



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 22-Jun-2020 | Report No: PIDA29205

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

Country Trinidad and Tobago	Project ID P173989	Project Name Trinidad and Tobago: COVID-19 EMERGENCY RESPONSE PROJECT	Parent Project ID (if any)
Region LATIN AMERICA AND CARIBBEAN	Estimated Appraisal Date 09-Jun-2020	Estimated Board Date 09-Jul-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Trinidad and Tobago	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

The Project Development Objective (PDO) is to detect and respond to the threat posed by COVID-19 and to strengthen the national health system for the emergency response to the COVID-19 pandemic.

Components

Emergency COVID-19 Response Efforts
Project Management and Monitoring

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

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

DETAILS**World Bank Group Financing**

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



Substantial

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

MPA Program Context

1. An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spread across the world. As of June 15, 2020, the outbreak had resulted in an estimated 7.6 million cases and over 400 thousand deaths in 215 countries.

2. COVID-19 is one of several emerging infectious diseases outbreaks in recent decades that have emerged from human contact with animals, resulting in major outbreaks with significant public health and economic impacts. The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use¹ and pre-existing chronic health problems that make viral respiratory infections particularly dangerous.² With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83 to 98 percent of patients develop a fever, 76 to 82 percent develop a dry cough and 11 to 44 percent develop fatigue or muscle aches. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7 percent of the people worldwide confirmed as having been infected have died, World Health Organization (WHO) has been careful not to describe that as a mortality rate or death rate. This is because during an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries in order to minimize the global risk and impact posed by this disease.

3. This Project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FCTF).

¹ Marquez, PV. 2020. "Does Tobacco Smoking Increases the Risk of Coronavirus Disease (Covid-19) Severity? The Case of China." <http://www.pvmarquez.com/Covid-19>

² Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." *New Eng J of Medicine*, DOI: 10.1056/NEJMe2002387



Country Context

4. Trinidad and Tobago (TTO) is a high-income economy with a population of 1.4 million. TTO's GNI per capita rose from less than US\$4,000 in the early 1990s to about US\$16,550 in 2018. As a small island state economy, TTO is vulnerable to exogenous shocks and disproportionately affected by the COVID-19 pandemic. The economic fortunes of the twin-island Republic have been mostly tied to exogenous factors, especially global oil and gas prices. While Trinidad's economy is mainly based on the energy sector, the much smaller island Tobago (with a population of just about 60,000 according to the last census in 2011³) strongly relies on tourism, fishing and the government sector. After expanding at an annual average rate of 7.8 percent between 1995 and 2007, the country's economy has been on the decline due to developments in the global energy sector. Notably, real GDP contracted on average by 2.2 percent between 2016 and 2019. The economy is expected to decline in 2020 given disruptions in the global energy and tourism sectors. The fallout in economic activities and increased spending to contain and mitigate the impact of the pandemic on livelihoods is expected to impair the already weak fiscal position and increase indebtedness.

5. With a Human Capital Index (HCI) Score of 0.61, TTO ranks in the second quartile of countries regarding its ability to mobilize the human capital potential of the country's citizens, but has worse health outcomes than comparably ranked countries. In comparison to countries with a similar HCI Score⁴, TTO performs well with respect to the number of learning-adjusted years of school that children complete (9.1 years) and harmonized test scores that students achieve (a score of 458), but it performs poorly regarding the adult survival rate until ages older than 60 (83 percent) and the probability of survival until age five (97 percent). In addition, issues with data quality and timeliness limit the ability to assess distributional issues and the effectiveness of surveillance and policymaking in the country⁵. The latest household survey data is from 2012⁶, when the head-count ratio of poverty stood at 3.5 percent and extreme poverty at 1.3 percent.

