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INTERNATIONAL DEVELOPMENT ASSOCIATION

RESTRUCTURING PAPER

ON A

PROPOSED PROGRAM RESTRUCTURING
OF
MOLDOVA HEALTH TRANSFORMATION PROJECT
APPROVED ON MAY 22, 2014
IN THE AMOUNT OF SDR 20 MILLION
(US \$30.8 MILLION EQUIVALENT)

TO THE

REPUBLIC OF MOLDOVA

December 22, 2021

Health, Nutrition & Population Global Practice
Europe And Central Asia Region

Regional Vice President: Anna M. Bjerde

Country Director: Arup Banerji

Regional Director: Fadia M. Saadah

Practice Manager: Tania Dmytraczenko

Task Team Leader(s): Volkan Cetinkaya, Adrien Arnoux Dozol



ABBREVIATIONS AND ACRONYMS

CNAM	National Health Insurance Company (Compania Națională de Asigurări în Medicină)
COVID-19	Coronavirus disease
CPF	Country Partnership Framework
CVD	Cardiovascular disease
DLI	Disbursement-linked indicator
DLR	Disbursement-linked result
DRG	Diagnosis-related group
ECA	Europe and Central Asia
ES	Environmental and Social
ESMP	Environmental and Social Management Plan
ESSA	Environment and Social System Assessment
GDP	Gross Domestic Product
HTP	Health Transformation Project
IDA	International Development Association
IPF	Investment Project Financing
IT	Information technology
MoH	Ministry of Health
NCDs	Non-communicable diseases
PAP	Program Action Plan
PDO	Project Development Objective
PForR	Program-for-Results
PIU	Project Implementation Unit
SDR	Special Drawing Rights
STEP	Systematic Tracking of Exchanges in Procurement
WBG	World Bank Group

**DATA SHEET (Moldova Health Transformation Project - P144892)**

Project ID P144892	Financing Instrument Program-for-Results Financing	IPF Component Yes
Original Environmental Assessment Category (IPF Component) Not Required (C)	Current Environmental Assessment Category (IPF Component) Not Required (C)	
Approval Date 22-May-2014	Current Closing Date 31-Dec-2021	

Organizations

Borrower Ministry of Health	Responsible Agency National Health Insurance Company (CNAM)
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Program Development Objective(s)

The Program Development Objective is to contribute to reducing key risks for non-communicable and infectious diseases, including COVID-19, and improving efficiency of health services in Moldova.

Summary Status of Financing (US\$, Millions)

Ln/Cr/TF	Approval Date	Signing Date	Effectiveness Date	Closing Date	Net Commitment	Disbursed	Undisbursed
IDA-54690	22-May-2014	11-Jul-2014	08-Apr-2015	31-Dec-2021	28.70	14.71	11.55
IDA-54700	22-May-2014	11-Jul-2014	08-Apr-2015	31-Dec-2021	2.10	1.81	.14

Policy Waiver(s)

Does the Program require any waivers of Bank policies applicable to Program-for-Results operations?

No



The World Bank

Moldova Health Transformation Project (P144892)



