



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 24-Mar-2020 | Report No: PIDA28980



**BASIC INFORMATION**

**A. Basic Project Data**

Country Sierra Leone	Project ID P173803	Project Name Sierra Leone COVID-19 Emergency Preparedness and Response Project	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 24-Mar-2020	Estimated Board Date 31-Mar-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Finance	Implementing Agency Ministry of Health and Sanitation	

Proposed Development Objective(s)

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

Components

Supporting National and Sub-national Public Health Institutions for Prevention and Preparedness  
Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of  
Prevention and Preparedness using One Health approach  
Emergency COVID-19 Response  
Implementation Management and Monitoring and Evaluation

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	7.50
<b>Total Financing</b>	7.50
<b>of which IBRD/IDA</b>	7.50
<b>Financing Gap</b>	0.00



DETAILS

World Bank Group Financing

International Development Association (IDA)	7.50
IDA Grant	7.50

Environmental and Social Risk Classification

High

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

- Sierra Leone’s economy continues its post-Ebola recovery and expansion, albeit at a slower pace.** Real GDP per capita grew by 1.5 percent to 3.7 percent in 2017, and it is projected to grow to 5 percent in 2019<sup>1</sup>. Growth was largely driven by iron-ore mining activities. The budget deficit was estimated at 9.2 percent of GDP in 2017 up from 8.5 percent in 2016, and total expenditure as percentage of GDP was 17 percent. This was mainly due to expansionary expenditure measures, coupled with weak revenue performance. The number of people living on less than the international poverty line of \$1.90 a day, though on a declining trend since 2016, is still relatively high. The drivers of fragility—political uncertainty, ethno-regional divide, vulnerability to shocks,<sup>2</sup> weak institutions and corruption—undermine the trust in the state and shorter feedback loops of accountability need to be found.
- Despite the modest increase in growth, several structural challenges prevent the country from achieving inclusive growth and shared prosperity.** By international standards, Sierra Leone’s income per capita is still very low. With the population growing at more than 2 percent per year, the country’s economy is not growing fast enough to substantially increase income per capita. The overall poverty rate, estimated at 56.8 percent<sup>3</sup>, is among the highest in the world. Between 2011-2018 poverty

<sup>1</sup> IMF 2019

<sup>2</sup> There have been three successive shocks: the Ebola Virus epidemic in 2014/15, iron Ore mining collapse in 2015/16 and the landslide of rare proportion Freetown in 2017.

<sup>3</sup> Sierra Leone Integrated Household Survey, 2018.



reduced by only 3.8 percentage points to 56.9 percent, coinciding with the twin shocks.<sup>4</sup> Poverty remains disproportionately rural (78.7 percent), and the largest reduction occurred in urban areas outside of Freetown (by 6.8 percentage points; 2011-2018). Major determinants of poverty are: large household size, low education of the household head, employment in agriculture and non-wage employment. Women and girls are disproportionately impacted by poverty. Sierra Leone has a Gender Inequality Index value of 0.645, ranking 150<sup>th</sup> out of 160 countries in 2017, reflecting gender-based inequities in reproductive health, empowerment and economic activity.

#### Sectoral and Institutional Context

3. **The Post-Ebola, Sierra Leone has made progress in strengthening its public health systems.** After the EVD outbreak, a Joint External Evaluation (JEE) was conducted. This was followed by development and launch of a National Action Plan for Health Security (NAPHS 2018-2022), which include the 19 areas covered by the International Health Regulations (IHR). The 2020 NAPHS work plan has been developed (January 2020) by the GoSL on a multi-sectorial One Health Coordination Platform comprising Ministry of Health and Sanitation (MoHS), Ministry of Agriculture and Forestry (MAF), Office of National Security (ONS), and Environmental Protection agency (EPA) together with the key health development partners including WB, WHO, USAID, US CDC, China CDC, PHE and FAO. In addition, Sierra Leone complies with the IHR to which it is a signatory, with State Party Annual Reporting (SPAR) conducted in November 2019. These reviews are essential to the assessment towards the IHR compliance, and to identify the country's capacity to prevent, detect and respond to events of public health threats.
  
