

UNAIDS 2019

The World Bank

Unified Budget Results and Accountability Framework
(UBRAF) 2016-2021

Organizational report 2018

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Key strategies and approaches

The World Bank provides financial and technical support to developing countries with the overarching aim of alleviating poverty within a generation and promoting shared prosperity. With respect to health, the World Bank aims to ensure that everyone has access to essential services, regardless of ability to pay. The World Bank has put health in the heart of its new flagship Human Capital Project and is committed to making HIV a core component of effective and equitable health systems. It is also committed to realizing the goal of ending the AIDS epidemic by 2030 and leveraging the opportunities to realize that goal through the framework of the SDGs, including the universal health coverage component of SDG 3.

The World Bank has long recognized the threat HIV poses to progress and development. As a UNAIDS Cosponsor, and under the UNAIDS Division of Labour, it co-leads with UNDP efforts to support the planning, efficiency, effectiveness and sustainability of the global AIDS response, including the effort to ensure the AIDS response is fully funded and efficiently implemented based on reliable strategic information. The World Bank and WHO co-lead the work programme on integrating people-centred HIV and health services in the context of stronger systems for health, and particularly on strengthening the decentralization and integration of HIV-related services. Within the Division of Labour, the World Bank also contributes to a number of other areas, including prevention among key populations and youth, addressing gender inequality and gender-based violence, HIV-sensitive social protection, and the decentralization and integration of sexual and reproductive health and rights and HIV services.

The World Bank places a strong emphasis on sustainability, efficiency and effectiveness in the fight to combat HIV—helping countries do “better for less” by using available resources wisely and redesigning their HIV programming to maximize resource allocation and service delivery and to transition to new funding approaches in light of a rapidly shifting funding landscape. Towards this end, the World Bank works with partners to maximize impact and efficiency; uses performance-based financing to improve outcomes; provides evidence for strategic planning; and undertakes studies that analyse efficiency, effectiveness, financing and sustainability. At the same time, the World Bank works to drive more and better investments in people and uses innovative financing mechanisms, including groundbreaking bond issuances, to leverage private investment to increase the amount of funding available for HIV in particular and health more generally as a human capital investment.

The world’s commitment to provide access to good-quality, integrated and people-centred health services—embodied in the commitment to universal health coverage—offers unprecedented opportunity to simultaneously expand, personalize and improve the efficiency and effectiveness of all health services, including HIV services. As countries have made inroads towards achievement of the 90–90–90 targets and deliver comprehensive HIV

prevention services, these accomplishments have, in the process, also helped countries achieve universal health coverage goals for their own population.

Highlights of results

As of October 2018, the World Bank's active health, nutrition and population portfolio totalled US\$ 14.5 billion in net commitments. Through this lending portfolio, the World Bank funds major health system-strengthening operations that aim to improve the access, quality and affordable efficacy of services, including HIV testing and treatment.

World Bank work in 2018 included numerous maternal and child health projects around the world, many of which contained components specifically addressing HIV-related needs. This work took many forms, including direct project support through mechanisms such as the Global Financing Facility, which is specifically dedicated to maternal and child health; developing and leveraging financing mechanisms such as Sustainable Development Bonds to raise private-sector investor awareness of and investment in the health of women and children, including efforts to combat HIV; and developing analytical products and country-driven case studies to assist decision-makers in determining how to most effectively, efficiently and equitably invest available resources to meet these goals.

The 18th International Development Association (IDA18) replenishment period (1 July 2017–30 June 2020) is supporting numerous efforts to provide, among other things, essential health and nutrition services for up to 400 million people and safe childbirth for 16–20 million women through provision of skilled health personnel.

In 2018 the World Bank met its commitment to double its results-based financing in education 2 years early, with US\$ 7.1 billion committed as of 30 June (from US\$ 2.5 billion in 2015). World Bank lending for education in the fiscal year 2018 surpassed US\$ 4.5 billion, and by 30 June (3 years early) the World Bank fulfilled its commitment to invest US\$ 2.5 billion over 5 years in education projects directly benefiting adolescent girls, with more than US\$ 4 billion invested. The World Bank also used its analytical expertise to highlight needs and spotlight solutions and worked with partners to chart paths for better outcomes.

The World Bank continued to push for gender equality and empowering women in development through numerous initiatives, many highlighting issues of women's health, education and empowerment—all factors critical for the fight against HIV. The World Bank used innovative financing to raise funds for gender work and to tap into private-sector investors' growing interest in this field, attracting over US\$ 1 billion in private funds in 2018 alone. Guided by the World Bank Group's 2016–2023 gender strategy, the World Bank used its resources to expand the knowledge base through flagship reports and other products highlighting a broad range of key issues. For example, since 2012 over 200 World Bank

projects have included work on gender-based violence, and it has produced over 800 reports and papers addressing this issue. In 2018 the World Bank continued implementing its integrated action plan to reduce gender-based violence throughout its work, including infrastructure operations.

