



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

Appraisal Stage | Date Prepared/Updated: 25-May-2020 | Report No: PIDISDSA29572



BASIC INFORMATION

A. Basic Project Data

Country St. Lucia	Project ID P174228	Project Name COVID-19 Additional Financing - Saint Lucia Health System Strengthening Project	Parent Project ID (if any) P166783
Parent Project Name Saint Lucia Health System Strengthening Project	Region LATIN AMERICA AND CARIBBEAN	Estimated Appraisal Date 21-May-2020	Estimated Board Date 29-Jun-2020
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Ministry of Finance, Economic Growth, Job Creation, and External Affairs	Implementing Agency Ministry of Health and Wellness, Saint Lucia

Proposed Development Objective(s) Parent

The development objective is to improve the accessibility, efficiency, and responsiveness of key health services.

Proposed Development Objective(s) Additional Financing

The development objective is to improve the accessibility, efficiency, and responsiveness of key health services, and provide a response in the event of eligible crises or emergencies.

Components

- Component 1: Design and Implementation of an Essential Benefits Package
- Component 2: Strengthening Service Delivery in Support of the Essential Benefits Package
- Component 3: Institutional Capacity Building, Project Management and Coordination
- Component 4: Contingent Emergency Response Component

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

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



DETAILS

World Bank Group Financing

International Development Association (IDA)	5.00
IDA Credit	5.00

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

- Saint Lucia is an upper-middle income country which has seen economic growth exceeding two percent since 2016, driven by tourism exports.** The country has a population of 178,696, nearly 30 percent of which reside in Castries Quarter, where the capital (also called Castries) is located. The country is a mountainous island with a tropical, humid climate and ranks high on the United Nations Development Programme’s (UNDP) Human Development Index (HDI). Gross National Income (GNI) per capita is US\$10,803, life expectancy at birth is 76 years, and the Infant Mortality Rate is 14.9 per 1,000 live births; health outcomes are slightly better than the Caribbean small states average (World Development Indicators 2018). The country is politically stable, and the 2016 national elections resulted in a peaceful transition in political power.
- Unemployment rates have been declining since 2015 and was 20.2 percent in 2018.** Recent poverty estimates are not available, but a poverty assessment conducted in 2005 found that almost 29 percent of the population live in poverty. Among the employed, 57 percent earn less than EC\$1,500 (US\$555) per month while nearly half of the population is classified as not having decent work. There is a large share of employment in the informal sector, mainly in small and microbusinesses.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 with over 4.5 million confirmed cases and over 300,000 deaths reported in 215 countries and territories (as of May 18, 2020).** On March 11, 2020, the World Health Organization (WHO) declared

¹ The Private Sector Baseline Survey (2009) estimated that about 40 percent of enterprises were considered informal.



a global pandemic as the coronavirus rapidly spreads across the world. This situation is particularly devastating for small island states, particularly given the travel restrictions and impact on tourism.

4. **Saint Lucia has reported 18 confirmed cases of COVID-19 with no deaths (as of May 18, 2020).** The first case of COVID-19 was reported on March 13, and schools were closed beginning March 14. Cancellations of mass gatherings effective March 20, 2020 from 6 pm onward. The Prime Minister declared a State of Emergency effective March 23, 2020 (National Gazette Vol. 189; issue #10) in accordance with the National Emergency and Disaster Management Act, 2006, which implemented an overnight curfew period, shutdown of nonessential services, protocols on physical distancing, residential confinement, and restrictions on international travel (including closure of all ports of entry), social activities, visitation and road traffic. In addition, a 24-hour curfew, with some exemptions for minimarts and community shops, was declared from April 1 to April 7, 2020. On April 13, it was announced that the evening curfew would be maintained, but that services such as hardware stores to allow for emergency renovations and maintenance to prepare for water shortages and the upcoming hurricane season would be permitted. A curfew from 9 am-5 pm continues to be in place until May 31, and a phased reopening is expected to start shortly.

