



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 11-Apr-2020 | Report No: PIDA29100



BASIC INFORMATION

A. Basic Project Data

Country El Salvador	Project ID P173872	Project Name El Salvador COVID-19 Emergency Response Project	Parent Project ID (if any)
Region LATIN AMERICA AND CARIBBEAN	Estimated Appraisal Date 09-Apr-2020	Estimated Board Date 17-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of El Salvador	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

To respond to and mitigate the threat posed by COVID-19 and strengthen the national system for public health preparedness in El Salvador.

Components

- Component 1: Emergency COVID-19 response to prevention, detection and treatment
- Component 2: Project Management and Monitoring

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	20.00
Total Financing	20.00
of which IBRD/IDA	20.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	20.00
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Environmental and Social Risk Classification



Substantial

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

Country Context

- 1. During the past decade El Salvador has made considerable strides in social development: poverty, inequality and migration to the U.S declined, due to sustained social spending.** Recent structural reforms strengthened policy frameworks, and the ongoing smooth political transition have laid the foundations for sustained growth. Surging remittances pushed real Gross Domestic Product (GDP) growth above potential in 2018, adding to tax revenues and raising the primary fiscal surplus to about 1 percent of GDP. Nevertheless, real GDP was projected to grow at 2.5 percent in 2019 and converge to its potential of 2.2 percent over the medium-term, in line with the global growth outlook. Inflation was expected to remain anchored at 1 percent, and remittances growth were predicted to decline to its long-term rate.¹
- 2. The Government's policies aim to break El Salvador's current vicious circle of low growth, high migration, and high violence.** Despite a reduction in crime in recent years, El Salvador suffers from one of the highest rates of crime and violence in the world (60 per 100,000 people in 2017). This high level of crime has substantial economic costs estimated at 10 percent of GDP each year, with some of this burdening the health care system. Almost one-quarter of El Salvador's 6.4 million population lives overseas and sends home remittances worth one-fifth of the GDP. This situation is generating a cycle in which low growth and violence fuel each other and both perpetuate high levels of migration, which in turn results in an economy driven by remittances and consumption that does not create enough jobs or wealth. In an effort to improve the situation, in 2019 the Government announced the first three phases of its master Territorial Control Plan, a multi-step initiative to combat gang violence and improve security in the country. The initial phases have translated into penitentiary system reforms, strengthening of the police forces, revitalization of community networks and creation of educational and entrepreneurial opportunities; improved health and scholarship benefits; and infrastructure projects such as schools, skate parks, and sports centers.
- 3. On January 8, 2020, the Government activated the emergency center to respond to the international threat of COVID-19. This was followed by a series of social and political measures including the activation of the multisector task force, the declaration of national emergency, and the national red alert declaration.** On March 19, after confirmation of the first imported case, the Government announced steps to limit the economic impact for both, households and businesses, that would be affected by the outbreak. Original plans to support economic growth have been replaced with an increase in public expenses to mitigate the pandemic and compensate the poor and vulnerable who are unable to secure an income during the period of strict restrictions of social mobilization. Protective economic measures include a three-month exemption period of payments on utilities, mortgages and personal loans, credit cards, telephones, cable and internet, among other services, with payments spread over two years, without risk of default, damage to creditworthiness or interest charges. In addition, cash transfers in the amount of US\$300 were announced for families that would need to compensate

¹ IMF Country Report No 19/143.



for the loss of income. These actions, and other social, economic and public health measures, are part of the national strategy response to COVID-19.

Sectoral and Institutional Context

4. **El Salvador has successfully achieved the Millennium Development Goals of reducing child and maternal mortality, although with a pending agenda in the general burden of disease of the population.** As of 2018, the under-5 child mortality rate was 14 children per 1,000 live births, compared to the Sustainable Development Goal of 20 children. The maternal mortality ratio of 46 deaths per 100,000 live births, with 19 percent of maternal deaths occurring among girls and adolescents, is significantly lower than the Latin America and Caribbean's (LAC) average of 74 maternal deaths per 100,000 live births. The proportion of women aged 15 to 49 who received postnatal care within two days of giving birth reached 94 percent, and those who benefitted from at least four antenatal visits reached 90 percent, while 98 percent of births are now attended by skilled personnel. El Salvador's success appears to be directly linked to the expansion in health care coverage for mothers and children over the last decade, while the integral attention to the burden of disease is under development. Finally, Non-Communicable Diseases represent the leading burden of disease² and the Ministry of Health has prioritized interventions in cardiovascular diseases, cancer, accurate kidney disease, diabetes, and chronic respiratory diseases.

