
PPIUF GRANT NUMBER TF0C0742

**Papua New Guinea and Pacific Islands
Umbrella Facility Multi-Donor Trust Fund
Grant Agreement**

Samoa Health System Strengthening Program Additional Financing

between

INDEPENDENT STATE OF SAMOA

and

**INTERNATIONAL BANK FOR RECONSTRUCTION
AND DEVELOPMENT and INTERNATIONAL DEVELOPMENT
ASSOCIATION**

**(acting as administrator of the Papua New Guinea and Pacific Islands Umbrella Facility
Multi-Donor Trust Fund)**

PPIUF GRANT NUMBER TF0C0742

**PAPUA NEW GUINEA AND PACIFIC ISLANDS UMBRELLA FACILITY
MUTLI-DONOR TRUST FUND**

GRANT AGREEMENT

AGREEMENT dated as of the Signature Date between INDEPENDENT STATE OF SAMOA (“Recipient”) and INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT and INTERNATIONAL DEVELOPMENT ASSOCIATION (“Bank”), acting as administrator of Papua New Guinea and Pacific Islands Umbrella Facility Multi-Donor Trust Fund for the purpose of providing additional financing for activities related to the Original Program (as defined in the Appendix to this Agreement). The Recipient and the Bank hereby agree as follows:

**Article I
Standard Conditions; Definitions**

- 1.01. The Standard Conditions (as defined in the Appendix to this Agreement) apply to and form part of this Agreement.
- 1.02. Unless the context requires otherwise, the capitalized terms used in this Agreement have the meanings ascribed to them in the Standard Conditions or in the Appendix to this Agreement.

**Article II
The Program**

- 2.01. The Recipient declares its commitment to the objective of the program described in Schedule 1 to this Agreement (“Program”). To this end, the Recipient shall carry out the Program in accordance with the provisions of Article II of the Standard Conditions and Schedule 2 to this Agreement.

**Article III
The Grant**

- 3.01. The Bank agrees to extend to the Recipient a grant in an amount not to exceed one million two hundred and ninety-three thousand, nine hundred and seventy-five United States Dollars (\$ 1,293,975) (“Grant”) to assist in financing the Program.
- 3.02. The Recipient may withdraw the proceeds of the Grant in accordance with Section IV of Schedule 2 to this Agreement.

- 3.03. The Grant is funded out of the abovementioned trust fund for which the Bank receives periodic contributions from the donors to the trust fund. In accordance with Section 3.02 of the Standard Conditions, the Bank's payment obligations in connection with this Agreement are limited to the amount of funds made available to it by the donors under the abovementioned trust fund, and the Recipient's right to withdraw the Grant proceeds is subject to the availability of such funds.

Article IV
Effectiveness; Termination

- 4.01. This Agreement shall not become effective until evidence satisfactory to the Bank has been furnished to the Bank that the conditions specified below have been satisfied:
- (a) The execution and delivery of this Agreement on behalf of the Recipient have been duly authorized or ratified by all necessary governmental action.
 - (b) The Amendment Letter has been executed and delivered on behalf of the Recipient.
- 4.02. For the purpose of confirming that the condition specified in Section 4.01(a) above has been met, by signing this Agreement, the Recipient shall be deemed to represent and warrant that on the Signature Date, this Agreement has been duly authorized by, and executed and delivered on behalf of, the Recipient and is legally binding upon the Recipient in accordance with its terms, except where additional action is required to make such Grant Agreement legally binding. Where additional action is required following the Signature Date, the Recipient shall notify the Bank when such additional action has been taken. By providing such notification, the Recipient shall be deemed to represent and warrant that on the date of such notification the Grant Agreement is legally binding upon the Recipient in accordance with its terms.
- 4.03. Except as the Recipient and the Bank shall otherwise agree, this Agreement shall enter into effect on the date upon which the Bank dispatches to the Recipient notice of its acceptance of the evidence required pursuant to Section 4.01 ("Effective Date"). If, before the Effective Date, any event has occurred which would have entitled the Bank to suspend the right of the Recipient to make withdrawals from the Grant Account if this Agreement had been effective, the Bank may postpone the dispatch of the notice referred to in this Section until such event (or events) has (or have) ceased to exist.
- 4.04. ***Termination for Failure to Become Effective.*** This Agreement and all obligations of the parties under it shall terminate if it has not entered into effect by the date ninety (90) days after the date of this Agreement, unless the Bank, after

