THE WORLD BANK
IBRD • IDA | WORLD BANK GROUP

FOR OFFICIAL USE ONLY

Report No: PAD3814

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED CREDIT

IN THE AMOUNT OF SDR 25.5 MILLION
(US$ 35 MILLION EQUIVALENT)

TO THE

REPUBLIC OF GHANA

FOR A

GHANA COVID-19 EMERGENCY PREPAREDNESS AND RESPONSE PROJECT

UNDER THE
COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)

USING THE MULTIPHASE PROGRAMMATIC APPROACH
WITH AN OVERALL FINANCING ENVELOPE OF US$ 1.3 BILLION EQUIVALENT

APRIL 2, 2020

Health, Nutrition & Population Global Practice
Africa Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective Feb 29, 2020)

Currency Unit =	Ghana Cedi (GHS)
GHS 5.6125 =	US$1
US$ 1 =	SDR 0.728

FISCAL YEAR
January 1 - December 31

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

ABBREVIATIONS AND ACRONYMS

ANC	Antenatal care
CDC	Center for Disease Control
CERC	Contingency Emergency Response Component
CHO	Community health officer
COVID-19	Coronavirus disease
CPF	Country Partnership Framework
DFID	Department for International Development
DHIS	District Health Information Software
DTP3	Diphtheria-tetanus-pertussis
DSS	Demographic Surveillance Site
EOC	Emergency Operations Center
EPRP	Emergency Preparedness and Response Plan
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESRS	Environmental and Social Review Summary
EVD	Ebola Virus Disease
FTCT	Fast Track COVID-19 Facility
GAP	Global Action Plan for Healthy Lives and Well Being
GBV	Gender-based violence
GHS	Ghana Health Service
GoG	Government of Ghana
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HEIS	Hands on Enhanced Implementation Support
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IMCC	Inter-Ministerial Coordination Committee
IMF	International Monetary Fund
IPC	Infection Prevention and Control
IUFR	interim unaudited financial reports
JEE	Joint External Evaluation
KCCR	Kumasi Centre for Collaborative Research in Tropical Medicine
LMIC	Lower-middle income country
MCHNP	Maternal Child Health and Nutrition Project
MDB	Multilateral development bank
MOF	Ministry of Finance
MOH	Ministry of Health
MOI	Ministry of Information
MPA	Multiphase Programmatic Approach
NAPHS	National Action Plan for Health Security

NCD	Non-communicable disease
NMIMR	Noguchi Memorial Institute for Medical Research
NPHRL	National Public Health and Reference Lab
PFMA	Public Financial Management Act
PHC	Primary health care
PHEM	Public health emergency management
PHL	Public Health Labs
PIU	Project Implementation Unit
POE	Point of entry
PPE	Personal Protection Equipment
PPME	Policy Planning, Monitoring and Evaluation
PSCN	Pandemic Supply Chain Network
RCCE	Risk communication and Community Engagement
RfQ	Request for Quotations
RRT	Rapid Response Team
SCD	Systematic Country Diagnostic
SIMEX	Simulation Exercise
SOP	Standard Operating Procedures
SPRP	Strategic Preparedness and Response Plan
TA	Technical assistance
TB	Tuberculosis
UHC	Universal Health Coverage
USAID	United States Agency for International Development
WHO	World Health Organization

TABLE OF CONTENTS

DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Ghana	Ghana COVID-19 Emergency Preparedness and Response Project	
Project ID	**Financing Instrument**	**Environmental and Social Risk Classification**
P173788	Investment Project Financing	Substantial

Financing & Implementation Modalities

[✓] Multiphase Programmatic Approach (MPA)	[ ] Contingent Emergency Response Component (CERC)
[ ] Series of Projects (SOP)	[ ] Fragile State(s)
[ ] Disbursement-linked Indicators (DLIs)	[ ] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a non-fragile Country
[ ] Project-Based Guarantee	[ ] Conflict
[ ] Deferred Drawdown	[✓] Responding to Natural or Man-made Disaster
[✓] Alternate Procurement Arrangements (APA)	[✓] Hands-on Enhanced Implementation Support (HEIS)

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
02-Apr-2020	30-Jun-2022	31-Dec-2025

Bank/IFC Collaboration

No

MPA Program Development Objective

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

MPA Financing Data (US$, Millions)

MPA Program Financing Envelope	35.00

Proposed Project Development Objective(s)

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

Components

Component Name	Cost (US$, millions)
Emergency COVID-19 Response	21.50
Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach	3.40
Community Engagement and Risk Communication	7.40
Implementation management and monitoring and evaluation and project management	2.70

Organizations

Borrower:	Republic of Ghana
Implementing Agency:	Ghana Health Services Ministry of Health

MPA FINANCING DETAILS (US$, Millions)

MPA Program Financing Envelope:	35.00
of which Bank Financing (IBRD):	0.00
of which Bank Financing (IDA):	35.00
of which other financing sources:	0.00

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	35.00

Total Financing	35.00
of which IBRD/IDA	35.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	35.00
IDA Credit	35.00

IDA Resources (in US$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Ghana	35.00	0.00	0.00	35.00
Crisis Response Window (CRW)	35.00	0.00	0.00	35.00
Total	**35.00**	**0.00**	**0.00**	**35.00**

Expected Disbursements (in US$, Millions)

WB Fiscal Year	2020	2021	2022
Annual	25.00	8.00	2.00
Cumulative	25.00	33.00	35.00

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

This operation has not been screened for short and long-term climate change and disaster risks

Explanation

Climate change and disaster screening follows the Parent Project - MPA-FTF (P173789).

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	Substantial
2. Macroeconomic	Substantial
3. Sector Strategies and Policies	Moderate
4. Technical Design of Project or Program	Moderate
5. Institutional Capacity for Implementation and Sustainability	Substantial
6. Fiduciary	High
7. Environment and Social	Substantial
8. Stakeholders	Low
9. Other	
10. Overall	Substantial
Overall MPA Program Risk	Substantial

COMPLIANCE

Policy

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

[✓] Yes [ ] No

Does the project require any waivers of Bank policies?

[✓] Yes [ ] No

Have these been approved by Bank management?

[✓] Yes [ ] No

Is approval for any policy waiver sought from the Board?

[✓] Yes [ ] No

Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
Cultural Heritage	Not Currently Relevant
Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank's due diligence assessment of the Project's potential environmental and social risks and impacts, please refer to the Project's Appraisal Environmental and Social Review Summary (ESRS).

Legal Covenants

Conditions

I. PROGRAM CONTEXT

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

A. MPA Program Context

2. **An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China**. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 20, 2020, the outbreak has resulted in an estimated 266,073 confirmed cases and 11,184 deaths in more than 160 countries.[2]

3. **COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts.** The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use[3] and pre-existing chronic health problems that make viral respiratory infections particularly dangerous[4]. With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83 percent to 98 percent of patients develop a fever, 76 percent to 82 percent develop a dry cough and 11 percent to 44 percent develop fatigue or muscle aches[5]. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7 percent of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

[1] SPRP (P173789) http://operationsportal.worldbank.org/secure/P173789/home
[2] WHO. Coronavirus disease 2019 (COVID-19) Situation Report 60.
[3] Marquez, PV. 2020. "Does Tobacco Smoking Increases the Risk of Coronavirus Disease (Covid-19) Severity? The Case of China." *http://www.pvmarquez.com/Covid-19*
[4] Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." New Eng J of Medicine, DOI: 10.1056/NEJMe2002387
[5] Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." JAMA, doi:10.1001/jama.2020.3072

4. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF). The Contingency Emergency Response Component (CERC) of the Greater Accra Resilient and Integrated Development Project (GARID) (P164330) with US$ 65 million has also been simultaneously triggered.

B. Updated MPA Program Framework

5. Table 1 provides an updated overall MPA Program framework.

Table 1. MPA Program Framework

Phase	Project ID	Sequential or Simultaneous	Phase's Proposed DO*	IPF, DPF or PforR	Estimated IBRD Amount ($ million)	Estimated IDA Amount ($ million)	Estimated Other Amount ($ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
1	[P173788] Ghana COVID-19 Response	Simultaneous	Please see relevant PAD	IPF	00.00	US$35.00		April 2, 2020	Substantial

6. All projects under SPRP are assessed for the Environmental and Social Framework (ESF) risk classification following the Bank procedures and the flexibility provided for COVID-19 operations.

C. Learning Agenda

7. The country project under the MPA Program will support adaptive learning throughout the implementation, as well as from international organizations including WHO, IMF, CDC, UNICEF, and others. The global MPA aims the following:
   (a) Forecasting: modeling the progression of the pandemic, both in terms of new cases and deaths, as well as the economic impact of disease outbreaks under different scenarios
   (b) Technical: Cost and effectiveness assessments of prevention and preparedness activities; research may be financed for the re-purposing of existing anti-viral drugs and development and testing of new antiviral drugs and vaccines
   (c) Supply chain approaches: Assessments may be financed on options for timely distribution of medicines and other medical supplies
   (d) Social behaviors: Assessments on the compliance and impact of social distancing measures under different contexts

8. **In addition to its heavy health and human toll, the coronavirus outbreak further clouds an already fragile global economic outlook and can further set back the fight against poverty.** Indeed, the total expected costs of an influenza-like pandemic are substantial, particularly the costs induced by necessary prevention measures. The economic costs of infectious disease fall into two categories – (a) the direct and indirect effects of illness and (b) the costs induced by preventive (avoidance) behaviors adopted by citizens and by the transmission control policies implemented by governments. The cost of illness approach measures the resources used in the treatment of an infection (resources that would be free for elsewhere if the infection

was averted) and the resources lost to morbidity and premature mortality. The costs incurred by preventive action largely reflect the reduced number of transactions due to lowered demand for goods and services, interruptions in the supply chain, and increased capital risk premiums. While some postponed transactions will take place when uncertainty about disease transmission is resolved and risk reduced, there are often long-run economic effects from such avoidance behaviors. With emergent illnesses where epidemiological aspects are not fully known, the prevention costs due to avoidance behavior and transmission control policies are likely to exceed the costs of illness, at least in the initial periods of the outbreak. Further, potential tightening of credit conditions, weaker growth and the diversion of expenditures to fight the outbreak are likely to cut into government revenues and governments' ability to invest to meet education, health and gender goals. The poor will be hit particularly hard. Current estimates suggest that a one percent decline in developing country growth rates traps an additional 20 million people into poverty.

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

10. **Gender analysis needs to be an integral part of the country's Emergency Preparedness and Response Plan (EPRP) and its implementation.** The Systemic Country Diagnostic 2018 (SCD) addresses significant gender differences in several areas such as access to quality social services, agricultural productivity, access to finance, and skills development. More and more women and youth are joining the informal micro and small enterprises, who are highly susceptible to shocks without formal welfare and compensatory measures. Moreover, women and adolescents would become more vulnerable to uncertainties, economic difficulties among the general public. While the current sex-disaggregated data for COVID-19 does not show differences in the number of cases between men and women, there are differential vulnerability to infection, exposure to pathogens, and treatment received. About 64 percent of the total health workforce of Ghana are women.[6] The needs of women for isolation and quarantine are also different from those of men, which requires sensitivity to their physical, cultural, security and sanitary needs. As primary caregivers of children and the elders at households and given school closures already imposed in the country women are more likely to have work limitations and psychosocial pressures affecting their economic and mental health.

