### BASIC INFORMATION

#### A. Basic Project Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Project ID</th>
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<td>Guinea-Bissau</td>
<td>P176721</td>
<td>GUINEA-BISSAU COVID-19 VACCINE PROJECT</td>
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<th>Estimated Board Date</th>
<th>Practice Area (Lead)</th>
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<td>07-Jun-2021</td>
<td>Health, Nutrition &amp; Population</td>
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<th>Implementing Agency</th>
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<td>Republic of Guinea Bissau</td>
<td>High Commissioner for COVID-19</td>
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#### Proposed Development Objective(s)

The Project Development Objective is to prevent, detect and response to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

#### Components

- Emergency COVID-19 Response
- Project Management and M&E

### PROJECT FINANCING DATA (US$, Millions)

#### SUMMARY

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#### DETAILS

**World Bank Group Financing**

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Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

A. Introduction

1. This Project Appraisal Document (PAD) seeks the approval of the Board of Directors to provide an International Development Association (IDA) grant in the amount of US$5.0 million equivalent to the Guinea-Bissau COVID-19 Vaccine Project (P174243) 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 additional financing (AF) to the SPRP approved on October 13, 2020. The primary objective of the proposed project is to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Guinea-Bissau through enhanced vaccination system strengthening.

2. The purpose of the proposed project is to provide upfront financing to help the government purchase and deploy the COVID-19 vaccines that meet World Bank's Vaccine Approval Criteria (VAC) and strengthen relevant health system’s capacities that are necessary for a successful vaccine deployment. The proposed project will help to vaccinate 30 percent of the country’s population, both through the procurement and deployment of vaccines. While the COVAX Advanced Market Commitment (AMC) is expected to provide vaccines to cover 20 percent of the country population by the end of 2021, IDA’s financing will fund vaccines for additional 10 percent of population coverage and deployment costs associated with the total expected coverage (COVAX AMC and IDA, 30 percent). As of March 22, 2021, the VAC for COVID-19 vaccines are: (i) approval by three Stringent Regulatory Authorities (SRAs), including emergency use approval in three regions, or (ii) WHO prequalification and approval by one SRA designated by WHO. While the regulatory threshold for eligibility for IBRD/IDA resources in vaccine purchase is outlined in paragraph 34 of the Additional Financing (AF) to the COVID-19 SPRP utilizing the MPA Framework Paper approved by the Board on October 13, 2020, a modification to this threshold will be used for this project, as follows: (i) the vaccine has been approved by three Stringent Regulatory Authorities (SRAs) including Emergency Use Authorization (SRAs from at least two different regions); or (ii) the vaccine has received WHO Emergency Use Listing (WHO EUL) and has been produced with a licensing or similar arrangement from a manufacturer of a parent/bioequivalent vaccine that has a prior
SRA approval (including Emergency Use Authorization). As vaccine development is rapidly evolving, the World Bank's VAC may be revised. All vaccines financed by the World Bank will be provided free of charge and no user fees will be levied.

3. **The request to support the COVID-19 immunization efforts was formally conveyed by the Government of Guinea-Bissau (GoGB) on February 12, 2021.** The proposed project will form part of an expanded health response to the pandemic, which is being supported by development partners (DP) under the coordination of the Guinea-Bissau Office of the High Commissioner for COVID-19. World Bank financing will provide essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Guinea-Bissau.

4. **Critically, the project seeks to enable the acquisition of vaccines from a range of sources to support Guinea-Bissau’s objective to have a portfolio of options to access vaccines under the right conditions (of value-for-money, regulatory standards and delivery time among other key features).** The COVAX Facility has put in place a framework that will anchor Guinea-Bissau’s strategy and access to vaccines. The GoGB entered into an agreement with COVAX on December 7, 2020 to receive vaccines for up to 20 percent of the population through the COVAX AMC. The proposed IDA financing builds on this to expand Guinea-Bissau’s access to COVID-19 vaccines through the COVAX Facility (by financing additional 10 percent of population coverage) and, possibly beyond, through direct purchases from manufacturers and other mechanisms. The availability and terms of vaccines remain fluid and prevent the planning of a firm sequence of vaccine deployment. Rather the proposed financing enables a portfolio approach that will be adjusted during implementation in response to developments in the country’s pandemic situation and the global market for vaccines.

