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Report No: PAD3827

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED GRANT

IN THE AMOUNT OF US\$ 20 MILLION
(US\$10.3 MILLION FROM NATIONAL PBA AND
US\$9.7 MILLION FROM FAST TRACK COVID-19 FACILITY (FCTF))

TO THE

REPUBLIC OF HAITI

FOR A

HAITI COVID-19 RESPONSE

UNDER THE

COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)

WITH A FINANCING ENVELOPE OF

US\$2.7 BILLION IBRD AND \$1.3 BILLION FROM IDA CRISIS RESPONSE WINDOW

APPROVED BY THE BOARD ON APRIL 2, 2020

Health, Nutrition & Population Global Practice
Latin America And Caribbean Region

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CURRENCY EQUIVALENTS
(Exchange Rate Effective March 23, 2020)

Currency Unit = US Dollar

HTG 95.26345 = US\$1

FISCAL YEAR
October 1 - September 30

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ABBREVIATIONS AND ACRONYMS

CDC	Center for Diseases Control
COVID-19	Coronavirus Disease
DELIR	Directorate of Laboratory and Research Epidemiology (<i>Direction d'Épidémiologie, de Laboratoire et de Recherches</i>)
DPSPE	Health Promotion and Protection of the Environment (<i>Direction de Promotion de la Santé et de Protection de l'Environnement</i>)
EID	Emerging Infectious Diseases
ESMF	Environmental and Social Management Framework
ESCP	Environmental and Social Commitment Plan
FAES	Economic and Social Assistance Fund (<i>Fonds d'Assistance Economique et Sociale</i>)
FM	Financial Management
GBV	Gender Based Violence
GDP	Gross Domestic Product
GRM	Grievance Redress Mechanism
HEIS	Hands-On Expanded Implementation Support
HFs	Health Facilities
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IHR	International Health Regulations
JEE	Joint External Evaluation
LNSP	National Laboratory of Public Health (<i>Laboratoire National de Santé Publique</i>)
M&E	Monitoring and Evaluation
MPA	Multiphase Programmatic Approach
MSPP	Ministry of Public Health and Population (<i>Ministère de la Santé Publique et de la Population</i>)
PAD	Project Appraisal Document
PAHO	Pan-American Health Organization
PASMISSI	Improving Maternal and Child Health Through Integrated Social Services (<i>Projet d'Amélioration de la Santé Maternelle et Infantile à travers des Services Sociaux Intégrés</i>)
PDO	Project Development Objective
PIU	Project Implementation Unit
PPSD	Project Procurement Strategy for Development
PROSYS	Strengthening Primary Health Care and Surveillance in Haiti Project (<i>Projet de Renforcement des Soins de Santé Primaire et de la Surveillance en Haïti</i>)
SEA	Sexual Exploitation and Abuse
SPRP	Strategic Preparedness and Response Program
UGP	Project Management Unit (<i>Unité de Gestion de Projet</i>)
UN	United Agencies
UNICEF	United Nations Children's Fund
WBG	World Bank Group
WHO	World Health Organization



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DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Haiti	Haiti COVID-19 Response	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P173811	Investment Project Financing	Substantial

Financing & Implementation Modalities

<input checked="" type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input checked="" type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Disbursement-linked Indicators (DLIs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made Disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
02-Apr-2020	30-Mar-2024	31-Mar-2025

Bank/IFC Collaboration

No

MPA Program Development Objective

The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

MPA Financing Data (US\$, Millions)

MPA Program Financing Envelope	4,000.00
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Proposed Project Development Objective(s)

To respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Haiti.

Components

Component Name	Cost (US\$, millions)
Component 1: Emergency COVID-19 Response	16.00
Component 2: Health System Strengthening	3.00
Component 3: Implementation Management and Monitoring and Evaluation	1.00

Organizations

Borrower: Republic of Haiti
 Implementing Agency: Ministry of Public Health and the Population

MPA FINANCING DETAILS (US\$, Millions)

Board Approved MPA Financing Envelope:	4,000.00
MPA Program Financing Envelope:	4,000.00
of which Bank Financing (IBRD):	2,700.00
of which Bank Financing (IDA):	1,300.00
of which other financing sources:	0.00

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 Development Association (IDA)	20.00
IDA Grant	20.00

IDA Resources (in US\$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Haiti	0.00	20.00	0.00	20.00
National PBA	0.00	10.30	0.00	10.30
Crisis Response Window (CRW)	0.00	9.70	0.00	9.70
Total	0.00	20.00	0.00	20.00

Expected Disbursements (in US\$, Millions)

WB Fiscal Year	2020	2021	2022	2023	2024	2025
Annual	6.50	9.00	2.50	1.00	0.90	0.10
Cumulative	6.50	15.50	18.00	19.00	19.90	20.00

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

This operation has been screened for short and long-term climate change and disaster risks

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category

Rating



1. Political and Governance	● High
2. Macroeconomic	● Substantial
3. Sector Strategies and Policies	● Substantial
4. Technical Design of Project or Program	● Substantial
5. Institutional Capacity for Implementation and Sustainability	● Substantial
6. Fiduciary	● Substantial
7. Environment and Social	● Substantial
8. Stakeholders	● Moderate
9. Other	● Moderate
10. Overall	● High
Overall MPA Program Risk	● High

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

Yes No

Does the project require any waivers of Bank policies?

Yes No

Have these been approved by Bank management?

Yes No

Is approval for any policy waiver sought from the Board?

Yes No



Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
Cultural Heritage	Not Currently Relevant
Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank’s due diligence assessment of the Project’s potential environmental and social risks and impacts, please refer to the Project’s Appraisal Environmental and Social Review Summary (ESRS).

Legal Covenants

Sections and Description

Schedule 2. Section I. Implementation Arrangements

A. Institutional Arrangements

1. The Recipient shall vest the responsibility for the implementation of the Project in MSPP and ensure that the UGP shall carry out said Project with qualified staff in sufficient number, as well as with adequate funds, facilities, services and other resources; all acceptable to the Association and in accordance with the Operations Manual, and the ESCP, as applicable.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

B. Operations Manual

1. The Recipient shall adopt a manual (the Operations Manual) not later than one month after the Effective Date,



thereafter maintain said manual and carry out the Project in accordance with said manual, as considered satisfactory in form and substance to the Association, which consists of different schedules setting forth rules, methods, guidelines, specific development plans, standard documents and procedures for the carrying out of the Project, including the following:

- (a) the detailed description of all Project activities, their sequencing and the prospective timetable and benchmarks in relation thereto;
- (b) the Project administrative, financial, accounting, auditing, reporting and procurement and disbursement procedures, including all relevant standard documents;
- (c) the plan for capacity building and training activities under the Project;
- (d) the plan for the monitoring, evaluation and supervision of the Project;
- (e) criteria and process for the selection of health personnel, departmental health directorates, and health supervisory units participating in the Project activities;
- (f) the eligibility criteria for intervention and investments under the Project;
- (g) the ESCP for the Project;
- (h) the grievance mechanisms, the code of conduct and the gender-based violence prevention measures; and
- (i) the performance indicators for the Project.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

B. Operations Manual

2. The Operations Manual shall only be amended from time to time in consultation with, and after approval of, the Association. In case of any conflict between the terms of the Operations Manual and those of this Agreement, the terms of this Agreement shall prevail.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

E. Environmental and Social Standards

1. The Recipient shall ensure that the Project is carried out in accordance with the Environmental and Social Standards, in a manner acceptable to the Association.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

C. Agreements for the Provision of Technical Assistance

1. To facilitate the carrying out of selected activities under the Project, the Recipient shall, not later than three months after the Effective Date, enter into agreements (the Agreements for the Provision of Technical Assistance) with UN Agencies and Regional Organizations, and thereafter maintain said agreements during the implementation of the Project, on terms and conditions acceptable to the Association, including, inter alia: the Recipient's obligation to make part of the proceeds of the Financing allocated to Category (1) available to UN Agencies and Regional Organizations in order to assist the Recipient in the carrying out selected activities under the Project in accordance



with the Anti-Corruption Guidelines, the Procurement Regulations, the ESCP and the Operations Manual.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

