



Project Information Document/ Integrated Safeguards Data Sheet (PID/ISDS)

Concept Stage | Date Prepared/Updated: 25-Jan-2018 | Report No: PIDISDSC23125



BASIC INFORMATION

A. Basic Project Data

Country Burkina Faso	Project ID P164696	Parent Project ID (if any)	Project Name Health Services Reinforcement Project (P164696)
Region AFRICA	Estimated Appraisal Date Apr 23, 2018	Estimated Board Date Aug 01, 2018	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Economy and Finance	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

The Project Development Objective (PDO) is to increase the quality and utilization of health services with a particular focus on maternal, child and adolescent health, nutrition and disease surveillance.

Financing (in USD Million)

SUMMARY

Total Project Cost	101.00
Total Financing	101.00
Financing Gap	0.00

DETAILS

Total World Bank Group Financing	80.00
World Bank Lending	80.00

Environmental Assessment Category
B-Partial Assessment

Concept Review Decision
Track II-The review did authorize the preparation to continue



Other Decision (as needed)

B. Introduction and Context

Country Context

Despite GDP growth of 5.9 percent in 2016, which has steadily been increasing since 2013 (2.8%), Burkina Faso remains among the poorest countries in Africa. The GDP per capita was US\$650 in 2016 and a poverty incidence which have declined from above 50% percent in 2003 to 40.1 percent in 2014¹. Although Burkina Faso's Human Development Index (HDI) rose by a relatively high positive ratio of 0.055 over the period 2000-2006 to 0.420 in 2015, it is still placed near the bottom of the HDI. The HDI Report published in 2015 ranked Burkina Faso 183 among 188 countries Burkina's social welfare indicators lagged behind even modest Sub-Saharan African averages.

Despite significant declines in the poverty rate between 2003 and 2014, given the country's rapid population growth rate, the absolute number of people living in poverty remained roughly the same between the two periods, at around 7 million. As a result of the high population growth rate, Burkina Faso's average annual per capita gross national income (GNI) increased by only 2.6 percent in the period from 2006 to 2013, which is lower than the global and African average rate for the same period. In addition, a significant proportion of households are clustered around the poverty line, meaning that small variations in earnings can lead to either significant increases or decreases to the number of people living in poverty. It is estimated that about eight out of 10 citizens live on less than US\$3 per day. Poverty is largely a rural phenomenon, with approximately 90 percent of the poor living in rural areas².

The political and security crisis which started in 2011 culminated in widespread population protests that led to the change of government in October 2014, marking a historic turning point for the country. The political crisis reflected the public's discontent and accumulated grievances over Burkina Faso's development outcomes. The critical issues include the high cost of living; regional disparities in basic social services; unequal redistribution of resources; youth unemployment; perceived lack of accountability, and impunity and monopolization of political power. The political crisis underscored the importance of responding to citizens' demands for good governance.

Sectoral and Institutional Context

The government has developed a new five-year health plan (*Plan National de Développement Sanitaire, PNDS. 2016-2020*), which is composed of eight strategic objectives. These include: i) Development of health sector leadership and governance; ii) Strengthening the delivery of health services for universal access to quality services; iii) Development of human resources for health; iv) Promotion of health and the fight against communicable and non-communicable disease; v) Development of infrastructure, equipment and health products; vi) Improvement of the management of the health information system; vii) Promotion of health research; and viii) Increasing of health financing and improvement of financial accessibility of the population to health services. Each accompanied by a set of supporting sub-objectives and key interventions.

Financial resources for the health sector have increased in the recent past, with the government's health budget increasing from approximately 9% of the public budget in 2006 to 12% in 2016. Despite this, private out-of-pocket health

¹ WDI, 2017

² Burkina Faso SCD, 2017



expenditures remain relatively high at 36% of total health expenditures³. Recent trends show an overall increase in spending, with slight increases in public spending and decreases in out of pocket expenditures.

