



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

### **(ESRS Appraisal Stage)**

Date Prepared/Updated: 06/10/2021 | Report No: ESRSA01165



**BASIC INFORMATION**

**A. Basic Project Data**

|   |  |                          |                            |
|---|--|--------------------------|----------------------------|
| Country   | Region   | Project ID               | Parent Project ID (if any) |
| Turkmenistan                                    | EUROPE AND CENTRAL ASIA  | P175131                  |                            |
| Project Name                                    | COVID-19 Response Project  |                          |                            |
| Practice Area (Lead)                            | Financing Instrument   | Estimated Appraisal Date | Estimated Board Date       |
| Health, Nutrition & Population                  | Investment Project Financing   | 12/18/2020               | 6/23/2021                  |
| Borrower(s)                                     | Implementing Agency(ies)   |                          |                            |
| Ministry of Finance and Economy of Turkmenistan | UNDP Turkmenistan, Ministry of Health and Medical Industry of Turkmenistan |                          |                            |

Proposed Development Objective

The Program Development Objective is to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Turkmenistan.

| Financing (in USD Million) | Amount       |
|----------------------------|--------------|
| <b>Total Project Cost</b>  | <b>20.00</b> |

**B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?**

No

**C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]**

The proposed Project would be implemented over a period of two years under the Fast-track CCOVID-19 Facility (FTCF) for a total amount of US\$20 million and is organized into three components as presented below.

Component 1. Improving COVID-19 Prevention, Detection and Emergency Response;

Subcomponent 1.1: Strengthening surveillance and rapid response to suspected cases of COVID-19

Subcomponent 1.2: Strengthening risk communication and community engagement

Component 2: Improving Health System Preparedness for COVID-19 and



### Component 3: Project Management and Monitoring and Evaluation

The first two components cover seven critical pillars of an effective pandemic response plan, as outlined by WHO . Specifically,

- Component 1 will aim to strengthen country level coordination, risk communication, early case detection, isolation and contact tracing, testing, and response capacities (activities which mostly fall within the responsibility of the MoHMI Division for Sanitary and Epidemiological Safety and Control).
- Component 2 will focus on strengthening infection prevention and control and cases management practices in health facilities (activities which mostly fall within the responsibility of the MoHMI Division for Patient Care).

The third component of the project will focus on project management and evaluation and monitoring activities.

#### D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

Turkmenistan is a resource-rich landlocked country in Central Asia, bordered by Kazakhstan to the northwest, Uzbekistan to the north and east, Afghanistan to the southeast, Iran to the south and southwest and the Caspian Sea to the west. Its territory is 488,100 square kilometers, of which approximately 80% is desert. It is prone to a number of natural disasters, such as earthquakes, drought, desertification and others. The northern part of the country falls within the Aral Sea disaster zone, where salinization of water and soil poses a serious challenge to all countries of the region. With a population of about 6 million, it is one of the most sparsely populated nations in Asia. The country is rich in oil and natural gas resources and cotton is its major agricultural product. Although agriculture accounts for 8% of GDP, it continues to employ nearly half of the country's workforce. Hydrocarbon exports, the bulk of which is natural gas going to China, make up 25% of Turkmenistan's GDP. It possesses the world's fourth largest reserves of natural gas which has enabled the country to experience robust economic growth in recent years. Economic diversification is still in the initial stages and energy exports continue to play a key role in the country's economy. At the same time, there is growing support for realization is growing that attention must increasingly be focused on investment in institution building and human resource development as the main pillars of sustainable growth. Further, demands for the state institutions to improve efficiency of spending and the effectiveness of service delivery to the population are increasing.

The country's population is almost evenly divided between rural and urban areas. Its ethnic composition is 85% Turkmen, 7% Russian, 5% Uzbek, and 3% other groups. Turkmen is the country's official language, although Russian is still widely spoken (<https://en.wikipedia.org/wiki/Turkmenistan>). The population of Turkmenistan is young. More than half of the population is under 30 years of age. A high birth rate in the decades after independence led to a population boom (<https://www.britannica.com/place/Turkmenistan/People>). The birth rate has since decreased significantly but remains higher than the global average. Life expectancy is about 74 for women and 68 for men. Turkmenistan's Human Development Index (HDI) value for 2018 is 0.710— which puts the country in the high human development category—positioning it at 108 out of 189 countries and territories([http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/TKM.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/TKM.pdf)) . HDI has increased significantly during the last two decades as life expectancy at birth increased by 5.3 years, and Gross national Income (GNI) per capita doubled. Literacy is almost 100%. However, when HDI is discounted for inequality, the HDI falls to 0.579, a loss of 18.5 percent due to inequality in income, literacy and life expectancy (<http://hdr.undp.org/sites/all/themes/hdr>



