



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 01-Apr-2020 | Report No: PIDA29000



BASIC INFORMATION

A. Basic Project Data

Country Mali	Project ID P173816	Project Name MALI COVID-19 EMERGENCY RESPONSE PROJECT	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 24-Mar-2020	Estimated Board Date 27-Mar-2020	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)

The objective of the project is to strengthen the capacity of the government of Mali to prevent, prepare for and respond to COVID-19 pandemic

Components

Component 1: Emergency COVID-19 Preparedness and Response

Component 2: Increase access to health care services

Component 3: Implementation Management, Monitoring and Evaluation and coordination

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	25.70
Total Financing	25.70
of which IBRD/IDA	25.70
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	25.70
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IDA Credit	12.85
IDA Grant	12.85

Environmental and Social Risk Classification

Substantial

Decision

Other Decision (as needed)

B. Introduction and Context

- 1. 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.** As of March 19, 2020, the outbreak has already resulted in nearly 235,000 cases and 10,000 deaths.
- 2. 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 are 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.
- 3. The World Bank Group (WB) has created a dedicated, Fast Track COVID-19 Facility to help developing countries address the emergency response to and impacts of the outbreak.** The WB’s Fast Track COVID-19 Fast Facility 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.

Country Context



4. **Mali is a semi-arid, landlocked, low-income country with high demographic growth.** With an annual per capita income of about US\$750 in 2016,¹ 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 kilometers (55 in the South and 2 in the North), Mali is one of the least densely populated countries in the world.
5. **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.
6. **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 significantly Fragility, Conflict and Violence (FCV). Mali is classified by the World Bank as an FCV country since 2014 due to the establishment of a UN peace keeping mission (United Nations Multidimensional Integrated Stabilization Mission in Mali) in the country since April 2013. 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 Center Mali.
7. **Though have not yet declared a case of COVID in, the global COVID-19 outbreak is expected to have a significant negative impact on Mali's economy.** The direct impact of COVID-19, the anticipated slowdown in the global economy, will likely reduce trade and disrupt supply chains of living commodities. The effects of a pandemic-driven global economic downturn and its impact on Mali Economy are impossible to predict.

Sectoral and Institutional Context

8. **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 doesn't 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.



9. **Although Mali has improved indicators and some health outcomes, it's at high risk for epidemics. The country already faced 5 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, Measles and now COVID-19. However, improvements of other health indicators remain a challenge: high infant mortality rates 74.5 per 1000 live births in Mali, high under-five mortality rates 14.7 deaths per 1000 live births in Mali). Children suffer from both chronic and acute malnutrition with high prevalence of stunting as high as 36% and wasting in children under five years old.
10. **Infectious diseases burdens are high Mali. Mortality and morbidity is 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 has been 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 include 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.
11. **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.
12. **COVID-19 Outbreak in Mali: As per March 20th, 2020, no case of COVID-19 was diagnosed in Mali; however, 171 suspected cases were reported and tested for Covid-1 and were negative.** In response to COVID-19, the Ministry of Health 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.
13. **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 is 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. REDISSE III will complement the newly propose emergency operation. So far, REDISSE III supported the training of Rapid Intervention Teams (EIRs); and incident managers at the borderline health workers in the regions of Kayes, Sikasso, Koulikoro. Since the start of the epidemic, REDISSE III funded: the communication and social mobilization, strengthened the Lab system, surveillance system and the acquisition of health materials and equipment's. REDISSE III's total investment to the COVID-19 response plan is around USD4.5 million.



C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

14. **PDO Statement:** The objective of the project is to strengthen the capacity of the government of Mali to prevent, prepare for and respond to COVID-19 pandemic in Mali.

Key Results

15. **The project aims to achieve the following key results:**

- 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;

D. Project Description

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

17. **Component 1. Emergency COVID-19 Preparedness and Response** (US 17.7 million): 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:

18. **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 (IVR) or chatbots.



19. **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 consumables; (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.
20. **Subcomponent 1.3. Treatment and Management of COVID-19 cases (US\$: 8.7 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.
21. **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.
22. **Component 2. Increase access to health care services (US\$: 6 million):** This component will promote timely access to health care by providing facilities with financing based on the number of patients screened and treated 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..
23. **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 front-line health workers to respond to COVID-19; the PIM will describe payment processes and setup strong but agile and strong monitoring system; (ii) regular supervision and quality evaluation of treatment centers



by health authorities/regulators, (iii) provision of more autonomy of health facilities to solve promptly local issues including recruitment of additional temporary staff if needed.

24. 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 money to facilities 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.

25. Component 3. Implementation Management, Monitoring and Evaluation and Coordination (US\$: 2 million): This component has two subcomponents.

26. Subcomponent 3.1. Implementation management (US\$: 1 million): This subcomponent will finance operational costs of the project implementation Unit (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.

27. 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.

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

Summary of Assessment of Environmental and Social Risks and Impacts

E. Implementation



Institutional and Implementation Arrangements

28. **Implementation arrangement:** The existing PIU established for the World Bank-funded REDISSE III project within the Minister 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 safeguard specialist. It will be strengthened by additional staff if need be.

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