



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 17-Apr-2020 | Report No: PIDC29249

**BASIC INFORMATION**
**A. Basic Project Data**

Country Samoa	Project ID P173920	Project Name Samoa COVID-19 Emergency Response Project	Parent Project ID (if any)
Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 16-Apr-2020	Estimated Board Date 22-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Finance	Implementing Agency Ministry of Health	

## Proposed Development Objective(s)

The objective of the Project is to prevent, detect and respond to the threat posed by COVID-19 in Samoa and strengthen national systems for public health preparedness.

## Components

Component 1: Strengthening Emergency Response for COVID-19  
Component 2: Systems Strengthening for Pandemic Preparedness and Response  
Component 3: Implementation Management and Monitoring and Evaluation

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

<b>Total Project Cost</b>	2.90
<b>Total Financing</b>	2.90
<b>of which IBRD/IDA</b>	2.90
<b>Financing Gap</b>	0.00

**DETAILS**
**World Bank Group Financing**

International Development Association (IDA)	2.90
IDA Grant	2.90



Environmental and Social Risk Classification

**Substantial**

Decision

The review did authorize the team to appraise and negotiate

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Other Decision (as needed)



## B. Introduction and Context

### Country Context

1. **Samoa, classified as an upper-middle-income country with a gross national income per capita of US\$4,120 in 2018,<sup>1</sup> is a small Polynesian island state located in the South Pacific.** The population of Samoa in 2019 was approximately 197,097 people distributed among the two main (Upolu and Savai'i) and two smaller islands (Apolima and Manono). The major drivers of the Samoan economy are tourism, agriculture and fishing, remittances, and aid flows. The economy expanded by an annual average of 4.3% between 2002 and 2007, before the global financial crisis, but over the last decade, growth has slowed to an average of 1% per year, due in large part to a sequence of economic shocks and natural disasters that have hit the country over this period. Samoa's economic development opportunities are constrained by remoteness from large markets and foreign suppliers, the small size of the domestic market, as well as the high frequency and intensity of natural disasters, the risk of which is expected to be exacerbated by climate change. These challenges have translated into comparatively low and volatile gross domestic product (GDP) growth rates, a structural gap between domestic revenues and expenditures, elevated public debt, high vulnerability to external shocks, and, subsequently, a significant reliance on development aid. These all limit the Government's ability to effectively respond to COVID-19.
2. **National Health Security is a core mandated function of Government of Samoa through its Ministry of Health.** The country has been at risk of major epidemics, including H1N1 in 2009, Chikungunya in 2014, Ebola in 2015, and the Measles Epidemic in 2019. In 1918, the Spanish Influenza outbreak took the lives of two thirds of Samoa's total population at the time. **On November 15, 2019 the Government of Samoa declared a State of Emergency following a widescale measles outbreak, which had a significant impact on the population and the health care system.** There were 5,700 measles cases and 83 measles-related deaths, the majority of whom were children. In response to this outbreak, the Government of Samoa made serious efforts to close the immunity gap in the population and amended the infant law to enforce vaccination coverage for school enrollment. Mass immunization campaigns, which targeted individuals aged 6 months to 60 years, were conducted, and achieved 95% vaccination coverage. Despite the progress, the outbreak placed considerable pressure on the overall fiscal sustainability of the country as well as an already strained health system. The fact that Samoa is just emerging from the outbreak also limits the Government's capacity to effectively respond to COVID-19, a second epidemic in the same fiscal year.

### Sectoral and Institutional Context

3. **Health outcome indicators have been steadily improving over the past three decades.** Samoa has the highest life expectancy in the Pacific and among the lowest infant mortality rate. Samoa's life expectancy increased from 65 years in 1990 to 75 years in 2015; women have higher life expectancy, at 78 years, compared to men, at 71.8 years. The under-5 mortality rate declined from 37 per 1,000 live births in 1985 to 18 per 1,000 in 2015, and the infant mortality rate has halved since 1985, down to 15 per 1,000 live births in 2015. These indicators are better than might be expected for the country's income level and compare favorably to the East Asia and Pacific Region in general and the Pacific Island

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<sup>1</sup> Source: World Development Indicators 2018.



