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Report No: PAD4908

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

PROJECT PAPER

ON A

PROPOSED ADDITIONAL

LOAN

IN THE AMOUNT OF US$100 MILLION

TO THE

REPUBLIC OF EL SALVADOR

FOR THE

EL SALVADOR COVID-19 EMERGENCY RESPONSE PROJECT

JUNE 16, 2022

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 FINANCNG APPROVED BY THE BOARD
ON OCTOBER 13, 2020

Health, Nutrition & Population Global Practice
Latin America And Caribbean Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective May 27, 2022)

Currency Unit	=	United States Dollar
US$1	=	US$1

FISCAL YEAR
January 1 - December 31

Regional Vice President:	Carlos Felipe Jaramillo
Country Director:	Michel Kerf
Regional Director:	Luis Benveniste
Practice Manager:	Michele Gragnolati
Task Team Leader(s):	Roberto F. Iunes, Aakash Mohpal

ABBREVIATIONS AND ACRONYMS

AEFI	Adverse Event Following Immunization
AF1	First Additional Financing
AF2	Second Additional Financing
AMC	Advanced Market Commitment
BFP	Bank Facilitated Procurement
CENABI	National Biological Center *(Centro Nacional de Biológicos)*
COVAX	COVID-19 Vaccines Global Access
COVID-19	Coronavirus Disease 2019
CPF	Country Partnership Framework
DA	Designated Account
E&S	Environmental and Social
EHSG	Environmental Health and Safety Guidelines
ESCP	Environmental and Social Commitment Plan
ESMF	Environmental and Social Management Framework
ESRC	Environmental and Social Risk Classification
ESRS	Environmental and Social Review Summary
EUL	Emergency Use Listing
FM	Financial Management
FMA	Financial Management Assessment
GHG	Greenhouse Gas
GII	Gender Inequality Index
GoES	Government of El Salvador
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HEIS	Hands-on Expanded Implementation Support
IBRD	International Bank for Reconstruction and Development
ICU	Intensive Care Unit
IDA	International Development Association
IDB	Inter-American Development Bank
IFR	Interim Unaudited Financial Report
IPF	Investment Project Financing
ISR	Implementation Status and Results Report
MoH	Ministry of Health
MPA	Multiphase Programmatic Approach
PDO	Project Development Objective
PMU	Project Management Unit
POM	Project Operational Manual
PPE	Personal Protective Equipment
SEA/SH	Sexual Exploitation and Abuse and Sexual Harassment
SEP	Stakeholder Engagement Plan
SPRP	Strategic Preparedness and Response Program
STEP	Systematic Tracking of Exchanges in Procurement
VAC	Vaccine Approval Criteria

VRAF	Vaccine Readiness Assessment Framework
VRAT	Vaccine Introduction Readiness Assessment Tool
WB	World Bank
WHO	World Health Organization

El Salvador

Second Additional Financing to El Salvador COVID-19 Emergency Response Project

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BASIC INFORMATION – PARENT (El Salvador COVID-19 Emergency Response Project - P173872)

Country	Product Line	Team Leader(s)		
El Salvador	IBRD/IDA	Roberto F. Iunes		
Project ID	Financing Instrument	Resp CC	Req CC	Practice Area (Lead)
P173872	Investment Project Financing	HLCHN (9319)	LCC2C (1308)	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
17-Apr-2020	31-Jul-2023		Substantial

Financing & Implementation Modalities

[✓] Multiphase Programmatic Approach [MPA]	[ ] Contingent Emergency Response Component (CERC)
[ ] Series of Projects (SOP)	[ ] Fragile State(s)
[ ] Performance-Based Conditions (PBCs)	[ ] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a Non-fragile Country
[ ] Project-Based Guarantee	[ ] Conflict
[ ] Deferred Drawdown	[✓] Responding to Natural or Man-made disaster
[ ] Alternate Procurement Arrangements (APA)	[ ] Hands-on 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 104)

To respond to and mitigate the threat posed by COVID-19 and strengthen the national system for public health preparedness in El Salvador.

Ratings (from Parent ISR)

	Implementation			Latest ISR
	17-Jul-2020	28-Jan-2021	30-Aug-2021	08-Mar-2022
Progress towards achievement of PDO	S	S	S	S
Overall Implementation Progress (IP)	S	S	S	S
Overall ESS Performance	S	S	S	S
Overall Risk	S	S	H	S
Financial Management	S	S	S	S
Project Management	S	S	S	S
Procurement	S	S	MS	MS
Monitoring and Evaluation	S	S	S	S

BASIC INFORMATION – ADDITIONAL FINANCING (Second Additional Financing to El Salvador COVID-19 Emergency Response Project - P178315)

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P178315	Second Additional Financing to El Salvador COVID-19 Emergency Response Project	Restructuring, Scale Up	No
Financing instrument	Product line	Approval Date	

Investment Project Financing	IBRD/IDA	16-Jun-2022	
Projected Date of Full Disbursement 30-Apr-2024	Bank/IFC Collaboration No		
Is this a regionally tagged project? No			

Financing & Implementation Modalities

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

Disbursement Summary (from Parent ISR)

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed
IBRD	70.00	36.79	33.21	53 %
IDA				%
Grants				%

MPA Financing Data (US$, Millions)

MPA Program Financing Envelope	18,000.00

MPA FINANCING DETAILS (US$, Millions)

Board Approved MPA Financing Envelope:	18,000.00
MPA Program Financing Envelope:	18,000.00

of which Bank Financing (IBRD):	9,900.00
of which Bank Financing (IDA):	8,100.00
of which other financing sources:	0.00

PROJECT FINANCING DATA – ADDITIONAL FINANCING (Second Additional Financing to El Salvador COVID-19 Emergency Response Project - P178315)

FINANCING DATA (US$, Millions)

SUMMARY (Total Financing)

	Current Financing	Proposed Additional Financing	Total Proposed Financing
Total Project Cost	70.00	100.00	170.00
Total Financing	70.00	100.00	170.00
of which IBRD/IDA	70.00	100.00	170.00
Financing Gap	0.00	0.00	0.00

DETAILS - Additional Financing

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	100.00

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

The project is being processed using the following waiver granted through the MPA: a partial waiver relating to the application of Anti-Corruption Guidelines to unsuccessful bidders in the context of retroactive financing and of framework agreements in place between the borrower and suppliers and financed under retroactive financing or advanced procurement.
In addition, a waiver of provisions of Section III, paragraph 16(d) of the IPF Directive in relation to extending the retroactive financing period from 12 to 18 months prior to the expected signing of the legal agreement.

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

Approved by Management [✓] Endorsed by Management for Board Approval [ ] No [ ]

Explanation

Waiver for the extension of the retroactive period was approved by OPSVP on March 30, 2022.

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	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

Climate Change and Disaster Screening

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

PROJECT TEAM

Bank Staff

Name	Role	Specialization	Unit
Roberto F. Iunes	Team Leader (ADM Responsible)		HHNGE
Aakash Mohpal	Team Leader		HLCHN
Maria Camila Padilla Gomez	Procurement Specialist (ADM Responsible)		ELCRU
Sandra Lisette Flores De Mixco	Financial Management Specialist (ADM Responsible)		ELCG1
Marta Jordao Henriques	Environmental Specialist (ADM Responsible)		SLCEN
Ricardo Marten Caceres	Social Specialist (ADM Responsible)		SLCSO
Adriana Guadalupe Rodriguez De Ramos	Procurement Team	STEP	LCCSV
Alexandra Lelouch Loebl	Counsel		LEGLE
Andrea Maria Ayala Rodriguez	Procurement Team	STEP	LCCSV
Gabriela Moreno Zevallos	Team Member		HLCHN
Jania Ibarra	Team Member		LCCSV
Leanne Farrell	Environmental Specialist		SLCEN
Maria E. Colchao	Team Member		HLCHN
Maria Virginia Hormazabal	Team Member		WFACS
Tatiana Cristina O. de Abreu Souza	Team Member		WFACS
Tomas Plaza Reneses	Team Member		HLCHN

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 (WB) Regional Vice President for Latin America and the Caribbean to provide an additional International Bank for Reconstruction and Development (IBRD) loan in the amount of US$100 million for a Second Additional Financing (AF2).** The AF2 would support the costs of expanding activities of the El Salvador COVID-19 Emergency Response Project (P173872, the Project) under the Coronavirus Disease (COVID-19) Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) approved by the Board on April 2, 2020, and supplemented by the Additional Financing to the SPRP for vaccines approved on October 13, 2020.[1] The Project, financed by a US$20 million initial IBRD loan (P173872) approved on April 17, 2020, supports COVID-19 preparedness and response activities. The First Additional Financing (AF1, P176033), for US$50 million, was approved on April 16, 2021, to expand the scope of the Project to include vaccination against COVID-19. The proposed AF2 would provide financial support to scale-up activities related to COVID-19 preparedness, response, and vaccination. The Project would also be restructured to: (i) extend the loans' closing date from July 31, 2023 to December 31, 2023, and (ii) update the results framework.

2. **El Salvador has made significant progress in responding to the COVID-19 pandemic and, as of June 7, 2022, 66.3 percent of the population had been fully vaccinated.** At the time of preparation of AF1, the Government of El Salvador (GoES) had set an initial target of vaccinating 4.5 million people (69 percent of the population), starting with frontline health workers, and successively incorporating other priority groups. The targets were revised on September 22, 2021 to include children above 6 years of age and other eligible populations[2] for a total of almost 5.9 million people (around 90 percent of the population). Following new medical guidelines, the third dose or the booster shot was authorized on September 27, 2021. As of June 7, 2022, 70.8 percent of the population has received at least one dose and approximately 25.6 percent of the population has received a booster dose.[3] Vaccination against COVID-19 is available free of charge in El Salvador. Due to the high rates of COVID-19 vaccination, combined with early stringent measures to contain the pandemic, El Salvador has weathered the pandemic better than other countries in the region. As of June 14, 2022, there were 0.025 cumulative cases per person in El Salvador, compared to the world average of 0.068 and South American average of 0.135. In terms of deaths, there were 0.634 deaths per thousand people in El Salvador compared to 0.801 globally and 3.00 in South America.[4]

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[1] The WB approved a US$12 billion World Bank Group Fast Track COVID-19 Facility (FTCF or "the Facility") to assist 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 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. An Additional Financing of US$12 billion (IBRD/IDA) was approved on October 13, 2020, to support the purchase and deployment of vaccines as well as strengthening the related immunization and health care delivery system.

[2] For example, pregnant women with more than 16 weeks of gestation were included following revised international medical guidelines.

[3] Available at: *https://covid19.gob.sv/*

[4] Data from Our World in Data. No information available for the aggregate of Latin or Central Americas. Available at: *https://ourworldindata.org/coronavirus*. Note that cases per capita alone may be poor indicator of pandemic intensity due to variation in testing capabilities. For this reason, the cases per capita numbers are presented together with deaths per capita, which is arguably a more reliable measure.

B. Consistency with the Country Partnership Framework (CPF)

3. **The proposed AF2 is well aligned with the WB's CPF for El Salvador FY2016-2019 (Report No. 95185) discussed by the Board of Executive Directors on June 23, 2015, and with the Performance and Learning Review of the CPF for the Period of FY2016-FY2019 dated July 13, 2017.** Specifically, the AF is fully aligned with Pillar II of the CPF (Fostering Sustainability and Resilience), and Objective 5 (Promoting the Efficiency of Public Spending) as it aims to make public health spending more efficient by focusing on the prevention and early detection of diseases and ensuring value for money in specific interventions in the targeted population. A new CPF is currently under preparation, and the above-mentioned pillar and objective remain relevant as the GoES continues to count on the WB financing and technical knowledge to support human development. The Project, including the proposed AF2, is also aligned with both global health priorities and WB priorities on improving pandemic preparedness. In addition, it is consistent with the Priority Directions of the GoES's *Plan Cuscatlán*[5] that emphasizes primary health care services and access to services by vulnerable and poor population. The AF2 also supports the World Bank's Green, Resilient and Inclusive Development approach as it would improve the overall resilience of the health sector to natural and man-made disasters, focusing on the most vulnerable.

