



**The World Bank**

Zambia Health Emergency Preparedness, Response and Resilience Project Using the Multiphase Programmatic Approach (P505188)

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# Project Information Document (PID)

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Concept Stage | Date Prepared/Updated: 01-Apr-2024 | Report No: PIDDC00571

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## BASIC INFORMATION

### A. Basic Project Data

|  |   |  |                                |
|--|---|--|--------------------------------|
| Project Beneficiary(ies)   | Operation ID                              | Operation Name   |                                |
| Burundi, Congo, Democratic Republic of, Ethiopia, Kenya, Malawi, Rwanda, Sao Tome and Principe, Zambia, Zambia | P505188                                   | Zambia Health Emergency Preparedness, Response and Resilience Project Using the Multiphase Programmatic Approach |                                |
| Region   | Estimated Appraisal Date                  | Estimated Approval Date  | Practice Area (Lead)           |
| EASTERN AND SOUTHERN AFRICA  | 16-Apr-2024                               | 13-Jun-2024  | Health, Nutrition & Population |
| Financing Instrument   | Borrower(s)                               | Implementing Agency  |                                |
| Investment Project Financing (IPF)   | Ministry of Finance and National Planning | Ministry of Health   |                                |

### Proposed Development Objective(s)

The Project Development Objective (PDO) is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in the Republic of Zambia.

## PROJECT FINANCING DATA (US\$, Millions)

### Maximizing Finance for Development

Is this an MFD-Enabling Project (MFD-EP)? No

Is this project Private Capital Enabling (PCE)? No

### SUMMARY

|                             |              |
|-----------------------------|--------------|
| <b>Total Operation Cost</b> | <b>50.00</b> |
| <b>Total Financing</b>      | <b>50.00</b> |
| <b>of which IBRD/IDA</b>    | <b>50.00</b> |
| <b>Financing Gap</b>        | <b>0.00</b>  |

### DETAILS

#### World Bank Group Financing

|   |       |
|---|-------|
| International Development Association (IDA) | 50.00 |
| IDA Grant                                   | 50.00 |

Environmental and Social Risk Classification

Moderate

Concept Review Decision

The review did authorize the preparation to continue

Other Decision (as needed)

## B. Introduction and Context

### Country Context

- Zambia has experienced significant macroeconomic downturn, reducing its growth prospects in recent years.** Between 2000 and 2010, the country's gross domestic product (GDP) experienced an average annual growth rate of 7.1 percent, which has declined in the following decade to an average of 3.6 percent. In November 2020, Zambia entered a recession, and inflation soared from 7.6 percent in 2019 to 27.6 percent in 2021. While inflation levels dropped to 9.9 percent in 2022, they are still expected to remain higher than the targeted bound of 6–8 percent over the next two years. Further, the Zambian kwacha (ZMW) depreciated by over 50 percent against the US dollar in 2020, and total expenditures increased from 32.2 percent of GDP in 2019 to 37.1 percent in 2022, largely from the 2019 coronavirus disease (COVID-19) related expenditures, fuel and agriculture subsidies, and grain market interventions. However, in a recent positive turn, Zambia successfully agreed on a debt restructuring process with the International Monetary Fund, a critical step toward fostering sustainable growth and safeguarding the well-being of its citizens. Going forward, the economic outlook remains positive and is expected to strengthen but is still subject to elevated risks.
- Weak economic performance has reversed income gains and exacerbated already high poverty rates and inequality in the country.** Zambia's strong performance since 2010 has led to a reduction in poverty levels from 61 to 54 percent between 2010 and 2015. However, following COVID-19 in 2020, combined with more recent price shocks, the poverty rate is estimated to have returned to 2010 levels of 60 percent in 2022, with 48 percent of the population experiencing extreme poverty. About 79 percent of Zambia's rural population live below the poverty line, stemming largely from low levels of economic growth and agricultural productivity, lack of value addition, and limited employment opportunities. Poverty incidence is 2.5 times as high in rural areas as in urban, demonstrating spatial divides in prosperity.
- Zambia's population is growing rapidly with longer life expectancies; however, the public service delivery system has not been responsive enough to changing needs.** The country expects a population growth of 6.6 million more people in 10 years, from 20.4 million in 2023 to 27.0 million in 2033, and the urban population will exceed the rural population by 2029. Life expectancy has improved significantly, rising from 45.2 in 2000 to 63.0 in 2023 and is projected to reach 65.1 in 2033. However, the provision of public services is insufficient to meet the current demands of demographic change. Moreover, the growing population has increased pressure on unmet needs for education, employment, health care, including reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N), and other social services.