Countries on average. According to WHO,<sup>2</sup> Samoa is already well on track to achieve important Sustainable Development Goals, including those for further reducing the maternal mortality rate, as well as the under-five and neonatal mortality rate.

4. **The risk of severe disease associated with COVID-19 is considered very high as Samoa faces the dual challenge of an unfinished Millennium Development Goals agenda and rising non-communicable diseases (NCDs).** The unfinished agenda relates to strengthening family planning and reproductive health and reducing communicable diseases, including tuberculosis and sexually transmitted infections. In addition, Samoa has some of the highest risk factors for NCDs in the world, including 84% of the adult population being overweight or obese, and NCDs accounting for 80% of the total disease burden and more than half of all premature deaths in the country. Data from other settings show that people with underlying conditions such as hypertension, diabetes, cardiovascular disease, chronic respiratory disease and cancer are at higher risk for having severe disease and death. Due to the high prevalence of hypertension, diabetes and cardiovascular disease in Samoa, the population's risk of developing a severe disease associated with COVID-19 is considered very high.
5. **Samoa's health system remains weak and not well positioned to respond to its current and future challenges including both the novel infectious diseases outbreaks and NCDs.** The country has two referral hospitals: Tupua Tamasese Meaole (TTM) Hospital is the main national referral hospital located in Apia, Upolu; and Malietoa Tanumafili II (MTII) Hospital is a referral hospital on Savai'i. There are 11 rural health facilities comprising 6 rural district hospitals (3 on Upolu and 3 on Savai'i) and 5 community health centers (3 on Upolu and 2 on Savai'i). The current health care service delivery system in Samoa is heavily hospital-centric, with the primary health care facilities largely under resourced and understaffed. Staff numbers are insufficient to cater for the increasing number of the people to be covered. Doctors are concentrated in the main referral hospital in Apia. The other 11 health facilities are staffed mainly by nurses,<sup>3</sup> with physicians from the main referral hospital visiting in district hospitals only one day a week, or less. Basic infrastructure, diagnostic equipment, and competencies are lacking in the rural health facilities and quality of services is of serious concern.
6. **Laboratory capacity needs to be strengthened to expand diagnostic testing for COVID-19.** Samoa has two small labs currently located in the two referral hospitals in the islands of Upolu and Savai'i, both are outdated with limited diagnostic capacity. Samoa has three GeneXpert machines for TB testing, with two located in the main referral hospital in Apia, and one located in MTII hospital in Savai'i. The three machines can be used for COVID-19 testing, but training on COVID-19 testing is needed for the lab technicians. In addition, despite the availability of the GeneXpert machines, Samoa currently has no COVID-19 test cartridges, thus no COVID-19 test can be performed in Samoa. Overall, laboratory support for disease detection and response as well as biosafety capacity and regulations need to be strengthened.
7. **Since the measles outbreak in 2019, Samoa has made efforts to strengthen its level of epidemic preparedness.** The MOH prepared its Health Sector Recovery Progress Report outlining the health sector's response to the measles epidemic. This included strengthening outreach services to the community and

<sup>2</sup> World Health Organization (2018) *UHC and SDG Country Profile 2018: Samoa*.

<sup>3</sup> District hospitals' staff includes a nurse manager, nurse specialist, midwives, registered nurses, and some auxiliary staff such as security staff and driver. Staffing of health centers varies among health centers as also the case for district hospitals.



empowering community development through the *Komiti Tumama*, to carry out public health outreach programs - immunization, environmental health, food safety, school health and all other public health programs. Training for health care workers on effective vaccine management, proper immunization techniques, injection safety, proper recording and reporting was included. Other activities included strengthening of the extended program for immunization in Samoa, strengthening surveillance and identification of isolation rooms at the Tupua Tamasese Meaole Hospital in Upolu and the Malietoa Tanumafili II Hospital in Savai'i. While all these activities will help in the response to COVID-19, they are largely focused on measles and the vaccination program. During the measles outbreak, about 30 ventilators were either provided by development partners or brought into the country by the international emergency medical teams. Samoa will benefit from this medical equipment currently available in the country in the event COVID-19 cases are confirmed.