4. **Government efforts in COVID-19 prevention.** In January 2020, Sierra Leone became aware of the outbreak of the novel coronavirus in Wuhan, Hubei Province, China, and has been monitoring the progress very closely. Since WHO declared COVID-19 as Public Health Emergency of International Concern (PHEIC) on January 30, 2020, the government immediately activated the Public Health National Emergency Operation Center (PHNEOC) at Level 2. To proactively prevent the spread of the epidemic over the shores of Sierra Leone, the government has : (i) conducted two readiness assessments following the COVID-19 standard WHO checklist to identify the national coordination, preparedness and response capacity; (ii) convened two One Health Inter Ministerial Committee meetings for policy and strategic guidance; (iii) prioritized enhancement of surveillance at the three main points of entry (POEs) with the highest risk identified in Freetown International Airport, Gbalamuya (border crossing Sierra Leone and Guinea) and Jendema (border crossing between Sierra Leone and Liberia); (iv) identified a temporary facility for quarantine, anticipating several travelers from China; (v) instituted mandatory quarantine for persons with the history of travel to China within preceding 14 days; (vi) revised the quarantine policy on March 2, 2020 to include Iran, South Korea and Italy in addition to China, to identify travel history to these countries within preceding 14 days; (vi) developed standard operations procedures (SOPs) and protocols for quarantine, isolation, case management, including SOPs for infection prevention and control (IPC); and (vii) developed the risk communication, IEC materials and messages.

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<sup>4</sup> The poverty estimation methodology differs between 2003 and 2018 are not directly comparable. For this reason, the estimates for 2018 are presented and percentage point differences with 2003 (using the present methodology are presented here).



- 5. **Despite these efforts, the country is still prone to threats and epidemics.** Sierra Leone has extensive porous borders with its immediate neighbors (Guinea<sup>5</sup> and Liberia) which are poorly manned. The traffic amongst the three countries is manned through the three major points of entry (POEs). Risk for Sierra Leone is high given the strong ties with China (i.e. exchange students, including academic training), and extensive health care support from Italy, which result in increasing the number of people quarantined at the POEs. To effectively prepare and address any potential outbreak, the government developed a COVID-19 plan, amounting to US\$28million (see Annex 2).
- 6. **Globally, Sierra Leone is ranked 92/195 on Global Health Security Index (GHSI) with overall score of 38.2<sup>6</sup>.** Although Sierra Leone’s overall GHSI is better than comparable countries in the West African subregion: Senegal (37.9), Nigeria (37.8), Cote d’Ivoire (35.5), Ghana (35.5), Liberia (35.1), Guinea (32.7), Gambia (34.2), its specific public health systems indicators, particularly *sufficient and robust health system to treat the sick and protect health workers and overall risk environment and country vulnerability to biological threats are not the best* (Table 2). Besides, the confirmed COVID-19 cases in all almost all its neighboring West Africa countries (Burkina Faso, Cote d’Ivoire, Guinea, Ghana, Liberia, Mali, Nigeria, Senegal, Togo, among others, pose a threat to Sierra Leone. The need to use the COVID-19 Fast Track facility to improve these systems is, therefore, critical.

**Table 2: Key Sierra Leone Global Health Security Indicators**

No.	Index	Score	Rank
1.	Overall Score	38.2	92 out of 195
2.	Prevention of the emergence or release of pathogens	52.8	66 out of 195
3.	Early detection and reporting for epidemics of potential international concern	45.8	72 out of 195
4.	Rapid response to and mitigation of the spread of an epidemic	44.8	64 out of 195
5.	sufficient & robust health system to treat the sick and protect health workers	25.3	84 out of 195
6.	Commitments to improving national capacity, financing and adherence to norms	52.8	66 out of 195
7.	Overall risk environment and country vulnerability to biological threats	32.8	179 out of 195

- 7. **Sierra Leone has weak health systems which is still recovering from major shocks (EVD, mudslide, ongoing Lassa fever and measles outbreaks) with inadequate health workforce.** Most critical functions are shifted to lower cadre of staff, health workforce mal-distribution to respond to public health threats. Additionally, religious and traditional practices predispose citizens and could serve as a vehicle to spread the COVID-19 and any other communicable diseases at an alarming rate. Porous borders could make it very difficult to contain COVID-19 at the official POEs.
- 8. **With the support of key development partners, the government has developed a COVID-19 response action plan.** The plan which is being supported by development partners, including the World Bank, focuses primarily on strengthening surveillance at the three major POEs, improving case management, ensuring adequate supply of IPC materials, and enhancing communication through effective campaigns at the national, subnational and community levels. The coordination of the

<sup>5</sup> Guinea is classified as Level 2

<sup>6</sup> Global Health Security Index, Building Collective Action and Accountability, October 2019



implementation of the plan is being carried out by the National Emergency Operations Center (EOC) established during the EVD outbreak with support from the Bank, US CDC and other development partners.

