



## PUBLIC HEALTH AND SAFETY

### General Issues

1. Like environment, public health and safety is a field unto itself and covers a wide spectrum of issues throughout nearly all Bank sectors. Broadly defined in the context of the overall goal of improving the quality of people's lives, it pertains directly to nearly every project and indirectly, to all. Even when more narrowly defined, public health and safety still encompasses a vast array of traditional considerations such as air and water pollution and provision of health care; and largely because of their general relevance, widespread health benefits can be promoted by integrating complementary health or safety components into non-health specific projects.
2. However, the very breadth of public health and safety that provides an opportunity to improve generally the quality of life poses special managerial problems. For instance, the institutions responsible for public health and safety tend to be among the weakest in governments, with limited real influence and budget except in cases of epidemics, disasters or emergencies. Additionally, responsibilities may fall into the proper oversight of several government agencies and so fall between institutional cracks. Consequently, there is a genuine risk that some of the broader and long-term issues may be overlooked.. This document aims to provide realistic targets for public health and safety in the member countries of the UEMOA.



### **Bank Policy, Procedures, and Guidelines**

3. The West African Development Bank has been involved in the issue of public health and safety since its establishment in accordance with its improved quality of life for African countries of western policy. The West African Development Bank through aspects of agricultural projects, rural development, water supply, sanitation and urban development, as well as through a number of special programs, has helped to improve public health and safety. Most of these components were designed construction of health centers, the promotion of health education, improvement or rehabilitation centers, maternal and child care, hospitals and other medical centers.
4. Projects or project components that BOAD finance (including housing projects, water supply, irrigation, drainage, roads, solid waste, etc.) and who are not looking so explicit, to improve health will affect it and will in turn benefit undoubtedly shutters public health and safety or related projects, depending on the particular context of the proposed transaction.
5. It is possible, for example, to design, through a housing project, a component for the establishment of a network of stormwater drainage (to fight against the tropical disease vectors, such as mosquito) or including an educational program whose goals are to maximize the benefits from improving the physical environment. It thus becomes possible to respond directly to chronic problems, including:
  - contamination of drinking water with fecal, agricultural, industrial and other waste; . unsafe handling, transport, storage and disposal of hazardous wastes from hospitals, industry, commerce and agriculture (see section on "Industrial Hazard Management," concerning industrial/hazardous materials safety) spread of



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- diseases such as schistosomiasis (through construction of dams) or malaria (through construction of rural roads or poorly maintained dams and irrigation systems);
  - contamination of food with pesticides and herbicides;
  - effects of natural disasters;
  - deterioration of basic water, shelter, and health services in the public and private sector.
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6. In addition, public health and safety components can have beneficial impact indirectly on pervasive problems, especially:
- population growth outstripping provision of adequate food or of basic community services;
  - macroeconomic policies that inadvertently promote malnutrition, stress or the spread of diseases;
  - physical and mental stress from persistent congestion, noise, lack of privacy, fear of accidents or crime, drownings, fire and landslides -all directly associated with urban slums or squatter settlements or settlements on other marginal land;
  - physical stress, particularly to women and children, from hours spent daily fetching water, firewood, and getting to and from other work;and
  - serious diseases resulting from chronic low-dose exposure to household cooking and heating fumes and from illnesses associated with urban over-crowding.
7. World Bank projects, furthermore, are in key positions to make significant contribution toward eradicating the major diseases of



developing countries: malaria, schistosomiasis, hookworm, diarrhea, respiratory ailments, and malnutrition.

8. While accidents do not account for the same degree of illness and death as the others do, they are an important consideration in nearly all projects.) The task is very difficult, and made more so for not being able to control exposure outside the geographic or temporal confines of projects. Malaria and schistosomiasis control are especially problematic because they entail long-term control of mosquito and snail populations. (By comparison, hookworm and especially guinea worm control could quite likely be achieved in the short term.) Diarrhea, respiratory ailments and malnutrition involve behavioral change as well as improvement in physical circumstances, and so are even more difficult to control. Nevertheless, as has been discussed above, even small -but effective -components (e.g., education about the means of disease transmission) integrated consistently and systematically into Bank projects make cumulative contributions that over time become effective. :

### **Special Consideration**

#### ***Unique Aspects of Public Health and Safety Projects***

9. The following list provides a summary of considerations for public health and safety issues, as well as reminders of how their treatment may differ from projects in other sectors.



