

SECRET



JOINT MEMORANDUM TO PARLIAMENT

BY

**KEN OFORI-ATTA
MINISTER FOR FINANCE**

AND

**KWAKU AGYEMAN-MANU, MP
MINISTER FOR HEALTH**

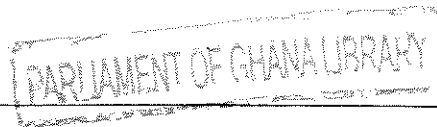
ON A

US\$60.60 MILLION IDA CREDIT

FOR THE

**3RD ADDITIONAL FINANCING OF THE GHANA COVID-19 EMERGENCY
PREPAREDNESS AND RESPONSE PROJECT**

16TH NOVEMBER, 2022



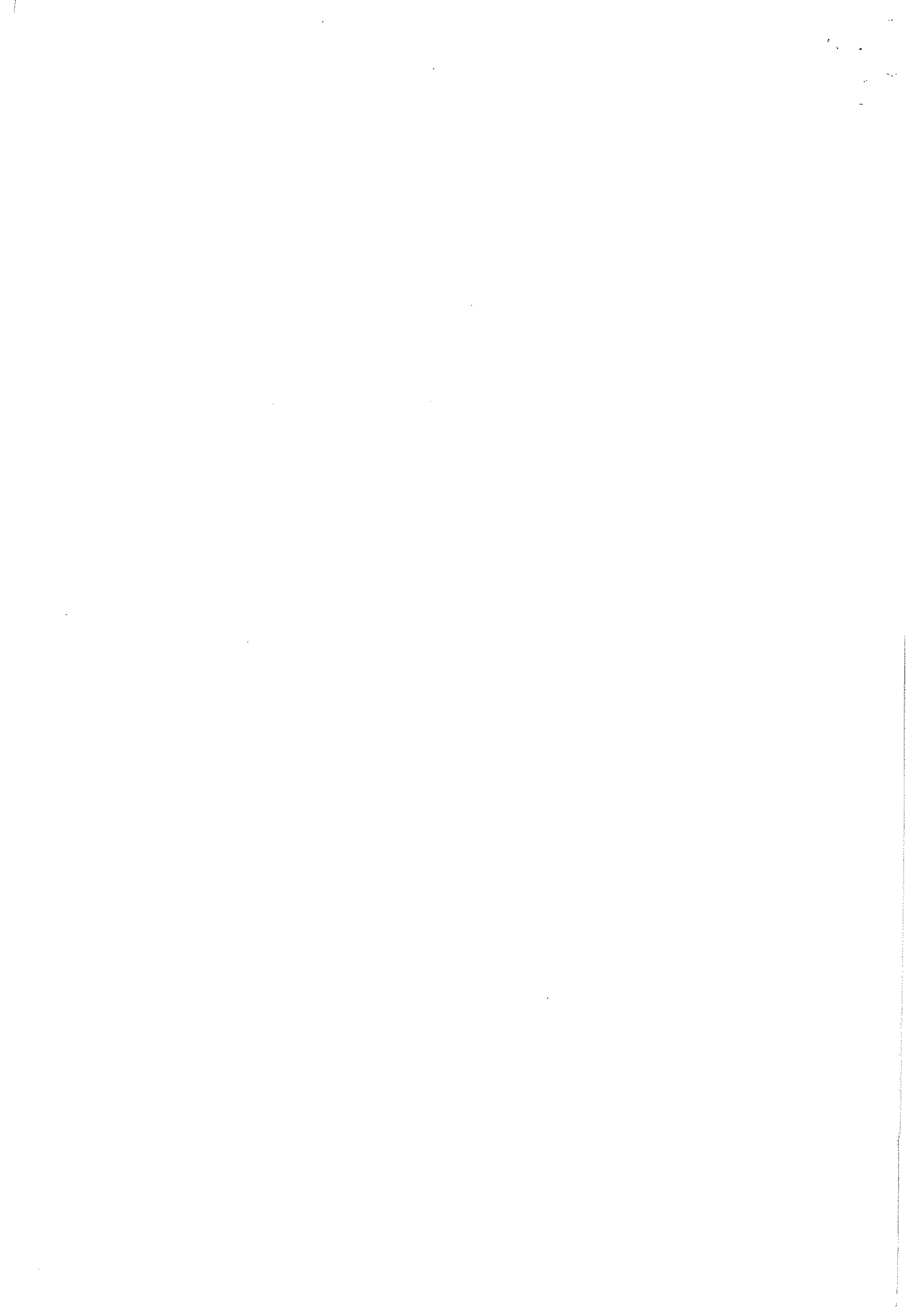


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ATTACHMENT:

Negotiated Draft Financing Agreement

1.0 EXECUTIVE SUMMARY

1.1 PARLIAMENT DECISION REQUESTED

1. Hon. Members of Parliament are respectfully requested to consider and approve a proposed additional financing of **Sixty Million, Six Hundred Thousand United States Dollars (US\$60.60 million)** Credit from the International Development Association (IDA) of the World Bank Group (WBG) to support the implementation of Ghana COVID-19 Emergency Preparedness and Response Project.

1.2 BACKGROUND INFORMATION

2. Following the outbreak of the coronavirus (COVID-19), the Government of Ghana sourced **US\$100.0 million** funding from the World Bank in April 2020 to support the implementation of the COVID-19 Emergency Preparedness and Response Plan (EPRP-I). The EPRP-I had been vital in preventing, detecting, as well as strengthening our national health systems to respond to the threat posed by the COVID-19 pandemic.

3. To strengthen and scale-up the gains from the EPRP-I, Government rolled-out the EPRP-II with Additional Financing (AF1) of **US\$130.0 million** from the World Bank Group which was approved on 12th November, 2020.

