



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 19-Mar-2020 | Report No: PIDC28979



BASIC INFORMATION

A. Basic Project Data

Country Argentina	Project ID P173767	Project Name AR: COVID-19 Emergency Response Project	Parent Project ID (if any)
Region LATIN AMERICA AND CARIBBEAN	Estimated Appraisal Date 24-Mar-2020	Estimated Board Date 30-Mar-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Argentine Republic	Implementing Agency National Ministry of Health	

Proposed Development Objective(s)

To strengthen preparedness and response efforts against the COVID-19 pandemic and national systems for public health preparedness in Argentina

Components

Emergency COVID-19 Response Efforts
Implementation, Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	35.00
Total Financing	35.00
of which IBRD/IDA	35.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	35.00
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Environmental and Social Risk Classification

Moderate



Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

Program context

1. **This Project Appraisal Document (PAD) describes the emergency response to the Argentine Republic under the COVID-19 Strategic Preparedness And Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) with an overall Program financing envelope of International Development Association (IDA) funds of US\$1.3 billion and of International Bank for Reconstruction and Development (IBRD) funds of US\$2.7 billion.**

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 19, 2020, the outbreak has resulted in an estimated 229,289 cases and 9,324 deaths in 159 countries.
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 use¹ and pre-existing chronic health problems that make viral respiratory infections particularly dangerous². 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 aches³. Other symptoms, including headache, 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

¹ 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>

² Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." *New Eng J of Medicine*, DOI: 10.1056/NEJMe2002387

³ Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." *JAMA*, doi:10.1001/jama.2020.3072

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. This project is prepared under the global framework of the World Bank (WB) COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF) and key activities supported under the Project are aligned with the COVID-19 SPRP developed by the WHO. The Pan-American Health Organization (PAHO) is providing technical support to the Argentina National Ministry of Health (NMOH) on the management of the pandemic. In addition, the NMOH has requested financial support from other international organizations such as the Inter-American Development Bank (IDB) and the Andean Development Corporation (CAF, for its acronym in Spanish), mostly through the restructuring of their existing operations to support the strengthening of the country response capacity to deal with the COVID-19 pandemic.

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 the Argentine Republic.

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
1	P173750 Afghanistan COVID-19 Response	Simultaneous	Please see relevant PAD	IPF	00.00	US\$19.40	US\$81.0 (reallocated from regular country IDA allocation)	To Be Confirmed	High
2.	P173750 Ethiopia COVID-19 Response	Simultaneous	Please see relevant PAD	IPF	00.00	US\$42.00		To Be Confirmed	Substantial
3.	Argentine Republic	To be confirmed	Please see relevant PAD	IPF	US\$35.00	00.00			Moderate
2	Available amounts for	TBD on the basis of			US\$ 2,665.00	US\$1,238.60			



	the countries joining later	country requests							
Total			Board Approved Financing Envelope	\$2,700.00	\$1,300.00				

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

Country Context

- 7. **The COVID-19 pandemic hits the Argentine economy in a moment of significant macroeconomic imbalances and a highly uncertain outlook.** Macroeconomic volatility, intensified after the sell-off of Argentine assets in August 2019, triggered an acceleration of inflation and a fall in real wages, which declined by 7.5 percent in 2019. This - coupled with fiscal consolidation and a general context of high uncertainty - slowed consumption and investment, dragging the economy down for the second consecutive year. Gross domestic product (GDP) fell an estimated 2.1 percent in 2019, and unemployment and poverty rates increased. According to latest official estimates (mid-2019), 35.3 percent of Argentines living in the main urban areas are poor, and 7.6 percent are extreme poor. Even under a positive scenario of macroeconomic stabilization and gradual economic recovery, a return to positive growth rates is not expected before 2021.
- 8. **Against this backdrop, the government has enacted a package of fiscal measures aimed at increasing revenues and protecting the most vulnerable and engaged into a sovereign debt restructuring process.** The Government enacted in December 2019 a package of fiscal measures to increase revenues and redistribute public resources to lower income groups, aiming at alleviating poverty and stopping the economic contraction. Preliminary estimates by the Bank indicate that taken together these measures would be fiscally neutral. The Government has also engaged in a sovereign debt restructuring process with private creditors (under foreign law), in response to large debt obligations coming due over the following months. This process follows an ambitious timetable and is conducted in parallel with discussions with the Fund on the future of the Stand-by Agreement (SBA) program, which is currently on hold. The successful conclusion of these processes is critical for reducing the large uncertainty dominating Argentina’s economic outlook, and for creating the fiscal space needed to confront the large expected fallout of the COVID-19 outbreak.

