



The World Bank

MONGOLIA COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEM PREPAREDNESS PROJECT
(P173799)

Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 01-Apr-2020 | Report No: PIDA28964



BASIC INFORMATION

A. Basic Project Data

Country Mongolia	Project ID P173799	Project Name MONGOLIA COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEM PREPAREDNESS PROJECT	Parent Project ID (if any)
Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 25-Mar-2020	Estimated Board Date 02-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Mongolia	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

The proposed project development objective is to strengthen Mongolia’s capacity to prevent and respond to the COVID-19 outbreak and strengthen national systems for public health preparedness.

Components

- Component 1: Emergency COVID-19 Prevention and Response
- Component 2: Strengthening Health Care Delivery Capacity
- Component 3: Implementation management and Monitoring and Evaluation
- Component 4: Contingent Emergency Response Component

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	26.90
Total Financing	26.90
of which IBRD/IDA	26.90
Financing Gap	0.00

DETAILS

World Bank Group Financing



International Bank for Reconstruction and Development (IBRD)	13.80
International Development Association (IDA)	13.10
IDA Credit	13.10

Environmental and Social Risk Classification

Substantial

Decision

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **Mongolia has made important progress on economic and social development over the past three decades, but key vulnerabilities remain.** Fueled by the mining sector, its economy has expanded significantly. With improved living standards, strong results on human development have been achieved. Mongolia’s upcoming graduation from IDA is a sign of confidence in Mongolia’s development trajectory and reaffirms its middle-income country status. To fulfill its potential, Mongolia needs to address unstable economic growth, population wellbeing at risk, and growing environmental stress.
2. **Mongolia’s economy was recovering strongly from the economic crisis started in 2016, but now is expected to be significantly impacted by the COVID-19 outbreak.** Thanks to the Government’s Economic Recovery Program (ERP)¹, real GDP growth accelerated to 7.2 percent in 2018 from 5.3 percent in 2017, and only slowed to 5.8 percent in 2019. The growth prospects, already faced with risks in the financial sectors and uncertainties around domestic elections and global trade tensions, are now further dampened by COVID-19. A weaker Chinese economy will diminish external demand for Mongolia export of mining products (accounting for 24 percent of GDP), and affect sectors such as transportation (5.4 percent of GDP). If the weakness persists, it could lower inward foreign direct investment. The government’s actions to prevent the outbreak in terms of border closure and limiting domestic movements will squeeze domestic demand and also affect retail, tourism and services sectors in the economy. Panic behavior of consumers to stockpile food products could stroke inflation.

¹ The Government program is supported by a multi-donor support package including an IMF Extended Fund Facility (EFF) and the Bank’s development policy financing.



3. **Faced with the potential public health and economic impact, the population, especially the vulnerable and the poor will need to be protected.** Even before the COVID-19 outbreak, at 28.4 percent in 2018, poverty remains high in Mongolia, with stagnating poverty rates in urban areas. While herders and rural workers have benefited from high meat prices, the robust economic performance of mining and manufacturing has not translated into sufficient income opportunities for most of the urban population. During previous periods of adverse economic conditions, Mongolia has seen weakened human development growth. For example, between 2014 and 2016, the poverty rate in Mongolia climbed back to 29.6 percent with only 35.3 percent of households found to be food secure and 50.2 percent experiencing moderate or severe food insecurity. Protecting the poor and vulnerability is the face of a potential crisis is therefore critical.

