World Bank Support for Achieving Voluntary Medical Male Circumcision Targets

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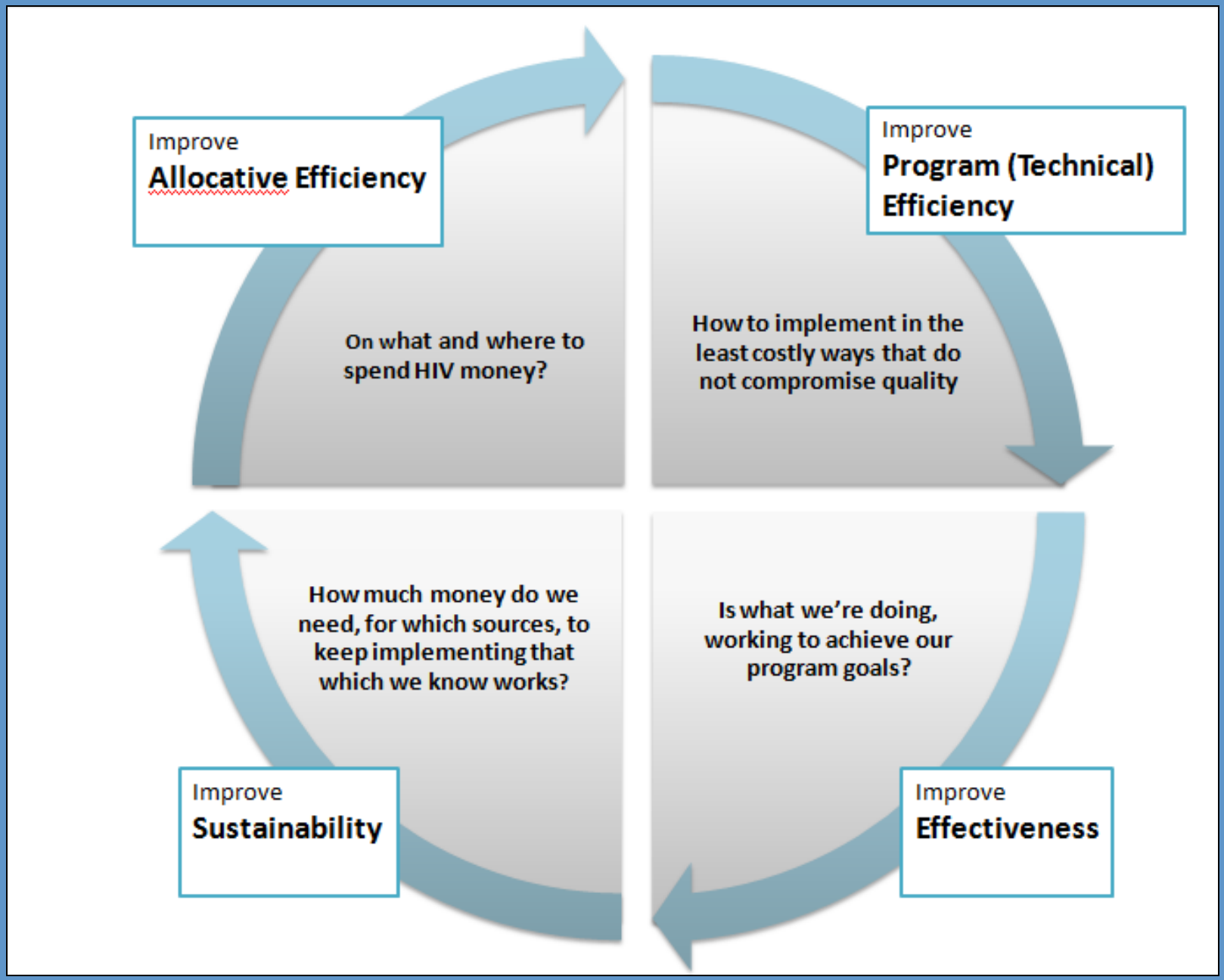
AIDS and the World Bank: IMPROVING THE EFFICIENCY AND EFFECTIVENESS OF AIDS SPENDING



