Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 01-Apr-2020 | Report No: PIDA28994

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Afghanistan	P173775	Afghanistan COVID-19 Emergency Response and Health Systems Preparedness Project	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
SOUTH ASIA	13-Mar-2020	17-Mar-2020	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	The Islamic Republic of Afghanistan	Ministry of Public Health	

Proposed Development Objective(s)

The project development objective is to respond to, and mitigate the threat posed by COVID-19 and strengthen national systems for public health preparedness in Afghanistan.

Components

Component 1: Emergency COVID-19 Response
Component 2: Health Care Strengthening
Component 3: Mitigation of Social Impacts
Component 4: Implementation Management and Monitoring and Evaluation
Component 5: Contingent Emergency Response Component (CERC)
Unallocated

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	100.40
Total Financing	100.40
of which IBRD/IDA	100.40
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	100.40
IDA Grant	100.40

Environmental and Social Risk Classification

High

Decision

Other Decision (as needed)

B. Introduction and Context

Country Context

Substantial improvements in development outcomes have been observed in Afghanistan since 2001, particularly in expanded access to water, sanitation and electricity, education, and health services. Macroeconomic management remains strong, government revenues have grown consistently since 2014, and the government has engaged in a range of business environment and public financial management reforms. Expanded access to health, education, and infrastructure has seen rapid improvements in outcomes, with Afghanistan catching up with other low-income countries against key development indicators. While progress has been uneven, increased access to services and infrastructure has driven significant development gains.

At the same time, Afghanistan continues to experience insecurity and political uncertainty. The final results of the September 2019 Presidential elections were announced only in February 2020. Civilian causalities from ongoing conflict exceeded 10,000 again in 2019: 3,403 civilians killed and 6,989 injured. Displacement crisis persisted and the number of conflict-induced internally displaced people (IDPs) increased from 369,700 in 2018 to more than 400,000 in 2019. About 505,000 refugees returned to Afghanistan, mainly from Iran, during 2019. Negotiations between the US and the Taliban were concluded on February 29, 2020, but the process of a political settlement is only beginning. Meanwhile, current international support pledges are due to expire in December 2020, creating uncertainty regarding the sustainability of security and development expenditures. This has fundamental implications for the economy, with growth and investment constrained by weak confidence.

The poverty rate in Afghanistan increased markedly from 38 percent in 2012 to 55 percent in 2017. It is estimated to have grown and deepened since then. Drought-induced displacement has reached record levels of nearly 300,000 individuals. Poverty is expected to remain high in the medium-term due to weak labor demand and security-related constraints on service delivery. Afghanistan's projected growth path will not be strong enough to improve livelihoods for a population expanding at 2.7 percent annually. The widespread poverty makes the population especially vulnerable to extreme weather events such as droughts and floods, and other shocks such as this pandemic.

Afghanistan has a Human Capital Index of 0.39 and ranks 133 out of 157 countries. This suggests that children born in Afghanistan today will be on average 61 percent less productive than they would be if there was perfect survival, education and health in the country. About 7 out of 100 children do not survive to age 5; children on average have only about 4.9 learning-adjusted years of school (out of a maximum of 14 years); 41 out of 100 children are stunted;[1] and only 78 percent of the population over 15 years survive to the age of 60. In addition to increasing the intrinsic benefits and values of optimal health and education of its people, Afghanistan could more than double its GDP by improving its health and education outcomes.

Sectoral and Institutional Context

Despite rising levels of violence over the last decade, notable improvements in the coverage and quality of health services have been made. Data from household surveys between 2003 and 2018 show significant declines in infant, child and maternal mortality that were driven largely by improvements at the primary and secondary health care levels. Newborn mortality rate fell from 53 to 23 per 1,000 live births from 2003 to 2018 and under-five mortality rate from 257 to 50 per 1,000 live births from 2003 to 2018. However, despite progress on the maternal mortality ratio from 1,600 maternal deaths per 100,000 live births in 2002 to 638 maternal deaths in 2019, the maternal mortality ratio remains among the highest globally.

While basic health care delivery has expanded and improved across the country, the overall health system remains weak. The Afghan health system has made considerable progress during the past decade thanks to strong government leadership, sound public health policies, prioritization of investments in primary care and the introduction of a basic package of health services (BPHS) and essential package of hospital services (EPHS) for implementation by contracted service providers (SP) except in three provinces where the Ministry of Public Health directly manages health facilities offering BPHS and EPHS. While the nationwide contracting out of public health services to non-governmental organizations is successful with innovative service delivery, strong and focused investments on health information system including third party monitoring (TPM); and donor financial assistance under one umbrella through the Afghanistan Reconstruction Trust Fund (ARTF) platform, the overall health system is fragmented with a considerable amount of funding and health facilities being off-budget.

