



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 30-Oct-2020 | Report No: PIDA30462

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

Country Guyana	Project ID P175268	Project Name Guyana COVID-19 Emergency Response Project	Parent Project ID (if any)
Region LATIN AMERICA AND CARIBBEAN	Estimated Appraisal Date 22-Oct-2020	Estimated Board Date 13-Nov-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Finance	Implementing Agency Ministry of Health	

## Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Guyana.

## Components

Component 2. Implementation Management and M&E  
Component 1. Emergency Response to COVID-19

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

<b>Total Project Cost</b>	7.50
<b>Total Financing</b>	7.50
<b>of which IBRD/IDA</b>	7.50
<b>Financing Gap</b>	0.00

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

International Development Association (IDA)	7.50
IDA Credit	7.50



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

### Country Context

- 1. The Co-operative Republic of Guyana is a small, sparsely populated country on the coast of South America with abundant natural resources.** Guyana has fertile agricultural lands, bauxite, gold, and extensive tropical forests that cover approximately 80 percent of the country. Guyana is an ethnically diverse society, encompassing Indo-Guyanese, Afro-Guyanese, Mixed-Guyanese, indigenous Amerindian and others. The country has a low population density, with 90 percent of its 779,004 inhabitants living on the narrow coastal plain, which represents 10 percent of the country's area. Guyana hosts a sizable group of immigrants and refugees from Venezuela (22,000 people). Coastal flooding is a serious risk, because much of Guyana's population and economic activity, including the capital, Georgetown, and most of its agriculture, is concentrated in low-lying areas along the Atlantic coast. Sugar, gold, bauxite, shrimp, timber and rice represented over 80 percent of the country's exports in 2014. With an economy that is heavily dependent upon natural resources, agriculture, and remittances, Guyana is vulnerable to adverse weather conditions, commodity price fluctuations, and economic conditions in migrant destination countries.
- 2. Guyana discovered significant oil and gas reserves offshore which has the potential to profoundly alter the Guyanese economy.** Guyana's economy expanded by 4.1 percent in 2018, as an anticipated influx of oil revenues spurred an expansion in nontraded sectors. Oil production, which commenced in December 2019, is projected to boost the GDP growth rate to unprecedented levels. Well-managed oil revenues could greatly accelerate poverty reduction. While oil revenues could have a transformative impact on Guyana's development, they also pose risks. Guyana's per capita GDP in 2018 was the second lowest in South America at just under US\$5,000, and its national poverty headcount rate was among the highest in the Latin America and Caribbean (LAC) region at 43.4 percent. Poverty rates are highest in the sparsely populated interior, in particular in Amerindian communities, where access to economic opportunities, healthcare, and public services are limited. According to the 2020 Human Capital Index (HCI), a child born today in Guyana will be only 50 percent as productive when she grows up as she could be if she enjoyed full health and education. This is lower than the average for LAC and Upper middle-income countries. Although a child can expect to complete 12.2 years of schooling, this is only equivalent to 6.8 years when adjusted for quality of learning. While 97 percent of children survive to age 5 (with higher child mortality in rural regions), only 77 percent of 15-year-olds survive to age 60.
- 3. Guyana recently concluded its national elections, and the new administration requested support from the World Bank to respond to the COVID-19 crisis.** A new Government took charge in August 2020 and requested



urgent support from the World Bank to tackle the health and socioeconomic impacts of the COVID-19 pandemic and confirmed their commitment to a long-term engagement with the Bank.

4. **The COVID-19 pandemic is stretching the country's public health systems and threatening the economy.** The Government enacted several mitigation measures, including a shutdown on many non-essential services, restrictions on travel, social, and other economic activities. In addition, schools were closed, and virtual learning is being implemented until it is safe to return to a physical learning environment. Despite Guyana maintaining a positive economic outlook, the pandemic and containment measures, including travel restrictions and social distancing measures, are impacting employment and livelihood. Industries in the services sector will be most affected including retail trade, transport, food and accommodation services. The impacts will fall disproportionately on informal workers who account for approximately 60 percent of the workers in the sector.

