

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

COUNTRY

**PROGRAMME TO SUPPORT THE HEALTH SYSTEM STRENGTHENING OF THE
BAHAMAS**

(BH-L053)

PROJECT PROFILE

This document was prepared by the project team consisting of: Ricardo Perez-Cuevas, team leader (SPH/CJA); Matilde Neret, Alternate team leader; Diana Pinto; Luis Tejerina; and Martha Guerra (SCL/SPH); Ana Paz; Natalie Bethel; Inga Kenris Cary (CCB/CBH); Nalda Morales (FMP/CBH); Sofia Greco (LEG/SGO); Heidi Fishpaw, Daniela Zuloaga (VPS/ESG); Laura Giles Alvarez (CCB/CBA); and Carlos Alberto Henriquez (INE/INE)

Under the Access to Information Policy, this document is subject to Public Disclosure.

PROJECT PROFILE BAHAMAS

I. BASIC DATA

Project Name:	Programme to support the Health System Strengthening of The Bahamas		
Project Number:	BH-L1053		
Project Team:	Ricardo Perez-Cuevas, team leader (SPH/CJA); Matilde Neret, Alternate team leader; Diana Pinto; Luis Tejerina; and Martha Guerra (SCL/SPH); Ana Paz; Natalie Bethel; Inga Kenris Cary (CCB/CBH); Nalda Morales (FMP/CBH); Sofia Greco (LEG/SGO); Heidi Fishpaw, Daniela Zuloaga (VPS/ESG); Laura Giles Alvarez (CCB/CBA); and Carlos Alberto Henriquez (INE/INE).		
Borrower:	Commonwealth of The Bahamas		
Executing Agency:	The Ministry of Health (MOH)		
Financial Plan:	IDB (OC):	US\$40,000,000	
	Total:	US\$40,000,000	
Safeguards:	Policies triggered:	OP-703 (B.2, B.3, B.4, B.5, B.6, B.7, B.9, B.10, B.11, B.12, B.13, B.14, B.15, B.16, B.17), OP-704 (A.2) OP-710, OP-765, OP 761, OP-102.	
	Classification:	"B"	

II. GENERAL JUSTIFICATION AND OBJECTIVES

- 2.1 **Country Profile.** The Bahamas is a high-income country scoring well on human development indicators. With a population of 393,244 [1], The Bahamas' gross national income per capita is US\$30,520. It is classified in the 2018 Human Development Index (HDI) within the very high human development category, scoring 0.805 and ranking 60th out of 189 countries [2]. In 2017, health expenditure in The Bahamas was 5.7%, below the average 6.7% recorded in Latin America and Caribbean states and 8.1% spent by high-income countries [3].
- 2.2 **Increasing fiscal constraints aggravated by the pandemic will challenge the government's capacity for service delivery going forward.** High human development indicators are the result of universal access to social services. Education and health are universal and free, the National Insurance Board provides unemployment, maternity, and pension benefits [4]; social assistance programs support vulnerable sectors of the population. The Bahamas recorded widening fiscal deficits over the past two decades (from -1.5% of GDP FY2000/01-FY2009/10 to -3.3% of GDP FY2010/11-FY2019/20) and a growing debt-to-GDP ratio, which increased at an average yearly rate of 5.4% between 2000 and 2019 [5]. COVID-19 has worsened economic and fiscal indicators. The economy is expected to contract 12.5% in 2020 and the fiscal deficit is forecast to widen from 6.7% of GDP in FY2019/20 to 9.5% of GDP in FY2020/21 [6].
- 2.3 **Sociodemographic and health status conditions.** The Bahamas is an archipelago of 700 islands, only 30 inhabited; 85% of the population live in New Providence and Grand Bahama, and the rest in the Family Islands. The country

has a young population. The median age is 33 years, 9% has >65 years, and the life expectancy is 75.6 years. [10]. Chronic non-communicable diseases (NCDs) are highly prevalent with asymmetries among men and women. For example, compared to men, more women are obese (men=31.8% women=54.8%), have hypertension (men=66.2%, women=77.5%) and malignant tumors (men=47.9%. women=66.2%). Also, 72% of total deaths are attributable to NCDs, mainly cardiovascular conditions, cancer, and diabetes-related complications. [11]. Gender-based violence and immigrants' access to healthcare are additional health problems. Domestic violence happens in 20%-40% of households [9] and 7% of the population are of Haitian origin, of which 50% live in poverty and have limited access to healthcare.

- 2.4 **The COVID-19 pandemic is posing additional challenges.** The MOH reported the first case of COVID-19 on 15 March 2020, and the government declared a public health emergency on 16 March 2020. The MOH prepared the COVID-19 Preparedness and Response Plan¹ according to the WHO COVID-19 Operational Planning Guidelines to Support Country Preparedness and Response.² Also, it launched the Emergency Operation Centre. The country flattened the curve from the pandemic's onset until June 2020. Afterward, the number of cases spiked. The upward trend caused a tenfold increase in patients in one month. On 10 October, it reached 242 daily cases. The MOH strengthened the response to the COVID-19 pandemic, and the number of daily cases began to decline. In the last two weeks of November 2020, there was a reduction from 31 to 14 daily new patients. On 25 November 2020, there were 7,413 cases registered, which translated into 1,903 cases per 100,000 inhabitants, and 163 deaths, representing a 2.2% case fatality rate.³ Concomitantly, the IDB approved on 9 December 2020 the loan operation BH-L1055, which follows the intervention's prototype for COVID-19 to support the health sector to contain and control the COVID-19 pandemic.
- 2.5 **The healthcare infrastructure is aged and vulnerable to environmental hazards.** Health facilities were built in the 1980's and have experienced natural disasters. In 2019, Hurricane Dorian hit the islands of Abaco and Grand Bahama. Besides the toll in human lives, the storm caused severe structural damages to healthcare facilities [12] reducing its supply capacity during and after the crisis [13]. The impact of the storm underscored the vulnerability of the health infrastructure to natural disasters and prompted to focus on climate resilience as a priority for healthcare infrastructure planning. To overcome these vulnerabilities, the MOH plans to upgrade the aging infrastructure. The scheme comprises capital works in New Providence and Family Islands.
- 2.6 **The Bahamas healthcare system is complex and fragmented.** The MOH is responsible for the governance of the public and private health sectors. The public sector is tax-financed, and healthcare is free for all the population. The MOH comprises the Department of Public Health (DPH), the Public Hospitals Authority (PHA), and the National Health Insurance Authority NHIA (See figure 1).

¹ MOH National Surveillance Unit Novel Coronavirus (2019-nCoV) Preparedness and Response Plan February 5th, 2020 Draft Version 3.

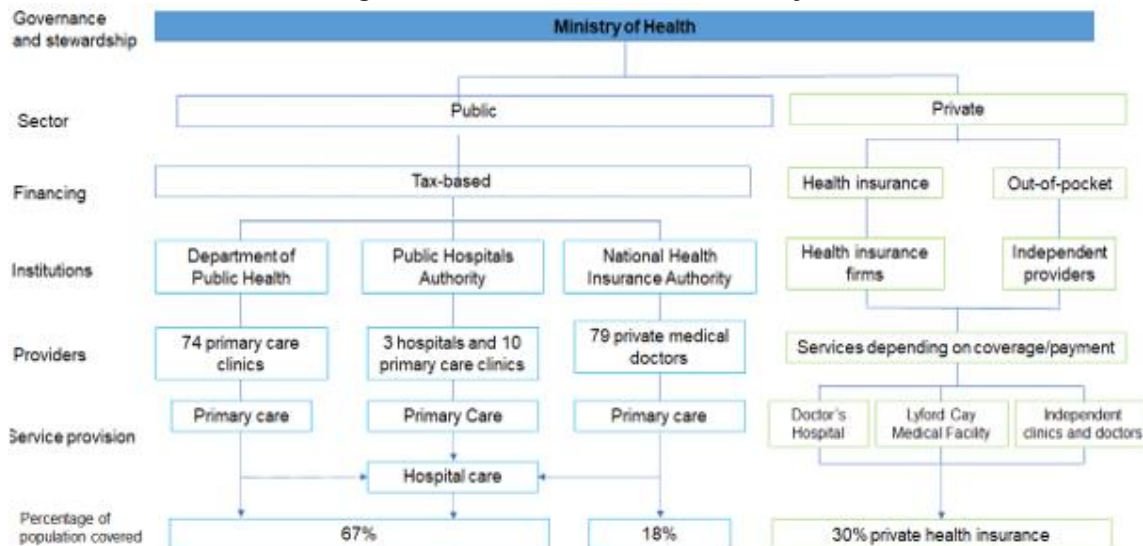
² WHO, COVID-19 Strategic Preparedness and Response Plan (SPRP) Operational Planning Guidelines to Support Country Preparedness and Response. February 2020.

³ IDB. COVID-19 Situation Update. November 25th, 2020.

These institutions have different organizational characteristics, supply capabilities, and asymmetric health benefits. As a result, the implementation of national policies, programs, and healthcare delivery is fragmented [15]. DPH and PHA have salaried medical staff and deliver public health and medical services to 65% of the population. NHIA has a primary care insurance scheme with a revised standard health benefits package and a network of private physicians contracted on a capitated basis to provide services to 20% of the population. The affiliation and services that NHIA provides are also free. About 30% of the population has private insurance, although half of them are also affiliated with the NHIA [18].

- 2.7 **The health information system mirrors the fragmentation and has varying degrees of maturity.** The MOH information system is manual and paper-based, which delays epidemiological surveillance. The MOH started the implementation of a digital solution for field data collection developed by the WHO (GoData) but is facing constraints for training and providing equipment for deployment. In 2019, the MOH partnered with PAHO to introduce the Information Systems for Health (IS4H) initiative [19,20]. In contrast, the NHIA began digitalizing its services; it launched its primary care EHR.
- 2.8 **Fragmentation of the health system maybe the root of inefficiencies in the delivery of services.** Fragmentation obstructs the coordination of services and application of standard protocols for primary care, resulting in low quality, duplication of services, limited cost control, inequitable access [17], and inefficiencies in resource allocation. The GOB is committed to overcome the fragmentation. For example, the NHIA proposes establishing a single standard primary care health benefit package for the population, merging the PHA and the DPH primary care clinics under the NHIA primary care model, and extending the use of the electronic health record (EHR) to the rest of the public healthcare sector.

