



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 22-Apr-2020 | Report No: PIDA29163



**BASIC INFORMATION**

**A. Basic Project Data**

|  |   |   |  |
|--|---|---|--|
| Country<br>Solomon Islands                           | Project ID<br>P173933                   | Project Name<br>Solomon Islands COVID-19 Emergency Response Project | Parent Project ID (if any)                             |
| Region<br>EAST ASIA AND PACIFIC                      | Estimated Appraisal Date<br>17-Apr-2020 | Estimated Board Date<br>30-Apr-2020                                 | Practice Area (Lead)<br>Health, Nutrition & Population |
| Financing Instrument<br>Investment Project Financing | Borrower(s)<br>Solomon Islands          | Implementing Agency<br>Ministry of Health and Medical Services      |  |

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Solomon Islands.

Components

Emergency COVID-19 Preparedness and Response  
Health Systems Strengthening  
Project Implementation Management, Monitoring and Evaluation

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

|                           |      |
|---------------------------|------|
| <b>Total Project Cost</b> | 5.00 |
| <b>Total Financing</b>    | 5.00 |
| <b>of which IBRD/IDA</b>  | 5.00 |
| <b>Financing Gap</b>      | 0.00 |

**DETAILS**

**World Bank Group Financing**

|   |      |
|---|------|
| International Development Association (IDA) | 5.00 |
|---|------|



|            |      |
|------------|------|
| IDA Credit | 2.50 |
| IDA Grant  | 2.50 |

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

**B. Introduction and Context**

Country Context

The Solomon Islands is a lower middle-income country comprised of just under 1,000 islands, grouped in nine provinces, with a total land area of 28,400 square kilometers scattered over 1.3 million square kilometers of the Pacific Ocean. The country is prone to natural hazards with recent examples including earthquake-triggered tsunamis in 2007 and 2013, deadly floods in 2014 caused by a tropical cyclone, a volcanic eruption near Temotu province in October 2017 and most recently flooding from Tropical Cyclone Harold in April 2020. The population of circa 652,848<sup>1</sup> is largely rural (close to 80% of the population reside in rural areas), living in households averaging 6 people, and young: over one-half of the population is under 20 years of age. These country characteristics all contribute to a challenging service-delivery environment, including health-service delivery, common to small, remote economies with dispersed populations. Small size and remoteness increase the cost of economic activity and make it difficult to achieve economies of scale. Solomon Islands’ Human Development Index (HDI) value for 2018 is 0.557, placing the country in the low human development category and positioning it at 153 out of 189 countries and territories. Solomon Islands’ Human Capital Index (HCI) score is 0.44, meaning that a child born today is expected to be 44 percent as productive as he or she could have been with full health and education opportunities.

Aggregate poverty has declined since the period of civil conflict between 1998 and 2003 known as the Tensions; however, a high proportion of Solomon Islanders are vulnerable to falling into poverty. The poverty rate, based on the national poverty line, has reduced from 22% in 2005/06 to 14% in 2012/13, implying that some 45,000 people were lifted out of poverty over that period. Despite the improvement, the wellbeing of Solomon Islanders is highly vulnerable to frequent shocks. In fact, poverty remains extensive in the country, with 12.7% of the people still living below the national basic needs poverty line. The State of Emergency (currently active until July) has required all roadside street vendors to close; these are a very important source of revenue for many households and will disproportionately affect women. There has been no rush for food and other goods from shops and these are currently well stocked. But it is anticipated that there will be impact on the supply of rice which is now a staple diet in Solomon Islands due to the global impact of COVID-19. Vietnam, the main supplier to Solomon Islands’ largest rice distributor, has said that it will no longer be exporting rice.

