



Project Information Document (PID)

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

Country Guinea	Project ID P174032	Project Name GUINEA COVID-19 PREPAREDNESS AND RESPONSE PROJECT	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 28-May-2020	Estimated Board Date 22-Jun-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Guinea	Implementing Agency Ministere de la Santé	

Proposed Development Objective(s)

To prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Guinea.

Components

Emergency COVID-19 Response
Implementation Management and Monitoring and Evaluation

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

Total Project Cost	10.90
Total Financing	10.90
of which IBRD/IDA	10.90
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	10.90
IDA Credit	5.45



IDA Grant	5.45
Environmental and Social Risk Classification	
Substantial	
Decision	

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **Guinea is rich in natural resources but remains one of the poorest countries in the world.** The country has abundant natural resources, including land, water, iron ore, bauxite, gold and diamonds. Mining and agriculture account for 35 percent and 16 percent of Gross Domestic Product (GDP), respectively. The mining industry grew at an annual rate of about 50 percent in 2016 and 2017. Agriculture is the main source of employment, providing income for 57 percent of rural households and employment for 52 percent of the workforce. The non-mining sector posted a 5.4 percent growth rate in 2018. Economic growth reached approximately 10 percent in 2016 and 2017 but slowed down to 5.8 percent in 2018¹ and to 5.6 percent in 2019.² Guinea had a per capita GDP of US\$878.6 in 2018, which is low compared to an average of US\$1585.8 for the Sub-Saharan Africa region.³ Between 2002 and 2012, the poverty rate in Guinea stagnated around 55 percent, with rural areas being more affected (65 percent) than urban areas (35 percent).⁴ The extreme poverty rate is projected to remain nearly unchanged at 24.1 percent in 2020, in line with lower expected growth, and a decrease to 21.3 percent by 2022 based on a recovery to 5.8 percent annual real GDP growth⁵. Access to basic services is also problematic with regional disparities. In 2017, only 35.4 percent of the population had access to electricity (8.8 percent in rural areas and 83.2 percent in urban areas), 61.9 percent used at least basic drinking water services (48.7 percent in rural areas and 85.5 percent in urban areas), and 22.7 percent used at least basic sanitation services (16.6 percent in rural areas and 33.8 percent in urban areas).⁶ The Country Policy and Institutional Assessment rating for social protection and labor remained at 3 between 2015 and 2018, and the general rating remains at 3.2. Guinea was ranked 175 out of 189 on the Human Development Index, with a score of 0.459. The International Monetary Fund (IMF) extended credit

¹ The World Bank Group report. The World Bank in Guinea. Overview.

<https://www.worldbank.org/en/country/guinea/overview>

² The World Bank Group report. Economic impact of covid-19 in Guinea.

³ The World Bank Group. GDP per capita (current US\$) – Guinea.

<https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=GN>

⁴ Country Partnership Framework for Guinea (FY2018-FY2023) of May 10, 2018. Report Nr. 125899.

⁵ The World Bank Group report. Economic impact of covid-19 in Guinea.

⁶ The World Bank Group Data Bank. World Development indicators.

<https://databank.worldbank.org/reports.aspx?source=world-development-indicators>



facility is supporting further macroeconomic consolidation (2016-2020), through a process in which the Government committed to increase domestically financed public expenditures directed towards social safety net programs

2. **Guinea's economic growth is hampered by its demographic characteristics and its level of human capital.** Female participation in the labor force is significantly lower than male participation (67 vs. 80 percent according to 2013 estimates).⁷ This represents a huge loss in productivity, and this loss is compounded by the fact that there are about 10 percent more women than men.⁸ Also, the dependency ratio is currently at 85 percent and the total fertility rate is still high, with 4.7 live births per woman in 2015-2020, and decreasing very slowly (it has decreased by only 26 percent in the past 60 years). The World Bank's Human Capital Index (HCI) score for Guinea is only 0.37, meaning that an average child born today in Guinea will attain 37 percent of his/her human capital potential by age eighteen. Guinea's HCI score ranks the country 141 out of 157 countries, below the average for the Sub-Saharan Africa (0.40), with the HCI score for girls (0.35) worse than for boys (0.38). All indicators of the HCI are low. The proportion of children under five who are stunted is 32 percent. The proportion of 15-year old who survive to age 60 is 75 percent. And the learning adjusted years of school that a child born today can expect to enjoy (factoring in what children actually learn) is only 4.5 years. One and half (1.5) million children are out of school and over one million of them are youth who were never enrolled. Furthermore, only 40 percent those are enrolled in secondary education are girls.

