
HEPRTF GRANT NUMBER TF0B5745

*Health Emergency Preparedness and
Response Trust Fund*

Grant Agreement

**(Additional Financing for the SIERRA LEONE COVID-19
Emergency Preparedness and Response Project)**

between

REPUBLIC OF SIERRA LEONE

and

**INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
AND
INTERNATIONAL DEVELOPMENT ASSOCIATION**

**acting as administrator of the Health Emergency Preparedness and Response
Trust Fund**

HEPRTF GRANT NUMBER TF0B5745

**HEALTH EMERGENCY PREPAREDNESS AND RESPONSE TRUST FUND
GRANT AGREEMENT**

AGREEMENT dated as of the Signature Date between REPUBLIC OF SIERRA LEONE (“Recipient”) and INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT AND INTERNATIONAL DEVELOPMENT ASSOCIATION (“Bank”), acting as administrator of Health Emergency Preparedness and Response Trust Fund. The Recipient and the Bank hereby agree as follows:

**Article I
Standard Conditions; Definitions**

- 1.01. The Standard Conditions (as defined in the Appendix to this Agreement) apply to and form part of this Agreement.
- 1.02. Unless the context requires otherwise, the capitalized terms used in this Agreement have the meanings ascribed to them in the Standard Conditions or in the Appendix to this Agreement.

**Article II
The Project**

- 2.01. The Recipient declares its commitment to the objective of the project described in Schedule 1 to this Agreement (“Project”) and the MPA Program. To this end, the Recipient shall carry out the Project in accordance with the provisions of Article II of the Standard Conditions and Schedule 2 to this Agreement.

**Article III
The Grant**

- 3.01. The Bank agrees to extend to the Recipient a grant in an amount not to exceed three million five hundred thousand United States Dollars (\$3,500,000) (“Grant”) to assist in financing Part C.4 of the Project.
- 3.02. The Recipient may withdraw the proceeds of the Grant in accordance with Section III of Schedule 2 to this Agreement.
- 3.03. The Grant is funded out of the abovementioned trust fund for which the Bank receives periodic contributions from the donors to the trust fund. In accordance with Section 3.02 of the Standard Conditions, the Bank’s payment obligations in connection with this Agreement are limited to the amount of funds made available to it by the donors

under the abovementioned trust fund, and the Recipient's right to withdraw the Grant proceeds is subject to the availability of such funds.

Article IV
Effectiveness; Termination

- 4.01. This Agreement shall not become effective until evidence satisfactory to the Bank has been furnished to the Bank that the conditions specified below have been satisfied.
- (a) The execution and delivery of this Agreement on behalf of the Recipient have been duly authorized or ratified by all necessary governmental action.
 - (b) The Financing Agreement has been executed and delivered and all conditions precedent to its effectiveness or to the right of the Recipient to make withdrawals under it (other than the effectiveness of this Agreement) have been fulfilled.
- 4.02. By signing the Grant Agreement, the Recipient shall be deemed to represent and warrant that on the Signature Date, the Grant Agreement has been duly authorized by, and executed and delivered on behalf of, the Recipient and is legally binding upon the Recipient in accordance with its terms, except where additional action is required to make such Grant Agreement legally binding. Where additional action is required following the Signature Date, the Recipient shall notify the Bank when such additional action has been taken. By providing such notification, the Recipient shall be deemed to represent and warrant that on the date of such notification the Grant Agreement is legally binding upon the Recipient in accordance with its terms.
- 4.03. Except as the Recipient and the Bank shall otherwise agree, this Agreement shall enter into effect on the date upon which the Bank dispatches to the Recipient notice of its acceptance of the evidence required pursuant to Section 4.01 ("Effective Date"). If, before the Effective Date, any event has occurred which would have entitled the Bank to suspend the right of the Recipient to make withdrawals from the Grant Account if this Agreement had been effective, the Bank may postpone the dispatch of the notice referred to in this Section until such event (or events) has (or have) ceased to exist.
- 4.04. *Termination for Failure to Become Effective.* This Agreement and all obligations of the parties under it shall terminate if it has not entered into effect by the date ninety (90) days after the date of this Agreement, unless the Bank, after consideration of the reasons for the delay, establishes a later date for the purpose of this Section. The Bank shall promptly notify the Recipient of such later date.