4. Government further secured US\$200.0 million on July 13, 2021 as Second Additional Financing (AF2) to support Ghana's Vaccines Rollout Plan. The AF2 supports the procurement of COVID-19 vaccines and strengthening of health system for large scale vaccines deployment. IDA's total financing for Ghana's COVID-19 response stands at US\$430.0 million, including US\$65.0 million from Greater Accra Resilient and Integrated Development (GARID) Project, from the Contingent Emergency Response (CERC) Component. The following are some of the key achievements of the Parent Project, AF1 and AF2:

- i. As of October 31, 2022, the total number of COVID-19 cases confirmed was 170,894, out of which 59.14% were detected through enhanced contact tracing. 36.37% and 4.49% were also confirmed through routine surveillance and international travellers (Kotoka International Airport) respectively.
- ii. A total of 2,518,296 tests have been conducted with a test positivity rate of 6.79% (170,894/2,518,296). Comparatively, higher number of tests were conducted through enhanced surveillance activity.
- iii. At the beginning of the pandemic, there were 54 designated acute health care facilities with isolation capacity. However, as the pandemic evolved, all hospitals are currently admitting COVID-19 patients i.e. both public and Christian Health Association of Ghana's (CHAG) facilities. 74.0% of all hospitals have been supported to provide requisite COVID-19 services.
- iv. The project has supported in establishing national laboratory network to coordinate and enhance capacities for laboratory testing. The national laboratory network is currently

finalizing a draft national protocol and policy on a pilot Point-of-Care use of antigen rapid diagnostic tests (RDTs).

- v. The number of laboratories providing COVID-19 test by Polymerase Chain Reaction (PCR) has been expanded. At the onset only two laboratories, the Noguchi Memorial Institute for Medical Research (NMIMR) and the Kumasi Centre for Collaborative Research (KCCR) were providing COVID-19 test by PCR. These were later expanded to include National Public Health Reference Laboratory, Laboratories of the Veterinary Services, University of Health and Allied Sciences and Centre for Scientific and Industrial Research. Efforts have been made to further expand the testing sites. Some GeneXpert machines have been adapted to provide COVID-19 testing in addition to the PCR.
- vi. As part of Infection Prevention Control (IPC) at health facilities, all relevant staff were trained. PPEs (face masks, coveralls, goggles, hand hygiene facilities, and consumables) were supplied with all relevant facilities to be used by relevant professionals. Local manufacture of PPEs was also encouraged. Public wearing of face mask and hand hygiene were also promoted among the population. Quantities of medical equipment and non-drug consumables including personal protective equipment, infection prevention and control equipment and essential medicines amounting to 39,248,629.21 was planned to support COVID-19 response activities. About 76% of the planned and approved allocations went into medical equipment and non-drug medical consumables.
- vii. The project again supported in procuring laboratory and medical equipment and consumables to support effective COVID-19 testing and treatment. Some of the equipment procured include 6 CT scan machines, 20 X-ray machines and 50 ultrasound machines.
- viii. Civil works for 10 out of 15 Treatment and Holding Centres have been completed and commissioned under the project as of October, 2022. The remaining 5 facilities are between 66.0% and 80.0% complete.
- ix. The project provided funds to strengthen vaccine deployment across all regions. As of October 20, 2022, the total number of COVID-19 vaccine doses administered was 20,359,448, with 51.8% of the target population of 22.9 million receiving at least one dose and 38.3% being fully vaccinated.
- x. The Ministry of Information (MoI) organized over 70 Minister's press briefings, translated into thirteen (13) local languages, to ensure regular and coordinated engagement of the press at the national and sub-national levels to keep the whole nation abreast with the pandemic.
- xi. The project provided training to 252 key laboratory personnel, 1,156 Emergency Medical Technicians (EMTs) and over 5,000 health workers in COVID-19 preparedness, case management and infection, prevention and control (IPC);
- xii. Persons Living with Disabilities (PLWD) have also been supported under the project to produce information on COVID-19 prevention, detection, and self-management in

accessible format (braille, audio, large print and soft copy) for blind and partially sighted persons (BPS) and persons with albinism (PWA). 2,600 BPS persons, PWA and sighted assistants were trained in COVID-19 prevention, management, and vaccination; and

xiii. Risk Communication and Community Engagement has been intensified across the regions to reduce misconceptions about the disease and vaccines, and to whip up public acceptance of the vaccines. The project supported a training of over 300 health professionals, 100 media practitioners in communication for demand generation, acceptability of COVID-19 vaccines and rumour management. Awareness creation campaigns have also been conducted through community radio broadcasts, churches, mosques, schools, transport and trade unions, etc.

5. Despite the progress in health systems strengthening, the COVID-19 virus continues to mutate and present complications for prevention, case detection and response. The re-opening of the borders has also exposed the weaknesses in managing the country's points of entry (POE). A recent assessment showed that out of 56 known POEs, 40 were approved but none had adequate facility or capacity to manage traveller or routine public health functions. There is, therefore, the need to scale-up and sustain the gains and the investment made so far in the fight against the pandemic.

6. The proposed AF3 will form part of an expanded health response to the pandemic. The activities will build on the interventions of the parent project, AF1 and AF2 as well as support long term institutional capacity development to increase the health systems resilience to prevent further increases in COVID-19 cases while equipping institutions against future outbreak of diseases.

Project Description

7. The project development objective, *“to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana”* would remain unchanged. The total IDA credit purposely for COVID-19 interventions will be increased from US\$365.0 million (excluding US\$65.0 million from GARID, CERC) to US\$425.60 million. The project closing date is proposed to be extended by one year from June 30, 2023 to June 30, 2024. Table 1 below provides an overview of the components of the ongoing Project and the proposed restructuring under AF3.

