



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 09-Dec-2021 | Report No: PIDA33146

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

Country Madagascar	Project ID P178279	Project Name Additional Financing to Support to COVID-19 vaccine purchase and health system strengthening	Parent Project ID (if any) P176841
Parent Project Name Support to COVID-19 Vaccine Purchase and Health System Strengthening	Region AFRICA EAST	Estimated Appraisal Date 02-Dec-2021	Estimated Board Date 30-Dec-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Government of Madagascar	Implementing Agency Ministry of Public Health

Proposed Development Objective(s) Parent

This Project's Development Objective is to support the Government of Madagascar to acquire and deploy COVID-19 vaccines, and to strengthen its immunization services.

Components

- 1-Acquisition of Project COVID-19 vaccines and medical supplies
- 2-Strengthening health system for the effective deployment of Project COVID-19 vaccines
- 3-Contingent Emergency Response

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

Total Project Cost	41.00
Total Financing	41.00
of which IBRD/IDA	41.00
Financing Gap	0.00

DETAILS**World Bank Group Financing**



International Development Association (IDA)	41.00
IDA Grant	41.00

Environmental and Social Risk Classification
Substantial

Other Decision (as needed)

B. Introduction and Context

Country Context

The economic downturn due to the COVID-19 crisis, compounded by recurring natural disasters and chronic poverty, continues to threaten Madagascar’s economic development and long-term stability. The impacts of the crisis could reverse past progress in poverty reduction and deepen fragility. Prior to the current crisis, Madagascar was one of the poorest countries in the world and lagged on human capital indicators. The COVID-19 outbreak has intensified these challenges while pushing urban populations, notably women and youth, into positions of greater vulnerability due to strict confinement measures. Declining income per capita and rising inequality could sharpen the risk of social unrest, while the fiscal shock would also be heightened. Impacts of the current crisis on both poverty and stability could be compounded by further shocks, particularly from natural disasters.

In the south of Madagascar, the consequences of the drought, compounded by the pandemic and insecurity in some areas, have exacerbated the humanitarian situation. Some 1.14 million people in the south of Madagascar are now facing high levels of acute food insecurity, including nearly 14,000 people who are in "disaster" situations. The Humanitarian Country Team, of which the World Bank is a part, has been contributing to the Government's priorities and the national response plan to improve the humanitarian situation in the south of Madagascar since January 2020.

The 2020 Human Capital Index (HCI) estimates that a child born today in Madagascar will be, when reaching adulthood, only 39 percent as productive as could be if he or she enjoyed complete education and full health. Worse, Madagascar’s trendline for the HCI has remained unchanged over the last decade. Among alarming indicators is the 42 percent stunting rate, the fourth highest worldwide. Education outcomes are also weak: children who enter school at age 4 can expect to get 8.4 years of schooling, but when adjusted for learning, they can only expect to get 4.7 years. With children unable to reach their potential, the country will not have the needed labor force to fuel a productive economy that can create jobs, boost prosperity, and reduce poverty in the long-term.



Sectoral and Institutional Context

Madagascar declared a state of health emergency due to the global COVID-19 pandemic (decree 2020-359 of March 21, 2020) and has since repeated declarations and withdrawals of health emergency. The first health emergency was lifted on October 18, 2020. It was reinstated in early April 2021 due to the second wave (decree 2021-390 of April 3, 2021) and lifted again on September 4, 2021. The first cases (three imported) were confirmed on March 20, 2020 and a first peak was reached in July/August 2020 (number of cases multiplied by four in a month), with the highest number of new cases per day at 360. While the capital city of Antananarivo was impacted the most, all 22 regions of the country were affected. The epidemiological situation worsened with the second wave with presence of the South-African variant, that hit Madagascar in March-April 2021, with over 600 new daily cases (and peak on April 14, 2021 with 854 new cases). The death rate has also increased; it is now estimated at 2.12 percent compared to 1.4 percent in 2020. As of December 3, 2021, Madagascar reported 44,111 cases and 972 official deaths since the start of the outbreak.

The COVID-19 outbreak has had an adverse impact on health services delivery and utilization, particularly Reproductive, Maternal, and Child Health and Nutrition (RMCHN). Immediately following the first wave of the COVID-19 pandemic from March to October 2020 in Madagascar, a follow-up analysis of essential health services during the COVID-19 pandemic was conducted by a World Bank Development Economics (DEC)/Global Financing Facility for Women, Children and Adolescents (GFF) team. Significant and persistent disruptions were observed for outpatient consultations, given previous trends and seasonality. Indeed, data showed significant decreases in outpatient consultations reaching as low as 22 percent in August 2020. Compared to expected levels, disruptions were particularly intense in April, May, and October 2020 for most indicators measuring essential health services. Slight changes were noted for family planning (2 percent) and antenatal care services (1 percent).

COVID-19 has had a significant impact on child immunization. The childhood immunization rates declined by 18-20 percent in April 2020, and 7-12 percent in October 2020. According to new findings released by the GFF in 2020,¹ mathematical models indicate that large service disruptions in Madagascar have the potential to leave 424,000 children without oral antibiotics for pneumonia, 796,000 children without Diphtheria-Tetanus-Pertussis (DPT) vaccinations, 81,600 women without access to facility-based deliveries, and 645,100 fewer women receiving family planning services. As a result of disruptions in all essential services, child mortality in Madagascar could increase by 18 percent and maternal mortality by 12 percent over the next year.

