



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 05-Feb-2021 | Report No: PIDA31178

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

Country Philippines	Project ID P175953	Project Name Philippines COVID-19 Emergency Response Project Additional Financing	Parent Project ID (if any) P173877
Parent Project Name Philippines COVID-19 Emergency Response Project	Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 09-Feb-2021	Estimated Board Date 11-Mar-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of the Philippines	Implementing Agency Department of Health

Proposed Development Objective(s) Parent

To strengthen the Philippines' capacity to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

Components

Strengthening Emergency COVID-19 Health Care Response
Strengthening Laboratory Capacity at National and Sub-National Level to Support Emerging Infectious Diseases (EIDs)
Prevention, Preparedness, and Response
Implementation Management and Monitoring and Evaluation
Contingent Emergency Response Component (CERC)

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

Total Project Cost	500.00
Total Financing	500.00
of which IBRD/IDA	500.00
Financing Gap	0.00

DETAILS**World Bank Group Financing**



International Bank for Reconstruction and Development (IBRD)

500.00

Environmental and Social Risk Classification

Substantial

B. Introduction and Context

Country Context

1. **The Philippines is situated in the East Asia and Pacific region, with a population of 110 million spreading across more than 7,000 islands.** These diverse tropical islands are grouped into three geographic areas: Luzon, the Visayas and the large southern island of Mindanao. The population has an annual growth rate of 1.4 percent and 47 percent of the population live in urban areas. The population is relatively young, with a 2018 estimate that only 5 percent of the population is aged 65 years and older. Adult literacy is high (98% in 2015) and the average life expectancy in 2018 was estimated at 71 years.

2. **The Philippines has been one of Asia's fastest-growing economies, but is being hit hard by the current COVID-19 health and economic crisis.** Categorized as a newly industrialized country, the Philippines has been transitioning from one based on agriculture to one based more on services and manufacturing. Since 2010, the Philippines registered its strongest and longest stretch of growth acceleration, becoming one of the best growth performers in the region: growth averaged 6.3 percent in 2010-18, second only to China, among large economies in the East Asia and Pacific region. Rapid growth has contributed to poverty reduction, with poverty incidence falling from 26.6 percent in 2006 to 21.6 percent in 2015. During the same period, growth has also been pro-poor. Income growth of households in the bottom 40 percent of the population increased by 2.9 percent compared to the average per capita income, which only rose by 1.6 percent. However, the recent and still ongoing COVID-19 health and economic crisis has led to severe shock, with GDP declining by 9.5 percent in 2020 and with unemployment, poverty and food insecurity rising. While the economy is projected to grow in 2021, the economy will not reach 2019 levels and trajectory of the pandemic make the path of recovery very uncertain.

Sectoral and Institutional Context

3. **As a lower middle-income country, the Philippines exemplifies the challenges of a health system in transition.** The country faces the epidemiological transition from communicable to non-communicable diseases. While the Philippines has comprehensive health strategies and policies developed at the national level, these are not effectively mirrored in local-level program implementation. Coverage of basic health programs lags well behind what would be expected of a country of the Philippines' level of economic development, with immunization coverage at its lowest point in ten years, poor (but improving) access to maternal health outcomes, and high levels of malnutrition for a middle-income country. The current health system is ill-equipped to manage the rising burden of chronic, non-communicable diseases. At the same time, "traditional" threats – such as vaccine preventable diseases – continue to contribute significantly to the burden of disease. One contributing factor is the highly fragmented and devolved health financing and service delivery arrangements, which results in many variations in program coverage across provinces and municipalities, as well as unpredictability and insufficiency of financing from year to year at the local level. In addition, health care is predominantly hospital-based with emphasis on curative care. The weak primary care system is generally under-resourced and there is also considerable geographic variation in access to care.¹

¹ Health Financing Systems Assessment for BARMM. DRAFT 2020 World Bank Group



4. **Government expenditure on health as a share of GDP is low by global standards, with high out-of-pocket spending (OOP) on health.** OOP spending on health, predominantly for pharmaceuticals, constitutes two-thirds of total health spending, and shows no sign of declining. However, the rapid expansion of enrollment under fully subsidized health insurance from 5.2 million to 14.7 million poor families (funded in part by revenues from the Sin Tax) promises to bring much-needed financial protection – if accompanied by efforts to ensure awareness of benefits, expansion of the benefit package, and efficiency in health service purchasing. Health service delivery in conflict-affected Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) faces a significant challenge due to the fragile political situation and security context. Consequently, health outcomes in BARMM are significantly worse than the rest of the country.

