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Report No: PAD4008

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED ADDITIONAL CREDIT

IN THE AMOUNT OF US$5 MILLION

TO SAINT LUCIA

FOR AN

Additional Financing for the Health System Strengthening Project

June 16, 2020

Health, Nutrition and Population Global Practice
Latin America and Caribbean Region

CURRENCY EQUIVALENTS

Exchange Rate Effective May 31, 2020

Currency Unit	=	Eastern Caribbean Dollar (EC$)
EC$2.70	=	US$1.00
US$1.00	=	SDR 0.73

FISCAL YEAR
April 1 - March 31

Regional Vice President:	J. Humberto Lopez (Acting)
Country Director:	Tahseen Sayed Khan
Regional Director:	Luis Benveniste
Practice Manager:	Michele Gragnolati
Task Team Leader(s):	Neesha Harnam

ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
CERC	Contingent Emergency Response Component
DALY	Disability-Adjusted Life Years
FM	Financial Management
FTF	Fast Track Facility
EPHS	Essential Package of Health Services
HSSP	Health System Strengthening Project
IDA	International Development Association
IMF	International Monetary Fund
MOHW	Ministry of Health and Wellness
MOHW-PIU	Ministry of Health and Wellness Project Implementation Unit
NCD	Noncommunicable Disease
NHI	National Health Insurance
N-PCU	National Project Coordination Unit
NPV	Net Present Value
OECS	Organisation of Eastern Caribbean States
PBA	Performance-Based Allocation
PBF	Performance-Based Financing
PCU	Project Coordination Unit
PIU	Project Implementation Unit
TOR	Terms of Reference
WHO	World Health Organization

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BASIC INFORMATION – PARENT (Saint Lucia Health System Strengthening Project - P166783)

Country	Product Line	Team Leader(s)		
St. Lucia	IBRD/IDA	Neesha Harnam		
Project ID	**Financing Instrument**	**Resp CC**	**Req CC**	**Practice Area (Lead)**
P166783	Investment Project Financing	HLCHN (9319)	LCC3C (451)	Health, Nutrition & Population

Implementing Agency: Ministry of Health and Wellness, Saint Lucia

Is this a regionally tagged project?
No

Bank/IFC Collaboration
No

Approval Date	Closing Date	Expected Guarantee Expiration Date	Original Environmental Assessment Category	Current EA Category
28-Sep-2018	31-Oct-2023		Partial Assessment (B)	Partial Assessment (B)

Financing & Implementation Modalities

[ ] Multiphase Programmatic Approach [MPA]	[✓] Contingent Emergency Response Component (CERC)
[ ] Series of Projects (SOP)	[ ] Fragile State(s)
[ ] Performance-Based Conditions (PBCs)	[✓] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a Non-fragile Country
[ ] Project-Based Guarantee	[ ] Conflict
[ ] Deferred Drawdown	[ ] Responding to Natural or Man-made disaster
[ ] Alternate Procurement Arrangements (APA)	[ ] Hands-on, Enhanced Implementation Support (HEIS)

Development Objective(s)

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

Ratings (from Parent ISR)

	Implementation		
	26-Dec-2018	28-Jun-2019	17-Dec-2019
Progress towards achievement of PDO	S	S	S
Overall Implementation Progress (IP)	S	S	S
Overall Safeguards Rating	S	S	S
Overall Risk	S	S	S

BASIC INFORMATION – ADDITIONAL FINANCING (Additional Financing - Saint Lucia Health System Strengthening Project - P174228)

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P174228	Additional Financing - Saint Lucia Health System Strengthening Project	Cost Overrun, Restructuring	Yes
Financing instrument	Product line	Approval Date	
Investment Project Financing	IBRD/IDA	29-Jun-2020	
Projected Date of Full Disbursement	Bank/IFC Collaboration		
29-Feb-2024	No		
Is this a regionally tagged project?			
No			

Financing & Implementation Modalities

[ ] Series of Projects (SOP)	[ ] Fragile State(s)
[ ] Performance-Based Conditions (PBCs)	[✓] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a Non-fragile Country
[ ] Project-Based Guarantee	[ ] Conflict
[ ] Deferred Drawdown	[✓] Responding to Natural or Man-made disaster
[ ] Alternate Procurement Arrangements (APA)	[ ] Hands-on, Enhanced Implementation Support (HEIS)
[✓] Contingent Emergency Response Component (CERC)	

Disbursement Summary (from Parent ISR)

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed
IBRD				%
IDA	20.00	3.80	16.20	19 %
Grants				%

PROJECT FINANCING DATA – ADDITIONAL FINANCING (Additional Financing - Saint Lucia Health System Strengthening Project - P174228)

FINANCING DATA (US$, Millions)

SUMMARY (Total Financing)

	Current Financing	Proposed Additional Financing	Total Proposed Financing
Total Project Cost	20.00	5.00	25.00
Total Financing	20.00	5.00	25.00
of which IBRD/IDA	20.00	5.00	25.00
Financing Gap	0.00	0.00	0.00

DETAILS - Additional Financing

World Bank Group Financing

International Development Association (IDA)	5.00
IDA Credit	5.00

IDA Resources (in US$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
St. Lucia	5.00	0.00	0.00	5.00
National PBA	2.50	0.00	0.00	2.50
Crisis Response Window (CRW)	2.50	0.00	0.00	2.50
Total	**5.00**	**0.00**	**0.00**	**5.00**

COMPLIANCE

Policy

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

[ ] Yes [✓] No

Does the project require any other Policy waiver(s)?

[ ] Yes [✓] No

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

This operation has not been screened for short and long-term climate change and disaster risks

Explanation

Screening was conducted under the parent project. Resilience-enhancing measures are being implemented under a separate project (OECS Regional Health Project).

