



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 25-Mar-2020 | Report No: PIDA28971



BASIC INFORMATION

A. Basic Project Data

Country Sao Tome and Principe	Project ID P173783	Project Name STP COVID-19 Emergency Response Project	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 24-Mar-2020	Estimated Board Date 29-May-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministerio do Planeamento, Financas, e Economia Azul	Implementing Agency Sao Tome e Principe Ministry of Health	

Proposed Development Objective(s)

The Project Development Objective (PDO) is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in São Tomé e Príncipe.

Components

- Component 1. Emergency COVID-19 Response
- Component 2. Strengthening Multi-sector, National institutions and platforms for policy development, and coordination of prevention and preparedness including One Health approach
- Component 3. Implementation Management and Monitoring and Evaluation
- Component 4. Contingent Emergency Response Component (CERC)

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	2.50
Total Financing	2.50
of which IBRD/IDA	2.50
Financing Gap	0.00

DETAILS

World Bank Group Financing



International Development Association (IDA)	2.50
IDA Grant	2.50

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

1. **This Project Appraisal Document (PAD) describes the emergency response to São Tomé and Príncipe (STP) under the COVID-19 Strategic Preparedness And Response Program (SPRP) using the Multiphase Programmatic Approach (MPA),** expected to be approved by the World Bank’s Board of Executive Directors on March 31, 2020, with an overall Program financing envelope of International Development Association (IDA) US\$1.3 billion and of International Bank for Reconstruction and Development (IBRD) US\$2.7 billion.¹

2. **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. As of March 24, 2020, the outbreak has resulted in an estimated 334,981 cases and 14,652 deaths in 189 countries.

3. **COVID-19 is one of several emerging infectious diseases (EID) 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 use² and pre-existing chronic health problems that make viral respiratory infections particularly dangerous³. 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% to 98% of patients develop a fever, 76% to 82% develop a dry cough and 11% to 44% develop fatigue or muscle aches⁴. Other

¹ Insert document number and URL to the global MPA PAD

² 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>

³ Fauci, AS, Lane, C, and Redfield, RR. 2020. “Covid-19 — Navigating the Uncharted.” New Eng J of Medicine, DOI: 10.1056/NEJMe2002387

⁴ Del Rio, C. and Malani, PN. 2020. “COVID-19—New Insights on a Rapidly Changing Epidemic.” JAMA, doi:10.1001/jama.2020.3072



symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7% of the people worldwide confirmed as having 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.

4. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FCTF) and grant financing from the International Development Association (IDA).

Country Context

5. **The Republic of São Tomé e Príncipe (STP) located in the Gulf of Guinea is a small low-middle-income country comprised of two main islands.** It has a total population of approximately 200,000 people, 42.6 percent of whom are 14 years of age or younger. In 2017, the country's per capita gross domestic product (GDP) was US\$1,921. In addition to having a small population and a remote location, there is a high fixed cost of public goods— all factors that affect the country's trade, fiscal accounts, and human development outcomes.

6. **From 2000 to 2010, average annual GDP growth was 5 percent, though this contributed only slightly to a reduction in poverty.** STP experienced an economic upswing during the 2000s as a result of increasing capital and productivity growth. Growth rates began to decline, however, in 2011 from an average of 4.4 percent to an estimated 2.7 percent in 2018. This decline can be attributed to many factors, including a low level of domestic revenue mobilization and a reduction in government spending given decreasing external grants and loans, which accounted for 95 percent of public investments in 2018. The 2017 Poverty Assessment found that about two-thirds of the population was living in poverty and nearly one-half (or 47 percent) of the population was living in extreme poverty. Inequality has increased in recent years as evidenced by the Gini coefficient which increased from 30.8 in 2010 to 56.3 in 2017. The unemployment rate was 9.1 percent in 2017. The majority (68.7 percent) of the population works in the informal sector. The IOF also found that 31 percent of the country's labor force was employed in the tertiary sector while 14.2 percent were working in agriculture and/or fisheries.

