



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 12-Jun-2020 | Report No: PIDA29602



**BASIC INFORMATION**

**A. Basic Project Data**

Country Albania	Project ID P174101	Project Name Albania Emergency COVID-19 Response Project	Parent Project ID (if any)
Region EUROPE AND CENTRAL ASIA	Estimated Appraisal Date 01-Jun-2020	Estimated Board Date 25-Jun-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Finance and Economy	Implementing Agency Ministry of Health and Social Protection	

Proposed Development Objective(s)

The Project Development Objective is to respond to the threat posed by COVID-19 and to strengthen the national health system for public health preparedness in Albania.

Components

Supporting the health sector’s COVID-19 response in the immediate and mid-term  
Project management

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

**SUMMARY**

<b>Total Project Cost</b>	16.60
<b>Total Financing</b>	16.60
<b>of which IBRD/IDA</b>	16.60
<b>Financing Gap</b>	0.00

**DETAILS**

**World Bank Group Financing**

International Bank for Reconstruction and Development (IBRD)	16.60
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Environmental and Social Risk Classification



Moderate

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

## B. Introduction and Context

### Program Context

**This Project Appraisal Document (PAD) describes the emergency response to the Republic of Albania under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank’s Board of Executive Directors on April 2, 2020 (PCBASIC0219761), with an overall program financing envelope of up to US\$6 billion.<sup>1</sup>**

### MPA Program Context

**An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019**, when the initial cases were diagnosed in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic. As of June 1, 2020, the outbreak has resulted in an estimated 6,203,385 cases and 372,657 deaths in 188 countries.

**COVID-19 is one of several infectious diseases that have emerged from animals that are in contact with humans, resulting in major outbreaks with significant public health, social, and economic impacts.** Reported symptoms for patients with COVID-19 vary from mild to severe, and commonly include fever, cough, and shortness of breath. Headache, sore throat, abdominal pain, and diarrhea are less common. Studies of hospitalized patients have found that about 83-98 percent of patients develop a fever, 76-82 percent develop a dry cough, and 11-44 percent develop fatigue or muscle aches.<sup>2</sup> Approximately 3.7 percent of confirmed infected people worldwide have died. However, WHO has been careful not to term that a mortality rate because in an unfolding epidemic it can be misleading to look at the estimate of deaths divided by the cases. Given that the prevalence of the COVID-19 virus remains unknown in most countries, it poses challenges for containment and mitigation. These issues emphasize the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact of this disease.

### Country Context

**Albania is a small, open, upper-middle-income parliamentary democracy that transitioned from a centrally planned to a market economy in the 1990s.** In 1991, Albania emerged from nearly 50 years of

<sup>1</sup> Project Appraisal Document Guidance under Global MPA dated April 4, 2020.

<sup>2</sup> Del Rio, C., and Malani, PN. 2020. “COVID-19—New Insights on a Rapidly Changing Epidemic.” *JAMA*, doi:10.1001/jama.2020.3072



facing widespread poverty and a severely distorted economy with low levels of productivity. At the time, Albania was the most isolated country in Europe, its trade ties were very limited, and it depended heavily on its inefficient domestic industrial and agricultural sectors. Before 1990, the command economy had guaranteed full employment for men and women, and the economic transition was initially accompanied by high rates of unemployment, as well as a steep drop in female labor-force participation.

**This transition was followed by robust economic growth and important gains in social indicators during the 2000s.** Between 1998 and 2008, the real GDP growth rate averaged 6 percent per year, and Albania—once the poorest country in Europe—achieved middle-income status. Robust growth was accompanied by sustained poverty reduction, and the absolute poverty rate fell from 54 percent in 2002 to 36 percent in 2008, while the extreme poverty rate dropped from 17.0 percent to 6.6 percent.<sup>3</sup>

**The 2008 global financial crisis (and subsequent Euro Area crisis) slowed Albania’s growth and reversed some of its gains in poverty reduction and shared prosperity.** Between 2008 and 2014, the GDP growth rate slowed to an average of 2.4 percent a year because of weaker demand for Albania’s exports, lower remittance inflows, and less favorable external credit conditions, which dampened domestic demand. While the country did not experience a recession, slower growth caused the absolute and extreme poverty rates to rise to 39.3 percent and 7.7 percent, respectively, in 2012.

