HIV/AIDS Business Plan
South Asia FY04-FY06

SASHD
November 2003
SASHD Business Plan
Goals FY04-06

Goal 1
Catalyze countries in SAR to improve and accelerate response to HIV/AIDS

Goal 2
Support countries in their efforts to prevent the spread of HIV-AIDS in the SAR

Goal 3
Support countries in offering affordable treatment and care to people living with HIV-AIDS that maximizes effectiveness and minimizes transmission
HIV/AIDS Epidemic in the South Asia Region (SAR) Global Comparison

There are approximately 6 million people with HIV/AIDS in the region. Despite low regional prevalence rates, due to its immense population, Asia has the 2nd largest number of newly infected HIV cases per year in the world.

**Adult HIV-AIDS Prevalence Rate (2002)**

- **SAR and SEA**: 0.60%
- **Caribbean**: 2.40%
- **LAC**: 0.60%
- **ECA**: 0.60%
- **North America**: 0.60%
- **MENA**: 0.30%
- **Western Europe**: 0.30%
- **EAP**: 0.10%
- **Aust & NZ**: 0.10%
- **Global Avg**: 1.20%

**Newly HIV Infected Adults and Children per Year - By Region in Thousands (2001)**

- **Africa**: 68% - 3,500
- **Rest of the World**: 32% - 1,589

Number of adults and children living with HIV/AIDS in SAR and SEA: 6,000,000 (2002)

HIV/AIDS prevalence rates remain relatively low among the adult population in all countries of the South Asia Region.

### HIV/AIDS Prevalence Among Adults (15–49) %

- **India**: 0.8%
- **Nepal**: 0.5%
- **Pakistan**: 0.1%
- **Maldives**: 0.1%
- **Sri Lanka**: < 0.01%
- **Bangladesh**: < 0.01%
- **Bhutan**: < 0.01%

Source: UNAIDS/WHO Epi Fact Sheet: Update November 2003
HIV/AIDS Population Distribution
State of the Epidemic

The intra and inter-country variation is significant. Six states in India have generalized epidemic (28% of India pop.), and Nepal and other 3 states/territories in India have concentrated epidemics.


- **Generalized**
  - Maharashtra
  - Andhra Pradesh
  - Karnataka
  - Tamil Nadu
  - Manipur
  - Nagaland

- **Concentrated**
  - Goa
  - Gujarat
  - Pondicherry

- **Low/Moderate**
  - India-low
  - India-moderate

- **Low**
  - Maldives
  - Pakistan
  - Bangladesh
  - Bhutan

- **Prevalence in General Population**
  - High
  - Low/Moderate
  - Low

- **Prevalence in at Least One High-Risk Group**
  - Low
  - High

- Generalized: Greater than 1% among women attending ante-natal clinics
- Concentrated: Greater than 5% among STD patients and other risk groups (sex workers, injecting drug users)
- Moderate: Greater than 1% and less than 5% among STD patients and other risk groups
- Low: Below 1% among STD patients and other risk groups

Source: NACO Sentinel Surveillance Data 2002
Many high risk subpopulations in the region are already greatly affected by epidemic.

Estimates of HIV Seroprevalence
Among Sex Workers

- Nepal (2000): 17.3%
- Mumbai (2002): 54.5%

Estimates of HIV Seroprevalence
Among Injecting Drug Users

- Nepal (2002): 68%
- Bangladesh (2002): 1.7%
- Manipur (2002): 39.0%
- Delhi (2002): 7.2%

Source: NACO Sentinel Surveillance 2002; Global Fund Country Proposals (Bangladesh and Nepal)
HIV/AIDS and SAR
Risk and Vulnerability Factors

South Asia countries have many biological, socio-cultural, and economic factors that could further fuel the epidemic. These factors need to be tackled by various sectors, including health and education, in collaboration with each other.

Main HIV/AIDS Risk and Vulnerability Factors in SAR

**Socio-economic Factors**

- Organized commercial sex and casual sex with non-regular partners
  - 8 to 29% of all adult male population in India reported having paid for sex
  - In 4 southern states in India there are approximately 869,000 to 1,037,000 CSW

- Illicit drug trade and injecting drug use

- Migration of male populations
  - Approximately 10 million people in India migrate per year (rural to urban migration and intra-state migration)

- Trafficking of women and girls into prostitution

- More than 35% of population below poverty line

**Socio-cultural Factors**

- Male resistance to condom use

- Low status of women, leading to inability to negotiate safe sex

- Taboos to discuss openly about sex and sexuality

**Biological Factors**

- High prevalence of STDs
  - India average prevalence rate is 4.2%
Prevalence of risk behaviors is significant in the region. For one, the percentage of condom use during commercial sex varies significantly across the region.

Percentage of Condom Use with All Recent Paid Sex Encounters (Reported by Clients of Sex Workers)

Source: What Drives HIV in Asia} FHI, USAID, Impact, DfID
Projected HIV-AIDS

Optimistic projections for the region indicate that prevalence rates can reach 4% in the adult population in 30 years if nothing more is done. This would translate into more than 35 million people infected by the virus in 2033, representing enormous human and economic losses for the region.

Projection of the HIV/AIDS Epidemic for the South Asia Region

- Many HIV/AIDS experts believe India to achieve at least 4% of HIV prevalence rates in the adult population if nothing more is done.
- These predictions would be translated in more than 35 million people infected by HIV/AIDS in India alone by the same year.
- It is likely that what is being observed in India can take place in the other South Asian countries.
- The human and economic costs would be enormous:
  - Productivity loss due to impact on the workforce
  - Orphanhood
Bank Response
HIV/AIDS Lending Operations in SAR (IDA Grant and Credit)

The Bank has significantly increased its resources to the region, totaling US$380 million dollars. The Bank support started with one HIV/AIDS free standing project for India and components in health projects in 3 countries. It has now four free standing projects and has provided grant financing.

