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Report No: PAD3883

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED INTERNATIONAL DEVELOPMENT ASSOCIATION GRANT

IN THE AMOUNT OF SDR 1.9 MILLION

(US\$2.5 MILLION EQUIVALENT)

IN CRISIS RESPONSE WINDOW RESOURCES

AND A

PROPOSED INTERNATIONAL DEVELOPMENT ASSOCIATION GRANT

IN THE AMOUNT OF SDR 0.3 MILLION

(US\$0.4 MILLION EQUIVALENT)

TO THE

THE INDEPENDENT STATE OF SAMOA

FOR

SAMOA COVID-19 EMERGENCY RESPONSE PROJECT

UNDER THE

COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)

WITH A FINANCING ENVELOPE OF

UP TO US\$6 BILLION

APPROVED BY THE BOARD ON APRIL 2, 2020

Health, Nutrition & Population Global Practice
East Asia And Pacific Region

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CURRENCY EQUIVALENTS

(Exchange Rate Effective March 31, 2020)

Currency Unit =

= US\$1

US\$ 1.3648= SDR 1

FISCAL YEAR

July 1 – June 30

Regional Vice President: Victoria Kwakwa

Country Director: Michel Kerf

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ABBREVIATIONS AND ACRONYMS

ADB	Asian Development Bank
BFP	Bank Facilitated Procurement
CAT-DDO	Catastrophe Deferred Drawdown Option
CTSSU	Centralized Technical Service Support Unit
DA	Designated Account
DFAT	Australian Department of Foreign Affairs and Trade
DFIL	Disbursement and Financial Information Letter
EID	Emerging infectious diseases
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESHS&CE	Environment Social Health Safety & Community Engagement
ESHS	Environment Social Health & Safety
ESMF	Environmental and Social Management Framework
FAO	Food and Agriculture Organization
F&P	Finance and Procurement
FTCF	Fast Track COVID-19 Facility
FM	Financial Management
FMS	Financial Management Specialist
GDP	Gross Domestic Product
GIIP	Good International Industry Practice
GRS	Grievance Redress Service
HEIS	Hands-on Expanded Implementation Support
HEOC	Health Emergency Operations Centre
HSCRM	Health Sector Coordination, Resourcing and Monitoring
IDA	International Development Association
IFR	Interim Unaudited Financial Reports
IHR	International Health Regulations
IPF	Investment Project Financing
JEE	Joint External Evaluation
LTA	Long Term Agreements
MDP	Mandatory Direct Payment
M&E	Monitoring and evaluation
MOF	Ministry of Finance
MOH	Ministry of Health
MPA	Multiphase Programmatic Approach
NCD	Non-communicable disease
NEOC	National Emergency Operation Center
NFP	National IHR Focal Point
NZ-MFAT	New Zealand Ministry of Foreign Affairs and Trade
OP	Operations Policy
OPCS	Operations Policy and Country Services



PAD	Project Appraisal Document
PCU	Project Coordination Unit
PFM	Public Financial Management
POM	Project Operations Manual
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy Document
RPF	Regional Partnership Framework
SEP	Stakeholder Engagement Plan
SDG	Sustainable Development Goal
SOE	State Owned Enterprises
SPRP	Strategic Preparedness and Response Program
STEP	Systematic tracking of Exchanges in Procurement
UNICEF	United Nations Children's Fund
WBG	World Bank Group
WHO	World Health Organization



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Teams may add additional annexes if needed.



DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Samoa	Samoa COVID-19 Emergency Response Project	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P173920	Investment Project Financing	Substantial

Financing & Implementation Modalities

<input checked="" type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Disbursement-linked Indicators (DLIs)	<input checked="" type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made Disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
22-Apr-2020	30-Jun-2023	31-Mar-2025

Bank/IFC Collaboration

No

MPA Program Development Objective

The Program Development Objective is 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	4,173.55
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Proposed Project Development Objective(s)

The Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 in Samoa and to strengthen national systems for public health preparedness.

Components

Component Name	Cost (US\$, millions)
Component 1: Strengthening Emergency Response for COVID-19	0.80
Component 2: Systems Strengthening for Pandemic Preparedness and Response	1.95
Component 3: Implementation Management and Monitoring and Evaluation	0.15

Organizations

Borrower: Ministry of Finance

Implementing Agency: Ministry of Health

MPA FINANCING DETAILS (US\$, Millions)

Board Approved MPA Financing Envelope:	4,173.55
MPA Program Financing Envelope:	4,173.55
of which Bank Financing (IBRD):	2,646.30
of which Bank Financing (IDA):	1,527.25
of which other financing sources:	0.00

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

Total Project Cost	2.90
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Total Financing	2.90
of which IBRD/IDA	2.90
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	2.90
IDA Grant	2.90

IDA Resources (in US\$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Samoa	0.00	2.90	0.00	2.90
National PBA	0.00	0.40	0.00	0.40
Crisis Response Window (CRW)	0.00	2.50	0.00	2.50
Total	0.00	2.90	0.00	2.90

Expected Disbursements (in US\$, Millions)

WB Fiscal Year	2020	2021	2022	2023
Annual	0.80	0.90	0.70	0.50
Cumulative	0.80	1.70	2.40	2.90

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

**SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)**

Risk Category	Rating
1. Political and Governance	● Moderate
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	● Substantial
7. Environment and Social	● Substantial
8. Stakeholders	● Moderate
9. Other	● Low
10. Overall	● Substantial
Overall MPA Program Risk	● High

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	Not Currently 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**Sections and Description**

Institutional arrangement (Section I.A of Schedule 2 to the FA)

The Recipient, through MOH, shall work with the National Emergency Operations Center to, among other things, ensure collaboration and operational coordination among shareholders; and should maintain the Health Emergency Operations Center, to, among other things, monitor the global and regional spread of COVID-19 and establish preventive measures. (Section I.A.1 and 2 of Schedule 2 to the FA)

The Recipient, through MOH, shall maintain, at least throughout the period of implementation of the Project, the Health Program Advisory Committee, with representatives of relevant ministries and key stakeholders to be responsible for the provision of overall policy guidance, strategic direction and cross sectoral coordination. (Section I.A.3 of Schedule 2 to the FA)



The Recipient, through MOH, shall implement the Project through its Public Health Services, Hospital and Clinical Services, National Disease Surveillance and International Health Regulations Division, based on their respective functional capacities and institutional mandates. (Section I.A.4(a) of Schedule 2 to the FA)

The Recipient, through MOH, without limitation to the provisions of Section I.A.4(a) and (b) of this Schedule, throughout the implementation of the Project, shall: (i) assign to or recruit for the Project, not later than one (1) month after the Effective Date, if not already in place and thereafter maintain staff in adequate number, each with terms of reference, qualifications and experience acceptable to the Association, including a principal health care waste management officer and a principal monitoring and evaluation officer; and (ii) recruit consultants, each with terms of reference, qualifications and experience satisfactory to the Association, as and when needed, to strengthen the MOH's teams involved in the implementation of the Project and provide capacity building to their staff, including without limitation in HSCRM and F&P. (Section I.A.4(c) of Schedule 2 to the FA)

The Recipient's Ministry of Finance shall be the Executing Agency for the Project. Without limitation to the provisions of Section I.A.4(a) of this Schedule, MOF, through the CTSSU, shall guide and provide technical support to MOH in the areas of expertise of the CTSSU, as needed for the Project. (Section I.A.5(a) and (b) of Schedule 2 to the FA)

Sections and Description

Project Operations Manual

By not later than two (2) months after the Effective Date (or such other date which the Association has confirmed in writing to the Recipient is reasonable and acceptable under the circumstances, as determined by the Association in its sole discretion), the Recipient shall prepare and furnish the Project Operations Manual to the Association for its review and non-objection and thereafter adopt the manual as accepted by the Association. (Section I.B of Schedule 2 to the FA)

Sections and Description

Annual Work Plans and Budgets

The Recipient shall prepare and furnish to the Association, through the MOF, by not later than one (1) month after the Effective Date and April 1 of each subsequent year during the implementation of the Project (or such later interval or date as the Association may agree), for the Association's review and no-objection, an Annual Work Plan and Budget, which shall, inter alia: (a) list all activities (including Operating Costs and Training and Workshops) proposed to be included in the Project for the period covered by the plan and indicate the targets to be achieved; (b) provide a budget for their financing; and (c) describe the measures and actions taken or planned to be taken in accordance with the provisions of Section I.D of this Schedule 2. (Section I.C of Schedule 2 to the FA)



Sections and Description

Environmental and Social Standards

The Recipient shall ensure that the Project is carried out in accordance with the Environmental and Social Standards, in a manner acceptable to the Association. (Section I.D of Schedule 2 to the FA)

Conditions

Type	Description
Disbursement	Retroactive financing up to 40% of the amount of the grant for expenditures incurred from January 30, 2020.



I. PROGRAM CONTEXT

1. This Project Appraisal Document (PAD) describes the emergency response to Samoa under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank's Board of Executive Directors on the World Bank's Board of Executive Directors on April 2, 2020, Report No: PCBASIC0219761 with an overall Program financing envelope of up to US\$6.00 billion.

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 April 15th, 2020, the outbreak has resulted in more than 2 million cases and over 131,037 deaths in 213 countries.

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 use¹ and pre-existing chronic health problems that make viral respiratory infections particularly dangerous². 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% to 98% of patients develop a fever, 76% to 82% develop a dry cough and 11% to 44% develop fatigue or muscle aches³. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7% 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.

