



RESTRUCTURING PAPER
ON A
PROPOSED PROJECT RESTRUCTURING
OF
STRENGTHENING PRIMARY HEALTH CARE AND SURVEILLANCE IN HAITI
APPROVED ON MAY 16, 2019
TO
REPUBLIC OF HAITI

HEALTH, NUTRITION & POPULATION

LATIN AMERICA AND CARIBBEAN

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ABBREVIATIONS AND ACRONYMS

AWP	Annual Work Plan
CDC	Center for Diseases Control
CERC	Contingent Emergency Response Component
CFA	Co-Financing Agreement
CHP	Community Health Program
CHWs	Community Health Workers
FY	Fiscal Year
GF	Global Fund to Fight Aids, Tuberculosis, and Malaria
GFF	Global Financing Facility
GRM	Grievance Redress Mechanism
IDA	International Development Association
ISR	Implementation Status Report
MSPP	Ministry of Public Health and Population (<i>Ministère de la Santé Publique et de la Population</i>)
OPCS	Operations and Country Services
PASMISSI	Improving Maternal and Child Health through Integrated Social Services Project (<i>Projet d'Amélioration de la Santé Maternelle et Infantile au travers de Services Sociaux Intégrés</i>)
PDO	Project Development Objective
PHC	Primary Health Care
PIU	Project Implementation Unit
PROSYS	Strengthening Primary Health Care and Surveillance Project (<i>Projet de Renforcement des Systèmes de Santé Primaires et de la Surveillance</i>)
RBF	Results-Based Financing
TA	Technical Assistance
WB	World Bank



BASIC DATA

Product Information

Project ID P167512	Financing Instrument Investment Project Financing
Original EA Category Partial Assessment (B)	Current EA Category Partial Assessment (B)
Approval Date 16-May-2019	Current Closing Date 31-Dec-2024

Organizations

Borrower Republic of Haiti	Responsible Agency Ministère de la Santé Publique et de la Population
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Project Development Objective (PDO)

Original PDO

The PDO of the proposed Project is to: (i) increase utilization of primary health care services in selected geographical areas; and (ii) strengthen surveillance capacity especially for cholera.

Summary Status of Financing (US\$, Millions)

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net		
					Commitment	Disbursed	Undisbursed
IDA-D4670	16-May-2019	05-Jun-2019	28-Aug-2019	31-Dec-2024	55.00	5.78	50.76
TF-B0067	16-May-2019	05-Jun-2019	28-Aug-2019	31-Dec-2024	15.00	0	15.00

Policy Waiver(s)

Does this restructuring trigger the need for any policy waiver(s)?

No



I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

1. **On May 16, 2019, the Strengthening Primary Health Care and Surveillance in Haiti (*Projet de Renforcement des Systèmes de Santé Primaires et de la Surveillance*, PROSYS) Project was approved by the Board of Directors, with the aim of increasing utilization of essential Primary Health Care (PHC) services and to strengthen surveillance capacity, through an approach focusing on addressing systemic and organizational deficiencies.** The Project has 4 components: Component 1 – Strengthening Primary Health Care Service Delivery; Component 2 – Strengthening Surveillance and Control for Infectious Diseases. Component 3 – Supporting Project Management and Implementation Support; Component 4 – Contingent Emergency Response Component (CERC). The Project is financed by a grant of US\$55 million from the International Development Association (IDA), and US\$15 million from the Global Financing Facility (GFF). Specifically, the Project Development Objective (PDO) is to: (i) increase utilization of PHC services in selected geographical areas, and: (ii) strengthen surveillance capacity especially for cholera. There is no overdue audit under the Project.

2. **The performance towards achievement of the PDO and Overall Implementation Progress (IP) of the PROSYS Project were rated Moderately Satisfactory in the last Implementation Status Report (ISR).** This is despite challenges early in implementation first due to the ongoing political and security situation, and later the COVID-19 pandemic, which caused a shift of attention and human resources towards the management of the pandemic and the preparation and implementation of the Haiti COVID-19 Response Project (P173811). Nevertheless, 10 percent of IDA resources have been disbursed to date and the Project has already achieved critical milestones required to accelerate implementation and to achieve the PDO. Moreover, the Project prioritized activities that complemented those financed by the COVID-19 Response Project, which are described in more detail below.

