



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 24-Mar-2020 | Report No: PIDA29028



BASIC INFORMATION

A. Basic Project Data

Country Yemen, Republic of	Project ID P173862	Project Name Yemen COVID-19 Response Project	Parent Project ID (if any)
Region MIDDLE EAST AND NORTH 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) World Health Organization	Implementing Agency World Health Organization	

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 pandemic

Components

Emergency COVID-19 Response
Implementation Management and Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	26.90
Total Financing	26.90
of which IBRD/IDA	26.90
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	26.90
IDA Grant	26.90

Environmental and Social Risk Classification

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Substantial

Decision

Other Decision (as needed)

B. Introduction and Context

Country Context

- 1. The ongoing conflict in Yemen remains unresolved.** At present, the conflict is riddled with a cobweb of actors, regional powers, dynamics and armed groups on the ground and is deepening societal fragility and fault lines in Yemen. Many factors such as tribal, regional and sectarian divisions, long-standing grievances, elite capture of resources and corruption have been the major causes of fragility drivers operating across Yemen. Three conflicts have divided the torn country into many areas of territorial, political control and static frontlines; the national-level conflict, the Southern Secession conflict and violent extremists. Since the initial phases of the conflict, especially at the frontlines, the brunt of violence and suffering that the population has been experiencing have changed little. However, latest peace talks hosted by the UN shown a few positive signs.
- 2. Prior to the start of the conflict in 2014, Yemen was highly reliant on diminishing oil and gas resources for public revenue;** their reserves represented 25 percent of Yemen's GDP, nearly three quarters of government revenues, and 90 percent of the country's exports. The gradual depletion in oil reserves before the onset of the conflict has resulted in steep decline of the oil revenues and raised the budget deficit to 10 percent of GDP. The economy of Yemen has been collapsing since the conflict erupted in 2015, and the real GDP has contracted by 35 percent since late 2014. In addition, the public revenues have declined by about 50 percent in 2015 and by additional 20 percent in 2016 due to the fall in oil revenues (77 percent) and non-oil revenues (34 percent).
- 3. Additionally, the conflict affected the country's trade balance, with an estimated drop by 51 percent and 54 percent in exports and imports,** respectively, between 2014 and 2015 owing to the decrease of the foreign exchange reserves of the Central Bank of Yemen (CBY). The latter has become dysfunctional at the end of 2016 and unable to curb runaway inflation. The labor markets have been severely affected. Participation in the public sector has steeply declined; employment has decreased by 13 percent in Al-Hodeidah, Sana'a city and Aden, while for the private sector, enterprises have been operating with half of the capacity they had before the conflict. About 40 percent of the workforce was lost with reduced operating hours by almost half, and 74 percent of the firms have reported physical damage.
- 4. COVID-19 has already caused significant public health and economic impacts, both globally and in the Middle East and North Africa region.** The public health impact of COVID-19 is apparent, with almost 20,000 confirmed cases in the Eastern Mediterranean region and over 1,110 deaths as of March 19, 2020. The epidemic poses unique public health risks in Yemen, given the already weak health system and high vulnerability among the population (24 million are in need of humanitarian assistance and 311,000 children suffer from severe acute malnutrition, which is likely to weaken immune system against infectious diseases). Yemen's proximity to neighboring countries and the flow of



refugees into neighboring Djibouti further make preventing and mitigating the pandemic's effects in Yemen all the more critical for the region. The global economic slowdown from COVID-19 is likely to impact health services in Yemen, because of the limited availability of the health supply at country, regional and global levels. Early intervention to strengthen the health system has the potential to mitigate both the public health and economic impact of the pandemic.

