



RESTRUCTURING PAPER  
ON A  
PROPOSED PROJECT RESTRUCTURING  
OF THE  
UKRAINE EMERGENCY COVID-19 RESPONSE AND VACCINATION PROJECT  
APPROVED ON MAY 10, 2021  
TO  
UKRAINE  
FOR A  
Ukraine Emergency COVID-19 Response and Vaccination Project  
RVP APPROVAL DATE MARCH 7, 2022  
UNDER THE COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)  
USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)  
WITH A FINANCING ENVELOPE OF  
UP TO US\$ 6 BILLION APPROVED BY THE BOARD ON APRIL 2, 2020, AND  
UP TO US\$ 12 BILLION ADDITIONAL FINANCING APPROVED BY THE BOARD  
ON OCTOBER 13, 2020

HEALTH, NUTRITION & POPULATION  
EUROPE AND CENTRAL ASIA

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**ABBREVIATIONS AND ACRONYMS**

ACU	Accounting Chamber of Ukraine
AF	Additional Financing
BFP	Bank-Facilitated Procurement
COVAX	COVID-19 Vaccines Global Access
COVID-19	An Infectious Disease Caused by the SARS-CoV-2 Virus
COVID-19 Project	Emergency COVID-19 Response and Vaccination Project
ES	Environmental and Social Management
IT	Information Technology
MIS	Medical Information Systems
MoH	Ministry of Health
MPA	Multiphase Programmatic Approach
NHSU	National Health Service of Ukraine
PBC	Performance-Based Condition
PDO	Project Development Objective
PIU	Project Implementation Unit
SMS	Short Message/Messaging Service
UN	United Nations
UNICEF	United Nations Children’s Fund
US	United States
WB	World Bank
web	World Wide Web



## BASIC DATA

### Product Information

Project ID

P175895

Financing Instrument

Investment Project Financing

Environmental and Social Risk Classification (ESRC)

Substantial

Approval Date

10-May-2021

Current Closing Date

31-Mar-2023

### Organizations

Borrower

Ministry of Finance of Ukraine

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)

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 and four have disbursed 98 percent of commitments.** Retroactive Financing (RF) represents 38 percent of overall commitments. High RF 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

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

### Summary Status of Financing (US\$, Millions)

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net		
					Commitment	Disbursed	Undisbursed
IBRD-93690	07-Mar-2022	08-Mar-2022	08-Mar-2022	31-Mar-2023	91.39	91.39	0
IBRD-93150	10-Dec-2021	13-Dec-2021	13-Dec-2021	31-Mar-2023	150.00	120.84	29.17
IBRD-92500	10-May-2021	17-May-2021	30-Jul-2021	31-Mar-2023	90.00	58.01	31.99

### 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. **The Ukraine Emergency COVID-19 Response and Vaccination Project (Project) was approved on May 10, 2021,** in the amount of US\$ 90 million (Loan 9250-UA) and became effective on July 30, 2021. The PDO is to prevent, detect and respond to the threat posed by COVID-19 and strengthen the national health system for public health preparedness in Ukraine. The Project supports Ukraine's National Vaccination Roadmap<sup>1</sup> through two Components. Component 1 provides resources to support COVID-19 vaccine deployment through the procurement of vaccines and strengthening institutional capacity for vaccination, including investments in vaccine-related infrastructure, acquisition of cold chain equipment, health waste management, Information technology (IT) and e-Health, as well as expanding access to COVID-19 testing. Component 2 supports deployment of COVID-19 vaccines to select priority groups of people by financing eligible expenditures upon achievement of performance-based conditions (PBC).

2. **The Project has had two Additional Financings (AF).** The first (AF1) was approved on December 10, 2021, in the amount of US\$ 150 million (Loan 9315-UA), the second (AF2) was approved on March 7, 2022, in the amount of US\$ 91.39 million (Loan 9369-UA). The two AFs increased the financing of Component 1 from US\$ 60 million to US\$ 301.39 million and increased the total Project financing from US\$90 million to US\$ 331.39 million.