Sectoral and Institutional Context

6. The life expectancy at birth in TTO has increased from 70 to 73 years from 1990 to 2017⁷ and TTO's population has been aging steadily over the same time period. In 2018, it was estimated that 13.4% of the population was over 60 years old⁸. Reflecting the population's age profile, TTO has among the highest prevalence rates in LAC for many non-communicable diseases, including diabetes, hypertension, asthma and selected cancers, which are underlying factors for high morbidity and mortality due to COVID-19, especially among the elderly⁹. The prevalence of heart disease in TTO (289 per 100,000

³https://www.undp.org/content/dam/trinidad_tobago/docs/DemocraticGovernance/Publications/TandT_Demographic_Report_2011.pdf

⁴ Countries with a HCI Score of 0.60-0.62: Albania, Bosnia and Herzegovina, Costa Rica, Malaysia, Montenegro, Oman, Argentina, Georgia, Mexico, Qatar, Trinidad and Tobago, Azerbaijan, Ecuador, Romania, Thailand, Uruguay.

⁵ Trinidad And Tobago 2018 Article IV Consultation, IMF Country Report No. 18/285.

⁶ Central Statistics Office of Trinidad and Tobago.

⁷ World Development Indicators, retrieved on May 03, 2020.

⁸ https://cso.gov.tt/cso_statistics/mid-year-estimates-of-population-by-age-group/

⁹ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>



population) is double that in North America and with a diabetes prevalence rate of 14.5 percent of the population, TTO ranks second among all countries in the Americas¹⁰. The demographic and health profiles of the population hence puts TTO at a higher risk of experiencing an elevated number of cases that become severe or result in death than other countries in the region with younger populations and a lower burden of disease¹¹.

7. Access to public healthcare services in TTO is free of charge, but out-of-pocket expenditures for healthcare make up about 40% of total health expenditure (for the use of private healthcare services and medicines), indicating limitations in the benefit package. While the Ministry of Health (MOH) is responsible for financing, regulation, and governance; monitoring of population health; setting policies; and enacting legislation, the delivery of services in the public sector has been decentralized to five Regional Health Authorities (four in Trinidad and one in Tobago). About 70% of the population primarily use public health services, while the other 30% primarily frequent private providers¹². Public health care services are delivered through a network of 96 health centers. Accounting for the recent completion of three major hospital projects, there is a ratio of 3.1 beds per 1,000 population, significantly higher than the 2.2 beds per 1,000 population in LAC. However, human resource density is at 1.8 physicians and 3.5 nurses and midwives per 1,000 people, versus the lower LAC average of 2.1 physicians and 4.7 nurses and midwives per 1,000 people. While TTO has an adequate normative framework for health emergencies with the highest possible International Health Regulation (IHR) compliance and a Global Health Security (GHS) Index¹³ Score of 100¹⁴, there are significant gaps in terms of medical countermeasures and personnel deployment (0 score since basic measures are not in place/information is not available), access to healthcare (score of 27), and the general capacity to prevent (score of 28), detect (score of 14) and respond (score of 43) to health emergencies. There is a significant vulnerability of the system in regard to management of zoonotic diseases (score of 8.6, ranked 138 of 195 countries) and laboratory systems (score of 16.7, ranked 161 of 195 countries), two areas that the Project will support.

8. TTO reported its first case of COVID-19 on March 12, 2020¹⁵. On March 22, the country closed its borders to everyone including TTO nationals and health workers. Despite being a twin-island state, TTO is at high risk for the spread of COVID-19 due to a high volume of travel: intra-country for education and employment; inter-regional, serving as a hub for Caribbean Community (CARICOM) regional travel; and internationally to North America, mainly with New York, one of the pandemic hotspots in the United States.¹⁶ As of June 9, 2020, there have been 117 cases of COVID-19 detected in TTO and eight deaths from COVID-19. Finally, on May 9, the Government of the Republic of Trinidad and Tobago (GoRTT) announced a six-phase reopening plan for the country.¹⁷ As of June 8, the country entered phase four of

¹⁰ Hospedales, C. James. Burden of the NCD Epidemic in the Caribbean: Implications for Universal Health Coverage, Presentation UHC Meeting, October 22-23, 2012 NCD Prevention & Control, PAHO/WHO.