PROJECT TEAM

Bank Staff

Name	Role	Specialization	Unit
Neesha Harnam	Team Leader (ADM Responsible)		HLCHN
Manjola Malo	Procurement Specialist (ADM Responsible)	Procurement	ELCRU
John Oliver Moss	Procurement Specialist	Procurement	ELCRU
Moad M. Alrubaidi	Financial Management Specialist (ADM Responsible)	FMS	ELCG1
Gibwa A. Kajubi	Social Specialist (ADM Responsible)	Social Safeguards	SLCSO
Shakil Ahmed Ferdausi	Environmental Specialist (ADM Responsible)	Environmental Safeguards	SLCEN
Barbara Donaldson	Social Specialist	Social Safeguards	SLCSO
Behnaz Bonyadian Dehkordi	Team Member	Operations	OPSSR
Carmen Carpio	Team Member	Team member	HAFH3
Jacqueline Beatriz Veloz Lockward	Counsel	Legal	LEGLE
Jocelyn Haye	Team Member	Administrative Support	HHNGE
Jose C. Janeiro	Team Member	WFA - Loans	WFACS
Lelia Sampaio Werner	Team Member	WFA - Loans	WFACS
Marvin Ploetz	Team Member	Economist	HLCHN
Michael J. Darr	Environmental Specialist	Environment	SLCEN

Extended Team

Name	Title	Organization	Location

I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

A. Introduction

1. **This Project Paper seeks the approval of the Board of Directors to provide an Additional Financing (AF) to replenish the financing gap in the amount of US$5 million created by the activation of the Contingency Emergency Response Component (CERC) under the Saint Lucia Health System Strengthening Project (HSSP, P166783).** The credit consists of a US$2.5 million allocation from the COVID-19 Fast-Track Facility and US$2.5 million from the national Performance-Based Allocation (PBA).

2. **The implementation arrangements, safeguards category, and safeguards policies remain unchanged.** In response to CERC activation, the project is restructured to update the project development objective (PDO) and the results framework (RF) as well as to reallocate funds between disbursement categories and project components.

B. Project Scope and Status

3. **Saint Lucia, a small island state, is an upper-middle income country that is heavily reliant on tourism and vulnerable to external shocks such as natural hazards.** Real GDP growth has been low in recent years and was 1.7 percent in 2019. Meanwhile, unemployment rates have been high and was most recently 16.8 percent (2019). Against this background, health sector needs have been increasing as the country faces challenges from the growing prevalence of noncommunicable diseases and new and emerging diseases, including COVID-19.

4. **The Saint Lucia HSSP aims to improve the accessibility, efficiency, and responsiveness of key health services.** The Project was approved on September 28, 2018, and declared effective on January 15, 2019, with a current closing date of October 31, 2023. The Project has four components and is implemented by a Project Implementation Unit (PIU) in the Ministry of Health and Wellness (MOHW).

5. **Component 1. Design and Implementation of an Essential Package of Health Services (US$5.5 million)**. Component 1 focuses on the demand side and includes the review of the design and implementation of the Essential Package of Health Services (EPHS), including administration, purchasing and contracting arrangements, regulations surrounding the scheme, and potential sources of additional revenue for expanding health service coverage. The Project supports the analytics to support the Government in its design of the package and the roll-out of information technology and systems platforms in support of the implementation of the package. The consultancy on the design of the EPHS is close to completion, with training sessions on the actuarial model expected to be conducted virtually. A Public Expenditure Review of the health sector is currently underway, and analytical work focused on the development of National Health Accounts is in the final stages of the tender process. Public funds will finance the provision of the EPHS.

6. **Component 2. Strengthening Service Delivery in Support of the Essential Package of Health Services (US$13 million).** This component aims to ensure the supply of key health services outlined in the EPHS and includes subcomponents on performance-based financing (PBF) focusing on diabetes and hypertension at the primary care level, strengthening the supply of health care services, and public health

emergency preparedness and response. The Operational Manual for the PBF scheme has been developed, and a Health Facility Assessment consultancy is expected to be contracted shortly to ensure primary healthcare facilities have the equipment and supplies to deliver the EPHS. The National Health Care Waste Management Plan will be updated to include measures for how to manage COVID-19-related waste and equipment distribution and installation in the case of a disease outbreak.

7. **Component 3: Institutional Capacity Building, Project Management and Coordination (US$1.5 million).** This component primarily finances operational costs, and covers project management, fiduciary tasks, and monitoring and evaluation. The Ministry of Health and Wellness Project Implementation Unit (MOHW-PIU) is largely responsible for project implementation and has been in place in December 2019 following the hiring of the Project Coordinator, Financial Management (FM) Specialist, and Procurement Analyst. Some support on procurement is still provided by the National Project Coordination Unit (N-PCU). Recruitment of other positions in the MOHW-PIU, such as the Monitoring and Evaluation Specialist, are well underway.

8. **Component 4: Contingent Emergency Response Component (CERC).** This no-cost CERC is included in accordance with paragraph 12 Section III of the Bank's Policy "Investment Project Financing" related to Situations of Urgent Need of Assistance or Capacity Constraints. The operations manual for the CERC was approved on April 23, 2020. The CERC is currently supporting the COVID-19 response through procurement of essential goods, such as medical equipment and consumables, and almost half of its amount has already been disbursed.

C. Project Performance

9. **The Project is rated Satisfactory for Progress towards achievement of the PDO and has been consistently rated as Satisfactory since implementation.** Overall implementation progress, procurement, financial management, monitoring and evaluation and safeguards have been rated at or above Moderately Satisfactory since the start of implementation.

10. **Disbursement has increased following activation of the CERC and is now at 18 percent.** CERC activities are expected to be completed by December 2021. The Project has no financial audit overdue, and remains in compliance with key covenants, including safeguards, and financial management reporting requirements.

D. Rationale for the Additional Financing

11. **An outbreak of COVID-19 caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world with over 7 million confirmed cases and over 400,000 deaths reported in 216 countries and territories (as of June 11, 2020).** On March 11, 2020, the World Health Organization (WHO) declared a global pandemic. This situation is particularly devastating for small island states, given the travel restrictions and impact on tourism.

12. **Saint Lucia, with a population of 178,696, has reported 19 confirmed cases of COVID-19 with no deaths (as of June 11, 2020).** The first case of COVID-19 was reported on March 13, and schools were

closed beginning March 14. Cancelations of mass gatherings were effective from 6 pm, March 20, 2020 from 6 pm. The Prime Minister declared a State of Emergency effective March 23, 2020 (National Gazette Vol. 189; issue #10) in accordance with the National Emergency and Disaster Management Act, 2006 which implemented an overnight curfew period, shutdown of nonessential services, protocols on physical distancing, residential confinement, and restrictions on international travel (including closure of all ports of entry), social activities, visitation and road traffic. In addition, a 24-hour curfew, with some exemptions for minimarts and community shops, was declared from April 1 to April 7, 2020. On April 13, it was announced that the evening curfew would be maintained, but that services such as hardware stores to allow for emergency renovations and maintenance to prepare for water shortages and the upcoming hurricane season would be permitted. A curfew from 9 am-5 pm was in place until May 31, and a phased reopening is in progress.[1]

13. **An emergency contingency plan for COVID-19 was prepared by the Government of Saint Lucia (Ministry of Health and Wellness) before the first cases were confirmed in-country on March 13, 2020.** In response to the COVID-19 pandemic, the Government of Saint Lucia requested an activation of the CERC under the HSSP for an amount of US$5 million which was approved on April 27, 2020. The first disbursement of US$2.6 million was approved on May 3, 2020. This early financing is supporting the purchase of medical equipment and supplies. Some of these materials, such as the testing equipment and reagents, have already been received. Table 1 provides the details of the emergency activities financed under the CERC.

