



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 04-Jun-2021 | Report No: PIDA31674

**BASIC INFORMATION****A. Basic Project Data**

Country Mauritania	Project ID P176526	Project Name Mauritania COVID-19 Response Project - Additional Financing	Parent Project ID (if any) P173837
Parent Project Name Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)	Region AFRICA WEST	Estimated Appraisal Date 06-Jul-2021	Estimated Board Date 15-Jul-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	15.00
Total Financing	15.00
of which IBRD/IDA	15.00
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	15.00
IDA Grant	15.00



Environmental and Social Risk Classification

Substantial

Other Decision (as needed)

This is a Pre-Appraisal PID.

B. Introduction and Context

Country Context

- This Project Paper (PP) seeks the approval of the Bank’s Regional Vice President to provide a grant in the amount of US\$15,000,000 equivalent from IDA for an Additional Financing (AF).** The AF will support the costs of expanding activities of the Coronavirus Disease 2019 (COVID-19) Strategic Preparedness and Response Project (SPRP) (P173837), 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 AF are to enable affordable and equitable access to COVID-19 vaccines, and help ensure effective vaccines deployment in Mauritania through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project.
- The purpose of the proposed AF is to provide upfront financing to help the Government of Mauritania purchase and deploy COVID-19 vaccines that meet the Bank’s vaccine approval criteria (VAC), and strengthen relevant health systems that are necessary for a successful deployment and to prepare for the future.** The proposed additional financing will help vaccinate 30 percent of the Mauritanian population. The COVID-19 Vaccines Global Access (COVAX) Advance Market Commitment (AMC) Facility is expected to support financing of vaccines for 20 percent of the population. The AF will support purchase of vaccines for a further 10 percent of the Mauritanian population through COVAX and/or the African Vaccine Acquisition Task Team (AVATT), as well as all deployment costs, including for subsidized doses. Bank financing for the COVID-19 vaccines and deployment will follow the Bank’s vaccination approval criteria (VAC). As of April 16, 2021, the Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccine acquisition and/or deployment under all Bank-financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the SRAs identified by World Health Organization (WHO) for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). The country will provide vaccinations free of charge to the population.

¹ The 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 FTCF 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.



3. **The need for additional resources to expand the COVID-19 response was formally conveyed by the Government of Mauritania on November 24, 2020.** Other than financing of vaccines, the request considered funding needs for the necessary investments in cold chain systems, service delivery, medical waste management, and digital health systems. The proposed AF will be part of an expanded health response to the pandemic. The total World Bank (WB) support to the Mauritania COVID-19 health sector response to date is US\$12.6 million equivalent (estimated at 23 percent of funding for health response). This includes three financing sources: (a) US\$5.2 million equivalent through the COVID-19 response project (P173837), (b) US\$6.4 million equivalent through the Regional Disease Surveillance Systems Enhancement (REDISSE) Project (P161163), and (c) US\$1 million through the Pandemic Emergency Financing Facility (PEF) executed by the WHO. This support is part of the overall support mobilized by the United Nations (UN) system, which is aligned with the National Response Plan according to various key pillars for actions, each one under the leadership of a UN agency and its partners (Incident Management System). This support also aims to mitigate the socioeconomic impact of the measures taken to contain the epidemic in the country. The overall coordination response is ensured by the Resident Coordinator of WHO, the lead agency, who is working closely with the Ministry of Health (MoH), providing technical assistance through its various areas of expertise. Part of the funding mobilized through the COVID-19 and REDISSE projects are executed through WHO and the United Nations Children’s Fund (UNICEF). Donors such as the French Development Agency and other UN agencies are providing parallel financing to some of the Bank-supported interventions. Therefore, continuing Bank engagement is essential to enable an expansion of a sustained and comprehensive pandemic response in Mauritania. This AF will complement the support of other partners and the COVAX initiative to finance the purchase of sufficient vaccines for the target population and to ensure effective deployment.

