



Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 10-Feb-2022 | Report No: PIDC33467



BASIC INFORMATION

A. Basic Project Data

Country Costa Rica	Project ID P178320	Parent Project ID (if any)	Project Name Costa Rica COVID-19 Vaccines Project (P178320)
Region LATIN AMERICA AND CARIBBEAN	Estimated Appraisal Date Mar 16, 2022	Estimated Board Date May 20, 2022	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Costa Rica	Implementing Agency National Commission for Risk Prevention and Emergency Response (CNE)	

Proposed Development Objective(s)

Increase COVID-19 vaccination coverage among the population of Costa Rica.

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	120.00
Total Financing	120.00
of which IBRD/IDA	120.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	120.00
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Environmental and Social Risk Classification
Substantial

Concept Review Decision
Track II-The review did authorize the preparation to continue



A. Introduction and Context

Country Context

1. **The COVID-19 pandemic is having severe impacts on Costa Rica's economy.** In 2020, the pandemic resulted in a sharp decline in economic activity, weakening the country's fiscal accounts and exacerbating pre-existing imbalances. The Gross Domestic Product (GDP) contracted 4.1 percent in 2020, the largest drop in four decades. The GDP is projected to recover by 3.8 percent in 2021, reaching the pre-pandemic level by end-2022. Growth is expected to remain strong in 2022 and then gradually converge to its potential (around 3 percent). The fiscal situation has worsened because of declining revenues and higher spending to cover health services and emergency social transfers. The COVID-19 crisis is also causing an increase in poverty and unemployment, especially for the most vulnerable populations, partly due to the impact of the health emergency on tourism and trade, plus a contraction in areas such as agriculture and construction.

2. **After a first peak in December 2020 and two more waves in May and September 2021, the country is now threatened by the rapid spread of the Omicron and the Delta variants.** While the number of COVID-19 cases remained relatively low until June 2020, the number of new cases picked up quickly. New confirmed cases remained high from August 2020 through January 2021 and then picked up again from February until September 2021, resulting in one of the highest rates of confirmed cases per population in the Latin America and Caribbean (LAC) region. After a subsequent sharp drop and stabilization of cases at a low level, the incidence rate has been recently on the rise since the appearance of the Omicron variant in Costa Rica, which is suspected to be the source of yet another wave of COVID-19 infections in Costa Rica. As of February 1, 2022, Costa Rica has had 701,471 cumulative cases and 7,593 cumulative deaths.¹

3. **The Government of Costa Rica has implemented timely, well-targeted public health measures to contain the pandemic since early-March 2020.** On December 24, 2020, the country began vaccinating its population against COVID-19. Implemented measures included mandatory quarantines, closures of schools, public offices and most public spaces, reduced work hours in the private sector, travel restrictions, border closures, and construction of a specialized hospital for COVID-19 treatment. As of January 3, 2022, the population aged 12 years old and older, including immigrants, have access to the vaccine in Costa Rica. Costa Rica is now stepping up efforts to deploy booster shots to individuals who had received their second dose at least six months ago, starting with employees of first response institutions, employees and residents of long-stay residencies and people 65 years old and older, and extending vaccination to the population 5-11 years old. Vaccination of children 5-11 years old started in early January 2022, and distribution of booster doses is already underway. As of January 31, 2022, Costa Rica has administered nearly 8.32 million doses of the COVID-19 vaccine, achieving a vaccination rate of 79 per 100 inhabitants (71.54 percent of population fully vaccinated).

Sectoral and Institutional Context

4. **International health emergency preparedness assessments indicate that Costa Rica is well prepared to respond to health-related emergencies.** With an overall assessed capacity of 77 percent (2020), Costa Rica's ability to prevent, detect and respond to infectious disease outbreaks is above the regional and global averages, i.e., 72 percent and 65 percent respectively.² The 2021 Global Health Security Index (GHSI) also suggests that Costa Rica is relatively well positioned among other countries in the region, with an index score of 40.8 out of 100, ranking 9 among all LAC countries

¹ Ministry of Health, Costa Rica. URL: <https://www.ministeriodosalud.go.cr/index.php/centro-de-prensa/noticias/741-noticias-2020/1725-situacion-nacional-covid-19>

