



The World Bank

GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT ADDITIONAL FINANCING
(P174839)

Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 20-Oct-2020 | Report No: PIDA30418

BASIC INFORMATION

A. Basic Project Data

Country Ghana	Project ID P174839	Project Name GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT ADDITIONAL FINANCING	Parent Project ID (if any) P173788
Parent Project Name Ghana COVID-19 Emergency Preparedness and Response Project	Region AFRICA WEST	Estimated Appraisal Date 16-Oct-2020	Estimated Board Date 18-Nov-2020
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Ghana	Implementing Agency Ghana Health Services, 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 Ghana

Components

Emergency COVID-19 Response
Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach
Community Engagement and Risk Communication
Implementation management and monitoring and evaluation and project management

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	130.00
Total Financing	130.00
of which IBRD/IDA	130.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	130.00
IDA Credit	130.00

Environmental and Social Risk Classification
Substantial

B. Introduction and Context

Introduction

1. This Project Paper seeks the approval of the World Bank's Board of Executive Directors for an Additional Financing (AF) of US\$130 million to support the restructuring and associated costs of expanding activities of the Ghana COVID-19 Emergency Preparedness and Response Project (P173788) under the COVID-19 Strategic Preparedness and Response Plan (SPRP) using the Multiphase Programmatic Approach (MPA). The proposed AF and restructuring will finance the scale up of project activities and new activities that focus on results to achieve the project development objectives (PDO) and enhance the impact of the parent COVID-19 IPF project.

Country Context

2. **COVID-19 Pandemic:** Ghana has seen constant increases in COVID-19 cases following detection of the first two COVID-19 cases on March 12, 2020. As of October 11, Ghana has 607 active cases among 47,005 cumulative confirmed cases and 306 cumulative deaths (death rate of 0.5 percent). Globally, more than 40 million people have been infected worldwide and over 1.1 million people have died. The virus continues to spread at an average weekly rate of 7 percentage and a weekly average rate of 4.5 percentage of new confirmed deaths. The continues to be considered a high-risk country and classified among 13 priority-1 countries in the region for being at risk based on flight and passenger volumes. There are risks of the second wave in the country, especially as the country plans to reopen the economy, schools and other socioeconomic activities. Since the borders opened in September 2020, the country recorded 186 imported cases at its main international airport. Meanwhile, the daily cross-border land traffic is five times that of the airports but with no formal testing program in place at the over 40 land borders and two seaports. This is a result of a weak national port health system in place. A rapid assessment of the port health system shows that 14 points of entry (POE) have a community nurse albeit with no training, equipment or dedicated office to support COVID-19. The other POEs have nothing.
3. **COVID-19 will likely exacerbate poverty, disparities and social conditions, hitting the poor and vulnerable disproportionately.** The incidence of poverty in the country is estimated to have inched up from 13.3 percent in



2016 to 13.4 percent in 2019 growing by 1.4 percent a year. This is driven by rising poverty in the poorest, predominantly agricultural regions with low access to electricity, roads, and markets. Large regional disparities in levels of poverty and inequality persist. COVID-19 is a dual crisis, affecting both the economy and impacting health outcomes in an unprecedented way. This has resulted in a substantial loss of incomes, particularly for the poor, who are also less insured and less likely to seek medical care for a variety of reasons, including cost considerations. The Ghana has developed a plan which would secure the continuity of routine health services, especially for vulnerable groups while also responding to COVID-19 and improving equity in access.