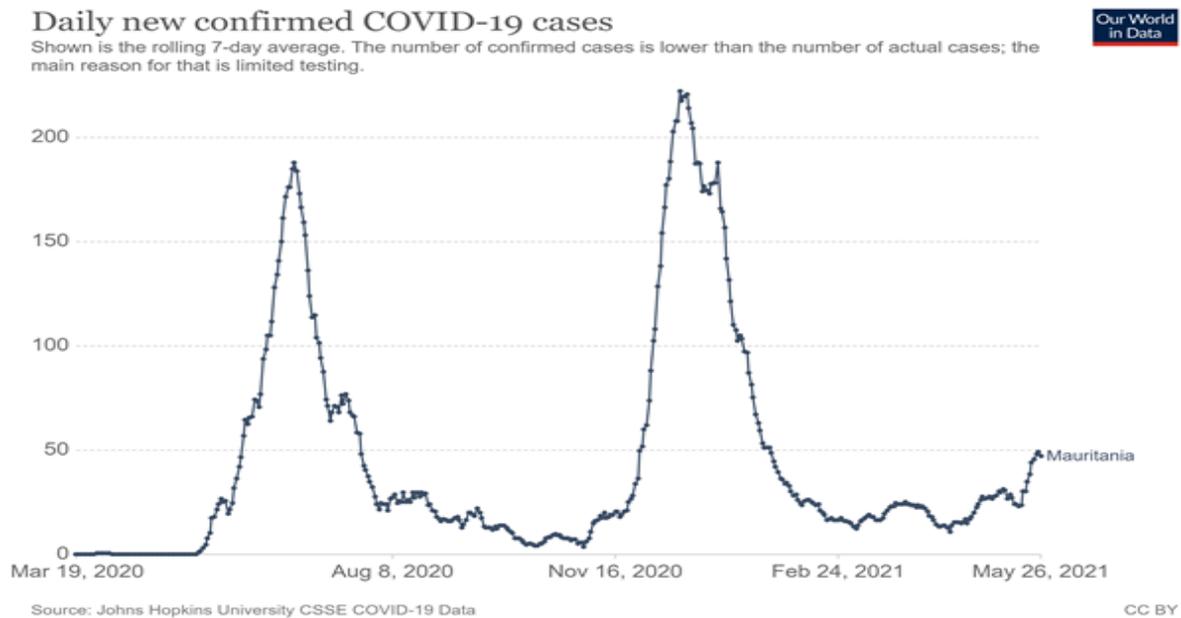
4. **Critically, the AF seeks to enable the acquisition of vaccines from a range of sources to support Mauritania’s objective to have a portfolio of options to access vaccines under the appropriate conditions (of value-for-money, regulatory standards, and delivery time, among others key futures).** Mauritania’s strategy and access to vaccines is anchored in the COVAX facility framework; on December 6, 2020, Mauritania entered into an agreement with the COVAX facility to access COVID-19 vaccines at no cost for 20 percent of the population. The proposed IDA financing will support the deployment of these vaccines on a priority basis and will also expand Mauritania’s access to COVID-19 vaccines primarily through the COVAX facility. In addition to vaccines acquired through COVAX, the African Vaccine Acquisition Task Team (AVATT) convened by the African Union (AU) is in the process of securing and negotiating, through UNICEF, additional access to vaccines that will contribute to cover up to 60 percent of the population of countries that request for it. When firm contracts are in place between UNICEF, as the appointed procurement agent, and the manufacturers, UNICEF will conclude contracts with participating countries for the supply of the vaccines. These contracts will be reviewed by the Bank to ensure that they comply with all operational policies and provide value-for-money in terms of both price and delivery times before financing from this grant can be disbursed toward the member country upon its request. Mauritania will also consider direct purchases from manufacturers, as needed. The availability and terms of vaccines remain fluid and prevent the planning of a firm sequence of vaccine deployment, especially as the actual delivery of vaccines is unlikely to be immediate. In sum, the proposed financing enables a portfolio approach that will be adjusted during implementation in response to developments in the country’s pandemic situation and the global market for vaccines.

5. **Latest COVID-19 situation in the country.** Mauritania registered its first COVID-19 case on March 14, 2020, and as of May 26, 2021, 19,287 cases have been confirmed, with 461 deaths. 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. Subsequently, Mauritania experienced increased transmission with over 100 confirmed COVID-



19 cases a day between mid-June to early July 2020. This was followed by a period with low case numbers reported, before the epidemic picked up again in early November 2020, with case numbers peaking in the last days of 2020. During January and February 2021, there has been a rapid fall in confirmed cases (Figure 1), reaching a plateau from mid-February 2021. In May 2021 there has been some evidence of cases rising again, with around 50 new cases per day at the end of May, a similar level to late January.

