



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 01-Sep-2020 | Report No: PIDA30228



BASIC INFORMATION

A. Basic Project Data

Country Papua New Guinea	Project ID P174717	Project Name Papua New Guinea COVID-19 Emergency Response Additional Financing	Parent Project ID (if any) P173834
Parent Project Name Papua New Guinea COVID-19 Emergency Response Project	Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 03-Sep-2020	Estimated Board Date 30-Sep-2020
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Department of Treasury	Implementing Agency National Department of Health

Proposed Development Objective(s) Parent

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Papua New Guinea (PNG).

Components

Preparedness for COVID-19 Containment and Mitigation
Health Systems Strengthening
Managing Implementation and Monitoring & Evaluation
Contingent Emergency Response Component (CERC)

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	20.54
Total Financing	20.54
of which IBRD/IDA	19.36
Financing Gap	0.00

DETAILS



World Bank Group Financing

International Development Association (IDA)	19.36
IDA Credit	19.36

Non-World Bank Group Financing

Trust Funds	1.18
Pandemic Emergency Financing Facility	1.18

Environmental and Social Risk Classification

Substantial

B. Introduction and Context

Country Context

1. The Independent State of Papua New Guinea (“PNG”) is a lower-middle income country (LMIC) with a population of over 8 million. 86.9% of the population lives in rural areas. The country’s rugged topography and very poor transport infrastructure mean that a large share of the population resides in remote and hard-to-reach areas. PNG’s economy relies heavily on natural resources and it is therefore exposed to the price volatility of international commodities. In the absence of adequate stabilization measures, PNG has followed a “boom and bust” cycle of high fluctuations in revenues and expenditures driven by changes in global commodity prices.
2. Poverty rates are high in PNG, and PNG’s scores on the Human Capital Index are low. Poverty rates remain high, particularly in the rural and remote areas, with 38% of PNG’s population living below the international poverty line of US\$1.90 per day (2011 US\$ Purchasing Power Parity) in 2009¹ PNG has a Human Capital Index score of 0.38, which is below the East Asia and Pacific (EAP) region average (0.62) and is comparable to Sub-Saharan Africa (0.40).
3. The economic impacts of a COVID-19 outbreak are expected to be large underscoring the need for an urgent response. PNG’s heavy reliance on natural resources makes the country vulnerable to global market shocks in commodity prices and weaker external demand. Limited fiscal space and a rigid exchange rate regime constitute constraints for the authorities to react to these shocks, requiring an urgent mobilization of external financial support from the development partners. External assistance could play a key role in ensuring that service delivery can be strengthened to meet the challenge of COVID-19 and increase the health system’s preparedness to manage future pandemics.

Sectoral and Institutional Context

4. PNG has been buffeted by a number of health crises in recent years. A cholera outbreak in 2009 infected 15,500 people with 500 deaths, a Chikungunya outbreak in 2012-13 affected all 22 provinces, a measles outbreak in 2014 resulted in nearly 5,000 cases and 365 deaths and polio re-emerged in 2018 with an outbreak of vaccine-derived polio

¹



virus type 1 (cVDPV1). TB is at public health emergency levels and PNG has one of the highest rates of Multi Drug Resistant TB in the world with an incidence of 23 per 100,000 population.

5. A COVID-19 outbreak will further strain a health system that struggles to deliver basic health services. PNG faces a shortage in health workers, there are fewer than 500 registered medical officers in PNG and their distribution across the country is uneven. There are limited isolation beds situated in the Port Moresby General Hospital. A new field hospital, Rita Flynn, in Port Moresby was established and each provincial hospital is allocating beds for isolation, but this will likely be insufficient with rising case load. PNG's coverage of essential health services is low for its level of income, and use or coverage for basic services has been stagnant or declining. To illustrate, between 2013 and 2017, utilization of outpatient services in PNG has oscillated between 1.25 and 1.07 outpatient visits to a health facility per person per year. Only 52% of pregnant women received at least four Ante Natal Care (ANC) check-ups. In 2016, only 34% of children under 1 were immunized against measles and 41% received the third dose of the pentavalent vaccine. With a stunting rate of nearly 50% and high current burden of disease including of Tuberculosis, PNG's population is highly susceptible to the adverse impacts of COVID-19. Given worse underlying health and higher rates of undernutrition, the poor are particularly vulnerable.