Article V
Recipient's Representative; Addresses

5.01. The Recipient's Representative referred to in Section 7.02 of the Standard Conditions is its minister responsible for finance.

5.02. For purposes of Section 7.01 of the Standard Conditions:

(a) the Recipient's address is:

Ministry of Finance
Treasury Building
George Street
Freetown, Sierra Leone; and

(b) the Recipient's Electronic Address is:

Facsimile:	E-mail:
232 22 229 060	fsecretary@mof.gov.sl

5.03. For purposes of Section 7.01 of the Standard Conditions:

(a) the Bank's address is:

International Bank for Reconstruction and Development/
International Development Association
1818 H Street, N.W.
Washington, D.C. 20433
United States of America; and

(b) the Bank's Electronic Address is:

Telex:	Facsimile:
248423 (MCI) or 64145 (MCI)	1-202-477-6391

AGREED as of the Signature Date.

REPUBLIC OF SIERRA LEONE

By

Authorized Representative

Hon. Mr. Dennis Vandj

Name: _____

MINISTER

Title: _____

03-Jun-2021

Date: _____

**INTERNATIONAL BANK FOR
RECONSTRUCTION AND DEVELOPMENT
AND
INTERNATIONAL DEVELOPMENT
ASSOCIATION**

**acting as administrator of the Health Emergency
Preparedness and Response Trust Fund**

By

Authorized Representative

Gayle Martin

Name: _____

Country Manager

Title: _____

02-Jun-2021

Date: _____

SCHEDULE 1

Project Description

The objective of the Project is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sierra Leone.

The Project constitutes a phase of the MPA Program, and consists of the following parts:

Part A. Supporting National and Subnational Public Health Institutions for Prevention and Preparedness

1. Providing immediate support to enable the Recipient to adequately prepare and prevent COVID-19 or limiting local transmission through containment strategies, in particular, enhancing case detection, confirmation, contact tracing, recording and reporting, *inter alia*, strengthening surveillance systems for emerging infectious diseases through a risk-based approach, including: (a) disease reporting system for the priority infectious diseases; (b) laboratory investigation of priority pathogens; (c) community event-based surveillance; (d) development and/or enhancing performance of early warning system; and (e) strengthening animal and human disease surveillance and diagnostic capacity through, *inter alia*: (i) improving animal and human health information flow among relevant agencies and administrative levels; (ii) detection, reporting and follow-up of reported cases; (iii) public and community-based surveillance networks; (iv) routine serological surveys; and (v) improving diagnostic laboratory capacity.
2. Rebuilding community and citizen trust to develop systems and strengthening community and citizen trust during crises through proactive, evidence-based citizen engagement approaches, *inter alia*, developing systems for fact-based risk communication generated from the results of community-based disease surveillance and multi-stakeholder engagement, in particular: (a) developing and testing messages and materials to be used in the event of a pandemic or emerging infectious disease outbreak; (b) enhancing communication infrastructure to disseminate information from national to districts and chiefdoms, as well as between the public and private sectors; (c) establishing a Grievance Redress Mechanism (GRM); (d) supporting cost-effective communication activities, such as marketing of handwashing through different communication channels; (e) increasing the attention and commitment of the government, private sector and civil society to raise awareness, knowledge and understanding among the general population on the risk and potential impact of the pandemic; (f) developing multi-sectoral strategies to address the risk and potential impact of the pandemic; (g) supporting community mobilization and sensitization to reach the local population, including on COVID-19 vaccine literacy and acceptance; (h) ensuring information flow and reporting of COVID-19 at all levels; (i) strengthening the

117 national system center operational capacity; and (j) supporting citizens perception surveys on government's preparedness and response.

