



# Project Information Document (PID)

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Appraisal Stage | Date Prepared/Updated: 21-Mar-2020 | Report No: PIDA28953



**BASIC INFORMATION**

**A. Basic Project Data**

Country West Bank and Gaza	Project ID P173800	Project Name West Bank and Gaza COVID-19 Emergency Response	Parent Project ID (if any)
Region MIDDLE EAST AND NORTH AFRICA	Estimated Appraisal Date 20-Mar-2020	Estimated Board Date 06-Apr-2020	Practice Area (Lead) Other
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Finance	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

To prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic and strengthen the Palestinian health systems for public health preparedness.

Components

- Component 1: Emergency COVID-19 Response
- Component 2: Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19
- Component 3: Project implementation and monitoring

The processing of this project is applying the policy requirements exceptions for situations of urgent need of assistance or capacity constraints that are outlined in OP 10.00, paragraph 12.

Yes

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	5.00
<b>Total Financing</b>	5.00
<b>of which IBRD/IDA</b>	0.00
<b>Financing Gap</b>	0.00

**DETAILS**

**Non-World Bank Group Financing**



Trust Funds	5.00
Special Financing	5.00
Environmental and Social Risk Classification	
Substantial	
Decision	
The review did authorize the team to appraise and negotiate	

Other Decision (as needed)

### B. Introduction and Context

An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019. As of March 18, 2020, the outbreak has already resulted in nearly 300,000 confirmed cases and 8950 deaths across the globe<sup>1</sup>.

**Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries.** The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past two months, and is expected to remain depressed for months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there are is a concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, supporting policy responses, strengthening response capacity in developing countries – where health systems are weakest, and hence populations most vulnerable.

#### Country Context

With continuing restrictions on movement and access, and a severe liquidity crisis in 2019, economic momentum in the Palestinian territories (Pt) has faltered. The constraints imposed on movement and access in the West Bank, along with the blockade of Gaza, are hollowing out the productive sectors and have left the economy reliant on consumption-driven growth. A reduction in official transfers in recent years has exposed the fragility of this situation, which was compounded by the liquidity crisis that faced the PA in 2019 following a standoff over revenues collected by the Government of Israel (GoI) on behalf

<sup>1</sup> The World Bank COVID-19 daily monitoring report, March 21 of 2020.



of the Palestinian Authority (PA). As a result, preliminary data by the Palestinian Central Bureau of Statistics PCBS show that growth of real Gross Domestic Product (GDP) in the Pt weakened in the first three quarters of 2019. Specifically, quarter-on-quarter growth was minus 3.3 percent in the first quarter of 2019, followed by negative growth of 2 percent in the second quarter before returning to positive growth of only 1 percent in the third quarter. Notably, the slowdown was driven by a decline in private and public consumption and in investment. Looking forward, growth was expected to slowly recover and average around 2.5 percent in the coming years, however the outbreak of covid-19 has significantly heightened risks associated with this outlook and points to lower short term growth, a reduction in per capita income, and a rise in unemployment.

Driven by episodes of conflict, poverty rates in the Palestinian territories have increased in recent years with nearly one in three persons living in poverty - even prior to the recent pandemic. Data from the PCBS show that the overall share of population below the poverty line has increased from 26 percent in 2011 to 29 percent in 2017. This, however, masks a substantial divergence in trends between the West Bank and Gaza. The poverty rate in the West Bank declined from 18 to 14 percent, while poverty in Gaza increased dramatically from 39 to 53 percent, leaving every second Gazan below the national poverty line. Given the negative impact that the covid-19 pandemic is expected to have on economic activity and incomes, poverty rates may significantly rise in 2020, especially in Gaza - an already extremely fragile economy.

