



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 06-Apr-2020 | Report No: PIDA29040



**BASIC INFORMATION**

**A. Basic Project Data**

Country Papua New Guinea	Project ID P173834	Project Name Papua New Guinea COVID-19 Emergency Response Project	Parent Project ID (if any)
Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 03-Apr-2020	Estimated Board Date 10-Apr-2020	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)

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**

<b>Total Project Cost</b>	20.00
<b>Total Financing</b>	20.00
<b>of which IBRD/IDA</b>	20.00
<b>Financing Gap</b>	0.00

**DETAILS**

**World Bank Group Financing**



International Development Association (IDA)	20.00
IDA Credit	20.00

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

**B. Introduction and Context**

Program Context

**1. An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China.** Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world.

**2. COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts.** The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use<sup>1</sup> and pre-existing chronic health problems that make viral respiratory infections particularly dangerous<sup>2</sup>. With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83% to 98% of patients develop a fever, 76% to 82% develop a dry cough and 11% to 44% develop fatigue or muscle aches<sup>3</sup>. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7% of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

<sup>1</sup> Marquez, PV. 2020. "Does Tobacco Smoking Increases the Risk of Coronavirus Disease (Covid-19) Severity? The Case of China." <http://www.pvmarquez.com/Covid-19>

<sup>2</sup> Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." New Eng J of Medicine, DOI: 10.1056/NEJMe2002387

<sup>3</sup> Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." JAMA, doi:10.1001/jama.2020.3072



**3. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FCTF).**

Country Context

**4. The Independent State of Papua New Guinea (“PNG” and/or “the Recipient”) is a lower-middle income country (LMIC) with a population of over 8 million.** 86.9 percent 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.

**5. Poverty rates are high in PNG, and PNG’s scores on the Human Capital Index (HCI) are low.** Poverty rates remain high, particularly in the rural and remote areas, with 38 percent of PNG’s population living below the international poverty line of US\$1.90 per day (2011 US\$ Purchasing Power Parity) in 2009<sup>4</sup>. PNG has an HCI score of 0.38, which is significantly below the East Asia and Pacific (EAP) region average (0.62) and is comparable to Sub-Saharan Africa (0.40).

**6. The economic impacts of a 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 ramifications 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

**7. 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 chikunguniya 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<sup>5</sup>.

**8. A COVID-19 outbreak will further strain a health system that struggles to deliver basic health services.** PNG faces a shortage in health workers – there are fewer than 500 registered medical officers in PNG, and their distribution across the country is uneven. There are only 8 isolation beds, situated in the Port Moresby General Hospital, available for a population of 8 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

<sup>4</sup> Ibid.

<sup>5</sup> Global Tuberculosis Report 2019

[https://www.who.int/tb/publications/global\\_report/tb19\\_Report\\_country\\_profiles\\_15October2019.pdf](https://www.who.int/tb/publications/global_report/tb19_Report_country_profiles_15October2019.pdf)



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 percent of pregnant women received at least four Ante Natal Care (ANC) check-ups. In 2016, only 34 percent of children under 1 were immunized against measles and 41 percent received the third dose of the pentavalent vaccine. With a stunting rate of nearly 50 percent 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.

**9. While only one case has been confirmed, the risks are high that COVID-19 could spread widely.** This individual entered PNG through the international airport in Port Moresby and traveled within the country by air and road before the case was confirmed, contributing to potential infections although no more cases have been confirmed yet. PNG introduced a ban on flights from China and other parts of East Asia relatively early. However, daily flights continued until March 22 from other countries such as Australia where the number of cases is rapidly increasing. Given the fragility of its health system, the risks of rapid spread are high.