Sectoral and Institutional Context

5. **After five years of intense conflict in Yemen, the health system is on the brink of collapse.** Millions have been surviving on emergency food aid, and the magnitude of chronic malnutrition in the Yemeni population has become seriously precarious due to the prolonged conflict. The people are barely surviving, and their vulnerability has become more pronounced with the advent of multiple overlapping infectious disease outbreaks from season to season, ranging from cholera to dengue. Furthermore, treatment of noncommunicable diseases, which are otherwise preventable, is not thoroughly addressed. To date, less than 50% of health facilities across the country are fully functional, and those which are operational lack specialists, equipment and medicines. There are no doctors in 18 percent of districts across the country. Immunization coverage has decreased by as much as 30 percent since the conflict started, and most health personnel have not received salaries for at least two years.

6. **The health care system continues to be a victim of Yemen's conflict.** The already dire humanitarian situation in Yemen has been exacerbated by successive outbreaks of diseases such as cholera and diphtheria over the last year. The recent conflict in Al-Hodeidah has also added more strain on the population due to the seaport closure. Since the conflict escalation, the continuous shortages of staff and supplies, mainly fuel, have put further strains on facilities. Moreover, since 2015, more than 160 health centers and hospitals were caught in conflict situations. IDA, through its partnership with UNICEF and WHO, has been supporting the health and WASH by rehabilitating health and water and sanitation facilities to ensure functionality, making essential services available and investing in a case-based surveillance system. Even so, the situation is still deteriorating due to the conflict and the immense needs of the population across the country.

7. **Multiple disease outbreaks requiring emergency response - cholera, diphtheria, measles, dengue, scabies - often emerge in several and unpredictable locations.** After the decline of cholera cases at the end of 2017, Yemen's shattered health system started to battle diphtheria, which was a challenge given the ongoing conflict and blockades creating daily threats to public health. Moreover, given the ongoing logistical difficulties, bringing the needed medical equipment and supplies with specialized medical staff into the needy areas in Yemen is difficult rendering all the humanitarian and health actors struggling. According to the analysis conducted by the Health Cluster¹ consisting of various partners, the main causes of avoidable deaths in Yemen are communicable diseases, maternal, perinatal and nutritional conditions (together accounting for 50 percent of mortality) and non-communicable diseases (39 percent of mortality).

8. In light of the COVID-19 pandemic, which has rapidly spread globally, WHO Yemen conducted a risk assessment. This was done using a WHO tool entitled "Rapid Risk Assessment of Acute Public Health Events." Estimates of the likelihood of importation of a confirmed COVID-19 case were combined with evaluations of the

¹ It represents a partnership of 64 organizations in Yemen: local and international nongovernmental organizations and U.N. agencies that are committed to working together to provide needs-driven and evidence-based health and nutrition response for the vulnerable. For more details, see <https://www.who.int/health-cluster/countries/yemen/en/>



consequences post-importation. The likelihood of importation is primarily based on the frequency and nature of flights which operate into Yemen (i.e., only humanitarian flights into the north from Amman and Djibouti; and humanitarian flights into the south from Djibouti and Riyadh and minimal commercial flights to the south from Amman, Cairo, and Dubai) and COVID-19 transmission patterns in the neighboring countries. While this risk evolves in line with the global and regional situation, the consequences after importation are expected to be critical not only on Yemen but also neighboring countries due to the cross-border movement such as Saudi Arabia, Oman, and Djibouti. This is based on recent experience dealing with multiple infectious disease outbreaks across Yemen and other countries, coupled with the debilitated response capacity in-country. The ongoing fragility in Yemen and lack of government control over all of the territory also make it all the more urgent to support a country-wide response to prevent and manage the effects of the pandemic.

9. **The high rates of malnutrition among adults in the country is another alarming indicator of the compromised immunity and the vulnerability of the population to infectious diseases.** IDPs and refugees are among the most vulnerable due to poor access to sanitation services along with insufficient hygienic practices.

