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Report No: PAD3818

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED INTERNATIONAL ASSOCIATION DEVELOPMENT GRANT

IN THE AMOUNT OF SDR 5.5 MILLION
(US$7.5 MILLION EQUIVALENT)

TO THE

REPUBLIC OF SIERRA LEONE

FOR A

SIERRA LEONE COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT

UNDER THE

COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)
USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)
WITH AN IBRD AND IDA FINANCING ENVELOPE OF
US$1.3BILLION IDA AND $2.7BILLION IBRD EQUIVALENT

APPROVED BY THE BOARD ON APRIL 2, 2020

Health, Nutrition & Population Global Practice
Africa Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective February 29, 2020)

Currency Unit =	Sierra Leonean Leone (SLL)
SLL 10,000 =	US$1
US$1.37 =	SDR 1

FISCAL YEAR
January 1 - December 31

Regional Vice President:	Hafez M. H. Ghanem
Country Director:	Pierre Frank Laporte
Regional Director:	Amit Dar
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Practice Manager:	Gaston Sorgho
Task Team Leader(s):	Kofi Amponsah

ABBREVIATIONS AND ACRONYMS

CDC	Center for Disease Control
CMO	Chief Medical Officer
CPF	Country Partnership Framework
CSO	Civil Society Organization
COVID-19	Coronavirus Disease
DHIS2	District Health Information System 2
DfID	Department of International Development
DPPI	Directorate of Planning Policy and Information
EOC	Emergency Operations Center
EERP	Ebola Emergency Response Project
eIDSR	Electronic Integrated Disease Surveillance Response
EPA	Environmental Protection Agency
ESCP	Environmental and Social Commitment Plan
EVD	Ebola Virus Disease
EVD-WA	West African Ebola Virus Disease
FCC	Freetown City Council
FM	Financial Management
GAVI	GAVI, the Vaccine Alliance
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GHSI	Global Health Security Index
GoSL	Government of Sierra Leone
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
FAO	Food and Agriculture Organization
FTCF	Fast Track COVID-19 Facility
HSDSSP	Health Service Delivery and System Support Project
ICR	Implementation Completion and Results Report
ICT	Information and Communication Technology
IDSR	Integrated Disease Surveillance and Response
IDA	International Development Association
IEC	Information, Education and Communication
IFC	International Finance Corporation
IHPAU	Integrated Health Project Administration Unit
IHR	International Health Regulations
IMC	Inter-Ministerial Committee
IMF	International Monetary Fund
IPF	Investment Project Financing
JEE	Joint External Evaluation
MAF	Ministry of Agriculture and Forestry
MDB	Multilateral Development Bank
M&E	Monitoring and Evaluation
MoHS	Ministry of Health and Sanitation

MoU	Memorandum of Understanding
MPA	Multiphase Programmatic Approach
NAPHS	National Action Plan for Health Security
NGO	Non-governmental Organization
ONS	Office of National Security
PDO	Project Development Objective
PHE	Public Health England
PHEIC	Public Health Emergency of International Concern
PHEOC	Public Health Emergency Operations Center
PIM	Project Implementation Manual
POE	Point of Entry
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
REDISSE	Regional Disease Surveillance Systems Enhancement Project
RFQ	Request for Proposal
SARS-CoV-2	2019 Novel Coronavirus
SOP	Standard Operating Procedure
SPRP	Strategic Preparedness and Response Program
TA	Technical Assistance
USAID	United States Agency for International Development
UN	United Nations
WBG	World Bank Group
WHO	World Health Organization

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DATASHEET

BASIC INFORMATION

Country(ies)	Project Name
Sierra Leone	Sierra Leone COVID-19 Emergency Preparedness and Response Project

Project ID	Financing Instrument	Environmental and Social Risk Classification
P173803	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)	[✓] Hands-on Enhanced Implementation Support (HEIS)

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
02-Apr-2020	31-Mar-2022	31-Dec-2025

Bank/IFC Collaboration

No

MPA Program Development Objective

The Program Development Objective (PDO) 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	7.50

Proposed Project Development Objective(s)

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

Components

Component Name	Cost (US$, millions)
Supporting National and Sub-national Public Health Institutions for Prevention and Preparedness	2.30
Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach	1.00
Emergency COVID-19 Response	3.70
Implementation Management and Monitoring and Evaluation	0.50

Organizations

Borrower:	Ministry of Finance
Implementing Agency:	Ministry of Health and Sanitation

MPA FINANCING DETAILS (US$, Millions)

MPA Program Financing Envelope:	7.50
of which Bank Financing (IBRD):	0.00
of which Bank Financing (IDA):	7.50
of which other financing sources:	0.00

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	7.50
Total Financing	7.50
of which IBRD/IDA	7.50
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	7.50
IDA Grant	7.50

IDA Resources (in US$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Sierra Leone	0.00	7.50	0.00	7.50
National PBA	0.00	2.50	0.00	2.50
Crisis Response Window (CRW)	0.00	5.00	0.00	5.00
Total	**0.00**	**7.50**	**0.00**	**7.50**

Expected Disbursements (in US$, Millions)

WB Fiscal Year	2020	2021	2022
Annual	3.75	2.25	1.50
Cumulative	3.75	6.00	7.50

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

This operation has 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	Substantial
2. Macroeconomic	Substantial
3. Sector Strategies and Policies	Moderate
4. Technical Design of Project or Program	Moderate
5. Institutional Capacity for Implementation and Sustainability	Substantial
6. Fiduciary	Substantial
7. Environment and Social	Substantial
8. Stakeholders	Moderate
9. Other	
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	Not Currently 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

The Recipient shall, not 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.

Sections and Description
The Recipient shall, not later than forty-five (45) days after the Effective Date, prepare and adopt the Project Implementation Manual.

Conditions

Type	Description
Disbursement	No withdrawal shall be made under Category (2) for Cash Transfers and Food Expenditures unless the Recipient has established the Cash Transfer Guidelines, acceptable to the Association.

I. PROGRAM CONTEXT

1. **This Project Appraisal Document (PAD) describes the emergency response to Sierra Leone under the COVID-19 Strategic Preparedness And Response Program (SPRP) using the Multiphase Programmatic Approach (MPA)**, to be considered by the World Bank's Board of Executive Directors on April 2, 2020 with an overall Program financing envelope of International Development Association (IDA) US$1.3 billion and of International Bank for Reconstruction and Development (IBRD) US$2.7 billion.[1]

A. MPA Program Context

2. **An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China.** Since the beginning of March 2020, the number of cases outside China has increased thirteen fold 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 March 23, 2020, the outbreak has resulted in an estimated 332,930 confirmed cases and 14,510 deaths in more than 160 countries.[2]

3. **COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged 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[3] and chronic health problems that make viral respiratory infections particularly dangerous.[4] COVID-19 seems to have a fatality rate of less than two percent—exponentially lower than most infectious disease outbreaks that make global news. However, COVID-19 has raised alarm because of its lack of a predictable, uniquely identifiable symptoms (i.e. there are recent reports of transmission from asymptomatic patients). WHO has been careful not to describe that as a mortality rate or death rate because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, it poses unparalleled challenges with respect to global containment, particularly given that the actual prevalence of COVID-19 infection remains unknown in most countries. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk posed by this disease.

4. **Over the coming months, the COVID-19 outbreak has the potential for greater loss of life, and economic losses in both developed and developing countries.** It is also likely to have negative impacts on food and nutrition security, particularly for vulnerable populations, including children, women, the elderly (particularly those in assisted living facilities), people with disabilities, the poor, and prisoners as demonstrated by previous major outbreaks. The outbreak is taking place at a time when global economic activity was already facing uncertainty and governments have limited policy space to act. While the length and severity of impacts of the COVID-19 outbreak is difficult to predict, the rapidly worsening situation calls for a concerted global

[1] SPRP (P173789) http://operationsportal.worldbank.org/secure/P173789/home
[2] WHO. Coronavirus disease 2019 (COVID-19) Situation Report 63.
[3] See: 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*
[4] Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." New Eng J of Medicine, DOI: 10.1056/NEJMe2002387

response. It is especially important that the response includes developing countries, where health systems are weaker and populations are most vulnerable. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested, while the same containment measures have economic impact outside the health sector. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting appropriate policy responses, and on strengthening prevention and response capacity in developing countries.

5. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF).

B. Updated MPA Program Framework

6. Table 1 provides an updated overall MPA Program framework, including the first two countries and the proposed project for Sierra Leone.

Table 1: MPA Program Framework

Phase #	Project ID	Sequential or Simultaneous	Phase's Proposed DO*	IPF, DPF or PforR	Estimated IBRD Amount ($ million)	Estimated IDA Amount ($ million)	Estimated Other Amount ($ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
1	[insert P#] Afghanistan COVID-19 Response	Simultaneous	Please see relevant PAD	IPF		US$19.40	US$81.0 (reallocated from regular country IDA allocation)	TBC	High
2.	[insert P#] Ethiopia COVID-19 Response	Simultaneous	Please see relevant PAD	IPF	00.00	$42.00		TBC	Substantial
3	P173803 Sierra Leone COVID-19 Response	Simultaneous	Please see relevant PAD	**IPF**	00.00	US$7.50			Substantial
2	Available amounts for the countries joining later	TBD on the basic of country requests			00.00	$1,233.40			
Total			**Board Approved Financing Envelope**		**$2,700.00**	**$1,300.00**			

7. All projects under SPRP are assessed for ESF risk classification following the Bank procedures and the flexibility provided for COVID-19 operations.

C. Learning Agenda

8. **The country project under the MPA Program will support adaptive learning throughout the implementation, as well as from international organizations including WHO, IMF, CDC, UNICEF, and others.** The global MPA aims the following:

(a) Forecasting: modeling the progression of the pandemic, both in terms of new cases and deaths, as well as the economic impact of disease outbreaks under different scenarios.
(b) Technical: Cost and effectiveness assessments of prevention and preparedness activities; research may be financed for the re-purposing of existing anti-viral drugs and development and testing of new antiviral drugs and vaccines.
(c) Supply chain approaches: Assessments may be financed on options for timely distribution of medicines and other medical supplies.
(d) Social behaviors: Assessments on the compliance and impact of social distancing measures under different contexts.

