



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 02-Mar-2022 | Report No: PIDA33524



**BASIC INFORMATION**

**A. Basic Project Data**

Country Tunisia	Project ID P178540	Project Name Second Additional Financing to Tunisia COVID-19 Response Project	Parent Project ID (if any) P173945
Parent Project Name Tunisia COVID-19 Response project	Region MIDDLE EAST AND NORTH AFRICA	Estimated Appraisal Date 04-Mar-2022	Estimated Board Date 28-Mar-2022
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Tunisia, Ministry of Health	Implementing Agency Ministry of Health

Proposed Development Objective(s) Parent

To improve COVID-19 detection and infection control in Tunisia through increasing the availability of COVID-19 equipment and supplies.

Components

Emergency COVID-19 Response  
Implementation Management and Monitoring and Evaluation  
Support Health Systems Strengthening  
Contingency Emergency Response Component

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

**SUMMARY**

<b>Total Project Cost</b>	50.00
<b>Total Financing</b>	50.00
<b>of which IBRD/IDA</b>	50.00
<b>Financing Gap</b>	0.00

**DETAILS**

**World Bank Group Financing**

International Bank for Reconstruction and Development (IBRD)	50.00
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Environmental and Social Risk Classification

Substantial

## B. Introduction and Context

1. **Tunisia is one of the countries hardest hit by COVID-19 in the Middle East and North Africa (MENA) region.** Since the beginning of the pandemic, Tunisia has recorded a total of over 967,000 confirmed cases and 27,120 deaths.<sup>1</sup> Tunisia has one of the highest confirmed COVID-19 deaths per population in the MENA region and the world, and has experienced multiple surges, with the most severe one in July-August 2021. A fifth surge is currently underway, due to the more transmissible Omicron variant: the highest amount of daily new cases since the beginning of the pandemic has been confirmed on January 24, 2022, with case numbers declining since then. Given the relatively high vaccination rate, the fifth surge has not translated in a significant surge in hospitalizations and has resulted in 20 percent as many deaths per capita as in the previous surge of July-August 2021. This is attributable to high vaccine coverage for the elderly who face the highest risk for morbidity and mortality: 83 percent of the population above age 50, and 84 percent above age 60, are fully vaccinated. The threat of future variants indicates the need for reinforced immunity through 2022 and expanded vaccination coverage. Previous waves of COVID-19 have demonstrated the significant and urgent need to strengthen hospital capacity in Tunisia to respond to current and future health shocks, together with the need to maintain and increase vaccination performance.

2. **Tunisia currently has a full vaccination rate of 53 percent of the national population, one of the highest among countries in the African continent as well as in the Middle East and North Africa region.** Tunisia's vaccine deployment system has demonstrated its strength, flexibility, and readiness through 2021. Over 70 percent of adults (above age 18) have already been fully immunized, and 40 percent of the highest risk groups have already received a booster. The parent project and the first additional financing (AF) have contributed to reaching this rate through financing enough doses to cover 57 percent of the national population, some of which remain to be deployed. During the preparatory phase of November 2020 – January 2021, Tunisia was assessed as being ready for initial COVID-19 vaccine deployment, with arrangements for planning, coordination, and regulation, budgeting, prioritization, service delivery, training, cold chain, monitoring and evaluation and communication all finalized with limited to no gaps to address before deployment. During the course of vaccine deployment which began in March 2021, vaccine implementation plans have been modified regularly to correspond to increases in vaccine arrival and changes in the epidemiological context. Most significantly, eligibility for a vaccine has expanded progressively, with over 80 percent of the population becoming eligible by the end of 2021, and the deployment strategy became more agile, with an emphasis on balancing centralized campaigns through national open days together with daily routine deployment through large vaccination centers in each

<sup>1</sup> All data in this paragraph is from Our World in Data and Tunisian eVax open data platform, accurate as of February 15, 2022.



