Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 30-Apr-2020 | Report No: PIDA29222

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Gabon	P173927	GABON COVID-19 Strategic Preparedness and Response Project (SPRP)	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
AFRICA	27-Apr-2020	12-May-2020	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Republic of Gabon	COMMISSION NATIONALE DES TRAVAUX D'INTERÊT PUBLIC POUR LA PROMOTION DE L'ENTREPRENEURIAT ET DE L'EMP	

Proposed Development Objective(s)

The Project Development Objective (PDO) is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Gabon.

Components

Component 1: Emergency COVID-19 Response
Component 2: Supporting National and Sub-national, Prevention and Preparedness
Component 3: Project Implementation and Monitoring

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	9.00
Total Financing	9.00
of which IBRD/IDA	9.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	9.00

Environmental and Social Risk Classification

Substantial

Decision

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **Gabon is a small central African country with low population density and a youthful demographic profile**. Located along the Atlantic coast in Central Africa, the Gabonese Republic is bordered by the Republic of Congo, Cameroon, and Equatorial Guinea. The country is relatively small, both in area and population, with an area of 270,000 k2 and an estimated population of 2.1 million. At 8 inhabitants per km^2, the country is one of the least dense in the world. The population is relatively young—more than 40 percent are under the age of 15—but is growing, with an urban fertility rate of four children per woman and a rural rate of six. The youthful population an asset for the country's development, but the benefits will only materialize if the economy can absorb them productively.

2. **It stands out in Africa for its high income and rich natural resources. It is one of the few countries in** Sub-Saharan Africa (SSA) with upper middle-income status and its prosperity is due its rich and diverse endowment of natural resource. It boasts the second largest economy in the Central African Economic and Monetary Union (CEMAC). Topping its wealth of nonrenewable resources are petroleum, manganese, and to a lesser extent uranium, iron ore, diamonds, and gold. The country, which is 88 percent covered by rainforest, has a uniquely rich ecosystem extensive endowments of fertile land, water courses, and fisheries.

3. **Its urbanization rate is high compared to the average rate in Africa. Gabon is one of the most** urbanized countries in the Sub-Saharan region; most of the population lives in a few cities while the rest of the country is sparsely populated. The oil boom after large oil fields were discovered in the early 1970s accelerated rural-urban migration, shooting up the urbanization rate from 20 percent in the early 1960s to 89 percent in 2017—the highest rate in Africa. Over half of Gabonese live in either the capital, Libreville, in Port-Gentil, and to a lesser extent in Franceville—leaving the rest of the country with a density of less than 2 inhabitants per km^2. On the one hand, low population density increases resource availability per capita and reduces pressure on the environment, but, on the other hand, it generates diseconomies of scale for public services and increases their cost.

4. **Recognizing its assets, the vision of the country is to transform itself into a diversified economy by 2025.** The goal of the Strategic Plan for an Emerging Gabon (PSGE: *Plan Stratégique Gabon Émergent*), launched in 2009, is to build a competitive, resilient, and inclusive economy. The PSGE sets an ambitious reform agenda to leverage the abundant natural resources, to catalyze economic transformation, and to move up along the export value-added chain. The plan has three strategic pillars: address competitiveness; build up priority sectors that have strong growth potential; and promote shared growth. It has identified key sectors that correspond to the country's comparative advantages and can add value to underexploited natural resources by building up national capacity for processing. Substantial infrastructure investments will support the three pillars. Gabon is also among the few countries in SSA that have demonstrated commitment to protect forests and biodiversity, curb carbon emissions, and address climate risks.

5. **Though recent poverty indicators suggest slow improvement in living standards, outcomes are below expectations.** Between 2005 and 2017 the national poverty rate declined from about 42 to 33.4 percent and signs of urban pro-poor growth have been emerging, but poverty declined more slowly than the population grew, so the absolute number of poor rose. The prevalence of subjective poverty (51 percent) is an expression of unmet Gabonese aspirations for better living conditions. In 2017, the poverty rate using the international line (US$5.5 a day in 2011 purchasing power parity, PPP) was an estimated 32.2 percent, which compares favorably with levels in SSA generally, but is about 12 percentage points higher than what might be expected from Gabon's per capita national income.

