



The World Bank

Second Additional Financing for the Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)
(P178100)

Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 13-Dec-2021 | Report No: PIDA33041

BASIC INFORMATION

A. Basic Project Data

Country Mauritania	Project ID P178100	Project Name Second Additional Financing for the Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)	Parent Project ID (if any) P173837
Parent Project Name Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)	Region AFRICA WEST	Estimated Appraisal Date 09-Dec-2021	Estimated Board Date 23-Dec-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Islamic Republic of Mauritania	Implementing Agency Ministry of Health

Proposed Development Objective(s) Parent

To strengthen the national public health preparedness capacity to prevent, detect and respond to the COVID-19 pandemic in Mauritania

Components

- Component 1. Emergency COVID-19 Response
- Component 2. Implementation Management and Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	20.00
Total Financing	20.00
of which IBRD/IDA	20.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	20.00
IDA Credit	20.00

Environmental and Social Risk Classification
 Substantial

B. Introduction and Context

1. **The second Additional Financing in the amount of US\$20 million equivalent will support the costs of expanding activities of Mauritania COVID-19 Strategic Preparedness and Response Project (P173837) and its first Additional Financing (P176526), under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020.¹** The primary objectives of the second AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Mauritania through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project. The COVID-19 Strategic Preparedness and Response Project (P173837) in an amount of US\$5.2 million equivalent was approved on April 2, 2020 and the first Additional Financing (P176526) in an amount of US\$15.0 million was approved on June 30, 2021 and both were prepared under the SPRP.

2. **The Government of Mauritania’s target for COVID-19 vaccinations is to have 63 percent of the total population vaccinated (16 years of age and older) by the end of CY22.²** The proposed second AF will help vaccinate an additional 14.05 percent of the total population,³ which will enable the country to progress towards its coverage target. The second AF will support the purchase of vaccines through the African Vaccine Acquisition Task Team (AVATT) and their deployment. World Bank financing for the COVID-19 vaccines and deployment will follow the World Bank’s Vaccine Approval Criteria (VAC). The country will continue to provide vaccinations free of charge to the population.

3. **The need for additional resources to expand the COVID-19 response was formally conveyed by the Government of Mauritania on October 11, 2021.** The Government has requested support to provide financing to cover the US\$20 million gap to reach their national target for COVID-19 vaccinations. Other than financing of vaccines, the request considered funding needs for the necessary investments in operational support for the National Center for Emergency Operations in Public Health, a digital vaccination platform, technical assistance and human resources at the regional levels to support

¹ The World Bank approved a US\$12 billion World Bank Group (WBG) Fast Track COVID-19 Facility (FTCF or “the Facility”) to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion came from IBRD/IDA (“the Bank”) and US\$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the FTFCF total to US\$14 billion. The AF of US\$12 billion (IBRD/IDA) was approved on October 13, 2020 to support the purchase and deployment of vaccines, as well as strengthening the related immunization and healthcare delivery system.

² As of December 10, 2021, only populations 18 years of age and older are eligible.

³ The first AF aimed to cover the vaccine deployment costs of the COVAX AMC vaccines to be donated to the country (20 percent) and the vaccine acquisition and deployment costs for an additional 10 percent of the population.

vaccinations, communication and community engagement and other operational costs. The proposed second AF will be part of an expanded health response to the pandemic, which is being supported by development partners (DPs) under the coordination of the Government of Mauritania. Additional World Bank financing will provide essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Mauritania.