Table 1: Project Components (In US\$ million)

Project Components	Parent Project + AF1 + AF2	Proposed AF3	Parent + AF1 + AF2 + AF3
Component 1: Emergency COVID-19 Response	US\$336.86	US\$39.40	US\$376.46
Sub-component 1.1: Case detection, confirmation, contact tracing, recording and reporting	US\$23.96	US\$9.70	US\$33.66
Sub-component 1.2: Containment, isolation and treatment	US\$117.75	US\$24.70	US\$141.45
Sub-component 1.3: Social support to vulnerable groups	US\$6.56	US\$0.00	US\$6.56
Sub-component 1.4: Securing primary care essential services provision	US\$25.60	US\$0.00	US\$25.60
Sub-component 1.5: Strengthening vaccine deployment	US\$15.51	US\$5.00	US\$20.51
Sub-component 1.6: COVID-19 vaccines acquisition	US\$147.48	US\$0.00	US\$147.48
Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health Approach	US\$9.40	US\$6.20	US\$15.60
Sub-component 2.1: multi-agency support to enhance response	US\$4.85	US\$1.50	US\$6.35
Sub-component 2.2: Strengthening policy and institutional capacity for disease control	US\$4.55	US\$1.70	US\$6.25
Sub-component 2.3: Support for the National Vaccine Institute	US\$0.00	US\$3.00	US\$3.00
Component 3: Community Engagement and Risk Communication	US\$10.80	US\$5.00	US\$15.80
Component 4: Implementation Management, M&E and Project Management	US\$7.94	US\$5.00	US\$13.94
Sub-component 4.1: Implementation, management and oversight	US\$3.00	US\$2.00	US\$5.00
Sub-component 4.2: Strong institutions for managing Ghana CDC	US\$4.94	US\$0.00	US\$4.94
Sub-component 4.3 GHS project oversight	US\$0.00	US\$3.00	US\$3.00
Unallocated	US\$0.00	US\$5.00	US\$5.00
Total Costs	US\$365.00	US\$60.60	US\$425.60

1.3 JUSTIFICATION FOR GOVERNMENT ACTION

8. The rationale for this Additional Financing is to scale-up interventions toward an accelerated socio-economic recovery and revitalization. As of October 20, 2022, only 38.3 percent of the total population have been fully vaccinated. The AF3 will provide upfront financing for safe and effective vaccine deployment in Ghana, thus enabling the country to equitably vaccinate the at risk and target population in line with the Ghana COVID-19 Strategic Preparedness and Response Program (SPRP).

9. The Project is consistent with the National Action Plan for Health Security (NAPHS-2020-2025) developed to address health emergencies under the 'One Health' framework. It is a comprehensive scheme to build resilience within the health and other allied sectors for emergency preparedness and response.

10. **Alignment with Global Initiatives:** The Universal Health Coverage (UHC) roadmap and the NAPHS resonates with various global initiatives such as the Sustainable Development Goal Declaration, principles of the African Union Agenda 2063, Astana Declaration on Primary Health Care (PHC) (2018), UHC 2030 Compact, and the UHC Political Declaration adopted at the UN High Level Meeting in September 2019.

1.4 OPTIONS AND IMPACTS CONSIDERED

11. The following three (3) financing options were considered in formulating the project:
- i. **Annual Budget Allocation:** This option entails relying on national budget system for resource allocation. However, considering the challenges inherent in domestic revenue mobilization in support of the national budget, particularly from an economy that is just seeking to recover from the COVID-19 pandemic, coupled with the substantial fiscal investment required, implementing this critical intervention through this option is less favourable.
 - ii. **Fund Re-allocation from Existing Programmes:** This option explores the possibility of mobilizing resources from preferably under-performing and less critical existing projects. This option is largely constrained by (a) limited number of projects from which re-allocations can be done; (b) consequences of such a restructuring and re-allocation on targeted beneficiaries and wider national efforts at recovery and revitalization.
 - iii. **Additional Resource from IDA:** This option involves seeking competitive additional financing to implement the project. Admittedly, this may pose some risk to the fiscal situation in terms of the debt burden. However, it could offer timely access to substantial funds.
12. **Recommended Option:** Financing the project with *Additional Financing, from IDA* is the preferred option. The competitive terms such as low interest rate and long maturity period makes it concessional and more attractive. In addition, using IDA as a funding source, implies that the implementation structures could be retained and thus reduce the potential loss of crucial time in setting up new structures due to a change in the source of financing.

1.5 INTER-MINISTRY CONSULTATIONS RECORD

13. Related stakeholders have been extensively consulted. Key Ministries, Departments and Agencies consulted include the Ministry of Finance, Ministry of Health, Office of the Attorney-General and Ministry of Justice, National Health Insurance Authority, Ghana Health Service, the Ghana Immigration Service and the Presidential Vaccine Manufacturing Committee.

14. The project design, scope and implementation as well as monitoring and evaluation arrangements were among the key issues discussed and agreed upon during the consultations with stakeholders.

1.6 IMPLEMENTATION PLAN

15. The implementation arrangement proposed for this project envisages that the Inter-Ministerial Coordinating Committee (IMCC), which will serve as the Steering Committee, will be chaired by His Excellency the President of the Republic of Ghana or a person designated by him. Representatives from the Ministries of Finance, Health, Local Government, Gender, Children and Social Protection, Information, Transport, Interior and Defense as well as National Health Insurance Authority and Office of the President are members of the IMCC. The Project Implementation Unit (PIU) established for the parent project will be retained to manage the day-to-day implementation of the project.

16. With this new proposed financing, the terminal date for the parent project would be extended from June 30, 2023 to June 30, 2024. The one-year extension is to provide ample time for the additional activities resulting from the AF 3 to be executed.

1.7 LEGISLATION/REGULATORY PLAN

17. The Project does not envisage the enactment of new legislation or amendments to existing legislation. Project implementation will be guided by the provisions of the Public Financial Management Act, 2016 (Act 921); Public Health Act, 2012 (Act 851); Internal Audit Agency Act, 2003 (Act 658) and the Ghana Audit Service Act, 2000 (Act 584).

1.8 FINANCIAL IMPLICATION

18. This Additional Financing of US\$60.60 million will be a credit on IDA blend terms as follows:

Repayment Period	25 years
Grace Period	5 years
Maximum Commitment Charge	0.5 - One-half of one percent (1/2 of 1%) per annum on the Unwithdrawn Financing Balance, <i>it is currently waived.</i>
Service Charge	1.31% - sum of three-fourths of one percent (3/4 of 1%) per annum plus the Basis Adjustment (+56bps) to the Service Charge on the Withdrawn Credit Balance.
Interest Charge	1.35% - sum of one and a quarter percent (1.25%) per annum plus the Basis Adjustment to the Interest Charge (+10bps) on the Withdrawn Credit Balance.