Table 1. Emergency Activities for COVID-19 Preparedness and Response under Component 4: CERC

Area of intervention	Purchases
Equipping of Isolation and Respiratory Hospital	Medical Equipment – Isolation and Respiratory Hospital
Provision of PPE and sanitizing supplies	Personal Protective Equipment (PPE)
	Sanitizing Supplies
Pharmaceuticals	Pharmaceuticals
Equipping Frontline Response and Quarantine Facilities	Computers, Printers, Laptops
	Refrigerators, Beds, Filing Cabinets, kettles, Microwave
Transportation and Communication	Ambulance
	Awareness Campaign – Health Promotion
	Communication Equipment
Improvement of Testing Capacity	Equipment and Apparatus - Laboratory
	Reagents and Consumables
Waste management	Biohazardous Waste Management Supplies
Safeguards and contingencies	Safeguard consultancies and Gender Based Violence Service Providers

[1] Emergency Powers (Disasters) (COVID 19) (Curfew) (No. 7) Order. Statutory Instrument, 2020, No. 74.

II. DESCRIPTION OF ADDITIONAL FINANCING

A. Financing Gap

12. This AF in the amount of US$5 million for Saint Lucia HSSP will fill the financing gap created by triggering the CERC (Component 4). The proposed AF will replenish the Project to ensure originally planned activities will be financed and implemented and the PDO will be achieved**.** The proposed credit in the amount of US$5 million would replenish the Project to ensure originally planned activities under Component 2, such as improvements to primary health care services and enhancements to health information systems will continue to be financed and implemented.

14. **Major infectious outbreaks can have a potential negative impact on health systems as resources are diverted toward responding to the outbreak.** Already, the COVID-19 crisis has resulted in major shortages of medical consumables and an increase in their prices. In addition, emerging evidence from around the world suggests that many have delayed or foregone care as a result of COVID-19, particularly those in vulnerable groups. The AF will ensure that health systems continue to be strengthened to address population needs and that resources are not diverted from the original intended project activities.

B. Restructuring

15. **The activation of the CERC requires a Level 2 Project restructuring to reflect the following proposed changes to the original project:**

(i) *Revise the PDO.* To reflect the CERC activities included under Component 4, the PDO will be changed as follows: “Improve the accessibility, efficiency, and responsiveness of key health services, and provide a response in the event of eligible crises or emergencies.”

(ii) *Update Results Framework.* The Results Framework will be updated to revise selected targets given that the consultancies on the design of the EPHS and Performance-Based Financing Scheme took longer than anticipated. As such, the intermediate target for the first year will be set to match the baseline level. In addition, to account for possible delays due to the ongoing COVID-19 pandemic, targets for the second year will also be set at baseline level. The Results Framework will also be updated to remove an intermediate indicator (*People who have received essential health, nutrition, and population (HNP) services*) that is no longer relevant and is as part of an internal Bank exercise. One PDO-level indicator (*Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents)* and one intermediate-level indicator (*Number of equipped health facilities with isolation capacity*) will be added to reflect the emergency COVID-19-related activities financed by the CERC. The updates to the Results Framework are reflected in Section VIII. No existing final targets for indicators are being revised.

(iii) *Reallocate Funds to Component 4 – CERC.* Table 2 describes the proposed reallocation of funds between Disbursement Categories.

Table 2. Reallocation across Disbursement Categories

Disbursement Category	Original IDA Financing *(US$ million)*	Undisbursed *(as of May 12, US$ million)*	Proposed reallocation IDA 6316-LC *(US$ million)*	IDA 6316-LC with the reallocation	Additional Financing *(US$ million)*	Total (Original IDA+ AF, US$ million*)*
Total IDA	**20.00**	**16.49**[2]	**20.00**	**20.00**	**5.00**	**25.00**
Category 1	**14.88**	**14.01**	14.88 (+1.12 from PPA; -5.0 to CERC)	11.00	5.00	**16.00**
Category 2	4.00	4.00	0.00 No change	4.00	0	**4.00**
Category 3 (CERC)	**0.00**	**-2.64**	0 (+5.00)	5.00	0	**5.00**
Category 4 (PPA)	**1.12**	**1.12**	1.12 (-1.12)	0.00	na	**0.00**

(iv) *Changes to Project Component Costs.* Table 3 describes the proposed reallocation between Project Components.

Table 3. Reallocation Between Components

Components	Original IDA Credit	Restructuring of IDA original	Proposed AF	Original IDA +AF
C1. Design and Implementation of an Essential Package of Health Services	5.5	5.5	0	5.5
C2. Strengthening Service Delivery in Support of the Essential Package of Health Services	13.0	8 (-5)	5	13.0
C3. Institutional Capacity Building, Project Management and Coordination	1.5	1.5	0	1.50
C4. Contingent Emergency Response Component	0	5 (+5)	0	5
TOTAL	**20**	**20**	**5**	**25**

16. **Other aspects of the Project will remain unchanged.** The implementation, monitoring, and evaluation arrangements remain the same. No changes will be made to the implementation arrangements, nor to fiduciary or safeguards. The same implementing agency (MOHW-PIU) is the designated CERC Coordination Authority, responsible for coordinating the implementation of COVID-19 response emergency activities.

[2] The total undisbursed is excluding the amounts currently on the designated accounts of the Project.

17. **The Project continues to be aligned with the World Bank Group's Regional Partnership Strategy for the Organization of the Eastern Caribbean States (OECS) for the Period FY15-19 discussed by the Executive Directors on November 13, 2014 (Report No. 85156), and with the Performance and Learning Review considered by the Executive Directors on May 23, 2018 (Report No. 118511).** Specifically, the activities under the Project contribute to Pillar 1: Fostering Conditions for Growth and Competitiveness, under Outcome 5 – Improved Human Capital Results through Higher Quality Standards for Education and Health – by investing in public primary health care facilities to properly equip them to improve their noncommunicable disease management capabilities.