¹¹ United Nations, Policy Brief: The impact of COVID-19 on older persons, May 2020.

<https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-The-Impact-of-COVID-19-on-Older-Persons.pdf>

¹² The World Bank, 2018 Public Expenditure Review

¹³ Global Health Security Index. Retrieved on May 14, 2020.

¹⁴ The Global Health Security Index is expressed a percentage, where 100% is the highest score possible for a given category and 0% is the lowest.

¹⁵ Ministry of Health Media Release Update # 106 April 15, 2020. <http://www.health.gov.tt/>

¹⁶ *Becoming an Immigration Magnet: Migrants' Profiles and the Impact of Migration on Human Development in Trinidad and Tobago*, UN Migration IOM, <http://www.acpmigration-obs.org/TnTImpactstudy>

¹⁷ In phase 1 (May 11-23), some businesses were allowed to reopen such as food establishments, restaurants, vendors, and



the reopening plan, triggering the full reopening of public sector activities.

9. TTO has drafted a comprehensive COVID-19 Preparedness and Response Plan, which is aligned with the WHO's Strategic Preparedness and Response Program (SPRP). The Plan is aimed at reducing serious illness and overall deaths and at minimizing societal disruption among citizens of TTO as a result of the pandemic. The plan has guided the multisectoral response to address the public health and socioeconomic challenges resulting from the pandemic and recognizes the following vulnerable populations' needs including: the elderly, the impoverished, the health workforce, migrants, differently abled and socially displaced, children and youth. The Government has requested financial support from the WBG to support the appropriate and timely implementation of key activities under its Preparedness and Response Plan, including the provision of specific supplies to contain and mitigate the epidemic through early detection and for an adequate treatment of COVID-19 patients to minimize the morbidity and mortality from COVID-19. Regardless of the country's high-income status, the role of health as a global public good reinforces the importance of supporting the country's response to the pandemic to limit the spread of the disease.

10. The National Task Force (NTF) that guides and oversees the response to COVID-19 includes a representative of the Tobago House of Assembly (THA) to ensure that the COVID-19 response takes into account the smaller island's needs. The NTF is a multi-sectoral committee that is chaired by the Chief Medical Officer from the MOH. It has the mandate to lead the development and implementation of integrated and multisectoral activities and to monitor and evaluate those activities for the COVID-19 response. It reports to the Ministers of Health and of National Security. The THA is the autonomous legislative body responsible for the island of Tobago which was established in 1980 to rectify some of the disparities between the two islands. As in the case of all national health projects and initiatives, all RHAs including the Tobago RHA are included in the operational planning to ensure that each RHA's needs get considered.

11. The MOH is implementing a two-pronged strategy for the prevention of and response to COVID-19: i) contain imported cases of the disease and ii) isolate the treatment of COVID-19 patients and the support for those patients that tested positive but do not require inpatient care from the rest of healthcare provision. Identification, isolation and quarantining of positive cases have been supplemented by an increase in the Government's contact tracing capacity. The Government of TTO is also faced with the need to expand testing. Providing facilities for the isolation of recovering patients is an important aspect of the strategy for treatment and care. The strategy is being complemented by extensive public communications to increase social awareness about the COVID-19 epidemic and planned behavior change communications. In addition, the response to COVID-19 includes an emphasis on the mental health of patients, the health care workforce and the general population, including attention to gender-based violence.

12. The MOH is in charge of the nationwide coordination of surveillance, control and treatment

hardware stores, with restricted operating hours and social distancing rules. In phase 2 (May 24-May 31), the manufacturing sector will be reopened, and public sector construction can resume. In phase 3 (June 1-7), all public servants will return to work with flexible schedule where possible, and private sector construction can recommence. In phase 4 (started on June 8), malls and beaches will be reopened, and cinemas will be reopened in phase 5. In phase 6, the country's borders are expected to be reopened. Schools will remain closed until September.



activities and works in close collaboration with the Regional Health Authorities¹⁸ (RHAs), the County/Regional Corporations (local government), and International partners such as PAHO/WHO, the United Nations Development Programme (UNDP), and the Interamerican Development Bank (IDB). The response to the pandemic has prompted the authorities to reprioritize the government budget towards the health sector¹⁹ and also mobilize additional support from international partners.

