



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 19-Apr-2020 | Report No: PIDC29125



BASIC INFORMATION

A. Basic Project Data

Country Jordan	Project ID P173972	Project Name Jordan COVID-19 Emergency Response	Parent Project ID (if any)
Region MIDDLE EAST AND NORTH AFRICA	Estimated Appraisal Date 17-Apr-2020	Estimated Board Date 28-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Planning and International Coordination	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

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

Components

- Component 1: Emergency COVID-19 Response
- Component 2: Implementation Management and Monitoring and Evaluation
- Component 3: Contingent Emergency Response Component (CERC)

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

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

DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	20.00
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Environmental and Social Risk Classification



Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

1. Jordan maintains a delicate equilibrium amidst an ever-changing regional context. Positioned at the epicenter of one of the most volatile regions in the world, Jordan has consistently preserved its stability, drawing from its unique geopolitical positioning and socio-political resilience. The country has been highly exposed to exogenous shocks, particularly the spillovers from regional conflict, the fluctuation of commodity prices, and shifts in geopolitical relations, all of which have compounded the country's existing vulnerabilities. In 2019 the Jordanian economy continued to experience sluggish economic growth as real Gross Domestic Product (GDP) in three quarters of 2019 grew by 1.9 percent – almost the same level as 2018. While economic growth benefited from rising net exports thanks to positive terms of trade, it was constrained by weak domestic demand. Furthermore, economic growth has been insufficient to alleviate pressures on the domestic labor market. As a result, unemployment continued to rise, standing at 19.0 percent in 2019, compared to 18.6 percent in 2018. The overall fiscal balance (including grants) of the central government stood at 4.7 percent of GDP in 2019, wider by 1.3 and 1.6 percent of GDP compared to 2018 and the 2019 budget, respectively.

2. **As with the rest of the world, Jordan's near-term growth prospects have substantially weakened due to the COVID-19 pandemic.** Jordan's economy growth is projected to contract significantly to 3.5 percent of GDP in 2020. The COVID-19 pandemic poses immediate significant downside risks to both the global and Jordan's economic recovery, alongside the challenge of heightened regional uncertainty. Given Jordan's already elevated debt levels, policy responses are constrained by limited fiscal space and a COVID-19-induced sharp drop in capital flows to emerging markets as global risk aversion surges. Over the medium-term, growth revival, and the pace of job creation (the key to long-term sustained reductions in poverty and vulnerability) depend on the pace of global recovery and the Jordanian economy's resilience.

3. **COVID-19 has already caused significant public health and economic impacts, both globally and in the Middle East and North Africa region.** The public health impact of COVID-19 is apparent, with Jordan's proximity to neighboring countries and its linkages with the regional and global markets through its diverse economic activities, preventing, containing and mitigating the pandemic's effects in Jordan will be more critical for the region. The global economic slowdown from COVID-19 is likely to impact Jordan, because of the disrupted supply chain systems at country, regional and global levels.

