



Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 18-Feb-2021 | Report No: PIDC31374

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

Country Mozambique	Project ID P175884	Parent Project ID (if any)	Project Name Mozambique COVID-19 Strategic Preparedness and Response Project (P175884)
Region AFRICA EAST	Estimated Appraisal Date Mar 15, 2021	Estimated Board Date May 19, 2021	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Economy and Finance	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

To support the Government of Mozambique to acquire and deploy COVID-19 vaccines, and to strengthen its immunization capacity.

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

Total Project Cost	100.00
Total Financing	100.00
of which IBRD/IDA	100.00
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	100.00
IDA Grant	100.00

Environmental and Social Risk Classification

Concept Review Decision



Substantial

Track II-The review did authorize the preparation to continue

Other Decision (as needed)

B. Introduction and Context

Country Context

- 1. The coronavirus disease (COVID-19) pandemic hit Mozambique as it was attempting to recover from multiple shocks, including a hidden debt crisis in 2016, two tropical cyclones in 2019, and ongoing conflict affecting the northern and central regions.** Mozambique's track record of sustained high growth has been disrupted, taking a heavy toll on the economy. In 2020, Mozambique experienced its first economic contraction in nearly three decades. Real gross domestic product (GDP) is estimated to have declined by 0.8 percent in 2020, compared to a pre-COVID estimate of 4.3 percent growth, with significant downside risks. Mozambique is expected to continue to experience large external and fiscal financing gaps in 2021. This will further constrain already underfinanced social services for health, education, and social protection as demand increases.
- 2. The pandemic and its side effects have jeopardized years of hard-won development gains, with a sizeable number of Mozambicans expected to fall back into poverty.** Livelihoods, food security, and nutrition have worsened with reduced incomes. The pandemic has had a particularly severe impact on the poor in urban and peri-urban areas, more affected by containment measures and business closures. Mozambique's urban poverty rate is projected to have increased from 32 to at least 34.1 percent by the end of 2020, widening inequalities and pushing an additional 250,000-300,000 urban people into poverty on account of employment and income losses, price increases and a deterioration of public services. The pandemic is also likely to exacerbate pre-existing factors of fragility, aggravate existing gender inequalities, and increase risks of gender-based violence (GBV).
- 3. Efforts are needed to protect and advance lagging human capital gains jeopardized by service interruptions.** Mozambique's Human Capital Index (HCI) shows that a child born today will be 36 percent as productive when she grows up as she could be if she enjoyed full health and complete education. This places Mozambique below the average for the sub-Saharan Africa region of 0.40, limiting the country's potential for growth. COVID-19 threatens to reverse gains in human capital outcomes by exacerbating weakness in health, education and social protection systems. Investing and protecting frontline health-workers and teachers is crucial to ensure safe service provision and minimize impacts on children's learning, safety and well-being. The development and widespread deployment of COVID-19 vaccines will be at the core of a resilient recovery from the pandemic's dual impacts on the economy and human development in Mozambique.

Sectoral and Institutional Context

- 4. Mozambique reported its first case of COVID-19 on March 22, 2020, and as of February 3, 2021, 41,433 cases and 415 deaths have been reported.** Two thirds of active cases are concentrated in the Greater Area of Maputo, with the remaining number of active cases being spread throughout the other 9 provinces. Since early January 2021, there has been a steep increase in the number of daily cases reported, including 1,275 new infections on January 28th alone, the



highest daily figure to date. Similar trends have been observed in neighboring countries (South Africa, Eswatini, Zambia, Zimbabwe, and Malawi), a may be fueled by the new COVID-19 variant from South Africa. While actual mortality from COVID-19 has been relatively low in Mozambique, with a case fatality rate of 1 percent, the interruption in essential services, impact of deepening poverty, and threats of increasing fragility and conflict provide strong justifications for investments in urgent vaccination deployment.

