



Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 07-Mar-2023 | Report No: PIDC35478



BASIC INFORMATION

A. Basic Project Data

Country Angola	Project ID P180631	Parent Project ID (if any)	Project Name Human Resources for Universal Health Coverage in Angola (P180631)
Region EASTERN AND SOUTHERN AFRICA	Estimated Appraisal Date May 12, 2023	Estimated Board Date Jun 30, 2023	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Angola	Implementing Agency Republic of Angola - Ministry of Health (MOH)	

Proposed Development Objective(s)

Improve the quality and management of Human Resources for Health in Angola

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	200.00
Total Financing	200.00
of which IBRD/IDA	200.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	200.00
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Environmental and Social Risk Classification
Moderate

Concept Review Decision
Track I-The review did authorize the preparation to continue



B. Introduction and Context

Country Context

- 1. Angola is a middle-income, resource-rich, fast-urbanizing country with half of the population living in poverty.** After the end of a 27-year civil war in 2002, Angola enjoyed several years of robust economic growth, led by oil exports; but it has so far been unable to leverage its oil wealth to support broad-based economic growth and social development. As of 2020, it was the eighth-largest economy in Sub-Saharan Africa, with gross national income (GNI) per capita of \$2,140. Diversification efforts have been severely hindered by the lack of infrastructure, unconducive business environment and external shocks arising from the decline in oil prices and the COVID-19 pandemic. Owing to a decline in the oil sector, gross domestic product (GDP) has shrunk significantly since 2015. As oil prices are projected to decline further, oil revenues are also expected to decline and bring total revenues down to 22.1 percent of GDP from 24.6 percent in 2022.
- 2. Angola ranks 149th out of 182 countries in the UNDP's Human Development Index (HDI).** It is among the countries with the lowest World Bank's Human Capital Index (HCI) score (0.36), falling slightly below the SSA average (0.4). Most of the HCI's health and education measures find that girls fare worse than boys. Other measures confirm that, as adults, women have worse labor market outcomes than men in terms of employment, wages, and job quality. Angola has some of the worst outcomes on female-related health indicators globally, with adolescent girls at particular risk. Angolan teenage girls (15-19 years old) have the highest adolescent birth rates recorded in the world at 162 births per 1,000 girls. This is largely due to the persistent under-investment in the social sectors and in human capital but is also a result of Angola's non-inclusive growth model since the end of the civil war.
- 3. Angola has been pursuing decentralization efforts since the early 2000s, the country still has a highly centralized administrative structure.** This, together with weaknesses in human resources and overall public financial management, poses challenges for effective management and delivery of health services. The limited administrative and human resources capacity at the local level remains a constraint for tackling the challenges imposed by the decentralization process and, as a result, has led to vast regional inequalities and a deep urban/rural divide. The lack of accountability and coordination mechanisms between the central and local authorities, together with the weaknesses in the qualifications and training of human resources to deliver public services (including health) effectively, are reflected in the country's poor rankings in several internationally recognized indices that track governance performance (e.g. Angola is ranked 142 out of 180 countries in Transparency International's 2020 Corruption Perceptions Index).

Sectoral and Institutional Context

- 4. Despite significant investments by the Government of Angola (GoA) in Human Resources for Health, there are still significant shortages and maldistribution of qualified health professionals.** Undergraduate training of medical doctors and nurses is currently offered in 7 provinces throughout the country. There are nearly 1,200 doctors exiting 11 medical schools every year and roughly 5,000 nurses and other undergraduate level health professionals graduating each year. In the last couple of years, there has been an effort by the MoH to admit all graduating medical doctors through a yearly public mass-hiring process. Similarly, there has also been an effort to hire nurses and other cadres of healthcare professionals. As such, between 2018 and 2022, the health workforce increased significantly from 33,093 to 96,346, mainly boosted by the significant hiring of technical nurses (high school diploma) and other non-medical professionals. Notwithstanding these gains, the density of health professionals in Angola is sub-optimal



