

Approach Paper

Early Evaluation of the World Bank's COVID-19 Response to Save Lives and Protect Poor and Vulnerable People

June 30, 2021

Highlights

- This Independent Evaluation Group evaluation will assess the World Bank's early portfolio of coronavirus pandemic (COVID-19) support aimed at saving lives, protecting poor and vulnerable people, and strengthening institutions in these areas.
 - The conceptual framework underpinning the evaluation is adapted from the World Bank Group COVID-19 Crisis Response Approach Paper, with an accompanying theory of action guiding the assessment of the quality of the early response. The framework posits that learning and innovation stemming from the early response will help countries to restructure systems toward recovery to rebuild better.
 - The evaluation has one overarching question: What has been the quality of the World Bank's early COVID-19 response in terms of saving lives and protecting poor and vulnerable people? The evaluation will conduct multilevel analyses, anchored at the country level, to triangulate evidence for early learning from the implementation of the World Bank's support.
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Report to the Board from the Committee on Development Effectiveness

The Committee on Development Effectiveness met to consider the Approach Paper, *Early Evaluation of the World Bank's COVID-19 Response to Save Lives and Protect Poor and Vulnerable People*.

The committee welcomed the opportunity to discuss the Approach Paper and highlighted the timeliness of the proposed evaluation and its relevance to foster learning to strengthen the World Bank's response to the current coronavirus (COVID-19) pandemic crisis and future crises. The committee commended the Independent Evaluation Group (IEG) for prioritizing this subject, acknowledging that the evaluation would assess the relevance and quality of the World Bank's health and social response, covering pillars 1, 2, and 4 ("Saving lives," "Protecting poor and vulnerable people," and "Strengthening policies and institutions," respectively) set out in the *World Bank Group COVID-19 Crisis Response Approach Paper: Saving Lives, Scaling-up Impact and Getting Back on Track*. Members noted IEG's remarks that the evaluation would be one of the two early-stage evaluations, along with an IEG evaluation conducted separately on the economic response, which focuses on saving livelihoods, preserving jobs, and ensuring more sustainable business growth and job creation. Given the importance of advancing reflections that could inform World Bank's ongoing response to COVID-19, IEG agreed to several Executive Directors' request to informally share with the Board the preliminary findings of the evaluation, before formal submission of the evaluation report.

Although generally pleased with the comprehensive Approach Paper, most members requested that coverage of vaccine operations be a major part of the proposed scope, including assessment of World Bank's response timeliness, country-driven approach, responsiveness to countries' needs, innovativeness, and coordination with the International Finance Corporation (IFC) to increase countries' vaccine production capacity. Clarifying that the vaccine response had built up almost in parallel with the triggering of the evaluation, IEG reassured members that the vaccine response would be considered in the evaluation's corporate, portfolio, and country-level analysis. A couple of members encouraged IEG to expand the evaluation's scope to include IFC, given its relevant role in supporting vaccine production and the IFC and Multilateral Investment Guarantee Agency frameworks or fast-track facilities with delegation of authority, designed to address health and social challenges posed by the pandemic. IEG clarified that at the time the scope was defined there was a limited activity from IFC in health care area and that the most recent increase in IFC engagement in this area fell largely outside of the time frame under consideration. IEG thus noted that this evaluation

would not be an effective instrument to cover IFC's COVID-related engagements. IEG reassured members that IFC's COVID-19 response would be thoroughly assessed in the separate evaluation on economic response and reminded them that an evaluation on IFC's frameworks was already included in the IEG's work program agreed on with the committee for fiscal year 2023.

1. Background and Context

The World Bank Group COVID-19 Crisis Response

1.1 Disrupting billions of lives and livelihoods, the SARS-CoV-2 coronavirus pandemic (COVID-19) jeopardizes countries' development gains and goals on an unprecedented scale. The crisis and COVID-19 lockdowns continue to have health, social, and economic effects across countries. Development gains at risk include progress on health; education; poverty and shared prosperity; fragility, conflict, and violence; hunger; jobs; the environment; and gender equality. The Bank Group approved \$14 billion toward new operations and repurposed its existing operations to help countries address the health risks brought by COVID-19 and its social and economic spillover effects.

1.2 Restoring human capital and maintaining progress on development priorities depend on successfully containing and mitigating the effects of the pandemic, especially its toll on poor and vulnerable people. As of February 1, 2021, approximately 102 million confirmed cases had occurred globally: 45.7 million in the Americas, 34.3 million in Europe, 5.7 million in the Middle East, 2.5 million in Africa, 12.7 million in Asia, and 1.4 million in the Pacific (World Health Organization [WHO] 2021a). However, the geography of the virus is evolving, and countries have different capacities for testing, managing cases, and financing and deploying vaccines. Developing countries are especially vulnerable to the impact of the pandemic in terms of losses in human capital and development gains. These countries, especially those affected by fragile and conflict-affected situations (FCS) and weak governance, often lack the capacity to mount an adequate emergency response, even if they had some preparedness before COVID-19. Income shocks and food insecurity are expanding to vulnerable households, and millions of people are falling back into poverty or experiencing deeper deprivation (World Bank 2020a). Disruptions to essential health and education services, and to access to supplies and sanitation, are reducing development gains, such as those in maternal and child health. Moreover, these disruptions are having a disproportionate impact on the well-being of the most marginalized and at-risk populations, especially women and children, through increases in gender-based violence and caretaking responsibilities, losses in learning, and effects on mental health.

1.3 The objective of the Bank Group COVID-19 crisis response is to help countries meet the dual challenges they now confront: addressing the health threat and the social and economic impact of the COVID-19 crisis while maintaining a line of sight to their long-term development vision. The Bank Group support is organized around three stages (relief, restructuring, and resilient recovery) and four pillars (saving lives, protecting poor and vulnerable populations, ensuring sustainable business growth and

jobs, and strengthening institutions for recovery), as shown in figure 1.1. Although a successful crisis response may require actions in all these areas, the Bank Group response within a country is intended to be tailored to country-specific situations and to meet country demands. Institutional strengthening should be targeted throughout the response, beginning early in the relief stage, to ensure sustained support to countries and maintain a clear route toward their longer-term development priorities. Cross-cutting all of the pillars is a focus on gender equality; digitalization; monitoring, evaluation, and learning; and encouraging innovations. Moreover, the response is intended to concentrate on selected investment areas that will have the highest impact, given limited resources (World Bank 2020b). The Bank Group support to a country may be part of a national and regional COVID-19 response plan, in collaboration with the government, partners, and country stakeholders.

Figure 1.1. The World Bank Group COVID-19 Crisis Response

<p>Objective of response Assist countries to meet the dual challenges they now confront: (i) addressing the health threat and the social and economic impacts of the COVID-19 crisis; and (ii) maintaining a line of sight to their long-term development vision.</p>				
<p>Cross-cutting areas</p> <ul style="list-style-type: none"> • Macroeconomic stability and strong fiscal reforms • Monitoring and learning for adaptation of response, and development of innovations for increased impact • Promotion of digitalization and addressing gender inequities 				
Bank Group COVID-19 crisis response	Relief stage	Restructuring stage	Resilient recovery stage	<p>Rebuilding better Resilient, inclusive, and sustainable recovery</p>
<p>Pillar 1 Saving lives</p>	Public health emergency	Restructuring health systems	Pandemic-ready health systems	
<p>Pillar 2 Protecting poor and vulnerable populations</p>	Social emergency	Restoring human capital	Building equity and inclusion	
<p>Pillar 3 Ensuring sustainable business growth and job creation</p>	Economic emergency	Firm restructuring and debt resolution	Green business, growth, and job creation	
<p>Pillar 4 Strengthening institutions and investments for rebuilding better</p>	Maintain line of sight to goals	Policy and institutional reforms	Investment to rebuild better	
<p>Support to countries</p> <ul style="list-style-type: none"> • Analytical and advisory services • World Bank financing and emergency instruments (catastrophe deferred drawdown option and contingency emergency response components) • Pandemic Emergency Financing Facility 		<ul style="list-style-type: none"> • IFC and MIGA instruments • Facilitated procurement • Vaccine partnership • Partnerships (UN agencies, foundations, private sector, other) 		

Source: Adapted from the paper “Saving Lives, Scaling-Up Impact, and Getting Back on Track” (World Bank 2020b).

Note: COVID-19 = coronavirus pandemic; IFC = International Finance Corporation; MIGA = Multilateral Investment Guarantee Agency; UN = United Nations.

1.4 Many aspects of the Bank Group COVID-19 crisis response are unprecedented. In February 2020, the Bank Group committed \$160 billion in financing for the crisis response for fiscal year (FY)20 and FY21, and in March 2020 it announced an immediate financing package of \$14 billion (figure 1.2). Approximately 50 days after the declaration of the COVID-19 global emergency, the Bank Group response had reached more than 60 countries. Key elements of the early response include a multiphase programmatic approach led by the Health, Nutrition, and Population (HNP) Global Practice (GP), and an envelope of \$12 billion to finance COVID-19 vaccines for developing countries with support to the WHO-led Access to COVID-19 Tools Accelerator and the COVID-19 Vaccines Global Access (COVAX). Other activities include fast-tracking of financing following emergency guidelines, facilitated procurement of medical supplies, debt relief, the Pandemic Emergency Financing Facility (PEF), partnerships, and the ubiquitous use of remote connectivity tools to support country activities. Staff across the Bank Group have worked under personal pressures and stresses, often working long hours while dealing with COVID-related anxiety, taking care of children and other family members, adjusting to home-based work, and sometimes experiencing personal losses. Fifteen months into the response, these pressures continue as the Bank Group delivers a new wave of vaccine projects, among other support.

