Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 20-Mar-2020 | Report No: PIDA28995

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Cambodia	P173815	Cambodia COVID-19 Emergency Response Project	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
EAST ASIA AND PACIFIC	24-Mar-2020	31-Mar-2020	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Ministry of Finance	Ministry of Health Cambodia	

Proposed Development Objective(s)

To assist Cambodia in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

Components

Component 1: Case detection and management
Component 2. Medical Supplies and Equipment
Component 3. Preparedness, Capacity Building and Training
Component 4. Project Implementation and Monitoring

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 Development Association (IDA)	20.00

IDA Credit	20.00

Environmental and Social Risk Classification

Substantial

Decision

B. Introduction and Context

Country Context

Cambodia has transformed itself since the late 1990s from a war-torn country to a peaceful one which has experienced remarkable economic growth and macroeconomic stability. The country grew by an average annual rate per capita of 7.8 percent during 2004–2014, ranking among the top 15 economies in the world in terms of economic growth. This economic transition allowed the country to reach lower middle-income status in 2015. The main drivers of growth have been garment, manufacturing, agriculture, tourism and, more recently, construction and real estate. While this sustained economic performance has lifted a large proportion of the population above the national poverty line, Cambodia is still one of the poorest countries in the Southeast Asia region. Vulnerability remains high and social protection is limited. Ongoing public sector reforms are yielding results, but public institutions remain weak.

Cambodia's population of approximately 16.7 million in 2020 has made steady and significant progress in health outcomes over the past decade. Between 2005 and 2014, the maternal mortality ratio fell from 472 per 100,000 live births to 170, and under-five mortality decreased from 83 per 1,000 live births to 35. Despite these dramatic improvements in maternal and child health, inequities persist across health outcomes by socioeconomic and educational status, by geographical areas, and between urban and rural populations.

In 2014, the total health expenditure was approximately US$1 billion, corresponding to over 6 percent of gross domestic product and US$70 per capita and this is one of the highest in the region. Public financing for health has increased steadily since 2008, from US$104 million to US$241 million in 2014 but only accounts for 20 percent of total health expenditure. Out-of-pocket (OOP) payment accounts for 60 percent and is an important source of debt and impoverishment for the poor. Based on data from the 2017 Cambodia Socioeconomic Survey, approximately 6.3 percent of the population endured catastrophic spending and 3.1 percent had to incur debt to pay for health expenditures.

The quality of health services in Cambodia is suboptimal however, with significant gaps and weaknesses. Beneficiaries incur high OOP payments due to the perceived poor quality of care in certain public facilities, even when they are covered by a HEF. In addition to some remaining gaps in infrastructure, Cambodia faces a major challenge with the skills and competencies of its health workforce and needs both pre-service and in-service training improvements and a renewed focus on competency-based training. In addition, the absence of a well-coordinated monitoring and evaluation (M&E) mechanism and limited data quality have hampered the effective monitoring of health sector performance and evidence-based decision-making.

The Joint External Evaluation (JEE) of IHR Core Capacities conducted in 2016 found that many technical capacities

for detecting, preventing and rapidly responding to emerging diseases and public health emergencies remain under development. Cambodia's capacities in the majority of technical areas evaluated were categorized as limited or developed under the JEE categorization system. Overarching challenges included significant funding gaps, human resources capacity, intersectoral collaboration and coordination, and the application of monitoring and evaluation mechanisms.

Sectoral and Institutional Context

COVID-19 Outbreak Epidemiology in Cambodia: The first case in the country was diagnosed on 27 January 2020 in a Chinese man who had flown from Wuhan to Sihanoukville who then recovered and returned home. On March 16th, almost six weeks after the first reported case in the country, the government closed all public and private educational institutions across the country. The following day, a 30-day travel ban on visitors from the four most effected European countries as well as the US came into force. As of March 18, 2020, the Ministry of Health has confirmed 35 cases, most of them imported.

In response to COVID-19, the Ministry of Health has updated Cambodia's existing pandemic response strategy in a new document entitled "National Action Plan: Preparing for and Responding to Novel Coronavirus (COVID-19) in the Kingdom of Cambodia, February to August 2020". The Plan stages that the extent of geographic spread of COVID-19 within Cambodia will influence the set of response actions required at any given stage. Response actions fall along a continuum between two strategic approaches, namely Containment and Mitigation. Containment refers to stopping or slowing down the spread of a new disease. Mitigation refers to the set of public health options that Cambodia can take to minimize the health, social and economic impact of the epidemic once COVID-19 is widely circulating in the country. At the time of writing, the overall immediate health risk assessment from COVID-19 to Cambodia was considered moderate to high. Cambodia is currently in the Containment Phase.