The World Bank's strong emphasis on sustainability, efficiency and effectiveness in the fight against AIDS was reflected in multiple workstreams. The World Bank used its analytical expertise to launch 20 allocative efficiency studies in 18 countries, support key databases, and conduct training sessions around the globe, including a series of regional workshops on artificial intelligence for core health concerns, including HIV.

The Human Capital Project, launched in late 2018, is premised on the belief that investing in people through fundamentals, including nutrition and health care, is key to ending extreme poverty and will provide a powerful rallying point in the World Bank's work on health, including HIV, and its integration in universal health coverage. Over 50 countries have signed up for the Human Capital Project, including many HIV Fast-Track countries. This will help to ensure that HIV is embedded in human capital developments and that HIV is addressed alongside broader efforts to accelerate progress towards universal health coverage.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

World Bank programming continued to address the need to make access to HIV testing and counselling an integrated part of health services. In Nigeria, the multiyear Saving One Million Lives initiative focused on HIV counselling and testing services among women attending antenatal care. With a view to a longer-term solution, the World Bank worked with the International AIDS Vaccine Initiative on the terms of a new grant to the HIV Vaccine Research and Development Project.

The World Bank is building evidence on innovative testing and counselling programmes to improve targeting, adherence and linkages to care. For example, a World Bank-led effort in South Africa evaluated the impact of a series of interventions as part of an effort to improve HIV care (including Fast-Track initiation counselling, adherence clubs, decentralized medication delivery, enhanced adherence counselling, and early patient tracing) and continuously shared the findings with government actors and other key partners. In Malaysia the World Bank conducted a study pilot to test an intervention using motivational interviewing principles to increase HIV testing among men who have sex with men; the findings, also

shared in a published report, highlighted the need to improve access to relevant HIV prevention and treatment services.

Through its health, nutrition and population lending portfolio (with active projects totalling US\$ 14.5 billion in net commitments as of October 2018), the World Bank is funding major health system-strengthening operations to improve access to and the quality of health services, including HIV testing and treatment. Recognizing the importance of linking HIV and TB services, the World Bank is working to strengthen health systems in four countries in southern Africa to improve the availability and use of TB and HIV services. The World Bank also supported efforts to improve the number of women living with HIV and receiving antiretroviral therapy in the Central African Republic. The World Bank conducted an impact evaluation on using smart technology to improve linkages to HIV care in Johannesburg, South Africa and demonstrated that the tested application could significantly increase linkage to care for people living with HIV aged 18–30 years. Working with partners including UNAIDS, the World Bank supported an ongoing HIV care cascade optimization analysis in South Africa to determine effective options to yield greater clinical outcomes towards attaining the 90–90–90-targets in the most allocatively efficient way.

The World Bank, the Bill & Melinda Gates Foundation, WHO and other partners launched the Vital Signs Profile to provide a more complete picture of the strength of primary health care in low- and middle-income countries. The effort specifically analyses primary care facilities as a critical entry point for HIV prevention and testing.

The World Bank announced a new US\$ 110 million health system-strengthening project in Angola targeting 21 municipalities in 7 provinces. The project includes work to improve maternal and child health, family planning services for adolescent girls and women, and antenatal care, and to provide a broader package of essential health, nutrition and population services in targeted areas.

Working with partners, World Bank staff published research concerning an allocative efficiency study for Johannesburg that also provided epidemic and programmatic predictions to 2020 and 2030. The study was conducted in partnership with the UNAIDS Secretariat and other Cosponsors.

The World Bank Group has doubled resources for countries affected by fragility, conflict and violence to more than US\$ 14 billion under the IDA18 replenishment, with an understanding that health, including HIV-related services, must be a central part of the portfolio. Efforts in fiscal year 2018 focused on quickly operationalizing these new windows. For the Refugee Sub-window, Cameroon received the first grant, of US\$ 130 million, to provide refugees and host communities with access to health care, education and social safety nets. Other examples include a new three-year project in Afghanistan including a component to deliver a package of basic health services, including contraceptives and access to essential medicines,

and another to strengthen demand and community accountability; and the Somalia Inclusive Community Resilience and Gender-based Violence Pilot programme, which provides critical services for survivors of gender-based violence.

A newly announced US\$ 53 million World Bank grant for the Health System Support and Strengthening Project in the Central African Republic mainly targets pregnant women, children aged under five years, and women survivors of gender-based violence. The project includes a package of essential health services, access to deliveries attended by skilled health personnel, family planning and antenatal care, and gender-based violence-related services. Such work is set to continue and expand in the future with the opportunity created by the strong focus in the IDA19 on settings affected by fragility, conflict and violence and particularly the needs of migrants.