Country Context

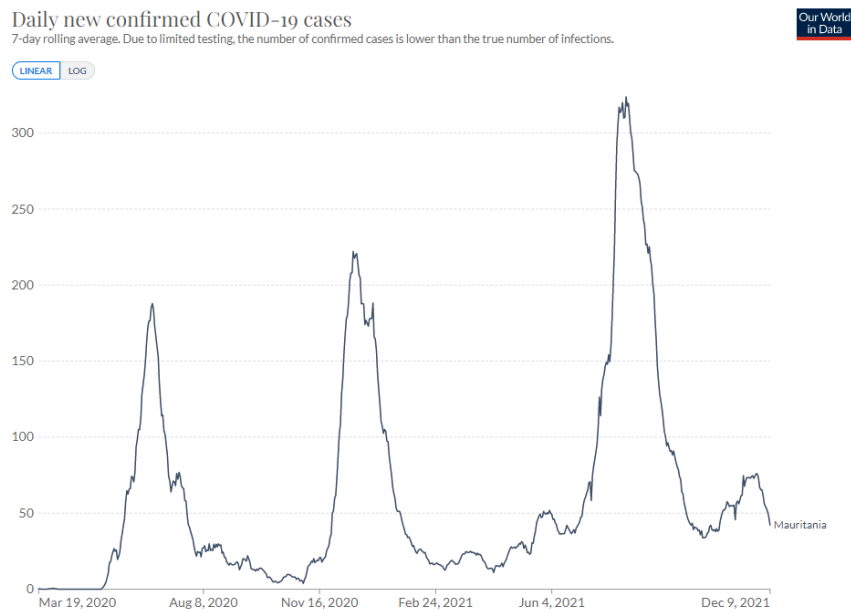
4. **Mauritania is a vast arid country situated in between North and Sub-Saharan Africa.** The country contains nearly one million square kilometers of land, but only 0.5 percent of this land is arable. Its four million inhabitants, in 2019, are concentrated in Nouakchott (the capital), in the coastal provinces and in the provinces lining the Senegal River.
5. The country's impressive natural resource based-economic growth over the past decade has enabled it to graduate into the ranks of lower middle-income countries. Primary economic activities are traditionally centered around the production of rice, vegetables and livestock in the south of the country, and they remain the poor's main livelihood sources. In addition, in recent years, Mauritania has also successfully tapped on mineral resources (iron, copper, gold, oil and gas) as well as fishing reserves. The commodity super-cycle allowed for significant Government investments in infrastructure and enabled the country to register one of the best growth performances in the region. As a result, GDP per capita increased from US\$700 to US\$1,218 between 2007 and 2018.
6. While poverty has declined in some regions, the overall poverty rate remains high in Mauritania, with 33 percent of the population living below the national poverty line (2014). Until the early 2000s, the average annual decline in the poverty rate was around one percentage point. Between 2008 and 2014, poverty reduction accelerated to an average annual rate of almost two percentage points. While the predominantly rural regions of Hodh Chargui, Gorgol, Brakna, Adrar and Tagant registered most progress, the highest poverty rates remain amongst rural households engaged in agriculture and livestock (Guidimakha, Tagant, Brakna, and Assaba).

Sectoral and Institutional Context

7. **Latest COVID-19 situation in the country.** Mauritania registered its first COVID-19 case on March 14, 2020, and as of December 9, 2021 there were 39,704 confirmed cases and 846 deaths (see Figure 1 below). The initial confirmed COVID-19 cases were few with only 8 cases reported in the first two months and fewer than 100 cases confirmed until May 20, 2020. Similarly, to other neighboring countries, Mauritania experienced a third wave in July 2021, registering 401 daily confirmed cases on July 29, 2021 (peak). There is a potential fourth wave developing as confirmed cases are rising in the eastern part of the country. Mauritania is ranked fifth in the highest number of cases and third in the highest number of deaths due to COVID-19 in West Africa. Mauritania's COVID-19 Vaccination campaign started on March 24, 2021 with priority groups as planned in the National Deployment and Vaccination Plan (NDVP). By June 2021, the vaccination was extended to people over 18 years of age due to low turnout. As of December 9, 2021, 701,537 people or 27.0 percent of the target population were reported to be fully vaccinated. Mauritania is considered one of the leading countries in the region in terms of vaccine deployment and coverage.



Figure 1. Mauritania daily confirmed COVID-19 cases, March 2020–December 2021



8. **The proposed second AF will provide critical financing for COVID-19 response, with a specific focus on affordable and equitable access to vaccines in Mauritania.** COVID-19 vaccination, along with improved diagnostics and therapeutics, is essential to protecting lives and enabling recovery. The second AF will play a significant role in enabling affordable and equitable access to COVID-19 vaccines for an additional 14.05 percent of the target population. It will also enable more support for vaccine deployment. This will allow the country to use Bank financing to progress towards their national target of 63 percent. There are several lessons learned from the COVID-19 vaccination rollout in the country. However, with increased communication and community engagement using a vaccination campaign strategy to reach the last mile, the country has been able to reach 27.0 percent of vaccination coverage of the target population before the end of CY2021. Second, in the initial phase of the vaccination campaigns, men were being vaccinated at higher rates, with women only accounting for 38.0 percent of doses administered by June 1, 2021. This was mainly due to a larger proportion of men as part of the priority groups particularly, the military, police and teachers. To ensure equitable administration of COVID-19 vaccines among women, the Government ensured women-led cooperatives and non-governmental organizations participated in the communication, community engagement and supported the deployment of vaccines. As of December 2021, the percentage of women fully vaccinated has increased.

