

**PROJECT INFORMATION DOCUMENT (PID)
APPRAISAL STAGE**

Report No.: PIDA12686

Project Name	Ebola Emergency Response Project (P152359)
Region	AFRICA
Country	Africa
Sector(s)	Health (80%), Other social services (20%)
Theme(s)	Other communicable diseases (80%), Other social protection and risk management (20%)
Lending Instrument	Investment Project Financing
Project ID	P152359
Borrower(s)	Ministry of Finance, Ministry Of Finance, Ministry of Finance
Implementing Agency	Ministry of Health, Ministry of Health & Social Welfare, Ministry of Health
Environmental Category	B-Partial Assessment
Date PID Prepared/Updated	03-Sep-2014
Date PID Approved/Disclosed	03-Sep-2014
Estimated Date of Appraisal Completion	03-Sep-2014
Estimated Date of Board Approval	18-Sep-2014
Decision	

I. Project Context

Country Context

This program document seeks the approval of the Executive Directors to provide a grant of US\$105 million from the IDA Crisis Response Window (CRW). The proposed Ebola Emergency Response Project will support the first phase of the World Bank Group's (WBG) response to the current and still evolving Ebola Virus Disease (EVD) outbreak in the West African countries of Guinea, Liberia, and Sierra Leone under the funding of IDA's CRW.

Given the nature of the project as a regional and global public good with positive externalities in containing and mitigating a fast moving epidemic, financing on grant terms is warranted. That is, the proposed project has long term regional development impact as it aims to mitigate the spread of a deadly virus in the affected countries and reduce the risk of spreading to at-risk vulnerable neighboring countries. As explained below, EVD can spread rapidly through human-to-human transmission. Given that many of the borders across the region are not fully controlled, there is easy movement of persons across countries which increase the risk of spreading the disease further. The high mortality rate of EVD and its capacity to spread to other countries make it imperative to support an immediate emergency response in the affected countries as part of a coordinated

international response led by WHO and the UN. As designed, the proposed project would also benefit the affected countries and the West Africa region as a whole by minimizing the socio economic impact of the outbreak.

The project is structured to respond to the urgent challenges posed by EVD, in recognition that delayed response has been magnifying the impact and cost of the outbreak. Because the initial responses to the Ebola outbreak were uneven and much-delayed, the disease and attendant human and economic costs increased very rapidly over the last nine months. As a result, control of the epidemic and mitigation of its impacts will now require far greater efforts and resources than if the governments had had the requisite capacity to act earlier. Although CRW resources are generally intended to address severe natural disasters and economic crises, the present circumstances in West Africa encompass the characteristics of such natural disasters and economic crises that CRW was established to address. Indeed, since Ebola virus was first identified in 1976, no previous Ebola outbreak has been as large or persistent as the current epidemic in West Africa, and the recent reported deaths and infection cases highlights the risk of wider spread across Africa and to other continents. Learning from past experiences in dealing with similar outbreaks of infectious diseases of animal origin such as SARS in 2003 and Avian Influenza in 2006, international support to the affected West African countries need to be provided immediately to mount now a decisive response to prevent the further spread of the outbreak in the affected countries and into at-risk neighboring countries, and to minimize the potential high human and economic impact of a generalized EVD epidemic. The uncontrolled transmission of EVD increases the likelihood of spread to unaffected countries (Chan, M.; Frieden, T.R., et al; New England Journal of Medicine (NEJM), August 2014), and there is a narrow window of opportunity in this region to prevent it. Without strong and immediate action, it will prove much more difficult and costly to overcome the results of inaction later on. As such, the proposed project complements the support provided by other international agencies, under the World Health Organization's (WHO) technical leadership and takes into account the UN Special Coordinator's initial efforts of articulating a broader UN-wide response to mobilize the various UN Clusters linked to the emergency response.