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).

¹ 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>

² Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." New Eng J of Medicine, DOI: 10.1056/NEJMe2002387

³ Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." JAMA, doi:10.1001/jama.2020.3072



B. Updated MPA Program Framework

5. Table-1 provides an overall MPA Program framework with information for Samoa COVID-19 Response.

Table 1. MPA Program Framework with specific information for Samoa COVID-19 project

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	P173920	Simultaneous	Prevent, detect and respond to the threat posed by COVID-19 in Samoa and strengthen national systems for public health preparedness.	IPF		\$2.9		April 20	Substantial
Total						\$2.9			

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

C. Learning Agenda

7. **The Samoa Project under the MPA Program will support adaptive learning throughout the implementation of the project, as well as from international organizations including the WHO, United Nations Children's Fund (UNICEF), Food and Agriculture Organization of the United Nations (FAO) and others.** Given the limited knowledge and experience with this pandemic, the exchange of information across countries, facilitated by international partners such as the World Bank, will be instrumental for Samoa in managing their response to COVID-19. Learning needs are expected to be broad including how to effectively introduce social distance measures in an island setting where family and community gatherings and church activities are important traditions; and how to effectively engage communities in early detection, contact tracing and quarantine. Another area of learning will derive from the conduct of a Joint External Review (JEE), to be financed under this Project, after the emergency stage. This will help Samoa build its pandemic preparedness in a systematic manner. The World Bank, and other partners, will provide continuous support to facilitate learning on good practices through their experience from other countries.



II. CONTEXT AND RELEVANCE

A. Country Context

8. **Samoa, classified as an upper-middle-income country with a gross national income per capita of US\$4,120 in 2018,⁴ is a small Polynesian island state located in the South Pacific.** The population of Samoa in 2019 was approximately 197,097 people distributed among the two main (Upolu and Savai'i) and two smaller islands (Apolima and Manono). The major drivers of the Samoan economy are tourism, agriculture and fishing, remittances, and aid flows. The economy expanded by an annual average of 4.3% between 2002 and 2007, before the global financial crisis, but over the last decade, growth has slowed to an average of 1% per year, due in large part to a sequence of economic shocks and natural disasters that have hit the country over this period. Samoa's economic development opportunities are constrained by remoteness from large markets and foreign suppliers, the small size of the domestic market, as well as the high frequency and intensity of natural disasters, the risk of which is expected to be exacerbated by climate change. These challenges have translated into comparatively low and volatile gross domestic product (GDP) growth rates, a structural gap between domestic revenues and expenditures, elevated public debt, high vulnerability to external shocks, and, subsequently, a significant reliance on development aid. These all limit the Government's ability to effectively respond to COVID-19.

9. **National Health Security is a core mandated function of Government of Samoa through its Ministry of Health.** The country has been at risk of major epidemics, including H1N1 in 2009, Chikungunya in 2014, Ebola in 2015, and the Measles Epidemic in 2019. In 1918, the Spanish Influenza outbreak took the lives of two thirds of Samoa's total population at the time. **On November 15, 2019 the Government of Samoa declared a State of Emergency following a widescale measles outbreak, which had a significant impact on the population and the health care system.** There were 5,700 measles cases and 83 measles-related deaths, the majority of whom were children. In response to this outbreak, the Government of Samoa made serious efforts to close the immunity gap in the population and amended the infant law to enforce vaccination coverage for school enrollment. Mass immunization campaigns, which targeted individuals aged 6 months to 60 years, were conducted, and achieved 95% vaccination coverage. Despite the progress, the outbreak placed considerable pressure on the overall fiscal sustainability of the country as well as an already strained health system. The fact that Samoa is just emerging from the outbreak also limits the Government's capacity to effectively respond to COVID-19, a second epidemic in the same fiscal year.

B. Sectoral and Institutional Context

10. **Health outcome indicators have been steadily improving over the past three decades.** Samoa has the highest life expectancy in the Pacific and among the lowest infant mortality rate. Samoa's life expectancy increased from 65 years in 1990 to 75 years in 2015; women have higher life expectancy, at 78 years, compared to men, at 71.8 years. The under-5 mortality rate declined from 37 per 1,000 live births in 1985 to 18 per 1,000 in 2015, and the infant mortality rate has halved since 1985, down to 15 per 1,000 live births in 2015. These indicators are better than might be expected for the country's income level and compare favorably to the East Asia and Pacific Region in general and the Pacific Island Countries on average. According to WHO,⁵ Samoa is already well on track to achieve important Sustainable Development Goals, including those for further reducing

⁴ Source: World Development Indicators 2018.

⁵ World Health Organization (2018) *UHC and SDG Country Profile 2018: Samoa*.



the maternal mortality rate, as well as the under-five and neonatal mortality rate.

11. The risk of severe disease associated with COVID-19 is considered very high as Samoa faces the dual challenge of an unfinished Millennium Development Goals agenda and rising non-communicable diseases (NCDs). The unfinished agenda relates to strengthening family planning and reproductive health and reducing communicable diseases, including tuberculosis and sexually transmitted infections. In addition, Samoa has some of the highest risk factors for NCDs in the world, including 84% of the adult population being overweight or obese, and NCDs accounting for 80% of the total disease burden and more than half of all premature deaths in the country. Data from other settings show that people with underlying conditions such as hypertension, diabetes, cardiovascular disease, chronic respiratory disease and cancer are at higher risk for having severe disease and death. Due to the high prevalence of hypertension, diabetes and cardiovascular disease in Samoa, the population's risk of developing a severe disease associated with COVID-19 is considered very high.

12. Samoa's health system remains weak and not well positioned to respond to its current and future challenges including both the novel infectious diseases outbreaks and NCDs. The country has two referral hospitals: Tupua Tamasese Meaole (TTM) Hospital is the main national referral hospital located in Apia, Upolu; and Malietoa Tanumafili II (MTII) Hospital is a referral hospital on Savai'i. There are 11 rural health facilities comprising 6 rural district hospitals (3 on Upolu and 3 on Savai'i) and 5 community health centers (3 on Upolu and 2 on Savai'i). The current health care service delivery system in Samoa is heavily hospital-centric, with the primary health care facilities largely under resourced and understaffed. Staff numbers are insufficient to cater for the increasing number of the people to be covered. Doctors are concentrated in the main referral hospital in Apia. The other 11 health facilities are staffed mainly by nurses,⁶ with physicians from the main referral hospital visiting in district hospitals only one day a week, or less. Basic infrastructure, diagnostic equipment, and competencies are lacking in the rural health facilities and quality of services is of serious concern.

13. Laboratory capacity needs to be strengthened to expand diagnostic testing for COVID-19. Samoa has two small labs currently located in the two referral hospitals in the islands of Upolu and Savai'i, both are outdated with limited diagnostic capacity. Samoa has three GeneXpert machines for TB testing, with two located in the main referral hospital in Apia, and one located in MTII hospital in Savai'i. The three machines can be used for COVID-19 testing, but training on COVID-19 testing is needed for the lab technicians. In addition, despite the availability of the GeneXpert machines, Samoa currently has no COVID-19 test cartridges, thus no COVID-19 test can be performed in Samoa. Overall, laboratory support for disease detection and response as well as biosafety capacity and regulations need to be strengthened.

14. Since the measles outbreak in 2019, Samoa has made efforts to strengthen its level of epidemic preparedness. The MOH prepared its Health Sector Recovery Progress Report outlining the health sector's response to the measles epidemic. This included strengthening outreach services to the community and empowering community development through the *Komiti Tumama*, to carry out public health outreach programs - immunization, environmental health, food safety, school health and all other public health programs. Training for health care workers on effective vaccine management, proper immunization techniques, injection safety, proper recording and reporting was included. Other activities included strengthening of the extended program for immunization in Samoa, strengthening surveillance and identification of isolation rooms at the Tupua Tamasese Meaole Hospital in Upolu and the Malietoa Tanumafili II Hospital in Savai'i. While all these

⁶ District hospitals' staff includes a nurse manager, nurse specialist, midwives, registered nurses, and some auxiliary staff such as security staff and driver. Staffing of health centers varies among health centers as also the case for district hospitals.



activities will help in the response to COVID-19, they are largely focused on measles and the vaccination program. During the measles outbreak, about 30 ventilators were either provided by development partners or brought into the country by the international emergency medical teams. Samoa will benefit from this medical equipment currently available in the country in the event COVID-19 cases are confirmed.

15. Samoa's public health systems' capacity for disease outbreak response and preparedness needs

strengthening. While Samoa had prepared a National Avian and Pandemic Influenza Preparedness Plan in 2008, it is outdated and not targeted to the newly emerging infectious disease such as COVID-19. Also, to date, no JEE of the core capacities in International Health Regulations (IHR) 2005 has been conducted for Samoa. The Regulations represent an agreement between 196 countries including all WHO Member States to work together for global health security; over 100 countries in the world have conducted JEE and formulated national action plan based on the assessment to fill the gaps and enhance the pandemic preparedness of the country. In the absence of a thorough and comprehensive assessment, it is hard to conduct strategic planning, align available resources and direct investments toward the areas with largest gaps. The priority areas identified by the government for immediate support and long-term capacity building include negative pressure wards, essential medical supply, training of emergency medical team, infection prevention and control, medical waste disposal, laboratory diagnostic capacity, surveillance and epidemiologic investigation, and community-based risk communication. In addition, with only 10 isolation beds currently available at the Faleolo District Hospital, Samoa's clinical management capacity for COVID-19 is severely limited.