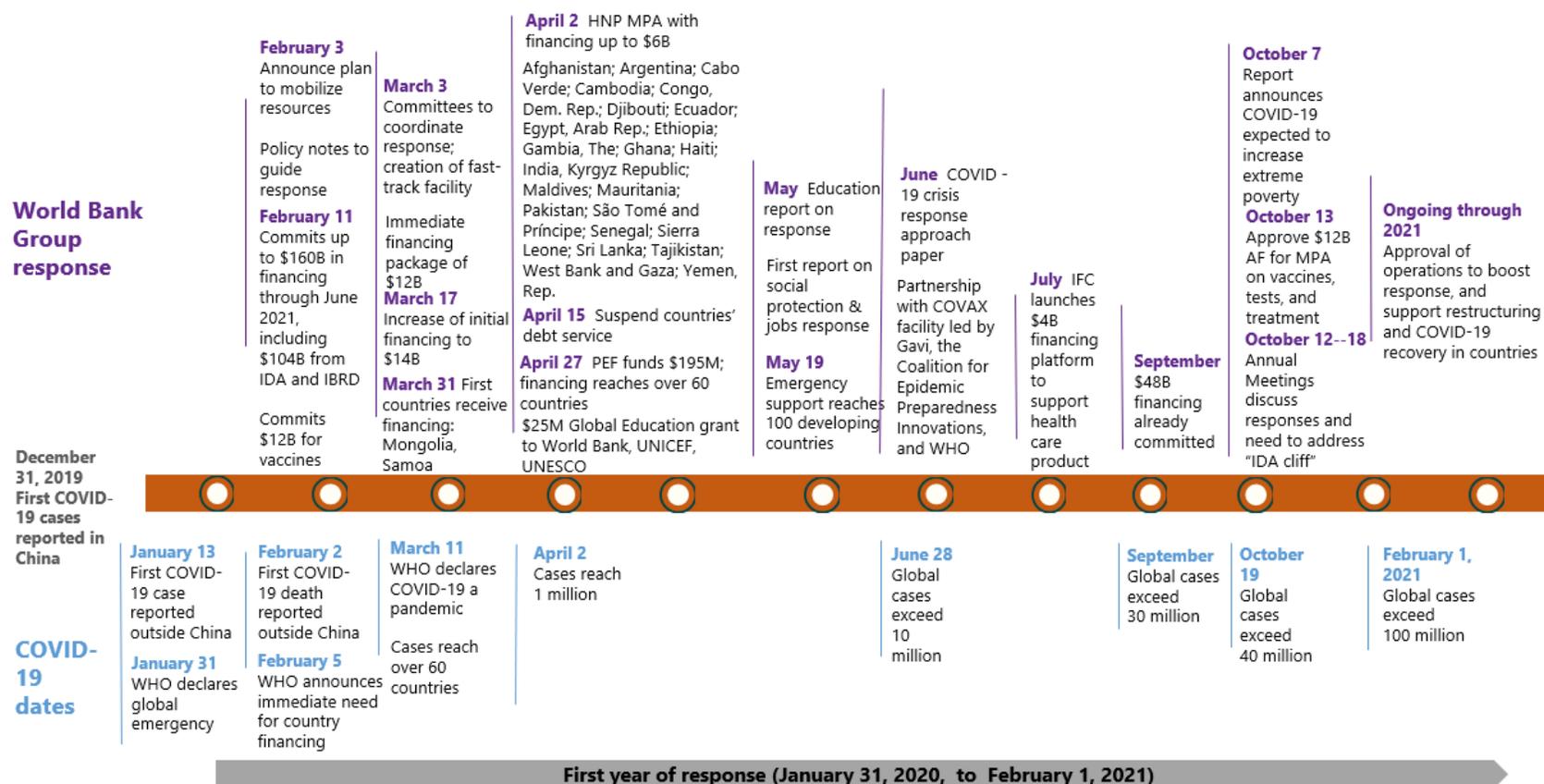
1.5 Although much of the early focus has been on health, the response is multidimensional in that it includes interventions across different pillars, timeframes, and beneficiary groups with collaboration across GPs and partners. Support to countries across GPs is available through a range of sources: new project financing; the activation of crisis instruments, such as contingency emergency response components; knowledge work; the repurposing of existing financing in country portfolios to support COVID-19 response; and trust funds). There is also support from the International Finance Corporation (IFC) and Multilateral Investment Guarantee Agency (MIGA). By December 2020, \$71 billion of financing had been allocated to countries, with more operations in development.

COVID-19 Response and Previous Crisis Experiences

1.6 The design of the COVID-19 response builds on the World Bank's previous experience supporting countries through epidemics and other crises and uses existing operational capacities and partnerships. For example, the pillars of the health and social response align with the latest WHO action checklist and guidance to support countries and the United Nations framework for the socioeconomic response to COVID-19 (United Nations 2020a; WHO 2021a). This collaboration with the WHO builds on previous support relating to Ebola, epidemic preparedness, and avian influenza (H5N1). The emphasis on three stages of response (relief, restructuring, and resilient recovery) to improve outcomes, resilience, inclusion, and sustainability, and thus "rebuild better,"

draws on guidance from the Sendai Framework adopted by the World Bank in collaboration with other partners. Further, the COVID-19 response in Africa draws on existing regional project commitments to support epidemic preparedness and cross-country learning to implement responses. The support to safety net programs draws on existing World Bank project efforts globally. The global structure of the health response, using a multiphase programmatic approach with a menu of interventions, builds on previous experience addressing avian influenza, the response to which was similarly organized using an adaptable program loan. The use of the International Development Association (IDA) Crisis Response Window builds on the experience of responding to the 2015 Ebola crisis and outbreaks of other diseases such as cholera. The evolution of the World Bank's experience addressing public health crises, the links between previous experiences and the COVID-19 response, and the opportunities for learning from those experiences are outlined in appendix B.

Figure 1.2. Timeline for the World Bank’s COVID-19 Response



Source: WHO 2021a; World Bank press releases, February 2020 to February 2021, <https://www.worldbank.org/en/news>.

Note: AF = additional financing; B = billion; COVID-19 = coronavirus pandemic; IBRD = International Bank for Reconstruction and Development; IDA = International Development Association; IFC = International Finance Corporation; HNP = Health, Nutrition, and Population; M = million; MPA = Multiphase Programmatic Approach; PEF = Pandemic Emergency Financing Facility; UNESCO = United Nations Educational, Scientific, and Cultural Organization; UNICEF = United Nations Children’s Fund; WHO = World Health Organization.

2. Strategic Positioning of the Evaluation

2.1 This evaluation by the Independent Evaluation Group (IEG) is part of an effort to assess the Bank Group's early COVID-19 response and facilitate learning; it focuses on World Bank support aimed at saving lives, protecting poor and vulnerable people, and strengthening institutions. That is, the evaluation focuses on the health and social response to COVID-19, which was prioritized in the first lines of support to reach countries. The evaluation will coordinate closely with a partner IEG evaluation on the economic COVID-19 response. Other concurrent IEG evaluations and activities focus on the Debt Service Suspension Initiative and disaster reduction support, along with just-in-time notes and Learning Engagements. This evaluation adds to previous IEG efforts to learn from crisis-related investments: *IDA's Crisis Response Window: Lessons from IEG Evaluations* (World Bank 2019); *Crisis Response and Resilience to Systemic Shocks: Lessons from IEG Evaluations* (World Bank 2017); and *Responding to Global Public Bads: Learning from Evaluation of the World Bank Experience with Avian Influenza 2006–13* (World Bank 2013).

Added Value of the Evaluation

2.2 The design of this evaluation addresses learning areas identified in consultations with members of the Emergency Operations Committee, staff in GPs, country teams, project task teams, select regional projects, and staff in the Executive Directors' offices. The following areas in which the evaluation could foster learning and course correction have been defined:

- **Diagnosis and tailoring of response to country needs.** Has the World Bank response to date been selective in supporting interventions that address the different needs of countries in terms of saving lives, protecting poor and vulnerable populations, and building on past lessons and evidence? Has there been a balance between investing in different response areas to meet immediate relief needs and setting up a pathway for future stages of support?
- **Early implementation of the multidimensional response.** How well is the World Bank reprioritizing country portfolios to support the crisis response? How well is it implementing timely interventions in different pillars of the response to support clients and communities with collaboration across GPs and partners?
- **Operational processes and partnerships.** Have procedures, partnerships, and internal collaboration supported a flexible and fit-for-purpose response in countries?

- **Learning during implementation and adaptation.** How is the World Bank using knowledge work, monitoring, evaluation, and learning (including learning across countries), and its dialogue with clients to support implementation? Are course corrections taking place, and if so, how? What are the successful innovations in operational processes and country support that could be learned from?

Conceptual Framework of the Evaluation

2.3 The conceptual framework of the evaluation focuses on the health and social aspects of the COVID-19 response (figure 2.1). These aspects are anchored in pillar 1 (saving lives), pillar 2 (protecting poor and vulnerable people), and pillar 4 (strengthening policies, institutions, and investments for rebuilding better) of the Bank Group COVID-19 crisis response. The conceptual framework of the response models the interlinked elements of the health and social response and articulates the progression of the response through three stages (relief, restructuring, and resilient recovery). The framework presents a menu of response areas that could be supported by GPs and demonstrates how cross-cutting areas play critical roles in implementation—including gender equality; digitalization; and monitoring, evaluation, and learning. The conceptual framework provides a theory-based approach, which can then be operationalized in the country context to inform the selection of interventions and the types of results to be expected at each stage. The current evaluation will focus on early outputs and processes in the relief stage.

