



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 24-Mar-2020 | Report No: PIDA28993

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

Country Haiti	Project ID P173811	Project Name Haiti COVID-19 Response	Parent Project ID (if any)
Region LATIN AMERICA AND CARIBBEAN	Estimated Appraisal Date 25-Mar-2020	Estimated Board Date 30-Mar-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Haiti	Implementing Agency Ministry of Public Health and the Population	

Proposed Development Objective(s)

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

Components

Component 1: Emergency COVID-19 Response

Component 2: Health System Strengthening

Component 3: Implementation Management and Monitoring and Evaluation

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



Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

Country Context

- Haiti's GDP growth has been anemic over the past five years, barely keeping up with population growth of 1.5%, keeping poverty incidence high.** Due to the country's long history of political instability, 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 spurt following the 2010 earthquake, gross domestic product (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 remains 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).
- 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 arrangement are compounding Haiti's underlying fiscal vulnerabilities. The last budget approved by Parliament is for the fiscal year 2018 and does not reflect government spending needs, particularly for social sectors and capital investment to enhance future growth. After President Jovenel Moise declared on January 13th, 2020 that Parliament had lapsed further aggravates the already low predictability of public expenditure across ministries and their capacity to plan.
- 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 from December to February. These impacts, 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 cholera outbreak 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.



Sectoral and Institutional Context

4. **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.¹ 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 World Bank (WB) Health Project (PASMISI)- 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.

5. **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\$86²). 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 financing has fallen by more than 80 percent since 2013.

6. **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.³ Gender disparities are also evident, with women experiencing significant difficulties in accessing care. with about 78% of women reporting challenges in accessing care.⁴ Weaknesses in supply chains and a lack of planning and management are also constraints to access and utilization of HF services.⁵ 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.

¹ See "Lessons Learned and Findings from Diagnostic Work: Background Paper for Project Appraisal Document for Strengthening Primary Health Care and Surveillance in Haiti Project".

² See "Fiscal Space for Domestic Funding of Health and Other Social Services." By Di McIntyre and Filip Meheus. Chatham House, London, UK.

³ 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.

⁴ See Demographic Health Survey Haiti 2016-2017.

⁵ See "Lessons Learned and Findings from Diagnostic Work: Background Paper for Project Appraisal Document for Strengthening Primary Health Care and Surveillance in Haiti Project".



7. **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 Ministry of Public Health and Population (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) in July 2019. The JEE is a tool developed by WHO as part of measuring country status for the 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. 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 will incorporate the recommendations of the JEE to strengthen their plan and continue their reflections on 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.

8. **Haiti faces significant risks regarding the potential impact of the COVID-19 pandemic.** As of March 19, there are two confirmed cases of COVID-19 in Haiti – both visitors from abroad. The risk of local transmission and further imported cases particularly from the Dominican Republic is very high. The latter has reported 34 cases and 2 deaths to date. 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 currently in a position to cope with substantial numbers of COVID-19 cases. Haiti has now declared a state of emergency and 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.

9. **Haiti has developed a National Preparation and Response Plan to address COVID-19.** The plan’s general objectives are: (i) to 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 the 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 defines strategic axes to follow based on WHO’s 4 periods of pandemic development. Activities are defined for the country to follow under each axis, depending on the degree of progression of the disease in country. The government has requested financial and technical support from partners for implementation of key activities under this plan.

10. **The Government relies on various inter and intra-ministerial coordination mechanisms that will help support this project.** In accordance with the provisions of the International Health Regulations of 2005, the MSPP, through the Department of Laboratory and Research Epidemiology (DELRE) and the National IHR Focal Point, ensures the coordination of all the activities of prevention and response, epidemiological monitoring, notification of cases and / or epidemic outbreaks to WHO and triggers the alert at national level. DELRE’s intervention is supported by all the other Central Directorates according to their areas of competency. The COVID-19 management committee chaired by the MSPP will be responsible for ensuring the coordination and



consistency of all the activities and measures implemented under the plan; to ensure the mobilization of the necessary resources, in particular human resources and to proceed to the evaluation of these activities.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

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

Key Results

11. The Project will aim to prevent COVID-19 from arriving or limiting local transmission through containment strategies and to provide the best care possible for people who become ill despite a surge in demand. It will also aim to strengthen the national public health preparedness so that the country develops a stronger capacity to face potential future emergencies from the health sector.

More particularly, the project will aim to achieve the following key results:

- Maximize the proportion of suspected cases of COVID-19 cases that are reported and investigated per approved protocol of the MSPP.
- Strengthen the emergency coordination mechanism to respond to COVID-19 outbreaks.
- Strengthen the epidemiological surveillance mechanisms and laboratory capacity of the country.



D. Project Description

12. The project components are aligned with the objectives of the COVID-19 Strategic Preparedness and Response Program (SPRP), and will comprise 3 components, including one contingent financing component. The components aim to strengthen health system preparedness to respond to the COVID-19 emergency and potential future emergencies. Each component will include climate-change adaptation measures, as necessary.

13. **Component 1: Emergency COVID-19 Response.** This component will provide immediate support to minimize imported cases of COVID-19 and to limit local transmission through containment strategies. 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.

14. **Component 2: Health System Strengthening.** This component will support the strengthening of 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 also 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.

15. **Component 3: Implementation Management and Monitoring and Evaluation.** 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.

Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts

E. Implementation

Institutional and Implementation Arrangements

16. **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 Health project



PASMISSI.⁶ 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 Directorate for Epidemiology, Laboratory and Research (DELR), the National Laboratory for Public Health and Directorate for Health Promotion and Protection of the Environment (DPSPE) at the central level; and (ii) 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.

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Implementing Agencies

⁶ 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).



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APPROVAL

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