Figure 1. The Bahamas Healthcare System



- 2.9 **Objectives.** To support the strengthening of The Bahamas health system to meet the health needs of the population. The specific objectives are to: (i) integrate primary and secondary care services that DPH, PHA and NHIA deliver; (ii) Improve access, coverage and quality of community, ambulatory, and hospital services

through a person and community-centered model of care; and (iii) increase health services efficiency.

- 2.10 **Component 1: Improvement of the delivery of care model (US\$8 million).** This component will finance the activities to: (i) reorganize the provision of primary and hospital care; (ii) implement a person and community-centered model of care, which also will include specific actions to bridge the gender health gaps and reduce gender-based violence; (iii) expand the standard health benefits; and (iv) standardize the quality of care that DPH, PHA and NHIA provide.
- 2.11 **Component 2: Enhancement of the capacity for provision of primary care and COVID-19 clinical services (US\$20 million).** This component will finance: (i) the upgrading of infrastructure and medical equipment for selected primary care clinics in New Providence and the Family Islands; (ii) a preventive maintenance system for medical infrastructure and equipment. The upgrades of the infrastructure will include disaster risk and climate change adaptation and mitigation actions to increase resilience. The adaptations comprise energy and water efficiency standards, and a disaster and climate change resilient design.
- 2.12 **Component 3: Modernization of the Health Information System (US\$10 million).** This component will finance the digitalization of the health information and management system of the MOH through: (i) integrating current IS4H guided investments with existing NHIA digital health initiatives; (ii) modernizing the flow and use of information for managerial, clinical, and public health functions; (iii) developing and implementing norms and regulations, change management, digital technology procurement, deployment of EHR and telemedicine; and (iv) training of health personnel and managerial staff in digital technology.
- 2.13 **Component 4. Program management, Audit and other costs (US\$2 million).** This component will finance the activities to strengthen the MOH's institutional project management, fiduciary, and procurement capabilities for project implementation. It will support the Programme Executing Unit (PEU) consultants, and specialized technical services, independent auditing, and the studies to underpin the implementation of the Programme and its impact evaluation, and the implementation of the Environmental and Social Management Plan (ESMP).
- 2.14 **Benefits and beneficiaries.** The achievement of the Programme's objectives will have a direct benefit in responding to the health needs of the population. The enhancement of primary care will improve the health outcomes of the population, visible by increasing access and quality, and reducing avoidable NCD's hospitalizations. The improvement in responsiveness of public health will reduce the number of cases and mitigate the spread of infectious diseases.
- 2.15 **Strategic Alignment.** The Programme is consistent with the Second Update to the Institutional Strategy 2010-2020 (AB-3190-2). It is aligned with the social inclusion and equality development challenge by focusing on improving coverage and quality of health services. The Programme will contribute to the Corporate Results Framework 2020-2023 (GN-2727-12) through the indicator of beneficiaries receiving healthcare. This Programme is lined up with the crosscutting areas of gender equality and diversity by closing the gaps in women's health status through increasing access and quality of care. Also, it is aligned with climate change and

sustainability through improvements to the health infrastructure. The Programme is consistent with the Health and Nutrition Sector Framework (GN-2735-7) by strengthening service delivery, providing medical equipment and supplies, training healthcare providers, and bolstering cross-sector coordination. The Programme is also aligned with the IDB Group Country Strategy's healthcare dialogue area with the Commonwealth of The Bahamas (2018–2022) (GN-2920-1).

III. TECHNICAL ISSUES AND SECTOR KNOWLEDGE

- 3.1 **Executing agency and execution period.** The MOH will be the executing agency, of this specific investment loan, which will be executed over five years. Specifics of the execution mechanism will be defined based on the results of the application of the Bank's Platform for Assessment of Institutional Capacity (PAIC) tool. Preliminary considerations of the MOH indicate the need to support additional personnel for project coordination, fiduciary and procurement activities, also for planning, monitoring and evaluation plans. The PEU will work closely with the MOH and relevant stakeholders to assure that the steps in the execution are in line with the objectives.
- 3.2 **Sector Knowledge.** The Bank is producing continuous evidence of the benefits of primary care networks with a patient-centered perspective [21], and digital health technology [22]. This Programme will build up the Bank's experience in health projects and analytical work in the Caribbean regarding the mechanisms of integration of fragmented systems through reinforcing primary care and enhancing the response capacity for public health emergencies.
- 3.3 **Bank experience and lesson learned.** This health operation will benefit from lessons learned from the Bank's health portfolio to integrate primary healthcare service delivery, strengthen infrastructure and improve the quality of care (2347/OC-ES), improve public health insurance policies (2823/OC-ME) and strengthen epidemiological surveillance (Regional Malaria Elimination Initiative-IREM- (GRT/MM-17274-NI,GRT/MM-17275-NI) Moreover it will benefit from experiences in the design of telemedicine services adapted to the current pandemic in Honduras and Argentina (4518/BL-HO, 4449/BL-HO, 3815/BL-HO) and strategic investments in tools to improve the design and implementation of electronic health records (ATN/OC-16717-RG) and (ATN/OC-17825-RG).

IV. ENVIRONMENTAL SAFEGUARDS AND FIDUCIARY SCREENING

- 4.1 Based on information about the capital works in the clinics of New Providence and Family Islands, and PMH, and according to the IDB's Environment and Safeguards Compliance Policy (OP-703), the Operation has been classified as Category B. The upgrade and expansion of the clinics and hospitals are expected to cause local and minor to moderate negative environmental and social impacts, for which effective mitigation measures are already available. An Environmental and Social Analysis (ESA) and Environmental and Social Management Plan (ESMP) will be prepared to manage the Program's environmental and social impacts and risks and disclosed before the Analysis Mission. Moreover, concerning the management of hospital or contaminated solid waste, a plan for management of medical and hazardous waste will be included in the ESMP. An emergency, contingency, and evacuation plan, a disaster risk preparedness plan, and a stakeholder engagement

plan for communication with the communities adjacent to the works will be financed. There is a high risk of natural disasters in The Bahamas; therefore, the risk of Type 1 and Type 2 disaster risk will be analyzed as part of the ESA [23] ([Annex III](#)). Moreover, the Disaster and Climate Change Risk Assessment Methodology will be applied for the design of the infrastructure. Finally, a virtual public consultation process about the Operation and the ESA and ESMP will be carried out following virtual public consultation guidelines during COVID-19 before distributing the DLP to the Operations Policy Committee.

- 4.2 **Retroactive Financing.** The Bank may finance retroactively under the Loan, eligible expenses in relation to the investment loan incurred by borrower prior to the date of loan approval up to the amount of US\$8 million (20% of the proposed Investment Loan Amount) if they satisfy requirements substantially similar to those set out in the Loan agreement. These expenses may include consultant services, purchasing of medical equipment, supplies, health infrastructure and digital equipment. These expenses must have been incurred on or after the approval date of this Project Profile, and no expenditures incurred more than 18 months prior to the Loan approval date should be included.

V. OTHER ISSUES

- 5.1 **Risks.** The preliminary evaluation identified several risks: (i) public management and governance. The fragmentation of the healthcare system implies the participation of stakeholders with different priorities currently not aligned towards the integration of the primary and hospitals services within the health sector; (ii) Macroeconomic and fiscal sustainability. The COVID-19 pandemic has economic consequences that reduced the fiscal space for healthcare expenditures; (iii) Environmental and social sustainability. The country is at risk of natural disasters that might disrupt the activities in health facilities. An environmental and social risk is that existing infrastructure may not be enough to adequately manage biological and chemically hazardous waste, which will be studied by the ESA; and (iv) Monitoring and accountability. The MOH has a weak capacity to monitor and evaluate programs, to mitigate this risk, IDB will provide training and continuous support to the PEU. Finally, given the travel restrictions related to COVID-19, there is a risk that fieldwork and data gathering may be affected. Local consultants and virtual technologies will be used for site visits to the infrastructure sites necessary for the environmental and social due diligence (the ESA) mentioned in section IV.

VI. RESOURCES AND TIMETABLE

- 6.1 Program preparation costs are US\$38,600 from administrative funds (Annex V). Approval by the Operations and Policy Committee (OPC) is expected by April 16 and Board approval by May 19, 2021.

CONFIDENTIAL

¹ The information contained in this Annex is confidential and will not be disclosed. This is in accordance with the "Deliberative Information" exception referred to in paragraph 4.1 (g) of the Access to Information Policy (GN-1831-28) at the Inter-American Development Bank.



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Operation Information

Operation Name	
Support for the Health System Strengthening of The Bahamas for Health Risks	
Operation Number	BH-L1053

Operation Details

Environmental and Social Impact Categorization	Disaster Risk Rating
B	Moderate
Country Department	Country
CCB	BH
Executing Agency	Borrower
BH-MOH	MINISTRY OF FINANCE  
Organizational Unit	IDB Sector/Subsector
SCL/SPH	HEALTH SYSTEM STRENGTHENING
Type of Operation	Original IDB Amount
LON	\$40,000,000.00
ESG Primary Team Member	Team Leader
HEIDI ZOE FISHPAW	RICARDO ENRIQUE PEREZ CUEVAS
Toolkit Completion Date	Author
2021-01-29	Fishpaw, Heidi zoe
Applicable Policies / Directives	
<p>OP-102: Access to Information Policy</p> <ul style="list-style-type: none"> - Disclosure of relevant Environmental and Social Assessments [5] Prior to Analysis Mission, QRR, OPC and submission of the operation for Board consideration [6] - Provisions for Disclosure of Environmental and Social Documents during Project Implementation <p>OP-703: Environment and Safeguards Compliance Policy</p> <ul style="list-style-type: none"> - B.4 Other Risk Factors - B.4 Other Risk Factors (Institutional Capacity) - B.5 Environmental Assessment and Plans Requirements - B.5 Social Assessment and Plans Requirements (including Livelihood Restoration Plan [1]) - B.6 Consultation (including consultation with affected women, indigenous persons, and/or minority groups) - B.9 Natural Habitats - B.9 Invasive Species - B.9 Cultural Sites - B.10 Hazardous Materials - B.11 Pollution Prevention & Abatement <p>OP-704: Natural Disaster Risk Management Policy</p> <ul style="list-style-type: none"> - A.2 Analysis and, if necessary, management of Type 2 risk [2] scenario - A.2 Contingency planning in case of emergencies (Emergency response plan, Community health and safety plan, Occupational health and safety plan) <p>OP-761: Operational Policy on Gender Equality in Development</p>	

- Consultation and effective participation of women and men
- Gender equality risk [4] analysis

Operation Classification Summary

Overridden E&S Category	Overridden E&S Category Justification
Comments	

Overridden Disaster Risk	Overridden Disaster Risk Justification
Comments	

Summary of Impacts / Risks and Potential Solutions

Assessment and Management of Environmental and Social Risks and Impacts

The operation has environmental and/or social impacts and the borrower will conduct a process of environmental and social assessment and establish and maintain an environmental and social management system appropriate to the nature and scale of the operation and commensurate with the level of its environmental and social risks and impacts.