**8. Samoa's public health systems' capacity for disease outbreak response and preparedness needs strengthening.** While Samoa had prepared a National Avian and Pandemic Influenza Preparedness Plan in 2008, it is outdated and not targeted to the newly emerging infectious disease such as COVID-19. Also, to date, no Joint External Evaluation (JEE) of the core capacities in International Health Regulations (IHR) 2005 has been conducted for Samoa. The Regulations represent an agreement between 196 countries including all WHO Member States to work together for global health security; over 100 countries in the world have conducted JEE and formulated national action plan based on the assessment to fill the gaps and enhance the pandemic preparedness of the country. In the absence of a thorough and comprehensive assessment, it is hard to conduct strategic planning, align available resources and direct investments toward the areas with largest gaps. The priority areas identified by the government for immediate support and long-term capacity building include negative pressure wards, essential medical supply, training of emergency medical team, infection prevention and control, medical waste disposal, laboratory diagnostic capacity, surveillance and epidemiologic investigation, and community-based risk communication. In addition, with only 10 isolation beds currently available at the Faleolo District Hospital, Samoa's clinical management capacity for COVID-19 is severely limited.

### Response to date to COVID-19

**9. No confirmed cases of COVID have been reported to date, however, Samoa faces a high risk of importation of COVID-19, given its close ties to New Zealand which has recorded 911 confirmed cases as of April 6, 2020.** Learning from the measles outbreak, Samoan Authorities have been very proactive in preventing the importation of COVID-19 into Samoa. Samoa was one of the first countries in the Pacific to respond to the COVID-19 threat by imposing strict travel restrictions on January 17, 2020. On March 20, 2020, Samoa declared a state of emergency, including an order to shut down the border for all except returning Samoan citizens. A draft of its National Epidemic and Pandemic Influenza Preparedness and Response Plan FY2020/21 – FY2024/25 has been quickly developed. The National Emergency Operations Centre (NEOC), which is the focal point providing collaboration and operational coordination amongst all stakeholders, with advice and technical guidance from the MOH, has been activated. The activation of NEOC is part of Samoa's National Emergency Response Plan as per the National Disaster Management Plan under the National Disaster and Emergency Act 2007. Two hotlines and two helplines were quickly established. Surveillance Response Teams continue to undertake clinical assessments, epidemiological investigation of cases notified from the Tupua Tamasese Meaole Hospital and rural Districts Hospitals, and the Teams are also conducting monitoring visits to the eight quarantine sites (mostly hotels), and to those in isolation at the Faleolo Healthcare Centre. An emergency medical team was assembled with initial



training provided by WHO. To date, there are 26 suspected cases, out of which 20 have been investigated. The Response Teams conducted epidemiological surveillance and follow-ups for persons under investigation and for suspected cases in the community once the Surveillance Team at NEOC has been notified. Over 200 contacts of these suspected cases were put in quarantine. However, Samoa does not have the capacity in-country to carry out laboratory testing for COVID-19; samples collected have to be sent to New Zealand and Australia. Prior to the cancellation of all flights, 20 samples were sent to New Zealand, which all tested negative. Up to April 7, there were six collected samples in the country that are yet to be sent to New Zealand for testing as all flights in and out of the country have been suspended. The lack of in-country lab testing capability impacts negatively on Samoa's ability to undertake early detection and close contacts tracing of the suspects.