13. While the IDB has been supporting the health sector broadly and also provides the MOH with support for its COVID-19 response plan, the proposed WBG Project will add value by offering additional options to procure needed equipment and supplies. The existing IDB investment project (with Number TT-L1039) has a comprehensive focus through its objective of strengthening the organizational and institutional capacity of the health system to address the challenges of the sector. As a response to the COVID-19 pandemic, the IDB Project also provides funding to the MOH for the procurement of medical equipment and supplies. Despite this existing support of the GoRTT's Response Plan through another multilateral development bank, the proposed WBG Project does not only provide needed additional financing but also added value by opening up more options to procure needed medical equipment and supplies in a context of a distressed global market and supply chains. In particular, the IDB Project only allows for the procurement of goods from IDB member countries, whereas the WBG Project is not subject to this constraint and allows the GoRTT to tap other important supplier markets. Also, as an important fast track measure the WBG Project offers the use of Bank-facilitated Procurement (BFP) to the GoRTT to facilitate the direct contracting with manufacturers and suppliers and expediate sourcing and contracting.

14. As a small island state in the Caribbean, TTO's ability to respond to COVID-19 can be exacerbated by the observed and anticipated impacts of climate change. Climate projections indicate a rise in mean annual temperature of 1.5 degrees Celsius by 2050, changes in precipitation patterns and a rise in sea levels. As a Caribbean Small Island Developing State (SIDS), it is also vulnerable to other expected impacts of climate change, such as increased frequency and intensity of tropical storms and hurricanes, hillside erosion and loss of coastal land. These climate impacts have clear links to human health through direct exposure (e.g. heat waves, floods and droughts) as well as indirect pathways (climate impacts on water, food and air quality). TTO's most vulnerable populations are at particular risk from these impacts, and the emergency of COVID-19 as well as the exposure to climate change impacts is exacerbating currently observed risks and vulnerabilities²⁰.

C. Proposed Development Objective(s)

15. The Project objective is aligned with the results chain of the COVID-19 SPRP.

Development Objective(s) (From PAD)

The Project Development Objective (PDO) is to detect and respond to the threat posed by COVID-19 and to strengthen the national health system for the emergency response to the COVID-19 pandemic.

¹⁸ Regional Health Authorities - as established through Act No. 5 of 1994 - are semi-autonomous from the MOH and function as the agencies in charge of service provision and oversight at the local level.

¹⁹ <https://www.opm.gov.tt/post-cabinet-media-briefing-thursday-26th-march-2020/>

²⁰ Sources: Climate Change Knowledge Portal; Trinidad and Tobago's Intended National Communication to the UNFCCC.



D. Project Description

16. The proposed Project has two components to support the Government's capacity to detect and respond to the threat posed by COVID-19. Specifically, it will support the identification and treatment of patients with COVID-19 to minimize disease spread, morbidity and mortality.

17. **Component 1: Emergency COVID-19 Response Efforts (US\$19.75 million).** This component will provide immediate support to the National COVID-19 Preparedness and Response Plan through the procurement of key medical equipment and supplies for the detection and treatment of COVID-19. The component will finance critical inputs for infection control in health facilities as well as the investigation of suspected cases (see the description under the Sub-Components). The Component will finance safe working conditions for health staff treating COVID-19 patients through the provision of PPE, training on their safe use and disposal, training on the safe operation of equipment for the treatment of COVID-19 patients, pharmaceutical products for the response to COVID-19 and vaccines (if any become commercially available during Project implementation). The activities under this Component will prioritize energy-efficient goods and services and ensure the use of climate-smart technologies in medical supplies and medical devices to treat COVID-19 cases.

