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Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 17-Apr-2020 | Report No: PIDC29146

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Tunisia	P173945	Tunisia COVID-19 Response project	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
MIDDLE EAST AND NORTH AFRICA	17-Apr-2020	27-Apr-2020	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Republic of Tunisia	Ministry of Public Health	

Proposed Development Objective(s)

To improve COVID-19 detection and infection control in Tunisia through increasing availability of COVID-19 equipment and supplies.

While the PDO focuses on making available equipment and supplies, it feeds into the global MPA PDO, namely “to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness”.

Components

Emergency COVID-19 Response
Implementation Management and Monitoring and Evaluation
Contingent Emergency Response Component (CERC)

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	20.00
Total Financing	20.00
of which IBRD/IDA	20.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	20.00

Environmental and Social Risk Classification

Moderate

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **With a population of 11.7 million, annual growth in gross domestic product (GDP) in Tunisia was 1 percent, while GDP per capita was US $3,298 in 2019.** The proportion of the population living under the poverty line declined significantly between 2000 and 2015, from 25.4 percent to 15.2 percent, but large disparities remain, with poverty concentrated in rural areas. The economy faces challenges in terms of low productivity, stagnant employment, high inflation, high deficits and debts and limited fiscal space. External challenges have intensified as Tunisia's main export markets are heading towards a recession, while the one tenth of the economy is dependent on tourism.

2. **The COVID-19 pandemic poses an additional short and long-run threat to the Tunisian economy.** Trade and tourism face shocks, while the government is currently undertaking strict containment measures which are further slowing the economy. Another effect of the crisis will be through intensified pressure on the already narrow fiscal space of the Government of Tunisia, which will in turn put pressure on the provision of social services during and after the economic downturn. These impacts will be more intense for the most vulnerable groups such as the unemployed, informal workers, children, and the elderly. COVID-19 is expected to have different impacts on women and men[1], girls and boys. Women will be more affected in systems with more female health workers. As schools close and family members fall sick, the burden of care is likely to fall on women. Domestic violence may increase with stress and anxiety.

3. **Tunisia is highly vulnerable to climate change health impacts and it is critical to increase its resilience capacity for current and future crisis.** The number of hot days is projected to increase by about 1.3 days per year between 2020 and 2039 and the duration of heatwaves is likely to increase by 4 to 9 days by 2030 and by 6 to 18 days by 2050[2]. Increase in temperatures is known to be a direct cause of death, especially in the elderly

[1] The Lancet, 2020. "COVID-19: The Gendered Impacts of the Outbreak". Volume, P846-848, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext

[2] A "hot" day or night is defined as days where maximum temperature, or nights where minimum temperature, exceed the 90th percentile current climate of that region or season. A "heatwave" is defined as an unusually high (95th percentile) number of consecutive days with a daily mean temperature above the 95th percentile of the daily mean temperatures within the control period of 1971 to 2000. https://www.climatelinks.org/sites/default/files/asset/document/Tunisia_CRP.pdf

community who may suffer from strokes or heart attacks in extreme heat. A warmer climate in Tunisia may also contribute to the spread of vector-borne diseases, such as dengue. A rise in temperature, and potential decreased water quantity and quality, can affect crop yields and contribute to food shortages and undernutrition, especially in children. Although undernutrition levels in the country declined markedly in recent years, with the prevalence of underweight children decreasing from 8.1 percent in 1994 to 2.3 percent in 2012 and stunting levels declining from 30.9 percent to 10.1 percent over the same period, climate change and outbreaks as COVID-19 have the potential to slow or reverse this progress. Impoverished communities are likely to be more vulnerable to the effects of climate change, as they lack access to a varied diet as well as sufficient health care, clean water and the financial means to address health concerns.

Sectoral and Institutional Context

4. **Tunisia compares favorably in terms of health outcomes with countries at a similar income level.** In 2016[3], its under-five mortality rate was 14 per 1,000 live births, which is lower than the average for Middle East and North Africa (MENA) countries (20 per 1,000) and closer to that of Turkey (13 per 1,000). In the same year, the maternal mortality ratio (MMR) stood at 62 per 100,000 live births, which is lower than neighboring countries such as Morocco (140 per 100,000) and Algeria (121 per 100,000). However, like other countries of similar income level, Tunisia is facing an epidemiological transition with a shift from communicable to non-communicable diseases, including cardiovascular disease, hypertension and diabetes. In 2016, the prevalence rates of diabetes and hypertension among adults were 15.5 percent and 28.7[4] percent, respectively. This is significant given evidence that the elderly and persons with co-morbidities experience higher mortality from COVID-19.[5] In this regard, the country's population structure is important, as 13.5 percent of the population is aged over 60 years.