Sectoral and Institutional Context

Many health outcomes have improved significantly in Solomon Islands in the last two decades, however the country still faces significant challenges and suffers from the classic ‘double burden of disease’, similar to most other countries in the region. Life expectancy increased from 64 in 1990 to 73 years in 2017. There has been a marked decline in the prevalence

<sup>1</sup> World Development Indicators (WDI) 2018



of malaria and tuberculosis, and overall immunization coverage has improved, but remains volatile. Despite these positive indicators, there have been mixed ratings on preventive, promotive and treatment results when compared to other countries with similar income levels. Recent outbreaks - rubella in 2012–13, rotavirus in 2014, measles in 2014 - suggest immunization coverage is still insufficient. Malaria remains a concern, particularly for vulnerable groups such as children under five years of age and pregnant women. Poor sanitation continues to be a significant issue, and tuberculosis and chronic respiratory infections remain a substantial share of the disease burden. Non-communicable diseases now make up the major share of the overall burden of disease, with diabetes and adult obesity rising. These diseases increase vulnerability to severe COVID-19 (and other infections), therefore putting the population of the Solomon Islands at high risk should COVID-19 reach the country. Ongoing challenges with communicable diseases and maternal, neonatal, and nutritional health persist.

Solomon Islands remains one of the less than 20 countries with no confirmed COVID-19 case, but the risks are high that COVID-19 could spread widely and rapidly, should the disease reach the country. Until all international flights were stopped on March 22, 2020, all incoming passengers had to self-quarantine for 14 days regardless of nationality and country of origin; now all non-citizens are prevented from entering the country. All citizens not working in Honiara have been requested to return to their home province and village; this is likely to put significant additional pressures on Provincial Divisions' health facilities, staff, and supplies. Despite having no confirmed cases, the crisis has already caused casualties after 27 people aboard a shipping vessel drowned on April 4 in rough seas while being transported from Honiara to take refuge from COVID-19 (at the advice of government). While borders are currently closed between Papua New Guinea and Solomon Islands, an outbreak in Papua New Guinea (2 recorded cases as of April 10, 2020) could potentially reach Solomon Islands through some of the northern island groups.

A COVID-19 outbreak would place considerable strain on an already challenged health system. Health services in Solomon Islands are largely publicly funded and delivered by the Ministry of Health and Medical Services (MHMS) through a network of one National Referral Hospital in Honiara, 11 Provincial Hospitals, 35 Area Health Centers, 107 Rural Health Clinics, and 190 Nurse Aid Posts. Key constraints to access include poor maintenance of health facilities, high rates of facility closure, and inadequate referral systems. At 1.3 per 1,000, the hospital bed-to-population ratio is relatively low. Due to a population spread over a difficult geographic terrain, hospital access is most readily available for those in provincial centers and the capital, Honiara. The skill mix and distribution of health workers across provinces, disease burden, and national programs is generally inequitable and supply-driven. Some 84% of medical practitioners and 53% of nursing staff are based in Honiara (primarily at the National Referral Hospital), together with 51% of pharmaceutical staff (these are not all pharmacists and include logistics, procurement and managers of drugs and medical equipment—most of whom are based at the National Medical Stores in Honiara) and just under one-half of dental officers. In comparison, Malaita and Western Provinces are home to 28% and 15% of the population, respectively, but only have access to 4% of medical practitioners each, and to 12% and 8% respectively of the nursing staff. MHMS had developed a Role Delineation Policy which aims to address some of these inequalities, but the policy remains to be implemented. Solomon Islands currently does not have testing capacity for COVID-19 and has been sending samples abroad for testing. This has been challenging given the travel constraints currently being experienced. The Government has recently acquired a PCR-Polymerase Chain Reaction machine (donated by the Australian Department of Foreign Affairs and Trade (DFAT)) which will enable COVID-19 testing in the Capital Honiara. In addition, Solomon Islands has 10 GeneXpert machines located across provincial hospitals (8) and the national referral hospital (2). 17,000 COVID-19 cartridges for the GeneXpert machines have been pre-ordered (with assistance from WHO). These cartridges will strengthen the lab testing capacity of provincial and the national referral hospitals.