5. **Latest COVID-19 Situation in the country.** The first confirmed case of COVID-19 in Guinea-Bissau was registered on March 24, 2020, by April 8, 2021, there were 3,663 confirmed cases and 63 deaths.\(^1\) By the same date, across the African continent, there were 4,324 million confirmed cases of COVID-19 and 114,610 deaths.\(^2\) Among neighboring countries, Guinea-Bissau has the lowest number of cases and deaths, which may be due to the low testing and case detection capacity. Following the first case detection, the country experienced a significant increase in the number of daily cases, which peaked in the second week of May 2020, with a subsequent drop that continued until the beginning of 2021. Since the end of January 2021, the number of daily cases seems to behave as a new wave, but with a smaller amplitude than the first. COVID-19 vaccinations began on April 2, 2021 in Guinea-Bissau, and as of April 6, 2021, 3,722 people have received the first dose of the COVID-19 vaccine (Annex 3 provides additional details on COVID-19 pandemic in Guinea-Bissau).

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\(^1\) Source: [https://covid19.who.int/region.afro/country/gw](https://covid19.who.int/region.afro/country/gw)

Figure 1: COVID-19 in Guinea-Bissau

a) Number of cumulative confirmed cases

b) Number of confirmed deaths

Source: COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University as of April 7, 2021, available at: https://ourworldindata.org/coronavirus/country/guinea-bissau

B. MPA Program Context

6. The vaccines AF to the SPRP approved on October 13, 2020 to the existing COVID-19 SPRP utilizing the MPA (“Global COVID-19 MPA”) will significantly expand the World Bank support to client countries for COVID-19 vaccination, with the aim to support vaccination of 1 billion people globally. An effective and safe COVID-19 vaccine is the most promising path forward for the world to reopen safely, building on global efforts to develop treatments and to expand testing capacity. The timing of potential vaccine development was not known when the Global COVID-19 MPA was approved, but global vaccine development efforts have progressed rapidly. Production is underway of several vaccines that have been approved for use since the end of 2020. Many high-income countries have made large-scale advance purchases to reserve supply for their populations and have the systems in place to get people vaccinated efficiently. The approval of an envelope of US$12 billion ($6 billion from IDA and $6 billion from IBRD) in financing is critical to expand affordable and equitable financing for vaccine purchase and deployment. It also sends a signal to potential suppliers that World Bank financing is available for the demand of vaccines from low- and middle-income countries (LMICs), providing an incentive for production capacity at levels that can also supply developing economies at affordable prices, not only high-income countries. The World Bank’s Global COVID-19 MPA AF is expected to enable vaccination for up to 750 million people, with potential surge capacity for an additional 250 million people in the poorest countries (depending on the delivered price of approved vaccines) while scaling up support to strengthen immunization delivery, with design flexibility at the country level. The proposed project will enable support to the GoGB’s COVID-19 vaccine efforts and will be a key contribution to the WBG’s overall COVID-19 response.

7. The COVID-19 pandemic has had massive global impact and continues to spread. Since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China, the number of cases has increased rapidly, and the number of affected countries continues to grow. On March 11, 2020, the WHO declared a global pandemic. As of April 8, 2021, more than 132 million people have been infected
and over 2,8 million have died. The pandemic has caused the largest global economic contraction since the Great Depression in 1929, driving millions of people into poverty. The economic recovery is expected to be slow. The virus continues to spread globally at an average weekly rate of 8.0 percent of new confirmed cases and an average weekly rate of 3 percent of new confirmed deaths. Furthermore, despite many countries having reached lower levels of transmission, a ‘second wave’ may cause a resurgence in cases and new variants of the virus.

8. **The World Bank’s response to the pandemic was quick.** On March 3, 2020, the World Bank Group’s (WBG) Board of Executive Directors endorsed urgent actions supporting client countries’ response to the COVID-19 pandemic. Subsequently, the Board approved the establishment of 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. On March 17, 2020, the Board granted approval of specific waivers and exceptions required to enable the rapid preparation and implementation of country operations under the Facility. On April 2, 2020, the Board approved the SPRP with a US$6 billion financing envelope of which up to $4 billion for health financing (up to US$1.3 billion IDA and up to US$2.7 billion under IBRD). The SPRP utilizes MPA, to be supported by the FTCF. On April 2, 2020, the Board also approved 25 country projects.

9. **Since the initial FTCF response, the WBG has significantly expanded its support for countries as they respond to the COVID-19 pandemic and its overall impacts.** In March 2020, the WBG announced that the institution has the capacity to provide up to US$160 billion in total financial support through June 2021 to help countries address the social and economic impacts of the pandemic. On June 16, 2020 the Board endorsed the WBG COVID-19 Crisis Response Approach Paper, outlining priorities for supporting countries into the longer term, including a continued focus on saving lives; protecting the poor and vulnerable; ensuring sustainable business growth and job creation; and strengthening policies, institutions, and investments for rebuilding better. By September 30, 2020, the World Bank had committed nearly US$22 billion in new financing for the overall COVID-19 response, of which more than 50 percent has disbursed. In addition to new financing, the World Bank restructured funds in existing projects in at least 68 countries to focus on COVID-19 response, many of these using contingent emergency response components (CERCs). By September 30, 2020, the International Finance Corporation (IFC) had committed nearly US$6 billion in new financing, reflecting new investments in more than 300 companies as well as extending trade finance and working capital lines to clients. By March 18, 2021, 86 MPA operations have been approved with a total commitment of US$4.2 billion, supporting 3.7 people or 50 percent of the total world population.

