



# Project Information Document/ Integrated Safeguards Data Sheet (PID/ISDS)

Concept Stage | Date Prepared/Updated: 26-Mar-2018 | Report No: PIDISDSC24280



**BASIC INFORMATION**

**A. Basic Project Data**

Country Egypt, Arab Republic of	Project ID P167000	Parent Project ID (if any)	Project Name Transforming Egypt's Healthcare System Project (P167000)
Region MIDDLE EAST AND NORTH AFRICA	Estimated Appraisal Date Apr 18, 2018	Estimated Board Date Jun 28, 2018	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Investment and International Cooperation	Implementing Agency Ministry of Health and Population	

**Proposed Development Objective(s)**

The proposed Project Development Objective is to improve the quality of primary and secondary health care services and to support the Government of Egypt in the prevention and control of Hepatitis C.

**Financing (in USD Million)**

**SUMMARY**

<b>Total Project Cost</b>	500.00
<b>Total Financing</b>	500.00
<b>Financing Gap</b>	0.00

**DETAILS**

<b>Total World Bank Group Financing</b>	500.00
World Bank Lending	500.00

Environmental Assessment Category B-Partial Assessment	Concept Review Decision Track II-The review did authorize the preparation to continue
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Other Decision (as needed)

## B. Introduction and Context

### Country Context

- 1. Egypt has adopted a bold and transformative reform program to restore macroeconomic stability.** Egypt is a lower-middle-income country with a population of 96 million (Census 2016) and a gross domestic product (GDP) per capita of US\$2,048. Following a build-up of macroeconomic imbalances that had resulted in declining growth, rising debt, and a widening current account deficit, the Egyptian authorities undertook decisive policy actions since the launch of the reform program in 2016. In November 2016, the currency was floated eliminating the overvaluation and the shortage in foreign exchange shortage, and the authorities moved forward with important fiscal consolidation measures, including significant energy subsidy reforms, and introducing a value-added tax (VAT). This is in addition to critical pieces of legislation necessary to strengthen the business climate, attract investments, and promote growth, including the adoption of an industrial licensing law and a new investment law. The government's reform program is widely endorsed, including through the World Bank's programmatic DPF series (FY16-18) and the IMF's three-year Extended Fund Facility approved in November 2016 in the amount of estimated US\$12 billion.
- 2. Economic growth is showing signs of a gradual recovery and inflation is easing.** Real GDP grew by 4.2% in fiscal year 2016/17, in line with 4.3% the year before, despite the fiscal consolidation efforts. Furthermore, growth accelerated to 5.2% in the first half of FY2017/18, compared to 3.6% in the same period of the previous year. Medium-term growth prospects are favorable, provided growth-friendly policies and reforms continue to be implemented. Downside risks include slower implementation of reforms, which would undermine fiscal sustainability and private investment. Annual headline inflation has fallen to 17% in January 2018, from a peak of 33% in July 2017. The rapid decline in inflation over the past six months reflects the unwinding impact of the steep currency depreciation, hikes in administered prices and the introduction of VAT.
- 3. While the economy is recovering and macroeconomic imbalances are starting to narrow, social conditions remain challenging.** Poverty rates, based on national poverty thresholds, place about a third of the population below the poverty line in 2015. Regional income disparities are an enduring characteristic, with Upper Rural Egypt lagging other regions. The unemployment rate is 12% (at end-FY2016/17), a decrease from 12.5% the year before, while the youth unemployment rate is 25.7%. The government is strengthening social safety nets through the expansion of cash transfer schemes and increases in social pensions and food subsidy allocations. Although Egypt has made significant strides in human development in the areas of child mortality, life expectancy, primary and secondary school enrollment and literacy rates, there are persistent challenges with large inequalities in access to and quality of basic social services.
- 4. Promoting human development is one of three priorities under Egypt Vision 2030.** Egypt Vision 2030 was developed in 2015 as a national participatory effort coordinated by the Ministry of Planning and Administrative Reform. It provides a roadmap for inclusive development and for maximizing competitive advantages to achieve the aspirations of Egyptians for a dignified and decent life. It comprises: (i) an economic dimension, which includes economic development, energy, knowledge, innovation and scientific research, transparency and efficient government institutions; (ii) a social dimension, which includes social justice, health, education and training, and culture; and, (iii) an environment dimension, which includes environmental and urban development. Egypt Vision 2030 emphasizes that improvements in health outcomes will contribute significantly to Egypt's social transformation over the coming 12 years.