5. **Guyana's development and health efforts are also challenged by the observed and anticipated impacts of climate change, which may further exacerbate the impacts of COVID-19.** Guyana is most at risk to floods and droughts. Guyana has experienced many floods in recent years that are heavily influenced by La Niña events. The country's low-lying coastline, which in some areas is 2 meters below sea level, causes flooding to be an imminent threat. Sea level rise will lead to inundation of coastal areas, saline intrusion into surface and ground water sources and overtopping of existing sea defenses. These changes are expected to impact people's health, ecosystems, and water availability. For example, flooding can indirectly contribute to infectious disease outbreak and vector distribution, and directly contribute to negative health effects from sustained injuries and mental health arising from trauma of the event. Also, viral infections can be exacerbated by climate impacts such as increased temperature, precipitation, and humidity, including the life cycle and infections transmitted by vectors. Empirical findings note that air pollution, which is a contributor to climate change, can affect the COVID-19 pandemic in three ways: increasing transmission, increasing susceptibility, and worsening the severity of the infection.

#### Sectoral and Institutional Context

6. **Guyana's health outcomes have significantly improved during the last two decades.** Life expectancy at birth increased from 65.2 years in 2000 to 69.8 years in 2018. Under-five mortality decreased from 46.3 per 1,000 live births in 2000 to 29.3 in 2019, whereas the estimated maternal mortality rate declined from 179 per 100,000 live births in 2010 to 169 in 2017. Health outcomes improvements have been accompanied by better levels of immunization coverage, improved water and sanitation facilities, and a higher consciousness of environmental health issues. Despite this progress, maternal and child health outcomes remain below the average for LAC and Upper middle-income countries.

7. **The country is undergoing an epidemiological transition.** While communicable diseases are still prominent in Guyana, non-communicable diseases (NCDs) have become the major burden of morbidity and mortality for the population. NCDs accounted for a total of 70 percent of causes of deaths in 2017. The top three leading causes of death are ischemic heart diseases, stroke, and diabetes. Communicable diseases in the top ten causes of death include respiratory infections, HIV/AIDS, and neonatal disorders. Despite Guyana having achieved considerable improvements in communicable diseases, it has the third highest prevalence of HIV/AIDS among countries in the Caribbean Community (CARICOM), ranks in the top five Latin America and the Caribbean (LAC) countries with the highest tuberculosis incidence, and still faces serious malaria challenges.



8. **The Ministry of Health (MOH) has the mandate in law for the health of the population, but the provision of health services is decentralized and coordinated by the ten administrative Regions.** The MOH is responsible for policy formulation, regulation, coordination, and monitoring and evaluation (M&E) in the health sector, whereas the ten administrative regions are responsible for service delivery through their Regional Democratic Councils (RDCs, one for each region) and Regional Health Authorities. Health spending is low compared to the LAC region and is mainly financed by the Government. The health expenditure per capita of Guyana was approximately US\$230 in 2017, well below the LAC average of US\$685.

9. **Guyana has been pursuing Universal Health Coverage (UHC), as shown by the National Health Strategy 2013-2020.** The priority strategic goals for the health sector over the period 2013-2020 include: 1) advancing the wellbeing of all Guyanese by increasing access to healthcare services, with a focus on primary health care and prevention; 2) reducing health inequalities; and 3) improving the management and provision of evidence-based, people-responsive quality health care. Investments towards these strategic goals contributed to improved health outcomes; however, COVID-19 threatens to undo Guyana's progress on health outcomes and distracts attention from the remaining challenges including on the quality of healthcare.

10. **The health system's capacity to effectively address preparedness and response to outbreaks is limited.** Based on its overall Global Health Security (GHI) index score (31.7), Guyana is ranked 24 out of 33 LAC countries and 18 out of 41 countries with a population of less than one million. Even if the performance of Guyana is slightly above the worldwide average for compliance with international norms, relevant gaps are detected for prevention, detection and reporting, and health system's capacity to treat the sick and protect health workers. The country needs to act in a timely manner to fill those gaps, in order to minimize the health impact of the COVID-19 pandemic.

11. **To tackle the COVID-19 outbreak, the MOH outlined a COVID-19 Preparedness and Response Plan (COVID-19 PRP) and activated the Health Emergency Operations Centre (HEOC) to oversee coordination and implementation of the COVID-19 PRP and support inter-sectoral coordination.** The COVID-19 PRP was designed at the beginning of the Guyana epidemic in March 2020, and then updated in July 2020. It included an assessment of the main risks and identifies strategic priority areas to effectively respond to COVID-19. One of the main risks identified in the COVID-19 PRP concerns the vulnerability to imported COVID-19 cases, as Guyana has unofficial points of entry with no screening facilities and human resource capacities. Other major risks concern difficulties in implementing physical distancing measures and limited health system's capacity. The health system lacks adequate supplies, equipment, and personnel to respond to the outbreak, especially in the hinterland regions. Because of the substantial increase in COVID-19 active cases over August and September 2020, the MOH requested additional resources to finance its COVID-19 PRP and improve and decentralize the health system's capacity in testing and treatment.

