

Document of
The World Bank

Report No: PAD4545

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

PROJECT PAPER

ON A

PROPOSED ADDITIONAL FINANCING

IN THE AMOUNT OF US\$63.75 MILLION

INCLUDING

SUPPORT FROM THE GLOBAL CONCESSIONAL FINANCING FACILITY AND A GRANT FROM THE
HEALTH EMERGENCY PREPAREDNESS AND RESPONSE TRUST FUND

TO THE

HASHEMITE KINGDOM OF JORDAN

FOR A

JORDAN 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

AND UP TO US\$12 BILLION ADDITIONAL FINANCING APPROVED

BY THE BOARD ON OCTOBER 13, 2020

Health, Nutrition & Population Global Practice
Middle East And North Africa Region

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CURRENCY EQUIVALENTS

(Exchange Rate Effective April 19, 2021)

Currency Unit = Jordanian Dinar (JOD)

JOD 1 = US\$1.41

FISCAL YEAR

January 1 - December 31

Regional Vice President: Ferid Belhaj

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ABBREVIATIONS AND ACRONYMS

ADM	Accountability and Decision-Making
AEFI	Adverse Event Following Immunization
AF	Additional Financing
BFP	Bank Facilitated Procurement
CBJ	Central Bank of Jordan
CERC	Contingent Emergency Response Component
COVAX	COVID-19 Vaccines Global Access
COVID-19	Coronavirus Disease 2019
CPF	Country Partnership Framework
DA	Designated Account
DFIL	Disbursement and Financial Information Letter
EIB	European Investment Bank
E&S	Environmental and Social
ESHS	Environmental, Social and Health and Safety
EPI	Expanded Program on Immunization
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standards
EU	European Union
EUL	Emergency Use Listing
FM	Financial Management
Gavi	Global Alliance for Vaccines and Immunization
GCFF	Global Concessional Financing Facility
GDP	Gross Domestic Product
GFMIS	Government Financial Management Information System
GHG	Greenhouse Gas
GOJ	Government of Jordan
GRM	Grievance Redress Mechanism
HCW	Healthcare Worker
HEIS	Hands-on Expanded Implementation Support
HEPRTF	Health Emergency Preparedness and Response Trust Fund
IBRD	International Bank for Reconstruction and Development
ICPMU	International Coordination and Project Management Unit
IDA	International Development Association
IFR	Interim Unaudited Financial Report
IPF	Investment Project Financing
ISR	Implementation Status and Results Report
JFDA	Jordan Food and Drug Administration
LMP	Labor Management Procedure
M&E	Monitoring and Evaluation
MENA	Middle East and North Africa

MODEE	Ministry of Digital Economy and Entrepreneurship
MOH	Ministry of Health
MOPIC	Ministry of Planning and International Cooperation
MPA	Multiphase Programmatic Approach
MSMEs	Micro, Small, and Medium Enterprises
MWMP	Medical Waste Management Plan
NCSCM	National Center for Security and Crisis Management
NDVP	National Deployment and Vaccination Guide for COVID-19 Vaccines
NGO	Nongovernmental Organization
NPRP	National Preparedness and Response Plan
OECD	Organization for Economic Co-operation and Development
OHS	Occupational Health and Safety
PCR	Polymerase Chain Reaction
PDO	Project Development Objective
PLR	Performance and Learning Review
POM	Project Operations Manual
PPE	Personal Protective Equipment
PPSD	Procurement Strategy for Development
RF	Results Framework
RMS	Royal Medical Service
SEP	Stakeholder Engagement Plan
SMS	Short Message Service
SPRP	Strategic Preparedness and Response Plan
SRA	Stringent Regulatory Authority
STEP	Systematic Tracking of Exchanges in Procurement
TOR	Terms of Reference
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestinian Refugees in the Near East
USAID	United States Agency for International Development
VAC	Vaccine Approval Criteria
VIRAT	Vaccine Introduction Readiness Assessment Tool
VRAF	Vaccine Readiness Assessment Framework
WBG	World Bank Group
WHO	World Health Organization

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BASIC INFORMATION – PARENT (Jordan COVID-19 Emergency Response - P173972)

Country	Product Line	Team Leader(s)		
Jordan	IBRD/IDA	Fernando Montenegro Torres		
Project ID	Financing Instrument	Resp CC	Req CC	Practice Area (Lead)
P173972	Investment Project Financing	HMNHN (9320)	MNC02 (399)	Health, Nutrition & Population

Implementing Agency: Ministry of Health

Is this a regionally tagged project?	
No	

Bank/IFC Collaboration
No

Approval Date	Closing Date	Expected Guarantee Expiration Date	Environmental and Social Risk Classification
28-Apr-2020	30-Jun-2022		Substantial

Financing & Implementation Modalities

<input checked="" type="checkbox"/> Multiphase Programmatic Approach [MPA]	<input checked="" type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Performance-Based Conditions (PBCs)	<input 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)	<input checked="" type="checkbox"/> Hands-on Expanded Implementation Support (HEIS)

Development Objective(s)

**MPA Program Development Objective (PrDO)**

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

Project Development Objectives (Phase 052)

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

Ratings (from Parent ISR)

	Implementation			Latest ISR
	27-Jul-2020	14-Sep-2020	23-Mar-2021	01-May-2021
Progress towards achievement of PDO	S	S	S	S
Overall Implementation Progress (IP)	S	S	S	MS
Overall ESS Performance	S	S	MU	MS
Overall Risk	S	S	S	S
Financial Management	S	MS	S	S
Project Management	S	S	S	S
Procurement	S	MS	S	S
Monitoring and Evaluation	S	S	S	S

BASIC INFORMATION – ADDITIONAL FINANCING (Jordan COVID-19 Emergency Response Additional Financing - P176862)

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P176862	Jordan COVID-19 Emergency Response Additional Financing	Restructuring, Scale Up	No
Financing instrument	Product line	Approval Date	



Investment Project Financing	IBRD/IDA	17-Jun-2021	
Projected Date of Full Disbursement	Bank/IFC Collaboration		
30-Jan-2024	No		
Is this a regionally tagged project?			
No			

Financing & Implementation Modalities

<input checked="" type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Series of Projects (SOP)
<input type="checkbox"/> Fragile State(s)	<input type="checkbox"/> Performance-Based Conditions (PBCs)
<input 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"/> Responding to Natural or Man-made disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	<input checked="" type="checkbox"/> Hands-on, Enhanced Implementation Support (HEIS)
<input checked="" type="checkbox"/> Contingent Emergency Response Component (CERC)	

Disbursement Summary (from Parent ISR)

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed	
IBRD	20.00	19.93	0.07	<div style="width: 100%; height: 10px; background-color: green;"></div>	100 %
IDA				<div style="width: 0%; height: 10px; background-color: gray;"></div>	%
Grants				<div style="width: 0%; height: 10px; background-color: gray;"></div>	%

MPA Financing Data (US\$, Millions)

MPA Program Financing Envelope	18,000,000,000.00
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MPA FINANCING DETAILS (US\$, Millions)

Board Approved MPA Financing Envelope:	18,000,000,000.00
MPA Program Financing Envelope:	18,000,000,000.00



of which Bank Financing (IBRD):	9,900,000,000.00
of which Bank Financing (IDA):	8,100,000,000.00
of which other financing sources:	0.00

PROJECT FINANCING DATA – ADDITIONAL FINANCING (Jordan COVID-19 Emergency Response Additional Financing - P176862)

FINANCING DATA (US\$, Millions)

SUMMARY (Total Financing)

	Current Financing	Proposed Additional Financing	Total Proposed Financing
Total Project Cost	20.00	63.75	83.75
Total Financing	20.00	63.75	83.75
of which IBRD/IDA	20.00	50.00	70.00
Financing Gap	0.00	0.00	0.00

DETAILS - Additional Financing

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	50.00
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Non-World Bank Group Financing

Trust Funds	13.75
Concessional Financing Facility	12.50
Health Emergency Preparedness and Response Multi-Donor Trust	1.25

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?



Yes No

Does the project require any other Policy waiver(s)?

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).

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

This operation has been screened for short and long-term climate change and disaster risks



PROJECT TEAM

Bank Staff

Name	Role	Specialization	Unit
Fernando Montenegro Torres	Team Leader (ADM Responsible)	Senior Economist	HMNHN
Takahiro Hasumi	Team Leader	Health Specialist	HMNHN
Samera Esmail Mohammed Al-Harethi	Procurement Specialist (ADM Responsible)	Procurement Specialist	EMNRU
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Natalia Robalino	Counsel	Senior Counsel	LEGAM
Nathalie Mihajloski Zivkovic	Team Member	Finance Analyst	WFACS

Extended Team

Name	Title	Organization	Location
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I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

A. Introduction

1. This Project Paper seeks the approval of the World Bank's Regional Vice President for the Middle East and North Africa (MENA) Region to provide Additional Financing (AF) in the amount of US\$63.75 million. The AF will support the costs of expanding activities of the Jordan COVID-19 Emergency Response Project (P173972) (Parent Project) under the Coronavirus Disease 2019 (COVID-19) Strategic Preparedness and Response Plan (SPRP), using the Multiphase Programmatic Approach (MPA) approved by the World Bank's Board of Executive Directors on April 2, 2020, and the Vaccines AF to the SPRP approved on October 13, 2020¹. The primary objectives of the proposed AF are to further strengthen preparedness and response activities under the Parent Project, enable affordable and equitable access to COVID-19 vaccines, and help ensure effective vaccine deployment through enhanced vaccination system strengthening. The Parent Project was approved by the Regional Vice President for the Middle East and North Africa (MENA) Region on April 28, 2020. The proposed AF in an amount of US\$63.75 million is financed by a US\$50 million IBRD loan, a US\$12.5 million grant from the Global Concessional Financing Facility (GCFF, see Box 1) and US\$1.25 million from the Health Emergency Preparedness and Response Trust Fund (HEPRTF).

Box 1: Global Concessional Financing Facility

The GCFF is a partnership sponsored by the World Bank, the United Nations (UN), and the Islamic Development Bank Group (IsDB) to mobilize the international community to address the financing needs of middle-income countries hosting large numbers of refugees. By combining donor contributions with multilateral bank loans, the GCFF enables eligible middle-income countries that are facing refugee crises to borrow at below-regular multilateral development bank rates for providing a global public good. The GCFF represents a coordinated response by the international community to the refugee crisis, bridging the gap between humanitarian and development assistance and enhancing the coordination between the UN, donors, multilateral development banks, and benefitting (host) countries. The GCFF includes Jordan, Lebanon, Colombia, and Ecuador as benefitting countries. The GCFF is currently supported by Canada, Denmark, the European Commission, Germany, Japan, the Netherlands, Norway, Sweden, the United Kingdom, and the United States.

2. The purpose of the proposed AF is to provide financing to help the Government of Jordan (GOJ) purchase and deploy COVID-19 vaccines that meet the World Bank's vaccine approval criteria (VAC), strengthen relevant health systems that are necessary for successful vaccine deployment, and prepare for future epidemics. The GOJ will receive vaccines under the COVID-19 Vaccines Global Access (COVAX) facility to cover 10 percent of the population. In addition, the GOJ has secured and received vaccines from bilateral agreements with Pfizer-BioNTech, Sinopharm, and Sputnik V. Bank financing for COVID-19 vaccines and deployment will follow the Bank's VAC. As of April 16, 2021, the Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccination acquisition and/or deployment under all Bank-financed projects: (a) the vaccine has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities (SRAs) identified by the World Health Organization (WHO) for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO or (b) the vaccine has received WHO

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



Prequalification (PQ) or WHO Emergency Use Listing (EUL). In addition, the GOJ/Ministry of Health (MOH) will share draft contracts with the World Bank for review before signing bilateral agreements with manufacturers/suppliers. All such contracts should comply with the World Bank's Anti-Corruption Guidelines and auditing requirements, either through the incorporation of such terms in the contracts or a separate acceptance letter from manufacturers/suppliers.

3. **Health Emergency Preparedness and Response Trust Fund (HEPRTF).** Recognizing the global nature of health emergencies, in June 2020 the World Bank Board approved the creation of a new umbrella trust fund program, the HEPRTF including for countries that are not eligible for funds from the International Development Association (IDA) because of arrears also being eligible to receive these trust fund resources. The development objective of the program is to support eligible countries and territories in improving their capacities to prepare for, prevent, respond to, and mitigate the impact of epidemics on populations. It was set up as a flexible mechanism to provide catalytic and rapid financing at times that other sources of funding are not available for health emergency preparedness and to fill specific gaps in terms of health emergency responses. The multi-donor HEPRTF is the anchor trust fund of the umbrella program. Activities eligible for HEPRTF financing focus on two pillars: (a) preparedness for future health emergencies and (b) responses to emerging and current health emergencies. Jordan has been allocated a HEPRTF grant to the value of US\$1.25 million to support COVID-19 clinical case management for Syrian refugees, on the condition that HEPRTF resources are not used to purchase COVID-19 vaccines.

4. The need for additional resources to expand the COVID-19 response was formally conveyed by the GOJ on December 27, 2020. The proposed AF will form part of an expanded health response to the COVID-19 pandemic, which is being supported by development partners under the coordination of the GOJ. Additional World Bank financing will provide essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Jordan.

5. Critically, the AF seeks to enable the acquisition of vaccines from a range of sources to support Jordan's objective to have a portfolio of options to access vaccines under the right conditions (of value-for-money, regulatory approvals, and delivery time among other key features). The proposed AF will finance vaccines for 40 percent of the adult population in Jordan in addition to the 35 percent for whom vaccines have been secured using other financing sources to help Jordan cover at least 75 percent of its adult population. The availability and terms of vaccines remain fluid and prevent the planning of a firm sequence of vaccine deployment, especially as the actual delivery of vaccines is unlikely to be immediate. Rather, the proposed financing enables a portfolio approach that will be adjusted during implementation in response to developments in the country pandemic situation and the global market for vaccines.

