



Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 05-Nov-2020 | Report No: PIDISDSA30763



BASIC INFORMATION

A. Basic Project Data

Country Caribbean	Project ID P175385	Project Name Second Additional Financing to the OECS Regional Health Project	Parent Project ID (if any) P168539
Parent Project Name OECS Regional Health Project	Region LATIN AMERICA AND CARIBBEAN	Estimated Appraisal Date 03-Nov-2020	Estimated Board Date 18-Nov-2020
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Commonwealth of Dominica, Grenada, Saint Lucia, Saint Vincent and the Grenadines, Caribbean Public Health Agency (CARPHA), Organisation of Eastern Caribbean States (OECS)	Implementing Agency Dominica - Ministry of Health, Wellness and New Health Investment, Grenada - Ministry of Health, Social Security and International Business, St. Lucia - Ministry of Health and Wellness, St Vincent and the Grenadines - Public Sector Investment Programme Management Unit (PSIPMU)

Proposed Development Objective(s) Parent

The objective of the Project is to improve preparedness capacities of health systems for public health emergencies in the OECS region.

Components

Improved Health Facilities and Laboratory Capacity
Strengthening Public Health Surveillance and Emergency Management
Institutional Capacity Building, Project Management and Coordination
Contingency Emergency Response Component (CERC)

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	0.94
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Total Financing	0.94
of which IBRD/IDA	0.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	0.94
Pandemic Emergency Financing Facility	0.94

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

Country Context

1. **The Organisation of Eastern Caribbean States (OECS) consists of twelve small open economies, including three British Overseas Territories and three overseas departments and regions of France.** The population of the OECS member countries ranges widely from approximately 5,000 (Montserrat) to 400,000 (Martinique). OECS member states are generally highly open economies heavily dependent on tourism, which contributes at least one quarter of total economic output, except for Grenada and Saint Vincent and the Grenadines (SVG), where the contribution is much lower. Of the member countries, Dominica, Grenada, Saint Lucia, and SVG will participate in the OECS Regional Health Project though other members may benefit indirectly from regional activities.¹

2. **The OECS region faces several key challenges, including low growth, high debt, fiscal deficits, and vulnerabilities to external shocks.** This region exhibits substantial volatility in Gross Domestic Product (GDP) growth rates, with fiscal policies tending to exacerbate output volatility.² In the period since 2013, economic growth has varied widely among the four participating countries with Grenada being the only country to sustain growth above two percent. In 2017, the most recent year for which data is available, GDP growth ranged from 5.1 percent (Grenada) to -9.5 percent (Dominica).³ Gross National Income (GNI) per capita in the four countries

¹ Reference to the OECS going forward refers exclusively to the four project-participating countries, namely Dominica, Grenada, Saint Lucia, and Saint Vincent and the Grenadines.

² OECS Regional Partnership Strategy: 2019-2023. Report Number 127046-LAC. World Bank. 2018.

³ World Development Indicators. World Bank. 2019.



ranges from US\$6,590 in Dominica to US\$9,180 in Grenada (2017).⁴ Despite the limited fiscal space for public investment due to high ratios of debt to GDP, there is a high level of need for building ex-ante resilience to climate change, natural disasters, and public health emergencies. Further, health sector needs are increasing as countries face a growing prevalence of noncommunicable diseases, new and emerging diseases, including COVID-19, as well as an ongoing outbreak of dengue in three of the project participating countries.

3. **Interconnected hazards such as extreme weather events and disease outbreaks, exacerbated by climate change, threaten to erode development gains.** Climate change projections for the OECS region include higher temperatures, changing rainfall patterns, rises in sea level, and increased intensity and frequency of natural disasters. The International Monetary Fund notes that vulnerability to natural disasters is one of the main economic challenges facing Caribbean states. Hurricanes are a major natural hazard and pose significant destructive potential due to high wind speeds, heavy rains, and powerful storm surges that produce flooding, which may increase the threat from vector-borne diseases. Average annual losses from hurricanes alone are estimated at US\$835 million in the Caribbean region.⁵ Dominica most recently experienced substantial damages and losses estimated at 226 percent of 2016 GDP following Hurricane Maria in 2017 while other countries were also affected in 2013 and 2016, mainly from extensive flooding. Going forward, climate change is expected to lead to rising temperatures, changes in rainfall patterns, and an amplification of extreme weather events⁶ with implications for increasing the incidence of water-borne and vector-borne diseases.