5. **As one of the countries that are worst affected by COVID-19 in the East Asia and the Pacific region, the Philippines moved aggressively to mitigate the COVID-19 epidemic at an early stage when confirmed cases were still at a very low level.** The President declared the whole Philippines under a State of Calamity for a period of six months from March 16 and imposed an Enhanced Community Quarantine (ECQ) throughout the island of Luzon (which includes Metro Manila) from March 17 to 13 April. On March 24, 2020, the Congress passed the Bayanihan To Heal As One Act (Republic Act No. 11469) which declares a national emergency due to COVID-19, and grants the President expanded powers to adopt measure to prevent and suppress the spread of COVID-19 for three months. The Act also authorizes the Executive branch to reallocate and realign savings from the national budget as well as from government corporations. The number of confirmed COVID-19 cases has continued to increase. In the same year, the Congress enacted Republic Act No. 11494 otherwise known as Bayanihan to Recover as One Act (Bayanihan 2). The law extends special powers of the President for handling the COVID-19 virus pandemic and provides US\$3.4 billion (P165.5 billion) fund to address the health crisis. As of January 29, 2020, the Philippines confirmed 519,575 cases and 10,552 deaths – the second largest burden of COVID-19 in the East Asia and Pacific region. Confirmed cases stretch across the age distribution, with the most affected age group 20-29 years (26.2%) followed by 30-39 years (23.7%), and 54% are male.

C. Proposed Development Objective(s)

Original PDO

6. To strengthen the Philippines' capacity to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

Current PDO

7. The PDO for the proposed additional financing remains unchanged: to strengthen the Philippines' capacity to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

Key Results

8. PDO level indicators:

- Percentage of hospitals with personal protective equipment and infection control products and supplies according to DOH requirements, without stock-outs in preceding one month;
- Percentage of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents, without stock-outs in preceding one month;
- Number of acute healthcare facilities with isolation capacity according to DOH-established



standards;

- Share of project-targeted health workers received COVID-19 vaccine as per government's plan;
- Share of project-targeted population given full dose of COVID-19 vaccination.

D. Project Description

9. **This proposed additional financing (AF) will support the costs of expanding activities of the Philippines COVID-19 Emergency Response Project** (the parent project)² under the COVID-19 Strategic Preparedness and Response Plan (SPRP), using the Multiphase Programmatic Approach (MPA). The parent project was approved by the Board on April 2, 2020, and the AF to the SPRP was approved on October 13, 2020. The primary objectives of the AF are to: enable affordable and equitable access to COVID-19 vaccines; help ensure effective vaccine deployment through enhanced vaccination system strengthening; and further strengthen preparedness and response activities in the Republic of the Philippines under the parent project.

10. The purpose of the proposed AF is to help the Government of the Philippines (GOP) purchase and deploy the COVID-19 vaccines that meet Bank regulatory standards and strengthen relevant health systems that are necessary for successful vaccine deployment and preparation for the future.

11. **Despite recent progress, the Philippines remains one of the countries most affected by the COVID-19 in East Asia and Pacific, rendering vaccine purchase and deployment a national priority.** With the availability of vaccines, the Philippines has now an opportunity to add a significant new layer to its COVID-19 emergency response. Procuring and administering vaccines is critical to reducing mortality from COVID, opening the economy in earnest and promoting economic recovery including employment and incomes. The GOP is moving with urgency to secure adequate supplies of COVID-19 vaccines through direct purchase and via advance purchase mechanisms, such as the COVAX Facility co-led by Gavi the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations, and the WHO. The timeline and supply from COVAX will not fully meet the country's needs. Therefore, to vaccinate its first priority population—once a COVID-19 vaccine that has credible approval for safety and effectiveness is available—the GOP has sought support from its development partners, including World Bank and ADB.

12. **The project directly contributes to implementation of the first pillar of the World Bank Group Country Partnership Framework (CPF) FY20-23 on Investing in Filipinos to improve human capital development.** The AF is critical for the country to safely reopen the economy and resume economic and social development activities that were disrupted by the COVID-19 pandemic. The AF is also a key enabler for the GOP to implement and achieve results across the other pillars areas of the CPF.