2.4 The relief stage of the health and social response, which has been the main focus of the early COVID-19 response, concentrates on implementing the immediate emergency response and protecting existing achievements. The *relief stage* is intended to assure emergency public health goods and services support to control COVID-19 and continued access to essential health services. This focus on health is coupled with broader social support to protect vulnerable groups, particularly women and girls, from the impact of the crisis; ensure sustained child welfare through access to continued learning and nutrition support; and increase community engagement and prevention behaviors. Support in the relief stage is also designed to strengthen the coordination of the COVID-19 response in countries, including effective decision-making, the digitalization of services, increased public health functions (such as disease surveillance), and access to medical supplies in communities. Investments are intended to be consistent with countries' priorities for development to keep a line of sight to longer-term goals.

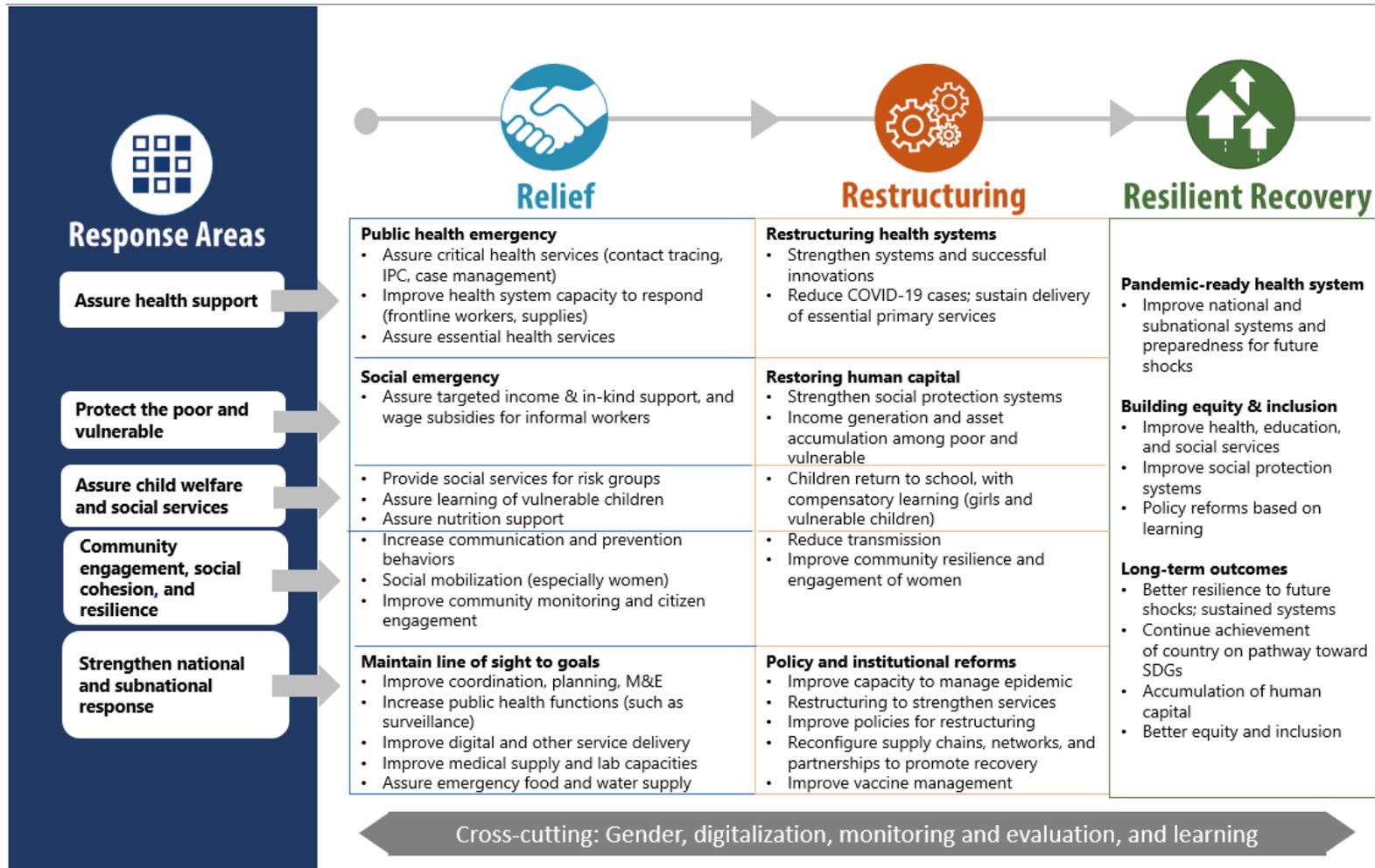
2.5 Although the restructuring and resilient recovery stages are not central to the early COVID-19 response, building blocks should be put in place to transition to these

stages. The *restructuring stage* is intended to restructure health systems; restore human capital by improving social protection systems, ensuring that children return safely to schools (with compensatory learning) and that the engagement of communities is further strengthened; continue the institutional strengthening of all levels of government to manage COVID-19 (vaccines, supply chains, and so on); and reform policies and services. The *resilient recovery stage* is intended to apply the learning from the COVID-19 response to assure pandemic-ready health systems; improved equity and inclusion through better access to health, education, and social services; and enhanced policies that protect human capital.

2.6 The menu of response areas in the conceptual framework for the health and social response aligns with the WHO action checklist for coordinating support to countries (WHO 2021a). The country's situation should determine the selection and tailoring of COVID-19 response areas and specific interventions to implement within the action checklist. Moreover, interventions by the World Bank may be coordinated with other support to response plans in countries.

2.7 Monitoring, evaluation, learning, and innovation are important for adaptive management of the response. Technical expertise is required to support informed analysis, dialogue, and evidence-based decision-making. Monitoring and evaluation of situations in countries, and implementation successes and challenges, can help inform decisions on the response. Learning during implementation should be used to identify innovations that can be developed in countries to strengthen institutions for successful recovery.

Figure 2.1. Conceptual Framework for COVID-19 Health and Social Response



Source: Adapted from World Bank (2020b) to focus on the health and social aspects of the COVID-19 response.

Note: COVID-19 = coronavirus pandemic; IPC = infection prevention and control; M&E = monitoring and evaluation; SDGs = Sustainable Development Goals.

3. Purpose, Objectives, and Audience

3.1 The evaluation's purpose is to foster learning to strengthen the World Bank's response to the current pandemic crisis and future crises. To achieve this, the evaluation will provide a formative assessment of the quality of the implementation of the World Bank's COVID-19 response to save lives and protect poor and vulnerable people. Given the depth of the COVID-19 challenge, the evaluation will provide evidence of the World Bank's response across countries and sectors. The evaluation will draw lessons from operational experience to inform the ongoing implementation of the COVID-19 response, and the design of future World Bank development approaches, strategies, and projects for client countries.

3.2 The evaluation's main audiences are World Bank management and staff involved in the pandemic crisis response implementation, and Executive Directors. These audiences are involved in decisions related to the current COVID-19 response or have roles in which they can apply the evaluation's learning to future development response efforts. The secondary audience comprises clients working with the World Bank and other partners involved in national responses to COVID-19 and crisis preparedness in countries.

4. Evaluation Questions and Scope

Evaluation Questions

4.1 The overarching evaluation question is, What has been the quality of the World Bank's early COVID-19 response in countries in terms of saving lives and protecting poor and vulnerable people? Underlying this question are three main evaluation questions:

1. What has been the relevance of the World Bank's early COVID-19 response to addressing the needs of countries in saving lives and protecting poor and vulnerable people (diagnosis, design, and tailoring of interventions to country situations)?
2. What has facilitated or hindered multidimensional implementation and how well are operational processes, instruments, and partnerships supporting the World Bank's COVID-19 responses in countries?
3. How is the World Bank supporting learning during implementation of the COVID-19 response and adjustments to this implementation?

Evaluation Scope

4.2 The following parameters determine the scope of this evaluation: time frame, portfolio coverage, country perspective, early learning, and conceptual boundaries.

- **Time frame:** The scope of the evaluation will be the 15 months of the COVID-19 response. The evaluation will cover World Bank support in response to COVID-19 between January 31, 2020, and April 30, 2021.
- **Portfolio coverage:** The analysis will cover both World Bank financing operations (investment project financing, development policy financing, Program-for-Results, and multiphase programmatic approach) and knowledge work (advisory services and analytics [ASA]) responding to COVID-19. The focus will be on GPs that have taken the lead in supporting the health and social response in the first 15 months of the response. The operational portfolio will cover the HNP; Social Protection and Jobs; Education; Urban, Disaster Risk, Resilience, and Land; and Macroeconomics, Trade, and Investment GPs. In addition, the ASA portfolio will also cover the Poverty GP. Collaboration with other GPs, which may take on greater roles in later stages of the response, will be reviewed in case studies and in the corporate-level review of internal processes. The analysis will include new financing, additional financing, restructured or repurposed projects, and projects that have activated their contingency emergency response components or the catastrophe deferred drawdown option. With respect to those projects in which only some interventions support COVID-19 response, the evaluation will focus on the subset of interventions within the projects that are relevant to the response. The evaluation will also look at regional projects supporting COVID-19 response, global knowledge activities, and select global programs, partnerships, and convening initiatives including PEF, the United Nations Children’s Fund (UNICEF), and WHO. The evaluation will cover the World Bank’s support to vaccination through an analysis of financing, ASA, partnerships, and internal convening for early planning of this area of the response during the evaluation time frame.
- **Country perspective:** To narrow the scope of the evaluation, the focus will be on countries classified as having moderate, high, and very high vulnerability to their development achievements and human capital gains being offset by COVID-19.¹ This focus aligns with the description of the response in the paper “Saving Lives, Scaling-Up Impact, and Getting Back on Track” (World Bank 2020b), which emphasizes selecting operations that are in the most vulnerable settings for saving lives and protecting people living in poverty. It also aligns with the focus of the United Nations’ COVID-19 response, with which the World

Bank is coordinating its support in many countries. The evaluation will review efforts in 97 countries, of which 30 are FCS countries, 51 are countries supported by IDA, 34 are countries supported by the International Bank for Reconstruction and Development (IBRD), and 12 are countries with blended IDA-IBRD support. Moreover, a central emphasis of the evaluation will be at the country level in terms of the quality of implementation of the World Bank response.