6. Jordan remains highly vulnerable to COVID-19. By the end of May 2021, there have been over 736,000 confirmed cumulative cases, with more than 9,400 confirmed deaths.² Since the end of January 2021, Jordan has recorded a third wave of COVID-19 cases, with an increasing number of new cases due to the variant B.1.1.7—known as the United Kingdom variant—spreading in Amman and the neighboring governorates. Daily infections and deaths drastically increased, with highest daily confirmed cases reported on March 17, 2021 (9,535 confirmed cases). See Annex 3 for more details.

B. Consistency with the Country Partnership Framework (CPF)

7. The AF is aligned with the World Bank Group (WBG) Country Partnership Framework (CPF) for Jordan for FY17–FY22 (Report 102746-JO). The AF contributes to Pillar 2 of Jordan's CPF (improving the equity and quality of service

² The Ministry of Health, the Hashemite Kingdom of Jordan. Coronavirus Update. Accessed at <https://corona.moh.gov.jo/en> on June 11, 2021.



delivery) by safeguarding the sustainability of public health services and focusing on vulnerable populations. It responds to the unprecedented COVID-19 outbreak, which has also increased the importance and prioritization of health protection and care in the country. The AF will help the government purchase and deploy COVID-19 vaccines in an equitable manner in line with the requirements stipulated in the National Deployment and Vaccination Guide for COVID-19 Vaccines (NDVP). Moreover, it will strengthen relevant health systems that are necessary for successful deployment and for strengthening Jordan's resilience to shocks. The AF is also aligned with both global health priorities and IBRD/IDA priorities on improving pandemic preparedness.

8. The Parent Project and the proposed AF were not included in the Borrower's CPF for FY17–FY22, but the pandemic has increased the priority of health protection and treatment in Jordan. Consequently, the AF is aligned with the adjustments to the CPF recommended in the Performance and Learning Review (PLR) (Report No. 145857-JO) dated May 7, 2021. A third pillar was added to the CPF to account for projects on COVID-19 response and resilient recovery. Given that Jordan remains highly vulnerable to COVID-19 in the foreseeable future, the immediate priority is to continue WBG's support to strengthen the GOJ's capacity in COVID-19 response through the ongoing COVID-19 Emergency Response Project and this proposed AF.

9. The AF, like the Parent Project, is aligned with the WBG strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity, as well as country and regional strategies. Investing in COVID-19 vaccine will contribute to eliminating extreme poverty and boosting shared prosperity in a sustainable manner. The AF will support Pillar 1 and Pillar 4 of the Bank Group's COVID-19 Response Approach Paper, *Saving Lives, Scaling-Up Impact and Getting Back on Track*. The AF also contributes to the implementation of the WBG's enlarged MENA Regional Strategy (March 2019) by addressing gaps in human capital, including modernization of health systems, in pursuit of universal health coverage. The Parent Project and the proposed AF are also in accordance with the principles of the MENA Health Strategy, which focuses on the creation of fair and accountable health systems in a sustainable manner.³ The AF promotes the principle of fairness by supporting the GOJ in the rollout of the vaccine to all Jordanians and non-Jordanians including refugees.

C. Project Design and Scope

10. The Project Development Objective (PDO) of the Parent Project and the AF is to prevent, detect, and respond to the threat posed by COVID-19 and strengthen the national health system for public health preparedness. The Parent Project includes three components: Component 1: Emergency COVID-19 Response (US\$19.45 million); Component 2: Implementation Management and Monitoring and Evaluation (US\$0.5 million); and Component 3: Contingent Emergency Response Component (CERC) (\$0 million). The detailed description of the project can be found at <https://imagebank2.worldbank.org/search/32011751>.

11. The MOH is the implementing agency in charge of the overall implementation of the Parent Project. The International Coordination and Project Management Unit (ICPMU) at the MOH is responsible for project management and coordination. The ICPMU is headed by a Director and reports directly to the Minister of Health. The MOH has assigned staff from its relevant directorates, such as the Financial Services, Purchase and Supplies, Environmental Health, Health Communication and Awareness, and Complaint Directorate/Department to support the ICPMU in implementation of project tasks and compliance with the national and the World Bank's fiduciary policies and environmental and social (E&S) frameworks.

³ The World Bank. 2013. *Fairness and Accountability: Engaging in Health Systems in the Middle East and North Africa – The World Bank Health, Nutrition and Population Sector Strategy for MENA (2013–2018)*. Washington, DC: World Bank.



D. Project Performance

12. The project's progress toward achievement of the PDO is rated Satisfactory. To date, the project has achieved the end target for the PDO-level indicator (Number of hospitals that comply with COVID-19 case management per WHO protocol). The assessment includes hospitals that the project supported in strengthening clinical case management for COVID-19 patients. As of May 15, 2021, project disbursement reached US\$19.93 million (99.66 percent of the US\$20 million loan), with the remaining US\$0.07 million dedicated to hire a part-time Social Officer at the ICPMU and an independent technical audit agency under Component 2: Implementation Management and Monitoring and Evaluation. The project has financed payments (US\$5.9 million) to hotels for quarantining 5,393 people who arrived from overseas. In addition, the project financed US\$14 million of medical equipment (for example, ventilators, oxygen cylinders, patient monitors, and mobile X-ray machines) for intensive care units at Al-Bashir Hospital (COVID-19 referral hospital in Amman) and three field hospitals in Amman, Irbid, and Ma'an.

13. The ICPMU has made progress in building its implementation capacity in project management and monitoring and evaluation (M&E). A Project Operations Manual (POM) was prepared to which the World Bank gave its no objection on October 19, 2020. The POM will be further updated and finalized to incorporate activities introduced by the proposed AF within forty-five days after effectiveness. The ICPMU has drafted the terms of reference (TOR) for an independent technical audit agency, which is currently under review by the World Bank; this TOR is expected to be revised, and additional tasks added under the proposed AF, such as the verification of COVID-19 vaccine procurement, delivery, storage, and usage. There are no overdue audit reports.

14. The Parent Project has seen delays in implementing some of the Environmental and Social Framework (ESF) requirements. Actions are being undertaken to ensure that all ESF requirements have been met. While a part-time environmental specialist was hired by the ICPMU in September 2020 to support the development of the Environmental and Social Management Framework (ESMF), the preparation of the ESMF and the Labor Management Procedure (LMP) were significantly delayed beyond the distribution date of procured equipment at four hospitals. The ESMF and the LMP were subsequently prepared and cleared by the World Bank and then publicly disclosed on April 14, 2021. The Stakeholder Engagement Plan (SEP) was prepared, however, the update was also delayed. A draft of the updated SEP has been prepared by the ICPMU, cleared by the World Bank on June 4, 2021 and then publicly re-disclosed on June 7, 2021. Consequently, the Environmental and Social Standards (ESS) rating has accordingly been upgraded to Moderately Satisfactory and is now captured in the latest ISR (May 1, 2021).

15. An Environmental, Social and Health and Safety (ESHS) audit was completed at the four hospitals that received medical equipment and no negative impacts were found from the implementation of the project's activities in these hospitals. The audit produced a forward-looking set of recommendations to improve E&S risk management in the future. The MOH will implement an action plan that has been developed based on the audit's recommendations. The hiring of a Social Officer is also underway. The Parent Project and the AF will use existing Grievance and Redress Mechanism (GRM) at the GOJ and MOH. The MOH has created a dedicated uptake channel for the Parent Project and the AF to monitor complaints.

E. Rationale for Additional Financing

16. The proposed AF will form a part of the expanded health response to the pandemic in Jordan. The AF builds on the Parent Project's objective to prevent the spread of COVID-19 infections and will serve as a natural extension of a broader health system strengthening by going beyond the COVID-19 emergency response to strengthen the health system



for the post COVID-19. By scaling up the Parent Project, the AF will capitalize on efficiency gains that result from using the same implementation agency that is increasingly familiar with the ongoing activities under implementation and with the World Bank's policies and procedures. This will facilitate a harmonized approach in rolling out the proposed AF activities.

17. The GOJ has strengthened its capacity to effectively respond to COVID-19 based on the National Preparedness and Response Plan (NPRP)⁴ developed in April 2020. The NPRP aims to prevent, detect, and respond to the COVID-19 outbreak and serves as a practical guide for national authorities and health sector development partners in filling gaps. The GOJ ensures that all COVID-19 interventions are targeted and provided to all Jordanian and non-Jordanian residents, including refugees registered at the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA). Currently, the MOH has designated 15 public and private hospitals⁵ for COVID-19 case referral. Eleven public and private laboratory facilities⁶ have strengthened their testing capacities and are accredited to conduct COVID-19 polymerase chain reaction (PCR) tests. As a result, the average number of PCR tests conducted on a daily basis has increased to more than 30,000 PCR tests. The MOH has recently introduced rapid antigen tests to be used in emergency departments at both public and private hospitals.

18. Jordan is one of the first countries to issue a policy that provides COVID-19 vaccination to all citizens and foreign nationals residing in the country, including refugees. Jordan started its inclusive, equitable, and efficient COVID-19 vaccination program in January 2021 and has been vaccinating its priority population groups in line with the NDVP. Jordan currently uses four vaccines (AstraZeneca [SK Bio], Sputnik V, Pfizer-BioNTech, and Sinopharm). Table 2 provides the number of secured and received doses. As of April 9, 2021,⁷ a total of 1,048,575 people were registered at the vaccine registration website (<https://vaccine.jo/cvms/>). Ninety-one percent of registered beneficiaries are Jordanians and 55.7 percent are male. Registered non-Jordanians are from the Syrian Arab Republic, Republic of Iraq, West Bank and Gaza, Bangladesh, the Arab Republic of Egypt, and others. Zarqa and Mafraq governorates host a large number of Syrians, and 9,584 Syrians have registered to receive vaccines. As of April 9, 2021, the total of 309,154 persons had received the first dose, and 120,136 people had completed the vaccination schedule (two-dose regimen). Ninety-four percent of those who completed the vaccination schedule were Jordanians. Thirty-one percent missed appointments for the second dose. Forty-one percent of all administered doses are from Pfizer-BioNTech. Sixty-nine percent of those who completed the vaccination schedule are adults aged 60 or older. Twenty-one percent of registered healthcare workers (HCWs) completed both doses for vaccinations. Twenty-three percent of those registered with one or more comorbidities received two doses. Out of 14,748 persons contacted (as of April 9, 2021) to record adverse events following immunization (AEFIs), 33.2 percent reported one or more AEFIs. Commonly reported AEFIs includes pain at injection site, fatigue, and headache. Of those who reported having an AEFI, 40.2 percent reported their symptoms lasted less than 24 hours following vaccination. On February 16, 2021, the MOH started its vaccination campaign dedicated to Syrian refugees in Za'atari and Azraq camps.

19. Development partners have supported the MOH in strengthening the health system for improved vaccine purchase and deployment. The United States Agency for International Development (USAID) has developed a complete and detailed action plan to improve the efficiency and effectiveness of vaccine planning and procurement based on assessments of current regulatory and procurement processes adopted by the Jordan Food and Drug Administration

⁴ MOH (Ministry of Health). 2020. *National COVID-19 Preparedness & Response Plan 2020*. Amman, Jordan.

⁵ Prince Hamzah Hospital (Public, Amman); King Abdullah University Hospital (Public, Irbid); Al-Bashir Hospital (Public, Amman); University of Jordan Hospital (Public, Amman); Al Karak Government Hospital (Public, Karak); Prince Hashim Military Hospital (Public, Aqaba); Queen Alia Royal Medical Services Hospital (Public, Amman); Zarqa Government Hospital (Public, Zarqa); Istikla Hospital (Private, Amman); Al-Esra Hospital (Private, Amman); Zayed Filed Hospital (Public, Aqaba); and COVID-19 Field Hospitals (Public, Amman, Irbid, Zarqa, Ma'an).

⁶ Biolabs; Al-Sultan Laboratories; Precision Medical Laboratories; Med Laboratories; The Specialty Hospital; Mega Labs; Quest Labs; Geno Labs; Zarqa Hospital Public Health Laboratory; Irbid Ramtha Hospital Public Health Laboratory; and Aqaba Health Directorate Public Health Laboratory.

⁷ MOH (Ministry of Health). 2021. *Monitoring the Progress on COVID-19 Vaccination Jordan: Tenth Report*.



(JFDA) and the General Procurement Department (GPD). The action plan was approved by technical and high-level national committees. USAID plans to provide further support in the area of modernization of vaccine procurement. Moreover, the European Union (EU) Regional Trust Fund has allocated EUR 43 million to WHO to procure routine immunization vaccines and supplies, logistics vehicles, cold chain equipment and community awareness campaigns, and scale-up infrastructure and human resource capacities from year 2020 to 2023. In addition, the EU Regional Trust Fund has allocated an additional grant of EUR 8 million for COVID-19 response, including procurement of diagnostics, therapeutics, vaccines, and personal protective equipment (PPE). The European Investment Bank (EIB) provided a EUR 50 million loan to the GOJ to support the MOH in financing its COVID-19 response. The support includes financing the purchase of COVID-19 vaccines and procurement of associated vaccine supplies and logistics, such as transportation vehicles and cold chain equipment for deployment of the vaccines (see Box 2).

Box 2: Potential Supportive Roles for Partner Agencies in Implementation

	Financing amount (if known)
WHO	
Procuring equipment and supplies for COVID-19 vaccination, supporting vaccine rollout, and building capacity.	
United Nations Children’s Fund (UNICEF)	
Providing vaccine auxiliary supplies and procuring vaccines through COVAX on behalf of the GOJ, as well as supporting the national communication and community engagement for COVID-19 vaccination.	US\$530,000 (only for vaccine auxiliary supplies)
COVAX	
Providing vaccines to cover the first prioritized 10 percent of the population through the Optimum Purchase Agreement for the Self-Financing Economies.	
EIB	
Providing a loan to the GOJ/MOH to purchase and deploy COVID-19 vaccines in the phase one of the campaign.	EUR 50 million
EU Regional Trust Fund	
Providing grants for WHO to strengthen routine immunization capacity as well as to purchase and deploy COVID-19 vaccines.	EUR 8 million
USAID	
Providing technical support to strengthen vaccine logistics and deployment, as well as national communication campaigns for COVID-19 response and training for AEFI monitors.	US\$5.3 million



20. This AF is being proposed at a crucial juncture in the GOJ's response to COVID-19. A critically important change in the state of science since the early stages of the COVID-19 pandemic has been the emergence of new therapies and the successful development and expansion of the production of COVID-19 vaccines (see Annex 1 for status). A key rationale for the proposed AF is to provide financing for safe and effective vaccine acquisition and deployment in Jordan, thus enabling the country to procure safe and effective vaccines at the earliest, recognizing that there is currently excess demand for vaccines from both high-income and lower-income countries.