I. PROGRAM STATUS AND RATIONALE FOR RESTRUCTURING

Program Status

1. The Health Transformation Project (HTP), a Program-for-Results (PForR), was approved on May 22, 2014, in the amount of SDR 20 million (US\$30.8 million equivalent) and became effective on April 8, 2015. The Program Development Objective (PDO) is to contribute to reducing key risks for non-communicable and infectious diseases, including COVID-19, and improving efficiency of health services in Moldova. To achieve the PDO, the Program employs a mix of result-oriented and investment-oriented activities financed by two credits: (i) SDR 18.6 million (US\$28.7 million equivalent) to address part of health system challenges through the use of disbursement-linked indicators (DLIs) (Program Credit No. 5469-MD); and (ii) SDR 1.4 million (US\$2.1 million equivalent) in investment project financing (IPF) to provide technical assistance and institutional capacity building activities to support attainment of Program objectives and ensure sustainability (Project Credit No. 5470-MD).
2. The Program has been restructured twice. The first restructuring was approved on October 23, 2018 to: (i) adjust the Program scope to evolving circumstances in the country and health sector; (ii) revise the results framework commensurate with the change in Program scope; (iii) reallocate funds between DLIs and the IPF component; and (iv) extend the closing date of the Program by 21 months to December 31, 2020. In light of the COVID-19 pandemic, a second restructuring was approved on December 22, 2020 to expand the original scope to include critical government priorities required for an effective response to the COVID-19 pandemic, namely: (i) behavior change communication related to COVID-19 response; and (ii) preparedness for COVID-19 vaccine deployment. The second restructuring also extended the closing date, by an additional 12 months, to December 31 2021, the current closing date.
3. Shortly after the second restructuring, the Government of Moldova resigned on December 23, 2020. An interim government was put in place until the July 2021 elections but was not authorized to sign the restructuring or submit it to the Parliament for ratification despite positive implementation progress. A new government was established on August 6, 2021 and the restructuring is expected to be ratified by the Parliament by December 31, 2021.
4. Although both implementation progress and progress toward achieving the PDO had been rated Moderately Satisfactory since June 2016, both were downgraded to Moderately Unsatisfactory in June 2020 due to the COVID-19 pandemic and resulting measures. Despite the lack of authorizing environment following the December 2020 resignation of the Government, the technical work of the Ministry of Health (MoH) and the National Health Insurance Company (CNAM)¹ continued. As a result of the technical advancements, overall implementation progress was upgraded to Moderately Satisfactory in February 2021. As of December 22, 2021, three of the six PDO indicators and four of the six intermediate indicators have been achieved. In addition, seven of the 11 DLIs have been achieved, while one DLI has been partially achieved. Following ratification of the second restructuring, this is expected to increase to eight DLIs fully achieved and two partially achieved. Given this progress, overall progress toward achievement of PDO is also expected to be upgraded to Moderately Satisfactory following ratification of the restructuring.
5. Approximately SDR 11.9 million (US\$ 16.53 million equivalent) has been disbursed as of December 22, 2021. Following verification of the achievement of additional DLIs (mentioned above), an additional SDR 5.4 million in disbursements are expected by the December 31, 2021, or approximately 86.3% of the Program.
6. The Program is in compliance with financial management covenants and interim financial reports and audits are up to date. The audits are conducted annually by the country's Supreme Audit Institution. For fiscal year 2020,

¹ Compania Națională de Asigurări în Medicină



project financial statements, the auditors expressed unmodified opinion and did not note any issues. The same opinion was issued for the Program audit for CNAM. The audit of the Program related to the MoH resulted in modified opinion due to misstatements noted in the value of fixed assets and depreciation, but this does not have impact on the Program itself. The internal audit function at MoH has significantly improved with the technical assistance provided by the Delegation of the European Union to Moldova. The Program-related expenditures are captured in the individual budgets of the MoH and CNAM, which are part of the consolidated state budget. Annual budget allocations provided for Program implementation are sufficient. The Program financial management arrangements are rated as Moderately Satisfactory.

- 7. The Program is rated Moderately Satisfactory for Environmental and Social Systems. A practical guide for health care waste management was developed by an internal working group in collaboration with representatives from the World Health Organization (Program Action Plan (PAP), action 9). The guide was discussed and approved by the Scientific Council of the National Agency for Public Health on January 15, 2019. In addition, close cooperation among the key institutions dealing with health care waste management continues to be functional (PAP, action 10). The Environment and Social System Assessment (ESSA) prepared for the Program was slightly revised to adequately address the health care waste management risks within the Program boundary and includes appropriate recommendations to improve health care waste management in Moldova. The ESSA was re-disclosed at the time of the first restructuring (March 2018).