6. A national State of Emergency (SOE) was declared in PNG on March 22, 2020 and was lifted on June 16 as no new cases had been detected during that period. The National Pandemic Act 2020 was enacted on June 12, which gave the state powers to use the same measures used under the SOE and lockdown if new COVID-19 cases pose a threat to PNG, where a declaration has been made for the existence of pandemic, pestilence or National Health Emergency. The case count has begun to escalate in PNG more recently with 287 cases as of August 12, and 3 deaths. Most of these cases have been identified in the National Capital District (Port Moresby) due to an escalation in testing and contact tracing. Inadequate testing in other provinces means that community transmission elsewhere cannot be ruled out. In line with the experience in other countries, older individuals and men account for the majority of COVID-19 cases. The proposed additional financing (AF) seeks to strengthen the COVID-19 response in PNG in light of the increasing number of COVID-19 confirmed cases.

C. Proposed Development Objective(s)

Original PDO

7. The project development objective (PDO) of the parent project is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Papua New Guinea (PNG).
8. No revisions to the original PDO are proposed under the additional financing.

Key Results

9. The achievement of PDO is monitored by the following PDO indicators:
 - Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours (disaggregated by gender);
 - Proportion of samples from suspected cases of COVID-19 / SARI that are confirmed within 48 hours (disaggregated by gender);
 - Number of Provinces with personal protective equipment (PPE) and infection prevention & control (IPC) products and supplies, without stock-outs in preceding two weeks.

D. Project Description

10. The parent PNG COVID-19 Emergency Response Project in the amount of US\$20 million was approved by the Board of Executive Directors on April 10, 2020 and declared effective on April 17, 2020. The Project will close on April



30, 2023. The PDO is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Papua New Guinea (PNG). The Project comprises the following components:

- Component 1: Preparedness for COVID-19 Containment and Mitigation (US\$5.4 million);
- Component 2: Health Systems Strengthening (US\$13.9 million);
- Component 3: Managing Implementation and Monitoring & Evaluation (US\$0.7 million);
- Component 4: Contingent Emergency Response Component (CERC) (US\$0 million). The parent project includes a CERC. However, no funds from the proposed AF will be allocated to the CERC for the reasons outlined below.

11. **The proposed additional financing (AF)** will complement the parent project financing that will continue to support the implementation of the national COVID-19 strategic preparedness and response plan for strengthening health system preparedness. It will also seek to fill gaps in support with other development partner support. The AF will expand on existing United Nations (UN) partnerships under the parent project financing that is supporting the COVID-19 response in PNG. The following changes are proposed under the additional financing:

12. **Scale-up and new activities; and increase in costs of component 1.** Component 1 (*Preparedness for COVID-19 Containment and Mitigation*, original allocation US\$5.4 million, revised allocation US\$14.0 million) under the parent Project aims to slow down and limit the spread of COVID-19 in PNG and improve preparedness for future public health emergencies.

13. Additional activities under component 1 will include support to expanding risk communications and community engagement, strengthening support to provincial response and training and capacity building. A new sub-component will be added to finance support to expanding the COVID-19 response at the provincial level through support to expanding outreach to reach rural populations in 10 priority provinces identified based on gaps in available support. These include East New Britain, Enga, Hela, Manus, Milne Bay, National Capital District, New Ireland, Oro, Simbu and West New Britain. The following scale-up activities will be supported under the following sub-components :