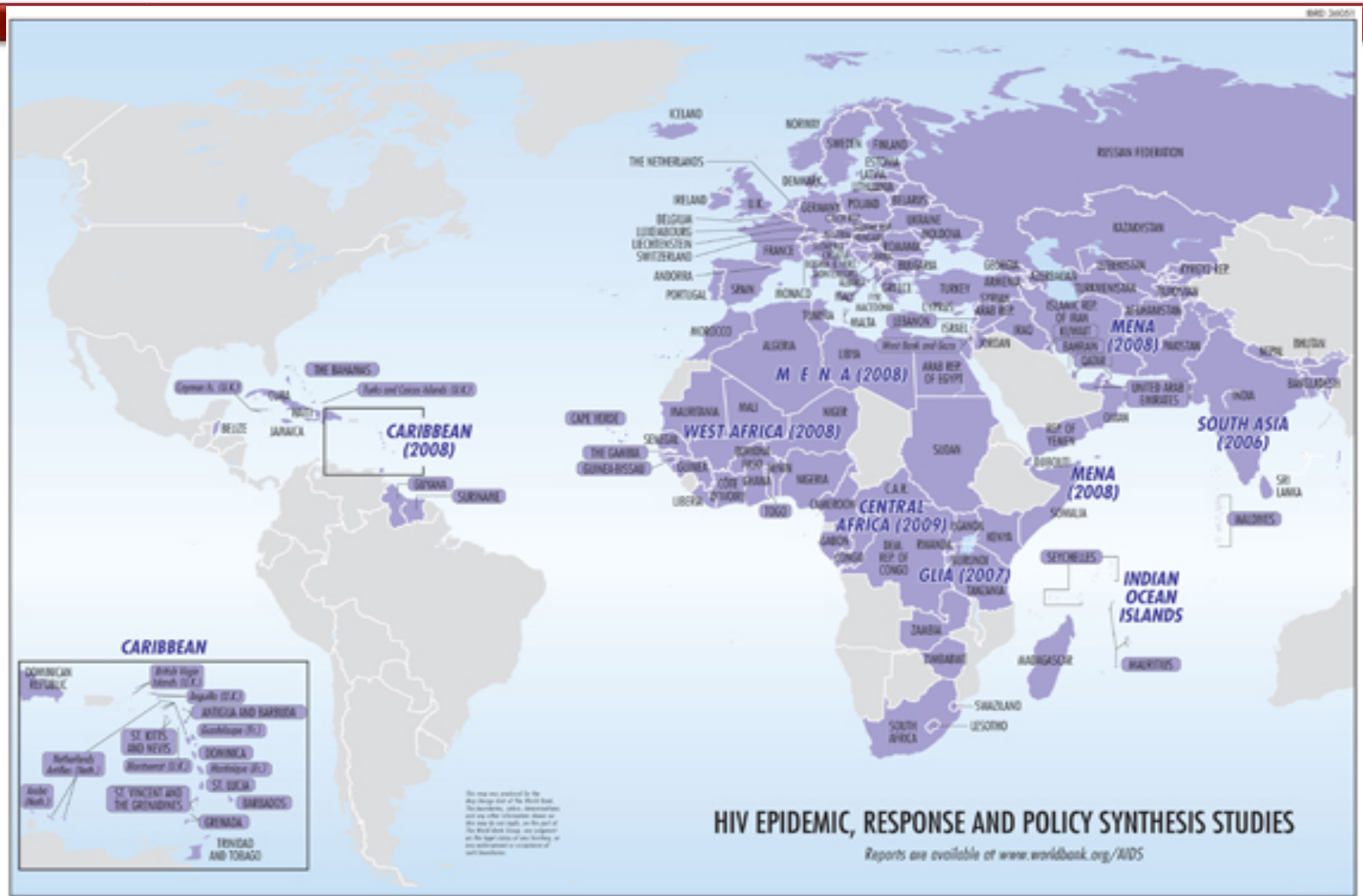
How this translates into WB support for VMMC

