



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 20-Mar-2020 | Report No: PIDA28972



BASIC INFORMATION

A. Basic Project Data

| | | | |
|--|---|---|--|
| Country Gambia, The | Project ID P173798 | Project Name The Gambia COVID-19 Preparedness and Response Project | Parent Project ID (if any) |
| Region AFRICA | Estimated Appraisal Date 20-Mar-2020 | Estimated Board Date 31-Mar-2020 | Practice Area (Lead) Health, Nutrition & Population |
| Financing Instrument Investment Project Financing | Borrower(s) The Gambia | Implementing Agency Ministry of Health | |

Proposed Development Objective(s)

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

Components

- Component 1: Emergency COVID-19 Response
- Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach.
- Component 3: Supporting National and Sub-national, Prevention and Preparedness
- Component 4: Implementation Management and Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

| | |
|---------------------------|-------|
| Total Project Cost | 10.00 |
| Total Financing | 10.00 |
| of which IBRD/IDA | 10.00 |
| Financing Gap | 0.00 |

DETAILS

World Bank Group Financing



| | |
|---|-------|
| International Development Association (IDA) | 10.00 |
| IDA Grant | 10.00 |

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

Country Context

1. Poverty incidence remains high and is associated with low endowment in human capital and assets. Due to lack of growth in per capita income, the proportion of the population living in poverty—measured using the national poverty line—remained unchanged between 2010 and 2015, at about 48 percent.^[1] In absolute terms, however, the number of poor people grew from 0.79 million in 2010 to 0.93 million in 2015. Poverty remains concentrated in rural areas, with almost 70 percent of the rural population being poor. Inequality has been low and stable since 2010 with a Gini coefficient of 35.9 percent. Marked improvements have been achieved in literacy, especially among the youth (15-24 years) whose literacy rates doubled from 31.8 percent in 2010 to 67.2 percent in 2015. Chronic malnutrition (stunting) affects 25 percent of children under the age of five, and non-monetary indicators of poverty linked to infrastructure, health and nutrition illustrate that the country is lagging vis-à-vis peers in Sub-Saharan Africa. There remain considerable inequities in access to basic facilities and services such as electricity and sanitation facilities. Jobs are predominately informal, and lack of off-farm activities in rural areas results in underemployment and outmigration among youth.

Sectoral and Institutional Context

2. The Gambia performs poorly on public health emergency preparedness and response and one case of COVID-19 was confirmed on March 17, 2020. The Gambia is vulnerable to disasters and disease outbreaks due to its geography (including being surrounded by Senegal which has confirmed 31 cases of COVID-19 and having densely populated urban areas in the western regions) and the weak emergency preparedness systems currently in place that limit effective response. Given that there is no public health facility adequately equipped to treat COVID-19 cases, the confirmed case is being treated at a private health facility. Additionally, there is no public health laboratory for COVID-19 testing. The International Health Regulations, or IHR (2005), requires The Gambia to ensure that national public health systems have the capacity to detect, assess, notify and respond promptly and effectively to any public health emergency and/or outbreak. The Gambia has had an Integrated Disease Surveillance Response (IDSR) implementation process

^[1] Based on the country’s absolute poverty line of GMD 18,040 per person per year. These are the latest official data; a new household survey will not be available until 2020.



in place since 2003 and has commenced the integration of IDSR into District Health Information System 2 DHIS2.

3. A Joint External Evaluation (JEE) in September 2017 assessed The Gambia's IHR core capabilities¹ and found that out of the 19 technical areas assessed on a scale of 1 (no capacity) to 5 (sustainable capacity), only immunization had a favorable rating of 4 (demonstrated capacity) while the majority of the technical areas rated as 1 or 2.² The following technical areas were rated as 1 (no capacity) for all of their indicators: IHR coordination, communication and advocacy; antimicrobial resistance; biosafety and biosecurity; linking public health and security authorities; medical countermeasures and personnel deployment; and point of entry. Some technical areas were rated as 2 (limited capacity) or below for all their indicators: national laboratory system, zoonotic diseases, reporting, preparedness, and emergency response operations, among others. In particular, laboratory systems, which is the backbone of effective emergency preparedness and response, are assessed as weak in The Gambia due to: (i) the absence of policies, guidelines and standards in line with the IHR (2005); (ii) limited availability of laboratory infrastructure for timely and quality diagnosis of epidemic-prone diseases; (iii) lack of coordination between human and veterinary laboratories; (iv) lack of licensed and qualified laboratory staff in disease surveillance, preparedness and response; and (v) limited interoperability of different information systems and information and communication technology (ICT) infrastructure. Thus, there is a need to establish or reinforce the Ministry of Health (MoH)'s capacity to reduce the risk of disease outbreaks.