6. **There are persistent and large discrepancies between the country's economic potential and its** performance in terms of human development. Although Gabon ranks 58th in GDP per capita, it ranked 109th out of 188 countries in the 2015 Human Development Index (HDI) and it was 110th out of 157 in the 2018 Human Capital Index (HCI). The country underperforms on most human development and living conditions dimensions, ranking near the bottom among upper- middle-income countries.

Sectoral and Institutional Context

7. **Performance in health outcomes is low with large disparities across the country**. Gabon fares better than the SSA average in terms of health outcomes but trails upper middle-income countries and most of the selected comparators. The maternal mortality ratio, at 316 deaths per 100,000 live births, is only lower than in Namibia. The malaria incidence rate has been trending upward since 2005, in contrast with the decreasing trend observed for the rest of SSA as well as upper and lower middle-income countries. The total fertility rate (TFR) is fairly high, although below the SSA's average. Despite Gabon's small population size, at the current fertility and population growth rates, the population will double by 2045, and the dependency ratio will still be at 69 percent by 2025, putting an even higher pressure on the health and education systems. Child mortality and malnutrition and stunting are quite prevalent in the country, with large disparities across urban and rural areas and among provinces. With a stunting rate of 26 percent and a children mortality rate over 70 per 1,000 live births, norther followed by southern provinces represent the regions with the highest burden of undernutrition and lack of health care.

8. **Governance and management issues result in poor coverage and quality of health services and significant geographic disparities.** Available resources are disproportionately allocated to curative care – hospitals in particular—and the distribution of health staff and facilities is skewed towards the larger cities and urban areas. Rural-urban differentials are particularly important with respect to coverage of maternal health services (about 94 percent of urban women deliver in a health structure compared to 70 percent of rural women), and relevant diagnosis and treatment of child's fever (70 percent in urban areas compared to 54 percent in rural zones). Gaps between the main cities – Libreville/Port Gentil—and other towns are also important. Overall, immunization levels remain low, with only one third of children receiving appropriate vaccination. The poor quality and high cost of public health services prevent people from consulting specialist physicians, act as a major impediment for the improvement of health indicators, and discourage the informal sector from obtaining health insurance, keeping Universal Health Coverage (UHC) increasingly out of reach. The main problems include long wait times, lack of drugs and the high cost of the consultation. Many of these problems are the result of inadequate management and support structures, including at the central, regional and district levels. Long distances to health facilities in rural areas – where over 60 percent of the population lives more than 10 kilometers away from a health facility—accentuate the delivery gap between rural and urban areas.

9. **Gabon's primary healthcare system is underdeveloped.** The geographical coverage of public primary health facilities is relatively equitable, though some remote areas do not have enough facilities to serve the local population. However, even in areas where health centers are widespread, they are often not functional. Rural facilities face especially serious challenges in retaining health staff and accessing pharmaceuticals and other supplies. Even when staff are available, the level of training and supervision is not adequate, leading to poor quality of care. No programs (e.g. retention or location incentives) appear to be in place to address these issues.

10. **Many health facilities also lack basic equipment, including an adequate cold chain for vaccinations.** Public health outreach programs are not sufficient to address the country's high rates of communicable disease, and preventive services are largely not covered by as part of the health insurance system, leading to such services being given a lower priority. Because cost-effective preventative health services and community outreach efforts are typically provided at the primary level, the underdevelopment of primary facilities significantly reduces the overall efficiency of health spending. There is also a lack of basic water supply, sanitation, and hygiene facilities in many health facilities.

11. **Resources are concentrated in urban areas and wealthier regions.** Some concentration of heath resources is inevitable in a country with a low population density, a poor road network, and a population that is 86 percent urban, but the inequalities observed in Gabon go beyond the constraints of geography and demographics. The distribution of health resources reflects hospital locations rather than the population health needs. There is no apparent relation between health spending and poverty, and indeed per capita spending is generally lower in the poorest regions. Consequently, the lack of clear criteria for distributing public health resources across regions exacerbates geographic inequalities and ultimately reduces the allocative and technical efficiency of health spending. This underscores the governance and leadership challenges within the health system and the need to re-orient the system to focus on improved service delivery and better meeting population health needs.