19. The financing has a grant element of 25.86% and covers the full cost of the proposed activities.

1.9 COMMUNICATION PLAN


20. Similar to the parent project, electronic and print media, sensitization workshops, community durbars, and regular stakeholder meetings will be adopted to reach stakeholders and the interested public. These platforms would be adopted taking due cognisance of vaccine hesitancy and potential misinformation on vaccines and immunizations and need to assure and sustain the interest for a successful programme.

1.10 CONCLUSION

21. Health system strengthening remains key to Ghana's capacity to respond to future pandemics. Further, vaccine deployment at large-scale is critical for saving lives and restoring confidence towards a sustained economic recovery. Considering that gaps still remain in these areas, Hon. Members of Parliament are respectfully requested to consider and approve the proposed of **Sixty Million, Six Hundred Thousand United States Dollars (US\$60.60 million)** Credit from the IDA.



 KEN OFORI-ATTA
 MINISTER FOR FINANCE



 HON. KWAKU AGYEMAN-MANU, MP
 MINISTER FOR HEALTH

2.0 ANALYSIS DOCUMENT

2.1 CONTEXT

22. Following the detection of the first in-country COVID-19 case on March 12, 2020, Government introduced a comprehensive COVID-19 Emergency Preparedness and Response Plan (EPRP) to enhance surveillance systems and build response capacity to detect, contain, and respond to the threat posed by the pandemic. The strategic objectives of the EPRP are to: limit human-to-human transmission; identify, isolate, and care for patients early; address crucial unknowns regarding clinical severity; communicate critical risk and event information to all communities, and counter misinformation among other interventions.

23. To support the implementation of the EPRP, Government sourced **US\$100.0 million** financing from the World Bank in April 2020 from two windows, that is, **US\$35.0 million** from the World Bank Group's (WBG) Fast Track COVID-19 Facility (FTCF); and **US\$65.0 million** from the ongoing Greater Accra Resilient and Integrated Development (GARID) Project - Contingency Emergency Response Component (CERC) to finance the COVID-19 Emergency Preparedness and Response Project.

24. To finance the budgetary gap as well as scale-up project activities to enhance the impact of the parent project, Government further secured an Additional Financing (AF) of **US\$130.0 million** from the World Bank on November 12, 2020. The parent project and the first additional financing significantly supported the implementation of the country's COVID-19 health related interventions.

25. Government further secured US\$200.0 million on July 13, 2021 as Second Additional Financing (AF2) to support Ghana's Vaccines Rollout Plan. The AF2 supports the procurement of COVID-19 vaccines and strengthening the health system for large scale vaccines deployment. IDA's total financing for Ghana's COVID-19 response stands at US\$430.0 million, including US\$65.0 million from GARID CERC. The following are the key achievements of the Parent Project, AF1 and AF2:

- i. As of October 31, 2022, the total number of COVID-19 cases confirmed was 170,894, out of which 59.14% were detected through enhanced contact tracing. 36.37% and 4.49% were also confirmed through routine surveillance and international travellers (Kotoka International Airport) respectively.
- ii. A total of 2,518,296 tests have been conducted with a test positivity rate of 6.79% (170,894/2,518,296). Comparatively, higher number of tests were conducted through enhance surveillance activity.
- iii. At the beginning of the pandemic, there were 54 designated acute health care facilities with isolation capacity. However, as the pandemic evolved, all hospitals are currently admitting COVID-19 patients i.e. both public and Christian Health Association of Ghana (CHAG) facilities. 74.0% of all hospitals have been supported to provide requisite COVID-19 services.

- iv. The project has supported in establishing national laboratory network to coordinate and enhance capacities for laboratory testing. The national laboratory network is currently finalizing a draft national protocol and policy on a pilot Point-of-Care use of antigen rapid diagnostic tests (RDTs).
- v. The number of laboratories providing COVID-19 test by Polymerase Chain Reaction (PCR) has been expanded. At the onset only two laboratories, the Noguchi Memorial Institute for Medical Research (NMIMR) and the Kumasi Centre for Collaborative Research (KCCR) were providing COVID-19 test by PCR. These were later expanded to include National Public Health Reference Laboratory, Laboratories of the Veterinary Services, University of Health and Allied Sciences and Centre for Scientific and Industrial Research. Efforts have been made to further expand the testing sites. Some GeneXpert machines have been adapted to provide COVID-19 testing in addition to the PCR.
- vi. As part of Infection Prevention Control (IPC) at health facilities, all relevant staff were trained. PPEs (face masks, coveralls, goggles, hand hygiene facilities, and consumables) were supplied with all relevant facilities to be used by relevant professionals. Local manufacture of PPEs was also encouraged. Public wearing of face mask and hand hygiene were also promoted among the population. Quantities of medical equipment and non-drug consumables including personal protective equipment, infection prevention and control equipment and essential medicines amounting to 39,248,629.21 was planned to support COVID-19 response activities. About 76% of the planned and approved allocations went into medical equipment and non-drug medical consumables.
- vii. The project again supported in procuring laboratory and medical equipment and consumables to support effective COVID-19 testing and treatment. Some of the equipment procured include 6 CT scan machines, 20 X-ray machines and 50 ultrasound machines.
- viii. Civil works for 10 out of 15 Treatment and Holding Centres have been completed and commissioned under the project as of October, 2022. The remaining 5 facilities are between 66.0% and 80.0% complete.
- ix. The project provided funds to strengthen vaccine deployment across all regions. As of October 20, 2022, the total number of COVID-19 vaccine doses administered was 20,359,448, with 51.8% of the target population of 22.9 million receiving at least one dose and 38.3% being fully vaccinated.
- x. The Ministry of Information (MoI) organized over 70 Minister's press briefings, translated into thirteen (13) local languages, to ensure regular and coordinated engagement of the press at the national and sub-national levels in order to keep the whole nation abreast with the pandemic.
- xi. The project provided training to 252 key laboratory personnel, 1,156 Emergency Medical Technicians (EMTs) and over 5,000 health workers in COVID-19 preparedness, case management and infection, prevention and control (IPC);

