Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 15-Jul-2020 | Report No: PIDA29578

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Guinea-Bissau	P174243	Guinea-Bissau: COVID-19 Emergency Response Project	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
AFRICA WEST	03-Jul-2020	30-Jul-2020	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Republic of Guinea-Bissau	Ministerio da Saude Publica	

Proposed Development Objective(s)

Project development objective is to prepare and respond to the COVID-19 pandemic and strengthen systems for public health preparedness in Guinea-Bissau.

Components

Emergency COVID-19 Response
Project Management and Monitoring and Evaluation (M&E)

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	5.94
Total Financing	5.94
of which IBRD/IDA	5.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	5.00
IDA Credit	5.00

Non-World Bank Group Financing	
Trust Funds	0.94
Pandemic Emergency Financing Facility	0.94

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

PROGRAM CONTEXT

1. This Project Appraisal Document (PAD) describes the emergency response to Guinea-Bissau under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank's Board of Executive Directors on April 2, 2020 (PCBASIC0219761) with an overall Program financing envelope of up to US $6 billion.

MPA Program Context

2. 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, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of July 7, 2020, the outbreak has resulted in 11,468,979 confirmed cases of COVID-19, including 535,181 deaths, reported to WHO.

3. COVID-19 is one of several emerging infectious diseases (EID) 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[1] and pre-existing chronic health problems that make viral respiratory infections particularly dangerous.[2] With COVID-19, scientists are still trying to understand the full picture of the

[1] 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

[2] Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." New Eng J of Medicine, DOI:

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.[3] 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.

4. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF) and grant from the Pandemic Emergency Facility (PEF).

Updated MPA Program Framework

5. Table 1 provides an updated overall MPA Program framework for the proposed project for Guinea-Bissau.

Table 1. MPA Program Framework

Phase #	Project ID	Sequential or Simultaneous	Phase's Proposed DO*	IPF, DPF or PforR	Estimated IBRD Amount ($ million)	Estimated IDA Amount ($ million)	Estimated Other Amount ($ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
#1	P174243	Simultaneous	to prepare and respond to the COVID-19 pandemic and strengthen systems for public health preparedness in in Guinea-Bissau.	IPF	-	US $5.00	US$942,857.14	July 30, 2020	Moderate

6. The Project will also include US$1 million from the Insurance Window of the Pandemic Emergency Financing Facility (PEF), which provides financial support to IDA-eligible countries in case of major multi-country disease outbreaks, has triggered for COVID-19 and has made available a total of US$195.84 million. The PEF Steering Body has approved allocations for 64 PEF eligible countries, of which 22 are fragile, conflict and violence (FCV) countries, which have reported cases of COVID-19 as of April 22, 2020.

10.1056/NEJMe2002387

[3] 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

7. Guinea-Bissau, the 12th poorest country in the world, has faced continuous political instability, poverty and poor human development outcomes since its independence in 1973. With a Gross National Income (GNI) per capita of US$780 (2018), the country ranks 178th out of 189 countries and territories the 2019 Human Development Report The Country's Human Development Index (HDI) is 0.461, which is below the average among countries in the low human development category (0.504) and well below the average among countries in Sub-Saharan Africa (0.537). The population of Guinea-Bissau is estimated at 1.9 million (2018) of which 51.5 percent lives in urban areas and 21 percent lives in the capital Bissau.

8. The country's economy remains largely agrarian, and highly dependent on cashew production. Cashew accounts for almost 70% of employment and 95 percent of exports and directly contributes 10-15 percent of fiscal revenue.[4] In 2019, cashew export volume increased by about 30 percent, while cashew prices decreased by 33 percent.[5] The economy is characterized by a high level of vulnerability to external developments due to the dependence on a single export (cashew). Binding constraints on growth include, among others, chronic underinvestment in infrastructure and human capital.[6]

9. The economy of Guinea-Bissau showed a steady growth in the period between 2015 and 2019, mostly influenced by the increase in cashew production. Gross domestic (GDP) growth is estimated at 4.7 percent for 2019, with an average of 4.9 percent in the period between 2015-2019. On April 29, 2020, the Government set cashew farmgate reference prices at CFA 375 per kg, a reduction of 25 percent in comparison with the 2019 prices of CFA 500 per kg. This price reduction, a consequence of lower global demand due to the COVID-19 pandemic, is potentially dangerous for the extreme poor, as 90 percent of the workforce in this group is concentrated in agriculture activities.