**In 2014, implementation of an ambitious program of policy measures aimed at fiscal consolidation and ushered in a period of economic growth and modest declines in poverty.** With this gradual recovery came an increase in the GDP growth rate to an average of 3.4 percent over 2015-2018 and a slight decline in poverty through 2017 (the last year of available data).<sup>4</sup> By 2018, Albania’s GDP per capita had reached US\$4,537, and encouraging developments in the labor market, with accelerated job creation and wage growth, indicated that poverty reduction might have accelerated after 2018.

**However, the November 2019 earthquake and 2020 COVID-19 pandemic have already affected the country’s economic trajectory and are likely to continue to do so for the near term.** In November 2019, Albania was struck by a 6.4-magnitude earthquake that killed 51 people and displaced 17,000. There were damages to three regional hospitals, nine university hospitals (units), two municipal hospitals, 10 health centers, and 12 health posts. In early 2020, as Albanians started the reconstruction process, the global COVID-19 pandemic was beginning to unfold. By March, Albania’s first cases of COVID-19 were confirmed, and to slow the spread of the disease the country was forced to take unprecedented public health measures: severe restrictions on international and domestic travel, as well as the mandatory closure of public meeting places such as restaurants and schools. Albania was also forced to reduce activity in key economic sectors (hospitality, theaters, and non-essential trade), and many industries reduced production (including textiles, mining, call centers, and construction) to comply with physical distancing requirements and because of reduced demand, as export orders collapsed. Albanian emigrants are also likely to suffer from this global crisis, which will affect remittance income.

**The COVID-19 pandemic is likely to expose the county’s external and fiscal vulnerabilities and may lead to increases in poverty.** Crisis-related spending on health, unemployment, and social protection benefits

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<sup>3</sup> Albania’s absolute and extreme poverty rates are measured at US\$5.50 and US\$3.20 per capita per day, respectively, in 2011 purchasing power parity terms.

<sup>4</sup> Poverty rates before and after 2012 are not comparable as they come from different data sources.



is likely to increase overall spending, which, combined with a large drop in tax revenues, is expected to increase the fiscal deficit. In addition, a simulation analysis of the possible impact of the containment measures on household incomes finds that poverty levels are also likely to increase.

**The Government has announced a package of policy measures<sup>5</sup> to support the economy through this crisis,** including (i) increased social transfers for the poor, the unemployed, and small businesses (US\$65 million), and (ii) support for humanitarian emergencies (US\$20 million). While such response measures can mitigate the impact of a short-term crisis, they would only partially compensate for income losses if the crisis is prolonged.

#### Sectoral and Institutional Context

**Despite improvements in overall life expectancy, Albania's performance in health is mixed.** Life expectancy in Albania—over 78 years in 2018—is higher than that in neighboring Western Balkans countries. However, the country continues to lag behind other Western Balkans countries in a number of critical areas. For example, Albania's infant mortality rate, estimated at 7.8 per 1,000 live births in 2018, is higher than the rates in both the Western Balkans (5.7) and the EU13 (3.8).<sup>6</sup> Similarly, Albania's maternal mortality rate, estimated at 15.0 per 100,000 live births in 2017, is significantly higher than the rate in the Western Balkans (10.0) and almost double that in the EU13 (8.8).<sup>7</sup>

**Overall health spending remains low, and private out-of-pocket payments make up the majority of health expenditures.** In 2016, Albania spent 6.7 percent of GDP on health care. However, the financial protection is weak, and a large share of the spending is borne by the patients. Out-of-pocket payments accounted for 57.9 percent of total health expenditure, far exceeding the levels in neighboring countries.<sup>8</sup> There are also high levels of informal payments, a situation that disproportionately affects the poorest.