5. **The institutions that comprise the national health system require a higher level of harmonization and coordination.** El Salvador's health care system is comprised of the Ministry of Health (MoH), the Salvadorian Social Security Institute (ISSS), the Salvadorian Teachers' Welfare Institute (ISBM), the Military Health Group (COSAM), and the Solidarity Fund for Health (FOSALUD), which cover 96 percent of the population. In addition, there are institutions that provide differentiated or specialized services such as the Red Cross, the Salvadorian Handicap Rehabilitation Institute (ISRI), the National Directorate of Medicines (DNM), and the Superior Council of Public Health (CSSP). All of these institutions will play a key role in addressing COVID-19. The MoH will have to coordinate the public provision of care to ensure efficient allocation of resources and coordinate response. Focusing health care on the user and prioritizing investments for preventive health care will be required.

6. **The public provision of care by the MoH is comprised of a health care network of 29 national hospitals and 723 health facilities at the first level of care.** Together, these account for a total of 832 beds (13 beds per 10,000 population, compared to the Central American average of 11 beds per 10,000 population and the LAC average of 22 beds per 10,000 population). The public network has 132 Intensive Care Unit (ICU) beds distributed in four hospitals that are available to respond to the COVID-19 pandemic.³ In 2016, there were 15.6 physicians and 22.7 nurses per 10,000 population, compared to an average of 9.9 physicians and 13.1 nurses per 10,000 population in Central America, and 22 physicians and 47 nurses per 10,000 population in LAC. While the primary level of care has been strengthened, and ICUs are available, the country is not prepared to provide health care services or mitigate the impacts of the COVID-19 if the number of cases were to increase considerably. To mitigate the impact, the Government has taken public measures such as early social distancing, quarantine, and airports closures among others, that so far appear to be working.

² Institute for Health Metrics and Evaluation, "GBD Compare," 2017. [Online]. <http://www.healthdata.org/data-visualization/gbd-compare>.

³ MISNAL – Statistics Unit – 2020.



7. **As of April 6, 2020, El Salvador reported 69 confirmed cases of and three deaths from COVID-19, and that the phase of community spread had begun in the country with six cases with community transmission.** Despite the early stringent measures taken by the Government, the arrival of nationals living abroad and the substantial flow of migration across neighboring Central American countries with already confirmed cases, inevitably brought COVID-19 to the country. Although El Salvador still has a smaller number of confirmed cases than other Central American countries, there is a real risk that the disease will spread quickly in heavily populated areas of the country. In addition, the beginning of the COVID-19 outbreak occurred at the same time as an outbreak of dengue in El Salvador, putting additional pressure on an already overwhelmed health system.

8. **The MoH is preparing a Master Plan to respond to the COVID-19 epidemic to provide a public health framework to respond to the epidemic.** The Master Plan has identified a COVID-19 health network and established parameters for guidelines and protocols to be applied during the pandemic period. The Plan has addressed several priorities, some of which the Government is already implementing. First, it advised the political decisions of social distancing measures. It then followed by strengthening epidemiological surveillance at all points of entry into the country, especially for passengers arriving from countries affected by the coronavirus. Controls at the airport were established and permanent surveillance was intensified at entry points into the country, including rapid response teams with trained personnel to conduct screenings. Clinical staff in all hospitals and health facilities of the national health system were trained in the management of patients with respiratory problems. El Salvador, as a World Health Organization (WHO) Member State, is applying the International Health Regulations (IHR) in maintaining the capacities required to respond to a public health emergency.

9. **Although, the impact on health services has been low thus far, there is a high risk that the impact of COVID-19 may become more threatening.** Cases of COVID-19 are now expected to seek services from the health system and create a high burden for El Salvador's health services. While the imposed social distancing measures appear to have helped flatten the transmission curve, community transmission is already established in El Salvador. The Government is looking to strengthen the MoH and the entire health system's response capacity through the supply of equipment, goods and drugs. It is also working to strengthen the organization of the health care networks and trained personal to be fully prepared to provide health care services and mitigate the impacts of the COVID-19 if demand for services were to increase considerably.

C. Proposed Development Objective(s)

The Project Development Objective is to respond to and mitigate the threat posed by COVID-19 and strengthen the national system for public health preparedness in El Salvador.

Key Results

- Number of suspected cases of COVID-19 reported and investigated based on national guidelines
- Percentage of ICU beds in prioritized ICUs that are fully equipped and operational

D. Project Description

10. The proposed Project is part of the World Bank Group's COVID-19 Strategic Preparedness and Response Program Multiphase Programmatic Approach Fast-Track Facility to support El Salvador's Government. It is structured



into two components, as described below.

Component 1: Emergency COVID-19 response to prevention, detection and treatment [US\$19 million]:

11. **Subcomponent 1.1 Support the provision of Medicines, Medical Supplies and Equipment:** This subcomponent will finance medical supplies and equipment for activities outlined in the COVID-19 Master Plan. It will also finance the purchase of drugs and vaccines. The subcomponent will strengthen and increase the number of ICU beds and make them fully operational.

