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World Bank Global HIV/AIDS Program

HIV/AIDS in Africa- *Getting Results*

These reports describe activities, challenges and lessons learned during the World Bank's HI/AIDS work with countries and other partners.

Transporting HIV Prevention across Borders: The HIV/AIDS Project for the Abidjan-Lagos Corridor

53323

Carol Hooks and Siéle Silué

Summary

How do you reduce HIV risk among some of the most vulnerable populations in West Africa? Along West Africa's main highway, the Abidjan–Lagos Transport Corridor joint regional HIV/AIDS Project did it through careful planning and effective monitoring, strong government commitment, cooperation among local government authorities and the health and transport sectors, community participation and ownership, and targeted technical support.

Financed through the World Bank's Multi-country HIV/AIDS Program (MAP), the Corridor Project achieved solid results: better knowledge of how to prevent HIV, more diagnosis and treatment of sexually transmitted infections (STIs), greater condom availability and use, and greatly increased voluntary HIV counseling and testing. The Corridor project brought together five countries, working with different stakeholders in various locations to benefit truck drivers, sex workers, travelers, border communities, and military and customs officials.

Abidjan-Lagos Corridor Project Quick Facts

$16.6 million	IDA grant
$1.3 million	Country contributions
1,022 km	Corridor length
87	Implementing agencies
3,762	People trained
21	Organizations received support to care for PLHIV or vulnerable children
20	Automatic condom dispensers installed
625	Condom sale points established
8.8 million	Condoms distributed
16	VCT centers established
27,639	People used VCT centers
14,202	Received STI services
36	Health facilities refurbished
9	Incinerators installed
539	PLHIV accessing ART via project
30 million	People sensitized
2,978	Radio commercial airings
54	TV commercial airings

West Africa's main transport corridor and HIV

In Africa, long-range ground transport is a major route for the spread of HIV. Drivers and their assistants overnight along their way and can spend days at border crossings waiting to clear customs and border formalities. These rest stops and delays provide multiple opportunities for sexual encounters that can transmit HIV and other STIs. This puts truck drivers, other mobile workers, sex workers, and the people who live along the route at increased risk for HIV.

About 30 million people live along West Africa's main east-west route, which stretches from Abidjan in Côte d'Ivoire to Lagos in Nigeria. Fourteen million people travel along the corridor each year, and the route is essential to the region's socioeconomic development.

In **2001, estimated HIV prevalence rates** among adults in the five countries linked by the corridor were: 9.7% in Cote d'Ivoire, 6.0% in Togo, 5.8% in Nigeria, 3.6% in Benin, and 3.0% in Ghana. Prevalence rates among truck drivers and sex workers in large cities along the corridor were multiples higher -- for example, surveys in 1992 had found that 33% of truck drivers and 80% of sex workers in Lomé, Togo, were HIV positive.

Seeing people in hospital with AIDS changed my view of the world. When I was asked to develop this project, I knew little about HIV/AIDS. Now I see just how important it is to the transport sector.

Siélé Silué, World Bank Task Team Leader

A turning point in STI/HIV/AIDS control along the corridor – project rationale and goals

HIV prevention can be especially effective when carried out in places where risky behavior occurs. So in 2001, development began on a joint regional HIV/AIDS Project in the Abidjan–Lagos Transport Corridor, the first sub-regional project under the World Bank Multi-country HIV/AIDS Program (MAP).

The project aimed to increase access to HIV prevention, basic treatment, support and care services by underserved vulnerable groups, with particular attention to transport workers, migrants, sex workers, customs and immigration officials, and the local populations living and working along the corridor—especially at the border towns.

The project was expected to contribute to reducing the spread of HIV and to mitigating adverse social and economic impacts of HIV along the corridor. UNAIDS was the key technical support partner. The implementation of the three-and-a-half year Abidjan-Lagos Corridor Project (February 2004 – July 2007) was a turning point in STI/HIV/AIDS control along one of Africa's most important highways.

