



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 07-Apr-2022 | Report No: PIDA33445

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

Country Haiti	Project ID P178296	Project Name AF Haiti COVID-19 Response	Parent Project ID (if any) P173811
Parent Project Name Haiti COVID-19 Response	Region LATIN AMERICA AND CARIBBEAN	Estimated Appraisal Date 07-Apr-2022	Estimated Board Date 23-May-2022
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) Parent

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	35.00
Total Financing	35.00
of which IBRD/IDA	35.00
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	35.00
IDA Grant	35.00



Environmental and Social Risk Classification

Substantial

B. Introduction and Context

1. **The Project Paper seeks the approval of the Bank’s Board of Executive Directors/Regional Vice President to provide a grant in the amount of US\$35 million IDA for an Additional Financing (AF).** The AF would support the costs of expanding activities of the Haiti COVID-19 response (P173811) under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020¹, and the vaccines AF to the SPRP approved on October 13, 2020. The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in the Republic of Haiti through vaccination system strengthening, and to further strengthen preparedness and response activities under the Parent Project. The Haiti COVID-19 Response - prepared under the SPRP - in an amount of US\$20 million IDA was approved on April 2, 2020 and became effective on April 15, 2020.

2. **The purpose of the proposed AF is to provide financing to help the Government of Haiti deploy COVID-19 vaccines successfully that meet Bank’s vaccine approval criteria (VAC), purchase additional vaccines (also complying with the VAC), and strengthen relevant health systems that are necessary for a successful deployment.** The proposed AF will help achieving a 10 percent vaccination coverage among the country’s population, focusing on high-risk priority populations. Due to Haiti’s eligibility for vaccine donations and the by now sufficient availability of such donations via the multilateral COVID-19 Vaccines Global Access (COVAX) mechanism or by direct country donations, the focus of the AF is not on financing the procurement of vaccines, but rather on the safe and equitable deployment of these donated doses that have not been deployed. Haiti’s vaccine absorption capacity for COVID-19 vaccines so far has been weak, leading to the wastage of vaccines and the return of vaccines to COVAX.

3. Bank financing for the COVID-19 vaccines and deployment will follow Bank’s VAC. As of April 16, 2021, the Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccine acquisition and/or deployment under all Bank- financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the SRAs identified by World Health Organization (WHO) for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). The country will provide free of cost vaccination to the population.

¹ The Bank approved a US\$12 billion WBG Fast Track COVID-19 Facility (FTCF or “the Facility”) to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion came from IBRD/IDA (“the Bank”) and US\$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the FTCF total to US\$14 billion. The AF of US\$12 billion (IBRD/IDA) was approved on October 13, 2020, to support the purchase and deployment of COVID-19 vaccines as well as strengthening the related immunization and health care delivery system.



Country Context

4. **Haiti has been experiencing a prolonged period of profound uncertainty and heightened risks of instability and crisis due to the deteriorating socioeconomic conditions since 2015 and the tragic events of 2021.** Following contested national elections in 2015, Haiti entered a cycle of increased social unrest, rising insecurity, and macroeconomic and political instability, which accelerated in mid-2018 against a context of steadily declining ODA (since 2010) and the withdrawal of the United Nations peacekeeping force (MINUSTAH). The assassination of the President in July 2021 epitomizes this continued deterioration and has deepened political uncertainty. Escalating levels of armed violence and criminality are also contributing to instability. Recent exogenous shocks, including the August 2021 earthquake and the COVID-19 pandemic, further compound these risks by exacerbating negative growth, increasing poverty, and reducing human capital, while fueling social grievances and further eroding trust in Government. In this context of multiple simultaneous social and economic challenges, the response to the COVID-19 pandemic has not always been a main priority of the Government. However, despite a relatively low overall incidence of COVID-19 cases and associated morbidity and mortality (subject to issues of underreporting) in Haiti, the pandemic has been causing severe and ongoing disruptions to health service delivery and coverage.

