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Report No: PAD3833

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED CREDIT

IN THE AMOUNT OF EUR 11.8 MILLION
(US\$ 12.9 MILLION EQUIVALENT)

AND A

PROPOSED GRANT
IN THE AMOUNT OF SDR 9.5 MILLION
(US\$ 12.9 MILLION EQUIVALENT)

TO THE

REPUBLIC OF MALI

FOR THE

MALI COVID-19 EMERGENCY RESPONSE PROJECT

UNDER THE

COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)

WITH A FINANCING ENVELOPE OF

UP TO US\$ 6 BILLION

APPROVED BY THE BOARD ON APRIL 2, 2020

April 10, 2020

Health, Nutrition & Population Global Practice

Africa Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective March 31, 2020)

Currency Unit =

EUR 0.91328= US\$1

US\$ 1.35789 = SDR 1

FISCAL YEAR

January 1 - December 31

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ABBREVIATIONS AND ACRONYMS

AMR	Anti-Microbial Resistance
ARI	Acute Respiratory Illness
BFP	Bank Facilitated Procurement
BVG	Bureau du Vérification General
CCHF	Crimean-Congo Hemorrhagic Fever
CHWs	Community Health Workers
COVID	Coronavirus Disease
DHIS2	District Health Information System 2
DLI	Disbursement linked Indicators
EIRs	Rapid Intervention Teams
ESMF	Environmental and Social Management Framework
FCTF	Fast Track COVID-19 Facility
FCV	Fragility Conflict and Violence
FM	Financial Management
GBV	Gender Based violence
GDP	Gross Domestic Product
GGE	Gross Government Expenditure
GHSA	Global Health Security Agenda
HCI	Human Capital Index
IBRD	International Bank for Reconstruction and Development
ICU	Intensive Care Unit
IDA	International Development Association
IDSR	Integrated Disease Surveillance Response
IFRs	interim financial reports
IHR	International Health Regulation
IPF	Investment Project Financing
ISR	Implementation Status Report
JEE	Joint External Evaluation
MDF	Multi-Donor Trust Fund
M&E	Monitoring and Evaluation
MOHSA	Ministry of Health and Social Affairs
MPA	Multiphase Programmatic Approach
NIPH	National Institute of Public Health
OH	One Health
OIE	World Organization for Animal Health
PAD	Project Appraisal Document
PBA	Performance-based Allocation
PDO	Project Development Objective
PIM	Project Implementation Manual
PIU	Project Implementation Unit
POM	Project Operational Manual
PPSD	Project Procurement Strategy for Development



PVS	Performance of Veterinary Services
REDISSE	Regional Disease Surveillance Systems Enhancement
RF	Results Framework
RFQ	Request for Quotation
RVF	Rift Valley Fever
SBC	social and behavior change
SDG	Sustainable Development Goals
SDR	Special Drawing Rights
SEA	Sexual Exploitation Abuse
SH	Sexual Harasm
SOP	Series of Projects
SPRP	Strategic Preparedness and Response Program
TA	Technical assistance
UNICEF	United Nations Children's Fund
WA-EVD	West African Ebola Virus Disease
WAHO	West Africa Health Organization
WB	World Bank
WHO	World Health Organization



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DATASHEET

BASIC INFORMATION		
Country(ies)	Project Name	
Mali	MALI COVID-19 EMERGENCY RESPONSE PROJECT	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P173816	Investment Project Financing	Substantial
Financing & Implementation Modalities		
<input checked="" type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Contingent Emergency Response Component (CERC)	
<input type="checkbox"/> Series of Projects (SOP)	<input checked="" type="checkbox"/> Fragile State(s)	
<input type="checkbox"/> Disbursement-linked Indicators (DLIs)	<input type="checkbox"/> Small State(s)	
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a non-fragile Country	
<input type="checkbox"/> Project-Based Guarantee	<input checked="" type="checkbox"/> Conflict	
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made Disaster	
<input type="checkbox"/> Alternate Procurement Arrangements (APA)		
Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
27-Mar-2020	30-Dec-2022	31-Mar-2025
Bank/IFC Collaboration		
No		
MPA Program Development Objective		
The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness		
MPA Financing Data (US\$, Millions)		



MPA Program Financing Envelope	4,132.15
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Proposed Project Development Objective(s)

The objective of the Project is to strengthen the capacity of the Recipient to prepare, prevent for and respond to COVID-19 pandemic

Components

Component Name	Cost (US\$, millions)
Component 1: Emergency COVID-19 Response	17.80
Component 2: Increase access to health care services	6.00
Component 3: Implementation Management and Monitoring and Evaluation	2.00

Organizations

Borrower: Ministry of Economy and Finance
 Implementing Agency: Ministry of health and Social Affairs

MPA FINANCING DETAILS (US\$, Millions)

Board Approved MPA Financing Envelope:	4,132.15
MPA Program Financing Envelope:	4,132.15
of which Bank Financing (IBRD):	2,763.80
of which Bank Financing (IDA):	1,368.35
of which other financing sources:	0.00

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

Total Project Cost	25.80
Total Financing	25.80
of which IBRD/IDA	25.80



Financing Gap	0.00
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DETAILS

World Bank Group Financing

International Development Association (IDA)	25.80
IDA Credit	12.90
IDA Grant	12.90

IDA Resources (in US\$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Mali	12.90	12.90	0.00	25.80
Crisis Response Window (CRW)	12.90	12.90	0.00	25.80
Total	12.90	12.90	0.00	25.80

Expected Disbursements (in US\$, Millions)

WB Fiscal Year	2020	2021	2022	2023
Annual	10.38	15.42	0.00	0.00
Cumulative	10.38	25.80	25.80	25.80

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

This operation has not been screened for short and long-term climate change and disaster risks



SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	● High
2. Macroeconomic	● Moderate
3. Sector Strategies and Policies	● Moderate
4. Technical Design of Project or Program	● Moderate
5. Institutional Capacity for Implementation and Sustainability	● Moderate
6. Fiduciary	● Substantial
7. Environment and Social	● Substantial
8. Stakeholders	● Moderate
9. Other	● High
10. Overall	● Moderate
Overall MPA Program Risk	● High

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

Yes No

Does the project require any waivers of Bank policies?

Yes No



Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
Cultural Heritage	Not Currently Relevant
Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank’s due diligence assessment of the Project’s potential environmental and social risks and impacts, please refer to the Project’s Appraisal Environmental and Social Review Summary (ESRS).

Legal Covenants

Sections and Description

The Recipient shall, not later than two (2) months after the Effective Date prepare, in accordance with terms of reference acceptable to the Association, and furnish to the Association an implementation manual for the Project, in form and substance acceptable to the Association, containing, inter alia, detailed arrangements and procedures for: (i) implementation arrangements; (ii) administrative aspects; (iii) procurement; (iv) implementation of environmental and social instruments as defined in the ESCP; (v) financial management and accounting; (vi) monitoring and evaluation; (vii) conditions, criteria and procedures to be applied for the provision of Hazard Pays; (viii) personal data collection and processing in accordance with good international practice; and (ix) such other technical, administrative, fiduciary or coordination arrangements as may be necessary to ensure effective Project implementation.

Sections and Description



The Recipient shall not later than two (2) months after the Effective Date, upgrade, customize and thereafter maintain throughout the Project implementation period, an accounting software for the Project acceptable to the Association.