A simple and carefully considered design

This was the first regional HIV/AIDS project aiming to reduce the impact of HIV on the transport sector and the transport sector's contribution to spreading HIV. The project design relied on a participatory process that engaged a variety of stakeholders. This approach built strong stakeholder ownership, from the heads of state down to the community level. The project objectives and design were realistic, simple, and based on known conditions in the target area and the desired outcomes. The intended beneficiaries were clearly identified, and the project kept its focus on those target groups throughout implementation. The project incorporated strong commitment to regional cooperation, objectives matching regional capacity, clear delineation and coordination of the roles of national and regional institutions, accountable governance arrangements, and planning for sustainable outcomes.

The project had three components…

The *prevention* component focused on condom social marketing, information, education and communication (IEC) and behavioral change communication (BCC). Interventions were tailored by audience and included radio programs, forming support groups for people living with HIV (PLHIV), peer education, improving service providers' interpersonal communication skills, distributing educational materials, community outreach, and promoting male and female condoms. The project established 625 condom sales points along the corridor, increasing the distribution network to 784 points of sale.

The *care and support* component included voluntary counseling and testing (VCT), diagnosis and treatment of STIs and opportunistic infections, community-based care and support, safe medical waste disposal, and antiretroviral therapy (ART), added after the mid-term review. The project trained staff and renovated and equipped eight health centers at border posts and eight reference hospitals to bring them up to standard in VCT. The project also trained health center staff to provide better medical diagnoses and treatment, contracted civil society and private sector organizations to provide community-based care, and developed and implemented a medical waste management plan (including training, materials, equipment, and awareness-raising).

Typical Profile of corridor travelers

- Young
- Mobile
- Poor
- Frequents bars, pubs, drinking parlors
- Alcohol abuser
- May smoke cigarettes or use illegal drugs
- Knows how to prevent HIV, but has limited access to HIV/AIDS information
- Main sources of STI/HIV/AIDS information are radio and television
- Little exposure to health services or disease prevention information
- Very little inclination to get STI treatment

Source: Project baseline survey

The third component was inter-country *coordination, training, and policies*. This work facilitated and harmonized work across borders, creating effective public-private-civil society groups and partnerships to implement and assess project activities. It also aimed to reduce the amount of time spent at border crossings, by undertaking checkpoint studies and observation to understand the bottlenecks, and advocacy, IEC, training and other measures to address them.

The **project development team** comprised high-level country representatives from the health and transport sectors and national AIDS programs, World Bank and UNAIDS staff, PLHIV, transport union representatives, donors, and a private sector coalition. Stakeholders from all five countries, including civil society and public sector representatives, participated in a series of project design workshops. This built in ownership from the beginning and incorporated a wide variety of needs, concerns, perspectives, and experiences. The project was designed to complement national HIV/AIDS programs and transport sector projects.

The project design, planning and implementation reflected lessons learned from international experience in responding to HIV/AIDS, specifically the need to:

- Address regional/cross-border determinants and implications of HIV
- Seek strong political leadership and commitment at the highest levels
- Focus on factors affecting risk and vulnerability
- Empower local communities

- Work across and with several sectors
- Acknowledge and plan for complexity implicit in cross-border endeavors
- Use participatory processes
- Provide critical technical assistance
- Sequence interventions to match implementation capacity
- Build a robust monitoring and evaluation (M&E) system.

Results worth the effort

The investment in laying the foundations for success paid off. As shown in Table 1, knowledge of how to prevent HIV increased in primary target populations from 50-68% pre-intervention to 83-88% post-intervention. Reported use of a condom at last encounter with a client or non-regular partner increased from less than 60% to over 70% for sex workers and to 79% for truck drivers. By 2007, nearly 28,000 people along the corridor had accessed VCT services, and 8.8 million condoms had been distributed. All of the ~~"p~~rocess" and output indicators were exceeded by large amounts. Very substantial progress was made towards the ambitious outcome targets.

The project also had a contraception benefit – the condoms distributed through the social marketing component over the two-and-a half years of the project were enough to provide 109,319 ~~"c~~ouple years of protection" (CYP) – compared to 9,778 CYP for condoms distributed in 2003, prior to the project.

