

TC ABSTRACT

I. Basic Project Data

▪ Country/Region:	SURINAME/CCB - Caribbean Group
▪ TC Name:	Design and Implementation Support for Health Services Support Project
▪ TC Number:	SU-T1100
▪ Team Leader/Members:	PINTO MASIS, DIANA MARGARITA (SCL/SPH) Team Leader; HO-A-SHU, IAN (SCL/SPH) Alternate Team Leader; GUERRA, MARTHA M. (SCL/SPH); WEGENER CARMONA, NATALIE ELIZABETH (SCL/SPH); HOEPEL, LUCAS A (CCB/CSU); GUANAIS DE AGUIAR, FREDERICO CAMPOS (SCL/SPH); HENNIG, BETINA TIRELLI (LEG/LEG); TERBORG-TEL, RINIA G. (VPC/FMP); TJON A LOI, MARISKA CHUQUITA (VPC/FMP)
▪ Taxonomy:	Operational Support
▪ Number and name of operation supported by the TC:	Health Services Improvement Project-SU-L1054 - 1.Support for Preparation
▪ Date of TC Abstract:	15 Dec 2017
▪ Beneficiary:	Government of Suriname through its Ministry of Health
▪ Executing Agency:	INTER-AMERICAN DEVELOPMENT BANK
▪ IDB funding requested:	\$300,000.00
▪ Disbursement period:	30 months
▪ Types of consultants:	Firms
▪ Prepared by Unit:	Social Protection & Health
▪ Unit of Disbursement Responsibility:	Social Sector
▪ TC included in Country Strategy (y/n):	Yes
▪ TC included in CPD (y/n):	Yes
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Social inclusion and equality ; Gender equality and diversity

II. Objective and Justification

- 2.1 The general objective of the TC is to support the design and implementation of loan operation SU-L1054, which aims to enhance the effectiveness of the health sector in tackling the epidemiological challenges from CDs and NCDs. To achieve this goal, this TC will finance technical studies aimed at assessing the needs in relation to financing and insurance mechanisms, current service delivery platforms and health system governance, as well as for optimal executing arrangements.
- 2.2 The Government of Suriname (GoS) faces an epidemiological challenge stemming from increasing rates of non-communicable diseases (NCDs) and continued prevalence of communicable diseases (CDs). NCDs have become the main cause of morbidity and mortality in the country. Between 2005-2016 new cases of diabetes, and ischemic heart disease grew by 39% and 19% respectively. High blood pressure, overweight, tobacco and alcohol consumption are highlighted as the main risk factors driving the increases in NCDs. Evidence shows that these trends can lead to income loss and increased out-of-pocket expenses at the household level. They can also lead to skilled labor and productivity loss, lower competitiveness and higher government expenditures at the national level. Control of CDs, particularly malaria, has been noteworthy, but further progress is needed in addressing other diseases that disproportionately affect vulnerable populations. like HIV, leishmaniasis and tuberculosis.

- 2.3 To face these epidemiological challenges, the literature and international experience recommend a two-pronged approach: provision of integrated high-quality services and public health programs to lower population exposure to main causal risk factors. Health systems that adopt integrated chronic care models (CCM) within primary care (PC) are more effective and efficient in managing and controlling NCDs and CDs. In this model, an integrated and coordinated delivery network across all health levels and providers is set up to provide multidisciplinary primary care that serves as a hub within the health system. In 2014 the GoS introduced the One Stop Shop (OSS) model, an integrated care approach based on CCM, targeting patients with diabetes and heart disease. Yet to achieve the largest improvements in health outcomes in Suriname the following specific areas for CCM development can be strengthened: i) digital information systems and tools for adequate clinical management and program monitoring; ii) decision support tools for providers (guidelines); iii) self-management support for patients (behavior change incentives); iv) creation and leverage of community resources; v) training of personnel in CCM; and vi) promoting infrastructure and medical equipment investments in PC (estimates suggest that PC facilities function at 25% capacity rate due to outdated infrastructure).
- 2.4 Regarding public health, strategies implemented by MOH alone are not sufficient to induce changes in behavior and in social and physical environments in ways that support health. Coordinated action between both health and non-health Ministries through Health in All Policies (HiAP) and “whole-of-government” approaches are needed. The MoH has committed to a HiAP approach and developed its National Action Plan for Prevention and Control of NCDs (2015-2020). In order to support the implementation of these approaches, the MoH leadership and the capacity to perform core policy and technical functions needs to be strengthened. Key areas for investment include improvements in technical capacities of staff, governance arrangements, digital information systems and upgrades to MOH headquarters facilities.

III. Description of Activities and Outputs

- 3.1 The TC will generate necessary evidence and supporting analysis to inform the preparation and implementation of the loan SU-L1054.
- 3.2 **Component I: Technical studies.** This component will finance technical studies to support the design and execution of SU-L1054.
- 3.3 **Component II: Strengthening MoH capacity to implement multi-sectoral approaches and for execution of Bank loans.** This component will finance consultancies to support MoH and key sector stakeholders implement interventions that will address NCDs and a plan to strengthen the capacity of the executing unit for the loan
- 3.4 **Component III: Project administration and monitoring.** Monitoring the quality and progress of the technical cooperation will be carried out directly by the Bank and through Bank institutional systems, under the responsibility of the TC team leader and with the support of a consultant hired for monitoring and evaluation purposes. The final products will also be reviewed to ensure that the products and services were designed and delivered correctly

IV. Budget

Indicative Budget

Activity/Component	IDB/Fund Funding	Counterpart Funding	Total Funding
Technical studies	\$ 200,000.00	\$ 0.00	\$ 200,000.00
Strengthening MoH capacity to implement multi-sectoral	\$ 75,000.00	\$ 0.00	\$ 75,000.00

Activity/Component	IDB/Fund Funding	Counterpart Funding	Total Funding
approaches and for execution of Bank loans			
Project administration and monitoring	\$ 25,000.00	\$ 0.00	\$ 25,000.00

V. Executing Agency and Execution Structure

- 5.1 The executing agency is the IDB through SCL/SPH. 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-2350-9) as well as with the provisions established in the procurement plan. This TC will provide support to the GoS towards preparing the Health Services Support Project Loan (SU-L1054).
- 5.2 The beneficiary of the Loan has agreed that the IDB is positioned more objectively to provide execution and oversight of the consultancies that will be carried out under this TC. The results of these consultancies are intended to bring key preparation inputs to the loan.

VI. Project Risks and Issues

- 6.1 The main potential risks to the TC is the coordination challenges with other stakeholders, which may affect overall TC implementation. This risk will be mitigated by having the Bank as the executing agency. The TC will also closely coordinate with other actors in the field such as PAHO and the Global Fund to obtain the most updated and reliable data available.

VII. Environmental and Social Classification

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