9. **Given the human and economic costs of the current COVID-19 outbreak, it is crucial to optimize longer-term investment in reinforcing preparedness and response capacity to contain a potential outbreak in Sierra Leone.** Therefore, the current Project seeking to strengthen the country's health systems capacities to detect, mitigate risks and control the COVID-19 outbreak and other immediately reportable respiratory related disease outbreaks is a sound economic investment. One crucial lesson from the current experience is that the sooner a potential future outbreak is detected and responded to, the lower the human and economic cost will be. In addition, the project will support the review of the organizational systems put in place for operations management, information flow and their effectiveness in supporting efficient and timely decision-making during emergencies.

10. **Gender analysis needs to be an integral part of the country's Emergency Preparedness and Response Plan (EERP) and its implementation.** The Systemic Country Diagnostic 2018 (SCD)[5] highlights the priority areas for gender equity: improving health and education outcomes and strengthening women's legal rights. In fact, early marriage and childbearing widen the gender gap. Despite the government's efforts in creating the legal framework against gender-based violence (GBV), women are still exposed to significant risks of GBV. Both the acceptance and prevalence of domestic violence remain high in the country. There are economic costs associated with violence against women, which will constrain Sierra Leone's ability to reduce poverty, especially at this difficult time in facing the acute shock of the pandemic of COVID-19. While the current sex-disaggregated data for COVID-19 does not show differences in the number of cases between men and women, there are differential vulnerability to infection, exposure to pathogens, and treatment received. About 62 percent of the total health workforce of Sierra Leone are women. The needs of women for isolation and quarantine are also different from those of men, which requires sensitivity to their physical, cultural, security and sanitary needs. As primary caregivers of children and the elders at households and potential school closures already imposed

[5] World Bank. 2018. *Sierra Leone Systematic Country Diagnostic (SCD)*. Washington, DC: World Bank.

in the country women are more likely to have work limitations and psychosocial pressures affecting their economic and mental health.

II. CONTEXT AND RELEVANCE

A. Country Context

9. **Sierra Leone's economy continues its post-Ebola recovery and expansion, albeit at a slower pace.** Preliminary estimates for 2019 indicate growth of 5.1 percent, up from 3.5 percent in 2018. In 2018, growth was supported mainly by agriculture (2.3 percent) and services (2.5 percent). Faster agricultural growth was primarily the result of increased output of key domestic crops such as rice, cassava, and groundnut, which in part were supported by the reforms aimed at increasing agricultural productivity and diversifying the economy. Growth in services sector was supported by transportation (air and sea), communications and insurance. Growth was spurred mainly by investment and private consumption, which grew by 8.6 percent and 4.1 percent, respectively. The external sector was a drag on growth in 2019 as the contribution of net exports to aggregate growth was negative. This was in part due to the reduction in iron ore exports as a result of the closure of mines.

10. **Despite the modest increase in growth, several structural challenges prevent the country from achieving inclusive growth and shared prosperity.** By international standards, Sierra Leone's income per capita is still very low. Real GDP per capita grew by 1.3 percent in 2018 compared to 1.9 percent in the previous year although it is projected to grow to 2.6 percent in 2019. With the population growing at more than 2 percent per year, the country's economy is not growing fast enough to substantially increase income per capita. The overall poverty rate, estimated at 56.8 percent[6], is among the highest in the world. Between 2011-2018 poverty reduced by only 3.8 percentage points to 56.9 percent, coinciding with the twin shocks.[7] Poverty remains disproportionately rural (78.7 percent), and the largest reduction occurred in urban areas outside of Freetown (by 6.8 percentage points; 2011-2018). The number of people living on less than the international poverty line of US$1.90 a day, though on a declining trend since 2016, is still relatively high. Major determinants of poverty are: large household size, low education of the household head, employment in agriculture and non-wage employment. Women and girls are disproportionately impacted by poverty. Sierra Leone has a Gender Inequality Index value of 0.645, ranking 150th out of 160 countries in 2017, reflecting gender-based inequities in reproductive health, empowerment and economic activity. The drivers of fragility—political uncertainty, ethno-regional divide, vulnerability to shocks,[8] weak institutions and corruption—undermine the trust in the state and shorter feedback loops of accountability need to be found.

B. Sectoral and Institutional Context

11. **The Post-Ebola Sierra Leone has made progress in strengthening its public health systems.** After the EVD outbreak, a Joint External Evaluation (JEE) was conducted. This was followed by development and launch of a National Action Plan for Health Security (NAPHS 2018-2022), which include the 19 areas of the International Health Regulations (IHR). The 2020 NAPHS work plan was developed in January 2020 by the Government of

[6] Sierra Leone Integrated Household Survey, 2018.
[7] The poverty estimation methodology differs between 2003 and 2018 are not directly comparable. For this reason, the estimates for 2018 are presented and percentage point differences with 2003 (using the present methodology are presented here).
[8] There have been three successive shocks: the Ebola Virus Disease epidemic in 2014/15, iron ore mining collapse in 2015/16 and the landslide in the suburb of Freetown in 2017.

Sierra Leone (GoSL) through a multi-sectoral One Health Coordination Platform comprising Ministry of Health and Sanitation (MoHS), Ministry of Agriculture and Forestry (MAF), Office of National Security (ONS), and Environmental Protection Agency (EPA) together with key health development partners including World Bank (WB), WHO, USAID, US CDC, China CDC, Public Health England (PHE) and Food and Agriculture Organization (FAO). In addition, Sierra Leone complies with the IHR to which it is a signatory, with State Party Annual Reporting (SPAR) conducted in November 2019. These reviews are essential to the assessment of its IHR compliance, and to identify the country's capacity to prevent, detect and respond to events of public health threats.

12. **Government efforts in COVID-19 prevention**. In January 2020, Sierra Leone became aware of the outbreak of the novel coronavirus in Wuhan, Hubei Province, China. Since then, the GoSL has taken immediate preventive measures and been monitoring the progress very closely. Since WHO declared COVID-19 as Public Health Emergency of International Concern (PHEIC) on January 30, 2020, the GoSL immediately activated the National Public Health Emergency Operations Center (PHEOC) at Level 2. To proactively prevent the spread of the epidemic in Sierra Leone, the GoSL has: (i) conducted two readiness assessments on the national coordination, preparedness and response capacity as per the WHO's standard COVID-19 checklist ; (ii) convened two One Health Inter Ministerial Committee (IMC) meetings for policy and strategic guidance; (iii) prioritized enhancement of surveillance at the three official points of entry (POEs), which are exposed to the highest risk: Freetown International Airport; Gbalamuya (border crossing Sierra Leone and Guinea); and Gendema (border crossing between Sierra Leone and Liberia); (iv) identified temporary facilities for quarantine, anticipating several travelers from the high risk countries; (v) instituted mandatory quarantine for persons with the history of travel to China within preceding 14 days; (vi) revised the mandatory quarantine policy on March 2, 2020 to add Iran, South Korea and Italy to China; (vi) developed standard operating procedures (SOPs) and protocols for quarantine, isolation and case management, including SOPs for infection prevention and control (IPC); and (vii) developed a risk communication strategy, information, education and communication (IEC) materials and tailored messages for COVID-19 prevention.

13. **Sierra Leone declared a state of public emergency on March 24, 2020** in response to the emerging global COVID-19 pandemic, despite not recording any confirmed cases in the country. Sierra Leone has extensive porous borders with its immediate neighbors (Guinea and Liberia). The traffic amongst the three countries is manned through the three major points of entry (POEs). The country is prone to outbreak and epidemics. Risk of COVID-19 outbreak for Sierra Leone is high given its strong ties with China (i.e. exchange students, including academic training), and extensive health care support from Italy, which resulted in increasing the number of people quarantined at the POEs. To effectively prepare and address any potential outbreak, the government developed a COVID-19 plan, amounting to US$28 million (see Annex 1).

14. **Globally, Sierra Leone is ranked 92/195 on Global Health Security Index (GHSI) with an overall score of 38.2**[9]. Sierra Leone's overall GHSI is better than comparable countries in the West African subregion: Senegal (37.9); Nigeria (37.8); Cote d'Ivoire (35.5); Ghana (35.5); Liberia (35.1); Guinea (32.7); and Gambia (34.2). However, its specific public health systems indicators, particularly on sufficient and robust health system to treat the sick and protect health workers and overall risk environment and country vulnerability to biological threats are not the best (see Table 2). Besides, the confirmed COVID-19 cases in almost all its neighboring West Africa countries (Burkina Faso, Cote d'Ivoire, Guinea, Ghana, Liberia, Mali, Nigeria, Senegal and Togo), pose an immediate and constant threat to Sierra Leone. The need to use the World Bank's newly established COVID-19

[9] Global Health Security Index, Building Collective Action and Accountability, October 2019.

Fast Track Facility is, therefore, critical.

Table 2: Sierra Leone Global Health Security Index

No.	Index	Score	Rank
1.	Overall Score	38.2	92 out of 195
2.	Prevention of the emergence or release of pathogens	52.8	66 out of 195
3.	Early detection and reporting for epidemics of potential international concern	45.8	72 out of 195
4.	Rapid response to and mitigation of the spread of an epidemic	44.8	64 out of 195
5.	Sufficient & robust health system to treat the sick and protect health workers	25.3	84 out of 195
6.	Commitments to improving national capacity, financing and adherence to norms	52.8	66 out of 195
7.	Overall risk environment and country vulnerability to biological threats	32.8	179 out of 195

15. **Sierra Leone has weak health systems which are still recovering from major shocks (EVD, mudslide, ongoing Lassa fever and measles outbreaks) with an inadequate health workforce.** Due to insufficient number of qualified medical staff, most critical functions tend to shift to lower cadre of staff. The mal-distribution of health workforce causes disparities in coverage and access to health services and information, thus, resulting in increasing exposure of the populations to public health threats. Additionally, religious and traditional practices predispose citizens, which have a potential to serve as a vehicle to spread the COVID-19 and any other communicable diseases at an alarming rate. Porous borders could make it very difficult to contain COVID-19 at the official POEs.

