



Project Information Document/ Identification/Concept Stage (PID)

Concept Stage | Date Prepared/Updated: 07-Sep-2021 | Report No: PIDC247053



BASIC INFORMATION

A. Basic Project Data

Project ID	Parent Project ID (if any)	Environmental and Social Risk Classification	Project Name
P176778		Substantial	Supporting Lebanon's COVID-19 Vaccination for Refugees and Host Communities
Region	Country	Date PID Prepared	Estimated Date of Approval
MIDDLE EAST AND NORTH AFRICA	Lebanon	07-Sep-2021	
Financing Instrument	Borrower(s)	Implementing Agency	
Investment Project Financing	Lebanese Red Cross	Lebanese Red Cross	

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PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	3.00
Total Financing	3.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	3.00
Health Emergency Preparedness and Response Multi-Donor Trust	3.00

B. Introduction and Context

Country Context

In recent years, Lebanon has been assailed by compounded crises. Specifically, an economic and financial crisis has left the country saddled with US\$94 billion of public debt as of the end of July 2020. The country is enduring a severe, prolonged economic depression: real Gross Domestic Product (GDP) growth contracted by 20.3 percent in 2020, and inflation reached triple digits, while the exchange rate keeps losing value and poverty levels continue to rise sharply. The social impact, which is already dire, could become catastrophic. More than half the population is likely below the upper-income poverty line. An increased number of



households are facing challenges in accessing basic services such as food, healthcare, and education and the unemployment rate continues to rise. Inflationary effects are highly regressive factors, disproportionately affecting the poor and middle class. The explosion at the Port of Beirut (PoB) on August 4, 2020, led to the loss of lives for almost 200 people, wounded over 6,000, and damaged 292 health facilities, significantly reducing care access, especially for the vulnerable populations. The Rapid Damage and Needs Assessment estimates damages of approximately US\$3.8–4.6 billion, economic losses of US\$2.9–3.5 billion, and priority recovery and reconstruction needs of US\$1.8–2.0 billion. The COVID-19 pandemic and the subsequent lockdown measures pose a serious threat to Lebanon's health system and economy, particularly affecting the poor and the vulnerable. The unmet health needs are immense, and the healthcare system lacks the needed human and financial resources to manage or respond to this pandemic. Lebanon is also facing a 10-year humanitarian situation caused by an unprecedented influx of displaced Syrians. Among its total population of 6.8 million, Lebanon hosts more than 1.5 million Syrian and 400,000 Palestinian refugees, the largest refugee population per capita in the world. The refugee population and an estimated 300,000 migrant workers sum up to 30 percent of the country's current total population. The influx of refugees has exacerbated the healthcare system's fragility, which was already overstretched by economic and political instability.

Sectoral and Institutional Context

Lebanon's health system is highly diverse with a mix of public, non-profit, and private providers and a multitude of insurance coverage schemes. The private sector is a major provider of health services; 85 percent of hospital beds are in the private sector and many primary health care centers (PHCCs) are operated by Non-Governmental Organizations (NGOs). Simultaneously, the public-private non-for-profit network covers the rest of the population, namely the economically deprived and the most vulnerable inhabitants. The public-private partnerships developed over the past few decades and in certain areas have proven to be effective in increasing healthcare access in vulnerable communities. The sector has always been dependent on imports, with more than 90 percent of drugs and 100 percent of medical equipment and supplies being imported. Health financing comes from a range of resources, including government revenues, social security contributions, the private sector, and households. Lebanon spends more of its GDP on health than other comparable countries in the Middle East and North Africa (MENA) region. Current health expenditure accounts for 8.35 percent of the national GDP. The health sector is skewed towards curative care with the Ministry of Public Health (MoPH) spending 73.3 percent of its budget on hospital care and 15.0 percent on pharmaceuticals. **The largest shares of total health expenditures are by the government (50.02 percent) and out-of-pocket (OOP) spending by households (33.22 percent)**, with the burden falling more on low-income households, and by this, subjecting a large proportion of the population to financial hardship and impoverishment. This problem is expected to exacerbate with the increase in poverty and unemployment rates because of the economic crisis. Around 48.89 percent of the Lebanese citizens are insured through social health insurance and military schemes[5], while the remaining (51.11 percent) lack formal coverage, with the MoPH serving as the insurer of last resort for hospital care. Given the increase of the official unemployment rate, this coverage is expected to further decrease.



