



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 08-Apr-2021 | Report No: PIDISDSA31893

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

Country Papua New Guinea	Project ID P174717	Project Name Papua New Guinea COVID-19 Emergency Response Additional Financing	Parent Project ID (if any) P173834
Parent Project Name Papua New Guinea COVID-19 Emergency Response Project	Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 03-Sep-2020	Estimated Board Date 23-Apr-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Department of Treasury	Implementing Agency National Department of 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 Papua New Guinea (PNG).

Components

Preparedness for COVID-19 Containment and Mitigation
Health Systems Strengthening
Managing Implementation and Monitoring & Evaluation
Contingent Emergency Response Component (CERC)

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

Total Project Cost	29.64
Total Financing	29.64
of which IBRD/IDA	29.64
Financing Gap	0.00

DETAILS



World Bank Group Financing

International Development Association (IDA)	29.64
IDA Credit	29.64

Environmental and Social Risk Classification

Substantial

B. Introduction and Context

Country Context

1. The Independent State of Papua New Guinea (“PNG”) is a lower-middle income country (LMIC) with a population of over 8 million. 86.9% of the population lives in rural areas. The country’s rugged topography and very poor transport infrastructure mean that a large share of the population resides in remote and hard-to-reach areas. PNG’s economy relies heavily on natural resources and it is therefore exposed to the price volatility of international commodities. In the absence of adequate stabilization measures, PNG has followed a “boom and bust” cycle of high fluctuations in revenues and expenditures driven by changes in global commodity prices.
2. Poverty rates are high in PNG, and PNG’s scores on the Human Capital Index are low. Poverty rates remain high, particularly in the rural and remote areas, with 38% of PNG’s population living below the international poverty line of US\$1.90 per day (2011 US\$ Purchasing Power Parity) in 2009. PNG has a Human Capital Index score of 0.38, which is below the East Asia and Pacific (EAP) region average (0.62) and is comparable to Sub-Saharan Africa (0.40).
3. The economic impacts of a coronavirus disease (COVID-19) outbreak are expected to be large underscoring the need for an urgent response. PNG’s heavy reliance on natural resources makes the country vulnerable to global market shocks in commodity prices and weaker external demand – the close economic ties with China, the epicenter of COVID- 19, will have significant ramification on the PNG economy. Limited fiscal space and a rigid exchange rate regime constitute constraints for the authorities to react to these shocks, requiring an urgent mobilization of external financial support from the development partners. External assistance could play a key role in ensuring that service delivery can be strengthened to meet the challenge of COVID-19 and increase the health system’s preparedness to manage future pandemics.

Sectoral and Institutional Context

4. PNG has been buffeted by a number of health crises in recent years. A cholera outbreak in 2009 infected 15,500 people with 500 deaths, a Chikungunya outbreak in 2012-13 affected all 22 provinces, a measles outbreak in 2014 resulted in nearly 5,000 cases and 365 deaths and polio re-emerged in 2018 with an outbreak of vaccine-derived polio virus type 1 (cVDPV1). Tuberculosis (TB) is at public health emergency levels and PNG has one of the highest rates of Multi Drug Resistant TB in the world with an incidence of 23 per 100,000 population.
5. A COVID-19 outbreak will further strain a health system that struggles to deliver basic health services. PNG faces a shortage in health workers with fewer than 500 registered medical officers in PNG, further these few health workers are unevenly distributed across the country. There are only eight isolation beds, situated in the Port Moresby General Hospital, available for a population of eight million people. PNG’s coverage of essential health services is low for its



level of income, and use or coverage for basic services has been stagnant or declining. To illustrate, between 2013 and 2017, utilization of outpatient services in PNG has oscillated between 1.25 and 1.07 outpatient visits to a health facility per person per year. Only 52% of pregnant women received at least four Ante Natal Care (ANC) check-ups. In 2016, only 34% of children under one were immunized against measles and 41% received the third dose of the pentavalent vaccine. With a stunting rate of nearly 50% and high current burden of disease including of TB, PNG's population is highly susceptible to the adverse impacts of COVID-19. Given worse underlying health and higher rates of undernutrition, the poor are particularly vulnerable.

