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Report No: PAD3897

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT LOAN
IN THE AMOUNT OF EUR 91.40 MILLION
(US\$100 MILLION EQUIVALENT)

TO

THE REPUBLIC OF TURKEY

FOR

TURKEY EMERGENCY COVID-19 HEALTH PROJECT

**UNDER THE
COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)**

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)
WITH A FINANCING ENVELOPE OF
UP TO US\$ 6 BILLION

APPROVED BY THE BOARD ON APRIL 2, 2020

Health, Nutrition & Population Global Practice
Europe And Central Asia Region

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CURRENCY EQUIVALENTS

(Exchange Rate Effective March 31, 2020)

Currency Unit = Turkish Lira (TL)

7.56 TL = 1 Euro

1 Euro = 0.9133 US\$

FISCAL YEAR

January 1 - December 31

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ABBREVIATIONS AND ACRONYMS

BFP	Bank-facilitated procurement
COVID-19	Coronavirus disease
ECA	Europe and Central Asia
ESS	Environmental and Social Standards
EU	European Union
F&C	Fraud and corruption
FCTF	Fast Track COVID-19 Facility
FM	Financial management
FY	Fiscal year
GD	General Directorate
GDP	Gross domestic product
GoT	Government of Turkey
GRS	Grievance Redress Service
HEIS	Hands-on expanded implementation support
HSSSP	Health Systems Strengthening and Support Project
IBRD	International Bank for Reconstruction and Development
ICU	Intensive care unit
IDA	International Development Association
IFR	Interim Financial Report
IMF	International Monetary Fund
IPF	Investment Project Financing
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MPA	Multiphase Programmatic Approach
NCD	Non-communicable disease
OECD	Organisation for Economic Co-operation and Development
PAD	Project Appraisal Document
PDO	Project Development Objective
PMSU	Project Management Support Unit
POM	Project Operations Manual
PPE	Personal protective equipment
PPSD	Project Procurement Strategy for Development
SARS	Severe Acute Respiratory Syndrome
SARS-CoV-2	Novel coronavirus
SBO	State Budget Office
SEP	Stakeholder Engagement Plan
SPRP	Strategic Preparedness and Response Program
STEP	Systematic Tracking of Exchanges in Procurement
TL	Turkish Lira
US\$	US dollar
USHAS	International Health Services Company
WB(G)	World Bank Group
WHO	World Health Organization



TABLE OF CONTENTS

DATASHEET 1

I. PROGRAM CONTEXT..... 7

 A. MPA Program Context 7

 B. Updated MPA Program Framework..... 8

 C. Learning Agenda 8

II. CONTEXT AND RELEVANCE 9

 A. Country Context..... 9

 B. Sectoral and Institutional Context 10

 C. Relevance to Higher Level Objectives..... 15

III. PROJECT DESCRIPTION..... 17

 A. Development Objectives..... 17

 B. Project Components 17

 C. Project Beneficiaries 19

IV. IMPLEMENTATION ARRANGEMENTS 20

 A. Institutional and Implementation Arrangements..... 20

 B. Results Monitoring and Evaluation Arrangements..... 20

 C. Sustainability..... 20

V. PROJECT APPRAISAL SUMMARY 21

 A. Technical, Economic, and Financial Analysis..... 21

 B. Fiduciary..... 21

 C. Legal Operational Policies..... 30

 D. Environmental and Social Standards 30

 E. Data privacy 31

VI. GRIEVANCE REDRESS SERVICES 32

VII. KEY RISKS 32

VIII. RESULTS FRAMEWORK AND MONITORING 34

ANNEX 1: Project Costs 39



DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Turkey	Turkey Emergency COVID-19 Health Project	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P173988	Investment Project Financing	Substantial

Financing & Implementation Modalities

<input checked="" type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Disbursement-linked Indicators (DLIs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made Disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
24-Apr-2020	31-Dec-2022	31-Mar-2025

Bank/IFC Collaboration

No

MPA Program 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

MPA Financing Data (US\$, Millions)



MPA Program Financing Envelope	4,150.45
with an additional request to IDA	2.50

Proposed Project Development Objective(s)

The Project development objective is to prevent, detect, and respond to the threat posed by COVID-19 in Turkey.

Components

Component Name	Cost (US\$, millions)
Component 1: Emergency COVID-19 Response	98.00
Component 2: Project Management, Monitoring and Evaluation	2.00

Organizations

Borrower: Ministry of Treasury and Finance

Implementing Agency: Ministry of Health

MPA FINANCING DETAILS (US\$, Millions)

Board Approved MPA Financing Envelope:	4,147.95
MPA Program Financing Envelope:	4,150.45
of which Bank Financing (IBRD):	2,594.80
of which Bank Financing (IDA):	1,555.65
of which other financing sources:	0.00

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

Total Project Cost	100.25
Total Financing	100.00
of which IBRD/IDA	100.00



Financing Gap	0.25
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DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	100.00
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Expected Disbursements (in US\$, Millions)

WB Fiscal Year	2020	2021	2022
Annual	50.00	50.00	0.00
Cumulative	50.00	100.00	100.00

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Urban, Resilience and Land

Climate Change and Disaster Screening

This operation has not been screened for short and long-term climate change and disaster risks

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	● Moderate
2. Macroeconomic	● Substantial
3. Sector Strategies and Policies	● Substantial
4. Technical Design of Project or Program	● Moderate
5. Institutional Capacity for Implementation and Sustainability	● Moderate
6. Fiduciary	● Substantial
7. Environment and Social	● Substantial



8. Stakeholders	● Moderate
9. Other	
10. Overall	● Substantial
Overall MPA Program Risk	● High

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

Yes No

Does the project require any waivers of Bank policies?

Yes No

Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
Cultural Heritage	Not Currently Relevant
Financial Intermediaries	Not Currently Relevant



NOTE: For further information regarding the World Bank’s due diligence assessment of the Project’s potential environmental and social risks and impacts, please refer to the Project’s Appraisal Environmental and Social Review Summary (ESRS).

Legal Covenants

Sections and Description

Section I.A.1(b). The Borrower, through MoH, shall maintain, throughout Project implementation, a Project Management Support Unit (“PMSU”), with functions and responsibilities acceptable to the Bank, for the implementation of the Project.

Sections and Description

Section I.A.2. The Borrower, through MoH, shall maintain at all times qualified staffing, budgetary resources, and authority necessary and appropriate for the satisfactory implementation of the Project.

Sections and Description

Section I.B. The Borrower, through MoH, shall, by no later than ten (10) days after the Effective Date, prepare and adopt a Project Operations Manual containing detailed guidelines and procedures for the implementation of the Project, including with respect to: administration and coordination, monitoring and evaluation, financial management, procurement and accounting procedures, environmental and social standards, corruption and fraud mitigation measures, a grievance redress mechanism, roles and responsibilities for Project implementation, and such personal data collection and processing in accordance with good international practice other arrangements and procedures as shall be required for the effective implementation of the Project, in form and substance satisfactory to the Bank.

Sections and Description

Sections I.C.1 and I.C.2. The Borrower, through MoH, shall ensure that the Project is carried out in accordance with the Environmental and Social Standards and the Environmental and Social Commitment Plan, in a manner acceptable to the Bank.

Sections and Description

Section I.C.4(b). The Borrower, through MoH, shall ensure the Bank is promptly notified of any incident or accident related to or having an impact on the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers (including, any issues or grievances arising from the surveillance and/or monitoring activities under Part 1 of the Project).

Sections and Description

Schedule 2, Section II.B. Except as may otherwise be explicitly required or permitted under this Agreement or as may be explicitly requested by the Bank, in sharing any information, report or document related to the activities described in Schedule 1 of this Agreement, the Borrower, through MoH, shall ensure that such information, report



or document does not include Personal Data.

Sections and Description

Section III.B.2(b). The Borrower undertakes that no Loan proceeds or resources may be used for law-enforcement, security, military, or paramilitary purposes or for any payments made to any law-enforcement, security, military, or paramilitary forces without the Bank's express prior approval.

Conditions



I. PROGRAM CONTEXT

A. MPA Program Context

1. This Project Appraisal Document (PAD) describes the emergency response to the Republic of Turkey under the coronavirus disease (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, with an overall Program financing envelope of US\$1.3 billion from IDA and US\$2.7 billion from IBRD.¹ This project has triggered paragraph 12 of the Investment Project Financing (IPF) Bank Policy. IPF projects under the Fast Track COVID-19 Facility (FTCF) do not need to process individual requests to take advantage of the flexibilities under paragraph 12 of Section III of the IPF Policy. This flexibility was granted to all IPF projects under the Facility through the Memorandum "Streamlining the processing of IPF operations financed under the Fast Track COVID-19 Facility."

2. An outbreak of COVID-19 caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, when the first cases were diagnosed in Wuhan, Hubei Province, China. COVID-19 has been detected (as reported) in 211 countries to date.² As of April 16, the total number of COVID-19 cases detected was 1,995,980, out of which there have been 131,037 deaths.³ The first case in Turkey was reported on March 11, 2020. As of April 16, the number of cases reported has reached 74,193, out of which there have been 1,643 deaths.⁴

3. COVID-19 is one of several emerging infectious diseases outbreaks in recent decades have begun with animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts. The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use⁵ and pre-existing chronic health problems that make viral respiratory infections particularly dangerous.⁶ With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83 percent to 98 percent of patients develop a fever, 76 percent to 82 percent develop a dry cough and 11 percent to 44 percent develop fatigue or muscle aches.⁷ Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7 percent of the people worldwide confirmed as having been infected have died, the World Health Organization (WHO) has been careful not to describe that as a mortality rate or death rate, because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it

¹ Project Appraisal Document No. 3810.

² <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> accessed on April 7, 2020

³ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> accessed on April 20, 2020

⁴ Ministry of Health, Republic of Turkey, <https://covid19.saglik.gov.tr/>

⁵ Marquez, PV. 2020. "Does Tobacco Smoking Increase the Risk of Coronavirus Disease (COVID-19) Severity? The Case of China." <http://www.pvmarquez.com/Covid-19>

⁶ Fauci, AS, Lane, C, and Redfield, RR. 2020. "COVID-19 — Navigating the Uncharted." *New Eng J of Medicine*, DOI: 10.1056/NEJMe2002387

⁷ Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." *JAMA*, doi:10.1001/jama.2020.3072



poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact of this disease. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the FTCF, with US\$50 million in financing from Turkey’s IBRD allocation.

B. Updated MPA Program Framework

4. Table 1 provides an updated overall MPA Program framework, including the proposed project for Turkey. All projects under SPRP are assessed for an Environmental and Social Framework risk classification following the Bank procedures and using the flexibility provided for COVID-19 operations. The Program framework will be updated as more countries join the SPRP.

