

Document of  
**The World Bank**

Report No: PAD4500

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED ADDITIONAL GRANT  
IN THE AMOUNT OF SDR 4.9 MILLION  
(US\$7.0 MILLION EQUIVALENT)

AND A

PROPOSED GRANT  
IN THE AMOUNT OF US\$1.0 MILLION  
FROM THE HEALTH EMERGENCY PREPAREDNESS AND RESPONSE TRUST FUND

TO THE REPUBLIC OF LIBERIA

FOR THE

LIBERIA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT

JUNE 30, 2021

UNDER THE  
COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)  
USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)

WITH A FINANCING ENVELOPE OF  
UP TO US\$6 BILLION APPROVED BY THE BOARD ON APRIL 2, 2020 AND  
UP TO US\$12 BILLION ADDITIONAL FINANCING APPROVED BY THE  
BOARD ON OCTOBER 13, 2020

Health Nutrition and Population Global Practice  
Western and Central Africa Region

This document has a restricted distribution and may be used by recipients only in the performance of their official duties. Its contents may not otherwise be disclosed without World Bank authorization.

## CURRENCY EQUIVALENTS

(Exchange Rate Effective May 31, 2021)

Currency Unit = Liberian Dollar (LR\$)

US\$1.00 = LRS\$ 171.75

US\$1.00 = SDR 0.69219960

## FISCAL YEAR

January 1 - December 31

Regional Vice President: Ousmane Diagana

Country Director: Pierre Frank Laporte

Regional Director: Dena Ringold

Practice Manager: Gaston Sorgho

Task Team Leaders: Noel Chisaka, Anthony Theophilus Seddoh, Opope Oyaka  
Tshivuila Matala

## ABBREVIATIONS AND ACRONYMS

AEFI	Adverse Event Following Immunization
AF	Additional Financing
AMC	Advanced Market Commitment
ANC	Antenatal Care
AU	African Union
AVATT	African Vaccine Acquisition Task Team
BFP	World Bank Facilitated Procurement
CCE	Cold Chain Equipment
CDC	Center for Disease Control
CERC	Contingent Emergency Response Component
CHW	Community Health Worker
COVAX	COVID-19 Vaccines Global Access
COVID-19	Coronavirus Disease 2019
CPF	Country Partnership Framework
CY	Calendar Year
DA	Designated Account
DFIL	Disbursement and Financial Information Letter
DHIS2	District Health Information System 2
DP	Development Partner
DPF	Development Policy Financing Operation
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
EPI	Expanded Program on Immunization
ERTP	Economic Recovery and Transformation Project
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESRS	Environmental and Social Review Summary
ESS	Environmental and Social Standards
EUL	Emergency Use Listing
EVD	Ebola Virus Disease
FTCF	Fast Track COVID-19 Facility
FM	Financial Management
FY	Fiscal Year
GAVI	Global Alliance for Vaccines and Immunizations
GBV	Gender-based Violence
GDP	Gross Domestic Product
GHG	Greenhouse Gas
GoL	Government of Liberia
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HCWMP	Health Care Waste Management Plan
HEIS	Hands-on Expanded Implementation Support
HEPR	Health Emergency Preparedness and Response
HR	Human Resources
IBRD	International Bank for Reconstruction and Development
ICU	Intensive Care Unit

IDA	International Development Association
IDSR	Integrated Disease Surveillance System
IEC/BCC	Information Education Communication/Behavior Change Communication
IFC	International Finance Corporation
IFISH	Institutional Foundations to Improve Services in Health
IFR	Interim Financial Report
IMF	International Monetary Fund
IMS	Incidence Management System
IP	Implementation Progress
IPC	Infection Prevention and Control
IPF	Investment Project Financing
ISR	Implementation Status and Results Report
J&J	Johnson & Johnson
LMHRA	Liberia Medicines and Health Products Regulatory Authority
LMP	Labor Management Procedures
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MPA	Multiphase Programmatic Approach
NCC	National Coordination Committee
NDVP	National Deployment and Vaccination Plan
NFCF	No-fault Compensation Fund
NGO	Nongovernmental Organization
NPHIL	National Public Health Institute of Liberia
NRL	National Reference Laboratory
NTWG	National Technical Working Group
OECD	Organisation for Economic Co-operation and Development
OHS	Occupational Health and Safety
PBC	Performance-Based Condition
PEF	Pandemic Emergency Facility
PFMU	Project Financial Management Unit
PHC	Primary Health Care
PHEOC	Public Health Emergency Operation Center
PIM	Project Implementation Manual
PIU	Project Implementation Unit
PLR	Performance and Learning Review
PPE	Personal Protective Equipment
PPR	Procurement Post Review
PPSD	Project Procurement Strategy for Development
PQ	Prequalification
PVS	Pharmacovigilance System
PrDO	Program Development Objective
PDO	Project Development Objective
PoE	Port of Entry
POM	Project Operational Manual
REDISSE II	Regional Disease Surveillance Systems Enhancement Project Phase 2
SAI	Supreme Audit Institute
SDR	Special Drawing Rights
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexuel Harassement

SMT	Supply Management Tool
SPRP	Strategic Preparedness and Response Program
SRA	Stringent Regulatory Authority
STEP	Systematic Tracking of Exchanges in Procurement
SUF	Scale-up Facility
TA	Technical Assistance
TF	Trust Fund
ToR	Terms of Reference
ToT	Training-of-Trainer
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAC	Vaccine Approval Criteria
VDDM	Vaccine Delivery and Distribution Manual
VRAF	Vaccine Readiness Assessment Framework
VIRAT	Vaccine Introduction Readiness Assessment Tool
WASH	Water, Sanitation and Hygiene
WB	World Bank
WBG	World Bank Group
WHO	World Health Organization

Republic of Liberia

Additional Financing on Vaccines for the Liberia COVID-19 Emergency Response Project

**TABLE OF CONTENTS**

<b>I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING .....</b>	<b>9</b>
<b>A. Introduction .....</b>	<b>9</b>
<b>B. Consistency with the Country Partnership Framework (CPF) .....</b>	<b>12</b>
<b>C. Project Design and Scope .....</b>	<b>12</b>
<b>D. Project Performance .....</b>	<b>13</b>
<b>E. Rationale for Additional Financing.....</b>	<b>14</b>
<b>F. National Capacity and COVID-19 Vaccination Plan .....</b>	<b>15</b>
<b>II. DESCRIPTION OF ADDITIONAL FINANCING .....</b>	<b>23</b>
<b>A. Proposed Changes.....</b>	<b>23</b>
<b>B. Sustainability.....</b>	<b>30</b>
<b>III. KEY RISKS .....</b>	<b>30</b>
<b>IV. APPRAISAL SUMMARY.....</b>	<b>35</b>
<b>V. WORLD BANK GRIEVANCE REDRESS.....</b>	<b>42</b>
<b>VI SUMMARY TABLE OF CHANGES.....</b>	<b>44</b>
<b>VII DETAILED CHANGE(S).....</b>	<b>44</b>
<b>VIII. RESULTS FRAMEWORK AND MONITORING .....</b>	<b>51</b>
<b>ANNEX 1: SUMMARY TABLE ON VACCINE DEVELOPMENT AND APPROVAL STATUS.....</b>	<b>66</b>
<b>ANNEX 2: COUNTRY PROGRAM ADJUSTMENTS.....</b>	<b>67</b>
<b>ANNEX 3: LATEST COVID-19 SITUATION IN LIBERIA .....</b>	<b>70</b>
<b>ANNEX 4: SUMMARY OF THE PARENT PROJECT COMPONENTS .....</b>	<b>72</b>
<b>ANNEX 5: FINANCIAL MANAGEMENT AND DISBURSEMENTS ARRANGEMENTS.....</b>	<b>76</b>
<b>ANNEX 6: ESS ACTION PLAN FOR LIBERIA COVID-19 EMERGENCY RESPONSE PROJECT ADDITIONAL FINANCING ON VACCINES .....</b>	<b>78</b>

**LIST OF TABLES**

<b>Table 1: Summary of Vaccination Readiness Findings from the VIRAT/VRAF 2.0 Assessment.....</b>	<b>16</b>
<b>Table 2: National Vaccine Coverage and Acquisition Plan .....</b>	<b>21</b>
<b>Table 3: Priority Groups for Vaccination in Liberia.....</b>	<b>24</b>

**Table 4: Project Cost and Financing .....26**  
**Table 5: Summary of COVID-19 Vaccine Sourcing and Bank Financing.....27**



**BASIC INFORMATION – PARENT (Liberia COVID-19 Emergency Response Project - P173812)**

Country	Product Line	Team Leader(s)		
Liberia	IBRD/IDA	Noel Chisaka		
Project ID	Financing Instrument	Resp CC	Req CC	Practice Area (Lead)
P173812	Investment Project Financing	HAWH3 (9542)	AWCW1 (6547)	Health, Nutrition & Population

Implementing Agency: Ministry of Health

Is this a regionally tagged project?	
No	

Bank/IFC Collaboration	
No	

Approval Date	Closing Date	Expected Guarantee Expiration Date	Environmental and Social Risk Classification
09-Apr-2020	30-Apr-2022		Substantial

**Financing & Implementation Modalities**

<input checked="" type="checkbox"/> Multiphase Programmatic Approach [MPA]	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input checked="" type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Performance-Based Conditions (PBCs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a Non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	<input type="checkbox"/> Hands-on Expanded Implementation Support (HEIS)

**Development Objective(s)**





**MPA Program Development Objective (PrDO)**

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

**Project Development Objectives (Phase 031)**

The development objective is to prepare and respond to the COVID-19 pandemic in Liberia

**Ratings (from Parent ISR)**

	Implementation	Latest ISR
	14-Oct-2020	04-Jun-2021
Progress towards achievement of PDO	S	S
Overall Implementation Progress (IP)	S	S
Overall ESS Performance	U	U
Overall Risk	S	S
Financial Management	S	MS
Project Management	S	S
Procurement	S	MS
Monitoring and Evaluation	S	S

**BASIC INFORMATION – ADDITIONAL FINANCING (Additional Financing on Vaccines for the Liberia COVID-19 Emergency Response Project - P176336)**

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P176336	Additional Financing on Vaccines for the Liberia COVID-19 Emergency Response Project	Restructuring, Scale Up	Yes
Financing instrument	Product line	Approval Date	
Investment Project Financing	IBRD/IDA	30-Jun-2021	
Projected Date of Full	Bank/IFC Collaboration		



Disbursement			
31-Jan-2025	No		
Is this a regionally tagged project?			
No			

**Financing & Implementation Modalities**

<input checked="" type="checkbox"/> Multiphase Programmatic Approach [MPA]	<input type="checkbox"/> Series of Projects (SOP)
<input checked="" type="checkbox"/> Fragile State(s)	<input type="checkbox"/> Performance-Based Conditions (PBCs)
<input type="checkbox"/> Small State(s)	<input type="checkbox"/> Financial Intermediaries (FI)
<input type="checkbox"/> Fragile within a Non-fragile Country	<input type="checkbox"/> Project-Based Guarantee
<input type="checkbox"/> Conflict	<input checked="" type="checkbox"/> Responding to Natural or Man-made disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	<input checked="" type="checkbox"/> Hands-on, Enhanced Implementation Support (HEIS)
<input type="checkbox"/> Contingent Emergency Response Component (CERC)	

**Disbursement Summary (from Parent ISR)**

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed
IBRD				%
IDA	7.50	6.02	1.61	79 %
Grants				%

**MPA Financing Data (US\$, Millions)**

MPA Program Financing Envelope	18,000,000,000.00
--------------------------------	-------------------

**MPA FINANCING DETAILS (US\$, Millions)**

<b>Board Approved MPA Financing Envelope:</b>	18,000,000,000.00
<b>MPA Program Financing Envelope:</b>	18,000,000,000.00
<b>of which Bank Financing (IBRD):</b>	9,900,000,000.00
<b>of which Bank Financing (IDA):</b>	8,100,000,000.00



of which other financing sources:

0.00

**PROJECT FINANCING DATA – ADDITIONAL FINANCING (Additional Financing on Vaccines for the Liberia COVID-19 Emergency Response Project - P176336)****FINANCING DATA (US\$, Millions)****SUMMARY (Total Financing)**

	Current Financing	Proposed Additional Financing	Total Proposed Financing
<b>Total Project Cost</b>	7.50	8.00	15.50
<b>Total Financing</b>	7.50	8.00	15.50
<b>of which IBRD/IDA</b>	7.50	7.00	14.50
<b>Financing Gap</b>	0.00	0.00	0.00

**DETAILS - Additional Financing****World Bank Group Financing**

International Development Association (IDA)	7.00
IDA Grant	7.00

**Non-World Bank Group Financing**

Trust Funds	1.00
Health Emergency Preparedness and Response Multi-Donor Trust	1.00

**IDA Resources (in US\$, Millions)**

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
<b>Liberia</b>	0.00	7.00	0.00	7.00
National PBA	0.00	7.00	0.00	7.00
<b>Total</b>	<b>0.00</b>	<b>7.00</b>	<b>0.00</b>	<b>7.00</b>



## COMPLIANCE

### Policy

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

Yes  No

Does the project require any other Policy waiver(s)?

Yes  No

Explanation

This project is being processed using the following waiver(s) granted through the Global SPRP MPA Project (P173789): (i) Waiver to enable Management approval of individual projects under SPRP rated Substantial for Environmental and Social (ES) risks.

Has the waiver(s) been endorsed or approved by Bank Management?

Approved by Management       Endorsed by Management for Board Approval       No

Explanation

The waiver(s) was approved under the Global MPA project and is being applied to the project



**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	Not Currently 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).

**INSTITUTIONAL DATA**

**Practice Area (Lead)**

Health, Nutrition & Population

**Contributing Practice Areas**

Gender

**Climate Change and Disaster Screening**

This operation has been screened for short and long-term climate change and disaster risks

Explanation

Part of the MPA

**PROJECT TEAM****Bank Staff**

<b>Name</b>	<b>Role</b>	<b>Specialization</b>	<b>Unit</b>
Noel Chisaka	Team Leader (ADM Responsible)	Senior Health specialist	HAWH2
Anthony Theophilus Seddoh	Team Leader	Senior Health Specialist	HAWH3
Opope Oyaka Tshivuila Matala	Team Leader	Senior Health Specialist	HAWH3
Oyewole Oluyemi Afuye	Procurement Specialist (ADM Responsible)	Senior Procurement Specialist	EAWRU
Daniel Rikichi Kajang	Procurement Specialist	Senior Procurement Specialist	EAWRU
MacDonald Nyazvigo	Financial Management Specialist (ADM Responsible)	Senior Financial Management Specialist	EAWG2
Akhilesh Ranjan	Social Specialist (ADM Responsible)	Senior Social Development Specialist	SAWS1
Zinnah S Mulbah	Environmental Specialist (ADM Responsible)	environmental	SAWE4
Alice Edmee Marie Renaud	Team Member	Public health	HAWH3
Charles E. Di Leva	Team Member	Environmental and Social Standards	OPSES
Edith Ruguru Mwenda	Counsel	Legal	LEGAM
Ferdinand Tsri Apronti	Team Member	Procurement Consultant	EAWRU
Ines Melissa Emma Attoua Ety	Team Member	Finance	WFACS
Kamakshi Nadisha Perera Mubarak	Social Specialist	Social Specialist	SAWS1
Lydia Ndebele	Team Member	Operations	HAWH3
Matthieu Louis Bonvoisin	Team Member	Legal	LEGAM
Mohammad Ilyas Butt	Procurement Team	Procurement	EAERU
Ni Fu	Team Member	Disbursement	WFACS
Sariette Jene M. C. Jippe	Team Member	Administrative, operations	HAWH3
Sunrita Sarkar	Team Member	Senior Social Specialist	ECADE
Valerie F. Trouillot-Ligonde	Team Member	Program assistant	HAWH3
Zoe Quoi Diggs Duncan	Procurement Team	STEP Champion	AWMLR



**Extended Team**

Name	Title	Organization	Location
------	-------	--------------	----------

---

---



## I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

### A. Introduction

1. **This Project Paper seeks the approval of the World Bank’s Regional Vice President to provide an IDA grant in the amount of US\$7.0 million equivalent and a Health Emergency Preparedness and Response (HEPR) trust fund (TF) grant in the amount of US\$1.0 million for an Additional Financing (AF).** The AF will support the costs of expanding activities of the Liberia COVID-19 Emergency Response Project (P173812) under the Coronavirus Disease 2019 (COVID-19) Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020.<sup>1</sup> The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines, help ensure effective vaccine deployment in Liberia through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project. The Liberia COVID-19 Emergency Response Project (P173812), in the amount of US\$7.5 million (US\$3.75 million IDA Credit/US\$3.75 million IDA Grant), was approved on April 9, 2020, prepared under the SPRP.

2. **The purpose of the proposed AF is to provide upfront financing to help the Government of Liberia (GoL) purchase and deploy COVID-19 vaccines that meet the World Bank’s vaccine approval criteria (VAC) and strengthen relevant health systems necessary for a successful deployment and to prepare for the future. The proposed AF will help vaccinate 24.2 percent of the country’s population.** The COVID-19 Vaccines Global Access (COVAX) Advanced Market Commitment (AMC) Facility is expected to support the financing of vaccines for 20 percent of the population. The AF will support the purchase of vaccines for 4.2 percent of the country’s population and deployment costs, including for subsidized doses. Other financiers may cover vaccines and their deployment for 7 percent of the population to reach the Government’s goal of vaccinating 31.2 percent of the total population (that is, 60 percent of the eligible population).<sup>2</sup> In addition to vaccines acquired through COVAX, the African Vaccine Acquisition Task Team (AVATT) convened by the African Union (AU), is in the process of negotiating, through the United Nations Children’s Fund (UNICEF), additional access to vaccines that will contribute to taking the total population covered up to 60 percent, in countries that request for it. When firm contracts are in place between UNICEF, as the appointed procurement agent, and the manufacturers, UNICEF will conclude contracts with participating countries for the supply of the vaccines. These contracts will be reviewed by the World Bank to ensure that they comply with all operational policies and provide value for money in terms of both price and delivery times before financing from this Grant can be disbursed

---

<sup>1</sup>The World Bank approved a US\$12 billion World Bank Group (WBG) Fast Track COVID-19 Facility (FTCF or “the Facility”) to assist International Bank for Reconstruction and Development (IBRD) and International Development Association (IDA) countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion came from IBRD/IDA (“the Bank”) and US\$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the FTCF total to US\$14 billion. The AF of US\$12 billion (IBRD/IDA) was approved on October 13, 2020 to support the purchase and deployment of COVID-19 vaccines as well as strengthening the related immunization and health care delivery system.

<sup>2</sup> The GoL aims to vaccinate 60 percent of the population who are eligible to receive the vaccine (i.e. those above 18 years). This is calculated as follows: Total Liberian population 2021: 4,553,720. An estimated 52 percent of the population people is over 18 years and eligible for the vaccine, which equals to = 2,367,934 people. Sixty percent of this eligible population translates to 1,429,761 people to be vaccinated. This target translates to an overall vaccination coverage of 31.2 percent of the total Liberian population.





toward the member country upon its request. World Bank financing for the COVID-19 vaccines and deployment will follow the World Bank's VAC. As of April 16, 2021, the World Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccine acquisition and/or deployment under all World Bank-financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the stringent regulatory authorities (SRAs) identified by the World Health Organization (WHO) for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). The country will provide free of cost vaccination to the population.

3. **Recognizing the global nature of health emergencies, in June 2020, the World Bank approved the creation of a new umbrella TF program, the Health Emergency Preparedness and Response (HEPR) TF.** The development objective of the Program is to support eligible countries and territories to improve their capacity to prepare for, prevent, respond, and mitigate the impact of epidemics on populations. It was set up as a flexible mechanism to provide catalytic, up-front, and rapid financing at times when other sources of funding are not available for health emergency preparedness and to fill specific gaps in terms of health emergency response. The HEPR multi-donor TF is the anchor TF of the umbrella program. Activities eligible for HEPR TF financing focus on two pillars: (a) preparedness for future health emergencies and (b) responses to emerging and current health emergencies. The Republic of Liberia has been allocated a HEPR TF grant to the value of US\$1.0 million to support the COVID-19 response, on condition that HEPR TF resources are not used to purchase COVID-19 vaccines.

4. **The need for additional resources to expand the COVID-19 response was formally conveyed by the GoL on January 24, 2021.** The proposed AF will form a part of an expanded health response to the pandemic, which is being supported by development partners (DPs) under the coordination of the GoL. Additional World Bank financing will provide the essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Liberia.

