



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 28-Mar-2020 | Report No: PIDA28989



BASIC INFORMATION

A. Basic Project Data

Country Bangladesh	Project ID P173757	Project Name Bangladesh: COVID-19 Emergency Response and Pandemic Preparedness Project	Parent Project ID (if any)
Region SOUTH ASIA	Estimated Appraisal Date 25-Mar-2020	Estimated Board Date 15-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) The People's Republic of Bangladesh	Implementing Agency Ministry of Health and Family Welfare	

Proposed Development Objective(s)

To support the Government of Bangladesh to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

Components

- Component 1: Emergency COVID-19 Response
- Component 2: Supporting National and Sub-national, Prevention and Preparedness
- Component 3: Implementation Management and Monitoring and Evaluation
- Component 4: Contingent Emergency Response Component

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	100.00
Total Financing	100.00
of which IBRD/IDA	100.00
Financing Gap	0.00

DETAILS

World Bank Group Financing



International Development Association (IDA)	100.00
IDA Credit	100.00
Environmental and Social Risk Classification	
Substantial	
Decision	

B. Introduction and Context

Country Context

- Bangladesh is one of the world’s most populous countries, with an estimated 165 million people in a geographical area of about 144,415 square kilometers.** Per capita Gross National Income reached US\$1,751 (World Bank Atlas method) in 2018, well above the lower middle-income country threshold which Bangladesh crossed in 2014. Economic conditions have continued to improve in recent years. Gross Domestic Product (GDP) has been growing well above the average for developing countries, averaging 6.5 percent annually since 2010, with an officially projected growth of 8.13 percent in FY19, driven by manufacturing and construction. Progress on reducing extreme poverty and boosting shared prosperity through human development and employment generation has continued. The incidence of poverty, based on the international poverty line of US\$1.90 per capita per day (measured on the basis of the Purchasing Power Parity exchange rate), declined from 44.2 percent in 1991 to 14.8 percent in 2016, the latest year for which poverty data are available.
- There has been significant progress in the country’s health, nutrition and population (HNP) indicators nationally, and Bangladesh has embraced the Sustainable Development Goals (SDGs) for 2030, including SDG 3, which focuses on ensuring health and promoting well-being for all.** Bangladesh has made significant progress on HNP outcomes, attributed to a number of factors, including, success in achieving wide coverage of high-impact interventions (such as immunization, oral rehydration therapy and family planning), female education and labor force participation, and a pluralistic health sector involving services delivered by the government, private for-profit providers and non-governmental organizations. At the same time, the country faces significant challenges to achieving its objective of universal health coverage (UHC). While the government health service delivery network is substantial, government health spending as a proportion of GDP is among the lowest in the world; two-thirds of health spending is out-of-pocket for private sector services.
- Bangladesh is highly vulnerable to health and other hazards.** The country’s high population density, and rapid and messy urbanization, with a high share of its urban population living in slums, make it prone to high rates of morbidity from increasing outbreaks of infectious diseases, including cholera, and dengue fever. Overall, a large section of the population is at risk of health emergencies, including those due to outbreaks of infectious diseases that typically follow the occurrence of natural disasters.



Bangladesh is ranked the sixth most vulnerable country, among 181 countries, according to the 2018 United Nations Disaster Risk Index.

Sectoral and Institutional Context

4. **Strengthening the country's capacity and capabilities for disease preparedness and response – including those with pandemic potential – is high on the national development agenda.** In May 2016, Bangladesh conducted the Joint External Evaluation (JEE) of the International Health Regulations (IHR) core capacities to prevent, detect, and rapidly respond to public health threats, whether occurring naturally, or due to deliberate or accidental events. Bangladesh scored 2.5 (on a scale of 1 to 5), demonstrating limited capacity to prevent, detect and respond to public health emergencies. While the country has made progress in complying with the IHR (2005), there are opportunities for improvement across each technical area, that will require the country's highest commitment and support, working closely with development partners. In addition to the IHR JEE, Bangladesh has also completed a Global Health Security Agenda (GHSA) Roadmap – which includes 12 GHSA targets that aim to address global health security with a focus on improving national public health capacity and capabilities. A National Action Plan for Health Security (NAPHS 2020–2024) and National Preparedness and Response Plan for COVID-19 have recently been drafted.

