



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 03-Apr-2020 | Report No: PIDA29010

**BASIC INFORMATION****A. Basic Project Data**

| | | | |
|------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|--------------------------------------------------------|
| Country Belarus | Project ID P173828 | Project Name Belarus Emergency COVID-19 Response Project | Parent Project ID (if any) |
| Region EUROPE AND CENTRAL ASIA | Estimated Appraisal Date 03-Apr-2020 | Estimated Board Date 03-Apr-2020 | Practice Area (Lead) Health, Nutrition & Population |
| Financing Instrument Investment Project Financing | Borrower(s) Republic of Belarus | Implementing Agency Ministry of Health of Belarus | |

Proposed Development Objective(s)

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

Components

Emergency COVID-19 Response
Project Implementation and Monitoring

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

| | |
|---------------------------|--------|
| Total Project Cost | 100.00 |
| Total Financing | 100.00 |
| of which IBRD/IDA | 100.00 |
| Financing Gap | 0.00 |

DETAILS**World Bank Group Financing**

| | |
|--------------------------------------------------------------|--------|
| International Bank for Reconstruction and Development (IBRD) | 100.00 |
|--------------------------------------------------------------|--------|

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

Strategic Context

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2)¹ 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 thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 23, 2020, the outbreak has resulted in an estimated 332,930 cases and 14,150 deaths in 168 countries.

This Project Information Document (PID) describes the emergency response to Belarus under the COVID-19 Strategic Preparedness And Response Program (SPRP) using the MPA expected to be approved by the World Bank's Board of Executive Directors on April 2, 2020 with an overall Program financing envelope of International Development Association (IDA) US\$1.3 billion and of International Bank for Reconstruction and Development (IBRD) US\$2.7 billion.² This Project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF), with additional financing from Belarus' IBRD allocation.

Country Context

Since the collapse of the Soviet Union, Belarus has pursued a gradual transition path characterized by a slow opening of the economy to the private sector and a limited reform of the governance system of state-owned enterprises. Until 2008, this gradualist strategy was successful in terms of increasing per capita gross domestic product (GDP) growth, human development, and reducing poverty. From 1996 to 2000, real GDP growth averaged about 6.3 percent per annum, and in 2001-2008, it accelerated further to 8.3 percent per annum.

The end of Belarus' growth boom started with the financial crisis of 2008 and the gradual revision of the terms fixing the price of oil imports from the Russian Federation. Coupled with the global oil supply shock in 2014, and economic weakness in Russia, a key trading partner, the economy never resumed the vigorous expansion path of the previous decade. From 2009-2014, annual growth averaged 3 percent and, in 2015-2016, the economy entered a recession—the first since 1995. 2017-18 saw a tepid cyclical recovery with growth reaching 3 percent in 2018, backed by macroeconomic stabilization measures, policies to promote private sector development, increased domestic demand, and mild recovery in the economies of trading partners. However, by early 2019, economic growth had slowed to 1.2 percent due to deteriorating external conditions and persistent structural weaknesses.

¹ SARS = Severe Acute Respiratory Syndrome

² PAD N°3810



Economic growth in Belarus was accompanied by a remarkable fall in the number of households living below the national poverty line and an increase in the incomes of households in the bottom forty percent. From 2003 to 2014, Belarus had the largest reduction in poverty rates in the Europe and Central Asia (ECA) region. Measured at the internationally comparable purchasing power parity (PPP) US\$5/day threshold,³ the poverty headcount in Belarus fell from 32 percent in 2003 to less than one percent in 2014, while in ECA it fell from 38 percent in 2003 to 13 percent in 2013. Inequality fell along with poverty and remained low by regional standards.

However, the economic downturn of 2015-2016 made households more vulnerable. The national poverty rate increased, peaking at 5.9 percent in 2017, but then declined somewhat to 5 percent during the economic recovery of 2018-2019. However, significant vulnerabilities remain: the share of population below the Minimum Consumption Budget—a national measure of welfare — was 29.4 percent in 2018, compared to 18.9 percent in 2014.

Sectoral and Institutional Context

While health outcomes in Belarus have improved over time, life expectancy is relatively low and non-communicable diseases (NCDs) are an important risk factor. Belarus has made good progress in the control of communicable diseases and in reducing infant and maternal mortality. However, Belarus' life expectancy is lower than that of every European Union (EU) country. It is 10.1 years higher for women (79 years) than for men (68.9 years), mainly as a result of the growing incidence of NCDs, in particular cardiovascular diseases, due to poor diet, smoking, alcohol consumption, and sedentary lifestyles.