Rationale for Restructuring

- 8. The Government requested a six-month extension on October 21, 2021 to address the delays in project implementation and to ensure achievement of the DLIs. Achievement of the DLIs were stalled due to the political uncertainty and weak authorizing environment since the resignation of the previous Government in December 2020. Following the receipt of the Government request for extension, an action plan and timeline for completion of remaining project activities was developed. Based on this, the World Bank management proposed an eight-month extension to ensure sufficient time to complete these important actions. As such, the proposed eight-month extension will allow sufficient time to verify results already achieved under the second restructuring as soon as it is ratified, as well as time to implement the COVID-19 related activities and to achieve the remaining DLIs and DLRs (Table 1). In addition, the additional time will also ensure delivery of breast cancer diagnostic equipment under the IPF component, preventing one of the major non-communicable disease for women. Successful procurement and implementation require an additional eight-months. While ratification of the previous restructuring took nearly a year, this restructuring will not require parliamentary approval, as it is limited to extension of the closing date.

Table 1: Status of remaining DLIs and DLRs		
DLI 2: Increase in the number of people with CVDs benefitting from compensated medications for treatment of CVDs.		
DLR 2.1: Increase in the number of people with CVDs benefitting from compensated medications for treatment of CVDs by 5 percent from the baseline.	SDR 1,294,000	ACHIEVED. The number of beneficiaries of compensated drugs increased by 9.26% (compared to the 10% target). This is a scalable DLI and, as such, SDR 2,696,049 in disbursements (92.6%) are expected.
DLR 2.2: Increase in the number of people with CVDs benefitting from compensated medications for treatment of CVDs by 10 percent from the baseline.	SDR 1,617,500	The MoH will send the achievement notification of as soon as the ratification of the December 2020 restructuring is completed.
DLI 7: Design and piloting of the Performance-Based Incentive Scheme for all hospitals.		



DLR 7.2: Revision of the pay-for-performance scheme	SDR 485,250	ACHIEVED. The MoH will send the achievement notification of as soon as the ratification of the December 2020 restructuring is completed.
DLR 7.3: Piloting of the revised methodology in at least seven hospitals	SDR 485,250	Ongoing. The preparatory work commenced, and the pilot is expected to launch by February 2022.
DLI 9: Consolidation of departmental hospitals under the MoH authority.		
DLR 9.1: Three public hospitals in Chisinau are under common management	SDR 517,500	Ongoing. The three public hospitals are in the process of transitioning to common management, which is expected to be complete by June 2022.
DLI 11: Incorporate lessons learned in population-based behavior change communication campaigns and vaccine readiness assessment.		
DLR 11.1: Implementation of a survey to assess people’s knowledge, behaviors and attitudes related to slowing the transmission of COVID-19	SDR 1,099,000	Ongoing. The survey has been implemented, the Vaccine Readiness Assessment has been completed, and the communication strategy is in the revision process.
DLR 11.2: Implementation of a COVID-19 Vaccine Readiness Assessment	SDR 1,099,000	The MoH will send the achievement notification of DLR 11.1 and 11.2 as soon as the ratification of the December 2020 restructuring is completed.
DLR 11.3: Revision of the National Communication Strategy for COVID-19	SDR 1,099,000	The notification for the achievement of DLR 11.3 is expected by mid-February 2022.

- Despite the negative impact of recent political changes before the last parliamentary election in July 2021, the new Government is fully supportive of this work and the Minister of Health explicitly requested the World Bank’s continued support to implement the Government’s reform agenda in the coming years. In this context, the extension will have the added benefit of allowing time for the new MoH team to work with the Bank and pave the way for continued engagement.

II. DESCRIPTION OF PROPOSED CHANGES

- Change in Credit Closing Date: The closing date of the Program and the two associated credits (Program Credit No. 5469-MD and the Project Credit No. 5470-MD) has been extended by 8 months, from December 31, 2021 to August 31, 2022.
- Change in Disbursement Estimates: Disbursement estimates have been revised to reflect the extension of the Program closing date.
- Change in Implementation Schedule: The implementation schedule has been revised to reflect the extension of the Program closing date.
- There are no changes proposed on the implementation or fiduciary arrangements. The Program will continue to be implemented by the existing Project Implementation Unit in the MoH. Procurement of equipment and services will be made from the IPF component and will follow the agreed procedures. The MoH will update the procurement plan in the STEP system by reflecting the proposed changes and will submit it to the Bank for approval. The PP will provide a timeline for completing the delivery of the equipment or completion of services by the closing date of the project. The project funds cannot be used for services provided or goods delivered after the closing date of the project. Payment for such services or goods will need to be made from other resources identified by the Borrower. With respect to environmental and social safeguards, since there are no changes



proposed on safeguards application, the ESSA guidelines and suggested action plan are applicable to this restructuring.