theme/country-notes/TKM.pdf, Technical Note 2). Health services in Turkmenistan are free but geographical access to quality health care is uneven. Multidimensional Poverty Index (MPI), which identifies multiple overlapping deprivations suffered by individuals in 3 dimensions: health, education and standard of living, indicate that: 0.4 percent of the population (23 thousand people) are multidimensionally poor while an additional 2.4 percent are classified as vulnerable to multidimensional poverty (139 thousand people) (<http://hdr.undp.org/sites/all/themes/hdr-theme/country-notes/TKM.pdf>, Technical Note 5). Apart from this moderate inequality, key challenge for this project is restriction on outreach.

COVID-19. To date, Turkmenistan has not officially acknowledged any cases of COVID-19 within its borders. In the mid-summer there was limited information on the spread of the disease with symptoms consistent with COVID-19, which was also observed by the WHO assessment mission. However, the details of the unknown Acute Respiratory Infection were not made publicly available. In the absence of full and reliable information, it is difficult to assess the current situation. This information gap, if not addressed, is likely to have an impact on project implementation and outcomes thereof.

#### D. 2. Borrower's Institutional Capacity

At the national level, coordination, planning and monitoring of pandemic responses are assigned to the national Emergency Anti-Epidemic Commission for COVID-19 (EAEC). The EAEC plays a coordinating role under the Cabinet of Ministers. The EAEC includes representatives of 22 ministries and departments involved in ensuring emergency response in the field of public health. The EAEC meetings are chaired by the Deputy Prime Minister in charge of health. Decisions of the EAEC are conveyed into instructions to line ministries and agencies.

The designated implementing agency for the project is the Ministry of Health and Medical Industry (MoHMI), which is formally accountable for the health of the population, oversight of the health system, and the quality of health services for the GoT.

On the technical front, the project will use the existing institutions and capacities of the Government, to assure the smooth technical implementation and oversight of the project, and sustainability of the interventions. A Special Working Committee chaired by the Deputy Minister of MoHMI and comprising heads of all key departments of the MoHMI has been established to support project preparation. In addition, a National Project Coordinator has also been appointed to oversee and liaise with the World Bank and the UNDP (and other relevant UN agencies) during project preparation. Technical implementation arrangements for Components 1 and 2 will involve key divisions of the MoHMI, including but not limited to, the Division for Sanitary and Epidemiological Safety and Control, the Health Information Centre, and the Division of Patient Care. Activities conducted by the MoHMI will be coordinated, when relevant, with other relevant line ministries, the UNDP, and other key implementing agencies, which are at the forefront of the epidemic response. The MoHMI will seek technical support from the UN field offices as part of the "UN support to Turkmenistan in strengthening public health system preparedness and response to socio-economic impacts of the pandemic", more specifically under the UN-Health Strategic Preparedness and Response Plan led by WHO. Sub-component 1 and Component 2 will be supported by WHO (and other relevant UN agencies) under WHO COVID-19 Preparedness and Response Coordination CPRP Implementation agenda while sub-component 1.2 will be supported by UNICEF (and other relevant UN agencies) under its Risk Communication and Community Engagement agenda. Gender-related interventions will be supported by UNFPA under its Protection of Most Vulnerable Populations agenda.



UNDP will support the GOT in the implementation of the environmental and social measures in the project, which are being applied in accordance with the World Bank’s Environmental and Social Framework. For this, it is expected that UNDP will deploy separate and dedicated staff - one environmental and one other social development/communications specialist. Given that it could be the first ever ESF exposure for both GOT and UNDP, the World Bank task team will provide capacity support so that UNDP and the GoT understand the technical and procedural requirements of the ESF.

## II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

### A. Environmental and Social Risk Classification (ESRC)

Substantial

#### Environmental Risk Rating

Substantial

The Environmental Risk Rating is initially assessed as Substantial. Environmental risks associated with the project are related to risks of contamination from patients, handling tests, and managing medical waste. These include: (a) occupational health and safety for medical staff, laboratory staff and communities in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages of the COVID-19 cycle; and (b) occupational health and safety related to collection, transportation and disposal of medical waste management. Unlike other COVID-19 Emergency Projects, the Project is not supporting any minor rehabilitation works for ICUs or the installation of any new equipment. All environmental impacts are expected to be low in magnitude, reversible, predictable, and temporary. These risks are covered by ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10. The Environmental Risk is initially assessed at Substantial because of the World Bank's complete lack of experience working with the Turkmen Health Sector and lack of knowledge about the state of the medical waste management systems. While indications are that Turkmenistan's medical waste management system is modern and robust, the Bank's complete lack of experience in the country and the time and travel restrictions in preparing this project did not allow for a proper assessment. The Environmental Risk Rating will be revisited once project operations get underway and more on-the-ground knowledge about medical waste management is obtained.

