



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 03-Jun-2021 | Report No: PIDA31961

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

Country Guinea	Project ID P176706	Project Name Additional financing for Guinea Covid-19 vaccines deployment	Parent Project ID (if any) P174032
Parent Project Name GUINEA COVID-19 PREPAREDNESS AND RESPONSE PROJECT	Region AFRICA WEST	Estimated Appraisal Date 25-May-2021	Estimated Board Date 29-Jun-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Guinea	Implementing Agency Ministere de la Santé

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 Guinea.

Components

Emergency COVID-19 Response
Project Implementation Management and Monitoring and Evaluation

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

Total Project Cost	28.20
Total Financing	28.20
of which IBRD/IDA	28.20
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	28.20
---	-------



IDA Credit	14.10
IDA Grant	14.10

Environmental and Social Risk Classification

Substantial

Other Decision (as needed)

B. Introduction and Context

Country Context

- 1. This project paper seeks the approval of the World Bank’s Regional Vice President to provide a credit and grant in the total amount of US\$28.2 million IDA for an Additional Financing (AF).** The AF would support the costs of expanding activities of the Guinea COVID-19 Preparedness and Response Project (P174032) under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020.¹ The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Guinea by strengthening the vaccination system, and increasing the preparedness and response activities under the parent project. The Guinea COVID-19 Preparedness and Response Project in an amount of US\$10.9 million IDA was prepared under the SPRP and approved on June 17, 2020.
- 2. The purpose of the proposed AF is to provide upfront financing to help the government purchase and deploy COVID-19 vaccines that meet the World Bank’s vaccine approval criteria (VAC) and strengthen relevant health systems that are necessary for a successful deployment and to prepare for the future.** The proposed AF will help vaccinate 8.6 percent of Guinea’s population, while the COVID-19 Vaccine Global Access (COVAX) Advance Market Commitment (AMC) Facility will cover 21.1 percent of the population by the end of 2022. Guinea also has bilateral agreements with China and Russia to procure doses of the Sinopharm and Sputnik V vaccines to cover an additional 2.6 percent of the population. Guinea aims to immunize 90 percent of adults (individuals over 18 years); i.e. 38.1 percent of the total population (4,915,162 adults). This AF, the COVAX Facility and bilateral agreements will allow Guinea to vaccinate 32.3 percent of the total population (84.9 percent of the target population). World Bank financing for the COVID-19 vaccine and deployment will follow the

¹ The World Bank approved a US\$12 billion World Bank Group 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 World 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 (AF) 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.



World Bank's VAC. As of May 28, 2021, the World Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccines acquisition and/or deployment under all Bank-financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities identified by the World Health Organization (WHO) for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification or WHO Emergency Use Listing. As vaccine development rapidly evolves, the World Bank's VAC may be reviewed. Guinea will provide free-of-cost vaccination to the population.

3. **The need for additional resources to expand the COVID-19 response was formally conveyed by the Government of Guinea on December 3, 2020.** The proposed AF will form part of an expanded health response to the pandemic, which is being supported by development partners under the coordination of the Government of Guinea. Additional 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.
4. **Critically, the AF seeks to enable the acquisition and deployment of vaccines from a range of sources to support Guinea'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's strategy and access to vaccines. On December 14, 2020, Guinea entered into an agreement with the COVAX Facility to access COVID-19 vaccines at no cost for 21.1 percent of the population. The World Bank will support the deployment of these vaccines on a priority basis. It will also expand Guinea's access to COVID-19 vaccines through available procurement agencies, depending on pricing and speed of delivery. The availability and terms of vaccines remain fluid and prevent the planning of a firm sequence of vaccine deployment, especially as the actual delivery of vaccines is unlikely to be immediate. Instead, 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.

Sectoral and Institutional Context

5. **Since the beginning of the COVID-19 pandemic, Guinea has had difficulty curtailing the spread of the disease in the country.** After the first case of COVID-19 was declared in Guinea on March 12, 2020,² the country experienced a prolonged first wave until the end of August 2020.³ The incidence rate started to slowly decrease at the end of August 2020 but, since January 2021, it has started to steadily increase. As of May 22, 2021, there were 23,052 reported cases, 50.7 percent of whom were between 21 and 40 years of age, and 159 confirmed deaths. With only 387,117 tests performed country-wide since the beginning of the pandemic, the number of cases is likely to be much higher than reported (see annex 1 for more details on the status of COVID-19 in Guinea).