C. Project Design and Scope

4. **In line with the Parent's Project Development Objective (PDO), the AF2 will respond to and mitigate the threat posed by COVID-19 and strengthen the national system for public health preparedness in El Salvador.**[6] The Project includes two components: (i) Emergency COVID-19 response for prevention, detection, and treatment; and (ii) Project management and monitoring. The Project finances medical and non-medical equipment and supplies, including personal protective equipment (PPE), as well as minor rehabilitation and installation works, and the national communications strategy, incorporating health prevention campaigns and training materials for health personnel and the public. The Project also finances procurement and deployment of vaccines. As requested by the GoES, AF2 will scale up activities under the first component and there will be no new activities. The AF2 also includes retroactive financing for the activities and was granted an exception to increase the retroactive financing limit from 20 percent to up to 100 percent, and a waiver to provisions of Section III Paragraph 16 (d) of the WB's directive related to Investment Project Financing (IPF) to extend the maximum retroactive financing period from 12 to 18 months.

D. Project Performance

5. **As per the latest Implementation Status and Results Report (ISR) dated March 8, 2022, overall Implementation Progress and progress towards achievement of Project Development Objective were rated as Satisfactory.**[7] As of June 3, 2022, the Parent Project has disbursed US$6.2 million (30.8 percent) and the AF1 has disbursed US$30.6 million (61.3 percent). Overall disbursements stand at US$36.8 million

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[5] *Plan Cuscatlán* is the GOES National Health Plan, published in 2019.
[6] For more details, please refer to the Project Appraisal Document (PAD) of the Parent Project (available at: https://documents1.worldbank.org/curated/en/908181587944508543/pdf/El-Salvador-COVID-19-Emergency-Response-Project.pdf) and the Project Paper for AF1 (available at: https://documents1.worldbank.org/curated/en/359951618884067584/pdf/El-Salvador-COVID-19-Emergency-Response-Project-Restructuring-and-Additional-Financing.pdf)
[7] Please refer to the latest ISR at: *https://documents1.worldbank.org/curated/en/099110003082234024/pdf/Disclosable0Ve02000Sequence0No00004.pdf*

(52.6 percent) of the total US$70 million. The Parent Project has supported activities related to immediate COVID-19 response, including the procurement of medicines, medical supplies, minor rehabilitation works and medical equipment, PPE and oxygenators. AF1 has supported the acquisition of 1.2 million doses of the Sinovac vaccine for US$30 million, enabling the vaccination of 11 percent of the population.[8] The remaining resources available under the Project (undisbursed balance of US$33.2 million) are fully committed. As discussed with counterparts from the Ministry of Health (MoH) during the supervision mission in February 2022, key activities under planning and implementation for CY2022 include strengthening of the National Hospital of El Salvador (designated COVID-19 hospital), mobile clinics, and communication campaigns. In the meantime, the GoES has substantially increased its COVID-19 vaccine deployment capacity, more than doubling the number of vaccinations centers from 162 to 362, constructing and deploying a vaccination mega-center, remodeling health care centers for vaccination, and investing in cold-chain capacity (ultra-cold refrigerators, refrigerated trucks). Many of these improvements will remain available for the overall vaccination structure and contribute, therefore, to a broader health system strengthening effort.

6. **Overall Performance on Environmental and Social Standards (ESS) is rated Satisfactory.** Pursuant to project design, an Environmental and Social (E&S) audit for vaccines financed retroactively by the AF1 (P173872) was completed and approved by the WB in January 2022. Through analysis of documents, reports, media reports, and field visits, the audit generated favorable evidence in four key areas: (i) inclusion of target populations as stipulated in the National Vaccination Plan, (ii) adequate functioning of the existing Grievance Redress Mechanisms (GRM) managed by MoH, (iii) management of medical and bio-infectious waste, and (iv) labor protection mechanisms for health workers engaged in the vaccination campaign. Since AF2 provides scale-up support (with no new activities) and a significant amount of retroactive financing, an addendum to the original E&S audit will be completed to capture the expanded scope before effectiveness. In addition, an E&S assessment will be conducted for non-vaccination activities and will need to be verified before disbursements are made for retroactively financed, non-vaccination activities. Financial Management and Procurement performance are rated Satisfactory and Moderately Satisfactory, respectively.

E. Rationale for Additional Financing

7. **Additional resources in the amount of US$100 million to expand COVID-19 response and vaccination support was formally requested by the GoES in a letter dated November 4, 2021.** While El Salvador has made significant progress in vaccination since it began implementing the National COVID-19 Vaccination Plan on February 17, 2021, several challenges remain. The GoES had set an initial target of vaccinating 4.5 million people (69 percent of the total population), which was revised on September 22, 2021 to include children above 6 years of age and other eligible populations[9] for a total of almost 5.9 million people (around 90 percent of the total population). The third dose or the booster shot for all population 18 years or older was authorized on September 27, 2021. The total doses of vaccines needed to achieve the GoES target (including the booster dose) is around 17.1 million doses, and 16 million doses have been secured (including donations). The GoES also undertook significant investments in strengthening its cold-chain capacity, deploying a door-to-door vaccination strategy to reach the hard-to-reach populations,

[8] All vaccines applied in El Salvador meet the WB's Vaccine Approval Criteria (VAC), please refer to Annex 1 for a full list of compliant vaccines.

[9] For example, pregnant women with more than 16 weeks of gestation were included following revised international medical guidelines.

nationwide training health personnel belonging to the National Integrated Health System (SNIS), and enabling information technology systems registration, appointment scheduling, monitoring and analysis. The remaining challenges include: (i) vaccinating nearly 1.2 million people who have not yet received a single dose, (ii) achieving at least 80 percent coverage with the second dose, (iii) achieving high coverage of booster doses among the at-risk population, (iv) strengthening vaccination coverage of children between 6-11 years of age, (v) expanding access to populations below 6 years of age once the vaccines for this age group has been found to be clinically appropriate,[10] (vi) improving risk communication so that there are increased vaccine updates to the population, and (vii) strengthening and training human resources to reach hard-to-reach populations. To overcome these challenges, the GoES will require continued investments in the deployment of vaccines that are already available in the country. The proposed AF2 will provide the GoES with support for the timely deployment of vaccines; finance additional doses of vaccines; ensure availability of ancillary kits, medicines, medical supplies, PPE required for vaccination; strengthen human resources for vaccination; support the adaptation of vaccination centers; and strengthen and broaden communication efforts and campaign and waste management practices. Finally, it will continue the implementation of activities aimed at improving the overall health, including mental health, and safety of health workers responsible for vaccination, most of whom are women.

8. **The WB has been part of the coordinated effort between multilateral partners and the GoES to support COVID-19 vaccination in El Salvador.** The Pan-American Health Organization/World Health Organization (WHO) and the United National Children Fund have provided technical assistance for the evaluation of cold-chain capacity and implementation of cold-chain infrastructure. They have also supported the coordination and implementation of the GoES' communication strategy around COVID-19 and vaccination. The Inter-American Development Bank (IDB) has provided financing for vaccine procurement and the Central American Bank for Economic Integration has deployed grant funding for vaccines and facilitated the donation of PPEs.

F. National Capacity and COVID-19 Vaccination Plan

9. **El Salvador conducted the COVID-19 vaccine deployment readiness assessment using the Vaccine Introduction Readiness Assessment Tool/ Vaccine Readiness Assessment Framework (VIRAT/VRAF) 2.0 tool.** This assessment aims to identify gaps and corrective actions to address the gaps, as well estimate the cost of vaccine deployment. El Salvador has performed, from the start, all the steps required by the tool and its subsequent updates. This allowed a more effective planning in the requirements for the complete supply chain, but especially in relation to the implementation of the cold chain from the centralized national storage center to the different vaccination centers across the country. It was also useful to identify existing gaps and maximize the use of resources. As a result, the findings from the latest assessment of January 2022 show significant improvements in deployment capacity relative to the assessments carried out through March 2021, and described in the Project Paper for the AF1.[11] However, some gaps still remain, such as: (i) surveillance planning against new outbreaks requires further strengthening at the national and regional level; (ii) the MoH will likely have to incorporate other service delivery mechanisms to adequately cover population groups that have not been vaccinated; (iii) insufficient internet coverage in rural areas represent a challenge for monitoring and evaluation efforts;

[10] The GoES has been closely following WHO guidelines and recommendations in its vaccination protocols.
[11] Report No: PAD4402, (available at: https://documents1.worldbank.org/curated/en/359951618884067584/pdf/El-Salvador-COVID-19-Emergency-Response-Project-Restructuring-and-Additional-Financing.pdf.

and (iv) the continued monitoring of cold chain needs is necessary and these may lead to the identification of additional investments. The assessment will be updated as needed.

10. **The National COVID-19 Vaccination Plan (Plan) is a well-defined and comprehensive plan.** It identifies the Vaccination Unit, under the Infectious Diseases Office of the MoH, as the main entity responsible for the planning and implementation of the Plan. This institution has been widely recognized as responsible for implementing a successful regular vaccination program in El Salvador, achieving a coverage of over 95 percent of the population younger than one and a half years old. While COVID-19 impacted regular immunization coverage, these have been almost fully restored to pre-pandemic levels, demonstrating the implementation capacity of the vaccination unit. The Plan defines priority populations for vaccination based on risk of exposure, including climate-related risks, and risk of morbidity and mortality, in accordance with the WHO's recommendations. It also established the initial national and sub-national coordination mechanisms. The adaptation of the Plan to the evolution of the pandemic and scientific findings, as well as to regional, municipal and health facility level conditions and contexts has successfully continued throughout the vaccination process, demonstrating the appropriateness of the coordination structure implemented. In this sense, the Plan has incorporated adolescents (12 to 17-year-olds) as part of the target/prioritized population and, more recently, children between 6-11 years of age into the vaccination eligibility groups. Table 1 presents vaccination coverage and the acquisition scheme that sustains the Plan and Table 2 describes the prioritization of population groups for vaccination. The Plan also assesses and defines the inputs needed to successfully manage medical waste in the context of COVID-19 vaccination. The implementation of the Plan has been supported by the adoption of a waste management strategy, the acquisition of syringe safety boxes, red bags, and the contracting of a biohazardous waste disposal company. The National COVID-19 Vaccination Plan does not discriminate against non-resident or migrant populations.