**To improve both outcomes and financing, recent reforms have been made in the makeup and financing of the basic health benefits package, but inefficiencies remain a challenge.** The GoA recognizes the central role of strong primary health care in achieving better and more equitable health outcomes. In 2015 the Ministry of Health and Social Protection (MoHSP) launched a national preventive check-up program that includes free well-visits for adults (35–70 years old).<sup>9</sup> In 2019, the revision of the hospital master plan began to adapt the service delivery model. The concomitant introduction of “packages,” an output-based financing with pricing based on actual costs and contracting of private providers supported the uptake of the new preventive check-up and other services. However, the financing of both public hospitals and primary health care continues to be based on historic line items and geared toward secondary care. Over 52 percent of health public spending in 2019 went toward hospital care.

**The pandemic will put further strain on a health system that is weakened by the destruction wrought the recent earthquake.** Of the country's 480 health facilities, 36 were either fully or partially damaged. The earthquake damages did not compromise the capacity of designated hospitals to respond to COVID-

<sup>5</sup> Decision Nr. 254, dated 27.3.2020, and Decision Nr. 305, dated 16.4.2020.

<sup>6</sup> World Bank. World Development Indicators. Retrieved from <https://databank.worldbank.org/reports.aspx?source=world-development-indicators>. EU13 refers to the 13 new countries added to the European Union since 2004: Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia, and Slovenia.

<sup>7</sup> World Bank. World Development Indicators, op. cit.

<sup>8</sup> World Health Organization. (2019). Global Health Expenditure Database. Retrieved from <https://apps.who.int/nha/database>.

<sup>9</sup> Primary health care in Albania: rapid assessment. World Health Organization, 2018.



19, as tertiary hospitals were less affected. Before the epidemic the Government had already identified the need for hospital infrastructure reconstruction and upgrading, in line with the updated Hospital Master Plan and Hospital Strategic Plans. Those needs are only reinforced by the potential surge of patients suffering from COVID-19 who will require a well-functioning hospital network and a referral system that is enabled by a health information system to allow timely information-sharing across various designated health providers on COVID-19 patients and their test results. The ongoing Health System Improvement Project (HSIP) is supporting efforts to strengthen the hospital network, update the Hospital Master Plan, and carry out civil works in and provide equipment for university and regional hospitals.

**Albania was recently assessed as reasonably well prepared to tackle national health emergencies, although critical weaknesses were identified.** The Global Health Security (GHS) Index<sup>10</sup> provides an assessment and benchmarking of countries' capability to address infectious disease outbreaks. Albania scores relatively well on the Index, ranking 6<sup>th</sup> out of 56 upper-middle-income countries and 24<sup>th</sup> out of 43 European countries. However, a number of critical weaknesses were identified, including capacity to treat and the availability of personal protective equipment (PPE). A Joint External Evaluation to assess health security in Albania was performed in September 2016<sup>11</sup> and concluded that Albania performs well in several areas, including real-time surveillance and risk communication. A lack of both human and financial resources was noted, however, for national laboratory systems and emergency response operations. The evaluation found that purchasing for, and maintenance and improvement of, the public health laboratory network (include equipment, tests, and reagents) were limited because of inadequate funding. The report also noted that the procurement processes for acquiring the necessary media and reagents were not flexible enough to operate effectively during emergency situations, and that mechanisms to transport laboratory specimens needed to be improved. Regarding emergency response, the evaluation also made a recommendation to improve patient referral and transportation mechanisms.