F. National Capacity and COVID-19 Vaccination Plan

21. Jordan has already started its vaccination program and is successfully managing its rollout in line with the NDVP. A whole-of-government approach has resulted in addressing critical areas for successful vaccination campaigns, such as planning and coordination, supply chain, prioritization and targeting, M&E, and demand generation. Jordan has, however, faced several challenges to scale up vaccination coverage. Delays in vaccine supplies have been more significant than anticipated, and the MOH decided to prioritize first dose vaccination to the beneficiaries and postpone the second dose vaccination schedule. Some beneficiaries showed vaccine hesitancy, particularly among specific population groups (such as women). To address this low demand challenge, the MOH (with support from the Media Department at the Prime Ministry and development partners as well as civil society organizations) has strengthened targeted communication and community engagement activities to improve vaccine confidence.

(i) Vaccine Readiness Assessment

22. Jordan has conducted a vaccine readiness assessment to identify gaps and options to address them, as well as to estimate the cost of vaccine deployment, with support from WHO, UNICEF, and the World Bank. The NDVP was launched in December 2020 and was developed based on existing international guidelines, particularly the Interim Guidance on Developing an NDVP published by WHO and UNICEF. The initial vaccination campaign targets approximately 20 percent of the adult population in the first priority group (including healthcare and essential workers and residents aged 50 and older with/without comorbidities). The Army⁸ provides logistic support in vaccine distribution, such as transportation of vaccines from the point of entry to central cold rooms at health facilities. Vaccines are imported into Queen Alia International Airport by air and brought straight into cold rooms/freezers/fridges at vaccination centers. Approximately 500 vaccinators have been trained to inoculate the eligible population. Vaccines are distributed to vaccination centers, including the MOH, Royal Medical Service (RMS), UNRWA, and private health facilities across the country. By strategically re-mapping existing health facilities, equipment, and human resources, the GOJ identified more than 85 vaccination centers across the country. The online registration platform (<https://vaccine.jo/cvms/>) was developed by the Ministry of Digital Economy and Entrepreneurship (MODEE) and launched in late December 2020. The platform is comprehensive and includes key functions such as registration, eligibility identification, appointment scheduling, vaccination certificate issuance, and AEFI monitoring. To identify who will be prioritized, beneficiaries are asked to enter age, business sector (that is, healthcare sector gets priority), and existence of comorbidities. Short Message Service (SMS) messages are sent to beneficiaries for their confirmed appointment and a certificate will be provided upon completion of vaccination. The beneficiaries also receive a link through SMS to report AEFI after vaccination. In addition, the beneficiaries can report the AEFI through a dedicated hotline or directly to vaccination centers. The MOH signs/signed indemnity agreements directly

⁸ No military personnel are recruited to work on project activities. All security personnel are being hired from the Military Retiree Association, who do not have any military affiliation. COVID-19 vaccination is being supported by the NCSCM for logistical and monitoring aspects (for example, vaccines appointments reservation, coordination with IT department at the MOH, vaccine distribution, readiness of vaccination centers, along with the MOH concerned staff, and so on). Some of the NCSCM staff are military personnel.



with manufacturers. The National Center for Security and Crisis Management (NCSCM) is responsible for monitoring the supply chain and rollout of COVID-19 vaccines. With dedicated supply chain information and registration systems for COVID-19 vaccination, the NCSCM can monitor individual vaccination case with information about type of vaccine administered, batch number, expiration date, vaccination center, and medical history/personal information of the beneficiary who received a vaccine. The NCSCM evaluates the number of vaccines distributed to the vaccination centers, the number of vaccines used, and those that remain at the vaccination centers for verification on a daily basis. On a bi-monthly basis, the NCSCM produces a vaccine rollout monitoring report, which entails details such as numbers and characteristics (that is, age group, sex, nationality, and residence location) of the registered population and those who received the first and/or second dose as well as detailed AEFI monitoring results. According to the NDVP estimates, it will cost approximately US\$42 million to cover the first 20 percent of the adult population.

Table 1: Summary of Vaccination Readiness Findings from the VIRAT/VRAF 2.0 Assessment as of January 2021⁹

Readiness Domain	Readiness of government	Key gaps to address before deployment
<p>Planning, coordination</p>	<ul style="list-style-type: none"> • Various national coordination committee and technical working groups were formed by the NCSCM, with clear TOR. • The NDVP was launched in December 2020. • 3.2 million doses (2 million through COVAX, 1 million through Pfizer and 0.2 million from Sinopharm) were procured and further negotiations are being held with AstraZeneca, Johnson & Johnson, Moderna, Sinopharm, and Sputnik V to secure additional doses. • Medical staff from the Army and RMS will administer vaccines at RMS hospitals (8 hospitals out of 85 designated vaccination centers). 	
<p>Budgeting</p>	<ul style="list-style-type: none"> • The MOH secured enough financing to cover 35% of adults for COVID-19 vaccination (both vaccine purchase and deployment). • The MOH receives financial allocation for COVID-19 vaccine purchase and deployment from the EIB loan (US\$60 million), EU grant top-up (US\$9.7 million), and Health Donation Account under the Himmat Watan Fund (US\$8.0 million). • A dedicated budget line-item under 2020 and 2021 State Budget for COVID-19 response 	<ul style="list-style-type: none"> • Based on the country's plan to vaccinate 75 percent of the adult population, a financing gap exists to cover 40 percent of the adult population.

⁹ A multi-partner effort led by WHO and UNICEF developed the Vaccine Introduction Readiness Assessment Tool (VIRAT) to support countries in developing a roadmap to prepare for vaccine introduction and identify gaps to inform areas for potential support. Building upon the VIRAT, the World Bank developed the Vaccine Readiness Assessment Framework (VRAF) to help countries obtain granular information on gaps and associated costs and program financial resources for deployment of vaccines. To minimize burden and duplication, in November 2020, the VIRAT and VRAF tools were consolidated into one comprehensive framework, called VIRAT-VRAF 2.0.



	(US\$140 million) has been introduced.	
Regulatory	<ul style="list-style-type: none"> The JFDA holds approval authority in accordance with the established regulatory pathway (that is, emergency use, exceptional approval, fast-track approval). The Public Health Law of Jordan stipulates that the MOH has the right to vaccinate the public for public good and the MOH bears all responsibility. 	
Prioritization, targeting, surveillance	<ul style="list-style-type: none"> Initial priority populations (20% of the total population) defined and include: <ul style="list-style-type: none"> HCWs (1.5%). Elderly aged over 60 with/without comorbidities¹⁰ (9.8%). Individuals aged between 50 and 59 with/without comorbidities (6.2%) Individuals aged between 40 and 49 with at least one comorbidity (1.3%). Essential workers (1.9%). An Online registry is being developed in collaboration with the MODEE. The registry will provide appointment settings, certificate (upon receiving the vaccine), and another platform to register AEFI events. Up-to-date data are available on the dashboard restricted to certain GOJ users. The MOH plans to establish a hotline to support beneficiaries to register on the platform. Also, the MOH, in cooperation with the Ministry of Youth, dispatches youth volunteers to health facilities to help beneficiaries to register on the platform. The MOH is assessing the performance and functionality of the registration platform regularly to make sure all functions are working properly with anticipated volumes of inputs (for roughly 6.1 million beneficiaries). 	
Service delivery	<ul style="list-style-type: none"> 85 vaccination centers (MOH, RMS, and University Hospitals as well as primary healthcare centers) are present in all governorates. 	

¹⁰ Following comorbidities are listed on the online registry: chronic blood disease; chronic endocrine disease; heart diseases; chronic liver diseases; chronic kidney diseases; HIV; diabetes; high blood pressure; chronic respiratory diseases; cancers; and tuberculosis.



	<ul style="list-style-type: none"> • 500 vaccinators have been identified. • Current infection and prevention control measures for immunization will be adopted for COVID-19 vaccination. • Mobile/outreach vaccination services are available to those with physical and financial hardships in accessing vaccination centers. 	
Training and supervision	<ul style="list-style-type: none"> • 500 HCWs have been trained for vaccine administration. • Continued training (including sensitization of vaccine efficacy and safety) will be conducted at the NCSCM as need arises. 	
M&E	<ul style="list-style-type: none"> • M&E arrangements have been developed. 	
Vaccine cold chain, logistics, infrastructure	<ul style="list-style-type: none"> • Distribution strategy, including mapping potential Points of Entry, points of storage, stocking and transportation, and Human Resources Plan have been finalized for the first phase. • 29 ultracold chain freezers have been redistributed from National Blood Banks to the vaccination centers. An additional 20 freezers are pending distribution (supported by the EU Madad Fund top-up). 	
Safety surveillance	<ul style="list-style-type: none"> • The MOH and JFDA are collaborating for pharmacovigilance surveillance. • AEFIs will be monitored through an online platform (to be provided after receiving the vaccine), hotline, and direct reporting to vaccination centers. 	
Demand generation and communication	<ul style="list-style-type: none"> • The MOH, with support from partners, conducted online surveys to analyze vaccine acceptance and hesitancy. • A comprehensive social mobilization campaign has been developed by the national working group (including the MOH and the Prime Ministry). 	

(ii) National Vaccination and Deployment Guide for COVID-19 (NDVP)

23. The GOJ's COVID-19 vaccine coverage and purchase plan are central to its national vaccine readiness (see Table 2). Jordan's vaccination strategy aims to vaccinate at least 75 percent of its adult population (approximately 4.6 million), depending on vaccine availability. The GOJ has already secured enough financing to cover 35 percent of the adult population (2.2 million). Thus, this AF will support the second stage of vaccine purchase and deployment, which will cover the additional 40 percent of the adult population (2.4 million) to help Jordan achieve herd immunity. The second phase



of vaccination will target population groups ages 40 to 49 years old with no chronic illnesses, 30 to 39 years old with chronic illnesses, and consequently all remaining adults with chronic illnesses. Initial vaccines were secured through bilateral agreements for Pfizer-BioNTech and Sinopharm (7.5 million doses), and COVAX under the self-financing arm (2 million doses). Jordan is also negotiating to secure doses from AstraZeneca. In addition to the GOJ's specific line-item budget for COVID-19 response, the MOH has received a EUR 50 million loan from the EIB and a EUR 8 million grant from the EU Regional Trust Fund to purchase and deploy COVID-19 vaccines. Thus, the project funds will be used to procure as many doses as available and deploy these vaccines that meet the World Bank approved VAC.

Table 2: National Vaccine Coverage and Purchase Plan¹¹

Source of financing	Population targeted ¹²		Vaccines				Number of doses needed	Estimated total (US\$, millions)	World Bank's VAC status of the vaccine	Contract Status	Vaccines already in the country	
	%	Number	Source	Name	Price (\$/dose)	Shipping (\$/dose)					Name	Doses
Loan/grant from partners	10%	1 million	COVAX				2 million		Approved by WHO EUL	Purchase contract(s) have been agreed	AZ (SK Bio)	436,800
Loan/grant from partners	23%	2.25 million	Bilateral	Pfizer/BioNTech			5.5 million		Approved by 3 SRAs	Purchase contract(s) have been agreed	Pfizer/BioNTech	1,100,000
Loan/grant from partners	10%	1 million	Bilateral	Sinopharm			2 million		Approved by WHO EUL	Purchase contract(s) have been agreed	Sinopharm	1,600,000 ¹³
Loan/grant from partners	10%	1 million	Bilateral	AstraZeneca (R-Pharm)			2 million		NA	Purchase contract(s) have been agreed	AZ (R-Pharm)	80,000
The Government	0.1 %	10,000 ¹⁴	Bilateral	Sputnik V			20,000		NA	Donations	Sputnik V	20,000

¹¹ Subject to change, plan as of June 7, 2021.¹² As per the NDVP, only adults aged 19 and older are targeted for the current COVID-19 vaccination campaign.¹³ 50,000 out of 70,000 doses are donated by the Government of China to Jordan.¹⁴ All doses are provided as donations.



Box 3: Liability and Indemnification Issues in Vaccine Acquisition

Key Issues

- The rapid development of vaccines increases **manufacturers' potential liability** for an AEFI.
- Manufacturers want to protect themselves from this risk by including **immunity** from suit and liability clauses, **indemnification** provisions, and other **limitation of liability** clauses in their supply contracts.
- **Contractual provisions and domestic legal frameworks** can all operate to allocate that risk among market participants, but **no mechanism will eliminate this risk entirely**.
- Jordan has signed contracts which include indemnity agreements that were satisfactory to providers (Pfizer and AstraZeneca/SK Bio) even though no law has been approved.
- Possible Bank support to Jordan, depending on needs, may include information sharing on (a) statutory frameworks in the Organization for Economic Co-operation and Development (OECD) countries and other developing countries and (b) overall experience in other countries and provide training and workshops for government officials to familiarize them with the issues. The project operational documents (for example, POM) will clarify that the country's regulatory authority is responsible for its own assessment of the project COVID-19 vaccines' safety and efficacy, and is solely responsible for the authorization and deployment of vaccines in the country.

II. DESCRIPTION OF ADDITIONAL FINANCING

(i) Proposed Changes

24. The changes proposed for the AF entail expanding the scope of activities under the Parent Project. As the proposed activities to be funded under the AF are aligned with the original PDO, the PDO will remain unchanged and the implementation arrangements will remain the same.

