Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 03-Apr-2020 | Report No: PIDA29034

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Congo, Republic of	P173851	Republic of Congo COVID-19 Emergency Response Project	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
AFRICA	07-Apr-2020	10-Apr-2020	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Ministry of Finance and Budget	Ministry of Health, Population, Promotion of Women and Integration of Women in Development	

Proposed Development Objective(s)

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

Components

Emergency COVID-19 Response and Health System Strengthening
Communication Campaign, Community Engagement, and Behavior Change
Implementation Management and M&E

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	11.31
Total Financing	11.31
of which IBRD/IDA	11.31
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	11.31
IDA Credit	11.31

Environmental and Social Risk Classification

Substantial

Decision

1. **This Project Appraisal Document (PAD) describes the emergency response of the Republic of Congo under the COVID-19 Strategic Preparedness and Response Program using the Multiphase Programmatic Approach (MPA),** approved by the World Bank's Board of Executive Directors on March 20, 2020 with an overall Program financing envelope of International Development Association (IDA) US$1.3 billion and of International Bank for Reconstruction and Development (IBRD) US$2.7 billion.[1]

A. MPA Program Context

2. **An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) is spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China.** Since March 2020, the number of cases outside China increased thirteenfold and the number of affected countries more than tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spread across the world. As of March 27, 2020, the outbreak resulted in more than 500,000 confirmed cases and 23,335 deaths.[2]

B. Introduction and Context

3. **The Republic Congo joined the ranks of lower middle-income countries (LMIC)[3]** after benefitting from strong oil revenues for more than a decade, and enjoyed steady economic growth - more than 5 percent annually - between 2004 and 2014. The economy, however, remained undiversified with oil accounting for 86 percent of exports in 2014. This has rendered Congo's economy very vulnerable to oil market fluctuations. After a decade of growth, Congo's economy has contracted due to low oil prices since 2014. The sharp decline in oil revenues and subsequent

[1] World Bank Report No: PCBASIC0219761
[2] World Health Organization. March 24, 2020. Coronavirus diseases 2019 (COVID-19) Situation Report – 64. Geneva: World Health Organization.
[3] Gross national income (GNI) per capita increased from $600 in 2000 to $2,500 in 2014 but declined to US$1640 in 2018.

reduction in public spending has depressed economic growth (-2.8 percent in 2016, -3.1 percent in 2017) and led to a sharp decrease in economic activity characterized by low public revenues, high expenditures and debt, external and internal imbalances. The IMF-World Bank Debt Sustainability Assessment conducted in April 2018, confirmed that Congo is in debt distress. Debt-to-GDP ratio which reached an estimated 119 percent by the end of 2017, has come down to 77.5% in 2019. Congo has been through several periods of social unrest and conflict, and remains classified as a Fragility, Conflict, and Violence (FCV) country.

4. **The economic impact of the new Coronavirus (COVID-19) pandemic is expected to be massive.** COVID-19 will put pressure on an economy already under distress. COVID-19 threatens livelihoods, food security, nutrition, and schooling, particularly in countries such as the Republic of Congo, where the majority of the population works in the informal sector. While estimates of the impact on the economy are not available, a reduction in growth and investment is expected, resulting from diminishing tax revenue and lack of confidence in the markets**.**

5. **Congo has a population of 5,367,490 and is also one of the most urbanized countries in the world. According to the latest estimates, 61.8% of the population lives in urban areas**, with a higher concentration in the two metropolises (Brazzaville and Pointe Noire). Whereas concentration in urban areas facilitates the provision of public services to the population, the propensity for higher contact rates may also accelerate transmission of COVID-19. Urbanization also enhances the risk that the small share of the population living in rural areas may receive less attention in the context of this crisis.

