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Report No: PAD3822

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT
ON A
PROPOSED CREDIT

IN THE AMOUNT OF SDR 72.9 MILLION
(US$ 100 MILLION EQUIVALENT)
IN CRISIS RESPONSE WINDOW RESOURCES

TO THE

PEOPLE'S REPUBLIC OF BANGLADESH

FOR A

COVID-19 EMERGENCY RESPONSE AND PANDEMIC PREPAREDNESS PROJECT

UNDER THE

COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)
WITH A FINANCING ENVELOPE OF
UP TO US$ 6 BILLION

APPROVED BY THE BOARD ON APRIL 2, 2020

APRIL 3, 2020

Health, Nutrition & Population Global Practice
South Asia Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective March 31, 2020)

Currency Unit =	BDT
BDT 84.95 =	US$1
US$ 1.37 =	SDR 1

FISCAL YEAR
July 1 – June 30

Regional Vice President:	Hartwig Schafer
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ABBREVIATIONS AND ACRONYMS

ADB	Asian Development Bank
BFP	Bank Facilitated Procurement
BITID	Bangladesh Institute of Tropical and Infectious Diseases
CDC	United States Center for Disease Control
CERC	Contingent Emergency Response Component
COVID-19	Coronavirus Disease 2019
CMSD	Central Medical Stores Depot
CPF	Country Partnership Framework
DA	Designated Account
DFID	United Kingdom Department for International Development
DGHS	Directorate General of Health Services
DHIS2	District Health Information System
DP	Development Partner
EIDs	Emerging Infectious Diseases
EOC	Emergency Operations Center
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
FAPAD	Foreign Aided Project Audit Directorate
FM	Financial Management
FY	Fiscal Year
GDP	Gross Domestic Product
GHSA	Global Health Security Agenda
GoB	Government of Bangladesh
GRM	Grievance Redressal Mechanism
GRS	Grievance Redress System
HEIS	Hands on Expanded Implementation Support
HGSP	Health and Gender Support Project
HNP	Health, Nutrition, and Population
HSSP	Health Sector Support Project
iBAS++	Integrated Budgetary and Accounting System
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IEDCR	Institute of Epidemiology, Disease Control and Research
IHR	International Health Regulations
IPC	Infection Prevention and Control
IPF	Investment Project Financing
IUFR	Interim Unaudited Financial Report

JEE	Joint External Evaluation
M&E	Monitoring and Evaluation
MPA	Multiphase Programmatic Approach
MoHFW	Ministry of Health and Family Welfare
NAPHS	National Action Plan for Health Security
OC&AG	Office of Comptroller and Auditor General
PAD	Project Appraisal Document
PCR	Polymerase Chain Reaction
PD	Project Director
PDO	Project Development Objective
PIU	Project Implementation Unit
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
PSC	Project Steering Committee
PWD	Public Works Department
SCD	Systematic Country Diagnostics
SDG	Sustainable Development Goal
SEP	Stakeholder Engagement Plan
SOE	Statement of Expenditure
SPRP	Strategic Preparedness and Response Program
SWAp	Sector-Wide Approach
UHC	Universal Health Coverage
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WBG	World Bank Group

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DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Bangladesh	Bangladesh: COVID-19 Emergency Response and Pandemic Preparedness Project	
Project ID	**Financing Instrument**	**Environmental and Social Risk Classification**
P173757	Investment Project Financing	Substantial

Financing & Implementation Modalities

[✓] Multiphase Programmatic Approach (MPA)	[✓] Contingent Emergency Response Component (CERC)
[ ] Series of Projects (SOP)	[ ] Fragile State(s)
[ ] Disbursement-linked Indicators (DLIs)	[ ] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a non-fragile Country
[ ] Project-Based Guarantee	[ ] Conflict
[ ] Deferred Drawdown	[✓] Responding to Natural or Man-made Disaster
[ ] Alternate Procurement Arrangements (APA)	

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
15-Apr-2020	31-Dec-2023	31-Mar-2025

Bank/IFC Collaboration

No

MPA Program Development Objective

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

MPA Financing Data (US$, Millions)

MPA Program Financing Envelope	4,002.50

Proposed Project Development Objective(s)

To support the Government of Bangladesh to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

Components

Component Name	Cost (US$, millions)
Component 1: Emergency COVID-19 Response	85.00
Component 2: Supporting National and Sub-national, Prevention and Preparedness	12.00
Component 3: Implementation Management and Monitoring and Evaluation	3.00
Component 4: Contingent Emergency Response Component	0.00

Organizations

Borrower:	The People's Republic of Bangladesh
Implementing Agency:	Ministry of Health and Family Welfare

MPA FINANCING DETAILS (US$, Millions)

Board Approved MPA Financing Envelope:	0.00
MPA Program Financing Envelope:	4,002.50
of which Bank Financing (IBRD):	2,700.00
of which Bank Financing (IDA):	1,302.50
of which other financing sources:	0.00

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	100.00

Total Financing	100.00
of which IBRD/IDA	100.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	100.00
IDA Credit	100.00

IDA Resources (in US$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Bangladesh	100.00	0.00	0.00	100.00
Crisis Response Window (CRW)	100.00	0.00	0.00	100.00
Total	**100.00**	**0.00**	**0.00**	**100.00**

Expected Disbursements (in US$, Millions)

WB Fiscal Year	2020	2021	2022	2023	2024
Annual	30.50	55.00	10.00	4.10	0.20
Cumulative	30.50	85.50	95.50	99.60	99.80

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

This operation has not been screened for short and long-term climate change and disaster risks

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	Moderate
2. Macroeconomic	Substantial
3. Sector Strategies and Policies	Moderate
4. Technical Design of Project or Program	Substantial
5. Institutional Capacity for Implementation and Sustainability	Substantial
6. Fiduciary	High
7. Environment and Social	Substantial
8. Stakeholders	Substantial
9. Other	Moderate
10. Overall	Substantial
Overall MPA Program Risk	High

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

[ ] Yes [✓] No

Does the project require any waivers of Bank policies?

[✓] Yes [ ] No

Have these been approved by Bank management?

[✓] Yes [ ] No

Is approval for any policy waiver sought from the Board?

[✓] Yes [ ] No

Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Relevant
Cultural Heritage	Not Currently Relevant
Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank's due diligence assessment of the Project's potential environmental and social risks and impacts, please refer to the Project's Appraisal Environmental and Social Review Summary (ESRS).

Legal Covenants

Sections and Description

No later than two months after the Effective Date, (or such other date which the Association has confirmed in writing to the Recipient is reasonable and acceptable under the circumstances, as determined by the Association in its sole discretion), the Recipient, through its Ministry of Health and Family Welfare, shall establish and thereafter maintain throughout the Project implementation period, a steering committee for the Project with a mandate, composition and resources according to the Recipient's guidelines and to the Association's satisfaction. The Project Steering Committee shall be chaired by the Recipient's secretary of the health services division of the Ministry of Health and Family Welfare, and shall meet at least twice a year during the Project implementation period to provide general oversight and coordination as well as strategic direction and guidance to the Project Implementation Unit (Section 1.A.1 and 1.A.2 of Schedule 1 to the Financing Agreement)

Sections and Description

No later than two months after the Effective Date, (or such other date which the Association has confirmed in writing to the Recipient is reasonable and acceptable under the circumstances, as determined by the Association in its sole discretion), the Recipient, through its Ministry of Health and Family Welfare, shall establish and thereafter maintain throughout the Project implementation period an implementation committee for the Project with a mandate, composition and resources according to the Recipient's guidelines and to the Association's satisfaction. The Project Implementation Committee shall be chaired by the Recipient's Director General of the Directorate General of Health Services, and shall meet at least once each calendar quarter during the Project implementation period to provide technical oversight and supervision support to the Project Implementation Unit (Section 1.A.3 and 1.A.4 of Schedule 1 to the Financing Agreement)

Sections and Description

No later than one month after the Effective Date, (or such other date which the Association has confirmed in writing to the Recipient is reasonable and acceptable under the circumstances, as determined by the Association in its sole discretion), the Recipient, through its Ministry of Health and Family Welfare, shall establish and thereafter maintain throughout the Project implementation period, a project implementation unit within the Directorate General of Health Services with a mandate, composition and resources as approved by the Recipient and to the Association's satisfaction, which shall be responsible for the day to day implementation of the Project. The Recipient shall ensure that the Project Implementation Unit includes the following minimum personnel throughout the Project implementation period: (i) Project Director; (ii) Deputy Project Director; (iii) procurement specialist; (iv) financial management specialist; and (vi) monitoring and evaluation specialist, each with terms of reference, qualifications and experience satisfactory to the Association (Section 1.A.5 and 1.A.6 of Schedule 1 to the Financing Agreement)

Conditions

I. PROGRAM CONTEXT

1. This Project Appraisal Document (PAD) describes the emergency response for Bangladesh under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank's Board of Executive Directors on April 2, 2020 (PCBASIC0219761) with an overall Program financing envelope of up to US$ 6 billion.[1]

A. MPA Program Context

2. **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 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. As of April 1, 2020, the outbreak has resulted in an estimated 915,249 cases (69,830 new, in the last 24 hours) and 45,277 deaths (4,209 new, in the last 24 hours) in 207 countries and territories.