## Sectoral and Institutional Context

### Egypt's Burden of Disease Priorities

5. **Despite long-term gains in health outcomes, life expectancy in Egypt remains below the regional average, and rising fertility rates are leading to rapid population growth.** Since 1990, Egypt has achieved significant improvements in key health indicators, with maternal mortality falling from 106 to 33 deaths per 100,000 live births, and infant mortality falling from 60 to 20 deaths per 1,000 births (World Bank, 2015). Despite these improvements, significant regional disparities persist, and recent data suggest the rate of progress on these indicators is slowing (DHS 2014). Life expectancy, although rising from 66 to 71 years over that period, remains below the MENA average of 73 years. Meanwhile, the total fertility has increased from 3 to 3.5 births per women, contributing to rapid population growth and underscoring unmet needs for family planning. Egypt's population, which surpassed 100 million in 2017, is expected to reach 128 million by 2030, and 150 million by 2050 (UN Population Projections). The government has warned that the rapidly growing population represents a major threat to the country's development and has encouraged uptake of family planning, particularly in rural areas<sup>1</sup>. However, use of family planning by married Egyptian women has plateaued at 59% since 2008 (DHS 2017), the rate of long-term IUD use has declined, and 3 in 10 users in Egypt stop using a method within 12 months of starting.

6. **Egypt has the highest burden of chronic Hepatitis C Virus (Hep C) in the world.** Nearly 10% of Egypt's adult population (15-59 years), some 4.5 million people, is infected with Hep C.<sup>2</sup> Roughly 150,000 Egyptians are newly infected annually, and about 40,000 die every year of Hep C, making it the third leading cause of death after heart disease and cerebrovascular disease. The prevalence rate is significantly higher among adults above age 40, the poor, and those living in rural areas. Many Egyptians were infected decades ago via poorly sterilized needles used in schistosomiasis treatment campaigns, but new infections continue today due to poor medical safety and hygiene, both in hospitals and outpatient settings. Hep C is already costing Egypt more than US\$400 million annually in direct costs, and total spending is projected to reach US\$4 billion by 2030 (World Bank 2017).

7. **In addition to Hep C, Egypt faces mounting burdens of non-communicable diseases (NCDs) leading to significant morbidity and mortality.** NCDs account for an estimated 82% of all deaths and 67% of premature deaths in Egypt.<sup>3</sup> Since 2005, deaths from ischemic heart disease and cerebrovascular disease, the leading two causes of death in the country, have increased substantially, with nearly half of those deaths attributable to high blood pressure, based upon global estimates.<sup>4</sup> Deaths from diabetes, the sixth-leading cause of death, have increased more than 50%, driven largely the country's adult obesity rate, which ranks as the highest among the world's 20 most populous countries (GBD 2017). The economic impact of diabetes alone, estimated at US\$1.3 billion in Egypt in 2010, is expected to double by 2030, and chronic conditions in general have been found to cause productivity losses equivalent to 12% of Egypt's GDP.<sup>5</sup>

### Health System Delivery Challenges

8. **Addressing Egypt's most pressing health priorities requires quality primary and secondary health care that is responsive to population needs.** There is strong global consensus that chronic conditions are most effectively managed in primary care settings. Egypt has a network of more than 5,300 primary healthcare facilities, and 95% of the population lives within 5 kilometers of one of these facilities.<sup>6</sup> Despite this geographic access, however, there are long-standing concerns about the quality of care provided at public facilities. Medication stockouts, lack of updated and enforced clinical guidelines and pathways for managing chronic diseases, and limited specialists have been reported (World Bank 2010). In addition, hospitals in Egypt are ill equipped to respond to the real needs of the population in their catchments areas. Moreover, concerns about poor quality lead almost half of patients to seek outpatient care in private clinics and hospitals, where they incur higher out-of-pocket costs (OOP) (World Bank 2015). Indeed, since 2006, OOP payments as



a percentage of total health spending in Egypt have remained fixed at ~55% (World Bank 2016), with the poorest households spending nearly 21% of their income on healthcare.<sup>7</sup> Nearly 7% are pushed into poverty each year due to catastrophic expenditures.<sup>8</sup>