Table 1. MPA Program Framework

Phase #	Project ID	Sequential or Simultaneous	Phase’s Proposed DO*	IPF, DPF or PforR	Estimated IBRD Amount (\$ million)	Estimated IDA Amount (\$ million)	Estimated Other Amount (\$ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
1	Turkey Emergency COVID-19 Health Project	Sequential	Please see relevant PAD	IPF	50	0.00	50 (from regular country IBRD allocation)		Substantial (S)

DO = Development Objective; IPF=Investment Project Financing; DPF=Development Policy Financing; PforR= Program for Results.

C. Learning Agenda

5. The proposed project will actively seek to share and exchange knowledge on key areas, including experience and lessons regarding the rapid scale-up of health systems capacity for public health awareness, disease management, and pandemic/disaster risk management. The learning agenda for the proposed project will leverage the Bank’s value-added and presence in Turkey for previous knowledge-sharing, including most recently a study exchange between the Ministries of Health of Turkey and China on integrated health care and information systems (November 2019), as well as several previous knowledge exchanges, and the Bank’s global platform under the MPA Program. The MPA Program will support adaptive learning in countries where FTCF financing is provided, working with partners from international organizations including the IMF, the United States Centers for Disease Control, WHO, the United Nations Children’s Fund, the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health, and others. Specifically, in Turkey, the following topics will be targeted for learning:

- **Medical surveillance and monitoring:** Leveraging previous evaluations of pandemic response and the importance of medical surveillance and monitoring, the learning agenda will focus on: (a) sharing Turkey’s instruments from a well-developed information system; and (b) expanding knowledge on issues such as data privacy and access to information among the public, including geo-mapping, demographic analysis, and modeling the progression of the pandemic, in terms of both new cases and deaths.
- **Public health, behavioral, and risk-awareness measures:** Given Turkey’s proximity to and relationship with several neighboring countries and regions, a comparative knowledge-exchange of lessons learned in real-time will be critical to continuously evaluating which public awareness tools are best suited to different local contexts and communities and to innovatively updating and public awareness campaigns.



This learning agenda will also include outreach to vulnerable communities, refugees and migrants, and distant provinces.

- **Diagnostic, disease, and supply chain approaches:** Because of Turkey's underlying health care and biomedical industry organization, logistics, and supply chain systems, the learning agenda will focus on sharing and learning from other countries in Europe and Eastern Asia, notably Korea and China, on rapid-scale up of supply chains for the timely distribution of medicines and other medical supplies.

II. CONTEXT AND RELEVANCE

A. Country Context

6. Turkey has high growth potential, but recent shocks have affected the sustainability of its economic gains since the early 2000s. After the global financial crisis of 2008-2009, Turkey's growth has been increasingly fueled by credit growth and the accumulation of (mostly foreign exchange) private sector debt, together with temporary stimulus policies. These factors led to declining growth and macroeconomic imbalances in late 2017/early 2018. The situation was compounded by exogenous factors, including multiple election cycles, regional conflict, and difficult international relations.

7. The economic vulnerabilities that had accumulated over the past four years came to a head in mid-2018. Policy stimulus in the aftermath of the 2016 failed coup attempt led to economic overheating. Though growth accelerated to 7.4 percent in 2017, this came at the cost of double-digit inflation and a large current account deficit. A hardening of external economic conditions in mid-2018, together with tense international relations, led to a depreciation in the Turkish Lira (TL). This profoundly affected the real and financial sectors. Corporations and banks both suffered from high foreign exchange debt, annual inflation peaked at 25 percent in October 2018, the economy went into recession in the second half of 2018, and unemployment jumped from 10 percent in January 2018 to 14 percent in June 2019.⁸

8. Over the past 12 months, the Turkish economy has experienced positive adjustments that have served to reduce vulnerability. Current account imbalances have declined, banks have reduced their external exposure, and portfolio flows have started to recover. These adjustments have lessened the external vulnerabilities that had accumulated in the run up to the August 2018 currency shock. They have also contributed to a more stable TL, notwithstanding bouts of currency volatility. In addition, disinflation has been steady over this period. These developments were supported by selected policy responses and accommodative global monetary conditions. Even so, foreign exchange reserves have eroded over the past two years, exposing Turkey to external market pressure, and unemployment remains a challenge.

9. Stagnating output, high costs of production, and high consumer prices have led to significant job losses and falling real wages. Unemployment among youth is particularly high, having increased markedly from 19 percent in May 2018 to 25 percent in May 2019. Once more, average real wages declined by 2.6 percent between 2017 and 2018, though they had picked up prior to the COVID-19 pandemic as a result of adjustments to the minimum wage. Poorer households were most impacted, as many low-income workers are employed in construction and agriculture, the sectors that saw the biggest decline in jobs. Moreover, the long-term impact of the real wage effects is typically greater for the poorest households, since they have limited coping mechanisms.

⁸ World Bank 2019a, 2019b.



10. The high uncertainty associated with COVID-19 exacerbates Turkey's economic and demographic challenges, which are particularly evident since the downturn in economic growth experienced in 2018. The COVID-19 outbreak is straining health and public health systems, while measures to contain its spread are resulting in an economic slowdown and threaten the economic security of many of its citizens, particularly those with low-incomes. The more prolonged the situation, the more significant the impact will be on overall population health, potentially exacerbating unemployment and poverty if unabated. This will, in turn, place additional strain on public services, including the public health system and requires preparation in terms of physical, human, and financial capacity nationwide. While the toll the pandemic will ultimately take on the country will not be clear for some time, a strong, coordinated institutional response is critical to both containing the spread of COVID-19 and working to limit its social and economic effects.

B. Sectoral and Institutional Context

11. Turkey has demonstrated significant progress in improving health outcomes and reducing infant and maternal mortality. For example, between 1980 and 2017, life expectancy at birth increased from 58.7 to 77.1 (an increase of 31.3 percent), a better performance than the global average (72.4 for 2017) and almost equal to the Europe and Central Asia (ECA) region performance (77.7 for 2017). Both the maternal mortality and infant mortality rates have also improved, with maternal mortality declining from 42 per 100,000 live births in 2000 to 17 in 2017, and infant mortality falling from 30.9 per 1000 live births in 2000 to 9.7 in 2017.

12. Improved health outcomes are resulting in demographic shifts, as Turkey's elderly population grows. As of 2019 (most recent data), 10.2 percent of the older population was aged 65 years and over, about 22.6 percent was younger than 15 years, and 67.3 percent was between 15 and 64 years. The proportion over 65 years is expected to rise to 16.3 percent in 2040 and 25.6 percent in 2080, according to population projections.

13. Turkey's burden of disease is increasingly shifting from communicable to non-communicable diseases (NCDs). As of 2018, NCDs accounted for 89 percent of all deaths.⁹ Urbanization has been increasing rapidly, with approximately 68 percent of the population living in urban areas across 81 provinces,¹⁰ which has brought changes in diets, types of employment, and levels of physical activity that have contributed to the shift towards NCDs. Underlying risk factors among adults for NCD-attributed mortality include relatively high rates of tobacco use (28 percent, nearly twice as high among males than females), raised blood pressure (20 percent), diabetes (raised blood glucose (13 percent) and obesity (32 percent; nearly twice as high among females than males).

⁹ World Health Organization (2018). Turkey: World Health Organization Noncommunicable Diseases (NCD) Country Profiles, 2018. Geneva: World Health Organization. Most recent data.

¹⁰ World Bank (2018). Turkey Systematic Country Diagnostic. Washington DC: World Bank.



14. With a national Health Transformation Program, Turkey has made significant strides in expanding universal health care coverage for primary care and improving financial protection since 2003. This transformation contributed to a drastic drop in infant and maternal mortality and supported efforts to expand tertiary care and research and development efforts. Nonetheless, the number of physicians and nurses per capita is nearly 30-60 percent lower than the average for the ECA region and for OECD countries (as of 2015, the most recently available comparative data).¹¹ More recent data (2018) show that there are 536 personal per physician, with a total of over 153,000 physicians nationwide. The Ministry of Health (MOH) Strategic Plan emphasizes the importance of increasing the number of the primary health care workforce and sets higher targets for 2030. With respect to inpatient capacity, 2018 data shows that Turkey has a total of 1,534 inpatient medical institutions (hospitals and other inpatient facilities) and over 231,000 hospital beds, for a ratio of 2.83 hospital beds per 1,000 population, which is below the EU (4.91) and OECD (4.65) levels.

15. Since Turkey's first COVID-19 case was detected, on March 11, 2020, the Government has gradually introduced a range of public health measures in line with WHO guidance,¹² moving from hygiene guidance to the closure of major events, social venues, schools, and all major commercial outlets, and recommending physical distancing to curb transmission. Most residents appear to have followed the Government's guidance, and major metropolitan areas are shut down. The Government has also announced an economic package totaling approximately TL 100 billion (US\$15 billion) to stem the impact on firms and targeted households, including deferral of firms' social security and payroll tax, increasing the minimum pension, increased allocation for social assistance beneficiaries, and unspecified provisions for strengthening social services for older persons. Table 2 gives a summary of Turkish Government measures for the COVID-19 outbreak.

16. The Government of Turkey (GoT) has mounted a comprehensive COVID-19 response strategy and Pandemic Action Plan that includes prevention, detection, and response measures. The Minister of Health established a science committee that serves as an advisory body providing scientific evidence and guidance to the policy makers. The President, Minister of Health, Minister of Interior, Minister of Treasury and Finance, Minister of Industry and Technology, and Minister of Trade are the main actors in developing and implementing the strategy. However, the coordination among actors requires strengthening.

¹¹ World Bank (2019). Building an improved primary health care system in Turkey through care integration. Washington DC: World Bank

¹² World Bank unpublished preliminary note "Republic of Turkey's Health System Response to COVID-19", March 2020.