3. **COVID-19 is one of several emerging infectious diseases (EIDs) outbreaks in recent decades that have originated 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[2] and pre-existing chronic health problems that make viral respiratory infections particularly dangerous.[3] 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 percent to 98 percent of patients develop a fever, 76 percent to 82 percent develop a dry cough and 11 percent to 44 percent develop fatigue or muscle aches[4]. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7 percent 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.

4. **This proposed project is prepared under the global framework** of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility.

[1] Information on the Global MPA may be found by searching P173789 at https://projects.worldbank.org/ following the Board Approval on April 2, 2020

[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 England Journal 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

B. Updated MPA Program Framework

5. Table-1 provides an updated overall MPA Program framework.

Table 1. MPA Program Framework

Phase #	Project ID	Sequential or Simultaneous	Phase's Proposed DO*	IPF, DPF or PforR	Estimated IBRD Amount (US$ million)	Estimated IDA Amount (US$ million)	Estimated Other Amount (US$ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
2	(P173757) Bangladesh	Simultaneous	Please see relevant section of PAD	IPF	00.00	100.00	00.00	April 3, 2020	Substantial

6. All projects under SPRP are assessed for Environmental and Social Framework (ESF) risk classification following the World Bank procedures and the flexibility provided for COVID-19 operations.

C. Learning Agenda

7. **The proposed project for Bangladesh will support adaptive learning throughout implementation.** Potential areas for learning described in Section III, under support to Operational Research.

II. STRATEGIC CONTEXT

A. Country Context

8. **Bangladesh is one of the world's most populous countries, with an estimated 165 million people**. The country has enjoyed relatively high and stable growth over the last two decades, accompanied by rapid poverty reduction. Gross domestic product (GDP) grew well above the average for developing countries at around 6 percent per annum since 2000. The poverty rate dropped by half from 48.9 percent in 2000 to 24.5 percent in 2016. With per capita gross national income (Atlas method) at $1,944 in 2019, Bangladesh has moved into lower middle-income country status since 2015. The country has experienced a profound social transformation with the influx of girls into the education system and women into the labor force. In the World Bank's Human Capital Index 2018, Bangladesh has performed better than the South Asian and lower middle-income average in the education and health indicators, with the exception of stunting.

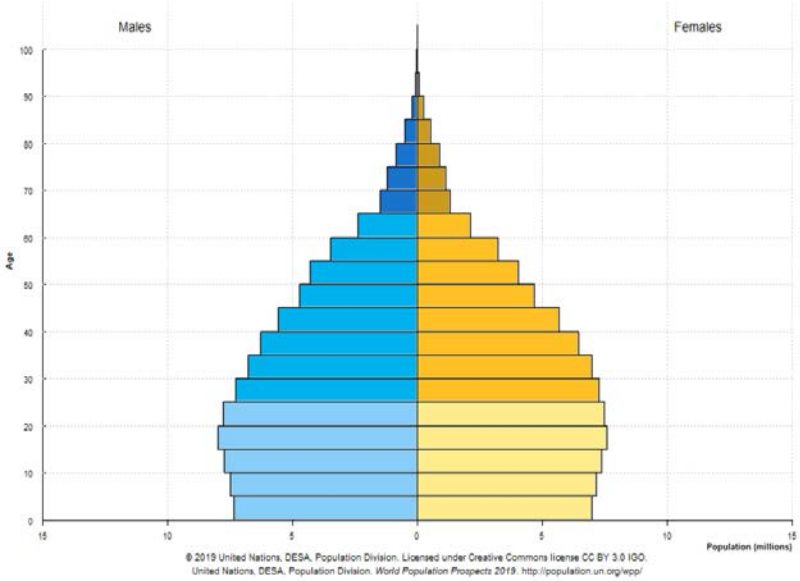
9. **Despite robust growth, the pace of poverty reduction has slowed down, especially in urban areas. With rapid urbanization, the absolute number of urban poor was higher in 2016 than in 2010.** The welfare gap between eastern and western Bangladesh has also reemerged, correlated with different rates of progress in demographic change and educational attainment, as well as slower agricultural growth. The pace of job creation in the formal sector also slowed down. Total employment grew only by 1.8 percent between 2011 to 2016, compared with 3.1 percent per year between 2003 and 2010. Key structural reforms are needed to sustain the growth momentum and improve inclusiveness of growth.

10. **There has been significant progress in the country's health, nutrition and population (HNP) indicators nationally, and Bangladesh has embraced the Sustainable Development Goals (SDGs) for 2030, including SDG 3, which focuses on ensuring health and promoting well-being for all.** Progress on HNP outcomes is attributed to a number of factors, including success in achieving wide coverage of high-impact interventions (such as immunization, oral rehydration therapy and family planning), female education and labor force participation, and a pluralistic health sector involving services delivered by the government, private for-profit providers and non-governmental organizations. At the same time, the country faces significant challenges to achieving its objective of universal health coverage (UHC). While the government health service delivery network is substantial, government health spending as a proportion of GDP is among the lowest in the world; two-thirds of health spending is out-of-pocket for private sector services.

11. **Bangladesh is highly vulnerable to health and other hazards.** The country's high population density, and rapid urbanization, with a high share of its urban population living in slums, make it prone to high rates of morbidity from increasing outbreaks of infectious diseases, including cholera, and dengue fever. Overall, a large section of the population is at risk of health emergencies, including those due to outbreaks of infectious diseases that typically follow the occurrence of natural disasters. Bangladesh is ranked the sixth most vulnerable country, among 181 countries, according to the 2018 United Nations Disaster Risk Index.

12. **Ongoing COVID-19 Risk Assessment is revealing more at-risk populations**. Given increasing evidence that older aged persons, and those with co-morbidities are at greater risk of mortality from COVID-19, the population age structure, and data on the prevalence of non-communicable diseases in Bangladesh are relevant. The population over the age of 60 accounts for 8 percent of the total population (Figure 1). At the same time, in 2017-18, the prevalence of hypertension among people aged 35 years and older was 45 percent among females and 34 percent among males. The prevalence of diabetes among people aged 35 years and older was 14 percent among both females and males.[5]

Figure 1. Bangladesh population pyramid, 2020



[5] Bangladesh Demographic and Health Survey

B. Sectoral and Institutional Context

13. **Strengthening the country's capacity and capabilities for disease preparedness and response – including those with pandemic potential – is high on the national development agenda.** In May 2016, Bangladesh conducted the Joint External Evaluation (JEE) of the International Health Regulations (IHR) core capacities to prevent, detect, and rapidly respond to public health threats, whether occurring naturally, or due to deliberate or accidental events. Bangladesh scored 2.5 (on a scale of 1 to 5), demonstrating limited capacity to prevent, detect and respond to public health emergencies. While the country has made progress in complying with the IHR (2005), there are opportunities for improvement across each technical area, that will require the country's highest commitment and support working closely together with development partners (DPs). In addition to the IHR JEE, Bangladesh has also completed a Global Health Security Agenda (GHSA) Roadmap – which includes 12 GHSA targets that aim to address global health security with a focus on improving national public health capacity and capabilities. A National Action Plan for Health Security (NAPHS 2020–2024) and National Preparedness and Response Plan for COVID-19 (COVID-19 Plan) have also recently been drafted.

14. **Current statistics on COVID-19 and Bangladesh.** Bangladesh has developed plans and is implementing measures to respond to COVID-19 outbreak. Given 54 confirmed cases (including 6 deaths) in the country as of April 1, 2020, and cognizant that Bangladesh is one of the most densely populated countries in the world, substantial measures need to be put in place, as a matter of urgency, to ensure a strong and effective immediate response. The proposed project will support implementation of the relevant government strategies, notably its draft NAPHS and Draft COVID-19 Plan.