Sectoral and Institutional Context

5. **Saint Lucia's health sector has been affected by new and emerging diseases, which have highlighted gaps in public health preparedness and response.** The country saw the first case of *Chikungunya* in 2014 and the first case of *Zika* in 2016. By the end of 2017, there were two cases of congenital microcephaly. Meanwhile, conditions such as dengue and leptospirosis remain endemic. An assessment on preparedness by the Caribbean Regional Public Health Agency (CARPHA) following the West Africa Ebola outbreak in 2015 found mixed results for Saint Lucia, though in general the country scored above the regional average. Areas assessed included risk communication, preparedness, points of entry, transportation, health system, general infection prevention and control and laboratory services. A follow-up assessment the World Bank conducted in the wake of the country's 2017 *Zika* outbreak found that the same gaps in preparedness persisted two years later, and cited shortcomings in response and research. In the context of COVID-19, an emergency contingency plan for COVID-19 was prepared by the Government of Saint Lucia (Ministry of Health and Wellness) before first cases were confirmed in-country.
6. **Following the onset of the COVID-19 pandemic, the Government of Saint Lucia requested an activation of the CERC.** The World Bank responded swiftly to review and approve the respective requests with the supporting documentation. This early financing is expected to support the purchase of critical medical equipment and supplies, including personal protective equipment (PPE), laboratory supplies, and equipment for the respiratory hospital. Activities under the CERC are expected to be completed by December 2021.

C. Proposed Development Objective(s)

Original PDO

The development objective is to improve the accessibility, efficiency, and responsiveness of key health services.

Current PDO

The development objective is to improve the accessibility, efficiency, and responsiveness of key health services, and provide a response in the event of eligible crises or emergencies.



Key Results

The following key results will be monitored throughout the Project.

- (i) Number of people registered under the National Health Scheme (Accessibility)
- (ii) Percent of diabetic/hypertensive patients > 18 years at primary care facilities managed according to national protocols (disaggregated by gender) (Efficiency)
- (iii) Compliance with 2005 International Health Regulations (IHR) by maintaining a trained Rapid Response Team (RRT) to respond to events that may constitute a public health emergency (Yes/No) (Responsiveness)
- (iv) Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Responsiveness)

D. Project Description

7. **This AF in the amount of US\$5 million for Saint Lucia HSSP is to fill the financing gap created by triggering the CERC related to COVID-19 support.** It will allocate US\$2.5 million from the COVID-19 FTF component 1, ceiling of the country allocation, and US\$2.5 million from the IDA-18 National PBA) to core project activities (financing gap). The CERC was triggered for US\$5 million on April 27, 2020 for the Eligible Emergency Situation in Saint Lucia in response to the COVID-19 pandemic. Funds were reallocated to CERC Component 4 (Disbursement Category 3) from undisbursed proceeds of the Saint Lucia HSSP to address the most urgent needs in health response.
8. **This AF will support the replenishment of the Project to ensure originally planned activities under the Project will be financed and implemented.** Through this AF, financing will be provided back to the components that were used to finance the CERC activation and COVID-19 Emergency response, thus ensuring the PDO would be achieved by the end of the current Project despite the crisis.
9. **Project and components: The project will keep the same four components as follows:**
 - Component 1. Design and Implementation of an Essential Benefits Package (US\$5.5 million).** Component 1 focuses on the demand side and includes the review of the design and implementation of the Essential Package of Health Services (EPHS), including administration, purchasing and contracting arrangements, regulations surrounding the scheme, and potential sources of additional revenue for expanding health service coverage. The Project will finance the analytics to support the Government in its design of the package and the roll-out of information technology and systems platforms in support of the implementation of the package. Public funds will finance the provision of the EPHS.
 - Component 2. Strengthening Service Delivery in Support of the Essential Benefits Package (US\$13 million).** This component aims to ensure the supply of key health services outlined in the EPHS, and includes subcomponents on performance-based financing (PBF) focusing on diabetes and hypertension at the primary care level, strengthening the supply of health care services, and public health emergency preparedness and response.
 - Component 3: Institutional Capacity Building, Project Management and Coordination (US\$1.5 million).** This component primarily finances operational costs, and covers project management, fiduciary tasks and monitoring and evaluation associated with supervision of the Project.



Component 4: Contingent Emergency Response Component (CERC) (US\$5 million). This CERC is included to allow for rapid reallocation of project proceeds in the event of a natural- or man-made disaster or crisis that has caused, or is likely to imminently cause, a major adverse economic, health and/or social impact.

E. Implementation

Institutional and Implementation Arrangements

No change is made to the implementation arrangements of the Project through this Additional Financing, nor fiduciary or safeguards.

F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)

The AF will be used to continue the original project activities, and replenish funds used by the CERC to respond to COVID-19 urgent needs. The AF areas and focus affected are the same as the parent project. As for the original project, Component 2 of the Project would include improvements and refurbishments of up to 34 selected primary health facilities including equipment inventory, procedures provided, and infrastructure, based on a survey to be conducted during implementation. Refurbishment works may take place at existing facilities anywhere on the island of Saint Lucia. The type of refurbishments envisioned could include minimal infrastructure adjustments such as establishing partitions in existing structures, improving lighting, and painting. The magnitude of such refurbishments is minor as potential adverse environmental impacts due to these interventions potentially involving dry-wall installation, installation of new lighting fixtures, and properly disposing of unused paint. It is also possible that additions, expansions, or annexes might also be rehabilitated or constructed. Under the project, the national Healthcare Waste Management System (HWMS) and associated plans will be updated for activities that include the minor refurbishments and the proper disposal of medical equipment. This may involve improvements to wastewater disposal systems and/or medical waste storage facilities.

