



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 10-Aug-2020 | Report No: PIDA30103



BASIC INFORMATION

A. Basic Project Data

Country Cambodia	Project ID P174605	Project Name Additional Financing to Cambodia COVID-19 Emergency Response Project	Parent Project ID (if any) P173815
Parent Project Name Cambodia COVID-19 Emergency Response Project	Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 10-Aug-2020	Estimated Board Date
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Ministry of Finance	Implementing Agency Ministry of Health Cambodia

Proposed Development Objective(s) Parent

To assist Cambodia in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

Components

- Component 1: Case detection and management
- Component 2: Medical Supplies and Equipment
- Component 3: Preparedness, Capacity Building and Training
- Component 4: Project Implementation and Monitoring

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	1.15
Total Financing	1.15
of which IBRD/IDA	0.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	1.15
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Pandemic Emergency Financing Facility	1.15
Environmental and Social Risk Classification	
Substantial	

Other Decision (as needed)

B. Introduction and Context

Country Context

Cambodia has transformed itself since the late 1990s from a war-torn country to a peaceful one which has experienced remarkable economic growth and macroeconomic stability. The country grew by an average annual rate per capita of 7.8 percent during 2004–2014, ranking among the top 15 economies in the world in terms of economic growth. This economic transition allowed the country to reach lower middle-income status in 2015. The main drivers of growth have been garment, manufacturing, agriculture, tourism and, more recently, construction and real estate. While this sustained economic performance has lifted a large proportion of the population above the national poverty line, Cambodia is still one of the poorest countries in the Southeast Asia region. Vulnerability remains high and social protection is limited. Ongoing public sector reforms are yielding results, but public institutions remain weak.

Cambodia’s population of approximately 16.7 million in 2020 has made steady and significant progress in health outcomes over the past decade. Between 2005 and 2014, the maternal mortality ratio fell from 472 per 100,000 live births to 170, and under-five mortality decreased from 83 per 1,000 live births to 35. Despite these dramatic improvements in maternal and child health, inequities persist across health outcomes by socioeconomic and educational status, by geographical areas, and between urban and rural populations.

In 2014, the total health expenditure was approximately US\$1 billion, corresponding to over 6 percent of gross domestic product and US\$70 per capita and this is one of the highest in the region. Public financing for health has increased steadily since 2008, from US\$104 million to US\$241 million in 2014 but only accounts for 20 percent of total health expenditure. Out-of-pocket (OOP) payment accounts for 60 percent and is an important source of debt and impoverishment for the poor. Based on data from the 2017 Cambodia Socioeconomic Survey, approximately 6.3 percent of the population endured catastrophic spending and 3.1 percent had to incur debt to pay for health expenditures.

The quality of health services in Cambodia is suboptimal however, with significant gaps and weaknesses. Beneficiaries incur high OOP payments due to the perceived poor quality of care in certain public facilities, even when they are covered by a HEF. In addition to some remaining gaps in infrastructure, Cambodia faces a major challenge with the skills and competencies of its health workforce and needs both pre-service and in-service training improvements and a renewed focus on competency-based training. In addition, the absence of a well-coordinated monitoring and evaluation (M&E) mechanism and limited data quality have hampered the effective



monitoring of health sector performance and evidence-based decision-making.

The Joint External Evaluation (JEE) of IHR Core Capacities conducted in 2016 found that many technical capacities for detecting, preventing and rapidly responding to emerging diseases and public health emergencies remain under development. Cambodia's capacities in the majority of technical areas evaluated were categorized as limited or developed under the JEE categorization system. Overarching challenges included significant funding gaps, human resources capacity, intersectoral collaboration and coordination, and the application of monitoring and evaluation mechanisms.

Sectoral and Institutional Context

In response to COVID-19, the Ministry of Health (MOH) has updated Cambodia's existing pandemic response strategy in a new document entitled "National Action Plan: Preparing for and Responding to Novel Coronavirus (COVID-19) in the Kingdom of Cambodia, February to August 2020" (COVID-19 Master Plan). The Plan states that the extent of geographic spread of COVID-19 within Cambodia will influence the set of response actions required at any given stage. Response actions fall along a continuum between two strategic approaches, namely Containment and Mitigation. Containment refers to stopping or slowing down the spread of a new disease. Mitigation refers to the set of public health options that Cambodia can take to minimize the health, social and economic impact of the epidemic once COVID-19 is widely circulating in the country. During the parent Project preparation, the overall immediate health risk assessment from COVID-19 to Cambodia was considered moderate to high. Cambodia is currently in the Containment Phase.