25. The content of the components (Annex 4) and the Results Framework (RF) of the Parent Project are adjusted to reflect the expanded scope and new activities proposed under the AF. The following changes will be introduced to the Parent Project:

26. **Scale-up of existing components.** The proposed AF will finance the scale-up of two existing components as follows:

- i. Under Component 1: Emergency COVID-19 Response, the following subcomponents will be introduced for vaccine purchase and needed health system strengthening for vaccine deployment:
 - a. Subcomponent 1.1. COVID-19 Vaccination Support (US\$60.25 million).
 - b. Subcomponent 1.2. Deployment of COVID-19 Vaccines and Strengthening Vaccine Delivery System (US\$1.25 million).
 - c. Subcomponent 1.3. Strengthening COVID-19 clinical management for Syrian refugees (US\$1.25 million).



- ii. Under Component 2: Implementation Management and M&E, US\$1 million will be provided for capacity building for implementation management and proper monitoring of vaccine purchase, distribution, storage, and delivery.

27. **Revisions in the RF.** The RF will be modified by (i) adding new indicators to measure the expanded scope of activities under the AF, and (ii) dropping two indicators.

28. **Extension of the project closing date.** The current closing date of June 30, 2022 for the Parent Project will be extended to January 31, 2024 to align it with the closing date for the AF.

I. Proposed New Activities

29. The support for vaccines procurement and deployment, which was anticipated under the Parent Project as part of the initial Global COVID-19 MPA, is proposed to be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1. Given the recent emergence of COVID-19, there are no conclusive data available on the duration of immunity that vaccines will provide. While some evidence suggests that an enduring response will occur, this will not be known with certainty until clinical trials follow participants for several years. As such, this AF will allow for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge at the time. In the case that re-vaccination is required, limited priority populations (such as HCWs and the elderly) will need to be targeted for re-vaccination given constraints on vaccine production capacity and equity considerations (that is, trade-offs between broader population coverage and re-vaccination).

30. **Component 1: Emergency COVID-19 Response (original amount US\$19.5 million; proposed amount US\$82.25 million).** Under this component, the AF will support the procurement and deployment of COVID-19 vaccines, strengthening the cold chain for both COVID-19 and case management, strengthening for Syrian refugees living in the host community, as well as upfront technical assistance. The following three subcomponents will be added:

31. **Subcomponent 1.1. COVID-19 Vaccination Support (US\$60.25 million).** This subcomponent will finance the purchase of 4.8 million COVID-19 vaccine doses for 2.4 million adults aged 19 and older who are targeted in the second phase of vaccination. Given that vaccine prices vary by vaccine types and manufacturers (for example, ranging from US\$4 to US\$31 per dose), the same unit price estimate by the Global Alliance for Vaccines and Immunization (Gavi) for self-financing economies under the COVAX Facility and the NDVP (US\$10.55 per dose) is used for this cost estimate (US\$51 million). In addition, to accommodate highly likely price variances from the estimate, roughly 20 percent of the cost estimate is added for contingency. Thus, the total funds allocated for this subcomponent is US\$60.25 million.

Table 3: Priority Groups for Vaccination in Jordan

Priority Tier	Population group	Number of people	% of population ¹⁵
First	HCWs aged over 40	60,000	0.6%
	Frontline HCWs working with active COVID-19 cases		
	Elderly population aged over 60 with 4 or more chronic illnesses ¹⁶	24,000	0.2%
	Essential workers (first group)	15,000	0.1%

¹⁵ Percentage of eligible population out of total population (including children aged under 18).

¹⁶ Chronic illnesses include chronic blood diseases, chronic endocrine diseases, heart diseases, chronic liver disease, chronic kidney diseases, human immunodeficiency virus (HIV), diabetes, high blood pressure, chronic respiratory diseases, cancers, and tuberculosis.



Second	Other HCWs not vaccinated in the Tier 1	100,000	0.9%
	Elderly population aged over 60 with 3 chronic illnesses	53,000	0.5%
	Essential workers (second group)	30,000	0.3%
Third	Elderly population aged over 60 with 2 chronic illnesses	125,000	1.2%
	Essential workers (third group)	50,000	0.5%
Fourth	Essential workers (remaining)	105,000	1.0%
	Elderly population aged over 60 with 1 chronic illness	181,000	1.7%
Fifth	Immunocompromised (aged 20–60 years)	25,000	0.2%
Sixth	All population aged 60 or older	197,000	1.9%
Seventh	Residents aged 50–59 with at least 1 chronic illness	226,000	2.1%
Eighth	Residents aged 40–49 with at least 1 chronic illness	132,000	1.2%
Ninth	Residents aged 55–59 who were not included in Tier 7	228,000	2.2%
Tenth	Residents aged 50–54 who were not included in Tier 7	200,000	1.9%
Eleventh	Other groups (to be determined based on vaccine availability)	4,349,000	41.0%
Total		6,100,000	57.5%

Table 3 summarizes the priority population groups eligible for COVID-19 vaccination in Jordan, according to the NDVP. COVID-19 vaccines are provided free of charge for adults ages 19 years and older. Pregnant and lactating women and women who plan to conceive within the next three months (estimated to be 250,000 women) are currently not eligible for vaccination.

32. **Subcomponent 1.2. Deployment of COVID-19 Vaccines and Strengthening Vaccine Delivery System (US\$1.25 million).** This subcomponent will finance deployment of 4.8 million COVID-19 vaccine doses that meet the World Bank's VAC. Operational costs for deployment include expanded cold chain capacity, needles and syringes, training of vaccinators, financing for additional vaccinators, transportation allowance and per-diem¹⁷ for vaccinators and volunteers, registration, and communication campaigns. The AF will not support any deployment activities specific to non-VAC vaccines (for example, training of vaccinators for non-VAC vaccines). In practice, deployment costs will vary over time, possibly with lower initial costs as the vaccine may be provided to health workers who may be reached inexpensively, then rise until economies of scale and scope and other delivery efficiencies reduce delivery costs, before rising again for the last mile. This subcomponent will support investments to bring the immunization system and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, but also other vaccines going forward. To this end, the project is geared to assist the GOJ, working with WHO, UNICEF, and other development partners, to further strengthen its capacity based on the MOH priority needs and the COVID-19 vaccine readiness assessment in the country. In particular, the project will finance necessary investments and operational costs to strengthen immunization delivery capacity, including procurement of goods for ultra-cold chain equipment, PPE, diluents, and needles. To accommodate surge storage needs from COVID-19 and strengthen the Expanded Program on Immunization (EPI), the project will finance the procurement of one cold room for the storage of an additional 200,000 vaccine doses at one time and refrigerators at all 520 health facilities that provide vaccination services. Where possible, cold storage will be powered by renewable energy, and equipment will be energy efficient. In setting up vaccine delivery systems, emphasis will be on securing the resilience of immunization capacity and infrastructure, ensuring that on the one hand disasters or adverse climate impacts do not disrupt cold storage facilities and hence vaccine delivery; on the other hand patients will be able to access the immunization infrastructure even in the direst of circumstances. The MOH will consider the purchase of climate-friendly cold chain equipment, for example, Solar Direct Drive Refrigerators (SDDs) and WHO Performance Quality Safety (PQS) certified climate-friendly refrigerators/freezers to reduce greenhouse gas (GHG) emissions from fossil fuels and high-GHG

¹⁷ Per-diem is only provided to vaccinators and volunteers who work at vaccination centers in governorates other than governorates of their residences.



emitting refrigerators, respectively, and improve reliability of vaccine storage.

33. **Technical Assistance.** Subcomponent 1.2 will finance technical assistance to support Jordan in continuing to strengthen its institutional frameworks for the safe, inclusive, equitable, and effective deployment of vaccines. These will include, but not be limited to, continued efforts in social mobilization and community engagement to improve vaccine confidence/acceptance, strengthening digital development for the online registry and AEFI monitoring, and gap assessments based on planned expanded vaccine delivery plan. The benefits of this campaign will accrue to Jordan over time and in the context of future disasters as well. In addition to project support, in close partnership with the MOH and partners, the World Bank is currently conducting a social media survey to continually assess vaccine acceptance and hesitancy in Jordan. The survey, conducted through Facebook/Messenger, can support the development of targeted communication materials to address the hesitancy factors encountered, and test their effectiveness on Facebook through A/B testing under the technical assistance from this AF. This survey builds on previous surveys that the MOH has conducted to assess the population's knowledge, attitudes, and practices toward COVID-19 and vaccine acceptance and hesitancy, in cooperation with other government entities and partners (such as UNICEF). Experience gained from administering these surveys and the iterative development of mobilization and engagement strategies will add to the resilience of Jordan to other disasters as well.

34. **Subcomponent 1.3. Strengthening COVID-19 clinical management for Syrian refugees (US\$1.25 million HEPRTF Grant).** This subcomponent will strengthen COVID-19 case management capacity for Syrian refugees through providing medical equipment and supplies to MOH hospitals. Although the MOH has significantly improved hospital capacity for COVID-19 response, additional investments are needed to strengthen case management capacity at MOH hospitals in the Amman, Mafraq, Irbid, and Zarqa governorates. Improved case management within the context of a pandemic like COVID-19 or for medical emergencies due to climate-related disasters is critical to maintaining and improving health systems' capacity and resilience. Where possible, clinical management plans will account for climate risks to ensure those health centers remain operable and connected to medical supply chains. According to the UNHCR, more than 80 percent of registered Syrian refugees live in host communities and have access to MOH services. Particularly, 89 percent of registered Syrian refugees live in these four governorates. The AF will finance the proportional costs for the procurement of life-saving medical equipment and supplies for COVID-19 case management (that is, for intensive and emergency care) at the MOH hospitals that will benefit the Syrian refugees. For example, if 30 percent of outpatient services are provided to Syrian refugees at Mafraq hospital emergency department, 30 percent of total costs (for procurement of medical equipment and supplies for this hospital) will be financed under the AF. The expenditures for activities financed by the HEPRTF are not eligible for retroactive financing.

35. **Component 2: Implementation Management and Monitoring and Evaluation (original amount US\$0.50; proposed amount US\$1.5 million).** Under the AF, this component will provide support for the ICPMU in managing and overseeing AF activities, including: (i) staffing and capacity building for implementation management and proper monitoring of AF activities; (ii) data collection, aggregation and periodic reporting of the AF implementation progress; and; (iii) overall Project Operating Costs, financial and technical audit costs, and monitoring and compliance with the Environmental and Social Commitment Plan (ESCP).

36. Data collection and monitoring under the AF will be conducted in a gender and age-disaggregated manner to contribute to a better understanding of the epidemiological profile of the affected population. To effectively monitor vaccine purchase, distribution, storage, and delivery, as well as compliance with the country's vaccine deployment plan and the World Bank E&S compliance, an independent technical audit agency will be hired to perform the project's technical audit. The TOR prepared under the ongoing COVID-19 Emergency Response Project will be revised to include verification tasks related to the activities under the AF. The independent technical audit agency will complement the existing monitoring system at the MOH and provide assurance for procured vaccines and its delivery to beneficiaries in a



safe manner. Hiring of the independent technical audit agency will be completed before implementation of vaccine deployment. In addition, the POM will be updated to include implementation arrangements regarding the activities under the AF within 45 days after the effectiveness date of the Loan Agreement.

II. Financing Arrangements

37. The AF will be financed from IBRD funds with concessional financing from the GCF of US\$63.75 million, including a grant from the HEPRTF of US\$1.25 million (see Table 4).

Table 4: Project Cost and Financing (US\$ million)

Project Components	Parent Project Cost	Parent + AFCost	IBRD Financing	Trust Funds
Component 1: COVID-19 Emergency Response	19.5	82.25	68.68	13.57
Component 2: Implementation Management and M&E	0.5	1.5	1.3	0.2
Component 3: CERC	0	0	0	0
Total Costs	20.0	83.75	69.98	13.77

Table 5: Summary of Vaccine Sourcing and Bank Financing

National plan target population (%)	Source of vaccine financing and population coverage				Specific vaccines and sourcing plans	Doses purchased with Bank finance (2 doses assumed)	Estimated allocation of Bank financing
	Bank-financed			Others*			
	COVAX grant	Through COVAX	Through direct purchases				
35%		0%	0%	100%	Pfizer COVAX (AZ/SK SKBio), Sputnik V, financed by the GOJ and donors (EIB and EU)	0	Purchase: US\$0 Deployment: US\$0
40%		0%	100%	0%	Pfizer, AZ, Sinopharm, financed by the Bank	4.8 million doses	Purchase: US\$60.25 million Deployment: US\$1.25 million

*Others: Includes coverage financed by the government, bilaterally, from other multilateral development banks (MDBs), and so on, etc.



III. Retroactive Financing

38. The AF will include retroactive financing for expenditures related to vaccine purchase. World Bank management has approved an exception to increase the retroactive financing limit¹⁸ to 40 percent (i.e., up to US\$25 million) of the Loan (US\$62.5 million from IBRD and GCF). The retroactive financing is available for eligible expenditures incurred for a period of one year before the signing of the financing agreement for the purchase of COVID-19 vaccines that meet the World Bank's VAC, subject to adherence to the retroactive financing procedure elaborated in the note "Due diligence and accountability arrangements for processing retroactive financing during project implementation". The objective of including retroactive financing is to ensure that the GOJ can lock in the price and secure enough doses to expand coverage to achieve the target of 75 percent of the adult population. Deployment of vaccines purchased under the project will not commence before the disclosure of all E&S instruments.

IV. Changes in Institutional Arrangements for NDVP implementation and Oversight

39. No changes are envisaged under the AF.

V. Changes in the Disbursement Categories

40. A dedicated disbursement category for the HEPRTF grant proceeds will be added for activities under Subcomponent 1.3: Strengthening COVID-19 clinical management for Syrian refugees.