1. **ALLOCATIVE EFFICIENCY: Analytical support for improved allocative decision making**
   - Results in: Helping governments to allocate more funding for VMMC – adult + neonatal
2. **IMPLEMENTATION EFFICIENCY: Technical and analytical support for improved delivery efficiency in national HIV programmes and services**
   - Results in: VMMC implements in the most efficient and lowest cost ways; and costing of VMMC services. VMMC included in World Bank results-based financing schemes. Support for costing of non-surgical devices
3. **EFFECTIVENESS: Mixed method effectiveness evaluations to assess population-level impacts**
   - Results in: Better understanding of demand creation strategies that work for different male populations
4. **SUSTAINABILITY:**
   - Results in: Economic arguments for investing in VMMC. Governments understand the fiscal implications of investing in VMMC now – specifically the fiscal space savings that they could incur.
5. **FUNDING: Financial support for VMMC upon government request**
   - Results in: Implementation scale up of VMMC programmes in selected countries

1. Analytical support for improved allocative decision making

- WB lead agency in national HIV strategic planning within the UN co-sponsors' division of labour
- Integrative synthesis work in partnership with UNAIDS
  - KYE/KYR studies in Ethiopia, Kenya, Lesotho, South Africa, Swaziland, Zambia, Zimbabwe
  - All recommending VMMC as a priority, high impact and cost-effective HIV prevention intervention
- Supporting governments to allocate more funding for adult and early infant VMMC programmes

For example: Allocative efficiency synthesis studies supported by World Bank



Cont. Allocative decision making

Review by UNAIDS + WB of 12* recent NSPs

- Confirmed that VMMC is an area in which strategic planning had not been so successful in the past: Only about half of the NSPs included specific targets or indicators for VMMC, and only 2 (Swd + Zambia) clearly identified VMMC as one of the top 3 priorities for prevention [note: 10 of the reviewed NSPs were developed *after* the evidence of the VMMC trials became public in 2007].
- The NSP process seemed to favour a **"basket of services" approach rather than making tough choices** based on evidence for effectiveness, efficiencies and cost-effectiveness.
- **Review will form basis of UN Consensus Statement on Evidence-informed HIV Strategic Planning**

* Ethiopia and Rwanda not included

2. Analytical support for improved implementation efficiency in national HIV programmes and services

HIV Implementation Efficiency:

Concerned with understanding how to maximise the delivery of HIV services at lowest cost, to scale, for the most relevant target populations, without compromising quality and optimising management and operational processes

- Focus on how inputs are being converted into outputs at various levels and within key functions of HIV programme.
- Four domains of efficiency - *Service delivery, Transactional/ administrative, Information, Institutional*

- **Development of HIV implementation efficiency guidelines** with detailed methodologies and sample data collection tools that can guide national governments as to how to complete such studies to improve HIV prevention responses.

Cont. Analytical support for improved implementation efficiency

The WB-supported **Programme Efficiency Reviews** use standardised-but-customisable methodologies and aim to identify areas where there is *considerable potential for efficiency gains*

- At the request of the Government of **Kenya**, a National HIV Program Efficiency Review is being supported
- To inform the mid-term review (MTR) of the third Kenya National AIDS Strategy (KNASP III)
- Assesses how resource use matches the national priorities and objectives including on VMMC, and whether the HIV funding allocations, mechanisms, processes and accountability measures are set up to maximize the delivery of efficient HIV services to those in need.

