



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 12-Jun-2020 | Report No: PIDA29369



BASIC INFORMATION

A. Basic Project Data

Country Fiji	Project ID P173903	Project Name Fiji COVID-19 Emergency Response Project	Parent Project ID (if any)
Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 30-Apr-2020	Estimated Board Date 18-Jun-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Fiji	Implementing Agency Ministry of Health & Medical Services	

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Republic of Fiji.

Components

- Component 1: Emergency COVID-19 Response
- Component 2: Health Systems Strengthening
- Component 3: Implementation Management, Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	7.35
Total Financing	7.35
of which IBRD/IDA	6.40
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	6.40
IDA Credit	6.40



Non-World Bank Group Financing

Trust Funds	0.95
Pandemic Emergency Financing Facility	0.95

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

1. The Republic of Fiji is an economic, political, and social leader across the South Pacific, striving to overcome the development challenges of remoteness, smallness and vulnerability to natural disasters. With an estimated population of 880,000, Fiji is the largest lower-middle income small island state in the Pacific (excluding Papua New Guinea). Given its geographical location, Fiji is a regional hub for transport and many other services in the Pacific. Most of the population is concentrated on the two largest islands: Viti Levu (which houses the Capital) and the Island of Vanua Levu. Tourism is the largest foreign exchange earner for Fiji and contributes significantly to the country’s economy. Fiji’s central location and vast natural resources make it an important regional player.

2. Fiji has one of the lowest rates of extreme poverty and inequality in the Pacific. In 2013, just 1.4% of people in Fiji lived in extreme poverty, or under the US\$1.90 per day (2011 purchasing power parity) poverty line. Inequality in Fiji is also among the lowest in the East Asia and Pacific region: the Gini Index, a measure of inequality, stood at 36.4 in 2013. However, Fiji’s outcomes are less favorable when measured against the upper middle-income class countries. It puts the incidence of poverty in Fiji at 48.6%, higher than most other upper middle-income countries.



Sectoral and Institutional Context

3. Since Independence in 1970, Fiji has made considerable progress in improving its key health indicators, however, significant health challenges remain. While life expectancy has increased steadily up until 2018, improvements in maternal mortality have stagnated in recent years. Infant mortality and under five mortality continuously decreased until 2002, reaching minimum values of 19 and 22.4 per 1,000 live births respectively. Since 2002, these trends experienced a slight reversal, increasing to 21.6 per 1,000 live births and 25.6 per 1,000 live births respectively in 2018.¹ In addition, in line with Fiji's demographic transition, non-communicable diseases now represent the leading cause of morbidity and mortality, accounting for 76% of the loss of Disability Adjusted Life Years.² These diseases increase vulnerability to severe COVID-19 (and other infections), therefore putting the population of Fiji at high risk of COVID-19 complications.

4. Government budget allocations for health have remained relatively constant, despite the increasing demand and cost for health care. Health sector budgets have decreased in real terms, with current and public expenditure on health in Fiji relatively low compared to the country's income level. Government health expenditure as a proportion of total government expenditure has averaged 7.4% for the last 5 years. Over that same period, health expenditure as a proportion of gross domestic product has hovered around 2.5%. Compared to most other low- and middle-income countries in the Pacific, Fiji is at the lower end of the spectrum on this indicator. Since 2011, out-of-pocket expenditure as a proportion of total health expenditure has been declining. In terms of resource input, salaries and administration account for the bulk of the health budget. In terms of service outputs, clinical services at hospitals absorb most of the health expenditure. This leaves little for health promotion, prevention and/or broader public health initiatives at the lower level health facilities and to the communities they serve.

5. Fiji's preparedness and response to a public health emergency is constrained by several health system challenges, and a widespread COVID-19 outbreak will further strain the existing health system. The delivery of healthcare is challenging in a country that comprises 332 islands spread over 1.3 million square kilometers of the South Pacific Ocean. Health services are provided through a range of offices and health facilities, including the Ministry of Health & Medical Services (MHMS) head office, three divisional offices with administrative and clinical facilities, 25 hospitals, 19 sub-divisional offices, 80 health centers, 6 specialized centers, and 107 nursing stations. Fiji has a national ratio of 2.05 hospital beds per 1,000 population (this excludes holding beds available at isolated health centers for short-term observation of general patients and those requiring emergency births or awaiting transfers), but there is considerable variation across the country. Overall, the efficiency and quality of the health system could be improved by increased and adequate investment in upgrading and maintenance of health infrastructure. This includes adequate provision of hand basins in good working order and related sanitation measures which are essential components of basic infection prevention and control interventions.

6. Fiji's laboratory capacity needs to be strengthened to expand diagnostic testing for COVID-19. Fiji is one of four Pacific Island countries with existing broader reverse transcription polymerase chain reaction (PCR) laboratory capacity, which enables it to test for COVID-19. Since March 2020, Fiji has been able to use this PCR capacity to test for COVID-19 at Mataika House, the level 2 reference laboratory in Tamavua, Suva. However, testing sites across the country need to be expanded. With the recently available GeneXpert COVID-19 test cartridges, it is possible to expand Fiji's testing sites across the country, including at the sub-divisional level, pending adequate provision of PCR testing facilities either through broader PCR set up, or further provision of GeneXpert Analyzers and testing kits.