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



C. Proposed Development Objective(s)

Original PDO

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

Current PDO

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

Key Results

8. To measure overall progress in the coverage and deployment of the COVID-19 vaccine, an additional PDO and six intermediate indicators will be added to measure the expanded scope of the project:
 - a. **PDO indicator:** Percentage of specific priority populations fully vaccinated based on targets defined in the national plan, total and disaggregated by sex. Target: 60%.



b. **Intermediate indicators:**

- (i) COVID-19 vaccine delivery strategies to reach identified target groups are defined
- (ii) Community engagement plan developed for increasing demand creation for the COVID-19 vaccine by the population
- (iii) Functional mechanisms to capture community feedback are established e.g., community meetings, hotlines, health volunteer network, social listening, surveys, etc.)
- (iv) Functional health management and information system to deploy the COVID-19 vaccine is in place, including identification, registration and follow up with COVID-19 vaccine recipients.
- (v) Standard operating procedures (SOPs) or guidelines established for collection and disposal of medical waste to the relevant stakeholders.
- (vi) Guidelines, documented procedures, and tools for planning and conducting vaccine pharmacovigilance activities (i.e., AEFI reporting, investigation, causality assessment, risk communication and response) are established and available.

D. Project Description

9. The changes proposed for the AF entail expanding the scope of activities in the parent project, the SPRP (P173837). As the proposed activities to be funded under the AF for Mauritania are aligned with the original PDO, the PDO will remain unchanged.

10. The content of the components and the Results Framework of the parent project are adjusted to reflect the expanded scope and new activities proposed under the AF. The implementation arrangements will include minor adjustments to strengthen project coordination and monitoring. The Closing Date will be extended from April 30, 2022, to April 30, 2023, to provide adequate time for AF implementation. Through **Component 1**, the proposed AF will continue to support the reinforcement of the health system to prevent, detect, and treat COVID-19 cases.

11. **Subcomponent 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting (Parent Project: US\$1.2 million, AF: US\$0.5 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 complement activities already funded through the REDISSE Project (P161163) to strengthen the national laboratory system.

12. **Subcomponent 1.2: Health System Strengthening (Parent Project: US\$2.2 million; AF: US\$2.5 million).** This subcomponent will continue to support health system strengthening to provide optimal medical care, maintain essential community services, and 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. Support will continue to be provided **to strengthen medical waste management and disposal systems to address part of the delays in the implementation of the medical waste management action plan** (resulting from delays in the validation of environmental safeguards documents).

13. **Strengthening medical waste management and disposal systems in healthcare facilities and the cold chain will be critical in this proposed AF** due to the large number of COVID-19 vaccines that need to be purchased, as well as the increased waste from the administration of those vaccines. In terms of waste management, this will include the need to properly and safely dispose supplies/products such as syringes, partially used COVID-19 vaccines, unrefrigerated vaccines that are rendered ineffective, expired vaccines, PPE,



and other vaccine-related waste in compliant containments. Therefore, low-carbon waste management equipment will be procured, depending on market availability, to reduce the project's impact on the country's greenhouse gas (GHG) emissions, and sustainable end-of-life options for old or high-polluting waste using guidance from the Coordination Centre for Effects will be utilized. The procurement of climate-sensitive waste management equipment will ensure climate resilience to desert winds threats faced by the country by reducing the risk of contamination of hazardous substances of patients, visitors, and health care workers as well as the environment. The adoption of global tools and adaptation of the supply chain system to best practices, including the procurement of climate-sensitive CCE, including Solar Direct Drive refrigerators, climate-sensitive deep freezers, and fuel-efficient refrigerated vehicles, will contribute to a more sustainable supply chain. To monitor fluctuations in and excessive use of energy, temperature controls and monitoring systems for refrigerators and freezers, including the purchase of freezer-tags/refrigerator-tags, will be installed. The proposed AF will also finance the climate-smart rehabilitation of existing cold rooms.