3. **Progress towards achievement of PDO has been rated no less than Moderately Satisfactory (MS) since effectiveness, and was assessed as MS as of the last Implementation Status and Results Report (ISR), dated December 20, 2022.** One of the three PDO indicators has been achieved: PDO Indicator 2, daily maximum number of Government financed tests for COVID-19. With respect to PDO Indicator 1, number of health care facilities participating in the COVID-19 vaccination program that have functional cold chain and/or waste management equipment, the scheduled delivery of equipment has been disrupted by the war, thus requires additional implementation time. Similarly, the war has also impacted PDO Indicator 3, number of individuals from priority population groups that have received full COVID-19 vaccination (which is also a Performance-Based Condition, PBC) and the end target is unlikely to be achieved, as further described below.

4. **Overall Implementation progress has been rated no less than MS since effectiveness, including in the December 20, 2022 ISR.** Project implementation was on-track before February 2022. Ukraine received over 15.7 million COVID-19 vaccines through the global COVAX<sup>2</sup> mechanism. In addition, the Project supported the procurement of 28,321,150 doses of COVID-19 vaccines, as well as vaccine deployment, which included procurement of cold chain equipment, enhancement of the e-Health system, organization of third-party monitoring activities, and awareness raising among priority population groups with support from the Sustaining Health Sector Reform in Ukraine Trust Fund financed by the Swiss Development Corporation. In addition, it financed the provision of vaccination to 4,324,390 people from the priority groups. By end-February 2022, about 37 percent of the total population of Ukraine, or over 15 million people, had been fully vaccinated

<sup>1</sup> Project activities are being implemented in accordance with the National COVID-19 Vaccination Roadmap, which was developed, costed, and adopted on December 24, 2020. The COVID-19 Project supports vaccination of the priority groups, acquisition of vaccines, strengthening of the cold chain, waste management and IT systems supporting COVID-19 vaccination and testing, and communication activities for COVID-19 vaccination. There were several official updates to the Roadmap, and the latest update was approved on October 27, 2021. The Roadmap is currently being reviewed by the National COVID-19 Vaccination Roadmap Task Force team with the expectation that the updated version will be approved by the end of 2022.

<sup>2</sup> COVID-19 Vaccines Global Access



(two doses).<sup>3</sup> However, there have been severe disruptions in services, including provision of COVID-19 vaccines, due to the war. COVID-19 vaccination fell more than tenfold in March 2022 and only began to pick up again in August 2022. Despite these challenges, as of December 20, 2022, 34,854,104 COVID-19 vaccinations were performed in Ukraine, reaching over 16 million population. Nevertheless, it is no longer likely that the Project will reach the target of 10 million individuals receiving full vaccination from priority population groups.

5. **The war has also led to widespread destruction of infrastructure and disruption of essential services, including health service delivery.** The provision and the utilization of health services including COVID-19 vaccination were immediately negatively impacted by the war. As of December 2022, there has been a 60 percent decline in childhood vaccinations and a significant reduction in the utilization of preventive health services. In addition, the massive damage to the health infrastructure will take years to restore. The Ukrainian Government is making every effort to restore and preserve access to services provisions during the war, including by addressing the urgent need for generators at health facilities to ensure sustained functioning during power outages amid the intensified missile strikes targeting Ukraine's energy infrastructure.

6. **A detailed summary of progress by Component is outlined below.**

#### Component 1: Strengthen Public Health System

7. **COVID-19 vaccine procurement and deployment.** The Project supported the procurement of 20 million doses from Pfizer and 8.32 million doses from Sinovac through Crown Agent,<sup>4</sup> a Government-authorized international procurement agency. A total of US\$241 million has been disbursed against the contract and transferred to the State Budget (for 28,321,150 doses). The number of vaccines procured with Project financing was sufficient to cover the vaccination needs based on the projected rollout pace of vaccination campaign. However, the Russian invasion in February 2022 significantly interrupted the vaccination process. As a result, of the 20 million Pfizer vaccines, 5.75 million (28.7 percent) were not used before the expiration dates in May-June 2022. Following the agreements reached during the implementation support mission conducted in September 2022, the Ministry of Health (MoH) has started working on assessing the inventory of the expired vaccines and formulating the waste management plan to safely dispose the expired doses. The corresponding expenditures will be covered by the Project. Of the 8.32 million Sinovac-CoronaVac vaccines, 7.88 million doses were used (94.8 percent); the remaining 0.43 million doses are expected to be used before their expiration dates in May-August 2023.