3. **Although Guinea is not on the World Bank's harmonized list of fragile and conflict-affected situations because it does not host a peacekeeping or political peace-building mission, IDA 2018 has classified it as an "exceptional FCV [fragility, conflict, and violence] risk mitigation regime".** The 2017 Risk and Resilience Assessment highlighted key drivers of fragility, which include: (i) weaknesses in service delivery (in health, education, security, electricity and water provision); (ii) unregulated and rapid urbanization; (iii) the decline of global commodity prices along with the 2013-2016 Ebola Virus Disease (EVD) epidemic; (iv) youth exclusion and underemployment; and (v) political tensions. On the political side, Guinea held its first truly democratic elections in 2010 and the Government was re-elected in 2015. In addition, communal elections were held in 2018 for the first time since the end of the military rule in 2005.

4. The possibilities for further conflict remain. The new constitution has been voted and promulgated in early April 2020 after protests and violent social unrest. This new constitution allows the president to run for a third term, which has been much disputed. The Presidential election is scheduled for late 2020.

Sectoral and Institutional Context

5. **The Government of Guinea has a defined vision, strategies, laws and regulations for the health sector, but several key health outcomes have not improved or even declined over the years.** Between 2012 and 2018, the proportion of women who received four antenatal care visits decreased from 57 to 35 percent, the proportion of children who received all vaccines as per WHO's recommendation decreased from 37 to 24 percent, and the proportion of children who did not receive at least one vaccine increased from 11 to 22

⁷ Country Partnership Framework for Guinea (FY2018-FY2023) of May 10, 2018. Report Nr. 125899.

⁸ UN population division. Population datasets. World population prospects. Population and fertility data.



percent.

6. **The underperformance of the Guinean health system can be attributed to various weaknesses including:** (i) weak financial autonomy, decision-making and monitoring authority at the decentralized level; (ii) lack of health workers; (iii) frequent stockouts of essential pharmaceuticals, including micronutrient supplements (vitamin A, iron, folate, zinc); (iii) insufficient access to water and electricity; and mostly (iv) insufficient funding of the health sector. Although Government spending on health recently increased, the health sector remains under-funded and inefficient, hampering the implementation of effective health interventions. In 2017, total health expenditure was only 4 percent of GDP. Health expenditure funded through general tax revenues collected by the Government was even lower at 1 percent of GDP. The health sector's share in the 2017 budget was 8 percent, which is below the Abuja Declaration target of 15 percent. Moreover, budget execution in Guinea has been historically poor with for instance only 44 percent of health budget executed in 2016. Furthermore, most public health spending is allocated to the centralized bureaucracy and salaries and wages of the health workforce, while small amounts are allocated to high-impact programs.

7. **Total health spending is largely based on out-of-pocket (OOP) payments.** In 2017, OOP payments accounted for 57 percent of total health spending, which is well above the WHO benchmark of 15-20 percent and represents one of the highest in the Economic Community of West African States. It represents a huge burden, particularly for poor households who sometimes forgo care, even when needed. The MoH implemented a fee exemption scheme for the poorest in four regions (out of eight) but this policy is not fully effective yet.