The current COVID-19 National Action Plan has four strategic objectives: (1) to reduce and delay transmission, (2) to minimize serious disease and reduce associated deaths, (3) to ensure ongoing essential health services particularly during epidemic peak periods; and (4) to minimize social and economic impact through multisectoral partnerships. Nine priority areas of action to manage community transmission are drawn from the 2019 updated National Pandemic Preparedness Plan and are as follows: incident management and planning, surveillance and risk assessment, laboratory, clinical management and health care services, infection prevention and control, non-pharmaceutical public health measures, risk communication, points of entry and operational logistics.

COVID-19 response coordination structures: Cambodia's National Pandemic Preparedness Plan was updated in 2019. Clear Coordination, Command and Control structures were put in place for a multisectoral, whole-of-government, whole-of-society response involving government departments, agencies and civil society organizations. The government strengthened and tested its preparedness efforts and set up the National preparedness and response coordination mechanism through a National Public Health Emergency Operation Center (EOC).

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C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

To assist Cambodia in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

Key Results

Early detection and timely reporting of outbreaks

- Total testing capacity for COVID-19 per week

Rapid response to infectious disease outbreaks

- Number of provincial hospitals with adequate supply of PPE to manage 30 COVID-19 cases and undertake outbreak investigations

Clinical management and infection prevention and control

- Number of provincial hospitals with capacity to isolate and manage 30 suspected and confirmed COVID-19 and other immediate reportable disease cases

D. Project Description

The Project will be a standalone operation for Cambodia to address critical country-level needs for preparedness and response for COVID-19: The proposed Project will build upon the support already being channeled through the Contingency Emergency Response Component (CERC) of H-EQIP. The proposed Project will fill critical financing gaps that have been identified due to the new emergency preparedness and response needs created by COVID-19. Project design will include similar implementation arrangements and fiduciary systems as the H-EQIP, as described below.

The project components and activities under each component are designed to support selected containment[1] as well as mitigation[2] related activities which the RGC has identified in the COVID-19 National Action Plan. Also, the proposed activities have been identified from within the Cambodia COVID-19 Master Plan and will complement others that are already been committed notably, by the H-EQIP (through the activation of CERC, US$14 million equivalent for ambulances and medical equipment, national laboratory capacity development, reagents, etc.), Germany (1.5 million to assist the Institute of Pasteur Cambodia), and China (5,000 PPE and masks)

The project will comprise the following components:

Component 1. Case detection and management [US$8.5 million]: Activities supported by this component include: establishing and upgrading laboratory, isolation and treatment centers and equipping them with medical supplies and furniture and network installation [1]. National Institute of Public Health (NIPH) will be upgraded; diagnostic capacity of the laboratories attached to the 25 provincial referral hospitals will be built; and isolation and treatment centers in all 25 municipal/provincial referral hospitals will be established.

Component 2. Medical Supplies and Equipment [US$6.5 million]: This component will finance the procurement of medical supplies and equipment needed for activities outlined in the COVID-19 Master Plan, including business continuity of essential services, such as (i) case management; and (ii) infection prevention and control. Specifically, items procured will include drugs and medical supplies for case management and infection prevention. This component will also allow for flexibility to allocate resources for the purchasing of essential pharmaceutical (medicines and vaccines) and medical supplies as the availability in the country becomes reduced due to the economic impact of the pandemic and the existing mechanisms are insufficient to address the critical health system needs.

Component 3. Preparedness, Capacity Building and Training [US$3.5 million]: This component will finance activities related to preparedness, capacity building and training, guided by the different pillars and activities of the COVID-19 Master Plan. These include: (i) coordination at the national, provincial and district levels; (ii) EOC functionalization (including sub-national coordination and support for preparedness (EOC functionalization, training, supervision); (iii) human resources for implementation, supportive supervision and subnational support; (iv) financing of operating costs, such as vehicle rental, fuel and other administrative-related costs for supportive supervision and monitoring; (v) support for screening people entering in to the country at designated points of entry (airports, border crossings, etc.); (vi) strengthening call/hotline centers; and (vii) strengthening community- and event-based surveillance for COVID-19. In addition, this component will support (i) risk communication and community engagement; (ii) behavioral and sociocultural risk factors assessments; (iii) production of RCCE strategy and training documents; (iv) production of communication materials; and (vi) monitoring and evidence generation.

Component 4. Project Implementation and Monitoring [US$1.5 million]: Implementing the proposed Project will require administrative and human resources that exceed the current capacity of the implementing institutions, in addition to those mobilized through the HEQIP. Activities include: (i) support for procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; (ii) recruitment and Training of project management unit and technical consultants; and (iii) operating costs.

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

The project will have positive impacts as it should improve COVID-19 surveillance, monitoring and containment. However, the project could also cause substantial environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project-supported laboratories, quarantine and isolation facilities.

Infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health workers. The health facilities involving COVID-19 diagnostic testing and treatment can generate medical waste and other hazardous biproducts. To manage these risks, the MOH will prepare an Environmental and Social Management Framework (ESMF) and a Stakeholder Engagement Plan (SEP).

ESMF will include templates for Environmental and Social Management Plans (ESMP) for minor renovations, Labor Management Plan (LMP) for PIU and contracted workers, and Infection Prevention and Control and Waste Management Plan (IPC&WMP) for all facilities including laboratories, quarantine and isolation centers to be supported by the Project. LMP includes provisions to ensure proper working conditions and management of worker relationships, Codes of Conduct (COC) and occupational health and safety; and to to prevent Sexual Exploitation and Abuse (SEA), Gender-Based Violence (GBV) and/or Violence Against Children (VAC). The IPC&WMP will adequately cover IPC standard precautions and additional precautions as well as medical waste management procedures following international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. The ESMF will be prepared to a standard acceptable to the Association and disclosed both in country on the MOH website and on the World Bank website within 30 days after the Effectiveness Date.

[1] Containment means stopping or slowing down the spread of a new disease. This refers to the set of public health actions that countries can implement to slow down the spread of an already circulating new virus, once it appears in-country and while there are still only a few cases or clusters.
[2] Mitigation refers to the set of public health actions that a country can take to minimize the health, social and economic impact of the epidemic once a new virus is widely circulating in the country. Mitigation specifically aims to minimize the transmission to vulnerable populations and ensure health care for those who need it most.
[1] No new construction, apart from potential rehabilitation of existing structures.

The SEP will outline a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19. In instances where there is a likelihood of more vulnerable groups in attendance, such as the elderly and those with compromised immune systems or related pre-existing conditions, stakeholder engagement should minimize close contact. People affected by Project activities should be provided with accessible and inclusive means to raise concerns and grievances. The SEP follows the guidance provided in WHO "Pillar 2: Risk communication and community engagement" including, among others, existing guidance on risk communication and community engagement (RCCE), guide to preventing and addressing social stig,a associated with COVID-19 and key messages and actions for COVID-19 prevention and control. The SEP including a Grievance Mechanism shall be prepared to a standard acceptable to the Association, consulted and disclosed before the Board Approval and updated and disclosed within 30 days after the Effectiveness Date.

The key risk related to the operation are public and occupational health risks deriving from engagement with people and samples contaminated with COVID-19. Accordingly, provisions need thus to be in place for proper safety systems, with a focus on quarantine centers, screening posts, and laboratories to be funded by the project; encompassing above all OHS and waste management procedures. WBG EHS Guidelines, such as those related to Community Health and Safety will apply to the extent relevant. The project can thereby rely on standards set out by WHO, WBG. Beyond this immediate concern, project implementation needs also to ensure appropriate stakeholder engagement to (i) avoid conflicts resulting from false rumors, (ii) vulnerable groups not accessing services, or (iii) issues resulting from people being kept in quarantine.

E. Implementation

Institutional and Implementation Arrangements

MOH will be the implementing agency for the project. The institutional arrangements are based on lessons learned from H-EQIP. The Minister of Health will appoint a Project Director, and a Project Manager. The Project Director and Project Manager will be acting through MOH's technical departments and national programs, as well as the PHDs, ODs, RHs, and HCs. Within the MOH, the project will be implemented through the Department of Communicable Disease Control (DCDC), Department of Hospital Services (DHS), National Institute of Public Health (NIPH) and the Department of Budget and Finance (DBF) using mainstream MOH processes and will not involve a parallel project implementation unit or secretariat. However, the project will have a provision to strengthen these departments' capacity and skills through additional consultants or advisors. The additional consultants or advisors will be used for strengthening the MOH procurement unit functions as a whole and not specifically for the project activities. Other MOH departments participating in project implementation will include (a) the Internal Audit Department (IAD); (b) the Preventive Medicine Department; and (c) the Department of Drugs.

The guiding documents for the project will be an updated Project Operational Manual, including standard project fiduciary, safeguard, implementation, and M&E requirements, as well as relevant *Prakas* to be developed. In addition, Annual Operations Plan (AOPs) will be submitted for no-objection to the World Bank by September 30 of each year, detailing the project work program and budget for each government fiscal year and specifying the allocation and sources of funding for all project components.

CONTACT POINT

World Bank

Ziauddin Hyder
Senior Health Specialist

Tomo Morimoto
Senior Health Specialist

Borrower/Client/Recipient

Ministry of Finance

Implementing Agencies

Ministry of Health Cambodia
HE Youk Sambath
Secretary of State
swmcgsambath@camnet.com.kh

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):	Ziauddin Hyder Tomo Morimoto

Approved By

Environmental and Social Standards Advisor:		

Practice Manager/Manager:		
Country Director:	Inguna Dobraja	30-Mar-2020