

# The World Bank

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



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# Achievements

## Key achievements by Strategy Result Area

### Strategy Result Area 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment

#### Innovative testing and counselling programmes

Through its analytical work, the World Bank is building evidence around innovative testing and counselling programmes. In South Africa for example, the Adherence Guideline evaluation is intended to aid decision-making on the national roll-out of interventions across the continuum of chronic care. This impact evaluation will provide much needed effectiveness data on a more efficient approach to counsel, initiate on treatment and maintain on ART the millions of people living with HIV in South Africa. By using resources better and evaluation decentralisation options for drug refill, it will contribute to a more sustainable treatment response.

#### HIV treatment cascade

Through its US\$ 11.5 billion health lending portfolio, the World Bank is funding major health system strengthening operations that aim to improve the access and the quality of services provided, including HIV testing and treatment. For example, in Nigeria, the Saving One Million Lives project aims at increasing the utilization and quality of high impact reproductive and child health interventions, including the provision of HIV/AIDS counselling and testing during antenatal care.

The Bank is also investing in fragile, conflict and violence (FCV)- affected countries, to enhance systems for access to the HIV treatment cascade. For example, in the Central African Republic, the Bank supporting increased utilization and improved quality of maternal and child health services, including HIV services, in targeted rural areas of the recipient's territory. Over 1.3 million people have been reached with basic health services under the project. The number of health facilities operating daily has reached 103. The project also provides specialized services to women victims of violence, with over 3300 reached between 2014 and 2016.

#### 90-90-90 for children and adolescents

Through its lending portfolio, the World Bank is funding major health system strengthening operations that aim at improving access to and quality of services for children and adolescents. For example, in 2016, the Bank supported projects in countries such as Nigeria, Tanzania and Zambia, where financing is provided to improve the quality of primary health

care for women and children. This includes facilitating monitoring of HIV at PHC facilities and addressing immediate as well as systemic and medium-term bottlenecks to service delivery for young children at primary care and community levels.

In 2017, the World Bank approved USD105 million equivalent in non-reimbursable grants for the Government of Mozambique's Primary Health Care Strengthening Programme-for-Results. A recent assessment of the primary health care system in Mozambique indicated that despite some improvements, the country is not yet on track to reach the health Sustainable Development Goals. In response to these and other challenges, the Government developed a five-year programme (2017-2021 - the Investment Case) focused on Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition that prioritizes the Health Sector Strategic Plan. The Investment Case programme focuses on coverage, quality, and access to essential primary health care services, including HIV services, as well as data collection improvements and monitoring, among others

### **Fast-track HIV services in high burden cities**

Through its analytical work, the World Bank is providing evidence and direct technical assistance to help countries to better target high burden cities. For example, the World Bank conducted several size estimation and programmatic mapping studies that provide key data to inform the scale up of key population programmes in cities. The studies, such as the one conducted in Cote d'Ivoire for the cities of Abidjan, Bouake and San Pedro, provide programme managers, planners and implementers with the granular level of information needed to fast-track services at city level.

In 2016, the World Bank led an allocative efficiency HIV analysis, estimating 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. The analysis showed that achieving the Fast-Track targets would require an additional 135 000 diagnoses and 232 000 people on treatment by 2020 (an increase of around 80% over 2016 treatment numbers), however it would avert 176 000 infections and 56 500 deaths by 2030. The analysis also highlighted that while the scale-up in testing and treatment programmes over this decade has been rapid, these efforts must be doubled to reach 2020 targets in Johannesburg.

### **HIV services in humanitarian emergencies**

Through its lending portfolio, the World Bank is funding health system strengthening operations that provide HIV-related services in humanitarian emergencies. For example, in Lebanon, the World Bank is funding an emergency primary healthcare restoration. The objective of the project is to restore access to essential healthcare services for poor Lebanese affected by the influx of Syrian refugees, including people living with HIV/AIDS. In the biennium 2016-2017, the World Bank scaled-up its impact on FCV-affected countries.

Through the International Development Association (IDA), the Bank has doubled its resources for FCV-affected countries to more than USD14 billion. The Bank also introduced new financing mechanisms - including USD2 billion to support refugees and host communities in addition to USD2.5 billion to spur private enterprise.

