Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 06-Jun-2022 | Report No: PIDA33529

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Liberia	P178479	Liberia COVID-19 Emergency Preparedness and Response Project Second Additional Financing	P173812
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
Liberia COVID-19 Emergency Response Project	WESTERN AND CENTRAL AFRICA	16-Jun-2022	29-Jun-2022
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	Republic of Liberia	Ministry of Health

Proposed Development Objective(s) Parent

The development objective is to prepare and respond to the COVID-19 pandemic in Liberia

Components

Component 1: Emergency Preparedness Response
Component 2: Program Management and Coordination, Monitoring and Evaluation
Component 3: Unallocated

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	9.00
Total Financing	9.00
of which IBRD/IDA	9.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	9.00

IDA Grant	9.00

Environmental and Social Risk Classification

Substantial

Other Decision (as needed)

A. Introduction and Context

Country Context

1. **This Project Paper seeks the approval of the World Bank's Regional Vice President (RVP) to provide a grant in the amount of US$9.00 million equivalent from the International Development Association (IDA) for an Additional Financing (AF).** This second Additional Financing (AF2) will support the costs of expanding activities of the Liberia COVID-19 Emergency Response Project (P173812) 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[1]. The Liberia COVID-19 Emergency Response Project (P173812) in the amount of US$7.50 million equivalent (US$3.75 million IDA credit and US$3.75 million IDA grant) – was approved on April 9, 2020, prepared under the SPRP. A first additional financing (AF1) in the amount of US$8.00 million equivalent (US$7.00 million IDA credit and US$1.00 million grant from the Health Emergency Preparedness and Response Trust Fund [HEPR TF]), was approved on June 30, 2021. The primary objectives of the AF2 are to (i) help ensure effective vaccine deployment in Liberia through vaccination system strengthening; (ii) enhance clinical care and control of Coronavirus Diseases 2019 (COVID-19) cases; (iii) reinforce communication strategies and community engagement to increase vaccine uptake; (iv) further strengthen preparedness, detection, and response activities; and (v) improve project management, oversight and accountability activities.

2. **The purpose of the proposed AF is to provide upfront financing to help the Government of Liberia (GoL) deploy COVID-19 vaccines that meet the World Bank's (WB) vaccine approval criteria (VAC) and strengthen health systems that are necessary for a successful deployment of vaccines and to prepare for the future**. The proposed AF2 will contribute to Liberia's COVID-19 vaccine deployment efforts and meet the national target of vaccinating at least 70 percent of the country's population.

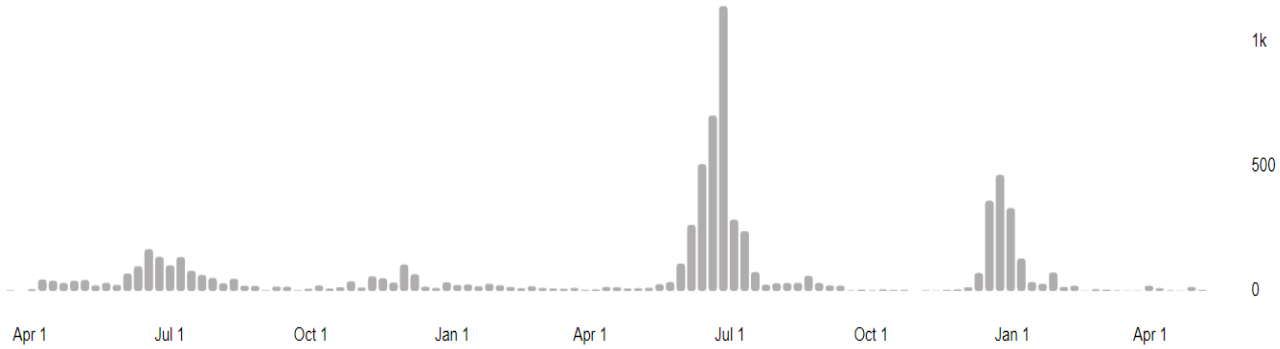
[1] The Bank approved a US$12 billion WBG Fast Track COVID-19 Facility (FTCF or "the Facility") to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US$6 billion came from IBRD/IDA ("the Bank") and US$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US$8 billion, bringing the FTCF total to US$14 billion. The Additional Financing of US$12 billion (IBRD/IDA) was approved on October 13, 2020, to support the purchase and deployment of COVID-19 vaccines as well as strengthening the related immunization and health care delivery system.

