

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

THE COMMONWEALTH OF THE BAHAMAS

PROGRAM TO SUPPORT THE HEALTH SECTOR TO CONTAIN AND CONTROL CORONAVIRUS AND TO MITIGATE ITS EFFECT IN SERVICE PROVISION

(BH-L1055)

LOAN PROPOSAL

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| REQUIRED LINKS | |
|----------------|---|
| REL#1 | Simplified monitoring and evaluation plan |
| REL#2 | Procurement plan |

| OPTIONAL LINKS | |
|----------------|---|
| OEL#1 | Rationale for economic viability |
| OEL#2 | COVID-19 Strategic Preparedness and Response Plan |
| OEL#3 | Operational Planning Guidelines |
| OEL#4 | List of WHO supplies for COVID-19 package, including technical specifications |
| OEL#5 | No exhaustive list of main supplies for COVID-19 package, by response plan pillar |
| OEL#6 | COVID-19 CBA Tool Vaccines |
| OEL#7 | COVID-19 CBA Tool (Not including vaccines) |
| OEL#8 | Safeguard policy filter (SPF) and safeguard screening form (SSF) |
| OEL#9 | Infrastructure Component |

| ABBREVIATIONS | |
|---------------|---|
| AMC | Advance Market Commitment |
| CAF | Andean Development Corporation |
| CARPHA | Caribbean Public Health Agency |
| CEPI | Coalition for Epidemic Preparedness Innovations |
| CDB | Caribbean Development Bank |
| DPH | Department of Public Health |
| ECLAC | Economic Commission for Latin America and the Caribbean |
| EOC | Emergency Operations Committee |
| ESMP | Environmental and Social Management Plan |
| ESS | Environmental and social strategy |
| GAVI | Global Alliance for Vaccines and Immunization |
| GOB | Government of The Bahamas |
| ICU | Intensive Care Unit |
| IFI | International Financial Institution |
| IHR | International Health Regulations |
| IMF | International Monetary Fund |
| LAC | Latin America and the Caribbean |
| MOH | Ministry of Health |
| NHIA | National Health Insurance Authority |
| OAS | Organization of American States |
| PAHO | Pan American Health Organization |
| PACI | Platform for Assessment of Institutional Capacity |
| PEU | Project Executing Unit |
| PHA | Public Hospitals Authority |
| PMH | Princess Margaret Hospital |
| PMO | Project Management Organization |
| POM | Project Operation Manual |
| PPE | Personal Protective Equipment |
| RMH | Rand Memorial Hospital |
| SPRP | Strategic Preparedness and Response Plan |
| SRC | Sandilands Rehabilitation Centre |
| WEF | World Economic Forum |
| WHO | World Health Organization |

PROJECT SUMMARY
BAHAMAS
PROGRAM TO SUPPORT THE HEALTH SECTOR TO CONTAIN AND CONTROL CORONAVIRUS AND TO
MITIGATE ITS EFFECT IN SERVICE PROVISION
(BH-L1055)

| Financial Terms and Conditions | | | | |
|--|--|-----------------------------|--|---|
| Borrower: | | | Flexible Financing Facility^(a) | |
| The Commonwealth of The Bahamas | | | Amortization period: | 25 years |
| Executing agency: | | | Disbursement period: | 2 years |
| Ministry of Health (MOH) | | | Grace period: | 5.5 years ^(b) |
| Source | Amount (US\$) | % | Interest rate: | LIBOR-based |
| | | | Credit fee: | ^(c) |
| IDB (Ordinary Capital): | 20,000,000 | 100 | Inspection and supervision fee: | ^(c) |
| | | | Weighted average life (WAL): | 15.25 years |
| Total: | 20,000,000 | 100 | Currency of approval: | Dollars of the United States of America |
| Project at a Glance | | | | |
| Project objective/description: The general objective of this project is to help reduce the morbidity and mortality caused by COVID-19 and to mitigate other indirect impacts of the pandemic on health. The specific objectives of the program are: (i) to strengthen response leadership at the country level; (ii) to improve case detection and monitoring; (iii) to support initiatives to break the chain of transmission of the illness; and (iv) to improve service delivery capacity. | | | | |
| Special contractual conditions precedent to the first disbursement of the loan proceeds: The borrower through MOH, shall have presented evidence to the satisfaction of the Bank that: (i) the Project Operation Manual (POM) has been approved and entered into force, according to the terms and conditions previously agreed with the Bank; and (ii) the Project Executing Unit (PEU) has been created and hired at a minimum: a) a project manager, b) a procurement specialist, and c) a financial specialist (see ¶3.5). | | | | |
| Exceptions to Bank policies: None. | | | | |
| Strategic Alignment | | | | |
| Challenges:^(d) | SI <input checked="" type="checkbox"/> | PI <input type="checkbox"/> | EI <input type="checkbox"/> | |
| Crosscutting themes:^(e) | GD <input checked="" type="checkbox"/> | CC <input type="checkbox"/> | IC <input type="checkbox"/> | |

^(a) Under the terms of the Flexible Financing Facility (document FN-655-1), the borrower has the option of requesting changes to the amortization schedule, as well as currency, interest rate, and commodity conversions. The Bank will take operational and risk management considerations into account when reviewing such requests.

^(b) Under the flexible repayment options of the Flexible Financing Facility, changes to the grace period are permitted, provided that they do not entail any extension of the original weighted average life of the loan or the last payment date as documented in the loan contract.

^(c) The credit fee and the inspection and supervision fee will be established periodically by the Board of Executive Directors as part of its review of the Bank's lending charges, in accordance with applicable policies.

^(d) SI (Social Inclusion and Equality); PI (Productivity and Innovation); and EI (Economic Integration).

^(e) GD (Gender Equality and Diversity); CC (Climate Change and Environmental Sustainability); and IC (Institutional Capacity and Rule of Law).

I. PROJECT DESCRIPTION AND RESULTS MONITORING

A. Background, problem to be addressed, and rationale

- 1.1 On 11 March 2020, the World Health Organization (WHO) declared the outbreak of COVID-19, the disease caused by the 2019 novel coronavirus, or nCoV-2019, which affects the respiratory system, a pandemic. As of 11 November 2020, there have been more than 51 million confirmed cases, resulting in more than 1.2 million deaths.¹ The first cases in Latin America and the Caribbean (LAC) were reported in late February. Since then, the region has become one of the hardest hit regions, with some 11.6 million confirmed cases of COVID-19 and more than 413,312 confirmed deaths. Although, since mid-August 2020, the number of daily new confirmed cases has been on a downward trend for LAC as a whole, the number of accumulated cases and confirmed deaths is expected to continue growing with models predicting more than half a million deaths by February 1, 2021.²
- 1.2 **Macroeconomic and/or social context.** The economic impacts of COVID-19 have been enormous. First, countries have been bearing the direct costs related to the health sector response, associated with the priority of saving lives. Second, the non-pharmaceutical interventions put in place by most countries to “flatten the curve” of COVID-19 progression, and contribute to saving lives, have led to a significant economic downturn. From a macroeconomic perspective, in addition to shrinking domestic demand, the Economic Commission for Latin America and the Caribbean (ECLAC) sees at least five channels through which the impacts of the pandemic is affecting the region’s economy:³ (i) slowing economic activity of key trading partners that will impact the demand for exports; (ii) less demand for tourism services; (iii) interruption of global value chains; (iv) falling commodity prices; and (v) worsening financial terms.
- 1.3 **Problem to be addressed.** The rapid increase in the number of cases has been putting pressure on health care systems, compromising their capacity to respond to the pandemic and to maintain essential care for people with other conditions. An analysis carried out by the WHO in the early stages of the pandemic found that most countries in LAC were unprepared to handle pandemics.⁴ On a 5-level scale based on the capacity to manage a public health event of this magnitude (where 1=low and 5=high), seven LAC countries were classified as level 2 (low capacity), 15 as level 3 (medium capacity), and only four were classified as level 4.⁵

¹ <https://www.iadb.org/es/coronavirus/situacion-actual-de-la-pandemia>.

² Institute for Health and Metrics. COVID-19 Projections. Latin America and Caribbean <https://covid19.healthdata.org/global/latin-america-and-caribbean?view=total-deaths&tab=trend>.

³ See: <https://www.cepal.org/es/comunicados/covid-19-tendra-graves-efectos-la-economia-mundial-impactara-paises-america-latina>.

⁴ Operational capacity was evaluated based on the percentage of compliance with 13 areas of capacity for handling public health events established in the International Health Regulations (IHR 2005), an agreement between 196 countries to build their capacities to manage public health events in 13 areas: legislation and financing, coordination, zoonotic events, food safety, laboratory, surveillance, human resources, national health emergency, health service delivery, risk communication, points of entry, chemical events, and radiation emergencies.

⁵ Countries classified as level 2 (low capacity) are: Bolivia, Haiti, Honduras, Nicaragua, Venezuela, Guatemala, and Paraguay; level 3 (medium capacity): Argentina, Bahamas, Barbados, Belize, Colombia, Ecuador, Guyana, Jamaica, Peru, Suriname, Trinidad and Tobago, El Salvador, Dominican Republic, Panama, and Uruguay; and level 4: Brazil, Mexico, Chile, and Costa Rica.

The Bahamas was classified as having medium capacity.⁶ These gaps impact the entire pandemic management cycle: rapid identification; diagnosis; contact tracing and follow up; infection prevention and control; health measures for travelers; communication with the public about the illness, including overall knowledge, symptoms, risk factors, and prevention measures; and health care (medical personnel and supplies to care for those with COVID-19 and other vulnerable patients).

- 1.4 COVID-19 can be easily spread from person to person through respiratory secretions⁷ and direct contact. For this reason, interrupting the chain of transmission is crucial. Individual hygiene measures, social distancing, use of masks, widespread diagnostic testing and isolation measures are essential features of the public health response with the goal of reducing the number of healthy people whom a patient can infect (known as the reproduction number) or, stated another way, the average number of new cases generated by a case over time, to a value below 1. These measures slow the spread of COVID-19, to delay a sudden spike in cases that would overwhelm the health system's capacity to care for patients.^{8,9,10,11} Specialized care is necessary for coronavirus patients.
- 1.5 **Challenges and progress.** Given the significant economic and social costs associated with COVID-19, equitable access to a safe and effective vaccine, particularly protecting health care workers and those most-at-risk, would be one of the most powerful ways to slow transmission and ultimately put an end to the acute phase of the pandemic.¹² Throughout 2020, scientists, pharmaceutical companies, and governments have been working at an unprecedented rate to deliver a vaccine to protect against COVID-19 using multiple technological platforms. One of the biggest challenges related to the vaccine is that the world will need billions of doses – a scale of production that is unprecedented. Therefore vaccine financing has incentivized scaling up manufacturing at risk of promising vaccine candidates even before they reach certification. Additionally, countries all around the world are developing operational plans for the deployment of COVID-19 vaccines.
- 1.6 **Public health context.** The Bahamas is a small, high-income country which scores well on human development indicators. It is an archipelago of 700 islands that has a population of approximately 390,000 people. New Providence is the most populated of these islands (70% of the population) followed by Grand Bahama (12%). The rest of the islands are referred to as the Family Islands, of which only 14 are inhabited. The Bahamas has a national healthcare system that is led by the Ministry of Health (MOH). The system includes the Department of Public Health

⁶ World Health Organization. Bahamas. Health Indicators. International Health Regulations 2005. <https://data.humdata.org/dataset/who-data-for-bahamas>.

⁷ <https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses>.

⁸ Hellewell, J., S. Abbott, A. Gimma, N.I. Bosse, C.I. Jarvis, T.W. Russell, et al. Feasibility of controlling COVID-19 outbreaks by isolation of cases and contacts. *Lancet* 2020; 8(4): 488–496. doi:10.1016/S2214-109X(20)30074-7.

