

**COMBINED PROJECT INFORMATION DOCUMENTS / INTEGRATED  
SAFEGUARDS DATA SHEET (PID/ISDS)  
CONCEPT STAGE**

**Report No.:** PIDISDSC13489

**Date Prepared/Updated:** 15-Oct-2015

**I. BASIC INFORMATION**

**A. Basic Project Data**

<b>Country:</b>	Africa	<b>Project ID:</b>	P155658
		<b>Parent Project ID (if any):</b>	
<b>Project Name:</b>	AFCC2/RI-Southern Africa Tuberculosis and Health Systems Support Project (P155658)		
<b>Region:</b>	AFRICA		
<b>Estimated Appraisal Date:</b>	01-Feb-2016	<b>Estimated Board Date:</b>	26-May-2016
<b>Practice Area (Lead):</b>	Health, Nutrition & Population	<b>Lending Instrument:</b>	Investment Project Financing
<b>Sector(s):</b>	Health (75%), Other Mining and Extractive Industries (25%)		
<b>Theme(s):</b>	Tuberculosis (40%), Health system performance (40%), Participation and civic engagement (10%), HIV/AIDS (10%)		
<b>Borrower(s):</b>	Republic of Mozambique, Kingdom of Lesotho, Republic of Zambia, Republic of Malawi		
<b>Implementing Agency:</b>	Ministry of Health, Ministry of Health, Ministry of Health, Ministry of Health		
<b>Financing (in USD Million)</b>			
	<b>Financing Source</b>	<b>Amount</b>	
	BORROWER/RECIPIENT	0.00	
	International Development Association (IDA)	120.00	
	Total Project Cost	120.00	
<b>Environmental Category:</b>	B - Partial Assessment		
<b>Concept Review Decision:</b>	Track II - The review did authorize the preparation to continue		
<b>Is this a Repeater project?</b>	No		
<b>Other Decision</b>			

(as needed):	
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## B. Introduction and Context

### Country Context

Despite steady economic growth over the past decade, the Southern Africa sub-region still has high levels of poverty and some of the highest income inequality in the world. Annual aggregate growth of Southern Africa's gross domestic product (GDP) has hovered above 4% since 2005, except in 2009 when financial crises hit commodity prices and key services industries. However, rising income inequality has dampened the effect of growth on poverty. In recent years of commodity boom, mining has contributed to much-needed economic growth and jobs in this region. South Africa has the best-documented mining sector accounting for 5% of GDP. For the rest of the sub-region, despite incomplete data, mining activity still looms large in the economy: 8% of GDP in Zambia (and 30% of government revenues); 2% of GDP in Mozambique (and fast expanding); possibly up to 8.5% of GDP by 2015 in Lesotho; and a projected up to 20% of GDP in Malawi in the next five years. However, there are signs that the falling commodity prices is starting to have a major impact on the prospects for the mining sector and economic stability in the sub-region.

There is a growing small-scale mining sector. Accurate numbers are not available, given that small-scale mining is informal and unregulated. However, estimates point to a large proportion of small-scale miners, particularly in countries without large-scale formal mining such as Malawi. Women's involvement in small-scale mining is often higher than in large scale mining . Most small-scale miners are poor, and seldom participate in formal-worker representative groups. The complex relationship between mining, poverty, and the disease burden affects two sets of countries in Southern Africa: (i) those with long-established mining industries such as South Africa, Zambia, and Zimbabwe; and (ii) those with recently established and fast-growing mining sectors such as Lesotho, Mozambique, and Malawi.

### Sectoral and Institutional Context

Southern Africa contributes significantly to the global burden of TB. A highly preventable and curable condition, TB remains one of the world's deadliest communicable disease. In 2013, an estimated 9 million people developed the disease and 1.5 million died—roughly 20% of whom were HIV positive. Of these 9 million, 25% were from the Africa region, which has one of the highest rates of cases and deaths per capita . Around 30% of the world's 22 high-burden TB countries are in Southern Africa and most countries in the sub-region are above the World Health Organization (WHO) threshold for a TB emergency (250 cases per 100,000). Of the 14 countries in the world with highest TB incidence (at least 400 cases per 100,000), eight are in Southern Africa. Some progress on incidence rates is being seen in the sub region, yet this progress masks disparities between and across countries, particularly between the general population and those involved in mining. For example, the incidence rates in mining districts are two times higher than national averages. Where data is available, the situation is similar across the sub-region.

