

# Project Information Document (PID)

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Appraisal Stage | Date Prepared/Updated: 04-Nov-2021 | Report No: PIDA32931

**BASIC INFORMATION****A. Basic Project Data**

Country Togo	Project ID P177956	Project Name Togo Second Additional Financing to the COVID-19 Emergency Response and Systems Preparedness Strengthening Project	Parent Project ID (if any) P173880
Parent Project Name Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project	Region AFRICA WEST	Estimated Appraisal Date 22-Nov-2021	Estimated Board Date 20-Dec-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Togo	Implementing Agency Ministère de la Santé, de l'hygiène Publique et de l'accès universel aux soins

## Proposed Development Objective(s) Parent

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Togo.

## Components

Component 1: Emergency COVID-19 Response  
 Component 2: Supporting National and Sub-national, Prevention and Preparedness  
 Component 3: Project Implementation Management and Monitoring and Evaluation

**PROJECT FINANCING DATA (US\$, Millions)****SUMMARY**

<b>Total Project Cost</b>	25.00
<b>Total Financing</b>	25.00
<b>of which IBRD/IDA</b>	25.00
<b>Financing Gap</b>	0.00

**DETAILS**

**World Bank Group Financing**

International Development Association (IDA)	25.00
IDA Credit	12.50
IDA Grant	12.50

Environmental and Social Risk Classification  
 Substantial

**A. Introduction and Context**

Country Context

**1. This Project Paper seeks the approval of the Regional Vice President for the provision of an International Development Association (IDA) credit in the amount of US\$12.5 million equivalent and an IDA grant in the amount of US\$12.5 million equivalent for a total amount of US\$25 million equivalent for a second Additional Financing (AF).** The AF will support the costs of expanding activities of the Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P173880) under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020.<sup>1</sup> The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Togo through enhanced vaccination system strengthening, and to further strengthen preparedness and response activities under the Parent Project. The Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P173880) in an amount of US\$8.1 million IDA equivalent was approved on April 17, 2020 prepared under the SPRP.

**2. The purpose of the proposed AF is to support the government to purchase and deploy COVID-19 vaccines that meet the World Bank’s vaccine approval criteria (VAC) and strengthen relevant health systems that are necessary for a successful deployment and to prepare for unforeseen issues that may arise in future.** The national immunization coverage target for the country is to reach at least 70 percent of the population by the end of 2023. The proposed additional financing will help Togo to fulfil their

<sup>1</sup> The World Bank approved a US\$12 billion World Bank Group (WBG) Fast Track COVID-19 Facility (FTCF or “the Facility”) to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion was provided by the IBRD/IDA (“the World Bank”) and US\$6 billion by the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the FTFCF total to US\$14 billion. The AF of US\$12 billion (IBRD/IDA) was approved on October 13, 2020 to support the purchase and deployment of vaccines as well as to strengthen the related immunization and health care delivery system.

vaccine order through African Vaccine Acquisition Task Team (AVATT) and vaccinate 26 percent of the country's population, including the deployment cost of these vaccines. The COVID-19 Vaccines Global Access Facility (COVAX) Advance Market Commitment (AMC) facility co-financier will cover the cost of vaccines for 20 percent of the population by the end of Calendar Year 2022. Other partners such as the Mobile Telephone Network (MTN), African Union, European Union, and Chinese Cooperation have provided COVID-19 vaccines to cover about 6.7 percent of the population. The first International Development Association (IDA) additional financing will help vaccinate 24 percent of the population. Bank financing for the COVID-19 vaccines and deployment will follow the World Bank's VAC. As of April 2021, the World Bank will only accept vaccines that meet the following criteria as eligible for International Bank for Reconstruction and Development (IBRD)/IDA resources for COVID-19 vaccine acquisition and/or deployment under all World Bank-financed projects: (i) vaccines that have received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities (SRAs) identified by the World Health Organization (WHO) for vaccines procured and/or supplied under the COVAX facility, as may be amended from time to time by WHO; or (ii) vaccines that have received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). As COVID-19 vaccine development is rapidly evolving, the World Bank's VAC may be reviewed. The country will continue to provide free of cost vaccination to the population.