15. **COVID-19 response coordination structures:** The government has strengthened its preparedness efforts and has set up a national preparedness and response coordination mechanism through a COVID-19 Emergency Operations Center (EOC) at the Institute of Epidemiology, Disease Control and Research (IEDCR) under the Directorate General of Health Services (DGHS). Additionally, there is a coordination cell at DGHS. There are five levels of coordination, operating at varying degrees of functionality:

- Inter-ministerial National Committee, headed by the Minister, Ministry of Health and Family Welfare (MoHFW);
- Divisional-level Multi-sectoral Coordination Committees, headed by Divisional Commissioners;
- District-level Multi-sectoral Coordination Committees, headed by the Deputy Commissioners;
- City Corporation-level Multi-sectoral Coordination Committees headed by the Mayors; and,
- Upazila-level Multisectoral Coordination Committees headed by the *Upazila Nirbahi Officers*.

16. **WHO is leading technical dialogue with the Government of Bangladesh (GoB) in support of COVID-19 preparedness and response activities.** The United Nations Children's Fund (UNICEF), the United Kingdom Department for International Development (DFID), the United States Agency for International Development (USAID), and the United States Center for Disease Control (CDC) and the Asian Development Bank (ADB) are expected to provide financial and technical assistance to support preparedness and response activities.[6] The

[6] Specifically, DPs have agreed to support the following key preparedness and response areas: human resources for the assigned quarantine and case management hospitals (DFID); case management with isolation and intensive care unit (UNICEF); infection prevention and control (USAID, UNICEF, CDC); expansion of diagnostic testing (DFID, UNICEF, CDC); risk communication (UNICEF); surveillance (UNICEF, CDC), and procurement of essential supplies, including PPEs (China, UNICEF); transportation (USAID); and capacity building and vaccination (CDC). In addition, ADB has committed approximately US$100 million to support preparedness and response activities.

inter-ministerial National Committee for COVID-19 includes relevant DPs, and coordination is ensured through regular meetings. As part of project preparation, the World Bank team has coordinated with relevant DPs to ensure that there is no duplication. During implementation, the World Bank will coordinate through the HNP DP Consortium, which is the forum for coordination of DPs in the HNP sector in Bangladesh.

17. **Contingency planning is being done by the United Nations (UN)** for the eventuality of a COVID-19 outbreak among the displaced Rohingya population in Cox's Bazar District, who are living in highly-congested conditions. Under the additional financing of the ongoing World Bank financed Health Sector Support Project (HSSP) (P160846), the MoHFW has agreements with UN agencies for delivering HNP services to the displaced Rohingya population[7]. These existing agreements can be modified to include COVID-19 related preparedness and response activities. Existing IDA grant funds for HSSP will be reprogrammed to support such activities, without a project restructuring. The MoHFW may also consider using grant funds under the recently approved Health and Gender Support Project (HGSP) (P171648). The activities under HSSP and HGSP for the displaced Rohingya population are consistent with the Refugee Protection Framework.

C. Relevance to Higher Level Objectives

18. **The proposed project is aligned with World Bank Group (WBG) strategic priorities, particularly the mission to end extreme poverty and boost shared prosperity**. The Program is focused on preparedness which is also critical to achieving UHC. It is also aligned with the World Bank's support for national plans and global commitments to strengthen pandemic preparedness through three key actions under Preparedness: (i) improving national preparedness plans including organizational structure of the government; (ii) promoting adherence to the IHR; and (iii) utilizing international frameworks for monitoring and evaluation of the IHR. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden suffered both by individuals and countries. The proposed project complements both WBG and DP investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement. Further, as part of the proposed IDA19 commitments, the World Bank is committed to "support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment)." The proposed project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response, the World Health Organization for Animal Health (OIE International) standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of UHC and of the SDGs, and the promotion of a One Health approach.

19. **The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic**, utilizing all WBG operational and policy instruments, and working in close partnership with government and other agencies. Grounded in One-Health, which provides for an integrated approach across sectors and disciplines, the proposed WBG response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA/IBRD-eligible countries in addressing the health sector and broader development impacts of COVID-19. The WBG COVID-19 response will be anchored in the WHO's COVID-19 global SPRP outlining the public health measures for all countries to prepare for, and respond to, COVID-9 and sustain their efforts to prevent future outbreaks of EIDs.

[7] GoB uses the term Forcibly Displaced Myanmar Nationals

20. **The proposed project is aligned with the World Bank's Systematic Country Diagnostic (SCD), and Country Partnership Framework (CPF) for Bangladesh[8].** The CPF sets out selectivity criteria for World Bank support: (i) consistency with the government's Seventh Five Year Plan; (ii) support to priorities identified by the World Bank's SCD; and (iii) alignment with the World Bank's comparative advantage. Health is identified in the SCD as a foundational priority to sustained and inclusive growth. Focus Area 2.2 of the Bangladesh CPF addresses "Improving access to quality maternal and infant health services" in an effort to address systematic reforms that support GoB's efforts to achieve UHC. This is consistent with both the GoB's Seventh Five Year Plan (2016-2020), and the core goal of the GoB's National Health Policy 2009, which is "to achieve sustainable improvements in health, nutrition, and family welfare status of the people". Finally, the World Bank's value-added in the HNP sector in Bangladesh is anchored on its role in supporting the Sector-Wide Program (SWAp) since the 1990s, including through technical assistance, policy dialogue, and providing a platform for pooled financing by other DPs through the HSSP.

III. PROJECT DESCRIPTION

A. Development Objectives

21. The project objectives are aligned with the results chain of the COVID-19 SPRP.

PDO Statement

22. To support the Government of Bangladesh to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

PDO Level Indicators

23. The PDO will be monitored through the following PDO level outcome indicators:

- Suspected cases of COVID-19 reported and investigated based on national guidelines; and
- Designated hospitals with isolation capacity.

B. Project Components

24. **Bangladesh has developed plans and is implementing measures to respond to the COVID-19 pandemic.** The proposed project will support implementation of relevant aspects of government strategies, notably the draft NAPHS, and the COVID-19 Plan. The proposed project is comprised of four components, which are aligned with the MPA framework discussed previously. The project closing date is December 31, 2023. Project costs by component are provided in Annex 1.

Component 1: Emergency COVID-19 Response [Indicative amount: US$85 million]

25. **This component will provide immediate support to Bangladesh to prevent COVID-19 from arriving or limiting local transmission through containment strategies.** It will support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It will also enable Bangladesh to mobilize surge response capacity through trained and well-equipped frontline health workers.

[8] Report Number: 103723-BD

The four related sub-components are outlined below.

Sub-component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting [Indicative amount: US$20 million]

26. **This sub-component will provide assistance to:** (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.

27. **Surveillance** activities will include: (a) activating the COVID-19 surveillance system; (b) implementing active case identification and contact tracing; and (c) implementing screening at Points of Entry (i.e. IHR-designated air, land and sea ports). Effective surveillance and case investigation will require: (a) essential personal protective equipment (PPE), as well as, training in the proper use and disposal of PPE; and (b) sensitization/ orientation/ refresher training of health and other concerned staff on detection, and response (including risk communication). In addition, rapid-response teams will be trained and equipped to investigate cases and clusters, and conduct contact tracing within 24 hours.

28. **Improving diagnostic laboratory capacity for COVID-19** will include: (a) procurement of diagnostic equipment and supplies including COVID-19 test kits; (b) training on bio-safety and bio-security; (c) training of relevant staff to ensure that the existing system to handle samples at the national and sub-national levels is understood, and consistently applied; and (d) expanding diagnostic services at national and sub-national levels beyond IEDCR.

Sub-component 1.2: Social Distancing Measures [Indicative amount: US$3 million]

29. **An effective measure to prevent contracting a respiratory virus such as COVID-19 would be to limit, as possible, contact with the public.** Therefore, the proposed project will support implementation of immediate responses to mitigate inter-personal transmission of COVID-19, that is, classic “social distancing measures,” based on protocols for escalation and de-escalation, backed up by a well-designed communication strategy. It is important to clarify that the World Bank will not support the enforcement of such measures when they involve actions by the police or the military, or otherwise that require the use of force. Financing would also be made available to develop guidelines on social distancing measures (e.g., in phases) to operationalize existing or new laws and regulations, support coordination among sectoral ministries and agencies, and support the MoHFW on the caring of health and other personnel involved in pandemic control activities. Additional preventive actions would be supported that would complement social distancing such as personal hygiene promotion, including promoting handwashing, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic.