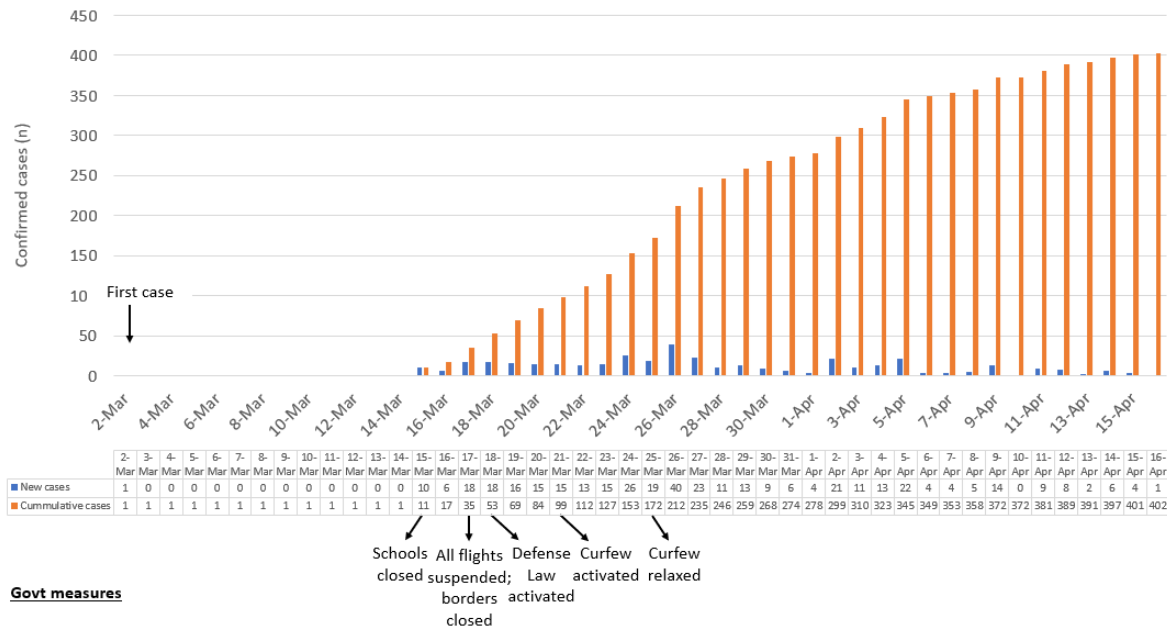
4. **As of April 16, 2020, Jordan had 402 cumulative confirmed cases of COVID-19, including 7 deaths.** Figure 1 provides a trend of infections in Jordan. The Government of Jordan (GOJ) has taken strong measures to contain and mitigate the COVID-19 outbreak. Specifically, the measures include school closure (since March 15), commercial flights suspension and all points of entry closed (since March 17) and issuance of Defense Order



No.2 for the year 2020 in accordance with the provisions of the Defense Law No. (13) of 1992 imposing a nationwide 24-hour curfew between March 21 to 24, 2020. Since March 25, 2020, residents aged between 16 to 59 are allowed to purchase necessary items at local supermarkets and pharmacies between 10 am to 6 pm if necessary. The GOJ sporadically announced a 24-hour curfew on April 3, 10 and 11, 2020.

5. **Jordan is highly vulnerable to climate change health impacts and it is critical to increase its resilience capacity for current and future crises.** Jordan is highly susceptible to extreme heat and water scarcity: By 2050, mean annual temperatures will rise by 2.4°C, with total annual hot days of a temperature above 35°C rising by 34.5 days. Mean annual precipitation will fall by 7.4mm in 2050 and the variability of precipitation will increase. Extreme heat is high risk as prolonged exposure resulting in heat stress is expected to occur at least once in the coming five years. As Jordan is already water-stressed and reliant on water resources which are rainfall-dependent, droughts are very likely to put additional pressures on the Jordanian population. Lower average rainfalls and higher evaporation rates would impact the agriculture sector as well as the quantity and quality of potable water. As a result, food security could be threatened, resulting in undernutrition, particularly in children and other groups such as youth, women, seniors and people with chronic health conditions, as well as food- and water-borne diseases spread easier. Further, a warmer climate may also contribute to the spread of vector-borne diseases. Impoverished communities such as refugees are likely to be highly vulnerable to the effects of climate change and outbreaks like COVID-19, as they lack access to a varied diet as well as sufficient health care, clean water and the financial means to address health concerns.

