Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 4-Feb-2021 | Report No: PIDA30900

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Tunisia	P175785	Additional Financing for Tunisia COVID-19 Response Project	P173945
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
Tunisia COVID-19 Response project	MIDDLE EAST AND NORTH AFRICA	02-Feb-2021	23-Mar-2021
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	Republic of Tunisia	Ministry of Health

Proposed Development Objective(s) Parent

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

Proposed Development Objective(s) Additional Financing

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
Support Health Systems Strengthening
Contingency Emergency Response Component

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 Bank for Reconstruction and Development (IBRD)	100.00

Environmental and Social Risk Classification

Substantial

Other Decision (as needed)

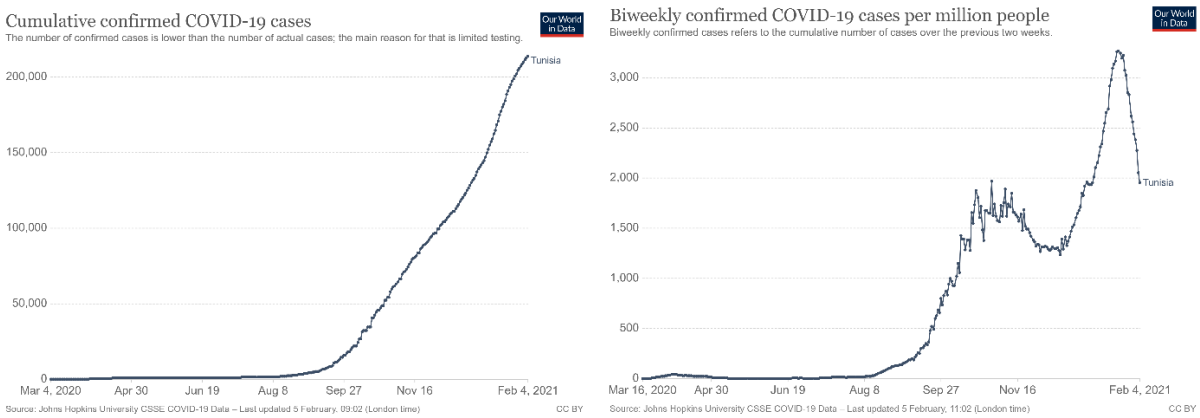
B. Introduction and Context

Country Context

1. **Tunisia, like other countries in the region, remains vulnerable to COVID-19 and has been facing multiple waves of infections.** While COVID-19 cases were relatively flat until late July 2020, Tunisia has experienced a significant increase since early August 2020, with cumulative confirmed cases doubling from 1,500 to over 3,000 between August 2020 and November 2020. Although there was a slight decline at the beginning of December 2020, new cases increased significantly since end-December and are continuing to climb, resulting in some of the highest cases per population in the Middle East and North Africa (MENA) region. As of February 4, 2021, there are 213,949 cumulative confirmed cases (figure 1) and over 7,048 confirmed deaths. Of the total confirmed cases, about 54 percent were females, while about 60 percent of total deaths were males.[1] The positivity rate of testing is at 23 percent, which is significantly above the World Health Organization (WHO) threshold of 5 percent, suggesting both low testing capacity as well as uncontrolled spread.[2]

[1] "Situation épidémiologique COVID-19 en Tunisie » 11 November 2020, Ministry of Health
[2] MENA Crisis Tracker December 22, 2020

Figure 1: Current cumulative confirmed COVID-19 cases (left) and biweekly cases per million people (right) in Tunisia[3]



2. **The government has been responding to this increased wave of infections.** Since the first wave of COVID-19 infections in March 2020, the government has instituted a numbers of measures to strengthen security campaigns aimed at enforcing the health protocol. These measures include bans on weddings ceremonies and other large events, control of shops and commercial premises, creation of a committee to control the application of health protocols, daily disinfection of public administration buildings, shift work in public administration institutions and the creation of a monitoring committee. Recently, the Government of Tunisia (GOT) has instated a total lockdown from January 14 - 17, 2021 with the exception of health care workers.[4] Testing and case management capacity have both been gradually scaled up but remain below WHO recommended levels as mentioned above.

