



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 23-Dec-2020 | Report No: PIDA30550



BASIC INFORMATION

A. Basic Project Data

Country Turkmenistan	Project ID P175131	Project Name COVID-19 Response Project	Parent Project ID (if any)
Region EUROPE AND CENTRAL ASIA	Estimated Appraisal Date 18-Dec-2020	Estimated Board Date 01-Feb-2021	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Finance and Economy of Turkmenistan	Implementing Agency Ministry of Health and Medical Industry of Turkmenistan	

Proposed Development Objective(s)

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

Components

Improving COVID-19 Prevention, Detection and Emergency Response
Improving Health System Preparedness for COVID-19
Project Management and Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	20.00
Total Financing	20.00
of which IBRD/IDA	20.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	20.00
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Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **Turkmenistan is resource-rich, upper-middle-income country located at the center of the Eurasian continent.** It has an estimated population of 5.8 million (2018)¹ and shares land borders with Kazakhstan, Uzbekistan, Iran, Afghanistan. On the west, it borders the Caspian Sea, which offers abundant gas and oil deposits. Turkmenistan's gas reserves are the fourth largest in the world and represent about 10 percent of global reserves. Oil and gas processing industries have grown in recent years and, in 2019, the world's first and only natural gas-to-gasoline plant became operational. It is also rich in a number of critical inputs to chemical and construction industries (petroleum, sulfur, iodine, salt, bentonite clays, limestone, gypsum, cement). Over the last two decades, Turkmenistan exhibited high performance of economic growth². The GDP growth was largely driven by expanding hydrocarbon production and export.

2. **The Government of Turkmenistan's development agenda is focused on sustaining growth, continuing to improve living standards, increasing the role of the private sector, and diversifying the economy.** The broad National Program for Socio-Economic Development of Turkmenistan for 2011-2030 seeks to: (i) increase the private sector's role in the economy by expanding its share of the non-hydrocarbon economy to at least 75 percent; (ii) achieve high-income status by 2025; (iii) provide universal access to drinking water by 2030; and (iv) close the development gap between rural and urban areas and ensure inclusive development throughout the country. It envisages diversification of the economy and increased competition and recognizes the importance of further market and institutional reforms. Complementing the broad 2011-2030 Program, the Government has developed a Program for Socio-Economic Development for 2019-2025, that identifies the scope and more specific activities for the indicated period. The 2019-2025 Program is also focused on achieving Sustainable Development Goals (SDG) and introducing the concept of digitalization of the economy.

3. **Private sector development is critical to delivering on Turkmenistan's development goals.** While the size and the share of the private sector is slowly growing, public sector and state-owned monopolies continue to govern the economy and the formal labor market. Tight administrative controls and dominance of the public sector in economic activity have hindered private sector development. Apart from the hydrocarbon sector, foreign direct investment remains limited. Opening the economy, improving the business regulatory environment, accelerating the corporatization and privatization of state-owned enterprises, and investing

¹ World Development Indicators, available from <https://www.worldbank.org/en/country/turkmenistan/overview>.

² <https://data.worldbank.org/country/turkmenistan>



heavily in human capital are vital to boosting private sector development and achieving medium- and long-term national development goals.

4. **Despite recent economic successes, Turkmenistan lags behind most comparator countries in terms of key indicators of human development.** Turkmenistan is considered an upper-middle income country. The 2020 Human Development Index (HDI)³, however, ranks Turkmenistan as 111 out of 189 countries. Several basic indicators lag behind comparable countries. For example, expected years of schooling (11.2 years) is lower compare to Tajikistan (11.7), Uzbekistan (12.1), Kyrgyzstan (13), and Kazakhstan (15.6). Life expectancy at birth is also low (at 68 years) compared to Tajikistan (71.1), Uzbekistan (71), Kazakhstan (73), or Iran (76)⁴. The latter is driven by a complex burden of health care needs at population level, comprising both chronic diseases such as heart disease and diabetes, alongside pneumonia and neonatal deaths (which remain the 4th and 5th most common causes of death in Turkmenistan⁵). While the average years of schooling is high for its income level (9.8 years), there is a lack of data on the quality of education and its alignment to the present and future needs of the economy, which may present future challenges. Despite recent increases in income per capita, Turkmenistan still faces significant challenges in improving health and education outcomes⁶. The COVID-19 pandemic, with its significant public health, social, and economic impacts will inevitably intensify these challenges still further.

