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Report No: PAD4745

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED ADDITIONAL CREDIT

IN THE AMOUNT OF EUR 11.1 MILLION  
(US\$12.5 MILLION EQUIVALENT)

AND A

PROPOSED ADDITIONAL GRANT

IN THE AMOUNT OF SDR 9.0 MILLION  
(US\$12.5 MILLION EQUIVALENT)

TO THE REPUBLIC OF TOGO

FOR THE

COVID-19 EMERGENCY RESPONSE AND SYSTEM PREPAREDNESS STRENGTHENING PROJECT

December 21, 2021

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  
Western and Central Africa Region

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## CURRENCY EQUIVALENTS

(Exchange Rate Effective November 30, 2021)

Currency Unit = CFA Francs BCEAO (XOF)

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XOF 578.06= US\$1

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US\$1 = SDR 0.71387778

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US\$1 = EURO 0.88125138

FISCAL YEAR

January 1 - December 31

Regional Vice President: Ousmane Diagana

Country Director: Coralie Gevers

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## ABBREVIATIONS AND ACRONYMS

AEFI	Adverse Event Following Immunization
AF	Additional Financing
AMC	Advance Market Commitment
APA	Alternate Procurement Arrangements
AU	African Union
AVAT	African Vaccine Acquisition Trust
AVATT	African Vaccine Acquisition Task Team
BFP	World Bank Facilitated Procurement
CCE	Cold Chain Equipment
CERC	Contingent Emergency Response Component
COVAX Facility	COVID-19 Vaccines Global Access Facility
COVID-19	Coronavirus Disease 2019
CPF	Country Partnership Framework
DFIL	Disbursement and Financial Information Letter
DHIS2	District Health Information System 2
DP	Development Partner
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standards
EUL	Emergency Use Listing
FM	Financial Management
FTCF	Fast Track COVID-19 Facility
GAVI	Global Alliance for Vaccines and Immunizations
GBV	Gender-based Violence
GDP	Gross Domestic Product
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HCWMP	Healthcare Waste Management Plan
HEPR	Health Emergency Preparedness and Response
HEPRTF	Health Emergency Preparedness and Response Trust Fund
HR	Human Resources
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IFC	International Finance Corporation
IFR	Interim Financial Report
IPF	Investment Project Financing
ISR	Implementation Status and Results Report
KAP	Knowledge, Attitudes, and Perceptions
LMP	Labor Management Procedures
M&E	Monitoring and Evaluation
MDBs	Multilateral Development Banks
MHPHAUC	Ministry of Health, Public Hygiene and Universal Access to Care ( <i>Mnistère de la Santé, de l'Hygiène Publique et Accès Universel aux Soins</i> )
MPA	Multiphase Programmatic Approach

NDVP	National Deployment and Vaccination Plan
NGO	Non-governmental Organization
OECD	Organization for Economic Cooperation and Development
OPCS	Operations Policy and Country Services
PCU	Project Coordination Unit
PDO	Project Development Objective
PIM	Project Implementation Manual
PPE	Personal Protective Equipment
PQ	Prequalification
PrDO	Program Development Objective
REDISSE	Regional Disease Surveillance Systems Enhancement
SAGE	Strategic Advisory Group of Experts on Immunization
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SG	General Secretariat ( <i>Secrétaire Général</i> )
SH	Sexual Harassment
SOE	Statement of Expenditure
SPRP	Strategic Preparedness and Response Program, also known as Global COVID-19 MPA
SRA	Stringent Regulatory Authorities
STEP	Systematic Tracking of Exchanges in Procurement
TF	Trust Fund
ToR	Terms of Reference
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAC	Vaccine Approval Criteria
VIRAT	Vaccine Introduction Readiness Assessment Tool
VRAF	Vaccine Readiness Assessment Framework
WB	World Bank
WBG	World Bank Group
WHO	World Health Organization

**Republic of Togo**  
**Additional Financing to the COVID-19 Emergency Response and Systems Preparedness Strengthening Project**

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### BASIC INFORMATION – PARENT (Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project - P173880)

Country Togo	Product Line IBRD/IDA	Team Leader(s) Voahirana Hanitriniala Rajoela		
Project ID P173880	Financing Instrument Investment Project Financing	Resp CC HAWH3 (9542)	Req CC AWCF2 (6551)	Practice Area (Lead) Health, Nutrition & Population

Implementing Agency: Ministère de la Santé, de l'hygiène Publique et de l'accès universel aux soins

Is this a regionally tagged project? No	
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Bank/IFC Collaboration No	
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Approval Date 17-Apr-2020	Closing Date 31-Dec-2022	Expected Guarantee Expiration Date	Environmental and Social Risk Classification Substantial
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### Financing & Implementation Modalities

<input checked="" type="checkbox"/> Multiphase Programmatic Approach [MPA]	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input type="checkbox"/> Fragile State(s)
<input type="checkbox"/> 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 053)**

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Togo.

**Ratings (from Parent ISR)**

	Implementation		Latest ISR
	15-Aug-2020	18-Mar-2021	06-Oct-2021
Progress towards achievement of PDO	S	S	S
Overall Implementation Progress (IP)	S	S	S
Overall ESS Performance	MS	MS	MS
Overall Risk	M	M	S
Financial Management	S	S	S
Project Management	S	S	S
Procurement	MS	MS	S
Monitoring and Evaluation	S	S	S

**BASIC INFORMATION – ADDITIONAL FINANCING (Togo Second Additional Financing to the COVID-19 Emergency Response and Systems Preparedness Strengthening Project - P177956)**

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P177956	Togo Second Additional Financing to the COVID-19 Emergency Response and	Restructuring, Scale Up	No



	Systems Preparedness Strengthening Project		
Financing instrument	Product line	Approval Date	
Investment Project Financing	IBRD/IDA	21-Dec-2021	
Projected Date of Full Disbursement	Bank/IFC Collaboration		
30-Apr-2023	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 checked="" type="checkbox"/> Responding to Natural or Man-made disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	<input type="checkbox"/> Hands-on, Enhanced Implementation Support (HEIS)
<input type="checkbox"/> Contingent Emergency Response Component (CERC)	

**Disbursement Summary (from Parent ISR)**

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed
IBRD				%
IDA	33.10	15.35	18.03	46 %
Grants	4.50		4.50	0 %

**MPA Financing Data (US\$, Millions)**

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

<b>Board Approved MPA Financing Envelope:</b>	18,000,000,000.00
<b>MPA Program Financing Envelope:</b>	18,000,000,000.00
<b>of which Bank Financing (IBRD):</b>	9,900,000,000.00
<b>of which Bank Financing (IDA):</b>	8,100,000,000.00
<b>of which other financing sources:</b>	0.00

**PROJECT FINANCING DATA – ADDITIONAL FINANCING (Togo Second Additional Financing to the COVID-19 Emergency Response and Systems Preparedness Strengthening Project - P177956)**

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

**SUMMARY (Total Financing)**

	Current Financing	Proposed Additional Financing	Total Proposed Financing
<b>Total Project Cost</b>	8.10	25.00	33.10
<b>Total Financing</b>	8.10	25.00	33.10
<b>of which IBRD/IDA</b>	8.10	25.00	33.10
<b>Financing Gap</b>	0.00	0.00	0.00

**DETAILS - Additional Financing**

**World Bank Group Financing**

International Development Association (IDA)	25.00
IDA Credit	12.50
IDA Grant	12.50

**IDA Resources (in US\$, Millions)**

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
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<b>Togo</b>	12.50	12.50	0.00	25.00
National PBA	12.50	12.50	0.00	25.00
<b>Total</b>	<b>12.50</b>	<b>12.50</b>	<b>0.00</b>	<b>25.00</b>

**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

Explanation

The waiver is already approved for the Global SPRP MPA and relevant to this AF.

Has the waiver(s) been endorsed or approved by Bank Management?

Approved by Management       Endorsed by Management for Board Approval       No

Explanation

This project is being processed using the following waiver(s) granted through the Global SPRP MPA Project (P173789):

(i) Waiver to enable Management approval of individual projects under SPRP rated Substantial for Environmental and Social (ES) risks.



**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
Voahirana Hanitriniala Rajoela	Team Leader (ADM Responsible)	Senior Health Specialist	HAWH3
Mariam Noelie Hema	Team Leader	Health Specialist	HAWH3
Kouami Hounsinou Messan	Procurement Specialist (ADM Responsible)	Senior Procurement Specialist	EAWRU
Alpha Mamoudou Bah	Procurement Specialist	Senior Procurement Specialist	EAWRU
Josue Akre	Financial Management Specialist (ADM Responsible)	Senior Financial Management Specialist	EAWG1
Fatoumata Diallo	Social Specialist (ADM Responsible)	Senior Social Development Specialist	SAWS4
Komlan Kpotor	Environmental Specialist (ADM Responsible)	Environmental Specialist	SAWE1
Aissatou Seck	Counsel	Senior Counsel	LEGAM
Alphonse Emadak	Environmental Specialist	Senior Environmental Specialist	SAWE1
Andy Chi Tembon	Team Member	Senior Health Specialist	HAWH2
Esinam Hlomador-Lawson	Procurement Team	Program Assistant	AWMTG
Fatoumata Binta Maama Barry	Team Member	Climate Co-Benefits Expert	HAWH3
Georges Lanmafankpotin	Team Member	Social Development Consultant	SAWS4
Harende Kpango	Team Member	Team Assistant	AWMTG
Jose Ramon R. Pascual IV	Counsel	Senior Counsel	LEGDF
Kristyna Bishop	Social Specialist	Lead Social Development Specialist	SAWS4
Late Felix Lawson	Team Member	Finance Officer	WFACS
Nadia Mireille Zenia Amoudji Agnegue	Team Member	Program Assistant	AWMTG
Nikolai Alexei Sviedrys Wittich	Procurement Team	Procurement Consultant	EAWRU
Nina Chee	Safeguards Advisor/ESSA	Regional Environment and Social Standards Adviser	EAPOS
Salamata Bal	Social Specialist	Senior Social Development Specialist	SAWS4



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Sameera Maziad Al Tuwajri	Team Member	Gender Tag Expert	HHNDR
Valerie F. Trouillot-Ligonde	Team Member	Program Assistant	HAWH3
<b>Extended Team</b>			
<b>Name</b>	<b>Title</b>	<b>Organization</b>	<b>Location</b>

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## I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

### A. Introduction

1. **This Project Paper seeks the approval of the Regional Vice President for the provision of an International Development Association (IDA) credit in the amount of US\$12.5 million equivalent and an IDA grant in the amount of US\$12.5 million equivalent for a total amount of US\$25.0 million equivalent for a second Additional Financing (AF).** The AF will support the costs of expanding activities of the Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P173880) under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020.<sup>1</sup> The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Togo through enhanced vaccination system strengthening, and to further strengthen preparedness and response activities under the Parent Project. The Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P173880) in an amount of US\$8.1 million equivalent IDA equivalent was approved on April 17, 2020 prepared under the SPRP. A first AF to this Parent Project of US\$25.0 million equivalent of IDA resources and US\$4.5 million of Health Emergency Preparedness and Response Trust Fund (HEPRTF) grant was approved on June 30, 2021, to support the COVID-19 response.

2. **The purpose of the proposed second AF is to support the Government to purchase and deploy additional COVID-19 vaccines that meet the World Bank’s vaccine approval criteria (VAC) and strengthen relevant health systems that are necessary for a successful deployment, and to prepare for unforeseen issues that may arise in future.** The national immunization coverage target for the country is to reach at least 74.55 percent of the population by the end of 2023. The proposed AF will help Togo to fulfill their vaccine order through the African Vaccine Acquisition Trust (AVAT) and vaccinate 26 percent of the country’s population, including the deployment cost of these vaccines. The COVID-19 Vaccines Global Access Facility (COVAX) Advance Market Commitment (AMC) facility co-financier will cover the cost of vaccines for 20 percent of the population by the end of Calendar Year 2022. Other partners such as the Mobile Telephone Network (MTN), African Union (AU), and People’s Republic of China have provided COVID-19 vaccines to cover about 4.55 percent of the population. The first International Development Association (IDA) AF will help vaccinate 24 percent of the population. World Bank financing for the COVID-19 vaccines and deployment will follow the World Bank’s VAC. As of April 2021, the World Bank will only accept vaccines that meet the following criteria as eligible for International Bank for Reconstruction and Development (IBRD)/IDA resources for COVID-19 vaccine acquisition and/or deployment under all World Bank-financed projects: (i) vaccines that have 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 (ii) vaccines that have received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). As COVID-19 vaccine

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<sup>1</sup> The World Bank approved a US\$12 billion World Bank Group (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 was provided by the IBRD/IDA (“the World Bank”) and US\$6 billion by the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the FTCF total to US\$14 billion. The AF of US\$12 billion (IBRD/IDA) was approved on October 13, 2020 to support the purchase and deployment of vaccines as well as to strengthen the related immunization and health care delivery system.

development is rapidly evolving, more vaccines may meet the the World Bank's VAC. The country will continue to provide free-of-charge vaccination to the population.

**3. The need for additional resources to expand the COVID-19 response was formally conveyed by the Government of Togo on September 13, 2021, via letter Ref. N° 2238/MEF/SG/DGTCP/DDPF/DPF** requesting financing to purchase 2,050,000 doses of the JANSSEN vaccine through the African Vaccine Acquisition Trust (AVAT) and finance operational cost of COVID-19 vaccine deployment in the entire country. The proposed AF will form part of an expanded health response to the pandemic, which is being supported by development partners (DPs) under the coordination of the Government of Togo. This AF will provide essential resources to expand and sustain the comprehensive pandemic response which includes vaccination in Togo.

**4. Critically, the AF is being sought to enable the acquisition of additional vaccines from a range of sources to support Togo'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 COVAX facility has put in place a framework that will strengthen Togo's strategy and access to vaccines. On December 16, 2020, the Government of Togo entered into an agreement with COVAX to benefit from the global risk-sharing mechanism platform for pooled procurement and equitable distribution of eventual COVID-19 vaccines. As of December 6, 2021, the country has received 4,631,700 doses of COVID-19 vaccine. 969,600 doses of AstraZeneca vaccine, 1,009,700 doses of Pfizer Vaccine, and 1,027,200 doses of Sinovac vaccine) or 94.2 percent (3,006,500 /3,190,784 of the expected doses were received from COVAX. Other partners provided 730,000 doses of COVID-19 vaccine (detailed in Table 2): MTN (45,000 doses of AstraZeneca vaccine), AU (75,000 doses of AstraZeneca) , People's Republic of China (400,000 doses of Sinovac COVID-19 vaccine) and Turkish cooperation (210,000 doses of Sinovac COVID-19 vaccine). The Government through AVAT acquired 895,200 doses of JANSSEN vaccine purchased through the first AF to the Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P176335) financed by the World Bank. The proposed IDA financing will build on this opportunity to expand Togo's access to vaccines. 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 will enable the procurement and sequential delivery of the JANSSEN vaccine. In addition to vaccines acquired through COVAX, the AVATT convened by the AU has concluded, through the United Nations Children's Fund (UNICEF), additional access to vaccines that would contribute to taking the total population covered up to 70 percent in countries that request it. When firm contracts are in place between UNICEF, as the appointed procurement agent, and the manufacturers, UNICEF will conclude contracts with participating countries for the supply of the vaccines. These contracts will be reviewed by the World Bank to ensure that they comply with all operational policies and provide value for money in terms of both price and delivery times before financing from this credit can be disbursed toward the member country upon its request. The Government has submitted an expression of interest to the AVATT for the procurement of four million doses of Johnson & Johnson vaccine. The First AF to The Togo COVID-19 Emergency Response and System Preparedness Strengthening Project (P173880) is being used to purchase 1,950,000 of these doses through AVAT. This second AF will finance the procurement of 2,050,000 doses of Johnson & Johnson vaccine.

**5. Togo remains vulnerable to sporadic surge of the COVID-19 pandemic, with around 900 new cases per week, since the end of June 2021 (Annex 2).** As of December 9, 2021, the country has confirmed 26,357 cases of COVID-19; 25,937 (98 percent) have recovered, with 243 deaths (0.9 percent). Although Togo is considered as one of the leading countries in the region in terms of response to the pandemic, the perception about vaccine safety is

negative. The communication on COVID-19 vaccination and the measures taken by the Government are addressing this negative perception as evidenced by the high proportion of priority targeted population vaccinated during Phase 1 of the campaign. The COVID-19 campaign, launched on March 10, 2021 reached a steady pace in mid September 2021 (more than 160,000 individuals vaccinated). The campaign initially targeted health workers, people over 50 years of age in Grand Lomé, before being extended to people over 30 years of age, and subsequently to those over 18 years of age. As of December 9, 2021, 27 percent or 2,159,257 of the targeted population have received at least one dose of COVID-19 vaccine among which 810,069 or 10.15 percent of the population are fully vaccinated. Of the Knowledge, Attitudes, and Perceptions (KAP) survey<sup>2</sup> respondents, only 6.4 percent mentioned vaccination as a means of preventing COVID-19. The survey showed, however, that perceptions of the vaccine's effectiveness were positive, with 63 percent of respondents indicating that the vaccine protects against COVID-19. In addition to ramping up its outreach campaign to overcome vaccine hesitancy, authorities have also adopted an obligation for citizens accessing public administration offices to present their vaccination certificate. Challenges identified under the first AF remain the same, such as managing persistent rumors related to vaccination against COVID-19, as well as strengthening coordination, management of database, and protection of personal data. This second AF will build on efforts initiated under the first AF to support the Government in their efforts to overcome vaccine hesitancy and address remaining implementation challenges. This complementary support to evidence-based communication campaign and community outreach expansion will further contribute to increasing vaccine coverage.

## **B. Consistency with the Country Partnership Framework (CPF)**

**6. This Project was not included in the CPF for the Republic of Togo for the FY17-FY20 period (Report No. 112965-TG);<sup>3</sup> however, the pandemic has increased the priority for health protection and treatment in Togo.** This was reflected in the engagement of the World Bank Group (WBG) in response to COVID-19 through re-allocation within the existing portfolio. To this end, the ongoing Regional Disease Surveillance Systems Enhancement II (REDISSE) Project (P154807) in Togo was expanded to increase preparedness and prevention. This second AF is consistent with CPF's Focus Area 2 (Inclusive Public Service Delivery) objectives on strengthening health services. The need to invest in health systems to ensure the productive capabilities of the population is recognized, as is the challenge of overcoming a legacy of limited investment in human capital and social resilience systems. By building up the health system and its resilience to shocks, the Project is aligned with Objective 2.1.1 of the CPF, which focuses on improving health services, supported by the Togo Essential Quality Health Services For Universal Health Coverage Project (P174266). The second AF, like the Parent Project and the first AF, is also aligned with both global health priorities and IDA priorities on improving pandemic preparedness.

