



# Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 27-Oct-2017 | Report No: PIDISDSA22222



**BASIC INFORMATION**

**A. Basic Project Data**

Country Uzbekistan	Project ID P159544	Project Name Emergency Medical Services Project	Parent Project ID (if any)
Region EUROPE AND CENTRAL ASIA	Estimated Appraisal Date 19-Oct-2017	Estimated Board Date 22-Feb-2018	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Uzbekistan	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

The project development objective (PDO) is to increase the effectiveness and efficiency of the emergency medical services (EMS) system.

Components

- Component 1: EMS Enabling Environment, System Management and Quality Improvement
- Component 2: Dispatch, communications and information systems
- Component 3: Emergency care system improvement
- Component 4: Project management

**Financing (in USD Million)**

Financing Source	Amount
International Development Association (IDA)	100.00
<b>Total Project Cost</b>	<b>100.00</b>

Environmental Assessment Category

B - Partial Assessment

Decision

The review did authorize the preparation to continue

**B. Introduction and Context**



## Country Context

Uzbekistan is Central Asia's most populous country with 31 million people (over one-third under the age of 14), which comprise nearly half the region's total population. With a land area of 447,000 km<sup>2</sup>, about the size of California or Spain, Uzbekistan is the only Central Asian country to border four other Central Asian States. It also shares a short border with Afghanistan to the south.

Uzbekistan's government and public administration are highly centralized, with public accountability and transparency remaining as major challenges, though gradual adjustments are being made. Over the last decade, Uzbekistan's economy grew rapidly, was resilient to shocks, and lifted significant parts of the population out of poverty. According to official statistics, Uzbekistan's 8.2 percent Gross Domestic Product (GDP) growth rate over the last decade was the highest in the Europe and Central Asia Region (ECA) and one of the eight highest in the world. Per capita GNI rose from US\$2,020 in 2001 to US\$5,840 in 2014. According to official statistics, poverty declined from 27 percent to 15 percent between 2003 and 2012, although the methodology for measuring poverty needs to be brought up to international standards. The greater part of the population lives in rural areas. The poverty level tends to be higher for rural residents and female-headed households. Analysis of national household surveys suggests that recent growth has been relatively equitably distributed.

## Sectoral and Institutional Context

The quality and efficiency of the health sector in Uzbekistan has substantial scope for improvement. Overall public expenditure on health appears to have a relatively low priority, with public financing equivalent to just 2.8 percent of GDP, well below the average middle-income country. Pervasive market failures (manifest in the absence of insurance markets) mean that ramping up private spending for health (currently equivalent to 2.6 percent of GDP) is unlikely. Relatively low public spending on health care combined with high out-of-pocket (OOP) expenditures (44 percent of total health expenditures), suggest that the government may need to consider increasing its health spending and bring down the burden of the OOP expenses, especially for the poor.

The current emergency medical services (EMS) system is rudimentary, and there is a significant room for improvement. The EMS includes both pre-hospital and in-hospital services under a single operating umbrella - the Republican Scientific Center for Emergency Medical Care (RSC EMC). This organizational structure appears to be working well with clearly defined reporting relationships between the central and regional/district level institutions, while the scientific/research part of the RSC EMC focuses on continually improving EMS service delivery.

Pre-hospital and in-hospital aspects of the RSC EMC, however, are providing sub-optimal services far beyond the scope of what would normally be considered emergency medical care. For example, both the republican and regional centers have consultant physicians who are providing outpatient consultations and diagnostic services to non-emergency patients. Inefficiencies, therefore, exist in the delivery of pre-hospital services, with "emergency" calls making up just 56 percent of the total call volume, which is much lower than in other high-performing EMS systems. Further, only 9.2 percent of calls from cases when patients require emergency care are brought to a hospital, with over 90 percent being treated at the scene. On a per capita basis, there are almost 25 calls per 100 population in Uzbekistan, compared to 10-



12 per 100 population in most well-functioning EMS systems. This suggests that many of the calls that are being responded to are neither emergency nor urgent calls. These cases should rather be treated by the Primary Health Care (PHC) system or in polyclinics rather than the EMS system.

