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Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 15-May-2023 | Report No: PIDA36121



BASIC INFORMATION

A. Basic Project Data

Country Angola	Project ID P180631	Project Name Human Resources for Universal Health Coverage in Angola	Parent Project ID (if any)
Region EASTERN AND SOUTHERN AFRICA	Estimated Appraisal Date 12-May-2023	Estimated Board Date 22-Jun-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)

The Project Development Objectives is to Improve the capacity and availability of Human Resources for Health in Angola.

Components

HRH Governance, Policy, Curricula, and Information Systems
Training and capacity building of HRH
Project Management, Monitoring and Evaluation
Contingent Emergency Response Component (CERC)

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

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

Country Context

- 1. Angola is a lower middle-income country with 34 million people and an economic model highly dependent on oil.** As one of Sub-Saharan Africa's (SSA) largest oil producers—oil accounting for over 90 percent of exports, 60 percent of fiscal revenues, and 33 percent of Gross Domestic Product (2021)—the economy is non-diversified, highly vulnerable to external shocks, and generates few jobs. This non-inclusive economic model, coupled with weak governance, have constrained the benefits from Angola's oil wealth, as a third of the country's population lives in extreme poverty (32.7 percent in 2022, at US\$2.15 per day, 2017 PPP)—high for a middle-income country, and a Gini index of 51.3 in 2018. Historic under-investment in social sectors have resulted in weak human development indicators, with a Human Capital Index (HCI) score of 0.36, which is below economic comparators and the SSA average of 0.4. girls fare worse than boys in most of the HCI's health and education measures. Angola ranks 149th out of 182 countries in the UNDP's Human Development Index (HDI).
- 2. After exiting a five-year recession in 2021, Angola's economic recovery remained strong in 2022, with growth estimated at 3.5 percent.** During the period of high oil prices, from 2005 to 2014, Angola recorded rapid economic growth. When oil prices declined in 2015, Angola fell into a recession, with a cumulative decline of 3.8 percent in real GDP from 2015 to 2019. The sharp drop in oil prices in early 2020 brought on by the Coronavirus Disease 2019 (COVID-19), coupled with measures put in place to contain the pandemic, further exacerbated the economic downturn, and GDP declined by 5.4 percent in 2020. With higher oil prices and the lifting of mobility restrictions in 2021, growth stood at 0.8 percent. Through recent upwards pressures on global oil prices, Angola is benefiting from significant windfall gains. Growth is projected on average around 2.4 percent 2024 – 2025, driven mainly by the non-oil sector.
- 3. The Coronavirus disease (COVID-19) pandemic, severe and persistent climate-change induced droughts and flooding, and multiple infectious disease epidemics have hampered Angola's development efforts.** The frequency and the severity of the droughts in the southern provinces of the country puts 40 percent of the population at risk of acute food insecurity.¹ The country is flood-prone, with floods accounting for 55 percent of the natural disasters experienced in the country between 1980 to 2020.² These negatively affect livelihoods, settlements, and incomes of households, while increasing the spread of vector and water borne diseases.³ The number of people impacted by these natural disasters are expected to increase in the coming years and may worsen the food insecurity, malnutrition and the ability of the health sector to respond to health care needs of the population.

¹ Integrated Food Security Phase Classification, Angola: <https://www.ipcinfo.org/ipcinfo-website/resources/resources-details/en/c/1155118/>

² Climate Change Knowledge Portal, Angola: <https://climateknowledgeportal.worldbank.org/country/angola/vulnerability>

³ Javier Perez-Saez, Justin Lessler, Elizabeth C Lee, Francisco J Luquero, Espoir Bwenge Malembaka, Flavio Finger, José Paulo Langa, Sebastian Yennan, Benjamin Zaitchik, Andrew S Azman, "The seasonality of cholera in sub-Saharan Africa: a statistical modelling study", *The Lancet Global Health*, Volume 10, Issue 6, 2022, Pages e831-e839, ISSN 2214-109X, [https://doi.org/10.1016/S2214-109X\(22\)00007-9](https://doi.org/10.1016/S2214-109X(22)00007-9)



4. **Angola's population is expected to more than double, to reach 68 million by 2050, rising at an annual growth rate of 3.3 percent.** Life expectancy is expected to increase from 61 years in 2023 to 68 years in 2050. The Angolan population is young, 45 percent being under 15 years of age, and 52 percent are women. The urban population represents about 65 percent of the total population, with about a quarter of the population living in the capital, Luanda.