## **C. Project Design and Scope**

**7. The Project Development Objective (PDO) of the Parent Project and this AF is to prevent, detect, and respond to the threat posed by COVID-19 and strengthen the national systems for public health preparedness in Togo.** The Parent Project includes the following three components: (i) Emergency COVID-19 Response; (ii) Supporting National and Sub-national Prevention and Preparedness; and (iii) Project Implementation Management and Monitoring and Evaluation (M&E). A detailed description of the Project can be found at

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<sup>2</sup> Report on Knowledge, Attitudes and Perceptions of the population in the context the introduction of the vaccine against COVID-19 In Togo; WHO; GAVI; September 2021.

<sup>3</sup> Extended by Performance and Learning Review (Report No. 139734-TG).



<https://projects.worldbank.org/en/projects-operations/project-detail/P173880>. These components, as listed and summarized in Annex 3, were designed to support the Government in implementing activities presented in their 2020 COVID-19 National Action Plan and to complement activities that the REDISSE (P154807) Project was already financing.

**8. This AF is not adding new activities or components, only scaling up the three components.** Specifically, existing activities will be expanded under: (i) *Sub-component 1.2: COVID-19 vaccine planning, procurement, and distribution*; (ii) *Sub-component 2.2: Communication, social mobilization, and community engagement to enhance demand for the COVID-19 vaccine*; and (iii) *Component 3 Project Implementation Management and M&E*. The Results Framework of the original financing will be modified to reflect the activities of the COVID-19 vaccine scale-up proposed under this AF. The implementation arrangements will remain the same, and the closing date is extended to December 31, 2023. The extension is associated with the uncertainties related to the timing of vaccine availability and the covering of the targeted population.

**9. The Ministry of Health, Public Hygiene and Universal Access to Care (MHPHUAC) is the implementing agency for the Parent Project and the AF using the same arrangement.** The Parent Project is coordinated by the Project Coordination Unit (PCU) of the REDISSE Project and uses its Project Implementation Manual (PIM), including standard project fiduciary, safeguard, implementation, and M&E requirements. The Project implementation is carried out under the direction of the Disease Control Directorate, complemented by other MHPHUAC technical departments and national programs, as well as the Regional and District hospitals and Health Centers. The existing sectoral crisis management cell for the COVID-19 pandemic within the MHPHUAC is responsible for the overall coordination of the implementation of COVID-19 measures and monitoring of the COVID-19 pandemic. It provides strategic guidance for overall Project implementation. The Minister of Health (MHPHUAC) chairs the crisis management cell, which includes the private sector and bilateral and multilateral technical and financial partners, including United Nations (UN) agencies, International Non-Governmental Organizations (INGOs), embassies, and civil society. The Budgeted Annual Work Plan is developed by the PCU in consultation with the technical departments and programs within the MHPHUAC, validated by the committee, and submitted for no-objection to the World Bank each year. As the AF relates mainly to vaccines and vaccine-related activities, the implementation arrangements will include the National Immunization Program structures of the MHPHUAC. Details of the Institutional and Implementation Arrangements are provided under Section II.

#### **D. Project Performance**

**10. Progress towards achievement of the PDO and overall implementation progress for both the Parent Project and the first AF were rated Satisfactory in the last Implementation Status and Results Report (ISR) of October 4, 2021.** As of December 9, 2021, all the resources of the Parent Project have been exhausted while the disbursement rate for the first AF stands at 40.82 percent. By December 31, 2021, about US\$25 million is estimated to be disbursed since the disbursement condition under the first AF has been lifted and the contract for the purchase of AVAT vaccines between the Government of Togo and UNICEF has been signed. Performance in Financial Management (FM), Project Management, and M&E are all rated satisfactory. The Project complies with key loan covenants, including audit and FM reporting requirements. This AF will use the Parent Project's Environmental and Social Safeguards instruments, which were cleared by the World Bank and disclosed. They



include the Environmental and Social Commitment Plan (ESCP),<sup>4</sup> Environmental and Social Management Framework (ESMF),<sup>5</sup> and Stakeholder Engagement Plan (SEP),<sup>6</sup> Labor management procedures (LMP),<sup>7</sup> and the healthcare waste management plan (HCWMP). A revised version of the SEP was disclosed in the country on April 19, 2021, and on the World Bank external website on April 23, 2021. These plans are under implementation with World Bank support. The Grievance Redress Mechanism (GRM) is functional and accessible to all Project-affected people.

**11. The PCU has been effectively coordinating project planning and procurement.** As evidenced by the results achieved for all four PDO indicators, project activities were on track. The end targets for these indicators have already been exceeded. The public health Emergency Operations Centre is functional and a coordination mechanism for COVID-19 is in place and functional. The Project has purchased reagents and consumables for laboratories. It purchased and established a mobile laboratory at the Lomé airport to conduct COVID-19 tests on passengers entering and leaving the country (as of December 9, 2021: 276,802 tested with 1.54 percent (4,272) of passengers testing positive). Through World Bank facilitated Procurement (BFP), the Project purchased medical equipment, personal protective equipment (PPE), hydroalcoholic gel, etc. Additional medical equipment and 1,950,000 doses of Johnson and Johnson vaccine were purchased through UNICEF under the first AF. The Project also contributed to the renovation of the national COVID-19 treatment center. During implementation, the process for contract approval within the government system was not adapted to the emergency procedures for procurement and payments.

## E. Rationale for Additional Financing

**12. Extensive efforts are critical to ensure vaccine availability and to reach the Government's vaccination targets of reaching at least 70 percent of the population by the end of 2023.** To achieve this coverage rate, Togo needs to vaccinate 5,595,392 million adults over the age of 18. Through vaccines provided by the COVAX Facility, 1,595,392 million beneficiaries will be vaccinated with doses supplied from this mechanism, while doses provided by other DPs cover 260,000 people. Through the first AF, Togo secured 1,950,000 million doses of Janssen vaccine through AVAT. This second AF will cover the costs of purchasing and deploying an additional 2,050,000 doses of Janssen vaccine to close the vaccine gap and cover the population aged 18. The proposed AF will finance the scaling-up of the Parent Project and first AF activities and focus on achieving the PDO and enhancing its impact. As these changes are aligned with the original PDO, the PDO will remain unchanged. The scale-up of Project activities will be implemented in close coordination with other DPs providing technical assistance as elaborated in Box 1.

<sup>4</sup> Additional Financing Environmental and Social Commitment Plan (ESCP)

<http://documents.worldbank.org/curated/en/494011622748141411/Additional-Financing-Environmental-and-Social-Commitment-Plan-ESCP-Additional-Financing-to-the-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-Project-P176335>;

<sup>5</sup> Environmental and Social Management Framework(ESMF)- Additional Financing (P176335) Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P173880) (French) <https://imagebank2.worldbank.org/search/33225459>;

<sup>6</sup> Additional Financing Stakeholder Engagement Plan (SEP)

<http://documents.worldbank.org/curated/en/648691622748147947/Additional-Financing-Stakeholder-Engagement-Plan-SEP-Additional-Financing-to-the-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-Project-P176335>

<sup>7</sup> Labor Management Procedures (LMP)- AF for Togo COVID-19 Vaccines (P176335) Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P173880) (French) <https://imagebank2.worldbank.org/search/33157054>

**Box 1: Potential Supportive Roles for Partner Agencies during implementation**

<b>WHO's role</b>	<b>Financing amount</b>
Providing technical support for updating the National Deployment and Vaccination Plan (NDVP); Updating protocols for infection prevention and control measures, including adequate personal protection equipment (PPE); Coordinating with the national COVID-19 disease surveillance group to ensure relevant epidemiological data are collected and analyzed; Confirming the existence of any expedited regulatory pathway for approval of COVID-19 vaccines; Supporting the development of micro-plans for vaccination, including plans for demand generation, risk communication, and safety surveillance; and providing technical support to the National Coordinating Committee (NCC) for the COVID-19 vaccine.	TBC
<b>UNICEF's role</b>	<b>Financing amount</b>
Contributing to the updating of the NDVP; Continued support for the development of key messages and materials for public communication and advocacy; Providing technical support for demand plans to generate confidence, acceptance, and demand for COVID-19 vaccines; Continued support for assessment of dry storage and climate-sensitive cold chain capacity at all levels concerning COVID-19 vaccines and filling the identified supply and logistics gaps; Strengthening the national logistics working group for the efficient management of vaccine deployment.	TBC
<b>Global Alliance for Vaccines and Immunizations (GAVI)/COVAX's role</b>	<b>Financing amount</b>
Providing vaccines to cover the first prioritized 20 percent of the population and beyond; Providing technical assistance, supporting the improvement of the climate-sensitive cold chain, etc.; Providing COVAX vaccine distribution and deployment support.	US\$1,000,017
<b>AU/AVAT's role</b>	<b>Financing amount</b>
Government of Togo and the AVATT convened by the AU, have secured 4 million doses of Johnson and Johnson vaccine that would contribute to expanding the total population covered up to 70 percent. The first contract between the Government of Togo and UNICEF is in place, with UNICEF acting as the appointed procurement agent.	TBC

**13. This AF is proposed at a crucial juncture in the Government of Togo's response to COVID-19.** The emergence of new therapies and the successful development and expansion of COVID-19 vaccine production (see Annex 1 for status) have been essential changes in the state of science since the early stages of the pandemic. A key rationale for the proposed AF is to provide financing for safe and effective vaccine acquisition and deployment in Togo; thus, enabling the country to acquire the vaccine at the earliest, recognizing that there is currently excess demand for vaccines from both high-income and lower-income countries.

**14. The proposed AF will form part of an expanded health response to the pandemic.** The activities will build on the COVID-19 MPA-Program *Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project P173880*, as well as on the World Bank's existing health portfolio in the country. Other IDA-funded projects contribute to laying the foundations that will reinforce the resilience of the health system against future pandemic risks. The WBG has been supporting the Government's efforts through the: (i) REDISSE (P159040), focusing on strengthening the country's capacity for pandemic preparedness and response; (ii) Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P173880), using the (MPA; and (iii) Togo Essential Quality Health Services for Universal Health Coverage Project (P174266), providing quality essential health care and services. This will enable the country to continue implementing public health measures during the roll-out of the vaccines and strengthen the multi-layered response to the COVID-19 pandemic. The AF will finance procurement and deployment of the additional stock of vaccine through AVATT.

## F. National Capacity and COVID-19 Vaccination Plan

### (i) Vaccine Readiness Assessment

**15. The Vaccine Introduction Readiness Assessment Tool and the Vaccine Readiness Assessment Framework (VIRAT/VRAF 2.0) assessment for February 2021 estimates a readiness level of 83 percent,<sup>8</sup> with critical bottlenecks that need to be addressed to ensure an effective vaccination campaign.** Togo has conducted a vaccine readiness assessment to identify gaps and options to address them, and to estimate the cost of vaccine deployment, with the support of international organizations including the WBG, WHO, UNICEF, GAVI, and bilateral cooperation (see Table 1 below). Considering the uncertainties related to the COVID vaccine market, including testing, approval, availability, and pricing, which require flexibility, close monitoring, and strong World Bank support during implementation, the assessment will continue to be an ongoing process and will be dynamically revised and updated as necessary to continue to improve the implementation of the Project. Critical areas that have either been completed or reached the maturity stage include: (i) planning and coordination; (ii) regulatory; (iii) prioritization; (iv) services delivery; (v) safety surveillance; and (vi) vaccine cold chain and logistics.

**16. Continued efforts and work remain to successfully deploy COVID-19 vaccines at scale.** Critical areas of support include: (i) resource mobilization; (ii) regional micro-planning to operationalize the vaccination campaign; (iii) quantification, storage, and procurement plan, including costs of items, due diligence mechanisms and purchasing strategies for COVID-19 vaccines, ancillary supplies (syringes, safety boxes, and climate-sensitive cold-room power generator); (iv) demand generation and hesitancy communication; (v) M&E framework for program roll-out including supervision; (vi) environmental and social safeguard instruments implementation; and (vii) addressing potential liability and indemnity issues surrounding vaccine acquisition (Box 2).

**Table 1: Summary of Vaccination Readiness Findings from the VIRAT/VRAF 2.0 Assessment<sup>9</sup>**

Readiness domain	Readiness of Government <sup>10</sup>	Key gaps to address before deployment
<b>Planning and coordination</b>	83 percent completed <ul style="list-style-type: none"> <li>Coordination mechanisms in place, led by the Prime Minister's Office and fully operational at all levels of the country.</li> <li>The NDVP against COVID-19 has been updated (July 2021) based on the recommendations of the Strategic Advisory Group of Experts on Immunization (SAGE), in consultation with key stakeholders.</li> <li>Medical waste management plan was revised to reflect the waste disposal</li> </ul>	<ul style="list-style-type: none"> <li>Revision of the Vaccine access, procurement, and deployment plan for the remaining 50 percent of the target population yet to be finalized.</li> <li>Constraints related to insufficient coordination of the actions of COVID-19 management entities to be addressed by end of January 2022.</li> <li>This AF will support regional micro-planning to operationalize the deployment plan in close collaboration with other DP.</li> </ul>

<sup>8</sup> VIRAT/VRAF 2.0 Dashboard <https://rebrand.ly/covidvaccineintro>

<sup>9</sup> 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 the 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.

<sup>10</sup> VIRAT/VRAF 2.0: <https://rebrand.ly/covidvaccineintro>



Readiness domain	Readiness of Government <sup>10</sup>	Key gaps to address before deployment
	needs resulting from the COVID-19 vaccination.	
<b>Budgeting</b>	60 percent completed <ul style="list-style-type: none"> <li>• Program costing per scenario revised (vaccine type and coverage).</li> <li>• Resource mobilization in progress.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a funding gap that must be filled in order to achieve the vaccination coverage targets, particularly vaccine deployment. There is a need to identify resources to fill the financing gap in the NDVP budget. Discussion with GAVI is ongoing to help finance the identified gap in vaccine deployment starting January 2022.</li> <li>• This AF will finance procurement and delivery of additional vaccines not covered by the COVAX Facility, and by other DP, and its deployment plan, according to the project operational plan.</li> </ul>
<b>Regulatory</b>	90 percent completed <ul style="list-style-type: none"> <li>• Needed regulatory aspects facilitated by the public health code proceeds for COVID-19 vaccine urgent importation.</li> <li>• Use of COVID-19 Vaccine endorsed by the Technical Advisory Group on Immunization on January 22, 2021 with a note of import agreement for COVID-19 vaccine available.</li> <li>• Legal framework for statutory immunity for manufacturers and national no-fault compensation scheme exists (Decree N°2021-016/PR dated February 8, 2021).</li> </ul>	<ul style="list-style-type: none"> <li>• Regulatory document to be updated: establishment of policies to ensure there is no forced vaccination, policy for prioritized intra-country vaccine allocation, regulatory standards on pharmacovigilance, appropriate minimum standards for vaccine management including cold chain infrastructure, creation of accountability, grievances, and citizen and community engagement mechanisms by end of December 2021.</li> <li>• This AF will provide technical assistance to establish regulatory frameworks for the safe and effective deployment of vaccines and support the dissemination of these regulatory documents according to the project operational plan.</li> </ul>
<b>Prioritization, targeting, surveillance</b>	80 percent completed <ul style="list-style-type: none"> <li>• The NDVP is available with well-defined targets, priority beneficiaries, and considers the management of infection prevention and control for COVID-19.</li> <li>• The Government is planning to roll out the COVID-19 vaccines in two main phases: <b>Phase 1: Vaccination of 20 percent of priority groups</b> (estimate: 1,595,392 individuals): including frontline health personnel and administrators, elderly people, people</li> </ul>	<ul style="list-style-type: none"> <li>• Additional resources will be sought (national and international funding) to expand coverage by end January 2022.</li> <li>• This AF will contribute to the Phase 2 roll-out of the COVID-19 vaccines in collaboration with other DPs (MTN, UA, People’s Republic of China, etc.)</li> </ul>

Readiness domain	Readiness of Government <sup>10</sup>	Key gaps to address before deployment
	<p>less than 50 years of age with comorbidities, and prisoners/refugees;  <b>Phase 2: Vaccination of 50 percent of the population</b> (estimate: 3,988,481 individuals) in order to reach the target of <b>70 percent</b> of the population being vaccinated, halting the spread of the epidemic</p> <ul style="list-style-type: none"> <li>• A digital platform for registration, immunization tracking, and interoperability with the District Health Information System 2 (DHIS2) platform is operational, through collaboration with the ministry of digital economy.</li> </ul>	
<b>Service delivery</b>	<p>90 percent completed</p> <ul style="list-style-type: none"> <li>• Operational plans for vaccine deployment have been developed for different types of COVID-19 vaccines.</li> <li>• Vaccination services delivered through predefined, fixed delivery points and outreach approaches leveraging existing vaccination platforms and per the micro-planning documents for each of the 39 districts (132 vaccination sites).</li> <li>• The existing professional health and nursing staff are adequate in number to carry out an effective vaccination campaign.</li> <li>• Service delivery guidelines were developed, updated for each vaccine, and shared with providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Protocol for consent to vaccination, refusal to be vaccinated, and measures to protect those refusing to be vaccinated to be shared.</li> <li>• This AF will continue to support COVID-19 case detection and clinical management; support development of standard operating procedures for vaccine administration and deployment; and vaccine roll-out operational costs.</li> </ul>
<b>Training and supervision</b>	<p>60 percent completed</p> <ul style="list-style-type: none"> <li>• Training courses have been developed and actors have been trained.</li> <li>• Capacity building for vaccinators has started in all six regions with government funding (1,056 vaccinators including 4 technical staff).</li> <li>• Plans to ensure the safety of staff (e.g., in an emergency or during a major campaign), as well as the safety of central and/or regional storage facilities and the transport of products developed.</li> </ul>	<ul style="list-style-type: none"> <li>• Additional human resources (HR) needed for rapid roll-out of training and supervision.</li> <li>• Monitoring and supervision of immunization activities are not performed consistently.</li> <li>• This AF will support the training of supervisors and field staff in collaboration and synergy with other DP to undertake vaccination. Additional support will be provided for regular monitoring and supervision.</li> </ul>