The population of Belarus is aging, with implications for health system organization and costs. It is estimated that there are currently 2.3 million elderly people (post working age) in Belarus, out of whom 1.4 million people are over the age of 60. In 1990, the percentage of people aged 65 and above was 10.7 percent. By 2017 this share had increased to 14.9 percent, and it is projected to grow to 25 percent by 2050. The share of people over the age of 80 is projected to grow from 3.5 percent to 7.5 percent over the same period. By 2025, the proportion of the population over people 65 in the total population will overtake the proportion of people aged 0-14.

Health care delivery is skewed towards hospital care with a large, over-sized hospital network. Belarus lacks a strong primary care system that will be necessary to address the health challenges associated with aging and a growing NCD burden in a cost-effective manner. For its population size, Belarus has many hospitals, hospital beds, doctors, nurses, and other personnel – a legacy of pre-independence service delivery structures. Moreover, discrepancies exist in the internal efficiency of hospitals, with significant variation in the average length of stay and unit costs for similar treatments across the country. Enhancing the efficiency and quality of services and the use of public resources will require strengthening primary health care services to manage the growing incidence of NCDs (especially in the context of an aging population), eliminate disparities in health care provision between urban and rural areas, reorganize and reprofile the hospital network, improve integration of care between different levels of services, and meet the increasing need for long-term care.

Many general hospitals are low capacity facilities. Almost every rayon in the country – even as small as 15,000 people – has a general hospital called central rayon hospital and often additional district hospitals and nursing facilities. In the central rayon hospital, the whole range of hospital services would be offered, including complex surgeries and maternity care. It can be assumed that the number of surgical and obstetrics interventions as well can be extremely

³ The PPP US\$5/day per person threshold based on the 2005 International Comparison Program (ICP) prices is equivalent to BYN 2.67/day per person in national currency at 2016 prices.



low to sustain a good quality of care – as low as 49 surgeries with general anesthesia per year and less than 400 deliveries per year in 46% of sampled central rayon hospitals. Each hospital maintains the intensive care unit (ICU) with uneven distribution of beds and equipment and employs staff for complex surgical interventions. In the research conducted for the PER purposes, the average capacity for Central Rayon hospitals was 221 beds, with most non-surgical cases. Many district hospitals in the same rayon have duplicative functions treating therapy patients. Because of the lack of investments and other constrains, very few hospitals may provide complex care (for ex. complex heart surgeries or advanced cancer treatment). With limited resources distributed between oversized hospitals sector, most of the hospitals aren't supplied sufficiently and the use of the resources is far from optimal. The costs for the medical institutions are dominated by fixed costs, leaving little space for innovations and quality improvements.

Critical care and emergency services capacities have limitations. According to the Ministry of Health (MOH), there are 2,575 intensive care unit (ICU) beds in Belarus, across 360 hospitals with ICU capacity, but the beds are unevenly distributed across the country. It is also unclear how well equipped the ICUs are and how old the current equipment is. The MOH plans to adjust 38 hospitals to increase their capacity for COVID-19 response. In total, there will be 11,500 ICU beds, including 230 ICUs for critical cases. If necessary, 2,140 beds additional beds could be reprofiled. Although Belarus has enough ambulances providing pre-hospital emergency care (of which 1,103 are basic life support (BLS) vehicles and 57 are ambulances of advanced life support (ALS)), most of the current fleet is unsuitable for providing modern pre-hospital emergency medical care.

In general, available assessments suggest Belarus might not be sufficiently prepared to prevent, detect, and respond to epidemics on the scale of COVID-19. Belarus' score on the Global Health Security Index is 35.3, ranking 108 out of 195 countries⁴. Capacity for detection and reporting (which encompasses laboratory systems, real-time surveillance and reporting, the epidemiological workforce, and data integration across human/animal/environmental health sectors) is considered limited, with Belarus scoring far below average (28.9 vs average of 41.9). This is a substantial vulnerability and raises questions as to the reliability of information on the current extent of the COVID-19 outbreak. Fortunately, the country's capacity for rapid response is considered quite strong. Belarus scores 46.6 against an average of 38.4, with particularly high capacity to implement response plans, implement trade and travel restrictions, ensure access to communications and infrastructure, and undertake risk communication activities. In March 2020, WHO assessed country prepared capacity for COVID-19 as Level 3, which is similar to most other developing countries in the ECA region.⁵ However, Belarus has not undertaken a Joint External Evaluation of the implementation of International Health Regulations (2005)⁶ which would provide more detailed information. In sum, while there a paucity of information on overall readiness, available assessments suggest an insufficiency of preparedness but also a strong general capacity to respond in times of emergency that can be leveraged to combat the COVID-19 pandemic.