Table 1: Select Project Indicators

Indicator	Baseline (2005)	Target	Value (2007)
Outcome indicators			
Behavior change			
% of truck drivers who report using a condom in last act of sexual intercourse with a non-regular partner in the previous 12 months	59.3%	90%	78.8%
% of sex workers along the corridor who report using condoms with their clients of the previous week	58.8%	80%	70.5%
Prevalence of gonorrhea among sex workers along the corridor	8.9%	4.5%	3.8%
Knowledge			
% of commercial vehicle drivers who can identify at least 2 ways to prevent HIV	68%	90%	82.7%
% of 15- to 24-year olds residing along the corridor who can identify at least 2 ways to prevent HIV	50.4%	90%	84.4%
% of sex workers along the corridor who can identify at least 2 ways to prevent HIV	59.5%	90%	87.9%
Output Indicators			
Number of condoms distributed through social marketing along the corridor	0.97 million	1.46 million	8.8 million
Number of people who use VCT centers along the corridor	1,000	1,500	27,639
% health facilities along the corridor that report adequate supply of antibiotics for treating STIs over the previous six months	30%	90%	100%
Number of checkpoints per 100 km along the corridor	9	3	5
Average time (minutes) for trucks to clear border formalities	180	90	128
Process Indicators			
Train border town residents as key community HIV/AIDS IEC activists	37	500	1,460
% of total disbursements to sub-projects made through civil society organizations	0%	40%	66%
Staff of health facilities along the transport corridor trained on basic management of HIV	0	50	287

Source: Abidjan-Lagos Corridor Organization (ALCO)

Five of the "best practices" in the project

Best practices are defined as relevant, efficient, effective, ethical, sustainable, reproducible, and well-documented activities within a project. The Corridor project demonstrated best practice in a number of areas to achieve the noted success. Five of those areas are highlighted here.

1. Bringing prevention and care to those who need it

Prior to the Corridor project, health facilities (public sector hospitals, clinics, or dispensaries) near border crossings and checkpoints provided few if any HIV/AIDS-related services and generally had very limited capacity. The project conducted facility assessments and substantially improved capacity at 36 public and private health facilities. It financed staff training, equipment, furniture, supplies, reagents and drugs to treat STIs, opportunistic infections and common ailments. A reference guide was developed with the five countries to harmonize their approach to the continuum of prevention, treatment, care, and support services along the corridor. The guide used a consensus technical framework and covered STI/HIV/AIDS prevention education, basic standards of practice, treatment protocols, and psychosocial support. Its purpose was to help ensure equal access to quality care regardless of the project country in which Corridor users found themselves.

Health center training focused on integrated care -- prevention interventions, VCT, follow-up, ART, PMTCT in some centers, laboratory services, treatment of STIs and opportunistic infections, and medical waste management. Health center staff received training to improve the quality of service provision. In addition to the basics, training paid particular attention to making sex workers feel welcome at the centers so that they would not avoid seeking treatment. To ensure continuity of care for mobile people, the project adopted a single medical file for following up drivers and other patients who accessed services in more than one center. Mobile clients carried their medical record with them as they traveled. The project gave funds and capacity building support to associations of PLHIV to provide community-based care.

Hillacondji border – some of the target beneficiaries of the project's services and information

Results were impressive. In a single year (2005 to 2006), the number of people accessing VCT at center along the corridor rose 50 percent. The total number of people tested rose from around 1000 at project inception to 27,639 by 2007, with 90% returning for their test results. Use of the health centers rose by up to 200% over the life of the project.

This "best practice" is also a good example of health system strengthening for disease control. The health centers used a standardized reference document, adopted a continuum of care approach, used community members to educate and motivate members of the target groups, had good financial management tools in place, and received needed supplies and equipment. The project helped improve national procurement systems to reduce stock-outs, and through coordinating mechanisms such as Inter-country Facilitation Committees and Cross-Border AIDS Committees, created an enabling environment for dialogue between public sector health centers and NGOs.

2. Strong engagement of PLHIV

The project partnered with the West African Network of People Living with HIV/AIDS (NAP+WA) to provide psychosocial and nutritional care and support to people infected and affected by HIV, and to help reduce HIV stigma and discrimination along the corridor. The project also supported five national PLHIV networks and 17 local PLHIV associations. Counselors were trained, support groups were set up, ambassadors from the national networks were named, and NAP+WA helped develop the harmonized policy on STI/HIV/AIDS prevention, treatment, care, and support.