a) **Progress under Component 1:** Key milestones were achieved to enable an acceleration of project implementation. First, the Ministry of Public Health and Population (*Ministère de la Santé Publique et de la Population*, MSPP) finalized and validated the national Community Health Strategy, which will boost essential health services at the primary and community level, through a coordinated and prioritized approach among different streams of donor and Government financing – including from the Global Fund to Fight Aids, Tuberculosis, and Malaria (GF). Second, the MSPP has completed the redesign of the Results-Based Financing (RBF) program to incorporate COVID-19 constraints for infection prevention and control measures, as well as other improvements planned under the Project, which included: the inclusion of performance indicators for vaccination; and design of a pilot to increase access and utilization of maternal services via substantially reduced user fees. Third, the selection of the new PHC facilities to be added to the RBF Program is being carried out based on a data-driven exercise with the objective of maximizing access to PHC services of adequate quality, in particular for poor and vulnerable populations. Finally, activities to strengthen vaccine management and the vaccine cold chain continue to be implemented through United Nations Children's Fund (UNICEF). These activities are particularly critical in preparation of the potential deployment of a COVID-19 vaccine.

b) **Progress under Component 2:** The Project has been performing well despite the challenging context. Investments in surveillance, including labs and response continue to yield key results. Cholera incidence remains at zero and no new case has been detected since January 2019. Over 96 percent and 92 percent of suspected cases of diphtheria and measles are responded to within 48 hours. With the support of the World Bank (WB) and the GF, MSPP has developed a Joint Operational Plan for the National Laboratory Network which defines priorities for



joint investments by the Government, the GF, the WB, the Center for Diseases Control (CDC) and other partners to ensure synergies and avoid duplications in strengthening the laboratory system. This Plan is core to the prioritization and coordination of investments with the GF under the restructured Project and funds contributed by other donors. MSPP has also developed the plan to transition from the vertical cholera surveillance and response structures to a more integrated approach, which comprise a key objective of the Project. Finally, and in line with the objective of controlling infectious diseases, the Project has financed critical supplies and operational costs for surveillance, laboratory and field response activities to the COVID-19 pandemic, contributing to keeping its incidence low.

- c) **Progress under Component 3:** PROSYS project management and implementation support builds on the arrangements that are in place under the Improving Maternal and Child Health through Integrated Social Services Project (*Projet d'Amélioration de la Santé Maternelle et Infantile au travers de Services Sociaux Intégrés*, PASMISSI, P123706) and COVID projects and therefore are already in place. Financial management, project management, procurement, and monitoring and evaluation ratings were all satisfactory in the last ISR. PROSYS grievance redress mechanism (GRM) builds on PASMISSI GRM and continues to be strengthened with the WB support. Grievance redress and citizen engagement mechanisms in place include community surveys for RBF, as well as different channels available to express grievances through local authorities, telephone and email contacts that are then addressed by the Project Implementation Unit (PIU).
- d) **Progress under Component 4:** Component 4 of the Project is the Contingent Emergency Response Component (CERC), which has not been triggered.

3. **Despite progress made to date, the country's health challenges have been exacerbated by deteriorating security conditions and political unrest, and most recently, by the COVID-19 pandemic.** Haiti reported its first case of the novel coronavirus on March 19, 2020, and as of March 18, 2021, the MSPP reported 12,732 confirmed cases and 251 deaths. Although the caseload and death rate for COVID-19 has been lower than initially feared in Haiti,¹ the pandemic has aggravated the impact of deteriorating security and cycles of social unrest since mid-2018. These shocks are expected to have long-lasting effects on household welfare, as well as consequences for the healthcare system, poverty, and the economy. Haiti's economy, for example, has experienced a projected contraction of gross domestic product (GDP) by 3.1% in 2020,² contributing to an estimated increase in extreme poverty from 25.9 percent in 2019 to 27.3 percent in 2020,³ and with further adverse impacts expected in 2021 and 2022.

4. **In addition to increases in poverty and vulnerability, utilization of health facility services – including essential health services – has fallen substantially and remains at a low level even after the official COVID-19 lockdown period ended in August 2020.** According to an analysis of data from Haiti's national Health Management Information System (*Système d'Information Sanitaire Nationale Unique*, SISNU),⁴ institutional deliveries were down by 40 percent in June 2020 as compared to expected volume during that time period.⁵ The consequences of reduction in quality and access to care during child birth are reflected in increased numbers of observed maternal deaths in health facilities, which stood at 80

¹ While the true death rate is certainly higher than this figure, separate analysis as well as information on COVID-related hospitalizations indicates that it would still be relatively low.