C. Agreements for the Provision of Technical Assistance

2. The Recipient shall exercise its rights or carry out its obligations under the Agreements for the Provision of Technical Assistance in such manner as to protect the interests of the Recipient and the Association and to accomplish the purposes of the Financing. Except as the Association shall otherwise agree, the Recipient shall not assign, amend, abrogate, waive, terminate or fail to enforce the Agreements for the Provision of Technical Assistance, or any of their provisions.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

E. Environmental and Social Standards

2. Without limitation upon paragraph 1 above, the Recipient shall ensure that the Project is implemented in accordance with the Environmental and Social Commitment Plan (“ESCP”), in a manner acceptable to the Association.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

E. Environmental and Social Standards

3. The Recipient shall:

(a) take all measures necessary on its part to collect, compile, and furnish to the Association through regular reports, with the frequency specified in the ESCP, and promptly in a separate report or reports, if so requested by the Association, information on the status of compliance with the ESCP and the management tools and instruments referred to therein, including RAPs, all such reports in form and substance acceptable to the Association, setting out, inter alia: (i) the status of implementation of the ESCP; (ii) conditions, if any, which interfere or threaten to interfere with the implementation of the ESCP; and (iii) corrective and preventive measures taken or required to be taken to address such conditions.

Sections and Description

Schedule 2. Section I. Implementation Arrangements

E. Environmental and Social Standards

3. The Recipient shall:

(b) promptly notify the Association of any incident or accident related to or having an impact on the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers, including, gender-based violence and violence against minors, in accordance with the ESCP, the instruments referenced therein and the Environmental and Social Standards.



Sections and Description

Schedule 2. Section I. Implementation Arrangements

E. Environmental and Social Standards

4. The Recipient shall maintain and publicize the availability of a grievance mechanism, in form and substance satisfactory to the Association, to hear and determine fairly and in good faith all complaints raised in relation to the Project and take all measures necessary to implement the determinations made by such mechanism in a manner satisfactory to the Association.

Conditions

Type

Disbursement

Description

Schedule 2. Section III. Withdrawal of the Proceeds of the Financing

B. Withdrawal Conditions; Withdrawal Period

1. Notwithstanding the provisions of Section III A of the Financing Agreement, no withdrawal shall be made for payments made prior to the Signature Date, except that withdrawals up to an aggregate amount not to exceed SDR 2,500,000.00 may be made for payments made on or after March 1, 2020 for Eligible Expenditures under Category (1).



I. PROGRAM CONTEXT

1. This Project Appraisal Document (PAD) describes the emergency response to Haiti under the Coronavirus Disease (COVID-19) Strategic Preparedness And Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) – Report No. PCBASIC0219761, approved by the World Bank Group’s (WBG) Board of Executive Directors on April 2, 2020, with an overall Program financing envelope of International Development Association (IDA) funds of US\$1.3 billion and of International Bank for Reconstruction and Development (IBRD) funds of US\$2.7 billion.¹

A. MPA Program Context

2. **An outbreak of the 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 spreads across the world. As of March 25, 2020, the outbreak has already resulted in nearly 450,307 cases and 20,664 deaths, in 199 countries.

3. **COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, 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 use² and pre-existing chronic health problems that make viral respiratory infections particularly dangerous³. 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 percent to 98 percent of patients develop a fever, 76 percent to 82 percent develop a dry cough and 11 percent to 44 percent develop fatigue or muscle aches⁴. 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, WHO has been careful not to describe that as a mortality rate or death rate. This is because in 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 to minimize the global risk and impact posed by this disease.

4. This project is prepared under the global framework of the WBG COVID-19 Response and financed with \$9,7 million USD under the Fast Track COVID-19 Facility (FCTF), and \$10.3 million USD of additional funds from Haiti’s country IDA-18 allocation.

¹ Global MPA PAD P173789. Report No. PCBASIC0219761

² 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>

³ Fauci, AS, Lane, C, and Redfield, RR. 2020. “Covid-19 — Navigating the Uncharted.” *New Eng J of Medicine*, DOI: 10.1056/NEJMe2002387

⁴ Del Rio, C. and Malani, PN. 2020. “COVID-19—New Insights on a Rapidly Changing Epidemic.” *JAMA*, doi:10.1001/jama.2020.3072



B. Updated MPA Program Framework

5. Table-1 provides an updated overall MPA Program framework, including the Republic of Haiti.

Table 1. MPA Program Framework

Phase #	Project ID	Sequential or Simultaneous	Phase's Proposed DO*	IPF, DPF or PforR	Estimated IBRD Amount (\$ million)	Estimated IDA Amount (\$ million)	Estimated Other Amount (\$ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
1.	P173811 Haiti COVID-19 Response	Sequential	Please see PDO above	IPF	00.00	US\$20.00		April 2, 2020	Substantial

6. The Program framework will be updated as more countries join SPRP. All projects under SPRP are assessed for Environmental and Social Framework risk classification following the WBG procedures and the flexibility provided for COVID-19 operations.

C. Learning Agenda

7. The response efforts financed under this Project against the COVID-19 pandemic in Haiti will draw on lessons learned from past responses to recent global outbreaks such as SARS, Avian Influenza and, most recently, Ebola, as well as the cholera epidemic in Haiti. The ongoing WBG-financed Improving Maternal and Child Health Through Integrated Social Services Project (*Projet d'Amélioration de la Santé Maternelle et Infantile à travers des Services Sociaux Intégrés - PASMISSI*)⁵ which aimed (among others) to control the cholera epidemic in Haiti brought many lessons for surveillance and response as well as the Water, Sanitation and Waste Management (WASH) strategies on which this proposed Emergency COVID-19 Project will build. Moreover, project implementation in Haiti will contribute to create knowledge and lessons to strengthen pandemic preparedness and response, including for coordination between the national and departmental levels of the Ministry of Public Health and Population (MSPP) and concerning behavioral interventions through national communication campaigns.

⁵ The PASMISSI Project – P123706, US\$115 million, has been financing the cholera response from 2012 to 2020 and significantly contributed to reaching and maintaining the current level of zero confirmed cases that has been observed since January 2019.



II. CONTEXT AND RELEVANCE

A. Country Context

8. **Haiti's Gross Domestic Product (GDP) growth has been anemic over the past five years, barely keeping up with population growth of 1.5 percent, keeping poverty incidence high.** Recurrent episodes of political and social instability have hampered the country's growth and development prospects. With the long history of political, and social crises, repeated fiscal crises, and extreme vulnerability to a wide range of shocks, slow economic growth punctuated by frequent contractions has yielded an annual per capita income equivalent to just US\$760 (or US\$1,815 in purchasing-power-parity terms). After a rebound following the 2010 earthquake, GDP growth slowed in 2014, reached 1.2 percent and 1.5 percent, respectively, in 2017 and 2018, and then contracted by an estimated 0.9 percent in 2019. Between 2000 and 2012, the proportion of people living in extreme poverty declined from 31 percent to 24 percent (based on purchasing-power-parity). But poverty remained widespread, and the poverty headcount at the national poverty line is about 59 percent, reaching as much as 75 percent in rural areas and contributing to persistently poor health outcomes (see below). No official data on poverty is available after 2012. However, the evolution of GDP per capita growth, which has hovered around or below 0 in the period 2015-2018, may suggest that welfare indicators may have deteriorated since.⁶

9. **While macroeconomic stability was broadly preserved in the years immediately after the 2010 earthquake, a combination of domestic and external factors – including steadily falling levels of international aid – have weakened the macroeconomic framework.** Just after the earthquake, the authorities reduced the fiscal deficit supported by substantial donor assistance and inflation was kept in check. But the return of international aid to pre-earthquake level intensified fiscal pressure. Donor assistance fell from 15.8 percent of GDP in 2010 to 3.6 percent in 2019. Reduced donor support and the suspension of oil shipments from Venezuela under the Petrocaribe arrangement⁷ are compounding Haiti's underlying fiscal vulnerabilities.

