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Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 26-Mar-2020 | Report No: PIDA29039

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Liberia	P173812	Liberia COVID-19 Emergency Response Project	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
AFRICA	26-Mar-2020	31-Mar-2020	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Republic of Liberia	Ministry of Health	

Proposed Development Objective(s)

The development objective is to prepare and respond to the COVID-19 pandemic in Liberia

Components

Component 1: Emergency Preparedness and Response
Component 2: Laboratory System Strengthening
Component 3: Case Management and Clinical Care
Component 4: Community Engagement, Risk Communication and Advocacy
Component 5: Programme Management and Coordination, Monitoring and Evaluation

The processing of this project is applying the policy requirements exceptions for situations of urgent need of assistance or capacity constraints that are outlined in OP 10.00, paragraph 12.
Yes

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

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

DETAILS

World Bank Group Financing

International Development Association (IDA)	7.50
IDA Grant	7.50

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **Liberia's uneven economic performance over the last four decades has largely been driven by the twin shocks of two civil wars and the 2014 Ebola Virus Disease (EVD) outbreak.** For a quarter-century, Liberia's two civil wars caused widespread loss of life, destroyed vital infrastructure, and suppressed economic growth. Thereafter, Liberia entered a period of sustained economic growth with an average annual growth rate of 7.4 percent between 2004-2013. However, the 2014 EVD outbreak, coupled with a sharp decline in global prices for iron ore and rubber, disrupted Liberia's economic recovery. The real gross domestic product (GDP) growth rate slowed to 0.7 percent in 2014, zero percent in 2015, and the drawdown of the United Nations mission pushed the economy into recession in 2016. The macro-economic situation has continued to deteriorate. In 2019, both inflation and exchange rate depreciation remained high (30 percent), mostly due to sustained growth in monetary aggregates[1], and the economy is estimated to have contracted by a further 1.4 percent driven by falling demand, as indicated by the evolution of taxes and bank credit[2]. The impacts of the shocks were compounded by the transition to a new political administration in 2018, as the relative inexperience of the incoming administration increased policy uncertainty and weakened economic management.

2. **The prevailing resource constraints and persisting fragility have hindered the Government of Liberia (GOL) from improving the living standards of the population.** More than half of Liberia's population

[1] IMF (2019). IMF country report No. 19/381: Liberia – Request for a Four-Year Arrangement Under the Extended Credit Facility-Press Release; Staff report; staff statement; and statement by the executive director for Liberia
[2] Liberia DPO series

of 4.7 million people live in urban areas, and one quarter resides in Monrovia. Adolescents and youth[3] (10-24 years old) represent approximately one-third of the total population. Poverty is widespread and increasing, and in 2016, almost half the population (2.2 million people) were unable to meet their food needs. The headcount poverty rate rose from 54.1 percent in 2014 to 61.2 percent in 2016[4], and poverty rates are higher in rural (71.6 percent) than urban areas (31.5 percent). In addition to the high levels of poverty, Liberia has amongst the worst human capital and human development outcomes. Liberia ranks 181 of 189 countries tracked on the 2017 Human Development Index[5], and 153 of 157 countries tracked on the 2018 Human Capital Index. Moreover, the HCI estimates that a child born in Liberia today is expected to receive only 4.4 years of school and realize, at best, 32 percent of their human capital potential

Sectoral and Institutional Context

3. As of March 17, 2020, Liberia has 3 confirmed cases of COVID-19 in Montserrado County, the capital city, where more than 45 percent of the population live. Health authorities continue to trace all primary and secondary contacts of index cases, and the National Public Health Institute of Liberia (NPHIL) has activated its preparedness plan. Considering the contextual and health system challenges in Liberia, in the absence of a rapid, effective, and sustained response, a COVID-19 outbreak would have a devastating impact on the health system, health outcomes, and the broader Liberian economy.