According to project managers at the Project Secretariat and the World Bank, engaging PLHIV in the project to the point where they felt it belonged to them contributed to the project's success in many ways. "They feel they are in the driver's seat," noted Abidjan-Lagos Corridor Organization (ALCO) Project Manager Justin Koffi.

PLHIV held workshops to sensitize uniformed service personnel on the rights of PLHIV and worked in other ways to educate and motivate their communities regarding HIV prevention, testing, treatment, and care. Providing treatment, care, and support to PLHIV showed others that there is life with HIV/AIDS and gave them a reason to be tested. It also promoted long-term vision. Mrs. Gouna Yawo, Coordinator, ALCO/NAP+ Project remarked that "The coordination of the care and support for people living with HIV/AIDS—and orphans and vulnerable children—has contributed greatly to the setting up of self-support groups that are a guarantee of sustainability."

3. Loving Life - IEC

In 2004 and 2006, the Corridor project mounted the month-long Love Life Caravan with support from the World Bank project, UNAIDS, and the Coca Cola Africa Foundation. A convoy centered on a large truck outfitted

with a sound stage and movie screen, the Caravan stopped at sites from Lagos to Abidjan, attracting over 160,000 participants along the corridor in 2004 and nearly three million in 2006. Broad regional and international media coverage extended its reach even further. The Caravan used celebrities, politicians, and entertainment to draw large crowds at each stop. It raised awareness of the Corridor project, educated about HIV/AIDS, fought stigma, demonstrated male and female condom use, and spread positive messages about avoiding HIV and living positively with it. It even fostered greater community engagement and interagency collaboration. Importantly, the Caravan educated and motivated young people to get involved in the battle for life.

Powerful testimony by PLHIV and others affected by HIV/AIDS helped put a human face on the epidemic. PLHIV associations helped prepare speakers to tell their stories, and provided support to help them handle any negative reaction to "going public." They also created support groups at each border, and people testing positive at VCT centers were referred to those support groups. These activities seem to have contributed to a gradual reduction in stigma and discrimination against PLHIV. Remarked one truck driver in Ghana who participated in the Caravan, "Thanks to this Caravan, I have understood that we can eat with someone infected with HIV without any risk."

The Love Life Caravan has become a recognized brand. Information kiosks at project sites sport the Caravan logo, and the Caravan continues annually with Global Fund and other support.

A Love Life Caravan stop in Badagri attracts a huge crowd (2006)

2004 and 2006 Love Life Caravan in Brief

	2004	2006
Number of people reached	165,209	2,991,000
Number of condoms distributed	345,300	527,000
Number of people tested for HIV	0	1,885
Number of CD4 cell counts conducted for PLHIV	0	249
Number of HIV+ referred	0	94
Estimated people reached through the media	50,000,000	882,220,000
National and local TV and radio stations, and newspaper coverage		
Benin	2 TV: ORTB & LC2; 3 Radios; 8 Newspapers	1 TV: ORTB; 5 Radios; 2 Newspapers
Cote d'Ivoire	1 TV station: RTI La Première; 3 Radios ; 3 Newspapers	2 TV stations: RTI La Première, TV2 ; 6 Radios; 12 Newspapers
Ghana	1 TV station: TV3; 3 Radios; 1 Newspaper	3 TV stations: GTV, TV3, Metro TV ; 8 Radios; 4 Newspapers
Nigeria	-	1 TV; 4 Radios; 3 Newspapers
Togo	1 TV station: TVT; 5 Radios; 9 Newspapers	2 TV stations: TVT, RTDS; 6 Radios; 13 Newspapers
International media coverage	BBC, Reuters, IPS	IRIN, CNN+, itélé (Canal+), TV5, Al Jazeera International, 3A Télé Sud, Africable, Raina, RTBF, Quatro, Associated Press, AITV, Africa n°1, RFI, VOA, Ouest TV, ONUCI FM

4. Harmonized communications strategy

The project successfully developed and implemented a unified sub-regional communications strategy to enable those involved (public sector and civil society partners, community groups, technical assistance partners, and others) to address the HIV-related needs of border communities and mobile populations through a coherent, coordinated, and harmonized approach. Consistent messaging was crucial to the project's recognition, acceptance, and success in facilitating and supporting behavior change.