12. **Subcomponent 1.2. Preparedness, Capacity Building, Communication and Training:** This subcomponent will finance activities related to preparedness, capacity building and training, guided in support of the COVID-19 Master Plan. These include: (i) training courses; (ii) national communication strategy including health prevention education campaigns, guidance materials to citizens and health workers; and (iii) other activities that will support mitigation response of a subsequent phase of the pandemic.

Component 2. Project Management and Monitoring [US\$1 million]. This component will finance the required activities and administrative and human resources to manage the Project.

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

13. **The Environmental and Social Risk Classification (ESRC) is considered Substantial under the World Bank’s Environmental and Social Framework.** With respect to environmental risks, primary concerns are: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; (ii) occupational health and safety issues related to the availability, supply and appropriate use of protective equipment for healthcare workers; (iii) community health and safety exposure risks in the immediate vicinity of health care facilities; and iv) ambient pollution and human health and safety risks stemming from cleaning and disinfection products, chlorine and other hazardous byproducts. The potential identified social risks are: (a) difficulties in access to services by marginalized and vulnerable social groups (i.e. the poor, disproportionately represented by Indigenous People, migrants, the elderly, and the disabled), and those with underlying medical conditions who would be most at risk in the event of a pandemic outbreak; (b) patient-centric risks for those receiving treatment for COVID-19 symptoms, including Gender-Based Violence (GBV) or Sexual Exploitation and Abuse (SEA) of patients in quarantine; (c) ethnic discrimination towards Indigenous Peoples, or limited communication channels to inform their communities of preventive measures against COVID-19 contagion; and (d) misinformation (fake news) in social media networks which may contribute to propagate contagion. Difficult access to health in rural and remote areas of the country can also pose a challenge for service and supply delivery, which could be a deterrent for an effective national response.



14. To mitigate these risks the MoH will update the existing Environmental and Social Management Framework (ESMF) prepared for the World Bank funded Growing Up Healthy Together Project (P169677) in early 2020. The revised ESMF will outline comprehensive procedures and requirements for the safe handling, transportation, storage, and processing of COVID-19 treatment and testing materials, safety of medical workers and hospital staff, as well as safe management of wastes, including biohazardous wastes, resulting from project activities. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines, and the World Bank Group's Environment, Health and Safety (EHS) Guidelines will be reviewed so that relevant occupational and community health and medical worker safety risks and mitigation measures are addressed. The revised ESMF will specify compliance monitoring and reporting requirements and include Labor Management Procedures (LMP) detailing the rights and protections for project workers, as well as a labor grievance mechanism. In addition to the ESMF, the MoH will implement the activities listed in the project's Environmental and Social Commitment Plan (ESCP). A draft Stakeholder Engagement Plan (SEP) has been prepared to outline MoH's outreach efforts to a wide range of stakeholders (including the most vulnerable among them), regarding basic health precautions, access to emergency response services under the project, and other emergency measures as needed. The SEP was disclosed in the MoH website on April 9, 2020 and includes a Grievance Redress Mechanism (GRM) for addressing any concerns and grievances raised that are related to the project. This SEP will be revised within one month of the project's effectiveness.

15. The above instruments and measures are specified in the ESCP which will form part of the project's legal agreement and ensure project compliance with the Environment and Social Standards and the World Bank Group's (WBG) Environmental, Health and Safety (EHS) Guidelines. The Bank will review the project's Environmental and Social Risk Classification (ESRC) on a regular basis throughout the project life cycle to ensure that it continues to accurately reflect the level of risk the project presents.

16. The MoH will establish and maintain adequate capacity to oversee the application of the environmental and social standards relevant to the project. The MoH team will include one environmental specialist and one social specialist as part of its Project Coordination Unit (PCU). Preferably, these specialists will have previous experience in the preparation and / or implementation of WB financed projects.

E. Implementation

Institutional and Implementation Arrangements

17. **The MoH will be responsible for the implementation of the Project through its various national directorates and technical units.** The Project will follow similar implementation arrangements to previous projects: The Growing up Health Together: Comprehensive Early Childhood Development in El Salvador Project (P169677), and the Strengthening Public Health Care System (P117157).

CONTACT POINT

World Bank

Amparo Elena Gordillo-Tobar
Sr Economist (Health)



Borrower/Client/Recipient

Republic of El Salvador
Nelson Fuente Menjivar
Minister of Finance
ministro@mh.gob.sv

Implementing Agencies

Ministry of Health
Francisco José Alabí Montoya
Minister of Health
falabi@salud.gob.sv

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

APPROVAL

Task Team Leader(s):	Amparo Elena Gordillo-Tobar
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Approved By

Environmental and Social Standards Advisor:		
Practice Manager/Manager:		
Country Director:	Andrea C. Guedes	11-Apr-2020