13. **This AF is being proposed at a crucial juncture in the GOP's response to COVID-19. COVID-19 vaccine supported by the AF addresses the urgent need of the Philippines, as it offers an effective layer of protection and a critical pathway for the economy to reopen.** In addition to new therapeutics³, a number of promising COVID-19 vaccines are being developed. Twenty vaccines are in large-scale phase-3 clinical trials, and eight of them were given early or limited use. Recently published results from the trials of three vaccines show that they are safe and produce desired immune responses. In parallel with vaccine research, enhanced global production capacity has made it possible for three vaccines—manufactured by Pfizer and BioNTech, Moderna, and AstraZeneca—to receive approvals/emergency use authorizations from Stringent Regulatory Authorities (SRA) in December 2020 and January 2021. COVID-19 vaccination, along with improved diagnostics and therapeutics, is essential to protecting lives and enabling the world to reopen

² World Bank. 2020. Philippines - COVID-19 Emergency Response Project. Washington, D.C.: World Bank Group.
<https://hubs.worldbank.org/docs/imagebank/Pages/docProfile.aspx?nodeid=32002941>

³ Dexamethasone, an anti-inflammatory, has been shown to reduce mortality in critical cases by one-third, and by one-fifth in severe patients receiving respiratory support.



safely. The global economy will not fully recover until people feel they can live, socialize, work, and travel with confidence. This AF will enable affordable and equitable access to vaccines, which will save lives and allow safe reopening of the economy.

14. The Philippines has set up a governance framework and a plan to respond to COVID and vaccinate the population based on a whole of government approach. An Inter-Agency Task Force (IATF) for the management of emerging and infectious diseases is the policy body leading the response to the COVID-19 emergency. A COVID-19 Vaccine Cluster led by the “Vaccine Czar” is leading the preparation of the COVID-19 vaccination and deployment with inputs from various government departments, as well as task groups and sub-task groups. The Administrative Order (AO) No. 2021-005 “National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization” has been issued on January 12, 2021 to provide strategic policy guidance and direction on the selection, access, deployment of the COVID-19 vaccine and the COVID-19 immunization program. Based on the AO, the National COVID-19 Vaccine Roadmap and the more detailed Interim National Deployment and Vaccination Plan (NDVP) have been developed. The NDVP became effective on January 21, 2021 through IATF Resolution No. 95.

Proposed New Activities

15. The proposed additional US\$500 million IBRD loan will support the scale-up of activities for vaccination. In addition to the AF, the parent project will be restructured to include the following revisions:

- Components will be revised to: (i) reflect a reimbursement of loan proceeds, which had been moved to sub-component 1.2 to finance vaccines during a December 2020 restructuring of the parent project; (ii) add a new sub-component 1.4 on vaccine deployment; and (iii) reflect the AF and realign component costs to reflect revised costs by the DOH. The Bank will finance procurement of vaccines, medical supplies, and equipment for vaccination. The GOP will finance costs associated with the deployment of vaccines.
- Results framework will be revised to reflect the expected impact of the scaled up and modified activities.

16. Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA (SPRP). Support for vaccines, when available, which was anticipated in the initial Global COVID-19 MPA, will be scaled up as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1: Emergency COVID-19 Response. The Philippines will use the following options for vaccine purchase and financing mechanisms: (a) direct purchases from vaccine manufacturers; (b) purchase of stocks from other countries that reserve excess doses; and/or (c) advance purchase mechanisms by participating in COVAX. The World Bank will support the Government in considering the options to access vaccines, and the GOP will ultimately decide which options to use. Use of project resources for vaccine purchases are subject to the World Bank threshold of eligibility for purchase of vaccines, if either of the following apply: (i) approval by three Stringent Regulatory Authorities (SRAs) in three regions; or (ii) prequalification by the WHO and approval by one SRA.

17. The scope of Component 1: Strengthening Emergency COVID-19 Health Care Response (current allocation: US\$95.5 million; revised allocation: US\$581.0 million) will be scaled up to support COVID-19 vaccines purchase. Component 1 will be revised as follows:

18. Sub-component 1.1. Provision of medical and laboratory equipment and reagents (current allocation: US\$34.3 million; revised allocation: US\$ 34.5 million): No new additional activities are proposed but the amount has been revised to be aligned with updated costing of activities by the DOH.