### **Medicines and commodities**

The World Bank is providing key funding resources for the improvement of supply chain management and laboratory capacities in multiple countries in Africa, through major operations such as the East Africa Health Laboratories Network project. The World Bank is also financing the strengthening of access to medicines and commodities as part of broader health projects. In Kenya for example, the Health Sector Support project aims to improve the effectiveness of planning, financing and procurement of pharmaceutical and medical supplies, including for HIV testing and ART programmes.

Starting in July 2017, IDA 18 included a three-year scaled-up commitment from the World Bank Group (WBG) to strengthen pandemic preparedness in at least 25 countries. The work has commenced with an initial focus on 11 countries, including Afghanistan, Cambodia, Ghana, Haiti, Kenya, Myanmar, Senegal, Sierra Leone, Sudan, Tanzania and Vietnam. The WBG is also working on a series of pandemic simulation exercises. Aimed at global and country policymakers, these exercises are intended to raise awareness of the threat posed by pandemics, test the systems that are currently in place, and drive increased investment for pandemic preparedness.

The WBG, with the support of Japan, Germany and the World Health Organization, has also developed the Pandemic Emergency Financing Facility (PEF), a quick-disbursing financing mechanism that provides a surge of funds to enable a rapid and effective response to a large-scale disease outbreak.

## **Strategy Result Area 2: New HIV infections among children eliminated and their mothers' health and well-being is sustained**

### **Comprehensive eMTCT services**

In 2016-2017, the World Bank funded and coordinated more than 25 Maternal and Child Health Projects across the world, to integrate PMTCT into SRH and increase the utilization of primary maternal and child health services, including for HIV/AIDS.

Through its results-based financing (RBF) programme, the World Bank has financed services to improve the uptake of antenatal and PMTCT services in several countries in Africa. For example, in Zimbabwe, the World Bank RBF grant is increasing coverage of key maternal and child health interventions, including for HIV positive mothers and children, in targeted

rural and urban districts. The total population coverage of this RBF grant is approximately 4.1 million people.

In Uganda, another voucher project is increasing access to skilled care among poor women living in rural and disadvantaged areas during pregnancy and delivery. The project will largely benefit women from low income households who, in addition to the primary reproductive health services, will get access to nutrition, PMTCT and HIV/AIDS counselling services.

### **Combination prevention**

The World Bank is providing funding to support the implementation of combination prevention in multiple countries, through HIV specific lending operations. For example, in Malawi, the Nutrition and HIV/AIDS Project tackles the most significant causes of disease burden in Malawi by focusing on implementing and scaling up the most cost-effective nutrition and HIV prevention interventions, through public sector and community delivery systems. The World Bank is also providing funding to combination prevention through its large multisectoral lending portfolio. For example, in the context of its infrastructure and transportation operations, with projects such as the Southern Africa Trade and Transport Facilitation Project (covering Botswana, Democratic Republic of Congo, Malawi, Mozambique, South Africa, Tanzania, Zambia and Zimbabwe), which incorporates financing for scale up of HIV services.

Finally, through its analytical work, the World Bank is building the evidence necessary to improve the design of combination projects, as well as providing direct technical assistance to help countries define their projects. The Bank is for example supporting studies showing the role of incentivizing VMMC demand. In Malawi, the study has initially shown the importance of national policies and programmes in changing perceptions about VMMC and creating a demand for it.

### **Youth health and education**

The World Bank provides significant funding for education, lending USD2.85 billion for education in the 2017 fiscal year. Through this large lending portfolio, the World Bank is able to support the improvement of SRH curricula, better trained teachers and increased access to primary and secondary education for girls, in particular those most at risk of acquiring HIV. For example, in Nigeria, the WBG approved an additional USD100 million for the State Education Programme Investment Project, which will contribute to the return of students—particularly girls—to schools in the North East states of Borno, Yobe, Adamawa, Bauchi, Gombe, and Taraba. Together with partners, the project will also help identify out-of-school children, especially girls, and strategize on ways to bring them into school.

