



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 29-Apr-2020 | Report No: PIDA29159



**BASIC INFORMATION**

**A. Basic Project Data**

Country Lesotho	Project ID P173939	Project Name Lesotho COVID-19 Emergency Preparedness and Response Project	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 28-Apr-2020	Estimated Board Date 01-May-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Kingdom of Lesotho	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 to the Kingdom of Lesotho.

Components

- Component 1: Emergency COVID-19 Response
- Component 2: Project Implementation and Monitoring & Evaluation

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

**SUMMARY**

<b>Total Project Cost</b>	7.50
<b>Total Financing</b>	7.50
<b>of which IBRD/IDA</b>	7.50
<b>Financing Gap</b>	0.00

**DETAILS**

**World Bank Group Financing**

International Development Association (IDA)	7.50
IDA Credit	7.50



Environmental and Social Risk Classification

Substantial

Decision

Other Decision (as needed)

## B. Introduction and Context

### Program Context

- 1. An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019**, following the diagnosis of the initial cases in Wuhan, China. On March 11, 2020, the WHO declared a global pandemic. As of April 6, 2020, the outbreak has resulted in an estimated 1,347,676 cases and 74,744 deaths in 184 countries.
- 2. COVID-19 is one of several emerging infectious diseases outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts.** The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use<sup>1</sup> and pre-existing chronic health problems that make viral respiratory infections particularly dangerous<sup>2</sup>. With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83% to 98% of patients develop a fever, 76% to 82% develop a dry cough and 11% to 44% develop fatigue or muscle aches<sup>3</sup>. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7% of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic, it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.
- 3. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FCTF).**

<sup>1</sup> Marquez, PV. 2020. "Does Tobacco Smoking Increases the Risk of Coronavirus Disease (Covid-19) Severity? The Case of China."

<http://www.pvmarquez.com/Covid-19>

<sup>2</sup> Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." *New Eng J of Medicine*, DOI: 10.1056/NEJMe2002387

<sup>3</sup> Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." *JAMA*, doi:10.1001/jama.2020.3072



## Country Context

4. **The Kingdom of Lesotho is a small, landlocked, lower-middle-income country in Southern Africa, surrounded by its much larger neighbor, South Africa.** It has a population of 2.1 million and 72% live in rural areas (2018). The per capita gross national income is US\$1,390 (in current US\$, 2018). Approximately 75% of Lesotho's population live or are at risk of living in poverty. The Kingdom has close economic linkages to South Africa and is a member of the Common Monetary Area with Eswatini, Namibia and South Africa, under which the Lesotho Loti is pegged at par to the South African Rand.
5. **The people of Lesotho are at high risk and vulnerable to the COVID-19 pandemic.** Lesotho's geographical proximity and porous borders, and its close economic ties with South Africa, places it at a particular risk of importation of COVID-19 cases, and subsequent community transmission. As of April 4, 2020, South Africa has reported 1585 confirmed cases of COVID-19 and seven deaths. Many Basotho reside in South Africa as migrant workers, both in the mines as well as in the domestic and industrial sectors, and frequently travel between the two countries (over 60% of Basotho households receive a remittance from South Africa every month). Travel restrictions in and out of Lesotho from South Africa or other countries was declared to begin on March 30, 2020. With the closing of the South Africa-Lesotho border and national lockdowns, the migration of Basotho back into Lesotho poses significant risks of COVID-19 transmission.
6. **The COVID-19 pandemic, if not contained, will distress socioeconomic development that is already heavily impacted by natural disasters.** The impact of this on all sectors of society will be immense. Frequent climate shocks, including recurrent droughts, dry spells and floods challenge the livelihoods of 80% of the population reliant on natural-resource based industries such as agriculture. COVID-19 pandemic has already had a significant negative impact on economic growth globally due to its negative impact on trade, supply chains, consumption and demand. South Africa's growth forecast for 2020 foresees a significant contraction. This has resulted in a downward revision of Lesotho's forecasts, given its close ties with the South African economy. COVID-19 has larger ramifications on Lesotho's supply chains, remittance flows, and key industries (e.g. tourism, transport, textiles). Additionally, there are almost no buffers enabling a prolonged management of a massive health outbreak for the population of Lesotho. Limited access to essential public services such as water and sanitation in certain areas poses an extra risk for transmission of the SARS-Cov-2 virus. If no action is taken, it is estimated that up to 92% of Basotho could be infected with the virus that causes COVID-19 and that almost 8000 deaths could result from it.<sup>4</sup>

## Sectoral and Institutional Context

7. **Lesotho is commonly affected by public health challenges such as infectious disease epidemics and malnutrition.** Lesotho's disproportionately large HIV epidemic, persistently high maternal and child mortality, and malnutrition already place an undue burden on the health system. A quarter of the population is HIV-positive, with women being disproportionately affected. Among those living with HIV, 24% are not on treatment, indicating a large proportion of the population may be immunocompromised and potentially at a higher risk of secondary infections and its associated morbidity/ mortality. Limited access to essential public services, such as water and sanitation in certain areas, poses an extra risk for transmission of SARS-COV-2, the virus causing COVID-19.