7. **Human development outcomes in STP are low but improving.** STP's United Nations Development Programme (UNDP) Human Development Index (HDI) value has increased from 0.542 to 0.589 between 2010 and 2017, placing it above the average for Sub-Saharan Africa (SSA) (0.537), but below the average for countries in the medium human development level group (0.645). Strong gains in the country's HDI are largely attributable to an increase in average life expectancy, reduction in infant mortality and increase in the years of schooling. Life expectancy at birth has increased from 65.9 to 66.8 years, the infant mortality rate has decreased from 33.5 to 25.2 (out of 1,000 live births), and the expected years of schooling and the mean years of schooling have increased from 10.6 to 12.5 and from 4.9 to 6.3, respectively.⁵

⁵ STP is not yet included in the Human Capital Index of the World Bank because it does not have internationally comparable data on learning outcomes.



8. **These human development outcomes are constrained by gender inequalities.** Women are less likely to enter the labor market, due to fewer work opportunities and a skills mismatch that particularly affects women. Women have an unemployment rate 3 times higher than that of men (14.5 percent compared to 5 percent) (IOF, 2017). These disparities start in adolescence, where pregnant girls face significant challenges for staying in and completing secondary school. One third of women 15-26 report not going to school because they had a child or became pregnant (IOF, 2017). Adolescent mothers are more likely to die in childbirth, and to have children that are stunted, hereby perpetuating a cycle of poverty.

9. **An estimated 60 percent of infectious diseases in humans, and 75 percent of emerging infectious diseases, have their origin in animals.** In the last two decades, multiple emerging infectious diseases outbreaks have occurred, such as the Severe Acute Respiratory Syndrome (SARS) coronavirus in 2002, H5N1 Highly Pathogenic Avian Influenza, the H1N1 Swine Flu in 2009, and the Influenza A Subtype H7N9 Avian Influenza in 2013. Like the ongoing Covid-19, these outbreaks were a powerful reminder that most emerging infectious diseases have their origin in animals. These outbreaks also underscore that an epidemic threat anywhere is an epidemic threat everywhere. Environmental and anthropogenic factors, such as climate change, animal-human interactions, land usage, migration patterns, and animal husbandry drastically increase the risk and frequency of outbreaks. The prevention of epidemics at pre-initiation and before pathogens spillover from animals to humans, remains however neglected. Zoonotic spillover of virtually all these diseases from animals (wildlife or livestock) emphasizes the vital role of a One Health approach.

10. **Covid-19 and other emerging infectious disease control measures are likely to affect the functioning of the food systems and increase the public health risks associated with a dysfunctional food system.** Previous major outbreaks like Ebola, SARS, and MERS had negative impacts on food and nutrition security—particularly for vulnerable populations including children, women, the elderly, and the poor. For example, when Ebola emerged in west Africa in 2014, rice prices in Guinea, Liberia, and Sierra Leone increased by more than 30%; the price of cassava, a major staple in Liberia, increased by 150%. In 2003, the SARS outbreak delayed China’s winter wheat harvest by two weeks, triggering food market panics in Guangdong and Zhejiang, though production and prices were largely unaffected in the rest of China. The COVID-19 outbreak has or is likely to result in disruptions of agri-food systems in the short, medium and long-term. This is mainly due to temporary shut-down of wet markets, animal feed factories, wildlife breeding facilities, shortage of workforce and disruption of transport systems and halting and slowing-down of cross-border flows. Other measures such as mass quarantines, temporary isolations, restriction of movements, social distancing will affect the functioning of the food systems – particularly disrupting the flow between production and consumption centers, the flow of exports as well essential variable inputs. Significant disruption to food supply may result in many effects, some of which may not easily be discernible in the short-run. The disruption of agri-food value chain operations is felt by producers, transformers and consumers alike. The disruption or slowdown of economic activity is expected to affect incomes hard, especially for the poor who rely on labor but also farmers and rural entrepreneurs in small businesses and services who see disrupted supply chains. Price effects might be expected on (a) farmers unable to sell produce with falls in prices as supply chains slow down, and (b) consumers (urban but also rural-including small farmers and other net-food buyers) facing high prices due to the same supply chain problems. Attention should be given to protect or restore functional food supply chains.

11. **While it is important to restore in the shortest time possible the functioning of food systems, it is equally important to reduce the public health risks along the food chains focusing on curbing the transmission of foodborne and non-foodborne zoonotic and other emerging infectious diseases that may thrive through the malfunctioning of the food system.** In order to help countries reduce the public health risks and to better



regulate human exposure to potential vectors of diseases, be they foodborne or non-food related zoonoses, there is need to strengthen disease surveillance, the implementation of good animal husbandry practices (GAHP) and bio-security measures in animal production and trade, as well as hygiene and food safety standards. Specific interventions may include: (i) enhancing country's capability for prevention of emerging infectious diseases and emergency response plans; (ii) strengthening veterinary services, disease surveillance and diagnostic capacity; (iii) strengthening the country's existing animal disease control programs; and (iv) improving adoption of GAHP and implementation of biosecurity measures in livestock production and trade. These interventions will be implemented by Ministry of Agriculture through its technical departments for animal production and animal health.