⁹ Day, T., A. Park, N. Madras, A. Gumel, J. Wu. When is quarantine a useful control strategy for emerging infectious diseases? *American Journal of Epidemiology* 2006; 163(5): 479–485. doi:10.1093/aje/kwj056.

¹⁰ Ferguson, N., D. Cummings, C. Fraser, J.C. Cajka, P.C. Cooley, D.S. Burke. Strategies for mitigating an influenza pandemic. *Nature* 2006; 442: 448–452. doi:10.1038/nature04795.

¹¹ Dénes, A., A. Gumel. Modeling the impact of quarantine during an outbreak of Ebola virus disease. *Infectious Disease Modelling* 2019; 4:12–27. doi:10.1016/j.idm.2019.01.003.

¹² Bartsch SM et al. 2020.

(DPH) which delivers preventive and curative primary healthcare through 74 public clinics; and the Public Hospitals Authority (PHA) which responsible for the management of the nation's three public hospitals: the Princess Margaret Hospital (PMH), the Rand Memorial Hospital (RMH),¹³ and the Sandilands Rehabilitation Centre (SRC). These facilities provide primary, secondary, and tertiary care to 65% of the population. The National Health Insurance Authority (NHIA)¹⁴ provides free of charge primary care services to 20% of the population while 20% of the population has private insurance.

- 1.7 **Government response.** The MOH has been responding to the COVID-19 pandemic in keeping with PAHO and WHO recommendations. The MOH reported the first case of COVID-19 on 15 March 2020 and the Government of The Bahamas (GOB) declared the public health emergency on March 16. In preparation for the pandemic and in collaboration with the Pan American Health Organization (PAHO), the MOH prepared its COVID-19 Preparedness and Response Plan¹⁵ which is aligned with the WHO COVID-19 Operational Planning Guidelines to Support Country Preparedness and Response.¹⁶ Also, as part of its health response to the pandemic, the MOH launched its Emergency Operation Centre. Additionally, the MOH expanded its capacity to perform COVID-19 tests and to this end, the National Reference Laboratory, PMH, RMH, SRC and private facilities are currently performing COVID-19 tests. Additionally, the MOH implemented policies and protocols for COVID testing,¹⁷ clinical classification,¹⁸ management of health workers exposed to the virus,¹⁹ patients' assessment and triage,²⁰ and management in community clinics²¹ in keeping with the local context and WHO recommendations.
- 1.8 **The Bahamas initially flattened the epidemiological curve from the pandemic's onset until June 2020; then, a rapid spike of cases began in July.** Following a two-month lockdown, the country reopened its domestic economy in May/June 2020 and international borders to tourists on 1 July 2020. Since mid-July 2020, the number of cases started to rise. On November 11, the number of confirmed cases reached 7,060²², translating into 1,793 cases per 100,000 inhabitants. In the last two weeks, the number of daily cases reduced from 254 to 91 per million inhabitants.^{23,24} 75.5% of cases are in New Providence, 11% in Grand Bahama, and 13% in the Family Islands. The death count reached 154 deaths (2.1% mortality rate). As part

¹³ The RMH is a network of 10 clinics.

¹⁴ NHIA. <https://www.nhibahamas.gov.bs/>

¹⁵ MOH National Surveillance Unit Novel Coronavirus (2019-nCoV) Preparedness and Response Plan February 5th, 2020 Draft Version 3.

¹⁶ WHO, COVID-19 Strategic Preparedness and Response Plan (SPRP). Operational Planning Guidelines to Support Country Preparedness and Response. February 2020.

¹⁷ MOH of The Bahamas. Policy and Protocol for National Testing guidelines for the SARS-Cov2/Covid19 virus. March 2020.

¹⁸ MOH of The Bahamas. Policy and Protocol for the Criteria and Disposition for the Clinical Classification of Individuals Infected with the SARS-COV-2/COVID-19 Virus. April 2020.

¹⁹ MOH of The Bahamas. Policy and Protocol for Management of Health Care Workers Exposed to the SARS-COV-2/COVID-19 Virus. March 2020.

²⁰ MOH of The Bahamas. Policy and Protocol for the Operation of the COVID-19 Health Assessment & Triage Team. April 2020.

²¹ MOH of The Bahamas. Policy and Protocol for the Identification and Management of Suspected COVID-19 Patients in Community Health Facilities. April 2020.

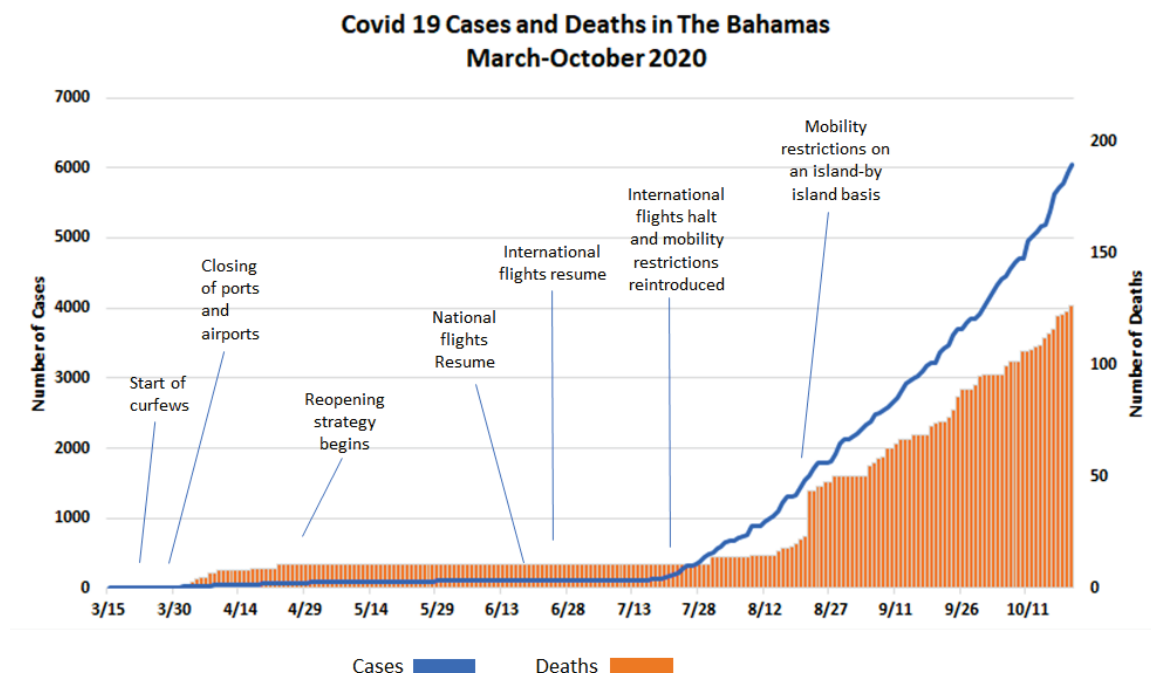
²² [MOH. Covid Report Update #201.](#)

²³ IDB-SPH. COVID-19 Situation Update. October 26, 2020.

²⁴ IDB-SPH. COVID-19 Situation Update. November 10, 2020.

of the response, the MOH conducts widespread testing, on average, 224 tests per 100,000 people between 20-27 October 2020 with a 10% positivity rate. The number of tests per 100,000 that The Bahamas is performing is comparable to what France (283) is testing and is above Germany (190) and Italy (164).²²

- 1.9 **Closing and reopening strategies have been rolled out in two distinct phases.** During the first outbreak of the pandemic, the authorities responded swiftly. Upon recording the first cases of COVID-19, schools were closed on 15 March 2020, and the GOB announced a set of response measures on 18 March 2020. A series of curfews and lockdowns were put in place between 20 March 2020, and April 2020, including a range of night curfews, 24-hour curfews, and full lockdown. On 20 April 2020, a 6-phased reopening strategy was launched, rolled out between 20 April and 20 July 2020. On 1 July 2020, international flights restarted. Following the second surge of cases from mid-July 2020, the authorities closed public spaces once again, halted international flights and reinstated a set of curfews and lockdowns. Between July and October 2020, restrictions were set and eased on an island by island basis, based on the number of confirmed cases (Figure 1). The authorities plan to reopen borders to tourists in early November and are in the process of developing a new set of travel protocols following the WHO guidelines.



Source: Ministry of Health of The Bahamas. COVID-19 Bahamas Dashboard.
<https://www.bahamas.gov.bs/health/>

- 1.10 **The MOH has been increasing its capacity to care for COVID-19 patients but additional efforts are needed.** In New Providence, the South Beach Health Center manages mild to moderately ill suspected and confirmed cases while PMH and Doctors Hospital West treat moderate to severe suspected and confirmed cases. In August 2020, the MOH had approximately 80 beds for COVID-19 patients in public and private facilities. In September 2020, the GOB received support from Samaritan's Purse, International Relief to provide a 28-bed COVID-19 isolation and treatment field hospital to provide step-down care. This facility is adjacent to PMH.

To overcome the shortage of human resources, the MOH hired 29 senior house officers and 71 nurses. Nevertheless, the MOH still has shortages of healthcare workers, while those in the frontline are at risk of infection and burnout. As of 27 of October, 2020, about 243 frontline healthcare workers out of approximately 2,800²⁵ have been infected with COVID-19, most of whom were working at the PMH. A similar number are also in quarantine. As a result, additional efforts are now needed to expand and protect frontline healthcare workers.

1.11 The COVID-19 pandemic has posed challenges to health service delivery in The Bahamas resulting in the need for additional health personnel, and technical and physical resources. The MOH is facing difficulties balancing the increasing caseload of COVID-19 patients while simultaneously maintaining its delivery of essential health services, displacing services that would be normally directed to routine care. For example, women at reproductive ages are facing diminished access to prenatal and obstetric services as too are patients with chronic conditions and victims of gender-based violence (cf. para. 1.14).²⁶ The pandemic exacerbated the shortages of health personnel²⁷ and exposed limitations in infrastructure and lack of medical equipment which is negatively affecting the provision of essential care services (e.g. care for diabetes, hypertension, etc.²⁸). Moreover, social distancing measures coupled with perceived public fear of getting infected with COVID-19 have also reduced the demand of regular healthcare services.

1.12 **The COVID-19 health information system for collecting, sharing, and analyzing data needs to be strengthened.** At the onset of the pandemic, the information and data management were manual, and paper-based. This affected the speed and collation of data collection, flow, and analysis, making it difficult to track the progress of the situation and impeding decision-making. To address these weaknesses, in August 2020, the MOH, with the support of PAHO, began to digitize data collection instruments to improve efficiencies in collection, collating, and analysis of cases, contact tracing and laboratory test data. Currently, a SharePoint platform is used for multiple-user real time data entry for contact tracing, case investigation, and laboratory results, while Go.Data, an open source application developed by the WHO, is used for analysis of epidemiological information. Moreover, PAHO provides data management support to the MOH to coordinate data collection, contact data entry, and laboratory tests. At the same time, other technology solutions are being considered to improve efficiencies of electronic data collection at the point of entry, and speed up flows of case investigation data and laboratory test results. The transition to digital applications highlights the need to update not only the processes and flow of information but also the technological infrastructure of MOH and of the points of entry, train health personnel and manage the process change that this entails. Additional information and communications technology tools are required to communicate with the public, notify COVID-19 cases (lab results);

²⁵ Health in the Americas. Bahamas. PAHO. <https://www.paho.org/salud-en-las-americanas-2017/?p=2291>

²⁶ <https://publications.iadb.org/publications/english/document/Violence-Against-Women-VAW-In-The-Context-Of-Covid-19-Lessons-and-Tools-For-Latin-America-And-The-Caribbean.pdf>.