Sections and Description

The Recipient shall, not later than two (2) months after the Effective Date enter into an agreement with the Office of the General Auditor in form and substance satisfactory to the Association for the purposes of carrying out financial audits of the Project.

Sections and Description

Notwithstanding the foregoing, in the event of any inconsistency between the provisions of the Cash Transfer and Funds Transfer Manual, and those of this Agreement, the provisions of this Agreement shall prevail.

Sections and Description

The Recipient shall, not later than 2 months after the Effective Date, conclude and thereafter implement, until it has expired in accordance with its terms, a payment agreement, in form and substance satisfactory to the Association and in accordance with criteria and procedures set forth in the PIM, with one or more Payment Service Provider, selected on the basis of terms of reference, qualifications and experience satisfactory to the Association and in accordance with the Procurement Regulations, for the payment of Cash Transfers to CT Beneficiaries (each a "Payment Agreement").

Conditions

Type

Disbursement

Description

Notwithstanding the provisions of Part A of the Financing Agreement, no withdrawal shall be made:
(a) for payments made prior to the Signature Date, except that withdrawals up to an aggregate amount not to exceed \$10,320,000 may be made for payments made prior to this date but on or after January 31, 2020, for Eligible Expenditures under Category (1); or
(b) under Category (2) and (3) unless and until the Recipient has adopted the Cash Transfer and Funds Transfer Manual in form, substance and manner satisfactory to the Association.



I. PROGRAM CONTEXT

1. **This Project Appraisal Document (PAD) describes the emergency response to Mali under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank’s Board of Executive Directors on April 2, 2020, with an overall Program financing envelope of up to six billion dollars. The total amount for the Mali project is US\$25.8 million equivalent from IDA. Mali is exceeding its IDA Fast Track Covid-19 Facility (FTCF) allocation by 50 percent, and the exceeded amount will be returned to the FTCF from the country’s FY21 Performance-based Allocation (PBA) envelope.**

A. MPA Program Context

2. **An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, from Wuhan, Hubei Province, China to 176 countries and territories.** Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of April 9, 2020, the outbreak has resulted in an estimated 1 521 252 cases and 92 798 deaths in 185 countries.

3. **Over the coming months, the outbreak has the potential to cause greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries.** The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past two months, especially in China, and is expected to remain depressed for months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there is a concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, supporting policy responses, and strengthening response capacity in developing countries – where health systems are weakest, and hence populations most vulnerable.

4. **The World Bank Group (WB) has created a dedicated FCTF to help developing countries address the emergency response to reduce the impacts of the outbreak.** The WB’s FCTF will be a globally coordinated, country-based response to support health systems and emergency response capacity in developing countries, focused largely on health system response, complemented by support for economic and social disruption.

5. **Globally, the WB’s support includes financing and technical assistance (TA). In terms of TA, to date the WB has contributed to the World Health Organization (WHO)-led development of a Strategic Preparedness and Response Plan outlining the public health measures for all countries to prepare for, and respond to, 2019-nCoV.** The strategic objectives of the Plan are to: (a) limit human-to-human transmission; (b) identify, isolate, and care for patients early; (c) identify and reduce transmission from the animal source; (d) address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics, and vaccines; (e) communicate critical risk and event information to all communities, and counter misinformation; and (f) minimize social and economic impact



through multi-sectoral partnerships. To support these, the Plan relies on three pillars:

- (a) rapidly establishing international coordination to deliver strategic, technical, and operational support through existing mechanisms and partnerships;
- (b) scaling up country preparedness and response operations, and
- (c) accelerating priority research and innovation.

B. Updated MPA Program Framework

Table 1. MPA Program Framework

Phase #	Project ID	Sequential or Simultaneous	Phase’s Proposed DO*	IPF, DPF or PforR	Estimated IBRD Amount (\$ million)	Estimated IDA Amount (\$ million)	Estimated Other Amount (\$ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
#	P173616	Simultaneous	Please see relevant PAD	IPF	0	25.8	0		substantial

6. All projects under SPRP are assessed for ESF risk classification following the Bank procedures and the flexibility provided for COVID-19 operations.

C. Learning Agenda

7. **The country project under the MPA Program will support adaptive learning throughout the implementation, as well as from international organizations including WHO, IMF, CDC, UNICEF, and others.**

At the Country level the following will be targeted for learning agenda:

- **Technical:** Cost and effectiveness assessments of prevention and preparedness activities.
- **Supply chain approaches:** Assessments may be financed on options for timely distribution of medicines and other medical supplies within the country.
- **Social behaviors:** Assessments on the compliance and impact of social distancing measures under different contexts.
- **Economic:** Assessments of economic impact of the pandemic.

8. **The Fast Track COVID-19 Facility and the proposed operation draw upon lessons learned from past World Bank responses to global crises and outbreaks**, including the various Ebola outbreaks, the Global Food and Avian Influenza Crises in 2007-08, and the 2017 Food Price Crisis Response, among others. Swift detection of an outbreak, assessment of its epidemic potential and rapid emergency response can reduce avoidable mortality and morbidity and reduce the economic, social, and security impacts. Failure in the rapid mobilization of financing and coordination of response can result in unnecessary casualties and significant socioeconomic consequences. As highlighted by the SARS and the West African Ebola Virus Disease (WA-EVD-) outbreak, the cost of outbreak control and socioeconomic losses rises exponentially with delayed detection, reporting, and action, and close technical coordination is needed across countries to prevent and control the transboundary



spread of the disease. Although delayed by several months from the onset of cases, the global response to EVD-WA was eventually effective in stopping the outbreak. The failure in the rapid mobilization of financing and the coordination of response resulted in unnecessary casualties of over 11,000 persons, and significant socioeconomic consequences across the sub-region. The economic and social costs of the EVD-WA crisis are estimated to have totaled US\$53 billion.

9. **Use of an umbrella programmatic approach adaptable to country need can also facilitate a flexible rapid response.** Such programmatic approaches also help to reduce project preparation times, enabling countries to choose from a menu of relevant activities depending on country conditions and can provide such a platform for high-level policy and regulatory harmonization, cooperation, and coordination between countries, especially in times of emergency.

II. CONTEXT AND RELEVANCE

A. Country Context

10. **Mali is a semi-arid, landlocked, low-income country with high demographic growth.** With an annual per capita income of about US\$750 in 2016, Mali is in the group of the 25 poorest countries in the world. The country's economy is predominantly rural and informal: agriculture and natural resource rents represent about 45 percent of Gross Domestic Product (GDP), 75 percent of the population resides in rural areas, and 80 percent of the jobs are in the informal sector. Mali's population is estimated at 19 million (2018) with a high average growth rate at around 3 percent per year and a median age of 16 years. Most of the Malian population lives in the South of the country, and the Northern regions of Tombouctou, Gao and Kidal represent less than 10 percent of total population. With an average population density of about 16 inhabitants per square kilometer (55 in the South and two in the North), Mali is one of the least densely populated countries in the world.

11. **Human capital in Mali is among the lowest in the world, and low health outcomes are a key driver of the country's underperformance in the Human Capital Index (HCI).** Mali is currently the 4th lowest scoring (32 out of 100) country in the world against the Human Capital Index recently released by the World Bank.

