



Project Information Document/ Identification/Concept Stage (PID)

Concept Stage | Date Prepared/Updated: 29-Sep-2020 | Report No: PIDC225332



BASIC INFORMATION

A. Basic Project Data

Project ID	Parent Project ID (if any)	Environmental and Social Risk Classification	Project Name
P174404		Low	Timor-Leste COVID-19 Emergency Support Project
Region	Country	Date PID Prepared	Estimated Date of Approval
EAST ASIA AND PACIFIC	Timor-Leste	29-Sep-2020	
Financing Instrument	Borrower(s)	Implementing Agency	
Investment Project Financing	Government of Timor-Leste	National Director for Policy & Cooperation	

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PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	0.94
Total Financing	0.94
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	0.94
Pandemic Emergency Financing Facility	0.94

B. Introduction and Context

Country Context

The Republic of Timor-Leste is a lower-middle-income country (LMIC) with a population of 1.3 million. About 70 percent of the population lives in rural areas, and limited transport infrastructure means that a large share of the population resides in hard-to-reach areas. The economy relies heavily on oil. Recent losses in international equity and bond markets and the sharp fall in oil prices have negatively impacted the value of Timor-Leste's Petroleum Fund. While this hasn't immediately impacted the real



economy, it can have significant medium-term consequences by reducing the resources available to invest in future generations.

While the country has made progress in improving living standards, there is still significant progress to be made on reducing poverty and building human capital. The proportion of Timorese living in poverty declined from 50 percent in 2007 to an estimated 42 percent in 2014. Investments in human capital are directly linked to Timor-Leste's future growth, productivity, and competitiveness. In 2017, the Human Capital Index for Timor-Leste stood at 0.43, significantly lower than East Asia and the Pacific's regional average of 0.61.

Sectoral and Institutional Context

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteen-fold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus has been rapidly spreading across the world. As of September 10, 2020, the outbreak has resulted in an estimated 28 million confirmed cases and 909,000 deaths in 216 countries.

While Timor-Leste has not seen a large number of COVID-19 cases yet, there is a risk of a second wave of cases as economic activity resumes and countries re-open their borders. The first case of COVID-19 in Timor-Leste was confirmed on March 21, 2020. All active cases were cleared by May 2020 and no further cases were identified for a period of more than three months. One additional case was confirmed on August 3, 2020, involving an Indonesian national who entered Timor-Leste via the land border with West Timor. At the time of the project preparation (September 8, 2020), Timor-Leste had a cumulative total of 27 confirmed COVID-19 cases and no COVID-19 deaths.

A COVID-19 outbreak and the consequences of a lock-down will further strain the country's public service delivery systems that already struggle to deliver basic health and nutrition services. While Timor-Leste has made progress on key population health outcomes such as life expectancy, mortality rates, and control of infectious diseases over the past two decades, coverage of essential health services still remains uneven, and overall health service utilization is low. Malnutrition remains a severe problem, and stunting rates remain high: almost half of all Timorese children under five are stunted. Rural and poor households continue to receive poorer quality care, especially in the primary health care setting. There are also continuing challenges with infectious diseases: the incidence of tuberculosis is still high (498 per 100,000 population) and is one of the highest causes of hospital deaths in the country. These factors, combined, leave Timor-Leste's population at risk of significant adverse impacts on their health in the event of a COVID-19 outbreak and as a result of the negative externalities of the lockdowns.

The Government of Timor-Leste has responded swiftly to the COVID-19 situation. On March 28, 2020, the President declared a state of emergency, which has since been renewed twice (on April 24 and May 28). The



state of emergency provided a constitutional basis for the government to take restrictive measures, including the suspension of nonessential public activities, school activities, public gatherings, and public transport. Borders have been fully closed as well. A whole-of-government approach has been adopted to coordinate the response to COVID-19: An Inter-ministerial Coordination Committee for COVID-19 response, established in March 2020, has led the effort. On April 20, 2020, Parliament approved a special draw of \$150 million from petroleum reserves to establish a COVID-19 Fund to respond to the effects of COVID-19 in Timor-Leste.