4. **Official poverty data in the region are limited and outdated, but consumption-based poverty rates range from 20 to 30 percent for the four participating countries.**⁷ Available evidence suggests that extreme poverty rates are low while moderate poverty rates are high. Nonetheless, there have been considerable gains in human development, and life expectancy averages 75 years. Meanwhile, unemployment rates are high, at around 20 percent in Saint Lucia (2016), 28.6 percent in Grenada (2016), and 25.1 percent in SVG (2015).

5. **Since December 2019, an outbreak of COVID-19 caused by the 2019 novel coronavirus has continued to spread across the world with over 46 million confirmed cases and over 1.2 million deaths reported in 216 countries and territories (as of November 2, 2020).** On March 11, 2020, the World Health Organization (WHO) declared a pandemic. This situation is particularly devastating for small island states, given the travel restrictions and impact on tourism.

6. **Grenada, with a population of 112,690, has reported a total of 30 confirmed COVID-19 cases and no deaths as of November 3, 2020.** Since March, Grenada imposed strict social distancing measures, school closures, curfews, shutdown of nonessential services, residential confinement, and closure of all ports of entry to non-citizens. In addition, the country has been working to strengthen health sector preparedness and response efforts through investments in laboratory testing, treatment and isolation capacities and public education campaigns to raise awareness. Since early August, a phased reopening of businesses, schools and international borders has been in progress. As Grenada works to strengthen the overall capacity of the health sector to cope with the pandemic, efforts focus on preventing any further transmission in light of the reopening process. The ability to

⁴ Ibid.

⁵ GFDRR (2015) Small Island States Resilience Initiative. Washington, DC: Global Facility for Disaster Reduction and Recovery.

⁶ World Bank. 2018. Global Crisis Risk Platform (English). Washington, D.C.: World Bank Group. <http://documents.worldbank.org/curated/en/762621532535411008/Global-Crisis-Risk-Platform>

⁷ OECS Regional Partnership Strategy: 2019-2023. Report Number 127046-LAC. World Bank. 2018.



do so will depend on ensuring that adequate capacity to detect and respond to any potential outbreaks are in place and risks of imported cases are well managed.

Sectoral and Institutional Context

7. **Faced with limited capacity and fiscal space, as well as high levels of exposure to economic and climate related risks, the four participating countries (including Grenada) have had limited success in adequately preparing for public health emergencies.** Recent extreme weather events such as Hurricanes Irma and Maria (2017) and regional outbreaks of Chikungunya (2014) and Zika (2016) highlighted the consequences of weaknesses in public health emergency preparedness. Assessments conducted by the Pan-American Health Organization (PAHO) since 2015 under its Smart Health Facilities Initiative,⁸ which aims to ensure that health facilities are environmentally friendly and resilient to disasters (mainly extreme weather events), found that in some countries more than 75 percent of health facilities scored in the Category C range, indicating they would no longer be operational after a disaster. Severe weather events are notable for their impact on the health sector, as they may induce greater demand for services while damaging health facilities and further impairing the delivery of health services.

8. **Preparedness in the context of this regional project refers to a range of health and non-health capabilities and operational capacities put in place at national and regional levels to ensure prevention, protection, response and recovery from public health emergencies, such as infectious disease outbreaks, extreme weather events and other climate change risks.** Natural disasters and disease outbreaks have demonstrated the cross-boundary nature of public health emergencies, underlining the need for resilient health systems and stronger inter-country collaboration. A regional approach is thereby warranted, whereby investments in preparedness are harmonized at the country level and complemented at the regional level. As part of strengthening health security for the OECS region, this project intends to build resilience and mitigate cross-border transmission of disease outbreaks and disruptions in the aftermath of an extreme weather event and climate change impacts. This project responds to the demand for financial support for preparedness for public health emergencies expressed by Dominica, Grenada, Saint Lucia, and Saint Vincent and the Grenadines, and is expected to enhance their capacity to adapt to and mitigate climate change and have spillover benefits across the OECS region.

9. **In light of the ongoing COVID-19 pandemic, all project participating countries have put public health emergency preparedness and response plans in place that focus on detection, containment, and management.** Each country has activated its national Health Emergency Operations Center (EOC). This includes national testing capabilities with reliance on the regional reference laboratory operated by CARPHA to confirm positive cases. In Grenada, aspects of the National Influenza Pandemic Preparedness Plan (*prepared in 2006 in response to the outbreak of the avian flu*) that relate to COVID-19 have been operationalized. In Grenada, Cabinet has established COVID-19 subcommittees to oversee the national response and the reopening of the economy.