Sectoral and Institutional Context

- 9. **Argentina is one of the Latin America and the Caribbean (LAC) countries especially at risk for the spread of COVID-19 due to its links with the two countries with the highest number of**



COVID-19 cases to date globally – China and Italy – and it is the first country in LAC to register a death due to COVID-19. Since Argentina has had large waves of Italian immigrants in the past, it has an especially high number of visitors to and from Italy. It has also developed strong commercial and migratory ties with China. As of March 19, 2020, Argentina has 97 confirmed cases of COVID-19⁴ and likely many more with the disease but without it being detected so far. There have already been three deaths in the country from COVID-19. The number of cases as well as deaths are expected to rise rapidly.

10. **The risks of rapid spread of COVID-19 are enhanced by the demographic profile of the population.** Argentina’s population has been aging steadily, and around 15.4% of the population are aged over 60, while around 7.6% are aged over 70. In Italy – a high-income country where most people have relatively good access to health care – point estimates for the fatality rate of the virus appear to be about 4.6% for people aged between 60 and 69 years, and about 9.8% for those aged 70 years and above.
11. **All of this is worsened, in turn, by the ongoing economic and fiscal crisis.** Argentina is still in the midst of its worst economic crisis in almost 20 years, and there have been substantial budget cuts in the public sector, including for health. This has had a substantial negative impact on the public health services provided across the country, as well as in the provision of supplies for basic public health (including for HIV and TB treatment, and vaccines). The current situation has led to challenges in addressing an ongoing outbreak of dengue in the North (the poorest region with the worst health outcomes) and in the Central region. These budget cuts affecting the public health subsystem could have substantial adverse impacts on attempts to control the spread of COVID-19, in the absence of adequate and intensive additional control efforts.
12. **Argentina has formulated a comprehensive COVID-19 Preparedness and Response Plan, which is aligned with the WHO’s SPRP and with the critical steps listed above (Box 1).** The Plan is aimed at slowing transmission, delaying outbreaks and providing optimized care for all patients, especially the seriously ill, as well as minimizing the impact of the epidemic on health systems and social services and, consequently, on the economic activity. The Plan – underpinned by the newly issued National Decree 260/2020 – has nine strategic pillars: (1) country-level coordination; (2) planning and monitoring; (3) risk communication and community engagement; (4) surveillance, rapid-response teams and case investigation; (5) control at points of entry; (6) support for national laboratories; (7) infection prevention and control; (8) case management; and (9) operations support and logistics. The Government has requested financial and technical support to help assure an appropriate and timely implementation of key activities under this Plan, in particular the provision of specific supplies and logistical support for the health system for containment of the epidemic, as well as mitigation of its effects including appropriate treatment to minimize morbidity and mortality due to the epidemic.

Box 1: Critical Steps to Respond to COVID-19

- **Find out more about how Covid-19 spreads, how deadly it is and what can be done to reduce its harms.** As many as half of people with infection have no symptoms, and at least 80% of

⁴ This includes individuals who had travelled recently to other countries with significant incidence of COVID-19 as well as secondary cases with infections due to contact with these individuals.



those who do feel ill have only mild symptoms.

- **Reduce the number of people who get infected. If it turns out that a significant percentage of those infected become severely ill; this would justify drastic measures such as closing or curtailing hours of schools, limiting public gatherings and reducing social contact.** Spread can be minimized by quickly isolating those who are ill, cleaning potentially contaminated surfaces often and changing common routines. Some little things that make a big difference are: washing hands, covering coughs and, if a person is sick, staying home or wearing a mask when he/she go out.
- **Protect health care workers.** Even before Covid-19, far too many health workers and patients got infections in health care facilities. A fast and drastic improvements is needed in triage, treatment, cleaning and overall infection prevention. A shortage of medical masks is likely so there is a need to ensure health care workers have enough, as should household members caring for sick relatives and people who are ill and need to go outside.
- **Improve medical care and prevention of Covid-19.** A vaccine is at least a year away, and success is uncertain. Treatments that hold promise need to be evaluated rigorously. In a moderately severe pandemic, there would not be enough ventilators to support patients' breathing. Health facilities and health departments can prepare for a worst-case scenario by preparing -- with training, equipment, and detailed operational plans -- for a surge in the number of patients who seek care and for the subset of those who need to be mechanically ventilated.
- **Protect health services.** During the 2014-2016 Ebola epidemic in West Africa, more people died because of disruptions of day-to-day health care than died from Ebola. Telemedicine needs to become much more accessible, and people with chronic conditions should receive three months of medications whenever possible, in case there are supply disruptions. Routine vaccinations and other preventive services need to be preserved.
- **Support social needs.** Patients and their families will need support, especially those who are isolated and less familiar with virtual or delivery services. Continuing to support individuals and groups ranging from community centers to nursing homes will require detailed plans.