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<sup>4</sup> Walker, P. G., Whittaker, C., Watson, O., Baguelin, M., Ainslie, K. E. C., Bhatia, S., ... & Cucunuba, Z. (2020). The global impact of covid-19 and strategies for mitigation and suppression. On behalf of the imperial college covid-19 response team, Imperial College of London.



8. **Healthcare access and quality in Lesotho has been a persistent a challenge even before the COVID-19 pandemic.** Health care services in Lesotho are delivered primarily by the government and the Christian Health Association of Lesotho. These are predominantly nurse-driven, with an average of 11.58 nurses per doctor. The remaining facilities are privately owned or run by some smaller NGOs and consist of a network of private surgeries, nurse clinics and pharmacies providing health care, including dispensaries of medicines. About 90 percent of the private for-profit health facilities are situated in the four large districts of Maseru, Berea, Mafeteng, and Leribe, making access to health services difficult for people who cannot afford private care or who are in rural areas. Referrals to tertiary level care (which will be needed in some COVID-19 cases) is done through two means: (a) a partnership with South Africa for referral of patients; and (b) at the Queen Mamohato Memorial Hospital (QMMH) in Maseru, managed through a public-private partnership by a consortium led by a South African private health care provider (Netcare). There is no significant local pharmaceutical manufacturing.
9. **Capacity for testing, laboratory diagnostics, medical consultation, infection control and critical care is weak.** Hospital beds are limited (0.9 per 1000 population, compared to an average of 2.4 and 4.1 beds per 1000 population in low- and middle-income countries and high-income countries respectively) and 46% of all doctors in the country work at the single tertiary hospital, QMMH. The country has only one Intensive Care Unit (ICU) at QMMH with 10 beds. In the public sector secondary care hospitals, a lack of qualified doctors, nurses and other health workers staff, poor preparedness, supply shortages, and a general negative perception of service quality has contributed to an average bed occupancy rate of 32 percent.<sup>5</sup> Lesotho also does not have laboratory testing capacity for highly pathogenic specimens such as the SARS-CoV-2, and specimen referral and transport systems to the National Institute of Communicable Diseases, South Africa pose logistical challenges.
10. **Given the challenges that already exist in the health system and relatively high expenditure on health, the COVID-19 pandemic can rapidly overwhelm Lesotho's entire health system.** In the absence of vigorous response measures and rapid, emergency financing, there is a high potential for the number of COVID-19 cases to rise significantly and the existing health system will be unable to cope. Mathematical modeling<sup>6</sup> suggests that up to 44000 persons in Lesotho might need to be hospitalized, compared to the 2800 hospital beds available.
11. **Realizing the grave nature of the situation, the government has prepared a *Lesotho National Integrated Response Plan for combating the COVID-19 Emergency* and released the *Public Health (COVID-19) Regulations, 2020* on April 3.** An Emergency National Command Centre for COVID-19 response was set up on March 19, 2020. Isolation centers have been identified, PCR and consumables have been ordered to expand testing capacity, and surveillance strengthened at points of entry; COVID-19 sensitization and case management training was held with district health teams and clinicians; the border with South Africa has closed except for movement of essential supplies, and surveillance at points of entry has been intensified, with 92,637 travelers screened and 292 placed in self-quarantine by early March.

### C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

To prevent, detect and respond to the threat posed by COVID-19 to the Kingdom of Lesotho.

<sup>5</sup> Lesotho Health Sector PER 2017.

<sup>6</sup> Imperial College. 26 March 2020. Report 12: The Global Impact of COVID-19 and Strategies for Mitigation and Suppression



Key Results

- Suspected cases of COVID-19 reported and investigated per approved protocol (number)
- Diagnosed cases treated per approved protocol (percentage)
- COVID-19 cases who are facility-based health care workers (percentage)

**D. Project Description**

12. **The dedicated Fast Track COVID-19 Facility (FCTF) provides emergency support operations for countries to respond to the immediate health consequences of the COVID-19 pandemic, support the health system's emergency response and disease outbreak preparedness capacity, and mitigate socio-economic impacts.** The proposed emergency response project to the Kingdom of Lesotho is prepared under the COVID-19 Strategic Preparedness and Response Program (SPRP), using the Multiphase Programmatic Approach (MPA).
13. **The proposed project comprises of two components: (i) Emergency COVID-19 Response; and (ii) Project Implementation and Monitoring & Evaluation.** It will provide immediate support to prevent and limit the local transmission of SARS-CoV-2 through detection, containment and treatment strategies, and relevant community prevention measures. It will enable mobilization of personal protective equipment (PPE), sterilization capacity and surge response capacity, and trained and well-equipped frontline health workers for surveillance and treatment. The project will support cross-border alignment with South Africa in preparedness and response. It will support enhancement of disease detection capacities through provision of technical expertise, additional human resources, and equipment to ensure prompt case finding and contact tracing, consistent with WHO guidelines in Strategic Response Plan and the country's National COVID-19 Integrated Response Plan, in close coordination and with strong support from United Nations agencies and other partners.
14. The proposed project comprises of two main components:

