



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 23-Mar-2020 | Report No: PIDA29003



BASIC INFORMATION

A. Basic Project Data

Country Mauritania	Project ID P173837	Project Name Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 23-Mar-2020	Estimated Board Date 30-Mar-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Minister of Economy and Industry	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

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 3. Implementation Management and Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	6.00
Total Financing	6.00
of which IBRD/IDA	5.20
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	5.20
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IDA Grant	5.20
Non-World Bank Group Financing	
Counterpart Funding	0.80
Borrower/Recipient	0.80
Environmental and Social Risk Classification	
Substantial	
Decision	
The review did authorize the team to appraise and negotiate	

Other Decision (as needed)

B. Introduction and Context

Country Context

1. 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.
2. 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 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 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.
3. While poverty has declined in some regions, the overall poverty rate remains high in Mauritania, with 31 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). In the mostly urban coastal provinces, poverty rates are generally lower than elsewhere but are decreasing more slowly, and in Nouakchott, poverty rates remained largely unchanged.



4. In a country so heavily dependent on its primary sector, the impact of environmental degradation and climate change on economic development and on the livelihoods of the poor could be catastrophic since most poor rely on livestock-rearing and rainfed agriculture. Mauritania is caught between an expanding desert and an eroding coastline. Encroaching desertification, rising temperatures, increasing water scarcity, more frequent and intense droughts and flash flooding, soil erosion and decreased arable land quality, all threaten the poor's livelihood and food security. Conflicts between pastoralists and farmers, notably in oases, over diminishing natural resources threaten social stability and economic empowerment in rural areas. Rising seawater temperatures, ocean acidification, and over exploitation are depleting valuable fish stocks and depriving coastal populations of vital sources of nutrition and revenue. Annual mean temperatures have increased by approximately 3.1°C across the country since the 1950s. By 2040, mean annual temperature is projected to increase by 0.5 to 2°C.

5. Mauritania has been a bulwark against regional instability, but, in an unstable region, spillovers from transnational conflicts are high. Mauritania shares a long border with Algeria and Mali and suffered numerous terrorist attacks during 2005–11, which shut down a small, but promising desert tourism industry. Taking a hard line on terrorism, the Government has been able to reduce incidents on its territory and maintain political stability in an otherwise volatile region. Yet, continued conflict in Mali has many negative spillovers, including large numbers of refugees, trade disruptions, and illegal trafficking.

6. **Mauritania has a Human Capital Index of 0.35 and ranks 150 out of 157 countries.** This suggests that children born in Mauritania today will be on average 65 percent less productive than they would be if there was perfect survival, education and health in the country. About 8 out of 100 children do not survive to age 5; children on average have only about 6.3 learning-adjusted years of school (out of a maximum of 14 years); 28 out of 100 children are stunted;¹ and only 80 percent of the population over 15 years survive to the age of 60. In addition to increasing the intrinsic benefits and values of optimal health and education of its people, Mauritania could more than double its GDP by improving its health and education outcomes.

Sectoral and Institutional Context

7. **Mauritania has achieved some positive outcomes, but maternal and reproductive health remains concerning.** The MDG related to tuberculosis made a good progress. The under-five mortality rate decreased significantly from 118 deaths for 1,000 live births in 2011 (MICS 2011) to 54 deaths for 1,000 live births in 2015 (MICS 2015). However, maternal mortality was estimated at 602 per 100,000 live births in 2015 compared to the MDG target of 232 per 100,000 live births (41 percent achievement). Nevertheless, despite progress made to date, Mauritania is among the countries with the highest level of maternal mortality in the region. Key intervention rates have not progressed significantly in the recent years. For example, immunization coverage (fully immunized children between ages 12 and 23 months) has only slowly increased at 48.7 percent in 2015 (from 38.4 percent in 2011, Mauritania MICS 2011 and 2015). Other countries have made better progress. The demographic transition has not yet started in Mauritania, with a total fertility rate of 5.1 (6.1 in rural, MICS 2015). Regarding HIV-AIDS, the prevalence is still low but nevertheless doubled between 1990 and 2015. The country's epidemiological profile is still marked by the predominance of infectious and parasitic disease, although noncommunicable disease, particularly cardiovascular disease and diabetes have grown to the point of becoming a worrisome public health problem.



8. **The COVID-19 situation in Mauritania is quickly evolving due to cross border concerns.** Mauritania has already reported cases of COVID-19 and is very vulnerable to a more widespread outbreak. Two imported cases of COVID-19 have been confirmed in Mauritania by March 18. But recognizing the rapidly contagious nature of the virus, the relatively free population movement over the border, and limited public health capacity, it is very likely that the virus has spread more widely than currently reported, as in other countries, and has the potential to cause substantial harm.