Kenya Programme Efficiency Review

World Bank — Collaboration — INSP

VMMC, PMTCT ART, FSW, HCT	**Service Delivery Efficiency** (prim data WB, desk review)	
ART	**Quality of Services Delivered** (prim data WB+INSP, PETS)	VMMC FSW HCT PMTCT
ART	**Unit Costs** (prim data INSP, CHAI ART costing, PETS)	
ART	**Resource Management** (prim data WB+INSP)	
	Integration, Linkages & Referrals (prim data WB)	
VMMC, PMTCT, ART, FSW, HCT,	**Transactional Costs** (PETS)	
	Organisational & Institutional Factors (prim qualitat data WB)	

Cont. Analytical support for improved implementation efficiency

Zambia HIV Programme Efficiency Study

- Focuses on efficiency of 6 HIV services delivered under the Zambia NSF – VMMC, PMTCT, HCT, FSW interventions, ART and OVC care and support
- Four dimensions of efficiency assessed, at all levels of delivery, similar to Kenya efficiency review
- Draws on data from HIV-PETS, NHA and other recent costing and expenditure tracking undertaken by various partners
- Unique opportunity to comprehensively assess and improve programme efficiency of Zambia's HIV response

Ministry of Health & National Aids Council
Oversight bodies for the Project

HIV Programme Efficiency Working Group
Technical experts' group from public institutions, development partners, UN agencies, research institutions & civil society

IHM-Zambia | World Bank | Collaboration | INSP | Zambian local partner

Service Delivery Models (Desk Review & Primary Data - WB)

Quality of Services (Primary Data-WB & INSP; ETS)

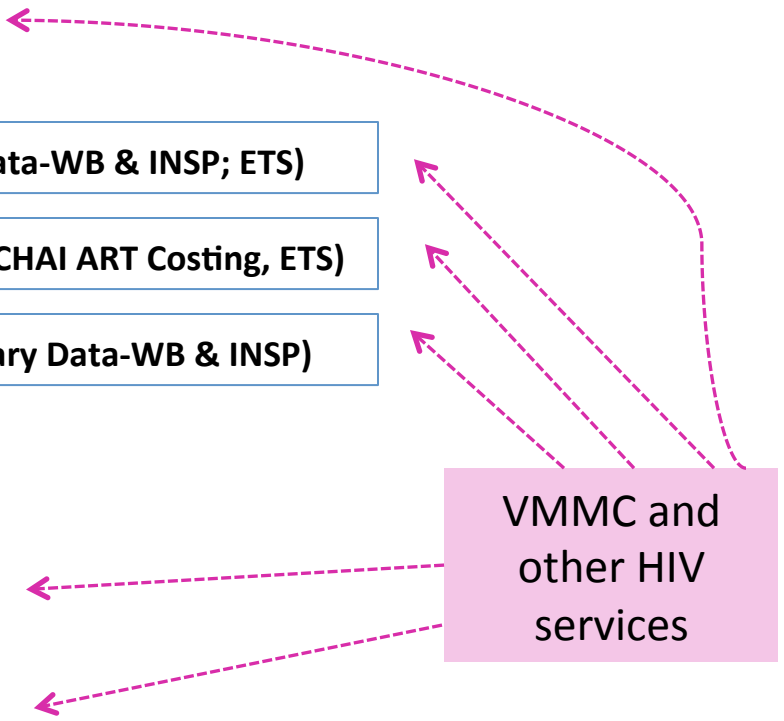
Unit Costs (Primary Data-INSP, CHAI ART Costing, ETS)

Resource Management (Primary Data-WB & INSP)

Integration, Linkages & Referrals (Primary Data-WB)

Transactional Costs (ETS)

Organisational & Institutional Factors (Primary Qualitative Data-WB)