Ambulances are over-supplied and often inappropriately used. Most of the current fleet is unsuitable for providing modern pre-hospital care. They have limited space for providing life-saving care en route to the hospital and for storing emergency equipment and are essentially used to transport patients to and from hospitals regardless of whether there is an emergency. The ambulances are not even suitable for basic transport since the passenger compartment is too small to comfortably hold people of above average height. To some extent, this challenge has already been recognized with better equipped ambulances being purchased through various means, including the ongoing World Bank-funded Health System Improvement Project. In addition of the quality, another challenge relates to the number of ambulances. Most countries with a functioning EMS system have one vehicle per 25,000-35,000 population. In the United States, this even goes up to one vehicle per 50,000 people in mid-size cities. Uzbekistan currently has one vehicle per 18,300 people, with the actual standards being even lower at 1:13,000. In spite of this, however, there are known instances in which many serious cases are not being transported to a hospital by ambulance. This suggests that there is scope for initiatives to encourage the proper use of ambulance services by re-orienting the EMS system to focus more on true emergencies and urgent cases. An EMS system that responds primarily to emergency and urgent calls would require around 900-1200 well-equipped ambulances and respond to roughly 3.2-3.8 million calls. A high percentage of patients would be transported to the hospital and about 25 percent of these patients would eventually be admitted (compared to 9.2 percent presently)<sup>1</sup>.

The current ambulance dispatch system is highly fragmented with little coordination between districts and regions. There is no screening of calls to determine whether highly specialized ambulance teams are required on the scene. In addition, there is no automation of the dispatch function, although an integrated information system is currently being developed. The proposed system appears to have all of the major elements needed to be effective according to international best practices. To date, a concept note on a proposed dispatch system has been developed by UZMedInfo, the MOH IT consulting arm, and is awaiting formal approval by the Government; the related systems architecture has been specified; and, a feasibility study is underway. It is expected that the full system will cost US\$20-25 million, although roughly 70 percent of this cost (US\$14-17 million) will be required for the implementation of the digital data and voice communications system (Tetra), and the linkage of this system with other emergency services.

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

Development Objective(s)

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<sup>1</sup> These figures are at the upper end of the recommendations from a report on a master plan for EMS services (see Jung, K.Y., Final Report, August, 2017).



The project development objective (PDO) is to increase the effectiveness and efficiency of the emergency medical services (EMS) system.

#### Key Results

This proposed project will contribute to refocus the current EMS system to provide effective and efficient pre-hospital and in-hospital care to those who are critically ill and injured. Achievement of the PDO will be measured through the following key performance indicators (KPIs):

- Increase in the percentage of emergency and urgent pre-hospital calls and in-hospital visits as a percentage of total calls/visits;
- Increase in the percentage of emergency and urgent pre-hospital calls that meet the mandated response time criteria (urban and rural);
- Decrease in cross-country variation of pre-hospital EMS teams per capita;
- Decrease in the variation between the diagnosis by the ambulance crew and the physicians in the emergency hospital admission unit; and
- Increase in the share of patients delivered to emergency hospital admission units by ambulance.

#### D. Project Description

This proposed project will support the Government of Uzbekistan in the implementation of its overall vision for effective and efficient EMS system. It will target specific investments that are critical to achieve this overall vision, through a combination of “hard” and “soft” investments. While the investments in equipment and vehicles are substantial, the related “soft” investments are essential to ensure that these larger investments are effectively utilized to produce the desired outcomes. The proposed project will comprise the following five components:

**Component 1: EMS Enabling Environment, System Management and Quality Improvement.** This component will support a series of related interventions that are essential in re-orienting the EMS system towards the provision of high-quality emergency and urgent care as follows:

**Sub-component 1.1: Regulatory, governance, and operational management.** This sub-component will assist the government in developing such a framework and ensuring it is revised as needed throughout the life of the project. The sub-component will also assist in building capacity in operational management at all levels of the EMS system, including in the areas of human resource management, budget management and data-based decision-making.

**Sub-component 1.2: Behavior Change Communication (BCC) on effective use of the EMS system.** This subcomponent will finance specific interventions on information, communication and education, which will inform and encourage the public to utilize the EMS system primarily for emergency and urgent cases and to use alternative out-patient settings (primary health care centers and polyclinics) for non-urgent cases.