4. **Ghana's Human Capital Index¹ (HCI) is 44.** This means a child born in Ghana today can be expected to be 44 percent as productive when s/he grows up as s/he could have been if s/he had had complete education and full health. The HCI measures the amount of human capital that a child born today can expect to attain by age 18. While there are still improvements to be made on the health indicators, they are better than the Sub-Saharan African average, with 95 out of 100 children born in Ghana surviving to age 5, and 19 out of 100 children stunted. Seventy-six percent of 15-year-olds can be expected to survive until age 60. However, out of the average years of schooling in Ghana (11.6), the number of quality-adjusted learning years is just 5.7 – meaning that children are in school but not learning for nearly six years.
5. **Economic impacts of COVID-19:** The economic impact of the COVID-19 pandemic on Ghana has been severe. Growth is expected to slow from 6.5 percent in 2019 to 1.1 percent in 2020 as a result of a decline in external demand, changes in Terms of Trade, and lower inflows from FDI and tourism. Adverse poverty and social impacts are expected, reversing the gains made in poverty reduction over the last decade. The fiscal deficit and gross financing needs could increase substantially with the fiscal deficit expected to be 11.4 percent of Gross Domestic Product (GDP) for 2020. The financing needs will be met by both foreign and domestic sources, including through an IMF Rapid Credit Facility (RCF) operation (1.5 percent of GDP); and budget support to be provided by the African Development Bank (0.1 percent of GDP). While the medium-term (2021-2022) recovery is uncertain, the rebound will likely be modest as trade, investment, and tourism activities may not pick-up immediately to pre-crisis levels. Reflecting these factors, growth is expected to progressively recover to 1.8 percent by 2022 but could be lower as it faces the risk of a protracted global COVID-19 crisis.
6. **Government response:** The Government has acted swiftly to mitigate the health and economic impact of the crisis, especially for the most vulnerable groups and through financial support to micro, small and medium enterprises (MSMEs). In addition to a range of measures to support social distancing, and limit community spread of the virus, the Government approved its US\$100m COVID-19 *Emergency Preparedness and Response Plan (EPRP)* on March 16, 2020. The goal of the EPRP is to improve preparedness and response structures and mechanisms for early detection and effective management of a possible COVID-19 outbreak in Ghana. The Government further announced a *Coronavirus Alleviation Program (CAP)* on March 30, 2020 to support affected households and companies. The CAP is funded with GHs 1 billion (about 0.2 percent of GDP), intended for two streams of support: a poverty and social program (GHs 400 million) that distributes in-kind support, including food, to the 400,000 most vulnerable households; and a business support program worth GHs 600 million (about 0.1 percent of GDP) for the promotion of selected industries (e.g., pharmaceutical sector supplying COVID-19 drugs and equipment) and the support of MSMEs and employment through direct financing and the creation of guarantees and first-loss instruments.

¹ World Bank. 2018. <http://www.worldbank.org/en/publication/human-capital>

Sector and institutional context

7. **Health outcomes in Ghana have improved over the past two decades but challenges remain.** Maternal deaths declined from 580 per 100,000 live births in 2007 to 310 per 100,000 live births in 2017. In 2017, 98 percent of pregnant women visited a skilled health personnel for antenatal care (ANC) at least once, 89 percent at least four times. Institutional delivery has significantly increased from 54 percent in 2007 to 79 percent in 2017². Seventy-nine percent of the last live births and stillbirths were delivered by a skilled provider. Women receiving postnatal care within 48 hours was 84 percent. Currently, 40 percent of women within the reproductive age are either overweight or obese, a substantial rise from the 2003 prevalence level of 25 percent. The proportion of children aged 12-23 months who received all basic vaccinations increased from 47 percent in 1988 to 79 percent in 2018, an overall increase of 30 percent³. Vitamin A and folic iodates have occasionally run out since UNICEF support seized. Supply of family planning commodities have also reduced significantly. The main causes of ill-health among children are Acute Respiratory Infections, diarrheal diseases, malaria and anaemia particularly due to complications from worm infestations. About 13 percent of children are underweight with 7 percent classified wasting, or with acute malnutrition.
8. **Ghana's health service delivery system is relatively strong.** Before the COVID-19, Out-patient Department (OPD) service use increased by 7.14 percent from a per capita visit of 0.98 to 1.05 in 2018. This has since dropped significantly following the outbreak. COVID-19 has shown that the traditional service delivery approaches requiring physical attendance does present own risks for service uptake. Basic equipment and medicines are not available in over 50 percent of primary level facilities. The procurement of commodities used in primary health facilities is splintered across several entities. There is weak sharing of data and coordination between supply chain industry players. Tracer drug availability in 2019 was 47 percent. Framework contracting is being piloted as one of the possible solutions to shortages in basic medicines.
9. **COVID-19 also exposed the inadequacy in the country's reliance on these laboratories to the detriment of a balanced development of a network of laboratories.** Eleven of the sixteen regions have no reference laboratories and beneficiaries must travel several kilometers for their samples to be tested or validated. One emerging and cost-effective technology for testing is the use of GeneXpert machines. This has proved effective in several countries. These machines cost a fraction of the cost of Polymerase Chain Reaction (PCR) equipment and are safe to use. They however require back-up validation. Ghana has a good spread of GeneXpert across country. Investing in these machines and consumables would rapidly scale up testing. There is however the continuing need to fill the void of reference-type laboratories in the regions without them.
10. **The trend shows fluctuations in health expenditure.** Current health expenditure in USD rose from US\$81 in 2010 to US\$11 in 2013, a steep rise immediately following the oil windfall. It then dropped to US\$67 in 2017. Funding for Ghana's health sector is mainly from domestic sources (91 percent) based on 2018 figures increasing slightly over 2016 (89 percent%). External sources account for 9 percent. Government funds constitute 49 percent of health expenditure, households out of pocket (32 percent) and other sources 17 percent. The government expenditure includes personnel emoluments, capital expenditure and the National Health Insurance Scheme

