Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 30-Mar-2022 | Report No: PIDA33621

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Lebanon	P178587	Strengthening Lebanon's Covid-19 Response	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
MIDDLE EAST AND NORTH AFRICA	07-Apr-2022	29-Apr-2022	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Republic of Lebanon	Ministry Of Public Health	

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen Lebanon's national system for public health preparedness.

Components

Procurement of COVID-19 vaccines and deployment
COVID-19 prevention, detection and case management
System Strengthening, Monitoring and Management

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	25.00
Total Financing	25.00
of which IBRD/IDA	18.75
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	18.75

Non-World Bank Group Financing

Trust Funds	6.25
Concessional Financing Facility	6.25

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **In recent years, Lebanon has been ravaged by a series of compounded crises**. An economic and financial crisis has left the country saddled with US$94 billion of public debt as of the end of July 2020. The country is enduring a severe, prolonged economic depression: Lebanon's Gross Domestic Product (GDP) plummeted from about US$55 billion in 2018 to a projected US$20.5 billion in 2021, while real GDP per capita fell by 37.1 percent. Such a brutal contraction is usually associated with conflicts or wars. Monetary and financial turmoil continue to drive crisis conditions. The exchange rate deteriorated more briskly in the six-month period from March-August 2021, depreciating by 68 percent to LPB 19,800 per US$, compared to an 18 percent depreciation over the preceding six-month period. Meanwhile, the inflation rate averaged 131.9 percent over the first six months of 2021. Poverty is on the rise with the share of the Lebanese population under the US$5.50 international poverty line estimated to have risen by 13 percentage points by end 2020 and is expected to further increase by as much as 28 percentage points by end 2021.[1] The social impact, which is already dire, could become catastrophic. An increased number of households are facing challenges in accessing basic services such as food, healthcare, and education, and the unemployment rate continues to rise. Inflationary effects are highly regressive, disproportionally affecting the poor and middle class. The explosion at the Port of Beirut (PoB) on August 4, 2020, led to the loss of lives of almost 200 people, wounded over 6,000, and damaged 292 health facilities, significantly reducing care access, especially for vulnerable populations. The Rapid Damage and Needs Assessment estimates damages of approximately US$3.8 – 4.6 billion, economic losses of US$2.9 – 3.5 billion, and priority recovery and reconstruction needs of US$1.8 – 2.0 billion.

2. **The COVID-19 pandemic poses a serious threat to Lebanon's health system and economy, particularly affecting the poor and vulnerable**. The unmet health needs are immense, and the healthcare system lacks the needed human and financial resources to manage or respond to this pandemic. Lebanon is also facing a 10-year humanitarian situation caused by an unprecedented influx of displaced Syrians. Among its total

[1] World Bank. Lebanon Economic Monitor, October 2021.

population of 6.8 million, Lebanon hosts more than 1.5 million Syrian and 400,000 Palestinian refugees, recording the largest refugee population per capita in the world. The refugee population and an estimated 300,000 migrant workers sum up to 30 percent of the country's current total population. The influx of refugees exacerbated the healthcare system's fragility, which was already overstretched by economic and political instability.

