PROJECT INFORMATION DOCUMENT (PID)
APPRAISAL STAGE

Report No.: PIDA23956

Project Name	Sahel Malaria and Neglected Tropical Diseases (P149526)
Region	AFRICA
Country	Africa
Sector(s)	Health (100%)
Theme(s)	Health system performance (30%), Malaria (25%), Other communicable diseases (25%), Child health (20%)
Lending Instrument	Investment Project Financing
Project ID	P149526
Borrower(s)	Burkina Faso, Mali, Niger
Implementing Agency	Ministry of Health, Ministry of Health, Ministry of Health, WAHO/ECOWAS, WHO/AFRO
Environmental Category	B-Partial Assessment
Date PID Prepared/Updated	25-Mar-2015
Date PID Approved/Disclosed	08-Apr-2015
Estimated Date of Appraisal Completion	16-Apr-2015
Estimated Date of Board Approval	28-May-2015
Appraisal Review Decision (from Decision Note)	

I. Project Context

Country Context

Africa's Sahel region is home to more than 80 million people. The region faces grave threats to its security and development, exacerbated by decades-long, economic, political, demographic, and ecological stresses. Instability in the Sahel is caused by rapid population growth, weak institutions and a lack of state presence in many remote areas. Roughly half of the population lives on less than US$1.25 per day with over 11 million at risk of hunger and five million children under five facing acute malnutrition. The sub-region ranks very low on the United Nations Development Programme (UNDP)'s Human Development Index. The Sahel is also highly vulnerable to climate change due to its geographic location at the southern edge of the Sahara desert and the strong dependence of its population on rain-fed agriculture and livestock . Climate variability also has an important impact on the distribution and transmission of communicable diseases and increases population vulnerability to disease outbreaks and epidemics .

Malaria and neglected tropical disease (NTD) transmission are common vulnerabilities across the Sahel region. The Sahel bears a disproportionate share of the global burden of morbidity, disability and mortality associated with malaria and NTDs . NTDs, the most common afflictions worldwide,

are mostly parasitic infections that can disable and weaken affected individuals. Both malaria and NTDs are seen as top health priorities by all countries in the sub-region. These diseases place an overwhelming economic burden on households, national economies and the region as a whole. Malaria and NTDs lock people into poverty by reducing labor productivity, interrupting agricultural practices, hindering scholastic achievement, impairing cognitive development, and depleting household income and resiliency. ,

This project is directly in line with the World Bank's mission to end extreme poverty and promote shared prosperity. NTDs and malaria are major constraints on the health, education, and earning potential of people living in the Sahel and have the greatest impact on the most vulnerable populations: women, young children, and the extremely poor. These diseases are both causes and consequences of poverty . The poorest and most vulnerable populations are more likely to acquire these diseases and are less likely to receive adequate tests and treatment. The economic rationale for investment in the control of malaria and NTDs is very strong and addressing the morbidity, disability and mortality associated with these "diseases of poverty" will contribute to reducing extreme poverty as well as social and economic inequity.

The Lancet Commission on Investing in Health has reaffirmed the primordial importance of investments in health for economic growth in low and middle income countries. One of the main conclusions of the Commission's report is that health improvement accounted for 11% of economic growth in low and middle income countries between 2001 and 2011. These returns are even higher (24%) when a full income approach is adopted. In western sub-Saharan Africa, malaria and NTDs together represent between 15% and 26% of the overall burden of diseases measured in disability adjusted life years (DALYs). Addressing these diseases could contribute to substantial improvements in health and to sizeable economic benefits in the medium to long run.

Moreover, the Lancet Commission also estimated that scaling up highly effective malaria and NTD control interventions could contribute to achieving a grand convergence in under 5 mortality rates at the horizon of 2035. Achievement of convergence would prevent 10 million deaths globally in 2035 across low-income and middle-income countries relative to a scenario of stagnant investments and no improvement in technology.

The project will be implemented in three countries in the Sahel region: Burkina Faso, Mali and Niger.

The criteria for country selection included a consideration of disease burden and epidemiology, geography, the size of the population at risk, economic, linguistic and cultural ties and an expression of interest in the project by the countries. Burkina Faso, Mali, and Niger have similar burdens of malaria and NTDs and seasonal patterns of disease transmission, are bound together by the Niger River, which is a shared economic resource, and can easily build upon existing institutional capacity for regional projects. The project readily complements ongoing and pipeline national and regional investments. Additional countries in the Sahel with similar characteristics as presented below may join this regional initiative at a future stage.