18. **Citizen engagement mechanisms that collect patient feedback on their perception of the quality of health services and patient satisfaction are included under the parent Project and will continue to apply to the AF.** The country has a Continuous Quality Improvement strategy, approved in 2018, which includes a citizen engagement mechanism, and TORs are currently being developed to implement aspects of this strategy. Citizen engagement under the Project will be measured using two indicators in the Results Framework, namely the percentage of PHC facilities that have implemented exit surveys with service users in a one-year period and presenting results to the MOHW and the percentage of PHC facilities participating in the PBF scheme that have developed an action plan(s) based on the results of quarterly surveys.

19. **The activities to be financed through this AF remain covered by the existing safeguards instruments prepared for the HSSP.** Safeguards performance has consistently been rated Satisfactory.

III. KEY RISKS

20. **The overall risk for the proposed AF is rated as substantial.** The key risks and their mitigation measures are described below. Political and governance, technical design, and institutional capacity for implementation and sustainability risks have been downgraded from the last Implementation Status and Results Reports (ISR) to reflect inherent risks, mitigation measures, and the resulting residual risks. Further, since the time of the last ISR, the MOHW PIU has been staffed with the Project Coordinator, FM Specialist and Procurement Analyst, and has shown that it is able to execute multiple project activities in parallel. Finally, fiduciary risks were upgraded to reflect the increased fiduciary risks following the triggering of the CERC.

21. **Macroeconomic risk is rated substantial.** Efforts to mitigate the spread of COVID-19, such as the closure of borders, have had a substantial impact on tourism which has affected the Gross Domestic Product and employment. In the absence of swift recovery, the availability of public funds to finance the EPHS may be limited. On April 27, 2020, the International Monetary Fund (IMF) approved a US$29 million Rapid Credit Facility (RCF) for Saint Lucia. The government has reprioritized resources to support the health response, which will further support the implementation of this Project.

22. **Institutional capacity for implementation and sustainability risk is rated substantial**. The institutional capacity risks are considered substantial due to the limited capacity of the MOHW and some delays in recruitment of MOHW PIU staff. The MOHW is currently stretched as it copes with the COVID-19 pandemic, which has exerted a substantial demand on staff for health and health-related services. Mitigation measures include sourcing of experienced consultants to provide temporary support, and the

use of online tools to ensure continued Project progress.

23. **Fiduciary (FM and Procurement) risk has been assessed as substantial.** The FM risk is rated as substantial due to (i) limited institutional fiduciary experience of the MOHW in Bank-funded projects; and (ii) increased fiduciary risks after triggering the CERC. To mitigate the risks, the MOHW staffed the PIU with a FM specialist experienced in Bank-financed operations and established adequate fiduciary arrangements for the CERC activities as part of the CERC Operations Manual and Action Plan. Such arrangements include maintaining separate records and inventory management system for procured goods and equipment and establishing spot-checking mechanisms to strengthen monitoring and verification that controls are operating.

24. **Procurement risk is assessed as substantial due to weak procurement arrangements and delays in carrying out simple procurement activities.** To mitigate this risk, the MOHW will hire a seasoned procurement consultant to support procurement activities and provide on the job training to the Procurement Analyst in the PIU. The procurement consultant will also update the PPSD for all large contracts under the procurement plan. To date, an important mitigation measure has been the approval of the electronic submission of tenders/bids to the Central Tenders Board via a secured email address on April 29, 2020 (Circular No. 003/2020), which have allowed the procurement process for future activities to continue amid the ongoing COVID-19 pandemic.

IV. APPRAISAL SUMMARY

A. Economic and Financial (if applicable) Analysis

25. **At appraisal, the case for the parent Project was made based on the intrinsic and economic value of improvements in population health outcomes.** The economic analysis underlying the Project built on well-established evidence about the economic benefits of reductions in avoidable mortality and morbidity and cost reductions from shifting care from more resource-intensive care settings (i.e. hospitals) into less resource-intensive settings (i.e. primary healthcare) through the adoption of the prioritized essential benefits package and increased screening, prevention and early treatment of diabetes and hypertension.

26. **The activities for which financing is made available again through the AF had been found to yield a solid positive Net Present Value (NPV) and a high internal rate of return.** Specifically, a NPV of USD 46.41 million and an internal rate of return of 43.2 percent were estimated under the baseline scenario. The cost-benefit analysis took into account reductions in Disability-adjusted life years (DALYs)[3] as well cost savings through a reduction in the number of avoidable hospital admissions for ambulatory or primary care sensitive conditions such as diabetes and hypertension. Interventions to strengthen primary healthcare and improve access to highly cost-effective and quality healthcare services through an

[3] A DALY is defined as one lost year of "healthy" life. The sum of all DALYs across the entire population represents the country's burden of disease and therefore measures the gap between current health status and an ideal scenario under which the entire population lives to an advanced age, free of disease and disability. DALYs are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) among people living with health conditions.

explicit benefit package have been shown to improve health outcomes and reduce avoidable hospital care.

27. **The activities under the CERC are supporting the mitigation of and response to the adverse health and economic impacts resulting from the COVID-19 outbreak in Saint Lucia.** Although knowledge gaps regarding the scope and future evolution of the COVID-19 pandemic remain significant and make it difficult to quantify its direct and indirect economic impacts at an early stage, these impacts can be clearly identified: the direct costs come in the form of higher morbidity, mortality and health expenditures for the COVID-19 response. The indirect costs are related to the reduced ability of firms to produce goods and services, and the ability of people to work and consume. The available evidence about the economic impact of COVID-19 suggests a large simultaneous demand and supply shock in affected countries with resulting losses in human capital, labor productivity, employment, and increasing economic uncertainty. The activities financed through the CERC can be expected to strengthen the Saint Lucian health system's capacity for surveillance, laboratory testing capacity, case triage, and treatment, thereby improving its ability to prepare for and manage current and future infectious disease outbreaks. In particular, better disease surveillance is instrumental to prevent major outbreaks from happening and thereby mitigates or reduces the economic cost of social distancing measures and shutdowns of economic activity.

28. **Past pandemics can give an idea about both direct and indirect costs of the COVID-19 pandemic and thereby also of the benefits of mitigating and responding to these impacts**. During the Spanish Influenza pandemic (1918-19), 50 million people died (representing about 2.5 percent of the global population of 1.8 billion at that time). The increased illness and mortality under such a pandemic negatively affect the size and productivity of a country's labor force. In addition, government interventions to control the outbreak and the efforts of private individuals to avoid becoming infected or to survive the results of infection reduce economic activity. The SARS outbreak of 2003 provides a good example. The number of deaths due to SARS was estimated at 800 deaths, but it resulted in economic losses of about 0.5 percent of annual GDP for the entire East Asia region. 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 implementation of more costly hygiene and safety protocols.