10. Extreme poverty, measured by the USD1.9 poverty line, is estimated to have decreased by six percentage points between 2010 and 2019 (67 to 61 percent). Nevertheless, the level remains high, with around 1.2 million people living in poverty in a population of 2 million people. Using the USD5.5 poverty line the poverty rate is estimated to be of 92 percent. Poverty rates are significantly higher in rural areas (76 percent) than in the capital Bissau (51 percent). Most of the population, particularly the rural poor, has limited access to basic goods and services that directly influence the wellbeing of households. Among the poor, 95 percent of the household lack electricity, 66 percent lack sanitation and 36 percent lack drinking water.[7]

Sectoral and Institutional Context

11. Guinea-Bissau meets many if not all the criteria that characterize health systems in fragile states. The country's health system faces persistent challenges related to low public spending, poor infrastructure, inadequate supply of health workers, inadequate clinical and managerial training systems, malfunctioning referral system, non-operational health-information systems, weak governance and inadequate management capacity and systems (such as budgeting, public financial management and human resources management). Public spending accounts for about 20 percent of total health spending and is mostly used

[4] African Economic Outlook (2020).
[5] World Bank, Poverty & Equity and Macroeconomics, Trade & Investment Global Practices.
[6] CEM, 2014.
[7] World Bank staff calculations using ILAP 2010.

to pay staff salaries, while donors finance nearly 90 percent of the recurrent costs of the sector, including medicines and other critical health inputs.

12. Despite its fragilities, Guinea-Bissau has achieved some progress in health in the recent years, nevertheless critical challenges remain. The country's life expectancy is 57.67 years, which is lower than the average for Sub-Saharan Africa (60.88). Lower respiratory infections, HIV/AIDS, Malaria, diarrheal diseases, stroke and neonatal disorders are the major cause of deaths. The burden of HIV in Guinea-Bissau is the highest in West Africa and it disproportionately affects more women than men (female adults with HIV represents 58.6 percent of the population above 15 years.[8] Progress has been made to reduce infant mortality, but both infant mortality rate (IMR) and under-five mortality rate (U5MR) remain among the highest in the world, 60 and 88.8 per 1,000 live births, respectively. According to the last Multi-Indicators Cluster Survey (MICS) 2014.[9]

Health Systems and Health Service Delivery

13. As a percentage of GDP, the level of health spending in Guinea-Bissau is comparable to its regional and economic peers, but the composition of its spending is highly problematic. Total health expenditure (THE) in Guinea-Bissau represents 5.6 percent of its GDP, which is close to the average of its regional (5.8 percent) and economic peers (5.7 percent). However, the country relies more on out-of-pocket (OOP) payments and external resources to fund health services. In terms per capita, health spending (USD37) is well below the average per capita among West African countries (USD65.3) and approximately a third of the Sub-Saharan African countries average (USD97). This is largely driven by low public health spending, which accounts for only 20 percent of THE, or 7.8 percent of total government spending (all 2014 figures).