5. **Critically, the AF seeks to enable the acquisition of vaccines from a range of sources to support Liberia's objective to have a portfolio of options to access vaccines under the right conditions (of value-for-money, regulatory approvals, and delivery time, among other key features).** The COVAX Facility has put in place a framework that will anchor Liberia's strategy and access to vaccines; on December 7, 2020, Liberia entered into an agreement with the COVAX Facility to access COVID-19 vaccines at no cost for 20 percent of the population. The proposed IDA financing will build on this to expand Liberia's access to COVID-19 vaccines through the COVAX facility as a priority, and possibly beyond COVAX as necessary. The availability and terms of vaccines remain fluid and prevent the planning of a firm sequence of vaccine deployment, especially as the actual delivery of vaccines is unlikely to be immediate. Rather, the proposed financing enables a portfolio approach that will be adjusted during implementation in response to developments in the country's pandemic situation and the global market for vaccines.

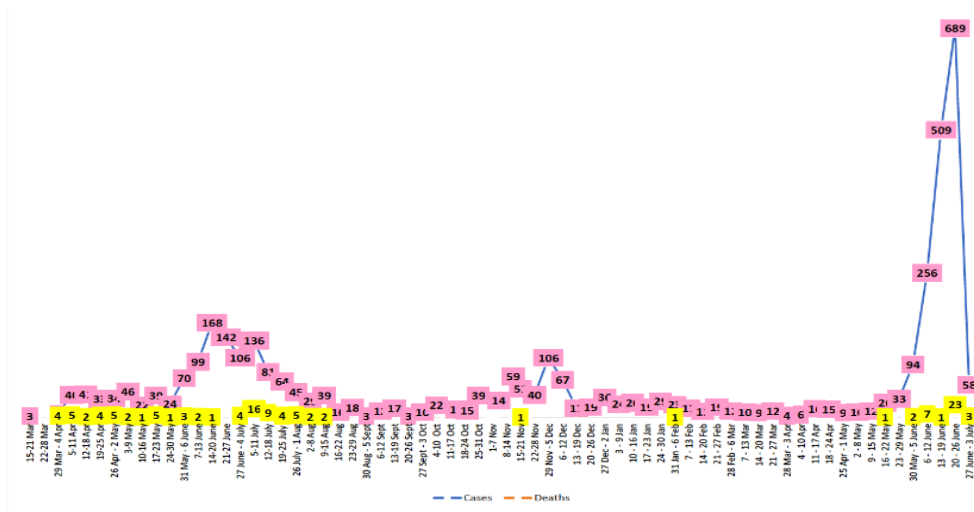
6. **Liberia is experiencing a second wave of the pandemic, with 1,526 new infections reported between June 1-26, 2021 (Figure 1) versus 2,210 new infections between March 14, 2020 and May 30, 2021.** As of June 27, 2021, a total of 3,794 COVID-19 cases, including 123 deaths, were reported.<sup>3</sup> Most cases are concentrated in the capital city, Montserrado county (2,046 cases, 79 percent), where more than 45 percent of the 4.55 million Liberian population resides. Liberia has also experienced secondary

<sup>3</sup> Source: Liberia COVID-19 Daily Situation Report 455. June 27, 2021, MOH, GoL.



impacts of the outbreak, including: (a) shortages of essential medical supplies and commodities due to disruptions in the global supply chain; (b) disruptions in the delivery of essential services due to health facilities closing or turning patients away due to fear of the virus or following exposure to cases of COVID-19; (c) reduced utilization of routine reproductive, maternal, neonatal, child and adolescent health and nutrition (RMNCAHN) services due to fear of contamination and travel restrictions instituted by the GoL to prevent and contain the spread of the outbreak;<sup>4</sup> and (d) recovered patients being stigmatized and shunned by their communities when returning home. Liberia received 96,000 AstraZeneca vaccine doses on March 5, 2021 and launched its vaccination campaign on April 1, 2021. An additional 27,000 AstraZeneca vaccine doses were donated on March 22, 2021, from the African Union (AU)/MTN Group; however, these doses expired by April 13, 2021 before being deployed. As of June 29, 2021, 81,396 people have been vaccinated against COVID-19, and 4,949 have been completely vaccinated.

Figure 1: Distribution of COVID-19 cases and deaths between March 4, 2021-June 27, 2021



7. **Following the confirmation of the first case of COVID-19 in Liberia, the Government activated the Public Health Emergency Operation Center (PHEOC).** The GoL is implementing its National COVID-19 Response Plan, which promotes early detection, active case finding, contact tracing, infection prevention and control (IPC), and the care of suspected and confirmed cases of COVID-19. Specific containment measures instituted include: (i) a lockdown strategy, with closures of land, air, and sea borders; (ii) deployment of surge staff at various ports of entry (PoEs), and strengthened screening at PoEs; (iii) 500 contact tracers deployed to counties; (iv) dissemination of community engagement and risk messaging; (v) training of health workers in counties on case management and IPC; and (vi) a presidential mandate that all citizens wear masks when leaving home. The World Bank allocated US\$17 million to the GoL’s US\$48.6 million National COVID-19 Response Plan through the Liberia COVID-19 Emergency Response Project, P173812; (US\$7.5 million), and the activation of the Contingent Emergency Response Component (CERC) of the Regional Disease Surveillance Systems Enhancement Project Phase 2 (REDISSE II) Project,

<sup>4</sup> Liberia MOH Presentation: Impact of COVID-19 on MCH Services HCC Meeting May 28, 2020: Between January and April 2020, Montserrado county, which reports the largest number of COVID-19 cases, observed a 67 percent decline in immunization coverage, a 43 percent decline in antenatal care (ANC) visits, and a 27 percent declined in deliveries by skilled birth attendants.



P159040 (US\$9.5 million). Other partners in the sector, such as the WHO, United States Agency for International Development (USAID), and are also providing financial and technical support to the response. These include support for capacity building and training, monitoring and evaluation (M&E), and procurement of essential materials including personal protective equipment (PPE)

## B. Consistency with the Country Partnership Framework (CPF)

8. The proposed AF is consistent with the CPF Pillar II (FY2019-2024; Report No.130753-LR) (Building Human Capital to Seize New Economic Opportunities) objective to improve access to equitable, affordable, and high-quality healthcare services to foster economic inclusion. The need to invest in health systems to ensure the productive capabilities of the population is recognized, as is the challenge of overcoming a legacy of limited investment in human capital and social resilience systems. By building the strength of the health system and its resilience to shocks, it is aligned with the focus of the CPF Objective 6, (improved early childhood and maternal health), which focuses on investing in health systems to improve reproductive, maternal, newborn, and adolescent's health outcomes. The AF builds and deepens support provided under the parent project to reduce Liberia's vulnerability to outbreaks and epidemics, supporting the Government to prevent, detect, and respond to the threats posed by the pandemic and strengthen national systems for pandemic preparedness.

## C. Project Design and Scope

9. **The Project Development Objective (PDO) of the parent project and the proposed AF is “to prepare and respond to the COVID-19 pandemic in Liberia.”** The parent project includes the components as listed below and summarized in Annex 4. A detailed description of the project can be found at <https://projects.worldbank.org/en/projects-operations/project-detail/P173812>. The parent project includes five components that support the 10 thematic pillars of the GoL's COVID-19 Plan<sup>5</sup>. These are: Component 1: Emergency Preparedness Response (US\$1.0 million); Component 2: Supporting Preparedness through Laboratory System Strengthening (US\$1.0 million); Component 3: Case Management and Clinical Care (US\$3.0 million); Component 4: Community Engagement, Risk Communication and Advocacy (US\$1.75 million); and Component 5: Project Management and Coordination, Monitoring and Evaluation (M&E) (US\$0.75 million). The parent project is complementary to areas supported by the ongoing REDISSE II Project (P159040), which supports Liberia's efforts to enhance its disease surveillance and response systems.

10. **The Ministry of Health (MOH) is the implementing agency for the parent project, and the implementation arrangements will remain the same under the proposed AF.** The National Public Health Institute of Liberia (NPHIL) technically implements the parent project and the REDISSE II Project (P159040), under the oversight of the MOH. The Minister of Health chairs the National Steering Committee for the REDISSE II Project and parent project and will continue in this capacity for the

---

<sup>5</sup> Ten thematic pillars of the GoL's COVID-19 Plan: (I) Coordination (command and control and continuity of operations, Emergency Operations Center (EOC), official communication, finance, human resources [HR]); (II) Case management (including isolation, referral); (III) Point of Entry (including cross border surveillance); (IV) epidemiology/surveillance; (V) Health promotion and communication (community engagement, risk communication, social mobilization); (VI) Laboratories; (VII) Water, Sanitation and Hygiene (WASH)/dead body management; (VIII) IPC; (IX) Supply chain and logistics; and (X) Rapid Response Team.



proposed AF. The Expanded Program on Immunization (EPI), within the MOH, will be the technical implementer of the new activities under the AF. The MOH has an established and well-functioning Project Implementation Unit (PIU) responsible for the overall project planning, oversight, coordination, and management of all projects under the World Bank health sector portfolio in Liberia, including the parent project and the REDISSE II Project, and in collaboration with relevant technical units within the MOH. The PIU's capacity will be strengthened to respond to the increased needs arising from the inclusion of the AF activities.

#### D. Project Performance

11. **The project's progress toward achievement of the PDO and overall Implementation Progress (IP) was rated as Satisfactory in the last Implementation Status and Results Report (ISR) of June 4, 2021, and the project continues to make good progress.** Of the seven PDO level indicators, six have either been met or surpassed the end-target. For example, the Borrower has activated its Public Health Emergency Operations Center for COVID-19 = Yes (target = yes); number of designated laboratories supplied with COVID-19 diagnostic equipment, test kits and reagents = 3 (target = 3); number of acute health care facilities with isolation capacities = 6 (target = 5), and percentage of pandemic preparedness and response plans per MOH guidelines = 80 percent (target = 50 percent). Moreover, of the 18 intermediate level indicators, 13 have either met or surpassed the end-target. As of June 5, 2021, the disbursements amount to US\$6.02 million, and the disbursement rate is at 78.9 percent. Based on projections, the project expects to disburse the remaining US\$1.61 million by April 30, 2022, to support activities outlined in the original scope of the parent project. The project has complied with all legal covenants and there are no outstanding financial audits.

12. **The PIU has been effectively coordinating project planning and procurement.** To support the Government's COVID-19 response, the project: (i) strengthened the NPHIL as the national lead institution responding to the COVID-19 pandemic through support to the Emergency Operation Center (EOC) pillars; (ii) strengthened the country's laboratory capacity for testing of COVID-19 by increasing the number of testing sites, and procuring laboratory tests and reagents, and supporting surge laboratory staff; (iii) procured ten ambulances and renovated COVID-19 treatment centers (14-Military Hospital and the Jordanian hospitals); (iv) procured ventilators and is in the process of procuring Intensive Care Unit (ICU) beds and regular hospital beds; (v) procured more than 357,906 liters (94,548.80 gallons) of fuel under the Preparedness Plan to support operations and ensure reliable power at health facilities and the EOCs; (vi) strengthened surveillance at county and community levels including through the procurement of 120 motorcycles, and implementation of IPC protocols in health facilities; and (vii) strengthened information management through the integrated disease surveillance system (IDSR) and the introduction of the electronic IDSR (eIDSR).

13. **Environmental and Social Safeguards Performance.** The environmental and social rating of the project was rated Unsatisfactory due to delays in the completion and disclosure of Environment and Social Standards (ESS) instruments for the parent project; however, these have since been finalized and disclosed. The ESS rating will be reviewed during the next supervision mission in November 2021 and an



upgrade will be considered based on the status of the proactive actions.<sup>6</sup> The MOH and PIU are now updating the ESS instruments to incorporate the AF activities. To ensure compliance and effective implementation of the updated ESS instruments, the MOH will strengthen the capacity of the PIU through the recruitment of additional E&S staff, training of existing staff, and have developed an action plan with clear deadlines, for implementation as set out in the ESCP (see Annex 6).

**E. Rationale for Additional Financing**

14. **The GoL recognizes that the available and equitable deployment of safe and effective COVID-19 vaccines, coupled with improved diagnostics and therapeutics, is essential to maintaining health services, saving lives, and enabling the world to reopen safely.** A key rationale for the proposed AF is to provide upfront financing for safe and effective vaccine acquisition and deployment in Liberia, thus enabling the country to acquire the vaccine at the earliest, recognizing that there is currently excess demand for vaccines from both high and lower-income countries. The GoL is leading the donor coordination in collaboration with WHO, the Global Alliance for Vaccines and Immunizations (GAVI), UNICEF, the World Bank, and other partners in the sector. Box 1 outlines the key roles of several partners involved in the vaccine deployment process. The global economy will not recover fully until people feel they can live, socialize, work and travel with confidence. Given the centrality of limiting the spread of COVID-19 to health, economic, and social recovery, providing vaccines will be critical to accelerate economic and social recovery in Liberia.

**Box 1: Potential Supportive Roles for Partner Agencies in Implementation**

<b>WHO's role</b>	<b>Financing amount</b>
<ul style="list-style-type: none"> <li>• Providing technical leadership for vaccine introduction and support to the MOH and the Incident Management System/National Coordination Committee (NCC) in developing and updating the COVID-19 deployment and vaccination plans, including the quantification and forecasting of supply needs (vaccines and immunization-related supplies) and supervision and management of COVID-19 vaccinations.</li> <li>• Providing technical assistance (TA) and capacity building/guidance on health system assessments that provide information on existing and pending resources to prepare for the introduction of COVID-19 vaccines.</li> <li>• Providing TA to prepare appropriate regulatory pharmacovigilance authorities for vaccine licensing and emergency authorization for use in the national vaccination program.</li> </ul>	unknown
<b>UNICEF's role</b>	<b>Financing amount</b>
<ul style="list-style-type: none"> <li>• Providing TA to the MOH to develop the COVID-19 deployment and vaccination plans, including the quantification and forecasting of supply needs (vaccines and immunization-related supplies).</li> <li>• Providing TA and capacity building to the MOH to develop a communication and community mobilization strategy (including advocacy, communications, social mobilization, risk and safety communication, community engagement, and training) to generate confidence, acceptance, and demand for COVID-19 vaccines.</li> <li>• Supporting the assessment of cold-chain capacity and developing standard operating procedures for collection and disposal of medical waste.</li> <li>• Supporting supervision and management, in close collaboration with WHO.</li> </ul>	unknown
<b>GAVI/COVAX's role</b>	<b>Financing amount</b>

<sup>6</sup> The following ESS instruments were approved by the World Bank and disclosed: (i) Environmental and Social Management Framework (ESMF) (approved on February 17, 2021 and disclosed on March 23, 2021); and (ii) Stakeholder Engagement Plan (SEP) (approved on March 28, 2020 and re-disclosed on August 17, 2020);



<ul style="list-style-type: none"> <li>• Providing COVID-19 vaccines to cover the first prioritized 20 percent of the population.</li> <li>• Providing TA related to the development of the National COVID-19 Vaccine Strategy and Plan (TA COVAX Readiness and Preparation).</li> <li>• Providing catalytic support toward cold chain equipment (CCE) needs at the national and regional levels.</li> </ul>	~US\$371,993 for TA ~US\$460,000 for CCE and TA
<b>AVATT role</b>	<b>Financing amount</b>
<ul style="list-style-type: none"> <li>• AVATT is in the process of negotiating, through UNICEF, additional access to vaccines that will contribute to taking the total population covered up to 60 percent, in countries that request for it.</li> </ul>	Unknown
<b>USAID role</b>	<b>Financing amount</b>
<ul style="list-style-type: none"> <li>• Provided for the preparedness response through implementing partners</li> </ul>	US\$15 million
<b>MTN/AU role</b>	<b>Financing amount</b>
<ul style="list-style-type: none"> <li>• Provided a donation of 27,000 AstraZeneca vaccine doses.</li> </ul>	~45,090

15. **This AF is being proposed at a crucial juncture in the GoL’s response to COVID-19.** A critically important change in the state of science since the early stages of the pandemic has been the emergence of new therapies and the successful development and expanding production of COVID-19 vaccines (see Annex 1 for status). The proposed AF will form part of an expanded health response to the pandemic. The activities will build on activities under the COVID-19 MPA-Program’s Liberia COVID-19 Emergency Response Project (P173812) and the REDISSE II Project (P159040), and support provided by other developing partners in the context of the overall Government’s COVID-19 response. It will also complement the health system strengthening projects under the World Bank’s existing health portfolio in the country, including (i) the Liberia Health System Strengthening Project (P128909); (ii) the Institutional Foundations to Improve Services for Health Project (P169641); and (iii) the Ebola Emergency Response Project (P152359).

**F. National Capacity and COVID-19 Vaccination Plan**

**(i) Vaccine Readiness Assessment**

16. **Liberia has conducted a vaccine readiness assessment to identify gaps and options to address them,** as well as to estimate the cost of vaccine deployment, with the support of international organizations (WHO, UNICEF, GAVI, and the World Bank) (see Table 1 below). This assessment considers the Government’s vaccine deployment strategy, described below. According to the most recent evaluation on June 7, 2021, Liberia stands at a readiness level of 83 percent, a marked improvement from the readiness level reported on December 7, 2020 (50.7 percent). Considering the uncertainties related to the COVID-19 vaccine market, including trials approval, availability, and pricing, which require flexibility and close monitoring and strong World Bank support during implementation, the assessment, as presented in Table 1, is an evolving process, which will be dynamically revised and updated as necessary to continue to inform project design and implementation. The AF has been designed to primarily address bottlenecks and gaps identified in the COVID-19 Vaccine Introduction Readiness Assessment Tool/Vaccine Readiness Assessment Framework (VIRAT-VIRAF).

**(ii) National Deployment and Vaccination Plan (NDVP) for COVID-19 vaccines**

17. **The GoL has prepared an NDVP, which draws on the findings of the VIRAF/VIRAT 2.0 assessment and gap analysis conducted on March 28, 2021.** The GoL has set the ambitious goal of vaccinating 31.2



percent of the total population (that is, 60 percent of the eligible population).<sup>7</sup> This aligns with the AU and the Africa Centers for Disease Control and Prevention (Africa CDC) 's objective for all African countries to vaccinate a minimum of 60 percent of the population to reach a minimum level of herd immunity. However, this will depend on the epidemiology of the pandemic, supply of vaccine doses, and the uptake of COVID-19 vaccines in Liberia. The vaccination campaign will be rolled out in two phases; phase 1 (2021) focuses on the priority target groups outlined in the WHO SAGE Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply (estimate: 911,003 individuals; 20 percent of the total population). These include health care workers, elderly people ( $\geq 60$  years as defined by their age-based risk and mortality), people with co-morbidities, and essential workers who cannot socially distance at their workplace. Phase two will focus on the remaining 11.2 percent of the target population (estimate: 509,758 individuals) to achieve the GoL's target of vaccinating 31.2 percent of the total population (estimate: 1,420,761 individuals). The NDVP outlines a costed deployment strategy for vaccines provided by the COVAX Facility to vaccinate 20 percent of the population. The NDVP will be updated by September 31, 2021, with support from the AF, to incorporate the deployment strategy for the remaining 11.2 percent of the population (Table 2).

18. The rollout of vaccines to the target population is expected to occur in two stages across CY21 and CY22. Table 2 presents the cost of purchasing vaccines and transport to Liberia, including freight, through the available sources, based on a 1.03 percent wastage assumption, as suggested by the COVAX Unit Cost Working Group. First, COVAX is providing 1.8 million doses of AstraZeneca to Liberia free of charge. In total, the number of doses that will be provided by COVAX will be enough to cover 20 percent of the total population, considering the 1.03 percent wastage assumption. The Government specifically opted for the AstraZeneca vaccine because the cold-chain requirements are compatible with the Liberian context. The GoL anticipates a pricing of US\$7 per dose. For vaccine deployment, supply chain and service delivery were considered. Supply chain includes CCE, syringes, safety boxes, vehicles and fuel, management of adverse events following immunization (AEFIs), and waste. Service delivery includes training, program management, and social mobilization. This brings the total World Bank contribution for vaccine purchase, shipping, and deployment to US\$8 million.

---

<sup>7</sup> The GoL aims to vaccinate 60 percent of the population who are eligible to receive the vaccine (i.e. those above 18 years). This is calculated as follows: Total Liberian population 2021: 4,553,720. An estimated 52 percent of the population people is over 18 years and eligible for the vaccine, which equals to = 2,367,934 people. Sixty percent of this eligible population translates to 1,429,761 people to be vaccinated. This target translates to an overall vaccination coverage of 31.2 percent of the total Liberian population.



