



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 01-Apr-2020 | Report No: PIDA29053



BASIC INFORMATION

A. Basic Project Data

Country Rwanda	Project ID P173855	Project Name Rwanda COVID-19 Emergency Response Project	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 01-Apr-2020	Estimated Board Date 15-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Finance (MINECOFIN)	Implementing Agency Rwanda Biomedical Center	

Proposed Development Objective(s)

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

Components

- Component 1. Case Detection, Confirmation and Contact Tracing
- Component 2: Public Health Measures and Clinical Care Capacity
- Component 3. Program/Project Implementation and Monitoring & Evaluation
- Component 4. Contingency Emergency Response Component (CERC)

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	14.25
Total Financing	14.25
of which IBRD/IDA	14.25
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	14.25
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IDA Credit	14.25
Environmental and Social Risk Classification	
Substantial	
Decision	

Other Decision (as needed)

B. Introduction and Context

Country Context

The coronavirus pandemic poses serious economic and public health threats to Rwanda. Rwanda was in the middle of an economic boom prior to the COVID-19 pandemic. Economic growth exceeded 10 percent in 2019 driven mostly by large public investments for implementation of the *National Strategy of Transformation*. Strong growth was expected to continue in 2020; however the global COVID-19 pandemic has disrupted international flows of goods and services with significant spillovers to the broader global economy. Rwanda is already feeling mounting balance of payment and fiscal pressures. This could negatively impact the provision of public health services with respect to COVID-19 response and preparedness capacity as well as adversely affect the provision of other essential health service delivery in Rwanda, as healthcare workers and fiscal resources are redirected to the emergency response. Even though the COVID shock is expected to be transitory with the recovery possible already in 2021, the overall adverse economic impact on Rwanda will be substantial.

Rwanda is at high risk of transmission of the coronavirus and has already reported nearly 40 confirmed cases. Rwanda has a vibrant national aviation carrier (which is temporarily grounded) with a wide and expanding number of flights to several continents, including a direct flight to China and to other countries most affected by the ongoing global pandemic. In fact, most reported cases to date are individuals who arrived or transited through the Kigali airport. Likewise, the risk of community transmission remains substantial given that infected individuals can be asymptomatic and can transmit the disease to others.

The Government of Rwanda has demonstrated high-level leadership and taken swift action to tackle the risks associated with the ongoing pandemic and bend the curb on COVID-19. The effort to contain the potential spread of COVID-19 is led by the Office of the Prime Minister under the National Epidemic Preparedness & Response Committee (NEPRCC), in collaboration with the Ministry of Health, Ministry of Local Government and Ministry of Foreign Affairs. The government put in place a mandatory national lock down policy on March 21, 2020 which will be in effect for the next two weeks. This includes border closings and stringent social distancing policies (e.g. closing schools, churches, and bars; postponing conferences, mandating home-based work) and banning motorcycle drivers from carrying passengers.

The Government has also taken several other complementary actions to enhance preparedness. Authorities have conducted a preliminary risk assessment which highlighted key risk factors for importation of the coronavirus into the country. The Ministry of Health has expeditiously activated its Emergency Operation Centre and has established a Coronavirus National Taskforce to coordinate the national response. Rwanda has



strengthened surveillance at all entry points; placed a high alert among health care workers and strengthened community-based disease surveillance. The government is promoting handwashing best practices with President Kagame taking part in the ‘*Safe Hands*’ challenge to encourage the public to emulate these behaviors.

Sectoral and Institutional Context

Rwanda has a relatively strong public health system and a sound track record of protecting the health and well-being of the population, but many gaps persist. The government has established disease outbreak and preparedness structures and adopted appropriate policies and strategies to respond swiftly to various outbreaks in the past, minimizing case fatality rates. The Ministry of Health has a well-established disease surveillance department and aims to adhere to the International Health Regulations (IHR), uses the Integrated Disease Surveillance and Response (IDSR) system and sets the policy and strategic guidance for all disease outbreaks to ensure prompt detection and reporting. The Rwanda Biomedical Center (RBC) has the mandate to ensure effective implementation of disease outbreak and preparedness activities. The Epidemic Surveillance and Response Division plays the primary role in preventing and controlling epidemics and other public health emergencies.¹ Despite progress made in strengthening disease outbreak response and preparedness capacity, key gaps persist as captured in the Joint External Evaluation (JEE) with an overall score of 58 percent and relatively low scores on several key areas that will be supported under the proposed project, such as infection prevention and control; risk communication; and PoE public health response capacity.

The Government has elaborated a coronavirus national plan at record speed and in a consultative manner. The *Coronavirus Disease 19 National Preparedness and Response Plan* is fully in line with the World Health Organization (WHO) global guidance and includes all recommended pillars. It is comprehensive in nature and covers the full range of interventions to support the coronavirus response and preparedness efforts. The overriding goal is to prioritize prompt case detection, infection control, risk communication and community engagement, point of entry screening, laboratory confirmation, quarantine and isolation for effective case management. The country’s strong track record managing other outbreaks augurs well for addressing the coronavirus response and preparedness efforts.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

The Project Development Objective (PDO) is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Rwanda.