Part B. Strengthening Multi-sector, National Institutions and Platforms for Policy Development, Coordination and Preparedness Using One Health Approach.

1. Strengthening core capacities as developed in the National Action Plans for Health Security, *inter alia*: (a) providing technical support for strengthening governance of One Health platform and updating legislation; (b) supporting institutional and organizational restructuring; and (c) improving collaboration between relevant sectors, including, health, agriculture, and environment.
2. Strengthening the capacity of the National Emergency Operations Center (EOC) for effective coordination and response to public health threats, including: (a) conducting coordination meetings, monitoring and supportive supervisions to public health emergency operation centers; (b) provision of training to EOC staff, hiring of temporary staff, including field visits on COVID-19 monitoring activities at the three ports of entry, financing logistics and improvement of EOC work environment; and (c) providing support to: (i) local councils; and (ii) to the National and District COVID-19 Vaccine Technical Working Groups and the National Immunization Technical Advisory Group (NITAG) for COVID-19 preparedness and response activities.

Part C. Emergency COVID-19 Response

Strengthening the health care system, in particular:

1. Enhancing case management, including infection, prevention and control, and supporting the health care system to provide optimal medical care, maintain essential community services and minimize risks for patients and health personnel, including:
 - (a) providing training for health staff and front-line workers on risk mitigation measures;
 - (b) providing health staff with appropriate protective equipment and hygiene equipment and hygiene materials; and
 - (c) strengthening clinical care capacity through, *inter alia*: (i) developing financing plans for the establishment and implementation of treatment guidelines and hospital infection control guidelines; (ii) providing training to health workers and building said health workers capacity on case management of COVID-19; and (iii) developing strategies to increase

hospital bed availability, including deferring elective procedures, more stringent triage for admission and earlier discharge.

2. Refurbishing, renovating and equipping designated facilities for isolation, quarantine and treatment centers, including reference laboratories, intensive care units and related facilities of selected health facilities, including:
 - (a) carrying out the rehabilitation and renovation of quarantine facilities, isolation facilities and treatment centers at the main ports of entry such as Freetown International Airport Lungi, Gbalamuya, Gendema, and Koindu; and
 - (b) providing adequate health and related service, including: (i) safe water and basic sanitation in health facilities; (ii) strengthening medical waste management and disposal systems; (iii) providing training to health personnel and mobilizing additional health personnel; (iv) acquisition of medical supplies and commodities, laboratory diagnostic equipment reagents, including test kits in the designated health facilities for the delivery of critical medical services to cope with the increased demand of services due to the COVID-19 outbreak; (v) developing intra-hospital infection control measures; (vi) improving infection prevention, including promoting local production of alcohol-based hand rub sanitizers, locally produced masks, and liquid soap to guarantee supply and avoid stock out of consumables; (vii) ensuring quality management of any confirmed COVID-19 cases through the procurement of standard equipment such as ventilators, oxygen plant, digital X-ray machines and related equipment; (viii) repurposing existing facilities and structures as temporary isolation, quarantine and treatment centers; (ix) building the capacity of health personnel (clinical and non-clinical staff) working in the designated health facilities and laboratories, including provision of training to said health personnel; (x) mobilizing additional health personnel, and provision of training to health personnel; (xi) financing Operating Costs, including for provision of a package of compensation (Compensation Benefits) for overtime, hazard/indemnity to health workers who contract COVID-19 while on duty (Clinical Beneficiaries); and (xii) strengthening the capacity of the District Health Management Teams (DHMTs) for monitoring of COVID-19 response and preparedness activities at the community level.
3. Supporting Project COVID-19 vaccine service delivery through the preparation and operationalization of Project COVID-19 Vaccine deployment including *inter alia*: (i) developing necessary COVID-19 deployment micro plans; (ii) supporting MoHS and the Pharmacy Board of Sierra Leone (PBSL) to monitor and supervise the safety of Project COVID-19 Vaccines and their deployment; (iii) financing the procurement of essential consumables and equipment for COVID-19 vaccination nationwide; (iv) providing training for vaccinators and volunteers involved in