12. **The political and security situation in Mali has been volatile since the 2012 coup d'état and following the implementation of the Algiers Peace Agreement in 2015.** Particularly, the northern half and central areas of the country have faced significant Fragility, Conflict and Violence (FCV). Mali has been classified by the World Bank as an FCV country since 2014. In May and June 2015, a peace agreement was signed by the Government and two armed groups to end the conflict in the north of the country. The peace agreement has created the minimum conditions for the Malian authorities to address the challenges of poverty reduction, including in the North. However, implementation remains challenging as the security situation in North Mali remains volatile – and has also spread to Central Mali.

13. **With the detection of the first COVID case(s) in Mali in late March 2020, the global COVID-19 outbreak is expected to have a significant negative impact on Mali's economy.** The indirect impact of COVID-19 -- the anticipated slowdown in the global economy -- will likely reduce trade and disrupt supply chains of living commodities. The scale of the effects of a pandemic-driven global economic downturn and its impact on Mali's economy are difficult to predict at this stage.



B. Sectoral and Institutional Context

14. **The performance of health systems in Mali is weak.** It suffers from chronic insufficiency of financial and human resources, limited institutional capacity and infrastructure, weak health information systems, absence of community participation, and lack of transparency and accountability. Public sector spending on health is generally low. Mali does not meet the Abuja target of ensuring 15 percent of Gross Government Expenditure (GGE) is allocated to health. Mali's Joint External Evaluation (JEE) as well as country-led self-assessments reveal great weaknesses in health systems in terms of infectious disease and antimicrobial resistance (AMR) surveillance, epidemic preparedness and response. These include a lack of the following: (i) fit for purpose health workforce for disease surveillance, preparedness and response at each level of the health pyramid; (ii) functional community level surveillance and response structures; (iii) sufficient availability of laboratory infrastructure for timely and quality diagnosis of epidemic-prone diseases; (iv) interoperability of different information systems; (v) adequate infection prevention and control standards, infrastructure and practices; (vi) efficient management of the supply chain system; and (vii) regional surge capacity for outbreak response, stockpiling of essential goods, information sharing and collaboration.

15. **Although Mali has improved indicators and some health outcomes, it is at high risk for epidemics.** The country has already faced five epidemics since January 2020. The country has reported outbreaks/epidemics of major infectious diseases, including Yellow Fever, Rift Valley Fever (RVF), Crimean-Congo Hemorrhagic Fever (CCHF), Dengue Fever, and Measles. However, improvements of other health indicators remain a challenge in Mali with high infant and under five mortality rates of 54 and 101 deaths per 1000 live births respectively. Children suffer from both chronic and acute malnutrition with prevalence of stunting as high as 27 percent in children under five years old.

16. **Infectious disease burdens are high in Mali.** Mortality and morbidity are dominated by many endemic and epidemic communicable diseases (including malaria, Acute Respiratory Illness (ARI), diarrheal diseases, malnutrition, cholera, meningitis, HIV/AIDS, tuberculosis). Mali has adopted the One health (OH) principle, allowing the country to implement in a coordinated approach, along the lines of the OH concept with the help of West Africa Health Organization (WAHO). The Mali One Health process was launched in April 2018. A multisectoral national committee for OH has been created through the Office of the Prime Minister, chaired by the MOH, the ministry responsible for overall project implementation. The committee includes the ministries of livestock, economy and finance, education, agriculture, security, environment and sustainable development, communications, and representatives from local, regional and global partners. The committee will review annual workplans and budgets, monitor project progress and approve annual project reports, meeting at least twice annually.

17. **The Joint External Evaluation (JEE) of the International Health Regulation (IHR) Core Capacities conducted in 2017 found that many technical capacities for detecting, preventing and rapidly responding to emerging diseases and public health emergencies remain too weak.** Mali's capacities in all 19 technical areas evaluated were categorized as limited or not in place under the JEE categorization system. Overarching challenges included significant funding gaps, human resources capacity especially at the community level, intersectoral collaboration and coordination, and the application of solid monitoring and evaluation mechanisms.



18. **COVID-19 in Mali:** As of April 7th, 2020, 56 cases of COVID-19 have been diagnosed in Mali and many more suspected cases have been reported and are being tested. In response to COVID-19, the Minister of Health and Social Affairs has prepared a COVID-19 National Action Plan with five strategies: (1) Prevention Strategy for the introduction of COVID-19 in Mali; (2) Case Management Strategy and Break in the Transmission Chain; (3) Multisectoral Response Strategy; (4) Health Strategy, and (5) Communication Strategy. The following activities are ongoing:

- **Coordination:** The coordination is organized as follows: (i) at the central level, a coordination unit chaired by the Secretary General of the Ministry of Health and Social Affairs is in place. It is made up of the central directorates of the department and meets every day to take stock of the situation; (ii) at the regional and district levels the crisis, epidemic and disaster management committees have been put in place and are responsible for coordinating prevention and response actions; (iii) at the West African regional level, regular contacts with the WAHO have been established for information sharing; (iv) the Minister of Health and Social Affairs chairs regular coordination meetings with partners to share information on the outbreak and on their needs; and (v) the national defense council chaired by the Head of State meets if necessary, to take critical decisions, like closure of airport, night clubs, schools.
- **Surveillance:** A surveillance system is in place at the airport and is functioning well. A surveillance system is also in place at the borders of Côte d'Ivoire, Burkina Faso, Senegal, Guinea and Mauritania, but is not as effective as at the airport. The government is still working on its improvement.
- **Laboratory tests:** There are currently four laboratories in Bamako and one mobile laboratory which are equipped to carry out COVID-19 diagnostic tests. The current stock of laboratory tests is around 2000 tests which seems to be low. The government plans to set up in each region a laboratory which can do COVID-19 diagnostic tests.
- **Communication:** This is done essentially through production and dissemination of awareness messages on radio and television; press conference; posters.
- **Social mobilization** is done through religious and traditional leaders, associations of women and young people; and traditional healers, and community organizations.
- **Preparation of treatment centers:** on March 24, 2020, Mali had four COVID-19 screening centers, and three COVID-19 treatment centers, with a total of 37 beds available, which is not enough to handle the increasing number of COVID-19 patients in the country. There is a possibility to increase the capacity of these treatment centers with 173 additional beds. The number of ventilators available in the country is 56 (41 in public health facilities and 15 in private health facilities). The Ministry of Health has planned to purchase 60 additional ventilators.

19. **The Regional Disease Surveillance Systems Enhancement (REDISSE) III project in Mali is focusing on strengthening the country's capacity for pandemic preparedness and response; however, an emergency response to COVID-19 is needed.** Since June 2018, Mali has been part of the REDISSE III project. REDISSE aims to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in West Africa. The project management team has participated in the development of the Mali National Action Plan. It is a member of the crisis committee and participates in the meetings of the COVID-19



central committee. This newly proposed emergency operation will complement the efforts of REDISSE III. So far, REDISSE III has supported the training of Rapid Intervention Teams (EIRs); incident managers at the border; and health workers in the regions of Kayes, Sikasso, Koulikoro. Since the start of the epidemic, REDISSE III has funded communication and social mobilization; strengthened the laboratory system and surveillance system; and has facilitated the acquisition of health materials and equipment. REDISSE III's total investment to the COVID-19 response plan is around US\$ 4.5 million. This project seeks to enhance some of the activities that are more critical for the COVID-19 response – i.e., social and behavior change communication, national and subnational coordination, and prevention, surveillance and case management specific to COVID-19.

