



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 17-Feb-2022 | Report No: PIDA32772

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

Country Burkina Faso	Project ID P177535	Project Name Additional Financing for the Burkina Faso COVID-19 Preparedness and Response Project	Parent Project ID (if any) P173858
Parent Project Name Burkina Faso COVID-19 Preparedness and Response Project	Region AFRICA WEST	Estimated Appraisal Date 12-Jan-2022	Estimated Board Date 10-Mar-2022
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Burkina Faso	Implementing Agency Ministry of Health

## Proposed Development Objective(s) Parent

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

## Components

Emergency COVID-19 Response  
Implementation Management and Monitoring and Evaluation

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

<b>Total Project Cost</b>	61.30
<b>Total Financing</b>	61.30
<b>of which IBRD/IDA</b>	48.30
<b>Financing Gap</b>	0.00

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

International Development Association (IDA)	48.30
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IDA Credit	24.15
IDA Grant	24.15
<b>Non-World Bank Group Financing</b>	
Trust Funds	13.00
Global Financing Facility	13.00
Environmental and Social Risk Classification	
Substantial	

Other Decision (as needed)

**B. Introduction and Context**

1. **This Project Information Document (PID) seeks the approval of the Regional Vice President to provide a grant in the amount of US\$ 48.3 million IDA and US\$ 13 million grant from the Global Financing Facility (GFF) for an Additional Financing (AF).** The AF will support the costs of expanding activities of the Burkina Faso COVID-19 Preparedness and Response Project (P173858), in the amount of \$21.15 million IDA that was approved on April 28, 2020 under the SPRP. [OBJ]. The primary objectives of this AF are in line with the parent’s project PDO, which will remain unchanged.

2. **The purpose of the proposed AF is to provide upfront financing to help the Government of Burkina Faso (GoBF) purchase and deploy COVID-19 vaccines that meet Bank’s vaccine approval criteria (VAC), strengthen relevant health systems that are necessary for successful deployment, and ensure the continuity of essential health services (EHS).** In line with the country’s National Vaccine Deployment Plan (NVDP), the proposed additional financing will support the GoBF to fully vaccinate **40 percent of the country’s population** (85 percent of the country’s adult population) by:

a Funding the acquisition and deployment of vaccines doses through the African Union-led initiative, African Vaccine Acquisition Trust (AVAT) (up to 4.15 million J&J doses, to cover 19.1 percent of the country’s population); and

b Financing the deployment of vaccines subsidized through the COVAX mechanism<sup>1</sup>, which will cover at least an additional 20 percent of the country’s total population.

<sup>1</sup> The COVAX AMC is an initiative (co-led by WHO, Global Alliance for Vaccines and Immunizations (Gavi) which aggregates vaccine supply and demand, with the objective of providing access for 92 low and middle-income countries. COVAX aims to procure enough vaccines to cover 20 percent of the population of its member countries by the end of 2021: [https://extranet.who.int/pqweb/sites/default/files/documents/Status\\_COVID\\_VAX\\_16Feb2021.pdf](https://extranet.who.int/pqweb/sites/default/files/documents/Status_COVID_VAX_16Feb2021.pdf) .



3. **The need for additional resources to expand the COVID-19 response was formally conveyed by the GoBF on May 31, 2021, and a second request to support the procurement of COVID-19 vaccines through AVAT was sent to the WB on November 14, 2021.** The GoBF's official request dated May 31, 2021, underestimated the price of the vaccine doses; new costing estimations have been developed in coordination with the Ministry of Health (MoH) to identify the acquisition and deployment financing gaps in the country. Therefore, this AF will support the acquisition of vaccines through the AVAT mechanism (fill the gap to reach 40% of the population) and cover the financial needs to effectively deploy vaccines that arrive to the country (within and beyond the AVAT order). The proposed AF will form part of an expanded health response to the pandemic, which is being supported by development partners under the coordination of the GoBF.