8. **Cold chain equipment.** Upgrade of the cold chain equipment (ice-lined refrigerators, freezers, cold boxes, vaccine carriers, icepacks) in primary health care facilities is ongoing through the procurement contract with UNICEF (US\$ 14.7 million). A total of 5,168 cold chain equipment (refrigerators and freezers) units are scheduled to be delivered to 906 institutions, which oversees total 2,066 vaccination points. By November 2022, around 40 percent of the cold chain equipment had been delivered to the country (1,138 refrigerators, 568 freezers, and 351 combined refrigerators). The procured refrigeration equipment was prequalified by the World Health Organization and can preserve vaccines for several days in the event of a power outage.

9. **Medical waste management.** The MoH and the Project Implementation Unit (PIU) conducted an analysis on the volume of epidemically dangerous medical waste stored in the health care facilities after the roll out of COVID-19

<sup>3</sup> [https://ukrstat.gov.ua/druk/publicat/kat\\_u/2021/zb/10/dem\\_2020.pdf](https://ukrstat.gov.ua/druk/publicat/kat_u/2021/zb/10/dem_2020.pdf)

<sup>4</sup> Crown Agents Ltd. is a GoU-authorized procurement agent for medical goods and supplies. The delivery schedule of the Sinovac vaccines has been agreed and all deliveries of the vaccines were completed in 2021.



vaccination in 2021. The results of this analysis and the previous assessments informed the adoption of the following measures which are under implementation:

- (a) Development of an IT module for continuous assessment of medical waste generated by COVID-19 vaccination in the MedData system which tracks stocks of medical products at the facility level;
- (b) Procurement of 4,654 waste management containers for primary and secondary health care institutions through BFP;
- (c) Procurement of services for transportation and thermal disposal of medical waste for the Vinnytsia region and the planned expansion to five additional regions;
- (d) Procurement of 50 sets of equipment for medical waste decontamination, including a sterilizer, an air compressor, and a water treatment station;
- (e) Updates of the state sanitary and anti-epidemic rules and norms regarding the treatment of medical waste, with the aim to harmonize these regulations with international standards;<sup>5</sup> and
- (f) Organization of medical waste management training, starting with training for 1,293 specialists from regional Centers for Disease Control and Prevention and followed by additional trainings in 11 regions of Ukraine for the health workers in primary and secondary health care facilities.

10. **Information technology (IT).** With delays due to the war, the following IT packages are currently at different stages of implementation, but are progressing according to the schedule:

- (a) Improvement of the electronic health care system and expanding the notification capabilities in the system (US\$ 376,000) to enable sending SMS messages to patients using mobile operators and sending messages through Viber, Telegram, Diia<sup>6</sup> and other medical information system applications;
- (b) Procurement of the computers and digital equipment (total US\$ 1,350,000), including 480 laptops and 120 multifunction devices for healthcare facilities and 161 computers, 624 laptops, and 346 multifunction devices for regional Center for Public Health;
- (c) Establishment of COVID-19 Certificates 2.0 (US\$ 83,200) to improve digital services accessibility;
- (d) Installation of random-access memory for servers in MoH to expand the data storage capacity;
- (e) Upgrade of security of WEB applications (US\$130,000);
- (f) Implementation of the SAP Ariba Contract Management module for Central Procurement Agency (US\$ 90,000);
- (g) Integration of the Electronic Health Care System and the Electronic Integrated Disease Monitoring System to improve epidemiological surveillance (US\$ 132,000);
- (h) Modernization of the license register of MoH (US\$ 160,000);
- (i) Implementation of an asynchronous module to allow patient access to personal medical records and to expand the functional capabilities of the eHealth system (US\$ 66,720); and
- (j) Implementation of additional modules of eStock system (US\$ 787,800).