The impact of the compounded crisis has severely affected the capacity of the health sector to meet the health needs of the country, let alone vulnerable segments of the population. The economic crisis has greatly constrained the health system's ability to provide accessible and affordable health services. Negative impacts of the economic crisis on the health sector include: (i) protracted delays in government payments of its arrears to hospitals; (ii) a dollar shortage along with unregulated restrictions on depositors' access to their funds, hindering the import of essential medical equipment, medicine and supplies; and (iii) an increase in unemployment rates leading to an increase in the number of uninsured citizens requiring government assistance to access health service. With both national and foreign demand conditions being subdued, companies, including healthcare facilities, continued to cut their staff numbers to salvage the increasing costs. The August 2020 PoB explosion had a severe impact on the health sector. This explosion damaged 292 health facilities and significantly reduced access to care, especially for the vulnerable. These damages to the health facilities and the subsequent disruption of service delivery, coupled with significant increases in demand for health services and the population's vulnerability in the aftermath of the blast against the backdrop of the COVID-19 pandemic presents an unprecedented setback to the health system and the population's health and nutrition status.

Another chronic challenge that the health sector is facing is the influx of displaced Syrians in Lebanon since 2011 which led to one of the world's highest concentrations of displaced people in any country. The total population of Lebanon increased by more than 38 percent between 2010 and 2019, rising from 4.9 million to 6.6 million. As of 2020, 16.5 percent (914,648) of the registered displaced Syrian population are in Lebanon, and the Government of Lebanon (GOL) estimates that there are approximately half a million more unregistered displaced Syrians. The Syrian refugee influx has resulted in an unprecedented increase in demand for health services in Lebanon, putting considerable strain on the country's resources and public services.

The COVID-19 pandemic has further exacerbated the strains on the health sector. At the beginning of 2021, Lebanon was experiencing an unprecedented surge in COVID-19 with a record-breaking number of confirmed cases, and a high positivity rate reaching more than 20 percent, thus overwhelming hospitals that were operating at full capacity. To curb this surge in cases and fatalities, the GoL imposed in January 2021 a nationwide lockdown which was gradually lifted as of February 2021. This has helped in decreasing the positivity rate which stands, on May 22, 2021, at 4.2 percent. As of May 22, 2021, the country has a total of 538,218 confirmed cases and 7,670 deaths. The hospital occupancy rate has significantly decreased; currently, 31 percent of COVID-19 Intensive Care Unit (ICU) beds and 20 percent of COVID-19 regular beds are occupied, compared to 95 percent and 85 percent respectively in January 2021.

The World Bank is well-positioned to effectively support Lebanon to improve its response to COVID-19. The Lebanon Health Resilience Project (US\$120 million) was approved by the World Bank Board of Executive Directors on June 26, 2017, and became effective on November 14, 2018. On March 12, 2020, upon the outbreak of the COVID-19 pandemic, the project was restructured to reallocate US\$40 million for the COVID-19 response. In January 2021 the Government of Lebanon requested another restructuring of the project to reallocate \$34 million to fund WB-approved COVID-19 vaccines for Lebanon's National Deployment and Vaccination Plan (NDVP). The NDVP was developed by the MoPH with support from partners to achieve the



timely and successful introduction of COVID-19 vaccines. It was developed based on the gaps identified in the integrated Vaccine Introduction Readiness Assessment Tool/Framework (VRAF/VIRAT 2.0) and included key components namely: the development of the sub-plan for vaccine deployment including prioritization categories; the most critical regulatory actions for vaccine roll-out; the development of an online system for pre-registration; the development and dissemination of Standard Operating Procedures for vaccine storage, distribution and delivery; training and supervision of vaccinators; and ensuring that grievance reporting mechanisms and waste management related to COVID-19 vaccination and a public communication campaign are adequately in place. According to the NDVP, vaccination to priority populations is intended to cover all residents of Lebanon regardless of their nationality and will be managed in an inclusive and non-discriminatory manner (including outreach activities to vulnerable groups, such as refugees). The MoPH granted Emergency Use Authorization for Pfizer, AstraZeneca, Sputnik V, and Sinopharm vaccines. The GoL signed agreements for the procurement of COVID-19 vaccines with (i) Pfizer for 2,251,140 doses through the World Bank-financed Lebanon Health Resilience Project (LHRP) whereas agreements have been signed with COVAX (2.73 million doses of Astra Zeneca AZ) and R-Pharm (1.5 million doses of AZ). The first shipment of Pfizer vaccines arrived in Lebanon on February 13, 2021, and the vaccination campaign was launched on February 14, 2021, in selected vaccination sites. As of June 3, 2021, the number of individuals pre-registered on the national vaccine platform is 1,550,105 and the number of doses administered is 818,209. 545,743 individuals, equivalent to 8.0% of the total population of 6.8M, have received at least one vaccine dose. Of those, 272,466 individuals, representing 4.0% of the total population, are fully vaccinated.