The COVID-19 situation in Afghanistan is quickly evolving due to cross border concerns. Afghanistan has already reported cases of COVID-19 and is very vulnerable to a more widespread outbreak. Afghans are frequent travelers to different parts of China for both trade and education. Around 2,000 students are currently studying in different universities in China, among them around 50 in Wuhan City, the epicenter of COVID-19. Many Afghans are also in China for commercial and business purposes.[2] Afghanistan (Herat Province in particular) shares a porous border with Iran which has a large and rapidly evolving outbreak of COVID-19 with serious transmission implications. Along with daily flights from Herat Province to Kabul, local containment of the virus in Afghanistan is more difficult. Eleven cases of COVID-19 have been confirmed in Afghanistan by March 14; most from Herat Province and with travel history to Iran. But recognizing the rapidly contagious nature of the virus, the relatively free population movement over the border, and limited public health capacity, it is very likely that the virus has spread more widely than currently reported, as in other countries, and has the potential to cause substantial harm.

[1] Afghanistan's HCI is based on 2017 data including the stunting rate of 41. The latest update on the national stunting rate is 36.6 which is from the 2018 Afghanistan Health Survey (AHS).
[2] WHO AFGHANISTAN EMERGENCY RESPONSE to 2019-nC (5 March 2020)

The public health system's capacity for disease outbreak response and preparedness needs strengthening. A Joint External Evaluation (JEE) of the core capacities in the International Health Regulations (IHR) assessed the strengths and weaknesses in Afghanistan in 2016 and provided a set of recommendations on areas requiring priority interventions to improve the preparedness of the health system. These include: legislation to enable IHR implementation and coordination functions; routine capacity at points of entry, which is currently missing; strengthening capacity for real-time surveillance for surveillance staff on emerging and re-emerging diseases; improving emergency response operations to all public health events through integrating relevant IHR-related functions within the Command and Control Center under Emergency Preparedness and Response for coordinated risk assessment and response; and improving risk communication by developing a national strategic framework and plan for multi-hazard risk communication. Some of the strengths included a national network of active surveillance established as part of the national polio eradication program and a functional public health surveillance information system. The Government has developed a costed national action plan, which includes strengthening the basic health services package to incorporate health security considerations, amounting to US$17.5 million. However, investments and implementation have lagged.

COVID-19 is expected to have negative impacts on Afghanistan's economy. Trade disruptions are the most important transmission channel, with potential closure of border crossings and export corridors negatively impacting agricultural exports to Pakistan, Iran, India, China, and the Middle-East. Remittance flows (3-7% of GDP), though limited in comparison to some of the neighboring countries, may also be negatively affected. COVID-19 is likely to have further negative impacts on already-low private sector confidence. The risks of major economic disruption, travel restrictions, and public disorder add to existing political and security risks. COVID19 risks may be perceived as substantial by investors. Slower economic growth resulting from COVID-19 could negatively impact already-overstretched fiscal resources available for provision of healthcare services. For those sections of the population directly impacted by economic disruptions arising from COVID-19, reduced incomes may impact access to health services in a country where health expenditure is dominated by out-of-pocket expenditures.

The Government is working closely with technical partners such as; WHO, UNICEF, Humanitarian Health Cluster partners, International Organization for Migration and other relevant stakeholders to rapidly expand in-country preparedness and containment capacity, to strengthen detection and surveillance capacity at points-of-entry into Afghanistan, such as airports and border-crossing sites (especially in the west), and to continue the training of medical staff on case-management, risk communication and community engagement. The level of support and activities in all key areas will need to be expanded rapidly to manage further spread of the disease. The Ministry of Public Health (MOPH) has established five committees[3] for the surveillance of COVID-19 at the national and provincial level. At the national level, WHO together with the Health Cluster has developed and is implementing a COVID-19 Preparedness Plan to complement the MOPH Emergency Response Plan for Coronavirus 2020 and additional funding is currently being sought for this plan. The current WHO preparedness plan would be updated to cover response activities and include more inter-sectoral components. At the sub-national level, WHO and The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Western Region (Herat) are supporting the MOPH and humanitarian partners to scale-up their response to COVID-19. Activities that will be financed under the COVID-19 Fast-Track Facility will be coordinated to ensure that gaps are covered, and duplication is minimized.