²⁷ Office of the Subregional Program Coordination. Human Resources for Health Unit. Human resources for health and the COVID-19 response in the Caribbean. PAHO. August 2020. <https://www.paho.org/en/caribbean-subregional-program-coordination>.

²⁸ The impact of the COVID-19 pandemic on noncommunicable disease resources and services: results of a rapid assessment. Geneva: WHO; 2020. License: CC BY-NC-SA 3.0 IGO.

mapping of contacts and monitoring of confirmed and suspected cases and maintain real-time communication with healthcare personnel at the points of care.

- 1.13 **Telemedicine can become a critical tool to maintain essential services.** The pandemic has disrupted essential services and triggered a growing unmet need for medical care, which is particularly challenging given the country's geographic characteristics. Following a rapid assessment by PAHO of the Information Systems for Health in The Bahamas,²⁹ it was identified that The Bahamas had over the recent years, improved its information technology infrastructure capacity through existing shared information systems between public hospitals and public health clinics. Also, NHIA has invested in a primary care electronic medical record solution called NHI 1.1 (developed by eClinical Works) that currently has some capabilities for providing telehealth services in 16 facilities. These opportunities can be further leveraged to create a National Electronic Health Record by expanding the implementation of the solution to the MOH. This will in turn will allow the MOH to be a suitable position to provide virtual care services (i.e. telemedicine). Concurrently, with a cellphone penetration of more than 90 percent, other technological solutions such as apps are being considered as tools to support continuity of patient care.
- 1.14 **In addition to its overall health and economic toll, the pandemic has also negatively impacted families, especially women both at work and at home.** Women play a significant role in the response to the pandemic. Most healthcare workers are women whose burden of care professionally and at home has substantially increased.³⁰ The confinement measures related to COVID-19 have led to a shadow epidemic of intrafamily violence. The prevalence of intrafamily violence is also on the rise, as women and other members of the household are locked in with their perpetrators and are fearful of reporting abuse.^{31, 32}
- 1.15 **The COVID-19 vaccine will become a major component of The Bahamas' strategy to mitigate the impact of the pandemic, reduce morbidity, hospitalizations, and deaths.** The country has a capable public health infrastructure and has had successful experiences in delivering vaccines through its expanded immunization program, as demonstrated by its high immunization rates. However, introducing a novel COVID-19 vaccine will require support for the COVID-19 vaccination preparedness planning activities. In particular, the MOH will require technical support to strengthen its institutional capacity to develop the policies, norms, regulations and standards pertaining to the COVID-19 vaccine. For example, there is a need to develop a framework to prioritize the population sub-groups that will receive the vaccine including, healthcare workers, seaports and airports personnel, older adults or patients with chronic conditions. Additional investments will be necessary to ensure the equitable distribution of vaccines, including, strengthening the supply chain, purchasing vaccine refrigerators, developing implementation strategies suitable to the national and local context, and

²⁹ Doane D. Information Systems for Health. Rapid Assessment Report. MOH. PAHO. 2019.

³⁰ <https://www.unwomen.org/en/news/stories/2020/7/press-release-un-women-and-idb-covid19-economic-recovery-in-the-caribbean>. Accessed on 20 October 2020.

³¹ While domestic violence, particularly intimate partner violence is considered a private matter and reporting is low, The Bahamas has one of the highest reported cases of rape in the Caribbean. See the Commonwealth of The Bahamas, Ministry of Social Services and Community Development, *Strategic Plan to Address Gender-Based Violence* (2015), pages 20-21.

³² UN-WOMEN. COVID-19 in LAC. [How to Incorporate Women and Gender equality in the management of the crisis response](#).

avoiding disruptions and working in tandem with the routine national immunization program.

- 1.16 **Rationale.** To provide guidance to countries in the response to the pandemic, WHO issued the COVID-19 SPRP (Strategic Preparedness and Response Plan) ([OEL#2](#)), which outlines the public health areas that should guide the strategic actions of all national and international partners to support countries to prepare for and respond to COVID-19, including equitable access to newly developed vaccines, therapeutics, diagnostics and other innovations. In The Bahamas, the Novel Coronavirus (2019-nCoV) Preparedness and Response Plan was designed and has been implemented with consistent technical support from PAHO and validated by all sector stakeholders. This plan has been prepared pursuant to international guidelines and will bridge specific gaps that impact the health system.
- 1.17 In this context, the nine action pillars proposed under the SPRP are: (i) coordination, planning, and monitoring; (ii) risk communication and community engagement; (iii) surveillance, rapid-response teams, and case investigation; (iv) points of entry; (v) national laboratories; (vi) infection prevention and control; (vii) case management; (viii) operational support and logistics; and (ix) maintaining essential health services during an outbreak. There is evidence of the effectiveness of the proposed interventions ([OEL#3](#)).
- 1.18 As of October 2020, the MOH faces several challenges in response to the pandemic. Despite the measures implemented to immediately respond to the public health crisis, a second spike began in July 2020. The upward trend in the number of cases has emphasized the need to strengthen the response plan, speed up the transition from a paper-based system to a digital health information system, and to reduce the lag time of epidemiological surveillance and case reporting. The upward trend of cases calls for the strengthening and expansion of ongoing activities to identify COVID-19 patients at entry points (namely seaports and airports), at health facilities, and in the community. There are a limited number of health facilities able to identify, collect samples, and isolate potential cases. Therefore it is necessary to strengthen a number of facilities by increasing availability of medical supplies to test and manage COVID-19 patients (including test kits, Personal Protective Equipment (PPE), facemasks, etc.), and also providing these facilities with key items of medical equipment. In addition, the extremely widespread geographical makeup of The Bahamas coupled with the ongoing shortage of health personnel (namely primary care physicians) requires the introduction of agile and innovative efforts such as telemedicine services in order to facilitate access to primary care, provide essential services, and satisfy the unmet demand. Finally, when it becomes available, the COVID-19 vaccine will pose another challenge to The Bahamas as there is a need to develop appropriate policies to ensure equitable access, create a vaccination plan, and develop a suitable COVID-19 vaccine supply chain that will work in tandem with the ongoing expanded immunization program.
- 1.19 For the procurement of COVID-19 vaccines, on 2 October 2020, the GOB signed a Commitment Agreement (Committed Purchase Arrangement) with the Global Alliance for Vaccines and Immunization (GAVI), in the context of the COVAX Facility

mechanism.³³ Through this agreement, the GOB reserved doses to secure vaccines for 20% of its population.³⁴ The vaccine procurement agency will be the COVAX Facility under GAVI. The Purchasing Agency can be PAHO. Through this operation, the IDB will support the procurement of the vaccines through the COVAX Facility.

- 1.20 **Bank experience and lessons learned.** This health operation will benefit from lessons learned from the Bank's health portfolio that have shown the need to overcome the limitations of weak health systems to respond to the pandemic, such as in Belize (3566/OC-BL), and Nicaragua (5088/BL-NI), and to strengthen epidemiological surveillance (Regional Malaria Elimination Initiative-IREM GRT/MM-17274-NI, GRT/MM-17275-NI). It will also benefit from experience in the design of telemedicine services adapted to the current pandemic in Honduras (4518/BL-HO, 4449/BL-HO, 3815/BL-HO) and Argentina (5032/OC-AR) and strategic investments in tools to improve the design and implementation of electronic health records (ATN/OC-16717-RG) and (ATN/OC-17825-RG).
- 1.21 **Coordination with other multilaterals and/or donor agencies and partners.** Since the onset of the pandemic, PAHO has been the primary supporter of the MOH. It has been providing technical advice and assisting the country's development and implementation of the response plan. Through PAHO, the WHO has provided funding to the MOH for laboratory testing, surveillance, risk communications, and mental health. In the area of prevention and control, it launched a training course for healthcare workers, and donated laboratory equipment, COVID-19 tests, laptops, and mobile phones.³⁵ In addition, the Canadian Government channeled financial assistance through PAHO to provide an online training course and procurement of PPE, laboratory supplies and test kits. Operationally, the IDB and World Bank procurement units are working closely to find and consolidate providers for the WHO supply list ([OEL#4](#)) and for COVID-19 response actions ([OEL#5](#)).³⁶ Actions are also being coordinated through the Inter-American Government Procurement Network, which is managed by the Organization of American States (OAS). Finally, the IDB has been in regular communication with PAHO (with whom all digital health interventions are being coordinated), and with GAVI, the Caribbean Public Health Agency (CARPHA) and the World Bank in coordinating the engagement with the COVAX Facility. This facility will offer countries the opportunity to buy into a multilateral Advance Market Commitment (AMC) for a COVID-19 vaccine, allowing countries to benefit from pooling risks, leveraging buying power, and gaining access to the technical expertise of leading public agencies. At a broader level, the IDB is coordinating with the Caribbean Development Bank (CDB), the International Monetary Fund (IMF), and the World Bank to align and complement each institutions' support during the pandemic. The GOB is planning on increasing its external debt by US\$1.39 billion this fiscal year, of which IDB is projected to provide

³³ The COVAX Facility is a mechanism to pool resources to promote the development of the largest and most diverse actively managed portfolio of COVID-19 vaccine candidates across four technology platforms. The facility seeks to maximize probability of success so that the best vaccines are made available. It promotes the equitable distribution of vaccines across participating members.

³⁴ The committed purchase agreement comprises the down payment for US\$251,520 equivalent to 15% of the cost of the doses, and the forward payment for US\$1,392,094, equivalent to 85% of the total costs to access the vaccines doses for 20% of the population.

³⁵ PAHO Bahamas. PAHO Bahamas continues COVID-19 response through donations to MOH. <https://www.paho.org/en/news/7-8-2020-paho-bahamas-continues-covid-19-response-through-donations-moh>.

³⁶ This is a no exhaustive list subject to frequent updates.

29% of these funds.³⁷ This program also compliments the rest of the IDB's support to The Bahamas' COVID-19 response. This loan provides financing for the first of the government's three pronged response to the COVID-19 pandemic:³⁸ increasing financing in the health sector. The reformulated loan 3787/OC-BH was approved in July 2020 to provide emergency support to vulnerable populations by financing programs for formal employment retention in key economic sectors. The IDB is also providing a programmatic policy-based loan program to boost resilient and inclusive growth in The Bahamas. The first part of this programmatic loan was approved and disbursed in 2020. This project supported preexisting structural challenges the country faces, namely a stronger business climate that fosters innovation and competitiveness, as well as more resilience to natural disasters and climate change. The second of part of this programmatic PBL is currently being completed and aims at supporting policy actions in the same sectors.

- 1.22 **Strategic alignment.** The operation is consistent with the Second Update to the Institutional Strategy (AB-3190-2), and is aligned with the Social Inclusion and Equality development challenge by focusing on strengthening health care service delivery to suspected or confirmed COVID-19 patients and by guaranteeing fair and equitable access to a safe and effective COVID-19 vaccine. The program is aligned with the crosscutting areas of Promoting Gender Equality, Diversity and Inclusion because it contributes to preventing violence against women, in particular intimate partner violence, and prioritizing innovate approaches to detect intimate partner violence.³⁹ In addition, the project will contribute to the Corporate Results Framework 2020-2023 (GN-2727-12) through the indicator on beneficiaries receiving health services.. The project is consistent with the Health and Nutrition Sector Framework Document (GN-2735-7) by: (i) strengthening communication and information actions to foster behavioral change; (ii) strengthening service delivery, including providing the necessary medical equipment and supplies, training health care providers, and improving vaccines supply chain logistics and cold chain management; and (iii) strengthening cross-sector coordination to achieve the expected outcomes. This project is consistent with the Proposal for the IDB Group's Governance Response to the COVID-19 Pandemic Outbreak (GN-2996).

