



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 06-Apr-2020 | Report No: PIDA29033

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

Country Burkina Faso	Project ID P173858	Project Name Burkina Faso COVID-19 Preparedness and Response Project	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 09-Apr-2020	Estimated Board Date 10-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Burkina Faso	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

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

Components

Emergency COVID-19 Response
Implementation Management and Monitoring and Evaluation

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

Total Project Cost	21.15
Total Financing	21.15
of which IBRD/IDA	21.16
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	21.15
IDA Credit	10.58



IDA Grant	10.58
Environmental and Social Risk Classification	
Substantial	
Decision	

Other Decision (as needed)

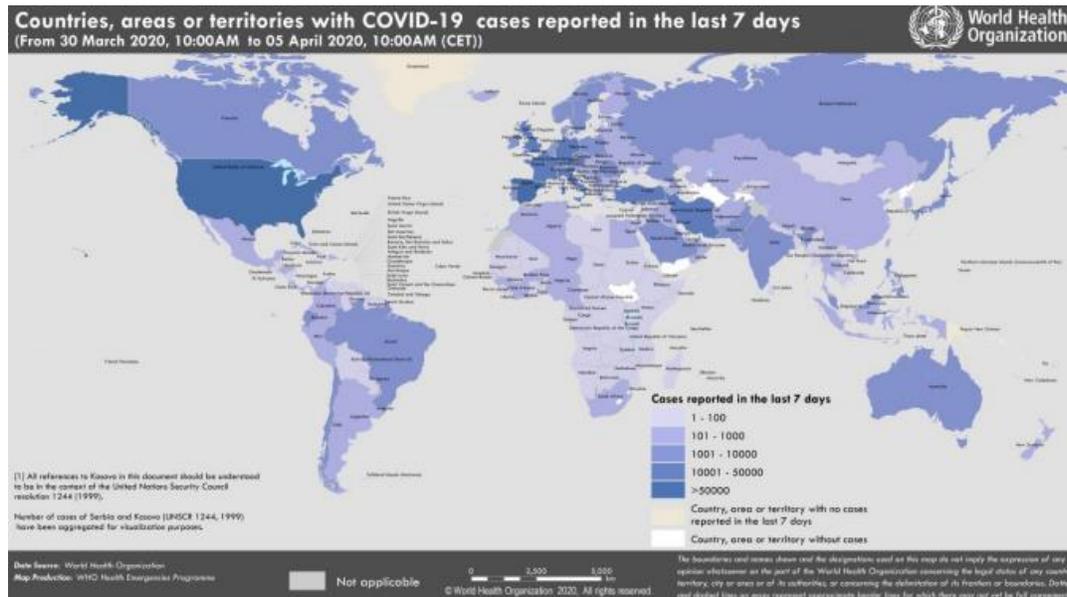
B. Introduction and Context

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. Figure 1 provides details about the global spread of COVID-19. As of April 5, 2020, the outbreak has resulted in an estimated 1.1 million confirmed cases and about 82,000 deaths in 178 countries¹.

¹ Source: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>



Figure 1: Countries, territories or areas with reported confirmed cases of COVID-19, 5 April 2020



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 use² and pre-existing chronic health problems that make viral respiratory infections particularly dangerous³. 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 aches⁴. 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.

3. This project is prepared under the global framework of the World Bank COVID-19 Response financed

² 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>
³ Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." New Eng J of Medicine, DOI: 10.1056/NEJMe2002387
⁴ Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." JAMA, doi:10.1001/jama.2020.3072



under the Fast Track COVID-19 Facility (FCTF) and Burkina Faso's IDA19 allocation.

Country Context

4. **Burkina Faso's faces serious challenges, many of which will be exacerbated by the COVID-19 crisis.**

Burkina Faso is experiencing a security and humanitarian crisis. Increased security challenges, with armed extremist groups' attacks and old antagonisms leading to conflicts between local communities have expanded from the northern and eastern border regions to other parts of the country, including at times the capital city. This has led to a surge in fatalities to 2,189 in 2019 and to unprecedented humanitarian and social emergencies. The Government declared the state of emergency in late December 2018 and it remains in force in 6 out of the 13 regions of the country. Whereas attacks have so far only marginally affected mining production and have been sporadic in areas of major economic activity, they have reached religious and community leaders, exacerbating inter-community violence. As a result, the number of internally displaced persons (IDPs) exploded to 779,741 at the end of February 2020, or a number seven times more than a year earlier.⁵ Protecting IDPs from COVID-19 will be particularly challenging.