4. **The EVD outbreak of 2014 decimated a health system already weakened by conflict, and recovery has been slow.** Following the end of the second civil war in 2003, Liberia's health system slowly recovered to the point where health outcomes started improving. Between 2003-2012, life expectancy increased from 54 to 61 years, child deaths declined from 149 to 88 deaths per 1,000 live births, and Liberia became one of the first countries in Sub-Saharan Africa to achieve the child-related Millennium Development Goal[6]. However, the EVD crisis devastated the healthcare system and severely constrained the GOL's ability to deliver essential health services, which led to many preventable deaths. By March 2016, an estimated 10,675 people were infected, 5000 people died, and fear and community distrust led to a rapid decline in the utilization of health care services. EVD deaths were disproportionately concentrated among Liberia's health personnel (doctors, nurses, and midwives), further depleting an already deficient health workforce. By May 2015, 327 health workers were infected, of which 184 died. The loss in health personnel is estimated to have contributed to a 111 percent increase in the maternal mortality ratio between the pre-Ebola era (2013) and May 2015 (from 640 to 1347 deaths per 100,000 live births); a 20 percent increase in infant mortality (from 54 to 64 deaths per 1000 live births) and 28 percent increase in child deaths (from 71 to 91 deaths per 1000 live births)[7].

5. **Since the EVD crisis, Liberia has made great strides to strengthen its level of epidemic preparedness**.

[3] World Health Organization (WHO) defines young people as individuals between ages 10 and 24. Adolescents represent the 10-19 years old age group and youth represent the 15-24 years old age group.
[4] World Bank (2018). "Country Partnership Framework for the Republic of Liberia, FY2019-FY2024". Report No. 130753-LR
[5] United National Development Program (2017). Human Development Index
[6] Between 1990 – 2015, child deaths declined from 255 to 70 per 1000 live births.
[7] Idem.

The NPHIL was established soon after the EVD crisis and – in line with requirements of the 2005 International Health Regulations (IHR) – is responsible for detecting, preventing, and responding to disease outbreaks and health[8]. Before Ebola, Liberia's laboratory system could only test for three diseases. This has increased to more than 10, including yellow fever, Lassa Fever, EVD, cholera, meningitis, and measles[9]. The World Banks Regional Disease Surveillance Systems Enhancement Program (REDISSE) – Phase 2 (P159040) supports Liberia's efforts to enhance its disease surveillance and response systems[10], thereby also contributing to the regions ability to respond to epidemics and emergencies. REDISSE II was approved on March 2, 2017; became effective in July 27, 2017, and the anticipated closing date is August 31, 2023. The project development objectives (PDO) are: (i) to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in West Africa; and (ii) in the event of an eligible crisis or emergency, to provide immediate and effective response to said eligible crisis or emergency. In Liberia, REDISSE is implemented within the One Health approach to ensure that the human-animal-environment interface is addressed in strengthening Liberia's disease surveillance systems. This has seen Liberia lead on innovations to enhance the modalities of implementation of the One Health approach by working across sectors and establishing an active, functional regional One Health platform. Liberia has also developed a National Action Plan for Health Security (NAPHS) and conducted a partner mapping exercise to support an integrated approach to financing One health activities. The new project is being designed to complement the ongoing REDISSE project. The proposed project focuses primarily on the GOL's efforts to respond to the current COVID-19 pandemic, while REDISSE II continues to address issues related to sustainability, and One health.

6. **Despite these efforts, serious weaknesses remain, and Liberia is not prepared to respond to COVID-19**. Respiratory diseases, like SARs, MERS, and COVID-19, are not part of Liberia's active surveillance. Therefore, early identification in communities and health facilities, compliance with infection prevention and control measures, contact tracing, and good hygiene practices remain major challenges. Liberia's overall state of preparedness has been assessed as moderate (67 percent) across nine technical domains (Table 2). Moreover, Liberia continues to have one of the weakest health systems in the world. This is evident from the severe shortage of human and financial resources (2016 per capita health spending: US$68.3)[11], limited institutional capacity and infrastructure, weak health information systems, and critical gaps in the availability of essential inputs including drugs, equipment and medical supplies. A COVID-19 is likely to further strain the already fragile health system and reverse gains made in the health sector specifically, and Liberia more generally.

[8] Salm-Reifferscheidt.(2019) Liberia post Ebola: ready for another outbreak? Lancet vol 393 pg. 1583-1584
[9] Idem.
[10] The World Banks Regional Disease Surveillance Systems Enhancement Program (REDISSE) – Phase 2 (P159040) supports efforts to enhance regional disease surveillance and response systems in West Africa, notably Liberia, Nigeria, Guinea-Bissau and Togo.
[11] Much lower than the US$86 per capita needed to provide a comprehensive primary healthcare package needed to move the country towards UHC.