Sectoral and Institutional Context

3. **Tunisia compares favorably in terms of health outcomes with countries at a similar income level and has a strong immunization system.** Tunisia's under-five and maternal mortality rates are lower than the MENA averages. Tunisia has a high performing childhood immunization program, with 99 percent Bacille Calmette-Guerin (BCG) vaccine coverage, 92 percent pentavalent coverage and 93 percent measles vaccine coverage respectively. According to the 2018 Multiple Indicator Cluster Survey (MICS), 79 percent of children are fully immunized. Immunization in Tunisia is overseen by the *Programme National de Vaccination* (PNV), which is under the Directorate of Basic Healthcare (*Direction des soins de santé de base* – DSSB)[5]. There are various effective coordination bodies, such as the Technical Committee for Vaccination (CTV), which ensure a multi-stakeholder approach to planning and implementation. Tunisia's immunization system's strengths were found to be: (i) a strong network of primary care centers; (ii) a well-functioning self-procurement system; (iii) a strong national regulatory authority covering public and private sector; and (iv) close monitoring of vaccine stocks and quality through the WHO Effective Vaccine

[3] https://ourworldindata.org/coronavirus/country/tunisia?country=~TUN Accessed 12 January 2021
[4] https://www.leconomistemaghrebin.com/2021/01/13/confinement-total/
[5] DSSB is the Basic Health care Directorate that is in charge of childhood vaccination program, including its national roll out. It has background and experience to roll out the vaccine and as such DSSB will be the main counterpart for the day to day implementation of the project activities, while UGPO is responsible for carrying out the Fiduciary and Environmental and social aspects

Management tool.[6]

4. **Nevertheless, Tunisia's regional disparities, weak supply chains and fragmented information systems could hamper effective COVID-19 vaccine deployment.** Only 20 percent of health centers provide daily care (8 hours) 6 days a week, of which more than 60 percent are in the coastal governorates. Human resources are inequitably distributed between regions as well since most specialists are concentrated in Tunis, Sfax and Sousse, the three main cities where more than 24 percent of the population resides. Drug stockouts have persisted in Tunisia since 2017, with a third of medicines stocked out in 2018 in the public sector.[7] Delays in obtaining manufacturing authorizations, lack of an electronic platform, and weak regulatory capacity are highlighted as additional factors contributing to stock-outs.[8] Another challenge is the fragmented nature of health information systems and lack of integration of different health registries, particularly at the primary care level where digital connectivity is very limited. This will be further exacerbated with the challenge of deploying the COVID-19 vaccine.

5. **Deployment of the COVID-19 vaccine will be an unprecedented undertaking.** While Tunisia has a strong immunization program, deploying the COVID-19 vaccine for even the first 20 percent of the population will imply increasing current vaccination capacity by 4.5 times,[9] which is a considerable challenge even for robust health systems. Given limited fiscal space and service delivery capacity, deploying the COVID-19 vaccine will require significant additional investments in the health sector.[10] However, the GOT has prepared a "National COVID-19 Vaccination Strategy" to initially cover 50 percent of its population by the end of 2021 as well as a preliminary costed operational plan. The strategy was approved on January 5, 2021 by the Minister of Health. The strategy is accompanied by an operational plan, which provides a preliminary costing of additional activities to deploy the COVID-19 vaccine. Results of the preliminary Vaccine Readiness Assessment Framework analysis in Tunisia show that the National COVID-19 Vaccination Strategy addresses the key aspects of COVID-19 vaccine deployment, and that the GOT is working to finalize operational planning gaps.

6. **The GOT's vaccine coverage and purchase plan is a central part of its national vaccination strategy.** Tunisia is eligible for the COVAX[11] Advance Market Commitment (AMC) facility and has a

[6] https://apps.who.int/iris/bitstream/handle/10665/258725/WHO-WHE-CPI-REP-2017.45-eng.pdf?sequence=1
[7] https://lapresse.tn/9668/marche-des-medicaments-de-lapprovisionnement-a-la-distribution/ , https://lapresse.tn/9930/le-secteur-du-medicament-en-tunisie-les-failles-dun-systeme/
[8] https://www.realites.com.tn/2020/10/penurie-des-medicaments-les-dessous-dun-systeme-biaise/
[9] Currently, Tunisia vaccinates over 300,000 1-year olds in a given year, having reached 92 percent coverage of the pentavalent vaccine. Based on the assumption that each child is vaccinated three times in a year, this results in 1.05 million doses of childhood vaccination delivered per year. Assuming that 20 percent of the population receives two doses of the COVID-19 vaccine within 21 days, this implies a scale-up of vaccine delivery capacity by 4.5 times, going up from 1.05 million doses to 4.73 million doses to cover 20 percent of the population.
[10] The total cost of the COVID-19 vaccine delivery strategy is about 5.5 percent of annual government health spending
[11] COVAX Facility is co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO. Its aim is to accelerate the development and manufacture of COVID-19 vaccines and to promote equitable access to COVID-19 vaccines. Given the advance vaccine purchases by high-income countries, low- and middle-income countries stand to benefit from collaboration in procurement through global mechanisms. An example to this is COVAX AMC which aims to have 1 billion doses by the end of 2021 for 92 low- and lower-middle-income economies, including Tunisia. COVAX provides volume guarantees to specific vaccine manufacturers, and once these vaccines are licensed and prequalified by the World Health Organization, AMC funds finance the purchase of vaccines for the 92 countries. As the scheme is currently in the process of being funded, there is uncertainty in