² Republic of Guinea, National Agency for Health Security. Declaration 16, April 2020.

³ Republic of Guinea, National Agency for Health Security, « Situation Report », 411 – Mai 2021.



6. **When the COVID-19 pandemic hit Guinea, economic analyses painted a sobering picture for the country, even in the best-case scenario**, which anticipated that Guinea would be able to limit the spread of COVID-19. This is because it was anticipated that Guinea would be among the countries hit the hardest by the worldwide production system slowdown and loss of tax revenue. Indeed, Guinea's economy is highly dependent on imports, the mining sector, and exports to China. In 2019, the mining sector alone accounted for 91 percent of the country's total exports, almost exclusively to China. Additionally, exports to China accounted for 94 percent of Guinea's total exports.

7. **At the end of 2020, some of the economic and social impacts of COVID-19 in Guinea were already visible**. While Economic Growth was affected by the pandemic, decreasing from 5.6, in 2019, to 4.7 percent. In 2020, the mean inflation rate in Guinea was 10.7 percent in 2020 compared to 9.8 percent and 9.5 percent in 2018 and 2019, respectively.⁴ Results from a household survey conducted in October and November 2020 show that among individuals who used to work before the pandemic hit Guinea, 20.0 percent were jobless at the time of the survey.⁵ Transport was the sector most affected (with 85.0 percent of respondents affected), followed by commerce (74.0 percent), services (73.0 percent), construction (59.0 percent), and agriculture (47.0 percent). Furthermore, nearly 80.0 percent of the survey respondents reported that they had lost their source of income at the time of the survey. Additionally, among people who needed medical attention, 10.0 percent could not access health care, of whom 89.0 percent reported that this situation was due to a lack of money (95.0 percent in rural areas and 78.0 percent in urban areas).

8. **In addition to the COVID-19 pandemic, Guinea is currently facing an Ebola Virus Disease (EVD) epidemic**. The EVD epidemic was declared in N'Zérékoré on February 14, 2021 by the Minister of Health. As of May 17, 2021, there were 16 laboratory-confirmed cases, 7 probable cases and 26 suspected cases⁶. Among the confirmed, 5 (31.0 percent) died and 10 (62.5 percent) were healed following treatment. The risk of propagation of the virus is high. N'Zérékoré is the third largest city of the country and is situated less than 150 km from the borders of Côte d'Ivoire and Liberia. Moreover, some contacts have migrated to other cities, including Conakry, Coyah, and Dubréka, which increases the risk of propagation of the virus not only within the country but also in neighboring countries. Furthermore, uptake of the EBV vaccine is very low among Guineans with one EBV vaccination center already ransacked and burned on March 5, 2021. Also, only 40 EBV vaccines that are being offered free of charge to the population in N'Zérékoré by WHO were administered as of May 2, 2021. This raises concern about vaccine hesitancy towards the COVID-19 vaccines.

⁴ World Bank (April 2021) – “ Macro-Poverty Outlook for Guinea” (database): <https://worldbank.org/en/publicaiton/macro-poverty-outlook>. R. April 2021. République de Guinée, Ministère de l'économie des finances (2021), « Tableau de bord mensuel de l'économie guinéenne de décembre 2020, » 198, Février; World Bank, “World Development Indicators Database,” <https://databank.worldbank.org/source/World-Development-Indicators>.

⁵ World Bank (2021), “COVID-19 Impact Monitoring on Household Well-Being. From July 2020 to November 2020.,” Bulletin No 1, February.

⁶ Republic of Guinea, National Agency for Health Security, « Situation Report – EVD Epidemic », 93 – Mai 2021.



C. Proposed Development Objective(s)

Original PDO

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

Current PDO

10. The proposed AF will reinforce activities under the Parent Project and finance new activities that focus on results to enhance the impact of the parent project; therefore, the PDO will remain unchanged.