² WHO. State Parties Self-Assessment Annual Reporting Tool. 2019.



and 73 out of 195 overall countries.³ Furthermore, the prevention and control of vaccine-preventable diseases is one of the main public health priorities in Costa Rica. Immunization in Costa Rica is coordinated by the National Commission of Vaccination and Epidemiology (CNVE), which has a technical role, and implemented by the Costa Rican Social Security (Caja Costarricense de Seguro Social, CCSS), the main provider of immunization services in the country. The immunization system is almost entirely financed by the Government of Costa Rica and vaccines are offered universally and free of charge by the public health services at national level.^{4,5} The country's childhood immunization program is high performing.

5. **Costa Rica has strong and well-coordinated institutions to respond to health emergencies.** The historically robust, universal health care system has allowed the country to timely respond to the challenges of infectious disease outbreaks, such as the COVID-19 pandemic. In addition, the National Law of Emergencies and Risk Prevention established the National Commission for Risk Prevention and Emergency Response (CNE, *Comisión Nacional de Prevención de Riesgos y Atención de Emergencias*) as the lead entity for risk management and emergency prevention, response and recovery, including disease outbreaks. Following the confirmation of the first cases of COVID-19 in Costa Rica, on March 6, 2020, the Government extended the declaration of a health emergency to respond to cases of COVID-19 through Decree N° 42227-MP-S,⁶ which is still in force. Since then, the CNE has coordinated all aspects of the response to the outbreak. The Government of Costa Rica's vaccine coverage and purchase plan, the National Deployment and Vaccination Plan (NDVP),⁷ is a central part of its national vaccination readiness. Costa Rica's vaccine strategy is to vaccinate everyone who is eligible and willing to get the vaccine in an effort to achieve community immunity. Since October 2021, vaccination is open to everyone 12 years and older.

6. **This Project is being proposed at a crucial juncture in the Government of Costa Rica's response to COVID-19.** As of January 31, 2022, vaccination coverage is well advanced among all eligible groups – ranging from 96.4 percent with at least one dose for adults over 58 years of age to 12.2 percent among children between 5 and 11 years of age.⁸ The Government is now determined to advance deployment of booster shots and pediatric vaccines (vaccines for children 5-11 years old), both of which are already underway. Booster shots and additional doses will be used following World Health Organization (WHO) guidance, beginning with people 65 years old and older, first responders, and residents and employees of long-stay homes in which elderly and persons with disabilities reside. The proposed project will support the Government of Costa Rica COVID-19 vaccine efforts and will be a key contribution to the World Bank Groups (WBG)'s overall COVID-19 response as part of the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the WBG's Board of Executive Directors on April 2, 2020, and the Additional Financing (AF) to the SPRP for vaccines approved on October 13, 2020.

Relationship to CPF

7. **The proposed Project is well aligned with the World Bank's Country Partnership Framework (CPF) for Costa Rica FY16-FY20 discussed by the Board of Executive Directors on April 13, 2015.** The proposed project contributes to the first (i.e., reducing constraints to productive inclusion) and second pillar (i.e., bolstering fiscal, social and environmental sustainability) of the CPF. The proposed Project is also linked with the objectives of the Costa Rica's National Development and Public Investment Plan 2019-2022, and the National Health Plan 2016-2020.

³ Ranking countries from better prepared (#1) to worst prepared (#195).

⁴ Norma Nacional de Vacunación, 2013. Costa Rica.

⁵ *Experiencia de Costa Rica -Retos del programa de vacunación:* <https://ghc.fiu.edu/assets/docs/immunization-arroba.pdf>

⁶ And its modificatory decree N° 42630-MP-S.

⁷ Manual de Procedimientos para la ejecución de vacunación contra COVID-19 en los establecimientos de salud de la Caja Costarricense de Seguro Social

⁸ Source: CCSS. URL: <https://www.ccss.sa.cr/web/coronavirus/vacunacion>



8. **The proposed operation builds on the successful engagement between the Government of Costa Rica and the WBG, and on lessons learned in the implementation of the WBG health portfolio.** Finally, the proposed Project activities build on recent analysis and incorporate recommendations from a WBG report on efficiency of spending in the health sector and opportunities to improve the budget allocation and expenditure in the health sector.