Sectoral and Institutional Context

6. **Prioritization of health in the government budget has been poor, with the Republic of Congo allocating a significantly lower than average level of financial resources to health compared to other countries at its level of income.** In 2015, current health expenditure per capita in Congo was US$70, which is about half of the average observed in LMICs ($137)[4]. While public spending in LMICs averages at US$80 per capita, in Congo, it dropped from US$38 in 2010 to only US$27 per capita in 2015 as limited fiscal space translated into a large cut to the health sector budget. Public spending represents around 1.4 percent of GDP and 7.7 percent of national budget. Further, execution rates of the health budget are concerningly low. From 2012 to 2015, the national health budget execution rate averaged 77 percent, with the lowest in 2015 when it was only 32 percent. This low execution rate is explained by difficulties in procurement and disbursement, particularly of pharmaceutical and medical supplies.

7. **Access to services is a challenge that the epidemic is only likely to compound.** The increase in public spending for health in 2014 that was invested in rehabilitating and constructing new infrastructure and setting-up free care for some services, notably maternal healthcare.[5] This was able to improve service levels when compared to countries with similar levels of income. However, a surge of cases in health facilities related to COVID-19 will place an additional burden on the health system and further reduce access to core services for the entire population. If the pandemic reaches the levels of the worst hit sub-Saharan African country, South Africa, RoC's ability to cope remains a concern. Efforts will need to be considerably expanded

[4]Source: National Health Accounts (2015)

during and beyond the crisis to improve capacity. Table 3 points to some of the challenges of the health system to deliver services (for instance the limited number of hospital beds, and the low number physicians per capita) but also raises concerns with regards to other services: only 37 percent of the total population had access to improved sanitation facilities in 2015. This is particularly worrying as proper hygiene is essential for infection prevention and control measure for containing the COVID-19 pandemic.

8. **The Republic of Congo's ability to respond to COVID-19 is a function of its capacity to implement IHR 2005, as measured and monitored by the WHO using the Joint External Evaluation (JEE) Tool.**[6] The JEE is a data gathering instrument designed to evaluate a country's capacities for health security, including all IHR and Global Health Security Agenda (GHSA)-relevant capacities across all relevant sectors at a national level. The tool has 19 technical areas arranged according to the IHR and GHSA mandates to prevent detect and respond to disease threats. A JEE was conducted RoC, which revealed some key weaknesses in health systems for infectious disease surveillance, epidemic preparedness and response.

9. **The Republic of Congo confirmed its first COVID-19 case on March 14, 2020, an imported case, and had recorded 19 cases by March 27, 2019.** There is emerging evidence of both imported and local transmission amongst the confirmed cases with the possibility of a sharp increase in the number of new cases. The number of cases has escalated throughout sub-Saharan Africa and WHO is currently supporting the government on modeling potential scenarios as surveillance data are gathered. The magnitude of the pandemic across the continent is likely underestimated due to weak disease surveillance systems.

10. **In the face of this crisis, the Republic of Congo has rapidly mounted a multi-sectoral response with active engagement at the highest levels. An Integrated National COVID-19 Preparedness and Response Plan was prepared under the leadership of the Ministry of Health with support from the donor community**. The National Plan is globally costed at US$ 35 million and has been endorsed and put into action, however a significant funding gap remains[7]. Coordination of the COVID-19 response is managed by a Technical Committee, headed by the Minister of Health and supervised by the Prime Minister. The government of Congo COVID-19 Response Plan has three phases: (Phase 1): zero confirmed cases and activities are devoted to preparing the response; (Phase 2) presence of 1 to 50 confirmed cases, activities dedicated to the response; and (Phase 3) presence of more than 50 confirmed cases and focused on enhanced response and resilience activities. The country is currently in Phase 2 but may rapidly progress to Phase 3.