Readiness domain	Readiness of Government <sup>10</sup>	Key gaps to address before deployment
<b>M&amp;E</b>	<p>60 percent completed</p> <ul style="list-style-type: none"> <li>• M&amp;E framework has been described in the vaccine roll-out plan.</li> <li>• Use of existing DHIS2 platform for COVID-19 data management to guide decision-making.</li> <li>• Existing Law n°2019-014 dated October 29, 2019, on the protection of personal data and transfer and hosting of the DHIS2 at the Ministry of Digital Economy and Transformation to ensure the security of national vaccination management data.</li> <li>• An intra-action review of all pillars of the national response, including immunization, was conducted by relevant stakeholders with the support of WHO in September 2021, followed by the revision of the COVID-19 response plan.</li> <li>• First country in Africa to move to the digital certificate of vaccination for COVID-19, recognized throughout the European Union countries since November 25, 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• Regulations regarding data protection and consent yet to be developed.</li> <li>• In coordination with United States Agency for International Development (USAID), WHO, and European Union, this AF will finance additional support to the M&amp;E system and vaccine information systems interoperability.</li> </ul>
<b>Vaccine, cold chain, logistics, infrastructure</b>	<p>60 percent completed</p> <ul style="list-style-type: none"> <li>• Cold chain equipment (CCE) capacity prospection mission carried out in the six health regions of Togo.</li> <li>• Logistics plan for existing vaccination campaigns adapted to meet COVID-19 vaccine requirements.</li> <li>• Climate-sensitive cold chain procurement at the health district level and centers in progress (twelve -20 °C freezers, with vaccine storage temperature between -25° and -80°C in each region of the country).</li> <li>• Climate-smart civil works for the rehabilitation of cold rooms in progress.</li> <li>• Purchase of fuel-efficient vehicles for the distribution of vaccines at the regional and district level in progress</li> </ul>	<ul style="list-style-type: none"> <li>• Estimated additional vaccine supply needed to cover 1,661,381 people.</li> <li>• Climate-sensitive cold room power generator to be purchased for use at the central level.</li> <li>• This AF will support the procurement of climate-sensitive cold room power generators and cold chain supervision in collaboration with GAVI.</li> </ul>
<b>Safety surveillance</b>	<p>85 percent completed</p> <ul style="list-style-type: none"> <li>• Administrative note exists on the</li> </ul>	<ul style="list-style-type: none"> <li>• A compensation guide for AEFI cases needs to be developed and finalized by end</li> </ul>

Readiness domain	Readiness of Government <sup>10</sup>	Key gaps to address before deployment
	creation and organization of pharmacovigilance in Togo. <ul style="list-style-type: none"> <li>• The active surveillance plan for cohort-based Adverse Event Following Immunization (AEFI) is integrated into the overall COVID-19 vaccine deployment plan.</li> <li>• Cases of severe AEFI and clusters of AEFI investigated by the health district investigation team, with support from the central level.</li> </ul>	January 2022. <ul style="list-style-type: none"> <li>• This AF will support activities related to vaccine safety and the management of AEFI not covered by other DP.</li> </ul>
<b>Demand generation and communication</b>	40 percent completed <ul style="list-style-type: none"> <li>• The Deployment and Immunization Plan describes the social mobilization strategies and key communication activities to be carried out.</li> <li>• Communication plan elaborated (March 2021) with technical assistance from the WHO and UNICEF.</li> <li>• A KAP survey conducted with WHO support for the introduction of the COVID-19 vaccine was validated in September 2021.</li> <li>• The Intra-Action Review conducted in September 2021 with WHO support informed the communication and coordination activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Social media monitoring and rumor management to be strengthened to take into account the vaccine component and assessment of behavioral and social data, to be updated every semester, in collaboration with WHO.</li> <li>• This AF will provide additional support for demand generation and risk communication campaign for COVID-19 vaccine knowledge and acceptance, considering the recommendations from the KAP survey according to the project operational plan.</li> </ul>

### (ii) National Deployment and Vaccination Plan (NDVP)

**17. The Government of Togo has revised its NDVP, which draws on the updated findings of the VIRAT/VRAF 2.0 assessment and gap analysis.** This plan<sup>11</sup> (*Plan National de Déploiement et de Vaccination contre la COVID-19 Togo*; PNDV), outlines the revised ambitious goal to achieve vaccination coverage of at least 70 percent (an estimated 5,583,873 individuals) of its population by December 31, 2023. The NDVP is estimated to cost US\$55 million. Estimating the budget has been challenging given the uncertainty around the costs of the vaccine candidates that will be approved and the respective supply chain needs. The NDVP initially prioritizes the vaccination of 20 percent of the population (an estimated 1,595,392 individuals), which include priority target groups in line with the *WHO SAGE Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply*, namely health personnel and other essential frontline workers; the elderly (>50 years), and individuals

<sup>11</sup> The NDVP entails eleven sections: (i) COVID-19 Pandemic Situation Analysis; (ii) Target Populations and Immunization Strategies; (iii) Supply Chain Management and Health Care Waste Management; (iv) Human Resource Management, Training, and Supervision; (v) Demand Generation and Communication; (vi) Vaccine Safety Surveillance, Management of Undesirable events, and Injection Safety; (vii) Immunization Monitoring System; (viii) COVID-19 Pandemic Surveillance; (ix) Evaluation of COVID-19 Vaccine Introduction; (x) Timeline; and (xi) Vaccination Budget.





with chronic diseases (see Table 2). As part of the prioritization strategy, the roll-out was extended to people over 30 years of age, and subsequently to those over 18 years of age.

**18. Togo has shown relatively good results in terms of number of people vaccinated. As of December 9, 2021, 10.15 percent of the targeted population or 810,069 people were reported to have been fully vaccinated and 1,349,188 people vaccinated with the first dose are waiting the second one.** This result is due to several factors: (i) the political commitment of the high authorities at the top of the State, national management, and strategic decision-making carried out by the Prime Minister; (ii) the establishment of a multidisciplinary and inter-ministerial technical group that coordinates the day-to-day deployment of the vaccine; (iii) the digitization of enrollment for vaccination and monitoring, including adverse events, has been crucial, contributing to the simplification and expedition of the process; (iv) the involvement of communities, associations, media, administrative authorities, partners, etc; and (v) the implementation of a comprehensive communication plan which is successfully addressing the negative perception of the COVID-19 vaccine by the population, including the measures taken by the Government, particularly the obligation to show evidence of vaccination against COVID-19 before entering ministries, administrative buildings, and certain administrative procedures such as showing an identity card or passport, etc. However, some challenges remain, such as strengthening the management of the databases, cold chain, the protection of personal data, managing persistent rumors related to vaccination against COVID-19, etc.



**Table 2: National Vaccine Coverage and Acquisition Plan**

Source of financing (IBRD, IDA, TF, Government, Other)	Population Targeted (out of 7,976,962 total population)		Vaccines				Number of doses needed	Estimated total U\$ (millions)	World Bank's VAC Status of the vaccine	Contract Status	Vaccines that have already arrived in the country	
	%	Number	Source	Name	Price (US\$/dose)	Shipping (US\$/dose)					Name	Doses
<b>Stage 1:</b> Health workers, students in medical and paramedical training schools, and community health workers; Defense and security forces, elderly people (50 years and above); persons <50 years with comorbidities; others (prisoners and refugees)												
COVAX Facility Grant	20%	1,595,392	COVAX Grant	AstraZeneca	3	tbc	1 & 2	U\$10.6	WHO EUL: February 15, 2021	Initial doses received. Remainder will be delivered in installments till December 2022	AstraZeneca	969,600
				Pfizer BioNTech BNT162b2	TBC						Pfizer	1,009,700
				Sinovac							Sinovac	1,027,200
<b>Stage 1 total</b>	<b>20%</b>	<b>1,595,392</b>										
<b>Stage 2:</b> 18 years of age individuals; Pupils, students, teachers, professors, administrative staff, agents of commercial stores in large-scale retailers; other groups (bar and restaurant waiters, hairdressers, drivers), etc												
IDA Credit/Grant (AFII)	26%	2,050,000	AU	Johnson & Johnson	7.5	tbc	1	US\$14.4	EUL: 27 February 2021			
IDA Credit/Grant (AFI)	24%	1,950,000	AU	Johnson & Johnson	7.5	tbc	1	U\$14.6	EUL: 27 February 2021	Contract with UNICEF signed on September 14, 2021 Delivered on 11/1/2021 11/22/2021 12/9/2021	Johnson & Johnson	895,200
MTN Grant	0.3%	22,500	AU	AstraZeneca	3.33	tbc	2	U\$0.2	WHO EUL: February 15, 2021	Delivered on 3/21/2021	AstraZeneca	45,000
AU	0.5%	37,500	AU	AstraZeneca	3.33	tbc	2	U\$0.25	WHO EUL: May 7, 2021	Delivered on 3/31/2021	AstraZeneca	75,000
People's Republic of China	2.5%	200,000	People's Republic of China	Sinovac	tbc	tbc	2	tbc	WHO EUL: May 7, 2021	Delivered on 4/7/2021 12/3/2021	Sinovac	400,000
Turkish Cooperation	1.25%	105,000	Turkish Cooperation	Sinovac	tbc	tbc	2	tbc	WHO EUL: May 7, 2021	Delivered on 12/6/2021	Sinovac	210,000
<b>Stage 2 total</b>	<b>54.55%</b>	<b>4,365,000</b>										
<b>NATIONAL TOTAL</b>	<b>74.55%</b>	<b>5,960,392</b>						<b>U\$31.35</b>				

## Box 2: Liability and Indemnification Issues in Vaccine Acquisition

For all countries

- The rapid development of vaccines increases **manufacturers' potential liability** for adverse effects following immunization.
- 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 the risk among market participants, but **no mechanism will eliminate this risk entirely**.

For COVAX-financed vaccines for AMC countries:

- COVAX has negotiated model indemnification provisions with manufacturers for vaccines purchased and supplied under the COVAX AMC.
- In providing vaccines through COVAX AMC, COVAX requests COVAX AMC participants to have in place an indemnity agreement directly with manufacturers, and the necessary indemnity and liability frameworks for that purpose – either in the form of the COVAX model indemnification arrangements or prior bilateral arrangements with manufacturers.
- The COVAX Facility will have a no-fault compensation scheme (“NFCS”) for AMC countries as part of its mitigation strategy. This will only cover vaccines supplied through COVAX AMC.
- Togo will have to consider what it will take to implement these indemnification provisions (including statutory implementation) and how the country can avail itself of the benefits of the no-fault compensation scheme.

For vaccines purchased through AVAT:

- The Advance Purchase Agreement (“APA”) signed on June 14, 2021 by AVAT, Janssen Pharmaceutica NV (“Janssen”), and the African Export-Import Bank includes indemnification provisions in favor of Janssen for vaccines purchased and supplied under the APA. Participating countries will assume those indemnification obligations upon execution and delivery of a deed of adherence to the APA.
- As a condition for the delivery of vaccine doses under the APA, participating countries shall also participate in or establish and adequately fund an NFCS in accordance with certain minimum requirements. Participating countries shall either: (i) participate in the NFCS to be established by AVAT or (ii) establish and maintain their own NFCS. For the avoidance of doubt, AMC countries will not be able to rely on their participation in the COVAX NFCS to meet the conditions under the Janssen APA.
- For vaccines purchased through AVAT, Togo will have to consider how to implement the indemnification provisions and NFCS requirements under the APA with Janssen.

Possible World Bank support to Togo, depending on needs, may include:

- Information sharing on: (i) statutory frameworks in Organization for Economic Cooperation and Development (OECD) countries and other developing countries; and (ii) overall experience in other countries
- Providing training and workshops for government officials to familiarize them with the issues
- For World Bank-financed contracts, the World Bank can provide Hands-On Expanded Implementation Support

The project operational documents (Vaccine Deployment Manual/Project Implementation Manual) will make clear 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 the vaccines in the country.

## II. DESCRIPTION OF ADDITIONAL FINANCING

### A. Proposed Changes

**19. The changes proposed for the AF include expanding the scale of activities in the Parent Project, which is the COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P173880),** and adjusting its overall design to be able to (i) finance vaccine and related consumable purchase; (ii) strengthen service delivery to ensure effective vaccine deployment; (iii) monitor and track vaccine use, and record any adverse reactions to vaccination; and (iv) encourage social mobilization and community engagement to enhance demand for the COVID-19 vaccine. As the proposed activities to be funded under the AF for the COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P173880) are aligned with the original PDO, the PDO will remain unchanged.

**20. The content of the components (Annex 3) and the Results Framework of the Parent Project are adjusted to reflect the expanded scale of activities proposed under the AF.** Financing from IDA of US\$25 million will support COVID-19 vaccine acquisition and deployment activities. The closing date will be extended from March 31, 2022, to December 31, 2023, to provide time for the implementation of additional activities, especially as market uncertainty remains about the uninterrupted availability of vaccines and the duration of its deployment.

#### *(i) Proposed New Activities*

**21. Vaccine purchasing will be done through Component 1 of the COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P173880).** The support for vaccines when available, which was anticipated in the initial Global COVID-19 MPA, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1: Emergency COVID-19 Response. Togo has used COVAX-AMC subsidized vaccines to cover 20 percent of its population. A request to access vaccines through the COVAX AMC was submitted to GAVI on December 23, 2020. Based on the information currently available, the market unpredictability, and the financial situation of the country, which limits its negotiating power, Togo will access vaccine doses beyond the initial 20 percent of the population through the AU platform, since the Government plans to cover at least 70 percent of its population. However, this does not prevent the country from exploring other direct purchase options to procure additional vaccines beyond what is offered by the COVAX AMC, as well as by the COVAX cost-sharing facility, including: (i) from vaccine manufacturers, either individually or jointly with other countries; and (ii) from countries that have reserved excess doses. The World Bank will support the MHPHUAC in considering options to access vaccines, and the Government will ultimately decide which options to use. Given the recent emergence of COVID-19, there is 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 the country scientific committee. In the case that re-vaccination is required, limited priority populations (such as people over 40 years who have been fully vaccinated for at least six months) will have to be targeted for re-vaccination given constraints on vaccine production capacity and equity considerations (i.e., tradeoffs



between broader population coverage and re-vaccination). As a prudent and contingent measure, budget for funding has been retained for re-vaccination, if needed, of this subset of the population.

**22. To support the Government of Togo’s vaccination planning, the AF will finance upfront technical assistance to support Togo 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 and that any mandatory vaccination program (such as for entry to schools) is well-designed with regards to consent and follows due process for those who choose to opt out; (ii) acceptable approved policy for prioritized intra-country vaccine allocation; (iii) regulatory standards at the national level, including pharmacovigilance; (iv) appropriate minimum standards for vaccine management including cold chain infrastructure; and (v) the creation of accountability, grievances, and citizen and community engagement mechanisms. The policies for prioritizing intra-country vaccine allocations will follow principles established in the WHO Allocation Framework, including targeting an initial coverage of 20 percent of a country’s population, focusing first on workers in health and social care settings; and subsequently focusing on elderly and younger people with underlying conditions that put them at higher risk.

**23. The AF will support scaling up the COVID-19 vaccine through the three components of the Parent Project.** To this end, the AF is geared to assist the Government of Togo in working with WHO, UNICEF, GAVI, and other DPs to overcome bottlenecks as identified in the COVID-19 vaccine purchasing and deployment in the country. The Parent Project structure will be maintained as well as the relevant activities of each component to continue to support the vaccination campaign in the country. Of the US\$25 million IDA proposed Project financing for vaccination, an estimated amount of US\$18.5 million will be allocated to vaccine purchase and US\$6.5 million to selected vaccine deployment activities.

**24. Component 1: Emergency COVID-19 Response (Parent Project: US\$4.0 million; first AF: US\$22.5 million; HEPRTF: US\$4.5 million; second AF: US\$22.6 for a total of US\$53.6 million).** This component will support the MHPHUAC to implement its NDVP. Key activities to be supported under the AF would include: (i) procurement of COVID-19 vaccines, vaccination supplies, and PPE for vaccinators; (ii) logistics and cold chain; and (iii) support to program delivery. More specifically, support under this AF would further develop the following sub-component:

- **Sub-component 1.2: COVID-19 vaccine planning, procurement, and distribution (Parent Project: US\$0.0 million; first AF: US\$19.3 million; second AF: US\$22.6 million for a total of US\$41.9 million).** Key activities to be supported include, *inter alia*: (i) the procurement of additional COVID-19 vaccines via the AVATT platform; (ii) provision of more consumables for vaccination and PPE for vaccinators; (iii) provision of drugs, medical equipment and supplies to public health facilities and intensive care facilities within hospitals; (iv) operational costs for the roll-out of the vaccination campaign; (v) procurement of climate-sensitive cold room power generators and other equipment required to support low-carbon cold chains (cooling appliances, storage, transportation, and distribution of COVID-19 vaccines); (vi) provision of drugs to health facilities for AEFI management; (vii) provision of additional laboratory equipment; (viii) low-carbon medical waste management inputs and operationalization, operating costs for social and environmental safeguard interventions; (ix) the provision of transportation for vaccines from the manufacturer



to the Recipient's territory, procurement of fuel-efficient vehicles and motorcycles, additional operational costs for vaccine transportation from the central to the regional and district vaccine sites; (x) procurement of IT equipment, operating costs, and other administrative-related costs for supportive supervision and monitoring; and (xi) contingency measures included in the NDVP, such as rehabilitation of central level vaccine storage facilities, to deal with any unexpected disruptions to vaccine supply from climate change and natural disasters (i.e., flooding and extreme heat).

**25. Component 2: Supporting National and Sub-national Prevention and Preparedness (Parent Project: US\$3.5 million; first AF: US\$1.9 million; second AF: US\$2.0 million for a total of US\$7.4 million).** More specifically, support under this AF would further develop the following sub-component:

- **Sub-component 2.2: Communication, social mobilization, and community engagement to enhance demand for the COVID-19 vaccine (Parent Project: US\$0.0 million; first AF: US\$0.8 million; second AF: US\$2.0 million for a total of US\$2.8 million).** This sub-component will provide additional resources for, *inter alia*: (i) operational costs for communication and social mobilization; and (ii) operational costs during the vaccination campaign (per diem, travel, fuel, etc.). Public and private sectors, and civil society organizations will be mobilized to organize campaigns aimed at promoting a generalized behavior change in favor of COVID-19 vaccination. Moreover, vaccine communication campaigns will build awareness among key population groups about climate-related health risks linked to the COVID-19 crisis.