Table 2: Liberia COVID-19 Readiness Status		
Category	**Average National Score (percent)**	**Last National Score Category**
Coordination	90.00	Adequate
Logistics	85.00	Adequate
Points of Entry	80.00	Moderate
Laboratory capacity	73.33	Moderate
Risk communication and community engagement	70.00	Moderate
Overall	66.82	Moderate
Case management	66.67	Moderate
Rapid Response Teams (RRT)	65.00	Moderate
Surveillance	53.33	Moderate
Infection Prevention and Control	36.67	Moderate

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

The development objective is to prepare and respond to the COVID-19 pandemic in Liberia

Key Results

7. The PDO will be monitored through the following PDO level indicators:
   - Country has activated its public health Emergency Operations Center or a coordination mechanism for COVID-19;
   - Number of cases of COVID-19 reported and investigated based on national guidelines, disaggregated by gender;
   - Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents;
   - Percentage of acute health care facilities with isolation capacities.
   - Percentage of counties with pandemic preparedness and response plans per MOH guidelines;
   - Percentage of facilities with healthcare works trained in COVID-19 emergency preparedness and other emergency response;
   - Country has developed and operationalized a referral system to care for COVID-19 patients (Yes/No)

D. Project Description

8. The Liberia COVID-19 response project falls within the MPA Fast-Track Facility. The proposed project will support the implementation of the GOL's COVID-19 Plan, as presented on March 20, 2020. This plan has seen several additions from the first iteration on February 2020 to date and is complementary to areas supported by the REDISSE II project. The proposed project has five main components

Component 1: Emergency Preparedness and Response (US$1.0 Million)

9. This component would provide immediate support to Liberia to prepare and respond to COVID-19 importation and local transmission of cases through containment strategies and provision.

10. **Subcomponent 1.1: Support to National and Sub-national, Preparedness and Response ($0.3M).** This subcomponent will contribute to financing of: (i) activities needed to support relevant sectors jointly coordinate and implement the Liberian COVID-19 preparedness and response plan such as stakeholder coordination meetings, development of contingency plans counties, development of Points of Entry (PoE) contingency plans and activities, and conduct simulation exercises; (ii) activities that enhance country health system capacities for the management of disaster recovery priorities such as support for emergency response team, including capacity for the integration of community-center emergency care into the broader healthcare system.

11. **Sub-component 1.2: Support for case detection, confirmation, contact tracing, recording, reporting.($0.6M)** This subcomponent will support costs related to: (i) the training and equipping point of entry (PoE) staff, contact tracers, Community Health Assistants/hygiene promoters and Community Animal Health Workers to support cross border surveillance, community surveillance/case detection and reporting at PoE; (ii) training and equipping of frontline health care workers in infection, prevention, and control (IPC) (iii) strengthening of disease detection capacities through the provision of technical expertise to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan; (iv) strengthening of emergency operations centers (EOCs) and support for (v) epidemiological investigations and strengthening of risk assessments.

12. **Subcomponent 1.3 Support to the surveillance system to facilitate recording and on-time virtual sharing of information ($0.1M)**. This subcomponent will contribute to financing of: (i) the roll out of the electronic data management system activities; (ii) training of data monitors; (iii) supervision of data collection at different levels of the response. This will complement the ongoing activities being rolled out through REDISSE II related to the strengthening the electronic Infectious Diseases Reporting System (IDSR).

Component 2: Supporting Preparedness through Laboratory System Strengthening (US$ 1.0 Million):

13. **This component would support activities to strengthen disease surveillance systems in public health laboratories and epidemiological capacity for early detection and confirmation of cases**. This components will finance the: (i) strengthening of the sample transfer system at a national and county level; (ii) establishment of two satellite laboratories in prioritized counties to support the National Reference Laboratory (NRL), and ensure that the links between NRL and satellite laboratories are strengthened; (iii) training of laboratory staff and support laboratory surge capacity; (iv) procurement of laboratory equipment, consumables and laboratory tests.

Component 3: Case Management and Clinical Care (US$ 3.0 Million).

14. **As COVID-19 would place a substantial burden on inpatient and outpatient health care services,** this component would finance the strengthening of public health services to increase the capacity of the public health system for the response to COVID-19.