9. To ensure that the demand of vaccines continues to increase, the MoH would like additional support in communication activities, particularly in the rural areas. Furthermore, the COVID-19 pandemic has increased the obligations on personnel in the health sector and to ensure adequate vaccine deployment, the MoH would like additional support for technical assistance as well as human resources for the Expanded Program on Immunization (EPI). This will be particularly important at the regional level where there is a recent trend towards a potential fourth wave, particularly in the eastern part of the country. The support will enable better case detection as well as to increase vaccine coverage. Finally,



more support to operationalize the National Center for Emergency Operations in Public Health, which will enable the country to respond more effectively during and after public health emergencies. The Government will receive technical support from International Center for AIDS Care and Treatment Program (ICAP)/Columbia University⁴ to strengthen the MoH's pandemic preparedness and response. Last, there was a vaccine platform that was developed, but it is unable to collect critical data across all regions including information on the priority groups vaccinated, particularly at the vaccination sites. Therefore, the MoH would like to revamp this platform to enable an efficient digital vaccination platform, which will allow the Government to collect important data for monitoring and evaluation (M&E) and populations will be able to access their vaccination cards online. The latter is important in case of loss of paper records.

C. Proposed Development Objective

Original PDO

10. To strengthen the national public health preparedness capacity to prevent, detect and respond to the COVID-19 pandemic in Mauritania

Current PDO

11. The PDO will remain the same.

Key Results

12. The PDO indicators are as follows:

- Suspected cases of COVID-19 reported and investigated per approved protocol (by sex) (Percentage)
- Health facilities with trained staff in Covid-19 infection prevention control per MoH approved protocol (Percentage)
- Reference and district hospitals with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks (Percentage)
- ICU beds in prioritized ICU units that are fully equipped and operational for COVID-19 response (Percentage)
- Population in the priority group fully vaccinated (Percentage) (Revised PDO indicator)
- Target population fully vaccinated (Percentage) (New PDO indicator)

D. Project Description

⁴ ICAP is based in the Mailman School of Public Health in Columbia University (New York, USA) with the objective to deliver transformative solutions to strengthen health systems around the world. ICAP has provided technical support for several countries in Sub-Saharan Africa to support their National COVID-19 Surveillance System, COVID-19 treatment centers and the purchase of medical equipment and supplies for the COVID-19 response. Some of the countries they have supported include: Lesotho, Sierra Leone, Zimbabwe, the Democratic Republic of Congo, Mozambique, Central African Republic, Ethiopia, Kenya and Sierra Leone.



Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA. Through **Component 1**, the proposed second AF will also continue to support the strengthening of the health system to prevent, detect, and treat COVID-19 cases.

13. **Subcomponent 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting (parent project: US\$1.2 million, AF1: US\$0.5 million, AF2: US\$2.2 million).** This subcomponent will continue to support strengthening of climate-sensitive disease surveillance systems and build testing capacity for early detection and confirmation of COVID-19 cases. This support will also complement activities already funded through the REDISSE III Project (P161163) to strengthen the national laboratory system.

14. **Subcomponent 1.2: Health System Strengthening (Parent Project: US\$2.2 million; AF1: US\$2.5 million, AF2: US\$2.3 million).** This subcomponent will continue to support health system strengthening to provide optimal medical care, maintain essential community services, minimize risks for patients and health personnel, including training health facilities staff and frontline workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials, and purchasing energy-efficient equipment.

Subcomponent 1.3: Communication Preparedness (Parent Project: US\$0.8 million; AF1: US\$0.7 million; AF2: US\$1.8 million). The proposed second AF will continue to support risk communication activities and community engagement to raise awareness, knowledge, and understanding among the general population about the risk and potential impact of the pandemic, as well as the compounded risk of climate change on the population, and to address vaccine hesitancy.

15. **Subcomponent 1.4: COVID-19 Vaccine Purchase and Deployment (Parent Project: US\$0.00 million; AF1: US\$10.03 million; AF2: US\$9.8 million).** This sub-component will continue to finance vaccine acquisition and deployment; US\$5.2 million for vaccine acquisition via AVATT for J&J vaccines and US\$4.6 million for vaccine deployment.

16. **The proposed AF, through Component 2 (parent project: US\$1.0 million; AF1: US\$1.0 million; AF2: US\$3.9 million),** will continue to support the implementation actors at central and local levels regarding coordination, financial management (FM), procurement, and the development of project monitoring and the evaluation. To ensure successful implementation of the project, the second proposed AF through **Subcomponent 2.1: Implementation Management (parent project: US\$0.8 million; AF1:US\$0.3 million; AF2:US\$0.5 million)** will continue to support costs associated with project implementation. On project M&E activities, the second proposed AF will continue to finance **Subcomponent 2.2: Project M&E (parent project:US\$0.2 million; AF1:US\$0.2 million; AF2:US\$0.5 million)** to support the strengthening of existing data and monitoring systems to accommodate COVID-19 vaccines.