Response to date to COVID-19

16. No confirmed cases of COVID have been reported to date, however, Samoa faces a high risk of importation of COVID-19, given its close ties to New Zealand which has recorded 911 confirmed cases as of April 6, 2020. Learning from the measles outbreak, Samoan Authorities have been very proactive in preventing the importation of COVID-19 into Samoa. Samoa was one of the first countries in the Pacific to respond to the COVID-19 threat by imposing strict travel restrictions on January 17, 2020. On March 20, 2020, Samoa declared a state of emergency, including an order to shut down the border for all except returning Samoan citizens. A draft of its National Epidemic and Pandemic Influenza Preparedness and Response Plan FY2020/21 – FY2024/25 has been quickly developed. The National Emergency Operations Centre (NEOC), which is the focal point providing collaboration and operational coordination amongst all stakeholders, with advice and technical guidance from the MOH, has been activated. The activation of NEOC is part of Samoa's National Emergency Response Plan as per the National Disaster Management Plan under the National Disaster and Emergency Act 2007. Two hotlines and two helplines were quickly established. Surveillance Response Teams continue to undertake clinical assessments, epidemiological investigation of cases notified from the Tupua Tamasese Meaole Hospital and rural Districts Hospitals, and the Teams are also conducting monitoring visits to the eight quarantine sites (mostly hotels), and to those in isolation at the Faleolo Healthcare Centre. An emergency medical team was assembled with initial training provided by WHO. To date, there are 26 suspected cases, out of which 20 have been investigated. The Response Teams conducted epidemiological surveillance and follow-ups for persons under investigation and for suspected cases in the community once the Surveillance Team at NEOC has been notified. Over 200 contacts of these suspected cases were put in quarantine. However, Samoa does not have the capacity in-country to carry out laboratory testing for COVID-19; samples collected have to be sent to New Zealand and Australia. Prior to the cancellation of all flights, 20 samples were sent to New Zealand, which all tested negative. Up to April 7, there were six collected samples in the country that are yet to be sent to New Zealand for testing as all flights in and out of the country have been suspended. The lack of in-



country lab testing capability impacts negatively on Samoa's ability to undertake early detection and close contacts tracing of the suspects.

17. The government of Samoa is working closely with development partners to strengthen its response capacity to COVID-19. Since the measles outbreak in November 2019, development partners have been providing both financial and technical support. The World Bank provided US\$3.5million through the Second Resilience Development Policy Operation with a CAT-DDO⁷ after the measles outbreak and provided another US\$5.1 million in immediate funding from the same facility to support Samoa's response to the COVID-19. WHO and UNICEF have continued to provide technical support on risk communication, training of emergency medical teams, PPEs at early stage of the COVID-19 pandemic and have pledged to provide additional PPE supply and testing cartridges. The Chinese Government is providing PPEs and medical supplies. The Asian Development Bank (ADB) is providing budget support of US\$2.9 million through its Contingency Disaster Response Facility and the New Zealand MFAT and Australian DFAT will provide budget support to address social and economic impacts. The Government of Samoa intends to finance a negative pressure unit, the operation of five quarantine sites and isolation units as well as the operations of the NEOC during the State of Emergency. In addition, the Government is securing funds from its State-Owned Enterprises (SOEs) to implement its overall COVID-19 economic stimulus package as appropriated in the Second Supplementary Budget tabled in Parliament on April 7, 2020. To complement this emergency project, the World Bank will finance critical medical supplies under the Contingent Emergency Response Component of the Pacific Resilience Project with total US\$500,000.

18. Notwithstanding the foregoing support, gaps remain. The World Bank has been supporting the health sector in Samoa since 2000. The current support to the health sector (Samoa Health System Strengthening Program for Results) is focused on scaling up the essential interventions of NCD control at the primary health care and community setting. Consequently, its design, with a focus on NCDs, does not make it an appropriate vehicle for supporting the COVID-19 activities however it will complement the support proposed under this Project. The support proposed under this Project will complement those activities supported by other development partners, fill the currently known gaps, while remaining flexible to respond to changing circumstances as the pandemic unfolds, and based on the strengths of the various institutions supporting the country in this endeavor.

C. Relevance to Higher Level Objectives

19. 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 is focused on enhancing the country's pandemic preparedness which 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: (i) improving national preparedness plans; (ii) promoting adherence to the International Health Regulations (IHR); and (iii) utilizing international framework for monitoring and evaluation of IHR.

20. The proposed project is well aligned with one of the focus areas set out in the Pacific Regional Partnership Framework (RPF), FY2017-2023 (Report No. 120479).⁸ Through Focus Area 3 of the RPF "Protecting incomes and livelihoods" the WBG supports strengthening preparedness and resilience to disasters and climate

⁷ Catastrophe Deferred Drawdown Option

⁸ *Pacific Islands - Regional partnership framework: FY17-FY21 (English)*. Washington, D.C.: World Bank Group. Report No. 120479. January



change in the nine Pacific Island Countries (PIC9). Interventions under this focus area also help countries strengthen their health systems. The pandemic emergency has elevated the importance of protection of health and human capital, especially for the poor and vulnerable populations, which is fully aligned with the RPF's objectives. The proposed project is also fully aligned with Samoa's Health Sector Plan (2019-2029) which outlines: (a) improved health systems; (b) improved prevention, control and management of communicable diseases; and (c) improved risk management and response to disasters, public health emergencies and climate change among its seven key strategic outcomes. Further, 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.

III. PROJECT DESCRIPTION

21. The proposed project is part of the World Bank global MPA with specific objectives to support Samoa's response to the COVID-19 pandemic. The project will be implemented from May 2020 to June 2023, to address some of the immediate needs of emergency response to COVID-19, as well as to strengthen the health systems and build essential institutional capacities in the medium and long run to prepare Samoa for future public health threats. The project components and activities are designed to fill the critical gaps and support priorities identified in the draft National Epidemic and Pandemic Influenza Preparedness and Response Plan FY2020/21 to FY2024/25. The project will complement the support committed by other development partners such as WHO, UNICEF, Government of Australia, People's Republic of China, Government of Japan, ADB and the Government of New Zealand. The total funding envelop is a US\$2.9 million IDA Grant. Retroactive financing will be allowed for up to 40% of total project investment for eligible expenditures incurred by the Government from January 30, 2020.⁹

A. Project Development Objective

22. PDO Statement: The Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 in Samoa and to strengthen national systems for public health preparedness.

23. The Project objective is aligned to the results chain of the COVID-19 Strategic Preparedness and Response Program.

24. PDO level Indicators: The PDO will be monitored and assessed through the following PDO level outcome indicators:

- Proportion of suspected cases of COVID-19 reported and investigated per approved protocol
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents
- Joint External Evaluation is completed and corresponding Action Plan to strengthen the national pandemic preparedness developed and adopted.

25. Intermediate Results Indicators

- Proportion of identified contacts who are successfully traced and quarantined

1, 2017. <http://documents.worldbank.org/curated/en/137341508303097110/Pacific-Islands-Regional-partnership-framework-FY17-FY21>

⁹ WHO declared Public Health Emergency for Novel Coronavirus on January 30, 2020



- Number of health workers trained on case definition, management and treatment
- Number of health workers trained in infection prevention and control per defined protocols
- Number of health workers trained in health care wastes handling and management per defined protocols
- Pandemic emergency risk communication plans and activities developed and implemented
- National infectious diseases surveillance system established according to the approved development plan
- Public health laboratory established in compliance with WHO biosafety guidance
- Monitoring and evaluation (M&E) system established to monitor progress of Pandemic Preparedness and Response Plan

B. Project Components

Component 1: Strengthening Emergency Response for COVID-19 (Total US\$800,000)

26. The aim of this component is to strengthen the readiness and emergency response of health care services and communities to meet the surge in demand in anticipation of a COVID-19 outbreak in Samoa. The support will focus on filling the gaps in the capacity of health facilities to perform early detection, provide diagnostic testing, deliver critical medical services and to cope with increased demand for medical services, including provision of laboratory and medical equipment, medicines and medical supplies. The component will have two sub-components.