- **Sub-component 1.1: Risk Communication and Community Engagement.** This sub-component will finance the implementation of RCCE in support of the COVID-19 response. In addition to reinforcing messages on hygiene promotion and physical distancing, risk communication will focus on health workers to encourage adherence to safety protocols and infection prevention practices, as well as appropriate use of PPEs, and on the broader public to address concerns around stigmatization of individuals with COVID-19. Financed activities will include developing and testing messages and materials, and costs associated with dissemination.
- **Sub-component 1.2: Strengthening Response Support at the Provincial Level.** This sub-component will finance technical assistance to strengthen the COVID-19 response at the province level. This will include the provision of technical assistance to: (i) improve the effectiveness of the COVID-19 response drawing on lessons from the Stop Transmission of Polio program; and (ii) develop and implement information technology tools to monitor and manage the provincial response. This will include technical assistance to develop and use dashboards and data visualization tools to manage the provincial response, as well as the development of a module to track PPEs and IPC supplies in the current logistics software utilized in the country (i.e., mSupply). These digital tools will link to the greater health information architecture planned for the health system.
- **Sub-component 1.3: Expanding service delivery outreach to communities for COVID-19 at the provincial level (new sub-component).** This new sub-component will assist National Department of Health (NDOH) in providing support to: (i) expand the delivery of COVID-19 health services (specifically risk communication and community engagement, contact tracing and surveillance), and



improve the delivery of routine health services (such as immunization and ante natal care) through increased outreach visits; (ii) provincial health authorities to manage and oversee such service delivery through church health providers and NGOs; and (iii) bolster current immunization delivery pathways to prepare for a potential roll-out of a COVID-19 vaccine if it becomes available. PNG has sent in their expression of interest to join the COVAX facility which aims to ensure global, equitable access to COVID-19 vaccines. Selection of NGOs and churches and coordination of this component will be done under the United Nations Children's Fund (UNICEF)'s contract. The delivery of routine services through outreach offers an opportunity to deliver COVID-19 services, including risk communications and surveillance. This sub-component will finance goods for NDOH (such as vehicles and printed materials for outreach) and technical assistance.

- **Sub-component 1.4: Human Resource Development (former sub-component 1.3).** This sub-component will finance all training related to the activities being financed by the additional financing. This included expanding training for health workers on swabbing and managing samples safely and contact tracing, provincial surveillance, lab capacity building and delivering outreach services in accordance with the Niupela Pasin ('New Way'/ 'New Normal') technical guidelines issued by the NDOH .

14. **Scale-up activities; and increase in costs of component 2.** Under the parent Project, component 2 (*Health Systems Strengthening*, original allocation US\$13.9 million, revised allocation US\$25.2 million) aims to strengthen the health system's ability to rapidly diagnose, contain the spread of COVID-19 and improve clinical management of sick patients. It includes financing to strengthen early detection, improve clinical management of COVID-19 and support measures to contain its spread.

15. Additional activities under component 2 will include further support to expand testing and clinical management capacity at the provincial level. The following scale-up activities will be supported under the following sub-components:

- **Sub-component 2.1: Building Testing Capacity.** This sub-component will finance activities to increase the speed with which COVID-19 test results are obtained and suspect cases informed. It will finance: i) laboratory equipment, test kits and a mobile PCR laboratory; ii) hardware and software for a laboratory information system that also enables the tracking of samples therefore aiming to reduce turnaround time to informing individuals of their test results; iii) technical assistance to support implementation of the laboratory information system; (iv) the costs of distributing procured goods within PNG; and (v) the costs of transporting test samples within the country.
- **Sub-component 2.2: Enhancing Containment and Clinical Management Capacity.** This sub-component will finance the procurement, tracking and distribution of the additional equipment to ensure safety and protection of frontline essential health workers. This will include PPEs, IPC products and supplies, and materials to keep the facilities clean.

16. **Increase in cost of component 3** (*Managing Implementation and Monitoring and Evaluation*, original allocation US\$0.7 million, revised allocation US\$1.4 million). An increased allocation to component 3 will accommodate expanded monitoring and evaluation and implementation management activities.

17. **A Level II restructuring** is being proposed to revise the scope of the parent project to include the new activities under sub-component 1.3. Following the proposed restructuring, the additional IDA credit will finance components 1, 2.1, 2.2 and 3 of the parent project, and the PEF grant will finance sub-components 2.1 and 2.2 of the parent project.