In response to the COVID-19 pandemic situation, clear guidance on how to act and the procedures have taken place. The Ministry of Health (MOH) through the Health Executive Commission for the COVID-19 Outbreak established a document called the “National Contingency Plan for Public Health Emergencies” on June 16, 2020. The document describes the main objectives: (i) to strengthen inter-sectoral coordination and cooperation to enforce the prevention and control measures related to the COVID-19 outbreak; (ii) to bolster the implementation of the measures to reduce the risk of the virus entering the national territory through the Points of Entry; (iii) to guide the institutions of the National Health System for an active, immediate and timely adoption of infection prevention, diagnosis, treatment and control measures; (iv) to strengthen human and animal epidemiological surveillance procedures, the appropriate investigation and follow-up of cases, (v) infection prevention and control measures; and (vi) to ensure logistics and technological supplies in sufficient quantities to deliver adequate medical assistance

In the health sector, there have also been significant efforts to ramp up the capacity to respond to the situation. The national laboratory has been equipped to perform COVID-19 tests independently, whereas in previous months lab tests had to be shipped to Darwin, Australia, for confirmation. The MOH has expanded its monitoring system to the municipalities through a “Sentinel Surveillance” system. The Vera Cruz public clinic in Dili has been designated as an isolation facility, while hotels and residential compounds are being used for quarantine. There have also been public campaigns to educate people on hygiene and social distancing measures.

Despite significant efforts and the creation of fiscal space for the COVID-19 response, gaps remain. The Government of Timor-Leste's health sector response to COVID-19 is currently costed at US\$52 million and is to be financed by the COVID-19 Fund and MOH's regular budget. It will also be complemented by support from development partners, including the World Bank. To date, available grant resources from Australia, the European Union, the United States, the Asian Development Bank, and others are estimated to be \$6 million. These available grant resources are allocated to purchasing the needed medications, drugs, equipment, and personal protective equipment (PPE), while other response activities have so far been undertaken using domestic funds. Transporting these items to the districts, undertaking adequate monitoring and surveillance activities for the ongoing response, as well as safe transport and isolation of COVID-suspected cases especially to and from the remote parts of the country, are some of the key remaining gaps in the COVID response plan that are being prioritized for funding through this proposed grant.

The Pandemic Emergency Financing (PEF) facility Insurance Window has been triggered for COVID-19 and has made available a total US\$195.84 million for countries to finance response to the ongoing pandemic. The PEF Steering Body has approved allocations for 64 PEF eligible countries that have reported cases of



COVID-19 as of April 22, 2020. The country allocation from the PEF Insurance window for Timor-Leste is US\$1 million. The Government of Timor Leste requested the PEF grant to be delivered as a standalone Recipient Executed Trust Fund (RETF). The RETF grant amount will be US\$942,857, exclusive of 5 percent Trust Fund cost recovery fees, and US\$10,000 on account of the bank-executed trust fund for supervision costs. Given the short period of grant implementation (closing date is January 31, 2021), activities that will be financed by the grant will be carefully selected based on feasibility of implementation and in close coordination with those of the government and other development partners, minimizing duplication but covering identified gaps.

Relationship to CPF

This grant is well aligned with the current Country Partnership Framework (CPF) year 2020-2024[1]. The grant contributes to CPF Focus Area 2: "Invest in human capital, service delivery and social protection". The grant is fully in line with the CPF's objective of promoting investment in human capital, which includes health and nutrition as priority areas. The high rate of childhood stunting in Timor-Leste affects children's physical and cognitive development. Low levels of access to safe water and poor water quality, sanitation and hygiene standards are a risk factor for effective infection control in the COVID-19 pandemic and potentially other public health emergencies. Rural populations still report very low levels of access to and use of health services. This grant will directly support Timor-Leste's response to COVID-19, help mitigate the negative impact from the lock-down, and contribute to improving access to health and nutrition services.