II. CONTEXT AND RELEVANCE

A. Country Context

11. **The global COVID-19 outbreak is expected to have a significant negative impact on Ghana's economy.** For example, the reduction in global air travel is expected to result in a decline in Ghana's forex reserves. The

[6] Ministry of Health, Ghana. 2019. Health Sector Medium-Term Development Plan 2018-2021.

economic situation is expected to deteriorate with more restrictions of non-essential travels, which is part of the President's COVID-19 disease response plan. In addition to the direct impact of COVID-19, the anticipated slowdown in the global economy will likely reduce trade and disrupt global manufacturing supply chains that involve Ghana. The effects of a pandemic-driven global economic downturn are impossible to predict. However, highly affected countries are experiencing dramatic reductions in economic activity, with a high risk of damage to financial markets.

12. Ghana forecasts a reduction in trade volumes and values both domestic and international. The country is already seeing significant reduction in trade volumes and values with China which constitutes the highest of imports US$ 2,272.6 million (3.64 percent of GDP) and the second highest of Ghana's exports US$ 2,032.27 million (3.26 percent of GDP). The significant decline in global crude oil price will reduce projected petroleum revenues for 2020. Ghana had programmed a petroleum price of US$ 62.60 per barrel in the 2020 Budget. As at March 2, 2020 petroleum prices were down to US$ 51.8 per barrel. Crude oil price further declined to US$ 36 per barrel on March 9, 2020. At an average price of US$ 50.00 per barrel for 2020, government could lose about US$ 484 million in petroleum receipts. This shortfall increases to US$ 936.4 million if crude oil price declines to US$ 30 per barrel.

13. Given the global downturn the positive economic forecast of 6-8 percent between 2019 and 2023 in the recently completed SCD may require major modification. The SCD had projected that non-oil growth, the primary driver of overall growth, is projected to average 6.5 percent over the medium term (2019-2023), significantly higher than the 3.8 percent over 2014-2018. Non-oil growth is expected to be driven by the agriculture sector as the Government "Planting for Food and Jobs" program begins to take effect, and there is increased investment into agribusiness. Yet, the informal sector and self-employment continue to absorb a large share of the labor supply, which makes them vulnerable to shocks. Fiscal consolidation will continue to keep the fiscal deficit contained between 3 and 4 percent of GDP until 2023. However, the revenue side of fiscal policy needs to gain greater than proportionate traction under the current circumstance. Tax revenue is estimated to be five percent of GDP below potential, with tax exemptions of around 5.2 percent (World Bank PER, 2016). With elections scheduled for 2020, and given experience of fiscal election cycles, the challenge of keeping fiscal policy on track is likely to increase.

14. The socioeconomic impact on the population will be significant. Ghana had achieved significant poverty reduction in the last 25 years. Based on the measure of US$ 1.90 per day, poverty rates declined from 47.4 percent in 1991 to 13.6 percent in 2012 – much lower than not only the mean poverty rate of Sub-Saharan Africa, but also below that of lower-middle income countries (LMICs). The growth model that delivered large overall gains in income and declines in poverty in the past had also left significant parts of the country behind. More than 23 percent of Ghana's population still live below the poverty line, with the poor concentrated in the five northern regions and the Volta region. In many rural areas, poverty rates have fallen relatively slowly and remain above 50 percent in the Northern, North-east, Savannah, Upper West and Upper East regions. Approximately half the workforce is employed in the agriculture and agribusiness sector where skills, productivity and incomes remain low: self-employed agricultural workers continue to make up most of the poorest 40 percent of the population. The cocoa sector, traditionally a source of higher incomes, has been losing market share in recent years and now faces an uncertain future due to climatic factors, the poor underlying quality of tree stock, issues with land tenure and land degradation.

15. Moreover, rapid urbanization has created rising disparities within cities. Even though urban poverty rates

significantly dropped over this period, the number of urban poor has not been reduced much. In fact, the number of the poor increased in urban areas in the Eastern, Volta, and the northern parts of the country. Even in Accra, which successfully absorbed massive waves of rural-urban migration, poverty varies greatly between neighborhoods. Greater Accra saw a large reduction in poverty rates and in the absolute number of urban poor, however, poverty has become more concentrated in certain areas. Poverty is more prevalent in slums of lower elevation, where communities have higher fertility, lower school attendance, and very low access to sanitary services and are prone to floods.

B. Sectoral and Institutional Context

16. The health outcomes in Ghana have generally been positive but with some challenges. Maternal deaths declined from 580 per 100,000 live births in 2007 to 310 per 100,000 live births in 2017. In 2017, 98 percent of pregnant women visited a skilled health personnel for antenatal care (ANC) at least once, 89 percent at least four times. Institutional delivery has significantly increased from 54 percent in 2007 to 79 percent in 2017. Seventy-nine percent of the last live births and stillbirths were delivered by a skilled provider. Eighty-four percent of women had a postnatal check during the first 2 days after the most recent birth or stillbirth. Neonatal, infant and under-five mortality have declined in the past decade.

17. **The burden of disease and coverage of treatment and prevention interventions has shown mixed results**. Diphtheria-tetanus-pertussis (DTP3) coverage is over 95 percent. Other vaccination coverages are below 70 percent. While prevalence is low, progress in pediatric HIV and AIDs response is modest. Tuberculosis case detection and cure rate is also low. Micronutrient deficiencies resulting in anemia and obesity in children (malnutrition 24 percent, stunting 8 percent) and in pregnant women puts them at risks of death or under-development. Under-nutrition negatively affects the growth and cognitive capacity of children. Generally, access to water and sanitation is poor leading to a high prevalence of intestinal worms, meningitis outbreaks, dysentery and diarrheal disease. On average only 14.9 percent of the population had access to improved sanitation in 2014–2016, far below any of Ghana's structural or aspirational peers. The 2018 holistic sector assessment using a WHO approved tool showed that the health care system remains significantly weak. The Universal Health Coverage (UHC) Roadmap 2020-2030 indicated that the sector is inadequately resourced to provide the services anticipated to achieve the goals set. The assessment showed that human resources are poorly distributed across the country. Ghana's current health expenditure was 4 percent of GDP or US$ 68 per capita, and public health expenditure measured US$ 29.30 in 2016. Overall government financing for health fell from 14 percent of GDP, or US$ 58.4 per capita in 2011 to 7 percent in 2016, or US$ 29.3 per capita.

18. **The Ebola outbreak in West Africa in 2014-2015 brought a sense of urgency to strengthen public health emergency preparedness and response.** COVID-19 has also raised the immediate need for strengthened health security as Ghana has already recorded 16 confirmed cases as of March 20, 2020. Ghana already has a network of laboratories from national to the district level and well-equipped laboratories at the Noguchi Memorial Institute for Medical Research (NMIMR), Kumasi Centre for Collaborative Research in Tropical Medicine (KCCR) and the National Public Health and Reference Lab (NPHRL). These have capacity to diagnose highly infectious pathogens. Yet, they face challenges including weak coordination mechanisms, absence or inadequately resourced treatment, quarantine and containment centers, irregular supply of reagents and other laboratory supplies, lack of a national regulatory legislation or policy that defines the role and responsibilities of laboratories and facilities at different levels in the health sector. The World

Health Organization (WHO), the Centers for Disease Control, Atlanta, the Japanese Government and the World Bank have provided some support to strengthen the emergency preparedness and response systems. A lot more needs to be done to enhance capacity in the short to medium term.

19. **The Maternal Child Health and Nutrition Project (MCHNP; P145792) has provided support in building institutional capacity for emergency preparedness and response, yet it is limited in its scope**. There is the Inter-Ministerial Coordination Committee (IMCC) made up of Ministries of Finance, Health, Local Government, Gender, Children and Social Protection, Information, Transport, Interior and Defense and Office of the President as the apex coordinating body for COVID-19 response. The Emergency Operations Center (EOC) was created with support from the MCHNP. The government has activated activities under the Emergency Operations Center (EOC) established with support from the MCHNP. These include risk communication, point of entry surveillance, laboratory diagnostics capacity building for case management and coordination of preparedness and response actions. Other partners such as WHO, the CDC-USAID, DFID-UK and the Japanese government contribute mainly to technical logistics and financial support. The anticipated scale of the COVID-19 outbreak can however, not be contained without further strengthening of institutional and human resource capacity as an integral part of health systems strengthening efforts in alignment with prioritized interventions listed in the government's UHC Roadmap.

20. **A Simulation Exercise (SIMEX) was conducted in Ghana on March 6-7, 2020 to test capacities, systems and mechanisms to respond to public health emergencies.** The exercise exposed gaps and weaknesses that currently exist and help prioritize where to support the country's response efforts:
    (a) **Coordination:** Coordination, action and reporting mechanisms between health, security, customs and immigration authorities, EOC management and development partners need to be strengthened at the national, regional and district levels. The Points of Entry, except the Kotoka International Airport, are ill-equipped to support case surveillance. None has a satisfactory port health and holding room.
    (b) **Workforce development:** While national level staff are familiar with existing Standard Operating Procedures (SOP), International Health Regulations (IHR) 2005 and its requirements, service delivery, laboratory and surveillance information management staff need to be sensitized with the IHR guidelines and their requirement to ensure full-scale implementation. Staff at the community and district level for contact tracing and isolation management are yet to be identified and trained.
    (c) **Preparedness:** Emergency Preparedness and Response plans (EPRPs) are in place but implementation is fragmented and shows discrepancies in roll out. There is very limited capacity in key case management facilities identified; quarantine and containment facilities are not available or prepared for the anticipated emergency. There is a need for mapping, identification and equipping of isolation facilities and healthcare facilities across the country to be readied for outbreak response activities. There is a general stock out of Personal Protection Equipment (PPE), Infection Prevention and Control (IPC) and medical consumables.
    (d) **Emergency response operations:** The confirmation of the first two cases took over 24 hours to isolate the patients or initiate contact tracing. There was no emergency response scale in place. Not a single facility was compliant to accept patients immediately. Procedures for correct use of PPE during emergency response at the subnational level need to be strengthened. SOPs describing clear lines of reporting were not in place. Flow of operational information between national and subnational levels needs to be strengthened. The national EOC and teams were unable to change the emergency response scale to handle the evolving scenario. Infection prevention and control measures need to be developed and disseminated through easy/readable SOPs for PPE donning and doffing. COVID-19

specific drills and trainings through simulations need to take place at all levels. Resources, expertise and technical support are needed at all levels to undertake trainings at all levels.

(e) **Risk Communication:** The adoption of risk communication guidelines needs to take place at all levels. Currently there are no policies, procedures and mechanisms to follow while engaging the public during an emergency.