- **Conceptual boundaries:** The evaluation will be anchored in the conceptual framework for the COVID-19 health and social response. Within this response, the evaluation will look at early learning on outputs and processes from the design and implementation of the World Bank's support in the evaluation period. Based on the evidence, the evaluation will identify whether pathways for longer-term outcomes are evolving from the current response. The IFC global health platform will not be covered in the evaluation since it will be addressed in another evaluation on IFC's global platforms. IFC and MIGA operations addressing the economic implications of COVID-19 are a focus of the IEG evaluation of the economic COVID-19 response, with which this evaluation will coordinate, including on case studies and the portfolio analysis.
- A preliminary review of the operational portfolio for the evaluation shows 230 projects as of February 1, 2021 (appendix C). The portfolio is dynamic, and project support to COVID-19 has evolved monthly since the onset of the pandemic. The preliminary portfolio, which will be verified, suggests that in the first year of the COVID-19 response most of the World Bank's support (approximately 40 percent of operations) has focused on pillar 1, the health response to save lives. Approximately one-third of operations focus on either pillar 2, the social response to protect poor and vulnerable people, or pillar 4, to rebuild better. The remaining 28 percent of projects address multiple pillars of the response. Regarding analytical work, the preliminary portfolio includes 162 ASA activities. Half of the ASA activities focus on pillar 4, and just under one-third focus on pillar 2, leaving just under 20 percent focused on pillar 1.

5. Evaluation Design and Methods

Design Principles

5.1 The evaluation design adopts a formative approach that draws on analysis at the country, portfolio, and corporate levels to triangulate findings on the quality of the implementation of the COVID-19 response in countries. The evaluation will gather evidence using mixed methods, drawing together quantitative and qualitative evidence

to synthesize findings. Moreover, the evaluation design applies the following principles to facilitate learning:

- **Quality assessment:** The evaluation will use a theory of action to guide the assessment of the quality of the early response (figure 5.1). The theory of action aligns with the evaluation questions and conceptual framework of the evaluation. It defines four areas that will be examined through the evaluation to review the quality of the early response: (i) relevance of the support to needs of countries; (ii) multidimensional implementation in countries; (iii) operational processes and partnerships in support of countries; and (iv) learning during implementation and adaptation. The evaluation components will provide evidence on the areas defined by the theory of action to help assess and learn from the quality of the Bank's early response. Trade-offs will also be considered by triangulating findings in different areas of the theory of action, such as, the balance between the quality of design, responding quickly, and adaptively managing course corrections during implementation and trade-offs in supporting priorities in countries while aligning with national COVID-19 plans and support of other partners.
- **Consultative:** From the onset of the evaluation, IEG framed the evaluation questions and design based on consultations with World Bank management and staff, including the Emergency Operations Committee; staff in GPs, country teams, and project task teams; and staff in the Executive Directors' offices. Throughout the evaluation, IEG will continue similar engagements to shape the evaluation methods and to share and interpret learning from the evaluation to provide feedback for operations. This engagement is especially important because the evaluation is focused on an active portfolio that is evolving during the dynamic situation of COVID-19.
- **Modular approach:** The evaluation will pay attention to processes, outputs, and pathways to outcomes, focusing especially on the relief stage, which can inform learning for the restructuring and resilient recovery stages. Moreover, the evaluation will share interim findings from the early learning, drawing on specific components of analysis while the evaluation is being carried out. Interim learning products will consist of discussions and presentations at the technical level with staff involved in the COVID-19 response. The main counterparts for these discussions will be the Emergency Operations Committee and country teams involved in case studies. The proposed topics for interim learning in sequence of expected delivery are insights drawn from a review of the literature and project lessons, monitoring of the response, country innovations, country

case studies, and country learning from regional projects. The evaluation will triangulate findings for all methods in a final report.

Figure 5.1. Theory of Action Areas Guiding the Review of Quality

Theory of Action

Guiding review of quality of implementation in countries.

Relevance of support to needs of countries

- Alignment with national COVID-19 plans
- Building on evidence and operational lessons
- Selection and tailoring to needs and priorities in countries
- Design of interventions to address stages; cross-cutting areas (gender, digitalization), and resilience, inclusion, and sustainability



Multidimensional implementation in countries

- Dialogue with government on implementation
- Coordination of implementation among partners and sectors
- Involvement of nongovernmental organizations in implementation
- Implementation timing and status of interventions, and reach of intended beneficiaries



Operational processes and partnerships in support of countries

- Coordination across Global Practices to support implementation
- Partnerships to support implementation (WHO, PEF, and so on)
- Mix of instruments supporting implementation
- Streamlined operational processes in supporting countries (COVID-19 Fast-Track Facility,^a World Bank Group–facilitated procurement)



Learning during implementation, and adaptation

- Monitoring of response
- Use of knowledge work to guide response
- Learning, knowledge sharing, and promotion of innovation
- Iterative adjustment of the response



Source: Independent Evaluation Group.

Note: The WHO action checklist includes areas of COVID-19 response in country plans, which correspond to the conceptual framework for the health and social response of the World Bank. An adapted version of the action areas will be reviewed in countries (WHO 2021a). The ways in which resilience, inclusion, and sustainability are addressed in the design of interventions will be based on the RISE framework (Balseca et al. 2021). COVID-19 = coronavirus pandemic; PEF = Pandemic Emergency Financing Facility; WHO = World Health Organization.

a. The COVID-19 Fast-Track Facility is also known as the COVID-19 Strategic Preparedness and Response Program.

Evaluation Components

5.2 The evaluation will provide evidence through components at the country, portfolio, and corporate levels that will be triangulated. The focus is on the country level so that learning from internal processes and operational support is directly applicable to implementation. Appendix A presents the evaluation design matrix.

Country Level

5.3 **Case-based analysis:** The evaluation will conduct country case studies for deeper analysis of the quality of implementation in countries.

- Eight case study countries (Djibouti, Honduras, India, Mozambique, the Philippines, Senegal, Tajikistan, and Uganda) have been selected in consultation with GPs (appendix D) to support learning on the health and social response.

These countries have support to COVID-19 interventions in all three pillars of the response (saving lives, protecting poor and vulnerable populations, and strengthening institutions for recovery), which involve multiple GPs. The countries also have a Human Capital Index of 50 percent or below, which will help demonstrate how early support is helping to protect human capital. In addition, the selected countries have varied levels of vulnerability to having their development gains affected by COVID-19, and varied levels of preparedness to show how existing capacities to address the crisis may have helped a country to respond to COVID-19. Other considerations for country selection are the offer of innovations to enrich learning, the mix of instruments in the country portfolio (development policy financing, multiphase programmatic approach, PEF, ASA, facilitated procurement, contingency emergency response component, and catastrophe deferred drawdown option); the number of projects in the portfolio supporting COVID-19; and coverage of FCS countries and countries in different Regions and of different sizes.

- The protocol for the analysis of case studies cuts across all areas of the theory of action. The analysis will look at the relevance of support to the needs of countries, including gender equality and digitalization; multidimensional implementation of support (dialogue with clients, the timing and implementation of interventions in different pillars, and collaboration across GPs and with partners); operational processes (procurement, emergency procedures, virtual supervision) and instruments supporting countries (PEF, the multiphase programmatic approach, development policy financing); and how learning during implementation has supported decisions with regard to the response. Moreover, there will be coordination with the IEG evaluation on the economic COVID-19 response to understand the balance of support across health, social, and economic areas in selected countries. Evidence sources for the country cases will include the Bank Group's portfolio supporting COVID-19 in the country; documents (such as plans) on the COVID-19 response in the country; and interviews with Bank Group task teams and country management, government counterparts, implementing actors, and country actors involved in coordinating the COVID-19 response. Given travel restrictions, the evaluation will work with local consultants to collect data in the countries.

5.4 Learning review on regional project support: The evaluation will identify COVID-19 actions that have been supported by regional projects. The initial portfolio review identified four possible regional projects: the Regional Disease Surveillance Systems Enhancement project; the Africa Centers for Disease Control and Prevention project; the East Africa Public Health Laboratory Networking project; and the

Organisation of Caribbean States Regional Health project. Evidence sources will include document review, interviews with World Bank task teams, and a sample of implementing actors from countries involved in regional projects, with a focus on support for learning across countries to enable implementation in FCS countries and countries with high vulnerability to development losses due to COVID-19.² The emphasis will be on identifying key outputs, processes, and early actions related to the COVID-19 response in countries that have been supported through regional projects.

5.5 Stocktaking of innovations: The evaluation will crowdsource an inventory of promising innovations through a survey of country teams and GPs. The aim is to identify innovations that are part of the implementation learning in countries, which could inform later efforts to restructure systems for resilient recovery and to build back better. The stocktaking will identify innovations in areas such as delivering services, coordination and financing, promoting gender equality, and monitoring and evaluation. The evaluation will document evidence on what the innovation is and why it has been significant for the response efforts in countries.