² Haiti Macro Poverty Outlook, October 2020, <http://pubdocs.worldbank.org/en/302511582655271446/mpo-lac.pdf>

³ At the USD 1.90 poverty line

⁴ Data on reductions in health service utilization are based on unpublished, preliminary analyses of routine data, as presented by MSPP and PAHO/WHO.

⁵ The 40% represents a percent decrease (as opposed to percentage points decreased); projected volume is estimated using historical data from 2018 and 2019.



deaths in the first 5 months of the year (2020), compared to 75 in the same time period in 2019. Similar concerning trends have been documented in the provision and utilization of other essential health services, such as early antenatal care visits and child immunizations, which declined by 24 percent and 44 percent for diphtheria-tetanus-pertussis, respectively, in April 2020 as compared to projected volumes for that time period.

5. **Alongside reductions in health service provision and utilization, the economic downturn is contributing to simultaneous reductions in domestic revenues, spending, and external financing for health.** Reductions in general health spending pose a significant threat to achieving improved health outcomes given the health sector's heavy dependence on external financing, combined with already-low government allocations to health (which fell from an average of 14 percent of the domestic Government budget in 2000-2005 to around 7 percent in 2018-2019). Moreover, COVID-19 infection prevention and control measures have increased the cost of health service delivery as well as donor-financed project activities and supervision, exerting an additional pressure on the financing of the health system.

6. **In light of the described external and unprecedented shocks to health outcomes and financing, the GF will contribute US\$22.2 million through PROSYS to the Government of Haiti, to complement and scale up priority health systems strengthening activities in Haiti.** The proposed restructuring will reflect this newly available financing that is being processed through a signed Co-Financing Agreement (CFA) between the WB and the GF, in accordance with the global Framework Agreement that defines co-financing terms between the two organizations.⁶ The integration of GF financing in the PROSYS project will enhance coordination and complementarity of WB and GF funding. The alignment of funding under this restructuring carries significant cost-effectiveness gains for the Government of Haiti, as compared to preparing a new project since the scope of activities can be easily accommodated in the context of the PROSYS project which would integrate three different funding sources – IDA, the GFF and the GF. This restructuring would also significantly minimize administrative and transaction costs for the Government by using the same implementation arrangements for all three financing sources, fostering synergies and avoiding duplications in the financing of core health system functions, such as surveillance, community health and supply chain. This consolidation of funding streams would help to further strengthen coordination of external aid in the sector, which currently comprises a key constraint to overall progress in health outcomes, given scarce resources and limited implementation capacity.

7. **The financing provided by the GF is being processed as a project restructuring as recommended by the WB's Operations and Country Services (OPCS).** As stipulated in the CFA, the WB will provide financial management, procurement and disbursement services, as well as overall project implementation support, following WB policies. However, since funding will flow directly from the GF to the Government of Haiti and will not be administered by the WB, additional funds are processed as co-financing through a project restructuring as opposed to an additional financing. As stated in the Environmental and Social Directive for Investment Project Financing, the Project continues to use the WB's environmental and social safeguard policies since the PROSYS project had a Concept Decision prior to October 1, 2018.

II. DESCRIPTION OF PROPOSED CHANGES

8. The proposed restructuring will: (a) incorporate newly available additional funds from the GF; (b) scale up project activities; (c) update the Results Framework to reflect activities prioritized under the GF financing; (d) update

⁶ "Co-Financing Framework Agreement between the GF and International Bank for Reconstruction and Development (IBRD) and IDA." October 19, 2019.



the disbursement estimates and arrangements; and (e) update the legal covenants to reflect changes made to the financing and grant agreements.

9. **Specifically, the proposed changes to the Project include the incorporation of financing that has been made available by the GF, and the addition of activities and indicators to support the continuity and expansion of activities included in the PROSYS project.** There are no changes proposed to the Project's PDO, nor in its core design or implementation arrangements. The activities proposed are priority areas of common interest for the WB, the GFF and the GF and where synergies are expected. Specifically, this restructuring retains the PROSYS components structure and remains consistent with the Country Partnership Framework under which PROSYS was designed. The distribution of financing and additional activities that the financing will support are described below, by component:

- **Component 1: Strengthening Primary Health Care Service Delivery (currently US\$44 million, proposed new amount US\$55.6 million).** The restructuring would reflect an additional US\$11.6 million under Component 1 of the Project, in support of the following activities:
 - a) **Strengthening the service readiness of selected health service providers** and their associated supply chain infrastructure through – *inter alia* – rehabilitation of existing warehouses for health products; provision of goods, essential medicines and equipment, training and Technical Assistance (TA); and information systems for improved monitoring, supervision and management.
 - b) **Strengthening the implementation of the existing national community health program (CHP).** Financing will be provided in support of the national CHP, in accordance with the recently developed Community Health Strategy oriented towards a coordinated and efficient organization of community health workers (CHWs), independently of whether they are financed by the Government or a given partner. The financing would support TA, training, and equipment for central and sub-national MSPP units involved in the implementation of the CHP.

