



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 02-May-2020 | Report No: PIDA29320



BASIC INFORMATION

A. Basic Project Data

Country Kosovo	Project ID P173819	Project Name KOSOVO EMERGENCY COVID-19 PROJECT	Parent Project ID (if any)
Region EUROPE AND CENTRAL ASIA	Estimated Appraisal Date 28-Apr-2020	Estimated Board Date 15-May-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Kosovo	Implementing Agency Ministry of Health, Ministry of Finance and Transfers	

Proposed Development Objective(s)

The project development objective is to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Kosovo

Components

- Component 1: Emergency COVID-19 response
- Component 2: Supporting households to comply with public health containment measures
- Component 3: Project management, communications, and community engagement

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	48.00
Total Financing	48.00
of which IBRD/IDA	48.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	48.00
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IDA Credit	48.00
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

Since its independence in 2008, Kosovo has maintained a good track record of macroeconomic and fiscal policy, but with significant dependence on diaspora inflows and high trade deficits. With policies anchored in its overarching political objective of joining the European Union (EU), Kosovo has made progress in transitioning to a market-based system and has maintained relatively stable economic growth. Since its independence in 2008, Kosovo has maintained an average growth rate of 3.6 percent over the last decade, albeit from a lower base compared to the rest of the Western Balkans. Kosovo has managed to maintain stable headline fiscal policy, with low deficit and public debt levels. However, Kosovo's economy is largely consumption-based, with a significant dependence on diaspora-driven remittances, exports of services, and foreign direct investment in residential construction. Almost 50 percent of value-added is generated by service activities, dominated by wholesale and retail trade. Against this background, merchandise trade deficit has averaged at about 40 percent of GDP over the last decade, sustained predominantly through diaspora financing flows.

Despite this progress, Kosovo's economic growth has not been sufficient to significantly reduce its high rates of unemployment and create formal jobs, particularly for women and youth. According to the 2019 Labor Force Survey, the labor force participation rate is only 40.5 percent, with significant variation among women (21.1 percent) and men (59.7 percent). Similarly, the female employment rate is low at 13.9 percent as compared with 46.2 percent among men, and unemployment rate is high at 34.3 percent, as compared with 22.6 percent among men.¹ From a regional perspective, Kosovo has the lowest employment rates and the highest unemployment rates among Western Balkan countries.² Almost half of the young population that is active in the labor market is unemployed and more than one in four is neither in employment, education, or training (NEETs). On the labor supply side, lack of job opportunities is cited as the main concern for not being in employment, while firms raise concerns about finding qualified workers despite high unemployment.³ Notably, Kosovo's informality is among the highest in Europe, with about 35 percent of workers employed in the informal sector.⁴

¹ Kosovo Agency of Statistics. Labor Force Survey in Kosovo, 2019.

² World Bank and wiiw. 2020. *Western Balkans Labor Market Trends 2020*.

³ World Bank. 2018. *Kosovo Country Report: Findings from the Skills Towards Employment and Productivity Survey*.

⁴ World Bank. 2017. *Kosovo Jobs Diagnostic*.



At the same time, Kosovo's economic performance has not yet resulted in strong poverty reduction.

Poverty fell by more than 1 percentage point per year between 2012–17 but remains high at 18 percent of the population living under the moderate poverty line (under Euro 1.85 per person per day). Importantly, most of this reduction in national poverty was driven by welfare improvements in rural areas, and thus the gap between rural and urban poverty narrowed from 7.1 percent in 2012 to 3.4 percent in 2017. The poor are consistently overrepresented among women and children, in households in which the head has not completed secondary education, in households with three or more children, and in larger households (especially with six or more members). Importantly, poverty is related to labor market attachment and labor income; in 2017, poverty was highest among persons with disabilities followed by those who were unemployed and occasionally employed. There is also a clear relationship between education and poverty incidence: the poverty headcount rate in Kosovo is four times higher among individuals with primary and incomplete primary education, compared to individuals with tertiary education.

