



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 25-Mar-2020 | Report No: PIDA29015

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

Country Cabo Verde	Project ID P173857	Project Name Cabo Verde: COVID-19 Emergency Response Project	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 24-Mar-2020	Estimated Board Date 02-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministério das Finanças	Implementing Agency National Health Directorate	

## Proposed Development Objective(s)

Project development objective is to prepare and respond to the COVID-19 pandemic in Cabo Verde

## Components

Component 1: Emergency COVID-19 Prevention, Preparedness and Response

Component 2: Implementation Management and Monitoring and Evaluation (M&E)

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

<b>Total Project Cost</b>	5.00
<b>Total Financing</b>	5.00
<b>of which IBRD/IDA</b>	5.00
<b>Financing Gap</b>	0.00

**DETAILS****World Bank Group Financing**

International Development Association (IDA)	5.00
IDA Credit	5.00



## Environmental and Social Risk Classification

Substantial

### Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

## B. Introduction and Context

### I. PROGRAM CONTEXT

1. This Project Appraisal Document (PAD) describes the emergency response in Cabo Verde under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank's Board of Executive Directors on April 2, 2020 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.<sup>1</sup>

#### A. MPA Program Context

2. **An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China.** Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 21, 2020, the outbreak has resulted in an estimated 267,013 confirmed cases and 11,201 deaths in 185 countries, areas or territories.

3. **COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts.** The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use<sup>2</sup> and pre-existing chronic health problems that make viral respiratory infections particularly dangerous<sup>3</sup>. With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83% to 98% of patients develop a fever, 76% to 82% develop a dry cough and 11% to 44% develop fatigue or muscle aches<sup>4</sup>. Other symptoms, including headache,

<sup>1</sup> COVID-19 Strategic Preparedness and Response Program (SPRP) P173789

<sup>2</sup> Marquez, PV. 2020. "Does Tobacco Smoking Increases the Risk of Coronavirus Disease (Covid-19) Severity? The Case of China." <http://www.pvmarquez.com/Covid-19>

<sup>3</sup> Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." New Eng J of Medicine, DOI: 10.1056/NEJMe2002387

<sup>4</sup> Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." JAMA, doi:10.1001/jama.2020.3072



sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7% of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

4. **The World Bank Group has created a dedicated COVID-19 Fast Track facility and streamlined emergency project preparation for new projects designed to help countries address emergency response to the outbreak.** This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FCTF), which will be a globally-coordinated, country-based response to support health systems and emergency response capacity.

## B. Updated MPA Program Framework

5. Table 1 provides an updated overall MPA Program framework, including the first two countries and the proposed project for Cabo Verde.

**Table 1. MPA Program Framework**

Phase #	Project ID	Sequential or Simultaneous	Phase's Proposed DO*	IPF, DPF or PforR	Estimated IBRD Amount (\$ million)	Estimated IDA Amount (\$ million)	Estimated Other Amount (\$ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
3	Cabo Verde	Sequential		IPF	-	US\$5.00	-	April 2, 2020	Substantial
Total			<b>Board Approved Financing Envelope</b>		<b>\$2,700.00</b>	<b>\$1,300.00</b>			

6. The Program framework will be updated as more countries join SPRP. All projects under SPRP are assessed for ESF risk classification following the Bank procedures and the flexibility provided for COVID-19 operations.

## C. Learning Agenda

7. The need for interchange of experiences across countries is essential as Cabo Verde and other countries grapple with a pandemic that is still relatively new, and for which financial and especially physical resources are increasingly limited given the rapid spread of the pandemic. Like other small island states, Cabo Verde will have to deal with questions such as how to deal with global supply chain constraints for relatively small purchases and global shortages for key supplies; how to implement appropriate policies for prevention, social isolation, and



testing; how to engage in appropriate communication strategies to the public; how to effectively engage in triage at hospitals and acute care facilities; and how to increase effective treatment capacity, among others.

8. In this regard, the World Bank and other key partners will provide continuous support to facilitate learning on best practices coming from other countries, especially on overcoming constraints on the supply chain for essential medical inputs.