Sectoral and Institutional Context

12. **The government of São Tome and Príncipe finalized its National Contingence Plan to face COVID-19 infection.** The budget of the Government Plan US\$ 2.7 million for the different phases of preparedness, response and recovery is correlated to the current low capacities of the country.

13. **The epidemiological profile of Sao Tome and Principe continues to be dominated by communicable diseases with high incidences of acute respiratory diseases,** diarrheal diseases, the persistence of some foci of neglected tropical diseases and other related diseases to the environment, the habits and behaviors of the populations. Non-communicable diseases (high blood pressure, diabetes and cancer) are increasing and represent today more than 60% of all health consultations.

14. **The Joint External Evaluation (JEE) of the country capacity to comply with the International Health Regulations (IHR) was performed in May 2019.** Overall, the external evaluation team noted limited capacity in most of the 19 technical areas with the exception of vaccination where capacity is sustained. Overall, the external evaluation team noted that in most technical areas, there is capacity, be it limited or developed. Only the vaccination area has demonstrated capabilities and is sustained. The JEE also pointed out that the National Council for Preparing and Responding to Disasters (CONPREC) could easily extend its scope beyond natural disasters, to integrate the public health component. The laboratory component was identified as a constraint in the transport of infectious substances. In several technical areas, the need to program and plan intersectoral exercises was identified. The need to improve communication and collaboration between the sectors of human health, animal health and the environment, as part of the One Health approach became evident, a need previously identified in the assessment by the World Organization for Animal Health (OIE), in which the country participated in 2013.

15. **An ad-doc committee under the coordination of the Ministry of Health meets and monitors the situation daily with WHO support.** On February 12, the Ministry of Health and WHO had a working session in the Council of Ministers on the IHR and the COVID-19 epidemic with the aim of providing early information on the threat, strengthening coordination and preparing for the country to deal with COVID 19 and similar public health emergencies and their health and socio-economic impacts. Following this session, the Government decided to mobilize US\$500 000 from its national budget to support preparation for COVID-19. On February 18, the Ministry of Health held a working session with the agencies of the Nations, which aimed to inform about the government's preparatory actions and coordinate the contributions of each other. The Government, through the Ministry of Foreign Affairs, supported by Ministry of Health and WHO has had 2 information meetings with the international community in the country.



16. **The country has taken measures to strengthen surveillance at the point of entry:** The surveillance has been strengthened (health screening including temperature control and the introduction of passenger tracking sheets), hands washing facilities have been established as well as a temporary isolation space and an ambulance to refer suspected cases to a dedicated isolation room in the national hospital. Travelers have passport checked, fill COVID 19 respective health forms and receive information on protection and measures to take if presenting symptoms. Seven alerts cases have been identified - based on provenance and not symptoms- have been isolated and followed for 14 days. 3 of these follow-up have been closed while four are still under surveillance at home.

17. **In addition to strengthening surveillance, the country is taking measures to strengthen the overall health system.** Surveillance measures have been reinforced, in particular with the distribution of the WHO case definition, to the national health service. The case definition is applied in 90% of the health facilities. Three information, training and awareness sessions with health technicians took place at the Ayres de Menezes national hospital. An 11-bed isolation room is ready to receive first cases and dedicated staff has been trained on case management and infection prevention and control (IPC) measures. Briefings on investigation protocols have been made to the MOH surveillance team IPC measures are being strengthened, particularly the promotion of handwashing. Drugs, personal protection equipment (PPE) and laboratory swabs have been purchased but not yet received. Refresher on sample collection packaging and transport has been provided since there is no laboratory testing capacities yet in country.

18. **A risk communication strategy is in place.** Communication sessions with the general public on general measures for the prevention of acute respiratory diseases are carried out on television and radio, focus on frequent hand washing, respiratory etiquette, and maintaining distance and care in front of a person with symptoms of acute respiratory infection. Distribution of posters on COVID-19 has been done. The interview with the media, jointly the Minister of Health and the Representative of WHO, on COVID-19 was carried out. The communication plans is being finalized.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

The Project objectives are aligned to the results chain of the COVID-19 Strategic Preparedness and Response Program (SPRP).

