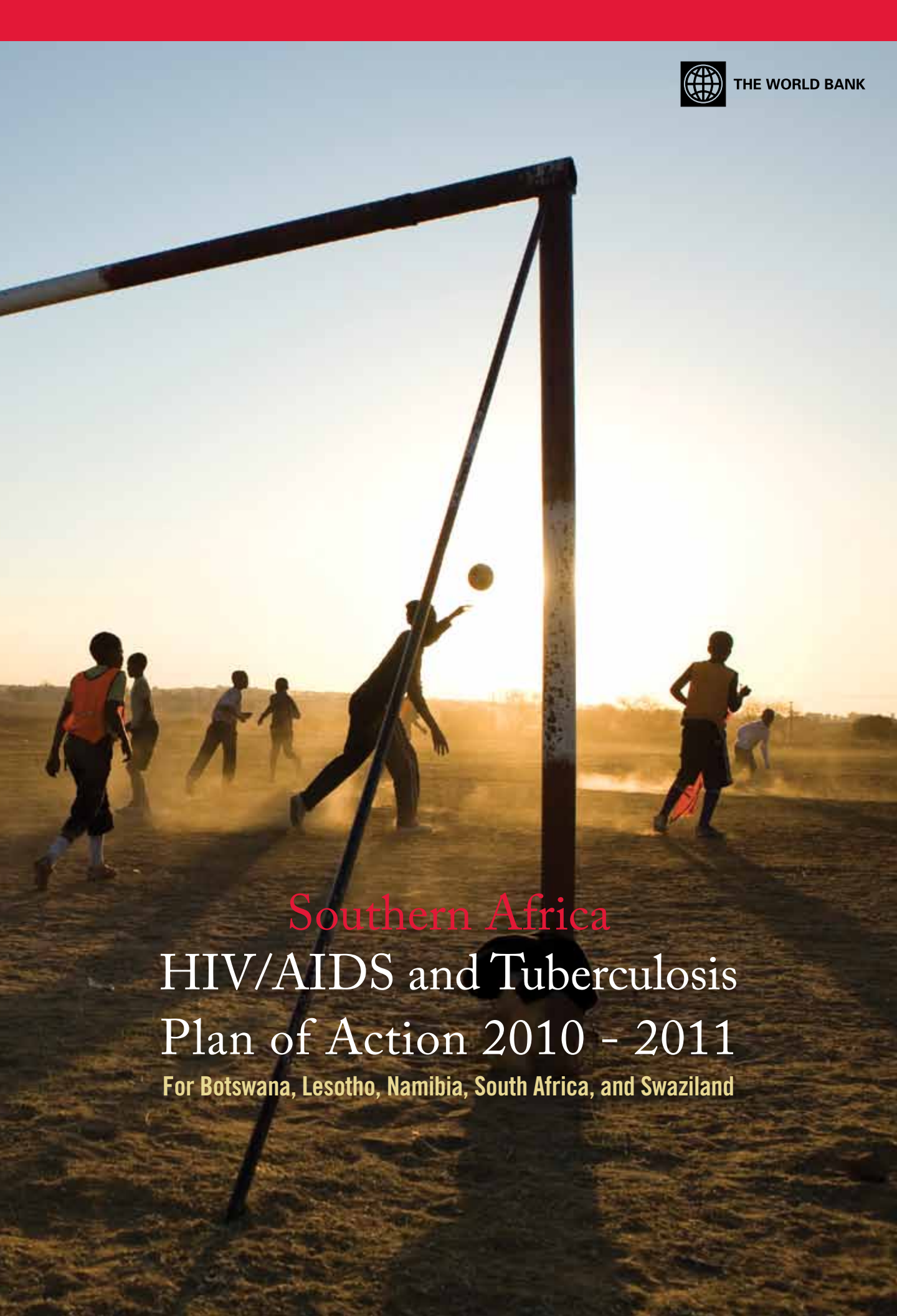




THE WORLD BANK



*Southern Africa*

# HIV/AIDS and Tuberculosis Plan of Action 2010 - 2011

For Botswana, Lesotho, Namibia, South Africa, and Swaziland



The five countries that comprise Southern African Customs Union (SACU)—Botswana, Lesotho, Namibia, South Africa, and Swaziland—are among the countries most heavily impacted by HIV/AIDS and tuberculosis (TB). Unlike most of the rest of Sub-Saharan Africa, four of the five cannot access the World Bank’s International Development Association (IDA) zero-interest loans or grants, due to their classification as IBRD (International Bank for Reconstruction and Development). Lesotho is a lower middle-income country and is IDA-eligible. For years, the Bank has found ways to respond favorably to requests for assistance from all five countries.