**3. The need for additional resources to expand the COVID-19 response was formally conveyed by the Government of Togo on September 13, 2021, via letter Ref. N° 2238/MEF/SG/DGTCP/DDPF/DPF** requesting financing to purchase 2,050,000 doses of the JANSSEN vaccine through the African Vaccine Acquisition Trust (AVAT) and finance operational cost of COVID-19 vaccine deployment in the entire country. The first additional financing was formally requested by the Government of Togo on December 2, 2020, via letter Ref. N° 3112/MEF/SG/DGTCP/DDPF/DPF for US\$25 million of IDA resources and US\$4.5 million of Health Emergency Preparedness and Response Trust Fund (HEPRTF) grant to support the COVID-19 response, under the condition that HEPRTF resources are not used for the purchase of COVID-19 vaccines. The proposed AF will form part of an expanded health response to the pandemic, which is being supported by development partners under the coordination of the Government of Togo. This additional financing will provide essential resources to expand and sustain the comprehensive pandemic response which includes vaccination in Togo.

#### Sectoral and Institutional Context

**4. Critically, the AF is being sought to enable the acquisition of additional vaccines from a range of sources to support Togo's objective to have a portfolio of options to access vaccines under the right conditions** (of value-for-money, regulatory approvals, and delivery time among other key features). The COVAX facility has put in place a framework that will strengthen Togo's strategy and access to vaccines. On December 16, 2020, the Government of Togo entered into an agreement with COVAX to benefit from the global risk-sharing mechanism platform for pooled procurement and equitable distribution of eventual COVID-19 vaccines. On March 7, 2021, Togo received the first donation of 156,000 doses of AstraZeneca COVID-19 vaccines followed by other batches subsequently. As of October 21, 2021, the country has received 1,522,410 doses of COVID-19 vaccine (489,360 doses of AstraZeneca vaccine, 707,850 doses of Pfizer Vaccine, and 325,200 doses of Sinovac vaccine) or 47 percent (1,522,410/3,190,784) of the expected doses from COVAX. Other partners provided 556,349 doses of COVID-19 vaccine: MTN (45,000 doses of AstraZeneca vaccine), AU (75,000 doses of AstraZeneca and

592,800 doses of JANSSEN vaccine), and Chinese Cooperation (400,000 doses of Sinovac COVID-19 vaccine). The World Bank considers the sourcing of vaccines through COVAX as a priority, and accessing vaccines beyond COVAX as necessary. The proposed IDA financing will build on this opportunity to expand Togo's access to vaccines. The availability and terms of vaccines remain fluid and prevent the planning of a firm sequence of vaccine deployment, especially as the actual delivery of vaccines is unlikely to be immediate. Rather, the proposed financing will enable a portfolio approach that can be adjusted during implementation in response to developments in the country's pandemic situation and the global market for COVID-19 vaccines. In addition to vaccines acquired through COVAX, the AVATT convened by the African Union is in the process of negotiating, through the United Nations Children's Fund (UNICEF), additional access to vaccines that would contribute to taking the total population covered up to 70 percent in countries that request it. When firm contracts are in place between UNICEF, as the appointed procurement agent, and the manufacturers, UNICEF will conclude contracts with participating countries for the supply of the vaccines. These contracts will be reviewed by the World Bank to ensure that they comply with all operational policies and provide value for money in terms of both price and delivery times before financing from this loan can be disbursed toward the member country upon its request. The government has submitted an expression of interest to the AVATT for the procurement of four million doses of Johnson & Johnson vaccine. The First AF to The Togo COVID-19 Emergency Response and System Preparedness Strengthening Project (P173880) will be used to purchase 1,950,000 of these doses through AVAT. This second AF will finance the procurement of 2,050,000 doses of Johnson & Johnson vaccine.