TB is the most common opportunistic infection of people living with HIV/AIDS as well as the leading killer of HIV-infected patients. Southern Africa also has some of the highest TB/HIV co-infection rates in the world—50% to 77% of HIV infected patients are also diagnosed with TB. In fact, the trends in TB incidence closely mirror trends in HIV/AIDS. This dual epidemic is extremely tricky to manage and presents many challenges for the traditional approach of combating TB. Multidrug-resistant TB (MDR-TB) is becoming an increasing threat to the sub-

region's health and development gains. Inadequate treatment of TB creates resistance to first-line drugs or MDR-TB. Subsequently, inadequate treatment of MDR-TB leads to a highly lethal form of extremely drug resistant TB or XDR-TB. Resistant forms of TB require the use of much more expensive drugs which also have higher levels of toxicity and higher case fatality and treatment failure rates. Individuals who are treated inappropriately continue to transmit TB, and countries are ill equipped to identify and respond efficiently to such outbreaks. With the growth in regional migration, global travel, and the emergence of lethal forms of the disease, TB poses a major regional and global public health threat. The cost-effectiveness of addressing drug-responsive TB is therefore unquestionable.

The sub-region also faces challenges of a disease burden tied to movement within and across borders. Migration often disrupts TB detection and care. Qualitative evidence from southern provinces of Mozambique shows that miners often have multiple treatment episodes with inappropriate therapy and high default rates. This can lead to the acquisition of multidrug resistant TB. In Lesotho, most TB patients and 25% of drug-resistant TB patients have worked as miners in South Africa. Cross-border care and within country referral between mining areas and labor sending areas is often inadequate or nonexistent, contributing to significantly greater rates of extensive and multi-drug resistance in miners, ex-miners, their families, and communities.

### **Relationship to CAS/CPS/CPF**

The proposed project is fully in line with the World Bank Group's (WBG) twin objectives to reduce poverty and promote shared prosperity. The project targets a disease which both heavily impacts the poorest 40% and has documented impoverishing effects across the developing world. The project proposes interventions that directly seek to break the vicious cycle of disease and poverty in the targeted implementation areas of the four participating countries. It also supports implementation of the second pillar of the Africa Strategy which focuses on addressing vulnerability and promoting resilience. The project aims to improve access to TB and occupational health services and to tackle broader health inequities associated with the burden of TB.

The proposed project is well aligned with the human development and improved service delivery pillar of the Lesotho Country Assistance Strategy (CAS) approved in May 2010. It will support efforts to reduce barriers to access and utilization of TB control and compensation services for miners and ex-miners. It will be instrumental in advancing a key objective of the Malawi CAS (FY13-16) and support the CAS theme on enhancing human capital and reducing vulnerabilities. The project will directly contribute to efforts to address health systems bottlenecks such as human resources for health and diagnostic capacity while also addressing HIV/AIDS-TB co-infection burden which contributes substantially to Malawi's burden of disease. The project will directly contribute to the Mozambique Country Partnership Strategy (CPS) (FY12-15). It will specifically support the country's efforts to address a high burden of TB and a complex HIV/AIDS-TB co-infection burden. The proposed project will also support implementation of Pillar 1 (Reducing Poverty and Vulnerability of the Poor) of the Zambia CPS (FY13-16). It will contribute to the improved availability and quality of human resources for health and address diagnostic capacity which are major health systems bottlenecks impacting on human capital development.

The preparation of the regional project will also facilitate synergies with mining, education, and social protection projects. Opportunities for developing synergies with the International Finance Corporation's activities on PPP advisory work will be explored, given the mutual interest in PPPs for government and private players. There will be regional collaboration with key regional

institutions such as SADC and with global and country-based experts from the Centers for Disease Control and Prevention (CDC) and WHO to ensure high-quality project implementation and joint learning from project-financed innovations.