VI. Results Framework (RF)

41. To measure overall progress in the coverage and deployment of the COVID- 19 vaccine, and the expanded activities under the AF, the following revisions are proposed under the RF:

a. Adding the following indicators:

- PDO Indicator: Percentage of population vaccinated, which is included in the priority population targets defined in national plan
- PDO Indicator: Share of female HCWs fully vaccinated
- Intermediate Results Indicator: Number of vaccination centers that received fridges for cold chain system
- Intermediate Results Indicator: Share of female population who are hesitant to receive COVID-19 vaccines
- Intermediate Results Indicator: Percentage of grievances received through the project's GRM addressed within 14 days which is publicly communicated

b. Dropping the following indicators, as the MOH is using support from other donors/partners to conduct the relevant activities:

- Number of COVID-19 awareness videos broadcast
- Number of health and non-health staff trained in infection and prevention control per MOH-approved protocols

¹⁸ Indicated under Section III paragraph 16 of the Bank Directive "Investment Project Financing"



(i) Sustainability

42. There is strong commitment by the GOJ to mobilize financial resources for COVID-19 response, including for vaccine purchase and deployment. Having AF funds for vaccine purchase and deployment will establish an enabling environment for other donors, multilateral development banks and UN agencies to also support efforts in the country. Investments under the Parent Project and the AF are expected to strengthen the health system in the country and ensure institutional sustainability to deal with infectious diseases.

43. The AF will support the efforts of MOH in further strengthening COVID-19 response and the health system. Based on the Parent Project design, the proposed AF will scale up two existing components to strengthen the national immunization and related health service delivery system to promote effective COVID-19 response efforts (See Table 4 for project costs allocated under the Parent Project and the AF). Specifically, the AF aims to:

- (a) **Procure COVID-19 vaccines.** Jordan will have several options for vaccine purchase and financing mechanisms, including: (i) direct GOJ purchases from vaccine manufacturers, either individually or jointly with other countries; (ii) purchase of excess stocks from other countries that reserve excess doses; and/or (iii) the self-financing mechanism of COVAX. The World Bank's financing for advance purchase mechanisms may entail financing expenditures such as access fees, speed premia, and other upfront payments that may not be offset or recoverable, if a safe and effective vaccine does not materialize.
- (b) **Strengthen the health system.** The proposed AF may finance up-front technical assistance to support the GOJ in establishing institutional frameworks for the safe and effective deployment of vaccines. These will include: (i) establishment of policies related to ensuring that there is no forced vaccination; (ii) acceptable approved policy for prioritized intra-country vaccine allocation; (iii) regulatory standards at the national level; (iv) appropriate minimum standards for vaccine management, including cold chain infrastructure for COVID-19 vaccines; and (v) the creation of mechanisms for accountability, grievances, and citizen and community engagement. The AF can also support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale through: financing for cold chain facilities, vehicles, and other logistics infrastructure; assessments of vaccine management capacity and training of frontline delivery workers; communication and outreach;¹⁹ and vaccine monitoring, as well as other related investments.
- (c) **Strengthen implementation management and M&E** through the hiring of an independent technical audit agency for verification of vaccine purchase, distribution, storage, delivery, and compliance with the E&S instruments, such as the ESMF, including the Medical Waste Management Plan (MWMP).

III. KEY RISKS

44. **The overall risk to achieving the PDO with the expanded scope of the AF for vaccination will be revised from Substantial to High** based on individual risks discussed below.

45. **The large-scale acquisition and deployment of COVID-19 vaccines entails certain risks.** Given the fact that the safe and effective deployment of a COVID-19 vaccine to a large share of the population is an unprecedented endeavor, **significant cross-cutting risks are reflected under "Other" risks which are upgraded under the AF from Moderate to**

¹⁹ Gender-sensitive communication and outreach campaigns can include: (1) use of existing family development service programs to engage husbands and to provide information about vaccine availability; (2) partnership with local institutions and NGOs for targeted communication campaigns that provide accurate information and dispel misconceptions about vaccines; and (3) use of community engagement programs to target men/husbands, religious leaders, and community members, to improve understanding of vaccination process and health impacts for their household members.



High. In particular, the shortage of available vaccines from global supply chains will directly impact the vaccine availability for Jordan and AF implementation. Furthermore, a mass vaccination effort stretches capacity and vaccine hesitancy by certain population groups encompass additional risks. The World Bank will work with the GOJ to partner with service providers that can acquire and/or deliver the vaccines and will support vaccination campaigns and consultations to address challenges of vaccines hesitancy. The World Bank will also work with the country to consider trade-offs and to determine the appropriate approach and risk balance.

46. **Fiduciary risks are rated Substantial.** The procurement and financial management (FM) risks for the AF cover risks associated with the procurement and distribution of vaccines, including fraud and corruption risks. Risks specific to vaccines include:

- The procurement risk is assessed as High due to: the complexity of the vaccines market, the inability of the market to supply adequate quantities of vaccines to meet the demand; the limited market access due to advance orders by developed countries; weak bargaining power for smaller countries with low volumes; delays by countries in triggering emergency procurement procedures and delays in contract implementation including payments; the lack of experience in supervising the execution of similar contracts; and lack of knowledge of Bank procurement procedures. The residual procurement risk is rated as Substantial, subject to the following mitigation measures being in place:
 - (a) Use simplified procurement procedures, tailored to the situation, including the advance purchase mechanism (such as participating in COVAX), direct purchases from vaccine manufacturers or purchase of excess stocks from other countries.
 - (b) Increased implementation support, upon request from GOJ, through Hands-on Expanded Implementation Support (HEIS), in particular through Bank Facilitated Procurement (BFP).
 - (c) Preparing realistic Procurement Plan.
 - (d) Hiring an independent technical audit agency for the project's technical audit.
 - (e) Acquiring additional procurement and technical expertise.
 - (f) Establishing a special Technical Committee at the MOH to take on the responsibility of procurement activities according to the World Bank regulations and handle all communications with the Bank and the technical teams regardless of estimated contract amount.
- The FM risk is assessed as Substantial. The main risks identified are: (a) the project is not included in the national Budget Law of 2021, which could hinder immediate disbursement; (b) high volume of vaccines that represent a challenge to trace and control; (c) multiple donors providing financing for identical activities and goods; (d) inflated prices of medical items that will be procured (due to high global demand); and (e) the Government Financial Management Information System (GFMIS) is not capable of generating semi-annual Interim Financial Reports (IFRs) in accordance with the World Bank format and the required content. With the following appropriate mitigation measures in place, the financial management residual risk will remain Substantial:
 - a. The existing part-time Finance Officer, will be responsible for the FM and disbursement functions of the AF.
 - b. The storage and distribution of vaccines will follow the NDVP.
 - c. The COVID-19 vaccine registration platform will be assessed, within 90 days after effectiveness, to have a reasonable assurance over the systems' infrastructures, policies and operations, IT controls and data integrity, as well as overall controls.
 - d. An independent technical audit will be conducted for the verification of vaccine purchase, distribution, storage, and deployment.
 - e. The World Bank team will coordinate with other development partners to ensure proper monitoring of the



overall implementation of the COVID-19 response.

- f. The MOH and MOPIC will work with the Ministry of Finance (MOF) to add a budget line in 2021 budget and onwards for the project's estimated annual disbursements from 2021.
- g. Three U.S. Dollar Designated Accounts (DAs) will be used at Central Bank of Jordan (CBJ) to receive loan and grant (HEPRTF) advances.
- h. A register of equipment and goods purchased under the project will be maintained by the ICPMU and a summarized list will be submitted as part of the semi-annual IFRs.
- i. The financial management chapter of the POM will be updated for the AF.
- j. Annual stocktaking will be conducted by the ICPMU, and results will be shared with the WBG as part of the annual progress report.
- k. Consolidated semi-annual IFRs in Excel sheets will be submitted to allow the World Bank team to follow up on disbursement progress and address bottlenecks on time.
- l. An independent auditor will be hired to conduct an annual financial audit of the Parent Project and the AF's financial statements in accordance with international auditing standards.

47. **E&S risks are Substantial.** The AF is expected to have positive impacts, as it will improve the capacity of the health system in the country to reduce COVID-19 related morbidities and mortalities. The AF will also contribute to the fair allocation of COVID-19 vaccines globally. Potential adverse E&S risks associated with the project are both deemed Substantial and are described above under the E&S section, along with the corresponding mitigation measures.

IV. APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

48. As in other countries that adopted similar highly stringent measures, there have been negative impacts on the economy at large in Jordan as well. Unless a vaccine with high levels of efficacy is deployed soon and progressively to cover at least 70 to 80 percent of the population, continued measures to control the pandemic, including local or national lockdowns and other restrictions imposed on health facilities, schools, and public and private businesses, will increase the risk of a negative impact on human capital accumulation.

49. Data of first studies and from the initial rollout of COVID-19 vaccination in several countries indicate that investments in COVID-19 vaccines have substantial health and economic benefits. Data from an expanding number of COVID-19 vaccine clinical trials of various vaccines show a substantial reduction of serious cases (with hospitalization and/or admission to Intensive Care Units) and of mortality. There is not enough data or evidence yet to determine the long-term costs, or if vaccination will be needed to be provided periodically; it is therefore difficult to calculate the precise direct and indirect benefits. However, by now it is clear that investing in massive vaccination of the adult population of countries will have substantial benefits, not only in terms of avoided treatment costs but also in the reduction of mortality and morbidity with its associated short- and medium-term disabilities.

50. For low- and middle-income countries, the average treatment costs for COVID-19 (not including other testing and medical costs, if not treated on time) range from US\$50 dollars for non-severe cases up to US\$300 for severe cases. The cost of vaccines for covering 35 percent of the population is estimated to be US\$55 million. If only the direct benefits of vaccination coverage for 35 percent of the population are considered, the investment in Jordan will break even if these result in averting 680,000 non-severe cases and 70,000 severe cases.

51. The choice of interventions supported by the proposed AF and its technical design are consistent with the strategies recommended globally to slow down the transmission of COVID-19 and prevent associated illnesses and deaths.



Although the global community is still learning about this virus, a significant amount of evidence has already been accumulated on how COVID-19 spreads, the severity of disease it can cause, how to treat it, and how to stop it. This evidence and the associated lessons are reflected in the AF design.

B. Financial Management

52. The MOH will continue to manage the FM and disbursement functions of the Parent Project, while MOPIC will manage the FM and disbursement functions of the AF. The updated assessment of the financial management systems at MOPIC concluded that, with the implementation of agreed actions, the proposed FM arrangements will satisfy the minimum requirements of the WBG FM guidance under the Bank Policy for Investment Project Financing (IPF).

53. The performance of the FM arrangements of the Parent Project has been Satisfactory. This is due to the hiring a qualified and capable Financial Officer; submission of IFRs in a timely manner and in acceptable format and content; sound internal controls; and auditing arrangements for submitting the first audited financial statements. The first annual audited financial statements are due for submission by June 30, 2021.

54. The AF will draw on the FM and disbursement arrangements of the Parent Project, including: (i) having the existing part-time Finance Officer manage the financial management and disbursement functions of the AF; (ii) submitting the consolidated semi-annual Interim Unaudited Financial Reports (IFRs) in Excel sheets to allow the World Bank team to follow up on disbursement progress and address bottlenecks on time; (iii) updating the existing POM for the new activities under the AF; (iv) the use of technical and financial audits; (v) close coordination with other development partners to ensure proper monitoring of overall implementation of the COVID-19 response; and (vi) coordination between the MOH, MOPIC and MOF to add a budget line item to the 2021 budget and onwards for the project's total estimated annual disbursements.

55. **FM Arrangements for the Deployment of COVID-19 Vaccine.** The AF will use the MOH's COVID-19 platform for vaccine deployment and monitoring. An assessment of the system will be conducted (and completed within 90 days after AF effectiveness) to have a reasonable assurance over the platform's infrastructure, policies and operations, IT controls and data integrity, as well as overall business and financial controls. The NCSCM will develop vaccine rollout reports and send them to the MOH to include in the semiannual IFRs.

56. **Inventory Management.** The World Bank remotely updated the assessment²⁰ of the inventory management system at the Directorate of Purchases and Supplies of the MOH. The assessment concluded that the inventory management system at the Directorate of Purchases and Supplies is adequate to safeguard the vaccines procured. The policies and procedures over inventory management are properly recorded in the National Financial System of the Hashemite Kingdom of Jordan, including control procedures over receipt and release of inventory to vaccination centers warehouses and recording of such transactions. The Jordan Audit Bureau, the government auditor, performs an annual audit of the MOH, including the operations of the Directorate of Purchases and Supplies. Additional specific controls will be applied for this AF over inventory, including: (i) system generated reports of AF inventory to be submitted and included in the semiannual IFRs; (ii) the Jordan Audit Bureau's annual audit reports issued for the Directorate of Purchases and Supplies to be requested and reviewed; (iii) the inventory operations to be reviewed as part of the World Bank's implementation support; and (iv) the work scope of the external auditor, to be hired to audit the AF's accounts, to include performing physical check of inventory. The semiannual IFRs will include information on the inventory of vaccines at the end of each six months.

²⁰ The original assessment was conducted during the preparation of the Jordan Emergency Health Project (P163387).



57. **Financial and Technical Audits.** A private sector audit firm will be contracted to carry out the audit of the AF's financial statements in accordance with international standards of auditing based on TOR acceptable to the Bank. The ICPMU will be responsible for preparing the TOR for the auditor and submitting them to the Bank for clearance. The audited financial statements will be due for submission within six months from the end of each calendar year.

58. An independent technical audit will be conducted to monitor adherence to relevant regulations and rules in accordance with the POM. The TOR prepared under the ongoing COVID-19 Emergency Response Project will be revised to include verification tasks related to the activities under the AF.

59. **Funds flow and disbursement arrangements.** The AF will follow the same disbursement arrangements as the Parent Project, including the use of Reporting-based Disbursement with semiannual IFRs that include cash forecasts covering three quarters. In addition to the existing U.S. Dollar DA, two additional DAs will be opened at the CBJ and managed by MOPIC to receive the AF loan and grant (HEPRTF) proceeds.