**Table 1 Summary of Vaccination Readiness Findings from the VIRAT/VIRAF 2.0 Assessment: June 7, 2021**

Readiness domain	Readiness of Government	Key gaps to address before deployment
<b>Planning and coordination</b>	<ul style="list-style-type: none"> <li>The GoL, through the MOH, has established an NCC/Incidence Management System (IMS) and the National Technical Working Group (NTWG) to oversee the introduction of the COVID-19 vaccine. Its creation and the designation of the members were published through the IMS, various national newspapers, and on the MOH website in January 2021.</li> <li>The NTWG includes subcommittees for specific work streams, namely, (a) service delivery; (b) vaccine cold chain and logistics; (c) demand generation and communication; (d) prioritization, targeting, and COVID-19 surveillance; (e) M&amp;E – determination and proof of eligibility, proof of vaccination, monitoring of coverage in risk groups, and monitoring of the impact of the vaccine; and (f) prevention of injuries and detection and response to any AEFIs.</li> <li>Under the oversight of the IMS, the EPI will be responsible for the day-to-day implementation of the COVID-19 vaccine rollout in Liberia, including: (i) vaccine storage, management and delivery; (ii) administration – providing technical support for the successful administration of the vaccine. This will entail skills transfer, coaching and mentorship; (iii) planning coordination and policy, including microplanning; (iv) surveillance and safety monitoring – to ensure active safety monitoring during and after administration including detection, investigation, reporting and instigation of an appropriate public health response; and (v) injection safety and waste management.</li> <li>The NDVP for the vaccination of the priority groups (20 percent) has been finalized and adopted.</li> </ul>	<ul style="list-style-type: none"> <li>The finalization and submission of the updated NDVP for COVID-19 vaccine reflecting the remaining population.</li> <li>This is being prepared and is expected to be finalized by end of September 2021.</li> </ul>
<b>Budgeting</b>	<ul style="list-style-type: none"> <li>The budget for the COVID-19 rollout for the priority 20 percent of the population has been estimated at US\$3,850,895.</li> <li>The budget required to expand coverage to all eligible populations ≥ 18 years old, which translates to 52 percent of the population, is still to be determined.</li> </ul>	<ul style="list-style-type: none"> <li>The budget is still in process and is being prepared with support from DPs. There are uncertainties on the unit costs for vaccines and ancillary products. The budget will be finalized by September 30, 2021.</li> </ul>
<b>Regulatory</b>	<ul style="list-style-type: none"> <li>Existing legal framework: Part V of the Liberia Medicines and Health Products Regulatory Authority (LMHRA) Act, regulates the authorization for medicines to be placed on the market for human use. The act creating the establishment of the LMHRA was passed 2010.</li> <li>The Managing Director of the LMHRA has granted an official waiver for the use of AstraZeneca in Liberia consistent with the LMHRA Act and following submission of all supporting documentations.</li> <li>Indemnity and liability: In December 2020, the Government signed an Indemnity Agreement with the COVAX Facility to join the COVAX Facility no-fault compensation fund (NFCF). The NFCF will compensate patients who experience AEFIs (Box 2).</li> </ul>	<ul style="list-style-type: none"> <li>The Government is exploring indemnification, liability, and no-fault compensation clauses to cover vaccines that are procured or donated outside the COVAX Facility.</li> </ul>





Readiness domain	Readiness of Government	Key gaps to address before deployment
<b>Prioritization, targeting, surveillance</b>	<ul style="list-style-type: none"> <li>• The Government aims to vaccinate 31.2 percent of the total population (that is, 60 percent of the eligible population),<sup>8</sup> which are all adults ≥18 years old, excluding pregnant women.</li> <li>• The vaccination campaign will be rolled out in two phases:               <ul style="list-style-type: none"> <li>○ Phase 1 (2021): Focuses on 20 percent of the population (estimate: 911,003 individuals), including health care workers, elderly people (≥ 60 years as defined by their age-based risk and mortality), people with co-morbidities (people with pre-existing health conditions especially those associated with higher risk of death), and essential workers who cannot socially distance at work.</li> <li>○ Phase 2 (2022): Focuses on 11.2 percent of the population (estimate: 509,758 individuals).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The estimates of numbers needed to vaccinate per phase is not precise because of limited data.</li> <li>• Due to the uncertainties surrounding the type and quantity of vaccines available in 2021, the quantities of the vaccine that will be delivered and the intervals of the delivery are still provisional.</li> </ul>
<b>Service delivery</b>	<ul style="list-style-type: none"> <li>• Vaccination services will be conducted through predefined delivery points and outreach approaches leveraging existing vaccination platforms.               <ul style="list-style-type: none"> <li>○ Fixed delivery posts: these will include sites used for routine vaccination in all counties, including hospitals, health centers, and clinics.</li> <li>○ Outreach posts: mobile teams will vaccinate priority groups</li> </ul> </li> <li>• Guidelines for service delivery have been developed and adopted.</li> <li>• Micro-plans have been developed for the deployment of vaccines in Montserrado county</li> <li>• Two Training-of-Trainer (ToT) sessions were held in March 2021 in all the regions. The regional ToTs have trained all necessary personnel at the district level.</li> </ul>	<ul style="list-style-type: none"> <li>• A targeting strategy for priority groups will be finalized by July 31, 2021</li> <li>• Micro-plans will be updated by July 31, 2021 for the operationalization of the COVID-19 vaccination campaign for the remaining 14 counties. This will involve a bottom-up planning process with support from the central, regional, and county levels, nongovernmental organizations (NGOs), and community leaders.</li> </ul>
<b>Training and supervision</b>	<ul style="list-style-type: none"> <li>• Training of actors for the vaccination campaign in Montserrado county was conducted in March 2021.</li> <li>• A training plan and modules will be developed to train all actors involved in the vaccination campaign. Training will incorporate aspects related to planning, communication, vaccine management, M&amp;E with data collection tools, surveillance, administration strategies, vaccination schedule, safety of injections, and AEFI.</li> <li>• Training will be conducted during vaccinations by supervisors at the district, regional, and central levels with the help of a standardized supervisory matrix.</li> <li>• Supervision of the implementation of activities will be monitored on the ground by technical,</li> </ul>	<ul style="list-style-type: none"> <li>• A training plan and modules will be developed by August 15, 2021.</li> <li>• Training of actors across all levels of the health sector (central, regional, county) will be conducted by September 30, 2021.</li> <li>• Additional HR will be recruited progressively as the vaccination campaign is expanded beyond Montserrado county.</li> </ul>

<sup>8</sup> The GoL aims to vaccinate 60 percent of the population who are eligible to receive the vaccine (i.e. those above 18 years). This is calculated as follows: Total Liberian population 2021: 4,553,720. An estimated 52 percent of the population people is over 18 years and eligible for the vaccine, which equals to = 2,367,934 people. Sixty percent of this eligible population translates to 1,429,760 people to be vaccinated. This target translates to an overall vaccination coverage of 31.2 percent of the total Liberian population.



Readiness domain	Readiness of Government	Key gaps to address before deployment
	logistical, and communication supervisors at each level of the health sector.	
<b>M&amp;E</b>	<ul style="list-style-type: none"> <li>The District Health Information System 2 (DHIS2) will be adapted to incorporate the COVID-19 vaccination campaign. The DHIS2 will be used to collect data and monitor the rollout of the vaccination program.</li> <li>A digital registry has been established and is operational to enable people to register for COVID-19 vaccinations and to enable vaccinators to register, which will also enable better monitoring of the COVID-19 vaccine deployment.<sup>9</sup></li> <li><i>Data quality.</i> The electronic logistic and supply management tool (SMT), which is used for routine vaccinations, will be adapted, and used to track and monitor the deployment of the COVID-19 vaccines.</li> </ul>	<ul style="list-style-type: none"> <li>The M&amp;E framework will be finalized by August 15, 2021.</li> <li>Integration of AEFI notification in the digital registry will be completed by July 31, 2021.</li> </ul>
<b>Vaccine, cold chain, logistics, infrastructure</b>	<p>Vaccines, personal protective equipment (PPEs), and other medical and non-medical supplies.</p> <ul style="list-style-type: none"> <li>The GoL has opted for AstraZeneca vaccines due to its cold chain storage requirement of 2–8°C. The cost of vaccines and ancillary supplies for 20 percent of the population will be covered by the COVAX Facility. Liberia received its first delivery of 96,000 doses of AstraZeneca vaccines from the COVAX Facility on March 5, 2021 and deployment began on March 29, 2021.</li> <li>The World Bank will finance the costs related to vaccine procurement for 4.2 percent of the population, including costs for ancillary supplies, PPE, and operational costs.</li> <li>Additionally, the GoL received 27,000 doses of AstraZeneca as a donation from the AU/MTN Group on March 22, 2021; however, these doses expired before being deployed.</li> </ul> <p><i>Logistics</i></p> <ul style="list-style-type: none"> <li>The logistics system for the distribution of routine vaccines from the central level to the regional, county, and health facility levels will be used to distribute COVID-19 vaccines.</li> </ul> <p><i>Cold chain</i></p> <ul style="list-style-type: none"> <li>There is sufficient cold-chain storage capacity at the central and regional levels for routine vaccines and COVID-19 vaccines. However, there is insufficient cold-chain storage capacity for COVID-19 vaccines at the county and health facility levels.</li> </ul> <p><i>Waste management.</i></p> <ul style="list-style-type: none"> <li>Each county has at least one functioning incinerator to cover the incineration needs of the county. The incinerators at hospitals and major health centers are also used.</li> </ul>	<ul style="list-style-type: none"> <li><i>Vaccines, PPEs, and other medical and non-medical supplies:</i> The GoL is exploring resources to finance vaccines and cost of deployment for the remaining 21 percent. The Government is in discussions with manufacturers to determine the feasibility of acquiring additional vaccines.</li> <li><i>Logistics.</i> The needs and respective budgets for the supply chain to rollout COVID-19 vaccines for phases 1 and 2 will be finalized by August 31, 2021 and will be included in the NDVP. Additional refrigerators and freezers will also be procured under the AF to ensure effective rollout of COVID-19 vaccines.</li> <li><i>Cold Chain.</i> Due to potential energy supply shortages, off-grid solar equipment and supplies will have to be procured. Moreover, additional Cold-Chain Equipment (CCE), energy-efficient refrigerated trucks and freezers that can</li> </ul>

<sup>9</sup> <https://vaccinocovid19.sec.gouv.sn>.



Readiness domain	Readiness of Government	Key gaps to address before deployment
		<p>store vaccines, will be procured.</p> <ul style="list-style-type: none"> <li>• <i>Waste Management.</i> The HCWMP needs to be updated to include vaccines. This is expected to be finalized before Project Effectiveness.</li> </ul>
<b>Safety surveillance</b>	<ul style="list-style-type: none"> <li>• Pharmacovigilance is an integral part of the LMHRA’s function. It has the responsibility to prevent and reduce risks linked to pharmaceutical products, including the COVID-19 vaccines. A pharmacovigilance secretariat was established in 2010 and is currently headed by the Director for infectious disease epidemiology within the NPHIL along with members from the LMHRA, EPI, WHO, UNICEF, and other partners. The pharmacovigilance secretariat is responsible for the pharmacovigilance system (PVS), including surveillance of AEFI, in close collaboration with the EPI Manager. All surveillance and safety data are received from health facilities, districts, and counties, and reported through the official IDSR reporting system. The data are transmitted to the national AEFI pharmacovigilance secretariat for review and onward submission to the national AEFI causality expert committee that validates all cases of AEFI before reporting.</li> <li>• Liberia has an AEFI monitoring system to detect AEFIs. The proposed AF will support the strengthening of the PVS, particularly to improve timely reporting of all AEFI cases.</li> <li>• The existing surveillance and monitoring instruments have been adapted to include recommended indicators (vaccine coverage, acceptability, disease surveillance, AEFI, and so on.).</li> </ul>	<ul style="list-style-type: none"> <li>• Operational support for active AEFI monitoring will be provided by the AF.</li> <li>• The AF will also support the development of tools and case definitions for AEFI cases related to the COVID-19 vaccine, integration into the pharmacovigilance guide and dissemination.</li> </ul>
<b>Demand generation and communication</b>	<ul style="list-style-type: none"> <li>• A risk communication and community mobilization plan will be developed to address vaccine hesitancy and create an enabling environment for the introduction of the COVID-19 vaccine.</li> <li>• The following strategies will be implemented in this plan while respecting barrier measures: (a) advocacy with decision-makers and local leaders (including publicizing their own COVID-19 vaccination); (b) behavior change communication (messages and materials for the population); (c) social mobilization; and (d) production and dissemination of information and promotional materials.</li> </ul>	<ul style="list-style-type: none"> <li>• The AF will support the development of a risk communication and community engagement plan to address vaccine hesitancy by September 30, 2021.</li> </ul>



**Table 2: National Vaccine Coverage and Acquisition Plan**

Source of financing	Population targeted (out of 4.55 million total population)		Vaccines				Number of doses needed*	Estimated total (US\$, millions)	World Bank's VAC status of the vaccine	Contract status
	%	Number	Source	Name	Price (US\$/dose)	Shipping (US\$/dose)				
<b>Stage 1: 2021</b> (Health Care Workers, elderly people, people with co-morbidities, other essential workers who cannot maintain social distance due to the work they perform or carry out daily)										
COVAX	20.0	911,003	COVAX	AstraZeneca	0.00	1.67	1,840,773	3.1	Approved	GoL has joined the COVAX Facility
<b>Stage 2: 2022</b> (Population who are eligible to receive the vaccine (i.e. those above 18 years))										
IDA grant	4.2	191,256	World Bank	AstraZeneca/Johnson & Johnson	7	1.67	386,452	4.52	Approved	Expressed interest to self-finance additional doses from COVAX
Other partners (for example, MTN, AVATT)	7.0	318,502	TBD	AstraZeneca/Johnson & Johnson	TBD	TBD	643,564	TBD	Approved	N/A
<b>National Total</b>	<b>31.2</b>	<b>1,420,761</b>	-	<b>AstraZeneca</b>	-	-	<b>2,870,789</b>	-	<b>Approved</b>	
<p>* A 1.03 percent wastage assumption was included in the number of vaccines.            MTN/AU donated 27,000 doses of AstraZeneca vaccines to the GoL in March 2021. However, these vaccines expired on April 16, 2021 before they were deployed, so they are not included in the table.</p>										



## Box 2. Liability and Indemnification Issues in Vaccine Acquisition and Deployment

### For Liberia:

- The rapid development of vaccines increases **manufacturers' potential liability** for adverse effects following immunization.
- Manufacturers want to protect themselves from this risk by including **immunity** from suit and liability clauses, **indemnification** provisions, and other **limitation of liability** clauses in their supply contracts.
- **Contractual provisions and domestic legal frameworks** can all operate to allocate that risk among market participants, but **no mechanism will eliminate this risk entirely**.

### For COVAX-financed vaccines for AMC countries:

- COVAX has negotiated model indemnification provisions with manufacturers for vaccines purchased and supplied under the COVAX AMC.
- In providing vaccines through COVAX AMC, COVAX requests COVAX AMC participants to have in place an indemnity agreement directly with manufacturers, and the necessary indemnity and liability frameworks for that purpose—either in the form of the COVAX model indemnification arrangements or prior bilateral arrangements with manufacturers.
- The COVAX Facility will have a no-fault compensation scheme for AMC countries as part of its risk mitigation strategy. This will cover vaccines supplied only through COVAX AMC.
- Liberia will have to consider what it will take to implement these indemnification provisions (including statutory implementation) and how they can avail of the benefits of the no-fault compensation scheme.

### For vaccines purchased outside of COVAX:

- Liberia will need to enter into direct indemnification arrangements with manufacturers.
- Liberia does not currently have legislation in place to provide statutory immunity for manufacturers.
- Liberia does not have a national no-fault compensation scheme.
- Adoption of any such indemnification provisions or compensation scheme would have to be in accordance with Liberia's own national strategy and framework.

### Possible World Bank support to Liberia, depending on needs, may include:

- Information sharing on (i) statutory frameworks in Organisation for Economic Co-operation and Development (OECD) countries and other developing countries and (ii) overall experience in other countries.
- Providing training and workshops for government officials to familiarize them with the issues.
- For World Bank-financed contracts, providing Hands-on Enhanced Implementation Support (HEIS).

The project operational documents (Vaccine Delivery and Distribution Manual [VDDM]/Project Implementation Manual [PIM]) will specify clearly that the country's regulatory authority is responsible for its own assessment of the project COVID-19 vaccines' safety and efficacy, and is solely responsible for the authorization and deployment of the vaccines in the country.



## II. DESCRIPTION OF ADDITIONAL FINANCING

### A. Proposed Changes

19. **The changes proposed for the AF entail expanding the scope of activities in the parent project (Liberia COVID-19 Emergency Response Project; P173812) and adjusting its overall design.** As the proposed activities to be funded under the AF for Liberia are aligned with the original PDO, the PDO will remain unchanged. The content of the components and the Results Framework of the parent project (Annex 4) are adjusted to reflect the expanded scope and new activities proposed under the AF. The institutional arrangements of the AF will remain the same as the parent project. The project will leverage the capacity of the existing PIU, within the MOH, to ensure effective implementation of the AF. However, the capacity of the PIU will be strengthened through the recruitment of a vaccine logistic specialist, and a technical liaison officer to support the vaccination activities. The project operational documents (VDDM/PIM) will make clear that the county's regulatory authority is responsible for its own assessment of the project COVID-19 vaccines' safety and efficacy and is solely responsible for the authorization and deployment of vaccines in the country. The closing date of the parent project will be extended from April 30, 2022, to September 30, 2024.

#### (i) Proposed New Activities

20. **Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA (SPRP).** The support for vaccines when available, which was anticipated in the initial Global COVID-19 MPA, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1: Emergency Preparedness Response. Liberia will use the COVAX Facility, and potentially other sources/mechanism for vaccine purchase (AVATT, MTN, direct procurement).

21. **To support the GoL in operationalizing its vaccination plan, the AF will finance upfront TA to help Liberia in establishing institutional frameworks for the safe and effective deployment of vaccines.** The five components of the parent project will be revised to two; Component 1: Emergency Preparedness Response, which will include five subcomponents, and Component 2: Program Management and Coordination, Monitoring and Evaluation, which will include two subcomponents. The AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, through Component 1 of the project. To this end the AF is geared to assist the GoL, working with the World Bank, WHO, UNICEF and other DPs, in overcoming bottlenecks identified in the COVID-19 vaccine readiness assessment in the country. The 20 percent priority group for vaccination in Liberia is summarized in Table 3 below.



Table 3: Priority groups for vaccination in Liberia

Ranking of vulnerable group	Population group	Number of additional individuals to be vaccinated	% of population
1	Health Care Workers (that is, clinicians whose primary intent is to deliver health services)	69,390	1.5
2	Elderly people (that is, people 60+ years as defined by their age-based risk and mortality)	298,809	6.6
3	People with co-morbidities (people with pre-existing health conditions especially those associated significantly with higher risk of death)	280,589	6.2
4	Other (essential workers who cannot maintain social distance due to the work they perform or carry out daily, for example, teachers, bartenders, waiters, and waitresses)	262,215	5.8

**COMPONENT 1: INCREASED FROM US\$6.75 MILLION TO US\$14.25 MILLION**

22. **Component 1: Emergency Preparedness Response (Total: US\$14.25 million equivalent; including parent project: US\$6.75 million; AF: US\$6.5 million; TF:US\$1.0 million).** The component includes five subcomponents.

23. The original activities outlined in Components 1, 2, 3 and 4 of the parent project will be merged under Subcomponents 1.3, 1.4 and 1.5, and maintained to ensure that different levels of the health system are equipped to continue strengthening disease surveillance and preventing, detecting, and treating COVID-19 cases while the NDVP is being implemented.

24. **Subcomponent 1.1: Vaccine procurement.** This subcomponent will support costs related to: (i) the acquisition, freight and transport of COVID-19 vaccines including increased access to vaccines procured via mechanisms selected by the country (for example, COVAX, AVATT, or through bilateral options) and (ii) procurement of vaccination supplies (syringes, waste management boxes, cold boxes, vaccine carriers, alcohol prep pads, IPC material, etc.).

25. **Subcomponent 1.2: Vaccine logistics and rollout.** This subcomponent will be financed by the HEPR TF and will support: (i) coordination mechanisms at the national, regional and county levels for the preparation and deployment of vaccines; (ii) development of targeting strategies for each priority group; (iii) development of legal regulatory documents, including aspects related to personal data protection; (iv) development of operational micro-plans and budgets; (v) adoption of global tools and adaptation of the supply chain systems to best practices, including cold-chain strengthening; (vi) acquisition of ancillary supply kits (including waste management boxes, cold boxes, vaccine carriers, vaccination record cards, PPE for vaccinators, solar powered refrigerators/freezers, and related suppliers); (vii) distribution of COVID-19 vaccines to the last mile including transport, cold-chain, consumable and other operational costs to ensure equitable distribution of vaccines across all priority groups with a special focus on people with disabilities and those most vulnerable and (viii) support for staff deployment.