5. **Growth has remained strong, but most households are very vulnerable to shocks.** Despite the security situation, growth has remained 6 percent or above in 2018 and 2019, supported by a rebound of the agricultural sector and sustained growth in mining and services. Nevertheless, with a Gross National Income (GNI) per capita of US\$ 660 in 2018, Burkina Faso is among the 20 poorest countries in the world and 40.3 percent of the population lived below the national poverty line in 2014. Households are highly vulnerable to food insecurity and shocks: fifty-eight percent of the population cannot meet basic caloric needs. Given the highly informal nature work, key containment strategies – such as social distancing or quarantine will put many households at risk of losing their means of subsistence and may be difficult to enforce.

6. **With elections looming and recurring social movements, the Government faces an additional challenge from the COVID-19 crisis.** Presidential and legislative elections are set for November 22nd, 2020. Though there remain financial, legal and security questions to solve, the Government is already facing a tense social climate, with severe pressure from unions and threat of strikes ahead of the elections. Notwithstanding that climate, and the previous shocks, macroeconomic management has remained adequate. However, the eventual slump arising from the global economic slowdown from COVID-19 or its domestic disruptions will have additional adverse economic effects, and further impact already large health and education challenges. To face these challenges, a Development Policy Financing series is under preparation by the World Bank which aims to preserve fiscal consolidation, promote economic resilience and public service delivery reforms, improve rural livelihoods and reinforce economic inclusion, social cohesion and efficiency. The President of Burkina Faso presented a response and mitigation plan estimated at 4.45 percent of GDP on April 2, 2020. The proposed operation is part of a broader World

⁵ OCHA, <https://www.humanitarianresponse.info/fr/operations/burkina-faso/populations-deplacees>. Part of the increase in the number of internally-displaced persons should also be attributed to improvements to the registration system and army security interventions in the eastern region, with persons fleeing away from armed confrontations.



Bank response and leverages the IDA-19 envelope to mobilize twice as much in Crisis Response Window financing with the proposed operation.

Sectoral and Institutional Context

7. High maternal, child and infant mortality and fertility rates remain a challenge. Although Burkina Faso did not meet the Millennium Development Goals (MDGs), outcomes had generally been improving until 2019 when the health sector labor actions were contemporaneous with excess maternal and child mortality and routine health data were lost. Between 2010 and 2015, the under-five mortality rate decreased from 129 to 82 deaths per 1,000 live births; neonatal mortality dropped from 28 to 23 deaths per 1,000 live births; the maternal mortality ratio fell slightly from 341 to 330 deaths per 100,000 live births, and the total fertility rate went from 6 to 5.4 children per woman. Malnutrition contributes significantly to morbidity and mortality in Burkina Faso. The 2019 National Nutrition Survey estimated that 8.1 percent of children suffer from acute malnutrition (1.1 severe acute malnutrition) with a range of 5.5 percent in the Center-South region to 9.7 percent in the Sahel region.

8. Access to health services is a perennial concern in the country. The coverage of essential services has improved over time: in 2016, 86 percent of children aged 12-23 months were completely immunized, compared to 39 percent in 2003, and 84 percent of pregnant women delivered in health facilities in 2015, compared to 66 percent in 2010. Access nevertheless remains hampered by geographical factors (distance to health facilities, transport costs) as well as socio-cultural factors. In addition, despite progress, out-of-pocket health expenditures remain relatively high at around percent of total health expenditures. Fifty-five percent of the poorest quintile of the population do not use formal care in case of illness⁸. On average, households spend more than 30 percent of their budget on health-related expenses, the second highest category after food⁹. In 2019, access declined due to the labor actions in the health sector. At the annual health sector review, the conclusion was that maternal and neonatal mortality had risen where data were available for comparison with 2018.