Sub-Component 1.1: Health system strengthening for case detection, management and treatment (US\$500,000)

27. This sub-component will support the health service system and communities with supplies and in time training to enhance lab testing in two hospitals for the emergency response, case detection, case tracing and case management. To avoid duplication, the supplies to be provided will focus on laboratory equipment, testing kits, cartridges, portable x-ray machine for early detection and essential PPEs as needed. One additional GeneXpert machine will be provided to the lab in the main hospital in Apia. The urgently needed GeneXpert machine COVID-19 cartridge will be procured for the two testing labs in Upolu and Savai'i. Collaborating with UN agencies (WHO, UNICEF) and following the WHO guidelines, training will be provided on engaging community in case tracing, isolation, social distancing as well as on capacity building for health professionals on case management. This sub-component will finance the following activities:

- (a) Enhancement of laboratory capacity for disease detection (equipment, testing kits, cartridge and training)
- (b) Enhancement of risk communication and community engagement
- (c) Provision of PPEs and essential medical equipment for case treatment
- (d) Capacity building and training of health workers on detection, isolation and treatment guidelines

Sub-Component 1.2: Infection prevention and control (US\$300,000)



28. This sub-component will focus on infection prevention and control, which is critical for preventing the spread of any infectious diseases. Immediate support will be provided to enhance infection control in both health facilities and isolation facilities. An incinerator and trucks to transport medical wastes will be procured and provided to Savai'i. This sub-component will finance the following activities:

- (a) Public and Health facility infection prevention and control activities and training
- (b) Provision of a health care waste management facility, equipment and goods
- (c) Health care waste management training and capacity building

Component 2: Systems Strengthening for Pandemic Preparedness and Response (Total US\$1,950,000)

29. This component will focus on medium-and long-term capacity building after the emergency stage to improve the prevention, preparedness, and response capacity of Samoa in the context of human and animal health system development. The component will finance the priorities of Samoa's preparedness system, as identified by the government. Considering the funding envelope, this component will focus on two priorities: enhancing the surveillance system and establishing the public health laboratory. Both are critical for infectious disease prevention, detection and control. In addition, a comprehensive external assessment will also be conducted under this component to enable a systematic institutional strengthening of Samoa's pandemic preparedness. This component includes three sub-components:

Sub-Component 2.1: Strengthening of the surveillance system and training of public health surveillance personnel for case detection, outbreak investigation, contact tracing and monitoring (US\$150,000)

30. This sub-component will contribute to strengthening the disease surveillance system and epidemiological capacity of the country for early detection and confirmation of cases; detection of new cases with active contact tracing; strengthening of risk assessment and provide on-time data and information to guide decision-making and response and mitigation activities. Government will develop a proposal with action plan to enhance the disease surveillance system. This sub-component will finance technical assistance and capacity building needed to support the actions in enhancing the disease surveillance system.

Sub-Component 2.2: Establishment of public health laboratory for human and animal health (US\$1,700,000)

31. This sub-component will strengthen Samoa's diagnostic capacity for testing COVID-19 and other infectious diseases. Testing is critical and essential for early detection, diagnoses, contact tracing and case management for infectious diseases control. In the absence of the testing capacity in the country, any samples collected have to be sent to New Zealand for testing. The delay of the test results is a bottleneck for early detection, contact tracing, and spread control. This sub-component will aim to address this bottleneck through providing support to establish a public health laboratory (for both human health and animal health) and to finance the needed civil works, procurement of essential laboratory equipment, reagents, consumables and supplies. Protocols and biosafety regulations will be developed following WHO standards. In addition, human resource development including training and capacity building for laboratory staff will also be financed. It is anticipated that any construction involved under this component will be conducted within the MOH premises, and no new land acquisition or involuntary resettlement are expected.



Sub-Component 2.3: Conduct Joint External Evaluation (JEE) for International Health Regulations (IHR) (2005) to identify gaps and build Samoa's pandemic preparedness (US\$100,000)

32. This sub-component will support the government of Samoa to conduct a JEE, a collaborative, multisectoral process to assess country capacity to prevent, detect and rapidly respond to public health risks. The purpose of the external evaluation is to assess country-specific status, progress in achieving the targets under the IHR, and recommend priority actions to be taken across the technical areas being evaluated. The JEE will be implemented through joint efforts of government and development partners, such as WHO, FAO, the WBG, DFAT and NZ-MFAT, with WHO and FAO providing technical support. This will help to bring in international expertise and ensure government's efforts are aligned with global good practice. This sub-component will finance capacity building and technical assistance needed to support the implementation of priority actions identified following the JEE.

Component 3: Implementation Management and Monitoring and Evaluation (US\$150,000)

33. This component will finance activities related to project implementation management and monitoring, and evaluation. The proposed project will rely on the existing governance framework of the country to manage project implementation and draw on the expertise of the Centralized Technical Support Services Unit (CTSSU) in the Ministry of Finance (MOF) which was established to provide technical support to World Bank financed projects in Samoa. Implementing the proposed Project will require administrative and technical capacities that exceed the current capacity of the MOH, so contracting consultants will be financed if needed. Key activities include: (a) operating expenses for project management, reporting and supervision; (b) recruitment of project management personnel and technical consultants; (c) support for procurement, financial management (FM), environmental and social sustainability; (d) learning and knowledge exchange; and (e) monitoring and evaluation.

Table 2: Project Cost Estimates by Component

PROJECT COMPONENT AND KEY ACTIVITIES	BUDGET (in US\$)
COMPONENT 1: Strengthening Emergency Response for COVID-19	800,000
Sub-Component 1.1: Health System Strengthening for case detection, management and treatment <ul style="list-style-type: none"> a) Enhancement of laboratory capacity for disease detection (equipment, testing kits and reagent and training) b) Enhancement of risk communication and community engagement c) Provision of PPEs and essential medical equipment for case treatment d) Capacity building and training of health workers on detection, isolation and treatment guidelines 	500,000
Sub-Component 1.2: Infection prevention and control <ul style="list-style-type: none"> a) Public and Health facility infection prevention and control activities and training b) Provision of health care waste management facility, equipment and goods c) Health care waste management training and capacity building 	300,000
COMPONENT 2: Systems Strengthening for Pandemic Preparedness and Response	1,950,000



PROJECT COMPONENT AND KEY ACTIVITIES	BUDGET (in US\$)
Sub - Component 2.1: Strengthening of the surveillance system and training of public health surveillance personnel for case detection, outbreak investigation, contact tracing and monitoring	150,000
Sub - Component 2.2: Establishment of public health laboratory for human and animal health (Civil works, equipment HR development and capacity building)	1,700,000
Sub-Component 2.3: Completion of Joint External Evaluation (JEE) for IHR to: a) Identify system gaps b) Develop a National Action Plan (NAP) to build the system capacity c) Implement NAP to build Samoa's Pandemic preparedness.	100,000
COMPONENT 3: Implementation Management, Monitoring and Evaluation	150,000
Includes Project management, procurement, financial management, environmental and social safeguard, monitoring and evaluation, technical assistance, reporting, and operating costs	
TOTAL	2,900,000

C. Project Beneficiaries

34. **The project beneficiaries** will be the citizens of Samoa including at-risk population, infected people as well as the health workers and emergency response personnel across the country. The at-risk population and infected people will benefit from enhanced testing and treatment capacity, better control of hospital infection and better disposal of medical wastes. Health care providers will benefit from the training and capacity building activities. The support for conducting a JEE and subsequently pandemic preparedness system strengthening will benefit the entire population, the communities, animal health and the human health system in Samoa.

IV. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

35. **The Government of the Independent State of Samoa has an established mechanism for emergency response.** In the event of a national emergency, natural or man-made, a National Emergency Operations Centre (NEOC) is activated, which serves as the emergency response headquarters. The Government of Samoa issued the Proclamation of a State of Emergency for COVID19 on Friday March 20, 2020, which effectively activated the NEOC to lead its response to the Coronavirus (COVID-19) global crisis. The NEOC, comprises representatives from all fourteen government sectors including the health sector. NEOC is the focal point providing collaboration and operational coordination amongst all stakeholders, with advice and technical guidance from the MOH for the duration of the emergency period. A Health Emergency Operations Center (HEOC), which is a 40+ multi-disciplinary team chaired by the Director General of Health established to manage the measles outbreak response, is also the focal point on monitoring the global and regional spread of COVID-19 and has put in place several prevention measures including tight border controls and media campaigns.

36. **During the emergency period, the implementation of the project activities will be under the overall coordination and the direction of NEOC and HEOC, as part of the emergency response of the government to the COVID-19 pandemic.** MOF will be the Executing Agency for the Project and will be the focal point to



coordinate and liaise with the Association during project implementation. The MOH will be the implementing agency responsible for project implementation and will have the primary responsibility for all technical and operational aspects related to the project. The project will rely on the MOH's existing organizational structure, including the involvement of the NEOC that has been established to manage the COVID-19 emergency response plan. MOH technical departments and division – Public Health Services, Hospital and Clinical Services, National Health Surveillance and International Health Regulations Division will be involved in project implementation based on their functional capacities and institutional mandates. The Health Sector Coordination, Resourcing and Monitoring (HSCRM) Division is responsible for coordinating and managing development assistance that are channeled through the MOH for health sector development, including the recently approved Samoa Health System Strengthening Program (P164382). This division works to pool the resources of the whole health sector, focusing on the coordination, distribution, and monitoring of resources and finances as well as the progress of the Health Sector Program. The HSCRM will perform the day-to-day project management by providing support to the relevant MOH divisions in implementing project activities in line with the national preparedness and response plan for COVID-19, including procurement of medical supplies, commodities and equipment, and other activities in the procurement plan. The latter in which the HSCRM Division will work together with the Finance and Procurement (F&P) Division to manage and implement activities in the procurement plan. Additional staff and/or consultants, as needed, will be recruited to support the implementation activities and provide capacity building to personnel under the HSCRM and F&P Divisions. International and domestic technical assistance will be financed in the areas of infection control, medical waste management, biosafety regulations, Surveillance system etc. The MOH will also be able to draw upon the specialists from the CTSSU within MOF to provide technical support and hands on assistance in implementation of the Project.

37. A Project Operations Manual (POM) will be developed by not later than two months after the effective date of the Financing Agreement to support the HSCRM to meet its responsibilities for management and implementation of the project. The POM will describe detailed arrangements and procedures for the implementation of the project, such as the responsibilities of the different divisions - Public Health Service, Hospital and Clinical Services, National Health Surveillance and International Health Regulations Division, Finance and Procurement (F&P), and the HSCRM; operational systems and procedures; project organizational structure; office operations and procedures; finance and accounting procedures (including funds flow and disbursement arrangements); procurement procedures (including use of Government of Samoa's emergency procurement procedures during the SOE period); personal data collection and processing in accordance with good international practice¹⁰; and implementation arrangements for the Environmental and Social Commitment Plan (ESCP) as well as the preparation and/or implementation of instruments referred to in the ESCP such as the Environmental and Social Management Plan (ESMP).