and lower than other middle-income countries. The density of doctors is estimated at around 2.2 per 10,000 people, the density of nursing and midwifery personnel at 8.4 per 10,000 people and the density of other health personnel at 13.6 per 10,000 people. These statistics vary widely within the country: for example, the density of doctors has been estimated to be anything between 0.8 to 3.2 per 10,000; the density of nurses and midwives between 4 to 17 per 10,000; and the density of other health personnel between 6 to 25 per 10,000. Increasing urbanization, population dynamics and higher health literacy levels will likely be associated with an increased demand for higher quality health service delivery by qualified and specialized physicians, nurses, and other health professionals. Despite this increase in NCD prevalence, the capacity for NCD management at health facilities is significantly hampered by the lack of trained and specialized healthcare professionals at all levels of care.

5. **On January 12th, 2023, the Minister of Health nominated a Task Force, headed by the Secretary of State for Public Health, to spearhead a program of post-graduate training for health professionals.** The Task Force, nominated by official decree N°10/GAB.MIN/MS/2023, has representation from the different departments within the MoH, namely the Directorate of Human Resources for Health, Institute of Post-graduate training in Health, Directorate for Hospitals, Legal Department, Angolan Medical Association, Nursing Association, and members of the key faculties of medicine and tertiary level hospitals. The key mandates of this Task Force are to design, implement, and monitor the forthcoming National HRH Strategic Development Plan for Angola, which will focus on: (i) strengthening the HRH planning, forecasting and management of HRH based on needs and the decentralization process; (ii) improving availability, accessibility, acceptability and quality of human resources at all levels to adequately respond to current and future health sector needs; (iii) establishing effective mechanisms for equitable deployment and retention of health workers; (iv) providing guidance on the required improvements, both in terms of the infrastructure and equipment required to ensure improved working conditions, especially in rural contexts. Additionally, MoH has set the ambitious target of eliminating expatriate health professionals by 2027, which will require a large and focused investment in expanding the capacity of post-graduate training in country.
6. **Strengthening human resources for health is a key priority for Angola, but without the World Bank's support and in a fiscally constrained setting, the transformative vision by MoH will not be realized.** While training of HRH in Angola has been de-prioritized in the recent decades, the GoA has initiated and is fully committed to a massive scale-up, re-skilling, and up-skilling of the different cadres of health professionals in the country. Through the proposed operation, the WB will support the proposed strengthening of HRH by: contributing to evidence-based policies on HRH to optimize their performance, quality and effectiveness; investing in the required scale-up of qualified HRH commensurate with the current and projected needs of the Angolan population, health systems and labor market dynamics; supporting capacity-building of relevant institutions at the national and sub-national levels for the effective governance and management of HRH in the context of the decentralization process in country; investing in digital innovations to establish information systems for the adequate management of HRH data, strengthening e-learning platforms, and institutionalizing telemedicine. All these will need to be done sustainably, inclusively, and equitably, leveraging the opportunities to increase efficiencies in the sector, thereby generating public health gains and the boosting human capital in the country.

Relationship to CPF

7. **This project is also aligned with Angola's National Health Development Plan (PNDS) 2012-2025 and the forthcoming Health Sector Development Plan 2023-2027.** The PNDS 2012-2025 aims to: reduce malaria morbidity in the general population; maintain Angola's HIV/AIDS prevalence at 2 percent; triple the number of doctors per 10,000 citizens (from 1 to 3); substantially improve birth attendance by qualified staff (from 49 percent to 70 percent); and exponentially increase family planning services (from 6 percent to 45 percent). The plan, however,

