

PROJECT INFORMATION DOCUMENT (PID) CONCEPT STAGE

Report No.: PIDC647

Project Name	Support to the Integral Strategy for the Prevention and Control of Non-communicable Diseases Project (P133193)
Region	LATIN AMERICA AND CARIBBEAN
Country	Argentina
Sector(s)	Health (50%), Public administration- Health (50%)
Lending Instrument	Specific Investment Loan
Project ID	P133193
Borrower(s)	National Ministry of Health
Implementing Agency	International Financing Unit
Environmental Category	B-Partial Assessment
Date PID Prepared	03-Dec-2012
Estimated Date of Appraisal Completion	22-Apr-2013
Estimated Date of Board Approval	11-Jul-2013
Concept Review Decision	Track II - The review did authorize the preparation to continue

I. Introduction and Context

Country Context

1. In the last decade Argentina achieved a significant decline in poverty and impressive gains in reducing inequality; however, large geographic and income inequalities in access to quality social services and outcomes remain. According to the harmonized poverty data for Latin American countries produced by SEDLAC, poverty measured as US\$4 a day declined from 38.3 percent in 2003 to 11.6 percent in 2011. This decline has also been robust when compared to the average decline in Latin America. Unemployment also declined from 17.8 percent to 7.1 percent during the same period. Impressive gains were also achieved in reducing inequality and expanding the middle class. However, some inequalities remain; for instance, about a third of the population is not covered by formal health insurance and remains under the Ministry of Health coverage ; as explained below, those not covered by formal insurance are less likely to be screened and controlled for non-communicable diseases.

Sectoral and Institutional Context

The health sector in Argentina is fragmented with numerous insurance schemes, several public and private providers, and different levels of government with health responsibilities. A large percentage of the population is covered by different social insurance schemes benefiting formal sector workers; those not covered by these schemes benefit from the Ministry of Health coverage. Services are

provided by numerous public and private providers. The federal nature of the Government also adds to this fragmentation. Most health care responsibilities are assigned to the provincial level; this allows a better adaptation to local needs, but it also makes coordination of the design and implementation of health policies challenging.

Non-communicable diseases (NCDs), such as cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, generate a heavy health and economic burden in Argentina. They are responsible for 81% of all deaths and about 62% of the years of potential lives lost (YPLL) in the country. In 2010, cardiovascular diseases caused a third of all deaths, cancer caused 22 percent, chronic respiratory diseases about 9 percent and injuries 7%. About half of these deaths (45%) were in adults younger than 65 years. Since people with these conditions require continuous contact with the health system for long periods of time and if not controlled might require costly hospitalizations, NCDs generate an important negative economic impact to the health system. They also generate large productivity losses due to worker absenteeism, disability, and premature deaths. In addition, out-of-pocket payments for services and medicines can impoverish households with members with these conditions.

A large proportion of Argentinians are exposed to risk factors for NCDs, and many of those affected are not screened or controlled. NCDs can be prevented or controlled. They are not only a consequence of genetics and population aging but also of exposure to common risk factors such as unhealthy diets (e.g. diets rich in sodium, saturated and trans fats and poor in fruits and vegetables), physical inactivity, and tobacco use. In the year 2009, less than 40% of adults had a daily consumption of fruits and vegetables; 25% always added salt to prepared foods; more than half were physically inactive and 27% used tobacco. The prevalence of some of these risk factors continues to increase, as well as physical inactivity and salt consumption. In addition, many of those affected by NCDs and their risk factors are not screened or controlled. For instance, in 2009 only 60% of adult women had a Pap smear in the last two years and, among those older than 40, only 54% had had a mammography.

The prevalence of NCDs and their risk factors is higher among the poor who are less likely to be screened or controlled for these conditions. In 2009, according to the National Risk Factor Survey, the poorest third of the population were more likely to be physically inactive and consume less fruits and vegetables than the richest third. They were also more likely to suffer from hypertension, diabetes, and obesity and less likely to have been screened for these conditions or, in the case of women, to be screened for cervical and breast cancer. People with only exclusive access to the public health sector, who are more likely to be poor, were also less likely to have been screened or controlled for these conditions.

In this context, the Government of Argentina has developed a National Strategy for the Prevention and Control of NCDs. The main objectives of this strategy are: (i) to strengthen the capacity of the National Ministry of Health and the Provincial Ministries of Health to design and implement interventions aimed at promotion, prevention, control and surveillance of NCDs in the country; (ii) to improve the quality of services (prevention, screening and control) of patients with NCDs and/or their risk factors; (iii) to promote healthy lifestyles with a focus on healthy nutrition, physical activity, and tobacco control; and (iv) to strengthen surveillance, monitoring and evaluation of NCDs and their risk factors.

The Government of Argentina has requested World Bank support for the implementation of this

strategy at national and provincial level. Some of the activities in the Strategy are already on-going and receive financial support from World Bank-financed projects such as the Provincial Public Health Insurance Development Project (P106735) and The Essential Public Health Functions Project II (P110599). The first project finances screening and control services mainly for adult women, while the second finances primary prevention measures and NCD-related services included in the “Incluir Salud” insurance. In addition, projects financed by the IDB also support activities under the Strategy, such as pharmaceutical products and the strengthening of health care networks. This new operation would fill some of the financial gaps of the strategy and would continue strengthening the capacity of the National and the Provincial Ministries of Health to coordinate all the activities within the strategy to reduce the current fragmentation in their implementation. The Project Appraisal Document (PAD) will include a table detailing the division of responsibilities between the different sources of funds supporting the National Strategy.