Governorate, community-level campaigns as well as vaccines availability in pharmacies and health centers. Reflecting this level of readiness, Tunisia has reached high levels of vaccine registration and coverage, with progressive improvements in daily deployment. As of mid-February 2022, 65 percent of the national population and 85 percent of the eligible population (population above 12 years of age) have registered to receive vaccines, demonstrating high take-up and comparable levels of vaccine hesitancy to other countries. This is reflected in a high full vaccination rate for the eligible population of 66 percent (71 percent for those above 18 years of age, and above 80 percent for those above age 50). Deployment capacity has progressively improved, averaging 37,693 doses a day since the beginning of the campaign and exceeding 90,000 doses a day in August 2021. Deployment has particularly been accelerated by successful national open days, which initially were open to everyone and have progressively become more targeted to close gaps for targeted populations. Of the 12.6 million doses deployed since the beginning of the campaign, over 3 million were deployed on eight national open days, with deployment nearing 600,000 doses during one of the open days at over 500 centers. Almost 1 million doses have been deployed through mobile campaigns, highlighting the commitment to reaching all population groups.

**3. Through 2021, Tunisia has strengthened its COVID-19 vaccine deployment system, which sets it up to reach a higher coverage rate in 2022.** As of February 2022, Tunisia's full immunization rate of 53 percent is amongst the highest on the African continent, as well as across middle-income countries in the MENA region. Tunisia's success has been due to proactive procurement arrangements through bilateral arrangements, significant bilateral donations of vaccines and equipment, TA from partners such as UN agencies, as well as large-scale deployment days during which up to almost 600,000 doses/day have been deployed, demonstrating the impact of a strong deployment infrastructure coupled with a strong information system. Thanks to domestic financing and donations, Tunisia has strengthened all aspects of its vaccine deployment system, with a large ultra-cold chain capacity that has enabled reliable deployment of mRNA vaccines. Tunisia has received a significant amount of complementary investments from partners to focus on strengthening vaccine deployment capacity, especially for cold chain and communications. The government has been coordinating partner investments and utilizing World Bank project resources to ensure complementarity with grants and donations that are received from partners. Most of this support has focused on direct COVID-19 response and case management, and a substantial need remains to strengthen health infrastructure capacity.

**4. Even as Tunisia has secured a significant number of doses, there is a substantial need for additional vaccines in 2022 to respond to changes in the epidemiological situation and to avoid future surges.** The success of Tunisia's vaccination campaign has been made possible due to proactive purchasing of Pfizer and Janssen vaccines, which were financed mostly by the first AF, as well as a significant number of donated doses.. Tunisia has secured enough doses to fully vaccinate its population, with 77 percent of these vaccines having already arrived in the country. As of mid-February 2021, 86 percent of these doses have been deployed, with higher deployment rates for Pfizer, Moderna and Janssen vaccines, and lower rates for Sputnik, Sinovac, and Sinopharm vaccines. However, given recent epidemiological developments, Tunisia needs to procure additional vaccines, and while there is uncertainty on pipeline doses, Tunisia could face a shortage of its purchased doses. On the supply side, according to data from the Central Pharmacy of Tunisia (PCT), as of February 2022, there are currently about 4.8 million doses of Pfizer vaccines that are yet to arrive or be deployed. However, this is exceeded by the potential anticipated demand due to four main reasons. First, those aged between 12-17 years of age who have recently become eligible for COVID-19 vaccines can only receive Pfizer doses, and this group has a relatively low coverage rate, indicating about 1.6 million doses needed to cover this tranche. Second, 70 percent of the



population is expected to receive a booster in 2022. This includes everyone who has received full vaccination in 2021 plus those who have completed their vaccination in the first seven months of 2022, given the fact that boosters are offered to individuals in Tunisia who have completed their vaccination course over five months ago to ensure reinforced immunity towards current and future variants. This results in a need for 7.4 million doses. Third, while the population aged 5-11 is not currently eligible for a vaccine, they are likely to become eligible for a vaccine during 2022; for this group, the only available vaccine is the Pfizer vaccine with a different dosage, resulting in a requirement for 2.8 million doses. Subtracting available doses from this total need results in a potential gap of 7 million doses. Additional doses can also be utilized for the unvaccinated above 18 years of age who will be vaccinated in 2022, as well as for a second booster, in case of need in 2022 for further strengthened immunity. The purchase of an additional 4.2 million doses of vaccines will contribute to closing the vaccine gap, enabling an increase in the vaccination rates. This will also enable Tunisia to have a buffer against any issues in vaccine supply once eligibility increases, given the potential delays in lead times of fulfilling orders from providers.