14. Health service delivery in Guinea-Bissau is structured around 11 sanitary regions, and organized in local, regional and central levels.[10] The local level is divided between 114 sanitary areas, which are the primary locus for implementation of primary health care (PHC) activities through 132 health centers. The regional level provides technical support, coordination and supervision for the sanitary areas. This level contains an administrative structure, the regional health directorates (DRS, *Direção Regional de Saude*), and technical units such drugs warehouses, diagnostic centers, and secondary level regional hospitals. The central level is responsible for setting health policies, strategies and regulations. At this level are the National Hospital (*Hospital Nacional Simão Mendes*), specialized hospitals (for conditions such as tuberculosis and mental health) and satellite health centers. PHC facilities are classified into three types of health centers (A, B, and C), distinguished by their capacity to deliver complex health interventions. Health centers type A, for example, are defined by the capacity to perform surgeries, and they are in sanitary regions where there are no regional health hospitals. The PHC centers are responsible for the implementation of the minimum benefits package (PAM, *Pacote Minimo de Atividades)*, defined by the Ministry of Public Health (*Ministério da Saúde Pública*, MINSAP), which is composed of five groups of activities: curative, preventive, population health (communication and health promotion), outreach activities, and support services.

[8] World Bank, 2016. Guinea-Bissau Health Sector Diagnostic. World Bank, Washington, DC.
[9] World Development Indicators, 2016.
[10] Republica da Guinea-Bissau, 2008. Plano Nacional de Desenvolvimento Sanitário. Ministerio da Saúde Publica. Bissau, Guinea-Bissau.

15. The country's health system faces persistent challenges related to the inadequate supply and maldistribution of health workers. The public health sector currently officially employs 2,173 workers in Guinea Bissau, of which 264 physicians and 1,027 nurses. In relation to the served population, there were 1.7 physicians and 11.5 health workers per 10,000 inhabitants in 2016. Over the recent years, the impact of the war-related diaspora on the workforce has been noticeable, particularly in terms of the loss of skilled cadres between 1996 and 2007 (

16. Table 2: Evolution of the health workforce, Guinea-Bissau 1996/2016). Although on balance the health workforce has been relatively stable during the last two decades, progress has been registered in terms of the upgrade of auxiliary health personnel, and of the reduction of support staff in favor of training general nurses and physicians.[11] In 2016, 60 percent of all health workers were female, although women represented only 31% of physicians.

Table 2: Evolution of the health workforce, Guinea-Bissau 1996/2016

Category	1996	2007	2016
Physicians	165	104	264
Nurses	357	300	1,027
Midwives	67	177	141
Technical staff	276	199	244
Support	417	642	98
Other (aux.)	1,043	696	399
Total	**2,325**	**2,118**	**2,173**

Sources: PNDS I (1997); PNDS II (2008); MINSAP (2016)

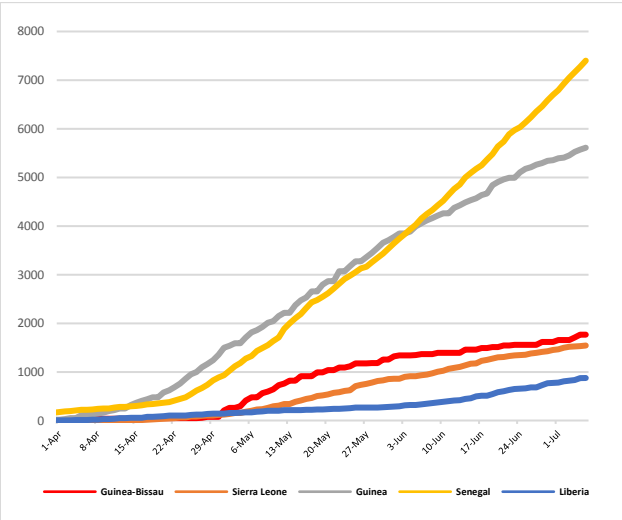
COVID-19 in Guinea-Bissau

17. The first confirmed case of COVID-19 in Guinea-Bissau was registered on March 24th, by July 6 there were 1,765 confirmed cases and 25 deaths.[12] By the same date, in the entire African continent there were more than 491,750 confirmed cases of COVID-19 and 11,622 deaths.[13] Among West African countries, there were 86,315 confirmed cases of COVID-19 and 1,449 deaths. Among all African countries, Guinea Bissau has the 25th highest number of cases, but when adjusted by population size the country has the ninth highest number of cases per million population in the entire African (909 cases per million).