20. The proposed project will address weaknesses identified by the government in the COVID-19 National Action Plan and will complement REDISSE III. The proposed project will focus on funding the pandemic emergency response to Covid-19 especially for activities that are not eligible for funding under REDISSE III. This new project is being sought instead of triggering the CERC under REDISSE to allow Mali to access new funds under the Covid-19 MPA rather than divert much needed funds under REDISSE III. Support from the proposed project and from REDISSE III will be harmonized to complement each other in relation to Covid-19 prevention, preparation and response. To ensure this harmonization, the REDISSE Project Implementation Unit (PIU) will also implement the proposed project to ensure maximum complementarity.

C. Relevance to Higher Level Objectives

21. The project is aligned with World Bank Group strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity. The project focus on preparedness is also critical to achieving Universal Health Coverage. It is aligned with the World Bank's support for national plans and global commitments to strengthen pandemic preparedness through three key actions under Preparedness: (i) improving national preparedness plans including organizational structure of the government; promoting adherence to the International Health Regulations (IHR); and utilizing international framework for monitoring and evaluation of IHR. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden suffered both by individuals and countries. The project complements both WBG and development partner investments in health systems strengthening, disease control and surveillance, promoting a change in individual and institutional behavior, and strengthening citizen engagement. Further, as part of the proposed IDA19 commitments, the World Bank will "support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment)." The project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response (IDSR), and the World Organization for Animal Health (OIE) international standards, the Global Health Security Agenda, the Paris Climate Agreement (by ensuring more virtual modalities of communication and information sharing, including telemedicine approaches, thereby reducing the carbon footprint), the attainment of Universal Health Coverage and of the Sustainable Development Goals (by strengthening the health system overall to be more resilient in the face of pandemics), and the promotion of a One Health approach (in conjunction with REDISSE III).

22. The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic, utilizing all WBG operational and policy instruments and working in close partnership with government and other agencies. Grounded in One Health, which provides for an integrated approach across sectors and disciplines, the proposed WBG response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA/IBRD-eligible countries in addressing the



health sector and broader development impacts of COVID-19. The WBG COVID-19 response will be anchored in the WHO's COVID-19 global Strategic Preparedness and Response Plan (SPRP) outlining the public health measures for all countries to prepare for and respond to COVID-19 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.

III. PROJECT DESCRIPTION

A. Development Objectives

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

23. **Project DO statement:** The objective of the Project is to strengthen the capacity of the Recipient to prepare, prevent for and respond to COVID-19 pandemic.

PDO level indicators:

24. The PDO will be monitored through the following PDO level outcome indicators:
- Number of suspected cases of COVID-19 reported and investigated based on national guidelines;
 - Number of beds in Intensive Care Unit (ICU) available to appropriately handle severe cases;
 - Percentage of laboratory-confirmed cases of COVID-19 treated per approved protocol;

B. Project Components

25. **The project has three components:** (1) Emergency COVID-19 Response, (2) Increase Access to Health Care Services, (3) Implementation Management and Monitoring and Evaluation.

26. **Component 1. Emergency COVID-19 Response** (US\$ 17.8 million equivalent): This component will support the country's ability to promote an integrated response to COVID-19 through improved prevention measures, case detection, treatment, laboratory capacity and surveillance. Furthermore, this component will support efforts that will enable the country to mobilize surge response capacity through trained, motivated and well-equipped frontline health workers. The component also will finance provisions for emergency response activities targeted at migrant and displaced populations in fragile, conflict or humanitarian emergency settings compounded by COVID-19. This component has 4 subcomponents:

27. **Subcomponent 1.1. Prevention through Community Engagement and Social and Behavior Change Communication** (US\$ 3 million): This sub-component will support development and testing of social and behavior change (SBC) messages and materials around hand-washing, hygiene and physical distancing. SBC activities will promote cost effective channels of communications such as radio, television and social media as appropriate and SBC campaigns in schools and workplaces, and through ongoing outreach activities of various ministries and sectors, especially ministries of health, education, agriculture, and transport. This component will primarily finance the production of SBC and mass media products as well as buying the air time, SMS, or other methods of mass media. Community mobilization activities through civil society organizations including religious and traditional leaders, community health workers and community organizations will also be



supported, especially in rural areas. Community Health Workers (CHWs) will be trained for this purpose. Provisions will be made to strengthen the Emergency Operation Center and a national 24/7 call center for responding to inquiries about coronavirus. This could include enabling free calls to the call center, implementing coronavirus-specific protocols, including having clinical personnel perform triage and/or diagnosis (telemedicine), referral methods to ensure potentially positive patients are seen, including messaging platform, and automation such as Interactive Voice Response or chatbots.

28. **Subcomponent 1.2. Improving Case Detection, Confirmation, Contact Tracing, Recording and Reporting (US\$ 3 million):** This sub-component will finance the following activities: (i) disease surveillance activities including early detection, investigation, active contact tracing, risk assessment, on-time data and information collection and utilization; (ii) establishing and/or upgrading laboratory capacity including purchase of equipment as well as training of personnel; (iii) procurement of laboratory tests and related supplies; (iv) support to strengthen health management information systems to facilitate recording and real-time sharing of information; (v) hardware and software needs such as internet connection and telephone communication of health facilities at operational, regional and central levels; and (vi) organization of screening at all points of entry into the country, including working with partners such as the International Organization for Migration and others to take temperatures and ask basic screening questions to determine necessity of referral.

29. **Subcomponent 1.3. Treatment and Management of COVID-19 cases (US\$ 8.8 million):** This sub-component will finance: (i) technical assistance for preparedness planning and training to provide optimal medical care, maintain essential community services and to minimize risks for patients and health personnel, (ii) implementation of plans for establishing specialized and intensive care units and beds in selected primary care facilities and hospitals, including rehabilitation, medical equipment and supplies provision, treatment guidelines, clinical training of health workers that will lead to strengthened clinical care capacity, and other operational expenses ; (iii) purchase of all infection control commodities, consumables and personal protective equipment including masks, gloves, gowns, cleaning supplies, autoclaves, etc. as well as strengthening medical waste management and disposal systems; (iv) reinforcement of human resources through mobilization of additional health personnel; and (v) purchase and installation of modular clinics to increase the hospital bed capacity of the country. These modular clinics will be installed not only in Bamako, but also regions, and will contribute to enhancing in-patient and outpatient service delivery capacity needed in the country.

30. **Subcomponent 1.4. Financial, food and basic supplies to households and patients (US\$ 3 million):** This component aims to address the significant negative economic impact on COVID-19-affected households using different safety net mechanisms. It will finance emergency financial support, in the form of cash transfers to quarantined households and to people in isolation and treatment centers. Moreover, under this component the provision of food and basic supplies to quarantined populations and COVID-19 affected households, as well as to people in treatment and isolation centers will be supported. The financial support to this group of people will mitigate the loss of household income due to job losses that may result from business closure, including the informal sector, during the outbreak, and will prevent them from breaking their isolation or quarantine for economic reason. Detailed procedures and arrangements related to the implementation and verification of this activity will be developed in the project implementation manual, including modalities of payments.