#### Country Context

9. **Cabo Verde is a small archipelago of ten volcanic islands (of which nine are populated) situated in the Atlantic Ocean about 500 km off the coast of Senegal.** Its population is small, only numbering about half a million people. Before the global financial crisis, Cabo Verde experienced rapid economic growth, and in 2007 it graduated to a middle-income country status. Tourism has driven growth and has played a catalytic role in the development of other key sectors, including construction. Despite the challenges associated with being a small island economy, Cabo Verde witnessed significant social and economic progress over the last decades, driven mainly by the rapid development of inclusive tourist resorts.

10. **The Tourism places Cabo Verde at a high risk due to large influx of international travelers.** In 2018, more than 700,000 tourists visited the country.<sup>5</sup> Only in the first three quarters of 2019, the National Statistics Institute (INE) reported over five hundred thousand tourists visited the country. Most of them coming from Europe, with United Kingdom and Portugal leading in number of tourists. The Government of Cabo Verde announced a three-week suspension of flights from Europe, the United States, Brazil, Senegal, and Nigeria beginning on March 18, 2020.<sup>6</sup> Although there are no confirmed cases of COVID-19 in Cabo Verde, the virus is predicted to continue spreading globally and particularly in Africa over the coming months which makes urgent to strengthen preparedness and response systems in these countries.

#### Sectoral and Institutional Context

11. **Cabo Verde has experienced significant improvements in several key health indicators over the recent years.** With a Human Development Index (HDI) of 0.654, Cabo Verde is in the medium human development category, and its health index (0.815) reflects the country's high life expectancy (73 years), the second highest in Africa. Under-five-child and maternal mortality have steadily decreased over the past two decades in Cabo Verde, while immunization coverage rates and qualified-assisted birth rates have improved. Child mortality rate in Cabo Verde fell from 63 deaths per 1,000 births in 1990 to 17 per 1,000 births in 2017. Maternal mortality also declined – by 84 percent from 256 to 42 deaths per 100,000 births as at 2015. Furthermore, immunization coverage has increased for key major childhood diseases (including hepatitis, diphtheria, pertussis, tetanus and measles). Between 2000 and 2017, immunization against measles for children aged 12-23 months improved from 86 percent to 96 percent. Similarly, the rate of births attended by skilled health staff reached 91 percent in 2015, while it was only 78 percent in 2005.

12. **As the country undergoes epidemiological transition, the burden of disease shifted from maternal, nutritional and communicable to non-communicable diseases (NCD).** NCDs account for the two-thirds of

<sup>5</sup> World Bank Data <https://data.worldbank.org/indicator/ST.INT.ARVL?locations=CV>

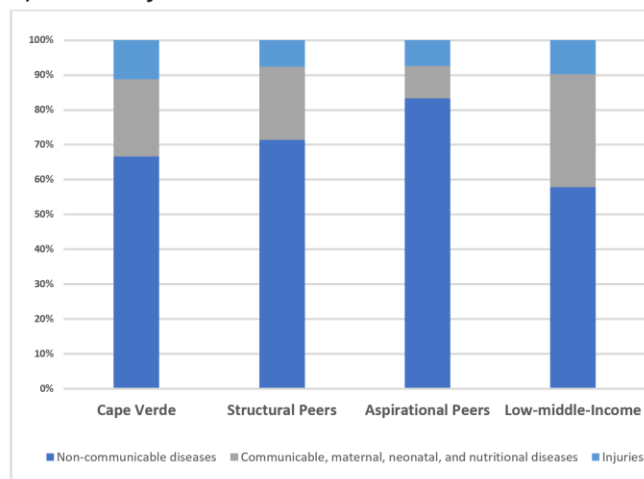
<sup>6</sup> Government of Cabo Verde news, accessed March 19, 2020 <https://www.governo.cv/covid19-governo-declara-situacao-de-contingencia-a-nivel-da-protecao-civil/>