Key Results

11. **The PDO of the AF will be monitored using the following PDO level indicators:**
 - Percentage of the population fully vaccinated, which is included in the priority population targets defined in the national plan, disaggregated by sex (Percentage, Female).
12. **The following Intermediate indicators will monitor the Project:**
 - Community engagement plan implemented for increasing demand creation for the COVID-19 vaccine by the population.
 - Number of cold rooms fully equipped.
 - Proportion of the eight (8) health regions with an AEFI monitoring committee.
 - Proportion of vaccination sites that transmit their data via DHIS2
 - Health Management Information System (HMIS) collecting sex and age disaggregated data on COVID-19 indicators for testing, treatment, and vaccines.

D. Project Description

13. **Consistent with the original rationale and design of the parent project, the proposed AF entail expanding the scope of activities in the parent project Guinea COVID-19 Preparedness and Response Project (P174032), and adjusting its overall design** to be able to support the Government's efforts to fight the COVID-19 pandemic by investing in the supply chain, infrastructure, human resources, and communication campaigns to address vaccine hesitations. Additional financing is also required to extend the testing, PPE, and communications, which are essential to sustain throughout the vaccine roll-out.
14. **The AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, through Component 1 (Emergency COVID-19 Response) and Component 2 (Project Implementation Management and Monitoring and Evaluation) of the parent project.** To this end, the AF is geared to assist the Government of Guinea, working with the World Bank, WHO, UNICEF and other development partners, to overcome bottlenecks as identified in the COVID-19 vaccine readiness assessment in the country.
 - a. **Under Sub-Component 1.4: Communication Preparedness (US\$2 million), this AF will support communication strategies for public support.** This will include the development of



communication strategies targeting health workers, teachers and professors, vaccine priority groups, social media platforms, newspapers, television, and social events. It will also train key actors, such as health workers, journalists, and religious leaders as well as provide support for the planning and operational costs (mostly per diem and fuel) of mass awareness campaigns. To address vaccine hesitancy, the communication strategies will aim to disseminate reliable, timely, accurate, and transparent information about the vaccines to reduce the population's apprehension, ensure their acceptance, and encourage their uptake, at the national, departmental, and communal levels. They will inform the different categories of the population with a particular emphasis on vulnerable groups to build public confidence in the safety and efficacy of the vaccines, address the concerns of health workers, and establish a communication mechanism for rapid reporting of any safety issues and notification of AEFI. The strategies will be implemented in phases according to the government's rollout plan. Communication will be dynamic and adjusted based on the evolution of the pandemic, in order to appropriately respond to the risks of the pandemic and to best manage the expectations of the population. In particular, strategies will include: (a) collaboration with development partners such as the Red Cross; (b) social mobilization and community engagement, including key actors such as religious leaders; (c) use of all means of media and social networks to circulate accurate information about the disease itself and the vaccines; (d) management of rumors; (e) capacity building of health workers so that they can best respond to the population's questions and concerns of the population; and (e) monitoring and evaluation of strategies. Communication activities will also focus on climate-related diseases to ensure greater awareness of the risks among key population groups about the climate-related health risks linked to the COVID-19 crisis.

- b. **Under the new Sub-component 1.5: Procurement of Vaccines and Related Products and Equipment, and Deployment (US\$26.1 million)**, this AF will finance vaccines. It will also provide technical assistance and capacity building on case management, climate-sensitive disease surveillance and other needs, climate-smart rehabilitation of cold rooms for safe vaccine storage, in-country fuel-efficient refrigerated trucks and vehicles for vaccine transportation, and development and implementation of training programs on vaccines-related activities. Additionally, this AF will finance indemnities for vaccinators, vaccination supervision, management, and treatment of AEFIs, and acquisition of low-carbon waste management equipment and supplies, such as safety boxes and incinerators. It will also provide resources for climate-sensitive cold chain equipment (solar-powered refrigerators, climate-friendly/energy-efficient freezers); infrastructure and logistics strengthening, encompassing supply of energy sources and water); and contingency measures will be included in the national deployment and vaccination plan to deal with any unexpected disruptions to vaccine supply from climate change and natural disasters (i.e., flooding and extreme heat), and production of vaccination cards and consent forms, etc. To address the gender risks identified (see paragraphs 57 and 58), vaccines will be offered free of charge and the project will take advantage of the three outreach strategies of the Expanded Program on Immunization (EPI; fixed, advanced and mobile [see paragraph 27]) to reduce travel time to vaccination sites. This will lessen women's vaccination-related burden, especially those in precarious situations and/or rural areas. Moreover, the vulnerable groups identified will be amongst the first individuals to receive the COVID-19 vaccines (essential workers such as nurses and police officers, the elderly, individual with co-morbidities, etc.). Lastly, as part of the Environment and Social Commitment Plan, an action plan to combat gender-based violence will be developed and implemented.