**5. Togo is experiencing a third wave of the COVID-19 pandemic, with around 900 new cases per week, since the end of June 2021 (Annex 2).** As of November 1, 2021, the country has confirmed 26,086 cases of COVID-19; 25,632 (98 percent) have recovered, with 242 deaths (0.9 percent). Although Togo is considered as one of the leading countries in the region in terms of response to the pandemic, the perception about the vaccine's safety is negative. The communication on COVID-19 vaccination and the measures taken by the government are addressing this negative perception as evidenced by the high proportion of priority targeted population vaccinated during Phase 1 of the campaign. As of October 17, 2021, 5 percent (425,501 people) of the population were reported to be fully vaccinated and 881,567 people vaccinated with the first dose are waiting for the second one. Of the Knowledge, Attitudes, and Perceptions (KAP) survey<sup>2</sup> respondents, only 6.4 percent mentioned vaccination as a means of preventing COVID-19. The survey showed, however, that perceptions of the vaccine's effectiveness were positive, with 63 percent of respondents indicating that the vaccine protects against COVID-19. Challenges identified under the first AF remain the same, such as managing persistent rumors related to vaccination against COVID-19, as well as strengthening coordination, management of database, and protection of personal data. This second AF will provide additional support to fix these issues.

## **B. Proposed Development Objective(s)**

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Togo.

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<sup>2</sup> Report on Knowledge, Attitudes and Perceptions of the population in the context the introduction of the vaccine against COVID-19 In Togo; WHO; GAVI; September 2021

Key Results

the Results Framework of the Parent Project are adjusted to reflect the expanded scale of activities proposed under the AF (Box 1). End targets will be increased and new indicators on gender will be added.

**Box 1: Results Framework Modifications**

		<b>Modifications (None/New/Revised/Delete)</b>
<b>PDO Indicators</b>		
	1. Activation of public health Emergency Operations Centre or a coordination mechanism for COVID-19 (Text)	No change
	2. Designated acute healthcare facilities with isolation capacity (Number)	No change
	3. Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)	No change
	4. Suspected cases of COVID-19 reported and investigated based on national guidelines (Number)	No change
	5. <b>Percentage of population fully vaccinated, which is included in the priority population targets defined in national plan (disaggregated by gender)</b> (Percentage)	<b>Revised</b>
<b>(* Intermediate Indicators</b>		
(1)	6. Points of entry staff trained on screening and management of suspected COVID-19 cases (Number)	No change
	7. Number of suspected COVID-19 cases diagnosed by designated laboratories within 24 hrs (Number)	No change
	8. Designated laboratories with personal protective equipment, reagent and infection control products and supplies, without stock-outs in last 2 weeks (Number)	No change
	9. Diagnosed cases treated in the designated treatment centers per approved protocol (Percentage)	No change
	10. <b>Estimated target populations that will be prioritized for access to vaccines, stratified by target group (disaggregated by gender if possible) and geographic location (Number)</b>	<b>Revised</b>
	11. <b>Vaccination sites with functional cold chain (Percentage)</b>	<b>Revised</b>
	12. <b>Deliveries attended by skilled health personnel (Number)</b>	<b>Revised</b>
	13. <b>Recorders trained in the use of the data digitization platform for the COVID-19 vaccination campaign (disaggregated by gender, Number)</b>	<b>Revised</b>
Gen	14. <b>Eligibility for vaccination criteria include informal and/or volunteer health workers (Yes/No)</b>	<b>New</b>
(2)	15. Regional and district laboratories equipped (Number)	None
	16. Medical and veterinary laboratory personnel trained (Number)	No change
	17. Designated laboratories with staff trained to conduct COVID-19 diagnosis (Number)	No change
	18. Health staff trained in infection prevention per MOH-approved protocols (Number)	No change
Gen	19. <b>Key gender-responsive messages and materials developed for public communications and advocacy, in accordance with demand plan (Yes/No)</b>	<b>Revised</b>
Gen	20. <b>Community Engagement and monitoring of interventions against gender-based violence (GBV) and Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) reported (Yes/No)</b>	<b>Revised</b>
Gen	21. <b>Women who responded correctly to 70 percent of questions on COVID-19 vaccines (Percentage)</b>	<b>New</b>
Gen		
(3)	22. Training attended by project management unit members and technical consultants (Number)	No change
CE	23. Complaints to the Grievance Redress Mechanism (GRM) satisfactorily addressed (Percentage)	<b>Revised</b>
	24. M&E system established to monitor COVID-19 preparedness and response plan (Text)	No change
	25. <b>Proportion of vaccination sites that transmit their data via DHIS2</b>	<b>Revised</b>
Gen	26. <b>Vaccinators trained on GBV/SEA/SH (disaggregated by sex, Number)</b>	<b>Revised</b>
(* ) Numbers in the brackets refer to the component being monitored by the indicator; CE= indicator on citizen engagement; Gen = Gender; GBV = indicator related to GBV/SEA/SH.		