**10. The government of Samoa is working closely with development partners to strengthen its response capacity to COVID-19.** Since the measles outbreak in November 2019, development partners have been providing both financial and technical support. The World Bank provided US\$3.5million through the Second Resilience Development Policy Operation with a CAT-DDO<sup>4</sup> after the measles outbreak and provided another US\$5.1 million in immediate funding from the same facility to support Samoa's response to the COVID-19. WHO and UNICEF have continued to provide technical support on risk communication, training of emergency medical teams, PPEs at early stage of the COVID-19 pandemic and have pledged to provide additional PPE supply and testing cartridges. The Chinese Government is providing PPEs and medical supplies. The Asian Development Bank (ADB) is providing budget support of US\$2.9 million through its Contingency Disaster Response Facility and the New Zealand MFAT and Australian DFAT will provide budget support to address social and economic impacts. The Government of Samoa intends to finance a negative pressure facility, isolation, quarantine sites and isolation units. In addition, the Government is securing funds from its State-Owned Enterprises (SOEs) to implement its overall COVID-19 economic stimulus package as appropriated in the Second Supplementary Budget tabled in Parliament on April 7, 2020. To complement this emergency project, the World Bank will finance critical medical supplies under the Contingent Emergency Response Component of the Pacific Resilience Project which total US\$500,000.

**11. Notwithstanding the foregoing support, gaps remain.** The World Bank has been supporting the health sector in Samoa since 2000. The current support to the health sector (Samoa Health System Strengthening Program for Results) is focused on scaling up the essential interventions of NCD control at the primary health care and community setting. Consequently, its design, with a focus on NCDs, does not make it an appropriate vehicle for supporting the COVID-19 activities, however, it will complement the support proposed under this Project. The support proposed under this Project will complement those activities supported by other development partners, fill the currently known gaps, while remaining flexible to respond to changing circumstances as the pandemic unfolds, and based on the strengths of the various institutions supporting the country in this endeavor.

### C. Proposed Development Objective(s)

**12. Development Objective(s) (From PAD)** The Project Development Objective is to prevent, detect and

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<sup>4</sup> Catastrophe Deferred Drawdown Option



respond to the threat posed by COVID-19 in Samoa and strengthen national systems for public health preparedness.

13. The Project objective is aligned to the results chain of the COVID-19 Strategic Preparedness and Response Program.

14. Key Results

- Proportion of suspected cases of COVID-19 reported and investigated per approved protocol
- Number of designated laboratories with COVID-19 diagnostic equipment, cartridge, test kits, and reagents
- Joint External Evaluation is completed and corresponding Action Plan to strengthen the national pandemic preparedness developed and adopted.

15. Intermediate Results Indicators

- Proportion of identified contacts who are successfully traced and quarantined
- Number of health workers trained on case definition, management and treatment
- Number of health workers trained in infection prevention and control per defined protocols
- Number of health workers trained in health care wastes handling and management per defined protocols
- Pandemic emergency risk communication plans and activities developed and implemented
- National infectious diseases surveillance system established according to the approved development plan
- Public health laboratory established in compliance with WHO biosafety guidance
- Monitoring and evaluation (M&E) system established to monitor progress of Pandemic Preparedness and Response Plan

## D. Project Description

16. **The proposed project is part of the World Bank global MPA with specific objectives to support Samoa's response to the COVID-19 pandemic.** The project will be implemented from May 2020 to June 2023, to address some of the immediate needs of emergency response to COVID-19, as well as to strengthen the health systems and build essential institutional capacities in the medium and long run to prepare Samoa for future public health threats. The project components and activities are designed to fill the critical gaps and support priorities identified in the draft National Epidemic and Pandemic Influenza Preparedness and Response Plan FY2020/21 to FY2024/25. The project will complement the support committed by other development partners such as WHO, UNICEF, Government of Australia, People's Republic of China, Government of Japan, ADB and the Government of New Zealand. The total funding envelop is a US\$2.9 million IDA Grant. Retroactive financing will be allowed for up to 40% of total project investment for eligible expenditures incurred by the Government from January 30, 2020.<sup>5</sup>