- Epidemiology: Burkina Faso, Mali, and Niger have a heavy burden of five or more of the seven major preventive chemotherapy NTDs which can be addressed through integrated periodic mass drug administration (MDA) and treatment campaigns; a significant backlog of patients with reversible complications of NTD; a heavy burden of malaria in populations with poor access to

diagnostic and treatment services; and, seasonal malaria transmission amenable to control through community-based seasonal malaria chemoprevention (SMC) .

• Geography: Burkina Faso, Mali, and Niger are contiguous, land-locked countries with shared and porous borders. Collective action and cross-border planning for disease control and surveillance is a key element in project design as most of these diseases and the people they affect are not limited by national borders. In Burkina Faso and Mali, for example, onchocerciasis transmission and disease burden is heaviest in the southern border areas , . In Mali malaria transmission is greatest in the southern border areas including the shared border with Burkina Faso and in the Niger River Basin. In Niger, the malaria and lymphatic filariasis burden is concentrated along the western border with Burkina Faso and Mali as well as along the southern border with Nigeria .

• Population: Burkina Faso, Mali, and Niger are of a size that will allow for significant benefits to accrue within the constraints of the project budget. The combined population is approximately 50 million almost all of which is at risk for malaria, with a significant proportion also at risk for NTDs

• Economic collaboration and shared currency: Burkina Faso, Mali, and Niger are members of the Economic Community of the West African States (ECOWAS). As a result, these countries are already aligned in the joint pursuit of improved national wealth and economic growth through cross-border development initiatives. The three countries are also members of the Union Économique et Monétaire Ouest Africaine (UEMOA, "West African Economic and Monetary Union") and share the same currency, the West African CFA franc.

• Interest and engagement of other partners: As evidence of engagement of partners, Burkina Faso, Mali and Niger are receiving external support for national strategies and action plans for the control of malaria and NTDs. A regional workshop was organized in February 2015 in Ouagadougou, Burkina Faso with representatives of the three countries and key partners to develop the design of the Project. Moreover, these countries will receive complementary external support for national strategies and action plans for the control and elimination of malaria and NTDs which will complement IDA financing. Key financing and implementation partners expressed strong interest and engagement in working in partnership during project preparation and implementation.

Sectoral and institutional Context

For most countries in the Sahel region access to health services remains inadequate, with a large proportion of the population living more than five kilometers from a health center. There are large variations in access to services and health outcomes between urban and rural areas, and between the wealthiest 20% and the poorest 20% of the population. Doctors and midwives remain disproportionately concentrated in urban areas, and service quality is undermined by the inadequate motivation of public sector health workers due to low salaries and limited accountability for performance. In Burkina Faso the average distance to a health center is 7.5 km, more than an hour walk. Disparities in access are further complicated in post-conflict countries. Recent internal strife in Mali has displaced health care providers and disrupted service delivery. As a result, the majority of preventive health programs have stopped their operations, and only 36% of the primary care structures can provide care for health threats such as malaria and 46% of those providing maternal health services are still active.

The disease burden of malaria and NTDs could be significantly reduced with collaborative action to accelerate implementation of malaria and NTD services in remote and border areas. An integrated regional malaria and NTD program would help Burkina Faso, Mali, and Niger to address this challenge collectively and advance the following Millennium Development Goals (MDGs): Reducing Child Mortality (Goal 4), Reducing Maternal Mortality (Goal 5), and Combatting HIV/ AIDS, Malaria, and Other Diseases (Goal 6).

The proposed project will focus on scaling up the disease control interventions at the community level. For malaria this includes community-based diagnosis and treatment and SMC for young children. For PC-NTDs this includes integrated mass drug administration (MDA) and treatment of the reversible consequences of trachoma (triciasis) and lymphatic filariasis (hydrocele). By focusing on community-based interventions, the project will provide an opportunity to improve the quality and efficiency of community-health delivery platforms. In each country, the Project Team and in-country Senior Health Specialists will work with the national programs, their partners and stakeholders to ensure complementarity of project activities with (i) ongoing and pipeline World Bank funded projects in each country; (ii) ongoing and pipeline World Bank funded regional projects ; and (iii) ongoing and planned support for malaria and PC-NTD by national governments and external partners.