III. SUMMARY OF CHANGES

	Changed	Not Changed
Change in Loan Closing Date(s)	✓	
Change in Disbursement Estimates	✓	
Change in Implementation Schedule	✓	
Change in Implementing Agency		✓
Change in Program's Development Objectives		✓
Change in Program Scope		✓
Change in Results Framework		✓
Change in Cancellations Proposed		✓
Reallocation between and/or Change in DLI		✓
Change in IPF Component		✓
Change in Disbursements Arrangements		✓
Change in Systematic Operations Risk-Rating Tool (SORT)		✓
Change in Safeguard Policies Triggered		✓
Change in EA category (IPF Component)		✓
Change in Legal Covenants		✓
Change in Institutional Arrangements		✓
Change in Technical Method		✓
Change in Fiduciary		✓
Change in Environmental and Social Aspects		✓
Other Change(s)		✓



IV. DETAILED CHANGE(S)

LOAN CLOSING DATE(S)

Ln/Cr/TF	Status	Original Closing Date	Revised Closing(s) Date	Proposed Closing Date	Proposed Deadline for Withdrawal Applications
IDA-54690	Effective	30-Mar-2019	31-Dec-2020, 31-Dec-2021	31-Aug-2022	31-Dec-2022
IDA-54700	Effective	30-Mar-2019	31-Dec-2020, 31-Dec-2021	31-Aug-2022	31-Dec-2022

DISBURSEMENT ESTIMATES

Year	Current	Proposed
2014	0.00	0.00
2015	933,055.20	2,905,919.24
2016	1,615,213.60	8,507,102.05
2017	2,066,125.60	1,703,251.64
2018	3,160,326.40	843,902.85
2019	4,925,844.00	1,947,426.69
2020	6,702,788.40	50,000.00
2021	7,355,871.60	568,208.72
2022	3,040,775.20	14,274,188.81



ANNEX 1: RESULTS FRAMEWORK

Results framework

Program Development Objectives(s)

The Program Development Objective is to contribute to reducing key risks for non-communicable and infectious diseases, including COVID-19, and improving efficiency of health services in Moldova.

Program Development Objective Indicators by Objectives/ Outcomes

Indicator Name	DLI	Baseline	End Target
Reducing key risks for non-communicable and infectious diseases			
PDO Indicator 1: Smoking prevalence among adults (Percentage)		16.10	14.10
Smoking prevalence among adults, Male (Percentage)		33.00	29.00
Smoking prevalence among adults, Female (Percentage)		3.40	2.90
PDO Indicator 2: Increase in the number of people with CVDs benefitting from compensated medications for treatment of CVDs (Number)		414,744.00	456,218.00
PDO Indicator 6: Revise the national communication strategy for COVID-19 (based on the results of the survey and the Vaccines Readiness Assessment) and implement six activities of the revised strategy (Number)		0.00	6.00
Improving efficiency of health services			



Indicator Name	DLI	Baseline	End Target
PDO Indicator 3: Annual acute care hospital discharges per 100 persons (Number)		17.60	15.60
PDO Indicator 4: Acute care hospital beds (Number)		17,586.00	15,000.00
PDO Indicator 5: Average length of stay in acute care hospitals (Days)		8.00	7.20

