



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 02-Mar-2022 | Report No: PIDA32922

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

Country Ghana	Project ID P178054	Project Name Ghana COVID-19 Emergency Preparedness and Response Project Third Additional Financing	Parent Project ID (if any) P173788
Parent Project Name Ghana COVID-19 Emergency Preparedness and Response Project	Region AFRICA WEST	Estimated Appraisal Date 03-Mar-2022	Estimated Board Date 31-Mar-2022
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Ghana	Implementing Agency Ghana Health Services, Ministry of Health

## Proposed Development Objective(s) Parent

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

## Components

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

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

<b>Total Project Cost</b>	60.60
<b>Total Financing</b>	60.60
<b>of which IBRD/IDA</b>	60.60
<b>Financing Gap</b>	0.00

**DETAILS**



**World Bank Group Financing**

International Development Association (IDA)	60.60
IDA Credit	60.60

Environmental and Social Risk Classification  
Substantial

**B. Introduction and Context**

1. **This Project Paper seeks the approval of the World Bank’s Regional Vice President to provide a credit in the amount of US\$60.60 million from IDA for an Additional Financing.** The third Additional Financing (AF3) would support the costs of scaling up the Ghana COVID-19 Emergency Preparedness and Response (P173788) under the COVID-19 Strategic Preparedness and Response Program (SPRP), using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020.<sup>1</sup> The purposes of the AF3 are: (i) to provide financing for scaling up affordable and equitable access to COVID-19 vaccination; (ii) to help strengthening health systems for effective vaccine deployment and case management, including the introduction of new activities; and (iii) to further strengthen the country’s pandemic preparedness and response capacity. The Ghana COVID-19 Emergency Preparedness and Response Project (P173788) in an amount of a SDR25.5 million (US\$35.0 million equivalent) from IDA credit was approved on April 2, 2020 and became effective on April 3, 2020. The first AF (AF1) to the Ghana COVID-19 Emergency Preparedness and Response Project (P174839) in an amount of a US\$130.0 million from IDA credit was approved on November 10, 2020 and became effective on December 14, 2020. The second AF (AF2) to the Ghana COVID-19 Emergency Preparedness and Response Project (P176485) in an amount of a US\$200.0 million from IDA credit was approved on June 10, 2021 and became effective on July 15, 2021.

**C. Proposed Development Objective(s)**

Original PDO

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

Current PDO

3. There is no change in the PDO from the parent project. Since its approval on April 2, 2020, the parent project has been successful in supporting implementation of the country’s emergency response and preparedness plan (EPRP) for COVID-19 response.

<sup>1</sup> The World Bank approved a US\$12 billion WBG Fast Track COVID-19 Facility (FTCF or “the Facility”) to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion came from IBRD/IDA (“the World Bank”) and US\$6 billion from the IFC. The IFC subsequently increased its contribution to US\$8 billion, bringing the FTCF total to US\$14 billion. The Additional Financing of US\$12 billion (IBRD/IDA) was approved on October 13, 2020 to support the purchase and deployment of COVID-19 vaccines as well as strengthening the related immunization and health care delivery system.



#### Key Results

4. **The project's progress towards achievement of the PDO was rated Satisfactory in the last Implementation Status and Results Report (ISR) on January 24, 2022 and the project continues to make good progress.** Four out of eight PDO indicators have been already achieved and maintain the good progress. The project continues to expand diagnostic capacity from two to 63 laboratories in all the 16 regions (15 of which are supported under the project), which are able to diagnose suspected COVID-19 cases within 24 hours. Forty-two treatment centers received medical equipment, including patient monitors, ventilators, mobile X-rays, and oxygen concentrators to increase ICU beds from 44 to 129 in 10 regions. Fifteen isolation facilities are being refurbished to enhance case management capacity. Infection Prevention and Control (IPC) measures are put in place to protect health workers and patients in healthcare settings. As of February 25, 2022, 47.3 percent of the total funding available has been disbursed. Among these, the total amount disbursed under the AF1 and the AF2 was 59.8 percent and 30.5 percent, respectively, while another US\$86.5 million or 43.3 percent of the AF2 financing was committed to the UN Commitment to the United Nations Children's Fund (UNICEF) for the COVID-19 vaccines acquisition through the AVAT. When counting this UN commitment and the commitment to the procurement in an amount of US\$46.8 million, the disbursement rate of the project goes up to 83.6 percent.