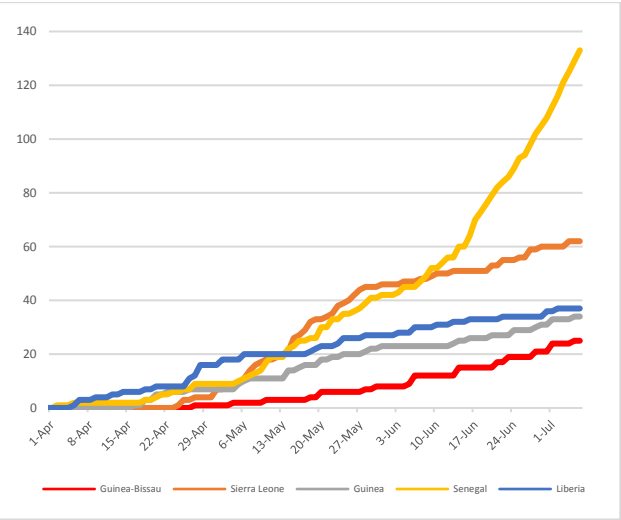
[11] MINSAP, "Plano Nacional de Desenvolvimento Sanitário 1997-2001."
[12] Source: COES Daily Bulletin. The first case in the country was registered on March 24th and the first death on April 26th.
[13] Source: *https://africacdc.org/covid-19/*

Figure 1: COVID-19 in Guinea-Bissau and neighboring countries

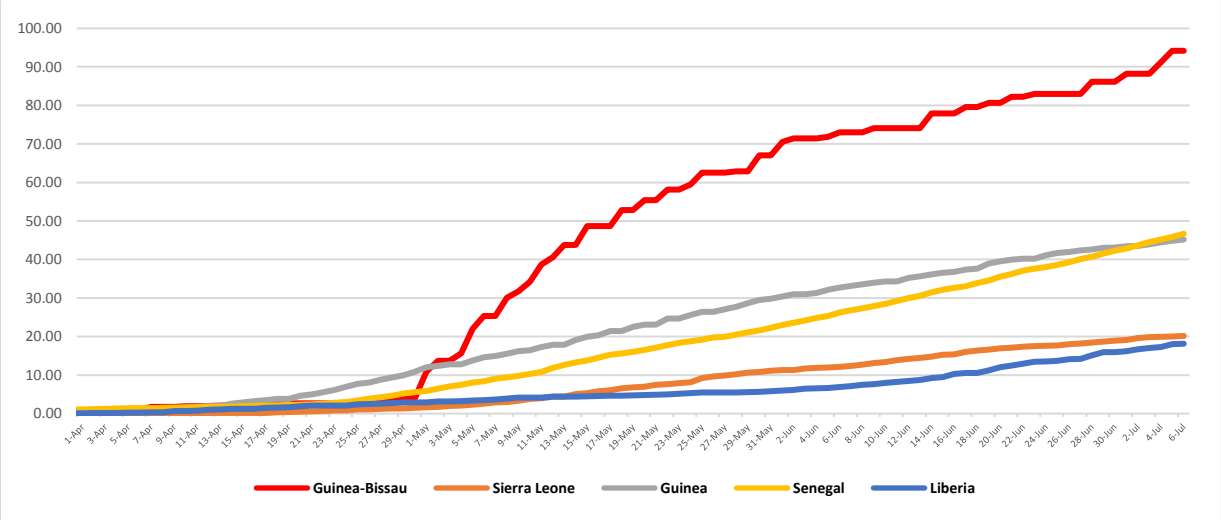
a) Number of confirmed cases



b) Number of deaths



c) Number of confirmed cases per 100,000 population



Source: European CDC. https://www.ecdc.europa.eu/en/publications-data/download-todays-data-geographic-distribution-covid-19-cases-worldwide

18. The Government of Guinea-Bissau has developed a National COVID19 Response Contingency Plan, which has been approved in March 2020. The Plan focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, case management, communication and social mobilization, prevention psychosocial as well as logistics and safety. The Health Emergency Operations Center (*COES - Centro Operacoes Emergencias em Saude*) will oversee the overall coordination and implementation of the plan. Table 3 summarizes these pillars.