Progress has been achieved for several key health outcomes between 2010 and 2015⁴. The under-5 mortality rate has decreased from 129 to 82 deaths per 1,000 live births; the neonatal mortality dropped from 28 to 23 deaths per 1,000 live births; the maternal mortality ratio slightly fell from 341 to 330 deaths per 100,000 live births, and the total fertility rate went from 6 to 5.4 children per woman⁵. Coverage of essential services has improved as well: the number of new contacts per capita per year for under-five children increased between 2010 and 2016 from 1.4 to 2.5; 86% of children aged 12-23 months were completely immunized, compared to 39% in 2003, and 81% of pregnant women delivered in health facilities in 2016, compared to 66% in 2010. These achievements are in part due to a free care policy for women and children being introduced in 2016. That being said, significant barriers related to access and quality remain, with only 56% of children with acute respiratory infection (pneumonia) using health centers for treatment and only 47% receiving antibiotics.

Regarding the nutritional status, despite relative progress, the infant and maternal malnutrition continues to contribute significantly to morbidity and mortality in Burkina Faso⁶. The prevalence of stunting was 27% in 2016 versus 32% in 2009 while the rate of acute malnutrition decreased from 11.3% to 7.6% between 2009 and 2016. The prevalence of HIV remains relatively low at 0.8% nationally, with 0.9% for women and 0.7% for men (DHS IV-MICS, 2017).

The main drivers for poor child health outcomes remain communicable diseases and poor nutritional status. According to Burkina Faso's annual Health Statistics Report (2016), deaths among children under 5 years are mainly due to malaria (41%), infection of the newborn (12%), malnutrition (9%), and acute respiratory infections (23%). Poor infant feeding practices, high disease burden, and limited access to nutritious food all contribute to impaired cognitive development, which impedes the country's productivity. There exist large variations in access to quality health services and health outcomes between regions, and in region between urban and rural areas, and between the socio-economic groups. A very small proportion of the population benefits from health coverage, less than 1%⁷ are enrolled in health insurance and 55% of the poorest quintile of the population do not use formal care in case of illness⁸.

The abovementioned progress in health outcomes is a result of significant reforms implemented by Burkina Faso Government. Since 2011, the Bank has supported the government of Burkina Faso to pilot, roll out and expand progressively Performance Based Financing (PBF)⁹ in the health sector, which currently covers 25% of the national population. A community-based targeting approach was used to identify the poorest 20% of households, who benefited from use fee exemptions that were subsidized through PBF payments. This innovation has been tested as part of the Health Results Innovation Trust Fund (HRITF) impact evaluation, for which results are expected by early 2018. So far, the

³ Comptes nationaux de la santé 2016

⁴ EMP PNDS 2015 – 2020 and EMD 2015

⁵ INSD 2015

⁶ *global burden of disease* report 2015

⁷ National health account report 2012

⁸ EMS 2015

⁹ PBF is an approach used to improving health system efficiency, management transparency and accountability in terms of planning, budgeting, implementing and monitoring public health policies from the county to central system level. Thus, this financing strategy builds trust and ensures the full participation of stakeholders in achieving defined objectives. It emphasizes also the achievement of results (indicators) previously defined in realistic way. These results serve as basis for the purchase of health services and so for the health facilities financing. In addition, it addresses the constraints of supply-side of health care in term of quantity and quality improvement.



PBF in Burkina Faso has shown promising results as a mechanism to: improve access to essential health services by rural populations, minimizing barriers to care while improving quality.

The government of Burkina Faso has made several important commitments to achieving Universal Health Coverage (UHC) over the past few years. In September 2015 legislation was approved adopted the National health insurance (NHI) law, establishing the National Health Insurance Fund (*Caisse Nationale d'Assurance Maladie, CNAM*). To ensure the operationalization of the NHI, the technical secretariat was set up and different analytical and advisory services were conducted and more recently the NHI center was created but it is still not operational even if pilot projects of NHI scheme implementation is ongoing in 3 health Districts.