The country is seeking additional funding for support to their Consolidated National Preparedness and Response Plan for COVID-19 (issued on March 12, 2020). The Solomon Islands Government (SIG) declared a public health state of emergency



on March 26, 2020. This allows the government to enforce a number of emergency measures and procedures stipulated under its Emergency Act. MHMS developed a COVID-19 preparedness and response plan with support from DFAT, with estimated cost of SBD 20 million (~US\$ 2.42 million). The MHMS has been allocated a supplementary budget of SBD 6.6 million (~US\$ 0.8 million) to assist with implementing the plan. The total SIG COVID-19 Plan including health and non-health related expenditure is costed at SBD 137 million (~US\$16.5 million). The planned financing amount for the World Bank's First Solomon Islands Transition to Sustainable Growth Development Policy Operation (to be delivered to Board in May 2020) has been increased from US\$10 million to US\$15 million to respond to critical fiscal needs due to COVID-19. The Solomon Islands Port Authority and Solomon Power (both state owned entities) have together contributed SBD 10 million (~US\$1.2 million) toward the COVID-19 response.

The Solomon Islands, in addition to the internal domestic support for activities related to COVID-19, is also receiving assistance from several development partners (DPs). These include the United Nations (UN-mainly WHO and UNICEF), who are providing personal protective equipment (PPE) along with laboratory supplies, disease surveillance and response technical assistance, and communications support efforts; DFAT is providing a broad range of ongoing technical assistance, as well as funding for budget support and other health related activities (including quarantine facilities, laboratory and medical equipment), as is the New Zealand Ministry of Foreign Affairs and Trade (including upgrading the intensive care unit (ICU) at the National Referral Hospital and a new x-ray machine). The Asian Development Bank, and China have pledged ongoing technical assistance, financing and procurement support to MHMS. The World Bank FTFC investment support has been designed to fill critical gaps in the preparedness and response efforts and complement activities committed by other DPs. In addition, through a multi-year program of advisory and analytics, the World Bank continues to provide advisory and analytical services to MHMS on health financing and related health system strengthening activities.

### **C. Proposed Development Objective(s)**

Development Objective(s) (From PAD)

To prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Solomon Islands.

#### Key Results

PDO level Indicators: The PDO will be monitored through the following PDO level outcome indicators:

- Number of suspected cases of COVID-19 reported and investigated per approved national protocol
- Number of acute healthcare facilities with isolation capacity

### **D. Project Description**

The Project under the Global MPA will support the country's COVID-19 response and to strengthen the health system for public health emergencies. The project components and activities under each component are designed to support critical gaps identified through the Consolidated National Preparedness and Response Plan for COVID-19 (issued on March 12, 2020) and complement activities that have already been committed by other DPs, including DFAT, WHO, UNICEF and the Asian Development Bank amongst others. The project coverage will be national and benefit the whole population but also include some targeted support to Provinces as described in Component 2 below. The project will comprise the following three components.

Component 1. Emergency COVID-19 Preparedness and Response (US\$1,812,500): This component provides immediate support to implement prevention, preparedness, and emergency response activities for COVID-19 in Solomon Islands at



all levels of health facilities across all provinces, focusing on the following areas: (a) response coordination and support to the Emergency Operations Committee at central and provincial levels; (b) infection prevention and control; (c) case detection, confirmation, and contact tracing; and (d) provision to support costs associated with quarantined and isolated persons as well as support for surge in demand for health services, as needed. Goods, works and services to be financed by this component include: (i) PPEs (which will be distributed to all level of health facilities as determined by MHMS); (ii) laboratory reagents and consumables; (iii) costs associated with quarantining and isolating people, in the event this is instituted, including renting and leasing facilities, operating costs associated with supporting quarantined persons (i.e., towels, beds and bedding, personal hygiene items and food for those quarantined or isolated), and supporting populations vulnerable to gender-based violence in quarantine facilities; and (iv) cost of contractual health workers required due to a surge in demand for health services (at facilities as determined by MHMS). The financing need for provision of food falls under the umbrella waiver of the MPA. Under the project the provision of food is only envisaged to support for quarantine and isolation of suspected cases, because their ability to procure their own food will be limited by their lack of mobility. The location of quarantine and isolation facilities that will be supported under the project will be determined by MHMS in close coordination with the NHEOC, in accordance with criteria satisfactory to the World Bank, which will be elaborated in the Project Operations Manual (POM).