10. **The Global COVID-19 MPA provides a critical and highly effective operational programmatic framework for the World Bank’s emergency health response to COVID-19 with FTCF resources.** The Program development objective (PrDO) of the Global MPA is “to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness”. At the time of the approval of the Global MPA, and in the absence of a safe and effective COVID-19 vaccine, immediate needs were focused on early detection, diagnosis, confirmation, and treatment of patients (including those afflicted with other chronic conditions that increase the risk of COVID-19 severity and mortality).

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3 Source: [https://covid19.who.int/](https://covid19.who.int/)
The Global MPA provided a common operational framework to support individual countries’ specific needs in preventing the spread of the disease and limiting immediate socioeconomic losses, as well as strengthening public health and essential medical care structures and operations to build resilience and reduce the risk from emerging and re-emerging pathogens.

Country Context

11. Guinea-Bissau, the 12th poorest country in the world, has faced continuous political instability, poverty, and poor human development outcomes since its independence in 1973. With a Gross National Income (GNI) per capita of US$820 (2019), the country ranks 175th out of 189 countries and territories in the 2020 Human Development Report. The Country’s Human Development Index (HDI) is 0.480, which is below the average among countries in the low human development category (0.513) and well below the average among countries in Sub-Saharan Africa (0.547). The population of Guinea-Bissau is estimated at 1.92 million (2019) of which 43.7 percent live in urban areas and 20 percent live in the capital Bissau.⁴

12. Although steady growth was observed in the period between 2015 and 2019, mostly influenced by the increase in cashew production, the COVID-19 pandemic is having severe consequences on the economy of Guinea-Bissau going forward. Gross domestic product (GDP) growth reached 4.6 percent in 2019, with an average of 4.9 percent in the period between 2015-2019. However, growth is projected to decline by 1.5 percent (minus 3.8 percent in per capita terms) in 2020 due to the COVID-19 pandemic lockdowns’ impact on domestic and global cashew demand and prices. On April 29, 2020, the Government set cashew farmgate reference prices at CFA 375 per kg, a reduction of 25 percent in comparison with the 2019 prices of CFA 500 per kg. This price reduction could have adverse effects on household incomes, particularly the extreme poor, as 90 percent of the workforce in this group is concentrated in agriculture activities. Moreover, the COVID-19 pandemic has had a disproportionate impact on the informal sector with over 90 percent of the labor force engaged in many small and micro-enterprises (MSMEs) or self-employed in commerce or transport, which has been significantly impacted by supply and demand shocks caused by the pandemic.⁵

13. Extreme poverty, measured by income below US$1.90 per day, is estimated to have decreased by six percentage points between 2010 and 2019 (67 to 61 percent). Notwithstanding this decrease, it remained high and disproportionally affects certain groups. Around 1.2 million people (63 percent) live in poverty. Poverty is highly concentrated in rural areas (76 percent of rural population, compared to 51 percent in the capital Bissau). Most of the population, particularly the rural poor, has limited access to basic goods and services that directly influence the wellbeing of households. Among the poor, 95 percent of the households lack electricity, 66 percent lack sanitation, and 36 percent lack safe drinking water.⁶ Moreover, women, who work substantially in the informal sector, have been particularly hit by the COVID-19 induced lockdowns, as for example gender-based violence (GBV) is known to increase.⁷

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⁴ World Bank. World Development Indicators (2019).
⁶ World Bank staff calculations using ILAP 2010.
14. **Guinea-Bissau meets many if not all the criteria that characterize health systems in fragile states.** The country’s health system faces persistent challenges related to: (i) low public spending, (ii) poor infrastructure, (iii) inadequate supply of health workers, (iv) inadequate clinical and managerial training systems, (v) malfunctioning referral system, (vi) non-operational health-information systems, (vii) weak governance and (viii) inadequate management capacity and systems (such as budgeting, public financial management and human resources management). Public spending accounts for about 20 percent of total health spending and is mostly used to pay staff salaries, while donors finance nearly 90 percent of the recurrent costs of the sector, including medicines and other critical health inputs.