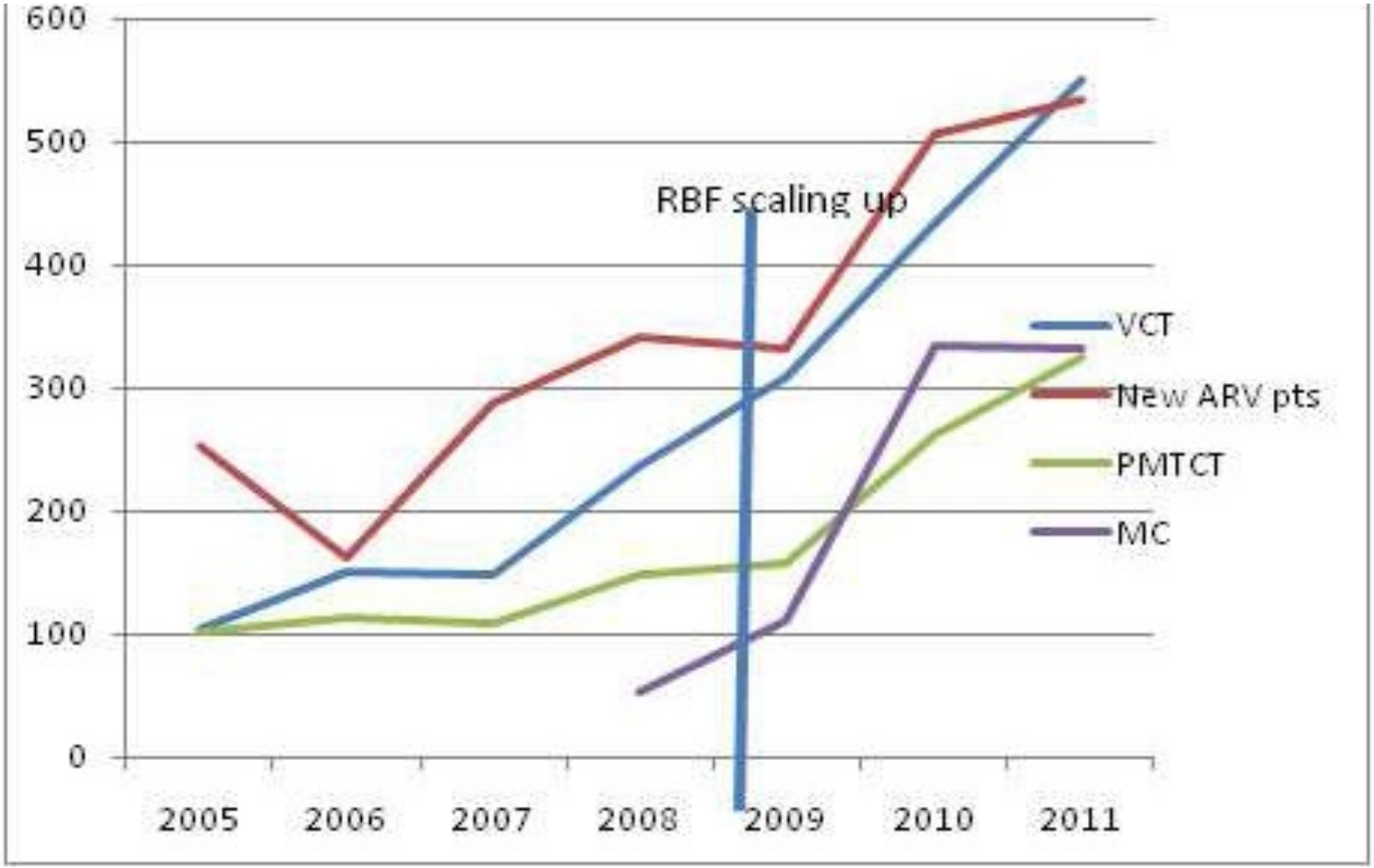


Cont. Analytical support for improved implementation efficiency

Integration of health-related HIV services and other health services may yield greater efficiencies

- In **Burundi**, WB has supported the health sector in a results-based financing (RBF) programme, HIV services integral part
- Free package of services within the RBF scheme includes about 25 preventive & curative services, including VMMC
- Standard tariffs for key services are reviewed based on implementation experience, and they vary by province (remote facilities receive additional equity payment).
- Financing is dependent on the quality of care provided by facility - for VMMC and other small surgical interventions, the physical and hygiene condition of the operating theatre are assessed, as well as the proper use of the patient registry.