60. Requests for payment from the loan will be initiated through withdrawal applications (WAs) using the disbursement methods stipulated in the Disbursement and Financial Information Letter (DFIL). E-disbursement will be used to submit WAs. Under e-disbursement, all transactions will be conducted and associated with supporting documents and IFRs scanned and transmitted online through the World Bank's Client Connection system.

C. Procurement

61. Procurement under the AF will be carried out in accordance with the Bank's Regulations for Investment Project Financing (IPF) Borrowers for Goods, Works, Non-consulting and Consulting Services, dated July 2016 and revised on November 2017, August 2018 and November 2020. The AF will be subject to the World Bank's 'Guidelines on Preventing and Combating Fraud and Corruption in projects Financed by IBRD Loans and International Development Association (IDA) Credits and Grants, October 15, 2006, revised in January 2011, and as of July 1, 2016.

62. The major planned procurement under Component 1 will include purchase of COVID-19 vaccines, in addition to: (i) additional capacity or refurbishment of national, subnational, and facility-based mobile cold chain equipment and supplies; (ii) vehicles, including refrigerated vehicles and for vaccinator personnel transport; (iii) technical assistance for demand creation, including mass media and communication campaigns; (iv) other technical assistance to support in-country implementation, including assessments of effective vaccine management capacity and training of frontline delivery workers; and (v) vaccine logistics and information management systems and information systems to monitor adverse effects from immunization. Contracts for vaccine purchase would be subject to the World Bank's prior review, irrespective of the estimated costs.

63. **Institutional and Procurement Arrangements.** Procurement will be undertaken by the ICPMU at the MOH. The Cabinet of Ministers will oversee and approve the procurement processed by the ICPMU in terms of procurement of vaccines. Given that the supply of vaccines and other non-vaccine procurement activities will add to the workload of the ICPMU, the existing capacities may need to be enhanced by acquiring additional procurement and technical expertise.

64. **Procurement approach for other non-vaccine procurement under the AF.** The proposed procurement approach may include among others: (i) competitive procedures for goods and non-consultancy services using Request for Bids (RFBs), Request for Proposals (RFPs), and Request for Quotations (RFQs) as well as selections for consultancy services using Quality-and-Cost-Based-Selection (QCBS); Fixed Budget; Least-Cost; or Consultants' Qualifications; (ii) use of framework agreements, including existing framework agreements; (iii) procurement from UN Agencies enabled by Bank procedures and standard agreements; and (iv) direct selection, where justified.



65. **Prior Review Thresholds.** Considering the substantial risk rating of the project, the following prior review thresholds will apply, regardless of the method of selection.

Type of procurement	Prior review threshold
Procurement of COVID-19 vaccines	All
Goods, excluding COVID-19 vaccines	>= \$ 1.5 million
Consultants: firms	>= \$ 0.5 million
Consultants: individuals	>= \$ 0.2 million

66. **Project Procurement Strategy for Development (PPSD) and Procurement Plan.** The PPSD was cleared by the Bank on June 8, 2021. The initial Procurement Plan, cleared by the World Bank on June 5, 2021, will be uploaded in the Systematic Tracking of Exchanges in Procurement (STEP) and updated as needed.

67. **Retroactive financing.** Retroactive financing is available for eligible expenditures incurred by the GOJ up to one year prior to the date of signing of the Loan Agreement. As specified in Section V (paragraph 5.1 and 5.2) of the applicable Procurement Regulations, if contracts are to be eligible for retroactive financing, the procurement procedures, including advertising, shall be consistent with Sections I, II and III of the Procurement Regulations. In addition, contracts that were procured prior to signing of the Loan Agreement will be eligible for retroactive financing, if the contractor/supplier/consultant has explicitly agreed to comply with the relevant provisions of the World Bank’s Anti-Corruption Guidelines, including the World Bank’s right to inspect and audit all accounts, records, and other documents relating to the project that are required to be maintained pursuant to the Loan Agreement.

68. **Hands on Expanded Implementation Support (HEIS) and BFP.** At GOJ’s request, the World Bank will offer BFP as support to the country’s own procurement of COVID-19 vaccines complying with the Bank’s VAC, as well as support to the MOH’s procurement of medical equipment and supplies. BFP constitutes additional support to GOJ over and above the usual HEIS, which will remain available. BFP may include hands-on support to the GOJ/MOH in negotiating contract conditions with manufacturers/suppliers and facilitating market access. The GOJ/MOH will remain fully responsible for signing and entering into contracts and implementation.

69. **Systematic Tracking of Exchanges in Procurement (STEP).** The procurement plan will be updated and all activities to be financed by the project will be entered and cleared through STEP, which defines the market approach options, the selection methods, and contractual arrangements, and determines the World Bank’s reviews. Any contract not uploaded in STEP, with award notification not being uploaded before the signing of the contract, may not be eligible for financing.

D. Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No



E. Environmental and Social

70. As with the Parent Project, the environmental risks for the AF are rated Substantial. The environmental risks and impacts are expected to be generated from activities to be financed under Component 1 which will finance vaccine purchase, needed health system strengthening, and service delivery efforts for vaccine deployment. The main environmental risks are associated with: (a) medical waste management and community health and safety issues related to the handling, transportation, and disposal of used vaccines and associated healthcare waste and (b) the occupational health and safety (OHS) issues related to vaccination, handling of related supplies, and the possibility that they are not safely used by medical crews.

71. The social risks associated with the Parent Project and the proposed AF are considered Substantial. Risks stem from the COVID-19 vaccination program under Component 1, namely: (a) potential elite capture; (b) vaccine skepticism and hesitancy from the general public and the spread of misinformation; (c) unfair and inequitable vaccine distribution; (d) the risk of exposure to COVID-19 in the course of the vaccine deployment and administration efforts; (e) AEFI (fatality, life-threatening, adverse event requiring hospitalization or leading to the disruption of normal life); (f) exposure to sexual harassment, violence, or abuse as a result of project activities, for example, retaliation against health workers; and (g) the uncertainties related to the vaccines' efficacy, delivery modalities, adverse effects, and supply levels. The ongoing vaccination campaign has not resulted in human security risks such as protests, social unrest, or opposition in the country to date. The risks associated with security personnel are also limited, given their limited use and interactions with the public in COVID-19 vaccination activities.

72. The MOH continues to face coordination challenges and capacity constraints presented by the COVID-19 pandemic that are contributing risk factors for both E&S performance. The preparation of some ESF documents under the Parent Project were delayed and extended beyond the distribution date of procured equipment. An ESHS audit was conducted against the requirement of the ESCP at the four hospitals that have already received goods procured under the Parent Project. No negative impacts were found by the audit and an action plan was developed by the MOH to improve in the future E&S risk management based on recommendations of the audit.

73. The ESMF and LMP were prepared and cleared by the World Bank on March 6, 2021 and March 16, 2021, respectively, and disclosed on the World Bank's and MOH's websites. Moreover, the required update of the SEP has been prepared, cleared by the World Bank, and disclosed on June 7, 2021 and will continue to be deemed a preliminary SEP until it is consulted in-country before the AF effectiveness date. All ESF documents for both the Parent Project and the AF will be consulted, updated, and adopted before the AF effectiveness. The ESCP requires that the focal points from the three MOH directorates appointed under the Parent Project continue to be maintained, and two part-time E&S specialists be recruited to the ICPMU. While the Environmental Specialist is already in place, the hiring of a part-time Social Specialist was delayed but the recruitment process was recently launched.

74. Except for the aforementioned delays, the Parent Project has undertaken significant stakeholder engagement and outreach campaigns in relation to both COVID-19 response and the COVID-19 vaccination, headed by a strong MOH communications team in coordination with international donors. With appropriate management plans, and once implementation arrangements are fully in place, the risks associated with the proposed AF can be adequately mitigated.



75. The updated ESMF will identify risks and potential E&S impacts associated with the activities to be supported under the AF and outline appropriate mitigation measures. The ESMF will include a Code of Environmental Practice (CoEP) for the Infection Prevention and Control and Medical Waste Management Plan (ICMWMP). The updated ESMF will include the prioritization and allocation rationale, infection control measures to limit the spread of COVID-19 during the AF activities, ensuring vaccination locations are accessible to individuals with disabilities, and mitigation measures to manage stakeholder risks and elite capture. The ESMF will also include information about the vaccine health and safety board that monitors adverse impacts of the immunization and will describe the monitoring mechanisms for the vaccination program. The updated LMP will reflect the new categories of workers associated with the activities under the AF as well as any new training requirements and procedures for OHS. The ESMF will include assessment of security personnel hired in the context of project activities and adoption of management measures if such hiring is envisioned. A Gender-Based Violence Action Plan will be prepared and included in the updated POM.

76. The project's preparation and implementation of an SEP is a key mitigating measure for the E&S risks described above. The SEP describes the principles of prioritization and schedule for COVID-19 vaccine rollout and the strategies for comprehensive public communication and awareness campaigns employing a variety of methods tailored to the needs of different stakeholder groups including disadvantaged and vulnerable groups. These methods include use of digital platforms and websites, brochures and educational materials, the use of community health committees as community mobilizers and influencers, and the use of mobile vaccination units to enhance accessibility in remote areas and two vaccination centers in Syrian refugee camps (Al Za'atari and Al-Afaq). The MOH has also used a variety of community listening tools such as quantitative and qualitative surveys, focus-group discussions, observations, and community mapping to understand social and cultural norms affecting behaviors and health outcomes in order to address gaps in existing interventions and to craft appropriate communications dispelling misinformation and misconceptions about COVID-19 and the vaccine. The SEP also describes the project's grievance mechanism to respond to concerns and grievances of project-affected people. The MOH currently operates a functional and effective grievance mechanism with areas for continuous improvement as described in the SEP. The project's RF matrix tracks grievances received and responded.

77. **GRM.** The Parent Project incorporates a comprehensive project-wide GRM which enables a broad range of stakeholders to channel concerns, questions, and complaints to the various implementation agencies and COVID-19 Call Centers. The project supports the COVID-19 Call Centers with call-free numbers. These numbers have been publicly disclosed throughout the country in the broadcast and print media. The GRM will be equipped to handle cases of sexual exploitation and abuse and sexual harassment (SEA/SH), as rapid guidance on how to respond to these cases will be developed and shared with operators. This will follow a survivor-centered approach. The GRM will continue to be publicized by the MOH and other relevant agencies.

F. Climate Co-Benefits

78. Jordan is exposed to extreme temperature, storms, landslides, and flash floods resulting in loss of life, agriculture, and infrastructure, as well as periods of severe drought leading to declines in crop production and threats to livestock herds, each of which result in food shortages.²¹ The dominance of arid

²¹ Climate Change Knowledge Portal. <https://climateknowledgeportal.worldbank.org/country/jordan/vulnerability>.



conditions and increasingly irregular rainfall distribution are the main limiting factors affecting agricultural production and therefore is highly climate sensitive. Mean annual temperature is expected to increase by 2°C by 2050 with more frequent heatwaves. Water scarcity is expected to be exacerbated by climate change, which has already decreased rainfall levels and increased temperatures.²²

79. Reduced and more variable rainfall levels and drought reduce the replenishment rates of surface and groundwater systems, leading to lower water availability for human use and consumption. The reduced availability of water forces communities to resort to marginal or compromised reserves for household and agricultural use, increasing the risk from waterborne diseases. Declining agricultural production of Jordan's primary staple crops raises concerns about food security and malnutrition and leads to numerous adverse nutritional impacts with women and children being the most vulnerable. The elderly and those with pre-existing long-term medical conditions are the most susceptible to effects of extreme heat due to chronic diseases such as diabetes and cardiovascular and respiratory diseases along with other non-communicable diseases. Storms and flash floods inflict a heavy toll on human life with acute impacts including physical injuries and drowning. This is followed by an increased risk of vector and waterborne diseases, which is associated with post-disaster scenarios, but is expected to tick up as a warming climate benefits the geographic distribution of vectors such as mosquitoes. In the longer term, more profound adverse health impacts are mediated through lack of and damage to health infrastructure as well as the mental health effects of traumatic experiences and the economic hardships these events precipitate.

80. Jordan was the first country in the Middle East to develop a national climate change policy in 2013.²³ It has created a special directorate for Climate Change at the Ministry of Environment to act as a coordinating platform for all climate change activities in the country. In 2015, Jordan's Intended Nationally Determined Contribution (INDC) presented a very diverse spectrum of actions and outcomes of commitment with emphasis on those aiming at reducing its emissions by 14 percent by 2030, compared to its very small share of GHGs.²⁴ This project will add to this and further enhance adaptation to climate change as well as mitigating Jordan's contribution to global emissions through the measures outlined in the following paragraphs.

81. The AF seeks to address climate vulnerability and enhance resilience and adaptation through the following activities. Under Component 1 (COVID-19 Emergency Response), financing will focus on access to COVID-19 vaccines and strengthening the delivery system which will enhance systems strengthening from cold chain facilities, vehicles, and other infrastructure. Climate risk considerations will be integrated in a vaccine logistics plan reducing climate vulnerability during deployment, but also in future events of crisis, for instance by incorporating climate vulnerability planning for vaccine delivery and contingency plans for particular weather events to shield against disruptions of vaccine distribution and delivery, as well as off-grid renewable energy power generation for cold chain facilities. This component's investment in health and vaccine deployment infrastructure and climate-resilient cold chain facilities increases the resilience of beneficiaries for future shocks, including adverse climate impact. Additionally, undertaking a vaccine readiness assessment that includes a climate vulnerability assessment will also ensure the evaluation of Jordan's immunization plans and cold chain exposure to various climate change-induced

²² USAID Climate Risk Profile 2017.

²³ Jordan's Third National Communication on Climate Change 2014.