38. Annual Work Plan and Budget will be prepared by the government and submitted to the Association, no later than April 1st of each year during the implementation of the Project, for the Association's review and no-objection. The workplan will list all activities to be implemented for the period covered by the plan, with budgets attached, indicating the targets to be achieved. The Bank team will work closely with the government to develop the plan and provide assistance and support as needed.

B. Results Monitoring and Evaluation Arrangements

¹⁰ See Section VII below for additional detail on data access.



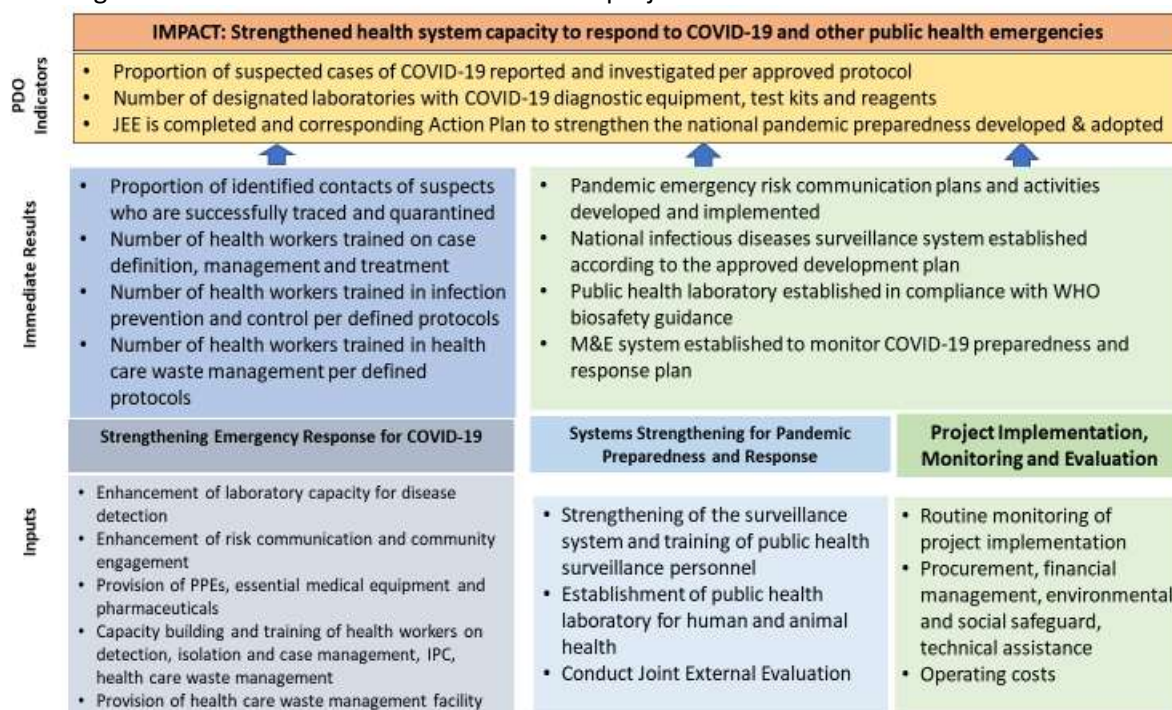
39. **The responsibility for M&E activities will rest with the MOH.** The progress and achievement of the PDO will be monitored and assessed through regular/routine monitoring and completion review. A set of results monitoring indicators has been developed to measure project outputs, intermediate outcomes, and final development outcomes. To the extent possible, the results monitoring and evaluation arrangements for the Project will be integrated into the existing national surveillance and reporting systems. Where possible project monitoring data will be analyzed by gender. In addition, a project completion review will be conducted during the last year of Project implementation.

40. The M&E system and the Results Framework, that is attached to it, aims to collect data and information on the project implementation and impacts to:

- Ensure a high level of transparency and accountability in the delivery of project activities;
- Improve the effectiveness of day-to-day decision-making through the provision of timely information to project implementation staff and decision makers;
- Capture and communicate lessons learnt to improve performance during project implementation and to allow other similar and related projects to benefit from improved practices; and
- Verify the achievement of the Project Development Objective.

41. The M&E section of the POM will describe: (a) what data and information needs to be collected (the system, inputs, processes, results and impacts); (b) who, how and when it will be collected; (c) how it will be stored, processed and delivered; and (iv) who will have access to raw data as well as processed data and information.¹¹

42. The figure below shows the results chain for the project.



¹¹ See Section VII below for additional information.



C. Sustainability

43. **In addition to preparing Samoa's health system to respond to the COVID-19 emergency, many of the activities financed under this Project also contribute to medium and longer term strengthening of the systems to respond to public health emergencies.** The project will include investments to strengthen the health system's capacity to respond to pandemics beyond this outbreak to ensure medium and longer-term sustainability, such as establishment of public health laboratory which has the capacity for animal health, in addition to human health. An enhanced comprehensive surveillance system will be developed for infectious disease monitoring and investigation, beyond COVID-19 and targeting future public health threats. More importantly, the proposed implementation of JEE is expected to have a thorough assessment of Samoa's preparedness, which will inform the actions to be taken to build up Samoa's country systems. Critical outputs of this project are expected to have a sustainable impact on the health system capacity in the areas of disease surveillance, pandemic preparedness (informed by the COVID-19 immediate response), laboratory diagnostic capacity as well as clinical management. This would help the MOH to effectively respond to any future public health emergencies.

V. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

44. **Like other countries, preliminary analysis of the impact of the COVID-19 pandemic suggests that the pandemic will have substantial negative economic impacts on the economy of Samoa.** The major economic impact is attributable to the effect on tourism given the shutdowns and stringent controls on international travel. Other expected negative outcomes include: (i) disruption to other economic activity; and (ii) closure of workplaces and 'social distancing' practices which reduce opportunities for local businesses hence negatively impacting already limited supply chains. The most direct impact of the COVID-19 pandemic will be increased hospitalization costs through the impact of increased illness and mortality. In terms of indirect economic costs, the loss of productivity due to COVID-19 may be significant. The loss of productivity as a result of illness, even in normal influenza episodes have been estimated to be ten times as large as all other costs combined.

45. **Another significant set of economic impacts 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% 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. Prompt and transparent public information policy can reduce economic losses.

46. **A last set of economic impacts are those associated with governments' policy efforts to prevent the epidemic contain it and mitigate its harmful effects on the population.** These policy actions can be oriented to the short, medium or long-term or, in spatial terms to the national, regional or global levels. Globally countries have started to close borders and many countries are under lockdown with strict protocols for citizens to stay at home with only essential businesses remaining open to 'flatten' the curve of COVID-19 infection. Samoa was one of the countries in the Pacific to impose strict travel restrictions, limiting international flights to reduce transmission of COVID-19. With the closing of Samoa's borders the exact negative economic ramifications across



industries while still unknown, are expected to be significant. The potential for unemployment may rise due to shrinking demand of activities involving face-to-face interaction. With the downturn in the economy, the impacts will be most significantly felt by the vulnerable and relief measures can be targeted to ensure basic needs like food and health services remain available. As a means of reducing the economic impacts from COVID-19 due to the 'lock down' Samoa, like many countries has introduced an economic stimulus package to support its citizens through this economic hardship.

47. This COVID-19 emergency follows a measles outbreak at the end of 2019 which resulted in an unprecedented health crisis for Samoa. The looming threat of COVID-19 is just the latest challenge to a beleaguered health care system which recently emerged from a measles outbreak. The measles outbreak had substantial impacts on the tourism, hospitality and retail sectors. Additional lower economic activity resulting from measures to contain the spread of COVID-19, will also reduce domestic revenues which - combined with additional spending to enhance health-sector preparedness and economic stimulus packages - could lead to an unanticipated fiscal gap. To mitigate this shortfall, the government has already requested additional COVID-19 financing from the World Bank and other development partners. Important economic benefits that are expected to result from project implementation include: preventing loss of life and negative impacts on productivity; reducing the scope and length of economic disruption and broader health-system strengthening. In addition, positive long-run returns are expected from training of health workers; strengthening epidemiological surveillance, diagnostic capacity, to manage future public health emergencies.

B. Fiduciary

Procurement

48. 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.

49. The major planned procurement includes: (i) medical/laboratory equipment and consumables; (ii) personal protective equipment (PPE); (iii) minor civil works related to, and the installation of, a medical waste incinerator; (iv) civil works, and equipment for public health laboratory; and (v) consulting services to provide technical assistance, operational support and training as needed. The Borrower has prepared a streamlined Project Procurement Strategy for Development (PPSD). An initial procurement plan for the first three months has been agreed with the Borrower and will be updated during implementation.

