



# Project Information Document (PID)

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Appraisal Stage | Date Prepared/Updated: 22-Dec-2020 | Report No: PIDA29892

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

Country Mali	Project ID P174457	Project Name AF MALI COVID-19 Emergency Response Project	Parent Project ID (if any) P173816
Parent Project Name MALI COVID-19 EMERGENCY RESPONSE PROJECT	Region AFRICA WEST	Estimated Appraisal Date 24-Dec-2020	Estimated Board Date 08-Jan-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Ministry of Economy and Finance	Implementing Agency Ministry of health and Social Affairs

## Proposed Development Objective(s) Parent

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 1: Emergency COVID-19 Response
- Component 2: Increase access to health care services
- Component 3: Implementation Management and Monitoring and Evaluation

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

<b>Total Project Cost</b>	3.39
<b>Total Financing</b>	3.39
<b>of which IBRD/IDA</b>	0.00
<b>Financing Gap</b>	0.00

**DETAILS****Non-World Bank Group Financing**

Trust Funds	3.39
Pandemic Emergency Financing Facility	3.39



Environmental and Social Risk Classification

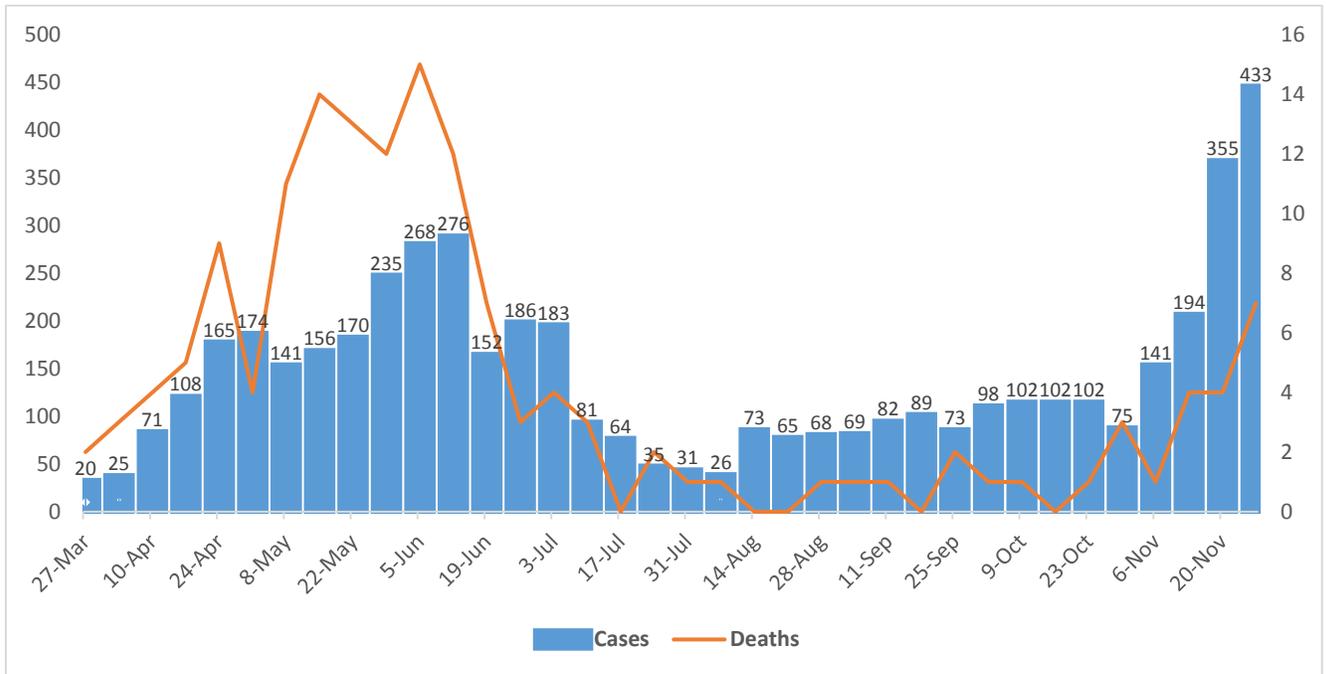
Substantial

Other Decision (as needed)

