



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 23-Mar-2020 | Report No: PIDA29002



BASIC INFORMATION

A. Basic Project Data

Country India	Project ID P173836	Project Name India COVID-19 Emergency Response and Health Systems Preparedness Project	Parent Project ID (if any)
Region SOUTH ASIA	Estimated Appraisal Date 25-Mar-2020	Estimated Board Date 31-Mar-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of India, Ministry of Finance	Implementing Agency Ministry of Health and Family Welfare	

Proposed Development Objective(s)

The proposed project development objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national health systems for preparedness in India.

Components

- Component 1: Emergency COVID-19 Response
- Component 2: Strengthening National and State health Systems to support Prevention and Preparedness
- Component 3: Strengthening Pandemic Research and Multi-sector, National Institutions and Platforms for One Health
- Component 4: Community Engagement and Risk Communication
- Component 5: Implementation Management, Capacity Building, Monitoring and Evaluation
- Component 6: Contingent Emergency Response Component (CERC)

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	500.00
Total Financing	500.00
of which IBRD/IDA	500.00
Financing Gap	0.00

DETAILS



World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	500.00
Environmental and Social Risk Classification	
Substantial	
Decision	

Other Decision (as needed)

B. Introduction and Context

Country Context

While India remains one of the fastest growing major emerging market economies, Gross Domestic Product (GDP) growth has slowed markedly in the past three years. The current slowdown is due to unresolved domestic issues (impaired balance sheet issues in the banking and corporate sectors, compounded by stress in the non-banking segment of the financial sector), and significant external headwinds. These have not only prevented a sustainable revival in private investment, but also affected private consumption in FY19/20. The Covid-19 outbreak is an additional significant source of stress and uncertainty, affecting real outcomes as well as expectations. While the government is undertaking measures to contain the outbreak, and the Reserve Bank of India has indicated readiness to provide calibrated support, a large fiscal stimulus may become necessary in the event of a full-fledged and or protracted domestic outbreak. In such a scenario growth projection will be revised downwards, and fiscal slippages can be expected.

Since the 2000s, India has made remarkable progress in reducing absolute poverty. Between FY11/12 and 2015, poverty declined from 21.6 percent to an estimated 13.4 percent at the international poverty line (US\$1.90 per person per day in 2011 Purchasing Power Parity [PPP]), continuing the earlier trend of rapid poverty reduction. Owing to robust economic growth, more than 90 million people escaped extreme poverty and improved their living standards during this period. Despite this success, poverty remains widespread. In 2015, 176 million Indians were living in extreme poverty, while 659 million—half the population—were below the higher poverty line commonly used for lower middle-income countries (US\$3.20 per person per day in 2011 PPP). The recent growth slowdown may have moderated the pace of poverty reduction.

Sectoral and Institutional Context

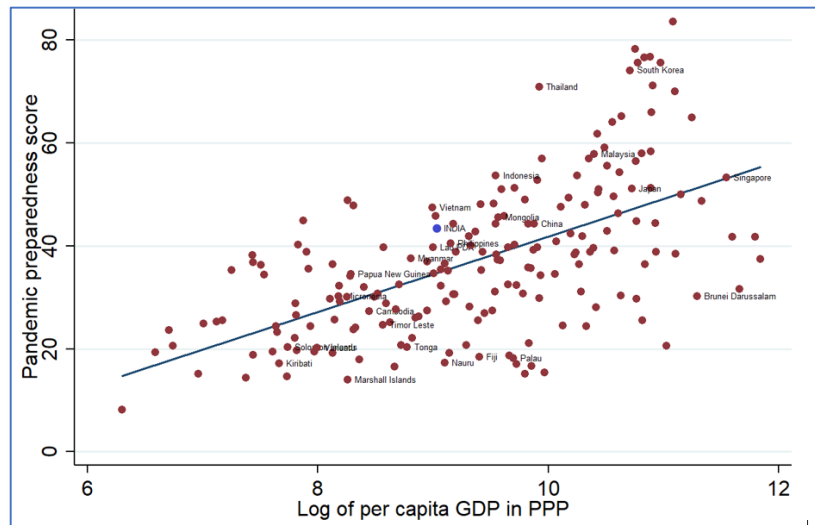
Despite substantial improvements in health outcomes since 1990, India still faces tremendous challenges in health care access, quality, and utilization. Between 1990 and 2016, infant mortality rates fell by half, deliveries in health facilities tripled, and maternal mortality ratios fell by more than 60 percent. However, overall progress in health remains slower than in countries of comparable income, and variations persist within and among states.



