



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 15-Mar-2022 | Report No: PIDA33131

**BASIC INFORMATION****A. Basic Project Data**

Country Solomon Islands	Project ID P178250	Project Name Solomon Islands Covid-19 Emergency Response Additional Financing	Parent Project ID (if any) P173933
Parent Project Name Solomon Islands COVID-19 Emergency Response Project	Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 17-Mar-2022	Estimated Board Date 29-Apr-2022
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Solomon Islands	Implementing Agency Ministry of Health and Medical Services

Proposed Development Objective(s) Parent

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

Components

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

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

Total Project Cost	8.00
Total Financing	8.00
of which IBRD/IDA	5.00
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	5.00
IDA Grant	5.00



Non-World Bank Group Financing

Trust Funds	3.00
Health Emergency Preparedness and Response Multi-Donor Trust	3.00

Environmental and Social Risk Classification

Substantial

B. Introduction and Context

Country Context

1. **The Solomon Islands is a lower middle-income country comprised of just under 1,000 islands, grouped in nine provinces, with a total land area of 28,400 square kilometers scattered over 1.3 million square kilometers of the Pacific Ocean.** The country is prone to natural hazards and its population of about 652,848 is largely rural which creates a challenging service-delivery environment, including health-service delivery. Solomon Islands’ Human Capital Index score in 2020 was 0.42, meaning that a child born today is expected to be 42 percent as productive as he or she could have been with full health and education opportunities. This is before accounting for any impact that may have resulted from the COVID-19 pandemic.

2. **The COVID-19 situation in the Solomon Islands has worsened, with community transmission now widespread in the capital Honiara and in eight of the nine provinces.** As of February 27, 2022, the number of cases has increased from 20 cumulative cases (all contained in quarantine) up until December 2021 to 6,813 positive cases. The majority of the cases are in Honiara, which has been the epicenter of the outbreak, and case numbers in the provinces are fast increasing. With a COVID-19 vaccination rate of 32.1 percent (of the population 18 years and over fully vaccinated as of February 12, 2022), support for the vaccination rollout is much needed, but the available resources and support are now constrained by the need to focus efforts on the country’s response to managing the current outbreak. Solomon Islands remains under a state of public emergency, and travel into the country and between provinces has been limited except for cargo and essential services.

Sectoral and Institutional Context

3. **The COVID-19 vaccination campaign, in Solomon Islands, started in March of 2021 with a large supply of COVID-19 vaccines from COVAX and from bilateral agreements with donor countries.** Demand for the vaccine has been low (although it has increased since the outbreak in January 2022). As of February 12, 2022, 58.2 percent of the population 18 years and over have received partial vaccination (one dose) and 32.1 percent have received full vaccination (two doses). Vaccine hesitancy has been strong in the Solomon Islands and is largely driven by a few prominent health workers who are opposed to COVID-19 vaccines as well as by other cultural impediments such as superstitious and religious beliefs and misinformation circulated on social media. The Ministry of Health and Medical Services (MHMS), through its public health promotion team, continues to disseminate messages through radio, print media, social media, and television talk shows that dispute and discredit some of these myths and promote information around vaccinations. In November 2021, the SIG received its first doses of the Pfizer vaccine which have been earmarked for those of ages 12–17, for pregnant women, and for booster shots for health and frontline workers. A significant social



unrest, in late November 2021, disrupted the vaccine campaign and temporarily halted operations.¹ The vaccine campaign resumed in January 2022 as the unrest subsided.

4. **The MHMS requires support to identify the most vulnerable and at-risk population which has been challenging, particularly those that reside in rural and remote areas.** The most at risk include elderly people, people with disabilities and those with serious co-morbidity conditions. These persons are also most vulnerable to hostile climate and weather conditions. It is very unlikely that these populational groups would be able to travel to the fixed vaccine sites and therefore an outreach campaign will be needed. Thus, a strategic mode of delivery and outreach towards the most vulnerable and at-risk populations are needed so that no one is left behind.