Timor-Leste's policy framework also consistently supports investments in human capital and population health. The National Health Sector Strategic Plan (NHSSP) for 2011-2030 aims to ensure available, accessible, and affordable healthcare services for all Timorese people. The NHSSP is also fully in line with Timor-Leste's Strategic Development Plan (SDP) for 2011-2030. The SDP aims to make comprehensive, high quality health services accessible to all Timorese people, and in turn contribute to poverty reduction, raise income levels, and improve national productivity. As mentioned above, the grant also directly supports the COVID-19 response plan.

[1] <http://documents1.worldbank.org/curated/en/353111574777310081/pdf/Timor-Leste-Country-Partnership-Framework-for-the-Period-FY2020-FY2024.pdf>

C. Project Development Objective(s)

Proposed Development Objective(s)

The proposed project development objective (PDO) is to support the Government of Timor-Leste in its response to the COVID-19 pandemic



Key Results

The achievement of the PDO will be measured by the following PDO-level indicators:

1. Number of surveillance personnel trained;
2. Number of ambulances deployed in hard to reach areas of the country;
3. Number of health facilities receiving monitoring and supervision visits from the central government

D. Preliminary Description

Activities/Components

Component 1: Emergency COVID-19 Prevention and Response (US\$ 942,857 PEF). The project will have one single component, aiming to prevent and respond to the COVID-19 outbreak. This will be achieved by supporting the country's health system with enhanced transportation capacity through the provision of vehicles to deliver essential supplies and strengthen supervision and surveillance activities, as well as the provision of ambulances for a faster and more efficient referral of COVID-19 patients, especially from remote parts of the country. In addition, the proposed grant will strengthen the surveillance capacity by financing the support cost of surveillance activity. With reference to the pillars of the country's COVID-19 Contingency Plan, the project supports pillars 1,3,6 and 7 specifically.

Sub-component 1.1: Strengthened supervision, logistics, and surveillance capacity to respond to COVID-19.

Under this component, the project would finance 7 vehicles. Firstly, enhanced transportation capacity would enable rapid and equitable distribution of essential supplies including personal protective equipment (PPE), medicines, medical supplies, and equipment to hard to reach or underserved areas to protect essential health personnel and the community at large. Secondly, improved transportation would support the transportation of samples to support COVID-19 detection activities. Thirdly, it would also support monitoring and evaluation (M&E) and enhanced supervision of the Government of Timor-Leste's COVID-19 response, through better data gathering, travel of staff, and strengthened coordination among all parties involved in the response. M&E is an important part of the National Contingency Plan for COVID-19, under Pillar 1: "Coordination, Planning, and Monitoring at the National level". To ensure equitable distribution of the vehicles, a distribution plan is being prepared and is part of the output indicator to measure the project's progress.

Sub-component 1.2: Strengthening safe patient transportation and referral capacity, especially from remote areas. Under this sub-component, the project will purchase 11 ambulances to close the gap in underserved areas of the country. A plan to distribute the ambulances in an equitable manner is available and is shown on the map (annex-1). In the absence of such safe transportation, the use of public transport by suspected COVID-19 cases could put the entire population at risk. Safe transportation of the COVID-19 cases to specialized facilities will protect health workers themselves as well. Enhanced capacity to refer patients is also critical in supporting continuity of essential non-COVID-19 health services delivery, especially in the



event of a surge in demand. Training of ambulance personnel in safes transportation of COVID-suspected cases will be financed through this subcomponent as well.

Sub-component 1.3: Strengthened surveillance capacity. This sub-component will support the surveillance capacity by providing: i) office supplies, such as computer and printer, to enable data recording as a result of the surveillance activities, and ii) communication cost, which will support communication between surveillance officer, if case is detected, and follow up of quarantined case needs.

