



# Project Information Document (PID)

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Appraisal Stage | Date Prepared/Updated: 08-Nov-2021 | Report No: PIDA33011



**BASIC INFORMATION**

**A. Basic Project Data**

Country Ethiopia	Project ID P177906	Project Name Second AF for the Ethiopia Covid-19 Emergency Response Project	Parent Project ID (if any) P173750
Parent Project Name Ethiopia COVID-19 Emergency Response	Region AFRICA EAST	Estimated Appraisal Date 19-Nov-2021	Estimated Board Date 16-Dec-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Democratic Republic of Ethiopia	Implementing Agency Ministry of Health

Proposed Development Objective(s) Parent

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

Components

Medical Supplies and Equipment  
Preparedness, Capacity Building and Training  
Community Discussions and Information Outreach  
Quarantine, Isolation and Treatment Centers  
Project Implementation and Monitoring

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

**SUMMARY**

<b>Total Project Cost</b>	206.00
<b>Total Financing</b>	206.00
<b>of which IBRD/IDA</b>	206.00
<b>Financing Gap</b>	0.00

**DETAILS**

**World Bank Group Financing**



International Development Association (IDA)	206.00
IDA Credit	103.00
IDA Grant	103.00

Environmental and Social Risk Classification

Substantial

Other Decision (as needed)

## B. Introduction and Context

### Country Context

**Ethiopia is experiencing the third wave of the COVID-19 pandemic. The COVID-19 positivity rate, number of severe cases and deaths has risen sharply in recent months.** The positivity rate jumped to 26 percent and the total number of deaths increased 18 percent in mid-September 2021. The Ministry of Health (MOH) has reported that the third wave of COVID-19 cases is filling hospital beds, exhausting oxygen stocks, and testing already overloaded health staff in the country. The protracted availability of COVID-19 vaccines not only affected the vaccine uptake but also contributed to the recently observed COVID-19 case surge and increased mortality. The case management capacity of hospitals has been overstretched and they are unable to address the exponential increase in the number of severe cases. As of November 2, 2021, 3,709,106 laboratory tests have been performed, and 365,776 COVID-19 cases treated. A nationwide COVID vaccination campaign commenced on March 13, 2021, with AstraZeneca Covishield vaccine, exactly a year after the first confirmed case was reported in Ethiopia. Currently, multiple COVID-19 vaccines obtained through different mechanisms including COVAX and bilateral donations are in utilization, including AstraZeneca/Covishield, SinoPharm, and Janssen/J&J. As of November 2, 2021, 4,907,499 COVID-19 vaccine doses have been administered, and 3,579,852 people have been vaccinated, which constitutes 3 percent of the total Ethiopian population.

**Ethiopia is facing a wide scale humanitarian crisis in parts of the country which changed the cost and dynamics of the COVID-19 response including modalities of vaccine deployment.** Ongoing conflict and security issues limit access to services. There are more than 1.5 million internally displaced people (IDPs) and refugees in Ethiopia. These populations are living in crowded settings, with higher risk for COVID-19 infection and transmission. As such, these populations will be targeted through aggressive campaign strategies and innovative modalities through engaging United Nations agencies and community service organizations to ensure protection. According to the MOH, by the end of Fiscal Year 2021, there are 25 hospitals, 320 health centers, and 1451 health posts which have been damaged due to conflict in Tigray, Amhara, Afar, Oromia and Benishangul regions which need to be renovated and made functional for the delivery of essential maternal and child health services and integrated COVID-19 response including COVID-19 vaccine deployment.



## Sectoral and Institutional Context

Ethiopia has a comparative advantage by having the oldest and most established National Public Health Institute (NPHI) in Africa. In addition, the country is strategically located. The proposed activities under this second AF will be leveraged by activities under the Africa Centre for Disease Control and Prevention (ACDC) that are being implemented in Ethiopia but will have regional reach and impact, including: (a) establishment of a regional reference laboratory and a centralized event-based surveillance (EBS) network for priority pathogens across the continent; (b) piloting and rolling out the Anti-Microbial Resistance (AMR) scorecard for tracking AMR progress; and (c) implementing a system to collate national surveillance data and ensure that selected countries are trained and connected into the data collation and analysis platform.