3. **The need for additional resources to expand the COVID-19 response was formally conveyed to the WB on October 19, 2021 through correspondences from the Ministry of Finance requesting US$5.7 million for vaccine procurement and US$3.0 million to support deployment logistics**. Nonetheless, given the changing global vaccine acquisition landscape, increased bilateral donations, and sufficient supply of vaccines, on April 5, 2022, the GoL revised the original funding request and financing will now only support vaccine deployment and other preventative measures to avoid the spread of COVID-19. As outlined in its national vaccine deployment plan (NVDP), the GoL sought to vaccinate 70 percent of the population against COVID-19 by June 30, 2022, as recommended by WHO and agreed by the African Union (AU) Member States. However, given the noticeably short timelines, the GoL has revised the timeline for reaching the 70 percent vaccine coverage target, and changed it to December 2022. Given the demographic composition of the Liberian population, attaining the 70 percent target will require inclusion of the 12-17 age group as only 52 percent of the population is above 18 years of age.

4. **Following COVAX's donation of 1,000,800 Johnson and Johnson (J&J) vaccines, sufficient vaccine supply has been stocked to cover the current targets and timelines and, therefore, the WB will not support procurement of vaccines at this time.** Consequently, the AF2 will form part of an expanded health response to the pandemic, which is being supported by development partners (DPs) under the coordination of the GoL. Additionally, the proposed AF2 will provide essential resources to expand and sustain the pandemic response which includes the timely and effective deployment of vaccines to reach a critical mass of the population.

5. **Liberia reported its first COVID-19 case on March 16, 2020.** As of March 16, 2020, the country has experienced four peaks with the highest rate of confirmed cases on a 7-day rolling average. The first peak of confirmed cases was registered from March to August 2020, the second from October to December 2020, the third from May to August 2021, and the fourth from December 2021 to February 2022. The third and fourth peaks of confirmed cases were attributed to threats posed by variants of concern, of which the Delta and Omicron variants were significantly prevalent. These new variants created an urgent need for accelerating vaccination efforts to ensure that most of the population received protection. More recently, the rate of confirmed cases has remained low compared to the previous peaks, but it is not certain that the decrease of daily confirmed cases can be equated to a complete control of the COVID-19 spread in Liberia, therefore authorities should be prepared for a potential fifth peak of confirmed cases. (Figure 1 highlights the trajectory of cases from March 16, 2020, to June 2, 2022).

Figure 1: Trends of COVID-19 cases in Liberia: April 2020 to June 2, 2022.



Source: https://covid19.who.int/region/afro/country/lr (Downloaded: June 2, 2022)

6. **As of June 2, 2022, the country reported a cumulative total of 7,456 confirmed cases and 294 deaths.** Most cases were reported in the capital city, Monrovia, located in Montserrado county, where more than 45 percent of the 4,650,676 million Liberians reside. Additionally, 53 percent of the total deaths were also reported in Montserrado County. Liberia has also experienced secondary impacts from the outbreak including: (a) shortages of essential medical supplies and commodities due to disruptions in the global supply chain; (b) disruptions in the delivery of essential services due to health facilities closing or turning patients away due to fear of the virus or following exposure to cases of COVID-19; (c) reduced utilization of routine reproductive, maternal, neonatal, child and adolescent health and nutrition (RMNCAH-N) services due to fear of contamination and travel restrictions instituted by the GoL; and (d) recovered patients being stigmatized and shunned by their communities when returning home.

B. Consistency with the Country Partnership Framework (CPF)

7. **The proposed AF2 is consistent with Liberia's CPF for the Period FY19 - FY24 (Report No.130753-LR)[2] (Building Human Capital to Seize New Economic Opportunities) Pillar II objective to improve access to equitable, affordable, and high-quality healthcare services to foster economic inclusion**. The need to invest in health systems to ensure the productive capabilities of the population is recognized, as is the challenge of overcoming a legacy of limited investment in human capital and social resilience systems. By building the strength of the health system and its resilience to shocks, it is aligned with the focus of the CPF Objective 6, (improved early childhood and maternal health), which focuses on investing in health systems to improve reproductive, maternal, newborn, and adolescent health outcomes. The AF2 builds on and deepens support provided under the parent project to reduce Liberia's vulnerability to outbreaks and epidemics, supporting the GoL to prevent, detect, and respond to the threats posed by the pandemic, and strengthening national systems for public health and preparedness.