15. **Despite its fragilities, Guinea-Bissau has achieved some progress in health outcomes in recent years, nevertheless, critical challenges remain.** The country’s life expectancy is 58.03 years (2018), which is lower than the average for Sub-Saharan Africa (61 in 2018). Although progress has been made, communicable diseases such as neonatal disorders, diarrheal diseases, lower respiratory infections, HIV/AIDS, and malaria continue to be major causes of deaths in the population. The burden of HIV in Guinea-Bissau is the highest in West Africa and it disproportionately affects women (female adults with HIV represents 58.6 percent of the population above 15 years). Progress has been made to reduce infant mortality, but both infant mortality rate (IMR) and under-five mortality rate (U5MR) remain among the highest in the world, 52.3 and 78.5 per 1,000 live births (2019), respectively. Guinea-Bissau is also facing a double burden of communicable and non-communicable diseases.

16. **Guinea-Bissau’s health system faces severe shortcomings to adequately respond to a pandemic on the scale of the COVID-19.** The country’s capacity for detection and reporting (which encompasses laboratory systems, real-time surveillance and reporting, the epidemiological workforce, and data integration across human/animal/environmental health sectors) is considered among the least prepared as per the Global Health Security Index (with a score of 23.4 vs average of 41.9, and a ranking of 145). The Joint External Evaluation (JEE) of the implementation of International Health Regulations (IHR) (2005) completed in July 2019 found very low capacity in a number of areas, including: (i) legal framework; (ii) financing; (iii) coordination; (iv) biosafety and biosecurity; (v) the national laboratory system; (vi) points of entry (vii) emergency preparedness and coordination; and (viii) emergency medical teams. In the absence of health system’s capacity to detect, prevent the spread, and respond to a pandemic such as COVID-19, widespread access to vaccines becomes even more paramount for the country’s recovery.

17. **The proposed Project will play a critical role in enabling affordable and equitable access to vaccines in Guinea-Bissau.** COVID-19 vaccination, along with improved diagnostics and therapeutics, is essential to protecting lives and enabling the country to reopen safely. The global economy will not recover fully until people feel they can live, socialize, work, and travel with confidence. Given the importance of limiting the spread of COVID-19 to both health and economic recovery, providing access to COVID-19 vaccines will be critical to accelerate economic and social recovery.

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18. **This Project is being proposed at a critical juncture in the GoGB’s response to COVID-19.** A critically important change in the state of science since the early stages of the pandemic has been the emergence of new therapies and the successful development and expanding production of COVID-19 vaccines. A key rationale for the proposed AF is to provide upfront financing for safe and effective vaccine acquisition and deployment in Guinea-Bissau thus enabling the country to acquire the vaccine at the earliest, recognizing that there is currently excess demand for vaccines from both high-income and lower-income countries.

19. **Guinea-Bissau has an Expanded Immunization Program, which has been in place at a national scale since 1984, with some successes noted.** With the technical assistance of international agencies, the country has achieved immunization coverages of over 81 percent for measles vaccines in the past 5 years, but still lacks a better coverage when it comes to the other vaccines under the National Immunization Scheme (pediatric target population, approximately 16 percent of country’s population). The National Immunization Program is coordinated by the Ministry of Public Health (Ministério da Saúde Pública – MINSAP), and locally by Regional Health Directions, and conducted through a mixed model that involves fixed vaccination posts and a mobile strategy. The WHO JEE of IHR core capacities of Guinea-Bissau done in July 2019, showed that, although the country has a national system that guarantees vaccine distribution and a cold chain that follows WHO directives, there are challenges around identification of immunized and non-immunized individuals, as well as storage and cold chain equipment maintenance. The existing cold chain can store vaccines up to -25 degrees Celsius and the logistical transport system is adequate for current needs, but their expansion and suitability is crucial for the success of the COVID-19 vaccination plan. A UNICEF analysis on cold chain equipment (CCE) in Guinea-Bissau in June 2019 found that only 63 percent of CCEs functioned well, but a majority of CCEs (87 percent) were less than 10 years old. Moreover, a majority of the CCEs (92 percent) were powered through solar energy, which is critical in case of power outage and reduces the impact of these equipment on climate change. The project will allow the country to expand the storage, cold chain, and distribution needs to scale up immunization as per the COVID-19 Plan and manufacturer production capacity.