The World Bank Board approved in June 2020 the creation of a new umbrella trust fund program, the Health Emergency Preparedness and Response Trust Fund (HEPRTF) Recognizing the global nature of health emergencies, this Trust Fund mobilizes resources for countries that are not eligible for funds from the International Development Association (IDA). The development objective of the program is to support eligible countries and territories to improve their capacities to prepare for, prevent, respond and mitigate the impact of epidemics on populations. It was set up as a flexible mechanism to provide catalytic and rapid financing at times that other sources of funding are not available for health emergency preparedness and to fill specific gaps in terms of health emergency responses. The HEPR multi-donor Trust Fund is the anchor trust fund of the umbrella program. Activities eligible for HEPRTF financing focus on two pillars: (a) preparedness for future health emergencies; and (b) responses to emerging and current health emergencies. Lebanon has received a ringfenced (not competitive) HEPRTF grant to the value of US\$3 million, considering the country's current situation, to support COVID-19 clinical case management for refugees and the host communities, on the condition that HEPRTF resources are not used to purchase COVID-19 vaccines.

Relationship to CPF

The proposed project is aligned with the World Bank Group Country Partnership Framework for Lebanon for FY17-FY22 (Report No. 94768-LB). Specifically, the project contributes to objective 2d aiming at ensuring improved delivery of health services. Lebanon's long history of conflict and the existing crises described above have had significant implications on the health sector. This project responds to the unprecedented COVID-19 outbreak by helping the GoL to (i) increase awareness of the COVID-19 vaccine and addresses



vaccine hesitancy among vulnerable Lebanese and refugee populations; (ii) increase access to COVID-19 vaccines; and (iii) improve access to COVID-19 response services.

C. Project Development Objective(s)

Proposed Development Objective(s)

The project development objective is to support COVID-19 vaccination deployment and COVID-19 response for refugee populations and their host communities in Lebanon.

Key Results

Key indicators to be measured include:

- % refugee and host community populations who have registered on the digital platform
- % refugee and host community populations who have been fully vaccinated
- % test positivity rates among refugee and host community populations

D. Preliminary Description

Activities/Components

The project will support 3 components:

1. **Component 1: Vaccine registration.** This component will support activities to improve the registration of refugee and host community populations, including community consultations and mobilization, an active search of population, logistic support, and media campaigns to increase awareness for vaccination.
2. **Component 2: Vaccine deployment.** This component will finance activities including the establishment and management of vaccination sites (fixed and mobile) for refugees and host communities, logistic support for vulnerable and high-risk beneficiaries to the vaccination sites, and supplies for vaccinations.
3. **Component 3: COVID-19 Response.** This component will finance activities to improve access to treatment of COVID-19 for refugees and host communities, including strengthening of logistic support to mobilize care for the target population, increased availability of front-line personnel, hygiene promotion campaigns, and improved detection capacity in areas of intervention.

This RETF will be implemented by the Lebanese Red Cross (LRC). The organization has been selected, following an invitation to submit proposals to qualified implementation partners in the field, with strong experience and outreach in the country. The LRC is a strong local actor and auxiliary to the Lebanese authorities in the humanitarian field and a major health service provider across Lebanon. For this RETF, LRC will require an official endorsement of the government.