The operation has environmental and/or social impacts and the borrower will need to prepare environmental and social assessments and establish and maintain an environmental and social management system appropriate to the nature and scale of the project and commensurate with the level of its environmental and social risks and impacts

The borrower/executing agency exhibits weak institutional capacity for managing environmental and social issues.

The borrower/executing agency exhibits weak institutional capacity for managing environmental and social issues. The client will need to prepare an institutional capacity plan to ensure those risks are adequately managed

The operation will implement a grievance mechanism accessible to all stakeholders.

The operation will not provide a grievance mechanism for communities. The client will need to ensure that a grievance mechanism is in place

Labor and Working Conditions

The executing agency or other relevant entity (in relation to the operation) has a commitment/capacity to comply with applicable ILO requirements (including commitment to non-discrimination, equal opportunity, work accommodations, migrant workers' rights, collective bargaining and rights of association) and national employment in relation to working conditions and employment.



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The executing agency or other relevant entity has limited commitment/capacity to comply with applicable ILO requirements and national employment in relation to working conditions and employment. The client will need to prepare a plan to ensure they comply with applicable ILO requirements and national employment in relation to working conditions and employment

Pollution Prevention and Resource Efficiency

The operation presents an efficient use of resources measures following relevant national legislation or International Standards.

The operation does not present an efficient use of resources measures following relevant national legislation or International Standards. The client will have to find design/operation solutions to increase resource efficiency

The operation will have negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of hazardous material, including organic and inorganic toxic substances, pesticides, and Persistent Organic Pollutants (POPs).

The operation will have minor to moderate negative impacts to the environment and human health and safety due to the production, procurement, use, and disposal of hazardous material. The client will need to prepare a hazardous materials management plan

The operation will generate solid waste.

The operation will generate minor to moderate quantities of solid waste. The client will need to prepare a waste management plan

The operation will have emissions or discharges (i.e. air contaminants, noise, effluents) that would negatively affect ambient environmental conditions.

The operation will have minor to moderate emissions or discharges that would negatively affect ambient environmental conditions. The client will need to prepare an emissions management plan

Community Health, Safety, and Security

There are risks associated with structural elements of the operation (e.g. dams, public buildings), and/or road transport activities (heavy vehicle movement, transport of hazardous materials, etc.) which could result in health and safety impacts to local community.

There are risks associated with structural elements of the operation and/or road transport activities which could result in minor to moderate health and safety impacts to local community. The client will need to prepare a community health and safety plan to ensure those risks are adequately managed

The operation will increase community risk from disease (e.g. from water borne diseases or as a result of an influx of temporary or permanent labor)

The operation will increase minorly or moderately community risk from disease. The client will need to prepare a community health and safety plan to ensure those risks are adequately managed

Construction activities are likely to lead to localized and temporary impacts (such as dust, noise, traffic etc) that will affect local communities and workers.

Construction activities are likely to lead to minor or moderate impacts that will affect local communities and workers. The client will need to prepare a community health and safety plan to ensure those

impacts are adequately managed

The operation will mobilize personnel foreign to project zones and the borrower does not have a code of conduct or internal practices/rules which will negatively affect local communities.

The operation will mobilize personnel foreign to project zones and the borrower does not have a code of conduct or internal practices/rules which will negatively affect local communities in a minor to moderate way. The client will need to prepare a community health and safety plan which includes a code of conduct or internal practices/rules to ensure those risks are adequately managed

The operation has the potential to exacerbate disaster risks and negatively affect the environment and/or communities (see <https://IADB-ESG.maps.arcgis.com> and https://idbg.sharepoint.com/sites/ESGCompassUAT/Shared%20Documents/criticality_charts_ENG.pdf to help screen for potential disaster risks to help screen for potential disaster risks).

The operation has the potential to exacerbate disaster risks from the following hazards: Drought, Storm surge, Sea level rise and negatively affect the environment and/or communities in a minor to moderate way. The client will prepare mitigation measure to ensure the risk is not exacerbated

Biodiversity

The operation has the potential to convert critical natural habitat leading to impacts on threatened species, migratory species, protected areas or non-protected areas of high conservation value (see <https://IADB-ESG.maps.arcgis.com> to help screen for potential biodiversity risks).

The operation has the potential to minorly convert critical natural habitat leading to impacts on threatened species, migratory species, protected areas or non-protected areas of high conservation value. The client will need to prepare a biodiversity action plan to ensure such impacts are adequately managed/mitigated

Gender Equality

There is increased gender-based violence risks because of the operation.

There is minor to moderate increased gender-based violence risks because of the operation. The client will need to prepare a gender action plan to ensure such impacts/risks are adequately mitigated

Stakeholder Engagement

If Indigenous Peoples have the potential to be affected, the operation will carry out a socio-culturally appropriate consultation process during preparation and implementation

The operation will not carry out a socio-culturally appropriate consultation process during preparation and implementation. The client will need to prepare a socio-culturally appropriate engagement plan to ensure adequate consultations are done

Access to information

Environmental and/or social assessment is required, and the Bank will need to ensure that those are made available to the public in time and substance.

Environmental and/or social assessment(s) is(are) required. The Bank will ensure that those are made available to the public in time and substance

Disaster Risk (Type 1)



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A natural hazard¹(including climate change influence) is likely to occur in the operation area with impacts to the operation, communities and/or the environment (see <https://IADB-ESG.maps.arcgis.com> and https://idbg.sharepoint.com/sites/ESGCompassUAT/Shared%20Documents/criticality_charts_ENG.pdf to help screen for potential disaster risks).

A natural hazard is likely to occur in the operation area with moderate impacts to the operation. The project is located in an area prone to Drought, Hurricane wind, Storm surge, Sea level rise. A DRA/DRMP may need to be prepared, depending on the complexity of the project. For details see the DRM policy guidelines

Gender and Diversity (Mainstreaming)

The operation will offer opportunities for women.

The operation will offer opportunities for women. Please ensure GDI is involved in the preparation and execution of the operation

The operation is designed specifically to address or promote gender equality or women's empowerment issues.

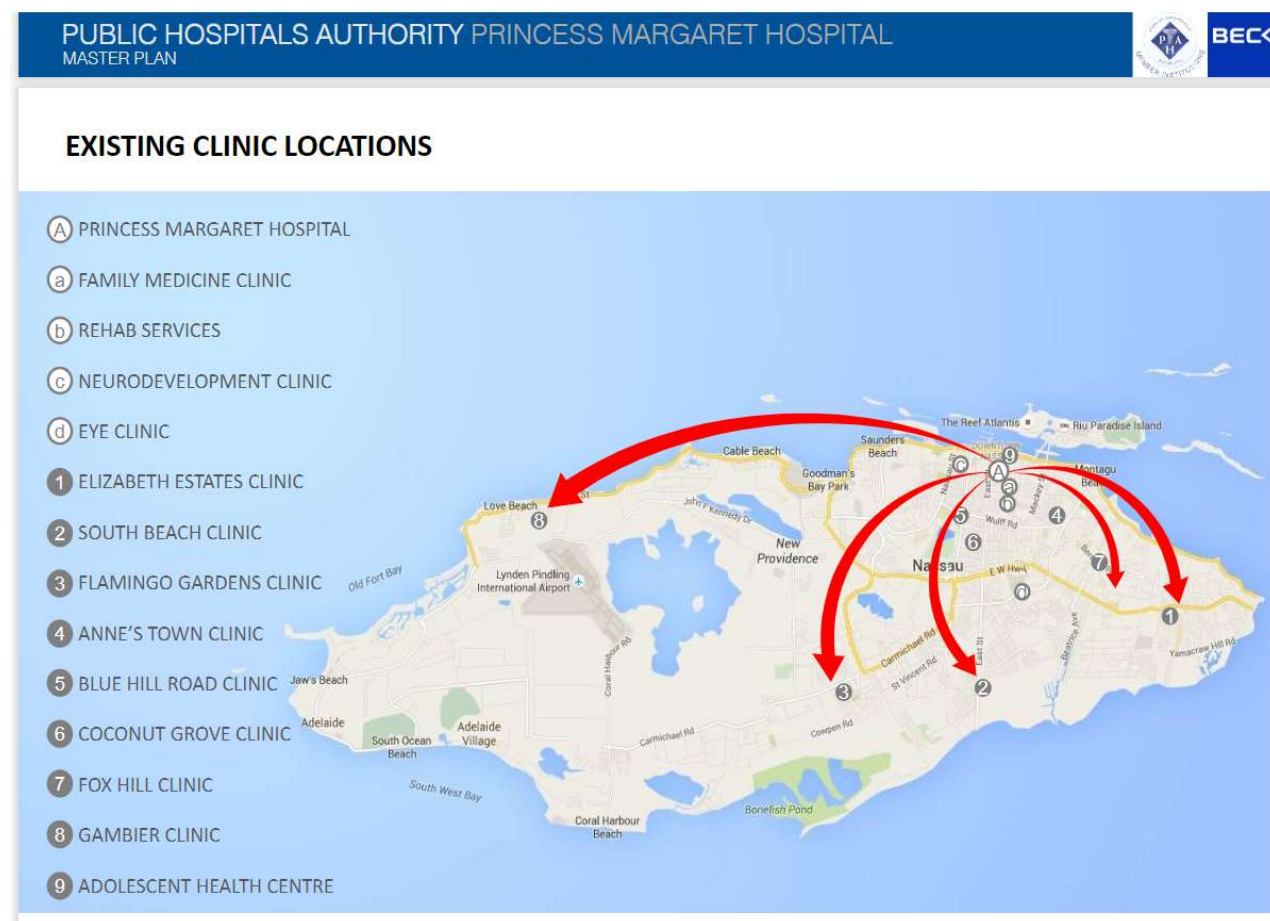
The operation is designed specifically to address or promote gender equality or women's empowerment issues. Please ensure GDI is involved in the preparation and execution of the operation

¹Natural hazards include volcanic activity, coastal flooding from storm surge, droughts, hurricanes, inland flooding, landslides, sea-level rise, earthquakes, glacier retreats.