10. **Haiti continues to be vulnerable to recurrent natural disasters and climate change exacerbates these risks.** The projected impacts of climate change for Haiti include an increase in average temperatures of 0.5°C to 2.3°C by 2060, with the warming expected to be most marked for the period covering December to February every year. These higher temperatures, coupled with predicted changes in precipitation patterns and likely rainfall decreases from June to August, are expected to increase the frequency, intensity and impacts of extreme weather events in the country, including hurricanes, storm surges, and flooding. The latest major disaster happened in October 2016 when Hurricane Matthew struck Haiti, affecting over two million people. The increase in cholera cases that followed spread to the Southern departments and the Northwest and was only controlled after several months of intensified efforts. Post-hurricane reconstruction needs were assessed at 25 percent of GDP, or US\$2.2 billion. Public expenditure increased to meet post-Matthew reconstruction needs, but resource mobilization continues to be a challenge.

⁶ Source: IHSI (Haitian Institute of Statistics - Institut Haïtien de Statistique et d'Informatique). Population data are projections based on the 2003 census; poverty data on a 2012 household survey (ECVMAS – *Enquête sur les conditions de vie des ménages après le séisme*).

⁷ The PetroCaribe arrangement, created in 2005, provided preferentially financed Venezuelan oil to Central America and Caribbean members.



B. Sectoral and Institutional Context

11. **Haiti's health outcomes are poor, even when compared to other low-income countries (LICs), and progress has been limited during the last 10 years.** Haiti fares especially poorly with immunization coverage and deliveries at health facilities (HFs), with high inequalities across wealth quintiles. Poor health outcomes are linked to persistent poverty, poor access and quality of care, inadequate community engagement (e.g. to create demand for vaccinations or prenatal care) and – in particular – low levels of service utilization. Haiti has large geographical disparities in utilization rates, which are reflected by the fact that the 20 percent most productive HFs account for 65 percent of all new outpatient visits.⁸ In spite of these poor results, after 10 years of a cholera epidemic that caused over 10,000 deaths and affected over 1 million people, the country has succeeded in controlling the epidemic and has not recorded any new case of cholera since January 2019 – partly with the help of the ongoing WBG financed Health Project (PASMISSI) – through activities such as community-level education and prevention campaigns, capacity building, integrated interventions at the facility level, rapid-response teams, and improved coordination of service delivery. However, the country remains vulnerable to similar epidemics since water and sanitation access has not improved significantly, and surveillance and response efforts are still dependent on donor funding.

12. **The system is heavily dependent on rapidly falling external financing, while the already-low government allocation to health has continued to decrease since 2013.** In 2015, per-capita health expenditure from the Government and donors was around US\$32 in total – much less than the estimated cost of financing an essential package of services in LICs (US\$86⁹). The share of the Government's domestic expenditure allocated to health has fallen steadily from an average of 14 percent (2000-2005) to only 4.3 percent (2017-2018), around half the average for LICs. The Government relies heavily on external financing (80 percent of non-private current health expenditure), but on-budget external aid has fallen by more than 80 percent since 2013.

13. **A minority of Haitians have access to a primary health care facility of good quality.** Only 23 percent of Haitians live within 5 km of a dispensary or health center that meets adequate service readiness standards.¹⁰ Gender disparities are also evident, with women experiencing significant difficulties in accessing care, with about 78 percent of women reporting challenges in accessing care.¹¹ Weaknesses in supply chains and a lack of planning and management are also constraints to access and utilization of HF services.¹² Low accountability of health workers and poor incentives for them to perform well lead to their low productivity; outpatient visits per health worker per day are less than four in three-quarters of Haiti's health centers and dispensaries.

⁸ See "Lessons Learned and Findings from Diagnostic Work: Background Paper for Project Appraisal Document for Strengthening Primary Health Care and Surveillance in Haiti Project".

⁹ See "Fiscal Space for Domestic Funding of Health and Other Social Services." By Di McIntyre and Filip Meheus. Chatham House, London, UK.

¹⁰ Service readiness refers to the availability of basic amenities (water, sanitation, power, phone etc.) basic equipment and the adherence to standard precautions for infection prevention. See Anna D Gage et al.: "Assessing the Quality of Primary Care in Haiti." Bulletin of the WHO (2017) 95:182–190.

¹¹ See Demographic Health Survey Haiti 2016-2017.

¹² See "Lessons Learned and Findings from Diagnostic Work: Background Paper for Project Appraisal Document for Strengthening Primary Health Care and Surveillance in Haiti Project".



14. **Pandemic preparedness efforts in Haiti have been limited and conducted on an ad-hoc basis.** Efforts have been put into preparing for potential large-scale outbreaks of specific diseases such as Zika and Ebola. In 2019, the MSPP worked with other government entities on a plan for preparation and response of the health sector to exceptional health situations and crises. Haiti also completed a Joint External Evaluation (JEE) of capacities for the implementation of the International Health Regulations in July 2019. The JEE is a tool developed by WHO as part of measuring country status for the International Health Regulations (IHR); it helps identify critical gaps in country human and animal health systems, to prioritize opportunities for enhanced preparedness and response. Results show that the country scored poorly on technical areas related to managing emergencies.¹³ For example, Haiti scored a 2 (limited capacity) for “emergency preparedness”. The country scored a 1 (no capacity) for “systems to activate and coordinate countermeasures during public health emergencies”, “activating health personnel”, and “case management procedures”. MSPP said they would incorporate the recommendations of the JEE to strengthen their plan and continue strengthening the preparedness and emergency response capacities of local, regional and national authorities. However, at this point, Haiti has substantial vulnerabilities regarding any outbreaks of diseases with a potential to become pandemics.

15. **Haiti faces significant risks regarding the potential impact of the COVID-19 pandemic.** As of March 23, 2020, there are seven confirmed cases of COVID-19 in Haiti –The risk of local transmission and further imported cases particularly from the Dominican Republic is very high. The latter has reported 245 cases and 3 deaths to date¹⁴. In the absence of vigorous response measures, there is a high potential for the number of COVID-19 cases in Haiti to rise significantly, and the country’s health care system is not in a position to cope with substantial numbers of COVID-19 cases. Haiti has now declared a state of emergency and has taken some of the following measures: (i) closure of all places of public gathering (schools, airports, religious establishments, etc.); (ii) requesting that citizens limit their movement; (iii) Government measures to supply hospitals with protective equipment and supplies; (iv) harnessing support from private hospitals and clinics; and (v) quarantine of suspected cases. Security forces have been mobilized to ensure adherence to these measures.

16. **Haiti has developed a National Preparedness and Response Plan to address COVID-19.** The plan’s general objectives are to: (i) prevent the entry of the virus into Haiti; (ii) strengthen their surveillance systems, to quickly detect cases and take containment measures; (iii) organize a national response by the health system to reduce the impact in terms of morbidity, mortality, repercussions on the economy and disruption of essential services; (iv) keep public and health professionals informed of the progress of the pandemic and on prevention measures; and (v) strengthen prevention measures and infection control in hospitals. The Plan lays out strategic axes to follow based on the four phases of pandemic development as defined by WHO. Activities are defined for the country to follow under each axis, depending on the degree of progression of the disease at the time. The Government has requested financial and technical support from partners for implementation of key activities under this plan.

17. **The Government relies on various inter and intra-ministerial coordination mechanisms that will help support this project.** In accordance with the provisions of the IHR of 2005, the MSPP, through the Directorate of Laboratory and Research Epidemiology (DELR) and the National IHR Focal Point, takes charge of the coordination of all prevention and response activities; epidemiological monitoring; notification of cases

¹³ The indicators are scored on a 1 to 5 scale with 4 indicating demonstrated capacity.

¹⁴ As of March 23, 2020



and / or epidemic outbreaks to WHO; and triggering national alerts when warranted. DELR's role is complemented by other MSPP Central Directorates based on their areas of expertise. The COVID-19 Management Committee chaired by the MSPP has been established and will be responsible for ensuring the coordination and consistency of all the activities and measures implemented under the COVID-19 National Preparedness and Response Plan; ensuring the mobilization of the necessary resources, in particular human resources; and overseeing the evaluation of these activities.