#### Social Risk Rating

Substantial

Social Risk is rated Substantial. Social risk is assessed as substantial and are likely to arise due to the lack of experience of the implementing agency in developing genuine community engagement in relation of health services as well as centralized modalities of service delivery and possible challenges relating to outreach which may impede in engaging with the communities in an open and transparent manner. The outreach related challenges and restrictions (risking to affect detrimentally the perception of relevance and reliability amplifying public health threats) are likely to have an impact on project outcomes. Generation as well as sharing of project information (especially, the risks and impacts) in a timely, understandable, accessible and appropriate manner would be a precursor for ensuring effective and inclusive engagement. Further appropriate and adequate mechanisms should be in place to address grievances, if any. Medical and health care workers need to capacity-building on several fronts including: technical/ financial and / institutional, as well as managing Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risks. These risks can be mitigated if the project can create an enabling environment such as to ensure effective and inclusive engagement as planned under Sub-component 1.2 of the project.

### B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered



## B.1. General Assessment

### ESS1 Assessment and Management of Environmental and Social Risks and Impacts

#### **Overview of the relevance of the Standard for the Project:**

The project will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring and containment. However, potential social and environmental risks are also expected: environmental risks include potential exposure to the dangerous nature of the pathogen and reagents and other materials to be used in the operation of project-supported ICUs, laboratories, and quarantine facilities; and social risks include potential outreach or information restrictions affecting the outcomes. Environmental, health and safety risks could also be associated with the collection, transportation and disposal of the solid and liquid hazardous medical wastes resulting from the above operations.

Social risk mitigation. The project will aim to create an enabling environment which could encompass the following: (i) alerting citizens about the symptoms and Dos and Don'ts, as well as ensuring healthcare workers and the general population are educated on hand hygiene and Protective Personal Equipment (PPE); (ii) encouraging people to report symptoms/infections freely without being penalized; (iii) arranging for Covid testing and documentation, as well as sharing test results; (iv) making arrangements for health care facilities to address the results; (v) equipping and empowering health care workers on all fronts, especially technical, financial and institutional aspects; and (vi) establishing help centers to ensure that people can air their grievances freely and be assisted in dealing with the virus. Further, it is quite likely that to ensure effective social distancing and contain the spread of the virus, quarantine and isolation centers would be essential. These centers will have to be designed and guarded so as to ensure a safe environment, including for women and girls. Lastly, as no new civil works are envisaged, there will be no impacts related to land acquisition or involuntary resettlement..

To manage these risks, the MoHMI, with support from the UNDP, will prepare two major instruments:

- (i) An Environmental and Social Management Framework (ESMF) that will include a template for preparing Infection Control and Medical Waste Management Plans (ICWMP) so that the Healthcare Facilities (HCF), laboratories, and quarantine facilities to be supported by the Project will apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. The ESMF will have an exclusion list for COVID-19 ICU and lab activities that may not be undertaken at the labs unless the appropriate capacity and infrastructure is in place). The ICWMPs prepared to ensure proper medical waste management at all facilities financed by the project in the absence of better knowledge of the national system. The ESMF will be prepared to a standard acceptable to the Association and disclosed both in country on the MoHMI website and on the World Bank website prior to commencement of any on-site project activities.
- (ii) A Stakeholder Engagement Plan (SEP) for effective outreach and citizen participation has been prepared and disclosed. The project's Stakeholder/ Citizen Engagement (CE) measures will build on the WHO guidance for engaging civil society by including a set of structured CE tools and clearly-defined entry points to develop community information and feedback mechanisms, enhance government knowledge of local challenges and needs, establish local monitoring, and obtain data-based evidence (See ESS 10 for more details). To achieve the above mentioned positive environmental and social impacts, the aforementioned areas of risks must be addressed and mitigated as discussed below:



Medical Waste Management and Disposal. Availability of Turkmenistan’s Medical Waste Management System cannot be confirmed at this point, however, given that the medical waste generated by laboratories and health care facilities is a potential vector for the contagion, improper handling of medical waste runs the risk of further spread of the disease. Therefore, the ESMF will include an ICWMP specifically designed for COVID-19 identification, testing, and treatment.

Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers as well as the wider spreading of the disease within communities. The ICWMP being developed will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary PPE . Proper disposal of sharps and other contaminated solid and liquid medical waste (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included. A requirement checklist for the selection of facilities for temporary housing (such as rental units, hostels, dormitories, or other existing buildings) will be developed to ensure that such facilities contain adequate water supply, sanitation, heating, electricity, dining facilities, and sleeping quarters. The checklist will be attached to the ESMF.

Community Health and Safety. The SEP will be a key instrument for outreach to the community at large on issues related to social distancing, higher risk demographics, self-quarantine, and quarantine. It is critical that these messages be widely disseminated, repeated often, and clearly understood.

Each HCF, laboratory, and quarantine facility will apply infection control and waste management planning following the requirements of the ESMF and relevant guidelines (World Health Organization (WHO), Good International Industry Practice (GIIP), etc.). The ESMF will cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. It will also clearly outline the implementation arrangement to be put in place by MoHMI for environmental and social risk management; training programs focused on COVID-19 laboratory bio-safety, operation of quarantine and isolation centers and screening posts, as well as compliance monitoring and reporting requirements, including on waste management based on the existing ICWMP prepared as part of the ESMF. The relevant part of the COVID-19 Quarantine Guideline and WHO COVID-19 bio-safety guidelines will be applied while preparing the ESMF so that all relevant risks and mitigation measures will be covered.

### ESS10 Stakeholder Engagement and Information Disclosure

A Stakeholder Engagement Plan (SEP) for effective outreach and citizen participation has been prepared and disclosed. The project’s Stakeholder/ Citizen Engagement (CE) measures will build on the WHO guidance for engaging civil society by including a set of structured CE tools and clearly-defined entry points to develop community information and feedback mechanisms, enhance government knowledge of local challenges and needs, establish local monitoring, and obtain data-based evidence (See ESS 10 for more details).



The project recognizes the need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. Meaningful consultation, particularly when public meetings may run counter to the aims of the SEP, and disclosure of appropriate information assume huge significance for ensuring public health and safety from all perspectives – social, environmental, economic, and medical/ health. In this backdrop, the SEP that has been prepared, consulted upon and disclosed on its website serves the following purposes: (i) providing stakeholder identification and analysis; (ii) planning engagement modalities such as effective communications tools for consultations and disclosure; (iii) establishing platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (v) establishing a grievance redress mechanism (GRM).

Project preparation has included a detailed mapping of the stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified (see next paragraph). Risk-hot spots on the international borders as well as in-country have been delineated. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been completed. The SEP will be updated during implementation. The client has also developed and put in place a GRM to enable stakeholders to air their concerns/ comments/ suggestions, if any. The GRM and participatory monitoring by project beneficiaries will be critical platforms for receiving feedback and communicating to the public about project outcomes.

In implementing the SEP, the Bank will work with MOHMI on the following proposed approaches: (i) urgent enhancements to capacity building in the government for communication and information, education and awareness building in communities to improve information flows that sensitize citizens about the risks related to COVID-19, improve understanding of preventative actions and emergency protocols (such as local emergency numbers, waste disposal), and inform communities on the government/MOHMI response; (ii) localized solutions for community participation that will be established through existing community-based organizations (e.g. women’s groups), primary health care facilities (PHCs) and district/village centers to enable communities to participate in needs assessment, identifying local concerns and priorities and ensuring all community members, including vulnerable groups (elderly, disabled, large households) are supported; and (iii) through these same groups, a participatory monitoring and reporting approach that will be developed to enable community focal points to help monitor the COVID-19 response at the local level. This might include identification of gaps at the point of service delivery (information availability, access to testing and care), and help ensure local project-supported interventions are inclusive. Given the context, and particularly given the low internet coverage and social media coverage, traditional forms of media (such as national TV and radio) will be used for outreach (with approved messaging), while simple SMS outreach channels (in addition to already established SMS channels on preventative measures) can be developed for mobile phones, supplementing local information boards at local governments and rural health centers.