4. **Zambia is highly exposed to climate change, particularly flooding, high heat, and drought, which are becoming more frequent and severe with climate change.** The country has limited adaptive capacity to address climate change, ranking 132 out of 185 countries on the Notre dame Global Adaptation Index (ND-GAIN) of climate vulnerability and readiness. Climate change is already having tangible impacts on the country's economic growth with an estimated loss of US\$13.8 billion in annual economic growth (equivalent to a 0.4 percent loss) between 2007 and 2016 due to climate change. It is estimated that climate change could further reduce Zambia's GDP by approximately 6 percent by 2050. Climate change has tangible impacts on people in the country, which is currently in the midst of a drought, impacting 84 of the country's 116 districts, that was declared a national disaster and emergency on February 29, 2024. The drought affects 6.5 million people in the country with 2.4 million people estimated to be severely food insecure.

#### Sectoral and Institutional Context

5. **Zambia faces double burden of both communicable and non-communicable diseases (NCDs), and experienced substantial disruptions in health service delivery during the COVID-19 pandemic.** While the major causes of deaths in Zambia are communicable diseases, maternal and neonatal conditions, and malnutrition, NCDs accounted for 23.0 percent of total deaths. Key health outcomes show substantial progress but needs further effort to achieve the national targets. In addition, an analysis of the Health Management Information System (HMIS) data in 2020 demonstrated service disruptions due to the onset of the COVID-19 pandemic in outpatient consultation, pentavalent 1 and 3 vaccinations, antenatal care initiation and fourth visits, delivery, and family planning consultation. These disruptions reduced hard-fought gains in RMNCAH-N outcomes and others including NCD services and were caused by supply chain challenges.

6. **Zambia is committed to strengthening preparedness, early detection, and rapid response to public health emergencies.** The 2022-2026 National Health Strategic Plan (NHSP) aims to safeguard national public health security by preventing and controlling infectious and non-infectious public health threats in Zambia by 2026. In February 2015, the Government of the Republic of Zambia (GRZ) took a policy decision to establish the Zambia National Public Health Institute (ZNPHI) as a specialized public health authority and technical arm of the Ministry of Health (MoH), leading in safeguarding the country's health security. The ZNPHI is dedicated to providing improved public health security, focusing on the One Health approach.

7. **The country has been hit by the worst cholera epidemic in its history, which started in October 2023.** The scarcity of safe water sources during the declared drought will likely compel individuals to turn to unsafe alternatives like shallow wells, heightening the risk of waterborne illnesses such as cholera. While the latest Joint External Evaluation (JEE) of the International Health Regulations core capacity conducted in October 2023 recognized significant progress in strengthening preparedness, early detection, and rapid response to public health emergencies in Zambia, it reported the challenges, among which limited laboratory capacity for confirming and monitoring antimicrobial resistance and absence of strategic documents including comprehensive essential health services guidelines. In addition, the Global Health Security Index 2021 ranked Zambia 159 out of 195 countries and 37 out of 54 African countries. Thus, the pandemic has shown that the country remains insufficiently prepared to prevent, detect, and respond to HEs.

8. **Zambia has been struggling with a persistent severe shortage of human resource in the health sector over the last two decades.** The rate of physicians, nurses, and midwives per 1,000 population stands at 1.1 which is far below the WHO minimum required rate of 2.2 and falls short of the sub-Saharan Africa average of 1.5. This has resulted in significant gaps in the delivery of the essential health services. Zambia will need to almost double the number of its human workforce if it is to meet the health service demands by its growing population. The 2018-24 National Human Resource for Health

Strategic Plan highlighted the need for relying on innovation and digital technologies for health professionals' education, communication, and training.

#### Relationship to CPF

9. **The project development objective is aligned with the World Bank's Country Partnership Framework (CPF, 2019–2024) for Zambia (Report No. 128467-ZA).** The CPF was extended by one year to FY24 and its focus areas and objectives were revised through the Performance and Learning Review (Report No. 181836-ZM). The proposed project will contribute to Objective 3, increased access to health, education, and social protection, which supports Focus Area II, which supports job participation especially for under-employed groups with a focus on long-term human capital investments. The project is also fully consistent with the ongoing discussion for the FY25-30 CPF which emphasizes resilience in health systems.

10. **The project is also aligned with World Bank goals and regional and global strategies and the Government's NHSP for 2022-2026.** Specifically, the project contributes to the World Bank's vision to create a world free of poverty on a livable planet, the World Bank Evolution, and the Eastern and Southern African regional priorities by supporting HEs preparedness and response as global public goods. The project is fully aligned with the 2022-2026 NHSP, which aims to safeguard national public health security by preventing and controlling infectious and non-infectious public health threats in Zambia by 2026. Zambia's participation in the HEP RR Program reflects the GRZ's commitment to intensifying its efforts in responding to and building resilience against public health emergencies. The project will also contribute to, and is consistent with, Zambia's National Gender Policy 2023 ([https://www.gender.gov.zm/?page\\_id=1629](https://www.gender.gov.zm/?page_id=1629)) which envisions a multisectoral approach to gender equality, including addressing gender gaps in access to all types of health services.