### C. Proposed Development Objective(s)

#### Original PDO

To improve COVID-19 detection and infection control in Tunisia through increasing the availability of COVID-19 equipment and supplies.

#### Current PDO

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

#### Key Results

The following modifications will be made to the Results Framework to reflect the expansion of scope:

- (a) Revise and modify upwards by 20 percentage points the target of outcome indicator *Percentage of population fully vaccinated based on targets defined in the national plan, total and by gender* to include the additional population of 12–17-year-olds that will be vaccinated through this AF and to reflect new government targets.
- (b) Add new outcome indicator *Percentage of the population which has received at least one booster dose, total and by gender*, to capture the population which will receive a booster shot according to guidelines to ensure reinforced immunity towards current and future variants, with a target of 40 percent.

### D. Project Description

5. **The proposed AF will enable Tunisia to reach its revised, more ambitious coverage goals, and extend protection by providing boosters as well as increased health system capacity for case management for its population to combat the more transmissible Omicron variant as well as potential future variants.** The Government of Tunisia initially targeted fully immunizing at least 50 percent of the



national population by end-2021. Currently, everyone living in Tunisia above the age of 12 is eligible to get a COVID-19 vaccine, with a revised 80 percent coverage target. As of October 2021, anyone who has been fully immunized is eligible for a single Pfizer booster, which is deployed 5 months after a 2-dose regime, or 2 months after the 1-dose Janssen vaccine. Given these guidelines, the entirety of the currently fully vaccinated population, as well as those that would become fully vaccinated in the first 7 months of 2022, will be eligible for a booster during 2022. Tunisia is currently only utilizing Pfizer vaccines for boosters, as well as for younger population groups that have either already become eligible or would become eligible in 2022. As detailed in the next section, this results in a potential gap of 7 million doses of vaccines, which this proposed AF would contribute to closing. An expanded vaccination rate will also enable adaptation to climate-related health shocks, as higher vaccination rates will reduce hospitalizations related to COVID-19, therefore freeing up health system capacity to manage other conditions that could emerge due to climate-related health shocks.

6. **The proposed AF will also enable Tunisia to further strengthen its health system capacity and resiliency, improving its ability to withstand future health and climate shocks.** Tunisia has had one of the highest per capita deaths in the world from COVID-19, with overwhelmed health facilities during the surge episodes. Today, emergency care units continue to suffer from low capacity, and the health system experiences routine stockouts of essential medicines, as well as issues with non-functioning capital medical equipment which are necessary to manage a high burden of chronic diseases. In addition to the risk posed by COVID-19, Tunisia is also facing substantial health risks that will arise due to the impact of climate change on extreme heat and droughts, especially in the Southern and Central regions of the country. Climate change is expected to significantly increase cases of both infectious diseases such as vector-borne and diarrheal diseases, as well as non-communicable diseases such as respiratory and cardiovascular diseases which are further exacerbated by heatwaves.<sup>2</sup> This poses a risk of further overwhelming the health system, which is already facing significant resource constraints: climate change would further increase foregone care. The proposed scale-up of Component 2 to further strengthen health system resiliency will ensure expansion of routine and emergency care capacity, through the procurement of essential medicines and medical equipment. This will also enable Tunisia's ability to mitigate the adverse effects of climate change, through expanded hospital care capacity that can also be used for climate-related health emergencies.