8. The latest 2017 Joint External Evaluation (JEE) as well as a country-led self-assessment on November 2019, revealed key weaknesses. Out of 48 indicators, eight (8) were rated three (3) out of five (5) and the remaining forty (40) indicators were rated under three (3) due to health system shortfalls notably in terms of capacity in relation to anti-microbial resistance, food security and safety, national preparedness, emergency intervention, relation between public health and security authority, availability of medical supplies and human resources, risk communication, Surveillance at entry points, and biochemical and radiological events.

9. **Through the recent Ebola and measles epidemics, Guinea has acquired experience in the management of epidemics.** Following the Ebola epidemic, the country has improved its disease surveillance readiness, including the creation of the National Health Security Agency (NHS – *Agence Nationale de Sécurité Sanitaire*; ANNS), which houses the Public Health Emergency Operational Center (*Centre Opérationnel d'Urgence de Santé Publique*; COU-SP). The COU-SP coordinates the collection and analysis of data on epidemic surveillance and response.

10. **Regardless of these steps forward, the COVID-19 epidemic in the country could exacerbate the already strained health system capacities and be disastrous without urgent assistance.** While the first case of COVID-19 in Guinea was reported on March 12,⁹ the number of confirmed cases quickly reached 3446 as of May 27th, 2020, with 21 deaths¹⁰. Cases were initially confined to the capital city Conakry but have since been reported in ten other prefectures. Guinea's level of readiness to respond to a potential COVID-19 epidemic has been described as moderate.¹¹ Capitalizing on its previous experience of the Ebola outbreak,

⁹ Republic of Guinea. National Health Security Agency. Declaration N° 16. April 2020.

¹⁰ Guinea COVID-19 Epidemiological report N° 54

¹¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>



the Government quickly developed a first National Preparedness and Response Plan (*Plan national de préparation et de riposte contre l'épidémie de coronavirus COVID-19 2020; NPRP*) in accordance with the International Health Regulations (IHR) early in February 2020 specific to the COVID-19 outbreak response. This COVID-19 specific emergency response plan was costed at US\$48 million. A second version of the NPRP was developed mid-March 2020 including an Emergency Plan to respond to the COVID-19 pandemic as well as a Health System Strengthening component at a budgeted cost of US\$98 million and US\$62 million respectively. Early in April 2020, to address the overall socioeconomic impact of the pandemic, the Government approved a Social and Economic Response Plan costed at US\$200 million. This brings the total budgeted cost of the health and social economic response plans to US\$360 million; these plans are consolidated in the National Plan for Economic and Social Response to COVID-19 (*Plan de riposte économique et sociale à la crise sanitaire COVID-19*).

11. The COVID-19 specific emergency response plan is structured around five pillars, with ongoing implementation as follows:

- **Country-level coordination, planning, and monitoring:** The country has at an early stage activated national public health emergency management mechanisms consisting of: (i) an inter-ministerial committee chaired by the Prime Minister and composed of almost all ministries; (ii) an inter-ministerial strategic committee; and (iii) the existing NHTA chaired by its General Director and comprising technical subcommittees as well as partners in the health sector. In addition, the Guinean Government declared a State of emergency on March 27, 2020.
- **Risk communication and community engagement:** An integrated communication and community engagement strategy has been adopted and is being implemented. A wide-ranging awareness campaign is already being conducted through classic mass media. In addition, a free telephone number and a call center have been put in place to provide information to the public. The Government has imposed some distancing measures at the national level such as the closure of schools, limitation of 2 people in cars, a mandatory distance of 1.5 meters between individuals, and limitation of gatherings (including religious gatherings) to 8 people. Furthermore, some of the communicated strategies to prevent spreading COVID-19 promote handwashing with soap and water or alcohol-based hand sanitizer, mask use for those infected or in contact with people with suspected or confirmed infection, and social distancing.¹² Nonetheless, only 17 percent of Guineans have access to basic handwashing facilities, including soap and water (13 percent in rural areas and 26 percent in urban areas)¹³. Also, given the level of poverty, access to alcohol-based hand sanitizer and masks is limited. It is worth noting that social distancing is hard to implement in Guinea, given the size of households and the common use of shared houses where several families live together.
- **Surveillance, rapid-response teams, case investigation and entry points:** At the onset of the outbreak, the Government activated the former rapid response teams at the regional and district levels. There is an Alert and Epidemic Response Team (AERT) in each of the eight administrative regions and 34 health districts. COVID-19 surveillance started with border screening especially at the