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<sup>5</sup> WHO declared Public Health Emergency for Novel Coronavirus on January 30, 2020





## **Project Components**

### **Component 1: Strengthening Emergency Response for COVID-19 (Total US\$800,000)**

17. The aim of this component is to strengthen the readiness and emergency response of health care services and communities to meet the surge in demand in anticipation of a COVID-19 outbreak in Samoa. The support will focus on filling the gaps in the capacity of health facilities to perform early detection, provide diagnostic testing, deliver critical medical services and to cope with increased demand for medical services, including provision of laboratory and medical equipment, medicines and medical supplies. The component will have two sub-components.

#### **Sub-Component 1.1: Health system strengthening for case detection, management and treatment (US\$500,000)**

18. This sub-component will support the health service system and communities with supplies and in time training to enhance lab testing in two hospitals for the emergency response, case detection, case tracing and case management. To avoid duplication, the supplies to be provided will focus on laboratory equipment, testing kits, cartridges, portable x-ray machine for early detection and essential PPEs as needed. One additional GeneXpert machine will be provided to the lab in the main hospital in Apia. The urgently needed GeneXpert machine COVID-19 cartridges will be procured for the two testing labs in Upolu and Savai'i. Collaborating with UN agencies (WHO, UNICEF) and following the WHO guidelines, training will be provided on engaging community in case tracing, isolation, social distancing as well as on capacity building for health professionals on case management. This sub-component will finance the following activities:

- (a) Enhancement of laboratory capacity for disease detection (equipment, testing kits, cartridge and training)
- (b) Enhancement of risk communication and community engagement
- (c) Provision of PPEs and essential medical equipment for case treatment
- (d) Capacity building and training of health workers on detection, isolation and treatment guidelines

#### **Sub-Component 1.2: Infection prevention and control (US\$300,000)**

19. This sub-component will focus on infection prevention and control, which is critical for preventing the spread of any infectious diseases. Immediate support will be provided to enhance infection control in both health facilities and isolation facilities. An incinerator and trucks to transport medical wastes will be procured and provided for Savai'i. This sub-component will finance the following activities:

- (a) Public and Health facility infection prevention and control activities and training
- (b) Provision of a health care waste management facility, equipment and goods
- (c) Health care waste management training and capacity building

### **Component 2: Systems Strengthening for Pandemic Preparedness and Response (Total US\$1,950,000)**

20. This component will focus on medium-and long-term capacity building after the emergency stage to



improve the prevention, preparedness, and response capacity of Samoa in the context of human and animal health system development. The component will finance the priorities of Samoa's preparedness system, as identified by the government. Considering the funding envelope, this component will focus on two priorities: enhancing the surveillance system and establishing the public health laboratory. Both are critical for infectious disease prevention, detection and control. In addition, a comprehensive external assessment will also be conducted under this component to enable a systematic institutional strengthening of Samoa's pandemic preparedness. This component includes three sub-components:

**Sub-Component 2.1: Strengthening of the surveillance system and training of public health surveillance personnel for case detection, outbreak investigation, contact tracing and monitoring (US\$150,000)**

21. This sub-component will contribute to strengthening the disease surveillance system and epidemiological capacity of the country for early detection and confirmation of cases; detection of new cases with active contact tracing; strengthening of risk assessment and provide on-time data and information to guide decision-making and response and mitigation activities. Government will develop a proposal with action plan to enhance the disease surveillance system. This sub-component will finance technical assistance and capacity building needed to support the actions in enhancing the disease surveillance system.

