



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 21-Dec-2021 | Report No: PIDA33161

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

Country Cameroon	Project ID P178255	Project Name Cameroon COVID19 Additional Financing for Vaccines	Parent Project ID (if any) P174108
Parent Project Name Cameroon COVID-19 Preparedness and Response Project	Region AFRICA WEST	Estimated Appraisal Date 07-Dec-2021	Estimated Board Date 23-Dec-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Cameroon	Implementing Agency Ministry of Public Health

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 selected regions in Cameroon.

Components

Emergency COVID-19 Response
Supporting National and Sub-National Prevention and Preparedness
Community Engagement and Risk Communication
Implementation Management and Monitoring & Evaluation

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

Total Project Cost	44.60
Total Financing	44.60
of which IBRD/IDA	29.60
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	29.60
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IDA Credit	29.60
Non-World Bank Group Financing	
Trust Funds	15.00
Global Financing Facility	15.00

Environmental and Social Risk Classification
Substantial

Other Decision (as needed)

B. Introduction and Context

Country Context

- Cameroon is a lower-middle-income country and its population in 2021 is estimated to be over 26.7 million, of which 37.5 percent live below the national poverty line.** Cameroon shares its borders with Chad, the Central African Republic (CAR), Equatorial Guinea, Gabon, and Nigeria, all of which have reported COVID-19 cases. Population in Cameroon is young (41 percent under 15) and approximately 44 percent of the population live in rural areas. As the poverty reduction rate is lower than the population growth rate, the absolute people living in poverty has increased in recent years and is increasingly more concentrated in the North and Far North regions.
- The COVID-19 pandemic has negatively affected Cameroon's economy.** The real GDP growth dropped to -1.5 percent in 2020, down from 3.7 percent in 2019, as the tertiary sector was particularly impacted by the COVID-19 crisis. Branches such as hotels and catering, transport, and public administration services experienced a significant drop in their activities. Consumption and investment fell as income decreased and uncertainty spread as a result of containment measures. The current account deficit narrowed to 4.6 percent of GDP in 2020, from 5.0 percent of GDP in 2019. The fiscal accounts deteriorated, albeit less than anticipated, as the unexpected recovery in oil prices coupled with good VAT collection helped government revenues. Meanwhile, the revised 2020 budget law reprioritized expenditures to protect social sector spending, resulting in the overall fiscal deficit of 3.9 percent of GDP in 2020 (estimate), compared to 3.3 percent of GDP in 2019. While considerable uncertainty exists in the outlook, the economy is projected to rebound by 2.1 percent (0.1 percent in per capita terms), and to return to its pre-COVID growth rate (3.8 percent) in 2023, with the fiscal deficit narrowing to 2.3 percent of GDP by end 2023.
- The Government took timely actions to contain the pandemic and adopted a comprehensive socio-economic response plan to mitigate the impact of the COVID-19 pandemic.** Cameroon closed its borders and introduced an array of containment and public health measures within two weeks of the first case. Measures included the use of masks, school closures, screening campaigns, and awareness raising. The GoC also introduced a package of fiscal measures to support enterprises, including time-bound tax exemptions and



deferrals of tax payments for firms operating in crisis-affected sectors. At the same time, the regional Central Bank (BEAC) adopted several measures to extend liquidity to commercial banks and improve financing conditions for the private sector. Further, in May 2020, the GoC adopted a comprehensive socio-economic response plan to mitigate the impact of the COVID-19 pandemic.

Sectoral and Institutional Context

4. **COVID-19 situation in Cameroon.** The first case of COVID-19 was reported in March 2020 and, as of November 24, 2021, a total of 107,148 confirmed cases and 1,084 deaths have been reported.¹ Although adult men seem to have been affected by COVID-19 slightly more than women (sex ratio M/F 1.1), this trend is reversed for age groups below 19 years of age. Further, no differences in case fatality rates between the different sexes have been reported.² Currently, 1,141 cases are active and the majority of new cases reported are in the Central, Littoral and North-West regions. Cameroon saw a slow increase in the number of daily cases recorded at the beginning of the pandemic and experienced a first peak at the end of June 2020. A second wave of infections began in April 2021 which tapered down by June 2021. The country has been undergoing a third wave since August 2021, with over 6,000 weekly cases reported in certain weeks of September. New cases appear to have decreased plateaued around 600/day in in the most recent weeks of November. Case fatality rate has remained low at approximately 1.7 percent, but slightly above rates observed in neighboring countries (Republic of Congo 1.66 percent; Nigeria 1.37 percent; Gabon 0.70 percent). Despite the increase in cases attributed to the Omicron variant in the Southern Africa region, no cases of this new variant of concern have been reported in Cameroon to date.