[3] Points of Entry Committee; Population Surveillance Committee; Data Management Committee; National COVID-19 Contact Tracing Committee; and the Lab Surveillance Committee.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

The project development objective is to respond to, and mitigate the threat posed by COVID-19 and strengthen national systems for public health preparedness in Afghanistan.

Key Results

- Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours;
- Proportion of specimens submitted for SARS-COV-2 laboratory testing confirmed within WHO stipulated standard time;
- Proportion of population able to identify three key symptoms of COVID-19 and/or seasonal influenza and three personal prevention measures (as assessed by a representative population survey).

D. Project Description

This project was selected for COVID-19 financing because Afghanistan borders Iran and China with frequent travels to and from the countries and together with the weak capacity to deal with pandemics, puts the country at elevated risk for COVID-19 outbreak spread. The scope and the components of this project are fully aligned with the COVID-19 Fast Track Facility. It complements longer-term development investments in the Health Sector, including the Afghanistan Sehatmandi Project (IDA-D2850), which seeks to increase the utilization and quality of health, nutrition, and family planning services.

A phased response through the COVID-19 Fast Track Facility is proposed. While support will be needed to respond to the economic impact of COVID-19 on households, businesses and government budgets, the World Bank's approach is to lead with the health response. As a first phase, most operations processed through the Fast Track Facility will be health sector operations to respond to urgent preparedness and response needs related to the COVID-19 outbreak. In the Afghanistan context, the initial priority will be in the high-risk border provinces (such as Herat which borders Iran), urban areas and major transport centers. In order to address the broader economic impacts of the pandemic, options for support through other financing instruments will be explored as the Facility is established and through country consultations.

The project components are aligned with the objectives of the COVID-19 Strategic Preparedness and Response Program (SPRP), and will comprise five components, including one contingent financing component:

Component 1: Emergency COVID-19 Response (US$14 million from COVID-19 FTF, US$20 million from IDA): The aim of this component is to slow down and limit as much as possible the spread of COVID-19 in the country. This will be achieved through providing immediate support to enhance disease detection capacities through increasing surveillance capacities, provision of technical expertise, strengthening laboratory and diagnostic systems to ensure prompt case finding and local containment. Enhanced detection capacities will be supported through updated training to existing surveillance workers, improving reporting by frontline health workers using existing surveillance information and, where possible, contact tracing of known cases. Laboratory capacity to diagnose both human and animal health potential diseases at national and provincial level will be strengthened; standardized sample collection, channeling and transportation will be established; introduce point of care diagnostics at selected sites; and establish national accreditation process for testing in public and private laboratories.

Component 2: Health Care Strengthening (US$46 million from IDA): The aim of this component is to strengthen essential health care service delivery to be able to provide the best care possible for people who become ill despite a surge in demand. It will also ensure ongoing support for people ill in the community to minimize the overall impact of the disease on society, public services and on the economy. Assistance will be provided to the health care system for preparedness planning to provide optimal medical care and maintain essential lifesaving services and minimize risks for patients and health personnel. Strengthened clinical care capacity will be achieved through financing plans for establishing specialized units in selected hospitals, treatment guidelines, and hospital infection control interventions and procurement of essential additional inputs for treatment such as oxygen delivery systems, medicines and retention of skilled health workers through extra payments (such as hazard pay and death benefits). As COVID-19 will place a substantial burden on inpatient and outpatient health care services, support will be provided to rehabilitate and equip selected health facilities for the delivery of critical medical services and cope with increased demand of services posed by the outbreak, develop intra-hospital infection control measures, including necessary improvements in safe water and sanitation in the facilities, as well as to strengthen medical waste management and disposal systems, mobilize additional health personnel, training of health personnel, provision of medical supplies, diagnostic reagents, including kits, other operational expenses such as those related to mobilization of health teams and salaries, and technical assistance.

Component 3: Mitigation of Social Impacts (US$5.4 million from COVID19 FTF): This component will address significant negative externalities expected in the event of a widespread COVID-19 outbreak and include comprehensive communication strategies. The primary focus will be on addressing social distancing measures such as avoiding large social gatherings and to mitigate against the negative impacts on children's learning and wellbeing in light of the Government's decision (announced on March 14) to close all educational institutions until April 20. Investments will be made to have plans in place to ensure the continuity of learning, including remote learning options such as radio broadcast and other means of distance delivery of academic content in the areas of literature, science and mathematics. Additional preventive actions would be supported that would complement social distancing such as personal hygiene promotion, including promoting handwashing and proper cooking, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic. This component will also include provision of mental health and psychosocial services for vulnerable communities.