5. **Despite the continuous progress, in total, only 15.3 percent of the total populations were fully vaccinated against the national target of 64.5 percent (all people age 15 and above), and 28.0 percent of the total populations received at least one dose.** Ghana has adopted the stepped wedge approach to scale up the COVID-19 vaccination with support from the World Bank and other health development partners (HDP) for vaccine deployment and acquisition. It started the COVID-19 vaccination in 43 hotspot districts in three regions. By mid-2021, the COVID-19 vaccination was rolled out nationwide up to the community level. As of February 21, 2022, more than 12.4 million out of 25.5 million available COVID-19 vaccine doses were administered, 244,307 doses of which were among school children at age 15-17 years old. Ghana constantly demonstrates its strong vaccination capacity with support from the AF1 and the AF2. One example could illustrate their extraordinary efforts, that is, the Ghana Health Service (GHS) managed to execute 1.5 million doses of a short shelf-life of AstraZeneca vaccines (four weeks only) acquired through the COVAX Facility within two weeks in October 2021. Of the 16.9 million doses of the Janssen (Johnson & Johnson) COVID-19 vaccine financed by the World Bank, 5.8 million doses have arrived by end January 2022 and are being deployed.

6. **Risk communication and community engagement (RCCE) and Social Mobilization.** As the pandemic prolongs, the fatigue among health workers and the non-adherence of social and public health measures among the public become challenging. Multi-layered RCCE is being carried out for the COVID-19 response and vaccination in Ghana: (i) the Ministry of Information at the national level; (ii) the National Commission on Civic Education (NCCE) for citizen education and engagement, especially with traditional and religious leaders and local leaders; (iii) the Information Services Division (ISD) for mass communication at the community level; and (iv) the Health Promotion Division of the GHS for demand generation at the health professional and patients levels. These efforts ensure that no one is left behind. These engagements are iterative processes and feedback from civil society, including from the Associations for Persons with Disabilities are constantly reflected to further improve RCCE. The project is also proactively reaching out to the vulnerable in collaboration with the Associations for Persons with Disabilities (PWDs), including the provision of protective gears, wheelchairs, Information, Education and Communication (IEC) materials in braille, psychological and free medical care to more than 20,000 persons with disabilities. Women have been at one of the central focuses to ensure receiving tailored messages on the COVID-19 prevention and control through appropriate communication channels, addressing their specific needs and vulnerabilities in accessing information and care.



7. **Essential health and nutrition service utilization.** Routine health and nutrition services was disrupted in the first six months since the onset of the COVID-19 pandemic. The project supports the continuity of essential health and nutrition service delivery, especially community outreach programs, particularly in deprived areas. Since July 2021, the volume of essential health and nutrition services have returned to the pre-pandemic level, especially at the PHC level.<sup>2</sup> Ghana is being made up for the loss. The GHS has developed the guidance on continuity of essential services during disease outbreaks.