5. **The current trends observed, coupled with concerns around the emergence of new, and highly transmissible COVID-19 variants have propelled the GoC to introduce the COVID-19 vaccine.** The roll-out of the vaccination campaign in Cameroon began in April 2021 and as of November 24, a total 727,013 people (5.4 percent of eligible population aged >18) have received at least one dose and 565,882 (4.1 percent of eligible population (aged >18) are fully vaccinated. Currently, 244 vaccination centers have been established and three major vaccination campaigns in April, July and November 2021 have taken place. The roll-out of the campaign has been progressive yet slow, with around 1,000 – 1,500 doses administered per day of AstraZeneca, Sinopharm or Janssen vaccines.

6. **Vaccine hesitancy for COVID-19 vaccination persists in Cameroon.** A study conducted in November 2021 through the social media Facebook by the research department of the World Bank indicates that one in two respondents are hesitant about getting vaccinated and only one in three people are willing to take up the vaccine. Hesitancy among health workers cited as one of the main reasons for the slow uptake of vaccines at the beginning of the vaccination rollout remains an important concern. Mitigation measures to enhance vaccine uptake are planned under the project, including: an expansion of number of vaccination centers, an increase in number and cadres of trained health workers (e.g., including pharmacists), the use of online platforms and digital media for peer-to-peer exchanges between vaccinated and non-vaccinated people and support from experts and religious leaders. In addition, the project will continue to support surveys throughout the project to monitor and respond to behavior changes through different initiatives and messaging.

¹ Cameroon SitRep, n 103. Period 11/110 to 17/11 of 2021.

² Ibid.



7. **Cameroon’s health indicators and its epidemiological profile remain comparable to those of low-income countries, with deep regional and rural-urban disparities.** Cameroon reports the 14th lowest life expectancy rate in the world, the burden of disease remains high and maternal deaths have increased over the last two decades. The epidemiological profile remains dominated by communicable diseases. HIV/AIDS, malaria and tuberculosis represent about 23.7 percent of total morbidity and 25 percent of deaths. Non-communicable diseases are emerging strongly because of changes in people’s lifestyle and eating habits, especially those of people in urban areas. Potentially epidemic diseases (cholera, meningococcal cerebrospinal meningitis, yellow fever, measles), worsen the morbidity and mortality of the population from time to time. The upsurge of health emergencies is generally related to epidemics, traumas, movements of populations, and floods. Cameroon is at very high risk of infectious disease outbreaks, particularly those of animal origin (zoonotic diseases). In recent years, Cameroon has had numerous disease outbreaks. These include leishmaniosis (2017), polio (2014, 2019), yellow fever (2013), measles (2015, 2019), and cholera (2011, 2014, 2020). Despite Cameroon’s vulnerability to outbreaks, particularly in the Far North, there has been minimal investment in strengthening communicable disease surveillance and response systems.

8. **The COVID-19 pandemic has strained primary healthcare services and reduced utilization rates of primary healthcare services.** According to a World Bank and GFF assessment carried out in July 2021, health care services were moderately affected particularly during the first and second waves of the pandemic. Utilization of services were decreased in comparison to the previous year, including outpatient consultations (-7 percent), Antenatal Care (ANC-4) (-8 percent), immunization: Penta 3 (-5 percent), Polio (-5 percent), measles (-7 percent), and hospitalizations (-10 percent). Disruption in services was particularly important in the Western region of Cameroon. Whilst most services have rebounded, they are likely to be cyclically affected mirroring peaks from the pandemic. Further, effects of the pandemic are straining services already weakened in areas affected by internal conflicts (North-West and South-West regions) or conflicts in neighboring countries such as Nigeria and the Central African Republic.

