



RESTRUCTURING PAPER
ON A
PROPOSED PROJECT RESTRUCTURING
OF
BENIN COVID-19 PREPAREDNESS AND RESPONSE PROJECT
APPROVED ON APRIL 27, 2020
TO
REPUBLIC OF BENIN

HEALTH, NUTRITION & POPULATION

WESTERN AND CENTRAL AFRICA

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ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
AF-V	Additional Financing-Vaccines
AFE	Africa Eastern and Southern
AFW	Africa Western and Central
COVAX	COVID-19 Vaccines Global Access
COVID-19	Coronavirus Disease 2019
EAP	East Asia and Pacific
ECA	Europe and Central Asia
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HNP	Health, Nutrition, and Population
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
LAC	Latin America and Caribbean
MNA	Middle East and North Africa
MPA	Multiphase Programmatic Approach
MPA-V	Multiphase Programmatic Approach-Vaccines
PDO	Project Development Objective
PEF	Pandemic Emergency Financing
SDR	Special Drawing Rights
SRA	South Asia



BASIC DATA

Product Information

Project ID
P173839

Financing Instrument
Investment Project Financing

Environmental and Social Risk Classification (ESRC)
Substantial

Approval Date
27-Apr-2020

Current Closing Date
31-Dec-2022

Organizations

Borrower
Republic of Benin

Responsible Agency

Multiphase Programmatic Approach (MPA) Program Development Objective

The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

Multiphase Programmatic Approach (MPA) Status (Public Disclosure)

Status and Key Decisions (Public Disclosure)

Sustained efforts continue to be made to advance the implementation of the 87 MPA operations. As of December 19, 2022, 88 MPA-projects had been approved with a total commitment of US\$4.3 billion. One operation (Guatemala) was cancelled in mid-September 2021, at the request of the Government. Six parent projects were restructured to include vaccine-related procurement. Twenty-three (23) operations are being implemented in Fragile and Conflict-affected situations. **Total disbursements as of December 19, 2022, amount to US\$3.76 billion or 87% of overall commitments.** This amount does not include disbursements under MPA-V operations which are reported together with AF-V operations. **Loans and Credits denominated in SDRs and Euros are being affected because of fluctuations between the SDRs and Euros against the US dollar.** At this late stage of implementation, several operations are processing refunds to the special



accounts and therefore, total disbursements are affected. **Four country operations closed by the end of the fiscal year 2022. Eight operations are closing by the end of the calendar year.**

Sixty-nine (69) country projects or 79 percent of projects approved have reached 70-100 percent disbursement (reasons for >100% disbursements relate to fluctuations between the Euro and the SDR against the US\$). **Out of the 69 operations, 53 operations or 77 percent have disbursed over 90+% of commitments.** Out of the 69 operations, **34 operations or 49 percent are fully disbursed and four operations have disbursed 99 percent of commitment.** There are nine operations with disbursements of 50 percent or less. Out of these nine operations, one has not disbursed (AFW), and two have disbursed 30 percent or less. The projects are benefitting around 3.7 billion people or 50% of the global population. If countries that have AF-V operations are counted, the projects are benefitting 4.1 billion of 51 percent of the global population. This is because some countries that don't have a parent project have AF operations. Of the 87 active projects: (i) 33 are in Africa – 12 in AFE and 21 in AFW; (ii) 12 in East Asia; (iii) 14 in Europe and Central Asia; (iv) 11 in Latin America and the Caribbean; (v) 8 in Middle East and North Africa; and (vi) 9 in South Asia. Eighty-six (86) or 99% of projects approved are disbursing. MNA has the highest percentage of disbursements, followed by ECA, SRA, EAP LAC, AFE, and AFW. Retroactive Financing represent 19 percent of commitments. SRA has the highest percentage of RF at 35 percent.

Streamlined procedures, delegated approvals, coupled with flexible project design and intensified efforts across the Bank have contributed to the progress. Implementation is being guided by Bank teams working in parallel with other health related projects, including Additional Financing operations supporting vaccine procurement and deployment efforts. Notwithstanding challenges of implementation, the MPA is on track to achieve its Program Development Objective, which is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

The Additional Financing (MPA AF-V) to the COVID-19 Strategic Preparedness and Response Program utilizing the Multiphase Programmatic Approach (Global COVID-19 MPA) was approved by the Board on October 13, 2021. The AF-V was approved with an envelope of US\$12 billion (\$6 billion from IDA and \$6 billion from IBRD) in financing. **On June 30, 2021, President Malpass announced the expansion of financing available for COVID-19 vaccine financing to \$20 billion over the next 18 months, adding \$8 billion to the previously announced \$12 billion.** The AF-V is expected to enable vaccination for up to 750 million people, with potential surge capacity for an additional 250 million people in the poorest countries while scaling support to strengthen immunization delivery, with design flexibility at the country level. The AF-V is a scale-up of planned vaccination activities anticipated and supported under the Global COVID-19 MPA and a key



contribution to the WBG’s overall COVID-19 response. **As of November 2022, 632 million doses had been procured with Bank financing out of which 484 million doses have been delivered.**