8. **Other Areas of Project Performance.** The project management was downgraded to Moderately Satisfactory (MS), M&E remains Moderately Unsatisfactory (MU) and Financial Management (FM) has been downgraded to MU in the last ISR mainly due to: (i) the continuous delay in submitting the 2020 audit report till recently, which resulted in disbursements and the processing of withdrawal applications to be put on hold from November 1, 2021 to February 11, 2022; and (ii) delay in submitting quarterly reports on overall project progress, FM, procurement, and reporting on the implementation of the relevant Environmental and Social Standards. The GoG has agreed to improve project coordination and M&E through fortnightly meetings among key implementation agencies, including the Ministry of Finance (MoF), the GHS, the Ministry of Health (MoH) for timely problem solving regarding the project implementation. The project will strengthen its support for monitoring and supervisory visits to project sites by these implementation agencies, which will ensure the quality and timeliness of project implementation. The World Bank is extensively supporting to improve project management and the quality of the Project's M&E through frequent follow-ups and the development of templates for reporting and workplans. To mitigate the risk of delay in submission of subsequent audit reports, the MoH and the World Bank agreed to ensure the preparation for audit-related activities in the first quarter of the calendar year. All of the legal covenants under the Project have been fulfilled with the exception of one which is partially fulfilled. This legal covenant requires the GoG to establish the Ghana Centers for Disease Control (Ghana CDC). With support from the project, the Ghana CDC has the Secretariat with three designated staff and is functional at the administrative level. The operational manual of Ghana CDC has been drafted and is expected to be finalized by September 2022, followed by stakeholder consultations. The Bill for the Ghana CDC is expected to be drafted in parallel and to be submitted to the Cabinet and the Parliament by the end of 2022.

9. **The need for additional resources to expand the COVID-19 response was formally conveyed by the GoG in a letter dated January 19, 2022 in the amount of US\$60.60 million requesting IDA financing.** On December 1, 2021, the GHS announced the confirmed cases of Omicron variant in the country. As of February 16, 2022, the country has a cumulative total of 159,124 confirmed cases and 1,442 cumulative deaths. The country is on the downslope of its fourth wave. In response to repeated waves of the pandemic, the GoG is further strengthening surveillance and diagnostic capacity, especially at points of entry (POEs), and is accelerating COVID-19 vaccination to limit local transmission of the virus. As the pandemic prolongs, the public adherence with the social and public health measures becomes more challenging. RCCE become more crucial than ever and need to be synchronized with the scaling up of the COVID-19 vaccination. The AF3 will play a key role to provide additional upfront financing for safe and equitable COVID-19 vaccination. Under the AF3, the GoG expects to acquire additional 1.1 million doses of Janssen vaccines through the African Vaccine Acquisition Trust (AVAT). This is expected to cover an additional 3.5 percent of the total population in Ghana. The AVAT, convened by the African Union (AU), has agreed with the World Bank to provide the AU member states an additional access to COVID-19 vaccines through UNICEF as a procurement agency. These additional doses would

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<sup>2</sup> Global Financing Facility (GFF). Ghana July 2021 Update and September 2021 Update. Monitoring essential health services in times of COVID-19.



allow Ghana to meet the national target and respond to the rapidly evolving scientific evidence of the COVID-19 vaccines as the country is considering further lowering the eligible age of the COVID-19 vaccination and the expansion of a booster shot. The GoG will continue to provide free COVID-19 vaccination to the population. Additional vaccines acquisition in an amount of US\$9.6 million and its deployment in an amount of US\$10.0 million under the World Bank financing will continue to meet the World Bank's vaccine approval criteria (VAC).<sup>3</sup> The AF3 also allocates US\$3.0 million to leverage the latest development of technologies and COVID-19 medicines for treating patients. With the ongoing investment of a total US\$365.0 million made for the COVID-19 response, the AF3 will support to further strengthen emergency preparedness and response capacity in preparation for future public health emergencies. These efforts include: (i) financing of US\$14.0 million for the refurbishment or construction of infrastructure; (ii) provision of diagnostic and medical equipment and consumables to health facilities in the regions with insufficient or weaker capacity at equivalent to US\$17.0 million; (iii) support for the National Vaccine Institute in an amount of US\$5.0 million; and (iv) strengthening the inter-agency coordination and development of legislation and policies to take evidence-based social and public health measures in an amount of US\$2.0 million.