The Bank's proposed overall response under the Ebola Emergency Response Project would follow a three-pronged approach that would include: (a) Immediate and Short-term Support: Emergency Support towards Epidemic Control, Stabilization and Social Mitigation; (b) Enhancement of Social Protection Response to help rebuild resilience of the poor and vulnerable populations; and (c) Medium Term Support: Strengthening essential Public Health Systems and Service Delivery Platforms to ensure that countries have the capacity to prevent, detect, and respond effectively to future outbreaks of Ebola and other infectious diseases of animal origin and drug resistant infectious diseases. The immediate and medium-term phases would also include support to rebuilding and strengthening health systems that were already weak and under-resourced before the onset of the EVD epidemic, in order to ensure the delivery of essential health services (e.g., obstetric care/safe delivery, malaria control). The multi-country nature of the proposed Ebola Emergency Response Project reflects the Bank's commitment to support governments to comprehensively address the EVD outbreak, in addition to strengthening regional cooperation to deal with this international public health crisis. As such, the WBG is working with other partners to look at ways to scale-up the response more rapidly and efficiently.

Sectoral and institutional Context

An emergency response to the crisis has been launched at both national and regional levels. The

Governments of Guinea, Liberia, and Sierra Leone, along with the WHO have prepared Ebola outbreak response plans and priority preparedness activities for 6 months up to the end of 2014 to accelerate the response in the region. The goals of the “Strategy for Accelerated Response to Ebola Outbreak in West Africa” are to: (i) stop transmission of EVD in the affected countries through scaling up effective, evidence-based outbreak control measures; and (ii) prevent the spread of EVD to the neighboring at-risk countries through strengthening epidemic preparedness and response measures.

The immediate and short-term funding plan, estimated at end-July at US\$103 million for six months, and now revised upwards to US\$490 million is geared to ensure coordination among all actors and the delivery of effective support to the affected countries and countries at risk. With an outbreak of this nature and magnitude, no organization could make a sufficient impact working on its own. Based on the current epidemiological profile of the Ebola outbreak and the technical and operational knowledge available, the Strategy has three main thrusts: (a) immediate outbreak response interventions, (b) enhancing coordination and collaboration, and (c) scaling up human, logistic, and financial resource mobilization. The plan does not include amounts for enhanced social protection or mitigation of the impact of fiscal shocks. It also focuses on the immediate objectives at hand rather than the medium term needs for rebuilding and strengthening the capacity of the public health, service delivery and veterinary platforms of these countries.

Intensified international support has started to be provided, but financing and resources are limited. To supplement overstretched treatment facilities, hundreds of international aid workers (including from MSF) and organizations including WHO and US CDC staff are already supporting national and regional response efforts (Box 1). However, financing is limited, and more health workers (doctors and nurses, laboratory technologists, epidemiologists, social mobilization and communication experts), more equipment and supplies (including personal protective equipment or PPEs), and more community level interventions (including communication and social mobilization strategies and targeted safety nets for the poor) are urgently needed to scale up effective outbreak and control measures. To this end, on August 21, the Peace and Security Council of the African Union (AU) authorized the immediate deployment of a joint AU-led military and civilian humanitarian volunteers from across the continent. The mission will comprise medical doctors, nurses, and other medical and paramedical personnel. The operation is expected to run for six months with monthly rotation of volunteers. The operation will cost more than US\$25 million and the US government and partners have pledged to support the AU with a substantial part of this amount.

In spite of the initial support efforts, a large funding gap still exists to effectively scale up the emergency response and control the current EVD outbreak. The EVD outbreak has become widespread quickly, and a “massively scaled and coordinated international response is needed to support affected and at-risk countries” (WHO, 2014). The WHO’s updated Ebola Response Roadmap as of August 28, 2014 estimates that the US\$490 million will be required over the next 6 months. Of the total cost, cost for the countries with widespread and intense transmission involves the largest cost of US\$367 million (75%). In contrast, as of August 21, 2014, total committed and contributed international funds recorded in the Financial Tracking Service by OCHA are only US \$50.7 million. Even by adding to it the recently approved US\$60 million by the African Development Bank (AfDB) and US\$12 million from the restructured projects from the WBG for Sierra Leone and Liberia, the total international finances is only US\$122.7 million, which is well short of the updated financing requirement. The WBG is working closely with the respective

Governments and WHO in further mobilizing of resources, in addition to matching proposed country-level allocations with identified and prioritized resource gaps.