**26. Component 3: Project Implementation Management and M&E (Parent Project: US\$0.6 million; first AF: US\$0.6 million; second AF: US\$0.4 million for a total of US\$1.6 million).** This component will continue to support the coordination and management of activities under the Parent Project and its AF, such as additional: (i) support for procurement, FM, environmental and social safeguards, M&E, and reporting; (ii) training of project management unit and technical consultants; (iii) operating costs for project management; and (iv) distribution of goods purchased. The AF will continue to use the existing PCU for overall administration, procurement, environmental and social aspects, and the FM of the project, and will include additional capacity and expertise as required. The AF will partner and engage with other organizations, particularly WHO and UNICEF, in various roles such as procurement agents and suppliers, and providers of specialized technical assistance.

**27. The AF will support more population groups summarized in Table 3 below.** The Government is planning to roll out the COVID-19 vaccines according to the prioritization of the population outlined in the National Deployment of Vaccine Plan (NDVP).

**Table 3: Priority Groups for Vaccination in Togo**

Ranking of vulnerable group, or inclusion in phase of project	Population group	Number of people	% of population
<b>Phase I (1,595,392 – 20% of total population)</b>			
<b>First</b>	<i>Health workers (public and private), students in medical and paramedical training schools, and community health workers (including informal and/or volunteer health workers) with a focus on gender differential, as most frontline health workers are women</i>	35,105 <sup>12</sup>	0.7%
<b>Second</b>	<i>Defense and security forces, elderly people (50 years and above) - with a focus on gender differential; Persons &lt;50 years with comorbidities (high blood pressure, diabetes, obesity, cancer, etc.); Other target populations (prisoners and refugees); Pupils and students (public and private)</i>	1,560,287	19.3%
<b>Phase II (4,365,000– 54.55% of total population)</b>			
<b>Third</b>	<i>18 years of age individuals, pupils, students, teachers, professors, administrative staff - with a focus on gender differential, especially among teachers; agents of commercial stores in large-scale retailers; other groups (bar and restaurant waiters, hairdressers, drivers)</i>	4,365,000	54.55%
<b>Total</b>		5,960,392	74.55%

**28. The Government of Togo has planned several vaccination strategies to adequately reach diverse segments of the population.** The vaccination was carried out in fixed centers created in the administrative headquarters of the prefectures and at municipal health facilities. So far, there are 132 vaccination centers in the 39 districts of the six regions of the country. The vaccination schedule in these 132 centers will be established and communicated to the public. For other priority groups living more than 5 km away from the vaccination sites, an outreach approach is planned and, in some cases, a mobile strategy with particular focus in areas of resistance/denial of vaccine. This strategy is part of the measures taken to boost immunization coverage. Micro-planning workshops will be organized to plan vaccination, considering local specificities. Prisoners and refugees are vaccinated in temporary fixed sites in prisons and refugee camps, respectively.

<sup>12</sup> Data from the March 2021 health and related personnel census.

### (i) Financing Arrangements

29. The increase in scale as outlined above will be reflected in an increase in indicative component allocation from US\$37.6 million to US\$62.6 million, with the amount of the AF being added under Components 1, 2, and 3 (see Table 4 below). While the allocation to Component 1 will be about US\$53.6 million to reflect the AF made available for Emergency COVID-19 Response, the allocation to Components 2 and 3 will increase from US\$6.6 million to US\$9.0 million as outlined under the Parent Project with a focus on vaccine planning, procurement and distribution, vaccine campaign, social mobilization, and project management, monitoring, and evaluation. Table 5 provides a summary of vaccine sourcing and World Bank financing.

**Table 4: Project Cost and Financing**

Project Components	Parent Project Cost (including AF already processed) US\$ million	Parent + Proposed AFs Cost (US\$ million)	First AF (P176335)		Proposed AF (P177956) IBRD or IDA Financing
			IBRD or IDA Financing	TFs (HEPRTF)	
<b>Component 1: Emergency COVID-19 Response</b>	<b>4.00</b>	53.60	<b>22.50</b>	<b>4.50</b>	22.60
<i>Sub-component 1.1: Strengthening capacities for COVID-19 case detection and clinical management</i>	4.00	7.20	3.20	0.00	0.00
<i>Sub-component 1.2: COVID-19 Vaccine Planning, Procurement, and Distribution</i>	0.00	41.90	19.30	0.00	22.60
<i>Sub-component 1.3: COVID-19 vaccine service delivery</i>	0.00	4.50	0.00	4.50	0.00
<b>Component 2: Supporting National and Sub-national Prevention and Preparedness</b>	<b>3.50</b>	7.40	<b>1.90</b>	<b>0.00</b>	2.00
<i>Sub-component 2.1: Strengthening capacities for COVID-19 prevention, coordination, and management</i>	3.50	4.60	1.10	0.00	0.00
<i>Sub-component 2.2: Communication, social mobilization, and community engagement to enhance demand for the COVID-19 vaccine</i>	0.00	2.80	0.80	0.00	2.00
<b>Component 3: Project Implementation Management and M&amp;E</b>	<b>0.60</b>	<b>1.60</b>	<b>0.60</b>	<b>0.00</b>	<b>0.40</b>
<b>Total Cost</b>	<b>8.10</b>	<b>62.60</b>	<b>25.00</b>	<b>4.50</b>	<b>25.00</b>





**Table 5: Summary of COVID-19 Vaccine Sourcing and World Bank Financing**

World Bank Financing	National plan target (population %)	Source of vaccine financing and population coverage					Specific vaccines and sourcing plans	No. of Doses purchased with World Bank finance (2 doses Assumed except for J&J)	Estimated allocation of World Bank financing
		COVAX grant	World Bank-financed			Other*			
			Through COVAX	Through AVAT	Through direct purchase				
This IDA Credit/Grant (AFII)	Stage 2: 54.55%	-	-	26%	-	-	J&J through AU (AVAT)	2,050,000 (J&J)	<b>Purchase:</b> US\$18.5 million <b>Deployment:</b> US\$6.1 million <b>Others:</b> Project Management and M&E: US\$0.4 million
IDA Credit/Grant (AFI)	Stage 1 and 2: 74.55%	20%	-	24%	-	4.55%	J&J through AU (AVAT) for the AFI; COVAX AMC provided AstraZeneca, Pfizer and Sinovac. Donated doses of AstraZeneca from MTN Grant and AU. Sinovac vaccine from People's Republic of China, and Turkish Cooperation.	1,950,000 (J&J)	<b>Purchase:</b> US\$14 million <b>Deployment:</b> US\$10.6 million <b>Others:</b> Project Management and M&E: US\$0.6 million

\*Other: Includes coverage financed by the Government, bilaterally with MTN, AU, People's Republic of China, other multilateral development banks (MDBs), etc.



**(ii) Changes in Institutional Arrangements for NDVP Implementation and Oversight**

**30. The MHPHUAC will remain the implementing entity of the proposed AF.** As in the Parent Project, the REDISSE PCU will be responsible for the fiduciary management of this AF. This unit has experience working on projects financed by the World Bank and on existing fiduciary arrangements in place for the ongoing Parent Project. The PCU will: (a) coordinate the project activities; (b) ensure the FM of the Project activities in all components; and (c) prepare consolidated annual work plans, Environmental and Social Framework (ESF) quarterly reports, budgets, M&E, and the implementation report of the Project to be submitted to the WBG. The General Secretariat (SG) of the MHPHUAC will be the unit responsible for the overall technical coordination and implementation of the proposed AF. The technical implementation of the Project will be carried out under the Direction of Disease Control, complemented by the *Programme Elargi de Vaccination (PEV - Expanded Immunization Program)* and other technical departments and national programs, as well as the regional and district hospitals and Health Centers. Other ministries (such as the Ministry of Armed Forces and the Ministry of Interior) will also support the Project and facilitate implementation. The PEV will take the technical lead in the preparation, implementation, and monitoring of COVID-19 vaccine deployment. The National Coordination for the Deployment and Introduction of the Vaccine against COVID-19 is led by the Office of the Prime Minister. An Inter-Agency Coordinating Committee (CCIA) brings together the Ministries in charge of Health and Finance as well as all the vaccination partners in Togo (WHO, UNICEF, GAVI, etc.). It is responsible for adopting and validating vaccination strategies and assisting the mobilization of resources to support immunization.

**31. Close implementation support of the Parent Project and the first AF over the past 18 months has proven effective in Togo.** However, due to the dynamic environment, uncertainties, and overall high-risk level of the Project, intensive supervision and implementation support will be provided by the World Bank.

**32. The AF will build upon the institutional and management arrangements of the Parent Project, which is well implemented and fully disbursed, while the first AF has disbursed 40.82 percent of its budgets as of December 9, 2021.** The MHPHUAC has put in place a Technical Working Group (TWG) which monitors the state of readiness for the deployment of the COVID-19 vaccines. This working group has elaborated the NDVP and its review; and completed and submitted the request for vaccines from the COVAX-AMC facility. The National Organizing Committee (NOC) is responsible for the introduction of new vaccines and the preparation for the COVID-19 deployment campaign. The NOC has several commissions that include the technical, logistics, communication/social mobilization, pharmacovigilance, and resource mobilization commissions. These commissions will organize working sessions to develop management supports (e.g., logistics, social mobilization, pharmacovigilance plans, and adaptation of risk communication and demand-creation strategies), training documents, micro-planning, and plans for the campaign. WHO, UNICEF, WBG, and GAVI are supporting the Government in these efforts. To build on existing experience for COVID-19 immunization, the MHPHUAC chose the Expanded Program on Immunization (EPI) as the operating arm of the committee for the vaccine introduction and roll-out plan. Inception meetings for the TWG have already taken place, and subcommittees for the different areas are functional.

**(iii) Changes in the disbursement categories**

33. No changes to the disbursement categories will be made.

**(iv) Results Framework**

34. **The Results Framework (RF) will be adjusted (Box 3) and will include revised indicators related to overall progress in the coverage and deployment of the COVID-19 vaccine and new indicators to monitor the gender gaps.**

**Box 3: Results Framework Modifications<sup>13</sup>**

		<b>Modifications (New/Revised/Delete)</b>
<b>PDO Indicators</b>		
1.	Activation of public health Emergency Operations Centre or a coordination mechanism for COVID-19 (Text)	Revised
2.	Designated acute healthcare facilities with isolation capacity (Number)	Revised
3.	Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)	Revised
4.	Suspected cases of COVID-19 reported and investigated based on national guidelines (Number)	Revised
5.	<b>Population fully vaccinated, which is included in the priority population targets defined in national plan (disaggregated by gender) (Percentage)</b>	<b>Revised</b>
<b>(* Intermediate Indicators</b>		
(1)	6. Points of entry staff trained on screening and management of suspected COVID-19 cases (Number)	Revised
	7. Suspected COVID-19 cases diagnosed by designated laboratories within 24 hrs (Number)	Revised
	8. Designated laboratories with PPE, reagent and infection control products and supplies, without stock-outs in last 2 weeks (Number)	Revised
	9. Diagnosed cases treated in the designated treatment centers per approved protocol (Percentage)	Revised
	10. <b>Estimated target populations that will be prioritized for access to vaccines, stratified by target group (disaggregated by gender if possible) and geographic location (Number)</b>	<b>Revised</b>
	11. <b>Vaccination sites with functional cold chain (Percentage)</b>	<b>Revised</b>
	12. <b>Deliveries attended by skilled health personnel (Number)<sup>14</sup></b>	<b>Deleted</b>
	13. <b>Recorders trained in the use of the data digitization platform for the COVID-19 vaccination campaign (disaggregated by gender, Number)</b>	<b>Revised</b>
Gen	14. <b>Eligibility for vaccination criteria include informal and/or volunteer health workers (Yes/No)</b>	<b>New</b>
(2)	15. Regional and district laboratories equipped (Number)	Revised
	16. Medical and veterinary laboratory personnel trained (Number)	Revised
	17. Designated laboratories with staff trained to conduct COVID-19 diagnosis (Number)	Revised
	18. Health staff trained in infection prevention per MHPHUAC-approved protocols (Number)	Revised
Gen	19. <b>Key gender-responsive messages and materials developed for public communications and advocacy, in accordance with demand plan (Yes/No)</b>	<b>Revised</b>
Gen	20. <b>Community Engagement and monitoring of interventions against gender-based violence (GBV) and Sexual Exploitation and Abuse (SEA)/Sexual Harassment (SH) reported (Yes/No)</b>	<b>Revised</b>
Gen	21. <b>Women who responded correctly to 70 percent of questions on COVID-19 vaccines (Percentage)</b>	<b>New</b>
Gen	22. <b>People vaccinated in hesitancy/refusal areas reached by communication activities (Percentage)</b>	<b>New</b>

<sup>13</sup> End targets of indicators inherited from the Parent Project and the first AF are mentioned as to be revised. They will be reported at the closing date of the second AF.

<sup>14</sup> This indicator is deleted since there is no specific activity that supports the achievement of this indicator in the Project and it is not aligned with the PDO (inherited from the first AF to help monitor the continuity of RMNCAH-N services availability for women of reproductive age 15 - 49 years old).



(3)	23. Training attended by project management unit members and technical consultants (Number)	Revised
CE	24. Complaints received and addressed within the GRM specified timeframe (Percentage)	<b>Revised</b>
	25. M&E system established to monitor COVID-19 preparedness and response plan (Text)	Revised
	<b>26. Proportion of vaccination sites that transmit their data via DHIS2</b>	<b>Revised</b>
Gen	<b>27. Vaccinators trained on GBV/SEA/SH (disaggregated by sex, Number)</b>	<b>Revised</b>
	<b>28. Beneficiaries reporting that community engagement and outreach meet their needs (Percentage)</b>	<b>Revised</b>
(*) Numbers in the brackets refer to the component being monitored by the indicator; CE= indicator on citizen engagement; Gen = Gender; GBV = indicator related to GBV/SEA/SH.		

### B. Sustainability

**35. There is a strong political commitment in Togo to mobilize financial resources for the COVID-19 response, including for vaccine purchase and deployment.** Obtaining the funds for vaccine purchase and deployment through the proposed AF will establish an enabling environment for other donors, MDBs, and UN agencies to also support efforts in the country. Investments under the Project Paper and the AFs are expected to strengthen the health system in the country, ensuring institutional sustainability to deal with infectious diseases.

### III. KEY RISKS

**36. The overall risk to achieving the PDO with the expanded scale and AF for vaccination is Substantial.** The proposed AF supports the Parent PDOs and aims to reduce the risk that the objective is not achieved by supporting the country-level scale-up of vaccine purchase and deployment. However, increased COVID-19 vaccination coverage expands risks to the Project that will be mitigated to the extent possible but still entail certain residual risks. Significant uncertainties remain in the available doses for low- and middle-income countries in the global vaccine market and the timing of the subsequent batches of doses from the COVAX Facility. Moreover, as the COVID-19 vaccination is scaling up, the Government needs to reach out more hard-to-reach populations and in geographic areas where the risk of vaccine hesitancy are high, preventing the country from reaching the ideal target. The proposed World Bank support for Togo to continuously update the vaccine acquisition strategy and investment in deployment system strengthening specifically aims to mitigate these risks. Specific risk assessments and associated mitigation measures related to planned vaccination are informed by the findings of the VRAF in Togo and are described below.

**37. Political and governance (P&G) residual risks are revised from Substantial to Moderate.** The Government's efforts in managing the health crisis related to COVID-19, particularly in implementing the vaccination strategy, are noteworthy. Togo currently has a first dose vaccine rate of 12 percent, and is working to significantly improve this rate by the end of the year. The recent increase in COVID-19 cases, the emergence of COVID-19 variants and global pressure to vaccinate populations, could create undue pressure to (i) advance rapidly in the procurement of vaccines before they have been properly certified; and (ii) deploy before critical infrastructure has been put in place. The Government has adopted a collaborative approach with leading DPs to revise its national COVID vaccination strategy and is currently working through established channels to obtain vaccines (e.g., COVAX, AU). The AF will mitigate this risk by only financing the procurement and deployment of vaccines that meet the World Bank VAC eligibility



requirements. A second risk relates to the capacity and commitment of local authorities to ensure appropriate targeting of vaccines to priority populations and geographical areas of vaccine hesitancy based on objective public health criteria. To mitigate this risk, the Project will include support to the implementation of a distribution based on objective public health guidelines, and robust M&E systems to monitor that vaccines reach their intended beneficiaries. Governance risks will also be mitigated through the application of anti-corruption guidelines for vaccine purchase and deployment and robust FM oversight of the use of funds, as elaborated in the fiduciary risks below. Considering these mitigation measures, the AF is expected to have little impact on the overall P&G risk to the Parent Project.

**38. Overall macroeconomic risk in Togo is Substantial given that Togo is experiencing severe fiscal pressures and faces the risk of not having sufficient additional fiscal space for the purchase of vaccines at scale and other COVID-related response interventions.** The proposed AF specifically aims to mitigate this risk by providing financing for vaccine purchase and promoting prioritized deployment to vulnerable groups. Residual macroeconomic risk to the AF and parent PDO is limited to risks that cannot be readily mitigated (e.g., risks related to significant counterpart financing or other specific macroeconomic risks that may hinder the operation from achieving its intended results).

**39. Technical design of Project residual risks are revised from Substantial to Moderate.** These risks relate to continued uncertainties about the timing of the availability of COVID-19 vaccines and the capacity of the supply chain to handle such a massive vaccine effort, which may affect the achievement of the Project objectives. The World Bank has worked closely with the MHPHAUC and DPs involved in the pandemic response (WHO, UNICEF, GAVI, etc.) to support the process of procurement and delivery of the COVID-19 vaccines. The World Bank team will continue to provide hands-on support to the country's efforts..

**40. The AF is designed to address key institutional capacity risks related to vaccine deployment and distribution, but residual risks remain Substantial.** Vaccine deployment cold-chain, deployment of multiple vaccines that might require different logistic approach, data protection, and distribution capacity are still inadequate in Togo, especially for the anticipated scale and population group coverage for COVID-19 vaccination. This risk will be mitigated by this AF financing and technical support for immunization system strengthening needs, conducting capacity assessments in coordination with WHO, GAVI, and UNICEF, and coordinating with other partners in their provision of systems strengthening support. Sensitive medical personal data will be handled appropriately and in compliance with WHO guidelines. This is reflected in the PIM. There are risks associated with vaccine hesitancy as well, which will be mitigated through additional support by the AF to extend the contract of an in-country renowned communication agency or NGO supported by the first AF. In addition, the legal framework for statutory immunity for manufacturers and the national no-fault compensation scheme for AEFI are nascent. For COVAX-financed vaccines for AMC countries, there will be a no-fault compensation scheme for AMC countries as part of its mitigation strategy. For vaccines procured outside COVAX facility, these risks will be mitigated through information sharing on: (i) statutory frameworks in OECD countries and other developing countries; and (ii) overall experience in other countries. The residual institutional capacity risk is substantial, considering the inherent risk and mitigation via the system strengthening supported under the AF and by partners. The AF is therefore expected to have little impact on the institutional capacity risk to the Parent Project.