Table 3: Pillars of the Guinea-Bissau National COVID-19 Response Plan

Contingency Plan Strategies	Main activities
Emergencies Coordination	• Establishment of Regional COES for each of the 11 Health Regions of the country; • The process of the elaboration of the Regional Contingency Plans and their budgets is in process, with the technical assistance by NGO EMI (*Entraide Medical Internationale*); • Elaboration of national protocols and procedures.
Surveillance	• Reinforcement of technical and logistics capacities; • Reinforcement of national strategy of health and epidemiological vigilance (including at country entry points); • National Laboratory staff capacity building and training.
Communication and Community Involvement	• Social mobilization: An Operational Communication Plan for COVID-19 Prevention has been elaborated by COES during March 2020. This plan established "*Comite de Vigilancia Comunitaria*" at community level with the involvement of traditional and religious local leaders. • Psychosocial support to positive cases and their families.
Prevention and Infection Control	• Identification and upgrade of health infrastructures to be able to receive, isolate and treat CoViD19 patients (including intensive care units - ICUs); • Training of health technicians at all levels (including primary health care infrastructures); • Medical equipment and personal protective equipment (PPEs); • Promotion of PIC activities at community level; • Identification and contact tracing of positives.
Clinical Case Management	• Training of health technicians in identified COVID-19 health infrastructures; • Acquisition of equipment, drugs and materials for the clinical management of patients (including in ICUs).

19. Guinea-Bissau laboratory capacity suffers from critical shortcomings that limit the country capacity to respond to the COVID-19 pandemics. First, shortages of tests kits pose a major challenge to expanding testing in the country; secondly, there are severe constraints in the human and physical capacity. There are few laboratory technicians and existing national laboratory is operating at its full capacity. The national COVID-19 testing strategy for emphasizes the use of reverse transcription polymerase chain reaction (RT-PCR) tests and a focus on populations known to be more vulnerable to COVID-19 complications and those people at higher risk of being infected and transmitting to the most vulnerable, such as health care workers. According to reports from the MINSAP, Guinea-Bissau has presented cases in clusters. In such cases, the WHO recommends testing all suspected cases. Currently country has 11 GeneXpert machines (to conduct PCR tests) and limited supply of SARS-Cov-2 cartridges – under the World Bank REDISSE II Project, 10,000 cartridges are being procured and expected to arrive in Bissau by early July 2020.

20. The country has not implemented a systematic strategy for COVID-19 contact tracing, which is essential to interrupt the chain of transmission. The WHO defines contacts of COVID-19 all people who had contact with probable or confirmed cases from two days before the onset of symptoms of COVID-19 until 14 days after the onset of symptoms. Also, contacts of people confirmed by laboratory results, even asymptomatic ones, all people who had contact from two days before the collection of the confirmed COVID-19 test until 14 days after this collection. Contacts with suspected cases of COVID-19 must receive health education on respiratory and hand hygiene, self-monitoring of symptoms, social isolation, or quarantine for 14 days from the last exposure.

21. The Guinea-Bissau case management protocol for COVID-19 follows the WHO guidance, and recommends:

- **Patients with mild disease** do not require hospital interventions, but isolation is necessary to contain virus transmission and will depend on national strategy and resources; according to the protocol in Guinea-Bissau a risk assessment informs the decision between home and institutional isolation for mild cases (depending on the conditions of the household and the risk for community transmission during home isolation). Currently, isolation of mild symptoms cases and asymptomatic cases is taking place at home and in alternative care sites (ACS) such as hotels and other public and private facilities. The National Contingency plan for COVID-19 envisions the establishment of field ACS as the main strategy for institutional isolation, together with house isolation. However, overcrowded households are common in the country and ACSs are recommended;

- **Patients with signs of severity,** severe acute respiratory infection (SARI) and respiratory distress, hypoxemia or shock need hospital admission and should follow a treatment protocol that includes but not limited to: oxygen therapy, empiric antimicrobials for cases presenting with sepsis, management of comorbidities. The protocol does not include specific guidance on the clinical management of critical cases requiring mechanical invasive ventilation. The strategy to manage critical cases, as the mechanical ventilation, may consider the risks when performed by physicians with sub-optimal training and limited experience on these procedures.