26. **Subcomponent 1.3: Surveillance, laboratory system strengthening, clinical care and vaccine pharmacovigilance.** This subcomponent will support: (i) case detection, confirmation, contact tracing, recording, reporting, and surveillance; (ii) laboratory system strengthening for the diagnosis of COVID-19



and other infectious diseases of public health importance and procurement of tests and consumables; (iii) activities to strengthen the acute management of clinical cases of COVID-19 patients; (iv) pharmacovigilance and monitoring of cases of AEFIs, including to (a) to develop and adapt tools and guidelines for the M&E of the vaccination campaign and detection of AEFIs; (b) train all actors involved at all levels of vaccine deployment on AEFIs; and (c) procure and disseminate emergency kits for anaphylactic shock management and reinforce health structure with resuscitation equipment.

27. **Subcomponent 1.4: Strengthening community engagement, risk communication and surveillance.** The original activities under Component 4 of the parent project will be reinforced to equip people with the necessary knowledge and motivation to adopt prevention-related behaviors and counter misinformation around the COVID-19 pandemic. Moreover, this subcomponent will also support community advocacy activities and risk management approaches to maintain enhanced demand for the COVID-19 vaccine. Specifically, the AF will support costs related to: (i) activities that strengthen community engagement and social mobilization and accountability for vaccine demand and use (e.g. develop systems for community based surveillance, multi-stakeholder engagement, training of community leaders, etc.); (ii) activities to promote behavior change and enhance risk communication; and (iii) developing messages and materials, and information dissemination and collection to ensure that information on COVID-19 and the vaccination campaign is consistent and channeled through a limited amount of recognized platforms.

28. **Subcomponent 1.5: ESS, WASH and Gender.** This subcomponent will support, and address aspects related to vaccine equity and gender inclusion and operationalize mitigation measures against sexual exploitation and assault during vaccination rollout. Given the challenges noted in the implementation of the ESS instruments under the parent project, the AF will directly finance ESS activities to ensure compliance in the implementation of the ESS instruments. The AF will also finance WASH activities in fixed, semi-fixed, and mobile health facilities to mitigate against the spread of COVID-19.

## **COMPONENT 2: INCREASED FROM US\$0.75 MILLION TO US\$1.25 MILLION**

29. **Component 2: Program Management and Coordination, Monitoring and Evaluation (Total: US\$1.25 million equivalent; including parent project: US\$0.75 million; AF: US\$0.5 million).** This component will support the financing of project management, monitoring including digital information, management, operational research, and learning. Specific areas of support include program support, monitoring of implementation, development of tracking electronic dashboards, digital registration, production of weekly progress reports, and support for rolling out eIDSR. This component includes two subcomponents.

30. **Subcomponent 2.1: Program Management and Coordination.** This component will continue supporting the coordination and management of activities under the parent project, as well as new activities introduced under the AF. Specific emphasis will be placed on building the capacity of the PIU to support the implementation of the new activities. This subcomponent will also finance the recruitment of personnel to support vaccine activities at both county and central levels, and the operational costs of the PIU.





31. **Subcomponent 2.2: Monitoring and Evaluation, Research, and Learning.** This subcomponent will continue to support national and county level M&E of the prevention and preparedness interventions, and support capacity building in M&E. It will also support the introduction of viable IT technology for remote sensing as appropriate. The subcomponent will also support the implementation of research and learning activities related to the vaccination campaign.
32. **The design of the AF incorporates lessons learnt from the REDISSE II Project, the parent project, the Ebola Emergency Response Project (EERP; P152359) and the ongoing COVID-19 vaccination campaign.**
- i. ***HR capacity strengthening needs to be a core focus of the AF:*** Previous experience has shown that, particularly under emergency situations, human resource capacity in Liberia is a persisting challenge. Given the emergency nature of the COVID-19 response, including preparations for and deployment of COVID-19 vaccines, the AF will need to reinforce human capacity both at the strategic and operational level. At the strategic level the PIU staff will need to be strengthened to manage the increased number and complexity of activities being implemented, particularly as it relates to the implementation and monitoring of environmental and social safeguards activities. At an operational level, given the challenges in capacity at the facility level, the AF will need to recruit vaccinators, last mile distributors and campaigners to ensure effective delivery of vaccines. The EPI unit will also need to be strengthened, both at the central level, to support the EPI manager, and at the operational level in counties to support the COVID-19 immunization efforts, but also ensure the maintenance of routine vaccination services.
  - ii. ***A health systems approach is critical for the sustainability of the emergency response and to strengthen the healthcare system.*** Health facility upgrades developed under the EERP have depreciated rapidly, and many could not be used to support the ongoing COVID-19 response and the ambulance management systems developed under the EERP is not functional. A health systems approach is being supported through the parent project and AF to ensure that development gains made during this period are sustained. This approach will also have a positive impact downstream, by (i) ensuring that key preparedness functions are integrated in health system including community surveillance and contact tracing; and (ii) support will be provided to the MOH under the AF to review the emergency ambulance policy so new ambulances purchased contribute to strengthening the referral system.
  - iii. ***The collaborative partnership between Government and all DPs in country has contribute to the robust response and relative low number of COVID-19 related contaminations and deaths.*** This partnership will need to be maintained for the vaccination campaign.
  - iv. ***Lessons learned from the current vaccination campaign:*** The low uptake rate of COVID-19 vaccines during the first month of the campaign was due to (i) limited preparation of the system, (ii) inadequate number of vaccination facilities and vaccinators; and (iii) high levels of vaccine hesitancy among the population, including healthcare workers. These factors have been addressed by the EPI unit, which has seen a significant increase in uptake, with 74,396 people being vaccinated over the past 8 weeks versus only 7,000 people being vaccinated during the first four weeks of the campaign. Key actions implemented include: (a) the expansion of vaccination facilities in Montserrado County; (b) strengthening of the communication campaign and increasing the number of mobile outreach for community sensitization; and (c) use of influencers such as politicians and religious leaders to promote the COVID-19 vaccine and instill confidence in the population.

**(ii) Financing Arrangements**

33. The increase in scope as outlined above will be reflected in an increase in indicative component allocation from US\$7.5 million to US\$15.5 million, with the full amount of the AF being added under the revised Components 1 and 2 (see Table 4 below). While the allocation to Component 1 will be about US\$7.0 million to reflect, the AF made available for vaccine procurement, deployment and M&E, the allocation to Components 2 will be US\$1.0 million, with a focus on project management, coordination and M&E. Financing from the HEPR TF of US\$1.0 million will support vaccine logistic and rollout activities outlined under Subcomponent 1.2. There is no retroactive financing planned under the project.

**Table 4: Project Cost and Financing**

<b>Component</b>	<b>Current allocation</b>	<b>AF</b>	<b>HEPRTF*</b>	<b>Revised allocation</b>
<b>Component 1: Emergency Preparedness and Response for COVID-19</b>	<b>6.75</b>	<b>6.50</b>	<b>1.00</b>	<b>14.25</b>
<b>Subcomponent 1.1:</b> Vaccine procurement	-	4.52	0.00	4.52
<b>Subcomponent 1.2:</b> Vaccine logistics and rollout	-	0.00	1.00	1.00
<b>Subcomponent 1.3:</b> Surveillance, laboratory system strengthening, clinical care and vaccine pharmacovigilance	5.00	1.08	0.00	6.08
<b>Subcomponent 1.4:</b> Strengthening community engagement and risk communication and surveillance	1.75	0.50	0.00	2.25
<b>Subcomponent 1.5:</b> ESS, WASH and Gender	-	0.40	0.00	0.40
<b>Component 2: Program Management and Coordination M&amp;E</b>	<b>0.75</b>	<b>0.50</b>	<b>0.00</b>	<b>1.25</b>
<b>Subcomponent 2.1:</b> Program Management and Coordination	0.375	0.30	0.00	0.675
<b>Subcomponent 2.2:</b> M&E, Research, and Learning	0.375	0.20	0.00	0.575
<b>Total (US\$, millions equivalent)</b>	<b>7.50</b>	<b>7.00</b>	<b>1.00</b>	<b>15.50</b>
<i>Note: * = Health Emergency Preparedness Response TF.</i>				



**Table 5: Summary of COVID-19 Vaccine Sourcing and World Bank Financing**

National plan target (population%) <sup>10</sup>	Source of vaccine financing and population coverage				Specific vaccines and sourcing plans	Doses purchased with World Bank finance (2 doses assumed)	Estimated allocation of World Bank financing
	COVAX grant	World Bank-financed		Other			
		Through other mechanisms	Through direct purchase				
Stage 1: 20.0% Stage 2: 11.2%	20.0% -	- 4.2%	- -	7.0%	COVAX Facility is providing vaccines for 20 percent of the population. The World Bank is financing vaccines for 4.2 percent of the population through direct purchase through the COVAX Facility primary or alternative sources, if necessary	386,452	<b>Purchase:</b> US\$4.52 million  <b>Deployment:</b> US\$1.70 million  <b>Other:</b> US\$1.78 million  (Other financing for COVID-19 preparedness and response M&E; ESS, WASH, gender)

**(iii) Changes in Institutional Arrangements for NDVP Implementation and Oversight**

34. **The implementation arrangements of the AF will remain the same as the parent project. The deployment of COVID-19 vaccines will be an unprecedented effort for Liberia, but the country has put in place appropriate coordination mechanisms for effective vaccine deployment.** The COVID-19 National Steering Committee of the parent project and REDISSE II Project (NCC/IMS) will continue to be responsible for providing overall oversight and governance of the project, including the deployment of plans and monitoring of project implementation. The Steering Committee is chaired by the MOH and includes representatives from other ministries (for example, Ministry of Agriculture), the Environmental Protection Agency (EPA), and NPHIL. The Steering Committee is currently overseeing the updating of the NDVP to expand coverage beyond the 20 percent priority population. The project will leverage the capacity of the existing PIU, within the MOH, to ensure effective implementation of the AF. The PIU currently manages the entire World Bank health sector portfolio in Liberia, including the REDISSE II Project, and includes designated Technical Coordinators for each project. Similar to the parent project, the PIU will also be responsible for the day-to-day management of the AF including: (i) coordinating activities; (ii) ensuring proper fiduciary management; (iii) preparing consolidated work plans and budget; and (iv) preparing quarterly project and Environmental and Social Framework (ESF) reports, and M&E of project results. The PIU will be strengthened through the recruitment of a vaccine specialist as a technical coordinator and an environmental and social safeguards specialist. The proposed institutional arrangements are based on lessons learned from the coordination and implementation of the ongoing health projects (REDISSE II and the parent project).

<sup>10</sup> Includes 3 percent wastage; adding Stage 1 and 2 comes to a total larger than 57.3 percent because of population growth.



35. **The EPI, within the MOH, will be responsible for the technical implementation of the new activities under the AF.** Similar to most countries, the EPI's main activities include routine vaccination for children, supplementary vaccination activities, and surveillance of vaccine preventable diseases. Vaccination strategies employed include vaccination at fixed posts, outreach vaccinations, and mobile posts, complemented by other ad hoc approaches like active finding of lost cases. The programs activities are coordinated at the central level by the EPI unit of the MOH; at the county level by the County Health Officer, who oversees the planning, implementation, and evaluation of immunization activities; and at the district and health facility levels by the district health officers, who oversee the day-to-day EPI activities.<sup>11</sup> According to the Global Health Security Score Index report, Liberia's immunization capacity is lower than average (Liberia = 39.5 percent, average of 195 countries assessed = 85 percent). The MOH has established an EPI technical working group (TWG) to strengthen coordination at the central level, and provides technical guidance and recommendations for implementation, under the stewardship of the office of the Deputy Minister for Administration. The AF will strengthen the capacity of the EPI program at the central level through targeted TA to support effective coordination and deployment of the COVID-19 vaccine. The AF will also support, (i) the acquisition of CCE for gaps identified at the county and district levels; (ii) rehabilitation of cold chain storage units; and (iii) training and deployment of HR for the vaccination campaign. This support will ensure that the EPI program has sufficient capacity to simultaneously deploy the COVID-19 vaccine, and routine immunizations for children in the short-to-medium term.

**(iv) Changes in the disbursement categories**

36. **The project's disbursement categories will be modified to include a disbursement category for the HEPR TF resources.** Disbursements will be frontloaded to respond to the urgent need for financing of operational costs of the vaccination campaign and strengthening the communication and community mobilization campaign to address vaccine hesitancy and create vaccine demand. However, delays may be experienced due to the limited availability of the vaccines through the COVAX Facility, the AVATT mechanism, and other sources (donations, direct purchase etc.). An update on expected arrival of vaccines in the country will be provided during the second half of 2021. The Government is engaging with the COVAX Facility, AVATT and manufacturers to ensure that vaccines arrive in-country on time.

**(i) Results Framework**

37. To measure overall progress in the coverage and deployment of the COVID-19 vaccine, and the gender gaps the project can address, the results framework has been modified. Table 6 presents a list of new PDO and intermediate indicators.

---

<sup>11</sup> Liberia MOH. Epi Comprehensive Multi Year Plan (cMYP) 2016-2020.  
[http://www.africanchildforum.org/clr/policy%20per%20country/2018%20Update/Liberia/liberia\\_comprehensivemultiyearplan\\_2016-2020\\_2016\\_en.pdf](http://www.africanchildforum.org/clr/policy%20per%20country/2018%20Update/Liberia/liberia_comprehensivemultiyearplan_2016-2020_2016_en.pdf)



<b>Table 6: Summary of new PDO and intermediate indicators</b>		<b>Modifications</b>
<b>PDO Indicators</b>		
1.	Population completely vaccinated against COVID-19 (by gender) (percentage)	New
2.	Counties with at least two facilities providing COVID-19 vaccination services (percentage)	New
<b>(*) Intermediate Indicators</b>		
<b>Component 1: Emergency Preparedness Response</b>		
1.1	1. COVID-19 vaccine doses procured	<b>New</b>
1.2	2. National, sub-national, facility-based, and mobile staff trained in COVID-19 vaccine cold chain, storage, and handling (by gender) (number)	<b>New</b>
1.2	3. Facilities equipped (installation complete) with energy-efficient storage facilities for storing specimens and temperature-sensitive medical supplies (number)	<b>New</b>
1.3	4. PVS system adapted to detect AEFI following administration of the COVID-19 vaccine (Yes/No)	<b>New</b>
1.3	5. AEFI reported via the electronic notification system (percentage)	<b>New</b>
1.4	6. Community engagement plan developed to increase the population’s demand for the COVID-19 vaccine (Yes/No)	<b>New</b>
1.4	7. Counties where radio stations broadcast awareness campaigns on COVID-19 and the COVID-19 vaccination campaign (number)	<b>New</b>
1.5	8. Vaccinators trained on sexual exploitation and abuse/sexual harassment (SEA/SH) (by gender) (number)	<b>New</b>
<b>Component 2: Program management and coordination, M&amp;E</b>		
	1. Counties with budgeted micro-plans for the vaccination campaign (number)	<b>New</b>
	2. Training of PIU staff (number)	<b>New</b>
	3. Grievances addressed within the stipulated timeframe (percentage)	New
<i>Note</i> *: Numbers in the brackets refers to the subcomponent being monitored by the indicator		

**B. Sustainability**

38. **There is strong political commitment from the GoL to mobilize financial resources for COVID-19 response, including for vaccine purchase and deployment.** Having the funds through the proposed AF for vaccine purchase and deployment will establish an enabling environment for other donors, multilateral development banks, and United Nations (UN) agencies to also support efforts in the country. Investments under the parent project and the AF are expected to strengthen the health system in the country, ensuring institutional sustainability to deal with infectious diseases.

**III. KEY RISKS**

39. **The overall risk to achieving the PDO with the expanded scope and AF for vaccination is High.** This reflects a variety of risks across critical domains, including political, governance, technical design, institutional capacity for implementation, fiduciary, environmental, and social, which could compromise the success of the proposed operation. The global demand for vaccines continues to exceed supply, and



vaccines that meet the World Bank's VAC may not be available to be acquired in a timely manner. Moreover, a mass vaccination effort stretches capacity, particular in low-capacity environments such as Liberia, entailing risks. The proposed support for Liberia to develop vaccination acquisition strategies and invest in deployment system capacity specifically aims to mitigate these risks. The remaining risk must be considered against the risk of the country having less timely and effective deployment of vaccines, potentially exacerbating development gaps and eroding past development gains.

40. **The political and governance risks to the project remain Substantial.** The global pressure to accelerate vaccinations of the population and increasing numbers of highly contagious variants circulating on the continent, coupled with the limited availability of vaccines that meet the World Bank's VAC, could create undue pressure to: (i) advance rapidly in the procurement of vaccines before they have been properly certified; and (ii) deploy before critical infrastructure has been put in place. The GoL's collaborative approach with leading health partners to develop its national COVID-19 vaccination strategy and to use established channels to obtain vaccines (e.g., COVAX Facility) will help mitigate these risks. The AF will also mitigate these risks by only financing the procurement and deployment of vaccines that meet the World Bank's VAC eligibility requirements. A second risk relates to the capacity and commitment of local authorities to ensure appropriate targeting of vaccines to priority populations based on objective public health criteria, and to avoid elite capture. In addition, there are risks of fraudulent attempts to gain access to vaccines by subverting approved protocols for priority populations. The GoL's adherence to the COVAX Facility will mitigate this risk, given its requirement that all NDVPs be reviewed by an independent panel led by WHO before shipment of vaccines, to ensure alignment with recommendations provided by the WHO's SAGE Values Framework. Recent lessons learnt from the ongoing vaccination campaign in Liberia confirms that the approach currently in place is working to ensure that only priority populations access vaccines at this stage of the campaign and that there is no elite capture. The AF will reinforce the current approach by supporting the GoL in implementing rigorous vaccine oversight, verification, and monitoring regime, and anticorruption guidelines for vaccine procurement and deployment, including support to improve the traceability of supply. Additional mitigation measures include the application of the anticorruption guidelines for vaccine purchase and deployment, and robust financial management (FM) and oversight of the use of funds, as elaborated in the fiduciary risk section below. There are risks related to indemnification, particularly for vaccines procured outside of the COVAX Facility. The AF will modify these risks by providing technical support to the GoL, if requested, on how to establish and managed a no-fault-compensation scheme for vaccines procured outside the COVAX Facility.

41. **The residual macroeconomic risk remains Substantial,** as Liberia is experiencing fiscal pressures with limited additional fiscal space for the purchase of vaccines for deployment at scale and to maintain support for the COVID-19 response. The proposed AF specifically aims to mitigate this risk by providing financing for vaccine purchase and promoting the prioritization of vulnerable groups. Residual macroeconomic risk will remain as the country aims to scale vaccine access to meet the country's coverage target.

42. **The residual risk related to the technical design of the project has been increased from Low to High.** These risks relate to: (i) uncertainties around the availability and timing of the delivery of COVID-19 vaccines given the global demand, and the capacity of the supply chain to implement such a large-scale immunization effort under the current COVID-19 context; (ii) the fact that even if vaccines procured and deployed meet all the required approvals (e.g. SRA's), they may not be the most effective given the rapid



evolution of the virus, concerns around the possible emergence of highly transmissible, vaccine-resistant COVID-19 variants,<sup>12</sup> and the fact that Liberia's immunization infrastructure can only effectively deploy vaccines at scale with a specific cold-chain requirement (2–8°C); (iii) limited global supply of medical equipment, COVID-19 tests, PPEs and other medical supplies needed to control the pandemic; and (iv) the complexity of this mass vaccination campaign, including the requirement to identify target populations with specific characteristics (e.g. certain comorbidities), and vaccinate them at two separate time points, through a strained health system and in a context of pandemic fatigue coupled with vaccine hesitancy. To mitigate this risk, the World Bank is working closely with the GoL, key technical units within the MOH, and technical and financial DPs (GAVI, WHO, UNICEF, USAID etc.) to support the country in the planning, coordination, and in future, the implementation of the AF activities, which will also include support for the response to rapidly adapt and course-correct, given the many uncertainties.

43. **The residual risk for sector strategy and policies remain Substantial.** Although the country has developed the NDVP, the plan only informs the Government's approach for coverage of 20 percent of the population. The GoL will need to update the NDVP to reflect its target of vaccinating 31.2 percent of the total population (that is, 60 percent of the eligible population) by September 30, 2021.<sup>13</sup> Moreover, additional policies and guidelines will need to be developed for the deployment of COVID-19 vaccines (e.g., Policies related to data protection, indemnification, etc.). To mitigate this risk, the AF will support the GoL in updating the NDVP, and provide technical and financial assistance to support the development of key policies and strategies to be implemented.

