

# INTEGRATED SAFEGUARDS DATA SHEET

## CONCEPT STAGE

Report No.: ISDSC1461

**Date ISDS Prepared/Updated:** 03-Dec-2012

### I. BASIC INFORMATION

#### A. Basic Project Data

<b>Country:</b>	Argentina	<b>Project ID:</b>	P133193
<b>Project Name:</b>	Support to the Integral Strategy for the Prevention and Control of Non-communicable Diseases Project (P133193)		
<b>Task Team Leader:</b>	Maria Eugenia Bonilla-Cha		
<b>Estimated Appraisal Date:</b>	00-undefined-0000	<b>Estimated Board Date:</b>	11-Jul-2013
<b>Managing Unit:</b>	LCSHH	<b>Lending Instrument:</b>	Specific Investment Loan
<b>Sector:</b>	Health (50%), Public administration- Health (50%)		
<b>Theme:</b>	Injuries and non-communicable diseases (70%), Health system performance (30%)		
<b>Financing (In USD Million)</b>			
<b>Financing Source</b>		<b>Amount</b>	
Borrower		110.00	
International Bank for Reconstruction and Development		450.00	
Financing Gap		0.00	
Total		560.00	
<b>Environmental Category:</b>	B - Partial Assessment		
<b>Is this a Repeater project?</b>	No		

#### B. Project Objectives

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.

#### C. Project 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). 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 only to one-time acute episodes of disease and to maternal and child conditions to a system that also 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 be focused 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.

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

5. The Project will be implemented nationwide. Based on the information available at this stage, the Project would not involve natural habitats, forests or cultural property. Most of the Project investments are planned to take place in existing infrastructure. The specific location of the proposed intervention would be defined during the project implementation and it is expected to be wide.

**E. Borrowers Institutional Capacity for Safeguard Policies**

This Project will benefit from Argentina's broad experience in the management of safeguards, particularly with the Essential Public Health Functions (EPHF) I and II (P090993 and P110599), Plan Nacer Phases I and II (P072637 and P095515), and the Provincial Public Health Insurance (P106735) projects which are currently under implementation. Under these projects the Government developed an indigenous people plans framework (IPPF), provincial indigenous peoples plans, and environmental tools, which will be assessed during project preparation to determine their adequacy to address possible specific impacts of this new operation.

During Project preparation the existing IPPF will be updated to include all aspects of the NCD Strategy that were not covered on the above mentioned projects. In addition, the updated framework will state that previous provincial social assessments and IPPs should also be updated to ensure that they address possible specific impacts of this new operation. During preparation the team will also evaluate the performance of the existing IPPs and assess the operational relevance and validity of the procedures outlined in the IPPF. The updates to the IPPF and the lessons learned from these performance assessments will be included on the appraisal stage ISDS.

The provincial IPPs could provide data to the health information systems that support the implementation of the NCD strategy at provincial level and at national level, if all provinces adhere to the new operation. Each Provincial IPP will include service packages and communication strategies with specific adaptations and intervention adopted for Indigenous Peoples as it was done in previous projects.

The process to consult and validate the updated IPPF will be made with a national representative group of indigenous leaders, the National Council of Indigenous Peoples Participation of the National Institute of Indigenous Peoples Affair (Consejo de Participación Indígena- CPI- del Instituto Nacional de Asuntos Indígenas- INAI-). This council has at least two representatives of each Indigenous Peoples.

In the particular case of Environmental Safeguards, under the EPHF I and the Emergency Operation for the Management of Influenza type Illness Project (H1N1 project - P117377), Environmental Management Frameworks and Environmental Action Plans were developed and are currently under implementation. In addition, Argentina has comprehensive national legislation in place to guide health care waste management practices.

Project environmental and social management would rely on the existing Safeguards Unit which has been created in 2012 for the FESP II Project. This unit is already staffed. During project preparation, the Bank team will review the ongoing experience with the active projects and consider the institutional needs to engage in a new operation with a broad number of provinces.

Despite this large experience with health care facility waste, and in terms of the potential gaps, we

anticipate that improvements and increases in health care brought about by the Project would generate an increase in the capacity for the treatment of residuals, and adequate and trained personnel would be required.

The implementation of electronic medical records proposed in this new operation would probably require the renewal of a large number of hardware with the consequent generation of technological residuals. As this is a new situation where legal frameworks and policies are still under development, there is no adequate institutional capacity. The sector capacity to address this type of waste would be assessed before the QER meeting to identify special waste management measures.