The crisis has also showcased the need for strong and sustained investments in public health systems in West Africa to ensure better prevention, faster detection, and more effective responses to contain such outbreaks in the future. Alongside the social impact, the Ebola outbreak and the inability to contain the virus has highlighted the massive health systems capacity shortcomings of the affected and at risk countries concerned, several of which are still suffering from the effects of conflict and war. In particular, this situation is aggravated by the lack of or limited number of trained health workers and basic health supplies in the affected countries--while the shortfalls are clearly large, precise estimates of numbers are still being developed. The AU response to mobilize health workers from across Africa is an important step to supplement the health worker needs, and will need to be complemented by major scale-up training for both domestic and international health workers along with the provision of PPE and IPC materials.

Accordingly, much more investment is required over the medium term to support countries to rebuild and significantly strengthen the capacity of weak public health systems and services delivery platforms, particularly to revamp and strengthen disease surveillance, public health laboratories, and trained staff for outbreak monitoring, case identification, diagnosis, and case confirmation in accordance with WHO's International Health Regulations., as well as for case management and infection prevention control in health facilities.

World Bank Response

In response to the call from the West African nations and WHO, the World Bank is proposing a package of short and medium term financing of almost US\$230 million in emergency funding that complements and supports a multi-partner emergency response effort lead by WHO and coordinated by the UN. It intends to help Guinea, Liberia, and Sierra Leone contain the spread of Ebola infections, assist their communities to cope with the economic impact of the crisis, and rebuild and strengthen essential public health systems and service delivery platforms in the region. The Bank's comprehensive, multi-sectoral approach will include three parts: (i) Part A. Epidemic control, stabilization and mitigation, including immediate support to contain the outbreak and immediate enhancement of the social protection response, (ii) Part B. Enhanced Social Protection to help expand social safety nets to benefit affected communities; and (iii) Part C. Rebuilding and strengthening essential public health systems and service delivery platforms in West Africa to enable a more effective response to infectious disease outbreaks in the future (Table 3). To finance the emergency response and strengthening public health systems capacity, the Bank seeks to make available up to approximately US\$80 million from the national IDA programs of these countries and Regional IDA, whilst US\$150 million would be allocated to fund the remaining financing needs from the IDA 17 Crisis Response Window (CRW).

II. Proposed Development Objectives

The Project Development Objective is to contribute in the short term to the control of the EVD outbreak and the availability of selected essential health services, and mitigate the socio-economic impact of EVD in Guinea, Liberia, and Sierra Leone.

III. Project Description

Component Name

Component 1: Support to the EVD Outbreak Response Plans and Strengthening Essential Health Services
Comments (optional)

Component Name

Component 2: Human Resources Scale Up for Outbreak Response and Essential Health Services
Comments (optional)

Component Name

Component 3: Provision of Food and Basic Supplies to Quarantine Population
Comments (optional)

IV. Financing (in USD Million)

Total Project Cost:	105.00	Total Bank Financing:	105.00
Financing Gap:	0.00		
For Loans/Credits/Others			Amount
Borrower			0.00
IDA Credit from CRW			105.00
Total			105.00

V. Implementation

Component 1: Support to the EVD Outbreak Response Plans and Strengthening Essential Health Services

Detailed use of funds from the Component 1 will be determined by the existing country institutional arrangements. Each country has coordination mechanisms led by the government, particularly the Ministry of Health. The following mechanisms will be used to develop quarterly investment plans for the Component 1:

Guinea: The country established: i) at the strategic level, an Inter-Ministerial Committee headed by the Minister of Health and comprising the Ministers of Budget, Social Services, Communication, and Primary Education; and ii) at the operational level, a National Health Crisis Committee, which is comprised of representatives of the Ministry of health and the partners involved in the management of the crisis. The secretariat of this operational committee is jointly headed by the WHO and the Ministry of Health. The high level committee meets once a week and the operational committee meets 3 times per week, and liaises with all the treatment centers on a daily basis.

Liberia: On August 12, 2014 the country established the National Task Force (NTF), which is headed by the President and includes representatives from the National Legislature, UNMIL, US Government, European Commission and the Minister of National Defense. The National Technical Team (NTT) chaired jointly by the Minister of Health and Social Welfare and the Minister of Internal Affairs includes representatives from non-governmental agencies, partners, and professional volunteers and undertakes general planning for implementation of the government's response. The National Response Center (NRC), which is headed by National Response Coordinator, coordinates

the day to day response.