44. **The AF is designed to address key institutional capacity risks related to vaccine procurement and deployment; however, the residual risk will be increased from Substantial to High.** Notwithstanding the moderate performance of the EPI program in Liberia, vaccine deployment, cold chain, and distribution capacities are currently inadequate and need to be strengthened given the anticipated scale of the COVID-19 vaccination campaign. The AF will mitigate these risks by providing technical and financial support to immunization system strengthening through the acquisition of CCE for gaps identified at the district level, rehabilitation of cold-chain storage units, and support training, and the deployment of HR for the vaccination campaign. The support will also ensure that the EPI program has sufficient capacity to simultaneously deploy COVID-19 vaccines, and routine immunizations for children in the short-to-medium term.

45. **Stakeholder residual risk is elevated from Low to High, due to high levels of vaccine hesitancy observed during the initial stages of the vaccination campaign.** The climate of increased vaccine hesitancy has been due to: (i) the population's perceived concerns and increased public anxiety around the accelerated pace of vaccine development; (ii) misinformation, rumors, and misconceptions conveyed through social media and certain communication outlets; and (iii) the emergence of COVID-19 variants and some reports of the reduced efficacy of some vaccine candidates against certain variants. On the

---

<sup>12</sup> Nature (February 8, 2021): Variant-proof vaccines – invest now for the next pandemic. This article reports that two clinical trials suggest reduced efficacy in preventing mild to moderate COVID-19 in individuals infected with the B.1.351 COVID-19 variant, source: <https://www.nature.com/articles/d41586-021-00340-4>.

<sup>13</sup> The GoL aims to vaccinate 60 percent of the population who are eligible to receive the vaccine (i.e. those above 18 years). This is calculated as follows: Total Liberian population 2021: 4,553,720. An estimated 52 percent of the population people is over 18 years and eligible for the vaccine, which equals to = 2,367,934 people. Sixty percent of this eligible population translates to 1,429,760 people to be vaccinated. This target translates to an overall vaccination coverage of 31.2 percent of the total Liberian population.



other hand, additional risks could emerge during implementation in the form of pressure from groups that cannot access vaccines in the initial phases due to limited vaccine availability and/or restricted deployment capacity. The generalized anxiety around the vaccines is compounded by pandemic fatigue being experienced by communities, who also worry about potential economic impacts of future lockdowns. These risks could be exacerbated by a lack of transparency in the dissemination of information by the government around the vaccines and the continued response against the pandemic. The AF will mitigate these risks through the development and implementation of an integrated credible and culturally sensitive risk communication and demand creation strategy, which will prioritize the provision of accurate information on, among other things, the manufacturing process, vaccine safety, vaccine benefits, and management of AEFIs. The AF will support the Government in promoting its policy of voluntary COVID-19 vaccination, and support community uptake by publicizing the vaccination of higher-level government officials. The AF will also amplify messaging around the pandemic and the government's response.

46. **The residual fiduciary risks will remain Substantial.** The procurement and FM risks initially assessed for the parent project cover risks associated with the procurement and distribution of vaccines, including fraud and corruption risks. Risks specific to the vaccines include:

- **Procurement:** The key procurement risk associated with vaccines relates to: (a) the complexity of the vaccines market given the significant market power enjoyed by vaccine manufacturers; (b) inability of the market to supply adequate quantities of vaccines to meet the demand; (c) the limited market access due to advance orders by developed countries; (d) weak bargaining power by individual countries; and (e) delays in triggering emergency procurement procedures which could delay procurement and contract implementation including payments. The risks under this AF will be mitigated by providing options to support the country's needs for direct or advance purchase, including TA.
- **Fiduciary Management:** The key FM risk relates to lack of adequate controls over transparent prioritized distribution and application of vaccines, particularly for the most vulnerable population groups. This AF will use the same options as in the parent project to assess and strengthen control systems, facilitate the timely flow of funds, and ensure adequate liquidity to finance project activities.

47. **The environmental and social risks remain Substantial.** Key social and environmental risks are those related to (a) medical waste management and disposal; (b) the spread of the virus among health care workers and the population at large; (c) occupational and community health and safety issues related to testing, handling, transporting, disposing of supplies and medical samples, and upgrading of designated health facilities/laboratories; (d) marginalized and vulnerable social groups being unable to access vaccines provision, facilities, and services designed to combat the disease; (e) social conflict, and risks to human security resulting from diagnostics testing, limited availability of vaccines, and social tensions related to the difficulties of a pandemic situation; (f) SEA/SH risks among patients and health care providers, especially in relation to distribution of lifesaving vaccines; (g) labor influx, related to the rehabilitation of existing health facilities; (h) inappropriate data protection measures and insufficient/ineffective stakeholder communication on the vaccine rollout strategy; and (i) risks associated with AEFI. Certain activities under the project may include the collection and processing of personal data. The Recipient will manage the collection and processing of such personal data in





accordance with international best practices with a view to ensure the legitimate, appropriate and proportional use of such data. The Government does not intend to use the military or security personnel for the implementation of this proposed AF, particularly in the distribution of vaccines.

48. **Possible risks and impacts are considered mostly temporary, predictable, and/or reversible, but they could become widespread given the highly infective nature of COVID-19.** These risks are covered by ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10. The World Bank's due diligence assessment of the AF potential environmental and social risks and impacts are summarized in the Environmental and Social Review Summary (ESRS) that has been prepared and disclosed on June 24, 2021. To mitigate these risks, the MOH has updated the Environmental and Social Commitment Plan (ESCP) and the SEP for the AF to incorporate recommendations and actions proposed during a recent environmental and social review of the parent project (see Annex 6 for details). The updated ESCP and SEP of the AF have been discussed, agreed upon and were disclosed in country and World Bank external website on June 24, 2021, respectively. The ESMF for the AF will be updated and re-disclosed no later than one (1) month after AF effectiveness. The updated ESMF will contain provisions for storing, transporting, and disposing of contaminated medical waste and will outline guidance (in line with international good practice and WHO standards on COVID-19 response) on limiting viral contagion in health care facilities. The Labor Management Procedures (LMP) for the AF will be prepared, approved and disclosed within one (1) months of AF effectiveness, as agreed in the disclosed ESCP, and HCWMP will be finalized and disclosed within one months of AF effectiveness, as agreed in the ESCP. The MOH will also update the SEA/SH Prevention and Response Action Plan (SEA/SH AP) originally prepared for the Institutional Foundations to Improve Services in Health (IFISH) Project (P169641) to properly address SEA/SH risks related to the AF activities. This will be finalized within one month of AF effectiveness.

49. **The project integrates within the ESCP the timelines for updating the ESMF, LMP, and HCWMP.** The ESMF will be used to manage the environmental and social risks and impacts, and the contractors waste management plan will be updated to align with the guidance provided under the vaccine and safeguard instruments. Moreover, the MOH will develop an action plan of core ESS activities, which will be supported by the AF. The AF will support the establishment of a functional grievance redress mechanism (GRM), with all Grievance Redressal Committees to be operational no later than two months after AF effectiveness.

50. **The environmental and social risks will be mitigated through several measures to ensure that vaccine delivery targets the most vulnerable populations, particularly women, the elderly, poor, disabled, and minorities in accordance with the criteria outlined in the NDVP.** The AF will provide both financial and technical support for the development of a clear, contextually appropriate and well-communicated targeting strategy and implementation plan. The Recipient should ensure that this plan is subject to timely and meaningful consultations in accordance with ESS 10. There should be consensus to first target health workers, other essential workers, and the most vulnerable populations, which will include a mix of the elderly, people with co-morbidities, and people in high population density locations such as slums. The World Bank will also continue to provide technical and implementation support to mitigate this risk.

51. **An additional risk is the potential for increased incidences of reprisals and retaliation especially against health care workers and researchers.** This risk will be mitigated through the explicit inclusion of



health care workers in the stakeholder identification and consultation processes. Equally, it will be critical to have clarity on the risks that may arise related to any mandatory aspect of the national program in future and whether and how this mandatory element relates to cultural, social, and traditional community practices and values. Such risks need to be considered given the mitigation hierarchy and need to be balanced against the health-related requirements of any mandatory vaccination program. Lastly, the functional GRM mechanism, to be established no later than two months after AF effectiveness, should be equipped to address community, worker, and/or individual grievances related to the vaccination campaign, including issues related to labor and working conditions and SEA/SH.

#### IV. APPRAISAL SUMMARY

##### A. Technical, Economic and Financial Analysis

52. **The economic rationale for investment in a COVID-19 vaccine is strong, considering the massive and continuing health and economic losses due to the pandemic.** As of June 17, 2021, an estimated 176 million COVID-19 cases have been confirmed globally, including 3.8 million deaths.<sup>14</sup> In 2020, the global economy contracted by 4.3 percent, and 3.7 percent in Sub-Saharan Africa, and the resurgence in COVID-19 over recent months has dampened the recovery. While growth is forecast to resume in 2021, output is expected to remain 5.2 percent below pre-pandemic projections,<sup>15</sup> and cumulative losses from the pandemic between 2020 and 2021 are expected to exceed more than US\$12 trillion globally.<sup>16</sup> In 2020, the COVID-19 crisis caused a 61 percent fall in per capita income in Sub-Saharan Africa, and 25 percent of African countries expect to lose more than a decade of income gains with per capita income projected to be lower than it was in 2019.<sup>17</sup>

53. **In 2020, the COVID-19 pandemic pushed an estimated 119–124 million people into poverty,<sup>18</sup> with the global number of COVID-19-induced poor set to increase to around 143–163 million people in 2021.** More than one-third of these COVID-19-induced poor are expected in Sub-Saharan Africa where four in ten people already live in extreme poverty. Moreover, the crisis threatens over a decade of human capital gains and could impede future prospects for poverty reduction by adversely affecting longer-term productivity growth. School closures due to the pandemic will contribute to losses in learning-adjusted school years by a third, to a full year, and as in previous crises, school dropouts among vulnerable groups will increase, leading to a reduction in skills development. These losses, coupled with the erosion in skills among workers experiencing prolonged spells of unemployment, who may be discouraged to remain in the labor force will lead to lower future earnings, increase income disparities, and dent human capital.

<sup>14</sup> WHO (February 13, 2021). WHO Coronavirus Disease (COVID-19) Dashboard. Source: <https://covid19.who.int>

<sup>15</sup> The WBG (January 2021). Global Economic Prospects. Source: <https://www.worldbank.org/en/publication/global-economic-prospects>

<sup>16</sup> The Guardian (October 13, 2020). IMF estimates global COVID costs at US\$28 tn in lost output. Source : <https://www.theguardian.com/business/2020/oct/13/imf-covid-cost-world-economic-outlook>

<sup>17</sup> The WBG (January 2021). Global Economic Prospects. Source: <https://www.worldbank.org/en/publication/global-economic-prospects>

<sup>18</sup> World Bank (January 11, 2021). Updated estimates of the impact of COVID-19 on global poverty: Looking back at 2020 and the outlook for 2021.



54. **There is a strong economic case for investing in integrated disease surveillance and response systems as well as COVID-19 vaccines, given the massive and continuing health and economic losses due to the pandemic.** Moreover, the successful development, production, and delivery of a vaccine has the best potential to reverse these trends, generating benefits that will far exceed vaccine-related costs. Indeed, a rapid and well-targeted deployment of a COVID-19 vaccine can help reduce the increases in poverty and accelerate economic recovery. Public health measures, such as social distancing, masks, testing, and contact tracing, will still need to continue in an effective manner until the supply of vaccines is enough to cover the entire population. Even at levels of imperfect effectiveness, a COVID-19 vaccine that is introduced and deployed effectively to priority populations can assist in significantly reducing mortality and the spread of COVID-19 and accelerating a safe reopening of key sectors that are affected. It can also reverse human capital losses by ensuring schools are reopened.

55. **The effective administration of a COVID-19 vaccine will also help avoid the associated health care costs for potentially millions of additional cases of infection and associated health-related impoverishment.** Global experience with immunization against diseases shows that by avoiding these and other health costs, vaccines are one of the best buys in public health. For the most vulnerable population groups, especially in countries without effective universal health coverage, the potential health-related costs of millions of additional cases of COVID-19 infection in the absence of a vaccine represents a significant or even catastrophic financial impact and risk of impoverishment. The pandemic is also having dire effects on other non-COVID-19 health outcomes. Increased morbidity and mortality due to interruption of essential services associated with COVID-19 containment measures hinder access to care for other health needs of the population, including maternal and childcare services; routine immunization services have been affected, threatening polio eradication and potentially leading to new outbreaks of preventable diseases, with their own related deaths, illnesses, and long-term costs. Simultaneous epidemics are overwhelming public health systems in different countries that had few resources to begin with, and services needed to address the needs of people with chronic health conditions and mental and substance use disorders have also been disrupted.

56. **While the uncertainty around the costs and effectiveness of a COVID-19 vaccine makes it difficult to calculate its cost-effectiveness, the effective launch of a COVID-19 vaccine will have direct benefits in terms of averted costs of treatment and disability, as well as strengthened health systems.** Estimated COVID-19 treatment costs from low- and middle-income countries is at US\$50 for a non-severe case and US\$300 for a severe case. This excludes costs of testing of negative cases as well as the medical costs associated with delayed or forgone care-seeking, which usually results in higher costs. The estimated costs of vaccinating 24.2 percent of the population of Liberia are at US\$8 million. Even if the vaccine averts non-severe cases and no other benefits are taken into account, the investment will break even. Further, investments in vaccine delivery systems generate health and economic benefits beyond just delivering the COVID-19 vaccine. First, investments in last-mile delivery systems to administer the COVID-19 vaccine to remote communities will require strengthening community health systems, which can have spillover effects on effective delivery of other services, helping close the significant urban-rural gap. Second, as the COVID-19 vaccine is introduced and lockdowns and movement restrictions are eased, patients can continue to access care for other conditions. Third, the economic benefits of slowing down the economic downturn are likely to significantly exceed the US\$8 million needed to vaccinate 24.2 percent of the population, leaving aside the immediate health benefits. Given both the economic and health system benefits, an effectively deployed COVID-19 vaccine presents significant benefits.



## B. Financial Management (FM)

57. **In line with guidelines as stated in the FM Practices Manual issued by the FM Sector Board on March 1, 2010, and re-issued on February 10, 2017, an FM assessment was conducted for the parent project.** The key FM risks are related to: (a) untimely funds flow or lack of liquidity and (b) lack of adequate controls over the transparent, prioritized distribution and application of vaccines, particularly for the most vulnerable population groups. This AF will use the same arrangements as in the parent project to assess and strengthen control systems, facilitate the timely flow of funds, and ensure adequate liquidity to finance project activities. The external auditors will be required to verify and provide additional assurance on the acquisition, use, and inventory of the vaccines.

58. **The residual fiduciary risk associated with the AF is Substantial, which is expected to leave unchanged the current fiduciary risk to the parent project. Annex 5 contains details of the FM assessment.**

## C. Procurement

59. **Procurement under the AF will be carried out in accordance with the World Bank's Procurement Regulations for Investment Project Financing (IPF) Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated November 2020.** As with the parent project, the AF 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.

60. **The major planned procurement under this AF will include:** (a) COVID-19 vaccines; (b) ultra-cold vaccine fridges; (c) syringes, vaccines waste liners and containers; (d) vaccines carrier vehicles; (e) lamination machines for laminating vaccination cards and their consumables; and (f) oxygen plants, back-up solar equipment, X-rays, and CT scans.

61. **The current demand for COVID-19 vaccines in the world exceeds the supply in the market which makes it more difficult for client countries to negotiate terms and conditions.** Procurement of COVID-19 vaccines will therefore largely follow Direct Selection: either purchase through the COVAX Facility as an AMC country, AVATT or direct purchase from manufacturers. The World Bank will provide procurement support if there is a need to procure COVID-19 vaccines from other identified authorized sources. Contracts for vaccines purchase financed by the World Bank will be subject to the World Bank's prior review irrespective of value and procurement approach. Procurement arrangements (volumes, prices, payment arrangements, freight arrangements, role of procurement agents, number of vaccine contracts, allocation, and so on) for vaccines through the COVAX Facility, the AVATT, and other manufacturers are still being finalized. The World Bank will review all submissions at the time of contract within the context of the global price reference range at the time of purchase. The World Bank will also explore a possibility to finance the freight costs of vaccine doses should the Government opt for purchasing from the COVAX Facility beyond the AMC country allocation of 20 percent of the population.

62. **Options may include among others:** (a) **streamlined competitive procedures with shorter bidding time;** (b) **use of framework agreements,** including existing ones; (c) procurement from UN



agencies enabled and expedited by the World Bank procedures and standard agreements; and (d) increased thresholds for Requests for Quotations and national procurement, among others.

63. **Procurement implementation will be undertaken by the MOH with support from the EPI program. The Finance, Procurement, and Supply Directorates of the MOH are responsible for procurement processes, with technical inputs and contract management from the appropriate health directorates and units.** The procurement team of the MOH, who are currently working on the COVID-19 parent project, and the CERC of the REDISSE II Project (P159040) will continue to work on the proposed second AF for the COVID-19 vaccines. In view of the number of projects that are currently being implemented by the MOH, the recruitment of an additional procurement specialist has commenced. The process of selection will be completed soon.

64. **The Recipient has prepared a Project Procurement Strategy for Development (PPSD) which details the current client capacity (strengths and weaknesses),** the market dynamics and procurement trends, and a procurement strategy to propose the appropriate procurement approaches and packages for the COVID-19 vaccines procurement and related activities. The procurement plan for 18 months has been prepared. Both the PPSD and the procurement have been approved and are live documents which are subject to change during project implementation.

65. **Upon the Borrower’s request, the World Bank has agreed to offer HEIS to support the Borrower’s implementing agency(ies) in procuring COVID-19 vaccines that meet the World Bank’s VAC.** HEIS for vaccines may include hands on support to Borrowers in negotiating contract conditions with manufacturers/suppliers, among other activities.

66. **The procurement risk is Substantial.** The World Bank’s oversight for procurement will be done through increased project implementation support and HEIS, where requested by the Recipient. The World Bank’s standard prior- and post-review arrangements will apply as specified in the procurement plan. The World Bank or a third-party Supreme Audit Institute (SAI) will undertake Procurement Post Review (PPR) for the post-review contracts under the AF.

**D. Legal Operational Policies**

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

**E. Environmental and Social**

67. **The project undertook an ESS review inline to assess the level of implementation of the ESS covenants.** The main cause of non-compliance was the non-adoption and disclosure of the ESMF and LMP. The project initially planned to update and disclose the ESMF and LMP of the REDISSE II project thirty days after effectiveness of the parent project. However, this was not achieved due to a number of operational challenges. The review found that the Project moderately satisfied the requirements outlined in the ESCP.



In view of the findings, and to ensure ESS compliance under the AF, the review recommended the actions below. Annex 6 outlines actions the AF will implement to achieve these recommendations.

- a. The COVID-19 Vaccine AF should update and re-disclose the ESMF, SEP and LMP.
- b. One social safeguards officer with experience in SEA/SH should be hired to support implementation of SEP, LMP and ESMF, and manage risks related to GBV
- c. The project should investigate further the establishment and functionality of the contractor's implementation of the LMP, to identify unmitigated material residual impacts as a result of the absence of the instruments during the rehabilitation works under the parent project.
- d. A functional GRM should be more thoroughly rolled out for the management of grievances for project workers, project beneficiaries and the citizens.
- e. Stakeholder engagements should more consciously target vulnerable groups and people living with disability, and the AF should allocate resources for community-based organization and civil society organization for downstream engagement.
- f. Removal of ash at the 14th Military Hospital, which is improperly stored, to a designated facility to mitigate the likelihood of pollution from ash due to storm or rain.
- g. To move away from open pit burning of biomedical waste to the use of the incinerator installed at the National Reference Lab, NPHIL.

68. **Activities under the AF will have positive environmental and social impacts** with monitoring and containment of COVID-19. However, it could also cause environment, health, and safety risks due to the dangerous nature of the pathogen (COVID-19) and the reagents and equipment used in the project-supported activities. Facilities treating patients may also generate biological, chemical waste and other hazardous by-products that could be injurious to human health. These risks will be mitigated with occupational health and safety (OHS) standards and specific infection-control strategies, guidelines, and requirements as recommended by the WHO and the CDC. Effective administrative and infection-controlling and engineering controls will be put in place to minimize these risks. Climate change can affect the trajectory of the COVID-19 pandemic and impact groups that are most susceptible to the virus including health care workers, the elderly, those with pre-existing conditions, people with disabilities, and other disadvantaged groups. These vulnerabilities will be addressed through targeting and improving health care interventions described above as well as surveillance monitoring. The parent project does not include the use of security forces and the same is envisaged of the AF. However, the MOH will conduct a prior review of the security measures likely to be put in place throughout the supply chain and if security personnel are being considered at any point in the deployment of vaccines, the ESMF will be updated with relevant risk assessment and mitigation measures and disclosed no later than one month after AF effectiveness.

