



The World Bank

Benin COVID-19 second Vaccines Additional Financing to COVID-19 Preparedness and Response Project
(P176562)

Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 06-Jun-2021 | Report No: PIDA31836



BASIC INFORMATION

A. Basic Project Data

Country Benin	Project ID P176562	Project Name Benin COVID-19 second Vaccines Additional Financing to COVID-19 Preparedness and Response Project	Parent Project ID (if any) P173839
Parent Project Name BENIN COVID-19 PREPAREDNESS AND RESPONSE PROJECT	Region AFRICA WEST	Estimated Appraisal Date 27-May-2021	Estimated Board Date 29-Jun-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Benin	Implementing Agency National Council to Combat HIV/AIDS, Tuberculosis, Malaria and Epidemics

Proposed Development Objective(s) Parent

To prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Benin.

Components

- Component 1: Emergency COVID-19 Response
- Component 2: Supporting National Prevention and Preparedness
- Component 3: Implementation Management and Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	30.00
Total Financing	30.00
of which IBRD/IDA	30.00
Financing Gap	0.00



DETAILS

World Bank Group Financing

International Development Association (IDA)	30.00
IDA Credit	15.00
IDA Grant	15.00

Environmental and Social Risk Classification
Substantial

Other Decision (as needed)

B. Introduction and Context

Country Context

- This project paper seeks the approval of the Regional Vice President to provide a credit and a grant in the amount of US\$30 million for an Additional Financing (AF).** This second AF would support the costs of expanding activities of the Benin COVID-19 Preparedness and Response Project (BCPRP [P173839]) under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020¹. The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Benin through vaccination system strengthening, and to further strengthen preparedness and response activities under the Parent Project. The BCPRP in the amount of US\$10.4 million IDA – was approved on April 27, 2020 prepared under the SPRP.
- The purpose of the proposed AF is to provide upfront financing to help the government purchase and deploy COVID-19 vaccines that meet the Bank’s Vaccine Approval Criteria (VAC) and strengthen relevant health systems that are necessary for a successful deployment and to prepare for the future.** Benin aims to vaccinate 40 percent of the total population as priority groups in its National

¹ The Bank approved a US\$12 billion WBG Fast Track COVID-19 Facility to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion came from IBRD/IDA (“the Bank”) and US\$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the FTFCF total to US\$14 billion. The Additional Financing of US\$12 billion (IBRD/IDA) was approved on October 13, 2020 to support the purchase and deployment of COVID-19 vaccines as well as strengthening the related immunization and health care delivery system.



Vaccination Deployment Plan (NDVP) dated March 2021. On May 16, 2021, the Government extended the vaccination to all individuals aged 18 years and over. Therefore, the vaccination campaign will cover 49,2% of the total population. The proposed AF will help vaccinate 16 percent of the country's population, while the COVAX AMC Facility, African Union, Islamic Bank for Development, and other co-financiers will help Benin procure enough vaccines to cover 24 percent by the end of Calendar Year 2022. Therefore, the AF will provide sufficient funds to fill the gap of the population to be vaccinated. The country has already received 203,000 doses of the Sinovac vaccine (CoronaVac) on March 21, 2021 and is expecting the delivery of some doses of the Sputnik V vaccine. Currently, only Sputnik V vaccine does not meet the Bank's VAC. The COVAX Facility has already delivered 144,000. Discussions have also started with the African Union to secure and purchase vaccines doses. This demonstrates the importance of the country's proactive approach to seek vaccines from various sources due to the dynamic and challenging COVID-19 market context. Bank financing for the COVID-19 vaccines and deployment will follow Bank vaccine purchase standards. As of April 6, 2021, the Bank's VAC for COVID-19 vaccines are (i) the vaccine has received regular or emergency licensure or authorization from at least one of the SRAs identified by World Health Organization (WHO) for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). As vaccine development is rapidly evolving, Bank standards may be reviewed. The country will provide the vaccines free of charge to the targeted population (all individuals over 18 years old).

- 3. The need for additional resource for vaccine purchase and deployment, to expand the COVID-19 response was formally conveyed by the Government of Benin to the Bank through an official letter of request on November 25, 2020.** The proposed AF will form part of an expanded health response to the pandemic, which is being supported by development partners under the coordination of the Government of Benin. Additional World Bank financing will provide essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Benin.