- COVID-19 vaccination; (v) provision of training to district vaccination teams to expand vaccination coverage; (vi) enhancing cold chain and logistics to scale up COVID-19 vaccination, including medical waste management; and (vii) strengthening vaccine safety surveillance to effectively monitor vaccine safety and adverse effects following immunization.
4. Supporting Local Councils in the acquisition of land for burial sites, equipment, and the development of safety measures to deliver safe and dignified burials.
 5. Supporting the acquisition of Project COVID-19 Vaccines to expand the percentage of the population vaccinated and to allow for re-vaccination where necessary.

Part D. Implementation Management and Monitoring and Evaluation

1. Strengthening the capacity of the Ministry of Health and Sanitation (including the EOC and the Integrated Health Projects Administration Unit (IHPAU), Ministry of Agriculture and Forestry (MAF), and the District Health Management teams for coordination, management and implementation of the Project, including:
 - (a) strengthening the financial management and procurement functions of the respective agencies;
 - (b) the recruitment to IHPAU of additional staff/consultants for overall administration, procurement, and financial management, environmental and social specialist(s) under the Project; and
 - (c) the financing of costs associated with Project coordination.
2. Carrying out monitoring and evaluation of the Project, including:
 - (a) monitoring and evaluating prevention and preparedness;
 - (b) building capacity for clinical and public health research, veterinary, and joint-learning across and within Sierra Leone, and the West Africa sub-region, *inter alia*:
 - (i) the provision of training in participatory monitoring and evaluation at all administrative levels, including: (A) the carrying out of evaluation workshops; (B) the development of an action plan for monitoring and evaluation; and (C) the replication of successful models, and monitoring and reporting on implementation of Environmental and Social Commitment Plan; and
 - (ii) strengthening the capacity of the IHPAU for implementation, monitoring and evaluation of the Project.

SCHEDULE 2

Project Execution

Section I. Institutional and Other Arrangements

A. Institutional Arrangements

1. Presidential Task Force on COVID-19

The Recipient shall ensure that the Presidential Task Force on COVID-19 is maintained, at all times during the implementation of the Project, as the policy advisory and oversight body. The Presidential Task Force on COVID-19 shall be responsible, *inter alia*, for: (a) providing strategic and policy guidance on the implementation of the Project; (b) reviewing progress made towards achieving the Project's objectives; and (c) facilitating coordination of Project activities and removal of any obstacle(s) to the implementation of the Project.

2. The Ministry of Health and Sanitation

(a) The Recipient shall designate, at all times during the implementation of the Project, the Ministry of Health and Sanitation ("MoHS") to be responsible for prompt and efficient coordination, oversight and implementation of the Project, and shall take all actions including the provision of funding, personnel and other resources necessary to enable said MOH to perform said functions.

(b) Without limitation of sub-paragraph (a) immediately above, the Recipient shall ensure that: (a) the Chief Medical Officer of the MoHS shall be the Project Director; and (b) the EOC within said MoHS under the Director of Health Security and Emergencies, and the Chief Medical Officer (CMO) shall be responsible for: (i) day-to-day coordination of the Project; (ii) primary focal point for communication with the surveillance, designated laboratories, treatment/isolation units and quarantine facilities for timely update of the situation; (iii) updating on monthly basis the CMO; and (iv) ensuring close collaboration with government ministries, departments and agencies, and Local Councils, all in accordance with the Project Implementation Manual.