31. **Component 2. Increase access to health care services (US\$ 6 million equivalent):** This component will



promote timely access to health care by providing facilities with financing screening and treating for COVID-19 to ensure that other essential services are not crowded out. This component will also cover fee waivers for clients wishing to seek health care services for suspected COVID-19.

32. **Subcomponent 2.1. Support for health providers (US\$ 3 million):** Since management of COVID-19 patients places substantial pressure on health staff, this subcomponent will finance strategies to keep staff motivated while protecting themselves and maintaining good quality of health care provided to the patients. The strategies include: (i) hazard pay for front-line health workers to respond to COVID-19; the Project Implementation Manual (PIM) will describe payment processes and set up a strong but agile monitoring system; and (ii) regular supervision and quality evaluation of treatment centers by health authorities/regulators.

33. **Subcomponent 2.2. Fee waivers at facilities (US\$ 3 million):** The Government of Mali wishes to remove any and all barriers to seeking screening, testing and treatment for people who might be infected with COVID-19. To this end, the government will instate a policy of fee waivers for all individuals wishing to be screened or treated for COVID-19. This subcomponent will provide support to health facilities treating COVID-19 patients to compensate for loss of revenue from these user-fee removals. This will help mitigate the potential economic impact on households directly affected by COVID-19, as well as help maintain services at the facilities.

34. **Component 3. Implementation Management and Monitoring and Evaluation (US\$: 2 million equivalent):** This component has two subcomponents.

35. **Subcomponent 3.1. Implementation management (US\$ 1 million):** This subcomponent will finance operational costs of the PIU. These include equipment, staff and other operational expenses needed to implement the project. This component will also support the routine health information system which is deployed through the DHIS2 platform. DHIS2 will be further developed following WHO guidelines to include COVID-19 case detection and patient-contact monitoring and tracing, as well as recording of travelers at the country's port of entries.

36. **Subcomponent 3.2. Monitoring, evaluation and coordination (US\$ 1 million):** This subcomponent will finance monitoring and evaluation activities, including innovation information and technology (IT) needed to track and manage information. This subcomponent will also finance coordination activities. These include meetings of steering committees and coordination meetings at different level of the health system.

C. Project Beneficiaries

37. **The expected project beneficiaries will be the population at large, including migrants and internally displaced people,** given the nature of the disease as well as infected people, at-risk populations, particularly the elderly and people with chronic conditions, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response in participating countries.



IV. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

38. **Intersectoral coordination and steering level.** The steering committee for REDISSE III, hosted by the One Health Platform, will be the intersectoral coordination and steering committee of the proposed project. It is a multisectoral national committee for OH created through the Office of the Prime Minister, chaired by the Minister of Health and Social Affairs. The committee includes the ministries of livestock, economy and finance, education, agriculture, security, environment and sustainable development, communications, and representatives from local, regional and global partners. The committee will review annual workplans and budgets, monitor project progress and approve annual project reports, meeting at least twice annually.

39. **Project management:** It includes fiduciary aspects (financial management and procurement), monitoring and evaluation (M&E), knowledge generation and management, communication, monitoring and implementation of social and environmental safeguard measures. It also provides for critical cross-cutting institutional support, meeting capacity-building and training needs identified in the country on top of specific technical capacity-building activities undertaken within the technical components (including support to the management of operational research. The project will be managed by the REDISSE PIU housed in the Ministry of Health and Social Affairs (MOHSA). The National Institute of Public Health (NIPH), is the department in the MOHSA, which is in charge of coordinating COVID-19 activities in Mali. The PIU will work in collaboration with the INSP to develop an operational plan and implement activities supported by this project. Across all components, the project will promote partnership with the private sector to improve areas of known weaknesses in the provision of public goods across all project activities.

40. **Implementation arrangements:** The existing PIU established for the World Bank-funded REDISSE III project within the Ministry of Health and Social Affairs, will manage the project. This PIU already has qualified staff namely: a project coordinator, financial management specialist, accountant, procurement specialist, M&E specialist, communications specialist, environmental specialist and a social specialist. It will be strengthened by additional staff if need be.

B. Results Monitoring and Evaluation Arrangements

41. **Monitoring and Evaluation (M&E) activities will be the responsibility of the Ministry of Health and Social Affairs and Social Affairs.** A set of indicators to be monitored and documented to assess performance and progress toward meeting the project objectives as described in the Results Framework (RF) in Section VIII.

42. **There is an overall RF to measure project and national progress with customized annual targets.** The indicators associated with this project will be followed closely according to the specifications detailed in the Results Framework. Given the quickly evolving nature of the epidemic response, many if not most indicators will have to be monitored frequently to assess progress and bottlenecks to progress with respect to key surveillance functions and management of cases. Most indicators rely on existing international tools for evaluating IHR and OIE compliance and progress, namely the JEE and PVS tools to minimize the burden of data collection on countries.



43. **Large volumes of personal data, personally identifiable information and sensitive data are likely to be collected and used in connection with the management of the COVID-19 outbreak under circumstances where measures to ensure the legitimate, appropriate and proportionate use and processing of that data may not feature in national law or data governance regulations, or be routinely collected and managed in health information systems.** In order to guard against abuse of that data, the Project will incorporate best international practices for dealing with such data in such circumstances. Such measures may include, by way of example, data minimization (collecting only data that is necessary for the purpose); data accuracy (correct or erase data that are not necessary or are inaccurate), use limitations (data are only used for legitimate and related purposes), data retention (retain data only for as long as they are necessary), informing data subjects of use and processing of data, and allowing data subjects the opportunity to correct information about them, etc. In practical terms, operations will ensure that these principles apply through assessments of existing or development of new data governance mechanisms and data standards for emergency and routine healthcare, data sharing protocols, rules or regulations, revision of relevant regulations, training, sharing of global experience, unique identifiers for health system clients, strengthening of health information systems, etc.

C. Sustainability

44. **This project is an emergency operation to respond to a crisis due to the pandemic of COVID-19.** Sustainability is ensured through the World Bank financed project REDISSE III which is meant to strengthen the country pandemic preparedness and response. The World Bank has financed since 2018 support to IHR and disease outbreak response activities through the REDISSE III project (a five year project). The implementation of the REDISSE III project, is complemented by funding from the national budget. REDISSE III has been identifying opportunities and collaborating with national and development partners to build synergies and ensure that ongoing and future investments and outcomes are sustainable. As such, the United States Government and other contributors to the Global Health Security Agenda (GHSA) are considered among the country's primary engagements. In addition, the World Bank has initiated the development of a mechanism for pooling contributions from multiple donors, the REDISSE Multi-Donor Trust Fund (MDTF), with the objective of ensuring an improved resource coordination and longer-term commitment to health systems capacity building for disease surveillance and response. Efforts will also be made to estimate future financial and technical needs for both the regional and individual country. Furthermore, modular clinics that will be procured for this project will remain in the health system after the outbreak and will contribute to reduce the current health service capacity gap in the country.

45. **Further, sustainability will also depend on commitments of the country and WAHO** to treat these needs as a high priority as reflected in policies and inclusion of incremental domestic financing by the country into annual budgets.

V. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

46. **Although there are very significant gaps in knowledge of the scope and features of the COVID-19 pandemic, it is apparent that one main set of economic effects will derive from increased sickness and death among humans and the impact this will have on the potential output of the global economy.** In the Spanish



Influenza pandemic (1918-19) 50 million people died -- about 2.5 percent of the global population of 1.8 billion. The most direct impact would be through the impact of increased illness and mortality on the size and productivity of the world labor force. The loss of productivity as a result of illness which, even in normal influenza episodes is estimated to be ten times as large as all other costs combined will be quite significant.

47. **In addition to its heavy health and human toll, the COVID-19 outbreak further exacerbates an already fragile global economic outlook and can further set back the fight against poverty.** Potential tightening of credit conditions, weaker growth and the diversion of expenditures to fight the outbreak are likely to cut into government revenues and their ability to invest to meet education, health and gender goals. The poor will be hit particularly hard. Current estimates suggest that a 1 percent decline in developing country growth rates traps an additional 20 million people into poverty.

48. **Another significant set of economic impacts will result from the unintended consequences of individuals trying to prevent infection and/or reduce the effects.** The SARS outbreak of 2003 provides a good example. The measures that people took resulted in a severe demand shock for services sectors such as tourism, mass transportation, retail sales, and increased business costs due to workplace absenteeism, disruption of production processes and shifts to more costly procedures. The number of deaths due to SARS was estimated at “only” 800 deaths and it resulted in economic losses of about 0.5 percent of annual GDP for the entire East Asia region, concentrated in the second quarter. Prompt and transparent public information policy can reduce economic losses.

49. **A last set of economic impacts are those associated with governments’ policy efforts to prevent the epidemic, contain it, and mitigate its harmful effects on the population.** These policy actions can be oriented to the short, medium or long-term or, in spatial terms to the national, regional or global levels.

B. Fiduciary

50. **The World Bank’s Financial Management (FM) team assessed the project implementing entity.** The objective was to determine whether the implementing entity has acceptable FM arrangements, which will ensure that: (a) funds are used for the intended purposes in an effective and efficient manner; (b) reliable, timely and accurate financial reports are prepared; and (c) project assets are appropriately recorded and safeguarded. The assessment complies with the World Bank policy and directives on investment financing.

51. **The proposed project will support the implementation of Mali COVID-19 Plan endorsed by the Minister of Health.** Mali COVID-19 Emergency Response Project will be implemented by the PIU of the ongoing REDISSE III. The REDISSE III PIU has the responsibility for overall coordination of the implementation and monitoring of COVID-19 plan. The Steering Committee will provide technical and strategic guidance for the overall project implementation.

52. **The overall FM performance of the REDISSE III is Satisfactory.** Staffing has remained adequate and proper books of accounts and supporting documents have been kept. The accounting system in place is adequate but will be customized to include the bookkeeping of the new project. The REDISSE III FM team which consists of a Financial Management Officer and Accountant is also adequate and will be able to manage the COVID-19 project. However, during the Project implementation, the PIU can hire additional qualified staff if the workload requires it.



53. **The project FM risk is considered substantial.** Mali 's portfolio is characterized by substantial fiduciary risks with several allegations of non-compliance frequently detected. This risk is reinforced taking into account the risk of fraud and corruption related to new activities such as cash transfers to vulnerable individuals affected by COVID-19 and fund transfers to support health facilities related to compensation of fee-waivers to access medical care for COVID-19. The proposed risk mitigation measures are as follows: (i) elaborate PIM which shall provide information on the fiduciary (FM and Procurement) requirements, including the management of hazard pay (eligibility criteria, pay scales and beneficiary headcount rationalization, payment method and monitoring mechanisms) no later than two months after effectiveness; (ii) elaborate Funds Transfer Manual describing in detail the eligibility criteria, the amount, the frequency, the payment channel, and the reporting framework of the transfer of funds to health centers to compensate for the impact of free-access to health facilities related to COVID-19 and cash transfers to vulnerable individuals affected by COVID-19; (iii) customize the existing accounting software to include the bookkeeping of the project and generate interim financial reports and financial statements no later than two months after effectiveness; (iv) update the internal audit annual plan to take into account this project's activities and associated risks ; and (v) signing an agreement with the Office of General Auditor (Bureau du Verificateur General-BVG) no later than two months after effectiveness to allow BVG to carry out semi-annual audits of the project. In the same way, to mitigate risk with cash transfers, this activity will be implemented directly by the PIU. However, **the residual risk remains substantial** due to the emergency nature and activities of the project.

54. **Financial reporting arrangements** will remain the same as for the REDISSE III project. The project implementing unit will prepare quarterly unaudited interim financial reports (IFRs) for the new project and provide such reports to the Bank within 45 days of the end of each calendar quarter.

55. **Supervision plan.** Given that travel restrictions for World Bank staff and government civil servants can have an impact on supervision, the World Bank project team will use alternative/adaptive ways to supervise the project.

56. **External audit:** BVG will conduct a semi-annual audit and the audit report should be submitted to the World Bank within four months following the end of semester. The audit report shall include a management letter setting out any internal control weaknesses. The audit shall include value for money and physical verification aspects in the use of the project expenditures. BVG has displayed reasonable assurance of independence and provided satisfactory audited reports.

57. **For disbursement purposes, a designated account will be opened in a financial institution acceptable to IDA and managed by the PIU.** The disbursements will be based on Statements of Expenditures. Other disbursement methods reimbursement, special commitment and for instance Direct payment will apply as well. Given that the processing of this operation is under situations of urgent need of assistance or capacity constraints, disbursements under contracts for goods, works, non-consulting services and consulting services procured or selected through international open, or limited competition, or Direct Selection, as set out in the procurement plan, must be made only through Direct Payment and/or Special Commitment disbursement methods.



(ii) Procurement

58. **Procurement under the MPA will be carried out in accordance with the World Bank's Procurement Framework.** Procurement by the Mali COVID-19 Emergency Response Project will follow the Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018). The Project will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. The Project will use the Systematic tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.

59. **The major planned procurement is expected to include :** (i) medical/laboratory equipment and consumables, (ii) personal protective equipment (PPE) in facilities and triage, (iii) clinical management equipment, (iv) refurbishment and equipment of medical facilities, (v) technical assistance for updating or reviewing national plans and costs, (vi) human resources for response, and (vii) expertise for development and training of front-line responders. Preparation of the streamlined project procurement strategy for development (PPSD) has been deferred to implementation. An initial procurement plan for the first three months has been agreed with the Borrower.

60. **Country procurement approaches will utilize the flexibility provided by the Bank's Procurement Framework for fast track emergency procurement.** Key measures to fast track procurement include: (i) use of simple and fast procurement and selection methods fit for an emergency situation including direct contracting, as appropriate, (ii) streamlined competitive procedures with shorter bidding time, (iii) use of framework agreements including existing ones, (iv) procurement from UN Agencies enabled and expedited by Bank procedures and templates, (v) use of procurement agents, (vi) force account, as needed, and (vii) increased thresholds for Requests For Quotations and national procurement, among others. As requested by the borrower, the Bank will provide procurement hands-on expanded implementation support to help expedite all stages of procurement – from help with supplier identification, to support for bidding/selection and/or negotiations to contract signing and monitoring of implementation.

61. **As per Para 12 section III of the IPF policy,** all contracts for works, goods, non-consulting services and consulting service procured or selected through international open or limited competition or Direct Selection, as set out in the procurement plan, shall be made only through Mandatory Direct Payment (MDP) and/or Special Commitment disbursement methods.