5. **Much needed technical surge capacity is required to support the MHMS maintain delivery of core routine health services as well as managing COVID-19 preparedness and response efforts.** Additional technical surge capacity would support implementation of the preparedness and response plan, as well as the implementation of the National Deployment and Vaccine Plan (NDVP) and its Policy and to provide health systems strengthening of the MHMS. It is expected that a lead technical advisor will be supported under Component 1 of the project. The advisor will support the COVID-19 response efforts as well as the rollout of the COVID-19 vaccine across the country, provide technical expertise for developing and planning the establishment of the National Health Emergency Operations Centre (NHEOC) that will be established under the parent project, as well as supporting the MHMS in implementing the Public Health Emergency Bill once enacted (PHEB, particularly with training of frontline health workers).

C. Proposed Development Objective(s)

Original PDO (No Change)

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

Key Results

7. PDO-level indicators:

<u>Parent project</u>	<ul style="list-style-type: none"> • Number of suspected cases of COVID-19 reported and investigated per Ministry of Health and Medical Services approved protocol.
	<ul style="list-style-type: none"> • Number of acute healthcare facilities with isolation capacity.
<u>New</u>	<ul style="list-style-type: none"> • Percentage of vaccination coverage (eligible population, fully vaccinated).

8. A new PDO indicator is added *Percentage of Vaccination Coverage (fully vaccinated, disaggregated by sex)* to capture the proposed new activities and investments in COVID-19 vaccine deployment. This new indicator will measure overall progress in the coverage and deployment of the COVID-19 vaccines among the eligible population.

¹ A series of demonstrations and riots in Honiara began on November 24, 2021, resulting in violence, burning, and looting, particularly toward businesses in Honiara’s Chinatown district as well as a police station that was set on fire. Over 150 households and an estimated 1,000 people were affected. The SIG deployed its police, and at its request, Australia, Fiji, Papua New Guinea, and New Zealand provided additional police and defense support.



D. Project Description

9. **The Additional Financing (AF) will provide a grant in the amount of US\$5 million equivalent from IDA² and a grant in the amount of US\$3 million from the Health Emergency Preparedness and Response (HEPR) Multi-Donor Trust Fund.** The AF would support the costs of expanding the activities of the Solomon Islands COVID-19 Emergency Response Project (SIERP, P173933) under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2021. The primary objectives of the AF are to enable equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in the Solomon Islands through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project. The proposed AF does not include financing the acquisition of COVID-19 vaccines.³ The SIERP parent project in an amount of US\$5 million from IDA was approved on January 4, 2021, prepared under the SPRP.⁴ The parent project includes the components listed below.⁵ A detailed description of the project can be found in the original Project Appraisal Document (PAD) which can be found on the World Bank website.⁶

- Component 1 - Emergency COVID-19 Preparedness and Response (US\$1.3 million) provides immediate support to implement prevention, preparedness, and emergency response activities for COVID-19 in the Solomon Islands at all levels of health facilities and across all provinces.
- Component 2 - Health Systems Strengthening (US\$3.35 million) supports health systems strengthening activities to ensure continuity of delivery of critical health services and to cope with the surge in demand for care posed by COVID-19.
- Component 3 - Project Implementation Management, Monitoring and Evaluation (US\$0.35 million) supports the management and M&E of project activities and outputs.

10. **A restructuring of the parent project is proposed to extend the closing date of the parent project through to December 31, 2024, and to revise the Results Framework in line with the AF scale-up and new activities.** To facilitate implementation of the scaled-up activities, the addition of new vaccine deployment activities under the new Subcomponent 1.2, and the addition of new activities on human resource strengthening and policy under new Subcomponent 2.2, it is proposed that the parent project grant IDA-D6280 (SDR 1.8 million, US\$2.5 million equivalent) and credit IDA-66330 (SDR 1.8 million, US\$2.5 million equivalent) are extended to December 31, 2024. The Results Framework of the parent project will also be adjusted to reflect the expanded scope and new activities proposed under the AF. Further, one of the existing intermediate indicators will be modified to monitor the 21 percent climate co-benefit financing that was estimated at the approval of the parent project. As the new activities are aligned with the existing PDO, the PDO will remain unchanged. The parent project components will be subdivided into new subcomponents to capture the scale-up activities and new project activities separately.