10. **Following the onset of the COVID-19 pandemic, the Government of Grenada requested an activation of the project's Contingent Emergency Response Component (CERC) in April 2020.** The World Bank responded swiftly to review and approve the request, for US\$2.5 million, which allowed for immediate use of funds for the

⁸ The PAHO Smart Health Facilities Initiative is co-financed by the United Kingdom's Department of International Development (DFID) to support the retrofitting of selected health facilities in the Caribbean region. This project will complement current investments to fill critical gaps.



country's COVID-19 response. This early financing is supporting the procurement of essential goods, such as medical equipment and laboratory supplies, and civil works for the retrofitting of an isolation wards. This second Additional Financing will be financed by the Bank-administered Pandemic Emergency Financing Facility (PEF) and covers a cost over-run on the Contingency Emergency Response Component (CERC), Component 4, *for Grenada*. The cost over-run is the result of additional goods and services required as part of Grenada's COVID-19 response.⁹

C. Proposed Development Objective(s)

Original PDO

The objective of the Project is to improve preparedness capacities of health systems for public health emergencies in the OECS region.

Current PDO

The objective of the Project is to (i) improve preparedness capacities of health systems for public health emergencies in the OECS region, and (ii) provide a response in the event of eligible crises or emergencies.

Key Results

- (i) Number of project-participating countries with health system capacity to withstand extreme weather events based on A-70 rating on Smart Health Facility standards¹⁰
- (ii) Number of project-participating countries/regional entities with laboratory testing capacity for detection of priority diseases based on achievement/sustainment of a Joint External Evaluation (JEE) score of 4.0 or higher¹¹
- (iii) Number of project-participating countries/regional entities with indicator- and event-based surveillance¹² established based on achievement/sustainment of a JEE score of 4.0 or higher
- (iv) Number of project-participating countries with emergency operations capacity strengthened based on achievement/sustainment of a JEE score of 4.0 or higher
- (v) Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents

⁹ Many COVID-19 related goods and services have increased in price due to demands on the supply chain while Grenada's national COVID-19 response needs increase in light of reopening the economy.

¹⁰ The Smart Health Facility/Hospital is defined as HSI A and minimum Green 70 percent, simplified as A-70. Low HSI scores such as low B and C, generally correspond to facilities with low structural and non-structural scores. Therefore, a target of an HSI score of an A and a green score of 70 percent is combined as A-70. This indicator reflects the Smarting of facilities conducted under this project.

¹¹ A Joint External Evaluation (JEE) is a voluntary, collaborative process intended to assess country capacity to prevent, detect and rapidly respond to public health threats independently of whether they are naturally occurring, deliberate or accidental. For information, see <https://www.who.int/ihr/procedures/joint-external-evaluations/en/>

¹² WHO defines public health surveillance as the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. Indicator-based surveillance involves reports of specific diseases from healthcare providers to public health officials. Event-based surveillance focuses on news stories, rumors, reports and other information about health events that may pose a threat to public health. Investment in routine "fair weather" public health surveillance is an important element of a health security strategy.



D. Project Description

11. The OECS Regional Health Project was approved on August 29, 2019 and includes participation from four countries [Dominica, Grenada, Saint Lucia and Saint Vincent and the Grenadines (SVG)] and two regional agencies [Caribbean Public Health Agency (CARPHA) and the Organisation of Eastern Caribbean States (OECS) Commission]. The project was declared effective between January 13 – March 5, 2020 and is implemented by the Ministries of Health (MOH) in Dominica, Grenada and Saint Lucia and by the Ministry of Finance, Economic Planning, Sustainable Development and Information Technology Public Sector Investment Programme Management Unit (PSIPMU) in SVG. Finally, the project design is organized by four components as follows.

12. **Component 1: Improved Health Facilities and Laboratory Capacity (US\$17.42 million)** focuses on improving the resilience and capacity of select health facilities and laboratories to provide services to manage a public health emergency, including an emerging disease outbreak, extreme weather event or other disaster. Under subcomponent 1.1 (Health Facilities Infrastructure and Referral Networks), at the national level, activities will focus on health facility resilience to build on the Smart Health Facilities Initiative implemented by PAHO. At the regional level, an emergency and critical care facilities inventory, including information on human resources, is under development to document the available resources for an emergency response.