**41. Fiduciary risks associated with the Parent Project remain Substantial.** The procurement and FM risks initially assessed for the Parent Project cover risks associated with the procurement and distribution of vaccines, including fraud and corruption risks. Risks specific to vaccines include:

**42. Procurement:** The key procurement risk associated with vaccines relates to: (i) the complexity of the vaccine market given the significant market power enjoyed by vaccine manufacturers; (ii) inability of the market to supply adequate quantities of vaccines to meet the demand; (iii) limited market access due to advance orders by developed countries; (iv) weak bargaining; and (v) delays in triggering emergency procurement procedures which could delay procurement and contract implementation, including payments. The risks under this AF will be mitigated by providing options to support the country's needs for direct or advance purchase.

**43. FM:** The key FM risks relate to: (i) untimely fund flow or lack of liquidity and (ii) lack of adequate controls over the transparent, prioritized distribution and application of vaccines, particularly for the most vulnerable population groups. In addition, FM staffing was a critical issue during first AF implementation (vacancy of Accountant and internal auditor positions). A second additional risk was associated to the inadequate capacity of line ministry to monitor the agreement between the Government and UNICEF for the procurement of COVID-19 vaccines and related supplies and the provision of certain services, resulting in the delay in the payment to the vaccines supplier. This AF will use the same options as in the Parent Project, as well as the first AF to assess and strengthen control systems, facilitate the timely flow of funds, and ensure adequate liquidity to finance Project activities. In the matter of staffing, ongoing processes to recruit FM staff (Accountant and Internal Auditor) will be accelerated to complete before end December 2021. In the matter of vaccines procurement agreement with UNICEF monitoring, the existing portfolio monitoring monthly meeting with under the leadership of the ministry of plan and development will help discuss and resolve any fiduciary issues the projects would face to, including the UNICEF vaccines agreement monitoring, and payment. The residual fiduciary risk associated with the AF remains substantial, which is expected to leave the current fiduciary risk to the Parent's PDO unchanged.

**44. The anticipated overall environmental and social risks are Substantial.** Measures to address social and environmental risks in the Project Paper and first AF remain relevant, including infection prevention and control improvements in health facilities, such as prevention/protection and mitigation measures for medical waste risk management that will be expanded as inoculation sites expand. While experience indicates that moderate risk ratings can be expected for the environment, for example, if medical waste and occupational health and safety risks are well managed, the social risk in Togo, on the other hand, is anticipated to be at least substantial because of the broader social risk of inequity in access to vaccines, due to political pressure to provide vaccines to groups that are not prioritized for need or vulnerability, for instance, or if target groups are misaligned with available vaccines. This includes a possible exclusion of population groups based on gender, race, ethnicity, refugee status, religion, or others.

**45.** These risks will be mitigated through several measures to ensure vaccine delivery targets the most vulnerable populations, particularly women, the elderly, poor, refugees, and minorities in accordance with criteria specified in the first AF as well as this AF. First, the World Bank will support Togo in the



development and adoption of an explicit, contextually appropriate, and well-communicated targeting criteria and implementation plan (e.g., the national vaccination program and any subsidiary programs), including criteria for access to vaccines. The Borrower should ensure that this plan is subject to timely and meaningful consultations in accordance with Environmental and Social Standards (ESS) 10. There should be consensus to first target health workers, other essential workers, and the most vulnerable populations, which will include a mix of the elderly, people with co-morbidities, defense and security forces, and people in high-population density locations, such as slums and refugee camps. The World Bank will also continue to provide technical and implementation support to mitigate this risk.

**46.** All targeting criteria and implementation plans will be reflected in the country's national vaccination program. Another potential risk is the increased incidence of reprisals and retaliation, especially against healthcare workers and researchers. This risk will be mitigated through explicit inclusion in robust stakeholder identification and consultation processes. Further, and linked to the social risks stated above, it is essential to have clarity on the risks that may arise related to any mandatory aspect of the national program, and whether and how this mandatory element relates to cultural, social, and traditional community practices and values. Such risks need to be considered in light of the mitigation hierarchy and balanced against the health-related requirements of any mandatory vaccination program. In addition, the grievance mechanisms required under the ESF should be in place and equipped to address community, worker, and/or individual grievances related to such issues. This includes requirements related to being able to have GRMs in place to address labor and working conditions and SEA/SH.

**47. Stakeholder risk is considered substantial.** Vaccine hesitancy represents an additional risk to achieving the project's objective. As described earlier, vaccine hesitancy has been a continuing concern since the beginning of the rollout and has remained a challenge to date, resulting in low demand for vaccines. The effort by the country, the WHO and the World Bank to obtain information on the cause of hesitancy through conducting periodic surveys has fed into the design of communication tools that will be supported for deployment under the project, increasing the likelihood of overcoming hesitancy by focusing specifically on geographic areas of resistance.

## IV. APPRAISAL SUMMARY

### A. Technical, Economic, and Financial Analysis

**48. The economic rationale for investment in a COVID-19 vaccine is strong, considering the massive and continuing health and economic losses due to the pandemic.** As of December 9, 2021, more than 269 million people had been confirmed to be infected with the virus and over 5.3 million were confirmed to have died. Global economic output contracted by 3.5 percent in 2020. In Togo, the first COVID-19 case was diagnosed in March 2020. To stop transmission, the Government put in place several measures that shut down the economy. Among these measures were the closure of schools and universities, closure of the airport, closure of markets and interruption of most commercial activities, closure of worship places, prohibition of movement of people, and a ban on public gatherings. These measures harmed the economy, resulting in job losses. According to the World Bank, pre-COVID-19 between 2017



and 2019, growth in Togo was robust, averaging 5 percent (2.4 percent in per capita terms) and the economy was expected to continue to grow in 2020. As a result of the COVID-19 pandemic and the measures taken by the Government, gross domestic product (GDP) growth decelerated to 1.8 percent in 2020 from 5.5 percent in 2019 and is expected to return to the pre-COVID-19 level in 2022.<sup>15</sup> The impact on the wellbeing of the population of Togo has been significant, as a result of higher food prices caused by supply chain disruptions. This situation has pushed many more people into poverty since pre-COVID-19, the poverty rate stood at 45.3 percent in 2018 –2019 and extreme poverty is estimated to have increased to 45.4 percent in 2020.<sup>16</sup> The situation will improve when Togo puts in place mechanisms to protect poor and vulnerable households.

**49. Of the 7,976,962 Togolese population, an estimated 5,583,873 people need to be vaccinated to reach the new target of the Government of 70 percent of the population.** The COVAX AMC will cover 20 percent of the population (1,595,392), other donors will cover 4.6 percent, and the World Bank will finance COVID-19 vaccine for the remaining 45.4 percent of the population. After accounting for salient health factors of the Togolese population (HIV prevalence rate, hospital bed density, medical personnel density, among others), the rate of mutation of the COVID-19 viral strains, the rate at which new strains spread, and lethality associated with new variants, it is projected that despite the relative youthfulness of the population, an estimated 38,186 disability-adjusted life years (DALYs) would be lost to the Togolese economy by the end of 2024. This translates into a total of about US\$28.8 million loss in GDP and US\$190.9 million loss in both direct and indirect benefits to life years. The Togo vaccine project would avert approximately 41 percent of all these losses.

**50. The successful development, production, and delivery of a vaccine, however, offers the best potential to reverse these trends, generating benefits that will far exceed vaccine-related costs.** Indeed, the rapid and well-targeted deployment of COVID-19 vaccines can help reverse the upward trend in poverty and accelerate economic recovery. Even at levels of imperfect effectiveness, a COVID-19 vaccine that is introduced and deployed effectively to priority populations can assist in significantly reducing mortality and the spread of the coronavirus, and accelerating a safe reopening of key sectors that are impacted. It can also reverse human capital losses by ensuring schools are reopened. The effective administration of a COVID-19 vaccine will also help avoid the associated health care costs for potentially millions of additional cases of infection and associated health-related impoverishment. Global experience with immunization against diseases shows that by avoiding these and other health costs, vaccines are one of the best buys in public health. For the most vulnerable population groups, especially in countries without effective universal health coverage like Togo, the potential health-related costs of thousands of additional cases of COVID-19 infection in the absence of a vaccine represent a significant or even catastrophic financial impact and risk of impoverishment. The pandemic is also having dire effects on other non-COVID-19 health outcomes. Increased morbidity and mortality due to interruptions in essential services associated with COVID-19 containment measures hinder access to care for other health needs of the population, including maternal and childcare services. Routine immunization services have been affected, threatening polio eradication and potentially leading to new outbreaks of preventable diseases, with their own related deaths, illnesses, and long-term costs. Simultaneous epidemics of diseases like lassa fever or yellow fever can overwhelm public health systems

<sup>15</sup> Togo. Macro Poverty Outlook Indicators, 2020.

<sup>16</sup> Togo. Macro Poverty Outlook Indicators, 2020.





in Togo, which has few resources to begin with, disrupting services needed to address the needs of people with chronic health conditions and mental disorders.

**51. While the uncertainty around the costs and effectiveness of a COVID-19 vaccine makes it difficult to calculate its cost-effectiveness, the effective launch of a COVID-19 vaccine will have direct benefits in terms of averted costs of treatment and disability, as well as strengthened health systems.** Estimated COVID-19 treatment costs from low- and middle-income countries is at US\$50 for a non-severe case and US\$300 for a severe case. This excludes the costs of testing of negative cases, as well as the medical costs associated with delayed or forgone care-seeking, which usually results in higher costs. Investments in vaccine delivery systems generate health and economic benefits beyond just delivering the COVID-19 vaccine. First, investments in last-mile delivery systems to administer the COVID-19 vaccine to remote communities will require the strengthening of community health systems, which can have spillover effects to effective delivery of other services, helping close the significant urban-rural gap. Second, as the COVID-19 vaccine is introduced and lockdowns and movement restrictions are eased, patients can continue to access care for other conditions. Third, the economic benefits of slowing down the economic downturn are likely to significantly exceed the cost needed to vaccinate 20 percent of the population, in addition to the immediate health benefits. Given both the economic and health system benefits, an effectively deployed COVID-19 vaccine presents significant benefits.

## B. Financial Management

**52. In line with the guidelines stated in the FM Practices Manual issued by the FM Sector Board on March 1, 2010, (revised on September 7, 2021), an FM assessment was conducted for the Parent Project.** The MHPHAUC, through the REDISSE PCU of the Parent Project and the ongoing REDISSE II Project (P159040) will have overall accounting responsibility for the AF, expenditures, and resources. The FM arrangements established for the Parent Project as well as the first AF are satisfactory and will be replicated for the proposed second AF. Under the Parent Project and the first AF, the REDISSE PCU of the MHPHAUC is responsible for the FM function. The chief accountant of the REDISSE PCU is responsible for the Project FM System, with the assistance of a Financial Management Specialist provided by the PCU, for establishing an effective Project Accounting System, and for maintaining the system during implementation. On the basis of the assessment performed, the overall FM residual risk is rated as Substantial mainly due to the fact that under the Original Project and the first AF, the project implementation unit has been suffering from the absence of a senior accountant and an FM assistant. Under the second AF, the main risks are related to: (i) lack of adequate control over the transparent, prioritized distribution and application of vaccines, particularly for the most vulnerable population groups; and (ii) the fact that the project will hire a significant number of vaccinators which will involve a large volume of payment transactions, with the associated challenges in terms of control.

**53. Main mitigating measures include:**

- (i) migrating the existing accounting software's parameters to fit the needs of the AF by no later than three (3) months after the effective date;
- (ii) finalizing the recruitment of an accountant by no later than three (3) months after the effective date.



54. By no later than three (3) months after the effective date, a draft work plan and budget for project implementation should be prepared, setting forth, inter alia: (i) a detailed description of the planned activities, including any proposed conferences and training, under the project for the period covered by the plan; (ii) the sources and proposed use of funds; (iii) procurement and environmental and social safeguards arrangements, as applicable; and (iv) responsibility for the execution of said project activities, budgets, start and completion dates, outputs, and monitoring indicators to track the progress of each activity.

55. **Resources from the AF shall be disbursed through the existing Designated Account opened under the Parent Project, maintained at a commercial bank and managed by REDISSE PCU.** Statement of Expenditures (SOE)-based disbursements shall continue to serve as the basis for the withdrawal of funds from the AF. Other methods of disbursing the funds (reimbursement, direct payment, and special commitment) will also be available to the project. The minimum value of applications for these methods will be stated in the Disbursement and Financial Information Letter (DFIL). If justified and needed, report-based disbursements, using an agreed format of unaudited Interim Financial Reports (IFRs) would be used at any time during the AF implementation. Fiduciary compliance for the Parent Project is deemed Satisfactory. In general, the unaudited IFRs have been submitted on time for the above projects and were considered acceptable. REDISSE PCU will continue to submit the semi-annual IFRs to the World Bank no later than forty-five (45) days after the end of the calendar semester. No separate IFRs would be submitted under the AF. Hence, the IFRs will combine both the Parent and AF activities. Audit reports for FY2020 for REDISSE II were received on time and were issued with unqualified opinion and found acceptable to IDA. On the other hand, the first audited financial statements for the Parent Project, for the period ending December 31, 2021 will be due on June 30, 2022. Hence, at the time of the FM assessment of the REDISSE PCU, there were no overdue audits and IFRs under the responsibility of the REDISSE PCU. Table 6 below sets out the expenditure categories to be financed out of the IDA funds.

**Table 6: Proposed Disbursement Categories**

Category	Amount of the Credit Allocated (expressed in EUR)	Amount of the Grant Allocated (expressed in SDR)	Percentage of Expenditures to be Financed (inclusive of Taxes)
(1) Goods, works, non-consulting services, and consulting services, Training and Operating Costs for the Project, except Part 1.2 and Part 1.3	0	1,728,000	100%
(2) Goods, works, non-consulting services, and consulting services, Training and Operating Costs under Part 1.2 of the Project	11,100,000	7,272,000	100%
<b>TOTAL AMOUNT</b>	11,100,000	9,000,000	

**56. The current internal auditor for the REDISSE PCU II will be responsible for the internal audit functions for the AF operation.** To this end, the World Bank will work closely with REDISSE PCU to ensure that the internal auditor develops a risk-based approach, considering the specificity inherent to COVID-19 deployment.

**57. The Parent Project’s financial statements are audited by private audit firms in accordance with the International Standard on Auditing.** These agreements will continue under the AF and submission of the project’s audited financial statements will also satisfy World Bank requirements for the AF. Therefore, no separate report will be required for the AF. The existing external auditor’s Terms of Reference (ToR) and contract will be amended to include the AF.

**58. Support to the implementation plan: FM supervisions will be conducted over the lifetime of the project.** The Project will be supervised on a risk-based approach, taking into account the alternative options developed in the Operations Policy and Country Services (OPCS) Guidance issued on March 24, 2020 (Streamlined Fiduciary Implementation Support Measures for Active World Bank-financed Operations given Travel Limitations due to the COVID-19 Pandemic) and the Guidelines Investment Project Financing (IPF) Projects under the Global MPA.

**59. The AF may contract with United Nation (UN) Agencies, such as UNICEF, and WHO to leverage their experience and expertise and use their support in the procurement and delivery of vaccines, as well as their specialized technical assistance.** In the case of contracting the UN, a Standard Agreement shall be signed between the Government, through the MHPHUAC and the UN that will clearly indicate the level of involvement and the specific role of the UN under the AF. The agreement shall contain



specific annexes on the payment schedule and reporting requirements by the UN. Therefore, the fiduciary arrangements pertaining to the contracting of the UN will follow the agreed upon arrangements that will be included as part of the Standard Agreement to be signed between the Government and the selected UN agency. In cases where BFP is requested and utilized by the Government, all related payments to suppliers under the BFP will be through direct payment method regardless of the payment amount.

**60. The WHO and UNICEF are envisaged to play an integral role in supporting implementation and building capacity.** Through their fully established offices, skilled manpower, and longstanding relations with the MHPHUAC of Togo, especially in the areas of health system development and health service delivery, they are in a unique position to provide this support. In terms of fiduciary requirements, the World Bank's traditional reporting format will apply to the Borrower with the Borrower having ultimate responsibility for ensuring that the UN provide financial reports with sufficient information and on a timely basis so that the Borrower can meet this requirement. The agreement between the Borrower and the UN should provide for an agreed format, content, and periodicity of the financial reports to support effective supervision of the proposed Project. The financial reports should be generated from the UN FM system, which is covered by the internal control and fiduciary oversight arrangements of that UN agency. This helps mitigate the risk of errors and irregularities in the process of submission of such reports to the World Bank and provide reasonable assurance on the accuracy and validity of those reports. Furthermore, the World Bank's audit requirement continues to apply to the Borrower; therefore, the contract between the Borrower and the UN should ensure that all required information is provided on a timely basis for audit purposes. The World Bank relies on the annual audit of the UN conducted by the UN Board of Auditors. The audit report is reviewed at the corporate level and published on the OPCS website.

### C. Procurement

**61. Procurement under this AF will be carried out in accordance with the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated November 2020.** As with the Parent Project, the AF will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011 and as of July 1, 2016. The Project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record, and track procurement transactions as well as clearance processes when needed.

**62. Major planned procurement activities under this AF include: (i) vaccines (2,050,000 doses); (ii) consumables for vaccines; (iii) PPE for vaccinators; and (iv) transportation (vaccines, etc.).** Given the urgent nature of the requirements, the Borrower has been updating the streamlined Project Procurement Strategy for Development (PPSD) of the Parent Project and the first AF to account for the specificities of the current second AF. The first procurement plan of the second AF, as an output of the updated PPSD, is available and was approved before negotiations. The project will adapt and use the PIM already adopted for the REDISSE II/COVID-19 Health Project.

**63. The current demand for COVID-19 vaccines exceeds the supply in the market, which makes it more difficult for client countries to negotiate terms and conditions.** Vaccines will be procured through



the AVATT convened by the AU. Contracts for vaccine purchases financed Sby the World Bank will be subject to the World Bank's prior review, irrespective of value and procurement approach at the Operations Procurement Review Committee level. The procurement of vaccines through the AU as a source should comply with the World Bank's procurement and Anti-Corruption requirements. The financing could include freight arrangements for the vaccines, including COVAX-financed vaccines, whose freight costs are financed by the credit and the grant.