12. **The World Bank is already contributing to the government's response to the pandemic.** Guyana benefitted from a US\$1 million grant through the World Bank-administered Pandemic Emergency Financing Facility (PEF). The grant was disbursed to PAHO/WHO, Guyana's implementing partner, in late July 2020. Through an ongoing operation, the Education Sector Improvement Project (Credit No. 6009-GY), the Bank is supporting the country's efforts to adapt to COVID-19 in the education sector through curriculum adjustments, training of teachers, and modifying the national assessments. Under preparation is a proposed Additional Financing (US\$14 million) for the Guyana Secondary Education Improvement Project (Credit No. 5473-GY), which will finance smart



classrooms and tablet programs at the secondary level to aid distance learning, specifically benefiting rural and hinterland populations. Additionally, a Global Partnership for Education grant (US\$7 million) is being prepared that will promote technology-assisted learning and support a tablets program for mathematics and literacy at the nursery and primary levels. The World Bank is contributing to a coordinated response to COVID-19 involving other development partners. In order to avoid duplications and ensuring complementarities across programs funded by development partners, the MOH is designating the Health Sector Development Unit (HSDU) as the coordination mechanism for the implementation for all donor-funded development projects.

### C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Guyana.

#### Key Results

- Number of COVID-19 tests per 10,000 population by week conducted per MOH approved protocol (i.e. testing rate).
- Percentage of patients diagnosed with COVID-19 that are treated per MOH approved protocol.

### D. Project Description

13. **Component 1: Emergency Response to COVID-19 (US\$7.0 million).** This component will focus on three priority areas identified by the Government: (i) strengthen laboratory capacity and support screening and surveillance capacity to gain better intelligence on the COVID-19 virus presence and spread in Guyana; (ii) expand, decentralize, and improve contact tracing, particularly in border regions; and (iii) strengthen the health system for more effective treatment and care of symptomatic patients, quarantine and isolation of less severe and asymptomatic cases, and prepare for effective deployment of a safe and approved COVID-19 vaccine. This component will consist of 2 sub-components:

**Subcomponent 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting.** This subcomponent will support activities to strengthen the capacity of the system to diagnose and trace contacts of COVID-19 cases; and **Subcomponent 1.2: Health System Strengthening.** This sub-component aims at strengthening the health system for more effective, and better quality, treatment and care of symptomatic COVID-19 patients, for isolation and quarantine of asymptomatic COVID-19 cases, and for preparing the system to access and deliver safe and approved COVID-19 vaccines.

14. **Component 2: Implementation Management and Monitoring and Evaluation (US\$500,000).** This component will finance the required administrative and human resources and activities needed to implement the project and monitor and evaluate progress. It will finance staff, consultant costs, and operating costs associated with project implementation, coordination, and management, including support for procurement, financial management (FM), environmental and social risk management, monitoring and evaluation, reporting, and stakeholder engagement; information system maintenance; operating and administrative costs; and shorter- and longer-term capacity building for coordination and pandemic response and preparedness. This component will also finance performance audits focusing on key project activities, which will be carried out by an external



auditor under terms of reference acceptable to the Bank. All these activities will be carried out in accordance with WBG guidelines and procedures.

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

**Environmental Risk Rating: Substantial**

15. The project will finance laboratory equipment, supplies, test kits and reagents for the diagnosis of COVID-19. In addition, it will support efforts to strengthen the health care system’s capacity to provide a comprehensive range of services for the treatment and care of COVID-19 patients. The potential environmental and human health risk associated with the above activities are: (i) occupational health and safety risks resulting from the operation of medical facilities and laboratories involved in COVID-19 response which inherently expose staff to infection risk; (ii) infection control and waste management and disposal; (iii) community health and safety issues related to the uncontrolled transmission of the covid-19 virus due to the lack of adequate testing, laboratory and quarantine facilities and contamination due to the improper handling, transportation and disposal of healthcare wastes. Waste that will be generated from labs, quarantine facilities and screening will 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 will require special handling and awareness, as it may pose an infectious risk to healthcare workers who come in contact with or handle the waste. There are moderate environmental and social risks associated with minor physical works for the expansion of ICU capacity at various hospitals, establishment of isolation centers and quarantine facilities, and upgrading of cold-chain and storage facilities, for which Environmental and Social Management Plans will be prepared and disclosed on Ministry of Health and World Bank websites. The environmental risk of the proposed project is considered ‘Substantial’ considering the above-mentioned risks and the client’s lack of experience with the World Bank’s Environmental and Social Framework (ESF).