B. Technical

29. **The design of the parent Project (Saint Lucia HSSP – P166783) continues to be relevant and consistent with the aim of improving the accessibility, efficiency, and responsiveness of health services provided by Saint Lucia's National Health System.** The approach of two technical components, which was adopted to reduce fragmentation and increase flexibility, continues to be important. In addition, the shift from an inputs-based approach to a results-based approach, which will be piloted through the PBF for noncommunicable diseases (NCDs), has become more relevant against a backdrop of limited fiscal space following the COVID-19 outbreak. The Project components are complementary, with activities that will be sequenced appropriately.

30. **The implementation arrangements and activity design for the CERC activities draw upon a rich knowledge base of lessons learned from previous infectious disease outbreaks including the 2002-2004 SARS-CoV-1 outbreak and the ongoing COVID-19 outbreak itself.** A rapid and effective emergency

response can reduce mortality, morbidity, and socio-economic costs associated with outbreaks. Delays in the mobilization of financing and inadequate coordination result in exponentially rising human and socio-economic costs. By focusing on testing, isolating, and managing COVID-19 cases, the Project aims to control the outbreak and limit these losses.

31. **The Project scope is nation-wide, and the population at large will benefit either directly or indirectly**. Given the nature of the disease, infected people, at-risk populations, particularly the elderly and people with comorbidities relevant to COVID-19[4], medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response receive special attention.

32. **There is a need to continue investing in the underlying health system to ensure improved health security, particularly in a region highly dependent on tourism.** Going forward, Saint Lucia will need to manage the influx of tourists in a way that does not render it vulnerable to disease outbreaks. At a minimum, this will involve continued investment in early detection and prevention. Evidence from other countries suggest that the COVID-19 pandemic has increased the risk of non-utilization of non-COVID-19 related other health services. This increases the need to replenish the financing gap and ensure that access to health services is protected, particularly for NCDs.

C. Financial Management

33. **FM arrangements under the AF are expected to be the same as those under the original Project.** The Project's FM functions and responsibilities will continue to be executed by the PIU under the Ministry of Health and Wellness which has established and maintained adequate FM system that meets Bank requirements, and should be able to provide, with reasonable assurance, accurate and timely information on the use of Project funds.

34. **Project FM procedures are guided by the Project Operations Manual as well as the CERC Operations Manual.** Overall, the FM arrangements under the Project are deemed to be functioning and adequate for the AF.

D. Procurement

35. **Based on the findings of the procurement assessment, the MOHW-PIU has limited capacity and prior experience in managing World Bank funds.** The project has tried to hire a Procurement Specialist, but this was unsuccessful and there is currently a Procurement Analyst in place who receives support from the National Project Coordination Unit (N-PCU) and the World Bank Procurement Specialist when needed. The project is currently trying to recruit an International Procurement Expert who will provide remote procurement mentoring for the Procurement Analyst.

36. **Procurement under the proposed AF will be guided by the 'World Bank Procurement Regulations for IPF Borrowers' dated July 1, 2016, (Procurement Regulations) updated in November 2017 and August 2018; and the World Bank's Anti-Corruption Guidelines: 'Guidelines on Preventing and**

[4] The evidence on relevant co-morbidities is still limited, though age and noncommunicable conditions such as hypertension, diabetes, and cardiovascular disease, for which prevalence rates are high, are associated with higher rates of mortality. See *http://weekly.chinacdc.cn/en/article/id/e53946e2-c6c4-41e9-9a9b-fea8db1a8f51*

Combatting Fraud and Corruption' revised as of July 1, 2016, as well as provisions stipulated in the Financing Agreement. During its implementation, the project will update its manual based on and in accordance with these abovementioned references. All goods and non-consulting services will be procured in accordance with the requirements set forth or referred to in 'Section VI. Approved Selection Methods: Goods, Works and Non-Consulting Services of the Procurement Regulations' abovementioned, and the consulting services will be procured in accordance with the requirements set forth or referred to in 'Section VII. Approved Selection Methods: Consulting Services of the Procurement Regulations', as well as according to the Project Procurement Strategy for Development (PPSD) and the Procurement Plan approved by the World Bank.

37. **The AF will not introduce new activities to the procurement plan.** All procurement activities under the proposed additional financing will use the World Bank's online procurement planning and tracking tool, STEP, to prepare, clear, and update the Procurement Plan and to carry out all procurement transactions. The Borrower will use standard procurement documents of the Bank.

E. Social (including Safeguards)

38. **COVID-19 response measures reinforce positive social development outcomes expected from the Project.** Proper safeguard instruments are in place in the Environmental and Social Management Framework (ESMF) of the parent Project, as amended under the CERC to include additional safety measures related to COVID-19, such as the use of masks, and the AF will not involve any activities that will result in land acquisition, physical displacement, economic displacement or any other form of involuntary resettlement as defined by OP 4.12.

39. A GRM (grievance redress mechanism) is already implemented under the parent Project to deal with grievances and complaints; this will stay in place for the AF and also applies to the activities implemented under the CERC.

40. Resources to support GBV (gender-based violence) mitigation measures during the COVID-19 response are included in the in CERC Action Plan. However, the specific nature of these interventions have yet to be determined.

A. Environment (including Safeguards)

41. **The parent Project was assessed as Category B (Partial Assessment) under OP 4.01 (Environmental Assessment) and will continue to be assessed as Category B for the AF.** The Project activities aim to improve access to and responsiveness of key health services, and improve the management of increasing medical and pharmaceutical waste production in the different types of health facilities, which could adversely affect the environment and the local population. The terms of reference (TOR) for a Healthcare Waste Management System has been developed under the original ESMF of the Project and is being revised to manage the risks associated with increased medical waste and the COVID-19 pandemic. The MOHW, where the implementing unit is based, has made progress in implementation, has adequate capacity and personnel to independently implement the safeguards instruments and the Healthcare Waste Management System (HWMS) once it has been revised, and will request periodic support from N-PCU or a contracted Environmental and Social Specialist(s) if needed.