C. Proposed Development Objective(s)

Original PDO

This Project's Development Objective is to support the Government of Madagascar to acquire and deploy COVID-19 vaccines, and to strengthen its immunization services.

Current PDO

To support the Government of Madagascar to acquire and deploy COVID-19 vaccines, and to strengthen its immunization services

¹ <https://www.globalfinancingfacility.org/country-briefs-preserve-essential-health-services-during-covid-19-pandemic>



Key Results

PDO Indicator

- Percentage of the population fully vaccinated (PDO indicator): the end target will be revised from 40 percent to 50.5 percent.

Intermediate Results Indicators (IRIs)

- Number of complete doses of eligible COVID-19 vaccine purchased through the project that arrived in the country: the end target will be revised from 5,600,000 to 9,000,000.
- Percentage of doses successfully administered out of the total vaccine doses procured by the Project : the target is 95% - this is a new indicator added to better capture project performance in vaccine deployment.
- Other IRIs will remain the same.

D. Project Description

The proposed additional financing (AF) of a US\$41 million equivalent International Development Association (IDA) grant will support the costs of expanding activities of the Madagascar Support to COVID-19 Vaccine Purchase and Health System Strengthening (P176841) with a primary objective to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Madagascar through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project. The increase in scale will be reflected in an increase in the overall project financing from US\$100 million to US\$141 million with the amount of the AF being distributed under the two components included in the parent project.

Component 1: Acquisition of Vaccines and Medical Supplies [originally US\$71 million; with proposed AF, US\$80 million]

The implementation of the activities under the parent project will continue without any changes. The project will continue to finance: (i) acquisition of vaccines for priority groups defined in NVDP; and (ii) acquisition of vaccination supplies needed for activities outlined in the Vaccine Delivery and Distribution Manual, including diluents, syringes, and medical supplies associated with the vaccination response.

Changes: Under this component, the parent project will be able to procure more doses with the allocated budget than initially planned under the parent project as the country opted for single dose Johnson and Johnson/Janssen vaccine which costs less. That will represent 8 million vaccines to cover 27% of the population. The AF will finance: (i) acquisition of COVID-19 vaccine doses to cover an additional 3 percent of the population, thus the total of 9 million doses purchased by the project will contribute to the government's plan to reach 50.5 percent COVID-19 vaccination coverage by June 2023; and (ii) acquisition of vaccination supplies needed to vaccinate the additional proportion of the population such as diluents, syringes, and all medical supplies associated with vaccination. The country is considering vaccine purchase via COVAX, as the Janssen vaccine is now available through the cost-sharing mechanism. The cost-sharing framework agreement was signed on November 26, 2021. World Bank procurement arrangements for vaccines through COVAX are still being finalized.



Component 2: Strengthening Health System for the Effective Deployment of Vaccines [originally US\$29 million; with proposed AF, US\$61 million]

The implementation of the activities under the parent project will continue without any changes. The project will continue to finance: (i) strengthening of vaccine logistics system, cold chain and vaccination sites (storage and transportation); (ii) strengthening surveillance and information systems including vaccine safety and AEFI monitoring; (iii) strengthening planning and coordination capacity including training of health workers/vaccinators and waste management; (iv) communication campaign to address vaccine hesitancy; and (v) operating costs.

Changes: Under this component, the AF will finance activities to scale up: (i) deployment of health professionals to deliver the additional doses procured through this AF; (ii) purchase of additional equipment for vaccines distribution (cold chain equipment, vehicles and motorbikes) and data reporting (tablets and computers); (iii) additional technical assistance for the deployment of vaccines, including for communication and demand creation based on a geographic mapping of pockets of hesitancy and for the utilization of drones for vaccines transportation in remote areas (this will be contracted with private operators specialized in drones utilization); and (iv) incentives for community health workers and mobilizers (incentives to be received by community health workers would be linked to the number of people referred to vaccination sites. An independent organization will be contracted for payments which will be based on properly validated statements).

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

The proposed AF will follow the same implementation arrangements as the parent project. The Ministry of Public Health has been the primary implementing agency for the project. The existing Project Coordination Unit (PCU or *Unité de Coordination de Projets - UCP*), which supports the management of the Improving Nutrition Outcomes using the Multiphase Programmatic Approach Project (PARN, P160848) and its Contingent Emergency Response Component for COVID-19 health response, has been effectively coordinating project planning and procurement. The PCU is responsible for the day-to-day management of activities supported under the project, as well as the preparation of a consolidated annual workplan and a consolidated activity and financial report for the parent project and the AF.

CONTACT POINT

World Bank

Maud Juquois
Senior Economist, Health

Borrower/Client/Recipient

Government of Madagascar

Implementing Agencies

Ministry of Public Health
Zely Arivelo Randriamanantany
Minister of Public Health
zrandriamanantany@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):	Maud Juquois
----------------------	--------------

Approved By

Practice Manager/Manager:		
Country Director:	Zviripayi Idah Pswarayi Riddihough	09-Dec-2021