22. Guinea-Bissau faces severe shortcomings adequately detect, prevent the spread, and respond to a pandemic on the scale of the COVID-19. The country ranks 186th out of 195 countries in the Global Health Security Index (score of 20.0).[14] It's capacity for detection and reporting (which encompasses laboratory systems, real-time surveillance and reporting, the epidemiological workforce, and data integration across human/animal/environmental health sectors) is considered among the least prepared, with a score of 23.4 vs average of 41.9, and a ranking of 145. The country's capacity for rapid response is considered also very weak; Guinea-Bissau scores just 17.8 against an average of 38.4, with a ranking of 190. Guinea-Bissau completed a Joint External Evaluation (JEE) of the implementation of International Health Regulations (2005) in July 2019 and it found very low capacity in a number of areas, including the legal framework, financing, coordination, biosafety and biosecurity, the national laboratory system, points of entry, emergency preparedness and coordination and emergency medical teams.[15]

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

Project development objective is to prepare and respond to the COVID-19 pandemic and strengthen systems for public health preparedness in Guinea-Bissau.

[14] https://www.ghsindex.org/wp-content/uploads/2019/10/2019-Global-Health-Security-Index.pdf
[15] https://www.who.int/ihr/publications/who-whe-cpi-2019.17/en/

Key Results

23. PDO level indicators:

- Number of suspected cases of COVID-19 reported and investigated per approved protocols;
- Number of COVID19 patients that were admitted to the COVID19 designated health facilities;
- Number of hospital beds with required equipment for treatment of (critical and severe) COVID-19 patients within the designated healthcare facilities.

24. Intermediate results indicators:

- Number of health care workers receiving hazard payments for the treatment of COVID-19 patients;
- Percentage of suspected cases of COVID-19 tested per approved protocol.

D. Project Description

25. The Project is structured around two complementary components, which will support the Government of Guinea-Bissau in the implementation of its National COVID-19 Response Plan. The Plan focuses on scaling-up and strengthening key aspects of preparedness and response including coordination, surveillance, and case management. The Project components focus on areas of highest needs as identified in the Government of Guinea-Bissau request to the World Bank (and other donors).

26. Component 1: Emergency COVID-19 Response (US$5.62 million). This component would provide support to scale-up and strengthen case management capacity through the procurement and distribution of medical equipment, drugs and supplies, to equip designated COVID-19 treatment centers, and payment of incentives to health personal and health facilities upon the provision of COVID-19 care. Additionally, the component would provide immediate support to enhance disease detection capacities through the purchase of laboratory equipment and supplies to ensure prompt case finding and contact tracing, consistent with WHO guidelines and the National COVID-19 Response Plan.

27. *Sub-component 1.1: Strengthening clinical management capacity (US$4.76 million)*. The Project would support the strengthening of the clinical care capacity to expand treatment capacity to deal with the expected increase in demand for clinical services due to the COVID-19 pandemic. Strengthened clinical care capacity will be achieved through additional (approximately) 100 hospital beds distributed among the COVID-19 designated health facilities for the delivery of (severe and critical) COVID-19 medical services. Current evidence suggests that COVID-19 hospital stay for severe and critical cases is around 10 days, therefore, the additional 100 beds will allow for approximately 300 patients to be admitted per month.[16] The Project will provide support to rehabilitate and equip the selected COVID-19 health facilities, namely *Hospital Nacional Simão Mendes (HNSM), Cumura Hospital, and Bor Hospital*. This will be done through: (i) procurement of COVID-specific medical supplies and medical equipment; (ii) procurement of drugs and consumables for the management of co-morbidities and complications (a list of required medicines and consumables is presented in the Annexes B and C); and (iii) hiring, through the WHO, a clinical management coordinator and emergency medical teams (EMT) to provide technical support to COES and the MINSAP in COVID-19 case management practices.