- xii. Persons Living with Disabilities (PLWD) have also been supported under the project to produce information on COVID-19 prevention, detection, and self-management in accessible format (braille, audio, large print and soft copy) for blind and partially sighted persons (BPS) and persons with albinism (PWA). 2,600 BPS persons, PWA and sighted assistants were trained in COVID-19 prevention, management, and vaccination; and
- xiii. Risk Communication and Community Engagement has been intensified across the regions to reduce misconceptions about the disease and vaccines, and to whip up public acceptance of the vaccines. The project supported the training of over 300 health professionals, 100 media practitioners in communication for demand generation, acceptability of COVID-19 vaccines and rumor management. Awareness creation campaigns have also been conducted through community radio broadcasts, churches, mosques, schools, transport and trade unions, etc.

26. Notwithstanding this significant progress, the COVID-19 virus continues to mutate and present complications for prevention, case detection and response. The reopening of the borders has also exposed the weaknesses in managing the country's points of entry (POE). A recent assessment showed that out of 56 known POEs, 40 were approved but none had adequate facility or capacity to manage traveller or routine public health functions. There is therefore the need to scale-up and sustain the gains and the investment made so far in the fight against the pandemic.

27. The proposed AF3 will form part of an expanded health response to the pandemic. The activities will build on the interventions of the parent project, AF1 and AF2 as well as support long term institutional capacity development to increase systems resilience to prevent further increases in COVID-19 cases while readying institutions against future outbreak of diseases.

Description of the Parent Project, First, Second and Third Additional Financing

28. **Project Development Objective (PDO):** The PDO of the project is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ghana.

29. **Components:** The *Parent Project* and the *First AF (AF1)* were structured into four (4) main components as follows:

Component 1: Emergency COVID-19 Response (US\$ 136.86 million): This component has five (5) subcomponents as detailed below:

Sub-Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording and Reporting (US\$ 9.0 million): This sub-component seeks to (i) strengthen disease surveillance systems at points of entry, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment; and (v) provide on-time data and information for guiding decision-making and response and mitigation activities; (vi) strengthen surveillance of imported animal and food products to

detect likely importation of cases of COVID-19 through non-human means; and (vii) purchase vehicles to convey staff to various duties, and tablets to support the roll out of the Electronic Data Collection System.

Sub-Component 1.2: Containment, Isolation and Treatment (US\$87.2 million): This sub-component supports containment, isolation and treatment measures including: (i) developing guidelines to operationalize existing or new laws and regulations on social distancing; (ii) leasing, renting, and refurbishing designated facilities and centers to contain and treat infected cases in a timely manner; (iii) providing health facilities with water, waste management facilities, personal protective equipment and hand hygiene stations, hand sanitizers, mattresses and wheelchairs; (iv) fumigating selected health facilities and schools; (v) supporting access to off-grid solar electricity, potable water and sanitation services for selected rural and peri-urban government health facilities; (vi) acquiring a two-way communication equipment and vehicles for the National Ambulance Service; (vii) providing essential COVID-19 medications; (viii) equipping selected health facilities with basic medical and diagnostic equipment and consumables; (ix) providing additional COVID-19 and co-morbidities medications; (x) relevant training to contact tracing coordination teams and networks at the national, regional and district levels; and (xi) recruiting technical experts and human resources for technical work and supportive supervision

Sub-Component 1.3: Social Support to Vulnerable Groups (US\$6.56 million): Sub-component 1.3 supports vulnerable groups including persons affected by gender-based violence (GBV) and persons with disabilities through providing (i) psychosocial counseling; (ii) fee-waivers to access necessary medical care and prosthetic equipment to improve their mobility and wellbeing; and (iii) training of front-line health workers to recognize and manage early signs of GBV.

Sub-Component 1.4: Securing Primary Care Essential Services Provision (US\$25.6 million equivalent) The sub-component supports continuity of essential primary health service delivery, including: (i) providing routine essential maternal, child health and nutrition services at the primary level, as well as teleconsultation services for the elderly and the chronically ill; and (ii) training dedicated staff in district hospitals or in the private sector on telemedicine communication.

Sub-Component 1.5: Strengthening Preparedness for Vaccine Deployment (US\$8.50 million) This sub-component supports preparedness for COVID-19 vaccine deployment, including providing technical assistance and investments in health systems.

Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach (US\$9.40 million): This component supports the capacity strengthening of various health agencies and committees involved in project implementation, coordination and oversight, including: (i) financing the operating costs of the Inter-Ministerial Coordination Committee and the National Technical Coordinating Committee; and (ii) the administrative-related costs for coordinating meetings and supervision and monitoring; and providing technical support for selected

agencies. The component also supports the operational activities, institutional development and capacity building of the Port Health Division within the Ghana Health Service through training, provision of goods, works, services and capacity building of selected officers.

Component 3: Community Engagement and Risk Communication (US\$ 10.80 million): Component 3 addresses the risk communication and community engagement needs of the project. Emphasis is placed on both the process and development of broadcast and communication support materials including billboards, printing of leaflets and pocket cards, epidemiological bulletins, TV documentaries and payment for broadcast of infomercials, civic education and faith-based organization engagements. The component is expected to increase awareness for prevention of COVID-19 and foster “vaccine literacy” for upcoming new vaccines and services essential to curb the disease, secure health outcomes and save lives.

Component 4: Implementation, Management, and Monitoring and Evaluation (US\$7.94 million): This component supports project management activities including the recruitment of additional staff and consultants responsible for overall administration, procurement, and financial management under the project and the financing of project coordination activities. The component also supports the operational activities, institutional development and capacity building of the Ghana Centers for Disease Control, through training, provision of goods, works services and capacity building of selected officers.