16. **With the support of key development partners, the government has developed a national COVID-19 preparedness plan.** The plan which is being supported by development partners, including the World Bank, focuses primarily on strengthening surveillance at the three official POEs, improving case management, ensuring adequate supply of IPC materials, and enhancing risk communication through effective campaigns at the national, subnational and community levels. The coordination of the implementation of the plan is being carried out by the National Emergency Operations Center (EOC) established during the EVD outbreak with support from the World Bank, US CDC and other development partners.

C. Relevance to Higher Level Objectives

17. **The proposed project is also aligned with the GoSL' s National Development Plan (NDP) 2019–2023** whose main objective 1 is to accelerate human capital. The strategic objective of the NDP is to transform the health sector from an under-resourced, ill-equipped, and inadequate delivery system into a well-resourced and functioning national health-care delivery system that is affordable for everyone and accessible to all. The project would support this important GoSL' s strategic objective by strengthening the health systems. It is aligned with the GoSL's health sector strategy, such as the National Health Sector Strategic Plan 2017-2021 and the Sierra Leone National Action Plan for Health Security (NAPHS) 2018-2022.

18. **The project is aligned with the World Bank Group (WBG) strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity.** The project focuses on preparedness which is also critical to achieving Universal Health Coverage in a longer-term. 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 International Health Regulations (IHR); and (iii) utilizing international framework for monitoring and evaluation of 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 project complements both WBG and development partner investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behaviors, 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 project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response (IDSR), and the OIE international standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of Universal Health Coverage and of the Sustainable Development Goals (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 pandemic, utilizing all WBG operational and policy instruments and working in close partnership with government and other agencies.** Grounded in One Health, which provides 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 global COVID-19 Strategic Preparedness and Response Plan (SPRP) outlining the public health measures for all countries to prepare for and respond to COVID-19 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.

20. **The proposed project is also aligned with the World Bank's Country Partnership Framework (CPF) FY21-FY26 for Sierra Leone, which is under development.** The proposed project is in line with the Objective 2.1: Deliver quality and inclusive education and health services of the CPF Focused Area 2: Human Capital Acceleration for Inclusive Growth.

Phase #	Project ID	Sequential or Simultaneous	Phase's Proposed DO*	IPF or PforR	Estimated IBRD Amount ($ million)	Estimated IDA Amount ($ million)	Estimated Other Amount ($ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
1	P173803	Simultaneous	See below on page 19	IPF	0.00	7.50	0.00	April 2, 2020	
Total					0.00	7.50	0.00		
Revised Financing Envelope							**$** 7.50		
Board Approved Financing Envelope							**$** 0.00		

** Include country name in case of multiple borrowers*
If there are changes in the MPA Program framework, the subsequent phase's PAD would include the original program framework as well as the revised one.

III. PROJECT DESCRIPTION

21. **The proposed Project is an IPF project for Sierra Leone under the Fast Track COVID-19 Facility (FTCF) using the Multiphase Programmatic Approach (MPA).** The proposed Project will build on the gains made from the Regional Disease Surveillance Systems Enhancement Project (REDISSE; P154087), the Ebola Emergency Response Project (EERP; P152359) and Health Service Delivery and System Support Project (HSDSSP; P153064). The Project will fill critical financing gaps that have been identified due to the new emergency preparedness and response needs created by COVID-19. The project design will include similar implementation arrangements for the existing Bank-supported health projects (REDISSE, EERP and HSDSSP).

A. Project Development Objective

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

23. **PDO Level Indicators:** The PDO will be measured by the following PDO level results indicators:

- Country has activated their public health Emergency Operations Center for COVID-19 (Yes/No);
- Suspected COVID-19 cases reported and investigated based on national guidelines (Percentage);
- Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents without stockout in preceding two weeks (Number); and
- Designated acute healthcare facilities with isolation capacity (Percentage).

B. Project Components

24. The proposed project will consist of the following four components: Component 1: Supporting National and Sub-national Public Health Institutions for Prevention and Preparedness; Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health Approach; Component 3: Emergency COVID-19 Response; and Component 4: Implementation Management and Monitoring and Evaluation. Respective components and subcomponents are described below.

Component 1: Supporting National and Subnational Public Health Institutions for Prevention and Preparedness (US$2.3 million equivalent)

25. The objective of this component is to enable Sierra Leone to adequately prepare and prevent COVID-19 or limiting local transmission through containment strategies. Activities to be supported include:

26. **Case Detection, Case Confirmation, Contact Tracing, Case Recording, and Case Reporting.** The project will provide support for strengthening surveillance systems for emerging infectious diseases particularly for COVID-19 by using a risk-based approach. Key interventions will include: (i) integration of disease reporting system for COVID-19 into the existing IDSR; (ii) laboratory investigation of priority pathogens, be it bacterial or virus, or others, in terms of their presence, susceptibility and sub-typing in some cases; and (iii) community event-based surveillance. The project will also support the development and/or enhancement of an early

warning system. Surveillance programs would be continuously planned and implemented jointly with the public health and animal health personnel in accordance with OIE standards and guidelines, building on gains made with support from the REDISSE. A well-structured epidemiological studies and surveillance programs would be integrated with the disease control measures, which would be then adjusted and improved as new information becomes available. Strengthening animal and human disease surveillance and diagnostic capacity would be supported through the following activities: (a) improving animal and human health information flow among relevant agencies and administrative levels; (b) strengthening detection, reporting and follow-up of reported cases; (c) expanding public and community-based disease surveillance networks; (d) conducting routine serological surveys; and (e) improving diagnostic laboratory capacity.

27. **Community Engagement and Risk Communication.** This project would support rebuilding community and citizen trust that can be eroded during crises with lessons learned from the EVD outbreak in 2014-2015 in the country. Support would be provided to develop systems for fact-based risk communication generated from the results of community-based disease surveillance and multi-stakeholder engagement, addressing issues of inclusion, healthcare worker's safety, and others. Activities to be supported would include developing and testing messages and materials to be used in the event of a pandemic or emerging infectious disease outbreak, and further enhancing the countries existing communication infrastructure to disseminate information from national and district to chiefdoms and communities, cities and municipalities and between the public and private sectors and establishing a Grievance Redress Mechanism (GRM). Specific cost-effective communication activities such as marketing of "handwashing" through various communication channels via mass media, counseling, schools, workplace, and outreach activities of key sector ministries (e.g. health, education, agriculture, information, transport and local councils) will be supported. Support would be provided for information and communication activities to increase the attention and commitment of government, local councils, private sector, and civil society, including faith-based organization and to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the COVID-19 pandemic. The project would support community mobilization and sensitization activities through institutions that reach the local population, especially in rural areas and informal settlements. To ensure information flow and reporting of COVID-19 at all levels, the national 117 system center's operational capacity and existing MoHS closed-user groups (CUG) will be strengthened. The project will also support citizen's perceptions surveys on government's preparedness and response and using feedback to enhance project delivery.

Component 2: Strengthening Multi-Sector National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach (US$1.0 million equivalent)

28. This component would support implementation of activities to strengthen the core capacities as described in the NAPHS 2018 – 2022. Such support would include: (i) technical support for strengthening governance of Sierra Leone's One *Health Platform* and updating legislation; and (ii) support for institutional and organizational restructuring. This component will improve collaboration among all the relevant sectors, including health, agriculture, and environment as part of strengthening the national one health platform.

29. Support will be provided to the National Emergency Operations Center (EOC) to effectively coordinate and promptly respond to public health threats. The project will provide support for strengthening its capacity by financing coordination meetings, monitoring and supportive supervision to POEs, the designated facilities for COVID-19, and communities with suspected cases, hiring of temporary staff, provision of logistics, internet connectivity, electricity and water supply, and improvement of its overall work environment. Local and/or

international TAs will be hired to provide hands-on operational support to EOC staff. Support will also be provided to Freetown City Council (FCC) and other local councils to implement COVID-19 preparedness and response activities.

Component 3: Emergency COVID-19 Response (US$3.7 million equivalent)

30. **Case Management including IPC.** This project will provide support for provision of optimal medical care and treatment at an isolation unit of the designated facilities for COVID-19, and to minimize risks of infection for patients and health personnel. Activities include training of health facilities staff and front-line workers on risk mitigation measures, provision of appropriate protective personnel equipment (PPE) and IPC materials. The project will provide support for establishing and implementing treatment guidelines and hospital infection control guidelines. This project will train capacity of health workers on the appropriate case management of COVID-19. Also, strategies would be developed to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and earlier discharge.

31. **Health System Strengthening.** The project would support the establishment of a sample referral system to care for COVID-19 patients, and refurbish/renovate and equip designated facilities for isolation, quarantine and treatment centers for COVID-19 including reference laboratories, intensive care units (ICUs) etc. It would finance rehabilitation/renovation of the existing quarantine facilities, isolation and treatment centers at the country's official points of entry e.g. Freetown International Airport Lungi, Gbalamuya, Gendema and Koindu. Moreover, support would be provided for ensuring safe water and basic sanitation in the designated health facilities and laboratories for COVID-19, as well as to strengthen medical waste management and disposal systems. The proposed project would finance provision of medical supplies and commodities, laboratory diagnostic equipment, reagents, including test kits in the designated health facilities for delivery of critical medical services and to cope with increased demand for services resulting from COVID-19 outbreak, develop intra-hospital infection control measures. Also, the project will promote local production of Alcohol Base Hand Rub (ABHR) sanitizers and liquid soap and locally-made masks as part of improving IPC to guarantee supply and avoid stock out of consumables. In addition, the project will ensure quality management of any COVID-19 confirmed cases through the procurement of standard equipment such as ventilators, oxygen plant, digital X-ray machines, etc. Depending on the evolution of the COVID-19 outbreak, the project will repurpose existing structures (e.g. hostels, hotels or open places) as temporary isolation, quarantine and treatment centers. To improve operational capacity and make them fully functional, capacity of health personnel (clinical and non-clinical staff) working in the designated health facilities and laboratories will be built. The project will mobilize additional health personnel, support training of health personnel, and other operational expenses such as those related to mobilization of health teams and hazard and overtime payment during crisis. The component will also support the District Health Management Teams (DHMTs) to monitor COVID-19 response and preparedness activities at the district and community levels.