5. **While no cases of COVID-19 have been officially reported, the economic impact of containment measures is yet to be seen.** In response to COVID-19, the Government was quick to close its borders and restrict passenger/cargo routes since March 2020. International travel was (and remains) suspended, with the exception of few chartered flights to repatriate Turkmen citizens stranded abroad or return foreign nationals to their home countries. Limited cargo transport has been maintained with Azerbaijan and recently opened with Iran (September 2020), but all incoming cargo is subject to relevant quarantine and disinfection procedures. In addition to international restrictions, the Government also adopted limited operations and temporary closures for most businesses except grocery stores in July 2020. These restrictions have been extended on a month-to-month basis, with the latest restrictions valid through November 15, 2020.

6. **The global COVID-19 pandemic represents a twin supply-/demand-side shock to the world economy,** affecting hydrocarbon-exporting countries to a significant extent. The IMF has projected real GDP growth to significantly slow down to 1.8 percent in 2020 due to pandemic; this projection puts Turkmenistan on the top of the list of best performers. Still, the economy will be affected by several factors, including: (i) reduced price and demand for natural gas; (ii) disruption of the global supply chains and the suspension of production of infrastructure materials, spare parts, raw materials in the supplier countries; (iii) suspended operations of local airline and limited load of the railway transportation and freight services; (iv) falling exports of local producers; and (v) the interruption in the inflow of workers' remittances from, mainly, Turkey and Russia.

7. **Turkmen authorities have announced support to sectors that were hit the hardest by the global**

³ The Human Development Index is the geometric mean of normalized indices for i) life expectancy at birth; ii) mean years of schooling for adults aged over 25 and expected years of schooling for children entering school; and, iii) gross national income per capita. See <http://hdr.undp.org/en/2020-report>

⁴ World Bank. "Life Expectancy at Birth, Total Years". Web. Accessed September 27, 2020. <https://data.worldbank.org/indicator/SP.DYN.LE00.IN>

⁵ Institute of Health Metrics and Evaluation. See <http://www.healthdata.org/turkmenistan>

⁶ World Bank. "Diversifying the Turkmen Economy". Report No.12651ACS 12651



pandemic – transport and communications sectors. Support was also announced for the tourism industry. The Government announced that businesses will receive benefits related to purchase of raw materials and access to loans. Assistance was announced in relation to payment of taxes, settlements and export operations. However, no specific details have been made available, except that such support will be provided from the state budget.

Sectoral and Institutional Context

8. **Since the mid-1990s, the Government of Turkmenistan has been implementing its health reform agenda to strengthen the healthcare system and improve the health of its population.** The State Healthcare Program, Saglyk, was initially developed in 1995 and subsequently updated in 2015 and informs the national health reform agenda. Early reform efforts prioritized prevention through the introduction of family medicine-oriented primary care and the optimization of use of hospital beds. Other major reform initiatives include: the introduction of voluntary health insurance, changes to health financing, and the roll out of health worker and pharmaceutical product licensing frameworks. Since 2010, the reforms have expanded to cover specialized (tertiary) care services. As part of the expanded focus on tertiary services, many new specialized hospitals equipped with high-end equipment have been put into operation, including centers in cardiology, oncology, endocrinology, ophthalmology, and communicable diseases.

9. **Since 2006, the Government of Turkmenistan has invested over US\$ 65 million on its immunization program in support of the Government’s aspiration to achieve universal immunization coverage.** Since 2001, the national vaccination program and the procurement of vaccines have been fully financed by the state budget, with a continuously increasing vaccination budget envelope. The country has also achieved universal salt iodization and a decline in stunting rates from 19 percent in 2006 to 11 percent in 2015.