Environmental and Social Standards Relevance

E. Relevant Standards

ESS Standards		Relevance
ESS 1	Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10	Stakeholder Engagement and Information Disclosure	Relevant
ESS 2	Labor and Working Conditions	Relevant
ESS 3	Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4	Community Health and Safety	Relevant
ESS 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7	Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
ESS 8	Cultural Heritage	Not Currently Relevant
ESS 9	Financial Intermediaries	Not Currently Relevant

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Legal Operational Policies

Safeguard Policies	Triggered	Explanation (Optional)
Projects on International Waterways OP 7.50	No	
Projects in Disputed Areas OP 7.60	No	

Summary of Screening of Environmental and Social Risks and Impacts

Environmental Risk Rating. The environmental risk associated with the proposed project is expected to be moderate, the main impacts might come from occupational health and safety (OHS) for health staff. In addition to health care waste due to the activities under the project and may affect the capacity of local authorities to manage this waste, resulting in indirect and long term environmental and public health impacts. The use of cold chain for maintaining COVID-19 vaccines could have further EHS impacts. The vaccine cold chain requires refrigeration facilities for maintaining product validity along every step from production to final consumption (storage, transport, processing, and distribution). The cold chain ensures that perishable products are safe and of high quality at the point of consumption. Failing to keep the vaccines at the correct temperatures can result in textural degradation, discoloring, bruising, and microbial growth. However, refrigeration can also increase cost, energy consumption, and carbon emission. It is anticipated that the proposed project will have positive social impacts both at the individual and community levels. However, the social risk associated with activities under this component is ?substantial? due to potential unequal access, perception of unfair distribution and exclusion of certain groups including the disabled, the



elderly, and IDPs, risks associated with adverse events following immunization, the risk of elite capture and/or corruption as the Covid-19 vaccine will be in short supply relative to the demand, potential rising social tensions, gender inequities.. To manage these risks, the LRC will prepare the Environmental and Social Management Framework (ESMF) integrated with LMP, the Stakeholder Engagement Plan (SEP) and the Environmental and Social Commitment Plan (ESCP). The ESMF will include an Infection Control and Waste Management Plan, which will describe in detail appropriate waste management practices to be utilized under the Project. The ESMF will also include an elaboration of roles and responsibilities within the Project Management Unit (PMU) at LRC, training requirements, timing of implementation and budgets. The ESMF will include measures for screening for infection prevention and healthcare waste management; Labor Management Procedures (LMP) for PMU and the engaged workforce to ensure proper working conditions and management of worker relationships; occupational health and safety and COVID-19 specific risks; measures to prevent potential Sexual Exploitation and Abuse/Sexual Harassment risks; guidelines for establishing and managing an accessible multichannel grievance mechanism establishment; and capacity strengthening for social, environment, health and safety management. Medical, solid, and liquid wastes need to be treated as per accepted standards for which an Infection Control and Waste Management Plan will be prepared for the project interventions, as a part of the ESMF. The SEP will be developed and implemented by the LRC with the participation of potentially affected parties to ensure the adequacy of the project design and inform stakeholders about the Project and its potential environmental and social risks and impacts including how the Project would address potential exclusion risks. The SEP will be updated, as necessary, throughout the project cycle (preparation and/or implementation). Both the ESMF and SEP will be developed according to a standard acceptable to the World Bank, consulted upon, reviewed, cleared and disclosed both on the LRC website and the World Bank's project operation portal. The social risk rating is considered substantial. The overall project will result in positive social impacts due to: 1) reduced levels of vaccine hesitancy among vulnerable refugee and host community populations in Lebanon thus improving their health and risk of COVID19 contagion; 2) Improve registration for COVID-19 vaccination among vulnerable refugee and host community populations in Lebanon; 3) Increase access to COVID-19 vaccination among vulnerable refugee and host community populations in Lebanon in line with the National Deployment and Vaccination Plan; 4) Improve response against COVID-19 for vulnerable refugee and host community populations in Lebanon. However, some negative social impacts are anticipated as a result of the project interventions including the 1) potential perception of exclusion amongst vulnerable groups and host communities; 2) potential risk of inaccessibility at some of the vaccination sites (whether mobile or fixed) to vulnerable groups including persons with disabilities; 3) rising social tensions between refugees and host communities during the vaccination campaigns and registration; 4) weak grievance mechanism which is not able to capture and address concerns in a timely manner resulting in potential reputational risk to the project. The Implementing Agency will address such social risks through the preparation of its ESMF to implement mitigation measures to avoid or minimize such risk and will be prepare the SEP to identify all key stakeholders and vulnerable groups, conduct inclusive and continuous stakeholder engagements throughout, establish an adequately functioning GM with multiple and easily accessible uptake channels, and identify responsible E&S staff who will continuously and effectively follow-up on the implementation and monitoring of the relevant E&S instruments as per the provisions of the ESCP. An LMP will be integrated with the ESMF



in which all provisions for prevention of child labour, forced labour, discrimination, prevention against OHS, access to GM and codes of conduct will be outlined.

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