11. **National Contact Center.** Support to the national call center (hotline) of the MOH (US\$704,600) on COVID-19 related inquiries is ongoing. More than two million calls have been received and processed since November 2020. Since February 24, 2022, the hotline has also received calls related to health services during the war.

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<sup>5</sup> The relevant MoH Order has been signed and registered in the Ministry of Justice of Ukraine and is expected to be official published in December 2022.

<sup>6</sup> Diia is a government application that provides access to documents and COVID-19 certificates (<https://diia.gov.ua/>)



12. **COVID-19 testing.** The ongoing war has impacted the demand for COVID-19 testing, and at the same time the Government has received COVID-19 testing kits from other governments as donation and humanitarian supports. As a result, funds for the procurement of COVID-19 antigen and PCR tests (\$19.3 million) will be used to support the procurement of much needed lab equipment to build COVID-19 testing capacity, including thermocyclers, RT-PCR analyzers, automated nucleic acid extractors, biosafety air UV-cleaner recirculators, etc.

#### Component 2: Support Service Delivery

13. **Component 2 finances the expenditures associated with the provision of vaccination services to priority population groups** through a PBC, which is also a PDO indicator (number of individuals from priority population groups who have received full COVID-19 vaccination from eligible providers in accordance with the agreed procedures). Standard operating procedures for COVID-19 vaccination were developed and approved by the MoH and distributed to the vaccination providers to follow. The National Health Service of Ukraine (NHSU) provided a package to finance providers' expenditures associated with COVID-19 vaccination and the Project reimburses the eligible expenditures of this package for the priority population groups upon achievement of the PBC. Prior to February 2022, 4,324,390 people from the priority groups received full COVID-19 vaccination and upon the verification of this reported PBC result, US\$ 12.9 million was transferred to NHSU to reimburse the eligible expenditures. However, further implementation of the PBC had to be suspended because of the significant slowdown of the vaccination campaign due to the ongoing war and, as such, the NHSU cancelled the financing package for vaccination provided to the health care providers.

14. **Financial management (FM) is rated MS, largely due to the outstanding audit.** Overall, the PIU is adequately staffed with competent FM consultants who have been able to support the MoH staff to progress the project implementation despite the ongoing war. Project quarterly interim financial reports have been submitted on time and were found to be acceptable since project commencement. However the financial audits for 2021, which were supposed to be carried out by the Accounting Chamber of Ukraine (ACU) according to the respective legal agreements, have not been conducted, due to the capacity constraints faced by the ACU. Consequently, a private auditor needs to be urgently hired for these outstanding year 2021 audits given that ACU confirmed it has no capacity to carry out the audit for COVID-19 Project. The government is taking measures to address the issue including (1) to amend the respective project documentation to replace the ACU with a private firm to be selected to carry out the project audits; (2) to finalize the terms of reference for the audit and prepare for the tendering of the private firm; and (3) to request a waiver of processing the restructuring of the COVID-10 Project notwithstanding the overdue audit amid the urgent need to reallocate the remaining funds among disbursement categories to finance the procurement of power generators.

15. **Procurement is rated MS.** Due to the emergency nature of projects in Ukraine and the need to streamline procurement implementation during an emergency to expedite supports to the people of Ukraine, a number of flexibilities in procurement have been approved by the Bank for the period until June 30, 2023 (with possible extension). These flexibilities include and cover inter alia the use of Borrower's Procurement Procedures, application of increased procurement thresholds for market approaches, accelerated bid/proposal time, incentives for sustainable procurement, tender packaging and qualification, payment guarantees and performance securities, etc. Procurements are currently organized using the ProZorro platform, UN agency (UNICEF), and using BFP. The procurement activities were disrupted in the early months of the war, but are largely back on track.