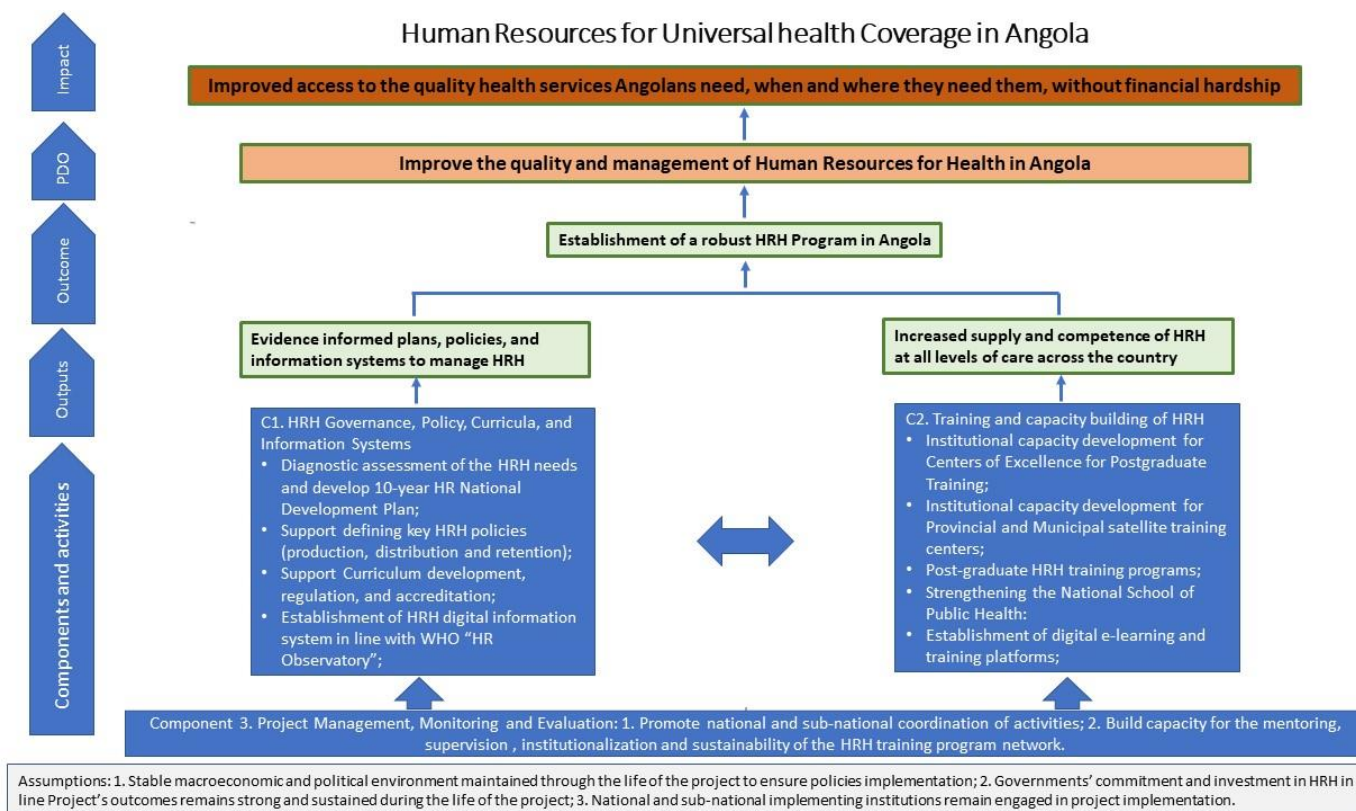


lacks key elements relevant to the country context, including an equity focus, a sectoral financing framework, and a Human Resources for Health strategy. Therefore, in the most recent Advisory Board of the Ministry of Health (MoH) held in December 2022, 4 pillars were proposed for the Health Sector Development Plan 2023-2027, namely: (i) addressing health financing challenges; (ii) municipalization of Primary Health Care (PHC) to ensure their capacity to respond to the needs of the population and demographic challenges; (iii) development of Human Resources for Health to meet the needs of the population; and (iv) improving communications with the population, users and institutions. This plan will contain operational strategies pertaining to HRH strengthening, including: (i) planning - reducing the unequal distribution of staff and address the needs of underserved municipalities; (ii) management - staff retention, reformulation of specific careers creation and implementation of specific performance evaluation systems; and (iii) development of a specialty training program with a focus on post-graduate and continuing education for health professionals.

