World Bank Support for the COVID-19 Vaccine Deployment Response
OVERVIEW

1. Overview of WBG Support for Vaccine Acquisition and Deployment

2. Progress of WBG Support to AFR Group 1 Constituency Countries

3. Next steps to Accelerate Progress

4. Key lessons on Successful Vaccine Rollout for AFR Group 1 Constituency Countries

5. Long-term challenges for Human Capital
OVERVIEW OF WBG SUPPORT FOR VACCINE ACQUISITION AND DEPLOYMENT

70+ COUNTRIES WITH WB PROJECTS APPROVED/ UNDER PREPARATION

10 operations approved under the MPA AF totaling $1,493.3 million

Approved Projects:
Afghanistan, Bangladesh Cabo Verde, Ethiopia, Lebanon, Mongolia, Nepal, Philippines, Tajikistan, Tunisia

Projects under preparation: 60+ countries, varying stages of preparation

*Updated as of April 6, 2021
IT'S A LONG ROAD TO VACCINATION…

But the World Bank can help provide support in:

- Vaccine Purchase
- Data Analysis and Technical Guidance
- Institutional Strengthening
- Health Systems Strengthening

Availability — Factory

Storage — National storage facility

Deployment — Regional storage facility

Acceptance — Clinic

WORLD BANK GROUP
# Areas of WBG Support for Vaccine Acquisition and Deployment

## Vaccine Purchase
- Advance purchase mechanisms, such as participating in COVAX.
- Direct purchases from vaccine manufacturers, either individually or jointly with other countries;
- Purchase of excess stocks from other countries that reserve excess doses;

## Data Analysis and Technical Guidance
- Technical guidance on COVID-19 variants, vaccine approvals, epidemiology, indemnity contracts, vaccine readiness assessments, advisory for National COVID-19 National Plans, etc.
- Rapid digital assessments for IT platforms to track COVID-19 vaccine deployment
- Cross sectoral support

## Institutional Strengthening
- Allocation policy for prioritized vaccine roll out
- Regulatory standards at the national level
- Standards for vaccine management, including cold chain infrastructure
- Accountability, grievances, and citizen and community engagement mechanisms, including safeguard policies to ensure no forced vaccinations
- Systems to track adverse reactions to vaccines

## Health Systems Strengthening
- Cold chain facilities, vehicles, and other logistics infrastructure
- Assessments of vaccine management capacity, training of front-line delivery workers
- Communications and outreach
- Vaccine monitoring
- IT Registry and IT systems for managing records
- Climate change adaptation and mitigation measures
Progress has been made and we are gearing up to support 15 countries in this group

**ETHIOPIA**
The World Bank Board recently approved a $207 M project to support vaccine acquisition through COVAX and deployment. Our Ethiopia team has provided technical support to the MoH for the development of the national COVID19 vaccine deployment and vaccination plan and development of an equitable and comprehensive target selection criteria and costing of the strategy. We are closely coordinating with partners: for instance, WHO & UNICEF are supporting in the development of national/sub-national vaccine introduction and deployment plans.

**RWANDA**
The World Bank Rwanda team mobilized an additional $15 M grant from the GFF to protect essential health services. Rwanda has already kicked off its COVID-19 vaccination campaign on March 5th. We are preparing a $30 M project to support vaccine acquisition, through COVAX and potentially AUTT, and deployment, to be approved later this month.

**ZIMBABWE**
The World Bank Zimbabwe team are exploring opportunities for disruptive technologies, such as ways to reconfigure remote training, commodity tracking systems to ensure they reach health facilities, and blockchain based verification systems. We are engaging, building on the $5 M support to PPE procurement and Health Strengthening through the Health Emergency Preparedness and Response Trust Fund.

Next Steps to Accelerate Progress

- **National COVID-19 Vaccine Acquisition and Deployment Plan (NDVP)**, with consideration to vaccine sources and pricing, liability and indemnification issues, equitable allocation framework for vaccine distribution. This is a living document, prepared by the government in collaboration with WHO, and with inputs from other partners. It is updated as more details become available.