With World Bank support for the Rapid Results Health Project, IMA World Health worked with local partners to provide essential medicines and supplies for a population of 3.1 million people in South Sudan. The new World Bank Health System Support Project for Mauritania also includes a component targeting health facilities with essential medicine stockouts and basic equipment availability needs.

Recognizing the critical need for in-country research capacity, the International Vaccines Task Force, the World Bank Group and the Coalition for Epidemic Preparedness convened the new International Vaccines Task Force in October of 2017. In 2018 the Task Force released its report *Money and Microbes: Strengthening Research Capacity to Prevent Epidemics*, shining a global spotlight on this need and detailing how to develop the political support, financing and coordination required to build this clinical capacity.

SRA 2: New HIV infections among children are eliminated and the health and well-being of the children's mothers are sustained

The World Bank's Global Financing Facility, which is dedicated to maternal, child and adolescent health, supported country-led efforts and used performance-based financing to improve outcomes. Operating in 27 countries (including 11 newly added countries), a major replenishment begun in late 2018 has raised US\$ 1.05 billion in new commitments to help expand its coverage to 50 countries. As a result of the Global Financing Facility, Cameroon more than doubled its budget for maternal and child health and nutrition, and also saw a doubling of family planning and antenatal care visits in facilities using performance-based financing. The Global Financing Facility made a US\$ 55 million grant for the Guinea Health Service and Capacity Strengthening Project, with a focus on women and children in two of Guinea's poorest regions.

The World Bank launched Sustainable Development Bonds to raise investor awareness of the benefits of investing in the health and nutrition of women, children and adolescents, including to prevent mother-to-child transmission. They have raised over US\$ 935 million since June 2018. In Afghanistan, the Sehatmandi Project is increasing the use and quality of health, nutrition and family planning services.

The World Bank conducted studies to improve maternal and child services, helping Benin and Senegal move to near-real-time service monitoring, improving outcomes in Eswatini, and using big data analytics to improve planning and delivery in Bangladesh. The Global Financing Facility, Merck for Mothers, the Bill & Melinda Gates Foundation and the UPS Foundation launched a partnership to improve supply chains to increase access of women, children and adolescents to life-saving medicines, including antiretroviral therapy. The World Bank supported the multiyear Malawi Nutrition and HIV/AIDS Project to reduce stunting and maternal and child anaemia and to bolster HIV prevention in children and adults.

The World Bank continued its work to address access to treatment cascades in humanitarian settings. For example, in 2018 World Bank programming specifically targeted improving the number of women living with HIV receiving prevention of mother-to-child transmission care in the Central African Republic.

SRA 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

The World Bank has integrated combination prevention programming into its large-scale transportation projects. Through these projects, the World Bank has provided young people in key populations with robust service packages, including condom distribution, awareness-raising and strengthened HIV service delivery, in countries such as Lesotho, Malawi and the United Republic of Tanzania.

The World Bank used its analytical expertise to highlight needs and spotlight solutions, working with partners to chart paths to better outcomes. For example, the Johannesburg Allocative Efficiency Analysis showed that scale-up of voluntary medical male circumcision alongside other proven interventions could reduce the number of new HIV infections by as much as 15%. World Bank technical assistance also continued to support a major four-year impact evaluation of the effect of cash transfers on protecting young women from HIV.

Ensuring young people, especially girls, attend and stay in school is critical and has a demonstrated positive impact on reducing their risk of acquiring and transmitting HIV. In 2018 the World Bank met its commitment to double its results-based financing in education 2 years early, with US\$ 7.1 billion committed as of 30 June, and its lending for education in 2018 exceeded US\$ 4.5 billion by 30 June. The World Bank fulfilled its commitment to invest

US\$ 2.5 billion over 5 years in education projects directly benefiting adolescent girls, with more than US\$ 4 billion invested, a commitment met 3 years ahead of schedule. As an example, the Sahel Women's Empowerment and Demographic Dividend Project provided 210 000 young women with life skills and livelihood interventions and helped 87 000 girls stay in school. As of November 2018, a World Bank project in Zambia had benefited 49 865 women and girls from extremely poor households, with payment of secondary school fees for 16 239 girls and over 16 000 people reached with conditional cash transfers.