C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

7. To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Republic of Fiji.

Key Results

8. **PDO level indicators:** The PDO will be monitored through the following PDO level outcome indicators:

- Proportion of identified at-risk population investigated with laboratory testing for COVID-19
- Proportion of suspected and diagnosed cases treated as per approved protocol

9. **Intermediate Results Indicators**

- Number of health workers responding to surge receiving overtime and per diem
- Number of health facilities with improved connectivity for case reporting and public health surveillance
- Number of health facilities with access to improved health care waste management facilities
- Monitoring and evaluation system established to monitor COVID-19 preparedness and response plan.

Component 1: Emergency COVID-19 Response (IDA: US\$3.90 million equivalent; PEF Grant: US\$0.95 million)

10. The aim of this component is to strengthen Fiji's capacity to respond to COVID-19. This component will provide immediate support to implement prevention, preparedness, and emergency response activities for COVID-19. Specifically this component will: (a) address the COVID-19 emergency by enhancing disease detection capacities, case confirmation, and contact tracing; (b) strengthen the capacity of the health system to minimize the risk of spread of the disease and provide clinical care for patients with COVID-19; and (c) implement effective risk communication campaigns for mass awareness and education of the population to tackle the COVID-19 emergency, and enhance internet connectivity across health facilities.

Sub-Component 1.1: Enhance case detection, confirmation, and contact tracing (US\$1.05 million equivalent)

11. This sub-component will focus on strengthening Fiji's capacity for early detection, case confirmation, and contact tracing for COVID-19 by equipping laboratories with relevant supplies and consumables. Equipment to be procured under this component for laboratories include biosafety cabinets, GeneXpert cartridges, analyzers, and swabs.

Sub-Component 1.2: Enhance health service delivery (US\$2.50 million equivalent)

12. This sub-component will support enhancing clinical care capacity to manage COVID-19 cases and infection prevention and control capacity, including: (a) providing personal protective equipment and essential medical

¹ UNICEF (2020). Available: <https://data.unicef.org/country/fji/> [Accessed: 30 March 2020]

² Institute for Health Metrics and Evaluation, "GBD Compare," 2017. [Online]. Available: <http://www.healthdata.org/data-visualization/gbd-compare>. [Accessed: 26 March 2020].



equipment for case treatment; and (b) mobilizing existing MHMS personnel, and personnel of other agencies seconded to the MHMS through an approved written agency circular, to respond to a surge in demand for health care services and associated COVID-19 response work. The support related to mobilization of those personnel will specifically be for certain recurrent operational expenses, i.e. overtime, per diem and accommodation costs required for those personnel to respond to a surge in demand for health care services and associated COVID-19 response work.

Sub-Component 1.3: Communication Preparedness and Response (US\$1.30 million equivalent)

13. This sub-component will provide support to strengthen COVID-19 community awareness and communication, to increase knowledge and understanding among the general population about the risk and potential impact of the pandemic. The activities under this sub-component are aligned with the Government of Fiji's own risk communication strategy under its COVID-19 Preparedness and Response Plan. As other development partners such as UNICEF and WHO are providing risk communications support, this sub-component will primarily focus on supporting the dissemination of messages to the general public to increase understanding about the risks and impacts of the pandemic, including those aimed at increasing awareness of the ways of preventing infectious diseases. This will be through various communication channels, including posters and billboards, and will be integrated into ongoing outreach activities of the MHMS.

14. In addition, this sub-component will support the enhancement of telecommunication connectivity for 35 health facilities in priority MHMS functions and geographical areas, as identified by the MHMS on the basis of criteria satisfactory to the Association as having the greatest need to improve communication and data reporting between the MHMS and front-line health workers. Given that the identified priority areas are well-served by existing telecommunications infrastructure, it is expected that the market will respond to the needs of the MHMS and provide packaged deals that could be utilized by the MHMS to boost telecommunications connectivity at the identified sites. The cost of increased bandwidth, antenna system, routers and operating costs related to these activities, will be financed under this sub-component up to the closing date of the project. This sub-component will also finance annual licenses for software used in the health sector, such as ArcGIS, up to the closing of the project as may be needed.

Component 2: Health System Strengthening (IDA: US\$ 1.40 million equivalent)

15. This component will focus on medium-and long-term health care system strengthening focusing on three main priorities: (a) enhancing health care waste management, including procurement and installation of a medical waste incinerator at the Naboro landfill to serve the central division health facilities, any incidental works associated with it, and technical assistance to support such activities; (b) training for health care workers on health care waste management; and (c) construction of a warehouse to supplement storage facilities at the Fiji Pharmaceutical and Biomedical Services (FPBS) center in Suva. This warehouse located directly behind the FPBS building will be constructed on land that is owned under lease by Government. The warehouse will be used to store goods and medical supplies that are awaiting clearance and distribution to health facilities. MHMS currently pays substantial fees to freight companies, as well as high rental fees for hired buildings and space to store goods once they have arrived in the country. The planned warehouse would reduce this financial burden.