Sectoral and Institutional Context

- 4. Critically, the AF seeks to enable the acquisition of vaccines from a range of sources to support Benin's objective to have a portfolio of options to access vaccines under the right conditions (of value-for-money, regulatory standards and delivery time among other key features).** The COVAX Facility has put in place a framework that will anchor Benin's strategy and access to vaccines. On February 8, 2021, the Government of Benin entered into an agreement with the COVAX Facility to support financing of vaccines for the first 20 percent of the population. The proposed IDA financing will expand Benin's access. The availability and terms of vaccines remain fluid and prevent the planning of a firm sequence of vaccine deployment, especially as the actual delivery of vaccines is unlikely to be immediate. Rather, the proposed financing enables a portfolio approach that will adjust during implementation in response to developments in the country pandemic situation and the global



market for vaccines. The global shortfalls of vaccines especially due to the dire COVID-19 situation being experienced in India, has put a strain on the AstraZeneca vaccines produced by the Serum Institute of India (AZ/SII also known as Covishield) that most African countries were receiving under the COVAX AMC Facility or through bilateral agreement. Thus, the COVAX Facility notified participating economies that deliveries of doses from the Serum Institute of India will be delayed from March 2021, with expected delays in the overall delivery planning. The Government of Benin therefore expressed interests to secure Johnson & Johnson vaccines through the African Union initiative that aims to vaccinate 60% of Africa, per the WHO's recommendation of 60% to 70% COVID-19 vaccine coverage worldwide to control and eventually end the pandemic. The African Union reached an agreement with the pharmaceutical manufacturer Johnson & Johnson to supply 400 million doses of its single-dose COVID-19 vaccine for distribution across the continent starting from July 2021. All contracts for the purchase of vaccines to be financed by this AF will use the United Nations International Children's Emergency Fund (UNICEF) as procurement agent and will be subject to the Bank's prior review, irrespective of value of the contracts and procurement approach.

5. **In addition to vaccines acquired through the COVAX Facility, the African Vaccine Acquisition Task Team (AVATT) convened by the African Union, is in the process of negotiating, through UNICEF, additional access to vaccines that would contribute to covering up to 60% of the population, in countries that requested it.** When firm contracts are in place between UNICEF, as the appointed procurement agent, and manufacturers, UNICEF will conclude contracts with participating countries for the supply of the vaccines. These contracts will be reviewed by the Bank to ensure that they comply with all operational policies and provide value for money in terms of both price and delivery times before financing from this Grant and Credit can be disbursed toward the member country upon its request.
6. **After a first surge of cases, Benin is now experiencing a second wave of COVID-19 like several other countries.** Despite the significant strides in its overall preparedness and response capacity to the pandemic and the experience gained during the first wave, Benin is hit by a new surge of cases since the second half of January 2021. As of May 31, 2021, the country has reported 8,082 cumulative cases (cumulative attack rate = 652 cases/million people), with 15 people under treatment, including 10 patients in intensive care, and 102 deaths (case fatality rate= 1,2%)², which makes Benin one of the least affected countries in the West African region. Although the figures of the last five-weeks show a declining trend of the epidemic, the risk of infection is still high, given Benin's open borders with countries that are experiencing a second wave with much higher incidence rates, as well as the prospect of an increased risk of non-compliance with barrier measures. See Annex 3 for more details on the status of COVID-19 in Benin.

² Republic of Benin. Ministry of Health. COVID-19 epidemiological status report. Mai 31, 2021



C. Proposed Development Objective(s)

Original PDO

7. To prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Benin.

Current PDO

8. To prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Benin.

Key Results

9. The PDO of the AF will be monitored using the following PDO level indicator:
 - i. Percentage of the population fully vaccinated, which is included in the priority population targets defined in the national plan (disaggregated by priority group and gender).
10. The following Intermediate indicators will be added to the result framework:
 - i. COVID-19 emergency risk communication community engagement plan for generating acceptance and demand for Covid-19 vaccine in the population developed (yes/no);
 - ii. Proportion of health districts with a budgeted micro-plan for COVID-19 vaccination campaign (Percentage);
 - iii. Percentage of health region with cold rooms fully equipped;
 - iv. Percentage of AEFI cases monitored and treated.

D. Project Description

11. **The changes proposed for this AF entail expanding the scope of activities in the Parent Project BCPR (P173839) and adjusting its overall design.** In line with the original rationale and design of the BCPRP, the Benin COVID-19 vaccines AF will be composed of two comprehensive and complementary components which will support the Government to continue tackling the spread of the pandemic in the country and to update, if necessary, and implement its NVDP. The Plan has been developed by the ANSSP which is under the aegis of the MoH, with inputs from the National Technical Working Group for vaccines deployment and in collaboration with WHO, UNICEF, GAVI and the World Bank. The National Technical Working Group for vaccines deployment includes relevant teams from the MoH (surveillance systems, laboratory network, pharmaceuticals, health promotion and communication).



