



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 28-May-2021 | Report No: PIDA31456



BASIC INFORMATION

A. Basic Project Data

Country Cambodia	Project ID P176212	Project Name Additional Financing to Cambodia COVID-19 Emergency Response Project	Parent Project ID (if any) P173815
Parent Project Name Cambodia COVID-19 Emergency Response Project	Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 28-May-2021	Estimated Board Date 25-Jun-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Kingdom of Cambodia	Implementing Agency Ministry of Health Cambodia

Proposed Development Objective(s) Parent

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: Emergency COVID-19 Prevention and Response
- 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	3.50
Total Financing	3.50
of which IBRD/IDA	0.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	3.50
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Health Emergency Preparedness and Response Multi-Donor Trust

3.50

Environmental and Social Risk Classification

Substantial

Other Decision (as needed)

B. Introduction and Context

Country Context

- 1. 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.
- 2. 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.
- 3. In 2014, the total health expenditure was approximately US\$1 billion, corresponding to over 6 percent of gross domestic product (GDP) and US\$70 per capita, which 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.
- 4. The COVID-19 pandemic has significantly impacted Cambodia, affecting its main growth drivers and threatening to reverse the country’s years of development gains.** While real GDP growth was strong at 7.1 percent in 2019, it is projected to contract sharply by -3.1 percent in 2020. However, the economy is projected to grow modestly in 2021 at 4.0 percent. The three sectors that have been most affected by COVID-19 (tourism, manufacturing, and construction) contributed to nearly 71 percent of growth in 2019



and 39.4 percent of total paid employment. Cambodia's tourism (including hospitality) sector, estimated to contribute about 20 percent of GDP, has collapsed. Cambodia's exports of garments, travel goods, and footwear products contracted 5.4 percent during the first 5 months of 2020, compared to an expansion of 19.1 percent over the same period in 2019. These sectors are among the most employment intensive in Cambodia: the garment sector accounts for 17 percent, construction 4 percent, and the transport and hospitality sectors account for 11 percent of non- farm employment.

5. **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 health equity fund (HEF). In addition to some gaps in infrastructure, Cambodia faces a major challenge with the skills and competencies of its health workforce and needs improvement in 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.

6. **The Joint External Evaluation of the International Health Regulations' 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-developed** Cambodia's capacity in the majority of the technical areas evaluated were categorized as limited or developed under the Regulations' categorization system. Overarching challenges included significant funding gaps, human resource capacity, intersectoral collaboration and coordination, and the application of M&E mechanisms.

7. **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.

Sectoral and Institutional Context

8. **In response to COVID-19, the Ministry of Health (MOH) 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" (COVID-19 Master Plan).** The Plan states that the extent of geographic spread of COVID-19 within Cambodia will influence the set of responses required at any given stage. The 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, while 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. During the parent Project preparation, the overall immediate health risk assessment from COVID-19 to Cambodia was considered moderate to high. Cambodia is currently in the containment phase.

9. **The current COVID-19 Master Plan has four strategic objectives, to: (1) reduce and delay transmission; (2) minimize serious disease and reduce associated deaths; (3) ensure ongoing essential health services particularly during epidemic peak periods; and (4) minimize social and economic impact through multisectoral partnerships.** Nine priority areas of action to manage community transmission



have been 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.

10. **Cambodia has conducted a vaccine readiness assessment to identify gaps and options to address them, as well as to estimate the cost of vaccine deployment, with the support of development partners.** This assessment considers the government’s vaccine deployment strategy, described below. Based on the uncertainties related to the COVID-19 vaccine market, including testing, approval, availability and pricing, the assessment will continue to be an evolving process, and will be revised and updated as necessary to continue to improve project implementation.

C. Proposed Development Objective(s)

Original PDO

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.

Current PDO The PDO remains unchanged.

Key Results

11. The achievement of Project Development Objective (PDO) will be monitored by the following indicators:
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents
 - Number of provincial hospitals with adequate supply of PPE to manage 30 COVID-19 cases and undertake outbreak investigations
 - Number of acute healthcare facilities with isolation capacity
 - Percentage of population vaccinated which is included in the priority population groups as defined in national plan

D. Project Description

12. **The Cambodia COVID-19 Emergency Response Project (ERP-P173815) is part of the World Bank’s COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA).** The project intends to fill critical gaps in implementing Cambodia’s COVID-19 Master Plan. The specific objectives that the project aims to support include to: (a) reduce and delay the transmission of COVID-19; (b) minimize serious disease due to COVID-19 and reduce associated deaths; (c) ensure ongoing essential health services particularly during epidemic peak periods; and (d) minimize social and economic impact through multisectoral partnerships. These objectives are fully aligned with the overall goal of the Cambodia COVID-19 Master Plan which is to control transmission of COVID-19, and to mitigate the impact of the pandemic in Cambodia. The first Additional Financing, approved on September 15, 2020, made available a grant in an amount of US\$1.15 million from the Pandemic Emergency Financing Facilities to scale up the supplies of COVID-19 testing equipment under Component 1 of the parent project.