## A. Introduction and Context

- 1. This project paper seeks the approval of the RVP to provide an additional financing (AF) to the Mali COVID-19 Emergency Response Project (P173816) in an amount of US\$ 3.39 million from the Pandemic Emergency Financing Facility (PEF).** The proposed AF aims to enable the original project to meet its development objectives, which is to strengthen the capacity of the Recipient, to prevent, prepare for and respond to the COVID-19 pandemic. The activities proposed under the AF do not differ from the original project. Hence, there is no revision of the Project Development Objective (PDO). However, the results framework is revised, especially the targets of the original indicators, to reflect the increase in additional resources. The proposed AF will help to better support Mali COVID-19 Response Plan.
- 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.** On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of November 24, 2020, the outbreak has resulted in an estimated 59,315,201 cases and 1,399,073 deaths in 217 countries and territories.
- 3. The COVID-19 Pandemic in Mali has entered its second wave of increased cases.** The first COVID-19 case was detected in Mali on March 25, 2020. Since then, the number of cases registered per week has increased from 20 to 276 in the second week of June 2020. After that, it started to decrease to 26 cases per week by the second week of August before starting to increase slowly until the end of October 2020, when it suddenly started to increase rapidly from 75 cases per week to 433 cases per week over five weeks (see Figure 1 below). As of November 30, 2020, 99,937 Covid-19 tests were done (which represents 0.5 percent of the population tested), 4,710 cases and 151 deaths have been reported in the country.

**Fig 1: Number of COVID-19 cases and deaths reported weekly in Mali by the Ministry of Health, as of November 27, 2020.**



4. **The Coronavirus 2019 (Covid-19) pandemic is causing greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries including Mali.** The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past months and is expected to remain depressed for months. The Covid-19 has caused the deepest global recession since the Great Depression, despite unprecedented policy support <sup>1</sup>. It has led to the postponement or cancellation of events, widespread supply shortages exacerbated by panic buying, famines affecting hundreds of millions of people. Educational institutions have been partially or fully closed and were closed again on December 15, 2020 until January 4, 2021 because of the rise in cases. An unintended effects and opportunity of COVID-19 Pandemic is the decrease in emissions of pollutants and greenhouse gases. There is currently no treatment specifically approved worldwide for COVID-19, and no cure for viral infections other than strengthening the immune system. Therefore, the development of a vaccine seems to be the most effective to reduce infections.

**B. Original Project Status and Performance**

5. **The original financing of US \$25.8 million** from IDA (Credit No 6618-ML: US \$12.9 million; Grant No. D615-ML: US \$12.9 million) was approved by the Regional VP on April 10, 2020, became effective on May 13, 2020, and is expected to close on December 30, 2022. The Mali COVID-19 Emergency Response Project was prepared with the fast track procedures under the COVID-19 Strategic Preparedness and Response Program (SPRP) MPA. The Project Development Objective of the Project is to strengthen the capacity of the Recipient, to prevent, prepare for and respond to COVID-19

<sup>1</sup> World Bank Group. Global Economic Prospects. June 2020.



pandemic. The project has three components: Component 1: Emergency COVID-19 Response. This component supports the country's ability to promote an integrated response to COVID-19 through improved prevention measures, community engagement and social and behavior change, communication, case detection, contact tracing, laboratory capacity, surveillance, treatment and management of cases, improving recording and reporting, and providing financial support, food and basic supplies to households and patients in treatment and quarantine centers; Component 2: Increase access to health care services. This component promotes timely access to health care by providing facilities with financing for screening and treating COVID-19 to ensure that other essential services are not crowded out. This component also covers fee waivers for clients wishing to seek health care services for suspected COVID-19 and hazard pay for front-line health workers to respond to COVID-19; and Component 3. Implementation Management and Monitoring and Evaluation.