69. **Considering the context over which the AF will be implemented, type and nature of project activities, potential environmental impacts, the capacity of the Borrowers, and the mitigation measures to be taken the environmental and social risks of the AF will remain the same as the original project and is rated as Substantial.** Through implementation of the parent project, overall social risks of the project will be mitigated. The project will support: (a) development of explicit, contextually appropriate, and transparent criteria for identification of priority populations for vaccination and supporting implementation plans; (b) communication to address vaccine hesitancy to improve demand generation through mass and interpersonal communication; (c) Social and Behavior Change Communication to address and manage COVID-19 risks and health promotion; (d) outreach interventions; (e) citizen



engagement for feedback and GRMs; (f) development of targeted training programs for managers, and evaluators of vaccine deployment; and (g) knowledge management and learning. To mitigate the project's environmental and social risks, in line with the WHO Interim Guidance (February 12, 2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)," and other guidelines, the parent project is finalizing the development of the ESMF. These documents will be revised to reflect the vaccine's particular requirements. The mitigation plan includes training of staff to be aware of all hazards they might encounter. This provides 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. The MOH will be updated within one month of project effectiveness, the existing ESMF and the LMP. Moreover, the MOH, in the ESCP has committed to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases.

70. **The MOH will also use the existing stakeholder engagement mechanism in REDISSE II and the parent project to engage citizens and for public information disclosure while they update it to include more information on the environmental and social risks of the project activities and new modalities that take into account the need for social distancing.** The parent project's SEP has been updated, which includes an updated GRM for addressing any concerns and grievances raised regarding vaccinations. In addition to the ESMF and SEP, the client will implement the activities set out in the ESCP including preparing and disclosing an LMP at least one month of project effectiveness and implementing it throughout the project period. The project implementation will ensure appropriate stakeholder engagement, proper awareness raising, and timely information dissemination. This will help: (a) avoid conflicts resulting from rumors; (b) ensure equitable access to services for all who need it; and (c) address issues resulting from people being kept in quarantine. These will be guided by standards set out by the WHO as well as other international good practices including social inclusion and prevention of SEA and SH.

71. **The community engagement approach is detailed in the national COVID-19 vaccine deployment plan and focuses on demand generation in communities, clarifying target groups and removing misconceptions related to vaccinations while ensuring a community feedback loop.** Following receipt of complaints, the project team will compile responses and engage the affected stakeholders within a month of receiving the grievance. A grievance indicator has been included in the results framework to monitor this activity. The community engagement plan's main objectives are: (a) building trust and awareness on COVID-19 vaccines through use of different channels and a social mobilization approach; (b) using data and evidence to dispel rumors and public misperceptions; (c) developing and providing context-specific Information Education Communication/Behavior Change Communication (IEC/BCC) materials to targeted priority groups; (d) training journalists about COVID-19 vaccine and its importance for safety and well-being of the public; and (e) promoting the COVID-19 vaccine through social media and mass media campaigns. Community engagement in health facility management will be monitored.

72. **In line with the WHO Interim Guidance (February 12, 2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)," and other guidelines,** the project will revise the Hospitals' Waste Management Plan and prepare an ESMF for the project by adding to it WHO standards on COVID-19 response. The plan includes training of staff to be aware of all hazards they might encounter. This provides for the application of international best practices in COVID-19 diagnostic testing and handling of the medical supplies, disposing of the generated waste, and road safety.



## F. Climate Co-Benefits

73. **Climate change risks and vulnerabilities.** Liberia is exposed to extreme temperature and precipitation events resulting in both flood events as well as periods of severe drought leading to declines in crop production and threats to livestock herds, each of which result in food shortages. Climate change affects human health in many forms. One of the most obvious is through an increase in the likelihood of elevated temperatures.<sup>19</sup> It could cause health hazards related to heat, especially for the elderly and people with co-morbidities. Furthermore, an increase in heat and reduced rainfall events may lead to food insecurity due to insufficient amount of agriculturally meaningful rainfall and the population's heavy reliance on rain-fed crops that are vulnerable to persistent drought. Extreme rainfall events and flooding may lead to an increased number of physical injuries and drownings and to creating breeding grounds for mosquitoes, which can lead to an increase in vector-borne diseases, water contamination, injuries, drowning, and infrastructure damage. Therefore, it is critical to put sustainable and climate-resilient measures in place to reduce the impact of climate change on the population. However, the risk on project activities and outcomes is categorized as Low due to several adaptation measures to ensure climate resilience in the future. Some mitigation measures will also be put in place to reduce the impact of the project's activities on the environment and reduce greenhouse gases (GHGs).

74. **Building on the efforts being made under the parent project, the proposed AF will intend to address the above-described climate vulnerabilities and assist the Government in adapting to climate change through several dedicated interventions.** Given the limited budget for this AF, no direct climate financing is expected to be assigned at this time to any of these investments. However, the development of new stores and cold chain system including strengthening of facilities will take into account energy-efficient interventions including of efficient solar power generation and off-the-grid refrigerators and freezers. In addition, transportation, handling of commodities, storage, and distribution will ensure the use of an efficient energy mechanism. The World Bank team, together with UNICEF, WHO, and GAVI will continue to explore these areas to provide latest information on any specific climate adaptation and mitigation actions taken regarding the vaccines. Under Subcomponent 1.3, AF: US\$1.08 million, the NDVP and its micro-plans include measures to deal with any unexpected disruptions to the vaccine supply chain and distribution and storage from climate change impacts and other unexpected disasters (that is, power outages). Under Subcomponent 1.1 and Subcomponent 1.2, the AF will finance solar that will provide reliable 24/7 power and efficient cooling in an environment with unstable electrical power as well as energy-efficient refrigerated trucks and low-carbon, energy-efficient waste management equipment. These items as well as the installation of temperature controls and monitoring system on the refrigerators and freezers will monitor any fluctuations and cut down on excessive use of energy, thus reducing the project's impact on GHG emissions.

## G. Gender

75. **Evidence from experience with previous infectious disease outbreaks indicates differential effect for men and women, with women affected more negatively than men. In the same vein, the effects of COVID-19 will likely exacerbate pre-existing gender differences.**<sup>20</sup> Gender gaps are affected

<sup>19</sup> World Bank. Climate Change Knowledge Portal: Ghana. Retrieved March 9, 2021 from <https://climateknowledgeportal.worldbank.org/country/ghana/climate-sector-health>.

<sup>20</sup> WBG. 2020. Gender-related Inequalities Emerging from COVID-19, 2020.





differently depending on the context and specific characteristics of different groups of women. Some women may not be reached by relevant information on the pandemic due to their more limited access to mobile phones or other devices or their constrained ability to go out. Gender norms that restrict women's mobility, working outside of the home, or others might be exacerbated due to confinement measures and the increased burden of care. There is also a risk that vaccine deployment plans could leave women behind, considering the larger male mortality from COVID-19 and the tendency in many countries to overlook the importance of gender inequalities in social and economic activity.

76. **For women in Liberia access to health care is not without constraints, which has been exacerbated with COVID-19 restrictions in place; women cannot go to health care facilities.** This raises legitimate concerns over women's lack of access to testing and subsequently to vaccinations. For some women who have access to health care facilities, they can only engage with female health workers. This becomes a problem that is difficult to overcome given the shortage of female health workers in the health care system. The project will, therefore, make it mandatory to ensure a minimum a female health care worker (vaccinators) is available in each of the vaccination centers (covering all vaccination centers) supported through the project, to create conditions that allow women to visit and get vaccinated in the health care facilities.

77. **Similarly, women's access to information is also limited.** The project will ensure gender-sensitive, contextualized, and accurate information about COVID-19, accounting for differences in literacy rates amongst women and men, and different levels of access to mobile phone, social media, radio, and helplines. Furthermore, the project will also mobilize community health workers (CHWs), especially female, as they can play a critical role in communicating with women, providing them information about the vaccine and managing misinformation regarding COVID-19 vaccination and women's reproductive health and others that may emerge during the rollout and deployment.

78. **By engaging female CHWs and female health workers and considering gender-sensitive communication and information sharing approaches, the project will mitigate the risk of sexual exploitation, harassment, and abuse as well as addressing social/cultural barriers to women's access to information and access to vaccine.** The project will ensure that all the vaccine centers have measures in place to promote a gender-friendly environment and enhance women's and girls' safety. These include a separate vaccine area for females, having at least one female staff in place, Code of Conduct for all the staff, and accessible and functional GRM ensuring that it is accessible by female beneficiaries.

## V. WORLD BANK GRIEVANCE REDRESS

79. 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 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](http://www.inspectionpanel.org)*

80. **GRM. The parent project incorporates a project-wide GRM which will enable a broad range of stakeholders to channel concerns, questions, and complaints to the various implementation agencies and COVID-19 call centers.** The project supports the COVID-19 Call Centers with call-free numbers. These numbers have been publicly disclosed throughout the country in the broadcast and print media. The GRM will be equipped to handle cases of SEA/SH, as rapid guidance on how to respond to these cases will be developed and shared with operators. This will follow a survivor-centered approach. The GRM will continue to be publicized by the MOH and other relevant agencies.



**VI SUMMARY TABLE OF CHANGES**

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Loan Closing Date(s)	✓	
Reallocation between Disbursement Categories	✓	
Disbursements Arrangements	✓	
Implementing Agency		✓
Project's Development Objectives		✓
Cancellations Proposed		✓
Legal Covenants		✓
Financial Management		✓
Procurement		✓

**VII DETAILED CHANGE(S)**

**MPA PROGRAM DEVELOPMENT OBJECTIVE**

**Current MPA Program Development Objective**

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

**Proposed New MPA Program Development Objective**



### EXPECTED MPA PROGRAM RESULTS

#### Current Expected MPA Results and their Indicators for the MPA Program

Progress towards the achievement of the PDO would be measured by outcome indicators. Individual country-specific projects (or phases) under the MPA Program will identify relevant indicators, including among others:

- Country has activated their public health Emergency Operations Centre or a coordination mechanism for COVID-19;
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents;
- Number of acute healthcare facilities with isolation capacity;
- Number of suspected cases of COVID-19 reported and investigated per approved protocol;
- Number of diagnosed cases treated per approved protocol;
- Personal and community non-pharmaceutical interventions adopted by the country (e.g., installation of handwashing facilities, provision of supplies and behavior change campaigns, continuity of water and sanitation service provision in public facilities and households, schools closures, telework and remote meetings, reduce/cancel mass gatherings);
- Policies, regulations, guidelines, or other relevant government strategic documents incorporating a multi-sectoral health approach developed/or revised and adopted;
- Multi-sectoral operational mechanism for coordinated response to outbreaks by human, animal and wildlife sectors in place;
- Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities; and
- Mechanisms for responding to infectious and potential zoonotic diseases established and functional; and
- Outbreak/pandemic emergency risk communication plan and activities developed and tested

#### Proposed Expected MPA Results and their Indicators for the MPA Program

### COMPONENTS

Current Component Name	Current Cost (US\$, millions)	Action	Proposed Component Name	Proposed Cost (US\$, millions)
Component 1: Emergency Preparedness Response	1.00	Revised	Component 1: Emergency Preparedness Response	14.25



Component 2: Supporting Preparedness through Laboratory System Strengthening	1.00	Marked for Deletion	Component 2: Supporting Preparedness through Laboratory System Strengthening	0.00
Component 3: Case Management and Clinical Care	3.00	Marked for Deletion	Component 3: Case Management and Clinical Care	0.00
Component 4: Community Engagement, Risk Communication and Advocacy	1.75	Marked for Deletion	Component 4: Community Engagement, Risk Communication and Advocacy	0.00
Component 5: Project Management and Coordination, Monitoring and Evaluation	0.75	Revised	Component 5: Project Management and Coordination, Monitoring and Evaluation	1.25
<b>TOTAL</b>	<b>7.50</b>			<b>15.50</b>

**LOAN CLOSING DATE(S)**

Ln/Cr/Tf	Status	Original Closing	Current Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-66090	Effective	30-Apr-2022	30-Apr-2022	30-Sep-2024	30-Jan-2025
IDA-D6080	Effective	30-Apr-2022	30-Apr-2022	30-Sep-2024	30-Jan-2025

**REALLOCATION BETWEEN DISBURSEMENT CATEGORIES**

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed

IDA-66090-001 | Currency: USD

iLap Category Sequence No: 1	Current Expenditure Category: GD,FOOD,WK,NCS,CS,TR&OC			
3,750,000.00	694,126.55	694,200.00	50.00	50.00
iLap Category Sequence No:	Current Expenditure Category: GD,WK,NCS,CS,TR&OC Pt A.1, A.2, A.3, B, C,D			



	0.00	0.00	3,055,800.00		50.00
<b>Total</b>	<b>3,750,000.00</b>	<b>694,126.55</b>	<b>3,750,000.00</b>		

IDA-D6080-001 | Currency: XDR

iLap Category Sequence No: 1	Current Expenditure Category: GD,FOOD,WK,NCS,CS,TR&OC				
	2,800,000.00	1,100,619.03	1,100,700.00	50.00	50.00

iLap Category Sequence No:	Current Expenditure Category: GD,WK,NCS,CS,TR&OC Pt A.1, A.2, A.3, B, C,D				
	0.00	0.00	1,349,300.00		50.00

iLap Category Sequence No:	Current Expenditure Category: GD,WK,NCS,CS,TR&OC Pt A.6, A.7, E				
	0.00	0.00	350,000.00		50.00

<b>Total</b>	<b>2,800,000.00</b>	<b>1,100,619.03</b>	<b>2,800,000.00</b>		
--------------	---------------------	---------------------	---------------------	--	--

**DISBURSEMENT ARRANGEMENTS**

Change in Disbursement Arrangements  
Yes

**Expected Disbursements (in US\$)**

Fiscal Year	Annual	Cumulative
2020	5,321,556.12	5,321,556.12
2021	699,500.00	6,021,056.12
2022	4,720,000.00	10,741,056.12
2023	2,729,000.00	13,470,056.12
2024	1,920,000.00	15,390,056.12
2025	109,943.88	15,500,000.00
2026	0.00	15,500,000.00



2027	0.00	15,500,000.00
2028	0.00	15,500,000.00

**SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)**

Risk Category	Latest ISR Rating	Current Rating
Political and Governance	● Substantial	● Substantial
Macroeconomic	● Substantial	● Substantial
Sector Strategies and Policies	● Substantial	● Substantial
Technical Design of Project or Program	● Low	● High
Institutional Capacity for Implementation and Sustainability	● Substantial	● High
Fiduciary	● Substantial	● Substantial
Environment and Social	● Substantial	● Substantial
Stakeholders	● Low	● High
Other		
Overall	● Substantial	● High

**LEGAL COVENANTS – Additional Financing on Vaccines for the Liberia COVID-19 Emergency Response Project (P176336)**

Sections and Description
Schedule 2, Section I,E,1: The Recipient shall not later than thirty (30) days after the Effective Date update, adopt and re-disclose the (a) Environmental and Social Management Framework (ESMF); and (b) Gender-based Violence (GBV) Action Plan, all in form and substance satisfactory to the Association; and
Schedule 2, Section I E, 2 (a-c): The Recipient shall not later than sixty (60) days after the Effective Date: (a) recruit to the PIU a social safeguards officer with specific experience in GBV risk management, and terms of reference, experience, and qualifications, satisfactory to the Association. (b) operationalize the Project grievance redress mechanism (GRM), and thereafter, maintain throughout Project implementation, a functional GRM, in form and substance satisfactory to the Association; and (c) ensure that National Guidelines for Safe Management of Health Care Waste have been distributed to the vaccination and other facilities where such health waste is generated, in form and substance satisfactory to the Association.
Per ESCP LMP shall be adopted, approved and disclosed within one months of the effectiveness of the AF
Per ESCP undertake the Institutional Capacity Assessment and Institutional Capacity Strengthening Plan within two months of the project effectiveness date.



Per ESCP: the National Guidelines for the Safe Management of Healthcare Waste in Liberia, updated in May 20, 2020, should updated for AF within one month of effectiveness; based on the outcome of review copies of National Guideline or revised National Guideline shall be kept at all the facilities and its locations, and be known to all staffs within 15days of effectiveness.

Per ESCP: Making Incinerator and Ashpit functional at Jordanian Hospital in association with other nearby health facilities and develop a manual on the collection and transportation of waste from points of generation to the incineration site within one month of AF effectiveness

Per ESCP: Complete Fencing of National Reference Laboratory at Charlesville within one month of AF effectiveness

Per ESCP: Functional Workers GRM shall be established within two months of the effectiveness of AF and maintained throughout the Project implementation

Per ESCP" All related measures including SEA/H action plan shall be done accordingly and within one month of AF effectiveness and implementation throughout the Project

**Conditions**

Type	Financing source	Description
Effectiveness	IBRD/IDA	Section 4.01(a): HEPRTF Grant Agreement has been executed and delivered and all conditions precedent to its effectiveness or to the right of the Recipient to make withdrawals under it (other than the effectiveness of this Agreement) have been fulfilled.
Effectiveness	IBRD/IDA	Section 4.01(b):The Recipient has updated, adopted and submitted to the Association, the Project Implementation Manual, in form and substance satisfactory to the Association
Effectiveness	Trust Funds	The Grant Agreement shall not become effective until evidence satisfactory to the Bank has been furnished to the Bank that the following condition has been satisfied, namely, that the Financing Agreement has been executed and delivered and all conditions precedent to its effectiveness or to the right of the Recipient to make withdrawals under it (other than the effectiveness of this Agreement) have been fulfilled
Disbursement	IBRD/IDA	Schedule 2, Section III,B1(b) payments under Category (1), until the proceeds of the Original Financing allocated to Category (3) under the table set forth in Section III.A of Schedule 2 to the Original Financing Agreement has been fully disbursed.







VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Liberia

Additional Financing on Vaccines for the Liberia COVID-19 Emergency Response Project

Project Development Objective(s)

The development objective is to prepare and respond to the COVID-19 pandemic in Liberia

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	End Target
<b>The development objective is to prepare and respond to the COVID-19 pandemic in Liberia</b>			
Country has activated its Public Health Emergency Operations Center or a coordination mechanism for COVID-19 (Yes/No)		No	Yes
Suspected cases of COVID-19 reported and investigated based on national guidelines, segregated by gender (Number)		3.00	50.00
<i>Action: This indicator has been Revised</i>			
Suspected cases of COVID-19 in women reported and investigated based on national guidelines (Number)		0.00	1,800.00
<i>Action: This indicator is New</i>			
Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)		1.00	3.00
<i>Action: This indicator has been Revised</i>			
Acute health care facilities with isolation capacities (Number)		2.00	5.00



Indicator Name	PBC	Baseline	End Target
<b>Action: This indicator has been Revised</b>			
Counties with pandemic preparedness and response plans per MOH guidelines (Percentage)		0.00	50.00
<b>Action: This indicator has been Revised</b>			
Facilities with healthcare workers trained in COVID-19 emergency preparedness and other emergency response (Percentage)		0.00	80.00
<b>Action: This indicator has been Revised</b>			
Country has developed and operationalized a referral system to care for COVID-19 patients (Yes/No)		No	Yes
Population completely vaccinated against COVID-19 (Percentage)		1.00	24.20
<b>Action: This indicator is New</b>	<b>Rationale:</b> To measure progress in the proportion of people completely vaccinated, disaggregated by gender and target group. This indicator will also be disaggregated by the priority population targets as defined in the national deployment and vaccination plan.		
Population completely vaccinated who are women (Percentage)		40.00	50.00
<b>Action: This indicator is New</b>	<b>Rationale:</b> To measure progress in addressing gender disparities in access to vaccines		
Counties with at least two facilities providing COVID-19 vaccination services (Percentage)		0.00	100.00
<b>Action: This indicator is New</b>			



Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	End Target
<b>Component 1: Emergency Preparedness Response</b>			
Counties that have activated EOC inline with the national EOC activation as part of COVID-19 response (Percentage)		0.00	80.00
<i>Action: This indicator has been Revised</i>			
At least one multi-sectoral simulation exercise conducted with results incorporated into national COVID-19 preparedness and response plans (Number)		1.00	3.00
Counties with EOCs functioning according to standard operating procedures (Percentage)		0.00	80.00
<i>Action: This indicator has been Revised</i>			
COVID-19 vaccine doses procured (Number)		0.00	300,000.00
<i>Action: This indicator is New</i>			
National, subnational, facility-based and mobile staff trained in COVID-19 vaccine cold chain storage and handling (by gender) (Number)		0.00	1,000.00
<i>Action: This indicator is New</i>			
National, subnational, facility-based and mobile female staff trained in COVID-19 vaccine cold chain storage and handling (Number)		0.00	400.00