13. **The Project Development Objective (PDO) of the parent project is 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. The parent project supports Royal Government of Cambodia in addressing critical country-level needs for preparedness and response to COVID-19. The activities under each component of the parent project were designed to support selected containment as well as mitigation related activities which the RGC has identified in the COVID-19 Master Plan. The parent project includes four components: Component 1 - Case Detection and Management; Component 2 - Medical Supplies and Equipment; Component 3 - Preparedness, Capacity Building and Training; and Component 4 - Project Implementation and Monitoring. Detailed description of the project can be found at the WB’s external website.¹

14. **The additional financing from Health Emergency Pandemic Response Multi Donor Trust Fund (AF2) will entail the addition of a sub-component 1.2: “Deployment of COVID-19 Vaccination.** This new sub-component aims to strengthen the cold chain capacity and logistics to deploy vaccines that meet the World Bank’s Vaccine Approval Criteria² but the support will strengthen systems for the delivery of all vaccines. The AF2 will not finance vaccine acquisition. With the inclusion of this AF2, the Cambodia COVID-19 ERP components will be updated as follows:

- Component 1: Emergency COVID-19 Prevention and Response (US\$13.15 million)
 - Subcomponent 1.1: Case Detection and Management (US\$9.65 million)
 - Subcomponent 1.2: Deployment of COVID-19 Vaccination (US\$3.5 million)
- Component 2: Medical Supplies and Equipment (US\$6.5 million)
- Component 3: Preparedness, Capacity Building and Training (US\$3.5 million) and
- Component 4: Project Implementation and Monitoring (US\$1.5million)

Legal Operational Policies

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

¹ World Bank. 2020. Cambodia – Cambodia COVID-19 Emergency Response Project. Washington, D.C.: World Bank Group. <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/737031585950801934/cambodia-covid-19-emergency-response-project>.

² On April 16, 2021, the Board approved a revised VAC for COVID-19 vaccines with threshold for eligibility of COVID-19 vaccine acquisition and/or deployment under all Bank-financed projects: i) the vaccine has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities (SRAs) identified by WHO for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL).



Summary of Assessment of Environmental and Social Risks and Impacts

15. **The project and its additional financings will have positive impacts as it should improve COVID-19 surveillance, monitoring, and containment, as well as the effectiveness of COVID-19 vaccine and people immunization.** However, the project could also cause substantial environmental, social, 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 and staff working to support and implement the vaccine campaign. The health facilities involving COVID-19 diagnostic testing and treatment can generate medical waste and other hazardous biproducts.

16. **For the proposed AF2, there are other social risks associated with equitable access to the vaccine and community health and safety, including potential adverse reaction to vaccine.** The envisaged environmental risks are: (a) management of vaccination wastes, including ensuring proper medical waste collection, transportation, disinfection and proper disposal of vaccination wastes; (b) community and personnel health related risks from inadequate storage, transportation and disposal of infected medical waste; and (c) potential greenhouse gas emissions which could contribute to ozone depletion and global warming. The main identified social risks of the AF2 are: (a) occupational health and safety (OHS) and safe injection practices, including waste management and vaccine distribution; (b) fear, trust, and safety of the vaccines, including potential adverse reactions to the vaccines; (c) case management of populations for vaccination, including if people don't complete the recommended immunization schedule; (d) community health and safety, including inherent risks in COVID-19 transmission; (e) social inequity, and risk of exclusion, particularly if the intended vulnerable groups are not adequately targeted for prioritization; (f) stigma, discrimination, vaccine acceptance and misinformation, confidentiality and data privacy, including false rumors about the efficacy of the vaccine and leaking or misuse of personal information of people; and (g) mandatory nature of the vaccine for some sectors. To mitigate these risks, the Environmental and Social Management Framework (ESMF) is now updated to reflect additional activities proposed under the AF2 covering the environmental and social risks mentioned above, as well as continuing to provide technical and capacity improvement support to MOH/Preventive Medicine Department.

17. **The risks described above are also managed by MOH through the updated ESMF.** The updated ESMF includes templates for Environmental and Social Management Plans 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. The LMP includes provisions to ensure proper working conditions and management of worker relationships, Codes of Conduct and occupational health and safety, and to prevent sexual exploitation and abuse, gender-based violence and/or violence against children. 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 standard operating procedure for vaccine campaign (the government COVID-19 Vaccination Campaign Protocol) and the National Deployment and Vaccination Plan, which have been developed, contain measures/activities that help mitigate risks associated with the OHS of workers and community safety, as well as the risks related to social inclusion and equitable access to project benefits.

18. **The MOH has also updated the project's Stakeholder Engagement Plan (SEP)) to reflect the**



need for clear, accessible and timeline information about vaccines, their availability and the benefits of vaccination to communities nationwide, including hard to reach and vulnerable groups as well as indigenous peoples. The updated SEP outlines 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 and vaccination campaign. 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 ESMF and SEP, including a Grievance Mechanism, have been prepared, consulted, and disclosed.

E. Implementation

Institutional and Implementation Arrangements

19. **The MOH is the implementing agency for the project.** The institutional arrangements are based on lessons learned from the Health Equity and Quality Improvement Project (H-EQIP, P157291).³ The MOH has appointed a Project Director and a Project Manager. The Project Director and Project Manager are acting through the MOH's technical departments and national programs, as well as the provincial health departments, operational districts, referral hospitals, and health centers. Other MOH departments participating in the project implementation include (a) Internal Audit Department; (b) Preventive Medicine Department; (c) Department of Drugs and Food; (d) Department of Communicable Disease Control; (e) Department of Hospital Services; (f) National Institute of Public Health; (g) Department of Budget and Finance; and (h) Central Medical Store of MOH.

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³ World Bank. 2016. *Cambodia - Health Equity and Quality Improvement Project*. Washington, D.C.: World Bank Group. <https://hubs.worldbank.org/docs/imagebank/Pages/docProfile.aspx?nodeid=26343868>



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APPROVAL

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