This political will to move towards UHC was further materialized in April 2016 when the government adopted, financed and implemented progressively free targeted health care for women and children. The policy was expanded nationwide in June 2016 and remains fully financed directly from the public health budget. In terms of planning for UHC, an official Health Sector Strategy document for health financing describing their medium-term plans for the health sector and stating the goal of reaching UHC is adopted. In October 2017, the government adopted its first National Health Financing for UHC Strategy (2017-2030). The strategy includes several key objectives, including (i) reducing fragmentation of health financing; (ii) increasing fiscal space for health through domestic revenue mobilization and efficiency gains; (iii) improving quality and coverage of health services through strategic purchasing, and (iv) improving financial protection through the rollout of the national health insurance scheme.

The Bank's engagement in the health sector in Burkina Faso has been continues for several decades. The Health Sector Support and HIV/AIDS Project (P09387) (FY'05), closed in December 2014, receiving ICR ratings of Moderately Satisfactory for Outcomes, Bank Performance and Borrower Performance. Currently, Burkina Faso receives support from three health operations: one national health project (Burkina Faso Reproductive Health Project (P119917)) and two regional projects (Sahel Malaria and Neglected Tropical Diseases (P149526) and the Sahel Women's Empowerment and Demographics Project (P150080)). Per most recent ISRs, all three projects have Moderately Satisfactory ratings for both Progress towards achievement of PDO and Overall Implementation Progress.

Relationship to CPF

The interventions to be supported by the proposed project are consistent with, and aligned to the new Systematic Country Diagnostic (SCD) (2017), the Country Partnership Framework (CPF) (FY18-FY21) under preparation, and the government's stated vision and priorities for development, defined in the National Plan for Economic and Social Development (Programme National de Développement Economique et Social, PNDES (2016—2020)). The SCD identifies opportunities for achieving the twin goals of ending poverty and improving shared prosperity by 2030, and emphasizes the critical need to strengthen human capital through education and health, and address high levels of poverty and social inequities. Drawing on the SCD, the draft CPF has two focus areas: Accelerate sustainable private-sector led growth for job creation and Invest in human capital and social protection systems. In addition, PNDES highlights the importance of human capital development as one of three priorities, and emphasizes health and demographic issues with a focus on population control and reduction of disparities in access to health thanks to social welfare.

The proposed project is fully in line with improving service delivery and stimulating demand-side, governance and transparency through the strengthening of civil society organizations and the delivery of quality health services with a focus on child and maternal health and communicable diseases. Finally, the project is consistent with the Health Financing Strategy (2017-2030) which strives to improve health system performance in term of strengthening resources mobilization, pooling and strategic purchasing. It will also support the Government's commitment to UHC as it aims to improve access to health services in rural areas with a focus on the poor.



C. Proposed Development Objective(s)

The Project Development Objective (PDO) is to increase the quality and utilization of health services with a particular focus on maternal, child and adolescent health, nutrition and disease surveillance.

Key Results (From PCN)

The proposed PDO indicators are the following:

- a. Facilities receiving strategic purchasing credits on time (percentage);
- b. Average score of the quality of care checklist (percentage);
- c. Pregnant women receiving at least 4 antenatal care visits from health provider (percentage);
- d. Births attended by skilled professional (number);
- e. Facilities providing youth friendly services¹⁰(Percentage);
- f. Number of women and children who have received basic nutrition services¹¹ (number); and
- g. Multi-hazard national public health emergency preparedness and response plan is developed and implemented (national capacity score) (Number)

D. Concept Description

The proposed project aims to improve health system performance through four complementary components. The first three include: (i) Strengthening health system capacity to progress towards the Universal Health Coverage through strategic purchasing; (ii) Strengthening delivery of RMNCAH and nutrition services in target regions by supporting coordinated implementation of technical strategies and Interventions; and (iii) Reinforcing institutional capacity and epidemic preparedness. As per World Bank guidelines, a fourth component with zero allocation has been included as a Contingent Emergency Response Component (CERC).