Environmental and Social Strategy (ESS)	
Operation Name	Programme to Support the Health System Strengthening of The Bahamas
Operation Number	BH-L1053
Prepared by	Heidi Fishpaw
Operation Details	
IDB Sector	SCL/SPH
Type of Operation	Investment Loan – Specific Investment Operation (ESP)
Environmental and Social Classification	Category B
Disaster Risk Rating (Type 2)	High
Borrower	Commonwealth of The Bahamas
Executing Agency	Ministry of Health (MOH)
IDB Loan US\$ (and total project cost)	US\$40,000,000
Applicable Policies/Directives	OP-703 (B1, B2, B3, B4, B5, B6, B7, B10, B11, B15, B17), OP-704, OP-761, OP-102
Operation Description	
<p>The Operation has as its objective to strengthen the functioning of the health system of The Bahamas, specifically by connecting the various components of the health sector and improve the resilience of natural and public health disasters like hurricanes, improve and expand coverage and quality of care to be more person and community based, and increase efficiency of health services. This will be done by the Ministry of Health (MOH) through the following components:</p> <p><u>Component 1:</u> Improvement of the delivery of care model through (i) reorganizing the provision of primary and hospital care, (ii) implementing a person and community centered model of care, which will include actions to bridge the gender health gaps and reduce gender-based violence, (iii) expanding the standard health benefits to all population and (iv) standardizing the quality of care that the MOH provides. In practical terms, this component will finance consultancies to develop each subcomponent and analytical work for the regulatory issues.</p> <p><u>Component 2:</u> Enhancement of the capacity for provision of primary care services. This component will finance (i) upgrading of infrastructure and medical equipment for selected primary care clinics in New Providence and Family Islands, (ii) a preventive maintenance system for medical infrastructure and equipment. The upgrades of the infrastructure will include disaster risk and climate change adaptation and mitigation actions to provide resilient infrastructure. The adaptations comprise energy and water efficiency standards, and a disaster and climate change resilient design.</p> <p><u>Component 3:</u> Modernization of the health information system. This component will finance the digitalization of the health information and management system of the Ministry of Health, through (i) integrating current information systems for health investment within existing National Health Insurance Authority digital health initiatives, (ii) Modernizing the flow and use of information for managerial, clinical and public health functions, and (iii) developing and implementing norms and regulations, change management, digital technology procurement, deployment of HER and telemedicine, and (iv) training of health personnel in digital technology.</p>	

This Environmental and Social Strategy is focused mainly on Component 2, which has the greatest likelihood to cause social and environmental impacts due to the infrastructure being financed, however the consultancies financed under Component 1 should take into consideration environmental and social criteria and the Terms of Reference should be shared with ESG for comments before hiring. The health information system activities financed under component 3 should adhere to confidentiality measures in order to protect the sensitive health information of patients.

Map 1: location of Prince Margaret Hospital



Key Potential ESHS¹ Risks and Impacts

The Operation has been classified as a Category B since it will likely cause only low to moderate social and environmental impacts, and these are manageable with common mitigation measures. The main social and environmental impacts and risks, listed below, range from low to moderate (and high in the case of disaster risk) and are associated with (i) works on the infrastructure of the clinics in New Providence and the Family Islands, (ii) improvement of natural disaster resiliency. Also, due to the location, the infrastructure is already vulnerable to Type 1 and potentially Type 2 natural disaster risk as would be the new improvements and works, however some of the works themselves should

¹ Environment, Social, Health and Safety.

address and improve their resiliency. Below are the main expected impacts and risks during construction and operation:

Construction:

- Moderate impacts on users of the facilities and nearby communities due to traffic disruption, air emissions and affectation of air quality, dust, noise, and vibrations;
- Moderate amounts of solid and liquid waste from construction activities and workers, and low hazardous waste from heavy machinery;
- Construction debris, which might include hazardous materials such as asbestos, hydrofluorocarbons from air conditioning units, etc.;
- Occupational health and safety risks for the construction workers (working at heights, demolitions, incorrect use of personal protection equipment, working with hazardous materials such as asbestos);
- Community health and safety risks for hospital users and nearby communities; and risk of conflicts between construction workers and hospital workers and users (inappropriate behavior, sexual harassment, etc.);
- Temporary disruption in access to secondary and tertiary health services. At this moment there is no detailed information on the type and planning of the works and how they will affect the normal operation of the hospitals. Some areas and services might have to be temporary closed, reduced or transferred to other hospitals, which might provoke longer waiting lists; service saturation (affecting the quality of care); and patients and their caregivers (mostly a female relative) having to travel long distances to other hospitals. The latter would specially affect elderly people, persons with reduced mobility, persons with chronic illness, and poor people (cost of the transportation).
- In the context of COVID-19, all of the construction activities will pose an additional risk for community transmission of the virus from worker to worker and from worker to community member, or vice versa.

Operation:

- Solid and liquid waste from hospital workers and users.

Environmental, occupational and community health and safety risks related to the management and disposal of hospital and hazardous and/or infectious medical waste. Depending on the services provided by the hospital, these might include pathogens, anatomic waste, chemicals and pharmaceuticals, genotoxic, radioactive waste, heavy metal materials, pressurized containers and/or sharps.

There is no evidence that these clinics and hospitals are or adjacent to any protected areas of natural habitat or critical natural habitat, or indigenous territories. There is no evidence either that the health system excludes women or minorities although there likely may be health disparities based on socioeconomic background, gender, or other factors as is the case in other countries.

The digitalization of the health information system of the Ministry of Health, including to integrate electronic health records already in place, financed under Component 3, may represent a risk to the sensitive health information of patients if proper confidentiality is not maintained, or if there are flaws in the cybersecurity of the systems.

There is no evidence that there are informal or formal vendors on the land where the hospitals and clinics are, nor houses or families living there, however this, as well as the formal land ownership of the land where units will be installed, will be verified as part of the Environmental and Social Analysis.

There is a high disaster risk because the clinics and hospitals to be intervened are in areas prone to flooding, sea level rise, storm surge and hurricanes (high exposure), the structures may to be vulnerable to these hazards (as shown with past damages from hurricane Dorian), and the Operation's criticality ranges from moderate to high given that the structural interventions are only in the Primary clinics (which are in general 1-story smaller and simpler buildings) and that for the Tertiary hospital there is only the addition of the modular COVID units, which are assumed to be temporary separate modular units that are not going to be of the same scope and magnitude of a full hospital. A moderate type 2 disaster risk situation was also identified because the pathogens and hazardous medical waste that is and will continue to be generated by the facilities could be swept away by flooding or rain from hurricanes if the facilities are not properly designed and enter the surrounding community. Given that the structural interventions in clinics are aimed precisely at improving structural safety which in turn will reduce risk to occupants including new visitors (the Operation itself will improve this by proposing works to strengthen the facilities' resilience to natural disasters), there is not significant risk increase regarding physical safety.

Information Gaps and Strategy for Analysis and Management

However, an Environmental and Social Analysis (ESA) will be prepared to verify the likely impacts and risks and to propose mitigation measures through an Environmental and Social Management Plan (ESMP).

The ESA will include:

- Verification of the location of the works to be financed and that these are not or close to protected areas, natural or critical natural habitat, cultural heritage sites, or indigenous territories, or that the works would displace informal or formal vendors, housing or families living on or close to the sites. If any of these were to be the case, the ESA will analyze alternatives to avoid them if necessary.
- Analysis of confidentiality risks of the health information of patients whose records will be digitized and integrated under the activities of Component 3.
- Analysis of the kinds of construction impacts likely to happen based on the infrastructure proposed, and the scope and location and nature of them.
- Virtual Consultation Plan that gives a proposal for logistics for the Executing Agency to carry out a consultation process with communities, based on a stakeholder analysis and vulnerability analysis to identify ways to include women, the elderly, youth, low income people, minorities, Lesbian, Gay Bisexual, Transgender, Queer, Intersex (LGBTQI) people, disabled people, and others with a tendency to have less influence over political decisions in their communities. In the current context of the global COVID-19 pandemic, this consultation process should be virtual to avoid transmission of COVID-19. This Plan could build on stakeholder engagement being done by government health agencies with communities about COVID-19 and health services, as long as these activities are virtual or safe, given the context of the pandemic.
- Assessment of the capacity of the Executing Agency to carry out the social and environmental management of the Operation and can be based in part on the Bank's Platform for Assessment of Institutional Capacity (PAIC) tool that will be filled out during the preparation of the Operation about the social and environmental management capacity and functions of the Executing Agency, among other aspects of institutional capacity.

The ESMP, which will include construction and operation phases, will include:

- Solid, Debris and Hazardous Waste Management Plan.
- Measures to minimize disruptions on health services during construction and to ensure continuity of care and service for patients and caregivers
- Biohazardous Waste Management and Disposal Plan, for the clinics and hospitals,.
- Occupational and Community Health and Safety Risk Plan, taking into account COVID-19 protocols recommended by World Health Organization (WHO), Pan-American Health Organization (PAHO), and other examples of good practice
- Disaster emergency plan for the facilities to receive financing, including evacuation plan
- Measures to mitigate any impacts to natural habitat.
- Livelihood Restoration Plan for economic impacts to formal or informal vendors if any are detected.
- Recommendations for sustainable infrastructure, including energy and water efficiency, reducing waste.
- Communication and Stakeholder Engagement Plan as well as a Grievance Mechanism considering the actual pandemic context.
- Code of conduct for workers, in relation to the impact previously identified of conflicts between workers and communities.
- Recommendations for increasing resiliency of infrastructure and facilities to the frequently occurring natural disasters in those sites.
- Recommendations on how to protect confidentiality of patients' health information whose records will be digitized and integrated under the activities of Component 3.
- Any other relevant plan based on potential impacts and risks.

There has been a sustainable infrastructure analysis carried out already about the hospitals, that would be a starting point for the ESA to analyze the facilities and what improvements could be made to increase their sustainability.

Additionally, given the High disaster risk classification, a Disaster Risk Assessment will be carried out for the operation. The specific type and scope of the DRA will be determined later on in the due diligence, and in a manner aligned with the Disaster and Climate Change Risk Assessment Methodology. The first step will consist of building a disaster risk narrative (Step 3 of the Methodology) that can be part of the ESA, to document the diagnosis of existing project considerations regarding disaster resilience and any existing gaps. This narrative will establish next steps.

