Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 24-Jul-2016 | Report No: PIDISDSA19593

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Papua New Guinea	P160947	Emergency Tuberculosis Project	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
EAST ASIA AND PACIFIC	01-Nov-2016	19-Jan-2017	Health, Nutrition & Population
Lending Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Department of Treasury	National Department of Health	

Proposed Development Objective(s)

Improving the quality, expanding the coverage and utilization of health services to control the spread of tuberculosis in target areas of Papua New Guinea by strengthening programmatic management of tuberculosis.

Components

Early detection of active tuberculosis patients
Effective treatment of drug-susceptible and drug-resistant tuberculosis
Strengthen the government system to manage the tuberculosis response

The processing of this project is applying the policy requirements exceptions for situations of urgent need of assistance or capacity constraints that are outlined in OP 10.00, paragraph 12.
Yes

Financing (in USD Million)

Financing Source	Amount
International Development Association (IDA)	15.00
Total Project Cost	**15.00**

Environmental Assessment Category

B - Partial Assessment

Decision

Track II-The review did authorize the preparation to continue

B. Introduction and Context

Country Context

1. Papua New Guinea (PNG) is a lower-middle-income country with a gross domestic product (GDP) per capita of US$2,519 (2015). It is the largest of the Pacific island countries with a population of about 7.7 million (2015).[1] Economic growth from 2002 to 2014 was impressive, averaging roughly 5.7% per annum[2], yet volatile. The economic growth has not been inclusive. Estimates from the 2009/2010 household survey indicated that the national poverty rate is approximately 40%, which is similar to 1996 levels.[3] PNG's human development index rank is 157 out of 188 countries and places it as the poorest performer amongst the Pacific island countries.[4] Although significant progress has been made toward the erstwhile Millennium Development Goals (MDGs), PNG failed to achieve many of the MDG targets, such as: (4) reduce under-five child mortality by two-thirds; and (5) reduce the maternal mortality ratio by three-quarters.

2. PNG's economy continues to face challenges arising from subdued global commodity prices, which have dampened economic growth and created fiscal stress. The economic growth, in the medium-term, is expected to edge towards trend, which is estimated at 4%. Given the expected continuation of subdued commodity prices in 2017, domestic revenue generation and foreign currency inflows are expected to remain constrained in the near-term. There is also a risk that limited revenue generation will lead to monetization of the fiscal deficit, which would not only create inflationary pressure but also increase depreciation pressure on the PNG Kina (PGK). The Mid-year Economic and Fiscal Outlook (MYEFO), published in July 2016, forecasts a PGK 1.4 billion budget deficit in 2016 (equivalent to 2.5% of GDP).[5] PNG is in situation of severe capacity constraint because of economic fragility. The Country Policy Institutional Assessment (CPIA) rating in the Harmonized List of Fragile Situation is 3.13 in FY17. A country is considered to be in a "fragile situation" when its harmonized average CPIA country rating is 3.2 or less.

Sectoral and Institutional Context

3. Tuberculosis (TB) is a serious public health issue and the leading cause of death in PNG. According to the World Health Organization (WHO) Global TB Report 2015, the estimated TB incidence rate was 417 per 100, 000 population (31,000 cases) and the prevalence rate was 529 per 100, 000 population (39,000 cases). The estimated morality rate (excluding human immunodeficiency virus – HIV, associated deaths) was 40 per 100,000 (3000 deaths). This high infection rate is in part due to the persistent poverty and the associated poor nutrition and crowded housing/settlements with limited ventilation. The rise in TB rates is also due to weak health service delivery systems, which has resulted in delay in TB diagnosis and inadequate and ineffective TB treatment.

4. The rise of TB rates has now been compounded with the high incidence of multidrug-resistant (MDR) TB and extensively drug-resistant (XDR) TB[6]; Nationally, 890 new cases of MDR TB are reported per annum. PNG has been

[1] World Development Indicators (WDIs).
[2] IMF Country Report 2015.
[3] World Bank, East Asia and Pacific Economic Update, October 2016.
[4] IMF Country Report 2015.
[5] World Bank, East Asia and Pacific Economic Update, October 2016.
[6] Multidrug-resistant (MDR) TB is a form of TB that demonstrates resistance to two of the most powerful anti-TB drugs in use, isoniazid and rifampicin. Strains of TB that demonstrate resistance to these drugs as well as to any member of the quinolone family of antibiotics and at least one of four second-line injectable anti-TB drugs.

identified by WHO as a high burden country for TB due to the: (a) TB burden; (b) co-infection of HIV and TB burden[7]; and (c) high MDR TB burden.8 PNG is one of only 14 listed countries in all three categories, and is the only country to be newly added to all three categories. In the early months of 2015, GoPNG acknowledged the seriousness of the TB situation across the country, and in particular DR TB. An additional declaration noted the public health emergency relating to TB in Western Province, and approved the National Department of Health's (NDOH) Emergency TB Response Plan and sought facilitation for providing additional funding to this activity.