6. The escalating number of COVID-19 cases in PNG and need to strengthen health systems to ensure equitable and effective vaccination coverage present the rationale for this proposed additional financing (AF). A national State of Emergency was declared in PNG on March 22, 2020 and was lifted on June 16, 2020 as no new cases had been detected during that period. The National Pandemic Act 2020 was enacted on June 12, 2020 which gave the state powers to use the same measures used under the State of Emergency and lockdown if new COVID-19 cases pose a threat to PNG, where a declaration has been made for the existence of pandemic, pestilence or National Health Emergency. However, the number of confirmed COVID-19 cases began to escalate in the second half of 2020 with a sharp increase since mid-February 2021. As of March 28, 2021, there have been 5,349 COVID-19 cases and 49 COVID-19 deaths. From March 8 to 14, there were 606 new cases and five new deaths reported, with 50 percent of the new cases in the National Capital District alone¹. Per WHO's assessment, large scale community transmission is underway in PNG, with 20 of 22 provinces having reported at least one case since March 2020. Most of these cases have been identified in the National Capital District (Port Moresby) with Western, West Sepik, Eastern Highlands, Morobe, West New Britain and East New Britain provinces following behind on the cumulative number of confirmed cases. Inadequate testing in other provinces means that community transmission elsewhere cannot be ruled out. In line with the experience in other countries, older individuals, and men account for most confirmed COVID-19 cases.

7. PNG's response has evolved with the unfolding of the COVID-19 situation. With the escalation in cases in the latter half of 2020, the Prime Minister announced a series of urgent new measures on July 27, 2020, including: (a) a shutdown in the National Capital District for 14 days; (b) mandatory face masks in public places; (c) travel restrictions, including a ban on all domestic flights between the National Capital District and other provinces for 14 days and other restrictions on international flights; (d) no public gatherings of more than 15 people; (e) increased testing; and (f) increased awareness on COVID-19 and physical distancing. On August 7, 2020, in response to continuing escalations in cases, the National Control Center (NCC) tightened travel restrictions further. No domestic flights were permitted between any provinces, without the approval of the Controller, except for medevac flights and cargo flights without any passengers. Though domestic travel has resumed recently, new measures are in place for strict face mask adherence, hygiene and social distancing on flights and that a health declaration form be filled by all travelling passengers. Some provinces have started putting in place measures, such as real time reverse transmission polymerase chain reaction (rt-PCR) tests prior to allowing visitors in the province. On December 31, 2020, a 14-day lockdown and curfew from 10pm to 5am daily were introduced in West New Britain following a spike in cases and confirmation of community transmission, and there have been no flights in or out of West New Britain since January 13, 2021. The surge in cases and confirmation of community transmission in more than one province has resulted in the increase in usage of resources required for testing, clinical management, personal protective equipment (PPE) and infection prevention & control (IPC) measures to meet the need of the growing confirmed cases. A National Emergency Response Plan has been developed with support from the World Health Organization (WHO) and operational plans are being updated to respond to the evolving situation.

¹ WHO. Papua New Guinea Coronavirus Disease 2019 (COVID-19) Health Situation Report #64, period of report: 08 - 14 March 2021. 15 March 2021



8. An assessment of the current COVID-19 response indicates the following priorities to support to roll out COVID-19 vaccination:

- (a) scaling up testing will be essential if PNG is to contain COVID-19. Global shortages in GeneXpert cartridges have hampered the current response, and consequently an expansion of PCR-based testing capacity is warranted;
- (b) expanding risk communication and community engagement;
- (c) procuring additional PPEs to protect health workers and others engaged in the response effort as the response duration needs to be extended as well as the geographic coverage;
- (d) improving surveillance at the provincial level, with a specific focus on information systems to enable better management and oversight of the response effort;
- (e) support to extend the surge COVID-19 service delivery response with activities enabling greater engagement of church health providers and non-governmental organizations (NGOs) given the acute shortages of human resources for health in PNG. These activities will also support the delivery of routine services such as immunizations and antenatal care (ANC) which have been adversely affected as a secondary consequence of the COVID-19 crisis;
- (f) improving inventory management to prevent stockouts of critical supplies, like PPEs for COVID-19; and
- (g) finally, PNG needs to urgently strengthen its health system to deliver a safe and effective COVID-19 vaccine and to ensure appropriate public health prioritization and equitable immunization coverage when the vaccine is deployed.