**10. The Government is seeking additional funding for the National Emergency Response Plan.** PNG activated the National Emergency Response Operation Committee (NEOC) on January 27, 2020. COVID-19 was declared a national emergency on March 11, 2020. On March 22, 2020 COVID-19 was declared a national security concern and declared a State of Emergency for 14 days introducing a series of measures to restrict international and internal movement, including stopping all international flights and domestic flights as well as early school closures. A Ministerial Taskforce committee chaired by the Minister of Health and HIV/AIDS provides strategic leadership and guidance to the emergency preparedness and response effort. A National Emergency Response Plan has been developed with support from the World Health Organization (WHO). A budget of Kina 45 million has been authorized to support the response, with Kina 10 million released to the National Department of Health (NDOH) so far. The Government is seeking additional resources for the National Emergency Response Plan and has approached development partners for support, including the World Bank. Activities that will be financed under the FTF will be coordinated to ensure that gaps are covered, and duplication minimized. A key priority for future support will be to strengthen the response at the provincial level.

**11. Development of a coordinated approach to support the National Emergency Response for COVID-19.** NDOH is leading the implementation of the PNG Emergency COVID-19 Response Project and is working through the NEOC and Provincial Emergency Operations which is the official coordination mechanism to implement the multi-sectoral national response for COVID-19. Under the leadership of the NDOH, the development of the PNG Emergency COVID-19 Response Project was coordinated with WHO, Australia's Department for Foreign Affairs and Trade, Asian Development Bank and United Nations Children's Fund (UNICEF) among others through the Health Cluster partner group to ensure that Project interventions are complimentary with other donor support to the National Emergency Response Plan for COVID-19. Furthermore, the PNG Emergency COVID-19 Response Project health system component was designed to link and support the provincial level capacity building efforts of existing World Bank Emergency Tuberculosis Project (ETP, P160947) and IMPACT Health (P167184) operations.



### C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

12. 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).

Key Results

13. The achievement of the PDO will be measured through the following PDO-level results indicators:

- Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours;
- Samples from suspected cases of COVID-19 / SARI that are confirmed within 48 hours; and
- Number of Provinces with personal protective equipment (PPE) and infection prevention & control (IPC) products and supplies, without stock-outs in preceding two weeks

### D. Project Description

14. The Project comprises of the following components:

#### **Component 1: Preparedness for COVID-19 Containment and Mitigation (Total US\$ 5.4 million)**

15. The aim of this component is to slow down and limit the spread of COVID-19 in PNG and improve preparedness for future public health emergencies. This will be achieved through providing immediate support for a comprehensive communication and behavior change intervention and strengthening capacity for active case detection and response.

16. **Sub-component 1.1: Risk Communication and Community Engagement (US\$ 4.4 million):** This sub-component will finance the implementation of a comprehensive communication and behavior change intervention to support key prevention behaviors (hand washing, cough etiquette, social distancing, etc.), including: (i) developing and testing messages and materials; and (ii) costs associated with printing and distributing/disseminating messages and materials. In this initial phase the focus is expected to be on prevention messages. The focus will be adapted based on the scenarios identified in the National Emergency Response Plan. Risk communication and community engagement activities will use a number of media platforms including television, radio, social media (such as Facebook), newspaper advertisement and printed materials as well as SMS – short message service – blasts. Based on the polio experience, health workers are expected to be a major source of information; hence talking points and resources will be developed for health workers. This sub-component will finance community engagement and school awareness activities and envisages partnerships with several stakeholders, including churches and the private sector. Activities implemented under this sub-component will have a national footprint.

17. **Sub-component 1.2: Strengthening Response Support at the Provincial Level (US\$ 0.4 million).** This sub-component will finance technical assistance, training, and operations costs for rapid response and surveillance activities at the province level in a phased manner, starting with 10 priority provinces identified by the NDOH. Activities in this sub-component will be nested within provincial COVID-19 response plans. The main focus will be on active case finding,



including contact tracing, and on improving oversight, coordination, surveillance and data analysis to guide the COVID-19 response. Provincial emergency response teams are in place at the province level and were deployed in the polio response. Salaries or allowances for government staff and contractors engaged in provincial response teams are not included in this sub-component as these are financed through the Government's budget and by other development partners.