9. **The public health system's capacity for disease outbreak response and preparedness needs strengthening.** A Joint External Evaluation (JEE) of the core capacities in the International Health Regulations (IHR) assessed the strengths and weaknesses in Mauritania in 2017 and provided a set of recommendations on areas requiring priority interventions to improve the preparedness of the health system. These include: legislation to enable IHR implementation and coordination functions; routine capacity at points of entry, which is currently missing; strengthening capacity for real-time surveillance for surveillance staff on emerging and re-emerging diseases; improving emergency response operations to all public health events through integrating relevant IHR-related functions within the Command and Control Center under Emergency Preparedness and Response for coordinated risk assessment and response; and improving risk communication by developing a national strategic framework and plan for multi-hazard risk communication. The Government has developed a costed national action plan, which includes strengthening the basic health services package to incorporate health security considerations. However, investments and implementation have lagged.

10. **The capacity of Veterinary Services needs strengthening to prevent emergence of infectious diseases of animal origin.** Livestock plays an important socio-economic role in Mauritania. Due to this heavy reliance on animals and with the fact that many recurrent zoonosis are present in Mauritania (e.g., rabies, Q-fever, Crimean Congo Hemorrhagic Fever), the risk of these diseases impacting the human population remains high. The capacity of Veterinary Services was assessed in 2008 using the World Animal Health Organization (OIE) PVS pathway. The assessment underscores the needs to address serious shortage of well qualified veterinarians and veterinary para-professionals, the low capacity of provincial veterinary laboratories, and lack of awareness by livestock keepers and the general public about animal health.

11. **COVID-19 is expected to have negative impacts on Mauritanian's economy.** The COVID-19 outbreak is expected to reduce GDP growth during 2020. Trade disruptions is the most important transmission channel, with potential closure of border crossings and export corridors negatively, though limited in comparison to some of the neighboring countries, may also be negatively affected. COVID-19 is likely to have further negative impacts on already-low private sector confidence. The risks of major economic disruption and travel restrictions. COVID19 risks may be perceived as substantial by investors. Slower economic growth resulting from COVID-19 could negatively impact already-overstretched fiscal resources available for provision of healthcare services. For those sections of the population directly impacted by economic disruptions arising from COVID-19, reduced incomes may impact access to health services in a country where health expenditure is dominated by out-of-pocket expenditures.

12. **The Government is working closely with technical partners such as; WHO, UNICEF, World Bank and other relevant stakeholders** to rapidly expand in-country preparedness and containment capacity, to strengthen detection and surveillance capacity at points-of-entry into Mauritania, such as airports and border-crossing sites, and to continue the training of medical staff on case-management, risk communication and community engagement. The level of support and activities in all key areas will need to be expanded rapidly to manage further spread of the disease. The MoH with the support of WHO has developed and is implementing the National



COVID-19 preparedness and Response Plan. The plan focuses on scaling-up and strengthening all aspect of preparedness and response including coordination, surveillance, case management, communication and social mobilization, psychosocial as well as logistics and safety. The implementation is already supported by the Regional Disease Surveillance Systems Enhancement (REDISSE) Projet (IDA-D3140). Activities that will be financed under the COVID-19 Fast-Track Facility will be coordinated by the MoH with the support of WHO to ensure that gaps are covered, and duplication is minimized.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

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

Key Results

PDO Level Indicators

13. The PDO-level indicators are listed below:

- (i) Suspected cases of COVID-19 reported and investigated per approved protocol (percentage)
- (ii) Health facilities with trained staff in infection prevention control per MoH approved protocol (Percentage)
- (iii) Reference and district hospitals with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks (Percentage)
- (iv) ICU beds in prioritized ICU units that are fully equipped and operational (percentage)



D. Project Description

14. The proposed Project will address critical country-level needs for preparedness and response for COVID-19. The scope and the components of this project are fully aligned with the COVID-19 Fast Track Facility and adapted to the country urgent preparedness and response needs related to the COVID-19 outbreak. These needs were expressed in the request for 5.2 million transmitted to the World Bank. The proposed Project activities are based on Mauritania's COVID-19 Preparedness and Response Plan, prepared in collaboration with the WHO.