[6] The World Health Organization, together with other partners, has developed a Joint External Evaluation Tool-International Health Regulations (2005) (JEE-IHR) to assess country capacity to prevent, detect, and rapidly respond to public health threats. The tool allows countries to identify the most urgent needs within their health security system, to prioritize opportunities for enhanced preparedness, response and action, and, through regular evaluations, will help monitor the progress by country in implementation of the International Health Regulations (2005) (http://www.who.int/ihr/publications/WHO_HSE_GCR_2016_2/en/). The JEE makes use of the PVS evaluation missions' results which provide an assessment of the strengths and weaknesses of the national Veterinary Services (http://www.oie.int/support-to-oie-members/pvs-evaluations/oie-pvs-tool/).

[7] Other partners who have rapidly mobilized financial resources for the response include the Global Fund to Fight AIDS, TB, and Malaria (GFATM); Gavi – the Vaccine Alliance; the U.S. Embassy; the European Union; and Agence Française de Développement (AFD). WHO continues to take the technical lead under key pillars and is also providing some financial support. UNICEF and other UN system partners are additionally actively engaged. Financing amounts are still being discussed, however current indications suggest that the combined total funding from these partners is presently under US$ 3 million. Redoubled resource mobilization efforts are therefore urgently required, in concert with partners.

11. Phase 2 measures which are currently in effect have included:
    - ***Epidemiological surveillance and point of entry restrictions***: the development of a data base for the management of alerts and follow-up of contacts; the closure of all ports of entry (land, river, air, and maritime)
    - ***Laboratory capacity***: Analysis of 147 samples by PCR; receipt of diagnostic kits from WHO and the U.S. Embassy
    - ***Infection prevention and control***: the development of decontamination manuals and decontamination of the Brazzaville Sino-Congolese Friendship Hospital
    - ***Clinical Care and Preparedness for acute case management***: requisition of four tertiary and secondary facilities in preparation for acute care needs (these facilities need some minor rehabilitation, medicines, and equipment); the reception on March 28, 2020 of materials donated by the Chinese conglomerate Alibaba through the African Union,
    - ***Communication and community mobilization***: sensitization of all press establishments and mobilization of communities supported by the Congolese Red Cross
    - ***Coordination***: weekly coordination meetings

12. **The Republic of Congo's response has been inspired by and leverages pan-African and regional initiatives.** The Africa CDC which has committed to the establishment and strengthening of National Public Health Institutes (NPHIs), developed a framework for collaboration and coordination with these NPHIs, as well as a model framework for laws and regulations pertaining to infectious-disease management and response. The Africa CDC is coordinating and facilitating the process of sending samples across the continent to match needs with capacity and procuring supplies which will be distributed to African countries, including Congo.

13. **Early in the crisis, the Republic of Congo supported the development of a sub-regional Central African Economic and Monetary Community (CEMAC) prevention and preparedness plan to respond to the threat of COVID-19 pandemic.** The first COVID-19 case in the CEMAC region was detected in Cameroon, and the first death in Gabon. The sub-regional response, costed at 2 billion CFA (US$ 3.5 million), is implemented by the Coordination Organization for the Fight Against Endemic Diseases in Africa (OCEAC). OCEAC will provide a regional public good through supporting coordination efforts including sharing information on proposed border closures and travel restrictions; improving regional disease surveillance; strengthening laboratory capacity and laboratory sharing; as well as coordinating access to essential medicines and supplies, including developing local manufacturing capacity, improving and harmonizing pharmaceutical regulation, and supporting logistics.

14. **This proposed World Bank-financed RoC COVID-19 Emergency Response Project will support the implementation of the Government's Integrated COVID-19 Preparedness and Response Plan.** In addition to national level activities, the Project has initially focused on Brazzaville and Pointe Noire where the majority of the population lives and where the first four COVID-19 cases were identified. This is also where the major health facilities and laboratories involved in the response are located. Sites with care facilities and laboratories also include Oyo and Ouesso. Given the high degree of uncertainty on the pandemic's trajectory, additional locations will be selected at a later time, based on data. The Project will also contribute to the implementation of International Health Regulations (2005), Integrated Disease Surveillance and Response, and the OIE international standards, the Global Health Security Agenda, the Paris Climate

Agreement, the attainment of UHC and of the Sustainable Development Goals, and the promotion of a One Health approach.