19. Sub-component 1.2: Provision of medical supplies, including PPE, COVID-19 vaccines, medicines, and ambulances (current allocation: US\$46.6 million; revised allocation: US\$521.3 million). The AF supports COVID-19 vaccines purchase through this sub-component.



20. **Sub-component 1.3: Enhancing isolation/quarantine facilities (current allocation: US\$14.5 million; revised allocation: US\$25.2 million):** This sub-component supports the establishment, construction, retrofitting/refurbishment of quarantine facilities in major points of entry, an increased number of regular isolation rooms in DOH and provincial hospitals; and establishment of negative pressure isolation rooms in DOH and provincial hospitals. The increased amount for the component restores financing which had been re-allocated to sub-component 1.2 to finance COVID-19 vaccines during the December 2020 restructuring.

21. **Sub-component 1.4: Deployment of COVID-19 vaccines (new sub-component, financed by counterpart funding from the GOP: US\$155.5 million).** The sub-component is financed primarily through the GOP's counterpart funding to support the deployment of World Bank-financed and eligible COVID-19 vaccines. The sub-component will finance planning and management of the COVID-19 vaccines procured by loan proceeds from the AF and deemed eligible by the World Bank, as part of the national COVID-19 vaccination campaign, through enhancing systems and capacity for planning, regulation, and M&E. In addition, the sub-component will finance safe and effective deployment of COVID-19 vaccines procured by loan proceeds from the AF and deemed eligible by the World Bank, including delivery, cold chain and logistics system, disposal of healthcare wastes, risk and communication, as well as surveillance and adverse events monitoring. For vaccines that require ultra-cold chain systems, the sub-component will finance contracting of an agency or agencies to augment public sector capacity to vaccinate the targeted population. The estimated costs of delivering COVID-19 vaccines include the following cost elements: vaccines, injection devices, and PPE (for vaccinators and recorders), hauling and storage (including cold chain requirements), disposal of waste (e.g. number of receptacle bins for storage of syringes waste, services of TSD), operations, health promotion, and surveillance. The estimated cost is based on complete dose (two shots) and number of target population to be immunized, among others. Based on the GOP's latest plan, vaccines will be deployed by geographic area, for example, vaccines requiring an ultra-cold chain will be rolled out in the metropolitan areas.

22. **Scale-up, new activities, and increase in costs of Component 2: Strengthening laboratory capacity at national and sub-national level to support Emerging Infectious Diseases (EIDs) Prevention, Preparedness, and Response (current allocation: US\$3.2 million; revised allocation: US\$11.5 million):** Component 2 will support the establishment of national reference laboratories as well as selected sub-national and public health laboratories. Component 2 will include improving, retrofitting, and refurbishing national reference laboratory Research Institute for Tropical Medicine (RITM), as well as sub-national and public health laboratories. The increased amount for the component restores financing which had been re-allocated to sub-component 1.2 to finance COVID-19 vaccines during the December 2020 restructuring.

23. **Scale-up, new activities, and increase in costs of Component 3: Implementation Management and Monitoring and Evaluation (current allocation: US\$1.4 million; revised allocation: US\$7.5 million):** The AF will finance expanded implementation of the original project and the AF. The component enhances the DOH's implementation capacity on vaccine procurement, deployment, monitoring and evaluation, risk communication, and community mobilization. The AF will continue to utilize existing staff managing the parent project, and will include any additional capacity and expertise as required for this AF. In particular, project capacity will be enhanced by (a) a Public Health Specialist for Vaccine Management; (b) an M&E Specialist; and (c) a second Procurement Specialist.

24. **Component 3 funding is expected to be used to supplement the government funding to support the deployment of COVID-19 vaccines,** including the management of the COVID-19 vaccine supply chain requirements and engaging third-party logistics companies by the GOP to provide end-to-end logistics and cold chain storage support for the delivery of Bank-financed vaccines from ports of entry to frontline health facilities that will deliver the vaccines to the population, as well as to support healthcare waste management.