consideration of the reasons for the delay, establishes a later date for the purpose of this Section. The Bank shall promptly notify the Recipient of such later date.

Article V
Recipient's Representative; Addresses

5.01. The Recipient's Representative referred to in Section 7.02 of the Standard Conditions is the minister at the time responsible for finance.

5.02. For purposes of Section 7.01 of the Standard Conditions: (a) the Recipient's address is:

Ministry of Finance
Private Bag
Apia
Independent State of Samoa; and

(b) the Recipient's Electronic Address is:
E-mail: maeva.bethamvaai@mof.gov.ws

5.03. For purposes of Section 7.01 of the Standard Conditions: (a) the Bank's address is:

International Bank for Reconstruction and Development
and International Development Association
1818 H Street, N.W.
Washington, D.C. 20433
United States of America; and

(b) the Bank's Electronic Address is:

Telex:	Facsimile:	E-mail
248423 (MCI) or 64145 (MCI)	1-202-477-6391	cdpngpacific@worldbank.org

AGREED as of the Signature Date.

INDEPENDENT STATE OF SAMOA

By



Authorized Representative

Name: Hon. Mulipola Anarosa Ale Molio'o

Title: Minister of Finance

Date: 19-Apr-2023

INTERNATIONAL BANK FOR RECONSTRUCTION AND
DEVELOPMENT and INTERNATIONAL DEVELOPMENT
ASSOCIATION

acting as administrator of the Papua New Guinea and Pacific Islands
Umbrella Facility Multi-Donor Trust Fund

By



Authorized Representative

Name: paul vallely

Title: Acting Country Director, PNG and Pacific

Date: 17-Apr-2023

SCHEDULE 1

Program Description

The objective of the Program is to improve the quality and efficiency of NCD prevention and control in Samoa.

The Program consists of the following activities

1. **Addressing behavioral risk factors through population-based health promotion.** (a) Enhancing the effectiveness of macro-policy interventions through impact assessments of NCD taxation policies, including: (i) establishing a mechanism to monitor the impact of NCD taxation policies on prices, imports, and consumptions; (ii) carrying out regular quantitative studies, such as household and retail surveys to generate evidence; (iii) carrying out qualitative studies, such as focus group discussions and in-depth key informant interviews, to understand the constraints to behavior change and the enabling environment needed; and (iv) capacity building for national staff and domestic entities; and (b) promoting healthy lifestyle through community engagement and school-based programs, including: (i) capacity building for village women's committees to provide health education and carry out NCD risk assessments; (ii) carrying out body mass index screening for primary school children and health interventions for at-risk groups; (iii) enforcing compliance on school nutrition standards; (iv) developing healthy lifestyle mass campaigns; and (v) training on smoking cessation.
2. **Increasing screening, referral, and diagnosis of NCD high-risk groups and patients.** (a) Accelerating the expansion of PEN Fa'a Samoa screening to rural villages, including: (i) refining and updating PEN protocol for community-based screening; (ii) enabling district hospitals to perform NCD screening, with technical guidance, training, and supervision from the unit responsible for quality assurance in MOH; and (iii) ensuring that district hospitals and community health centers be responsible for ensuring that the high-risk groups, identified through the screening, actually go to the health facilities for diagnosis; and (b) institutionalizing routine screening at the health facility level, including: (i) updating NCD screening protocols; (ii) training for health service providers; and (iii) strengthening the referral and diagnostic capacity through the registration and tracking of persons identified as high risk or diagnosed as NCD patients.
3. **Strengthening primary care and the quality of NCD management.** (a) Establishing a multi-disciplinary team at each district hospital; (b) investing in need-based infrastructure and equipment; (c) developing evidence-based NCD management pathways to guide health workers through the clinical decision-making process, including developing standard operating procedures and guidelines and training of health care workers; and (d) ensuring reliable,