9. Burkina Faso's health system faces long-standing and worsening challenges, exacerbating the immediate vulnerability to a COVID-19 pandemic. The distribution of services is inequitable. Many facilities lack basic input and essential medicines are often out of stock. Accountability as well as management capacity need to improve. The deteriorated security has worsened many of these issues. By end February 2020, 120 health centers were closed and 153 others were impaired, leaving 881,000 people with limited or no access to healthcare.⁶ . This has also impaired access to health care for internally-displaced people as the health facilities are sometimes overwhelmed by the demand and may lack resources to provide the care.

10. The 2018 Joint External Evaluation of core capacities for the requirements of the WHO International Health Regulations (IHR-2005) identified weaknesses in essential areas. Burkina Faso had coordination problems around One Health, capable labs for human and animal health pathogens, with an

⁶ Humanitarian health cluster report, February 11, 2020.



epidemic surveillance, detection, and response system that was underfunded and had coordination problems between sub-sectors, and needed to better-allocate human resources for epidemic response⁷.

11. Health system reforms are ongoing. For several years, the health system of Burkina Faso has been undergoing reforms with an allocation from the state budget (12 percent), increasing from year to year and support from technical and financial partners. However, the onset of the COVID-19 epidemic is putting further pressure on the health system in Burkina Faso, due to the existence of factors such as:

- free movement of people and goods in the ECOWAS community;
- precarious socio-economic conditions characterized by overcrowding, insufficient individual and collective hygiene;
- low level of competence of health actors on infection prevention and control measures in general and a lack of competence for COVID-19;
- inadaptation of Standard Operating Procedures (SOP) to the situation.

12. The Government has already started responding to the COVID-19 epidemic. In February, the Government with the support of WHO prepared a preparedness and response plan and started disseminating messages about protective behaviors. The plan outlines six specific objectives: (i) build the capacities of stakeholders in the surveillance of entry points, in case investigations, follow-up of contacts, collection of samples, laboratory diagnosis and case management of COVID-19; (ii) promote measures to prevent and control infection in health structures and in the community; (iii) ensuring effective risk communication; (iv) ensure the motivation of the teams; (v) promote research on COVID-19; and (vi) strengthen coordination for the preparation and response to an epidemic of COVID-19. The proposed project is fully aligned with the Government's revised response plan adopted on April 2, 2020 and is expected to support each of the six objectives. The first two COVID cases were officially recorded in Burkina Faso on March 10 and by April 5, 302 cases had been confirmed and 41 patients had died. On March 20, the President of Burkina Faso closed the borders and announced a curfew, a ban on gatherings of more than 50 people as well as the closure of restaurants and entertainment venues. On March 26, the Government quarantined all cities that have declared COVID cases, requires high-risk contacts to remain isolated, and is now putting all non-serious confirmed cases into ad-hoc wards in hotels or hospitals to reduce the transmission risk. In order to accelerate its preparation and strengthen its response, the Ministry of Finance addressed a request to the World Bank on March 26, 2020 to request a project to be prepared under the umbrella of the first phase of the COVID-19 Strategic Preparedness and Response Program. The proposed project has triggered paragraph 12 of the Investment Project Financing Bank Policy.

13. National coordination mechanisms are already in place, but not entirely effective. A National Committee to manage COVID-19 response is led by the Prime Minister with the participation of 20 ministers, the WHO Resident Representative, the lead development partner in health (currently the World Bank, see below), the head of the private health sector coordination body, and the One Health Technical Secretary. It has not met since its first meeting on March 19, 2020. At the technical level, the Ministry of Health has activated the Health Emergency Operations Response Center (French acronym:

⁷ World Health Organization, "Évaluation externe conjointe des principales capacités RSI du Burkina Faso : rapport de mission du 4 au 8 décembre 2017 » (<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.12/fr/>).