- **Vaccine Readiness Assessment (VRAF)**: This is a government lead exercise with support from WB, WHO, UNICEF and GAVI. The VRAF assesses whether inputs and processes specified under the NDVP are in place and ready to be activated. The assessment must be quantified and costed.

- **We are revising the Vaccine Approval Criteria (VAC)** needed to be eligible for Bank-financing, we have submitted the proposal for revision to the board. The new VAC aligns with COVAX vaccine eligibility:

  (i) the vaccine has received regular or emergency licensure or authorization from at least one of the SRAs identified by WHO for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or
  (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL)
SOME KEY LESSONS ON SUCCESSFUL VACCINE ROLLOUT FOR AFR GROUP 1 CONSTITUENCY COUNTRIES

- **Population outreach and communication campaigns**: Skepticism in vaccines, especially due to the recent media reports, have resulted in low vaccine uptake. In Rwanda, a communication strategy was designed with routine surveys to track COVID-19 vaccine knowledge and attitudes.

- **Deployment campaigns**: Need to ensure a clear strategy with specific target groups, sufficient auxiliary supplies (e.g. immunization cards and registers) are available; considerations for crowd control and social distancing in vaccination sites; adequate staffing; efficient ICT tools/ digital solutions at service delivery points to document activities and allow real-time transmission of information for reporting purposes; timely distribution of forms (e.g. vaccination cards); and close attention to the expiry date of the vaccines to optimize vaccine use and prevent wastage.

- **Engagement and consolidated support from development partners**: In Sierra Leone, consolidated DP support through the existing coordination mechanism aided the speedy development of a quality National Vaccine and Deployment Plan.
KEEPING AN EYE ON THE LONG-TERM CHALLENGES

HCI 2020 UPDATE

Between 2018 and 2020:
• 20 out of 23 AfRE countries increased their HCI, be it only by 0.0024 on average.
• The HCI of Burundi, Ethiopia and Mauritius marginally decreased.

Between 2010 and 2020:
• All 13 countries with data available increased their HCI during this period by 0.04 on average.
• The five countries with the most improved scores over the past decade are (in order): Eswatini, Lesotho, Seychelles, Zimbabwe and Namibia.
• In order to achieve the HCI target of the AFR HCP Plan by 2023, an acceleration of the rate of progress is needed

COVID RISKS

• Only 6 out 39 SSA countries have reopened schools. Learning adjusted years of schooling in LICs could fall from 4.5 years to 4.3 years or even 4 years
• High risk of permanent school drop-outs and teenage pregnancies following school closures
• Health service disruptions could increase child mortality in Ethiopia by 15% percent and maternal mortality by 8 percent over the next year. The malaria burden in SSA could double
• Roughly 8 out of 10 people in African countries are engaged in low-wage informal employment, making them particularly vulnerable to shocks. 25 to 30 million jobs in Africa could be lost due to the pandemic
• Only one third of the lowest quintile is covered by safety nets

To further support countries address these critical challenges, we are bringing IDA20 one year forward and proposing a special theme for Human Capital to galvanize concerted efforts to recover and accelerate outcomes.
THANK YOU
ANNEX 1: Further updates on COVID-19 Vaccine
# Efficacy of COVID-19 Vaccines by Variant