The project will comprise of the following components:

15. **Component 1: Emergency COVID-19 Response (US\$4.5 million of which US\$0.3 million equivalent from CF).** The aim of this component is to slow down and limit as much as possible the spread of COVID-19 in the country. This component will provide immediate support countries to prevent COVID-19 from arriving or limiting local transmission through containment strategies. It will support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It would enable countries to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities include:
16. **Sub-Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting (US\$1.2 million).** This sub-component would 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) support epidemiological investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. Additional support could be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information.
17. **Sub-Component 1.2: Health System Strengthening (US\$2.2 million).** Assistance would be provided to the health care system for preparedness planning to provide optimal medical care, maintain essential community services and to minimize risks for patients and health personnel, including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials. Strengthened clinical care capacity could be achieved through financing plans for establishing specialized units in selected hospitals, treatment guidelines, clinical training of health workers and hospital infection control guidelines. Also, strategies would be developed to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and earlier discharge with follow-up by home health care personnel. Local containment will be supported through the establishment of local isolation units in hospitals and widespread infection control training and measures will be instituted across health facilities. As COVID-19 would place a substantial burden on inpatient and outpatient health care services, support will be provided develop intra-hospital infection control measures. Support will be also provided to strengthen medical waste management and disposal systems.
18. **Sub Component 1.3: Communication Preparedness (US\$ 1.1 million of which US\$0.3 million equivalent from CF).** Communication activities will support cost effective and sustainable methods such as marketing of "handwashing" through various communication channels via mass media, counseling, schools, workplace, and integrated into specific interventions as well as ongoing outreach activities of ministries and sectors, especially ministries of health, education, agriculture, and transport. Support will be provided for information and communication activities to increase the attention and commitment of government, private sector, and civil



society, and to raise awareness, knowledge and understanding among the general population about the risk and potential impact of the pandemic and to develop multi-sectoral strategies to address it. Community mobilization will take place through community health workers. It can also include institutions that reach the local population for example religious and tribal leaders. In addition, support could be provided for: (i) the development and distribution of basic communication materials (such as question and answer sheets and fact sheets in appropriate languages) on (i) COVID-19, and (ii) general preventive measures such as “dos” and “don’ts” for the general public; (iii) information and guidelines for health care providers; (iv) training modules (web-based, printed, and video); (v) presentations, slide sets, videos, and documentaries; and (vi) symposia on surveillance, treatment and prophylaxis.

Component 2: Implementation Management and Monitoring and Evaluation (US\$ 1.5 million of which US\$0.3 million equivalent from CF).

19. Sub-component 2.1: Project Management (US\$1 million of which US\$0.2 million equivalent from CF).

Implementing the Project will require administrative and human resources that exceed the current capacity of the implementing institutions including central and local (decentralized) arrangements for coordination of activities, financial management and procurement. This component will support the functionality of the National Center for Emergency Health Operations in Public Health through the acquisition of informatics and communication equipment, furniture and logistics. To this end, project will support costs associated with project implementation.

20. Sub-component 2.2: Project Monitoring and Evaluation (US\$0.5 million of which US\$0.3 million equivalent from CF).

Support will be provided to develop project monitoring and impact evaluation assessments. The aim of evaluation is to assess whether the interventions are effective, or the project activities are having the desired impact. The evaluation would include both quantitative and qualitative aspects. The quantitative aspects would rely on new information systems and surveys implemented as part of the various components of the project, currently existing data sources, and primary evaluative data collection efforts. The goal of the qualitative aspect of the evaluation would be to document perceptions of program managers, staff, patients, and local and national leaders. Qualitative information would be collected using site-visit interviews, focus groups, and respondent surveys.



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

21. **Mauritania Ministry of Health (MOH) will be the implementing agency for the project.** The MoH will be responsible for project coordination, through the Office of the Secretary General, which will be supported by the COVID-19 Emergency Response Committee. The Financial management (FM) arrangements for this project will be based on the existing arrangements in place under the ongoing INAYA project (P156165). Project oversight will be provided through the COVID-19 Emergency Response Committee. The Committee meets on a regular basis. It will review progress of the project, ensure coordinated efforts by all stakeholders and conduct annual reviews of the project. Through its central departments and regional directorates, the MoH will be responsible for implementation of the project. The multisectoral aspects of the COVID-19 response will be guided by Multisectoral COVID-19 Response Committee chaired by the prime Minister. The current project’s administrative, financial and procurement procedures manual will be updated to integrate the roles and responsibilities of the various actors.

22. All procurement under the project will be undertaken by the Directorate General of Resources, within the Ministry of Health. MoH identifies needs informed by WHO list. National Procurement can be used. If the MoH has an existing contract, it can be amended to include supplies financed by the Bank. For items not under an existing contract, the MoH negotiates directly with one or more supplier(s) and the Bank advises with up to date market/price data. No Bank prior review, and later post review on a sample basis. The Directorate General of Resources will report directly to the Minister, and it will share the project’s technical and financial updates with the Directorate General of Resources. If necessary, the Directorate General of Resources will also be reinforced with additional staff, including accountants and procurement officers, to manage project activities. Mauritania MOH will also deploy the staff needed for proper implementation of the environmental and social framework elements of the project.

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APPROVAL

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