11. **The proposed project is consistent with both the mitigation and adaptation goals of the Paris agreement, Zambia's updated Nationally Determined Contribution (NDC, 2021) and Zambia's climate and health policies towards reduction of greenhouse gas (GHGs) emissions and fostering climate resilience.** Zambia's NDC commits to reduce GHG emissions by 25 percent by 2030 in comparison to a business-as-usual scenario (BAU) or 45 percent with international support. Zambia's National Adaptation Plan (NAP, 2023), National Policy on Climate Change (2016), Health National Adaptation Plan (HNAP, 2017) and the 2022-2026 National Health Strategic Plan (2023) highlight the adverse impacts of climate change and climate hazards on increasing the burden of climate sensitive diseases and impacts on health infrastructure and outline adaptation and mitigation measures which align with the proposed project activities.

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

12. The Project Development Objective (PDO) is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in the Republic of Zambia.

#### Key Results (From PCN)

13. The proposed Zambia project is adapted from the HEP RR Program's Results Chain, which emphasizes multisectoral engagement, service delivery, and regional coordination capacities and the overall emergency response and management, at all levels of the health system.

#### D. Concept Description

14. Component 1. Strengthening the Preparedness and Resilience of the Health System to Manage HEs (US\$10 million equivalent). This component will support strengthening of the health system's preparedness and resilience to respond to HEs. The Component comprises two subcomponents: (1) Develop health workforce through training, regulatory and management mechanisms (US\$4 million equivalent); and (2) Operationalize and improve interoperability of information systems for HEs and digitalize the health sector (US\$6 million equivalent).

15. Component 2: Improving the detection of and response to HEs through a multisectoral approach (US\$35 million equivalent). This component will support operational readiness and capacities to respond to HEs. This component has three subcomponents: (1) Strengthen emergency management structures and processes & patient-centered healthcare provision (US\$25 million equivalent); (2) Risk communication and citizen engagement (RCCE, US\$4 million equivalent); and (3) Climate change adaptive emergency preparedness and response (US\$6 million equivalent).

16. Component 3: Project Management (US\$5 million equivalent). This component will ensure efficient and effective management and implementation of the project, including operational research in climate and health, NCDs, and other prioritized areas, M&E, partner mapping for better planning.

17. Component 4: Contingent Emergency Response Component (CERC). This component will facilitate access to rapid financing by allowing for the reallocation of uncommitted project funds in the event of a natural disaster in a country, either by a formal declaration of a national emergency or upon a formal request from the government. Following an eligible crisis or emergency, the government may request that the World Bank reallocate project funds to support emergency response and reconstruction. This component would draw upon uncommitted resources from other project components to cover emergency response. A CERC Manual and an Emergency Action Plan, acceptable to the World Bank, will be prepared and constitute a disbursement condition for this component.

#### Legal Operational Policies

|   | Triggered?    |         |
|---|---------------|---------|
|   | Last approved | Current |
| Projects on International Waterways OP 7.50 | No            |         |
| Projects in Disputed Area OP 7.60           | No            |         |

#### Summary of Screening of Environmental and Social Risks and Impacts

18. The **environmental risk rating** is Moderate. The project footprint will be confined to existing Ministry of Health land and will not encroach on environmental sensitive areas or any areas designated as national parks etc. The Environmental and OHS risks and impacts under both components are predictable, reversible and have a low probability of adverse or serious impacts to human health or the environment. There will be no toxic or harmful substances use and simple management plans are expected for risk mitigation. Environmental risks and impacts from the project include; (i) the generation of e-waste over a longer term period (including solar equipment); (ii) relatively minor amounts of

construction waste and OHS risks from the rehabilitation and construction of WASH facilities including installation of water storage and distribution equipment and; (iii) a suitable level of water quality for WASH.

19. The **social risk is rating** is Moderate. Though the project will be implemented across the entire country, there are no conflict-affected areas that might have an impact on the project's implementation. The construction of new installations and the rehabilitation of water and sanitation (WASH) facilities within existing health facilities will not necessitate land acquisition or resettlement. Key potential social risks include: (i) the risk of exclusion or discrimination against women, youth, people living with disabilities, and remotely located communities in accessing healthcare services and risk communication and community engagement activities; (ii) labor and working conditions risks stemming from non-compliance with national legislation on working hours, wages, overtime, compensation, or benefits; (iii) sexual exploitation, abuse, and harassment (SEA/SH) among project workers, stakeholders, and local communities; (iv) community health and safety risks related to the transmission of communicable diseases through interactions among project workers and between the project workforce and local communities, including community-based volunteers and community health assistants, as well as the improper disposal of healthcare waste from project activities; (v) challenges in organizing or gaining access to grievance redress and referral processes; (vi) potential risks of unauthorized exposure of patient-level data, particularly with activities aimed at digitizing the health sector; and (vii) potential risks linked to the downstream aspects of the technical assistance activities supported by the project.

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**APPROVAL**

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**Approved By**

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|---------------------------|------------------|-------------|
| Practice Manager/Manager: | Miyuki T. Parris | 01-Apr-2024 |
| Country Director:         | Achim Fock       | 07-Apr-2024 |

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