**Component 2. Health Systems Strengthening (US\$2,667,500):** This component supports health systems strengthening activities to ensure continuity of delivery of critical health services and to cope with the surge in demand for care posed by COVID-19. The activities include strengthening: (a) health care and case management through renovating and upgrading ICU services in four Provinces (Western-Gizo and Helena Goldie hospitals; Malaita-Kilu’ufi hospital; Choiseul-Taro hospital; and Makira-Kirakira hospital); (b) training in hospital infection control as appropriate; (c) health care waste management by financing transport for waste disposal, temporary options for waste management, and training in health care waste management; and (d) referral and transport capacity supported through the provision of an ambulance.

**Component 3. Project Implementation Management, Monitoring and Evaluation (M&E) (US\$520,000):** This component supports the management and M&E of project activities and outputs. It will also finance capacity building activities to MHMS staff and consultants who will be directly involved in Project management and procurement of goods and consulting services. Key activities include: (a) financing interim support from an existing World Bank project’s Project Management Unit (PMU) ; (b) support for establishing a PMU in MHMS through contracting fiduciary staff, among others; (c) capacity building for project management, financial management (FM), procurement, environmental and social management, M&E, and reporting; (d) sharing lesson learnt from response exercises and joint learning with other Pacific countries; and (e) operating expenses. The M&E will be implemented in coordination with technical departments responsible for implementing activities using the agreed M&E tools.

Legal Operational Policies

|   | Triggered? |
|---|------------|
| Projects on International Waterways OP 7.50 | No         |
| Projects in Disputed Areas OP 7.60          | No         |

Summary of Assessment of Environmental and Social Risks and Impacts

The project is expected to result in positive environmental and social impacts as it is designed to address critical gaps identified through the national COVID-19 preparedness and response plan of Solomon Islands and to strengthen the



country's health system for managing a public health emergency. The project investments will focus on the provision of equipment, surveillance, case management, and capacity building activities. Only minor civil works will be undertaken for the renovation and expansion of ICU capacity within existing facilities. The negative environmental impacts directly associated with construction activities will be minor and can be readily mitigated. The main operational environmental and social risks identified are: (a) Occupational, Health and Safety (OHS) issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (b) OHS issues for medical staff and employees related to the treatment of COVID-19 patients; (c) medical waste management and community health and safety issues related to the handling, transportation and disposal of hazardous and infectious healthcare waste; (d) real or perceived inequities to the delivery of services; and (e) potential for sexual exploitation and abuse/sexual harassment in quarantine/isolation facilities.

The project's management of environmental and social risks will be guided by an Environmental and Social Management Framework (ESMF), which outlines the principles, procedures, technical standards and institutional arrangements to be applied during project implementation based largely on adopting WHO guidance, World Bank Environmental Health and Safety Guidelines and other good international industry practices. The ESMF will include a Code of Environmental Practice for minor works associated with expansion of isolation capacity within existing facilities; Infection Prevention and Control and Waste Management Plan (IPC&WMP) for all facilities including laboratories and healthcare centers and other facilities for quarantine and isolation; Labor Management Procedures (LMP) for PMU and contracted workers to ensure proper working conditions and management of worker relationships, OHS management, and to prevent sexual exploitation and abuse and sexual harassment; and a chapter on institutional capacity assessment to identify where training and further capacity building will be needed, including the coordination approaches with other DPs (for example, Asian Development Bank, DFAT, and other UN agencies) who are funding complementary activities. The ESMF will be prepared to a standard acceptable to the Bank and disclosed on the MHMS website and on the World Bank website within one (1) month after the Effectiveness Date. Until the ESMF has been approved, the project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale.