² Ghana Maternal Health Survey; Ministry of Health, 2018; Accra, Ghana

³ Holistic Assessment of the Health Sector; 2019; MOH, Accra

(NHIS), and NHIS reimbursements to health facilities (MOH, 2019). Direct service delivery expenditure mainly comes from the National Health Insurance Scheme NHIS which constitutes 57 percent of all payment of health facilities services and covers only 34 percent of the population. Seventy-nine (79) percent is spent on secondary and tertiary care. Primary health care only constitutes 21 percent of the insurance scheme's expenditure

11. **New medicines have been developed for treatment of COVID-19 in the past six months.** These medicines are expected to significantly shorten patients' recovery time, with some clinical studies finding that certain COVID-19 therapeutics can increase the odds of clinical improvement by 30 percent. The Government has expressed interest in preparing to introduce these medications based on scientific evidence. The costs however are relatively higher than anticipated in the parent project and will require additional resources.
12. **There is a real risk that as the pandemic prolongs with the swings in the number of new cases in Ghana, restrictions on movement and social gathering are being flouted.** People's perceptions of COVID-19 as a major problem and the risks of catching it are lower in Ghana than the average of the surveyed African countries.⁴ The adherence to personal measures such as hand washing, avoiding physical contact and wearing of face mask is decreasing. According to a survey conducted in the Greater Accra by the Local Governance Research Institute (LGRI), about 18 percent of the populace admit that they do not wear the mask at all. It is worth noting that 61 percent of people are skeptical about COVID-19 vaccines.⁵ With the uncertainties of future epidemiology, continuous risk communication is critical to prevent people from infection and help informed decisions. Without constant reminders and intensive public educations campaigns the scourge of the disease could be devastating for the population.
13. **An intense focus on expanding immunization capacity will be required** to ensure that the health systems can effectively implement a comprehensive COVID-19 vaccine deployment strategy. This includes a critical assessment and actions to ensure functional, end-to-end supply chain and logistics management systems for effective vaccine storage, handling, and stock management; rigorous cold chain control; robust service and coverage tracking systems; well trained, motivated and supervised vaccinators, tailored large-scale communication and outreach campaigns at household, community and national level; people-centered service delivery models that reach different target populations effectively; and effective political leadership. Ghana may also need to consider and enhance any relevant institutional frameworks for the safe and effective deployment of vaccines, including around ensuring voluntary vaccination practices; regulatory standards for vaccine quality; guidelines for acceptable minimum standards for vaccine management including cold chain infrastructure; and policies to ensure robust governance, accountability, and citizen engagement mechanisms.
14. **The disruption of routine health services has been very significant and may lead to the loss of gains made over the past decades.** For example, hospital visits in Ghana have dropped by 56 percentage points in mid-year 2020 compared to June 2019. The most significant drops were in child immunization (80 percentage), maternal and child health services (57 percentage) and outreach services for primary health care (67 percentage). As a result of these disruptions, it is expected that the maternal and child mortality in Ghana could increase by 21 percent. These disruptions could leave 1,049,300 children without DPT vaccinations and 171,500 women without access

⁴ Partnerships for Evidence Based Response to COVID-19 (PERC). October 6, 2020. Responding to COVID-19 in Africa: Using data to find a balance (Part II). Retrieved from <https://africacdc.org/download/responding-to-covid-19-in-africa-using-data-to-find-a-balance-part-ii/> on October 11, 2020.

⁵ PERC. September 9, 2020. Finding the balance: Public health and social measures in Ghana. Retrieved from on October 11, 2020. <https://africacdc.org/download/finding-the-balance-public-health-and-social-measures-in-ghana/>



to facility-based delivery. Contraceptive Prevalence Rate (CPR) is also expected to decline from 33 percent to 2 percent, if the disruptions continue⁶. Tracer drug availability is down to below 40 percentage for the first time ever in over two decades. The lockdowns and travel ban significantly affected operations and maintenance of equipment at health facilities and laboratories, including cold chains. The AF will be used in part to support health system strengthening with increasing targeted interventions for those at high risk of COVID-19 co-morbidities, reflecting the country's increased prevalence of non-communicable diseases (NCDs).