16. **Environmental and Social (ES) Management is rated as MS.** After February 2022, the PIU prepared the draft Emergency Preparedness and Response Plan template for the management of war-related ES risks. The Plan has been distributed to the beneficiary health institutions for their implementation.





17. **As of December 20, 2022, US\$ 270.07 million (81.5 percent) of total Project funds has been disbursed**, including US\$58.01 million from the original loan (64 percent), US\$120.68 from the AF1 loan (80.5 percent), and full disbursement of the AF2 loan (91.39 million).

## B. Rationale for Restructuring

18. **On October 31, 2022, the World Bank received a request from the Ministry of Finance for a Project restructuring.** The request included the extension of the closing date of the Project to allow sufficient time for the completion of the planned activities which were delayed due to the ongoing war, as well as for the reallocation of resources from Component 2 to Component 1 (US\$ 17,026,830). As noted above, roll out of COVID-19 vaccination slowed due to the ongoing war. In response, the NHSU discontinued the financing package for vaccination provided to the health care providers. As a result, further disbursement against the PBC is not possible. As such, the end target for PDO Indicator 2, which is also the PBC, has been revised. The funds will be reallocated to Component 1 to support emergency restoration of power supply and ensure stable electricity supply to health facilities through the procurement and installation of 1,126 power generators, which are critical to enable the sustained provision of COVID-19 related treatment and care, such as continued access to oxygen therapy and other treatments requiring reliable access to electricity. The power generators are critical and urgently needed for these health facilities while they struggle to ensure essential health service provision during the massive missile strikes.

## II. DESCRIPTION OF PROPOSED CHANGES

19. **Closing Date.** To accommodate the additional time needed to complete the planned activities, the closing date of the Project, as well as the closing date of both the original loan (Loan-9250) and the AF1 loan (Loan-9315), will be extended by 18 months, from March 31, 2023, to September 30, 2024. The closing date of the AF2 loan (Loan 9369-UA), which is fully disbursed, will remain unchanged, i.e. March 31, 2023.

20. **Components and Cost.** Loan proceeds will be reallocated from Component 2 to Component 1, as follows. Component 2 will be reduced by US\$ 17,026,830, from US\$ 30,000,000 to US\$ 12,973,170, to reflect the discontinuation of disbursements related to the PBC. The full value will be reallocated to Component 1, increasing the total value of Component 1 from US\$ 301,390,00 to US\$ 318,416,830. These additional funds will support the procurement of 1,126 power generators to provide uninterrupted access to electricity for health care facilities during the power outages as the results of the massive attacks to country's energy infrastructure.

21. **Results Framework.** The Results Framework will be revised to reflect the changes in the Project activities and the extension of the closing date.

- a. **Modification of end target for PDO indicator/PBC.** The end target for the number of individuals from a baseline of 0 from priority population groups that have received full COVID-19 vaccination from selected health care providers following the agreed procedures has been updated to reflect the impact of the war to the COVID-19 vaccination. It has been revised from 10 million to 5.2 million reflecting the decline of COVID-19 vaccination during the war and the absence of eligible expenditures for this PBC indicator due to the war.



- b. **New PDO indicator.** An additional PDO indicator has been added, namely the number of health care facilities that have access to Project-supported power generation equipment, with an end target as of 400 health facilities.

22. **Both the Project Operational Manual (POM) and the Procurement Plan (PP) will be updated to reflect the above-mentioned changes.** The POM will be revised within 60 days of approval of the restructuring, and the PP will be updated with the emergency procurement of the generators for the health facilities. In view of the existing shortage of generators on the local market, procurement will be organized through one of the available options, including: BFP, direct contracting of UN agencies, and through Crown Agents. The selection will be based on the comparative procurement analysis of these available options, such as the cost, the readiness and the speed of these options to complete the procurement process.