C. Relevance to Higher Level Objectives

18. The proposed Project is aligned with WBG strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity. The Program is focused on preparedness which is also critical to achieving Universal Health Coverage. It is also aligned with the WBG's support for national plans and global commitments to strengthen pandemic preparedness through three key actions under Preparedness: (i) improving national preparedness plans including organizational structure of the government; (ii) promoting adherence to IHR; and (iii) utilizing international framework for monitoring and evaluation of IHR. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden suffered both by individuals and countries. The project complements both WBG and development partner investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement. Further, as part of the proposed IDA19 commitments, the WBG is committed to "support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment)." The project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response (IDSR), and the OIE international standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of Universal Health Coverage and of the Sustainable Development Goals (SDG), and the promotion of a One Health approach. The Project is also aligned with Haiti's Country Partnership Framework¹⁵ and the 2018 Performance and Learning Review of said Framework¹⁶. Additionally, it is in line with the WBG climate change commitments, and by incorporating climate change considerations throughout the Project design, and particularly as they relate to the provision of health care facilities and training, the Project will reduce observed vulnerabilities of Haiti's population and enable the health system to adapt to climate induced changes. When possible, the Project will attempt to address risks related to gender-based violence (GBV) and preventing sexual exploitation and abuse (SEA) during project design and implementation.

19. The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic, utilizing all WBG operational and policy instruments and working in close partnership with Government and other agencies. Grounded in One-Health, which provides for an integrated approach across sectors and disciplines, the proposed WBG response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA/IBRD-eligible countries in addressing the health sector and broader development impacts of COVID-19. The WBG COVID-19 response will be anchored in the WHO's COVID-19 global Strategic Preparedness and Response Plan (SPRP) outlining the public health measures for all countries to prepare for and respond to COVID-9 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.

¹⁵ Haiti - Country partnership framework for the period FY16-FY19, (Report No. 98132-HT, discussed by the Executive Directors on September 29, 2015).

¹⁶ Performance and learning review of the country partnership framework for the Republic of Haiti for the period FY16-FY19 (Report No. 124812-HT, May 31, 2018)



20. **Climate change co-benefits:** The operation will entail limited construction activities, for the most part focusing on healthcare facility upgrading and rehabilitation to help ensure effective epidemiological responses to confront the spread of COVID-19. Where possible, physical rehabilitation or upgrading will incorporate climate and disaster resilient building practices given the high vulnerability to climate and geo-physical related risks. Where electrical or energy infrastructure is procured or installed, energy efficient and renewable energy infrastructure will be prioritized to the extent it is technically and economically feasible. This approach has been implemented under the current Health Project (P123706), especially with the use of solar-based systems to provide electricity to HFs and water-pumping equipment. It will be continued under the proposed Project.

III. PROJECT DESCRIPTION

A. Project Development Objective

21. The Project objectives are aligned to the results chain of the COVID-19 SPRP.

PDO Statement

To respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Haiti.

PDO Level Indicators

- Percentage of suspected cases of COVID-19 cases reported and investigated per approved protocol.
- Country has activated their public health Emergency Operations Centre or a coordination mechanism for COVID-19.
- Number of designated laboratories with diagnostic equipment, test kits, and reagents for diseases with mandatory immediate notification per MSPP norms.

B. Project Components

22. The project components are aligned with the objectives of the COVID-19 SPRP and will comprise three components. All of the FCTF financing will finance the short-term response to the COVID-19 operations under Component 1. The activities to be financed place significant emphasis on: (i) the purchase of key goods and equipment to address the pandemic; and (ii) use of UN agencies for major activities to ensure appropriate provision of specialized services and for the procurement and supply of the key items (especially given the growing global shortage for these items). Each component will include climate-change adaptation measures and will attempt to address gender issues, as necessary. This project allows for retro-active financing of eligible activities from March 1, 2020.

Component 1: Emergency COVID-19 Response (US\$ 9.7 million from FCTF; US\$ 6.3 million from IDA)

23. This component will provide immediate support to minimize imported cases of COVID-19, to limit local transmission through containment strategies and to strengthen clinical care capacity and critical core functions



of the health system to provide the best care possible for people who become ill despite a surge in demand. It will support MSPP's COVID-19 Preparedness and Response Plan in close coordination and with strong support from UN agencies and other partners. It will also support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the WHO Strategic Response Plan.

24. **Sub-Component 1.1: Containment interventions:** Supported activities will include: (i) the activation and operationalization of coordination mechanisms at the central and local level (including the establishment of crisis cells at the Departmental level); (ii) strengthening surveillance systems at local and national levels and scaling up testing capacity to ensure early detection through provision of technical expertise, training¹⁷, goods and supplies, energy-efficient equipment and systems (including for laboratories and surveillance at Points of Entry); (iii) rapid response teams to investigate cases, perform contact tracing and implement community-based interventions for fast local outbreak containment; (iv) information systems to provide data as needed to guide decision-making; (v) update, dissemination, operationalization and training regarding national protocols and guidelines on case management and Infection prevention and control; and (vi) other measures supporting the detection and containment of COVID-19¹⁸ and other potential infectious pathogens.

25. **Sub-Component 1.2: Communications activities supporting preparedness.** The project will support the national communications strategy for COVID-19. A national risk-communications and community engagement plan will be developed and implemented, including details of anticipated public health measures and timely reproduction and dissemination of messages and materials in Haitian Creole. This plan will include activities focusing on behavior change to adopt adequate hygiene practices and communication concerning social distancing and other measures necessary in the event of a pandemic or EID outbreak. It will also include activities to counter misinformation and unfounded rumors. Communications will include outreach activities involving various ministries and sectors, and trusted community groups¹⁹ and local networks²⁰. Communication activities will support cost effective and sustainable methods such as marketing of "handwashing" through mass media, counseling, schools and work places.²¹ Other communications activities to enhance preparedness against contagious diseases will also be supported, as needed.

26. **Sub-Component 1.3: Reinforcement of healthcare services provision capacity.** As COVID-19 would place a substantial burden on inpatient and outpatient health care services, support will be provided to ensure as safe, uninterrupted and comprehensive care as possible. This sub-component will support the procurement, stock management and distribution of medicines, medication supplies, equipment (including personal protective equipment and diagnostic reagents), as well as operational support and logistics to ensure availability of these items where and when needed. The sub-component will also reinforce infrastructure requirements as

¹⁷ Especially training for health workers at laboratories, communities, HF, Departmental Health Directorates and central units.

¹⁸ Including financing for quarantine facilities, repurposing existing infrastructure.

¹⁹ Community leaders, religious leaders, health workers and community volunteers, among others.

²⁰ Women's groups, youth groups, business groups and traditional healers, among others.

²¹ Support will be provided for, among others: (i) the development and distribution of basic communication materials (such as question and answer sheets and fact sheets in appropriate languages) on COVID-19, and general preventive measures such as "dos" and "don'ts" for the general public; (ii) information and guidelines for health care providers; (iii) training modules (web-based, printed, and video); (iv) presentations, slide sets, videos, and documentaries; (v) dissemination of messages through various media channels; and (vi) symposia on surveillance, treatment and prophylaxis.



needed.²² Support will be provided for the strengthening of medical waste management and disposal systems, as well as intra-hospital infection control measures and infection risk mitigation interventions for HF staff and patients. Finally, the sub-component will finance the mobilization of additional health and other personnel, training of personnel, technical assistance and operational expenses²³ as needed to strengthen the health system's capacity to provide services and to mobilize surge response capacity as needed.

Component 2: Health System Strengthening (US\$ 3 Million from IDA)

27. This component will support the strengthening of public health systems for pandemic preparedness, focusing on the key areas identified in the last JEE of country IHR core capacities for Haiti.

28. Support will be provided to strengthen national public health preparedness, including: (i) support for surveillance systems for EID²⁴; (ii) technical support for strengthening governance and updating the regulatory framework for pandemic preparedness and response; (iii) support for institutional and organizational restructuring and training of staff, particularly concerning surveillance and response systems; (iv) disease reporting systems for the priority infectious diseases; (v) laboratory investigation of priority pathogens²⁵; (vi) active case finding and event-based surveillance; (vii) rumor surveillance and verification; and (viii) joint learning with other countries and within Haiti.