The Project Development Objective (PDO) is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in São Tomé e Príncipe.

Key Results

19. The proposed PDO level indicators are the following⁶:

⁶ PDO indicators will be assessed by monitoring of JEE progression towards IHR (2005) implementation at the different categories; developed capacity = JEE score 3; demonstrated capacity = score 4.



- a) Country has activated their public health Emergency Operations Centre or a coordination mechanism for COVID-19;
- b) Percentage of suspected cases of COVID-19 cases that were investigated, laboratory confirmed and reported based on national guidelines;
- c) Percentage of acute healthcare facilities with isolation capacity;
- d) Country adopted personal and community non-pharmaceutical interventions (schools closures, telework and remote meetings, reduce/cancel mass gatherings).
- e) M&E system established to monitor COVID-19 preparedness and response plan

D. Project Description

20. **The proposed project will support the Government of STP in its preparedness for detection and containment of COVID-19 cases.** After the emergence of the new coronavirus, called COVID-19, in China and its spread outside China, on January 30, 2020, the Director-General of the World Health Organization (WHO) declared COVID-19 as a public health emergency of international concern (PHEIC), based on the opinion of the International Emergency Committee and within the framework of the International Health Regulations (2005). This Declaration implies that all countries must increase their preparedness for detection and containment of cases, including active surveillance, early detection, isolation and case management, follow-up contacts and prevention of the spread of COVID Disease 19. The proposed project aims to reinforce and maintain the country capacity to: (i) limit the transmission of COVID 19 in the population including health workers, (ii) strengthen early detection notification and confirmation of cases of COVID-19, (iii) effectively manage isolation and case management for all suspected and confirmed cases of COVID-19, (iv) support health promotion and community mobilization for the protection and prevention to COVID-19, and (v) reinforce the multisector coordination of partners to improve preparedness and response and to minimize the socio-economic impact of a potential outbreak of COVID-19. The proposed project will also work to strengthen the long-term capacity taking the “One Health” approach with key activities for animal health to support national prevention, early warning systems, control and eradication strategies to cover STP’s needs in the short, medium or long term. Proposed activities would be based on detailed assessments of the risk of Emerging Infectious Diseases (EIDs), epidemiological status of major zoonotic infections, capacity of national Veterinary Services and the vulnerability of the livestock sector to new, emerging and re-emerging infectious diseases.

21. **Component 1: Emergency COVID-19 Response [US\$ 2,000,000]:** This component would provide immediate support to São Tomé e Príncipe (STP) to prevent COVID-19 from arriving or limiting local transmission through containment strategies in line with STP COVID Preparedness and Response Plan. It would support the strengthening of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing. It would strengthen Institution and community engagement in ensuring community-based disease surveillance and multi-stakeholder commitment to keep the public informed and empowered to obey to social distancing non-pharmacological interventions (i.e. schools closing, offices shutting down). Lastly, it would enhance clinical care capacity through financing plans for establishing specialized units in selected hospitals, treatment guidelines, clinical training of health workers and hospital infection control guidelines.

22. **Sub-component 1.1 – Case Detection, Confirmation, Contact Tracing, Recording, Reporting [US\$650,000]:** Operationalize Indicator and Event base surveillance to respond to COVID19; establish protocols,



processes and regulations for reporting to WHO, OIE and FAO on public health emergencies, including regular reporting on COVID19 epidemiology; Implement IHR core capacities and contingency plans for COVID19 at Points of Entry (PoEs); strengthen Rapid Response Teams in country to respond to COVID19; Strengthen National laboratory diagnostic to conduct COVID19 diagnostic tests as well as in the mid-term build capacity for key priority diseases in accordance to WHO guidance; in the mid-term establish Field Epidemiology Training Program (FETP) Frontline program in country to provide epidemiology training and develop public health workforce to better respond to emergencies;