Figure 1: Epidemiological Trend of COVID-19 Infections in Jordan



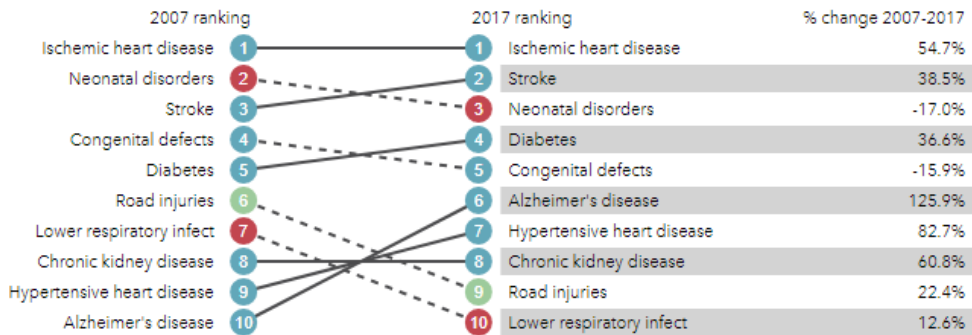
Sectoral and Institutional Context

6. Over the past two decades, Jordan has achieved significant improvements in health outcomes. In 2016 Jordanians had a life expectancy of 76 years for women and 73 years for men. The fertility rate was estimated at 2.8 births per woman in 2017-2018. People aged 65 and older represent only 3.5 percent of total population



and the population pyramid shows a large percentage of people in younger age groups. However, the burden of disease (Figure 2) shows that non-communicable diseases (NCDs) as causes of death have increased substantially in the last decade. Given that individuals with underlying comorbidities, such as NCDs and their risk factors are more susceptible to COVID-19, this poses a threat to Jordan, potentially with a larger outbreak and more complicated clinical cases with hospitalizations.

Figure 2. Top 10 Causes of Death and % Change, All Ages (2007-2017)



Source: Institute for Health Metrics and Evaluation, 2020

7. Total national health expenditures represent 7.6 percent of the GDP of which about 29 percent represents out-of-pocket (OOP) expenditures. From 2008 to 2013 the average household OOP expenditures increased by 57.8 percent, (136 to 215 Jordanian Dinars). In 2013, OOP expenditures were higher than 40 per cent of non-food expenditures for 0.4 percent of households, compared to 0.3 percent in 2008. Catastrophic health expenditures are concentrated in the highest quintile of the population. The majority of the population has health insurance coverage, which in the last decade increased from 70 percent in 2010 to 78 percent in 2013. The Ministry of Health (MOH) is the main provider of the civil insurance program (CIP), which covers a large share of those insured. The MOH also provides services with copayments (at subsidized rates) for uninsured Jordanians and registered Syrian refugees. COVID-19 related testing and treatment at public facilities are provided free of charges to all Jordanians and non-Jordanians. In addition, the MOH instructed all public health facilities not to collect copayments for routine health services from patients until the Defense Law orders are lifted.

8. The MOH is leading public health efforts to contain the further spread of infections and mitigate additional impacts on the healthcare system in Jordan. Currently, the MOH has designated seven public hospitals¹ for quarantine, isolation and treatment as well as 10 public and private laboratory facilities to diagnose COVID-19. Designated hospitals have capacities of 2,515 beds, 86 quarantine rooms, 69 isolation rooms, and 106 intensive care unit beds. Active surveillance and contact tracing for suspected cases continue throughout Jordan, with particular focus on COVID-19 clusters, such as in Irbid Governorate. In addition, the MOH increased the number of medical staff in primary and secondary healthcare facilities and established mobile clinics to treat minor illnesses and injuries as outpatient services at MOH facilities have been suspended. Approximately 3,200

¹ Prince Hamza Hospital (Amman); Al-Bashir Hospital (Amman); University of Jordan Hospital (Amman); King Abdullah University Hospital (Irbid); Al Karak Government Hospital (Karak); Prince Hashim Military Hospital (Aqaba); and Zarqa Government Hospital (Zarqa).



medical and laboratory staff (5 percent of total medical and laboratory staff in Jordan) are engaged in the response. To respond to non-COVID-19 related health service needs, the MOH started newborn screenings, increased the amount of monthly medication distributions to health center pharmacies and launched an online platform for NCDs drug refill services. Patients can request NCD medication refills online and receive medications by delivery to their homes, fulfilled by volunteers and health center staff.