Indicator Name	PBC	Baseline	End Target
<b>Action: This indicator is New</b>			
Facilities equipped (installation complete) with energy-efficient storage facilities for storing specimens and temperature sensitive medical supplies (Number)		0.00	50.00
<b>Action: This indicator is New</b>			
Pharmacovigilance system adapted to detect AEFI following administration of the COVID-19 vaccine (Yes/No)		No	Yes
<b>Action: This indicator is New</b>			
AEFIs reported via the electronic notification system (Percentage)		0.00	100.00
<b>Action: This indicator is New</b>			
Community engagement plan developed to increase the population's demand for the COVID-19 vaccine (Yes/No)		No	Yes
<b>Action: This indicator is New</b>			
Counties where radio stations broadcast awareness campaigns on COVID-19 and the COVID-19 vaccination campaign (Number)		0.00	15.00
<b>Action: This indicator is New</b>			
Vaccinators trained on SEA/SH (by gender) (Number)		0.00	1,000.00
<b>Action: This indicator is New</b>			
Female vaccinators trained on SEA/SH (Number)		0.00	300.00



Indicator Name	PBC	Baseline	End Target
<i>Action: This indicator is New</i>			
Incinerators established (Number)		1.00	5.00
<i>Action: This indicator has been Marked for Deletion</i>			
Health centers reporting no stock-out of tracer IPC materials on the first day of each month (Percentage)		0.00	50.00
<i>Action: This indicator has been Revised</i>			
Proportion of health centers reporting no stock-out of PPE on the first day of each month (Percentage)		0.00	80.00
<i>Action: This indicator has been Marked for Deletion</i>			
Laboratories established/upgraded to support diagnosis of COVID-19 and other major infectious diseases (Number)		1.00	3.00
<i>Action: This indicator has been Revised</i>			
Laboratory staff trained to conduct COVID-19 diagnosis (Number)		2.00	10.00
<i>Action: This indicator has been Revised</i>			
<b>Component 2: Supporting Preparedness through Laboratory System Strengthening (Action: This Component has been Marked for Deletion)</b>			
Sample transfer system for COVID-19 samples to WHO recommended laboratories developed and operationalized (Yes/No)		No	Yes
<i>Action: This indicator has been Marked for Deletion</i>			



Indicator Name	PBC	Baseline	End Target
<b>Component 3: Case Management and Clinical Care (Action: This Component has been Marked for Deletion)</b>			
Treatment and isolation centers renovated and/or developed (Number)		0.00	5.00
<i>Action: This indicator has been Marked for Deletion</i>			
Number of health staff trained in case management of COVID-19 and other infectious diseases per MOH-approved protocols (Number)		0.00	200.00
<i>Action: This indicator has been Marked for Deletion</i>			
<b>Component 4: Community Engagement, Risk communication and Advocacy (Action: This Component has been Marked for Deletion)</b>			
Number of healthcare workers working with COVID-19 patients, who contract the disease (Number) (Number)		0.00	10.00
<i>Action: This indicator has been Marked for Deletion</i>			
Number of health staff trained in IPC per MOH-approved protocols (Number)		0.00	200.00
<i>Action: This indicator has been Marked for Deletion</i>			
Country has reported to have contextualized their risk communication and community engagement strategies (Yes/No)		No	Yes
<i>Action: This indicator has been Marked for Deletion</i>			
COVID-19 sensitization campaigns conducted in all counties (Yes/No)		No	Yes
<i>Action: This indicator has been Marked for Deletion</i>			



Indicator Name	PBC	Baseline	End Target
<b>Component 2: Project Management and Coordination, Monitoring &amp; Evaluation (Action: This Component has been Revised)</b>			
Point of entry that report having received a supervisory visit during the preceding month (Percentage)		0.00	80.00
<b>Action: This indicator has been Revised</b>			
Prioritized facilities reporting supervisory visits on the first day of each month (Number)		0.00	5.00
<b>Action: This indicator has been Revised</b>			
EOC organized as part of COVID-19 response (Number)		0.00	20.00
<b>Action: This indicator has been Revised</b>			
Refurbished/upgraded health facilities implementing customer satisfaction survey (Number)		0.00	5.00
<b>Action: This indicator has been Revised</b>			
Counties with budgeted micro-plans for COVID-19 vaccination campaign (Number)		0.00	15.00
<b>Action: This indicator is New</b>			
Training of Project Implementation Unit (PIU) staff (Number)		0.00	10.00
<b>Action: This indicator is New</b>			
Grievances addressed within the stipulated timeframe (Percentage)		0.00	100.00
<b>Action: This indicator is New</b>			



**Monitoring & Evaluation Plan: PDO Indicators**

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Country has activated its Public Health Emergency Operations Center or a coordination mechanism for COVID-19	Country central coordination centre referred to EOC has been activated	Once	NPHIL Minutes of establishment of EOC	Report	NPHIL/MoH
Suspected cases of COVID-19 reported and investigated based on national guidelines, segregated by gender	Suspected cases of COVID-19 investigated segregated by Gender	Quarterly	NPHIL M&E reports and monthly surveillance.		NPHIL/MoH
Suspected cases of COVID-19 in women reported and investigated based on national guidelines	Suspected cases of COVID-19 in women investigated based on national guidelines	Quarterly	NPHIL M&E reports and monthly surveillance	Routine data collection	NPHIL/MOH
Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	Quarterly	NPHIL/MoH Reports	Supervision and Implementation report	NPHIL/MoH
Acute health care facilities with isolation capacities	Functional number of health facilities with acute care facilities for COVID-19	Quarterly	NPHIL/MoH M&E and Surveillance data	Routine and surveillance data	NPHIL
Counties with pandemic preparedness and response plans per MOH guidelines	Counties with pandemic preparedness and response	Quarterly	Supervision and	Collation of Reports	NPHIL/MoH



	plans per MOH guidelines		Implementati on Reports		
Facilities with healthcare workers trained in COVID-19 emergency preparedness and other emergency response	Facilities with healthcare workers trained in COVID-19 emergency preparedness and other emergency response	Quarterly	Supervision and Implementati on Reports	Report collation	NPHIL/MoH
Country has developed and operationalized a referral system to care for COVID-19 patients	A developed and operationalized a referral system to care for COVID-19 patients	Half yearly	Supervision and Implementati on Reports	Report Collation	NPHIL/MoH
Population completely vaccinated against COVID-19	To measure progress in the proportion of people vaccinated, disaggregated by gender. This will be calculated as number of people completely vaccinated (1 or 2 dose regimens)/total Liberian population.	Monthly	EPI daily report	Routine data collection	MOH/EPI
Population completely vaccinated who are women	Number of women completely vaccinated/Total number of people completely vaccinated	Monthly	EPI daily report	Routine data collection	MOH/EPI
Counties with at least two facilities providing COVID-19 vaccination services	Number of counties with at least two facilities providing COVID-19 vaccination services/ total number of counties	Quarterly	EPI routine data	Routine data collection	EPI

**Monitoring & Evaluation Plan: Intermediate Results Indicators**

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Counties that have activated EOC inline with the national EOC activation as part of COVID-19 response	Counties that have activated EOC inline with the national EOC activation as part of COVID-19 response	Quarterly	Implementation and supervision Report	Collation of Reports	NPHIL/MoH
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	Reports Implementation and Supervision	Collation of Reports	NPHIL/MoH
Counties with EOCs functioning according to standard operating procedures	Proportion of counties with EOCs functioning according to standard operating procedures (Percentage)	Quarterly	Supervision and Implementation Reports	Report collation	NPHIL/MoH
COVID-19 vaccine doses procured	Number of vaccine doses procured with IDA resources.	Quarterly	Implementation Status Report	Records collected by PIU	MOH/PIU
National, subnational, facility-based and mobile staff trained in COVID-19 vaccine cold chain storage and handling (by gender)	Total number of staff trained on COVID-19 vaccine cold chain, storage and handling	Quarterly	EPI administrative data	Routine data collection	MOH/EPI
National, subnational, facility-based and mobile female staff trained in	Number of national, subnational, facility-based	Quarterly	EPI administrative	Routine data collection	MOH/EPI



COVID-19 vaccine cold chain storage and handling	and mobile staff who are women, trained in COVID-19 vaccine cold chain storage and handling (by gender)		data		
Facilities equipped (installation complete) with energy-efficient storage facilities for storing specimens and temperature sensitive medical supplies	Number of facilities with storage facilities and temperature sensitive medical supplies	Quarterly	EPI Administrative data	Routine data collection	MOH/EPI
Pharmacovigilance system adapted to detect AEFI following administration of the COVID-19 vaccine	The pharmacological vigilance system is adapted to detect adverse events following immunization (AEFIs) following administration of COVID-19 vaccine	Quarterly			
AEFIs reported via the electronic notification system	Number of AEFIs reported via electronic notification system/ Total number of AEFIs	Quarterly	EPI administrative data	Routine data collection	MOH/EPI
Community engagement plan developed to increase the population's demand for the COVID-19 vaccine	Risk communication and community mobilization plan developed and adopted.	Semi-annual	PIU Project report	PIU data collation	MOH/PIU
Counties where radio stations broadcast awareness campaigns on COVID-19 and the COVID-19 vaccination campaign	Total number of counties where radio stations broadcast awareness campaigns on COVID-19 preparedness and response, and the COVID-19 vaccination campaign	Quarterly	EPI Administrative data	Routine data collection	MOH/EPI



Vaccinators trained on SEA/SH (by gender)	Total number of vaccinators who received training on sexual exploitation and abuse and sexual harassment	Quarterly	EPI Administrative data	Routine data collection	MOH/EPI
Female vaccinators trained on SEA/SH	Total number of female vaccinators who received training on SEA/SH	Quarterly	EPI administrative data	Routine data collection	MOH/EPI
Incinerators established	Incinerators established	Quarterly	Supervision and Implementation Reports		NPHIL/MoH
Health centers reporting no stock-out of tracer IPC materials on the first day of each month	Health centers reporting no stock-out of tracer IPC materials on the first day of each month	quarterly	Supervision and Implementation Reports	Collation of Reports	NPHIL/MoH
Proportion of health centers reporting no stock-out of PPE on the first day of each month	Health centers reporting no stock-out of PPE on the first day of each month	Quarterly	Implementation and Supervision Reports	Report collation	NPHIL/MoH
Laboratories established/upgraded to support diagnosis of COVID-19 and other major infectious diseases	Laboratories established/upgraded to support diagnosis of COVID-19 and other major infectious diseases	Quarterly	Supervision and Implementation Reports		NPHIL/MoH
Laboratory staff trained to conduct COVID-19 diagnosis	laboratory staff trained to conduct COVID-19 diagnosis	Quarterly	Supervision and Implementation	Report Collation	NPHIL/MoH



			on Reports		
Sample transfer system for COVID-19 samples to WHO recommended laboratories developed and operationalized	Sample transfer system for COVID-19 samples to WHO recommended laboratories developed and operationalized	Semi - annually	Supervision/Implementation Report	Report collation	NPHIL/MoH
Treatment and isolation centers renovated and/or developed	Treatment and isolation centers renovated and/or developed	semi-annually	Supervision and Implementation reports	Report Collation	NPHIL/MoH
Number of health staff trained in case management of COVID-19 and other infectious diseases per MOH-approved protocols	Health staff trained in case management of COVID-19 and other infectious diseases per MOH-approved protocols	Quarterly	Supervision and Implementation Reports	Report collation	NPHIL/MoH
Number of healthcare workers working with COVID-19 patients, who contract the disease (Number)	healthcare workers working with COVID-19 patients, who contract the disease (Number)	Quarterly	Supervision and Implementation reports	Report collation	NPHIL/MoH
Number of health staff trained in IPC per MOH-approved protocols	health staff trained in IPC per MOH-approved protocols	Quarterly	Supervision and Implementation Reports	Report Collation	NPHIL/MoH
Country has reported to have contextualized their risk communication and community engagement strategies	have contextualized their risk communication and community engagement strategies	Quarterly	Supervision and Implementation	report collation	NPHIL/MoH



COVID-19 sensitization campaigns conducted in all counties	COVID-19 sensitization campaigns conducted in all counties	Quarterly	Implementation and supervision reports	Report collation	NPHIL/MoH
Point of entry that report having received a supervisory visit during the preceding month	Point of entry that report having received a supervisory visit during the preceding month	Quarterly	Supervision and Implementation Reports	Report collation	NPHIL/MoH
Prioritized facilities reporting supervisory visits on the first day of each month	Prioritized facilities reporting supervisory visits on the first day of each month	Quarterly	Supervision and Implementation	Report Collation	NPHIL/MoH
EOC organized as part of COVID-19 response	EOC organized as part of COVID-19 response	Quarterly	Supervision and Implementation Reports	Report Collation	NPHIL/MoH
Refurbished/upgraded health facilities implementing customer satisfaction survey	Refurbished/upgraded health facilities implementing customer satisfaction survey		Supervision and Implementation Reports	Report Collation	NPHIL/MoH
Counties with budgeted micro-plans for COVID-19 vaccination campaign	Total number of counties with a budgeted micro-plan for the vaccination campaign, including plans for other relevant components such as demand generation, risk	Quarterly	EPI administrative data	Routine data collection	MOH/EPI



---

	communication and safety surveillance				
Training of Project Implementation Unit (PIU) staff	Number of PIU staff that receive training, including for ESS	Quarterly	PIU reports	PIU data collection	MOH/PIU
Grievances addressed within the stipulated timeframe	Number of grievances addressed within the stipulated timeframe/total number of grievances addressed	Quarterly	PIU ISR report	Routine data collection	MOH/PIU

---



**ANNEX 1: SUMMARY TABLE ON VACCINE DEVELOPMENT AND APPROVAL STATUS<sup>21</sup>**

1.

<b>Vaccine</b>	<b>SRA Emergency Use Approval</b>	<b>WHO PQ/EUL</b>
BNT162b2/COMIRNATY Tozinameran (INN) - Pfizer BioNTech	United Kingdom: December 2, 2020 Canada: December 9, 2020 United States of America: December 11, 2020 European Union: December 21, 2020 Switzerland: December 19, 2020 Australia: January 25, 2021	WHO EUL: December 31, 2020
mRNA-1273 - Moderna	USA: December 18, 2020 Canada: December 23, 2020 EU: January 6, 2021 Switzerland: January 12, 2021 UK: January 8, 2021	WHO EUL: April 20, 2021
AZD1222 (also known as ChAdOx1_nCoV19/ commercialized as COVISHIELD in India) - AstraZeneca/Oxford	UK: December 30, 2020 EU: January 29, 2021 Australia: February 16th, 2021 (overseas manufacturing); March 21, 2021 (for local manufacturing by CSL – Seqirus) Canada: February 26, 2021	WHO EUL: February 15, 2021 for vaccines manufactured by SK Bio and Serum Institute of India
Ad26.COV2.S - Johnson & Johnson	USA: February 27, 2021 Canada: March 5, 2021 EU: March 11, 2021 Switzerland: March 22, 2021 UK: May 28, 2021	WHO EUL: March 12, 2021
BBIBP-CorV - Sinopharm		WHO EUL: May 7, 2021
CoronaVac - Sinovac		WHO EUL: June 1, 2021

<sup>21</sup> Vaccine approval status as of June 2, 2021.



## ANNEX 2: COUNTRY PROGRAM ADJUSTMENTS

### IMPACT OF THE COVID-19 PANDEMIC ON LIBERIA AND GOVERNMENT RESPONSE

1. **The peaceful handover of power in January 2018 from one democratically elected administration to another is a turning point in Liberia's history and presents an opportunity to reinvigorate its development process.** Following the election that international observers regarded as free and fair, the President declared his commitment to fight corruption, promote an honest and transparent private sector, and accelerate job creation. The President enjoys strong support both in the legislature and among the public and his popularity is especially high among young Liberians. However, President Weah may need to expend significant political capital to implement his agenda of deep reforms aimed at improving governance, enhancing public sector management, and fostering a conducive business environment. Young Liberians are eager for rapid progress in job creation, income growth, and improved access to public services. The Government must balance the more immediate demands of the President's youthful constituency for swift and visible action with the long-term challenge of implementing deep reforms.

#### *Impact of the COVID-19 pandemic on the country and government response*

2. **The health and socioeconomic impact of the COVID-19 pandemic has been significant, but the Government's response has also been comprehensive.** The situation continues to evolve; therefore, the full health and socioeconomic impact remains fluid. Nonetheless, as of April 20, 2021, Liberia had recorded a cumulative number of 2,091 cases, of which 1,936 patients have recovered and 85 were deaths. In terms of socioeconomic impact, the main channel of impact has been the disruption of economic activities following the first confirmed case on March 16, 2020, especially when the economy was under a state of emergency and lockdown. As a result, gross domestic product (GDP) is projected to contract by 2.6 percent in 2020 and the fiscal deficit is expected to widen, while food insecurity and the levels of extremely poor are expected to rise. With support from international DPs, including the World Bank, the Government has adopted a comprehensive approach. Under the health response, it has acquired the capacity to test, trace contacts, isolate, and treat. In addition, the Government has mobilized domestic and external resources to help mitigate the socioeconomic impact. For example, it is implementing a nation-wide food distribution program targeting the most vulnerable households; it provided free electricity and water during the lockdown period; it will be providing loan relief to market women and petty traders; and it suspended pre-shipment inspections and import surcharges.

#### *WBG support for responding to the crisis*

3. **The World Bank's program of assistance to Liberia since the outbreak of the pandemic has been adjusted in line with the WBG COVID-19 Crisis Response Approach Paper, Saving Lives, Scaling-up Impact and Getting Back on Track.** The FY19–FY24 CPF<sup>22</sup> is being adjusted in two ways: first, to support

---

<sup>22</sup> The CPF for Liberia was presented to the Board of Executive Directors on November 27, 2018. A Performance and Learning Review (PLR) will be prepared and delivered before the end of FY22.



the country in managing the ongoing health, social, and economic crisis; and second, to strengthen the institutional foundations for an inclusive and sustainable longer-term recovery. This includes:

- (a) *Saving lives threatened by the virus.* The WBG's package of support to the health response so far amounts to US\$18 million, the largest by a single DP in Liberia. An existing operation, the REDISSE II Project (P159040), has been used to provide US\$9.5 million through an existing component (US\$1.5 million) and through the activation of a CERC amounting to US\$8 million. In addition, US\$7.5 million has been provided under the Global MPA Fast Track Facility, through a stand-alone IPF operation, the Liberia COVID-19 Emergency Response Project (P173812). Finally, Liberia has benefited from US\$1 million disbursed from the Pandemic Emergency Facility (PEF). The support to the health response covers the key pillars of the Government's response plan, mainly surveillance, laboratory testing, case management, community engagement, and support to HR and coordination.
- (b) *Protecting the poor and vulnerable.* The World Bank is accelerating implementation of the existing cash transfer program under the Liberia Social Safety Nets (LSSN) Project (P173145). This operation originally focused on rural areas but has now been augmented by the AF from a TF in the amount of US\$8.8 million from the Foreign, Commonwealth, and Development Office (FCDO) of the United Kingdom (formerly the U.K. Department for International Development [DFID]). The AF will ensure that cash transfers are extended to beneficiaries in urban areas as well. The proposed REALISE operation will fill an existing gap in reaching out to informal businesses that have also been affected by COVID-19. In addition, a CERC in the amount of US\$10 million under the Smallholder Agriculture Transformation and Agribusiness Revitalization Project (STAR-P) (P160945) was activated, US\$5 million of which was allocated to the Government's COVID-19 Household Food Support Program (COHFSP) co-financed with the International Monetary Fund (IMF). Finally, another CERC in the education sector under the Improving Results in Secondary Education (IRISE) Project (P164932) in the amount of US\$1.5 million was activated to support the safe reopening of schools.
- (c) *Ensuring sustainable business growth and job creation.* Under this pillar, a new operation in the amount of US\$20 million is currently under preparation, the Economic Recovery and Transformation Project (ERTP) (P171997). The ERTP seeks to support financial inclusion, entrepreneurship, and the reforms needed to attract job-creating and sustainable private investment in response to COVID-19. In addition, a US\$55-million Scale-up Facility (SUF)-funded operation is also under preparation, the Liberia Rural Economic Transformation Project (RETRAP) (P175263) that will seek to boost sustainable rural agri-businesses by improving agriculture productivity and access to markets.
- (d) *Strengthening policies, institutions, and investment for rebuilding better.* To ensure sustained recovery, the World Bank is deepening support to strengthen key institutions in the health sector as well as in other sectors. In health, the recently approved and SUF-funded Liberia IFISH Project (P169641) in the amount of US\$54 million seeks to support key investments and institutional reforms in the sector to enable the country to respond more effectively to future pandemics. In addition, two Development Policy Financing Operations (DPOs) are also supporting policy and institutional reforms in energy, agriculture, social protection, and public financial management (PFM). These are the West Africa Regional Energy Trade Development Policy Financing Program (P171225) in the amount of US\$25 million and the Second Inclusive DPO (P173633) in the amount of US\$40 million.