Quality of care is a significant and complex challenge. India’s demographic and epidemiological transition calls for an aggressive response to persisting communicable diseases and a burgeoning burden of non-communicable diseases (NCDs). The private sector plays an important role in providing services in both rural and urban areas and can play a key role in responding to disease outbreaks and pandemics. The 2018 Nipah virus outbreak in the state of Kerala illustrates health risks at the human animal ecosystem interfaces.

While India has been steadily strengthening public health systems, the country remains vulnerable to shocks and impacts from pandemics and outbreaks. As evidenced by India’s performance on the disease preparedness index, the overall preparedness of health systems requires further strengthening in order to be resilient and robust enough to respond disease outbreaks and pandemics (Figure 1). Within the preparedness index, capacity for early disease detection is a key area in which India ranks lower than its peers.

Figure 1: Pandemic Preparedness Index



Source: World Bank Development Economics Group 2020

The GOI’s response to COVID-19 continues to be calibrated with the fast-evolving situation. The first three cases of COVID-19 were confirmed in the state of Kerala between January 30 and February 3. All three had a recent travel history to Wuhan City in China and were hospitalized and discharged after recovery. No additional cases were reported until the first week of March when 27 new cases were identified. Most of these cases had a recent travel history abroad, namely Italy (including 16 Italian tourists), Iran, and the United Arab Emirates. Transmission to several contacts was also identified. Since that time, the number of cases reported to the WHO has grown to 137 as of March 18, with expanding community transmission. The GOI has established national coordination and response task forces at the highest level. The MOHFW is playing a lead role in executing the health sector response. The GOI’s current approach to COVID-19 is containment and control, since most reported cases are linked to foreign travel. The containment strategy has a dual focus to limit the transmission of imported cases and mitigate any progression from phase three to four of the COVID-19 transmission through public health measures and clinical management. The Prime Minister of India recently addressed the nation and announced the Janata Curfew (“people’s curfew”), a complete national lockdown from March 22 to 30, 2020 as part of a wider GOI effort to respond to the COVID-19 emergency in affected states



Additional interventions being rolled-out include: testing through a network of 62 laboratories, contact tracing, community surveillance, quarantine and isolation, hospital-based clinical management of cases, risk communication, and infection prevention and control. There are several strengths to the GOI's response, including how the GOI is leveraging central and state public health sector machinery and infrastructure. However, despite the GOI's significant investments in strengthening India's public health system, it remains fragile in the face of outbreaks. Low-capacity states face added vulnerability to their health systems. India is at risk of rapid COVID-19 spread given its dense population concentrations in urban and semi-rural environments. Insufficient infection prevention and control measures may lead to health facilities themselves amplifying transmission, as was seen in the Nipah virus outbreak of 2018. Furthermore, the mortality consequences of widespread infection will be exacerbated by inadequate supplies of oxygen and ventilation equipment to support a large number of patients.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

The proposed project development objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national health systems for preparedness in India.

Key Results

- Percentage of district hospitals with isolation capacity (**Global MPA**)¹;
- Percentages of district health centers/district hospitals with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks;
- Proportion of specimens submitted for COVID-19 laboratory testing confirmed within WHO-stipulated standard time;
- Proportion of population able to identify three key symptoms of COVID-19 and/or seasonal influenza and three personal prevention measures (as assessed by a representative population survey); and
- The Government has activated their one health coordination mechanism for COVID-19 and other Emerging Infectious Diseases at Union level.