CORUS) and created ten working groups to address specific aspects of the response: coordination, resource mobilization, surveillance, rapid response teams, points of entry, laboratory capacity, infection prevention and control, case management, communication and community engagement, and logistics. The technical groups have met, but the move to virtual meetings only by development partners has hampered information flows and complicated the coordination of support although this is rapidly improving. In general, intra-development partner coordination is organized through a rotational system. From June 2019 to May 2020, the World Bank is lead development partner and WHO is the deputy lead development partner. The April 3 meeting of the resource mobilization commission requested all partners to announce their resource envelopes and to propose areas of support. It is expected that the division of labor will be clearer by April 10.

14. Lessons learned from past epidemics are insufficient but have informed the design of the proposed project. In the past, Burkina Faso has suffered deeply of various epidemics of variable magnitude (e.g., meningitis, measles, yellow fever). The country also experienced the threat of Ebola Virus Disease (EVD). In accordance with the requirements of the International Health Regulations (IHR), due to the Ebola context, forty-four high-flow entry points have been identified in Burkina Faso. These entry points are characterized by the lack of suitable infrastructure and equipment (e.g., thermal cameras, thermo flash), lack of human resources, poorly qualified and poorly motivated personnel, all within the specific framework of COVID-19. Regarding the establishment of International Health Regulations (IHR) within the framework of COVID-19, Burkina Faso benefited from the existing framework in the context of the outbreak of the Ebola virus disease (EVD) epidemic in West Africa in 2014. Given the high turnover of human resources in general, training of these IHR is necessary because of the insufficient documented training in the time of Ebola and the recruitment of new staff. This will be supported through Component 1 of the proposed project. Other lessons from the past include:

- commitment at the highest level, national leadership and ownership are fundamental principles;
- multisectoral collaboration is essential;
- response to a major epidemic requires a well-coordinated and rapid response equal to the threat;
- infectious disease surveillance networks (regional and multinational) are important tools for quickly detecting and responding quickly to epidemic episodes in order to mitigate the impact on society;
- consideration should be made for positioning of actors which reflects the dimension of opportunity of the epidemic (political, administrative, religious authorities, scientific experts, consultants, etc.);
- importance of the community's involvement in the fight strategies is no longer to be demonstrated;
- considering the cultural dimension is a necessity;
- working with communities - infectious disease management only works if it is built with and within the communities;
- adapted/customized communication is an important part of the fight against any epidemic;
- communication and containment work well if they originate are accepted by the communities, especially if community and religious leaders, traditional healers and other "champions" are involved and endorse the measures being implemented,
- good coordination of TFP interventions is essential;
- capacity building is essential in the fight against any epidemic;
- research must accompany the response to the epidemic



C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

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

Key Results

1. Coordinated disease surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities
2. Policies, regulations, guidelines, or other relevant government strategic documents incorporating a multisectoral health approach developed/or revised and adopted
3. Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents able to deliver the required tests
4. Percentage of suspected COVID-19 cases reported and investigated based on national guidelines for the emergency aspect of the project surveillance activities
5. Outbreak/pandemic emergency risk communication plan and activities developed and tested

D. Project Description

Component 1: Emergency COVID-19 Response

15. This component will provide immediate support to Burkina Faso to limit local transmission through containment strategies. Supported activities will mostly be related to:

- **Case Detection, Confirmation, Contact Tracing, Recording, Reporting.** This sub-component will help (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. Additional support could be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information.
 - One laboratory is currently equipped to test samples in Bobo-Dioulasso (*Laboratoire nationale de reference grippe*) and government intends to open a at least two more in Ouagadougou in the week of April 6, 2020. The project may support training of staff collecting samples in designated facilities, the provision of tests kits, equipment and reagents and in reference labs but also support the safe transport of samples collected in peripheral facilities to the existing reference labs.
 - To enhance data quality reporting and real-time monitoring of health surveillance data, the project will support the development and operationalization an electronic surveillance system using mobile technology and geographic information system (GIS) at all levels and



the use of the information for decisions.