14. **Subcomponent 1.3: Communication Preparedness (Parent Project: US\$0.8 million; AF: US\$0.7 million).**

The parent project supports 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. **New activities will be financed to continue to support communication activities that facilitate vaccine deployment by the development of a multifaceted communications campaign as part of a broader social engagement and mobilization strategy to address vaccine hesitancy, with tailored content and channels, to target priority groups.** The social engagement strategy to reduce vaccine hesitancy includes mobilization of community leaders and influencers, active disinformation management through social listening, review, and follow up with exposed groups. Building confidence in a new vaccine will boost overall confidence in vaccinations, thereby leading to greater utilization of other vaccines and medicines. The communication campaign will be implemented in all stages of the national vaccination rollout, and will leverage mass media, social media, community leaders and influencers as well as healthcare workers. Communication activities will also have a focus on climate-related diseases to ensure greater awareness of the risks among key population groups about the climate-related health risks linked to the COVID-19 crisis. The topics will cover critical prevention measures such as handwashing and mask wearing, which protect against pathogens such as rotavirus in addition to COVID-19. Activities that will be financed include the following: (a) implement national risk communication and outreach campaign, demand creation, and community engagement plan for COVID-19 vaccines; (b) ensure vaccines reach the target populations; and (c) strengthen and adapt PVS to be sensitive to detect AEFI for the COVID-19 vaccine. To monitor perceptions and behavioral change interventions, financing may include beneficiary research on perceptions, obstacles, and levels of vaccine uptake and equity of distribution. This approach could include phone surveying through the phone survey platform in collaboration with colleagues from the Poverty and Equity GP, as well as behavioral surveys implemented through a Facebook messenger bot. The two approaches are strongly complementary, by differing across key dimensions, such as the surveyed population groups, the survey instrument (general high-level hesitancy question in phone survey vs targeted questions on beliefs and attitudes in behavioral survey), implementation cost and frequency.

15. **Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA (AF: US\$6.0 million for vaccine procurement; US\$4.3 million for vaccine deployment).** The support for vaccines, when available, which was anticipated in the initial Global COVID-19 MPA, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1: Emergency COVID-19 Response. The **new Subcomponent 1.4** will finance: (a) procurement, import, storage, and distribution of the



COVID-19 vaccines (for example, COVAX, AU, and others²) and (b) procurement of vaccination supplies³ and PPE, such as surgical masks and face shields for vaccinators. Mauritania will use the option of advance purchase through COVAX,⁴ and depending on vaccine availability, Mauritania will consider three other options to complement its purchases: (a) direct purchases by countries from vaccine manufacturers, either individually or jointly with other countries; (b) purchase of excess stocks from other countries that reserve excess doses; (c) purchase from other pooling mechanisms, such as the AU. The AVATT convened by the AU is in the process of negotiating additional coverage, up to 60 percent for its member countries. Given the recent emergence of COVID-19, there is not yet conclusive data available on the duration of immunity that vaccines will provide. While some evidence suggests that an enduring response will occur, this will not be known with certainty until clinical trials follow participants for several years. As such, this AF will allow for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge at the time. In the case that re-vaccination is required, limited priority populations (such as health workers and the elderly) will need to be targeted for re-vaccination given constraints on vaccine production capacity and equity considerations (that is, tradeoffs between broader population coverage and re-vaccination). As a prudent and contingent measure, a budget for funding has been retained for re-vaccination, if needed, of such a subset of the population.

16. **The proposed AF, through Component 2, 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 impact evaluation exercises.** To ensure successful implementation of the project, the AF through **Subcomponent 2.1** will continue to support costs associated with project implementation. The project coordination team will be reinforced by a COVID-19 response project officer and an M&E specialist. With the key role of the immunization program in the implementation of the project, its functionality will be reinforced by the acquisition of informatics material and equipment to facilitate its mission. On project monitoring and impact evaluation exercises, new activities will be financed under **Subcomponent 2.2** to support strengthening of existing data and monitoring systems to accommodate for COVID-19 vaccines. This will improve data collection, analysis, reporting, and use of data for action and decision making. This support will also cover costs related to the capacity building and adoption of global tools and/or adoption of existing tools and systems (for example, Health Management and Information System (HMIS) and so on) for M&E of COVID-19 vaccine distribution, including for adverse drug reactions and to collect data and improve activities implemented (review validation, monitoring, harmonization, workshops, and so on). Additional support will be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information.