9. **The delivery of quality PHC services is further limited by lack of community outreach for chronic conditions.** Although Egypt's community health worker program (*Raedat refiyat*), under the MOHP, supports more than 14,000 personnel and has achieved good geographic coverage, it remains largely focused on maternal and reproductive health (WHO 2014). Given that household surveys in Egypt have shown high community rates of uncontrolled or undiagnosed chronic conditions, the potential impact of expanding community outreach to strengthen patient education and improve management is large.<sup>9</sup> Hep C is a particularly dramatic example, as several million Egyptians are chronically infected but have yet to develop symptoms that would lead them to seek care. NCDs have similar patterns. According to the International Diabetes Foundation, spending on diabetes in Egypt (per patient) is among the lowest in the MENA region, suggesting that many patients likely forego medications and consultations rather than seek care (IDF Atlas, 2013). Diabetics also have a higher prevalence of complications (e.g. diabetic retinopathy) than global counterparts, suggesting that networks for managing these conditions are poorly developed or underutilized.<sup>10</sup>

10. **Key elements to support the integration of services across levels of care are lacking.** Currently, health care services are not integrated and are ineffectively managed. Such integration can be achieved functionally through effective referral mechanisms; clinically, through shared quality and safety standards; or organizationally, by bringing stakeholders, institutions, and provider groups together.<sup>11</sup> Although the government has developed strong quality accreditation standards for PHCs and hospitals based on international guidelines, adoption has been patchy and only project-dependent, owing to the lack of financing and hitherto unclear need for accreditation. Systems for procuring, transporting, and managing pharmaceuticals, which cut across multiple levels of care, are also outdated and inefficient, relying upon paper documents and an untrained workforce.

## New Policies and Emerging Opportunities to Strengthen Health System

11. **The Bank's recently completed Egypt health project (Healthcare Quality Improvement Project- HQIP) provides a roadmap for the scale up of healthcare quality improvement.** The project focused on improving the quality of primary health care (PHC) services offered in Egypt's most vulnerable villages. More than 1,000 facilities successfully implemented quality improvement plans, including upgrading equipment and supplies, procuring medicines, and training health workers on clinical guidelines; the MOHP's supervision capacity was strengthened so it could carry out routine facility audits to ensure guidelines are followed; and almost 700 facilities were officially accredited. The end-line client survey showed a 30% improvement in patient satisfaction at project targeted facilities between 2016-2017. These results offer a framework for how such work could be scaled-up in Egypt.

1 <https://www.reuters.com/article/us-egypt-population/egypt-promotes-birth-control-to-fight-rapid-population-growth-idUSKCN1BA153>

2 Egypt Demographic and Health Survey (2009)

3 IHME, (2016).

4 World Health Organization. 'Global health risks', The World Health Report 2004. WHO, Geneva, Switzerland. 2004.

5 Rocco L, Tanabe K, Suhrcke M, Fumagali E (2011): Chronic Diseases and Labor Market Outcomes in Egypt. Policy Research Working Paper 5575. Washington DC: World Bank.

6 El-Zanaty F, et al. Egypt Demographic and Health Survey (2014). Cairo and Maryland: Ministry of Health and Population, the DHS Program, ICF International; 2014. [Internet]; Available from: <http://dhsprogram.com/pubs/pdf/PR54/PR54.pdf>; Van Wheel (2018), Primary healthcare policy implementation in the Eastern Mediterranean region: experiences of six countries, Eur J Gen Practice, 24(1).

7 Egypt Household Health Expenditure and Utilization Survey (2011)

8 The World Bank, WHO PAYS? Out-of-Pocket Health Spending and Equity Implications in the Middle East and North Africa. (2010)

9 Elaziz, K et al (2015). Screening for Hypertension among adults: community outreach in Cairo, Egypt. J Pub Health, 4(1): 701-706.