- Hazard pay: the project will make provisions for payments based upon eligibility criteria, rationalization mechanisms, and with predefined and sustainable scales. This is based upon the experience of the Ebola Virus Disease response in 2010.
- **Social Distancing Measures and prevention.**
 - The project is expected to support the implementation of immediate term responses, i.e., classic “social distancing measures” such as a ban on large gatherings, backed up by a well-designed communication strategy as advised from appropriate regulatory institutions, consistent with international best practices but adapted to the local context. As needed, financing will be available to develop guidelines on social distancing measures (e.g., in phases) to operationalize existing or new laws and regulations, and to support coordination among sectoral ministries and agencies.
 - A plan will be established to ensure relevant priority professions are provided with personnel protective equipment (PPE), beyond health personnel, e.g. people involved in providing support to affected and quarantine households.
 - Specific measures will be elaborated targeting the most vulnerable including the elderly, those with depressed immune systems and areas where large numbers of IDPs are concentrated for which the implementation of social distancing and personal hygiene measure present specific challenges (e.g., provision of safe water and basic sanitation).
- **Health System Strengthening.** Assistance would be provided to the health care system to support the provision of medical care to patients and maintain essential community services (e.g. obstetric care, immunization) and to minimize risks for patients and health personnel.
 - The project might support the further elaboration and continuous adaptation of infection control and treatment guidelines including referral pathways.
 - Health facilities staff and front-line workers will be trained on risk mitigation measures, triage and delivering care according to guidelines;
 - Appropriate personnel protective equipment (PPE) and hygiene materials will be procured to protect all health staff and personnel including but not limited to those involved in the detection and management of suspected cases and patients.
 - Clinical care capacity may be strengthened through the purchase of critical intensive care equipment and supplies, equipment and medicines required to support case management and treatment according to best practices as adapted to the context, which is likely to include an initial purchase of respirators. The project will also support human resource management functions to improve the ability to deliver the necessary care.
 - The project will also seek to improve supply chain management both in the public and private sector. The distribution of specific screening inputs to health facilities during the emergency response, such as COVID-19 outbreak, would not be exclusive to the public sector.
 - The project will support the establishment of isolation units, which may include some rehabilitation and renovation of existing facilities (without altering the existing footprint);
 - Hospital could be supported to develop intra-hospital infection control measures, including necessary improvements in blood transfusion services to ensure the availability of safe blood products.



- The strengthening of operational systems could also be supported: e.g., provision safe water and basic sanitation, back-up generators where needed, medical waste management and disposal systems.
 - Operational expenses, including those related to performance payments for health teams for services provided.
 - Consideration will be given to procuring a limited number of tent hospitals initially to serve for COVID and then later to potentially equip emergency medical teams to serve populations in fragile/conflict areas in conjunction with support from the existing World Bank Health Project **Social and Financial Support to Households**⁸.
- **Communication Preparedness, communication and Community Engagement.** Activities, carried out with the government, private sector, civil society and communities may include:
 - Developing and testing messages and materials to be used as the epidemic progresses and to target different publics;
 - The development and distribution of basic communication materials (such as question and answer sheets and fact sheets in appropriate languages)
 - The financing of communication initiatives from national to local levels and between the public and private sectors on personal hygiene promotion, community awareness and understanding of symptoms and recommended pathways, community participation in slowing the spread of the pandemic and the protection of vulnerable groups, etc.
 - Communication channels may include mass media, counseling, and specific outreach activities targeting religious authorities or traditional leaders. The hotline already available to the public will be strengthened and sustained. Consideration will be given to developing feedback mechanisms to follow and address rumors in communities.
 - The project will improve access to information and scientific knowledge using appropriate tools, including the review and synthesis of scientific information for distribution to the public health community and populations.
 - Support would also be provided to develop systems for community-based disease surveillance and multi-stakeholder engagement, including to address issues such as inclusion, healthcare workers safety, and the specific vulnerability of women in the face of the epidemic (domestic violence, the risk that girls out of school may drop out and a possible increase in early pregnancies) . This component would support rebuilding community and citizen trust that can be eroded during crises.
 - This component may also support activities in relation to animal health surveillance and reporting systems including organizing community-based early warning networks.
 - **Social and Financial Support to Households.** This component will support COVID-19 affected populations through various measures such as food, basic supplies, and cash transfers. The foundation for these activities is the database of confined households maintained by the Ministry of Health that is updated daily for surveillance and containment purposes. The superstructure is the sharing of information with an entity that will provide services for the PIU. These can be delivery of foodstuffs and basic supplies,⁹ cash transfers, or purchase of agricultural commodities.