Key Results

The specific objectives of the project, aligned with the national COVID-19 Plan, are to: (i) strengthen case detection and confirmation and conduct contact tracing; (ii) improve clinical care capacity; (iii) raise public awareness and promote community engagement; and (iv) bolster coordination, planning, logistical support, and reporting. While the focus is on the coronavirus response and preparedness, the activities to be supported are

¹The Epidemic Surveillance and Response Division includes the: (i) Avian Influenza and Highly Pathogenic Diseases, Food and Waterborne Diseases, and Outbreak Preparedness and Response; (ii) National Reference Laboratory which ensures the provision of quality laboratory diagnostics; and (iii) Rwanda Health Communication Centre which is responsible for disseminating health messages to the general public and promoting healthy behaviors.



expected to have cross-cutting benefits for addressing other disease outbreaks.

D. Project Description

To support countries to mount an emergency response and mitigate the impact of the ongoing global pandemic, the World Bank Group has created a dedicated COVID-19 Fast Track facility. The Fast Track facility will support the health system emergency response and disease outbreak preparedness capacity building as well as mitigate the socio-economic cost of this outbreak which is staggering. The proposed emergency response to Republic of Rwanda is designed under the COVID-19 Strategic Preparedness and Response Program (SPRP), using the Multiphase Programmatic Approach (MPA) with an overall Program financing envelope of US\$1.4 billion International Development Association (IDA) and US\$2.7 billion International Bank for Reconstruction and Development (IBRD).

The proposed project comprises of three mutually complementary components and includes a range of evidence-based interventions:

Component 1. Case Detection, Confirmation and Contact Tracing (US\$5.9 million) This component will support the government to enhance disease surveillance, improve sample collection and ensure rapid laboratory confirmed diagnoses to promptly detect all potential COVID-19 cases and to carry out contact tracing to quickly contain COVID-19. The focus will be on: (i) screening travelers at 31 Ports of Entry (Kigali airport and cross-border areas once the current restrictions are lifted); as well as priority communities and targeted health facilities; (ii) diagnosing cases and referring them for treatment as needed; (iii) carrying out contact tracing to minimize risk of transmission; (iv) conducting risk assessments to identify hot spot areas of transmission, including digital maps that can help visualize transmission; and (v) carrying out multi-sectoral simulation exercises for COVID-19 and other disease outbreaks. To this end, the project will fund: (i) medical supplies and equipment (e.g. thermo scanners; test kits; drugs; lab equipment and supplies, personal protective equipment); (ii) training and capacity building for frontline workers; and (iii) operating costs for Rapid Response Teams and recruitment of additional personnel.

Component 2: Public Health Measures and Clinical Care Capacity (US\$8.0 million) This component will fund the reinforcement of public health policies and measures and the establishment of critical clinical care capacity at a network of public sector district hospitals, promoting digital solutions to be explored during implementation. With respect to clinical care, the project will support the government to establish isolation capacity at a selected number of national and district hospitals which would be responsible for triaging and treating COVID-19 cases and would benefit from video conferencing equipment to establish telemedicine capacity. To support providers to triage and provide urgently needed care to sick patients, the project will ensure health personnel are well protected and work in a safe and secure environment. To this end, the project will fund: (i) production and dissemination of communication materials (including in digital form) and organization of national and local campaigns to raise awareness as well as establishment of data analytics capability to improve targeting and measure effectiveness; (ii) medical and laboratory equipment and supplies and waste management equipment and supplies and video conferencing equipment for telemedicine; (iii) minor civil works (mainly refurbishments); and (iv) operating costs, including recruitment of additional clinical personnel.

Component 3. Program/Project Implementation and Monitoring & Evaluation (US\$0.35 million) The third component will support program coordination, management and monitoring; operational support and logistics; and project management. This will include support for the COVID-19 Incident Management System Coordination



Structure; operational reviews to assess implementation progress and adjust operational plans; and provide logistical support. To this end, the project will fund: (i) technical assistance; (ii) vehicles to facilitate supervision; and (iii) operating costs.

Component 4: Contingency Emergency Response Component (CERC) A zero cost CERC component will provide support for future emergency responses. Following an eligible crisis or event, clients may request the Bank to re-allocate project funds to support an additional emergency response. This component would draw from the uncommitted credit resources under the project from other project components to cover emergency response. CERCs can be activated without needing to first restructure the original project, thus supporting rapid implementation. To facilitate a rapid response, formal restructuring is deferred to within three months after the CERC is activated.

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

The institutional, implementation and coordination arrangements for the project will leverage existing platforms and seek to strengthen capacities and systems for implementation of disease outbreak response and preparedness capacity. The Ministry of Health will be supported to handle its policy and strategy formulation roles and responsibilities, ensuring oversight and coordination.

The Coronavirus National Taskforce will coordinate the national response and provide strategic and operational guidance for the implementation of the national program and the proposed project. The taskforce includes representatives of key ministries (e.g., Ministry of Health, Ministry of Local Government) and the main development partners active in the health sector, hence it is well placed to provide general oversight and advice. The taskforce will review progress and take stock of lessons learned. The taskforce has met frequently in recent weeks and will be convened as often as needed during the implementation of the project. The task force will approve the annual work plan for the project, and the associated budget; and will monitor performance and budget execution.

The Rwanda Biomedical Center, the nation's central health implementation agency under the Ministry of Health will be responsible for overall project management through the Single Project Implementation Unit (SPIU) which has a long-standing sound track record of implementing several World Bank funded health investment operations. A simple Project Implementation Manual will be prepared within one month of effectiveness, describing the main project activities and implementation modalities.



CONTACT POINT

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APPROVAL

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