42. **The CERC activities did not trigger new safeguards policies; they remain covered by OP 4.01.** The activities to be financed under the CERC carry risk for the public, patients, and health sector personnel (including their families) to be exposed to people and samples contaminated by COVID-19. An addendum to the ESMF was prepared for the CERC and disclosed on the Bank's website on May 26, 2020. It covers the emergency activities because although they fell within the scope of the instrument prepared for the parent Project, additional precautions were warranted because of the COVID-19 pandemic. Given the high rate of transmission, infection control efforts will require special care to avoid or minimize exposure by designing and implementing adequate measures that take into account, in particular: (i) medical waste management; (ii) the mitigation of risks for health sector personnel and the public through the establishment of preventive and protective guidelines, including the initiation of health awareness and education initiatives. The activation of the CERC has also expedited the revision of the TOR for the development of HWMS, and these will soon be put out for tender. In addition, the CERC ESMF amendment includes considerations for COVID-19 response including WHO recommendations on quarantine and biosecurity.

43. The AF is to complete activities identified under the parent Project and thus the activities are fully covered by the existing safeguards policies and instruments that have been prepared, reviewed, and disclosed.

V. WORLD BANK GRIEVANCE REDRESS

44. Communities and individuals who believe that they are adversely affected by a World Bank (WB)-supported project may submit complaints to existing project-level grievance redress mechanisms or the WB'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 WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank'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 World Bank Inspection Panel, please visit *www.inspectionpanel.org*

VI SUMMARY TABLE OF CHANGES

	Changed	Not Changed
Project's Development Objectives	✓	
Results Framework	✓	
Components and Cost	✓	
Reallocation between Disbursement Categories	✓	
Implementing Agency		✓
Loan Closing Date(s)		✓
Cancellations Proposed		✓
Disbursements Arrangements		✓
Safeguard Policies Triggered		✓
EA category		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Implementation Schedule		✓
Other Change(s)		✓

VII DETAILED CHANGE(S)

PROJECT DEVELOPMENT OBJECTIVE

Current PDO

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

Proposed New PDO

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

and provide a response in the event of eligible crises or emergencies.

COMPONENTS

Current Component Name	Current Cost (US$, millions)	Action	Proposed Component Name	Proposed Cost (US$, millions)
Component 1: Design and Implementation of an Essential Benefits Package	5.50	Revised	Component 1: Design and Implementation of an Essential Health Services Package	5.50
Component 2: Strengthening Service Delivery in Support of the Essential Benefits Package	13.00	Revised	Component 2: Strengthening Service Delivery in Support of the Essential Package of Health Services	13.00
Component 3: Institutional Capacity Building, Project Management and Coordination	1.50	No Change	Component 3: Institutional Capacity Building, Project Management and Coordination	1.50
Component 4: Contingent Emergency Response Component	0.00	Revised	Component 4: Contingent Emergency Response Component	5.00
TOTAL	**20.00**			**25.00**

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed
IDA-63160-001 | Currency: USD				
iLap Category Sequence No: 1	Current Expenditure Category: Gds,Wks,Non-CS,CS,OP,TR excpt cat.2			
14,880,000.00	508,212.13	11,000,000.00	100.00	100.00
iLap Category Sequence No: 2	Current Expenditure Category: Perform based fin pmts Pt. 2.1 only			
4,000,000.00	0.00	4,000,000.00	100.00	100.00
iLap Category Sequence No: 3	Current Expenditure Category: Emergency Expenditures Part 4			

0.00	0.00	5,000,000.00	100.00	100.00
iLap Category Sequence No: 4	Current Expenditure Category: PPF REFINANCING			
1,120,000.00	0.00	0.00		
Total	**20,000,000.00**	**515,212.13**	**20,000,000.00**	

Expected Disbursements (in US$)

Fiscal Year	Annual	Cumulative
2019	136,900.00	136,900.00
2020	4,000,000.00	4,136,900.00
2021	6,000,000.00	10,136,900.00
2022	7,000,000.00	17,136,900.00
2023	6,707,875.00	23,844,775.00
2024	1,155,225.00	25,000,000.00
2025	0.00	25,000,000.00
2026	0.00	25,000,000.00
2027	0.00	25,000,000.00

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Latest ISR Rating	Current Rating
Political and Governance	Substantial	Moderate
Macroeconomic	Substantial	Substantial
Sector Strategies and Policies	Moderate	Moderate
Technical Design of Project or Program	Substantial	Moderate
Institutional Capacity for Implementation and Sustainability	High	Substantial
Fiduciary	Moderate	Substantial
Environment and Social	Moderate	Moderate
Stakeholders	Moderate	Moderate

Other		
Overall	Substantial	Substantial

LEGAL COVENANTS – Additional Financing - Saint Lucia Health System Strengthening Project (P174228)

Sections and Description
Section III.B.1(b) of Schedule 2: Notwithstanding the provisions of Part A above, no withdrawal shall be made under Category (2) unless the Association has received adequate evidence that: (i) the first two Management Agreements have been signed and are in effect; (ii) the Service Contract has been signed and is in effect; (iii) the first Verification Report has been completed; and (iv) the PBF Manual has been adopted; all in form and substance satisfactory to the Association.
Section III.B.1(c) of Schedule 2: Notwithstanding the provisions of Part A above, no withdrawal shall be made for Emergency Expenditures under Category (3), unless and until the Association is satisfied, and has notified the Recipient of its satisfaction, that all of the following conditions have been met in respect of said expenditures: (i) the Recipient has determined that an Eligible Emergency has occurred, has furnished to the Association a request to include the proposed activities in the Emergency Response Part in order to respond to said emergency, and the Association has agreed with such determination, accepted said request and notified the Recipient thereof; (ii) the Recipient has ensured that all safeguard instruments required for said activities have been prepared and disclosed, and the Recipient has ensured that any actions which are required to be taken under said instruments have been implemented, all in accordance with the provisions of Section I.F of this Schedule; (iii) the entities in charge of coordinating and implementing the Emergency Response Part have adequate staff and resources, in accordance with the provisions of Section I.F of this Schedule, for the purposes of said activities; and (iv) the Recipient has adopted the CERC Manual, in form and substance acceptable to the Association, and the provisions of the CERC Manual remain - or have been updated in accordance with the provisions of Section I.F of this Schedule so as to be - appropriate for the inclusion and implementation of the Emergency Response Part.