B. Objectives, components, and cost

- 1.23 **Objectives.** The general objective of this project is to help reduce the morbidity and mortality caused by COVID-19 and to mitigate other indirect impacts of the pandemic on health. The specific objectives of the program are: (i) to strengthen response leadership at the country level; (ii) to improve case detection and monitoring; (iii) to support initiatives to break the chain of transmission of the illness; and (iv) to improve service delivery capacity.

³⁷ This includes the US\$200 million policy-based loan on competitiveness and sustainability approved in 2020, a US\$20 million health prototype program, a US\$40 million investment loan in the health sector and a second US\$140 million policy-based loan in the areas of competitiveness and sustainability. The last three operations are due to be approved in December 2020 and throughout 2021.

³⁸ These include: (i) additional financing for the health sector; (ii) support to vulnerable households; and (iii) business support.

³⁹ The activities to ensure care for women and other family members victims of intrafamily violence are included in subcomponent 4.2, paragraph 1.36.

- 1.24 **Component 1. Response leadership at the country level (US\$855,000).** This component will strengthen the Emergency Operations Committee (EOC)⁴⁰ by enhancing its capabilities for decision-making, surveillance, assessment, public health management, and multisectoral coordination. Specifically, this component will finance: (i) a platform for epidemiological surveillance and public health (software and hardware) and technical support (public health and digital health experts) to streamline the response processes and strengthen the digital health information systems for real-time management and monitoring of the pandemic in the country; and (ii) the strengthening of the national logistic support system (software, hardware) to track procurement processes and use of medical supplies, pharmaceuticals, and therapeutics within the public health system.
- 1.25 **Component 2. Case detection and monitoring (US\$7,040,000).** This component will support actions to expand the health system's capacity for screening, case detection, contact tracing, reporting and monitoring of COVID-19 cases, focusing especially on 54 health facilities that are the key points of care in Nassau and the Family Islands.
- 1.26 **Subcomponent 2.1. Surveillance, rapid-response teams, and case investigation.** This subcomponent will finance: (i) the expansion of the screening capacity and testing modalities for COVID-19 such as PCR and rapid antigen testing, through the procurement of laboratory equipment, test kits and supplies such as PPE, masks, gloves; and (ii) the implementation of additional rapid response teams to actively seek and detect cases. These teams will carry out diagnostic testing utilizing differentiated strategies for highly vulnerable population groups, and for rural and urban areas. In addition, the rapid response teams will also carry out contact tracing and follow up.
- 1.27 **Subcomponent 2.2. Laboratory network.** This subcomponent will finance the consolidation of the diagnostic capacity by procuring medical equipment and supplies and by strengthening the capacity to collect and process samples, conduct virus detection tests, and manage biological waste.
- 1.28 **Subcomponent 2.3. Information and communications technology tools.** This subcomponent will finance procurement of: (i) equipment and technology for connectivity and access points (including tablets, laptops, routers, software licenses, etc.), connectivity services, and software as a service; payments for courier delivery services; and (ii) consulting services to develop and customize new software solutions; and support implementation of technology solutions in the field.
- 1.29 **Component 3. Interruption of the chain of transmission (US\$6,410,000).** This component will finance the following: (i) access to vaccines; (ii) design and implementation of a public communications campaign; (iii) update of care protocols and (iv) strengthening of points of entry.
- 1.30 **Subcomponent 3.1. Access to vaccines for COVID-19.** This subcomponent will finance: (i) the downpayment and the forward payment to access the vaccine doses,

⁴⁰ The EOC, formerly called National Coordination Committee, works directly with the National Emergency Management Agency (NEMA). MOH's EOC (which includes all the relevant health agencies and stakeholders), NEMA, and PAHO provide COVID-19 response coordination so as to ensure harmonized healthcare delivery to affected populations.

- as reserved by the GOB with GAVI via the COVAX Facility ; (ii) the development of COVID-19 vaccine policies, norms and regulations; (iii) the development and implementation-support of the plan of action to deploy COVID-19 vaccines; (iv) the logistics and supply chain management including distribution systems, transportation costs, storage for medical and other supplies; (v) transportation cost of health personnel; (vi) supplies and related consumables, including syringes, biohazardous waste disposal boxes and containers, and infectious waste boxes and bags; (vii) equipment and related accessories for the deployment of cold chain management; and (viii) training of health personnel.
- 1.31 **Subcomponent 3.2 Communication with the public.** This subcomponent will finance: (i) the design and implementation of public communication campaigns on keys aspects of addressing COVID-19, including general information, prevention and treatment measures, vaccine risks and benefits, vaccine implementation actions, etc.; and (ii) behavior change strategies to promote demand for vaccination, and increased adoption of “the new normal” measures to interrupt transmission. Different approaches will be supported to ensure that the information is accessible to diverse populations.
- 1.32 **Subcomponent 3.3. New and Updated Protocols.** This subcomponent will finance: (i) the development of digital platforms to train and update healthcare providers on best practice for surveillance, screening, case investigation techniques, and medical care of patients with COVID-19; and (ii) the revision and implementation of the COVID-19 training plan for healthcare providers.
- 1.33 **Subcomponent 3.4. Strengthening Points of entry.** This subcomponent will finance the strengthening of the country’s 42 main air and sea points of entry. Specifically, this subcomponent will fund as follows: (i) minor physical infrastructure modifications in order to conduct interviews and COVID-19 screening activities for travelers; (ii) detection, isolation, and support services, including sample collection and transportation of lab tests and safe transportation of patients and their contacts to designated health care centers; and (iii) implementation of a communication program to provide information to travelers about the illness, preventive measures, and how and where to seek medical care.
- 1.34 **Component 4. Improvement of the capacity for service delivery (US\$4,630,000).** This component will support the strengthening of the COVID-19 case management capacity and also the continuity of essential care services during the emergency.
- 1.35 **Subcomponent 4.1. Delivery of health care for COVID-19 patients.** This subcomponent will finance: (i) the procurement of relevant medical supplies and basic medical equipment for ambulatory care, including diagnostic tools (blood pressure monitors, pulse oximeters, thermometers, portable ultrasound machines, electrocardiogram units; (ii) the implementation of protocols and training of personnel in 56 healthcare facilities to support the diagnosis and proper medical care for COVID-19 patients; (iii) modifications to the physical infrastructure to

accommodate proper triage of cases, and (iv) installation of negative pressure ventilation systems for isolation areas.⁴¹

- 1.36 **Subcomponent 4.2. Continuity of essential care.** This subcomponent will contribute to ensuring the continuity of care provided to vulnerable populations, especially patients with chronic conditions and pregnant women. Specifically, this component will finance: (i) key inputs for the delivery of care in health facilities, including transportation expenses, medical supplies, and hiring of additional healthcare personnel; (ii) a telehealth platform including its software and hardware components, the development of protocols, the development and delivery of training and change management activities to enable primary care clinics to provide virtual care via telemedicine, and monitor patients with limited access to health services; and (iii) tele-mental health services to assist families with psychological and social support to cope with the psychological and emotional distress caused by the pandemic.
- 1.37 **Project administration, evaluation, and auditing costs (US\$1,065,000).** This component will finance the activities to strengthen the MOH's institutional project management, fiduciary, and procurement capabilities for project implementation. Specifically, it will fund the following: (i) a Project Executing Unit (PEU); (ii) the hiring of consultants and specialized technical services; (iii) independent auditing services; (iv) the impact evaluation; and (v) the implementation of an Environmental and Social Management Plan which will update procedures for the proper handling of medical waste.
- 1.38 **Beneficiaries.** The project will benefit the general population by: (i) providing information about the spread of the disease, prevention actions, vaccine uptake, and guidance to receive healthcare; (ii) increasing the health services' capacity to screen, diagnose, and manage patients with COVID-19, and provide the vaccine; and (iii) facilitating access to essential healthcare by implementing telemedicine services. The introduction of the vaccines and strengthening preventive actions will reduce the risk of infections for the general population, and the strengthening of the screening activities and medical care will benefit people suspected of having COVID-19 and those who were diagnosed and needed specialized care.

C. Key results indicators

- 1.39 **Expected outcomes.** The objective of this project is to help reduce the morbidity and mortality caused by COVID-19 and to mitigate other indirect impacts of the pandemic on health. The main outcomes will be to increase the percentage of laboratories with capacity to diagnose COVID-19, percentage of points of entry with epidemiological surveillance based on national standards, percentage of health facilities able to do triage, number of people with confirmed cases receiving treatment based on national protocols, number of people in the prioritized groups who have been vaccinated against COVID-19, and a COVID-19 vaccine deployment plan developed or strengthened.

⁴¹ The structures will not be generating waste different from what the health facility currently manages, for which facilities already have handling rules and procedures. Whether there is a need to increase the frequency of waste collection will be determined later.

- 1.40 **Economic viability.** A cost-benefit analysis was prepared for the measures recommended under WHO guidelines and the vaccine component. The analysis considered the impact of these interventions to reduce COVID-19 mortality and morbidity rates under a treatment scenario with implementation of a package of measures, versus a counterfactual scenario in the absence of countermeasures. Scenarios were simulated using a basic SIR model (Susceptible - Infectious - Recovered), with evidence-based conservative parameters and assumptions available in published articles on COVID-19 or similar epidemics. The costs associated with interventions are those estimated by WHO in its COVID-19 SPRP. For vaccines, costs include both purchasing and distributing the COVID-19 vaccines (Subcomponent 3.1), with expected prices based on information from GAVI and distribution costs from WHO information on earlier immunization programs in low- and middle-income countries. Under the base case scenario for treatment, which considers the implementation of WHO recommendations and the vaccines component, the cost-benefit analysis showed a weighted average of the net present value of US\$371.5 million and a Benefit:Cost Ratio of 16.86, suggesting that the proposed series of interventions are economically beneficial.⁴² Based on the analysis, the earlier the reproduction number is reduced, the higher the benefit-cost ratio—both because the costs of containing the outbreak are higher over time, and because the benefits in terms of lives and worktime saved are lower ([OEL#1](#)).

II. FINANCING STRUCTURE AND MAIN RISKS

A. Financing instruments

- 2.1. This operation is a specific investment loan for a total amount of US\$20 million and will be financed with resources from the Bank's Ordinary Capital. The disbursement period will be 24 months. This operation is a specific project. Its physical and technical individuality defines it. It cannot be partitioned without affecting the project's nature or the logic behind each of its four independent components.