18. **Results framework.** As part of the proposed Level II restructuring, the results framework for the project are proposed to be revised to reflect activities under the Additional Financing by adding the following indicators:



- a. Number of Provinces with Provincial Surveillance Officers to support Provincial Command Centers (sub-component 1.2)
- b. Number of additional outreach visits conducted in priority provinces (sub-component 1.3)
- c. Number of health workers trained on the Niupela Pasin COVID-19 outreach package (sub-component 1.3)
- d. Number of laboratory technician coaching and training sessions conducted (sub-component 2.1)

19. In addition, the following indicators are proposed to reflect fine-tuning of project interventions during implementation:

- e. Number of provincial hospitals with oxygen concentrators to manage COVID-19 patients (sub-component 2.2). This indicator reflects an emphasis on using oxygen therapies to manage COVID-19 patients with breathing difficulties, i.e., the use of oxygen concentrators. This indicator was not included in the original results framework as this specific strategy was agreed on after the parent project was approved.
- f. Number of health workers trained on surveillance, clinical management, infection prevention and control, behavior change communication and COVID-19 testing (sub-component 1.4). This indicator is proposed to replace the indicator ‘Training of Trainers completed on Surveillance, Clinical Management, Infection Prevention and Control, Behavior Change and Laboratory testing’. This change is proposed as the training of trainers approach was deemed less effective at reaching frontline health facility staff, and UNICEF, the contracted agency now seeks to directly train staff up to the district level.

20. The targets for relevant indicators will be revised to reflect activities under the additional financing. The targets for PDO indicators 1 and 2 will be reduced. As the case count has escalated it has become increasingly clear that the targets may be difficult to meet and are too ambitious even with the proposed AF.

Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts

21. The parent project and AF will have long term positive environmental and social impacts, insofar as it should improve COVID-19 surveillance, monitoring, treatment and containment. Nevertheless, in the short-term both the parent project and AF environmental and social risks are considered to be ‘Substantial’. The AF will significantly scale up the activities implemented under the parent project, however, is not expected to lead to any additional risks or impacts.



22. The main environmental risks identified are: (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) the occupational health and safety (OHS) issues for medical staff and employees related to the treatment of COVID-19 patients; and (iii) medical waste management and community health and safety issues related to the handling, transportation and disposal of hazardous and infectious healthcare waste. As no civil works other than establishment of modular facilities on existing hospital grounds or other government owned sites are to be undertaken, environmental risks associated with these works are expected to be minor and readily mitigated. PNG's poor track record in containing and managing epidemics and contagious diseases in recent years (Tuberculosis Bacteria, cholera, chikungunya, measles, polio), low coverage and investment in essential health services, lack of comprehensive waste legislation, strategies, resources and facilities, etc. exacerbate the environmental risks despite the availability of readily implementable and effective mitigation measures in the form of World Health Organization (WHO) guidance, World Bank Environmental Health and Safety (EHS) Guidelines, other good international industry practice (GIIP) and PNG endorsed IPC procedures. While the contextual environmental risks are assessed to be high, the COVID-19 emergency operation is not expected to generate large volumes of medical waste with high population proximity exposed to this waste. Due to the resulting low probability of serious adverse effects to human health from exposure to medical waste, and the fact there are known and reliable mechanisms available to prevent or minimize such exposure, the environmental risk is assessed to be 'Substantial' for both the parent project and AF.

23. To mitigate the above-mentioned risks, NDOH prepared, consulted and disclosed the Environmental and Social Management Framework (ESMF) that covers the environmental and social mitigation measures to be implemented for the various proposed activities included in the parent project. Mitigation measures are largely be based on WHO technical guidance on COVID-19 response, World Bank EHS Guidelines and other GIIP, including an elaboration of roles and responsibilities within the NDOH, training requirements, timing of implementation and budgets. The ESMF will be updated within 30 days of Project Effectiveness to include AF details and any lessons that have been learnt during the implementation of the Parent Project. In accordance with the ESMF, relevant management plans will be finalized before establishing the isolation units and laboratory facilities. In addition, specification review, site location assessments and waste management plans are being completed prior to the procurement of the incinerators. The Environmental and Social Commitment Plan (ESCP) has been updated to reflect the activities proposed under the AF.