20. **Guinea-Bissau has completed the implementation of the readiness assessment based on the Vaccine Readiness Assessment Framework (VRAF) in tandem with the Vaccine Introduction Readiness Tool (VIRAT).** This work is the result of a coordinated effort led by the SIVE of the MINSAP and the Office of the COVID-19 High Commissioner with the close support from technical officers and consultants from the World Bank, the WHO and the UNICEF, in close collaboration with Health Emergency Operation Center (Centro Operações Emergências em Saúde – COES) focal points (see Table 1 for a summary on the findings of the VRAF assessment). The country has completed and finalized most of the preparedness steps for the introduction and roll out of the COVID-19 vaccine. Critical areas that have been finalized include: (i) the identification of high risk and vulnerable categories; (ii) gap analysis of delivery and storage capacity at the eleven health regions, including Bijagos archipelago; (iii) delivery strategies plans for program roll-out; (iv) social mobilization and communication plan; (v) quantification of needs related to cold chain supply and ancillary supplies (syringes, safety boxes); and (v) Adverse Events Following Vaccination (AEFI) active surveillance plan. Overall, the VRAF has been an instrumental tool to support the country in assessing their state of readiness as well as defining the roadmap to design the COVID-19 NVDP for Guinea Bissau.

21. **Guinea Bissau finalized its first version of the COVID-19 NVDP on February 9th, 2021.** The Office of the High Commissioner for COVID-19 established a Working Group in December 2020, which is working as the National Immunization Technical Advisory Group (NITAG). Within such coordination mechanism, several sub-committees have been established: these sub-committees focus on: (i) identification of target groups; (ii) logistics, including vaccine cold chain, equipment and waste management; (iii) social mobilization and communication activities to enhance the population demand; (iv) training of technical staff; (v) pharmacovigilance activities, including active surveillance of AEFI; (vi) Coordination, (vii) M&E activities, ; and (viii) Supervision. Guinea-Bissau is planning to vaccinate at least 20 percent of the population during calendar year of 2021. A progressive and stepwise increase of coverage for another 50 percent of the population to reach the GoGB’s strategy of 70 percent coverage in the following years will be possible if the country manages to get funding from its international partners as it’s unable to cover the costs with its own financial resources. This second phase will be dependent on the epidemiological context, vaccine availability and lessons learnt from phase one.

22. **A mixed vaccination strategy will be adopted for the introduction of the vaccine.** There will be fixed, mobile and advanced mobile units, as follows: (i) **fixed strategy:** vaccination centers identified in the premises of the Health Structures of the country (National and Regional Hospitals, Health Centers type A,B,C); and (ii) **Advanced and mobile strategies** to reach out beneficiaries living at a distance of more than 5 km (“Advanced”) and 15 km (“mobile”) from the nearest Health structure and who cannot reach the fixed points and frontline workers (like entry points). The strategy will build on previous experience of SIVE in the immunization campaigns in the country. All vaccines will be provided free of charge and no user fees will be levied.

23. **The GoGB expects to procure additional doses of COVID-19 vaccines through the COVAX Facility and/or direct contracting, to be financed by this project.** Given the uncertainties around key parameters (vaccines prices and quantities supplied, supply chain needs, etc.), the proposed project is expected to help the country achieve 30 percent of population coverage by purchasing additional vaccines and cover associated supply chain costs to expand vaccine coverage for an additional 10 percent of the population. Therefore, the proposed project will finance two phases: (i) Phase I, which will cover 20 percent of the population (vaccines fully subsidized by COVAX and deployment cost will be financed by the World Bank) and Phase II, which will finance vaccines, supply chain and service delivery costs for an additional 10 percent of the population. Guinea-Bissau is taking a portfolio approach to manage the uncertainty regarding regulatory approvals, timing of delivery, pricing and other contractual aspects. During implementation, the number of doses under Phase I and 2 will be adjusted as circumstances evolve. For the remaining 40 percent of the population, additional vaccines may be obtained through direct purchase with vaccine manufacturers. The additional COVID-19 vaccine doses will allow the country to reach the 70 percent coverage target envisioned by the COVID-19 NVDP.

### C. Proposed Development Objective(s)

**Development Objective(s) (From PAD)**
The Project Development Objective is to prevent, detect and response to the threat posed by COVID-19 and strengthen national systems for public health preparedness

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12 The direct purchase is likely to be at full cost/higher price than those obtained through the COVAX facility.
Key Results

24. **PDO level indicators:**
   - Percentage of population vaccinated, which is included in the priority population targets defined in national plan [by gender]

25. **Intermediate results indicators:**
   - **Component 1: Emergency COVID-19 Prevention, Preparedness and Response**
     - Percentage of essential and frontline health workers benefitting from the first phase of vaccine deployment who are women (as percentage of the total women among essential and frontline workers)
     - Number of vaccinators trained;
     - Risk communication and community engagement strategy for COVID-19 vaccination developed; and
     - Pharmacovigilance System (PVS) adapted to detect Adverse Events Following Vaccination (AEFI) for the COVID-19 vaccines.
   - **Component 2: Program Management and Monitoring and Evaluation (M&E)**
     - Percentage of claims registered in the Project's grievance redress mechanism (GRM) in a timely manner.
D. Project Description

26. The Project is structured around two complementary components, which will support the GoGB to continue mitigation measures to contain the spread of the pandemic in the country and to design and implement its NVDP. The Plan is being developed by SIVE under the supervision of the Office of the High Commissioner for COVID-19 with close support from partners such as the WHO, World Bank, and UNICEF, in close collaboration with COES.

