

THE WORLD BANK AND INTERNATIONAL FINANCIAL INSTITUTIONS

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Overview

The paper is an exhaustive presentation on a range of issues related to programme formulation, implementation, and evaluation in Africa. The discussion flows from HIV/AIDS to internal governance of the World Bank to programme formulation strategies and to government civil society relationship and participation. Insightful conclusions are formed on the way forward through stronger political commitment at national levels, increased community participation and ownership, and movement towards a multisectoral approach with improved coordination and decentralization. The use of the Kenya experience (KHADREP) to illustrate the thrust of the Multi-country Approach to HIV/AIDS of the WB, helps the reader to understand how another large conceptual framework can be transformed into practical actions at the national level.

The style of presentation of the author-Mr. Allan Ragi, however, could be improved to facilitate the logical flow of the paper. Midway, the reader feels overwhelmed by process-related and internal governance issues of the WB. How these relate to the substantive issues surrounding WB interventions (the four pillars) is not made clear.

The paper presents a limited understanding of the role and forms of international aid in the development process. On the one hand, the paper seems to advocate for more interventions down to the community level "side-stepping" normal government channels; on the other, the WB is encouraged to engage national governments more forcefully and examine public resource allocation and management more thoroughly. It is difficult to determine where the greater emphasis lie or whether these are seen as parallel thrusts. Throughout, references to WB and bilateral donor interventions are used fairly interchangeably. The presentation could benefit from a distinction between these funding sources, and their policy formulation and programming processes. Furthermore, a discussion on using WB lending as opposed to grant funds for HIV/AIDS programmes could have been a useful entry point.

The Challenge of Funding HIV/AIDS Interventions

In the report-Scaling Up the Response to Infectious Disease: A Way Out of Poverty, the authors emphasize that the tools to prevent and cure HIV/AIDS, TB, and malaria have been available for decades; and yet fewer than 25 percent of those at risk have access to them. The cost of medicines that can cure 95 percent of TB cases is placed at US\$10 for a six-month treatment course. Antimalarials that can cure 95% of cases cost \$0.12 per tablet and condoms for preventing HIV/AIDS costs US \$ 14 for a year's supply. This profound declaration, if true, brings into question national priorities in Africa and the process by which they are established and funded.

While burdensome, meeting the costs associated with HIV/AIDS control certainly seem within the reach of many African governments. This is especially true during the early stages of an epidemic, when concerted actions have the greatest chance of arresting the spread. Strategic shifts in health care delivery from large prestigious curative centers to preventive care, advocated for years, offer higher returns on investments in the health sector. External funding, in this respect, can be used to complement and not drive the national efforts. Excellent examples exist of this synergy on the continent. The author's cautionary note on aid dependency is therefore a point well taken but the argument for more aid delivery direct to the community level militates against this reminder.

HIV/AIDS Strategic Priorities for Africa

Certainly mainstreaming HIV/AIDS into much of the work of the WB is the way to go, given the cross-sectoral nature of the pandemic. However, the author is skeptical of the viability of the WB interventions and suggests that a "cloud of secrecy" surrounds the monitoring and evaluation process. If this is true then broadening participation (including civil society and local community groups) in the process would contribute towards better "project" delivery and the author's recommendations, in this regard, are right on the mark.

Furthermore, the information presented on WB HIV/AIDS strategy "begs" for a substantive discussion of the four pillars on which it is established. Are they valid? Is the thrust sustainable? Given the WB/IFI bias towards reliance on macroeconomic growth and stability as the main engines for development, are they 'doable'? Given the low level of interest in African governance institutions, would the benefits trickle down to the poor who are the most vulnerable? Where is the evidence? Unfortunately, these issues are not discussed.

CONCLUSIONS

After castigating both the WB and African government bureaucracies, the paper seems to conclude that only civil society can deliver effectively. But, at the same time, it calls on the WB and donors to build their capacity to do so. This would seem rather contradictory.

At the end of the paper, it is the donor agencies that seem to be carrying the burden of "alleviating the suffering of people living in the poverty stricken African continent". But the accepted norm is that national governments bear the responsibility for protecting the citizenry from the spread of epidemics such as HIV/AIDS. To lose sight of that is to lose the vision of the strategic roles of various actors in the policy arena.