### **Selectivity, Complementarity, Partnerships**

**4. The selected program has been identified based on the World Bank’s comparative advantage, and significantly utilizes operations that are fit for purpose.** CERCs have been activated in three existing projects (health, education, and agriculture) to ensure a swift response to the pandemic. In other cases, such as in social protection, implementation of cash transfer interventions is being accelerated while AF from other partners has been mobilized to expand coverage. DPOs are being implemented to complement IPFs by strengthening policies and institutions with the aim of building back better. Finally, to accelerate implementation, strategic partnerships have been forged. For example, the World Bank has facilitated agreements between the Government, UNICEF, and WHO in the health response, as well as an agreement between the Government and the World Food Program in the implementation of the food distribution program.



### ANNEX 3: LATEST COVID-19 SITUATION IN LIBERIA

1. **Liberia is experiencing a second wave of the pandemic, with 1,526 new infections reported between June 1-26, 2021 (Figure 1) versus 2,210 new infections between March 14, 2020 and May 30, 2021.** As of June 27, 2021, a total of 3,794 COVID-19 cases, including 123 deaths, were reported.<sup>23</sup> Most cases are concentrated in the capital city, Montserrado county (2,046 cases, 79 percent), where more than 45 percent of the 4.55 million Liberian population resides. Although Liberia had successfully contained disease outbreaks such as the West Africa Ebola Virus Disease (EVD) in 2014–2016, similar to other countries, COVID-19 cases have spread rapidly across the country. With EVD cases re-emerging in the neighboring country of Guinea (Conakry),<sup>24</sup> disease surveillance and ensuring effective COVID-19 vaccination deployment will be even more critical. As a complement to the proposed AF, the ongoing REDISSE II Project (P159040) will continue to support the strengthening of community-level disease surveillance and health systems to contain any suspected EVD cases.

2. **Although women and girls are less likely to die from COVID-19 in Liberia compared to their male counterparts, they bear a heavy burden of the pandemic in other ways.** For instance, women account for 65 percent of nurses in Africa and most of the health care workforce in Liberia, which puts this group at greater risk of infection. In Liberia women remain the main caregivers, having to care for ill family members, taking care of children that are home due to school closures, and carrying out other domestic care such as cooking and cleaning. Lockdown measures, quarantines, and travel restrictions adopted to respond to the COVID-19 pandemic have also affected businesses where women are overrepresented such as in tourism, restaurant/catering, and hairstyling. In rural areas, a sharp decline has been observed since the beginning of the pandemic in agricultural, fishing, and livestock activities, which women are heavily involved in. An increased risk of gender-based violence (GBV) in Liberia is very likely in 2020 due to financial uncertainty and other stresses exacerbated by lockdown measures. The proposed AF will continue to address gender disparities that make women and adolescent girls more vulnerable during this pandemic

3. **The COVID-19 pandemic has also created significant disruptions in essential health services, particularly affecting women, adolescent girls, and children.** Both supply side (for example, declining government revenues and health budgets, disruptions in global markets for essential medications and supplies, and health workforce challenges due to large numbers of providers becoming ill) and demand side (for example, unwillingness to seek care out of fear of becoming infected with COVID-19, lack of resource to pay for health care due to declining incomes, and mobility restrictions) challenges have been observed.<sup>25</sup> Under the COVID-19 pandemic, Liberia has experienced major disruptions in the delivery and utilization of essential RMNCAHN services. In April 2020, the MoH reported that national utilization rates of routine health services declined by 36 percent.<sup>26</sup> Curative consultations declined by 36 percent; immunization coverage declined by 39 percent (including a 94 percent decline in Margibi county), and first ANC visits declined by 38 percent. Montserrado county, which has the largest number of COVID-19 cases, saw a 67 percent decline in immunization coverage, a 43 percent decline in ANC visits, and a 27 percent decline in

<sup>23</sup> Source: Liberia COVID-19 Daily Situation Report 455. June 27,, 2021, MOH, GoL.

<sup>24</sup> WHO (World Health Organization). 2021. "New Ebola Outbreak Declared in Guinea." Available at: <https://www.afro.who.int/news/new-ebola-outbreak-declared-guinea>.

<sup>25</sup> <https://www.worldbank.org/en/country/liberia/overview>.

<sup>26</sup> Liberia MOH/HMIS 2020.



deliveries by skilled birth attendants. The proposed AF will provide additional resources that will address the urgent COVID-19 needs, enabling the World Bank-financed IFISH Project (P169641) to focus on continuity of care to reverse the trends of reduced utilization of essential RMNCAHN services.

**4. COVID-19 vaccinations have begun in Liberia as of April 1, 2021.** This will enable the country to return to some sense of normalcy as the number of vaccinated people move close to attaining herd immunity. The GoL has been able to purchase vaccines from COVAX Facility. Liberia received its first allocation of the vaccines through the COVAX AMC (27,000 doses of the AstraZeneca vaccine) and began deployment on April 1, 2021. Additional doses will also be procured through COVAX (to cover 60 percent of the 52 percent eligible population). Through the AVATT convened by the AU and through the MTN mobile company, fully subsidized 27,000 doses of AstraZeneca vaccine have been received by the country.



## ANNEX 4: SUMMARY OF THE PARENT PROJECT COMPONENTS

1. **The PDO of the parent project is to prepare and respond to the COVID-19 pandemic in Liberia.** The project supports the implementation of the 10 thematic pillars of the GoL's COVID-19 Plan,<sup>27</sup> as presented on March 20, 2020. This plan is complementary to areas supported by the ongoing World Bank REDISSE II Project (P159040), which supports Liberia's efforts to enhance its disease surveillance and response systems. The parent project comprises the following components.

### 2. **Component 1: Emergency Preparedness Response (US\$1.0 Million)**

This component provides immediate support to Liberia to prepare and respond to COVID-19 importation and local transmission of cases through containment strategies and provision.

- (a) **Subcomponent 1.1: Support to National and Sub-national, Preparedness and Response (US\$0.3 million).** This subcomponent contributes to financing of: (i) activities needed to support relevant sectors jointly develop standard operating procedures, coordinate and implement the Liberian COVID-19 preparedness and response plan. These include stakeholder coordination meetings, development of counties contingency plans, development of PoEs contingency plans and activities, conduct simulation exercise and training of rapid response teams and (ii) activities that enhance country health system capacities for the management of disaster recovery priorities such as support for cross-border action plans and after action reviews.
- (b) **Subcomponent 1.2: Support for case detection, confirmation, contact tracing, recording, and reporting (US\$0.6 million).** This subcomponent supports costs related to: (i) the training and equipping PoE staff, contact tracers, Community Health Assistants/hygiene promoters and Community Animal Health Workers to support cross-border surveillance, community surveillance/case detection, and reporting at PoE; (ii) training and equipping of frontline health care workers in IPC; (iii) strengthening of disease detection capacities through the provision of technical expertise to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan; (iv) strengthening of EOCs and (v) epidemiological investigations, cross-border information sharing and coordination, and strengthening of risk assessments.
- (c) **Subcomponent 1.3: Support to the surveillance system to facilitate recording and on-time virtual sharing of information (US\$0.1 million).** This subcomponent contributes to financing of: (i) the rollout of the electronic data management system activities; (ii) training of data monitors; and (iii) supervision of data collection at different levels of the response. This complements the ongoing activities being rolled out through REDISSE.

---

<sup>27</sup> Ten thematic pillars of the GoL's COVID-19 Plan: (I) Coordination (command and control and continuity of operations, EOC, official communication, Finance, HR); (II) Case management (including isolation, referral); (III) Point of Entry (including cross border surveillance); (IV) epidemiology/surveillance; (V) Health promotion and communication (community engagement, risk communication, social mobilization); (VI) Laboratories; (VII) WASH/Dead body management; (VIII) IPC; (IX) Supply chain and logistics; and (X) Rapid Response Team.



3. **Component 2: Supporting Preparedness through Laboratory System Strengthening (US\$1.0 million):** This component supports activities to strengthen disease surveillance systems in public health laboratories and epidemiological capacity for early detection and confirmation of cases. It finances the (a) strengthening of the sample transfer system at national and county levels; (b) establishment of two satellite laboratories in prioritized counties to support the National Reference Laboratory (NRL), and ensure that the links between the NRL and satellite laboratories are strengthened; (c) training of laboratory staff and support laboratory surge capacity; and (d) procurement of laboratory equipment, consumables, and laboratory tests (including COVID-19 testing kits).

4. **Component 3: Case Management and Clinical Care (US\$3.0 million)** As COVID-19 will place a substantial burden on inpatient and outpatient health care services, this component finances the strengthening of public health services to increase the capacity of the public health system in its response to COVID-19.

(a) **Subcomponent 3.1: Strengthening of health facilities and service delivery (US\$1.2 million):** This subcomponent supports financing of rehabilitation and equipping of prioritized primary health care (PHC) facilities and hospitals in high transmission areas for the delivery of critical medical services. Moreover, it will increase the availability of isolation rooms and ambulatory areas for screening and address the immediate health system needs for medical supplies and medical equipment to treat severe cases of COVID-19. It supports promoting the use of climate-smart technologies including the use of solar power where possible. The subcomponent supports the development of increased hospital bed availability through the repurposing of available bed capacity and ward space. This subcomponent has also contributed financing to the following: (i) the development of intra-hospital infection control measures; (ii) as part of clinical care, it supports necessary improvements for water and oxygen management at selected health facilities to ensure safe water and basic sanitation; (iii) procurement of electric generators and WASH in health facilities; and (iv) strengthening of medical waste management and disposal systems.

(b) **Subcomponent 3.2: Strengthening of the human resource surge (US\$1.0 million).** This subcomponent supports costs related to the mobilization of additional health personnel to support the surge response, training, and provision of hazard/indemnity payments and standardized health and life insurance for those directly involved in surveillance and case management, consistent with the government's applicable policies. This subcomponent also supports activities aimed at minimizing risks for patients and health personnel, including training of health facilities staff and frontline workers on risk mitigation measures, and providing them with the appropriate protective equipment and hygiene materials, including PPE kits. This component also provides support for psycho-social activities as part of comprehensive response to care for COVID-19-affected patients and their families.

(c) **Subcomponent 3.3: Logistics and emergency ambulance services (US\$0.8 million).** This subcomponent covers logistics for COVID-19 management, and the procurement of ambulance services or ambulances as the case maybe for transportation of COVID-19 patients.

5. **Component 4: Community Engagement, Risk Communication, and Advocacy (US\$1.75 million)**





- (a) **Subcomponent 4.1: Community engagement (US\$0.8 million).** This subcomponent remains one of the key pillars for both mitigation and containment of the COVID-19 epidemic. Through this subcomponent, support has been provided to develop systems for community-based disease surveillance and multi-stakeholder engagement. This component supports rebuilding community and citizen trust that can be eroded during crises, through engagement with local traditional leaders and political and religious leaders. The project also supports training for animal health workers, extension professionals, and paraprofessionals who will receive hands-on training in the detection of clinical signs of COVID-19.
  - (b) **Subcomponent 4.2: Risk communication and advocacy (US\$0.475 million).** This subcomponent finances activities including, but not limited to, developing and testing messages and materials to be used in the COVID-19 disease outbreak, and further enhancing infrastructures to disseminate information from national to counties and local levels, and between the public and private sectors. Communication activities will include support for cost-effective and sustainable methods such as marketing of 'handwashing' through various communication channels via mass media, counseling, schools, and workplaces. Risk engagement for awareness of social distancing measures, seen as an effective way to prevent contracting the COVID-19, as well as risk communication training of county education officers and superintendents will be supported for implementation to have an impact on immediate term responses. Support is also provided for information and communication activities to increase the attention and commitment of the Government, private sector, and civil society, and to raise awareness, knowledge, and understanding among the general population about the risk and potential impact of the COVID-19 pandemic and to develop multi-sectoral strategies to address it.
  - (c) **Subcomponent 4.3: Social and community support (US\$0.475 million).** This subcomponent is providing social support activities, including mechanisms to eliminate financial barriers for families who seek and utilize needed health services. Under this component, the provision of food and basic supplies to quarantined populations in isolation, treatment, and precautionary observation centers will be supported. Given the nature of COVID-19, all suspected and under-treatment patients are regarded high risk. Given the negative impact of the disease on families and the economy, the onus is on the Government to ensure those that are in isolation centers, quarantine, and treatments centers are supported adequately in terms of food and psychosocial counselling.
6. **Component 5: Project Management and Coordination, Monitoring and Evaluation (US\$0.75 million)**
- a) **Subcomponent 5.1. Project Management (US\$0.375 million).** The project provides support for the strengthening of public structures for the coordination and management of the GoL's project coordination efforts. Existing coordination structures operating through the REDISSE II Project have been utilized to ensure the project is ready at effectiveness.
  - b) **Subcomponent 5.2. M&E (US\$0.375 million).** The project has worked to strengthen the existing M&E arrangements under the REDISSE II Project. The project has supported the M&E of prevention and preparedness. Specific activities have included, but are not limited to building capacity for clinical and public health research, including veterinary, and joint-learning across and



within countries, training in participatory M&E at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.



## ANNEX 5: FINANCIAL MANAGEMENT AND DISBURSEMENTS ARRANGEMENTS

1. There will be changes to the existing FM, funds flow, and disbursement arrangements for the parent project to include a designated account (DA) for the AF. The parent project is being implemented by the MoH and FM arrangements are currently rated as **Satisfactory**.
2. The vaccines purchased must meet the World Bank's VAC. The World Bank will reimburse the Government, from the financing proceeds, for payments that the Government made before the date of the financing agreement and in compliance with the Disbursement and Financial Information Letter (DFIL), World Bank guidelines, including the World Bank Procurement Regulations for IPF Borrowers.
3. **Another DA (denominated in U.S. dollars) will be opened and maintained by the MoH and Project Financial Management Unit (PFMU).** The DA will be solely for the AF so that these funds are segregated from the original financing. The AF financing will be disbursed by the World Bank in line with the World Bank Disbursement Guidelines for IPF (dated February 2017), and using the advance, direct payment, reimbursement, and special commitment disbursement methods. Additional detailed procedures are included in the DFIL.
4. **In order to enhance assurance on the acquisition of vaccines and their distribution, the financial statements shall contain a supplemental schedule that will provide information on** (a) Vaccine Doses Acquired; (b) Vaccine Doses Administered (including by target groups); (c) Vaccines Out of Stock Not Administered (for example, expired, wasted, lost, and so on); and (d) Closing Inventory of Vaccine Doses. The purchase price of the vaccines funded through the project will be allocated to the above categories based on data provided by the Stock Management Tool. In addition to forming part of the annual project financial statements, this schedule will be produced quarterly and included as supporting documentation to the interim financial report (IFR).
5. **Budgeting.** The assessment has revealed that there is a budgeting system in place at the PFMU to ensure smooth implementation of the project to achieve the PDO. This system is unique to World Bank-financed projects (including the COVID-19 Emergency Response Project, P173812) financially managed at the PFMU. The PIU at the MoH will be responsible for the implementation of the project. In collaboration with the PFMU, the PIU—before the commencement of the GoL's fiscal year which runs from July 1 to June 30—will be required to prepare and submit an annual work plan and budget which will be derived from the procurement plan and disbursement plan to the World Bank for no objection after obtaining approval from the Steering Committee before the beginning of the fiscal period. The project management team is expected to monitor the IP against the work plan and budget for the planned project expenditures under each disbursement category/component. These arrangements will apply for the AF.
6. **Internal Controls and Audit.** The PFMU-updated Financial Procedures Manual and the provisions of the revised, amended, and restated Public FM Act of the Republic of Liberia will govern the internal controls. The PFMU has established an Internal Audit Section that will undertake the risk-based internal audit methodology and will submit the internal audit reports 45 days after the quarters ended March and September of each year.



7. **Periodic Financial Reporting.** The Director of Donor-Financed Projects at the PFMU will be responsible for preparing the quarterly unaudited IFRs. The IFRs will be submitted to the World Bank 45 days after end of each fiscal calendar quarter. The existing IFR format currently used by other World Bank-financed projects in Liberia will be customized for the COVID-19 Emergency Response Project AF and agreed upon during negotiations.
8. **The annual audited financial statements of the project shall be submitted to the World Bank within six months of the end of the GoL's fiscal year (that is, by June 30 each year).** The external auditors will conduct an annual audit of the project financial statements on agreed terms of reference (ToR) with the World Bank. The ToR of the existing audit arrangements with external auditors will be changed to require an opinion covering the schedule referred to above that covers the purchase of vaccines and their subsequent use. It is considered that distribution and administration of the vaccines in accordance with the plan will provide some assurance over the expenditures incurred for distribution (that is, inoculation evidences existence of cold-chain and related capacities), and if there are significant variances to the plan the auditor will be further asked to ensure at least 50 percent of the costs of distribution are included in the scope of their normal audit.
9. **Conclusion.** The overall FM risk is assessed as High but reduced to a residual risk rating of Substantial in view of the risk mitigation measures to be put in place. These include the use of the FM system of the PFMU, management of the FM services by the existing Director and his deputies who have experience in World Bank-financed projects, and the strengthening of on-the-job training to be provided for the Internal Auditors and the Project Accountants. The PFMU will maintain financial records for the project and will submit to IDA the World Bank quarterly unaudited IFRs 45 days after the end of each quarter. In addition, the project management team will submit the project-audited accounts on an annual basis six months after the end of each fiscal year, in accordance with the legal covenants to be agreed upon for the project.
10. **Implementation Support Plan:** FM supervision will be conducted consistent with the risk rating for the project. The FM supervision missions' objectives will include reviewing the expenditure for eligibility, availability of supporting documentation, and adequacy for documentation.



**ANNEX 6: ESS ACTION PLAN FOR LIBERIA COVID-19 EMERGENCY RESPONSE PROJECT ADDITIONAL FINANCING ON VACCINES**

<b>Conditionality in the cleared and disclosed ESCP (TIMEFRAME)</b>	<b>Current Status</b>	<b>Mitigation Measures</b>	<b>Accountability</b>	<b>Suggested Intermediate Timelines and Clarifications</b>
Employment of additional environmental and social specialist Social Officer-- within one month of project effectiveness.	Current there is at least one person in PIU.	Fast track recruitment through direct procurement process.	MoH/WB	PIU to hire a social officer with experience in GBV risk management, by July 30, 2021 and in any case no later than one month after the AF effective date. The PIU, will allocate sufficient budget and use direct selection for the recruitment of the officer, with very specific guidelines to meet the deadline. The officer should have performed similar task with another PIU or in an international organization.
Functional GRM for Workers shall be established within two months of the effectiveness of AF and maintained throughout the Project implementation.	GRM mechanism supporting health programs.	To be upgraded and revised in line with vaccine procurement and logistics.	MoH/WB	A functional GRM shall be established within 10 counties by July 30, 2021 and in any case no later than two months after the effective date. Due to geographic inaccessibility as a result of the heavy rains, a functional GRM shall be established in the remaining five counties within two months of the AF effective date.
ESMF shall be adopted, approved, and disclosed within one month of the effectiveness of the AF.	ESMF for the AF in draft form pending finalization.	Finalize completion of ESMF and disclose.	MoH/WB	PIU to share a draft with the World Bank by July 2, 2021.
An updated SEP is prepared and disclosed, and shall be consulted, updated, adopted and implemented throughout the project cycle.	Finalized and cleared.	No measures required, finalize plan for implementation.	MoH	-



Establish functional GRM and GRC within two months of the project effectiveness and implemented throughout the project.	Operationalize existing GRM with plans for specific activities.	Develop plan for clearance.	MoH/World Bank	
LMP shall be adopted, approved, and disclosed within one month of the effectiveness of the AF.	In draft as part of ESMF.	Finalize ESMF revision.	MoH/World Bank	PIU to share a draft with the World Bank by July 2, 2021.
MHCWMP shall be adopted, approved, and disclosed within one month of the AF effectiveness of the AF	National guidelines found adequate but to be cleared.		MoH/World Bank	PIU to share the updated version to the WB by July 5, 2021.
All related measures including SEA/H action plan shall be done accordingly and within one month of the project effectiveness of AF and implementation throughout the project.	Update SEA/SH/gender action plans in line with vaccine related activities.	Review current SEA and SH plans to incorporate vaccines.	MoH/World Bank	
Making Incinerator and Ashpit functional at Jordanian Hospital in association with other nearby health facilities and develop a manual on the collection and transportation of waste from points of generation to the incineration site.  One Month after AF effectiveness			MoH/World Bank	
Complete Fencing of National Reference Laboratory at Charleville –  Within one month of AF effectiveness.	Not started.		MoH/World Bank	



Undertake the Institutional Capacity Assessment and Institutional Capacity Strengthening Plan one month after project effectiveness date.	Started.	In progress	MoH/World Bank	Ongoing activity throughout lifetime of project. And current assessment is to ensure that the PIU is ready to implement the project effectively.
---	----------	-------------	----------------	--