32. **Social and Financial Support to Households**. Patients and their families would need support, especially those who are isolated and less familiar with virtual or delivery services. Additional social and financial support activities would be geared to reduce/eliminate financial barriers to families to seek and utilize needed health services, as well as to help mitigate economic impact on households, particularly among the poor. To this end, financing would be provided for fee-waivers to access medical care and cash transfers to mitigate loss of household income due to job losses that may result from the closure of firms and enterprises, informal sector businesses, as well as government agencies, during the COVID-19 outbreak. These provisions would help women

as many still cannot access essential health services and continue to suffer from preventable and treatable diseases. Also, as women make up to 62 percent of the country's health workforce, cash transfers would help mitigate job burden due to surge of cases in health facilities in parallel to caring for infected family members, particularly the elderly, who are at higher risk of contracting COVID-19 disease, and children who may be out of school due to closures. Moreover, under this component the provision of food and basic supplies to quarantined populations and COVID-19 affected households would be supported. The project will implement the cash transfer activities through National Commission for Social Action (NaCSA), in partnership with Anti-Corruption Commission. The project seeks an authorization for food expenditures from IDA financing to enable vulnerable people that are affected by COVID-19 to purchase food.

33. **Safe and Dignified Burial**. Lessons learned from the EVD response showed that most cemeteries were filled up and made it difficult for the local councils particularly in Freetown to bury EVD victims. To prevent occurrence of such situations in case of COVID-19 outbreak, the project would support the local councils for acquiring and developing safe and dignified burials.

Component 4: Implementation Management and Monitoring and Evaluation (US$0.5 million equivalent)

34. **Project Management**. The project will strengthen the capacity of the national task force on COVID-19 that has been set up by the government for overall coordination of the emergency COVID-19 response. Under the oversight of the national task force on COVID-19, the MOHS and other MDAs, the Freetown City Council and other local councils and the District Health Management Teams (DHMTs) will coordinate and manage project implementation. An environment specialist and a social development specialist will be recruited as part of National EOC to strengthen Environmental and social oversight. Support will also be provided to IHPAU to strengthen its procurement and financial management functions. The project will support surged capacity for these institutions with reassignments and deployment of consultants exclusively responsible for this project management, procurement, financial, and environmental and social management. The project would support costs associated with project coordination and management.

35. **Monitoring and Evaluation (M&E)**. This component would support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research including veterinary, and joint learning across and within Sierra Leone and countries in the West Africa sub-region. This sub-component would support training in participatory monitoring and evaluation at all administrative levels, evaluation workshops, and development of an action plan for M&E, replication of successful models, and monitoring and reporting of Environmental and Social Commitment Plan (ESCP) implementation. The project will make use of the REDISSE's monitoring and prospective evaluation framework, together with performance benchmarks on COVID-19 preparedness and response.

C. Project Beneficiaries

36. The expected project beneficiaries will be the population at large given the nature of the disease, infected people, at-risk populations, particularly the elderly and people with chronic conditions and/or disabilities, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response in Sierra Leone.

D. Project Cost and Financing

37. **Total project cost is US$7.5 million** –US$5million from the MPA-FTCF and US$2.5 million from IDA19 allocation. Retroactive financing of a maximum of US$2.5 million may be made for payments made on or after February 1, 2020, for Eligible Expenditures under Category (1) (see Financing Agreement) to support project implementation activities, including goods, works, non-consulting services, consulting services, land acquisition, training and operating costs under the Project (except, supporting cash transfers or food expenditures to quarantined populations and COVID-19 affected households). All attempts including advance procurement and retroactive financing will be made to prioritize fast track delivery and expedite implementation of the project, in accordance of the World Bank's procurement guideline (See details in FM & Procurement Section). The implementation period of the project is two years (24 months) with the closing date of March 31, 2022. The project costs by component is presented in Table 3.

Table 3: Project Cost by Component

Project Components	Total Project Cost (US$, million)
1. Supporting National and Sub-national Public Health Institutions for Prevention and Preparedness	2.3
2. Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health Approach	1.0
3. Emergency COVID-19 Response	3.7
4. Implementation Management and Monitoring and Evaluation	0.5
TOTAL	**7.5**

IV. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

38. Following the elevation of the existing One Health National Steering Committee by the GoSL to the National Task Force on COVID-19**, the National Task Force on COVID-19 is the policy advisory and oversight body.** The National Task Force on COVID-19 will be responsible 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 obstacles to the implementation of the project (see Annex 2).

39. **The MoHS will be responsible for the overall project implementation, prompt and efficient coordination, oversight and monitoring of the project**, and take all actions including the provision of funding, personnel and other resources necessary. The Project will be implemented under the National Structure on COVID-19 Response. The Chief Medical Officer (CMO) of MoHS shall be the Project Director. The existing EOC headed by the Director of Health Security and Emergencies of MoHS shall coordinate the day-to-day activities of the project and report to the CMO. EOC will also serve as a primary focal point for communication with the

surveillance teams, designated laboratories, treatment/isolation units and quarantine facilities for timely updates of the situations and decision making. It will update the CMO on monthly basis to ensure project implementation. The EOC has significant experience in managing the World Bank-supported projects and is currently the main implementing institution of the Sierra Leone REDISSE project. Nevertheless, given the fast track nature of the project with its short life, and in line with the decentralization policy of the Government of Sierra Leone, other key government entities and local councils such as Freetown City Council will implement some project activities within their municipalities. Additionally, private firms with substantial experience in public health emergencies, NGOs and UN Agencies would be contracted to implement some project activities.

40. **IHPAU will be responsible for fiduciary management.** IHPAU will report implementation progress by collecting and consolidating reports from EOC and the implementing agencies to the CMO and the World Bank on quarterly basis. IHPAU possesses significant experience in working on projects financed by multilateral development partners, including the World Bank, the Global Fund, Islamic Development Bank, US CDC, and GAVI. In addition, IHPAU will collaborate with the Anti-Corruption Commission (ACC) which will provide external oversight on the project management including the provision of the social and financial support to the households. The project will leverage on the existing support from the Environmental and Health Directorate of MoHS for Environmental and Social risk management oversight. But a substantive environmental and social development specialists will be recruited, before project effectiveness, to provide support to EOC.

41. **A Project Implementation Manual (PIM) will be adopted within 45 days after the Effective Date**, reflecting detailed guidelines and procedures for the implementation of the project, including: 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, Cash Transfer Guidelines, Compensation Benefits Framework, roles and responsibilities for Project implementation. The PIM will be periodically updated during the project implementation, with the agreement of the World Bank.

B. Results Monitoring and Evaluation Arrangements

42. The Project's M&E system will be supply and demand driven. The supply side of the M&E system comprises the Results Framework and Monitoring and Evaluation (M&E) Plan, indicator tracking sheets, quarterly activity reports and an annual progress report. On the demand side, data/information derived from the monitoring of indicators will be fed into the preparation of ISRs, mid-term reviews and ICRs.

43. The Directorate of Policy Planning and Information (DPPI) of MoHS shall be the focal point for M&E. The DPPI will work closely with the EOC, the M&E officer at IHPAU to systematically produce data for monitoring the progress as per the Results Framework and prepare weekly and monthly reports for dissemination to stakeholders for informed decision-making and course correction, where necessary. Besides, DPPI and IHPAU will jointly carry out regular project site visits to closely monitor implementation, and document results and outputs. The frequency of reports produced by the EOC will depend on any of the four transmission scenarios that is prevailing at the time: (a) no reported cases; (b) sporadic cases; (c) clusters of cases; and (d) community transmission. Accordingly, the types of data to be covered include: i) Event specific data such as what, how many, where, who, how quickly and clinical and epidemiological status; ii) Event management information such as human and material resources on hand, status of interventions, partner activities, resource deployments, expenditure, and progress on achievement of objectives; iii) context data such as geographic information

mapping, population distribution, transportation links, locations of fixed and temporary facilities, availability of clean water, climate, weather and any other significant contextual information; and iv) Safeguards monthly report.

44. An 'after action review' will be carried out after each exercise and live activation and the report will be used to make informed decisions and take appropriate corrective actions based on the recommendations. At the end, an implementation completion and results report (ICR) will be prepared. The report will document achievement of PDO, through a thorough assessment of PDO level results indicators, each of the project components, procurement, financial management (FM), grievance redress and citizen engagement, safeguards, dissemination and data use, compliance with legal covenants, and lessons learned (positive and negative) and recommendations. The ICR, including lessons learned and recommendations, will be widely disseminated to stakeholders, including to development partners, civil society organizations (CSOs), private NGOs, and the general public.

45. The World Bank will provide implementation support and supervision, including fiduciary and safeguards oversight during project implementation. The World Bank team based in Freetown will provide operational support on a regular basis, and implementation will be also supported virtually, especially in early phases of the project when travel restrictions may be in place. Implementation support and supervision missions will be undertaken on a regular basis to assess the project progress in achieving its development objectives.

C. Sustainability

46. **The sustainability of the project would largely depend on the capacity of the implementing agencies and the specific activities.** The focus of some of the project activities on training and capacity building of health workers will further enhance the sustainability of the project. The outcomes of the project related to strengthening national and sub-national public health institutions for prevention and preparedness (informed by the COVID-19 immediate response) and surveillance will be a sustainable product of the project. This would help the health sector to effectively respond to any future pandemics.

V. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

47. Although there are very significant gaps in knowledge of the scope and features of the COVID-19 pandemic. It is apparent that one main set of economic effects will derive from increased sickness and death among humans and the impact this will have on the potential output of the global economy. In the Spanish Influenza pandemic (1918-19) 50 million people died -about 2.5 percent of the then global population of 1.8 billion. The most direct impact would be through the impact of increased illness and mortality on the size and productivity of the world labor force. The loss of productivity as a result of illness which, even in normal influenza episodes is estimated to be ten times as large as all other costs combined will be quite significant.

48. Another significant set of economic impact will result from the uncoordinated efforts of private individuals to avoid becoming infected or to survive the results of infection. The SARS outbreak of 2003 provides a good example. The number of deaths due to SARS was estimated at "only" 800 deaths and it resulted in

economic losses of about 0.5 percent of annual GDP for the entire East Asia region, concentrated in the second quarter. The measures that people took resulted in a severe demand shock for services sectors such as tourism, mass transportation, retail sales, and increased business costs due to workplace absenteeism, disruption of production processes and shifts to costlier procedures. Prompt and transparent public information policy can reduce economic losses.

49. **In addition to its heavy health and human toll, the coronavirus outbreak further clouds an already fragile global economic outlook and can further set back the fight against poverty.** Indeed, the total expected costs of an influenza-like pandemic are substantial, particularly the costs induced by necessary prevention measures. The economic costs of infectious disease fall into two categories – (a) the direct and indirect effects of illness and (b) the costs induced by preventive (avoidance) behaviors adopted by citizens and by the transmission control policies implemented by governments. The cost of illness approach measures the resources used in the treatment of an infection (resources that would be free for elsewhere if the infection was averted) and the resources lost to morbidity and premature mortality. The costs incurred by preventive action largely reflect the reduced number of transactions due to lowered demand for goods and services, interruptions in the supply chain, and increased capital risk premiums. While some postponed transactions will take place when uncertainty about disease transmission is resolved and risk reduced, there are often long-run economic effects from such avoidance behaviors. With emergent illnesses where epidemiological aspects are not fully known, the prevention costs due to avoidance behavior and transmission control policies are likely to exceed the costs of illness, at least in the initial periods of the outbreak. Further, potential tightening of credit conditions, weaker growth and the diversion of expenditures to fight the outbreak are likely to cut into government revenues and governments' ability to invest to meet education, health and gender goals. The poor will be hit particularly hard. Current estimates suggest that a one percent decline in developing country growth rates traps an additional 20 million people into poverty.

50. **The outbreak weighs on economic activity through both demand and supply channels.** In China, the country where the outbreak started, on the demand side, activities involving face-to-face interaction are heavily affected. On the supply side, prevention measures, such as factory closures, have significantly disrupted production of tradable and non-tradable goods across the country. Available high-frequency data point to a major contraction in economic activity in China this quarter. These include sharp downturns in daily coal consumption for power generation, average road congestion, nationwide passenger traffic, tourism activity, and container throughput at Chinese ports. A month after Chinese New Year, daily passenger trips are down 80 percent compared to normal. Most international carriers have cancelled their flights to China until at least End-April. Container shipping lines have been idling vessels at a record pace in January-February. At End-February, coal use was half of last year's in major power generation plants with daily reporting; pollution, an indicator of industrial production, was down 40 percent compared to normal. As of mid-February, Morgan Stanley has estimated industrial production at 30-50 percent of normal. Moreover, production indicators for electronics have faltered, suggesting growing disruptions to China's globally integrated manufacturing sector. The data from China illustrates what might be the overall cost of a large epidemic outbreak. Given China's central position in global and regional supply chains, lasting disruptions are likely to spill over to the rest of the global economy, including Sierra Leone. Since then, the COVID-19 outbreak has expanded in over 90 other countries and this global contagion is expected to further negatively affect economic activity from both demand and supply channels.

51. **Given the human and economic costs of the current COVID-19 outbreak, it is crucial to reinforce**

preparedness and response capacity to contain a potential outbreak in Sierra Leone. Therefore, the current project seeking to strengthen Sierra Leone's health system capacities to detect, mitigate risks and control the COVID-19 outbreak and other immediately reportable respiratory related disease outbreaks is a sound economic investment. One crucial lesson from the current experience is that the sooner a potential future outbreak is detected and responded to, the lower the human and economic cost will be.

B. Fiduciary

(i) Financial Management

52. As part of improving the existing FM structures capacity to provide a sound FM services, a restricted FM assessment to determine whether IHPAU's FM arrangements meet the Bank's minimum requirements for the administration of projects funds under Bank Policy and Procedure of Investment Project Financing (IPF) of IHPAU was conducted in March 2020, and was conducted in accordance with the Financial Management Manual effective March 1, 2010 as last revised on February 10, 2017. The outcome of the assessment concluded that the FM of IHPAU met the Bank's minimum requirement for the administration of Project Funds under Bank policy and procedure of IPF. IHPAU has satisfactory planning and budgeting accounting internal controls, financial reporting and external auditing processes in place that will support the effective utilization of resources for the proposed project.

53. IHPAU will open a USD denominated Designated Account (DA) at a commercial bank approved by the World Bank. The ceiling for the designated account will be US$2,500,000 while the minimum for the direct payment will be US$25,000. Retroactive financing shall be limited to withdrawal up to an aggregate amount of US$2,500,000 at a date eligible under the project.

54. The project will use Statement of Expenditure (SOE) disbursements method and will follow a cash basis of accounting and financial reporting and will submit, within 45 days of each GoSL fiscal quarter, quarterly interim financial reports (IFRs) of the project activities. The Audit Service Sierra Leone (ASSL) is by law responsible for the audit of all government finances and projects. However, in view of the prevailing capacity constraints, it is likely that the ASSL could outsource such service to a private firm of auditors with qualifications and experience acceptable to the IDA. The annual audited financial statements of the project shall be submitted to IDA within 6 months of the end of the GoSL' s fiscal year (i.e. by June 30 each year). The external auditors will audit the project financial statements on terms of reference as agreed with the Bank.

55. Drawing from the experience of emergency operations, the key FM risks are (i) the management may unduly interfere with, and/or override, project financial management controls; and (ii) Project funds may not be used for intended purposes because of inadequate internal control by management and lack of control measures pertaining to soft expenditures and usage of executive override. This may give rise to non-compliance with internal control procedures. To mitigate against the risks, BDO, an independent accounting and auditing firm that provided excellent fiduciary services to the Government of Sierra Leone during its fight against Ebola, will provide internal auditing services that will include pre - and post - transaction activities.

(ii) Procurement

56. Procurement for the project will be carried out in accordance with the World Bank's Procurement

Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 revised in November 2017 and August 2018 and the Sierra Leone's National Public Procurement Act 2016. The 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 Project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.

57. The major planned procurement includes medical and lab equipment and consumables, medical equipment, medical consumables, refurbishment and equipping of medical facilities. Finalization of the streamlined Project Procurement Strategy for Development (PPSD) has been deferred to implementation. An initial procurement plan for the first six months has been agreed with the Borrower and will be updated during implementation.

58. The proposed procurement approach prioritizes fast track emergency procurement for the required emergency goods, works and services. Key measures to fast track procurement include use of simple and fast procurement and selection methods, shorter biding time for tenders approaching national market, use of existing framework agreements, including existing ones, procurement from UN Agencies, Advance contracting force account, increased thresholds for RFQ and national procurement, no prior review for emergency procurement, use of NGO where appropriate to provide technical assistance. The Bank will provide procurement hands-on expanded implementation support to the Borrower to expedite procurement upon request.

59. Procurement will be carried out by IHPAU in the MoHS. Streamlined procedures for approval of emergency procurement to expedite decision-making and approvals by the Borrower have been agreed.

60. The major risks to procurement are low procurement and technical capacity, governance issues, weak internal controls, lack of complaint management system, fragile market with limited service providers and high levels of inflation. These risks will be mitigated by hiring technical assistance, hand-holding, capacity building, systems strengthening, sensitization of private sector, institute complaint review mechanism and advertise widely to attract international market.

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

61. **Environment and Social (including E&S Risk Management):** The project will have positive impacts as it will improve COVID-19 surveillance, monitoring and containment. The project's activities will include rehabilitation/ renovation of existing isolation facilities at selected hospitals, treatment centers, and quarantine facilities at Sierra Leone's main POEs (e.g. Freetown International Airport, Gbalamuya and Gendema)) and other hotels and guest houses rented as quarantine facilities to meet the SOPs and requirements of these standard

facilities, such as provision of water and sanitation facilities, health & safety and psychosocial facilities and medical waste management systems. Intensive Care Units (ICUs) and laboratories of some selected hospitals across the country is also proposed for renovation however, the hospitals are yet to be confirmed. No new construction will be involved, however; land may be acquired for burial site for potential COVID-19 deaths. Such lands shall be purchased under market transaction and free from any encumbrances to minimize resettlement impacts.

62. The environmental and social risks include: (i) generation of infectious biological waste, chemical waste, and other hazardous bio products from health care facilities which will treat COVID 19 exposed patients; and (ii) laboratories which will use COVID-19 diagnostic testing and quarantine and isolation centers. Poor waste handling and disposal may represent pathways for exposure to the virus. Occupational health and safety and labor management issues involving staff operating in poorly designed and substandard management of the quarantine and isolation centers, operation of the laboratory, the collection and transportation of affected samples, burial sites etc. could increase exposure to COVID-19 that can have the potential to cause serious illness or potentially lethal harm to patients, suppliers, laboratory staff and to the community that may be in contact with the virus. Additionally, lack of transparency in procurement and distribution of medical supplies and Personal Protective Equipment (PPE) could worsen the current shortage of essential health products and uncertain access to available resources by health workers, patients and the general public especially for vulnerable and disadvantaged groups particularly those in the remote areas thereby exposing them to greater risks. Poor accommodation and servicing requirements at existing quarantine facilities could exacerbate vulnerability and transmission of COVID-19, Human rights abuse, social tension and sexual exploitation and abuse (SEA) and sexual harassment (SH) for those being kept at the quarantine facilities and female workers.