### COVID-19 in Albania

**Albania's first cases of COVID-19 were confirmed on March 8, 2020.** COVID-19 was successfully contained through early and effective efforts to enact physical distancing; as of June 12, 2020, there have been only 36 COVID-19-related deaths in Albania (a mortality rate one-eighth that of Germany, for example). By March 19, 2020, the Government had rolled out a COVID-19 financial relief plan that included US\$25 million to support the health sector response and US\$100 million to support businesses and cover employee salaries. In addition, tests and treatment for COVID-19 were made available free of charge (though they were not widely used). On March 23, 2020, a natural disaster and state of emergency were declared because of the COVID-19 outbreak, and a number of critical measures were taken to help contain the epidemic.

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<sup>10</sup> The Index comprises 140 questions, 34 indicators, and 85 sub indicators across six dimensions: prevention; detection and reporting; response and mitigation of spread; health system capacity to treat affected individuals and protect health workers; compliance with global norms; and overall country vulnerability to biological threats. The Index was developed by a panel of 21 experts from 13 countries and is derived using data that a country has published on its own or that has reported to or reported by an international entity. Albania's profile: <https://www.ghsindex.org/country/albania/>

<sup>11</sup> Joint external evaluation of International Health Regulations core capacities of the Republic of Albania. Geneva: World Health Organization, 2016. Available at <https://extranet.who.int/sph/country/1265>.



**The swift and effective application of containment measures helped bring the basic reproduction number ( $R_0$ ) within the country to around 1.0 within three weeks.** In addition, successful containment measures have helped limit pressure on the health system. In line with an  $R_0$  of around 1.0, the numbers of COVID-19 patients being admitted to hospitals (and to ICUs) have been stable since mid-April. Furthermore, the national IPH reports that all suspected cases have been tested, and their contacts traced and tested as far as possible, and all confirmed cases have been documented. The IPH and MoHSP also report that cases or deaths in the community and in residential institutions (for the elderly or other vulnerable individuals) are not being missed.

**Despite success in containing COVID-19 thus far, Albania may have more difficulty withstanding subsequent waves of the pandemic because of institutional weaknesses, an aging population, and the prevalence of noncommunicable diseases (NCDs).** Evidence from other countries suggests that older populations, especially people with preexisting health conditions, are at higher risk for poor outcomes and, if infected, often require more intensive care.<sup>12</sup> Older persons are at a significantly higher risk of mortality following infection, with those over 80 years old dying at five times the average rate.<sup>13</sup> Around 9.8 percent of Albania's population is over 70, and 2.9 percent is over 80.<sup>14</sup> Furthermore, there is evidence that certain conditions, such as cardiovascular disease, chronic bronchitis and emphysema, and certain types of cancer may increase the likelihood of poor outcomes if a person is infected with COVID-19. This is particularly concerning in Albania, where these conditions are among the top causes of death and NCDs account for 81.6 percent of all disability-adjusted life years (2017).<sup>15</sup>

**Current rates of testing for COVID-19 may need to be increased to ensure continued containment, especially as physical distancing measures are relaxed.** By June 12, Albania had tested 17,618 individuals and confirmed 1,416 cases. This equates to a positive rate of 8.0 percent, implying sufficiently widespread testing (WHO suggests that a positive rate below 10% reflects adequate testing) for now. These testing rates (an average of 275 per day in April and 215 per day so far in May) are well within the capacity of the health system. Rates of testing may need to be increased substantially, however, if a subsequent wave of the pandemic is greater than what has been experienced thus far. Without substantial investment in a population-wide testing program, therefore, there is a risk that Albania may lose control of the pandemic.