12. **The COVID-19 epidemic in Gabon is still in its early stages, but available models estimate high morbidity and mortality from COVID-19 in Gabon.** The first confirmed COVID-19 case was identified on March 12, 2020, and on April 30, 2020, there were 275 confirmed cases and 3 deaths. The latest COVID-19 response plan simulates the potential impact of the pandemic based on 2 levels of population exposure (0.5 percent and 1 percent). These simulations produce 16,324 and 32,648 cases respectively, and would result in 3,277 hospitalizations, 492 ICU stays and 85 deaths in the 0.5 percent scenario and 6,554 hospitalizations, 983 ICU stays and 170 deaths in the 1.0 percent scenario. These exposure assumptions are much lower than those generally used to estimate the impact of COVID-19, which generally use exposure rates of between 25 percent and 80 percent). These simulations might be even under-estimating as model parameters mainly based on China and transmissibility may be higher in Africa due to higher household sizes, urban overcrowding, inadequate WASH. Further, risk of progression to severe disease could be higher in Africa to the higher prevalence of undiagnosed co-morbidities such as uncontrolled hypertension and diabetes. Lastly, the case-fatality ratio could be much higher in Africa due to the weak healthcare systems. Safely managed WASH services are an essential part of preventing disease and protecting human health during the current COVID-19 pandemic. Good and consistently applied WASH and waste management practices serve as essential barriers to human-to-human transmission of the COVID-19 virus in communities, homes, health care facilities, schools, and other public spaces. To address this issue, discussions are under way to restructure part of an existing project to focus on emergency activities related to Prevention and Control of Infection (PCI)-WASH measures, safe water

supply and medical waste management in health care facilities, and communication related to handwashing behavior change, hand-washing stations in hospitals, health centers and public areas, the acquisition and installation of hospital incinerators and WASH training and awareness sessions.

13. **The Government of Gabon has taken a number of actions with respect to COVID-19 prevention, case detection and care.** Initially these measures included prohibiting access to national territory for nationals from high-risk countries and to strengthen the national response system against a possible Coronavirus epidemic at the borders, having then evolved to stringent social distancing measures (closure of educational institutions, closure of restaurants, prohibition of gatherings of 30 or more persons, closure of all places of worship, cancellation of all court hearings). A National Steering Committee was set up under the supervision of the Prime Minister, as well as a national response committee coordinated by the Ministry of Health and the Military Health Services. In order to strengthen the response, the country has set up a scientific committee whose role is to provide scientific and technical support to the steering committee. The steering committee, with support from WHO, updated the COVID-19 epidemic response plan, currently budgeted at 19.5 billion francs CFA (equivalent to US$32.2 million) The response plan covers 6 main areas: epidemiological surveillance including Points of Entry; case investigation and isolation (including contact tracing); risk communication and community engagement; infection prevention and control (incorporating WASH); laboratory diagnostics; clinical case management; and logistical and administrative support. As part of the preparation for the response to the COVID19, Gabon undertook a rapid assessment of the preparedness status of the country which showed the following gaps: Insufficient quantity of personal protective equipment and other pre-positioned amenities; Low diagnostic capacity (low laboratory capacity); Weak Intensive Care Unit (ICU) capacity to take care of severe cases; sub-optimal Infection Prevention and Control (IPC) standards; poor risk communication to the public; insufficient healthcare staff trained in COVID-19 case management; weak logistics capacities; absence of an emergency operation center (EOC). In view of the above, development and international partners are mobilizing to provide technical and financial support to the Government. The interventions included in this project represent the priority areas where there were gaps that the Government needed to be filled immediately. The Bank was the only potential financier for this requirement within the needed timeframe.

14. **In general, Gabon is not sufficiently prepared to prevent, detect, and respond to epidemics on the scale of COVID-19.** Gabon' score on the Global Health Security Index is 20.0, ranking 186 out of 195 countries.[1] It's capacity for detection and reporting (which encompasses laboratory systems, real-time surveillance and reporting, the epidemiological workforce, and data integration across human/animal/environmental health sectors) is considered among the least prepared, with a score of 6.1 vs average of 41.9, and a ranking of 188. This is a substantial vulnerability and raises questions as to the reliability of information on the current extent of the COVID-19 outbreak, especially regarding the low capacity for performing laboratory diagnostic tests. The country's capacity for rapid response is considered also very weak; Gabon scores just 20.6 against an average of 38.4, with a ranking of 178. Gabon completed a Joint External Evaluation of the implementation of International Health Regulations (2005)[2] in July 2019 and it found very low capacity in a number of areas, including the legal framework, financing,

[1] https://www.ghsindex.org/wp-content/uploads/2019/10/2019-Global-Health-Security-Index.pdf
[2] https://www.who.int/ihr/procedures/joint-external-evaluations/en/

coordination, biosafety and biosecurity, the national laboratory system, health workforce, points of entry, and emergency preparedness and coordination.