uninterrupted, and affordable essential drug supply, including: (i) creating a facility-specific essential drug list; (ii) improving drug supply planning through linking the coverage and patient treatment data with drug utilization forecasting; (iii) enhancing the compliance with standard operating procedures for daily monitoring of these essential drugs; (iv) establishing an accountability mechanism for drug management and supply planning; and (e) establishing and operationalizing a diabetic foot clinic each in Savaii and in Upolu.

4. **Strengthening multisectoral NCD program stewardship and building institutional capacity.** (a) formulation and implementation of annual capacity building plans for the national NCD control program; (b) establishing a routine data reporting and collection system for the implementation of the NCD control program; (c) developing the terms of reference for the multi-disciplinary teams at district hospitals; (d) establishing the health workforce planning mechanism; (e) assessing the nursing and midwifery curriculum for inclusion of NCD, nutrition and health promotion content; and (f) capacity building on medical waste management in health facilities generating medical waste.

SCHEDULE 2

Program Execution

Section I. Institutional and Other Arrangements

A. Program Institutions

1. The Recipient shall maintain, at all times during the implementation of the Program, with a mandate, composition, and resources satisfactory to the Bank:
 - (a) the HPAC, which shall: (i) consist of representatives of relevant line ministries and key stakeholders; and (ii) be responsible for providing overall policy guidance, strategic direction, and cross-sectoral coordination; and
 - (b) the National NCD Committee, which shall: (i) consist of representatives of relevant line ministries and key stakeholders; (ii) be responsible for providing technical guidance and oversight for the implementation of NCD control programs; and (iii) be equipped with a secretariat at the relevant division of MOH.
2. The Recipient shall vest the overall responsibility for the management of the Program, including coordination, planning, ensuring budget availability, addressing cross-divisional issues, hiring of the independent verification agent, and Program monitoring and reporting, in the MOH.

B. DLR Verification Arrangements

1. The Recipient, through MOH, shall maintain the verification arrangements with SBS, for carrying out the verification for the Program in accordance with the terms of reference acceptable to the Bank.
2. The Recipient shall ensure that SBS shall: (a) verify the data and other evidence supporting the achievement(s) of one or more DLRs in accordance with the Verification Protocol agreed with the Bank; and (b) submit to the Bank the corresponding verification reports in a timely manner and in form and substance satisfactory to the Bank.

C. Program Action Plan

The Recipient shall:

1. undertake the actions set forth in the Program Action Plan in a manner satisfactory to the Bank;

2. except as the Bank and the Recipient shall otherwise agree in writing, not assign, amend, abrogate, or waive, or permit to be assigned, amended, abrogated, or waived, the Program Action Plan, or any provision thereof; and
3. maintain policies and procedures adequate to enable it to monitor and evaluate, in accordance with guidelines acceptable to the Bank, the implementation of the Program Action Plan.

D. Operations Manual

1. The Recipient shall update and adopt, by not later than two (2) months after the Effective Date, a manual (“Operations Manual”), in form and substance satisfactory to the Bank, which shall include the detailed institutional, administrative, financial, technical (including the Program technical implementation roadmap), and operational arrangements and procedures for the implementation of the Program, and thereafter carry out the Program in accordance with the Operations Manual.
2. The Recipient shall not amend, abrogate, or suspend, or permit to be amended, abrogated, or suspended, any provision of the Operations Manual, without the prior written agreement of the Bank.
3. In the event of any conflict between the provisions of the Operations Manual and those of this Agreement, the latter shall prevail.