The Neglected Tropical Diseases

The World Health Organization (WHO) estimates most NTDs can be eliminated from Africa by 2025. The WHO African Programme for Onchocerciasis Control (APOC) has developed a regional strategy to eliminate onchocerciasis and lymphatic filariasis and support control the other PC-NTDs between 2016 and 2025. These diseases are co-endemic across Africa, including countries in the Sahel, and treatment coordination is greatly important as some infections can be treated with the same medicines. For example, medicines to treat onchocerciasis and lymphatic filariasis can also help to control scabies and soil-transmitted helminths (STH); infections from these diseases represent a significant economic and health burden in Africa. Integrated NTD programs are the most cost-effective option to achieve elimination goals, and other approaches to integrate PC-NTD MDA will be pursued .

Most of the global burden of the five major preventable NTDs is borne by the poorest of the poor in Africa. Although NTDs can be found across sub-Saharan Africa, the burden is heavily concentrated in the Sahel region and four of the most debilitating NTDs are strongly associated with the climatic environment of the Sahel: 88% of trachoma cases in Africa are concentrated in the Sahel, as are 59% of lymphatic filariasis cases, 50% of schistosomiasis cases, and 49% of onchocerciasis cases. Most of the population of the Sahel is at risk for co-infection with at least five NTDs, which can easily be controlled by annual or semi-annual community-based treatment with free drugs, donated for as long as necessary by the pharmaceutical industry.

In Burkina Faso, Mali, and Niger, there is a paradigm shift from control to elimination of PC-NTDs. All three countries are taking steps to reduce the disease burden domestically. In Burkina Faso, for example, the Directorate for the Control of Disease (DLM) is integrating NTD and water, sanitation and hygiene (WASH) strategies with the aim of accelerating efforts to reduce trachoma, schistosomiasis, and STH. Mali has intensified its NTD program to integrate MDA, treatment of cases, epidemiological and entomological surveillance, vector control and school-based

interventions. Disease mapping in Mali found that five NTDs are co-endemic in the south and four in the north (excluding onchocerciasis). Along the same vein, Niger has completed NTD prevalence mapping for all diseases in nearly all districts. Four of the five PC-NTDs (LF, schistosomiasis, STHs and trachoma) still require MDA, and one (onchocerciasis) only requires post-endemic surveillance without MDA. International development agencies, including United Kingdom Department for International Development (DFID) and the United States Agency for International Development (USAID), provide the primary financing for NTD control and elimination efforts in all three countries. The project will complement and build on the best practices from each country for its regional harmonization efforts.

Malaria

Development partners, including the World Bank, have been investing in malaria control across Africa for more than a decade and great progress has been made in curbing the impact of the disease through the promotion of long-lasting insecticidal nets (LLINs) and prompt diagnosis and treatment of fever. Nevertheless, all countries in the Sahel remain vulnerable to malaria, especially during the rainy season when malaria transmission and infections peak. There is real concern about the possibility of malaria resurgence and epidemics due to an array of factors affecting the Sahel including climate change, insecticide and drug resistance, as well as changes in water distribution and use patterns associated with irrigation and other development activities. The malaria burden in the Sahel is unacceptably high with an estimated 33.7 million malaria episodes and 152,000 deaths from malaria each year in children under five.

Malaria is a top health priority and is the primary cause of outpatient consultation, hospitalizations and hospital deaths in all three countries. In Burkina Faso, for example, malaria is the primary cause of pediatric consultations (46.5%), hospitalizations (61.5%) and mortality (30.5%) in health facilities and overall is responsible for 46.5% of outpatient visits, 61.5% of inpatient stays and 30.5% of hospital deaths. In all three countries malaria transmission occurs throughout the year, but there is a sharp increase in cases and deaths associated with the rainy season which extends from July to October. Almost all malaria cases in the three countries are due to infection with P. falciparum, the most lethal form of malaria. The two most resilient and effective mosquito vectors: A. funestus and A. gambiae are also highly prevalent. Children under five years of age and pregnant women are at the greatest risk of malaria.

A regional strategy for the control and elimination of malaria among ECOWAS countries covering the period 2014-2020 was developed in December 2013, with objectives to (i) intensify cross-border cooperation; (ii) coordinate the inter-country efforts for control and elimination; (iii) mobilize resources to increase efficiency; and (iv) strengthen the national response performances of member countries. The strategy is a major step forward in tackling the challenge of malaria control from a regional perspective. It is comprehensive and responsive to the technical and implementation guidance provided by the WHO on the prevention, diagnosis and treatment of malaria, as well as surveillance and monitoring. The strategy is accompanied by a Regional Action Plan for malarial control in West Africa, which was validated in 2014.