The two-year SACU HIV-TB Action Plan described herein represents the World Bank’s commitment to responding to the sub-region’s need for innovative analytical, financial, and technical support. The World Bank is working with the SACU countries and development partners to ensure that HIV and TB are addressed as the important obstacles to development that they are. This plan complements the World Bank Africa Region’s HIV/AIDS Agenda for Action and aligns with the Bank’s Africa Action Plan.

## Southern Africa Remains the Epicenter of the Global HIV/AIDS Pandemic

Home to a staggering 20 percent of the world’s people living with HIV/AIDS, the SACU countries have the highest HIV incidence and prevalence in the world, with prevalence ranging from 15 to 26 percent of adults 15–49 years of

age. In 2007, with only 1 percent of the world’s population, these countries accounted for 32 percent of all new HIV infections. The five SACU states are also among the six countries with the highest TB incidence, ranging

from 640 new cases per 100,000 people annually in Lesotho, to 1,200 cases per 100,000 annually in Swaziland (Kaiser Family Foundation 2008).

Country-Specific HIV and TB Estimates					
Country	Adult <sup>a</sup> HIV prevalence rate (%) <sup>1</sup>	Number of adults and children living with HIV <sup>1</sup>	Among those over age 15 living with HIV, proportion that are women (%) <sup>1</sup>	Proportion of TB patients tested for HIV <sup>b</sup> that are HIV+ (%) <sup>2</sup>	New TB cases per year <sup>2</sup>
<b>Botswana</b>	24	300,000	61	67	13,761
<b>Lesotho</b>	23	270,000	58	76	12,782
<b>Namibia</b>	15	200,000	61	59	15,905
<b>South Africa</b>	18	5,700,000	59	64	460,000
<b>Swaziland</b>	26	190,000	59	74	13,674

<sup>1</sup> UNAIDS 2008

<sup>2</sup> TB data compiled from *Global Tuberculosis Control: Surveillance, Planning, Financing: WHO Report 2008*, [http://www.who.int/tb/publications/global\\_report/2008/en/](http://www.who.int/tb/publications/global_report/2008/en/)

Notes: a. Adult = ages 15-49 years

b. Only 37% of all TB patients were test for HIV.



**We cannot talk about more inclusive and sustainable development in Africa without also committing to the long-term battle against AIDS, the largest single cause of premature death on the continent.**

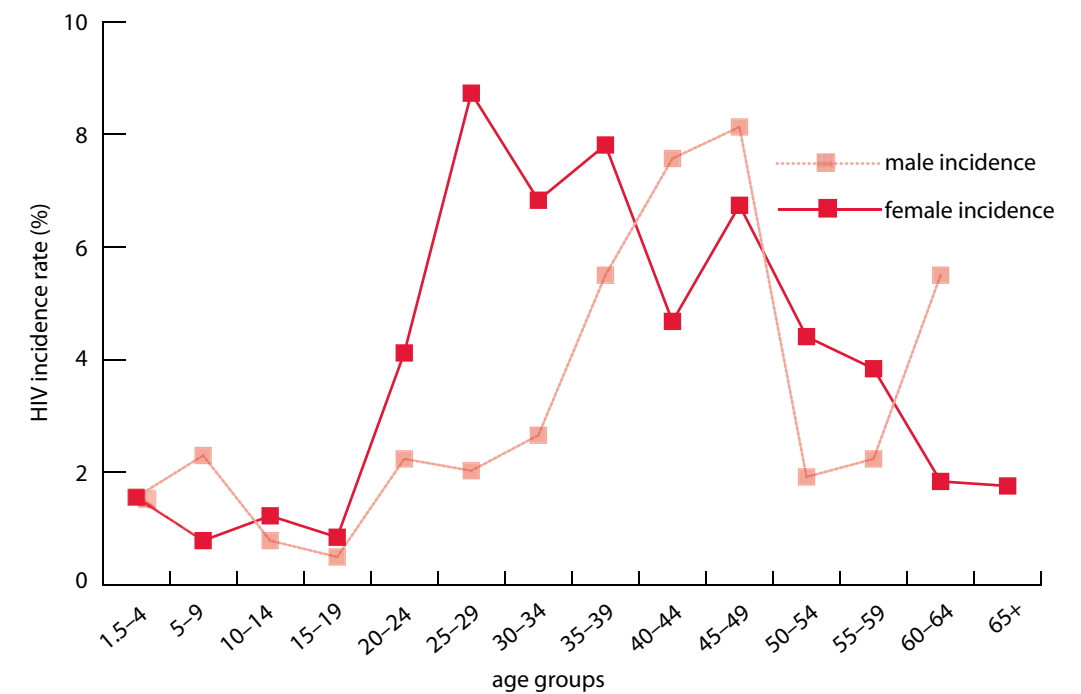
World Bank Group President Robert B. Zoellick