Sectoral and Institutional Context

4. **Mongolia's health system reflects the country's rapid economic and political change.** Mongolia has made important gains in declining infant, child and maternal mortality, and achieved a high level of health insurance coverage. However, health disparities persist, largely due to geographical (urban versus rural), income-related and demographic (nomads versus settled population) variations. The burden of disease in Mongolia is evolving:
- Mongolia is seeing a shift in the burden of disease, moving from communicable to noncommunicable diseases (NCDs). Leading causes of mortality are now circulatory system disorders and cancers.
 - Although overall, communicable diseases have decreased over the years, they still account for a high proportion of overall disability-adjusted life years (DALYs) and, outbreaks and health emergencies can lead to significant socioeconomic losses. Mongolia also faces emerging diseases, environmental threats such as toxic chemical hazards, dzud (summer droughts followed by severe winters) and flooding.
 - The large herder population in Mongolia, increases the chances for zoonotic diseases. In recent years zoonotic diseases have expanded and outbreaks of transboundary disease have emerged in animals and humans. Brucellosis, anthrax, tick borne disease and rabies still constitute a threat to human health and welfare.
5. The health sector preparedness is **guided by the government's Health Sector Strategic Master Plan (HSSMP) for 2019-2024.** Led by the Ministry of Health, surveillance and emergency response coordination systems – including regional emergency operations centers and a laboratory network in aimags (administrative districts) near national borders – have been established. Mongolia has also endorsed the International Health Regulations, or IHR (2005), and the Asia Pacific Strategy for Emerging Diseases (APSED), which has been used to build core capacity for surveillance and response including pandemic influenza.
6. **Yet there are substantial challenges.** The bulk of health services are provided at three types of facilities (primary, secondary and tertiary) and over two administrative divisions (the capital and the provinces or the aimags). This hospital-oriented system inherited from the socialist period has hindered improving the



efficiency of the health system. Service delivery is challenging given the extremely low population density in a vast country. The health system needs to be able to adapt to the changing needs of the population as NCDs become more pervasive and more problematic. Risk assessments are carried out when outbreaks occur, but there is no comprehensive systematic disease surveillance system. Laboratory capacities are weak in both human and animal health domains. Evidence-based decision making and response, and utilization of risk assessment findings need to be further improved.

7. **Building the policy, technical, institutional and operational framework for a strengthened disease control system will require more sustained effort.** Public health events regularly occur in Mongolia. On average, the national surveillance system detects over 260 public health events a year. The 2016 APSED review concluded that Mongolia remains vulnerable to emerging diseases and public health emergencies, and that challenges exist in national system readiness to respond to large-scale and complex events in an effective and coordinated way. Further, the lack of an effective Incident Management has resulted in a fragmented and disorganized process, leading to life, financial and reputational losses. In the absence of standardized system for emergency management, daily routine activities of the Ministry of Health or organizations under MoH are disrupted. Everyone responds to the emergency, creating a duplicate or parallel system, reporting burden for overburdened staff, and forcing each to work with incomplete or incorrect information. The main lessons learned from the 2009 H1N1 and PanStop exercises were that the current pandemic plan almost entirely focused on health issues and health-related problems. The plan lacks preparedness, contingency planning and integration into national and local disaster management planning. Government Resolution No. 416 in 2015 mandates that individuals, organizations, enterprises, soums, districts, provinces and cities should annually revise their disaster protection plans, including making provisions for resource allocation and stockpiling of emergency supplies for natural disasters and human health emergencies. However, these plans are largely unfunded.
8. **Finally, Mongolia's health spending is low.** At just over 4%, the share of total health spending in GDP is lower today than in 2003 (6.7%), and lower than in most other middle-income countries. Since 2010, government health spending has remained consistently low, fluctuating between 6-8% of total government spending. Most of the public spending is on recurrent expenditures, with the wage bill as the the fastest growing and largest component. Allocations to maintenance and repairs are extremely low. Poor sector planning that is not based on clear medium-and long-term strategies affects the quality and efficiency of investments and recurrent expenditures. There has been a phenomenal expansion of the private sector in provision of both inpatient and outpatient services.

Response so far to COVID-19

9. **Mongolia faces high risk of the COVID-19 outbreak, but community transmission has not been reported.** As of 20th March 2020, six confirmed case has been reported and a total of 262 close contacts have been identified and are currently been monitored. Since early January, Ministry of Health has been working with WHO, international partners and stakeholders from non-health sectors to enhance preparedness. Rapid risk assessment (RRA) has been conducted five times to inform decision making, update national COVID-19 response plan, and inform public health interventions at points of entries. The fifth



multisectoral RRA was performed by ministers and stakeholders of 18 governmental organizations and WHO team in Mongolia and assessed the risk of insufficient control capacities for COVID-19 community transmission as “High”. Review of national capacities for COVID-19 health facility preparedness (surge capacity, personal protective equipment, emergency medical equipment) has identified major gaps. Incident Management System (IMS) has been activated at the IHR NFP and several provinces. However, MoH IMS is not fully functional and there are no procedures to direct tertiary hospitals and provinces according to IMS. Draft Disaster protection health procedures have not been approved yet.