10. **The core capacities, as stipulated by the International Health Regulations (2005) to detect, assess, notify and report events, and respond to public health risks and emergencies of national and international concern, are very limited.** Availability of testing kits is limited and only covers 600 people while the two reference laboratories in the country are already overwhelmed by other outbreaks such as cholera. Availability of Personal Protective Equipment (PPE) is very limited and most health workers remain unprotected putting this critical group much at risk. Case management and isolation capacity with regard to training, equipment, medical and non-medical supplies is poor. Currently, there are only two equipped isolation and treatment centers in the country enough to cater for 40 patients. As the situation evolves and the risk of importation increases, followed by likely local transmission, the outbreak response in Yemen will require an imminent and substantial amount of assistance. To date, a few bilateral partners such as KSA and DFID have expressed interest in providing support, but no firm commitment specific to COVID-19 response has been made.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

To prevent, detect and respond to the threat posed by COVID-19 pandemic.

Key Results

11. **PDO level Indicators:** The PDO will be monitored through the following PDO level outcome indicators:
- Country has activated their public health Emergency Operations Centre for COVID-19; and
 - Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents

D. Project Description

12. The project aims to help Yemen immediately respond and mitigate the risks associated with COVID-19 outbreak in Yemen. Based on the Yemen Preparedness and Response Plan, WHO will aim to fill critical gaps in technical areas, such as: points of entry interventions; national laboratories; infection prevention and control; case management and gender-sensitive isolation; and operational support and logistics. These technical areas



are identified to immediately strengthen the local capacity to respond and address the current COVID-19 potential challenges in timely manner, while working within the country's existing systems and providing technical assistance as needed for local entities. Emphasis will be placed on strengthening capacities at the district level through a model of decentralization. This plan is designed to leverage the capacities of other key stakeholders to engage multiple actors and sectors active in Yemen.

Component 1: Emergency COVID-19 Response (US\$23.4 million).

13. The aim of this component is to prevent and limit to the extent possible the spread of COVID-19 in the country. This will be achieved through providing immediate support to enhance case detection, testing, case management, recording and reporting, as well as contact tracing and risk assessment. Specifically, this component will finance the procurement of medical and non-medical supplies, medicines, and equipment² as well as training and implementation expenses and limited rehabilitation and upgrading of the existing facilities as needed for activities outlined in the Yemen preparedness and response plan such as (i) Rapid detection at the Points of Entry (POEs) identified by assessing air, sea, and land movement/transportation; (ii) Disease Surveillance, Emergency Operating Centers and Rapid Response teams to allow timely and adequate system of detecting, tracing, and reporting suspected cases; (iii) preparing and equipping isolation and case management centers across the country to ensure adequate and trained clinical capacity to respond to any symptomatic cases; (iv) Infection prevention and control at facility and community levels to ensure coordinated supply and demand side hygienic practices; and (v) enhance the testing and laboratory capacity across the country for COVID-19 response. Training will be conducted in a way that ensures equal participation of both female and male health and surveillance workers.

14. Other pillars of the COVID-19 response plan including i) country level coordination, and ii) risk communication and community engagement are already supported through the existing structures developed by the ongoing EHNP in response to cholera epidemic and other outbreaks, taking into account the different habits that women and men typically adopt and their varying community roles in preventing the spread (i.e. hand washing, social distancing, etc.) and messaging accordingly. As a means to address increased risks of gender-based violence during crisis situations, communications can also embed messages related to healthy conflict resolution and parenting, stress and anger management.

Component 2: Implementation Management and Monitoring and Evaluation (US\$ 3.5 million)

15. **This** component will support administration and monitoring and evaluation (M&E) activities to ensure smooth and satisfactory project implementation. The component will finance: (a) general management support for WHO; (b) hiring of Third-Party Monitoring (TPM) agents and auditors, with terms of reference (TOR) satisfactory to IDA; and (c) technical assistance.³ To the extent possible, data collection and monitoring will be done in a sex and age disaggregated manner to contribute to a better understanding of the demographic profile of the affected population.

² Supplies in line with WHO's list of disease commodities or any updates will be procured. There are no medicines for COVID-19 yet. Only when WHO approves any medicines as applicable and effective, they will be procured.