5. **Current statistics on COVID-19 and Bangladesh.** Bangladesh has developed plans and is implementing measures to respond to the COVID-19 outbreak. Given 18 confirmed cases (including 4 deaths) in the country as of March 19, 2020, and cognizant that Bangladesh is one of the most densely populated countries in the world, substantial measures need to be put in place, as a matter of urgency, to ensure a strong and effective immediate response.

6. **COVID-19 response coordination structures:** The government has strengthened its preparedness efforts, and has set up the national preparedness and response coordination mechanism through a COVID-19 Emergency Operation Center (EOC) at the Institute for Epidemiology, Disease Control and Research (IEDCR) under the Directorate General of Health Services (DGHS). There are five levels of coordination, operating at varying degrees of functionality:

- Inter-ministerial National Committee, headed by the Minister, Ministry of Health and Family Welfare (MoHFW);
- Divisional-level Multi-sectoral Coordination Committees;
- District-level Multi-sectoral Coordination Committees, headed by the Civil Surgeons;
- City Corporation-level Multi-sectoral Coordination Committees headed by the Mayors; and,
- Upazila-level Multisectoral Coordination Committees headed by the Upazila Nirbahi Officers.

C. Proposed Development Objective

Development Objective

7. To support the Government of Bangladesh to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness



Key Results

- 8. The following indicators will track progress towards achievement of the development objective:
 - Suspected cases of COVID-19 reported and investigated per approved MoHFW guidelines; and
 - Designated hospitals with isolation capacity.

D. Project Description

9. **Bangladesh has developed plans and is implementing measures to respond to the COVID-19 pandemic.** The proposed project will support implementation of relevant aspects of the government strategies, notably the draft NAPHS, and the National Preparedness and Response Plan for COVID-19. Project components are summarized below.

10. **Component 1: Emergency COVID-19 Response (Indicative amount: US\$85 million).** This component will provide immediate support to Bangladesh to prevent COVID-19 from arriving or limiting local transmission through containment strategies. It will support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with the World Health Organization (WHO) guidelines in the Strategic Response Plan. It will also enable Bangladesh to mobilize surge response capacity through trained and well-equipped frontline health workers.

11. **Component 2: Supporting National and Sub-national, Prevention and Preparedness (Indicative amount: US\$12 million).** This component will support activities which aim to strengthen Bangladesh’s national system for prevention of and response planning for emerging infectious diseases in the context of human and animal health system development.

12. **Component 3: Implementation Management and Monitoring and Evaluation (Indicative amount: US\$3 million).** This component will provide support for project management including financial management and procurement. It will also support monitoring and evaluation and operations research.

13. **Component 4: Contingent Emergency Response Component (US\$0 million).** In the event of a crisis or emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.

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	



14. **The proposed project will have positive environmental and social impacts, as it focuses on improving surveillance, monitoring and containment of COVID-19 and any public health emergency.** Accordingly, the project will support provision of screening, detection and treatment of COVID-19 cases, and further upgrading of health facilities and laboratories. The main environmental and social risks are likely to be associated with: (i) occupational health and safety issues related to testing and handling of supplies and the possibility that protective gears are not adequately used by the laboratory technicians and medical professionals; and (ii) environmental pollution and community health and safety issues related to the handling, transportation and disposal of healthcare waste and minor/moderate scale construction works.

E. Implementation

Institutional and Implementation Arrangements

15. **The MoHFW will be the implementing agency for the project.** A Project Implementation Unit (PIU) will be set up in the DGHS, with key professionals and staff to spearhead project implementation. The PIU will comprise a full-time project director, deputy project director(s), divisional project coordinators, and other personnel with specialization in requisite disciplines, posted from within the MoHFW/DGHS, as well as technical experts/consultants hired from the open market. As mentioned earlier, an inter-ministerial National Committee for COVID-19 has been set-up, chaired by the Minister of MoHFW and comprising Secretaries of relevant government ministries and selected development partners. This National Committee will provide guidance on policy directions. A Project Steering Committee (PSC) will be established by the MoHFW, chaired by the Secretary of the Health Services Division of the MoHFW, comprising relevant government officials, to provide guidance to the PIU, take stock of project progress and recommend course corrections. The PSC will meet at least twice a year, or more frequently if required. For technical oversight and hands-on supervision support, a Project Implementation Committee will be set-up, chaired by the Director General of DGHS; this will meet at least once every quarter or more frequently if needed.

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APPROVAL

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