11. **Despite the success, several challenges remain in achieving El Salvador's National COVID-19 Vaccination Plan goals.** First and foremost, there is the urgency to vaccinate nearly 1.2 million people who have not yet received a single dose. To boost demand and overcome any vaccine hesitancy issues,[12] the GoES has implemented different types of platforms to combat misinformation and increase confidence in the vaccination program. A call center located at the Medical Emergency System contacts the population and provides them with information via telephone and texts (Short Message Service, SMS) about vaccination sites, dates, and times. Here, the population is also able to request information about vaccines, the vaccination process and guidance regarding adverse effects. The second challenge is improving coverage of children between 6-11 years of age who became eligible for vaccination as of September 22, 2021. The initial difficulty in reaching this age group was the lack of a national nominal register, which is progressively being developed. As children below 6 years of age become eligible in the future, there is a need to continue developing a complete national nominal register. Third, to build trust in the vaccination process, including tackling vaccine hesitancy, more efforts are needed to combat disinformation campaigns, improve risk communication to the population, and expand data transparency. The main communication actions focused on the promotion of vaccination at the start of the campaign and as the different target groups were opening. The efforts focused on delivery of information regarding

[12] In El Salvador, vaccine hesitancy appears to be less of an issue than in other countries in the region. Based on the WB's High Frequency Pulse Survey, 8 percent of the population expressed concerns with vaccination, which is among the lowest (behind Chile, Dominican Republic and Mexico) among the 25 countries for which data are available. In comparison, the average is 12 percent. For more details, please see:
https://www.worldbank.org/en/data/interactive/2020/11/11/covid-19-high-frequency-monitoring-dashboard

scheduling, places for vaccination, and transportation services. Secondary communication actions were aimed at special groups such as older adults, patients with chronic diseases and adolescents. Key messages, targeting specific hard-to-reach or vulnerable groups, were prepared to encourage vaccination. Communication messages regarding risks were also conducted and supported by international cooperation agencies and scientific associations. A publicly available web-based portal (available at: *https://covid19.gob.sv/*) continues to update daily COVID-19 cases, deaths, and vaccination status. This could be strengthened to improve data transparency by providing disaggregated data by age group, gender, regions, among others. Finally, there has been a small amount of vaccine loss due to the open vial policy recommended by the WHO. This occurs because vials that have been opened must discard any remaining doses when extramural activities are being carried out. There are also small losses of vaccines due to accidents that break some vials and due to cold chain failures in some health establishments. The monitoring and supervision of these issues is conducted by the Regional Health Offices and by the National Biological Center through instruments implemented by the MoH for reporting and the collecting of empty bottles, combined with the logging of the number of doses applied.

12. **Liability and indemnification issues in vaccine acquisition were identified in the previously approved Project Paper (Report No: PAD4402) and still apply**.[13] The Project Operational Manual (POM) will confirm that the country's relevant regulatory authorities are responsible to assess the Project COVID-19 Vaccines' safety and efficacy, and to authorize their use and deployment.

[13] https://documents1.worldbank.org/curated/en/908181587944508543/pdf/El-Salvador-COVID-19-Emergency-Response-Project.pdf) and the Project Paper for AF1 (available at: https://documents1.worldbank.org/curated/en/359951618884067584/pdf/El-Salvador-COVID-19-Emergency-Response-Project-Restructuring-and-Additional-Financing.pdf)

Table 1: National Vaccine Coverage and Acquisition Plan

Note: Estimates from available data shared by the MoH as of March 30, 2022. May not reflect actual values agreed through confidential agreements.

Source of Financing	Population Targeted (of total population of 6,486,201)		Vaccines Estimated Cost per Dose (US$)*	Estimated Cost per Dose for Shipping/ Deployment (US$)*	# of Doses	Estimated Total Cost (US$ million)	Vaccine Sourcing	Vaccines	WB's VAC Status of the vaccine	Contract Status
	%	#								
	Group 1: Health workers									
WB AF2	0.77%	50,000	5.00	0.70	50,000	0.28	COVAX	Pfizer	2 SRAs and WHO EUL	Signed
GoES; WB AF2			NA	NA	165,000	NA	Direct purchase	AstraZeneca	2 SRAs and WHO EUL	Signed
	Group 2: Essential workers									
COVAX grant	1.08%	70,000	4.00	0.75	20,000	0.10	COVAX	AstraZeneca	2 SRAs and WHO EUL	Signed
WB AF2			5.00	0.70	210,000	1.20	Direct purchase	Pfizer	2 SRAs and WHO EUL	Signed
	Group 3: Individuals with chronic conditions									
GoES	11.56%	750,000	NA	NA	535,600	NA	Direct purchase	AstraZeneca	2 SRAs and WHO EUL	Signed
WB AF2			5.00	0.70	1,278,080	7.28	Direct purchase	Pfizer	2 SRAs and WHO EUL	Signed
WB AF2			5.00	0.70	120,250	0.69	COVAX	Pfizer	2 SRAs and WHO EUL	Signed
	Group 4: Adults over 50 years not included in groups 1-3									
WB AF1; IDB	21.56%	1,398,400	16.9	0.75	2,000,000	35.30	Direct purchase	Sinovac	WHO EUL	Signed
WB AF2			5.00	0.70	1,400,000	7.98	Direct purchase	Pfizer	2 SRAs and WHO EUL	Signed
GoES			NA	NA	200,000	NA	Direct purchase	AstraZeneca	2 SRAs and WHO EUL	Signed
	Group 5: Adults 18-49 years not included in groups 1-3									
WB AF1, AF2; IDB	34.40%	2,131,600	16.90	0.75	2,000,000	35.3	Direct purchase	Sinovac	WHO EUL	Signed
Donation			NA	NA	650,000	NA	Donation	Sinovac	WHO EUL	Signed
WB AF2			5.00	0.70	1,500,000	8.54	Direct purchase	Pfizer	2 SRAs and WHO EUL	Signed
COVAX grant			4.0	0.75	205,000	0.97	COVAX	AstraZeneca	2 SRAs and WHO EUL	Signed
GoES			4.0	0.75	180,000	0.86	Direct purchase	AstraZeneca	2 SRAs and WHO EUL	Signed
Donation			NA	NA	920,000	NA	Donation	Moderna	2 SRAs and WHO EUL	Signed
Donation			4.00	0.75	100,800	0.48	Direct Purchase	AstraZeneca	2 SRAs and WHO EUL	Signed
	Group 6: Adolescents between 12 and 17 years old									
Donation	10.41%	675,000	NA	NA	2,000,000	NA	Donation	Moderna	2 SRAs and WHO EUL	Signed
WB AF2			5.00	0.70NA	604,460	3.45	Direct purchase	Pfizer	2 SRAs and WHO EUL	Signed
	Group 7: Pregnant women									
Donation	0.62%	40,000	NA	NA	80,000	NA	Donation	Moderna	2 SRAs and WHO EUL	Signed
WB AF2			5.00	0.70	50,000	0.28	Direct purchase	Pfizer	2 SRAs and WHO EUL	Signed
	Group 8: Children between 6 and 11 years old									
WB AF2	10.02%	650,000	8.24	0.75	1,668,000	15.0	Direct purchase	Sinopharm	WHO EUL	Signed
Donation			NA	NA	100,000	NA	Donation	Sinopharm	WHO EUL	Signed
Total	**90.42%**	**5,865,000**								

Table 2: Priority Groups for Vaccination in El Salvador

Vaccination Groups According to Ranking of Risk and Vulnerability	Population Group	Number of People	Percentage of Population
Group 1	Health workers	50,000	0.8
Group 2	Essential workers	70,000	1.1
Group 3	Individuals with chronic conditions	750,000	11.6
Group 4	Adults over 50 years old not included in groups 1-3	1,398,400	21.5
Group 5	Adults 18-49 not included in groups 1-3	2,231,600	34.4
Group 6	Adolescents between 12-17 years old	675,000	10.4
Group 7	Pregnant women	40,000	0.6
Group 8	Children between 6-11 years old	650,000	10.0
TOTAL		**5,865,000**	**90.4**

II. DESCRIPTION OF ADDITIONAL FINANCING

A. Proposed Changes

13. **The proposed AF2 entails expanding the scope of activities under the El Salvador: COVID-19 Emergency Response Project (P173872), and processing a Level 2 restructuring to introduce the following changes:** (i) increase the scope and financing allocation of Component 1 from US$67 million to US$166.4 million to finance the procurement and deployment of vaccines and strengthen the health sector's capacity to respond to the pandemic; (ii) increase the allocation to Component 2 by US$0.6 million (from US$3 million to US$3.6 million) to assist with the implementation of activities under AF2 and to support project management, monitoring and evaluation during the expanded period; (iii) revise the Results Framework to update definitions of indicators and align targets to the expanded scope of the Project; and (iv) extend the closing date of the project loans by five months from July 31, 2023 to December 31, 2023. This extension accounts for initial implementation delays and provides time to complete all project activities, including those under the proposed AF2. The PDO and implementation arrangements will remain unchanged.

(i) Proposed New Activities

14. **AF2 will scale up activities as described below and will not finance any new activities**. Additional details on the components can be found in Annex 3.

Component 1: Emergency COVID-19 Response to Prevention, Detection and Treatment (Total Cost US$166.4 million: US$19 million from the original loan, US$48 million from AF1, and US$99.4 million from AF2)

Sub-component 1.1: Provision of Medicines, Medical Supplies and Equipment (to be scaled up)

15. **The proposed AF2 will retroactively finance the procurement of around 8 million doses of vaccines that are eligible for WB financing under the Vaccine Approval Criteria (VAC).** The GoES seeks to secure vaccine doses from AstraZeneca-Serum Institute of India, Sinovac Life Sciences, Pfizer-BioNTech, and Sinopharm, all of which are eligible under the VAC (see Annex 1 for a list of eligible vaccines). The Project will finance the vaccination of 44.8 percent of El Salvador's population (Table 4), including for adults older

than 50 years, adults between 18-49 years old, adolescents between 12-17 years of age, and children between 6-11 years of age. In addition to vaccine doses, AF2 will also retroactively finance auxiliary supplies for vaccination including PPE, testing supplies, medicines and medical supplies, transportation inputs and services for the deployment of vaccines, equipment for tents and office supplies for vaccination centers and the vaccination command chain, minor works to strengthen the vaccination deployment capacity, among others. In case there is a need for a larger infrastructure activity financed with loan proceeds, the WB will proceed with the necessary due diligence processes to comply with procurement, and environmental and social standards, and define whether a restructuring is necessary. All vaccines in the portfolio of vaccines procured by the GoES are compliant with WB's VAC. The Project included climate considerations throughout, including the use of procurement measures to ensure the acquisition of the most energy and resource efficient options (e.g., in case of the rehabilitation works and purchase of the equipment), specifically aiming to improve the resilience against climate change impacts of already vulnerable groups, as well as mitigation measures where possible.

Sub-component 1.2: Preparedness, Capacity Building, Communication and Training Activities (to be scaled up)

16. **Activities under this subcomponent seek to support preparedness and capacity building efforts aimed at implementing the Government's National COVID-19 Vaccination Plan, as well as training and communication activities directly related to the needs of an effective and efficient vaccine deployment.** Under AF2, the subcomponent will finance call-center services offered by the GoES in an effort to respond to the pandemic, through the provision of avenues for citizens to receive information, as well as to lodge any grievances related with the vaccination process. The training activities will also include modules on operations/procedures that need to be implemented in the event of other emergencies, such as climate-induced natural disasters.

Component 2: Project Management and Monitoring (Total Cost US$3.6 million: US$1 million from original loan, US$2 million from AF1, and US$0.6 million from AF2)

17. **The increased allocation to this Component (US$0.6 million) will cover the additional costs related to the implementation of the AF2 and the closing date extension.** This Component finances project management activities, as well as the administrative and human resources necessary for Project implementation, thus building local capacity and contributing to sustainable results.