**Component 1: Emergency COVID-19 Response**

15. This component comprises of three focus areas: (i) COVID-19 case detection, confirmation, contact tracing, recording and reporting; (ii) Containment, isolation and treatment through enhanced clinical care capacity; and (iii) Community engagement, prevention and risk communication. The first focus area will support the government to enhance disease surveillance, improve sample collection and transportation, and ensure rapid laboratory confirmed diagnoses to promptly detect all potential COVID-19 cases and to carry out contact tracing to quickly contain COVID-19. The second focus area will support the government to establish and enhance isolation and clinical care capacity for infected patients, including enhancing triage and treatment capacity for COVID-19 cases, investments in video conferencing equipment to establish telemedicine capacity, psychosocial and essential social support, and deployment of health workers to isolation and quarantine centers for COVID-19 case management. The last focus area will support the reinforcement of policies and measures including social distancing (e.g. border closings; work-at-home policies; restricting public gatherings); personal hygiene promotion; and risk communication and community engagement using local channels.

**Component 2: Project Implementation and Monitoring & Evaluation**

16. This component will support program coordination, management and monitoring, operational support and logistics, and project management. This will include support for the COVID-19 Incident Management System



Coordination Structure; operational reviews to assess implementation progress and adjust operational plans; and provide logistical support. To this end, the project will support technical assistance, rapid surveys as needed, and operating costs.

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

#### Institutional and Implementation Arrangements

- The Emergency National Command Center (ENCC) established by the Government, with support from development partners, is responsible for Lesotho’s COVID-19 emergency response.** The command center is multisectoral and headed by the MOF. It includes principal secretaries, directors general and directors of relevant ministries. It has put together an Integrated Plan that will first deal with the preparedness and containment of the pandemic, and then address economic and social impact. The committee meets as frequently as the urgency requires, but no less than twice a week, to advise and support activities in a systematic manner and take evidence-based decisions related to response and impact mitigation of the pandemic. The Emergency National Command Center has a national PIU for the COVID-19 emergency response.
- An existing World Bank Project Implementation Unit (PIU) at the Ministry of Health (MOH) will support the implementation of this project.** The selected PIU is currently supporting the World Bank-financed Southern African Tuberculosis Health System Support project and preparation of the Nutrition and Health System Strengthening Project. The PIU has been working with other sectors, that is, labor and employment, mining, correctional facilities, education, agriculture, the Food Nutrition and Coordination Office and Health and Nutrition development partners. This project will provide additional funding to the World Bank PIU for additional tasks under procurement, financial management, reporting, monitoring and evaluation. The PIU will be strengthened to handle additional technical areas that will be required for working with specific sectors for the pandemic response, though staff support including an epidemiologist, and a COVID-19 program officer to coordinate implementation. This PIU under the Ministry of Health, will work in coordination with the ENCC PIU and with other Government Ministries to ensure that plans and actions under this project are in alignment with the ENCC decisions.
- In line with WHO recommended response articulations, various technical working groups (TWG) were established at the MOH and will form part of the technical oversight for this project.** Technical areas covered by the groups include Surveillance, Administration, Case Management, and Risk Communication. Surveillance will happen in close collaboration with South Africa using the existing Cross Border Collaboration platform. The TWGs have developed a comprehensive and budgeted Integrated health sector response plan that is being implemented. To improve its



effectiveness, the PIU coordinator for the proposed World Bank COVID-19 project will support the various TWGs by providing coordination and managerial support.

20. **Bilateral arrangements are in place to aid cross-border, cross sectoral coordination, including cross border meetings with South Africa.** MOAFS holds quarterly meetings with counterparts in South Africa on issues concerning livestock and livestock products. There is also a Liaison Committee, meetings of which are arranged by Heads of Border Agencies (HOBA) in both Lesotho and South Africa. There is also a MOU between the HOBA that covers the Lesotho Revenue Authority, the National Security Services, the MOAFS, and the Police (fire and rescue services fall under the jurisdiction of the Police). The four agencies covered under the MOU meet on a monthly basis and share information from these and other ministries (such as Health, Defense, and Home Affairs). The PIU for this project will participate in these communications and ensure that goods and services required for the response will arrive in Lesotho.

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**APPROVAL**

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