**The costs to society are large and cross-cutting**

The impact of HIV/AIDS in these countries is evident in all economic sectors and in households in nearly every community. AIDS-related expenses and loss of income result in severe deprivation, especially in poor households. Women are disproportionately af-

ected, adding to the devastating effect on households. Responding to the epidemic has major fiscal implications and has diverted resources from other development needs, including and especially general health care.

**Estimated HIV incidence in Botswana, 2008**



Source: Botswana AIDS Impact Survey III (BAIS III), 2008, [www.cso.gov.bw](http://www.cso.gov.bw)



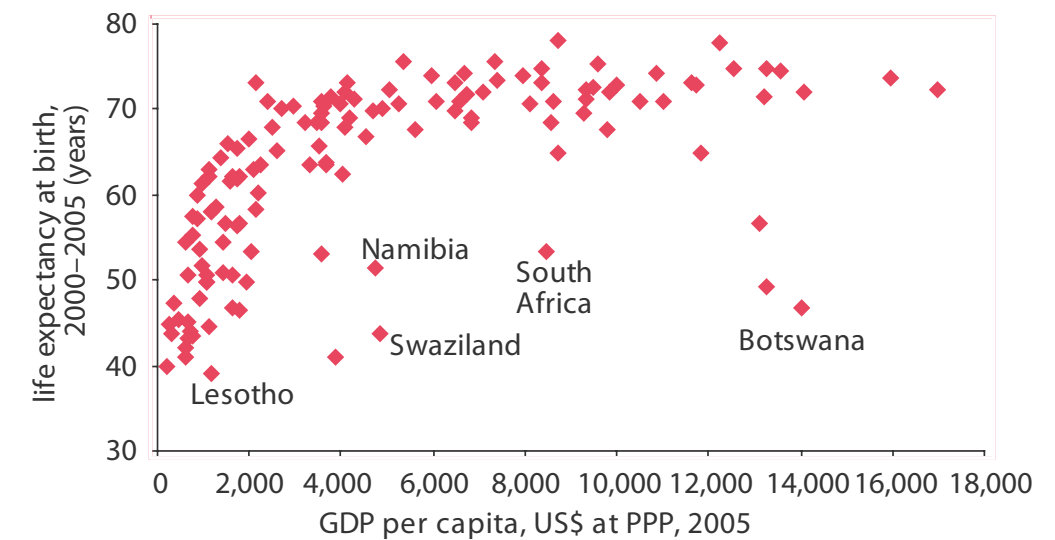
**More than 1.7 million children in the SACU countries have lost one or both parents to HIV/AIDS.**

**Worldwide, TB is the leading cause of death among HIV-positive people.**

In the five SACU countries, life expectancy declined from 60 years in 1990 to an average of 51 years in 2007 (World Development Indicators, World Bank), reversing previous gains and contradicting the pattern typically seen in middle-income countries. AIDS-related illnesses primarily kill adults in their most socially and economically productive years, leaving behind orphaned children and the elderly.

South Africa alone had an estimated 1.4 million orphans as a result of AIDS in 2007 (UNAIDS 2008). These children are at exceptionally high risk of problems from which they might never fully recover, such as homelessness, lack of parental guidance, poor health, inadequate education, and crime. All of these can translate into lower lifetime earnings and reduced investment in the children they eventually bear.