15. **Laboratory diagnostics for COVID19 in Gabon will not be sufficient.** Gabon has the advantage of having the International Center for Medical Research of Franceville (CIRMF) recognized as a WHO collaborating center for the identification of Ebola and Marburg viruses, and whose technical platform (P4 laboratory) and equipment (Open PCR) allow, subject to the availability of specific primers, to characterize any virus (yellow fever, HTLVI, Hepatitis, Lyssavirus, etc.) including diagnostics capacity for COVID19. However, the transfer of samples is carried out by air which poses significant logistical constraints resulting in getting the laboratory results fast. The Lambaréné Medical Research Center (CERMEL) also has the capacity to test COVID-19, but samples need to be transported by road, which is a long drive away from the capital. These two centers will not have enough capacity to provide the laboratory testing Gabon will need during this epidemic. The Ministry of Health plans to set up 2 additional laboratory units for the diagnosis of COVID-19 and is seeking financial support for laboratory equipment and acquisition of kits and laboratory reagents.

16. **Critical care and emergency services capacities have limitations**. According to the recently completed COVID-19 response plan, in Libreville the following hospitals will be responsible to manage COVID19 cases: the University Hospital Center of Libreville (CHUL), the Akanda Army Training Hospital, the Omar Bongo Ondimba Army Training Hospital, the University Hospital Center of Owendo (CHUO) and the Regional Hospital of Melen. It is expected that the majority of the severe cases will be dealt with by the first two hospitals. Both hospitals will treat civilian cases at no charge. In order to treat these cases, both hospitals will receive PPE supplies financed through the project, and the response will be overseen by the National Steering Committee and guided by the national coordinating committee. In the interior of the country, the Regional Hospitals will be responsible for the management of COVID-19 cases. There are 127 existing ICU beds in the country, with only 29 functional mechanical ventilators, having the remainder that have insufficient intensive care equipment (ventilators, oxygen system, etc.). Further there are only about 55 doctors trained in ICU care, which will not be sufficient to cope with the expected burden the ICUs will face in managing COVID19 patients. As highlighted above, the number of available ICU beds and human resources (HR) capacity would not be nearly sufficient to cope with the increased demand expected. The plan also states that the transfer of cases is carried out from the various entry points (land, rail and airport) and from the community via medical regulation provided by the Ministry of Health (MOH) Emergency Medical Services (EMS) system (*Service d'Aide Médicale d'Urgence* – SAMU), the Army EMS service (*Service Mobile d'Urgence et de Réanimation des Armées* – SMURA) and the National Social Security Institute EMS service (*Service Mobile d'Urgence et de Réanimation* – SMUR CNSS), to the isolation and care in Libreville level. The safe medical transfer of cases will be crucial for Gabon taking in consideration Gabon's hospital referral system for COVID19 patients, for which just 2 primary hospitals have been designated to provide care to severe and critical COVID19 patients. Both of these hospitals are in Libreville, and it will be necessary to transport increasingly ill patients from other hospitals in Libreville and the surrounding areas, as well as other parts of Gabon to these hospitals in a safe and efficient manner. The Ministry of Health in Gabon recognized that the limited number of ambulances will be a significant constraint and requested World Bank include in its financial support increases the ambulances fleet, together with essential equipment to be used during transport (e.g., ventilators). Case management has shortcomings due to the need for experienced staff in management of severe and critically ill patients in the Intensive Care Units, and country does not have a sufficient number of medical ambulances dedicated to transporting suspected cases.