Sectoral and Institutional Context

3. **Lebanon's health system is highly diverse with a mix of public, non-profit, and private providers and a multitude of insurance coverage schemes.** The private sector is a major provider of health services: 85 percent of hospital beds are in the private sector and many primary health care centers (PHCCs) are operated by Non-Governmental Organizations (NGOs). Simultaneously, the public-private not-for-profit network covers the rest of the population, namely the economically deprived and the most vulnerable inhabitants. The public-private partnerships developed over the past few decades have proven, in certain areas like Primary Healthcare, to be effective in increasing healthcare access in vulnerable communities. The health sector has always been dependent on imports, with more than 90 percent of drugs and 100 percent of medical equipment and supplies being imported. Health financing comes from a range of resources, including government revenues, social security contributions, the private sector, and households. As of 2018, Lebanon spent 8.65 percent of its GDP on health, higher than other comparable countries in the Middle East and North Africa (MENA) region[2]. Current health expenditure accounts for 8.35 percent of the national GDP. The health sector is skewed towards curative care with the Ministry of Public Health (MoPH) spending 73.3 percent of its budget on hospital care and 15.0 percent on pharmaceuticals. The largest shares of total health expenditures are by the government (50.02 percent) and out-of-pocket (OOP) spending by households (33.22 percent), with the burden falling more on low-income households, and by this, subjecting a substantial proportion of the population to financial hardship and impoverishment. This problem is expected to exacerbate with the increase in poverty and unemployment rates because of the economic crisis. Around 48.89 percent of the Lebanese citizens are insured through social health insurance and military schemes, while the remaining (51.11 percent) lack formal coverage, with the MoPH serving as the insurer of last resort for hospital care. Given the increase of the official unemployment rate, this coverage is expected to further decrease.

4. **The compounded crises have severely affected the capacity of the health sector to meet the health needs of the country, let alone vulnerable segments of the population.** The economic crisis has greatly constrained the health system's ability to provide accessible and affordable health services. Negative impacts of the economic crisis on the health sector include: (i) protracted delays in government payments of its arrears to hospitals; (ii) a dollar shortage along with unregulated restrictions on depositors' access to their funds, hindering the import of essential medical equipment, medicine and supplies; and (iii) an increase in unemployment rates leading to an increase in the number of uninsured citizens requiring government assistance to pay for health services. With both national and foreign demand conditions being subdued, companies, including healthcare facilities, continue to cut their staff numbers in response to the increasing costs. The August 2020 PoB explosion had a severe impact on the health sector. This explosion damaged 292 health facilities and significantly reduced access to care, especially for the vulnerable. These damages to the health facilities and the subsequent disruption of service delivery, coupled with significant increases in demand for health services and the population's vulnerability in the aftermath of the blast against the

[2] The World Bank, Health Stats: https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS

backdrop of the COVID-19 pandemic present an unprecedented setback to the health system and the population's health and nutrition status.

5. **Another chronic challenge that the health sector is facing is the influx of displaced Syrians in Lebanon since 2011 which led to one of the world's highest concentrations of displaced people in any country.** The total population of Lebanon increased by more than 38 percent between 2010 and 2019, rising from 4.9 million to 6.6 million. As of 2022, 14.7 percent (839,788) of the registered displaced Syrian population are in Lebanon[3], and the Government of Lebanon (GoL) estimates that there are approximately half a million more unregistered displaced Syrians. The Syrian refugee influx has resulted in an unprecedented increase in demand for health services in Lebanon, putting considerable strain on the country's resources and public services.

6. **The COVID-19 pandemic has further exacerbated the strains on the health sector.** At the beginning of 2021, Lebanon was experiencing an unprecedented surge in COVID-19 with a record-breaking number of confirmed cases, and a high positivity rate reaching more than 20 percent, thus overwhelming hospitals that were operating at full capacity. To curb this surge in cases and fatalities, the GoL imposed in January 2021 a nationwide lockdown which was gradually lifted until today. A second peak of transmission, driven by the COVID-19 Delta variant, was observed in August 2021 (peak at 1,628 for a 7-day average of cases), but the intensity in transmission lowered and stabilized to 500 - 600 daily cases (7- day average) in September 2021 with a 31 percent occupancy rate of COVID-19 Intensive Care Unit (ICU) beds and 20 percent of COVID-19 regular beds Lebanon recorded another surge in COVID-19 cases in February 2022 with an average positivity rate reaching 20% and the ICU bed occupancy rate reaching 50% on February 28, 2022. The number of cases started to decrease again in March 2022, and according to WHO's situational matrix guideline, Lebanon is currently situated at level 3 of community transmission[4] However, the health infrastructure today is not prepared to contain another transmission surge such as the one observed in January 2021.