The improvements expected in the field of cancer detection would require special measures related to radiological safety and to the use and disposal during the acquisition and/or replacement of equipment. The sector capacity to address this type of waste would be assessed before the QER to identify special management measures to address impacts associated with the use of radiological technology.

In particular, a preliminary gap analysis of the existing capacities and challenges has identified the following key actions to be addressed during project preparation. This analysis will be continued and completed during project preparation to develop the specific instruments to address them:

- Increased capacity in environmental assessment and environmental management for the health sector. The expansion of services to new centers would require more qualified staff to perform the environmental reviews, monitoring and training. This could be addressed by consultation mechanisms, e-learning, etc. The implementation of the electronic clinical records could require minor modifications to the wiring affecting sensitive areas (eg Lab, Radiology). Given the possible inclusion of the National Cancer Institute as one the project's beneficiaries, an initial assessment and training would be carried out in this agency.
- Health and safety issues. Laboratory audits and specific training would be needed regarding storage, handling, use, and disposal of specific chemicals such as toxic drugs.
- E-waste management. In Argentina, currently there are legislative discussion going on around e-waste and regulations for its proper management and disposal. If a national law is finally passed by the Congress, there would be a legislative framework for e-waste management. Otherwise, best practices procedures would be adopted by the project.
- Institutional coordination. Coordination with national, provincial and municipal environmental agencies. Other sectors such as spatial planning, sports and social action could also be explored.

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

Isabel Tomadin (LCSSO)

Marcelo Roman Morandi (LCSEN)

## **II. SAFEGUARD POLICIES THAT MIGHT APPLY**

<b>Safeguard Policies</b>	<b>Triggered?</b>	<b>Explanation (Optional)</b>
Environmental Assessment OP/ BP 4.01	Yes	This is a Category B project because while there are potential environmental impacts from medical and IT hardware waste disposal, they present a low to moderate risk and are readily

	<p>manageable with known technology.</p> <p>The project mainly involves the potential collection, management and disposal of hazardous medical wastes. Lab diagnostics generated through detection and surveillance of NCDs; the generation of technological waste; the expansion and exchange in radiological equipment, and modifications to labs could have direct or induced impacts on the environment. The project will utilize an Environmental and Social Management Framework (ESMF) to guide the management of project-related medical wastes, including electronic waste, radiological wastes and those resulting from modifications to labs. In principle the “improvements in regional labs” will include the acquisition of new equipment. The set up of this equipment could eventually lead to very small interventions. This could involve the adequacy of spaces or the adoption of security elements for laboratories to control gases like extractors, fireplaces, special deposits reagents, etc. At this stage and given that labs are not known, these interventions could lead to the generation of waste containing asbestos, old pipes, as well as obsolete unused equipment that could contain, batteries, mercury, coolants, and expired reagents. The Project will not support investments in major physical works.</p> <p>During project preparation, the Borrower will update and revise the ESMF currently being used in the FESP II Health project in Argentina. By appraisal stage, the Bank team will provide a more thorough description of environmental management performance under this ESMF and clarify where gaps may exist in either: (i) the types of measures that need to be adopted to address the environmental impacts foreseen under this Project, and/or (ii) environmental management performance of the existing measures and the institutions at a provincial and national level charged with their implementation. Explanation (Optional)</p> <p>This is a Category B project because while there are potential environmental impacts from medical and IT hardware waste disposal, they present a low to moderate risk and are readily</p>
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	<p>manageable with known technology.</p> <p>The project mainly involves the potential collection, management and disposal of hazardous medical wastes. Lab diagnostics generated through detection and surveillance of NCDs; the generation of technological waste; the expansion and exchange in radiological equipment, and modifications to labs could have direct or induced impacts on the environment. The project will utilize an Environmental and Social Management Framework (ESMF) to guide the management of project-related medical wastes, including electronic waste, radiological wastes and those resulting from modifications to labs. In principle the “improvements in regional labs” will include the acquisition of new equipment. The set up of this equipment could eventually lead to very small interventions. This could involve the adequacy of spaces or the adoption of security elements for laboratories to control gases like extractors, fireplaces, special deposits reagents, etc. At this stage and given that labs are not known, these interventions could lead to the generation of waste containing asbestos, old pipes, as well as obsolete unused equipment that could contain, batteries, mercury, coolants, and expired reagents. The Project will not support investments in major physical works.</p> <p>During project preparation, the Borrower will update and revise the ESMF currently being used in the FESP II Health project in Argentina. By appraisal stage, the Bank team will provide a more thorough description of environmental management performance under this ESMF and clarify where gaps may exist in either: (i) the types of measures that need to be adopted to address the environmental impacts foreseen under this Project, and/or (ii) environmental management performance of the existing measures and the institutions at a provincial and national level charged with their implementation. By appraisal, the team will report on the results of these processes and what changes or updates have been introduced in this Project’s ESMF.</p> <p>Given that the first activity under Component 2</p>
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		seeks to improve multi-sector coordination as it relates to NCDs, the Bank team and the Client will work together to engage the Secretary of Environment within these discussions, especially as it related to the prevention and control of respiratory diseases. Both indoor and outdoor air quality issues could be considered in relation to their role in these and other types of non-communicable diseases potentially through analytical work or policy work that the program could support.
Natural Habitats OP/BP 4.04	No	The Project's investments are planned to take place within existing hospitals, health centers, labs and administrative buildings. The project will not finance any new infrastructure or other physical works that would involve the significant conversion or degradation of natural habitats nor does it involve the improved management of natural habitats. The ESMF will include screening criteria to prevent the potential storage or disposal of medical or hazardous waste in areas that could lead to a potential degradation or impact natural habitats.
Forests OP/BP 4.36	No	The Project investments are planned to take place in hospitals, health centers, labs and administrative buildings and so no forest habitats would be affected. The project will not affect the health or management of forests nor will affect any forest dependent communities.
Pest Management OP 4.09	No	Project will not finance the procurement of pesticides nor will it support activities which lead to the increased use of pesticides or other hazardous chemicals for the management or control of NCDs. The Project will not lead to the increased use of pesticides (e.g., by promoting pest control for health-related purposes). The ESMF will include criteria to ensure no sub-project will be eligible for financing which finances or leads to the increased use of pesticides.
Physical Cultural Resources OP/ BP 4.11	No	The project will not support activities which affect the quality or management of Physical Cultural resources as defined under the policy. No modifications will be made to existing buildings of historical or cultural importance.