Burundi: monitoring data 2005-2011 for VCT, new ART patients, PMTCT and VMMC (RBF project)



Source: http://reliefweb.int/sites/reliefweb.int/files/resources/Full_Report.pdf_7.pdf

Cont. Analytical support for improved implementation efficiency

Analysis of unit costs: to inform the focus of further upstream analyses of the efficiency of HIV services

INSP/World Bank partnership – costing activities in Burundi, Kenya, Malawi, South Africa, Swaziland, Tanzania, Zimbabwe.

- Unit cost analyses, undertaken for specific HIV services, look into variations in unit cost by type of service provider, geographic location, main donor and service delivery point; as well as by scale, degree of integration and model of delivery.
- Deliberate efforts to incorporate quality metrics in the definition of the service outputs to be costed.
- Analysis of unit cost breakdowns will provide an indication of specific portions of the service delivery chain which consume the greatest budgets (cost drivers) and which could potentially yield the largest efficiency gains.

Cont. Analytical support for improved implementation efficiency

Demand and supply side incentives:

- **Discussion paper for World Bank TTLs on demand and supply-side incentives (financial and in-kind) to improve HIV prevention outcomes -** Paper draws from experiences in social development sector in order to present potential options for HIV prevention programmes, including VMMC.
- **Zambia demand side study.** A study fostering the understanding of which demand side strategies work best in the Zambian context.

3. Mixed method effectiveness evaluations to assess population-level impacts

Moving from efficacy to *population-level effectiveness*, demonstrating that proven approaches can have real world effect at scale

- **Uganda population-level effectiveness evaluation of combination HIV prevention**: Accelerated scale-up of VMMC in 8 demonstration districts as part of intensified combination HIV prevention, compared to 16 control districts. Primary endpoint HIV incidence. Joint effort by several stakeholders, including the Uganda Government (UAC, MOH, Min of Local Government, Min of Gender), UNJT, DFID, USG, Civil Society Fund. WB providing technical support a) for implementation of the National Prevention Strategy b) to strengthen the national HIV M&E systems and c) to the evaluation of population-level effectiveness.
- **SA population-level effectiveness evaluation**, in high burden provinces, similar design to Uganda
- **Demand creation for VMMC services**: Evaluations in Burundi, and discussions with govts ongoing in Zambia and Zimbabwe

Cont. Mixed-method effectiveness evaluations

- Weak understanding and capacity for evaluation of real life HIV interventions – **WB brings together experts to develop handbook**
- Strengthen middle-ground between RCTs and observational studies, building capacity in use of quasi-experimental techniques to construct robust counterfactuals ("what would have happened without")
- Handbook has strong focus on VMMC with a running examples of VMMC effectiveness evaluation
- Aimed at non-evaluators in generalised and concentrated epidemic settings

4. Sustainability of HIV programmes

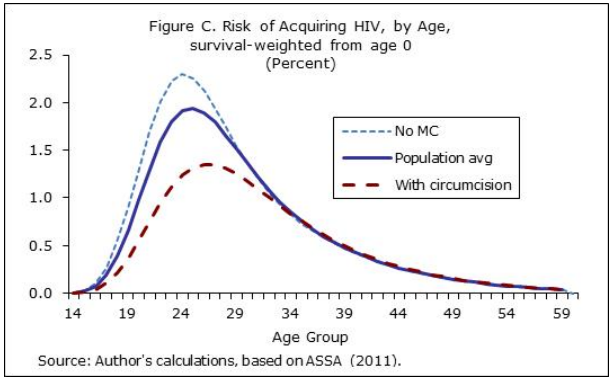
- *If government invests now in VMMC, what would be future fiscal savings?*
- Such analyses are designed to capture long-term financial consequences of VMMC
  - Estimates financial costs caused by one HIV infection, based on costs and objectives of national HIV/AIDS programme
- Based on three building blocks:
  1. Methodology of fiscal analysis by Lule and Haacker (2011)
  2. Costing of scaling-up of VMMC in Southern and Eastern Africa supported by PEPFAR
  3. Use of demographic and epidemiological model which for instance allows to analyse effects of VMMC by age