C. Proposed Development Objective(s)

Original PDO

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

Current PDO

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

Key Results

The PDO will be monitored through the following PDO level indicators:

- Percentage of priority population vaccinated against COVID-19, based on targets defined in the national plan (of which proportion of females).
- Number of designated laboratories supported with personnel, equipment, test kits and reagents.
- Number of births assisted by skilled health personnel in the three Northern regions (Adamawa, North and Extreme North) and in the East.



D. Project Description

9. **This proposed additional financing (AF) to the Republic of Cameroon’s COVID-19 Preparedness and Response (CCPR) Project (P174108) totals an amount of US\$44.60 million equivalent (comprised of a US\$29.60 million Credit from IDA national allocation and US\$15.00 million grant from the Global Financing Facility).** The AF, which also includes a restructuring of the parent project, will support expanding activities of the CCPR Project under the COVID-19 Strategic Preparedness and Response Program (SPRP) (P173789) 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. The primary objectives of this AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Cameroon through the strengthening of the vaccination system, and to strengthen preparedness and response activities under the parent project. The CCPR project in an amount of US\$29.00 million IDA was approved on September 22, 2020. However, the project only became effective on September 17, 2021, due to a lengthy “maturation” process required by the government for signing financing agreement of new projects and is still to disburse following its restructuring. The proposed AF and restructuring of the Parent project will: (a) adjust the content of the components, subcomponents and corresponding costs; (b) revise the Results Framework to align with the new activities; (c) adjust the institutional and implementation arrangements; and (d) extend the project closing date.

10. **The AF will help the Government of Cameroon (Goc) purchase and deploy COVID-19 vaccines that meet World Bank’s vaccine approval criteria (VAC) and to strengthen sustainable health systems that are necessary for a successful deployment.** About one third of the parent project’s funds (US\$10 million) will support a revised and re-prioritized set of activities to strengthen the health system’s response to the pandemic, following the original design. The reprogrammed funds (US\$19 million) and the additional resources (US\$29.60 million) will support: (i) the deployment of vaccines meeting vaccine approval criteria that have been secured, including those obtained through the COVID-19 Vaccines Global Access (COVAX) Advance Market Commitment (AMC) Facility³ and bilateral donors; (ii) key activities to strengthen the health system’s ability to successfully roll out immunization against COVID-19; and (iii) the acquisition of additional vaccines.

11. **In addition, the AF will mitigate the negative impact that the pandemic has had on the access and uptake of essential RMNACH-N services.** With a US\$15 million grant from the Global Financing Facility, three sub-components within the project will capture activities to support the continuity of essential health services. This will include supporting health facilities to plan and provide facility and community-based care primarily for women and children. Quality of services will be supported through trainings, mentoring and by ensuring the availability of key commodities and essential drugs. In addition, community outreach and sensitization to both promote the demand for services and to disseminate information related to the COVID-19 pandemic and vaccines will be carried out, as this has been identified as one of the major gaps in the current Community and Risk Communication Plan and key to address vaccine hesitancy and misinformation. Support to better capture, monitor analyze information and data will be provided at regional and central level, so that indicators are monitored against targets on a regular basis and activities are introduced to mitigate the impact of future waves on COVID-19 on primary healthcare services and indicators.

³ The COVAX AMC is an initiative (co-led by WHO, GAVI) which aggregates vaccine supply and demand, with the objective of providing access for 92 low and middle-income countries. COVAX aims to procure enough vaccines to cover 20 percent of the population of its member countries by the end of 2021.