Second Additional Financing

30. The AF-2 of **US\$200.0 million** scaled up activities of the parent project with the following changes to component 1:

- ❖ Scale up of sub-component 1.1 to further strengthen surveillance (**US\$14.96 million**);
- ❖ Scale up of sub-component 1.2 to strengthen case management (**US\$40.88 million**);
- ❖ Restructuring and scale up of sub-component 1.5 to support the operationalization of COVID-19 vaccine deployment, including strengthening cold chain equipment, vaccine safety monitoring and waste management (**US\$7.01million**); and
- ❖ Introduction of sub-component 1.6 to procure COVID-19 vaccines for an additional 37 percent of the national target (**US\$137.15 million**).

Third Additional Financing

31. The AF3 of **US\$60.60 million** will scale up the activities of the existing components of the Parent Project, AF1 and AF2 as follows:

Component 1: Emergency COVID-19 Response (US\$ 39.40 million): The component has been restructured to include the following:

Sub-component 1.1: Case Detection, Confirmation, Contact Tracing, Recording and Reporting (US\$9.70 million): This sub-component would be scaled up to equip and

upgrade diagnostic equipment and laboratories at the Korle Bu Teaching Hospital, 37 Military Hospital, Tetteh Quarshie Memorial Hospital and the Tamale Teaching Hospital treatment centers. It will also repair or maintain faulty imaging equipment in various health facilities among other interventions.

Sub-component 1.2: Containment, Isolation and Treatment (US\$24.70 million): Key interventions to be supported by this sub-component include (i) the procurement of 80nm³ – 120nm³ capacity oxygen generators to be installed at high volume tertiary and secondary facilities; (ii) purchase cross-country vehicles for all regional and tertiary hospitals to support medical outreach and supportive supervision to the newly established treatment centres and district hospitals (iii) purchase and distribution of medications; and (iv) construction or reconstruction of treatment centers for the Princess Marie Louise Children's Hospital and two additional selected facilities to serve as treatment and training centers.

Sub-component 1.5: Strengthening Vaccine Deployment (US\$5.00 million): This sub-component will be scaled up to augment any financing gaps specifically for vaccination campaigns and related activities including: (i) training of immunization teams; (ii) national, regional, district and sub-district levels microplanning workshops; and (iii) transport and subsistence allowance for health staff and volunteers involved in national immunization exercise.

Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health approach (US\$6.20 million): This component has been restructured to include the following:

Sub-component 2.1: Multiagency support to enhance response (US\$1.50 million): Additional funds will be provided under this sub-component to support the continuation of policy engagement, monitoring and supervision functions of the Ministry of Finance, the Parliament, the Inter-Ministerial Coordination Committee and the National Technical Coordinating Committee.

Sub-component 2.2: Strengthening policy and institutional capacity for disease control (US\$1.70 million): The sub-component will be scaled up to finance the procurement of a consultant or consulting firm to design the appropriate types and cost for building and supervision. It will also fund workshops for the retraining of all port of entry (POE) staff, transport and per diem for their relocation outside Accra based on a staffing norm approved by the Bank.

Sub-component 2.3: Support for the National Vaccine Institute (US\$3.00 million): This new sub-component has been introduced to support the National Vaccine Institute (NVI) when it is legally established and the necessary assessments are conducted. The NVI is a continental effort to promote the domestic manufacturing of vaccines in Africa.

Component 3: Community Engagement and Risk Communication (US\$5.00 million): Given the level of vaccine hesitancy and the population to be covered, this component will be scaled-up to fund additional mass media campaigns including the development of

documentary-drama, electronic and print adverts and their broadcasts or distribution at the national and community levels.

Component 4: Implementation Management, M&E and Project Management (US\$5.00 million):

Sub-component 4.1: Implementation, management, and oversight (US\$2.00 million):

This sub-component will support the Central Medical Store (CMS) to roll out a logistics management software. The AF3 will fund the purchase of computers, the roll-out of the Ghana Integrated Logistics Management Information System software and training of staff at the CMS among other interventions.

Sub-component 4.3: GHS project oversight (this is a new proposed sub-component)

US\$3.00 million: This is aimed at supporting the GHS to effectively manage the project. The funds will be used to recruit consultants for program coordination, M&E, infrastructure, and equipment supervision. It will also support the operations of the training of staff and equipping the unit as well as support financial and procurement review, inventory, mapping, survey, and supervision.

32. **Unallocated (US\$5.00 million):** This unallocated amount would be made available to mitigate any unanticipated evolution of the virus that usually challenge existing technologies and interventions. However, to mitigate risks of funds not being used, the project will allocate all funds within 15 months.

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The table (below) shows the allocation of financing (in US\$ million) to the various components under the Parent Project, AF1, AF 2 and AF3.

Project Components	Parent Project + AF1 + AF2	Proposed AF3	Parent + AF1 + AF2 + AF3
Component 1: Emergency COVID-19 Response	US\$336.86	US\$39.40	US\$376.46
Sub-component 1.1: Case detection, confirmation, contact tracing, recording and reporting	US\$23.96	US\$9.70	US\$33.66
Sub-component 1.2: Containment, isolation and treatment	US\$117.75	US\$24.70	US\$141.45
Sub-component 1.3: Social support to vulnerable groups	US\$6.56	US\$0.00	US\$6.56
Sub-component 1.4: Securing primary care essential services provision	US\$25.60	US\$0.00	US\$25.60
Sub-component 1.5: Strengthening vaccine deployment	US\$15.51	US\$5.00	US\$20.51
Sub-component 1.6: COVID-19 vaccines acquisition	US\$147.48	US\$0.00	US\$147.48
Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development and Coordination of Prevention and Preparedness using One Health Approach	US\$9.40	US\$6.20	US\$15.60
Sub-component 2.1: multi-agency support to enhance response	US\$4.85	US\$1.50	US\$6.35
Sub-component 2.2: Strengthening policy and institutional capacity for disease control	US\$4.55	US\$1.70	US\$6.25
Sub-component 2.3: Support for the National Vaccine Institute	US\$0.00	US\$3.00	US\$3.00
Component 3: Community Engagement and Risk Communication	US\$10.80	US\$5.00	US\$15.80
Component 4: Implementation Management, M&E and Project Management	US\$7.94	US\$5.00	US\$13.94
Sub-component 4.1: Implementation, management and oversight	US\$3.00	US\$2.00	US\$5.00
Sub-component 4.2: Strong institutions for managing Ghana CDC	US\$4.94	US\$0.00	US\$4.94
Sub-component 4.3 GHS project oversight	US\$0.00	US\$3.00	US\$3.00
Unallocated	US\$0.00	US\$5.00	US\$5.00
Total Costs	US\$365.00	US\$60.60	US\$425.60