*Last Updated February 28th, 2021*

<table>
<thead>
<tr>
<th>Symptomatic COVID19</th>
<th>Severe COVID19</th>
<th>Protection from severe disease</th>
<th># hospitalization from COVID</th>
<th># deaths from COVID19</th>
<th>Contingency plan for variants</th>
<th>Age</th>
<th># doses</th>
<th>Storage</th>
<th>Status of pediatric trials</th>
<th>Status of pregnancy trials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall efficacy (old variants)</td>
<td>95% (clinical trial) 91% (real world) 85% 15-28 days after dose 1 (real world)</td>
<td>94.1%</td>
<td>66.1% (global) 72.0% (U.S.)</td>
<td>Adenovirus</td>
<td>Adenovirus</td>
<td>Recombinant protein</td>
<td>Adenovirus</td>
<td>95.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efficacy (old variants) among 65+ year olds</td>
<td>92.9% (65-75) 100% (75+)</td>
<td>100%</td>
<td>68.6% (global)</td>
<td>***</td>
<td>85.6% efficacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.1.1.7 (UK) variant impact</td>
<td>No impact on efficacy (90-95% efficacy in Israel)</td>
<td>Predicted not to have impact on efficacy</td>
<td>“Currently no evidence that the vaccine does not work against the new strains”</td>
<td>85.6% efficacy</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>B.1.351 (S. Africa) variant impact</td>
<td>0.81-1.40 fold decrease in neutralizing antibodies (NOT efficacy)*</td>
<td>6-fold decrease in neutralizing antibodies (NOT efficacy)*</td>
<td>57% efficacy</td>
<td>–10% efficacy</td>
<td>80% efficacy among HIV- participants; 49.5% efficacy among HIV+ &amp; HIV-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.1.427/B.1.429 (CA) variant</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.1.526 (NY) variant impact</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*LD=low dose; SD=standard dose; J&J=Johnson and Johnson*  
*Pfizer and Moderna conducted two different types of petri dish studies and the decrease in neutralizing antibodies is not comparable; **DART=pregnancy study in rats; ***only 2 out of 606 people in this group which is causing quite the debate among whether this is enough data to recommend the vaccine to 65+*
## COVID-19 VARIANTS

*WHO, Last Updated March 16th, 2021*

<table>
<thead>
<tr>
<th><strong>Nextstrain clade</strong></th>
<th>20I/501Y.V1</th>
<th>20H/501Y.V2</th>
<th>20I/501Y.V3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PANGO lineage</strong></td>
<td>B.1.1.7</td>
<td>B.1.351</td>
<td>B.1.1.28.1, alias P.1*</td>
</tr>
<tr>
<td><strong>GISAID clade</strong></td>
<td>GR</td>
<td>GH</td>
<td>GR</td>
</tr>
<tr>
<td><strong>Alternate names</strong></td>
<td>VOC 202012/01*</td>
<td>VOC 202012/02</td>
<td>-</td>
</tr>
<tr>
<td><strong>First detected by</strong></td>
<td>United Kingdom</td>
<td>South Africa</td>
<td>Brazil / Japan</td>
</tr>
<tr>
<td><strong>First appearance</strong></td>
<td>20 September 2020</td>
<td>Early August 2020</td>
<td>December 2020</td>
</tr>
<tr>
<td><strong>Key spike mutations</strong></td>
<td>H69/V70 deletion; Y144 deletion; N501Y; A570D; and P681H</td>
<td>L242/A243/L244 deletion; K417N E484K, N501Y</td>
<td>K417T, E484K; N501Y</td>
</tr>
<tr>
<td><strong>Key mutation in common</strong></td>
<td>S106/G107/F108 deletion in Non-Structural Protein 6 (NSP6)</td>
<td>Increased [1.50 (95% CI: 1.20-2.13)] times more transmissible than previously circulating variant 5, 6</td>
<td>Increased, more transmissible than previously circulating variants 7</td>
</tr>
<tr>
<td><strong>Transmissibility</strong>*</td>
<td>Increased 1, 2 (36%-75%) 3, increased secondary attack rate 4 (10% to 13%)</td>
<td>Possible increased risk of hospitalization 5, severity and mortality 4</td>
<td>Possible increased risk of in-hospital mortality by 20%/ 9</td>
</tr>
<tr>
<td><strong>Severity</strong>*</td>
<td>Under investigation, limited impact 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Neutralization capacity</strong>*</td>
<td>Slight reduction but overall neutralizing titers still remained above the levels expected to confer protection 10</td>
<td>Decreased, suggesting potential increased risk of reinfection 5, 11, 12</td>
<td>Decreased, reinfections reported 13, 14</td>
</tr>
<tr>
<td><strong>Potential impacts on vaccines</strong>*</td>
<td>No significant impact on post-vaccine neutralization by Moderna, Pfizer-BioNTech, Oxford-AstraZeneca, Novavax and Bharat vaccines 15-18</td>
<td>Post-vaccine neutralization reductions range from minimal to moderate for Moderna and Pfizer, however there is some evidence of more substantial reductions 19</td>
<td>Limited to modest reduction in post-vaccine neutralization by Oxford-AstraZeneca, Moderna and Pfizer vaccines 19, 21, 22-31</td>
</tr>
<tr>
<td><strong>Evidence for prevention of infection evidence limited. Reduced effect reported for Oxford-AstraZeneca 15, 18</strong></td>
<td>A single study has evaluated Sinopharm 20</td>
<td>Preliminary suggestion of loss of neutralization following vaccination with Sinvac 32</td>
<td></td>
</tr>
<tr>
<td><strong>Potential impacts on diagnostics</strong>*</td>
<td>S gene target failure (SGTF) 22 No impact on Ag RDTs observed 23</td>
<td>None reported to date</td>
<td>None reported to date</td>
</tr>
<tr>
<td><strong>Countries reporting cases (newly reported in last week)</strong></td>
<td>125 (7)</td>
<td>75 (11)</td>
<td>41(3)</td>
</tr>
</tbody>
</table>
Reaching beyond COVAX: Achieving the AU's goal to vaccinate 60% of the population