**Sub-component 1.3: Quality monitoring and analytics.** This sub-component will finance specific capacity building and analytical tools to fully exploit EMS-related data and make it readily available for both operational and senior management.



**Subcomponent 1.4: EMS system financing.** This sub-component will monitor the ongoing financing of the EMS system, with a view to ensuring a sustainable and efficient financing regime.

**Component 2: Dispatch, communications and information systems.** This component would finance the development of integrated dispatch centers in each of the 12 regions plus Tashkent. These centers would be responsible for call taking and dispatching of all ambulances within their borders, including those assigned to one of the 172 district centers or related sub-stations.

**Component 3: Pre-hospital emergency care system improvement**

**Sub-component 3.1: Training and skills improvement.** This sub-component will develop a training needs analysis and develop training strategies to ensure that both hospital and pre-hospital care staff have the skills needed to operate in a predominantly emergency/urgent care environment. This sub-component will also explore feasibility of expanding the network of training institutionally beyond Tashkent, to Samarkand, Bukhara and Adijan, and assist in establishing these programs if it proves to be feasible.

**Sub-component 3.2: Essential Vehicles and Equipment.** This sub-component will support the acquisition and distribution of modern ambulance vehicles, the essential equipment needed for those vehicles to support an increasing emphasis on pre-hospital and in-hospital emergency and urgent care (both trauma and medical emergencies, including obstetrical and neonatal emergencies), in terms of diagnosis, triage, and treatment. This sub-component will also support the development of regional vehicle and equipment maintenance centers to ensure that equipment continues to be available and working properly.

**Component 4: Project management.** This component will finance the costs associated with the day-to-day project management of the proposed Project.

## **E. Implementation**

### Institutional and Implementation Arrangements

The PIU will be composed of a Project Director, Deputy Director(s), component coordinators, procurement officers, financial management specialist, chief accountant, disbursement officer, monitoring and evaluation officer, and environmental and social safeguards specialist. Technical experts in the working groups that were on the preparation of the project, would provide technical support for the implementation of the project. The first 18-months procurement plan is drafted and will be finalized before negotiations. The draft project operations manual (POM) is prepared and will be submitted to the Bank for review prior to project effectiveness

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**F. Project location and Salient physical characteristics relevant to the safeguard analysis (if known)**

The project will be implemented in the capital city of Tashkent in the Republican Scientific Center for Emergency Medical Care (RSCEMC) and its branches in 12 regions of Uzbekistan. Interventions will affect existing facilities. No new construction, acquisition of new buildings or land is expected.

**G. Environmental and Social Safeguards Specialists on the Team**

Nina Kolybashkina, Social Safeguards Specialist  
Rustam Arstanov, Environmental Safeguards Specialist

**SAFEGUARD POLICIES THAT MIGHT APPLY**

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The proposed project will include the rehabilitation of a limited number of hospitals in Tashkent and 12 other cities, to establish a proper layout for integrated emergency departments in those facilities. Though these works are not going to be financed by the proceeds of the World Bank Loan, they can be deemed as activities associated with the World Bank financing. The rehabilitation of these facilities would entail environmental and health and safety risks - albeit limited and manageable - due to the associated dust and noise of the construction, the disposal of construction and medical waste and the risks associated with the handling of the waste during operation (municipal, hazardous, etc.). The project will include the provision of the new equipment and vehicles and disposal of old equipment and vehicles. The EMF has relevant provisions on waste management.
Natural Habitats OP/BP 4.04	No	No natural habitats will be involved
Forests OP/BP 4.36	No	No forests will be impacted. No civil works are expected in the proximity of forests. No forestry activities or the purchase of significant amounts of timber material is expected.