¹² The World Health Organization. Coronavirus disease (COVID-19) advice for the public. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

¹³ The World Bank Group. Databank. World Development Indicators. <https://databank.worldbank.org/reports.aspx?source=world-development-indicators>



airport of Conakry, the port of Conakry, and the mining ports of Boké and Boffa. Screening was scaled up to all land borders on March 21, 2020 given the increasing number of cases in Guinea's neighboring countries, some of which with over 600 cases as of April 15, 2020. Quarantine measures are ongoing for all travelers coming back to the country via special flights. The Government also closed air and sea borders on March 21, 2020 to contain the spread of COVID-19. Even though Guinea has closed its land borders, overland travel to and from Guinea has been reported.¹⁴ Humanitarian corridors are also still allowed into Guinea.

- **National laboratories:** During the last Ebola outbreak crisis, the country set up four national laboratories equipped for diagnosis testing of viral diseases, with a system that allows for confirmation of test results by another laboratory. Availability of enough kits for a large-scale testing is a challenge due to global supply chain constraints. This issue is expected to be addressed with the help of partners' donations.
- **Case management, infection prevention and control:** Initially, the Nongo treatment and management center took care of cases and contacts. However, this center not only had very limited capacity (50 beds) but also precarious hygienic conditions.¹⁵ This led to the closure of the center and the transfer of all cases and contacts to the Donka treatment and management center. The Donka center has a capacity of 640 beds, 500 of which have already been set up and are currently used for the response to COVID-19. Finally, an existing national infection prevention and control strategy is being implemented in hospitals.

12. The Government has provided US\$0.65 million leaving a financial gap of US\$97.35 million for Emergency Plan. On March 9, 2020, the Government requested development partners for financial support.

13. **Several partners, including private sector actors, have already pledged financial support.** WHO has been supporting the setup of a call center while the contributions of the Global Fund to Fight Aids, Tuberculosis and Malaria and Global Alliance for Vaccines and Immunization (GAVI) are expected to reach 10 percent of their grants related to health system strengthening. Technical support from the United Nations Population Fund (UNFPA) is underway to develop communications and community engagement through digital solutions, including the fight against "fake news" and the delivery of messaging targeting youth. Other partners such as the Islamic Development Bank pledged approximately US\$20.6 million. The French Development Agency (AFD), the European Union and Italy are adjusting their ongoing programs or considering additional support.

14. **World Bank support:** The World Bank has been coordinating closely with other development partners to provide adequate technical and financial support in response to the COVID-19 crisis. The World Bank has been providing financial support through four ongoing projects: Regional Disease Surveillance Systems Enhancement Program 1 (REDISSE 1; P154807), the Ebola Emergency Response Project (P152359), the Guinea Primary Health services Improvement (P147758) and the Guinea Health Services and Capacity Strengthening Project (P163140).

15. REDISSE 1 which has been effective since January 23, 2017, has refocused and accelerated its

¹⁴ <https://www.7info.ci/a-danane-malgre-la-fermeture-des-frontieres-le-traffic-continue-entre-la-guinee-le-liberia-et-la-cote-divoire/>

¹⁵ Republic of Guinea. Primature. COVID-19 Economic response plan for the health crisis. April 2020



implementation to respond to critical needs for up to US\$12 million as of April 11th, to support the following activities:

- strengthening surveillance at entry points namely airport, port and land borders through the purchasing of screening equipment, various protective gear, and provisions for staff on call;
- reinforcing the laboratories' testing capacity by the procurement of two quantitative polymerase chain reaction (qPCR) machines, energy convertors and other equipment;
- providing funds for the national communication and community engagement campaign including the dissemination of visual and audio awareness-raising messages on prevention measures and the promotion of social distancing. The campaign also shares updated information on COVID-19 nationwide through traditional mass media and the production and printing of posters, leaflets and cartoons; and
- Supporting case detection and management by purchasing essential medical materials such as protective equipment, hygiene materials, ambulances, and emergency medical equipment, (e.g. ventilators, respirators, and universal anesthesia machines).