5.6 Review of evidence and lessons: This will consist of a rapid synthesis of evidence on interventions from the literature and lessons from past IEG project evaluations. The analysis will review whether the World Bank's support in response to COVID-19 has been aligned with this evidence and past lessons for providing relevant support to countries. The synthesis of evidence from the literature will focus on country studies and systematic reviews on the effectiveness of interventions to support epidemic or crisis situations, including on whether there is evidence that interventions could support longer-term needs related to resilience, inclusion, and sustainability. The synthesis of lessons from past IEG project evaluations (Implementation Completion and Results Report Reviews and Project Performance Assessment Reports) will identify performance benchmarks and issues that can assist in the analysis of the World Bank's response at the country level. The evidence and lessons will be summarized and mapped against support in countries.

5.7 Review of country situations: The goal of this review is to analyze whether the World Bank support has been aligned with the country context and national COVID-19 plans. The evaluation will draw on existing data sources collated by the WHO, the World Bank, and UNICEF on COVID-19 plans, preparedness capacities, vulnerability to development losses due to COVID-19, governance of the response, and the impact of COVID-19 on social and health priorities relevant to the conceptual framework of the evaluation (UNICEF 2020; WHO 2021a, 2021b; World Bank 2021). The World Bank's support will be analyzed against these data sources to understand the tailoring of the COVID-19 response to the country context. Moreover, machine learning clustering analysis will be used to geographically identify countries with similar World Bank

support to the COVID-19 response and country situations. In assessing relevance, support in the portfolio will be reviewed against the WHO action areas and the COVID-19 plans in the country.

Portfolio Level

5.8 **Portfolio identification and analysis:** The evaluation will analyze the portfolio of operations and knowledge work being implemented in countries. The analysis will follow a protocol to review elements of relevance (types of support, thematic focus, instruments, stages of support, addressing of gender equality, protection of human capital, digitalization, resilience, inclusion, and sustainability), implementation issues, types of implementers, timeline of support, categories of beneficiaries, types of instruments, and the monitoring of the COVID-19 response. Information on operations will be analyzed from Project Appraisal Documents, project papers, program documents, Implementation Status and Results Reports, and aide-mémoire. For knowledge work, the analysis will review concept notes for ASA and deliverables that have been planned or repurposed to support the COVID-19 response. The analysis will look at the role of ASA and financing operations (combined and independently) in supporting response areas in country plans. Moreover, the portfolio analysis will be coordinated with the IEG evaluation on the economic COVID-19 response to assess the balance of investments across the health, social, and economic responses in countries.

Corporate Level

5.9 **Review of internal processes and partnerships:** The review will distill lessons and findings on how the World Bank's COVID-19 response strategy, coordination mechanisms, collaboration, financing instruments, knowledge support, and partnerships came together to guide and support the front-line response. As such the review of processes and partnerships will complement the country analyses and help interpret their findings. Anchored in the theory of action, the review will identify elements of central and corporate support that worked well and facilitated the response, as well as elements that led to pain points. The objective is to promote learning on the World Bank's crisis risk management capacity. The review will be based on document review and key informant interviews.

5.10 **Limitations of design:** The evaluation reviews an active and evolving portfolio of support. The focus of the evaluation on the first 15 months of the World Bank's COVID-19 response will not assess the outcomes and effectiveness of the response and will likely miss learning on more recently approved projects that may be important to later stages. To help address this gap and understand the evolving nature of the World Bank's support, a rapid update of the portfolio will also be made at the end of the evaluation to understand the evolution of the response since the first 15 months.

Another limitation of the evaluation will be the extent to which it can provide learning on subnational responses within countries, whereas a sample of interviewees from the subnational level will be included in interviews for case studies, where relevant. In addition, although there will be coordination with the IEG evaluation on the economic COVID-19 response on the portfolio analysis and cases studies, deeper learning on the trade-offs of investing in the health, social, and economic areas will be limited to certain countries.

6. Quality Assurance Process

6.1 The evaluation will go through IEG's quality assurance processes to ensure the quality and usefulness of the evaluation findings. This includes interview process requirements and independent external review by three peer reviewers: Tamar Manuelyan Atinc (senior fellow at Brookings Institution and former vice president for human development at the World Bank); David Zakus (adjunct professor at University of Toronto; former professor of distinction in global health at Ryerson University, professor of preventive medicine and director of global health at University of Alberta and the Canadian Public Health Association, founding director of the Centre for International Health at the University of Toronto, and senior health systems specialist at the International Development Research Centre); and Marine Buissonnière (independent researcher in epidemic preparedness and response; former director of public health at the Open Society Foundations and secretary general at Médecins Sans Frontières).

6.2 The evaluation will complement IEG's regular quality assurance with informal engagements that aim to enhance its quality. The evaluation will have an advisory panel comprising Richard Seifman (former senior health adviser at the World Bank and foreign service officer with the United States Agency for International Development); Bruno Marchal (professor and evaluation methods expert at the Institute of Tropical Medicine, Antwerp); and Shanta Devarajan (professor at Georgetown University and former acting chief economist at the World Bank). Some of the peer reviewers will also advise the team on specific issues within their areas of expertise. Moreover, to triangulate learning and ensure consistency of messaging, the evaluation will engage closely with the partner IEG evaluation on the economic COVID-19 response.

7. Expected Outputs and Outreach

7.1 The evaluation timeline is FY21–22, with review by IEG and World Bank management in FY22. Committee on Development Effectiveness discussions are expected to take place in the last quarter of FY22. The final output will be a report of up to 20,000 words plus appendixes.

7.2 The evaluation team will continue to engage with a range of key stakeholders within the World Bank following its consultative and modular design principles. This engagement is to strengthen the quality, relevance, and ownership of the evaluation findings and foster “process use” opportunities for interim learning from the evaluation’s components to contribute to the ongoing COVID-19 response. Interim learning from the evaluation components will be shared through internal discussions and presentations at the technical level. The dissemination plan for the evaluation will be developed in collaboration with IEG’s communications team and World Bank management.

8. Resources

8.1 The evaluation will be prepared with an estimated budget of \$928,000. The core IEG team members for the evaluation are Jenny Gold (task team leader) and Stephen Porter (co-task team leader), Dawn Roberts, Anas Mohamed, Mamka Anyona, Santiago Ramirez Rodriguez, Harsh Anuj, Brian Allen, Eduardo Fernandez Maldonado, Lourdes Pagaran, and Gaby Loibl. The work will be conducted under the guidance of Rasmus Heltberg (adviser), Estelle Raimondo (methods adviser), Galina Sotirova (manager), Oscar Calvo-Gonzalez (director), and Alison Evans (Director-General, Evaluation).

¹ The INFORM COVID-19 Risk Index will be used to categorize countries based on their vulnerability to development achievements being offset and adjusted to account for each country’s human capital index, given concerns surrounding losses of human capital, and detailed in quartiles. The INFORM COVID-19 Risk Index includes dimensions of social inclusion (such as gender inequality and poverty), economic vulnerability, governance and institutional capacity, health systems capacity, environment, and population risks (such as access to sanitation and population mobility and density) (Poljansek, Vernaccini, and Marin Ferrer 2020; UN 2020b; World Bank 2020b).

² Interviews are proposed to include project implementers from Benin, Ethiopia, Guinea, Mauritania, Niger, Nigeria, Sierra Leone, Togo, Zambia, and two select countries identified by the Organisation of Eastern Caribbean States regional health project.

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Appendix A. Evaluation Design Matrix

The matrix in table A.1 and figure A.1 describe the evaluation design as it addresses each evaluation question. The evaluation has one overarching question: What has been the quality of the World Bank’s early coronavirus (COVID-19) response in terms of saving lives and protecting poor and vulnerable people? Underlying this question are three main evaluation questions, outlined below.

Table A.1. Evaluation Design Matrix

Information Required	Information Sources	Data Collection Methods and Data Analysis	Limitations
1. What has been the relevance of the World Bank’s early COVID-19 response to address the needs of countries in saving lives and protecting poor and vulnerable people (diagnosis, design, and tailoring of interventions to country situations)?			
(a) Relevance of the operational portfolio to support countries.	Portfolio of operational financing, project documents, and ISRs; country COVID-19 plans.	<ul style="list-style-type: none"> Portfolio analysis: Review of types and stages of support, and focus on gender equality, support to protect human capital, resilience, inclusion, and sustainability in countries, following the portfolio analysis protocol based on the theory of action. 	Project designs were done quickly, and implementation may involve many adjustments to what is planned.
(b) Relevance of design and support being implemented, in terms of building on evidence and experience, alignment with national plans, and addressing country needs.	Interviews with World Bank staff and country actors involved in implementation.	<ul style="list-style-type: none"> Country cases: Review of country support (interventions, stages of support, gender equality) and alignment with country needs, following the case study protocol based on the theory of action. 	Deeper analysis of COVID-19 support will be limited to case study countries.
	Country studies and systematic reviews from peer-reviewed databases; IEG evaluations of closed projects addressing epidemics and crises in the form of ICRRs and PPARs.	<ul style="list-style-type: none"> Review of evidence: Rapid review of evidence on the effectiveness of epidemic and crisis interventions following search strategy. Findings will be synthesized to provide benchmarks to review against support to COVID-19 in countries. 	Evidence and lessons synthesis will not capture emerging learning.
	Data on COVID-19 situations and plans in countries from the WHO, World Bank, and United Nations (United Nations 2020; UNICEF 2020; WHO 2021a, 2021b; World Bank 2021).	<ul style="list-style-type: none"> Review of country situations: World Bank support to countries will be analyzed against the available data to assess alignment with the country context and with national COVID-19 plans. In addition, machine learning clustering analysis will be used to categorize countries with similar investments and situational needs. 	The review of national data may miss disaggregated situations within countries.