² National Performance Based Allocation IDA Grant.

³ The country has sufficient supply of vaccines received from bilateral partners and under the COVAX facility. Further details on vaccine supply are provided later in this document.

⁴ URL: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/987001612192895863/solomon-islands-covid-19-emergency-response-project>

⁵ The project's components and activities were designed to support critical gaps identified through the SIG Consolidated National Preparedness and Response Plan for COVID-19 (issued on March 12, 2020, and subsequently updated on August 27, 2020, as the Phase 2 plan) and complemented activities committed by other DPs.

⁶ <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/987001612192895863/solomon-islands-covid-19-emergency-response-project>.



(i) Proposed New Activities

Component 1 - Emergency COVID-19 Preparedness and Response (US\$5.26 million - US\$2.26 million IDA and US\$3 million HEPR)

11. **Subcomponent 1.1 - Support for General Health Response to COVID-19 (US\$2.26 million IDA).** The additional financing from the IDA grant will support a scale-up of all Component 1 parent project activities, including (a) improving infection prevention and control measures by providing PPE to frontline health workers, as well as necessary supplies and consumables, including test kits and laboratory consumables; (b) enhancing case detection, confirmation, and contact tracing capabilities; (c) upgrading quarantine facilities and isolation units to prepare for potential surge in demand to separate people who are ill with symptoms of COVID-19 and/or have tested positive; (d) mobilizing contractual health care workers to respond to a surge in demand for health care services; and (e) supporting general operating expenses for the response, including gender-based violence (GBV) support in quarantine facilities and GBV messaging in all forms of community health outreach as part of the emergency response.

12. **New Subcomponent 1.2 - Support to COVID-19 Vaccine Deployment (US\$3 million HEPR) is added to capture all new vaccine deployment activities and is fully funded by the HEPR Program grant.** It comprises HR costs for vaccine deployment, transport support for vaccine deployment (including boats and vehicles), demand generation and communication (covering outreach, risk communication, and community engagement), and the operational costs associated with vaccine deployment. Activities that will be included as part of the MHMS communication strategy are (a) updating and revising all communication, educational, and guidance documents on the COVID-19 vaccine and its rollout for public health partners who will be on the front lines with respect to prevention and control measures and also communicating with other stakeholders such as community leaders, religious leaders, and provincial leaders; (b) ramping up social and traditional media monitoring and sharing internally, including with relevant partners to counter misinformation, misleading materials, rumors, counterfeit information, and myths; and (c) supporting the implementation of the media relations and public outreach plan on keeping the public informed on all aspects of the COVID-19 situation in the country.

Component 2 - Health Systems Strengthening (US\$2.28 million IDA)

13. **Subcomponent 2.1 - Support for Health Infrastructure Development (US\$1.95 million IDA).** The additional financing from the IDA grant will support a scale-up of all Component 2 parent project activities including (a) providing additional infrastructure and rehabilitation activities in the provincial hospitals; (b) enhancing health care waste management by financing energy-efficient incinerators, transport for waste disposal, and training in health care waste management; (c) upgrading the national medical storage facility by financing the refurbishment of the warehouse and training of staff; (d) supporting the MHMS by establishing a national health emergency coordination center (NHEC) by financing upgrading and repurposing of existing building (Zome) currently used as temporary accommodation for health care workers; and (e) training health care workers on infection prevention and control, GBV response, waste management, surveillance, and warehouse management. Under Component 2, the additional IDA grant will also scale up support for the training of frontline health workers to enhance their knowledge and capacity to identify GBV cases and appropriately handle disclosures and refer patients for additional services. This includes essential training modules for frontline health sector workers on identifying, treating, and referring GBV survivors to medical professionals (using the WHO training manual) into existing COVID-19 or other health care trainings, as well as integrating GBV messaging in all communication and community health outreach under the emergency response.