#### Sectoral and Institutional Context

**The existing health sector challenges in the Pt are likely to be exacerbated by the COVID-19 pandemic, and the territories are classified as a high-risk setting with limited response capacity.** In 2015, a Joint Assessment on International Health Regulations was conducted by the World Health Organization (WHO) and the Norwegian Public Health Institute. The assessment identified: limited Pt financing for preparedness, limited human resource capacities; health facilities that do not meet standards for infection prevention and control; lack of personal protective equipment (PPE), sanitary equipment, and isolation rooms; inadequate stockpiles of pharmaceuticals and diagnostics for an outbreak situation, lack of a risk communication plan, and finally, lack of reagents and laboratory capacity due to personnel, equipment and training shortages.<sup>2</sup> However, there is little fiscal space to increase public spending to allocate additional resources for the COVID-19 pandemic preparedness and response. Thus, the COVID-19 outbreaks in the Pt are likely to add burdens to already strained health system capacities, such as availability and access to health care services and availability of medical equipment, supplies and pharmaceuticals.

**As of March 19, 2020, the Pt had 48 confirmed cases of COVID-19<sup>3</sup>, all in the West Bank, and the MoH has activated its preparedness plan which has been developed with support from WHO.** The MoH established medical points at the ports

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<sup>2</sup> "Report: International Health Regulations Joint Assessment and Support Mission in Palestine" World Health Organization, Norwegian Institute of Public Health and Palestinian Authority Ministry of Health, 2015

<sup>3</sup> World Bank COVID-19 Daily Monitoring Report, March 21<sup>st</sup> of 2020.



of entry in Jericho and Rafah. Isolation facilities have been set up to test incoming arrivals from countries with infected cases. In addition, three health care facilities (Military Academy and Hugo Chavez Hospital in the West Bank and a field hospital in Gaza) are designated for treatment of symptomatic cases. To support the MoH's preparedness and response actions, U.N. and Health Cluster partners have provided immediate support in following key areas: capacity building in case management, infection prevention and control; essential laboratory supplies; procurement of PPEs; development of public communication materials; and multi-sectoral risk communication and community engagement strategy and plan. Despite efforts, more technical and financial assistance is urgently needed to prepare for a larger outbreak with local transmissions into different governorates and respond to surge demands of diagnosis and clinical care management of severe and critical cases at designated MoH facilities.

### **C. Proposed Development Objective(s)**

Development Objective(s) (From PAD)

To prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic and strengthen the Pt health systems for public health preparedness.

#### Key Results

The project aims to achieve the following key results:

- Percentage of alerts that have been verified and investigated by rapid response teams within 48 hours (target: 100%);
- Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours (target: 100%)

### **D. Project Description**

The proposed emergency operation includes three components to strengthen the MoH's capacity to respond to the COVID-19 outbreak and potential future pandemics by enhancing the capacity to prevent further transmission, detecting cases at early stages, and providing appropriate and timely care for those affected by current COVID-19 outbreak. This operation will provide funding also for streamlined and harmonized support to the MoH complementing and exploiting synergies with other partners' support. The activities to be funded under the Project will help to operationalize some elements that are part of the inter-agency plan, complementing, expanding and intensifying the responses rapidly. They will consist of a group of interventions based on the country's epidemiological and institutional needs and assessed options for meeting them<sup>4</sup>. Given the evolution of the pandemic and the changing landscape, the Bank will review the procurement plans to ensure efficiency and alignment with the National Response to the pandemic and TA and funding from other donors.

Component 1: Emergency COVID-19 Response (US\$ 2.1 million)

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<sup>4</sup> It is important to highlight however that all inputs can only be financed if they are in alignment with WHO guidelines and standards for combating COVID-19



The aim of this component is to slow down and limit as much as possible the spread of COVID-19 in the country. This will be achieved through providing immediate support to enhance case detection, confirmation, recording and reporting, as well as contact tracing and risk assessment and mitigation. Specifically, this component will strengthen epidemiological surveillance systems, including indicator-based, community event-based, and sentinel surveillance. It will also develop guidelines and establish standardized sample collection methods, channeling and transportation, and determining sites in need for introduction of point of care diagnostics. Further, the component will support the procurement of essential equipment and consumables for laboratory and diagnostic systems, such as Polymerase Chain Reaction (PCR) machines, sample collection kits, test kits, and other equipment and supplies for COVID-19 testing and surveillance (including Personal Protective Equipment for surveillance workers) to ensure prompt case finding and local containment. The project will only finance inputs aligned with WHO guidelines and standards for combating COVID-19. In addition, the component will support strengthening of detection capacity through updated training of existing surveillance workers and improving reporting by frontline health workers using existing surveillance information.