2.2 OPTIONS AND IMPACTS

2.2.1 EXPECTED OUTCOMES OF THE PROJECT

33. The following are the expected benefits of the additional investments from this project:
- i. Strengthened capabilities of the national health system to execute a mass COVID-19 vaccination programme;
 - ii. An enhanced provision of routine health care services;
 - iii. Enhanced access to affordable and equitable COVID-19 vaccines;
 - iv. Improved communication and awareness campaigns to reduce infection risks as well as vaccine hesitancy amongst the population; and
 - v. Increased provision of extra protection measures, specialized care, equipment and psychological support for persons living with disabilities and other vulnerable groups who have been particularly affected by COVID-19.

2.2.2 Assessment of Options

34. To achieve these expected outcomes, three (3) options were considered. These are detailed below:

- i. **Annual Budget Allocations (ABA):** This option entails relying on the national budgeting system for allocation. Implementing the project with budget allocations requires no interest payment and debt servicing which will result in cost saving benefits. As is generally known, projects cannot be executed without the required funds. However, considering the uncertainties inherent in mobilizing revenue from an economy seeking to recover from COVID-19 pandemic, coupled with the substantial fiscal investment required for the project, ABA will be challenging for a smooth implementation of the project. Additionally, due to the current economic challenges, MDAs are implementing a 30% expenditure cut as part of recently announced fiscal stabilization measures. Hence, with limited fiscal space, the option of the Annual Budget Allocation to support this project would be less favourable.
- ii. **Fund Re-allocation from Existing Programmes (FREP):** This option explores the possibility of mobilizing resources from under-performing and less critical existing projects. FREP presents the advantage of less time and efforts in securing additional funds as Government only needs to meet Steering Committees and funding agencies to negotiate and re-allocate funds. In addition, FREP offers efficiency in use of resources as resources of non-performing projects could be channelled to more compelling sectors of the economy. However, this option is largely constrained by (a) limited number of projects from which re-allocations can be done; (b) consequences of such a restructuring and re-allocation on targeted beneficiaries and wider national efforts at recovery and revitalization; (c) preferred areas of interest of the development partners of the sectors they intend to support.
- iii. **Additional Financing from International Development Association (IDA):** The final option considered was to seek the financing from IDA. As a multilateral development partner, IDA is better positioned to fund the project on favourable terms and conditions. The fact that this is an additional financing for an on-going project could

significantly ease usual delays of securing a new funding source, thus improves the pace of accessing and disbursing the funds. The terms of financing from IDA and the timelines for its delivery are mostly supportive of such projects in times of global pandemic.

2.2.3 RECOMMENDED COURSE OF ACTION

35. As indicated above, the three (3) alternatives considered for the project appeared competitive. However, based on timely access to funds, favourable financing terms, IDA funding was viewed as the most competitive and attractive. Financing the project with *Additional Financing, in this case from IDA* is the preferred option. The competitive terms such as low interest rates and long maturity periods make it more attractive. The successful implementation of the interventions will speed-up recovery and revitalization in a manner that helps to put government finances on a more sustainable path. In addition, retaining IDA as a funding source implies that the implementation structures could be retained and thus reduce the potential loss of crucial time in setting up new structures due to a change in financing source.

2.2.4 ENVIRONMENTAL AND SOCIAL IMPACT

36. Health facilities, though very vital to the management of COVID-19, if not properly designed and managed, can adversely affect the healthcare of staff, patients and communities. The main residual environmental risks associated with the expanded project scope are mainly (i) Occupational Health and Safety (OHS) issues related to testing and handling of supplies; (ii) community health and safety issues related to the handling, transportation and disposal of waste of biological, chemical, and other hazardous medical waste generation and management; (iii) Rehabilitation of Princess Marie Louise Children's Hospital in Accra that is anticipated under the AF3. All works will be limited to existing government health facilities, which are free from encumbrance. Hence, the Environmental and Social footprint are expected to be minimal.

37. The social risks also include: (i) marginalized and vulnerable social groups, including women and persons with disabilities having barriers to access COVID-19 health services and information; (ii) discrimination or sexual exploitation or abuse of people being kept in quarantine; (iii) OHS related risks to health and laboratory workers.

38. Ministry of Health and Ghana Health Service will therefore update the existing Environmental and Social Management Framework (ESMF) to ensure compliance with international best practices of coronavirus management.

2.3 FINANCIAL IMPLICATIONS

39. The third AF of US\$60.60 million will be provided as Credit on IDA blend terms as follows:

Repayment Period	25 years
Grace Period	5 years
Maximum Commitment Charge	0.5 - One-half of one percent (1/2 of 1%) per annum on the Unwithdrawn Financing Balance, <i>it is currently waived.</i>
Service Charge	1.31% - sum of three-fourths of one percent (3/4 of 1%) per annum plus the Basis Adjustment (+56bps) to the Service Charge on the Withdrawn Credit Balance.
Interest Charge	1.35% - sum of one and a quarter percent (1.25%) per annum plus the Basis Adjustment to the Interest Charge (+10bps) on the Withdrawn Credit Balance.

40. The financing has a grant element of 25.86% and covers the full cost of the proposed activities.

2.4 IMPLEMENTATION PLAN

41. The implementation arrangements for AF3 will remain as the parent project. Thus, the Inter-Ministerial Coordinating Committee (IMCC), which will serve as the Steering Committee, is chaired by His Excellency the President of the Republic of Ghana or a person assigned by him. Representatives from the Ministries of Finance, Health, Local Government, Gender, Information, Transport, Interior and Defense and Office of the President are members of the IMCC. The Project Implementation Unit (PIU) of AF3 would remain same as the parent project.