Sierra Leone: The Ebola Emergency Operation Center (EOC) is co-chaired by the Minister of Health and Sanitation and WHO Representative, and participated by other Ministries and partners. All the investment plans will be approved by the EOC. The use of funds in this Component will be determined by the EOC.

The Ministries of Health will lead the implementation, with proposed contracting by the Ministries of Health with UN and other agencies. Given the emergency, the project will select the fastest and most efficient and effective ways of implementation. For example, where an agency has comparative strengths and experience, the Ministry of Health will contract with the agency for the implementation of the part of the plan (For example, UNICEF for the procurement of PPE, IPC materials and supplies, US CDC for surveillance, MSF for running an Ebola treatment center).

The finance for Component 1 will be disbursed to the Ministry of Health or national accounts aimed for the coordination, as well as contracted UN agencies (See FM section for details).

Guinea: A Special Account for Ebola outbreak response is in place to facilitate fast disbursement. The Government plans to establish a segregated account for the World Bank such that the Bank's funding and disbursement can be clearly monitored.

Liberia: The Ebola Trust Fund established at the Central Bank, once strengthened, will be used as a pool fund to manage the fund from the World Bank for recurrent and operational expenses as well as the government and other partners. For procurement by the government, segregated account for the World Bank will be established within the Ebola Trust Fund.

Sierra Leone: For recurrent and operational expenses, the fund will be channeled to the Ebola EOC's account with Ministry of Finance and Economic Development (MoFED), Ministry of Health and Sanitation (MOHS) and WHO as signatories, and KPMG as the fiduciary agent. For procurement by the government, a segregated account for the World Bank will be established within the EOC.

UN Agencies: Based on the contract between the Ministry of Health and the UN agencies for specific parts of the investment plan, the funds will be channeled into the UN agencies for rapid implementation.

Component 2: Human Resources Scale Up for Outbreak Response and Essential Health Services

For each country, the management of the hazard pay and death benefit will be contracted out to an independent agency (public or private) that is capable of verifying the attendance (with logistics capacity) and carry out quick payment (e.g., using mobile phone, bank transfer). For example, Liberia plans to use the project financial management unit (PFMU) established for the existing project as an independent agency to handle the hazard pay. The communication, advocacy and non-financial incentives will be managed by the Ministry of Health or contracted to an agency with strong ability on communications.

For the recruitment, training and deployment of African and international health workers needed for the emergency response, the governments of the participating countries under the project will enter

into a MOU with the African Union to cover the cost of these workers.

The flow of funds for the Component 2 will be the same as the one for Component 1. The funds will be transferred to the contracted agencies in case of hazard pay and death benefit.

Component 3: Provision of Food and Basic Supplies to Quarantine Population

WFP will ensure the assessment, coordination, programming, planning, monitoring, evaluation and supervision of all activities for this component, in close collaboration with WHO and the Ministries of Health in the respective countries. The funds will be directly channeled to WFP, based on contracts between the Governments of the three countries and the WFP. The allocation of funds from the three countries will be based on the estimated number of beneficiaries (Table 5) – Guinea (35.3%), Liberia (34.2%) and Sierra Leone (30.5%).

The WFP manages two UN Humanitarian Response Depot hubs in the region located in Ghana and the Canary Islands to support procurement and transit as necessary. WFP also maintains warehouses in the port capitals as delivery points as well as in the “hot zone” cross-border areas of Gueckedou, Guinea, and Foya, Liberia, and is in the process of identifying additional strategic locations for local warehouses.

VI. Safeguard Policies (including public consultation)

Safeguard Policies Triggered by the Project	Yes	No
Environmental Assessment OP/BP 4.01	x	
Natural Habitats OP/BP 4.04		x
Forests OP/BP 4.36		x
Pest Management OP 4.09		x
Physical Cultural Resources OP/BP 4.11		x
Indigenous Peoples OP/BP 4.10		x
Involuntary Resettlement OP/BP 4.12		x
Safety of Dams OP/BP 4.37		x
Projects on International Waterways OP/BP 7.50		x
Projects in Disputed Areas OP/BP 7.60		x

Comments (optional)

VII. Contact point

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