6. **The progress towards achieving the PDO and overall IP are currently rated Satisfactory, as per the first Implementation and Status Report (ISR) dated June 11, 2020.** The disbursement rate is 46.39%. Following the August 18, 2020 coup d'état in Mali, the Bank's rules obliged it to cease project financing beyond minimal levels to allow project units to function and evaluate the de facto government's position relative to prior commitments and its international and domestic legitimacy. Following the completion of the process, disbursements resumed on November 9, 2020. This pause in disbursements slowed project implementation. Disbursement is expected to accelerate now that project activities have resumed. The parent project is on track regarding compliance with all the legal covenants set out in the Financing Agreement.
  
7. **Waiver obtained for processing the AF.** Management has approved a blanket waiver for teams to proceed with additional financing for COVID-19 projects that have not met the requirement of 12 months of implementation. The waiver is only applicable to projects which have been rated Moderately Satisfactory or better since approval. The original project is rated Satisfactory and meets this requirement.

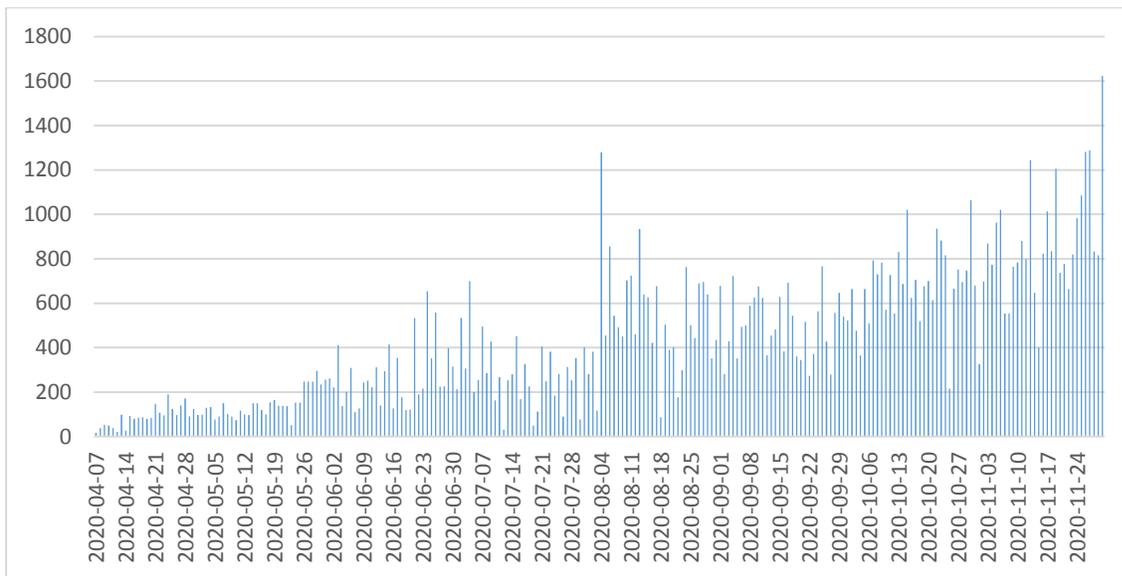
### C. Rationale for Additional Financing

8. **Mali was declared eligible to Pandemic Emergency Financing Facility (PEF) and the country has elected to receive the PEF funds through an AF to Mali COVID-19 Emergency Response Project (P173816).** The government of Mali sent a request to the World Bank dated May 29, 2020, for PEF financing while specifying its choice to receive these resources through additional financing to the Mali COVID-19 Emergency Response Project to support the Government's COVID-19 response plan. This grant will supplement ongoing efforts of the MoH to strengthen its emergency response to COVID-19 under the original project. The proposed AF will enable the project to fill a financing gap in resources required to meet its development objectives. The total amount of the Covid-19 Pandemic Preparedness and Response Plan is currently estimated at US\$ 42 million. It is expected to be covered by the parent project, the REDISEE III project and this AF.