B. Proposed Development Objective(s)

The Project Development Objective (PDO) is to increase COVID-19 vaccination coverage among the population of Costa Rica.

Key Results (From PCN)

9. **The proposed PDO will contribute towards enabling affordable, safe, and equitable access to vaccines in Costa Rica through the financing of the purchase of COVID-19 vaccines.** The following key indicator will be used to track progress towards the PDO:

- Percentage of total population vaccinated with WB-financed vaccines (disaggregated by sex).

D. Concept Description

10. **The proposed Project will support the implementation of Costa Rica's NDVP to respond to the COVID-19 pandemic.** The project will give the country the resources needed to advance deployment of booster shots and pediatric vaccines (vaccines for children 5-11 years old) that meet the World Bank's vaccine approval criteria and thus expand the response to the pandemic. The proposed Project, expected to cover the procurement of vaccines and ancillary materials, would play an important role in continuing to provide affordable, safe, and equitable access to vaccines in the country and is aligned with the Government of Costa Rica's vision, principles, and strategy outlined in their NVDP. The proposed Project is designed around two components.

11. **Component 1: COVID-19 Vaccines and ancillary products.** This component will primarily support the purchase of COVID-19 vaccines and vaccination ancillary products, such as needles, syringes, alcohol, and Personal Protective Equipment (PPE) for vaccinators, part of which will be through retroactive financing. Specifically, this will include the purchase of approximately 3.5 million doses of COVID-19 vaccines that meet the World Bank's VAC, including 1.7 million pediatric doses, which could cover up to 850,000 children ages 5-11 years old with a two-dose regime. In addition, while the main use of the vaccines will continue to focus on increasing vaccination coverage of two doses, especially among the younger population, a significant proportion of the doses could also be used as a third dose to boost immunity in the population that has received two doses at least six months ago, potentially covering up to 1.8 million people. The implementation of booster shots will follow WHO guidelines prioritizing employees of first responder institutions, employees and residents of long-term care settings and people 65 years old and older. The component will support CNE by reimbursing funds used to secure vaccine contracts, that the CNE will in turn use to continue financing NDVP related activities.

12. **Component 2. Project Management and Monitoring.** This component will finance project management activities, and administrative and human resources to manage the Project. The main activities will be carried out by the CNE as the Project Implementation Unit (PIU) working closely with the CCSS and the CNVE and will include: (i) financial management (FM), procurement, environmental and social standards requirements; and (ii) monitoring and evaluating



the Project. These costs may include additional staffing and training of the PIU and technical consultants, and other operating costs. These activities will be carried out in accordance with WBG guidelines and procedures.