³ Technical assistance means WHO advisory services other than consultants' services on account of monitoring, evaluation and supervision of activities under components 1 and 2, including direct staff time for the agency's staff assigned from time to time to perform needed services under the project.



Yemen is still facing a conflict. The project is not intended to break health systems. COVID-19 response is a priority for the government and the project is based on the existing health system. The project is not intended to break health systems.

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

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16. The project will have positive environmental and social impacts, as it should improve COVID-19 surveillance, monitoring and containment. The environmental risks are nonetheless considered ‘Substantial’ because of the current uncertainty around project location and specific activities, occupational health and safety and the issue of medical waste management which is appearing as a challenge under the current EHNP. The main environmental risks are: (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) environmental risks and impacts associated with strengthening of selected health facilities and establishment and equipping of quarantine and treatment centers, including impacts resulting from minor civil works and retrofitting of isolation rooms in such facilities and treatment centers and (iii) medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare waste. Wastes that may be generated from labs, quarantine facilities and screening posts to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires special handling and awareness, as it may pose an infectious risk to healthcare workers in contact or handle the waste. It is also important to ensure that sharps are properly disposed of. It should be mentioned, however, that WHO has successfully responded to previous epidemics in Yemen, namely, Cholera, Measles and Dengue, using fixed health facilities and mobile teams while maintaining proper application of OHS measures as well as adequate management of medical waste.

Social Risk Rating

Substantial

17. The social risks are considered substantial mainly related to risk of the capture of project benefits by the elites and fortunate and exclusion of the poor and vulnerable groups such as elderly people, children under the age of 5 and women who acutely malnourished are unable to access facilities and services, which could undermine the objectives of the project.

18. The main challenge, therefore, is to make sure the procured items needed to prevent, detect and clinically manage COVID-19, are distributed in a transparent manner, ensuring equity and reaching the affected

⁴ <https://www.who.int/bulletin/volumes/93/10/15-021015/en/> . Accessed on March 23, 2020.

⁵ <https://apps.who.int/gho/data/node.country.country-YEM> . Accessed on March 23, 2020.

⁶ <https://data.worldbank.org/indicator/SH.MED.BEDS.ZS?view=chart> . Accessed on March 23, 2020.



population. To mitigate for these risks there are provisions for stakeholder engagement, including public information disclosure and outreach as part of the COVID-19 Response Plan. Project implementation needs also to ensure appropriate stakeholder engagement to (i) avoid conflicts resulting from false rumors, (ii) vulnerable groups not accessing services, or (iii) issues resulting from people being kept in quarantine.

E. Implementation

Institutional and Implementation Arrangements

19. Under the proposed Yemen COVID-19 Response project, WHO will be the grant recipient as well as the managing and implementing entity responsible for project activities based on the lessons learned from the implementation experience under EHNP. WHO managed to set implementation mechanisms in place for EHNP, through the existing local public system structures, to deliver results on the ground during the ongoing conflict in Yemen. Since 2017, WHO further strengthened and expanded their operational capacity and presence in the country to address the several health and nutrition issues at different levels.

20. WHO is one of the main global and in-country players in addressing the current COVID-19 pandemic at both the technical and operational sides. WHO has its own network of global suppliers, local providers, contractors, GHOs, DHOs, and international/local nongovernmental organizations (INGOs/LNGOs). Under EHNP, WHO managed to further this network and strengthen the institutional and implementation channels for the delivery of essential services and ensuring the availability of critical medicines nationwide. These implementation arrangements, which proved successful under the Health and Population Project and Schistosomiasis Project funded by the IDA, are context specific and flexible based on the population needs and local capacity (DHOs or NGOs) to provide the identified package of healthcare services. Therefore, WHO will work with the existing local health system structures at the governorate, district and community levels to preserve the national capacity and maintain the core functions of the health system.