Despite some progress over the last decade, Kosovo's health outcomes remain modest and lag significantly behind other countries in the region.

Life expectancy is four years lower than its neighboring countries and ten years lower than the European average. Kosovo is faced with a double burden of disease, with the persistent prevalence of some important communicable diseases, while non-communicable conditions are taking an increasing toll. The incidence of tuberculosis in 2017 was 43 per 100,000 people, more than twice the rate in neighboring Albania and nearly four times higher than in Serbia. In 2014, more than three in five deaths were attributable to circulatory system diseases, the most frequent cause of death.⁵ Non-communicable diseases (NCDs) affect a large share of the population: about 21.6 percent of adults (18 years and above) reported having a chronic disease in 2017. As expected, the prevalence of NCDs increases with age: almost seven in ten individuals aged 70 and above report having a chronic disease, as opposed to about one in two among 60-to-69-year-olds and about one in three among 50-to-59-year-olds. More than one in three individuals aged 50 and above report suffering from high blood pressure, and about 8 percent from diabetes, the two most frequently reported conditions.⁶ The global evidence has listed groups with NCDs and elderly population among the most vulnerable populations and at higher risk for severe illness.

The COVID-19 pandemic poses a serious social and economic challenge to the country.

The impact of the COVID-19 outbreak will be transmitted both through external channels and lower domestic demand. Prior to the pandemic, Kosovo's economy was projected to grow by 4 percent in 2020. However, the pandemic and the associated public health containment measures are expected to lead to a contraction in economic activity by 4.5 percent.⁷ Revenues have declined significantly, since the government announced the public health containment measures, suggesting a significant decline in economic activity. Declining consumer demand, disruptions in local and global value chains, and the need for physical distancing may lead to further adverse effects on businesses.⁸ Importantly, 70 percent of the working age population in Kosovo enters the COVID-19 crisis without a job and, among those who are employed, many

⁵ World Bank. 2019. Kosovo Health Financing Policy Note. August 31, 2019.

⁶ World Bank. 2019. Kosovo Health Financing Policy Note. August 31, 2019.

⁷ World Bank. 2020. *Western Balkans Regular Economic Report: Spring 2020, The Economic and Social Impact of COVID-19*.

These estimates assume that the outbreak affects only the second quarter and economic activity picks-up in the second half of 2020. If the epidemic and the corresponding containment measures are prolonged into the third quarter, Kosovo could fall into a deeper recession associated with a contraction of above 10 percent in 2020.

⁸ In Kosovo, more than 90 percent of the firms have less than 10 employees which were disproportionately affected through the necessary shutdown measures that were introduced to contain the spread of the outbreak.



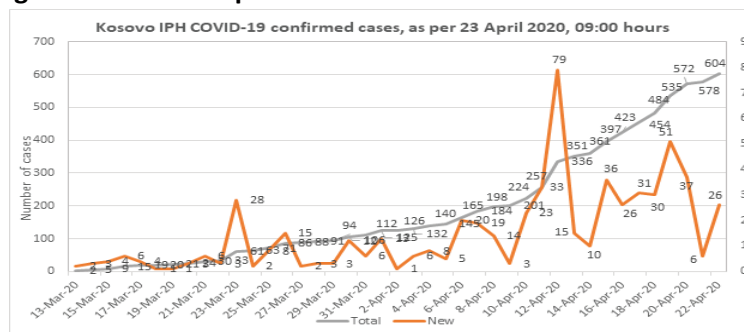
work for a median wage that is very close to the minimum wage, suggesting that many of these households have limited savings to draw upon during this crisis.