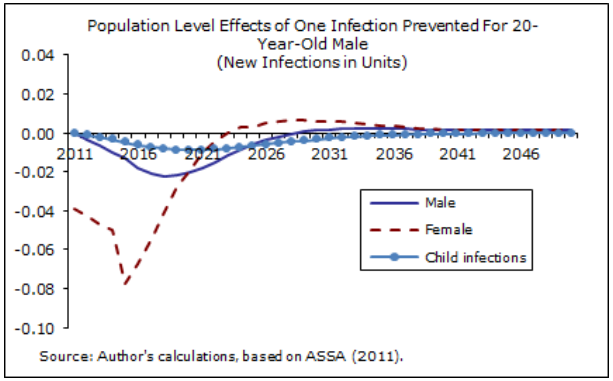
Increase in MC coverage to 80% over 5 years (as in PEPFAR-supported study).

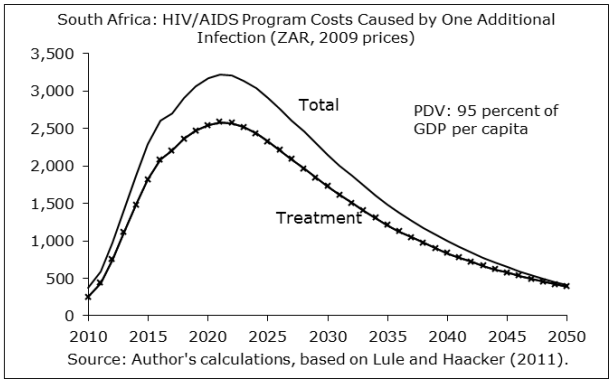
Cont. Sustainability – making the economic argument for VMMC

Epidemiological and financial consequences of VMMC in a country, spread over a long time period:

- Immediate costs (of conducting VMMC)
- Reduces risk of circumcised individual of acquiring HIV permanently (left figure)
- Direct HIV incidence effects (for circumcised individual) slowly spread across population (centre)
- Reduced HIV incidence means lower costs of providing HIV/AIDS services, also spread over several decades (right)

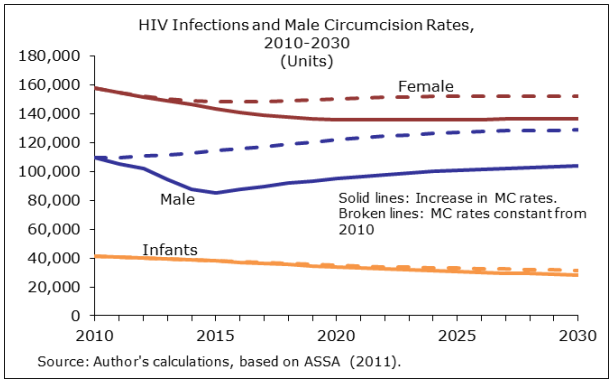


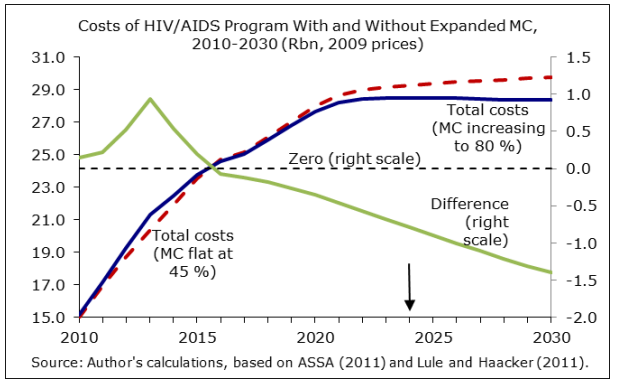




Cont. Sustainability – making the economic argument for VMMC

- VMMC and Costs of HIV/AIDS Programme
  - Substantial decline in number of new HIV infections (left figure)
  - Typically an initial spike in spending, (cash) savings from lower demand for HIV/AIDS services offset additional spending after a few years (right)
  - Estimation of net savings (=increased costs of MC, minus value of expected savings from reduced HIV incidence), typically considerable once VMMC target coverage reached