Intermediate Results Indicators by Result Areas

Indicator Name	DLI	Baseline	End Target
Intermediate Results Area 1: Reducing NCD risks			
Intermediate Results Indicator 1: Approval of the new tobacco control legislation (Yes/No)		No	Yes
Intermediate Results Indicator 2: Revision of the outpatient drug benefit package with regard to antihypertensive drugs (Yes/No)		No	Yes
Intermediate Results Area 2: Improved efficiency of health services			
Intermediate Results Indicator 4: Approval of the revised national health strategy which includes hospital rationalization measures (Yes/No)		No	Yes
Intermediate Results Indicator 5: Annual hospitalizations through referrals by family medicine providers (Percentage)		36.00	44.00
Intermediate Results Indicator 6: Consolidation of departmental hospitals under the MoHLSP authority (Yes/No)		No	Yes



Indicator Name	DLI	Baseline	End Target
Intermediate Results Indicator 7: Percentage of citizen satisfied with quality of health services (Percentage)		62.60	70.00

Disbursement Linked Indicators Matrix

DLI 1	All imported and locally produced cigarettes in the market are in line with the tobacco labelling regulation			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	No	Text	455,634.00	0.00
Period	Value	Allocated Amount (USD)		Formula
Baseline	N/A.			
2016		0.00		
2017		0.00		
2018		0.00		
2019	Starting in 2018, all imported and locally produced cigarettes in the market are in line with the tobacco labelling regulation	455,634.00		



DLI 2				
Increase in the number of people with CVDs benefitting from compensated medications for treatment of CVDs				
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	No	Number	4,100,704.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	414,744.00			
2016			0.00	
2017			0.00	
2018			0.00	
2019	456,218.00		4,100,704.00	
DLI 3				
Annual acute care hospital discharges per 100 persons				
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Outcome	No	Number	3,000,000.00	91.33
Period	Value		Allocated Amount (USD)	Formula
Baseline	17.60			
2016	17.00		900,000.00	
2017	16.50		750,000.00	
2018	16.00		750,000.00	



2019	15.60		600,000.00	
DLI 4	Acute care hospital beds			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	No	Number	4,700,000.00	91.49
Period	Value		Allocated Amount (USD)	Formula
Baseline	17,586.00			
2016	17,000.00		1,100,000.00	
2017	16,500.00		900,000.00	
2018	16,000.00		900,000.00	
2019	15,000.00		1,800,000.00	
DLI 5	Adoption of a revised outpatient drug benefit package for anti-hypertensive drugs			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Process	No	Yes/No	2,000,000.00	91.50
Period	Value		Allocated Amount (USD)	Formula
Baseline	No			
2016	Yes		2,000,000.00	
2017	Yes		0.00	



2018	Yes		0.00	
2019	Yes		0.00	
DLI 6	Revision and implementation of performance-based incentive scheme in primary care			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Process	No	Text	2,000,000.00	23.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	Revision of the performance-based incentive scheme			
2016	Revision of incentive scheme for family medicine: Yes		500,000.00	
2017	Performance based incentive agreements signed with all primary care centers contracted by CNAM in Year 2: YES		500,000.00	
2018	Performance based incentive agreements signed with all primary care centers contracted by CNAM in Year 3: YES		500,000.00	
2019	Performancebased incentive agreements signed with all primary care centers contracted by CNAM in Year 4: Yes		500,000.00	
DLI 7	Design and piloting of the Performance-Based Incentive Scheme for all hospitals			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Process	No	Text	1,866,900.00	24.45
Period	Value		Allocated Amount (USD)	Formula



Baseline	No incentive scheme for hospitals			
2016	Design of incentive scheme for hospitals		500,000.00	
2017	Revision of the pay-for-performance scheme		683,450.00	
2018	Piloting of the revised methodology in at least 7 hospitals		683,450.00	
2019			0.00	
DLI 8	Implementation and update of DRG prices for public acute care hospitals			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Process	No	Text	2,000,000.00	68.16
Period	Value		Allocated Amount (USD)	Formula
Baseline	DRG accounting for less than 40 percent of total payment by CNAM to public hospitals			
2016	DRG accounting for at least 40% of total payment by CNAM to public hospitals		500,000.00	
2017	DRG accounting for at least 50% of total payment by CNAM to public hospitals		500,000.00	
2018	DRG accounting for at least 60% of total payment by CNAM to public hospitals		500,000.00	
2019	DRG updated using country data		500,000.00	



