multiple sectors and stakeholders can result into non-coordinated efforts and conflict of interest.

The partnership will be essential for an all round intervention, but there is bound to be a great problem with coordination. As mentioned earlier in this document, the National bodies formed by each government to coordinate all these activities are placed so high in the government structure, which can make some section of the collaborators, feel uneasy. Government systems in Africa are known for exhibiting high level of bureaucracy not only during the design phase but also during implementation of any project. Therefore, there is bound to be delays that run from building of capacities of implementers to financial disbursement. However, this criticism should not be taken for non performance, if implemented carefully within the desired period and embraced with good political will, MAP can achieve desired goal and move the epidemic to the next stage.

In Kenya, this approach, which has been, renamed Kenya HIV/AIDS Disaster Response Project (KHADREP) is now being implemented with preliminary results already paying dividends. The project contributes to the partnership against HIV/AIDS in Kenya. It supports the government's program as articulated in the National HIV/AIDS Strategic Plan (2000-2005). The purpose of this program is to reduce the spread of HIV/AIDS, to mitigate the socio-economic impact of the disease, and to increase access to care and support for people infected or affected by the epidemic in Kenya. The overall project is

based on a new approach for addressing HIV/AIDS, supporting and strengthening community-based responses to the epidemic

7.2 Kenya case study - The KHADREP initiative

The magnitude and impact of HIV/AIDS on public health and development in Kenya is overwhelming. More than 1.5 million people have developed AIDS and died since 1984. It is estimated that Kenya, a country with a population of about 30 million people, has more than 2.6 million people who are living with HIV/AIDS. The majority of those infected are young people aged between 15 - 39 years. By the end of the year 2000, the national adult (15-49) HIV prevalence stood at 13.3% with an urban adult prevalence 17.7% and the rural adult prevalence being 12.4%. This has ushered a generation of orphans nearing 1 million in Kenya and threatens to reverse the socio - economic gains made in the past decade in Kenya. The exact number of PLWHAs in Kenya is not known; hence, it is justifiable to suggest that the reported cases are only a tip of the iceberg. The realization that the epidemic was killing over 700 people daily led the President to declare HIV/AIDS a national disaster in November 1999 and subsequent establishment of a National AIDS Control Council (NACC). HIV/AIDS therefore, remains the biggest challenge to the Government because of its current and future impact on Kenya's economic growth. (*Aids in Kenya*, six edition - page 1)

Several interventions have been put in place to curb the spread of HIV and provide care and support for the infected and affected. However, HIV/AIDS issues have continued to

be complex and dynamic posing various challenges. The epidemic has become a concern to different sectors, including government, Civil Society Organisations (CSOs), religious groups and the private sector agencies.

Previously, the Ministry of Health has undertaken HIV/AIDS activities. However, since the creation of NACC, various institutions have adopted a multi-sectoral approach in addressing the impact of the epidemic. This approach entails bringing everybody on board to play a role in the fight against HIV/AIDS.

The KHADREP, therefore, is a multi-sectional initiative that serves this multi-sectoral approach in responding to the epidemic in Kenya. It has three main parts:

- AIDS Control Unit (ACU) in mainline government ministries
- NACC and its decentralised coordinating units:
 - ⌘ Provincial AIDS Control Committees (PACCs)
 - ⌘ District AIDS Control Committees (DACCs)
 - ⌘ Constituency AIDS Control Committees (CACCs)
- Community initiative activities implemented by NGOs, CBOs. Religious organization and the Private sector

Efforts have been directed at building the capacity of the NACC coordinating units from National, Provincial, District and community Constituency level. On the other hand the government has called for increased involvement of CSOs in combating the epidemic.

Indeed the KHADREP allocates 60% of the resources to the community initiative activities. The CSOs with leadership from KANCO have been working with the communities to respond to the impacts of HIV and AIDS. KANCO, which has a membership of NGOs/CBOs and Religious, was established in 1990 in response to the need for various NGOs/CBOs and religious organisations to work together in the fight against HIV/AIDS. KANCO has been recognised by the Government as a lead national network of Civil Society Organisations working in HIV/AIDS in Kenya. As a result of this, KANCO is represented in various government committees including the National AIDS Control Council and the task force to review legal issues relating to HIV/AIDS in Kenya.