Sub-component 1.3 Health System Strengthening [Indicative amount: US$55 million]

30. **Under this sub-component, assistance would be provided to the health care system for preparedness planning** to provide optimal medical care, maintain essential community services and to minimize risks for

patients and health personnel, including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials. Strengthened clinical care capacity could be achieved through financing plans for establishing specialized units in selected hospitals, treatment guidelines, clinical training of health workers and hospital infection prevention and control (IPC) guidelines. Also, strategies would be developed to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and earlier discharge with follow-up by home health care personnel.

31. **As COVID-19 would place a substantial burden on inpatient and outpatient health care services, support would be provided to rehabilitate and equip selected health care facilities**[9] to: deliver critical medical services, and to cope with increased demand for services posed by the outbreak; and develop intra-hospital IPC measures, including necessary improvements in blood transfusion services to ensure the availability of safe blood products. This would include: (a) support for intensive care facilities within designated hospitals, with medical equipment and training of health teams; (b) support for ensuring safe water and basic sanitation in health facilities, as well as to strengthen medical waste management and disposal systems; (c) support to surge capacity (i.e. mobilizing additional health personnel); (d) training of health personnel; and (e) provision of medical supplies, and diagnostic reagents, including kits, other operational expenses such as those related to mobilization of health teams and salaries, hazard/indemnity pay of contracted staff consistent with the Government's applicable policies.

Sub-component 1.4: Communication Preparedness [Indicative amount: US$7 million]

32. **This sub-component will support community preparedness activities and strategies** *inter alia*: (a) community awareness strategy development, testing, and implementation; and (b) enhancing infrastructures to disseminate information from national and sub-national levels and between the public and private sectors. This includes developing and testing messages and materials to be used in the event of a pandemic or EID outbreak, and further enhancing infrastructures to disseminate information from national to sub-national levels, and between the public and private sectors. Communication activities would support cost effective and sustainable methods such as marketing of "handwashing" through various communication channels via mass media, counseling, schools, workplace, and integrated into specific interventions as well as ongoing outreach activities of ministries and sectors, especially the MoHFW and ministries of health, education, agriculture, and transport. Support would be provided for information and communication activities to: (a) increase the attention and commitment of the government, private sector, and civil society; (b) raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic; and (c) develop multi-sectoral strategies to address it. In addition, support would be provided for the development and distribution of basic communication materials (such as question and answer sheets and fact sheets in appropriate languages) on: (i) COVID-19; (ii) general preventive measures such as "dos" and "don'ts" for the general public; (iii) information and guidelines for health care providers; (iv) training modules (web-based, printed, and video); (v) presentations, slide sets, videos, and documentaries; and (vi) symposia on surveillance, treatment and prophylaxis.

[9] This includes, for example: Infectious Disease Hospital (IDH); Bangladesh Institute of Tropical and Infectious Diseases (BITID); and selected Medical College Hospitals.

Component 2: Supporting National and Sub-national, Prevention and Preparedness [Indicative amount: US$12 million]

33. **This component will support activities which aim to improve prevention and response planning for, EIDs** in the context of human and animal health system development. This could include financing requirements of infrastructure (e.g. reference labs, clinical capacity), equipment, reagents and commodities, analytical and assessment capacity, with trained local capacities embedded in National Primary Human and Animal Health Systems. Specifically, support will be provided to the following activities:

(a) **EOC:** Support for expanding the scope and improving the functionality of the Public Health EOC, including, *inter alia,* upgrading the system for epidemiology intelligence, information gathering and use, and rapid response, improving risk communication and community engagement, and capacity building of DGHS including IEDCR.

(b) **District-level surveillance capacity:** Enhancing the health emergency surveillance capacity of district health system and tertiary care level hospitals, through: (a) improving the functionality of epidemiology units; and (b) supporting the District Health Information System (DHIS2) to enable timely reporting.

(c) **Stockpiling of critical medical supplies:** This will include support for stockpiling of critical medical supplies and vaccines, including enhancing forecasting capability, strengthening of sub-national distribution channels, developing inventory systems, and provision of therapeutic medicines and vaccines (once these become available).

Component 3: Implementation Management and Monitoring and Evaluation [Indicative amount: US$3 million]

34. **Project Management.** Support will be provided for project implementation and management, including for procurement, financial management, monitoring and evaluation (M&E), and capacity strengthening of the Project Implementation Unit (PIU). It will also support the strengthening of coordination and management functions, including PIU and local (decentralized) arrangements for coordination of activities and overall administration. To this end, the proposed project will support costs associated with project coordination and management (including recruitment of staff/ consultants, and capacity strengthening).

35. **Monitoring and Evaluation and Operational Research.** This component would support M&E of prevention and preparedness, and carrying out research on relevant operational topics related to inter alia, COVID-19 preparedness and response efforts. More specifically, it will support building capacity for clinical and public health research, including veterinary, and joint-learning across and within countries. This will also include information, communication and technology, artificial intelligence-based telemedicine and mobile-health approaches. Operational research topics could include, for example: nosocomial infection rate assessment; intra-family and slum/community transmission dynamics; severity assessment; natural progression of the disease and seroprevalence; ability of hospitals to maintain non-COVID routine health services. This activity will support learning – a key objective of the MPA program.

36. **The MPA will include a monitoring and prospective evaluation framework for the overall facility and for operations at the country and sub-regional or regional levels.** The approach will include baseline assessments, benchmarking, rapid learning, and multi-country analysis to inform tactical adaptations within and

across countries. The monitoring and prospective evaluation framework will focus on: (i) strategic relevance to the near-term support for disease outbreak detection and response, with clarity of pathways from WBG contributions to the expected outcomes; (ii) client responsiveness; (iii) WBG capacity to sustain client efforts to prevent future outbreaks of EIDs; and (iv) timeliness and agility of co-convening functions with country policymakers and strategic partners who complement the WBG's comparative advantages. For operations at the country and sub-regional or regional levels, the monitoring and prospective evaluation will provide a menu of options to be customized for each operation, together with performance benchmarks. The indicators will include those for: measuring elements of emergency COVID-19 Response; strengthening mission-critical national institutions for policy development and coordination of prevention and preparedness, using the "One Health" approach in ways that have clear pathways from interventions to results; enabling regional, national, and sub-national estimates and projections of equipment and supplies for disease prevention, detection, response and recovery requirements; building regional and national capacity for biomedical, clinical, and public and veterinary health research and technical resource networks; and building systems to perform disease surveillance at the community level.

Component 4: Contingent Emergency Response Component (CERC) [Indicative amount: US$0 million]

37. **This will ensure provision of immediate response to an Eligible Crisis or Health Emergency.** In the event of an Eligible Crisis or Emergency, the proposed project will contribute to providing immediate and effective response to said crisis or emergency. Any unused balance under the first three components can be reallocated to the CERC component, in the event of an emergency.

C. Project Beneficiaries

38. **The direct project beneficiaries will be people with suspected and confirmed infections, at-risk populations, medical and emergency personnel, as well as service providers (both public and private), medical and testing facilities, and the national health system.** The proposed project will target communities across Bangladesh, through a strong focus on risk communication activities. In addition, staff of key technical agencies like IEDCR and the Bangladesh Institute of Tropical and Infectious Diseases (BITID) will benefit from the proposed project as their capabilities will be strengthened. As the proposed project will support strengthening of the national response to the pandemic, it will benefit the entire population.

IV. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

39. **The MoHFW will be the implementing ministry for the proposed project.** A PIU will be set up in the DGHS with key professionals and staff to implement the proposed project. The PIU will comprise a full-time Project Director (PD) at the central level, full-time deputy PD(s), divisional project coordinators at Divisional-level, and other personnel with specialization in requisite disciplines, posted from within the MoHFW/DGHS as well as technical experts/consultants hired from the open market. As mentioned earlier, an inter-ministerial National Committee for COVID-19 has been set-up, chaired by the Minister of MoHFW and comprising Secretaries of relevant government ministries and selected DPs. This National Committee will provide guidance on policy directions. A Project Steering Committee (PSC) will be established by the MoHFW, chaired by the

Secretary of the Health Services Division of the MoHFW comprising relevant government officials, to provide guidance to the PIU, take stock of project progress and recommend course corrections as needed. The PSC will meet at least twice a year, or more frequently if required. For technical oversight and hands-on supervision support, a Project Implementation Committee will be set-up, chaired by the Director General of DGHS, which will meet at least once every quarter or more frequently if needed.

40. **The PIU staffing will include:** a full-time PD; full-time deputy PD(s); procurement expert; financial management expert; social safeguard and environmental expert; monitoring and evaluation expert; and technical experts with relevant technical qualification and experience (e.g. epidemiologists). In addition, necessary support staff will be recruited by the government. The staff working for the PIU will have specific terms of reference identified.