### C. Proposed Development Objective(s)

#### Proposed Development Objective(s) (From PCN)

##### A. Proposed Development Objective(s)

38. The overarching goal of the project is to: (i) improve coverage and quality of key TB control and occupational lung disease services in targeted geographic areas of the four participating countries; and (ii) strengthen regional capacity to manage the burden of TB and occupational diseases.

39. The project thus seeks to strengthen an otherwise neglected area—occupational health and safety services and compensation services—which are intricately linked to the burden of TB in the sub-region. The project directly strengthens overall regional and national TB control efforts, though it places added focus on TB in mines as one of the key drivers of the TB epidemic.

40. Primary beneficiaries will be TB-affected individuals and households. More specifically, the project will mainly benefit mining communities, high TB-burden regions and cross-border areas of the four participating countries. Mine workers, ex-miners, their families, labor-sending areas, and health workers will be direct beneficiaries. The project will directly benefit women, particularly in the small-scale mining sector.

#### Key Results (From PCN)

Improve coverage and quality of key TB control and occupational lung disease services

- Percentage of pansusceptible TB patients cured in line with regional protocols
- Percentage of drug-resistant TB cases who complete treatment. (This includes cured patients plus those who complete the treatment but the culture result is unavailable.)
- Percentage of suspected TB cases tested for HIV in targeted geographic areas in the four participating countries
- Percentage of ex-miners and miners screened annually for TB, silicosis, and other occupational lung diseases according to national and regional protocols
- Number of miners and ex-miners successfully referred for TB and occupational health services between participating countries and within participating countries

Strengthen regional capacity to manage the burden of TB and occupational lung diseases

- Number of health facilities using modern diagnostic techniques for TB diagnosis
- Number of laboratories accredited
- Number of health workers trained or retrained in MDR-TB, occupational health, and laboratory management from the four countries
- Establishment of centers for excellence
- Establishment of a harmonized regional mine health regulation framework

### D. Concept Description

The proposed project will be organized around three main components.

## Component 1: Innovative Prevention, Detection and Treatment of TB (US\$ 55 million)

Subcomponent 1.1: Rolling out a harmonized package of services for TB control. This subcomponent will help improve access to quality TB prevention and treatment services by supporting such roll-out and implementation of a package of harmonized TB prevention and treatment services across the four countries (Lesotho, Malawi, Mozambique and Zambia). The project will map priority intervention areas across the four based on: (i) burden of TB; (ii) geographic characteristics with priority to mining and peri-mining districts and cross-border areas that have potential spillover effects on neighboring countries; and (iii) migration corridors. A key focus will be to strengthen the four countries' achievement of a common service and clinical quality standard in TB control based on implementation of a harmonized protocol in TB management. This will advance efforts across the sub-region to operationalize the regional Harmonized Framework for the Management of TB in the Mining Sector and the related SADC Code of Conduct in the Mining Sector. It will also raise the quality of TB services through focused quality-improvement mechanisms. The subcomponent will apply: (i) an input-financing approach based on prioritized workplans and performance targets; and (ii) a performance-based innovation funding opportunity, which uses a call-for-proposal mechanism to pilot service delivery innovations for improved TB control outcomes. It supports innovative pilots in service delivery that can inform public policy. Possible examples include: (i) PPPs; (ii) use of demand- and supply-side performance-based financing; and (iii) piloting a TB gender toolkit from the Stop TB Partnership, which enables analysis and monitoring of gender-related dimensions. Detailed criteria for the input-based and innovations mechanisms are to be developed during preparation.

Subcomponent 1.2: Rolling out a standardized package of occupational health services and safety standards across the four countries. This subcomponent will support delivery of a standardized package of occupational health services and safety standards in the four participating countries which have a focus on rolling out or strengthening core occupational health services. The subcomponent will be coordinated with the Medical Bureau for Occupational Diseases in Southern Africa in line with agreements between South Africa and its neighboring countries, and the Occupational Diseases in Mines and Works Act of South Africa. The core set of standardized services includes: (i) prevention of occupational hazards through revision of the legal framework surrounding mine activity in the project countries, including enforcement of, and strict compliance with, modern mine and health regulations created by the project; (ii) rehabilitation of affected employees through timely diagnosis and treatment, and cessation of further exposure; and (iii) compensation of affected employees for permanent disabilities due to exposure. The services delivered will enable countries with established mining sectors like Zambia to strengthen existing occupational health services with a focus on the package of services provided by the Occupational Health and Safety Institute. For countries with nascent domestic mining sectors like Lesotho, Malawi, and Mozambique, the project will support the monitoring of occupational risks and provide associated recourse to compensation services. Models for delivering occupational health services such as the pilot one-stop center model being run in South Africa will be supported across the four participating countries, subject to country demand.