21. **Ghana's Emergency Preparedness and Response Plan (EPRP):** The overall objectives of the strategic Preparedness and Response Plan for COVID-19 being prepared by countries around the world aim to: (a) slow and stop transmission, prevent outbreaks and delay spread; (b) provide optimized care for all patients, especially the seriously ill; and (c) minimize the impact of the epidemic on health systems, social services and economic activity. The EPRP, prepared by the Government of Ghana (GoG), has the objective to "enhance surveillance system and build response capacity to detect, contain, delay and respond to a possible COVID-19 outbreak in Ghana." The strategic objectives of the EPRP are to: limit human-to-human transmission; identify, isolate, and care for patients early; address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, communicate critical risk and event information to all communities, and counter misinformation; and minimize social and economic impact through multi-sectoral partnerships. To support these, the Ghana Plan relies on three pillars:
    (a) Leveraging international coordination to deliver strategic, technical, and operational support through existing mechanisms and partnerships;
    (b) Scaling up country preparedness and response operations; and
    (c) Accelerating priority research and innovation.

22. The GoG has conducted risk assessment and established alert levels designed to coincide with the ongoing stage of the COVID-19 outbreak. Annex 1 shows the summary of the definition of phases. It should be noted that while this phasing protocol has specific standards identified for declaration of each level, other unique factors may be present which might warrant variation from these standards in determining the appropriate level. As of March 20, 2020, Ghana has sixteen confirmed cases of COVID-19, which makes the country fall into Level 5 alert (highest).

23. **Links between economic effects of COVID-19 and the health sector in Ghana:** As mentioned above, an expected decrease in the availability of forex in the country may impact the country's ability to purchase essential medical commodities and drugs (insulin, antibiotics, etc.) on the global market. While the proposed Project will specifically address the emergency response to COVID-19, it should be noted that existing World Bank operations and financing mechanisms broadly will be used to strategically address gaps that may arise for the purchase of these essential commodities.

C. Relevance to Higher Level Objectives

24. **The project is aligned with World Bank Group strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity.** The Program, which is focused on preparedness, is also critical to achieving Universal Health Coverage. It is also aligned with the World Bank's support for national plans and global commitments to strengthen pandemic preparedness through three key actions under Preparedness: (i) improving national preparedness plans including organizational structure of the government; (ii) promoting adherence to the International Health Regulations (IHR); and (iii) utilizing the international framework for monitoring and evaluation of IHR. The economic rationale for investing in the

MPA interventions is strong, given that success can reduce the economic burden suffered both by individuals and countries. The project complements both WBG and development partner investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement. Further, as part of the proposed IDA19 commitments, the World Bank is committed to "support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment)." The project contributes to the implementation of IHR (2005), the recommendations of the Joint External Evaluation (2017), Integrated Disease Surveillance and Response (IDSR), and the OIE international standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of Universal Health Coverage and of the Sustainable Development Goals (SDG), and the promotion of a One Health approach.

25. **The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic, utilizing all WBG operational and policy instruments and working in close partnership with government and other agencies.** Grounded in One Health, which provides for an integrated approach across sectors and disciplines, the proposed WBG response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA/IBRD-eligible countries in addressing the health sector and broader development impacts of COVID-19. The WBG COVID-19 response will be anchored in the WHO's COVID-19 global Strategic Preparedness and Response Plan (SPRP) outlining the public health measures for all countries to prepare for and respond to COVID-19 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.

26. **The Government of Ghana has committed to attaining UHC as its overarching strategy for developing the health sector.** It has developed a UHC Roadmap with the overarching goal to "Increase access to quality essential health care and population-based services for all by 2030". The target group are the poor and vulnerable; particularly children, adolescents, women and the aged. The roadmap objectives emphasize access to essential primary health care, maternal and child health management; domestic finance mobilization; and public health emergency preparedness and response. A National Action Plan for Health Security (NAPHS-2020-2025) has also been developed to address health emergencies under the One - Health framework. The goal is comprehensive systems development to build resilience within the health and other allied sectors for emergency preparedness and response. A COVID-19 Emergency Preparedness and Response Plan (COVID 19-EPRP 2020) has also been developed. The UHC roadmap, the NAPHS and the COVID-19 EPRP resonates with various global initiatives such as the WBG COVID-19 response initiative and the WHO's COVID-19 global Strategic Preparedness and Response Plan (SPRP), Sustainable Development Goal Declaration, principles of the African Union Agenda 2063, the Global Action Plan for Healthy Lives and Well Being (GAP), Astana Declaration on PHC (2018), UHC 2030 Compact, and the UHC Political Declaration adopted at the UN High Level Meeting in September 2019. These are linked with human rights, equity, gender and people-centered approaches.

27. This project however, was not included in the Bank's Country Partnership Framework (CPF) which is currently under preparation. However, the draft CPF strongly references improved delivery of human capital services where gaps in national capacity for disease surveillance and epidemic preparedness through regional collaboration have been identified.

A. PROJECT DESCRIPTION

28. **The proposed Project was selected for COVID-19 financing because of the strategic place Ghana holds in global connectivity and travel, and the associated risks for the country**. Ghana is classified among 13 Priority-1 countries in the WHO Africa region for being at risk, based on flights and passenger volumes. As of March 20, 2020, a total of 16 cases have been confirmed in the country. There are also confirmed cases in Cote d'Ivoire, Togo and Burkina Faso, which share borders with Ghana and Nigeria which has high trade exchange with Ghana. The Bank received a request and the plan for US$100 million from the Government of Ghana to help the country respond to the outbreak and mitigate related socioeconomic impact (See attached copy of EPRP as Annex 2). The scope and the components of this Project are fully aligned with the Bank's COVID-19 Fast Track Facility, using standard components as described in para 8 of the COVID-19 Board paper. The proposed Project complements the longer-term development work in the health sector, including the Maternal Child Health and Nutrition Project (P145792) which seeks to improve maternal and child health and nutrition outcomes, as well as the Emergency Preparedness and Response. The Contingency Emergency Response Component (CERC) of the Greater Accra Resilient and Integrated Development Project (GARID) (P164330) has also been simultaneously triggered. The proposed Project will supplement the support from CERC for immediate response to COVID-19 as well as ensure longer-term systems strengthening for public health preparedness at both national and subnational levels. This project has triggered paragraph 12 of the Investment Project Financing Bank Policy.

29. **The proposed Project intends to fill critical gaps in implementing the EPRP, strengthen the prevention activities, rapid detection, preparedness and response to COVID-19 outbreak.** The finance under this Project will be utilized to enhance preparedness activities for COVID-19 and strengthen the health system both at the national and subnational levels. The project's objectives and design are in line with the broad objectives of the government's US$ 100 million request. Given the allocation for Ghana from the COVID-19 Fast Track Facility is only US$ 35 million, an additional US$ 65 million has been activated through the GARID-CERC project. The support from this project will be aligned with the national plan but support critical activities up to the allocated amount for the project.

30. **The GARID-CERC is financing three of seven components of the EPRP.** Support under the GARID-CERC would be provided for: (a) laboratory equipment and reagents support, essential medical equipment and supplies including test kits, support including personal protection equipment, needles, Rapid Diagnostic Test (RDT) equipment and sample bottles, Polymerase Chain Reaction (PCR) equipment biochemistry, hematology or PCR analyzers, CT-Scan; (b) Waste management equipment including large waste bins with bin liners, special cleaning mobs, motorized chemical disinfection bourses, required cleaning detergents and hand sanitizers and other related IPC materials; (c) closed tents and accessories, television, solar and generator systems, appropriate air-conditioning, foldable beds and mattresses, pillows, mackintosh and bedding coverings and sheets and disposable linens and other related items; (d) Each regional medical store will have a dedicated section in the form of a steel container that will hold supplies linked to the national logistics management center.

31. **Under the leadership of the Office of the President and the Ministry of Health, the government has committed US$ 500,000 to COVID-19 response.** Several partners including the WHO, CDC-USA, DFID-UK, JICA have provided technical, logistic and financial support and are expected to increase their contributions in a

concerted manner in the coming months.

32. **The Bank proactively restructured the existing project on maternal and child health and nutrition in the wake of the Ebola Virus Disease (EVD) outbreak in West Africa.** While Ghana did not have any reported cases of Ebola at that time, it revealed the weaknesses in public health emergency preparedness and response capacity. Therefore, the government and the Bank swiftly added a new component on epidemic preparedness and control to the existing project in 2015. Ghana at that time served as a logistics hub for the subregion, receiving cargo flights and storing logistics in response to EVD. Under the MCHNP, the Bank supports the government for strengthening surveillance system and case management capacity through the establishment of the centers for disease control and capacity building for EOCs and health professionals. This proactive action for systems building built a foundation to further enhance public health emergency preparedness and response capacity of the country as well as of the subregion in response to rapidly worsening situations of COVID-19.

33. **Lessons from other countries provide useful guide to Ghana's preparedness and response strategy. At the time of the EVD outbreak in 2014-2015 in the subregion, the EVD response operations devastated the maternal and child health and revealed fragile health systems of the affected countries.** Restricted access to health services and the loss of health workers at the time of the Ebola crisis led to worsening health services delivery by 23 percent. This caused setbacks in routine health services for malaria, tuberculosis (TB), HIV/AIDS, non-communicable diseases (NCDs), and reproductive, maternal, neonatal and child health (RMNCH). Maternal mortality increased by 38 percent in Guinea, by 74 percent in Sierra Leone and by 111 percent in Liberia. Therefore, the Project will put mitigation measures into place to ensure routine essential health services and protect frontline workers in response to COVID-19.

34. **Fears and acute shocks such as COVID-19 outbreak can lead to public distrust of the government.** Weak institutions usually have a negative effect on service delivery. Poor performance and cultural insensitivity in service delivery erodes trust, making it more likely that citizens avoid seeking care. Quarantine of the suspected cases and/or the whole community in case of transmission of COVID-19 outbreak in localized areas is highly disruptive to economic and social life. While the Project prioritizes the primary prevention of local transmission of the confirmed COVID-19 cases in the country and any other possible imported cases, the Project will be designed for highly contextualized risk communication and community engagement to consistently establish public trust.

A. Development Objective

35. The Project objectives are aligned with the PDO and results chain of the COVID-19 Strategic Preparedness and Response Program (SPRP).

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

37. **PDO Level Indicators:** The PDO will be monitored through the following PDO level outcome indicators:
    (a) Diagnosed cases treated in the designated treatment centers per approved protocol (Percentage);
    (b) Designated acute healthcare facilities with isolation capacity (Number);
    (c) Confirmed COVID-19 cases that conducted contact tracing (Percentage); and

(d) Country adopted personal and community non-pharmaceutical interventions.