7. **The World Bank is well-positioned to effectively continue to support Lebanon in strengthening its response to COVID-19.** The Lebanon Health Resilience Project (LHRP) (US$120 million) was approved by the World Bank Board of Executive Directors on June 26, 2017 and became effective on November 14, 2018. On March 12, 2020, upon the outbreak of the COVID-19 pandemic, the project was restructured to reallocate US$40 million for the COVID-19 response. On January 20, 2021, the World Bank Board of Executive Directors approved another restructuring of the project to reallocate US$34 million to fund COVID-19 vaccines that meet the World Bank's Vaccine Approval Criteria (VAC) under the Lebanon's National Deployment and Vaccination Plan (NDVP). This project has supported the procurement of 3.25 million of COVID-19 vaccine doses, as well as supplies for vaccine deployment, equipment for 45 hospitals and 180 ICU beds and financial support to cover 14,527 COVID-19 related bills. Additionally, the Bank has mobilized US$3 million from the Health Emergency and Preparedness Trust Fund (HEPRTF) to help close the gaps in vaccination for refugees and host communities, through a Recipient Executed Trust Fund (RETF) implemented by the Lebanese Red Cross (LRC)[5].

[3] UNHCR
[4] WHO COVID-19 DAILY BRIEF, March 22, 2022 – Level 3 is a situation of community transmission with limited additional capacity to respond and a risk of health services becoming overwhelmed (https://apps.who.int/iris/bitstream/handle/10665/336374/WHO-2019-nCoV-Adjusting_PH_measures-2020.2-eng.pdf?sequence=1&isAllowed=y)
[5] https://documents1.worldbank.org/curated/en/099925003232238676/pdf/P17677806f75f7010b3c40c890dbf1e4bd.pdf

8. **The project is being introduced at a crucial juncture in the GoL's response to COVID-19.** A critically important change in the state of science since the early stages of the pandemic has been the emergence of new therapies, as well as the successful development and expanding production of COVID-19 vaccines. A key rationale for the project is to provide upfront financing for safe and effective vaccine acquisition and deployment in Lebanon, thus enabling the country to acquire the vaccine at the earliest and sustain and enhance the ongoing vaccination efforts, recognizing that there are currently supply constraints and excess demand for vaccines from both high-income and lower-income countries.

9. **The NDVP was developed by the MoPH with support from partners to achieve the timely and successful introduction of COVID-19 vaccines, based on the gaps identified in the integrated Vaccine Introduction Readiness Assessment Tool/Framework (VRAF/VIRAT 2.0) (Table 2).** The NDVP has all the key elements recommended by WHO and represents the blueprint for Lebanon's vaccination efforts. According to the NDVP, Lebanon seeks to vaccinate 80 percent of the total population by the end of 2022. The WHO Strategic Advisory Group of Experts on Immunization (SAGE) Allocation Framework was used for the prioritization process, with modifications based on Lebanon's context.

10. **The GoL has secured a portfolio of COVID-19 vaccines through bilateral agreements, COVID-19 Vaccines Global Access (COVAX) Facility (self-financing), and donations.** The GoL also signed a Manufacturing and Supply Agreement with Pfizer on January 17, 2021. The initial agreement to purchase 1.5 million doses for 750,000 individuals was subsequently amended (twice) to include additional doses and modify the delivery schedule. In total, as of June 2, 2021, the GoL has contracted 3.25 million doses from Pfizer, covering 24 percent of the total population with two doses, to be delivered by 2022 according to pace of vaccination, all of which were financed by LHRP funds. The GoL also signed a Committed Purchase Agreement with the COVAX Facility to procure 2.73 million doses of COVID-19 vaccines for 1.36 million individuals (with a two-dose regimen), covering almost 20 percent of the total population. In addition, the GoL has received several bilateral donations which have contributed to the country's supply of vaccines.