3. Integrated Health Projects Administration Unit

Without limitation upon the provisions of paragraph 2 immediately above, the Recipient shall maintain, at all times during the implementation of the Project, the Integrated Health Projects Administration Unit (IHPAU), with the responsibility for prompt and efficient oversight and coordination of fiduciary aspects of Project implementation (financial management and procurement), and with resources,

functions and personnel, satisfactory to the Association, to enable the IHPAU to perform said functions.

B. National COVID-19 Preparedness and Response Plan

The Recipient shall ensure that the Project is carried out in accordance with the National COVID-19 Preparedness and Response Plan; and shall maintain, at all times during the implementation of the Project, adequate public health emergency coordination and management arrangements, all in a manner acceptable to the Association.

C. Project Implementation Manual

1. The Recipient shall carry out the Project in accordance with the Project operations manual containing: (a) detailed guidelines and procedures for the implementation of the Project, including with respect to: administration and coordination, monitoring and evaluation, financial management, procurement and accounting procedures, environmental and social safeguards, corruption and fraud mitigation measures, a grievance redress mechanism, Compensation Benefits Framework, roles and responsibilities for Project implementation, the modalities for handling Personal Data (i.e., updating personal data collection and processing) in accordance with good international practice; (b) rules and procedures for prioritizing intra-country vaccine allocation following principles established in the WHO Fair Allocation Framework, including an action plan setting out the timeline and steps for implementing such rules; (c) rules and procedures establishing minimum standards for vaccine management and monitoring, including medical and technical criteria, communications and outreach plan, cold chain infrastructure, and other related logistics infrastructure; (d) vaccine distribution plan, including action plan setting out timeline and steps for immunization; and (e) such other arrangements and procedures as shall be required for the effective implementation of the Project, in form and substance satisfactory to the Association (“Project Implementation Manual”).
2. In case of any conflict between the provisions of the Project Implementation Manual and the provisions of this Agreement, the provisions of this Agreement shall prevail, and except as the Association shall otherwise agree, the Recipient shall not amend, abrogate or waive any provision of the Project Implementation Manual.

D. Annual Work Plan and Budget

1. For purposes of implementation of the Project, the Recipient shall:
 - (a) by no later than one (1) month after the Effective Date prepare and furnish to the Association, the first work plan and budget for Project (Annual

Work Plan). Thereafter, not later than November 30 of each Fiscal Year during the implementation of the Project, prepare and furnish to the Association subsequent Annual Work Plans. Said Annual Work Plan(s) containing all activities proposed to be included in the Project during the following Fiscal Year, and a proposed financing plan for expenditures required for such activities, setting forth the proposed sources of financing.

- (b) Each such proposed Annual Work Plan shall specify any Training activities that may be required under the Project, including: (i) the type of Training; (ii) the purpose of the Training; (iii) the personnel to be trained; (iv) the institution or individual who will conduct the Training; (v) the location and duration of the Training; and (vi) the cost of the Training.
- (c) The Recipient shall afford the Association a reasonable opportunity to exchange views with the Recipient on each such Annual Work Plan and thereafter ensure that the Project is implemented with due diligence during said following Fiscal Year in accordance with such work plan and budget as shall have been approved by the Association.

E. Environmental and Social Standards

1. The Recipient shall ensure that the Project is carried out in accordance with the Environmental and Social Standards, in a manner acceptable to the Bank.
2. Without limitation upon paragraph 1 above, the Recipient shall ensure that the Project is implemented in accordance with the Environmental and Social Commitment Plan (“ESCP”), in a manner acceptable to the Bank. To this end, the Recipient shall ensure that:
 - (a) the measures and actions specified in the ESCP are implemented with due diligence and efficiency, and provided in the ESCP;
 - (b) sufficient funds are available to cover the costs of implementing the ESCP;
 - (c) policies and procedures are maintained, and qualified and experienced staff in adequate numbers are retained to implement the ESCP, as provided in the ESCP; and
 - (d) the ESCP, or any provision thereof, is not amended, repealed, suspended or waived, except as the Bank shall otherwise agree in writing, as specified in the ESCP, and ensure that the revised ESCP is disclosed promptly thereafter.
3. Without limitation upon the provisions of paragraph 2 above, if sixty (60) days prior to the Closing Date, the Bank determines that there are measures and actions