9. Given that routine non-COVID-19 health services have been disrupted since March 2020, the MOH started preparing a contingency action plan to provide routine health services to those in need. The plan is under discussion within the MOH, with technical support from the WHO. Some services, such as mobile clinics for minor injuries and treatment and delivery of NCD medications have already started to meet population health demands.

10. Health security risks in Jordan remain high due to threats of communicable diseases and pandemics. Joint External Evaluation (JEE) of International Health Regulations (IHR) core capacities in 2016 identified that Jordan has developed capacity against health security risks (See Figure 3), but there are areas that have no or limited capacities, such as: national laboratory system; reporting; preparedness; emergency response and operations; risk communication; and points of entry.²

11. The MOH, with support from the WHO, is preparing the NPRP. The plan aims to strengthen the GOJ's capacity to prevent, detect and respond to the COVID-19 outbreak in accordance with IHR technical areas³. The plan will be costed to identify financial requirements for necessary supplies, human resources and operating costs based on several outbreak scenarios. In January 2020, the MOH conducted an assessment to identify capacities and gaps in detection and response to COVID-19, using a WHO national capacities review tool. The NPRP is structured based on the assessment results and serves as a practical guide for national authorities and health sector partners in fulfilling gaps.

12. Under this context, the GOJ has requested World Bank Group (WBG) support to help the MOH implement the NPRP over next two years. WBG support will complement support provided by development, humanitarian and private sector partners. The WHO, UNICEF and the United Nations Population Fund (UNFPA) have provided the MOH with medical equipment and supplies, such as Personal Protective Equipment (PPE), ventilators and testing kits. The Jordan Health Fund for Refugees⁴ provided a grant of approximately US\$10 million to the MOH for the procurement of medical equipment and supplies. In addition, local private entities and professional associations have donated approximately US\$20 million to-date in grants for MOH critical needs in response to the COVID-19 outbreak. Despite these grants and in-kind contributions, the MOH still requires larger financing to implement comprehensive preparedness and response actions against COVID-19. Based on a preliminary needs assessment conducted by the MOH, WHO and USAID, the financial needs for the next six weeks could be up to US\$158 million, excluding human resource costs.

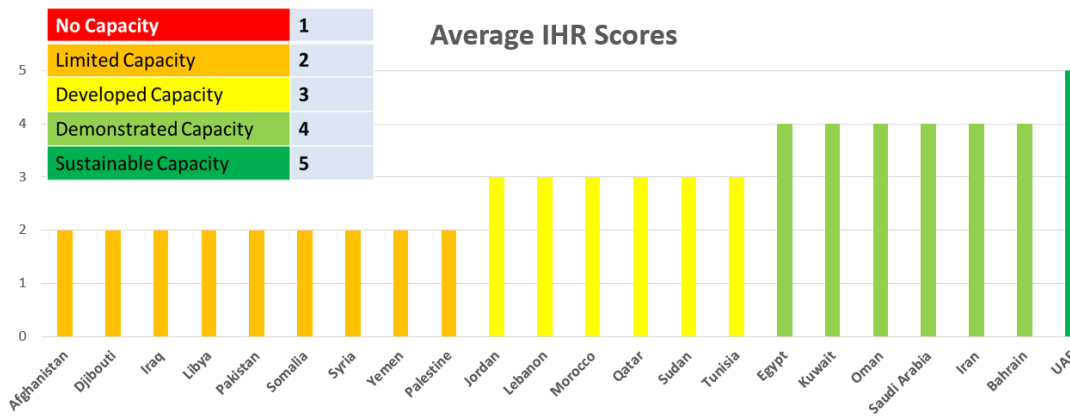
² WHO. Joint External Evaluation of IHR Core Capacities of the Hashemite Kingdom of Jordan: Mission Report 28 August – 1 September 2016. <https://apps.who.int/iris/bitstream/handle/10665/254508/WHO-WHE-CPI-2017.01-eng.pdf;jsessionid=90A52C65182E9AB57779551CF22931DE?sequence=1>. Accessed on April 1, 2020.