17. **The project is intended to complement the efforts of other development partners as part of a coordinated response.** The design of this project prioritizes the interventions on the Infection Prevention and Control (IPC) and Laboratory pillars of the response to address the key areas identified by the Government of Gabon and taking in consideration the investment in the other pillars of Gabon COVID19 Response Plan from other development partners including the UN and AFD. The UN system through WHO is providing extensive technical assistance (TA) in terms of the coordination, risk communication and community engagement, surveillance and Rapid Response Teams (RRTs), and Points of Entry. UNICEF, UNESCO and UNDP are the main lead agencies for social protection interventions. The AFD project to support COVID19 response will result from reallocation of funds from PASS 2 project (Health Sector project) to a maximum of US$5 million as well as a multi-country subvention under INSERM, a system to improve health surveillance and care for suspected cases of Covid-19 in five African countries (Burkina Faso, Côte d'Ivoire, Gabon, Mali and Sénégal) to a maximum amount of US$1.5 million. AFD will support the following areas: prevention and community awareness; key activities of risk communication and community engagement; case management through setting up 60 ICU beds and strengthening HCWs capacity through key trainings on COVID19 clinical management; strengthening coordination through support to the Emergency Operations Centre (EOC).

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

18. The Project Development Objective (PDO) is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Gabon.

Key Results

PDO Level Indicators: The PDO will be monitored through the following PDO level outcome indicators:

(i) Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents.
(ii) Percentage of suspected cases of COVID-19 reported and investigated per approved protocol.
(iii) Percentage of diagnosed cases treated per approved protocol

D. Project Description

19. The Project is organized in three components responding directly to the response Plan: 1) component 1- Emergency COVID-19 Response focuses on case detection, confirmation, contact Tracing, recording, reporting as well as health system strengthening. It also will support Gabon's response by financing the procurement of medical ambulances with the necessary equipment to provide safe care for COVID19 patients; 2) Supporting National and Sub-national, Prevention and Preparedness, finances the required laboratory equipment to set up three new COVID19 diagnostic facilities in Gabon and strengthening the currently existing two. It also allows to procure for COVID19 diagnostic tests, reagents and other related commodities to ensure adequate laboratory case confirmation for COVID19 throughout the five designated laboratories in the country; 3) Project Implementation and Monitoring.

Component 1: Emergency COVID-19 Response (US$4.28 million equivalent):

20. This component would provide immediate support to Gabon limiting local transmission through containment strategies in line with Gabon's COVID19 Preparedness and Response Plan (PRP). It would support ensuring the technical capacity and safety of the staff working on case detection and contact tracing as well as healthcare workers and laboratory personnel in line with the needs expressed in Gabon's COVID19 PRP and consistent with WHO guidelines in the Strategic Response Plan. This component would enable the country to ensure the safety of the mobilization of surge response capacity through ensuring well-equipped frontline health workers. The financing for this component will be complimentary to AFD's (*Agence Française de Développement*) investment, which will be focusing on establishing Intensive Care Units (ICUs) and training healthcare personnel.

21. **Subcomponent 1.1. Case Detection, Confirmation, Contact Tracing, Recording, Reporting.** The project will ensure the personnel working on disease surveillance, case investigation and public health laboratories are equipped with the necessary personal protective equipment (PPE). PPE kits will be procured in line with the needs expressed in Gabon's PRP to ensure that first-responders, healthcare workers, laboratory personnel and other staff is protected adequately.

22. **Subcomponent 1.2. Health System Strengthening.** Assistance will be provided in ensuring safe and optimal medical care during the transfer of COVID19 patients, ensuring the protection of the front-line workers through the provision of the appropriate protective equipment and hygiene materials. Establishing dedicated and equipped teams and ambulances to transport suspected and confirmed cases is a key part of ensuring that severe and critical COVID19 patients receive the clinical care they need and get to the isolation dedicated facilities decreasing the risk of further COVID19 spreading. This component will support Gabon's response by financing the procurement of medical ambulances with the necessary equipment to provide safe care for COVID19 patients in line with Gabon's COVID19 PRP. Further, this component will support the Ministry of Health in building the capacity of the healthcare personnel through promotion of trainings and courses such as the clinical aspects of COVID19 clinical case management (severe and critical cases), infection prevention and control standards and techniques, and laboratory diagnostics such as sample collection and packaging. Lastly and depending on how the VCOVID19 epidemic in Gabon evolves, the project could support upgrading and equipping health care facilities to increase ICU capacity with medical equipment and supplies.