10. **Despite the reform successes, many challenges remain in improving access and quality of care.** Public-sector expenditures on health are estimated at 1.3 percent as a share of the national GDP and is at the lower end of the continuum among the WHO European Region countries.⁷ Out of pocket expenses were 72 percent of the total health expenditure in 2017 and continue to constitute a major barrier to universal access to health services.⁸ There are relatively low outpatient contacts per person per year (3.2 in 2018) compared to other countries in the WHO European Region.⁹ Hospital bed capacity is 403 beds per 100,000 population (2014), close to the Central Asian average.¹⁰ While there is anecdotal evidence on shortages of health care inputs, limited information is available on the levels of unmet need, and there is only a (or very) limited opportunity for health care users to provide feedback on their needs and on health facility/provider performance. On the quality of care, only about half of the health facilities are reported to use clinical practice guidelines in the management of non-communicable diseases (NCDs). About half of the patients diagnosed with hypertension receive

⁷ WHO Regional Office for Europe. “Public-sector expenditure on health as a proportion of GDP” European Health for All explorer. Web. Accessed September 27, 2020. <https://gateway.euro.who.int/en/hfa-explorer/>

⁸ Global Health Observatory data repository. Out-of-pocket expenditure as percentage of current health expenditure. In: World Health Organization [website]. Geneva: World Health Organization; 2017 (<http://apps.who.int/gho/data/node.main.GHEDOOPSCHESHA2011?lang=en>, accessed 24 February 2020).

⁹ WHO Regional Office for Europe. “Outpatient contacts per person per year” European Health for All explorer. Web. Accessed September 27, 2020. <https://gateway.euro.who.int/en/hfa-explorer/>

¹⁰ WHO Regional Office for Europe. “Hospital beds per 100,000 population” European Health for All explorer. Web. Accessed September 27, 2020. <https://gateway.euro.who.int/en/hfa-explorer/>



treatment; and only 12 percent of the patients diagnosed with hypertension are reported to control their blood pressure.¹¹ Challenges in health data collection and use are also widely reported. In particular, the quality of routinely collected data is often of concern. For example, the prevalence of hypertension in routinely reported data is at 1.1 percent, while the findings from the 2018 WHO STEPS¹² survey suggest the prevalence of 26 percent.¹³ Risk factors are prevalent, for example, some 52 percent of the adult population are overweight.¹⁴ Turkmenistan has one of the highest rates of premature mortality due to NCDs in the WHO European Region. The probability of dying prematurely (aged 30–70 years) from one of the four major NCDs is 26.9 percent.⁹

11. The Government of Turkmenistan has adopted the COVID-19 preparedness and response strategy to prevent the importation and spread of COVID-19 in the country. Strengthening pandemic preparedness is a critical and necessary step to ensure health system readiness in preparation for in-country COVID-19 transmission. The COVID-19 pandemic is rapidly evolving around the world and no country is immune from its impact. While no COVID-19 cases have been formally reported in the country, many preparedness measures have already been put in place within the Government pandemic response strategy. For example, the Emergency Anti-Epidemic Commission for COVID-19 (EAEC) Operational Headquarters has been established to coordinate the national pandemic preparedness and response effort. The Commission is led by the Deputy Prime Minister responsible for health and operates under the Council of Ministers with operational headquarters at the MoHMI. Furthermore, several plans associated with this strategy have been developed and approved, including “the Decree of the President of Turkmenistan on the Comprehensive Plan of Measures to Prevent the Importation of COVID -19 into Turkmenistan”, “the Preparedness and Response Plan for Acute Infectious Disease/Country Preparedness and Response Plan (CPRP),” and the national socio-economic impact plan. The country pandemic preparedness activities aim to prepare the country to a range of possible transmission scenarios.