Also, there has been work by various government health agencies to implement stakeholder engagement with community leaders and members in the context of COVID-19 services as well as the more person and community-based health services that are one of the objectives of the Operation. The Consultation Plan can build on this work already in place and strengthen the communication of the Executing Agency with the communities, and in the context of the global pandemic, the consultation process should be virtual to avoid transmission of COVID-19.

The timeline of the Operation with regards to the environmental and social requirements are:

Prepare ESA/ESMP, in process

Disclose ESA/ESMP 10 days before Analysis Mission (expected January 2021)

Carry out virtual consultation process after disclosure of ESA/ESMP (expected January-February 2021)

Disclose Final ESA/ESMP including results of virtual consultation before distribution to of DLP to OPC (expected February 2021)

Opportunities for IDB Additionality on Environment and Social matters

The Operation can take advantage of the consultation requirements to build on the momentum of stakeholder engagement processes already in place within the health institutions in the country (as long as these processes are safe and/or virtual, in the context of COVID-19), to coordinate health and COVID-19 services with local community leaders and members, and strengthen this communication and dialogue, and this likely would amplify the voice of women who tend to carry these roles as caretakers in the community, in order to have an influence in the Operation and the health services offered.

Also, the Environmental and Social Analysis will propose specific recommendations for sustainable infrastructure, efficient energy and water use, and resiliency to natural disasters that will add value to the works and infrastructure being financed by the Operation.

Annex Table: Operation Compliance with IDB Safeguard Policies

See table in annex.

Additional Appendices (if any)

Annex Table: Operation Compliance with IDB Safeguard Policies

Policies / Directives	Policy / Directive Applicable?	Rationale for applicability of Policy / Directive	Actions required during Preparation & Analysis
OP-703 Environment and Safeguards Compliance Policy			
B.2 Country Laws and Regulations	Yes	The Operation must comply with laws and regulations of The Bahamas	The ESA will assess the ESHS requirements of regulations of The Bahamas and specify what is needed to comply
B.3 Screening and Classification	Yes	The Operation has been classified as Category B because the social and environmental impacts and risks are likely to be minor or moderate and available mitigation measures can address them	The ESA will re-confirm the classification
B.4 Other Risk Factors	Yes	There may be some risks related to the institutional capacity of the Executing Agency to manage the environmental and social risks and impacts of the Operation	The ESA will assess the institutional capacity of the Executing Agency for environmental and social management, including the results of the Bank's Platform for Assessment of Institutional Capacity (PAIC) tool
B.5 Environmental Assessment and Plans Requirements	Yes	An Environmental and Social Analysis (ESA), and Environmental and Social Management Plan (ESMP) are required and will be prepared	The ESA and ESMP will be prepared and disclosed before the Analysis Mission
B.5 Social Assessment and Plans Requirements (including Livelihood Restoration Plan ²)	TBD	Economic displacement	The ESA will verify if any of the interventions would create economic displacement of formal or informal vendors, however it is not expected. If so, the ESMP would propose a livelihood restoration plan.

² OP-703 applies when livelihood impacts are not significant and don't lead to physical displacement (see *Transitional Guidance in instruments for Physical Displacement, Economic Displacement and Economic Losses under OP-710 and OP-703* (TG-005) for more information)

B.6 Consultation	Yes	Category B Operations require a consultation process	The ESA will include a Virtual Consultation Plan and the Executing Agency will carry out a consultation process before distribution of the POD to QRR. The Virtual Consultation Plan will build on work already being done with stakeholder engagement in the communities where interventions and services will be financed.
B.7 Supervision and Compliance	Yes	The Bank, will supervise compliance with the ESHS requirements established in the ESMP, the Environmental and Social Management Plan (ESMR), the Loan Agreement and IDB's safeguards policies.	The ESMR will establish ESHS requirements to be incorporated in the loan agreement and the Program Operational Manual.
B.8 Transboundary Impacts	N/A	N/A	N/A
B.9 Natural Habitats	TBD	Natural habitat or critical natural habitat	The ESA will verify if any of the sites of intervention have natural habitat or critical natural habitat, however it is not expected. In the case of critical natural habitat, the ESA would analyze alternatives to avoid impacting it.
B.9 Invasive Species	N/A	N/A	N/A
B.9 Cultural Sites	TBD	Cultural heritage sites	The ESA will verify if any of the sites of intervention have cultural heritage, however it is not expected.
B.10 Hazardous Materials	Yes	Hazardous materials as gasoline, diesel fuel, oil and lubricants will be used during construction. asbestos, hydrofluorocarbons and others hazardous materials might appear during demolition works, from most be generate during demolitions activities. The operation phase will generate of hospital and medical	The ESA/ESMP will include a Biohazardous Waste Management and Disposal Plan, for the clinics and hospitals, and the COVID-19 modular units in particular, that will be financed by the Operation.

		waste, some of which will be hazardous and/or infectious.	
B.11 Pollution Prevention and Abatement	Yes	During the construction and operation phases, the Operation will produce moderate pollution.	The ESA/ESMP will include specific mitigation measures to minimize, avoid and monitor pollution during all phases.
B.12 Projects Under Construction	N/A	Operation is not under construction.	N/A
B.13 Noninvestment Lending and Flexible Lending Instruments	N/A	Operation is a specific investment loan.	N/A
B.14 Multiple Phase and Repeat Loans	N/A	The Operation is not a multiple phase or repeat loan.	N/A
B.15 Co-financing Operations	TBD	There may be co-financing institutions	World Bank or MIGA may be a co-financing institution.
B.16 In-Country Systems	N/A	Country Systems will not be used for this Operation	N/A
B.17 Procurement	Yes	Bidding documents will include the implementation of the ESMP and IDB social and environmental requirements	Bidding documents will include the implementation of the ESMP and IDB social and environmental requirements
OP-704 Natural Disaster Risk Management Policy			
A.2 Analysis and management of Type 2 risk scenario	Yes	The Operation may have the possibility of Type 2 disaster risk, to exacerbate to human life, the environment, or the property due to natural disaster risks	The ESA will develop a narrative about the possibility of Type 2 disaster risk and propose measures to mitigate the risk if it exists and works to increase the resiliency of facilities to natural disasters.
A.2 Contingency planning (Emergency response plan, Community health and safety plan, Occupational health and safety plan)	Yes	Disaster emergency plan and evacuation plan	The ESA will develop a disaster emergency plan for the facilities to receive financing, including evacuation plan.
OP-710 Operational Policy on Involuntary Resettlement			
Resettlement Minimization	N/A		
Resettlement Plan Consultations	N/A		

Impoverishment Risk Analysis	N/A	No physical displacement of homes or families is expected.	The ESA will verify that the interventions to be financed will not cause physical displacement of homes or families.
Resettlement Plan and/or Resettlement Framework Requirement	N/A		
Livelihood Restoration Program Requirement ³	N/A		
Consent (Indigenous Peoples and other Rural Ethnic Minorities)	N/A		
OP-765 Operational Policy on Indigenous Peoples			
Sociocultural Evaluation Requirement	TBD	None of the interventions to be financed by the Operation are expected to be in indigenous territories.	The ESA will confirm whether any of the interventions to be financed by the Operation are in indigenous territories.
Good-faith Negotiations and proper documentation	TBD		
Agreement with Affected Indigenous Peoples	TBD		
Indigenous Peoples Compensation, and Development Plan and/or Framework Requirement	TBD		
Discrimination Issues	TBD		
Transborder Impacts	TBD		
Impacts on Isolated Indigenous Peoples	TBD		
OP-761 Operational Policy on Gender Equality in Development			
Consultation and effective participation of women and men	Yes	Women are central actors in the communities where interventions and services will be financed	The Virtual Consultation Plan that will be prepared as part of the ESA will propose a narrative and methodology for promoting

³ OP-710 applies when livelihood impacts lead to physical displacement (see *Transitional Guidance in instruments for Physical Displacement, Economic Displacement and Economic Losses under OP-710 and OP-703* (TG-005) for more information)

			the participation of women, who are key actors in caregiving and community life where services will be provided.
Application of safeguard and risk ⁴ analysis	Yes	No risk of exclusion is expected, however there could be some gender risks due to presence of construction workers in communities	The risk of gender-based exclusion and health disparities will be evaluated as part of the ESA, and measures will be proposed to address them if they exist. The risk of gender risks will be analyzed in the ESA and a code of conduct will form part of the ESMP.
OP-102 Access to Information Policy			
Disclosure of relevant Environmental and Social Assessments Prior to Analysis Mission, QRR, OPC and submission of the operation for Board consideration	Yes	Disclosure of ESA/ESMP	A fit-for-disclosure version of the ESA/ESMP will be disclosed before the Analysis Mission.
Provisions for Disclosure of Environmental and Social Documents during Project Implementation	Yes	Any environmental and social documents that are prepared during the implementation of the Operation will be disclosed.	Any environmental and social documents that are prepared during the implementation of the Operation will be disclosed.

⁴ Risks may include: (i) Unequal access to project benefits/ compensation measures, (ii) Men or women disproportionately affected due to gender factors, (iii) Non-compliance with applicable legislation related to equality between men and women, (iv) Increased risk of gender-based violence, including sexual exploitation, human trafficking and sexually transmitted diseases, and (v) Disregard of women's ownership rights.