Component 2. Supporting National and Sub-national, Prevention and Preparedness (US$4.2 million, equivalent):

23. Countries should prepare laboratory capacity to manage large-scale testing for COVID-19 — either domestically, or through arrangements with international reference laboratories. COVID-19 testing capacity exists in Gabon, but needs to be expanded as highlighted by Gabon's COVID19 PRP. This component will finance the required laboratory equipment to set up two new COVID19 diagnostic facilities in Gabon and strengthening the currently existing two. Further, the component will allow to procure for COVID19 diagnostic tests, reagents and other related commodities to ensure adequate laboratory case confirmation for COVID19 throughout the five designated laboratories in the country. The purchase of this equipment will improve the overall national capacity for preparedness and response. It will also be necessary to define appropriate linkages between existing laboratories (especially the BSL-4 lab in Franceville and the new laboratory operations. Financial support in the area of laboratories is crucial

to strengthening the laboratory capacity in country especially in light of the fact that AFD will not be financing the laboratory pillar of the PRP.

Component 3. Project Implementation and Monitoring (US$0.5 million, equivalent)

24. This component will support the administrative and human resources needed to implement the Project and monitor and evaluate progress. It will finance staff and consultant costs associated with project management, procurement, financial management, environmental and social safeguards, monitoring and evaluation, reporting and stakeholder engagment; as well as operating and administrative costs. It will also support technical assistance to strengthen the Project's emergency response (e.g. development of testing, treatment, referral and discharge protocols); flexibility in the recruitment of additional short-term consultants who could help to overcome with the workload which will occur during the implementation of the COVID response project; and longer-term capacity-building for pandemic preparedness. It will also finance project audits, to be conducted through Gabon's Supreme Audit Institution (SAI).

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

I. Environmental Aspects

25. **The environmental risk is considered Substantial.** Although the project will have positive long-term impacts as it should improve COVID-19 surveillance, monitoring and containment, there is a number of short-term risks that need to be taken into account. The key environmental risks and impacts include: (i) environmental and community health related risks from inadequate storage, transportation and disposal of infected medical waste; (ii) occupational health and safety (OHS) issues related to the availability and supply of personal protective equipment (PPE) for surveillance teams, Rapid Response Team, laboratory personnel and healthcare workers; (iii) community health and safety risks given close social contact; and (iv) occupational risks from inadequate transfer of cases from the various entry points (land, rail and airport) and from the communities. Poor accommodation conditions in temporary isolation sites and inadequate working practices during setting up of COVID 19 diagnostic facilities will also entail occupational risks.

26. To mitigate these risks, the PIU shall hire additional environment specialist, social specialist and SEA/SH specialist not later than 30 days after the Effective Date and thereafter retained throughout Project implementation, prepare and implement an Environmental and Social Management Framework (ESMF) and update SEP. The ESMF will include: (i) provisions for storing, transporting, and disposing of contaminated medical waste and outline guidance in line with international good practice and WHO

standards on COVID-19 response on limiting viral contagion in healthcare facilities; (ii) measures for an Infection Control and Medical Waste Management Plan (ICWMP) for implementation by facilities supported under the project, including primary health care facilities, hospitals, and laboratories, as well as a template for preparing Environmental and Social Management Plans (ESMPs), as necessary for managing risks and impacts related to any civil works; (iii) guidance for transferring suspected and confirmed cases from the various entry points and from the communities to dedicated isolation facilities, and (iv) provisions for screening isolation facilities from environmental, occupational and social point of view as well as provisions for asbestos handling, transport and disposal in the case existing health facilities and other structures that will be rehabilitated. The relevant parts of the WHO COVID-19 quarantine guidelines, COVID-19 biosafety guidelines and OHS protocols will be reviewed and incorporated in the ESMF so that all relevant occupational and community health and safety risks and mitigation measures will be covered. The ESMF will also outline the implementation arrangement to be put in place for environmental and social risk management, as well as training programs focused on COVID-19 operations. In addition, it will inlcude a close assessment of the operation of incinerators, whether they operate at high temperatures (800-1200 deg C), and provide alternatives to proper waste management as necessary. The ESMF will also screen and identify the risks related to contracting and/or utilizing security forces to support e.g. construction of isolation units or other relevant activities supported under the project. In doing so, the environmental and social assessment will be guided by the principles of proportionality and GIIP, and by applicable law, in relation to engaging security forces, rules of conduct, training, equipping, and monitoring of security forces.