5. Prior to the COVID-19 pandemic, Mozambique had achieved mixed progress in improving health outcomes and expenditure efficiency. Sixty-two percent of deaths in 2015 were associated with communicable, maternal, neo-natal and nutritional diseases. Mozambique's level of per capita health expenditure also lags behind sub-regional and regional averages. Country comparisons in the 2016 Health Public Expenditure Review highlight that Mozambique could achieve more with its current spending. malaria, tuberculosis (TB), and HIV remain major public health problems and increase vulnerability of affected populations to COVID-19. Non-communicable diseases (NCDs) are estimated to account for 27-28 percent of deaths in Mozambique, most of which (12 percent) are due to cardio-vascular diseases.¹ Despite limited availability of data, a 2012 study suggests that 33.1 percent of the population has hypertension,²³ and less than half of the individuals aware of their condition are receiving treatment. Globally, it is well established that NCDs increase susceptibility to both infection and severity of COVID-19. In neighboring countries such as South Africa, 61 percent of COVID-19 patients in hospitals had hypertension and 52 percent had diabetes.⁴ In Kenya and the Democratic Republic of Congo, between 50 and 85 percent of deaths were of people with NCDs.⁵

6. Initiation of deployment of COVID-19 vaccines will build on progress achieved through the Expanded Program of Immunization (EPI) in Mozambique since, in addition to the deployment systems overseen by the Central Medicine's Warehouse (CMAM). This has included significant overall increase in national and provincial coverage, a decrease in the number of children that did not receive basic vaccines. However, national coverage remains below the World Health Organization (WHO) recommendation of 90 percent, and there are provinces such as Zambezia, Nampula and Tete that have continuously reported low coverage. Moreover, the growth of the EPI was divorced in many ways from normal procurement and distribution channels of medicines and medical supplies of CMAM, with efforts for greater integration in recent year to enhance sustainability. The introduction of a COVID-19 vaccination effort will require addressing these underlying challenges, and new ones posed by targeting of vulnerable adult populations.

7. The Government of Mozambique developed and approved a National Preparedness and Response Plan to COVID-19 in March 2020. The World Bank (WB) responded swiftly and provided US\$ 22.5 million of financial support to the health sector in the early stages of the pandemic through Contingency Emergency Response Component (CERC) has been committed or executed by the MISAU Of the total US\$ 22.5 million disbursed, 93 percent has been committed or executed by the MISAU. This represents over 30 percent of in-cash contributions that international donors have made to the COVID-19 response in Mozambique. An additional US\$20 million in CERC financing is also planned for disbursement to further support the health response. WB COVID-19 financing thus far has focused on supporting the principal strategies of the national response, continued engagement to sustain and expand these efforts with the introduction of COVID-19 vaccines in Mozambique.

¹ WHO, Mozambique NCD profile, 2016.

² Silva-Matos, C., Beran, D. Non-communicable diseases in Mozambique: risk factors, burden, response and outcomes to date. *Global Health* **8**, 37 (2012). <https://doi.org/10.1186/1744-8603-8-37>

³ This is a larger segment of the population than that which would be included in the COVAX application targeting, which is still being refined with the best available data and to consider comorbidities.

⁴ WHO, Non-communicable diseases increase risk of dying from Covid-19 in Africa, 2018.

⁵ *ibid*



8. **The Government of Mozambique’s COVID-19 vaccine coverage and purchase plan is a national priority to tackle the health and socio-economic impact of the pandemic. Still under development, Mozambique’s vaccine strategy aims to primarily tackle the acute health crisis and reduce mortality by targeting the most vulnerable groups.** In the longer-term the strategy also considers scaling coverage up to reduce transmission, which should also serve as economic stimulus. Based on the available evidence, the theoretical herd immunity threshold for SARS-CoV-2 — the virus that causes coronavirus disease — is about 60 percent⁶. Considering limited vaccine supplies and financing, the government has planned to cover 20 percent of the population targeting vulnerable groups and frontline workers, covering the remaining 40 percent incrementally as more resources become available. The proposed strategy to ensure the vaccination of 20 percent of the population as part of Phase 1 follows a two-step approach for prioritized groups. COVAX AMC will provide vaccine doses to cover 16-20 percent of the population. Other sources may also support additional acquisition, including the African Union (AU) and the private sector. This project aims to support Phase 1 and 2, focusing on deployment and related systems to cover these initial allocations, with financing for additional vaccine acquisition available depending on the extent of operational costs

Relationship to CPF

9. **The proposed project is aligned with the World Bank’s Country Partnership Framework (CPF) for Mozambique, as revised in the recently concluded Performance and Learning Review (PLR) that includes adjustments to the CPF for COVID-19.** The FY 17-21 WBG CPF for Mozambique draws on the 2016 Systematic Country Diagnostic (SCD) which identified three main focus areas in support of the twin goals of eliminating extreme poverty and boosting shared prosperity: (i) promoting diversified growth and enhanced productivity; (ii) investing in human capital; (iii) enhancing sustainability and resilience. The PLR added an additional objective, Supporting Recovery and Rehabilitation, under this third focus area reflecting increased IDA financing to address the impact of recent cyclones and the pandemic.