Table 1. Revision of Project Components and Financial Allocations

Component	Original Subcomponents	Original allocation (US\$ million)	Revised Subcomponents	Revised amount (Parent and AF) (US\$ million)	Funding source (US\$ million)	
					IDA	GFF Trust Fund
C.1 Emergency COVID-19 Response	1.1 Case detection, confirmation, contact tracing, recording, reporting	5.00	1.1 Case management	5.50	5.50	
	1.2 Health systems strengthening	12.00	1.2 Vaccines purchase	29.60	29.60	
	1.3 Social distancing measures	0.50	1.3 Vaccines deployment	18.00	18.00	
	1.4 Social support to households	3.00	1.4 Continuity for essential services	10.00		10.00
	Subtotal	20.50	Subtotal	63.10	53.10	10.00
C.2 Supporting National and Sub-national Prevention and Preparedness	No subcomponents	5.00	2.1 Surveillance	1.00	1.00	
			2.2 Laboratory diagnostic	1.00	1.00	
	Subtotal	5.00	Subtotal	2.00	2.00	
C.3 Community Engagement and Risk-Communication	No subcomponents	2.00	3.1 Demand generation	1.00	1.00	
			3.2 Promoting health-seeking behaviors through community engagement	2.00	1.00	1.00
	Subtotal	2.00	Subtotal	3.00	2.00	1.00
C4. Implementation Management and Monitoring & Evaluation	4.1 Project management	1.00	4.1 Project coordination and M&E	1.50	1.50	
	4.2 Monitoring and evaluation	0.50	4.2 Data for decision-making	4.00		4.00
	Subtotal	1.50	Subtotal	5.50	1.50	4.00
TOTAL		29.00	TOTAL	73.60	58.60	15.00

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

12. **Activities introduced by the Project restructuring will have positive environmental and social impacts as they should improve COVID-19 surveillance, monitoring, containment and response in accordance with WHO and GIIP, as well as prepare the country for future health emergencies.** However, they could also cause substantial adverse environmental, health and safety impacts due to the dangerous and potentially infectious nature of the pathogen, chemicals, vaccines and other materials to be used in the project-supported laboratories and health facilities, as well as the associated waste materials. Multiple disadvantaged or other vulnerable groups stand to benefit, starting with the elderly and those with compromised immune systems due to pre-existing conditions. The overall Project activities will seek to ensure inclusion of these groups. The identification of target groups (phase 1) that will receive vaccination based on the WHO recommendations has been achieved. COVID-19 vaccine social mobilization, risk and crisis communication strategy and routine surveys to track knowledge and attitudes has been initiated. The Stakeholder Engagement Plan (SEP), which has been updated in December 2021, identifies the presence of disadvantaged and vulnerable groups, such as older population segments, and isolated communities. The community engagement activities proposed under Component 1 will seek to ensure the inclusion of these groups. In terms of the prioritization of the population groups that will receive vaccination first, the WHO's Fair Allocation Framework guidance will be followed, as well as the National Risk Communication and Community Engagement Strategy for outreach and consultation.

13. **Under the original project design, an ESMF, ICWMP, LMP have been prepared as agreed after effectiveness.** These instruments are covering activities under AF and are currently under review by the World Bank. They were disclosed on December 15, 2021. Specific risks linked to vaccination campaigns, included: (i) risk that project-related impacts fall disproportionately on individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable; and (ii) the risk of prejudice or discrimination toward individuals or groups in providing access to development resources and project benefits, particularly in the case of those who may be disadvantaged or vulnerable, including risks related to SEA and SH. These risks will be mitigated through the following measures: First, the Government has developed explicit, contextually appropriate, and well communicated criteria for access to vaccines. There is consensus to first target health workers, other essential workers, and the most vulnerable populations, which will include a mix of the elderly and people with co-morbidities. All targeting criteria and implementation plans are reflected in the country's national vaccination program. Second, the Government will actively use the National COVID Risk Communication and Community Engagement strategy to address misinformation and distrust as a main barrier to vaccination. In addition, risk mitigation measures be outlined in a SEA/SH Prevention and Response Action Plan, which will incorporate an accountability and response framework, including codes of conduct to be signed by all individuals engaged in the project activities (including if possible MOPH relevant partners, health staff, and all suppliers linked to the execution of project activities) outlining prohibited conduct and applicable sanctions, procedural adaptations to the project grievance mechanism to ensure safe and confidential management of SEA/SH claims with timely referrals to appropriate survivor care, as well as training and sensitization activities. In addition, SEA/SH risk will be addressed through robust stakeholder identification and consultation processes, which will take into specific account consultation with women and other vulnerable groups in safe and enabling, sex-segregated environments (including with same-sex facilitators).