C. Project Design and Scope

[2] Liberia - Country Partnership Framework for the Period FY19 - FY24 (English). Washington, D.C. : World Bank Group. http://documents.worldbank.org/curated/en/374031541438293964/Liberia-Country-Partnership-Framework-for-the-Period-FY19-FY24

8. **The Project Development Objective (PDO) of the parent project, the AF1, and the proposed AF2 is "*to prepare and respond to the COVID-19 pandemic in Liberia.*" There is no proposed change in the PDO.** The parent project included five components. A detailed description of the parent project can be found in the Liberia COVID-19 Emergency Response Project (P173812) project appraisal document (PAD)[3]. As part of the AF1, a restructuring in components was implemented, reducing the parent project's original five components to two, in an effort to respond more efficiently to the COVID-19 pandemic and align more effectively to the implementation of COVID-19 vaccination program on the ground. These are *Component 1: Emergency Preparedness and Response with five subcomponents* and *Component 2: Program Management, Coordination and Monitoring and Evaluation* with two sub-components. The AF2 will be fully aligned to the revised components of the AF1. There will be no new activities or changes to any of the components or sub-components in AF2, but a scale-up of both Components 1 and 2. The Liberia COVID-19 Emergency Response Project, including the AF1 remains complementary to areas financed by the ongoing Regional Disease Surveillance Systems Enhancement Phase II (REDISSE II) (P159040)[4], which supports Liberia's efforts to enhance its disease surveillance and response systems.

9. **The Ministry of Health (MOH) is the implementing agency for the parent project and the AF1, and the implementation arrangements will remain the same under the proposed AF2**. The fiduciary, project management and coordination, monitoring and evaluation (M&E), and Environmental and Social (E&S) management capacity of the project implementation unit (PIU) will be further strengthened to ensure there is capacity to lead both the COVID-19 project and the REDISSE II project (P159040).

Sectoral and Institutional Context

10. **The COVID-19 pandemic has created significant disruptions in essential health services, particularly impacting women, adolescent girls and children.** Both supply side (e.g., declining government revenues and health budgets, disruptions in global markets for essential medications and supplies, health work force challenges due to large numbers of providers becoming ill and demand side (e.g., unwillingness to seek care out of fear of becoming infected with COVID-19; lack of resource to pay for healthcare due to declining incomes; mobility restrictions) challenges have been observed[5]. Under the COVID-19 pandemic, Liberia has experienced major disruptions in the delivery and utilization of essential RMNCAH health services. In April 2020, the Ministry of health reported that national utilization rates of routine health services declined by 36%[6]. Curative consultations declined by 36%; immunization coverage declined by 39% (including a 94% decline in Margibi county), and first ANC visits declined by 38%. Montserrado county, which has the largest number of COVID-19 cases, saw a 67% decline in immunization coverage, a 43% decline in ANC4 visits, and a 27% decline in deliveries by skilled birth attendants. The proposed AF2 will provide additional resources

[3] Liberia - COVID-19 Emergency Response Project (English). Washington, D.C. : World Bank Group. http://documents.worldbank.org/curated/en/587391587408723367/Liberia-COVID-19-Emergency-Response-Project
[4] Africa Region - Second Phase of Regional Disease Surveillance Systems Enhancement Project (English). Washington, D.C. : World Bank Group. http://documents.worldbank.org/curated/en/418701488682867914/Africa-Region-Second-Phase-of-Regional-Disease-Surveillance-Systems-Enhancement-Project
[5] https://www.worldbank.org/en/country/liberia/overview
[6] Liberia MOH/HMIS 2020

that will address the urgent COVID-19 needs enabling the Bank-financed Investing in Maternal, Child and Adolescent Health (IFISH) project (P169641) to focus on continuity of care to reverse the trends of reduced utilization of essential RMNCHA+N services