16. The Regional Ebola Emergency Response Project has provided US\$1 million for materials and medical equipment such as handwashing materials, masks and protective personal equipment (PPE) through local procurement to face the emergency needs, before the procurement of larger items related to COVID-19 started under REDISSE 1.

17. The Guinea Primary Health services Improvement Project (US\$15 million) and Guinea Health Services and Capacity Strengthening Project (US\$55 million) became effective respectively on December 30, 2015 and December 23, 2018, respectively, and have been supporting the strengthening of the overall health system through:

- Increasing the availability of maternal and child health commodities and supplies at primary health level;
- Expanding the number and competencies of health workers to deliver enhanced, high impact maternal and child health services at the primary level;
- Enhancing the quality of RMNCH (Reproductive, Maternal, Newborn and Child Health) services and the quantity of RMNCH services for recipients in selected districts;
- Strengthening financial access to essential health services for indigent populations;
- Institutionalizing the training and deployment of community health workers to generate demand and deliver basic services in maternal and child health;
- Supporting evidence generation to inform post Ebola health systems strengthening;
- Strengthening the capacity of the government to supervise, plan, implement and monitor activities at district level and below.

18. Since the latter two projects focus on health system strengthening, this COVID-19 project will mainly support activities directly related to the COVID-19 response.



19. The activation of the Contingent Emergency Response Component (CERC) of the Guinea Integrated Agricultural Development Project (P164326) is under consideration to mobilize US\$5 million for the agricultural sector.

20. The residual gap to finance the COVID-19 health response plan remains large (currently estimated at US\$53.5 million) and can evolve rapidly as contributions from different donors are still materializing (Annex 4).

21. Going forward, the COVID-19 project will fully take over the activities initially funded by the REDISSE 1 and Ebola projects and contribute to filling the Guinea COVID-19 emergency plan financing gap. REDISSE will only finance activities related to project commitments predating the COVID-19 outbreak (ongoing contract and activities) as well as One-Health agenda activities. This COVID-19 project will contribute to health system strengthening by reinforcing the health information system, laboratories, and the improvement of the digital communication of the MoH. Other aspects of the health system strengthening will be supported by the two health projects that are already being implemented.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD):

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

Key Results

23. The Project objectives are aligned with the results chain of the COVID-19 Strategic Preparedness and Response Program (SPRP).

PDO level indicators:

- Number of suspected COVID-19 cases reported and investigated based on national guidelines;
- Percentage of acute healthcare facilities with isolation capacity;
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents

D. Project Description

24. All the activities proposed under this project are very similar to those financed by the REDISSE and Ebola Emergency Response projects. Therefore, the following activities will build onto these two projects and ensure continuity.

Component 1: Emergency COVID-19 Response (US\$ 9.7 million)

25. This component will provide immediate support to limit local transmission of COVID-19 through the implementation of containment strategies. It will help enhance disease detection capacities through



provision of training, laboratory equipment, quarantine support, and information systems to ensure prompt case recording and case detection, contact tracing and case treatment, consistent with WHO guidelines in the Strategic Response Plan. It will enable Guinea to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities would include:

26. Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, and Reporting (US\$5.4 million): This includes financing for: (i) procurement and deployment of communication tools such as telephones and tablets and information and communication technology (ICT) to support surveillance and contact tracing and reporting for health workers at the entry points and community Health workers; (ii) strengthening emergency management and event-based surveillance by training community health workers; (iii) support for epidemiological investigations, multi-sectoral simulation exercises and strengthening of the government's risk assessment capabilities with the provision of vehicles, fuel and operating costs for the emergency health teams; (iv) strengthening designated points of entry and isolation sites at the borders including ports (Conakry, Boké and Boffa) by equipping them (beds, medical tents, thermoflashes, masks, aprons, blouses, gloves..) and financing operational costs (transportation, per diem) for points of entry health workers; (v) training health emergency teams and points of entry workers and providing kits (masks, PPE, aprons, gloves...) for health emergency teams , and and community health workers.. This subcomponent will also strengthen the eight laboratories' capacity by training staff, purchasing equipment, reagents and sampling test and providing operating costs.