17. **To support the Government of Mauritania's vaccination planning, the AF will finance upfront technical assistance to support the country in establishing institutional frameworks for the safe and effective deployment of vaccines.** This will be done through the addition of the **new Subcomponent 2.3**, to support: (a) establishment of policies related to ensuring that there is no forced vaccination; (b) acceptable approved policy for prioritized intra-country vaccine allocation; (c) regulatory standards at the national level, including pharmacovigilance; (d) appropriate minimum standards for vaccine management including cold chain

² In accordance with criteria adopted under the AF given the unprecedented pace of vaccine development, the WBG will accept as threshold for eligible vaccines the approval from three SRAs including Emergency Use Authorization (SRAs from at least two different regions; or vaccines who received approval from WHO EUL and have been produced with a licensing or similar arrangement from a manufacturer of a parent/bioequivalent vaccine that has a prior SRA approval [including Emergency Use Authorization]).

³ Ancillary supply kits that may include needles, syringes, and alcohol prep pads.

⁴ COVAX is co-led by GAVI, the Coalition for Epidemic Preparedness Innovations (CEPI), and the WHO. Its aim is to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world.



infrastructure (with financing as well for the investment to meet those standards as described below); and (e) the creation of accountability, grievances, and citizen and community engagement mechanisms. The policies for prioritizing intra-country vaccine allocations will follow principles established in the WHO Allocation Framework, including targeting an initial coverage of 20 percent of a country’s population, focusing first on workers in health and social care settings, and then focusing on the elderly and younger people with an underlying condition which places them at higher risk, and finally essential workers. **Subcomponent 2.3** will also support the management of AEFI, by supporting the costs related to: (a) the training of health care personnel on aspects related to AEFI, including planning, communication, vaccine management, M&E, administration strategy, immunization calendar, AEFI notification, and vaccine and injection safety; (b) the implementation of an electronic notification system for AEFI cases; (c) the support of health district teams and supervisors at the central level to investigate severe cases of AEFI and clusters of AEFIs (d) the collection and transport of biological samples from cases of AEFI to designated laboratories, and analysis of samples; (e) the procurement and distribution of essential emergency kits for anaphylactic shock management and resuscitation equipment for health structures; and (f) organization of the transport of persons who are victims of severe AEFI to referral facilities and cover costs related to their medical care.

18. **The AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale through Component 1 of the parent project.** To this end, the AF is geared to assist the Government of Mauritania, working with the Bank, WHO, UNICEF, and GAVI, to overcome bottlenecks as identified in the COVID-19 vaccine readiness assessment in the country.

19. The AF will support the priority population groups as summarized in **Error! Reference source not found.** below.

Table 1: Priority Groups for Vaccination

Ranking of vulnerable groups and inclusion in phases		Population group	N	% of total population
Phase 1 - High Risk Groups	1a	Health care workers	15,000	0.35
		Adults aged 65+ years	136,857	3.20
	1b	Registered comorbidities in people aged 18–65 years	64,000	1.50
	1c	Adults aged 55–64 years*	173,084	4.05
	1d	Adults aged 45–54 years*	282,570	6.62
	1e	Teachers	60,000	1.40
	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)	10,500	0.21
Phase 2	2a	Adults aged 40–44 years*	196,430	4.60
	2b	Adults aged 35–39 years*	237,487	5.56
	2c	Adults aged 25–34 years*	613,532	14.4
Phase 3	3b	Adults aged 16–24 years*	813,093	19.0
TOTAL Phases 1–3				63

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 AF.** As in the parent project, the General Secretary (*Secrétaire Générale* SG) of the MoH will be responsible for overall project coordination. The same fiduciary arrangements will be maintained under the AF. Project oversight will be provided through the Multisectoral COVID-19 Emergency Response Committee of the MoH. It 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* DGS) will ensure the technical coordination of the implementation of the AF. It coordinates the preparation, implementation, and monitoring of COVID-19 vaccines deployment. Through its central departments and regional directorates, the MoH will remain responsible for the implementation of the project. The current project’s administrative, financial, and procurement procedures manual will be updated by effectiveness to integrate the roles and responsibilities of the additional actors.

21. **The implementation arrangements will include minor adjustment to support the implementation and strengthen coordination** considering the lessons learned from implementation of the parent project. The AF will use existing staff and structures as much as possible for additional tasks that may be required to support the new activities. In addition, **for the day-to-day management of the proposed AF, the SG will be supported in its**



role of project management, including monitoring, evaluation, and preparation of project reports by a COVID-19 response project officer and an M&E specialist.

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APPROVAL

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