10 Hegazi, R et al (2015). Epidemiology of and Risk Factors for Type 2 DM in Egypt. Annals Global Health 81(6): 814-820.

11 WHO (2016). Integrated Care Models: An Overview. Available: [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/322475/Integrated-care-models-overview.pdf](http://www.euro.who.int/__data/assets/pdf_file/0005/322475/Integrated-care-models-overview.pdf)



12. **The HQIP supported the GoE in launching the program to eliminate Hep C.** Remarkable progress has been achieved thus far, and Egypt is now widely viewed as a global leader on Hep C elimination. In 2015, a presidential mandate was issued requiring the Hep C screening for all individuals above the age of 18. Since then, the country has markedly lowered the costs for new Hep C treatments known as Direct-Acting Antiviral agents (DAAs), which carry a roughly 95% cure rate; screened approximately 5 million and treated 1.6 million people; and developed a national electronic registry of screened patients. Nearly a third of these screenings were financed by the Bank in the first six months of 2017 under HQIP. Critically, these screenings were largely organized through PHCs, highlighting the central role of primary care in tackling this disease. However, significant challenges remain: the GoE has determined it still needs to screen an estimated 45 million people and treat an estimated 4 million infected patients to reach its elimination goal<sup>12</sup>. Doing so will require additional resources for (i) expanding the screening program through the PHC level and community outreach; (ii) ensuring the delivery of quality, affordable treatment; and (iii) making critical investments in other support services at the secondary level hospitals, medicine supply chains, blood banks, etc.

13. **The Government of Egypt (GoE) has identified health reform and specific disease burdens as national priorities, culminating with the recent passage of its landmark Social Health Insurance (SHI) Law in December 2017.** Under the new law, which will be funded through various taxes, employer premiums, and subscription fees (with subsidies for the poorest Egyptians), family health physicians will serve as gate-keepers referring patients to quality-accredited providers. The new system will be rolled-out in phases over a 15-year period, with implementation starting on July 2018. The new law is expected to raise demand not only for services in general but also for higher quality services, as public facilities will have to compete for patients in an open market. Other health needs continue to be highlighted at the highest levels of government.

### World Bank Engagement

14. **Bank engagement in Egypt's health sector.** The Bank has had a long engagement in the health sector in Egypt. The Bank has provided support to the Ministry of Health and Population (MOHP) through four projects, including: the National Schistosomiasis Control Project (US\$26.8 million - 1993-2002), the Population Project (US\$17.2 million - 1998-2005); the Health Sector Reform Program (HSRP - US\$90 million - 1998-2009; and the Health Insurance Systems Development Project (HISDP) approved in 2009 and renamed through restructuring in 2014 as the HQIP to make quality improvements in primary health care services in public health facilities in 1000 villages in Upper Egypt. The latest project closed in June 2017 and an Implementation Completion Report was finalized in February 2018, rating the project outcome as Moderately Satisfactory.

15. **HQIP yielded several critical lessons that have been taken into consideration in the design of the proposed new operation.** One of the key lessons has been that accreditation of PHCs can be relatively rapidly implemented in the Egyptian context, and this experience has created a framework that can be used in the proposed project for improving quality of care and patient satisfaction. Second, the decentralized project implementation approach empowered district-level authorities to be more responsive to local population health needs. Third, the project provided evidence that Hep C screening and treatment are both achievable and affordable and has validated the use of community outreach to identify patients.

16. **The World Bank Team is proactively engaging Development Partners (DPs) to ensure consistency and harmonization in responding to the financial and technical needs of the MOHP.** This includes regular bilateral and collective meetings with key DPs such as the UNICEF, UNFPA, WHO, and other partners. Overall, there is scope for DP support to be better coordinated through the GOE, to align available financial and technical assistance to the National

<sup>12</sup> The GoE defines "elimination" of Hep C as a national prevalence rate of less than 1%.



Health Plan and to harmonize all the efforts. The proposed project will be a catalyst in this process and the Bank will continue its engagement and analytical work in the health sector in close coordination with all DPs.