Sectoral and Institutional Context

5. **Recent progress in human development indicators have been recorded, though significant challenges lie ahead.** Between 2000 and 2019, life expectancy at birth increased from 47 years to 61, infant mortality dropped by almost two thirds and maternal mortality decreased by 70 percent. A high fertility rate of 5.4 births per woman with an adolescent fertility rate of 143 per 1,000 births does put pressure on the health system and the growing population's needs. Malaria is widespread and the number one killer in the country, with more than 6.2 million cases and more than 10,400 deaths in 2020. The HIV/AIDS prevalence rate is around 2 percent but with low levels of antiretroviral treatment coverage. TB incidence rate is 350/100,000 population. There is an observable rising rate of non-communicable diseases, especially for cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases accounting for 27 percent of mortality in 2019.

6. **Per capita public spending in the health sector increased more than fourfold (in real terms) during the oil boom years of 2000-2013 but declined as growth declined post-2014.** Between 2000-2015, total health spending and per capita expenditures on health were low compared with countries at the same or lower income levels. The lower health expenditures were due to spending cuts in 2014, 2015, and 2017, by 16, 11 and 2 percent, respectively. In 2019, the government spent 5.43 percent of general government expenditure (GGE) on health, which is below that of comparator countries .

7. **Between 2018 and 2022, the health workforce increased significantly from 33,093 to 96,346, boosted by large-scale hiring of technical nurses (high school diploma) and other non-medical professionals.** Undergraduate training of medical doctors and nurses is currently offered in seven provinces throughout the country (out of a total of eighteen). About 1,200 doctors and 5,000 nurses and other undergraduate level health professionals graduate annually. In the last years, there has been an effort by the MoH to admit all graduating medical doctors into the civil service through a yearly public mass-hiring process. Similarly, there has also been an effort to hire nurses and other cadres of healthcare professionals. While investments in Human Resources for Health have increased, the efforts have not resulted in an optimal supply of health professionals, skills mix and distribution of health professionals. The density of doctors is estimated at around 2.2 per 10,000 people, that of nursing and midwifery personnel at 8.4 per 10,000 people and that for other health personnel at 13.6 per 10,000 people. While these statistics are comparable to the Sub-Saharan data they are significantly lower than global estimates or the ones for middle-income countries. These estimates show significant inequities between provinces and between urban and rural areas. The increasing double burden of disease, rapid urbanization, population dynamics and higher health literacy levels has led and will continue to lead to the need and demand for better qualified and specialized physicians, nurses, and other health professionals in the future.

8. **Less than 900 out of the estimated 7,000 medical doctors and only about 10 percent of nurses have received any postgraduate or specialized training.** About 30 percent of the specialists in country are expatriates, with temporary assignments and no obligation to train local staff. This has negatively impacted the state budget, sustainable human resource development and capacity building of local staff. In 2020, Angola started specialty training programs for doctors in five provinces. As of 2023, the program was further expanded with about 2,500 medical doctors currently attending a



specialty training in 17 provinces in the country. The key programs being offered are family medicine, internal medicine, general surgery, gynecology and obstetrics, pediatrics, and trauma surgery.

9. **The Minister of Health, by official decree N°10/GAB.MIN/MS/2023, nominated a Task Force, headed by the Secretary of State for Public Health, to oversee a program of post-graduate training for health professionals.** The Task Force has representation from the Directorate of Human Resources for Health, Institute of Specialization in Health , Directorate for Hospitals, the Legal Department, and members of the key faculties of medicine and tertiary level hospitals. The mandate of the Task Force is to design, develop, implement, and monitor the implementation of the National HRH Strategic Development Plan for Angola. The plan 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 for training and production of post-graduates in country.

Relevance to Higher Level Objectives

10. **The proposed project aims to strengthen the availability and management of human resources for health and the quality of healthcare services provided, in support of the World Bank Group (WBG) Country Partnership Strategy (CPS) for Angola.** By investing in Human Resources for Health at the national, provincial, and municipal levels, the proposed project will take Angola one step closer to its aspirations of achieving Universal Health Coverage. The project is aligned with the FY14-FY16 WBG CPS for Angola (Report No. 76225-AO), which was extended to FY20 through a 2018 Performance Learning Review (PLR) (Report No. 100984-AO).