5. **Tunisia has over the past four decades witnessed improvements in the availability of, and access to, essential health services.** Coverage of immunization for diphtheria, pertussis and tetanus, among children aged 12-23 months has increased from 62 percent in 1983 to 97 percent in 2018. Births attended by skilled health personnel has also risen from 69 percent in 1988 to 99.5 percent in 2018[6]. In the same time period, antenatal care coverage[7] also recorded an impressive increase, rising from 58 percent in 1988 to 95.3 percent in 2018. Yet, despite these achievements, the country faces regional and socio-economic disparities in the distribution of and access to health care resources. The geographic distribution of physicians stands out as the most unequal, with a significant concentration of specialists in both the private and public sectors in three big governorates (Tunis, Sfax and Sousse). As for accessibility, not all public health care facilities are operational on a daily basis[8]. Gaps between the poorest and the richest quintiles are particularly evident in the access to maternal and child health services. In fact, the proportion of women who benefited from 4 antenatal visits remains low in the poorest quintile with 70.1 percent compared with 94.2 in the richest quintile. With respect to postnatal examination for children, about 5.2[9] percent of children in the poorest quintile did not benefit from

[3] Source: WHO 2016
[4] Source: Tunisian Health Examination Survey, THES-2016
[5] Onder, G., Rezza, G. and Brusaferro, S. 2020. Case-Fatality Rate and Characteristics of Patients Dying in Relation to COVID-19 in Italy. JAMA. doi:10.1001/jama.2020.4683
[6] Source: MICS 2018
[7] At least one antenatal visit. Source: MICS 2018 data
[8] Only 20% of Basic Health Centers (centre de soins de base) provide daily medical consultations, and of which more than 60% are in coastal governorates.

[9] Source: MICS 2018

any postnatal examination in the 48 hours following their birth while almost 99 percent of children in the richest quintile were examined. As for quality, the 2016 patient satisfaction survey indicates an urgent need to address shortage of medications, difficulties in access to referral services, patient staff interactions, and long queues to see a specialist[10].

6. **Despite relatively higher public spending on health, Tunisia's out of pocket (OOP) spending remains high and is regressive when compared to countries at similar income level.** Tunisia spent on average 7 percent of its Gross Domestic Product (GDP) on health between 2012 and 2015, a level higher than most middle-income countries and its regional peers. Average public spending on health was 13.6 percent of total public spending for the same period. Despite this, private spending remains very high compared to regional peers. In fact, OOP spending in Tunisia accounts for about 39 percent of total health spending. Furthermore, the burden of OOP spending is much higher among the poor and in disadvantaged regions raising vulnerability concerns for those populations covered by noncontributory/free health assistance (*Assurance maladie gratuite* -AMG1) when using the private sector for lack of available or acceptable public sector services[11].

7. **The Government of Tunisia (GoT) is confronting the COVID-19 pandemic and urgently needs to augment its level of preparedness and response to prevent the potential for greater loss of life. On March 2, 2020, the GoT confirmed its first case of COVID-19.** By April 12, 2020, the number of confirmed cases had risen to 685 and 28 deaths were reported. The GoT adopted measures to contain the spread of the virus, including suspension of all international flights, closing its borders and placing visitors from overseas under quarantine. The country banned gatherings and markets, closed cafes and restaurants, suspended all public events, closed schools and imposed a 12-hour daily curfew. The Ministry of Public Health (MoPH) developed a "Preparation and Response Plan for the Risk of Introduction and Dissemination of SARS-CoV-2" as well as a manual of procedures for its implementation. The Plan is in line with the World Health Organization (WHO) guidelines to respond to the COVID-19 pandemic, and covers the pillars of coordination, communication and community engagement, surveillance and case investigation, national laboratories, infection prevention and control, and case management. The implementation of the Plan is led by the National Office for New and Emerging Diseases (*Office national des maladies nouvelles et émergentes* - ONMNE) with close collaboration and involvement of representatives from various directorates (both at central and regional level) of the MoPH as well as national experts in the field of infectious diseases. The MoPH, in collaboration with WHO and other Development Partners (DPs), has determined that the overall cost of implementing the Plan requires US$ 157 million. In light of this, it was determined that the MoPH would utilize domestic resources, with the support of different DPs, to cover the cost of implementing the Plan. However, a financing gap of approximately US $72 million has been identified to cover shortages in equipment and supplies necessary for testing, intensive care and infection prevention and control.

