



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

Appraisal Stage | Date Prepared/Updated: 27-May-2020 | Report No: PIDISDSA29561



BASIC INFORMATION

A. Basic Project Data

Country OECS Countries	Project ID P174096	Project Name Additional Financing COVID-19 Response - 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 21-May-2020	Estimated Board Date 29-Jun-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) – MOEPD

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.

Proposed Development Objective(s) Additional Financing

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.

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	10.00
Total Financing	10.00
of which IBRD/IDA	10.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	10.00
IDA Credit	10.00

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

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 participate in the OECS Regional Health Project.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

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.



growth has varied widely among the four participating countries with Grenada being the only country to sustain growth above two percent. GDP growth ranged from 4.2 percent in Grenada (2018)³ to 8.6 percent in Dominica (2019).⁴ Gross National Income (GNI) per capita in the four countries ranges from US\$7,870 in Dominica (2019) to US\$9,650 in Grenada (2018).⁵ 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.

3. **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.**⁶ 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), 23 percent in Dominica (2016), and 25.1 percent in SVG (2015).

4. **Since December 2019, an outbreak of COVID-19 caused by the 2019 novel coronavirus has continued to spread across the world with over 5.5 million confirmed cases and over 350,000 deaths reported in 216 countries and territories.**⁷ On March 11, 2020, the World Health Organization (WHO) declared a global pandemic which is unfolding across the globe. This situation is particularly devastating for small island states, particularly given the travel restrictions and impact on tourism.

5. **All project participating OECS countries have reported confirmed COVID-19 cases⁸ with no deaths.** A national state of emergency has been declared in Dominica and Grenada, with SVG also implementing restrictive social distancing measures to respond to the ongoing COVID-19 crisis. All three countries have taken actions ranging from school closures, curfews, shutdown of nonessential services, protocols on social distancing, residential confinement, and closing all ports of entry to non-citizens. In addition, the countries are working to strengthen their response efforts to COVID-19 including investments in laboratory testing, treatment and isolation of cases and public education campaigns to raise social awareness.

Sectoral and Institutional Context

6. **Faced with limited capacity and fiscal space, as well as high levels of exposure to economic and climate related risks, the project participating countries have had limited success in adequately preparing for public health emergencies.** Regional outbreaks of Chikungunya (2014) and Zika (2016) highlighted the consequences of weaknesses in public health emergency preparedness. The vector-borne nature of these recent outbreaks, and the ease with which vectors cross national borders underscores the importance of well-coordinated country and regional responses and containment strategies to avoid the high costs associated with outbreaks, including productivity and investment opportunity (tourism) loss.

³ World Development Indicators. World Bank. 2019.

⁴ Rapid Credit Facility Report on Dominica. International National Monetary Fund. 2020.

⁵ Ibid.

⁶ OECS Regional Partnership Strategy: 2019-2023. Report Number 127046-LAC. World Bank. 2018.

⁷ Data as of May 27, 2019

⁸ As of May 27, the number of confirmed cases in each country are as follows: Dominica (16), Grenada (23), and SVG (18).



7. **Since the outbreak of COVID-19, all 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 the case of Dominica and Grenada, the countries have operationalized 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. As part of Grenada's EOC activation, a Cabinet COVID-19 subcommittee and COVID-19 Coordinator has been appointed. In addition, the Health Committee of the National Disaster Management Agency (NaDMA) was activated to provide psychological and psychosocial support, among other functions. SVG has updated its Highly Infectious Diseases Preparedness and Response Plan to include a detailed COVID-19 response plan. This plan is also an Annex to the National Health Disaster Plan which forms part of the National Disaster Management Plan.

8. **In response to the coronavirus pandemic, the Governments of Dominica, Grenada and SVG requested activation of the Contingency Emergency Response Component (CERC) under the OECS Regional Health Project.**⁹ The World Bank responded swiftly to review and approve the respective requests with the supporting documentation. Activities under the CERC are expected to be completed by December 2021. This early financing will support the purchase of critical medical equipment and supplies, including personal protective equipment (PPE), laboratory supplies and equipment and retrofitting of health facilities for isolation wards.

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

⁹ The Government of Saint Lucia requested to activate a CERC under the Saint Lucia Health Systems Strengthening Project (P166783).