Component 4: Implementation Management and Monitoring and Evaluation (US$5 million IDA): Support for the strengthening of public structures for the coordination and management of the project would be provided, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. This component would also support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, and joint-learning across and within countries. As may be needed, this component will also support third-party monitoring of progress. Collection use and processing (including transfers to third parties) of any personal data collected under this Project will be done in accordance with best practice ensuring legitimate, appropriate and proportionate treatment of such data.

Component 5: Contingent Emergency Response Component (CERC) (US$0 million): In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.
Given the uncertainties associated with the scale and trajectory of the COVID-19 outbreak, approximately 10 percent of the resources (US$10 million IDA) are unallocated but will be available for reallocation to the project components as needed to enable rapid redeployment within the project depending on the specific needs that may arise.

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

E. Implementation

Institutional and Implementation Arrangements

Project management arrangements, like those under the Sehatmandi Project (IDA-D2850), currently functioning satisfactorily, will be adopted to utilize existing capacity in MOPH and prevent unnecessary fragmentation and duplication. This will also ensure efficient coordination of activities within the Ministry. The Deputy Minister for Policy and Planning in the MOPH will serve as the Project Coordinator with support of the Sehatmandi Coordination Office (SCO) of the MOPH which will coordinate project activities with all stakeholders. Project oversight will be provided through the recently-established COVID-19 Emergency Response Committee. The COVID-19 Emergency Response Committee meets on a regular basis. It will review progress of the project, ensure coordinated efforts by all stakeholders and conduct annual reviews of the project. Through its central departments and provincial offices, the MOPH will be responsible for implementation of the project. The multisectoral aspects of the COVID-19 response will be guided by Presidential Multisectoral COVID-19 Response Committee chaired by H.E. the President/Vice President.

The health services will be delivered using the same arrangements as for the Sehatmandi Project. Health services are delivered through contracted service providers (SPs) in 31 provinces under Sehatmandi. Sehatmandi has developed a customized performance management framework and standard operating procedures (SOP) with a clearly defined process to render performance as central metric for reward and sanction of the SPs based on their performance (Pay for Performance or P4P). For this project also, the procurement and contract management for SPs will be carried out by the MOPH. The provision of services by SPs will be monitored through the regular Health Management Information System (HMIS) and through facility and household surveys carried out by a third-party monitoring (TPM) firm. Based on the performance reviews of the SPs under the Sehatmandi project, their performance has been generally satisfactory. For the remaining three provinces (Parwan, Kapisa, and Panjshir) which is managed by MOPH, under this project, technical assistance will be financed to support the MOPH to implement services delivery for the COVID-19 response. The communication between the MOPH and the contracted SPs as guided by the Standard Operating Procedure (SOP) will be strengthened to avoid multiple, often conflicting, communications from Technical Departments, the MOPH leadership, and the Performance Management Office (PMO). For tertiary hospitals in Kabul managed by MOPH, isolation wards will be needed to treat complicated cases that are referred there. Options for managing this may include contracting to an NGO service provider or to a UN Agency. For provincial hospitals and comprehensive health centers in the 31 provinces managed by SPs, installation and management of isolation wards for the treatment of cases referred there will be the responsibility of the contracted SPs.

All procurement under the project will be undertaken by the Implementing Unit, GCMU-MOPH/Sehatmandi, within the Ministry of Public Health. All high value procurement above the threshold of delegated authority of MOPH that requires facilitation support from National Procurement Authority, the specialized unit for Donor Funded Procurement within the Facilitation Directorate of NPA will provide fast track review and clearance support

CONTACT POINT

World Bank

Francisca Ayodeji Akala
Senior Health Specialist

Ghulam Dastagir Sayed
Senior Health Specialist

Habibullah Ahmadzai
Health Specialist

Borrower/Client/Recipient

The Islamic Republic of Afghanistan
Salma Alokozai
Director
salma.alokozai@mof.gov.af

Implementing Agencies

Ministry of Public Health
Diwa Samad
Deputy Minister
office.dmpp@gmail.com

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: http://www.worldbank.org/projects

APPROVAL

Task Team Leader(s):	Francisca Ayodeji Akala Ghulam Dastagir Sayed Habibullah Ahmadzai	

Approved By

Environmental and Social Standards Advisor:		
Practice Manager/Manager:		
Country Director:	Homa-Zahra Fotouhi	02-Apr-2020