12. WHO conducted a mission in July 2020 to review the national COVID-19 preparedness and response. The mission report identifies key strengths and areas for improvement in the national pandemic response. The strengths include: (i) high-level commitment, as demonstrated by early adoption of a strategy to prevent the importation and spread of COVID-19 in Turkmenistan; (ii) availability of approved national plans; (iii) robust multisectoral approach; (iv) availability of critical supplies; and (v) baseline public health capacities. The Government put in place a set of measures at points of entry (PoEs), including airports/seaports and ground crossings, to minimize the risk of COVID-19 transmission into the country. The mechanisms and procedures for screening international travelers exist should Turkmenistan decide to reopen international travel. While acknowledging that the focus to date has been on preventing the importation of COVID-19, the WHO report highlights a clear need to refocus and align the strategy of the country to a changing epidemiological picture both at the national and sub-national levels. The central recommendation to Turkmenistan is to continue and accelerate Turkmenistan’s efforts towards preventing transmission in the community and activating a scaled-up health sector response. The areas identified for further strengthening involve: (i) country level coordination, planning and monitoring; (ii) risk communication and community engagement; (iii) surveillance, rapid response team and investigation; (iv) infection, prevention and control; and (v) case management.

¹¹ Farrington, Jill, et al. "Better noncommunicable disease outcomes: challenges and opportunities for health systems: Turkmenistan country assessment." (2019).

¹² WHO STEPwise Approach to Surveillance (STEPS); <https://www.who.int/ncds/surveillance/steps/en/>

¹³ Farrington, Jill, et al. "Better noncommunicable disease outcomes: challenges and opportunities for health systems: Turkmenistan country assessment." (2019).

¹⁴ World Bank. "Prevalence of overweight (% of adults)" Health Nutrition and Population Statistics. Web. Accessed September 27, 2020. <https://databank.worldbank.org/reports.aspx?source=311&series=SH.STA.OWAD.ZS>



13. **In preparing for the pandemic, Turkmenistan had two critical advantages.** First, the country benefits from its relatively young population. Those aged 65 and older make up just under 5 percent of the total population in Turkmenistan, compared to 17 percent in Europe and Central Asia, and 16 percent in North America. The smaller share the population over the age of 65 implies fewer severe and critical cases and lower morbidity and mortality rates. Secondly, Turkmenistan has an expansive network of public health centers and health facilities represented at the regional and district levels. The public health centers are comprised of virology laboratories, rapid response teams, epidemiological staff, and units responsible for infection prevention and control (IPC). The network of health facilities includes primary care facilities, district and regional general and pediatric hospitals, infectious diseases hospitals, and specialized tertiary inpatient care centers. There is a relatively large hospital bed capacity throughout the healthcare system, which may absorb initial surge needs in hospital beds and intensive care units (ICU) beds. For example, Turkmenistan has 400 acute beds per 100,000 population compared to 290 beds in the United States and 275 beds in Italy. The country reports 1,063 intensive care beds currently, equivalent to approximately 18.3 beds per 100,000 population. This compares favorably to state health facilities in Uzbekistan and is in line with those in Kazakhstan, which have approximately 7 and 21 beds per 100,000 population, respectively (2,200 and 3,984 actual beds in 2019).

14. **Despite these advantages, the Turkmen health system may still face challenges in mounting effective COVID-19 prevention and control measures to COVID-19 transmission.** Health staffing levels and designated infrastructure are unlikely to be a match to new cases surge. There are thirteen designated public health laboratories for COVID-19 testing with a 1,400 daily testing capacity staffed, in total, by 35 virologists and 35 virology laboratory technicians. Six hospitals are designated for case management, 660 beds or rooms are reported to be available to quarantine cases or contacts of COVID-19. Meeting the rapidly growing need for case detection, contact tracing, and IPC is likely to become a challenge as well. The availability of resources in public health facilities to carry out essential functions is another area for concern. For example, the WHO mission identified the need for additional medical equipment in the designated hospitals visited. Ensuring adequate supplies/consumables and trained staff in public health laboratories to rapidly expand existing capacity for COVID-19 testing will be critical as the testing needs to grow. The IPC measures in health facilities are also of concern, given the range of areas noted for strengthening in the WHO mission report. As the number of severe and critical cases grows, the health system will face shortages in equipment and supplies to manage the surge in COVID-19 and other severe acute respiratory infection (SARI), including equipment for oxygen therapy and ventilation, and essential medications and supplies.