11. **This project also incorporates the key aspects of Angola’s National Health Development Plan (PNDS) 2012-2025 and the forthcoming Health Sector Development Plan 2023-2027.** The PNDS 2012-2025 seeks to address key elements relevant to the country context, including health financing and the efficient management of Human Resources for Health. More recently, the Advisory Board of the Ministry of Health (MoH), held in December 2022 proposed thematic areas to be included in the Health Sector Development Plan 2023-2027 to correct this deficiency. These are: (a) addressing health financing challenges; (b) municipalization of Primary Health Care (PHC) to ensure their capacity to respond to the needs of the population and demographic challenges; (c) development of Human Resources for Health to meet the needs of the population; and (d) improving communications with the population, users, and institutions. This plan will contain strategies for reducing the unequal distribution of staff, addressing the needs of underserved municipalities; staff retention, reformulation of specific careers creation and implementation of performance evaluation systems; and development of specialty programs with a focus on post-graduate and continuing education for health professionals.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

Improve the capacity and availability of Human Resources for Health in Angola.



Key Results

- a. Increase in the number of health care workers with certified postgraduate level training from accredited facilities (Number disaggregated by province, urban Vs rural, gender and professional category);
- b. Improved density of doctors and nurses with postgraduate/specialized training (Ratio of doctors and nurses with postgraduate/specialized training per 10,000 population, disaggregated by province, urban Vs rural, gender and professional category);
- c. Percentage of health professionals retained in public healthcare facilities 2 years after completing post-graduate training with project support (Percentage, disaggregated by province, urban Vs rural, gender and professional category).



D. Project Description

12. **The Project Development Objectives is to Improve the capacity and availability of Human Resources for Health in Angola.** This project will support the development and implementation of: (i) a robust, comprehensive and sustainable HRH implementation plan; (ii) normative standards and policies for curriculum development, regulation and staff progression; (iii) institutions and a network of postgraduate training centers at national, provincial, and municipal levels; (iv) post-graduate and continuous professional training for all cadres of healthcare professionals; (v) HRH information system and support for the analysis and forecasting, production, distribution, management, monitoring, evaluation and impact assessment of the HRH and service delivery and; (vi) establishment of provider-to-provider telemedicine services to support health professionals and improve coordination and continuity among the different levels of care.

Component 1: HRH Governance, Policy, Curricula, and Information Systems (US\$ 15 M)

13. **Subcomponent 1.1 - HRH Governance Systems and Policies (US\$ 6 M).** There is the need to use evidence to develop policy and plans to guide human resource development. This sub-component will finance the development of a series of reports that generate data on HRH in Angola; support the development of a 10-year HRH strategy and action Plan; define and develop relevant policies and standards to fill the gaps on staffing particularly in poor and climate vulnerable areas; and policies on health professionals' careers progression, remuneration.

14. **Subcomponent 1.2 - Curriculum development, regulation, and accreditation (US\$ 3 M).** The scale up envisaged in production of additional skilled workers will require that existing training tools and methods are updated. This sub-component will support the revision or development of existing or new curricula for the various pathways of medical and nursing specialization and their appropriate certification and accreditation.

15. **Subcomponent 1.3 - HRH information management systems (US\$ 6 M).** This sub-component will invest in establishing a robust Human Resources for Health Information Management System (HRIMS). The aim is to improve analysis, forecasting, planning, distribution, and management of the workforce. It will also support analytical work that provides information disaggregated by gender, professional position, and age.

Component 2: Training and Capacity Building of HRH (US\$ 175 M)

16. **Subcomponent 2.1 - Institutional capacity development for Centers of Excellence for Postgraduate Training (US\$ 1.5 M).** The project will support the establishment of seven (7) hubs as Centers of Excellence for Postgraduate Training across the following provinces: Luanda, Benguela, Cabinda, Huila, Bié, Huambo and Lunda Sul.

17. **Subcomponent 2.2 - Institutional capacity development for provincial and municipal satellite training centers (US\$ 13.5 M).** The sub-component will strengthen twenty-seven (27) provincial or municipal-level health care facilities that are linked to the seven hubs and are distributed as follows: Cabinda (3), Bié (2), Benguela (2), Huambo (1), Huila (3) and Luanda (15) and Lunda Sul (1). These satellite facilities will ensure the link between the Hubs and the provincial and municipal health facilities throughout the country to establish the desired network of postgraduate and in-service training health facilities.

18. **Subcomponent 2.3 - Post-graduate HRH training programs (US\$ 135 M).** This is the primary focus of the project and will be tailored towards increasing the number of specialists and post-graduates trained. The sub-component will support the production of specialty level clinicians and allied professions including pharmacy and laboratory technology



and their sub-specialties. All students admitted into the collegiate specialist or fellowship program, and masters or doctoral programs may benefit from this sub-component.