10. The World Bank has been part of concerted efforts by the HDP to support the country's COVID-19 vaccination, including the recently launched COVID-19 Vaccine Delivery Partnership. The key development partners for COVID-19 vaccination include: World Health Organization (WHO), UNICEF, the Global Alliance for Vaccines and Immunizations (GAVI), Japan International Cooperation Agency (JICA), Korean International Cooperation Agency (KOICA), United States Agency for International Development (USAID), the Government of Japan through the Embassy of Japan in Ghana, the United Kingdom (UK) Foreign, Commonwealth and Development Office (FCDO), the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), and the AVAT.

#### D. Project Description

1. The changes proposed for the AF3 entail scaling up of the COVID-19 vaccination, which the parent project, Ghana COVID-19 Emergency Preparedness and Response Project (P173788) has been supporting. As the proposed activities to be funded under the AF3 for Ghana are aligned with the original PDO, the PDO would remain unchanged. The total project amount will be increased from US\$365.0 million to US\$425.6 million. The project closing date is proposed to be extended by one year from June 30, 2023 to June 30, 2024.
2. The additional or scaling-up activities will be incorporated into the existing components of the parent project as described below.

#### **Component 1: Emergency COVID-19 response (total US\$390.46 million, of which AF3 US\$53.60 million)**

##### **Sub-component 1.1: Case Detection, Confirmation, Contact Tracing, Recording and Reporting (total US\$28.96 million, of which AF3 US\$5.00 million)**

3. **This sub-component would be scaled up.** The AF3 plans to strengthen a network of laboratories, including those providing laboratory services to PHC facilities, building on the support under the parent project. Under an

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<sup>3</sup> As of April 16, 2021, the World Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccine acquisition and/or deployment under all the World Bank-financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities (SRAs) identified by World Health Organization (WHO) for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL).



optimal allocation of laboratories across the country, the AF3 will provide TA to identify the selected Hub laboratories (in addition to the existing high-level reference laboratories) at the regional level and satellite field laboratories at the district level, and provide lateral flow test and antigen test kits for rapid testing, reagents, and other consumables. The AF3 will also support research on the compatibility of different COVID-19 vaccines and other COVID-19 related issues.

**Sub-component 1.2: Containment, Isolation and Treatment (total US\$146.75 million, of which AF3 US\$29.00 million)**

4. **This sub-component would be scaled up.** This is a continuation of support from the AF1 in providing new medications, which are being developed as treatment for COVID-19 cases, leveraging latest technologies to enhance case management (US\$3.0 million), and procuring PPEs and other IPC materials to secure the safety of health workers and patients at the healthcare settings (US\$12.0 million). The COVID-19 medicines are recently developed. Although the number of incidence and active cases has been significantly dropped after the 4<sup>th</sup> wave, multiple variants are being circulated across the globe and the country needs to prepare for it. The PPE and IPC materials at healthcare settings have been in shortage since the beginning. The continuous procurement of these procurement items would ensure the safety of both health workers and patients when treating COVID-19 positive cases in health facilities. These IPC measures would also give a positive signal for other patients to come visit health facilities when essential care is needed to minimize foregone care. The AF3 will also support the provision and strategic distribution of COVID-19 medicines. The beneficiary health facilities will include faith-based, quasi-government and private health facilities to augment the country's case management capacity. Moreover, this sub-component will support strengthening in-country supply chain management, including the rehabilitation of the cold rooms.

5. **This sub-component would also introduce new activities.** The AF3 will support the refurbishment or new construction of Children's Emergency and Infectious Diseases Hospital in Accra and three health facilities in newly divided administrative regions in an amount of US\$14.0 million (US\$7.0 million for Children's Hospital and the rest of US\$7.0 million for three health facilities in the deprived regions). The AF3 will also provide medical and diagnostic equipment necessary for the above health facilities. The Children's Emergency and Infectious Diseases Hospital in Accra is located in the business district, serving for the poor and middle-income households. The Hospital is within the referral network of the only tertiary hospital in the southern part of the country: Korle Bu Teaching Hospital. The expansion of the capacity of the Children's Hospital would further enhance the case management capacity and lesson burden of the tertiary hospital. Ghana has six newly administered regions, which health facilities require improvements. The majority of these regions are also the bordering regions with the neighboring countries, where strengthening Port Health is also critical. The AF3 is addressing the equity issues by extensively supporting three out of these six regions, building on the support from the AF2. The details of the civil works at these health facilities will be determined upon the assessment in the fields.