- c. **Under Sub-component 2.2: Monitoring and Evaluation (US\$0.1 million), this AF will support real-time digitalized monitoring of vaccine-related activities.** It will finance the expansion of the District Health Information Software 2 (DHIS2) to incorporate the number of vaccines and related products, as well as the number of people vaccinated, the management of AEFI, by key variables such priority groups, sex, and age. It will also provide data collection, validation, and analyses, including monitoring of the inventory of vaccines and related products and vaccination coverage, to inform decision-making, comprising readjustments to the National COVID-19 Vaccines Deployment Plan.

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

15. **The Ministry of Health (MOH), through its Project Implementation Unit (PIU) and the National Health Security Agency (NHSA), is the implementing agency for the project.** The PIU, which is adequately staffed, has the fiduciary responsibility, and takes charge of the day-to-day management of the project. It will (a) coordinate the project activities, (b) ensures the financial management (FM) of all project activities, and (c) prepares consolidated annual work plans, budgets, and implementation, monitoring and evaluation (M&E) reports. The NHSA will be responsible for the project technical implementation. It will draft the annual work plans and implement them. Furthermore, the steering committee of the Regional Disease Surveillance Systems Enhancement Program, Phase 1 (REDISSE 1; P154807) will provide strategic direction and monitor the overall progress of the project. This committee is chaired by the Secretary-General of the MOH and encompasses directions of the MOH, the Ministry of Livestock, and representatives of the Ministry of Finance and development partners.

16. **The implementation and institutional arrangements will be strengthened to ensure a strong cooperation with the EPI.⁷** EPI provides immunization services in 414 health centers and 840 health posts, including private facilities. EPI has four operational components: an immunization section, which includes one epidemiological surveillance subunit; a logistics and supply section; a section for communication, decentralization, and social mobilization; and a section for monitoring, evaluation, and research. Also, EPI has three strategies to reach its target populations: (a) the fixed strategy that targets people living within a radius of 0–5 km from health facilities with functional refrigerators; (b) the advanced strategy that targets people living within a radius of 6 to 15 km from health facilities with functional refrigerators or near natural obstacles; and (c) the mobile strategy that targets people living more than 15 km from health facilities, near health facilities without functional immunization services, or in hard-to-reach areas. In communication, vaccine supply, logistics, disease surveillance and control, EPI benefits from the technical and financial support of partners such as UNICEF, WHO, and the Global Alliance for Vaccines and Immunization (GAVI). In terms of communication and social mobilization, EPI is mainly supported by UNICEF. As part of the strengthening of communication strategies at the community level, the program also relies on the civil society and community relays. However, formal partnership with nongovernmental organizations, artists, and the private sector in supporting vaccine activities is currently insufficient.

CONTACT POINT

World Bank

Ibrahim Magazi
Senior Health Specialist

Zenab Konkobo Kouanda
Public Health Specialist

⁷ Republic of Guinea, Ministry of Health, Integrated, Strategic Communication Plan for the Expanded Program on Immunization (2016–2020).



Borrower/Client/Recipient

Republic of Guinea

Implementing Agencies

Ministere de la Santé
Médecin Colonel Remy Lamah
Ministre de la Santé
dremilamah@gmail.com

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):	Ibrahim Magazi Zenab Konkobo Kouanda
----------------------	---

Approved By

Practice Manager/Manager:		
Country Director:	Coralie Gevers	06-Jun-2021