		The ESMF will include screening criteria to ensure that no sub-project will be eligible for financing if it affects PCRs.
Indigenous Peoples OP/BP 4.10	Yes	The project will directly benefit indigenous communities and dispersed rural populations. 20 of the 24 provinces in Argentina have indigenous populations. During the implementation of the previously mentioned Bank-financed projects five new provinces triggered the policy. The 15 provinces previously identified have IPPs developed under the EPHF I and II (P090993 and P110599), Plan Nacer, Phases I and II (P072637 and P095515) Projects. These IPPs included measures on all diseases covered by FESP II and thus also on NCDs. Five IP Social Assessment in the provinces that triggered the OP 4.10 were submitted to the Bank and received No Objection. These assessments evaluated all diseases in FESP II (including NCDs). An Indigenous Peoples Planning Framework will be developed; which will build upon the existing IPPF and IPPs under the EPHF I and II (P090993 and P110599), Plan Nacer, Phases I and II (P072637 and P095515), as well as on lessons learned from the Project's implementation. The Project will continue to articulate with existing areas within the Ministries of Health, such as the Community (Health) Doctors Program (Indigenous Peoples areas) and the Areas of Indigenous Health at the provincial level.
Involuntary Resettlement OP/BP 4.12	No	The project will not support any activity requiring the involuntary taking of land or restrictions in access to protected areas. The ESMF will screen out any subproject that could lead to these impacts.
Safety of Dams OP/BP 4.37	No	The project will not support the construction or rehabilitation of dams nor will it support other investments which rely on the services of existing dams.
Projects on International Waterways OP/BP 7.50	No	This Project will not finance activities involving the use or potential pollution of international waterways.
Projects in Disputed Areas OP/BP 7.60	No	This project will not be implemented in disputed areas.

### III. SAFEGUARD PREPARATION PLAN

**A. Tentative target date for preparing the PAD Stage ISDS:** 15-Feb-2013

**B. Time frame for launching and completing the safeguard-related studies that may be needed.**  
**The specific studies and their timing<sup>1</sup> should be specified in the PAD-stage ISDS:**

March 20th, 2013

### IV. APPROVALS

Task Team Leader:	Name: Maria Eugenia Bonilla-Cha	
<b><i>Approved By:</i></b>		
Regional Safeguards Coordinator:	Name: Dianna M. Pizarro (RSA)	Date: 11-Dec-2012
Sector Manager:	Name: Joana Godinho (SM)	Date: 03-Dec-2012

<sup>1</sup> 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.