#### Relationship to CPF

17. The Egypt Country Partnership Framework (CPF) for FY15-19, approved on November 5, 2015, supports transformational changes to the economic and social space in Egypt. The CPF is organized under three closely interconnected focus areas which are also the fundamental areas under Egypt Vision 2030: improving governance; private sector job creation; and social inclusion. Specifically, the proposed project supports Focus Area 3 on Social Inclusion, Objective 3.2 which calls for a support towards the outer years of the CPF to: (i) expand equitable access to family health services; (ii) improve health system response to neonatal and obstetric cases; and, (iii) improve patient and blood safety. Further, the CPF calls for Bank's support to the GOE on its responsiveness to prevent, diagnose, treat, and assess the fiscal impact of Hep C.

18. The proposed project contributes to the achievement of the World Bank Group's Twin Goals to: (i) end extreme poverty at the global level within a generation: and, (ii) promote "shared prosperity". By strengthening integrated public health service delivery, the proposed project will contribute to the objective of UHC, including the HNP Global Practice goals of ensuring access to health services and financial protection for everyone by 2030 and ensuring that, by the same year, no one is pushed into or kept in poverty by paying for healthcare. Furthermore, the proposed project is consistent with the strategic principles in the WBG MENA health sector of creating fair and accountable health systems in a sustainable manner. The proposed project will mainstream the Bank's Twin Goals through Egypt's health system on its path to UHC and will feed into the "Renewal of the Social Contract" pillar of the MENA strategy through supporting the socially demanded interventions in the health sector.

19. The proposed project activities align with Egypt's 2014 constitutional mandates, the MOHP Strategy and Vision 2030. In that regard, the strategy explicitly commits to: i) implementing UHC; ii) boost quality of healthcare services; iii) strengthen preventive health programs; iv) further develop healthcare governance and decentralization; v) upgrade health informatics systems; vi) modernize health Human Resource Management; and, vii) upgrade the pharmaceutical sector.

20. The GOE formally requested the World Bank's support to the health sector in October 23, 2017. The proposed project will assist the health sector with US\$500 million, using an Investment Project Financing (IPF) instrument, using a result based approach -Disbursement-Linked Indicators (DLIs), over a 5-year implementation period. In addition, the Bank has carried out a series of consultations with the GOE and key stakeholders to maintain the dialogue towards a unified vision for transformational reform of the health care sector in Egypt. Furthermore, the Bank is engaged in providing technical advice to strengthen the National Healthcare Strategy given the constitutional mandate, the Vision 2030 plan and the newly passed Comprehensive Social Health Insurance Law.

### **C. Proposed Development Objective(s)**

21. The proposed Project Development Objective is to improve the quality of primary and secondary health care services and to support the Government of Egypt in the prevention and control of Hepatitis C



Key Results (From PCN)

22. The PDO results indicators may include:

Improved quality of PHC:

- (i) 1000 PHCs accredited

Improved quality of secondary care:

- (ii) 15 hospitals accredited

Prevention and control of Hep C:

- (iii) At least 40 million screened for Hep C
- (iv) % of Hep C patients who completed treatment that have taken the post-treatment confirmatory cure test
- (v) Percentage of blood units dispensed at MOHP hospitals that have been screened utilizing the Nucleic Acid Test (NAT)

#### D. Concept Description

23. The project design builds upon the successful outcomes of HQIP in improving the quality of PHCs, supporting a hospital accreditation pilot, and screening and treatment of Hep C. As under HQIP, the proposed project will follow a decentralized implementation approach and will expand accreditation of PHCs and hospitals, screen and treat Hep C. Capitalizing on the proposed Hep C interventions, the project will screen for the risk factors of the diseases that are the leading causes of deaths (e.g. diabetes and hypertension). Furthermore, the project proposes transformational support to key services that underpin the health system, including the pharmaceutical supply chain and blood banks.