B. Project Components

38. **Component 1: Emergency COVID-19 Response (US$ 21.5 million equivalent)**

39. **Sub-Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording and Reporting (US$ 4.5 million equivalent)**

40. This sub-component would help (i) strengthen disease surveillance systems at points of entry (POEs), public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment; and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. The project will support surveillance systems strengthening for emerging infectious diseases by using a risk-based approach. The surveillance system comprises the following components (i) disease reporting system for the priority infectious diseases; (ii) laboratory investigation of priority pathogens; (iii) community event-based surveillance; and (iv) contact tracing, rumor surveillance and verification.

41. Well-structured epidemiological studies and surveillance programs would be integrated with the disease control measures, which would be then adjusted and improved as new information becomes available. Strengthening animal and human disease surveillance and diagnostic capacity would be supported through the following activities: improving health information flow among relevant agencies and administrative levels; detection, reporting and follow-up of reported cases; public and community-based surveillance networks; routine serological surveys; and improving diagnostic laboratory capacity. Support would be provided to strengthen the network of the designated laboratories for COVID-19. With the existing Noguchi Memorial Institute for Medical Research (NMIMR) and the Kumasi Collaborative Center for Research (KCCR) would investigate pathogens under the One Health approach and lead infectious diseases research and development in the country.

42. **Sub-Component 1.2: Containment, Isolation and Treatment (US$ 12.7 million equivalent)**

43. An effective measure to prevent contracting a respiratory virus such as COVID-19 would be to limit, as much as possible, contact with the public. Therefore, the project would support the government for implementation of immediate term responses, i.e., classic “social distancing measures” such as school closings, escalating and de-escalating rationale, in compliance with the IHR. A number of holding, isolation, quarantine and treatment centers have been identified across the country. This sub-component supports the leasing, renting, establishment and refurbishing of designated facilities and centers to contain and treat infected cases in a timely manner. Support would be provided to ensure the operations of effective case containment and treatment with IPC measures to be enforced at all time with necessary equipment, commodities and basic infrastructure. Psychosocial and essential social support would be provided to those who are in isolation and quarantine centers with consideration of gender sensitivity and special care for people with disabilities and/or chronic conditions. Additional trained health workers would be deployed to the designated isolation/treatment centers for COVID-19 case management, not to disrupt the general health services. It is important to clarify that the Bank will not support the enforcement of such measures when they involve actions by the police or the military, or otherwise that require the use of force. Financing would also be made

available to develop guidelines on social distancing measures (e.g., in phases) to operationalize existing or new laws and regulations, support coordination among sectoral ministries and agencies, and support the MOH on the caring of health and other frontline personnel involved in pandemic control activities with IPC measures and psychosocial support when distressed. Compensation payments, life and health insurance for staff working in the frontlines of fighting the disease will be paid.

44. **Sub-Component 1.3: Social and Financial Support to Households (US$ 0.7 million equivalent)**

45. Patients and their families needing support, especially those who are isolated or quarantined would be provided psychosocial counseling support, food-baskets and feeding during the isolation, quarantine and treatment period. Active social support would also be provided to reduce the impact of COVID-19 on the finances of directly affected to families. This will include cash transfers and support to access and use needed health services. To this end, financing would be provided for fee-waivers to access medical care and cash transfers to mitigate loss of household income due to job losses that may result from the closure of firms and enterprises, informal sector businesses, as well as government agencies, during the COVID-19 outbreak. The government would develop a COVID-19 Compensation Benefit Framework to roll out this sub-component within a month of this project becoming effective.

46. **Sub-Component 1.4: Health System Strengthening (US$ 3.6 million equivalent)**

47. Human resource and institutional capacity are key to addressing the COVID-19 outbreak as well as to strengthen health systems to ensure the constant provision of general health services without disruption. This activity is related to training and capacity building for preparedness and response as well as service delivery guided by the different pillars and activities of the NAPHS and the UHC Roadmap. These include: (i) training of contact tracing coordination teams and networks at the national, regional and district levels; (ii) recruitment of technical experts and human resources for technical work and supportive supervision; (iii) training of district and sub-district level health workers and volunteers for surveillance and case management; (iv) training of laboratory personnel to build diagnostic capacity for COVID-19 at the subnational (regional/district) level; (v) orientation of POE staff for screening people entering the country at designated points of entry (airports, border crossings, etc.); (vi) capacity building for call/hotline centers; (vii) strengthening PHEM and community- and event-based surveillance for COVID-19; (vii) capacity building and orientation of national, regional and district Rapid Response Teams (RRTs), Doctors, Physician Assistants, staff of quarantine facilities, surveillance and point of entry teams across country and particularly in treatment centers at all border districts; and (viii) simulation exercises and scenarios conducted in facilities and communities marked as Demographic Surveillance Sites (DSS) sites and quarantine facility to ensure that facilities measure up to the required standards.

48. **Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach (US$ 3.4 million equivalent)**

49. The main implementing agency of this Project will be MOH, working in collaboration with the Ghana Health Service (GHS), other ministries, departments and agencies. The project would support costs associated with project coordination. The country has set up an Inter-Ministerial Coordinating Committee (IMCC) and an Emergency Operations Center (EOC) under GHS is operational. These bodies are the main coordinating points for the COVID-19 preparedness and response in Ghana. This component would also support implementation of the IHR as incorporated in National Action Plans for Health Security. Such support would include: (i)

technical support for strengthening governance and updating policies and plans; (ii) support for institutional and organizational restructuring to respond to emergencies such as pandemic diseases; (iii) Operating Costs of the IMCC, EOC, quarantine centers and the Ghana Center for Disease Control (CDC) including transport, communication support equipment and other administrative-related costs for coordination meetings and supportive supervision and monitoring; and (vi) contracts for private management of newly established infectious disease centers and medical villages. Support would be also provided to MOH with oversight from IMCC to develop standardized life insurance package, overtime and hazard payments, which are to be made for those directly involved in surveillance and case management.

50. The component would support enhancing diseases information systems through development of a disease surveillance information system, as part of the disease control program. The aim is to provide better analytical capacity to Ghana; and to participate in global disease information sharing, complying with national obligations as members of OIE and WHO. A strengthened national system will contribute progressively towards better global and regional control. The information system and data management would be linked to rapid and standardized methods of routine analysis of surveillance data, which would demonstrate important changes in the health situation, and promptly supply this information to field personnel.

51. **Component 3: Community Engagement and Risk Communication (US$ 7.4 million equivalent)**

52. **Risk Communication:** The project will focus on risk communication and community engagement at the points of entry, engaging key decisions makers and stakeholders, community leadership and opinion leaders. The first level will be points of entry communication targeting travelers. Mass communication and social media will be key in bringing the message to individual households using various methods, including community van announcements for community sensitization. A series of executive briefings will be held for parliament and the media. The plan focuses on both the process and development of broadcast and communication support materials including billboards, printing of leaflets and pocket cards, epidemiological bulletins, TV documentaries and payment for broadcast of informercials, civic education and faith-based organization engagements. Where needed, technical assistance will be procured, and technical facilitator and expert commentator allowances paid for discussants on key media outlets.

53. **Community Engagement:** Various approaches for community engagement including: (i) surveillance, home visits and contact tracing at the district, sub-district and community levels; (ii) risk communication through a well-established network of call center, community health officers and community volunteers; and (iii) community mass communication and announcements and outreach services and sensitization through community announcement centers, sensitization, information sharing and counter misconceptions information sharing. Support provided under this sub-component would be supplementary to support from the GARID-CERC.

54. **Component 4: Implementation Management, Monitoring and Evaluation and Project Management (US$ 2.7 million equivalent)**

55. **Project Management:** activities of the Project include: (a) providing support for the strengthening of public structures for the coordination and management of the Project, including central and local (decentralized) arrangements for the coordination of Project activities; (b) the carrying out of financial management and procurement requirements of the Project; (c) the recruitment of additional staff/consultants responsible for

overall administration, procurement, and financial management under country specific projects; and (d) the financing of project coordination activities.

56. **Monitoring and Evaluation:** The project activities include a monitoring and prospective evaluation framework for the project and for operations at the country and sub-regional or regional levels. For operations at the country and sub-regional or regional levels, the monitoring and prospective evaluation will provide a menu of options to be customized for each operation, together with performance benchmarks. The activities include: (a) monitoring and evaluating prevention and preparedness; (b) building capacity for clinical and public health research, including joint-learning across and within countries, and training in participatory monitoring and evaluation at all administrative levels, such as: (i) carrying out of evaluation workshops; (ii) the development of an action plan for monitoring and evaluation; and (iii) the replication of successful models; (c) monitoring and evaluation activities, such as supporting the Project Implementation Unit (PIU) in the monitoring of project implementation through, inter alia: (i) collection of data from line ministries and other implementation agencies; (ii) compilation of data into progress reports of project implementation; (iii) carrying out of surveys; and (iv) carrying out of annual expenditure reviews; and (d) carrying out of an impact evaluation on quantitative and qualitative aspects of the project interventions, including the collection of qualitative information through site-visit interviews, focus groups and respondent surveys.

57. Project cost (expenditure) by components is attached as Annex 3.

C. Project Beneficiaries

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

B. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

59. **The Inter-Ministerial Coordinating Committee (IMCC)** made up of the Ministries of Finance, Health, Local Government, Gender, Children and Social Protection, Information, Transport, Interior and Defense and Office of the President is chaired by His Excellency the President of the Republic of Ghana or a person assigned by him, and will serve as the steering committee. The Director General of GHS and the Presidential Coordinator for COVID-19 Response serve as advisers to the IMCC to provide technical direction.

60. **The MOH is the primary implementation agency for this Project.** The MOH Director, Policy Planning, Monitoring and Evaluation (PPME) supported by the Director of Public Health, GHS under the Office of the Minister of Health and Director General of the GHS are responsible for overall project management and fiduciary requirements. Responsibilities of project management include, but not limited to: (i) collecting and compiling all data relating to their specific suite of indicators; (ii) evaluating results; (iii) providing relevant performance information; and (iv) reporting results, financial, procurement statements and implementation of environmental and social standards as outlined in the Environmental and Social Management Framework

(ESMF), the Environmental and Social Commitment Plan (ESCP) and other documents as per the ESF of the World Bank immediately prior to each semiannual supervision mission. The Director PPME of MOH and the Director of Public Health of GHS will perform its functions in accordance with the methodology prescribed in its respective project implementation manual. This project will make use of the project implementation manual of the existing Bank supported project (MCHNP) and the PIU will update the manual when necessary. During the project's lifetime, the MOH's self-assessed results will be reviewed semi-annually by the respective stakeholders and verify the findings of the self-assessments. The Director PPME will work in close collaboration and with key agencies involved in the preparedness and response agenda to implement the project. MOH and GHS have been involved in the implementation of the MCHNP in the past five years and benefitted immensely from the capacity building efforts under the MCHNP, including fiduciary tasks of procurement and financial management. Additional staff will be assigned for overall administration, procurement, financial management and social and environment standards under this Project to supplement the existing staff in the emergency operations. Specific technical staff, including Social & Community specialist and Environment specialist, will be hired for implementation of social and environment standards.

