

TC ABSTRACT

I. Basic Project Data

▪ Country/Region:	BAHAMAS/CCB - Caribbean Group
▪ TC Name:	Reinforcing the Health System of The Bahamas to Respond to the Health Needs of the Population
▪ TC Number:	BH-T1083
▪ Team Leader/Members:	PEREZ CUEVAS, RICARDO ENRIQUE (SCL/SPH) Team Leader; PINTO MASIS, DIANA MARGARITA (SCL/SPH); TEJERINA, LUIS R. (SCL/SCL); BETHEL, NATALIE ARIEL (CCB/CBH); BAGOLLE, ALEXANDRE (SCL/SPH); MOURA DA FONSECA PINTO, CATHERINE (SCL/SPH); GUERRA, MARTHA M. (SCL/SPH); LEWIS, ALIX XIAN THE MARY (SCL/SPH); HO-A-SHU, IAN (SCL/SPH); ALMEIDA OLEAS, NATALIA (LEG/SGO); FISHPAW, HEIDI ZOE (VPS/ESG); ZULOAGA ROMERO, DANIELA (VPS/ESG); ESCOVAR BERNAL, MARIA (VPS/ESG)
▪ Taxonomy:	Operational Support
▪ Number and name of operation supported by the TC:	Programme to Support the Health System Strengthening of The Bahamas - BH-L1053
▪ Date of TC Abstract:	15 Oct 2020
▪ Beneficiary:	Ministry of Health of The Bahamas
▪ Executing Agency:	INTER-AMERICAN DEVELOPMENT BANK
▪ IDB funding requested:	US\$300,000
▪ Disbursement period:	18 months
▪ Types of consultants:	Individuals; Firms
▪ Prepared by Unit:	SCL/SPH - Social Protection & Health
▪ Unit of Disbursement Responsibility:	CCB/CBH - Country Office Bahamas
▪ TC included in Country Strategy (y/n):	No
▪ TC included in CPD (y/n):	No
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Social inclusion and equality

II. Objective and Justification

- 2.1. The TC has three primary objectives: (i) Design the strategy to integrate the primary care services that the Ministry of Health (MOH) and the National Health Insurance Authority (NHIA) provide with the aim to facilitate access and enhance the quality of care. (ii) Design adaptable and climate-resilient clinics to provide primary care services and be able to respond to public health emergencies. (iii). Design the roadmap for the digital health transformation of the health system that will include the electronic health record and telemedicine services.
- 2.2. The Bahamas has a tax-based national health system that delivers healthcare to approximately 85% of the population (396,000 people). The health system, including its primary care services, is fragmented, which has negative consequences, such as unequal access, duplication of services, and low technical quality. Within the Ministry of Health, the areas that provide a diversity of primary care services are the Department of Public Health (DPH), the Public Hospitals Authority (PHA), and the NHIA. The NHIA's primary care model comprises private doctors, an explicit package of benefits, and an electronic medical record (EHR). The DPH model has salaried doctors, delivers incidental and provider-led care, and uses paper-based records. PHA, in addition to primary care, provides hospital care to NHIA, DPH, and PHA patients.

- 2.3. The effects of climate change coupled with the current COVID-19 public health crisis are overstressing the health facilities' infrastructure and posing a heavy strain on the DPH and PHA primary care clinics' response capacity. The current health facility infrastructure is vulnerable to environmental disasters, as was the case in 2019 when Hurricane Dorian hit Abaco and Grand Bahama islands damaging the health facilities severely. This 2019 hurricane experience emphasized the need to design adaptable and climate-resilient health facilities to withstand Category 5 hurricanes. Moreover, the damaged health infrastructure reduced the capacity to deliver efficient and effective health care. Within this context, besides being physically resilient to an environmental disaster, the health infrastructure should be able to provide seamless health services and the necessary surge capacity to respond to public health emergencies, such as the COVID-19 pandemic.
- 2.4. As part of strengthening the Bahamas' public health response capacity, the modernization of the information system for health must continue by establishing a clear vision of how digital health promotes and supports the country's health strategy. Several national health information system stakeholders collect and use health data for managerial, financial, and clinical purposes. MOH, PHA, DPH, and NHIA operate one or more health information system platforms, although there are differences in its development level. Besides, there is no formal multi-sectoral governance structure to provide strategic direction and technical guidance for the health sector's digitalization. The Pan American Health Organization (PAHO) implemented the Information Systems for Health (IS4H) assessment as a starting point and issued high-level recommendations to establish a governance structure.
- 2.5. Because of the above, this TC will support the advancement of the Bahamas health sector's primary care. It will also improve the resilience and adaptability of its physical infrastructure to withstand natural hazards and streamline the modernization of the information system for health. Establishing an integrated, coordinated, person-centered primary care model will reduce duplication and increase care quality, difficult under the current fragmented, disease-oriented, and provider-centered ambulatory care model. Additionally, this TC will fund the design concept for adaptable and climate-resilient clinics recognizing that the Bahamas' health physical health infrastructure requires innovative design to resist environmental disasters and function during crisis times.