Adolescent Sexual and Reproductive Health (ASRH) is one of five areas of focus of the World Bank's Reproductive Health Action Plan, which recognizes the importance of addressing

ASRH as a development issue with important implications for poverty reduction. The Bank is financing multiple health system projects and analytical products to address this issue. For example, through the GFF, Bangladesh is working across sectors to stem early marriage and early pregnancies to reduce maternal and neonatal deaths and improve the health and wellbeing of adolescents. The country directs its investments toward the education sector, to reduce drop out among female and disadvantaged students, by providing a range of support.

**Strategy Result Area 4: Tailored HIV combination prevention services are accessible for key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants**

**HIV services for key populations**

The World Bank finances comprehensive HIV prevention programmes for key populations in multiple regions. For example, in Burkina Faso the Reproductive Health Project includes a specific component targeting key populations. The additional financing provided in 2016 supports the provision of a package of health services through results-based financing (RBF) and the reinforcement of reproductive health and HIV services. It helps finance the costs associated with the expansion of ongoing piloted strategies such as community-based targeting (CBT) of the poor and community-based health insurance (CBHI) and introduces new interventions to address the needs of key population groups vulnerable to HIV and AIDS.

Through its analytical work, the World Bank is supporting countries to improve HIV resource allocations for key populations. The World Bank conducted more than 15 allocative efficiency studies in 2016-2017 in partnership with the Global Fund, the Secretariat of UNAIDS and other cosponsors. Such studies provide governments with the evidence needed to appropriately reallocate budget to key populations. The World Bank also provided direct technical assistance to scale-up HIV services for Female Sex Workers, supporting countries in size estimations and programmatic mapping of Female Sex Worker.

**Harm reduction package for people who inject drugs**

The World Bank is providing financing to comprehensive harm reduction services for people who inject drugs through its lending operations. In India for example, the World Bank is providing ongoing funding to the National AIDS Control Support, to increase safe behaviours among high risk groups and ensure the procurement of oral substitution therapy (OST) drugs. The Bank is also financing a comprehensive HIV programme for People who inject drugs in Cebu in the Philippines and in Vietnam, including NSP and MMT programmes.



The World Bank is additionally providing key evidence through its analytical work for the design of effective and sustainable harm reduction policies. The World Bank has supported several studies investigating the cost-effectiveness and impact of harm reduction services for People who inject drugs. In the biennium 2016-2017, the World Bank finalized and further disseminated several studies, such as a study on the differences in drug relapse rates between compulsory drug detention centre-based treatment and voluntary drug treatment centres and a study on the Return on investment and cost-effectiveness of harm reduction program in Malaysia. The evaluation report generated evidence that opioid-dependent persons in CDDCs relapse to opioid use markedly faster than those treated with evidence-based treatments like methadone under the Care and Cure (C&C) approach, suggesting CDDCs have little role in the treatment of opioid use disorders.

### **Gender equality**

In the biennium 2016-2017, the Bank Group implemented its new Gender Equality Strategy 2016-2023, following consultations with more than 1000 stakeholders in 22 countries. The new strategy addresses key constraints that are central to the HIV response, such as the inadequate investment in and prioritization of care services, including HIV prevention and treatment services, across the life cycle, from early childhood to old age. The majority of the World Bank operations now take gender equality into account in analysis, content, and monitoring and evaluation of our work. This translates into financing for multiple targeted actions through World Bank operations, for example in Uganda where the World Bank is financing a project to improve women and adolescent girls' empowerment and their access to quality reproductive, child and maternal health services including HIV services.

The World Bank, in partnership with the UNAIDS secretariat and co-sponsors, also regularly provides technical assistance to help governments improve their national AIDS strategic plans. Gender is a fully integrated focus of this technical assistance. For example, the World Bank has financed and conducted studies in several African countries to examine social drivers of transmission in young women, including a trial of different incentives (conditional and unconditional cash transfers, and/or a lottery system) provided to adolescent girls and their families to determine the impact on retention in school and risk of HIV infection. Finally, technical assistance provided through its Female Sex Worker programme in West and Central Africa helps bring focus and resources to female sex workers, a group traditionally underserved in HIV/AIDS Programs.