For the last decade, KANCO while working with CSOs has realized that they have a wealth of knowledge, technology and resources, which need to be tapped to strengthen initiatives aimed at curbing the spread of HIV/AIDS. Some of the resources of the CSOs include: their individual time and energy, personal resources and "community goodwill". CSOs mobilize these resources through having shared values and commitment to action, with other stakeholders.

KANCO in collaboration with NACC and other stakeholders have put in place a process to enhance the capacity CACCs (a coordinating unit of NACC) and the civil society groups in the respective areas to understand the KHADREP and their roles and responsibilities in the initiative. The intervention has began to create a better understanding and a closer working relationship between the civil society groups working in HIV/AIDS and the

leaders at community level in Kenya. With the initial activities being implemented under the KHADREP, more effective mobilization of CSOs and community resources is enhanced while creating more understanding among the collaborating partners. For example, the CACC members have been facilitated to mobilize the civil society groups. They are perfecting their communication skills with CSOs and are able to mobilize and identify available human resources among communities. Where there are no CSOs working in HIV/AIDS, the initiative is mobilizing the CSOs involved in other community development initiatives to integrate HIV/AIDS activities in their work while at the same time building their capacities to do so. This has in the long run promoted the idea of integrated approach in addressing community issues.

The KHADREP is strengthening the networking and partnership mechanisms. This has enhanced the establishment of a comprehensive profile of community initiatives and partners involved. This is facilitating the identification of gaps in terms of geographical coverage and range of interventions in specific communities. Through the project, each constituency has identified own specific priorities and civil society groups have written proposals under the guidance of CACCs, while KANCO has provided follow-up onsite technical assistance to enable them achieve their goals.

Indeed, the KHADREP initiative is seen as one way of addressing the challenge of inadequate resources that the CSOs have been experiencing in the past in Kenya. The initiative is an eye opener that, resources can be channelled to the communities who for a

long time have been operating haphazardly due to lack of resources albeit with a lot of commitment to supporting different HIV/AIDS interventions in prevention, care and support of infected and affected. KHADREP Operating manuals have been developed to guide the implementation of this initiative and are already being used.

The KHADREP initiative has however been criticised for taking a lot of time in setting up necessary structures for the disbursement of funds to the various entities which has caused a delay in implementation of HIV/AIDS programmes at the community level.

7.3 Lessons Learned from Kenya

- For HIV/AIDS responses to be effective, political will is very important in breaking the silence in support of multisectoral response to HIV/AIDS.
- Government systems should avoid bureaucracies that cause delays in dispensation of funds for HIV/AIDS activities if the needy communities are to benefit from available resources.
- Leaders including elected Members of Parliament play a crucial role in policy formulation, advocacy and championing of social issues in relation to HIV/AIDS.
- Active collaboration and partnership amongst stakeholders contributes to chances of success. A multi sectoral approach to intervention measures is necessary in carrying out the advocacy and social mobilization, information and education as well as service delivery.

- Mobilization of communities and the media with an in built sound monitoring and evaluation processes will ensure that success stories can be documented and disseminated for replication.

8.0 WAY FORWARD FOR THE BANK AND OTHER INTERNATIONAL INSTITUTIONS BASED ON AFRICAN PRIORITIES

The Bank and other international financial institutions may need to reconsider their past policies while designing programs for HIV/AIDS activities in Africa. These may include:

8.1 Strong political and government commitment

Strong government commitment has proven essential in every country that has made any headway against the epidemic. This calls for bold political action and leadership, not just tacit passive approval of public HIV/AIDS efforts. We need several "President Kaguta Musevenis" of Africa if we are going to realize change. Leaders need to speak openly and frequently about HIV/AIDS, overcome taboos and place the epidemic at the center of the development agenda of their country. Governments need to re-examine spending priorities in view of the rapidly growing cost of HIV/AIDS and reallocate budgetary elements accordingly. Governments can also leverage existing programs such as education and agricultural extension by integrating HIV/AIDS into them at modest cost. The Bank and the donors need to influence the governments to take the necessary actions. Governments will need to be made to realize that they have a moral obligation to ensure that each citizen is adequately prepared to face the challenge of HIV/AIDS through a Human Rights based approach.