specified in the ESCP which will not be completed by the Closing Date, the Recipient shall: (a) not later than thirty (30) days before the Closing Date, prepare and present to the Bank, an action plan satisfactory to the Bank on the outstanding measures and actions, including a timetable and budget allocation for such measures and actions (which action plan shall be deemed to be considered an amendment of the ESCP); and (b) thereafter, carry out, or cause to be carried out (as the case may be), said action plan in accordance with its terms and in a manner acceptable to the Bank.

4. In case of any inconsistencies between the ESCP and the provisions of this Agreement, the provisions of this Agreement shall prevail.
5. The Recipient shall ensure that:
 - (a) all measures necessary are taken to collect, compile, and furnish to the Bank through regular reports, with the frequency specified in the ESCP, and promptly in a separate report or reports, if so requested by the Bank, information on the status of compliance with the ESCP and the environmental and social instruments referred to therein, all such reports in form and substance acceptable to the Bank, setting out, *inter alia*: (i) the status of implementation of the ESCP; (ii) conditions, if any, which interfere or threaten to interfere with the implementation of the ESCP; and (iii) corrective and preventive measures taken or required to be taken to address such conditions; and
 - (b) the Bank is promptly notified of any incident or accident related to or having an impact on the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers, in accordance with the ESCP, the environmental and social instruments referenced therein and the Environmental and Social Standards.
6. The Recipient shall establish, publicize, maintain and operate an accessible grievance mechanism, to receive and facilitate resolution of concerns and grievances of Project-affected people, and take all measures necessary and appropriate to resolve, or facilitate the resolution of, such concerns and grievances, in a manner acceptable to the Bank.

F. Standards for COVID-19 Vaccine Approval.

All Project COVID-19 Vaccines shall satisfy the Vaccine Approval Criteria.

Section II. Project Monitoring, Reporting and Evaluation

A. Project Reports

The Recipient shall ensure that each Project Report is furnished to the Bank not later than forty-five (45) days after the end of each calendar semester, covering the calendar semester. Except as may otherwise be explicitly required or permitted under this Agreement or as may be explicitly requested by the Association, in sharing any information, report or document related to the activities described in Schedule 1 of this Agreement, the Recipient shall ensure that such information, report or document does not include Personal Data.

Section III. Withdrawal of Grant Proceeds

A. General

1. The Recipient may withdraw the proceeds of the Grant in accordance with the provisions of: (a) Article III of the Standard Conditions; and (b) this Section; to finance Eligible Expenditures in the amount allocated and, if applicable, up to the percentage set forth against each Category of the following table.

Category	Amount of the Grant Allocated (expressed in USD)	Percentage of Expenditures to be Financed (inclusive of Taxes)
(1) Goods, works, non-consulting services, consulting services, Training and Operating Costs under Part C.3 of the Project	3,500,000	100%
TOTAL AMOUNT	3,500,000	

B. Withdrawal Conditions; Withdrawal Period

1. Notwithstanding the provisions of Part A of this Section no withdrawal shall be made for payments made prior to the Signature Date.
2. The Closing Date is June 30, 2023.