Table 2. Timeline of Turkish Government Actions for COVID-19

Date	Government action
March 11	First COVID-19 case reported.
March 12	Education suspended nationwide.
March 13	Flights suspended to countries with observed COVID-19 cases.
March 14	Land borders to Iran and Georgia shut down. MoH issued a new consultancy line specifically dedicated to coronavirus. ¹³
March 14	Flights to nine other countries were suspended and praying activities at mosques were stopped. ¹⁴
March 15	All activities of entertainment centers were halted. ¹⁵
March 17	Turkey confirmed first virus-related death and evacuated a total of 2,807 citizens from nine European countries.
March 18	The President announced an economic stability package worth TL 100 billion (US\$15 billion). ¹⁶
March 19	All sports activities were postponed. ¹⁷
March 20	Public and private health institutions meeting criteria were declared pandemic hospitals. ¹⁸
March 21	Flights to 86 more countries were suspended. ¹⁹
March 22	Older people (65 years of age and above) and those with chronic health conditions were told to stay home, civil servants to work from home according to a presidential decree. ²⁰
March 23	The MoH announced 32,000 new medical personnel would be employed.
March 25	Within the scope of the fight against COVID-19, the MoH made arrangements for appointments and the transportation and accommodation of healthcare professionals. ²¹
March 27	Turkish airspace was completely closed to international flights. ²²
March 31	The MoH announced breakdown of cases by provinces.
April 3	The President announced street curfew for citizens under the age of 20. ²³
April 5	The MoH had official talks with Provincial Health Directorates regarding treatment protocols and occupancy rates in intensive care units (ICU).
April 7	The Ministry of Treasury and Finance announced new incentives in the economic stimulus package. Salary support to be initiated for those who are on unpaid leave, 4.4 million families will be provided with cash remedies, and financial support will be provided to tradesmen in need.
April 8	Guidance has been issued to support Istanbul's healthcare workforce. Transfer of pharmacists, nurses, midwives, biologists/health technicians, and emergency medical technicians will immediately be carried out, provided they meet the conditions required by the legislation.
April 10	During April 11-12, the citizens of 30 big cities and the Zonguldak provincial border were announced to be under curfew. ²⁴
April 16	During April 17-19, the citizens of 30 big cities and the Zonguldak provincial border were announced to be under curfew. ²⁵

Source: World Bank team compilation

¹³ <https://www.saglik.gov.tr/https/TR,64493/saglik-bakani-koca-koronaviruse-iliskin-son-durumu-degerlendirdi.html> and Guidance on precaution measures taken for border gates.

¹⁴ <https://www.dhmi.gov.tr/Sayfalar/Haber/tedbir-kapsaminda-askiya-alinan-ucak-seferleri-ile-ilgili-cumhurbaskanligi-iletisim-baskanliginin-basin-aciklamasi.aspx>

¹⁵ <https://www.resmigazete.gov.tr/eskiler/2020/03/20200320-18.pdf>

¹⁶ <https://www.aa.com.tr/tr/koronavirus/cumhurbaskani-erdogan-ekonomik-istikrar-kalkani-paketini-acikladi/1770929>

¹⁷ <http://www.gsb.gov.tr/HaberDetaylari/3/186770/futbol-basketbol-voleybol-ve-hentbolda-ligler-ertelendi.aspx>

¹⁸ <https://dosyamerkez.saglik.gov.tr/Eklenti/36907,pandemi-hastaneleripdf.pdf?0>

¹⁹ <https://www.dhmi.gov.tr/Sayfalar/Haber/ucus-yasagi-olan-ulke-sayisinin-68e-yukselmesiyle-ilgili-basin-aciklamasi.aspx>

²⁰ <https://www.icisleri.gov.tr/65-yas-ve-ustu-ile-kronik-rahatsızligi-olanlara-sokaga-cikma-yasagi-genelgesi> and Presidential Decree, March 22, 2020 No: 31076 (redraft), Guidance 2020/4 Additional precautions for Civil Servants regarding COVID-19 measures.

²¹ Presidential Decree dated March 24, 2020 and numbered 31078.

²² Sabiha Gokcen Airport Security Commission Decision.

²³ <https://www.icisleri.gov.tr/sehir-giriscikis-tebirleri-ve-yas-sinirlamasi>

²⁴ Ministry of Interior Guidance on Street Curfew Measures dated April 10, 2020 No:89780865-153-E6484.

²⁵ <https://www.icisleri.gov.tr/17-19-nisan-tarihleri-arasinda-30-buyuksehir-ve-zonguldak-il-sinirlari-icerisinde-sokaga-cikma-yasagi>



17. Coordination with development partners for the country's COVID-19 response is led by the Minister of Treasury and Finance. The Government is coordinating with key stakeholders such as the European Union (EU), WHO, United Nations Agencies, the French Development Agency, the Islamic Development Bank, the German Development Bank and other international financial institutions to ensure that development partner's support is aligned with the Government's efforts. The MoH is in contact with the EU to use Facility for Refugees in Turkey contingency fund for COVID-19-related activities. However, the Government has not involved non-governmental organizations in the pandemic response.

18. The MoH is leading the Turkish Government's COVID-19 pandemic response for the health sector. The Ministry's Public Health General Directorate (GD) initiated the Pandemic Action Plan to respond to the COVID-19 outbreak. As part of Turkey's detection and response-related actions, on March 18, 2020, the MoH Emergency Health Services GD put into practice the Hospital Calamity and Emergency Action Plan, under which the GD is responsible for conducting any type of emergency plan on behalf of the MoH. Similarly, Provincial Health Directorates are responsible for carrying out determined plans at the provincial level. If necessary, the Health Calamity Coordination Center can be used for coordination purposes. Under the plan, all public, private, municipality and university hospitals are empowered to take the necessary precautions to ensure they can be self-sufficient for 72 hours without the need for outside intervention.

19. On March 20, 2020, all state and private health institutions meeting criteria set by the MoH were recategorized as 'Pandemic Hospitals.' To ramp up capacity to respond, any hospitals that have departments related to infectious diseases and microbiology, pulmonary diseases, and internal medicine related diseases, and that have at least two specialist physicians, were recategorized to respond to COVID-19 under the Pandemic Action Plan, with implementation support from the Pandemic General Coordination team.

20. Having reclassified several facilities as 'Pandemic Hospitals', Turkey needs to increase its ICU capacity²⁶ for COVID-19 response in line with international and national guidance.²⁷ As of April 16, 2020, Turkey has 26,627 adult ICU beds, of which 13,231 belong to MoH. There are around 30 ICU beds per 100,000 population in Turkey. Countries like Germany, which has better ICU bed capacity (47.7 ICU beds per 100,000 population), are increasing their existing supply of ventilators by 50 percent (from 20,000 to 30,000).²⁸ Turkey needs to mobilize additional mechanical ventilators to increase the number of ICU beds, especially in bigger cities like İstanbul (which has almost 60 percent of the total cases in Turkey), where there are only 14 ICU beds per 100,000 population.

21. Turkey's limited testing coverage also presents challenges to mounting an effective pandemic response. Testing is important for an effective response to the COVID-19 outbreak as it provides policymakers with a better understanding of the extent of the disease to apply evidence-based measures to slow the spread. According to MoH, data as of April 16, 2020, a total of 518,000 tests had been performed -- a testing coverage of 6,317 tests per 1 million population. If the good practices of Italy and South Korea are followed, with testing coverage between 10,000 to 15,000 tests per 1 million population,²⁹ Turkey would need to conduct between 850,000 to

²⁶ Level-2 and 3 Intensive Care Units require invasive hemodynamic monitors and ventilators for each ICU bed. <https://www.saglik.gov.tr/TR,10979/yogun-bakim-unitelerinin-standartlari-genelgesi-200853.html>

²⁷ <https://www.nice.org.uk/guidance/ng159/resources/covid19-rapid-guideline-critical-care-in-adults-pdf-66141848681413>
http://www.istanbulsaglik.gov.tr/w/sb/ozeltdk/belge/8_ek_madde.pdf

²⁸ <https://www.ft.com/content/d979c0e9-4806-4852-a49a-bbffa9cecf6>

²⁹ <https://ourworldindata.org/grapher/full-list-cumulative-total-tests-per-thousand>



1.3 million tests. As the pandemic response evolves over time, different types of testing may also be required to test antibodies and other factors.

22. Turkey's large number of temporary residents/refugees is another challenge that may affect the country's ability to manage COVID-19. Turkey hosts nearly four million people who are temporary residents and/or internationally protected individuals (refugees) across its 81 provinces.³⁰ To date, health services have been provided to nearly the entirety of this population. In addition, the MoH oversees the provision of services to registered Syrians through public hospitals, migrant health centers (providing primary health services), and strengthened migrant health centers (providing primary health care services and some specialties, namely gynecology, internal medicine physicians, and pediatrics). The Turkish Red Crescent (Kizilay) is also supporting and facilitating access to health services for people under temporary or international protection to address COVID-19 and also to provide psychosocial and livelihoods support, and social cohesion activities. Finally, there is also a field hospital operating at the Turkey-Greece border serving refugees.

23. At the hospital level of care, refugees have the same rights to access health care as citizens, and COVID-19 treatment is free of charge for all. Therefore, the overall MoH COVID-19 hospital planning covers both Turkish citizens and refugees. Refugee - specific primary care structures such as migrant health centers and extended migrant health centers are expected to have an important role in public awareness and education about COVID-19 and in testing. In sum, health care for refugees has been included as part of the national COVID-19 response plan.

24. Additional risks arise from the fact that Turkey is one of the world's most disaster-prone countries. Its population and economy -- and, especially its cities, with their concentration of people and assets -- are highly exposed and vulnerable to earthquakes, floods, landslides, and other hazards. Turkey ranks 45th among the 191 "high risk group of countries" in the Global Risk Index for Risk Management. Reviewing and updating protocols and contingency plans for Pandemic Hospitals during the COVID-19 response will be important to integrate any preparedness measures and/or supplies required to mitigate the impacts of disasters that may occur during the pandemic outbreak.

25. The proposed project aims to strengthen key areas of Turkey's overall response to COVID-19, including prevention and public health measures, diagnosis, disease management, and therapeutic frontiers. As the country with the ninth largest number of cases as of April 14, 2020, Turkey is ramping up its existing fiscal, infrastructure and human resource capacity to address these four areas. Turkey's, total annual health expenditure stands at 4.4-4.6 percent of GDP as of 2016-2018, or TL 165 billion in 2018, and general Government health expenditure accounts for 3.4 percent of GDP as of 2018,³¹ compared to an average of 10 percent among OECD members. However, for a relatively high burden of disease, Turkey's health care expenditure is relatively lower than regional averages. Therefore, additional health care resources are needed to meet the immediate and medium-term challenges of the widespread and uncertain COVID-19 epidemic. Since the outbreak of COVID-19, Turkey's response strategy has benefited from its underlying health system, which -- although it is deemed generally more advanced than they systems of other upper-middle-income countries -- faces certain challenges.

³⁰ This population includes 3.6 million Syrian nationals and close to 330,000 registered people of other nationalities. UNHCR, Operational Update (February 2020) <https://www.unhcr.org/tr/wp-content/uploads/sites/14/2020/03/UNHCR-Turkey-Operational-Update-February-2020.pdf>

³¹ TURKSTAT/MoH Statistics Yearbook, 2018.