5. **The progress of Haiti’s national vaccination campaign so far has been minimal with less than one percent of the population having received full vaccination coverage, placing the country among the ten countries in the world with the lowest population vaccination coverage.** The reasons are manifold but are mainly related to the country’s limited vaccine absorption capacity and low population demand-for vaccines (due to vaccine hesitancy, among other things). As of March 31, 2022, only 1.01 percent of the population has been fully vaccinated, and 1.46 percent of the population have received at least their first dose. Vaccine supply is not currently a constraint for a wider vaccine deployment in Haiti thanks to the access to vaccine donations and allocations under the COVAX Advance Market Commitment (AMC) mechanism²the country received. Due to Haiti’s issues with absorption capacity and the high vaccine hesitancy within the population, Haiti has refused accepting additional doses offered. Still, Haiti has been receiving steady supplies of vaccines through COVAX as well as from several different Government (also handled through COVAX logistics). The reasons for vaccine hesitancy in Haiti are more multifaceted and harder to overcome than in other Caribbean countries (where vaccine hesitancy is widespread in general), as they are reinforced by a general distrust of the Government and a perceived low impact of COVID-19 in the country.

Sectoral and Institutional Context

6. The need for additional resources to expand the COVID-19 response was formally conveyed by the Government of Haiti in a formal request dated November 17, 2021 for an AF of US\$35 million to support strengthening of the system’s capacity to **respond** to COVID-19 and the Governments vaccination efforts against COVID-19. The proposed AF will form part of an expanded health response to the pandemic, which is being supported by development partners under the coordination of the Government of Haiti. Additional World Bank financing will provide essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Haiti.

7. **The Government of Haiti has prepared a national plan for vaccine deployment (NVDP), which**



draws on the findings of the Vaccine Introduction Readiness Assessment (VIRAT/VRAF) 2.0 and gap analysis, and it was endorsed by the Government. Haiti's NVDP indicates an objective to vaccinate 62 percent of the population. This objective should be attained in 3 phases. Due to the weak demand for vaccines as of March 2022, however people outside of the originally defined priority population can also receive vaccines, while the focus of the Government remains on reaching the 20 percent of the population that is most at risk. The AF's focus will be on extending vaccination coverage for priority populations (such as health workers and the elderly) and the general population before considering any re-vaccination efforts.

C. Proposed Development Objective(s)

Original PDO

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

D. Project Description

8. **The PDO of the Parent Project and this AF is to respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Haiti.** The Parent Project focuses on the procurement of personal protective equipment, laboratory kits, medical equipment, and intensive care equipment as well as training on their use and has disbursed 98 percent of its total financing amount. The Parent Project³ includes the components as listed below:

- **Component 1: Emergency COVID-19 Response:** to provide immediate support to minimize imported cases of COVID-19 and to limit local transmission through containment strategies. It also supports enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems.
- **Component 2: Health System Strengthening:** to support the strengthening of critical core functions of the health system.
- **Component 3: Implementation Management and Monitoring and Evaluation.** support the capacity of the central Ministry of Public Health and Population (MSPP) units and Departmental health authorities in the coordination, implementation management and supervision of the Project.

9. **The changes proposed for the AF entail expanding the scope of activities in the Parent Project the Haiti COVID-19 Response Project (P173811) to include the financing of vaccine deployment and procurement.** Specifically, the following activities will be supported through the AF under the different Components of the Project.

10. **Component 1: Emergency COVID-19 Response (original allocation US\$16.0 million; revised allocation US\$47.0 million).** The deployment of vaccines which was anticipated in the initial Global COVID-19 MPA will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 infections and deaths. For this purpose, a new Subcomponent 1.4: Deployment and Purchasing of COVID-19 vaccines will be added under Component 1. In addition, activities of the Parent Project under the following

³ <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/788631585950911531/haiti-covid-19-strategic-preparedness-and-response-project>



subcomponents will be scaled up: Sub-Component 1.1: Containment interventions and Sub-Component 1.3: Reinforcement of healthcare services provision capacity.