16. This component will also support improving Fiji's pandemic preparedness and response capacity for emerging infectious diseases through the development of a pandemic preparedness plan.



Component 3: Implementation Management, Monitoring and Evaluation (US\$1.10 million equivalent)

17. This component will provide technical and operational assistance on project management, including supporting monitoring and evaluation (M&E), supervision and reporting, financial management (FM), procurement and environmental and social risk mitigation activities; and sharing lessons learnt from response exercises and joint learning domestically and internationally. Key activities include: (a) recruitment of a project manager and environmental and social safeguards experts; (b) operating expenses for project management, reporting and supervision; (c) support for procurement, FM, environmental and social safeguards; and (d) M&E.

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

18. This project is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility. The project is expected to result in positive environmental and social impacts as it seeks to improve planning, processes and on ground service delivery for COVID-19 surveillance, monitoring, containment and response. However, project activities also present moderate environmental, social, health and safety risks for the project workforce and communities.

19. To manage these risks MHMS will prepare the following instruments in accordance with the Environmental and Social Commitment Plan (ESCP): (a) an Environment and Social Management Framework (ESMF) that will identify risks and potential environmental and social impacts and will outline appropriate mitigation measures based largely on adopting WHO guidance, World Bank Environmental, Health and Safety Guidelines and other Good International Industry Practice. The ESMF will include an Infection Prevention & Waste Management Plan for all associated facilities including such as laboratories, Labor Management Procedures to ensure proper working conditions and management of worker relationships, occupational health and safety, and to prevent sexual exploitation and abuse and sexual harassment. The ESMF will be prepared to a standard acceptable to the Bank and disclosed on the MHMS website (<http://www.health.gov.fj/>) and on the World Bank website within 30 days after the Effective Date. Until the ESMF has been approved, the Project will strictly follow current WHO Guidance and avoid any activities that have been screened for environmental and social risks. (b) Stakeholder Engagement Plan (SEP) (and Grievance Mechanism (GM)) – establishing a structured approach for community outreach and two-way engagement with stakeholders, in appropriate languages, including the vulnerable and disadvantaged groups (poor, disabled, elderly, isolated communities), that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with public meetings as a result of COVID-19. A preliminary SEP including GM has been prepared and will be updated by MHMS and re-disclosed within 30 days after the Effective Date.

E. Implementation



Institutional and Implementation Arrangements

20. **The MHMS will be the Project's implementing agency.** MHMS will have overall responsibility for carrying out the day-to-day management and implementation of the Project as well as coordination with other government ministries and stakeholders on all aspects of project implementation as required. The MHMS will hire a Project Manager to lead the day-to-day project management and implementation. The MHMS will ensure the Project Manager is contracted within 2 months after the effective date of the Financing Agreement. The Project Manager will be supported by two part-time specialists: one part-time international Environment, Social and Health and Safety (ESHS) Specialist, who will collaborate closely with one part-time national Environmental, Social, Health, Safety and Community Engagement (ESHSCE) Specialist.

21. **The ESHS and ESHSCE specialists will develop and support the implementation of the Project's environmental, social, health and safety, and community engagement instruments in compliance with local legislation, good international industry practice, including WHO Guidance on COVID-19 and the WB Environmental and Social Framework.** The ESHS and ESHSCE specialists will be recruited not later than 2 months after the effective date of the Financing Agreement.

22. **The MHMS will make use of its existing institutional processes and procedures to carry out the project's Financial Management and disbursement functions.** A Designated Account (DA) in Fijian dollars maintained at Home Finance Company Ltd Commercial Bank will receive funds from the WB and make payments for eligible expenditures. The MHMS will be responsible for submitting a six-month interim unaudited financial report, starting from the first semester following the project's first disbursement, to the WB no later than 45 days after semester-end. MHMS will also submit an Annual Work Plan and Budget for the WB's no-objection no later than 90 days after the effective date of the Financing Agreement and by July 1 of each subsequent year during the implementation of the project (or such other interval or date as the WB may agree).

23. **A Project Operations Manual (POM) will be developed by no later than two months after the effective date of the Financing Agreement to support the MHMS to meet its responsibilities for management and implementation of the project.** The POM will describe detailed arrangement and procedures for the implementation of the project, such as operational systems and procedures, project organizational structure, office operations and procedures, finance and accounting procedures (including funds flow and disbursement arrangements, and details relating to MHMS Staff Costs), procurement procedures, the process for selection of health facilities in priority areas for telecommunication connectivity, personal data collection and processing in accordance with good international practice, Project monitoring, reporting, evaluation and communication arrangements, and implementation arrangements for the ESCP as well as the preparation and/or implementation of instruments referred to in the ESCP such as the Environmental and Social Management Plan per WB ESF guidance.

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