15. **Recent global estimates suggest that COVID-19-driven school closures translated into a loss of 5 percent of the human capital of the current school-age cohort.** This loss could trade off the average global improvement in Human Capital in the past decade⁷. Crisis-related school closures in Ghana have led to 2.9 million children being out of school feeding programs due to school closure, imposing direct financing strains on poor households. The Ghana Accountability for Learning Outcomes project (GALOP-P165557) and its AF (P173282) project provided for the financing of distance learning through television and internet learning. The GALOP project has articulated safe school re-opening and re-entry as a key action to be undertaken. The project is a US\$40 million IPF with Performance-Based Conditions (PBC). Eligible inputs include facemasks, social distancing, isolation wards and WASH. The Government has so far committed over US\$70 million towards the purchase of the COVID-19 related inputs for schools alone. There is a need for additional financing to support prevention measures, provide safe isolation and holding areas for suspected cases and to reopen schools safely. The project will work with the GALOP project to ensure full complementarity and eliminate any risk of double funding.
16. **The COVID-19 pandemic has had a devastating impact on people around the world, but it especially affects women and girls.**⁸ While the current sex-disaggregated data for COVID-19 does not show differences in the number of cases between men and women, there is differential vulnerability to infection, exposure to pathogens, and treatment received. About 64 percent of the total health workforce of Ghana are women. The needs of women for isolation and quarantine are also different from those of men, which requires sensitivity to their physical, cultural, security and sanitary needs. As primary caregivers of children and the elders in households and, given school closures already imposed in the country, women are more likely to have work limitations and psychosocial pressures affecting their economic and mental health. Policies such as lockdowns, quarantines, stay-at-home orders, and travel restrictions adopted in response to COVID-19 also seem to have increased the risk of Gender Based Violence (GBV) and intimate partner violence (IPV). The Domestic Violence and Child Abuse Support Unit of the Ghana Police Service, the Department of Social Welfare, the International Federation of Women Lawyers and the Legal Aid Board have all observed an increase in domestic violence and child abuse during the period of lockdowns and social restrictions. It is critically important to provide support to these institutions to enable them deal with the situation across the country.
17. **In addition, migrant workers and persons with disabilities have been especially affected during COVID-19.** Ghana hosts an estimated 466,780 migrants, the majority of whom are from the ECOWAS region. There are also more than six million internal migrants, including female porters known as Kayayei and child migrants.⁹ Many of these are prone to layoff and do not have fixed accommodation or places of sleep. Also, persons living with

⁶ GFF (2020) Preserve Essential Health Service During Covid-19 Pandemic. Washington D.C

⁷ World Bank (2020). The Human Capital Index 2020 Update: Human Capital in the Time of COVID-19, Washington D.C.

⁸ UNFPA, with contributions from Avenir Health, John Hopkins University (USA) and Victoria University (Australia). *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage*. Interim Technical Note (April 27, 2020).

⁹ IOM. June 2020. COVID-19: The socio-economic impact of COVID-19 on migrants in Ghana. Briefing note #6.

disabilities have been adversely impacted by COVID-19. They already deal with increased health challenges, exacerbated threats to their security, and societal marginalization that negatively impacts nearly every facet of their lives. There is a level of disproportionate stigmatization coming from misconceptions that disability is somehow contagious and may have a direct aggravated risk for COVID-19 associating with persons with disability. This creates a greater risk of being pushed even further to the periphery of their communities, potentially negating any progress that had been made.

C. Proposed Development Objective(s)

18. The PDO remains the same as under the original project, i.e. “to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana.” The PDO is aligned with the WB financed COVID-19 Strategic Preparedness and Response Program (SPRP).

Key Results

19. **PDO Level Indicators:** The PDO will be monitored through the following PDO level outcome indicators:
- (a) Diagnosed cases treated in the designated treatment centers per approved protocol (Percentage, disaggregated by sex);
 - (b) Designated acute healthcare facilities with isolation capacity (Number);
 - (c) Confirmed COVID-19 cases that conducted follow on contact tracing (Percentage); and,
 - (d) GBV cases identified by frontline health workers and referred to appropriate departments for additional support (Number).

D. Project Description

20. The components described below will ensure the completion of the original activities and will scale up successful activities to strengthen and build a resilient emergency response system. The proposed AF will also finance new activities related to policy development, communication and systems readiness assessments towards the eventual introduction of COVID-19 vaccines.