The COVID-19 epidemic in Belarus is still in its early stages, but confirmed cases are increasing rapidly. The first confirmed COVID-19 case in Belarus was identified on 28 February 2020. By March 25, 2020, there were 57 active cases, 29 people had recovered, and no deaths had yet been recorded.

To date, the Government of Belarus has not issued any formal declaration of emergency or enforced special measures to combat the spread of COVID-19. The Belarusian authorities have not introduced any significant

⁴ <https://www.ghsindex.org/wp-content/uploads/2019/10/2019-Global-Health-Security-Index.pdf>

⁵ Country preparedness capacity: a rating of 5 implies the country has a high capacity to comply with International Health Regulation (IHR) activities of preventing, detecting and responding to a public health emergency, a rating of 1 implies little to no capacity.

⁶ <https://www.who.int/ihr/procedures/joint-external-evaluations/en/>



restrictions or prohibitions, limiting their intervention to non-binding recommendations to businesses and private persons to follow WHO guidelines with respect to precautionary measures. There is also no inter-ministerial coordination mechanism. Belarus remains the only country in the region to keep its borders open. Schools have not been closed and are expected to remain open until the end of the school term on March 30, 2020. Some universities are offering online education. However, international cultural, sport and scientific events have been suspended until April 6, 2020; the national airline, Belavia, has cancelled international flights to 26 countries; and international rail travel is no longer permitted.

The MOH has taken a number of actions with respect to COVID-19 prevention, case detection and care. On March 16, 2020, it issued an order listing the hospital requirements for care of patients with COVID-19, remuneration policies for health workers, actions to be taken by outpatient care facilities, and set up a call center. By the order of the Prime Minister of the Republic of Belarus from March 17, 2020, the inter-agency working group has been established to coordinate the work on COVID -19. Information on the course of the epidemic and recommendations for the public are being constantly updated on the website of the MOH. Quarantine measures have been introduced for all close contacts of individuals who test positive for COVID-19. Persons subject to quarantine will be tested and hospitalized for observation for 14 days. Persons returning from abroad are asked to limit the number of contacts within the first 14 days after arrival and are being tested for COVID-19 at the points of entry. The MOH reports that 23,000 rapid tests have been performed (figure as of March 23, 2020) and that the country has 22 ventilators per capita (although the quality is not known). The number of tests per 1,000,000 population varies from country to country. For instance, in South Korea there are 13,737.13 tests conducted per one million population, in Australia - 5,478.40, Poland - 899.15; thus, in Belarus it comes to 2,300 per million population.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

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

Key Results



D. Project Description

This project was selected for COVID-19 financing based on the request of the Government of Belarus, the vulnerability of the country to the COVID-19 pandemic, and the insufficiency of government funding to support a response. This project complements the longer-term support provided by the Bank to health systems strengthening in Belarus, including the on-going Belarus Health Systems Modernization Project (P156778) and a potential future project to support hospital consolidation and long-term care that has been requested by the Government of Belarus. This Project has triggered paragraph 12 of the Investment Project Financing Bank Policy. IPF projects under the Facility do not need to process individual requests to take advantage of the flexibilities under paragraph 12 of Section III of the IPF Policy. This flexibility was granted to all IPF projects under the Facility through the Memorandum on “Streamlining the processing of IPF operations financed under the Fast Track COVID-19 Facility”.

The Project objectives are aligned to the results chain of the COVID-19 Strategic Preparedness and Response Program. And has the following PDO Level Indicators: (i) number of fully equipped and functional ICUs to manage severe cases of COVID-19; and (ii) number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents.

