



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 10-Apr-2020 | Report No: PIDA29058



BASIC INFORMATION

A. Basic Project Data

Country Benin	Project ID P173839	Project Name BENIN COVID-19 PREPAREDNESS AND RESPONSE PROJECT	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 10-Apr-2020	Estimated Board Date 07-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Benin	Implementing Agency National Council to Combat HIV/AIDS, Tuberculosis, Malaria and Epidemics	

Proposed Development Objective(s)

To prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Benin.

Components

- Component 1: Emergency COVID-19 Response
- Component 2: Supporting National Prevention and Preparedness
- Component 3: Implementation Management and Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	10.40
Total Financing	10.40
of which IBRD/IDA	10.40
Financing Gap	0.00

DETAILS

World Bank Group Financing



International Development Association (IDA)	10.40
IDA Credit	5.20
IDA Grant	5.20

Environmental and Social Risk Classification

Substantial

Decision

Other Decision (as needed)

B. Introduction and Context

Country Context

- 1. Despite Benin being one of the fastest growing economies in Sub-Saharan Africa (SSA) with growth averaging 6.3 percent in 2017-2019, the poverty rate remains high at 45.4 percent in 2019 (US\$1.9 a day threshold, 2011 PPP).** Growth in recent years has been mainly driven by booming cotton production, and strong construction and port activity following a series of reforms that improved port management and facilitated trade. An important feature of Benin’s economy are the economic and trade linkages with Nigeria (e.g. more than half of exports in 2018). This relationship has aided Benin when Nigerian growth has been robust, but it has also increased risks and limited the structural transformation of the economy. As a result, aside from agriculture, the economy is dominated by informal commerce and trade: the low-productivity informal economy represents 65 percent of GDP and engages 90 percent of the labor force.¹ Nonetheless, poverty and poor human capital results remains a defining characteristic of Benin. It ranks 163 out of 189 countries on the UN Human Development Index (HDI 2018) and 133 out of 157 countries on the Human Capital Index.
- 2. Facing two external shocks, Nigeria’s border closure since August 2019 and the effects of the COVID-19 pandemic, Benin’s high growth will be challenged in the upcoming years.** Economic activity remained robust in 2019 as growth reached 6.4 percent in 2019 (3.5 percent per capita), just about the estimated potential of 6.3 percent. Still, the Nigeria border closure shaved off an estimated 0.3 percentage points (pp) of the growth rate, as it has negatively affected the informal trade between the countries, significantly reducing imports of products traditionally re-exported through the land border (rice, poultry, vehicles). The fiscal impact has been much larger: it is estimated that the country lost 0.6 pp of GDP in customs revenue in the last quarter of 2019 alone. Benin has one of the lowest levels of tax-revenue to GDP in SSA, amounting to 10.6 percent in 2019,

¹ Systematic Country Diagnostic 2017, Report 114822-BJ.



rapidly limiting its response capacity to external shocks.

3. **Against this backdrop, it is expected that Benin will be hard hit by COVID-19 spillovers, mainly through external channels**, through lower commodity prices (record low cotton prices) and a contraction of external demand - in particular from oil-dependent Nigeria². Lower FDI and tighter global financing conditions will also negatively affect Benin's external position. Capital flight will reduce financing sources and increase borrowing costs. With the flight to safety related to the COVID-19 pandemic and other macroeconomic uncertainties, Benin's Eurobond spreads have soared by more than 600 bps since the beginning of the year, signaling a loss of investors' confidence. On the domestic side, the impact will depend on the severity of social distancing measures and the pace of contagion, which will translate into lower consumption and a contraction of domestic investments. While domestic contagion of COVID-19 remains limited with only 13 positive tested cases as of April 4, levels close to those experienced in China, Europe and the U.S. would severely magnify these trends. While Benin has some fiscal buffer to respond to the shock, it will rapidly erode as trade declines affecting customs revenue (40 percent of total tax revenue).
4. **With 90 percent of Benin's population employed in the informal economy, the social impact of the economic shock may be large.** The economic effects are likely to severely impact poor households working in the informal economy (transport, commerce, agriculture, tourism) by reducing their disposable income while likely increasing living costs (fuel, light manufacturing). Lower remittances will additionally add pressure on household revenue sources. At the macro level, the impact of the 2020 economic crisis will likely slow down the overall pace of poverty reduction in the medium-term. However, in the short-term it has the potential of bringing a large share of the population under the poverty line. The combination of porous borders, weak healthcare systems, large informal sectors coupled with limited government capacity to respond to shocks (due to high debt levels, limited fiscal scope, poor social safety nets) make the COVID-19 a great challenge for the country.