The current COVID-19 Master Plan has four strategic objectives, to: (1) reduce and delay transmission; (2) minimize serious disease and reduce associated deaths; (3) ensure ongoing essential health services particularly during epidemic peak periods; and (4) minimize social and economic impact through multisectoral partnerships. Nine priority areas of action to manage community transmission are drawn from the 2019 updated National Pandemic Preparedness Plan and are as follows: incident management and planning, surveillance and risk assessment, laboratory, clinical management and health care services, infection prevention and control, non-pharmaceutical public health measures, risk communication, points of entry and operational logistics.

COVID-19 response coordination structures: Cambodia's National Pandemic Preparedness Plan was updated in 2019. Clear coordination, command and control structures were put in place for a multisectoral, whole-of-government, whole-of-society response involving Government departments, agencies and civil society organizations. The Government strengthened and tested its preparedness efforts and set up the national preparedness and response coordination mechanism through a National Public Health Emergency Operation Center (EOC).

C. Proposed Development Objective(s)

Original PDO

To assist Cambodia in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.



Current PDO

To assist Cambodia in its efforts to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

Key Results

Early detection and timely reporting of outbreaks

- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents

Rapid response to infectious disease outbreaks

- Number of provincial hospitals with adequate supply of PPE to manage 30 COVID-19 cases and undertake outbreak investigations

Clinical management and infection prevention and control

- Percentage of acute healthcare facilities with isolation capacity.

D. Project Description

The parent Project will help Cambodia address critical country-level needs for preparedness and response for COVID-19, building upon the support already being channeled through the Contingency Emergency Response Component of Health Equity and Quality Improvement Project and fills critical financing gaps that have been identified due to the new emergency preparedness and response needs created by COVID-19. Its design was informed by the Cambodia COVID-19 Master Plan and complements what has already been committed from various sources.

The parent Project's components and activities under each are designed to support selected containment¹ as well as mitigation² related activities which the Royal Government of Cambodia has identified in the COVID-19 Master Plan. It comprises four components which are described below.

Component 1. Case detection and management [US\$8.5 million] includes establishing and upgrading laboratory, isolation and treatment centers and equipping them with medical supplies and furniture and network installation ^[1]. National Institute of Public Health (NIPH) will be upgraded; diagnostic capacity of the laboratories attached to the 25 provincial referral hospitals will be built; and isolation and treatment centers in all 25 municipal/provincial referral hospitals will be established.

Component 2. Medical Supplies and Equipment [US\$6.5 million] will finance the procurement of medical supplies and equipment needed for activities outlined in the COVID-19 Master Plan, including business continuity of essential services, such as (i) case management; and (ii) infection prevention and control. Items

¹ Containment means stopping or slowing down the spread of a new disease. This refers to the set of public health actions that countries can implement to slow down the spread of an already circulating new virus, once it appears in-country and while there are still only a few cases or clusters.

² Mitigation refers to the set of public health actions that a country can take to minimize the health, social and economic impact of the epidemic once a new virus is widely circulating in the country. Mitigation specifically aims to minimize the transmission to vulnerable populations and ensure health care for those who need it most.

^[1] No new construction, apart from potential rehabilitation of existing structures.



procured will include drugs and medical supplies for case management and infection prevention. This component will also allow for flexibility to allocate resources for the purchasing of essential pharmaceutical (medicines and vaccines) and medical supplies as the availability in the country becomes reduced due to the economic impact of the pandemic and the existing mechanisms are insufficient to address the critical health system needs.

Component 3. Preparedness, Capacity Building and Training [US\$3.5 million] will finance activities related to preparedness, capacity building and training, guided by the different pillars and activities of the COVID-19 Master Plan. These include: (i) coordination at the national, provincial and district levels; (ii) Emergency Operating Centre (EOC) functionalization (including sub-national coordination and support for preparedness (EOC functionalization, training, supervision); (iii) human resources for implementation, supportive supervision and subnational support; (iv) financing of operating costs, such as vehicle rental, fuel and other administrative-related costs for supportive supervision and monitoring; (v) support for screening people entering into the country at designated points of entry (airports, border crossings, etc.); (vi) strengthening call/hotline centers; and (vii) strengthening community- and event-based surveillance for COVID-19. This component also supports (i) risk communication and community engagement; (ii) behavioral and sociocultural risk factors assessments; (iii) production of risk communication and community engagement strategy and training documents; (iv) production of communication materials; and (vi) monitoring and evidence generation.