27. The proposed Project will support the GoGB efforts to further strengthen its response to COVID-19 pandemic by purchasing COVID-19 vaccines, preparing the immunization system for the deployment of the COVID-19 vaccine, and supporting the distribution of these vaccines. The proposed project will strengthen the national immunization and related health delivery system in a way that will promote an effective COVID-19 response and generate, as far as feasible, long-lasting resilience. Purchasing vaccines is just one step in a complex, multi-dimensional effort that involves detailed planning and implementation of a vaccine deployment program in Guinea-Bissau. This includes a variety of issues such as effective microplanning, safe and appropriate transportation, storage, training, ancillary materials, registration, and effective vaccine logistics and a suitable information management system. Political support, technical assistance services, training, social mobilization campaigns, and mechanisms that remove demand-side barriers to access are also essential to foster confidence and promote the early take-up of vaccines.

28. Component 1: Emergency COVID-19 Response (US$4.7 million equivalent). Vaccine purchasing will be done through Component 1. Given the recent emergence of COVID-19, there is no conclusive data available on the duration of immunity that vaccines will provide. While some evidence suggests that an enduring response will occur, this will not be known with certainty until clinical trials follow participants for several years. As such, the proposed project will allow for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge at the time using possible cost savings from vaccines, supply chain, and program delivery costs. In the case that re-vaccination is required, limited priority populations (such as health workers and the elderly) will need to be targeted for re-vaccination given constraints on vaccine production capacity and equity considerations (i.e., tradeoffs between broader population coverage and re-vaccination).

29. Sub-Component 1.1: COVID-19 Vaccine purchasing (US$2.62 million). This sub-component will support the GoGB to purchase vaccines to cover up to 30 percent of the population (of which COVAX AMC will cover 20 percent and 10 percent financed by IDA’s funds). This sub-component will ensure equitable access to vaccines procured via mechanism selected by the country (e.g., COVAX facility and/or direct procurement options) and in accordance with criteria adopted under Global MPA; which will additionally ensure climate-vulnerable groups are targeted by these vaccines. The estimated World Bank financing on vaccines (excluding supply chain and program delivery costs) is US$2.62 million, which includes the costs of the vaccines, international freight, procurement fees to UNICEF and other deployment-related costs.

30. Sub-Component 1.2: COVID-19 Vaccine planning and distribution (US$2.08). The sub-component would support the Office of the High Commissioner for COVID-19 and the MINSAP to implement the COVID-19 NVDP and ensure the necessary conditions are in place to implement it, and to strengthen Guinea-Bissau’s ability to respond to COVID-19 and future outbreaks. The targeting of priority groups (see table 3 below) for immunization will include those with underlying conditions as well as older people over the age of 50. These priority groups also include essential individuals who are key to maintaining service delivery including those working in the health system as well as first responders in other areas such as the police and fire departments and military. Key activities to be supported under the sub-component include:
i. **Program planning and management**, including (a) support to the Office of the High Commissioner for COVID-19 and the MINSAP to review and update the NVDP and associated budget whenever is needed; (b) support to developing the legal regulatory documents (including indemnification and liability protection, statutory indemnification, or national/regional no-fault compensation schemes – see Box 2 for more information) and plans to ensure swift importation of the COVID-19 vaccines; and (c) training for health personnel for vaccine roll-out, including sensitization on the wider benefits of vaccination;

ii. **Distribution of vaccines, consumables and strengthening the immunization supply chain system**, including:
   (a) support importation, storage, transportation and distribution of COVID-19 vaccines; (b) procurement and distribution of ancillary supply kits that may include needles, syringes, alcohol prep pads, COVID-19 vaccination record cards for each vaccine recipient, and PPEs for vaccinators; (c) adoption of global tools and adaptation of supply chain system with best practices, including cold chains such as Solar Direct Drive Refrigerators (SDDs) and WHO Performance, Quality, Safety (PQS) certified climate friendly refrigerators/freezers to reduce greenhouse gas (GHG) emissions, and sustainable end-of-life options for old or high-polluting equipment using guidance from the Coordination Centre for Effects (CCE); and (d) strengthening of the remote temperature monitoring systems; and