25. **Component 3 will also support M&E and build capacity for clinical and public health research and joint learning, both in general and specifically related to antibody response following vaccination within and across countries, thereby**



contributing to sustainable preparedness capacity. In addition to routine immunization recording, digital certification—i.e., daily records documenting who received the vaccine from which vial and batch—will be maintained, as will records of any adverse vaccination effects. Project M&E should ensure a mechanism to review the capacity of the national health systems to deploy vaccines universally and to reach isolated and marginalized communities and others difficult to reach. The M&E will also collect disaggregated data and information on coverage and adverse events by gender, demography, race-ethnicity, location-residence, socioeconomic status, and disability. The climate co-benefits will also be updated based on the activities that will be financed by the project and will include reduced commuting-related greenhouse gas and air pollutants and by using existing government facilities and third-party service providers for storage, handling, transport, deployment and emergency and emergency handling of COVID-19 vaccines to avoid the installation of new structures and equipment as well as maximize the use of low carbon, low ozone depleting refrigerants and renewable energy for the cold chain facilities as climate mitigation measures.

26. To help connect the government with citizens, and to establish collaboration in monitoring the effectiveness of the program, the AF will finance the following interventions:

- **Utilization of customized data analytics:** The project will use existing web-platforms/mobile phones to gather citizen feedback on local primary health care providers and transmit the information in real time to the responsible government body on: (i) treatment received or denied; (ii) availability of vaccines; (iii) potential side effects and additional treatment; and (iii) other challenges faced by the beneficiaries at the time of visiting the clinic including grievances mechanism. This will allow public officials to: understand patterns in in-service delivery; help address weaknesses identified; and tailor risk communication, community mobilization, citizen engagement, and M&E. It will further allow patients/beneficiaries to access information about service delivery points and schedules, and to share their grievances.
- **Promotion of participatory M&E:** Based on lessons from implementation of this beneficiary feedback loop, the project will expand these lessons to cover citizen charters and social audits for priority health service delivery programs. The AF will promote participatory M&E at community and service provider level.

27. The results framework will be modified to reflect the changes in the scale and scope of the parent project, as described above. The modifications will reflect the new activities proposed under the AF to measure overall progress in the coverage and deployment of the COVID-19 vaccine, to assess the gender dimension of the project, and to track citizen engagement.

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

28. The anticipated overall environmental and social risks remain substantial. The measures to address social and environmental risks in the parent project remain relevant, including infection prevention and control improvements in health facilities, such as assessment and mitigation measures for medical waste risk management that will be expanded as inoculation sites expand. While experience indicates that substantial risk ratings can be expected for the environment,



more attention should be given to address the medical waste and occupational health and safety risks, especially because of gaps in healthcare waste management systems and the potential huge demand for cold storage and transportation requirements needed to cover the entire country. The social risk is anticipated to be at least substantial; in the Philippines there is a broader social risk of inequity in access to vaccines and pressures to provide vaccines to individuals that do not belong to the listed priority groups.

29. **These risks will be mitigated through several measures to ensure vaccine delivery targets the most vulnerable populations, particularly health care workers, poor and elderly populations, indigenous peoples and uniformed personnel, as specified in this AF.** First, the Bank will support the Philippines to develop and adopt an explicit, contextually appropriate, and well-communicated targeting criteria and implementation plan (e.g., the national vaccination program and any subsidiary programs), including criteria for access to vaccines. As part of the Stakeholder Engagement Plan (SEP), the Borrower will ensure that this plan is subject to meaningful consultations per Environmental and Social Standard (ESS) 10.

30. **Another potential risk is the social acceptability and vaccine hesitancy given the biosafety characteristics of the vaccine and possible negative side effects.** These risks will be mitigated through the establishment of a robust risk communication strategy informing society and beneficiary communities of safety issues and treatment if negative side effects are shown. The AF will support the development and implementation of vaccine demand generation and communication through the deployment of the vaccine and an M&E system. The DOH will introduce revised protocols regarding consent to vaccinations, a process for agreeing to or refusing to be vaccinated. Two indicators will be introduced to monitor citizen engagement and additional care and treatment to people with negative side effects. Likewise, as part of the AF, the SEP has been reviewed with additional measures for consultation with key stakeholders. Besides, the grievance redress mechanism (GRM) has continued developing since the parent project was approved. It should be in place and equipped to address community, worker, and/or individual grievances related to COVID-19 vaccine administration and deployment.