27. The relevant part of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be included in an ICWMP to be annexed in the ESMF so that all relevant risks and mitigation measures are adequately identified and addressed. To mitigate impacts related to OHS, the Ministry of Health (MOH)-CNTIPPEE will work with relevant partners to identify and leverage all existing supply chain options and open new ones where possible to ensure that PPE and other relevant equipment, kits and material can be procured and dispatched nationwide in a timely manner, subject to the existing health PPE constraints in the global supply chain. The ESMF will be prepared to a standard acceptable to the IBRD and disclosed both in country on the MOH website and on the World Bank website not later than 30 days after the Effective Date. Between Effective Date and the disclosure and adoption of the ESMF, the Project shall strictly follow current WHO guidance on COVID-19 in a manner consistent with the ESSs and shall not carry out activities such as establishment of isolation units and treatment facilities. CNTIPPEE currently has two E&S specialists and they will manage E&S risks for the period following effectiveness and before the E&S staff is recruited.

II. Social Aspects

28. The social risk rating of the project is **Substantial.** One key social risk related to the COVID-19 operations in general is that vulnerable social groups (poor, disabled, refugees, elderly, isolated communities) may be unable to access facilities and services, which could increase their vulnerability and undermine the general objectives of the project. Other social risks include the rise of social tensions that could be exacerbated by the lack of awareness regarding the behavior change required to decrease transmission (social physical distancing, hand washing and hygiene), stigma associated with victims of COVID-19 and their families, perceived exclusion from targeted health facilities and services, increase in SEA/SH due to at home quarantine policies and misinformation regarding how COVID-19 is transmitted

and prevented. Some of these risks will be addressed by the project related community engagement activities and information sharing that will be financed under Component 3 and also by targeted activities contained in the draft Stakeholder Engagement Plan (SEP) that has been prepared. After project approval, the SEP will be updated to include more information regarding the methodologies for information sharing, stakeholder mapping and identification of existing community-based platforms that can be used to facilitate effective community engagement and participation. The updated SEP will be consulted upon and disclosed per the requirements of the ESF no later than 30 days after the Effective Date. The documents disclosed shall also include relevant information about the arrangements to the public about the use of security forces in the [construction or other relevant activities] supported under the Project. The project-level GRM shall accept grievances related to security and the use of security personnel as is required for any other complaint, and worker and community concerns related to security personnel shall be addressed.

E. Implementation

Institutional and Implementation Arrangements

29. The Project will be implemented by the National COVID-19 Response Steering Committee with implementation support from CNTIPPEE which will act as a Project Implementation Unit (PIU). A steering committee under the supervision of the Prime Minister has been set up as well as a national response committee coordinated by the Military Health Services and the Ministry of Health. This committee, with support from WHO, updated the COVID-19 epidemic response plan in Gabon. Owing to the nature of the interventions and the required speed of implementation, it has been decided to utilize existing support structures. The Steering Committee will appoint a senior staff member to serve as the Project Coordinator. Current conditions in Gabon preclude the having this coordinator in place prior to the start of the project, and the decision to utilize UN Agencies for the initial procurement should allow time to make this appointment. During the preparation and initial implementation phase (before the Coordinator is appointed) the Bank team and CNTIPPEE will work with key counterparts in the MOH to ensure that appropriate levels of coordination are maintained.

30. **CNTIPPEE.** CNTIPPEE is the central Project Implementation Unit (PIU) which was set up specifically to manage and provide central support functions for externally financed projects, including those of the World Bank. It is the main implementing agency for World Bank financed projects in Gabon. It includes project management, fiduciary and safeguards functions, and has been doing so for many years. Within the context of this project, CNTIPPEE will be in charge of providing all fiduciary support in the implementation of the Project, including procurement, financial management (FM), M&E, and E&S risk management. Given that this will likely be a fast disbursing project and to ensure better monitoring of the response, the CNTIPPEE should report on a weekly basis to the National Steering committee.

31. **Role of the military and civilian oversight**: While Project implementation will be led by the MOH, the military will be involved in some aspects of implementation. The military's involvement is related to: (i) the participation of representatives of Military Health Services in the National COVID-19 Response Committee, and (ii) it's running of military hospitals being used as part of the government's the COVID-19 response and which will be receiving medical supplies (along with the other hospital facilities earmarked for the COVID-19 response) procured under the Project. The military hospitals are among the best equipped in

the country and they have available ICU capacity that will be needed if the pandemic expands as expected. All such activities will be carried out under the oversight of civilian authorities, and the Ministry of Health in particular. The military will not undertake any procurement activities and no funds will be provided directly to the military under the project.

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