²⁴ Hashemite Kingdom of Jordan Intended Nationally Determined Contribution:
<https://www.unfccc.int/sites/ndcstaging/PublishedDocuments/Jordan%20First/Jordan%20INDCs%20Final.pdf>.



events. Lastly, the registration and communication campaigns envisaged by this component will increase the awareness of the population to health measures such as immunizations to building resilience, to COVID-19 and other communicable diseases, in turn increasing their reach and effectiveness delivering positive adaptation impact.

82. Specific project activities which will support climate change mitigation include activities under Component 1 to procure, store, and distribute vaccine supplies that will follow energy-efficient principles and low carbon procurement criteria to avert GHG emissions. Building, outfitting, and retrofitting of cold chain facilities will also aim to incorporate renewable energy generation and energy efficiency standards. Under Subcomponent 1.2 the project will exploit synergies with the ongoing support to strengthen primary health care for the most vulnerable groups of the population which are also highly vulnerable to climate change. Specifically, the outreach campaigns will include strengthening not only outreach and information to communities in rural and low-density areas but also education campaigns on how to enhance resiliency against climate change as part of the new Family Health Model.

G. Gender

83. The AF aims to contribute to the World Bank Group Gender Strategy's (FY16-23) first pillar around improvement of human development outcomes by reducing widespread COVID-19 vaccination hesitancy that is disproportionately higher among women and could result in uneven uptake of the COVID-19 vaccine.

84. In a vaccination hesitancy study²⁵ conducted by the MOH, three-quarters of the population are either hesitant and/or fearful to take the vaccine with women notably more hesitant than men, at 83 vs 67 percent. Similarly, among healthcare workers, vaccine hesitancy rates seem to be higher among women. Furthermore, vaccination registration and completion rates are lower among women than men (10 percentage points difference to the disadvantage of women). This trend is also seen among the health care workforce, with only 32 percent of female health workers vaccinated compared to over 65 percent men. On the vaccination hesitancy, reasons do not vary significantly by gender with majority reporting side effects as the biggest reason followed by limited evidence on effectiveness of vaccine and lack of information about it. Lack of a full understanding of the benefits and importance of the vaccine could have serious repercussions in the uptake among priority population groups, especially women who are more concerned about side-effects. The gender gaps in uptake among women, including those in the health sector, may also be a result of hesitancy coupled by other variables. It is important to note that a 2016 unpublished gender audit by the MOH indicated that women represented more than half (53.8 percent) of ministry staff in 2015 (69.8 percent of nurses, 57.1 percent of medical assistants; and 15.3 percent of physicians).²⁶ Given the female workforce's front-line interaction with communities and their participation in care work, female healthcare workers face increased risk of exposure to COVID-19 infections.

85. The MOH has a multi-sectoral communication working group, including the Media Department at the Prime Ministry, WHO, UNICEF, USAID, Royal Health Awareness Society and others. Under the project,

²⁵ MOH. Vaccine Acceptance Survey. December 2020.

²⁶ USAID. Women Leaders in Health Forum Strategy 2019-2022. June 2019. Accessed at https://hrh2030program.org/wp-content/uploads/2019/06/HRH2030_Women-Leaders-in-Health-Forum-Strategy-2019-2022_EN_to-USAID_revised_clean.pdf on November 13, 2020



the MOH will implement a communications campaign targeting female beneficiaries, including female healthcare workers. The scope of the campaign will be based on results of project consultations and a joint World Bank-MOH high frequency survey that assesses changes in perceptions and behaviors over time across various population groups, disaggregated by gender. The consultations and surveys will complement each other. While the consultations will focus on distilling knowledge from local women's organizations as a way to shed light on what they understand to be drivers behind gender gaps in uptake in communities they work in or among sub-populations (such as frontline workers), the survey will provide quantifiable results of personal experiences about barriers and enabling factors for female beneficiaries such as access to accurate information on vaccination and vaccine safety/efficacy by peers, access to vaccination centers and information sources (i.e. whom you would like to get information). Building on the results of the consultations and survey, the project will support the MOH in designing/implementing advocacy/communications campaign that leverages peer networks and influencers while utilizing a combination of media (traditional, digital, low-tech) to ensure wide access among women. As an example, the communications campaign can take the form of peer-to-peer campaigning where information about the vaccine is communicated to female healthcare workers horizontally (via other nurses or community members) rather than top-down. In addition, information about vaccine effectiveness can be expanded to locations where women are likely to be present, such as supermarkets, pharmacies and mobile clinics. As noted, specific attention will be paid to reaching female healthcare workers (and more broadly women) through female influencers and trusted civic organizations that can share the benefits, speak about the COVID-19 side effects without triggering concern, and have access to vulnerable populations.

86. **M&E of gender.** The AF will measure identified gender gaps through the following indicators:

- Share of female HCWs fully vaccinated (baseline: 32, end target: 65).

H. Citizen Engagement

87. A key part of the COVID-19 response operation is the community engagement and outreach element of the overall framework and implementation plan to tackle the pandemic during its various stages. The engagement of communities is critical to build community knowledge and confidence, establish trust, ensure that the government responds to community needs (including vulnerable groups such as HCWs and other target population groups), and thus optimize the impact of the COVID-19 response. Obtaining feedback from initial efforts to deploy the COVID-19 vaccine will also be essential to compile lessons learned on an ongoing basis, and to inform subsequent efforts for outreach and vaccine deployment for other population groups. The MOH is actively engaging with target population groups and communities through targeted communication campaigns, social listening, and vaccine acceptance surveys. In addition, the MOH, in partnership with the MODEE, developed a digital platform for AEFI monitoring. This allows beneficiaries to report any adverse effects through the dedicated website or SMS. The AF will include a result indicator that measures feedback loops from beneficiaries through an accessible GRM that can receive, process, and respond to feedback provided on time, including queries and complaints.

V. WORLD BANK GRIEVANCE REDRESS

88. 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 World Bank’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 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

VI SUMMARY TABLE OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Loan Closing Date(s)	✓	
Disbursements Arrangements	✓	
Implementing Agency		✓
Project's Development Objectives		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Other Change(s)		✓

VII DETAILED CHANGE(S)



MPA PROGRAM DEVELOPMENT OBJECTIVE

Current 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

Proposed New MPA Program Development Objective

EXPECTED MPA PROGRAM RESULTS

Current Expected MPA Results and their Indicators for the MPA Program

Progress towards the achievement of the PDO would be measured by outcome indicators. Individual country-specific projects (or phases) under the MPA Program will identify relevant indicators, including among others:

- Country has activated their public health Emergency Operations Centre or a coordination mechanism for COVID-19;
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents;
- Number of acute healthcare facilities with isolation capacity;
- Number of suspected cases of COVID-19 reported and investigated per approved protocol;
- Number of diagnosed cases treated per approved protocol;
- Personal and community non-pharmaceutical interventions adopted by the country (e.g., installation of handwashing facilities, provision of supplies and behavior change campaigns, continuity of water and sanitation service provision in public facilities and households, schools closures, telework and remote meetings, reduce/cancel mass gatherings);
- Policies, regulations, guidelines, or other relevant government strategic documents incorporating a multi-sectoral health approach developed/or revised and adopted;
- Multi-sectoral operational mechanism for coordinated response to outbreaks by human, animal and wildlife sectors in place;
- Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities; and
- Mechanisms for responding to infectious and potential zoonotic diseases established and functional; and
- Outbreak/pandemic emergency risk communication plan and activities developed and tested



Proposed Expected MPA Results and their Indicators for the MPA Program

COMPONENTS

Current Component Name	Current Cost (US\$, millions)	Action	Proposed Component Name	Proposed Cost (US\$, millions)
Component 1: Emergency COVID-19 Response	19.45	Revised	Component 1: Emergency COVID-19 Response	82.25
Component 2: Implementation Management and Monitoring and Evaluation	0.50	Revised	Component 2: Implementation Management and Monitoring and Evaluation	1.50
Component 3: Contingent Emergency Response Component (CERC)	0.00	No Change	Component 3: Contingent Emergency Response Component (CERC)	0.00
TOTAL	19.95			83.75

LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Current Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IBRD-91080	Effective	30-Jun-2022	30-Jun-2022	31-Jan-2024	31-May-2024

DISBURSEMENT ARRANGEMENTS

Change in Disbursement Arrangements

Yes

Expected Disbursements (in US\$)

Fiscal Year	Annual	Cumulative
2020	5,881,197.74	5,881,197.74
2021	14,118,802.26	20,000,000.00
2022	25,000,000.00	45,000,000.00
2023	23,750,000.00	68,750,000.00



2024	15,000,000.00	83,750,000.00
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SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Latest ISR Rating	Current Rating
Political and Governance	● Moderate	● Moderate
Macroeconomic	● Moderate	● Moderate
Sector Strategies and Policies	● Moderate	● Moderate
Technical Design of Project or Program	● Moderate	● Moderate
Institutional Capacity for Implementation and Sustainability	● Moderate	● Moderate
Fiduciary	● Substantial	● Substantial
Environment and Social	● Substantial	● Substantial
Stakeholders	● Low	● Low
Other	● Moderate	● High
Overall	● Substantial	● High

LEGAL COVENANTS – Jordan COVID-19 Emergency Response Additional Financing (P176862)

Sections and Description
No information available
Conditions



VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Jordan

Jordan COVID-19 Emergency Response Additional Financing

Project Development Objective(s)

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

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
Component 1: Emergency COVID-19 Response				
Number of hospitals that comply with COVID-19 case management per WHO protocol (Number)		0.00		32.00
Number of health and non-health staff trained in infection and prevention control per MOH approved protocols (Number)		0.00	750.00	1,500.00
Action: This indicator has been Marked for Deletion				
Percentage of population vaccinated, which is included in the priority population targets defined in national plan. (Percentage)		0.00		40.00
Action: This indicator is New				
Share of female healthcare workers fully vaccinated (Percentage)		32.00		65.00



Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
<i>Action: This indicator is New</i>				

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets	End Target
			1	
Component 1: Emergency COVID-19 Response				
Number of newly renovated health facilities fully equipped with medical equipment and commodities for COVID-19 (Number)		0.00	1.00	2.00
Number of COVID-19 awareness videos broadcast (Number)		0.00	300.00	600.00
<i>Action: This indicator has been Marked for Deletion</i>				
M&E system established to monitor COVID-19 preparedness and response plan (Yes/No)		No	Yes	Yes
Number of vaccination centers received energy-efficient fridges for cold chain system. (Number)		0.00		520.00
<i>Action: This indicator is New</i>				
Percentage of grievances received through the project's Grievance Redress Mechanism (GRM) addressed within 14 days which is publicly communicated. (Percentage)		0.00		100.00
<i>Action: This indicator is New</i>				



Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Number of hospitals that comply with COVID-19 case management per WHO protocol		Semi-annually	MOH Communicable Disease Directorate	Communicable Disease Event-based Surveillance System	MOH
Number of health and non-health staff trained in infection and prevention control per MOH approved protocols		Semi-annually	MOH Communicable Disease Directorate	MOH reporting	MOH
Percentage of population vaccinated, which is included in the priority population targets defined in national plan.	Number of eligible beneficiaries according to the NDVP who completed full vaccination schedule (depending on required dose regimen of particular vaccines) divided by total number of eligible beneficiaries registered on the vaccine registration platform. The reporting will be disaggregated by gender, age group and governorate.	Semi-annually	MOH/NCSCM Monitoring Reports	Registration and supply chain digital systems	MOH and NCSCM
Share of female healthcare workers fully vaccinated	Share of female healthcare workers who are fully vaccinated out of those	Semi-annually	MOH/NCSCM Monitoring Reports	Registration/supply chain digital systems	MOH and NCSCM



	who are eligible to receive vaccinations, in accordance with the NDVP.				
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Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Number of newly renovated health facilities fully equipped with medical equipment and commodities for COVID-19		Semi-annually	MOH Building and Maintenance and Biomedical Engineering Directorates	Procurement Directorate Inventory	MOH
Number of COVID-19 awareness videos broadcast	Measures the number of COVID-19 awareness videos broadcast in Jordan	Semi-annually	MOH Health Communication and Awareness Directorate	MOH reporting	MOH
M&E system established to monitor COVID-19 preparedness and response plan	M&E framework for the National Preparedness and Response Plan	Semi-annually	MOH Communicable Disease Directorate	MOH reporting	MOH
Number of vaccination centers received energy-efficient fridges for cold chain system.	Number of vaccination centers (estimated at 520) which received cold chain refrigerators under the project.	Semi-annually	MOH Communicable Disease Directorate Reports	Routine progress reporting	MOH Communicable Disease Directorate Reports



Percentage of grievances received through the project's Grievance Redress Mechanism (GRM) addressed within 14 days which is publicly communicated.	This indicator will exclude grievances requiring a special committee for processing (e.g. grievances/complaints related to medical malpractice). GRM data will be published on the MOH website. The scope of the GRM will not only include complaints, but also other types of feedback including queries and suggestions.	Semi-annually			

**ANNEX 1: STATUS OF VACCINES AS OF JUNE 2, 2021**

Vaccine	SRA Emergency Use Approval	WHO PQ/EUL
BNT162b2/COMIRNAT Y Tozinameran (INN) - Pfizer BioNTech	UK: December 2, 2020 Canada: December 9, 2020 USA: December 11, 2020 EU: December 21, 2020 Switzerland: December 19, 2020 Australia: January 25, 2021	WHO EUL: December 31, 2020
mRNA-1273 - Moderna	USA: December 18, 2020 Canada: December 23, 2020 EU: January 6, 2021 Switzerland: January 12, 2021 UK: January 8, 2021	WHO EUL: April 20, 2021
AZD1222 (also known as ChAdOx1_nCoV19/ commercialized as COVISHIELD in India) - AstraZeneca/Oxford	UK: December 30, 2020 EU: January 29, 2021 Australia: February 16, 2021 (overseas manufacturing); March 21, 2021 (for local manufacturing by CSL – Seqirus) Canada: February 26, 2021	WHO EUL: February 15, 2021 for vaccines manufactured by SK Bio and Serum Institute of India
Ad26.COV2.S - Johnson & Johnson	USA: February 27, 2021 Canada: March 5, 2021 EU: March 11, 2021 Switzerland: March 22, 2021	WHO EUL: March 12, 2021
BBIBP-CorV - Sinopharm		WHO EUL: May 7, 2021
CoronaVac – Sinovac		WHO EUL: June 1, 2021



ANNEX 2: COUNTRY PROGRAM ADJUSTMENTS

1. The COVID-19 pandemic has had significant economic repercussions in Jordan, given the country's small and open economy with high linkages with the rest of the world. The pandemic has had particularly profound impacts on travel receipts and tourism, key sectors of the Jordanian economy. COVID-19-related disruptions have led to a real gross domestic product (GDP) contraction of 1.5 percent year-on-year during the first nine months of 2020, with macroeconomic projections²⁷ suggesting that the economy contracted by 1.8 percent in 2020, with a tepid 1.4 percent recovery expected in 2021. Jordan's unemployment rate, which marginally increased from 18.3 percent to 19.0 percent between 2017 and 2019, rose significantly as a result of the economic shock from the pandemic to 24.7 percent in Q4-2020. Female unemployment, which had been declining between 2017 and 2019, from 31.2 percent to 27 percent, rose sharply to 32.8 percent in Q4-2020. Moreover, youth unemployment (15–24 years) jumped significantly—from 40.6 percent in 2019 to an unprecedented high of 50.0 percent by the end of Q4-2020.