63. To mitigate the above risks, MOHS will update the existing Environmental and Social Management Framework (ESMF) for the REDISSE to provide for the application of international best practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and road safety, emergency response, labor management procedure and Gender Based Violence (GBV) prevention plan, protocols for burial sites etc. Update of the ESMF will be guided by WHO country and technical guidance – coronavirus disease (COVID-19) documents.[10] This updated ESMF will also provide guidance for site specific Environmental and Social screening. Environmental and Social Management Plans and Resettlement Action Plans for interventions that require land acquisition, will be required as appropriate and will be prepared during implementation and before any land acquisition and the start of rehabilitation works begin. Until the updated ESMF has been approved, the Project will apply the existing ESMF and the HCWMP in conjunction with International best practice outlined in the WHO "Operational Planning Guidelines to Support Country Preparedness and Response". In addition, the client will implement the activities set out in the ESCP. It will also establish and implement the SEP in the proposed timeline. The ESRS, SEP, ESCP have been produced and disclosed on March 25, 2020.

64. In addition, Gender and GBV issues are of concern. The 2014 Ebola outbreak in Sierra Leone

[10] The guidelines to be annexed to the Project ESMF include but not limited to the following: WHO Interim Guidance (February 12,2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)", WHO "Operational Planning Guidelines to Support Country Preparedness and Response, WHO "Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV" (February 11, 2020), Good Hygiene procedures as outlined in the US-Center for Disease Control (CDC) Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings, WHO Code of Ethics and Professional Conduct, WBG ESHS guidelines, etc.

documented increase in intimate partner violence (IPV), teenage pregnancies and transactional sex due to breakdown in social and economic activities. Since the project will be engaged in distribution of food aid and basic supplies and cash in an extremely vulnerable and high GBV-risk context, and the anticipation of influx of volunteers or expatriate health workers in critical times, the risk of SEA/SH requires critical attention. Again, burdens of unpaid care work and nursing of sick family members fall on women and girls during crises as well as social distancing; yet, women have less access to information around how to provide care and support. Similarly, other vulnerable groups such as the elderly, poor and people with disabilities, do not benefit equally from public awareness campaigns, etc., even whilst some of them are more at risk of contracting the virus. The project's ESMF will assess the risk of GBV in detail and will rely on the WHO Code of Ethics and Professional Conduct for all workers as well as the World Bank ESF good practice note on SEA/SH. Beyond this, project implementation will ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination using differentiated mechanisms to reach remote areas.

65. Particular attention needs to be paid to timely receipt and redress of complaints and grievance from the general public, the quarantine and other associated medical facilities and during rehabilitation works. A GRM will need to be put in place as outlined in the SEP with a description of the operating protocol, institutional arrangement and with staffing and responsibilities. The GRM will allow anonymous grievances to be raised and addressed with confidential channels to address SEA/SH-related grievances. The GRM process will need to be coordinated with the national Anti-Corruption Commission to ensure transparency and accountability in financial flow and distribution of IPC and other supplies. The project will also support mid-term citizens' perceptions surveys on government's preparedness and response and using feedback to enhance project delivery.

66. The project will benefit from the safeguards institutional set up and medical waste[11] management initiatives that were introduced and established through other current projects in Sierra Leone namely Regional Disease Surveillance System Enhancement (REDISSE: P154807), Health Service Delivery and System Support (HSDSSP: P153064) and Ebola Emergency Response Project (EERP: P152359). The Directorate of Environmental Health and Sanitation (DEHS) within MoHS, with consultant assistance (where necessary), could prepare appropriate instruments for mitigating environmental and social impacts. However, coordination and capacity for E&S management of the existing health portfolio appears insufficient which can pose risk of delays and inadequate Health and Safety practices for both workers and the community at large. A follow-up capacity evaluation will be conducted during project implementation.

VI. GRIEVANCE REDRESS SERVICES

67. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (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 WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB 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 Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance

[11] Medical Waste refers to any waste generated from this COVID-19 response project

Redress Service (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

68. **The overall risk of the project is considered Substantial** due to the complexity of the project design and recipient's capacity to implement the proposed activities. Key risks that could adversely affect the achievement of the PDO and the sustainability of results are as described in the following paragraphs (see Systematic Operations Risk-Rating Tool in Datasheet).

(a) **Political and Governance: Substantial.** The political risk is Substantial in light of the country context and the current global situation. The country has limited accountability measures to ensure that resources supporting COVID-19 activities reach intended health care facilities and beneficiaries. The project would support the Government's commitment to address COVID-19 and the threat of a global pandemic and other infectious diseases as a national priority. The project will also promote state of dialogue with authorities, willingness of authorities to participate in inter-country collaboration and timely information exchanges, dialogue, and mobilization of international commitment and resources. The project would work closely with the Government and partners throughout implementation to mitigate against this risk.

(b) **Macroeconomic: Substantial.** Inherent risks include reduction in fiscal capacity of Government due to global economic disruption and slowdown, and potential unavailability of fiscal resources. This would negatively impact public health service delivery with respect to COVID-19 prevention, mitigation, and treatment, in addition to other essential health service delivery. The project would support the Government to provide fiscal resources to core COVID-19 and essential health service delivery activities, and to minimize this risk by supporting critical public health programs, in addition to the COVID-19 response and mitigation effort.

(c) **Institutional Capacity: Substantial.** Institutional capacity for implementation and sustainability risk is Substantial due to inadequate multi-sectoral coordination and limited institutional capacity to perform effectively to contain and mitigate the impact of COVID-19. A concerted effort will be required throughout project implementation and will include extensive policy dialogue and TA to ensure that those who will be implementing the project understand the project activities. It will also require ongoing dialogue with other development partners to ensure proper coordination in support of the overall government objective. The project would finance capacity-building activities for key stakeholders and ensure that implementation arrangements are adequately maintained.

(d) **Fiduciary: Substantial.** For this project, fiduciary risks are Substantial given low technical capacity, governance issues, weak internal controls, lack of complaint management system, fragile market with limited service providers and high levels of inflation. These risks will be mitigated by hiring technical assistance, hand-holding, capacity building, systems strengthening, sanitization of private sector, institute complaint review mechanism and advertise widely to attract international market. Severe global shortage of supplies in response to COVID-19 pandemic may impact the project fiduciary management. The project will monitor the situation.

(e) **Environment and Social: Substantial.** The environmental risks are considered Substantial because of occupational health and safety, labor and community health issues related to unsafe operations and management of quarantine and isolation centers, laboratories, collection and transportation of affected samples etc. which could increase exposure to COVID-19 to patients, suppliers, laboratory staff and to the community. Again, Sierra Leone has limited capacity and systems in place to manage highly infectious medical wastes such as COVID-19. The risk of sexual exploitation and abuse (SEA) and sexual harassment (SH) due to breakdown in social and economic activities, poor accommodation and servicing in quarantine facilities, distribution of food aid and basic supplies and cash in an extremely vulnerable and high-risk context will require critical attention. The project will take specific measures to address environmental and social issues including the preparation of an Environmental and Social Management Framework (ESMF) which will be in line with WHO standards on COVID-19 response. The ESMF will include a Health Care Waste Management Plan (HCWMP) and reliance on WHO Code of Ethics and Professional Conduct for all workers and the World Bank ESF good practice note on SEA/SH to minimize SEA/SH risks.

VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Sierra Leone

Sierra Leone COVID-19 Emergency Preparedness and Response Project

Project Development Objective(s)

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

Project Development Objective Indicators

Indicator Name	DLI	Baseline	Intermediate Targets	End Target
			1	
Prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems				
Country has activated their public health Emergency Operations Center for COVID-19 (Yes/No)		No	Yes	Yes
Suspected COVID-19 cases reported and investigated based on national guidelines (Percentage)		0.00	80.00	90.00
Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents without stock-out in preceding two weeks (Number)		0.00	2.00	3.00
Designated acute healthcare facilities with isolation capacity (Percentage)		0.00	70.00	90.00

Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	Intermediate Targets	End Target
			1	
Supporting National and Sub-national, Prevention and Preparedness				
Designated health facilities for COVID-19 treatment, laboratories and veterinary laboratories, regional and district hospitals reported, using eIDSR in preceding month (Percentage)		0.00	80.00	90.00
Country has established a sample referral system to care for COVID-19 patients (Yes/No)		No	Yes	Yes
Laboratory results available within 72 hours (Percentage)		0.00	60.00	80.00
Strengthening Multi-sector, National Institutions and Platforms for One Health				
At least one multi- sectoral simulation exercise conducted with results incorporated into national COVID-19 preparedness and response plans (Yes/No)		No	Yes	Yes
Emergency COVID-19 Response				
Designated laboratories with staff trained to conduct COVID-19 diagnosis per EOC protocol (Number)		0.00	2.00	3.00
Health workers and front line staff at the designated POEs and health and quarantine facilities for COVID-19 treatment trained in infection prevention and control per MOH-approved protocols (Number)		0.00	80.00	90.00
Eligible households provided with food and basic supplies within quarantined populations in preceding month subsequently (Number)		0.00	300.00	400.00

Indicator Name	DLI	Baseline	Intermediate Targets	End Target
			1	
Percentage of GRM cases resolved within the time frame (Percentage)		0.00	70.00	80.00
Community Engagement and Risk Communication				
Country has reported to have contextualized risk communication and community engagement strategies (Yes/No)		No	Yes	Yes
Individuals reached with tailored information on COVID-19 (Number)		0.00	4,000,000.00	5,300,000.00
Female individuals reached with tailored information on COVID-19 (Number)		0.00	2,000,000.00	2,650,000.00
Implementation Management and Monitoring and Evaluation				
M&E system established to monitor COVID-19 preparedness and response plan (Yes/No)		No	Yes	Yes