(ii) Financing Arrangements

18. **Table 3 provides the total project cost summary by components, including the Parent Project (P173872), AF1 (P176033), and the proposed AF2 (P178315).**

Table 3: Project Cost and Financing

Project Components	Project Financing	Project + AF1	Project + AF1 + AF2	WB Financing
	US$ million			
Component 1	19.0	67.0	166.4	166.4
Component 2	1.0	3.0	3.6	3.6
Total Cost	20.0	70.0	170.0	170.0

Table 4: Summary of COVID-19 Vaccine Sourcing and WB Financing

Target Groups (% of total population)	WB Vaccine Financing and Population Coverage (%)		Specific Vaccines and Sourcing Plans	No. of Doses Purchased w/ WB Financing (2 doses assumed)	Estimated Allocation of WB Financing (US$ million)
	Through COVAX	Through Direct Purchase			
1: Health workers 0.77	0.77-	-	Pfizer (COVAX) and AstraZeneca (GoES)	171,000	.86
2: Essential workers 1.08	-	1.08	AstraZeneca (COVAX) and Pfizer (GoES)	210,000	1.20
3: Persons with chronic diseases 11.56	1.01	9.76	AstraZeneca (GoES) and Pfizer (GoES and COVAX)	1,398,000	7.97
4: Adults 50 years of age or older not included in groups 1-3 21.56	-	17.90	Sinovac (GoES), Pfizer (GoES) and AstraZeneca (GoES)	2,100,000	20.34
5: Adults 18-49 not included in groups 1-3 34.40	-	31.30	Sinovac (GoES and Donation), Pfizer (GoES), AstraZeneca (GoES and COVAX), Moderna (Donation)	3,667,000	46.80
6: Adolescents between 12 and 17 years old 10.41	-	4.66	Moderna (Donation), Pfizer (GoES)	604,500	3.45
7: Pregnant women 0.62	-	0.38	Moderna (Donation), Pfizer (GoES)	50,000	0.29
8: Children between 6 and 11 years old 10.02	-	10.02	Sinopharm (GoES)	1,668,000	15.0

*Approximate information as of May 2022 and subject to change.
**Assumes that the GoES would request the total US$18 million potential IDB allocation for vaccine purchase.
***Includes: information systems, temporary personnel, training, communication, project administration and monitoring and evaluation.

(iii) Retroactive Financing

19. **The AF2 was granted an exception to increase the retroactive financing limit from 20 percent to up to 100 percent.**[14] The AF2 was also granted a waiver to provisions of Section III Paragraph 16 (d) of the WB's directive related to IPF to extend the maximum retroactive financing period from 12 to 18 months.[15] The GoES moved early to sign contracts for 16 million vaccine doses (including approximately 3.75 million of doses donated to the country) and has undertaken significant investments in strengthening deployment capacity. This exception and waiver allow the GoES to better respond to the COVID-19 pandemic by receiving reimbursements for eligible payments already made and continuing to focus on deployment and health system strengthening activities. Given that national regulations require that project legal agreements be ratified by the National Assembly before the GoES is allowed to countersign, the exception and waiver will mitigate the impact of the time elapsed before the legal agreement is countersigned and the loan

[14] Approved on March 23, 2022.
[15] Approved on March 30, 2022.

declared effective.

20. **The proposed increase in retroactive financing under this AF2 will provide GoES with resources to purchase and deployment of vaccines and related supplies, strengthen human resources for vaccination and broaden communication.** This includes the timely deployment of vaccines that are already secured, procurement of additional doses of vaccines, ensuring availability of ancillary kits, medicines, medical supplies, and PPE required for vaccination, and minor works to strengthen the GoES vaccination deployment capacity. Vaccine contracts to be retroactively financed include AstraZeneca-Serum Institute of India, Sinovac Life Sciences, Pfizer-BioNTech, and Sinopharm, all of which are eligible under the VAC (see Annex 1 for a list of eligible vaccines). These contracts total US$66 million, representing an estimated coverage of 4.1 million persons with two doses, which was the original vaccination target set by the GoES. The remaining US$34 million would retroactively finance: inputs to diagnostic testing; PPE; medicines; call center services; services for the distribution of vaccines, vaccine equipment and other vaccine deployment supplies, among other inputs, minor works, and services related to vaccine deployment.

21. **To ensure that the retroactively financed activities comply with WB E&S requirements, due diligence procedures such as the preparation of an addenda to the E&S audit of COVID-19 vaccination as well as an E&S Assessment of non-vaccination activities will be implemented.** The E&S audit will be a condition for effectiveness, while the E&S Assessment will need to be verified before disbursements are made to retroactively finance non-vaccination activities, following the WB´s disbursement procedures described in the Disbursement and Financial Information Letter (DFIL) and POM. The verification of the completion of the E&S Assessment in a manner satisfactory to the WB will be confirmed by the WB prior to each disbursement.

(iv) Changes in Institutional Arrangements

22. **The AF2 will use the same implementation arrangements of the Parent Project and revised under AF1 given the expanded vaccination scope.** The Project Management Unit (PMU), integrated in the MoH, will remain in charge of project management, while the MoH's technical directorates and units continue taking ownership and responsibility for their respective activities. These technical directorates include the Department of Social Communication which is responsible for all communication activities and the Department of Hospitals which is responsible for coordination with hospitals. The National Biological Center will conduct monitoring activities to ensure effective deployment of vaccines in a manner consistent with the National COVID-19 Vaccination Plan.[16]

(v) Changes in Disbursement Categories

23. **There are no changes in the disbursement categories.** Project activities will disburse through expenditure category (1) Goods (including Project COVID-19 vaccines), works, non-consulting services, and consulting services, training, and operating costs of the project, with the additional financing amounts reflected. The other expenditure category – (2) Front-end fee – will be maintained.

[16] The detailed arrangements are found in the AF1 project documents at: *http://documents1.worldbank.org/curated/en/359951618884067584/pdf/El-Salvador-COVID-19-Emergency-Response-Project-Restructuring-and-Additional-Financing.pdf*

(vi) Results Framework

24. **The results framework of the Project will be revised to reflect the expanded scope of activities.** The changes to the PDO and intermediate indicators are related to refinement of definitions and targets. These are summarized in Table 5.

Table 5: Summary of Changes to the Results Framework

Original Indicator	Proposed changes
PDO Indicators	
Confirmed cases of COVID-19 reported and investigated based on national guidelines	The definition of the numerator was changed to "number of confirmed COVID-19 cases reported and confirming to national guidelines in each project year" from "Number of confirmed COVID-19 cases reported and investigated based on national guidelines." The target was revised from 90 percent to 70 percent. This is because as COVID-19 enters an endemic stage with less lethal variants, not all cases are reported and/or require treatment.
ICU beds in prioritized ICUs that are fully equipped and operational in the COVID-19 network of care facilities	No change
Population vaccinated, based on the targets defined by El Salvador's National COVID-19 Vaccination Plan (total and disaggregated by gender)	The target is revised to 80 percent from 50 percent. The indicator measures overall progress in the GoES vaccination campaign.
Intermediate Indicators	
Health network units with personal protective equipment and infection control products and supplies	No change
COVID-19 communication activities which promote the acceptance of the vaccine and the role of the health care workers (male and female)	The indicator was changed to "COVID-19 communication activities which promote the prevention of illness, the acceptance of the vaccine and the role of the health care workers (male and female)"
User Satisfaction Survey applied and reported	Citizen engagement orientation added to existing indicator
Health staff trained in provision of COVID-19 vaccination per MoH approved protocols differentiated by gender	Gender dimension added to existing indicator
Vaccination sites targeted by the Project with energy efficient equipment	Climate change dimension added to existing indicator
Increased share of female health workers that report they are better equipped to handle mental and emotional stress during the pandemic	Target revised to 80 percent from 50 percent Gender tag added
Population vaccinated based on the number of vaccines available in the country (total and disaggregated by gender)	Gender dimension added to existing indicator

B. Sustainability

25. **There is strong political commitment in El Salvador to vaccinate its population against COVID-19 and, therefore, to mobilize the financial resources needed for vaccine purchase and deployment.** The implementation of the Project, including the activities supported under the proposed AF2, seek to establish an enabling environment for mobilizing support from other donors, multilateral development banks and United Nations agencies to support the country's COVID-19 strategy. Investments under the Project are expected to strengthen El Salvador's present and future health system capacity to deal with infectious diseases in a sustainable manner.

III. KEY RISKS

26. **The overall risk to achieving the PDO with the expanded scope would remain Substantial.** The risk rating reflects the risks to the achievement of the PDO after mitigation measures, including the continued commitment of the authorities to expand the COVID-19 pandemic response and the considerable progress made with the national vaccination. Specific risks are described below.

27. **Overall macroeconomic risk would be reduced from Substantial to Moderate.** Although El Salvador is experiencing important fiscal pressures, the impact of existing macroeconomic constraints on the PDO of the operation and especially on this AF2 is limited given the large, expected share of retroactive financing.

28. **Fiduciary risks would remain Substantial**. The Procurement and Financial Management (FM) risks are those associated with the procurement and distribution of vaccines, including fraud and corruption risks.

- The key *procurement risk* is failed procurement due to: (i) the complexity of the vaccines market; (ii) vaccines supply shortage to meet demands, especially of developing countries; and (iii) weak bargaining power by individual countries. Nonetheless, the risk will be mitigated as most project funds allotted for procurement of vaccines are expected to retroactively finance contracts already signed by the GoES and for which the totality of the vaccines has been delivered and accepted. Regarding the remaining goods, the major risks are: (i) lack of availability of certain goods due to increased world-wide demand and/or significant price increases which may delay contractual delivery; and (ii) problems with the timely distribution of all the procured goods. These risks will be mitigated, as these contracts are expected to be retroactively financed as well.

- *The key FM risks* are: (i) availability of sufficient funds due to expenditure ceilings; and (ii) deficiencies in controls over reception, storage, and deployment of vaccines. These risks will be mitigated by: (i) flexibility on advance payments to vaccine contractors, eliminating the WB's guarantee requirement (as part of oversight procedures on reception, storage and deployment of the vaccines, any amounts paid for "advances" to vaccines contracts, and not received and deployed by the Closing Date, should be refunded to the WB); (ii) variable ceiling of advances to the Designated Account (DA), based on expenditure forecast for six-month subject to WB's approval; (iii) a large amount of eligible expenditures prefinanced by the GoES are expected to be financed retroactively; (iv) internal control procedures over order, reception, storage and deployment of vaccines detailed in the POM; and (v) audit scope expanded to include review of procedures for deployment of vaccines.

29. **The overall environmental and social (E&S) risks would remain Substantial.** Key environmental and

social risks remain the same as identified for the AF1 and include: (i) environmental and community health related risks from inadequate handling, storage, transportation, and disposal of infected medical waste and expired and used vaccine vials; (ii) occupational health and safety impacts related to the availability, supply, and appropriate use of PPE; (iii) community health and safety exposure risks in the immediate vicinity of health care facilities and vaccination centers; (iv) pollution and human health and safety risks stemming from cleaning and disinfection products, chlorine, and other hazardous byproducts; (v) exclusion of marginalized and vulnerable social groups from access of vaccines, facilities, and services designed to fight against the disease; (vi) social conflict and risks to human safety caused by a pandemic situation; (vii) Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) risks among patients and health care providers; (viii) inappropriate data protection measures and insufficient/not effective stakeholder communication on the vaccine roll-out strategy; and (ix) risks associated with Adverse Events Following Immunization (AEFI). The project includes a scale-up of current activities under Component 1 and as such, no new environmental and social risks are expected beyond those already identified and assessed in the project's Environmental and Social Management Framework (ESMF) which was updated and disclosed in September 2021.[17]

30. **Other Risks – vaccine hesitancy and risks from natural disasters – are rated Substantial.** Vaccine hesitancy risks may hamper the ability to reach the immunization target tracked by the Project. This risk is being mitigated through outreach delivery efforts and communication campaigns to inform the population that the Project will support through the AF2. El Salvador is also very vulnerable to natural disasters; these would lead to significant negative impacts on the economy and society, potentially slowing down deployment activities for COVID-19 vaccines due to disruptions to the logistics system, inability to reach certain areas, disruptions to health facilities and critical inputs such as human resources and medical supplies.