- In terms of **prevention and public health measures**, Turkey has launched public outreach, including public information campaigns in most retail outlets, municipal centers, and health facilities, as well as phone messages and an online MoH website. But as the pandemic unfolds and cases continue to rise exponentially, there is a need to strengthen outreach in highly congested areas in large cities, such as Istanbul, and in provinces where the older population is concentrated, such as provinces along the Black Sea.
- As **regards diagnostic capacity**, Turkey currently has 114 authorized diagnostic laboratories (across 64 provinces out of 80). Given the size of the Turkish population, Turkey will likely need to at least double its testing capacity to be prepared for the anticipated caseload if cases continue to rise.
- In the area of **disease management**, Turkey has approximately 17,000 ventilators and 25,000 adult ICU beds (spanning three categories of ICU beds in terms of capacity to handle complex conditions). Given the likely magnitude of Turkey's disease burden, it is expected that this capacity will need to expand, and particularly that there will be a need to double the current ventilator capacity (depending on evolving clinical practice guidelines).
- Finally, as regards **health personnel, since Turkey has** approximately 30 percent fewer physicians than the OECD average, it needs to rapidly increase human resources for health. It has deployed an additional 32,000 health care personnel and has begun planning to refurbish existing ICUs and construct new health care facilities, such as field hospitals, to expand access in remote provinces. To help meet these projected demands, this Project will specifically focus on filling pending gaps in goods and equipment for prevention and public health measures, category 3 ICU facilities (such as ventilators) and capacity for health care personnel.

26. The proposed project significantly contributes to country efforts to avert the potentially high health and human cost of the COVID-19 pandemic by reinforcing mitigation and disease management. The proposed project will have high catalytic impacts on mobilizing further support as COVID-19 unfolds over the short- and medium-term. This project provides a framework and platform for readily identifying strengths and gaps in need of routine support, in line with the overall WBG FTCF at the global level and with WHO guidelines. In addition, since the COVID-19 transmission profile is uncertain, the proposed project facilitates medical surveillance and monitoring of needs and results over time, yielding information that other development partners can use. Finally, over the medium-term, the proposed project also supports assessing pandemic and natural disaster risk management within the health system, again yielding information on which other development partners can build.

C. Relevance to Higher Level Objectives

27. The Project is aligned with World Bank Group (WBG) strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity. The Program is focused on preparedness, which is also critical to achieving Universal Health Coverage. It is also aligned with the World Bank's support for national plans and global commitments to strengthen pandemic preparedness through three key actions: (a) improving national preparedness plans, including through the organizational structure of the government; (b) promoting adherence to the International Health Regulations; and (c) utilizing international framework for monitoring and evaluation (M&E) of the International Health Regulations. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden on both individuals and countries. The project complements both WBG and development partner investments in health systems strengthening,



disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement. It contributes to the implementation of the International Health Regulations (2005), Integrated Disease Surveillance and Response, and the World Organization for Animal Health international standards, the Global Health Security Agenda, the Paris Climate Agreement, the attainment of Universal Health Coverage and of the Sustainable Development Goals, and the promotion of a One Health approach.

28. The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic, making use of all WBG operational and policy instruments and working in close partnership with the Government of Turkey and other agencies. Grounded in One Health, which provides for an integrated approach across sectors and disciplines, the proposed WBG response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA/IBRD-eligible countries in addressing the health sector and broader development impacts of COVID-19. The WBG COVID-19 response will be anchored in the WHO's COVID-19 global SPRP, which outlines the public health measures by which all countries can prepare for and respond to COVID-19 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.

29. The Project is also relevant to the WBG's Turkey Country Partnership Framework FY18-23 and with the Government's health policies. The Country Partnership Framework includes commitments to support the MoH in increasing hospital management capacity. Country progress on pandemic preparedness and response capacity ("health security") is monitored by the World Bank and WHO as part of the Universal Health Coverage index.³² In addition, the project is actively supporting the Government's health policies through an ongoing project to strengthen long-term performance of the health system, the Turkey Health Systems Strengthening and Support Project (HSSSP, P152799), approved in 2015. This project is aligned with, and will be coordinated with, the ongoing project, and is also aligned with the MoH's higher policy objectives through the Communicable Diseases Surveillance and Control Principles Acts, which outline the Government's roles and responsibilities for public health management and disease prevention during pandemics.

30. The proposed project complements the existing HSSP³³ and addresses unmet needs that will not be covered within the remaining timeframe of the HSSSP. The HSSSP project development objective is to improve the primary and secondary prevention of selected NCDs, increase the efficiency of hospital management, and enhance the capacity of the MoH for evidence-based policy making. The HSSSP focuses on strengthening primary care, facilitating the development of integrated models for the prevention and treatment of non-communicable conditions, and improving health care system governance and management. The original project amount of EUR 120 million is fully committed; 35 percent has been disbursed as of April 16, 2020. Because of currency depreciation, there is also an unallocated amount of EUR27 million, which will be restructured and diverted to support the procurement of goods and equipment for therapeutic and vaccine treatment centers.

31. The proposed project is also well aligned and well-coordinated with other ongoing COVID-19 investment and policy responses supported by the Bank. Given the magnitude of the needs for addressing the health systems gaps, the proposed project focuses solely on health systems. For social protection, Turkey's existing system of social assistance and social security (including pensions and health insurance) is financed through Government resources, and to address COVID-19-related social protection needs the Government has recently

³² https://www.who.int/healthinfo/universal_health_coverage/en/

³³ World Bank (2016). Project Appraisal Document for Turkey Health Systems Strengthening and Support Project (P152799). Washington DC: World Bank.



announced a series of temporary measures; a one-time cash assistance supplemental grant to existing social assistance beneficiaries, a potential expansion of the number of eligible households, Government coverage of up to 60 percent of wages among vulnerable firms (criteria forthcoming), and proposed legislation to temporarily bar firing workers over a temporary period (such as three months; details forthcoming). The Bank is providing technical assistance on the social protection and labor system, and separate investment operations in the portfolio further support jobs through small and medium enterprises and active labor market programs.

III. PROJECT DESCRIPTION

A. Development Objectives

32. The Project Development Objective is to prevent, detect, and respond to the threat posed by COVID-19 in Turkey. The objectives are aligned to the results chain of the COVID-19 SPRP.

33. PDO level indicators. The PDO will be monitored through the following PDO level outcome indicators:

- (i) Number of people tested for COVID-19 identification per approved protocol under the project;
- (ii) Number of diagnosed cases treated per approved protocol under the project.

34. The project design is based on a theory of change that links access to essential services and information to the clinical and behavioral change needed to stem the tide of infection and enhance resilience. At the facility level, through investments to strengthen the capacity of ICUs and laboratories, the provision of basic equipment and medical inputs (e.g., test kits, personal protective equipment, or PPE), and training of facility personnel in COVID-19 prevention and treatment protocols, the project will strengthen the health system's capacity to respond to the surge in the number of COVID-19 cases. This will lead to an increase in the utilization of testing and treatment services. By investing in the development of risk communications materials, the project will also increase the level of information disseminated to the population. Together, these investments will increase the capacity of the Government of Turkey to respond to the pandemic (as well as prepare for future pandemics) and, ultimately, decrease COVID-19-related morbidity and mortality in Turkey.

B. Project Components

35. The project consists of two components to support the Government in curbing the spread of COVID-19 and strengthen the overall health system to detect and treat cases.

Component 1: Emergency COVID-19 Response (US\$98 million equivalent)

36. Subcomponent 1.1. Strengthening testing and medical surveillance systems and procurement of front-line equipment. This subcomponent will address the immediate health system needs for medical equipment, supplies and training to diagnose and triage cases affected by the COVID-19 emergency. The following key activities will be financed: (a) procurement, acquisition, and nationwide distribution of testing equipment and test kits; (b) goods and services to support scaling up laboratories and their testing/analysis capacities; (c) goods and services to increase and/or establish medical surveillance and monitoring³⁴ capacity nationwide through

³⁴ "Medical surveillance and monitoring" under the Project refers to the Ministry of Health's collection and tracking of COVID-19



various means for testing (facility testing, mobile outreach testing, drive-through testing, etc.); (d) goods and services for the development, training, and implementation of COVID-19 testing protocols; and (e) logistics support to enhance health care supply chain provision and management for timely and efficient delivery of testing supplies and equipment to priority locations and facilities, in collaboration with relevant public and private sector agencies.³⁵

37. Subcomponent 1.2. Supporting disease management and treatment. This subcomponent will finance medical equipment and supplies required for diagnosis and treatment of COVID-19 patients in intensive care, as well as limited operating expenses. The hospitals in which ICUs to treat COVID-19 patients will be established have been identified on the basis of an assessment of existing service availability and the need to expand the availability of relevant specialist care in order to ensure equitable access. The following key activities will be financed under this subcomponent: (a) goods and equipment for regular and temporary field hospital facilities, including those located in areas/provinces heavily affected by the influx of people under temporary protection and those under international protection; (b) goods and equipment for clinical and intensive care units in selected hospitals and procurement of medical supplies and equipment, primarily ventilators; (c) procurement of PPE for health care personnel including masks, gloves, and garments, and provision of occupational health and safety training to health care personnel on COVID-19 clinical care protocols, as necessary.

38. Subcomponent 1.3. Enhancing public health awareness and behavioral change. This subcomponent will expand and enhance community engagement and outreach activities (including information and communication activities) to increase the commitment of Government, private sector, and civil society to build knowledge, confidence, and trust, promote behavior change, and ensure that the vulnerable are able to access services and support. This subcomponent will also support the MoH in contextualizing and tailoring its risk communication and community engagement strategies for COVID-19 response as follows:

- (i) Development of communication strategies and information tailored to different audiences and sectors (such as tourism, education, food and agriculture), and education and awareness building to ensure that culturally relevant information is disseminated to communities to properly sensitize them to the risks related to COVID-19, supported by tailored awareness raising on preventive actions and the Government's COVID-19 response. These flows of information will be designed to reach the vulnerable, including the elderly, who are most affected by COVID-19. Key activities to be financed include: (a) training of additional health care personnel throughout health and non-health care institutions (schools, municipal facilities); and (b) information and communication activities to increase the attention and commitment of stakeholders to raise awareness, knowledge, and understanding of key public health and behavioral interventions.
- (ii) A needs identification, priorities and feedback mechanism to enable community members (including vulnerable groups such as the elderly, disabled, large households) and community-based organizations to articulate local needs systematically and regularly. Over the course of the project, the focus of the feedback platform financed by the project will transition from quick online emergency health care needs

confirmed cases to support the government's disease control and prevention efforts to reduce the impacts of COVID-19. The Project will ensure data are only used for legitimate and related purposes, no excess personal data are collected, and relevant data are stored for only a necessary period.

³⁵ Key stakeholders include: Ministry of Health; Ministry of Industry and Technology; Turkish Institutes of Health (TÜSEB); Pharmaceuticals and Medical Devices Agency (TİTCK); Academics; Private Sector Associations; International institutions (WHO, UN, EU, bilateral agencies and others).



and support for prevention, to participatory planning and prioritization of responses, to longer-term efforts to reestablish livelihoods.

- (iii) A participatory monitoring mechanism to enable community feedback on the COVID-19 response at the local level. Community members will be trained and supported with expert facilitation to monitor local action identifying any gaps emerging at the point of service delivery (e.g., information availability, access to testing, access to relevant care, cleanliness, equal treatment for all), any vulnerable groups that need specific targeting or any capture of the support provided.