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Country has activated their public health Emergency Operations Center for COVID-19	Country has administered their public health Emergency Operations Center for COVID-19, but the proposed project will support to strengthen it.	Biannually	EOC administrative data	Records kept by EOC	MoHS (EOC and DPPI)
Suspected COVID-19 cases reported and investigated based on national guidelines	Numerator: Number of suspected COVID-19 cases	Biannually	EOC administrative	Records kept by EOC	MoHS (EOC and DPPI)

	reported and investigated based on national guidelines Denominator: Total number of suspected COVID-19 cases		data		
Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents without stock-out in preceding two weeks	Number of designated laboratories with COVID-19 diagnostic equipment, test kits and reagents without stock-out in preceding two weeks	Biannually	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)
Designated acute healthcare facilities with isolation capacity	Numerator: Number of designated treatment centers for COVID-19 with isolation unit within the facility and with trained personnel and equipment Denominator: Total number of designated treatment centers for COVID-19	Biannually	EOC administrative data	Records kept by EOC	MoHS (EOC and DPPI)

Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Designated health facilities for COVID-19 treatment, laboratories and veterinary	Numerator: Number of designated health facilities	Quarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)

laboratories, regional and district hospitals reported, using eIDSR in preceding month	for COVID-19 treatment, laboratories and veterinary laboratories, regional and district hospitals reported, using eIDSR in preceding month sebsequently Denominator: Total number of designated health facilities for COVID-19 treatment, laboratories and veterinary laboratories, regional and district hospitals				
Country has established a sample referral system to care for COVID-19 patients	Country has established a sample referral system to care for COVID-19 patients	Quarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)
Laboratory results available within 72 hours	Laboratory results available within 72 hours	Quarterly	Project Reports	Project Reports	MoHS (EOC and DPPI)
At least one multi- sectoral simulation exercise conducted with results incorporated into national COVID-19 preparedness and response plans	At least one multi- sectoral simulation exercise conducted with results incorporated into national COVID-19 preparedness and response plans	Quarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)
Designated laboratories with staff trained to conduct COVID-19 diagnosis per EOC protocol	Number of designated laboratories with staff trained to conduct COVID-19 diagnosis per EOC protocol	Quarterly	EOC administrative data	Records kept by EOC	MoHS (EOC and DPPI)

Health workers and front line staff at the designated POEs and health and quarantine facilities for COVID-19 treatment trained in infection prevention and control per MOH-approved protocols	Number of health workers and front line staff at the designated POEs and health and quarantine facilities for COVID-19 treatment trained in infection prevention and control per MOH-approved protocols	Quarterly	Project Reports	EOC administrative data	MoHS (EOC and DPPI)
Eligible households provided with food and basic supplies within quarantined populations in preceding month subsequently	Cumulative number of eligible households provided with food and basic supplies within quarantined populations in preceding month	Quarterly	Project Reports	Review of Project Reports	MoHS (EOC and DPPI)
Percentage of GRM cases resolved within the time frame	Percentage of GRM cases resolved within the certain time frame. The time frame will be confirmed and mentioned in the Project Operations Manual.	Biannually	Project Reports	Project Reports	MoHS (EOC and DPPI)
Country has reported to have contextualized risk communication and community engagement strategies	Country has reported to have contextualized risk communication and community engagement strategies	Quarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)
Individuals reached with tailored information on COVID-19	Individuals (from 6 years and above) reached with tailored information on COVID-19 (total)	Quarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)

Female individuals reached with tailored information on COVID-19	Individuals (from 6 years and above) reached with tailored information on COVID-19 (total)	Qarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)
M&E system established to monitor COVID-19 preparedness and response plan	M&E system has been established to monitor COVID-19 preparedness and response plan	Quarterly	Project Reports	Review of Quarterly Project Reports	MoHS (EOC and DPPI)

ANNEX 1: Sierra Leone National COVID-19 Preparedness Plan (as of March 10, 2020)

Background

Post Ebola Sierra Leone has been working with key development partners to strengthen the health system. The country has an extensive porous border with her immediate neighbors (Guinea and Liberia) which are poorly manned. The traffic amongst the three countries is officially manned through three major point of entries (PoEs). After the Ebola outbreak, a Joint External Evaluation (JEE) was conducted. This was followed by development of and launch of a National Action Plan for Health Security (NAPHS-2018-2022), which include the 19 areas covered by the international health regulations (IHR).

The 2020 NAPHS work plan has jointly been developed (January 2020) by the GoSL on a multi-sectorial One Health Coordination Platform (MOHS, MAF, ONS, EPA) together with development partners like WB, WHO, USAID, US CDC, China CDC, PHE, FAO. In addition, Sierra Leone is complying with the International Health regulations (IHR) to which Sierra Leone is a signatory, with annual State Party Annual Reporting (SPAR) that was conducted in November 2019. These reviews are essential to the assessment towards the IHR compliance and to identify the country's capacity to prevent, detect and respond to events of public health threats.

On February 4th, MoHS IMC instituted mandatory quarantine for travelers within 14 days from CHINA. This policy was revised on March 2 to expand the quarantine protocol to include additional countries, South Korea, Italy and Iran, in addition to China. The MoHS has developed SOPs and protocols for quarantine, isolation, case management, including SOPs for IPC. It has also developed the risk communication, IEC materials, messages,

SIERRA LEONE STATUS OF READINESS ON COVID-19

In January 2020, Sierra Leone became aware of the outbreak of novel coronavirus in Wuhan, Hubei Province, China and has been monitoring the progress very closely. Since WHO declared COVID-19 as Public Health Emergency of International Concern (PHEIC), the GoSL immediately activated the Public Health National Emergency Operation Center (PHEOC) at level 2 and took the following actions:

- Conducted two readiness assessments following the COVID-19 standard WHO checklist, to identify the national coordination, preparedness and response capacity.
- Convened two One Health Inter Ministerial Committee meetings for policy and strategic guidance.
- Prioritized enhanced surveillance at the three main points of entry (POEs) with the highest risk identified, especially Freetown International Airport and Gbalamuya (cross border Sierra Leone and Guinea) and Gendema (cross border between Sierra Leone and Liberia).
- Identified a temporary facility for quarantine, anticipating several travelers from China (initially the mandatory quarantine included persons with the history of travel to China within 14 days).
- During the second One Health IMC meeting on March 2, the quarantine policy was revised to include Iran, South Korea and Italy, in addition to China (travel history to these countries within 14 days).
- Conducted an inventory of the personal protective equipment (PPE) and the infection, prevention and control (IPC) materials and consumables and identified huge gaps, especially in supply chain (forecasting, quantification, procurement, storage and distribution).

- Developed Standard Operating Procedures (SOPs) for quarantine, isolation, laboratory, risk communication
- Laboratory testing capacity identified at two laboratories supported by the China Military and the China CDC. The 34 Military Hospital was identified as having testing capacity and few test kits available.
- Developed the preparedness plans/pillar.

Strategic Objectives for Sierra Leone

- Limit human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events;
- Identify, isolate and care for patients early, including providing optimized care for infected patients;
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment;
- Communicate critical risk and event information to all communities and counter misinformation;
- Minimize social and economic impact through multi-sectoral partnerships.
- This can be achieved through a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in healthcare settings, implementation of health measures for travelers, awareness-raising in the population and risk communication.

JUSTIFICATION FOR FUNDS (risks/gaps identified):

Risk for Sierra Leone is high given the strong ties with China, Italy and South Korea. -economic support from China (exchanges, including academic training), health care support from Italy Add number of people quarantine, coming from China.

Weak health systems-still recovering from major shocks (Ebola, mudslide, ongoing Lassa fever and measles outbreaks with inadequate health workforce. Most critical functions are shifted to lower cadre of staff, health workforce mal-distribution to respond to public health threats.
Poor nutritional status (36 percent stunting amongst under-fives) with weak immunity could easily worsen general condition of COVID-19 patients (elderly and children).

High burden of disease and hospitalization: malaria, Acute respiratory infection, febrile hemorrhagic fevers, etc. Religious and traditional practices predispose citizens and could serve as a vehicle to spread the COVID-19 and any other communicable diseases at an alarming rate. Porous borders could make it very difficult to contain COVID-19 at official Point of Entries.

The Government is responding to the limited human resource capacity by prioritizing recruitment of health care staff and free education policy, so most GoSL resources are going to hiring the Health care workers (HCWs) leaving fewer resources for health sector and emergency preparedness. Most critical functions are shifted to lower cadre of staff, health workforce mal-distribution etc. According to the recent / annually JEE score card review, there are critical gaps in areas such as health financing, human resources for health and emergency preparedness and response.

Sierra Leone is ranked 92/195 on Global Health Security Index (table A1).

Table A1: Sierra Leone key Global Health Security Index

No.	Index	Score	Rank
1.	OVERALL SCORE	38.2	92 out of 195
2.	PREVENTION OF THE EMERGENCE OR RELEASE OF PATHOGENS	52.8	66 out of 195
3.	RAPID RESPONSE TO AND MITIGATION OF THE SPREAD OF AN EPIDEMIC	44.8	64 out of 195
4.	EARLY DETECTION & REPORTING FOR EPIDEMICS OF POTENTIAL INTERNATIONAL CONCERN	45.8	72 out of 195
5.	SUFFICIENT & ROBUST HEALTH SYSTEM TO TREAT THE SICK & PROTECT HEALTH WORKERS	25.3	84 out of 195
6.	OVERALL RISK ENVIRONMENT AND COUNTRY VULNERABILITY TO BIOLOGICAL THREATS	32.8	179 out of 195

Progress is being made in the 19 IHR core competencies. However, with the outbreak of COVID-19, there is a need to accentuate and/or strengthen most of them to support emergency, preparedness and response activities. These are reflected in the activities below.

PREPAREDNESS PLANS: HR across the pillars at the national and district level, TA (international and domestic)

1. Surveillance Pillar

- Enhance early detection of any case of COVID-19 and any other infection disease of public health concern.
- Timely reporting and data management

The country is routinely implementing surveillance through electronic Integrated Disease Surveillance and Response (eIDSR), electronic Case based Disease Surveillance (eCBDS), Community Based Surveillance (CBS) and national mortality surveillance platforms. In order to combat CoVID-19, there is need to enhance specific surveillance activities at the point of entries, communities, and health facilities.