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

Summary of Screening of Environmental and Social Risks and Impacts

Environmental Risk Rating

13. The Environmental risk rating is considered Substantial because of the inherent occupational and community health and safety risks and the management of medical waste under a sanitary emergency context where existing resources and capacity of health facilities continue to be stretched as a result of COVID-19 and the spread of new variants. The project aims to support Costa Rica's NDVP through the acquisition, distribution, and application of vaccines, as well as ancillary vaccination materials, such as needles, syringes, alcohol, and PPE for vaccinators (part of which will be financed through retroactive financing). Based on available information, no major civil works are planned at this stage; however, it is possible that some minor refurbishments to existing facilities may be required to meet logistical and vaccine storage and handling needs within existing footprints. Further specifications regarding the vaccination facilities will become available during project preparation. Currently, vaccines are being administered in health centers, municipal markets, community centers, along with at-home vaccination visits. Key anticipated concerns for potential environmental risks and impacts include: (i) environmental, health and safety risks from inadequate storage, transportation, and disposal of medical waste and expired and used vaccination materials; (ii) occupational health and safety issues related to the availability, supply and appropriate use of PPE for healthcare workers, including vaccination workers; (iii) community health and safety exposure risks in the immediate vicinity of health centers and vaccination set-up locations; and (iv) ambient pollution and health and safety risks stemming from the use of chemical and other hazardous substances for cleaning and disinfection products (e.g. chlorine and other hazardous byproducts), as well as those associated with cold chain storage for the ultra-cold vaccine requirements. To properly manage and mitigate these risks and impacts, an Environmental and Social Management Framework (ESMF) will be prepared in line with the Bank's Environmental and Social Standards, the WBG Environment, Health and Safety (EHS) Guidelines, WHO's COVID-19 specific response guidelines for medical, biosafety and vaccination matters, and national COVID-19 related guidelines for medical waste management, vaccination and cleaning and disinfection procedures. The ESMF will include an Infection Control and Waste Management Plan (ICWMP) for the vaccination program, including corresponding training and monitoring requirements, as well as a Medical Waste Management Plan (MWMP) for the vaccination centers, including those that could be set up outside of existing health facilities such as schools, communal centers or parking lots (to be confirmed during project preparation). The ESMF will ensure that comprehensive procedures and requirements are in place for the safe handling, transportation, storage, and processing of COVID-19 vaccination materials, safety of medical workers and hospital staff, as well as safe management of wastes, including biohazardous wastes, resulting from project activities. The ESMF will further assess the potential increase in waste volume associated with vaccination activities that may occur at the designated vaccination facilities and which could comprise the implementation of waste management plans requiring additional funding to effectively manage the increased biological risk. The ESMF will specify compliance monitoring and reporting requirements; Labor Management Procedures (LMP) will describe the rights and protections for project workers, including vaccination workers, as well as a dedicated labor grievance redress mechanism (GRM) for workers. In addition to the ESMF, the MoH and CCSS will meet those



requirements detailed in the project's Environmental and Social Commitment Plan (ESCP) to be prepared.

Social Risk Rating

14. The social risks are considered Substantial at this stage. The Project will not involve resettlement, land acquisition or greenfield construction, and the Project will support the ongoing vaccine rollout in Costa Rica. Vaccination rates in Costa Rica are comparatively high in the region, with a broad territorial outreach that has progressively encompassed all vulnerable groups, including irregular migrants who were initially unable to access free vaccination. Despite the general success of the rollout, some key social risks should be considered, particularly as new variants spread and the general unpredictability of the virus forces health authorities to adapt and reassess their current strategies. Since December 2020, the Government of Costa Rica has developed measures to implement its NDVP. As the CCSS advances in its vaccination objectives, it is necessary that disadvantaged and vulnerable groups continue receiving awareness about the availability and safety of vaccines, including people living in rural communities with difficult access to the national health system, Indigenous People who face discrimination and have a historical mistrust of traditional health approaches, and other discriminated minorities such as LGBTI people and persons with disabilities, particularly those living in poverty. Initially vaccines were only being administered in health centers, however over time additional facilities were added such as markets, community centers, as well as house-to-house visits. No external security forces are being employed in vaccination centers. The CCSS ensure health safety of personnel in charge of administering vaccines through the provision of PPE. The NDVP provides services including vaccination, supplies and communication based on the urgency of the need, in line with the latest data related to the prevalence of the cases and respective vaccination deployment strategy. The Plan states that, during the first phases, some evidence of identification will be necessary, to keep a registry of vaccinated people and follow up with the two-jab inoculation process. Additional discussions with the CCSS indicated that refugees, asylum seekers, and others without proof of formal status in-country are eligible, however these details will be further discussed with the CCSS to ensure there is no ex-ante exclusion of a specific population. As stated in the NDVP, previously coordinated inoculations could be carried out at the person's home (particularly for elderly or people with disabilities who cannot mobilize to a health center). For this, measures to prevent and monitor the risk of Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) will be described in the ESMF. No forced vaccination of the general adult population is in place. However, on September 28, 2021, the Government of Costa Rica announced that the vaccine against COVID-19 will be mandatory for all public employees and private employers who have chosen to incorporate mandatory vaccination of workers in their internal labor regulations. To ensure the inclusion of all sectors of society, the MoH, CNE and CCSS carry out an ongoing communications strategy, producing infographics, media spots and social media information; the ESMF and the SEP will assess if these messages are inclusive and comprehensive. The SEP will also contain criteria to develop measures for stakeholders that ensure consultation before and during the vaccination program activities and how grievances can be reported and are being addressed and resolved by the authorities.

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APPROVAL

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