



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 27-Mar-2020 | Report No: PIDA28992



BASIC INFORMATION

A. Basic Project Data

Country Pakistan	Project ID P173796	Project Name PANDEMIC RESPONSE EFFECTIVENESS IN PAKISTAN	Parent Project ID (if any)
Region SOUTH ASIA	Estimated Appraisal Date 21-Mar-2020	Estimated Board Date 02-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Islamic Republic of Pakistan	Implementing Agency Ministry of National Health Services Regulations and Coordination, National Disaster Management Authority, Benazir Income Support Programme	

Proposed Development Objective(s)

The project development objective is to prepare and respond to the COVID-19 pandemic in Pakistan and strengthen national systems for public health preparedness.

Components

- Component 1. Emergency COVID-19 Preparedness and Response
- Component 2. Mitigation of Disruptive Impacts
- Component 3. Implementation Management and Monitoring and Evaluation
- Component 4. Contingent Emergency Response Component

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	200.00
Total Financing	200.00
of which IBRD/IDA	200.00
Financing Gap	0.00



DETAILS

World Bank Group Financing

International Development Association (IDA)	200.00
IDA Credit	200.00

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

- 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. According to WHO, as of March 19, 2020, the outbreak has resulted in an estimated 207,860 cases and 8,657 deaths in 166 countries.
- COVID-19 is one of several emerging infectious diseases 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 percent to 98 percent of patients develop a fever, 76 percent to 82 percent develop a dry cough and 11 percent to 44 percent develop fatigue or muscle aches.³ Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 4.1 percent of the people worldwide confirmed as having

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



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 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.

3. **This project is prepared under the global framework of the World Bank COVID-19 response financed under the Fast Track COVID-19 Facility and Pakistan's IDA allocation.** The Pakistan country program is also leveraging its portfolio and pipeline to support its two-pillar strategy that: (i) supports the strengthening of the health system to prevent, detect and respond; and (ii) mitigates socio-economic disruption.

C. Proposed Development Objective(s)

4. The project development objective is to prepare and respond to the COVID-19 pandemic in Pakistan and strengthen national systems for public health preparedness.
5. Beside supporting COVID-19 preparedness and response in the health it also includes mitigation measures in social protection and education to help the poor and vulnerable cope with the immediate impact of the pandemic.
6. **The PDO Level Indicators:** Progress toward achieving the PDO will be measured by the following indicators:
 - Proportion of diagnosed cases treated per approved protocol
 - Percentage of district health centers/district hospitals with pandemic preparedness and response plans per MONHSRC Guidelines
 - Proportion of laboratory confirmed cases of COVID-19 responded to within 48 hours
 - Number of beneficiaries or persons receiving support in cash or kind



D. Project Description

The project has four components:

Component 1. Emergency COVID-19 Preparedness and Response (US\$155 million equivalent)

7. This component aims 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 prevention, detection, case management and mitigation of risks and response to health threats and disease epidemics.

Sub-component 1.1. Prevention (US\$5 million equivalent)

8. This sub-component will support: (i) the implementation of the COVID-19 National Action Plan and the preparation and implementation of costed provincial action plans; and (ii) the preparation and implementation of the national risk communication and community engagement (RCCE) strategy for preparedness including the development and testing of messages and materials, and enhancement of infrastructures to disseminate information from national to provincial, district, and community levels and between the public and private sectors.

Sub-component 1.2. Detection (US\$50 million equivalent)

9. This sub-component will support enhancing of disease detection capacity through increasing surveillance capacity, provision of technical expertise, strengthening laboratory and diagnostic systems to ensure prompt case finding and local containment.

Sub-component 1.3. Response (US\$100 million equivalent)

10. This sub-component will support (i) the establishment of quarantine facilities with collaboration of public/ private sector hospitals and the provision of logistics, equipment supplies, and information, education and communications material in said facilities; (ii) provision of technical support for the development of quarantine standard operating procedures (SOPs) and staffing requirements; (iii) strengthening of clinical care capacity through rehabilitation and equipping of select health care facilities; and (iv) enhancement of intra-hospital infection control measures.

Component 2. Mitigation of Disruptive Impacts (US\$42 million equivalent)

11. This component aims to address significant negative externalities expected in the event of a widespread COVID-19 outbreak using different safety net mechanisms based on the extent of disruptions.