**64.** The MHPHUAC is the implementing agency for the Parent Project; the first AF and the second AF will be managed through the same arrangement. The Parent Project and the first AF are coordinated by the PCU of the REDISSE Project, guided by the REDISSE/COVID-19 Health PIM and the manual for Project COVID-19 Vaccine delivery and distribution for the First AF. All procurement under the Project will be undertaken by this existing PCU.

**65. Risks:** The key procurement risk associated with vaccines relates to: (i) the complexity of the vaccine market, given the significant market power enjoyed by vaccine manufactures; (ii) inability of the market to supply adequate quantities of vaccines to meet the demand; (iii) limited market access due to advance orders by developed countries; (iv) weak bargaining; and (v) delays in triggering emergency procurement procedures, which could affect procurement and contract implementation, including payments. There are also risks related to the governance of vaccine purchase and deployment, such as potential fraud and substandard quality. These risks will be mitigated by (i) providing options to fast-track procurement through direct or advance purchase; (ii) early involvement in the prior reviewing of vaccines contracts; (iii) the Borrower requirement to publish contract award information in accordance with the Procurement Regulations; and (iv) third party monitoring agents by supervising the implementation of the vaccines contracts/programs and systems for the traceability of vaccines, including Information Technology (IT).

**66.** The residual risk for procurement is rated as Substantial. The World Bank's oversight of procurement is done through increased implementation support, and Procurement Hands-On Expanded Implementation Support (HEIS), if needed. The World Bank will carry out standard prior and post reviews.

**67. Procurement Support for implementation.** Procurement supervision will be conducted over the project's lifetime through risk-based approaches which will be adapted to respond to limitations imposed by the COVID-19 pandemic. It will involve remote supervision tools and approaches that respond to the COVID-19 pandemic, in line with the alternative options developed in the OPCS Guidance issued on March 24, 2020 (Streamlined Fiduciary Implementation Support Measures for Active World Bank-financed Operations Given Travel Limitations due to COVID-19 Pandemic) and the Guidelines for IPF Projects under the Global MPA.

#### 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

**68. Activities under this AF should have positive impact as they will improve Togolese capacity for surveillance, monitoring, and management of infections with epidemic potential, like COVID-19, and will combat the spread of the virus by ensuring that highly exposed and/or vulnerable persons are immunized.** Moreover, under the Parent Project, medical equipment, vehicles, PPE, chemical/biological reagents, and other medical and laboratory supplies were provided to healthcare workers. Similarly, collection materials and equipment were acquired, including two vehicles for the transportation of medical waste from the COVID-19 Isolation, Screening, and Treatment Center (CIDT). However, project activities could also cause environmental, health, and safety risks due to: (i) the dangerous nature of the pathogen (COVID-19), reagents, and equipment used in the project-supported activities; (ii) the limited information on the vaccines and lack of community involvement in the decision making around the procurement and deployment of the vaccines, leading to vaccine hesitancy and refusal by the population; (iii) infectious medical waste, including vaccination waste generated by facilities; and (iv) AEFIs and other adverse social risks associated with the AF, including the social context, with media and social networks fueling rumors and misinformation, preconceived ideas, prejudices, and distrust of the medical system. These risks and impacts will be mitigated with the adoption of occupational health and safety standards and specific infectious-control strategies, guidelines, and requirements, as recommended by WHO and Center for Disease Control. The following World Bank ESS relevant for the first AF are still relevant to this AF: ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10. Thus, in accordance with the ESCP, the Strategic Plan for Infection Prevention and Control (PSPCI) was updated on June 3 and 4, 2021 and validated on June 15, 2021 with the involvement of all stakeholders, under the supervision of the Directorate of Hygiene and Basic Sanitation (DHAB). The Strategic Plan for the Management of Medical Care Waste (SPMMCW) was also updated within the framework of the Parent Project and the first AF, on July 2 and 3, 2021 and validated on July 23, 2021. The military is not directly involved in the vaccination process; their role is simply to escort vaccines from the central to regional level. If security or military personnel are used in the project, they will undergo training on GBV and compliance with the relevant requirements of the ESCP.

**69. Infectious medical waste generated by health care facilities in general and COVID-19 Treatment Centers in particular, are classified as highly hazardous.** These infectious medical wastes are managed in accordance with the Medical Waste Management Plans, under guidelines that adhere to international standards. To address the limitations in the local healthcare waste management system, the waste generated during the first AF as well as this AF will be directed towards a site equipped with pyrolytic combustion incinerators with two chambers. There were conventional incinerators in at least eighteen (18) health facilities in 2020, distributed as follows: two (2) in the Savannah region, two (2) in the Kara region, one (1) in the Center region, two (2) in the Plateaux region, two (2) in the Maritime region, and



four (4) in Greater Lomé public health establishments. In the private sector, there are three (3) conventional incinerators at the hospital of the Order of Malta (Est-Mono), the Saint Jean de Dieu hospital in Afagnan (Bas-Mono), and the health center of Regina Pacis (Adidogomé/Grand Lomé). All aspects related to these incinerators are being managed in an environmentally sound manner. This includes the collection of waste in specific containers (specialized dustbins and bags and safety boxes), temporary storage followed by the transport of waste in specialized vehicles, and finally disposal. These operations will be carried out according to the waste management plan for routine vaccination, including supplementary vaccination activities developed by the MHPHUAC in October 2019. This waste management plan is consistent with the WHO draft on "Laboratory Biosafety Guidelines for New Coronavirus (SARS-CoV2)" and other guidelines (February 12, 2020). The updated ESMF ensures the application of international best practices with regard to all environmental and social matters. The Parent Project has prepared, consulted upon, and disclosed the ESMF containing the HCWMP. The HCWMP includes (i) training and sensitization of staff and users so that they are aware of all the dangers involved; (ii) provision of PPE and waste collection materials/equipment; (iii) maintenance and operation of existing incinerators; and (iv) organization of waste collection and transport to disposal sites. The AF procedure manual was developed by the REDISSE/Parent Project management unit to integrate environmental and social safeguards section.

**70. The main environmental and social risks are:** (a) risks related to adverse events following immunizations (AEFIs); (b) environmental and health risks to the community related to inadequate storage, transport, and disposal of hazardous medical waste (infectious, chemical, pharmaceutical); (c) occupational health and safety issues related to the availability and provision of PPE for healthcare workers and the logistical challenges of transporting PPE across the country in a timely manner; and (d) health and safety risks to the community, given the close social contacts and limited number of health safety services (hand-washing points with soap and water, disinfectants) and isolation capacities throughout the country. Infections due to non-compliance with occupational health and safety standards can lead to the spread of the virus to medical staff, laboratory personnel, hygiene and maintenance workers, and the general population. These infections can occur during the detection of infected individuals, during the transport of patients, during the performance of diagnostic tests, and during the processing of results. These infections can lead to illness and death among health care workers. In addition, health care facilities involved in the diagnostic testing and treatment of COVID-19 cases will generate health care waste and other hazardous by-products, which, if not adequately managed during collection, interim storage, transportation, and disposal, may also threaten the integrity of the environmental matrix and result in health risks. While the risks to worker and community safety and the environment are relevant and significant, they are considered temporary, predictable, and easily managed through the project design features and mitigation measures.

**71. As with the Parent Project and first AF, the proposed AF is expected to have a positive social impact at both the individual and community levels, as it addresses the health sector's response to the COVID-19 pandemic.** However, social risks related to the challenges of the COVID-19 pandemic are anticipated and include: (a) difficulties in accessing health facilities and services for the entire population; (b) the inability of marginalized and vulnerable social groups to access vaccines, facilities, and services designed to combat the disease; (c) social conflicts and risks to human security resulting from diagnostic testing, limited availability of vaccines, and social tensions related to the challenges of the pandemic



situation; (d) SEA/SH risks to patients and health care providers, including among vaccinators; (e) labor influx resulting from minor civil works to rehabilitate/renovate existing health facilities; (f) inadequate data protection measures and insufficient or ineffective communication from stakeholders on vaccine deployment strategy; and (g) AEFIs. There is also an institutional contextual risk, given the set of challenges in terms of preventive responses and control measures related to the pandemic. The AF will finance small-scale rehabilitation/renovation and upgrade existing health structures in the target health districts on land owned by these facilities. It will not finance new construction or expansion of existing ones. Thus, no new land will be acquired or leased. The potential risks and impacts are mostly temporary, predictable, and/or reversible, but could become widespread given the highly infectious nature of the COVID-19 virus.

**72. As part of the ESF requirements, this AF as well as the existing one are required to take steps to mitigate the risks of SEA/SH.** In pandemics, access to services may be reduced due to lockdowns and reduced mobility, and the rule of law becomes fragile, increasing the risks of GBV. For instance, women and girls may be forced into exchanging sexual favors for access to testing, treatment, vaccines, or even supplies. Another social risk is that marginalized and vulnerable social groups, including women and disabled populations, may face more barriers to accessing COVID-19 services and information. Therefore, the required SEA/SH prevention and response action plan on the Parent Project as well as on the first AF, not yet complied with, shall be prepared not later than the effective date of this second AF. There is also a risk that vaccine deployment plans could leave women behind, considering the larger male mortality of COVID-19 and the tendency in many countries to overlook the importance of gender inequalities in social and economic activities. This risk will be reduced as the Project will carefully assess this aspect of deployment.

**73. The client will implement the activities set out in the ESCP of the first AF as well as in the revised one for the second AF.** The Environmental and Social Review Summary (ESRS), ESCP, ESMF, SEP, and LMP (where required) of the Parent Project have been updated and have been disclosed prior to the end of the first AF appraisal. The ESCP of the Parent Project was disclosed in the country on April 16, 2020, and by the World Bank on April 17, 2020. The ESCP of first AF was publicly disclosed on the World Bank's website on June 3, 2021. The ESMF was updated and publicly disclosed on the World Bank's website on June 3, 2021. The social safeguard specialist of the PCU will continue to provide the technical assistance required to manage and supervise the overall social aspects of the project, including the SEA/SH risks, and the Environmental Safeguards Specialist of the PCU recruited in July 2021 has resigned but will continue, as per his contract, to provide support on compliance with environmental safeguard provisions until the new one is appointed. The project implementation unit will also ensure appropriate stakeholder engagement, proper awareness-raising, and timely information dissemination. This will help: (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it; and (iii) address issues resulting from people being kept in quarantine. These will be guided by standards set out by WHO as well as other international good practices, including social inclusion and prevention of SEA and SH. In the framework of the second AF, the ESMF is being updated to integrate costs related to waste management of additional vaccines to acquire and it will be disclosed prior to the project effective date. Other environmental and social documents such as ESCP and SEP were also updated prior to appraisal of the second AF and publicly disclosed on November 25, 2021.





**74. Ensuring equitable access to COVID-19 vaccinations for vulnerable people with disabilities.** There is a risk that people with disabilities could be neglected during the vaccination campaign. To ensure that they are not disadvantaged during vaccine deployment, the AF will support mitigation measures and data collection efforts that will ensure a strong, targeted approach to reduce barriers, enhance equity in the distribution of the COVID-19 vaccines, and put mechanisms in place to ensure that vulnerable people are safe during the vaccination process. The information campaign will specifically incorporate approaches to reach people with disabilities by engaging leaders in the community, addressing factors that promote vaccine hesitancy among vulnerable people and debunking misconceptions around vaccines. Vaccinations will be provided at no cost and outreach services will be strengthened to reach those who are unable to access vaccination points. All health care workers (including vaccinators), contractors, and sub-contractors will receive training on GBV/SEA/SH and be required to sign a Code of Conduct with clear sanctions for violations, which will be enforced. Moreover, the social and environmental specialist from the PCU will provide technical support to the MHPHUAC to ensure that this aspect is highlighted and prioritized during the preparation and deployment stages, with the goal of ensuring good social inclusion.

**75. Gender gap. Togo is ranked 145<sup>th</sup> in the 2020 Gender Inequality Index (GII) and is included in the Low Human Development group.**<sup>17</sup> Gender inequalities and norms are critical considerations when designing policies and interventions in emergency situations and pandemics. They play an important role in who gets access to essential health services and how fast. Gender norms also influence the risk of exposure to disease, as well as of spreading it. At the same time, biological sex can influence how susceptible a person is to disease and how well they respond to treatment and/or vaccines. In a pandemic, this has multiple implications. On the one hand, the pandemic response has to be cognizant of the gender-based differences in access to and use of services due to limited mobility and financial capacity. On the other hand, support needs to be provided to at-risk groups such as family caregivers (most of whom are women) to reduce their risk of getting ill and/or passing it on to others. Moreover, pandemics can create or exacerbate the conditions that put women and girls at greater risk of GBV. The containment measures adopted to limit the spread of the virus and death rates had a significant, negative impact on women, as the curfews disproportionately affected the informal sector. The lack of income for women meant that they became more reliant on male partners or family networks, making them more susceptible to GBV/SEA/SH. When it comes to COVID-19 vaccinations, women make up the majority of priority groups. As a critical part of the workforce that will deliver the COVID-19 vaccines, female healthcare workers, through the administration of the COVID-19 vaccine doses to patients, could expose themselves to harm and will have an increased workload.<sup>18</sup> These female healthcare workers are also at risk of violence, as was observed during vaccination campaigns against polio and Ebola.<sup>19</sup> The vaccination context also exposes women and girls to risks of GBV/SEA/SH. For example, in the Ebola vaccination in the Democratic Republic of Congo, male healthcare workers offered Ebola-related services, including vaccination, in exchange for sexual favors from women and girls.<sup>20</sup>

<sup>17</sup> See: <http://hdr.undp.org/en/composite/GII>

<sup>18</sup> Harman, S.; Herten-Crabb, A, Morgan, R. et al. 202. COVID-19 vaccines and women's security. *Lancet* (2021) vol. 397 pg. 357.

<sup>19</sup> Idem.

<sup>20</sup> Harman, S.; Herten-Crabb, A, Morgan, R. et al. 202. COVID-19 vaccines and women's security. *Lancet* (2021) vol. 397 pg. 357.



**76. Cultural and legal obstacles, coupled with inequitable access to health services, affect the ability of Togolese girls and women to improve their incomes and well-being, thereby preventing them from optimizing their human capital.** In the current pandemic context, an obvious social risk is that of marginalized and vulnerable social groups, particularly women, who may face barriers in accessing COVID-19 vaccination services and information related to COVID-19. Globally, the impact of the COVID-19 crisis is not gender neutral. While men do worse clinically once infected, women, particularly the poor and marginalized, face a higher-than-average risk of COVID-19 infection, death, loss of livelihood, and GBV. There is empirical evidence of disruption in health care access among pregnant women globally and in Togo, with an increased risk of preventable mortality and morbidity. In Togo, women of reproductive age (aged 15-49 years) often face barriers with respect to their sexual and reproductive health and rights. The proportion of women aged 20-24 years old who were married or in union before age 18 is 21.8 percent and women who had their need for family planning satisfied with modern methods in 2010 stood at 37.4 percent. The adolescent birth rate was 88.7 per 1000 population as of 2016, up from 84.4 per 1000 population in 2012. Work still needs to be done in Togo to achieve gender equality. As of February 2019, only 16.5 percent of parliament seats were held by women. In 2014, 12 percent of women aged 15-49 years reported that they had been subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months. Domestic violence continues to be a problem in Togo, and impunity is often an issue. Police officers often refuse to intervene in cases of domestic violence and there are no official efforts by the Government to combat domestic violence. However, several NGOs have been active in educating women on their rights. Among young married urban women with at least a high school-equivalent education, 41 percent cannot go to the market without permission, 65 percent cannot visit friends or family in their city, and only 41 percent have money that they can spend without their husband's permission (World Bank 2013c). Furthermore, over 20 percent of the population believes that it is acceptable for a man to beat his wife for certain reasons. SH in the workplace is also an important constraint on opportunities for women. The pandemic is likely to exacerbate pre-existing factors of fragility, aggravate existing gender inequalities, and increase the risk of GBV.

**77. As a response to the identified gender gaps:** (a) there is also a risk that vaccine deployment plans could leave women behind, considering the larger male mortality associated with COVID-19 and the tendency in many countries to overlook the importance of gender inequalities in social and economic activities. This risk will be reduced as teams are encouraged to carefully assess this aspect of deployment. All indicators will be disaggregated by sex at ALL aspects of the service delivery points, including surveillance, detection, contact tracing, and vaccines; (b) key gender-responsive messages and materials will be developed for public communications and advocacy, in accordance with demand plan. These communications efforts will include referrals to existing services for domestic and GBV. The Project will use access proxy indicators to monitor this aspect (Eligibility for vaccination criteria include informal and/or volunteer health workers – Yes/No; percentage of women who responded correctly to 70 percent of questions on COVID-19 vaccines to monitor the decrease in women's misconceptions about vaccines); (c) the project components will also address gender dimensions with targeted interventions that include: (i) integration of gender-responsive approaches in communications strategies with the public, including use of multiple accessible media in local languages, use of targeted messaging, and the creation of responsive platforms to register inquiries and grievances; (ii) inclusion of interventions to support demand creation/restoration and continuity of essential Reproductive, Maternal, Newborn, Child and Adolescent Health, and Nutrition (RMNCAH-N) services, critical to averting increases in excess mortality



and morbidity among women and girls, and improving access to sexual and reproductive health and rights; (iii) support for the promotion of awareness and use of GBV services, integrated in the vaccine communication campaign, including the expanded network of Integrated Service Centers at health facilities that offer medical, legal, and psychosocial support and referrals. These interventions will be monitored and measured through the Results Framework of the Project, and through the ESF instruments.

**78. Citizen engagement and outreach.** Mechanisms that engage citizens, and target beneficiaries more specifically, to provide ideas and feedback on program delivery, help identify gaps at the point of service delivery (information availability, access to testing and vaccination, access to appropriate care, equal treatment, etc.), build community knowledge and confidence, establish trust, and ensure governments respond to community needs (including vulnerable groups), thus, optimizing the impact of the COVID-19 emergency response. Therefore, the involvement of the local population is essential to the success of the project, to ensure smooth collaboration between project staff and local communities, and to minimize and mitigate environmental and social risks related to the proposed Project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases. As such, the Project developed an SEP with the overall objective of defining a program for stakeholder engagement, including public information disclosure and consultation on the project activities and their satisfaction, throughout the entire project cycle. Information collected from stakeholders will inform the project communication and awareness raising approach. The SEP outlines the ways in which the project team will communicate with stakeholders. It ensures that the client engages in continuous, meaningful, and safe consultations on policies and procedures (including grievances) with all stakeholders, providing them with timely, understandable, and accessible information throughout the project life cycle. This SEP is updated for the second AF and was publicly disclosed on November 25, 2021.