61. The Director General of GHS, in collaboration with the Presidential Coordinator for COVID-19 Response, will oversee the operations of the isolation and quarantine centers and facilities and develop an institutional and operations manual for them. The Head of the Emergency Operations Center (EOC) will coordinate all technical partners to develop and determine strategies and implement them. Members of the EOC, including development partners, will be engaged to form sub-teams to support the activities of the MOH in the following areas: (i) Coordination (Command and Control and Continuity of operations, EOC, Official Communication, Finance, HR); (ii) Case Management and Rapid Response Teams (including Isolation, Referral); (iii) Point of Entry (Including cross border surveillance); (iv) Epidemiology/Surveillance (Data Collection and Analysis); (v) Risk communication and social mobilization); (vi) Laboratories, treatment centers, logistics and medicines and (vii) infection prevention and waste management. The purpose of the sub-teams are to drive forward work, set, and implement policies within the work-strand. A monitoring and evaluation specialist, procurement specialist, communications expert and finance specialist will be assigned to this project. The environmental and safeguards specialist of GARID will provide safeguard support to the team.

B. Results Monitoring and Evaluation Arrangements

62. **The project will develop a monitoring and prospective evaluation framework for the overall facility and for operations at the country level.** The approach will include benchmarking and rapid learning to inform tactical adaptations across the country. The monitoring and evaluation framework will focus on: (i) strategic relevance to the near-term support for disease outbreak detection and response; and (ii) client responsiveness. The indicators will include those for: measuring elements of emergency COVID-19 preparedness and response; strengthening mission-critical national institutions for policy development and coordination of prevention and preparedness, using the "One Health" approach in ways that have clear pathways from interventions to results; enabling national, and sub-national estimates and projections of equipment and supplies for disease prevention, detection, response and recovery requirements; building national capacity for biomedical, clinical, and public health research and technical resource networks; and building systems to perform disease surveillance at the community level.

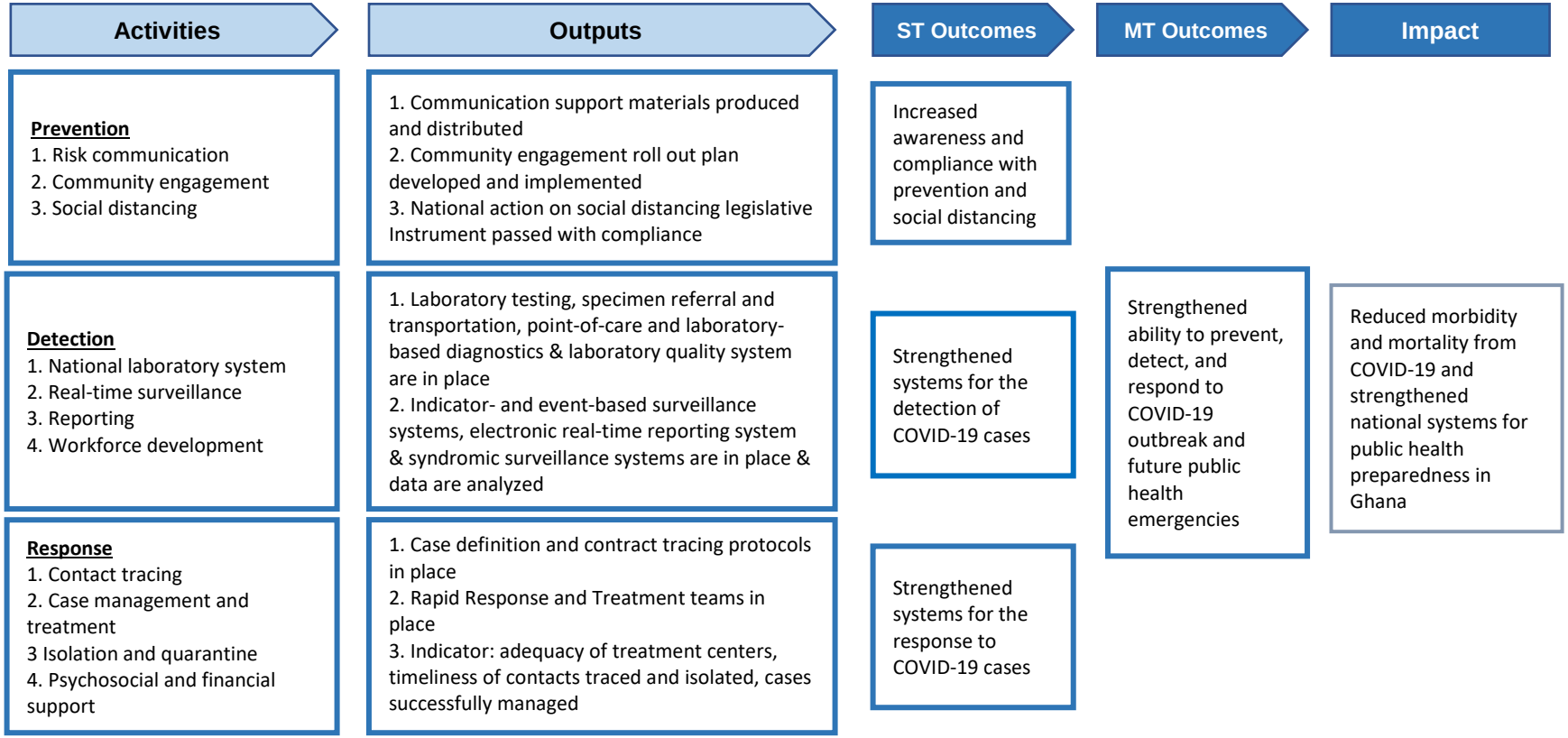
63. **The Head of EOC under GHS is responsible for collating and integrating all country data into IDSR, timely**

and quality reporting against the results framework, and data analysis and dissemination. The Head of EOC will also be responsible for producing all technical reports and submit to the MOH through the Director General. Joint External Evaluations (JEEs) have been used to inform the Project's Results Framework indicators. The reports will be submitted to the World Bank through the MOH.

64. Theory of Change: Ghana COVID-19 Emergency Preparedness and Response Project

65. **Project Development Objective:** To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana.

66. **Problem Statement:** Ghana, as well as its bordering countries (Burkina Faso, Cote d'Ivoire and Togo), have all confirmed cases of COVID-19. Given the current situations, strengthening the preparedness and response systems will serve to reduce morbidity and mortality from COVID-19 and enhance national systems for future public health emergencies, should they emerge.



C. Sustainability

67. The sustainability of the project would largely depend on the capacity of the PIU, the implementing agencies and the extent of stakeholder engagement and coordination. The focus of some of the project activities on training and capacity building will further enhance the health systems strengthening efforts and develop a framework for sustained continuous professional development.

C. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

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

69. Another significant set of economic impact will result from the uncoordinated efforts of private individuals to avoid becoming infected or to survive the results of infection. The SARS outbreak of 2003 provides a good example. The number of deaths due to SARS was estimated at “only” 800 deaths and it resulted in economic losses of about 0.5 percent of annual GDP for the entire East Asia region, concentrated in the second quarter. The measures that people took resulted in a severe demand shock for services sectors such as tourism, mass transportation, retail sales, and increased business costs due to workplace absenteeism, disruption of production processes and shifts to more costly procedures.

70. Ghana is already seeing significant reduction in trade volumes and values with China due to the impact of the disease, which has the highest of imports US$ 2,272.6 million (3.64 percent of GDP) and the second highest of Ghana’s exports US$ 2,032.27 million (3.26 percent of GDP). The significant decline in global crude oil price will reduce projected petroleum revenues for 2020. Ghana had programmed a petroleum price of US$ 62.60 per barrel in the 2020 Budget. As at March 2, 2020 petroleum prices were down to US$ 51.8 per barrel. Crude oil price further declined to US$ 36 per barrel on March 9, 2020. At an average price of US$ 50.00 per barrel for 2020, government could lose about US$ 484 million in petroleum receipts. This shortfall increases to US$ 936.4 million if crude oil price declines to US$ 30 per barrel. Prompt and transparent public information policy can reduce economic losses.

B. Fiduciary

(i) Financial Management

71. The financial management arrangement of this project will draw experience from the arrangements under

the MCHNP project. Utilization of funds under this project will be in strict compliance with the Public Financial Management Act (PFMA) 921 and in line with the guidelines of the Financial Management Manual for World Bank-Financed Investment Operations issued on March 1, 2010.

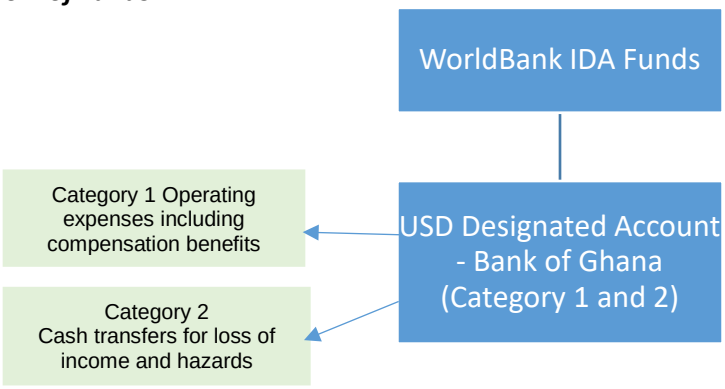
72. This will be achieved by mainstreaming the financial management staffing arrangements. The main implementing agency will be MOH, working in collaboration with the GHS, other ministries, departments and agencies. The Financial Controller MOH, has oversight responsibility for all project financial management functions. The Financial Controller will be supported by a qualified Accountant who understands MOH activities and has experience in reporting on Bank funded projects. Although the FM staffing strength at MOH is strong there will be a need to assign additional staff due to the urgency and high implementation intensity of this project.

73. No withdrawal shall be made for payments made prior to the Signature Date, except that withdrawals up to an aggregate amount not to exceed with respect to: (a) Category 1, an amount equivalent to nine million, nine hundred and ninety two thousand Special Drawing Rights (SDR 9,992,000); and (b) Category 2, an amount equivalent to two hundred thousand and eight thousand (SDR 208,000) under the Credit may be made for payments made prior to this date but on or after January 10, 2020 for Eligible Expenditures.

74. The Ministry of Health shall be responsible for all procurement and coordination and oversight activities under the project while the GHS is responsible for all risk communication, surveillance, case management, containment and treatment, laboratory coordination and all other implementation responsibilities. The Director, Policy Planning, Monitoring and Evaluation of MOH will coordinate between the agencies.

75. In terms of funds flow, the project will maintain one (1) designated account in US Dollars to receive funds from IDA for all project activities. The account will be opened at the Bank of Ghana and managed by the Financial Controller of the lead implementing agency.

Flow of Funds



76. In order to avoid transactional delays, the funds for eligible project activities will be withdrawn in tranches by MOH as per the work plan and transferred to other participating implementing and beneficiary agencies. In case of procurement through third-party systems (e.g. UN agency), financial transfers will be done directly from the Bank to the Agency based on activated MoU and procurement contract.