B. Results Monitoring and Evaluation Arrangements

41. **The PIU will be responsible for: (i) collecting and compiling all data relating to project indicators; (ii) evaluating results; and (iii) regularly reporting results.** The PIU will perform its functions in accordance with the existing government rules and procedures. The results framework of the project includes indicators that will reflect incremental improvements in biosecurity, surveillance, diagnosis, case management, and outbreak response, with regular reports on intermediate outcomes helping to improve the efficiency of project implementation.

42. **Reporting:** The PIU will produce six-monthly reports including the status of project indicators and agreed targets, and progress in implementation of critical project activities.

43. **Supervision and implementation support**: An experienced in-country World Bank team of HNP, operational, and fiduciary specialists will provide regular implementation support to the PIU with additional regular support from staff from other World Bank offices; implementation support missions will be carried out on a regular basis in agreement with the government and will include relevant DPs.

C. Sustainability

44. **The sustainability of the proposed project will largely depend on the enduring capacity of the implementing agencies and continued use of project-supported systems and investments.** Project activities which focus on training and capacity building will enhance the sustainability of project outcomes. The outcomes of the project related to strengthening disease surveillance, and pandemic preparedness (informed by the COVID-19 immediate response) will be a sustainable product of the proposed project. This would enable the country to effectively respond to future disease outbreaks.

V. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

45. **The ongoing COVID-19 pandemic is expected to affect Bangladesh and other South Asian economies in several ways**:

- **Trade disruption.** The economic impact of trade disruption is likely to be substantial given the country's reliance on the ready-made garments sector. Intermediate goods such as woven fabrics and yarn are primarily imported from Chinese suppliers. Similarly, in the pharmaceutical sector, Bangladesh depends heavily on China and India for intermediate inputs. Overall, the pandemic may lead to a decline in trade flows which in turn may reduce related government revenues.
- **Remittance flows.** The balance of payments was slightly positive in FY19 as trade and services account deficits fell and remittances rose. Bangladesh has an overseas workforce of more than 10 million and demand for overseas workers may be negatively impacted by lower oil prices (oil exporters employ nearly 70 percent of Bangladeshi migrant workers). As borders close due in attempts to slow international transmission of the disease, migration flows may be reduced.
- **Economic activity.** Most of the economic impact of the virus is expected to come from "aversion behavior", i.e. the actions people take to avoid catching the virus.[10] Domestic travel restrictions, cancellation of festivals and other activities, closure of workplaces, and 'social distancing' practices may negatively impact production and consumption. Implementation delays in major projects may reduce public investment expenditure while cost overruns may increase the fiscal deficit in the medium term.
- **Private sector confidence.** While the future is uncertain**,** COVID-19 is likely to have further negative impacts on private sector confidence.
- **Human capital development**. The health impacts of the pandemic, including mortality, may undermine household productivity, while imposing an economic burden on households through the loss of income-earners and costs of medical care. Human capital development may also be directly constrained by school closures as part of social distancing measures.

46. **Macroeconomic analysis suggests major impacts globally and at the country level.** The World Bank has modelled the economic impact of COVID-19 on the Bangladesh and global economies under: i) a baseline 'no COVID-19' scenario; and ii) a 'downside' COVID-19 scenario. Bangladesh's GDP growth in FY20 was expected to be around 8.13 percent (GoB). Considering the impacts from COVID-19, the economic losses to the country under a "downside" scenario are expected to be significant over 2020-2021.

47. **The economic rationale is strong for providing US$100 million to support the response to COVID-19.** The economic impact of the proposed project will derive from:

- **Preventing loss of human capital formation.** The most vulnerable households are those most likely to be affected economically. Low-wage workers are often likely to lose their jobs if they miss work due to an extended illness. In most cases, they are often the least able to work remotely or remain in isolation to avoid contracting the virus. And they are the least likely to have savings to survive an economic downturn. Loss of life, losses of time and income by these vulnerable households and direct expenditure on medical care and supporting services will be mitigated by the proposed project.
- **Limiting the extent and duration of demand and supply side disruption.** While short-term containment and prevention measures are expected to disrupt economic activity over the short-term, medium to longer-term impacts are expected to be positive by mitigating the impact on human health and mortality. Measures

[10] https://www.cgdev.org/blog/economic-impact-covid-19-low-and-middle-income-countries

to control the spread of COVID-19 in Bangladesh will have positive spillover effects on reducing further transmission across international borders.

- **Systemic benefits.** Measures supported by the proposed project will have sustainable economic benefits through building capacity to respond to recurrent outbreaks of COVID-19 or other infections.

B. Fiduciary

(i) Financial Management

48. **In order to address the urgent need to respond to the COVID-19 emergency, the 'Special Considerations' accorded in paragraph 12 of the World Bank Policy, Investment Project Financing (IPF), dated November 10, 2017, *"Projects in Situations of Urgent Need of Assistance or Capacity Constraints"* are applied to the proposed project** by deferring the financial management (FM) assessment. Based on the assessment of prevailing country system and fiduciary capacity of MoHFW, FM risks are rated High. The proposed project will build on the existing FM arrangements of the World Bank's ongoing HSSP by using country systems through the Office of the Chief Accounts and Finance Officer. In the Fiduciary Action Plan, being implemented under the ongoing HSSP, extensive training programs are being carried out on FM for FM/health personnel and internal audits are being conducted by private audit firms. The proposed project will leverage the capacity building improvements being implemented under HSSP.

49. **Planning and Budgeting:** The PIU, to be set-up, will be responsible for overall FM performance of the proposed project. An FM Specialist and one Accounts Officer will carry out day-to-day FM functions. Following the Budget and Accounts Classification System (BACS), the PIU will be identified as a 'sub-ordinate office/organization unit' under DGHS. The relevant expenditures under this proposed project will be segregated, as specified in the government's Development Project Pro-forma/Proposal (DPP), to mitigate the risk of double counting. Budget preparation and execution will take place electronically using the GoB's integrated budgetary and accounting system (iBAS++) and as such the budget must be released through the system in a timely manner for the PIU to execute project activities according to the budget allocation.

50. **World Bank financing will not apply to specified categories of recurrent expenditures such as workshop allowances, sitting allowances, cash per diems, and honoraria.** The list of excluded categories may be updated, from time to time, based on implementation experience. The World Bank financing will also not cover expenditures related to vehicles, and taxes will be allowable up to 15 percent of the total IDA credit.

51. **Fund Flow:** A Designated Account (DA), in the form of Convertible Taka Special Account (CONTASA), will be opened with a national commercial bank to receive funds from IDA for project implementation. IDA funds will flow to the DA based on withdrawal applications submitted by the government to the World Bank, by the authorized signatory for the proposed project. An alternative signatory arrangement will be made for submission of withdrawal applications to ensure unhindered flow of funds. The PIU will be responsible for submitting disbursement/replenishment applications to the World Bank, which will be based on actual Statements of Expenditures (SOEs), and can be processed as often as once per month. Mandatory Direct Payment initiative is applicable for this proposed project. Hence, all contracts selected through international open or limited competition or direct selection methods must be paid using Direct Payment and/or Special Commitment disbursement methods. There is no minimum application size for these payments. In case of all other contracts, minimum application size of US$50,000 would apply for Direct Payment. The DA ceiling is BDT

1.5 billion, which can be used for all contracts not covered by Mandatory Direct Payment initiative without any limit. The fund flow arrangement will also include issuance of Special Commitments for disbursement to UN agencies, as advance, based on submission of withdrawal applications to the World Bank. A substantial amount of the project financing is expected to be made using UN Commitments. Retroactive financing up to 40 percent of IDA credit will be allowed for eligible expenditures incurred by the government during the period between January 1, 2020, and the date of the signed Financing Agreement[11]. This amount would be reimbursed to the Government Treasury. Separate operating bank accounts will be maintained at the selected health facilities (which may include the divisional level medical college hospitals and specialized hospitals) for operating expenses. Designated accounts officers/accountants will be placed at each of these cost centers to carry out the book keeping and documentation of expenditures. Advances based on three months' requirement can be transferred to the operational accounts for day-to-day expenses. These offices will send monthly SOE in an agreed format to the PIU against the advances made. Following consolidation of expenditures incurred, the PIU will submit withdrawal applications to the World Bank. A monthly reconciliation should be done between the DA and operational accounts to ensure accuracy of the closing balance. In respect of activities that will be implemented by one or more UN Agencies, the relevant agencies will account for the funds using their institutional accounting rules and regulations. The UN agencies will provide six-monthly Fund Utilization Reports, indicated funds received and related expenditures, alongside progress reports, to the World Bank and the PIU.