31. **Compliance to the environment and social safeguard requirements under the AF will be achieved with the continuation of DOH's implementation of the Environment and Social Framework (ESF) instruments,** which have recently been updated by DOH to incorporate the additional activities to be funded by the AF. Compliance monitoring reports for the implementation of the ESF instruments are prepared by the DOH and carefully reviewed by the WB and any updates on the instruments are regularly disclosed by DOH. A new version of the Environmental and Social Management Framework and SEP was disclosed on January 8, 2021 on the following site <https://doh.gov.ph/COVID-19/emergency-response-project>, following the first restructuring of the parent project completed in December 2020. These two instruments, in addition to the Environmental and Social Commitment Plan, will be revised again and redisclosed as part of the AF prior to appraisal.

E. Implementation

Institutional and Implementation Arrangements

32. **The DOH will remain the implementing agency, as for the parent project.** The DOH appointed a Project Director (Undersecretary level), and a Project Manager (Director level). The Project Director and Project Manager are acting through DOH's technical departments and national programs, as well as the regional health units, LGUs, referral hospitals, and health centers. DOH may also assign co-Project Directors and co-Project Managers to support primary Project Director and Project Manager respectively. Within the DOH, the AF and the parent project will be implemented through the Bureau of International Health Cooperation, Health Facility Enhancement Program Management Office, Disease Prevention and Control Bureau, Health Emergency Management Bureau, Procurement Service, Finance Management Service, and relevant units, with BIHC as the main project focal point. Similar to the parent project, the AF will use mainstream DOH processes and not involve a parallel project implementation unit or secretariat. However, the DOH will assign officials who



will be in charge of project implementation. The AF will have a provision to strengthen DOH units' capacity and skills through additional consultants or advisors. Additional consultants or advisors will be recruited to strengthen overall technical, program management, fiduciary, ESF functions as well as to support implementation of project activities. The DOH will also ensure effective implementation at the sub-national levels and close coordination with relevant LGUs. The DOH will issue detailed guidance on vaccine roll-out, management and reporting to LGUs to enable a standardized roll-out process. In addition, the DOH will provide implementation support to LGUs. The DOH will contract agencies to augment public sector capacity to manage vaccine logistics and deployment, as needed. This might be important to enable the successful deployment of vaccines that require ultra-cold chain which can only be safely deployed within limited geographic areas.

33. The DOH project team will work closely with the COVID-19 Vaccine Cluster of the Inter-Agency Task Force on the Management of Emergency Diseases (IATF) as well as NITAG and NAEFIC. The COVID-19 Vaccine Cluster, led by the Vaccine Czar, include six Task Groups (TG): (i) Vaccine Evaluation and Selection; (ii) Vaccine Cold Chain and Logistic Management; (iii) COVID-19 Immunization Program; (iv) Diplomatic Engagement and Negotiation; (v) Procurement and Finance; (vi) Demand Generation and Communication. Procurement of vaccine will be carried out in accordance with the World Bank's Procurement Framework. The Bank's procurement rules will, however, not apply to certain expenditures or upfront payments, such as speed premia, made to secure a country's participation in an advance participation mechanism for vaccines as described in Global COVID-19 MPA Additional Financing Paper.

34. The guiding documents for the project will be an updated Project Operations Manual, including a Vaccine Delivery and Distribution Manual, standard project fiduciary, environmental and social risk management, implementation, and M&E requirements, as well as relevant official documents to be developed before March 31, 2021. In addition, Annual Work Plan and Budget will be submitted for no-objection to the World Bank no later than October 31 of each year, detailing the project work program and budget for each government fiscal year and specifying the allocation and sources of funding for all project components. For calendar year 2021, following approval of the AF by the World Bank board, the Annual Work Plan and Budget will be revised and submitted to the World Bank for approval by March 31, 2021.

CONTACT POINT

World Bank

Sutayut Osornprasop
Senior Human Development Specialist

Ronald Upenyu Mutasa
Practice Leader

Borrower/Client/Recipient

Republic of the Philippines
Rommel Herrera
Director
rherrera@dof.gov.ph

Implementing Agencies



Department of Health
Maria Solidad Antonio
Director
mariasolidad.antonio@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):	Sutayut Osornprasop Ronald Upenyu Mutasa
----------------------	---

Approved By

Practice Manager/Manager:		
Country Director:	Achim Fock	05-Feb-2021