**Sub-Component 2.2: Establishment of public health laboratory for human and animal health (US\$1,700,000)**

22. This sub-component will strengthen Samoa's diagnostic capacity for testing COVID-19 and other infectious diseases. Testing is critical and essential for early detection, diagnoses, contact tracing and case management for infectious diseases control. In the absence of the testing capacity in the country, any samples collected have to be sent to New Zealand for testing. The delay of the test results is a bottleneck for early detection, contact tracing, and spread control. This sub-component will aim to address this bottleneck through providing support to establish a public health laboratory (for both human health and animal health) and to finance the needed civil works, procurement of essential laboratory equipment, reagents, consumables and supplies. Protocols and biosafety regulations will be developed following WHO standards. In addition, human resource development including training and capacity building for laboratory staff will also be financed. It is anticipated that any construction involved under this component will be conducted within the MOH premises, and no new land acquisition or involuntary resettlement are expected.

**Sub-Component 2.3: Conduct Joint External Evaluation (JEE) for International Health Regulations (IHR) (2005) to identify gaps and build Samoa's pandemic preparedness (US\$100,000)**

23. This sub-component will support the government of Samoa to conduct a JEE, a collaborative, multisectoral process to assess country capacity to prevent, detect and rapidly respond to public health risks. The purpose of the external evaluation is to assess country-specific status, progress in achieving the targets under the IHR, and recommend priority actions to be taken across the technical areas being evaluated. The JEE will be implemented through joint efforts of government and development partners, such as WHO, FAO, the WBG, DFAT and NZ-MFAT, with WHO and FAO providing technical support. This



will help to bring in international expertise and ensure government’s efforts are aligned with global good practice. This sub-component will finance capacity building and technical assistance needed to support the implementation of priority actions identified following the JEE.

**Component 3: Implementation Management and Monitoring and Evaluation (US\$150,000)**

24. This component will finance activities related to project implementation management and monitoring, and evaluation. The proposed project will rely on the existing governance framework of the country to manage project implementation and draw on the expertise of the Centralized Technical Support Services Unit (CTSSU) in the Ministry of Finance (MOF) which was established to provide technical support to World Bank financed projects in Samoa. Implementing the proposed Project will require administrative and technical capacities that exceed the current capacity of the MOH, so contracting of consultants will be financed if needed. Key activities include: (a) operating expenses for project management, reporting and supervision; (b) recruitment of project management personnel and technical consultants; (c) support for procurement, financial management (FM), environmental and social sustainability; (d) learning and knowledge exchange; and (e) monitoring and evaluation.

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

25. **This operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility.** The project main long-term impacts are likely to be positive, as the project aims to strengthen emergency response for COVID-19 and will improve in both short-term and long-term medical waste management and prepare country for potential new pandemics in future.

26. **Environmental risks are Substantial.** The main environmental risks include: (i) environmental and community health related risks from inadequate storage, transportation, disposal or treatment of medical waste; (ii) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers dealing with COVID19 patients and the logistical challenges in transporting PPE and other equipment across the country in a timely manner; and (iii) the occupational and environmental health and safety issues related to testing and handling of chemicals supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (iv) those linked to small scale construction activities, i.e. construction of laboratory facilities and establishment of medical waste management facility for installation of prefabricated medical waste incinerator in Savai’i.

27. **These environmental risks are mostly temporary and predictable.** The geographical area and size of the population likely to be affected are medium to large and there is probability of adverse effects to human health and/or the environment however there are known and reliable mechanisms available to



prevent or minimize such risks and mitigation measures can be easily designed. The Borrower experience containing and managing epidemics and contagious diseases in past years (H1N1, SARS and most recently measles) initiated efforts to improve countries preparedness for pandemic (most recent National Epidemic and Pandemic Influenza Preparedness and Response Plan FY 21 - 25), yet insufficient current human resources and infrastructure capacity for medical waste management (especially on Savai'i) contributes to substantial environmental risk rating.

