

**PROJECT INFORMATION DOCUMENT (PID)  
APPRAISAL STAGE**

Report No.: PIDA16656

|   |   |
|---|---|
| <b>Project Name</b>                                   | Protecting Vulnerable People Against Noncommunicable Diseases Project (P133193) |
| <b>Region</b>   | LATIN AMERICA AND CARIBBEAN   |
| <b>Country</b>  | Argentina   |
| <b>Sector(s)</b>                                      | Health (70%), Public administration- Health (30%)                               |
| <b>Theme(s)</b>                                       | Injuries and non-communicable diseases (70%), Health system performance (30%)   |
| <b>Lending Instrument</b>                             | Investment Project Financing  |
| <b>Project ID</b>                                     | P133193   |
| <b>Borrower(s)</b>                                    | National Ministry of Health   |
| <b>Implementing Agency</b>                            | Ministry of Health  |
| <b>Environmental Category</b>                         | B-Partial Assessment  |
| <b>Date PID Prepared/Updated</b>                      | 13-Mar-2015   |
| <b>Date PID Approved/Disclosed</b>                    | 18-Mar-2015   |
| <b>Estimated Date of Appraisal Completion</b>         | 27-Feb-2015   |
| <b>Estimated Date of Board Approval</b>               | 14-May-2015   |
| <b>Appraisal Review Decision (from Decision Note)</b> |   |

## I. Project Context

### Country Context

Since its economic crisis of 2002, Argentina has been reducing poverty and sharing the gains of rising prosperity. The middle class grew by 68 percent between 2004 and 2012, reaching 53.7 percent of the population. Total poverty (measured at US\$4-a-day) declined from 31.0 percent in 2004 to 10.8 percent in 2013, while extreme poverty (measured at US\$2.50-a-day) fell from 17.0 percent to 4.7 percent. However, income inequality, measured by the Gini coefficient, remains high reaching 42.5 in 2012; while the proportion of the population with unsatisfied basic needs reached 12.5 percent in 2010.

Despite the reduction in poverty and inequality, substantial differences in poverty rates and access to services persist, particularly across provinces. Poverty rates in the Northern provinces are still two to three times higher than the country average. Inequalities in access to quality social services and outcomes remain. For instance, approximately 38 percent of the population is not covered by social or private health insurance (INDEC, 2010). This vulnerable segment of the population is more likely to be poor, since it lacks formal employment, and is also less likely to receive priority

health services, including screening and control for Noncommunicable Diseases (NCDs) .

Strong economic growth over the last decade was accompanied by rising macro-imbalances. Key macroeconomic challenges include the existence of inflationary pressures, deficits in fiscal and current accounts, and limited international reserves. Argentina has relatively modest fiscal and current account deficits, as well as low public sector debt to Gross Domestic Product (GDP). Nonetheless, given the limited access to international markets, these challenges create pressure on the economy. These imbalances need to be resolved to avoid unwanted effects on the medium-term sustainability of the gains in equity and development achieved during the last decade. In this regard, the Government of Argentina (GOA) has recently implemented various public policy interventions aimed at resolving key macroeconomic imbalances. It must be noted, however, that continued and consolidated efforts are required for achieving the desired results.

The GOA remains committed to promoting growth with equity and inclusion by reducing the gap in basic services. In an increasingly challenging economic environment, the difficulty is not only to sustain the social policies established in recent years, but also to create space to promote effective social inclusion, with universal access to basic services, ensuring that families who remain poor or have escaped poverty can sustain better livelihoods, benefit from shared prosperity, and build better opportunities for all. This requires efficient deployment of public resources geared to provide services protecting the most vulnerable. The proposed health operation in Argentina is at the heart of this effort; improving the readiness of provincial health facilities to offer quality NCD-related services to people not covered by contributory health insurance, and creating an environment that protects them from these conditions and their risk factors.