10. **Specifically, the project contributes to the CPF’s Objective 6 for "Improving Health Service Delivery," within Pillar 2 of "Investing in Human Capital", which prioritizes strengthening public health institutions and improving water, sanitation, and hygiene services.** Overall, the CPF seeks to increase the resilience of the most vulnerable people and to promote inclusive growth, while strengthening national and local institutions to reduce fragility. COVID-19 vaccinations and immunizations systems will be a critical foundation for restoring and advancing these objectives.

11. **This project was not included in the CPF; however, it responds to the unprecedented COVID-19 outbreak, which has also increased the importance and prioritization of health protection and treatment in the country.** By building the strength of the health system and its resilience to shocks, it is aligned with the focus of CPF Objective 6. The project is also aligned with both global health priorities and IBRD/IDA priorities for improving pandemic preparedness.

C. Proposed Development Objective(s)

To support the Government of Mozambique to acquire and deploy COVID-19 vaccines, and to strengthen its immunization capacity.

⁶ This is a rough estimate, with more precise thresholds for vaccination levels depending on variations in the COVID-19 reproductive number and vaccine efficacy, in light of containment measures and mutations: <https://www.gavi.org/vaccineswork/mutating-coronavirus-reaching-herd-immunity-just-got-harder-there-still-hope>



Key Results (From PCN)

- **PDO Indicator:** Percentage (%) of priority population vaccinated, based on the targets defined in national plan [by sex].

D. Concept Description

12. **The project is designed to address key gaps identified in readiness assessment (VRAT/VRAF) findings, developed by the Government of Mozambique.** At the moment of writing this Concept Note, the National Vaccine Plan is still being finalized, requiring additional support and engagement to further refine the components below to fully align with the plan.

Component 1: Vaccines, Medical Supplies and Cold Chain Equipment

13. **Acquisition of COVID-19 vaccine and related supplies.** Mozambique anticipates the receipt of vaccines through the COVAX facility to cover at least 16-20 percent of its population. The AU, as well as two private sector companies, have also indicated support for the acquisition of additional doses. This project will support Mozambique's counterpart contribution to reach 20 percent of the population if shortfalls arise, or more depending on actual costs of acquisition and deployment, up to an estimated US\$ 30 million. Technical assistance will be directed to ensure that comprehensive plans are in place to enable effective deployment of this first and second phases of coverage, with the possibility to increase allocations to this component once systems are established and tested. This financial support will be aligned with the NDVP, being developed by the Government with support from WHO, UNICEF and GAVI. This will be accompanied by support under this component to acquire vaccination supplies (syringes and safety boxes), personal protective equipment for vaccinators, and related equipment for vaccine administration and infection prevention and control, including water and sanitation. This includes the procurement of other COVID-related supplies, including diagnostic tests (polymerase chain reaction, rapid diagnostic tests, etc.). Given the disruption in essential services, this Project will also support the enhancement of routine vaccination and other essential supplies, to avert interrupted utilization.

14. **Distribution and Cold Chain Equipment.** As part of broader project support to strengthen immunization logistics, ongoing needs assessments will provide the basis for required financing to reinforce dry storage and cold chain capacity and distribution networks, above the likely ceiling of US\$750,000 provided by the COVAX Facility for Cold Chain Equipment (CCE). This can include required maintenance or upgrading of warehouses, vehicles and other logistics infrastructure. This could also include potential outsourcing to the private sector of certain functions, such as rental space, vehicles, or CCE.

Component 2: Preparedness, Technical Assistance, and Institutional Support

15. **Institutional Strengthening.** Building on the technical assistance plan formulated through Mozambique's COVAX application, the project contributes to strengthen capacities of key administrative and clinical personnel at different levels, and the effective execution of the mandates of key institutions in Mozambique's immunization system. This includes capacities for planning, budgeting, and procurement, vaccine distribution from central level to the point of administration, quality control and monitoring of vaccine delivery and related safeguards, regulation of vaccine safety and indemnification systems, and communications with the public.