²² At HFs, laboratories and epidemiological surveillance structures and/or warehouses, based on an assessment of needs and including necessary improvements in safe water and sanitation. In doing all this, close attention will be paid to aspects related to climate change and resilience.

²³ Including those related to mobilization of health teams and salaries, telecommunications, transportations means, and technical assistance, and including hazard pay if needed with prior approval from the WBG.

²⁴ Incorporating a risk-based approach.

²⁵ Bacterial, viral or others, in terms of their presence, susceptibility and sub-typing in some cases.



Component 3: Implementation Management and Monitoring and Evaluation (US\$ 1 million from IDA)

29. This component will finance activities to support the capacity of the central MSPP units and Departmental health authorities in the coordination, implementation management and supervision of the Project (including fiduciary aspects and monitoring and evaluation, safeguards and reporting of Project activities and results), and the carrying out of Project audits. This component will also support monitoring and evaluation of prevention and preparedness activities; reinforcement of capacity for clinical and public health research and research on how to address climate-related health risks; and joint-learning across and within countries. Support will also be provided for training in participatory monitoring and evaluation (M&E) activities at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.

C. Project Beneficiaries

30. The expected project beneficiaries will be the population at large given the nature of the disease, infected people, at-risk populations, particularly the elderly and people with chronic conditions, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response.

IV. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

31. **MSPP will have overall implementation responsibility for the proposed Project.** Implementation arrangements will be similar to structures already in place for implementing the ongoing WBG-financed Health project PASMISSI.²⁶ These arrangements have proven to be robust and have helped produce good project performance. Specifically:

a) **Technical responsibilities.** Under the general management of MSPP, Components 1 and 2 will be implemented by the Project Management Unit (*Unité de Gestion de Projet*, UGP), the DELR, the National Laboratory for Public Health and Directorate for Health Promotion and Protection of the Environment (DPSPE) at the central level; and the Departmental Health Directorates at the Departmental level. It is anticipated that UN agencies will be contracted to support the Government in project implementation.

b) **Fiduciary and safeguards responsibilities.** All fiduciary and safeguards responsibilities for the proposed Project will be assigned to the UGP at the MSPP, which has been managing the ongoing WB-supported health Project. The UGP would be headed by a designated Coordinator and would also include dedicated environment and social specialists to ensure adequate monitoring of safeguards policies. The UGP will keep working closely with MSPP's DPSPE on both environmental and social safeguards since DPSPE is the main entity of MSPP responsible for environmental aspects and community health interventions.

²⁶ This sentence refers specifically to the activities under the ongoing Project (P123706) that are implemented by MSPP. (The ongoing project also has activities implemented by the FAES and the Haitian Institute of Statistics and Informatics).



B. Results Monitoring and Evaluation Arrangements

32. M&E activities will be the responsibility of MSPP. The Project will finance M&E activities, evaluation workshops, and development of an action plan for M&E and replication of successful models. The evaluation agenda will be key, to inform others in-country as well as externally about what is working well and what is not. This is especially important in the case of this pandemic, where relatively little is still known about successful approaches especially in fragile, low-income settings.

C. Sustainability

33. Project activities, including those focused on training and capacity building, will help strengthen the preparedness of the country to combat other future epidemics, and they are expected to be sustained even after this Project closes. Other partners including the Center for Diseases Control (CDC) and the Pan-American Health Organization (PAHO) are also supporting the strengthening of structural preparedness activities and institutions, and these efforts are expected to continue in the medium and longer term.

V. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

34. There are very significant gaps in knowledge of the scope and features of the COVID-19 pandemic. However, it is apparent that one main set of economic effects will derive from increased sickness and death among humans and the impact this will have on the potential output of the global economy. In the Spanish Influenza pandemic (1918-19), 50 million people died – about 2.5 percent of the then-global population of 1.8 billion. The most direct impact of the pandemic would be through the impact of increased illness and mortality on the size and productivity of the world labor force. The loss of productivity as a result of illness – which, even in normal influenza episodes is estimated to be ten times as large as all other costs combined – will be quite significant. The pandemic is also likely to have a substantial impact on remittances from the Haitian diaspora to Haiti – which account for about a third of the country’s GDP – and hence on the country’s overall economy via this pathway alone.

35. Another significant set of economic impacts will result from the uncoordinated efforts of private individuals to avoid becoming infected or to survive the results of infection. The SARS outbreak of 2003 provides a good example. The number of deaths due to SARS was estimated at “only” 800 deaths and taken alone, this resulted in economic losses of about 0.5 percent of annual GDP for the entire East Asia region, concentrated in the second quarter. However, the measures that people took resulted in a severe demand shock for services sectors such as tourism, mass transportation, retail sales, and increased business costs due to workplace absenteeism, disruption of production processes and shifts to more costly procedures. Prompt and transparent public information policy can reduce economic losses.



36. A last set of economic impacts are those associated with Governments' policy efforts to prevent the epidemic, contain it, and mitigate its harmful effects on the population. These policy actions can be oriented to the short, medium or long-term or, in spatial terms to the national, regional or global levels.

B. Fiduciary

Financial Management

37. **The Financial Management (FM) function for the Project will be undertaken by MSPP through the implementation unit in place for the ongoing Health Project PASMISSI²⁷ (UGP).** Adequacy of the financial management system²⁸ of UGP to: (i) correctly and completely record all transactions and balances relating to the project; (ii) facilitate the preparation of regular, timely, and reliable financial statements; (iii) safeguard the project's assets; and (iv) be subject to auditing arrangements acceptable to the WBG has been assessed in 2019 and on an ongoing basis throughout the implementation of PASMISSI.

38. The latest FM performance for PASMISSI was rated Moderately Unsatisfactory, mostly due to the FM performance of the *Fonds d'Assistance Economique et Sociale* (FAES) which is implementing some activities under the PASMISSI project but will not be part of this proposed Project. FM supervision reports indicate that FM arrangements at UGP-MSPP are adequate and that UGP's structure includes experienced FM staff with adequate capacities. FM arrangements for this Project will be fundamentally the same as for the ongoing PASMISSI in particular as it relates to: (i) organization and staffing; (ii) planning and budgeting; (iii) accounting and maintenance of accounting records; and (iv) internal controls. The accounting and financial procedures to be followed are included in the Operations Manual.

39. The specific flow of funds arrangements for this operation are detailed below:

- (i) **Designated account:** The following disbursement methods may be used to withdraw funds: (i) reimbursement; (ii) advance payments; and (iii) direct payments. One designated account (DA-A) will be opened at the Central Bank *Banque de la République d'Haïti* (BRH) under the name of the Project for eligible expenditures²⁹. Funds deposited into the DA as advances will follow the WBG's disbursement policies and procedures, to be described in the Financing Agreement and in the Disbursement and Financial Information Letter (DFIL). The minimum value of applications for direct payments will be lower than usual to allow flexibility for the Government to make small payments from the Grant Account. The ceiling for advances to be made into the DA will be specified in the DFIL. Eligible expenditures paid out of the DA must be documented by UGP-MSPP to account for grant proceeds and replenish the designated account using Statement of Expenditures (SOE) agreed with the WBG.³⁰

²⁷ This sentence refers specifically to the activities under the ongoing Project (P123706) that are implemented by MSPP.

²⁸ Planning, budgeting, accounting, internal controls, funds flow, financial reporting, and auditing arrangements.

²⁹ Segregated Account: An account of the Recipient into which only proceeds of the Financing Account may be deposited

³⁰ In addition (as a special provision for projects in situations of urgent need of assistance), disbursements under contracts for goods, works, non-consulting services and consulting services procured or selected through international open or limited competition or Direct Selection, as set out in the procurement plan, shall be made only through Direct Payment and/or Special Commitment disbursement methods.