5. MDR and XDR TB have risen to unprecedented levels in hotspots across PNG, particularly in the Western Province, Gulf Province, and the National Capital District (NCD). Western Province has the highest number of DR cases in PNG, in particular in Daru Island, where an unprecedented outbreak of MDR TB is occurring with a prevalence of nearly 1%. All 3 districts in the Western Province – South Fly (which includes Daru), North Fly, and Middle Fly, have experienced a doubling of TB notification rates since 2011. The NCD has been declared as the most important TB hotspot with 5 times the national TB case notification average, and 25% of PNG's total TB caseload.9 A study10 also found 45% of the MDR TB cases had not been previously exposed to TB medication, meaning that a significant portion of MDR TB was the result of person-to-person transfer, known as primary transmission.

6. The TB crisis in PNG requires an emergent and scaled up response. If there is no additional intervention, TB transmission will continue, cases will increase, and the cost of the response will continue to increase. Mathematical modeling of hypothetical scenarios for TB responses in Western Province predict the rate of DR TB will almost double in the two-year period from 2015-17. This crisis will be compounded by a dimmer than expected outlook on macro-fiscal indicators. The consequent fiscal pressures and the associated cuts to NDOH budgets will have significant impacts on the ability to bring the TB epidemic under control in the medium-term. However, maintaining the status quo where TB transmission continues is not only a risk to health security, but also affects human costs as well as having a negative social and economic impact. The economic costs of MDR TB in PNG are significant, since the greatest number of infectious cases of MDR TB occur in the most economically active group (15-45 years), which could potentially result in high productivity loss. Of reported MDR TB cases, 70% are in urban settings. Thus, an immediate, accelerated, effective response is needed to prevent escalation of the epidemic and increased costs of more cases.

7. The NDOH is the lead agency responsible for the strategic development and execution of the National TB Programme (NTP), which is guided by the National Tuberculosis Strategic Plan (NSP) 2015-2020. The NSP is based on the post-2015 Global Tuberculosis Strategy and guided by PNG's Vision 2050, as well as by the PNG National Health Plan 2011-2020, and informed through comprehensive consultation.[11] NDOH established four key objectives in the NSP: (a) improve the quality of diagnostic and treatment services by recognizing the importance of local ownership and support for TB interventions; (b) improve the diagnosis of DR TB; (c) increase the coverage of HIV testing of TB patients; and (d) improve the TB control program in the National Capital District (NCD). Under the NSP umbrella, hotspot provinces are in various stages in developing their respective TB strategies. The Western Province's Health Authority has developed the

[7] It is estimated that the rate of co-infection of HIV and TB is 64 per 100,000.
[8] WHO. Use of high burden country lists for TB by WHO in the post-2015 era. http://www.who.int/tb/publications/global_report/high_tb_burdencountrylists2016-2020.pdf?ua=1
[9] National Department of Health (2015). 'MDR/XDR-TB Emergency Response Team Annual Report', Papua New Guinea.
[10] Aia P, et al. (2016). The Burden of Drug Resistant Tuberculosis in Papua New Guinea: Results of a Large Population Based Survey PLoS ONE 11(3).
[11] Consultation included a series of meetings and workshops, which discussed past successes and future strategies. More than 200 representatives coming from 22 provinces participated in these meetings and workshops; they included treatment supporters and patients (NSP 2015-2020).

Province TB Emergency Response Plan to respond to high rates of MDR TB. The NCD TB Strategic Plan has been finalized and endorsed. Gulf province is still in the process of developing its TB plan. In recognition of the seriousness of DR TB in PNG, the NDOH, in coordination with all partners active in supporting TB, established an Emergency Response Team (ERT), led by the Deputy Secretary of Health, to carry out high-level advocacy, resource mobilization, as well as planning and monitoring of implementation of the national response of DR TB.

8. Despite genuine commitment from the NDOH and development partners (DPs) to control TB, there are a number of bottlenecks to the implementation of the NSP and provincial TB strategy plans. The first is funding, with government allocations being significantly lower than required. Human resources, in both management and health service delivery, are insufficient and not easily overcome, as PNG is facing a health worker shortage that could worsen in the medium- to long-term. Due to resource constraints (both fiscal and human capital): (a) Active Case Finding (ACF) has not been a priority; (b) laboratory services are unable to meet the current demands, influencing treatment plans, and are therefore unable to increase their testing capacity to respond to any improvements in ACF; and (c) delay in adopting the innovation including new diagnostic methods, new treatment protocol and electronic recording and reporting system[12].