iii. **Program delivery**, including: (a) implementing a national risk-communication and community engagement plan for COVID-19; the development of these community level support systems for healthy behavior change messaging, community mobilization and vaccine logistics will contribute to wider population resilience to other predicted health impacts, include those from climate change; (b) establishing a strong post-vaccination vigilance and monitoring system(s) to identify any adverse reactions on people and undertake corrective measures immediately, which includes strengthening and adapting the Pharmacovigilance System (PVS) to be sensitive to detect AEFI for the COVID-19 vaccine(s); and (c) developing adequate Medical Waste Management Plans, and financing of plans.

31. **Priority groups for COVID-19 vaccination** have been defined in accordance with WHO and the Strategic Advisory Group of Experts on Immunization (SAGE) values framework for the allocation and prioritization of COVID-19 vaccination and AC COVID-19 orientations for 20 percent of the Guinea-Bissau population. 14 Targeting criteria and implementation plans are described below. Efforts are being made by the government to ensure equitable access to vaccines for people with disabilities and other vulnerable groups. Vaccinations will take place at fixed health points and through mobile units.

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13 As of March 22, 2021, the VAC for COVID-19 vaccines are: (i) approval by three Stringent Regulatory Authorities (SRAs), including emergency use approval in three regions, or (ii) WHO prequalification and approval by one SRA designated by WHO. While the regulatory threshold for eligibility for IBRD/IDA resources in vaccine purchase is outlined in para. 34 of the AF to the COVID-19 SPRP utilizing the MPA Framework Paper approved by the Board on October 13, 2020, a modification to this threshold will be used for this project, as follows: (i) the vaccine has been approved by three Stringent Regulatory Authorities (SRAs) including Emergency Use Authorization (SRAs from at least two different regions); or (ii) the vaccine has received WHO Emergency Use Listing and has been produced with a licensing or similar arrangement from a manufacturer of a parent/bioequivalent vaccine that has a prior Stringent Regulatory Authority (SRA) approval (including Emergency Use Authorization).

Table 1: Priority Groups for Vaccination in Guinea Bissau

<table>
<thead>
<tr>
<th>Ranking of vulnerable group</th>
<th>Priority groups</th>
<th>Population estimates</th>
<th>% of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Public and private Healthcare workers, including Community Health Agents</td>
<td>15,690</td>
<td>0.83</td>
</tr>
<tr>
<td></td>
<td>Population with underlying conditions</td>
<td>41,060</td>
<td>2.17</td>
</tr>
<tr>
<td>Second</td>
<td>Population over the age of 50</td>
<td>166,469</td>
<td>8.8</td>
</tr>
<tr>
<td></td>
<td>Essential workers (Border control and customs agents, firefighters, Civil Protection, and National Policy)</td>
<td>16,922</td>
<td>0.9</td>
</tr>
<tr>
<td></td>
<td>Teachers and school’s support staff</td>
<td>13,092</td>
<td>0.69</td>
</tr>
<tr>
<td></td>
<td>Army (estimation)</td>
<td>40,000</td>
<td>2.11</td>
</tr>
<tr>
<td></td>
<td>Other vulnerable groups</td>
<td>128</td>
<td>0.08</td>
</tr>
<tr>
<td></td>
<td>Other essential workers</td>
<td>19,145</td>
<td>1.01</td>
</tr>
<tr>
<td></td>
<td>Total Identified</td>
<td>312,506</td>
<td>16.52</td>
</tr>
</tbody>
</table>

32. The identification of people belonging to the priority groups for vaccination will be carried out locally by the health centers with the support of the CHWs network, using the registration systems of the National Health Service (DHIS2) and with the collaboration of MINSAP concerned programs. According to the respective institutional context, for frontline workers the identification of target population will be done by the managing entity or employer, in consultation with the health/police stations. Given the above context, a phased and evidence-based approach to COVID-19 vaccination will be critical, with focus on the following phases:

- **The planning phase**, already underway in Guinea-Bissau, as explained above, will need to continue throughout the vaccination campaign. Planning phase accomplishments to-date include the establishment of coordination and regulatory mechanisms and the finalization of the NVDP, including determining priority populations for vaccination based on the risk of exposure, risk of morbidity and mortality, and the exercise of essential services. On March 5th, 2021, COVAX AMC provided 24,000 syringes in preparation for COVID-19 vaccinations;

- **The implementation phase** will begin when the first, initially limited, vaccine doses are available, and will focus on the logistics required to receive and administer vaccines to prioritized populations;

- **The adjustment/transition phase** will begin when larger amounts of vaccines are available to immunize all those who want to be vaccinated through more established service delivery approaches (i.e., like annual
influenza and other vaccination campaigns). It will focus on enhancing capacity of providers to deliver vaccines to meet increased demand, and to track and monitor who is receiving the vaccines.