**GNP per Capita and Life Expectancy, 134 Low- and Middle-Income Countries**



Source: IMF, World Economic Outlook Database (2008) and United Nations Population Division (2007)  
Note: PPP = Purchasing power parity



**Private companies have implemented prevention and treatment programs that reach out to employees, families, and communities.**

## Important Progress Has Been Made But Challenges Remain

### **Funding, access to treatment and prevention of mother-to-child transmission have greatly increased**

Twenty-five years of responding to the HIV epidemic have seen an unprecedented mobilization of resources and advances in knowledge and technology. Governments, private companies, civil society, and public-private partnerships all have made essential contributions to successes. The response is now at a critical crossroads.

HIV prevalence in the SACU countries appears to have stabilized, though at extraordinarily high levels (UNAIDS 2008). By end-2007 access to antiretroviral therapy through the five national programs, for over 700,000 people living with HIV, had saved lives, restored health, and improved quality of life. Botswana and Namibia have reached over 80 percent of those who need treatment, and Swaziland has increased coverage to 67 percent. All five countries have made progress in preventing mother-to-child transmission of HIV.

### **Preventing the spread of HIV and TB and sustaining services for those affected remain critical challenges**

HIV prevention has not kept pace with access to treatment. Reducing the volume of new cases is essential for making treatment affordable long-term and requires more effective approaches to changing behavior. Every year, 100,000 more people living with HIV need care and support. This requires balancing prevention and treatment and investing in a combination of interventions to tackle the social and structural drivers of the epidemic.

The sustainability of treatment programs also depends on funding and efficient systems (including but not limited to health systems) to deliver services and measure impact. This means skilled staff, good coordination, collaboration between communities and the private sector, and the efficient use of available human, financial, and technical resources. The need to better and more quickly integrate HIV and TB services adds to the challenges, and the spread of drug-resistant TB threatens investments and lives.



*Gone Rural (Swaziland), setting up a stand at the 2004 Development Marketplace in South Africa where all five SACU countries participated in a competition for small grants on HIV/AIDS. Gone Rural helps more than 800 women support themselves, selling their crafts around the globe.*



SACU countries see analytical support and technical assistance as the most important Bank contributions to national and regional HIV and TB programs.

## The SACU HIV-TB

### Action Plan Expands and Establishes a Framework for the World Bank's Response

Even with constrained resources and limited financing options, the Bank has played an important strategic role in the sub-region, providing timely, high-quality analyses and technical assistance. Building on that support, the SACU HIV-TB Action Plan provides a mechanism for the SACU countries and the Bank to jointly identify areas where the Bank can add real value. The plan acknowledges the role the Bank can play in integrating HIV and TB into health systems strengthening. It capitalizes on broad international and sub-regional knowledge and experience and seeks to help the countries address the HIV-TB co-epidemic in a coordinated fashion.

In line with the Agenda for Action, the action plan delineates ways to support the **southern African middle-income countries in reaching MDG 6 (reversing HIV and TB by 2015) through:**

- Strengthening long-term, prioritized, and sustainable national HIV/AIDS and TB responses;
- Building stronger national systems to manage the response effectively and efficiently; and
- Improving coordination and donor harmonization.

**The Action Plan emphasizes analytical work, technical support, and innovative financing to fill gaps**

The Bank provides strategic advice to help countries make their programs more efficient and effective. The Bank approach applies a combination of products to address financial sustainability and explores innovative financing. The Bank is focusing its support on systems strengthening, mainstreaming HIV and TB activities into key sectors, regional integration, knowledge generation and sharing, capacity building, and partnerships.



During the learning event at the Development Marketplace, participants had a chance to exchange knowledge about financial management and monitoring and evaluation.



While women make up just over 50 percent of the population, they account for almost 60 percent of HIV infections in this sub-region.

**HIV-TB co-infection is a deadly mix. The need to address both requires global attention.**

**Analytical work on the efficiency, effectiveness, and fiscal sustainability of government programs**

Analytical studies undertaken by the Bank will help countries use new evidence to make prevention more effective and will contribute to policy making. Specific topics include:

- **Fiscal implications of scaling up HIV and TB efforts.** Countries have allocated substantial resources for treatment. They are concerned about reduced donor funding, the impact on health sector budgets, and the rising number of people needing treatment. Analyses would present implications of various policy options.
- **Impact evaluation** to measure program and intervention effectiveness.
- **Cross-border spread of HIV and TB via the mining and transport sectors**—to review and distill evidence on the impact of the co-epidemic and stimulate dialogue on coordinated approaches to risk reduction.