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 Papua New Guinea (PNG).

Current PDO

10. PDO will remain unchanged

Key Results

11. The achievement of PDO is monitored by the following PDO indicators:

- Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours, sex-disaggregated (Percentage);
- Proportion of samples from suspected cases of COVID-19 / SARI that are confirmed within 48 hours, sex-disaggregated (Percentage);
- Number of Provinces with personal protective equipment (PPE) and infection prevention & control (IPC) products and supplies, without stock-outs in preceding two weeks (Number);
- Percentage of population vaccinated which is included in the priority population targets defined in national plan, sex-disaggregated (Percentage).



D. Project Description

12. **The additional financing (AF) is proposed to the Papua New Guinea (PNG) COVID-19 Emergency Response Project (IDA Credit 6614-PG)² (parent project/the Project) in amount of US\$29.57 million equivalent in the form of IDA credit.** In addition, this AF also seeks to process a proposed Level II restructuring. The AF will support the costs of expanding activities of the PNG COVID-19 Emergency Response Project under the World Bank's COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020³. The primary objective of the AF is to help ensure effective vaccine deployment in the PNG and to further strengthen preparedness and response activities under the parent project. The PNG COVID-19 Emergency Response Project in the amount of US\$20 million equivalent was approved on April 10, 2020, prepared under SPRP.

13. **The changes proposed for this AF entail expanding the scale of activities in the parent project** and adjusting its overall design. As the proposed activities are aligned with the original PDO, the PDO would remain unchanged; one additional PDO indicator will be added to measure the percentage of the priority population vaccinated, based on the targets defined in the national plan.

14. **The components and the results framework of the parent project are adjusted** to reflect the expanded scope and new activities proposed under the AF. Project management and implementation arrangements will remain the same and continue to leverage the capacity within the Project Coordination Unit (PCU).

15. **Closing Date.** No change to the closing date of the IDA original financing is being proposed, and closing date of both IDA original financing and IDA additional financing will remain April 30, 2023.

(i) Scale-up, new activities, and increase in costs of component 1

16. **Component 1: Preparedness for COVID-19 Containment and Mitigation** under the parent project aims to slow down and limit the spread of COVID-19 in PNG and improve preparedness for future public health emergencies.

17. Additional activities under component 1 will include support to expanding risk communication and community engagement, strengthening support to provincial response and training and capacity building. A new sub-component (1.3) will be added to finance COVID-19 response at the provincial level through support to expanding outreach to rural populations in 10 (of 22) priority provinces identified based on gaps in available support. These include East New Britain, Enga, Hela, Manus, Milne Bay, National Capital District, New Ireland, Oro, Simbu and West New Britain. An additional sub-component (1.4) will be added to support strengthening systems to assist in the deployment of a safe and approved effective COVID-19 vaccine. Following are the scale-up activities to be supported under each of the sub-components:

- **Sub-component 1.1: Risk Communication and Community Engagement.** This sub-component will finance the implementation of risk communication and community engagement in support of the COVID-19 response. In addition to reinforcing messages on hygiene promotion and physical distancing, risk communication will focus on health workers to encourage adherence to safety

² World Bank. 2020. Papua New Guinea - COVID-19 Emergency Response Project. Washington, D.C.: World Bank Group. <https://hubs.worldbank.org/docs/imagebank/Pages/docProfile.aspx?nodeid=31966842>

³ The Bank approved a US\$12 billion WBG Fast Track COVID-19 Facility (FTCF or "the Facility") to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion came from IBRD/IDA ("the Bank") and US\$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the FTFCF total to US\$14 billion. The Additional Financing of US\$12 billion (IBRD/IDA) was approved on October 13, 2020 to support the purchase and deployment of COVID-19 vaccines as well as strengthening the related immunization and health care delivery system.