The project supported training for more than 2,000 peer educators, border committee members, journalists, health workers, and uniformed service members to raise awareness, educate, and support behavior change related to HIV/AIDS, human rights, and customs regulations. Advocacy efforts sought to empower communities, resulting in the creation of activist groups: PLHIV associations, an association of transport unions, and a committee of religious leaders engaged in HIV/AIDS education and support—including stigma reduction. Along the corridor, kiosks were established, stocked with information and condoms, and staffed. The communication strategy held to ten guiding principles:

- Engage PLHIV
- Harmonize messages and materials based on behavior change objectives
- Emphasize community participation
- Build IEC/BCC capacity of both traditional and non-traditional service providers
- Fight stigma and discrimination
- Use a multi-media approach to reach and affect varied audiences
- Base IEC/BCC interventions on research
- Pay specific attention to gender issues, and
- Engage authorities with the power to help or hinder IEC/BCC efforts.

The project results noted above speak to the effectiveness of the IEC/BCC efforts.

5. Monitoring for impact, acting on the data

In addition to documenting project results, the Secretariat and partner agencies at all levels relied heavily on good-quality M&E data to regularly assess the project and make adjustments as it progressed. This was especially critical because the project was charting new territory as the first cross-border project of its kind. The regional and cross-sectoral nature of the project made setting up an effective and coherent M&E system a true challenge. M&E had to cover five countries, two major languages, 87 implementing agencies, and multiple diverse target groups spread over many locations. Despite a slow start, the M&E system was built and managed by the financial management firm contracted to support the Secretariat.

Implementing agencies were trained in M&E and produced monthly reports on their activities. The type of data routinely collected was tied to the implementing agencies' contractual obligations, for example: HIV-related knowledge/attitude/practice, STI incidence, VCT visits and test results, medical supplies on hand, condoms distributed, number of people trained and on what topics, IEC/BCC materials distributed, client satisfaction, time required to clear borders, and number of informal checkpoints along the corridor. Implementing agencies in each country submitted reports to the experienced NGO in their country (one per country, each linked to the national M&E program) contracted to monitor local activities. The five M&E NGOs compiled and analyzed information from the local organizations, submitting monthly and annual reports to the Executive Secretariat. After the project's mid-term review, M&E specialists in each of the national HIV/AIDS programs began supporting the collection and analysis of data—a very positive expression of ownership and a step toward integration.

The project developed and disseminated (with training) an M&E handbook designed to be an easy reference manual. It listed the procedures, tools, and information needed to implement the system. It also helped to standardize M&E methodologies and tools across the various actors, and to facilitate course corrections as needed.

Well-planned and timely M&E allowed the project to identify problems early. For example, locations where condom sales outpaced re-supply were restocked more frequently or in higher quantities to avoid future disruptions, and reported difficulties with ART referrals led the project to add antiretroviral drug supply to the services provided. The project responded to low uptake of female condoms (3,500 per month on average versus 500,000 male condoms per month) by commissioning a study to identify factors influencing female condom acceptance. Completed in 2007, the study included recommendations for increasing use of female condoms. Partners' willingness to address problems identified through M&E contributed to the project's success. The project's ability to ensure data flow, synthesis and utilization in stakeholder consultations and action planning has been impressive.

ALCO shared messages on HIV in all sorts of places!

Transport Sector Meets HIV/AIDS Head-On

By engaging the transport sector on issues already important to them—such as reducing the time wasted at checkpoints and border crossings—the Corridor Project created an opening for transport workers to understand their risk of contracting and spreading HIV. Now the sector—including unions and ECOWAS—has workplace HIV/AIDS programs that provide information and services to their constituents.

The project faced many challenges

Success required overcoming many and varied hurdles, often with quite innovative solutions.