2. Even before the COVID-19 crisis, Jordan's economy was not performing as projected in the CPF and had been struggling with persistently sluggish growth dynamics and structural challenges that have undermined fiscal sustainability. Between 2016 and 2019, real GDP growth continued to drift at about 2.0 percent, insufficient to create enough jobs for Jordan's young labor force. The Jordanian Government has adopted foundational policy and institutional reform decisions since 2018 (such as PPP legislation, public procurement reform, domestic revenue mobilization). However, reforms have taken time to implement and to date, they have not made a dent in Jordan's growth trajectory, or its fiscal imbalances, which negatively reinforce one another. The central government fiscal deficit reached 4.6 percent of GDP in 2019. The COVID-19 pandemic put additional pressure on Jordan's finances, as domestic revenues declined sharply due to economic contraction. As a result, the central government fiscal deficit (including grants) substantially widened from 4.6 percent in 2019 to 7.4 percent in 2020, and central government debt reached 106.5 percent of GDP in 2020 (compared to 97.4 percent in 2019).

3. The economic shock from the COVID-19 pandemic intensified previous poverty trends, although the social safety net helped mitigate some of the impact on poverty. Poverty reduction in Jordan was stagnant in the decade before 2020, driven by slow economic growth, a lack of broad-based job creation, and labor market segmentation.²⁸ A microsimulation estimate of the poverty impacts of the pandemic indicates that the poverty rate increased by nearly 40 percent in the early stages of the crisis when the country went into lockdown before slowly recovering as some economic activity resumed.²⁹ Support through Jordan's social protection system is estimated to have mitigated over a third of the initial poverty increase.

4. Jordan made notable improvements in narrowing its current account deficit during the past two years, but the global economic slowdown due to COVID-19 appears to have reversed this trend. Jordan's current account deficit (including grants) decreased from 10.6 percent of GDP in 2017 to 7.0 percent of GDP in 2018, and to 2.1 percent of GDP in 2019. However, during the first nine months of 2020, pandemic-

²⁷ Based on the World Bank's Jordan Macro Poverty Outlook Spring 2021 (forthcoming) projections.

²⁸ The poverty rate was 15.7 percent in 2017–2018 (based on the most recent national socioeconomic household survey conducted by the GOJ). Changes in survey methodology do not allow for a direct comparison of this figure with the previous estimate of 14.4 percent in 2010–2011. However, the higher number in 2017–2018 is not evidence of an increase in poverty due to methodological changes. It is most likely that the poverty rate stagnated or fell only slightly.

²⁹ UNHCR (United Nations High Commissioner for Refugees), and World Bank. 2020. *Compounding Misfortunes*.

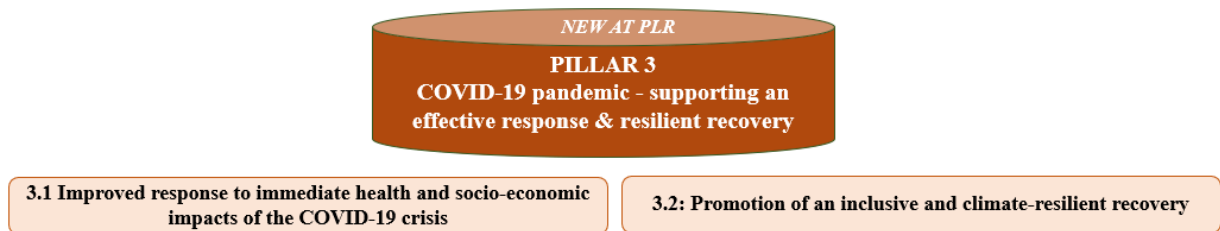


induced trade disruptions, the global economic slump, the unprecedented drop in tourism, and the decrease in workers’ remittance inflows put significant pressure on the external sector, hitting Jordan’s foreign exchange income and current account. As a result, Jordan’s current account deficit (including grants) stood at 5.6 percent of forecasted GDP in 9M-2020, which is almost twice the deficit recorded in the same period the previous year.

5. The CPF remains highly relevant for Jordan. The Performance and Learning Review (PLR) (Report No. 145857-JO) dated May 7, 2021 provide an update to the CPF to align the WBG program behind the GOJ’s response to COVID-19 and plans for an inclusive and resilient recovery, including a focus on employment generation and implementation of priority reforms. This PLR makes the following key adjustments: (a) adds a *third CPF pillar and projects on COVID-19 response and resilient recovery* and (b) includes additional programmatic support and indicators to promote *implementation of key reforms* to create an enabling environment for investment and job creation. The PLR updates the CPF RF to reflect new WBG activities added since CPF approval and introduces more outcome-oriented indicators to better track program performance and impact. Prepared in the final phase of the CPF period, the PLR serves as a bridge for preparation of Jordan’s next CPF in FY22.

6. The PLR adds a third pillar to the CPF: “COVID-19 pandemic - supporting an effective response and resilient recovery.”. This pillar will capture the WBG’s programs to mitigate the immediate health and socioeconomic impacts of the crisis (for example, health, education, employment, SME support, and social protection interventions) and the package of pipeline projects being prepared in FY21 to support a resilient recovery and job creation. These programs have also been designed to align with the GOJ’s new Government Indicative Executive Plan (GIEP) 2021–2024 Reform Matrix (see Figure 1). Programs under the new pillar 3 will begin to tackle the challenge of youth unemployment, which will be an area of central focus for the new CPF.

Figure 1: New CPF Pillar 3





FY20 Immediate Response/Restructuring

- COVID-19 Emergency Health Project; Innovative Start-Ups project to provide financing support to vulnerable SMEs; and Education Reform Support Program to address impacts on the education system.
- Emergency Cash Transfer COVID-19 Response Project (US\$350m) to provide cash support to vulnerable households and formal sector workers.

FY21 Pipeline

- COVID-19 Private Sector Recovery and Resilience Project (US\$115m) to support MSMEs to adapt to the immediate impacts of COVID-19 while also supporting MSME sector to enable future growth.
- Rural Employment and Agri-Food Transformation Project (US\$75m) to help the sector weather the immediate impacts of the COVID-19 crisis, while also positioning Jordan for agri-business growth over the mid to longer term.
- Inclusive and Transparent Business Regulatory Environment for Investment Program for Results (US\$400m; US\$250m AIIB) to promote reform implementation and higher quantity and quality of public and private investments for climate-responsive recovery.
- *Analytics/TA*: Action Plan to expand women’s economic opportunities in recovery efforts; Country Climate and Development Report to support policies and programs to green the economy, create jobs, and attract investment; Human Capital Review focused on employment opportunities for Jordan’s youth.
- *IFC fast-track financial support* to help sustain businesses and preserve jobs: (i) supporting critical industries; (ii) keeping trade flowing; (iii) helping clients pay their bills; and (iv) shoring up local banks.

7. A Human Capital Review focused on youth employment is proposed under Pillar 3 to inform Jordan’s reform and recovery agenda moving forward, pairing new investment and economic opportunities with attention to the human resources required to build back better. Both the health and economic effects of COVID-19 and its control measures will have significant consequences on Jordan’s human capital that will ripple across generations. Youth unemployment has reached unprecedented levels, with one of every two Jordanian youth unemployed. This review will support Jordan in assessing its human resource strategy and adapting it to the COVID-19 recovery phase, including informing a major employment support program as part of the WBG’s FY22–23 project pipeline and next CPF.

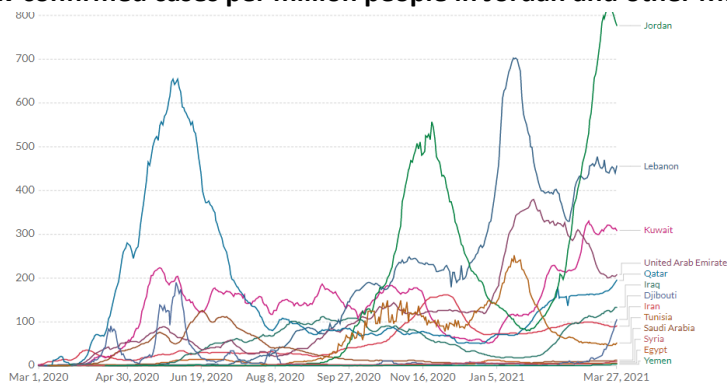


ANNEX 3: LATEST COVID-19 SITUATION IN THE COUNTRY

1. Jordan, like other countries in the region, remains vulnerable to COVID-19 and has been facing multiple waves of infections. As of June 10, 2021, the total number of confirmed cases was 742,178, including 478 patients in hospitals and 9,570 deaths.³⁰ Forty-nine percent of confirmed cases are female, and those aged between 25 and 34 have the highest cumulative number of infections (166,734). The majority of infections and death cases are reported in the capital Amman.

2. Jordan had managed to keep a low cumulative number of infections and deaths until the end of August 2020 by activating Defense Orders and enforcing stringent nation-wide and geographically targeted³¹ lockdowns, night-time curfews, school closures, and non-pharmaceutical interventions such as wearing masks and keeping social distancing. However, the country experienced an exponential growth in daily infections and deaths with the second wave of infections and deaths beginning in October 2020. Infections and deaths declined by December 2020, and Jordan managed to maintain this downward trend until the first week of January 2021. However, since the end of January 2021, Jordan recorded a third wave of COVID-19 cases, with an increasing number of new cases due to the variant B.1.1.7—known as United Kingdom variant—spreading in Amman and the neighboring governorates. Daily infections and deaths increased, with highest daily confirmed cases reported on March 17, 2021 (9,535 confirmed cases). When comparing numbers of daily confirmed cases per million people on the rolling 7-day average in the MENA region, Jordan recorded the highest numbers per million between February and April 2021. Despite the surge of infections across the country, infections in refugee camps are contained. As of March 17, 2021, a cumulative number of 2,482 refugees had been confirmed with COVID-19, of which 95.5 percent had recovered.³² Due to the surge in positivity rate (11.68 percent as of April 28, 2021), the GOJ decided to reimpose stringent social distancing measures (that is, a comprehensive curfew every Friday since February 26, 2021 and postponement in the reopening of some business sectors).

Figure 2: Daily new confirmed cases per million people in Jordan and other MENA countries



Source: Our World in Data

³⁰ The Ministry of Health, the Hashemite Kingdom of Jordan. Coronavirus Update. Accessed at <https://corona.moh.gov.jo/en> on June 11, 2021.

³¹ Isolating buildings, districts, and governorates where surge of infections/clusters are confirmed.

³² United Nations High Commissioner for Refugees. UNHCR Jordan COVID-19 response (March 17, 2021). Accessed at <https://reliefweb.int/sites/reliefweb.int/files/resources/03%20-%20UNHCR%20Jordan%20COVID-19%20response%20one-pager%20-%202017%20March%202021.pdf> on March 28, 2021.



ANNEX 4: SUMMARY OF THE PARENT PROJECT COMPONENTS

- 1. Component 1: Emergency COVID-19 Response (US\$19.45 million).**³³ This component aims to prevent and limit the spread of COVID-19 in Jordan. This will be achieved through providing critical support to enhance case detection, testing, case management, recording and reporting, as well as contact tracing, risk assessment, and clinical care management. Specifically, this component finances the procurement of medical and non-medical supplies, medicines, vaccines, equipment,³⁴ consultancy services, and implementation costs for capacity building as needed for COVID-19 preparedness and response activities.
- 2. Component 2: Implementation Management and Monitoring and Evaluation (US\$0.5 million).** This component provides support for the ICPMU at the MOH in managing and overseeing project activities, including: (a) staffing; (b, ii) data collection, aggregation, and periodic reporting on the project's implementation progress; (c) monitoring of the project's key performance indicators and periodic evaluation; and (d) overall project operating costs, financial and technical audit costs, and monitoring and compliance with the ESCP. Data collection and monitoring will be done in a gender and age-disaggregated manner to contribute to a better understanding of the epidemiological profile of the affected population.
- 3. Component 3: Contingent Emergency Response Component (CERC) (US\$0 million).** In the event of an eligible crisis or health emergency, the project will contribute to providing immediate and effective response to said crisis or emergency. This component will draw from uncommitted loan funds from other components to cover the emergency response. To facilitate a rapid response, in case the CERC is activated, the restructuring of the project is deferred to within three months after the CERC is activated.

³³ Financing allocations to components 1 and 2 are US\$19.95 million. US\$0.05 million is used by the GOJ to pay the Front-End Fee (0.25 percent of the total loan amount).

³⁴ Supplies in line with WHO's list of disease commodities or any updates will be procured. There are no medicines and vaccines for COVID-19 yet. Only when WHO approves any medicines and vaccines as applicable and effective, they will be procured.