KEY Activities

- HR: Enhancing capacity for surveillance at national, district and POEs for COVID-19 requires additional cadre identified and trained in surveillance.
    a. Training of surveillance officers (existing and new)
    b. Logistics for surveillance (internet connectivity, airtime, transportation,)
    c. TA International and national
- Training and deployment FETP trained surveillance officers and other public health officers,
- Quarantine of travelers from hotspots (monitoring): permanent facility/structures at POEs: 9 (need TA to design permanent structures); (4 temporary/tents or prefabs for a backup plan). 3 at the POEs, one in Freetown, 4 regional facilities.
    - Data management (Laptops, tablets and data management soft wear)
    - Support performance of electronic integrated disease surveillance and reporting (eIDSR) reporting platforms to enhance information flow
    - Electronic case-based disease surveillance (eCBDS) reporting platform

- Community based surveillance (CBS), including involvement of traditional healers
- National mortality surveillance

No	Activity	Amount (US$)	Comments
1	HR needs-budget: Training of clinical & support staff in HFs, Training CHWs and traditional healers	500,000	5,600 PHU staff, 15,750 district Hospital staff & 30,000 Tertiary hospital staff: 15,000 CHW & 1,600 Traditional Healers
2	TA needs-budget	300,000	Need for 3 senior epidemiologists to provide TA for the surveillance system and the Field Epidemiology Training Program
3	Civil works/refurbishment for quarantine facilities	2,700,000	Cost associated with maintaining quarantine. Construction of quarantine facilities at 3 main points of entry (PoEs). Additional 6 facilities in regional headquarter towns around the country.
	Operational cost of QF	450,000	Maintenance, utilities, services, security and supplies
4	Goods & services	500,000	Including COVID-19 in in the health information systems requires 50 laptops, 250 hand held electronic devices and data management software to support eIDSR, eCBDS & mortality surveillance
5	Community engagement	150,000	Strengthen early warning system with 500 community health workers
6	Contact tracing and case monitoring in communities	200,000	50 contact tracers are currently following few suspected cases. Need 250 additional staff to address rapid transmission of COVID-19
	Subtotal	**4,800,000**	

2. CASE MANAGEMNT Pillar

Objectives

- Isolation of every positive case of COVID-19 to break the chain of disease transmission
- Early initiation of supportive case management according to SOPs.

The Current situation

Presently, there are no ideal facility for isolation and treatment at the point of entry and the general hospitals. There is a need to establish permanent facilities at PoEs to avoid spillage into the interior communities. As a short-term measure, we are considering erecting temporary structure (Prefab and tents) whilst working towards establishing a permanent structure. Adequate training of clinicians and auxiliary staff is very critical for confidence building, as they have never managed a COVID-19 patient.

Key activities:

Establish Isolation + treatment centers: need 9 (need HR, medical equipment/such as oxygen concentrator, civil works, IPC, waste management, lab capacity) One in Freetown, 3 at POEs, and 4 regionals. Currently, there is no adequate isolation and treatment centers for any infectious diseases in Sierra Leone. The Ebola treatment centers were decommissioned when Sierra Leone was declared free in November 2016. Need establishment of the oxygen plant production.

Commodities needed for the treatment centers under the case management pillar are develop this area.

No	Domain	Amount ($)	Comments
1	HR needs-budget	300,000	Train 100 clinical staff & 150 support staff per district on clinical management of COVID-19 (Total 4,000 staff)
		1,000,000	Allowances for 12 months @ 50 $ per week for 4,000 personnel dedicated to COVID-19 management
2	TA needs-budget	300,000	3 infectious disease specialists to provide clinical training. No ID specialists in-country
3	Civil works/refurbishment	2,700,000	9 treatment & isolation facilities with a combined bed capacity of 450 (Including power supply- solar with backup generator)
4	Maintenance cost	50,000	Operational, maintenance, water and sanitation, security
5	Equipment	1,350,000	Oxygen plant, digital X-ray machines, ventilators, pulse oximeters, oxygen concentrators including shipment, installation and maintenance
6	Supplies, commodities, consumables	450,000	Medications, consumables and other supplies (Estimate for a period of 1 year @ 50,000 per facility)
7	COVID-19 case referral	1,600,000	16 dedicated infectious disease ambulances
8	Operational cost of Isolation and treatment facilities	1,000,000	Food & drinking water, labor, cleaning supplies, laundry, security, sanitation, energy supply, etc
	Subtotal	**8,750,000**	

3. LABORATORY Pillar

NEED functional public health lab system, specimen management system (specific pathogen); Mobile lab (TA, HR, civil works, goods and services, incinerator)

No	Domain	Amount ($)	Comments
1	HR needs-budget	150,000	Local and regional training 25 lab scientists
2	TA needs-budget	50,000	I International & local consultant
3	Civil works/refurbishment	1,000,000	Construction of the National Public health reference lab including waste management & refurbishment of 3 regional
4	Equipment, Reagents and consumables	800,000	Capacity to test priority diseases, including, COVID-19
5	Integrated sample referral and management	500,000	District support for sample collection, referral and transportation from the health facilities to the

			repository facility at the district level, courier services from district to regional and national level (mobility, cold chain & staff)
6	Quality Assurance, Accreditation, Bio safety and bio security & sample shipment to international reference labs	200,000	Annual accreditation, equipment calibration and certification
	Subtotal	**2,700,000**	

4. **Infection, Prevention and Control (IPC) Pillar**

Local production of Alcohol Base Hand Rub (ABHR) sanitizer & liquid soap (Raw materials, civil works-boreholes-warehousing), TA, goods and services, HR); develop capacity for liquid soap production; Justification: There is increased need for guaranteed supply source, local content promotion, cheaper, readily available and to avoid stock out.

No	Domain	Amount ($)	Comments
1	HR needs-budget	250,000	To train 15,000 clinical and support staff on IPC
2	IPC audit	640,000	Very critical for behavior change and compliance.10, 000 $ per district per quarter for 4 quarters
4	Supplies, commodities, consumables	2,560,000	100,000 per district per year
5	Alcohol based hand rub and liquid soap production	300,000	Local source production guaranteed, cheaper, and local content promotion
5	Community engagement	500,000	Community engagement on hand hygiene and promotion
	Subtotal	**4,150,000**	

5. **COMMUNICATION Pillar**

SBCC, risk communication, media monitoring, press conferences, and community engagement: need goods and services, HR, TA and 117.

No.	Domain	Amount	Comments
1	HR needs-budget: $	50,000	Orientation of media practitioners on COVID-19
2.	Media monitoring tools	50,000	Equipment, cameras, recorders, local tabloids etc.
3.	Air time on TV and Radio	100,000	Weekly panel discussions and phone-in programs
4.	Vehicle with mounted PA System	120,000	To enhance public outreaches including generators
5.	Subscription	12,000	Subscriptions cable networks for media monitoring and reporting on COVID-19.
6.	Community engagement	250,000	Key stakeholder engagement at district and chiefdom levels
7.	Weekly press briefings &	75,000	Refreshment & transport refund to media

	conferences		representatives
8.	Printing and distribution of IEC materials	150,000	Flyers, banners, posters etc.
	Subtotal	**807,000**	

6. **Medical Counter Measures (MCM) - (HR, TA, civil works, warehousing)**

Safe storage of equipment and supplies given limited capacity at CMS, strategic prepositioning of supplies, appropriate storage conditions to maintain quality and shelve life of medicines and consumables. Bad road conditions and rough terrains necessitate storage of items in strategic locations.

No	Domain	Amount ($)	Comments
1	HR needs-budget:	50,000	Local and regional training on store management
2	Labor	150,000	Hiring of 100 Store hand
3	Civil works/equipment/power:	4,500,000	2.5 million for CMS & 0.5million for Lungi airport & 3 regional each
	Stock management	150,000	ICT & soft wear including subscription
4	Supplies, commodities, consumables:	200,000	Picking & packing
	Subtotal	**5,050,000**	

7. Point of Entry PILLAR

There are 9 dedicated POEs but only 3 with infrastructure. There is strong need to construct remaining 6 for effective POE functions.

No	Domain	Amount ($)	Comments
1	HR needs-budget	50,000	Training costs, hiring temporary, logistics, printing
		100,000	Deployment of additional staff
3	Civil works/refurbishment	900,000	@ 100,000 per structure (safeguard, monitoring & supervision
4	Supplies, commodities, consumables: $	50,000	Reporting tools
5	Cross border community engagement: $	100,000	Engagement of key stakeholders on each of the boarders
6	Motor bike	50,000	Licensing, safety gear etc.
7	Monitoring & supervision	35,000	Regular supportive supervision
	Subtotal	**1,285,000**	

8. EOC SUPPORT

Planning and coordination is pivotal to the success of implementation.

No	Domain	Amount	Comments

1	HR needs-budget: $	200,000	Training costs, hiring temporary, logistics, printing
2	TA needs-budget: $	100,000	Hiring of local consultants & support staff
3	Running cost of EOC	124,000	20,000 per Month (Internet, Gen, etc.)
4	Supplies, commodities, consumables: $	150,000	Additional supplies to provide for increased number of users
6	Vehicle management & running cost	120,000	Frequent movement
7	Central & National level coordination	150,000	Field visits and overnight allowances
		150,000	Refreshment during meetings
8	Procurement of a sea boat	250,000	20-seater sea boat for supervision trips to Lungi airport
	Subtotal	**1,244,000**	

Budget Summary

Pillar	Amount (US$)
Surveillance	4,800,000
Case Management	8,750,000
Laboratory	2,700,000
Infection Prevention and Control	4,150,000
Communication	807,000
Warehousing and Supply Chain	5,050,000
Point of Entries (POEs)	1,285, 000
EOC Support	1,244,000
Total	**28,786,000**

ANNEX 2: Sierra Leone National COVID-19 Response Structure (as of March 25, 2020)