13. **Component 2. Strengthening Public Health Surveillance and Emergency Management (US\$9.27 million).** This component supports efforts to strengthen public health preparedness, including surveillance and emergency response through improvement of national and regional capacities and promotion of cross-border collaboration. It also improves the completeness and quality of the reporting chain for surveillance activities from the national to regional level, including improvements in interoperability and the development of a regional dashboard to monitor trends. The project addresses vulnerabilities at the national level, in areas such as port health and development of national health emergency response mechanisms and operations centers. Similar efforts are being made to strengthen regional preparedness and response, including the development of an emergency health services coordinating mechanism. Improved surveillance activities will allow for better monitoring of climate-sensitive diseases and their evolution over time, thereby reducing the vulnerability of the population to climate change. Both the countries and the regional agencies have prioritized several of these activities in their first year workplans in coordination with the CERC related activities as they relate to surveillance and emergency management.

14. **Component 3: Institutional Capacity Building, Project Management and Coordination (US\$3.91 million)** supports the critical building blocks for strong implementation and coordination required for implementing this regional project. Specific institutional capacity building activities include technical assistance for contract management, procurement, financial management (FM), environmental and social safeguards, construction supervision (e.g. engineer and/or architect), monitoring and evaluation, and project audits. With respect to project management and coordination, this component finances personnel for project execution and regional coordination platforms for knowledge sharing among the implementing entities and collective monitoring of implementation status.

15. **Component 4: Contingent Emergency Response Component (CERC) – (US\$10 million).** The CERC is included in accordance with Operational Policy (OP) 10.00, paragraphs 12 and 13 for projects in Situations of Urgent Need of Assistance or Capacity Constraints, to 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. An emergency operation manual for the CERC was developed for all four



countries and has been adopted and cleared by the Bank. In April and May 2020, this originally zero cost component dedicated to emergencies was activated at the request of three of the four project participating countries (Dominica, Grenada and SVG) to support their national responses to COVID-19, and approximately 80 percent has disbursed to date.

E. Implementation

Institutional and Implementation Arrangements

No change is made to the implementation arrangements of the Project through this Additional Financing, nor fiduciary or safeguards.

F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

The parent project is situated across four OECS countries and activities take place in select health facilities and laboratories in Dominica, Grenada, Saint Lucia and Saint Vincent and the Grenadines (SVG). This additional financing will not trigger any additional safeguard policy and will maintain the same environmental risk of the parent project. The parent project is considered Category B with a Moderate Environment and Social risk rating, given that the proposed Project is not likely to result in significant negative, irreversible and/or large-scale impacts on human populations and/or the environment. In Grenada, much of the work for the parent project has focused on the St. George's Hospital facility located in the capital city and has included environmental and social assessments (ESMPs) for isolation ward retrofitting and oxygen plant rehabilitation. Consequently, environmental and social conditions are well characterized in the hospital complex. There may also be activities on other parts of the island at health facilities and laboratories. This second AF to Grenada will be used to replenish funds used by the CERC to respond to COVID-19 urgent needs and will focus on procurement of goods and consulting services. The risks for these activities are addressed by CERC-ESMF which complements the parent project ESMF.

G. Environmental and Social Safeguards Specialists on the Team

Shakil Ahmed Ferdausi, Environmental Specialist

Erika Piber, Social Specialist



SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	
Performance Standards for Private Sector Activities OP/BP 4.03	No	
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/BP 4.12	No	
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

The parent project will finance resilient health facilities in four countries- Dominica, St Lucia, St Vincent and the Grenadines and Grenada, to improve their resiliency in the face of extreme weather conditions and the COVID-19 pandemic, through investments in laboratory infrastructure and capacity. It will also strengthen public health surveillance, preparedness and response. Associated activities will include some construction (mainly rehabilitation and refurbishment) including roof repairs, painting, grouting, construction of internal walls, etc. In a few instances, additional wings may be built onto existing health facilities’ structures. None of these activities are envisioned to produce any large scale, significant or irreversible impacts because all construction will occur on an existing footprint.

This second AF to Grenada will focus on procurement of goods and consulting services, including public education campaigns. Emphasis will be placed to ensure that communication reaches all stakeholders, particularly the most vulnerable groups, with clear messages and adequate communication channels. Activities may raise concerns and grievances amongst the affected population and, hence, a project-level Grievance Redress Mechanism (GRM) already in place for the parent project will also be applicable to this AF. Additional medical waste is a key potential impact of the parent project and AF, for which a Healthcare Waste Management System (HCWMS) will be developed to improve biomedical waste management.