C. Proposed Development Objective(s)

8. **The Project Development Objectives is to Improve the quality and management of Human Resources for Health in Angola.** The aim is to secure the availability and equitable distribution of qualified healthcare professionals to ensure improved health service delivery to the population of Angola. This project will seek to: (i) develop a robust, comprehensive and sustainable HRH implementation plan; (ii) support the development of normative standards and policies to enable the required HRH strengthening ; (iii) invest in the establishment of institutions and a network of postgraduate training centers at national, provincial, and municipal levels; (iv) finance specialty, post-graduate and continuous professional training to all cadres of healthcare professionals and; (v) develop the HRH information system for the monitoring, evaluation and impact assessment of the HRH implementation plan.

Key Results (From PCN)



- The proposed outcome indicators to measure achievement of the PDO are as follows: (i) Increase in policies adopted by government to guide internationally compliant postgraduate specialist training (number of ratified policies); (ii) Increase in health care workers with postgraduate training (number, disaggregated by gender and disaggregated by professional category); (iii) Improved equity in the distribution of health care workers equitable distribution at provincial level (density of healthcare professionals by province, disaggregated by gender); (iv) Increase in the retention of health care workers with postgraduate training at the provincial level (percentage, disaggregated by urban/rural, provincial/municipal and gender).

D. Concept Description

- Human Resources for Health are essential for accelerating progress towards Sustainable Development Goal 3 (SDG3: “Ensure healthy lives and promote well-being for all at all ages”) and to attain effective Universal Health Coverage (UHC). The proposed project will aim to improve the quantity, quality, distribution, and management of Human Resources for Health in Angola as proposed by the WHO’s Global Strategy on Human Resources for Health²².

Project components:

- The project will have four components, namely: (i) HRH Governance, Policy, and Information Systems; (ii) Training and capacity building of HRH; (iii) Enhancing institutional capacity and Project Management; and (iv) Contingent Emergency Response Component (CERC). These components are described in detail below.

Component 1: HRH Governance, Policy, Curricula, and Information Systems (US\$ 30 M), will have the following sub-



components:

- Sub-component 1.1: HRH Governance Systems and Policies;
- Sub-component 1.2: Curriculum development, regulation, and accreditation;
- Sub-component 1.3: HRH information management systems;

Component 2: Training and capacity building of HRH (US\$ 160M). This component will support the country in establishing a network of training centers for health professionals across the 4 levels of care (tertiary, secondary, primary, community). This will be achieved through a cascade system of training health facilities across the different levels of care. This cascade approach would ensure that differentiated levels of care will train the level immediately below in the cascade. Further, this cascade model would allow for training large numbers of people within a limited period of time and reducing the costs of training. This component will have 5 sub-components:

- Sub-component 2.1: Institutional capacity development for Centers of Excellence for Postgraduate Training;
- Sub-component 2.2: Institutional capacity development for provincial and municipal satellite training centers;
- Sub-component 2.3: Post-graduate HRH training programs;
- Sub-component 2.4: Strengthening the National School of Public Health;
- Sub-component 2.5: Establishment of digital e-learning and training platforms;

Component 3: Project Management, Monitoring and Evaluation (US\$ 10M). This component will focus on all aspects related to project management, including governance, monitoring and evaluation, fiduciary aspects, coordination, knowledge generation and communications including equipment and materials. Furthermore, this component through frequent mentoring and supervision will aim to strengthen the institutional capacity at the national, provincial, and municipal levels to institutionalize and sustain continuous health professional education and improvement of the healthcare service delivery.

Component 4: Contingent Emergency Response Component (CERC) (US\$ 0M). This Contingent Emergency Response Component (CERC) is included under the Project in accordance with World Bank’s Investment Project Financing Policy, paragraphs 12 and 13, for situations of urgent need of assistance. This will allow for rapid reallocation of Project proceeds in the event of a natural or man-made disaster or health outbreak or crisis that has caused or is likely to imminently cause a major adverse economic and/or social impact.