23. **Sub-component 1.2 – Risk communication, community engagement and social distancing** [US\$ 500,000]: Establish national risk communication and community engagement strategy for COVID19; Adaptation of the messages to the poorest and most vulnerable populations which are the target beneficiaries of the Social Safety Net (SSN) programs; Production of communication materials and training resources for risk communication for COVID19; Proactive public outreach on a mix of platforms (newspapers, radio, television, social media, Internet) including; Stakeholders mapped and decentralized institutional system in place for community engagement and financing for non-pharmaceutical interventions (NPI): everyday personal (hands hygiene, cough etiquette, stay home if ill), environmental (clean surfaces, increase ventilation), pandemic personal (home if anyone in the household is ill, using mask in community if ill), pandemic community (school closing, teleworking, cancel mass gatherings). In the mid-term (end of the project) the goal would be to have a National Strategy for Risk communication and community engagement;

24. **Sub-component 1.3 – Health systems capacity to respond to COVID19** [US\$ 850,000]: Establish healthcare referral and triage systems for COVID19; Upgrade and equip health care facilities to increase ICU capacity with medical equipment and supplies for COVID19 severe patients management⁷; establishment and Training of Emergency Medical Teams (EMTs) to respond to COVID19 emergency; Draft and disseminate guidance on ICU management of severe cases with proper IPC; ensure water supply, sanitation and hygiene services and medical waste management in health care facilities; procurement of commodities for IPC precautions (personal protection equipment); develop plan to support critical functions that must continue during a community widespread outbreak of COVID19 (e.g. water and sanitation, fuel and energy, food, telecommunication/internet, finance, education, and transportation, necessary resources, and essential workforce); improving biosecurity in livestock production and trade, with the longer term vision of reducing health related risks throughout agriculture and food systems. In the mid term the goal would be to: have capacity in country for management of highly infectious diseases; have EMTs established and trained for a multi-hazards approach; have a national IPC strategy approved and implemented;

25. **Component 2. Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness including One Health approach** [US\$ 300,000]:

26. **Sub-component 2.1 – Coordination of public health emergency response** [US\$ 150,000]: - Establish an EOC within MoH to manage COVID19 response and in the mid-term be the coordination mechanism for Preparedness and Response activities for PHEs; Define and implement EOC ToR, including SOPs, Job descriptions and roles and responsibilities; Establish coordination multisectoral committees for COVID19;

⁷ WHO Operational Support & Logistics Disease Commodity Packages – available at - [https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-\(ncov\)](https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov))



27. **Sub-component 2.2 – Strengthen One Health Approach** [US\$ 150,000]: Under the “One Health”
 28. framework, this component will also support enhancing zoonotic diseases information systems through development of a uniform disease information system in STP as part of their control program to provide better analytical capacity to enable STP to participate in global disease information sharing, complying with their obligations as members of OIE and WHO, thereby contributing towards progressively better global and regional control. The system would be linked to rapid and standardized methods of routine analysis of surveillance data, which would demonstrate important changes in the animal health situation, and promptly supply this information to field personnel.

29. **Component 3. Implementation Management and Monitoring and Evaluation** [US\$ 200,000]: Support and finance for the strengthening of public structures for the coordination and management of the STP projects will be provided, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. This component would support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, including veterinary, and joint-learning across and within countries. This component will also support monitoring and evaluation for the strengthening of IHR (2005) capacities in line with the JEE scoring system as outlined in the Results Framework and M&E section.

30. **Component 4: Contingency Emergency Response Component (CERC) (US\$0 million)**: In the event of an Eligible Crisis or Emergency, the project could contribute to providing immediate and effective response to said crisis or emergency.

Table 2: São Tomé e Príncipe - Budget Breakdown by Component

No.	Component	Activity	Budget (USD)
1	Emergency COVID-19 Response	<p>Case Detection, Confirmation, Contact Tracing, Recording, Reporting for COVID19:</p> <ul style="list-style-type: none"> Operationalize Indicator and Event base surveillance; Establish systems for IHR compliant reporting; Implement contingency plans for COVID19 at Points of Entry (PoEs); Establish, train and equip RRT; Strengthening reference laboratory through the reinforcement of infrastructure and equipment to ensure the implementation of new diagnostic methods (PCR, viral and bacteriological culture, serologies) to ensure diagnostic capacity for COVID19 and other highly infectious agents; Mid-term establish FETP Frontline program; 	650,000.00