**Albania has started relaxing physical distancing and gradually reopening its economy.** The COVID-19 Reopening Strategy, published by the MoHSP and IPH, gives guidelines for reopening, prioritizing the sustainability of the health system and the protection of poor and vulnerable groups, while also seeking economic recovery. The Reopening Strategy is based on a gradual staged transition based on epidemiological information, notably a steady decline (for at least 14 days) in (i) confirmed daily cases, (ii) hospitalized patients, and (iii) patients in intensive care. The strategy recognizes that reopening should be paused or reversed if the epidemiological situation requires it. On the basis of these guidelines, as of April 25, 2020, the Government announced the creation of "Green Zones," districts and municipalities with no active cases or little risk for the spread of COVID-19. In these zones, the movement of older people is permitted from 6:00 to 8:30 a.m., and the movement of other age groups (in groups of up to two) from 9:30 a.m. to 5:30 p.m. The first Green Zones included Dibër and Gjirokastrë counties and 9 municipalities;

<sup>12</sup> Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK— seventh update. ECDC. 25 March 2020

<sup>13</sup> Policy Brief: The Impact of COVID-19 on older persons. United Nations, May 2020

<sup>14</sup> Population of Albania. INSTAT, Jan 2020.

<sup>15</sup> IHME. Retrieved from: <http://www.healthdata.org/albania>



another 20 municipalities were added on May 4, 2020. As of June 12, a total of 29 municipalities remained as “Green Zones” and there are no movement restrictions in place.

**Donors and development partners have been active in supporting Albania’s response to the COVID-19 emergency.** Several UN agencies have been supporting the MoHSP and the IPH with emergency equipment: the Government of Switzerland and the United Nations Development Programme have donated, the United Nations Population Fund has donated PPE, the EU has donated various supplies, including PPE and ventilators. In addition, a number of private companies have donated funds to support the Government, including the Raiffeisen Bank, the American Bank for Investment, Novartis global health-care company; and the Trans-Adriatic Pipeline company. In addition, the United States Embassy has donated various supplies, including protective screens, masks, and gloves. Meanwhile, the Government has requested support from the World Bank for the reopening strategy, based also on its experience dealing with different phases of the pandemic in the region and around the world.

### **C. Proposed Development Objective(s)**

**The project development objective (PDO) is to prevent, detect, and respond to the threat posed by, COVID-19 and strengthen national systems for public health preparedness in Albania.** This PDO is aligned with the COVID-19 SPRP and will be monitored through two PDO-level indicators:

- i. Number of designated laboratories with diagnostic equipment, test kits, and reagents, as per MoHSP guidelines; and
- ii. Percentage of COVID-19 cases that are health-care workers.

**The PDO will be achieved through activities that support continued containment of COVID-19 in the short term and that strengthen Albania’s capacity for preventing and responding to public health emergencies (including further waves of the COVID-19 pandemic) in the medium and longer term.** Albania’s current position on the epidemic curve means that investments based on both short- and longer-term concerns are essential, so that the country will not lose the gains made through its effective immediate response while it strengthens the health system beyond the current crisis. Therefore, Albania has requested assistance to provide widespread population testing (including newer serologic testing); strengthen surveillance and contact tracing; start planning appropriate adjustment of physical distancing requirements and other preventive measures (carefully differentiated by region, economic sector, age, or health status); expand capacity for treatment of severe cases, should numbers increase, while maintaining essential medical care and minimizing risks for patients and health personnel; and enhance communications with the public and other key stakeholders. These activities, and their intended outputs, outcomes, and impact, are set out in the theory of change (Figure 4).

### **D. Project Description**

#### **Project Components**

**Component 1: Supporting the health sector’s COVID-19 response in the immediate and medium term (EUR 14.5 million, US\$16.14 million equivalent).** This component will provide immediate support to help Albania strengthen its capacity to contain local transmission of SARS-CoV-2. Over the short and medium term, it will support enhancing disease detection capacities through investment in essential public health functions (around surveillance, early warning systems, case detection, and contact tracing); provision of health-care equipment and materials; provision of laboratory equipment; strengthening of the capacity



to assess and modify requirements for physical distancing; and strengthening of the means to communicate effectively with the public, consistent with WHO's guidelines in the SPRP.<sup>16</sup> If the number of new daily cases increases, the component will also enable the country to mobilize surge response capacity by leveraging trained and well-equipped front-line health workers.