Conditions

VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: St. Lucia

Additional Financing - Saint Lucia Health System Strengthening Project

Project Development Objective(s)

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

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
The development objective is to improve the accessibility of key health services							
Number of people registered under the National Health Scheme (Number)		0.00	0.00	0.00	60,000.00	80,000.00	100,000.00
Action: This indicator has been Revised	***Rationale:*** ***This indicator will have the intermediate targets of 1 and 2 set to zero as the EPHS consultancy took longer than anticipated and to account for possible delays due to COVID-19.***						
Number of people registered under the National Health Scheme (women) (Number)		0.00	0.00	0.00	30,000.00	40,000.00	50,000.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator has been Revised	***Rationale:*** ***This indicator will have the intermediate targets of 1 and 2 set to zero as the EPHS consultancy took longer than anticipated and to account for possible delays due to COVID-19.***						
The development objective is to improve the efficiency of key health services							
Percent of diabetic patients > 18 years at public primary health facilities managed according to national protocols (Percentage)		0.00	0.00	0.00	40.00	50.00	60.00
Action: This indicator has been Revised	***Rationale:*** ***This indicator will have the intermediate targets of 1 and 2 set to zero as the PBF consultancy took longer than anticipated and to account for possible delays due to COVID-19.***						
Percent of diabetic patients > 18 years at public primary health facilities managed according to national protocols (women) (Percentage)		0.00	0.00	0.00	40.00	50.00	60.00
Action: This indicator has been Revised	***Rationale:*** ***This indicator will have the intermediate targets of 1 and 2 set to zero as the PBF consultancy took longer than anticipated and to account for possible delays due to COVID-19.***						
Percent of hypertensive patients > 18 years at public primary health facilities managed according to national protocols (Percentage)		0.00	0.00	0.00	40.00	50.00	60.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Action: This indicator has been Revised	***Rationale:*** ***This indicator will have the intermediate targets of 1 and 2 set to zero as the PBF consultancy took longer than anticipated and to account for possible delays due to COVID-19.***						
Percent of hypertensive patients > 18 years at public primary health facilities managed according to national protocols (women) (Percentage)		0.00	0.00	0.00	40.00	50.00	60.00
Action: This indicator has been Revised	***Rationale:*** ***This indicator will have the intermediate targets of 1 and 2 set to zero as the PBF consultancy took longer than anticipated and to account for possible delays due to COVID-19.***						
The development objective is to improve the responsiveness of key health services							
Compliance with 2005 International Health Regulations (IHR) by maintaining a trained Rapid Response Team (RRT) to respond to events that may constitute a public health emergency (Yes/No)		Yes	Yes	Yes	Yes	Yes	Yes
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)		1.00					1.00
Action: This indicator is New							

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Component 1. Design and Implementation of an Essential Package of Health Services *(Action: This Component has been Revised)*							
Essential package of benefits formally adopted and reviewed on an annual basis (Yes/No)		No	No	No	Yes	Yes	Yes
Action: This indicator has been Revised	***Rationale:*** ***This indicator will have the intermediate targets of 1 and 2 set to "No" as the EPHS consultancy took longer than anticipated and to account for possible delays due to COVID-19.***						
Primary care service utilization rates (public health sector) (Number)		37,320.00	40,000.00	45,000.00	50,000.00	55,000.00	55,000.00
Primary care service utilization rates (public health sector) (women) (Number)		44,447.00	45,000.00	50,000.00	55,000.00	60,000.00	60,000.00
Percentage of Primary Health Care (PHC) facilities that have implemented exit surveys with service users in a one-year period and presenting results to the MOHW (Percentage)		0.00	25.00	30.00	40.00	50.00	60.00
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		60,420.00	70,000.00	80,000.00	90,000.00	100,000.00	100,000.00
Action: This indicator has been Marked for Deletion							

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number)		35,368.00	40,000.00	45,000.00	50,000.00	55,000.00	60,000.00
Action: This indicator has been Marked for Deletion							
Component 2. Strengthening Service Delivery in Support of the Essential Package of Health Services *(Action: This Component has been Revised)*							
Number of public primary care health facilities equipped for NCD management (Number)		0.00	5.00	10.00	20.00	25.00	30.00
Number of public sector providers registered under the PBF scheme (Number)		0.00	0.00	0.00	15.00	20.00	25.00
Action: This indicator has been Revised	***Rationale:*** ***This indicator will have the intermediate targets of 1 and 2 set to zero as the PBF consultancy took longer than anticipated and to account for possible delays due to COVID-19.***						
Number of patients > 18 years screened for diabetes at public primary health facilities based on national protocols (Number)		0.00	0.00	0.00	15,000.00	17,000.00	20,000.00
Action: This indicator has been Revised	***Rationale:*** ***This indicator will have the intermediate targets of 1 and 2 set to zero as the PBF consultancy took longer than anticipated and to account for possible delays due to COVID-19.***						
Number of patients > 18 years screened for diabetes at public primary health		0.00	0.00	0.00	7,500.00	8,500.00	10,000.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
facilities based on national protocols (women) (Number)							
Action: This indicator has been Revised	***Rationale:*** ***This indicator will have the intermediate targets of 1 and 2 set to zero as the PBF consultancy took longer than anticipated and to account for possible delays due to COVID-19.***						
Number of patients > 18 years screened for hypertension at public primary health facilities based on national protocols (Number)		0.00	0.00	0.00	15,000.00	17,000.00	20,000.00
Action: This indicator has been Revised	***Rationale:*** ***This indicator will have the intermediate targets of 1 and 2 set to zero as the PBF consultancy took longer than anticipated and to account for possible delays due to COVID-19.***						
Number of patients > 18 years screened for hypertension at public primary health facilities based on national protocols (women) (Number)		0.00	0.00	0.00	7,500.00	8,500.00	10,000.00
Action: This indicator has been Revised	***Rationale:*** ***This indicator will have the intermediate targets of 1 and 2 set to zero as the PBF consultancy took longer than anticipated and to account for possible delays due to COVID-19.***						
Percentage of Primary Health Care facilities participating in the Performance Based Financing (PBF) scheme that have developed an action plan		0.00	0.00	0.00	40.00	50.00	60.00

Indicator Name	PBC	Baseline	Intermediate Targets				End Target
			1	2	3	4	
based on the results of the quarterly satisfaction surveys (Percentage)							
Action: This indicator has been Revised	***Rationale:*** ***This indicator will have the intermediate targets of 1 and 2 set to zero as the PBF consultancy took longer than anticipated and to account for possible delays due to COVID-19.***						
Component 4. Contingent Emergency Response Component *(Action: This Component is New)*							
Number of equipped health facilities with isolation capacity (Number)		0.00					3.00
Action: This indicator is New							