preliminary vaccination strategy in place to initially vaccinate 50 percent of its population by the end of 2021. The vaccination strategy beyond 2021 (and beyond 50 percent of the population) will be discussed during the roll-out in the current year. As vaccines are received, the GOT will deploy them to the priority target populations, which include high risk health workers, essential workers, elderly, and those with comorbidities.

C. Proposed Development Objective(s)

Original PDO

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

Current PDO

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

Key Results

An additional PDO indicator will be added to measure the expanded scope of the project:

- **PDO indicator:** Percentage of specific priority populations vaccinated based on targets defined in national plan, total and disaggregated by gender

D. Project Description

7. **Component 1 – Emergency COVID-19 Response, US$92.85 million (including additional US$73 million).** The entirety of component 1 for the parent project has been disbursed for the purchase of personal protective equipment. To strengthen the government's capacity to respond to the COVID-19 pandemic, additional funds will be added to this component in line with the Global COVID-19 Multiphase Programmatic Approach (MPA) to procure COVID-19 vaccines. The support for vaccines will be part of the containment and mitigation measures to prevent the spread of COVID-19 pandemic and deaths under this component. Key considerations for this component include: (a) **Purchasing arrangements;** and (b) **Priority target populations for vaccine purchase financing.**

8. **New Component 2 – Supporting Health Systems Strengthening (US$24.75 million):** This component will: (i) support the strengthening of the frameworks required for a safe and effective deployment of vaccines such as support to planning and coordination, budgeting and financial sustainability, and safety surveillance; and (ii) strengthen the government's immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale in Tunisia, in line with the Additional Financing (AF) for the Global COVID-19 MPA. These will include support to prioritization and targeting, service delivery, training and supervision, with a main focus on cold chain and logistics upgrades, information system scale up at demand and supply sides, and communication campaigns. Collaboration is envisioned with other Bank departments in defining sustainable energy

terms of the amount countries are expected to contribute, and current plans indicate Tunisia receiving enough free doses from AMC to cover 16 percent of its population.

solutions to support the cold chain expansion, and transport solutions to deploy vaccines from ports of entry to warehouses to target populations, including those at hardest to reach areas such as in rural zones.

9. **Additional financing for Component 3 (previously Component 2 – Implementation, Management, and Monitoring and Evaluation, US$2.1 million (additional US$2 million).** This component will be allocated an additional US$2 million to support new activities. As mentioned above, the additional financing entails the expansion of parent project activities to support the effective purchase and deployment of vaccines, which will necessitate the expansion of capacity at the Project Management Unit (*Unite de gestion par objectifs - UGPO*) through the recruitment of consultants responsible for administration, procurement, and financial management. This component will also support the Directorate of Basic Healthcare through the recruitment of consultants to support the technical management and monitoring and evaluation (M&E). This component will also include feedback surveys, including the implementation of iterative beneficiary monitoring (IBM). IBM is a method for gathering low-cost, iterative feedback on project implementation, obtained directly from beneficiaries (vaccine recipients; government agencies; health workers; other beneficiaries). IBM complements project monitoring systems by offering rapid feedback to project management on potential disconnects between project planning and what happens on the ground. IBM could specifically be utilized for following up on: (i) the delivery and reception of vaccines; (ii) targeting of beneficiaries; (iii) awareness by the targeted population of the program; and (iv) digitalization and implementation of new tools. The results from IBM will be used to adjust project interventions on an ongoing basis if warranted.

10. **New Component 4 – Contingency Emergency Response Component (CERC) (US$0 million).** A CERC will be added such that following an eligible crisis or event, the Bank can be requested to reallocate project funds to support additional emergency response, drawing from the uncommitted loan resources under the project from other project components to cover emergency response.