As of December 19, 2022, the Bank has approved 116 operations (including MPA-V operations) to support vaccine procurement and rollout in 80 countries amounting to \$10.1 billion. The 116 operations approved, include 6 operations that involved restructuring of parent projects (Bhutan, Cameroon, North Macedonia, Philippines, and Pakistan) and in the case of Lebanon, restructuring of the Health Resilience Project. Of the 116 approved operations: (i) 64 are in Africa – 29 in AFE and 35 in AFW; (ii) 10 in East Asia and the Pacific; (iii) 11 in Europe and Central Asia; (iv) 13 in Latin America and the Caribbean; (v) 9 in Middle East and North Africa; and (vi) 9 in South Asia. Seventy-two (72) projects or 62 percent of total operations approved are disbursing. Twenty-three operations are in Fragile and Conflict-affected countries. IDA represents 41 percent and IBRD 59 percent of disbursements. **Total disbursements under these projects as of December 19, 2022, amount to US\$5.45 billion or 54 percent of overall commitments.** Disbursements under MPA-V operations are included in this total while disbursements under the six restructured projects are counted under parent projects. **Thirty (30) or 26 percent of AF-V and MPA-V operations have disbursed 70 percent or more of their commitments. Out of the 30, twelve operations or 40 percent have disbursed 90 percent. Out of the twelve, three operations are fully disbursed.** Retroactive financing represents 38 percent of overall commitments. High retroactive financing has been authorized under different operations - Ukraine (100%), Panama and Turkey (90%), Argentina and Guyana (80%), and Belize, Iraq and Sri Lanka (70%). One hundred and nine (109) loan/financing agreements or 94 percent of projects approved have been signed. One hundred (100) loan/financing agreements or 86 percent of projects approved have become effective. As with the MPA operations, streamlined procedures, delegated approval, coupled with flexible project design, and intensified efforts across the Bank have contributed to the rapid design, processing, and implementation of the operations.

Project Development Objective (PDO)

Original PDO

To prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Benin.

Summary Status of Financing (US\$, Millions)

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net		
					Commitment	Disbursed	Undisbursed
IDA-71180	21-Apr-2022	10-May-2022	22-Jul-2022	31-Dec-2022	5.35	0	5.02
IDA-E0330	21-Apr-2022	10-May-2022	22-Jul-2022	31-Dec-2022	5.35	0	5.17
IDA-69720	28-Jun-2021	06-Jul-2021	03-Aug-2021	31-Dec-2022	15.00	8.28	4.78



IDA-D8980	28-Jun-2021	06-Jul-2021	03-Aug-2021	31-Dec-2022	15.00	13.87	.72
IDA-66400	27-Apr-2020	04-May-2020	29-May-2020	30-Nov-2021	5.19	5.41	0
IDA-D6320	27-Apr-2020	04-May-2020	29-May-2020	30-Nov-2021	5.16	5.35	0
TF-B4521	24-Feb-2021	26-Feb-2021	26-Feb-2021	28-Feb-2021	.91	.91	0

Policy Waiver(s)

Does this restructuring trigger the need for any policy waiver(s)?

No

I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

A. Project status

1. Benin has benefitted from four financing to support the fight against COVID-19, from the International Development Association (IDA) and the Pandemic Emergency Financing (PEF), as described in Table 1. The Project Development Objective (PDO) - to prevent, detect, and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Benin - has remained unchanged since the parent project. The parent Initial Financing and the first Additional Financing (AF) provided support to the control of the pandemic and closed on November 30, 2021 and February 28, 2022, respectively. The second and third AFs aim to support the roll out of the National Vaccination and Deployment Plan. Their closing date is currently December 31, 2022.