Component 4. Project Implementation and Monitoring [US\$1.5 million] includes: (i) support for procurement, financial management, environmental and social safeguards, monitoring and evaluation, and reporting; (ii) recruitment and training of Project Management Unit and technical consultants; and (iii) operating costs.

The additional financing from the Pandemic Emergency Preparedness Facility (PEF) will scale-up support under Component 1: Laboratory Equipment and Consumables, allowing for building diagnostic capacity of the four regional laboratories. This will increase the allocation to Component 1 by US\$1.146 million, resulting in a total allocation of US\$9.646 million.

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

The Project and its additional financing will have positive impacts as it should improve COVID-19 surveillance, monitoring, and containment. However, the Project could also cause substantial environmental, social, health, and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the Project-supported laboratories, quarantine and isolation facilities.



Infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health workers. The health facilities involving COVID-19 diagnostic testing and treatment can generate medical waste and other hazardous byproducts. To manage these risks, the MOH will prepare an Environmental and Social Management Framework (ESMF) and a Stakeholder Engagement Plan (SEP).

ESMF and its update will include templates for Environmental and Social Management Plans (ESMP) for minor renovations, Labor Management Plan (LMP) for PIU and contracted workers, and Infection Prevention and Control and Waste Management Plan (IPC&WMP) for all facilities including laboratories, quarantine and isolation centers to be supported by the Project. LMP includes provisions to ensure proper working conditions and management of worker relationships, Codes of Conduct (COC) and occupational health and safety; and to prevent Sexual Exploitation and Abuse (SEA), Gender-Based Violence (GBV) and/or Violence Against Children (VAC). The IPC&WMP will adequately cover IPC standard precautions and additional precautions as well as medical waste management procedures following international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. The ESMF will be prepared to a standard acceptable to the Association and disclosed both in-country on the MOH website and on the World Bank website within 30 days after the Project's effectiveness.

The SEP and its update will outline a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19. In instances where there is a likelihood of more vulnerable groups in attendance, such as the elderly and those with compromised immune systems or related pre-existing conditions, stakeholder engagement should minimize close contact. People affected by Project activities should be provided with accessible and inclusive means to raise concerns and grievances. The SEP follows the guidance provided in WHO Pillar 2: Risk communication and community engagement including, among others, existing guidance on risk communication and community engagement (RCCE), guide to preventing and addressing the social stigma associated with COVID-19 and key messages and actions for COVID-19 prevention and control. The SEP including a Grievance Mechanism shall be prepared to a standard acceptable to the Association, consulted and disclosed before the Board Approval and updated and disclosed within 30 days after the Project's effectiveness.

The key risk related to the operation is public and occupational health risks deriving from engagement with people and samples contaminated with COVID-19. Accordingly, provisions need thus to be in place for proper safety systems, with a focus on quarantine centers, screening posts, and laboratories to be funded by the Project; encompassing above all OHS and waste management procedures. WBG EHS Guidelines, such as those related to Community Health and Safety will apply to the extent relevant. The Project can thereby rely on standards set out by WHO, WBG. Beyond this immediate concern, Project implementation needs also to ensure appropriate stakeholder engagement to (i) avoid conflicts resulting from false rumors, (ii) vulnerable groups not accessing services, or (iii) issues resulting from people being kept in quarantine.

E. Implementation

Institutional and Implementation Arrangements

The institutional arrangements for the parent Project are based on lessons learned from previous World Bank supported projects. The MOH, which is the implementing agency for the parent Project, will also assume that role for the additional financing. The Minister of Health will appoint a Project Director, and a Project Manager.



The Project Director and Project Manager will be acting through MOH's technical departments and national programs, as well as the provincial health departments, operational districts, referral hospitals, and health centers. Within the MOH, the Project will be implemented through the Department of Communicable Disease Control, Department of Hospital Services, NIPH and the Department of Budget and Finance using mainstream MOH processes and will not involve a parallel Project implementation unit or secretariat. Provision has been made under the parent Project to strengthen these departments' capacity and skills through additional consultants or advisors. Other MOH departments participating in Project implementation will include (a) the Internal Audit Department (IAD); (b) the Preventive Medicine Department; and (c) the Department of Drugs.

The parent Project's Operations Manual will be updated, including standard Project fiduciary, safeguard, implementation, and M&E requirements, as well as relevant *Prakas* to be developed, to include the additional financing. In addition, Annual Operations Plan which will be submitted for no-objection to the World Bank by September 30 of each year, detailing the Project work program and budget for each government fiscal year and specifying the allocation and sources of funding for all Project components, will include activities supported by the additional financing during its implementation period.

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APPROVAL

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