The project envisages the following theory of change: At the facility level, through investments in the refurbishments of ICUs and laboratories, and the provision of basic equipment and medical inputs (e.g. test kits, personal protective equipment (PPE)), as well as training of facility personnel in COVID-19 prevention and treatment protocols, the Project will strengthen the health system’s capacity to respond to the surge in the number of COVID-19 cases, which will lead to an increase in the utilization of testing and treatment services. By investing in the development of risk communications materials, the Project will increase the level of information disseminated to the population at risk. Together, these investments will increase the capacity of the government of Belarus to respond to the pandemic (as well as prepare for future pandemics) and, ultimately, decrease COVID19-related morbidity and mortality in Belarus.

The Project will consist of two components to support the government to curb the spread of COVID-19 pandemic and strengthen health system to detect and treat cases. The specific activities financed by the Project will : (i) strengthen the short- and long-run capacity of the public health system to provide intensive care; (ii) rapidly address the COVID-19 emergency by identifying, isolating and providing care for patients with COVID-19 to minimize disease spread, morbidity and mortality, (iii) implement effective communication campaigns for mass awareness and education of the population on how to tackle the COVID-19 emergency.

Epidemiologists predict that countries could expect to see population infection rates between 25 percent and 80 percent (Ferguson et al. 2020). Under these assumptions, in Belarus, the disease may cause between 174,800 and 559,400 severe infections, between 52,000 and 166,300 critical infections requiring intensive care, and between 25,100 and 80,400 deaths (see Annex 3). Even in the more optimistic scenario of a 10 percent infection rate, these numbers would be 69,00, 20,800 and 10,000, respectively. Project support would therefore strongly contribute to the COVID-19 response by providing equipment, tests, reagents, medicines, PPEs, technical guidance, training and communication materials, but will have to be secured and complimented by the strong government actions.

Component 1: Emergency COVID-19 Response (US\$ 99 million)

Subcomponent 1.1 Strengthening capacity of ICUs. This subcomponent will address the immediate health system needs for medical equipment, supplies and training to treat the severe cases affected by COVID-19 emergency. It will finance medical equipment and supplies required for diagnosis and treatment of COVID-19 patients in intensive care, as well as limited operating expenses, in repurposed COVID-19 hospitals and selected regional centers across Belarus. The hospitals in which ICUs to treat COVID-19 patients will be established have been identified based on an



assessment of existing service availability and the need to expand the availability of relevant specialist care in order to ensure equitable access. The subcomponent will also finance PPE for health workers in ICUs and the broader hospital setting, as well as pain medication, antibiotics and other routine medicines for the ICUs. Training in COVID-19 care and infection prevention, as well as longer-term capacity building in critical care provision, for staff at all ICUs, both existing and new, is also included. The subcomponent will not finance any construction, but only minor refurbishments needed in order to add new fully-equipped beds to existing ICUs, or to establish new ICUs within existing hospitals.

Subcomponent 1.2 Strengthening pre-hospital emergency medical services. This subcomponent will support the acquisition and distribution of modern ambulance vehicles and the essential equipment needed for those vehicles, for pre-hospital and in-hospital emergencies, in order to ensure timely access of COVID-19 patients to hospital care, as well as referral between facilities if needed.

Subcomponent 1.3 Support to the national surveillance system. This subcomponent will support strengthening of public health laboratories and epidemiological capacity for early detection, confirmation and reporting of cases. It will finance medical supplies and equipment needed to detect COVID-19 infection, including personal protective equipment, COVID-19 testing kits, laboratory reagents and other consumables.

Subcomponent 1.4 Improving risk communication. This subcomponent will support information and communication activities to increase the commitment of government, private sector, and civil society to curbing the COVID-19 pandemic, raise awareness and knowledge among the general population about the risk and potential impact of the pandemic, and to develop multi-sectoral strategies to address the pandemic. Communication efforts will be supplementary to the activities already planned by the Delegation of the EU in Belarus.

Component 2. Project Implementation and Monitoring [US\$1 million]

This component will support the administrative and human resources needed to implement the Project and monitor and evaluate progress. It will finance staff and consultant costs associated with project management, procurement, financial management, environmental and social safeguards, monitoring and evaluation, reporting and stakeholder engagement; operating and administrative costs; technical assistance to strengthen the Project’s emergency response (e.g. development of testing, treatment, referral and discharge protocols); and longer-term capacity-building for pandemic preparedness.

| 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's environmental risks are significant. The project will have positive impacts as it should improve COVID-19 surveillance, monitoring and containment. However, it can also cause significant environment, 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 Intensive Care Units (ICUs) and participating in the project laboratories. Infections due to



inadequate adherence to occupational health and safety standards can cause spread of virus for medical staff, laboratory staff and population at large in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages. Also, this can lead to illness and death among health workers. Furthermore, the ICUs and laboratories involving COVID-19 diagnostic testing and treatment will generate medical waste and other hazardous biproducts which, in the case of inadequate management during their collection, transportation and disposal, also may cause additional health risks.