- **Component 2: Strengthening Surveillance and Control for Infectious Diseases (currently US\$22 million, proposed new amount US\$29.6 million).** The restructuring will also reflect an additional US\$7.6 million for complementary activities to strengthen the nationwide surveillance and laboratory systems to control infectious disease outbreaks and epidemics. This includes support to the implementation of the Joint Operational Plan for the National Laboratory system that has been developed with the support of the WB and the GF to ensure alignment and synergies among donor financing, particularly the WB, the GFF, the GF and CDC. The restructuring reflects joint financing of equipment and supplies, training and TA for the development of an integrated laboratory transportation network, the strengthening of laboratory information systems and their interoperability with the health management information system, the implementation of systematic quality assurance processes for labs, and update and enforcement of normative and regulatory framework for public and private labs.

- **Component 3: Supporting Project Management and Implementation Support (currently US\$4 million, proposed new amount US\$7 million).** Additional funds will be provided under this component to finance activities to strengthen the capacity of the central MSPP units and Departmental health authorities in the coordination, implementation, management and supervision of the Project (including fiduciary aspects, monitoring and evaluation, safeguards and reporting of project activities and results), and the carrying out of project audits. In addition, the restructuring includes funds for TA and tools in support of a more coordinated, systemic approach toward interventions by the Government and other donors in the health sector, focusing on key areas of health systems strengthening. The latter will include, in particular, commodity supply chains, human resources management, community health and health information systems.



10. **There are no changes to the implementation arrangements under the proposed restructuring.** However, and given the increased fiduciary and technical needs to support the functioning of the Project and implementation of additional activities as described above, the PIU is being restructured to meet these needs. For example, several technical positions in key areas of engagement, such as supply chains and human resources for health, as well as fiduciary support staff, have been incorporated into the PIU’s organigram and will be recruited immediately after completion of this restructuring process.

11. **Results Framework: The proposed changes to the Results Framework reflect the inclusion of the new activities.** In this regard, two intermediate indicators have been added to measure the impact of the additional investments in strengthening supply chain (capturing improved warehousing infrastructure) and community health (capturing the level of readiness of CHWs to perform their responsibilities). One intermediary indicator on measles surveillance has been replaced by an indicator that more adequately reflects lab and surveillance investments under the GF financing.

12. **Disbursement arrangements:** The disbursement and financial information letter was amended and restated to reflect the GF disbursement arrangements. As per the CFA, the WB will provide disbursement services for GF financing.

III. SUMMARY OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Disbursements Arrangements	✓	
Disbursement Estimates	✓	
Legal Covenants	✓	
Other Change(s)	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
PBCs		✓
Loan Closing Date(s)		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Overall Risk Rating		✓



Safeguard Policies Triggered		✓
EA category		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Implementation Schedule		✓
Economic and Financial Analysis		✓
Technical Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

IV. DETAILED CHANGE(S)

COMPONENTS

Current Component Name	Current Cost (US\$M)	Action	Proposed Component Name	Proposed Cost (US\$M)
Strengthening Primary Health Care Service Delivery	44.00	Revised	Strengthening Primary Health Care Service Delivery	55.60
Strengthening Surveillance and Control for Infectious Diseases	22.00	Revised	Strengthening Surveillance and Control for Infectious Diseases	29.60
Supporting Project Management and Implementation Support	4.00	Revised	Supporting Project Management and Implementation Support	7.00
Contingent Emergency Response Component	0.00		Contingent Emergency Response Component	0.00
TOTAL	70.00			92.20

DISBURSEMENT ESTIMATES

Change in Disbursement Estimates

Yes

Year	Current	Proposed
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2019	0.00	0.00
2020	5,500,000.00	5,500,000.00
2021	4,500,000.00	7,184,844.57
2022	11,000,000.00	18,050,000.00
2023	15,000,000.00	23,415,155.43
2024	17,000,000.00	21,050,000.00
2025	17,000,000.00	17,000,000.00