**Subcomponent 1.1: Strengthening of essential public health functions to contain the spread of COVID (EUR 4.6 million, US\$5.12 million equivalent).** This subcomponent will (i) strengthen disease surveillance systems, including early warning systems for the re-emergence of sustained community spread; (ii) strengthen national reference and public health laboratories and epidemiological capacity for early detection and confirmation of cases; (iii) support both detection of new cases and active contact tracing, including, if necessary, hiring of new staff and/or investment in new systems to support rapid and comprehensive contact tracing; (iv) support epidemiological investigation; (v) strengthen risk assessment; and (f) provide on-time data and information for guiding decision-making, response, and mitigation activities.

**Subcomponent 1.2: Health system strengthening to enhance capacity to treat cases of COVID-19 and related illnesses (EUR 9.0 million, US\$10.02 million equivalent).** This subcomponent will support the health-care system in maintaining essential medical care and minimizing risks for patients and health personnel, including increasing the numbers of intensive care beds, training health facility staff and front-line workers on risk mitigation measures, and providing them with appropriate PPE and hygiene materials. There are currently 306 intensive care beds in Albania (equivalent to 10.7 beds per 100,000 population).

**Subcomponent 1.3: Physical distancing measures and communications (EUR 0.9 million, US\$1.0 million equivalent).** Given the uncertainty about the next phase of the epidemic, this subcomponent will support the GoA's efforts to ensure safe physical distancing, particularly as applied to the Government's responsibilities for the delivery of health and social care. It will also support the GoA goals of developing workforce skills (for both clinical and administrative staff), training and technological capacity to more easily deliver telemedicine consultations, prioritizing people with chronic conditions, and ensuring that other services that cannot be provided through virtual platforms can be effectively delivered while physical distancing measures are in place (for example, setting up mechanisms to distribute medicines directly to the homes of older people and other vulnerable groups).

**Component 2: Project management (Euro 0.5 million, US\$0.56 million equivalent).** This component will support overall project administration, including project management and fiduciary functions and regular monitoring of and reporting on implementation. The existing MoHSP structures will be used for project management and implementation. Considering the existing capacity and the fact that the same MoHSP structures are also responsible for the management and implementation of the ongoing WB-funded HSIP, further capacity strengthening is envisaged through the appointment of additional staff related to procurement, environmental and social framework functions, and communications outreach activities. The component will finance project operating costs, including staffing costs for the project coordination unit (PCU) in the MoHSP, office equipment, supervision costs (transportation and per diem), training needed for the overall project management, and incremental costs.

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<sup>16</sup> <https://www.who.int/publications-detail/strategic-preparedness-and-response-plan-for-the-new-coronavirus>



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

**Overall, the project will have a positive impact, as it should improve COVID-19 surveillance, monitoring, and containment.** However, it can also cause environmental, health, and safety risks because of the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project-supported Infectious Disease Clinic and participating laboratories. Infections due to inadequate adherence to occupational health and safety standards can cause the virus to spread to medical staff, laboratory staff, and the population at large during the detection, transportation of patients/tests/chemicals and reagents, and treatment stages. This can lead to illness and death among health workers. Furthermore, the ICUs and laboratories involved in COVID-19 diagnostic testing and treatment will generate medical waste and other hazardous byproducts which, if inadequately managed during their collection, transportation, and disposal, may also cause additional health risks. No major civil works are expected under this project; however, works are expected on existing facilities, hospitals, and clinical centers, to establish, upgrade, or adapt isolation and care units. These risks are covered by the WB Environmental and Social Standards (ESSs): ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10. Overall, the environmental risk is assessed as Moderate.