The dismissal of the government amid the pandemic heightens the challenges of addressing the crisis in the current political context. Following the resignation of the former Prime Minister, early elections were held in Kosovo on October 6, 2019. The two (until then) opposition parties, Vetevendosje (VV - Self-Determination Movement), and the Democratic League of Kosovo (LDK) won the majority of votes. It took four months from the elections for the new government to be formed on February 3, 2020. The new coalition government consisted of Vetevendosje, LDK, plus the constitutionally required representation of minorities. Less than two months after taking office, the coalition government faced a no-confidence vote in Parliament on March 25, 2020, following disagreement among the two main coalition partners on how to handle the resumption of internationally mediated talks on the normalization of bilateral relations between Kosovo and Serbia. The vote of no-confidence was initiated by LDK, one of the main partners in the coalition, and supported by the opposition parties. Since then, the current government operates in a caretaker mode until a new government is in place.

Sectoral and Institutional Context

Kosovo was hit with the global pandemic of COVID-19 in mid-March, with 630 confirmed cases and 18 deaths, as of April 22, 2020. Confirmed cases are spread across more than 20 municipalities in Kosovo, with the greatest concentration of cases in Malisheva, Prishtina, and Ferizaj. More than 500 people are under mandatory quarantine, and more than 6,300 others are under public health surveillance. Around 5,400 tests have been carried out. Most cases are among people 30-39 years of age, followed by the groups 20-29, 40-49, and 50-59 years of age. The first case reported in Kosovo was an imported case from Italy on March 13, 2020.⁹ Since the confirmation of the first cases, Kosovo’s epidemic curve has shown an increasing trend of new cases confirmed, with the peak shown during the early weeks of April (Figure 1).

Figure 1. Kosovo’s epidemic curve of confirmed COVID-19 cases.



Source: National Institute of Public Health data, April 22, 2020.

The Government of Kosovo acted quickly, declaring a Public Health Emergency for the entire country on March 15, 2020. The government immediately established a National Committee for COVID-19 Coordination and Monitoring, which has been working with health institutions, the United Nations agencies, local security authorities, as well as other international donors to set up quarantine arrangements and border controls, as well as medical evacuation of returning citizens. The Ministry of Health (MoH), as the lead agency for COVID-19 national planning and response, has put in place actions

⁹ Institute of Public Health in Kosovo. <http://www.niph-rks.org/>



plans to respond to the epidemic, including a National Preparedness and Response Plan for COVID-19, which was initiated in January 2020. Decisions and activities for managing the public health emergency are based on the Health Law 2004/4, the Law on Public Health 02/L-78, and the Law for Prevention and Control of Communicable Diseases 02/L-109, and following the protocols from the WHO and the European Center for Disease Control.¹⁰ The Plan initially involved awareness activities among health professionals and the public, as well as building potential scenarios for epidemic management, foreseeing responsive plans to different levels of country risk posed by the number of cases. The Plan also established procedures for case detection, isolation, and case management, as well as national protocols for testing, case treatment, and case tracing. With regards to testing, according to the National Institute of Public Health, Kosovo's approach to testing is in line with WHO recommendations. All suspected cases (those who show clinical symptoms and all close contacts of confirmed cases) are mandatorily tested.¹¹ Suspected cases are asked to self-isolate for two weeks and are regularly monitored by the National Institute of Public Health. A more advanced version of the Plan includes a communication flow diagram between MoH and other levels of care, as well as other third agencies, clear set of responsibilities for each stakeholder, and an assessment of stocks for personal protective equipment (PPE) supplies, disinfection, disposable materials, and isolation capacities of health facilities.

The country is currently at level 4 of emergency situation, with clusters of localized transmission of COVID-19. Kosovo does not currently have any Law on Emergencies. The MoH and the National Institute of Public Health have established a *modus-operandi* within the National Strategy for COVID-19, indicating 5 stages of emergency. Kosovo is currently at the 4th level, considering the number of cases as well as fatalities. Under level 4 of emergency, all primary care centers are expected to conduct screening for symptoms at community level and borders. Suspected cases are to be referred to the Infective Clinic at the University Clinical Center of Kosovo (UCCK). UCCK is the designated referral center for COVID-19 cases. Mobile health centers have been set up at all of Kosovo's borders. Hospitals were asked to set up separate areas for routine cases and cancel all non-urgent procedures. One main quarantine area has been set up in Prishtina student campus, mandatorily accommodating all the returning citizens for two-weeks and suspected cases.