8. In this context, the GoT requested urgent assistance from the Bank to immediately help fill the gaps in laboratory equipment and supplies, personal protective equipment (PPE), and infection control products. The total amount identified to cover equipment and supplies exceeds the Bank support and the gap is expected to be covered by other donors. This is part of joint initiative by DPs to support COVID19 response in Tunisia. For example, United Nations Children's Fund (UNICEF) in addition to providing COVID-19 PPE, is fully committed to support the communication

[10] *Programme d'aide aux zones défavorisées* – EU 2017 and Tunisian Health Examination Survey, THES-2016
[11] Public Expenditure Review 2019

strategy and community engagement as per the GoT response Plan. Other United Nations agencies including WHO is currently discussing with the Government further support to medical equipment procurement. In addition, the European Union is supporting 70 million euros to health services and equipment. Other partners including the African Development Bank, European Bank of Reconstruction and Development, and Government of Japan are supporting other components of preparedness Plan.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

9. To improve COVID-19 detection and infection control in Tunisia through increasing availability of COVID-19 equipment and supplies.

While the PDO focuses on making available equipment and supplies, it feeds into the global MPA PDO, namely "to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness".

Key Results

- Number of health facilities and laboratories provided with COVID-19 equipment and supplies
- Number of people tested for COVID-19

D. Project Description

10. The Project will aim primarily to support immediate needs and timely response to the COVID-19 pandemic in Tunisia. The GoT has requested urgent assistance from the Bank to immediately help fill the equipment and supply gaps recorded in most healthcare facilities necessary for COVID-19 response, including testing equipment and PPE. To this end, the Bank is putting in place two modalities to respond to this urgent request. The first involved the restructuring of the ongoing Tunisia Irrigated Agriculture Intensification Project (PIAIT – *Projet d'Intensification de l'Agriculture Irriguée en Tunisie - P160245*) to create a new component in the amount of EUR 13 million (approximately US $14.5 million equivalent) for COVID-19 emergency response – exclusively focused on the procurement of equipment and supplies. This is in line with GoT official request to the Bank dated March 13, 2020. The second modality is through the development of this project under the COVID-19 SPRP to further fill the equipment and supplies gap not fully covered by the PIAIT. To avoid duplication and strengthen synergies between the two projects, the Bank is coordinating overall equipment and supply needs with MoPH ensuring alignment with its COVID-19 response plan. This is particularly pertinent given the anticipated significant disruptions in global supply chains with the heightened demand for such equipment. The two modalities through which Bank support is provided comes in complementarity to an existing response where the range of other necessary activities are assured by the MoPH from domestic resources and with the support of other DPs.

11. The Project encompasses the following components:

Component 1: Emergency COVID-19 Response ($US19.6 million)

12. The emergency COVID-19 response component will aim at supporting Tunisia to respond to the COVID-19 pandemic. It will help support the supply and distribution of equipment and consumables, that may include laboratory testing equipment and supplies, infection control products, and PPE. This complements the MoPH COVID-19 response and addresses the equipment and supply gaps referenced above. As such, this component is aligned with the Bank COVID-19 SPRP using the MPA and will be supporting the areas detailed below.

- *Case Detection, Confirmation, Contact Tracing, Recording, Reporting.* The component will contribute to the capacity of the MoPH to detect and confirm COVID-19 cases through supply of laboratory and diagnostic equipment and consumables, which may include Polymerase Chain Reaction (PCR) machines and novel coronavirus (SARS-COV-2) testing kits. Other important activities in relation to this dimension will be implemented by the MoPH, with support of other DPs, including, strengthening disease surveillance systems and epidemiological capacity for early detection and confirmation of cases, as well as strengthening risk assessment capacity, and data for decision-making.

- *Infection Prevention and Control.* The component will support the MoPH in improving infection prevention and control through the supply of personal protective equipment (PPE) and other necessary infection control equipment and consumables. This will help reduce the risks of disease transmission to patients and health personnel. With support from other DPs, the MoPH will implement other necessary infection risk mitigation activities, including development and implementation of infection control protocols, training of clinical and other health facility staff, improvements in water and sanitation facilities, and strengthening of medical waste management and disposal systems.

13. Technical specifications of equipment will follow the WHO recommended standards and guidelines. Quantities of the items to be procured will take into account the country's needs as the pandemic evolves and availability of such equipment from other funding sources. Further, identification of the specific laboratories and health facilities which will be equipped with such medical equipment will be determined during implementation and as part of the development of the costed COVID-19 response plan.