The Great Lakes Emergency Sexual and Gender Based Violence and Women's Health Project provided holistic support to survivors of gender-based violence and expanded the use of a package of health interventions targeted to poor and vulnerable families. It also saw an increase in the use of its one-stop centres, with 2075 survivor visits in the 18 months ending in July 2018.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

The World Bank continued its work financing combination prevention services for key populations and working to ensure such programmes are integrated into its sexual and reproductive health lending operations and across its large infrastructure and transportation portfolio. Recent examples include the multiyear US\$ 18.3 million Lesotho Infrastructure and Connectivity Project, which includes awareness-raising campaigns on HIV and gender-based violence, and the Southern Africa Trade and Transport Facilitation Project, which includes an HIV combination prevention package for key populations. World Bank technical assistance helped scale up services for vulnerable groups, such as the Health, HIV/AIDS and TB Project in Eswatini, which included a component targeting orphans and other vulnerable children. World Bank technical assistance also supported efforts in India to ensure that by 2019, 90% of people in high-risk groups who need antiretroviral therapy will be receiving it.

In Malaysia a pilot study tested an intervention using motivational interviewing principles to increase HIV testing among men who have sex with men and trained case workers in client-centred counselling. The completed pilot and accompanying report highlighted existing challenges, such as stigma and discrimination, and emphasized the need to improve access to HIV testing and treatment services for men who have sex with men.

The World Bank used its analytical expertise to support country response. It conducted more than 10 allocative efficiency studies in 2018, in partnership with the Global Fund, the UNAIDS Secretariat and other Cosponsors. In various countries, including Bulgaria, Peru and Zimbabwe, such studies provided governments with the evidence needed to appropriately reallocate budgets to key populations and highlighted the particular needs of these communities. The World Bank continued strengthening the knowledge base on HIV

prevention, studying, for example, the effectiveness of an intensive HIV prevention programme on behavioural change among female sex workers in Nairobi.

The World Bank focused attention on effectiveness in harm-reduction programming and a rights-based approach to drug treatment. Of particular note were efforts in Malaysia to further disseminate findings and lessons learnt. The study Making Drug Treatment Work: Opportunities and Challenges Towards an Evidence- and Rights-based Approach found that people dependent on opioids and treated in voluntary drug treatment centres had significantly lower relapse rates than their counterparts given compulsory treatment. The World Bank worked to ensure the study's findings and those of a related study on the return on investment in harm-reduction programming were shared with decision-makers in other Association of Southeast Asian Nations (ASEAN) countries through the ASEAN Regional Advocacy Workshop on HIV Prevention in People Who Inject Drugs, which the World Bank co-hosted with UNAIDS and the India HIV/AIDS Alliance.

SRA 5: Women and men practise and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

The World Bank used innovating financing to raise funds for gender work and tap into private investors' growing interest in this field, attracting over US\$ 1 billion in private funds in 2018 alone. Through its Umbrella Facility for Gender Equality, the World Bank funded investments that strengthen knowledge and capacity for gender-informed policy-making, targeting areas critical to closing gaps between knowledge and execution. The Umbrella Facility for Gender Equality significantly expanded its activities and now supports more than 150 activities in 80 countries (double the number of projects and 30 more countries than in previous years), with US\$ 18.5 million in allocations in fiscal year 2018. The World Bank's Nigeria for Women project reached 324 000 beneficiaries, including women living with HIV, through interventions to improve their livelihoods.

A World Bank project in the African Great Lakes area provided holistic support to survivors of gender-based violence, including post-exposure prophylaxis kits and support for nongovernmental organization activities to increase sensitization and condom use. In the United Republic of Tanzania, a World Bank programme worked to reduce the time and distance girls must travel to school and provided teachers with training on reducing gender-based violence. Other newly approved projects with a gender-based violence focus included work in Bangladesh, Mozambique and Zimbabwe. In 2018 the World Bank's Global Marketplace Awards awarded US\$ 1.1 million to 11 research teams from around the world to catalyse innovation to address gender-based violence.

SRA 7: The AIDS response is fully funded and efficiently implemented based on reliable strategic information

Working with partners, World Bank teams launched 20 allocative efficiency studies for more than 18 countries, underscoring the need for continued investment in programmes for key populations. Examples include studies addressing HIV programming in Colombia, Mexico and Peru; studies analysing spending trends across Kiribati, the Solomon Islands and Vanuatu, including for HIV; optimizing investments in Bulgaria's HIV response; and a regional assessment of the financial sustainability of HIV and universal health coverage programmes in sub-Saharan Africa.

In 2018 the World Bank continued its work towards greater health integration. WHO, the World Bank and other partners supported numerous sessions sharing lessons learnt with policy-makers and programme implementers, such as World Bank health security financing workshops in Kiribati and Viet Nam. A World Bank-led course on health sector reform and sustainable financing helped participants think systematically and worked with partners such as Gavi, the Global Fund and WHO to conduct four regionally based sessions. The World Bank continued its work with the Joint Learning Network's Collaborative on Leveraging Existing Resources, with the Network holding its third in-person meeting and participating countries agreeing to undertake self-pilots. Results from work in Zimbabwe highlighted economic evidence for making integration work.