² Nigeria's growth is expected to contract by at least 3 percent in 2020 (from an expected +2.5 percent before the pandemic), as oil prices tumble well below 40\$/bbl, according to latest World Bank and IMF projections.



Sectoral and Institutional Context

5. While Benin's Human Capital Index score of 0.41 ranks it slightly above the average for its region and income group, the country has one of the lowest rates of survival to age five (ranking the country 153 out of 157 countries). Infant and maternal mortality rates, though decreasing slowly, remain high at 60,5 infant deaths per 1,000 live births and 391 maternal deaths per 100,000 live births. These high mortality rates are related to communicable diseases and non-communicable diseases as well against high prevalence of chronic malnutrition in background. Indeed, malaria continues to be the leading cause of medical consultation (40.6 percent of cases), hospitalization (29.9 percent), and morbidity and mortality among children and pregnant women. Current levels of chronic malnutrition in Benin have slowly come down from a high of 45 percent in 2006 to 32 percent in 2018³ but remain high compared to other West African countries⁴ and pose considerable risk of delayed socio-economic growth.
6. These low health outcomes reflect the weak performance of the health system in Benin: It suffers from: (i) insufficient health infrastructure, equipment and materials; (ii) financial hurdles to access care, ; (iii) relative absence of normative protocols in medical practice, ; (iv) insufficient, and insufficiently qualified, human resources for health, including surge medical staff; and (vi) scarcity of health workers in rural and hard-to-reach areas. Infection prevention and control as well as hygiene and sanitation in health facilities also remain challenges.
7. The health system also remains inadequately financed. Far from meeting the Abuja declaration commitment of allocating 15 percent of the general budget to Health, Benin's health allocation fell from 9 percent in 2009 to 5.53 percent in 2017 and 5 percent in 2019. Subsequently, households' contribution to covering health expenditure increased from 42 percent in 2012 to 52 percent in 2015 while the State's contribution decreased from 24 percent in 2012 to 20 percent in 2015 along with the share of Technical and Financial Partners which lowered from 29 percent in 2012 to 20 percent in 2015 .
8. Benin also does not have a robust surveillance system capable of monitoring common diseases, or timely triggering alarms to contain disease outbreaks or to rapidly detect and investigate any abnormal clustering of cases or deaths. The 2017 Joint External Evaluation (JEE) and country-led self-assessment in February 2020, revealed key weaknesses: (i) lack of a qualified and motivated health workforce for disease surveillance, preparedness and response at each level of the health pyramid; (ii) absence of functional community level surveillance and response structures; (iii) insufficient laboratory infrastructure for timely and quality diagnosis including of influenza and Covid-19; (iv) monitoring and evaluation system performance hampered by the absence of interoperability of different information systems; (v) inadequate infection prevention and control standards, infrastructure and practices; (vi) low availability of medical equipment, essential goods and adequate supply chain system management; and (vii) poor national surge capacity for outbreak response, information sharing and collaboration (viii) non-formalization of the concept of "One Health" with epidemiological surveillance networks for animal and human health operating separately.