Neither the parent project nor this second AF will involve any activities that will result in land acquisition, physical displacement, economic displacement or any other impact covered under OP 4.12. Neither the project nor this AF will be implemented in areas with indigenous peoples' presence and hence, OP 4.10 is not triggered.

In sum, the activities in this second AF are fully covered by the existing safeguards policies and instruments that have already been prepared, reviewed, and disclosed. The project is rated as a Category B project with moderate environmental and social impacts.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area: Improved access and quality to health care will result in long-term benefits to the population. Improved waste management may result in long-term benefits to the environment, to health care workers, and to the surrounding communities.

The activation of the CERC has also expedited the TOR for the development of a HCWMS for each country. Once developed the HCWMS will improve management of biomedical waste and provide long-term positive impacts.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts. Alternatives were considered as part of the design of each potential improvement or action under the parent project. The ESMF includes screening formats and criteria to ensure that refurbishments, rehabilitations, or improvements do not inadvertently result in impacts to physical cultural resources, natural habitats, acquire lands or affect assets or access. Each country has developed, adopted and disclosed its parent project ESMF. The mitigation of the exogenous risk posed by the COVID pandemic is captured in the CERC – ESMFs which were prepared when the CERC was activated under the project in Dominica, Grenada and SVG, and more broadly by a range of measures put in place by Government, such as curfews, social distancing, hotlines, expanded testing, and a plan for phased reopening. The CERC-ESMFs also include safety measures and protocols for COVID-19, thus the AF activities are covered by the instruments that have already been prepared, reviewed, and disclosed.

The TORs for the HCWMS will also include evaluation of alternatives for healthcare waste management based on existing needs and resources.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

Borrower capacity differs across the four project participating countries but it was generally low at project preparation. To improve this capacity, Government officials attended trainings and discussions, including a safeguard training between March 25-April 5th, 2019. Capacity is currently sufficient to manage safeguards. Each country designated an environment/social specialist or focal point to manage environmental and social aspects of the project, including construction and waste management issues. They participate in biweekly meetings and engage in actions to ensure compliance with environmental and social safeguards. The Ministry of Health in Grenada has assigned an Environmental and Social Specialist with adequate experience and qualifications to support project implementation. The Specialist and Ministry of Health focal points have developed safeguards instruments under the parent project and will be capable to manage the HCWMS once it has been updated.

Each country has developed, consulted and disclosed an ESMF, which was updated following activation of the CERC by



Grenada, SVG and Dominica. Grenada, Dominica and SVG have developed/are developing Environmental and Social Management Plans (ESMP) that have been/will be disclosed in accordance to each country-specific ESMF to address environmental and social risks and impacts associated with the construction or refurbishment of: (i) an isolation ward and oxygen plant in Grenada; (ii) isolation units and public health lab in SVG; and (iii) isolation unit and clinic rehabilitation in Dominica. All four ESMFs include a description of the project level GRM. The GRMs of Dominica and Grenada are being updated to clarify available channels for grievances' submission, responsibilities and inclusion of a Code of Conduct with Gender Based Violence (GBV) provisions for contractors, among other adjustments.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

Stakeholders include the staff of the Ministry of Health and other governmental entities working in the health sector and, more importantly, the end user of health services who will benefit from project activities. Citizen engagement mechanisms that collect feedback received from key populations on public health emergency management plans are included under the parent Project and continue to apply the AF.

The country specific ESMFs and CERC-ESMFs have been publicly disclosed on the World Bank website and by each country through the websites of each country's health ministries and/or other internet platforms.

The ESMF includes a grievance redress/feedback mechanism which has been established which will also be the GRM for the OECS Regional Health Project in Grenada. The project level GRM will be strengthened under this second AF with procedures to receive, address, and refer complaints linked to sexual exploitation, abuse and harassment (SEAH).

B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
02-May-2019	10-May-2019	

"In country" Disclosure

Dominica
13-May-2019

Comments

The ESMF for the project has been consulted and disclosed.

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)

OP/BP/GP 4.01 - Environment Assessment



Does the project require a stand-alone EA (including EMP) report?

Yes

If yes, then did the Regional Environment Unit or Sector Manager (SM) review and approve the EA report?

Yes

Are the cost and the accountabilities for the EMP incorporated in the credit/loan?

Yes

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank's Infoshop?

Yes

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?

Yes

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?

Yes

Have costs related to safeguard policy measures been included in the project cost?

Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?

No

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?

Yes

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APPROVAL

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