**Sub-component 1.5: Strengthening Vaccine Deployment (total US\$25.51 million, of which AF3 US\$10.00 million)**

6. **This sub-component would be scaled up.** The AF3 will continue to support the preparation and scaling up of COVID-19 vaccines deployment in the country. The AF3 will extensively support service delivery at the sub-national level, including: (i) training of surveillance officers, data managers, finance officers and immunization teams; (ii) district and sub-district levels microplanning; (iii) administration of COVID-19 vaccination and the synchronized social mobilization and RCCE; (iv) procurement of motorbikes and their maintenance; (v)





monitoring and supervision of COVID-19 vaccination at the national and sub-national levels; (vi) waste management; (vii) AEFIs monitoring; (viii) monitoring for vaccine safety; (ix) COVID-19 vaccination data management, including the procurement and digitalization of vaccination cards; and (x) continuing professional education in the areas of public health intelligence, and health policy and financing for pandemics and epidemics. The FDA Ghana is responsible for its own assessment of the project COVID-19 vaccines' safety and efficacy, and is solely responsible for the authorization and deployment of the vaccines in the country. The World Bank supported activities require special care in due diligence to ensure that the project support for vaccine education campaign is not intermingled with information campaigns about the government's mandatory vaccination policy.

**Sub-component 1.6: COVID-19 vaccines acquisition (total US\$157.08 million, of which AF3 US\$9.60 million)**

7. The AF3 estimates that the financial envelop would enable Ghana to acquire an additional 1.1 million doses of Janssen vaccine (for an additional 3.5 percent of the total population) and would contribute to increasing the cumulative vaccination coverage, which would exceed the national target. However, with the newly developed protocols and guidelines to include children aged 15 and above and booster shots for health workers, people above 60 years old and the government officials in the national vaccination programs, the additional doses of vaccines will significantly contribute to reaching the expanded national goal. The NTCC is already considering further lowering the eligible age of COVID-19 vaccination up to five years old. The eligibility for a booster shot will be likely expanded as the COVID-19 vaccination is being scaled up in the country.

**Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach (total US\$10.80 million, of which AF3 US\$1.40 million)**

**Sub-component 2.1: Multi-agency support to enhance response (total US\$16.40 million, of which AF3 US\$7.00 million)**

8. **This sub-component is proposed to be scaled up.** This is a continuation of support from the parent project and the AF1 in supporting the Parliament, the Inter-Ministerial Coordination Committee (IMCC) and the NTCC to develop and implement legislations and policies for social and public health measures to end the pandemic. The coordination to synchronize multiple initiatives such as the National Vaccine Institute (NVI), the Ghana CDC and the Port Health strengthening will be supported to enhance the country's preparedness and response capacity in a consolidated manner.

**Sub-component 2.3: Support for the National Vaccine Institute (new sub-component: total US\$5.00 million)**

9. **This is a new sub-component and new activity.** This sub-component will support the establishment of the NVI. The NVI is a continental effort to promote the domestic manufacturing of vaccines in Africa. Ghana considers this initiative even beyond COVID-19 vaccines but envisages a longer-term vaccine manufacturing as it will graduate from GAVI's support sooner rather than later as a lower middle-income country. The GoG has developed the Roadmap for the NVI, followed by the consultations with key stakeholders, including the World Bank and other development partners. The Cabinet has approved the Bill, which is currently under discussion at the Parliament for its legal establishment. The International Finance Corporation (IFC) is supporting the market assessment and will potentially support the development of a business plan of a local manufacturer together with GIZ/EU, USAID and other DPs, which will be presented to the investors' community. The AF3 will support the NVI only after it is legally established and the necessary assessments were conducted, satisfactory to the World Bank.