Through a multiyear effort, the African Union has set an ambitious target to vaccinate 60% of the population. COVAX is projected to provide vaccines to cover 27% of the population. The AU Vaccine Acquisition Task Team (AVATT), comprised of the AU Special Envoys for COVID-19, Africa CDC, AFREXIM and UNECA, has been tasked to acquire vaccines to help reach this target.

The efforts by the AU_VATT, to potentially contribute 15% towards the 60% goal, are envisioned to be to be complementary to COVAX, WB and other sources of financing.

AVATT is currently working out three areas related to vaccine acquisition:

- **Direct negotiation with manufacturers through a continental approach** to be competitive on pricing and access to vaccine doses for member countries.
  - On March 28, 2021, AVATT signed an Advance Purchase Commitment with Johnson &Johnson for up to 400 million doses
  - First shipments expected to begin 3rd quarter 2021
  - Negotiations also underway with Pfizer

- **Structuring a mechanism, “AVAT Facility”** to streamline efforts for member countries in accessing and paying for negotiated vaccines

- **Aggregating demand for vaccines doses** through the existing Africa Medical Supply Platform.
  - 26 countries on the continent put in formal EOIs, with additional countries considering this option

The WB has been in close technical discussions with the AVATT team to understand and inform the design of AVAT Facility

- Discussions with AVATT on alignment to WB financing from a policy and operational perspective are underway to ensure countries will have the option to use WB resources for vaccine purchase through the facility
TO DATE, 15 COUNTRIES HAVE COVID-19 VACCINE PROJECTS UNDER PREPARATION