28. **To mitigate the above-mentioned risks, MOH has committed to prepare, during project implementation and no later than 30 days after project effectiveness, an Environmental and Social Management Framework (ESMF) that covers the environmental and social mitigation measures to be implemented for the various proposed activities, including construction of laboratory facilities, establishment of waste management facility for medical waste incinerator, chemical storage, and other.** Mitigation measures will largely be based on WHO technical guidance on COVID-19 response, World Bank EHS Guidelines and other GIIP, including an elaboration of roles and responsibilities within the MoH, training requirements, timing of implementation and budgets. Procurement of chemicals, testing kits and medical equipment can be initiated as soon as the project is approved. However, the ESMF including relevant management plans should be finalized before civil works commencement and procuring the waste management incinerator. In addition, any activities that have been screened for environmental and social risks will not be carried out without the completed, consulted and disclosed ESMF.

29. **The social risks are considered to be Moderate.** Risks associated with project activities are not likely to be significant and are considered temporary, predictable, and readily managed through project design features and mitigation measures.

30. **Social risks associated with small-scale works are moderate and can be effectively managed through standard mitigation measures.** No land acquisition or involuntary resettlement impacts are expected. All activities will be conducted within existing government facilities/grounds and no new land will be acquired or accessed.

31. **Project activities are primarily focused on the establishment of a laboratory, rehabilitated waste facilities, provision of related equipment and PPE, and training for health care workers.** The project will only provide limited support to activities relating to the direct provision on services to the community, such as enhancing risk communication and community engagement activities currently being implemented by the MOH and UNICEF. As such the risk of inequitable community access to project supported facilities and services is considered low. To mitigate this risk MOH, in the ESCP, will commit to the provision of services and supplies to all people, regardless of their social status, based on the urgency of the need, in line with the latest data related to the prevalence of the cases, and the implementation of WHO guidance tools for COVID-19 risk communication and engagement.

32. **While protecting the health of communities from infection with COVID-19 is a central part of the project, without adequate controls and procedures, project activities including the operation of laboratory and waste facilities present increased health and safety risks for project workers and have the potential to contribute to virus transmission and other community health and safety issues.** The risk is heightened given the prevalence of hypertension, diabetes and cardiovascular disease in Samoa. Clear communication of risks and prevention measures will be included within training and engagement activities.



33. Social risks associated with the project will be addressed through the project's ESMF, Stakeholder Engagement Plan (SEP) (including a Grievance Redress Mechanism - GRM) and Labor Management Procedure (LMP), in line with the applicable Environmental and Social Standards (ESS) of the WB's ESF and the WHO COVID-19 WHO guidance tools for COVID-19 preparedness and response.

## E. Implementation

### Institutional and Implementation Arrangements

34. **The Government of the Independent State of Samoa has an established mechanism for emergency response.** In the event of a national emergency, natural or man-made, a National Emergency Operations Centre (NEOC) is activated, which serves as the emergency response headquarters. The Government of Samoa issued the Proclamation of a State of Emergency for COVID19 on Friday March 20, 2020, which effectively activated the NEOC to lead its response to the Coronavirus (COVID-19) global crisis. The NEOC, comprises representatives from all fourteen government sectors including the health sector. NEOC is the focal point providing collaboration and operational coordination amongst all stakeholders, with advice and technical guidance from the MOH for the duration of the emergency period. A Health Emergency Operations Center (HEOC), which is a 40+ multi-disciplinary team chaired by the Director General of Health established to manage the measles outbreak response, is also the focal point on monitoring the global and regional spread of COVID-19 and has put in place several prevention measures including tight border controls and media campaigns.