### C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

9. To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sierra Leone.

Key Results

10. The PDO will be measured by the following PDO level results indicators:
  - Country has activated their public health Emergency Operations Center for COVID-19 (Yes/No);
  - Suspected COVID-19 cases reported and investigated based on national guidelines (Percentage);
  - Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents without stockout in preceding two weeks (Number); and
  - Designated acute healthcare facilities with isolation capacity (Percentage).

### D. Project Description

11. **The proposed Project is an IPF project for Sierra Leone under the Fast Track COVID-19 Facility (CTF) using the Multiphase Programmatic Approach (MPA).** The proposed Project will build on the gains made from the Regional Disease Surveillance Systems Enhancement Project (REDISSE; P P154087), the Ebola Emergency Response Project (EERP; P152359) and Health Service Delivery and System Support Project (HSDSSP; P153064). The Project will fill critical financing gaps that have been identified due to the new emergency preparedness and response needs created by COVID-19. Project design will include similar implementation arrangements for the existing Bank-supported health projects (REDISSE, EERP and HSDSSP).

12. The proposed project will consist the following components:

**Component 1: Supporting National and Sub-national Public Health Institutions for Prevention and Preparedness (US\$ 2.8 million)**

13. The objective of this component is to enable Sierra Leone to adequately prepare and prevent COVID-19 or limiting local transmission through containment strategies. It would support enhancement of disease surveillance and intensify communication, information campaign at community level. Activities to be supported include:

14. **Case Detection, Case Confirmation, Contact Tracing, Case Recording, and Case Reporting.** The project will support surveillance systems for emerging infectious diseases by using a risk-based approach. Key interventions will include: (i) disease reporting system for the priority infectious



diseases; (ii) laboratory investigation of priority pathogens, be it bacterial or virus, or others, in terms of their presence, susceptibility and sub-typing in some cases; and (iii) community event-based surveillance. The project will also support the development and/or enhancement of performance of early warning system. Surveillance programs would be planned and implemented jointly with the public health and animal health personnel in accordance with OIE standards and guidelines. A well-structured epidemiological studies and surveillance programs would be integrated with the disease control measures, which would be then adjusted and improved as new information becomes available. Strengthening animal and human disease surveillance and diagnostic capacity would be supported through the following activities: (a) improving animal and human health information flow among relevant agencies and administrative levels; (b) detection, reporting and follow-up of reported cases; (c) public and community-based surveillance networks; (d) routine serological surveys; and (e) improving diagnostic laboratory capacity.

15. **Community Engagement and Risk Communication.** This subcomponent would support rebuilding community and citizen trust that can be eroded during crises with lessons learned from the EVD crisis in 2014-2015 in the country. Support would be provided to develop systems for fact-based risk communication generated from the results of community-based disease surveillance and multi-stakeholder engagement, including to addressing issues such as inclusion, healthcare workers safety, and others. Activities to be supported under this subcomponent would include developing and testing messages and materials to be used in the event of a pandemic or emerging infectious disease outbreak, and further enhancing the countries existing communication infrastructure to disseminate information from national to district and chiefdoms, cities and municipalities and between the public and private sectors, establishing a Grievance Redress Mechanism (GRM). Specific cost-effective communication activities such as marketing of “handwashing” through various communication channels via mass media, counseling, schools, workplace, and outreach activities of key sector ministries (e.g. health, education, agriculture, information, transport and local councils) will be supported. Support would be provided for information and communication activities to increase the attention and commitment of government, local councils, private sector, and civil society, including faith-based organization and to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic. The project would support community mobilization and sensitization activities through institutions that reach the local population, especially in rural areas and informal settlements. To ensure information flow and reporting of COVID-19 at all levels, the national 117 system center’s operational capacity will be strengthened. The project will also support citizens perceptions surveys on government’s preparedness and response and using feedback to enhance project delivery.

**Component 2: Strengthening Multi-sector National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach (US\$ 1.0 million)**

16. This component would support implementation of activities to strengthen the core capacities as described in the Sierra Leone National Action Plan for Health Security (NAPHS) 2018 - 2022. Such support would include: (i) technical support for strengthening governance of Sierra Leone’s *One Health Platform* and updating legislation; and (ii) support for institutional and organizational restructuring. This component will improve collaborations between all the relevant sectors, including



health, agriculture, and environment as part of strengthening the national one health platform.