The public health response to the pandemic is led by the health system in Kosovo, which has limited capacity to surge in response to the rising demands due to COVID-19. Although the primary level's role is preventive care, primary care centers in Kosovo are not acting as gatekeepers of care, and therefore missing an opportunity to positively impact the health outcomes of the poor population. With existing public funds and resources, it is difficult for Kosovo to incentivize any quality improvement, as well as respond to the surging demand for healthcare services arising from COVID-19. Total health expenditure and the share of the government's health budget in Kosovo are low relative to both regional and GDP per capita comparators. In addition, the Kosovo health system is predominantly tax-funded (97 percent of public spending on health comes from the general budget), but with a significant share of contributions from private out-of-pocket payments.¹² The implementation of the recently initiated health insurance reform has been delayed leaving the health system in Kosovo under the current direct-provision model. Currently, the financing, risk pooling, and provision of health care is integrated and managed by the central government. Public health facilities are owned by the state and all health care personnel are

¹⁰ National Preparedness and Response Plan for COVID-19. February 2020.

¹¹ All PHCs, the other clinics at UCCK, Infectious Disease Clinic, and regional hospitals have to mandatorily report suspected cases to the National Institute of Public Health, and the latter initiates aggressive contact tracing for the past 3 weeks of the suspected case to identify patient zero.

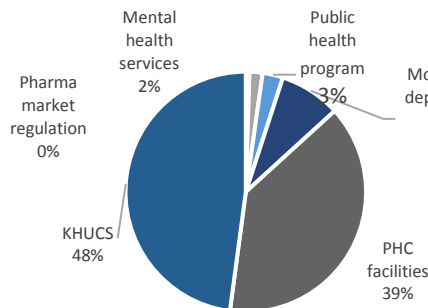
¹² The World Bank Kosovo Policy Notes 2020. February 2020.



salaried state employees, governed by civil service law and budget rigidities.

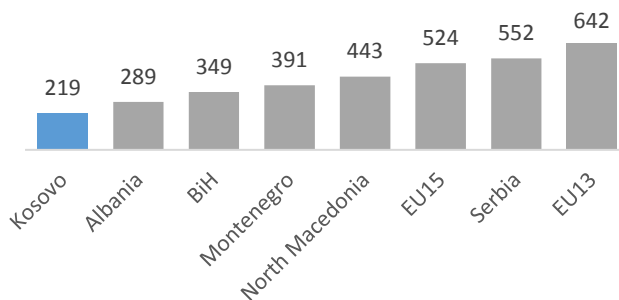
The health system is characterized by weak delivery systems, which further undermines the ability of the country to respond to COVID-19, underlying the importance of containment measures. The number of physicians and nurses per patient, number of beds, among others, are among the lowest in Europe. The country has a severe shortage of qualified medical staff (Figure 2); over the last five years, the number of physicians has decreased by more than one-third. The situation is especially concerning in primary health care (PHC). The government has set target ratios of one physician and two nurses per 1,000 inhabitants for PHC, and out of 32 municipalities for which data are available, only three meet the requirement for doctors and 16 meet the requirement for nurses. The number of inpatient beds per 100,000 inhabitants (219 in 2017) is significantly lower than in neighboring countries and the EU average (Figure 3). While low bed capacity could be a positive efficiency indicator in many countries, the fact that it is exceptionally low in Kosovo more likely indicates input constraints rather than efficiency, and especially in situations of public health emergencies. There are also reports of unavailability of drugs and services, long waiting times, lack of diagnostics and lab services, and absence of specialists.¹³ The existing public health emergency staff is under-resourced and have doubled the working hours to meet surging demand for public health services, contact tracing, diagnosing, and treating COVID-19 cases.