9. While Benin's Human Capital Index score of 0.41 is slightly above the average for its region and income group, the country has one of the lowest rates of survival to age five (ranking the country 153 out of 157 countries). Infant and maternal mortality rates, though decreasing slowly, remain high at with 60,5 infant deaths per 1,000 live births and 391 maternal deaths per 100,000 live births. These high mortality rates are related to communicable diseases and non-communicable diseases as well as a high prevalence of chronic malnutrition. Indeed, malaria continues to be the leading cause of medical consultation (40.6 percentage of cases), hospitalization (29.9 percentage), and morbidity and mortality among children and pregnant women. Current levels of chronic malnutrition in Benin have slowly come down from a high of 45 percentage in 2006 to 32 percentage in 2018.
10. **Current COVID-19 Preparedness and Response status:** As of April 4, 2020, Benin reported 13 cases of COVID-19. WHO classifies the country's preparedness and response capacity at level 2 out of 4⁵ and labels its current response category as "at high risk of imported case" and its transmission as "Imported cases only"⁶. To manage the COVID-19 outbreak, the government has adopted an integrated plan early March 2020, that is costed at almost US\$311 million with an announced state budget of six (06) billion XOF (more than US\$10 million) for the first emergency response⁷. The integrated plan is structured around five pillars:
- **Country-level coordination, planning, and monitoring:** The country has at an early stage activated national public health emergency management mechanisms consisting of: (i) an inter-ministerial committee chaired by the Ministry of Health (MoH) and composed of core Ministries of Cooperation and Foreign affairs, Interior and Public Security, Infrastructure and Transport, and other departments that can support the response, such as Education, Social Protection, Agriculture, and Environment ; and (ii) the existing national health crisis committee also chaired by the Minister of Health and comprising the various technical teams from Ministries participating in the inter-ministerial committee, the executive secretary of the national council for the fight against malaria, tuberculosis, HIV, hepatitis and epidemics (CNLS-TP), as well as partners in the health sector
 - **Risk communication and community engagement:** A fully developed communication and community engagement strategy is not available. A wide-ranging awareness campaign is already being conducted through classic mass media. In addition, a free telephone number and a call center have been put in place to provide information to the public.
 - **Surveillance, rapid-response teams, case investigation and entry points:** COVID-19 surveillance started with the set-up of screening at the airport and port and has since been scaled up to Benin's land borders as the number of cases in neighboring countries increased. The government is also activating former rapid-response teams both at the central and peripheral levels of the health system. Cascade training for the teams and others health workers is under preparation. Quarantine

⁵ WHO, COVID-19 Strategic preparedness and response plan. Country Preparedness and Response Status for COVID-19 as of March 16, 2020

⁶ WHO, 2020 https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200404-sitrep-75-covid-19.pdf?sfvrsn=99251b2b_2

⁷ This plan goes beyond the COVID-19 emergency response, it includes the Health System Strengthening that account for almost 80percentage of the plan



requirements have also been tightened with all travels now being quarantined for forty days in guests houses and hotels requisitioned for this purpose. The government has also taken social distancing measures regarding towns that considered supposed to be at high risk of the virus circulation.

- **National laboratories:** Only one national reference laboratory for hemorrhagic fevers is equipped for first stage diagnosis testing, which is then to be confirmed in Senegal. Availability of enough kits for a large testing strategy is a challenge due to global supply chain constraints. This issue is expected to be addressed thanks to expected partner donations of almost 41,600 diagnostic tests as well as access to 40 GeneXpert machines using the new rapid diagnosis test kits.
- **Case management, infection prevention and control:** The country has swiftly rehabilitated an older facility in the heart of the capital city that is for now the only epidemic treatment center with an isolation capacity



of 12 beds and treatment section of 8 beds. Two other health hospitals, in the south and north of the country, are planned to be upgraded to treatment centers via the set-up of fully equipped sanitary prefabricated buildings. In addition, health facilities that can be repurposed as treatment centers have been identified in every health district. In view of known shortcomings, an exhaustive assessment of equipment and material needs was also rapidly carried out in order to enhance acute health facilities for treatment of patients with COVID-19.