## Component 2: Strengthen Regional Capacity for Disease Surveillance, Diagnostics, and Management of TB and Occupational Lung Diseases (US\$55 million)

This component will help strengthen basic health systems to position the sub-region to better

manage the complex TB epidemic and associated diseases. It will prioritize: (i) improving quality and availability of skilled human resources for disease surveillance, management of MDR-TB, and occupational health services; (ii) strengthening diagnostic capacity; and (iii) strengthening mine health regulation.

Subcomponent 2.1: Improving quality and availability of human resources. This subcomponent primarily promotes the development of a skilled health workforce based on a regionally defined curricula and mentoring, knowledge sharing for disease control across countries and achieving economies of scale. The dearth of human resources capacity for effective management of integrated TB and HIV/AIDS, MDR-TB, disease surveillance, occupational health, and regional and national reference laboratories is particularly serious, with limited pre- and in-service training. The subcomponent will support regional roll-out of such training. It will be developed to promote cross-country knowledge-sharing and take advantage of on-the-job mentoring mechanisms (to the extent possible). The project will support selected training institutions in target countries to increase the quality and quantity of professions critical for managing TB and occupational lung diseases as well as broader disease surveillance efforts. Priority will be given to developing a cadre of mycobacterial laboratory and disease surveillance experts who can strengthen diagnostic and disease management capacity at subnational, national, and regional levels and to occupational health professionals. Partnerships will be forged with the South Africa WHO/ILO Collaboration Center on Occupational Health to improve availability of occupational health staff across the region.

Subcomponent 2.2: Strengthening disease surveillance and diagnostic capacity. Given the key role disease surveillance and laboratories play in the monitoring and management of TB, the project will select laboratories from the four participating countries based on defined criteria and enroll them in capacity-building and accreditation based on regionally defined accreditation benchmarks. This subcomponent will enable the four countries to upgrade surveillance systems used in areas with a high TB burden and in cross-border areas to better monitor and detect disease trends and threats. It will create a mechanism for regional disease intelligence-sharing, initially among the four countries.

Subcomponent 2.2 will also support building on an innovative laboratory quality improvement and management tool—Strengthening Laboratory Management Towards Accreditation. The project will (i) focus on strengthening coverage of laboratory services in high-burden TB /districts of the four countries with an emphasis on mining or peri-mining areas to improve capacity for diagnostic services; (ii) aim for quality assurance in the diagnostic process and networking the laboratory systems to enable transfer of results from one level to the next, with a priority on regions with a high TB burden and mining activities; and (iii) support improvements in selected subnational and national reference laboratories through supporting their implementation of WHO-defined accreditation processes. There is an ongoing stepwise laboratory improvement effort led by WHO Africa, CDC and the Africa Society for Laboratory Medicine linked to the Strengthening Laboratory Management Towards Accreditation process, on which the project will build. It will be critical for the integrated management of TB and HIV/AIDS and improvements in screening for occupational health risks.

Subcomponent 2.2 will, subject to preparation dialogue with key stakeholders in the region and the outcome of an assessment by the task team, explore funding to network the proposed supra-national laboratory to an existing supra-regional laboratory. This supra-regional laboratory will

offer services presently not being accessed by these countries including expanded diagnostic services, external laboratory quality assurance, and regional training and mentoring. This component will be implemented in collaboration with experts from CDC, WHO, and the Africa Association for Laboratory Medicine. A regional pool of laboratory experts will be set up to mentor national and sub-national laboratory managers and provide support through the quality-improvement and accreditation processes. In countries with better capacity, the laboratory improvement process will be tied to performance incentives that reward teams for achieving quality improvement indicators and progression to the next level of rating toward accreditation drawing on experience and lessons from the East Africa Public Health Laboratory Project.