D. Proposed Development Objective(s)

Original PDO

11. The development objective is to prepare and respond to the COVID-19 pandemic in Liberia

Current PDO

12. No Change in the original PDO: To prepare and respond to the COVID-19 Pandemic in Liberia

Key Results

13. **To measure overall progress in the coverage and deployment of the COVID-19 vaccine, and the gender gaps the project can address modifications will be made to the Results Framework**. As the Liberian population is currently receiving booster shots, and the AF2 will support deployment to continue the administration of boosters, a PDO indicator will be added to monitor this activity. Additionally, given the inclusion of the adolescent group (12-17 years of age) into the GoL's last NVPD, a sub-indicator to PDO-7 will be added to monitor the coverage of this specific population group. Finally, given the changes reflected in the latest NVDP, the targets for the PDO indicators and one of the IRIs will be modified. The End Targets of both the PDO and intermediate level indicators will be revised to reflect the expanded scope of the project to attain coverage of 70 percent of the population.

14. **To measure overall progress in the coverage and deployment of the COVID-19 vaccine, and the gender gaps the project Results Framework will not be modified from the one revised as part of AF1 restructuring.** No new indicators at PDO will be included. At intermediate outcome level, a sub indicator on gender and one indicator on climate co benefits will be reviewed for appropriateness and revised accordingly. The indicator targets in both PDO and intermediate level will be revised to reflect the expanded scope of the project to attain coverage of 70% of the population.

Proposed Changes

15. **The AF2 will scale-up activities in the parent project and the adjusted overall design of the AF1 restructuring.** The AF2 will support the deployment of the current and upcoming supplies of vaccines that will arrive to Liberia. Only if the current available vaccines become inadequate, circumstances require that new vaccines be procured, or the GoL revisits the request to cover vaccine acquisition, the Project will cover procurement of vaccines. The institutional arrangements of the AF2 will remain the same as the parent project. The project will leverage the capacity of the existing PIU, within the MOH, to ensure effective implementation of the AF2. Given the increase in responsibilities, the capacity of the PIU will be further

strengthened as appropriate through additional recruitment/secondment of a Vaccine Logistic Specialist, and a Technical Liaison Officer to support the vaccination activities.

(i) Proposed Scaled-up Activities

16. **Given the revisited Government request, the AF2 will not be procuring vaccines at this time. The project will only contribute to vaccine purchasing if the GoL requests a reallocation of its financing to vaccine procurement.** Proposed scale up activities for AF2 will include vaccine deployment and coordination with strengthened district level implementation of the vaccine roll-out and management. This will be done through Component 1: Emergency Preparedness Response, and Component 2: Program Management and Coordination, Monitoring and Evaluation. AF2 will scale up all sub-components of Component 1 and Component 2 described below. The GoL has taken on the recommendation for the administration of booster doses to the entire population, with special attention to health workers, people over 60 years, and those with co-morbidities. The booster doses are administered at least two months after receiving J&J and AZ, and at least six months after completing the primary COVID-19 vaccination series of Pfizer. In view of the above recommendation, the AF2 could potentially finance booster doses, depending on availability of financing and the country needs of procuring these doses.

COMPONENT 1: INCREASED FROM US$14.25 MILLION TO US$ 20.75 MILLION

17. **Component 1: Emergency Preparedness Response (Total: US$20.75 million equivalent, including parent project - US$6.75 million; AF1 - US$6.5 million; HERP TF - US$1.0 million; and AF2 US$6.5).** This component includes five subcomponents. Through AF1, the project was restructured to merge the original activities outlined in Components 1, 2, 3 and 4 of the parent projects into Subcomponents 1.3, 1.4 and 1.5. All activities of the merged components were maintained to ensure that different levels of the health system are equipped to continue strengthening disease surveillance and preventing, detecting, and treating COVID-19 cases while the NVDP is being implemented.

a) **Subcomponent 1.1: Vaccine procurement. No vaccines are expected to be procured at this time. However, as previously mentioned, if the circumstances require it, this will be done through** the mechanisms selected by the country (for example, COVAX, AVAT, or through bilateral agreements) and that are in line with the WB's VAC.