³ Coordination, command & control; Risk communication and community engagement; Surveillance, rapid response teams & case investigation; Point of entry; National laboratories; Infection prevention and control; Case management; and Operations support and logistics.

⁴ Signatories are: United States Agency for International Cooperation (USAID); the Government of Canada; the Government of Denmark and Qatar Foundation for Development



Figure 3: Comparison of Average IHR Scores in Eastern Mediterranean Region



C. Proposed Development Objective(s)

13. The Project objective is aligned to the results chain of the COVID-19 Strategic Preparedness and Response Program (SPRP).

Development Objective(s) (From PAD)

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

Key Results

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

- Number of hospitals assessed for COVID-19 case management per WHO protocol
- Number of health and non-health staff trained in infection and prevention control as per MOH approved protocols

D. Project Description

14. The project aims to support the MOH in its efforts to immediately respond to and mitigate the risks associated with the COVID-19 outbreak in Jordan. It will also help develop Jordan’s preparedness capacity to mitigate risks from comparable health and climate-related hazards. Based on the NPRP, the project aims to fill critical gaps in the following technical areas: country-level coordination planning and monitoring; risk communication and community engagement; surveillance, rapid response teams and case investigation; point of entry; national laboratories; infection prevention and control; case management; and operation support and logistics. These technical areas have been identified to immediately strengthen MOH capacity to respond and address the current COVID-19 crisis in a timely manner, while working within the country’s existing systems and providing technical assistance as needed.



Component 1: Emergency COVID-19 Response (US\$19.45 million)⁵

Component 1 aims to prevent and limit the spread of COVID-19 in Jordan. This will be achieved through providing critical support to enhance case detection, testing, case management, recording and reporting, as well as contact tracing, risk assessment and clinical care management. Specifically, this component will finance the procurement of medical and non-medical supplies, medicines, vaccines, equipment⁶, consultancy services and implementation costs for capacity building as needed for COVID-19 preparedness and response activities. Activities aim to strengthen:

- (i) **Case Detection, Confirmation, Contact Tracing, Recording and Reporting.** This sub-component will help:
 - (i) strengthen disease surveillance systems, including community event-based, indicator-based and sentinel 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 assessments; and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. The project will procure essential equipment and consumables for laboratory and surveillance, such as Polymerase Chain Reaction (PCR) machines, sample collection kits, test kits and other equipment and supplies for COVID-19 testing and surveillance (including PPE for staff at laboratory, surveillance and point of entry facilities) to ensure prompt case finding and local containment. The project will also support strengthening of case detection and surveillance capacity through training of laboratory and surveillance staff and improving reporting by frontline health workers using the existing surveillance systems. Strengthening disease surveillance systems for COVID-19 will also enhance the wider ability of the system to respond to climate-related communicable disease threats. The use of solar refrigeration for vaccine/drug cold chain storage when available and utilizing solar-powered mobile laboratories will reduce net greenhouse gas emissions.
- (ii) **Overall Healthcare Services and Clinical Capacity to Respond to COVID-19.** This sub-component aims to strengthen health care system capacity to provide optimal medical care by maintaining essential healthcare services. The activities include: (i) supporting the strengthening of case management facilities (i.e. quarantine, isolation and clinical care facilities) by equipping facilities with necessary equipment and commodities; (ii) minor civil works and retrofitting of quarantine, isolation and treatment rooms in such facilities. To the extent feasible, equipment and facilities will be procured and retrofitted in line with state-of-the-art principles of energy efficiency; procurement of essential medical equipment and supplies, such as ventilators, oximeters, laryngoscopes, oxygen generators, PPE, disinfectants and other equipment and supplies for COVID-19 case management as well as medicines and vaccines (when they become available); and (iii) capacity building activities, such as training for health facilities staff on infection prevention and control and clinical case management for COVID-19. Training health workers covering risk mitigation measures better prepares them for other health threats including climate related risks. Protective equipment and hygiene materials will protect staff against other climate related disease, in particular new emerging zoonoses. Strengthened clinical capacities will enhance adaptive capacity, improving the health system's ability to respond to other health threats including climate-related ones, improving the population's resilience also to climate-change threats.
- (iii) **Risk communication and community engagement.** This sub-component will support the design and implementation of effective public health measures to prevent contagion and will support the

⁵ Financing allocations to components 1 and 2 are US\$19.95 million. US\$0.05 million is used by the GOJ to pay the Front End Fee (0.25 percent of the total financing, US\$20 million).