Information Required	Information Sources	Data Collection Methods and Data Analysis	Limitations
2. What has facilitated or hindered multidimensional implementation, and how well are operational processes, instruments, and partnerships supporting COVID-19 responses in countries?			
(a) Lessons on implementation and partnerships; and lessons on streamlined operational processes, including how well they are supporting country responses.	Key informant interviews and document review.	<ul style="list-style-type: none"> Internal process and partnership review: The review will seek to identify success factors, including positive practices or processes that have supported quality implementation. Country cases: Review of GP coordination and work by the World Bank with other country partners. Portfolio review: Coding of different stages and pillars of support within a country by GP. 	The corporate-level review will only include an early assessment of partnerships and convening on vaccines.
(b) Factors that are facilitating and hindering multidimensional implementation in countries.	<p>Interviews with World Bank staff and country actors involved in implementation.</p> <p>Implementation issues in ISRs.</p> <p>IEG evaluations of closed projects addressing epidemics and crises in the form of ICRRs and PPARs.</p>	<ul style="list-style-type: none"> Country cases: Deeper analysis of multidimensional implementation (dialogue with clients, the timing and implementation of interventions in different pillars, and collaboration across GPs and with partners), and factors facilitating and hindering implementation in eight countries, following the case study protocol and theory of action. Portfolio analysis: Analysis of implementation issues. Review of evidence and lessons: Identification of experience, from past crisis and emergency operations, of what has constrained or hindered a crisis or multidimensional response. 	<p>Given the ongoing crisis, some clients and staff may have limited availability for interviews.</p> <p>Recent projects will not have ISR reporting on implementation.</p>
3. How is the World Bank supporting learning during implementation of the COVID-19 response and adjustments to this implementation?			
(a) What innovations have been identified through learning in countries.	Survey to crowdsourcing innovations from country teams and GPs.	<ul style="list-style-type: none"> Innovation stocktaking: Promising innovations will be synthesized across countries to identify areas of learning from implementation of the response. 	The evaluation will focus on learning and innovations from the first 15 months of the response while these processes are ongoing.

Information Required	Information Sources	Data Collection Methods and Data Analysis	Limitations
(b) How knowledge work, monitoring, and learning are being used to inform decisions on the response for its adaptive management.	<p>Key informant interviews and document review.</p> <p>ASA to COVID-19.</p> <p>Indicators reported in ISR.</p> <p>Interviews with World Bank staff and country actors involved in implementation.</p>	<ul style="list-style-type: none"> • Internal process and partnership review: Analysis of how GPs are learning and adjusting implementation of their responses. • Portfolio review: The ASA review will focus on the intended purpose of the ASA to provide knowledge for the COVID-19 response. The portfolio review will also review indicators being monitored. • Country cases: A review of the repositioning of the country portfolio, and how implementation has been monitored and adapted using knowledge work, monitoring, and learning, will be part of the case study protocol. 	The focus will be on monitoring and adaptive implementation, rather than outcomes.
(c) How learning across countries has supported implementation in countries with regional support.	<p>Interviews with World Bank staff and a sample of clients involved in selected regional projects that are supporting COVID-19 response; document review.</p>	<ul style="list-style-type: none"> • Country learning on regional support: Document review and interviews to identify early actions that have supported cross-country learning through regional projects. 	The regional analysis will have a narrow focus to understand the role of cross-country learning in supporting implementation.

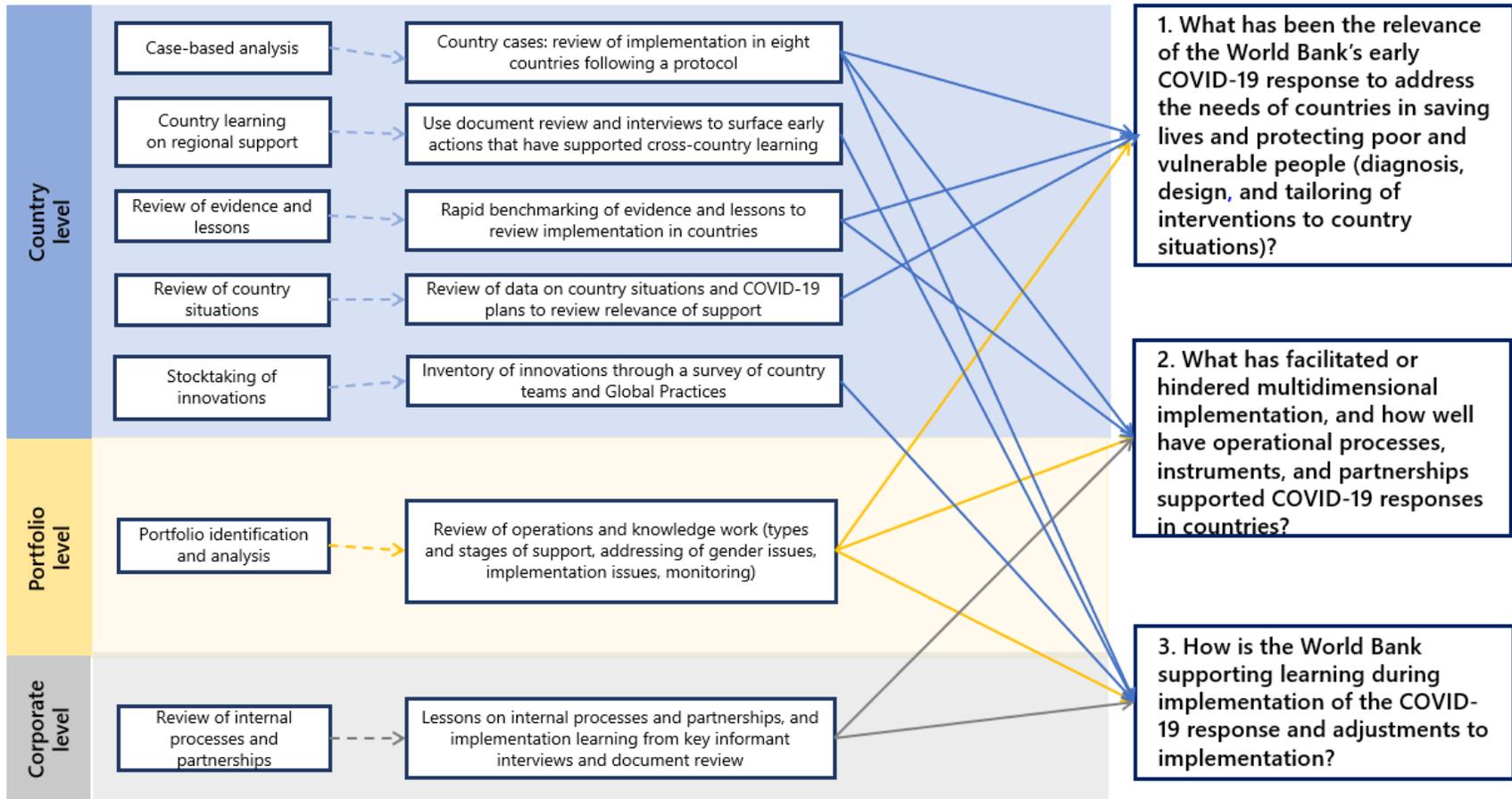
Source: Independent Evaluation Group.

Note: ASA = advisory services and analytics; COVID-19 = coronavirus pandemic; GP = Global Practice; ICRR = Implementation Completion and Results Report Reviews; IEG = Independent Evaluation Group; ISR = Implementation Status and Results Report; PPAR = Project Performance Assessment Report; WHO = World Health Organization.

Figure A.1. Methodological Design of the Evaluation by Level and Evaluation Question

Data Collection, Methods, and Analyses

What has been the quality of the World Bank's early COVID-19 response in terms of saving lives and protecting poor and vulnerable people?



Source: Independent Evaluation Group.
 Note: COVID-19 = coronavirus pandemic.

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Appendix B. COVID-19 Response and Previous Crisis Experiences

The design of the coronavirus (COVID-19) response is informed by the World Bank's previous experiences addressing public health and other crises (figure B.1). Even though World Bank support for tackling HIV and AIDS, polio, and river blindness was in response to diseases of a more chronic nature, compared with the immediate threat of COVID-19, these programs provided learning in terms of support to public health actions for epidemics. Other crisis response support provided by the World Bank, such as for the global food and economic crises (2007–09), has provided learning on social and economic actions for safety nets, social funds, food systems, and other areas (Operations Evaluation Department 2005; World Bank 2012a, 2012c, 2013, 2017a). The United Nations's Hyogo Framework for Action (2005–15) was the first program to integrate epidemic response with other social and economic crisis interventions (Dar et al. 2014; United Nations International Strategy for Disaster Reduction 2007). In 2006, the World Bank's response to the avian influenza (H5N1) epidemic was unique in that it integrated actions cutting across public health, social protection, and other sectors in World Bank projects globally, similar to the organization of the COVID-19 response (Jonas and Warford 2014; World Bank 2013).

The experiences of responding to avian influenza and Ebola emphasize the need for institutional strengthening of epidemic capacities in countries, in addition to addressing the immediate COVID-19 crisis. In 2005, the adoption of the International Health Regulations (which were later amended in 2014) by the World Health Assembly recognized the need for sustained national epidemic response capacities related to policy, laboratories, infection prevention and control, surveillance, human resources, and national response plans (World Health Organization 2005, 2008; World Bank 2017d). However, once the crisis of avian influenza had passed, there was limited World Bank support for epidemic preparedness in countries until the Ebola crisis. In 2010, the World Bank approved the East Africa Public Health Laboratory Networking project to support capacities for the diagnosis and surveillance of diseases (Boyce et al. 2015). Between 2014 and 2019, the World Bank delivered its response to the Ebola epidemic through collaboration with partners and across-sector engagement of Global Practice projects to address needs such as support for case investigation, social protection, and children's education. Following the Ebola crisis, the World Bank increased its support in the Africa region to develop sustained epidemic response capacities in African countries (Berthe et al. 2019; World Bank 2017a, 2019).