23. **The Environmental and Social Management Framework and Stakeholder Engagement Plan will be updated to reflect the additional activities supported by the Project.** The updated ESMF will also cover additional safety measures for war-related hazards and include a general Emergency Preparedness and Response Plan for beneficiary healthcare institutions. The PIU will need to strengthen its ES capacity by hiring dedicated full-time ES staff.

### III. SUMMARY OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Loan Closing Date(s)	✓	
Reallocation between Disbursement Categories	✓	
Disbursement Estimates	✓	
Implementation Schedule	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
MPA Program Development Objective		✓
MPA Expected Results and Indicators		✓
PBCs		✓
Cancellations Proposed		✓
Disbursements Arrangements		✓
Overall Risk Rating		✓
Legal Covenants		✓



Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
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)
Strengthen public health system	301.39	Revised	Strengthen public health system	301.39
Support service delivery	30.00	Revised	Support service delivery	30.00
<b>TOTAL</b>	<b>331.39</b>			<b>331.39</b>

**LOAN CLOSING DATE(S)**

Ln/Cr/Tf	Status	Original Closing	Revised Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IBRD-92500	Effective	31-Mar-2023		30-Sep-2024	30-Jan-2025
IBRD-93150	Effective	31-Mar-2023		30-Sep-2024	30-Jan-2025
IBRD-93690	Effective	31-Mar-2023			

**REALLOCATION BETWEEN DISBURSEMENT CATEGORIES**

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed



IBRD-92500-001 | Currency: USD

iLap Category Sequence No: 1	Current Expenditure Category: G,W,non-CS,CS,TR,OC,P1			
59,775,000.00	30,000,000.00	76,801,830.00	100.00	100.00
iLap Category Sequence No: 2	Current Expenditure Category: Project COVID-19 Vacc. Exp., P2			
30,000,000.00	12,973,170.00	12,973,170.00	100.00	100.00
iLap Category Sequence No: 4	Current Expenditure Category: Int. rate cap, or collar premium			
0.00	0.00	0.00		
iLap Category Sequence No: FEF	Current Expenditure Category: FRONT END FEE			
225,000.00	225,000.00	225,000.00		
<b>Total</b>	<b>90,000,000.00</b>	<b>43,198,170.00</b>	<b>90,000,000.00</b>	

**DISBURSEMENT ESTIMATES**

Change in Disbursement Estimates

Yes

Year	Current	Proposed
2021	0.00	0.00
2022	281,391,740.00	269,000,000.00
2023	50,000,000.00	30,000,000.00
2024	0.00	30,000,000.00
2025	0.00	2,390,000.00
2026	0.00	0.00
2027	0.00	0.00



**Results framework**

COUNTRY: Ukraine

Ukraine Emergency COVID-19 Response and Vaccination Project

**Project Development Objectives(s)**

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

**Project Development Objective Indicators by Objectives/ Outcomes**

Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
<b>Strengthen public health system</b>						
Number of health care facilities participating in the COVID-19 vaccination program that have functional cold chain and waste management equipment (Number)		0.00	0.00	600.00	1,000.00	1,000.00
<i>Action: This indicator has been Revised</i>						
Daily maximum number of Government-financed tests for COVID-19 (Number)		41,885.00	50,000.00	60,000.00	60,000.00	60,000.00
<i>Action: This indicator has been Revised</i>						
Number of health care facilities that have access to project-supported power generation equipment (Number) (Number)		0.00	0.00	0.00	250.00	300.00
<i>Action: This indicator is New</i>						
<i>Rationale:</i>						



Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
<i>With the ongoing war and massive missile strikes targeting infrastructure, such as electricity supply, the health facilities are in urgent need to ensure the uninterrupted electricity supply</i>						
<b>Support service delivery</b>						
Number of individuals from a baseline of 0 from priority population groups that have received full COVID-19 vaccination from selected health care providers following the agreed procedures (Number)	PBC 1, 1	0.00	1,200,000.00	5,000,000.00	51,000,000.00	52,000,000.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>This is linked to the PBC. The disbursement of this PBC has to be discontinued since March 2022 due to the absence of eligible expenditure as the results of NHSU's cancellation of the financing package provided to the vaccination providers during the war. However the vaccination is still being carried out, but with a much slower pace due to the war. The targets have been updated taking into consideration of the slowdown of vaccination during the war</i>					
of them males (Number)		0.00	600,000.00	2,000,000.00	2,040,000.00	2,080,000.00
<b>Action: This indicator has been Revised</b>						
of them females (Number)		0.00	600,000.00	3,000,000.00	3,060,000.00	3,120,000.00
<b>Action: This indicator has been Revised</b>						



**Intermediate Results Indicators by Components**

Indicator Name	PBC	Baseline	End Target
<b>Strengthen public health system</b>			
The National COVID-19 Vaccination Deployment Roadmap, prepared and approved by the Government of Ukraine, is regularly updated (Yes/No)		Yes	Yes
<i>Action: This indicator has been Revised</i>			
Vaccine stock management tools and operating procedures updated to reflect the characteristics of COVID-19 vaccines (Yes/No)		No	Yes
<i>Action: This indicator has been Revised</i>			
Standard operating procedures (SOPs) or guidelines established for collection and disposal of medical waste to the relevant stakeholders (Yes/No)		No	Yes
<i>Action: This indicator has been Revised</i>			
National tools developed: vaccination card/certificate - facility-based nominal registers and/or tally sheets, vaccination reports (paper and/or electronic) to monitor vaccination (Yes/No)		No	Yes
<i>Action: This indicator has been Revised</i>			
Health information system collecting sex and age disaggregated data on COVID-19 indicators for testing and vaccines (Yes/No)		No	Yes
<i>Action: This indicator has been Revised</i>			
Number of doses of COVID-19 vaccine procured with Project funding (Number)		0.00	28,320,000.00
Electronic appointment for vaccination is used to deploy vaccinations for eligible patients. (Percentage)		0.00	30.00





Indicator Name	PBC	Baseline	End Target
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <b>the target for end of 2023 is 25%</b>		
<b>Support service delivery</b>			
Guidelines, documented procedures and tools for planning and conducting vaccine pharmacovigilance activities (Yes/No)		No	Yes
<b>Action: This indicator has been Revised</b>			
Number of health workers trained in infection prevention and control (Number)		0.00	1,000.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <b>The project supports capacity building for the health facilities through trainings on COVID-19 vaccine deployment, and specially on infection prevention and control.</b>		
of them males (Number)		0.00	300.00
<b>Action: This indicator has been Revised</b>			
of them females (Number)		0.00	700.00
<b>Action: This indicator has been Revised</b>			
Number of calls to the COVID-19 hotline are received and addressed to advise on COVID-19 vaccination (Number)		0.00	350,000.00
<b>Action: This indicator has been Revised</b>			
calls received and addressed from females (Number)		0.00	245,000.00
<b>Action: This indicator has been Revised</b>			
calls received and addressed from males (Number)		0.00	105,000.00



Indicator Name	PBC	Baseline	End Target
<i>Action: This indicator has been Revised</i>			
Share of project-supported primary care facilities that used the citizen feedback to enhance the access and quality of COVID-19 vaccinations (Percentage)		0.00	40.00
<i>Action: This indicator has been Revised</i>			
Communication and community mobilization campaign for COVID-19 vaccination that is targeting priority populations is implemented and monitored (Yes/No)		No	Yes
<i>Action: This indicator has been Revised</i>			

**Performance-Based Conditions Matrix**

<b>PBC 1</b>	Number of individuals from a baseline of 0 from priority population groups that have received full COVID-19 vaccination from selected health care providers following the agreed procedures			
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Outcome	Yes	Number	30,000,000.00	0.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	0.00			
2021	5,000,000.00		3,600,000.00	vaccination costs of US\$3 per individual fully vaccinated
2022	51,000,000.00		20,400,000.00	vaccination costs of US\$3 per individual fully vaccinated