Table 2.1. Estimated Project Costs (US\$)

| Components | IDB US\$ | % |
|---|------------------|-------------|
| 1. Response leadership at the country level | 855,000 | 4.3 |
| 2. Case detection and monitoring | 7,040,000 | 35.2 |
| Subcomponent 2.1 Surveillance, rapid-response teams, and case investigation | 2,340,000 | 11.7 |
| Subcomponent 2.2. Laboratory network | 500,000 | 2.5 |
| Subcomponent 2.3 Information and communication technology tools | 4,200,000 | 21.0 |
| 3. Interruption of the chain of transmission | 6,410,000 | 32.1 |
| Subcomponent 3.1 Access to vaccines for COVID-19 | 4,400,000 | 22.0 |
| Subcomponent 3.2. Communication with the public | 75,000 | 0.4 |
| Subcomponent 3.3. New and updated protocols | 600,000 | 3.0 |
| Subcomponent 3.4 Strengthening points of entry | 1,335,000 | 6.7 |

⁴² The values presented are the average of the VPN and Benefit: Cost ratio, weighting by the investment amount directed to subcomponent 3.1 (22%) and the rest of the activities.

| Components | IDB US\$ | % |
|---|-------------------|--------------|
| 4. Improvement of the capacity for service delivery | 4,630,000 | 23.2 |
| Subcomponent 4.1 Delivery of healthcare for COVID-19 patients | 3,740,000 | 18.7 |
| Subcomponent 4.2. Continuity of essential care | 890,000 | 4.5 |
| Project administration, evaluation, and auditing costs | 1,065,000 | 5.3 |
| Total | 20,000,000 | 100.0 |

Table 2.2. Disbursement Schedule (US\$)

| Source | Year 1 | Year 2 | Total |
|--------|-----------|------------|------------|
| IDB | 8,000,000 | 12,000,000 | 20,000,000 |
| % | 40 | 60 | 100 |

B. Environmental and social risks

- 2.2. Based on the provisions of Operational Policy OP-703, this operation has been classified as Category “C”, and under Operational Policy OP-704 as low disaster risk. It will finance only non-structural works and modifications to existing facilities, such as updating ventilation systems for negative air pressure and temporary alterations to facilities to create isolation areas for COVID cases or suspected cases, that will result in minimal or no negative environmental and social impacts and risks, and will not exacerbate disaster risks. The operation will finance purchasing of supplies such as tests, vaccines, and medical equipment. In order to ensure that medical waste is being properly managed and that contractors follow appropriate occupational health and safety measures and COVID-19 precautions, an Environmental and Social Management Plan (ESMP) is based on a standard template for this type of operation which will be tailored to this particular operation, will be implemented during execution. The ESPM , will be an integral part of the POM and finalized before the approval of the POM, and therefore before the first disbursement. To complement the public communication activities that the operation will finance to inform about COVID-19 risks and services, the ESMP will include measures to carry out stakeholder engagement with communities adjacent to COVID-19 patient facilities.

C. Fiduciary risks

- 2.3. The fiduciary risk is Medium. Three risks were identified and clasified as Medium.
- 2.4. The first is related to possible delays in the preparation of financial statements and IDB reports. The risk can be mitigated by hiring/appoint personnel for PEU, including a financial specialist in accordance with the terms of reference previously agreed upon with the Bank and provide training about financial guidelines.
- 2.5. The second risk is possible delays in procurement processes due to the knowledge of IDB procurement policies, to mitigate the risk it is recommended to hire/appoint of personnel for the PEU, including a procurement specialist in accordance with the terms of reference previously agreed upon with the Bank. Provide training about procurement policies to the PEU. IDB will supervise and monitor the initial processes to improve the next processes.

- 2.6. The third risk is the possible delays in compliance with audit requirements, due to the weakness of the country financial management system. To mitigate the risks it is recommended to implement a commercial accounting system for IDB's accounting reporting (Quickbooks or similar).

D. Other key risks and issues

- 2.7. Development risks. Five development risks were identified and classified as high. The first involves the interruption of the global supply chain of key items needed to respond to the pandemic—including PPE for health care providers, such as surgical gloves, face masks and respirators, ventilators, and diagnostic kits. High worldwide demand has created shortages and price increases for these products, which could impact the timing and costs of supplies to be procured under the project.
- 2.8. The second risk is associated with border closings and disruption of global air transportation, which could also impact delivery times and costs of supplies for the country. To mitigate these risks, GOB will rely on PAHO who will be contracted as a Specialized Agency to conduct the necessary procurement processes for the required medical equipment and supplies. With respect to supporting execution capacity at the PEU and recognizing the need to strengthen management capacity at the MOH while maintaining close coordination with different agencies/ donors, the MOH is considering contracting a PMO⁴³ to provide additional support.
- 2.9. The third risk is tied to the potential shortage of health care providers due to the large number of patients needing medical care and the disproportionate manner in which the disease affects front-line staff at hospitals. To mitigate this risk, the MOH is implementing contingency plans such as contracting nurses and medical doctors and establishing contractual agreements with the private sector.
- 2.10. The fourth risk is that none of the vaccines that countries procure under AMC prove to be effective and safe. To mitigate this risk, a large and diverse actively managed portfolio of COVID-19 vaccine candidates is crucial, to maximize the probability of success. To manage this risk, the COVAX Facility is relying on the technical expertise from the Coalition for Epidemic Preparedness Innovations (CEPI), GAVI, WHO, and a specially appointed independent group of high-level experts to support the selection of a large portfolio of vaccine candidates and to actively manage this portfolio to maximize the number of doses that the COVAX Facility will deliver to its participants during the next 24 months. This group is also responsible for assessing manufacturers' quality standards and vaccine safety and efficacy in line with the WHO target product profile for COVID-19 Vaccines.
- 2.11. The fifth risk is that the final price of vaccines procured through AMC might be higher than expected depending on the nature of the agreement and the cost structure of successful vaccines. Multilateral AMCs such as the COVAX Facility can mitigate this risk by leveraging pooled purchasing power to negotiate low profit-margin agreements.

⁴³ The PMO will provide project management support to the PEU in planning, procurement, technical specifications, and supervising the completion of key project activities to ensure that are completed on time, on budget, and within scope.

- 2.12. **Sustainability.** The interventions financed under the project follow WHO recommendations for the containment, management, and treatment of epidemics/pandemics due to infectious diseases such as COVID-19. This project will strengthen country capacities for the detection, treatment, and control of these diseases in the medium term. It will also improve the preparedness of the health sector to confront future outbreaks, epidemics, and pandemics, including organizational capacity and knowledge, and staff experience to face future outbreaks. In addition, containing and overcoming health challenges is considered a prerequisite for sustainable economic and social recovery in the medium and long terms. Moreover, differentiated approaches will enable the efficient identification of demand and needs for service supply for the most vulnerable population groups.

III. IMPLEMENTATION AND MANAGEMENT PLAN

A. Summary of implementation arrangements

- 3.1. **Borrower and executing agency.** The borrower for this operation will be the Commonwealth of The Bahamas and the MOH will be the executing agency. The project will be based on the country's response plan. Specifics of the execution mechanism will be defined in the Project Operation Manual (POM) based on the results of the application of the Bank's Platform for Assessment of Institutional Capacity (PACI) tool. A preliminary institutional assessment of the MOH indicates the need for additional personnel to support project coordination, fiduciary and procurement activities, also for planning, monitoring and evaluation plans. In this regard, and to meet such need, the operation will support the MOH to hire the project coordinator, financial and procurement specialist, and the PMO. The MOH will create the PEU which will work closely with the MOH and relevant project stakeholders to assure that execution is carried out in line with project objectives.
- 3.2. **Execution and administration.** The PEU will be responsible for programme administration including planning, budgeting, accounting, procurement, application of social and environmental safeguards, monitoring and reporting of progress on project implementation. The PEU will include a project coordinator, a monitoring specialist, and specialists in procurement, financial management, health informatics, epidemiologist, civil engineering as well as operational support staff. Specialized external consulting services will be contracted by the PEU for the preparation of the minor infrastructure renovations, digital health information system, communication, and medical equipment procurement. Technical, procurement and fiduciary staff from the MOH will also work closely with the PEU specialists to build the MOH capacity through knowledge transfer.
- 3.3. Specific responsibilities of the PEU comprise all the activities needed for project execution, including: (i) serving as project liaison with the Bank; (ii) preparing, submitting and implementing the annual operating plans and the financial plans; (iii) drawing up budgets and disbursement requests; (iv) preparing and updating the pluriannual execution plan, annual operating plan (AOP), procurement plan, risk matrix, project monitoring report (PMR) and POM, and submit these instruments to the Bank for its non-objection; (v) financial administration of the programme according to accepted accounting principles and presenting audited financial statements; (vi) carrying the procurement process that result in the timely acquisition

of high quality products that comply with both the policies of the Bank and those of the GOB; (vii) ensuring consisting alignment with program activities with expected results as well as periodic data collection to enable the monitoring of the indicators included in the results matrix; and (viii) presenting semi-annual progress reports.

- 3.4. For subcomponents 2.1, 4.1, and 4.2, eligible expenses may include an amount per patient served, based on the average cost of care. The potential care pursuant to this mechanism includes: (i) investigation of cases by response teams; (ii) home care for patients with fever and mild respiratory symptoms (includes taking a sample if patient meets the criteria for a suspected case); (iii) transfer of patients with a fever and respiratory symptoms who warrant hospitalization; (iv) non-ICU (Intensive Care Unit) hospital care in an isolated area for patients; (v) ICU hospital care for patients; and (vi) home health care for patients with chronic conditions (with protocol and amount disaggregated by condition). For home health care, differentiated costs will be considered to provide care to populations in hard-to-access communities. Expense verification will be based on patient care records, whether existing (such as discharge records) or ad hoc (such as home health care log with basic information).
- 3.5. **Special contractual conditions precedent to the first disbursement of the loan proceeds. The borrower through MOH, shall have presented evidence to the satisfaction of the Bank that: (i) the POM has been approved and entered into force, according to the terms and conditions previously agreed with the Bank; and (ii) the PEU has been created and hired at a minimum: a) a project manager, b) a procurement specialist, and c) a financial specialist.** These conditions are essential because: (i) it will guarantee that the rules of operation are in place; and (ii) an adequate team will be in place to initiate and conduct the program's execution.⁴⁴
- 3.6. **Retroactive financing.** The Bank may retroactively finance up to US\$8 million (40% of the loan amount) in eligible expenditures made by the borrower prior to the loan approval date, for supplies, medications, COVID-19 vaccine procurement through the COVAX Facility⁴⁵, PPE, personnel, and upgrade, and equipping of health units and other related activities in regard to the upgrade/fitting of points of entry, provided that requirements substantially similar to those established in the loan contract were met. Such expenditures must have been made on or after 16 March 2020, when the GOB declared the public health emergency, even though this predates the project officially entering the pipeline (GN-2259-1), authorization of the retroactive financing is justified as of that date, given the exceptional circumstances surrounding the global health emergency.
- 3.7. **Procurement.** Procurement financed in whole or in part with proceeds from the Bank financing will be undertaken in accordance with the Policies for the Procurement of Works and Goods financed by the IDB (GN-2349-15) and the Policies for the Selection and Contracting of Consultants financed by the IDB

⁴⁴ Due to the speed of processing the operation, the POM is still under discussion, therefore it is considered as a precondition for the first disbursement. The team is supporting actively the MOH to develop the POM. The coordinator of the project has been selected and it is in process of being hired. The IDB will collaborate with the MOH and with the coordinator of the project to develop the POM.

⁴⁵ This includes the down payment as was described in paragraph 1.30.

(GN-2350-15), or those in effect at the time of project execution. The Procurement Plan ([REL#2](#)) lists the procurement items of the project.