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 that is 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 more details, see <https://www.who.int/ihr/procedures/joint-external-evaluations/en/>



- (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) Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents

D. Project Description

9. **This Additional Financing (AF) in the amount of US\$10 million for the OECS Regional Health Project is to fill the financing gap created by triggering the CERC related to COVID-19 support.** The AF will allocate US\$10 million to cover the financing gap and ensure that the PDO will be achieved by the end of the current project despite the crisis. The CERC was triggered for US\$3 million on April 14, 2020 for Dominica, on April 16 for SVG and on May 20 for Grenada given the Eligible Emergency Situation in each country in response to the COVID-19 pandemic. Funds were reallocated to CERC Component 4 (Disbursement category 2) from undisbursed proceeds of the OECS Regional Health Project to address the most urgent needs in the health response.

10. **Project and components:** The project will retain the same four components as described below.

11. **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. At the national level, activities 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, will be developed by the OECS to document the available resources for an emergency response.

12. **Component 2. Strengthening Public Health Surveillance and Emergency Management (US\$9.27 million)** 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. This component 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 also address 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.

13. **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

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.



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. Finally, related operating expenses and equipment are also supported.

14. **Component 4: Contingent Emergency Response Component (CERC) – (US\$10 million).** The CERC is included 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.

E. Implementation

Institutional and Implementation Arrangements

15. 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 project is situated across four OECS countries and activities will take place in select health facilities and laboratories in Dominica, Grenada, Saint Lucia and Saint Vincent and the Grenadines. In general, the footprints of existing facilities will be rehabilitated, retrofitted, and upgraded. Specific locations for sub-projects and activities will be selected during implementation, so an ESMF guides the safeguards processes.

G. Environmental and Social Safeguards Specialists on the Team

Shakil Ahmed Ferdausi, Environmental Specialist
Christopher Mays Johnson, 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:

This 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. The project will also support investments in laboratory infrastructure and capacity. Finally, it will 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 most or all construction will occur on an existing footprint.

The parent project was rated as a Category B project and the environmental and social safeguard risks were considered Moderate, and the same ratings are applied to this AF. There are no new policies triggered. The Additional Financing is to replenish funds used for the CERC component to respond to COVID-19 urgencies; accordingly, the ESMF was revised to include additional safety measures for infectious disease control and biomedical waste management.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area: Potential long-term impacts are not envisioned from the activities in this project because they will occur on the existing footprint of the hospital or clinic facilities.

Future activities are likely to be similar works (renovation) on the existing footprint. Envisioned short term negative impacts will include noise pollution, dust, issues related to solid and liquid waste management, occupational health and safety risks to contracted workers and to community, particularly if works are ongoing while there are patients present in the building, etc. Project activities will most likely be relatively minor, with no negative, significant or irreversible environmental impacts expected. On the contrary, the project will support environmental sustainability in the health sector by supporting efforts to build/renovate better and more climate smart health facilities. Improved



waste management may result in long-term benefits to the environment, to health care workers, and to the surrounding communities.

Indirect impacts may include a higher medical waste stream than the current baseline if improvements in the facility mean more patients and/or more beds. Component 2, is supporting the retrofitting of isolation facilities in St. Vincent and the Grenadines and Dominica, and may support these in the future in the other countries, with the potential for generating more infectious waste, construction debris, and social concerns from any nearby communities. These facilities require ESMPs and the project will promote and finance communication planning, the use of appropriate equipment to manage waste disposal, and will finance the preparation of a biomedical waste management plan.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.

Alternatives will be considered as part of the design of each potential improvement or action. The ESMF includes screening forms and criteria to ensure that refurbishments, rehabilitation, or improvements do not inadvertently result in impacts to physical cultural resources, natural habitats, acquire lands or affect assets or access to them.

Another alternative in project design is the development of national Healthcare Waste Management Systems (HWMSs). The TORs for these are being updated to account for COVID-19 needs, including to improve on biomedical waste management practices and plans in each country.

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.

ESMFs for the parent project were prepared by each country, and these were updated when the CERC was activated in each country.

Borrower capacity differs across the four project participating countries and it is generally low. During preparation, each country designated a focal point within the Ministry of Health for the coordination of work required to prepare the ESMF. To improve this capacity, Government officials attended training and discussions, including a mini safeguard training between March 25-April 5th, 2019. In terms of continued support during implementation, each country will designate a point-of-contact for safeguards, who will serve as the environment/social specialist to manage the construction and waste management issues associated with the works conducted by the contractors and for complaints handling. These individuals may be supported by other technical resources in-country, or by specialized consultants as needed. Training will continue, with support from the Bank social and environmental safeguards teams.

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

Each country identified key stakeholders with whom they engaged on the ESMF prior to finalization. The country specific ESMFs were revised and re-disclosed in May 2020 to include additional health and safety measures pertinent to COVID-19.



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
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"In country" Disclosure

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)

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APPROVAL

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