39. While these community engagement processes ensure that communities are informed and can provide feedback and play a role in the monitoring of actions taken, the challenge of implementation lies in the social distancing policies that are vital to preventing an overload on health systems. To ensure that communities are engaged nevertheless, the component will support the development of an online platform for all stages of community feedback. The use of civic technology that is mobile-friendly, easily accessed, and can manage translations and outreach to rural and urban communities will be prioritized.

40. Subcomponent 1.4. Upgrading pandemic surveillance and response plans. This subcomponent will finance knowledge-exchange and capacity-building for enhancing the national pandemic preparedness and response plan to address potential cyclical future phases associated with COVID-19 or other pandemics. It will include data collection, analysis, and support for the establishment of a monitoring system to track the progress and outcomes of the Government's Pandemic Action Plan. This subcomponent will also finance technical assistance to strengthen the MoH's emergency response capacity (e.g. development of testing, treatment, referral, and discharge protocols); and longer-term capacity building for pandemic and emergency preparedness for the health sector.

Component 2. Project Management, Monitoring, and Evaluation (US\$2 million equivalent)

41. This component will support the administrative and human resources needed to implement the project and monitor and evaluate progress. It will finance staff and consultant costs associated with project management, procurement, financial management (FM), environmental and social safeguards, monitoring and evaluation (M&E), reporting and stakeholder engagement; and operating and administrative costs.

42. The MPA will also include a monitoring and prospective evaluation framework for the overall facility and for operations at the country and subregional or regional levels. The approach will include baseline assessments, benchmarking, rapid learning, and multi-country analysis to inform tactical adaptations within and across countries. The monitoring and prospective evaluation framework will focus on: (a) strategic relevance to the near-term support for disease outbreak detection and response, with clarity of pathways from WBG contributions to the expected outcomes; (b) client responsiveness; (c) WBG capacity to sustain client efforts to prevent future outbreaks of emerging infectious diseases; and (d) timeliness and agility of co-convening functions with country policymakers and strategic partners that complement the WBG's comparative advantages.

C. Project Beneficiaries

43. The expected project beneficiaries will be the population at large given the nature of the disease. The beneficiaries include infected people; at-risk populations, particularly the elderly and people with chronic



conditions; migrant families, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response in Turkey. The number of beneficiaries is expected to be around 20 million.

IV. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

44. Given the emergency nature of this project, institutional and implementation arrangements have been designed to be as practical, reliable, and quick to establish as possible. Accordingly, institutional and implementation arrangements build upon existing structures and systems as far as possible. The roles of these units, and accompanying institutional arrangements, are described below.

45. The project will be implemented by the MOH through the existing Project Management Support Unit (PMSU) that implements the ongoing World Bank-financed HSSSP. To address the need for complementary technical expertise to effectively implement the COVID-19 Emergency Response Project, the PMSU will be supported by technical specialists of the MoH and technical consultants. The participating GDs (GD of Public Health and GD of Public Hospitals) will implement technical activities, including procurement of medical supplies and equipment for activities under Component 1. Selected activities, such as coordination, communication, and training may be outsourced to third parties through contract agreements, if needed. The PMSU will also oversee preparation of the consolidated annual workplan, procurement plan, and a consolidated activity and financial report for the project components and will assist the MoH in monitoring compliance with Bank environmental and social standards (ESS) and fiduciary policies. The PMSU will report regularly to the Vice Minister of Health in charge of this operation and the ongoing HSSSP.

46. The existing PMSU is adequately staffed to support this project. It is currently staffed with 26 personnel (12 civil servants, and 14 individual consultants). The PMSU is composed of a project director, a deputy director, seven M&E experts, four procurement specialists and assistants, three FM specialists and assistants, three administrative personnel, four information technology specialists, and three translators. The internal processes established for the HSSSP will be replicated for the proposed project to avoid delays in implementation and initial set-up. However, the COVID-19 procurement activities will add additional workload to procurement teams in MOH, and if the need arises, MoH will employ additional procurement and technical expertise.

B. Results Monitoring and Evaluation Arrangements

47. The PMSU will be responsible for M&E activities, overseeing progress related to project activities, outcomes, and results. Through the PMSU, the MOH will be responsible for: (a) collecting and consolidating all data related to their specific suite of indicators; (b) evaluating results; and (c) reporting results to the WBG regularly and before each implementation support mission.

C. Sustainability

48. Investments in intensive care capacity building (including equipment and training) will strengthen the health system, not only for the immediate period of COVID-19 response, but also for the medium and long-term, thus sustaining the project interventions beyond the project period. In addition, technical assistance to



enhance pandemic preparedness will improve overall system readiness to respond to the COVID-19 pandemic and other disease outbreaks. The sustainability of the project will also depend on the capacity of the implementing agencies to effectively implement the interventions.

V. PROJECT APPRAISAL SUMMARY

A. Technical, Economic, and Financial Analysis

49. Although there are significant gaps in knowledge of the scope and features of the COVID-19 pandemic, it is apparent that one main set of economic effects will derive from increased sickness and death among humans and the impact this will have on the potential output of the global economy. The most direct impact will be through the impact of increased illness and mortality on the size and productivity of the world labor force. The loss of productivity as a result of illness which, even in normal influenza episodes is estimated to be 10 times as large as all other costs combined, will be quite significant. The SARS outbreak of 2003 provides a good example. The number of deaths due to SARS was estimated at “only” 800 deaths and it resulted in economic losses of about 0.5 percent of annual GDP for the entire East Asia region, concentrated in the second quarter. A prompt and transparent public information policy can reduce economic losses.

50. In addition to its heavy health and human toll, the COVID-19 outbreak further clouds an already fragile global economic outlook and can set back the fight against poverty. Potential tightening of credit conditions, weaker growth and the diversion of funds to fight the outbreak are likely to cut into government revenues and governments’ ability to invest to meet education, health, and gender goals. The poor will be hit particularly hard. The outbreak weighs on economic activity through both demand and supply channels: on the demand side, activities involving face-to-face interaction are heavily affected, and on the supply side, prevention measures have significantly disrupted the production of tradable and non-tradable goods across the globe.

51. Turkey’s COVID-19 responsiveness plans are in line with the WHO strategic action plan for pandemic influenza (WHO, 2007). The plan focuses on four main areas related to human health: (a) reduce high-risk behaviors associated with human infections; (b) improve the detection, investigation, and reporting of human cases; (c) strengthen the early warning system to contain an emerging pandemic virus; and (d) increase pandemic preparedness. The interventions to be supported within the scope of this project are in line with items (b), (c) and (d) of WHO’s action plan.

52. The design of the project is flexible to accommodate changing needs in the face of a rapidly changing epidemic and evolving knowledge. Since the entire response to the COVID-19 epidemic is assigned to a single component with a single expense category, activities can easily be adjusted to a changing epidemiological situation without requiring restructuring.

B. Fiduciary

Procurement

53. Procurement for the project will be carried out in accordance with the World Bank Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016,



and revised in November 2017 and August 2018 (“Procurement Regulations”). A General Procurement Notice will be published on the World Bank’s external website and United Nations Development Business online. The project will be subject to the World Bank’s Anticorruption Guidelines, dated October 15, 2006, and revised in January 2011 and July 1, 2016.

54. Project Procurement Strategy for Development (PPSD). The Procurement Regulations requires the borrower to develop a PPSD for the project. Since the MoH is in urgent need of assistance (as described under paragraph 12 of the IPF policy) because of the COVID-19 outbreak, with the support of the Bank team it has prepared a simplified PPSD. The PPSD describes how procurement activities will support project operations under the project for achieving the PDOs and delivering value for money. The PPSD is linked to the overall project implementation strategy by ensuring the proper sequencing of procurement activities. It provides information on institutional arrangements for procurement, roles and responsibilities, appropriate procurement methods, procurement due-diligence, and other requirements for carrying out procurement. The PPSD also includes a description of the procurement capacity needed by the executing agencies for carrying out procurement with specific focus on managing contract implementation, governance structure, and accountability framework. In addition, the PPSD is supported with a market research and analysis that assesses market-related risks and opportunities that will affect the preferred procurement approach to market strategy.

55. The major planned procurements under the project are expected to include the following: (a) medical equipment, especially for artificial pulmonary ventilation, and drugs and supplies for ICUs of medical facilities; (b) PPE in facilities and triage; (c) testing equipment and test kits and their nationwide distribution; (d) medical/laboratory equipment and consumables; (e) equipment of medical facilities; (f) technical assistance for updating or reviewing national plans and costs; (g) human resources for response; (h) expertise for development and training of front-line responders; and (i) development of communication strategies, and community outreach. The PPSD provides “positive lists” of locally produced or imported goods that will be considered ‘quick-disbursing,’ and are required for the MoH’s immediate response program.

56. The goods, works, consulting services, and non-consulting services needed for the project will be procured by the participating GDs (Public Health GD and Public Hospitals GD) and the PMSU. It is envisaged that the individual contract sizes will not be large, and the selection methods will be simple and will follow streamlined procedures. However, a market analysis concluded that because of the global nature of the COVID-19 outbreak, Turkey could have difficulty purchasing critically needed supplies and materials because of significant disruption in the supply chain, especially for artificial pulmonary ventilation equipment and PPE, but also for other medical products (e.g., reagents and possibly oxygen), for which manufacturing capacity is being fully allocated by rapid orders from all countries. The risk is high that contracts may not be able to be concluded or signed contracts completed. As a result, the procurements under the project are located as “strategic security” in the supply positioning matrix. In most of the cases globally high demand allows suppliers to dominate the supply conditions, and therefore there is high market power. Although many suppliers see the MOH as being at the “core” of their business, some of them may exploit the situation during Project implementation.

57. In responding to the COVID-19 outbreak, Turkey aimed to coordinate the supply chain of health supplies with an intermediary entity, International Health Services Company (USHAS) (Turkey), which engages with industries to develop solutions that prioritize supply-based on need, remove barriers to distribution, import, effectively manage cost, and facilitate increased production of national manufacturers. Thus, USHAS is the single



authority that manages the supply of health goods from the manufacturers based on the needs of both Government and private health facilities in Turkey.

58. The USHAS was established in August 2018 as an incorporated company by the President of Turkey under the Decree Law No. 663, as a related institution of the MoH. The role of the USHAS is to promote the services offered in the field of international health services in Turkey, to support and coordinate the activities of public and private sectors toward health tourism, and to make recommendations to the MoH on policies and strategies for international health services, service delivery standards, and accreditation criteria. USHAS is fully owned by the Ministry of Treasury and Finance and operates under commercial law. USHAS is authorized by law to procure medicines, devices and medical supplies. USHAS is not subject to the public procurement law and has already been procuring goods for the COVID-19 outbreak response.