IV. APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

31. **The economic rationale for investment in the procurement and delivery of COVID-19 vaccination is strong, considering the massive and continuing health and economic losses due to the pandemic.** The rapid spread of the Omicron variant has brought renewed attention and a new urgency to the worldwide COVID-19 vaccination effort as a critical intervention to prevent virus mutations and new variants. One year into the global vaccine rollout, the world continues to face a dual challenge: supply issues related to the unequitable access to vaccines including capacity constraints to administer available vaccines, and demand issues related to vaccine hesitancy. As of February 2022, 62.6 percent of the world population has received at least one dose of a COVID-19 vaccine. However, only 12.3 percent of people in low-income countries have received at least one dose. The economic rationale for investment in a COVID19 vaccine is strong, considering the massive and continuing health and economic losses due to the pandemic. As of March 2022, over 439 million people have been confirmed to be infected by the virus and nearly 6 million have been confirmed to have died. Global growth rebounded to 5.5 percent in 2021. However, according to the WB's Global Economic Prospects (January 2022), global growth is expected to decelerate to 4.1 percent in 2022, reflecting continued COVID-19 flare-ups, diminished fiscal support, and lingering supply bottlenecks. Although output and investment in advanced economies are projected to return to pre-pandemic trends

[17] Available at: https://www.salud.gob.sv/adquisiciones-y-contrataciones-unidad-de-gestion-del-programa-ugp/

next year, they will remain markedly below in emerging market and developing economies.

32. **The successful development, production, and delivery of a vaccine has the best potential to reverse the negative health, social and economic trends produced by the pandemic, 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 increase in poverty and accelerate economic recovery. 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, controlling the spread of COVID-19 and accelerating a safe reopening of key sectors. It can also reverse human capital losses by ensuring schools are reopened. 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 represent 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.

33. **While the uncertainty around the costs and effectiveness of a COVID-19 vaccine portfolio makes it difficult to calculate the cost-effectiveness of this Project, 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 are estimated 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 10.5 percent of El Salvador's population are US$10 million; even if the vaccine averts 200,000 non-severe cases and no other benefits are considered, the investment should 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 to 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 costs associated with the vaccination of 10.5 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

34. **A Financial Management Assessment (FMA) was carried out for the Parent Project and updated for**

the AF1 in February 2021. The FMA was conducted in accordance with WB Policy/Directive IPF, the Financial Management Manual for World Bank IPF Financing Operations[18], and related FM guidelines as applicable. The Parent Project and the AF1 have the same financial management arrangements which remain in place and fully operational, as evidenced by satisfactory FM performance, and will be replicated for the proposed AF2. FM tasks are handled by the MoH's Financial Management Unit with the support of the PMU's Financial Specialist. The staff is qualified and has knowledge of the WB's policies and procedures. The AF2 will use existing staff and structures for additional tasks that may be required to support scale-up activities. The FM section of the POM will be updated to reflect FM arrangements under the AF2, including specific internal controls over order, reception, storage, and deployment of vaccines, as well as the revised content and format of the Project's Interim Unaudited Financial Reports (IFRs) and annual financial reports, including the AF2 components. The adoption of the updated POM by the Borrower, in form and substance satisfactory to the WB, is an effectiveness condition of the AF2.

35. **The MoH will use the Integrated Financial Administration System for recording financial transactions and will maintain a set of subsidiary ledgers in Excel spreadsheets to prepare financial statements required by the WB.** The MoH will produce semi-annual IFRs and will prepare project financial statements on an annual basis, which will be audited by a private firm under terms and conditions acceptable to the WB. IFRs and financial statements will be prepared differencing sources and uses by Loan Agreement (the original WB loan, AF1 and the AF2). The MoH complied with the financial reporting requirement for the Parent Project and AF1, timely submitting the unaudited IFRs, which was considered acceptable for WB's purpose. The first audit to the financial statements covering from effectiveness to December 31, 2021 will be due by June 30, 2022; the project is finalizing the hiring process of external audit and the report is expected to be submitted on time.

36. **The existing disbursement arrangements applicable to the Project will remain in place.** A new DA will be opened at the Central Bank of El Salvador in United States dollars to be used exclusively for deposits and withdrawals of loan proceeds for eligible expenditures. The DA ceiling will have a variable ceiling (based on expenditure forecast for six-month periods) to address potential liquidity risk, subject to the WB's approval. An operating account will be opened at a commercial bank acceptable to the WB for payments to providers that cannot be handled through the treasury single account payment system.

37. **Expenditures subject to retroactive financing are related to payments made for vaccines acquisition and auxiliary supplies for vaccination.** The eligibility of expenditures submitted by the MoH will be confirmed applying the due diligence and accountability arrangements for processing retroactive financing during project implementation. All vaccine procurement contracts will require review and clearance from WB's Operations and Country Services unit.

C. Procurement

38. **Procurement will continue to be carried out in accordance with the WB's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services,** dated November 2020 (thereinafter Procurement Regulations), and is subject to the WB's Anti-Corruption Guidelines (ACGs), dated October 15, 2006, revised in January 2011, and as of July 1, 2016. The Project is using the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record, and track procurement transactions. The Borrower has

[18] Issued on February 10, 2017.

prepared the Project Procurement Strategies for Development and Procurement Plan to reflect the additional procurement.

39. **The major procurement activities under this AF will include:** (i) retroactive financing of COVID-19 vaccines procured via mechanisms selected by the country from a range of sources, in accordance with criteria adopted under the AF; (ii) ancillary kits, inputs and materials related to the application of vaccines; (iii) equipment to store and distribute vaccines (including cold chain and refrigeration resources); (iv) rehabilitation works to vaccination centers and other facilities; (v) materials and equipment for laboratories and oxygen plants; (vi) temporary contracting of personnel to support the implementation of the vaccination program in all its areas (e.g. administrative, financial, logistics, information, etc.), as well those professionals related to information systems, data analysis and the design of the refurbishment and adaptation of facilities and training; (vii) equipment, software licenses and connectivity required to strengthen the administration and logistics information systems; and (viii) nationwide communication campaigns and activities.

40. **For retroactive financing to be eligible, all contracts/agreements procured before signing the Loan Agreement (Advanced Contracting), and the procurement procedures followed by the Borrower will be consistent with Sections I, II, and III of the Procurement Regulations of the WB.** The WB's due diligence on eligibility of expenditures will be carried out during project supervision including through procurement post reviews and review of independent financial audits.

41. **The current demand for COVID-19 vaccines exceeds the supply in the market, which makes it more difficult for El Salvador to negotiate terms and conditions.** Procurement of vaccines, therefore, follow Direct Selection, including a combination of: (i) purchase through the self-financing arm of the COVAX Facility; (ii) direct purchase from manufacturers, either individually or jointly with other countries; and (iii) purchase of excess stocks from other countries that reserve excess doses. Contracts for vaccines purchase financed by the WB will be subject to the WB's prior review irrespective of value and procurement approach. The financing could include arrangements for freight for the vaccines, including that for COVAX financed vaccines where freight is financed by the loan.

42. **Procurement will continue to be carried out by the MoH.** The proposed procurement approach prioritizes fast tracking emergency procurement for emergency goods and services. Key measures to fast-track procurement under Component 1.1 include, among others: (i) streamlined competitive procedures with shorter bidding time; (ii) use of framework agreements including existing ones; (iii) procurement from UN Agencies enabled and expedited by WB procedures and standard agreements; and (iv) increased thresholds for Requests for Quotations and national procurement.

43. **If the Borrower requests in the future, the WB will offer Bank Facilitated Procurement (BFP) and Hands-on Expanded Implementation Support (HEIS), as support to El Salvador's own procurement.** BFP constitutes additional support to borrowers over and above usual HEIS, which will remain available. BFP will not include WB procurement, distribution, or deployment of vaccines. The Borrower can request BFP by submitting a letter of interest to the WB.

44. **The WB's oversight of procurement will be done through increased implementation support and, where requested by the Borrower, procurement HEIS.** The WB standard prior and post review arrangements apply as specified in the procurement plan. Contracts for vaccines purchase financed by the

WB will be subject to the WB's prior review irrespective of value and procurement approach. The WB's early involvement in reviewing the bilateral vaccines contracts and advising the Team on their acceptance will ensure their compliance with WB requirements.

45. **The WB's prior and post-reviews will be carried out based on thresholds.** The standard post-procurement reviews by WB staff should cover at least 10 percent of contracts subject to post-review. But based on risk, all contracts for vaccines will be subject to the WB's prior review.

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

46. **As described earlier, the Environmental and Social Risk Classification (ESRC) is considered Substantial under the WB's Environmental and Social Framework.** The project ESMF updated and disclosed in September 2021 includes provisions for storing, transporting, and disposing of contaminated medical waste in line with international good practice and WHO standards on COVID-19 response on limiting viral contagion in health care facilities. The ESMF also considers the potential social risks for the Parent Project and the AF1, including situations where access to vaccines and their corresponding allocation to priority groups are not adequately communicated or fairly distributed. The updated ESMF and SEP describe how these risks will be mitigated, including measures to ensure: a (i) robust and coordinated national communication strategy promoting the Project's objectives, including the vaccination roll-out, tailored to various audiences to address issues of access, discrimination, and ethnicity; (ii) continuous education and awareness raising campaigns based on the information included in the National COVID-19 Vaccination Plan; (iii) development of materials (radio, infographics, TV broadcasts) in an inclusive and culturally sensitive manner, particularly when discussing the benefits of vaccination; (iv) consult and inform the public of the content in the National COVID-19 Vaccination Plan, including the strategies that will be adopted regarding information disclosure, informed consent and measures of transparency; and (v) a grievance redress mechanism that will provide real time feedback. The WB will review the Project's ESRC on a regular basis throughout implementation to ensure that it continues to accurately reflect the level of risk the Project presents.

47. **An Addenda to the E&S Audit approved in January 2022, will be carried out as part of the E&S Assessment for the proposed AF2.** The audit focused on four key aspects, namely: (i) inclusion, (ii) management of grievances, (iii) medical waste management, and (iv) the health and safety of personnel involved in the vaccination program. Following approval of the audit, an action plan was prepared by the MoH to address the audit's findings and recommendations. In addition to describing the approach to E&S management adopted as part of project activities, the Addenda will verify that life and fire safety requirements in place at vaccination centers are in line with the General Environmental Health and Safety Guidelines (EHSGs), the ESSs and that they comply with national legislation to ensure the safety of the public in case of emergencies such as fires and earthquakes. The approval of the Addenda to the E&S

Audit is an effectiveness condition for the AF2.

48. **The MoH will implement the activities set out in the ESCP which forms part of the Project's Loan Agreement and ensure compliance with the Environment and Social Standards and the WB's Environmental, Health and Safety Guidelines.** As part of the proposed AF2, drafts of the Project's ESCP and SEP have been prepared and were disclosed on the MoH's website[19] on April 5, 2022, and the WB's website[20] on April 4, 2022. In addition to complying with the requirements detailed in the ESMF, LMP and SEP, the client will comply with the provisions of the ESCP throughout project implementation. The SEP includes minor additions to the existing instrument, centered on the findings and engagement developed for the E&S Audit approved in January 2022.

49. **The MoH will establish and maintain adequate capacity to oversee the application of the environmental and social standards relevant to the Project.** The MoH team includes one environmental specialist and one social specialist as part of its PMU. In addition, digital systems have been implemented to monitor vaccine delivery from arrival to disposal. These systems will be strengthened with AF2 resources. Throughout project implementation, the appropriate stakeholder engagement, awareness raising, and timely information dissemination will be maintained.