D. Project Description

The Bank's support will immediately enable the GOI scale-up efforts to limit human-to-human transmission, including reducing local transmission of cases and containing the epidemic from progressing from phase III (cluster of cases) to phase IV (community transmission) of the transmission. In parallel to scaling up interventions to limit human-to-human transmission, health systems strengthening interventions will be rolled out to improve the country's capacity to respond to the COVID-19 epidemic and to be better prepared to respond to emerging disease outbreaks, including transmission between human and animals.

Priority Areas. The priority areas identified build on the GOI's response to date and are informed by (i) international best practice and WHO's Guidance Note on COVID-19 emergency response; (ii) the GOI's draft COVID-19 Containment Plan; (iii) WHO COVID-19 Country Preparedness & Response Note (February 2020); (iv) the World Bank Fast Track COVID-19 Facility Board Paper; (v) best practices from China (policy notes on lessons

¹ District hospitals are being used as the proxy to measure coverage of acute health care capacity in line with the Global MPA guidance.



learned from SARS and other outbreaks; and (vi) and summary of core lessons from Bank's health emergency operations.

All of the following components will support the acceleration and scale up of the GOI response to COVID-19, while serving the dual purpose of building systems to respond to future disease outbreaks.

Component 1: Emergency COVID-19 Response: The aim of this component is to slow and limit as much as possible the spread of COVID-19 in India. This will be achieved through providing immediate support to enhance disease detection capacities through: increasing surveillance capacities, port health screening, provision of technical expertise, strengthening laboratory and diagnostic systems to ensure prompt case finding, and local containment. Enhanced detection capacities will be supported through updated training of existing surveillance workers, improving reporting by frontline health workers using existing surveillance information and, where possible, contact tracing of known cases. Laboratory capacity to diagnose both potential human and animal diseases at national and provincial level will be strengthened through: procuring and replenishing supplies of reagents and kits; upgrading virus repository and reference reagents; standardizing sample collection, channeling, and transportation; determining sites most in need of introduction of point-of-care diagnostics; and engaging private laboratories to expand capacity to test and manage COVID-19. Component 1 will also support the GOI to improve capacity to manage COVID-19 cases by scaling up procurement of personal protective equipment, oxygen delivery systems, and medicines, and by retaining skilled health workers through extra payments (such as hazard pay and death benefits in line with GOI norms for compensation).

Component 2: Strengthening National and State health Systems to support Prevention and Preparedness: The component will support the GOI to build resilient health systems to provide core public health, prevention, and patient management functions to manage COVID-19 and future disease outbreaks. Key activities include: (i) Building a network of Biosafety Level 3, high containment laboratories with high biosafety standards in the country, including support for the ICMR to upgrade Viral Research and Diagnostic Laboratories in 40 government medical colleges to meet the requirements of testing for pandemics and research; (ii) expanding point-of-care molecular testing for viral disease in sub-district and district laboratories and sample transport mechanisms; (iii) improving disease surveillance systems in human and animals and health information systems across the country by strengthening the Integrated Disease Surveillance Program (IDSP) and integration of all health information; (iv) bolstering community-based disease surveillance capacity through increased personnel and the use of ICT systems to track and monitor infectious outbreaks; and developing human resources with core competencies in integrated disease surveillance across different states and at the central level to track and monitor current and new disease-outbreaks; (v) creating institutional mechanisms and capacities for epidemic response at district level by providing dedicated resources on the lines of existing mechanisms for disaster management; (vi) strengthening referral transport systems and linkages; and (vii) building and strengthening capacities for mass communication and grievance redressal through dedicated help lines.