4. **Critically, the AF seeks to enable the acquisition of vaccines from a range of sources to support Burkina Faso's objective to have a portfolio of options to access vaccines under the right conditions (of value-for-money, regulatory approvals, and delivery time among other key features).** The COVAX facility has put in place a framework that will anchor Burkina Faso's strategy and access to vaccines. On March 2021, the GoBF entered into an agreement with COVAX to acquire subsidized vaccines through the AMC92 mechanism to cover at least 20 percent of the country's population. WB financing will support the country in the deployment of the vaccines that have and will be received through the COVAX facility. Furthermore, the proposed AF will support the country finance the recent request of doses through the AVAT mechanism, for up to 19.1 percent of the country's population (See Box 1). The proposed IDA financing will expand Burkina Faso's access to the global vaccine market. The availability and terms of vaccines remain fluid and the planning of a firm sequence of vaccine deployment, especially as the actual delivery of vaccines is uncertain, is unlikely to be immediate. Rather, the proposed financing enables a portfolio approach that will be adjusted during implementation in response to developments in the country's situation and the global market for vaccines.

5. **The epidemic was declared on March 10, 2020, by the GoBF following confirmation of the first two COVID-19 cases.** This led to closing the country's borders, announcing curfews, and quarantining cities where cases were confirmed. As of February 10, 2022, a total of 20,693 cases and 375 deaths have been confirmed in the country. Burkina Faso reported a relatively low infection rate compared to its neighbors (Figure 1). The country underwent its first significant wave of positive cases between November 2020 and February 2021, reaching 8.84 daily confirmed cases per million people. After a significant reduction in the 7-day rolling average of confirmed cases during 2021, the trends presented a sharp increase of cases during December 2021 reaching up to 8.3 cases per million people (7-day rolling average). After this last "wave", confirmed cases reached a plateau and started to decrease, and the current 7-day rolling average of cases is at 0.29 cases per million people. However, it is most likely that the number of confirmed cases is lower than the number of actual cases, mainly because of limited testing capabilities and limited geographic reach of the health system.

6. **Notwithstanding the apparent limited spread of the virus, Burkina Faso was not sufficiently prepared to prevent, detect, and respond to an epidemic of the scale of COVID-19, highlighting the frailty of its emergency response and preparedness systems.** The country is considered as one of the "least prepared" with an average index score of 29.8 (the global average is 38.9), ranking 145 of 195 on



the Global Health Security Index (GHSI)<sup>2</sup>. This low capacity has been aggravated by the COVID-19 crisis, and the country's score presented a decrease of 4.6 percent from its average score of 30.1 in 2019. Its capacity for prevention and detection (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, a situation that is worsened by the low access and coverage to primary health care (PHC) services. Currently, the phasing Delta variant and surging Omicron variant pose a risk to the country as new waves of cases being are being reported from several countries in the region, some of them having to return to lockdown and social distancing measures. In addition, Burkina Faso is experiencing a security and humanitarian crisis. Increased security challenges, with armed extremist groups' attacks and old antagonisms leading to conflicts between local communities in the northern and eastern border regions pose a risk to the most vulnerable populations.

### C. Proposed Development Objective(s)

#### Original PDO

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

#### Current PDO

8. **The changes proposed in this AF entail expanding the scope of activities under the parent project (including vaccine acquisition and deployment) and adjusting its overall design** (see Annex 3 for details). As the proposed activities to be funded under the AF are aligned with the original PDO, the PDO will remain unchanged, but new PDO-level indicators and intermediate results indicators (IRIs) will be added to measure the coverage of the population vaccinated, based on the targets defined in the NVDP, and maintaining essential health services.

#### Key Results

9. **The parent project's progress towards achievement of the PDO and overall implementation progress was rated Moderately Satisfactory in the last Implementation Status and Results Report (ISR) of January 4, 2022, and the project continues to make good progress.** As of December 23, 2021, disbursements amounted to US\$18.99 million or 85 percent of commitments. **All remaining funds have been committed within the scope of the project activities and** the project is expected to be fully disbursed by Q2 of CY 2022.