8.2 Increasing community participation and ownership

Successful HIV/AIDS programs in Africa must involve local communities in identification, design, preparation and implementation of activities and governance mechanisms. In prevention, well capacitated communities can set norms, influence behaviour and tailor interventions in a way that is acceptable to their local culture. However most communities lack the capacity and resources to enable them deliver. The Bank and other donors need to build communities' capacities and channel adequate funds that are needed to deliver and sustain responses. We do not need token loans where a country with millions of people have access to only a couple of thousands of dollars that do not meet the basic minimum even to set up initial structures to respond to HIV/AIDS. This many a times deepens mistrust of government by its citizens since communities may never be informed about the what levels of funding and its limitations. All we get to hear is that a government with a population of 30 million have received for example 50million US dollars. How much does it translate into when it comes to the needs of communities? No body explains this; we are all left to wonder how Informed and actively involved individual communities can make ill-informed decision.

8.3 Moving towards a multi-sectoral approach with improved coordination and decentralization

HIV/AIDS is a development crisis that affects all sectors. It requires a national response that ensures the involvement of all sectors. The responses should be well coordinated and decentralized to ensure quick movement towards a comprehensive national coverage. Past HIV/AIDS programs have been coordinated by specific sectoral ministries, which seldom had the authority, experience or resources to coordinate stakeholders in different sectors for effective intervention. On the other hand programs were concentrated at the

central level with very little or non-at all going to grassroots levels or to the community. If the Bank wants any of its programs to succeed, the governments must put in place independent coordination mechanisms like AIDS commissions and implementation channels that are multi-sectoral in nature, operate at national, district and communities levels and have broad stakeholder involvement. It is important that the AIDS commissions are made responsible, and not just be another arm of the government.

8.4 *Scaling up responses*

Countries will need to be assisted to document case studies of successful interventions, which have worked in their communities. There is also need to scale up these interventions geographically and in a holistic approach. These best practices need to be replicated in various parts of the country in order to have a wider impact. The Bank and other donors have a moral obligation to support such initiatives that are already proven to work. The time for "Boutique type of project", is gone, the continent need a scaled up approach. The alliance, among other agencies like the new UNDP corporate strategy have started to have discussions on scaling up and what it entails. We need to rethink this two-year project and consider nation-wide responses upstream and downstream mix with clear impact results indicators.

8.4 *Capacity Building*

The World Bank and other international financial institutions need to build the capacities of the local communities to be able to tackle the epidemic at all levels. One of the

challenges among different stakeholders in HIV/AIDS in the continent is lack of capacity to run programmes. There is need for support of capacity building institutions within the continent to enable them provides the relevant knowledge and skills to the local communities for them to strengthen the HIV/AIDS response at community, village, family and individual levels. The assistance can be through direct funding and technical assistance. The World Bank, USAID, DFID and other UN AID agencies have such initiatives in sub-Saharan Africa including the African Economic Research Corporation (AERC), The African Capacity Building Foundation (ACBF) and the Partnership for Capacity Building (PACT) initiative. However, more support is needed to have more support to national organisations coming up in various parts of the continent as well as, deliberate intensification of access to scholarships to enable nationals to participate in trainings run by such institutions. This will ensure sustainability of programmes beyond project periods, as well as reduce the vacuum created by the relocation of expatriates after completion of donor-funded projects.

Almost every country in Africa has a small success story to tell. But national HIV/AIDS programs often have insufficient funds and inadequate funding mechanisms to bring such activities up to scale especially outside the public sector and at community levels. The Bank needs to build capacities of such groups and help expand these interventions with a view of reaching the national coverage through replication. Perhaps the Bank and other international financial institutions need to put as a conditionality to review any country's

track record in Prevention strategies for its people before they allow such countries to enjoy other international benefits.

9.0 CONCLUSION

Most Governments and CSOs work under severe resource constrained environment for promotion of their communities' social, economic and health status. Thus, there are a number of actions and activities that the World Bank and other International donors can undertake in order to create a conducive environment which can promote dialogue, trust, mutual respect, and accountability amongst Governments, CSOs, their stakeholders and collaborators.

To reduce the impact of HIV/AIDS on individuals, families, the health sector, private sector, the government and the global economy, it will be necessary for African governments and the international financial institutions to find the best way to cope with the spread of the epidemic. The donor agencies may have to rethink their priorities in alleviating the suffering of people living in the poverty stricken African continent. They may also have to consider their mode of disbursement of funds for them to take appropriate steps to ensure that funds meant for HIV/AIDS trickle down to the communities.

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Commentaire :