F. Climate Change

50. **The climate of El Salvador is tropical with pronounced rainy and dry seasons but with a moderate temperature that changes mainly by elevation in the interior.** El Salvador is among the countries most affected by weather-related events and other hazards, incurring annual losses of around 2.5 percent of its GDP. Worldwide, it ranks second highest for risk exposure to two or more hazards, and highest for the total population at a relatively high risk of mortality. Furthermore, climate change is expected to increase the frequency and severity of weather-related events. The Pacific coastline is already experiencing rising sea levels and El Salvador's coastal areas, home to over 30 percent of the population, are highly vulnerable to the combination of sea level rise and *El Niño* events.

51. **Climate change is predicted to adversely impact El Salvador's population and its health system, potentially impairing the response to the COVID-19 crisis**. Rising temperatures and changes in precipitation patterns will result in an increase in vector- and water-borne disease transmission, such as malaria, cholera, leishmaniasis, tuberculosis, and dengue, as well as in an increase in Non-Communicable Disease risks such as chronic respiratory disease and cardiovascular disease. A proportion of El Salvador's population is elderly or living in poverty and at highest risk from both COVID-19, and climate change exacerbating existing risks and vulnerabilities, in particular from extreme heat.[21] Climate- related disasters are expected to increase damage to health care facilities and distribution chains (including of vaccines), sometimes disabling them completely at times when their services are most required.

52. **The AF2 seeks to address climate vulnerability and enhance resilience and adaptation, as well as mitigating Greenhouse Gas (GHG) emissions through several activities**. To protect vaccines from exposure to extreme temperatures, the vaccines will be kept cool during transport with non-energy-consuming coolant packs inside shipping units that will be acquired through Subcomponent 1.1. This is

[19] Available at: https://www.salud.gob.sv/adquisiciones-y-contrataciones-unidad-de-gestion-del-programa-ugp/
[20] Available at: *https://projects.worldbank.org/en/projects-operations/document-detail/P178315?type=projects*
[21] https://climateknowledgeportal.worldbank.org/country/el-salvador/climate-sector-health

both a climate adaptation and mitigation measure as: (i) it ensures a reduction in possible vaccine wastage due to exposure to climate-related extreme heat events; and (ii) the vaccine is kept in non-energy-consuming cool packs thereby reducing GHGs through reduced energy use. Further, WHO also requires temperature monitoring devices in all vaccine shipments, which helps with climate adaptation measure by preventing wastage. With respect to the use of safety boxes for the disposal of syringes, this is also an adaptation and mitigation measure as: (i) it reduces the risk of exposure to medical waste during flooding and other climate related extreme events; and (ii) disposal of syringes in this manner does not require incineration and hence would reduce GHG emissions. Subcomponent 1.1 will also strengthen supply chain systems for storage and distribution of vaccines, including prioritizing energy efficiency or resource-use efficiency through less carbon intensive cold chain resources and the adoption of climate-sensitive approaches when possible. Finally, the contingency plan included as part of the distribution logistics represents an adaptation measure incorporated in the Project to ensure that vaccines, and population's access to them, will continue to be available in case of natural disasters or other climate change-induced weather events that may disrupt vaccine delivery or administration.

G. Gender

53. **El Salvador has significant gender inequalities.** The 2020 Gender Inequality Index (GII) ranks El Salvador in the 85th position among 197 countries in the world.[22] The 0.383 value of its GII indicates a 38.3 percent loss in potential human development due to gender inequality. The 2020 Human Development Report also shows that only 40 percent of women 25 years of age or older have some secondary education, compared to 46 percent of men in the same age group. Female participation in the labor force is also very low (45 percent of women older than 15 years of age, compared to almost 76 percent of men in the same age group), which is likely to reduce the relative power of women in the household and, therefore, contribute to their vulnerability to gender-based violence.

54. **According to 2018 data from the MoH, 62 percent of its staff are women, hence women will be at the forefront of the country's vaccination efforts**.[23] The largest share of female workers are mostly present among nursing, medical assistants, and health technicians, while other fields in the medical professions remain mostly comparable across genders. Traditionally, vaccination programs are managed and run by nurses and medical assistants. These patterns indicate that female health workers will be at the forefront of the vaccination efforts, mobilized and in close contact with patients. It is, therefore, likely that the most female vaccination workers will be exposed to an increased level of risk when deployed to rural or gang-controlled neighborhoods, generating a significant emotional and mental toll, which is compounded by the uncertainty surrounding vaccines and potential grievances among population groups.[24]

55. **The Project will continue financing the communication strategy and training activities aimed at promoting acceptance of the vaccine, respect to the health personnel, and better equipping vaccination workers in their interactions with patients, as well as to provide leadership skills and self-care that can**

[22] The GII reflects gender-based disadvantage in three dimensions—reproductive health, empowerment, and the labor market—for as many countries as data of reasonable quality allow. It shows the loss in potential human development due to inequality between female and male achievements in these dimensions. It ranges from 0, where women and men fare equally, to 1, where one gender fares as poorly as possible in all measured dimensions. Source: Human Development Report, UNDP.
[23] MoH - Unidad de Recursos Humanos. Consulta Gerencial del SIRH (diciembre 2018).
[24] Vizheh M, Qorbani M, Arzaghi SM, Muhidin S, Javanmard Z, Esmaeili M. The mental health of healthcare workers in the COVID-19 pandemic: A systematic review. J Diabetes Metab Disord. 2020 Oct 26;19(2):1-12.

be beneficial for workers in the long-term. To this end, two indicators will monitor progress towards health care workers (women, mostly) being better equipped to cope with the mental and emotional stress generated by the pandemic: (i) training of health staff in provision of COVID-19 vaccination per the MoH approved protocols, differentiated by gender; and (ii) increased share of female health workers that report they are better equipped to handle mental and emotional stress during the pandemic. In addition, the indicator of vaccination coverage will be disaggregated by sex to ensure that it captures the appropriate gender distribution.

H. Citizen Engagement

56. **The Project will use citizen engagement mechanisms included in the National Immunization Plan for the introduction of COVID-19 vaccine.** These mechanisms include grievances and suggestions registries and boxes in each health facility where vaccination activities will take place. The MoH will also implement an internal (i.e., health workers) and external user satisfaction survey. Additionally, awareness-raising activities will be undertaken to promote the use of a national call center where questions, suggestions and grievances will be recorded and addressed by the MoH. A citizen engagement indicator is included in the Project's results framework.

V. WORLD BANK GRIEVANCE REDRESS

57. **Communities and individuals who believe that they are adversely affected by a 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 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 WB's attention, and WB Management has been given an opportunity to respond. For information on how to submit complaints to the WB's corporate 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 WB Inspection Panel, please visit *www.inspectionpanel.org.*

58. **Grievance Redress Mechanism**. The Project incorporates a comprehensive 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.

VI SUMMARY TABLE OF CHANGES

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

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 operationalmechanism for coordinated response to outbreaks by human, animal and wildlife sectors in place;
- Coordinated surveillance systemsin 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 COVID-19 response to prevention, detection and	67.00	Revised	Component 1: Emergency COVID-19 response to prevention,	166.40

treatment			detection and treatment	
Component 2. Project Management and Monitoring	3.00	Revised	Component 2. Project Management an d Monitoring	3.60
TOTAL	**70.00**			**170.00**

LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Current Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IBRD-91000	Effective	29-Jul-2022	31-Jul-2023	31-Dec-2023	30-Apr-2024
IBRD-92290	Effective	31-Jul-2023	31-Jul-2023	31-Dec-2023	30-Apr-2024

Expected Disbursements (in US$)

Fiscal Year	Annual	Cumulative
2020	701,800.00	701,800.00
2021	15,543,000.00	16,244,800.00
2022	28,986,900.00	45,231,700.00
2023	31,381,400.00	76,613,100.00
2024	23,386,900.00	100,000,000.00

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

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

Stakeholders	Moderate	Moderate
Other	Substantial	Substantial
Overall	Substantial	Substantial

LEGAL COVENANTS – Second Additional Financing to El Salvador COVID-19 Emergency Response Project (P178315)

Sections and Description

No information available

Conditions

Type	Financing source	Description
Effectiveness	IBRD/IDA	Article V 5.01 (a) The Borrower, through MoH, has updated and adopted the Project Operational Manual in form and substance satisfactory to the Bank.
Effectiveness	IBRD/IDA	Article V 5.01 (b) The Borrower, through MoH, has provided evidence satisfactory to the Bank that the report of the Environmental and Social Audit, has been amended to capture the expanded scope of the environmental and social aspects of the Project COVID-19 Vaccines to be financed retroactively under this Agreement, in a manner acceptable to the Bank.
Disbursement	IBRD/IDA	Schedule 2 Section III B 1: No withdrawal shall be made for payments made prior to the Signature Date, except those withdrawals up to an aggregate amount not to exceed $99,750,000 may be made for payments made prior to this date but in no case more than 18 monthsprior to the signature date of this Agreement, for Eligible Expenditures under the Project, following the Environmental and Social Audit or an Environmental and Social Assessment, as applicable, satisfactory to the Bank, showing that the pertinent obligations set forth in this Agreement, as applicable to each Eligible Expenditure, have been complied with.

VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework
COUNTRY: El Salvador
Second Additional Financing to El Salvador COVID-19 Emergency Response Project

Project Development Objective(s)

To respond to and mitigate the threat posed by COVID-19 and strengthen the national system for public health preparedness in El Salvador.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	End Target
To respond to and mitigate the threat posed by COVID-19 and strengthen national system			
Confirmed cases of COVID-19 reported and investigated based on national guidelines. (Percentage)		0.00	70.00
Action: This indicator has been Revised			
ICU beds in prioritized ICUs that are fully equipped and operational in the COVID-19 network health care facilities. (Percentage)		0.00	70.00
Population vaccinated, based on the targets defined by El Salvador's National COVID-19 Vaccination Plan (total and disaggregated by gender) (Percentage)		0.00	80.00
Action: This indicator has been Revised			

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	End Target
Component 1: Emergency COVID-19 response to prevention, detection and treatment			
Health network units with personal protective equipment and infection control products and supplies. (Percentage)		0.00	70.00
COVID-19 communication activities which promote the prevention of illness, the acceptance of the vaccine and the role of the health care workers (male and female) (Number)		0.00	24,000.00
Action: This indicator has been Revised			
User Satisfaction Survey applied and reported (Yes/No)		No	Yes
Action: This indicator has been Revised			
Health staff trained in provision of COVID-19 vaccination per MoH-approved protocols differentiated by gender. (Number)		0.00	1,300.00
Action: This indicator has been Revised			
Vaccination sites targeted by the Project with energy efficient equipment (Percentage)		0.00	100.00
Action: This indicator has been Revised			
Increased share of female health workers that report they are better equipped to handle mental and emotional stress during the pandemic. (Percentage)		0.00	80.00
Action: This indicator has been Revised			

Indicator Name	PBC	Baseline	End Target
Population vaccinated based on the number of vaccines available in the country (total and disaggregated by gender) (Percentage)		0.00	80.00
Action: This indicator has been Revised			

Monitoring & Evaluation Plan: PDO Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Datasource**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Confirmed cases of COVID-19 reported and investigated based on national guidelines.	Numerator: Number of confirmed COVID-19 cases reported, and received treatment confirming to national guidelines in each Project year Denominator: Total number of confirmed COVID-19 cases in each Project year	Bi-annually	Surveillance System	Administrative data from Hospitals	Hospital statistical offices and Ministry of Health statistical unit.
ICU beds in prioritized ICUs that are fully equipped and operational in the COVID-19 network health care facilities.		Bi-annual.			
Population vaccinated, based on the targets defined by El Salvador's National COVID-19 Vaccination Plan (total and disaggregated by gender)	Numerator: number of people vaccinated Denominator: total population of El Salvador	6 months	MoH – Vaccination Registration data	MoH – Vaccination Registration data analysis	MoH – Vaccination and Immunization Unit (Office of Infectious Diseases)