III. Description of Activities and Outputs

- 3.1 **Component I: Integration of primary care services.** This component will finance the design of a strategy to integrate the primary care services delivered by the NHIA, DPH and PHA. The strategy comprises: (i) reorientation of the current model towards a person-centered care model; (ii) improvements to the physical infrastructure capacity of primary care facilities (iii) definition of the workforce competencies to increase care access and quality; and (iv) outline of the mechanisms to extend the NHIA primary care benefits package to the population.
- 3.2 **Component II: Integration of climate-resiliency for health facilities to provide essential care services and respond to public health emergencies.** This component will fund a disaster and climate change risk assessment for health facilities and propose risk management mitigation measures. It includes: (i) analysis of the hazard exposure of the buildings specific to the local context. (ii) ascertainment of the criticality of the services. (iii) identification of the infrastructure's vulnerability, (iv) building's climate risk analysis (v) definition of a risk management plan for disaster and climate and (vi) design recommendations.
- 3.3 **Component III: Leverage the digital health transformation of the health system.** This component will fund: (i) a gap analysis of digital health normative instruments, relevant legislative, and policy mechanisms. (ii) consulting support for (a) applying the

IDB Test Scorecard tool of the eClinical Works EHR, (b) designing a pilot evaluation framework, and (c) change management. (iii) design of a conceptual, technical digital health architecture. (iv) the roadmap for the digital transformation of health.

IV. Budget

Indicative Budget

Activity/Component	IDB/Fund Funding	Total Funding
Integration of primary care services	US\$80,000.00	US\$80,000.00
Integration of climate-resiliency for health facilities to provide essential care services and respond to public health emergencies	US\$80,000.00	US\$80,000.00
Leverage the digital health transformation of the health system.	US\$140,000.00	US\$140,000.00
Total	US\$300,000.00	US\$300,000.00

V. Executing Agency and Execution Structure

- 5.1 The TC will be Bank executed with support from the Social Protection and Health Division (SCL/SPH). The executing agency will be the IDB per from the government of The Bahamas.
- 5.2 Procurement of consulting and non-consulting services will be carried out in accordance with the policies for the selection and contracting of consultants financed by the IDB (GN-2765-1) for firms, (AM-650 CWEs) for individuals and (GN-2303-20) for non-consulting services if required, as well as in keeping with the provisions established in the procurement plan. Through this TC, the MOH is receiving support to prepare the loan BH-L1053. While the Bank will execute the TC, the MoH will provide general oversight on progress and on the selection and no objection of candidates for the roles identified herein. The Bank has been working in strengthening health networks through operations (BR-L1376, 3051/OC-BR; BR-L1415, 3400/OC-BR and the Mesoamerica Health Initiative).

VI. Project Risks and Issues

- 6.1 The main risks of this TC are related to: (i) the potential coordination challenges among stakeholders to implement the primary care model and to leverage the digital transformation of the health system, since different areas of the MOH with different capabilities should participate in the process. (ii) the MOH has limitations for the maintenance of health care settings, the design of the resilient clinics should also consider the maintenance and sustainability of the facilities to reduce the risks. (iii) the availability of data needed for the disaster and climate change risk assessment may be hard to acquire, but to manage this risk the Bank will make sure to keep continued communication with the technical counterpart to avoid delays and secure the most updated data, and will also use available data for the Bahamas from open sources

VII. Environmental and Social Classification

- 7.1 The ESG classification for this operation is "undefined".