7. **The proposed AF will expand the scope of Component 1 (Emergency COVID-19 Response) to finance the purchase of 4.2 million vaccine doses, which will be utilized to contribute to closing the coverage gaps for Tunisia's vaccination goals.** Tunisia currently has universal eligibility for COVID-19 vaccines for those over age 12. The doses procured through this AF will be used for a mix of a contribution to close vaccination gaps for the populations that remain eligible, for sustaining the immunity of those already vaccinated through boosters, as well as ensuring sufficient stock of vaccines for children who could become eligible for COVID-19 vaccination during 2022 and who require a different dosage of vaccines. This will increase the total number of COVID-19 vaccine doses purchased with this project to 14 million. The proposed AF will also scale up Component 2 (Support Health System Strengthening) to expand health system capacity and resiliency. Funds under Component 2 are currently being utilized to further strengthen health system capacity through procurement of personal protective equipment, intensive care and hospital beds, as well as capital medical equipment to strengthen the management of COVID-19 and

<sup>2</sup> Republic of Tunisia, Ministry of Health (2010). *Stratégie d'adaptation du secteur de la santé au changement climatique*. <http://www.environnement.gov.tn/PICC/wp-content/uploads/Strat%C3%A9gie-dadaptation-du-secteur-de-la-sant%C3%A9.pdf>



chronic cases. MOH continues to have significant needs for clinical inputs, and the proposed second AF will seek to reduce these gaps. The additional funds will be utilized for the procurement of essential drugs, medical supplies, and capital medical equipment. This will enable Tunisia to improve the resiliency of its health system against COVID-19, as well as other health shocks, including those that can emerge from the adverse impact of climate change in Tunisia. This will particularly be relevant in scaling up case detection and treatment capacity for respiratory and cardiovascular diseases, which form the majority of the disease burden.

8. **No changes will be made to Components 3 or 4.** Component 3 has sufficient resources to continue strengthening implementation, management, monitoring and evaluation capacity; no further needs for project management or coordination are anticipated as the same arrangements will be utilized for the implementation of the proposed AF. Component 4, a no-cost CERC, will be maintained.

Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts

9. The Second Additional Financing (AF) will have positive impacts as it will contribute to improving the capacity and resiliency of the country’s health systems through increasing population-level immunity to COVID-19. The environmental and social risks are the same as for the First AF and assessed as substantial considering the nationwide scale of the vaccination program, and the Borrower’s limited capacity to report on the implementation of the ESF instruments, its capacity to manage an increasing volume of biomedical waste and grievances and its efforts in targeting vaccine skepticism and hesitancy through an efficient information campaign.

10. The key environmental and social risks associated with the Second Additional Financing (AF) are the same as for the First AF and rated as substantial. These include, among others, the increase in volume and poor disposal of infectious waste, the difficulty in meeting cold chain requirements, which in turn could lead to a reduced efficacy of the vaccine, stakeholder risks associated with vaccine skepticism and hesitancy, as well as the spread of misinformation.

11. An Environmental and Social Management Framework (ESMF), Labor Management Procedures (LMPs) and a Stakeholder Engagement Plan (SEP) were prepared for the parent project (P173945) and disclosed on the World Bank and the Ministry of Health’s (MoH) websites on September 29, 2020. At the time of the preparation of the First AF, addenda to the ESMF and LMP as well as a new SEP that specifically covered the activities of the vaccination campaign were prepared and disclosed on World Bank and the



Ministry of Health's (MoH) websites on May 4, 2021. These three new instruments were subsequently updated and redisclosed on October 21, and October 27, 2021, respectively to reflect the involvement of the medical military corps and private pharmacies in the administration of the vaccine. The same instruments will be used for the Second Additional Financing.

12. Parent Project (P173945): The E&S performance rating was downgraded from satisfactory to moderately unsatisfactory in March 2021 because of (i) the late disclosure of the ESF instruments (three-month delay from the timeline outlined in the ESCP); (ii) the need to improve the implementation of the ESF instruments and in particular the SEP. There is a need to strengthen the communication capacity within the Ministry in order to supervise the implementation of the SEP, as per the ESCP requirement, as well as the need for an E&S focal point at the level of each beneficiary structure to supervise the day-to-day implementation of the ESMF. These issues were addressed during the implementation of the first AF, as described further below.