Appendix 1: Maps

Map 1: The Bahamas, showing hurricane storm surge hazards



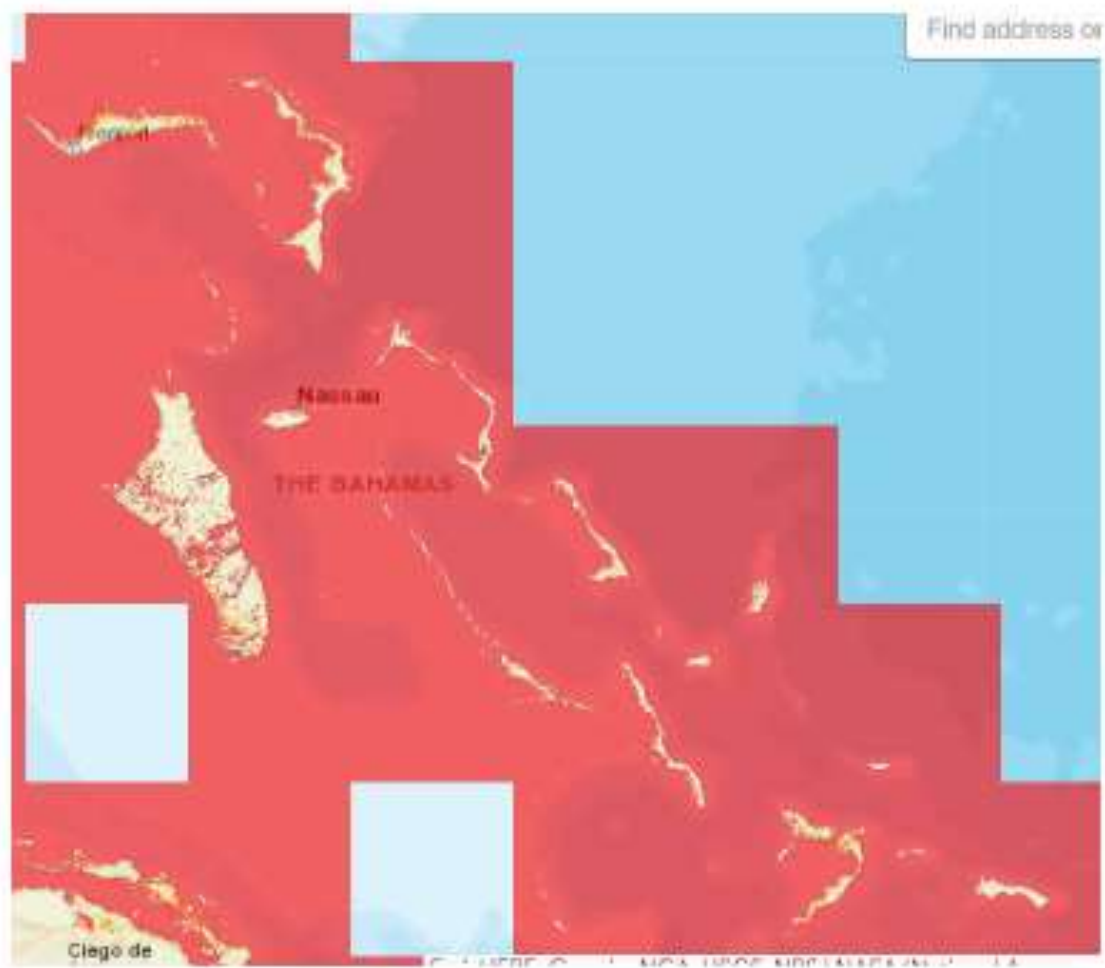
Map 2: The Bahamas, showing hurricane winds hazards



Map 3: The Bahamas, showing draught hazards (with climate change end of century)



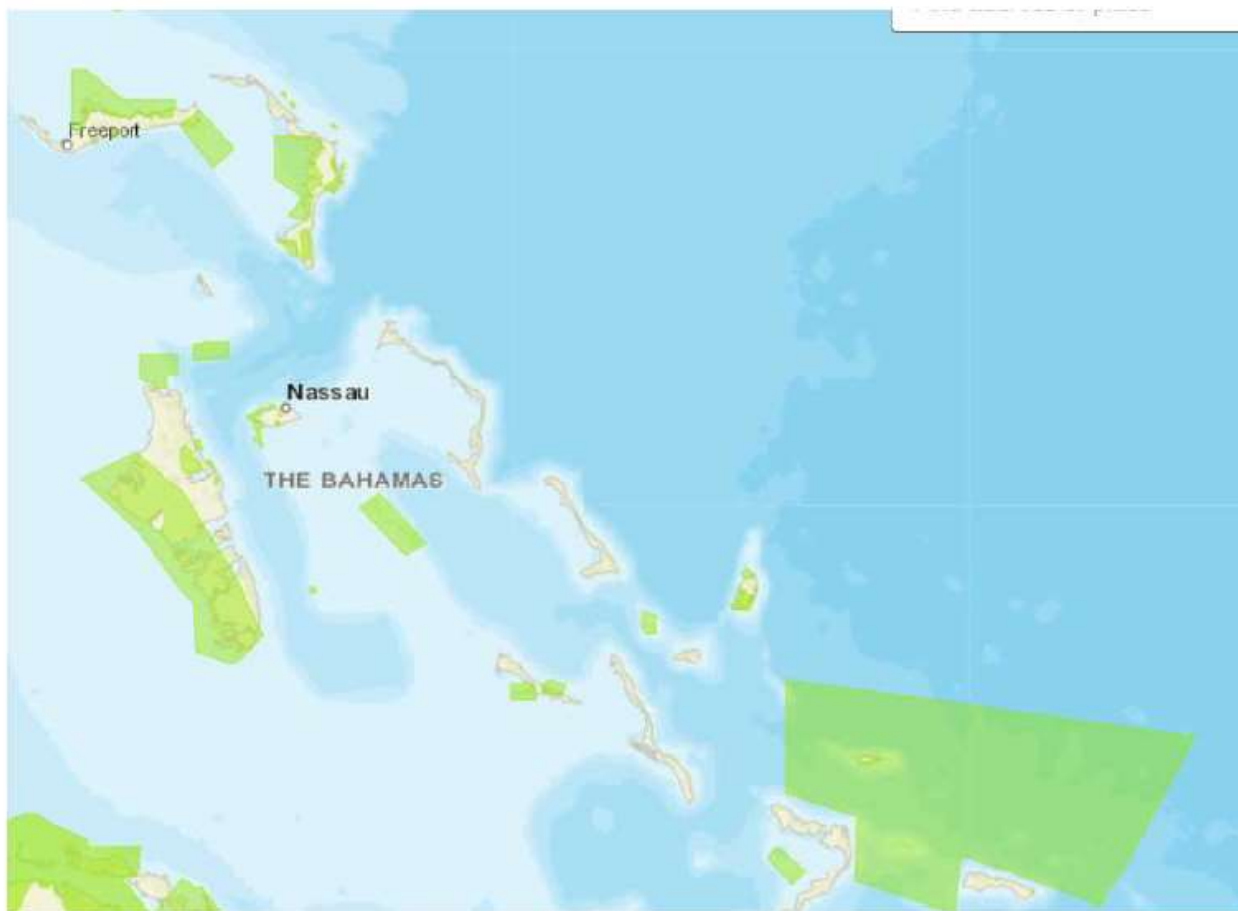
Map 4: The Bahamas, sea level rise (climate change end of century)



Map 5: The Bahamas, showing key biodiversity areas



Map 6: The Bahamas, showing protected areas



INDEX OF COMPLETED AND PROPOSED SECTOR WORK

Topic	Study	Description	Date	Reference and links
Government Policy	The National Health Services Strategic Plan 2010 – 2020. The Commonwealth of The Bahamas	The NHSSP 2010 to 2020 responds to the national goal to ensure a healthier Bahamian population through a strengthened health care system for all. The plan has seven goals with defined indicators, and strategies have been identified to improve the delivery of expanded health care and services throughout the archipelago. The Ministry of Health prepared the plan with support from PAHO and IADB.	2010	Ministry of Health. The National Health Services Strategic Plan 2010 – 2020. The Commonwealth of The Bahamas.
Government Policy	Public Hospitals Authority (PHA). Strategic Goals for the Period 2018 - 2022	The document sets the mission and vision of the PHA, the strategic direction and 13 goals for the period 2018-2022.	2018	Public Hospitals Authority (PHA). Strategic Goals for the Period 2018 - 2022
Government Policy	Concept Paper Proposed Health Systems Strengthening	The document of the PHA justifies and describes the three components of the Loan Programme: Improvement of the delivery care model in the Bahamas, enhancement of primary care clinics and COVID-19 modular units and modernization of the health information system. Also, it describes the facilities and type of improvements expected.	2020	Public Hospitals Authority. Concept Paper. Proposed Health Systems Strengthening
Government Policy	Master plan & facility/operations assessment. Princess Margaret Hospital	The document describes the stages to renew Princess Margaret Hospital (PMH) services and infrastructure. The master plan aims to improve operational efficiencies, enhance productivity, and improve quality and patient safety at PMH. It also presents the operations in supply chain management, workforce/productivity, information technology, clinical operations, and capacity needs, financial planning and management, and leadership and accountability.	2016	Master plan & facility/operations assessment. Princess Margaret Hospital. Beck & Parallon consulting group

Topic	Study	Description	Date	Reference and links
Government Policy	Application of the Hospital Safety Index	The study reports the final results of the Application of the Hospital Safety Index of Princess Margaret Hospital.	2016	Application of the Hospital Safety Index Pan American Health Organization
Government Policy	Report to the Task Force for Human Resources for Health (HRH) Planning	The document presents the report of the HRH Planning in the Bahamas. It sets out a framework for the classification and collection of data required for HRH planning. The document identifies the sources of information and presents an analysis of data collected during the project to date useful for HRH planning.	2011	Orvill Adams and Vern Hicks Report to the Task Force for Human Resources for Health (HRH) Planning
Government Policy	Recommendations for Strengthening the Health Workforce in the Bahamas: Informed by the Reports and Discussions with the HRH Working Groups	This report synthesizes the consultation process results with working groups appointed by the HRH Task Force in the Bahamas. The situation analysis covered a broad range of information about working group members' roles and their relationship with others in the Bahamas health system.	2011	Orvill Adams and Vern Hicks Report to the Task Force for Human Resources for Health (HRH) Planning
Government Policy	A Path Forward for National Health Insurance	This document presents an overview of the National Health Insurance Authority and a proposal to streamline the Primary Care Delivery and extend the model to the MOH primary care facilities.	2020	Cabinet Submission. A path forward for National Health Insurance.
Government Policy	State party self-assessment. Annual reporting tool	The document presents the results of the application of the voluntary components of the International Health Regulations Monitoring and Evaluation Framework	2018	World Health Organization. State party self-assessment. Annual reporting tool 2018

Topic	Study	Description	Date	Reference and links
Health Information	2019 PHA annual statistics	The document reports the utilization rates of Princess Margaret Hospital (PMH), the Rand Memorial Hospital (RMH), and the Sandilands Rehabilitation Centre (SRC). It describes the activity trends by hospitals and by individual wards in each hospital.	2019	2019 PHA annual statistics
Health Information Systems	Information Systems for Health Rapid Assessment Report	The document provides high-level recommendations and a roadmap of critical activities based on the rapid assessment conducted by PAHO to strengthen data management capacity in primary healthcare clinics, focusing on leveraging the Over the Hill initiative, which is a pilot toward national deployment. The Recommendations and Roadmap also address broader IS4H capabilities and enablers at the national level.	2019	Pan American Health Organization. Information Systems for Health Rapid Assessment Report
Public Health	WHO STEPS. Noncommunicable Disease Risk Factor Surveillance Country-specific data book for the Bahamas	The document reports the preliminary descriptive analysis of the Non-Communicable Diseases Risk Factor Surveillance	2019	Pan American Health Organization and World Health Organization. Noncommunicable Disease Risk Factor Surveillance