### **Sectoral and institutional Context**

NCDs and injuries generate a heavy health and economic burden in Argentina. NCDs are responsible for 81 percent of all deaths and about 62 percent of the years of potential life lost (YPLL) in the country. In 2010, cardiovascular diseases caused a third of all deaths, cancer caused 22 percent (colon cancer caused 11,2 percent of these), chronic respiratory diseases about 9 percent. About half of these deaths (45 percent) were in adults younger than 65 years. NCDs require care over extended periods of time. If left untreated or uncontrolled, they may result in costly hospitalizations, thereby generating an important negative economic impact to households, the health system, and the economy. NCDs may also generate large productivity losses due to worker absenteeism, disability, and premature deaths. Injuries are the fifth leading cause of death, responsible for 7 percent of all deaths, jumping to the first place for people under 45, with devastating effects on families and society.

An important share of the NCD burden can be prevented or controlled. These conditions are closely related to common risk factors, especially to unhealthy diets, physical inactivity, tobacco use, and alcohol abuse. According to the Global Burden of Disease (BOD) Study 2010, the main five risk factors for health in Argentina are: dietary risks, followed by high Body Mass Index (BMI), smoking, high blood pressure, and high plasma glucose in the blood. Among the dietary risks, the study identified the following as the main factors: diets low in fruits, low in nuts and seeds, low in vegetables, high in sodium, and low in whole grains.

The poor and vulnerable in Argentina are the most negatively affected by NCDs and their risk factors; they also receive less screening and control services for these conditions. The poorest third

of the population is less physically active and consumes less fruits and vegetables than the richest third. The poorest third also suffers more from hypertension, diabetes, and obesity, and receives less screening services for these conditions. Vulnerable people, defined in this document as those with no contributory health insurance coverage and thus more likely to be poor, also consume less fruits and vegetables, suffer more from obesity, and receive less screening and controlled services for NCDs.

There is a strong association between poverty, nutrition, and NCDs. With increasing urbanization the cost of fresh foods, especially fruits, vegetables and meat, has increased; while processed foods have become much cheaper. As a result, the poor are more likely to eat processed foods, containing higher levels of saturated fats and salt, and eat less variety of foods.

Argentines consume high levels of wheat-based products (some of the cheapest foods available) with very high sodium contents. Indeed, 25 percent of the total sodium consumption in Argentina comes from breads. In addition, similar to the international patterns described above, the poor in Argentina also consume high levels of sodium from processed foods and sugar-sweetened beverages. This pattern is worrisome since sodium intake is a major risk factor for the development of high blood pressure (hypertension). Reducing sodium intake reduces blood pressure and the risk of cardiovascular diseases and stroke. As a result, the World Health Organization (WHO) considers sodium reduction strategies as some of the most cost-effective interventions to reduce NCDs.

In Argentina those not covered by social security or a private health insurance receive health services from public providers. Formal workers and retirees are insured by social security schemes, while a small percentage of the population, in addition to formal coverage, buys insurance from the private sector. Most of this population receives health services from private providers. Given the federal nature of the GOA, health care responsibilities are shared among the federal, provincial and in some cases municipal levels. Most health care responsibilities are assigned to the provincial level. The overall coordination role rests with the national government.

In this context, the focus of the Project is on vulnerable people, defined as those not covered by contributory health insurance. The uninsured are concentrated among the poor.

The public primary health care facilities in Argentina have traditionally focused on maternal-child health interventions and have not adapted to the changing needs of an aging vulnerable population. While maternal and child services have been significantly strengthened with support from World Bank financed projects, Plan Nacer and the on-going Programa Sumar, studies conducted among public providers have identified several shortcomings in the management of health care that are crucial for the early detection and control of patients with NCDs, including the absence of adult outpatient medical records, nominalized patient records, clinical guidelines based on high quality evidence for decision-making, lack of access to scheduled attention, lack of a clinical information system that accounts for the quality of care, poor coordination across different levels of care, and inadequate follow-up of patients and unsuitable professional profiles, among others.

In this context, in 2009 the GOA developed and initiated the implementation of the National Strategy for the Prevention and Control of NCDs and established a National Program for the Prevention and Control of Injuries. Despite these efforts, significant challenges remain. Many changes are needed to improve service delivery in the provincial public healthcare networks to provide vulnerable people with timely access to quality NCD prevention and control services. In

addition, further work is needed to strengthen the epidemiological surveillance and monitoring systems and to strengthen the enforcement of tobacco, sodium, and trans fats regulations at provincial and municipal level.