10. **Key challenges in the parent project's implementation highlighted in the June 2021 ISR have been addressed and the project has accelerated its implementation progress.** Between June 2021 and December 2021, the project's disbursements increased from 34 percent to 85 percent of the net commitments (an increase of approximately of US\$11.36 million). Disbursement of these funds allowed the project to strongly contribute to the fight against COVID-19, supporting the GoBF in i) ensuring health workers could safely respond to the pandemic, through the acquisition of more than 500,000 masks and

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<sup>2</sup> Jessica A. Bell and Jennifer B. Nuzzo, Global Health Security Index: Advancing Collective Action and Accountability Amid Global Crisis, 2021. Available: [www.GHSIndex.org](http://www.GHSIndex.org)



8,000 individual protective equipment kits; iii) enhancing the detection capacities of the country's laboratories with 100,000 PCR test kits , 40,000 rapid test kits, and 650 laser thermometers; and v) equipping national and regional facilities with 5 high-performance computed tomography (CT) scanners to support the clinical response to the virus, with moderate to severely ill patients. In addition, the project supported the GoBF with technical assistance in the articulation of the response plan, capacity-building in preparedness, and coordination among partners.

## D. Project Description

11. In summary , the AF will include the following changes :

### (a) Adjustment to the components content and costs:

- **Component 1:**
  - ***New Sub-Component 1.6. Vaccine Purchase and Deployment:*** This new sub-component will enable the acquisition of equipment and supplies directly linked to the COVID-19 vaccination campaign. This includes vaccine purchase, cold chain equipment (CCE), and consumables. Moreover, this sub-component will finance the operational costs of the deployment efforts (e.g., service delivery and human resources) as well as to provide TA to strengthen vaccine planning and management. This subcomponent will be entirely financed through the AF with an additional allocation of US\$45.3 million IDA.
  - ***Additional activities under Sub-Component 1.3. Health System Strengthening:*** Additional funds (US\$12 million GFF Grant) will be allocated to this component to implement activities related to the strengthening of the PHC and service delivery system to ensure access to essential community-based and facility services.
  - ***Additional activities under Sub-Component 1.4. Communication and Community Engagement:*** Additional funds (US\$2.0 million IDA) will be allocated to this component to implement communication campaigns related to the vaccination campaign and to address vaccine hesitancy and misinformation.
- **Component 2:** Will be revised to reflect the expanded scope. Additional funds (US\$1.0 million IDA and US\$1.0 million GFF grant) will be allocated to this component to strengthen project management and to support M&E functions.

### (b) Revision of results framework: The main changes on the project's results framework include:

- Adding one PDO level indicator and six intermediate results indicators to reflect the expended scope of the proposed AF on procurement and deployment of COVID-19 vaccines
- Adding one PDO level indicator and four intermediate results indicators to reflect the expended scope of the proposed AF on maintaining essential health services
- Adding one intermediate results indicator on grievance redress
- Revising two existing intermediate results indicators:
  - The IRI "Number of health staff trained in infection prevention and control per MOH-approved protocols" will be reformulated as "Number of health staff from peripheral health facilities trained on COVID-19 community surveillance per MOH-approved protocols". The target will be updated from 2000 to 4000 to better align with project



activities.

- The target for the indicator “Number of designated laboratories with staff trained to conduct COVID-19 diagnosis” will be updated from 4 to 24 to better align with the evolving situation in country.
- Deleting one existing intermediate results indicator: The indicator “Number of households provided with food and basic supplies within quarantined populations” will be deleted as the related activities will no longer be supported through the project.

**(c) Extension of the closing date:** The closing date will be extended from April 29, 2022 to December 31, 2023 to allow for sufficient time to implement the activities related to immunization considering global supply-side constraints resulting in longer procurement and delivery timelines and the complexity of rolling out nationwide vaccination.



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

**E. Implementation**

12. **MoH is the implementing agency for the parent project and will remain the implementing agency of this AF.** The PIU in place for the Public Health Programmatic Budget Area in the MoH, which manages both the parent project and the Health Services Reinforcement Project (PRSS – P164696), will remain responsible for the proposed AF. The PIU is integrated in the “National Public Health Program” which is one of the four program-budget areas within the MoH. As such, it is embedded within the General Directorate of Public Health under the direct supervision of its General Director at the central level. The PIU will closely coordinate the management of this AF with the multisectoral CNO, established by Ministerial Order to coordinate the activities of vaccine acquisition and deployment in Burkina Faso. To ensure the efficient implementation of the proposed AF, a project manager and M&E Specialist will be recruited to strength the project team.-

**CONTACT POINT**

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**Implementing Agencies**





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**APPROVAL**

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