

**INTEGRATED SAFEGUARDS DATA SHEET
CONCEPT STAGE**

Report No.:

Date ISDS Prepared/Updated: 06/01/2007

I. BASIC INFORMATION

A. Basic Project Data

Country: Uruguay	Project ID: P050716
Project Name: UY Non Communicable Diseases Prevention Project	
Task Team Leader: Luis Orlando Perez	
Estimated Appraisal Date: June 11, 2007	Estimated Board Date: October 9, 2007
Managing Unit: LCSHH	Lending Instrument: Specific Investment Loan
Sector: Health (100%)	
Theme: Health system performance (P)	
IBRD Amount (US\$m.):	20.00
IDA Amount (US\$m.):	0.00
GEF Amount (US\$m.):	0.00
PCF Amount (US\$m.):	0.00
Other financing amounts by source:	
Borrower	0.00
<u>Financing Gap</u>	<u>10.00</u>
	10.00

B. Project Objectives [from section 2 of PCN]

The operation would seek to support Government efforts to further strengthen its current health policy framework and health delivery by focusing on solving the inadequacy of the current system to respond to the changing epidemiological profile, in which NCDs have become prevalent and the need to protect and strengthened priority public health programs within a solid framework of stewardship and regulation.

In this context, the specific development objectives of the proposed operation would be:

- (i) To improve the capacity of the MSP to make informed decisions about prevention and control priorities and to monitor the impact of NCDs interventions;
- (ii) To implement a National Health Promotion and Prevention Strategy related to NCDs focusing on NCDs education, social mobilization, and advocacy; and
- (iii) To expand accessibility and quality assurance of primary health care services related to NCDs detection and treatment.

C. Project Description [from section 3 of PCN]

Project components

The operation would consist of four components:

Component 1. Strengthening MSP's capacity to address the changing country epidemiological profile; Component 2. Improving quality of primary care services for prevalent NCDs; Component 3. Supporting the health insurance reform design process; and Component 4. Project management. These components are synchronized with activities to be undertaken by the three main directorships in the MSP: DIGESA, ASSE and DIGESE.

Component Description

Component 1 - Strengthening of the MSPs Capacity to Address the Country's Changing Epidemiological Profile. This component would strengthen the Ministry of Public Health (MSP), so it can exercise its stewardship of Uruguay's health system by improving essential public health functions related to NCDs. Finance would be provided for technical assistance, training and incremental operating costs within three sub-components, with the MSPs Directorate General of Health (Direccion General de Salud - DIGESA) being responsible for the overall coordination of the activities within this component.

Component 2 - Improving Quality of Primary Care Services for Prevalent NCD's: This component would strengthen the capacity of Uruguay's public health system in the screening and control of prevalent NCDs i.e., hypertension, cardiovascular disease, diabetes and three preventable cancers. It would also improve problem resolution at the primary care level; thus enhancing the efficiency of the overall sector. The Health Services Administration (Administracion de Servicios de Salud del Estado - ASSE , the agency within the MSP responsible for providing medical care to those without social security or private health insurance coverage, would be responsible for the implementation and coordination of the activities in this component. This component would finance technical assistance, the purchase of medical and ITC equipment, training and the incremental operating costs related to the implementation the component.

Component 3 - Supporting the Health Insurance Reform Design Process: This component would provide technical assistance for the design of the overall policy framework and the system of incentives of the new health insurance. Activities within this component would be the responsibility of the Health Secretariat (Direccion General de Secretaria DIGESE), the agency within the MSP that is now responsible for conducting the health reform strategy.

Component 4 - Project Management. This component would cover Project's operating expenses.

D. Project location (if known)

The project would focus on enhancing the services delivery capacity of primary health care facilities as well as secondary referral centers. These would include the purchase of key medical equipment for detection and treatment of NCDs as well as other pathologies required and differential diagnosis of NCDs.

Project activities would include:

1. Primary care facilities ASSE depending from the sanitary regions of Montevideo, Canelones East and West, San José, Tacuarembó, Treinta y Tres and Rio Negro;
2. All the second level referral ambulatory facilities - totalizing 11 in Great Montevideo's sanitary regions and 41 in the inland sanitary regions, and
3. Five high complexity facilities with second level referral ambulatory role for certain NCDs nationwide.

The medical equipment with potential minimal environmental impacts will be located in the second level referral ambulatory facilities mentioned in points 2 and 3 above.

E. Borrower's Institutional Capacity for Safeguard Policies [from PCN]

MSP has a clear set of policies and procedures consistent with an appropriate environmental management. Health equipment to be procured (low complexity Rx diagnostic equipment)is subject to comply with all environmental licenses and permits required by Law, and to follow the MSP allowances procedures.

The MSP Environmental and Occupation Health Division have already built in procedures to screen and assess environmental sensitivity of procurement, so that particular recommendations can be made to improve or to mitigate environmental impacts

The MSP have an adequate legal framework for enviromental safeguard policies and a adequate enforcement of the legal regulations and control capacity.

The MSP health care providers (public and private) already have adequate health care waste management, storage and disposal systems

F. Environmental and Social Safeguards Specialists

Mr Marcelo Hector Acerbi (LCSSD)

II. SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies Triggered	Yes	No	TBD
Environmental Assessment (OP/BP 4.01)	X		
<p>Environmental impacts are expected to be positive in the long run, as the components and equipments financed by the project will help to improve already existing health quality and services by strengthening MSP's capacity to address the country's changing epidemiological profile; improving quality of primary care services for prevalent NCDs; and supporting the health insurance reform design process.</p> <p>Nonetheless, some of the new medical equipment to be procured may have potential temporary negative environment impacts. In particular, the potential impact is related to human exposure to low complexity Rx diagnosis equipment (radiation).</p> <p>In addition, expanding health coverage for Non Communicable Diseases (NCDs) would be expected to result in marginal additional health care waste in primary care health.</p> <p>The environmental evaluation concluded that the project did not include works. No</p>			

Safeguard Policies Triggered	Yes	No	TBD
resettlements will take place, and no natural habitats or cultural heritage areas will be affected. There are not identified neither expected any potential large scale, significant and/or irreversible negative impacts			
Natural Habitats (OP/BP 4.04)		X	
Forests (OP/BP 4.36)		X	
Pest Management (OP 4.09)		X	
Physical Cultural Resources (OP/BP 4.11)		X	
Indigenous Peoples (OP/BP 4.10)		X	
Involuntary Resettlement (OP/BP 4.12)		X	
Safety of Dams (OP/BP 4.37)		X	
Projects on International Waterways (OP/BP 7.50)		X	
Projects in Disputed Areas (OP/BP 7.60)		X	

Environmental Category: B - Partial Assessment

III. SAFEGUARD PREPARATION PLAN

- A. Target date for the Quality Enhancement Review (QER), at which time the PAD-stage ISDS would be prepared: 05/23/2007
- B. For simple projects that will not require a QER, the target date for preparing the PAD-stage ISDS: N/A
- C. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing¹ should be specified in the PAD-stage ISDS.
N/A

IV. APPROVALS

<i>Signed and submitted by:</i>		
Task Team Leader:	Mr Luis Orlando Perez	03/08/2007
<i>Approved by:</i>		
Regional Safeguards Coordinator:	Mr Reidar Kvam	
Comments:		
Sector Manager:	Mr Keith E. Hansen	06/01/2007
Comments:		

¹ Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in-country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.