**18. Sub-component 1.3: Human Resource Development (US\$ 0.6 million).** This sub-component seeks to build human resource capacity for COVID-19 preparedness and response. It will include training and other capacity building activities related to interpersonal communication by health workers related to COVID-19, infection prevention and control, testing, waste management and clinical management of patients with mild symptoms in primary care settings. Given travel restrictions in PNG, remote training options may be used. Activities under this sub-component will initially focus in the 10 priority provinces identified by the NDOH, and may potentially be expanded to additional provinces if the situation warrants it.

## **Component 2: Health Systems Strengthening (Total US\$ 13.9 million)**

19. The aim of this component is to strengthen the health system's ability to provide care to rapidly diagnose, contain the spread of COVID-19 and improve clinical management of sick patients. It will include financing to strengthen early detection, improve clinical management of COVID-19 and support measures to contain its spread. Finally, this component will also finance the implementation of priority actions for pandemic preparedness based on findings from the Joint External Evaluation exercise to be conducted in PNG.

**20. Sub-component 2.1: Building Testing Capacity (US\$ 6.7 million).** This sub-component seeks to expand and/or strengthen PNG's testing capacity for COVID-19. This sub-component will finance a containerized laboratory, laboratory equipment (including Polymerase Chain Reaction (PCR) and GeneXpert machines), medical furniture (including biosafety cabinets), GeneXpert cartridges, reagents, consumables and supplies for PCR machines and, if necessary, at a later stage, serology tests for COVID-19 to expand testing capacity. This sub-component will also finance transportation costs for COVID-19 samples within PNG and to the reference laboratory in Australia for quality control. The geographic footprint of this sub-component is national.

21. The Institute of Medical Research (IMR) in Goroka, Eastern Highlands Province, a regional center of excellence for tropical medicine research, is the only laboratory in PNG that is currently testing for COVID-19. The IMR has 2 PCR machines which can currently test a maximum of 300 samples a day each. A second critical gap relates to the transportation of samples from collection sites to IMR. Samples are currently transported between provinces by air by courier companies contracted by NDOH, or by road. Cash flow constraints and poor transportation links often create delays in transporting samples. Not all provinces have direct air links to Goroka, where IMR is located. This can further lengthen the turnaround time to obtaining test results and responding appropriately. PNG has nearly 50 GeneXpert machines in all provinces which could be used to screen for COVID-19 as they are currently underutilized. Per NDOH's request, this component will therefore improve capacity to test for COVID-19 at sites including the Central Public Health Laboratory, the national reference laboratory in Port Moresby, at IMR in Goroka as well as through GeneXperts at existing and additional sites as needed. Given space constraints it is currently proposed that a containerized laboratory would be procured, equipped, and placed on publicly owned land in Port Moresby.

**22. Sub-component 2.2: Enhancing Containment and Clinical Management Capacity (US\$ 6.9 million).** Clinical management capacity for COVID-19 is severely limited in PNG with only 8 isolation beds at Port Moresby General Hospital, the national reference hospital. Given that COVID-19 is highly infectious, there are concerns about proximity



between sick and vulnerable patients with other conditions and those with COVID-19, as well as for the safety of health workers. In addition, building clinical management capacity at the provincial level will be critical to contain and manage not only COVID-19 but future pandemics.

23. This sub-component will finance the procurement of PPE like masks, goggles, gloves, gowns, etc., as well as supplies for infection prevention, modular (pre-fabricated) isolation units, intensive care equipment, medical furniture and supplies for the isolation units. The equipment is likely to include ward and transport ventilators, oxygen concentrators, oxygen cylinders, oxygen flow regulators, suction machines, supplies and consumables as well as equipment for infection prevention (such as autoclaves) and incinerators for waste management where this is necessary. Technical assistance for the development of health worker safety and waste management plans will be provided through Component 3. While PPE will be procured for use across the country, other activities under this sub-component will focus initially on 10 priority provinces to be identified by the NDOH.