Through its flagship Human Capital Project, the World Bank used new financing mechanisms to leverage private investment to increase the funding available for HIV and health more broadly. Orders for the first-ever IDA bonds reached US\$ 4.6 billion, while International Bank for Reconstruction and Development issuances generated more than US\$ 350 million in additional private investment for SDGs, including health.

The World Bank Group launched a major push to better understand and leverage disruptive technology. For example, in 2018 it launched TechEmerge for the health-care market in Brazil, which produced 27 pilot partnerships between health-care providers and technology developers, covering needs such as rapid diagnosis blood testing equipment. The Global Partnership for Sustainable Development Data, supported by the World Bank's Trust Fund for Statistical Capacity Building, is fostering innovative projects to improve the way development data are produced and used in contexts such as social protection and health, with current projects including an initiative using machine learning technology to help frontline health workers in Africa identify people unlikely to return for HIV treatment. The World Bank conducted 3 regional training courses on using artificial intelligence and other disruptive technologies for health, with over 350 participants from 53 countries. The sessions were designed to strengthen in-country health responses, specifically for HIV, TB and access to universal health coverage, by building capacity to improve the use of data for decision-making

and implementation, and to apply big data and cognitive analytical approaches to address complex problems.

SRA 8: People-centred HIV and health services are integrated into stronger health systems

Ensuring universal access to HIV services is a critical component of universal health coverage, and the World Bank is working to help countries make this a reality. This work is aligned with the World Bank's Human Capital Project, launched in late 2018, which is built on the belief that investing in people through nutrition, health care, good-quality education, jobs and skills is key to ending extreme poverty and creating more inclusive societies.

The World Bank moved strongly to help countries meet the 2030 universal health coverage target, including integrating HIV services. As of June 2018, 20 projects totalling US\$ 3.3 billion in World Bank financing supported by US\$ 452 million in Global Financing Facility funds had been approved by the World Bank. The World Bank's Multi-Donor Trust Fund for Integrating Health Programs supported lower-middle-income countries working towards universal health coverage and transitioning to domestic funding. For example, the Multi-Donor Trust Fund conducted health financing system assessments in countries such as Myanmar and Nigeria; and in the Lao People's Democratic Republic, it leveraged US\$ 41.4 million from other sources to strengthen health systems, including HIV and TB services. Under the Universal Health Coverage in Africa plan, the World Bank Group and the Global Fund are in the midst of a 5-year commitment to contribute a combined total of US\$ 24 billion to universal health coverage in Africa, with US\$ 15 billion of that commitment resting with the World Bank Group.

An impact evaluation in Zimbabwe highlighted HIV efficiency gains in integration efforts. The World Bank published a universal health coverage action agenda for policy-makers, emphasizing the role of quality in health service delivery, including for HIV services. The World Bank's Universal Health Coverage Study Series produced case studies and technical papers documenting how countries are driving universal health coverage, and examining the current health financing policies for expanding health coverage in 46 African countries, including a majority of Fast-Track countries with high HIV prevalence.

Redoubling the World Bank's work on integrated social protection was also a focus in 2018 and will remain so in the years ahead. By the end fiscal year 2018, the World Bank had 87 active social protection and labour projects, representing investments of US\$ 15 billion. The World Bank Group is also doubling resources for countries affected by fragility, violence and conflict to more than US\$ 14 billion under the IDA18. New financing mechanisms include US\$ 2 billion to support refugees and host communities and a risk-mitigation regime to help countries mitigate fragility risks. New World Bank publications in 2018 included The State of

Social Safety Nets, examining results of safety net benefits programmes in 79 countries and key performance indicators; and Measuring the Effectiveness of Social Protection.

The World Bank continued its work with the UNAIDS Inter-Agency Task Team for Social Protection, including support for the 2018 International Conference on Fast-Tracking Social Protection to End AIDS. The World Bank collaborated with UNICEF and the Government of Uganda on a 5-day conference, Making Social Protection Systems in Africa More Responsive to Crisis, which brought together almost 100 practitioners from a wide variety of sectors for a meeting of the Community of Practice of Cash Transfers in Africa.