15. **Turkmenistan's approach in reporting zero cases of COVID-19 departs from most other countries, which provide information on the situation by disease outbreak.** Regardless of the source or origin, reporting any unusual or unexpected occurrence of disease or death under the International Health Regulation (IHR 2005) is critically needed to help inform decisions on outbreak control and minimize the economic and social impact, particularly on vulnerable groups. Once Turkmenistan identifies COVID-19 cases in its territory, increased international collaboration will be facilitated, access to additional resources from international stakeholders can be more effectively targeted, and engagement in international research efforts into COVID-19 will be possible.

16. **Turkmenistan's current zero incidence of COVID-19 might be a reflection of the country's prompt and effective imposition of public health measures.** However, it may also reflect differences in how infection by SARS-CoV-2 (the virus which causes COVID-19 symptoms) is tested for and reported on. To ensure that the



Turkmen authorities have a complete picture of the evolution of the pandemic, and of the effectiveness of national and local public health actions, timely and accurate monitoring of COVID-19 incidence, and SARI cases more broadly, will be vital. Specifically, weekly reporting and analysis of COVID-19 cases, and SARI more broadly, should be undertaken to inform the Government of the impact various response strategies and their effect on socio-economic conditions. As the restrictions on the movement and economic activities increase, the toll on the vulnerable populations will also worsen. The strict social distancing measures undertaken may help to flatten the epidemic curve and reduce the immediate excess demand for health services; however, they are unlikely to eliminate the virus. As a result, repeated social distancing measures may be required. In light of a likely continued need for social distancing measures, the modeling outputs will help to guide important decisions and balance the costs arising from the disrupted economic activity and continuity of care for other conditions against the benefits accrued from the instituted distancing measures.

17. **The Government and major development partners are actively engaged in donor coordination of activities for COVID-19 response.** The country-level coordination, planning, and monitoring activities are led by the Ministry of Health and Medical Industry (MoHMI) and supported by the UN Resident Coordinator's Office and WHO. Several task teams operate under the donor coordination framework of which the procurement task team is the most active at this stage. Major development partners, such as WHO, UNICEF, United Nations Development Program (UNDP), United Nations Population Fund (UNFPA) and other UN agencies, World Bank, Asian Development Bank, the European Bank for Reconstruction and Development, and other partners, meet regularly to align COVID-19 related donor efforts with national priorities. Also, as the choice and availability of safe and effective COVID-19 vaccines grow, the country will face an urgent need to prepare for vaccine deployment. The international partners will join forces in supporting the government in vaccine readiness assessment and the development of a deployment plan and capacity.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

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

Key Results

19. The PDO will be monitored through the following PDO-level outcome indicators:
- Development and periodic update of a comprehensive national COVID-19 risk communication plan, including standardized, evidence-based information targeted to different population groups;
 - Number of COVID-19 designated laboratories with verified diagnostic equipment and test kits;
 - Number of designated beds for COVID-19 patients with access to continuous oxygen supply; and
 - A National Pandemic Preparedness and Response Plan is regularly updated and tailored for each region.



D. Project Description

Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts

Project Components

20. **The project has three components: two technical components and one project management component.** The technical components are designed to support the emergency health sector response to COVID-19 in the immediate- and medium-term. Activities are limited to those requested by the Government for urgent assistance and have been identified through a series of meetings with the Ministry of Finance and Economy (MoFE) and the MoHMI and informed by parallel meetings with the UNDP, WHO, UNICEF, and other partners. The first two components cover seven critical pillars of an effective pandemic response plan while the third component will focus on project management and evaluation and monitoring of activities.

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

21. **This component will support efforts to minimize the transmission of COVID-19 and strengthen coordination of the national pandemic response.** It will enhance disease prevention and detection capacities through the provision of technical expertise, laboratory equipment, and other critical inputs. It will also enable Turkmenistan to strengthen and mobilize surge response capacity by investing in training of and essential equipment for frontline health workers, such as rapid response teams, epidemiologists, and laboratory specialists. In addition, this component will support the national EAEC in performing its coordination role in the COVID-19 pandemic response, including risk communication, community engagement, updating and implementing the National Pandemic Preparedness and Response plan, and preparing the region-specific Strategies on Public Health Measures.