### **Gender-based violence**

The World Bank contributes directly to GBV prevention programmes through operations such as the Great Lakes Emergency Sexual and Gender Based Violence & Women's Health Project. The WBG Executive Directors approved USD107 million in financial grants to

Burundi, the Democratic Republic of Congo (DRC) and Rwanda to provide integrated health and counselling services, legal aid, and economic opportunities to survivors of sexual and gender-based violence (SGBV). The World Bank also help countries address GBV in their HIV strategies through the Umbrella Facility for Gender Equality (UFGE), which is a multi-donor trust fund dedicated to strengthening awareness, knowledge and capacity for gender-informed policy-making. In 2016-2017, the UFGE supported more than 70 activities in over 50 countries.

## **Strategy Result Area 7: AIDS response is fully funded and efficiently implemented based on reliable strategic information**

### **Sustainability, efficiency, effectiveness and transitions**

The World Bank is putting a strong emphasis on the issues of sustainability, efficiency and effectiveness of the AIDS response as it recognizes that funding landscape has dramatically shifted in recent years. In order to help governments finance program, scale up with limited resources, and support countries transition from international financing to a bigger share of domestic financing, the World Bank is spearheading a major work program on improving HIV allocative efficiency and sustainability.

In the biennium 2016-2017, the World Bank was working on more than 15 allocative efficiency studies across the 6 regions, at different stages of completion. This included a rapid analysis of ARV prices in Bulgaria as well as an analysis of implementation and allocative efficiency of programmes for people who inject drugs were conducted. In the West and Central Africa region, the World Bank completed 3 allocative efficiency studies in Cote d'Ivoire, Cameroon and Togo, underlying the need for additional efforts to close the significant treatment gap in the region, and stressing the need for continued investment on key population prevention and treatment programs.

### **Technology and service delivery innovations**

Through its analytical work, the World Bank is also regularly providing additional evidence for the use of innovative tools and approach in the HIV response. In Malawi, the World Bank is supporting the Ministry of Health and the National HIV/AIDS Commission to undertake a Human Resources for Health analysis that will look at staffing profiles and productivity using the WHO Index of Staffing Needs (WISN) at facility and community level. As part of the ART adherence study conducted in South Africa, the evaluation tests several service delivery modalities for decentralized medication provision - Adherence Clubs (as an efficient mechanism for ART clients' drug refill), the Central Chronic Medicine Dispensing and Distribution scheme, and the Central Dispensing Unit scheme.

In partnership with the Secretariat and other cosponsors, the World Bank conducted several studies in 2016-2017 that provided additional evidence for the use of innovative tools and approach in the HIV response. Such studies include the evaluation of a smartphone app in a randomized controlled trial conducted by the Bank in urban Johannesburg.

## **Strategy Result Area 8: People-centred HIV and health services are integrated in the context of stronger systems for health**

### **Decentralization and integration**

As part of its overall Health strategy, the World Bank provides financing, state-of-the-art analysis, and policy advice to help countries expand access to quality, affordable health care. Typical projects financed by the World Bank in the biennium 2016-2017 include for example a project in Ghana that aim at improving the utilization of maternal, child health and nutrition services at the primary level of care in target regions. The immediate beneficiaries of such a project are women and children dependent on primary health services, in particular pregnant women and children under five, for whom HIV testing is promoted and available as well as PMTCT.

Recognizing that the path to UHC is specific to each country, the World Bank strategy includes promoting UHC and supporting developing countries' efforts to provide quality, affordable health care to everyone, regardless of their ability to pay, reducing financial risks associated with ill health, and increasing equity. In 2016, the World Bank finalized and disseminated a series of 4 country studies "HIV/AIDS and Universal Coverage Financing In Africa: Policy Options For Results And Sustainability".

### **HIV sensitive social protection**

In September 2017, the World Bank Group's annual lending on social protection programmes reached USD13.5 billion (USD8.4 billion lending in IDA countries), targeting the world's poorest. These resources support safety net programmes, including cash transfers, public works, and school feeding programmes in more than 70 countries. Examples of projects conducted by the Bank in 2016 and 2017 include the Swaziland Health, HIV/AIDS and TB Project, which aims to increase social safety net access for OVC and a World Bank-supported cash transfer programme in Mexico, which provides monthly payments to families that send their children to school, meet vaccination requirements, and utilize health services.



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