Financial information

Table 1
Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	1,924,102
Sub-total	3,924,102
2018 country envelope	140,000
TOTAL	4,064,102

Table 2**Expenditure and encumbrances by Strategy Result Area (US\$)**

Strategy Result Area (SRA)	Core *	Non-core	Total
SRA 1: HIV testing and treatment	251,900	458,105	710,005
SRA 2: eMTCT	42,570	763,139	805,709
SRA 3: HIV prevention and young people	25,800	201,198	226,998
SRA 4: HIV prevention and key populations	126,600	274,560	401,160
SRA 5: Gender inequalities and gender-based violence	-	225,875	225,875
SRA 6: Stigma, discrimination and human rights	-	-	-
SRA 7: Investment and efficiency	2,517,359	3,128	2,520,487
SRA 8: HIV and health services integration	874,541	2,436,541	3,311,082
TOTAL	3,838,770	4,362,545	8,201,315

* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

Table 3**Expenditure and encumbrances by region (US\$)**

Region	Core *		Non-core	TOTAL
	Core	Core-country envelope		
Asia and Pacific	763,200	30,000	841,684	1,634,883
Eastern Europe and central Asia	591,370	-	257,063	848,433
Eastern and southern Africa	1,583,370	110,000	1,465,399	3,158,769
Latin America and the Caribbean	277,280	-	389,625	666,905
Middle East and North Africa	27,800	-	70,402	98,202
Western and central Africa	361,750	-	1,338,374	1,700,124
Global	234,000	-	-	234,000
TOTAL	3,838,770	140,000	4,362,545	8,341,315

* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

Table 4**Core expenditure and encumbrances by category (US\$)**

Cost Category	Core Global	Core Country envelope	TOTAL
Staff and other personnel costs	\$754,841	36,337	\$791,178
Contractual services	\$1,859,259	55,499	\$1,914,758
General operating expenses	\$50,730	465	\$51,195
Transfers and grants to counterparts	-	-	-
Equipment, furniture and vehicles	\$1,488	-	\$1,488
Travel	\$505,284	19,848	\$525,132
Programme Support cost	\$203,250	7,850	\$211,100
Total Expenditure	\$3,374,851	\$120,000	\$3,494,851
Encumbrances	\$463,919	20,000	\$483,919
TOTAL	\$3,838,770	\$140,000	\$3,978,770

Case study: improving service delivery efficiency through integrated care—insights from a ground-breaking assessment of HIV and sexual reproductive health services integration in Zimbabwe

Integrated care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency.

After an assessment of the state of integration of HIV services in 2010, Zimbabwe made concerted efforts to improve the integration of HIV and sexual reproductive health services. National guidelines were developed and training took place nationwide.

A partnership with the World Bank and the United Kingdom Department for International Development resulted in a first-of-its-kind, three-year impact evaluation of the effect of integration on the quality of service delivery and on efficiency gains made through integrating HIV and sexual and reproductive health services. The evaluation results were released in 2018 and show that between 2013 and 2016, Zimbabwe's HIV and sexual and reproductive health response became more integrated at a time when there was also task-shifting to primary health-care sites.

The evaluation showed that Zimbabwe could deliver—for the same amount of funding—more sexual and reproductive health services. Integration resulted in a 9% decrease in the average cost of delivering HIV and sexual and reproductive health services at district hospitals in Zimbabwe, and a more than 20% drop in the average cost of delivering services at primary health-care sites. In the context of universal health coverage with its focus on people-centred and integrated care, Zimbabwe's efforts to integrate not only within the HIV and sexual and reproductive health programme but also across different programmes and to put people first are essential.

From a health-care perspective, these savings resulting from the way, where and how services are delivered are critical to freeing up funds to reallocate to other areas of HIV, TB and other related health services. In this era of increased demands to do more with the available money and changing patterns of health financing, efforts such as these are more important than ever and offer a promising example to countries working to rise to the challenge.

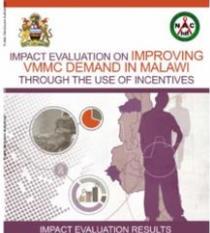
Key impacts of integration in Zimbabwe:

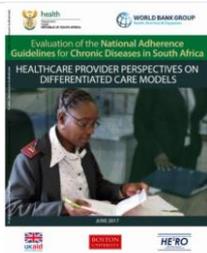
Government efforts to improve integration of HIV and sexual and reproductive health services resulted in:

- More sexual and reproductive health services delivered.
- Lower average and total costs for service delivery:
 - 9% drop in average cost at district hospitals.
 - Over 20% decline in average cost at primary health-care sites.
- Better patient satisfaction.
- No reductions in quality of services.