## B.2. Specific Risks and Impacts

**A brief description of the potential environmental and social risks and impacts relevant to the Project.**

### **ESS2 Labor and Working Conditions**



The project shall be carried out in accordance with the applicable requirements of ESS 2, in a manner acceptable to the Bank, including through, inter alia, working conditions and terms, implementing adequate occupational health and safety measures (including emergency preparedness and response measures). These measures will be provided in the ESMF and the site-specific ICMWP noted under ESS1 and will include: procedures for entry into health care facilities (including minimizing visitors and undergoing strict checks before entering); procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE; and ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer). The project will regularly integrate the latest COVID-19 guidance and best practices by WHO as it evolves. It will also include setting out grievance arrangements for project workers, putting in place SEA/SH measures and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.

The project is expected to encompass the following categories of workers: direct workers and contracted workers, Direct workers could be either government civil servants or those deployed as 'technical consultants' by the project. The former will include: health care providers and workers in health care facilities. The latter includes chiefly consultants working on the COVID-19 Awareness Program under Component 2. The civil servants will be governed by a set of civil services code and the 'technical consultants' by mutually agreed contracts.

A locally based labor GRM specifically for direct and contracted workers will be provided.

In line with ESS 2 and Turkmen law, the use of forced labor or conscripted labor is prohibited in the project. The project will not engage child laborers.

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, ICUs, quarantine facilities, and screening posts to be supported (drugs, supplies and medical equipment) can have a significant impact on the environment and human health. Wastes that may be generated from medical facilities and labs could include liquid contaminated waste, chemicals, and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, , syringes, and contaminated PPE used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF to be prepared for the Project, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow an ICWMP to prevent or minimize such adverse impacts. The ICWMP will mandate that any waste associated with COVID-19 testing or treatment be incinerated on site whenever possible. It will also contain strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste incinerator if on site destruction is not possible.

The ESMF will also include guidance related to transportation and management of samples and medical goods or expired chemical products, as well as small scale rehabilitation activities.

Basic hand-washing facilities, restrooms or other basic health and hygiene conditions will be improved taking into consideration safe wastewater management (mini septic tanks, etc.). Resources (water, air, etc.) used in health care



and quarantine facilities and labs will follow standards and measures in line with State Sanitary Hygienic Service of MoHMI and WHO environmental infection control guidelines for medical facilities.

#### **ESS4 Community Health and Safety**

Medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly managed. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow procedures detailed in the ESMF and the site-specific ICWMP (see ESS 3 above) for their safe operation.

The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international best practice as outlined in WHO guidance for COVID-19 response as above under ESS 1 and ESS 2. It is likely that, to ensure effective social distancing and contain the spread of the virus, quarantine and isolation centers may have to be designed and guarded to ensure a safe and women-friendly atmosphere. Further, due attention will be paid in ensuring that temporary housing facilities provided for workers are safe from all perspectives. All these aspects will be further detailed in the ESMF.

The SEP will also ensure widespread engagement with communities in order to disseminate information related to community health and safety, particularly around social distancing, high risk demographics, self-quarantine, and mandatory quarantine.

The project will mitigate the risk of SEA/SH by applying the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light in quarantine and isolation centers.

The project will also ensure via the above-noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups.

#### **ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

No new construction is envisaged under the project and hence involuntary acquisition of lands is not expected, nor will be any restrictions on land use and accesses. Hence, this ESS is not relevant.

#### **ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

As no works are planned, ESS 6 is not relevant to the proposed project interventions.



**ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities**

This standard is not relevant as there are no Indigenous Peoples in Turkmenistan.

**ESS8 Cultural Heritage**

This standard is not relevant to the proposed project interventions.

**ESS9 Financial Intermediaries**

This standard is not relevant to the proposed project interventions.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways** No

**OP 7.60 Projects in Disputed Areas** No

**B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts**

**Is this project being prepared for use of Borrower Framework?** No

**Areas where “Use of Borrower Framework” is being considered:**

None. Borrower Framework will not be used.

**IV. CONTACT POINTS**

**World Bank**

|               |                          |        |                            |
|---------------|--------------------------|--------|----------------------------|
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**Borrower/Client/Recipient**

Borrower: Ministry of Finance and Economy of Turkmenistan

**Implementing Agency(ies)**

Implementing Agency: UNDP Turkmenistan

Implementing Agency: Ministry of Health and Medical Industry of Turkmenistan

Public Disclosure



**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

|                               |   |
|-------------------------------|---|
| Task Team Leader(s):          | Susanna Hayrapetyan   |
| Practice Manager (ENR/Social) | Varalakshmi Vemuru Cleared on 19-Nov-2020 at 14:01:48 GMT-05:00       |
| Safeguards Advisor ESSA       | Agnes I. Kiss (SAESSA) Concurred on 10-Jun-2021 at 11:27:14 GMT-04:00 |