Table 1. Key project data

Key data	Parent project	First A F	Second AF	Third AF
Source of financing	IDA	Pandemic Emergency Financing	IDA	IDA
Approval date	April 27, 2020	February 26, 2021	June 28, 2021	April 21, 2022
Effectiveness date	Mai 29, 2020	-	August 4, 2021	July 22, 2022
Restructuring date	September 8, 2020	-	-	-
Closing date	November 30, 2021	February 28, 2022	December 31, 2022	December 31, 2022
Commitment (million)	US\$10.4	US\$0.942	US\$30	US\$10.7
Disbursement rate*	100%	96.6%	79%	0

*As of December 20, 2022

2. Progress towards achievement of the PDO, overall implementation progress, components, financial management, project management, procurement, monitoring and evaluation, and environmental and social safeguards were rated satisfactory in the last Implementation Status and Results Report archived on December 22, 2022, and the project continues to make good progress. As of December 20, 2022, the target for two out of the four PDO indicators had been attained. These indicators are "Percentage of acute healthcare facilities with



isolation capacity" and "Country adopted personal and community non-pharmaceutical interventions (schools' closures, telework and remote meetings, reduce/cancel mass gatherings)." Regarding the indicator "Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents as per the national response plan," in 2021, the Government decided to equip 13 laboratories (one laboratory in each of the 12 regions and one mobile P3 laboratory), instead of 20 laboratories, as initially planned. This is because the country's testing capacities (through the 13 laboratories) was satisfactory, and COVID-19 was relatively well contained in the country. Regarding the indicator "Percentage of population fully vaccinated, which is included in the priority population targets defined in the national plan (by gender)," as of December 20, 2022, 22.4 percent of the population had been fully vaccinated (compared to an end-target of 35 percent). Of those, 47.29 percent were women (compared to an end-target of 50 percent). Regarding the financial management system, accounts are up to date, the project steering committee is functional, interim financial reports are submitted on time, and the internal audit function is operational. There are no overdue audits report for the project. Regarding procurement aspects, as of December 20, 2022, out of the 35 contracts included in the procurement plan, 26 had been completed and nine were in progress.

B. Rationale for restructuring

3. **The Government of Benin aimed to vaccinate 60 percent of its population, as set in the National Vaccination and Deployment Plan (NVDP) dated June 2022.** The country offers COVID-19 vaccination to all individual aged 12 years and over free of charge. The vaccination campaign initially included only a fixed strategy, in health facilities. Vaccination started slowly because of low availability of vaccines worldwide and a lack of funds to roll out vaccination at scale in Benin. To increase vaccination coverage, the Government implemented an intensified action plan from mid-October 2021 to the end of March 2022, following the approval of the second AF. This plan involved adding an advanced strategy, which included vaccination at mobile and decentralized immunization sites. Implementation of this action plan quadrupled the number of vaccination points (from 192 to 914, including 348 remote centers and 100 mobile clinics). The increase in the number of vaccination sites, along with strong communication strategies, among others, significantly increased vaccination coverage (from two percent, between April 1 and October 31, 2021, to nearly 20 percent, between November 1 and March 30, 2022).¹

4. **In end of March 2022, Benin Government adjusted its national vaccination strategy to the evolving national and international situation of the pandemic.** The plan of the Government was no longer to purchase vaccines in the short term but rather to (a) implement a stronger vaccination campaign, including resumption of intensified vaccination activities in targeted communities and regions where vaccination coverage is low, through intensified community outreach and increased vaccinations sites; and (b) strengthen the health system for better COVID-19 vaccines delivery. Indeed, since end of February 2022, the COVID-19 vaccination coverage in Benin has stagnated due to the decline in COVID-19 incidence in Benin² and worldwide³ and the subsequent general decrease in the demand on COVID-19 vaccines in Benin. This was aggravated by the recommendations of World health Organization to countries to lift or ease existing COVID-19-related travel restrictions, saying they could exacerbate economic and social stress related to the pandemic⁴. The vaccination coverage hardly increased by

¹ Republic of Benin. Ministry of health. COVID-19 Epidemiological Status Report. April 10, 2022

² Republic of Benin. Ministry of health. COVID-19 Epidemiological Status Report. December 18, 2022

³ World Health Organization. Coronavirus (COVID-19) dashboard. December 20, 2022

⁴ World Health organization. Statement on the tenth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic. January 19, 2022



1.2 percent from March 2022 to December 2022.⁵ The second AF has purchased 350,400 vaccine doses (300,000 doses of the Johnson and Johnson vaccine and 50,400 doses of the Moderna vaccine) and supports operational costs to deliver vaccines to about 18 percent of people. The third AF was approved to only purchase vaccines. As of December 20, 2022, 79 percent of the second AF commitment had been disbursed and no funds had been disbursed under the third AF. In fact, since the second AF was approved, the Government of Benin has received donations of vaccine doses (from the COVID-19 Vaccines Global Access (COVAX) Facility and other multilateral and bilateral partners) that meet its medium- term needs. Indeed, the country currently has over 2.6 million vaccine doses that can provide full vaccination to an additional 15.7 percent of the population. However, the Government has received little additional funding for vaccines delivery. Therefore, it was agreed to restructure the project.