LEGAL COVENANTS

Loan/Credit/TF	Description	Status	Action
IDA-D4670	IDA Financing Agreement Schedule 2 Section IV.1 and GFF Grant Agreement Schedule 2 Section IV.1: No later than one (1) month before the beginning of each fiscal year, the Recipient shall prepare and furnish an annual work plan (Annual Work Plan) for that fiscal year, satisfactory to the Association, including the activities to be carried out under the Project during said fiscal year. Said Annual Work Plan may be modified from time to time during the fiscal year, with prior approval of the Association.	Complied with	Revised
Proposed	Schedule 2 Section IV.1 No later than 1 month before the beginning of each fiscal year (FY), the Recipient shall prepare and furnish an annual work plan (AWP) for that FY, satisfactory to the Association, including the activities to be carried out under the Project during said FY with their respective sources of funding. Said AWP may be modified during the FY with prior approval of the Association	Not yet due	
TF-B0067	IDA Financing Agreement Schedule 2 Section IV.2 and GFF Grant Agreement Schedule 2 Section IV.2: No later than six (6) months after the Effective Date, the Recipient shall develop and furnish to the Association the Community Health Strategy and Implementation Plan referred to in Part 1(b) of the Project, all in a manner acceptable to the Association.	Complied with	No Change



TF-B0067	Schedule 2 Section IV.1 No later than 1 month before the beginning of each fiscal year (FY), the Recipient shall prepare and furnish an annual work plan (AWP) for that FY, satisfactory to the Association, including the activities to be carried out under the Project during said FY with their respective sources of funding. Said AWP may be modified during the FY with prior approval of the Association	Not yet due	New
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Results framework

COUNTRY: Haiti

Strengthening Primary Health Care and Surveillance in Haiti

Project Development Objectives(s)

The PDO of the proposed Project is to: (i) increase utilization of primary health care services in selected geographical areas; and (ii) strengthen surveillance capacity especially for cholera.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	End Target
Increase utilization of primary health care services in selected geographical areas			
Percentage of children aged between 12 and 23 months fully vaccinated in Project intervention areas (Percentage)		45.30	51.00
Percentage of institutional deliveries in Project intervention areas (Percentage)		38.20	44.00
Strengthen surveillance capacity especially for cholera			
Percentage of notifications of suspected cases of cholera for which laboratory results are available to the Health Departmental Directorates (DDSs) within 10 days of collection (Percentage)		45.00	70.00



Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	End Target
Component 1: Strengthening Primary Health Care Service Delivery			
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		0.00	828,000.00
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number)		0.00	79,000.00
Number of children immunized (CRI, Number)		0.00	260,000.00
Number of women and children who have received basic nutrition services (CRI, Number)		0.00	500,000.00
Number of deliveries attended by skilled health personnel (CRI, Number)		0.00	68,000.00
Contracted service providers achieving the minimum quality score (Percentage)		71.00	78.00
Number of health facilities undergoing rehabilitation (Number)		0.00	55.00
Contracted health providers supervised at least quarterly - maintained at 100 percent (Percentage)		100.00	100.00
Citizen Engagement: percentage of facilities under RBF that developed an action plan(s) based on the results of community satisfaction surveys (Percentage)		0.00	50.00
Number of Community Health Workers who were trained based on the new Community Health Strategy (Number)		0.00	225.00
Action: This indicator is New	<p>Rationale: <i>The development of the community health strategy has marked an important milestone in Haiti. However, it will be equally important to operationalize it, which begins with training of community health workers according to the new elements of the strategy.</i></p>		



Indicator Name	PBC	Baseline	End Target
Number of peripheral storage warehouses upgraded based on identified need and in accordance with minimum national standards on storage of medical products (Number)		0.00	2.00
<i>Action: This indicator is New</i>			
Component 2: Strengthening Surveillance and Control for Infectious Diseases			
Percentage of suspected cases of diphtheria investigated and responded to within 48h after notification (Percentage)		72.00	90.00
Percentage of suspected cases of measles investigated within 48h after notification (Percentage)		77.00	85.00
<i>Action: This indicator has been Marked for Deletion</i>			
Percentage of notified maternal deaths investigated per year (Percentage)		0.00	10.00
Number of laboratories who comply with national standard requirements for infrastructure and equipment (Number)		0.00	10.00
<i>Action: This indicator is New</i>			



The World Bank

Strengthening Primary Health Care and Surveillance in Haiti (P167512)