Components 1-3 include a package of interventions that are complementary in nature yet distinct in content. Component 1 includes support to the national health financing strategy, with a particular focus on supporting alignment of ongoing interventions such as PBF and targeted free health care, and establishing and rollout out the national health insurance scheme. The component includes implementation support at the national level for development and implementation of equitable, efficient, and sustainable health financing policies and to plan, budget, implement, and monitor the effective delivery of essential package of health services. Component 2 aims to foster development and implementation of a package of prioritized interventions to lead to improved RMNCAH-N outcomes, as will be defined through a consensual and participatory process for the development and validation of the national RMNACH-N Investment Case. Activities in this component will be complementary to the interventions supported in Component 1. Component 3 addresses the issue of emerging and reemerging communicable infectious diseases which weakens and undermine health system strengthening. The component will also support the strengthening institutional capacity, including project implementation.

¹⁰ This indicator is a composite index measuring whether reproductive health services have policies and attributes that attract adolescents to the facility or program, provide a comfortable and appropriate setting for youth, meet the needs of adolescents, and can retain their adolescents for follow-up and repeat visits. The specific items composing this indicator will be defined during preparation

¹¹ This indicator will be defined during preparation, and could include, for example: Vitamin A coverage rate for children 6-59 months; Deworming coverage rate for children 12-59 month; Children with diarrhea who received ORS + Zinc



Component 1: Strengthening health system capacity to progress towards universal health coverage through strategic purchasing (US\$40 million IDA, US\$10 million GFF, US\$1 million PHRD)

Component 1 intends to achieve its objective through the alignment of different interventions that are under the mandate of three ministries: Ministry of Health, Ministry of Civil Servant and Social Welfare, and Ministry of the Women, the Family and National Solidarity. Then, this component will support the implementation of a broader reform to achieve government commitment to achieve UHC by 2025 inter alia reform of the health financial strategy, strategic purchasing. It will support (i) the rollout of the strategic purchasing mechanisms, including the combined free care and PBF policies as one national strategy co-financed by the government, World Bank and other development partners; (ii) Support to the National Health Insurance Fund at the central level; and (iii) support the piloting of community-based health insurance (CBHI), with a focus on monitoring, evaluation and the learning agenda. The integration of the PBF and free care policies will lead to improved access to essential RMNACH-N services (by reducing financial barriers), but ensure that sufficient attention and resources are dedicated to the program for quality improvement, management coaching, verification of results, and citizen feedback. These elements will address the negative effects that the free care program has had on service delivery during the first 18 months of the free care program due to increased utilization, such as quality of care, availability of medicine, health worker motivation, and fraudulent reporting.

The scale-up of the integrated strategic purchasing approach will be gradual over the first two to three years of the project. At the onset of the project, the PBF component of the approach will be expanded to the remaining health districts in the six regions of the ongoing project (North, North-Center, East-Center, West-Center, South-West and Boucle du Mouhoun and Hauts-Bassins). During the second year and third year, the remaining health districts in the country will be included with priority according to the regions and districts where RMNCAH-N indicators are the lowest of a combination of six indicators: (i) contraceptive prevalence rate: (ii) assisted deliveries; (iii) antenatal consultations and (iv) post-natal consultation, (v) children under 5 fully immunized (vi) children under five with a severe acute malnutrition being treated.

Component 1 will expand the scope of the PBF approach by strengthening incentives at various levels. These include regulatory structures, a new focus on community health workers to maximize their engagement and performance in delivering the package of services, and having stronger emphasis on improving quality, given the free care policy has led to significant increases in utilization. Furthermore, the ongoing piloted strategies such as community-based targeting of the poor and the provision of community-based health insurance will be scaled up. Additional investments will be made for the National Health Insurance Fund, supporting critical needs during its first years of operating. The component will provide technical assistance and implementation support in the integration and alignment of the various financing and cost sharing policies across PBF, free health care and insurance. The rollout of the aligned approach will also include tertiary hospitals with a specific aim to improve efficiency, transparency and quality at higher levels of care. As is the government's vision, the strategic purchasing function that is currently managed by the Ministry of Health will eventually be transferred to the AMU once it is fully functional (it will be officially created in January 2018 but will take at least 2 years to become fully functional), in order to ensure appropriate separation of functions within the health system and allowing the Ministry of Health to focus on regulatory aspects of service delivery and overall stewardship of the health system.