15. **At the request of the Government, a longer-term US$ 50 million Health System Strengthening Project (KOBIKISA – P167890)** is concurrently being prepared and is a complementary measure to address health system challenges and enhance preparedness. The project will support the government to optimize the utilization of health system resources and improve health system performance and capacity. The KOBIKISA project will form a critical part of Congo's health system strengthening agenda and will continue to respond to medium to longer term challenges. The World Bank portfolio in the health sector is additionally comprised of the Regional disease surveillance systems enhancement (REDISSE) IV Project (P167817) which includes US$15 million financing for the Republic of Congo and is pending effectiveness. The project aims to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness and response in the event of an epidemiological crisis or emergency. The select components described below will additionally complement REDISSE IV activities.

C. Proposed Development Objective(s)

Development Objectives

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

Project DO statement: To prevent, detect, and respond to the threat posed by COVID-19 and strengthen the national system for public health preparedness.

PDO level indicators:

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

Project Components

16. **Activities with the highest short-term impact on halting the pandemic and medium to long term strengthening of national preparedness** have been prioritized based on the Integrated National Preparedness Plan, the Global World Bank COVID-19 MPA, and donor and UN partner division of labor[8]. The project Components aim to support the following seven response strategies: (i) Coordination, to strengthen institutional capacity; (ii) Epidemiological surveillance and screening at points of entry; (iii) Infection prevention and control; (iv) Laboratory network strengthening; (v)

[8] For instance, UNICEF has initiated procurement planning and will procure key equipment, reagents, and commodities.

Clinical care and quality of care including psychosocial care - taking into account the specific needs of children and women, including pregnant and lactating women; (vi) Risks Communication and Community Engagement; and (vii) Logistics, supplies, and operational support.

Component 1: Emergency COVID-19 Response and Health System Strengthening (US$9.11 million)

17. This component provides immediate support to prevent new COVID-19 cases from arriving as well as limiting local transmission through containment strategies. It supports enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. This component additionally supports the mobilization of surge response capacity through trained and well-equipped frontline health workers.

Sub-Component 1.1: Early Case Detection, Laboratory Confirmation, Contact Tracing, Recording, Reporting

18. This sub-component will help to (i) strengthen disease surveillance systems, and epidemiological capacity for early detection and confirmation of cases using test methods; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. Additional support will be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information – as well as the analysis and use of data for decision-making.

Sub-Component 1.2: Health System Strengthening

19. **This sub-component aims to support the health care system for preparedness planning to provide optimal medical care, maintain essential community services and minimize risks for patients and health personnel.** It will include training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials. Activity areas are described below:

20. **Facility Rehabilitation and Preparedness Planning.** As COVID-19 would place a substantial burden on health care services, support would be provided to undertake minor rehabilitation and equipping of (i) selected primary health care facilities and hospitals, particularly intensive care facilities within hospitals for the delivery of critical medical services; (ii) public health laboratories; and (iii) the national blood transfusion center; and (iv) the establishment of isolation centers. Financing will be provided to develop and implement plans for establishing specialized units in selected hospitals to strengthen clinical care capacity, development of treatment guidelines, and strategies to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and earlier discharge with follow-up by home health care personnel.

21. **Infection Prevention and Control.** This will include (i) developing intra-hospital infection control

measures and hospital infection control guidelines; (ii) ensuring the availability of safe blood products; (iii) ensuring access to safe water and basic sanitation in health facilities, (iv) strengthening medical waste management and disposal systems; (iv) provision of critical medical supplies including the distribution and use of protective equipment and hygiene materials, (iv) training health facilities staff in to enhance hygiene, infection prevention and control and (v) promoting personal hygiene, including handwashing, raising awareness about COVID-19 and promoting community participation in slowing the spread of the pandemic.