Since the Ebola crisis in 2014, the World Bank has taken steps to integrate support for disease epidemics across its operations, and these operational resources are supporting the COVID-19 response. During the Ebola crisis, the International Development Association Crisis Response Window revised its eligibility criteria to allow for more rapid financing of epidemics. In 2016, the World Bank, in collaboration with the World Health Organization and other stakeholders, launched the Pandemic Emergency Financing Facility to provide funds to governments, multilateral agencies, nongovernmental organizations, and other responders to infectious disease outbreaks (World Bank 2016). Also in 2016, the World Bank approved the first phase of the Regional Disease Surveillance Systems Enhancement project to support disease surveillance, preparedness, and response. This regional project now reaches 16 countries in Africa—all countries with comparatively high vulnerability in terms of the potential impact of COVID-19 on human capital and development progress, and 7 of which are fragile and conflict-affected situation countries. In 2017, the contingency emergency response component and the catastrophe deferred drawdown option were added to investment project financing and development policy financing, respectively, to provide swift response in emergencies, including disease outbreaks; the World Bank also committed to financing epidemic preparedness through country projects (World Bank 2017b, 2017c, 2018). In 2019, the World Bank approved the Africa Centers for Disease Control and Prevention project to strengthen infectious disease control systems across Africa.

The World Bank has increasingly committed to a multidimensional approach to sustainably support epidemic responses with a line of sight to development goals, and the COVID-19 response is novel in its implementation of this approach. The Sendai Framework for disaster reduction (2015–30), adapted by the World Bank and other partners, reinforces efforts to build country resilience to reduce risk in epidemics and other crises. It underlines the engagement of multiple sectors and communities to address multidimensional country needs in crisis situations, the inclusion of vulnerable populations in crisis responses, and the sustained development of systems and governance in countries to manage responses. The Sendai Framework shifts the crisis agenda to achieve a greater connection to development goals by emphasizing the potential learning and innovation opportunities of crisis situations to “rebuild better” after disaster strikes (United Nations Office for Disaster Risk Reduction 2015). In line with the Sendai Framework, the World Bank has supported social protection and community-driven development programs to help protect poor and marginalized populations from crises (World Bank 2012b). There is also a future commitment to improve pandemic preparedness in country strategies. Moreover, the World Bank has increasingly focused on the collaborative and multidimensional management of zoonotic disease epidemics (such as Severe Acute Respiratory Syndrome [SARS], H1N1, Ebola, and COVID-19) based on the “One Health” approach (Berthe et al. 2018; World Bank 2010). These priorities—ensuring a greater line of sight to development goals in crisis support and emphasizing innovation to rebuild better, strengthening pandemic preparedness in country programs, and taking a multidimensional approach to epidemics—received limited attention before COVID-19 but now form part of the World Bank’s COVID-19 response and provide areas for learning about the approach to the pandemic.

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Appendix C. Preliminary Portfolio Review

The final portfolio for the evaluation will incorporate all World Bank operational financing and advisory services and analytics (ASA) projects that supported the first 15 months of the coronavirus (COVID-19) pandemic response, from January 31, 2020, to April 30, 2021. The preliminary portfolio covers the period up to February 1, 2021, and includes 230 lending projects and 162 ASA activities across 97 countries and six regions. The operations in the preliminary portfolio have an estimated financing commitment of approximately \$23.8 billion. The preliminary portfolio was identified through a systematic search, identification, and inclusion process, which is described below and outlined in figure C.1.

Portfolio Identification Strategy

Initial project identification: A search was undertaken in the Business Intelligence system to identify operational financing and ASA projects using a combination of corporate COVID-19 tagging and text analytics. This process included all projects with a COVID-19 tag, or with keywords (“COVID” or “corona”) in the text of the project title, project development objective, indicator, or summary. The main source of identifying operational financing was COVID-19 tagging, whereas ASA projects were identified by searching keywords because they are not tagged. Some additional operational financing and ASA activities were added through a review of databases shared by Global Practices (GPs), and through review of the databases of projects that have activated the contingency emergency response component or a catastrophe deferred drawdown option. The portfolio of operational financing and ASA projects will be verified through a manual review of project documents (Project Appraisal Documents, project papers, Implementation Status and Results Reports, aide-mémoire, concept notes, and ASA monitoring).

Inclusion and exclusion criteria: The portfolio was filtered to align with the conceptual framework of the evaluation, which is focused on the health and social response in pillar 1, pillar 2, and pillar 4 of the World Bank’s COVID-19 crisis response. The following inclusion and exclusion criteria were applied to filter and identify the preliminary portfolio:

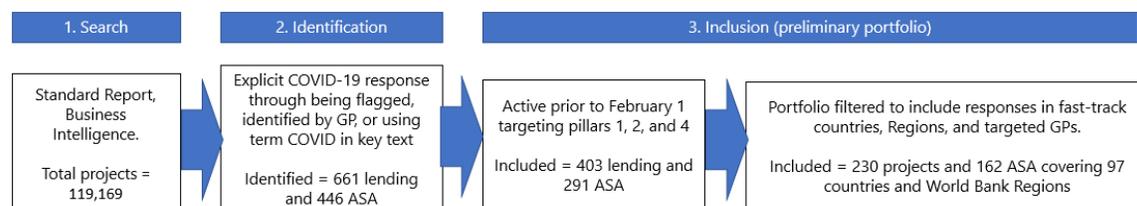
- The preliminary portfolio ($n = 661$ projects; $n = 446$ ASA) was limited to include operational financing and ASA projects that had been approved by February 1, 2021 ($n = 403$ projects; $n = 291$ ASA). The final portfolio will be expanded to include projects approved by April 30, 2021.

- In accordance with the scope of the evaluation, the portfolio of operational financing was limited to include projects ($n = 336$) led by the Health, Nutrition, and Population (HNP); Social Protection and Jobs (SPJ); Education; Urban, Disaster Risk, Resilience, and Land; and Macroeconomics, Trade, and Investment (MTI) GPs. The portfolio of ASA ($n = 239$) also covers the Poverty GP. A preliminary review of operations and ASA identified these GPs as having support relevant to the evaluation's conceptual framework, and as being the main GPs leading health- and social-related support in the early COVID-19 response. In cases where the GP was blank or identified as other, the ASA was included in the portfolio for manual verification.
- The portfolio was limited to include operational financing and ASA in countries that received fast-track financing for COVID-19 and regional- and global-level projects ($n = 321$ projects; $n = 205$ ASA).
- The portfolio was filtered to only include operational financing and ASA ($n = 295$ projects; $n = 162$ ASA) from countries classified as having a medium, high, or very high vulnerability to their development achievements and human capital gains being offset by COVID-19. In total, the evaluation will cover 97 countries, of which 30 are considered to be in fragile and conflict-affected situations. In total, 17 percent of the ASA and 16 percent of operational financing for COVID-19 are in low-vulnerability countries, 18 percent of ASA and 19 percent of operations are in medium-vulnerability countries, 27 percent of ASA and 26 percent of operations are in high-vulnerability countries, 12 percent of ASA and 34 percent of operations are in very-high-vulnerability countries, and 24 percent of ASA and 4 percent of operations are at the regional or global level. The projects in the portfolio spread across different types of financing support to countries: 57 percent are International Development Association; 29 percent are International Bank for Reconstruction and Development; and 15 percent are a blend of International Development Association and International Bank for Reconstruction and Development financing.
- A final filter was also applied to link additional financing to a parent project in the portfolio, where relevant ($n = 230$ projects; $n = 162$ ASA).

Limitations: The portfolio only identifies projects and ASA where an explicit role to support COVID-19 has been tagged or documented. It is anticipated that additional operations and ASA will be identified through the country case studies conducted for the evaluation. Case studies will allow for a deeper look at the repositioning of the portfolio in countries, and the repurposing and restructuring of operations that may be missed in the global portfolio. Moreover, the financing commitment of the portfolio has

currently taken the total amount allocated to the project financing, which may be an overestimate.

Figure C.1. Portfolio Search, Identification, and Inclusion Strategy



Source: Independent Evaluation Group.

Note: The final portfolio will include additional projects and ASA until April 30, 2021. ASA = advisory services and analytics; COVID-19 = coronavirus pandemic; GP = Global Practice.