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Number of people registered under the National Health Scheme		Every three months.	National Insurance Unit of the Ministry of Health and Wellness.	Summary of information from registration database.	The Ministry of Health and Wellness.
Number of people registered under the National Health Scheme (women)		Every three months	National Insurance Unit	Summary of information from registration	The Ministry of Health and Wellness

			of the Ministry of Health and Wellness	database	
Percent of diabetic patients > 18 years at public primary health facilities managed according to national protocols		Every three months	Health Information Systems of the Ministry of Health and Wellness	To be calculated from the Health Information Systems of the Ministry of Health and Wellness. Numerator = The number of diabetic people > 18 years at public primary health facilities managed according to national protocols Denominator = The total number of people with diabetes > 18 years seen at public primary health facilities. In 2017, 2183 persons with diabetes were seen in public primary health facilities where the Health Information Systems were implemented and in use (covering 85 percent of the population).	The Ministry of Health and Wellness

Percent of diabetic patients > 18 years at public primary health facilities managed according to national protocols (women)		Every three months	Health Information Systems of the Ministry of Health and Wellness	To be calculated from the Health Information Systems of the Ministry of Health and Wellness. Numerator = The number of diabetic people > 18 years at public primary health facilities managed according to national protocols (women) Denominator = The number of people > 18 years diagnosed with diabetes seen at public primary health facilities (women)	The Ministry of Health and Wellness
Percent of hypertensive patients > 18 years at public primary health facilities managed according to national protocols		Every three months.	Health Information Systems of the Ministry of Health and Wellness.	To be calculated from the Health Information Systems of the Ministry of Health and Wellness. Numerator = The number of hypertensive people > 18 years at public primary health facilities managed according to national protocols Denominator = The total	The Ministry of Health and Wellness.

				number of people with hypertension > 18 years seen at public primary health facilities. In 2017, a total of 5446 persons with hypertension were seen at public primary health facilities where the Health Information Systems were implemented and in use (covering 85 percent of the population).	
Percent of hypertensive patients > 18 years at public primary health facilities managed according to national protocols (women)		Every three months	Health Information Systems of the Ministry of Health and Wellness	To be calculated from the Health Information Systems of the Ministry of Health and Wellness. Numerator = The number of hypertensive people > 18 years at public primary health facilities managed according to national protocols (women) Denominator = The total number of people with hypertension > 18 years	The Ministry of Health and Wellness

				seen at public primary health facilities (women)	
Compliance with 2005 International Health Regulations (IHR) by maintaining a trained Rapid Response Team (RRT) to respond to events that may constitute a public health emergency		Annually.	The World Health Organization.	Data is reported by participating countries, including Saint Lucia, to the WHO.	The Ministry of Health and Wellness.
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents		Annual	Ministry of Health and Wellness	Ministry of Health and Wellness to provide this information	Ministry of Health and Wellness

Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Essential package of benefits formally adopted and reviewed on an annual basis		Annually.	The Ministry of Health and Wellness.	The Ministry of Health and Wellness will report on whether this exercise has taken place.	The Ministry of Health and Wellness.
Primary care service utilization rates (public health sector)		Annually.	Health Information Systems of the Ministry of Health and Wellness	To be calculated from the Health Information Systems of the Ministry of Health and Wellness. Number of visits to public primary health facilities per 100,000 population.	The Ministry of Health and Wellness.

Primary care service utilization rates (public health sector) (women)		Annually.	Health Information Systems of the Ministry of Health and Wellness.	To be calculated from the Health Information Systems of the Ministry of Health and Wellness. Number of visits to public primary health facilities per 100,000 women. The end target is higher to reflect increased use of facilities for maternal care.	The Ministry of Health and Wellness
Percentage of Primary Health Care (PHC) facilities that have implemented exit surveys with service users in a one-year period and presenting results to the MOHW	This indicator will measure the number of public PHC facilities implementing exit surveys. The numerator will consist of the number of PHC facilities implementing exit surveys over the denominator which is the total number of PHC facilities. These exit surveys will be developed during the project. As such, the baseline is 0.	Annually	The Ministry of Health and Wellness will report on this	The Ministry of Health and Wellness supervision of public PHC facilities	The Ministry of Health and Wellness
People who have received essential health, nutrition, and population (HNP) services		Annually	Health Information Systems of the Ministry of Health and Wellness. The total	Assessments of the Health Information Systems	The Ministry of Health and Wellness

			population of Saint Lucia is 178,015 (2016, World Bank). The baseline data of 60,420 represents people who have received health services at the public primary health care centers with HMIS in 2017.		
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement)		Annually	Health Information Systems of the Ministry of Health and Wellness	Assessment of the Health Information Systems	Ministry of Health and Wellness
Number of public primary care health facilities equipped for NCD management		Annually.	The Ministry of Health and Wellness.	A baseline survey will be conducted to evaluate primary care facilities for NCD management readiness, and will highlight gaps to be addressed. As facilities receive support to	The Ministry of Health and Wellness.

				address these gaps, they will be considered appropriately equipped for NCD management.	
Number of public sector providers registered under the PBF scheme		Annually.	The Ministry of Health and Wellness.	MOHW will report the number of PBF agreements they have signed with primary care facilities.	The Ministry of Health and Wellness.
Number of patients > 18 years screened for diabetes at public primary health facilities based on national protocols		Every three months.	Health Information Systems of the Ministry of Health and Wellness.	Data from primary care centers in the public sector will be summarized from the Health Information Systems.	The Ministry of Health and Wellness.
Number of patients > 18 years screened for diabetes at public primary health facilities based on national protocols (women)		Every three months	Health Information Systems from the Ministry of Health and Wellness	Data from public primary health facilities in the public sector will be summarized from the Health Information Systems	The Ministry of Health and Wellness
Number of patients > 18 years screened for hypertension at public primary health facilities based on national protocols		Every three months.	Health Information Systems of the Ministry of Health and Wellness.	Data from primary care centers in the public sector will be summarized from the Health Information Systems.	The Ministry of Health and Wellness.

Number of patients > 18 years screened for hypertension at public primary health facilities based on national protocols (women)		Every three months	Health Information Systems of the Ministry of Health and Wellness	Data from public primary health facilities will be summarized from the Health Information Systems.	The Ministry of Health and Wellness
Percentage of Primary Health Care facilities participating in the Performance Based Financing (PBF) scheme that have developed an action plan based on the results of the quarterly satisfaction surveys		Annually	The Ministry of Health and Wellness	The Ministry of Health and Wellness will supervise collection of this data.	The Ministry of Health and Wellness
Number of equipped health facilities with isolation capacity		Every six months	Ministry of Health and Wellness	Ministry of Health and Wellness to provide this information	The Ministry of Health and Wellness