Subcomponent 2.3: Strengthening mine health regulation. A major occupational hazard associated with mining is exposure to silica dust, which can cause silicosis, cancer, and other diseases. Regional funding will be provided to: (i) strengthen or update regulatory frameworks and coordination in reporting on mine health and safety performance across countries; and (ii) strengthen regulatory institutions to better enforce compliance with mine health and safety standards. An inception assessment of the existing policy and regulatory frameworks in the four participating countries will be conducted to determine any gaps vis-a-vis internationally accepted minimum standards. The project will also conduct a complementary institutional capacity assessment to determine gaps and needs. Regional support will be given to: (i) national agencies mandated with mine health regulation; and (ii) a regional entity coordinating mine health regulation. Activities under this component will be coordinated carefully with related interventions funded under the Global Fund Regional Grant.

### Component 3: Strengthen Learning, Knowledge and Innovation (US\$10 million)

This component promotes regional innovation through sharing of knowledge, evidence from interventions implemented under components 1 and 2, and activities supported under regional centers for excellence. This component will generate regional public goods with significant spill-over effects beyond the four participating countries. The component will also support institutional strengthening in the sub-region for the management of TB and occupational health services.

The knowledge products generated will be in the form of: (i) regional baseline assessment reports that bring evidence to better define the context, and inform policy and project interventions; (ii) in-depth case studies capturing the mechanism and outputs of innovations funded by the project; (iii) South-South learning exchanges between policy makers and practitioners from the four countries and between them and other parts of the developing world with successes in TB, such as Peru; and (iv) rigorous evaluations of interventions (process and impact), subject to the feasibility of the design of the interventions. A joint annual review and planning, which brings together the four project countries, will be undertaken and used as a platform to strengthen cross-country learning and promote innovative approaches. Annual reviews and ongoing monitoring and evaluation activities will document the gender-related dimensions of the burden of TB in the four countries.

#### Subcomponent 3.1: Key baseline assessments with technical support of the Bank and CDC:

- Silica and dust exposures in small-scale miners, which will include in-depth analysis of gender issues that worsen women's occupational health risks in small-scale mining.

- Regional comparative analysis of appropriateness of the institutional and legal framework for occupational health (in relation to both large-scale and artisanal and small-scale mining) in Southern Africa with a focus on South Africa and the four participating countries using best case studies in the developed world as benchmarks.
- Regional comparative analysis of mine health regulatory frameworks and practices.
- Stock taking of opportunities for PPPs in TB control. It will include: (i) a study of private sector involvement in TB control globally with applications for Sub-Saharan Africa; and (ii) consultations with policy makers and partners to discuss findings and their relevance to the regional initiative and to reach agreement on the main elements of a PPP for strengthening control. This will be undertaken in collaboration with IFC's Public-Private Partnerships for Health team.

Following the knowledge stocktaking, case studies of PPPs funded by the project under component 1 will be documented and disseminated across the region. Where feasible, the project will facilitate South-South exchange visits to promote learning on innovations and mechanisms used to manage the PPPs.

Subcomponent 3.2: Centers for Excellence in TB Control. To accompany the above set of interventions, a Centers for Excellence approach will be innovated within the context of this project to lead knowledge generation, provide capacity building support to participating countries and lead the demonstration of excellence in the management of TB and occupational lung diseases.

The priority focus areas for the Centers for Excellence will be determined based on regionally defined priorities. Key focus areas may include MDR-TB research and management which has significant transboundary effects. Other key areas of interest may include occupational health services and mine health regulation; co-management of TB and HIV/AIDS; and use of electronic health for better management of TB and occupational health diseases.

Centers of Excellence will be selected based on institutional mandate as well as specialization and comparative advantage within the four participating countries. Further assessment of potential models for the Centers for Excellence approach will be undertaken during preparation. Competitive selection criteria will be further developed during project preparation and reviewed during implementation for continued relevance. If, as an example, there is strong regional interest to develop a Center of Excellence on occupational health and safety, an institution such as the Occupational Health and Safety Institute of Zambia could be a potential applicant.