Component 3: Strengthening Pandemic Research and Multi-sector, National Institutions and Platforms for One Health: India's infrastructure and technical capacity for research uniquely position the country to play a key role in research on viruses, other disease pathogens, and vaccines for India's own emergency response and for global public goods. India and South Asia Regional peers recently established a regional research network on infectious diseases. This component will support research on COVID-19 by Indian institutions working in collaboration with the ICMR. The component will support biomedical research to generate evidence to inform the short- and medium-term response to the COVID-19 pandemic. Component 3 seeks to develop core capacity



to deliver the One Health Approach to prevent, detect, and respond to infectious disease outbreaks in animals and humans. Within this context, the component will develop GOI capacity and systems to identify zoonotic disease threats at the animal-human interface. About 75 percent of new infectious diseases originate in animals, including HIV/AIDS, Ebola, and SARS. The component will finance key activities to be implemented by the NCDC, in collaboration with the GOI Department of Animal Husbandry and Dairying and state-level Departments of Animal Husbandry, to address policy and actions required to address Emerging Infectious Diseases (EID) of zoonotic potential

Component 4: Community Engagement and Risk Communication: This component will address significant negative externalities expected in the event of a widespread COVID-19 outbreak and include comprehensive communication strategies. The primary focus will be on addressing social distancing measures, such as avoiding large social gatherings, and should the need arise, school closings to mitigate against the possible negative impacts on children’s learning and wellbeing. As part of the comprehensive communication and behavior change interventions, a community campaign for schools and parents will be supported to provide information about how to protect themselves and promote hygiene practices. Investments will be made to have plans in place to ensure the continuity of learning, including remote learning options such as radio broadcast and other means of distance delivery of academic content in the areas of literature and mathematics. Component 4 will support systems for community-based disease surveillance and multi-stakeholder engagement, including addressing issues such as social inclusion and healthcare worker safety, among others. This component will support rebuilding community and citizen trust that can be eroded during crises.

Component 5: Implementation Management, Capacity Building, Monitoring and Evaluation: Support for the strengthening of public structures for the coordination and management of the project would be provided, including MOHFW and state (decentralized) arrangements for coordination of activities, financial management, procurement, and monitoring and evaluation. This component would also strengthen the National Center for Disease Control capacity for health emergency and disease outbreak management capacity; upgrade information systems for program management; and expand staffing with core competencies for disease surveillance, epidemiology, labs, and One Health service delivery. The project will leverage artificial intelligence and big data analytics to improve the preparedness and response to the ongoing COVID-19 pandemic through the MOHFW’s disease surveillance platform.

Component 6: Contingent Emergency Response Component: Provision of immediate response to an Eligible Crisis or Health Emergency.

Legal Operational Policies	
	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts



E. Implementation

Institutional and Implementation Arrangements

Project management will be coordinated within the MOHFW structures. The project will be managed by three entities within the MOHFW namely: the National Health Mission (NHM), the National Center for Disease Control (NCDC) and the Indian Council of Medical Research (ICMR). The NHM is a centrally sponsored scheme of the GOI and is the flagship program of the MOHFW aimed at achieving universal access to equitable, affordable, and quality health care services to the citizens. It is headed by a Mission Director, who is an officer of the rank of Additional Secretary. The NCDC is an attached office of the MOHFW that plays a lead role in investigation of disease outbreaks all over the country and is headed by a technical officer of the rank of Director. Both the NHM and NCDC fall under the Department of Health and Family Welfare. The ICMR is an autonomous society under the Department of Health Research and is the apex body for formulation, coordination, and promotion of biomedical research and is headed by the Director General. Highest level project oversight will be ensured through a Governing Committee chaired by the Secretary – Health and Welfare, and co- chaired by the Secretary – Department of Health Research, who will oversee the project.

Coordination with Partners and NGOs: This operation would support a combination of emergency response and health system capacity building efforts consistent with the COVID-19 Containment Plan of MOHFW with the support from WHO and partners. The World Bank is coordinating closely with WHO. WHO experts will be working closely with the Bank to prepare the operation. The GOI may partner with NGOs and support Self Help Groups with wider local presence to support implementation.

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APPROVAL

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