14. The SEP, and Environmental and Social Commitment Plan were also disclosed on December 15, 2021.

E. Implementation



Institutional and Implementation Arrangements

15. **The Ministry of Public Health (MoPH) remains the implementing agency for the AF.** Day to day management of the project is carried out by the Project Implementation Unit (PIU) of the Health System Performance Reinforcement Project (HSPRP, P156679). The PIU, which also serves as the national Performance Based Financing (PBF) technical unit, will be reinforced to effectively support the CCPR project. Moreover, the technical oversight of CCPR will be updated to include key Directorates involved in the national COVID-19 response plan and NDVP. In addition, at the GoC's request, the World Bank will provide Hands on Expanded Implementation Support (HEIS) to strengthen fiduciary functions needed for the successful completion of the project.

Institutional arrangements from the Parent project will be maintained with some adjustments. The MoPH will remain responsible for technical oversight of the project and implementation of activities and the National COVID-19 Oversight Committee will continue to provide support for defining project implementation strategies and overall leadership, coordination, and strategic planning for the response. However, the committee will be updated to include key Directorates of the MoPH involved in the national COVID-19 response, the NVDP⁴ and RMNCAH-N services and coordination will be strengthened through regular meetings. The CTN-PBF of the HSPRP, which serves as the project implementation unit (PIU), will be responsible for day-to-day management of the project and will handle fiduciary functions. The CTN-PBF will contract UN agencies for medical equipment and UNICEF for procurement of vaccines, relying on its technical expertise with COVID-19 vaccine procurement, including integrating indemnity provisions in-line with national regulations.

16. **A small team from the CTN-PBF dedicated to the new project will be set-up as follows:** (i) the assignment of CTN-PBF staff (e.g., accountant, environmental safeguards and M&E specialists); (ii) the recruitment of a finance officer, an internal auditor, a consultant/ specialist in logistics to ensure logistic arrangements for vaccines and medical equipment, a social safeguards specialist with SEA/SH expertise and other advisors/consultants as required. The ToR for the recruitment of a social safeguard specialist will be revised based on updated needs outlined in this project paper. Recruitment of the social safeguards specialist, the internal auditor and the finance officer will be completed within one month of approval for the AF.

17. **Fiduciary arrangements under the Project have been strengthened in light of the main conclusions and recommendations from the audit on the use of the government's COVID-19 funds performed by the Chamber of Accounts and published in November 2021.** The report highlighted several instances of noncompliance with government budget execution procedures and irregularities in the procurement and payment of medical supplies and other COVID related expenditures, overpriced test kits, overbilling by suppliers, lack of supporting documentation for payments⁵. The report also notes the lack of accounting and financial information reliability between MoPH and Treasury. A number of recommendations have been formulated to the MoPH and other ministerial departments to improve technical, administrative and financial oversight in the management of the

⁴ An oversight committee for the project was created by the MoPH, through decision No 171/D/MINSANTE in July 2020 and was updated through ministerial decision No 4043 on December 15, 2021.

⁵ The report highlights the followings: (i) abusive use of emergency procurement procedures that break free from the main principles of efficiency, transparency and accountability; (ii) the lack of appropriate budget planning causes the use of emergency procurement procedures that are slower than normal procedures, intensive use of administrative purchase orders, detrimental to efficiency; (iii) awards of contracts to companies without relevant experience or offering weak guarantees with a presumption of favoritism; lack of controls and supervision occasioning poor performance of several contracts; (iv) absence of acceptance of the work completion or acceptance certificate issuance without completion of the physical work; (v) early, full or multiple payments made for many special contracts that were partially executed; etc.



response. Additional measures were incorporated into the Project to mitigate these fiduciary risks and will work closely with the relevant departments to ensure that the financing for this Project is used in accordance with the relevant laws and rules.

18. **To attest for the adequate coordination, implementation, and monitoring of the AF activities, adaptive implementation support arrangements will have to be used.** Additional hands-on implementation support, including technical assistance and additional supervision missions, will be conducted by the WB.

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APPROVAL

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