b) **Subcomponent 1.2: Vaccine logistics and rollout.** This subcomponent in AF1 is being financed by the HEPR TF. In AF2, it will be scaled-up and will continue to finance and support deployment and health system strengthening related activities.

c) **Subcomponent 1.3: Surveillance, laboratory system strengthening, clinical care and vaccine pharmacovigilance.** This subcomponent will be scaled up using AF2 funds and will continue to support case detection, confirmation, contact tracing, recording, reporting, and surveillance; laboratory system strengthening for the diagnosis of COVID-19 and other infectious diseases of public health importance and procurement of tests and consumables; and pharmacovigilance and

monitoring of cases of AEFIs.

d) **Subcomponent 1.4: Strengthening community engagement, risk communication and surveillance.** This subcomponent will continue to be reinforced using AF2 resources to equip people with the necessary knowledge and motivation to adopt prevention-related behaviors and counter misinformation around the COVID-19 pandemic. Moreover, this subcomponent will also support community advocacy activities and risk management approaches to maintain enhanced demand of the COVID-19 vaccine.

e) **Subcomponent 1.5: ESS, Water, Sanitation, and Hygiene (WASH) and Gender.** This subcomponent will be scaled up using AF2 resources and continue to support, and address aspects related to vaccine equity and gender inclusion and operationalize mitigation measures against sexual exploitation and assault during the vaccination rollout. Given the challenges noted in the implementation of the ESS instruments under the parent project, the AF2 will directly finance ESS activities to ensure compliance with the implementation of the ESS instruments.

COMPONENT 2: INCREASED FROM US$1.25 MILLION TO US$3.12 MILLION

18. **Component 2: Program Management and Coordination, Monitoring and Evaluation (Total: US$3.12 million equivalent, including parent project - US$0.75 million; AF1 - US$0.5 million; and AF2 - US$1.87 million).** This component will be scaled up using AF2 and support the financing of project management, **monitoring** including digital information, management, operational research, and learning.

19. **Component 3.0: Unallocated (Total: US$0.63 million).** This component responds to the unforeseen eventualities considering the COVID-19 pandemic. To date SARS-COV-2 has undergone several mutations producing several highly infectious variants and sub-variants. These new variants have challenged currently approved vaccines and interventions. Science is evolving, generating new evidence daily. The response interventions are being challenged by these emerging new variants and vaccination protocols and eligibility are varying by country. There is dynamic political economy in supporting the low- and middle-income countries (LMICs) with vaccine acquisition and deployment. Given such fluctuating situations, the project will hold US$0.63 million as unallocated funds to support emerging activities. A detailed workplan will be submitted by the GoL to the WB for its review and approval in the event of unforeseen demands placed on the country in response to the pandemic. To mitigate risks of funds not being used, the project will allocate all funds within 15 months.

(ii) Components and Cost

20. **While the existing project components revised under AF1 will remain unchanged under AF2, the increase in scope as outlined above will be reflected as an increase in indicative component allocations under Components 1 from US$14.25 million to US$20.75 million and under Component 2 from US$1.25 million to US$3.12 million (see Table 3 below).** While the additional allocation to Component 1 will be US$6.5 million under the AF2 to reflect the resources made available for vaccine distribution to the last mile, vaccine deployment, other logistic and cold chain costs, the allocation to Components 2 will be US$1.87 million with a focus on project management, coordination, and M&E. In addition, an unallocated component has been

added of US$0.63 million to cater for unforeseen eventualities especially regarding the availability of new molecules for COVID-19 treatment and need for additional vaccines as case maybe. This AF2 will bring the total project cost to US$24.5 million including the funds from the HEPR TF. Financing from the HEPR TF of US$1.0 million will continue to support vaccine logistic and rollout activities outlined under Subcomponent 1.2 through AF1. AF2 will finance logistics with another US$0.5 million but disbursed outside the parameters of HEPRTF disbursement category.