- 3.8. **Special procurement measures.** Pursuant to the IDB Group's Governance Response to the COVID-19 Pandemic Outbreak (GN-2996 paragraph 4.2 and Resolution DE-28/20), will apply the following special measures to the Policies for the Procurement of Goods and Works Financed by the IDB and the Policies for the Selection and Contracting of Consultants Financed by the IDB, for the immediate response in the public health area: (i) extending Bank eligibility to nonmember countries; (ii) contracting and/or acknowledging agreements with procurement agents and specialized agencies acting in such capacity, as well as accepting the use of their own procurement policies and rules on prohibited practices; and (iii) consolidated procurement at the international level as well as procurement through existing adhesion agreements with the borrower.
- 3.9. **Single Source Selection.** Direct contracting of GAVI Alliance as a procurement agent, for the procurement of the COVID-19 vaccines and related goods stated in Subcomponent 3.1, through the arrangements of the COVAX Facility is proposed. GAVI Alliance will apply their procurement methods and rules. Direct contracting is justified according to 3.7 (e) of the Bank's Procurement Policy, that allows direct contracting, in exceptional cases for example in response to natural disasters or emergency situation (COVID-19 pandemic). Goods and services rendered by suppliers, consultants and service providers originating from nonmember countries of the Bank would be eligible.
- 3.10. In addition, direct contracting of PAHO is proposed to purchase vaccines, medical and laboratory equipment and supplies, epidemiological surveillance software, and technical assistance for epidemiological surveillance, digital health platforms, virtual care models, and protocols. The selection of PAHO is based on its harmonized work with the agencies of the United Nations system, its coordination with other donors, and its knowledge of conditions of the country. Its focus and experience will help in carrying out program activities. Its capabilities in procurement and supply management are crucial to the COVID-19 response, as it purchases a wide array of products and services and has a vendor network and a procurement portal (United Nations Global Marketplace) that is used by more than 25 United Nations agencies. PAHO's support in procurement will facilitate and increase opportunities to fulfil contracts during the health emergency. Conducting procurement through PAHO will also be more practical than searching for vendors from scratch. Direct contracting is justified according to 3.7 (e) of the Bank's Procurement Policy, that allows direct contracting, in exceptional cases for example in response to natural disasters or emergency situation (COVID-19 pandemic). Goods and services rendered by suppliers, consultants, and service providers originating from non-member countries of the Bank would be eligible.
- 3.11. **Disbursements.** Disbursements will be made primarily through advances of funds based on liquidity needs, determined based on payment needs for at least six months. Supporting justification for advances will be provided pursuant to the provisions of the Financial Management Guidelines for IDB-financed Projects (OP-273-12) and the Fiduciary Arrangements and Requirements (Annex III) or the guidelines in effect at the time of execution.

- 3.12. **Audit.** Throughout the loan disbursement period, the executing agency will submit to the Bank the project's annual audited financial statements within 120 days after the close of the fiscal year and within the Original Disbursement Period or any extension thereof, and a Final Audited Financial statement of the Program within one hundred twenty (120) days following the date of the last disbursement date of the program. As agreed with the Bank, the Borrower and the Executing Agency will select an External Independent Auditor, eligible to the Bank. The audit's scope and related considerations will be governed by the Financial Management Guidelines (OP-273-12) and the Guide for Financial Reports and Management of External Audit. Audit costs will be financed with project resources. The fiscal year will be from July 1st to June 30th of each year.

B. Summary of arrangements for monitoring results

- 3.13. **Monitoring.** The executing agency will be responsible for implementing the monitoring and evaluation plan ([REL#1](#)). Considering the crisis, the main monitoring tools for this project will be the results matrix and the procurement plan. The main sources for monitoring impact, outcome, and output indicators will be the service delivery records from the health system and the epidemiological data for local, regional, and national monitoring. The executing agency will prepare multiyear and annual execution plans once the emergency situation has stabilized. The main reporting tool will be the Progress Monitoring Report (PMR), which will use the project's annual and semiannual reports as its main sources of information.
- 3.14. **Evaluation.** Given the nature of this operation, the evaluation will assess the project's contribution to its specific development objectives (i) strengthening response leadership at the country level; (ii) improving case detection and monitoring; (iii) supporting initiatives to break the chain of transmission of the illness; and (iv) improving service delivery capacity. Whenever feasible, the evaluation will also analyze the contributions to the final general objectives of reducing the morbidity and mortality caused by COVID-19, as well as their social and economic repercussions. To that end, a "before and after" analysis will be conducted, using information from available time series on the results indicators. To attribute the observed results to the project intervention, the quantitative analysis will be supplemented with a review of the theory of change supported by relevant evidence of the effectiveness of similar interventions in comparable contexts. Wherever feasible and appropriate, the evaluation will also consider epidemiological evidence and models, as well as qualitative evidence and impact analyses.

| Development Effectiveness Matrix | | |
|--|--|---|
| Summary | | BH-L1055 |
| I. Corporate and Country Priorities | | |
| 1. IDB Group Strategic Priorities and CRF Indicators | | |
| Development Challenges & Cross-cutting Themes | -Social Inclusion and Equality -Gender Equality and Diversity | |
| CRF Level 2 Indicators: IDB Group Contributions to Development Results | -Beneficiaries receiving health services (#) | |
| 2. Country Development Objectives | | |
| Country Strategy Results Matrix | | |
| Country Program Results Matrix | | The intervention is not included in the 2020 Operational Program. |
| Relevance of this project to country development challenges (If not aligned to country strategy or country program) | | Challenges are referenced in paragraph 1.18 of the POD and the alignment in paragrap 1.22 |
| II. Development Outcomes - Evaluability | | Evaluable |
| 3. Evidence-based Assessment & Solution | | 10.0 |
| 3.1 Program Diagnosis | | 3.0 |
| 3.2 Proposed Interventions or Solutions | | 4.0 |
| 3.3 Results Matrix Quality | | 3.0 |
| 4. Ex ante Economic Analysis | | 9.0 |
| 4.1 Program has an ERR/NPV, or key outcomes identified for CEA | | 3.0 |
| 4.2 Identified and Quantified Benefits and Costs | | 3.0 |
| 4.3 Reasonable Assumptions | | 1.0 |
| 4.4 Sensitivity Analysis | | 2.0 |
| 4.5 Consistency with results matrix | | 0.0 |
| 5. Monitoring and Evaluation | | 7.2 |
| 5.1 Monitoring Mechanisms | | 1.8 |
| 5.2 Evaluation Plan | | 5.4 |
| III. Risks & Mitigation Monitoring Matrix | | |
| Overall risks rate = magnitude of risks*likelihood | | Medium |
| Identified risks have been rated for magnitude and likelihood | | Yes |
| Mitigation measures have been identified for major risks | | Yes |
| Mitigation measures have indicators for tracking their implementation | | |
| Environmental & social risk classification | | C |
| IV. IDB's Role - Additionality | | |
| The project relies on the use of country systems | | |
| Fiduciary (VPC/FMP Criteria) | Yes | Financial Management: Budget, Treasury, External Control. |
| Non-Fiduciary | | |
| The IDB's involvement promotes additional improvements of the intended beneficiaries and/or public sector entity in the following dimensions: | | |
| Additional (to project preparation) technical assistance was provided to the public sector entity prior to approval to increase the likelihood of success of the project | | |

Note: (*) Indicates contribution to the corresponding CRF's Country Development Results Indicator.

Evaluability Assessment Note:

The operation BH-L1055, for US\$20,000,000 is part of the Bank's operational response to the COVID-19 Pandemic Immediate Public Health Response to contain and control Coronavirus and mitigate its effect on provision of services. The general objective of the program is to contribute to reduce COVID-19 morbidity and mortality and mitigate the other indirect effects of the pandemic on health. The specific objectives are: (i) to strengthen response leadership at the country level; (ii) improve diagnosis and follow up of cases; (iii) support efforts to interrupt the transmission chain of the disease; and (iv) improve the capacity for provision of services.

The loan proposal presents a solid diagnosis of the problem, as well as a review of international evidence. The proposed solutions are an appropriate response to the problems identified in the proposal and its contributing factors. The results matrix is consistent with the vertical logic of the project, presenting adequate indicators at the level of outcomes and impacts. The outcome indicators are appropriately defined to measure the achievements of the project's specific objectives. The impact indicators reflect the contribution to the final health -number of COVID-19 deaths and number of confirmed COVID-19 cases.

The economic evaluation shows that the operation is efficient, with a benefit /cost ratio of US\$16.86. In a context of high uncertainty, the analysis considers the benefits in employment and labor income derived from the reduction of mortality and morbidity rates due to COVID-19, the use of the vaccine, while the costs are those associated with the implementation of a proposed standard intervention package proposed by WHO and the costs associated with the purchase and delivery of the vaccine.

The monitoring and evaluation plan proposes a reflective analysis of the outcome and impact indicators included in the result matrix, complemented by a review of the theory of change, an updated review of international evidence and qualitative studies. In addition, the Plan an evaluation agenda to assess the effectiveness of the risk communication and community engagement plan strengthened response. The monitoring and evaluation activities will be carried out by the Ministry of Health in coordination with the Bank.

INDICATIVE RESULTS MATRIX

| | |
|--------------------------|---|
| Project Objective | The specific objectives for this operation are: (i) strengthening response leadership at the country level; (ii) improving case detection and monitoring; (iii) supporting initiatives to break the chain of transmission of the illness; and (iv) improving service delivery capacity. |
|--------------------------|---|

EXPECTED IMPACT

| Indicators | Unit of measurement | Baseline Value | Baseline Year | Expected year for achievement | Target | Means of verification | Observations |
|--|---------------------|----------------|---------------|-------------------------------|---------|--|--|
| General development objective: Help reduce the morbidity and mortality caused by COVID-19 and mitigate indirect impacts of the epidemic on health | | | | | | | |
| Number of deaths from COVID-19 | Number | 136 | 2020 | 2022 | 302 | Ministry of Health (MOH) COVID-19 reports and public health statistics | A scenario with the number of estimated deaths by the end of the project assuming improvements in the availability of medical resources ¹ |
| Confirmed cases of COVID-19 | Number | 6502 | 2020 | 2022 | 111,717 | MOH COVID-19 reports and public health statistics | A scenario with the number of estimated cumulated cases assuming improvements in the number of resources ³ |

EXPECTED OUTCOMES

| Indicators | Unit of measurement | Baseline Value | Baseline Year | Year 1 | Year 2 | End of Project | Means of verification | Observations ² |
|---|---------------------|----------------|---------------|--------|--------|----------------|---|---|
| Specific development objective 1: Strengthening response leadership at country level | | | | | | | | |
| Emergency Operations Committee strengthened that also coordinates | Number | 0 | 2020 | 1 | 1 | 1 | Report of the MOH with the description of the improved structure and functions of the | The lessons learned from the National Coordination Committee might serve as the basis for the development of a National Public Health Agency. The |

¹ Estimates based on the projections of the Instituto de Efectividad Clínica y Sanitaria <http://shinyapps.iescs.org.ar/modelo-covid19/>.

| Indicators | Unit of measurement | Baseline Value | Baseline Year | Year 1 | Year 2 | End of Project | Means of verification | Observations ² |
|---|---------------------|----------------|---------------|--------|--------|----------------|---|---|
| multisectoral mechanisms | | | | | | | National Coordination Committee | MOH lacks this type of structure able to coordinate the response to public health emergencies and promote intersectoral collaboration |
| % of activities as per WHO guidelines started as part of country's Preparedness and Response Plan | Percentage | 70 | 2020 | 100 | 100 | 100 | Preparedness and response plan of the MOH and technical support documents | Numerator: Number of activities described in the WHO guidelines that the MOH has implemented (these are related to the eight pillars) Denominator: Activities described in the WHO Guidelines ² |
| Specific development objective 2: Improving case detection and monitoring | | | | | | | | |
| % of laboratories with diagnostic capacity for COVID-19 | Percentage | 80 | 2020 | 90 | 100 | 100 | Reports of the MOH with the productivity of the laboratories | Numerator: Laboratories with diagnostic capacity according to WHO standards (There are three MOH laboratories and seven outsourced) ³ Denominator: All laboratories designated for COVID-19 diagnosis. At the end of the project the MOH plans to have seven more public laboratories and 7 outsourced) |
| % epidemiological bulletins issued weekly | Percentage | 70 | 2020 | 90 | 100 | 100 | COVID-19 Dashboard of the MOH | Numerator: Number of bulletins issued that include update COVID-19 |

² The COVID-19 Strategic Preparedness and response plan. Operational Planning Guidelines to support country preparedness and response. World Health Organization. February 2020. The plan has eight pillars that describe each a set of actions to be implemented by each country.