- (ii) **Operating accounts:** Two additional accounts, one in USD and one in local currency (HTG), will be opened for managing funds and making payments for Project activities.
40. Specific reporting arrangements for this operation are detailed below:
- (i) **IFR:** Unaudited Interim Financial Reports (IFRs) are required quarterly and should be submitted to the WBG within 45 days of each reporting period.
 - (ii) **External Audits:** Annual external audits, performed by acceptable auditors, are required with each audit covering one fiscal year. Project audit reports are due to the WBG no later than six (6) months after the end of each audit period.
41. Overall residual FM risk is Substantial. Although UGP-MSPP is well established and has experience in implementing WBG-Financed projects, the project's flow of funds and the country context present Substantial residual risks.

Procurement

42. Procurement for the project will be carried out in accordance with the WB's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1st, 2016 (revised in November 2017 and August 2018), hereafter Procurement Regulations. The Project will be subject to the Guidelines on Preventing and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants. The Project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.

43. At the request of the Recipient, United Agencies (UN) Agencies proactively started the implementation of some preventive and response activities. The Recipient may request the reimbursement of these expenditures based on justifications acceptable to the WBG. The Recipient may advance with the processes under these arrangements and, if applicable, request retroactive financing within the parameters set forth in the Financing Agreement.

44. The major planned procurement packages include goods/medical equipment for health care workers (e.g., gloves, protective goggles, aprons, alcohol-based hand rub, etc.); laboratory equipment and consumables for influenza prevention and cure; and medical/sanitary equipment (Intensive Care Unit equipment and portable ventilators). The strategy for this Project is built mainly on direct contracting with two UN Agencies PAHO and the United Nations Children's Fund (UNICEF). PAHO will supply and distribute the main medical Equipment and Goods³¹ for the Recipient and UNICEF will conduct communications activities. PAHO and UNICEF supported Haiti during the cholera crisis that affected the country during the four last years. They have very good knowledge regarding Haiti's health system. Small acquisitions and rehabilitation of health centers will be procured by the Recipient. Haiti will prepare streamlined project procurement strategy for development (PPSD), which is deferred to implementation. An initial procurement plan for the first three months is prepared and was agreed with the Recipient during negotiations.

45. The proposed procurement approach will utilize the flexibility provided by the WBG's Procurement Framework and prioritize fast-track emergency procurement for the goods, works and services required on an emergency basis. Key measures to fast-track procurement include the use of: (i) UN Agencies by direct selection



using appropriate standard form of agreement between the Government of Haiti and the relevant UN agency; (ii) requests for quotations; and (iii) direct selection. All competitive processes will be published via national and international means as appropriate. All processes will be subject to the WBG's procurement post review. As requested by the Recipient, the WBG will provide procurement Hands-on Expanded Implementation Support (HEIS) to help expedite all stages of procurement – from help with supplier identification, to support for bidding/selection and/or negotiations to contract signing and monitoring of implementation.

46. Recognizing the significant disruptions in the usual supply chains for medical consumables and equipment for COVID-19 response, the WBG will provide, at Recipient's request, WBG-Facilitated Procurement (BFP) to proactively assist them in accessing existing supply chains. Once the suppliers are identified, the WBG could proactively support the Recipient with negotiating prices and other contract conditions. The Recipient will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers, with the direct payment by the WBG disbursement as an option available to the Recipient. BFP constitutes additional support to the Recipient over and above usual Hands-on Expanded Implementation Support which will be extended to the Recipient. If needed, the WBG could also provide hands-on support to Recipient in contracting to outsource logistics. BFP in accessing available supplies may include aggregating demand across participating countries, whenever possible, extensive market engagement to identify suppliers from the private sector and UN agencies. The WBG will coordinate closely with the WHO and UNICEF and other UN agencies that have established systems for procuring medical supplies.

47. Country procurement approaches will utilize the flexibility provided by the WBG's Procurement Framework for fast track emergency procurement. Key measures to fast track procurement include: (i) use of simple and fast procurement and selection methods fit for an emergency situation including direct contracting, as appropriate; (ii) streamlined competitive procedures with shorter bidding time; (iii) use of framework agreements including existing ones; (iv) procurement from UN Agencies enabled and expedited by WBG procedures and templates; (v) use of procurement agents; (vi) force account, as needed, and (vii) increased thresholds for Requests For Quotations and national procurement, among others. As requested by the Recipient, the WBG will provide procurement hands-on expanded implementation support to help expedite all stages of procurement – from help with supplier identification, to support for bidding/selection and/or negotiations to contract signing and monitoring of implementation.

48. Procurement will be carried out by UGP, a Project Implementation Unit (PIU) hosted at MSPP, which has vast experience in the implementation of WBG's financed operations, including emergency related projects such as this one. Streamlined procedures for approval of emergency procurement to expedite decision making and approvals by the Recipient have been agreed.

49. The major risks to procurement are: (i) increase of the workload of the current procurement specialist; (ii) lack of availability of certain goods due to increased world-wide demand and/or significant price increases or delays in supply; (iii) problems with the timely distribution of all the procured goods; and (iv) governance-related issues common in emergency situations. These risks will be mitigated by: (i) the consideration of HEIS to support the Recipient on the main contracts with the UN agencies; (ii) the use of UN agencies to supply and distribute the main medical equipment and goods; (iii) procurement arrangements to include distribution as services included in the contract, and full implementation of ongoing projects; (iv) publication of all processes,



including contracts and purchase orders; and (v) hiring a third party monitoring agency will verify implementation progress and carry out spot checks to assess internal controls, if needed.

C. Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

D. Environmental and Social

Environmental Aspects

50. **The environmental risks are considered High.** Although the main long-term impacts are likely to be positive, there is a number of short-term risks that need to be taken into account. The main environmental risks include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; (ii) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner; and (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation capabilities at HFs across the country. To mitigate these risks the MSPP (with support from DPSPE) will update the existing Environmental and Social Management Framework (ESMF) prepared for the WBG-funded Strengthening Primary Health Care and Surveillance in Haiti (P167512), approved in May 2019. The revised ESMF will contain updates on provisions for storing, transporting, and disposing of contaminated medical waste and outline guidance in line with international good practice and WHO standards on COVID-19 response on limiting viral contagion in healthcare facilities. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines will be reviewed so that all relevant occupational and community health and safety risks and mitigation measures will be covered. In addition to the ESMF, the Recipient will implement the activities listed in the Environmental and Social Commitment Plan (ESCP). The Project will also support MSPP in coordination with PAHO, UNICEF, CDC, and other partners in overcoming logistical constraints in the timely provision of technical expertise, supplies, equipment and systems across the country. The ESCP was prepared and disclosed on the Bank’s website on March 24, 2020, and it will be revised, as needed, during implementation.

Social Aspects

51. **The social risks are considered Substantial.** One central social risk is that vulnerable social groups (poor, disabled, elderly, disadvantaged sub-groups of women, isolated communities) are unable to access facilities and services, which could undermine the objectives of the project. The project will also put in place mitigation measures so that the medical isolation of individuals does not increase their vulnerability (for example, to GBV) especially in rural areas of the country. Handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements) can also be listed as issues that will require close attention while managing the social risks of the project. Social risks also include social tensions that could be exacerbated by the project and community health



and safety-related outcomes (especially related to spread of disease and waste management) in addition to risks of social exclusion which is widespread in Haiti due to variance in communities' or individual's ability to pay. To mitigate these risks, the MSPP, in the ESCP, will commit to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases. MSPP will also use the preliminary Stakeholder Engagement Plan (SEP) prepared for the emergency project to engage citizens and for public information disclosure while they update it to include more information on the environmental and social risks of project activities and new modalities that take into account the need for a comprehensive community engagement and participation plan, including improved hygiene and social distancing. The SEP was prepared and disclosed on the Bank's website on March 24, 2020, and it will be revised, as needed, during implementation.