13. **The Government relies on a number of inter-ministerial and support mechanisms that are helping to support its COVID-19 response efforts.** Following the 2005 International Health Regulations (IHR) and the Global Health Safety Agenda (GHS), Argentina has been developing, reinforcing, and maintaining the necessary capabilities to prevent and/or mitigate the impact of outbreaks, focused on early detection, transparency, and effective response to limit the spread of infectious diseases, mitigate human suffering and loss of life, and reduce economic impacts. The Commission for the Implementation and Monitoring of the IHR and Basic Capacities, coordinated by the NMOH, was established in 2019. Through the Commission, the NMOH coordinates actions with other line ministries as well as with the provinces regarding the implementation of strategies to promptly respond to public health emergencies. In addition, in 2016 Argentina created the National System for Comprehensive Risk Management and Civil Protection (SINAGIR, for its acronym in Spanish), aimed at seeking integrated actions and coordinating the activities of national, provincial and municipal government agencies, as well as non-governmental actors, regarding crisis risk reduction, crisis management and recovery.



C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

14. To strengthen preparedness and response efforts against the COVID-19 pandemic and national systems for public health preparedness in Argentina.

Key Results

D. Project Description

15. The Argentine NMOH has requested a financial support of US\$35 million to help finance COVID-19 response and health system strengthening activities, focused on addressing health-related aspects of the pandemic. The Project's activities are based on Argentina's COVID-19 Preparedness and Response Plan and the COVID-19 SPRP prepared by the WHO.
16. The proposed Project will consist of two components supporting the country's detection and response efforts in the fight against COVID-19. It will support activities aimed at strengthening the country's capacity to: (i) identify, isolate, and provide care to patients with COVID-19 in a timely manner to minimize disease spread, morbidity and mortality; (ii) prepare and strengthen the health system for increasing levels of demand for care; and (iii) provide timely, transparent and evidence-based information to support healthcare interventions. The total Project cost is US\$ 35 million.
17. **Component 1: Emergency COVID-19 Response Efforts (US\$33 million).** This component will support the enhancement of disease detection capabilities through the strengthening of the public laboratory network for cases reporting and diagnosis; strengthening of clinical care and isolation capacity; and mobilizing trained and well-equipped frontline health workers. The component will have two sub-components, as follows:
18. **Sub-Component 1.1: Case Detection, Case Confirmation, Contact Tracing, Case Recording, Case Reporting** (US\$ 3 million). This sub-component will support: (i) strengthening of the public health laboratory network and overall epidemiological capacity for early reporting and diagnosis of cases; (ii) epidemiological investigation activities and strengthening of risk assessment capabilities; (iii) provision of on-time data and information for guiding decision-making and for response and mitigation activities; and (iv) contact tracing and other activities to control the spread of COVID-19. The sub-component will finance, among others: (i) medical and Information Technology (IT) equipment, supplies and IT systems; (ii) supplies and reagents for the diagnosis of COVID-19, influenza-type illnesses and other respiratory diseases; and (iii) relevant training activities.
19. **Sub-Component 1.2: Health System Strengthening** (US\$ 30 million). This sub-component will support efforts to strengthen the public health system's capacity to provide optimal medical care to patients at risk as well as maintain essential health care services and minimize risks for patients



and health personnel.⁵ The sub-component will finance, among others: (i) medical supplies, specific equipment for intensive care units⁶ and medical equipment for public health facilities; (ii) protective equipment and goods for health personnel involved in patient case management; and (iii) relevant types of training of health personnel including on the application of the defined national protocols for managing the pandemic.

20. **Component 2: Implementation, Monitoring and Evaluation (US\$2 million).** This component will finance: (i) technical assistance to strengthen the capacity of the National Project Coordination Team (PCT) under the Undersecretariat of Administrative Coordination (UAC) and the Secretariat of Health Access (SHA) for implementing the project; and (ii) financial audits for the Project. In addition, the component will finance relevant monitoring and evaluation activities including clinical research and public health research, among others.

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

21. The Project will build on the successful implementation of ongoing and past World Bank projects with the NMOH, which currently include the Supporting Effective Universal Health Coverage in Argentina (P163345) and Protecting Vulnerable People Against Non-Communicable Diseases Project (P133193) Projects. The NMOH has more than 25 years of experience working with World Bank Safeguards through the implementation of 12 investment operations focused on universal health coverage, protection against non-communicable diseases, maternal-child health and nutrition, essential public health functions, provincial public health insurance, management of influenza-type illness and strengthening of Argentina’s epidemiological system, strengthening of surveillance and disease control. The NMOH has a consistently satisfactory record implementing WB environmental and social safeguard policies and has regulations, practices, and oversight mechanisms consistent with the current Environmental and Social Standards of the Bank.