Burkina-Faso, Mali and Niger have a National Malaria Control Program (NMCP) that has developed a strategic plan of action consistent with the ECOWAS regional strategy mentioned above. These strategies and plans include periodic campaign-style distribution of LLIN as well as

routine LLIN distribution to pregnant women through antenatal care (ANC) services and to young children upon completion of vaccination. Other vector control interventions include some targeted indoor residual spraying (IRS) of houses with insecticides and the use of larvicides in open water sources. Intermittent preventive treatment of pregnant women (IPTp) with an antimalarial drug during ANC visits and SMC for children less than five years of age are also among the prevention strategies adopted by the three countries. On the treatment side, the strategies and plans include biological confirmation (diagnosis) of malaria with either microscopy or a rapid diagnostic test (RDT) and treatment of uncomplicated malaria with an artemesinin-based combination therapy (ACT). Diagnosis and treatment has primarily been conducted in health facilities, but is now being rolled out at the community level. Severe malaria, which is immediately life-threatening, is treated with quinine or injectable artesunate and supportive therapy that may include IV hydration and blood transfusion.

II. Proposed Development Objectives

The project development objective is to: Increase delivery and use of harmonized community-level services for the prevention and treatment of malaria and selected neglected tropical diseases in targeted cross-borders districts in the Sahel region.

III. Project Description

Component Name

Component One: Improve regional collaboration for stronger results across countries

Comments (optional)

This component will support countries' efforts to harmonize policies and procedures and engage in joint planning, implementation and evaluation of program activities. Responsibility for key regional functions will be allocated among countries and regional implementation partners according to their comparative advantage.

Component Name

Component Two: Support for Coordinated Implementation of Technical Strategies and Interventions

Comments (optional)

This component will support countries' efforts to jointly control malaria and control and eliminate NTDs where possible through community-based interventions with particular emphasis on populations with poor access to services including populations living in border areas.

Component Name

Component Three: Strengthen institutional capacity to coordinate and monitor implementation

Comments (optional)

This component will provide support to country level implementing agencies and regional institutions to perform core functions and insure that the project is well implemented, monitored and evaluated.

IV. Financing *(in USD Million)*

Total Project Cost:	121.00	Total Bank Financing:	121.00
Financing Gap:	0.00		

For Loans/Credits/Others	**Amount**
BORROWER/RECIPIENT	0.00

International Development Association (IDA)	121.00
Total	121.00

V. Implementation

In order to fully integrate national and regional priorities, this operation combines support to the three countries to implement country-level activities, as well as support to WAHO to perform a regional coordination role and to implement activities at regional and sub-regional (cross-border) level. WHO/AFRO will be responsible for providing support to the three countries in building technical capacity for disease control and monitoring and evaluation and will serve as the liaison between the project countries and the pharmaceutical donation programs, working in collaboration with WAHO's implementation team. It is proposed that funds will flow from IDA directly to the three countries for country level activities, and to WAHO (eligible to receive regional IDA financing, see Annex 3 for eligibility criteria for regional grants) for regional level activities. Separate service agreements would be signed out of the proceeds of the Agreement with WAHO to other regional institutions such as MRTC and potentially other regional research institutions who will provide training and specific technical support for research and sentinel surveillance at the regional level. Technical assistance provided by WHO/AFRO will be funded out of the Financing Agreements with the three countries. This proposed arrangement is fully in line with IEG's recommendations on regional projects . Annex 3 describes the entities (Governments or partners) in charge of the various project activities implementation. The figure below summarizes these arrangements:

The project will be implemented by the ministries of health in each country with support from WAHO and WHO/AFRO. While the situation differs from country-to-country, each MOH has the responsibility for overseeing all field community distribution, treatment and BCC programs. All project activities related to NTD and malaria are integral parts of MOH's sector action plans under the national strategy. Monitoring and evaluation (M&E) systems, including health systems and program data, surveys, sentinel surveillance and operations research would be strengthened in the three countries with technical support from regional organizations such as WAHO, WHO/AFRO and MRTC. Knowledge generated will be used for decision-making, to enhance the learning processes, and to improve the quality of services.

A regional steering committee will be responsible for the regional coordination of the Project, such as : (i) harmonizing technical strategies, implementation and monitoring tools across countries; (ii) conduct joint planning of campaigns, cross-border activities and project evaluations; and (iii) identify operational research priorities and disseminating lessons learned. This committee which will be comprised of national program managers and technical advisors of each country (of which one should be from MoH), donors and WHO/AFRO.