**To manage these risks, the MoHSP will prepare an Environmental and Social Management Framework (ESMF); a preliminary Stakeholder Engagement Plan (SEP) has been already prepared.** To manage the project’s environmental and social risks, the ESMF will outline appropriate mitigation measures based on the relevant WB Environmental Health and Safety Guidelines, Good International Industry Practice, and COVID-19 Quarantine Guidelines and WHO COVID-19 biosafety guidelines. The ESMF will include the Environmental and Social Management Plans (ESMPs) for minor works envisaged under the project and the Infection Prevention and Control and Waste Management Plans for the management of medical waste. Albania has good capacity in place in terms of medical waste management; the Health Ministry distributed seven hydroclaves to hospitals and other medical institutions, including one in Tirana, as part of a Government Health Sector Modernization project supported by the World Bank.

**The SEP will serve the following purposes:** (i) stakeholder identification and analysis; (ii) planning engagement modalities—that is, serving as an effective communication tool for consultations and disclosure; (iii) enabling platforms for influencing decisions; (iv) defining the roles and responsibilities of different actors in implementing the plan; and (v) establishing a grievance redress mechanism, building on the existing health project in Albania. The ESMF and SEP will be prepared to a standard acceptable to the World Bank and disclosed both in-country on the MoHSP website and on the World Bank website within 30 days after the project effectiveness date.

**The responsibilities for implementing the ESMF will be assigned to the MoHSP through its already**



**established PCU, which has experience in implementing WB safeguards requirements under the old Operational Policies (OPs).** As the project is under the new WB ESMF and ESSs, the PCU and its engineer do not have experience with and adequate knowledge of the new requirements, especially in terms of labor safety and working conditions, hazardous waste management, and community health and safety issues. Therefore, the WB will make available initial training on ESMF requirements and will also provide ongoing implementation support and capacity building for the PCU.

**The overall social risks are considered Moderate.** The risks and impacts are considered temporary and predictable, but they need to be managed effectively and adequately. Mitigation of risks is to be achieved through the project instruments and design features. The project will have long-term positive social impacts, as it should both improve COVID-19 detection, monitoring, treatment, and containment and response, and also strengthen essential public health functions, epidemiological risk assessment, and future decision-making, and allow learning from the past. However, without adequate controls and procedures, project activities, ranging from laboratory and medical facility operation to on-the-ground public engagement exercises, can add to the risk of transmission and spread from quarantined/hospitalized/persons to medical and support staff.

**All social risks of the project originate from activities under Component 1.** The activities pose increased health and safety risks for project workers, particularly those working in medical, quarantine, and laboratory facilities, stemming from improper disposal of medical waste, contacts with infected persons, inadequate transport of samples, and inadequate occupational health and safety measures. In addition, the risks of infection also endanger the public at large. Access to PPE, procedures around medical waste disposal, implementation of relevant occupational health and safety measures, and clear communication of risks and prevention measures to all persons at risk are required.

**Another social risk revolves around vulnerable and disadvantaged groups:** elderly; disabled; people with chronic diseases; people with no health insurance; migrant workers in workers' camps; single-parent-headed households; economically marginalized and disadvantaged groups, especially those residing in geographically challenging areas; Roma; Egyptians; residents of long- and short-term shelters/care facilities; prisoners. These groups are likely to have inequitable access to project-supported facilities and services, which could possibly increase their vulnerabilities. The borrower is expected to provide services and supplies to all people, regardless of their social status, based on the urgency of the need, in line with the latest data related to the prevalence of the case, and the implementation of WHO guidance tools for COVID-19 risk communication and engagement. This requirement will be reflected in the POM.

**The risk of gender-based violence associated with this project is assessed as Low.** The ESMF will require that the WHO Code of Ethics and Professional Conduct apply to all workers, and will also require the provision of gender-sensitive infrastructure and segregated toilets in workplaces and isolation/quarantine centers. Messaging should consider gender differences in hygiene/ sanitation practices. Adequate messaging and awareness of health workers will be put in place through the overall communication strategy to identify any gender-based violence risks and cases. The messaging strategy proposed under the project ensures that vulnerable groups (women, Roma and Egyptians, persons with disabilities) are reached in a language and format (including sign language) that they understand. Social risks associated with Component 1 will be addressed through the project ESMF, which will incorporate



the Labor Management Procedures and the SEP, including the grievance redress mechanism, in line with the applicable WB ESS and the WHO guidance tools for COVID-19 preparedness and response. The borrower will commit to implementing these standards and procedures through the Environmental and Social Commitment Plan (ESCP).