17. Support will be provided to the National Emergency Operations Center (EOC), which was established during the Ebola outbreak to enable it to effectively coordinate and respond to public health threats. The project will be strengthening its capacity by financing coordination meetings, monitoring and supportive supervision to POEs, the designated facilities for COVID-19, and communities with suspected cases, hiring of temporary staff, provision of logistics, internet connectivity, electricity, water supply and improvement of its overall work environment. Local and where possible international TAs will be hired to provide hands-on operational support to EOC staff. Support will also be provided to Freetown City Council and other local councils to enable it implement COVID-19 preparedness and response activities.

### **Component 3: Emergency COVID-19 Response (US\$ 3.2 million)**

18. **Case Management including Infection, Prevention and Control.** This component will support the health care system to provide optimal medical care and maintain essential services and to minimize risks for patients and health personnel, including training health facilities staff and front-line workers on risk mitigation measures, providing them with the appropriate protective equipment and hygiene materials. It will strengthen clinical care capacity by financing plans for establishing and implementing treatment guidelines and hospital infection control guidelines. This project will train capacity of health workers on the appropriate case management of COVID-19. Also, strategies would be developed to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and earlier discharge. The component would also finance refurbishment and equipment of designated facilities, including reference laboratories, intensive care units (ICUs) etc. It would finance provision of medical supplies and commodities, laboratory diagnostic equipment, reagents, including test kits in the designated health facilities for delivery of critical medical services and to cope with increased demand for services resulting from COVID-19 outbreak, develop intra-hospital infection control measures. To improve operational capacity and make them fully functional, capacity of health personnel (clinical and non-clinical staff) who would be working in the designated health facilities and laboratories will be built. The project would also finance rehabilitation/renovation of the existing quarantine facilities, isolation and treatment centers at the country's main points of entry e.g. Freetown International Airport Lungi, Gbalamuya, Gendema and Koindu. Moreover, support would be provided for ensuring safe water and basic sanitation in the designated health facilities and laboratories for COVID-19, as well as to strengthen medical waste management and disposal systems, mobilize additional health personnel, training of health personnel, and other operational expenses such as those related to mobilization of health teams and hazard and overtime payment during crisis. The proposed project will promote local production of Alcohol Base Hand Rub (ABHR) sanitizers and liquid soap and locally-made masks as part of improving infection prevention control (IPC) to guarantee supply and avoid stock out of consumables. The component will also support the District Health Management Teams (DHMTs) to enable them to monitor COVID-19 response and preparedness activities at the district and community level.
19. **Social and Financial Support to Households.** Patients and their families would need support, especially those who are isolated and less familiar with virtual or delivery services. Additional social support activities would be geared to reduce/eliminate financial barriers to families to seek and utilize





needed health services, as well as to help mitigate economic impact on households, particularly among the poor. To this end, financing would be provided for fee-waivers to access medical care and cash transfers to mitigate loss of household income due to job losses that may result from the closure of firms and enterprises, informal sector businesses, as well as government agencies, during the outbreak. These provisions would help women as many still cannot access essential health services and continue to suffer from preventable and treatable diseases. Also, as women make up to 70 percent of the global health workforce, cash transfers would help mitigate job burden due to surge of cases in health facilities in parallel to caring for infected family members, particularly the elderly, who are at higher risk of contracting COVID-19 disease, and children who may be out of school due to closures. Moreover, under this component the provision of food and basic supplies to quarantined populations and COVID-19 affected households would be supported.

**Component 4: Implementation Management and Monitoring and Evaluation (US\$ 0.5 million)**

20. **Project Management.** The project will strengthen the MOHS, the Ministry of Agriculture and Forestry (MAF), the Freetown City Council and other local councils and the District Health Management Teams (DHMT) capacity to coordinate and manage project implementation. The capacity of the safeguard unit of the MoHS will also be strengthened. Support will also be provided to IHPAU to strengthen its procurement and financial management functions. The project will support surged capacity for these institutions by supporting reassignments and consultants exclusively responsible for this project management, procurement, financial, and environmental and social management. The project would support costs associated with project coordination and management.

21. **Monitoring and Evaluation (M&E).** This component would support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research including veterinary, and joint-learning across and within Sierra Leone and countries in the West Africa subregion. This sub-component would support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E, replication of successful models, and monitoring and reporting of Environmental and Social Commitment Plan (ESCP) implementation. The project will make use of the REDISSE’s monitoring and prospective evaluation framework, together with performance benchmarks on COVID-19 preparedness and response.

Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts



## **A. Environmental and Social Risk Classification (ESRC) Substantial**

### **Environmental Risk Rating Substantial**

22. The project environmental risk rating is proposed as Substantial because of (i) the scale and nature of the potential occupational health and safety risks for project works and health care professionals working in facilities supported by the project, (ii) risks related to the spread of COVID-19 among the population at large, (iii) the environmental and community health related risks from inadequate medical waste management and (iv) the risks related to rehabilitation of quarantine facilities, laboratory units, isolations and treatment centers. The removal and disposal of sharp and pointed items, discarding medical supplies related to isolation measures (gloves, masks, hospital gowns, goggles, leftover medicines, etc.) in both health centers and home quarantine along with the operation of quarantine sites pose a particularly risk from the environmental perspective. In Sierra Leone there is lack of medical wastes disposal facilities/equipment and limited capacity to manage environmental risks. To manage this and the other listed risks the ESMF developed for the REDISSEE project (P154807) will be updated, site specific ESMPs will be prepared (as guided by the ESMF) and the capacity of the client will be enhanced through trainings and the provision of resources to implement the mitigation measures contained in the ESMF/ESMP as well as to implement more effectively the commitments made in the ESCP. The revised ESMF will contain updates on provisions for medical waste management and outline guidance in line with international good practice and WHO standards on COVID-19 response on limiting viral contagion in healthcare facilities. The revision of the ESMF will be guided by (a) WHO country and technical guidance – coronavirus disease (COVID-19) documents that include advice for health workers and consideration for occupational health and safety and (b) the CDC Centers for Disease Control and Prevention guidelines for COVID-19, which include (i) quarantine and isolation and (ii) Information for health care professionals and facilities, and Laboratories.

### **Social Risk Rating Substantial**

23. The social risks are also considered substantial. The main risks (i) Occupational health and safety and labor related risks to health and laboratory workers, i.e. civil servants employed by the Government (ii) improper storage conditions and non-transparent distribution system of IPC supplies could lead to shortage of essential health products and uncertain access to available resources by health workers, patients and the general public especially for vulnerable and disadvantaged groups particularly those in the remote areas thereby exposing them to greater risks. (ii) Poor accommodation and servicing requirements at existing quarantine facilities could exacerbate vulnerability and transmission of COVID-19, Human rights abuse and Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) for those being kept at the quarantine facilities and female workers. (iii) the 2014 Ebola outbreak in Sierra Leone documented increase in IPV, teenage pregnancies and transactional sex due to breakdown in social and economic activities. Since the project will be engaged in distribution of food aid and basic supplies and cash in an extremely vulnerable and high-risk context, and the anticipation of influx of volunteers or expat health in critical times, the risk of SEA/SH requires critical attention (iv) Some vulnerable groups (especially the elderly or those with pre-existing medical conditions) may be severely affected by COVID-19 and may need additional support to access treatment. The possibility of ineffective and inappropriate communication surrounding the disease and control



efforts, inadvertently harming or excluding marginalized people and communities, or mistreatment of affected communities to enforce quarantine, is also very real. The project’s civil works will be undertaken in existing facilities and no land acquisition, or physical and economic displacement are expected.

#### Institutional and Implementation Arrangements

24. **MoHS will be responsible for the overall implementation of the project.** The Chief Medical of Officer (CMO) of MoHS shall be the Project Director. The existing EOC headed by the Director of Health Security and Emergencies of MoHS, and which reports to the CMO, shall coordinate the day-to-day activities of the project. EOC will also serve as a primary focal point for communication with the surveillance, designated laboratories, treatment/isolation units and quarantine facilities for timely updates of the situations. It will update the CMO on monthly basis to ensure project implementation is on course. The EOC has significant experience in Bank-financed projects and is currently the main implementing institution of the Sierra Leone REDISSE project. But, given the fast track nature of the project as well as its short life, and in line with the decentralization policy of Government of Sierra Leone, other key government entities and local councils such as Freetown City Council will implement some project activities within their municipalities. Additionally, private firms with substantial experience in public health emergencies, NGOs and UN Agencies will be contracted to implement some project activities.
  
25. **IHPAU will be responsible for fiduciary management.** IHPAU will report implementation progress by collecting and consolidating reports from EOC and the implementing partners to the CMO and the World Bank on quarterly basis. The unit has significant experience in working on projects financed by multilateral development partners, including the World Bank, Global Fund, Islamic Development Bank, CDC, and GAVI. In addition, IHPAU will collaborate with the Anti-Corruption Commission (ACC) which will provide external oversight on the project management. Include grievance redress (Please with Safety net project)

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**APPROVAL**

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**Approved By**

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