- protocols and infection prevention practices (including on climate-related infectious diseases), as well as appropriate use of PPE, and on the broader public to address concerns around stigmatization of individuals with COVID-19 as well as gender-based violence (GBV) messaging in community health outreach as part of the emergency response. This sub-component will incorporate climate-related infectious diseases in risk communication to enhance the resilience and adaptive capacity of health care workers. Financed activities will include developing and testing messages and materials, and costs associated with dissemination.
- **Sub-component 1.2: Strengthening Response Support at the Provincial Level.** This sub-component will finance technical assistance to strengthen the COVID-19 response at the province level. This will include the provision of technical assistance to: (a) improve the effectiveness of the COVID-19 response drawing on lessons from the Stop Transmission of Polio program; and (b) develop and implement information technology tools to monitor and manage the provincial response. This will include technical assistance to develop and use dashboards and data visualization tools to manage the provincial response, as well as the development of a module to track PPE and IPC supplies in the current logistics software utilized in the country (i.e., mSupply), including availability of sex-and-age disaggregated data. These digital tools will link to the greater health information architecture planned for the health system and increase the energy efficiency of the COVID-19 response.
 - **Sub-component 1.3: Expanding Service Delivery Outreach to Communities for COVID-19 at the Provincial Level** (*new sub-component*). This new sub-component will assist National Department of Health (NDOH) in providing support to: (a) expand the delivery of COVID-19 health services (specifically risk communication and community engagement, contact tracing and surveillance), and improve the delivery of routine health services (such as immunization, ANC and behavior change communication which can also strengthen the resilience of mothers and children to climate-induced infectious diseases) through increased outreach visits; and (b) support to provincial health authorities (PHA) to manage and oversee such service delivery through church health providers and NGOs. Selection of NGOs and churches and coordination of this component will be done under the United Nations International Children’s Emergency Fund (UNICEF) contract. Expanded service delivery to communities will help to close the gap for rural women accessing health services by tracking additional outreach visits in priority provinces to deliver services for COVID-19 and improvements in ANC utilization. The delivery of routine services through outreach offers an opportunity to deliver COVID-19 services as well as strengthening the resilience of the population to climate-induced infectious diseases, and will include risk communication and surveillance. This sub-component will finance goods for NDOH (such as fuel-efficient vehicles which contribute to climate change mitigation, and printed materials for outreach and communications) and technical assistance.
 - **Sub-component 1.4: Strengthening Systems for COVID-19 Vaccine Deployment** (*new sub-component*). This new sub-component will assist NDOH with strengthening its health systems to prepare for and to effectively and equitably deploy a COVID-19 vaccine, once a safe and effective vaccine becomes available to PNG. COVID-19 vaccines deployed or supported through activities under this sub-component will be authorized by PNG’s national regulatory authority for distribution, marketing and administration within the country as well as MPA vaccines eligibility criteria. In particular, the sub-component will support: (a) the carrying out of further vaccine readiness assessments as needed to identify gaps for system strengthening measures and measures to improve accountability and oversight of resources for COVID-19 vaccine rollout; and (b) the carrying out of