C. Proposed Development Objective(s)

9. Improving the quality, expanding the coverage and utilization of health services to control the spread of tuberculosis in target areas of Papua New Guinea by strengthening programmatic management of tuberculosis.

Key Results

10. To monitor progress toward the Project Development Objective (PDO), a core set of indicators have been identified:

- Number of people receiving tuberculosis treatment in accordance with National TB Guidelines.
- Proportion of TB patients who have received drug-susceptible testing.
- TB treatment success rate for drug-susceptible TB.
- TB treatment success rate for drug-resistant TB.
- Number of Basic Management Units where all clinical staff have been trained/retrained on TB and MDR-TB.

D. Project Description

12. The support envisaged through the proposed IDA financing takes into consideration the strategies developed for addressing DS TB and DR TB in PNG, findings from the WHO's regional Green Light Committee, ongoing support provided by the partners, and the fact that the GoPNG has not identified the TB epidemic as an emergency. The financing would focus on target areas, and aim to scale-up/replicate existing successful programs, and support areas deemed critical for which current financing is unavailable. The proposed Project would include three components listed below :

13. **Component 1: Early detection of active tuberculosis patients.** The proposed IDA credit would

[12] The Regional Green Light Committee Mission for Papua New Guinea, Report, August, 2016.

finance the implementation of active case finding (ACF) strategies, which have been developed for Western Province and are covered in the NCD TB plan. Financing would be provided for procurement of diagnostic medical devices and consumables, technical assistance, and other eligible expenditures deemed necessary for the early detection of active TB patients.

- **Subcomponent 1.1: Supporting population-based TB screening in Daru Island.** The proposed Project would implement activities designed to support population screening for TB in Daru Island.
- **Subcomponent 1.2: Supporting systematic screening of TB in targeted areas.** The Project would finance activities, including technical assistance and operational resourcing, designed to support systematic screening and ACF for TB in targeted areas other than Daru Island.
- **Subcomponent 1.3: Strengthen the health system diagnostic (including laboratory) capacity.** The Project would finance activities designed to strengthen the diagnostic capacity of the Central Public Health Laboratory and Basic Management Units (BMUs). This subcomponent would include the purchase of a container laboratory for culture and molecular analyses (line probe assay-LPA), GeneXperts, and microscopes for BMUs in targeted areas.

14. **Component 2: Effective treatment of both DS and DR TB.** In May 2016, WHO updated the treatment guidelines for DR TB and included the recommendation for short regimen usage. The duration of the treatment will be 9 to 12 months and the cost of the drugs will be less than US$1,000 per patient. The Project would support the effective treatment of both DS and DR TB patients including the new regimen through three subcomponents.

- **Subcomponent 2.1: Improving clinical management of DS and DR TB**. The proposed Project would implement activities designed to improve the clinical management of DS and DR TB by strengthening the treatment capacity of BMUs in the Western Province and NCD, including, inter alia, the development and implementation of processes and operating procedures and health staff training.
- **Subcomponent 2.2: Strengthening the directly observed treatment (DOT) implementation and reduce the loss of follow up of DS and DR TB in each BMU.** The Project would finance a program of activities designed to strengthen the implementation of and patient adherence to DOT, for DS and DR TB patients including, inter alia, provision of treatment support to patients.
- **Subcomponent 2.3: Supporting social mobilization in targeted areas.** The proposed Project would support the Multi-sectoral Alliance of Daru for TB (MAD for TB) and the social mobilization advocacy activities proposed in the NCD TB strategy.

15. Component 3: Strengthen the government system to manage the TB response

- **Subcomponent 3.1: Develop the capacity at NTP and decentralized levels.** The proposed Project would implement activities designed to strengthen the capacity of the NTP to execute the NSP including, inter alia, supporting management activities for NTP, training and development of NTP staff, providing technical assistance to NTP, and coordinating TB response activities with DP financing and program implementation.
- **Subcomponent 3.2: Build and strengthen the electronic TB information system.** The Project would establish and maintain an electronic registry system of TB data to facilitate analysis and evidence-based policy making. It is imperative to have an electronic TB registry system in place that is compatible with the National Health Information System (NHIS).

- **Subcomponent 3.3: Support project management.** The project would carry out a program of activities designed to support management of the Project, including technical coordination, monitoring and evaluation of the Project, operational research into the strategies used and activities undertaken, and reporting.