- ***Creating something special from almost nothing:*** Border areas and checkpoints along the Corridor had almost no HIV interventions when the project started. The need for training, materials, supplies, systems, relationship development (across the various types and levels of groups that needed to be involved) and virtually everything else was staggering. The project invested heavily from the beginning to improve the odds for success.
- ***Building grassroots capacity from the ground up*:** The sheer number of different groups involved and the previous lack of engagement on HIV in the targeted areas made capacity building extremely difficult, time consuming, and costly.
- ***Project coordination across borders, languages, cultures, traditions, and ministries*:** Coordination was highly labor intensive and required considerable diplomatic and political skill. In addition to working in English and French, to reach large numbers of the affected communities, materials and activities often had to be available in local languages as well and adapted to reflect local culture and tradition—very important considerations in addressing the intimate behaviors and health practices that affect HIV. The project also required ministries of health, transport, and uniformed services to work together—ministries that do not normally do so.
- ***Developing synergy among five national AIDS programs and a sub-regional program*:** Although the project's Governing Board facilitated the process, operational-level harmonization of clinical aspects, a referral system, and the communications strategy was difficult. Subcontracting financial management and M&E allowed the Secretariat to focus on programmatic and thematic harmonization.
- ***Developing a sub-regional M&E system*:** Only a few countries had a national M&E system when the project started. Getting agreement on the M&E standards, software, data collection, and reporting took much time and negotiation.
- ***Keeping track of highly mobile constituents*:** Border areas are estimated to have HIV prevalence up to twice the national average. Changing HIV-related behavior and monitoring progress in mobile populations is more difficult than in settled populations. It required special strategies and approaches such as creating community-based Border HIV/AIDS Committees and Inter-Country Facilitation Committees. M&E in particular requires long-term investment and vision. The project built solid links with country M&E systems to minimize risk of duplication, and fed data into national systems. Stakeholders in the target areas validated findings.

The project posted Information on documents required at border crossings to help speed the process

- ***Easing the flow of persons and goods across borders by simplifying border and checkpoint policies across the five countries:*** The border security agencies resisted changes that they feared would compromise national security. This was especially contentious during Côte d'Ivoire's political unrest. Nevertheless, the time to get through border and checkpoints decreased from three hours to just over two hours. The border agencies fully cooperated in the IEC activities. While the project is an excellent example of mainstreaming HIV in the transport sector, border clearing formalities have not been streamlined enough to reduce significantly the time spent by trucks in front of a border. Addressing the root causes of the chaotic conditions prevailing at some borders requires a comprehensive program combining physical investment and regulatory and behavior change. Ministries with relevant responsibilities such as customs duties and security concerns need to be engaged in solution-finding, and the Economic Community of West African States (ECOWAS) could play a more active role in pushing the regional integration agenda.

Other challenges included reducing truck drivers' resistance to condom use, improving knowledge of how HIV is transmitted and risk factors, reducing stigma (especially stigmatization of women living with HIV), and addressing the nutritional needs of PLHIV.

Additional factors crucial to the project's success

As would be expected, a host of factors had to come together in order for the project to achieve the desired outcomes.

Being flexible enough to innovate during implementation

As this was the first project of its kind and learning while doing was a key principle of the MAP, the Corridor project adopted several innovative approaches not envisaged during project design. Listening to the main beneficiaries spawned many of the innovations. Among them:

- ***A "corridor" condom brand***. The project created a special brand of male and female condoms—Migrant and Femigrant—that could be sold all along the corridor (instead of a different brand being sold on each side of the border as required by national licensing regulations), often by sex workers as an alternate income source. This is the only project so far to develop a single condom brand across countries, and it greatly simplified condom messaging, procurement, and tracking distribution.
- ***Training border committees for peer-to-peer learning*.** In addition to training border committee members to coordinate the local response to HIV, the project trained them in community mobilization and peer-to-peer learning. This approach was cost efficient in better enabling the members to play their multiple roles in the project, and it gave committees clear mandates and operational objectives.
- ***Localized radio channels*.** Through IRIN Radio[1], the project established partnerships with 32 local and national radio stations in the five countries. These stations produced and broadcast programs in 17 local languages. Over 15 months, more than 30 million radio listeners were sensitized on HIV, generating significant demand for VCT in particular.
- ***Border observatories to monitor behavior and traffic flow time*.** Installed at all borders, observatories staffed by trained observer were critical in obtaining a constant flow of data that allowed the project to identify and focus on areas requiring special attention.
- ***ART referral system***. Access to ART for mobile people when outside their own country was a challenge. ALCO negotiated a referral system with all countries. Patients were issued a referral slip through which they could access ART in any member country. Referral records were consolidated monthly, and ALCO reimbursed countries that provided ART to non-citizens along the corridor. The system also helped Ministries of Health harmonize ART for mobile populations and non-citizens and helped national AIDS programs better plan for ART services.
- ***Waste management*.** To address environmental concerns that accompanied the massive influx of medical supplies, the project developed a corridor waste management strategy and plan. A full-time environment and waste management officer was hired, and WHO-compliant incinerators were installed at all border posts. IEC programs also integrated waste management content.