13. First Additional Financing (P175785): The overall implementation of environmental and social risk management instruments has been rated as "moderately satisfactory." The information gathered through virtual missions, one field visit in April 2021, and desk reviews indicate compliance at many levels (occupational health and safety), improvement in reporting and supervision with regards to waste management and community health and safety, and an increase in capacity and efficiencies in grievance management, but some shortcomings noted in the July 2021 mission remain. The implementation of occupational health and safety protocols is strong across vaccination centers and other vaccine sites. The implementation of medical waste management has faced implementation challenges, due to the important increase in volume and limited capacity of hazardous waste agencies to handle the surge. The additional quantities of medical wastes have doubled and sometimes tripled during the pandemic waves in 2020 and 2021. During these pandemic waves, these additional quantities of medical wastes have exceeded the technical capacity of the authorized companies contracted with the health establishments to treat them. So, these companies were forced to store them in refrigerated premises for several weeks, which generally exceed the deadlines authorized by the regulations. For this exceptional situation, a specific exemption has been granted to them from the Ministry of Environment. Moreover, discussions are ongoing for the utilization of World Bank project resources to support medical waste management.

14. The implementation of health and safety measures in the health centers has also been mixed, with in most instances success in implementing public health measures (physical distancing, masks, etc...), but instances where health centers were overwhelmed by the demand. There has been improvement in reporting with the Bank on the implementation of waste management, community and occupational health and safety protocols at the vaccination centers, mostly thanks to a survey on compliance with ESMF requirements that was conducted by Environmental and Social (E&S) focal points between March and June 2021 in all 61 vaccination centers across Tunisia. The survey was subsequently synthesized in the December 2021 ESF implementing report submitted by the UGPO. Finally, the grievance managing capacity has been increased and the mechanism enhanced to ensure the data is not duplicated, resulting in a grievance resolution rate of 88%.

15. However, there remain important shortcomings in the management of communication/stakeholder activities and grievances, as well as limited reporting on both these aspects. In terms of vaccination activities reaching the most vulnerable to severe forms of COVID-19, 67% of people over 75 are fully vaccinated. There are significant disparities between urban centers and rural areas, as





well as between regions, with Tataouine (37%), Kairouan (40%), and Sidi Bouzid (40%), representing the regions with the lowest vaccination rates. Despite increased vaccine deployment capacity, demand has fallen since the summer. Several vaccination campaigns have taken place in remote areas, with the help of military doctors, as well as for certain populations (migrant populations, homeless people, centers for the elderly, centers for the disabled). In this regard, the Ministry of Health was unable to provide quantitative information on the number of people reached by these specific campaigns.

16. Second Additional Financing (P178540): Given that no additional environmental and social risks have been identified under the Second AF, it is proposed to use the same ESMF, LMP and SEP that were prepared under the First AF (P175785). A new Environmental and Social Commitment Plan (ESCP) will be prepared for the Second AF. Given the shortcomings noted above, a detailed assessment on the implementation of the ESF instruments to be submitted within six months of project effectiveness has been included as a new obligation in the ESCP. All the instruments will be redisclosed prior to appraisal under the project number of the Second AF.

## E. Implementation

### Institutional and Implementation Arrangements

17. **The Ministry of Health (MOH) will remain the implementing agency.** The Directorate of Basic Healthcare (Direction des Soins de santé de Base-DSSB) within the MOH, in charge of the National Immunization Program rollout, will continue to ensure the day-to-day implementation of the project activities and their monitoring, and the project management unit (Unite de gestion par objectif-UGPO) within the MOH will continue to be responsible for carrying out the fiduciary and environmental and social safeguards management aspects.

## CONTACT POINT

### World Bank

Denizhan Duran  
Economist, Health

Luc Laviolette  
Practice Leader

### Borrower/Client/Recipient

Republic of Tunisia  
Kalthoum Hamzaoui  
Directeur Général de la Coopération Multilatérale- Ministère  
k.hamzaoui@mdci.gov.tn



Ministry of Health

**Implementing Agencies**

Ministry of Health  
Abderrazak Bouzouita  
Director General of Health Services, Ministry of Health  
dgs.ms@rns.tn

**FOR MORE INFORMATION CONTACT**

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

**APPROVAL**

Task Team Leader(s):	Denizhan Duran Luc Laviolette
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**Approved By**

Practice Manager/Manager:		
Country Director:	Afef Haddad	02-Mar-2022