Cumulative HIV/AIDS HNP Lending Funds Disbursed or Committed (1992 to 2004)
HIV/AIDS and SAR
Donor Landscape

*Other donors also have increased resources flowing into the region. In addition to the bilateral donors and UN partners, the Gates Foundation and the Global Fund have joined the fight against HIV/AIDS in South Asia.*

**Allocated Resources (2003)**

- Since early 90\(^{\circ}\), the Bank has been the major financier of HIV/AIDS programs in SAR
- USAID and DfID have been engaged in the region for 15 years as well.
- UN agencies have been instrumental in providing technical assistance to governments
- In 2002, Gates and the Global Fund joined the fight in the region with significant resources

<table>
<thead>
<tr>
<th><strong>Main Focus by External Agencies in SAR</strong></th>
<th>Prevention</th>
<th>Surveillance M&amp;E</th>
<th>Treatment &amp; Care</th>
<th>R&amp;D</th>
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<tr>
<td>Gates (India)</td>
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<tr>
<td>Global Fund (Bangladesh, India, Nepal, Pakistan)</td>
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<td>USAID (Bangladesh, India, Nepal, Sri Lanka)</td>
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<td>CIDA (India Bangladesh)</td>
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<td>DfID (India Sri Lanka)</td>
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<td>World Bank (Bangladesh, Bhutan, India, Pakistan, Sri Lanka)</td>
<td>a</td>
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<td>a (Home base care and treatment of OIs)</td>
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HIV/AIDS and SAR
Bank's Comparative Advantage

As a result of increased level of resources and changes in the donor landscape, it is even more important to ensure that the Bank contribute to this fight by focusing on its comparative advantage and strengthening donor coordination.

**Bank's Comparative Advantage in Fighting HIV/AIDS**

- Mobilizing resources
- Linking HIV/AIDS prevention and care to health sector reforms and health systems development
- Linking HIV/AIDS into Bank support for sectors other than health through lending operations (roads, education, PREM, and rural development)
- Convening power across high level policy makers in different sectors and regional levels
- Conducting strategic economic and analytic work
- Improving management of the national programs and other existing institutions
  - Helping clients with planning
  - Helping clients move from strategy to implementation
- Strengthening monitoring and evaluation systems
- Bringing world wide experience to assist clients in implementing and understanding effective interventions
Doing Business FY04-06
HIV/AIDS Current and Potential Lending Operations in SAR (Grant and Credit)


Nepal (SWAP)

Bhutan $6MM (FY04)

Bangladesh (SWAP)

India

Pakistan*: Surveillance is financed by CIDA in Pakistan; ** Surveillance is being financed by USAID in Bangladesh

Source: (1) Integrated Controller System, The World Bank; (2) Interviews with TTL

Note: * Surveillance is financed by CIDA in Pakistan; ** Surveillance is being financed by USAID in Bangladesh

Scale Up Resource Mobilization and Strengthen Lending Instruments Utilization
Lending Operations

- Scale up HIV/AIDS response (prevention, surveillance and M&E, and care)
- Invest in structuring and transmission-minimizing treatment
- Implement performance-based disbursements
- Strengthen implementation through use of simplified procedures
- Follow good practices, based on lessons learned from African MAPs, and other instruments and approaches
Supervision of Ongoing Projects

- Strengthen support for existing lending operations
  - Use simplified procurement procedures
  - Establish regional network for technical resources
  - Increase supervision budgets
  - Share experiences within and outside the region
  - Cross-state supervision and cross-country supervision
  - Use Bank resources (Global AIDS Unit, WBI, DEC, etc) to bring added technical value to the clients
  - Designate senior HIV/AIDS expert to provide general support on policy and advocacy

Strengthen Management Processes and Incorporate Lessons Learned
Doing Business FY04-06  
AAA and Capacity Building

AAA

- Analysis of treatment options (ART) (Nepal and Sri Lanka)
- Evaluation of alternative prevention strategies (Bangladesh and Pakistan)
- AIDS public expenditure tracking surveys (India)
- AIDS Strategy (India)
- Situational analysis (Maldives and Afghanistan)

Capacity Building

- Optimizing of the Allocation of Resources for Prevention (Regional)
- Strengthening Multisectoral Approaches (Bhutan, Sri Lanka, Pakistan)
- HIV/AIDS Strategic Information Systems: Surveillance and M&E (Regional)

Leverage Bank’s Comparative Advantages in Analytic Work and Capacity Building
Focus on Strengthening Partnerships with Donors and Internal Collaboration
Doing Business FY04-06
Where do we want to be in three years

Outcomes
- Support in all countries in SAR through lending/IDA grants, AAA, capacity building, and/or policy dialogue intensified and expanded

Outputs
- Lending (credit and grant)
  - National programs India, Bangladesh, Bhutan, Sri Lanka, and Pakistan strengthened and expanded with IDA credit and grant
  - Supervision of programs improved through development of regional network of technical resources

- AAA
  - Policy dialogue initiated in Afghanistan and Maldives
  - Treatment options and plan developed in Sri Lanka and Nepal

- Capacity Building
  - HIV/AIDS prevention incorporated into education and road sectors operations
  - Second generation surveillance and M&E systems developed in all countries

- Donor Coordination
  - Partnership with Global Fund and the Gates established
  - Bank[c] collaboration with UN partners strengthened