		<p>Risk communication, community engagement and social distancing:</p> <ul style="list-style-type: none"> • Establish and implement National Risk Comms. plan for COVID19; • Produce and disseminate messages; • Adaptation of messages to poorest and most vulnerable, target beneficiaries of the Social Safety Net (SSN) programs, and linkage with MIS system • Community engagement for NPI interventions; • Financing to support communities enforce NPI interventions; • Mid-term establish National Risk communication Strategy and train HR; 	500,000.00
		<p>Health systems capacity to respond to COVID19:</p> <ul style="list-style-type: none"> • Establish HFs referral system and implement triage systems; • Upgrade and equip Health facilities (including ICU centers with medical equipment and supplies for COVID19 severe patient management (including but not restricted to purchasing mechanical ventilators, laryngoscopes, oxygen and venturi masks, endotracheal tubes, oxygen concentrators, resuscitators); • Train HCWs on IPC and COVID19 management; • Implementation of IPC guidance and procurement of commodities for IPC precautions ; • Strengthen WASH at HCFs and at the community; • Establish and train EMTs on management of severe patients and IPC procedures; • Establish contingency fund and activities to support societal crucial functions (water, food, energy, fuel, etc.); 	850,000.00
Sub total			2,000,000.00
2	Strengthening Multi-sector, National Institutions	<p>Establish EOC at Central level for PHE coordination and activate for COVID19 EPRP:</p> <ul style="list-style-type: none"> • ToRs, SOPs; Job Aids for EOC operationalization; 	150,000.00



	and Platforms for Policy Development and Coordination of Prevention and Preparedness including One Health approach	Training HR resources;	
		Establish intersectoral committee on One Health (MoH, Ministry of Agriculture, Ministry of Environment, Ministry of Social Assistance) to ensure strengthened surveillance in the human-health-environment interface	50,000.00
		Develop SOPs and Job Aids to ensure regular reporting to WHO, OIE and FAO. Designate and train Focal Points at National level.	30,000.00
		Zoonotic diseases information systems through development of a uniform disease information system	50,000.00
		Improve bio-security in livestock production and trade	20,000.00
Sub total			300,000.00
3	Implementation Management and Monitoring and Evaluation	Support and finance for the strengthening of public structures for the coordination and management of the STP projects will be provided, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement;	150,000.00
		Support monitoring and evaluation for the strengthening of IHR (2005) capacities in line with the JEE scoring system as outlined in the Results Framework and M&E section.	50,000.00
Sub total			200,000.00
4	CERC	In the event of an Eligible Crisis or Emergency, the project could contribute to providing immediate and effective response to said crisis or emergency.	0.00
Sub total			0.00
Grand total			2,500,000.00



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

31. The following World Bank Environmental and Social Standards (ESSs) are relevant to the proposed project: ESS1 Assessment and Management of Environmental and Social Risks and Impacts; ESS10 Stakeholder Engagement and Information Disclosure; ESS2 Labor and Working Conditions; ESS3 Resource Efficiency and Pollution Prevention and Management; and ESS4 Community Health and Safety.

32. **Environmental.** Project activities will include capacity building and trainings, acquisition of medical supplies, drugs, and personal protective equipment (PPE), community outreach, establishing quarantine centers, and support to the project implementation and monitoring functions. There is the potential for minor refurbishments. Overall the project is expected to have positive impacts by improving COVID-19 and other diseases surveillance, monitoring and containment. Notwithstanding, some adverse environmental and social risks and impacts are likely arise, mainly during project implementation emanating from e collection, storage, handling and transportation and disposal medical inputs and equipment that may lead to increased occupational health and safety risks to the health workers, public health concerns due to mishandling of medical inputs and equipment or even inappropriate disposal of healthcare waste. as. Environmentally and socially sound laboratory operation will require adequate procedures and protocols to compliance with Good International Industry Practices for occupational health and safety standards which may also involve, proper use of approved disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedure, appropriate Personal protective equipment, including adjustments in the institutional/implementation arrangements to ensure sound management of anticipated environmental and social risks.

33. **Organizational capacity and competencies.** Borrower has no prior experience or capacity in implementing the World Bank’s new Environmental and Social Framework (ESF). Significant efforts will be required to build the capacity of the MoH to implement ESF requirements during project implementation. The MoH will ensure to appoint an environmental and social (E&S) Specialist to be suitably trained to coordinate and supervise the preparation and implementation of E&S instruments in the project.