17. **Activities under Subcomponent 2.3: COVID-19 Vaccine Planning and Management (parent project: US\$0.0 million; AF1: US\$0.5 million; AF2:US\$2.9 million)** will continue to be supported particularly as it relates to pharmacovigilance and the management of AEFIs.

18. The second AF will continue to support the target population groups as summarized in **Error! Reference source not found.** below, but it is important to note that the country has opened eligibility to populations 18 years and over.

Table 1: Priority Groups for Vaccination in Mauritania

Ranking of vulnerable groups and inclusion in phases		Population group	Number	% of total population
Phase 1 – Essential Workers and High Risk Groups	1a	Health care workers	15,000	0.35
		Adults aged 65+ years	137,000	3.2
	1b	Registered comorbidities in people aged 18–65 years	64,000	1.5
	1c	Adults aged 55–64 years*	173,000	4.05
	1d	Adults aged 45–54 years*	283,000	6.62
	1e	Teachers	60,000	1.4
	1f	Public administration and security personnel	90,000	2.11
	1g	Prisoners and workers most at risk (public transport drivers - taxis, buses; hotel and restaurant staff; butchers; and so on)	32,200	0.75
	SUB-TOTAL			854,200
Phase 2 – Adults over 25 years old	2a	Adults aged 40–44 years*	196,466	4.6
	2b	Adults aged 35–39 years*	213,550	5
	2c	Adults aged 25–34 years*	615,024	14.4
	SUB-TOTAL			1,025,040
Phase 3 Adults over 16 years old	3b	Adults aged 16–24 years*	811,490	19
SUB-TOTAL			811,490	19
TOTAL Phases 1–3			2,690,730	63

19. **The increase in scope as outlined above will be reflected in an increase in indicative component allocation from US\$20.2 million to US\$40.2 million**, with the full amount of the second AF being added under Components 1 and 2 (Table 4 below). An additional US\$16.1 million is allocated to Component 1 to reflect for continued COVID-19 case detection, health system strengthening, communication activities as well as vaccine acquisition and deployment, and an additional US\$3.9 million is allocated to Component 2 with a focus on supporting the management and implementation of the vaccine deployment, including pharmacovigilance.

Table 2: Project Cost and Financing

Project Components	Parent Project Cost + AF1 (US\$, millions)	Parent + AF1 + AF2 Cost (US\$, millions)	AF2 Cost (US\$, millions)	Trust Funds	Co-finance
Component 1. Emergency COVID-19 Response	18.2	34.3	16.1	0.0	0.0
<i>Subcomponent 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting</i>	1.7	3.9	2.2	0.0	0.0
<i>Subcomponent 1.2: Health System Strengthening</i>	4.7	7.0	2.3	0.0	0.0
<i>Subcomponent 1.3: Communication Preparedness</i>	1.5	3.3	1.8	0.0	0.0
<i>Subcomponent 1.4: COVID-19 Vaccine Purchase and Deployment</i>	10.3	20.1	9.8	0.0	0.0
Component 2. Implementation Management and M&E	2.0	5.9	3.9	0.0	0.0
<i>Subcomponent 2.1: Implementation Management</i>	1.1	1.5	0.5	0.0	0.0
<i>Subcomponent 2.2: Project M&E</i>	0.4	0.9	0.5	0.0	0.0
<i>Subcomponent 2.3: COVID-19 Vaccine Planning and Management</i>	0.5	3.4	2.9	0.0	0.0
Total Costs	20.2	40.2	20.0	0.0	0.0

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

E. Implementation

Institutional and Implementation Arrangements

20. **The MoH will remain the implementation agency of the second AF.** As in the parent project, the General Secretary (*Secrétaire Général*) of the MoH will be responsible for overall project coordination. The same fiduciary arrangements will be maintained under the second AF. Project oversight will be provided by a new COVID-19 Steering Committee that will be established presided by the Office of the Secretary General under this project. This new Steering Committee will review the progress of the project, ensure coordinated efforts by all stakeholders, and conduct annual reviews of the project. The General Directorate for Health (*Direction Générale de la Santé*) will ensure the technical coordination of the implementation of the second AF. It coordinates the preparation, implementation, and monitoring of COVID-19 vaccines deployment with the support of the EPI. Through its central departments and regional directorates, the MoH will remain responsible for the implementation of the project. The current project's Administrative and Financial Manual will be updated to include additional measures for procurement. The Vaccine Delivery and Distribution Manual that was developed under the first AF will not need to be updated.

21. **The implementation arrangements will be maintained to support the implementation and strengthen coordination** considering the lessons learned from implementation of the parent project and the first AF. The second AF will also use existing staff and structures as much as possible for additional tasks that may be required to support the new activities. However, recruitment of an additional Accountant and a Procurement Specialist are planned under the second AF to provide additional support for the implementation of project activities.

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APPROVAL

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