16. **Technical assistance, training, and related activities under this component will include:** (i) support to develop a roadmap to close gaps identified in the vaccine readiness assessments for COVID-19-related systems strengthening



measures; (ii) up-front technical assistance to assess and enhance policies and institutional frameworks around safe and effective vaccine deployment; (iii) support for the quantification and forecasting of supply needs, including vaccines, immunization-related supplies and human resources, to ensure no disruption in essential services while COVID-19 vaccines are being rolled out; and (iv) training of front-line delivery workers and ensuring reach and effectiveness of service delivery modalities. This may involve the temporary recruitment of health workers to be deployed in the acute phase.

17. **This component will also include vital support to close gaps in planning and budgeting capacity identified in readiness assessments.** This will complement efforts by the COVAX Facility to develop a Procurement Plan for COVID-19 Vaccines and related supplies, and build on current practices for the procurement of EPI vaccines and supplies. A mapping of current available financing modalities against overall context and needs is now being conducted, including the COVAX Facility and direct purchasing options and resources. This project will also strengthen the overall national immunization budgeting and budget tracking capacity, including the identification of options to address the recurrent cost implications associated with the introduction of the vaccine for country health spending, and how the vaccine can be sustainably deployed moving forward. The new vaccine and its administration may require a substantial increase in public health financing in Mozambique for the vaccine program; therefore, this project will support coordination mechanisms between national health and finance authorities and donors, to facilitate a broader discussion about how to increase domestic financing in the sector, taking into account the national immunization program, financing for other essential services as well as COVID-19 vaccine deployment.

18. **Bio-medical waste procedures and management:** Bio-medical waste management is an unfinished agenda in Mozambique that can be advanced with additional resources through this Project. Evidence from ongoing World Bank-funded operations shows that there are still weaknesses in implementing national standards for biomedical and pharmaceutical waste, particularly at the district and facility levels. This Project will also invest in waste management and disposal supplies and maintenance; structure the collection and transportation of waste to identified disposal sites; and, implement waste collection, transport, and disposal plans. This will be supported in coordination with GAVI, which currently plans to contract UNDP to develop immunization waste management policies, standard operating procedures, and related tools.

Component 3: Vaccine targeting, surveillance, and community engagement

19. **Vaccine Targeting:** The COVID-19 vaccination effort will create unrepresented challenges for targeting essential workers and vulnerable groups in the adult population. This includes people living with underlying conditions (diabetes, hypertension, HIV and TB), a large portion of which are not currently receiving services in the public health system. This component will support the correct identification and targeting of prioritized population groups for the first two phases of vaccine deployment. This will require enhancing design of existing health service delivery models to ensure they reach target populations, with special focus on vulnerable and hard-to-reach groups such as poor women and IDPs.

20. **Vaccine safety and surveillance:** There has not been sufficient time to evaluate longer-term safety of COVID-19 vaccines under development, especially within the African context where interactions with other factors are unpredictable. As shown in the VRAT/VRAF, Mozambique lacks a robust framework for post-vaccination surveillance. This Project constitutes an opportunity to conduct a more robust post-marketing evaluation of the COVID-19 vaccine, while strengthening the existing AEFI monitoring system, including policies and structures for indemnification and compensation. This can also include support to institutionalize traceability tools, skills and processes to: i) improve



distribution to end-users; ii) prevent diversion; iii) contribute to regulatory efforts to identify false and sub-standard products; and/or monitor AEFI, with potential for broader application in the health system. Technical assistance will be employed to strengthen relevant existing institutions, such as the National Medicines Regulatory Authority (*Autoridade Nacional Reguladora de Medicamentos- ANARME*) and the National Institute of Health (Instituto Nacional de Saúde (INS). This Project will also apply innovations, institute processes, and build capacity of national stakeholders to manage communication following any AEFI.

21. **Data quality.** Disease surveillance and data integration will be crucial to monitor the success of the vaccine deployment. The project will aim to strengthen both the Department of Epidemiology within the DNSP, INS (a semi-autonomous body of the Ministry of Health), and CMAM to improve effective data utilization. Provisions will be made for: (i) technical assistance to develop harmonized procedures for surveillance, reporting, diagnosis and response to COVID-19 and other priority diseases to assess the impact that this new intervention might have on other programs; (ii) improve the interoperability of laboratory and data systems (disease surveillance, drugs and equipment, human resources, vaccine logistics, and medicines supply chain⁷) and support a platform (DHIS2) that allows for visual representation and use of data for decision-making; (iii) expand sentinel surveillance sites; and (iv) support piloting of innovative digital surveillance approaches to improve monitoring and control of COVID-19 and infectious disease outbreaks.