E. Implementation

16. The oversight responsibility for Project activities and results will rest with the Deputy Secretary of the National Health Services Standards section (NHSS) of the NDOH, where the Disease Control and Surveillance Department (DCSD) is located. The National Tuberculosis Programme (NTP) is the unit under DCSD responsible for implementing the 2015-2020 National Tuberculosis Strategic Plan (NSP), coordinating TB efforts, liaising with DPs supporting those efforts, and monitoring implementation of the NSP. Guidance and support for fiduciary oversight within NDOH rests with the Corporate Services & National Health Planning & Policy section, which has not managed a World Bank (WB) Project in more than 10 years and, for that reason, the Project will count on specific arrangements to be implemented as summarized in the following paragraphs.

17. The Emergency Response Team (ERT) will be the main instrument for stakeholders' coordination to implement the TB response in PNG. The ERT was established in August 2014 due to the urgency placed by both the Government and DPs on mounting a coordinated response to maximize efficiency, and the attendant interaction necessary from both a technical and operational perspective to implement the TB response. The ERT is co-chaired by the Deputy Secretary of NHSS and the WHO's Representative and is charged with deliberating on and monitoring TB activities throughout the country, with focus on the three identified "hot spots" (Western (including Daru) and Gulf Provinces and the NCD. It initially met on a monthly or as needed basis, and meetings are now held every two months.

18. A Project Management Unit (PMU), with responsibility for ensuring implementation of the Project under the guidance of the Project Director (the Deputy Secretary of the NHSS), will be established. Initially, the PMU will require hiring (a) a procurement specialist to work with staff within NDOH, with a view of carrying out necessary procurement (in particular contracting of necessary agencies/firms) to kick-start implementation of activities; (b) a Project Coordinator; and (c) a part time financial management (FM) specialist. The PMU will also support implementation of Component 3, bringing technical expertise to support NDOH in the most needed areas.

19. At least two UN Agencies have been identified to be directly contracted by NDOH to support Project implementation of Components 1, 2 and 3 – WHO and the United Nations Office for Project Services (UNOPS). If necessary, other UN agencies may be identified during Project life and brought on board to support implementation. Competitive selection of a firm(s)/organization(s) to implement decentralized activities under Components 2 and 3 will also be supported. This includes DOT in Daru, the rest of Western Province and in NCD, and community and social mobilization. Such a firm(s)/organization(s) could also sub-contract portions of the implementation to organizations currently implementing successful interventions on the ground to scale-up, or replicate in other areas.

20. Given the fragile situation of PNG, Hands-on-Expanded Implementation Support (HEIS) was included in the Project design, to be in place even before Effectiveness, mainly to support NDOH's hiring of consultants and contracting of UN agencies. The use of a management firm to support the NDOH in Project implementation may be a possibility in case Project implementation through a PMU does not produce the expected results.

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F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

Project location are broadly defined as the entire National Capital District (NCD) and Western Province. All beneficiaries these areas are considered Indigenous.The Project will involve a laboratory container situated on public health facility grounds in NCD.

G. Environmental and Social Safeguards Specialists on the Team

Rachel Elizabeth Mason Nunn

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The Project includes very minor physical works, involved in the placement of containers on hospital grounds for the screening and treatment of people within the projects target areas. The Project also involves the disposal of hazardous medical waste. Due to the minor nature of these impacts, a full Environmental and Social Assessment was not prepared. A Code of Environmental Practice is the only safeguards instrument used in the Project, and has been prepared by the NDOH.
Natural Habitats OP/BP 4.04	No	The Project presents no risk of the conversion or degradation of critical or other natural habitats, as the Project sites are solely on Government-owned land including hospital grounds, and Basic Management Units at the local level.
Forests OP/BP 4.36	No	The Project presents no risk of the conversion or degradation of natural forests or habitats.
Pest Management OP 4.09	No	The Project does not require any pest management procedures to be put in place.
Physical Cultural Resources OP/BP 4.11	No	The Project does not involve any significant excavations, demolition, movement of earth, flooding or other environmental changes. The Project sites, including the Container Laboratories and BMUs, are not in the vicinity of any physical cultural resources.
Indigenous Peoples OP/BP 4.10	Yes	The Project will be implemented in Daru Island, Western Province and the National Capital District (NCD) in Papua New Guinea and all beneficiaries are considered to be Indigenous Peoples. As such, the elements of an IPPF have been incorporated into

		Project design and a standalone IPP is not necessary. Further to this, the COEP includes provisions concerning IP, including a consultation plan. All beneficiaries will be consulted at the time of medical screening (including people-based screening in Daru, and Active Case Finding in NCD). In addition, the Project's Communications Strategy ensures that IP are appropriately targeted and included in Project activities, and they have full understanding about the Project's objectives prior to their participation.
Involuntary Resettlement OP/BP 4.12	No	This Project does not involve any involuntary resettlement.
Safety of Dams OP/BP 4.37	No	This Project does not involve the construction of dams, and none of the Project sites are within the vicinity of a dam.
Projects on International Waterways OP/BP 7.50	No	This Project is not taking place on any international waterways.
Projects in Disputed Areas OP/BP 7.60	No	This Project is not taking place in any disputed areas.

KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

OP/BP 4.01 – Environmental Assessment, has been triggered for the Project. Environmental safeguard and infection control issues associated with this Project are primarily related to the management of clinical and infectious waste materials generated from diagnostic and treatment services. The main types of waste likely to be generated by this Project include human and biological waste (sputum), sharps (needles, glass slides etc.), blister packs and packaging material, plastic residual (disposal syringes, cups, glasses etc.), laboratory and general waste, and construction waste generated through the minor site works.

All Project beneficiaries, including the entire population of Daru Island, Western Province and the National Capital District, have been categorised as Indigenous People, and as a result this Project has triggered OP4.10. Potential beneficiaries are in excess of 400,000 and as a result, consultation will be undertaken at the time of medical screening. A standalone Indigenous Peoples Planning Framework (IPPF) has not been prepared, because the necessary elements of an IPPF have been incorporated into the Code of Environmental Practice (COEP) and the Project design.

These impacts are considered minor and easily managed in a systemic and sustained manner during service delivery. Therefore, there are no foreseen large scale, significant or irreversible impacts of this Project.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:

There is no distinct Project area for this Project, as the Project sites are broadly defined as the entire National Capital District (NCD) and Western Province. The Project will involve mobile clinics, and a laboratory container situated on

public health facility grounds in NCD. As a result of the nature of the Project area, future activities cannot be anticipated, or impacts foreseen.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.
The Project has already been designed in a way which avoids significant impacts and minimizes potential adverse impacts. Impacts will be mitigated through appropriate waste management and communications, as stipulated in the Code of Environmental Practice (COEP) prepared by the NDOH.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.
The National Department of Health in PNG prepared a Code of Environmental Practice, outlining the management of hazardous waste and infection control, physical works, project communications and stakeholder consultation. The NDOH, which has minimal experience working within the safeguard policies of the World Bank, is receiving ongoing guidance and support from the safeguard specialist on this project, and the wider project team. The NDOH has implemented instruments such as a COEP in the past when working with other donors, and is expected to have adequate capacity to implement and monitor this COEP during Project implementation.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
The COEP prepared by NDOH was publically disclosed on the NDOH website on October 14, 2016 and on the World Bank website on October 21, 2016. Consultation with affected people will occur at the time of medical screening, during the population-based TB Screening in Daru and Active Case Finding in other Project targeted areas. The NDOH has consulted with other stakeholders on the COEP, including the Provincial Hospitals, the Conservation and Environmental Protection Authority, the Basic Management Units and the Contractors where appropriate.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank	Date of submission to InfoShop	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
30-Sep-2016	21-Oct-2016	

"In country" Disclosure

Papua New Guinea
14-Oct-2016

Comments

The NDOH disclosed the COEP on their website on October, 14, 2016.

Indigenous Peoples Development Plan/Framework

Date of receipt by the Bank	Date of submission to InfoShop
30-Sep-2016	21-Oct-2016

"In country" Disclosure

Papua New Guinea
14-Oct-2016

Comments

The NDOH publically disclosed the COEP on their website on October 14, 2016.

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)

OP/BP/GP 4.01 - Environment Assessment

Does the project require a stand-alone EA (including EMP) report?
No

OP/BP 4.10 - Indigenous Peoples

Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?
No

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank's Infoshop?
Yes
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?
Yes

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?
Yes

Have costs related to safeguard policy measures been included in the project cost?
Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?
Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?
Yes

CONTACT POINT

World Bank

Xiaohui Hou
Senior Economist

Borrower/Client/Recipient

Department of Treasury

Implementing Agencies

National Department of Health
Paison Dakulala
Dr.
mailto:paison_dakulala@health.gov.pg

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: http://www.worldbank.org/projects

APPROVAL

Task Team Leader(s):	Xiaohui Hou

Approved By

Safeguards Advisor:	Peter Leonard	26-Oct-2016
Practice Manager/Manager:	Rekha Menon	26-Oct-2016
Country Director:	Mona Sur	26-Oct-2016