33. **Component 2: Project Management and M&E (US$0.3 million equivalent).** The component will support the continued coordination and management of project activities, including procurement of goods and their distribution across health facilities within Guinea-Bissau. Further, this component will strengthen existing data and monitoring systems (immunization and public health). Specific emphasis will be placed on building the capacity of the PIU, other health officials and other stakeholders for the deployment of COVID-19 vaccine and other vaccines. This component will monitor COVID-19 vaccines deployment and therefore improve data collection, analysis, reporting and use of data for action and decision-making. The existing PIU will be responsible for overall administration, procurement, environmental and social aspects, FM, and M&E of project activities.

**B. Project Cost and Financing**

34. The overall budget of the project will be US$5 million, with US$4.7 million (94 percent of the project financing) in Component 1 for vaccine acquisition, planning and distribution (see Table 2 below). Component 2, which will ensure adequate project management and monitoring of activities, US$0.3 million (6 percent of the overall budget). Table 5 provides a summary of vaccine sourcing and Bank financing.

<table>
<thead>
<tr>
<th>Project Components</th>
<th>Parent Project Cost (US$ million)</th>
<th>IDA Financing (US$ million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component 1: Emergency COVID-19 Response</td>
<td>4.7</td>
<td>4.7</td>
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<tr>
<td>Sub-component 1.1: COVID-19 Vaccine Acquisition, Planning and Distribution</td>
<td>2.62</td>
<td>2.62</td>
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<tr>
<td>Sub-component 1.2: COVID-19 Vaccine Planning and Distribution</td>
<td>2.08</td>
<td>2.08</td>
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<tr>
<td>Component 2: Project Management and Monitoring and Evaluation (M&amp;E)</td>
<td>0.3</td>
<td>0.3</td>
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<tr>
<td>Total Costs</td>
<td>5.0</td>
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**Legal Operational Policies**

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<tr>
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<tbody>
<tr>
<td>No</td>
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**Summary of Assessment of Environmental and Social Risks and Impacts**
E. Implementation

Institutional and Implementation Arrangements

35. **The proposed Project would be implemented over 24 months.** The emphasis of the project is to support the GoGB in the implementation of its COVID-19 NVDP.

36. **Project implementation will be the responsibility of the REDISSE II Project (P159040) Project Implementation Unit (PIU).** The REDISSE II PIU was established in 2017 within the MINSAP. The PIU will report directly to the High Commissioner for COVID-19 and will be responsible for the day-to-day project management, including fiduciary management (procurement and financial management (FM), and will: (i) coordinate project activities; (ii) ensure the financial management of the project activities in all components; and (iii) prepare consolidated annual work plans, budgets, monitoring and evaluation, and the implementation report of the project to be submitted to the World Bank. Additional personnel will be recruited to ensure sufficient capacity to implement the project. This will include the recruitment of: (i) Financial and Administrative Officer; (ii) Accountant; and (iii) Monitoring and Evaluation Specialist.

37. **The REDISSE II Project PIU has been supporting the government COVID-19 response through an agreement with UNDP and direct support to the CCIA.** Through the UNDP agreement, the support focuses on the procurement of essential medical equipment, COVID-19 tests, PPE, and laboratories supplies. Through the REDISSE II Project, the PIU provided support for the procurement of COVID-19 treatment, COES operational costs, and medical equipment. Under this project, the WHO and UNICEF will provide technical assistance to strengthen Pharmacovigilance for COVID-19 vaccines, import procedures, cold chain, and community engagement to address vaccine hesitancy.

38. **A Project Operational Manual (POM) will be developed no later than one month after the effective date of the Financing Agreement to support the PIU to meet its responsibilities for management and implementation of the project.** The POM will describe detailed arrangements and procedures for the implementation of the project, such as responsibilities of the PIU, operational systems and procedures, project organization structure, office operations and procedures finance and accounting procedures (including funds flow and disbursement arrangements), procurement procedures, and implementation arrangements. The project will be carried out in accordance with the arrangements and procedures set out in the POM, which can be amended from time to time, provided all modifications are agreed upon with the World Bank in writing prior to any changes taking effect.

**CONTACT POINT**

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APPROVAL

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Approved By

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<tr>
<th>Practice Manager/Manager:</th>
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<tbody>
<tr>
<td>Country Director:</td>
<td>Anne-Lucie Lefebvre</td>
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