**Under Component 1, the project includes funds for outreach activities and community engagement strategies, which will be guided by the SEP and will minimize the risk of excluding vulnerable individuals and groups from accessing project benefits and from involvement in project M&E activities.**

## **E. Implementation**

### **Institutional and Implementation Arrangements**

**The MoHSP has overarching responsibility for the health sector and related policy oversight and will have overall responsibility for project implementation through its already established PCU.** The Minister of Health, as the main project coordinator, will be responsible for project oversight and coordination within the MoHSP and across key institutions. The project will require clear implementation oversight, regular consultation with key stakeholders, and clear decision-making mechanisms to prevent and address bottlenecks. A technical working group may be established to provide technical advice and coordination during project implementation. Details of the project institutional and implementation arrangements will be outlined in a Project Operational Manual (POM) that will clearly describe the roles, responsibilities, and processes during project implementation. The main project activities are expected to be implemented and completed during the first year of project implementation. However, given the complexity of the project, including measures to strengthen the health system to respond to future health emergencies, a two-year project timeline is proposed. The supervision arrangements outlined in the Global MPA will be followed for this project.

### **Monitoring and Evaluation (M&E)**

**The PCU will be responsible for M&E activities.** Through the PCU, the MoHSP will be responsible for M&E activities, overseeing progress related to project activities, outcomes, and results for project subcomponents. For each subcomponent, the PCU/ MoHSP will (i) collect and consolidate all data related to the component indicators; (ii) evaluate results; (iii) provide the relevant performance information to the General Secretary at MoHSP; and (iv) report results to the World Bank before each semiannual implementation support visit (to be carried out virtually during the COVID-19 pandemic). The PCU and each of the MoHSP departments engaged in project activities will perform their respective project-related functions in accordance with the POM. Each MoHSP department will also appoint a focal point to ensure the timely provision of project monitoring data. Through the PCU, the MoHSP will be responsible for data collection and for monitoring the activities supported by the project.

### **Sustainability**

**The sustainability of the project will largely arise from the successful containment of the virus in Albania.** The World Bank will continue to work with the MoHSP to assess the need for health system capacity strengthening that may arise from the evolving situation in Albania. The investments in the health system's capacity to identify, test, and treat cases of COVID-19 are expected to strengthen the system's capacity for routine service delivery and for future health crises. The planned increase in ICU beds will raise the numbers from 10.7 to 12.6 ICU beds per 100,000 population, a number that is in line with such



EU comparators as Italy (12.5 ICU beds per 100,000) but still much lower than other countries (such as Germany, with 29.2 ICU beds per 100,000 population). Once the pandemic crisis has passed, additional beds will be distributed from the Infectious Diseases Clinic to other units in the tertiary hospital network. No new virology laboratories are being built; rather, the project is investing in enhancing the capacity of the existing network of laboratories.

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## **CONTACT POINT**

### **World Bank**

Lorena Kostallari  
Senior Operations Officer

Ian Forde  
Senior Health Specialist

### **Borrower/Client/Recipient**

Ministry of Finance and Economy

### **Implementing Agencies**

Ministry of Health and Social Protection  
Erjona Hoxhaj  
Chief of Cabinet Ministry of Health and Social Protection an  
erjona.hoxhaj@shendetesia.gov.al

Blerina Dudushi  
Project Manager  
hsip.dudushi@gmail.com



**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):	Lorena Kostallari Ian Forde
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**Approved By**

Environmental and Social Standards Advisor:		
Practice Manager/Manager:		
Country Director:	Maryam Salim	14-Jun-2020