In addition, the project's Stakeholder Engagement Plan will ensure widespread engagement with communities and its more vulnerable groups including the elderly, people with underlying medical conditions, people with disabilities, and indigenous peoples, among others - to disseminate information related to community health and safety, particularly about social distancing, high-risk demographics, self-quarantine, and mandatory quarantine.

The occupational health risks will be mitigated by ensuring the application among health workers of the OHS measures as outlined in the project's LMP. This encompasses procedures for the protection of workers in relation to infection control precautions; provision of immediate and ongoing training to all categories of workers; ensuring adequate supplies of PPE (particularly facemasks, gloves, handwashing soap, and sanitizer); and overall ensuring adequate OHS protections are in place in accordance with international best practice in relation to protection from COVID-19.

## **E. Implementation**

### *Institutional and Implementation Arrangements*

The MHMS will be the implementing agency for the Project. MHMS will establish a PMU under the leadership of the MHMS Under Secretary Administration and Finance (USAF). The PMU will be staffed by a core team with expertise in project management, procurement, FM, environment and social management, and M&E. The PMU will be responsible for the day-to-day management of the project, including FM, procurement, safeguard preparation, consolidation of workplan and budget, financial audit, ensuring compliance with environmental and social framework of the World Bank, and M&E. Individual consultants with specific skill sets will be recruited to provide support to the PMU as needed.





Because recruitment of personnel and establishment of the MHMS PMU will require some time, and given the emergency nature of this project, an interim arrangement (envisaged for the first six months) is necessary. While recruitment and training of the MHMS PMU is underway, the following project implementation support is proposed: (a) the MHMS will appoint staff members to oversee the overall operation of the project; and (b) MHMS will utilize the human resources (FM, safeguards, procurement and contract management officers) of an existing World Bank financed project PMU in Solomon Islands (most likely to be the Solomon Islands Roads and Aviation Project-SIRAP-PMU) to assist with project implementation. The proposal to use UN to carry out procurement under the project is also a mitigation measure under discussion with SIG. Also, staff and national consultants working on the project will receive training in World Bank procedures.

A POM will be developed by not later than three months after the effective date of the Financing Agreement to support the PMU to meet its responsibilities for management and implementation of the project. The POM will describe detailed arrangements and procedures for the implementation of the project, such as responsibilities of the PMU, operational systems and procedures, project organizational structure, office operations and procedures, finance and accounting procedures (including funds flow and disbursement arrangements), procurement procedures, personal data collection and processing, and implementation arrangements for the Environmental and Social Commitment Plan (ESCP) as well as the preparation and/or implementation of instruments referred to in the ESCP such as the Environmental and Social Management Plan (ESMP) per World Bank ESF guidance. The project will be carried out in accordance with the arrangements and procedures set out in the POM, which can be amended from time-to-time, provided all modifications are agreed with the World Bank in writing prior to any changes taking effect. MHMS will submit an initial Annual Work Plan and Budget (for 2020<sup>2</sup>) for no-objection to the World Bank within 1 month after the effective date of the Financing Agreement and by January of each subsequent year of implementation (or such other interval or date as the World Bank may agree), detailing the project work program and budget for each Government fiscal year and specifying the allocation and sources of funding for all project components. The project Annual Work Plan and Budgets will be developed as part of MHMS Annual Operational Plan and Budget process, and project activities will be included in MHMS Annual Operational Plans and Budgets.

## CONTACT POINT

### World Bank

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### Borrower/Client/Recipient

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<sup>2</sup> SIG functions on a calendar fiscal year. This initial workplan will be to include project activities and budget in the MHMS 2020 plans and budget for the remainder of the year.





**Implementing Agencies**

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**FOR MORE INFORMATION CONTACT**

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**APPROVAL**

|                      |                          |
|----------------------|--------------------------|
| Task Team Leader(s): | Netsanet Walelign Workie |
|----------------------|--------------------------|

**Approved By**

|   |          |             |
|---|----------|-------------|
| Environmental and Social Standards Advisor: |          |             |
| Practice Manager/Manager:                   |          |             |
| Country Director:                           | Mona Sur | 22-Apr-2020 |