Commitment was crucial

The five Governments showed strong commitment to the project. The presidents of the five countries signed a joint declaration confirming their commitment to joint action to fight HIV/AIDS along the corridor and to put in place the necessary institutional framework. Each country agreed to contribute $50,000 per year to the project, and consensus was reached on the project's basic principles and detailed institutional arrangements. The Bank and UNAIDS also committed fully to the project, ensuring adequate financial, policy, and technical support, including strong continuity of the World Bank task team.

A streamlined framework to accommodate a multitude of actors

Making this project work required an enormous number of people and a clear organizational framework. The inherent complexity of a multiple-country cross-border HIV/AIDS project demanded that institutional arrangements be as straightforward as possible.

A Governing Body of heads of national HIV/AIDS programs and Transport Directors from each country adopted annual action plans, supervised their implementation, and liaised with the national HIV/AIDS programs. The Executive Secretariat coordinated project implementation by civil society organizations (CSOs) and public sector organizations. An Advisory Body, with half of its members from private sector organizations, provided technical and policy advice to the Governing Body. Community-based border HIV/AIDS committees coordinated the local response to HIV/AIDS. Inter-country Facilitation Committees, with representatives from all stakeholders, helped provide training on HIV prevention and implementation of ECOWAS regulations on the free movement of people and goods, and oversaw or implemented IEC activities. An operational manual spelled out roles and responsibilities and guided project implementation.

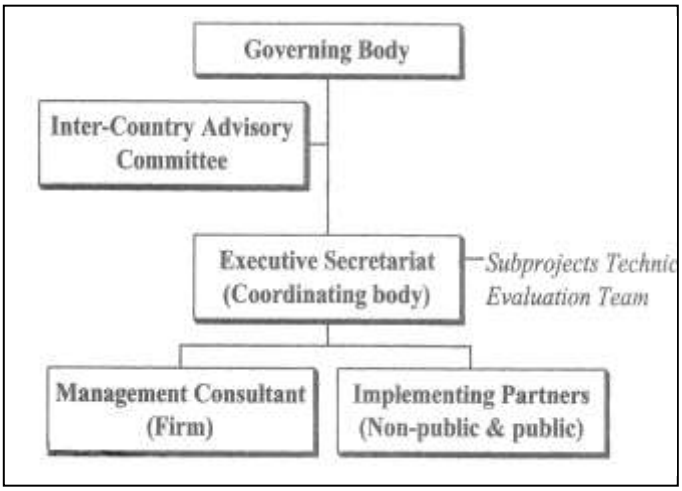
The five participating governments agreed on shared project responsibilities, including which country housed the headquarters and how it would be staffed to ensure openness, transparency, and equal opportunity to all

[1] IRIN (Integrated Regional Information Networks) is a unique humanitarian news and analysis service of the UN Office for the Coordination of Humanitarian Affairs.

nationalities. Countries led different aspects of project management:

- Nigeria: Presidency of the Governing Board
- Ghana: Vice-Presidency of the Governing Board
- Benin: Host of the Secretariat headquarters and grant recipient on behalf of the other countries
- Cote d'Ivoire: Executive Secretariat
- Togo: Advisory Body Chair

Corridor Project Organization Chart



ALCO

The Abidjan-Lagos Corridor Organization (ALCO) was established to implement the project. Creating a new organization helped ensure shared ownership among the five countries. It also made the project easier to manage. No single country owned it, and working through ALCO avoided conflicts of interest that might have arisen if an existing local, national, or regional organization had taken on the role. ALCO was supported by an experienced management firm that dealt with fiscal management, procurement, and M&E, enabling the Secretariat to focus on coordination, collaboration, and capacity building. Contracting selected management responsibilities to a lean management group with routine account and procurement management experience and M&E system development expertise proved to be cost efficient and effective. Expenditure categories were kept to a minimum, allowing the project considerable flexibility to allocate resources each year. The firm' operated on a build-operate-transfer basis, and ALCO successfully took over the fiduciary and M&E roles by the end of the Bank-funded project.