<table>
<thead>
<tr>
<th>STATUS</th>
<th>AFR GROUP 1 COUNTRY</th>
<th>GOVERNMENT REQUEST RECEIVED</th>
<th>PROJECT CODE</th>
<th>FINANCING MODALITY</th>
<th>APPROVAL DATE</th>
<th>TOTAL ENVELOP (US$ M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Preparation</td>
<td>Eswatini</td>
<td>Yes</td>
<td>P175875</td>
<td>IPF</td>
<td>16-Apr-21</td>
<td>$8 M ($5M IBRD, $3M TF)</td>
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<tr>
<td></td>
<td>Ethiopia</td>
<td>Yes</td>
<td>P175853</td>
<td>IPF</td>
<td>26-Mar-21</td>
<td>$207 M (IDA)</td>
</tr>
<tr>
<td></td>
<td>The Gambia</td>
<td>Yes</td>
<td>P176125</td>
<td>IPF</td>
<td>16-Apr-21</td>
<td>$8 M (IDA)</td>
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<tr>
<td></td>
<td>Kenya</td>
<td>Yes</td>
<td>P176407</td>
<td>IPF</td>
<td>10-Jun-21</td>
<td>$52.7 M ($50M IDA, $2.7M TF)</td>
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<tr>
<td></td>
<td>Lesotho</td>
<td>Yes</td>
<td>P176307</td>
<td>IPF</td>
<td>22-Apr-21</td>
<td>$25.5 M ($22M IDA, $3.5M TF)</td>
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<td>Liberia</td>
<td>Yes</td>
<td>P176336</td>
<td>IPF</td>
<td>31-Mar-21</td>
<td>$10 M (IDA)</td>
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<tr>
<td></td>
<td>Malawi</td>
<td>Yes</td>
<td>P176402</td>
<td>IPF</td>
<td>20-May-21</td>
<td>$30 M (IDA)</td>
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<tr>
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<td>Mozambique</td>
<td>Yes</td>
<td>P175884</td>
<td>IPF</td>
<td>19-May-21</td>
<td>$115 M ($100M IDA, $15M TF)</td>
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<td>Rwanda</td>
<td>Yes</td>
<td>P176304</td>
<td>IPF</td>
<td>19-Apr-21</td>
<td>$45 M ($30M IDA, $15M TF)</td>
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<td>Seychelles</td>
<td>Yes</td>
<td>P176320</td>
<td>IPF</td>
<td>14-May-21</td>
<td>$5 M (IBRD)</td>
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<tr>
<td></td>
<td>Sierra Leone</td>
<td>Yes (Informal)</td>
<td>P176275</td>
<td>RETF</td>
<td>12-Apr-21</td>
<td>$3.5 M (TF)</td>
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<td>South Sudan</td>
<td>Yes</td>
<td>P176480</td>
<td>IPF</td>
<td>25-Jun-21</td>
<td>$61.9 M (US$60M IDA, $1.9M TF)</td>
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<td>Zambia</td>
<td>Yes</td>
<td>P176400</td>
<td>IPF</td>
<td>27-May-21</td>
<td>$14 M (IDA)</td>
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<td>Zimbabwe</td>
<td>Yes</td>
<td>P176141</td>
<td>RETF</td>
<td>20-May-21</td>
<td>$5 M (TF)</td>
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<tr>
<td></td>
<td>Somalia</td>
<td>Yes</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
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</table>

TOTAL WB SUPPORT: **US$ 590.6 M ($10 M IBRD, $531 M IDA, $49.6 M TF)**
EARLY LESSONS FROM RWANDA’S COVID-19 RESPONSE

- **Speed of response**: taking swift, early actions to contain the pandemic through strict lockdown policies, restricted public gatherings, and movements; and mandatory mask use has paid off.

- **Synchronized approach**: using a strong central government led strategy with involvement of multiple stakeholders and consistent messaging was critical to maintaining public confidence.

- **Science informed decisions**: relying on a multi-disciplinary national task force to guide decisions on social distancing; formulating and implementing clear national testing, tracing, and treatment strategies; and using data triangulation to identify hot spot areas and target localized responses.

- **Systems optimization**: promoting a health systems approach by leveraging community platforms for contact tracing; and adopting home-based care models to minimize burden on hospitals.

- **System to identify new cases**: remaining vigilant as there are still many unknowns about COVID-19 and persistent risks of new surges.

- **Strategy to protect essential health services**: ensuring that appropriate measures are put in place to mitigate the risk of setbacks to decades of progress made on health and nutrition.
MORE LESSONS ON SUCCESSFUL VACCINE ROLLOUT FOR AFR GROUP 1 CONSTITUENCY COUNTRIES

• Sequencing and prioritization of COVID-19 vaccine-related decisions in a timely manner is crucial to prevent delays: In Lesotho, delays in securing financing for the COVID-19 vaccine acquisition resulted in delayed ability to secure the first batch of vaccines. In Sierra Leone, leveraging existing Government entities provided to be the most effective in the rollout of COVID-19 vaccines.

• Planning at the micro-level: In Ethiopia, development of district-level micro plans by the MOH and DPs allowed clear identification of the type of activities to be implemented in diverse contexts and the use of health extension workers to develop a master list of individual vaccine recipients to ensure the right groups are reached through the vaccine.