Component 1: Emergency COVID-19 Response (US\$115.86 million equivalent)

Sub-Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording and Reporting (US\$8.50 million equivalent)

21. **This sub-component is proposed to be scaled up and restructured to support new activities.** Original activities to support the strengthening of disease surveillance systems and public health laboratory capacity will be scaled up. Over the past few months, the COVID-19 testing with the use of GeneXpert machines has proven cost-effective and safe. Building on the existing distribution of GeneXpert machines across the country, the AF intends to take advantage of this technological development to accelerate scaling up of testing capacity. Investing in GeneXpert machines require consumables and other equipment for back up validation.



22. **The sub-component will focus its resources on support for improving case detection and reporting capacity to guide decision-making and timely response.** Support will be provided to roll out the electronic data collection system in all 16 regions by expanding its coverage to the newly installed laboratories. To make all the designated laboratories functional, the AF will procure PCR and GeneXpert equipment, reagents, pipette and pipette tips, thermo-mixers/heating blocks, 2X96 well – 20 degrees Celsius blocks, computers and back up UPS, superscript kit, nucleic acid extraction kits, SARS-COV-2 RT PCR assay, bleach, ethanol (molecular grade), Tris, RT PCR microwell plates and tubes, tubes, cryovials and other inputs for laboratory equipment. Furthermore, the AF will support the operations of laboratories, in both the private and public sectors particularly at the regional level, with Viral Transport Medium (VTM) and help build systems to contain the outbreak. The funds will also be used to support research into anti-bodies testing, including genome mapping and serological surveys. The AF will scale up training for health workers and volunteers at the district and community levels to support for strengthening community-based disease surveillance.
23. **Original activities to support epidemiological investigation capacity building will be continued.** The selected institutions will be supported to undertake well-structured epidemiological studies and surveillance programs to validate intervention effectiveness and impact. Furthermore, all the regions will continue to benefit from the provision of minibuses and pick-up vehicles to speed up staff deployment and response to cases.

Sub-Component 1.2: Containment, Isolation and Treatment (US\$62.50 million equivalent)

24. **This sub-component is proposed to be scaled up and restructured to include new activities**Original activities to support case management will be scaled up. The restructured sub-component will focus on improving equitable access to case management facilities. The AF will support refurbishment, renovation and equipping of treatment centers with ICU and high care unit (HCU) beds in Zebila, Sewuah, Korle Bu, Cape Coast, Pantang, Asawinso, Keta, Toasi, Kumasi South, Sunyani and Gaoso. Additional health workers will be deployed to all the district hospitals and health centers for case management of mild cases. Additional training will be conducted for health workers. The project will scale up support to strengthen IPC in health facilities to prevent intra hospital infection and to provide health services, especially outpatient services in a safe environment. This support will include erecting physical barriers such as glass or plastic screens at registration desks and reception areas to limit direct contact between registration desk personnel and potentially infected patients. Medical masks, face shields, coveralls and paper tissues, hand hygiene stations with soap and water or alcohol-based hand sanitizers will be provided to registration and triage desks. Visual alerts on preventive measures in signs and posters will be placed at entrances and in strategic places at health facilities. In case patients visit health facilities without masks, two-ply tissue papers will be provided to cover their noses when speaking to health professionals and while in waiting areas. Durable plastic chairs and canopies will be provided to increase social distancing in health facilities.
25. Furthermore, the AF will finance the purchase of new COVID-19 medications, which are being developed as treatment of COVID-19 in the past six months. These medicines are expected to significantly shorten patients' recovery time and increase odds of clinical improvement. Moreover, the selected rural and peri-urban government health facilities will be furnished with off-grid solar electricity, portable water and sanitation facilities to increase their safety and functionality. The project support will be also extended to the Ghana Ambulance Service to strengthen referral systems through the provision of a GOTA Motorola equipment and vehicles.



26. **New activities will be introduced in preparation for safe reopening of socio-economic activities.** The project funds will be used for fumigation of health facilities and schools. Hazard waste management systems will be further strengthened. Hand hygiene stations with soap and water or alcohol-based hand sanitizers will be provided to wards. Beds, mattresses and soft furnishings and television screens will be provided for school infirmaries to make them COVID-19 holding rooms for student suspected cases. Visual alerts such as signs and posters at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, cough etiquette, and maintaining physical distance of at least one meter will be provided to all schools.
27. The AF will also fulfill financial gaps, incurred due to cost overruns and price variation during the project implementation. The project will continue to support refurbishment of isolation facilities and staff accommodation in Pantang, Dodowa and Adaklu.