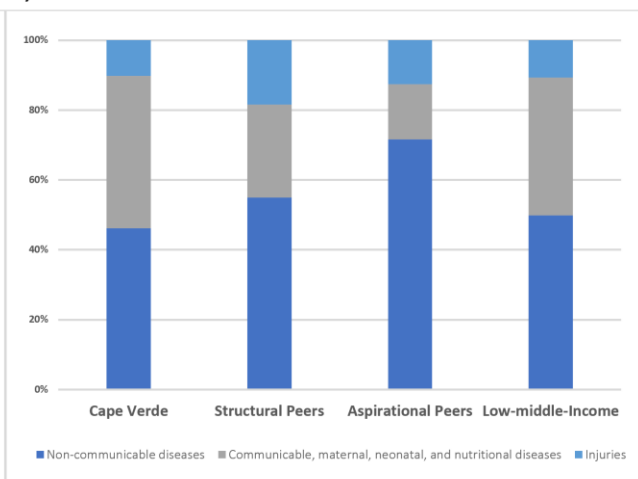
deaths. When considered from the angle of years lost to disability, the weights of communicable and NCDs are nearly identical: 44% and 46%, respectively. A 2007 study on NCDs found that 35 percent of adults had hypertension, 13 percent were diabetic, 36% were overweight or obese, and 90 percent of adults between 45 and 64 years of age lived with one or two risk factors for cardiovascular heart disease. Around 8 percent of the adult population smoked in the last year.

**Figure 1: The Burden of Disease in Cabo Verde and its Peers\* – 2016**

a) Causes of death



b) DALYs



Source: WDI, 2017.

\* Structural peers are Bhutan, Samoa and Sao Tome and Principe; and aspirational peers are Mauritius, Seychelles, St. Kitts and Nevis, St. Lucia, and St. Vincent and the Grenadines.

13. **The vulnerability of the country concerning vector-borne diseases is a major public health concern and a challenge for health security.** In 2009-2010 Cabo Verde faced a dengue epidemic for the first time, and in October 2015 and 2017 a Zika virus outbreak was declared. A Malaria outbreak was declared in sections of Santiago in 2017. These recent outbreaks highlight the urgent need to strengthen disease surveillance and response systems in the country.

14. **The Government of Cabo Verde has developed a National COVID-19 Preparedness Plan in January 2020.** The Plan focuses on scaling-up and strengthening all aspects of prevention, preparedness and response including defining responsibilities and priorities for central and decentralized levels, identifying roles and responsibilities of a rapid intervention technical team (*Equipa Técnica de Intervenção Rápida*, ETNIR) who will lead the response, guidance for the prevention measures, risk communication and dissemination of epidemiological surveillance information. The plan outlines the roles and responsibilities of the ETNIR according to the three levels of public health emergency response defined by the World Health Organization (WHO).

15. **As part of national preparedness efforts, Cabo Verde opened the first virology laboratory at the Dr. Agostinho Neto National Hospital in Praia.** The national virology laboratory plays a central role in the Preparedness plan, which describes laboratory diagnostic procedures to be coordinated both nationally and internationally with the support of Ricardo Jorge Institute in Lisbon and Pasteur Institute in Dakar. Nonetheless, the closing of borders between these countries places additional responsibility on the national lab to lead the



early detection efforts. This emergency response project focuses on strengthening the national surveillance and laboratory capacity through the provision of necessary inputs and medical equipment.

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

Development Objective(s) (From PAD)

Project development objective is to prepare and respond to the COVID-19 pandemic in Cabo Verde

#### *Key Results*

16. **PDO level Indicators:** The PDO will be monitored through the following PDO level outcome indicators:
- Number of suspected cases of COVID-19 tested per approved protocol (Number or Percentage);
  - Number of diagnosed cases treated per approved protocol (Number or Percentage);
  - National virology laboratory with COVID-19 diagnostic equipment, test kits, and reagents per Ministry of Health guidelines (Yes or No);
17. **Intermediate indicators:**
- Component 1*
- Percentage of health districts with pandemic preparedness and response plans per Ministry of Health Guidelines;
  - Percentages of health facilities with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks.
  - Country has prepared a referral system to care for COVID-19 patients;
  - Number of additional ICU beds in prioritized ICU units that are fully equipped and operational.
- Component 2*
- Percentage of claims registered in the Project's grievance redress mechanism (GRM) resolved in a timely manner.

### **D. Project Description**

18. **The Project is structured around two complementary components, which will support the Government of Cabo Verde in the implementation of its National COVID-19 Preparedness Plan.** The Plan was prepared by the National Health Directorate of the Ministry of Health and Social Security in January 2020, with inputs from relevant teams from within the Ministry (surveillance systems, laboratory network, pharmaceuticals, health promotion) and from representatives from other sectors (Ministry of Agriculture and Environment, Civil Protection, National Security and Armed Forces, Maritime and Ports Institute, and the Civil Aviation Agency). The details national prevention and control actions that would be taken according to three levels of severity. It defines responsibilities, priorities, and prevention and control measures at the central and decentralized levels. In order to implement the Plan, the Government requested the World Bank's support principally in securing inputs necessary for an adequate response.