18. **Sub-Component 1.1: Strengthening Case Detection and Recording.** This sub-component will finance laboratory equipment, training on the correct use of lab equipment, as well as supplies, test kits and reagents for the diagnosis of COVID-19 including community testing. The activities and items financed under this Sub-Component will allow scaling up the testing capacity of the country's public laboratory network. Procurement under this subcomponent will prioritize, when possible, the use of climate-smart technologies.

19. **Sub-Component 1.2: Strengthening Case Treatment.** This sub-component will support efforts to strengthen the health care system's capacity to provide a comprehensive range of services for the treatment and care of COVID-19 patients, according to WHO clinical practice guidelines. This subcomponent will finance as needed: (i) essential equipment for disinfection and sterilization procedures including medical supplies, and supplies to ensure safe hospital waste management practices; (ii) key health care delivery inputs, including personal protective equipment and other medical supplies for frontline health workers involved in patient case management; (iii) training of health staff on appropriate clinical care for COVID-19 patients, infection control, and the safe disposal of medical waste and (iv) medicines, vaccines (if any become available) and (vi) equipment for the treatment of COVID-19 patients.

20. By incorporating observed and anticipated climate change risks into sub-components 1.1 and 1.2 (including through the provisions of climate-smart technology, training of health facility staff and front-line workers that will also cover wider risk mitigation measures including those related to climate change, and strengthening disease detection capacity for COVID-19), will also improve the resilience of the health care system and the ability to be better prepared to respond to other health threats in the future, including climate related ones.

21. **Component 2: Project Management and Monitoring (US\$0.25 Million).** This Component will finance the required operational costs of strengthening the Project Implementation Unit (PIU) established for an existing IDB Health Project at the MOH that will be in charge of overall Project implementation and supervision. The main activities of PIU staff to ensure successful Project implementation include: (i) FM,



facilitation of the procurement of items through UNDP or BFP, (ii) environmental and social framework requirements; and (iii) monitoring and evaluating the Project in line with the Results Framework.

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

22. This emergency response project focuses on the detection and treatment of COVID-19 cases. The project is likely to have positive environmental and social outcomes since it will support improving surveillance, monitoring and containment of the COVID-19 outbreak. However, the project could also cause substantial environment and social risks, including the following identified risks: (i) occupational health and safety (OHS) risks of medical professionals, laboratory technicians and other supporting staff involved in the testing and handling of supplies and cleaning of medical facilities; (ii) environmental pollution and community health and safety issues related to the handling, transportation and disposal of healthcare waste; and (iii) limited access of marginalized and vulnerable social groups including migrant workers to facilities and services.

23. Five (5) Environmental and Social Standards (ESSs) of the World Bank Environmental and Social Framework (ESF) are relevant for the project. These are ESS1 Assessment and Management of Environmental and Social Risks and Impacts, ESS2 Labor and Working Conditions, ESS3 Resource Efficiency and Pollution Prevention and Management, ESS4 Community Health and Safety, and ESS10 Stakeholder Engagement and Information Disclosure. A Draft Environmental and Social Commitment Plan (ESCP) has been agreed with the Government, which sets out actions (with adequate resources allocation) required for managing environmental and social risks and impacts at appropriate times during project implementation.

24. An Environment and Social Management Framework will be prepared within thirty (30) days of Project Effectiveness to manage environmental and social risks following the provision of relevant environmental and social standards of the World Bank’s ESF. The ESMF will include screening of infection prevention and healthcare waste management, standard provisions for workers and communities health and safety and capacity strengthening for social, environment, health and safety management. In the absence of the final ESMF, the MoH has prepared an Interim Environmental and Social Guidance document, which provides reference to the international standards that need to be followed in project implementation to deal with COVID-19 risks and challenges until an ESMF is prepared and approved.