11. Sub-Component 1.1: Containment interventions. The allocation of this sub-component is increased to support the scale up of the following activities: (i) the activation/operationalization of coordination mechanisms at the central and local level (including the establishment of crisis cells at the Departmental level to promote the vaccination campaign); (ii) strengthening of the COVID-19 surveillance systems at local and national levels; (iii) enhancing of disease reporting systems for priority infectious diseases; and laboratory investigation of priority pathogens; (iv) updating, dissemination, operationalization and training regarding national protocols and guidelines on case management and infection prevention and control; and (v) other measures supporting the detection and containment of COVID-19 and other potential infectious pathogens.

12. Sub-Component 1.3: Reinforcement of healthcare services provision capacity. The allocation of this sub-component is increased to support the scale up of these activities, specifically to 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 subcomponent will also finance the access to electricity at identified health facilities to ensure proper patient care (i.e., ensure that oxygen concentrators needed for the treatment of COVID-19 patients can be properly operated).

13. Sub-Component 1.4: Deployment and Purchasing of COVID-19 vaccines. This sub-component will focus on technical and financial support to enhance the implementation of the updated NVDP, with a focus on deployment and communications. Depending on the progress of the vaccination campaign and to attain the objectives of phase 1 of the NVDP, the Sub-component will also support the purchase of vaccines from the COVAX and/or African Union's COVID-19 Africa Vaccine Acquisition Trust (AVAT) facilities to complement vaccine donations that Haiti has been receiving under the COVAX AMC or directly from countries. This sub-component will finance goods, consulting services, and non-consulting services.

14. **Component 2: Health System Strengthening (original allocation US\$3.0 million; revised allocation US\$5.5 million).** AF resources will scale up investments under the Parent Project, particularly to finance investments in surveillance systems at local and national levels (and specifically post-vaccination surveillance), information systems, training and supervision to strengthen national systems for public health preparedness in Haiti. Just like for the Parent Project, these activities focus 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 (original allocation US\$1.0 million; revised allocation US\$2.5 million).** This component finances 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. The allocation of financing to this component is increased to account for the expanded scope of the Project through the addition of vaccination activities under Components 1 and 2.



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

16. The assessed environmental and social risks of the Parent Project remain relevant in the context of the AF, and while the altered risk profile will require further management during AF implementation, they are not expected to augment the risk classification of the Project beyond Substantial.

17. **The environmental risks are considered Substantial for the AF.** The main change in activities affecting the environmental risk classification is the addition of “deployment and purchasing of COVID-19 vaccines” as a project financed activity. This will generate risks and potential impacts in three main areas: (1) Management of biological and chemical waste arising from vaccine administration; (2) Resource-efficiency risks arising from supply chain logistics for mobile vaccine units from vaccine deployment; and (3) community health and safety risks – particularly transport and road safety impacts - arising from vaccine transportation. At the same time, the risk profile of the Project has changed so that these additional potential risks and impacts do not necessarily augment the risk classification of the Project due to changed circumstances on the ground. These circumstances include: (1) improved medical-waste management capacity through the imminent opening of a privately-operated medical waste incinerator at Croix-des-Bouquet (Centre department, outside Port-au-Prince) which meets WHO and “EU Incineration Directive” standards and will have capacity for end disposal of any biomedical waste generated through project-financed activities; (2) the engagement of NGOs with pre-existing regional presence who, through the Environmental and Social Management Framework (ESMF) and through provisions in procurement contracts, will be required to deploy clean technology and fuel-efficient logistic solutions to the extent economically and technically feasible; and (3) strong coordination between project partners (principally UNICEF, PAHO, CDC) in implementing risk mitigation measures of the Project ESMF in their transit of any goods or equipment procured with AF project funds. The Project ESMF is being updated to reflect these additional risks and potential impacts. In addition, the ESMF will be annexed to all contract material for direct financing to agencies (PAHO, CDC, UNICEF) and procurement of NGOs, in addition to Environmental and Social (E&S) Standards being included in all financing and procurement contracts.