11. **International support:** The World Bank has been coordinating closely with other development partners to provide adequate and sufficient technical and financial support in response to the COVID-19 crisis. Through the setup of working groups, partners have assisted with the development of the first draft of Benin's emergency plan. The World Bank provided the following : (i) the Regional Disease Surveillance Systems Enhancement Program (REDISSE) had been refocused and its implementation accelerated to respond to critical needs for up to \$20 million to pay for laboratory diagnostic equipment, test kits and reagents, surge medical equipment, training to health workers, communication and community engagement materials, ambulances, screening and protective equipment, and support for the isolation and quarantine of suspected people; (ii) the Contingent Emergency Response Component (CERC) of the Benin Early Years Nutrition and Child Development Project (P166211) had been activated to cover emergency funding gap; and (iii) relevant projects of World Bank portfolio are being revised and refocused/restructured to support the relief, recovery, and resilience agenda being finalized by the Benin Government.
12. **Several partners including private sector actors have already pledged financial support of approximately US\$20 million.** The WHO has been providing preliminary laboratory equipment and reagents to cover the very primary testing needs. The Global Fund to Fight Aids, Tuberculosis and Malaria and GAVI's contributions are expected to reach 10 percent of their grants related to health system strengthening. Technical support from UNFPA and UNICEF on communications and community engagement, including to support social distancing, is underway. Other partners such as the French Development agency (AFD), European Union, or Germany are adjusting their ongoing program or considering additional support to help respond to the current situation.
13. **The residual financing gap remains large yet difficult to estimate as contributions from different donors are still materializing (cf annex 4).** The WBG COVID-19 response will be anchored in the WHO's COVID-19 global Strategic Preparedness and Response Plan (SPRP) outlining the public health measures of all countries to prepare for and respond to COVID-19 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.

C. Proposed Development Objective(s)

14. The Project objectives are aligned with the results chain of the COVID-19 Strategic Preparedness and Response Program (SPRP).



Development Objective(s) (From PAD)

To prevent, detect and respond COVID-19 and strengthen national systems for public health emergency preparedness in Benin.

Key Results

PDO level indicators:

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

- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents;
- Percentage of acute healthcare facilities with isolation capacity;
- Country adopted personal and community non-pharmaceutical interventions (schools' closures, telework and remote meetings, reduce/cancel mass gatherings)

D. Project Description

Component 1: Emergency COVID-19 Response (US\$6.4 million)

16. This component will provide immediate support to limit local transmission of COVID-19 through the implementation of containment strategies. It will help enhance disease detection capacities through provision of training, laboratory equipment, quarantine support, and information systems to ensure prompt case detection, contact tracing and case treatment, consistent with WHO guidelines in the Strategic Response Plan. It will enable Benin to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities include:
17. **Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, and Reporting (US\$2 million):** This sub-component will help (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) strengthen risk assessment and quarantine support. Additional support will be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information, to guide decision-making and mitigation activities. Digital aspects will be strengthened to improve the management of contact tracing, health system recording and reporting.
18. **Component 1.2: Case Management and Health System Strengthening (US\$4.4 million).** This subcomponent will provide fund to set up two severe acute respiratory infections treatment centers through the purchasing of prefabricated buildings, equipped with adequate surge equipment and medicines and staffed with trained health workers. The component will also support the upgrading of ten existing health facilities into COVID-19 treatment management centers. It will also reinforce



clinical care capacity of treatment center staff including hospital infection control and guidelines, risk mitigation measures. Furthermore, it will provide them with the appropriate protective equipment and hygiene materials.

19. As COVID-19 is expected to place a substantial burden on inpatient and outpatient health care services, support will be provided to equip selected primary health care facilities and hospitals for the delivery of critical medical services and to cope with increased demand of services posed by the outbreak and develop intra-hospital infection control measures. This will include support for intensive care facilities within hospitals through provision of medical equipment and training of health teams. Selected training will be given through e-learning and digital solution for supply chain coordination for essential goods will be developed. There will be support for ensuring handwashing materials in health facilities, training of health personnel, provision of medical supplies, and diagnostic reagents.

Component 2: Supporting National Prevention and Preparedness (US\$3 million)

20. This component will work mainly on communication and community engagement through the development of various communications tools and support for preparedness via simulation exercises. The component will support at least one simulation exercise at the national level and thirty-four at the sub-national level (health districts). These exercises aim to improve the country's capacity in terms of preparedness and response to outbreaks.
21. **Component 2.1: Communication preparedness (US\$1.1 million).** Activities will include developing and implementing an integrated and comprehensive national communication and community engagement strategy on outbreaks. Activities under this component will include workshop to develop and validate communication messages and tools to be used in the event of a pandemic or emerging infectious disease outbreak and enhancing the dissemination of information from national to regional and local levels and between the public and private sectors. Communication activities will support cost effective and sustainable methods such as marketing of handwashing through various communication channels such as mass media, counseling, schools, workplace. They will also be integrated into specific interventions as well as ongoing outreach activities of ministries and sectors. Support will be provided for information and communication activities to increase the focus and commitment of the government, the private sector, and civil society, as well as to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic. It will help develop multi-sectoral strategies in this regard. In Benin, thanks to previous successful experiences of political, religious and traditional leaders' platforms with health-related issues communication activities, community mobilization would take place through these well-structured nationwide institutions that reach the local population, especially in rural areas. Start-ups will be put in competition to develop dedicated digital-based platforms and applications as well as surveys to evaluate people's knowledge and satisfaction with the overall Covid-19 crisis communication strategy.