21. **The immediate past ISR review shows a down grade from satisfactory to moderately satisfactory due to lack of disbursement of both AF 1 and HEPRTF. However, t**he entire project disbursement now stands at 63.5% disbursement following disbursement of the huge commitments towards vaccine financing and logistics. in addition, the HEPRTF is about to disburse with signing of agreement with UNICEF for the procurement of ultra-cold chain equipment. This will move the ratings back to satisfactory in the next ISR. A project midterm review is yet to be conducted. This is expected to be done in the second quarter of fiscal year 2023. The second AF **does not envisage to extend the closing date from September 30, 2024,** as implementation will scale up what is already happening on ground through the parent project and AF1.

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

22. **The overall risk to achieving the PDO with the expanded scope and AF2 for vaccination is Substantial. This reflects a variety of risks across critical domains, including political, governance, technical design, institutional capacity for implementation, fiduciary, environmental, and social, which could compromise the success of the proposed operation.** The global demand for vaccines continues to exceed supply, and vaccines that meet the World Bank's VAC may not be available to be acquired in a timely manner. Moreover, a mass vaccination effort stretches capacity, particular in low-capacity environments such as Liberia, entailing risks. The proposed support for Liberia to develop vaccination acquisition strategies and invest in deployment system capacity specifically aims to mitigate these risks. The remaining risk must be considered against the risk of the country having less timely and effective deployment of vaccines, potentially exacerbating development gaps and eroding past development gains.

E. Implementation

Institutional and Implementation Arrangements

23. **The implementation arrangements of the AF2 will remain the same as the parent project. The deployment of COVID-19 vaccines will remain an unprecedented effort for Liberia continuing from the deployment efforts of AF1. Coordination mechanisms for effective vaccine deployment established through AF will be strengthened.** The COVID-19 National Steering Committee of the parent project and REDISSE II Project (NCC/IMS) will continue to be responsible for providing overall oversight and governance of the project, including the deployment of plans and monitoring of project implementation. consolidated work plans and budget; and (iv) preparing quarterly project and Environmental and Social Framework (ESF) reports, and M&E of project results.

24. **As for AF1 the EPI, within the MOH, will be responsible for the technical implementation of the new activities under the AF2**. **Like in most countries, the EPI's main activities include routine vaccination for children, supplementary vaccination activities, and surveillance of vaccine preventable diseases. Vaccination strategies employed include vaccination at fixed posts, outreach vaccinations, and mobile posts, complemented by other ad hoc approaches like active finding of lost cases.** The programs activities are coordinated at the central level by the EPI unit of the MOH; at the county level by the County Health Officer, who oversees the planning, implementation, and evaluation of immunization activities; and at the district and health facility levels by the district health officers, who oversee the day-to-day EPI activities.[7]

(iii) Changes in the disbursement categories

25. **A new disbursement category will be created to reflect the financing under Component 3.** Given that an amount of the IDA financing will be unallocated under the new Component 3.0, a new disbursement category will be added. The other disbursement categories will remain the same as in AF1. The disbursement category created for the disbursement of HEPR TF resources will remain standing till closure of the TF. The logistics resources under AF2 will be disbursed as per subcomponent 1.2. Disbursements will be frontloaded to respond to the urgent need for financing of operational costs of the vaccination campaign and strengthening the communication and community mobilization campaign to address vaccine hesitancy and create vaccine demand.

(iv) Results Framework

26. **To measure overall progress in the coverage and deployment of the COVID-19 vaccine, and the gender gaps the project can address modifications will be made to the Results Framework.** As the Liberian population is currently receiving booster shots, and the AF2 will support deployment to continue the administration of boosters, a PDO indicator will be added to monitor this activity. Additionally, given the inclusion of the adolescent group (12-17 years of age) into the GoL's last NVPD, a sub-indicator to PDO-7 will be added to monitor the coverage of this specific population group. Finally, given the changes reflected

[7] Liberia MOH. Epi Comprehensive Multi Year Plan (cMYP) 2016-2020. http://www.africanchildforum.org/clr/policy%20per%20country/2018%20Update/Liberia/liberia_comprehensivemultiyearplan_2016-2020_2016_en.pdf

in the latest NVDP, the targets for the PDO indicators and one of the IRIs will be modified. The End Targets of both the PDO and intermediate level indicators will be revised to reflect the expanded scope of the project to attain coverage of 70 percent of the population. The table below shows the updated targets and revised intermediate indicators.

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