9. **The AF will finance gaps in funding the procurement of additional test kits and personal protective equipment to respond to the additional need resulting from the increased number of Covid-19 cases.** The rapid increase in the number of new COVID-19 cases has created a need for additional resources to respond to the Pandemic. The number of new cases per week has increased from 75 at end October to 433 at the end November, an increase of more than 400% in a month. This sudden and rapid increase in the number of cases is creating input shortages, especially, personal protective equipment (PPE) for health care staff and test kits. For example, in the parent project work plan, the Government planned and purchased 80,000 Covid-19 tests, 53,800 extraction kits and 100,000 PPE. The estimation of the quantity of these materials was done based on the hypothesis that the number of suspected cases of COVID-19 cases reported and investigated based on national guidelines would not exceed 10,000. However, the current number of suspected cases of COVID-19 cases reported and investigated has already surpassed 41,021. Table 1 below shows the stock of some COVID-19 inputs at the central store of the MOH as of November 29, 2020. Given the increase in the number of new cases and the number of new tests per day, which has reach 1600 tests per day as shown in figure 2 below, the number of test kits currently available at the Central store of the MOH will not cover two months of activities. Therefore, this AF is timely and much needed and will focus on procurement of additional PPE and tests kits.

**Fig 2: Number of new tests done per day, as on November 30, 2020**



**Table 1: Stock of COVID-19 Input at the Central store of the MOH as of November 29, 2020**

Name	Quantity
Surgical mask	6,770,070
Mask N95 or FFP2	485,735



Washable mask	382,346
PPE	19,100
Hydro alcoholic gel 500 ml/1l	79,469
chloroquine phosphate 250 mg	25,600
Hydroxychloroquine 200 mg	82,290
Azithromycin 250 mg	230,598
Covid-19 tests	62,859
Swabs	19,920
Extraction kit,	33,524

**D. Proposed Development Objective(s)**

Current PDO

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

Key Results

**10. The progress towards achieving the PDO and overall IP are currently rated Satisfactory, as per the first Implementation and Status Report (ISR) dated June 11, 2020.** The disbursement rate is 46.39%. Following the August 18, 2020 coup d'état in Mali, the Bank's rules obliged it to cease project financing beyond minimal levels to allow project units to function and evaluate the de facto government's position relative to prior commitments and its international and domestic legitimacy. Following the completion of the process, disbursements resumed on November 9, 2020. This pause in disbursements slowed project implementation. Disbursement is expected to accelerate now that project activities have resumed. The parent project is on track regarding compliance with all the legal covenants set out in the Financing Agreement.

**E. Project Description**

**11.** The PDO of the parent project that is to strengthen the capacity of the Recipient to prevent, prepare for and respond to COVID-19 pandemic, is still relevant and achievable and remains the same for this proposed AF.

**Proposed Changes**

**12.** The activities proposed under the AF do not differ from the original project. The changes consist of an addition of US\$ 1.5 million to subcomponent 1.2 (**Improving Case Detection, Confirmation, Contact Tracing, Recording and Reporting**) increasing its amount to US\$4.5 million, and an additional US\$ 1.9 million to subcomponent 1.3 (**Treatment and Management of COVID-19 cases**) increasing its amount to US\$10.7 million. Overall component 1's (**Emergency COVID-19 response**) total cost will rise from



US\$ 17.8 million to US\$ 21.2 million (see table 2). The results framework is revised, especially the targets of some original indicators which have already surpassed the initial end target. These include: (i) Number of suspected cases of COVID-19 cases reported and investigated based on national guidelines, which is revised from 10000 to 100 000; (ii) Number of beds in Intensive Care Unit (ICU) available to appropriately handle severe cases is revised from 72 to 327; (iii) Percentage of laboratory confirmed cases of COVID-19 treated per approved protocol is revised from 95% to 100%; (iv) 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 is revised from 85% to 100%; (v) Number of health workers trained on case definition, management, infection prevention and control for COVID-19 is revised from 300 to 8,264. One Intermediate Result Indicator (IRI) (Number of “One Health”-based simulation exercises conducted and certified by Ministry of Health/ Agriculture at national and sub-national) is removed from the RF because it is no longer relevant. One Health simulation exercises were already carried out in the country with the support of REDISSE III project, and there is no need for additional exercises at this time.