- **Improving the targeting and effectiveness of prevention efforts**—to identify the best ways to change or mitigate the behaviors that cause most new infections.
- **HIV and disabilities**—to increase understanding of the challenges facing people with disabilities and to facilitate national policy dialogue.
- **The impact of HIV and TB on social safety nets in selected SACU countries.**

Working with partners, the Bank also can contribute to the analysis of a range of other issues (such as labor policy, gender, fiduciary management, and regional pooled procurement) to help countries consider the implications of their national HIV and TB responses and options.



**In the SACU countries, life expectancy declined from an average of 60 years in 1990 to 51 years in 2007.**

**Any new funding will be at the request of countries to close gaps they cannot fill.**

**Technical assistance to improve prevention**

Technical support will focus on improving prevention efforts, Monitoring and Evaluation, governance, and meeting the needs of neglected vulnerable populations. The Bank will assist countries to:

- Develop national action plans for evidence-based interventions for targeting neglected populations,
- Reduce stigma associated with HIV and TB,
- Develop more accurate ways of measuring behavior and behavior change,
- Build decentralized M&E systems,
- Evaluate impact, and
- Assess institutional effectiveness, including coordination and management mechanisms.

**Financing through lending operations, grants, and mainstreaming HIV and TB**

Any new funding for HIV and TB will be at the request of countries to help close gaps they and other donors cannot fill. Several options will be explored including:

- Innovative financing mechanisms, such as buy-downs and parallel financing for IBRD countries
- Results-based financing
- Creating priority categories for HIV-TB funding in special mechanisms such as the Institutional Development Fund (IDF) or trust funds
- Establishing a multi-donor trust fund for SACU HIV-TB support

Most Bank-funded projects in the transport, energy, water, and education sectors in the sub-region have an HIV/AIDS component. The Bank and countries will continue to seek opportunities to mainstream HIV and TB interventions.



**Technical support will focus on improving prevention efforts, M&E, governance, and meeting the needs of neglected vulnerable populations.**



The SACU HIV-TB Action Plan seeks to strengthen the long-term, prioritized, sustainable response; build stronger national systems to manage the response effectively and efficiently; and strengthen coordination.

**Regional activities to promote cross-country learning and capacity building**

Regional activities will promote cross-country learning and capacity building within and beyond SACU. The smaller SACU countries face many similar challenges and have opportunities for productive cross-fertilization. The Bank also seeks to expand its collaboration with the Southern Africa Development Community (SADC) Secretariat, especially for funding sustainability at this time of global economic uncertainty. SACU countries will continue to benefit from the Bank's knowledge-sharing activities, including a "development dialogue" series and training activities.

**Collaborating with partners in the sub-region to make the money work**

The Bank has strengthened its dialogue with governments, donors, and other development partners in the sub-region and is well-positioned to assist in making available funds work better. Stronger linkages with partners within and between SACU countries will focus on pooling technical and financial resources and taking best advantage of each development agency's comparative strengths. The action plan seeks to complement and build on work already underway.

The Bank will continue to explore options for working with the nongovernment sector, including public-private partnerships and research entities. As part of this, positive relationships with corporations will be expanded. Civil society is a major driving force in providing services and promoting behavior change at the grassroots level and is an important partner in this action plan. The Bank also will continue to support *Champions for an HIV-Free Generation*, launched to advocate for and support high-level government commitment and engagement on HIV/AIDS.



International jury interviewing one of the 24 winners of the Development Marketplace HIV/AIDS small grant competition for the SACU countries.

**To make the money work better countries must know how much money there is and how it is being spent.**



Nearly **one in five** adults in the sub-region is HIV positive.

The SACU HIV-TB Action Plan seeks to respond with flexibility and innovation to the needs of the most economically advanced yet HIV-TB challenged part of Sub-Saharan Africa. The full action plan can be found at <http://www.worldbank.org/afr/aids>.

For a link to the Bank's Africa Action Plan, visit <http://go.worldbank.org/97EL6N8070>.

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