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- Measurable improvement in many public health and safety issues depends on behavioral change and that takes time. This means prevention is more cost effective than cure. Preventive measures should be integrated into project design well before appraisal. This should be the primary focus of all public health and safety work. Even with the best preventive measures, health problems often manifest themselves well beyond the project cycle. Therefore, public health and safety also call for follow-up after the usual period of Bank involvement in projects, as do environmental considerations.
- Many health and safety improvements become perceptible only after the last of a set of interrelated variables falls into place and should be evaluated accordingly. In public health and safety programs, it is common to read incorrectly the lack of early success as evidence of failure.
- Behavioral change is labor-intensive for Bank staff as well as field staff, imposing on projects practical administrative constraints - particularly to time and budget.
- Some governments are reluctant to admit or publicize existent or potential public health and safety problems for political or economic reasons.
- Staff in ministries or agencies administering projects with public health and safety components often are not trained in environment or health.
- The agency or public utility responsible for executing projects with potential health impacts may not have in-house capability (i.e., trained staff or infrastructure), or accountability for environment or health.



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- Strengthening individual institutions requires interministerial and interagency cooperation, a managerial practice that is not efficient in many developing countries.
- Agencies may balk at taking on administrative activities outside their normal scope of work, especially if it extends beyond the project cycle's funding.
- Funding as well as executing agencies may be reluctant to take on administratively cumbersome (e.g., labor-intensive) projects or components, even if justified on social grounds.
- Funds for public health and safety, and related social aspects, often come from local budgets rather than from loan funds and thus may be vulnerable to competing demands for limited resources.
- Beneficiaries themselves may not understand public health and safety problems and therefore prefer investments in more immediate needs, such as street lights, schools and public markets.

### **Women and Public Health and Safety**

10. No matter what combination of services make up a typical project, women figure predominantly as key participants and beneficiaries. Whether healthy or sick, women support families, manage households, fetch water and fuelwood, and care for children. Their specific needs will therefore require consideration as a high risk group and as a primary audience. Sustained health improvements from project interventions, in a large portion of bank projects, hinge on education and behavioral change, factors that frequently depend on women.



The role of women in ensuring the success of a project or component should not be underestimated, and their opinions and participation should be actively solicited.

### **Guidance for Environmental and Social Assessments**

11. There are two principles that underpin realistic planning for public health and safety programs. First, public health and safety improvements should be designed in the context of the multiple causes of disease and death so that those in separate projects (or even in other sectors) will be integrated. That is, reduction in disease generally depends on changes in both physical environment and behavior, with all the attending complexities, and individual interventions should be designed within that context.
12. Second, interventions may not have a perceivable impact over the short-term (particularly on some of the most prevalent diseases), but should be done anyway and in such a way as to lay the needed foundation for future success. An example of these two principles is a hygiene education component in a clinic project that can strengthen and be strengthened by a drainage renewal component of a housing project.

### **Health Components as Part of Project**

13. A positive health impact can be included in a traditional infrastructure project in at least the following three ways:



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(a) By improving facilities (even without a specific health project or component) where behavioral change is not necessarily required and therefore, follow-up is not required. Examples are:

- bacteriological/chemical contamination controlled by change in source or treatment of water;
- filariasis eliminated by improved waste disposal and drainage;
- respiratory diseases reduced by providing more efficient cooking/heating facilities and ventilation;
- Guinea worm eliminated by changing or protecting the source of water; and
- public safety enhanced by redesign of public buildings and housing in areas prone to earthquakes, hurricanes or floods.

(b) By including public health and safety components which require only moderate programs and follow-up. Local conditions can often be substantially improved by relatively simple interventions. Moreover, improvements tend to take place in the short term and to continue, assuming proper maintenance of the facilities.

(c) By including public health and safety components which require extensive programs and follow-up. In many cases, a positive impact can actually occur within months but requires long-term follow-up to be sustained and to allow time for behavioral change. Examples are:

- diarrhea substantially reduced through the provision of water and sanitation facilities combined with training in personal and public hygiene;



- malnutrition substantially reduced through extensive long term health education provision of nutritional supplements, and improvement to living conditions and water supply.:

### **Free-Standing Public Health and Safety Projects**

In some circumstances, a positive impact is best achieved by a project directly addressing public health and safety. Consequently, an environmental assessment should alert project officers to situations where a sole health component may not be effective, and a free-standing project is required. For example, controlling diseases such as schistosomiasis, malaria and those resulting from industrial pollution require substantial long-term efforts and are better tackled on a larger scale. The environmental assessment should note disease prevalence and recommend separate interventions, e.g., as a free-standing health project or a government program executed by another agency. Whether to design a health component to a non-health project or to design a free-standing project with a health impact is largely determined by the feasibility of including longterm administrative supervision in the project.