E. Annual Work Plans

1. The Recipient shall: (a) for the Fiscal Year 2024 prepare and furnish to the Bank by not more than one (1) month after the Effective Date a proposed Program’s consolidated annual work plan; (b) subsequently, for the following Fiscal Years, prepare and furnish to the Bank by December 15 in each year – beginning in December 15, 2023 – a proposed Program’s consolidated annual work plan; (c) taking into account the Bank’s comments and no-objection, finalize the plan, seek approval of HPAC, and furnish the approved plan to the Bank not later than June 15 in each year – beginning in June 15, 2024; and (d) adopt the plan as shall have been approved (“Annual Work Plan”) and thereafter ensure that the Program is carried out in accordance with each of such Annual Work Plan, in a manner satisfactory to the Bank.

Section II. Excluded Activities

The Recipient shall ensure that the Program excludes any activities which:

- A. in the opinion of the Bank, are likely to have significant adverse impacts that are sensitive, diverse, or unprecedented on the environment and/or affected people; or
- B. involve the procurement of: (1) works, estimated to cost fifty million United States Dollars (USD 50,000,000) equivalent or more per contract; (2) goods, estimated to cost thirty million United States Dollars (USD 30,000,000) equivalent or more per contract; (3) non-consulting services, estimated to cost thirty million United States Dollars (USD 30,000,000) equivalent or more per contract; or (4) consulting services, estimated to cost fifteen million United States Dollars (USD 15,000,000) equivalent or more per contract.

Section III. Program Monitoring, Reporting and Evaluation

A. Program Reports

The Recipient shall ensure that each Program Report is furnished to the Bank not later than 60 days after the end of each calendar semester, covering the calendar semester.

B. Mid-term Review

The Recipient shall carry out, jointly with the Bank, not later than three (3) years after the Effective Date of the Original Program, or such other period as may be agreed with the Bank, a mid-term review of the Program (“Mid-term Review”) covering the progress achieved in the implementation of the Program. To this end, the Recipient shall prepare and furnish to the Bank not less than three (3) months prior to the beginning of the Mid-term Review, a report integrating the results of the Program’s monitoring and evaluation activities on the progress achieved in the carrying out of the Program during the period preceding the date of such report, and setting out the measures recommended to ensure the efficient carrying out of the Program and the achievement of the objective of the Program during the period following such date. Following the Mid-term Review, the Recipient shall act promptly and diligently in order to take, or cause to be taken, any corrective action deemed necessary by the Bank to remedy any shortcoming noted in the carrying out of the Program in furtherance of the objective of the Program.

Section IV. Withdrawal of Grant Proceeds

A. General

1. The Recipient may withdraw the proceeds of the Grant in accordance with the provisions of Article III of the Standard Conditions, this Section, and such additional instructions as the Bank may specify from time to time by notice to the Recipient to finance Program Expenditures (inclusive of Taxes), on the basis of the results (“Disbursement Linked Results” or “DLRs”) achieved by the Recipient, as measured against specific indicators (“Disbursement Linked Indicators” or “DLIs”), all as set forth in the table in paragraph 2 of this Part A.
2. The following table specifies each category of withdrawal of the proceeds of the Grant (including the Disbursement Linked Indicators as applicable) (“Category”), the Disbursement Linked Results for each Category (as applicable), and the allocation of the amounts of the Grant to each Category:

Category (including Disbursement Linked Indicator as applicable)	Disbursement Linked Result (as applicable)	Amount of the Grant Allocated (expressed in USD)	Formula
(1) DLI #1: Percentage of children (5-12 years old), screened as overweight through the School HEAL Program, referred to and managed under a health promotion program	At least 30% of children screened as overweight are referred to and managed by a health promotion program Target per FY: FY 23: 60% FY 24: 70% FY 25: 70% FY 26: 80% FY 27: 80% (Baseline: 0%)	203,400	Unit Price: USD 3,390 for each percentage point(1%) Allocation per FY: FY 23: USD203,400 FY 24: 0 FY 25: 0 FY 26: 0 FY 27: 0
(2) DLI #2: Number of districts with PEN Fa’a Samoa rolled out according to the updated protocol (at least 70% of citizens, and at least 60% of men, aged 20 years old and older in the district screened)	The Recipient has rolled out PEN Fa’a Samoa according to the updated protocol in at least 2 districts, up to 34 districts (Baseline FY22: 10 districts)	158,200	Unit Price: USD39,550 for each new district Allocation per FY:

	<p>Target per FY: FY 23: 14 FY 24: 19 FY 25: 24 FY 26: 29 FY 27: 34</p>		<p>FY 23: USD158,200 FY 24: 0 FY 25: 0 FY 26: 0 FY 27: 0</p>
<p>(3) DLI #3: Percentage of high-risk people, identified through PEN Fa'a Samoa screening, diagnosed within 60 days at designated health facility</p>	<p>At least 40% of high-risk people diagnosed</p> <p>Target per FY: FY 23: 60% FY 24: 65% FY 25: 70% FY 26: 70% FY 27: 70% (Baseline: 0%)</p>	<p>169,500</p>	<p>Unit Price: USD 2,825 for each percentage point (1%)</p> <p>Allocation per FY: FY 23: USD169,500 FY 24: 0 FY 25: 0 FY 26: 0 FY 27: 0</p>
<p>(4) DLI #4: Number of rural district hospitals with a multi-disciplinary team in place</p>	<p>4.1 The Recipient has put in place, a multi-disciplinary team in at least 1 rural district hospitals, up to 8 rural district hospitals.</p> <p>(Baseline FY22: 4)</p> <p>Target FY 23: 8</p> <p>4.2 Increase in Percentage of essential technologies list equipped in RDHs with multi-disciplinary teams in place</p> <p>Baseline as defined in the Operations Manual</p> <p>Target per FY: FY 23: essential technologies list</p>	<p>271,200</p> <p>90,400</p>	<p>Unit Price: USD 67,800 for each new rural district hospital</p> <p>Allocation per FY: FY 23: USD 271,200</p> <p>Unit Price: USD 23,843 for each percentage point increase (1%)</p> <p>Allocation per FY:</p>

	<p>developed and approved by MOH and Baseline defined in the Operations Manual</p> <p>FY 24: Baseline+30%</p> <p>FY 25: Baseline+40%</p> <p>FY 26: Baseline+50%</p> <p>FY 27: Baseline+60%</p>		<p>FY 23: USD 90,400</p> <p>FY 24: 0</p> <p>FY 25: 0</p> <p>FY 26: 0</p> <p>FY 27: 0</p>
<p>(5) DLI #5: Percentage of hypertensive patients managed by rural health facilities having their condition under control following WHO definition</p>	<p>At least 19% of patients in each FY having their condition under control.</p> <p>Baseline: 0%</p> <p>Target per FY:</p> <p>FY 23: 35%</p> <p>FY 24: 40%</p> <p>FY 25: 50%</p> <p>FY 26: 55%</p> <p>FY 27: 60%</p>	163,975	<p>Unit Price: USD 4,685 for each percentage point (1%)</p> <p>Allocation per FY:</p> <p>FY 23: USD 163,975</p> <p>FY 24: 0</p> <p>FY 25: 0</p> <p>FY 26: 0</p> <p>FY 27: 0</p>
<p>(6) DLI #6: Implementation completion rate of annual capacity building plan for NCD program approved by HPAC</p>	<p>At least 40% implementation completion rate</p> <p>Baseline: 0%</p> <p>Target per FY:</p> <p>FY 23: 70%</p> <p>FY 24: 70%</p> <p>FY 25: 70%</p> <p>FY 26: 70%</p> <p>FY 27: 70%</p>	79,100	<p>Unit Price: USD 1,130 for each percentage point (1%)</p> <p>Allocation per FY:</p> <p>FY 23: USD 79,100</p> <p>FY 24: 0</p> <p>FY 25: 0</p> <p>FY 26: 0</p> <p>FY 27: 0</p>
<p>(7) DLI #7: Percentage of patients in the diabetes registry managed by rural health facilities following standardized disease</p>	<p>At least 30% of patients in each FY managed.</p> <p>Baseline: 0%</p>	135,600	<p>Unit Price: USD 3,390 for each percentage point (1%)</p>