14. **New Subcomponent 2.2 - Strengthen Human Resource Systems and Policy (US\$330, 000 IDA) is added to support the review of the RDP (health services and HR systems) and implementation of PHEB once enacted, particularly training of frontline health workers.** As described earlier, the pandemic has affected the provision of routine health services and derailed efforts to achieve UHC. There is a need to assess how to get this back on track, including through reviewing the RDP, which was a framework designed on how health services are organized and delivered to achieve UHC. The AF will support assessments of the service packages at the different levels of lower-level facilities and ascertain the extent to which the RDP has/has not been implemented. This will help identify any gaps that need to be addressed to ensure equitable delivery of health services to the provinces and the rural population. Once enacted, the AF will support the MHMS in training and awareness of the PHEB, particularly training of frontline health workers.

Component 3 - Project Implementation Management, Monitoring and Evaluation (US\$470,000 IDA)

15. The additional financing from the IDA grant will support the parent Project Management Unit (PMU) to manage the scale-up of existing and new activities as well as M&E requirements over the extended period. Key activities under the parent project include (a) financing of interim support from an existing World Bank project’s PMU; (b) support for establishing a PMU in the MHMS through contracting fiduciary staff, among others; (c) capacity building for project management, FM, procurement, E&S management, training on climate change and sharing lessons learned on climate change, M&E, and reporting; (d) sharing of lessons learned from response exercises and joint learning with other Pacific countries; and (e) financing of operating expenses. M&E will be implemented in coordination with the technical departments responsible for implementing activities using the agreed M&E tools.

Legal Operational Policies	
	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No
Summary of Assessment of Environmental and Social Risks and Impacts	



16. **The Parent Project is expected to have long term positive environmental impacts.** It should improve COVID-19 surveillance, monitoring, treatment and containment as well as medical waste management. The scaled-up activities financed by the AF are expected to further enhance these positive impacts.

17. **In the short-term, the environmental risks associated with the Parent Project are Substantial.** These risks remain Substantial for the AF. Waste management, and particularly healthcare waste management, has been identified as a key risk for the parent project and AF. The other main environmental risks identified are: (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) the occupational health and safety (OHS) issues for medical staff and employees related to the treatment of COVID-19 patients; and (iii) health and safety issues related to the handling, transportation and disposal of hazardous and infectious healthcare waste. This includes waste resulting from vaccine delivery such as sharps and the disposal of expired vaccines iv) construction E&S impacts. Civil works will be undertaken for the renovation and expansion of ICU capacity within existing facilities, renovation of the medical store and other health facilities in seven provinces. Works will be completed at 7 provincial hospital (5 of which were included under the parent project and 2 of which are new sites). All civil works will take place on existing hospital grounds or other government owned sites, and environmental risks associated with these works are expected to be minor and readily mitigated.

18. **To mitigate the above-mentioned risks, MHMS has prepared, consulted and disclosed an Environmental and Social Management Framework (ESMF) that covers the environmental and social mitigation measures to be implemented for the various proposed activities,** including installation or refurbishment of isolation facilities, hospital renovations and rehabilitation, health care waste management, infectious disease prevention and control activities, etc. Mitigation measures are largely based on WHO technical guidance on COVID-19 response, World Bank EHS Guidelines and other GIIP, including an elaboration of roles and responsibilities within the MHMS, training requirements, timing of implementation and budgets. Procurement of goods (purchase of medical equipment, etc.) was initiated as soon as the project was approved. The ESMF includes a Code of Environmental Practice (CoEP) for minor civil works (installation of isolation units, hospital renovations/rehabilitations, upgrade of the national medical store); Infection Prevention and Control and Waste Management Plan (IPC&WMP) for all facilities including laboratories, medical centers and isolation facilities; LMP to ensure proper working conditions and management of worker relationships, occupational health and safety, and to prevent sexual exploitation and abuse and sexual harassment (SEA/SH).