Component 2. Improving health system preparedness for COVID-19

22. **This component will strengthen health system preparedness by expanding capacity for treating COVID-19 and SARI cases, as well as enhancing Infection, Prevention and Control (IPC) measures in health facilities.** Care for the severely and critically ill will be strengthened by the procurement of essential medical equipment, medicines, Personal Protection Equipment (PPE), and supplies for hospitals designated for COVID-19 care, including mechanical ventilators, blood gas analyzers, mobile X-ray machines, and oxygen generators, utilizing climate-smart, low carbon, sustainable procurement and energy efficient devices to mitigate climate change in support of Turkmenistan’s membership to the UNFCCC and Paris Agreement climate commitment. The project will also support staff training in COVID-19 and SARI management and the use of selected medical equipment. Additional support will be provided to strengthen health information systems through the rapid development and deployment of a web-based information system to monitor quality of COVID-19 care in hospitals (e.g., registry).



23. **This component will further strengthen an overall IPC programme for the health system, including capacity to continuously implement and supervise IPC activities at the facility-level.** This will comprise activities in the areas of screening and triage, isolation, administrative controls, environmental controls, and healthcare worker surveillance, among others. Support for strengthening medical waste management and disposal will include financing of incinerators and training on their use and may also include financing of autoclaves, microwaves, and volume- and weight-reduction equipment that are energy efficient. Biomedical waste management equipment will be financed to support centralized biomedical waste management in all regional hospitals designated to treat COVID-19 and SARI patients. The specific equipment and target hospitals for waste management activities will be identified by the MoHMI Division for Sanitary and Epidemiological Safety and Control jointly with the MoHMI Division for Patient Care. In addition, this component will support the periodic update of the National Pandemic Preparedness and Response plan to ensure the continuity of essential health services. This will be done through: (i) the identification and prioritization of essential services that should be available at all times; (ii) the identification of non-essential and elective health services that could be delivered using telemedicine technologies (including phone or video consultations) where the introduction of teleconsultation services for the elderly and for those with long-term underlying health conditions will reduce the vulnerability of these groups to the impacts of climate change in particular from extreme heat and poor nutrition; and (iii) the reprofiling of specialized hospitals or wards for COVID-19 patients, and alternative facilities for non-COVID-19 patients.

Component 3: Project Management, Monitoring and Evaluation

24. **This component will support overall project administration, including project management, fiduciary functions, environmental and social safeguards, and regular monitoring of and reporting on implementation.**

25. **The project will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring and containment.** However, environmental and social risks are quite evident. The risks will be mitigated through the implementation of the Stakeholder Engagement Plan (SEP) as well as the preparation and implementation of an Environmental and Social Management Framework (ESMF).

26. **Environmental risks relate to occupational health and safety, including disposal of medical waste and public contamination.** Environmental risks associated with the project are related to risks of contamination from patients, handling tests, and managing medical waste. These include: (a) occupational health and safety for medical staff, laboratory staff and communities in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages of the COVID-19 cycle; and (b) occupational health and safety related to collection, transportation and disposal of medical waste management. All environmental impacts are expected to be low in magnitude, reversible, predictable, and temporary.

27. **Social risks** are likely to arise due to the lack of experience of the implementing agency in developing genuine community engagement in relation of health services as well as centralized modalities of service delivery and possible challenges relating to outreach which may impede in engaging with the communities in an open and transparent manner. Towards addressing this, the project has developed a SEP which sets out the strategies for consultation and grievance redress with communities. Working with other development partners, the project will also include targeted communication, outreach, and citizen engagement activities to promote the sharing of official information on the project, behavior change, as well as establishing channels for feedback from communities on COVID-related issues and concerns. This will help tailor responses to local level needs, vital to an effective pandemic response. Likewise, Medical and health care workers are to be



equipped and empowered, through technical, financial and institutional support. In addition, the risks of sexual exploitation, harassment, and abuse will be assessed, and mitigation measures put in place during project implementation. These issues will need careful attention by the implementing agency to ensure the commitments made under the SEP and ESMF as well as the requirements of the World Bank Environment and Social Framework are fully met.