Topic	Study	Description	Date	Reference and links
Public Health	PAHO/WHO STEPS Noncommunicable Disease Risk Factor Survey	The document reports the main results of the Non-Communicable Diseases Risk Factor Surveillance addressing: Demographic Information, Tobacco Use, Alcohol Consumption, Diet, Physical Activity, History of Raised Blood Pressure, History of Diabetes, History of Raised Total Cholesterol, History of Cardiovascular Diseases, Lifestyle Advice, Cervical Cancer Screening, Physical Measurements, Biochemical Measurements, Cardiovascular disease risk, Summary of Combined Risk Factors, Oral Health, Sexual Health, Violence and Injury, and Mental health / Suicide	2019	Pan American Health Organization and World Health Organization. Noncommunicable Disease Risk Factor Surveillance
Public Policy and Inequities	UNDP. Human Development Report 2019, Inequalities in Human Development in the 21st Century Briefing note for countries on the 2019 Human Development Report. Bahamas	This document about inequalities in human development addresses seven areas: information on the country coverage and methodology for the 2019 Human Development Report and provide information about key composite indices of human development: the Human Development Index (HDI), the Inequality-adjusted Human Development Index (IHDI), the Gender Development Index (GDI), the Gender Inequality Index (GII), and the Multidimensional Poverty Index (MPI). The final section covers five dashboards: quality of human development, life-course gender gap, women's empowerment, environmental sustainability, and socioeconomic sustainability.	2019	UNDP. Human Development Report 2019, Inequalities in Human Development in the 21st Century Briefing note for countries on the 2019 Human Development Report. Bahamas
Demographics	Population projection reports 2010-2040	The document describes the methods and future projections of the population's size, age, and sex structure, based on assumptions about the forthcoming birth and death rates and international migration levels.	2015	Population projection reports 2010-2040

Topic	Study	Description	Date	Reference and links
Covid-19	Press Release	The Human, Infrastructure, and Technological Foundations of The Bahamas' Health System Were Challenged Before COVID-19.	July 23, 2020	Press Releases Covid-19
Expected Studies				
Health policy, Covid-19, and Health Information System	Strengthening the Health System of The Bahamas to respond to the health needs of the population.	<ol style="list-style-type: none"> 1. An in-depth analysis of the health sector's current fragmentation. This study will support the design of the strategies to integrate the health services that are providing the National Health Insurance, the Department of Public Health, and the Public Hospital Authority. 2. Study to support the design improvement strategies to strengthen the public health response capacity, focusing on Covid-19 information management 3. Study to develop the technical design of primary care clinics resilient to natural disasters and able to respond to public health emergencies. 4. Digital health. This study will fund the due diligence analysis of the proposed solutions for the electronic health record in The Bahamas, a normative analysis of digital health to identify gaps in the laws and regulations related to digital health, the construction of a roadmap for digital health under the future state and critical success factors methodology, a high-level architecture of the health information system for the Bahamas and analysis and proposal for the implementation of telemedicine services. 	February 2021	

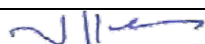
ELIGIBILITY REVIEW MEETING

MINUTES

BH-L1053: Programme to Support the Health System Strengthening of The Bahamas

February 16, 2021

I. Basic information:

PROJECT NUMBER:	BH-L1053
PROJECT NAME:	Programme to Support the Health System Strengthening of The Bahamas
PIPELINE YEAR:	2021
TEAM LEADER:	Ricardo Perez-Cuevas (SPH/CJA)
CHAIRPERSON (VPC MANAGER):	Therese Turner-Jones (CCB/CCB) 

II. ERM decisions:

ELIGIBILITY	A virtual ERM was held for this project from August 26- September 2, 2020. Eligibility for this project was granted virtually on September 9, 2020.						
IDB FINANCING AMOUNT AND SOURCE	\$40,000,0000 (OC)						
ENVIRONMENTAL AND SOCIAL CLASSIFICATION	Classification: This project is classified as Category B in accordance with the IDB's Environmental and Safeguards Compliance Policy since it will likely cause low to moderate social and environmental impacts.						
	NEXT ACTIONS	An Environmental and Social Analysis (ESA) will be prepared to verify the likely impacts and risks and to propose mitigation measures through an Environmental and Social Management Plan (ESMP).					
POD DUE DATE	March 18, 2021						
TOTAL RESOURCE REQUIREMENTS (US\$)	ADMINISTRATIVE BUDGET			NPC ¹ (US\$)		US\$38,600	
				PC ²		360 days (1.75 FTEs)	
	TC FUNDING			US\$			
	TOTAL			US\$ 38,600			
DIVISION CONTRIBUTION	SPH	FMP	SPD	CBH	INE	LEG	ESG
	33%	5%	14%	24%	7%	10%	7%
TECHNICAL COOPERATION (TC) CLEARED FOR APPROVAL	N/A						

¹ NPC: Non personnel costs (travel, consultants, etc.)

² PC: Personnel costs (FTEs)

III. Recommendations:

SUBJECT	RECOMMENDATIONS
1. Comments received	The ERM noted the comments from CCB, CSD; SPD; ESR; VPS; GDI and LEG , which will be considered when revising the PP and POD, as applicable. A matrix of all comments received and responses from the project team is attached to the Minutes as Annex I.
2. Access to Information	In light of the Bank's Access to Information policy and general Government sensitivities to information included in PPs, the revised PP would be again shared with the GOBH, and the Country Office in The Bahamas will confirm that the Government has not identified information within the document that should not be publicly disclosed.
3. Comments from RMG/ESR	E&S Due Diligence Requirement (including expected E&S instruments): OP-703, B.5, B.6, and OP-102. Please consider allowing more time in the ESS for the preparation and disclosure of the Environmental and Social Studies, Disaster Risks Assessment, and the implementation of a meaningful consultation process that is socio-culturally appropriate, especially under the limitations of the sanitary crisis. Please check consistency and align the policies triggered in the first page of the PP, ESS and policy filters.

IV. Next steps

TOPIC	NEXT STEPS
Project Preparation	<p>The Project Team will revise the Project Profile to include the modifications recommended by the ERM.</p> <p>The POD Due Date is March 18, 2021</p> <p>Presentation of this operation for Board consideration is expected by May 19, 2021.</p>

CONFIDENTIAL

¹ The information contained in this Annex is confidential and will not be disclosed. This is in accordance with the "Deliberative Information" exception referred to in paragraph 4.1 (g) of the Access to Information Policy (GN-1831-28) at the Inter-American Development Bank.

ANNEX I TO ERM MINUTES

Virtual ERM Comments and Responses

BH-L1053: Programme to Support the Health System Strengthening of The Bahamas

A. VIRTUAL ERM PROCESS

The Project Profile package for BH-L1053: Support for the Health System Strengthening of The Bahamas for Health Risks Programme was distributed on August 26, 2020 for a Virtual ERM. The package was sent to the following: Turner-Jones, Therese; Florez Timoran, Hugo; Cabrol, Marcelo E.; Regalia, Ferdinando; Carrera Marquis, Daniela; Giles Alvarez, Laura; Roca, Maria Eugenia; Rosenblatt, David Louis; Kamau, Musheer Olatunji; Baxter, Sasha Alexis; McTigue, Kevin; SPD-SDV; SPD-SMO; Treasury Client Solutions Group; Falkner-Olmedo, Katharina B.; VPC-FMP; Milewski, Joseph Christofer; Boulet, Emmanuel Andre Ortiz, Adolfo Javier <ADOLFOO@iadb.org>; CSD-CCS <CSD-CCS@IADB.ORG>; Climate Finance Tracking <CF-Tracking@iadb.org>; GDI Project Review; LMK Project Review; Environmental and Social Risk Management Unit; Galizia, Federico; Perez Cuevas, Ricardo Enrique; Neret, Matilde I; Pinto Masis, Diana Margarita; Tejerina, Luis R.; Guerra, Martha M.; Paz Doblado, Ana Gabriela; Bethel, Natalie Ariel; Carey, Inga Kenris; Morales Vasquez, Nalda Orfilia; Greco, Maria Sofia; Fishpaw, Heidi zoe; Zuloaga Romero, Daniela; Henriquez Cortez, Carlos Alberto; Executive Vice President; Office of the Vice President for Countries; Office of the Vice President, Sectors & Knowledge; Vice Presidency for Finance and Administration; IIC/PPS Public-Private Synergies Division; ESRNET; ACCESS TO INFORMATION; Environmental and Social Solutions Unit; Estevez, Alexis Adrian; Office of the Manager - CCB>; Cassar, Lesley N; Ruiz Flaquer, Rebeca del Carmen; Bogle, Monique Toni-Ann; SCL-SCL; SCL Operaciones; Social Protection and Health Division

UNRESOLVED ISSUES

None.

B. COMMENTS/RESPONSES

The closing date for comments was September 2, 2020. Written comments were received from CCB/CCB; CSD/CCS; SPD/SDV; RMG/ESR; VPS/VPS; LEG/SGO and SCL/GDI

Name / Division	Topic	Comments	Responses
CSD/CCS	Components	Recomendamos resaltar que la infraestructura del Componente 2 sea resiliente al riesgo de desastre y cambio climático y baja en carbono, dado el contexto de exposición y vulnerabilidad y los impactos sufridos en el pasado, principalmente con el huracán Dorian. Se	1. Component 2 will highlight these three attributes: resilient to disasters and climate change and low carbon emission.