59. The PPSD outlined the fit-for-purpose procurement arrangements that suit the COVID-19 emergency recovery situation and most efficiently meet the PDO. In this respect, the PPSD proposed to procure the goods in the “ **Positive Lists**” that requires for the immediate response program from USHAS through the Direct Selection method, as per the paragraph 3.23 (c) of the Procurement Regulations, which specify that “the Bank may agree to the contracting of State owned enterprises (SOEs), or institutions of the Borrower’s country on a case-by-case basis when the Goods, Works, Non-consulting Services, or Consulting Services provided by SOEs, state-owned universities, research centers, or institutions are of a unique and exceptional nature because of the absence of suitable private sector alternatives, or as a consequence of the regulatory framework, or because their participation is critical to project implementation.” The current situation in Turkey fully meets this requirement. The MoH confirmed that USHAS will not be paid any service fee, charge rate or markup for the services during the COVID-19 outbreak recovery activities, contributing like other private sector firms to the solidarity campaign within the country.

60. The PPSD further proposed to conclude a single supplier, multi-user Framework Agreement between the participating GDs (GD of Public Health and GD of Public Hospitals) and USHAS, with the PMSU a party to the Framework Agreement for managing and administrating the agreement as the Lead Purchaser. The Bank’s Standard Procurement Document (Trial Edition), Request for Bids Framework Agreement(s), Goods (One-Envelope Bidding Process, January 2018) will be used for forming the Framework Agreement and call-of contracts.

61. The PPSD indicated that USHAS has adapted well-established commercial practices in its own procurement, similar to private sector firms, and that it maintains an arms-length arrangement with MoH. The PPSD confirmed that commercial procurement practices of small firms, group of people, or individuals in Turkey follow the general rule that they procure the least cost goods, works and services that are consistent with acceptable quality requirements. For goods, the local practice is to prepare the technical specifications and solicit quotations from the local and/or international market. For medium and large works, the technical specifications are usually prepared by consultant companies and bids are collected from qualified contractors. Minor works are generally tendered on a lump sum basis by collecting bids from several local contractors. In recent years, purchasers commonly visit the shopping sites on the Internet to find the optimum price for specific goods and seek to secure after-sale services from the manufacturers. When equipment and machinery are needed for the expansion of existing facilities, purchasers usually prefer proprietary goods from a single source for the sake of standardization and to minimize the operation and maintenance cost. Thus, the procurement to



be done by USHAS will follow the well-established commercial practices that are broadly consistent with the Bank’s Core Procurement Principles of value for money, economy, integrity, fit for purpose, efficiency, transparency, and fairness. The prices obtained by USHAS from the manufacturers/suppliers will be shared with MOH, and MOH will confirm that the prices are consistent with market prices before going into any contract with USHAS.

62. The Procurement Regulations require the borrower to use the Bank’s Systematic Tracking of Exchanges in Procurement (STEP) online procurement tracking tool to prepare, clear and update its procurement plans, and conduct all procurement transactions. This ensures that comprehensive information on procurement and implementation of all contracts for goods, works, non-consulting services, and consulting services awarded under the whole project are automatically available. This tool will be used to manage the exchange of information (such as bidding documents, bid evaluation reports, no objections, and so on) between MoH and the Bank. PMSU is experienced in using STEP under the ongoing HSSSP. PMSU will create the procurement plan for the project through STEP before initiating any procurement activity. To safeguard the confidentiality of the contract information recorded by GDs, only PMSU will be given STEP access in the project portal. The PPSD and the Procurement Plan will be updated at least annually or as required to reflect actual project implementation needs. MoH has developed a preliminary procurement plan that is agreed by the Bank. However, entering the data of agreed contracts into STEP has been deferred to implementation. PMS will record all procurement related-complaints in the STEP complaint module. The contracts agreed by the Bank for financing of the project are listed in Table 3. A list of health supplies from the positive list that will be financed under the Framework Agreement (Ref No. GO-DS-01) are listed in Table 4. The quantities and estimated costs for the goods in the positive list are included in the procurement plan.

Table 3. Contracts Agreed by the Bank

Activity Description	Reference No.	Procurement Category	Procurement Method	Market Approach /Supplier Name	Estimated Amount including VAT (in US)	Contract Type	Estimated Contract Signing Date	Estimated Contract Completion Date
Selection of a Supplier for Health Goods (Multiple Call-off Contracts)	GO-DS-01	GO	DIR	USHAS	95,000	Framework Agreement	01 May 2020	31 Dec 2021
CS: Consulting Services; GO: Goods; NCS: Non-Consulting Services; CQS: Consultant’s Qualifications-based Selection RFQ: Request for Quotations as a selection method; INDV: Selection of Individual Consultant/s; DIR: Direct Selection								



Table 4. Positive List of Goods

Goods
Swabs
Rapid Test Kits
Test Kits
Mid-level Mechanical Ventilators
Surgical Mask (3 layers)
Mask (N95)
Protective Suits/garments
Disinfectants/Sanitizers
Protective Goggles
Examination Glove
Apron

63. Special arrangements for the project. Further to outline of PPSD has been provided above, special considerations below in Paragraphs 64 through 68 will be applicable, as needed.

64. All the selection methods defined in the Procurement Regulations can be used under the project; however, priority will be given to streamlined and simple procedures and to those that ensure expedited delivery under the project. These include: Direct Selection, Request for Quotations with no threshold limit as appropriate, Framework Agreements (including tapping into existing ones), Procurement from UN Agencies following Direct Selection using existing standard agreements, Engagement of UN Agencies to provide TA or outputs (combination of TA and inputs), and Consultant’s Qualifications-based Selection. Procurement will follow either an international or national approach. The national approach can be used for the supply of goods with no threshold limitation.

65. The proposed procurement approach prioritizes fast track emergency procurement for the required goods, works, and services. The following are key measures to fast track procurement: bid securing declaration may be used instead of a bid security; performance security may not be required for goods contracts and for small works contracts (however, retention money may be retained during the defects liability period for works contracts, and manufacturer warranties will be requested for goods contracts); advance payment may be increased to up to 40 percent of the contract price when secured with an advance payment guarantee; bidding/proposals preparation times may be reduced to 15 business days for international competition, seven business days for national competition and three business days for a Request for Quotations, depending on the value and complexity of the requested scope of bid and capacity of firms (local and international) to prepare responsive bids in the proposed periods; and a standstill period will not apply in any procurement under the project.

66. Advance procurement may be considered under the project, subject to the conditions defined in paragraphs 5.1 and 5.2 of the Procurement Regulations for Borrowers. In accordance with the Procurement Regulations, the Bank requires the application of, and compliance with, the Bank’s Anti-Corruption Guidelines, including without limitation the Bank’s right to sanction and the Bank’s inspection and audit rights. To ensure the compliance with these provisions of bidding processes that have already been conducted for which the awarded/signed contracts did not include the relevant fraud and corruption (F&C) provisions, the MOH has agreed to require such suppliers/consultants and contractors to sign the Letter of Acceptance of the World



Bank's Anticorruption Guidelines and Sanctions Framework so that these contracts can be eligible for financing under this project. A copy of the letter of acceptance is provided in the Project Operations Manual (POM). The MoH will also present to the Bank the list of contractors/suppliers and subcontractors/sub-suppliers under these contracts for the Bank to ensure that the firms chosen are not and were not at time of award or contract signing, on the Bank's list of debarred firms. Contracts awarded to firms debarred or suspended by the Bank (or those that include debarred or suspended subcontractors/sub-suppliers) will not be eligible for the Bank's financing. In the case of the Framework Agreement with USHAS, the MOH has agreed to require the manufacturers/sub-suppliers of the goods to sign the Letter of Acceptance of the World Bank's Anticorruption Guidelines and Sanctions Framework to confirm their eligibility to supply of goods to USHAS. The Bank will not finance any new contracts that do not include the Bank's F&C related clauses.

67. Procurement of second-hand goods may be considered under the project, where justified and needed to respond to emergency. A procurement process for goods should not mix second-hand goods with new goods. The technical requirements/specifications should describe the minimum characteristics of the items that could be offered second-hand – that is, age and condition (e.g., refurbished, like new, or acceptable if showing normal wear and tear); and the warranty and defect liability provisions in the contract should be written or adapted to apply to second-hand goods. Any risk mitigation measures that may be necessary in relation to the procurement and use of secondhand goods are reflected in the PPSD.

68. Hands-on expanded implementation support (HEIS) may be considered in the procurement of the medical equipment and supplies, if requested by MOH. As part of HEIS, at the borrower's written request, the Bank may provide Bank-facilitated procurement (BFP) to proactively assist the borrower in accessing existing supply chains (a sample letter will be provided in the POM). Once the suppliers are identified, the Bank could proactively support the borrower with negotiating prices and other contract conditions. The borrower will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods, and paying the suppliers; the borrower may choose to use the World Bank's system of making direct payment to the contractors or suppliers or consultants on behalf of the borrower from the proceeds of the financing, in accordance with the terms of the Financing Agreement. The BFP would constitute additional support to the borrower over and above the usual HEIS, which will remain available. If needed, the Bank could also provide hands-on support to the borrower in contracting to outsource logistics. However, procurement execution remains the responsibility of the borrower, and HEIS does not result in the Bank carrying out procurement on behalf of the borrower.

69. Procurement implementation will be undertaken by the existing PMSU of the MoH and the participating DGs (DG Public Hospitals and DG Public Health) of MoH. The PMSU will oversee the procurements implemented by the DGs. The MoH is experienced in carrying out BFP, but it does not have experience in the implementation of the Procurement Regulations. It has been agreed that the internal processes established for the ongoing HSSSP will be replicated for the proposed project to avoid delays in implementation and initial set-up. Given that, the COVID-19 procurement activities will add additional workload to procurement teams in MoH, it was further agreed that, if the need arises, the existing capacities will be enhanced by employing additional procurement and technical expertise.

70. Given the emergency nature of the project, the limited implementation time, and the significant disruption in the supply chain of health supplies, the overall procurement risk for the Project is assessed as



Substantial. The assessment will be recorded in the Procurement Risk Assessment and Management System of the Bank.