Sub-component 2.1. Emergency Social Safety Net (US\$37 million equivalent)

12. Sub-component 2.1a. Emergency cash transfer (DLI US\$25 million equivalent). This sub-component will finance cash transfers to the poorest households and communications and information related to the provision of emergency cash transfers.
13. Sub-component 2.1b. Provision of emergency food supply for quarantined populations and people with limited mobility (US\$12 million equivalent).

Sub-component 2.2. Mitigation of Impacts in Education (US\$5 million equivalent).

14. The sub-component will support comprehensive communications campaign for schools and parents to engage in distance-learning activities and development and implementation of plans to ensure the continuity of learning including remote learning options, at all levels of education.

Component 3. Implementation Management and Monitoring and Evaluation (US\$3 million equivalent)



15. This component will support Project implementation, coordination, and management, including support for financial management, procurement, environmental and social, monitoring and evaluation of prevention and preparedness, capacity building for clinical and public health research, joint-learning across and within the country, a gender and vulnerability analysis of the COVID-19 outbreak, and third-party monitoring of progress and after-action reviews.

Component 4: Contingent Emergency Response Component (CERC) (US\$0 million)

16. Under this component, the project will provide immediate response to a crisis or emergency. This component allows flexibility to respond to the dynamics of the pandemic as it evolves during the life of the project.

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

17. **Implementation will be carried out using existing arrangements already tested in Bank-financed operations.** Further, the proposed arrangements are those that are best aligned with the country’s federal structure and that allow for quicker disbursements and delivery of results. The project design also has the flexibility to adopt to new implementation arrangements where they contribute to more efficient and effective implementation.

18. **For Component 1, project management will leverage the existing implementation structure of the National Immunization Support Project (NISP, P132308), a Bank and Donor-financed project currently being implemented at Federal and Provincial levels.** NISP is currently functioning well through Federal and Provincial Expanded Program on Immunization (EPI) cells headed by a Program Director at the Federal EPI cell and Program Managers at Provincial EPIs. Federal EPI cell is housed under MONHSRC, and provincial EPI cells are housed under respective provincial Health Departments. Where required, the implementation capacity of Federal EPI cell and provincial EPI cells will be augmented to manage the enhanced workload brought about by the Project. Federal and provincial EPI cells will be responsible for execution of the related project activities on behalf of MONHSRC and provincial Health Departments, respectively. Small procurements will be carried out by EPI cells. Large procurements will make use of NISP’s pooled procurement mechanism. This is a national mechanism set up under NISP which has successfully procured vaccines and ensured nationwide uninterrupted supply of the latter for the past four years. Further, UNICEF is the procurement agent for the federal



EPI cell. Under this arrangement, a contract agreed between the MONHSRC and UNICEF supports a blanket withdrawal application approved by the Bank that can be of use for the project.

19. **Component 2** will be implemented by two agencies, BISP (2.1a) and NDMA (2.1B & 2.2). Component 2.1a will utilize the existing implementation arrangements of the ongoing Bank-financed NSPO being implemented by BISP. The NSPO makes use of DLIs, for which verification is carried out by the Pakistan Planning Commission, a high-level body with representatives from core government departments. Sub-component 2.1a will use the same mechanism through a DLI related to cash transfer to beneficiaries. For 2.1b NDMA would carry out the activities related to provision of basic food supplies to quarantined populations along with necessary goods and supplies. The NDMA would utilize the existing distribution network developed to respond to emergency situations. For 2.2, NDMA will carry out implementation in collaboration with the Ministry of Federal Education and Professional Training as the technical agency laying out the technical and resource requirements for implementation of the component.
20. **Oversight, coordination and stewardship functions for the Project:** An Emergency Coordination Committee chaired by the Special Assistant to Prime Minister with representation from all provinces and NDMA has been established. This Committee will provide the oversight for all activities under this project. The MONHSRC, as well as the provincial Health Departments, the Federal Ministry of Education, NDMA and BISP will be responsible for implementation of project activities. Groups such as the Inter-ministerial Coordination Committee for COVID-19 will be used to ensure smooth coordination between the federal and provincial governments. Other newly created and/or existing groups such as the Emergency Core Group and Polio Emergency Operations Center may also be mobilized if needed.

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APPROVAL

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