52. **Stakeholder Engagement and Grievance Redress Mechanism.** The proposed Project will leverage the lessons learned from the PROSYS and PASMISSI Projects with respect to citizen and stakeholder engagement. The SEP will ensure a robust, comprehensive and participative stakeholder engagement in coordinated measures to mitigate COVID-19 transmission. As set out in detail in the Stakeholder Engagement Plan (SEP), these participative approaches will include for example: (i) consultations and engagement of project beneficiaries, community leaders, community associations active in the municipality, as well as representatives of municipal authorities in the preparation, implementation and monitoring of project-financed activities and community-level activities (all while respecting social distancing guidance/norms); and (ii) a project-specific Grievance Redress Mechanism (GRM) operated by UGP allowing beneficiaries and potentially affected individuals to submit complaints and ensure timely feedback and resolution. The GRM will rely on local GRM focal points (Community Section Administrative Councils or CASECs) to uptake complaints, complemented by consultations, documentation and monitoring led by the Project social specialist. The GRM will: (i) place emphasis on communications and on closing the feedback loop among the Project team, contractors and project beneficiaries; (ii) require that all contractors assign community focal points for addressing grievances; and (iii) ensure frequent reporting and monitoring by UGP on grievances received and steps for their resolution. The Project Indicators include a citizen engagement indicator.

VI. GRIEVANCE REDRESS SERVICES

53. Communities and individuals who believe that they are adversely affected by a WBG supported project may submit complaints to existing project-level grievance redress mechanisms or the WBG's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WBG's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WBG non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the WBG's attention, and WBG Management has been given an opportunity to respond. For information on how to submit complaints to the WBG's corporate Grievance Redress Service (GRS), please visit: <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the WBG Inspection Panel, please visit www.inspectionpanel.org

VII. KEY RISKS

54. The overall project risk rating is High. This is based on the risks along several dimensions, as listed below. The Project would help support a bold, complex and expansive response to the COVID-19 pandemic in a context



marked by political instability, a dire economic outlook for the country, high poverty rates and limited public-sector capacity. While a considerable degree of risk is inherent in a project of this scale, scope, and ambition, strong mitigation measures have been integrated into its design as described below.



Inherent Risk	Mitigation Measures
<p>Political & Governance (High)</p> <p>The country’s fragility, characterized by substantial socio-political instability and weak overall governance, continues to constrain the Government’s capacity to lead and implement its programs. There is also a multiplicity of actors (domestic entities and bilateral as well as international agencies) that would be involved in response efforts if the pandemic were to escalate in Haiti, and coordination across these actors is difficult.</p>	<p>The Government will mitigate that risk by ensuring coordination between the different Directorates within MSPP, and by maintaining a strong dialogue with other Government entities, as well as with key bilateral and international agencies. The WBG team will assist by facilitating that dialogue, especially with the key international partners.</p>
<p>Macroeconomic (Substantial)</p> <p>The political instability has hindered Haiti’s economic and social development. The country has experienced rapid currency depreciation (close to 30 percent), high levels of inflation (close to 20 percent), and a contraction in GDP (projected at 0.5 percent) during fiscal year 2019. This has impacted domestic health spending and could impact efforts to mount a solid pandemic response effort.</p>	<p>Through this project, the Government would minimize this risk by allocating critical resources to the fight against COVID-19, designed to be mobilized rapidly to support critical prevention and response activities against the pandemic. This funding is being mobilized relatively early in Haiti, before there are many known COVID-19 cases. If needed, further funds will be sought later from other windows such as from IDA-19, if the crisis escalates.</p>
<p>Sector Policies and Strategies (Substantial)</p> <p>In the JEE conducted in 2019 for Haiti, the country scored poorly on technical areas related to managing emergencies, including on “emergency preparedness”, “systems to activate and coordinate countermeasures during public health emergencies”, “activating health personnel”, and “case management procedures”. National health policies have not, in the past, provided an adequate enabling environment for COVID-19 emergency response and supported activities.</p>	<p>MSPP will incorporate the recommendations of the JEE to strengthen the preparedness and emergency response capacities of local, regional and national authorities. The WBG and key partners such as PAHO and CDC will provide support for these efforts. In addition, MSPP has developed an adequate National Preparedness and Response Plan to address COVID-19. The WBG and other partners will provide close TA for the implementation of this Plan.</p>
<p>Technical Design of Project (Substantial)</p> <p>Globally, there is a significant disruption in the supply chain and demand is fast outpacing supply capacity for needed supplies and materials related to the COVID-19 outbreak. Prices are also escalating rapidly for some items.</p>	<p>Key medical supplies will be procured through PAHO, which has experience in the procurement and supply of key items and equipment in crisis situations and is best positioned to procure medical goods in the context of the current outbreak. At Headquarters, the WBG is assessing procurement options and mitigation measures for its overall COVID-19 response that will also apply to the Haiti operation. The WB will work closely with MSPP to ensure timely and adequate support as needed.</p>



<p>Environment and Social (Substantial)</p> <p>Exogenous environmental or social risks could adversely affect the achievement of the operation’s objectives or the sustainability of results. The pandemic may also have significant or potential adverse social impacts on the poor and/or other vulnerable groups and may contribute directly to increased social fragility or conflict.</p> <p>Intimate Partner Violence and violence against children are expected to increase in households as a result of social distancing/stay home/quarantine measures in place and increased economic hardship.</p>	<p>Under this emergency operation, the Government will incorporate specific measures to address environmental issues (including explicitly supporting established guidelines for COVID-19 infection prevention and control and for medical waste management in line with established WHO guidelines). On social risk, the MSPP will, among others, commit to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases, and will act based on the preliminary SEP. Sexual exploitation and abuse (SEA) and social harassment (SH) risks will be assessed and addressed in implementation, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks.</p>
<p>Institutional Capacity for Implementation and Sustainability (Substantial)</p> <p>Weak institutional and coordination capacity across different technical and administrative units combined with frequent turnover of MSPP civil servants pose substantial implementation risks.</p>	<p>To mitigate that risk, the government will work closely with the WBG team as well as with international and bilateral partners on technical, implementation and coordination issues. This approach has helped Haiti to successfully deal with the recent cholera epidemic that started in 2010; there have been no new cases of cholera since January 2019.</p>
<p>Fiduciary (Substantial)</p> <p>Although UGP-MSPP is well established and has experience in implementing WBG financed projects, the project’s flow of funds and the country context present substantial to residual FM risks. The major risks to procurement include: (i) increase of the workload of the current procurement specialist; (ii) problems with the timely distribution of all the procured goods; and (iii) governance-related issues common in emergency situations.</p>	<p>To mitigate that risk, the Government will use close, hands-on support provided by the WBG team to help mitigate the fiduciary risks. On procurement aspects, several mitigation measures that will be applied are listed above in the section on Procurement. In particular, the main medical equipment and goods will be procured and supplied through the use of UN agencies.</p>



VIII. RESULTS FRAMEWORK

Results Framework
COUNTRY: Haiti
Haiti COVID-19 Response

Project Development Objective(s)

To respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Haiti.

Project Development Objective Indicators

Indicator Name	DLI	Baseline	End Target
Emergency COVID-19 Response			
Percentage of suspected cases of COVID-19 cases reported and investigated based on national guidelines (Percentage)		0.00	90.00
Country has activated their public health Emergency Operations Centre or a coordination mechanism for COVID-19 (Number)		0.00	11.00
Health System Strengthening			
Number of designated laboratories with diagnostic equipment, test kits, and reagents for diseases with mandatory immediate notification per MSPP norms (Number)		0.00	3.00

Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	Intermediate Targets	End Target
			1	
Component 1: Emergency COVID-19 Response				



Indicator Name	DLI	Baseline	Intermediate Targets	End Target
			1	
Number of health staff trained in infection prevention and control per MSPP-approved protocols (Number)		0.00		10,000.00
Number of individuals reached with tailored information (e.g., individuals and decision makers in different sectors — travel and tourism, food and agriculture, healthcare workers and businesses . . .) (Number)		0.00	3,000,000.00	8,000,000.00
Component 2: Health System Strengthening				
Percentage of specimens of diseases with mandatory immediate notification submitted for laboratory testing confirmed within WHO standard time at reference laboratories supported by the project (Percentage)		35.63		60.00