19. **The social risks associated with the Parent Project are considered Substantial.** These risks remain Substantial for scaled up activities under the AF. While some social risks and impacts are significant, they are considered temporary, predictable, and readily managed through project design features and mitigation measures. No land acquisition or involuntary resettlement impacts are expected. All Parent Project and AF activities will be conducted within existing government facilities/grounds and no new land will be acquired or accessed. A key social risk is the potential for inequitable access to project supported facilities and services, particularly for vulnerable and high-risk social groups such as people living in poverty or outside their traditional communities, isolated communities/groups, people with disabilities, older adults especially those living in high risk situations, and groups with comorbidities or health states that are considered high risk of severe disease or death. Real or perceived inequities also have the potential to lead to social tensions, conflict and civil unrest. To mitigate this risk MHMS in the ESCP, has committed to ensure access to and allocation of project benefits in a fair, equitable and inclusive manner, taking into account the needs of individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable including, as relevant, with regards to vaccines. The deployment of a COVID-19 vaccine presents social risks concerning access to, and the health and safety of the vaccine.



20. **These risks will be assessed and appropriate mitigation measures included in the updated ESMF.** MHMS is committed, through the ESCP, to providing sufficient evidence of vaccine safety and efficacy before vaccine deployment. While protecting the health of communities from infection with COVID-19 is a central part of the project, without adequate controls and procedures, project activities ranging from medical facility operation through to on-ground public engagement exercises have the potential to contribute to virus transmission and other community health and safety issues. Some project activities also present increased health and safety risks for project workers, particularly those working in medical and laboratory facilities. Clear communication of risks and prevention measures will be included within training and stakeholder engagement activities. Social risks associated with the Parent Project and AF are addressed through the project’s ESMF, Stakeholder Engagement Plan (SEP) (including a Grievance Mechanism - GM) and Labor Management Procedure (LMP), in line with the WB’s ESF and the WHO COVID-19 WHO guidance tools for COVID-19 preparedness and response. The SEP dated 4 February 2022 has been re-disclosed on MHMS’ website. The LMP dated 4 February 2022 has also been updated to include details of the AF and was redisclosed.

21. **The project will promote the avoidance of sexual exploitation and abuse/ sexual harassment (SEA/SH) by implementing the WHO Code of Ethics and Professional Conduct for all workers, for activities that include civil works, as well as the provision of gender-sensitive infrastructure** such as segregated toilets. The Project will ensure that quarantine and isolation centers are operated effectively throughout the country, including in remote areas, including GBV support in quarantine facilities. MHMS has committed in the Project ESCP to engage a GBV specialist to ensure quality messaging of the risk of GBV which will include a communication campaign in all forms of community health outreach in all phases of the emergency response. All training for healthcare workers will include a module on the identification and management of GBV cases.

E. Implementation

Institutional and Implementation Arrangements

22. **The MHMS will remain as the project’s implementing agency.** A PMU has been established under the leadership of the Deputy Secretary Corporate. The PMU is responsible for the day-to-day management of the project, including financial management (FM), procurement, environmental and social (E&S) safeguards and risk management, preparation and monitoring of the annual work plan and budget, and M&E. Given the increased scope of the proposed activities under the AF, the PMU will be scaled up to ensure adequate implementation support which includes financing a public health specialist and a vaccine specialist to support the MHMS with the planning and implementation of the COVID-19 vaccine rollout. As part of support for the COVID-19 vaccine deployment, the PMU will work closely with the COVID-19 vaccine technical working group that has been established to manage the country’s vaccine rollout. This technical working group consists largely of the MHMS staff that are part of the national immunization program and complemented with support from other development partners.

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APPROVAL

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