12. This AF is structured around two comprehensive and complementary components to support Benin Government to contain the spread of the COVID-19 pandemic and provide safe and effective vaccine acquisition and deployment in Benin as follows:

- **Component 1. Emergency COVID-19 Response**, in an amount of US\$40.51million, aims to provide immediate support to limit local transmission of COVID-19 through the implementation of containment strategies. It enables Benin to mobilize surge response capacity through trained and well-equipped frontline health workers. It is composed of five subcomponents:
 - **Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, and Reporting (US\$6.37 million)**: This sub-component has helped (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) strengthen risk assessment and quarantine support. Additional support has been provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information, to guide decision-making and mitigation activities.
 - **Component 1.2: Case Management and Health System Strengthening (US\$4.64million)**. This subcomponent has provided fund to set up severe acute respiratory infection's treatment centers through the purchasing of prefabricated buildings, equipped with adequate emergency equipment and materials, incinerators and power generators and medicines and staffed with trained health workers. It has also reinforced clinical care capacity of treatment center staff including hospital infection control and guidelines, risk mitigation measures. Moreover, it provided to health workers with the appropriate protective equipment and hygiene materials including handwashing materials, hydro-alcoholic gel.
 - **Sub-component 1.3: Communication, community engagement and social distancing (US\$0.5 million)**. While the national COVID-19 health response communication plan was developed and financed under the REDISSE 3 Project and supported by other development partners, this AF will provide financing to complement and strengthen the existing communication strategy. The activities under this sub-component include (i) the development of a demand creation strategy through a people-centered approach to ensure that country-level systems are designed, particularly targeting people in remote areas and vulnerable people such as women and poor people; and (ii) the development of social mobilization plans and activities to foster confidence in the vaccine and supporting systems, increase awareness, build trust, and reduce stigma and hesitancy around any COVID-19 vaccine. To this end, the AF will finance the development and implementation of risk communication strategies and products in national and local languages that will be distributed across high-penetration platforms and will thus foster



support and endorsement through trusted community and national, religious, traditional leaders and women of influence (head of women's associations and groups) to ensure population buy-in for the COVID-19 vaccine roll-out. In addition, the community health workers who were involved in the development of the first outreach communication campaign will be recruited to convey information on the vaccination strategy, especially information related to the target population, to ensure that everyone receives vaccines and to leverage community networks for sharing information. Communication activities will support cost-effective and sustainable communication mechanisms such as social network engagement, television and radio awareness programs, and operating costs during outreach sessions and street criers including sound equipment (woofer, baffle, microphone).

- **Sub-component 1.4: Immunization planning, supply chain strengthening, program delivery (US\$4 million).** This sub-component will include the following key activities: (i) support the Government in developing the legal regulatory documents and plans to ensure swift importation of effective COVID19 vaccines; (ii) strengthen national immunization budgeting and budget tracking capacity; (iii) support the estimation, mapping and identification of target populations; (iv) support the development of vaccination micro-plans at decentralized level; (v) support the development of a human resource mobilization, training and deployment plan for vaccine roll-out; (vi) strengthen the health management information system (HMIS) through the development of new digital solutions including digital registration for strengthened quality data delivery. The support to the HMIS will enable collection of sex- and age-disaggregated data and a sustained follow-up campaign for second shots. Program delivery activities will (i) ensure vaccines reach the target populations through different program delivery strategies (fixed vaccination and mobile outreach strategies); (ii) strengthen and adapt the pharmacovigilance system to be sensitive to, and detect AEFI for the COVID19 vaccine; and (iii) improve medical waste management capacity in health facilities to ensure adequate financing and implementation of the waste management plan. Activities under this component will include the procurement of cold chain equipment including negative cold rooms, solar or off-the-grid freezers (positive and negative temperature), refrigerators, passive long-shelf-life containers, vaccine transport coolers, vaccine carriers, refrigerated trucks; vehicle pick-ups for consumables and other logistics infrastructure; low-carbon incinerators; and the installation of temperature controls and monitoring systems on the refrigerators and freezers to monitor any fluctuations and cut down on excessive use of energy, also reducing the project's impact on the country's Greenhouse gas (GHG) emissions. Fuel-efficient refrigerated vehicles will be purchased, and route optimization will be taken into account for vaccine transportation by adjusting the routes for vehicles depending on weather and road conditions. This will improve the fuel mileage and fuel efficiency of the vehicles. Climate-smart civil works will also be



financed such as rehabilitation of the central vaccine storage facility (dry storage capacity, security, as well as the scale-up of dry storage area capacity for vaccination consumables in the 12 health regions and cold rooms to ensure that they are well-insulated against extreme heat caused by climate change. This will include procurement of improved thermal insulation and solar reflective roofs.