⁶ Supplies in line with WHO's list of disease commodities or any updates will be procured. There are no medicines and vaccines for COVID-19 yet. Only when WHO approves any medicines and vaccines as applicable and effective, they will be procured.



development and implementation of associated communication and behavior change interventions for key prevention behaviors, such as hand-washing and social distancing, which besides helping contain the spread of COVID-19 helps against the spread of other climate-related conditions and water- or food-borne diseases. Targeting particularly vulnerable groups such as seniors and people with chronic health problems or co-morbid conditions with this health advice, and advice on climate-related risks, will increase population resilience. Community mobilization and participation in prevention and control measures through existing community institutions, especially engagement of communities in disease surveillance will greatly boost population awareness and as a consequence detection capacity of diseases but also other climate-related risks, enhancing climate resilience help understanding and therefore taking action on climate change.

- (iv) **Multi-sectoral coordination and response.** The project will support activities to enhance multisectoral response and action, including inter alia: the operations of command rooms at the central and regional levels; implementation of risk communications and community engagement campaigns; implementation of containment strategies, including point of entry interventions and operation of rapid response teams.

Component 2: Implementation Management and Monitoring and Evaluation (US\$0.5 million).

Component 2 will finance human resources and running costs for the International Coordination and Project Management Unit (ICPMU) at the MOH, including: (i) staffing, (ii) data collection, aggregation and periodic reporting on the project’s implementation progress; (iii) monitoring of the project’s key performance indicators and periodic evaluation; (iv) overall project operating costs and financial and technical audit costs; and (v) monitoring and compliance with Environmental and Social Commitment Plan (ESCP). Data collection and monitoring will be done in a sex and age-disaggregated manner to contribute to a better understanding of the epidemiological profile of the affected population. For speedy and effective project management upon effectiveness of the project, additional staff (individual consultants for fiduciary and environmental and social safeguards) will be hired for the ICPMU.

Component 3: Contingent Emergency Response Component (CERC) (US\$0 million). In the event of an eligible crisis or emergency, the project will contribute to providing immediate and effective response to said crisis or emergency. This component would draw from uncommitted funds under the project from other components to cover the emergency response. To facilitate a rapid response, in case the CERC is activated, the restructuring of the project is deferred to within three months after the CERC is activated.

Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts



E. Implementation

Institutional and Implementation Arrangements

15. The MOH is the implementing agency and responsible for the overall implementation and fiduciary responsibilities for the project. The International Coordination and Project Management Unit (ICPMU) at the MOH will be the unit responsible for project management and coordination. The ICPMU is headed by a Director and reports directly to H.E. the Minister of Health for guidance and approval. Specifically, the ICPMU will plan, implement and monitor progress of the project implementation with relevant technical directorates within the MOH, such as Biomedical Engineering, Communicable Disease, Financial Services, Laboratory, and Purchase and Supplies Directorates.

16. Environmental and social safeguards focal points have been identified from relevant directorates within the MOH (Environmental Health, Health Communication and Awareness and Complaint Directorates) to ensure the proposed activities are implemented in compliance with the national and the WBG's environmental and social frameworks. Environmental and social experts will also be recruited to support the MOH safeguards focal points.

17. Fiduciary consultants will be hired at the ICPMU for the fiduciary management of the project, along with the relevant directorates at the MOH, such as Financial Services and Purchase and Supplies Directorates.

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APPROVAL

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