### **Hygiene and work safety**

14. The promoter must provide its workers with a safe and healthy work environment, given the risks inherent in its activity sector and individuals dangers of its work areas, including physical, chemical, biological, radiological, and specific hazards faced by women
15. The client will take steps to prevent accidents, injuries and diseases resulting from work, work-related or occurring in the course of work by minimizing, as far as possible, the causes of these dangers. In accordance with international best practices of the industry, the health and safety of BOAD, the promoter will address areas, including: (i) identification of potential hazards to workers, including those which may



constitute a threat to their lives; (ii) the implementation of preventive and protective measures, including modification, substitution or elimination of hazardous conditions or substances; (iii) training of workers; (iv) a written record of accidents, diseases and incidents of work and writing of reports about them; and (v) provisions on the prevention of emergencies and preparedness and response to such situations.

### **Steps to Prepare Environmental and Social Assessment**

16. Gather baseline health data. Gather the information necessary to determine the current health status of the population living in the project area; specifically, to identify existing and predicted problems and to define a suitable response. This may begin simply with a list of the top ten causes of illness and death of the target population. If there are other projects planned or in progress (Bank or non-Bank) within the region, they should be identified.
17. Gathering and interpreting information could be performed by the entity responsible for managing the anchor project or the health/safety component. However, borrowers such as municipalities or public utilities may have no expertise in the health or education sector and no resources to provide assistance on long-term health components. The work will then most likely be performed by consultants engaged by the agency or through cooperative arrangements between the agency and local non-government organizations (NGOs). Where project organizations lack expertise in the health field to undertake extensive health-related activities, the EA may need to specify an alternative supervisory agency or begin the process of institution strengthening.

**Relationship between basic data and sectors.**

18. In each country, it is important to identify, analyze, centralize, store and regularly update a database for public health and safety. A better definition of requirements is obtained resembling the top ten causes of disease and death in very specific deficiencies in housing, water and sanitation, for example. So should we extend this analysis to other projects in public health and safety or activities on the target population. Determination of the origin of the current and anticipated problems, the kind of intervention or alternative.
19. Careful analysis comparing the main causes of problems with engineering prevention features such as control of the water quality, waste disposal and education should be made by each country. Choosing the type of intervention to make the best investment in health outcomes. He eventually will select, from a short list of projects or components in public health and safety, those who appear to be feasible and effective to integrate as much as possible, the shutters in activities in this field. Each activity should be a framework.
20. Projects or components in public health and safety can be defined, for reasons of administrative convenience, as having impacts in the short or long term. The short-term impacts, although they may need a follow-up may occur in the same cycle of the project. By contrast, experimental or pilot projects which also require long-term monitoring after the last phase of the project are among the projects whose impacts are sustainable.
21. The decisive question each time is to ensure that the entity responsible for the project is able to administer, implement and ensure the continuation of the project. In general, stand-alone projects set up their own infrastructure. A

component in public health and safety requires, first, administrative support by using, if necessary, in collaboration with an outside agency for the project. In general, the higher the administrative body is complex and needs a high monitoring, the longer it will consider the interventions of public health and safety as standalone programs.

22. It is important to determine whether the possible interventions are responsive to the requirements of the project. Aspects such as time, resources, manpower and equipment required, monitoring, etc., are among the issues to be examined should be possible, from the moment the problems and complexity of the measures to be considered are understood, a list of projects or components. Again, more interventions or components will be complex and it will likely appeal to a project. In the case where the measures have to bear a heavy administrative burden, the flap could then be transformed into an experimental project, or to call for help from another agency.

23. An assessment of environmental impacts should be analyzed according to any project that may have negative impacts on public health and the risk of accidents which it may cause. To eliminate these risks, any loan agreement should stipulate, for example, that: "The contractor will examine the state of health of all candidates before the commit (...), appoint a permanent head of preventive measures against accidents (...), will provide free health services to local people (...). "The project will thus establish appropriate measures of public health and safety and recruit experienced staff to administer.

## Conclusion

24. This paper has addressed issues of public health and safety of a general point of view and it would be important to deepen the scope of these principles by referring to other guidelines West African Development Bank , in preserving environment .
  
25. We must once again emphasize that the success of health programs and public safety cannot be defined nor measured using standard parameters such as the rate of return or schedules implementation. It is difficult , if not impossible, to measure the real benefits that can bring actions for public health and safety because of the many interacting variables that complicate the correlation with standard measures , and also because life human is , ultimately , the unit of measurement.
  
26. It must be remembered , when designing a project that most of the operations financed by the West African Development Bank can strengthen and be strengthened through public health measures and safety integrated into a project or any of its components ; projects undertaken with the help of the West African Development Bank , by their nature, are able to make a decisive contribution in the field of public health and safety in the UEMOA member countries ..