Despite those advances, Ethiopia is at great risk of epidemics. Ethiopia is now classified among fragile states and on top of that, Ethiopia's proximity to multiple fragile states and as a major land and air transportation hub greatly exacerbate the vulnerabilities to epidemics, whilst limited disease-detection functions expose the country to the potential undetected spread of diseases. In addition, Ethiopia currently shelters about 1.5 million registered refugees from neighboring fragile states, the second largest refugee population in Africa. Most refugees are in emerging and under-developed subnational states with limited health services and opportunities depending largely on humanitarian assistance. All of Ethiopia's neighboring fragile states are highly susceptible to outbreaks at subnational levels. Strengthening core pandemic preparedness and response capacities in Ethiopia will help protect the country itself and neighboring countries with already weak systems and capacity especially as a significant level of the proposed project investment will occur adjacent to the borders with these fragile states.

### **C. Proposed Development Objective(s)**

#### Original PDO

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

**Current PDO:** To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ethiopia.

#### Key Results

##### **PDO Indicator:**

1. Percentage (%) of priority population vaccinated, based on the targets defined in national plan by sex. Target: 100%
2. Achieving the required timeliness of reporting for COVID-19 and other immediately reportable diseases under IDSR: 80%



#### D. Project Description

This is the second AF to the Ethiopia Covid-19 ERP project. The proposed AF of US\$206 million in International Development Association (IDA) (US\$103 million IDA grant and US\$103 million IDA credit) will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale. To this end, the AF is geared to assist the government of Ethiopia, working with the World Bank Group (WBG), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Global Alliance for Vaccines and Immunizations (GAVI) and other development partners, to overcome bottlenecks as identified in Ethiopia's COVID-19 vaccine readiness assessment. The increase in scope as outlined above will be reflected in an increase in the overall project financing from US\$289.6 million to US\$495.6 million with the amount of the AF being distributed under the five components included in the parent project.

##### **Component 1. Medical Supplies and Equipment [current allocation US\$171.8 million; proposed 2<sup>nd</sup> AF allocation US\$125.5 million]**

**Continuation:** The implementation of the activities from the parent project and the previous AF will continue without any changes. The project will continue to finance (i) procurement of vaccines for priority groups defined in the first AF; (ii) vaccination supplies needed for activities outlined in the Vaccine Delivery and Distribution Manual including diluents, syringes, and medical supplies associated with the vaccination response; (iii) climate-friendly cold chain inputs, including LED lamps and refrigerators, (iv) maintenance of existing cold chain equipment; (v) infection prevention and waste management; and (vi) project COVID-19 vaccine storage and transportation.

**Change:** The project will finance: (i) the procurement of COVID-19 vaccine doses to cover an additional 14 percent of the population (6 percent additional COVID-19 vaccines doses are projected to be supplied by the COVAX and other bilateral donations) and contribute to reach to government's ambition to reach 40 percent COVID-19 vaccination coverage in 2022; (ii) procurement of vaccination supplies needed to vaccinate the additional 20 percent of the population such as diluents, syringes, and all medical supplies associated with the vaccination response; (iii) infection prevention and waste management; (iv) vaccine storage and transportation, inclusive of purchases of climate friendly cold chain equipment and; (v) hospital intensive care unit (ICU) and critical care management capacity. These frontline health workers will be expected to conduct house-to-house visits under the project and hence the project will procure additional personal protective equipment (PPE) in adequate supply designed specifically for female health workers and volunteers.

##### **Component 2. Preparedness, Capacity Building and Training [current allocation US\$85.4 million; proposed 2<sup>nd</sup> AF allocation US\$27 million]**

**Continuation:** The implementation of the activities from the parent project and the first AF will continue without any changes. These include: (i) operating costs; (ii) deployment of health professionals and training on surveillance, supply chain, and emergency preparedness for climate hazards; (iii) development of micro-level project COVID-19 vaccine deployment plans at national and sub national levels; (iv) supervision on project COVID-19 vaccine safety and Adverse Event Following



Immunization (AEFI) monitoring for regulators and Expanded Program on Immunization (EPI) officers; and (v) strengthening of regional AEFI investigation task force and support for AEFI case investigations.