22. **Human Resource Strengthening**. This would include operational expenses such as those related to mobilization of health teams, clinical training of health teams, training health facility staff and front-line workers on risk mitigation measures, hazard/indemnity pay consistent with the Government's applicable policies.

23. **Procurement and supply chain. Equipment, reagents, and commodities** (including COVID-19, TB, and malaria tests) will be purchased and distributed through the implementation of a jointly quantified and costed procurement and supply chain plan, based on the national supplies list for the COVID-19 response. The plan will ensure critical medical supplies of approved quality are immediately made available. This would be undertaken in collaboration with partners such as WHO, the United Nations Children's Fund (UNICEF), the World Food Program (WFP), the national drug regulatory authority, and the national drug medical stores.

Sub-Component 1.3: Supporting national and sub-national prevention and preparedness

24. **This will involve developing observatories and building analytical and assessment capacity embedded within National Primary Human Health Systems**. It will include the preparation of a National Emergency Contingency Plan to support improving prevention of and response planning for Emerging Infectious Diseases (EIDs) in the context of human and animal health**.** It will support simulation exercises in selected provinces. It will lay the foundations for the REDISSE IV operation to make the linkages between the One Health system at the central level with the human health system supported by the COVID-19 operation at the provincial level. It will build a more comprehensive One Health system at the provincial level and ensure synergies between the provinces and central level.

Component 2: Communication campaign, Community Engagement and Behavior Change (US$1.50 million)

25. **Communication campaigns.** This component will support (i) massive nationwide campaigns promoting and marketing of "handwashing", including through various communication channels such as mass media and social media; (ii) information and communication activities to increase the attention and commitment of government, private sector, and civil society, community leaders, and religious leaders, and to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic and to develop multi-sectoral strategies to address it. In addition, support would be provided for: (i) the development and distribution of basic communication materials on (i) COVID-19, and (ii) general preventive measures for the general public; and (iii) symposia on surveillance, treatment and prophylaxis.

26. **Community and multi-stakeholder engagement**. This will be used to address issues such as inclusion and healthcare worker safety; and rebuilding community and citizen trust that can be eroded during crises. This will include epidemiological surveillance networks, community-based animal disease surveillance and early warning networks, community level of early warning systems for emergency reporting, and a feedback system against notifiable diseases. The project would support training for animal health workers, and treatment of infected animals and reporting procedures. Rapidly developing, testing, and sending messages and materials to be used in the event of a pandemic or emerging infectious disease outbreak, and further enhancing infrastructure to disseminate information from national to state and local levels and between the public and private sectors.

Component 3: Implementation Management and Monitoring and Evaluation (US$0.70 million)

27. **Coordination, financial management and procurement**. Existing coordination structures working to support Bank-financed operations will be used for coordination of project activities, as well as fiduciary tasks of procurement and financial management. The relevant structures will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management under country specific projects. To this end, project would support costs associated with project coordination.

28. **Monitoring and evaluation (M&E)** of project implementation based on an agreed M&E plan and using traditional and innovative tools for remote monitoring if needed.