52. **Financial Reporting:** The proposed project will be included in iBAS++ by creating an operational segment and economic codes for relevant expenditures. The PIU will work with relevant government agency to generate annual financial reports from iBAS++ by August 30 each year for auditing purposes. Similar to the ongoing HSSP, an Interim Unaudited Financial Reports (IUFR) will be generated from iBAS++ and shall be submitted to the World Bank within 45 days from the end of each semester. The PIU will be responsible for preparing the IUFR.

53. **External Audit:** The Foreign Aided Project Audit Directorate (FAPAD) will express an opinion on the project financial statement in accordance with international standards of auditing and submit the report within six months of the end of each FY. In addition, the auditor is required to provide a detailed management letter containing the auditor's observations on the internal controls and compliance with financial covenants as laid out in the Financing Agreement. There is no pending audit report for any of the projects funded by IDA under the MoHFW. However, the sector has fiduciary concerns, with a number of unresolved audit issues. Audit observations for FY19 from the external audit by FAPAD was 367. The scope of internal audit, currently being carried out by the MoHFW under HSSP, will be broadened to cover the review of the internal control functions and operational effectiveness of this proposed project. The ongoing public financial management reforms in the country include establishment of Audit Committees charged with responsibility for following-up on resolution of internal and external audit observations will be rolled out in MoHFW.

54. **FM Risk Mitigation:** The following risk mitigation measures will be monitored during project implementation and the risks reassessed based on the actions taken.

[11] All expenditures, for which retroactive financing is sought, will be submitted to the World Bank to verify their eligibility as per the following criteria related to the project description and disbursement table, safeguards policies and procurement requirements: (a) the activities financed by retroactive financing are related to the PDO and are included in the project description; (b) the payments are for items procured in accordance with the applicable Bank procurement rules; (c) the total amount of retroactive financing is up to 40 percent of IDA credit; and (d) the payments are made by the government during the period between January 1, 2020, and the date of the signed Financing Agreement.

Risks	Mitigation Measures
Lack of adequate mechanism for proper safeguarding of assets at health facilities.	Efficient use of the Computerized Asset Management System, wherever rolled out. Maintaining an Asset Register and conducting periodic inventory of assets at the health facilities.
Delayed transaction processing (related to operating expenses), at selected health facilities, including incomplete documentation.	Close supervision by the PIU to ensure that all cost centers maintain detailed records of expenditures and submit SOEs in a timely manner.
Weak internal control function to promote accountability and to check irregular activities.	The scope of the internal audit, conducted under the HSSP, will be broadened to cover this proposed project. The MoHFW will be prioritized for establishment of an Audit Committee charged with responsibility to follow-up on internal and external audit observations.
Delay in preparation of iBAS++ generated Annual Financial Statement and IUFR.	Relevant staff will be trained on iBAS++ by the Finance Division as well as ensuring their uninterrupted connectivity to iBAS++.
Delays in resolution of audit observations.	Dialogue with the Office of Comptroller and Auditor General (OC&AG) is ongoing for strict application of the time allotted of 90 days (as set forth in the OC&AG Office Order dated 23/07/1997) for resolution of audit recommendations; this will be reiterated to all Principal Accounting Officers and PDs. Relevant legal provisions for refund of ineligible expenditure, as indicated in Section 8.07 of the World Bank's General Conditions for IPF, will be applied on audit observations tagged as questionable expenditure by the World Bank in its Audit Report Review Letter that remain unresolved.
Due to limited FM capacity, proper record keeping, and documentation not maintained	Continuous training of relevant PIU staff.

(ii) Procurement

55. **Procurement for the proposed project will be carried out in accordance with the World Bank Procurement Regulations for IPF Borrowers, July 2016, revised November 2017 and August 2018.** The proposed project will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. The proposed project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.

56. **The major planned procurement includes: medical supplies; medicines; vaccines; equipment (thermal scanner, laboratory equipment, medical equipment for intensive care units, etc.); PPE; renovation of health facilities for establishing isolation units; capacity building and training; community outreach; and support to the project implementation and monitoring.** Finalization of the streamlined Project Procurement Strategy for Development (PPSD) has been deferred to implementation. The PPSD will spell out the detailed procurement arrangements (including the flexibilities available for fast track procurement) and the detailed risk mitigation measures. The World Bank will assist the PIU to prepare a simplified PPSD along with the full procurement plan to be completed during project implementation. An initial procurement plan for the first three months has been

agreed with the MoHFW and will be updated during implementation.

57. **The proposed procurement approach prioritizes fast track emergency procurement for the required goods, works and services.** Fast track procurement will be used under the proposed project to ensure expedited delivery. Key measures to fast track procurement include, as appropriate: (i) use of simple and fast procurement and selection methods fit for an emergency situation including direct contracting; (ii) streamlined competitive procedures with a shorter bidding time; (iii) use of framework agreements; (iv) procurement using UN agencies, enabled and expedited by World Bank procedures and templates; (v) force account, as needed; (vi) increased thresholds for requests for quotations and national procurement; (vii) minimal or no prior review for emergency procurement; (viii) consultant qualification based selection with no threshold limit; (ix) provision of bid securing declaration instead of bid security; (x) no requirement of performance security for small contracts; and (xi) increased advance payment. These provisions will be used on a case-by-case basis depending on the value and complexity of the scope of procurement and prevailing market conditions.

58. **The PIU to be set up will carry out procurement, with the assistance of a procurement expert to be hired.** Relevant UN agencies will be engaged to procure medical equipment, medicines, and other medical consumables as per their comparative advantages, and technical specifications for such goods will be jointly developed. The UN agencies will be contracted by the MoHFW using appropriate standard form(s) of agreement(s) designed for use by the government to contract the specific UN agency. In addition, the Central Medical Stores Depot (CMSD) of the MoHFW will procure selected goods. All civil works under the proposed project will be undertaken by the Public Works Department (PWD). Streamlined procedures for approval of emergency procurement to expedite decision making and approvals by the government have been agreed.

59. **Retroactive financing will be provided for eligible payments under contracts implemented by the implementing agency.** Contracts that were procured during the period January 1, 2020 and prior to signing of the Financing Agreement will be eligible for the World Bank's retroactive financing, if: (i) the procurement procedures, including advertising, are consistent with Sections I, II and III of the Procurement Regulations; and (ii) the contractor/supplier/consultant has explicitly agreed to comply with the relevant provisions of the World Bank's Anti-Corruption Guidelines, including the World Bank's right to inspect and audit all accounts, records, and other documents relating to the project that are required to be maintained pursuant to the Financing Agreement. However, there are practical limits to the application of the Anti-Corruption Guidelines in the case of unsuccessful bidders for these retroactively financed contracts. Accordingly, the waiver of paragraph 6 (requiring that the Anti-Corruption Guidelines be applied to all procurement) and paragraphs 9(d) and 10 (requiring agreement by bidders and contractors to comply with the Anti-Corruption Guidelines) of the Anti-Corruption Guidelines, that apply to the Global MPA, will apply to the proposed project.

60. **The MoHFW is interested in exploring extended support from the World Bank.** This is mainly because the PIU, to be set-up, will recruit a procurement consultant, which can delay the procurement of goods that are immediately needed to deal with the COVID-19 emergency. Based on MoHFW request, the World Bank will provide procurement Hands-on Expanded Implementation Support (HEIS) to help expedite all stages of procurement – supplier identification, support for bidding/selection, negotiations, contract signing, and monitoring of implementation, if needed.

61. **The World Bank Facilitated Procurement (BFP):** The proposed project may be constrained in purchasing critically needed supplies and materials due to significant disruptions in the global supply chain, especially for

PPEs. Globally, the supply problems that have initially impacted PPEs are emerging for other medical products (e.g. reagents and possibly oxygen) and more complex equipment (e.g. ventilators) where manufacturing capacity is being fully allocated by rapid orders from other countries. Based on MoHFW's request, the World Bank has agreed to provide BFP to proactively assist the PIU in accessing existing supply chains for an agreed list of critical medical consumables and equipment needed under the proposed project. Once the suppliers are identified, the World Bank will proactively support the PIU in negotiating prices and other contract conditions. The MoHFW will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, as well as receiving and inspecting the goods and paying the suppliers, with the direct payment by the World Bank disbursement option available to them. If needed, the World Bank may also provide hands-on support to the PIU in contracting to outsource logistics.

