



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 27-Mar-2020 | Report No: PIDA28927

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

Country Ethiopia	Project ID P173750	Project Name Ethiopia COVID-19 Emergency Response	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 12-Mar-2020	Estimated Board Date 16-Mar-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Democratic Republic of Ethiopia	Implementing Agency Ministry of Health	

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 Ethiopia.

Components

Medical Supplies and Equipment
Preparedness, Capacity Building and Training
Community Discussions and Information Outreach
Quarantine, Isolation and Treatment Centers
Project Implementation and Monitoring

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

Total Project Cost	82.60
Total Financing	82.60
of which IBRD/IDA	82.60
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	82.60
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IDA Credit	41.30
IDA Grant	41.30

Environmental and Social Risk Classification

High

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

- Though still in its early stages, the global COVID-19 outbreak is expected to have a significant negative impact on Ethiopia’s economy.** For example, the reduction in global air travel, including travel to Ethiopia and travel via the transit hub in Addis Ababa, is expected to result in a decline in Ethiopia’s forex reserves, which are already experiencing an acute shortage. Ethiopian Airlines continued flights to and from China, the airline cut its weekly flights from Addis Ababa to Beijing, Chengdu, Guanzhou and Shanghai by 33 percent in February. It has also changed its aircrafts on the Addis Ababa to Beijing, Guangzhou and Shanghai routes from Boeing 777 and A350 to Boeing 787-8, resulting in a 20-45 percent change in capacity. During the West Africa Ebola outbreak in 2014, Ethiopian Airlines lost about US\$8 million per month.
- In addition to the direct impact of COVID-19, the anticipated slowdown in the global economy will likely reduce trade and disrupt global manufacturing supply chains that involve Ethiopia.** The effects of a pandemic-driven global economic downturn are impossible to predict. However, China and other highly affected countries are experiencing dramatic reductions in economic activity, with a high risk of damage to financial markets.

Sectoral and Institutional Context

- Ethiopia has a comparative advantage by having the oldest and most established National Public Health Institute (NPHI) in Africa.** In addition, the country is strategically located. The proposed Ethiopia Covid-19 Emergency Response Project will leverage this advantage through a number of activities under the Africa Centres for Disease Control and Prevention (CDC) Project (P167916) that will be implemented in Ethiopia but will have regional reach and impact, including: (a) establishment of a regional reference laboratory and a centralized event-based surveillance (EBS) network for priority pathogens across the continent; (b) piloting and rolling out the Anti-Microbial Resistance (AMR) scorecard for tracking AMR progress; and (c) implementing a system to



collate national surveillance data and ensure that selected countries are trained and connected into the data collation and analysis platform. Moreover, Ethiopia's proximity to multiple fragile states and as a major land and air transportation hub greatly exacerbate the vulnerabilities to epidemics, whilst limited disease-detection functions in Ethiopia expose the African continent and beyond to the potential undetected spread of diseases. In addition, Ethiopia currently shelters about 1.5 million registered refugees from neighboring fragile states, the second largest refugee population in Africa. The majority of refugees are located in emerging and under-developed subnational states with limited health services and opportunities depending largely on humanitarian assistance. All of Ethiopia's neighboring fragile states are highly susceptible to outbreaks at subnational levels. Strengthening core pandemic preparedness and response capacities in Ethiopia will help protect neighboring countries with already weak systems and capacity especially as a significant level of the proposed project investment will occur adjacent to the borders with these fragile states.

4. **Current statistics on COVID-19 and Ethiopia.** Ethiopia has five flights per day to China that brings a high risk of importation and exportation of COVID-19. There are no confirmed cases, however, suspected cases have been detected through surveillance activities that involve screening and health workers reporting cases that meet the standard case definition. Of the 24 suspected cases, 23 have been negative and one is currently in an isolation unit pending lab results. So far, 77 alerts have been investigated and no case in isolation is found. For travelers, 412,738 passengers have been screened.

5. **COVID-19 response coordination structures.** The Government has strengthened its preparedness efforts and has set up a national preparedness and response coordination mechanism through an Emergency Operation Center (EOC). The Government has also set up four levels of coordination: (a) National Disaster Risk Management (NDRM) Council (highest level) led by the deputy prime minister's office; (b) Public Health Emergency Management (PHEM) Task Force (multi-sectoral) led by the Minister of Health; (c) PHEM Technical Task Force led by the Director General of Ethiopian Public Health Institute (EPHI); and (d) PHEM Technical Working Group led by the national incident manager.

6. **Ethiopia is at very high risk due to travel and trade with most of COVID-19 affected countries.** Initially Ethiopia prepared an Emergency Preparedness and Response Plan (EPRP) with the assumption of the importation of COVID-19 cases from China. The outbreak is affecting about 123 countries globally. Currently, ten countries in Africa are affected by the outbreak and thus the preparedness plan was revised based on the very high-risk level of Ethiopia and assuming community transmission. Thus, for Ethiopia to be able to prevent and respond to the outbreak it needs additional budget to strengthen the preparedness activities and put in place a capacity to respond to the outbreak when cases are confirmed at the national and subnational levels.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