Sub-Component 1.3: Social Support to Vulnerable Groups (US\$5.86 million equivalent)

28. **This sub-component is proposed to be restructured.** Original activities to support cash transfers, food-baskets to patients, to their families and to those in isolation and quarantine centers, as well as the development of a Compensation Benefit Framework will be integrated into the existing social protection program, led by the Ministry of Gender, Children and Social Projection, which is implementing the World Bank-supported Ghana Productive Safety Net Project (GPSNP) (P164603). After the COVID-19 EPRP project became effective, the GPSNP has been restructured, as detailed above in the section on project relevance. As a result, the COVID-19 EPRP will no longer support its original social safety net activities, and the associated expenditure category (2) in the Financing Agreement (Credit Number 6602-GH) will be dropped. The name of the sub-component is also revised to exclude financial support.
29. **The restructured sub-component will focus its resources on support for the protection of the poor and vulnerable.** Specifically, this sub-component will provide psychosocial counseling support for patients and their families and other vulnerable people, including those affected by gender-based violence (GBV), as mental health challenges emerge as the pandemic prolongs. The AF will support the Domestic Violence and Child Abuse Support Unit of the Ghana Police Service, the Department of Social Welfare, the International Federation of Women Lawyers and the Legal Aid Board to assist and protect GBV or Intimate-Partner Violence (IPV) survivors with the provision of temporary shelter. Special attention will be focused on the needs of persons with disabilities and support the Ghana Society of the Physically Disabled (GSPD), the Ghana Federation of the Disabled (GFD), the Ghana Blind Union (GBU), the Ghana National Association of the Deaf (GNAD), and Ghana Association of Persons with Albinism (GAPA), and the Mental Health Society of Ghana (MEHSOG). The AF will provide the GSPD and the GFD with personal protection equipment (PPEs), hand sanitizers, mattresses, wheelchairs to prevent COVID-19 infection as well as to mitigate negative impact associated with the pandemic. The support under this sub-component will also include fee-waivers to access necessary medical care and prosthetic equipment to improve their mobility and wellbeing. The project will also increase capacity through training of front-line health workers to recognize and manage early signs of GBV. This capacity building will also include when and where to refer cases and guarantees privacy and safety.

Sub-Component 1.4: Securing primary care essential services provision (US\$30.50 million equivalent)

30. **This sub-component is proposed to be scaled up and restructured.** Original activities to support health systems strengthening will be expanded in scope to provide essential primary healthcare and nutrition service delivery.



In the past six months, the acute shocks of the pandemic severely disrupted the utilization of routine essential maternal, child and adolescent health services at the PHC level in Ghana. The restructured sub-component will focus its resources on activities to make up for missed immunization and maternal services. PHC facilities without functional basic medical and diagnostic equipment, beddings and consumables will be re-equipped with manometers, patient trolleys, wheelchairs, hoists, bedsheets, mackintosh, thermometers etc. Additional essential equipment for specialist level facilities including mobile X-Ray, respirators, defibrillators, ventilators, oximeters, oxygen concentrators, ICU patient monitors, CT Scans, Cart based ultrasounds with wireless transducers, theatre sets among others will also be financed.

31. Support for teleconsultation will be introduced to continue to provide primary care for the chronically ill such as diabetes, hypertension and similar conditions. This will include training of dedicated staff in all the district hospitals in telemedicine communication or outsourcing teleconsultation services to the private sector for management of inquiries and calls from patients. The potential partners include faith-based or private sector health facilities, Non-Government Organizations (NGOs) facilities, Health Management Organizations (HMOs) or pharmacies.
32. In addition, the AF is designed to improve tracer drug availability. Additional COVID-19 and co-morbidities medications will be funded by the project. Health facilities will be encouraged to increase the dosage dispensed to patients with chronic conditions. This measure is expected to reduce the frequency of their visits to pharmacies, clinics or hospitals, thus, to reduce risks of infection at health facilities among such high-risk groups to COVID-19 associated morbidity and mortality. These medicines will be drawn from the country's essential medicines list and will be generic branded, based on lessons learned from the Anti-Malaria Initiative in distributing its "green leaf products" to ensure that they are not for sale.