42. As a result of the proposed additional financing, the terminal date for the parent project would be extended from June 2023 to June 30, 2024. The one-year extension is to provide ample time for the additional activities resulting from the AF to be executed.

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3.0 COMMUNICATION PLAN

3.1 INTRODUCTION

43. This document outlines how the issues pertaining to the project would be communicated to various stakeholders and the general public during and after the implementation of the project. It is prepared with the understanding that an effective Communication Plan is vital to the successful implementation of the Ghana COVID-19 Emergency Preparedness and Response Project.

3.2 MINISTRIES AFFECTED

44. Extensive consultations on the project development objective, scope, design and implementation arrangements have been held with the under-listed main Ministries, Departments and Agencies whose work are likely to be impacted by the project:

- i. Ministry of Health;
- ii. Ministry of Finance;
- iii. Ghana Health Service;
- iv. Ministry of Information;
- v. Ministry of Employment and Labour Relations;
- vi. Ministry of Education;
- vii. Office of the Attorney-General and Ministry of Justice;
- viii. Ministry of Environment, Science, Technology and Innovation;
- ix. Ghana Immigration Service;
- x. Environmental Protection Agency; and
- xi. Ghana Statistical Service.

3.3 ORIGIN OF THE ISSUE

45. The COVID-19 Emergency Preparedness and Response Project totaling US\$100 million (including US\$65.0 million from GARID, CERC) funded by the World Bank Group has been under implementation since April 2020 as part of the efforts by Government to combat the COVID-19 pandemic. The project is designed in line with the strategic objectives of the Ghana COVID-19 Emergency Preparedness and Response Plan to limit human-to-human transmission; identify, isolate, and care for patients early; address crucial unknowns regarding clinical severity; communicate critical risk and event information to all communities, and counter misinformation among other interventions.

46. Considering the implementation efficiency and positive impact of the project, Government secured additional financing of US\$130 million in November 2020 for the expansion of project activities as well as financing the budgetary gaps of the project.

47. Government further secured US\$200.0 million on July 13, 2021 as Second Additional Financing (AF2) to support Ghana's Vaccines Rollout Plan. The AF2 supports the procurement of COVID-19 vaccines and strengthening the health system for large scale vaccines deployment. IDA's total financing for Ghana's COVID-19 response stands at US\$430.0 million, including US\$65.0 million from GARID CERC as indicated.

48. Although the parent project has yielded significant results in the areas of case detection, containment, isolation and treatment, the desired progress with vaccine deployment is yet to be achieved. As of March 2022, only 16.1 percent of the population has been fully vaccinated. The AF3 is designed to provide upfront financing for safe and effective vaccine deployment in Ghana, thus enabling the country to equitably vaccinate the at risk and target population in line with the Strategic Preparedness and Response Program.

3.4 AUDIENCE

49. In communicating the issues of this project, the under-listed will be the target audience:

- i. The General Public;
- ii. Low Income Communities;
- iii. Metropolitan and Municipal Assemblies;
- iv. Civil Society Organizations;
- v. Development Partners;
- vi. Business Associations;
- vii. Key Ministries, Departments and Agencies; and
- viii. Beneficiary Communities.

3.5 COMMUNICATION GOALS AND OBJECTIVES

50. Communicating the project is aimed at igniting and sustaining public interest in the project, especially the vaccination programme and addressing the vaccine hesitancy within the population.

3.6 ANNOUNCEMENTS

51. The project-related information will be announced through the following channels: official websites of the implementing agencies, newspaper publications, workshops, community durbars, distribution of printed documents in relevant institutions, annual/mid-year project stakeholder meetings, and radio adverts.

52. In securing final approval for the project, it is expected that Parliament will be informed and adequately engaged. The Finance and Health Committees of Parliament will be engaged and apprised on the interventions intended under the project. It is anticipated that, the Committees which comprises both government and opposition members of parliament will be sufficient outlet for addressing any potential issues from the perspectives of political parties.

3.7 BUDGET

53. The communication cost of the project has been budgeted for and will be annually financed under Component IV (Project Implementation, Management, and Monitoring & Evaluation).

SECRET



REPUBLIC OF GHANA

OFFICE OF
THE PRESIDENT

SECRETARY TO THE CABINET

Jubilee House, Accra
Digital Address: GA-000-0288

My Ref No. OPCA.3/3/311022
Kindly quote this number and date on all correspondence

Your Ref No. _____

31st October, 2022

CONFIDENTIAL

PROPOSED 3RD ADDITIONAL FINANCING OF USD60.60 MILLION CREDIT
FROM THE INTERNATIONAL DEVELOPMENT ASSOCIATION OF THE WORLD
BANK GROUP TO SUPPORT THE IMPLEMENTATION OF GHANA'S COVID-19
EMERGENCY PREPAREDNESS AND RESPONSE PROJECT

Cabinet at its Thirty-ninth meeting held on Thursday, 27th October, 2022 considered a report of the Cabinet Committee on Economic Matters on the above-stated Memorandum submitted jointly by the Ministers for Finance and Health.

2. The Memorandum requested Cabinet to consider, approve and recommend to Parliament, a proposed 3rd additional financing of Sixty million and six hundred thousand United States Dollars (USD60,600,000) credit from the International Development Association of the World Bank Group to support the implementation of the Ghana COVID-19 Emergency Preparedness and Response Project.

3. Cabinet approved the Memorandum for the consideration of Parliament.

4. I should be grateful if you could take requisite action on the decision by Cabinet.

MERCY DEBRAH-KARIKARI
SECRETARY TO THE CABINET

THE HON. MINISTER FOR FINANCE
THE HON. MINISTER FOR HEALTH

cc: Chief of Staff
Secretary to the President
Secretary to the Vice President
Chairperson, Cabinet Committee
on Economic Matters
Hon. Minister for Parliamentary
Affairs