#### Project Components

24. **Component 1: Strengthen community and primary health care services (US\$300 million estimated cost).** This component will finance results using Disbursement-Linked Indicators (DLIs) achieved and verified by an independent entity. This component will support the following:

- (i) **Accreditation of PHCs.** The goal would be to accredit 1000 PHCs in 9 governorates using quality accreditation standards as outlined in the new National Egyptian Accreditation Guideline. This will lead to enhanced quality of services, including clinical consultations, nutrition services, family planning, routine public health programs, mental health, infection control, strengthening district level management procedures, referral services, and patient education.
- (ii) **Screening for Hep C and risk factors for high burden diseases.** This will include nation-wide mass screening for Hep C, blood sugar level, blood pressure level, and Body Mass Index (BMI) of the target population, calibrated by age groups and geographic burden in project target areas.
- (iii) **Strengthen community health worker (CHW) program.** This will finance results linked to strengthening the CHW program to improve health promotion and health education. CHWs will provide services using digital tools to deliver real time advice including referrals to higher levels of care. Intervention areas include maternal and child health (MCH), nutrition, family planning, gender-based violence, and early childhood development at the household level.





25. **Component 2: Strengthening secondary level care (US\$190 million estimated cost).** This component will strengthen the integration of services through enhancing procedures, logistics and operations that would empower hospitals to provide comprehensive quality services to the population residing in their catchment areas. The component will also support the roll-out of a pharmaceutical supply chain system and enhance activities aiming at maintaining safe blood supplies. This component will support the following:

- (i) **Accreditation of hospitals.** The goal will be to improve the quality of services in 15 referral hospitals serving their catchment areas. This will strengthen the continuity of quality care for patients treated at PHCs. The accreditation will be carried out in accordance with the national Egyptian Accreditation guideline for hospitals. This will also support treatment of patients who have been screened for blood sugar and hypertension under the project.
- (ii) **Improve the pharmaceutical supply chain and the blood bank network.** This will finance selected investments needed to complement PHC and hospital services, including the pharmaceutical supply chain and the provision of safe blood supply.
- (iii) **Treatment of Hep C.** This will support the provision of treatment of patients who screened positive for Hep C, as well as efforts to ensure that patients who initiate treatment are reported as being cured based upon a post-treatment cure confirmation test.

26. **Component 3: Institutional Capacity Building and Project Management (US\$10 million):** This component will support the following:

- (i) **Project Management and Monitoring and Evaluation.** This will include support for the Project Management Unit (PMU), training for MOHP staff, and contracting External Technical Advisors (ETA), Financial auditors and Third-Party verification.
- (ii) **Institutional Strengthening** to provide selected technical assistance to strengthen the institutional capacity of key relevant public sector agencies for the roll-out of the Comprehensive Health Insurance System.

27. **Component 4: Contingency Emergency and Response Component (CERC)- (US\$0 million):** This component would allow for a quick realignment of resources within the total project financing envelope to boost the country's response in the event of a national health emergency.

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## SAFEGUARDS

### A. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

Environmental:

The Project will be implemented in all governorates in Egypt, more details on the physical characteristics will be provided at a later stage. The Project risk is considered moderate and the environmental Category is rated as "B".

OP 4.01 is triggered as the project will include minor infrastructure refurbishment, at first level of care and the provision of medical consumables and thus generation of medical waste.

Environmental impacts of such activities are expected to be site-specific, limited and mitigatable. An Environmental and



Social Management Framework (ESMF), including a Medical Waste Management Plan for health care facilities, will be required to be prepared by the MOPH. The Ministry has already started the assessment and the Bank team will consult with the ministry staff on the draft ESMF during the preparation mission and the final ESMF will be disclosed in-country and on the World Bank external website by Project Appraisal.

Social:

The project is expected to deliver substantial positive social outcomes for more than 40 million people through accreditation of primary health care units, screening of 30 million citizens for Hep C, administering treatment for estimated 2.5 million people, as well as screening of 10 million citizens for NCDs. The proposed project will not require land acquisition as only indoor rehabilitation is envisioned. As such, land acquisition will not be required, and therefore, OP 4.12 on Involuntary Land Acquisition will not be triggered. Safety issues associated with the handling of waste by health unit staff, waste management staff, and communities will need to be prevented and mitigated. Possible associated risks with the program are concerns regarding cost and satisfaction of service.

**B. Borrower’s Institutional Capacity for Safeguard Policies**

The implementing agency is the Ministry of Health and Population (MOHP) which has previous experience with the World Bank operations, including the management of the last Healthcare Quality Improvement Project which was Environmental Category "C". Detailed assessment of the institutional capacity of MOHP as related to safeguards will be provided in the ESMF.