4. The Government of The Gambia is committed to scale-up its disease surveillance, preparedness and response capacity. The Government has remained engaged in global and regional dialogues regarding emergency preparedness and has expressed a strong political commitment to protect the hard-won gains from investments in human capital. The MoH has also adapted the second edition of the Integrated Disease Surveillance Response (IDSR), which is a framework that can be used to fulfill the IHR (2005) mandate and has commenced its integration into the District Health Information System 2 (DHIS2).

5. The Government of The Gambia has developed a National COVID19 Preparedness and Response Plan. The Plan focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, case management, communication and social mobilization, psychosocial as well as logistics and safety. The National Health Emergency Committee will oversee the overall coordination and implementation of the plan. The implementation will be in line with other regional projects such as Regional Disease Surveillance Systems Enhancement (*REDISSE*) and Africa Centers for Disease Control and Prevention (CDC).

C. Proposed Development Objective(s)

¹ Joint External Evaluation of IHR Core Capacities of the Republic of The Gambia. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.

² The following technical areas were rated as 1 (no capacity) for all of their indicators: IHR coordination, communication and advocacy; antimicrobial resistance; biosafety and biosecurity; linking public health and security authorities; medical countermeasures and personnel deployment; and point of entry. Some technical areas were rated as 2 (limited capacity) or below for all their indicators: national laboratory system, zoonotic diseases, reporting, preparedness, and emergency response operations, among others.



Development Objective(s) (From PAD)

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

Key Results

6. **PDO level Indicators:** The PDO will be monitored through the following PDO level outcome indicators:

- Suspected cases of COVID-19 cases reported and investigated per approved protocol (Number);
- Isolation and treatment centers with pandemic preparedness and response plans per Ministry of Health Guidelines (Percentage);
- Health staff trained in infection prevention per MOH-approved protocols (Number);
- Hospitals with personal protective equipment and infection control products and supplies, without stock-outs on the first day of each quarter (Percentage); and
- Diagnosed cases treated per approved protocol Number).

D. Project Description

Component 1: Emergency COVID-19 Response

9. The project will contribute to financing the following:

- a. Enhancing case detection, confirmation, tracing, recording and reporting through inter alia: (a) strengthening disease surveillance systems; (b) strengthening the capacity of the Public Health Emergency Operation Center; (c) combining detection of new cases with active contact tracing locally and at various points of entry; (d) providing on-time data and information for guiding decision-making, response and mitigation activities; (e) strengthening the health management information system to facilitate recording and on-time virtual sharing of information; and (f) developing a public health emergency plan.
- b. Supporting the implementation of social distancing measures through inter alia: (a) developing and implementing guidelines related to social distancing measures; (b) developing and production of risk communication and community engagement materials; (c) community engagement and social mobilization of target audiences; (d) operationalizing existing or new laws and regulations on social distancing measures; and (e) supporting preventative actions complementary to social distancing including the promotion of personal hygiene; the promotion of handwashing and proper cooking; the distribution and use of masks, and the promotion of community participation in slowing the spread of the pandemic.

Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach.



10. The project will contribute to financing the following:

- a. Strengthening national disease surveillance and diagnostic capacities for public health emergencies and other hazards and enhancing national diseases information and analytical systems.

Component 3: Supporting National and Sub-national, Prevention and Preparedness

11. The project will contribute to financing the following:

- a. Developing and implementing a costed plan for the collection, packaging, transportation and testing of COVID-19 samples to the WHO recommended laboratories for COVID-19 (i.e., Medical Research Council in The Gambia and Pasteur Institute in Dakar, Senegal), including, *inter alia*, preparation of associated standard operating procedures, guidelines and terms of reference and provision of containers for handling specimen.
- b. Strengthening the capacities of laboratories in various health facilities for provision of full hematology, biochemistry, microbiology and other critical services and provision of critical consumables, reagents, personal protective equipment (PPEs) and other equipment stock for emergencies.
- c. Provision of training to medical and veterinary laboratory personnel on handling highly specialized personal protective equipment and testing of hazardous biological samples efficiently and effectively.
- d. Acquisition of vehicles, motorcycles and ambulances for emergency operations and cold chain apparatus for transportation of biological surveillance samples and blood products.
- e. Acquisition of emergency medical and non-medical supplies such as gloves, surgical masks, respirators, eye protection wear and isolation gowns as well as infection prevention and control materials for health workers and health facilities.
- f. Supporting rehabilitation and upgrading of selected treatment and isolation centers, and rehabilitation and/or construction of a designated public health emergency treatment center.
- g. Supporting rehabilitation and/or construction of new laboratories

Component 4: Implementation Management and Monitoring and Evaluation (US\$ 0.4 million)

7. Project Management. The MoH Project Coordination Unit (PCU) would be entrusted with coordination of project activities, as well as fiduciary tasks of procurement and financial management. The PCU will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management under country specific projects. To this end, project would support costs associated with project coordination.



Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts

The main environmental risks emanate from the management of biomedical waste (especially handling highly infectious medical wastes) as well as from the renovation of isolation and treatment centers. Labor management and health and safety risks also need to be taken into account given the limited capacity of the PCU on these issues.

Misinformation and rumors regarding COVID-19, and stigma for those who will be quarantined or admitted to isolation and treatment centers is a major risk. However, one of the components of the propose project entails risk communication, social mobilization and community engagement to raise public awareness and knowledge on prevention and control of COVID-19 among the general population and vulnerable groups. Beyond conflicts resulting from false rumors, vulnerable groups are at risk being excluded from vital services, and quarantine interventions could entail sexual exploitation and abuse; as well as culturally inappropriate accommodation and services.

The MOH dedicated focal points for environmental and social safeguards and the proposed recruitment of an Operations Officer along with capacity building activities will help to mitigate the risks.

E. Implementation

Institutional and Implementation Arrangements

8. Monitoring and evaluation (M&E) activities will be the responsibility of the Ministry of Health . A focal point from the monitoring and evaluation unit of the MoH Directorate of Planning and Information will work closely with the PHEOC and, in coordination with the heads of the technical committees, produce data for monitoring the Results Framework and prepare weekly and monthly reports for dissemination to the NHEC and for informed decision making and course correction, where necessary. Additionally, the technical committees will undertake site visits to closely monitor implementation.

Financial Management

9.The proposed project is a 10 million USD grant which will support the implementation of The Gambia COVID-19 Plan endorsed by the Minister of Health (on March 6, 2020) and has seven components. The Gambia COVID 19 Preparedness and Response Project will be implemented by the MOH PCU established to provide integrated and coordinated project management interventions in health related programmes in collaboration with the existing National Health Emergency Steering Committee (NHEC). The NHEC has responsibility for overall coordination of the implementation and monitoring of COVID-19 plan and will therefore provide strategic guidance for overall project implementation.



10. The Gambia COVID-19 Preparedness and Response Project will be the first Bank-financed operation to be implemented by the current PCU team. However, the overall performance of the National Malaria Control Program financed by The Global fund to fight AIDS, Malaria and Tuberculosis and executed by the PCU is Satisfactory. Staffing has remained adequate and proper books of accounts and supporting documents have been kept. The auditor has issued an unqualified opinion on the audited financial statements from 2016 to 2018. The PCU has signed a Memorandum of Understanding with the Internal Audit Directorate within the Ministry of Finance to cover the audit of the global fund Grants. The PCU team is in the process of reviewing the draft MoU with the Internal Audit Directorate to cover other funding sources. The accounting system in place is adequate but will be customized to include the bookkeeping of the project. The current FM team which consists of a Financial Controller, a Senior Accountant and six (6) accountants is also adequate and will be able to manage the project.

Procurement.

11. Procurement under 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.

12. The major planned procurement includes medical/lab equipment and consumables, medical equipment, medical consumables, refurbishment and equipment of medical facilities and healthcare waste equipment and materials. A streamlined project procurement strategy for development (PPSD) during implementation. However, for activities that will be procured during the initial stage, the Borrower will carry out a market analysis in order to determine the best and most appropriate procurement method. This will streamline any approach to the market and ensure better outcomes. A 1-year procurement plan has been agreed with the Borrower and will be updated during implementation.

13. The proposed procurement approach prioritizes fast track emergency procurement for the emergency required goods, works and services. Key measures to fast track procurement include use of simple and fast procurement and selection methods, shorter bidding time, use of existing framework agreements including existing ones, procurement from UN Agencies, use of procurement agents, force account, increased thresholds for RFQ and national procurement, minimized or no prior review for emergency procurement, other. The Bank will provide procurement hands-on expanded implementation support the Borrower to expedite procurement.

CONTACT POINT

World Bank

Samuel Lantei Mills
Senior Health Specialist



Borrower/Client/Recipient

The Gambia
Amie Kolleh Jeng
Director of Public Finance Management
kolleh1@yahoo.co.uk

Implementing Agencies

Ministry of Health
Muhamadou Lamin Jaiteh
Permanent Secretary
muhamadouj2000@gmail.com

FOR MORE INFORMATION CONTACT

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

APPROVAL

| | |
|----------------------|---------------------|
| Task Team Leader(s): | Samuel Lantei Mills |
|----------------------|---------------------|

Approved By

| | | |
|---|---------------|-------------|
| Environmental and Social Standards Advisor: | | |
| Practice Manager/Manager: | | |
| Country Director: | Elene Imnadze | 21-Mar-2020 |