## F. Climate Co-benefits

**79. Climate change risks and vulnerabilities.** This Project has been screened for climate change and disaster risks. The overall potential risks in Togo were assessed as ‘moderate’ in the Summary Climate and Disaster Risk Screening Report. The exposure rating was assessed as ‘high’ due to extreme temperature, extreme precipitation and flooding, drought, sea-level rise, storm surge, and geophysical hazards (landslides). The exposure risk is assessed at this level for both current and future time scales. Togo has experienced a multitude of severe flooding events that have caused significant damage to infrastructure as well as health impacts, significant injuries, and loss of life. These have led to spikes in food and water shortages that affect the nutritional status of the population.<sup>21</sup> The standing water from floods may lead to an increase in vector-borne diseases such as malaria and diarrheal diseases. Drought events in the country have led to similar health consequences on the nutritional status of the population due to the climate change impacts on agriculture, which accounts for approximately 41 percent of Togo’s GDP.<sup>22</sup> Therefore, it is critical to put sustainable and climate-resilient measures in place to reduce the impact of climate change on the population. In 2013, the Government highlighted climate change as one of the most challenging thematic areas in its Accelerated Growth and Employment Promotion Strategy

<sup>21</sup> Togo. *Plan national d’adaptation aux changements climatiques du Togo 2017-2021*.

<sup>22</sup> World Bank Group. 2016. Togo SCD.



2013-2017, and the current National Climate Change Adaptation Plan 2017-2021 aims to ensure the sustainability of its socioeconomic development and to strengthen the resilience of vulnerable population through implementation of climate adaptation measures.<sup>23</sup> This project will further enhance the Government's adaptation efforts to climate change as well as mitigate Togo's contribution to global emissions through the measures outlined in the following paragraphs.

**80. The Project seeks to address climate vulnerability and enhance resilience and adaptation to strengthen the health and immunization systems, while investing in climate-smart CCE, through a number of activities.** In terms of climate adaptation measures, under *Sub-component 1.2: COVID-19 Vaccine Planning, Procurement, and Distribution (Total: US\$41.9 million)*, the purchase of the COVID-19 vaccines will consume an estimated US\$18.5 million of the budget and US\$6.5 million for non-vaccine purchase. This vaccine purchase includes the costs of the vaccine supplies, safety boxes for disposal of syringes, syringes, international freight, procurement fees to UNICEF, and other deployment-related costs. The NDVP will be updated to include additional measures to deal with any unexpected disruptions to the vaccine supply chain, distribution, and storage from climate change impacts, and other unforeseen disasters (i.e., power outages from flooding and extreme heat). The widespread loss of power may seriously threaten the COVID-19 vaccine cold chain as vaccine conservation standards will be impacted. Therefore, as an adaptation measure, some of the CCE purchased under the first AF will be equipped with climate-sensitive power generator that will provide reliable 24/7 power and efficient cooling. Low-carbon, energy efficient waste management equipment are being procured through the first AF to enhance climate resilience under the stress of extreme weather. Under *Sub-component 2.2: Communication, social mobilization, and community engagement to enhance demand for the COVID-19 vaccine (Total: US\$2.8 million)*, sensitization activities at the community level will be financed to promote adaptive behavior in vulnerable populations to COVID-19 and to the impacts of climate change. This includes important health information on climate change-related health risks linked to the COVID crisis, such as the increased risks associated with quarantine in extreme heat events.

**81. In terms of climate mitigation, under Sub-component 1.2: COVID-19 Vaccine Planning, Procurement, and Distribution (Total: US\$41.9 million),** additional procurement of energy-efficient waste management equipment will reduce the impact of the Project on greenhouse gas emissions in the country. There will be an emphasis on the acquisition of climate-sensitive cold room power generators, which will be run on solar energy. Moreover, the Project will also finance climate-smart civil works (thermal insulation and solar reflective roofs) that will improve the insulation of the cold rooms under this AF against extreme heat for more energy efficiency buildings. Fuel-efficient refrigerated vehicles and non-refrigerated vehicles (i.e., electric) will also be procured, and route optimization will be taken into account for vaccine transportation by adjusting routes for vehicles depending on weather and road conditions. This will improve fuel mileage and fuel efficiency of the vehicles.

## V. WORLD BANK GRIEVANCE REDRESS

**82. Communities and individuals who believe that they are adversely affected by a World Bank-supported project may submit complaints to existing project-level grievance redress mechanisms or**

<sup>23</sup> Togo. *Plan national d'adaptation aux changements climatiques du Togo 2017-2021*.



**the WB's Grievance Redress Service (GRS).** The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project-affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and the World Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit [www.inspectionpanel.org](http://www.inspectionpanel.org)

**83. Grievance Redress Mechanism (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 to ensure accountability to project beneficiaries. The Project supports the COVID-19 Call Centers with toll-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 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 MHPHUAC and other relevant agencies.. A manual has been prepared, and consultations have taken place at community, district, and regional levels. The mechanism is accessible to all project-affected people and secure to ensure confidentiality and security, especially for survivors. As of September 2021, no complaints are registered under the Parent Project and the first AF. Environmental and social safeguard activities conducted during the third quarter of the year were primarily related to the planning of activities for the first AF.

## VI SUMMARY TABLE OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Loan Closing Date(s)	✓	
Implementing Agency		✓
Project's Development Objectives		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Disbursements Arrangements		✓
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	31.00	Revised	Component 1: Emergency COVID-19 Response	53.60
Component 2: Supporting National and Sub-national, Prevention and Preparedness	5.40	Revised	Component 2: Supporting National and Sub-national, Prevention and Preparedness	7.40
Component 3: Project Implementation Management and Monitoring and Evaluation	1.20	Revised	Component 3: Project Implementation Management and Monitoring and Evaluation	1.60
<b>TOTAL</b>	<b>37.60</b>			<b>62.60</b>

**LOAN CLOSING DATE(S)**

Ln/Cr/Tf	Status	Original Closing	Current Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-66280	Effective	31-Mar-2022	31-Mar-2022	31-Dec-2023	30-Apr-2024
IDA-69420	Effective	31-Dec-2022	31-Dec-2022	31-Dec-2023	30-Apr-2024
IDA-D6260	Effective	31-Mar-2022	31-Mar-2022	31-Dec-2023	30-Apr-2024
IDA-D8640	Effective	31-Dec-2022	31-Dec-2022	31-Dec-2023	30-Apr-2024
TF-B5887	Effective	31-Dec-2022	31-Dec-2022	31-Dec-2023	30-Apr-2024

**Expected Disbursements (in US\$)**

Fiscal Year	Annual	Cumulative
2020	17,100,000.00	17,100,000.00
2021	21,300,000.00	38,400,000.00
2022	19,000,000.00	57,400,000.00
2023	5,200,000.00	62,600,000.00





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

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

**LEGAL COVENANTS – Togo Second Additional Financing to the COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P177956)**

Sections and Description
Schedule 2 Section I.A.2. The Recipient shall ensure that the PCU has recruited, by no later than January 31, 2022, an environmental specialist with terms of reference, qualifications, and experience satisfactory to the Association.
Project Paper: Financial Management. Main Mitigation Measures include: (i) migrating the existing accounting software’s parameters to fit the needs of the AF by no later than three (3) months after the effective date;
Project Paper: Financial Management. Main Mitigation Measures include: (ii) finalizing the recruitment of an accountant by no later than three (3) months after the effective date.
Schedule 2, Section I.B. 2.(a) by no later than three (3) months after the Effective Date, prepare a draft work plan and budget for Project implementation, setting forth, inter alia: (i) a detailed description of the planned activities, including any proposed conferences and Training, under the Project for the period covered by the plan; (ii) the sources and proposed use of funds therefor; (iii) procurement and environmental and social safeguards arrangements therefor, as applicable; and (iv) responsibility for the execution of said Project activities, budgets, start and completion dates, outputs and monitoring indicators to track progress of each activity
Per ESCP a detailed training plan shall be developed not later than sixty (60) days after the effective date.
Per ESCP the implementation of the detailed training plan shall be started no later than ninety (90) days after the effective date, and throughout the implementation of the project.



<b>Conditions</b>		
Type Effectiveness	Financing source IBRD/IDA	Description Article IV 4.01. (a) the Recipient has updated, disclosed, consulted upon and adopted the Environmental and Social Management Framework, in form and substance satisfactory to the Association;
Type Effectiveness	Financing source IBRD/IDA	Description Article IV 4.01.(b) the Recipient has prepared, disclosed, consulted upon and adopted a sexual exploitation and abuse/sexual harassment prevention and response action plan, in form and substance satisfactory to the Association.



### VIII. RESULTS FRAMEWORK AND MONITORING

#### Results Framework

COUNTRY: Togo

Togo Second Additional Financing to the COVID-19 Emergency Response and Systems Preparedness Strengthening Project

#### Project Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Togo.

#### Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
<b>Prevent, detect and respond to the threat posed by COVID-19 and strengthen national system for publi</b>					
Activation of public health Emergency Operations Centre or a coordination mechanism for COVID-19 (Text)		NO			YES
<i>Action: This indicator has been Revised</i>					
Designated acute healthcare facilities with isolation capacity (Number)		1.00			9.00
<i>Action: This indicator has been Revised</i>					
Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)		1.00			3.00
<i>Action: This indicator has been Revised</i>					



Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Suspected cases of COVID-19 reported and investigated based on national guidelines (Number)		483.00			1,500.00
<b>Action: This indicator has been Revised</b>					
Population fully vaccinated, which is included in the priority population targets defined in the national plan (Percentage)		8.00	15.00	30.00	70.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>This indicator will help monitor the level of immunity achieved by the country that could slow or stop transmission of the virus. The NDVP intends to cover 5 million of people fully vaccinated by end of 2023. The first and second AF will support to vaccinate 70% of the targeted population (or 3.5 million of people fully vaccinated).</i>				

**Intermediate Results Indicators by Components**

Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
<b>Component 1: Emergency COVID-19 Response</b>					
Points of entry staff trained on screening and management of suspected COVID-19 case (Number)		1.00			500.00
<b>Action: This indicator has been Revised</b>					
Suspected COVID-19 cases diagnosed by designated laboratories within 24 hrs (Number)		5.00			50.00



Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
<b>Action: This indicator has been Revised</b>					
Designated laboratories with PPE, reagent and infection control products and supplies, without stock-outs in last two weeks (Number)		0.00			3.00
<b>Action: This indicator has been Revised</b>					
Diagnosed cases treated in the designated treatment centers per approved protocol (Percentage)		0.00			80.00
<b>Action: This indicator has been Revised</b>					
Estimated target populations who will be prioritized for access to vaccines, stratified by target group and geographic location (Number)		425,501.00	553,500.00	1,291,500.00	3,500,000.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>This indicator will be reported by target group and geographic location and will target a total of 3,500,000 people to be fully vaccinated. With 70 percent of coverage, as defined in the national plan, will be the end target under this AF.</i>				
Vaccination sites with functional cold chain (Percentage)		75.00	90.00	90.00	95.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>Cold chain is a major bottleneck as identified by the readiness assessment. This indicator will help monitor country effective vaccine management including cold chain for quality vaccine.</i>				
Deliveries attended by skilled health personnel (Number)		0.00	3,500.00		8,000.00



Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
<b>Action: This indicator has been Marked for Deletion</b>	<b>Rationale:</b> <i>This indicator will help monitor continuity of RMNCAH-N services availability to women of reproductive age (15 - 49 years old).</i>				
Recorders trained in the use of the data digitization platform for the COVID-19 vaccination campaign (Number)	0.00	1,500.00	2,000.00	2,500.00	
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>This indicator will help monitor the availability of people involved in data recording process.</i>				
Eligibility for vaccination criteria include informal and/or volunteer health workers (Yes/No)	No	Yes	Yes	Yes	
<b>Action: This indicator is New</b>	<b>Rationale:</b> <i>This indicator will help monitor the access to broader and proximity vaccination services.</i>				
<b>Component 2: Supporting National and Sub-national, Prevention and Preparedness</b>					
Regional and district's Laboratories equipped (Number)	0.00				40.00
<b>Action: This indicator has been Revised</b>					
Medical and veterinary laboratory personnel trained (Number)	62.00				1,000.00
<b>Action: This indicator has been Revised</b>					
Designated laboratories with staff trained to conduct COVID-19 diagnosis (Number)	1.00				9.00
<b>Action: This indicator has been Revised</b>					



Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Health staff trained in infection prevention per Ministry of Health (MoH) approved protocols (Number)		50.00			1,000.00
<b>Action: This indicator has been Revised</b>					
Key gender-responsive messages and materials developed for public communications and advocacy, in alignment with demand plan (Yes/No)		No	Yes	Yes	Yes
<b>Action: This indicator has been Revised</b>					
<b>Rationale:</b> <i>This indicator will help monitor the effective development of gender-responsive messages and communication materials for public communications and advocacy.</i>					
Community Engagement and monitoring of interventions against GBV and SEA/SH reported (Yes/No)		No	Yes	Yes	Yes
<b>Action: This indicator has been Revised</b>					
<b>Rationale:</b> <i>This indicator will help monitor the effective reporting of interventions against GBV and SEA/SH.</i>					
Women who responded correctly to 70 percent of questions on COVID-19 vaccines (Percentage)		28.00	50.00		60.00
<b>Action: This indicator is New</b>					
<b>Rationale:</b> <i>This indicator will help monitor the impact of vaccine campaign messaging on the Knowledge, Attitudes and Practices of the targeted population. Disaggregated by gender, geographic location, and by target group.</i>					
People vaccinated in hesitancy/refusal areas reached by communication activities (Percentage)		0.00	22.00		50.00



Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
<b>Action: This indicator is New</b>	<b>Rationale:</b> <i>This indicator will help monitor the impact of the communication on the hesitancy/refusal management of the target population. Disaggregated by gender, geographical location and target group.</i>				
<b>Component 3: Project Implementation Management and Monitoring and Evaluation</b>					
Training attended by project management unit members and technical consultants (Number)		0.00			5.00
<b>Action: This indicator has been Revised</b>					
Complaints received and addressed within the Grievance Redress Mechanism (GRM) specified timeframe (Percentage)		0.00	75.00	80.00	80.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>To monitor effective reporting of complaints under this AF through the GRM and according to the required standard.</i>				
M&E system established to monitor COVID-19 preparedness and response plan. (Text)		NO			YES
<b>Action: This indicator has been Revised</b>					
Proportion of vaccination sites that transmit their data via DHIS2 (Percentage)		65.00	70.00	75.00	85.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>This indicator will help monitor the effective transmission of data from vaccination sites to the DHIS2 platform, for informed decision-making.</i>				
Vaccinators trained on GBV/SEA/SH (Number)		568.00	1,300.00	3,300.00	4,600.00





Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>This indicator will help monitor the effective training of vaccinators on GBV/SEA/SH.</i>				
Beneficiaries reporting that community engagement and outreach meet their needs (Percentage)		0.00	50.00		50.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>This indicator will help monitor efficiency of the project to meet beneficiaries needs.</i>				

**Monitoring & Evaluation Plan: PDO Indicators**

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Activation of public health Emergency Operations Centre or a coordination mechanism for COVID-19	Putting in place a COVID-19 Coordination Mechanism.	Quarterly	Project Reports	Review of Quarterly Project Reports	COVID-19 Outbreak Management Team /PIU
Designated acute healthcare facilities with isolation capacity	Number of designated healthcare facilities with isolation unit within the facility,	Quarterly	Project reports	Review of project reports COVID-19 Outbreak Management Team /PIU	COVID-19 Outbreak Management Team /PIU
Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	Number of designated laboratories with diagnostic equipment, test	Quarterly	Diseases surveillance team data	Review of project reports	COVID-19 Outbreak Management Team /PIU



	kits and reagents according to WHO guidelines				
Suspected cases of COVID-19 reported and investigated based on national guidelines	Number of suspected cases of COVID-19 investigated by the surveillance team	Quarterly	Project report	Review of project report	COVID-19 Outbreak Management Team /PIU
Population fully vaccinated, which is included in the priority population targets defined in the national plan	Refers to the percentage of population fully vaccinated among the project priority population targeted. Numerator: number of project targeted population fully vaccinated; Denominator: total number of priority project targeted population (5,000,000 population). Disaggregated by gender	Annually	Project Report	DHIS2	MHPHUAC/PCU

**Monitoring & Evaluation Plan: Intermediate Results Indicators**

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Points of entry staff trained on screening and management of suspected COVID-19 case	Number of staff from points of entry that have received training on screening and management of COVID-19 cases	Quarterly	Project reports	Review of project reports	COVID-19 Outbreak Management Team /PIU
Suspected COVID-19 cases diagnosed by designated laboratories within 24 hrs	Number of COVID-19 suspect cases reported	Quarterly	Project reports	Review of project reports	COVID-19 Outbreak Management Team



	and tested in laboratories per 24 hrs				/PIU
Designated laboratories with PPE, reagent and infection control products and supplies, without stock-outs in last two weeks	Number of designated laboratories without stock-outs of personal protective equipment and infection control products and supplies within the last 2 weeks.	Quarterly	Project reports	Review of project reports	COVID-19 Outbreak Management Team /PIU
Diagnosed cases treated in the designated treatment centers per approved protocol	Numerator: Number of cases treated in designated treatment centers per approved protocol Denominator: Number of diagnosed cases in designated treatment centers	Quarterly	Project reports	Review of project reports	COVID-19 Outbreak Management Team /PIU
Estimated target populations who will be prioritized for access to vaccines, stratified by target group and geographic location	Refers to the estimated number of target populations who will be prioritized for access to vaccines stratified by target group (disaggregated by gender if possible) and geographic location.	Annually	Project Report	DHIS2	MHPHUAC/PCU
Vaccination sites with functional cold chain	Refers to the proportion of vaccination sites with functional cold chain per the country standard among all vaccination sites	Annually	Project Report	MHPHUAC report on medical waste management operational plan	MHPHUAC/PCU