activities to strengthen PNG's health systems to enable safe and effective COVID-19 vaccine deployment (including, *inter alia*, development of (i) national policies surrounding prioritization of vaccine allocation; (ii) regulatory standards for vaccination; (iii) standards and protocols surrounding cold chain, supplies, storage, logistics, and training; and (iv) accountability, grievance, citizen and community engagement mechanisms as well as activities to support the development and/or enhancement of the vaccine-related infrastructure, immunization systems and service delivery capacity (including, *inter alia*: (i) deployment costs of the COVID-19 vaccines; (ii) cold chain facilities, vehicles and logistics infrastructure; (iii) assessment of vaccine management capacity; (iv) training of delivery workers; (v) waste management for COVID-19 vaccine administration; and (vi) oversight and tracking of COVID-19 vaccine rollout performance). Specific activities to be carried out under sub-component 1.4(b) will be based on findings from the Vaccine Introduction Readiness Assessment Tool/ Vaccine Readiness Assessment Framework (VIRAT/VRAF) 2.0 assessment and prioritized through the Semi-Annual Work Plans and Budgets. In enhancing the vaccine-related infrastructure the project will implement climate change adaptation measures, including energy efficiency improvements such as sustainable cooling (with passive cooling as first option), renewable energy sources, energy efficient equipment, including low energy lightbulbs (LED lightbulbs) and replacement of old inefficient equipment, such as refrigerators and cooling systems, to mitigate the release of greenhouse gas (GHG) emissions. In addition, the project will consider a climate adaptive measures to contribute to climate change mitigations in financing goods such as fuel-efficient vehicles and health care waste management.

- **Sub-component 1.5: Human Resource Development** (*former sub-component 1.3*). This sub-component will finance all training related to the activities being financed by the additional financing. This includes expanding training for health workers on swabbing and managing samples safely and contact tracing, provincial surveillance, laboratory capacity building and delivering outreach services in accordance with the Niupela Pasin ('New Way' / 'New Normal') technical guidelines issued by the NDOH⁴. Trainings for health workers will include a session on GBV to build capacity of staff to identify GBV cases, appropriately handle disclosure, and refer patients for additional services.

18. The proposed AF will not finance the purchase of any COVID-19 vaccines. The proposed AF seeks to finance health systems strengthening and deployment costs to ensure coverage for the first prioritized 20 percent of the population with vaccine doses financed and supplied through the COVID-19 Vaccines Advance Market Commitment (COVAX AMC). Given the recent emergence of COVID-19, there is not yet 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 AF may also support the rollout of re-vaccination if warranted by peer-reviewed scientific knowledge at the time. In case that re-vaccination is required, select priority populations (such as health workers and the older people) 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). In this AF funding has not been retained for re-vaccination; if needed, the GoPNG and other development partners may consider financing such purchase.

19. To support the Government of PNG's vaccination planning, the AF will finance upfront technical assistance, including necessary detailed assessments, to support PNG to establish institutional frameworks for the safe and effective deployment of vaccines through sub-component 1.4. These will include: (i) establishing of policies related

⁴ Niupela Pasin are guidelines released by NDOH and WHO on the protocols to maintain basic hygiene and safe distancing in the new normal of COVID-19. The guidelines promote behaviors to reduce risk of transmission for COVID-19 and other infectious diseases to protect individuals, families and communities.



to ensuring that there is **no forced vaccination** (discussions with Government indicate that in PNG COVID-19 vaccination is planned to be free and voluntary and will not include target groups under 19 years of age); (ii) developing acceptable approved policy for prioritized intra-country vaccine allocation; (iii) strengthening regulatory standards at the national level, including pharmacovigilance; (iv) designing appropriate minimum standards for vaccine management including cold chain infrastructure (with financing as well for the investment to meet those standards as described below); and (v) creating of accountability, grievances, and citizen and community engagement mechanisms. The policies for prioritizing intra-country vaccine allocations will follow principles established in the WHO Allocation Framework, including targeting an initial coverage of 20 percent of a country's population, the latter being the sole focus of vaccine deployment financing under the proposed AF.