Complementing national AIDS programs

Regional HIV/AIDS programs are most useful when they complement national programs, focus on border areas, and target vulnerable groups associated with the trucking industry. The Governing Board greatly facilitated the process of developing synergies between the regional program and the five national AIDS programs.

Planning for Sustainability

Planning and implementation must take place with sustainability in mind. Key to this was intense involvement of a broad cross-section of stakeholders in project design so that their ideas were implemented. Project partners then worked quickly to demonstrate the value of the approach and begin to identify potential new partners and donors. Based on the project's Mid-Term Review, the Global Fund awarded ALCO $45 million for a five-year follow-on project, allowing the work to continue and to expand. The Abidjan-Lagos Trade and Transport Facilitation Project being prepared for Bank support will include an HIV/AIDS component. This project will combine physical investment to improve roads with policy and programmatic efforts to reduce impediments to cross-border trade and travel, and continued support for ALCO's HIV focus.

Are cross-border projects worth doing?

The Bank catalyzed innovation and positive results by taking high risks with this project. Development partners did not show much interest in joining the project in the beginning—it was clear that it would be politically, logistically, and culturally complex. The main exception was UNAIDS, whose solid technical and financial support to design and deliver the project was critical to developing the project concept and bringing it to fruition. The Corridor project confirms that the World Bank can play a catalytic role, take risks, help build effective institutions, and work with countries and other partners to deliver results in HIV prevention, care, and support.

Perhaps the most important contributions of the Abidjan-Lagos Corridor Project have been bringing HIV prevention interventions to very hard-to-reach and vulnerable people and establishing a platform for regional integration beyond HIV/AIDS and transportation. The project added value to national AIDS programs by focusing on people who national programs were not yet reaching. It generated strategic data that countries could use in their planning, such as real-time information on emerging behaviors in specific populations (intravenous drug use among sex workers and drug use by youth, for example). By putting in place facilitation mechanisms and learning how to work across borders, it encouraged collaboration on issues as diverse as childhood immunization and fighting illegal drugs. The challenge now is to maintain and improve on the gains made.

"Now that we have started working as a team, we are finding solutions to some problems," observed Iguo Afelokhe, President, Inter-Border Facilitation Committee, Kraké-Plage/Seme (Benin-Nigeria).

Abidjan-Lagos Corridor HIV/AIDS Project Innovations

- Crossed five different countries
- Engaged stakeholders at multiple levels
- In many different languages
- In different fields
- With different concerns and priorities
- Tackled HIV risks related to international ground transport
- For the benefit of the mobile and local populations

ALCO Partners:

Acknowledgements

The World Bank Africa Region Transport Sector (AFTTR) demonstrated exemplary dedication and co-ownership of the project. The project greatly benefited from significant technical and financial support of UNAIDS, ACT*Africa* (AFTHV), HDNGA and AFTTR.

Good project collaboration with uniformed personnel

About the authors:

Carol Hooks is a communications consultant and Principal of *Carol Hooks Communications*. She has provided strategic communications support to the World Bank and other international organizations making a difference.

Sielé Silué is a Senior Transport Specialist and worked on the project throughout - from initial planning through project closing and the Project Completion Report. He received the Africa Award for Excellence in 2008 for his work as Task Team Leader for the project.

References, further information

Implementation Completion and Results Report, ICR615, June 2008, World Bank.

On line, with other project documents at www.worldbank.org, search for: P074850

Related Links:

corridor-sida.org,

www.worldbank.org/aids
www.worldbank.org/afr/aids,

Transport and HIV/AIDS (http://go.worldbank.org/OT9S9XA140),
www.unaids.org

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December 2009