Component 2: Strengthening delivery of RMNCAH and nutrition services in target regions by supporting Coordinated Implementation of Technical Strategies and Interventions (US\$25 million IDA, US\$10 million GFF)

Component 2 will strengthen central, intermediate, primary and community capacity to deliver high impact RNMCAH and nutrition interventions. Building on past and current initiatives, and given Burkina Faso was been recently selected



to be a recipient of support from the Global Financing Facility (GFF) in support of Every Woman Every Child, this component will continue to address immediate bottlenecks to the delivery of an integrated RMNCAH and nutrition service package to priority population groups. Proposed interventions within this component include: (i) assisting the country in prioritizing and implementing high-impact interventions for women and children with a focus on the primary and community levels of care; (ii) improving and ensuring the sustainability of supply chain and information systems; and (iii) supporting multi-sectoral coordination of interventions to improve health and nutrition outcomes.

In addition, the component will support operational costs to scale-up a set of priority interventions that have already shown positive results during their pilot phase in Burkina Faso. A few candidate interventions include: (i) Digitalization of facility-based service delivery through the Electronic Consultation Register (ECR), (ii) training and capacity building of service providers to help deliver a defined package of high-impact services (with a particular focus on community health workers); and establishing and strengthening multi-sectoral coordination mechanisms in RMNCAH-N interventions through sectors such as education, water and sanitation, agriculture and social protection.

The component will also support investments in key civil registration and vital statistics systems in Burkina Faso, including the national census which is planned for 2019. Additional priority investments to be supported by the project will be identified during the elaboration of the Investment Case.

Finally, Component 2 will support building the knowledge base on high-impact interventions within the context of Burkina Faso. It will support analytical work (i) to identify immediate bottlenecks to the delivery of an integrated RMNCAH and nutrition service package; and (ii) to facilitate the development and application of reforms that lead to leveraging greater domestic resources for health, align external financing, and mobilize resources from the private sector.

Component 3: Reinforcing institutional capacity and epidemic preparedness (US\$15 million)

Component 3 will support institutional capacity needed at national, regional, and district levels to prevent, to detect, to be prepared, and to respond to health security risks, hazards and emergencies. It addresses the issue of key weaknesses of health systems in terms of infectious disease surveillance, epidemic preparedness and response revealed by a recent Joint External Evaluation (JEE) of Burkina Faso. The country has witnessed recent outbreaks of Dengue fever and there remain constant threats of other epidemics in the country.

The component will support the establishment of coordinating mechanisms, such as a national OneHealth platforms, to facilitate coordination across the various ministries engaged (health, agriculture, animal husbandry, etc.). Consequently, the component will be developed jointly by the Bank's Health, Nutrition and Population (GHNP) and Agriculture (GFADR) Global Practices to ensure that the human-animal-environment interface is addressed and the OH approach is operationalized. As per the last experience in Dengue fever management, capacity building will be extended to both public and private sector. The specific activities will be identified during the project preparation process and project's support will be addressed in a collaborative and synergistic approach with other technical and financial partners involved in the area. The MoH is receiving support from other development partners in implementing its national strategic plan for health security, but important gap remains.

Capacity and competencies of key technical staff of the four main ministries (Health, Economy/Finance/Planning, Civil Service/Labor/Social Welfare, and Women/Family/National Solidarity) will be strengthened on themes relevant to UHC. This is particularly important given the diverse roles and responsibilities of each of these ministries in the context of Burkina Faso's UHC policy. As such, the component will finance technical assistance and training, but also incremental operating costs to establish and build capacity for intersectoral coordination mechanisms.