• Evidence-based decision making: Rwanda relied on a multi-disciplinary national task force to guide decisions on social distancing; formulating and implementing clear national testing, tracing, and treatment strategies; and using data triangulation to identify hot spot areas and target localized responses. In other countries, following of WHO guidance to accept the AstraZeneca vaccine and with consideration to both risks and benefits allowed some countries to start the immunization of health workers early.
THE WORLD BANK IS COMMITTED TO FINDING OPPORTUNITIES TO SUPPORT COUNTRIES WITH NO COVID-19 VACCINE PROJECT CURRENTLY UNDER PREPARATION (1/2)

Currently, there are no active COVID-19 vaccine projects for Botswana, Burundi, Eritrea, Namibia, Sudan, Tanzania and Uganda within the AFR GRP1 Constituency.

**CHALLENGE:** Proliferation of research and information to sift through

**WB SUPPORT:** Technical assistance can be provided for the National Vaccine Deployment Plan and costing; Vaccine Readiness Assessment, Rapid Assessments; Data analytics

**EXAMPLE:** In Tanzania, the Poverty GP leveraged cellphone and Facebook data to track people’s mobility patterns due to COVID-19.

**CHALLENGE:** Concerns surrounding advanced purchase mechanisms like COVAX.

**WB SUPPORT:** In Tanzania and Burundi, the World Bank have shared briefing notes, presentations and costing estimates to discuss COVAX and address any concerns raised, as well as other areas of Bank support.
THE WORLD BANK IS COMMITTED TO FINDING OPPORTUNITIES TO SUPPORT COUNTRIES WITH NO COVID-19 VACCINE PROJECT CURRENTLY UNDER PREPARATION (2/2)

**CHALLENGE:** Demand for COVID-19 vaccines outpace global supply, and there is lack of transparency around vaccine pricing from manufacturers.

**WB SUPPORT:** Bank-facilitated procurement, Hands-on Implementation Support (HEIS) for procurement, knowledge-sharing and best practices with the WB Procurement team. We are also investing in expanding supply through IFC’s Global Health Platform.

**EXAMPLE:** In South Africa, the World Bank team arranged a meeting between the SA Treasury and our Chief Procurement Officer (who receives contracts confidentially for WB financed vaccines) to help review their vaccine contract terms.

**CHALLENGE:** Pace of COVID-19 is rapidly changing, putting fiscal pressures on the health budget.

**WB SUPPORT:** Just-in-time support through other Bank resources.

**EXAMPLE:** In Sudan, the World Bank mobilized funds through a multidonor trust-fund and other sources to support countries in arrears. A portion of these funds will support COVID-19 vaccine deployment.
ANNEX 2: Africa Human Capital Plan
THE AFRICA HC PLAN WAS LAUNCHED IN 2019

A REGION IN WHICH ALL GIRLS AND BOYS:
- Grow up well-nourished and ready to learn
- Enter the job market as healthy, skilled, and productive adults
- Attain real learning in the classroom

GAME-CHANGERS
- Scaling up financing and policy reform
- Investing in women’s empowerment and demographic change
- A focus on fragility and conflict
- Leveraging technology and innovations
- Building knowledge and partnerships

YEAR ONE PROGRESS REPORT
AFR HCP PLAN IMPLEMENTATION IN AFE

- 14 AFE countries have joined the HCP: Angola, Burundi, DRC, eSwatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Rwanda, Sao Tome and Principe, Sudan, Tanzania and Zambia. Zimbabwe has expressed interest.

- HD commitments more than doubled in AFR in FY20. Upward trend continues in FY21.

- First generation of Human Capital DPOs e.g. Madagascar. 93% of FY21 DPLs (to date) support human capital reforms.

- Increased use of technology and innovations with 450 World Bank project teams in Africa trained on GEMS

- A strong push for women’s empowerment with over $2.2 billion of new projects across AFR in the first year since the AFR HC Plan. So far for FY21 in AFE alone: $1.2 billion

- More multi-sectoral efforts to accelerate and protect human capital within HD and beyond