DLI 9				
Consolidation of departmental hospitals under the MoHLSP authority				
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Process	No	Text	728,873.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	N/A			
2016			0.00	
2017			0.00	
2018			0.00	
2019	Three public hospitals in Chisinau are under common management		728,873.00	
DLI 10				
Adoption of the revised National Health System Development Strategy which includes hospital rationalization measures				
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Process	No	Text	1,000,000.00	95.68
Period	Value		Allocated Amount (USD)	Formula
Baseline	Strategy has not been revised and approved			
2016	Revised strategy approved		1,000,000.00	
2017			0.00	
2018			0.00	



2019			0.00	
DLI 11	Incorporate lessons learned in population-based behavior change communication campaigns and vaccine readiness assessment			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	No	Text	4,643,661.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	N/A.			
2016			0.00	
2017	The Borrower has implemented a survey to assess people’s knowledge, behaviors and attitudes related to slowing the transmission of COVID-19		1,547,887.00	
2018	The Borrower has implemented a COVID-19 Vaccine Readiness Assessment.		1,547,887.00	
2019	The Borrower has revised the National Communication strategy for COVID-19, based upon the results of the survey and vaccine readiness assessment, and has implemented 6 activities of the revised strategy.		1,547,887.00	

**ANNEX 2: PROGRAM ACTION PLAN**

Action Description	Source	DLI#	Responsibility	Timing		Completion Measurement
1. Provision of sufficient Program annual budget	Fiduciary Systems		Client	Recurrent	Yearly	At the time of monitoring, there was no information on the lack of budget allocated to PforR-related activities.
2. Annual tobacco excise duty increase as per the roadmap in the tobacco control legislation	Technical		Client	Recurrent	Yearly	The GoM adopts 3-year (rolling) fiscal policy framework based on which tobacco excise taxes are being defined. In 2018 the 3% ad valorem tax was added to the non-filter cigarettes, however a greater tax unification is needed.
3. Filling the vacancies in the MOH Policy Analysis and Monitoring Unit	Technical		Client	Other	2016	Completed early during project implementation (2016) and maintained since then.
4. Completion of stakeholder analysis related to key health reforms supported by the Program	Technical		Client	Other	Yearly	Completed early during project implementation (2016).
5. Annual public awareness and communication campaigns on health reforms on the basis of the completed stakeholder analysis under Action 4	Technical		Client	Due Date	31-Dec-2020	For 2019, the Mass Media Information and Communication Service has proposed to include several actions related to the communication campaigns. Above mentioned Service is going to develop the Communication Strategy of the MoHLS for 2021-2023.
6. Adoption of sanction mechanisms against hospitals with confirmed informal payment cases	Technical		Client	Recurrent	Continuous	There is a regulatory framework in place that allows non-payment by CNAM of inpatient case treated by hospital if there is a proof of out-of-pocket payments for drugs or medical services. The number of such cases decreasing.
7. Implementation of annual audit of	Technical		Client	Recurrent	Yearly	CNAM is conducting verification of DRG coding by means of IT application which helps cross-



Diagnosis Related Group (DRG) payment for hospitals						check and identify suspicious cases, after which more detailed verification takes place. The DRG audit report is submitted to the Bank by April each year.
8. Training conducted by hospital management consultants for all managers of hospitals under common management structures on reengineered business processes and workflows	Technical		Client	Due Date	31-Dec-2020	Firm responsible for the assignment is revising the content of the report in light with MoHLSP's comments.
9. The MoHLSP will revise the technical guidelines and sanitary regulation for health care waste management to address the potential impact of COVID-19	Environmental and Social Systems		Client	Due Date	30-Jun-2021	This action was reformulated as part of a restructuring in November 2020.
10. The MoHLSP will set up an efficient mechanism for close cooperation among the key institutions that have attributions in health care waste management. The cooperation will include plans for dealing with the medical waste generated by COVID-19.	Environmental and Social Systems		Client	Due Date	31-May-2021	This action was reformulated as noted below.