Figure 2: Health sector staff composition, 2017



Source: Kosovo Health Financing Note. Author's calculations. Data source: KAS.

Figure 3: Inpatient beds per 100,000, 2017 or latest



Source: Data from KAS (Kosovo) and WHO (other countries).

Weaknesses in the health system, together with the demographic and social characteristics of Kosovo, make it highly vulnerable to the rapid spread of the COVID-19. Kosovo is a young country, with only seven percent of the total population being 65 years of age and above. However, older people in Kosovo largely reside with their children and grandchildren in multigenerational households. The share of multigenerational households (i.e. households with at least one prime-age adult and one elderly) is 30.5 percent, with 61 percent of all older people living in multigenerational households where children are present.¹⁴ This trend, together with the high burden of NCDs in Kosovo, makes the population vulnerable to the rapid spread of the coronavirus, drawing attention the need for public health containment measures.

Given these factors, mitigation measures including social distancing are key in the response to the pandemic, as these will limit the pressuring on the health system. The health system needs to prepare to face an increased demand for medical services, hospitalization and critical care of COVID-19 patients,

¹³ The World Bank Kosovo Policy Notes 2020. February 2020.

¹⁴ World Bank analysis based on the Household Budget Survey 2017.



while continuing to provide at least basic services for the non-COVID-19 patients. However, in order for country to “flatten the curve” and not overwhelm the health system all at once, evidence from other countries shows that mitigation measures including social distancing are essential to reduce community transmission and therefore the number of people infected (see economic appraisal section below). Although uncertainty remains and most of the prediction are based on evolving modeling, epidemiologists are warning that countries should expect to see population infection rates raising from 25 to 80 percent over the course of the epidemic¹⁵ unless mitigation measures are taken.

In recognition of these trends, the Government of Kosovo adopted early on a set of public health measures to contain the spread of the virus and “flatten the curve”. Schools, shops, bars, restaurants, public gatherings, and all other non-essential businesses have been closed and suspended as of March 11, 2020, except for supermarkets, pharmacies, and emergency medical providers. International air travel was suspended, and borders closed as of March 16, 2020, with permits allowing incoming citizens who are mandatorily placed in the main quarantine area in Prishtina University student campus for a 2-week period. Following an initial curfew for all citizens between different hours of the day¹⁶, as of April 15, the MoH has introduced new movement restrictions prescribing 1.5-hour period for groups of citizens based on the penultimate digit of their personal ID number, to only be allowed to only purchase food and medicine, attend to financial matters, and practice physical activities. The use of vehicles is only permitted if the nearest market/pharmacy/bank is more than 2 km from the home. All persons in movement are not permitted to be accompanied by any other person, with exceptions, and are required to wear a mask or a scarf and keep a minimum of 2 meters distance. Persons over 65 years old are recommended not to leave their homes, except for emergencies. No other travel or traffics is allowed. Licensed pharmacies operate after 5 p.m. with a rotational on-duty shifts. All other emergency and core government functions continue to operate albeit with reduced capacity. Respecting the measures to restrict movement is the most effective means to prevent a sharp increase of new COVID-19 infections, above all: stay-at-home, self-isolate, keep social distance, and frequent hands washing. These measures were adopted by the country and progressively introduced with the goal of tightening the spread of the virus. Annex 4 presents a list of all measures introduced by the Government since March 11, 2020.

The resulting economic downturn arising from the measures to contain the outbreak will not only affect the poor but may also propel large numbers of people into poverty. Prior experience suggests that unemployment rates can rise sharply during such a global crisis. In Kosovo, the supply and demand shocks to the economy arising from the containment measures adopted by the government to mitigate the spread of COVID-19 are expected to reduce household earnings.¹⁷ Jobs in the informal sector, which account for 35 percent of all employment, are especially sensitive to economic conditions. An analysis of sectors that will be particularly affected by the consequences of measures taken to contain the pandemic, including quarantines, restrictions on international travel, disruption of supply chains and resultant economic downturn, shows that close to 90 percent of workers in the most affected sectors are men (reflecting both the higher rates of employment among men than women and the types of work men carry out compared with women), who levels of education up to secondary degrees, work informally, and work in small firms with up to 10 employees.¹⁸ The expected high rates of job loss in these sectors,

¹⁵ See, for example, Ferguson N. et al. <https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>

¹⁶ The constitutional court ruled the curfew imposed as per the government decision of March 23, 2020 unconstitutional, demanding it to be lifted after April 13.