Further, this component will support the design and implementation of effective public health measures to prevent contagion and will also support the development and implementation of associated communication and behavior change interventions to support key prevention behaviors. Community mobilization and participation in prevention and control measures will also take place through existing community institutions. Finally, the component will also support activities to enhance multisectoral response and action, including inter alia: the operations of command rooms at the central and regional levels; implementation of risk communications and community engagement campaigns; implementation of containment strategies, including port-of-entry interventions and operation of rapid response teams.

#### Component 2: Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19 (US\$ 2.1 million)

The aim of this component is to strengthen essential healthcare service delivery to be able to provide the best care possible for people who become ill despite a surge in demand. The component will support the strengthening of selected health facilities and establishment and equipping of quarantine and treatment centers, so that they can manage COVID-19 cases. This would also include minor civil works and retrofitting of isolation rooms in such facilities and treatment centers. In addition, strengthened clinical care capacity will be achieved through development (as needed) and training of health personnel on treatment guidelines, and hospital infection control interventions. From another perspective, this component will support the procurement of essential additional inputs for treatment such as ventilators, pulse oximeters, laryngoscopes, oxygen generators, and other equipment/supplies for COVID-19 case management, as well as medicines (to avoid stock-outs particularly in Gaza) and vaccines (when they become available). The project will only finance inputs aligned with WHO guidelines and standards for combating COVID-19. It will also finance the procurement of Personal Protective Equipment (PPE), disinfectants and other commodities for infection prevention and control. Furthermore, under this component, inputs and investments needed to ensure continuity of clinical care, including safe access to waste management, electricity, safe water and sanitation of hospitals will be provided. Finally, this component will also finance hiring medical and non-medical short-term consultants to respond to a surge in demand for services due to the COVID-19 pandemic in selected hospitals.



Component 3: Project Implementation and Monitoring (US\$ 0.8 million)

This component will finance necessary human resources and running costs for the Project Management Unit at the MoH (MoH PMU). Currently the MoH PMU has two full-time staff (Procurement Specialist, Financial Management Specialist) and a part-time Health Specialist. In case additional staff is needed, particularly in the first months for speedy and effective project management, additional support with short term consultants for the PMU may be hired under this component.

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 are related to occupation health and safety (OHS) of the healthcare workers, laboratory technicians, and other workers. Given the novelty of the virus, the risks of exposure, infections, and transmission is high and could lead to serious illness or death for certain vulnerable groups. There are risks related to community health and safety related to waste management challenges of medical and hazardous waste, as well as OHS risks to communities in proximity with landfills and healthcare facilities. Social risks are mainly risks of exclusion to the poor and vulnerable groups, risks associated with the use of security personnel to guard healthcare and quarantine facilities. In addition, there are contextual risks which might exacerbate shortages in medications and supplies, particularly constraints on movements and goods in Gaza.

**E. Implementation**

Institutional and Implementation Arrangements

The MOH will be the implementing agency responsible for project implementation and will have the primary responsibility for all technical, operational and fiduciary aspects related to the project. Based on the Bank’s engagement with the MOH under the Health System Resilience and Strengthening Project (P150481) and the Early Childhood Development Project (P168295), MOH’s technical and implementation capacity was assessed and deemed satisfactory

The project will rely on the MOH’s existing organizational structure, including the involvement of the National High-Level Emergency Response Committee that has been established to manage the COVID-19 emergency response plan. The committee coordinates efforts among all development partners and facilitates linkages between the various units within MoH. Development partners engaged in the health sector will continue to play a prominent role in enhancing MOH’s preparedness and capacity to respond to the COVID-19 outbreak.



The existing Project Management Unit (PMU) comprised of a Health Specialist, Procurement Specialist and Financial Management Specialist under the Health System Resiliency Strengthening Project, will provide the necessary support. The PMU will be responsible for: i) management of the fiduciary aspects of the project including financial, procurement and disbursement, ii) preparation of periodical project progress reports (technical, financial and procurement) with inputs from the National High-Level Emergency Committee; iii) monitoring output, outcomes and impacts of the project and iv) preparation of the annual work plans and budgets . The PMU staff is familiar with the Bank fiduciary and implementation procedures

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**APPROVAL**

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