APPENDIX

Definitions

1. “Annual Work Plan and Budget” means the annual work plan and budget for the Project, to be prepared on an annual basis by the Recipient.
2. “Anti-Corruption Guidelines” means, for purposes of paragraph 2 of the Appendix to the Standard Conditions, the “Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants”, dated October 15, 2006, and revised in January, 2011, and as of July 1, 2016.
3. “Category” means a category set forth in the table in Section III.A of Schedule 2 to this Agreement.
4. “Compensation Benefits” means the Recipient’s package of benefits under Part C.2(b)(xi) of the Project, consisting of: (a) provision of hazard pay to Health Beneficiaries; (b) provision of medical care to Health Beneficiaries exposed to COVID-19 in the course of duty; and (c) provision of death benefits to families of Health Beneficiaries fatally exposed to COVID-19 in the course of duty, and designed to ensure availability of sufficient human resources for provision of essential health services for COVID-19 response activities.
5. “Compensation Benefits Framework” means the Recipient’s framework for the provision of Compensation Benefits referred to in Part C.2(xi) of Schedule 1 to this Agreement.
6. “COVID-19” means the coronavirus disease caused by the 2019 novel coronavirus (SARS-CoV-2).
7. “Environmental and Social Commitment Plan” or “ESCP” means the environmental and social commitment plan for the Project, dated March 24, 2020, as the same may be amended from time to time in accordance with the provisions thereof, which sets out the material measures and actions that the Recipient shall carry out or cause to be carried out to address the potential environmental and social risks and impacts of the Project, including the timeframes of the actions and measures, institutional, staffing, training, monitoring and reporting arrangements, and any environmental and social instruments to be prepared thereunder.
8. “Environmental and Social Standards” or “ESSs” means, collectively:
(i) “Environmental and Social Standard 1: Assessment and Management of Environmental and Social Risks and Impacts”; (ii) “Environmental and Social Standard 2: Labor and Working Conditions”; (iii) “Environmental and Social Standard 3: Resource Efficiency and Pollution Prevention and Management”; (iv) “Environmental and Social Standard 4: Community Health and Safety”;

(v) “Environmental and Social Standard 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement”; (vi) “Environmental and Social Standard 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources”; (vii) “Environmental and Social Standard 7: Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities”; (viii) “Environmental and Social Standard 8: Cultural Heritage”; (ix) “Environmental and Social Standard 9: Financial Intermediaries”; and (x) “Environmental and Social Standard 10: Stakeholder Engagement and Information Disclosure”; effective on October 1, 2018, as published by the Bank.

9. “Financing Agreement” means the agreement entered into between the Recipient and the International Development Association (Grant No. D8530-SL), providing for concessional financing to the Recipient to assist the Recipient in the carrying out of the Project.
10. “Health Beneficiary” means the Recipient’s clinical and non-clinical workers (including volunteers) implementing COVID-19 outbreak response activities under the Project.
11. “Integrated Health Projects Administration Unit” or “IHPAU” means the unit within the office of the Permanent Secretary of the MoHS, and referred to in Section I.A.3 of Schedule 2 to this Agreement.
12. “Local Council” means the councils established and operating pursuant to the Local Governments Act 2004, of the laws of the Recipient.
13. “Ministry of Health and Sanitation” or “MoHS” means the Recipient’s ministry responsible for health, and any successor thereto.
14. “MPA Program” means the multiphase programmatic approach program designed to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.
15. “National COVID-19 Preparedness and Response Plan” means the Recipient’s emergency preparedness and response plan for COVID-19, dated March 23, 2020, and acceptable to the Association, as said document may be modified from time to time during the Emergency, and such term includes all schedules and annexes to said document.
16. “National and District COVID-19 Vaccine Technical Working Groups” means one of the national COVID-19 preparedness and response pillars for the successful planning, coordination, and implementation of COVID-19 vaccine-related activities, and comprising of the following sub-groups: Leadership, Planning, Coordination, and Finance; Communication and Social Mobilization; Logistics

and Supply Chain and Waste Management; Vaccine Safety; Monitoring, Evaluation, and Surveillance; and Training and Capacity Building.