77. The project will be implemented under the principles of traditional IPF arrangements using the report-based

disbursement arrangements. Under this approach, the allocated resources will be advanced to the MOH's USD designated account based on a six-monthly forecast of expenditures and replenished quarterly for further periods of six months using interim financial reports. The IFRs will serve as the basis for requesting for advances and also for documentation. The initial disbursement will be based on the consolidated expenditure forecast for six months, subject to the Bank's approval of the estimates. Subsequent replenishments of the DA would be done quarterly based on the forecast of the net expenditures for the subsequent half-year period. The World Bank Procurement guidelines shall govern all the procurement activities.

78. The project could fund other ministries, departments and agencies activities in connection with the EMRP but the overall FM reporting responsibility will rest with the MOH Financial Controller. The Financial Controller of MOH, working in collaboration with the Director of Finance GHS is responsible for preparing and submitting to the World Bank the consolidated periodic interim unaudited financial reports (IUFR) to account for activities funded under the project. As use of some elements of the country financial management system is anticipated under this operation, the project will rely on the periodic consolidated financial reports of the MOH which will be due for submission to IDA within 45 days of the end of each fiscal quarter.

79. The MOH Financial Controller will be responsible for ensuring that these reports - Interim Unaudited Financial Reports (IFRs) are prepared on time and submitted to all stakeholders including the Bank in line with the timelines as per the Financing Agreement. These reports should show clearly as a minimum;
    i. A statement of sources and uses of funds showing the use of funds by components as per the PAD (useful in monitoring implementation of the components)
    ii. A statement of sources and uses of funds showing the expenditure by Category as per the Financing Agreement (for allocating expenditure as per the FA)
    iii. A budget variance report comparing the utilization of approved budget against expenditure (useful to the TTL to monitor implementation and fund utilization)
    iv. A Designated Account reconciliation statement
    v. A list of payments (made in that quarter) made against contract subject to the Bank's prior review (No Objection)
    vi. List of current commitments, i.e., signed and ongoing contracts
    vii. A cash forecast for six months (to be the basis of requesting for additional funding)

    The format of the reports was shared with the disbursement team ahead of the decision meeting. Financial reports are currently prepared using manual and excel based systems.

Disbursement Categories

80. Based on the project design, there will be two (2) disbursement categories. The disbursement category 1 will be mainly for "goods, works, non-consulting services, consulting services, operating costs, and training." The disbursement category 2 will be for cash transfers under Part 1.4 of the Financial Agreement. All cash transfers to mitigate loss of household income and hazards will be recorded under category 2.

Category	Amount of the Credit Allocated (expressed in SDR)	Percentage of Expenditures to be Financed (inclusive of Taxes)

(1) Goods, works, non-consulting services, and consulting services, Operating Costs; and Training	24,980,000	100%
(2) Cash Transfers under Part 1.4 of the Project	520,000	100%
TOTAL AMOUNT	**25,500,000**	

81. The project's internal controls will rely on the government's established accounting and internal control guidelines as documented in Internal Audit Manuals and PFMA (Act 921). Currently, the internal control features within the GoG provides for pre-auditing of government expenditure transactions. This form of expenditure validation, as part of the payment processing arrangements, will continue and will cover all expenditures, prior to their approval, including those under the project. In addition, the expenditure initiation and related controls will follow the authorization and approval processes as within MOH.

82. MOH's internal audit function is headed by the Director, Internal Auditor who is a Chartered Accountant. He is supported by the deputy Internal Auditor who is also a Chartered Accountant. There are also 3 Senior Internal Auditors who report to the Deputy Internal Auditor. The senior internal auditors are all chartered accountants and are supported by 6 internal auditors. All of who are based at the MOH Head Office. The internal auditors perform pre-audits rather than risk-based auditing.

83. The Director Internal Auditor is required to include the project in MOH's internal audit work plan and therefore, the internal audit team is required to periodically perform risk-based audits to monitor project activities and provide quarterly internal audit reports to the World Bank each year. MOH will maintain a fixed assets log for assets to be acquired or created using project funds.

84. In line with its mandate as per the Ghana Audit Service Act (Act 584), the Auditor General is solely responsible for the auditing of all funds under the Consolidated Fund and all public funds as received by government ministries, agencies and departments. As is the practice, due to capacity constraints, it is usual for the audits to be contracted out to private firms. The Financial Controller MOH, is responsible for ensuring that the audits are completed and submitted to the World Bank timely. The project will be required to submit acceptable annual audits to the World Bank no later than 6 months after the year end.

85. The MOH is involved in the current MCHNP project and as a Government department, there are adequate systems in place to support the implementation of the project and satisfy the Bank's minimum requirements under the Directives and Policies for IPFs. That said however, the system can be further strengthened, and the MOH will work with the Controller and Accountant General's Department (CAGD) and the GIFMIS Secretariat to migrate its manual accounting and reporting functions to the Government's oracle financial system. In addition, MOH is required to augment the internal audit staff to perform timely and increased validation and verification of supporting documents.

86. The overall FM risk has been assessed as **High,** given that this is an emergency project with several inter-ministerial departments and agencies.

(ii) Procurement

87. Procurement for the project will be carried out in accordance with the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018). The Project will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. The Project will use the Systematic tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.

88. The major planned procurement includes medical supplies, drugs, and equipment, capacity building and training, community outreach, establishing quarantine centers and call centers, and support to the project implementation and monitoring. Approval of the streamlined project procurement strategy for development (PPSD) has been deferred to implementation. A procurement plan is under preparation for approval.

89. The proposed procurement approach prioritizes fast track emergency procurement for the required goods, works and services. While procurement methods that include National Approach, Open International Approach, RFQ and Direct Contracting can be used, key measures to fast track procurement include the use of methods that will ensure expedited delivery. These include direct contracting of UN Agencies, direct contracting of firms as appropriate, Request for Quotations (RfQ) with no threshold limit for this method as appropriate. The National Approach can be used for up to US$ 2 million in goods and US$ 35 million in works.

90. Bid Securing Declaration may be used instead of the bid security. Performance Security may not be required for small contracts. Advance payment may be increased to 40 percent while secured with the advance payment guarantee. The time for submission of bids/proposal can be shortened to 15 days in competitive national and international procedures, and to 3-5 days for the Request for Quotations depending on the value and complexity of the requested scope of bid.

91. Procurement implementation will be undertaken by MOH and GHS: MOH and GHS's Finance, Procurement and Supply Directorates are responsible for procurement processes. The GHS and the MOH Health Infrastructure Directorate provides technical input and support for all diagnostic, laboratory and medical inputs and equipment. The MOH Infrastructure Directorate and GHS Clinical Engineering Department will provide technical inputs for equipment and works procurements and manages contract implementation.

92. The MOH and/or GHS may request the World Bank's supporting the procurement of the initial needs of the medical equipment and supplies through HEIS (Hands-on Enhanced Implementation Support). Streamlined procedures for approval of emergency procurement to expedite decision making and approvals by the Borrower have been agreed.

93. The major risks to procurement are: (a) slow procurement processing and decision making with potential implementation delays; and (b) poor contract management system with potential time and cost overrun and poor-quality deliverable; and (c) lack of familiarity in dealing with such a novel epidemic. To mitigate these risks the following actions are recommended: (a) maintaining accountability for following the expedited approval processes for emergency; and (b) assigning staff with responsibility of managing each contract.

94. These risks are elevated by the global nature of the COVID-19 outbreak, which creates shortages of supplies and necessary services. This may result in increased prices and cost. The Team will monitor and support implementation to agree with implementing agencies on reasonableness of the procurement approaches and obtained outcomes considering the available market response and needs.

95. Various industries are feeling the impact of COVID-19, especially the construction industry that subsequently impacts the procurement process and implementation of the contracts. To deal with potential procurement delays because of the spreading of COVID-19, the World Bank will support the implementing agencies in applying any procedural flexibilities (e.g. bids submitted by an authorized third party, exertion bid submission dates, advising the borrower on the applicability of force majeure, etc.).

96. The procurement risk is **High**.

97. The World Bank's oversight of procurement will be done through increased implementation support, and increased procurement post review based on a 20 percent sample while the World Bank's prior review will not apply. See Annex 4

C. Legal Operational Policies

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

D. Environmental and Social

98. The project will have positive impacts as it will improve capacity for surveillance, monitoring and containment of COVID-19. However, the project could also cause environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and equipment to be used in the project-supported activities. These include risks associated with transportation and delivery of clinical supplies as well as laboratory- or health care facilities associated infections if occupational health and safety standards and specific infectious-control strategies, guidelines and requirements as suggested by WHO and CDC are not in place and implemented, leading to illness and death among laboratory workers and communities. Health care facilities which will treat COVID-19 exposed patients and laboratories which will use COVID-19 diagnostic testing will generate biological waste, chemical waste, and other hazardous biproducts and represent pathways for exposure to the virus. Hence, laboratories or clinical facilities supported by the project will increase exposure to COVID-19 that can have the potential to cause serious illness or potentially lethal harm to patients, suppliers, laboratory staff and to the community that may be in contact with the virus. Therefore, effective administrative and infectious-controlling and engineering controls should be put in place to minimize these risks.

99. Environmentally and socially sound capacity building, training, case detection, containment and treatment of COVID-19 will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants. Appropriate chemical and infectious substance handling and transportation procedures is required. In line with WHO Interim Guidance (February 12,2020) on "Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)", COVID-19 diagnostic activities and non-propagative diagnostic laboratory work (e.g. sequencing) could be undertaken in BSL2 labs with appropriate care. Any virus propagative work (e.g. virus culture, isolation or neutralization assays) will need to be undertaken at a containment laboratory with inward directional airflow (BSL-3 level).

100. To mitigate these risks, the Ministry of Health will update, during project implementation, the existing ESMF prepared for the GARID Project by adding to it WHO standards on COVID-19 response. It will outline the processes which will be followed to ensure compliance with the ESF. The ESMF will also look into gender and gender-based violence (GBV) issues. ESMF will include ed Health Care Waste Management Plan (HCWMP). The HCWMP should describe all the practices for handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required. The plan will also include training of staff to be aware of all hazards they might encounter. This will provide for the application of international best practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of the generated waste, and road safety. This ESMF will have an exclusion list for project activities that may not be undertaken unless the appropriate OHS capacity and infrastructure is in place (e.g., BSL3 Level).

101. Until the updated ESMF of GARID is approved, the Project will apply the existing ESMF for the GARID project and the HCWMP in conjunction with WHO standards[7] on COVID-19 response. International best practice is outlined in the WHO "Operational Planning Guidelines to Support Country Preparedness and Response", which should be followed in updating the documents. Further guidance is included in the WHO "Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV" (February 11, 2020).

102. One obvious type of social risk related to this kind of operation is that marginalized and vulnerable social groups including women and disabled population is unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. To mitigate this risk, MOH, in the ESCP, has committed to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases and according to the readiness of the ESMF.