The Social Risk Rating is Moderate. The major areas of social risks are linked to environmental ones and related to: (i) spread of the virus among health care workers; and (ii) the spread of COVID-19 among the population at large. The key social issues/risks to be managed will be focused on: (i) ensuring a soothing environment so as to avoid panic/conflicts resulting from false rumors and social unrest; (ii) assuring proper and quick access to appropriate and timely medical services, educate hand hygiene and PPE, that is not based on ability to pay or other factors; (iii) anticipating and addressing issues resulting from people being kept in quarantine; and (iv) addressing challenges associated with providing (financial) assistance for vulnerable and disadvantaged people such as elderly, low income households, etc. Most of these impacts and the risks can be contained by an effective and inclusive outreach program encompassing stakeholder engagement throughout the project cycle. As the project will not finance any new construction but potentially only minor refurbishing works that would be done inside the existing health care facilities and laboratories, the project will not cause any land acquisition or physical and economic displacement. Given that the project will be implemented nationwide, particular emphasis will be made to enable access to facilities and services to vulnerable social groups (low income, disabled, and elderly). The project will also need to ensure that public health guidelines that require quarantine and isolation to do not contribute to existing vulnerabilities (for example, to gender-based violence, GBV). To mitigate these and other potential risks, Stakeholder Engagement Plan (SEP) has been prepared. Moderate social risk is also explained by the fact that MoH has prior experience in handling WB-financed projects, and has overall been responsive in following the WB team's suggestions on various social safeguards issues (including strengthening of the GRM, regular reporting, etc.) Project activities are expected to have positive impacts and mitigate COVID-19 risks it is unlikely that they will contribute to any social tensions.

E. Implementation

Institutional and Implementation Arrangements

The Project will be implemented by the MOH through the existing Project Implementation Unit (PMU) located at the Republican Scientific and Practical Center for Medical Technologies (RSPC MT), which implements the ongoing World Bank-financed Belarus Health System Modernization Project. The PMU includes a director and specialists in procurement, financial management, monitoring and evaluation (M&E), and environmental and social safeguards. Building on the existing project management capacity is critical for rapid implementation of project activities. To address the need for complementary technical expertise to effectively implement the COVID-19 Emergency Response Project, the PMU will be supported by technical specialists of the MOH, WHO, and technical consultants who will be contracted as needed on a sole source basis. Additional staff will be recruited to the PMU as needed (upon agreed terms of reference and prior no-objection from the World Bank (WB)), such as a Strategic Coordination Advisor, a Communications Advisor, and an Interpreter/Translator.

The PMU will support the MOH and directly implement certain technical activities, including procurement of medical supplies, equipment, and facility refurbishment for activities under Component 1. Some other activities, such as coordination, communication and training may be outsourced to third parties through contract agreements acceptable to the World Bank. The PMU will also oversee preparation of the consolidated annual workplan, procurement plan, and a consolidated activity and financial report for the project components, as well as assist the



MOH in monitoring compliance with WB safeguards and fiduciary policies. The PMU will report regularly to the Deputy Minister of Health in charge of this operation.

The PMU will be responsible for M&E activities, assuring progress related to project activities, outcomes and results.

Through the PMU, the MOH will be responsible for: (a) collecting and consolidating all data related to their specific suite of indicators; (b) evaluating results; (c) providing the relevant performance information to the respective Deputy Ministers; and (d) reporting results to the WB immediately prior to each semi-annual supervision mission. Each MOH Department engaged in project activities and PMU will perform their project-related functions in accordance with the methodology prescribed in the Project Operations Manual (POM). Each such MOH department will also appoint a focal point to ensure timely provision of project monitoring data.

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APPROVAL

| | |
|----------------------|----------------|
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|----------------------|----------------|

Approved By

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|---------------------------------------------|------------------|-------------|
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| Practice Manager/Manager: | | |
| Country Director: | Alexander Kremer | 03-Apr-2020 |