Source: World Bank

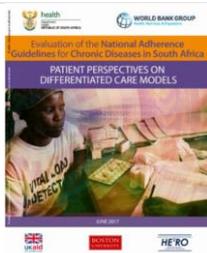
Knowledge products

 <p>The cover of the report features a photograph of a person's hands holding a smartphone. The title 'SMART LINKAGE TO CARE EVALUATION REPORT' is prominently displayed at the top. Logos for WITS RHI, the World Bank Group, and the Department of Health are visible at the bottom.</p>	<p>Smart Linkage to Care: Evaluation Report</p> <p>This report summarizes a proof-of-concept evaluation of an health intervention that aims to improve linkage of people newly diagnosed with HIV to care. The design was a randomized controlled multicentre trial enrolling consenting patient in clinics in inner-city Johannesburg. The trial developed and tested the SmartLink application, which is designed to make laboratory data directly available to patients via a secure account and send them appointment reminders and notifications on their smartphones. The report provides the key findings on telephone ownership of the target group, and which demographics can best be reached via applications and data-based communication. The application worked best in people aged under 30 years, who had their linkage to HIV care improved by 20% through the application. This younger age group is difficult to reach with traditional interventions and reacted positively to a technology solution. The unique feature of this custom-made application (sending real-time CD4/VL test data from the laboratory database to people living with HIV) is that it is highly scalable among people who use smartphones.</p>
 <p>The cover of the report features a silhouette of a person standing next to several charts and graphs. The title 'IMPACT EVALUATION ON IMPROVING VMMC DEMAND IN MALAWI THROUGH THE USE OF INCENTIVES' is at the top. Logos for the World Bank Group, the Department of Health, and the Department of Education are at the bottom.</p>	<p>Impact Evaluation on Improving Voluntary Medical Male Circumcision Demand in Malawi through the Use of Incentives</p> <p>This report presents an impact evaluation assessing the effect of incentives on improving the uptake of voluntary medical male circumcision in two districts in Malawi. The primary research question was whether incentives can increase uptake of voluntary medical male circumcision among in-school and out-of-school males aged 10–34 years. Collective incentives (e.g. whiteboards, football equipment) to schools and mothers’ groups, and individual incentives (in the form of vouchers) were tested. The evaluation found that incentives in the form of vouchers for voluntary medical male circumcision work. The vouchers had a significant positive impact on voluntary medical male circumcision demand by increasing the odds of getting circumcised by over seven times. The evaluation also found that community involvement, especially in the form of mothers’ groups, was essential to motivate young men to seek voluntary medical male circumcision. The report discusses the policy implications of this positive finding of incentives.</p>



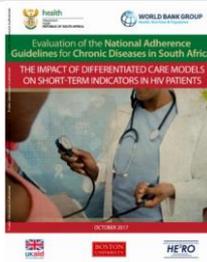
Evaluation of the National Adherence Guidelines for Chronic Diseases in South Africa: Healthcare Provider Perspectives on Different Care Models

This report presents the result of the qualitative evaluation to understand the implementation of five adherence interventions from the provider perspective in four South African provinces. The research is part of the evaluation of the new adherence guidelines for HIV, TB and other chronic diseases. The report presents the thematic analysis of the qualitative interview transcripts under each of the four questions. Emerging themes are illustrated with quotes from respondents at intervention and control clinics. The results show that providers were generally positive about all the interventions, although they had mixed comments about the direct medicine delivery and tracing and retention-in-care models. Additionally, providers' views were mixed on their perceived effectiveness of adherence clubs.



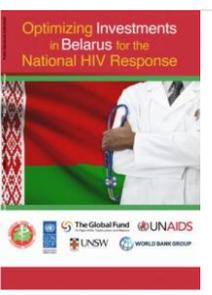
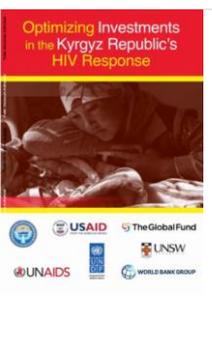
Evaluation of the National Adherence Guidelines for Chronic Diseases in South Africa: Patient Perspectives on Differentiated Care Models.

This report presents the result of the qualitative evaluation to understand the implementation of five adherence interventions from the patient perspective in four South African provinces. The research is part of the evaluation of the new adherence guidelines for HIV, TB and other chronic diseases. The report presents the triangulated qualitative and quantitative data from patient surveys and focus group discussions. The results show that from the patient perspective, each intervention has promise and supported either antiretroviral therapy initiation or adherence; however, each could be improved.



Evaluation of the National Adherence Guidelines for Chronic Diseases in South Africa: The Impact of Differentiated Care Models on Short-term Indicators in HIV Patients

This report describes the short-term outcomes of an evaluation study for five different HIV cohorts using routinely collected data. The overall aims of the evaluation are to assess the impact of South Africa's adherence guideline interventions on treatment outcomes of people living with HIV; to estimate the costs of the interventions; and to describe the cascade of care for TB, hypertension and diabetes at the same clinics. The short-term endpoints reported on concern antiretroviral therapy initiation among people eligible for FTIC; antiretroviral medicine pick-up among people eligible for AC and DMD; retention in care among people eligible for TRIC; and viral load suppression among people eligible for enhanced adherence counselling.