103. Beyond this, project implementation needs also to ensure appropriate stakeholder engagement, proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it; (iii) address issues resulting from people being kept in quarantine. The project can thereby rely on standards set out by WHO as well as international good practice to (a) facilitate noted appropriate stakeholder engagement and outreach towards a differentiated audience (concerned citizens, suspected cases and patients, relatives, health care workers, etc.); and (b) promote the proper handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements); and (iv) address OHS related risks for health and laboratory workers, and any risks associated with labor influx including GBV, sexual exploitation and use of child labor from the neighboring communities.

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

104. In addition to the ESMF, the client will implement the activities set out in the ESCP. It will also implement the SEP in the proposed timeline. The ESRS, ESCP and SEP have been produced and disclosed on March 26, 2020.

D. GRIEVANCE REDRESS SERVICES

105. Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the Bank's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the Bank's corporate Grievance Redress Service (GRS), please visit: *http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service*. For information on how to submit complaints to the World Bank Inspection Panel, please visit *www.inspectionpanel.org*.

E. KEY RISKS

106. **The overall project risk rating is Substantial.** Risk in fiduciary is rated **High** while risks in sector strategies and policies and technical design of project are rated **Moderate** and in stakeholders is rated **Low**. The rest are rated **Substantial**. The project is a bold, complex, and expansive response to the COVID-19 response, involving a wide range of stakeholders in various regions of the country marked by poverty and limited public-sector capacity. While a considerable degree of risk is inherent in a project of this scale, scope, and ambition, important mitigation measures have been integrated into its design.

Table 2: Systematic operations risk rating tool (SORT)

Risk Categories	Rating
1. Political and governance	Substantial
2. Macroeconomic	Substantial
3. Sector strategies and policies	Moderate
4. Technical design of project	Moderate
5. Institutional capacity for implementation and sustainability	Substantial
6. Fiduciary	High
7. Environmental and social	Substantial
8. Stakeholders	Low
Overall	**Substantial**

107. The Project will mitigate the risks by: (i) strengthening capacity of the implementation agencies; (ii) developing a procurement plan with appropriate cost estimates, quantities, and selection methods; (iii) developing and implementing the approved COVID-19 Compensation Benefit Framework; and (iv) contracting environmental and social safeguards officers with experience in public works and closely monitoring

implementation of the ESCP. All expenditures will be subject to the Work Bank's anti-corruption guidelines, including the right to audit books and records of bidders and to sanction companies engaged in misconduct.

F. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Ghana

Ghana COVID-19 Emergency Preparedness and Response Project

Project Development Objective(s)

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

Project Development Objective Indicators

Indicator Name	DLI	Baseline	End Target
Emergency COVID-19 Response			
Diagnosed cases treated in the designated treatment centers per approved protocol (Percentage)		0.00	80.00
Designated acute healthcare facilities with isolation capacity (Number)		0.00	12.00
Confirmed COVID-19 cases that conducted contact tracing (Percentage)		0.00	100.00
Country adopted personal and community non-pharmaceutical interventions (Yes/No)		No	Yes

Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	End Target
Emergency COVID-19 Response			
Designated laboratories with COVID-19 diagnostic equipment, test kits and reagents (Number)		2.00	3.00
Designated laboratories diagnosed suspected COVID-19 cases within 24 hrs (Number)		2.00	3.00
Referral system to care for COVID-19 patients prepared (Yes/No)		No	Yes
COVID-19 Compensation Benefit Framework developed and implemented (Yes/No)		No	Yes
Simulation exercises and scenarios conducted in facilities and communities marked as DSS sites and quarantine facilities (Number)		1.00	7.00
Strengthening Multi-sector, National Institutions and Platforms			
Designated facilities for COVID-19 received monitoring and supportive supervision in preceding quarter (Percentage)		0.00	80.00
Community Engagement and Risk Communication			
COVID-19 sensitization campaigns conducted (Number)		0.00	800.00
Individuals reached with tailored information on COVID-19 (female; male) (Number)		0.00	24,000,000.00
Implementation Management, Monitoring and Evaluation and Project Management			
M&E system established and implemented to monitor project progress (Yes/No)		No	Yes
Complaints resolved within one week of having received them (Percentage)		0.00	70.00

Monitoring & Evaluation Plan: PDO Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Datasource**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Diagnosed cases treated in the designated treatment centers per approved protocol	Numerator: Number of designated treatment centers diagnosed cases treated per approved protocol Denominator: 42 designated treatment centers	Quarterly	Project Reports	Review of Quarterly Project Reports	GHS EOC/Ghana CDC
Designated acute healthcare facilities with isolation capacity	Number of designated treatment centers with isolation unit within the facility, trained personnel and equipment	Quarterly	Project Reports	Review of Quarterly Project Reports	GHS EOC/Ghana CDC
Confirmed COVID-19 cases that conducted contact tracing	Numerator: Number of confirmed COVID-19 cases that conducted contract tracing Denominator: Total number of confirmed COVID-19 cases	Quarterly	EOC administrative data	Records kept by GHS EOC/Ghana CDC	GHS EOC/Ghana CDC
Country adopted personal and community non-pharmaceutical interventions	Country adopted personal and community non-pharmaceutical interventions (school	Quarterly	Project Reports	Review of Annual Project Reports	GHS EOC/Ghana CDC

	closures, telework and remote meetings, reduce/cancel mass gatherings)				

Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Designated laboratories with COVID-19 diagnostic equipment, test kits and reagents	Number of designated laboratories with COVID-19 diagnostic equipment, test kits and reagents	Quarterly	Project Reports	Review of Annual Project Reports	GHS EOC/Ghana CDC
Designated laboratories diagnosed suspected COVID-19 cases within 24 hrs	Number of the designated laboratories diagnosed suspected COVID-19 cases within 24 hrs	Quarterly	Project Reports	Review of Annual Project Reports	GHS EOC/Ghana CDC
Referral system to care for COVID-19 patients prepared	Referral system to care for COVID-19 patients has been prepared	Quarterly	Project Reports	Review of Annual Project Reports	GHS EOC/Ghana CDC
COVID-19 Compensation Benefit Framework developed and implemented	COVID-19 Compensation Benefit Framework has been developed and implemented	Quarterly	Project Reports	Review of Annual Project Reports	GHS EOC/Ghana CDC
Simulation exercises and scenarios conducted in facilities and communities marked as DSS sites and quarantine facilities	Number of facilities and communities marked as DSS sites and quarantine facilities conducted simulation exercises and scenarios	Quarterly	Project Reports	Review of Annual Project Reports	GHS EOC/Ghana CDC

Designated facilities for COVID-19 received monitoring and supportive supervision in preceding quarter	Numerator: Number of designated laboratories, POEs, isolation & quarantine centers for COVID-19 received monitoring and supportive supervision by IMCC and EOC in preceding quarter Denominator: Total number of designated laboratories, POEs, isolation & quarantine centers for COVID-19	Quarterly	Project Reports	Review of Annual Project Reports	GHS EOC/Ghana CDC
COVID-19 sensitization campaigns conducted	Cumulative number of COVID-19 sensitization campaigns conducted as per contextualized their risk communication and community engagement strategies	Quarterly	Project Reports	Review of Annual Project Reports	GHS EOC/Ghana CDC
M&E system established and implemented to monitor project progress	M&E system has been established and implemented to monitor project progress	Quarterly	Project Reports	Submission of quarterly reports	PIU (MOH and GHS)
Individuals reached with tailored information on COVID-19 (female; male)	Individuals reached with tailored information on COVID-19 (female; male) Target: 80% of the total population of Ghana	Quarterly	Project Reports	Review of Annual Project Reports	GHS EOC/Ghana CDC

Complaints resolved within one week of having received them	Numerator: Number of complaints resolved within one week of having received them Denominator: Total number of complaints received within one week	Quarterly	Project Reports	Review of Annual Project Reports	PIU (MOH and GHS)

ANNEX 1: Definition of Phases

Level	Description	Phase
Level 1	No suspected or confirmed cases within Africa	**Preparedness Phase:** National Emergency Operations Center and activities is activated to assess national wide state of preparedness and scale up capacities and capabilities
Level 2	Suspected or Confirmed cases in Africa, but no cases within Ghana or any of the countries immediately bordering Ghana (Côte d'Ivoire, Togo, and Burkina Faso).	**Preparedness Phase:** Activate points of entry screening and introduce health reporting cards and risk communication activities and start stockpile of medicines, IPC materials and laboratory inputs, and start training of case management teams
Level 3	First suspected or confirmed case in Ghana or one of the countries immediately bordering Ghana.	**Containment Phase:** Role out full surveillance, contact tracing, isolation and treatment facilities preparedness and response plan and scale up capacities and capabilities
Level 4	At least 3 cases confirmed in Ghana or >5 in neighboring countries	**Response Phase:** Response with full scale up of all planned activities
Level 5	At least 3 cases confirmed in Ghana or >10 in neighboring countries	**Response Phase:** Accelerated response nationwide with full scale up of all planned activities

ANNEX 2: Ghana Emergency Preparedness and Response Plan

Attached as a separate document in the Appraisal Package.

ANNEX 3: Project Costs

COUNTRY: Ghana
Ghana COVID-19 Emergency Preparedness and Response Project

COSTS AND FINANCING OF THE COUNTRY PROJECT

Program Components	Project Cost	IBRD or IDA Financing	Trust Funds	Counterpart Funding
COMPONENT 1: EMERGENCY COVID-19 RESPONSE	21.5 M	21.5 M		
COMPONENT 2: STRENGTHENING MULTI-SECTOR, NATIONAL INSTITUTIONS AND PLATFORMS	3.4 M	3.4 M		
COMPONENT 3: COMMUNITY ENGAGEMENT AND RISK COMMUNICATION	7.4 M	7.4 M		
COMPONENT 4: IMPLEMENTATION MANAGEMENT AND MONITORING AND EVALUATION AND PROJECT MANAGEMENT	2.7M	2.7M		
Total Costs	35.0 M	35.0 M		
Total Costs	35.0 M	35.0 M		
Front End Fees				
Total Financing Required	**35.0 M**	**35.0 M**		

Detailed budget by component:

THEMATIC AREA	ACTIVITY	QTY/FREQ	UNIT COST	TOTAL COST
Component 1: Emergency COVID-19 Response				
Sub-Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting	Scrubs, and Personal Protection Equipment for Field Surveillance Officers and contact follow up personnel	10	100,000	1,000,000
	Laptops, printers and computers for field facilities and surveillance offices in the regions and districts to support data collection	70	1,500	105,000
	Closed cabin screening cubicles at the Kotoka International Airport and formal points of entry (POE) (including air	45	15,000	675,000

	conditioners and solar panels for the field formal POEs			
	Transport allowance and per diems for contact tracers and field surveillance officers	1,000	1,200	1,200,000
	Sample carriers and sample carrying triple container packaging in both the public and private laboratories	1	250,000	250,000
	Provide vehicles to support field supportive supervision and monitoring for the regions and 5 zonal coordination points	21	60,000	1,260,000
		Sub-total		**4,490,000**
THEMATIC AREA	**ACTIVITY**	**QTY/FREQ**	**UNIT COST**	**TOTAL COST**
Sub-Component 1.2: Containment, Isolation and Treatment	Refurbish 10 treatment centers across country in districts close to formal points of entry	10	347,600	3,476,000
	Upgrade facilities in 5 formal points of entry with a pre-fabricated purpose-built Migrant Health Posts and patient holding rooms	5	150,000	750,000
	Build cubicles and Migrant Health Holding Room and Offices at Kotoka International Airport	1	500,000	500,000
	Lease a private health facility to be used as a treatment center - rate per month	12	75,000	900,000
	Rent or Lease facility to be used as medical village (one stop-shop) with large volume isolation, case management and treatment, trainings treatment center and quarantine facilities to serve as a long-term national center in the Volta region - rate per year	12	195,000	2,340,000
	Supply beddings, beds, generators and other essential comfort items to containment, isolation and treatment centers	6	142,616	855,696
	Refurbish, maintain and operate leased medical village with comprehensive training institutes treatment center and quarantine facilities to serve as a national center for infectious diseases - rate per month	12	157,500	1,890,000

	Life insurance package for those directly involved in surveillance and case management	10,000	200	2,000,000
		Sub-Total		**12,711,696**
THEMATIC AREA	**ACTIVITY**	**QTY/FREQ**	**UNIT COST**	**TOTAL COST**
Sub-component 1.3: Social and Financial Support to Households	Overtime and hazard payments for those directly involved in surveillance and case management	1,000	100	100,000
	Compensation of lost incomes, burial and psycho-social support	2,000	300	600,000
		Sub-total		**700,000**
THEMATIC AREA	**ACTIVITY**	**QTY/FREQ**	**UNIT COST**	**TOTAL COST**
Sub-component 1.4: Health System Strengthening	Training of coordination and response teams and networks at the primary, secondary and tertiary level	600	800	480,000
	Train 400 Case Management Teams in all Regions in use of POEs and samples collection in both public and private sector	2,000	300	600,000
	Training of Rapid Response Teams - Doctors, Physician Assistants, staff of quarantine facilities, surveillance and point of entry teams across country and particularly in treatment centers at all border districts	4	80,000	320,000
	Monitoring and Evaluation/Technical support visit to treatment centers	42	14,000	588,000
	Support to Medical and Dental Council and the Nursing and Midwifery Council to develop curriculum and support trainees in COVID-19 and related diseases	2	200,000	400,000
	Recruitment of technical experts for preparedness and response technical and supportive supervision	2	150,000	300,000
	Training of ambulance service staff in preparedness and response	450	900	405,000
	Training Intensive Care, Anesthetic and Infectious Disease Personnel in both the private, faith-based and public facilities	60	3,000	180,000

	Undertake simulation exercises and scenarios conducted in facilities and communities marked as DSS sites and quarantine facility	2	120,000	240,000
	Upgrade call center and training 20 call center personnel to manage and respond to calls on COVID-19 based on customer care ethics and support its operations	1	50,000	50,000
		Sub-total		**3,563,000**
		Component 1		**21,464,696**
THEMATIC AREA	**ACTIVITY**	**QTY/FREQ**	**UNIT COST**	**TOTAL COST**
Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach				
Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach	Planning meetings and workshops	6	30,000	180,000
	Operations of the Multi-sector national institutions	12	12,500	150,000
	Coordination meetings of the Emergency Operations Center	12	43,900	526,800
	Payment of field coordination allowances to national security personnel including for guard duties at quarantine, isolation and treatment facilities - monthly	1	50,000	50,000
	Monitoring and supportive supervision by Parliamentary Select Committee on Health	4	67,500	270,000
	Border control and security agencies management and oversight	7	150,000	1,050,000
	Operations of ministries of food and agriculture, fisheries, gender, children and social protection, culture, tourism, sanitation, CSIR-Water Research Institute and related institutions engaged under the One Health Approach	12	100,000	1,200,000
		Component 2		**3,426,800**
THEMATIC AREA	**ACTIVITY**	**QTY/FREQ**	**UNIT COST**	**TOTAL COST**
Component 3: Community Engagement and Risk Communication				
Component 3: Community Engagement and Risk Communication	Meetings and executive briefings held with parliament and the media, stakeholders, community leadership and opinion leaders	10	11,200	112,000

	Support district and sub-district level health workers and volunteers for surveillance and service delivery support to communities-home visits, outreaches	270	15,000	4,050,000
	Visits to points of entry and catchment communities for continuing assessment	14	14000	196,000
	Train 90 persons in risk communication in all 16 regions for 2 days	90	600	54,000
	Development of broadcast and TV documentaries and broadcast of informercials	1	500,000	500,000
	Orientation of 250 SHEP coordinators through the Ministry of Education in all districts on their roles in IPC	250	5000	1,250,000
	Organize a practical brief (media soiree) with journalist (editors and hosts of radio shows) at the National level	15	6,000	90,000
	Organize media briefing to update the public on country preparedness status at the National and regional level	30	8,700	261,000
	Provide support to other ministries and agencies to respond to the COVID-19 outbreak	8	100,000	800,0000
	Technical coordination meeting to validate content for material development, give updates on risk communication activities at the National level	16	3,000	48,000
	Allowance for resource persons for radio and TV interviews and special interest groups	40	2,000	80,000
		Component 3		**7,441,000**
THEMATIC AREA	**ACTIVITY**	**QTY/FREQ**	**UNIT COST**	**TOTAL COST**
Component 4: Implementation Management and Monitoring and Evaluation and Project Management				
Component 4: Implementation Management and Monitoring and Evaluation and Project Management	Planning meetings and workshops	6	30,000	180,000
	Strengthening regional and district coordination activities	16	50,000	800,000
	Coordination meetings of the Inter-Ministerial Coordination Committee including field visits	6	43,900	263,400
	Running cost of the treatment centers, POE points and medical village including maintenance of equipment, infrastructure	12	62,842	754,104

	and vehicles			
	Review meetings for finance and procurement teams to ensure due diligence and compliance at the national, regional and district levels	6	50,000	300,000
	Workshops and field visits to collect data and reports on project activities	12	10,000	120,000
	Undertake impact evaluation of the project	1	250,000	250,000
		Component 4		**2,667,504**
		Total		**35,000,000**

ANNEX 4 Further Procurement Guidelines

Procurement

1. Procurement under the MPA will be carried out in accordance with the World Bank's Procurement Framework. Procurement by countries will follow the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018). The Projects will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. Countries will use the Systematic tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.

2. The major planned procurement across countries is expected to include: (i) medical/laboratory equipment and consumables, (ii) personal protective equipment (PPE) in facilities and triage, (iii) clinical management equipment, (iv) refurbishment and equipment of medical facilities, (v) technical assistance for updating or reviewing national plans and costs, (vi) human resources for response, and (vii) expertise for development and training of front-line responders. Country projects will prepare streamlined project procurement strategies for development (PPSD). Procurement plans will be agreed with individual countries.

3. Country procurement approaches will utilize the flexibility provided by the Bank's Procurement Framework for fast track emergency procurement by the countries. Key measures to fast track procurement include: (i) use of simple and fast procurement and selection methods fit for an emergency situation including direct contracting, as appropriate, (ii) streamlined competitive procedures with shorter bidding time, (iii) use of framework agreements including existing ones, (iv) procurement from UN Agencies enabled and expedited by Bank procedures and templates, (v) use of procurement agents, (vi) force account, as needed, and (vii) increased thresholds for Requests For Quotations s and national procurement, among others. As requested by the borrower, the Bank will provide procurement hands-on expanded implementation support to help expedite all stages of procurement – from help with supplier identification, to support for bidding/selection and/or negotiations to contract signing and monitoring of implementation.

4. Country projects may be significantly constrained in purchasing critically needed supplies and materials due to significant disruption in the supply chain, especially for PPE. The supply problems that have initially impacted PPE are emerging for other medical products (e.g. reagents and possibly oxygen) and more complex equipment (e.g. ventilators) where manufacturing capacity is being fully allocated by rapid orders from developed countries.

5. Recognizing the significant disruptions in the usual supply chains for medical consumables and equipment for COVID-19 response, in addition to the above country procurement approach options available to countries, the Bank will provide, at borrowers' request, Bank Facilitated Procurement (BFP) to proactively assist them in accessing existing supply chains. Once the suppliers are identified, the Bank could proactively support borrowers with negotiating prices and other contract conditions. Borrowers will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers, with the direct payment by the Bank disbursement option available to them The BFP would constitute additional support to borrowers over and above usual Hands on Expanded Implementation Support which will remain available. If needed, the Bank could also provide hands-on support to Borrowers in contracting to outsource logistics.

6. BFP in accessing available supplies may include aggregating demand across participating countries, whenever possible, extensive market engagement to identify suppliers from the private sector and UN agencies. The Bank is coordinating closely with the WHO and other UN agencies (specifically WHO and UNICEF) that have established systems for procuring medical supplies and charge a fee which varies across agencies and type of service and can be negotiated (around 5% on average.) In addition, the Bank may help borrowers access governments' available stock.

7. All the procurement approach options mentioned above remain available depending on country's preference in order to provide the most efficient and effective support to projects in the specific circumstances.

8. Procurement will be carried out by the agencies defined in each country project. Streamlined procedures for approval of emergency procurement to expedite decision making and approvals under country projects would be agreed for implementation.

9. Procurement under this project will follow program procurement systems that will be detailed in the fiduciary systems assessments for those projects.

Risk Section of the MPA

Procurement: To support the emergency response, country-specific projects will utilize rapid disbursement procedures and simplified procurement processes in accordance with emergency operations norms. The key procurement risk is failed procurement by countries due to lack of sufficient global supply of essential medical consumables and equipment needed to address the health emergency as there is significant disruption in the supply chain, especially for PPE. Other key procurement risks include Borrower import restrictions in place for goods/service providers/consultants/contractors from certain countries, as well as constraints in institutional and implementing capacity in borrowing countries, particularly where there are quarantines be in place or other restrictions that impact on public administration.

To help mitigate this risk, the Bank will provide BFP leveraging its comparative advantage as convener with the objective of facilitating borrowers' access to available supplies at competitive prices, as described in the procurement section of this document. BFP in identifying suppliers and facilitating contracting between them and borrowers may bring a perception that the Bank is acting beyond its role as a financier with greater reputational and potentially litigation risks – these would relate to questions of transparency, equity in terms of which borrowers get access to what and when, issues with quality, timeliness of delivery, value for money, and any other issues of contractual non-performance by the suppliers identified by the Bank. To partially mitigate these risks, the Bank and the Borrower will clearly delineate the roles and responsibilities of the Bank and the Borrowers for whom the Bank facilitates access to available supplies. Moreover, BFP is provided to mitigate the greater risk that the Bank could be providing financing for medical supplies that may not be readily available to developing countries. This is more proactive approach in assisting borrowers is justified as an effective way to complement other procurement options and help clients achieve COVID19 projects' development objectives on a fit-for-purpose basis.