34. **ESF instruments.** An Environmental and Social Commitment Plan (ESCP) is being prepared and shall contain a summary of measures and actions to mitigate identified environmental and social risks and impacts, as well as training programs focused on COVID-19 laboratory biosafety, operation of isolation centers and screening posts, as well as monitoring and reporting requirements. Borrower shall also prepare a Healthcare Waste Management Plan (HCWMP) taking into consideration the WHO standards on COVID 19 response. The HCWMP will adequately cover the procedures for the safe handling, storage, and processing of COVID-19 materials and clearly outline the implementation arrangements to be put in place by STP Ministry of Health (MoH) for environmental and social risk management. The relevant part of COVID-19 Quarantine Guideline and



WHO COVID-19 biosafety guidelines will be reviewed while preparing the HCWMP so that all relevant risks and mitigation measures will be covered.

35. **The Environmental and Social Management Framework (ESMF)** will adequately cover the procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories. It will also clearly outline the implementation arrangement to be put in place for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety, operation of isolation centers and screening posts, as well as compliance monitoring and reporting requirements. The relevant part of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be included in a Healthcare Management Plan to be annexed in the ESMF so that all relevant risks and mitigation measures are adequately identified and addressed. In addition to the ESMF, the client will implement the activities suggested in the ESCP. It will also implement a Stakeholder Engagement Plan (SEP).

36. **The Stakeholder Engagement Plan (SEP)** outlines a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of project information, considering the specific challenges associated with COVID-19. In view of the particular situation of COVID-19, stakeholder engagement activities should be adapted to minimize close personal contact and follow the recommended hygiene procedures as outlined in the *CDC Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings*. Innovation in the methods used for consultation and information disclosure will be strongly encouraged, with greater reliance on the use of social media and other forms of “virtual” communication. People affected by Project activities, including construction workers on laboratory and clinic sites, should be provided with accessible and inclusive means to raise concerns and grievances. To ensure this approach, the project has included a component on “Risk communication and Community Engagement” (RCCE), encompassing behavioral and sociocultural risk factors assessment, production of RCCE strategy and training documents, production of communication materials, media and community engagement, and documentation in line with WHO “Pillar 2: Risk communication and community engagement”. The approaches taken will ensure that consultation and information disclosure are meaningful, timely, and accessible to all affected stakeholders. Cultural and gender sensitivities, as well as challenges deriving from illiteracy or disabilities, will be addressed. Due to the expected country-wide implementation of activities, the differences between areas and socioeconomic groups will be taken into consideration during rollout of the RCCE. A citizen engagement mechanism will be incorporated at the refurbished and upgraded health facilities to assess customer satisfaction with regarding the ability of the health system to provide timely and needed services. A citizen engagement indicator is included in the results framework to measure progress in the area of citizen engagement.

E. Implementation

Institutional and Implementation Arrangements

37. **The Ministry of Health (MOH) will be responsible for the overall implementation of project activities.** The MOH will work closely with other health and non-health agencies, including the Ministry of Finance and AFAP (Fiduciary Agency for Project Management), on project implementation. The Project Coordination Unit (PCU) will be established under the MOH to strengthen the technical capacity of the MOH. With a PCU for the project, AFAP would provide support on fiduciary activities of the Project with all other



activities and responsibilities assigned to the PCU. Specifically, AFAP will be in charge of disbursements, procurement, financial management, and safeguards. The staff of the PCU will include technical experts and specialists in the area of project management and monitoring and evaluation. Once the Project becomes effective, the Project would also hire short term consultants to support implementation as needed.

38. **The technical directorates at the MOH, as well as the PCU will be given full responsibility for implementing their activities according to the Project Operational Manual (POM) and Action Plan (AP) of the Project**^[1]. A review of the POM and AP implementation achievements and constraints will be carried out annually and will form the basis for the preparation of the following year's AP, according to priorities and potential economic and social changes. Moreover, the project can look to engage key development partners such as the World Health Organization (WHO) to provide technical assistance and implantation support.

39. **To assist the MOH with project implementation, AFAP will be designated as a Fiduciary Agency, respectively for procurement and financial management tasks.** AFAP will liaise with the directorates responsible for the implementation and procurement roles of the IPF activities and will report on the progress made on a quarterly basis. Also, AFAP will provide training and technical support to the MOH to implement the project. The financial management (FM) activities will be conducted by the current team of AFAP.

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^[1] Action Plan is a course of actions or strategy to achieve one or more goals of the project.



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APPROVAL

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