## II. SAFEGUARDS

### A. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

The project seeks to strengthen an otherwise neglected area—occupational health and safety services and compensation services—which are intricately linked to the burden of TB in the sub-region. The project directly strengthens overall regional and national TB control efforts, though it places added focus on TB in mines as one of the key drivers of the epidemic. Primary beneficiaries will be TB-affected individuals and households. More specifically, the project will mainly benefit mining



communities and high TB–burden regions of the four participating countries. Mine workers, ex-miners, their families, labor sending areas and health workers will be direct beneficiaries.

### **B. Borrower’s Institutional Capacity for Safeguard Policies**

All four countries - Lesotho, Malawi, Mozambique and Zambia – have health programs funded by the World Bank. They are therefore familiar with the World Bank Operational Policies and due diligence requirements for environment and social safeguards. Some institutional mechanisms may have been set up in each country to address safeguards issues under these projects. However, there will be need to discuss the distinct requirements under this project, ensure appropriate manpower and financial resources are assigned and build capacity of the counterpart institutions for effective identification of issues, preparation of safeguards documents and effective implementation, monitoring and reporting.

### **C. Environmental and Social Safeguards Specialists on the Team**

Paula F. Lytle (GSURR)

Ruma Tavorath (GENDR)

### **D. POLICIES THAT MIGHT APPLY**

<b>Safeguard Policies</b>	<b>Triggered?</b>	<b>Explanation (Optional)</b>
Environmental Assessment OP/BP 4.01	Yes	Key safeguard aspects are related to (1) infection control measures for patients; (2) clinical and infectious waste materials (primarily sharps including needles and slides and sputum cups) generated from service delivery and treatment centers; (3) biosafety and occupational safety of health care staff and workers and laboratory technicians; and (4) construction management of laboratories, including siting, solid and liquid waste treatment infrastructure and construction waste.
Natural Habitats OP/BP 4.04	No	The project is not expected to affect natural habitats.
Forests OP/BP 4.36	No	The project does not foresee construction of new labs, but will finance upgrading and enhancement. It is not expected to impact forest lands.
Pest Management OP 4.09	No	There will not be any pesticide usage or procurement in the project.
Physical Cultural Resources OP/BP 4.11	No	The project does not foresee construction of new labs. It is not expected to impact any physical cultural resources.
Indigenous Peoples OP/BP 4.10	TBD	The districts to be targeted under the project in Zambia may include those in which San peoples are resident. Initial scoping in early preparation will determine whether this is the case and whether an Indigenous People’s Planning Framework (or Plan) should be prepared.

Involuntary Resettlement OP/ BP 4.12	No	The project does not foresee any construction or activities which would require land acquisition.
Safety of Dams OP/BP 4.37	No	The project activities will not construct or rely on dams.
Projects on International Waterways OP/BP 7.50	No	The project activities will not have any impacts on international waterways.
Projects in Disputed Areas OP/ BP 7.60	No	Project activities are not located in disputed areas.

## E. Safeguard Preparation Plan

### 1. Tentative target date for preparing the PAD Stage ISDS

29-Jan-2016

### 2. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the PAD-stage ISDS.

The countries will prepare country specific Infection Control and Waste Management (ICWM) plans which will provide a basis for recommendations of improved measures address current gaps and help manage medical and laboratory waste. Should the project include districts in Zambia in which San are resident, an Indigenous People's Planning Framework will be prepared. Safeguards documents will be reviewed by the World Bank, and then consulted with key stakeholders and disclosed prior to Appraisal.

## III. Contact point

### World Bank

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#### V. Approval

Task Team Leader(s):	Name: Ronald Upenyu Mutasa	
<b><i>Approved By</i></b>		
Safeguards Advisor:	Name: Johanna van Tilburg (SA)	Date: 10-Sep-2015
Practice Manager/ Manager:	Name: Magnus Lindelow (PMGR)	Date: 13-Sep-2015
Country Director:	Name: Ahmadou Moustapha Ndiaye (CD)	Date: 19-Oct-2015

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