- **Sub-component 1.5 (US\$25 million): Procurement of COVID-19 vaccines and consumables** will provide financing for costs related to the purchase of vaccines and consumables including injection materials (syringes, needles, cotton wood, gloves) and safety boxes, as well as shipment costs in the country including freight cost only for VAC-compliant vaccines.

Component 2. Implementation Management and Monitoring and Evaluation will increase from US\$0.33 million to US\$0.83 million to expand the technical management, M&E and coordination capacity of the PIU. The scope of this component will be expanded through the two existing subcomponents, as follows:

- **Sub-component 2.1: Project Management (US\$0.43 million) will support the operating costs related to management activities** including: (i) financing of project coordination, supervision and overall management activities; and (ii) financial management (FM) and procurement requirements of the project fiduciary activities. An additional US\$0.3 million will be added to this sub-component.
- **Sub-component 2.2: Monitoring and Evaluation (US\$0.40 million)** will support new interventions under this sub-component as follows: (i) technical assistance through hiring a consultant to develop, adapt and support the country team in the implementation of new digital solution for real-time monitoring of vaccination indicators interoperable with the DHIS2; (ii) feedback surveys, including the implementation of iterative beneficiary monitoring (IBM). IBM is a low-cost data collection system that enables data collection directly from beneficiaries (vaccine recipients; government agencies; health workers) through iterative feedback on project implementation. IBM complements project monitoring systems by offering rapid feedback to project management on potential disconnects between project planning and what happens on the ground. IBM could specifically be utilized to monitor (i) targeting of beneficiaries; (ii) delivery and reception of vaccines, and (iii) awareness campaign and behavior change of the program target population. IBM results will be used to adjust project interventions on an ongoing basis if needed. This AF will also partly support the high-frequency survey on COVID-19 using telephone, a large feedback survey that has already been carried out twice by the Bank since the beginning of the pandemic to monitor the behavioral change and vaccination campaign uptake nationwide.



Legal Operational Policies

Triggered?

Projects on International Waterways OP 7.50

Projects in Disputed Areas OP 7.60

Summary of Assessment of Environmental and Social Risks and Impacts

E. Implementation

Institutional and Implementation Arrangements

13. The Ministry of Health (MoH), through the Project Implementation Unit (PIU), is the on-the-ground implementing agency for the project. The institutional arrangement and implementation used for the BCPR and the first AF, used for REDISSE III (P161163), will remain. The existing Multisectoral Steering Committee of the Global Health Security Agenda, including (i) the MoH, (ii) the Ministry of Agriculture and Livestock; (iii) the Ministry of Living Conditions and Sustainable Development; (iv) one representative of the National Association of Municipalities of Benin; and (v) two representatives of the civil society, will oversee annual project planning, monitor project progress, and approve annual reports. The Committee is chaired by the Head of the National Council to Combat HIV/AIDS, Tuberculosis, Malaria and Epidemics (Comité National de Lutte contre le VIH/SIDA, la Tuberculose, le Paludisme, les Hépatites et les Epidémies) assisted by a technical committee. The PIU, which is under the aegis of the National Council to Combat HIV/AIDS, Tuberculosis, Malaria and Epidemics, will (i) ensure a smooth coordination with all stakeholders throughout the implementation of the project; (ii) manage the fiduciary aspect of the AF; (iii) prepare and submit to the World Bank consolidated annual work plans, quarterly reports including environmental and social reports and implementation reports, budgets, M&E of activities carried out by implementing entities. The PIU is well staffed with a qualified coordinator, assisted by a skilled M&E specialist, and fiduciary, environmental and social specialists. Moreover, there is strong collaboration between the PIU and the MoH's communication focal point. Technical implementation and vaccines deployment will be carried out by the existing Directorate for Immunization and Logistics (Direction de la Vaccination et de la Logistique) under the aegis of the National Agency for Primary Health Care (Agence Nationale des Soins de Santé Primaires [ANSSP]) of the MoH that will be the main field implementing entity of this second AF. Indeed, the Directorate for Immunization and Logistics under the aegis of ANSSP has been leading the development of the National Vaccination and Deployment Plan (NVDP) so far, with inputs from the National Technical Working Group for vaccines deployment, which includes relevant teams from the



MoH (surveillance systems, laboratory network, pharmaceuticals, health promotion), and in collaboration with the different United Nations (UN) specialized agencies such as UNICEF, and WHO, the Global Alliance for Vaccines and Immunization (GAVI), and the World Bank.

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APPROVAL

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