62. **BFP to access available supplies may include aggregating demand across participating countries, whenever possible, extensive market engagement to identify suppliers from the private sector and UN agencies.** Globally, the World Bank is coordinating closely with the UN agencies (specifically WHO and UNICEF) that have established systems for procuring medical supplies, and charge a fee which varies across agencies and type of service, and can be negotiated (around 5 percent on average.) In addition, the World Bank may help the PIU to access available stock in other countries. In providing BFP, the World Bank will remain within its operational boundaries and mandate, which already include HEIS to help governments achieve PDOs. Procurement of goods, works and services, that fall outside of this list will follow the World Bank's standard procurement arrangements with the Borrower responsible for all procurement steps.

63. **Procurement risk is High based on the Integrated Fiduciary Assessment as updated in 2017 and procurement assessment done during the preparation of recently approved project (HGSP).** Major risks are: (a) failed procurement due to integrity risks and lack of sufficient global supply of essential medical consumables and equipment needed to address the health emergency given significant disruption in the supply chain, especially for PPEs; (b) slow procurement processing, inadequate controls that are susceptible to manipulation, and weak oversight over decision making that can lead to potential implementation delays; (c) lack of familiarity in dealing with such a novel epidemic; (d) high fiduciary risks that the sector is susceptible to, including fraud, introduced by the use of agents; (e) multiple agencies involved in procurement (PIU, CMSD, and PWD); (f) agencies being unfamiliar with the World Bank's procurement policies; and (g) lack of procurement professional in the MoHFW. In addition, various industries are feeling the impact of COVID-19, especially the construction industry; this can subsequently impact the procurement process and implementation of contracts.

64. **Procurement risks will be mitigated by the following mitigation measures:** (i) the World Bank will leverage its comparative advantage as convener and facilitate the MoHFW's access to available supplies at competitive prices with the BFP described above; (ii) the UN agencies will be engaged, which will significantly reduce fiduciary risks, as suppliers enlisted with UN agencies are likely to have more stocks compared to other suppliers and this would address the risk of potential shortages; (iii) to deal with potential procurement delays because of the accelerated spread of COVID-19, the World Bank will support the MoHFW in exploring all possible procedural flexibilities; (iv) a procurement consultant will be hired for the PIU; (v) for procurement to be done by the CMSD, an independent procurement expert will be included in the bid evaluation committee; (vi) training will be provided to relevant project officials on procurement, contract management, and fiduciary due-diligence considering applicable World Bank regulations and procedures; and (vii) the government's electronic procurement (e-GP) system will be used where applicable.

65. **The World Bank's procurement oversight will be ensured through increased implementation support.** As there will be few or no prior review contracts, procurement post review will be conducted on a larger sample size than usual. Procurement post review will be carried out either by the World Bank or by a third-party to be engaged by the World Bank. To prevent delays and disruption in payments, payments relating to international open or limited bidding and direct selection contracts should be made only through Direct Payment or Special Commitment disbursement methods, as described in the FM section.

C. Legal Operational Policies

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

D. Environmental and Social

66. **The proposed project will have positive environmental and social impacts, as it focusses on improving surveillance, monitoring and containment of COVID-19 and any public health emergency.** Accordingly, the proposed project will support provision of screening, detection and treatment of COVID-19 cases, and further upgrading of health facilities and laboratories. The main environmental and social risks associated with the proposed project are: (i) occupational health and safety issues related to testing and handling of supplies and the possibility that PPEs are not adequately used by laboratory technicians and medical professionals; and (ii) environmental pollution and community health and safety issues related to the handling, transportation and disposal of healthcare waste and minor/moderate scale construction works. The environmental risks, therefore, are considered Substantial.

67. **Social risks associated with the project are also considered Substantial.** One central social risk is that marginalized and vulnerable social groups may not be able to adequately access facilities and services. To mitigate this risk, the MoHFW, in the Environmental and Social Commitment Plan (ESCP), includes the provision of services and supplies based on need, in line with the latest data related to the prevalence of COVID-19 cases. A draft Stakeholder Engagement Plan (SEP) that incorporates a preliminary stakeholder mapping has been prepared that will guide the MoHFW in early interactions with a wide range of citizens (including the most vulnerable among them) regarding basic health precautions and required emergency measures to be adopted. This SEP will be revised, as needed, within one month of project effectiveness, as noted in the ESCP. The SEP includes details of the existing Grievance Redress Mechanism (GRM) that is currently functional in DGHS for addressing any concerns and grievances raised. Also, the planned civil works are anticipated to cause noise and air emissions from vehicles and machinery, generating waste and involving risks regarding workplace and community health and safety. Land acquisition is not expected under the proposed project; however, the planned civil work may cause some relocations of encroachers within the selected health facilities. Environment and social screening will be required for civil works to ensure that such construction will not adversely affect residents in adjacent areas.

68. **The risks, together with the mitigation measures will be identified in detail in the Environmental and Social Management Framework (ESMF) which will be prepared by the MoHFW within one month of project effectiveness.** While preparing the ESMF, relevant guidance of the MoHFW and WHO will be taken into

consideration. The required instruments, including the ESCP and SEP, have been finalized and disclosed on March 30, 2020 on the DGHS and the World Bank websites. Hard copies of the documents have also been made available in all field offices related to the project's implementation. The draft ESCP sets out measures and actions required for the proposed project to achieve compliance with the Environmental and Social Standards of the World Bank. The ESCP also sets out the appropriate timeframe for plans and actions required for the proposed project to meet the ESF requirements.

69. **Citizen feedback/engagement:** The DGHS's platform for citizen feedback/engagement uses the internet, text messages and the telephone to obtain feedback. This is being further strengthened under the World Bank's ongoing project (HSSP) to improve the handling of complaints, with regard to both time and process, according to clearly established guidelines. This GRM is accessible by all. The existing system will be enhanced to fully address and respond to any project-related grievances. The MoHFW's citizen charter, available on its website, identifies services to be provided by the MoHFW along with contact details of the officials responsible for the services. There is also a citizen charter for facilities (listing the services available at the particular facility) usually on display at MoHFW service delivery points. In addition, the PIU will proactively disseminate messages for citizen engagement using all available platforms (radio, television, short messaging services, mobile based applications, etc.) given that social distancing is being promoted for reducing the spread of COVID-19.

VI. GRIEVANCE REDRESS SERVICES

70. Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the World Bank's GRS. The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the World Bank's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of World Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and World Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate GRS, please visit http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org

VII. KEY RISKS

71. **The overall project risk to achieving the PDO is Substantial.** This reflects High risk related to fiduciary management and Substantial risks associated with the macroeconomic situation, technical design of the proposed project, institutional capacity, environmental and social impacts, and stakeholders.

72. With regard to **macroeconomic** risks, while the magnitude of the impact of COVID-19 on Bangladesh's macroeconomic environment will depend on how the outbreak evolves, which remains uncertain, a worldwide economic downturn could have a substantial impact on Bangladesh's economic growth, balance of payments and fiscal position. As mitigation, while an economic crisis would constrain the fiscal space for improvements in overall health services, project financing will be earmarked to support defined activities related to pandemic preparedness and response. Residual risk is, therefore, considered **Substantial**.

73. The overall risk related to **technical design** is linked to the fact that the COVID-19 situation is both uncertain and rapidly evolving, and, as such, it is unclear whether the technical interventions supported by the proposed project will adequately respond to the current COVID-19 pandemic, or adequately build the resilience of the public health system to address future outbreaks. This risk is mitigated by the fact that the strategies and interventions to be supported by the proposed project follow international best-practice developed with support of WHO and other partners. Building on the MoHFW's long experience with a SWAp, technical support in key areas will be provided by DPs, supporting the government in effective use of World Bank resources. The proposed project will also directly support and strengthen: (a) response system capacities to deal with future crises; and (b) robust surveillance and monitoring and evaluation systems for ongoing evaluation and course-correction. Nonetheless, given the unpredictable nature of the crisis, the residual risk is rated as **Substantial**.

74. With regard to **institutional capacity**, there is a risk that government structures may not have sufficient capacity to effectively implement project-supported activities. As mitigation, a dedicated PIU embedded in the DGHS will be responsible for project implementation, mobilizing existing government structures and processes. The proposed project will support existing structures of the MoHFW, including the IEDCR, with support from non-governmental partners. Key leadership and management positions for project implementation will be held (as additional responsibilities) by existing government officials, with implementation responsibilities for both the proposed project and the wider health service delivery system. In parallel, technical assistance to implementation of project activities will be provided by relevant UN agencies and DPs. Taking this mitigation into account, the residual risk is rated as **Substantial**.