22. The project will also seek to operationalize a network of high-quality laboratories for human health in Mozambique. This capitalizes on previous investments made through CERC activations, investing to expand and strengthen testing alongside COVID-19 vaccinations. In addition, this Project will also support the undertaking of a baseline sero-surveillance study with representative samples of target populations to receive the COVID-19 vaccine in order to distinguish between infection and vaccine acquired immunity.

23. **Community participation.** Building community trust and vaccine confidence is crucial to vaccine acceptability and to improve participation in the COVID-19 response. Under component three, a national risk-communication plan, and activities to ensure community participation in COVID-19 vaccination efforts will be ensured. This will include accurate information sharing, efforts to create demand, and counter measures for addressing mis- or disinformation. This Project will capitalize on previous undertakings by the Government of Mozambique, use existing structures such as the network of community health workers (*Agentes Polivalentes Elementares - APEs*), NGOs and their relations with local and traditional leaders. It will also support the establishment of two-way channels for community and public information sharing, e.g. hotlines (like the *Alo Vida* platform), responsive social media such as U-Report and existing CSO social media platforms and radio shows. Multi-level health promotions interventions will be tailored to the specific needs to vulnerable and hard-to-reach groups and be designed to be understood by all, including women, girls, and other disadvantaged populations who are illiterate or lack access to information sources. Building “vaccine literacy” for the COVID-19 vaccine is also an opportunity to boost overall confidence in vaccinations, thereby leading to greater utilization and retention in the EPI program. In this regard, financing will include activities such as reviewing and deepening beneficiary research on perceptions and obstacles to vaccine uptake.

Component 4: Continuity of Essential Services (pending confirmation)

⁷ In particular, the project will support the strengthen the system being rolled out, but that is not yet fully effective, for monitoring medicine and vaccine stocks at facility level, the Management Information System for Health Facilities (Sistema de Informação de Gestão Logística das Unidades Sanitárias- SIGLUS), and its interoperability with the Electronic Vaccine Logistics System (*Sistema Electrónico de Logística de Vacinas - SELV*).



24. A proposal for the GFF Essential Services Grant has been submitted to co-finance this project component, aimed at strengthening the resilience and performance of the Mozambican health system, focused on primary care. The current project is focused on COVID-19 vaccine acquisition and deployment. However, additional funds would help channel financing and dialogue to address the disruptions of the COVID-19 pandemic in routine essential maternal, child and adolescent health services at the primary health care level, in addition to services for communicable diseases. It will also help ensure that Mozambique’s investments in vaccinations go hand in hand with the strengthening of primary health systems to facilitate vaccination efforts and prepare for future epidemics. Interventions under this component will support: (i) behavioral community change for greater utilization of Antenatal Care (ANC), routine EPI vaccinations, and growth monitoring; (ii) improved organization of services in facilities for better patient flow and rapid screening of COVID-19, suspected cases of TB, and other conditions, in addition to COVID-19 vaccination services; and (iii) broadening systems strengthening support to improve coordination between EPI and the CMAM, with a focus on streamlining delivery and institutionalizing last mile outsourcing (e.g. through improved data systems, contract management, etc.). Expanding these services will also help improve health access to climate vulnerable groups such as women and children.

Component 5: Project Implementation and Monitoring

25. **Project implementation support.** This component will strengthen the existing Program Implementation Unit (PIU) of the WB portfolio in MISAU, recruiting additional staff and covering operating costs, necessary training and equipment, support for procurement, financial management, environmental and social risk and impact management, and monitoring and evaluation (M&E) and reporting activities. Emphasis will be placed on enhancing the monitoring and prospective evaluation framework for vaccine deployment at the country and subnational levels, to align with epidemiological shifts. Project and national M&E systems will be further strengthened with timely recording and reporting of performance benchmarks and results. The activities for M&E capacity building include: (i) collection of data from line ministries and other implementation agencies; (ii) compilation of data into progress reports; (iii) carrying out of surveys; (iv) carrying out of annual expenditure reviews; and (v) impact evaluation on quantitative and qualitative aspects of the project interventions.

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

Summary of Screening of Environmental and Social Risks and Impacts

Note to Task Teams: This summary section is downloaded from the PCN data sheet and is editable. It should match the text provided by E&S specialist. If it is revised after the initial download the task team must manually update the summary in this section. **Please delete this note when finalizing the document.**

Note: To view the Environmental and Social Risks and Impacts, please refer to the Concept Stage ESRS Document. **Please delete this note when finalizing the document.**



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APPROVAL

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