19. **Subcomponent 2.4 - Strengthening the National School of Public Health (US\$ 7 M).** The project will support the rehabilitation of the National School of Public Health (NSPH), which is an integral part of the Institute of Specialization in Health. The NSPH together with the Faculty of Medicine at *Universidade Agostinho Neto (UAN)* in Luanda (under the auspices of the Ministry of Higher Education) are co-responsible for the training of candidates for masters, and doctoral programs in public health, epidemiology, and statistics.

20. **Subcomponent 2.5 - Establishment of digital e-learning and telemedicine platforms (US\$ 18 M).** Distance learning, computer-based instruction, and virtual simulation education have been shown to be efficient ways of engaging professionals and promoting maximum care and supervision. This sub-component would also support the establishment of national and international networks for telemedicine and continuing skills refresher courses through distance learning and supervision. The objective is to improve the provision of care in deprived areas in ways that support access to learning for health staff across gender and the various levels of staffing.

Component 3. Project Management and M&E (US\$ 10 M).

21. This component will provide the necessary technical and financial support for the implementation of the project and results monitoring and evaluation. It will include project management, environmental and social safeguards, procurement, financial management, monitoring and evaluation, citizen engagement, capacity building for implementing entities and communications. It will include support to prepare and implement instruments to mitigate environmental and social risks related to project implementation, including a grievance redress mechanism.

Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts

22. **The Environmental and Social risk is currently rated as 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 sensitive areas (this criteria will be considered in the exclusion list included in the Project Operational Manual); (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. The refurbishment of the NSPH is anticipated to generate some adverse environmental and social risks and impacts, including (i) soil and water resources pollution due to accidental spillages



of hazardous products; (ii) dust and noise emissions causing disturbance to sensitive receptors located in the vicinity of the NSPH; (iii) generation of hazardous and non-hazardous waste, including demolition waste with asbestos; (iv) occupational health and safety risks, including SEA/SH, and; (v) community health and safety (mainly related with construction-induced road traffic hazards). These risks and impacts are expected to be primarily site-specific, focusing on the areas interfered with by civil works, temporarily, reversible, and manageable through cost-effective mitigation measures, which will be included in a site-specific ESMP. Digital-related activities to be financed under Subcomponents 1.3 and 2.5 and the decommissioning of the IT equipment acquired by the project are expected to generate e-waste that will be managed by implementing adequate E-Waste Management Plans. The main social risks anticipated related to possible inequities in access to benefits and activities supported by the project, including access to training and capacity-building opportunities or participation in the piloting of digital ID cards. Other social risks are related to potential Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) cases in the working environment among direct or contracted workers and/or between contracted workers and members of local communities during the refurbishment and improvement of the National School of Public Health as well as concerning to selection for training and capacity-building activities or during the training activities themselves. In addition, there is a need for stakeholder engagement, both at the national level associated with the overall program and at the provincial/local level relating to the benefits and value of the program. Another potential risk may be related to levels of digital literacy among the rural target groups and the potential exclusion of rural areas from project benefits.

E. Implementation

Institutional and Implementation Arrangements

23. **The MoH is the primary beneficiary and implementing agency for this project.** The Task Force, headed by the Secretary of State for Public Health, that has been established to oversee a program of post-graduate training for health professionals will function as the Project's Steering Committee and will oversee the development of annual work plans and budgets, interim financial reports, technical semi-annual reports, audit reports and reviews, inter-sector/departmental collaboration, and clearances. The Institute of Specialization in Health will be the key technical implementing agency working in collaboration with the UCC. The UCC leads the implementation of World Bank financed health sector investments in Angola and will be responsible for project management and fiduciary functions for the project. The UCC will be fully staffed with people well-experienced in managing World Bank-financed projects. The UCC is currently led by an Operations Manager and supported by technical, fiduciary, and administrative staff overseeing the operations related to the HSPSP, the Gavi Additional Financing, the REDISSE IV regional project and the COVID-19 operation. The capacity at the MoH and at the UCC will be bolstered through: (i) additional technical assistance for the key aspects and components of this HRH strengthening project; (ii) additional fiduciary and safeguards specialists at the UCC to ensure continued good performance in these key areas; (iii) additional consultants as required in key MoH directorates and provincial-level health departments, including for public health, National Directorate for HRH and Institute of Specialization in Health



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