Pest Management OP 4.09	No	No pesticides will be used during the project implementation. No agriculture related activities are expected.
Physical Cultural Resources OP/BP 4.11	No	No civil works will be conducted in the or in the vicinity of the physical cultural recourses
Indigenous Peoples OP/BP 4.10	No	N/A
Involuntary Resettlement OP/BP 4.12	No	The policy is not triggered, as no temporary or permanent land acquisition, restriction of access or economic impact is foreseen. The scope of civil works will be limited and will occur in the existing medical facilities and within the current floor plans. However, the screening procedure for civil works will ensure that no acquisition of land is foreseen.
Safety of Dams OP/BP 4.37	No	Civil works will be conducted in the existing buildings. No dams will be involved
Projects on International Waterways OP/BP 7.50	No	No works on the waterways is expected
Projects in Disputed Areas OP/BP 7.60	No	N/A

**KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT**

**A. Summary of Key Safeguard Issues**

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

The proposed project will include the rehabilitation of a limited number of hospitals in Tashkent and 12 other cities, to establish a proper layout for integrated emergency departments in those facilities. Though these works are not going to be financed by the proceeds of the World Bank Loan, they can be deemed as activities associated with the World Bank financing. The rehabilitation of these facilities would entail environmental and health and safety risks - albeit limited and manageable - due to the associated dust and noise of the construction, the disposal of construction and medical waste and the risks associated with the handling of the waste during operation (municipal, hazardous, etc.). In addition, the project will include the provision of the new equipment and vehicles and disposal of old equipment and vehicles might also entail certain environmental impacts. All of these impacts are low risk and can be easily mitigated by applying good waste management and occupational health and safety practices. No large scale or significant and/or irreversible impacts expected.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:  
No indirect/ long term impacts expected.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.  
no applicable to minor civil works under the project

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower





capacity to plan and implement the measures described.

The Central Project Implementation Bureau (CPIB) under the Uzbekistan Ministry of Health has a long history of managing the implementation of the World Bank projects. CPIB has hired an environmental consultant who developed a project Framework Environmental Management Plan (EMP), has publically disclosed it on the website and conducted public consultations. Framework Environmental Management Plan contains among other things requirement for site-specific EMPs. Environmental consultant will be contracted for the whole duration of the project and will monitor the implementation of the Framework EMP and site-specific EMPs.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

Primary stakeholders are patients and staff of the Republican Scientific Center for Emergency Medical Care (RSEMC) and its branches in 12 regions of Uzbekistan, the ambulance drivers and nurses and also the communities who reside close to these medical facilities. The Framework EMF was disclosed at the following website <http://uzssgzt.uz/cgi-bin/main.cgi?lan=r&raz=5&god=2017&mes=9&id=5185>

Public consultations with potentially affected people were conducted on September 23 in RSEMC.

**B. Disclosure Requirements**

**Environmental Assessment/Audit/Management Plan/Other**

Date of receipt by the Bank  18-Sep-2017	Date of submission for disclosure  13-Oct-2017	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
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**"In country" Disclosure**

Uzbekistan  
18-Sep-2017

Comments

Disclosed at the website of the "Healthcare of Uzbekistan" newspaper. URL: <http://uzssgzt.uz/cgi-bin/main.cgi?lan=r&raz=5&god=2017&mes=9&id=5185>

**C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)**

**OP/BP/GP 4.01 - Environment Assessment**

Does the project require a stand-alone EA (including EMP) report?

Yes

If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?

Yes

Are the cost and the accountabilities for the EMP incorporated in the credit/loan?



Yes

### **The World Bank Policy on Disclosure of Information**

Have relevant safeguard policies documents been sent to the World Bank for disclosure?

Yes

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?

Yes

### **All Safeguard Policies**

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?

Yes

Have costs related to safeguard policy measures been included in the project cost?

Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?

Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?

Yes

## **CONTACT POINT**

### **World Bank**

Elvira Anadolu  
Senior Health Specialist

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

Republic of Uzbekistan  
Jamshid Kuchkarov  
First Deputy Minister of Finance  
JAKuchkarov@mf.uz

### **Implementing Agencies**



Ministry of Health  
Valikhon Khakimov  
Executive Director of CPIB  
v.hakimov@jpib.uz

**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):	Elvira Anadolu
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**Approved By**

Safeguards Advisor:		
Practice Manager/Manager:	Johanne Angers	16-Oct-2017
Country Director:	Hideki Mori	01-Nov-2017