75. An important **fiduciary** risk is failed procurement due to integrity risks in the HNP sector globally and a lack of sufficient global supply of essential medical consumables and equipment needed to address the COVID-19 outbreak, given a significant disruption in the global supply chain, especially for PPEs. Slow procurement processing and decision making can delay project implementation. In the context of emergency operations, weak oversight, inadequate controls, and the influence of private intermediaries acting on behalf of outside parties, in particular, can lead to broader problems in the provision of services and procurement of medical supplies that meet appropriate technical specifications. At the same time, the HNP sector in Bangladesh is susceptible to risks of irregularities including collusion and fraud, primarily due to weak internal control functions and limited accountability. To help mitigate these risks, the World Bank will leverage its comparative advantage as a convener, and facilitate the MoHFW's access to available supplies at competitive prices with the BFP described in the procurement section. Risks will also be mitigated by the use of one or more UN agencies for the necessary procurement of medical equipment, medicines, vaccines and consumables. The proposed project will make use of the capacity that has been developed by the MoHFW Financial Management and Audit Unit for financial management of the US$14 billion HNP sector program. Additionally, direct payment mechanisms under the proposed project, as well as dedicated FM and procurement staff in the PIU, will further mitigate risks. Nonetheless, residual risk related to fiduciary management is rated as **High**. Detailed description of fiduciary risks and mitigation measures are provided in the sections on FM and procurement.

76. **Environmental** risks stem from the fact that health workers and others providing care for COVID-19 patients are at risk of infection, while medical waste causes risks for the community. **Social** risks are likely to stem from possible poor communication and misunderstanding by communities of measures taken to prevent and control the disease, including quarantine, individual medical isolation and social distancing measures. As mitigation, the proposed project will support the availability and use of PPE by health workers and proper disposal of used PPE. In addition, the proposed project will also support: (a) improvements in medical waste management,

including collection, storage and disposal according to national standards; and (b) community-level behavior-change communication to ensure that information about COVID-19 prevention and mitigation measures are provided. Given the highly infectious nature of COVID-19, and the particular vulnerability of health workers, with these mitigation measures, the residual risk is rated as **Substantial**.

77. With regard to **stakeholder** risks, the society-wide impact of the pandemic will have unpredictable effects on a range of stakeholders in the HNP sector and wider civil society. As mitigation, the proposed project will implement structured stakeholder engagement (taking care to minimize person-to-person contact) as well as community-level behavior change communication, based on the technical work of UNICEF and other partners in this area. Given the potential impact of the COVID-19 pandemic, the residual risk in this area is rated **Substantial**.

78. **Other risks** are due to the fact that large volumes of personal data, personally identifiable information, and sensitive data, are likely to be collected and used in connection with the management of the COVID-19 outbreak under circumstances where measures to ensure the legitimate, appropriate and proportionate use and processing of that data may not feature in national law or data governance regulations, or be routinely collected and managed in health information systems. The proposed project will incorporate best international practices for dealing with such data in such circumstances. Such measures may include, by way of example, data minimization (collecting only data that is necessary for the purpose); data accuracy (correct or erase data that are not necessary or are inaccurate); use limitations (data are only used for legitimate and related purposes); data retention (retain data only for as long as they are necessary); informing data subjects of use and processing of data; and allowing data subjects the opportunity to correct information about them. In practical terms, the proposed project will ensure that these principles apply through assessments of existing or development of new data governance mechanisms and data standards for emergency and routine healthcare, data sharing protocols, rules or regulations, revision of relevant regulations, training, sharing of global experience, unique identifiers for health system clients, strengthening of health information systems, etc. Given this mitigation, the residual risk is rated as **Moderate**.

VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Bangladesh

Bangladesh: COVID-19 Emergency Response and Pandemic Preparedness Project

Project Development Objective(s)

To support the Government of Bangladesh to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

Project Development Objective Indicators

Indicator Name	DLI	Baseline	Intermediate Targets		End Target
			1	2	
Prevent, detect and respond to the threat posed by COVID-19					
Suspected cases of COVID-19 reported and investigated based on national guidelines (Percentage)		0.00	60.00	70.00	80.00
Strengthen national systems for public health preparedness					
Designated hospitals with isolation capacity (Percentage)		0.00	30.00	60.00	100.00

Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	Intermediate Targets		End Target
			1	2	
Component 1: Emergency COVID-19 response					
Designated laboratories with COVID-19 diagnostic equipment, test kits, reagents, and trained staff per MoHFW guidelines (Number)		1.00	3.00	3.00	3.00
Districts in which COVID-19 risk communication materials have been rolled out to at least 50% of Upazilas (Percentage)		0.00	60.00	70.00	80.00
Component 2: Supporting National and Sub-national, Prevention and Preparedness					
Doctors and nurses at district-level facilities trained in IPC per MoHFW guidelines (Percentage)		0.00	50.00	60.00	80.00
Component 3: Institutional Capacity					
Establishment of epidemiology units in selected district-level facilities (Percentage)		0.00	2.00	4.00	8.00

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Suspected cases of COVID-19 reported and investigated based on national guidelines	Denominator: Number of suspected cases of COVID-19 reported.	6 monthly	PIU data/District Health	Monthly reports of (i) the number of laboratory-confirmed	PIU, DGHS

	Numerator: Number of suspected cases of COVID-19 reported and investigated according to MoHFW guidelines. This indicator is applicable so long there are COVID-19 cases; it will not apply otherwise		Information System (DHIS2)	COVID-19 cases, and (ii) the number of cases responded to with rapid response teams, contact tracing, and public messaging following MoHFW protocol	
Designated hospitals with isolation capacity	Denominator = 10 Numerator: Number of designated hospitals with: (i) isolation rooms and triage capacity; (ii) adequate supplies of essential IPC materials; (iii) WASH services/hand hygiene stations; (iv) bio-safety measures and medical waste management and disposal systems; (vi) lab facilities; and (v) essential equipment.	6 monthly	PIU data/DHIS2	Reports from hospitals	PIU, DGHS

Monitoring & Evaluation Plan: Intermediate Results Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Datasource**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Designated laboratories with COVID-19 diagnostic equipment, test kits, reagents, and trained staff per MoHFW guidelines	Number of labs established with: (a) diagnostic equipment is in working condition, (b) adequate supplies are in place (including test kits, real-time/PCR techniques, reagents, specimen collectors), and (c) staff have received the necessary training. The same 3 labs will be tracked during the project period. This indicator is applicable so long there are COVID-19 cases; it will not apply otherwise.	6 monthly	PIU data/DHIS2	Establishment report from head of the facility; procurement and installation documents from CMSD; report on training of lab staffs	PIU, DGHS
Districts in which COVID-19 risk communication materials have been rolled out to at least 50% of Upazilas	Denominator: 64 districts . Numerator: Number of districts in which risk communication materials have been rolled out to at least 50% of Upazilas.	6 monthly	PIU data/DHIS2	Reports on communication materials developed and distribution from upazila health and family planning office	PIU, DGHS

	This indicator is applicable so long there are COVID-19 cases; it will not apply otherwise.				
Doctors and nurses at district-level facilities trained in IPC per MoHFW guidelines	Denominator: Number of doctors and nurses working in district level facilities. Numerator: Number of doctors and nurses working at district level facilities who are trained on IPC per MoHFW guidelines	6 monthly	PIU data/DHIS2	Monthly reports of (i) the number of doctors and nurses working at district level facilities, and (ii) the number of doctors and nurses working at district level facilities who are trained in IPC	PIU, DGHS
Establishment of epidemiology units in selected district-level facilities	Denominator: 10 Numerator: district-level epidemiology units reporting in a timely manner per MoHFW guidelines.	6-monthly	PIU/DHIS2	Establishment report from head of the facility	PIU, DGHS

ANNEX 1: Project Costs

COUNTRY: Bangladesh
Bangladesh: COVID-19 Emergency Response and Pandemic Preparedness Project

COSTS AND FINANCING OF THE COUNTRY PROJECT

Program Components	Project Cost	IBRD or IDA Financing	Trust Funds	Counterpart Funding
Component 1. Emergency COVID-19 Response	85	IDA	0	0
Component 2: Supporting National and Sub-national, Prevention and Preparedness	12	IDA	0	0
Component 3: Implementation Management and Monitoring and Evaluation	3	IDA	0	0
Component 4: CERC	0	IDA	0	0
Total Costs	100			
Total Costs	100			
Front End Fees	0			
Total Financing Required	100			