Table 5. Identified Procurement Risks and Agreed Action Plan

Action No.	Identified Risk	Mitigation Measure	Responsible Party	Time Frame
1.	The global nature of the COVID-19 outbreak that creates shortages of supply and services (this may result in increased prices and cost, particularly for equipment that is at high demand globally such as ventilators and ICU patient bed monitoring devices)	The risk is accepted. Before entering into contracts MOH will compare the prices with available market prices. MOH may change its procurement strategy and use other modalities like BFP.	PMSU/DGs	Throughout the project.
2.	Border closures and restrictions causing supply chain risk (these restrictions may affect timely delivery of essential goods and services);	The risk is accepted. MOH will coordinate with other departments of the Government and will encourage local suppliers to increase their production rates.	MoH	Throughout the project.
3.	Delays and slow decision-making attributed to the MoH’s lack of familiarity with dealing with such a novel epidemic.	PMSU will be in close communication with relevant DGs and senior management of MOH.	PMSU	Throughout the project.
4.	Increased risk of F&C (abuse of simplified procurement procedures, false delivery certification, inflated invoices). These risks are elevated by the global nature of the COVID-19 outbreak, which creates shortages of supplies and necessary services.	MOH will increase the supervision capacity of PMSU and participating DGs by increasing the number of fiduciary and technical staff.	MoH	Immediately after project negotiations (within first month).
5.	Misinterpretation of the Procurement Regulations and terms and conditions of the contracts. It may cause noncompliance and time and cost overruns in contract implementation.	Procurements will be conducted by PMSU, and the PMSU will oversee the procurements by the participating DGs. PMSU will work closely with World Bank procurement specialist.	PMSU	Throughout the project.

71. World Bank oversight arrangements. The Bank’s oversight of procurement will be done through increased implementation support and increased procurement post review based on a 20 percent sample. The Bank will not carry out prior review in this project. The World Bank will review the PMSU’s procurement arrangements, including contract packaging, applicable procedures, and the scheduling of procurement processes, for their conformity with the Legal Agreement. Procurements not previously reviewed by the World Bank will be subject to ex post review on a sampling basis in accordance with the procedures set forth in Paragraph 4 of the Annex II to the Procurement Regulations. A post-review of the procurement documents will normally be undertaken annually and/or during the World Bank’s supervision mission. The World Bank may



request to review any particular contract at any time, and the PMSU will provide the World Bank the relevant documentation for its review.

72. Procurement complaints (other than those covered under Annex III of the Procurement Regulations) are to be handled by the PMSU, as appropriate, as stipulated in the POM. Immediately upon receipt, complaints will be recorded in the STEP complaint module by the PMSU. PMSU will not proceed with the next stage/phase of the procurement process, including with awarding a contract, without a satisfactory resolution of the complaint(s). The PMSU will respond to complaints within a reasonable timeframe, and no later than fifteen business days.

Financial Management

73. The project FM assessment was carried out in April 2020 and FM arrangements for the project found to be acceptable to the Bank. The FM risk for the project is Substantial for the following reasons: (a) the operation is of an emergency nature and is carried out during a time of greater uncertainty, including about the functioning of MoH and its PMSU; (b) WBG support and oversight is temporarily limited to virtual support and monitoring; and (c) there is no allocation for the project in the MoH, as it was not foreseen at the beginning of the year when budget allocations were determined. The first two risks are intrinsic to the operating environment. The PMSU FM staff has certain areas of expertise; they are also able to perform aspects of FM and will be able to provide back-up for each other. The World Bank team will use the guidance provided in the note “Streamlined Fiduciary Implementation Support Measures for Active Bank-financed Operations given Travel Limitations due to COVID-19 Pandemic” if they cannot carry out physical FM support missions. The MoH has received verbal approval from the Strategy and Budget Office (SBO) for the inclusion of the required additional budget for the implementation of the project.

74. The FM assessment of the project is based on the review of current FM arrangements for the HSSP and the same FM arrangements will be applicable for this project. The FM responsibilities will be centralized at the PMSU. The participating GDs (Public Health GD and Public Hospitals GD) and the PMSU will be responsible for all stages of procurement. These GDs have implementation responsibility under the HSSSP and therefore have experience with World Bank procedures.

75. The MoH’s budget must include specific allocations for project expenditures for project funds to be utilized. The World Bank-funded projects form part of an institution’s investment budget and must be approved by the SBO of the Presidency. Because the project is an emergency operation, all preparation for it has taken place following the approval of the 2020 budget. The MoH is discussing the inclusion of a satisfactory budget allocation in its 2020 budget for the implementation of the project and has received the verbal approval of the SBO.

76. The current FM staff of the PMSU will be responsible for coordinating the FM of the project and providing support to the implementing GDs. Three staff in the finance unit of the PMSU have satisfactory qualifications and experience. The PMSU will tailor the accounting system it currently uses to follow up the fund flows on a cash basis in Euros and to produce the data necessary to prepare the Interim Unaudited Financial Reports (IFRs).

77. Current internal control procedures applicable under HSSSP will be adopted. Under HSSSP, implementing



entities, which are responsible for all stages of procurement, are subject to the Public Financial Management and Control Law, which stipulates adequate internal controls over expenditures. There is a clear segregation of duties between the procurement function and the payment function. All phases are designed to provide double check. The Bank payment orders are duly signed by the authorized signatories. The accounting entries to the system maintained by the PMSU are made on the basis of the payment confirmation of the Central Bank, where the designated account is held. The PMSU also uses an integrated payment monitoring system, where they follow all stages of the procurement processes conducted by the implementing GDs. The internal control procedures for the project will be reflected in detail in the POM that will be prepared by project effectiveness.

78. The PMSU will maintain records and will ensure appropriate accounting for the funds provided for the project. The interim IFRs will be prepared each quarter and will be submitted to the Bank no later than 45 days after the end of the quarter. They will include the following reports:

- a. Expenditure table per components and subcomponents (compared to the budgets)
- b. Expenditure table per categories of expenditure
- c. Designated Account statement

79. As part of the Bank’s auditing requirements, the financial statements of the project will be subject to external auditing. The first set of audit reports will be submitted to the Bank before June 30 of the year following the calendar year in which the first disbursement from the loan has been made. The project financial statements will be audited by the Treasury Controllers in accordance with International Auditing Standards. The Treasury Controllers are the external auditors for all projects implemented by the ministries in Turkey. The terms of reference for the audit will be the same as are used for HSSSP. The audit report for HSSSP for the year ended December 31, 2018 was received on time and had an unmodified (clean) audit opinion. The auditors did not issue a management letter as they did not identify any internal controls weaknesses.

80. The audited financial statements and audit reports will be publicly disclosed in a manner acceptable to the Bank., as shown in the chart below.

Audit Report	Due Date
Project financial statements (PFS) for MoH, including SOEs and designated account. PFS include sources and uses of funds by category and by components; SOE statements, Statement of Designated Account, notes to the financial statements, and reconciliation statement.	Within six months after the end of each calendar year and at the closing of the project.

81. The project will use traditional disbursement procedures of the Bank, such as advances, direct payments, special commitments, and reimbursement accompanied by appropriate supporting documentation (summary sheets with records and/or statement of expenditures (SoEs) in accordance with the procedures described in the Bank’s Disbursement Guidelines). The borrower will open a designated account in Euros at the Central Bank of Turkey. The MoH will withdraw advances to the designated account, and the replenishments to the designated account will be based on SoEs in the format provided in Attachment 2 of the DFIL for expenditures. The MoH could also utilize direct payments with such supporting documents as suppliers’ invoices, guarantees for advance and retention payments. There will be no retroactive financing for the project.



C. Legal Operational Policies

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

D. Environmental and Social Standards

82. The project’s social and environmental impacts are overall positive, as the project will strengthen the country's treatment capacity for current and future patients who suffer from COVID-19. The project activities are mostly confined to procuring goods and supplies (ventilation units, diagnostic equipment, test kits, reagents, and protective equipment such as googles, surgical masks, gloves, aprons, gowns) for health facilities and laboratories. However, the project could also cause substantial environmental, health, and safety risks because of the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported ICUs, laboratories, and quarantine facilities, if good international practices, such as those set out in WHO guidelines, are not followed. There can be some serious environmental and social risks and impacts associated with such activities as medical waste management, including community health and safety risks related to handling, transportation and disposal of healthcare wastes, and occupational health and safety for medical staff. These risks are covered by the following environmental and social standards of the Bank: ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10.

83. Environment. The reviewed information and discussions with MoH revealed that Turkey has systems for ensuring appropriate medical waste management at the facility level, complementary to a countrywide medical waste management system. There is a National Pandemic Plan in addition to Guidance Note on COVID-19 released by MoH addressing waste management and occupational health and safety measures to be taken, which are detailed in the respective regulations. The capacity of MoH to handle medical waste and implement occupational health and safety practices, including PPE for health workers, has been established in accordance with good international practices and WHO guidelines, and found to be sufficient for regular (non-pandemic) circumstances. However, with the increasing pressure of COVID-19 on the health facilities and medical staff, the risk that infections might spread to health workers, laboratory staff, and the general population because of potential inadequate adherence to occupational health and safety standards, lack of PPE or improper handling of medical wastes at any stage of collection, transportation, or disposal ranks the environmental risks as Substantial. Medical wastes and chemical wastes (including water, reagents, infected materials) 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. The health care facility level requirements with respect to waste management cover waste minimization and segregation at the source, safe collection and temporary storage on site and safe collection, transport, and disposal of medical wastes. The local governmental authorities and the health care facilities together are responsible for appropriate off-site transportation and treatment/disposal of medical waste. The usual medical waste treatment and disposal technologies used in Turkey are sterilization and subsequent disposal in landfills, and incineration. MoH confirmed that there are no capacity issues with respect to waste treatment and disposal. The healthcare facilities are also responsible for preparation of medical waste management plans (adopting waste minimization, segregation at the source, safe storage and collection and disposal) in line with the regulation. Healthcare employees also receive regular trainings on medical waste management practices. MoH ensures appropriate management of medical wastes and occupational health and safety risks through periodic audits within the scope of quality management standards set forth for the healthcare



facilities. To address the risk and impacts, an Environmental and Social Management Framework will be prepared and will include an Infection Control and Medical Waste Management Plan to ensure that each beneficiary medical facility/lab will follow the requirements, drawing on WHO COVID-19 guidance documents, and other best international practices to prevent or minimize potential adverse impacts.

84. Social. The main social risks warrant a Substantial risk rating. The project's social impacts are overall positive, as the project will strengthen the country's capacity to treat current and future patients who suffer from COVID-19. However, since the Turkish health system is not sufficiently well equipped to contain the spread of disease and provide the necessary treatment without additional support, there is a serious health risk for both health workers and the community at large. Although project activities are mostly confined to procuring goods and supplies (ventilation units, diagnostic equipment, test kits, reagents, and protective equipment such as goggles, surgical masks, gloves, aprons, gowns) for health facilities and laboratories, several challenges are present:

- (a) The surge in confirmed COVID-19 cases and continuous change in the public health risk situation pose serious health and safety challenges for health workers and the health system. The spread of the virus among health care workers who have to deal with positive COVID-19 cases; potential inadequate adherence to occupational health and safety standards, and lack of PPE are already creating serious discontent and stress for health workers under these pandemic emergency conditions.
- (b) Community health and safety risks related to the handling, transportation and disposal of healthcare waste may increase if the regulations and mechanisms that are in place cannot be managed properly.
- (c) The increased burden of COVID-19 is leading to challenges for vulnerable groups -- the poor, the elderly, people with disabilities and refugees -- in accessing adequate health services, including for the treatment of COVID-19.
- (d) The procured items needed to prevent, detect, and clinically manage COVID-19 need to be distributed in an equitable manner to health care facilities and laboratories.