⁸ PRSS : *Projet de renforcement des services de santé* or Health Services and Reinforcement Project (P164696).

⁹ The proposed approach is to use an entity to purchase cereals (from CONASUR), beans and oils (from WFP), locally-produced



The contracted implementing entity will generate household-level data that will be aggregated and shared at predefined intervals with the PIU. The entities chosen will have proven experience and existing operating procedures amenable to rapid adaptation to the project's needs. A technical manual will define the mechanisms for such support (refer to paragraph **Error! Reference source not found.**). Enhanced supervision and monitoring mechanisms will be enacted, including iterative beneficiary monitoring.

Component 2: Implementation Management and Monitoring and Evaluation

16. Project Management. Support for the strengthening of public structures for the coordination and management of the individual country projects would be provided, including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. Execution of project activities will be undertaken by the designated units in line ministries or in partnership with non-state actors including the private sector. As detailed elsewhere in this document, additional human and material resources will be provided to the existing project implementation unit to undertake the additional work. This will be done in accordance with the national guidance on projects and programs. The project will finance equipment, technical assistance, training, and operating costs as needed.

17. Monitoring and Evaluation (M&E). This component will support monitoring and evaluation of activities and joint-learning across countries including research. This sub-component would support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.

18. Information systems for decision-making: a critical challenge to responding to crises is the availability of quality information in time to make decisions. This component will provide support for health and agriculture information systems. To enhance data quality reporting and real-time monitoring of health surveillance data, the proposed project will further develop and operationalize an electronic surveillance system using mobile technology and geographic information system (GIS) from the peripheral to the central level already supported under PRSS. To increase the accuracy of information, the project will support extension to the non-public sector in the areas of epidemic preparedness and response and health information systems. Disease surveillance and response requires both the public and private health sub-sectors as patients often present in the private sector. To that end, the proposed project will seek to extend the PRSS interoperability objectives to include private sector reporting to the health information system and to the private sector. In agriculture, the project will support market information systems to monitor the impact on the population through food markets and sensitive

fortified foods (from the producer), and local, seasonal, fruits and vegetables from (local markets) and to package and deliver them to identified households. As the Ministry of Health moves to georeferenced contact monitoring, this will be increasingly possible. WFP and CONASUR would replenish their stocks from the local markets, thus supporting suppliers at a time when markets in Ouagadougou (36) have been closed and movement restrictions, including the quarantine on cities with declared cases, will reduce economic activity thus increasing the risk of loss of produce.



imported commodities. By developing and strengthening underlying systems, this will complement efforts on the interoperability of systems financed by PRSS.

19. **Feedback and impact monitoring mechanisms.** the project will finance two forms of surveys to create rapid feedback loops for operational activities (Iterative Beneficiary Monitoring; IBM) and COVID-19 impact and communications activities (sample-based phone survey of households). The IBM tool will contact beneficiaries of social and financial support measures to monitor if they are receiving the expected support and to learn what other support might be necessary and feasible in the aggregate. The recently collected household survey, EHCVM 2018, provides a pre-crisis baseline. The emergency response survey will use multiple follow-up phone calls to measure the ongoing effects of the crisis, which can be COVID-19, drought, insecurity, and other shocks. This will inform government’s design of measures to support those who are affected.¹⁰ Also, the tool will allow for the rapid monitoring, evaluation, and redesign of COVID-19 communication measures based upon household’s understanding and execution of the measures.

20. **Support to COVID-related research.** Burkina Faso’s will participate in global research trial(s) and selected other COVID-related public health research activities will receive support from the project. Project proceeds may support necessary equipment and consumables, data collection, analysis, and participation in research conferences to present accepted publications.

21. **The project will support the post-epidemic learning phase of the national plan to adapt approaches for future epidemics.** No later than six months after the current epidemic has subsided, an evaluation on the response would be completed and made public and feed into an experience-based COVID-19 preparedness and response plan which could be either re-used should the virus continue to spread or reappear or be quickly adapted in case of a new threat. This will build upon prior USAID efforts on epidemic preparedness in supply chain and other global public health efforts.