Legal Operational Policies

Triggered?

Projects on International Waterways OP 7.50

Projects in Disputed Areas OP 7.60

Summary of Assessment of Environmental and Social Risks and Impacts

10. The environmental risks rating of the AF3 remains **Substantial**, the same as for the parent project, the AF1 and the AF2, due to concerns relating to: (i) occupational health and safety on testing, vaccinating and handling of supplies and potential unsafe use of these supplies by health workers and laboratory technicians; (ii) medical waste management at health facilities treating COVID-19 patients and improper handling and disposal of medical waste and biohazards could injure human health; and (iii) community health and safety issues related to the handling, transportation and disposal of healthcare waste. Improper disposal of empty vials, sharps, needles, packaging, and unused and expired vaccines can be harmful to humans, environment, and wildlife. Project activities such as civil works related to the construction and or rehabilitation/refurbishment of health infrastructure can create temporary unintentional environmental, health, and social challenges when not properly managed. The environmental risks that are associated with these activities may include: (i) loss of vegetation and fauna, disturbance to natural habitat, soil and cultural heritage typically associated with civil works, (ii) occupational health and safety (OHS) hazards for civil workers, and (iii) safety hazards for communities during construction and operations of new infrastructure, intermittent noise and air pollution from power back-up generators and exposure to electromagnetic fields given community proximity to transmitting antennas. The potential OHS risks and hazards may include: (iv) exposure to dusts, fumes, and gases which can cause breathing problems and lung diseases, (v) exposure to loud noise due to frequent or excessive use of vibrating tools which can cause cognitive hearing impairments, (vi) stress and fatigue due to frequent or excessive manual handling of loads, and (vii) physical injury.

11. Procuring unsafe vaccines and inadequate vaccine storage, handling and transportation practices may deteriorate vaccine quality and affect public health. Improper disposal of the waste will lead to the pollution of waterways and thereby the drinking water sources. Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. Although sharps pose an inherent physical hazard of cuts and punctures, the much greater threat comes from syringes or needles that can infect people with HIV/AIDS and the hepatitis B and C viruses through accidental pricks or reuse of syringes/needles. Again, vaccination campaigns will increase the environmental repercussions of plastic waste including syringes, which adds to the waste already generated by single-use personal protective equipment (PPE) — the masks, suits and shields used to protect people and medical staff from the virus. Waste materials generated from laboratories, quarantine facilities, screening, treatment and vaccination facilities to be supported by the parent project and AF3 require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact or handling the waste. There are also risks of COVID-19 infection among workers and the general public due to mobilization of groups for mass vaccination and the associated infectious waste materials generation and



management. Minor construction or rehabilitation of cold-chain infrastructure may be anticipated in this project and all these works will be limited to existing rural and peri-urban government health facilities; hence the environmental footprint is expected to be minimal. The key environmental issues associated with these construction activities are: (i) nuisance related to air and noise emissions; (ii) health and safety of health workers; (iii) disposal and management of rehabilitation and construction waste; (iv) traffic management; (v) workers occupational health and safety; (vi) community health and safety, and; (vii) erosion of debris, especially if works are carried out in the rainy season.

12. The social risk rating for the AF3 remains **Substantial**, same as the Parent Project, the AF1 and the AF2. The national scale of the planned COVID-19 vaccine rollout under the AF3 can introduce some social dimensions with potential significant social risks. Negative social risks and impacts will be related to a broad risk of inequality in access to vaccines resulting from exclusion of vulnerable and marginalized groups from vaccination due to gender inequalities, socio-cultural and religious beliefs, disability and geographical location (e.g., people in hard to reach communities and slum communities); and political pressure to provide vaccines to groups not prioritized leading to elite capture. People living in remote or isolated communities, persons with disabilities, the elderly, homeless, slums communities, and women could potentially miss out on vaccination due to elite capture, distance and poor road networks to health facilities, and barriers in communication. If not well managed, vaccine targeting may lead to social conflict among interested groups and exclusion of marginalized groups (women, elderly, poor). Ghana's National Deployment and Vaccination Plan does not discriminate against foreign nationals. Communication risks due to disinformation, misperception, false rumors, and inequitable information dissemination may give rise to COVID-19 vaccine hesitancy, reduced access to vaccine services (especially among vulnerable groups), refusals within communities and reprisals and retaliation especially against healthcare workers. There is also a risk that people may not receive information about access and services unless communication is adequately managed. There is also a risk of theft and commercialization of PPEs and vaccines, resulting in shortages.