Annex I to ERM Minutes

Name / Division	Topic	Comments	Responses
		recomienda definir con mayor detalle el alcance de estas intervenciones en las infraestructuras para su apropiado estudio.	Further details will be included in the scope of the interventions for the infrastructure in the POD
	Project team	Daniela y Carlos, ambos ya incluidos como equipo del proyecto, están en excelentes condiciones de apoyarles para que la infraestructura sea resiliente a los frecuentes eventos climáticos extremos y baja en emisiones.	2. Both specialists are part of the project team and are overseeing the infrastructure component.
SPD/SDV	General Justification and Objective	In the General Justification and Objectives Section, the PP should be more specific regarding the general objective and clarify the contribution of the specific objectives to this general objective.	1. The general objective establishes that the loan will strengthen the Bahamas health system to meet the health needs of the population. A health need is a gap in a person's health state, which would benefit from appropriate and effective care intervention ³ .
	Specific Objectives	We interpret from the information provided that this operation has four specific objectives: 1) integration of primary and secondary care; 2) scaling up of the preparedness and response of the health system; 3) improving access , coverage and quality of care and 4) increasing health service efficiency. The diagnosis presented seems to reference a deficient stewardship from the MOH, an obsolete infrastructure and a fragmented system as the reasons that motivate this operation. There seems to be no specific reference to what is meant by efficiency. A clear definition of general and specific objectives will guide the identification of the adequate indicators for monitoring and evaluation and will be critical for guiding the final evaluation (PCR).	The situation analysis of paragraphs 2.3-2.8 tried to explain the weaknesses of the Bahamas health system and identified the actions that should improve its appropriateness and effectiveness to fulfil the health needs of the population. In this regard, the four specific objectives contribute to the primary goal. The integration of primary and secondary care services aims at reducing the fragmentation and heterogeneity in health care (objective 1). The improvement of the responsiveness of the system to face public health events, such as the Covid-19 pandemic (objective 2) helps the health services to mitigate the negative health consequences (less morbidity and

³ Healthcare need. (n.d.) Segen's Medical Dictionary. (2011). Retrieved September 7, 2020, from <https://medical-dictionary.thefreedictionary.com/healthcare+need>

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			<p>mortality) of this public health emergency(these are also health needs). Improvement of access, coverage and quality of care contribute to reducing the asymmetry and heterogeneity of services (objective 3) of the fragmented system. The integration of primary care and hospital services, along with the improvement in infrastructure, access, and quality, contributes to increasing the efficiency of the health system (objective 4). The expected results of the four objectives are to enable the health system to provide a better response to the health needs of the population.</p> <p>Regarding the comment about efficiency. The POD will include additional evidence of the Bahamas health system current efficiency. The National Health Insurance Authority conducted a financial analysis comparing the primary care budget projections for the period 2020-2025. The projections for the fragmented health system (status quo) account for US\$127M, whereas the projections for the integration of primary care services accounted for US\$110M.</p> <p>An improved definition of the general and specific objectives will be provided to guide the construction of adequate indicators for monitoring and evaluation</p>
	Diagnosis	The POD will need to address with more detail the specific diagnosis that led to the choice of objectives and strengthen the vertical logic of the operation, providing information regarding the magnitude of the	Further evidence will be included in the POD to improve the vertical logic that will reinforce the relationship between the diagnosis with the choice of the objectives and the proposed solutions.

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		problem and highlighting evidence that the proposed solutions will address the problems.	
		It is necessary to include a paragraph outlining the main expected general and specific results.	The paragraph outlining the main expected general and expected results will be included in the POD
	Beneficiaries	In the section of beneficiaries, it is necessary to distinguish and specify the beneficiaries of each specific objective. For example, if the beneficiaries of the improvement of the delivery of care model and the beneficiaries of the preparedness and response activities.	Paragraph 2.14 will be rewritten to distinguish and specify the beneficiaries of each specific objective.
	Annex	In the annex on resources and timetable, consider adding the support provided by SPD/SMO staff in participating with the PACI and the risk analysis.	The annex on resources and timetable we have included the support that SPD/SMO staff that will participate in the PACI and the risk analysis
	M&E	The PP does not provide the amount that needs to be assigned for monitoring and evaluation. It is suggested that this is to be considered when the developing the monitoring and evaluation plan.	An estimate of the amount needed for monitoring and evaluation will be included during the design of the monitoring and evaluation plan.
	Strategic Alignment	To support strategic alignment justification, we recommend that the POD includes a diagnosis of the Development challenges in the aligned areas, identify specific interventions to address them and include an indicator in the results matrix to measure the contribution of the operation to solve the identified challenges. For example, in the case of gender and diversity, what is the problem that will be addressed? Is it an issue of differentiated access or of lack of availability of specific services? What will the project do to change this and how will progress e measured?	The POD will comprise the diagnosis of the development challenges in the aligned areas, its specific interventions and the potential indicators for the results matrix.
CCB/CCB	General	Please be consistent with the Board date. Para 6.1 notes Board approval by December 16, 2020 but the Annex II has Board Approval January 20, 2021.	The inconsistencies were corrected in the PP and the Annex II

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		Please confirm the POD Due date for QRR distribution- Annex II indicates Sept 17, 2020 and Annex III has expected early October 2020.	The expected date of the POD due date for QRR distribution is 19 October 2020
		Please check the FTE calculation, it might be off due to rounding but the table adds to 1.58.	The mistake was corrected.
RMG/ESR	Safeguard	E&S Due Diligence Requirement (including expected E&S instruments): OP-703, B.5, B.6, and OP-102. Please consider allowing more time in the ESS for the preparation and disclosure of the Environmental and Social Studies, Disaster Risks Assessment, and the implementation of a meaningful consultation process that is socio-culturally appropriate, especially under the limitations of the sanitary crisis.	The ESS and social studies are being implemented and there will be more time to complete them.
		Please check consistency and align the policies triggered in the first page of the PP, ESS and policy filters.	The inconsistencies were corrected.
VPS/VPS	Diagnosis and Component	Given the importance of Component 2 and the amount of resources to be invested in infrastructure, please strengthen the need for primary care clinics, and COVID facilities in the Diagnostic, especially in paragraphs 2.4 and 2.5.	The POD will provide further evidence about the facilities in paragraphs 2.4 and 2.5
	Lessons learned and complementarity	In the POD please strengthen the lessons learned providing more information on how they have been considered for the design of this operation. Additionally, please provide more information about how the operations implemented in the country and in the region complement each other, highlighting the Bank's comprehensive efforts to support The Bahamas in the sector.	Noted, both aspects, lessons learned and complementary will be included in the POD.
	Environmental safeguards	Please coordinate with ESG to ensure timely disclosure of environmental and social documentation required in compliance with policy OP-703, as well as the timely execution and documentation of the analysis mission before the QRR in compliance with PR-218.	ESG has been collaborating since the onset of the project and the documentation for policies OP-703 and PR-218 are being prepared.

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	Risks	Given the importance of addressing the risks identified in paragraph 5.1 and in the Risk Matrix, please ensure that the risk assessment workshop is undertaken with all the stakeholders involved and the corresponding mitigation measures are identified before the submission of the POD to QRR. Additionally, for the budget exercise in the POD, ensure the allocation of funds for the proposed mitigation measures. Finally, given the risk of natural disasters please ensure including allocation of funds for the maintenance of the infrastructure.	<p>1. The team agreed with the Ministry of Health that the risk assessment workshop must be conducted as part of the preparation of the loan. Also, given the fragmented characteristics of the public healthcare sector, we have insisted that the different stakeholders (National Health Insurance Authority, Department of Public Health and National Hospitals Authority) should participate in the workshop.</p> <p>2. The project team will include the mitigation measures and the corresponding funds that will be allocated</p> <p>3. Component 2 includes the design and implementation of a preventive maintenance system for medical infrastructure and equipment. It will include measures to increase resilience of health facilities.</p>
	Key Issues	Given the sensitive nature of the information to be handled in the digitalized Health Information System, please ensure that cybersecurity aspects are taken into account in the design of Component 3. Please highlight the measures to be implemented in this important area. Additionally, please in the POD provide more information regarding the gender gaps (in the diagnostic section), and the specific activities to be implemented under Component 1 to bridge these gaps.	The Information System for Health (component 3) comprises cybersecurity aspects. Further information will be included in the POD for this component. The POD will include additional information regarding the gender gaps, and which can be the specific activities that component 1 will include.
	Sustainability of interventions	We suggest including more information on the government efforts for addressing key aspects for the sustainability of the investments, for example, the expansion of the standard health benefits.	The information on the sustainability of the investments will be reinforced in the POD. The NHIA has provided additional information about the expansion of the standard health benefits and the financial projections.

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	Executing Agency	In the PP we recommend including additional information regarding the experience of the EA with IDB Projects. At the POD level, please: (i) add information about the governance of the PEU in the organizational chart of Ministry of Health, and (ii) present the Summary Report of the PACI applied to the executing agency.	The EA has not had experience with IDB projects. This is the first health loan in the Bahamas. We mention this information in the profile. The POD will comprise the information about the governance of the PEU and the summary report of the PACI.
	Coordination mechanism	Given the complexity of the execution due to the involvement of different stakeholders, please ensure that the execution and coordination mechanisms are designed and summarized in the POD.	The POD will emphasize the coordination mechanisms of the execution of the operation. The MOH will be the EA, though NHIA, PHA and DPH will participate given their respective tasks in the provision of primary care and hospital services.
	Program Operational Manual	Given its importance, we recommend drafting the Operations Manual as soon as possible.	Noted, the POM will be developed promptly.
	General	Please revise the title and simplify. It is a bit confusing.	A new and simplified title will be proposed to the MOH: Programme to strengthen the health system of the Bahamas.
	Strategic Alignment	Strategic Alignment. Please refer to the "Second Update to the Institutional Strategy (UIS)"	This reference was included in paragraph 2.15
LEG/SGO	General	Eliminar la línea de contrapartida local del resumen de proyecto en la sección I del documento de perfil.	Se eliminó la línea de contrapartida del resumen del Proyecto en el perfil.
		En el párrafo 2.9 inciso (i) la última palabra entendería debiere ser "delivery"	(i) To integrate primary and secondary care services that DPH, PHA and NHIA deliver. The statement is correct, we refer to the services that these three institutions deliver.
		En el párrafo 2.11 habría que eliminar la oración "Disaster risk and climate change resilience." que pareciera estar fuera de contexto.	Se eliminaron las palabras. Fue un error.

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SCL/GDI		Al titulo del Componente 4 le falta una coma luego de Program Management.	La coma se agregó.
		En el Anexo III habría que hacer un update del objetivo y los componentes del programa tal cual se incluyen en el perfil.	Se corrigió el anexo III para ser congruente con el objetivo y los components del programa.
	General Justification	In paragraph 2.3 we recommend rephrasing the comparison between men and women in relative terms rather than in absolute numbers. I.e., "Compared to men, women are more likely to be obese."	The paragraph 2.3 was rewritten to reflect these changes.
	Component	Given the project's focus on upgrading primary health clinics in component 2, we suggest that the accessibility of the primary care facilities be considered as part of the upgrading of infrastructure to better attend the health needs of people with sensorial, physical and intellectual disabilities.	This component will be proposed to the MOH with the aim to include it in the POD.