2023		6,000,000.00	vaccination costs of US\$3 per individual fully vaccinated
		0.00	

**Action: This PBC has been Revised. See below.**

<b>PBC 1</b>				
<i>Number of individuals from a baseline of 0 from priority population groups that have received full COVID-19 vaccination from selected health care providers following the agreed procedures</i>				
<b>Type of PBC</b>	<b>Scalability</b>	<b>Unit of Measure</b>	<b>Total Allocated Amount (USD)</b>	<b>As % of Total Financing Amount</b>
Outcome	Yes	Number	12,973,170.00	0.00
<b>Period</b>	<b>Value</b>		<b>Allocated Amount (USD)</b>	<b>Formula</b>
Baseline	0.00			
2021	4,000,000.00		12,973,170.00	vaccination costs of US\$3 per individual fully vaccinated
2022	5,000,000.00		0.00	
2023	5,100,000.00		0.00	
	5,200,000.00		0.00	

**Rationale:**

*The roll out of COVID-19 vaccination slowed due to the ongoing war. In response, the NHSU discontinued the financing package for vaccination provided to the health care providers. As a result, further disbursement against this PBC is not possible with the absence of eligible expenditure. As such, the end target for this PBC has been revised from 10,000,000 to 5,200,000 people. The remaining funds (US\$ 17,026,830) is reallocated to Component 1 to support emergency restoration of power supply and ensure stable electricity supply to health facilities through the procurement and installation of 1,126 power generators*



**Verification Protocol Table: Performance-Based Conditions**

<b>PBC 1</b>	Number of individuals from a baseline of 0 from priority population groups that have received full COVID-19 vaccination from selected health care providers following the agreed procedures
<b>Description</b>	The indicator tracks the number of people from priority groups fully vaccinated using vaccines that meet Bank's vaccine approval criteria. The indicator will be reported disaggregated by gender – number of males and females.
<b>Data source/ Agency</b>	NHSU/MOH on numbers of people vaccinated and reported expenditures
<b>Verification Entity</b>	The World Bank team
<b>Procedure</b>	<p>The eHealth module, acceptable to the World Bank, will be deployed for managing the data of people that are eligible to receive COVID-19 vaccines. Such data will be connected to already existing patient registries set up in the course of the health reform and used for electronic health and medical records. The verification process of data submitted by facilities on numbers of people vaccinated from COVID-19 will be organized by the NHSU, using data analysis technologies and, as necessary, visits to providers participating in the delivery of COVID-19 vaccines to compare the actual data versus data reported in the electronic system, check compliance with contracting requirements, etc. The proposed verification system will be evaluated by the World Bank team, and it may additionally verify those validated results presented by the NHSU, including additional spot visits, data collection, etc. The World Bank team will also conduct verification of eligible expenditures. Providers contracted for the delivery of COVID-19 vaccines must comply with the World Bank’s requirements on vaccine financing, which will be spelled out in the specifications to the services issued by the NHSU. Such specifications will be built of the applicable obligations under the Environmental and Social Commitment Plan, environmental and social obligations related to COVID-19 activities. The project will reimburse costs associated with the delivery of COVID-19 vaccines that meet World Bank’s standards, therefore a data system will need to keep track of specific vaccines delivered to each patient.</p> <p>The Project will support activities to support public information about the availability and executed vaccinations. Information from all vaccination sites will be collected to publicize on a daily basis the number of vaccine doses available, number of vaccine appointments, number of vaccines administered to the people, number of people who received the vaccine and entered into the digital registry.</p>



<b>PBC 1</b>	Number of individuals from a baseline of 0 from priority population groups that have received full COVID-19 vaccination from selected health care providers following the agreed procedures
<b>Description</b>	The indicator tracks the number of people from priority groups fully vaccinated using vaccines that meet Bank's vaccine approval criteria. The indicator will be reported disaggregated by gender – number of males and females.
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**The World Bank**

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