13. Other social risks relate to potential for creating or exacerbating poor conditions with impacts on community health and safety due to improper disposal of medical waste (e.g., in open waste dumps and discharge of contaminated water that may contaminate land and surface water or injury to waste pickers). Other potential social risks include increased incidence of reprisals and retaliation, especially against healthcare workers and researchers related to both suspicion of the motives and legitimacy of the vaccinators. There are likely gaps in access to information sources and absorption level of correct information about COVID-19 among women as compared with men as education and illiteracy rate are higher among women. Some women may need to get authorization from their husbands to get vaccinated. Moreover, pandemics can create or exacerbate the conditions that especially put women and girls at greater risk of SEA/SH. For instance, loss of household income due to job losses can increase intimate partner violence; women and girls may be forced into exchanging sexual favors for access to testing, treatment, vaccines or even supplies.

14. All construction and or rehabilitation/refurbishment of health infrastructure proposed under the AF 3 will be undertaken within existing government health facilities which are encumbrance free, therefore physical and economic displacement are not anticipated. If land acquisition and involuntary resettlement leading to displacement of people and livelihood losses in connection with any project activities that have not yet been identified becomes necessary during implementation, mitigation measures would be developed to the satisfaction of the Bank prior to commencement of any land acquisition.



15. These risks will be mitigated with measures to ensure COVID-19 vaccination, targeting the most vulnerable populations, particularly women, the elderly, the poor, persons with disabilities, refugees, migrants, and people in remote communities and informal settlements. First, the World Bank will continue to support the GoG to enforce the compliance of an explicit, contextually appropriate, and well-communicated targeting criteria, set in the NVDP and the National Communication Strategy for COVID-19 vaccines. The GoG would ensure that these national plans are continuously subjected to timely and meaningful consultations required by the Stakeholder Engagement Plan (SEP) prepared in accordance with Environmental and Social Standard (ESS) 10. The priority groups with high risks of infection remain valid among health workers, security services, other essential government workers, people at educational institutions, and commercial drivers. The risk of reprisals and retaliation against health workers and researchers will be mitigated through explicit inclusion in robust stakeholder consultation processes to engage identified stakeholders and advocacy for stakeholder buy-in. The planned mandatory vaccination announced by the GoG for a defined group of people (e.g., health workers and security agencies) has been suspended.<sup>4</sup> If mandatory vaccination is introduced during the project implementation, regulations will be integrated into the National COVID-19 Vaccination Plan, including any provisions for exceptions, due process, grievance redress and restrictive measures, such as measures that may interfere with labor and working standards described in ESS Labor and Working Conditions (ESS2).

## E. Implementation

### Institutional and Implementation Arrangements

16. The AF3 follows the same implementation arrangements with the parent project, as revised under AF1 and AF2 given the expanded vaccination scope. The MoH and the GHS remain the implementing agencies for this project. The Chief Director of the MoH is responsible for overall project management. The detailed arrangements are found in the AF2 project documents at: <https://documents1.worldbank.org/curated/en/403401623636115257/pdf/Ghana-COVID-19-Emergency-Preparedness-and-Response-Project.pdf>.

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<sup>4</sup> <https://citinewsroom.com/2022/01/theres-no-mandatory-covid-19-vaccination-in-ghana-presidency/>



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