Support to COVID-related research in Burkina Faso, the evaluation, analysis, and participation in research conferences to present accepted publications.

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

¹⁰ A similar approach was piloted during the EVD10 epidemic and produced high-frequency information on the impacts, for example “The socio-economic impacts of Ebola in Sierra Leone: results from a high frequency cell phone survey (round three)”, World Bank Working Paper Series Number 97392, available at <http://documents.worldbank.org/curated/en/2015/06/24646532/socio-economic-impacts-ebola-sierra-leone-results-high-frequency-cell-phone-survey-round-three>.



Summary of Assessment of Environmental and Social Risks and Impacts

- ***Environmental Standards***

22. **The overall environmental and social risks of this Project are deemed as Substantial.** This emergency operation will take specific measures to address environmental issues. The Ministry of Health will use (i) the Strategic Medical Waste Management Plan (SMWMP) updated in 2018, (ii) the Operational Medical Waste Management Plan in preparation (under Health Services Reinforcement Project, P168823), and (iii) other plans and manuals they have in place and applying international best practices in diagnostic testing for COVID-19, handling the medical supplies involved, and disposing of generated wastes in the two main hospitals (Ouagadougou and Bobo-Dioulasso), at the Districts level and in case of massive use of pesticides or Contingent Emergency Response. Until the (SMWMP) has been approved, the Project will apply the WHO standards on COVID-19 response. The relevant parts of the WHO COVID-19 biosafety guidelines will be reviewed while updating the Operational Medical Waste Management Plan (OMWMP), so that all relevant risks, environmental potential negative impacts and mitigation measures will be covered. In addition to the (OMWMP), the client will implement accordingly, with its counterparts and other stakeholders, the activities listed in the Environmental and Social Commitment Plan (ESCP) and the Stakeholder engagement plan (SEP) to be prepared, reviewed, approved and disclosed publicly in the country and on the Bank's web site.

23. **Environmental risks and environmental potential negative impacts include:** (i) the removal and disposal of sharp and pointed items, discarding medical supplies related to isolation measures (e.g., gloves, masks, hospital gowns, goggles, leftover medicines, etc.) in both health centers and home quarantine; (ii) contamination to the environment and health and safety risks and environmental potential negative impacts, due to the use of cleaning and disinfection products, chlorine and other hazardous by-products; (iii) risks from handling, storage and use of oxygen tanks; (iv) transport and disposal of viral contaminated materials once used or during burials, and (v) waste to be managed coming from the support to be provided to rehabilitate and equip selected primary health care facilities and hospitals for the delivery of critical medical services. Proper management handling and transportation procedures should be in place in line with WHO Interim Guidance (February 12, 2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)" and other WHO protocols.

- ***Social Standards***

24. **The social risks of this Project are deemed as Substantial:** the proposed project will have positive impacts on improving COVID-19 surveillance, monitoring and containment. However, the project could also cause significant environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project-supported laboratories and quarantine facilities. Healthcare associated infections due to inadequate adherence to occupational



health and safety standards can lead to illness and death among health and laboratory workers. The laboratories and relevant planned health facilities which will be used for diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous bioproducts.

25. Quarantine and isolation of patients may introduce other social risks such as dignified treatment of patients, attention to specific, culturally determined concerns of vulnerable groups and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as meeting minimum accommodation and servicing requirements. Gender-related social risks are numerous and cover employment, burden of care (children, elderly, and sick), domestic violence including intimate partner violence, and sexual exploitation, harassment, and abuse. These stem from confinement, resulting loss of revenues, stress, and fear from lack of reliable information. During implementation, the risks of Sexual Exploitation, Harassment, and Abuse will be assessed, and mitigation measures put in place. For the Data and Monitoring Systems, sex- and age-disaggregated data is required to examine and respond to gendered issues.

26. To mitigate against these risks, the project will develop an Environmental and Social Management Plan (ESMP), which will adequately cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. The relevant parts of COVID-19 Quarantine Guideline and WHO COVID-19 Biosafety Guidelines will be incorporated into the ESMP. These guidelines include provisions to address the needs of patients, including the most vulnerable. They also include provisions on the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients.