[16] Available scientific evidence supports the fact that around 20 percent of the COVID-19 cases will require hospitalization (15 percent severe and five percent critical). Using that same proportion and in line with Guinea-Bissau COVID-19 response plan 75 out of the 100 beds will be for severe cases and 25 will be for critical cases.

28. ***Sub-component 1.2: Payment of hazard payments to health personal and reimbursement of cost recovery fees to designated health facilities to provide COVID-19 medical services (US$0.86 million).*** This subcomponent will support the provision of COVID-19 treatment by: (i) cost recovery fees which aims to reimburse, conditional on a list of management and technical indicators, the designated COVID-19 health facilities for the delivery of essential COVID-19 medical services. These payments will ensure gratuity of COVID-19 services given that in Guinea-Bissau user charges apply to health services; and (ii) providing hazard payments to clinical and administrative staff involved in the treatment of COVID-19 patients and COVID-19 response activities.

29. Component 2: Project Management and Monitoring and Evaluation (M&E) (US$0.319 million). The component would support the coordination and management of the project activities, including financial management, safeguards and procurement. This component would also support the monitoring and evaluation of Project activities, including gathering Project result framework indicators. The funds under this component would be transferred to the United Nations Development Program (UNDP), through a standard form of agreement as defined by the Financial Management Framework Agreement (FMFA) between the United Nations agencies and the World Bank, to implement Project activities and undertake procurement and financial management functions, as well M&E activities, of Project (see implementation arrangements).

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

30. The project will have positive impacts as it should improve COVID-19 surveillance, monitoring and containment. However, the project could also cause significant environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project-supported laboratories and quarantine facilities. Healthcare associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The proposed project will also provide emergency medical and non-medical supplies including Personal Protective Equipment PPEs such as gloves, surgical mask, respirator, eye protection and isolation gowns to health workers for their safety and other infection prevention and control materials (such as detergents and disinfectants, and safety/sharp boxes). It is also expected an increased biological waste, chemical waste, and other hazardous bioproducts coming from the laboratories and relevant health facilities performing diagnostic testing and isolation of patients. If not well managed, transported and disposed these could cause adverse effects in human health and environment such as surface, groundwater and soils.

31. To mitigate against the adverse risks in health and environment, the project will develop an Environmental and Social Management Framework (ESMF) based on WHO protocols for managing risks

associated with COVID-19. The ESMF will adequately cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. The relevant parts of WHO's COVID-19 Quarantine Guideline and COVID-19 biosafety guidelines will be incorporated into the ESMF. The guidelines include provisions to address the needs of patients, including the most vulnerable. They also include provisions for the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients. To manage generated clinical waste, the final ESMF will include an Infection Control and Waste Management Plan (ICWMP) adopting GIIP, EHS in line with CDC and WHO COVID-19 guidance documents for its environmentally sound and safe management and disposal. Labor Management Procedures (LMP) will be developed to set out the way which project workers (direct and contracted) will be managed aligning with national laws and ESS2. The LMP will include a Grievance Mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime.

32. The project will also support to expand capacity to isolate asymptomatic COVID-19 cases, through the establishment of quarantine and isolation centers and rehabilitate and equip selected treatment centers. Quarantine and isolation centers will also ensure that communities, COVID-19 patients and their families are treated with respect and dignity, in reference to infrastructure, accommodation and supplies, and communication. The project will put in measures to avoid any form of Sexual Exploitation and Abuse/Harassment (SEA/H) by following the WHO Code of Ethics and Professional conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and adequate light in quarantine and isolation centers. Also, special attention will be given to remote and border areas to avoid conflict between host communities and refugees/IDPs. Building of alternative care settings are yet to be confirmed. Firms that will be recruited for establishment of quarantine and isolation centers must develop the Environmental and Social Management Plan (ESMP), integrating the risks and mitigation measures during the preparation and construction phase. This document must be approved before the start of works. Further, each laboratory that is handling COVID-19 will also develop an ESMP that builds on WHO protocols to ensure safe handling and infections control a waste management plan adopting GIIP, EHS in line with CDC and WHO COVID-19 guidance documents for its environmentally sound and safe management and disposal.