G. Environmental and Social Safeguards Specialists on the Team

Gibwa A. Kajubi, Social Specialist
Shakil Ahmed Ferdausi, Environmental Specialist
Barbara Donaldson, Social Specialist
Michael J. Darr, Environmental Specialist



SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	
Performance Standards for Private Sector Activities OP/BP 4.03	No	
Natural Habitats OP/BP 4.04	No	
Forests OP/BP 4.36	No	
Pest Management OP 4.09	No	
Physical Cultural Resources OP/BP 4.11	No	
Indigenous Peoples OP/BP 4.10	No	
Involuntary Resettlement OP/BP 4.12	No	
Safety of Dams OP/BP 4.37	No	
Projects on International Waterways OP/BP 7.50	No	
Projects in Disputed Areas OP/BP 7.60	No	

KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

The project is considered as environmental risk Category B, given that the proposed Project is not likely to result in significant negative, irreversible and/or large-scale impacts on human populations and/or the environment. The Environment and Social risk rating is considered Moderate, this is same rating for environment as in the parent project but it has increased for social given the context of COVID-19.

The potential negative impacts can be grouped into two categories: those associated with typical small civil works during refurbishment, and those associated with medical waste management during operation. The former are minor and short-term, and are addressed within the Environmental and Social Management Framework (ESMF) by the provision of a generic Environmental and Social Management Plan (ESMP) with Best Management Practices (BMPs) and standard contract clauses for small civil works, and a pre-design screening to identify any special conditions requiring additional mitigation measures. The latter are addressed by provision of Terms of Reference (TOR) to develop a Health Care Waste Management System (HWMS) during the early stages of implementation. The mitigation of the exogenous risk posed by the COVID pandemic is captured in the CERC – ESMF which was prepared when the CERC was activated, and more broadly by a range of measure put in place by the Government, such as curfews, social distancing, hotlines, expanded testing, and a plan for phased reopening. To date (May 18th) the infection recovery rate is 100% in St Lucia.



2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area: Improved access and quality to health care will result in long-term benefits to the population. Improved waste management may result in long-term benefits to the environment, to health care workers, and to the surrounding communities.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts. Alternatives will be considered as part of the design of each potential improvement or action. The ESMF includes screening formats and criteria to ensure that refurbishments, rehabilitations, or improvements do not inadvertently result in impacts to physical cultural resources, natural habitats, acquire lands or affect assets or access.

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

A program-level ESMF has been prepared by the MOHW. The MOHW has on staff an Engineer who reviews plans, inspects work locations, and ensures the proper and orderly development of projects related to public health. The Engineer has been assigned to the project as point-of-contact for safeguards, and is cooperating with the N-PCU to provide review and support for health-related civil works (e.g. hospital rehabilitation, isolation ward retrofitting, etc.). The MoHW has also obtained support from a social specialist who is periodically assigned to the project. In addition, there is a Quality Assurance Manager within the Corporate Planning Unit of the MOHW who provides input on issues related to quality of health facilities.

This Project will be managed by a stand-alone PIU housed within the MOHW, whose duties will include oversight of refurbishing projects as well as compliance with safeguards and local permit requirements during refurbishment/rehabilitation, and implementation of the Health Care Waste Management System (HWMS) during operation. The development of the HWMS will include capacity-building through occupational health and safety training, including exposure to diseases, medical waste and the use of certain equipment with radiation, in accordance with the Terms of Reference in the ESMF, which are being revised to encompass COVID-19 needs.

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

The ESMF for the parent project was consulted on and disclosed on the MOHW and WBG websites in June 2018. It was revised and redisclosed to include a Grievance Mechanism in July 2019, and again in May 2020 to include an addendum for COVID-19 safety measures.

The ESMF includes a grievance redress/feedback mechanism which has been established which will also be the GRM for the OECS Regional Health Project in St Lucia.

B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)

Environmental Assessment/Audit/Management Plan/Other

Date of receipt by the Bank	Date of submission for disclosure	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
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"In country" Disclosure

C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)

CONTACT POINT

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Borrower/Client/Recipient

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APPROVAL

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