³ The MOH has three laboratories (National Reference Laboratory in New Providence, the Princess Margaret Hospital and the Rand Memorial Hospital) and seven outsourced private laboratories. The expectation is to increase the capacity of public laboratories in Grand Bahama (1), New Providence (1), Abaco (1), Eleuthera (2), Exuma (1) and San Salvador (1).

| Indicators | Unit of measurement | Baseline Value | Baseline Year | Year 1 | Year 2 | End of Project | Means of verification | Observations ² |
|---|---------------------|----------------|---------------|--------|--------|----------------|--|--|
| Specific development objective 3: Supporting initiatives to break the chain of transmission of the illness | | | | | | | | |
| Number of people in the prioritized groups who have been vaccinated against COVID-19 | Number | 0 | 2020 | 30,000 | 50,000 | 80,000 | MOH reports of the progress of the COVID-19 vaccination plan | Prioritized groups include medical personnel, population of 60 years and above, patients with chronic non communicable diseases, pregnant women, HIV, and other vulnerable populations as WHO guidelines will recommend. Gender tracking |
| COVID-19 vaccine deployment plan developed | Plan | 0 | 2020 | 1 | 0 | 1 | MOH reports of the progress of the COVID-19 vaccination plan | The introduction of a digital health information system for COVID-19 vaccines will allow to track the progress of the plan |
| % of points of entry with epidemiological surveillance as per country standards | Percentage | 0 | 2020 | 80 | 100 | 100 | MOH Report on the progress of the response plan for COVID-19 | Numerator: Total # of points of entry with epidemiological surveillance as per country standards Denominator: Total # of official points of entry (airports, seaports, and border crossings) |
| Specific development objective 4: Improving service delivery capacity | | | | | | | | |
| % of acute healthcare facilities with triage capacity | Percentage | 30 | 2020 | 80 | 100 | 100 | MOH Report on the progress of the response | Numerator # of healthcare facilities with triage capacity Denominator |

| Indicators | Unit of measurement | Baseline Value | Baseline Year | Year 1 | Year 2 | End of Project | Means of verification | Observations ² |
|--|---------------------|----------------|---------------|--------|--------|----------------|---|--|
| | | | | | | | plan for COVID-19 | Total # of healthcare facilities |
| % of acute healthcare facilities with isolation capacity | Percentage | 10 | 2020 | 40 | 100 | 100 | Reports of the MOH regarding the progress of the works to increase the isolation capacity | Numerator # of healthcare facilities with isolation capacity Denominator Total # of healthcare facilities with the isolation capacity |
| % of hospitalized confirmed cases receiving treatment with supportive care according to country protocol | Percentage | 70 | 2020 | 90 | 100 | 100 | Reports of specific surveys of an external evaluation agency | Numerator # of hospitalized patients treated according to country protocol Denominator Total # hospitalized patients with COVID-19 |

OUTPUTS

| Outputs | Unit of measurement | Baseline Value | Baseline Year | Year 1 | Year 2 | End of project | Means of verification | Observations ² |
|---|---------------------|----------------|---------------|--------|--------|----------------|---|--|
| Component 1. Response leadership at the country level | | | | | | | | |
| 1.1. Multisectoral preparation and response plan strengthened | Plan | 1 | 2020 | 1 | 0 | 1 | Document of the response plan for COVID-19 | Including mitigation of social and environmental impacts |
| 1.2. Coordination and monitoring protocols/guidelines updated and implemented | Guideline/Protocol | 10 | 2020 | 10 | 0 | 10 | Documents of the guidelines and protocols issued by the MOH | Protocols should include the coordination procedures between national and local level and among actors |

| Outputs | Unit of measurement | Baseline Value | Baseline Year | Year 1 | Year 2 | End of project | Means of verification | Observations ² |
|---|--|----------------|---------------|--------|--------|----------------|---|--|
| 1.3. A platform for epidemiological surveillance and public health in operation | Number of platforms designed and functioning | 1 | 2020 | 1 | 0 | 1 | Technical report from the MOH describing the architecture, processes and data that the platform delivers | The introduction of the platform for epidemiological surveillance and public health actions will provide updated evidence for decision making |
| 1.4. Technical support from public health experts and digital health experts | Number of people hired | 4 | 2020 | 4 | 0 | 4 | Deliverables of the technical support experts | The public health experts and digital health experts will support the MOH for the implementation of the platform for epidemiological surveillance and public health. |
| 1.5. National logistic support system strengthened | Number | 0 | 2020 | 1 | 0 | 1 | Technical report describing the architecture and functions of the software for the national support system | The national logistic support system will be used by the MOH to track the procurement processes of medical supplies, pharmaceuticals and therapeutics. |
| Component 2. Case detection and monitoring | | | | | | | | |
| 2.1. Epidemiological surveillance systems strengthened | Number | 1 | 2020 | 1 | 1 | 1 | Reports from the epidemiological surveillance system of the MOH, standard operation procedures, training programs | The system already exists, it will be strengthened in the areas of data collection, training, protocols, equipment, data analysis and monitoring. |

| Outputs | Unit of measurement | Baseline Value | Baseline Year | Year 1 | Year 2 | End of project | Means of verification | Observations ² |
|---|---------------------|----------------|---------------|--------|--------|----------------|--|---|
| 2.2. Number of rapid response teams for active search and case detection operating in the field | Number | 20 | 2020 | 20 | 20 | 60 | Reports from the epidemiological surveillance system of the MOH | A rapid response team is integrated by health personnel (medical doctors, nurses, community health workers and sometimes volunteers. This team works during the emergency phase and activated, trained and deployed in the field. |
| 2.3. Number of laboratories that received equipment and inputs for diagnostic | Number | 3 | 2020 | 7 | 0 | 10 | Report from the epidemiological surveillance system of the MOH | Laboratories selected for COVID-19 testing Inputs include materials related to detection |
| 2.4. Number of clinics equipped with information and communication technology | Number | 0 | 2020 | 0 | 54 | 54 | Report from the MOH regarding the provision and operation of the equipment | The information and communication technology comprises equipment, software, connectivity, and customization for the health facilities |
| Component 3. Interruption of the chain of transmission | | | | | | | | |
| 3.1. Advanced market commitment to access COVID-19 vaccine fulfilled | Number | 1 | 2020 | 0 | 0 | 1 | Agreement for the procurement of the vaccines with Covax | Term sheets (agreement signed with Covax) and confirmation of transferred resources |

| Outputs | Unit of measurement | Baseline Value | Baseline Year | Year 1 | Year 2 | End of project | Means of verification | Observations ² |
|--|---------------------|----------------|---------------|--------|--------|----------------|--|--|
| 3.2. Number of doses of COVID-19 vaccines procured | Number | 0 | 2020 | 80,000 | 0 | 80,000 | Reports of the progress of the COVID-19 vaccination program of the MOH | Bilateral contract agreed to be presented once that vaccine is approved by corresponding authority. The regulatory country requirements for the purchase should be considered as a milestone for this output |
| 3.3. COVID-19 vaccine supply chain strengthened: availability of updated cold chain and supplies for application of vaccines available | Number | 0 | 2020 | 1 | 0 | 1 | Reports of the progress of the COVID-19 vaccination program of the MOH | Health facilities with functional cold chain are an essential component of the supply chain. Specific requirements will be detailed once we know what vaccine will be procured |
| 3.4. Risk communication and community engagement plan strengthened | Plan | 1 | 2020 | 1 | 1 | 1 | Document issued by the MOH with the risk communication plan | The plan will be updated and strengthened in accordance with the pandemic and the implementation of the vaccine activities. Gender tracking |
| 3.5. Digital platform to train and update health personnel | Number | 0 | 2020 | 0 | 1 | 1 | Reports of the MOH about the design and implementation and operation of the digital platform for healthcare providers training | The digital platform follows the best practices for surveillance, screening, case investigation and medical care |

| Outputs | Unit of measurement | Baseline Value | Baseline Year | Year 1 | Year 2 | End of project | Means of verification | Observations ² |
|---|---------------------|----------------|---------------|--------|--------|----------------|---|--|
| 3.6. Number of health workers trained and updated to care for COVID-19 patients | Number | 200 | 2020 | 200 | 100 | 500 | Reports of specific surveys of an external evaluation agency | The updated and training program comprises best practices for surveillance, screening, case investigation and medical care |
| 3.7. Plan for epidemiological surveillance at points of entry strengthened | Plan | 1 | 2020 | 1 | 1 | 1 | Document Issued by the MOH with the plan to strengthen epidemiological surveillance at POE | The plan will be updated and strengthened |
| 3.8. Number of points of entry with improved capacity for detection and isolation | Number | 42 | 2020 | 30 | 12 | 42 | Reports of the MOH of the progress of the works to improve the points of entry ⁴ | 42 ports of entry are already in place, these ports will be reinforced to fulfill international health regulations |
| Component 4. Improvement of the capacity for service delivery | | | | | | | | |
| 4.1. Number of clinics providing care to COVID-19 patients strengthened | Number | 12 | 2020 | 18 | 24 | 54 | Reports of specific surveys of an external evaluation agency | The clinics should have relevant medical equipment, supplies and protocols implemented. This could include alternative care sites in non-medical venues and mobile and temporary sites |

⁴ The MOH provided a list of 42 points of entry that require improvements. The requirement is to provide appropriate space, separate from other travelers, to interview suspect or affected persons and the recommendation is to provide self-contained isolation unit /pods with appropriate IPC functionality to assist with management of public health conditions which may present in travelers.

| Outputs | Unit of measurement | Baseline Value | Baseline Year | Year 1 | Year 2 | End of project | Means of verification | Observations ² |
|--|---------------------|----------------|---------------|--------|--------|----------------|---|--|
| 4.2. Referral system to care for COVID-19 patients strengthened | Document | 0 | 2020 | 1 | 0 | 1 | Operational procedures of the referral system and report of the productivity of the referral system | The operational procedures include guidelines, protocols, and reports of the number of COVID-19 patients disaggregated by sex referred to hospital care. Gender tracking |
| 4.3. Number of hospitals treating COVID-19 patients strengthened | Number | 3 | 2020 | 3 | 0 | 3 | Reports of specific surveys of an external evaluation agency | Hospital preparedness can be assessed using CDC hospital preparedness checklist |
| 4.4. Number of health units with improved isolation capacity | Number | 0 | 2020 | 6 | 12 | 18 | Reports of the MOH about the progress of the works to improve isolation capacity | The report will include units with improved isolation capacity and installation of negative pressure ventilation systems |
| 4.5. Number of clinics using digital solutions for the monitoring and care of patients with limited access to services due to limited capacity | Number | 0 | 2020 | 35 | 40 | 75 | Reports of specific surveys of an external evaluation agency | The report will include information about the progress of the use of telemedicine services among other tools |

Country: Bahamas

Division: SPH

Operation No.: BH-L1055

Year: 2020

Fiduciary Agreements and Requirements

Executing Agency (EA): Ministry of Health (MOH)

Project Name: Program to support the health sector to contain and control Coronavirus and to mitigate its effect in service provision

I. Fiduciary Context of Executing Agency

1. Use of country system in the project.

| | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> Budget <input checked="" type="checkbox"/> | <input type="checkbox"/> Reports | <input type="checkbox"/> Information System | <input type="checkbox"/> National Competitive Bidding |
| <input checked="" type="checkbox"/> Treasury <input checked="" type="checkbox"/> | <input type="checkbox"/> Internal audit | <input type="checkbox"/> Shopping | <input type="checkbox"/> Others |
| <input type="checkbox"/> Accounting | <input checked="" type="checkbox"/> External Control | <input type="checkbox"/> Individual Consultants | Comments |

2. Fiduciary execution mechanism

| | |
|--|--|
| Co- Financing | NA |
| Co-Executors | NA |
| Particularities of the fiduciary execution | <p>Specialized agencies will conduct the procurement processes in accordance with their own procurement procedures; universal eligibility will apply.</p> <p>For the rest of the activities, the execution will be support it by a Project Executing Unit (PEU), and due the need for coordination with different agencies/ donors and strengthen the capacities of the MOH it might be necessary to hire a Project Management Organization (PMO).</p> |