	<p>Ending AIDS in Johannesburg: An Analysis of the Status and Scale-up Towards HIV Treatment and Prevention Targets</p> <p>Johannesburg, 1 of South Africa’s metropolitan municipalities and 1 of the 52 health districts, has more people living with HIV than any other city worldwide, at about 600 000. This brief provides the key results of a modelling analysis estimating what it would take in terms of programmatic targets and costs for Johannesburg to meet the Fast-Track targets and demonstrate the impact that this would have.</p>
	<p>Optimizing Investments in Georgia’s HIV Response</p> <p>Georgia has a concentrated but growing HIV epidemic. Over the past decade, HIV prevalence has increased among all population groups, particularly among men who have sex with men. If current conditions (behaviours and service coverage) are sustained up to 2030, the epidemic is expected to stabilize among female sex workers.</p>
	<p>Value for Money in Ukraine’s HIV Response: Strategic Investment and Improved Efficiency</p> <p>Ukraine experiences one of the most severe HIV epidemics in Europe. An HIV allocative efficiency analysis has been carried out, which revealed there are several key opportunities to change the course of Ukraine’s HIV epidemic: Ukraine’s current HIV response already makes strategic use of available resources (around US\$ 80 million in 2013), prioritizing antiretroviral therapy and prevention programmes for people who inject drugs, men who have sex with men, and female sex workers.</p>
	<p>Optimizing Investments in Belarus for the National HIV Response</p> <p>This report summarizes the findings of an allocative efficiency analysis on Belarus’s national HIV epidemic and response conducted in 2014—2015. The report addresses core questions for resource allocation such as “How can HIV funding be optimally allocated to the combination of HIV response interventions that will yield the highest impact?” and “What level of investment is required to achieve national targets, if we allocate resources optimally?”</p>
	<p>Optimizing Investments in the Kyrgyz Republic’s HIV Response</p> <p>This report summarizes the findings of an allocative efficiency analysis on Kyrgyzstan’s national HIV epidemic and response conducted in 2014–2015. The report addresses core questions for resource allocation such as “How can HIV funding be optimally allocated to the combination of HIV response interventions that will yield the highest impact?” and “What level of investment is required to achieve national targets, if we allocate resources optimally?”</p>

Funding of Community-based Interventions for HIV Prevention

Since the start of the HIV epidemic, community responses have been at the forefront of the response. Following the extraordinary expansion of global resources, the funding of community responses rose to reach at least US\$ 690 million per year in the period 2005–2009. Since then, many civil society organizations have reported a drop in funding. Yet, the need for strong community responses is even more urgent, as shown by their role in reaching the UNAIDS Fast-Track targets. In the case of antiretroviral therapy, interventions need to be adopted by most people at risk of HIV in order to have a substantial effect on the prevention of HIV at the population level. This paper reviews the published literature on community responses, funding and effectiveness

How Should HIV Resources be Allocated? Lessons Learnt from Applying Optima HIV in 23 Countries

With limited funds available, meeting global health targets requires countries to both mobilize and prioritize their health spending. Within this context, countries have recognized the importance of allocating funds for HIV as efficiently as possible to maximize impact. Over the past 6 years, the governments of 23 countries in Africa, Asia, eastern Europe and Latin American have used the Optima HIV tool to estimate the optimal allocation of HIV resources

Assessing HIV, TB, Malaria and Childhood Immunization Supply-side Readiness in Indonesia

The Indonesian health sector is currently experiencing a financing transition that will have a profound impact on the country's efforts to achieve universal health coverage and national health goals. The transition is marked, on the one hand, by increasing per capita expenditure on health and, on the other, by declining of out-of-pocket payments and a significant reduction of external funding for health as a source of health financing. Assuming steady economic growth, Indonesia is soon projected to greatly reduce or transition from its reliance on external financing for the national AIDS, TB, malaria and childhood immunization programmes. While varying somewhat from programme to programme, the extent of financial transition required will be substantial for all four programmes.

The City of Johannesburg Can End AIDS by 2030: Modelling the Impact of Achieving the Fast-Track Targets and What it will Take to Get There

In 2014 city leaders from around the world endorsed the Paris Declaration on Fast-Track Cities, pledging to achieve the 2020 and 2030 HIV targets championed by UNAIDS. The City of Johannesburg—one of South Africa's metropolitan municipalities and also a health district—has over 600 000 people living with HIV, more than any other city worldwide. The authors estimate what it would take in terms of programmatic targets and costs for the city of Johannesburg to meet the Fast-Track targets and demonstrate the impact that this would have.

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