management protocols, disaggregated by gender	Target per FY: FY 23: 40% FY 24: 50% FY 25: 60% FY 26: 65%		Allocation per FY: FY 23: USD135,600 FY 24: 0 FY 25: 0 FY 26: 0
(8) DLI #8: Number of Healthcare Waste Management Implementation Plans developed and adopted by health facilities generating healthcare waste in Samoa	At least 2 health facility have Healthcare Waste Management Implementation Plans developed and adopted. Baseline: 0% Target per FY: FY 23: 2 FY 24: 8 FY 25: 12 FY 26: 30 FY 27: 40	22,600	Unit Price: USD 11,300 for each new health facility Allocation per FY: FY 23: USD22,600 FY 24: 0 FY 25: 0 FY 26: 0 FY 27: 0
TOTAL AMOUNT		1,293,975	

B. Withdrawal Conditions; Withdrawal Period

1. Notwithstanding the provisions of Part A of this Section, no withdrawal shall be made:
 - (a) on the basis of DLRs achieved prior to the Signature Date;
 - (a) for any DLR under Category 1 through 8 until and unless the Recipient has furnished evidence satisfactory to the Bank that said DLR has been achieved; and/or
 - (c) For DLR 4.2 under Category 4, unless and until the Recipient has updated and adopted the Operational to include the requisite baseline, in form and substance acceptable to the Bank.
2. Notwithstanding the provisions of Part B.1(b) of this Section, the Recipient may withdraw an amount not to exceed US\$323,493 as an advance; provided, however, that if the DLR(s) in the opinion of the Bank, is/are not achieved (or only partially achieved) by the Closing Date, the Recipient shall refund such advance to the Bank promptly upon notice thereof by the Bank. Except as otherwise agreed with the

Recipient, the Bank shall cancel the amount so refunded. Any further withdrawals requested as an advance under any Category shall be permitted only on such terms and conditions as the Bank shall specify by notice to the Recipient.

3. Notwithstanding the provisions of Part B.1(b) of this Section, if any of the DLRs under Category (1) through (8) has not been achieved by the date by which the said DLR is set to be achieved, the Bank may, by notice to the Recipient: (a) authorize the withdrawal of such lesser amount of the unwithdrawn proceeds of the Financing then allocated to said Category which, in the opinion of the Bank, corresponds to the extent of achievement of said DLR, said lesser amount to be calculated in accordance with the Formula; (b) reallocate all or a portion of the proceeds of the Financing then allocated to said DLR to any other DLR; and/or (c) cancel all or a portion of the proceeds of the Financing then allocated to said DLR.