50. The proposed procurement approach prioritizes fast track emergency procurement for the emergency goods, works and services needed. Key measures to fast track procurement include: (i) use of simple and fast procurement and selection methods fit for an emergency including direct contracting, as appropriate; and (ii) procurement from UN Agencies enabled and expedited by Bank procedures and templates. As requested by the borrower, the Bank will provide procurement hands-on expanded implementation support (HEIS) 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 (if applicable). With regards to UN Agencies the MOH intends to contract (by way of direct selection) the services of UNOPS based on immediate and emerging needs. In the case of UNOPS, to source urgently needed medical equipment other medical



consumables, and PPE. Advance Contracting and Retroactive Financing is available for planned procurement activities under the project (in accordance with the requirements detailed in paragraphs 5.1 and 5.2 of the World Bank Procurement Regulations). While it is not expected that the retroactive financing would be used to cover any contracts that are already signed, in case such contracts are identified and if they did not include a reference to the application of the Anticorruption Guidelines and the Bank's Sanctioned framework, suppliers will sign a Letter of Acceptance of the World Bank's Anti-Corruption Guidelines and Sanctions Framework.

51. The project may be significantly constrained in purchasing critically needed supplies and materials due to significant disruption in the supply chain, especially for PPE as the result of COVID-19 pandemic. 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 allocated by rapid orders from other countries.

52. Upon the Borrower's request, in addition to the above procurement approach options, the Bank has agreed to provide Bank Facilitated Procurement (BFP) to proactively assist the implementing agency in accessing existing supply chains for the agreed list of critical medical consumables and equipment needed under the project. Once the suppliers are identified, the Bank will proactively support borrowers with negotiating prices and other contract conditions. The 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. If needed, the Bank may also provide hands-on support to the implementing agency to outsource logistics.

53. BFP to access 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 WB may help Borrowers access third-party governments' available stock.

54. In providing BFP the Bank will remain within its operational boundaries and mandate which already include expanded hands-on implementation support to help borrowers achieve the project's development objectives. Procurement for goods/works and services outside this list will follow the Bank's standard procurement arrangements with the Borrower responsible for all procurement steps (or with normal Hands-on Implementation supports, as applicable).

55. Procurement by the Borrower will be carried out by the MOH. Streamlined procedures for approval of emergency procurement have been agreed for implementation to expedite decision making and approvals by the Borrower. While a Proclamation of a State of Emergency ("SOE") is in effect in Samoa, procurement may be conducted through direct invitation, limited bidding (for goods, works or general services) or single source selection and limited bidding (for consultancy services) so long as it is for the purposes, or within the scope, of the SOE, and approved by the Tenders Board or Cabinet, as the case may be. While direct invitation (selection) may be more expedient as a selection method, the approvals – clearances, authorizations and tendering thresholds for procurement activities under the SOE – remain unchanged from those detailed in the Government of Samoa Public Finance Management Act 2001 (Part XII Procurement and Contracts) and Treasury



Instructions 2013 (and as amended 2016, 2019 & 2020) and the related B4 Schedule.

56. The major risks to procurement are: (i) failed procurement due to lack of global supply; and (ii) delays associated with processing and approval of planned procurement activities. These risks will be mitigated by: (i) direct selection of UN Agencies (expertise and rapid mobilization on the ground is critical, and as a result of the circumstances there is an urgent need of assistance and to address capacity constraints) as they have access to existing supplies and/or supplies through partnerships and/or through their own Long Term Agreements (LTAs) or those LTAs of other UN Agencies; and (ii) HEIS and BFP.

Financial Management

57. Financial Management Arrangements. An assessment of the FM systems of the implementing agency, MOH and the HSRCM division has been made. The existing FM systems are assessed as adequate to meet the FM requirements as stipulated in Bank Directive: Investment Project Financing.

58. Funds will flow from the Bank directly into a Designated Account (DA) maintained at the Central Bank of Samoa and managed by the MOF. Disbursement methods such as advances to the DA, reimbursement of pre-financed expenditures, direct payment to contractors and special commitments (including UN commitments) will be outlined in the Disbursement and Financial Information Letter, specifying the required supporting documents. The Project will have a disbursement deadline date of four (4) months after the closing date of the Project.

59. Mandatory Direct Payment (MDP): As para 12 of IPF Policy is triggered, MDP applies to this project, specifically, disbursements under contracts for Goods, Works, Non-consulting Services and Consulting Services procured or selected through international open or limited competition or Direct Selection as set out in the procurement plan, must be made only through the Direct Payment and/or the Special Commitment (including UN commitment) disbursement methods.

60. UN agency: The engagement of UN agencies under this Project is through contracting between the Project and the UN agencies, using the standard contract templates already developed between the Bank and respective UN agencies. Under this method of engagement, UN agencies FM procedures apply within the contracts, while the government's FM arrangements and Bank fiduciary requirements remain the same; however, funds flow arrangements have the added option of UN commitments.

61. UN commitments: Payments for some of the expenditures to be incurred under the project will be to UN agencies for goods purchased or services rendered; to facilitate the payment processes, most of these payments, at the request of the Government of Samoa, will be made through direct payment or UN commitments or other disbursement methods stated in the contracts by the Bank to UN agencies once the project becomes effective, using retroactive financing or through normal disbursement processes. In addition, minimum application size for direct payment or UN commitment will be set at a lower than usual level to expedite payments process.

62. Financial Reporting: MOH will prepare interim unaudited financial reports (IFRs) for MOF to review. The MOH is responsible for submitting a six-month IFR, starting from the first semester following the project's first disbursement, to the Bank no later than sixty (60) days after semester-end. The IFRs will include an analysis of



actual expenditure for the current period, year to date, and the cumulative to date, plus outstanding commitments, compared against the total Project budget. The format will be developed and agreed by the implementing agency and the Bank before the due date for the submission of the first IFRs.

63. Budgeting Arrangements. A budget for the whole project will be required to be prepared, broken down by year, and component. MOH through the HSCRM division with support from CTSSU-MOF, will prepare annual work plans and budgets and will report on the analysis of budget vs. actual expenditure and incorporate this into the project reports for each calendar year to be submitted to the Association for review and no-objection, in advance and time-bound to the government's budget cycle. MOH through the HSCRM division will have responsibility for the day-to-day monitoring of the budget. There should be a regular review of the budget and as changes arise, the budget should be updated every 12 months.

64. Accounting Arrangements. MOF will maintain the project on the government accounting system, Finance One, but only as a one-line item and hence there will be insufficient information for reporting purposes. Therefore, the MOH through the HSCRM division will maintain a set of accounts to enable financial reporting and will prepare the financial documentation and verify all payments before sending them to MOF for final authorization and payment. MOF will provide the MOH with a monthly print out of payments made for reconciliation purposes. Copies of all accounting records for the Project will be maintained and made available to both auditors and the WB, as required.

65. Internal Controls. Government financial management is guided by the Public Financial Management Act of 2001 and the authorization of payments is done through the MOF in compliance with government financial policies. This provides a basis for the internal controls, which include segregation of duties between the HSCRM division e.g. during withdrawal applications preparation, and payment of accounts done by the MOF. Monitoring activities are to be carried out continually by MOH staff within their requirement to establish procedures to review adequacy and compliance with internal control system. The Controller and Auditor General has elected to review 100% of the payments. For contracts management, the HSCRM Division will take primary responsibility drawing on technical expertise from other Division as well as fiduciary support from the Finance & Procurement Division (F&PD) and the MOF, CTSSU. In terms of internal audit, there is lack of written evidences for implementation of internal audit recommendations which reduces the enforcement effectiveness of the internal audit function.

66. Audit: An annual audit of the Project financial statements and the management letter will be required to be submitted to the Bank within nine (9) months of the end of the fiscal year and shall be made publicly available by the Recipient in a manner acceptable to the Bank according to the General Conditions of IDA Grants. The audited Project financial statements are to be prepared in accordance with the "International Public-Sector Accounting Standard Under the Cash Basis of Accounting", as required by MOF for all projects.

67. Financial Management Risks. The following key risks are identified: (a) limited FM capacity within the implementing agency (MOH) to handle more project-related FM, which could lead to poor keeping of accounting records and poor adherence to the internal control already in place within the Samoan Government; (b) there is lack of written evidence for implementation of internal audit recommendations which reduces the enforcement effectiveness of the internal audit function; and (c) there are concerns with contracts management function, the tracking of expenditures, record keeping, procedural compliance and ensuring value for money. The FM mitigation measures proposed are: (a) additional resources under Component 3, fiduciary support from



the CTSSU and regular World Bank training on FM and Disbursement will improve the FM capacity of MOH staff; (b) MOH - Internal Audit office to develop an Internal Audit chapter, to be included in the Project POM to provide clear guidance and regulations on planning and implementation of follow up processes and procedures to improve audit documentation; (c) as part of implementation arrangements, specialists within the CTSSU will provide additional support to the MOH, HSCRM division to improve contracts management function and the reconciliation with the project financial reports. The Project FM residual risk after mitigation measures is Substantial.

68. Supervision Plan. Due to travel restrictions resulting from the COVID-19 pandemic, the FMS will conduct virtual FM implementation support activities to keep engaged with the project team on issues impacting performance, compliance and reporting. A basic questionnaire will be prepared for the project staff to complete in response to FM matters. In addition, a desk review of the FM Arrangements and Risk Assessment will be conducted. An initial virtual implementation review may be required prior to the first disbursement to outline the Bank's financial management and disbursement procedures, and to prepare the format for the IFRs. After the mitigating measures are in place, financial management implementation reviews will initially be carried out by the FMS at least every six months.

69. Eligible Expenditures: The IDA grant proceeds will be disbursed against eligible expenditures as shown in Table below.