20. The AF will strengthen immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, also through sub-component 1.4. To this end, the AF is geared to assist the GoPNG, working with WHO, UNICEF and other development partners, to overcome bottlenecks, as identified in the VIRAT-VRAF 2.0 COVID-19 vaccine readiness assessment in PNG. Based on this assessment, illustrative activities under sub-component 1.4 may include the following, as needed: (i) operational cost for delivering the vaccine to reach the target population; (ii) waste management for COVID-19 vaccine administration and overall strengthening of provincial health systems; (iii) technical assistance for systems strengthening and training for health workers on adverse events following immunization, pharmacovigilance and administering the COVID-19 vaccine; (iv) development of a community engagement plan to address vaccine hesitancy and advocacy; (v) surge support for provinces on effective micro-planning, surveillance and to support oversight of the vaccine rollout; and (vi) technical assistance to support oversight and tracking of COVID-19 vaccine rollout performance. Additional activities may include enhancement of existing cold chain facilities should this become necessary⁵, vehicles, and other logistics infrastructure/equipment, with solar-powered equipment to be procured where feasible and warranted.⁶

21. The AF will include support to risk communications and community engagement to address vaccine hesitancy. PNG proposes to follow a voluntary approach to COVID-19 vaccination. To assess the population acceptance for vaccines, an initial baseline study was completed by UNICEF. Enhancing confidence in the COVID-19 vaccine and controlling misinformation will be critical for uptake. With UNICEF's technical support, plans are in place to support (i) managing and mitigating disappointment expressed by unmet demand for vaccine; (ii) addressing vaccine hesitancy to address apprehensions around vaccine safety, efficacy and misconceptions; (iii) providing timely information on potential risks and mitigation strategies for unintended crisis such as delay in vaccine rollout or adverse events during rollout introduction; and, (iv) delivering customized communication, community engagement and advocacy effort at provincial and district level. The AF will seek to strengthen communication/ community engagement capacity at the national and provincial levels. The AF will focus on risk communication, demand generation and capacity building activities with specific strategies focused on empowering subnational level to promote tailored communication for community engagement and advocacy. Orientation and capacity building plans and materials will be included as part of the rollout. The demand generation and communications activities will establish data collection systems to monitor community feedback, social media response, assess social behaviors, develop and disseminate key public communication messages to increase awareness of COVID-19 vaccines through mass media campaigns, telecom and

⁵ Per the VIRAT/VRAF assessment underway, cold chain investments are not needed given the currently proposed vaccination delivery strategy and assuming positive temperature vaccines are available for PNG as indicated by COVAX. However, a placeholder for the same has been included to enable the proposed AF to respond to changes in financing, vaccine availability or other considerations.

⁶ Gavi health system strengthening investment in cold chain equipment includes solar panel – by 2021, 78% of health facilities will have solar energy. The AF will further reinforce this climate positive trend through its investments where relevant and feasible.



print material, develop capacity building materials and rollout trainings, and conduct community based engagement and advocacy activities.

(ii) Scale-up activities and increase in component 2

22. **Component 2: Health Systems Strengthening** under the parent project, aims to strengthen the health system's ability to rapidly diagnose, contain the spread of COVID-19 and improve clinical management of sick patients.

23. Additional financing for activities under component 2 will further support expanded testing and clinical management capacity at the provincial level. The following scale-up activities will be supported under the following sub-components:

- **Sub-component 2.1: Building Testing Capacity.** This sub-component will finance activities to increase the speed with which COVID-19 test results are obtained and suspect cases informed. It will finance: (a) laboratory equipment, test kits and a mobile PCR laboratory; (b) hardware and software for a laboratory information system that also enables the tracking of samples, therefore aiming to reduce turnaround time to informing individuals of their test results; (c) technical assistance to support implementation of the laboratory information system; (d) the costs of distributing procured goods within PNG; and (e) the costs of transporting test samples. The support related to laboratory information system will enhance availability of sex-and-age disaggregated data and allow analysis of gender gap in the COVID-19 response effort, particularly inequality gap for rural women accessing health services. In financing laboratory equipment, the project will consider a climate adaptive measures to contribute to climate change mitigations.
- **Sub-component 2.2: Enhancing Containment and Clinical Management Capacity.** This sub-component will finance the procurement, tracking and distribution of the additional equipment to ensure safety and protection of frontline essential health workers. This will include PPEs, IPC products and supplies, and materials to keep the facilities clean.
- **Sub-component 2.3: Strengthening Pandemic Preparedness.** This sub-component is to be dropped as PNG does not propose to implement a Joint External Evaluation in the near future. The funding allocated to this sub-component (US\$300,000) is proposed to be re-allocated to support preparations for the future roll-out of a potential COVID-19 vaccine, by re-assigning it to sub-component 1.4(a) as indicated above. No activities under this sub-component have commenced or payments incurred under the parent project.