24. The social risks are considered 'Substantial' for both the parent project and AF. While some social risks and impacts are significant, they are considered temporary, predictable, and readily managed through project design features and mitigation measures. No land acquisition or involuntary resettlement impacts are expected. The project includes the establishment of temporary facilities in at least 10 provinces. All activities will be conducted within existing government facilities/grounds and no new land will be acquired or accessed. A key social risk is the potential for inequitable access to project supported facilities and services particularly for vulnerable and high-risk social groups (poor, disabled, elderly, isolated groups). Real or perceived inequities also have the potential to lead to social tensions, conflict and civil unrest. To mitigate this risk NDOH, in the ESCP, has committed to the provision of services and supplies to all people, regardless of their social status, based on the urgency of the need, in line with the latest data related to the prevalence of the cases, and the implementation of WHO guidance tools for COVID-19 risk communication and engagement.

25. While protecting the health of communities from infection with COVID-19 is a central part of the parent project and AF, without adequate controls and procedures, project activities ranging from medical facility operation through to on-ground public engagement exercises have the potential to contribute to virus transmission and other community health and safety issues. Some project activities also present increased health and safety risks for project workers, particularly those working in medical and laboratory facilities and medical waste management. Clear communication of risks and prevention measures is included within training and stakeholder engagement activities. Social risks associated



with the project are being addressed through the project’s ESMF, Stakeholder Engagement Plan (SEP) (including a Grievance Redress Mechanism - GRM) and Labor Management Procedure, in line with the applicable Environmental and Social Standards (ESS) of the World Bank’s Environmental and Social Framework (ESF) and the WHO COVID-19 guidance tools for COVID-19 preparedness and response.

26. The Project Coordination Unit’s existing Environment, Social, Health and Safety and Community Engagement Specialist (ESHS&CE) Specialist and part-time Environment, Social and Health and Safety Adviser (ESHS Adviser) will continue to work with lead partners such as UNOPS, UNICEF and WHO to ensure the effective implementation of the project’s Environment and Social (E&S) instruments for both Parent Project and AF activities. The ESHS Adviser’s inputs will be increased to help support oversight of scaled up activities under the AF. These resources are considered adequate to support E&S aspects of the parent project and AF.

E. Implementation

Institutional and Implementation Arrangements

27. Institutional and implementation arrangements will remain the same as for the parent project. The National Department of Health (NDOH) is the implementing agency for the parent project. The NDOH is responsible for project implementation, including overall coordination, results monitoring and communicating with the World Bank on the implementation of the project. The secretary of the NDOH serves as the project director, who is responsible for providing project oversight and coordinating overall Project implementation. In addition, a Project Steering Committee will be established to review progress of the Project implementation. The Project Coordination Unit (PCU) for the Emergency Tuberculosis Project (ETP) supports the NDOH on day-to-day management and implementation of the Project. In addition to the existing ETP PCU Project Coordinator and Procurement Specialist, the PCU has been expanded to include local and international Environmental and Social Specialists. The selection of a Financial Management (FM) and Monitoring and Evaluation (M&E) Specialists are at an advanced stage. The PCU currently includes an Accounts Officer, and the FM Specialist is intended to further boost FM capacity. It is also proposed to include a Deputy Project Coordinator in the PCU as the size of the portfolio managed by the PCU has expanded from US\$ 15 million (Emergency TB Project) to approximately US\$ 55.9 million (including the PNG COVID-19 Emergency Response Project and proposed Additional Financing) while NDOH capacity has been increasingly stretched due to the unfolding COVID-19 crisis.

CONTACT POINT

World Bank

Aneesa Arur
Senior Economist

Borrower/Client/Recipient

Department of Treasury

Implementing Agencies



National Department of Health
Paison Dakulala
Acting Secretary
Paison_Dakulala@health.gov.pg

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

APPROVAL

Task Team Leader(s):	Aneesa Arur
----------------------	-------------

Approved By

Practice Manager/Manager:		
Country Director:	Paul Vallely	02-Sep-2020