Sustainability of MC programme: Long-term through scale-up of neonatal MC

- For long-term programme sustainability, urgent priority to integrate and routinise neonatal MC, using ANC, PMTCT and MCH services for demand creation.
- 2016 target: Sustained national programme that provides VMMC services to all infants up to 2 months old
- 2016 target for "catch-up phase", circumcising 80% of adult men, *only meaningful if health sectors has successfully established neonatal MC capacity and achieved high uptake of neonatal MC by parents of neonates*
- By end 2011,
  - only Ethiopia & Swaziland had MC integrated into infant programmes, and Zambia carried out early infant MC in 5 sites
  - most priority countries not yet started making plans for integrating MC into their infant routine services
  - AccuCirc device for infants evaluated in Botswana

5. Providing financial support for VMMC programmes

- Where it is an epidemiological priority
- Where governments request it from the World Bank (part of a larger funding envelope discussion)
- Using a variety of funding instruments (grants, credits, loans)
- Supporting effective AIDS responses that are of sufficient scale and scope, within strengthened health systems

Results in: Implementation scale up of VMMC programmes in selected countries

WB funding support for VMMC implementation

- **Botswana**: Financing of self-contained outreach trucks and equipment/supplies for VMMC
- **Burundi:** Supporting VMMC through supply-side incentives for service delivery (payment of health facilities per procedure performed)
- **Lesotho**: TA and training for improved service delivery including VMMC, complementary to Global Fund
- **Malawi**: Funding for provision of adult and neonatal VMMC component at government health facilities
- **Zambia** and **Zimbabwe** have RBF schemes in health as well: Have expressed interest in including VMMC as part of the performance-based scheme, once non-surgical VMMC devices have been endorsed by WHO

Example of funding provided by WB and managed by Government for VMMC accelerated scale up

Malawi Nutrition and HIV/AIDS Project (FY12): Strong VMMC component

1. Support for NGO/PEPFAR partners who will operate mobile clinics in high HIV prevalence districts (target 420,000 MCs in 5 yrs);
2. Support for 28 district hospitals which will offer the VMMC services (target 80,000 MCs in 5 yrs);
3. Neo-natal MC in 40 birthing centres (target 140,000 MCs in 5 yrs);
4. Programme M&E.

- Project will advance Malawi a quarter of the way towards its goal of 2.1 million adult MCs over 5 years.
- USD 15.6 million earmarked for VMMC. Complementary to PEPFAR, NGO partners and MoH -supported VMMC activities.

Linked to financial support for VMMC:

- **Engagement of Ministries of Finance (jointly with HIV Economics Reference Group)**

- **Advocacy involving national decision-makers regarding the high cost-effectiveness of VMMC -** Dialogue and interaction with WB Task Team Leaders; Provision of summative, easy-to-read information on VMMC targeted to country-based Bank personnel and other decision makers.
  - *Example*: In Malawi - within country assistance and specific project development process (Nutrition and HIV/AIDS project) – focus of HIV component changed from STI programme support to VMMC support

- **Allocative Efficiency (KYE/KYR synthesis) studies** (Ethiopia, Kenya, Lesotho, South Africa, Swaziland, Zambia, Zimbabwe)**,** all recommending VMMC as a priority intervention for national HIV investment and policy dialogue

Conclusion

- WB committed to supporting more effective and comprehensive AIDS responses in **integrated action areas of efficiency, implementation scale up, effectiveness, sustainability analysis and financing**
- These reflect country needs, the Bank's mandate, capacity and comparative advantages, and lessons learnt in the AIDS response
- Aiming for results in:
    1. Governments' funding allocations to VMMC
    2. Delivery efficiency of VMMC services
    3. Effectiveness of VMMC programmes
    4. Understanding long-term fiscal space consequences
    5. Scale-up of VMMC through Bank funded programmes with HIV component