**Social Risk Rating: Substantial**

16. The Project’s Social Risk rating is substantial due to social exclusion and discrimination risks which include:

- (i) Exclusion of vulnerable groups and minorities from the Project’s benefits. Although the Project aims to reach the most vulnerable populations, vulnerable populations (including LGBTQ+ communities, immigrants, women, the elderly, and Indigenous Groups) are prone to be discriminated from project benefits if measures to ensure their inclusion are not taken into account. The SEP will include the



necessary measures to guarantee that all affected parties are properly consulted and engaged with throughout the project cycle.

- (ii) Exclusion of vulnerable groups from information dissemination and consultations. Given that this Project is prepared under COVID-19 emergency measures and there are government bans on social gatherings, the consultation processes ought to be held through online tools and other safe means of communication. Virtual consultations lay the risk to treat stakeholder groups as a monolithic group; without taking into consideration factors such as age, gender, ethnic and cultural background, modes of organization, and capacities to engage, as well as different preferences and opinions about activities and impacts.
- (iii) Discrimination against health workers. Although the Project itself would not harm or cause discrimination, or negative impacts towards health workers, in Guyana, as in other parts of Latin America and the Caribbean, health workers responding to the COVID crisis, have been subject to discrimination and physical attacks from the general public. To mitigate the negative risks, the project will ensure to take health worker's feedback throughout the project cycle and will use that feedback to develop mitigation measures. These mitigation measures will be addressed in the respective E&S management risks instruments such as ESMPs, and IPPs.
- (iv) Discrimination against COVID-19 infected people. In some countries across Latin America, there have been cases, especially in rural areas, where people oppose the governments from turning some clinics, or hospital facilities into places to treat COVID-19 patients. In some cases, the opposition has resulted in attacks against health facilities. Although there is no evidence that this will happen in Guyana, this is a risk that should be taken into consideration. Consultations will be key to obtain feedback from Project affected people and to include mitigation measures in the E&S instruments.
- (v) Gender-Based violence (GBV) is an important social issue; it was so even before the COVID-19 pandemic and the situation is expected to have worsen during the epidemic, as an unintended consequence of some of the measures taken to limit the spread of the virus. Global experience has shown that GBV is relevant, among others under COVID-19 context, for the following reasons: (i) Gender-based violence/harassment of female health professionals have been on the rise; (iii) Adolescent pregnancies may increase with school closures, with further implications for the health systems; (ivii) Gender-based restrictions under the quarantine may have also impacted other minority groups, given that members of the LGBTQ+ community had experienced harassment by agents currently enforcing quarantine measures (especially in Guyana even before the pandemic); (iv) with quarantine measures, victims of domestic violence (who are disproportionately women) might experience less freedom to connect with their regular support services. Quarantine measures can also increase the risk of experiencing one or more forms of intimate-partner violence. Mitigation measures are described in ESS1.

## **E. Implementation**

### Institutional and Implementation Arrangements

17. **The MOH is the implementing agency for the project and will have overall responsibility for project implementation including fiduciary, monitoring and evaluation, environmental and social risk management.** The Minister of Health sits on the national COVID-19 Taskforce and provides high-level coordination and oversight for the





MOH's COVID-19 response activities. Within the MOH, the HSDU will be the PIU. The PIU will work collectively with the Chief Medical Officer, regional administration, the Country Coordination Mechanism, the HEOC, and other stakeholders (e.g. Ministry of Amerindian Affairs) to ensure successful implementation. The HSDU is a program management unit that will be responsible for the execution of all donor funded development projects, reporting directly to the Permanent Secretary. The HSDU managed previous World Bank and IDB funded projects, but staff has changed, and programs have closed or transferred to other units. An implementing unit established for an IDB-funded health project will also be subsumed under the HSDU as the MOH streamlines its implementation capacity. The PIU will hire additional staff for the execution of the World Bank-financed Project.

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**APPROVAL**

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