24. **Component 3: Managing Implementation and Monitoring and Evaluation.** An increased allocation to component 3 will accommodate expanded M&E and implementation management activities. The AF will enhance NDOH's capacity for implementation of environmental and social measures, especially with regard to vaccination delivery support. UNICEF was already engaged under the parent project as a provider of specialist technical assistance and training, including for risk communications, training and other elements. The AF will expand partnerships with UN Agencies to include WHO to provide specialist health systems strengthening technical assistance and training support both to the broader response and specifically for vaccines support. Box 1 above outlines some of these potential roles. The participation of partner organizations in technical assistance and implementation roles under the project will be assessed against their ongoing roles within existing implementation bodies and technical working groups for the COVID-19 emergency response, and will be contingent upon the adoption of appropriate mitigation measures to avoid conflicts of interest. The AF will continue to use the existing PCU staff managing the parent project.



25. **No change to component 4.** No additional financing is proposed for the CERC for the following reasons: (a) the AF seeks to address an ongoing emergency; and (b) it is anticipated that the majority of funds will be committed within the first two months after effectiveness, as was the case with the parent project.

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

26. The parent project and AF will have long term positive environmental and social impacts, insofar as it should improve COVID-19 surveillance, monitoring, treatment and containment. Nevertheless, in the short-term both the parent project and AF environmental and social risks are considered to be ‘Substantial’.

27. The main environmental risks identified are: (a) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (b) the occupational health and safety issues for medical staff and employees related to the treatment of COVID-19 patients; and (c) medical waste management and community health and safety issues related to the handling, transportation and disposal of hazardous and infectious health care waste. This includes waste resulting from vaccine delivery such as sharps and the disposal of expired vaccines. As no civil works other than establishment of modular facilities on existing hospital grounds or other government owned sites are to be undertaken, environmental risks associated with these works are expected to be minor and readily mitigated. PNG’s poor track record in containing and managing epidemics and contagious diseases in recent years (tuberculosis, cholera, chikungunya, measles, polio), low coverage and investment in essential health services, lack of comprehensive waste legislation, strategies, resources and facilities, etc. exacerbate the environmental risks despite the availability of readily implementable and effective mitigation measures in the form of WHO guidance, World Bank Environmental Health and Safety Guidelines, other good international industry practice and PNG endorsed IPC procedures. While the contextual environmental risks are assessed to be high, the COVID-19 emergency operation is not expected to generate large volumes of medical waste with high population proximity exposed to this waste. Due to the resulting low probability of serious adverse effects to human health from exposure to medical waste, and the fact there are known and reliable mechanisms available to prevent or minimize such exposure, the environmental risk is assessed to be ‘Substantial’ for both the parent project and AF.

28. The social risks are considered ‘Substantial’ for both the parent project and AF. While some social risks and impacts are significant, they are considered temporary, predictable, and readily managed through project design features and mitigation measures. No land acquisition or involuntary resettlement impacts are expected. The project includes the establishment of temporary facilities in at least 10 provinces. All activities will be conducted within existing government facilities/grounds and no new land will be acquired or accessed. A key social risk is the potential for inequitable access to project supported facilities and services (including COVID-19 vaccine deployment) particularly for vulnerable and high-risk social groups (poor, disabled, elderly, isolated groups). Real or perceived inequities also have the potential to lead to social tensions, conflict and civil unrest. To mitigate this risk NDOH, in the Environmental and Social Commitment Plan (ESCP), has committed to ensuring access to and allocation of project



benefits in a fair, equitable and inclusive manner, taking into account disadvantaged or vulnerable groups including, as relevant, with regards to vaccines.