4. The Closing Date is December 31, 2027.

APPENDIX

Section I. Definitions

1. “Amendment Letter” means the letter amending the Original Financing Agreement between the Recipient and the Bank, to reflect revisions as a result of additional activities supported under this Agreement, dated on or about the Signature Date (Grant Number D527-WS).
2. “Annual Work Plan” means each of the consolidated annual work plans for the Program to be prepared or updated as provided for in Section I.E of Schedule 2 to this Agreement; and “Annual Work Plans” means, collectively, all such plans.
3. “Anti-Corruption Guidelines” means, for purposes of paragraph 2 of the Appendix to the Standard Conditions, the “Guidelines on Preventing and Combating Fraud and Corruption in in Program-for-Results Financing”, dated February 1, 2012, and revised July 10, 2015.
4. “Baseline” means, in respect of any DLR, the corresponding figure or percentage set forth in the second column of the table in Section IV.A.2 of Schedule 2 to this Agreement.
5. “Calendar Year” means the year commencing on January 1 and ending on December 31 of the same year.
6. “Category” means a category set forth in the table in Section IV.A.2 of Schedule 2 to this Agreement.
7. “Disbursement Linked Indicator” or “DLI” means in respect of a given Category, the indicator related to said Category as set forth in the table in Section IV.A.2 of Schedule 2 to this Agreement.
8. “Disbursement Linked Result” or “DLR” means in respect of a given Category, the result under said Category as set forth in the table in Section IV.A.2 of Schedule 2 to this Agreement, on the basis of the achievement of which, the amount of the Financing allocated to said result may be withdrawn in accordance with the provisions of said Section IV.
9. “Fiscal Year” means the Recipient’s fiscal year commencing on July 1 and ending on June 30.
10. “Formula” means the measure for calculating disbursements against any DLRs, as set forth in the fourth column of the table in Section IV.A.2 of Schedule 2 to this Agreement.

11. “HPAC” or “Health Program Advisory Committee” means the Recipient’s committee referred to in Section I.A(1)(a) of Schedule 2 to this Agreement, established and operating under the Ministry of Health.
12. “Ministry of Health” or “MOH” means the Recipient’s ministry responsible for health, or any successor thereto.
13. “National NCD Committee” means the Recipient’s committee referred to in Section I.A(1)(b) of Schedule 2 to this Agreement, established and operating under the Ministry of Health.
14. “NCD” means non-communicable disease; and “NCDs” means, collectively, all such diseases.
15. “Operations Manual” means the manual to be adopted by the Recipient for the Program referred to in Section I.D of Schedule 2 to this Agreement, as the same may be amended from time to time with the prior written approval of the Bank.
16. “Original Financing Agreement” means the agreement between the International Development Association and the Recipient dated February 28, 2020, of Grant No. D527-WS.
17. “Original Program” means the Program described in schedule 1 of the Original Financing Agreement.
18. “PEN” means the WHO’s package of essential tools for NCD control.
19. “PEN Fa’a Samoa” means the Recipient’s program, in collaboration with WHO, which focuses on community engagement for NCD control.
20. “PHC” means primary health care.
21. “Procurement Regulations” means, for purposes of paragraph 20 of the Appendix to the Standard Conditions, the “World Bank Procurement Regulations for IPF Borrowers”, dated November 2020.
22. “Program Action Plan” means the Recipient’s plan dated October 22, 2019 and referred to in Section I.C of Schedule 2 to this Agreement, as updated on February 6, 2023 and as may be amended from time to time with the agreement of the Association.
23. “SBS” or “Samoa Bureau of Statistics” means the Recipient’s agency responsible for statistics, which is established and operating pursuant to the Recipient’s Statistics Act 2015, or any successor thereto.

24. “School HEAL Program” is the Recipient’s healthy eating active living program operating under the public health cluster of the Ministry of Health, or any successor thereto.
25. “Signature Date” means the later of the two dates on which the Recipient and the Bank signed this Agreement and such definition applies to all references to “the date of the Grant Agreement” in the Standard Conditions.
26. “Standard Conditions” means the “International Bank for Reconstruction and Development and International Development Association Standard Conditions for Program-for-Results Financing Made by the Bank out of Trust Funds”, dated December 14, 2019.
27. “Unit Price” means, in respect of any DLR, the amount set forth in the fourth column of the table in Section IV.A.2 of Schedule 2 to this Agreement.
28. “Verification Protocol” means the protocol setting forth the actions and mechanism required for the verification of DLRs, as agreed with the Bank, dated October 22, 2019, as the same may be amended from time to time with the written agreement of the Bank.
29. “WHO” means the World Health Organization.