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Screening of Environmental and Social Risks and Impacts

Environmental Risk Rating

Moderate

This rating results from the combination of the following factors: (i) the project’s focus on human resources development, financing activities with low to moderate potential adverse environmental risks and impacts, (ii) the project activities are not expected to be implemented in environmentally sensitive areas, (iii) the relevant technical capacity of the UCC to assess and manage the anticipated project’s adverse risks and impacts in a manner materially consistent with the ESF objectives, and (iv) the absence of relevant contextual factors that can exacerbate those risks and impacts. The project’s potential adverse environmental risks and impacts will be mainly associated with (a) the



small-scale civil works planned under Subcomponent 2.4 to renovate the existing facilities of the NSPH and (b) the management of the e-waste generated by the decommissioning of the IT equipment acquired by the project to supply all training facilities at national, provincial and municipal levels. These risks and impacts are expected to be primarily site-specific, temporary, reversible, and manageable through cost-effective mitigation measures. Based on the project information available at this stage, the potential adverse downstream environmental implications of the planned TA activities are related mainly to gaps in the training of the HRH regarding occupational and community health and safety risks and medical waste management. Such environmental implications can be addressed through ToR for capacity-building activities designed in a manner consistent with the objectives of relevant Environmental and Social Standards (ESSs).

Social Risk Rating

Moderate

The project's social risks are rated as Moderate at this stage. The Project does not involve activities with significant potential to harm people, given that the main interventions involve technical assistance and capacity building, with refurbishment of existing facilities (e.g., HSPH) which is not expected to involve land acquisition or civil works in greenfields. The main social risks anticipated are related to inequities in the distribution of benefits generated by the project across regions and provinces, and particularly for rural and remote communities which are significantly disadvantaged in terms of infrastructure and access to health services and education. Likely positive impacts of the project may be related to inclusive approaches to ensure access to project benefits by minorities and vulnerable populations, such as vulnerable women, children, the elderly, people with co-morbidities, people living in remote areas, ethno-linguistic minorities, populations practicing transhumance, and refugees. Other social risks are related to potential SEA/SH cases involving direct or contracted workers and/or workers and members of local communities during the refurbishment of the selected health facilities or in the provision of health solutions envisaged by the project. These risks are expected to be effectively managed with the application of appropriate mitigation measures. Key social concerns relate to (i) labor and working conditions for the health sector staff, contracted workers, and workers of the service providers; (ii) community health and safety related to a range of factors including worker-community interactions, and potential for SEA/SH; and (iii) the need to consider Indigenous Peoples/ Sub-Saharan African Historically Underserved Traditional Local Communities (IPs/SSAHUTLCs) present in the provinces of southern Angola and refugees present in camps, who must also be included as project beneficiaries. In addition, there is a need for extensive and inclusive stakeholder engagement, both at the national level associated with the overall program and at the local community level relating to interventions associated with construction and upgrading activities and emergency response requirements. Another potential risk may be related to levels of digital literacy among rural target groups, and potential challenges in implementing the pilot digital identity card – as the project has a key component related to telemedicine, digital innovation, virtual care and digital identity cards. This risk may be mitigated through explicit inclusion with site-specific approaches, communication campaigns with clear guidance and user-friendly step-by-step roadmaps and local trainings, with robust stakeholder identification and involvement, along with consultation processes. Further, and linked to the social risks stated above, it is important to have clarity on the risks that may arise relating to any mandatory element affecting cultural and traditional community practices and values. In addition, grievance mechanisms required under the ESF should be in place from early stages of the project cycle and equipped to address community, individual, and/or worker grievances. This must be put in place with specific procedures to address grievances relating to – inter alia – labor and working conditions, as well as any occurrences of SEA/SH.



Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Rating

Moderate

The SEA/SH risk rating is assessed as Moderate at this stage. This is a preliminary risk rating based on the assessment made using the Bank’s SEA/SH screening tool and supplemented by information generated by assessments in other projects in Angola which have benefited from stakeholder input. Although the project will only involve relatively minor civil works, located primarily within existing health sector/tertiary education facilities, there is a risk relating to interactions between project workers and community members. There is also a risk of SEA/SH (particularly sexual harassment) cases among project workers. Furthermore, in Angola, there are significant social barriers to lodging grievances and reporting cases of SEA/SH, including fear of reprisal.

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APPROVAL

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Approved By

Country Director:	Issa Diaw	06-Apr-2023
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