27. Component 1.2: Case Management (US\$2.3 million). This subcomponent will provide funding for increased capacity of 38 existing epidemic treatment centers as well the setup of new treatment centers in Labé, Kankan N'Zérékoré and Kindia and at the airport. Beside this component will also support home-based treatment for asymptomatic cases who will be isolated and followed at home, rather than being hospitalized in a treatment center; those cases will be identified through the contact tracing. This will be done through: (i) procurement of COVID-specific medical supplies, COVID-19 specific equipment for intensive care units and medical equipment for treatment centers; (ii) procurement of infection prevention and control (IPC) materials and PPE kits for frontline health personnel involved in case management of patients; (iii) training of health care workers and support personnel on case management; (iv) supply of sanitation and hygiene materials, and adequate medical waste management and disposal systems in treatment centers (incinerators); (v) purchase of medical tents to strengthen the existing epidemiological treatment centers, expanding infectious disease bed capacity and isolation units for critical patients; and (vi) procurement of equipped ambulances.

28. Component 1.3: Social Distancing Measures (US\$ 1.7 million). This sub-component will support the implementation of social distancing measures imposed by the government, such as school closings. Support under this sub-component will enable coordination of meetings, trainings, communication between directorates and agencies within the MoH (thus, protecting health workers and other personnel involved in pandemic control activities), and the development of guidelines on phased social distancing measures to operationalize existing or new laws and regulations. Risk mitigation measures for social distancing measures will be implemented through digital services. Support under this sub-component will consist of financing digital services by purchasing of information technology equipment (audio and telemedicine equipment), internet bandwidth, and internet connectivity for remote work.

29. Component 1.4: Communication preparedness (US\$0.3 million). Activities will include implementing the existing national communication and community engagement strategy in response to the COVID-19



outbreak financed under REDISSE. Activities under this component will include workshops to develop and validate communication messages and tools to be used also to enhance the dissemination of information from national to regional and local levels and between the public and private sectors. Communication activities will support cost effective and sustainable methods such as the promotion of handwashing through various communication channels including mass media, counseling, digital solution. These messages will also be integrated into specific interventions as well as ongoing outreach activities of ministries and sectors. This implies the involvement of emergency socio-anthropology in outreach activities to work on false information and rumors. This subcomponent will build on the successful previous mobilization of political, religious, civil society and traditional leaders' platforms for health-related communications during the Ebola outbreak, especially in rural areas. Activities will include: (i) a call for proposals to hire start-ups to develop digital-based platforms and applications as well as surveys to evaluate people's knowledge, attitudes and practices about the virus and its prevention; (ii) the production and dissemination of messages and materials at the community level based on informed engagement and locally appropriate solutions; (iii) the identification, engagement, and advocacy to key influencers (i.e. religious leaders, celebrities, etc.) by community health workers, among others; and grassroots level organizations to engage hard to reach groups and communities through community-based awareness campaigns by providing them training and operational cost and key communication tools. In addition, the subcomponent will support the operation costs of call centers to provide remote advice specific to COVID-19.

Component 2: Implementation Management and Monitoring and Evaluation (US\$1.2 million)

30. Component 2.1: Project Management and Coordination (US\$0.5 million): This subcomponent encompasses project management activities including: (a) financing of project coordination, supervision and overall management activities; and (b) fulfillment of fiduciary tasks of financial management and procurement requirements. It will provide support to the operating cost of the PCU and of NHSA which is ensuring the implementation of the COVID-19 response, i.e. overall supervision and remote strategic meetings.