Sub-Component 1.5: Strengthening Preparedness for Vaccine Deployment (US\$8.5 million equivalent)

33. This subcomponent will focus on actions related to strengthening health systems to be able to effectively deliver vaccines, including the COVID-19 vaccine. Given that the vaccines likely to be approved for use in Ghana will not need special cold chain requirements unique to those vaccines, the first phase of vaccine deployment will necessarily build on existing systems and service delivery modalities. As such, there will likely be enhancement needed across the existing cold chain facilities, vehicles, and other logistics infrastructure; training of front-line delivery workers and ensuring reach and effectiveness of current service delivery modalities. In this context, the AF will fund technical assistance and investments in health systems to: (i) develop or enhance a COVID-19 vaccine deployment plan that aligns with the principles of the WHO Fair Allocation Framework¹⁰; (ii) undertake any needed vaccine readiness assessments that will help identify gaps as a basis for systems strengthening measures. This will include information on the ability of systems to effectively monitor adverse effects of vaccines as well as to ensure effective traceability of the vaccine down to user level; (iii) support to ensure end to end enhancements for effective COVID-19 vaccine deployment within the country system, and (iv) assessing and enhancing design and reach of existing health service delivery models to ensure they will reach target

¹⁰ The WHO Fair Allocation Framework defines as priority population i) frontline workers in health and social care settings; ii) the elderly; iii) and people who have underlying conditions that put them at a higher risk of death. For most countries, an allocation equal to 20% of the population would be enough to cover most of the population comprising initially prioritized target groups. By initially prioritizing these groups, a vaccination program may achieve an enormous impact in reducing the consequences of the pandemic even in conditions of supply constraint. Country level vaccine procurement and deployment plans should take these principles into account as they develop tailored plans based on context and needs.



populations. This subcomponent will also support the enhancement or development of a robust COVID-19 vaccine purchase and procurement plan that assesses current available financing modalities against overall context and vaccines needs, including the COVAX Facility¹¹ and direct purchasing options.

Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach (US\$11.04 million equivalent)

Sub-component 2.1: Multi-agency support to enhance response (US\$2.50 million equivalent)

34. **This sub-component is proposed to be scaled up.** As the COVID-19 prolongs, its impact is getting more severe and spreading across multiple sectors. Thus, the original scope of support for multi-agencies will be expanded to cover the Ministry of Agriculture, the Ministry of Water and Sanitation, the Ministry for Inner-City and Zongo Development, the Ghana AIDS Commission, the National Ambulance Services, the National Blood Bank, and mental health facilities.
35. Original activities to support the Inter-Ministerial Coordinating Committee (IMCC) and the National Technical Coordinating Committee (NTCC) remain the same. The AF will continue supporting their coordination, policymaking and field monitoring activities.

Sub-component 2.2: Strengthening policy and institutional capacity for disease control (US\$8.54 million equivalent)

36. **This sub-component is proposed to be restructured.** As disease surveillance at Points of Entry (POEs) is crucial in preventing imported cases of COVID-19, strengthening of port health is essential. Thus, new activities will be introduced to support operations, institutional development and capacity building of a Port Health Division of GHS. This will include the hiring of consultants, the development of operational manuals, rentals, supply of equipment and transport, refurbishing and furnishing of office accommodation in each designated point of entry, training and reorientation of all existing and newly appointed officers, further technical capacity building for staff; cross country and international learnings and knowledge exchange. The resources will also be used to support consultancies and interim salaries. It will support the development of a revised human resource manual, the institutional framework, administrative and technical protocols and procedures to ensure an effective operation of the Division.
37. Original activities to support national disease control will remain under the AF. Building on the support provided under the MCHNP (P145793) for refurbishment of offices, the AF will support Ghana CDC with: (i) the development of the legislation and institutional manuals for establishing governance and operating policies and plans; (ii) operational costs of field stations and designated allied units across the country; and (iii) short, medium and long term training and capacity building of selected officers.

¹¹ The COVAX Facility, co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO, pools demand and resources to support availability of, and equitable access to, COVID-19 vaccines. All economies have been invited to participate. HICs and MICs are expected to fully self-finance their participation in the COVAX Facility (Self-Financing Countries). LICs and LMICs will be able to access the COVAX AMC to fund their participation in the Facility, under which Ghana is eligible. The Facility will build an actively managed portfolio of 10–15 vaccine candidates based upon diverse technologies and geographies to maximize the chance of a successful outcome and accelerate access with up to 2 billion doses by the end of 2021.



38. The AF will finance up-front technical assistance to support Government to assess and enhance policies and institutional frameworks around safe and effective deployment of vaccines. These will include: (i) policies related to ensuring that there is no forced vaccination; (ii) acceptable approved policy for prioritized intra-country vaccine allocation; (iii) regulatory standards at the national level; (iv) appropriate minimum standards for vaccine management including cold chain infrastructure; and (v) the creation of accountability, grievances, and citizen and community engagement mechanisms. The policies for prioritizing intra-country vaccine allocations will also follow principles established in the WHO Fair Allocation Framework, including targeting an initial coverage of 20 percent of a country's population; focusing first on workers in health and social care settings; and then focusing on the elderly and people with co-morbidities which places them at higher risk.