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

Key Results

7. **The proposed PDO level indicators are the following:**



- a. Early detection and timely reporting of outbreaks
 - Achieving the required timeliness of reporting for COVID-19 and other immediately reportable diseases under Integrated Disease Surveillance and Response (IDSR). (Percentage)
 - For the first 10 suspect cases in the country, percentage of lab results available within 72 hours. (Percentage)
- b. Rapid response to infectious disease outbreaks
 - Responding within 24 hours to confirmed outbreaks of COVID-19 and other immediately reportable diseases. (Percentage)
 - Percentage of district health centers/district hospitals with pandemic preparedness and response plans per MoH Guidelines. (Percentage)
 - Percentage of health facilities with **trained** staff in infection prevention control per MoH approved protocols. (Percentage)

D. Project Description

8. **The proposed project was selected for COVID-19 financing because of the strategic place Ethiopia holds when it comes to global connectivity and travel, and the risks for the country generated by this fact.** The proposed financing for the Project will be provided through the World Bank Group's COVID-19 Fast Track Facility, as part of a Global COVID-19 Multiphase Programmatic Approach (MPA) Program designed to assist countries to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The amount allocated to Ethiopia under the Fast Track Facility is based on criteria for each country taking in to consideration key factors such as population size, Gross Domestic Product per capita, and other selected criteria. Bole International Airport in Addis Ababa is the hub for Ethiopian Airlines, as well as several other airlines, who together place Ethiopia as the most important hub for connections between countries in Africa and the rest of the world. In addition, travelers from affected countries or who have contact history could indirectly come to Ethiopia through different airlines after interconnected flights. Based on the WHO AFRO comprehensive COVID-19 risk mapping and prioritization, Ethiopia has been identified as one of the top priority 13 countries for preparedness measures due to their direct links or high volume of travel to China. The first two countries that confirmed COVID-19 in the WHO Africa Region came from Priority 1 countries. The scope and the components of this project are fully aligned with the WBG COVID-19 Fast Track Facility, using standard components as described in the COVID-19 MPA Board paper. The proposed project complements the longer-term development work in the health sector, including the Health SDG Program for Results (P123531) which seeks to improve maternal and child health and nutrition outcomes, as well as the Africa CDC Regional Investment Project (ACDCP, P167916), which seeks to strengthen continental and regional infectious disease detection and response systems, including national systems such as in Ethiopia. This project has triggered paragraph 12 of the World Bank Policy Investment Project Financing (IPF).

9. **Phased responses through the COVID-19 Fast Track Facility.** While support will surely be needed to respond to the economic impact of COVID-19 on households, businesses and government budgets, the World Bank's approach is to lead with the health response. As a first step, the majority of operations processed through the Fast Track Facility will be health sector operations to respond to urgent preparedness and response needs related to the COVID-19 outbreak. One of the challenges with the response to COVID-19 is the availability (and price) of medical equipment and supplies. The global Pandemic Supply Chain Network (PSCN), of which the World Bank is a co-convener, has identified a list of medical products critical to the response. The task team will work with GoE counterparts to customize this list further to develop a positive list of goods to be procured with World



Bank financing. Indeed, there is growing disruption to economic activities, businesses and livelihoods. Options for support through other financing instruments are being explored as the facility is established and through country consultations. The Project objectives are aligned to the results chain of the COVID-19 Response Program.

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

10. **The Ministry of Health will be the implementing agency for the project.** The State Minister for Programs will be responsible for leading the execution of project activities. The GMU of the MoH’s Partnership and Cooperation Directorate (PCD) will be responsible for the day-to-day management of activities supported under the project, as well as the preparation of a consolidated annual workplan and a consolidated activity and financial report for the above-mentioned project components. The PCD already manages and coordinates several donor-funded projects in the health sector, including the Health SDG Program for Results (P123531) and the Ethiopia part of the ACDCP. In addition, technical directorates at the MoH, the regional health bureaus, and other key agencies will be involved in project activities based on their functional capacities and institutional mandates. The key staff hired or assigned to the MoH PCD GMU for the ACDCP will be the same for this project. These include: Project Coordinator, Finance Officer, Environmental and Social Safeguards Officer, and a Monitoring and Evaluation Specialist. The MoH PCD GMU will recruit as needed (upon receiving non-objection from the World Bank) additional staff (fiduciary, technical, etc.) to EPHI and MoH PCD GMU to supplement staff hired or assigned for the ACDCP. The MoH PCDGMU may also recruit specialized technical staff as needed, and some activities may be outsourced to third parties through contract agreements acceptable to the World Bank.

11. **The EPHI will serve as the key technical entity for this project.** It will both support the PCD and directly implement certain technical activities, including procurement of medical supplies, commodities and equipment for activities outlined in the EPRP. The EPHI will report directly to the Minister, and it will share the project’s technical and financial updates with the MoH PCD GMU. The abovementioned staff hired or assigned at EPHI will also be used for this project and will work closely with existing coordinating bodies and focal points within government mobilized for the national COVID-19 response. The MoH will also ensure that these key focal points are effectively mobilized and engaged to ensure proper implementation of the environmental and social framework elements of the project.



CONTACT POINT

World Bank

Roman Tesfaye
Senior Operations Officer

Paul Jacob Robyn
Senior Health Specialist

Borrower/Client/Recipient

Democratic Republic of Ethiopia

Implementing Agencies

Ministry of Health
Yekoyesew Worku
Dr.
yekoyesew.worku@moh.gov.et

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

APPROVAL

Task Team Leader(s):	Roman Tesfaye Paul Jacob Robyn
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Approved By

Environmental and Social Standards Advisor:		
Practice Manager/Manager:		
Country Director:	Charles Undeland	27-Mar-2020