**6. The changes proposed for the AF include expanding the scale of activities in the Parent Project, which is the COVID-19 Emergency Response and Systems Preparedness Strengthening Project**



(P173880), and adjusting its overall design to be able to (i) finance vaccine and related consumable purchase; (ii) strengthen service delivery to ensure effective vaccine deployment; (iii) monitor and track vaccine use, and record any adverse reactions to vaccination; and (iv) encourage social mobilization and community engagement to enhance demand for the COVID-19 vaccine. As the proposed activities to be funded under the AF for the COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P173880) are aligned with the original PDO, the PDO will remain unchanged.

**7. The AF will support scaling up the COVID-19 vaccine through the three components of the Parent Project.** To this end, the AF is geared to assist the Government of Togo in working with WHO, UNICEF, GAVI, and other Development Partners to overcome bottlenecks as identified in the COVID-19 vaccine purchasing and deployment in the country. The Parent Project structure will be maintained as well as the relevant activities of each Component to continue to support the vaccination campaign in the country. Of the US\$25 million IDA proposed project financing for vaccination, an estimated amount of US\$18.5 million will be allocated to vaccine purchase and US\$6.5 million to selected vaccine deployment activities.

**8. Component 1: Emergency COVID-19 Response (Parent Project: US\$4.0 million; first AF: US\$22.5 million; HEPRTF: US\$4.5 million; second AF: US\$21.7 for a total of US\$52.7 million).** This component will support the MOH to implement its NDVP. Key activities to be supported under the AF would include: (i) procurement of COVID-19 vaccines, vaccination supplies, and PPE for vaccinators; (ii) logistics and cold chain; and (iii) support program delivery. More specifically, support under this AF would further develop the following sub-component:

- **Sub-component 1.2: COVID-19 vaccine planning, procurement, and distribution (Parent Project: US\$0.0 million; first AF: US\$19.3 million; second AF: US\$21.7 million).** Key activities to be supported include, *inter alia*: (i) the procurement of additional COVID-19 vaccines via the AVATT platform; (ii) provision of more consumables for vaccination and PPE for vaccinators; (iii) provision of drugs, medical equipment and supplies to public health facilities and intensive care facilities within hospitals; (iv) operational costs for the roll-out of the vaccination campaign; (v) procurement of climate-sensitive cold room power generators and other equipment required to support low-carbon cold chains (cooling appliances, storage, transportation, and distribution of COVID-19 vaccines); (vi) provision of drugs to health facilities for AEFI management; (vii) provision of additional laboratory equipment; (viii) low-carbon medical waste management inputs and operationalization, operating costs for social and environmental safeguard interventions; (ix) procurement of fuel-efficient vehicles and motorcycles, additional operational costs for vaccine transportation from the central to the regional and district vaccine sites; (x) procurement of IT equipment, operating costs, and other administrative-related costs for supportive supervision and monitoring; and (xi) contingency measures included in the NVDP, such as rehabilitation of central level vaccine storage facilities, to deal with any unexpected disruptions to vaccine supply from climate change and natural disasters (i.e., flooding and extreme heat).

**9. Component 2: Supporting National and Sub-national Prevention and Preparedness (Parent Project: US\$3.5 million; first AF: US\$1.9 million; second AF: US\$2.9 million for a total of US\$8.3 million).** More specifically, support under this AF would further develop the following sub-component:



- **Sub-component 2.2: Communication, social mobilization, and community engagement to enhance demand for the COVID-19 vaccine (Parent Project: US\$0.0 million; first AF: US\$0.8 million; second AF: US\$3.7 million).** This sub-component will provide additional resources for, *inter alia*: (i) operational costs for social mobilization and (ii) operational costs during the vaccination campaign (per diem, travel, fuel, etc.). Public and private sectors, and civil society organizations will be mobilized to organize campaigns aimed at promoting a generalized behavior change in favor of COVID-19 vaccination. Moreover, vaccine communication campaigns will build awareness among key population groups about climate-related health risks linked to the COVID-19 crisis.