Component 3: Community Engagement and Risk Communication (US\$1.9 million equivalent)

39. **This sub-component is proposed to be scaled up and restructured.** Original activities to support risk communication and community engagement will be intensified, especially to increase public acceptance of a COVID-19 vaccine. A network of community health officers and community volunteers will be institutionalized for more systematic community outreach with a conscious inclusion of women health officers. Community engagement will be further strengthened to pay special attention to the vulnerable groups. Community outreach services and sensitization would be designed to be understood by all, including women and girls who are illiterate to counter misconceptions about the disease, vaccines introduction and negative perceptions. The restructured sub-component will expand support for outreach and wellness clinics in deprived neighborhoods through the country's well-established Community Health Planning and Services (CHPS) program, which was extensively supported by MCHNP (P145792).
40. To foster confidence in a new vaccine, effective communication and outreach will be imperative to increase awareness and "vaccine literacy", build trust, and reduce stigma around any COVID-19 vaccine for a larger target population. In this regard, financing will include activities such as reviewing existing and undertaking in-depth beneficiary research on perceptions, and obstacles to vaccine uptake which will be used as a basis for developing mass media campaigns that are tailored to Ghana's context, generating information in local languages and adapted to varied contexts within Ghana, distributing information across high-penetration platforms, and fostering support and endorsement through trusted community and national leaders.

Component 4: Implementation Management, Monitoring and Evaluation and Project Management (US\$1.2 million equivalent)

41. **This sub-component is proposed to remain the same.** The AF will continue supporting the primary implementation agency for this project: Ministry of Health (MOH) for project management, oversight, M&E and compliance with the fiduciary requirements. Emphasis will be placed on enhancing the monitoring and prospective evaluation framework for operations at the country and subnational levels in correspondence to the epidemiological shift of COVID-19 in Ghana. The monitoring and evaluation will be further strengthened with timely recording and reporting of the performance benchmarks and results. The activities for M&E capacity building include: (i) collection of data from line ministries and other implementation agencies; (ii) compilation of data into progress reports; (iii) carrying out of surveys; (iv) carrying out of annual expenditure reviews; and (v) impact evaluation on quantitative and qualitative aspects of the project interventions. The table below provides the total project cost summary by components, including the Parent Project (P173788) and the proposed AF (P174839).



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. Environmental and Social

42. The project will be implemented in line with the Environmental and Social Management Framework (ESMF) and the Environmental and Social Commitment Plan (ESCP) as well as Stakeholder Engagement Plan (SEP), which have been updated. The project implementation will ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination. This will help: (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it; and (iii) address issues resulting from people being kept in quarantine. These will be guided by standards set out by WHO as well as other international good practices including social inclusion and prevention of Sexual Exploitation and Abuse and Sexual Harassment. The project GRM will also facilitate citizen feedback.

F. Implementation

Institutional and Implementation Arrangements

43. No changes are envisioned with regards to the implementation arrangements.

Financial Management

44. There will be no significant changes in the financial management arrangements for the AF implementation other than opening an additional dedicated designated account for the Ghana Health Service (GHS). There are no outstanding financial management reports and no outstanding audits under the parent project. An assessment of the project’s financial management arrangements as assessed at both the MOH and the GHS concludes that as fully functioning Government agencies, their fiduciary systems satisfy the Bank’s minimum requirements as per Bank Policy for Investment Project Financing. Even though the agencies have adequate systems, the overall financial management residual risk is assessed and rated as Substantial.

Procurement



45. The major planned procurement includes medical supplies, drugs, and equipment, capacity building and training, community outreach, establishing quarantine centers and call centers, and support to the project implementation and monitoring. Approval of the updated project procurement strategy for development (PPSD) has been deferred to implementation. A procurement plan is under preparation for approval. The procurement risk is rated Substantial. The major risks to procurement are: (a) slow procurement processing and decision making with potential implementation delays; and (b) poor contract management system with potential time and cost overrun and poor-quality deliverable; and (c) lack of familiarity in dealing with such a novel epidemic. To mitigate these risks the following actions are recommended: (a) maintaining accountability for following the expedited approval processes for emergency; and (b) assigning staff with responsibility of managing each contract. These risks are elevated by the global nature of the COVID-19 outbreak, which creates shortages of supplies and necessary services. This may result in increased prices and cost. The Team will monitor and support implementation to agree with implementing agencies on reasonableness of the procurement approaches and obtained outcomes considering the available market response and needs.

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