15. **Subcomponent 3.1: Strengthening of health facilities and service delivery ($1.6M):** This subcomponent will support financing of re rehabilitation and equipping of prioritized primary health care facilities and hospitals in high transmission areas for the delivery of critical medical services. Moreover, it will increase the availability of isolation rooms, ambulatory areas for screening and address the immediate health system needs for medical supplies and medical equipment to treat severe cases of COVID-19. It will support promoting the use of climate smart technologies including the use of solar power where possible. The sub component will support the development of increased hospital bed availability through the repurposing of available bed capacity and ward space. This sub-component will also contribute financing to: (i) the development of intra-hospital infection control measures, (ii) as part of clinical care, it will support necessary improvements for water and oxygen management at selected health facilities to ensure safe water and basic sanitation. The subcomponent will also finance procurement of electricity generators in health facilities and (iv) strengthening of medical waste management and disposal systems. Considerations will always be given to the procurement and mobilization of energy efficient equipment. Moreover, it will support the strengthening of clinical care capacity through the financing of plans for establishing specialized units in selected hospitals, treatment guidelines, clinical training of health workers, and hospital infection control guidelines. The project will also support more stringent triage for admission, and earlier discharge with follow-up by home health care personnel.

16. **Subcomponent 3.2: Strengthening of the human resource surge($1.0.M)**. This subcomponent will support costs related to the mobilization of additional health personal to support the surge response, training, and provision of salaries and hazard/indemnity pay consistent with the Government's applicable policies. This subcomponent will also support activities aimed at minimizing risks for patients and health personnel, including training of health facilities staff and front-line workers on risk mitigation measures, and providing them with the appropriate protective equipment and hygiene materials, including personal protective equipment (PPE) kits.

17. **Subcomponent 3.3: Logistics and emergency ambulance services ($0.4M):** This sub-component will cover costs related to logistics for COVID-19 management, and the procurement of ambulance services or ambulances as the case maybe for transportation of COVID-19 patients.

Component 4: Community Engagement, Risk Communication, and Advocacy (US$ 1.75 Million):

18. **Subcomponent 4.1 Community engagement ($0.8M)**: **This component remains one of the key pillars for both mitigation and containment of the COVID-19 epidemic.** Support will be provided to develop systems for community-based disease surveillance and multi-stakeholder engagement. This component would support rebuilding community and citizen trust that can be eroded during crises, through engagement with local traditional leaders, political and religious leaders. The project would support training for animal health workers, extension professionals, and paraprofessionals who would receive hands-on training in the detection of clinical signs of COVID-19. The project would also provide basic biosecurity equipment such as sprayers and protective equipment. This component will also support the procurement of IPC materials and kits.

19. **Subcomponent 4.2: Risk communication and advocacy (US$ 0.475 Million): This subcomponent will finance activities including, but not limited to**: developing and testing messages and materials to be used in the COVID-19 disease outbreak, and further enhancing infrastructures to disseminate

information from national to counties and local levels, and between the public and private sectors. Communication activities would include support for cost-effective and sustainable methods such as marketing of "handwashing" through various communication channels via mass media, counseling, schools, and workplaces. Risk engagement for awareness of social distancing measures, seen as an effective way to prevent contracting the COVID-19, as well as risk communication training of county education officers and superintendents, will be supported for implementation to impact on immediate term responses. Support will also be provided for information and communication activities to increase the attention and commitment of government, private sector, and civil society, and to raise awareness, knowledge, and understanding among the general population about the risk and potential impact of the COVID-19 pandemic and to develop multi-sectoral strategies to address it.

20. **Subcomponent 4. 3: Social and community support ($0.475M): While understanding that this would be a challenging area to support effectively, this project will support activities that relieve the impact of COVID-19 on communities**. This subcomponent will provide social support activities, including mechanisms to eliminate financial barriers for families who seek and utilize needed health services. To this end, financing would be provided for fee-waivers to access medical care. Moreover, under this component, the provision of food and basic supplies to quarantined populations in isolation, treatment, and precautionary observation centers will be supported. The component as case maybe support the provision of a discharge package for patients from COVID-19 treatment centers

Component 5: Program Management and Coordination, Monitoring and Evaluation (US$ 0.75 Million)