19. **Component 1: Emergency COVID-19 Prevention, Preparedness and Response (US\$4.85 million).** This component would provide immediate support Cabo Verde to prevent COVID-19 from arriving into the country or limiting local transmission through prevention of person to person transmission through adequate personal protective equipment (PPE) for health and laboratory personnel. It would support enhancement of disease detection capability through provision of laboratory equipment, and diagnostic supplies to ensure prompt case



finding, consistent with the National COVID-19 Preparedness Plan. It would also enable Cabo Verde to mobilize surge response capacity through well-equipped frontline health workers, increasing the number of available beds, equipping intensive care units, providing treatment and life-support equipment to national and regional tertiary and secondary hospitals, as well as creating response capacity for primary health care facilities in isolated geographic areas. Supported subcomponents are outlined below. This component would have the following sub-components:

20. **Sub-component 1.1: Prevention of new COVID-19 cases and propagation (US\$0.8 million).** This sub-component would help implement preparedness and prevention measures outlined in the National COVID-19 Plan. This includes the provision of PPE for surveillance teams at points of entry (including ports and airports), for healthcare workers, laboratory technicians, as well as cleaning and support staff according to their risk of exposure, as delineated in the Plan.

21. **Sub-component 1.2: Strengthen national and sub-national COVID-19 case detection (US\$1.3 million).** This sub-component would help strengthen disease surveillance systems thorough the National Virology Laboratory, in collaboration with public health laboratories within the national laboratory network, to improve case detection at both points of entry and healthcare facilities. This includes laboratory equipment, reagents and commodities, as well as diagnostic equipment to be used in healthcare facilities (e.g. X-rays).

22. **Sub-component 1.3: Strengthen national system for public health preparedness and response (US\$2.6 million).** Assistance would be provided to improve Cabo Verde's health system preparedness capacity to provide emergency medical care, while maintain essential community services and to minimize risks for patients and health personnel. This subcomponent would also support equip to selected primary health care facilities, regional and national hospitals for the delivery of critical medical services and to cope with increased demand of services posed by the outbreak. This would include provision of durable medical equipment, life-support equipment, and PPE for healthcare facilities.

23. **Component 2: Project Management and Monitoring and Evaluation (M&E) (US\$0.15 million).** The component would support the coordination and management of project activities, including procurement of goods and their distribution across health facilities within Cabo Verde. The existing project implementation unit (PIU) will be responsible for overall administration, procurement, and financial management and M&E of project activities.

**Table 2: Estimated project costs**

Components & Sub-Components	Cost ECV	Cost USD
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<b>Component 1: Emergency COVID-19 Preparedness, Prevention and Response</b>	<b>509,250,000.00</b>	<b>4,850,000.00</b>
<i>Sub-component 1.1: Prevention of new COVID-19 cases and propagation</i>	92,400,000.00	880,000.00
<i>Sub-component 1.2: Strengthen national and sub-national COVID-19 case detection</i>	140,700,000.00	1,340,000.00
<i>Sub-component 1.3: Strengthen national system for public health preparedness and response</i>	276,150,000.00	2,630,000.00
<b>Component 2: Project Management and M&amp;E</b>	<b>15,750,000.00</b>	<b>150,000.00</b>
<b>Total Project Cost</b>	<b>525,000,000.00</b>	<b>5,000,000.00</b>

#### 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

Overall, the project is expected to have positive impacts on the Cape Verdean society by improving COVID-19 responses, surveillance, and containment mechanisms. However, the project could also cause significant environmental, health and safety risks due to the nature of the pathogen and reagents and other materials to be used in the project-supported Healthcare facilities. The project activities will generate medical health care waste, which can affect the health of local communities and Cabo Verde's population if not well managed. Working with patients and materials infected with COVID 19 can potentially expose health workers and medical staff to contamination, hence presenting health and safety issues.