Monitoring & Evaluation Plan: Intermediate Results Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Datasource**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Health network units with personal protective equipment and infection control products and supplies.		Bi-annual.	Reports from the National Health Services Directorate for Hospitals, Ministry of Health.	Hospital administrative data.	National Directorate of Planning at the Ministry of Health.
COVID-19 communication activities which promote the prevention of illness, the acceptance of the vaccine and the role of the health care workers (male and female)	Number of COVID-19 communication products (television spots, radio and newspapers ads, etc.) that target specific groups or themes.	Bi-annually	MoH reports	MoH data	MoH - Communications Unit
User Satisfaction Survey applied and reported	User satisfaction survey to collect beneficiary feedback on Covid-19 vaccination implemented and results reported.	6 months	MoH administrative data	MoH administrative data analysis	MoH - PMU
Health staff trained in provision of COVID-19 vaccination per MoH-approved protocols differentiated by gender.	Number of health staff trained in provision of COVID-19 vaccination per MoH-approved protocols	6 months	MoH administrative data	MoH administrative data analysis	MoH - PMU
Vaccination sites targeted by the Project with energy efficient equipment	Numerator: number of vaccination sites targeted	6 months	MoH administrative	MoH administrative data analysis	MoH - PMU

	by the project with energy efficient equipment Denominator: number of vaccination sites targeted by the project		data		
Increased share of female health workers that report they are better equipped to handle mental and emotional stress during the pandemic.	Numerator: number of female health workers surveyed that report being better equipped to handle mental and emotional stress Denominator: total number of female health workers that respond to the survey	yearly	User Satisfaction Survey results.	Survey	MoH/PMU
Population vaccinated based on the number of vaccines available in the country (total and disaggregated by gender)	Numerator: Number of people fully vaccinated Denominator: Number of people that can be fully vaccinated based on number of doses available in the country	6 months	MoH – Vaccination Registration data	MoH – Vaccination Registration data analysis	MoH – Vaccination and Immunization Unit (Office of Infectious Diseases)

ANNEX 1: SUMMARY TABLE ON VACCINE DEVELOPMENT AND APPROVAL STATUS
(As of April 14, 2022)

	Manufacturer / WHO EUL holder	Name of Vaccine	SRA approval received	WHO EUL [25]		
				Platform	NRA of Record for WHO EUL	Status of assessment
1.	BioNTech Manufacturing GmbH	BNT162b2/COMIRNATY Tozinameran (INN)	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	Nucleoside modified mNRA	EMA	▪ **Finalized: December 31, 2020** ▪ **Additional sites:** – Baxter Oncology GmbH Germany (DP). June 30, 2021 – Novartis Switzerland. July 08, 2021 – Mibe (Dermapharm) Germany (DP). July 16, 2021 – Delpharm, Saint-Remy FRANCE (DP). September 17, 2021 – Siegfried Hameln GmbH, Germany (DP). November 11, 2021 – Patheon Italia S.p.A, Italy (DP). December 07, 2021 ▪ **Shelf life extension:** 09 months at -70 to - 90°C. September 20, 2021 – Sanofi-Aventis Deutschland GmbH Germany October 06, 2021 ▪ **Diluent suppliers:** – Pfizer Perth, AustraliaFresenius Kabi, USA June 18, 2021

[25] https://extranet.who.int/pqweb/sites/default/files/documents/Status_COVID_VAX_23Dec2021.pdf

	Manufacturer / WHO EUL holder	Name of Vaccine	SRA approval received	WHO EUL [25]		
				Platform	NRA of Record for WHO EUL	Status of assessment
						Fresenius Kabi, USA September 20, 2021 Pfizer Manufacturing Belgium November 30, 2021 ▪ **Booster dose** approved for adults 18 years of age and older. December 17, 2021 ▪ **Age extension** to children 5-11 years of age February 12, 2022
					USFDA	▪ **Additional sites:** – Pharmacia & Upjohn, Kalamazoo (DP)PGS McPherson (DP) July 16, 2021 – Exelead, Inc. Indianapolis USA September 30, 2021
2.	AstraZeneca AstraZeneca, AB	AZD1222 Vaxzevria	UK: December 30, 2020 EU: January 29, 2021 Australia: February 16, 2021 (overseas manufacturing); March 21, 2021 (for local manufacturing by CSL – Seqirus) Canada: February 26, 2021	Recombinant ChAdOx1 adenoviral vector encoding the Spike protein antigen of the SARS-CoV-2.	EMA	▪ **Core data finalized. April 16, 2021** ▪ **Additional sites:** – SK-Catalent – Wuxi (DS). April 16, 2021 – Chemo Spain. April 30, 2021 – Amylin Ohio US (DP). July 23, 2021 – WuXi Biologics, Germany (DP) March 8, 2022
					MFDS KOREA	▪ **Finalized. February 15, 2021**
					Japan MHLW/PMDA	▪ **Finalized. July 9, 2021** ▪ **Additional site:** – Nipro Pharma Corporation Ise, Japan. October 11, 2021
					Australia TGA	▪ **Finalized. July 9, 2021**

	Manufacturer / WHO EUL holder	Name of Vaccine	SRA approval received	WHO EUL [25]		
				Platform	NRA of Record for WHO EUL	Status of assessment
						▪ **Additional site:** – Siam Bioscience Co., Ltd Thailand. October 11, 2021
					COFEPRIS (Mexico) ANMAT (Argentina)	▪ **Finalized. December 23, 2021**
3.	SERUM INSTITUTE OF IND Cyrus Poonawalla Gr Serum Institute of India Pvt.Ltd	Covishield (ChAdOx1_nCoV-19)		Recombinant ChAdOx1 adenoviralvector encoding the Spike protein antigen of the SARS-CoV-2.	DCGI	▪ **Finalized. February 15, 2021** – DS and DP Manjari Bk Pune. December 11, 2021
4.		COVOVAX™ COVID-19 vaccine (SARS-CoV-2 rS Protein Nanoparticle [Recombinant])		Recombinant nanoparticle prefusion spike protein formulated with Matrix-M™ adjuvant	DCGI	▪ **Finalized. December 17, 2021**
5.	moderna	mRNA-1273	USA: December 18, 2020 Canada: December 23, 2020 EU: January 6, 2021 Switzerland: January 12th, 2021 UK: January 8, 2021	mNRA-based vaccine encapsulated in lipid nanoparticle (LNP)	EMA	▪ **Finalized. April 30, 2021** **Shelf-life extension** to 09 months - 20±5°C. February 14, 2022
					USFDA	▪ **Additional Sites. August 6, 2021** – ModernaTx. Norwood (DS)

	Manufacturer / WHO EUL holder	Name of Vaccine	SRA approval received	WHO EUL [25]		
				Platform	NRA of Record for WHO EUL	Status of assessment
						– Catalent Indiana, LLC (DP) – Lonza Biologics, Inc. Portsmouth, USA (DS) – Baxter, Bloomington, USA (DP)
					MFDS	▪ **Finalized. December 23, 2021**
6.	**Sinopharm / BIBP**[1] Beijing Institute of BiologicalProducts Co., Ltd. (BIBP)	SARS-CoV-2 Vaccine (Vero Cell), Inactivated (InCoV)		Inactivated, produced in Vero cells	NMPA	▪ **Finalized. May 7, 2021** ▪ *2 and 5 dose presentation (new manufacturing site) -- TBC after ongoing inspection*
7.	sinovac Sinovac Life Sciences Co., Ltd. Sinovac Life Sciences Co., Ltd.	COVID-19 Vaccine (Vero Cell), Inactivated/ Coronavac™		Inactivated, produced in Vero cells		▪ **Finalized. June 1, 2021** ▪ **2-dose presentation. September 30, 2021**
8.	Janssen Infectious D & Vaccines Janssen–Cilag International NV	Ad26.COV2.S	USA: February 27, 2021 Canada: March 5, 2021 EU: March 11, 2021 Switzerland: March 22, 2021 UK: May 28, 2021 Australia: June 25, 2021	Recombinant, replication-incompetent adenovirus type 26 (Ad26) vectored vaccine encoding the (SARS-CoV-2) Spike (S) protein	EMA	▪ **Core data finalized (US +NL sites). March 12, 2021** ▪ **Additional sites:** – Aspen RSA (DP). June 25, 2021 – Catalent Agnani Italy (DP). July 2, 2021 – Grand River Aseptic Manufacturing Inc., USA. November 5, 2021 – MSD (Merck(, West Point/PA, USA (DP). November 5, 2021 – Sanofi Pasteur France (DP). January 27, 2022

	Manufacturer / WHO EUL holder	Name of Vaccine	SRA approval received	WHO EUL [25]		
				Platform	NRA of Record for WHO EUL	Status of assessment
						– **Storage conditions extension:** at 2-8°C from 4.5 months to 11 months within the 24 months of shelf-life at -25°C to -15°C. March 16, 2022
9.	Bharat Biotech, India	SARS-CoV-2 Vaccine, Inactivated (Vero Cell)/ COVAXIN		Whole-Virion Inactivated Vero Cell	DCGI	▪ **Finalized. November 3, 2021** **Suspension of supply** due to outcomes of post EUL inspection (March 14 – 22, 2022). April 2, 2022
10.	NOVAVAX Creating Tomorrow's Vaccines Today	NVX-CoV2373/Nuvaxovid		Recombinant nanoparticle prefusion spike protein formulated with Matrix-M™ adjuvant	EMA	▪ **Finalized. December 20, 2021**

ANNEX 2: LATEST COVID-19 SITUATION IN THE COUNTRY

1. The first confirmed case of COVID-19 in El Salvador was registered on March 18, 2020. As of February 28, 2021, there were 148,000 confirmed cases and 4,000 deaths (Figure 2.1). By the same date, across Latin America and the Caribbean, there were 65 million confirmed cases of COVID-19 and 1.6 million deaths. Data from April 13, 2022 show that El Salvador's positive cases per 100,000 inhabitants is lower than in neighboring countries (El Salvador – 2,487, Honduras – 4,186, Guatemala – 4,582). This applies as well to the number of deaths per 100,000 inhabitants (El Salvador – 63, Honduras – 108, Guatemala – 95). As with other neighboring countries, El Salvador experienced a fourth wave in January 2022 due to the Omicron variant. Weekly confirmed cases tripled in January 2022 compared to the number of weekly confirmed cases throughout the first year of the pandemic.