The GOA has requested World Bank support for the implementation of the NCDs Strategy at national and provincial levels to protect vulnerable people against these conditions, through ensuring access to quality services, while improving health promotion and epidemiological surveillance. This Project will be an essential part of the overall World Bank support to the health sector in Argentina, a long term partnership that has focused on improving access and quality of health services to vulnerable groups.

## **II. Proposed Development Objectives**

To contribute to (i) improving the readiness of public health facilities to deliver higher quality NCD-services for vulnerable population groups and expanding the scope of selected services; and (ii) protecting vulnerable population groups against prevalent NCD risk factors.

## **III. Project Description**

### **Component Name**

Component 1: Improving the readiness of public health care facilities to provide higher quality services for Noncommunicable Diseases (NCDs) for vulnerable population groups and expanding the scope

### **Comments (optional)**

This component will support: (a) changes to the model of care of provincial health care networks to generate the conditions needed to ensure effective access to quality health care to vulnerable patients with high prevalence of NCDs; and (b) the development of the capacity to provide early detection of colon cancer, therefore increasing the scope of services beyond what is currently covered. The changes in the model of care aim at: (i) providing continuous and programmed care to patients; (ii) supporting patient's self-care; (iii) improving case management; (iv) developing clinical information systems; and (v) strengthening clinical support systems.

### **Component Name**

Component 2: Protecting vulnerable population groups against prevalent NCD risk factors.

### **Comments (optional)**

This component will support the implementation of population-based multisectoral interventions at provincial and municipal levels focused on healthy diets (particularly the reduction of sodium and trans fat intake, and the promotion of fruit and vegetable consumption), physical activity, and tobacco control.

### **Component Name**

Component 3: Supporting the National and Provincial Ministries of Health to improve surveillance, monitoring, promotion, prevention and control of NCDs, injuries, and their risk factors.

### **Comments (optional)**

This component will support: (i) the strengthening of the capacity of the National and Provincial Ministries of Health and autonomous agencies under their responsibility to design, implement, and monitor policies aimed at health promotion, prevention and control of NCDs, injuries and their risk factors; and (ii) the support for Project implementation.

## **IV. Financing (in USD Million)**

|   |        |                       |               |
|---|--------|-----------------------|---------------|
| Total Project Cost:                                   | 437.50 | Total Bank Financing: | 350.00        |
| Financing Gap:  | 0.00   |                       |               |
| <b>For Loans/Credits/Others</b>                       |        |                       | <b>Amount</b> |
| Borrower  |        |                       | 87.50         |
| International Bank for Reconstruction and Development |        |                       | 350.00        |
| Total   |        |                       | 437.50        |

## V. Implementation

The Project will be implemented by the NMOH through the Directorate of Health Promotion and Control of NCDs (Dirección de Promoción de la Salud y Control de Enfermedades no Transmisibles, DNCDs). High level institutional coordination with the provinces will be carried out within COFESA. The DNCDs depends on the Undersecretary of Prevention and Risks Control and is led by the Secretary of Promotion and Health Programs who will be the Project's National Director. The DNCDs will be responsible for carrying out Project activities through its departments of Surveillance, Health Promotion, Health Care Services, and a Provincial Coordination Unit.

The International Financing Unit of the NMOH (UFI-S) will be responsible for overall administrative and fiduciary matters such as financial management and procurement.

The provinces will express their intention of participating in the Project's activities through a Letter of Intent (Carta de Adhesión) to be signed by at least 60 percent of the provinces before Project negotiations. Their effective participation will be governed by an Umbrella Agreement (Acuerdo Marco) to be signed by each province and the NMOH, where each party agrees upon: Project's design, legal framework and conditions for Project execution, the EEPs and the TLIs to be used to reimburse resources to the provinces, safeguard policies, reporting and verification mechanisms, and conflict resolution mechanisms. The Project's Operational Manual will be an annex to this Umbrella Agreement.

## VI. Safeguard Policies (including public consultation)

| Safeguard Policies Triggered by the Project    | Yes | No |
|--|-----|----|
| 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  |

**Comments (optional)**

## VII. Contact point

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