Deliveries attended by skilled health personnel		Annual	DHIS2	Project Report	MHPHAUC/PCU
Recorders trained in the use of the data digitization platform for the COVID-19 vaccination campaign	Refers to number of recorders trained in the use of the data digitization platform for the COVID-19 vaccination campaign. Disaggregated by gender	Annual	Project Reports	Report analysis	Covid-19 Outbreak Management Team /PCU
Eligibility for vaccination criteria include informal and/or volunteer health workers	Text or provision/mechanism put in place by the State or Government including the private sector or Community Health Workers in immunization activities.	Annually	Project Report	Extracted from the Project Annual Report	COVID-19 Outbreak Management Team /PIU
Regional and district's Laboratories equipped	number of regional and district laboratories equipped to national standards	Quarterly	Project reports	Review of project reports	COVID-19 Outbreak Management Team /PIU
Medical and veterinary laboratory personnel trained	Number of Medical and veterinary workers trained in COVID-19 test and others test management	Quarterly	Project reports	Review of project reports	COVID-19 Outbreak Management Team /PIU
Designated laboratories with staff trained to conduct COVID-19 diagnosis	Number of Ministry of health designated laboratories where staff have been trained to diagnose COVID-19	Quarterly	Project reports	Review of Project reports	COVID-19 Outbreak Management Team /PIU
Health staff trained in infection prevention per Ministry of Health (MoH) approved protocols	The number of health staff from health facilities that have been trained		Project reports	Review of project reports	COVID-19 Outbreak Management Team /PIU



	according to Ministry protocols				
Key gender-responsive messages and materials developed for public communications and advocacy, in alignment with demand plan	Refers to the key gender-responsive messages and materials developed for public communications and advocacy, in accordance with demand plan.	Annually	MHPHUAC report	MHPHUAC report	MHPHUAC/PCU
Community Engagement and monitoring of interventions against GBV and SEA/SH reported	Refers to the existence of Community Engagement and monitoring of interventions against gender-based violence (GBV) and SEA/SH reported	Annually	Project Report	Project M&E system	MHPHUAC/PCU
Women who responded correctly to 70 percent of questions on COVID-19 vaccines	Proportion of women who correctly responded to 70 percent of questions asked about COVID-19 vaccines out of the total number of women interviewed.	Annually	KAP Surveys and Project Report	Through KAP surveys (focus groups, exit interviews, etc) in 2022	MHPHUAC/PCU
People vaccinated in hesitancy/refusal areas reached by communication activities	Percentage of people vaccinated in hesitancy or refusal areas after the implementation of communication activities on COVID-19 vaccination specifically directed towards them. Numerator = Number of new people vaccinated. Denominator = Total number of target persons	Semi-annual	Monitoring Report of districts	Review of vaccination reports of hesitancy/refusal areas Review of Project Reports	COVID-19 pandemic management team



	reached by communication in hesitancy/refusal areas.				
Training attended by project management unit members and technical consultants	Number of training attended by project management unit members and technical consultants on COVI19 and project management aspects	Quarterly	Project reports	Review of annual project reports	COVID-19 Outbreak Management Team /PIU
Complaints received and addressed within the Grievance Redress Mechanism (GRM) specified timeframe	Numerator: number of complaints satisfactorily addressed. Denominator: Total number of complaints received.	Quarterly	Project reports	Review of annual project reports	PIU
M&E system established to monitor COVID-19 preparedness and response plan.	An M & E plan for monitoring the COVID-19 plan established	Quarterly	Project reports	Review of annual project reports	COVID-19 Outbreak Management Team /PIU
Proportion of vaccination sites that transmit their data via DHIS2	Refers to the proportion of vaccination sites that transmit their data via DHIS2. Numerator: number of vaccination sites that transmit their data via DHIS2; Denominator: total number of vaccination sites	Annually	DHIS2	MHPHUAC report	MHPHUAC/PCU
Vaccinators trained on GBV/SEA/SH	Refers to the number of vaccinators trained on GBV/SEA/SH (disaggregated by sex)	Annually	MHPHUAC report	MHPHUAC training report	MHPHUAC/PCU



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Beneficiaries reporting that community engagement and outreach meet their needs	Refers to the proportion of beneficiaries of COVID-19 vaccination services reporting that community engagement and outreach meet their needs	Annually	Project Reports	Beneficiary Survey	MHPHUAC/PCU
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**ANNEX 1: SUMMARY TABLE ON VACCINE DEVELOPMENT AND APPROVAL STATUS**

Status of Vaccine Approvals as of December 20, 2021

Vaccine	SRA Emergency Use Approval	WHO PQ/EUL <sup>24</sup>
BNT162b2/COMIRNATY Tozinameran (INN) - Pfizer BioNTech	United Kingdom (UK): December 2, 2020 Canada: December 9, 2020 USA: December 11, 2020 European Union: 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 UK: January 8, 2021 Switzerland: January 12, 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 16th, 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.CO2-S - Johnson & Johnson	USA: February 27, 2021 Canada: March 5, 2021 EU: March 11, 2021 Switzerland: March 22, 2021	WHO EUL: March 12, 2021
SinoPharm/BIBP		WHO EUL: May 7, 2021

<sup>24</sup> WHO. Status of COVID-19 vaccines with WHO EUL/PQ evaluation process. November 11, 2021 edition. [https://extranet.who.int/pqweb/sites/default/files/documents/Status\\_COVID\\_VAX\\_20Dec2021.pdf](https://extranet.who.int/pqweb/sites/default/files/documents/Status_COVID_VAX_20Dec2021.pdf)

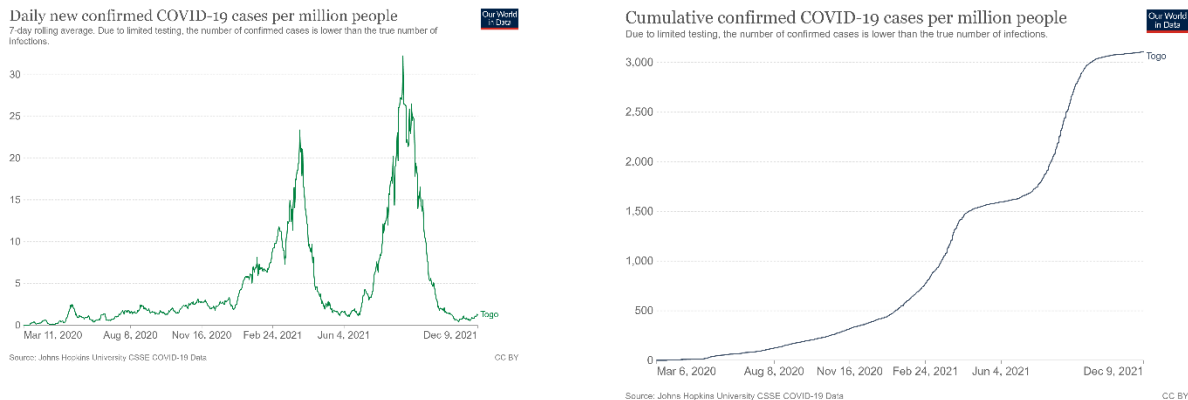




## ANNEX 2: LATEST COVID-19 SITUATION IN THE COUNTRY

1. **Togo remains vulnerable to sporadic surge of the COVID-19 pandemic since the end of June 2021 with about 900 cases per week.** The first case of COVID-19 was confirmed on March 6, 2020. The Government has developed and implemented a comprehensive COVID-19 response plan based on three pillars: (i) limiting the spread of COVID-19 across the country and caring for the sick; (ii) preventing an increase in poverty, including through the introduction of Novissi, an innovative urban cash transfer program; and (iii) preparing for recovery with measures to support the private sector, protect jobs, and boost agricultural production. These measures led to a relative control of the pandemic. At the end of December 2020, the country experienced a peak in COVID-19 transmissions of around 700 new cases per week during the second wave. A noticeable decrease in this daily number was observed, reaching around 85 new cases per week by the end of May 2020. The sequencing carried out during the second wave revealed the presence of the Delta variant of COVID-19 in Togo. So far, no additional new variants of COVID-19 have been identified. To manage this situation, the Government strengthened containment measures and accelerated the vaccine deployment. As of December 9, 2021, the country has confirmed 26,357 cases of COVID-19; 25,937 (98 percent) have recovered, with 243 deaths (0.9 percent).

**Figure 1: Daily new confirmed COVID-19 cases between March 6, 2020 and December 9, 2021**



2. **COVID-19 Vaccination campaign started on March 11, 2021 with priority groups as planned in the NDVP,** including health workers vaccinated throughout the country and people over 50 years of age in the Grand-Lomé. One month later, vaccination was extended to people over 30 years old nationwide and since June 5, 2021 it has been extended to people over 18 years old. The second dose of COVID-19 vaccine started on May 10, 2021. Although Togo is considered as one of the leading countries in the region in terms of response to the pandemic, the perception about the safety of the vaccine is negative. An Afrobarometer survey conducted between October, 2020 and January 2021 revealed vaccine reluctance among the population: about 51 percent were “somewhat likely” to take the vaccine and 62 percent did not trust the Government to ensure the safety of the vaccine.<sup>25</sup> The communication on

<sup>25</sup> Afrobarometer Dispatch No. 432 | 9 March 2021.



COVID-19 vaccination has successfully addressed these negative perceptions as evidenced by the high proportion of priority targeted population vaccinated during Phase 1 of the campaign. Togo's communication strategy has also encouraged vaccinated people to promptly report all adverse events to health agents. The enrollment process, follow-up of vaccinated people for the second dose, and reporting of AEFI are digitalized. A software has been set up with GAVI support, and health workers have been trained to collect and follow up on AEFI. Individual vaccination data is hosted within the information system of the Ministry for Digital Economy and Transformation and interoperable with the MHPHUAC health information system. Legislation for data protection has existed since 2019 (Law n°2019-014 dated October 29, 2019 on Protection of Personal Data); however, the decree of application is yet to be adopted. Oral consent is requested from all people before vaccination. As of December 9, 2021, 27 percent or 2,159,257 of the targeted population have received at least one dose of COVID-19 vaccine among which 810,069 or 10.15 percent of the population are fully vaccinated.

3. The relative success of COVID-19 vaccination in Togo is due to several factors: (i) the political commitment of the high authorities at the top of the State and the fact that national management and strategic decision-making are carried out by the Prime Minister; (ii) the establishment of a multidisciplinary and inter-ministerial technical group that coordinates the day-to-day deployment of the vaccine; (iii) the digitization of enrollment for vaccination and monitoring, including adverse events, has been crucial, contributing to the simplification and expedition of the process; and (iv) the involvement of communities, associations, media, administrative authorities, partners, etc., has helped to strengthen the population's acceptance of the COVID-19 vaccine. However, some challenges remain, such as the need to strengthen the management of the database and the protection of personal data, as well as the need to manage persistent rumors related to vaccination against COVID-19.

4. In addition to the requirement of presenting a valid vaccine certificate to access public building, Government has recently introduced new measures to accelerate the vaccination pace, including: (i) revising the communication plan on COVID-19 vaccine to further adapt it to the context and lessons learned during the 1<sup>st</sup> phase of vaccination; (ii) initiating a nationwide accelerated vaccination campaign to reach 2 million individuals by end-December 2021 of which 73 percent of the deployment budget is financed through the first AF to the Togo COVID-19 project; (iii) launching a proximity approach via mobile vaccination team around the country to ensure equitable access for the most remote or hard-to-reach population groups; and (iv) introducing a booster dose for people over 40 years who have been fully vaccinated for at least six months.

5. The Government is seeking all relevant intervention to accelerate COVID-19 vaccine coverage, such as: (i) mapping of hesitancy areas (geographic and segmentation of population group) and development of appropriate messaging/behavioral change communication for these specific areas, based on evidence from a mid-year surveys and strategic analysis of data; and (ii) experience sharing of good practices with countries that have performed well in terms of vaccine coverage.



### ANNEX 3: SUMMARY OF THE PROJECT COMPONENTS

1. **The Parent Project, Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P173880) includes three components designed to support the Government in implementing activities presented in their 2020 COVID-19 National Action Plan.** These include containment strategies to prevent COVID-19 from spreading or limiting local transmission, a system for preparedness planning, maintaining essential community services and optimal medical care, strengthening national laboratory system, and a M&E system. The first AF for the Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P176335) was prepared under the AF of the MPA SPRP of US\$12 billion (IBRD/IDA) approved on October 13, 2020 to support the purchase and deployment of vaccines, as well as strengthening the related immunization and healthcare delivery system. Project total cost was revised from US\$8.1 million equivalent (parent project) to US\$37.6 million equivalent, with the first AF in the amount of US\$29.5 million equivalent (US\$12.5 million IDA credit, US\$12.5 IDA grant, and US\$4.5 million grant from HEPRTF). The first AF was approved on June 30, 2021.
2. **The PDO is to prevent, detect, and respond to the threat posed by COVID-19 and strengthen the national system for public health preparedness in Togo.** Most of the parent project resources have been used to provide government with the necessary logistics to control and prevent the COVID-19 pandemic. The implementation of the parent project and the first AF has strengthened the capacity of the Togo Government to improve coordination, surveillance, and timely response to the COVID-19 pandemic. It has also supported the country to achieve its NDVP vaccine coverage through vaccine acquisition and deployment intervention. The component structure and the Results Framework of the parent project (original financing) were modified to reflect the expanded scope and new activities proposed under the first AF. Due to the disbursement condition that was lifted in September 2021, the first AF has just started to implement planned activities for 2021. Specifically, the project has three components, and they include:
  3. **Component 1: Emergency COVID-19 Response (US\$4.0 million equivalent to US\$31.0 million equivalent)).** This component provides immediate support to Togo to prevent COVID-19 from spreading or to limit local transmission through containment strategies.
    - **Sub-component 1.1: Strengthening capacities for COVID-19 case detection and clinical management** (parent project: US\$4.0 million; AF: US\$3.2 million IDA). It supports the enhancement of disease detection capacities through provision of technical expertise to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It enables Togo to mobilize surge response capacity through trained and well-equipped frontline health workers. It therefore (i) strengthens disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combines detection of new cases with active contact tracing as well as ensure that the Rapid Response Teams (RRT) are trained and equipped to investigate cases and trace any contacts; (iii) supports epidemiological investigation; (iv) strengthens risk assessment; (v) provides on-time data and information for guiding decision-making and response and mitigation activities; (vi) purchases and



installs a mobile P2/P3 laboratory; and (vii) supports Point of Entry screening of people entering the country, including the training of staff.

- **Sub-component 1.2: COVID-19 vaccine planning, procurement and distribution (parent project)** (US\$0.0 million; AF: US\$19.3 million IDA). This sub-component supports the MHPHAUC to operationalize its NDVP, to ensure equitable access to vaccines and necessary conditions to implement this plan. Key activities supported include: (i) the procurement of COVID-19 vaccines via UA/AVAT platform; (ii) procurement of consumables for vaccination and PPE for vaccinators; (iii) operational costs for the roll out of the vaccination campaign; (iv) logistics procurement of climate-sensitive CCE such as solar and off-grid refrigerators and freezers, and strengthening of remote temperature monitoring systems including the purchase of freeze-tag/fridge-tags; (v) low-carbon medical waste management inputs and operationalization; (vi) transportation of vaccines from the manufacturer to the country, procurement of fuel-efficient vehicles and vaccine transportation from the central to the regional level; (vii) rehabilitation of cold rooms and other facilities that will store vaccines including relevant contingency measures outlined in the NDVP to deal with unexpected disruptions to vaccine supply due to climate change and natural disasters (i.e., flooding and extreme heat); and (viii) adaptation of existing AEFI tools to COVID-19 vaccines, to monitor and track vaccines use as well as record adverse reactions to vaccination.
- **Sub-component 1.3: COVID-19 vaccines service delivery** (parent project: US\$0.0 million; AF US\$4.5 million from the HEPRTF). This sub-component provides additional resources to support the enhancement of preparation and operationalization of COVID-19 vaccines deployment in the country. Main activities to be supported include, inter alia : (i) procurement of needed M&E software<sup>14</sup> to allow interoperability with MHPHAUC existing system DHIS2; IT equipment; and capacity building for vaccine campaign roll-out; (ii) training and supervision of health workers at all level of the health system; training materials development and distribution; jobs aids adaptation; internet connection; and training equipment for efficient virtual capacity building; (iii) development of a demand generation and risk communication campaign through in-country renowned communication agency; (iv) assessment of the vaccine supply chain at all levels of the health pyramid according to the Effective Vaccine Management (EVM) procedure; (v) procurement of fuel-efficient vehicles for supervision and vaccine distribution from central, regional, district levels to vaccine sites level; and (vi) vaccine safety and management of adverse events following immunization (AEFI) through technical assistance for the development of vaccine safety protocol, and training health workers in detecting, reporting, data analysis, and investigation.



4. **Component 2: Supporting National and Sub-national Prevention and Preparedness (US\$3.5 million equivalent to US\$5.4 million equivalent).**

- **Sub-component 2.1: Strengthening capacities for COVID-19 prevention, coordination, and management** (parent project: US\$3.5 million; AF: US\$1.1 million). This component finances: (i) provision of more emergency medical and non-medical supplies including PPEs such as gloves, surgical masks, respirators, eye protection, and isolation gowns to health workers for their safety; (ii) provision of drugs, medical equipment and supplies to public health facilities and for intensive care facilities within hospitals; (iii) provision of two more medical ambulances; (iv) provision of additional laboratory equipment, containers for specimen handling and transportation, diagnostic reagents and commodities, including kits for regional hospitals; (v) training of health facility staff and frontline workers on risk mitigation measures and providing them with the appropriate hygiene materials (such as detergents and disinfectants, and safety sharp boxes); (vi) Elaboration of Standard Operating Procedures (SOPs), guidelines and team of Reference on sample collection, packaging, transportation and testing of samples at WHO recommended laboratories for COVID-19; (vii) operation of the Health Emergency Coordination Center (HECC) (including sub-national coordination and support for preparedness that include training and supervision); and (viii) operating costs and other administrative-related costs for supportive supervision and monitoring.
- **Sub-component 2.2: Communication, social mobilization and community engagement to enhance demand for the COVID-19 vaccine** (parent project: US\$0.0 million; AF: US\$0.8 million). This sub-component supports: (i) social mobilization; and (ii) operational costs during the vaccination campaign (per diem, travel, fuel etc.). Both public and private sectors will be mobilized to organize campaigns aimed at promoting a generalized behavior change in favor of COVID-19 vaccination.

5. **Component 3: Project Implementation Management and M&E (US\$0.6 million equivalent to US\$1.2 million equivalent).** This component supports Project Implementation Management, and M&E of the project. It will finance the Project Implementation Unit (PIU), which will be entrusted with the coordination of project activities that include: (i) support for procurement, FM, environmental and social safeguards, M&E, and reporting; (ii) training of the Project Management Unit and technical consultants; and (iii) operating costs.