¹⁷ World Bank. 2020. *Fighting COVID-19: ECA Economic Update Spring 2020*.

¹⁸ World Bank staff estimates. Analysis of sectors anticipated to be mostly affected by the crisis using Kosovo 2018 Labor Force



combined with no access to social insurance, are likely to increase the prevalence and depth of poverty among these workers and their families. Although the prevalence of job loss is expected to be higher for men, the impact of unpaid care for children, elder people and ill family members, who are mainly cared for by women, will likely lead to women suffering from job loss and/or cuts in salary.¹⁹ Further, the expected decline in remittances (which are an important source of income for many households²⁰) and an increase in out-of-pocket health expenditures are likely to affect a broader range of households, resulting in an increase in the prevalence and depth of poverty. Therefore, strategies to ensure that such communities are not further pushed into poverty and marginalized due to social distancing policies should be part of the full response to the crisis.

Enforcing social distancing measures thus requires clear and consistent communication with the public and social and financial mechanisms to support people to ensure compliance. In recognition of the need to communicate clearly with the public, the government is making regular public statements with updates and general recommendations for the population.²¹ The MoH has created a special website with up-to-date official Kosovo statistics and measures to be taken to prevent further transmission of the disease.²² An emergency phone line has been established for a 24/7 communication with citizens.²³ The government has also announced a set of emergency measures to help ensure that the population is able to comply with the public health containment measures by providing direct financial support to households through a range of programs (see Annex 4). The government has stated that these immediate measures – detailed in the Operational Plan on Emergency Fiscal Package - will be complemented by a longer-term recovery package, which will be longer in duration and contain a broader set of measures.²⁴ The cost of the Emergency Fiscal Package is estimated at about 2.8 percent of GDP; however, the prolongation of the outbreak may necessitate a further extension of the emergency stimulus package. The crisis has also precipitated a sharp fall in government revenues, by 11 percent as compared to last year, leaving limited fiscal space to finance these programs. The government will therefore require external support to provide much needed financial assistance to poor and vulnerable households over the coming months to respond to the direct economic consequences of the pandemic and the containment measures.

Within Kosovo's social protection sector, the Social Assistance Scheme (SAS) is well positioned to provide emergency financial assistance to poor households to help them comply with public health measures. Kosovo's social protection system is dominated by old-age pensions and war-related benefits, while spending on the country's only poverty targeted program, the SAS, decreased to 0.45 percent of GDP in 2018, which is much lower than the regional average of 2.2 percent of GDP and the average of 1.6

Survey.

¹⁹ National Council for Economic Development. 2020. Potential measures proposed for the Government of Kosovo – immediate and mid-term. March 2020.

²⁰ Remittances account for around 12 percent of Kosovo's annual GDP; last year, Kosovo received Euro 852 million in remittances according to Kosovo Central Bank data and Kosovo Agency of Statistics data 2019.

²¹ Regular communication is established between the MoH, the Institute of Public Health, and international donors, as well as with the general public.

²² Also, visitors at the website can do an interactive self-evaluation to verify for COVID-19 symptoms. There is also a possibility to register for volunteering at the same website.

²³ Citizens have been advised to call this number if they have symptoms of COVID-19 instead of accessing care directly from health facilities. The Ministry of Health in Kosovo.