The proposed project will provide medical supplies for public health facilities (diagnostic, electronic, and life-support equipment; durable medical equipment, such as beds and carts) and virology laboratory supplies; Personal Protective Equipment for health personnel involved in patient case management; Vehicles for transport of medications and laboratory samples , training on Monitoring and evaluation; and the procurement of goods and their distribution across health facilities within Cabo Verde.

Potential risks and Impacts from the project include those related to the handling, storage, processing and disposal of COVID-19-infected materials; operation of laboratories and medical facilities. All specific sites and activities under the project remain to be defined.

To mitigate the project's risks and impacts, the Client will prepare an Environmental and Social Management Framework (ESMF) integrating a Medical Waste Management Plan, within one month of effectiveness. The ESMF will



include a medical waste management plan that builds on best international practice and WHO protocols for its collection, storage, transportation and final disposal.

The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines will be integrated into the ESMF so that all relevant occupational and community health and safety risks and mitigation measures will be covered. These guidelines include provisions to address the needs of patients, including the most vulnerable. They also include provisions on the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients. The ESMF will serve as a mechanism/tool to prepare specific E&S Management Plans (ESMP) when sites and activities are known. The ESMF/ESMPs will identify project impacts and prescribe adequate mitigation measures and appropriate good practice protocols. In addition to the ESMF, the Client will implement the activities listed in the Environmental and Social Commitment Plan (ESCP). The ESCP and SEP will be prepared before Board and updated after effectiveness

The project includes a Stakeholder Engagement Plan (SEP) that identifies project stakeholders, identifies what information will be in the public domain, in what languages, and where it will be available. It explains the opportunities for public consultation and how people will be notified about new information or opportunities for comment. It explains how comments will be assessed and taken into account and describes the project's grievance redress mechanism (GRM). The SEP will also include how routine information on the project's environmental and social performance will be publicly disclosed, including opportunities for consultation.

In particular, the ESMF will integrate a list of the most vulnerable groups detailing measures to specifically address their needs. To properly address GBV/SEA/SH risks, the ESMF will map out and assess GBV prevention and response actors in communities adjoining the project and include a SEA/SH Prevention and Response Action Plan including an Accountability and Response Framework. Relevant capacity building measures will be included in the ESMF as well to provide the Borrower with the needed support to properly address the project's E&S risks. The UGPE will appoint an E&S Specialist to provide technical assistance to the project's overall E&S aspects.

## **E. Implementation**

### **Institutional and Implementation Arrangements**

**24. The proposed project would be implemented over 12 months.** The emphasis of the project is to provide medical equipment, supplies, and inputs to support the national virology laboratory, case detection at points of entry, and to improve treatment capacity. Procurement packages are being prepared and will be implemented immediately after project approval, allowing for delivery of goods to take place during the following weeks and months.

**25. The proposed project supports the Government of Cabo Verde COVID-19 Response Plan.** The National Health Direction is responsible for the implementation of the Plan under the overall stewardship of the Ministry of Health and Social Security (MSSS). Therefore, the Project will be implemented within the existing health sector laws and regulations and its institutional and implementation arrangements will follow the current Government administrative structure.

**26. The overall coordination of Project implementation will be the responsibility of the UGPE, within the Ministry of Finance, which has implemented several development projects since being established in 1999.**



The UGPE is currently implementing the ongoing IDA credit for Competitiveness for Tourism Development Project, an education sector project, Access to Finance for Micro, Small and Medium-Sized Enterprises Project, social inclusion project, the State-Owned Enterprises Related Fiscal Management Project, and the Regional Harmonizing and Improving Statistic. The National Health Directorate will have primary technical responsibility in carrying out the Project and would play a role in the implementation of the components and their various activities, in accordance with the existing roles and responsibilities assigned to them within the ministry (see below).

**27. The UGPE would have primary Project coordination and fiduciary management (procurement and financial management) functions for the Project.** The UGPE is the management unit in charge of all World Bank projects and is familiar with the Bank fiduciary procedures and its overall procurement and financial management (FM) performance is satisfactory. The UGPE will appoint a Project manager who will be responsible for providing training and support to the Project implementing entity (MSSS), especially in the areas of procurement, project management, and M&E, as needed. The Project manager will also be responsible for consolidating inputs from these entities to prepare semiannual progress reports and streamlining communication with the World Bank. The Project manager will work closely with the UGPE fiduciary staff and MSSS staff.

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## APPROVAL

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