Finally, the component will also contribute to operational costs for the key implementing agencies at the central level, which will be defined in December 2017. Particular attention will be made to the directions managing financial and procurement aspects, given their probable central role in project implementation and fiduciary management.

Component 4: Contingent Emergency Response (US\$0 equivalent)

A CERC will be included under the project in accordance with Operational Policy (OP) 10.00 paragraphs 12 and 13, for projects in Situations of Urgent Need of Assistance or Capacity Constraints. This will allow for rapid reallocation of project proceeds in the event of a natural or man-made disaster or crisis that has caused, or is likely to imminently cause, a major adverse economic and/or social impact.

SAFEGUARDS

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

The project will be national.

B. Borrower's Institutional Capacity for Safeguard Policies

The Ministry of the Environment, the Green Economy and Climate Change comprises five main structures in charge of environmental issues and natural resources management on the one hand, and the ESIA procedures on the other: General Management of the Preservation of the Environment (DGPE), the Directorate General of Water and Forests (DGEF), the Directorate of Institutional Development and Legal Affairs (DDIAJ) and the National Bureau of Environmental Assessments (BUNEE), 13 regional directorates and 45 directorates. All these directorates have skills through environmental engineers and technicians.

The BUNEE, to oversee the activities of environmental and social safeguards, has developed a general guide for carrying out environmental impact studies and audits. This guide is supplemented by sector guides for promoting the environmental procedures. As part of this project, the structure will ensure the review and approval of the environmental classification of projects as well as the approval of impact studies and ESMPs and participates in external monitoring, particularly with regard to pollution and nuisances. It will be responsible for the approval of reports and external environmental monitoring.

Although the structure's experts have expertise in environmental assessments, their capacities will need to be further strengthened by a program, including the State Decentralized Services (responsible for agriculture, animal and fisheries resources), the Local communities and contractors.

C. Environmental and Social Safeguards Specialists on the Team

Fatoumata Diallo, Social Safeguards Specialist

Leandre Yameogo, Environmental Safeguards Specialist



D. Policies that might apply

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	<p>With respect to the project's development objectives, components and activities to be implemented, the project had been rated Category B (Partial Assessment) in terms of environmental safeguards. The only risk associated to this project is the increase of medical waste. A Medical Wastes Management Plan (MWMP) is under preparation; it will be reviewed and disclosed in-country and on the Bank's website prior to the Appraisal mission.</p> <p>The potential beneficiaries (public and private), the modalities of interventions, the chain of management of the MWMP, the sites of discharges, the transport logistics, the costs of the chain of values, the follow-up and the evaluation will be integral part for align the plan with the national health vision, including capacity building for stakeholders, climate change, risks and impacts management.</p>
Natural Habitats OP/BP 4.04	No	The project is not expected to impact on natural habitats.
Forests OP/BP 4.36	No	The project is not expected to impact on forests.
Pest Management OP 4.09	No	The project is not expected to impact on pests.
Physical Cultural Resources OP/BP 4.11	No	The project is not expected to impact on physical cultural resources.
Indigenous Peoples OP/BP 4.10	No	The project is not expected to impact on indigenous peoples.
Involuntary Resettlement OP/BP 4.12	No	The project will not include any involuntary resettlement.
Safety of Dams OP/BP 4.37	No	The project will not include construction or rehabilitation of dams, nor rely on dams.
Projects on International Waterways OP/BP 7.50	No	The project is not expected to impact on any international waterway.
Projects in Disputed Areas OP/BP 7.60	No	The project will not be located in a disputed area.

E. Safeguard Preparation Plan

Tentative target date for preparing the Appraisal Stage PID/ISDS

Apr 16, 2018



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 Appraisal Stage PID/ISDS

The necessary safeguard-related studies will be completed prior to the Appraisal mission which is planned for late April or early May 2018.

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APPROVAL

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