Figure 2.1: Number of Weekly Confirmed COVID-19 Cases

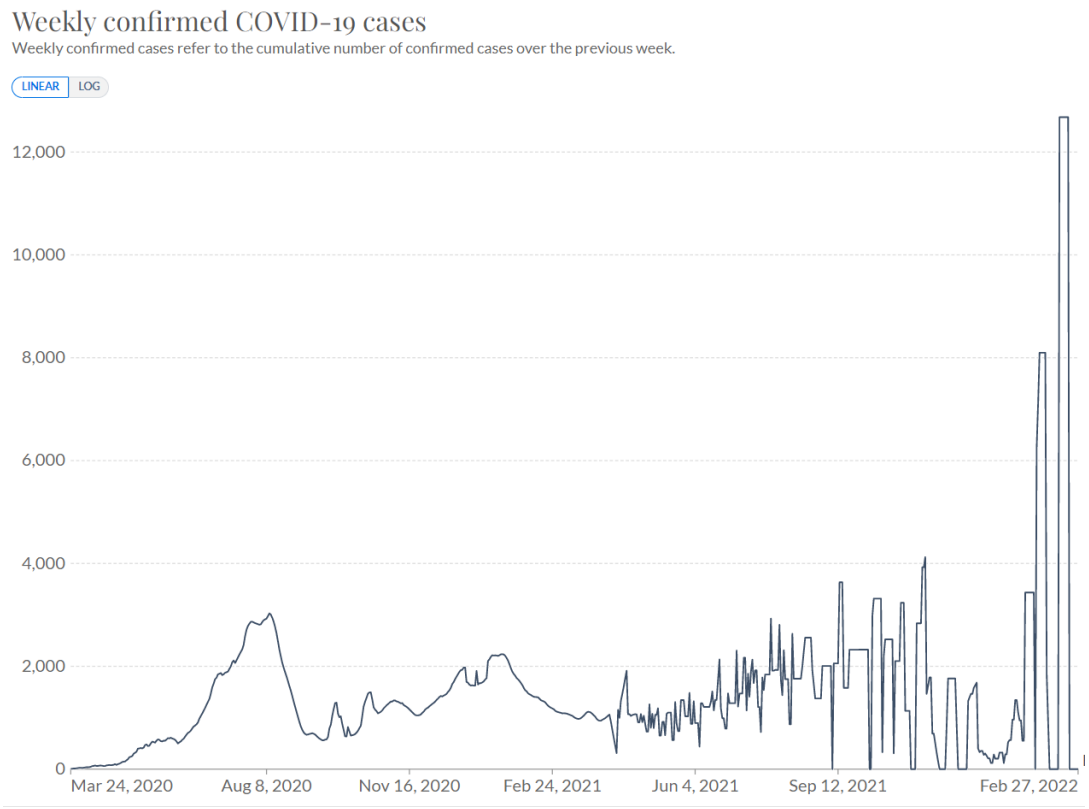
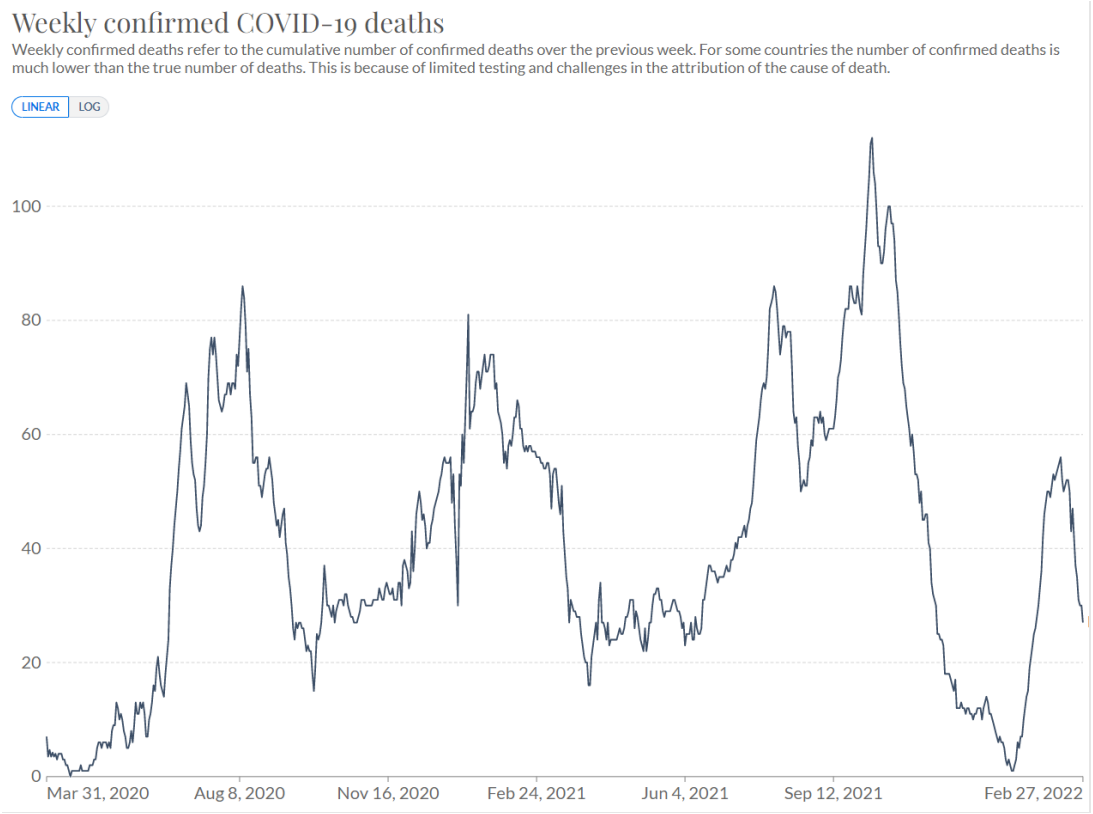


Figure 2.2: Number of Confirmed Deaths



Source: COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University as of December 7, 2021, available at: https://ourworldindata.org/coronavirus/country/el-salvador

2. Vaccination against COVID-19 in El Salvador is progressing very well. The GoES began implementing the National Vaccination Plan on February 17, 2021, starting with frontline health care personnel, and successively incorporating other priority groups. The GoES had set an initial target of vaccinating 4.5 million people (66 percent of the total population) which was revised on September 22, 2021, to include children above 6 years of age and other eligible populations for a total of 5.9 million people (91 percent of the total population). Following new medical guidelines, the third dose or the booster shot was authorized on September 27, 2021. The total doses of vaccines needed to achieve the GoES target is around 17.1 million doses, and it has moved rapidly to secure nearly 16 million doses. As of April 4, 2022, the country has received approximately 16 million doses (including 3.75 million through donations).

3. To achieve these results, the GoES has undertaken significant investments in strengthening its deployment capacity. Initially, 162 facilities were designated as vaccination centers, which was later scaled up to 362 facilities. Many of these facilities had to be remodeled and equipped. In addition, the GoES deployed a door-to-door vaccination strategy to reach the hard-to-reach populations, and this has required overcoming logistical challenges and investments in specialized transport services. The cold-chain capacity was strengthened with a series of interventions that include the construction and repair of freezer rooms, the procurement of 23 ultra-freezers and 600 refrigerators for the exclusive storage of

vaccines, and rental of refrigerated trucks and transport equipment. Health personnel belonging to the National Integrated Health System (SNIS) were trained nationwide, and information technology systems were enabled for registration, appointment scheduling, monitoring and analysis.

4. There are gendered implications of the COVID-19 pandemic that has disproportionately affected women in El Salvador. Women are vulnerable to disruptions to formal and informal labor which has led to reduced incomes as well as an increase in the burden of domestic care. Moreover, 62 percent of health workers in El Salvador are women; many of which are nurses and medical assistants, and therefore are more exposed to COVID-19. Women also bear the brunt of domestic care such as taking care of children, cooking, and cleaning. This is then compounded by a potential increase of domestic abuse and gender-based violence in El Salvador where gender inequality is already high. The GoES is also tailoring its communication strategy to tackle gender factors impacting vaccine hesitancy, such as their current efforts to increase vaccination among pregnant women.

ANNEX 3: SUMMARY OF THE PARENT PROJECT AND AF1 COMPONENTS

The components of the Parent Project and AF1 are described below.

Component 1: Emergency COVID-19 Response to Prevention, Detection and Treatment (Total Cost US$67 million: US$19 million from original loan amount and US$48 million from AF1)

- **Subcomponent 1.1: Provision of Medicines, Medical Supplies and Equipment.** The activities originally planned for this subcomponent in the Parent Project seek to strengthen the provision of care at the hospital level, as outlined in the COVID-19 Master Plan for health care facilities that comprise the COVID-19 health care network. For this purpose, the subcomponent of the Project financed: (i) medical supplies and energy efficient medical equipment aimed at increasing the number of operational hospital beds and of Intensive Care Units (ICUs); (ii) rehabilitation works and installations to make hospital beds and ICUs operational; and (iii) drugs and vaccines. The AF1 expanded the financing and scope of this subcomponent to support activities related to the procurement of vaccines, consumables and strengthening the overall structure of the immunization process. Specific activities included: (i) COVID-19 vaccines, including increased/equitable access to vaccines procured via mechanisms selected by the country, and in accordance with criteria adopted under the AF; (ii) ancillary supply kits and inputs related to vaccine administration, such as: needles, syringes, cotton swabs, thermal containers and cold packs, container for sterile swab, boxes for discarding sharp material, rigid wall containers for discarding bottles of empty phials from diluters, vaccination cards, forms for recording applied vaccine doses, informed consent sheets, basic supply of PPE for vaccinators, among others; (iii) necessary equipment to store and distribute vaccines (including cold chain and refrigeration resources); (iv) minor rehabilitation works to vaccination centers and other facilities, to adapt them to the needs of the country's immunization and COVID-19 programs (including health, storage, vaccination and laboratory facilities and oxygen plants), that will consider energy savings and resource-use efficiency measures; (v) materials and equipment for laboratories and oxygen plants; (vi) contracting of temporary personnel that may be required to support vaccination deployment and distribution activities, including management and logistics, information systems, data analysis and the design of the refurbishment and adaptation of facilities; and (vii) equipment, software licenses and connectivity required to strengthen the administration and logistics information systems, as well as the deployment and tracing of COVID-19 vaccines. The Project and AF1 included climate considerations throughout, including the use of procurement measures to ensure the acquisition of the most energy and resource efficient options (e.g. in case of the rehabilitation works and purchase of the equipment), specifically aiming to improve the resilience against climate change impacts of already vulnerable groups, as well as mitigation measures where possible. The proposed AF2 will continue to include these aspects.
- **Subcomponent 1.2: Preparedness, Capacity Building, Communication and Training Activities.** The activities under this subcomponent of the Project seek to support preparedness and capacity building efforts aimed at implementing the Government's COVID-19 Master Plan, which include: (i) training of selected health personnel in public hospitals; (ii) supporting the national communication strategy, including health prevention education campaigns and guidance materials to citizens and health personnel of the COVID-19 health facilities network; and (iii) supporting a mitigation response, including call centers for medical advice, and other activities to support a subsequent phase of the pandemic. Under AF1, this subcomponent was expanded in scale and scope. The training and

communication activities supported by the Project continue to be relevant under the context of the AF and will be complemented by new activities more directly related to the needs of an effective and efficient vaccine deployment**,** including: (i) training of staff involved in the deployment and delivery of vaccines to the population, including on the operations/procedures that need to be implemented in the event of other emergencies, such as climate-induced natural disasters; (ii) digital skills training for health workers; (iii) supporting the national communication strategy and the development of a gender-based communication strategy specifically designed to promote access and reduce resistance to vaccines in general and to the COVID-19 vaccination program in particular, and to also lessen the risk imposed on vaccination workers; and (iv) promoting dialogue with key stakeholders that can disseminate the vaccination process or create opposition to immunization efforts.

Component 2: Project Management and Monitoring (Total Cost US$3 million: US$1 million from original loan and US$2 million from AF1). This component finances required project management activities, as well as the administrative and human resources necessary to administer the Project. Its main activities include: (i) support to the management of financial, procurement, environmental and social requirements, as well as project audits; and (ii) project monitoring and evaluation. Component costs include staffing and training of PMU staff, technical consultants, and other operating costs. Under AF1, this component was expanded to account for the additional vaccine related activities included in the proposed AF. The component will finance the required project management activities, and administrative and human resources to manage the Project. These costs include staffing and training of the PMU and technical consultants, and other operating costs. These activities will be carried out in accordance with WB guidelines and procedures.