Table 3: Eligible Expenditure, Grant Proceeds Allocation and Financing Percentage

Category	Amount of the IDA Financing Allocated (expressed in US\$)	Amount of IDA Financing Allocated (expressed in SDR)	Percentage of Expenditures to Be Financed (inclusive of taxes)
(1) Goods, works, non-consulting services, consulting services, training and workshops, logistics costs, and Incremental Operating Costs for the Project	2,900,000	2,200,000	100%
TOTAL AMOUNT	2,900,000	2,200,000	

70. Retroactive financing. Due to emergency nature of the Project, up to 40% of IDA grant of SDR 2.2 million or SDR 880,000 (USD 1.16 million equivalent) will be available for payments made by the Project against eligible expenditures under disbursement category (1) in Table 3 above prior to the signing date but on or after January 30, 2020.

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 Standards

71. This operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility. The project main long-term impacts are likely to be positive, as the project aims to strengthen emergency response for COVID-19 and will improve in both short-term and long-term medical waste management and prepare country for potential new pandemics in future.

72. Environmental risks are Substantial. The main environmental risks include: (i) environmental and community health related risks from inadequate storage, transportation, disposal or treatment of medical waste; (ii) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers dealing with COVID19 patients and the logistical challenges in transporting PPE and other equipment across the country in a timely manner; and (iii) the occupational and environmental health and safety issues related to testing and handling of chemicals supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (iv) those linked to small scale construction activities, i.e. construction of laboratory facilities and establishment of medical waste management facility for installation of prefabricated medical waste incinerator in Savaii.

73. These environmental risks are mostly temporary and predictable. The geographical area and size of the population likely to be affected are medium to large and there is probability of adverse effects to human health and/or the environment however there are known and reliable mechanisms available to prevent or minimize such risks and mitigation measures can be easily designed. The Borrower experience containing and managing epidemics and contagious diseases in past years (H1N1, SARS and most recently measles) initiated efforts to improve countries preparedness for pandemic (most recent National Epidemic and Pandemic Influenza Preparedness and Response Plan FY 21 - 25), yet insufficient current human resources and infrastructure capacity for medical waste management (especially on Savai'i) contributes to substantial environmental risk rating.

74. To mitigate the above-mentioned risks, MOH has committed to prepare, during project implementation and no later than 30 days after project effectiveness, an Environmental and Social Management Framework (ESMF) that covers the environmental and social mitigation measures to be implemented for the various proposed activities, including construction of laboratory facilities, establishment of waste management facility for medical waste incinerator, chemical storage, and other. Mitigation measures will largely be based on WHO technical guidance on COVID-19 response, World Bank EHS Guidelines and other GIIP, including an elaboration of roles and responsibilities within the MOH, training requirements, timing of implementation and budgets. Procurement of chemicals, testing kits and medical equipment can be initiated as soon as the project is approved. However, the ESMF including relevant management plans should be finalized before civil works commencement and procuring the waste management incinerator. In addition, any activities that have been screened for environmental and social risks will not be carried out without the completed, consulted and disclosed ESMF.

75. The social risks are considered to be Moderate. Risks associated with project activities are not likely to be significant and are considered temporary, predictable, and readily managed through project design features and mitigation measures.

76. Social risks associated with small-scale works are moderate and can be effectively managed through standard mitigation measures. No land acquisition or involuntary resettlement impacts are expected. All activities will be conducted within existing government facilities/grounds and no new land will be acquired or accessed.



77. Project activities are primarily focused on the establishment of a laboratory, rehabilitated waste facilities, provision of related equipment and PPE, and training for health care workers. The project will only provide limited support to activities relating to the direct provision of services to the community, such as enhancing risk communication and community engagement activities currently being implemented by the MOH and UNICEF. As such the risk of inequitable community access to project supported facilities and services is considered low. To mitigate this risk MOH, in the ESCP, will commit to the provision of services and supplies to all people, regardless of their social status, based on the urgency of the need, in line with the latest data related to the prevalence of the cases, and the implementation of WHO guidance tools for COVID-19 risk communication and engagement.

78. While protecting the health of communities from infection with COVID-19 is a central part of the project, without adequate controls and procedures, project activities including the operation of laboratory and waste facilities present increased health and safety risks for project workers and have the potential to contribute to virus transmission and other community health and safety issues. The risk is heightened given the prevalence of hypertension, diabetes and cardiovascular disease in Samoa. Clear communication of risks and prevention measures will be included within training and engagement activities.

79. Social risks associated with the project will be addressed through the project's ESMF, Stakeholder Engagement Plan (SEP) (including a Grievance Redress Mechanism - GRM) and Labor Management Procedure (LMP), in line with the applicable Environmental and Social Standards (ESS) of the WB's ESF and the WHO COVID-19 WHO guidance tools for COVID-19 preparedness and response.

VI. GRIEVANCE REDRESS SERVICES

80. Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB'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 WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB 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 World 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

VII. KEY RISKS

81. The overall risk of this operation is considered Substantial given the key risk factors in the following paragraphs. The risk ratings are residual risks that remain after implementing the mitigation measures.

82. Macroeconomic risk is Substantial. Like other tourism-dependent countries in the Pacific, Samoa is facing severe economic impacts related to COVID-19 (despite having no confirmed cases) and remains vulnerable to



future external shocks and natural disasters. Due mainly to the impact of the international border lockdown on the tourism sector – in addition to COVID-19 related effects on construction activity, goods exports, and remittances, as well as the impact of domestic restrictions imposed in the recently declared State of Emergency. These economic impacts will translate into a fall in domestic government revenues, a reduction in foreign exchange inflows, and a significant increase in public expenditure needs over the next twelve to eighteen months. Risks to fiscal sustainability and to the balance of payments will increase significantly as a result. Despite these risks, large-scale government spending will be required in the near term to strengthen the health system, mitigate the negative economic effects of COVID-19 on businesses and livelihoods, and ensure that the Samoan economy is able to recover quickly once COVID-19 related restrictions ease. Over the longer term, a return to fiscal restraint will be important to keep public debt in check, consistent with recent government efforts to increase domestic revenues, control spending, and pursue only high-priority and concessionally-funded capital investments. The financing and support for policy reforms provided by recent and planned budget support operations (from the WB and other development partners) will help the government respond to these challenges and mitigate some of the associated risks.

83. Institutional Capacity for Implementation and Sustainability risks are Substantial. The project proposes a bold and swift response to the COVID-19 crisis in a country characterized by limited accessibility to the rest of the world and limited local skills, technology and resources. Although the MOH is currently implementing a World Bank-supported project, this was approved in December 2019, and the previous World Bank-financed health project was rated unsatisfactory at completion due to the weak M&E system. To mitigate this, the CTSSU, which was established to provide project management support to all World Bank financed projects in Samoa, will also support MOH with managing and implementing this Project. Consultants will be contracted to support project implementation management. International and domestic technical assistance will be financed in the areas of infection control, medical waste management, biosafety regulations, surveillance system etc. Furthermore, the World Bank will contribute to building institutional capacity to manage and oversee the health sector through the Samoa Health system Strengthening Program for Results, which has a focus on strengthening M&E systems. The Project has a designated component supporting the enhancement of country's surveillance system, which will provide data for Samoa's epidemic response and pandemic preparedness. The risks that Project investments will not translate into sustainable improvements in health systems capacity and health outcomes will be mitigated through the capacity building focus of this Project and activities related to pandemic preparedness.

84. Fiduciary Risk is Substantial. 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 fiduciary risk is failed procurement due to lack of enough 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. To help mitigate this risk, the Bank will leverage its comparative advantage as convener and facilitate borrowers' access to available supplies at competitive prices with the BFP described in the procurement section of this document. Slow implementation progress of key planned procurement activities is another key risk. To mitigate this risk, when a Proclamation for a State of Emergency ("SOE") is declared in Samoa, procurement may be conducted through direct invitation (for goods, works or general services) or single source selection (for consultancy services) so long as it is for the purposes, or within the scope, of the SOE, and approved by the Tenders Board or Cabinet, as the case may be.

85. While direct selection may be more expedient as a selection method, it is only able to be used during the period covered by the SOE declaration. The related Government approvals, clearances, authorizations and tendering



thresholds remain unchanged. Accordingly, proactive engagement with the Tenders Board and Cabinet will be needed to prevent/mitigate implementation delays, and to utilize the flexibility of direct invitation (selection) for procurement activities as appropriate, as approved by the Bank, and to the extent consistent with the Bank's requirement.

86. The existing FM arrangements of the MOH appear acceptable to meet the FM requirements as stipulated in the Bank's Policy on Investment Project Financing. The Project's overall FM risk is rated as "Substantial", and the key risk is associated with the limited FM capacity within the implementing agency (MOH) to handle more project-related FM, which could lead to poor keeping of accounting records and poor adherence to the internal control already in place within the Samoan Government. This will be mitigated using additional resources identified in the project design and implementation arrangements under Component 3, the fiduciary support from the CTSSU and the oversight from MOF.

87. **Environmental risks are Substantial.** The main environmental risks include: (a) environmental and community health related risks from inadequate storage, transportation, disposal or treatment of medical waste; (b) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers dealing with COVID19 patients and the logistical challenges in transporting PPE and other equipment across the country in a timely manner; and (c) the occupational and environmental health and safety issues related to testing and handling of chemicals supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (d) those linked to small scale construction activities, i.e. construction of laboratory facilities and establishment of medical waste management facility for installation of prefabricated medical waste incinerator in Savaii.