- 13. This AF will support the procurement of additional test kits and PPE which are the most affected critical inputs by the unexpected increase in the number of Covid-19 cases. The resources allocated in the Annual Work Plan for these inputs were already consumed while the parent project still has enough resources in the category intended to support other areas of interventions. Under the parent project, the government was able to procure successfully from the private providers in the country 80 000 Covid-19 test and 75 000 PPE. The government will rely on these providers and will be able to implement AF activities before the closing date.

**Table 2: Project components and cost (US\$, millions)**

Components	Current cost	AF cost	Total cost
<b>Component 1: Emergency COVID-19 Response</b>	<b>17.8</b>	<b>3.4</b>	<b>21.2</b>
Subcomponent 1.1. Prevention through Community Engagement and Social and Behavior Change	3.0	0.0	3.0
Subcomponent 1.2. Improving Case Detection, Confirmation, Contact Tracing, Recording and Reporting	3.0	1.5	4.5
Subcomponent 1.3. Treatment and Management of COVID-19 cases	8.8	1.9	10.7
Subcomponent 1.4. Financial, food and basic supplies to households and patients	3.0	0.0	3.0
<b>Component 2. Increase access to health care services</b>	<b>6.0</b>	<b>0.0</b>	<b>6.0</b>
Subcomponent 2.1. Support for health providers	3.0	0.0	3.0



Subcomponent 2.2. Fee waivers at facilities	3.0	0.0	3.0
<b>Component 3. Implementation Management and Monitoring and Evaluation</b>	<b>2.0</b>	<b>0.0</b>	<b>2.0</b>
Subcomponent 3.1. Implementation management	1.0	0.0	1.0
Subcomponent 3.2. Monitoring, evaluation and coordination	1.0	0.0	1.0

Legal Operational Policies

Triggered?

Projects on International Waterways OP 7.50

Projects in Disputed Areas OP 7.60

Summary of Assessment of Environmental and Social Risks and Impacts

**14.** The main risks and impacts relate to testing and treatment of infected persons, handling of medical waste by medical professionals and local community health and safety. The project will finance Procurement of Tests kits and PPE in order to improve the ability of health facilities to deliver critical medical services including testing, treatment and hospitalization of affected persons. While it is expected that the negative risks and impacts directly related to the implementation of project activities are likely to be limited, the PIU will update the ESMF approved for REDISSE III to provide clear guidance regarding the treatment of medical waste, guidelines for community engagement and the preparation of subproject ESMPs (if needed). The updated ESMF will also incorporate international protocols for community health and safety during a pandemic and measures to address GBV/SEA. The ESMF will be consulted with stakeholders using the modified approach currently being promoted by WHO and publicly disclosed per the requirements of the ESF no later than 30 days after Project effectiveness.

**F. Implementation**

Institutional and Implementation Arrangements

**15.** There is no change in institutional and implementation arrangements. Additional financing will be managed by PIU of parent project.



## CONTACT POINT

### World Bank

Jean Claude Taptue Fotso  
Senior Health Specialist

Haidara Ousmane Diadie  
Senior Health Specialist

Patrick Hoang-Vu Eozenou  
Senior Economist, Health

### Borrower/Client/Recipient

Ministry of Economy and Finance

### Implementing Agencies

Ministry of Health and Social Affairs  
Ousmane Habib Diallo  
Coordonnateur REDISSE III  
ousmanedi@yahoo.fr

## FOR MORE INFORMATION CONTACT

The World Bank  
1818 H Street, NW  
Washington, D.C. 20433  
Telephone: (202) 473-1000  
Web: <http://www.worldbank.org/projects>



**APPROVAL**

Task Team Leader(s):	Jean Claude Taptue Fotso Haidara Ousmane Diadie Patrick Hoang-Vu Eozenou
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**Approved By**

Practice Manager/Manager:		
Country Director:	Kofi Nouve	26-Dec-2020