11. **With support from the Bank and other development partners, the implementation of the NDVP has been successful overall but has experienced several challenges**. Deployment challenges include an insufficient supply of vaccines, mainly linked to delays in delivery of vaccines and to global supply constraints. Lebanon has recently expanded its vaccination eligibility criteria to include children aged 12 years and above in addition to recommending booster shots to all adults 18 years of age and older who received their second dose 5 months prior. These changes will increase the supply needs for vaccines. The deployment plan was also faced with significant levels of hesitancy among populations residing in Lebanon. Reasons behind hesitancy include safety concerns, mistrust in government-led initiatives, complacency towards the pandemic, in addition to hesitancy specific to certain brands. Even though the national plan currently allows some groups to receive a vaccine on walk-in basis, access barriers were also identified mainly linked to difficulties navigating the vaccination process, especially with regards to pre-registration and challenges in accessing vaccination sites. The Inter-Ministerial and Municipal Platform for Assessment Coordination and Tracking (IMPACT) platform hosted by the Central Inspection Bureau (CIB) constitutes the national platform for COVID-19 pre-registration and vaccination. Recognizing the complexity of the COVID-19 pandemic and the strain under which the Lebanese health system reels, efforts to continue supporting the GoL in its endeavors to respond to the COVID-19 pandemic are crucial.

12. **Despite multiple efforts to increase registration and vaccination among non-Lebanese, registration and vaccination coverage among this category remain lower than the Lebanese population.** The NDVP states that vaccination is intended to cover all residents of Lebanon regardless of their nationality and will be managed in an inclusive and non-discriminatory manner. However, certain groups, including Syrian and Palestinian refugees, have been lagging behind in COVID-19 vaccination (see Table 1) due to multiple challenges including difficulties in navigating the vaccination registration process, vaccine hesitancy, fuel and economic crises, and competing priorities. A recent hesitancy survey conducted by International Medical Corps (IMC) in June/July 2021 showed that while the proportion of Lebanese willing to take the vaccine has increased by 32 percent, in the refugee community only a 10 percent increase was noted. In fact, more than 60 percent of refugees did not think the COVID-19 vaccine was safe nor efficient. Further, 10 percent of the surveyed refugees cited transportation to vaccination centers and security concerns as barriers to vaccination. According to a recent report on vaccine hesitancy among refugees in Lebanon[6], Syrian refugees, similarly to Lebanese, had higher hesitancy towards specific types of vaccines compared to others. This might have had an impact on the vaccination rates among Syrian refugees as their preferred vaccine type was restricted to specific age groups based on the prioritization plan at the initial stages of the campaign. Refugees also expressed a shift in priority from COVID-19 related concerns to challenges arising from the socio-economic crisis. Several actors have been engaged in efforts to increase registration and vaccination among the refugee population. This includes outreach to Syrian refugees by phone and through door-to-door visits to raise awareness on the importance of vaccination and support in the registration process by UNHCR. UNHCR's partners have also deployed mobile units to areas of high Syrian refugee concentrations to conduct vaccination. As for UNRWA, the agency has opened a vaccination site inside the biggest Palestinian refugee camp in Lebanon to encourage Palestinian refugees to get vaccinated and plans to expand this activity to other camps if the outcomes are satisfactory. The role of the Palestine Red Crescent Society in Lebanon (PRCS-Lebanon) in the COVID-19 vaccination in Lebanon has been focused on raising awareness regarding the COVID-19 vaccine in Palestinian refugee camps, in addition to providing registration support through their nine community centers. These efforts have contributed to increased numbers of registered and vaccinated refugees; however, the coverage is still unsatisfactory and more targeted support in these areas is needed. Recognizing this, the World Bank Health and Digital Development teams have provided technical support to IMPACT to improve and simplify the registration process on the digital platform to the extent possible. Additionally, the World Bank Health and Social Protection (Jobs) teams have collaborated with a local partner, Beirut Digital District (BDD), and IMPACT to increase registration in areas with low vaccination coverage by developing an offline registration module to enable NGOs' field workers and volunteers on the ground to expedite the COVID-19 vaccine registration process in areas with internet connectivity issues. This initiative also included an innovative, gamified door-to-door campaign that incentivized trusted volunteers from the local areas such as municipality staff, university students, youth groups and NGOs to drive vaccine registration. The pilot was successful in increasing registration in Akkar governorate which has the lowest levels of vaccination coverage till date. Based on the lessons learned, this initiative is being scaled up to other areas with low levels of registration.