31. Component 2.2: Monitoring and Evaluation (M&E) (US\$0.7 million). This subcomponent will support monitoring and evaluation of the project through: (i) the collection of data from the NHSA and other implementing agencies; (ii) the compilation of data into project implementation progress reports; (iii) the carrying out of annual expenditure reviews; (iv) the support for training in participatory monitoring and evaluation of the health workers involved in the health Information management at all administrative levels; (v) the support to evaluation workshops, as well as support to the development of an action plan for M&E; (vi) the replication of successful models; and (vi) the strengthening of the Health Information System with digital tools to allow the modeling and visualization of the COVID-19 progression (upgrade the District Health Information System). This will facilitate recording and on-time virtual sharing of information, to guide decision-making and mitigation activities.



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

Environmental Standards

32. The environmental risks associated with this operation are considered Substantial. Although the main long-term impacts are likely to be positive, there are several short-term risks that need to be taken into account. The main environmental risks include: (i) environmental and community health related risks from inadequate handling, storage, transportation and disposal of infected medical waste; (ii) occupational health and safety issues related to the availability and supply of PPE for healthcare workers and the logistical challenges in transporting PPE across the Guinea in a timely manner; and (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation capabilities at health facilities across the country. To mitigate these risks, the MoH (with support from the Guinean Environmental Studies and Assessments Office, BGACE in French) will update the existing Environmental and Social Management Framework (ESMF) prepared for the WBG-funded REDISSE Phase 1 in Guinea (P154807), two months after effectiveness. The PCU managing REDISSE, which will implement the new operation, already has an Environmental Safeguards Specialist who will be responsible for the implementation, monitoring and reporting of safeguards aspects. The revised ESMF will contain updates on provisions for handling, 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. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines will be reviewed so that all relevant occupational and community health and safety risks and mitigation measures will be covered. In addition to the ESMF, the client will implement the activities listed in the Environmental and Social Commitment Plan (ESCP). The Project will also support the MoH in coordination with WHO, CDC, UNICEF and other partners in overcoming logistical constraints in the timely provision of technical expertise, supplies, equipment and systems across the country.

Social Standards

33. The project will be integrated with initiatives of other partners who do not necessarily have the same standards as the World Bank. Consequently, the social risks associated with the activities planned under the project are considered substantial. However, Guinea's recent experience with the Ebola virus disease (EVD) epidemic will help to better manage this level of risk. Already, Guinean citizens are mobilizing, and solidarity and mutual aid actions are developing every day with new initiatives by women and young people in the most populated neighborhoods. For the implementation of the project, three major risks have been identified: (i) loss of jobs and income linked to lockdown measures and restrictions on movement, (ii) conditions and modalities of access to health services, particularly for vulnerable or



disadvantaged groups, (iii) increase in cases of gender-based violence.

- As a result of job and income losses, 80 percent of the Guinean population work in the informal sector and must find a small income and meet basic household needs (food, water, health) on a daily basis. Also, places of worship (closed during the pandemic) are places of monetary exchange through donations or alms that allow many households to meet their daily food and subsistence needs.
- With regard to the second risk on access to health services, it is difficult or impossible for poor groups (low or no income) and vulnerable group (disabled, elderly, people or communities living far from available health centers) to access health facilities and services or to correctly observe the protective measures recommended to remain in good health. This could compromise the project's objectives.
- With regard to the risk of violence, there has been an increase in cases of violence and exploitation of children during previous public health emergencies, such as the EVD epidemic that affected West Africa from 2014 to 2016. Child labor, sexual violence and teenage pregnancies may increase in part by the closure of schools and restrictions on movement as it is the case with the current COVID 19 pandemic.