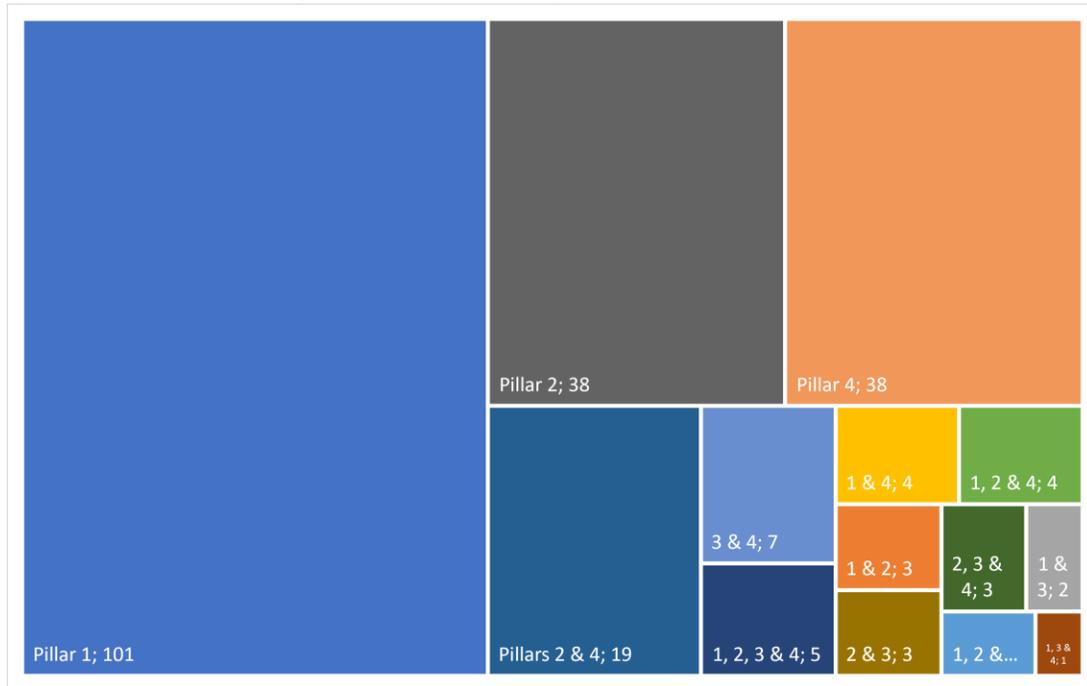
Preliminary Portfolio

Operational financing portfolio: The preliminary portfolio suggests that in the first year of the COVID-19 response, most of the World Bank’s support (approximately 44 percent of operations) has focused on pillar 1, the health response to save lives. Approximately one-third of operations focus on either pillar 2, the social response to protect poor and vulnerable people, or pillar 4, to rebuild better (figure C.2). In the operational portfolio, HNP has the largest number of projects, representing 50 percent of the total. Following HNP in descending order are Urban, Disaster Risk, Resilience, and Land (15 percent), MTI (13 percent), SPJ (11 percent), and Education (11 percent) (figure C.3).

Analytical work portfolio: In contrast to the operational financing portfolio, half of the ASA projects focus on pillar 4, and just under one-third focus on pillar 2, leaving just under 20 percent focused on pillar 1. The lead GP on ASA activities in the COVID-19 response is MTI, followed by HNP and then SPJ (figure C.4).

Financing commitments: A preliminary review of the COVID-19 operational financing portfolio in terms of financing commitments and disbursements highlights that 80 percent of the lending commitments up to February have occurred quite intensively within a few GPs (HNP, SPJ, and MTI). New projects approved after March 2020 make up just over three-quarters of the project portfolio (figure C.5), and account for 85 percent of commitments and just over two-thirds of disbursements. Within this portfolio, by February 2021 the development policy financing was disbursed quickly in an amount totaling \$6.2 billion, and a lower amount of \$4.5 billion was disbursed through investment project financing.

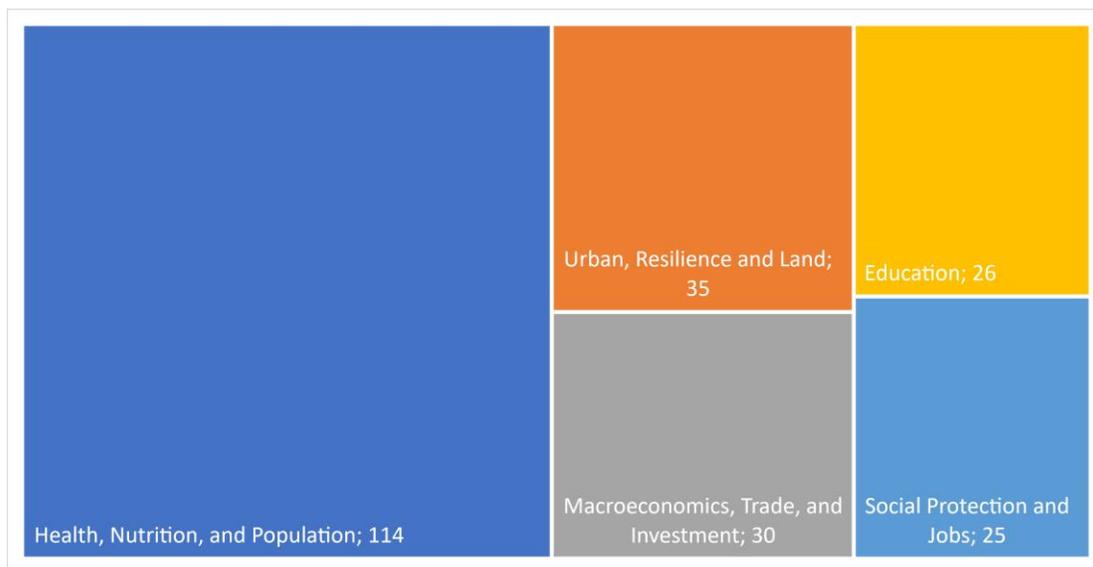
Figure C.2. COVID-19 Operational Financing Portfolio by Pillar



Source: Independent Evaluation Group.

Note: The first number refers to the pillar, and the number after the semicolon is the number of projects. COVID-19 = coronavirus pandemic.

Figure C.3. COVID-19 Operational Financing Portfolio by Global Practice



Source: Independent Evaluation Group.

Note: The number refers to the number of projects in the portfolio. COVID-19 = coronavirus pandemic.

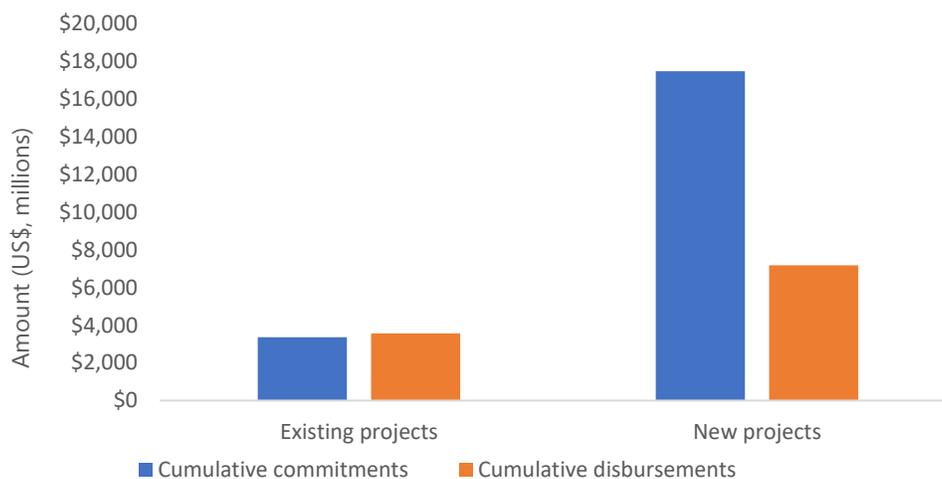
Figure C.4. COVID-19 ASA Portfolio by Global Practice



Source: Independent Evaluation Group.

Note: Numbers refer to the number of ASA products in the portfolio. COVID-19 = coronavirus pandemic.

Figure C.5. Comparison of Commitments from New Financing and Existing Portfolio



Source: Independent Evaluation Group.

References

Poljansek, K., L. Vernaccini, and M. Marin Ferrer. 2020. "INFORM Covid-19 Risk Index." Publications Office of the European Union, Luxembourg (February 1, 2021). <https://www.europeandataportal.eu/data/datasets/42dad804-af90-4eed-9a8d-ab8413870038?locale=en>

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Appendix D. Case Selection Grid

Table D.1. Case Selection Grid

IHR Preparedness Score	Vulnerability to development impact from COVID-19		
	Moderate	High	Very High
High	Bhutan ^c Fiji ^a Morocco ^e	India ^c Lebanon ^{cf} Nicaragua ^c Philippines ^d Tajikistan	<u>Ethiopia</u> ^{bd} <u>Guinea</u> ^b <u>Liberia</u> ^c <u>Niger</u> ^{bd} Uganda ^{ac} *
Moderate		Côte d'Ivoire ^c Eswatini ^d Kenya ^{ac} Rwanda ^a	Afghanistan ^{bMf} Congo, Dem Rep. ^{cf} Haiti ^{bcd} F Madagascar ^{ac} Mozambique ^{bcd} f <u>Sierra Leone</u> ^b
Low		Bangladesh ^c Djibouti ^{ac} Ghana ^c Honduras ^{ce} Myanmar ^{acf} Nepal ^b Pakistan ^{bc} Senegal	<u>Benin</u> ^{ac} Burkina Faso ^{bf} Burundi ^{cf} Central African Republic ^{cf} Congo, Rep. ^{cf} Comoros ^L Gambia, The ^a <u>Mauritania</u> ^{bd} Nigeria ^{af} <u>Togo</u> ^b

Source: Independent Evaluation Group. Data on preparedness are from WHO 2017. The data on Development vulnerabilities of countries is from the INFORM COVID-19 Risk Index adjusted to account for the human capital index of the country and detailed in quartiles (Poljansek, Vernaccini, and Marin Ferrer 2020; World Bank 2020).

Note: Countries proposed for case studies are in **bold**. Countries included in learning on regional support are underlined. IHR = International Health Regulations.

- a. Country received PEF support to government.
- b. Country received PEF support to partner.
- c. Country has activated a contingency emergency response component.
- d. Country received Bank facilitated procurement.
- e. Country has activated a catastrophe deferred drawdown option.
- f. Fragile and conflict-affected situation.

References

- Poljansek, K., L. Vernaccini, and M. Marin Ferrer. 2020. "INFORM Covid-19 Risk Index." Publications Office of the European Union, Luxembourg (February 1, 2021). <https://www.europeandataportal.eu/data/datasets/42dad804-af90-4eed-9a8d-ab8413870038?locale=en>

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