88. These environmental risks are mostly temporary and predictable. The geographical area and size of the population likely to be affected are medium to large and there is probability of adverse effects to human health and/or the environment however there are known and reliable mechanisms available to prevent or minimize such risks and mitigation measures can be easily designed. The Borrower past experience containing and managing epidemics and contagious diseases in past years (H1N1, SARS and most recently measles) initiated efforts to improve countries preparedness for pandemic (most recent National Epidemic and Pandemic Influenza Preparedness and Response Plan FY 21 - 2025), yet insufficient current human resources and infrastructure capacity for medical waste management (especially on Savai'i) contributes to substantial environmental risk rating.

89. To mitigate the above-mentioned risks, MOH has committed to prepare, during project implementation and no later than 30 days after project effectiveness, an Environmental and Social Management Framework (ESMF) that covers the environmental and social mitigation measures to be implemented for the various proposed activities, including construction of laboratory facilities, establishment of waste management facility for medical waste incinerator, chemical storage, and other. Mitigation measures will largely be based on WHO technical guidance on COVID-19 response, World Bank EHS Guidelines and other GIIP, including an elaboration of roles and responsibilities within the MOH, training requirements, timing of implementation and budgets. Procurement of chemicals, testing kits and medical equipment can be initiated as soon as the project is approved. However, the ESMF including relevant management plans should be finalized before civil works commencement and procuring the waste management incinerator. In addition, any activities that have been screened for environmental and social risks will not be carried out without the completed, consulted and disclosed ESMF.

90. **Personal data collection and processing.** Large volumes of personal data, personally identifiable



information and sensitive data are likely to be collected and used in connection with the management of the COVID-19 outbreak under circumstances where measures to ensure the legitimate, appropriate and proportionate use and processing of that data may not feature in national law or data governance regulations or be routinely collected and managed in health information systems. To the extent feasible, the Project will incorporate good international practice for dealing with such data in such circumstances. Such measures may include, by way of example, data minimization (collecting only data that is necessary for the purpose); data accuracy (correct or erase data that are not necessary or are inaccurate), use limitations (data are only used for legitimate and related purposes), data retention (retain data only for as long as they are necessary), informing data subjects of use and processing of data, and allowing data subjects the opportunity to correct information about them, etc. They will be spelled out in the Project manual which will have to be in form and substance acceptable to the Association.



VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Samoa

Samoa COVID-19 Emergency Response Project

Project Development Objective(s)

The Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 in Samoa and to strengthen national systems for public health preparedness.

Project Development Objective Indicators

Indicator Name	DLI	Baseline	End Target
To prevent, detect and respond to the threat posed by COVID-19 in Samoa			
% of suspected cases of COVID-19 reported and investigated per approved protocol (Percentage)		77.00	100.00
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)		0.00	3.00
To strengthen national systems for public health preparedness			
JEE is completed and corresponding Action Plan to strengthen the national pandemic preparedness developed and adopted (Yes/No)		No	Yes



Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	End Target
Component 1: Strengthening Emergency Response for COVID-19			
Proportion of identified contacts of suspects who are successfully traced and quarantined (Percentage)		95.00	99.00
Number of health workers trained on case definition, management and treatment (Number)		50.00	100.00
Number of health workers trained in infection prevention and control per defined protocols (Number)		60.00	200.00
Number of health workers trained in health care wastes handling and management per defined protocols (Number)		7.00	200.00
Pandemic emergency risk communication plans and activities developed and implemented (Number)		1.00	2.00
Component 2: Systems Strengthening for Pandemic Preparedness and Response			
National infectious diseases surveillance system established according to the approved development plan (Yes/No)		No	Yes
Public health laboratory established in compliance with WHO bio-safety guidance (Yes/No)		No	Yes
Component 3: Project Implementation, Monitoring and Evaluation			
M&E system established to monitor COVID-19 preparedness and response plan (Yes/No)		No	Yes



Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
% of suspected cases of COVID-19 reported and investigated per approved protocol	Cumulative % of suspected COVID-19 reported and investigated per approved protocol.	Quarterly	MOH	MOH surveillance reporting	MOH
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	Cumulative number of laboratories with COVID-19 diagnostic equipment, cartridge, test kits and reagents.	Quarterly	Ministry of Health	Routine Monitoring	Ministry of Health
JEE is completed and corresponding Action Plan to strengthen the national pandemic preparedness developed and adopted	JEE is completed with JEE report produced. An National Action Plan developed and the corresponding actions taken to fill the gaps	Once	Ministry of Health	MOH self reporting	Ministry of Health

Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Proportion of identified contacts of suspects who are successfully traced and quarantined	Numerator: Number of identified contacts of suspected persons that are successfully traced and quarantined Denominator: Total	Weekly	Reports from MOH.	MOH surveillance data	Ministry of Health



	number of identified contacts.				
Number of health workers trained on case definition, management and treatment	Cummulative number of health workers trained on case definition, management and treatment	Quarterly	MOH	Routine Monitoring	Ministry of Health
Number of health workers trained in infection prevention and control per defined protocols	Cummulative number of health workers trained in health care waste management as per MOH protocols	Quarterly	Ministry of Health	Routine Monitoring	MOH
Number of health workers trained in health care wastes handling and management per defined protocols	Cummulative number of health workers trained in health care waste management as per MOH protocols.	Monthly	Ministry of Health	Routine Monitoring	Ministry of Health
Pandemic emergency risk communication plans and activities developed and implemented	Number of risk communication plans developed and implemented	Annually			MOH/NDMO
National infectious diseases surveillance system established according to the approved development plan	A comprehensive infectious diseases surveillance system development plan will be fomulated by the MoH, based on which Samoa will establish a surveillance system for infectious diseases reporting and monitoring	Semi-annual	Ministry of Health	Routine Monitoring	MOH



Public health laboratory established in compliance with WHO bio-safety guidance	The public health laboratory is established with the facility construction, equipment, procedures in full compliance with bio-safety standards issued by WHO	Quarterly	Ministry of Health	Routine Monitoring	MOH
M&E system established to monitor COVID-19 preparedness and response plan	Regular reporting from M&E system on hospital preparedness for public health emergencies	Quarterly	Ministry of Health	Routine monitoring	Ministry of Health

**ANNEX 1: Project Costs**

COUNTRY: Samoa
Samoa COVID-19 Emergency Response Project

COSTS AND FINANCING OF THE COUNTRY PROJECT

Program Components	Project Cost	IBRD or IDA Financing	Trust Funds	Counterpart Funding
Component 1: Strengthening Emergency Response for COVID-19	0.8	0.8		
Component 2: Systems Strengthening for Pandemic Preparedness and Response	1.95	1.95		
Component 3: Implementation Management, Monitoring and Evaluation	0.15	0.15		
Total Costs	2.9	2.9		
Total Costs	2.9			
Front End Fees	0			
Total Financing Required	2.9			



ANNEX 2: Implementation Arrangements and Support Plan

COUNTRY: Samoa

Samoa COVID-19 Emergency Response Project

Implementation Support Plan

1. It is anticipated that considerable implementation support will be needed, particularly during the initial phase due to market disruptions, strained supplies and transport and shipping suspensions. Due to the anticipated procurement challenges, contracting of UNOPs by the Government is being explored in order to provide some, if not all, of the necessary equipment and supplies. This is a mechanism which has worked well in another Pacific Island countries but hasn't been used in Samoa. The need for the use of hands-on expanded implementation support in procurement will also be discussed with the Government, and may be considered, as appropriate.
2. Implementation support will include: (a) capacity building for PMU staff on World Bank implementation and fiduciary requirements; (b) an implementation support mission (ISM) every six months, once international travel has resumed to Samoa; (c) interim technical discussions and site visits by the World Bank; (d) monitoring and reporting by the implementation team on implementation progress and achievement of results; (e) annual internal and external financial audits and FM reporting; and (f) periodic procurement post review. In the event of the inability of relevant staff to travel to Samoa to undertake implementation support, the use of audio/video conferencing, as has been the case during the preparation, will continue in order to ensure "just in time" support to the Ministry. UN agencies, such as WHO, FAO and UNICEF, may be engaged to provide technical support for the capacity building activities.

Table A.1: Main Focus and Estimated Cost for Implementation Support

TIME	FOCUS	SKILLS NEEDED
0 - 12 months	<ul style="list-style-type: none"> • Public Health • Procurement • M&E¹² • Operations • Safeguards • Financial management 	<ul style="list-style-type: none"> • Public health • Procurement • Health economics/ financing • Social and environment sector • Occupation health and Medical waste management • Operations • Financial Management
12 - 36 months	<ul style="list-style-type: none"> • Public Health • Surveillance • M&E • Safeguards • Financial Management • Procurement 	<ul style="list-style-type: none"> • Public health • Procurement • Infectious diseases surveillance • Laboratory • Social and environment sector • Financial Management

¹² M&E=monitoring and evaluation

*Table A.2: Skills Mix Required (3 years)*

Skills Needed	Number of Staff Weeks	Number of Trips	Comments
Task Team Leader	27	6	Assume 9 staff weeks per year
Health Economist Health Systems Specialist	25	6	Assume 8 staff weeks per year
Procurement	15	6	Assume 6 staff weeks year 1 and 4 staff weeks years 2-3
Financial Management	10	6	Assume 3 staff weeks per year
Social and Environment Safeguards	20	6	Assume 3 staff weeks per year per person
Other as identified needs	12	3	Assume 4 staff weeks per year