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

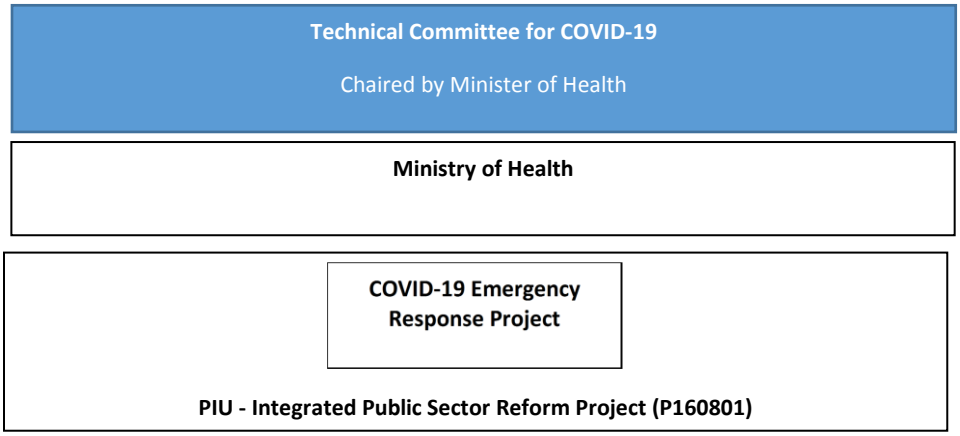
E. Implementation

Institutional and Implementation Arrangements

29. **Coordination of the COVID-19 national response in the Republic of Congo is managed by the Technical Committee chaired by the Minister of Health and supervised by the Prime Minister.** The Technical Committee will also provide general oversight of Project implementation, performance monitoring, cross-sectoral coordination and consistency with sector policy and strategies, development of annual workplans and budgets, procurement plans and progress reports.

30. **As there is currently no active health project, the Project Implementation Unit (PIU) of the Integrated Public Sector Reform Project (PRISP) P160801 was identified and assessed as having the capacity** to manage the COVID-19 Emergency Response Project. The PRISP PIU team will be responsible for the day-to-day management of the project including the administrative and fiduciary management aspects. Figure 6 presents the institutional arrangements.

Figure 6: Project Institutional Arrangements



31. **During the COVID-19 pandemic response period, the Technical Committee will hold the responsibility for defining project implementation strategies,** development of the annual workplans and budgets, procurement plans and progress reports for the project. This will be fully aligned with and respond to the RoC Integrated National COVID-19 Response and Preparedness Plan endorsed by the Government and its partners in March 2020.

32. **Fiduciary management (financial management, disbursement and procurement) will initially be implemented by the PRISP PIU up until REDISSE IV (P167817) becomes effective** and operational. The PRISP PIU and REDISSE PIU thereafter will: (i) work together with the Technical Committee to prepare the annual work plans and budgets; (ii) carry out disbursements and procurement in accordance with World Bank procedures; (iii) prepare and consolidate periodic progress reports; (iv) monitor and evaluate project activities; and (v) liaise with stakeholders on issues related to

implementation. The PIU will provide, on a quarterly basis, a summary of the Interim Financial Reports showing the sources and uses of funds and cash forecasts for the following three months. The report will additionally provide an update on key activities and contracts, and raise key challenges. The report will be made available to the Technical Committee ten days after the end of each quarter. More details will be provided in the REDISSE IV Project Implementation Manual (PIM) which is currently being updated and will become an Annex to the PRISP PIM.

33. **The PRISP management team will be expanded to allow for efficient and effective implementation**. A reinforced fiduciary team will be assigned within the team to focus on the fiduciary management and monitoring, and evaluation of the proposed activities as defined in the COVID-19 Plan. At minimum, the additional personnel to be hired by the PRISP project to reinforce the team will include: a) a focal point, who will ensure efficient implementation of the various project activities are carried-out as per the workplan; b) a financial management specialist; c) an accountant; and d) an environmental and social safeguard specialist. As requested, the Bank will provide Hands-on Expended Implementation Support (HEIS) through its Accredited Procurement Specialist (APS) who will directly be fully supported by the appointed PRISP procurement assistant and benefit from the assistance of the PRISP procurement specialist. The Project will use the PRISP internal auditor. Due to the substantial environmental and social risk of the COVID-19 project, an Environmental Specialist and a Social Specialist will need to be hired or appointed no later than one month after project Effectiveness. The Social Specialist should have a background in stakeholder and community engagement and be familiar with gender-related programming and/or prevention and response of gender-based violence (GBV). The Project will also need to hire a GBV Specialist, due to the low level of training and capacity among health care providers in Congo to address GBV/SEA/SH risks.

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APPROVAL

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