35. **During the emergency period, the implementation of the project activities will be under the overall coordination and the direction of NEOC and HEOC, as part of the emergency response of the government to the COVID-19 pandemic.** MoF will be the Executing Agency for the Project, and will be the focal point to coordinate and liaise with the Association during project implementation. The MOH will be the implementing agency responsible for project implementation and will have the primary responsibility for all technical and operational aspects related to the project. The project will rely on the MOH's existing organizational structure, including the involvement of the NEOC that has been established to manage the COVID-19 emergency response plan. MOH technical departments and division – Public Health Services, Hospital and Clinical Services, National Health Surveillance and International Health Regulations Division will be involved in project implementation based on their functional capacities and institutional mandates. The Health Sector Coordination, Resourcing and Monitoring (HSCRM) Division is responsible for coordinating and managing development assistance that are channeled through the MOH for health sector development, including the recently approved Samoa Health System Strengthening Program (P164382). This division works to pool the resources of the whole health sector, focusing on the coordination, distribution, and monitoring of resources and finances as well as the progress of the Health Sector Program. The HSCRM will perform the day-to-day project management by providing support to the relevant MOH divisions in implementing project activities in line with the national preparedness and response plan for COVID-19, including procurement of medical supplies, commodities and equipment, and other activities in the procurement plan. The latter in which the HSCRM Division will work together with the Finance and Procurement (F&P) Division to manage and implement activities in the procurement plan. Additional staff and/or consultants, as needed, will be recruited to support the implementation activities and provide capacity building to personnel under the HSCRM and F&P Divisions. International and domestic technical assistance will be financed in the areas of infection control, medical waste management, biosafety regulations, Surveillance system and etc. The MOH will also be able to draw upon



the specialists from the CTSSU within MOF to provide technical support and hands on assistance in implementation of the Project.

36. **A Project Operations Manual (POM)** will be developed by not later than two months after the effective date of the Financing Agreement to support the HSCRM to meet its responsibilities for management and implementation of the project. The POM will describe detailed arrangements and procedures for the implementation of the project, such as the responsibilities of the different divisions - Public Health Service, Hospital and Clinical Services, National Health Surveillance and International Health Regulations Division, Finance and Procurement (F&P), and the HSCRM; operational systems and procedures; project organizational structure; office operations and procedures; finance and accounting procedures (including funds flow and disbursement arrangements); procurement procedures (including use of Government of Samoa's emergency procurement procedures during the SOE period); personal data collection and processing in accordance with good international practice<sup>6</sup>; and implementation arrangements for the Environmental and Social Commitment Plan (ESCP) as well as the preparation and/or implementation of instruments referred to in the ESCP such as the Environmental and Social Management Plan (ESMP).

37. **Annual Work Plan and Budget** will be prepared by the government and submitted to the Association, no later than April 1 of each year during the implementation of the Project, for the Association's review and no-objection. The work plan will list all activities to be implemented for the period covered by the plan, with budgets attached, indicating the targets to be achieved. The Bank team will work closely with the government to develop the plan and provide assistances and support as needed.

## F. Results Monitoring and Evaluation Arrangements

38. **The responsibility for M&E activities will rest with the MOH.** The progress and achievement of the PDO will be monitored and assessed through regular/routine monitoring and completion review. A set of results monitoring indicators has been developed to measure project outputs, intermediate outcomes, and final development outcomes. To the extent possible, the results monitoring and evaluation arrangements for the Project will be integrated into the existing national surveillance and reporting systems. Where possible project monitoring data will be analyzed by gender. In addition, a project completion review will be conducted during the last year of Project implementation.

39. The M&E system and the Results Framework, that is attached to it, aims to collect data and information on the project implementation and impacts to:

- (a) Ensure a high level of transparency and accountability in the delivery of project activities;
- (b) Improve the effectiveness of day-to-day decision-making through the provision of timely information to project implementation staff and decision makers;
- (c) Capture and communicate lessons learnt to improve performance during project implementation and to allow other similar and related projects to benefit from improved practices; and
- (d) Verify the achievement of the Project Development Objective.

40. The M&E section of the POM will describe: (a) what data and information needs to be collected

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<sup>6</sup> See Section VII below for additional detail on data access.



(the system, inputs, processes, results and impacts); (b) who, how and when it will be collected; (c) how it will be stored, processed and delivered; and (iv) who will have access to raw data as well as processed data and information.

## CONTACT POINT

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## APPROVAL

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**Approved By**

Environmental and Social Standards Advisor:		
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