[6] Vaccine Hesitancy Among the Refugee Community in Lebanon and Ways Forward. Non-Governmental Organization (NGO) joint paper by Oxfam Great Britain (GB), International Rescue Committee (IRC), Lebanon Humanitarian Ingo Forum (LHIF), Norwegian Refugee Council (NRC), Jesuite Refugee Service (JRS), American University of Beirut (AUB), and Lebanese Center for Human Rights (CLDH). November 2021.

Table 1. Pre-registration and vaccination according to nationality (as of March 22, 2022)[7]

Nationality	# of individuals pre-registered	percent of total individuals pre-registered	# of individuals who received at least one dose of a COVID-19 vaccine	percent of pre-registered who received at least one dose of a COVID-19 vaccine	# of individuals who received at least 2 doses of a COVID-19 vaccine	percent of pre-registered who received at least two doses of a COVID-19 vaccine
Lebanese	2,818,208	75%	2,017,351	72%	1,816,434	64%
Palestinian	119,763	3%	73,375	61%	62,209	52%
Syrian	549,459	15%	312,601	57%	217,540	40%
Other	140,641	4%	107,885	77%	96,480	69%
Missing nationality	129,040	3%	16,352	13%	10,953	8%

13. **As part of the project supervision arrangements, the Bank contracted a Third-Party Monitoring Agency (TPMA) and set up a Joint Monitoring Committee (JMC) to monitor the deployment of Bank-financed vaccines.** The Vaccination TPMA independently verifies the GoL's compliance of the vaccination deployment with the NDVP, WHO standards and World Bank requirements reflected in the legal agreements, Environmental and Social documents and the Project Operational Manual (POM) with respect to supply chain management and administration of COVID-19 vaccines at: (i) key points in the supply chain; and (ii) vaccination sites from the technical, environmental and social safeguards perspectives. Field monitors use checklists to collect data on all the elements of COVID-19 vaccination, including but not limited to storage, stock and temperature maintenance across the supply chain, service delivery at vaccination sites, eligibility of vaccine recipients and vaccine recipients' and health care workers' perspectives and feedback. In addition to the TPM mechanism, a JMC was set up with the objective to enhance the quality of monitoring and effectiveness of the COVID-19 vaccination program implementation with respect to the NDVP, WHO standards and WB requirements. The JMC is chaired by the Bank and is composed of heads and technical staff from WHO, UNICEF, IOM, UNHCR, UNRWA. Since the beginning of the vaccination campaign in February 2020, the JMC convenes on a biweekly basis to provide high-level oversight of the progress in the NDVP implementation, to review findings of the TPM and ensure timely action for proposed improvements, and to align advocacy efforts and recommendations to the GoL /MoPH to maintain high levels of quality and equity throughout the vaccination process.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

14. The project development objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen Lebanon's national system for public health preparedness.

[7] IMPACT COVID-19 vaccine national platform accessed on March 22, 2022

Key Results

15. The PDO will be monitored through the following PDO level outcome indicators

- Number of COVID-19 vaccine doses acquired through project financing.
- Percentage of residents of Lebanon who are fully vaccinated (2 doses or one dose depending on vaccine type) total and disaggregated by sex.
- Number of COVID-19 patients whose treatments were supported by the project (total and disaggregated by sex).

Project Description

16. **Component 1 – Procurement of COVID-19 vaccines and deployment** (US$11.5 million): This component will support the purchase of COVID-19 vaccines and related deployment activities.