22. This Project will neither finance nor support any civil works activities and all of the Project investments are planned to take place in existing infrastructure. In this sense, the activities supported by the Project are not expected to have negative environmental or social impacts.

⁵ As COVID-19 would place a substantial burden on inpatient and outpatient health care services, support would be provided for equipping selected health facilities for the delivery of critical medical services and to help them cope with the increased demand of services likely to arise due to the pandemic, while strengthening intra-hospital infection control measures. Steps would be taken to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and earlier discharge with follow-up.

⁶ Including support for the isolation of confirmed cases or suspected cases as needed.



23. Environmental risk rating for this Project is Moderate. Risks are limited and manageable related to use and disposal of medical supplies, use of cleaning and disinfection chemicals, and waste-related issues that are already managed appropriately with ongoing systems and projects. The project will neither finance nor support any civil works activities and all Project investments are planned to take place on existing infrastructure. Project funds will support the purchase of (i) medical supplies and equipment, including lab equipment; (ii) test kits; and (iii) hospital equipment. The NMOH has in place mechanisms for medical and laboratory waste management disposal and environmental risk management in general, which have been found appropriate in previous Bank operations and meet the WHO protocol for managing infectious waste. No new elements will be added to this operation that suggest these mechanisms could be jeopardized or generate need for additional support.
24. The social risk rating for this Project is Low. The Project is expected to have only positive social impacts, as the supplies acquired through this project will be directed to the public national healthcare system, which provides care and epidemiological containment to everyone, including the most vulnerable population and historically excluded groups. Care is provided irrespective of ability to pay. The Project will not involve resettlement or land acquisitions and will not include new activities or hiring of additional staff. The funds will be used to prop up existing mechanisms of epidemiological control and health care, through already established programs and protocols at national and subnational level that meet WHO standards and recommendations.
25. The borrower has already prepared and is implementing a COVID-19 Preparedness and Response Plan, which includes protocols and mechanisms for inter-sectorial, intercountry and international collaboration and timely information exchange, dialogue, and mobilization of resources. The plan also includes provisions and two-way communication mechanisms with beneficiaries, population at risk and vulnerable communities. Currently at the containment phase, the NMOH has already established a platform for multi-sectorial technical collaboration (SINAGIR), which will also coordinate the strategy of communications.
26. The main actions included in this engagement and communications platforms comprise: (i) continue to assess the need for interventions in mass media; (ii) reach out key stakeholders to harmonize and guarantee the dissemination of correct information; (iii) periodic publication of information and public updates (handouts, alerts, recommendations); (iv) update of webpage devoted to the crisis; (v) monitoring of social media; (vi) availability of information material at entry points in healthcare facilities and government buildings; and (vii) to generate ad hoc information for prevention and care of vulnerable groups.
27. The existing platform also includes generation of recommendations for different stakeholders (e.g. health workers, general population, population at risk, etc.); strengthening of the epidemiological surveillance system (e.g. homogenize isolation methods and follow up mechanisms, etc.); and laboratory capacity (e.g. assess decentralized diagnostic capacities, monitor diagnostic supplies, etc.) which complies with ESS10.
28. The platform's webpage (<https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo>) has a live chat and contact details for information and for citizen feedback and complaints, as well as online assistance for early diagnostic and quarantining advice. The PIU will monitor this feedback



mechanism as the project's Grievance Redress Service (GRM) to ensure that any project-specific issues are included in a project GRM log that is managed quickly, responded to, and settled.

E. Implementation

Institutional and Implementation Arrangements

1. The project will be implemented by the NMOH, through the SHA and the UAC which are in charge of coordinating COVID-19 response efforts, working in conjunction with the Provincial Ministries of Health. High-level institutional coordination with the Provinces will be carried out through the Federal Health Council (COFESA, for its acronym in Spanish).
2. The General Directorate of Sectoral and Specials of Programs and Projects (DGPPSE, for its acronym in Spanish), under the UAC, will be the PCT. It will be responsible for Project coordination and overall administrative and fiduciary matters such as financial management (FM), procurement and environmental and social standards. The PCT would be responsible for: managing procurement processes; monitoring contract administration; processing payments to suppliers and consultants; managing the Project's finances, including control of the Designated Account (DA) and flow of funds; accounting and financial reporting, collecting information for disbursements; and monitoring the environmental and social activities.
3. The PCT will coordinate the implementation activities with technical support from the Undersecretariat of Health Strategies (UHS), under the SHA, through its Epidemiological Surveillance and Infectious Diseases Units. The UHS has demonstrated strong technical and managerial skills in the management of the A/H1N1 pandemic of 2009/2010. Both the UHS and the PCT would receive support for administrative activities (including on technical, FM, procurement and environmental and social standards) from the Project.

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APPROVAL

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