- 22. **Component 2.2: Social Distancing Measures (US\$0.8 million).** This sub-component will support the implementation of social distancing measures imposed by the government, such as school closings, grounded in an escalating and de-escalating rationale and backed up by a well-designed communication strategy⁸. Support under this sub-component will consist of, financing coordination meetings and workshops between the directories and agencies within MOH , and support for the ministry of health on protecting the health and safety of health workers and other personnel involved in pandemic control activities. Mitigation measures for social distancing measures uptake will be implemented through digital services by purchasing of IT equipment as well as internet bandwidth for remote meetings and trainings.
- 23. **Component 2.3: Supporting National Preparedness:** This subcomponent will support the appointment and trainings of the members of ~~strengthening and setting up~~ of rapid response teams at the national, regional and district levels. Each team will undertake a simulation exercise to reinforce the team’s responsiveness to any alert. The subcomponent will finance intervention kits (PPE, sampling kits, masks, gloves) and operating cost including transport.

Component 3: Implementation Management and Monitoring and Evaluation (US\$1 million)

- 24. **Component 3.1: Project Management (US\$0.4 million).** This component will support (i) the financing of project coordination activities; (ii) recurrent costs associated with the management of the project (iii) the carrying out of financial management and procurement requirements of the Project fiduciary tasks.
- 25. **Component 3.2: Monitoring and Evaluation (M&E) (US\$0.6 million).** This component will support monitoring and evaluation of the project through, i) the collection of data from line ministries and other implementation agencies; (ii) the compilation of data into project implementation progress reports; (iii) the carrying out of annual expenditure reviews. In addition, it will reinforce capacity building for clinical and public health research, foster joint learning across countries and within the country, support training in participatory monitoring and evaluation at all administrative levels, support evaluation workshops, as well support the development of an action plan for M&E and the replication of successful models and the integration of COVID-19 surveillance into the national health system (upgrade the District Health Information System 2).

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

⁸ The Bank will not support the enforcement of such measures when they involve actions by the police or the military, or that would require the use of force.



E. Implementation

Institutional and Implementation Arrangements

26. The project will make use of the institutional and implementation arrangements being used by the REDISSE project.
27. **Coordination:** The multisectoral steering committee of the Global Health Security Agenda will oversee annual project planning, monitor project progress, and approve annual reports. This committee includes the Ministry of Health (MOH), the Ministry of Agriculture and Livestock, the Ministry of living conditions and sustainable development and sustainable development (MLCESD), one representative of the National Association of Municipalities of Benin, and two representatives of civil society. It is chaired by the Head of the National Council to Combat HIV/AIDS, Tuberculosis, Malaria, Hepatitis and Epidemics (CNLS-TP) and is assisted by a technical committee.
28. **Implementation management:** The project coordination unit (PCU) of REDISSE will be responsible for day-to-day project implementation. This PCU, which operates under the aegis of the CNLS-TP, is headed by a Project Coordinator and staffed with qualified procurement, financial, M&E, and environmental and social safeguard specialists. No additional staff will be hired.
29. Before the project's effectiveness date, the Government will:
 - **the Project Implementation Manual:** amend the PIM to include detailed arrangements and procedures for: (i) institutional coordination and project implementation; (ii) roles and responsibilities of all involved stakeholders; (iii) project budgeting, accounting, disbursement and financial management; (iv) procurement; (v) monitoring, evaluation, reporting and communication; (vi) selection criteria of villages and communes; (vii); and (viii) other administrative, financial and organizational arrangements and procedures.
 - **Work Plans and Budget:** the actual work plan and budget for Project implementation will be updated during the implementation stage.

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