17. ***Subcomponent 1.1: Procurement of Vaccines and Vaccines Supplies***: (US$10.20 million): This subcomponent will support the procurement of: (i) COVID-19 vaccine doses that meet the World Bank's Vaccine Approval Criteria (VAC); and (ii) relevant vaccination consumables (diluents, syringes, etc.) to meet Lebanon's vaccination needs, in accordance with the prioritization and eligibility criteria of the NDVP.
18. ***Subcomponent 1.2: Vaccine deployment*** (US$1.30 million): This subcomponent will support the relevant deployment activities, including inter alia: (i) behavior change communications to increase vaccine awareness and reduce vaccine hesitancy; (ii) mobile vaccination units to vaccinate hard-to-reach populations (e.g., in remote areas), especially those climate-vulnerable; (iii) large-scale vaccination marathons to improve vaccine uptake; (iv) operational costs of vaccination sites; and (v) support to energy-efficient cold chain equipment and other vaccine-related logistics. Activities under this component will include, when relevant, climate considerations in the development of Standard of Procedures and policy guidelines.

19. **Component 2 – COVID-19 prevention, detection and case management** (US$11M): This component will support other COVID-19 prevention, detection and case management activities. This may include, inter alia: (i) payment of COVID-19 treatment bills to eligible hospitals, using provider payment methods as agreed with the World Bank; (ii) procurement of pharmaceuticals, equipment and supplies needed for the prevention, detection and case management of COVID-19; (iii) capacity building and technical assistance in COVID-19 prevention, detection and case management; and (iv) equipment to support COVID-19 response in public hospitals. For COVID-19 treatment, the project can finance therapeutics which are recommended by WHO's COVID-19 treatment guidelines.

20. **Component 3 – System Strengthening, Monitoring and Management** (US$2.50M): This component will finance system strengthening initiatives and the project management unit, which includes at least: (i) financial management (FM) officers; (ii) procurement and due diligence team; (iii) environmental and social officer; (iv) monitoring and evaluation officer; and (vi) Coordination. This component will also finance: (i) the Vaccination Technical Audit to ensure transparent, fair and equitable vaccine deployment, with an emphasis on the WB financed vaccines; and (ii) the Treatment Technical Audit to ensure the same for COVID-19

treatment bills. The Technical Auditor will be contracted by the MoPH in accordance with World Bank's procurement guidelines and procedures. The project will also support activities aimed at strengthening the health system in critical areas of management of health information and supply and logistics.

21. **The expected project beneficiaries will be persons residing in Lebanon**. It is expected that all residents of Lebanon (including Lebanese and non-Lebanese) will benefit from project activities given the nature of the disease and its transmission. Among them, high risk groups are prioritized to benefit from vaccination (primary and booster doses) according to the NDVP. As the project will invest in systems strengthening for deployment of the COVID-19 vaccines, all groups eligible for COVID-19 vaccines will also directly benefit from project investments even if vaccinated with non-WB financed vaccines. The population at large would also benefit through the potential slowdown in transmission due to a reduction in cases among the vaccinated. For COVID-19 treatment, all hospitalized COVID-19 patients without insurance (i.e., patients who are covered by MoPH) are eligible for the project support.

Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts

22. **Environmental Risk Rating**. The environmental risk associated with the project is substantial. The relevant Environmental and Social Standards (ESS) are ESS1 on Assessment and Management of Environmental and Social Risks and Impacts, ESS2 on Labor and Working Conditions, ESS3 on Resource Efficiency and Pollution Prevention and Management, ESS4 on Community Health and Safety, and ESS10 on Stakeholder Engagement and Information Disclosure. The main environmental risks identified at this stage are: (i) the Occupational Health and Safety issues related to testing and handling of supplies during treatment and vaccination; (ii) the logistical challenges in transporting vaccines and medical supplies across the country in a timely manner, adhering to the recommended temperature and transportation requirements; (iii) generation and management of medical healthcare waste; (iv) community health and safety issues related to unforeseen effects of vaccination following immunization, traffic/road safety risks associated with transporting vaccines as well as with handling, disposal of hazardous and infectious healthcare waste, and further spread of COVID-19 during the vaccination process due to gatherings and close proximity; and (v) increase of water and energy use. Treatment and vaccination residue waste can have a substantial impact on the environment and human health, and these wastes could include used needles, syringes, cotton swabs, personal protective equipment (PPE), etc.