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Percentage of suspected cases of COVID-19 cases reported and investigated based on national guidelines	Numerator: Total cases suspected of COVID-19 cases reported that are investigated per approved protocol. Denominator: Total cases suspected of COVID-19	Monthly	DELR database	Refer to the cases identified at the health care facilities that met the criteria to be considered a potential COVID-19 according approved protocols, that are notified at the	DELR at MSPP



	cases reported.			surveillance national health system and are analyzed according to approved protocols defined by the MSPP.	
Country has activated their public health Emergency Operations Centre or a coordination mechanism for COVID-19	Number of national and sub-national coordination mechanisms (including crisis cells) active (i.e. that has held meetings and taken decision) for COVID-19 as long as the MSPP National Plan for COVID-19 is activated.	Monthly	DELR report	Based on monthly reports form DELR, number of national and sub-national coordination mechanisms (including crisis cells) active (i.e. that has held meetings and taken decision) for COVID-19 as long as the MSPP National Plan for COVID-19 is activated.	DELR
Number of designated laboratories with diagnostic equipment, test kits, and reagents for diseases with mandatory immediate notification per MSPP norms	Refers to the national laboratory network designated by MSPP to conduct sample testing for diseases with mandatory notifiable diseases that will be: (i) equipped under the Project and (ii) that has not experienced stock out of reagents and test kits during the 30 days preceding the reporting.	Monthly	National Laboratory for Public Health (LNSP) Report	LNSP supervision reports with checklist to assess stock of all required supplies and equipment to perform lab test for mandatory notifiable disease.	LNSP



Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Number of health staff trained in infection prevention and control per MSPP-approved protocols	Number of health workers trained in COVID-19 response following international recommendations and approved protocols by the MSPP.	Every six months	Training reports and list of trainees	Compilation of training report/list of trainees under the project (compiled by DELR)	DELR
Number of individuals reached with tailored information (e.g., individuals and decision makers in different sectors — travel and tourism, food and agriculture, healthcare workers and businesses . . .)	Number of individuals reached with COVID-19-related information through all communication channels established in the COVID-19 communication strategy of MSPP. This is the sum of people reached through all communication channels: among others, media, texts messages, social medias, community outreach activities (religious, youth, community leaders, local associations, etc)	Monthly	Monthly report from the COVID-19 Communication Working Group (Government + partners)	Compilations of reports from all the actors conducting outreach activities related to COVID-19 (these will be estimates when the actual number cannot be exactly determined).	DPSPE of MSPP
Percentage of specimens of diseases with mandatory immediate notification submitted for laboratory testing	Numerator: Number of lab samples collected for patients suspected of any	Every six months	LNSP data base	Compilation of tracking record for each sample captured in the LNSP	DELR at MSPP



confirmed within WHO standard time at reference laboratories supported by the project	condition with immediate mandatory notification of MSPP and tested in labs supported by the project within WHO stipulated standard time Denominator: Number of lab samples collected on patients suspected of any condition with immediate mandatory notification of MSPP			database from collection from the patient to availability of results.	
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ANNEX 1: Costs and Financing of the Country Project

COUNTRY: Haiti
P173811

COSTS AND FINANCING OF THE COUNTRY PROJECT

Project Components	Project Cost	
	IDA US\$ million	FTCF US\$ million
Component 1: Emergency COVID-19 Response Efforts	6.30	9.70
Component 2: Health System Strengthening	3.00	0.00
Component 3: Implementation, Monitoring and Evaluation	1.00	0.0
Total Project Cost	10.30	9.70



ANNEX 2: Implementation Arrangements and Support Plan

1. The project will require very intensive implementation support and continuous dialogue with the client. The World Bank's implementation support strategy combines periodic supervision with timely technical support and policy advice as necessary. As with the other health projects, the intensity of support necessary for the implementation of the COVID-19 project is expected to be intensive, but even more so given the country's fragility context. In this context, the implementation challenges will be daunting. Implementation support will include: (i) frequent implementation support missions (once permitted); (ii) frequent interim technical discussions and field visits by the World Bank team; (iii) monitoring and reporting by the PIU on implementation progress and achievement of results; (iv) third-party evaluations including research and assessments; (v) annual internal and external financial audits and FM reporting; and (vi) periodic procurement post review. Among others, the implementation support missions will visit randomly selected project sites, to assess and physically verify the use and operations of equipment financed by the project. These site visits will include interaction with hospital managers, private sector, DDS, development partners (especially UNICEF and PAHO), and others.

2. It is expected that the early implementation phase could face implementation challenges, which will be addressed through the following actions:

- (i) **Implementation support strategy.** This will be built on dialogue and partnership with the MSPP and other stakeholders, especially the UN/regional agencies. The implementation support team will have continuous interaction, either in person or via VC, with all stakeholders of the project. This will require consistency in the composition of the core implementation support team, technical expertise, and familiarity with country/local situations.
- (ii) **Capacity building of the implementation agencies.** Significant training and hands-on support will be required on a technical level and in terms of fiduciary and safeguards management. This will include supporting the PIU in: (i) developing annual works and financial plans; (ii) task planning and task supervision of the PIU; (iii) review of important ToRs for key consultancies; and (iii) coordination with development partners (especially UNICEF, PAHO).
- (iii) **M&E and learning.** Coordination of M&E and the capturing of project outcomes and results will need professional guidance from an M&E expert on the implementation support team.
- (iv) **Fiduciary assurance support.** The implementation support team will provide hands-on guidance related to review and audit reporting procedures. Similarly, procurement activities will be spread by types of procurement, and size of contracts. This will require intensive implementation support, including on the new Hands-on Expanded Implementation Support (HEIS) & Bank Facilitated Procurement (BFP) offered to the Government of Haiti for the implementation of this project (procurement of medical goods and equipment in the global context of a large-scale pandemics).
- (v) **Social and environmental safeguards.** Mitigation of social and environmental risks require experienced expertise on the implementation support team with a good understanding of the culture and business process in Haiti. In addition, sufficient staff time and resources will be provided to review site-specific environmental management measures. This aspect will require specific



support as the COVID-19 response project is the first for which the MSPP will apply the new *Environmental and Social Framework (ESF)*.

- (vi) **Critical aspects related to the COVID-19 response efforts:** Intensive TA will be provided on various technical and implementation issues, including issues related to global supply shortages of key items and how to help address this; support for determining the best approach with preparedness and response efforts; and various implementation-related aspects.
- (vii) **Operation.** The Task Team will provide day-to-day support and supervision of all operational aspects, as well as coordination with the clients and among World Bank team members.

3. **Implementation support plan.** The following implementation support plan reflects the preliminary estimates of skill requirements, timing, and resource requirements over the life of the project. Keeping in mind the need to maintain flexibility over project activities from year to year and depending on the evolution of the pandemic in the country, the implementation support plan will be reviewed periodically to ensure that it continues to meet the implementation support needs of the project. Table 2.1 indicates the WBG team’s implementation support plan and the required skill mix.

Table 2.1. Implementation Support Plan and Skill Mix

Time Needed	Focus	Skills
Four years	<ul style="list-style-type: none"> • Setting up additional expertise on medical equipment and technical expertise at the PIU, project management systems including fiduciary, safeguards, and M&E • Staff capacity building of the PIU • Medical Equipment planning and maintenance • Upgrade of labs/equipment purchase and maintenance • Disease epidemiology 	<ul style="list-style-type: none"> • Core team, particularly FM, procurement, M&E, and project management • Public Health expert • Medical Equipment experts

4. **Skill mix.** The skill mix and team composition for supporting project implementation is as proposed in table 2.2. below.

**Table 2.2. Skill Mix and Team Composition**

Focus	Skills Needed	No. of Staff Weeks (per year)	Number of Missions
Project management	Task Team Leadership (3 TTLS), including Senior TTL and TTLS with qualifications in bio-medical engineering and medicine	18 each	Once per month initially if permitted by circumstances
Operational support	Senior Operations Officer/Economist	18	On frequent basis
Support for M&E, data analysis	M&E Specialist/Economist	12	On frequent basis
Financing aspects, costing and others	Economist	12	On frequent basis
Strengthening procurement capacity and support for HEIS	Procurement Specialist	12	Four per year including field travel
Strengthening financial management capacity	FM Specialist	4	Four per year including field travel
Social and environmental safeguards	Social and Environmental Safeguards Specialist	4 each	Two per year including field travel
Technical support	Medical Equipment Expert	8	Two per year including field travel
Public health expert	International Expert	8	Two per year including field travel