62. **Project design will provide a window to enable the Recipient to carry out Advance Contracting and Retroactive Financing in accordance with Section V (5.1&5.2) of the WB Procurement Regulations for IPF Borrowers.** The retroactive financing will be allowed up to 40 percent of the grant/credit covering the expenditures incurred by the project, on or after January 31, 2020.

63. **The project may be significantly constrained in purchasing critically needed supplies and materials due to significant disruption in the supply chain, especially for PPE.** The supply problems that have initially impacted PPE are emerging for other medical products (e.g. reagents and possibly oxygen) and more complex equipment (e.g. ventilators) where manufacturing capacity is being fully allocated by rapid orders from developed countries.



64. **Recognizing the significant disruptions in the usual supply chains for medical consumables and equipment for COVID-19 response, in addition to the above country procurement approach options available to countries, the Bank will provide, at borrowers' request, Bank Facilitated Procurement (BFP) to proactively assist them in accessing existing supply chains.** Once the suppliers are identified, the Bank could proactively support borrowers with negotiating prices and other contract conditions. Borrowers will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers, with the direct payment by the Bank disbursement option available to them. The BFP would constitute additional support to borrowers over and above usual Hands on Expanded Implementation Support which will remain available. If needed, the Bank could also provide hands-on support to Borrowers in contracting to outsource logistics.

65. **BFP in accessing available supplies may include aggregating demand across participating countries, whenever possible, extensive market engagement to identify suppliers from the private sector and UN agencies.** The Bank is coordinating closely with the WHO and other UN agencies (specifically WHO and UNICEF) that have established systems for procuring medical supplies and charge a fee which varies across agencies and type of service and can be negotiated (around 5 percent on average.) In addition, the Bank may help borrowers access governments' available stock.

66. **All the procurement approach options mentioned above remain available** depending on the country's preference in order to provide the most efficient and effective support to the project under the specific circumstances.

67. **Procurement will be carried out by the existing PIU established for the World Bank-funded REDISSE III project within the MOHSA.** To strengthen their procurement capacity, the MoH will consider hiring a qualified and experienced Procurement Specialist. Streamlined procedures for approval of emergency procurement to expedite decision making and approvals under the project would be agreed during implementation.

Procurement Risk

68. **To support the emergency response, Mali COVID-19 Emergency Response Project will utilize rapid disbursement procedures and simplified procurement processes in accordance with emergency operations norms.** The key procurement risk is failed procurement by countries due to lack of sufficient global supply of essential medical consumables and equipment needed to address the health emergency as there is significant disruption in the supply chain, especially for PPE. Other key procurement risks include borrowers import restrictions in place for goods/service providers/consultants/contractors from certain countries, as well as constraints in institutional and implementing capacity in borrowing countries, particularly where there are quarantines in place or other restrictions that impact on public administration.

69. **To help mitigate this risk, the Bank, at the borrower's request will provide BFP leveraging its comparative advantage as convener with the objective of facilitating borrowers' access to available supplies at competitive prices, as described in the procurement section of this document.** BFP in identifying suppliers and facilitating contracting between them and borrowers may bring a perception that the Bank is acting beyond its role as a financier with greater reputational and potentially litigation risks – these would relate to questions



of transparency, equity in terms of which borrowers get access to what and when, issues with quality, timeliness of delivery, value for money, and any other issues of contractual non-performance by the suppliers identified by the Bank. To partially mitigate these risks, the Bank and the Borrower will clearly delineate the roles and responsibilities of the Bank and the Borrowers for whom the Bank facilitates access to available supplies. Moreover, BFP is provided to mitigate the greater risk that the Bank could be providing financing for medical supplies that may not be readily available to developing countries. This more proactive approach in assisting borrowers is justified as an effective way to complement other procurement options and help clients achieve COVID-19 project development objectives on a fit-for-purpose basis.

70. The residual procurement risk is **Substantial**.

71. The Bank’s oversight of procurement will be done through increased implementation support, and increased procurement post review based on a 20 percent sample while the Bank’s prior review will not apply.

C. Legal Operational Policies

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

D. Environmental and Social Standards

72. **According to ESF requirements, the project’s environmental risk rating is substantial.** The main concerns relate to the occupational health and safety concerns related to the testing of sick individuals and handling of potentially contaminated materials, community health and safety and production and handling of medical healthcare wastes. The project will support the rehabilitation and equipment of select primary health care facilities and hospitals for the delivery of critical medical services generated with the increased demand posed by the outbreak. Support may include some civil engineering activities that may require additional environmental and social work. To mitigate the project’s risks and impacts, the project will prepare a dedicated ESMF that will include a Healthcare waste management plan, and an ESMP which will include Occupational and Community Health and Safety plan within 30 days after effectiveness. The project has prepared an ESCP and an SEP which will be updated during implementation.

73. **The social risk rating of the project is substantial due to the fact that some project activities can be socially hard to implement (physical distancing measures) and can be culturally unacceptable by project targeted beneficiaries.** This can lead to social conflict, especially because national law and regulation is weak in this domain where changing of behavior is critical to achieve some project results. Other risks relate to the fact that project efficiency is linked to major participation and involvement of all community members and in some of these communities vulnerable groups, there are marginalized people who are not considered to be taken into account during awareness activities and consultations. To mitigate these risks, a design of robust social inclusion will be necessary early on in project implementation. The project environmental and social instruments (ESMF) will outline specific guidelines for community mobilization and involvement in all project activities, and a specific strategy to



identify marginalized and vulnerable groups will be set up and shared with all project stakeholders. These instruments will provide guidance regarding how to assess Gender Based violence (GBV)/ sexual exploitation abuse (SEA) / sexual harassment (SH) risks and mitigation measures during implementation. The SEP will take into account religious leaders, traditional chiefs, locally elected officials and NGOs as stakeholders with specific roles to play in project implementation.

VI. GRIEVANCE REDRESS SERVICES

74. **Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the Bank's Grievance Redress Service (GRS).** The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the Bank's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the Bank's corporate Grievance Redress Service (GRS), please visit: <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

VII. KEY RISKS

75. **There are several risks that would be ranked substantial or high associated with this project.** To support emergency response, country-specific projects will utilize rapid disbursement procedures and simplified procurement processes in accordance with emergency operations norms. The key fiduciary risk is failed procurement due to lack of sufficient global supply of essential medical consumables and equipment needed to address the health emergency as there is significant disruption in the supply chain, especially for PPE. To help mitigate this risk, the Bank will leverage its comparative advantage as convener and facilitate borrowers' access to available supplies at competitive prices with the BFP described in the procurement section of this document.

76. **Environmental and social risks are substantial as outlined in paragraphs 71-72.** Considerable technical design and institutional risks of the project relate to the inability to mobilize surge capacity of healthcare workers combined with their attrition due to exposure to risk of infection, illness, lack of PPE, demotivation/burn-out, and poor pay. The project seeks to mitigate this risk by offering hazard pay to staff and by emphasizing infection control in facilities.

77. **Sectoral policies and strategies present further risk as no clear protocols or means of execution/enforcement exist to ensure disease control such as contact tracing and monitoring, isolation of cases and physical distancing.** The World Bank will work with the government and other technical and financial partners to have the necessary protocols and means to execute these in place.