17. National Health Emergency Operations Center” or “EOC” means the emergency operations center within the MoHS, and referred to in Section I.A.2 of Schedule 2 to this Agreement.
18. “National Immunization Technical Advisory Group” or “NITAG” means a multidisciplinary group of national experts responsible for providing independent, evidence-informed advice to policymakers and program managers on policy issues related to immunization and vaccines
19. “Operating Costs” means the reasonable incremental expenses incurred by the Recipient on account of Project implementation, including costs related to audits, office equipment and supplies, vehicle operation and maintenance, shipping costs, office rentals, communication and insurance costs, office administration costs, bank charges, utilities, transport costs, travel, *per diem* and supervision costs, and salaries of contracted employees, including Compensation Benefits comprising reasonable overtime, hazard/indemnity payments under Part C.2(b)(xi) of the Project, but excluding salaries of officials of the Recipient’s civil service.
20. “Personal Data” means any information relating to an identified or identifiable individual. An identifiable individual is one who can be identified by reasonable means, directly or indirectly, by reference to an attribute or combination of attributes within the data, or combination of the data with other available information. Attributes that can be used to identify an identifiable individual include, but are not limited to, name, identification number, location data, online identifier, metadata and factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of an individual. “Regions” mean the regional areas of the North America, South America, Europe, Asia, Asia Pacific, and Africa.
21. “Pharmacy Board of Sierra Leone” or “PBSL” means the Recipient’s medicines regulatory authority, established and operating pursuant to the Pharmacy and Drugs Act 2001, mandated to approve and monitor the introduction of new medical products, including vaccines and medicines.
22. “Presidential Task Force on COVID-19” means the committee within the Office of the President, and referred to in Section I.A.1 of Schedule 2 to this Agreement.
23. “Procurement Regulations” means, for purposes of paragraph 20 of the Appendix to the Standard Conditions, the “World Bank Procurement Regulations for IPF Borrowers”, dated November 2020.

24. "Project COVID-19 Vaccine" means a vaccine for the prevention of COVID-19, authorized by the Recipient's national regulatory authority for distribution, marketing and administration within the territory of the Recipient, and purchased or deployed under the Project; "Project COVID-19 Vaccines" means the plural thereof.
25. "Project Implementing Unit" and "PIU" means the EOC, and referred to in Section I.A.3 of Schedule 2 to this Agreement.
26. "Signature Date" means the later of the two dates on which the Recipient and the Bank signed this Agreement and such definition applies to all references to "the date of the Grant Agreement" in the Standard Conditions.
27. "Standard Conditions" means the "International Bank for Reconstruction and Development and International Development Association Standard Conditions for Grant Financing Made by the Bank out of Trust Funds", dated February 25, 2019.
28. "Stringent Regulatory Authority" means a National Regulatory Authority ("NRA") that is classified by WHO as a Stringent Regulatory Authority.
29. "Training" means the reasonable costs associated with training under the Project, based on the relevant Annual Work Plan and Budget, and attributable to study tours, training courses, seminars, workshops and other training activities, not included under service providers' contracts, including costs of training materials, space and equipment rental, travel, accommodation and *per diem* costs of trainees and trainers, trainers' fees, and other training related miscellaneous costs.
30. "Vaccine Approval Criteria" means that the Project COVID-19 Vaccine: (a) has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities identified by WHO for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; (b) has received the WHO Prequalification or WHO Emergency Use Listing; or (c) has met such other criteria as may be agreed in writing between the Recipient and the Association.
31. "WHO Fair Allocation Framework" means the WHO's allocation framework as elaborated in its working paper on "Fair allocation mechanism for COVID-19 vaccines through the COVAX Facility" dated September 9, 2020, for prioritizing: (a) frontline workers in health and social care settings; (b) the elderly; and (c) people who have underlying conditions that put them at a higher risk of death.
32. "WHO Prequalification" means a service provided by WHO to assess the quality, safety, and efficacy of medical products for priority diseases, and which are intended for United Nations and international procurement to developing countries.

33. "World Health Organization" means the specialized agency of the United Nations established pursuant to the Constitution of the World Health Organization, dated July 22, 1946, as amended from time to time.