²⁴ The Emergency Fiscal Package was adopted through a Decision of the Government on March 30, 2020. The Operational Plan was issued on April 3, 2020. The Government announced its intention to provide longer-term support through the media from mid-April 2020. It is anticipated that the new government, once announced, will announce a second special fiscal package to support economic recovery.



percent in developing and transition economies.²⁵ In terms of performance, the SAS is well-targeted, with 70 percent of beneficiaries and 68 percent of benefits going to households in the bottom quintile. SAS benefits represent a significant share of beneficiary households' consumption.²⁶ At the same time, as a result of categorical and exclusionary filters in the process of beneficiary selection, the SAS suffers from high errors of exclusion, reaching only ten percent of all households and excluding nearly two-thirds of households in the bottom quintile. Overall, the ability of Kosovo's social protection system to respond rapidly to shocks is undermined by the lack of any unemployment insurance, rigid and narrow targeting criteria for social assistance, and a lack of a registry of potential beneficiaries, which could support the government to rapidly expand emergency cash transfer support. As a result, despite certain shortcomings, the SAS remains the only instrument within the social protection system in Kosovo capable of rapidly reaching a significant share of the poor and vulnerable population with cash transfer support. Under the SAS, a system is already in place to identify, process and make payments to eligible households (see Annex 6). This includes a registry of program beneficiaries as well as the necessary IT infrastructure to cross-check household eligibility and process payments, as well as service agreements in place to make payments through regulated providers. While the government is seeking to reform the SAS to improve its poverty impacts (see paragraph 0), these systems can be leveraged to increase payments to existing beneficiaries as well as expand eligibility to quickly provide financial support to households adversely affected by the COVID-19 crisis and fall into poverty.

These emergency measures are being implemented in a changing institutional landscape. The government that came into power at the beginning of February 2020 has reformed the ministries, splitting the Ministry of Labor and Social Welfare (MLSW) by delegating part of its mandate to the MoH and part to the Ministry of Finance and Transfers (MoFT), among other changes. Until this point, the MLSW was responsible for setting the policy objectives for and rules of the SAS, as well as implementing this scheme and the range of other social assistance support to pensioners, war veterans, persons with disabilities, and others. With this split, the former Department for Social Policies and Family, which is responsible for social policy and social care services, has been moved to the MoH, while the Division of the Social Assistance Scheme (called the SAS Division), which had previously sat within the Department, has been moved to the MoFT. Within this reorganization, the organization of the Division, its staffing and resourcing has remained unchanged, as has its responsibility for the SAS.

The government's response to COVID-19 is closely coordinated with the international community, which is providing technical assistance and financial support. The WHO is the lead agency for health-related coordination with MoH and is in daily contact with the MoH and the National Institute of Public Health in supporting an effective response. WHO and a few other UN agencies, including the World Bank, are members of the inter-institutional crisis management group. UNDP is procuring ventilators with financial support from Norway, Switzerland and possibly Luxembourg. A large number of PPEs was donated by UNICEF to the MoH. EU has signed a Euro 5 million contract with the Government of Kosovo for the procurement of emergency supplies through UNOPS. The list of supplies includes respirators, infusion pumps, syringe pumps, ambulance vehicles, among other equipment. The USAID has announced a tranche of aid in the amount of US\$ 1.1 million aimed at providing operational support to mitigate disease impact. The Swiss Agency for Development and Cooperation (SDC) is assisting the MoH in the preparation, design and dissemination of awareness-raising messages to the population on the COVID-19 pandemics and have provided Euro 430,000 to the UNDP for the procurement of mobile ventilators. The

²⁵ World Bank. 2017. Closing the Gap: The State of Social Safety Nets 2017.

²⁶ World Bank. 2019. Kosovo Social Assistance Scheme Study: Assessment and Reform Options.



EU have announced financial support to the government for immediate needs, including response to the socio-economic impact and is considering support to strengthen the provision of social care services. The IMF has already approved and disbursed US\$ 56.6 million under the Rapid Financing Instrument to help mitigate the wider economic impact of the pandemic.