**C. Environmental and Social Safeguards Specialists on the Team**

Mariana T. Felicio, Social Safeguards Specialist  
Amer Abdulwahab Ali Al-Ghorbany, Environmental Safeguards Specialist

**D. Policies that might apply**

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The project is considered as a Category B. OP 4.01 is triggered as the project will include under Component 2 minor infrastructure refurbishment, at first level of care and provision of medical consumables and thus generate medical waste.  To ensure proper management of environmental impacts that might result from the implementation of the Project’s interventions, an Environmental and Social Management Framework (ESMF), including a Medical Waste Management Plan for health care facilities, is being prepared by the MOPH. The ESMF will include, inter alia, summary of all environmental and social related impacts that might result from the proposed accreditation standards for health facilities



and measures suggested in the accreditation guidelines to mitigate these impacts. Similarly, a section in the ESMF will be included for the CERC and impact/risk management of any activity under this component. Furthermore, and based on the guidance provided in the ESMF, a site-specific Environmental Management Plan (ESMP) will be prepared prior to procurement of works for each sub-project that includes infrastructure refurbishment. In most cases, the works are expected to be limited to minor rehabilitation, and the Bank's standard Checklist ESMF will be used. The project will provide clear environmental management guidelines and training, as deemed necessary, for contractors hired for rehabilitation and outfitting of health care facilities. Attention will be paid to medical waste, waste generated at construction sites and health and safety aspects of public as well as health care providers.

Grievance Redress Mechanism (GRM):

The MOHP has an existing GRM, building on prior activities financed under the recently closed Healthcare Quality Improvement Project, and the successful implementation of an 18-month TA program entitled "Mainstreaming Beneficiary Feedback in selected sectors in Egypt" that was recently closed, with a major activity aiming at increasing the client's capacity to design and implement the GRM in the Health Sector in Egypt. The proposed project will also build on the outcomes of this TA, which included an assessment prepared on the existing GRM which informed specific actions reflected in a detailed action plan to strengthen the existing GRM in MOHP, and the development of a GRM User's Guide/Manual with standardized procedures and forms. The Bank will ensure further strengthening of the existing GRM in MOHP through ensuring its operationalization and functioning.

Natural Habitats OP/BP 4.04

No

Policy is not triggered as the project will not intervene in areas of natural habitat nor result in loss, conversion or degradation of natural habitats or critical natural habitats as defined by the policy.



Forests OP/BP 4.36	No	Policy does not apply as the project will not be implemented in any forested areas.
Pest Management OP 4.09	No	Policy does not apply as the project will not support the purchase or use of pesticides or pesticide application equipment.
Physical Cultural Resources OP/BP 4.11	No	Policy is not triggered as the project will not involve any activities that might impact or are located in areas of cultural heritage sites.
Indigenous Peoples OP/BP 4.10	No	Policy is not triggered as indigenous people as defined in the policy are not present in project areas.
Involuntary Resettlement OP/BP 4.12	No	Policy is not triggered as works will only involve rehabilitation in the existing clinics and no new construction and/or land acquisition will be required.
Safety of Dams OP/BP 4.37	No	Policy is not triggered as the project will not include construction of dams as defined by the policy and as none of the investments under this project depends on the performance of existing dams.
Projects on International Waterways OP/BP 7.50	No	Policy is not triggered as the project will not undertake any activities in the catchment areas of international waterways and shared aquifers.
Projects in Disputed Areas OP/BP 7.60	No	Policy is not triggered as project activities will not be implemented in any disputed areas.

**E. Safeguard Preparation Plan**

Tentative target date for preparing the Appraisal Stage PID/ISDS

Mar 30, 2018

Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the Appraisal Stage PID/ISDS

OP 4.01 is triggered as the project will include under Component 2 minor infrastructure refurbishment, at first level of care. An Environmental and Social Management Framework (ESMF), including a Medical Waste Management Plan for health care facilities, will be required to be prepared by the MOPH. The ESMF and to-be-prepared site-specific safeguard instruments will be consulted on, and disclosed in-country in a place easily accessible to Project Affected Persons (PAPs) and on the World Bank external website by Project Appraisal.

**CONTACT POINT**

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