23. **Social Risk Rating.** It is anticipated that the project will have positive social impacts both at the individual and community levels. However, the social risk associated with activities under this component is 'substantial'. The anticipated risks include: (i) inequitable access for marginalized and vulnerable social groups including disabled, elderly, women, and refugees to access vaccines; (ii) social conflict, and risks to human security resulting from limited availability of vaccines or medical supplies and social tensions related

to the challenges of a pandemic situation; (iii) Gender inequalities and social norms to access critical health services such as vaccinations or financial support for COVID-19 bills; (iv) Sexual Exploitation and Abuse/ Sexual Harassment (SEA/SH) risks among patients and health care providers, especially in relation to distribution of lifesaving vaccines; (v) inappropriate data protection measures; (vi) non inclusive and ineffective stakeholder communication on the vaccine roll-out strategy, treatment support and other project interventions; and (vii) the risk of elite capture and/or corruption, especially for COVID-19 treatment.

E. Implementation

Institutional and Implementation Arrangements

24. **The Lebanese MoPH will be the implementing agency for the project.** The GoL already has an established Project Management Unit (PMU) for the LHRP. This PMU is constituted of four full-time external consultants hired under the LHRP project: Project Manager, Financial Manager, Operations Assistant, and Administrative Assistant; and two MoPH staff (i.e., civil servants): Social Safeguard and GRM Officer, and Project Coordinator. Albeit some challenges in capacity especially linked to the availability of MoPH staff, the PMU performance under LHRP has been satisfactory and has shown improvement over the course of the LHRP implementation, as evidenced by the quality of the project's progress reports. The same PMU will be responsible for the day-to-day project management, including fiduciary management (procurement and financial management), and will: (i) coordinate implementation of project activities; (ii) ensure the technical, environmental and social, procurement and financial management of the project activities in both components; (iii) prepare consolidated annual work plans and budgets; (iv) conduct monitoring and evaluation of project activities; and (v) prepare the implementation reports of the project to be submitted to the World Bank on a quarterly basis. To ensure sufficient capacity to implement the project, additional personnel will be recruited, namely an environmental and social specialist and a stock management officer.

25. **The MoPH will hire a technical auditor to verify both the COVID-19 vaccination activities and COVID-19 hospitalization claims**. The technical auditor will be responsible to independently: (i) verify the Government of Lebanon's compliance of the vaccination deployment with the National Deployment and Vaccination Plan (NDVP), WHO standards and World Bank requirements reflected in the legal agreements, Environmental and Social safeguards and the Project Operational Manual (POM); and (ii) validate the payments made for COVID-19 hospital claims and confirm that these expenditures are eligible as per the legal agreements, Environmental and Social safeguards and POM). The technical auditor will prepare quarterly reports and will share the draft report simultaneously with the Bank upon its delivery to the MoPH, 30 days after the end of each quarter. The final TOR for the technical auditor will be subject to World Bank approval. The work of the technical auditor under this project will build on the existing third-party monitoring mechanisms for verification of hospital treatment and vaccination under the LHRP. Considering the program context and the learnings from the LHRP, a simplified approach will be adopted, aiming at improving the capacity of MoPH to monitor these activities. Appointment of the technical auditor will be a condition of loan effectiveness, as well as the adoption of a Project Operations Manual POM, as set forth in the Loan Agreement.

CONTACT POINT

World Bank

Ronald Eduardo Gomez Suarez
Senior Economist, Health

Borrower/Client/Recipient

Republic of Lebanon

Implementing Agencies

Ministry Of Public Health
Firas Abiad
Minister
firassabiad@gmail.com

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: http://www.worldbank.org/projects

APPROVAL

Task Team Leader(s):	Ronald Eduardo Gomez Suarez

Approved By

Practice Manager/Manager:		
Country Director:	Saroj Kumar Jha	06-Apr-2022