34. In light of these potential risks, the interventions of the proposed project must ensure that the process of screening and management of COVID 19 patients will not increase their vulnerability (economic and social) especially in the suburbs of Conakry and rural areas of the country. Treatment centers must provide patients with adequate and decent housing conditions that respect human dignity and are accessible to all, including vulnerable groups. Preventive measures must be taken to avoid all forms of practices related to the exploitation of children and women, sexual abuse and sexual harassment. A rapid assessment will be requested through a questionnaire on the risks of sexual exploitation, harassment and abuse. Mitigation measures will then be put in place to accompany project activities.

35. In addition, the measures taken by the Government to mitigate and reduce the risks of the spread of the virus are likely to create social tensions within communities. These measures include the closure of schools, universities and places of worship, the limitation of social mobility and professional activities, and the decrease of exchanges and communication relationships (baptisms, funeral weddings, etc.). These solidarity chains, social, cultural and religious practices which are spaces of excellence for socialization, awareness and communication for certain underprivileged groups of the population who do not have access to electricity and modern means of communication. The project will take care to avoid the risks of social exclusion due to the variability of the capacity of certain communities or individuals to apply certain protective measures because of lack of knowledge or means.

36. To mitigate the social risks of the proposed project, the ESMF and the ESCP to be developed will include provisions to address the needs of patients, including the most vulnerable, as well as provisions for the establishment and operation of isolation centers, taking into account the dignity and needs of patients. The Bank will support the MoH to prepare a Stakeholder Engagement Plan (SEP) for further citizen involvement and public disclosure of information, while updating it to include more information on the environmental and social risks of project activities and new modalities that include the need for a comprehensive plan for community engagement and participation, including improved hygiene and social distancing.



37. In addition, the project does not involve the acquisition of land and the planned rehabilitation and/or construction work will be carried out in existing facilities or areas free of occupation and owned by the State. However, if land acquisition becomes required, the requirements of the ESS5 will be applied and resettlement plans will be developed and implemented to the Bank's satisfaction before any civil works start. The Bank will therefore assist the Government at all stages to avoid delays in the process of preparing and implementing the RAPs.

E. Implementation

Institutional and Implementation Arrangements

38. The MoH will lead the implementation of the project through its World Bank PCU ((REDISSE 1 and the Guinea Primary Health services Improvement and Guinea Health Services and Capacity Strengthening Projects) and the NHTA. While the NHTA does not have enough staff to manage the project, the World Bank PCU can already fulfil almost all the staffing requirements, i.e. fiduciary management, environment specialist and technical staff. The recruitment of a social safeguard specialist is underway. The PCU will be in charge of the day to day management of the project :i) coordinate the project activities; (ii) ensure the financial management of all project activities; and (iii) prepare consolidated annual work plans, budgets, monitoring and evaluation report (M&E), and an implementation report of the project to be submitted to the REDISSE Steering Committee and the Association (IDA). The NHTA will be responsible for crafting annual work plans as well as the implementation of those plans. It is ready to implement this project since they have prepared the first annual work plan and based on that they have developed the Project Procurement Strategy Document, the procurement plan. Since the REDISSE PCU is already adequately staffed, no additional staff will be hired.

39. The REDISSE 1 project Steering Committee, composed by the MoH and the Ministry of Livestock, will provide strategic direction and monitor the overall progress of the project. It is chaired by the Secretary General of the Ministry of Health and composed of directors of the two Ministries, the representative of the Ministry of Finance and development partners.

40. No later than one month after effectiveness, the Government will:

- **Amend the Project Implementation Manuel (PIM)** to include detailed arrangements and procedures for: (i) institutional coordination and project implementation; (ii) roles and responsibilities of all involved stakeholders; (iii) project budgeting, accounting, disbursement and financial management; (iv) procurement; (v) monitoring, evaluation, reporting and communication; (vi) environmental and social management and corruption and fraud prevention; (vii) a grievance redress mechanism; and (viii) personal data collection and processing in accordance with good international practice;



- **Update the Work Plans and Budget (WPB)** for project implementation and throughout the implementation of the project.

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