Within this coordinated support to Kosovo, the World Bank is well positioned to effectively support the government's rapid response to COVID-19. Under the current World Bank-financed Kosovo Health Project (P147402), two major components focus on strengthening primary care and developing the key building blocks for social health insurance. Recently, under the ongoing Kosovo Health Project, the government has used Euro 1 million to purchase personal protective equipment (PPEs) and medical supplies to respond to immediate COVID-19 emergency. In addition, the Kosovo Health Project restructuring is being finalized to accommodate the Government request to use Euro 4 million to further respond to the needs arising from COVID-19. The Bank has actively supported the country in capacity-building and analytical work while introducing the social health insurance reform and technical support to improve targeting mechanisms for health insurance subsidies.²⁷ The World Bank is thus well positioned to support the government to extend such capacity building to strengthen its surge capacity for COVID-19. In parallel, the World Bank has a sustained engagement in the social protection sector. Based on a thorough review of the SAS, the World Bank has been supporting the government in developing a reform proposal of the targeting mechanism with the objective to replace the current inexact proxies of poverty and powerful exclusion filters with a combination of a means and proxy-means test (PMT). As a first step in the reform process, the former MLSW prepared a Concept Document for a new law on the SAS with World Bank support. The document was submitted for public consultations on August 30, 2019. Next steps include the review of the SAS reform Concept Document of the government and approval by the new cabinet, followed by drafting the new SAS law. Through this technical assistance, the World Bank has established itself as a leading donor in the sector; it is the only development partner providing technical assistance to the Government's SAS and only partner supporting the Government's efforts to provide financial support to poor and vulnerable households in response to COVID-19.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

The project development objective is to prevent, detect, and respond to the threat posed by the COVID-19 and strengthen national systems for public health preparedness in Kosovo.

Key Results

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

- Number of suspected cases of COVID-19 reported and investigated per approved protocol;
- Number of diagnosed cases treated per approved protocol; and,
- Number of beneficiaries receiving financial support to enable social distancing.

D. Project Description

This project was selected for COVID-19 financing at the request of the Government of Kosovo based on

²⁷ This is coordinated with the broader social assistance reform discussed in this same paragraph.



the country’s financing gap and technical capacity constraints. The objectives, scope and components of this Project are aligned with the COVID-19 Fast Track Facility. Activities within each component are limited to those for which the government requested urgent assistance in order to complement the government’s own pandemic response and support from other development partners, while remaining consistent with the list of eligible activities outlined in the COVID-19 Board Paper and the designs of other COVID-19 projects. The components are:

- **Component 1: Emergency COVID-19 Response:** This component provides immediate support to the government to prevent new cases of COVID-19, limit local transmission through contact-tracing and containment strategies, and to treat established cases, including the most severe. It supports the enhancement of disease detection capacities through the provision of technical expertise, laboratory equipment, and systems to ensure prompt case finding and contact tracing.
- **Component 2: Supporting households to comply with public health containment measures.** This component will support the government to provide income support to the poor and vulnerable households in Kosovo to enable them to comply with the social distancing measures the government has introduced to contain the COVID-19 pandemic.
- **Component 3: Project management, communications, and community engagement.** This component will support project implementation in the overall administration of the project, as well as regular monitoring and reporting, and communication and community engagement.

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 is expected to have positive environmental and social impacts through improvements in COVID-19 surveillance, detection and containment; provisions of protective equipment and implementation of COVID-19 specific Operational Health and Safety (OHS) procedures for healthcare workers, improvements in medical waste management, and provision of in-kind care and emergency cash assistance for vulnerable persons and poorest households. However, the project could also cause environmental, health and safety risks due to the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported health facilities and laboratories.

E. Implementation

Institutional and Implementation Arrangements

The Ministry of Finance and Transfers will be responsible for the overall coordination of the proposed project and for the implementation of Component 2 (Supporting households to comply with public health containment measures). The Ministry of Health will be responsible for the implementation of Component 1 (Emergency COVID-19 response).



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