5. **The Government sent two official requests to the World Bank asking to restructure the project.** The first request, sent on September 12, 2022, asked to extend the closing date of the second and third AFs to allow more time to implement its work plan, and increase the likelihood of reaching the PDO.” while the second letter, dated December 20, 2022, asked to (a) reallocate the third AF to intensified vaccination activities within the component 1 of the project (Emergency COVID-19 Response), and (b) reduce the target of the PDO indicators “Percentage of population fully vaccinated, which is included in the priority population targets defined in the national plan” and “Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents as per the national response plan.” Regarding the latter indicator, this is to reflect the decision of the Government to limit the number of laboratories due to the country’s satisfactory testing capacities and the epidemiological COVID-19 profile.

II. DESCRIPTION OF PROPOSED CHANGES

6. **The following changes are proposed:** (a) extension of the closing date of the second and third AFs from December 31, 2022 to June 30, 2023; (b) under the third AF, reallocation of all funds of the sub-component 1.5 to the sub-components 1.2, 1.3, and 1.4 (see Table 2 below); and (c) reduction of the target of the PDO indicators “Percentage of population fully vaccinated, which is included in the priority population targets defined in the national plan”, from 35 percent to 24 percent, and “Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents as per the national response plan,” from 20 to 13.

Table 2. Proposed reallocation of the funds

Project Components	Current (US\$ million)	Proposed (US\$ million)	Changes
Component 1: Emergency COVID-19 Response	52.15	52.15	
Sub-component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, and Reporting	6.37	6.37	
Sub-component 1.2: Case Management and Health System Strengthening	5.58	6.68 (+1.10)	v

⁵ Republic of Benin. Ministry of health. COVID-19 Epidemiological Status Report. December 18, 2022



Sub-component 1.3: Communication, Community Engagement, and Social Distancing	7.00	12.30 (+5.30)	√
Sub-component 1.4: Immunization Planning, Strengthening Supply-Chain, and Program Delivery	14.00	18.30 (+4.30)	√
Sub-component 1.5: Procurement of COVID-19 Vaccines and Consumables	19.20	8.50 (-10.7)	√
Component 2: Implementation Management and M&E	0.83	0.83	
Sub-component 2.1: Project Management	0.43	0.43	
Sub-component 2.2: Monitoring & Evaluation	0.40	0.40	
Total	52.98	52.98	

7. **The implementation of activities planned for environmental and social safeguards is proceeding satisfactorily.** Indeed, most of the environmental and social commitments related to the project have been respected, in particular the implementation of environmental and social safeguard instruments. We also note the realization of environmental and social screening, the realization of nine in-depth environmental and social impact assessments (ESIA) and two environmental and social management plans, the realization of environmental and social monitoring missions of the works in progress in the field. A control office was also recruited to support the environmental and social monitoring of construction and development works. Additional missions were organized by health zones and made it possible to ensure the elimination of biomedical waste in connection with the COVID-19 vaccination activities in the 77 municipalities of Benin. Seven training and awareness sessions were carried out for the benefit of stakeholders on the management of hazardous waste, environmental and social management procedures, reporting, use and maintenance of semi-electric incinerators, implementation of the complaint management mechanism, gender-based violence, sexual exploitation and abuse, sexual harassment, etc. The project also provides regular information on environmental and social safeguard monitoring indicators. Quarterly environmental and social monitoring reports are regularly submitted to the World Bank. A mapping of gender-based violence (GBV) services has been carried out and a validated action plan is being implemented. With regard to the management of complaints, 120 complaints were recorded, 25 of which related to late payment of per diems are being processed and the other 95 complaints have been fully resolved to the satisfaction of all plaintiffs.

III. SUMMARY OF CHANGES

	Changed	Not Changed
Results Framework	√	
Components and Cost	√	
Loan Closing Date(s)	√	
Implementing Agency		√
DDO Status		√



Project's Development Objectives		✓
MPA Program Development Objective		✓
MPA Expected Results and Indicators		✓
PBCs		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Disbursements Arrangements		✓
Disbursement Estimates		✓
Overall Risk Rating		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Implementation Schedule		✓
Other Change(s)		✓
Economic and Financial Analysis		✓
Technical Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

IV. DETAILED CHANGE(S)

MPA PROGRAM DEVELOPMENT OBJECTIVE

Current MPA Program Development Objective

The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

EXPECTED MPA PROGRAM RESULTS

Current Expected MPA Results and their Indicators for the MPA Program

Progress towards the achievement of the PDO would be measured by outcome indicators. Individual country-specific projects (or phases) under the MPA Program will identify relevant indicators, including among others:



- Country has activated their public health Emergency Operations Centre or a coordination mechanism for COVID-19;
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents;
- Number of acute healthcare facilities with isolation capacity;
- Number of suspected cases of COVID-19 reported and investigated per approved protocol;
- Number of diagnosed cases treated per approved protocol;
- Personal and community non-pharmaceutical interventions adopted by the country (e.g., installation of handwashing facilities, provision of supplies and behavior change campaigns, continuity of water and sanitation service provision in public facilities and households, schools closures, telework and remote meetings, reduce/cancel mass gatherings);
- Policies, regulations, guidelines, or other relevant government strategic documents incorporating a multi-sectoral health approach developed/or revised and adopted;
- Multi-sectoral operational mechanism for coordinated response to outbreaks by human, animal and wildlife sectors in place;
- Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities; and
- Mechanisms for responding to infectious and potential zoonotic diseases established and functional; and
- Outbreak/pandemic emergency risk communication plan and activities developed and tested

COMPONENTS

Current Component Name	Current Cost (US\$M)	Action	Proposed Component Name	Proposed Cost (US\$M)
Component 1: Emergency COVID-19 Response	10.07	Revised	Component 1: Emergency COVID-19 Response	52.15
Component 2: Supporting National Prevention and Preparedness	0.00	Marked for Deletion	Component 2: Supporting National Prevention and Preparedness	0.00
Component 3: Implementation Management and Monitoring and Evaluation	0.33	Revised	Component 3: Implementation Management and Monitoring and Evaluation	0.83
TOTAL	10.40			52.98



LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Revised Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-66400	Closed	30-Nov-2021	14-Jun-2022		
IDA-69720	Effective	31-Dec-2022		30-Jun-2023	30-Oct-2023
IDA-71180	Effective	31-Dec-2022		30-Jun-2023	30-Oct-2023
IDA-D6320	Closed	30-Nov-2021	14-Jun-2022		
IDA-D8980	Effective	31-Dec-2022		30-Jun-2023	30-Oct-2023
IDA-E0330	Effective	31-Dec-2022		30-Jun-2023	30-Oct-2023
TF-B4521	Closed	28-Feb-2021	21-Apr-2021		



Results framework

COUNTRY: Benin

BENIN COVID-19 PREPAREDNESS AND RESPONSE PROJECT

Project Development Objectives(s)

To prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Benin.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	End Target
To prevent, detect and respond to COVID-19 and strengthen national systems for public health emergen			
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents as per the National Response Plan (Number)		1.00	20.00
<i>Action: This indicator has been Revised</i>			
Percentage of acute healthcare facilities with isolation capacity (Percentage)		100.00	100.00
Country adopted personal and community non-pharmaceutical interventions (schools' closures, telework and remote meetings, reduce/cancel mass gatherings) (Yes/No)		No	Yes
Percentage of population fully vaccinated, which is included in the priority population targets defined in the national plan (Percentage)		0.00	35.00
<i>Action: This indicator has been Revised</i>			
Women fully vaccinated among the total population fully vaccinated (Percentage)		0.00	50.00



Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	End Target
Component 1: Emergency COVID-19 Response (US\$6.4 million)			
Number of health staff trained in infection prevention and control per MOH-approved protocols (Number)		0.00	300.00
Country has prepared guidelines to care for COVID-19 patients (Yes/No)		No	Yes
Number of tests per million population (Number)		6,733.00	12,581.00
Complaints received through the Grievance Redress Mechanism (GRM) addressed within 3 weeks (Percentage)		0.00	100.00
Management case centers without stock-outs of protective equipment (Percentage)		100.00	100.00
Key gender-responsive messages and materials developed for public communications and advocacy, in alignment with demand plan (Yes/No)		No	Yes
Health districts with a budgeted micro-plan for COVID-19 vaccination campaign (Percentage)		0.00	100.00
Health region with cold rooms fully equipped (Percentage)		0.00	80.00
AEFI cases that have been monitored and treated as per national protocol, by sex (Percentage)		0.00	100.00
Vaccinators trained on GBV/SEA/SH (Percentage)		0.00	95.00
Beneficiaries reporting that community engagement and outreach meet their needs (Percentage)		0.00	50.00
Component 3: Implementation Management and Monitoring and Evaluation (US\$1 million)			



Indicator Name	PBC	Baseline	End Target
M&E system established to monitor COVID-19 preparedness and response plan (Yes/No)		No	Yes



The World Bank

BENIN COVID-19 PREPAREDNESS AND RESPONSE PROJECT (P173839)