WAHO will be responsible for convening the regional coordination and day-to-day regional-level management of the Project. A regional project implementation unit (R-PIU) has been established within WAHO and reports to the Director General of WAHO and World Bank (also implementing the WARDS and SWEDD regional World Bank Projects). The R-PIU will be responsible for day-to-day administration of regional activities, procurement, financial management, programming as well as monitoring & evaluation (M&E) and will monitor and supervise project implementation. WAHO will also support knowledge management/ regional learning, leading the policy studies on regional cross-border activities and policy coordination within health ministries.

WHO/AFRO will be responsible for providing support to the three countries in building technical capacity for disease control and M&E, working in collaboration with WAHO's implementation team. Based on agreements to be established between WHO/AFRO and each country, WHO/AFRO will assist the three Sahel countries to build their capacity to implement effective IEC/BCC strategies; provide MDA for PC-NTDs; scale-up SMC and community based diagnosis and treatment of malaria; and to adapt WHO guidelines to local realities for an effective treatment program with appropriate M&E. WHO/AFRO will also serve as the liaison between the project countries and the pharmaceutical donation programs to ensure timely access to an adequate supply of free drugs for the treatment of PC-NTDs to be used in project designated districts and other targeted areas of the countries.

Other regional institutions will support regional implementation of the Project, such as the Malaria Research and Training Center (MRTC) which will coordinate regional research activities and contribute to specialized training activities and the Centrale d'Achat des Médicaments Essentiels Génériques et des Consommables Médicaux (CAMEG) in Burkina Faso which will undertake procurement and quality assurance of SMC drugs on behalf of all three countries. Pooled procurement was deemed necessary for SMC drugs to reduce the risk of procurement associated delays in one or more of the countries that would prevent participation in cross border SMC campaign activities which are tied to the rainy season once a year.

National level

At the national level, the project implementation arrangements will rely as much as possible on the existing national structures, strengthening and coordinating with existing national institutions to better support the planned activities. Experienced National Project Coordination/pulled funds Units have been in place in Burkina Faso since 2005 and in Niger for the past years, including adequate fiduciary capacities to manage World Bank and partners funding and project activities. In Mali, project will be anchored in the "National Direction of health" in the Ministry of health.

To successfully implement this regional project the Ministries of Health (MOH) of the three countries will coordinate and collaborate regionally, especially when planning and implementing cross-border interventions (surgery and mass drug distribution), research, training and BCC activities. The MOH of respective countries will implement national level activities in partnership with civil society organizations and research groups. The interaction between stakeholders involved in project implementation was discussed during a February 2015 regional workshop. When possible, experience was drawn from lessons learned from WARDS, SWEDD and Senegal River Basin Multi-purpose Water Resources Development Project (MWRD), as well as similar initiatives overseen by WHO/AFRO and WAHO.

The three country units will channel Project funds, and will be responsible for: (i) national Project management, including M&E, financial management of funds and procurement in accordance with World Bank guidelines & procedures; (ii) the finalization of the national Project Implementation Manuals (PIMs) before Project effectiveness; (iii) producing national Project progress reports; and national project communication and (iv) overseeing service contracts with WHO/AFRO. The N-PIU will be staffed as needed, taking into accounts the existing human resources and arrangements. In all three Sahel countries, the executing agencies will be the line ministry in charge of health. A project

coordinator position would be funded to strengthen the capacities of these units and 2-3 designated technical specialists would provide operational support.

National Steering Committees (NSC) will be established at the relevant administrative level in each country to oversight the Project at the national level. The project coordination unit would serve as the secretariat of the National steering Committee.

VI. Safeguard Policies (including public consultation)

Safeguard Policies Triggered by the Project	Yes	No
Environmental Assessment OP/BP 4.01	x	
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

Comments (optional)

VII. Contact point

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Borrower/Client/Recipient

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Email: NA

Name: Mali
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Title: NA
Tel: 0
Email: NA

Name: Niger
Contact: NA
Title: NA
Tel: 0
Email: NA

Implementing Agencies

Name: Ministry of Health
Contact: NA
Title: NA
Tel: 0
Email: NA

Name: Ministry of Health
Contact: NA
Title: NA
Tel: 0
Email: NA

Name: Ministry of Health
Contact: NA
Title: NA
Tel: 0
Email: NA

Name: WAHO/ECOWAS
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