21. **Subcomponent 5.1. Project Management ($0.375M).** The project will provide support for the strengthening of public structures for the coordination and management of the GOL's project coordination efforts. Existing coordination structures operating through the REDISSE II Project will be utilized to ensure the project is ready at effectiveness. The current REDISSE II project coordination unit (PCU) structure will be strengthened through the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management. To this end, this subcomponent will finance the activities that support project coordination. The project will support the following activities under this project management strengthen the capacities of national institutions to efficiently perform core project management functions including operational planning, financial management, procurement arrangements, and environmental and social safeguards policies, in accordance with the WGB guidelines and procedures

22. **Subcomponent 5.2. Monitoring and Evaluation (M&E) ($0.35M).** The project will work to strengthen the existing M&E arrangements under the REDISSE II Project. The project will support the monitoring and evaluation of prevention and preparedness. Specific activities will include, but not limited to; building capacity for clinical and public health research, including veterinary, and joint-learning across and within countries, training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models

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

23. This appraisal ESRS has been prepared for the emergency COVID project hence the exact locations and specific implementation of the separate components are not known currently. However there are potential environmental and social risks that may occur due to the project activities. Environmental risks of the project include (i) occupational health and safety (OHS) issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; and (ii) medical waste (biological and chemical) management and community health and safety issues related to the handling, transportation and disposal of healthcare waste. The main OHS risk is that health care workers and other staff testing and treating COVID19 patients will become infected themselves because the project cannot contain its spread, they have insufficient PPE, lack adequate training, are too overwhelmed to take the necessary protective measures, etc. Since the project also includes construction and rehabilitation of facilities such as laboratories and quarantine centers, construction phase impacts in terms of use of raw materials, workers and community OHS, environmental impacts from labor camp are also relevant.

24. The main social risks are: (i) exclusion of vulnerable people from the treatment or referral service; (ii) potential GBV incident in quarantine facilities; (iii) health workers exposure to COVID-19; (iv) COVID-19 transmission due to negligence and poor hospital and quarantine facilities; (vi) lack of basic food provision to patient and people who are quarantined; (vii) social trauma, stigmatization and potential for making affected groups outcast; (viii) communication breakdown and potential for social tension; and (ix) potential risk of forced land acquisition and property for construction of facilities

E. Implementation

Institutional and Implementation Arrangements

25. **The MOH, working through the NPHIL will be the responsible implementing agency for the project.** The institutional arrangements will the same as for the ongoing Regional Disease Surveillance Systems Enhancement Project Phase II (P159040) (REDISSE II Project. The REDISSE II project is technically implemented by the NPHIL, under the oversight of the MOH. The Minister of Health chairs the national steering committee of REDISSE II. The Project Coordinating Unit (PCU) – established within the MOH – manages the entire Bank health sector portfolio in Liberia, including the REDISSE II project. The PCU includes designated Technical Coordinators under different Bank health projects including for REDISSE II. The REDISSE II project coordinator manages Project Implementing Unit (PIU) specifically for REDISSE II. The REDISSE II PIU will also manage the proposed project on COVID-19; however, the project will

have a provision to strengthen all areas of the PIU in line with the increased need arising from inclusion of COVID--19 implementation (expanded mandate). These include specific domains, such as procurement, financial management, environmental and social safe guard officers, monitoring & evaluation, and other technical advisors/consultants as required. The additional consultants/advisors will be used for strengthening the MOH/PCU procurement unit functions and not specifically for the project activities. As part of the enhanced implementation in view of the government limited capacities stretched by the COVID-9 pandemic it may enter into cooperating agreements with UN agencies, bilateral and local civic authorities to perform specific functions in line with their comparative advantages.

26. **The guiding document for the project will be a Project Implementation Manual (PIM).** The existing REDISSE II PIM will be reviewed and modified to accommodate COVID-19 activities as appropriate. including standard project fiduciary, safeguard, implementation, and M&E requirements. A reviewed detailed project implementation plan in line with Government approved action plan will be approved by the Bank for project implementation.

27. **Funds flow and accountabilities for financial reporting**. The current structure operating under the REDISSE II project will be utilized after making a few changes to accommodate the emergency, for flexibility the Designated Account (DA) will be moved to a commercial bank (GT Bank). The current DA in Central Bank of Liberia (CBL) will be closed. However, the MOH is responsible for submitting a quarterly h interim unaudited financial reports (IFR), starting from the first quarter following the project's first disbursement to the WBG no later than 45 days after first Quatre

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