33. Instruments that are being prepared and to be disclosed by appraisal include the environmental and social review summary (ESRS), Environmental Social Commitment Plan (ESCP) and the Stakeholder Engagement Plan (SEP). The ESCP will include the commitment and the timeline for the preparation of subsequent ESF instruments.

E. Implementation

Institutional and Implementation Arrangements

34. The proposed Project would be implemented over 18 months. The emphasis of the project is to provide medical equipment, supplies, and inputs to support the national virology laboratory, case detection, and to improve treatment capacity through the procurement of medical equipment and funding essential COVID-19 procedures. Procurement packages are being prepared and will be implemented immediately after project approval, allowing for delivery of goods to take place during the following weeks and months.

35. Project implementation will be done by the UNDP through a standard form of agreement with the existing health sector project implementation unit (PIU), established within the MINSAP. The agreement with the UNDP justifies due to current transition in the management of the PIU (selection of new coordinator is ongoing). The UNDP would have primary Project coordination and fiduciary management (procurement and financial management) functions for the Project and the PIU would oversee the UNDP agreement implementation, including procurement and FM arrangements to inform World Bank team. The PIU is currently implementing two other health sector operations, namely the Regional Disease Surveillance Systems Enhancement Project - REDISSE II (P159040) and the Strengthening Maternal and Child Health Service Delivery in Guinea-Bissau Project (P163954). The UNDP would sub-contract the NGO EMI (*Entraide Médicale Internationale*) (for the payment of health workers and health facilities), the WHO (for clinical care coordinator and emergency medical teams) and World Food Program (WFP) (for the logistics to set up the isolation centers). Project implementation will benefit from the experience and logistics developed by the NGO EMI for the payments of performance bonuses to health workers and health facilities under the European Union (EU) maternal and child health project in Guinea-Bissau.[17] Since 2013 these payments have been made by EMI, the Project will use EMI's payment verification and payment methods for the payment of service fees (cost recovery fees) to the designated health facilities and hazard payments to health workers.

36. Implementation arrangements will consider current efforts to support national COVID-19 response through an agreement with UNDP through the REDISSE II Project under the same PIU.[18] The REDISSE II Project is supporting the national response via the procurement of essential medical equipment, personal protective equipment (PPE) and laboratories supplies through an agreement between the PIU/MISAP and UNDP. The proposed Project will take advantage of these implementation arrangements and will explore these and other strategies for international procurement of medical equipment, medicines, including collaboration with other UN agencies.

CONTACT POINT

World Bank

Edson Correia Araujo
Senior Health Specialist

[17] The EU funded the Integrated Mother and Child Health Program (PIMI) includes: (i) gratuity (user fees waiver) of selected MCH services; (ii) in-service training for health professionals; (iii) payment of incentives to health facility administrators and health workers to reward good management practices and the delivery of selected medical interventions; (iv) support the community health strategy; and (v) facility maintenance and rehabilitation, supply chain, and purchase of equipment.

[18] Current agreement also uses the Standard Form of Agreement under the Financial Management Framework Agreement (FMFA) between the United Nations agencies and the World Bank.

Borrower/Client/Recipient

Republic of Guinea-Bissau

Implementing Agencies

Ministerio da Saude Publica
Dionisio Cumba
COES Coordinator
dr.dionisio.cumba@gmail.com

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: http://www.worldbank.org/projects

APPROVAL

Task Team Leader(s):	Edson Correia Araujo

Approved By

Environmental and Social Standards Advisor:	Nina Chee	08-Jul-2020
Practice Manager/Manager:		
Country Director:	Amadou Oumar Ba	17-Jul-2020