Component 2: Implementation Management and Monitoring and Evaluation (US$0.35 million)

14. This component will finance necessary operational costs for the project, including: (i) support for procurement, financial management, environmental and social risk management, monitoring and evaluation, and reporting; (ii) recruitment and training of necessary staff; and (iii) technical audits. Support for the strengthening of public structures for the coordination and management of the project will be provided, including central and local (decentralized) arrangements for coordination of activities, financial management, procurement and social and environmental aspects. This component will also support monitoring and evaluation (M&E) of project implementation. The M&E program will consider creating on-line groups to engage with health professionals and with communities. These fora could then be expanded into mini research platforms from which samples could be drawn and specific individuals invited/asked to participate in short surveys. Survey methodologies and tools used can be one sided, like survey monkey, Q&A, and interactive discussions, hence, providing for citizen engagement friendly fora. With the support of this component, and in collaboration with partners, assessment of the social and economic impact of the pandemic will be done, as well as evaluation of experience with supply chain management. Data collection and monitoring will be disaggregated by urban and rural areas and regions when possible.

Component 3: Contingent Emergency Response Components, CERC ($US0 million)

15. In the event of an Eligible Crisis or Emergency, the Project will contribute to providing immediate and effective response to said crisis or emergency.

Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts

16. **Environmental Risk.** The key environmental risks will mainly be associated with the use, management of and waste generated by the lab testing equipment and supplies, infection control products, personal protective equipment (PPE) and life-saving medical equipment. Risks also relate to the adequate implementation of the various management plans, including the Infection Control and Waste Management Plan (ICWMP) that will be included in the ESMF, and Occupational Health and Safety (OHS) risks to health personnel (front line and laboratory) to be prepared by the client. Even the project is largely procurement, these acquisitions also entail environmental risks. Foremost among them are the management of infectious medical waste, Occupational Health and Safety (OHS) risks to health personnel (front line and laboratory) during sampling, identification and diagnosis of COVID-19, transportation of sick persons, and to other medical and cleaning staff during handling infectious medical wastes of activities where COVID-19 patients are being treated. This is due to the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported laboratories. Healthcare-associated infections due to inadequate adherence to occupational health and safety (OHS) standards as suggested by WHO and the US Center for Disease Control (CDC) could lead to illness and death among health and laboratory workers. So effective administrative and containment controls will be put in place to minimize these risks. Given the experience of MoPH and its different structures to deal with this kind of risks and given that the medical waste management system seems well organized in Tunisia, the environmental risk here could be moderate.

17. Social Risk. The main social risks of the project relate to community health and safety and particularly the exposure of high-risk individuals to the virus while using the acquired material, equipment and medicine. In addition, other social risks may include: i) exclusion of vulnerable groups, such as the poor, elderly, those with disabilities, to access facilities and services designed to combat the disease; (ii) increasing social discontent due to the lack of tests, medicine and needed equipment and limited capacity of the health services to respond to the outbreak; iii) elite capture of the project benefits; iv) lack of transparent distribution mechanism to ensure the procured items needed to prevent, detect and clinically manage COVID-19 are distributed ensuring equity and reaching the affected population; v) the inadequate communication around the prevention and control effort of the disease. Based on the novelty and scale of the virus and its likely impact on the capacity of existing services and infrastructure, the social risks are Moderate.

E. Implementation

Institutional and Implementation Arrangements

18. The Project will be implemented by the MoPH through the "*Unité de Gestion Par Objectif*" (UGPO) in charge of implementation monitoring of health projects financed by international organizations. UGPO was created by Decree 2018-617 dated July 23, 2018 and amended by Decree 2020-68 dated February 7, 2020 and reports to the Minister of Public Health. The overall mandate of UGPO is to ensure seamless coordination throughout project implementation with all stakeholders. In addition, it is responsible for monitoring of fieldwork, preparation of technical studies (when needed), as well as ensuring technical, , operational, administrative and fiduciary monitoring of project execution.

19. The UGPO will be responsible for implementation and coordination of all activities under this Project, including the procurement of envisaged Project equipment and supplies to designated healthcare facilities and laboratories. Specifications and quantities of the required equipment and supplies will be determined in conjunction with the Directorate of Equipment (*Direction de l'equipment*), and the Directorate of Primary Health Care (*Direction des soins de santé de base*). The UGPO will be in charge of signing all contracts based on the recommendation of these involved directorates. The UGPO will also coordinate with the Directorate of Financial Affairs regarding Financial Management aspects.

20. The UGPO will assign a Project Coordinator who will be responsible for overall Project coordination with respective UGPO Departments in financial management (FM), procurement and M&E. In addition, the Project Coordinator will also be responsible for coordinating Project activities within MoPH, and specifically with the aforementioned directorates.

21. MoPH will assign Environmental and Social Focal Points from the Directorate for Hygiene and Environmental Protection to work with UGPO to monitor implementation of the Project environmental and social requirements, and the implementation of the SEP and the grievance redress mechanism.

22. Given that the Bank will also be financing procurement of COVID-19 equipment and supplies under PIAT, the UGPO will be responsible for ensuring alignment of procured equipment under both PIAT and this Project to avoid any possible duplication.

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