18. **The social risks are considered Substantial for the AF.** While the Project will benefit Haitian society overall, due to the nature and scale of the AF Project, involving vaccination delivery rollout across the country, the following risks have the potential to materialize: (i) challenges in ensuring distribution of the vaccines in an inclusive and equitable manner so that socially vulnerable and disadvantaged people can properly share in the benefits of the Project; (ii) inadequate public engagement and consultation regarding the vaccine delivery rollout, including lack of reliable, pertinent, well-timed, and culturally appropriate information that could result in public mistrust toward acceptance of the vaccine (in terms of its safety or effectiveness), and/or for the vaccinated population to stop implementing non-pharmaceutical disease prevention and control



measures; (iii) lack of enforcement, at the vaccination site, of measures to avoid crowding and contagion; (iv) inadequate management of needles, sharps, PPEs, and other materials left over from the vaccinations that could put community members at risk if not properly disposed of; and (v) security risks to project workers given the country's deteriorating security situation, which can also impact supply routes from Port au Prince to provincial centers, particularly in the South. Sexual Exploitation and Abuse (SEA)/ Sexual Harassment (SH) risks are considered to be Moderate and will be addressed through the Project's ESMF.

19. **Mitigation measures** for the above-mentioned environmental and social risks will be addressed through updating the Project's ESMF, Stakeholder Engagement Plan (SEP) and Labor Management Procedures (LMP). The commitments from these instruments are captured in the Environmental and Social Commitment Plan (ESCP). In addition, the E&S instruments will be annexed to all contract material for direct financing to agencies (PAHO, CDC, UNICEF) and procurement of NGOs, in addition to standard E&S clauses being included in all financing and procurement contracts. The draft SEP and ESCP were developed and will be disclosed prior to Appraisal of the AF. The ESCP will be finalized during Project negotiations and re-disclosed. The draft SEP will undergo consultation, be finalized, and be re-disclosed prior to Project effectiveness. The ESMF and LMP will be updated, consulted and disclosed at the latest 60 days after Project effectiveness. E&S risk management will be overseen by the MSPP's Project Management Unit (*Unité de Gestion de Projet*, UGP) which will be strengthened by mobilizing a dedicated environmental specialist and a dedicated social specialist at the latest 60 days after effectiveness.

E. Implementation

Institutional and Implementation Arrangements

20. **The MSPP will continue to have the overall implementation responsibility.** Given the expanded vaccination scope, the arrangements in the Parent Project will require some adjustment, but implementation arrangements will build on those established for the Parent Project. UGP staffing will need to be reinforced through the hiring of a dedicated E&S specialist. Specifically, responsibilities for Project implementation will look as follows:

a) **Technical responsibilities.** Under the general management of MSPP, Components 1 and 2 will be implemented by the UGP, the Directorate of Laboratory and Research Epidemiology, the National Laboratory for Public Health and Directorate for Health Promotion and Protection of the Environment at the central level, and the Departmental Health Directorates at the departmental level.

b) **Fiduciary and E&S risk management responsibilities.** All fiduciary and E&S risk management responsibilities for the proposed Project will be assigned to the UGP at the MSPP, which has been managing the Parent Project. The UGP will be headed by a designated Coordinator and will also include dedicated environment and social specialists to ensure adequate monitoring of safeguards policies.

21. United Nations (UN) agencies will support the MSPP in the vaccine supply chain management under the Project (both for vaccine donations received by Haiti as well as any vaccines that may be procured with Project funds). Vaccinations at mobile units operated by NGOs will be conducted under direct supervision of the corresponding health authorities at the department level and in coordination with the central MSPP level. UN agencies will help with the training of vaccine trainers that will instruct the frontline vaccination personnel, to be conducted at central and department level. Third Party Monitoring through a UN agency will ensure transparency in the distribution of vaccines and consistency in their administration with the WHO-conform protocols established through the National Vaccination and Deployment Plan.



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APPROVAL

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