3. Fiduciary Capacity

| | |
|------------------------------|---|
| Fiduciary Capacity of the EA | <p>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, this in accordance with preliminary results in regard to the application of the Bank's for Institutional Capacity Assessment Platform (ICAP) in reference to the design of the operation BH-L1053.</p> <p>While the MOH is a new IDB's EA, the support of the Ministry of Finance with the project's payments through the Financial Officers on the Treasury Department, its execution capacity will enhance with the following activities proposed: (i) Hire/appoint a PEU including a Project Manager, Procurement Specialist and Financial Specialist; (ii) Support by a PMO; (iii) Coordinate the project execution with the IFI Unit in the Ministry of Finance; (iv) Use agreements with Specialized Agencies as PAHO and GAVI; and (v) Implement a commercial accounting system for IDB's accounting reporting (Quickbooks or similar), will prevent delays in procurement processes and financial reporting.</p> |
|------------------------------|---|

4. Fiduciary risks and risk response

| Area(s) | Risk | Risk level | Risk response |
|-------------|---|------------|--|
| Financial | Possible delays in the preparation of financial statements and IDB reports. | Medium | Hire and/or appoint personnel for PEU, including a financial specialist in accordance with the terms of reference previously agreed upon with the Bank. Provide training about financial guidelines to the PEU. |
| Procurement | Possible delays in procurement processes due to the knowledge of IDB procurement policies. | Medium | Hire and/or appoint personnel for PEU, including a procurement specialist in accordance with the terms of reference previously agreed upon with the Bank. Provide training about procurement policies to the PEU. IDB will supervise and monitor the initial processes to improve the next processes. |
| Financial | Possible delays in processing accounting records related to project expenditures and preparing financial reports to the Bank by the EA, due to the weakness of the country financial management system. | Medium | Implement a commercial accounting system for IDB's accounting reporting (Quickbooks or similar) |

5. Policies and Guides applicable to operation: The procurement processes financed in full or in part by Bank resources will be conducted in accordance with the Policies for the Procurement of Goods and Works Financed by the IDB (document GN-2349-15) and the Policies for the Selection and Contracting of Consultants Financed by the IDB (document GN-2350-15).

The financial management will be conducted in accordance with the Operational Guideline OP-273-12.

6. Exceptions to Policies and Rules: None

II. Aspects to be considered in the Special Provisions of the Contract

Exchange Rate: To determine the equivalence of an Eligible Expenditure incurred in the Local currency, the exchange rate in force on the date of payment of the expenditure in the Local Currency of the Borrower's country in accordance with the General Conditions of the loan, article 4.10 b(ii).

Type of Audit: Throughout the loan disbursement period, the EA will submit to the Bank the project's annual Audited Financial Statements within 120 days after the close of the fiscal year and within the Original Disbursement Period or any extension thereof, and a Final Audited Financial statement of the Program within one hundred twenty (120) days following the date of the last disbursement date of the program. The audit will be conducted by a Bank-eligible External Independent Auditor, the audit's scope and related considerations will be governed by the Financial Management Guidelines (OP-273-12) and the Guide for Financial Reports and Management of External Audit. Audit costs will be financed with project resources. The fiscal year will be from July 1st to June 30th of each year.

III. Agreements and Requirements for Procurement Execution

| | |
|---|---|
| <p>Direct Contracting and Single Source Selection</p> | <p>Pursuant to the IDB Group's Governance Response to the COVID-19 Pandemic Outbreak (GN-2996 paragraph 4.2 and Resolution DE-28/20), will apply the following special measures to the Policies for the Procurement of Goods and Works Financed by the IDB and the Policies for the Selection and Contracting of Consultants Financed by the IDB, for the immediate response in the public health area: (i) extending Bank eligibility to non-member countries; (ii) contracting and/or acknowledging agreements with procurement agents and specialized agencies acting in such capacity, as well as accepting the use of their own procurement policies and rules on prohibited practices; and (iii) consolidated procurement at the international level as well as procurement through existing adhesion agreements with the borrower.</p> <p>Procurement financed in whole or in part with proceeds from the Bank financing will be undertaken in accordance with the Policies for the Procurement of Works and Goods financed by the IDB (GN-2349-15) and the Policies for the Selection and Contracting of Consultants financed by the IDB (GN-2350-15), or those in effect at the time of project execution. The Procurement Plan (REL#2) lists the procurement items of the project.</p> <p>Single Source Selection. Direct contracting of GAVI Alliance as a procurement agent, for the procurement of the COVID-19 vaccines and related goods stated in Subcomponent 3.1, through the arrangements of the COVAX Facility is proposed. GAVI Alliance will apply their procurement methods and rules. Direct contracting is justified according to 3.7 (e) of the Bank's Procurement Policy, that allows direct contracting, in exceptional cases for example in response to natural disasters or emergency (COVID-19 pandemic). Goods and services rendered by suppliers, consultants and service providers originating from non-member- countries of the Bank would be eligible.</p> <p>In addition, direct contracting of PAHO is proposed to purchase vaccines, medical and laboratory equipment and supplies, epidemiological surveillance software, and technical assistance for epidemiological surveillance, digital health platforms, virtual care models, and protocols.</p> <p>The selection of PAHO is based on its harmonized work with the agencies of the United Nations system, its coordination with other donors, and its knowledge of conditions of the country. Its focus and experience will help in carrying out program activities. Its capabilities in procurement and supply management are crucial to the COVID-19 response, as it purchases a wide array of products and services and has a vendor network and a procurement portal (United Nations Global Marketplace) that is used by more than 25 United Nations agencies. PAHO's support in procurement will facilitate and increase opportunities to fulfil contracts during the health emergency. Conducting procurement through PAHO will also be more practical than searching for vendors from scratch.</p> <p>Direct contracting is justified according to 3.7 (e) of the Bank's Procurement Policy, that allows direct contracting, in exceptional cases for example in response to natural disasters or emergency situation (COVID-19 pandemic). Goods and services rendered by suppliers, consultants, and service providers originating from non-member countries of the Bank would be eligible.</p> |
| <p>Advanced Contracting Retroactive financing</p> | <p>The Bank may retroactively finance up to US\$8 million (40% of the loan amount) in eligible expenditures made by the borrower prior to the loan approval date, for supplies, medications, Covid-19 vaccine procurement through the Covax Facility, personal protective equipment, personnel, and upgrade, and equipping of health units and other related activities in regard to the upgrade/fitting of points of entry, provided that requirements substantially similar to those established in the loan contract were met. Such expenditures must have been made on or after 16 March 2020, when the World Health Organization (WHO) declared COVID-19 a global health emergency, even though this predates the project officially entering the pipeline (GN-2259-1), authorization of the retroactive financing is justified as of that date, given the exceptional circumstances surrounding the global health emergency.</p> |

| | | | |
|-------------------------|---|-------------------------------------|--|
| Procurement supervision | The method of supervision shall be ex ante to the procurement process executed by the EA. | | |
| | Works 1,260,000 | Goods/Services 15,010,000 | Consulting Services 1,200,000 Firms 2,005,000 Singles |

Main Acquisitions

| Description of the procurement | Selection Method | New Procedures/Tools | Estimated Date | Estimated Amount 000'US\$ |
|---|-------------------------------------|----------------------|---------------------|------------------------------|
| Procurement of personal protective equipment (general provisioning) | PAHO | | February/March 2021 | 2,500,000 |
| Procurement of the COVID-19 vaccines and related goods | PAHO GAVI - COVAX FACILITY | | February/March 2021 | 4,400,000 |
| Procurement of ventilation systems with negative pressure, for the installation a minor retrofit of works might be necessary for the Primary Health Care Facilities | International Competitive Bidding | | February/March 2021 | 3,240,000 |

To access the procurement plan [click here](#)

IV. Agreements and Requirements for Financial Management

| | |
|--|---|
| Programming and Budget | Budget Increase Act – Budget Reformulations. The fiscal year is inter-annual, going from July 1st to June 30th. Each year during its budget call, the Budget Department of the MoF sends out its circular, including the required forms to be completed. For each fiscal year of program execution, the Borrower has committed to allocating adequate budgetary space to guarantee the program execution. Financial Management and Audit Bill (2010 and 2013 amendment) define the Public Financial Management of the country. |
| Treasury and Disbursement Management | Exchange Rate: To determine the equivalence of an Eligible Expenditure incurred in the Local currency, the exchange rate in force on the date of payment of the expenditure in the Local Currency of the Borrower's country. Disbursement Mechanism: Electronic using Online- Disbursement's IDB System. Bank Account: To establish a Special Account at the Central Bank of The Bahamas, denominated in US Dollars. Type of Audit: Annual Audited Financial Statements within 120 days after the closing of each fiscal year. The Audit will be conducted, preferably by a Bank-eligible independent audit firm. The Audit's scope and related considerations are the Financial Management Guidelines (OP-273-12) and the Guide for Financial Reports and Management of External Audit. The Audit will finance with project resources. Fiscal Year: July 1st to June 30th of each year. Financial Plan Period: Six months. Preferential Disbursement Method: Advance of Funds. The justification of the advanced funds will be made for the total accumulated balance pending justification, involving a high level of justification of project expenditures. As a general rule, high level of justification means 80% of the total accumulated balance pending justification. |
| Accounting, information systems and reporting | Specific accounting norms: IFRS. Accounting reports: The national accounting system will be partially used because it does not provide reports for external organisms' projects financed. To comply with IDB requirements of internal control and records, the financial specialist should maintain auxiliary records and systems (e.g., QuickBooks or similar). Accounting Method and Currency: Cash basis. |
| External control: external financial audit and project reports | Type of Audit: Throughout the loan disbursement period, the EA will submit to the Bank the project's annual audited financial statements within 120 days after the fiscal year's close and within the Original Disbursement Period or any extension thereof, and a Final Audited Financial statement of the Program within one hundred twenty (120) days following the date of the last disbursement date of the program. As agreed with the Bank, the Borrower and the EA will select an External Independent Auditor, eligible to the Bank. The Audit's scope and related considerations will follow the Financial Management Guidelines (OP-273-12) and the Guide for Financial Reports and Management of External Audit. The project will finance the cost of the Audit. The fiscal year will be from July 1st to June 30th of each year. |
| Project Financial Supervision | Financial, Accounting and Institutional Inspection visits or meetings will be performed to: (i) Review of the Reconciliation and supporting documentation for disbursements; (ii) Compliance with financial and procurement procedures; (iii) Review of compliance with the lending criteria; and (iv) Follow up on audit findings and recommendations. To the extent possible, the Financial Specialist will join administration missions and other project supervision activities. The Review of Disbursements will be ex-post. |

Records and Files

The MOH will maintain and keep all records and electronics files of the Project for up to three years beyond the operation's execution period, according to best practices.

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

PROPOSED RESOLUTION DE-___/20

Bahamas. Loan ____/OC-BH to The Commonwealth of The Bahamas
Program to Support the Health Sector to Contain and Control
Coronavirus and to Mitigate its Effect in Service Provision

The Board of Executive Directors

RESOLVES:

That the President of the Bank, or such representative as he shall designate, is authorized, in the name and on behalf of the Bank, to enter into such contract or contracts as may be necessary with The Commonwealth of The Bahamas, as borrower, for the purpose of granting it a financing to cooperate in the execution of the Program to Support the Health Sector to Contain and Control Coronavirus and to Mitigate its Effect in Service Provision. Such financing will be for the amount of up to US\$20,000,000 from the resources of the Bank's Ordinary Capital, and will be subject to the Financial Terms and Conditions and the Special Contractual Conditions of the Project Summary of the Loan Proposal.

(Adopted on ____ 2020)