**10. Component 3: Project Implementation Management and Monitoring and Evaluation (M&E) (US\$0.6 million equivalent to US\$1.6 million equivalent).** This component will continue to support the coordination and management of activities under the Parent Project and its AF, such as additional: (i) support for procurement, Financial Management (FM), environmental and social safeguards, M&E, and reporting; (ii) training of project management unit and technical consultants; (iii) operating costs for project management; and (iv) distribution of goods purchased. The AF will continue to use the existing PCU for overall administration, procurement, environmental and social aspects, and the FM of the project, and will include additional capacity and expertise as required. The AF will partner and engage with other organizations, particularly WHO and UNICEF, in various roles such as procurement agents and suppliers, and providers of specialized technical assistance.

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

**D. Implementation**

**11. The MHPHUAC will remain the implementing entity of the proposed AF.** As in the Parent Project, the REDISSE project implementing unit (PCU) will be responsible for the fiduciary management of this AF. This unit has experience working on projects financed by the World Bank and on existing fiduciary arrangements in place for the ongoing Parent Project. The PCU will: (a) coordinate the project activities; (b) ensure the financial management of the project activities in all components; and (c) prepare consolidated annual work plans, Environmental and Social Framework (ESF) quarterly reports, budgets, M&E, and the implementation report of the project to be submitted to the WBG. The General Secretariat (SG) of the MHPHUAC will be the units responsible for the overall technical coordination and implementation of the proposed AF. The technical implementation of the Project will be carried out under the Direction of Disease Control, complemented by the *Programme Elargi de Vaccination (PEV - Expanded Immunization Program)*



and other technical departments and national programs, as well as the regional and district hospitals and Health Centers. Other ministries (such as the Ministry of Armed Forces and the Ministry of Interior) will also support the project and facilitate implementation. The PEV will take the technical lead in the preparation, implementation, and monitoring of COVID-19 vaccine deployment. The National Coordination for the Deployment and Introduction of the Vaccine against COVID-19 is led by the Office of the Prime Minister. An Inter-Agency Coordinating Committee (CCIA) brings together the Ministries in charge of Health and Finance as well as all the vaccination partners in Togo (WHO, UNICEF, GAVI, etc.). It is responsible for adopting and validating vaccination strategies and assisting the mobilization of resources to support immunization.

**12. The AF will build upon the institutional and management arrangements of the Parent Project, which is well implemented and fully disbursed, while the first AF has disbursed 22.7 percent of its budgets as of September 30, 2021.** The MHPHUAC has put in place a Technical Working Group (TWG) which monitors the state of readiness for the deployment of the COVID-19 vaccines. This working group has elaborated the National Deployment and Vaccination Program (NDVP) and its review; and completed and submitted the request for vaccines from the COVAX-AMC facility. The National Organizing Committee (NOC) is responsible for the introduction of new vaccines and the preparation for the COVID-19 deployment campaign. The NOC has several commissions that include the technical, logistics, communication/social mobilization, pharmacovigilance, and resource mobilization commissions. These commissions will organize working sessions to develop management supports (e.g., logistics, social mobilization, pharmacovigilance plans, and adaptation of risk communication and demand-creation strategies), training documents, micro-planning, and plans for the campaign. WHO, UNICEF, WBG, and GAVI are supporting the Government in these efforts. To build on existing experience for COVID-19 immunization, the MHPHUAC chose the Expanded Program on Immunization (EPI) as the operating arm of the committee for the vaccine introduction and roll-out plan. Inception meetings for the TWG have already taken place, and subcommittees for the different areas are functional.

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### Implementing Agencies



## The World Bank

Second Additional Financing to the COVID-19 Emergency Response and System Preparedness Strengthening Project (P177956)

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