22. WHO - Yemen expanded their presence in the field and scaled up their operations in the country over the last year through the recruitment of national and international positions on compliance, financial management, procurement, logistics, and supply chain to strengthen their internal controls and ensure functional fiduciary mechanisms. Total number has reached 267 staff and consultants (227 nationals, 40 internationals) distributed among the country office in Sana'a and other offices in Aden, Sa'ada, Hodeida, Ibb, and Mukalla. All offices have been operational and maintained supply chains to most service delivery points through their own contractors or partners. Further expansion of staffing capacity is ongoing in environmental and social safeguard aspects.

23. In coordination with the local health authorities, WHO has conducted a prioritization exercise of the activities, the geographical sequencing of the interventions under each pillar of the preparedness plan, the required staff training, and the operational support for the local teams at the decentralized levels. WHO also identified technical gaps and implementation capacity weaknesses as part of the Rapid Risk Assessment of Acute Public Health Events. These are being taken into consideration in the design of this proposed project.

24. Given the scope and design of the project, Component 1 will mainly focus on international procurement of medical and non-medical supplies and the related COVID-19 equipment according to the global WHO positive list of items for COVID-19 and other communicable diseases. WHO will capitalize on its global supply chain capacity managed centrally at their HQ to procure and ship the required supplies to the regional warehouses of



Dubai and Salalah which were recently upgraded and strengthened with regard to physical and staffing capacity. WHO through its contractors will be responsible for delivering the procured items from WHO local warehouses in the country to the target facilities and institutions. In addition, WHO will be ensuring these items are used as per the preparedness and response plan for disease outbreaks. While this project will cover the whole country, the implementation will be carried out through local partners including health facilities.

25. Over the past several months, weaknesses in the fiduciary controls over the use of funds managed by WHO have come to the Bank's attention. Bank teams have worked with WHO to strengthen fiduciary controls of IDA funded projects. These efforts are bearing fruit and improving our partnership with WHO. Together, WHO and IDA have delivered tangible results for the people in Yemen in a time of acute crisis, albeit with significant challenges on the ground. Fiduciary performance of WHO on the ground is much improved, and together with the World Bank teams a mechanism has been put in place to identify and address any arising issues.

26. Since WHO shared its internal audit report on Yemen on September 9, 2019, updates on the implementation of the action plan are being shared with the Bank periodically as agreed. Almost all the internal audit findings have been addressed. The Bank is working with WHO to have a special audit for the Emergency Health and Nutrition Project (EHNP), which was part of the agreed action plan with WHO (see Annex 3).

27. The Bank has been holding discussions with WHO's senior management and the country/regional leadership to ensure their obligation to promptly and proactively notify the Bank of any issues pertaining to financial management, audit as well as fraud and corruption allegations.

28. Based on the EHNP experience, WHO strengthened their decentralized approach through the following measures: (i) Decentralization of planning and implementation related processes; (ii) Decentralization of any funds to WHO field offices and GHOs; (iii) Decentralization of capacity development for planning, implementation and monitoring; and (v) Decentralization of accountability of GHOs as well as WHO responsibility for field monitoring and spot checks.

29. This new project specifically targeting COVID-19 response is critically needed and is the most efficient way for the World Bank to act upon COVID-19 in Yemen. The reasons include: (i) funding for the WHO portion of the EHNP is programmed for supporting the critically needed care, and diverting a portion of this funding for COVID-19 will create a gap in service delivery; (ii) under the Fast Track Facility, which is a new, additional source of funding, COVID-19 projects are allowed to follow a specially condensed procedure for preparation to act rapidly on the evolving COVID-19 pandemic; and (iii) having a standalone project makes monitoring of COVID-19 specific interventions easier. Under the EHNP, of the total US\$232.49 million in grants for WHO, US\$190.16 million has been disbursed to WHO, of which US\$142.4million has been disbursed, and US\$17.4 million were committed.⁷

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CONTACT POINT

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⁷ Figures as of March 22, 2020.



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