29. While protecting the health of communities from infection with COVID-19 is a central part of the parent project and AF, without adequate controls and procedures, project activities ranging from medical facility operation through to on-ground public engagement exercises have the potential to contribute to virus transmission and other community health and safety issues. The deployment of a COVID-19 vaccine also presents risks concerning the safety and efficacy of the vaccine. Some project activities also present increased health and safety risks for project workers, particularly those working in medical and laboratory facilities and medical waste management. The project will support the NDOH to manage these risks through technical assistance activities, including analytical work, preparation for the rollout of the COVID-19 vaccine – including prioritization, delivery and communication.

30. Environmental and Social risks associated with the project are being addressed through the project's Environmental and Social Management Framework (ESMF), Infection Prevention and Control and Waste Management Plan (IPC&WMP), Stakeholder Engagement Plan (SEP) (including a grievance redress mechanism) and Labor Management Plan (LMP), in line with the applicable environmental and social standards of the World Bank's Environmental and Social Framework and the WHO COVID-19 guidance tools for COVID-19 preparedness and response. Whilst some environmental and social (E&S) risk management activities were slow to start for the Parent Project, risk management is considered adequate. The project's GRM has been operationalized in coordination with UN implementing partners including an updated procedure and clearer roles for UN Agency partners and their sub-contractors. The development of the environment and social management plans (ESMPs) for the installation of 22 incinerators are now underway. Other E&S risk management activities are built into Project design such as risk communication, IPC training and the provision of PPE and are being implemented through the UNICEF and United Nations Office for Project Services (UNOPS) contracts.

31. The ESMF (including IPC&WMP and LMP) will be updated to address risks of new AF activities including the new sub-component relating to strengthening COVID-19 vaccine deployment and to ensure relevance and effectiveness based on the experience of parent project implementation thus far, and re-disclosed no later than 30 days after the AF effectiveness date. The SEP and ESCP have been updated to reflect the activities proposed under the AF.

32. The PCU's existing Environment, Social, Health and Safety (ESHS) Specialist and part-time ESHS Adviser will continue to work with lead partners such as UNOPS, UNICEF and WHO to ensure the effective implementation of the project's environmental and social instruments for both parent project and AF activities. The ESHS Adviser's inputs will be increased to help support oversight of scaled up activities under the AF. These resources are considered adequate to support the environmental and social aspects of the parent project and AF.

E. Implementation

Institutional and Implementation Arrangements

33. **The National Department of Health (NDOH) is the implementing agency for the Project.** The NDOH is responsible for project implementation, including overall coordination, results monitoring and communicating with the World Bank on the implementation of the project. The Secretary of the NDOH serves as the Project Director and is responsible for providing project oversight and coordinating project implementation. In addition, a Project Steering Committee has been established, which provides oversight and strategic policy advice and guidance to the project and is responsible for ensuring synergies between project activities and the PNG Emergency Preparedness and Response Plan. To incorporate the COVID-19 vaccine deployment activities to be supported under the proposed AF, the Project Steering Committee, as established, includes the Deputy Secretary for National Health Services and



Standards which is responsible for overseeing PNG's national immunization activities, including the COVID-19 vaccine roll-out. The PCU established for the Emergency Tuberculosis Project also supports the NDOH on day-to-day management and implementation of the project. The PCU includes a Project Coordinator, Procurement Specialist, Financial Management (FM) Specialist, Accounts Officer and local and international Environmental and Social Specialists. As of March 28, 2021, the PCU for the parent project is now fully staffed. The NDOH has contracted the UNOPS and UNICEF to implement most project activities. UN agencies in PNG have active operations in these violence-affected provinces and have relevant security protocols that enable them to access all provinces in a relatively effective and prompt manner. The PCU team has developed the Project Operations Manual. The World Bank team reviewed and provided comments on the Manual, which is being finalized by the PCU.

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APPROVAL

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