Environmental and Social Standards Relevance

E. Relevant Standards

ESS Standards

Relevance

ESS 1	Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10	Stakeholder Engagement and Information Disclosure	Relevant
ESS 2	Labor and Working Conditions	Relevant
ESS 3	Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4	Community Health and Safety	Relevant
ESS 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7	Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Relevant
ESS 8	Cultural Heritage	Not Currently Relevant
ESS 9	Financial Intermediaries	Not Currently Relevant

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Legal Operational Policies

Safeguard Policies

Triggered

Explanation (Optional)

Projects on International Waterways OP 7.50

No

Projects in Disputed Areas OP 7.60

No

Summary of Screening of Environmental and Social Risks and Impacts

The environmental and social risks are assessed as low by considering that the project type and nature itself constitutes low environmental and social risk associated with providing funding for logistic on purchasing seven operational vehicles; eleven ambulances; office supplies such as computer and printer toner, and



communication cost, to support Timor-Leste health system in COVID-19 prevention and respond. The project's main long-term impacts are likely to be positive and the project will not finance purchase of any medical equipment so that there will be no medical waste generated. Additionally, there will be no construction works will be financed under this project. The project will bring positive impacts to the Timor-Leste health system for the improvement of health service delivery. Potential environmental impacts from the vehicles and ambulances operations are negligible with low probability of adverse impacts to human health related to occupational safety risks. Additionally, there is minor potential environmental risk of pollution due to generation of hazardous waste from disposal of computer and printer toner cartridges. The computers and printer toner procured will not replace existing computer/printer toner that currently in use by the MOH, instead to close the existing gaps in surveillance capacity, in particular to facilitate surveillance data recording and analysis. The main area of social risk is assumed related to the context of the project implementation during the COVID-19 pandemic and that project activities will involve meetings, at least project meetings and training events, such activities may have potential risk of exposure to COVID-19. There are some potential Occupational, Health, and Safety (OHS) risks related to the spread of the SARS-CoV-2 among indirect workers (transport, cleaning, and health care workers) using the operational vehicles and ambulances in performing their duties. Although it is considered low as the existing measures related to COVID-19 response have been in place. The main environmental and social risks include: (i) occupational health and safety risks from operation of ambulances and operational vehicles, which include road accidents and low probability of COVID-19 transmission; and (ii) land and water contamination due to improper hazardous waste management from disposal of computer and printer toner cartridges upon end of item's lifespan, and (iii) potential risk of exposure to COVID-19 while conducting meetings. These risks are mostly temporary and predictable, and considering current measures in place as stipulated in national regulations as well as specific measures by MOH in relation with COVID-19 response as stated in the National Contingency Plan for Public Health Emergency COVID-19, the environmental and social risks are deemed to be minor. Additionally, potential adverse risks and impacts on human populations of the project activities would be negligible. This is because the project is not complex and does not involve activities that have a high potential for harming people or environment. As the project will not involve purchasing medicine and medical equipment as well as testing activities, issues on inclusion of vulnerable groups and uncertainty associated with COVID-19 will not be foreseen. Risk related to the spread of COVID-19 among the population at large, especially for the most disadvantaged and vulnerable populations such as elderly, children, poor households, and indigenous peoples due to poor training of the health personnel or lack of communication and public awareness related to the readiness of the population and response to the new COVID-19 is not considered as induced impacts of the project activities as the project limited only associated with procurement for vehicles and ambulances, as well as office supplies. The potential social risks and impacts will be addressed through the preparation of a short Stakeholder Engagement Plan (SEP), including a Grievance Mechanism, and the Environmental and Social Commitment Plan (ESCP). Given the scope of the provision of goods-types project with minor and negligible Environmental and Social risks, a comprehensive stand-alone Stakeholder Engagement Plan (SEP) is not required, but a short SEP will be prepared. ESCP will outline Government's commitment to the implementation of the SEP.



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