25. A Draft Stakeholder Engagement Plan (SEP) has been developed to ensure that stakeholders are informed about project risks and mitigation measures, information is disclosed properly, communities and local government units are engaged, and social preparation has taken place for areas that will host isolation



and quarantine cases. The SEP will be implemented in a way that takes into consideration specific circumstances for vulnerable groups, and their localities and ways of information dissemination and conducting consultations while communities or households may be in quarantine or physical distancing restrictions. The SEP describes a grievance redress mechanism by which people can raise concerns, provide feedback, or make complaints about project related activities. The ESCP and SEP were disclosed on the World Bank's website on June 14, 2020, and they will be disclosed on the website of the Ministry of Health by negotiations. The SEP and the ESCP will be revisited during project implementation to further tailor them to the needs and requirements of the project based on the detailed assessment of environmental and social risks conducted for the preparation of the ESMF.

26. In addition, the Project will ensure the application of OHS measures as outlined by WHO to reduce the risk of contagion which will be captured in labor management procedures (LMP) included in the Guidelines to be prepared, and which will include paid sick leave for project workers.

27. The project includes the provision of capacity development to reduce the risk of further spread of COVID-19 from use of medical facilities. Under Component 1 of the project, health care professionals will receive training on personal protective equipment (PPE) use and training related to the COVID-19 pandemic. The medical equipment and supplies financed under Component 1 will also require that staff and any contractor be trained in their use and receive any certification required. The LMP will also include a GRM for project workers

E. Implementation

Institutional and Implementation Arrangements

28. The MOH will have overall implementation responsibility for the proposed Project. The PIU responsible for implementing the project activities is the PIU established for the Inter-American Development Bank's (IDB) Health Services Support Program²¹. It has been agreed with the client that most of the procurement will be contracted out through a UN agency (see below paragraphs). The PIU reports directly to the Permanent Secretary (PS) of the Ministry of Health. The PS will establish a committee/task force consisting of the Chief Medical Officer, the Principal Medical Officers for Epidemiology and Institutions as well as other technical leads to provide oversight for the Project within 30 days of Project effectiveness. This committee/task force will also guide the relevant departments within the MOH and the Regional Health Authorities (RHAs) which are involved in the implementation of the Project. The role of RHAs in project implementation consists of formulating procurement needs to be financed by the Project, providing data and information for the Project's performance measurement through the Results Framework and supervising that procured items are used properly.

29. Fiduciary, M&E, Environmental and Social Framework responsibilities. All fiduciary and social and environmental framework responsibilities for the proposed Project are with the MOH, but the project implementation will be assigned to an existing IDB-financed project PIU at the MOH. The PIU is headed by a designated Technical Director who is responsible for the overall operation of the PIU and reports to the

²¹ Project Number: TT-L1039



Permanent Secretary of the MOH. The PIU already includes a Financial Management Specialist, a Procurement Specialist, a Monitoring and Evaluation Specialist and an Administrative Assistant. The PIU will be strengthened through the hiring of four experts within 30 days of Project effectiveness: a project manager in charge of overseeing the implementation of the proposed Project, and for monitoring and evaluation and reporting; and specialists for financial management (one specialist), procurement (one specialist) and social and environmental specialist (one specialist to supervise both areas). The staff hired for the WBG Project will form a sub-unit of the PIU led by the project manager.

30. Technical responsibilities. The PIU will rely on the technical units of the MOH and technical planning, implementation, and supervision of the Project will be the responsibility of the Office of the Chief Medical Officer at the MOH. The MOH will be coordinating health-related technical aspects of project implementation with the five Regional Health Authorities and with UN agencies. Relevant technical units at the MOH will inform the PIU of all required actions and activities during project implementation to ensure adequate procurement.

31. The Government will contract UNDP to undertake most aspects of procurement using appropriate standard forms between the GoRTT and UNDP. The MOH has a long history of collaboration with UNDP on health care delivery services. An Operational Manual for the Project will be prepared within one month of effectiveness.

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