E. Implementation

Institutional and Implementation Arrangements

28. **As the lead agency accountable for the health of the population, oversight of the health system and of the quality of health services in the country, the MoHMI will be responsible for the overall coordination and oversight of the project during implementation.** However, other agencies and partners will be involved in project implementation.

29. **While the loan agreement will be signed between the World Bank and the Government of Turkmenistan, project implementation will be supported by UNDP in accordance with a Standard Form of Agreement between the Government of Turkmenistan and UNDP.** UNDP will be responsible for the fiduciary management and monitoring and evaluation (M&E) of the project, including ensuring compliance with the Environmental and Social Framework-related actions. The MoHMI will provide oversight to ensure that UNDP meets its obligations in accordance with the terms of the Agreement.

30. **On the technical front, the project will use existing institutions and capacities of the Government, to assure the smooth technical implementation and oversight of the project, and sustainability of the interventions.** Technical implementation arrangements for Components 1 and 2 will involve key divisions of the MoHMI, including but not limited to, the Division for Sanitary and Epidemiological Safety and Control, the Health Information Centre, and the Division of Patient Care (also known as Department for Disease Prevention and Treatment). Activities conducted by the MoHMI will be coordinated, when relevant, with other relevant line ministries, UNDP, and other key implementing agencies.

31. **The MoHMI may engage its Health Information Centre to manage activities pertaining to risk communication, information sharing, awareness raising and feedback from communities and users of health services (sub-component 1.2).** The Centre is located in Ashgabat and has branches in all five regions. It also has close connection with the national TV and radio broadcasting channels. MoHMI has its own health magazine for the general population and a regular TV program on health that can be used for information sharing under subcomponent 1.2 of the project. These traditional forms of media will be important outreach and communication mechanisms given the relatively low internet coverage in the country and can be used to inform citizens of the channels through which they can provide feedback.

32. **Fiduciary functions and monitoring of compliance with the project's environmental and social standards.** The overall financial management (FM) and procurement responsibilities under the project will lie with the MoHMI, with UNDP being engaged in a capacity strengthening role as the Project Implementing Entity. Within this context, UNDP will carry out the day-to-day fiduciary functions for the project and ensure compliance with the ESCP during implementation. UNDP's engagement as Project Implementing Entity will be concluded using the Standard Form of Agreement for Use with UN agencies by the World Bank Borrowers: Delivery of Outputs, whose signature will be a condition for effectiveness. Given the overwhelming scope of



the response to COVID-19 and the urgency of actions, UNDP will provide hands-on expertise and capacity strengthening in quality assurance for procurement and FM, compliance with social and environmental performance standards, as well as for the overall coordination, monitoring, and evaluation of project activities. Specifically, for FM and procurement functions, UNDP will ensure support in accounting, reporting, budgeting and funds flow, internal controls, as well as procurement planning and implementation. With respect to potential environmental and social risks and impacts, UNDP will ensure compliance with the actions outlined in the Environmental and Social Commitment Plan. In this regard, UNDP will deploy separate and dedicated staff - one environmental and other social development/ communication specialists. As application of the requirements of the World Bank Environmental and Social Standards are new to both the Government and UNDP, capacity support will be required from the World Bank task team.

33. The Standard Form of Agreement governs the relationship between UNDP and the MoHMI based on the standard contractual provisions and scope of work it will lay out. UNDP will deliver outputs which will contribute to achieving the Project Development Objective. Given the unique role UNDP will assume as Project Implementing Entity (PIE), the outputs, scope of work and work plans will be agreed upon by the MoHMI, the PIE, and the World Bank. In line with the Agreement, the PIE will submit to the MoHMI and the World Bank the Inception Report, regular Progress Reports, at agreed time intervals as well as interim financial reports on the receipts and uses of funds following the PIE’s Statement of Project Expenditures by Output. Progress reports will include a narrative and financial summary of the status of activities to demonstrate the progress towards the agreed outputs and the linkage between the payments made under the Agreement and the deliverables, as set out in the Annex of the said Agreement that details the Outputs and the Work Plan.

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Task Team Leader(s):	Susanna Hayrapetyan
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Practice Manager/Manager:		
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Country Director:	Sascha Djumena	24-Dec-2020
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