Relationship to CAS

8. The proposed operation is consistent with the FY2010-2012 Country Partnership Strategy (CPS) for the Argentine Republic (Report No. 48476-AR – May 6, 2009) and is also likely to be consistent with the CPS that is currently under preparation. It supports the second pillar of social inclusion and its objective of consolidating improvements in health indicators. Given the large and long standing engagement of the World Bank in the health sector of Argentina, and the importance of the sector in the Government’s strategy, it is very likely that this objective will remain in the CPS under preparation.

II. Proposed Development Objective(s)

Proposed Development Objective(s) (From PCN)

The project aims at strengthening the capacity of the National Ministry of Health and the Provincial Ministries of Health in the design and implementation of interventions aimed at: (i) reducing population exposure to health risk factors related to main causes of burden of disease; and (ii) improving quality of diagnosis and control services for non-communicable diseases for the population with only access to the public health sector.

Key Results (From PCN)

The key results expected from this Project and the performance indicators that will be used to track progress will be identified during preparation. They are likely to include:

- Result 1: Contribute to reducing population exposure to health risk factors related to main causes of burden of disease. Possible performance indicators to track this result would be to consider to:
 - i. The reduction of sodium consumption.
 - ii. The reduction of trans fats in processed foods.
 - iii. The increase in fruit and vegetable consumption.
 - iv. Increase in the percentage of the adult population that is physically active.
- Result 2: Improve quality of diagnosis and control services for non-communicable diseases for the population with only access to the public health sector. Possible performance indicators to track this result would be to consider increase in the:
 - i. Number of primary health care centers with electronic medical records in use.

- ii. Number of personnel trained in NCD-related activities.
- iii. Percentage of the target population screened for global risks for NCDs.
- iv. Percentage of the population with diagnosed risks that is under treatment.

III. Preliminary Description

Concept Description

The Project will be financed through a Specific Investment Loan to support the Government of Argentina over a five year period. The project is for a total of US\$ 560 million of which US\$ 450 million would be financed by the IBRD. The project would strengthen the capacity of the National Ministry of Health and the Provincial Ministries of Health to implement the National Strategy for the Prevention and Control of NCDs (NCD Strategy), while covering financial gaps for its implementation and its monitoring and evaluation. The proposed Project would finance activities aimed at promoting healthy lifestyles at national, provincial and local level that currently do not have other sources of funds. It would also finance a reform in the health care model to better prevent and control NCDs. This reform would allow the public health system to better respond to NCDs by changing from a system organized to respond to one-time acute episodes of disease and to maternal and child conditions to a system that provides continuous and coordinated care to patients with NCDs or their risk factors. The proposed Project would be composed of the following three components:

Component 1: Improving Institutional Capacity of the National Ministry of Health and the Provincial Ministries of Health for the promotion, prevention, control and surveillance of non-communicable diseases, including injuries. This component would focus on activities aimed at: (i) coordinating different agencies (including those in charge of education, transport, urban planning, agriculture, finance, etc.) for the design and implementation of multisectoral policies for the prevention of NCDs at population level; (ii) harmonizing management instruments of the different programs and institutional areas within the National and Provincial Ministries of Health needed for an integral and coordinated implementation of the NCD Strategy; this would include the harmonization of information systems, package of services, beneficiaries, etc.; (iii) improving information systems at the national, provincial and local levels, including the development of electronic medical records; (iv) strengthening the capacity of the Ministries of Health to design, monitor and evaluate interventions. The former would include, inter alia, the following activities: (a) strengthening the capacity of the regional network of laboratories linked to the National Institute of Food (INAL in Spanish) to monitor the agreements with the industry to reduce sodium in processed foods and to monitor the regulation to reduce trans fats in processed foods; (b) the design of a national communication strategy on the promotion of healthy lifestyles; (c) the design of instruments needed for a change in the model of care of patients with chronic diseases (e.g. clinical guidelines for screening and control of patients with NCDs); and (d) support to the National Cancer Institute to strengthen the screening and care of patients with breast, cervical and colorectal cancer.

Component 2: Supporting the design and implementation of population-based interventions for the prevention of NCDs and injuries at the provincial and municipal level. This component would finance at the provincial and municipal levels the design and implementation of population-based interventions focused on healthy diets (specifically on the reduction of sodium and trans fats and on the consumption of fruits and vegetables), physical activity, tobacco control, and injury prevention. These activities would be financed through a mix of results-based financing mechanisms.

Component 3: Improving the care for patients with NCDs and their risk factors. This component aims at improving the quality of clinical prevention, early detection, and control services for patients with NCDs and their risk factors through a reform in the model of care in public health facilities. The reform is aimed at providing continuous and programmed care to patients with a chronic condition and/or with their risk factors. This component would finance, among other things, the implementation of clinical guidelines, electronic medical records, other “eHealth” instruments to send chronic patients reminders and information to support self-care. This component would use a results-based financing mechanism linked to progress in the reform of the model of care in public health facilities.

IV. Safeguard Policies that might apply

Safeguard Policies Triggered by the Project	Yes	No	TBD
Environmental Assessment OP/BP 4.01	x		
Natural Habitats OP/BP 4.04		x	
Forests OP/BP 4.36		x	
Pest Management OP 4.09		x	
Physical Cultural Resources OP/BP 4.11		x	
Indigenous Peoples OP/BP 4.10	x		
Involuntary Resettlement OP/BP 4.12		x	
Safety of Dams OP/BP 4.37		x	
Projects on International Waterways OP/BP 7.50		x	
Projects in Disputed Areas OP/BP 7.60		x	

V. Tentative financing

Financing Source	Amount
Borrower	110.00
International Bank for Reconstruction and Develo	450.00
Financing Gap	0.00
Total	560.00

VI. Contact point

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