**Change:** The project will finance activities to scale up: (i) deployment of health professionals, including health extension workers, to deliver the additional doses procured through this AF; and training of health workers for deployment of vaccines in conflict affected areas including IDP and refugee camps, including training on vaccine deployment during climate shocks; and (iii) development of micro-level COVID-19 vaccine deployment plans at national and sub national levels including for conflict affected and security constrained areas and for those who live in IDPs and refugee camps. Climate-sensitive vaccine deployment plans will also be developed.

**Component 3. Community Discussions and Information Outreach [current allocation US\$10.9 million; proposed AF allocation US\$7.5 million]**

**Continuation:** The implementation of the activities from the parent project and the first AF will continue without any changes. The project will continue to finance: (i) human resource capacity for risk communication, (ii) the development of social mobilization and community engagement strategies (using local languages) to increase vaccine acceptance and COVID- 19 prevention behaviors; and (iii) deployment of risk communication officers and other human resources to expand and accelerate vaccine deployment efforts.

**Change:** Under this AF, the project will finance activities to scale up: i) the development of social mobilization and community engagement strategies (using local languages) to increase vaccine acceptance and COVID- 19 prevention behaviors in conflict affected and security constrained areas including IDP and refugee camps. Messages to prevent transmission of climate-related infectious diseases, such as cholera and typhoid, will also be included and ii) monitor vaccine acceptance/hesitancy and understand its drivers.

**Component 4. Quarantine, Isolation and Treatment Centers and regulatory infrastructure [current allocation US\$14.23 million; proposed AF allocation US\$41 million]**

**Continuation:** The implementation of the activities from the parent project and the first AF will continue without any changes. The project will continue to provide funds for the rehabilitation of existing facilities and setting up temporary structures, establish and equip quarantine, isolation, and treatment centers, provision of nutrition and dignity kits.

**Change:** The AF will finance the procurement and distribution of COVID-19 ICU supplies including hospital medical equipment such mechanical ventilators and supplies; and establish regional oxygen plants in selected hospitals, procurement criteria will be used to ensure purchases are both clinically effective and energy efficient; and ii) climate sensitive refurbishment and renovation of vaccine stores and vaccination rooms in conflict affected areas in the country.

**Component 5. Project Implementation and Monitoring [current allocation US\$3 million; proposed AF allocation US\$5.0 million]**



**Continuation:** The implementation of the activities from the parent project and the first AF will continue without any changes. The project will continue to support activities related to: (i) procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting at the PIU level; (ii) recruitment and training of Grant Management Unit (GMU) and Ethiopia Public Health Institute (EPHI) staff and technical consultants; and (iii) operating costs for project staff under the GMU and COVID-19 hazard pay /risk allowance for staff who are involved in COVID-19 response at different levels.

**Change:** Under the second AF, the project will provide funds to support i) the operating costs of mobilizing additional short-term consultants who support vaccine deployment; and ii) finance additional operating costs to strengthen the existing GMUs. Monitoring of climate-related activities will be included in this component.

Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts

**E. Implementation**

Institutional and Implementation Arrangements

**The proposed AF will follow in the same implementation arrangements as the parent project and the first AF.** The Project Implementation Unit (PIU) has been effectively coordinating project planning and procurement. The MOH, through its GMU, has been the implementing agency for the project while the Office of the Minister is responsible for the oversight function. In addition to the MOH and the EPHI, the Ethiopia Pharmaceutical Supply Agency (EPSA) and the Ethiopia Food and Drug Authority (EFDA) have assigned project focal persons and have been closely coordinating with MOH and directly implementing activities respective to their agency under the parent project and AF. In addition, MOH-respective directorates, the regional health bureaus, and other key agencies implement some of the project activities based on their functional capacities and institutional mandates.

The GMU of the MOH, in collaboration with the Maternal and Child Health Directorate (MCHD) and the Inter-Agency Coordinating Committee (ICC), is responsible for the day-to-day management of activities supported under the project, as well as the preparation of a consolidated annual workplan and a consolidated activity and financial report for the parent and AF project. Regular monthly project implementation and monitoring meetings has been conducted to identify project implementation bottlenecks, follow progress of COVID-19 vaccine procurement/acquisition and



deployment challenges and distribution of COVID-19 vaccines.

## CONTACT POINT

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## APPROVAL

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