78. **Finally, stakeholder risk is high as misinformation and lack of information abound combined with possible infringement of civil rights related to disease control measures.** Stakeholder engagement and consistent



messaging through a multifaceted social and behavior change campaign will be crucial to build trust in the government and the health system.

79. **The other risks such as macroeconomic collapse** are not unique to Mali as all countries facing the COVID-19 epidemic are grappling with the same issues.



VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Mali

MALI COVID-19 EMERGENCY RESPONSE PROJECT

Project Development Objective(s)

The objective of the Project is to strengthen the capacity of the Recipient to prepare, prevent for and respond to COVID-19 pandemic

Project Development Objective Indicators

Indicator Name	DLI	Baseline	End Target
strengthen Government capacity to Prevent, prepare for and respond to COVID-19 pandemic in Mali			
Number of suspected cases of COVID-19 cases reported and investigated based on national guidelines (Number)		171.00	10,000.00
Number of beds in Intensive Care Unit (ICU) available to appropriately handle severe cases (Number)		1.00	72.00
Percentage of laboratory confirmed cases of COVID-19 treated per approved protocol (Percentage)		0.00	95.00



Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	End Target
Component 1: Emergency COVID-19 Response			
Percentage of health centers/district hospitals with 100% of surveillance report sent to the health district or to the region per Ministry of Health Guidelines (Percentage)		53.00	85.00
Number of health workers trained on case definition, management, infection prevention and control for COVID-19 (Number)		0.00	3,000.00
Number of isolation centers, screening sites and quarantine centers established and equipped with medical supplies, protective equipment and laundry machines (Number)		3.00	20.00
Number of eligible households provided with cash transfers among affected populations (Number)		0.00	25,000.00
Number of eligible households provided with food and basic supplies within quarantined populations (Number)		0.00	25,000.00
Number of modular functional clinics in the country (Number)		0.00	80.00
Number of designated laboratories with COVID-19 functioning diagnostic equipment, test kits, and reagents per MOH guidelines (Number)		4.00	10.00
Component 2: Increase access to health care services			
Number of “One Health”-based simulation exercises conducted and certified by Ministry of Health/ Agriculture at national and sub-national levels; (Number)		0.00	11.00
Percentage of acute healthcare facilities with triage capacity (Percentage)		20.00	100.00
Component 3: Implementation Management and Monitoring and Evaluation			
Number of national weekly report on epidemic surveillance issued (Number)		11.00	52.00
Number of treatment, isolation & quarantine centers received		7.00	20.00



Indicator Name	DLI	Baseline	End Target
weekly supportive supervision and monthly review meetings (Number)			
Number of treatment, isolation & quarantine centers preparing daily report (Number)		7.00	20.00
Number of monthly assessed (using check list) treatment, isolation & quarantine centers (Number)		0.00	20.00

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Number of suspected cases of COVID-19 cases reported and investigated based on national guidelines	Number of suspected effectively cases tested	Weekly	COVID-19 report	Routine Data	National Institute of Public Health
Number of beds in Intensive Care Unit (ICU) available to appropriately handle severe cases	Number of beds equipped with machine needed to handle severe cases	Weekly	COVID-19 reports	Routine Data	Ministry of Health and National Institute of Public Health.
Percentage of laboratory confirmed cases of COVID-19 treated per approved protocol	Number of laboratory confirmed cases of COVID-19 treated per approved protocol/ number of laboratory confirmed cases of COVID-19	Weekly	COVID-19 report	Routine Data	National Institute of Public Health



Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Percentage of health centers/district hospitals with 100% of surveillance report sent to the health district or to the region per Ministry of Health Guidelines	Number of health centers/district hospitals with 100% of surveillance report sent to the health district or to the region per Ministry of Health Guidelines/Number of health centers/district hospitals	Weekly	Collection from surveillance report	Routine Data	General Directorate of Health of the MOH
Number of health workers trained on case definition, management, infection prevention and control for COVID-19	Number of people really trained according the MoH guideline	Quarterly	Training report	Routine Data	National Institute of Public Health
Number of isolation centers, screening sites and quarantine centers established and equipped with medical supplies, protective equipment and laundry machines	Number of isolation centers,+ number of screening sites + number of quarantine centers established and equipped with proper medical supplies, protective equipment and laundry. If a center is at the same time for isolation and screening or and quarantine center, it is counted once.	Monthly	Supervision report	Routine Data	National Institute of Public Health.
Number of eligible households provided with cash transfers among affected populations	Household with member in treatment centers, isolation centers or in	Monthly	Cash transfer report	Routine Data	Ministry of Health and Social Affairs



	quarantine area to who cash transfer has been made				
Number of eligible households provided with food and basic supplies within quarantined populations	Household with member in treatment centers, isolation centers or in quarantine area who have received food and basic supplies	Monthly	Distribution report	Routine Data	Ministry of Health and Social Affairs
Number of modular functional clinics in the country	Number of modular clinics, purchased, installed and which are functioning	Quarterly	Implementation report	Routine Data	Ministry of Health and Social Affairs
Number of designated laboratories with COVID-19 functioning diagnostic equipment, test kits, and reagents per MOH guidelines	Number laboratory well equipped and functional	Quarterly	COVID-19 report	Routine Data	National Institute of Public Health
Number of "One Health"-based simulation exercises conducted and certified by Ministry of Health/ Agriculture at national and sub-national levels;	Number of simulations done	Quarterly	Simulation report	Routine Data	National Institute of Public Health
Percentage of acute healthcare facilities with triage capacity	Number of treatment healthcare facilities with isolation capacity/Number of treatment healthcare facilities	Quarterly	Quality evaluation/supervision of treatment centers report	Routine Data	National Institute of Public Health
Number of national weekly report on epidemic surveillance issued	Total number of national reports issued	Weekly	Epidemic surveillance report	Routine Data	General Directorate of Health of the MoH.



Number of treatment, isolation & quarantine centers received weekly supportive supervision and monthly review meetings	Number of treatment, isolation & quarantine centers which has received weekly supportive supervision and monthly review meetings	Quarterly	Supervision report	Routine Data	National Institute of Public Health
Number of treatment, isolation & quarantine centers preparing daily report	Count the number of treatment, isolation & quarantine centers which have their daily report	Weekly	Supervision report	Routine Data	National Institute of Public Health
Number of monthly assessed (using check list) treatment, isolation & quarantine centers	Count the number of treatment, isolation & quarantine centers which has been assessed with a quality checklist	Monthly	Supervision report	Routine Data	National Institute of Public Health



ANNEX 1: Project Costs

COUNTRY: Mali
MALI COVID-19 EMERGENCY RESPONSE PROJECT

COSTS AND FINANCING OF THE PROJECT

Program Components	Project Cost (US\$ million)	IBRD or IDA Financing US\$ million)	Trust Funds US\$ million)	Counterpart Funding US\$ million)
Component 1: Emergency COVID-19 Response	17.80	17.80	0.00	0.00
Component 2: Increase access to health care services	6.00	6.00	0.00	0.00
Component 3: Implementation Management and Monitoring and Evaluation	2.00	2.00	0.00	0.00
Total Costs	25.80	25.80	0.00	0.00
Total Costs	25.80			
Front End Fees				
Total Financing Required	25.80			