27. A draft Stakeholder Engagement Plan (SEP) was developed as part of project preparation. The SEP will be updated very early (30 days after Effectiveness) and be implemented. The proposed project will support a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population mainly local communities living far from the health centers and vulnerable groups outlined above. It will contribute to strengthening the capacities of community structures in promoting COVID-19 prevention messages. The proposed project will coordinate and monitor all communication interventions and material development at both the national, regional and local levels. The proposed project will ensure that activities are inclusive and culturally sensitive, making sure the vulnerable groups outlined above also benefit from the project. Toward this effort, the proposed project will prioritize communication using key influencers (i.e., religious leaders, public health agents, NGOs, etc.) and the production of communication materials, including TV, radio, social media and other web-based applications using different languages and pictures, as necessary. The social and behavior change communication will be carried out nationally. However, the timing and method of communication will be adapted according to each segmented audience, for example, for people living near laboratories and health facilities centers, borders, people who are staying in quarantine centers, etc.).



28. An Environmental and Social Commitment Plan (ESCP) which is being developed sets out material measures and actions, any specific documents or plans, as well as the timing for each of these. The implementation of the material measures and actions set out in the ESCP will be monitored and reported to the WBG.

- **Other social**

29. A Security Risk Assessment will be conducted if a decision is made by the government to deploy security forces to protect the health facilities supported by the Project. A Security Risk Plan will be prepared to provide guidance regarding how to protect local communities and workers.

E. Implementation

Institutional and Implementation Arrangements

30. **Implementation will be done through an existing and appropriately strengthened project implementation unit (PIU).** The same PIU currently in place for the Public Health Programmatic Budget Area in the Ministry of Health, which is managing the PRSS, would be responsible for the proposed project. This approach has the following advantages:

- **Consistency with the government’s vision on development programs and program-based budgeting principles** which drove the design of implementation arrangements for PRSS. Specifically, the PIU is integrated in the “National Public Health Program” which is one of the four program-budget areas within the MoH. As such it is embedded within the General Directorate of Public Health (GDPH) under the direct supervision of the General Director of Public Health at the central level of the Ministry of Health.
- **Leveraging existing institutional structures.** An existing team is in place that has adequate capacity to implement the proposed project with additional staffing in certain positions. Consideration was given to using another health PIU which manages regional projects, but the Ministry of Health ultimately selected the PIU in charge of the PRSS because of its greater alignment with the government’s vision and acceptable past performance, and ability to implement the proposed project.
- **A degree of familiarity with World Bank procedures.** The current project has shown that civil servants who receive appropriate mentoring and training can implement World Bank-supported operations. A performance-based incentive system will be implemented for the PIU to address a known weakness in the existing project/program decree that affects all projects.
- **Common governance mechanisms.** According to article 14 of the decree on projects and programs, there is one review committee per programmatic budget area. The existing *Comité de revue* for the PRSS will serve the same function for this project since the committee already includes ministries engaged in the One Health agenda, notably those responsible for Environment and Animal resources.
- **Measures will be taken to support rapid project performance and strengthen the PIU.** The challenge of an emergency response is to move rapidly and effectively. Government has



requested Hands-on Expanded Implementation Support (HEIS) to improve the quality and speed of the entire procurement process. The government and the Bank agreed to assign an additional project coordinator ("*chargé de projet*") to ensure exclusive focus on the current pandemic. In addition, the Government will hire or name, on the basis of terms of reference acceptable to IDA and with qualifications acceptable to IDA, a procurement officer, an accountant, and a social safeguards specialist. Based on lessons learned from EVD10 response in Bank-supported projects, a World Bank procurement accredited staff/consultant as part of the HIES support and a FM staff/consultant will provide support to the PIU during the first six months of implementation. These staff will help counterparts to more rapidly and efficiently discharge their tasks in a rapidly-changing environment. In light of the experiences with PRSS, government will budget and release resources to support expenditures such as perquisites for project staff and sitting fees for the *Comité de revue* that are ineligible for IDA financing.

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