24. **Sub-component 2.3: Strengthening Pandemic Preparedness (US\$ 0.3 million).** PNG's recent history of multiple outbreaks highlights the value of investing in pandemic preparedness. Recent outbreaks have been profoundly disruptive, with surge response disrupting routine service delivery as staff and resources are diverted to crisis management. Provinces and sub-national authorities have a key role to play in pandemic preparedness given PNG's decentralized health system, rugged terrain and dispersed population.

25. This sub-component will finance technical assistance to support the implementation of priority actions identified in the Joint External Evaluation to be conducted in PNG, and agreed with the World Bank, with a focus on the 10 priority provinces identified by the Government of PNG in a first wave, with potential expansion to additional provinces based on needs. Technical assistance will also be provided to support the Government of PNG on the monitoring of core capacity requirements under the International Health Regulations.

### **Component 3: Managing Implementation and Monitoring & Evaluation (US\$ 0.7 million).**

26. The Project will use the current Project Coordination Unit (PCU) for the ETP to manage and implement the Project. The current complement of PCU staff will be enhanced with a Financial Management Specialist (FMS), Monitoring & Evaluation Specialist, and Environmental & Social Specialist. This component would also support monitoring and evaluation activities, real time lessons learning from the response exercise, and joint-learning between countries and within PNG. Technical assistance for the development of health worker safety and waste management plans will be provided through this component.

### **Component 4: Contingent Emergency Response Component (CERC) (US\$ 0 million)**

27. The objective of this component is to improve the Government of PNG's (GoPNG) response capacity in the event of an emergency, following the procedures governed by OP/BP 8.00 (Rapid Response to Crisis and Emergencies). The Component would support a rapid response to a request for urgent assistance in respect of an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact to PNG associated with a natural or man-made crisis or disaster. In the event of an emergency, financial support could be mobilized by reallocation of funds from other Components to support expenditures on a positive list of goods and/or specific works and services required for emergency recovery. A CERC Operational Manual, governing implementation arrangements for this component, will be prepared with support under the 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

**E. Implementation**

Institutional and Implementation Arrangements

28. **The NDOH will be the implementing agency for the Project.** The NDOH will be responsible for implementation of the project, including overall coordination, results monitoring and communicating with the World Bank on the implementation of the project. The Project Steering Committee for the Project will comprise the Senior Executive Management of the NDOH. The Steering Committee will meet every week to review progress of the project, ensure coordinated efforts by all stakeholders and will conduct annual reviews of the project. The Secretary of the NDOH will be the Project Director and provide oversight and support coordination of project implementation among the relevant divisions and departments of NDOH and Provincial Health Authorities. The ETP PCU will support the NDOH on day-to-day management and implementation of the Project. In addition to the existing ETP PCU Project Coordinator and Procurement Specialist, the ETP PCU will be expanded to include a Financial Management Specialist, Monitoring & Evaluation Specialist, and Environmental and Social Specialist. The three new specialists will be recruited by not later than three months after the effective date of the Financing Agreement.

29. A Project Operations Manual (POM) will be developed by not later than two months after the effective date of the Financing Agreement (approximately by end of June 2020) to support the PCU to meet its responsibilities for management and implementation of the project. The POM will describe detailed arrangement and procedures for the implementation of the project, such as responsibilities of the PCU, operational systems and procedures, project organizational structure, office operations and procedures, finance and accounting procedures (including funds flow and disbursement arrangements), procurement procedures, personal data collection and processing in accordance with good international practice, and implementation arrangements for the Environmental and Social Commitment Plan (ESCP) as well as the preparation and/or implementation of instruments referred to in the ESCP such as the Environmental and Social Management Plan (ESMP) per World Bank ESF guidance.

**CONTACT POINT**

**World Bank**

Aneesa Arur  
Senior Economist



**Borrower/Client/Recipient**

Department of Treasury

**Implementing Agencies**

National Department of Health  
Paison Dakulala  
Acting Secretary  
Paison\_Dakulala@health.gov.pg

**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):	Aneesa Arur
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**Approved By**

Environmental and Social Standards Advisor:		
Practice Manager/Manager:		
Country Director:	Mona Sur	07-Apr-2020