85. The project will not finance any new construction or even small refurbishment. It will not cause any land acquisition or physical and economic displacement, nor any impacts on cultural heritage or sensitive habitats, as the project will take place in existing health care facilities and laboratories and in temporary hospital field facilities. To mitigate these risks, the MoH, will commit to share the number of services and supplies procured under the project based on the urgency of the need of health care facilities and laboratories, in line with the latest data related to the prevalence of the cases. MoH will also use the preliminary Stakeholder Engagement Plan (SEP) and a project-specific online webpage prepared for the emergency project to engage citizens and for public information disclosure.

86. Social risks associated with the project will be addressed through the Project's Environmental and Social Management Framework, SEP (including a Grievance Redress Mechanism, or GRM) and Labor Management Procedure, in line with the applicable ESS of the WB's Environmental and Social Framework and the WHO guidance tools for COVID-19 preparedness and response. Within 30 days after project effectiveness, the Project will have an Environmental and Social Management Framework and Labor Management Procedure in place, together with an updated version of the SEP.

E. Data privacy

87. Large volumes of personal data, personally identifiable information and sensitive data that are not routinely collected and managed in health information systems are likely to be collected and used in connection with the



management of the COVID-19 outbreak, and measures to ensure the legitimate, appropriate, and proportionate use and processing of those data may not feature in national law or data governance regulations. To guard against abuse of those data, the project will incorporate best international practices for dealing with such data – for example, data minimization (collecting only data that are necessary for the purpose); data accuracy (correct or erase data that are not necessary or are inaccurate); use limitations (data are used only for legitimate and related purposes); data retention (retain data only for as long as they are necessary); informing data subjects of use and processing of data; and allowing data subjects the opportunity to correct information about them. In practical terms, operations will ensure that these principles apply through assessments of existing or development of new data governance mechanisms and data standards for emergency and routine healthcare, data sharing protocols, rules or regulations; revision of relevant regulations; training; sharing of global experience; unique identifiers for health system clients; strengthening of health information systems; and so on.

VI. GRIEVANCE REDRESS SERVICES

88. Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the Bank's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the Bank's corporate Grievance Redress Service (GRS), please visit: <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

VII. KEY RISKS

89. The overall project risk is rated as Substantial, and the risks considered to be Substantial after mitigation measures have been put in place are briefly described below.

90. Macroeconomic residual risk is rated as Substantial. The Turkish economy experienced instability between 2018 and 2019, following a period of growing macro imbalances and economic overheating in 2017-2018. The economy has stabilized more recently thanks to important external adjustments, including a reversal in current account imbalances, declining external debt of banks, and a gradual recovery in forex reserves. The main macroeconomic risk to the project is currency risk. Though the Lira has been more stable recently, uncertainty in global markets, including from the recent COVID-19 outbreak poses risks for all emerging markets. Some of the risk could be offset by trade diversion from China that benefits Turkey.

91. The overall sector strategies and policies risk is rated Substantial. There is a substantial risk of adverse impact on the PDO stemming from the unclear nature of the COVID-19 pandemic in Turkey. The GoT's COVID-19 health strategy and Pandemic Action Plan include prevention, detection, and response measures, but new information becomes available daily and requires immediate action and adequate budget resources. As there are limited projections on the negative effects of the COVID-19 pandemic on the overall health sector, it is not clear whether



sector strategies will continue to be fully funded and sustainable. To administer the emergency plans effectively, the Minister of Health established a science committee that serves as an advisory body providing scientific evidence and guidance to the policy makers. The World Bank is providing immediate financial and technical support to the GoT to mitigate such risks. To upgrade pandemic surveillance and response plans, the project will also finance knowledge-exchange and capacity-building activities to enhance the national pandemic preparedness and response plan to address potential cyclical future phases associated with COVID-19 and/or other pandemics.

92. The fiduciary risk is rated as Substantial. There is limited implementation time and significant disruption in the supply chain of health supplies. The fiduciary risks include: (a) shortages of supplies and necessary services; border closures and restrictions causing supply chain risk; (b) delays in decision making attributed to the MoH's lack of familiarity with dealing with this pandemic; (c) increased risk of F&C (e.g., abuse of simplified procurement procedures, false delivery certification, inflated invoices); (d) misinterpretation of the Procurement Regulations and terms and conditions of the contracts; and (e) delays in including an additional budget allocation for MoH, which will affect the use of loan funds. These risks will be mitigated by: (a) comparing of prices with available market prices; (b) coordinating with Government departments and encouraging local suppliers to increase their production rates; (c) enhanced capacity of the PMSU and participating DGs; (d) close coordination with the Bank team during implementation; and (e) close collaboration with SBO of the Presidency to ensure timely budget allocations.

93. The overall environmental and social risk is rated Substantial. The project could cause substantial environmental, health, and safety risks because of the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported ICUs, laboratories, and quarantine facilities, if good international practices, such as WHO guidelines are not followed. Key environmental and social risks are, (a) management of medical wastes and chemical wastes of the equipment from health facilities and laboratories (b) labor risks, including occupational health and safety issues of health workers, (c) community health and safety issues; (d) the access of vulnerable groups to health services; and (e) potential concerns about how the equipment will be distributed among the health care facilities and laboratories. To manage these risks, within 30 days after the project effectiveness, the MoH will prepare an Environmental and Social Management Framework and a SEP. The framework will include (a) an Infection Control and Waste Management Plan; (b) labor management procedures addressing labor risks associated with the project including specific occupational health and safety for healthcare and other project workers to protect themselves and prevent infection while providing treatment in line with the WHO guidelines and worker's grievance mechanism; (c) mitigation measures during collection of samples and laboratory testing for COVID-19 or during the transport of potentially affected samples or persons, in line with WHO guidance; (d) mitigation measures for water, sanitation, hygiene and waste management for COVID-19 in line with WHO guidance; and (e) measures to prevent the wider community from being exposed to the virus, with a particular focus on high-risk individuals (elderly, individuals with underlying medical conditions, pregnant women). A detailed grievance redress mechanism will be included in the final SEP.



VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Turkey

Turkey Emergency COVID-19 Health Project

Project Development Objective(s)

The Project development objective is to prevent, detect, and respond to the threat posed by COVID-19 in Turkey.

Project Development Objective Indicators

Indicator Name	DLI	Baseline	Intermediate Targets			End Target
			1	2	3	
Prevent, detect and respond to the threat posed by COVID-19						
Number of people tested for COVID-19 identification per approved protocol under the Project (cumulative) (Number)		0.00	250,000.00	300,000.00	300,000.00	300,000.00
Diagnosed cases treated per approved protocol under the Project (percentage, cumulative) (Percentage)		0.00	5.00	20.00	25.00	25.00



Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	Intermediate Targets			End Target
			1	2	3	
COVID-19 Emergency Response						
Number of laboratories with COVID-19 diagnostic equipment, test kits, and reagents under the Project (Number)		0.00	10.00	35.00	35.00	35.00
Number of ICU beds equipped with mechanical ventilators procured under the Project (cumulative) (Number)		0.00	2,000.00	3,000.00	3,500.00	3,500.00
Number of health staff equipped with Personal Protective Equipment (PPEs) procured under the Project (Number)		0.00	35,000.00	70,000.00	80,000.00	90,000.00
Country has reported to have contextualized their risk communication and community engagement strategies. (Yes/No)		No	No	Yes	Yes	Yes
Established and functioning M&E system supporting epidemic preparedness and response (Yes/No)		No	No	Yes	Yes	Yes

**Monitoring & Evaluation Plan: PDO Indicators**

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Number of people tested for COVID-19 identification per approved protocol under the Project (cumulative)	The number of people who are administered COVID-19 tests under the Project in line with MoH's COVID-19 (SARS-CoV-2 Infection) Guideline.	Monthly	Progress reports		PMSU
Diagnosed cases treated per approved protocol under the Project (percentage, cumulative)	Percentage of diagnosed cases treated per approved protocol under the Project in line with MoH's COVID-19 (SARS-CoV-2 Infection) Guideline.	Monthly	Progress reports		General Directorate of Public Hospitals

Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Number of laboratories with COVID-19 diagnostic equipment, test kits, and reagents under the Project	Test kits, reagents, or diagnostic equipment will be provided 35 of the 114 authorized diagnosis laboratories (as of April 16, 2020) for COVID-19	Quarterly	Progress reports		PMSU
Number of ICU beds equipped with mechanical ventilators procured under the Project (cumulative)	ICU beds equipped with mechanical ventilators procured under the Project	Every six months	Progress reports	Procurement plan and completed bids	PMSU



<p>Number of health staff equipped with Personal Protective Equipment (PPEs) procured under the Project</p>	<p>Number of medical and health staff who are equipped with surgical masks, N95 masks, protective suits, goggles, and/or aprons during Project implementation.</p>	<p>Every six months</p>	<p>Progress reports</p>	<p>Procurement plan, completion of bidding processes and delivery of PPE gear to health facilities</p>	<p>PMSU</p>
<p>Country has reported to have contextualized their risk communication and community engagement strategies.</p>	<p>MoH will contextualize and tailor its risk communication and community engagement strategies for COVID-19 response with communication strategies and information tailored to different audiences; needs identification, priorities and feedback mechanism to enable community members and community-based organizations to articulate local needs systematically and regularly; and a participatory monitoring mechanism to enable community feedback on the COVID-19 response at the local level</p>	<p>Every 6 months</p>	<p>Progress reports</p>		<p>PMSU</p>
<p>Established and functioning M&E system supporting epidemic preparedness and response</p>	<p>The functioning M&E system will ensure data collection, analysis, and</p>	<p>Every 6 months</p>	<p>Progress reports</p>		<p>PMSU</p>



	tracking of progress and outcomes of the Government's Pandemic Action Plan.				
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ANNEX 1: Project Costs

COUNTRY: Turkey
Turkey Emergency COVID-19 Health Project

COSTS AND FINANCING OF THE COUNTRY PROJECT

Program Components	Project Cost	IBRD Financing	Trust Funds	Counterpart Funding
Component 1: Emergency COVID-19 Response	US\$98 million equivalent	US\$98 million equivalent	n/a	0
Component 2: Project Management, Monitoring and Evaluation	US\$2 million equivalent	US\$2 million equivalent	n/a	0
Total Costs	US\$100 million equivalent	US\$100 million equivalent	n/a	0
Total Costs	US\$100 million equivalent			
Front End Fees	US\$250,000 equivalent (to be paid from GoT resources)			
Total Financing Required	US\$100 million equivalent			