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

11. The Environmental and Social Management Framework (ESMF) and Labor Management Procedures (LMP) were prepared for the parent project. The two instruments were approved by the Bank and disclosed on the World Bank and the Ministry of Health (MOH) websites on September 29, 2020. The ESMF includes an Infection Control and Waste Management Plan (ICWMP) and occupational health and safety protocols. These documents will be updated to take into account the activities under the AF, their associated risks and impacts and proposed mitigation measures. The updated ESMF will include the rationale behind the prioritization and allocation of vaccine as reflected in the National COVID-19 Vaccination Strategy. It will include an updated ICWMP that takes into account the new vaccine activities

and propose measures to be put in place in vaccination sites such as schools that are not designated health centers and do not have an ICWMP. The revised instrument will outline the avenues being explored by the MOH to reach priority groups who live in remote areas, such as the use of mobile clinics, going through non-governmental organizations (NGOs) that take care of vulnerable groups (e.g., migrants and refugees, the homeless, the elderly living alone) as well as ensuring that vaccination premises include facilities with universal design features, in line with the inclusive and equitable access policy highlighted in the National COVID-19 Vaccine Deployment Strategy. The document will highlight the pollution and energy consumption efficiency measures, as well as the standards that will be used to ensure the reliability of the cold chain.

12. The revised ESMF will include the monitoring mechanisms of the vaccine health and safety board that monitors adverse impacts of the immunization. It will follow the generic mitigation measures associated with the proposed minor civil works, as outlined in the parent project's ESMF. The instrument will outline the public health measures proposed to minimize the exposure to and propagation of COVID-19 during the implementation of project activities. The instrument will describe the monitoring mechanisms that will be put in place to monitor vaccine administration, such as reminder for second doses, vaccine registries and vaccination cards. Finally, the ESMF will follow good international practices, such as the recommendations from the WHO "Strategic Advisory Group of Experts on Immunization (SAGE) vaccine allocation and prioritization framework as well as the Center for Disease Control (CDC) Interim Program Vaccination Playbook. Finally, the ESMF will include the procedures to be followed in case of activation of the CERC. As for the LMP, the updated version will reflect the new categories of workers associated with the AF implementation, additional risks and mitigation measures and new training requirements.

13. Given the high stakeholder risks associated with the vaccination program, a stand-alone Stakeholder Engagement Plan (SEP) will be prepared for the AF. The MOH is hiring a communication firm and agencies specialized in digital media, press and media relations and marketing to support information, stakeholder engagement and outreach associated with the vaccination campaign. At this stage, a preliminary SEP, specific to the additional financing, was prepared and will be disclosed on the MOH and World Bank websites prior to appraisal. The document, based on the National COVID-19 Vaccination Strategy, the operational plan, and government notes on the proposed information and stakeholder engagement campaign, identifies the key project stakeholders, provides the main orientations for the updated SEP, key objectives, messages on vaccine prioritization, deployment and phasing, health and safety, and public health measures, as well as requirements for grievance management. An updated SEP will be disclosed on the MOH and World Bank websites prior to effectiveness to take into account the latest developments in terms of project design, such as the establishment of the toll free number and grievance redress mechanism, new features of the communication strategy and document the stakeholder engagement activities that will have taken place by then.

E. Implementation

Institutional and Implementation Arrangements

14. Institutional arrangements remain unchanged with MOH as implementing agency. The UGPO will remain in charge of fiduciary, environmental and social aspects. The DSSB in charge of the National Vaccination Program (PNV) will implement, monitor and evaluate the project with the assistance of the

UGPO for procurement, financial management and environmental and social aspects. External consultants will be hired to support both UGPO and DSSB. The strategic oversight and overall project coordination will be ensured by the existing Steering Committee for COVID-19 Vaccination Campaign. The Steering Committee was created on December 25, 2020, with a ministerial *arrêtée*, which stipulates its roles and responsibilities. The Steering Committee is headed by the Director of Institute of Pasteur and composed of representatives from MOH directorates, as well as from other ministries, such as defense, transport, social affairs and interior. The Steering Committee's mission includes: (i) overseeing the vaccine campaign; (ii) overseeing the development and implementation of the operational plan of the vaccine campaign; (iii) developing the communication strategy; (iv) coordinating between different counterparts; and (v) monitoring and evaluation pertaining to the vaccination campaign. A memorandum of understanding/ministerial note will be put in place to detail the working arrangements, roles and responsibilities of the UGPO, the DSSB and the Steering Committee.

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