10. **The Authorities have been proactive in preventing the outbreak.** The Parliament of Mongolia, the Cabinet, National Security Council and State Emergency Commission have convened multiple times and issued policy decisions regarding prevention of the possible transmission of COVID-19. Decisions were made to impose temporary travel restrictions, adopt social distancing measures, and suspend school and kindergarten and social events. The Government allocated 4.3 billion MNT (USD\$1.5 million) from the Government's Reserve Fund for prevention, preparedness of medical services, and purchasing medicines, medical tools, personal protective equipment and other infection prevention and control supplies. Public awareness and knowledge have improved.
11. **The social and economic impacts of the COVID-19 could be severe.** The external impact from Covid-19 and the authorities’ measures to prevent the outbreak are likely to have significant negative impact on the Mongolian economy and thus on poverty reduction, education and health outcomes. Social norms—such as expectations that women and girls are responsible for doing domestic chores and nursing sick family members—can expose women and girls to greater health risks. Where healthcare systems are stretched by efforts to contain outbreaks, care responsibilities are frequently “downloaded” onto women and girls. School closure and home quarantine are likely pushing more care burden and pressure on caregivers, primarily women. Women constitute over 81.9% of the workers in the health sector in Mongolia and are on the frontlines of the response and face additional challenges including gender pay gaps and specific needs including to meet menstrual hygiene needs.

Relevance to Higher Level Objectives

12. **The emergency operation will provide immediate support to emergency preparedness, but also benefit the health sector in the longer term in line with the Country Partnership Strategy.** The project was not specifically envisioned in the latest Performance and Learning Review (December 2019) which extended the current Country Partnership Strategy (CPS) (Report No. 67567-MN) to December 2020. The emergency nature of the COVID-19 outbreak and its potential negative impacts call for swift support by the Bank to enhance the health sector emergency preparedness in Mongolia and protect the vulnerable and high-risk population. The COVID-19 outbreak has further highlighted the critical importance of improved access and better delivery of basic services in the health sector—Pillar 3 under the CPS. Beyond the short-term support, this emergency operation will contribute to the further strengthening of the health sector and service delivery in Mongolia.



C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

The proposed project development objective is to strengthen the Government of Mongolia's capacity to prevent and to respond to the COVID-19 outbreak and strengthen national systems for public health preparedness.

Key Results

- Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours (gender disaggregated)
- Samples from suspected cases of COVID-19 / SARI that are confirmed within the stipulated WHO standard time.
- Number of hospitals meeting MOH established standards to manage Severe Acute Respiratory Infections (SARI) patients including intensive care
- Number of designated laboratories with COVID-19 diagnostic capacities established per MOH guidelines



D. Project Description

13. **This Project was selected for COVID-19 financing because Mongolia faces an elevated risk for COVID-19 outbreak spread.** The scope and the components of this Project are fully aligned with the COVID-19 Fast Track Facility, using standard components as described in Annex 2 of the COVID-19 Board paper. This Project complements the longer-term development work in the Health Sector, including the Mongolia's E Health Project (P131290) which seeks to improve integration and utilization of health information and e-health solutions for better health service delivery in selected pilot sites
14. **A phased response through the COVID-19 Fast Track Facility is proposed.** While support will surely be needed to respond to the economic impact of COVID-19 on households, businesses and government budgets, the World Bank's approach is to lead with the health response. As a first step, the majority of operations processed through the Fast Track Facility will be health sector operations to respond to urgent preparedness and response needs related to the COVID-19 outbreak. One of the challenges with the response to COVID-19 is the availability (and price) of medical equipment and supplies. The global PSCN (Pandemic Supply Chain Network), of which the World Bank is a co-convener, has identified a list of medical products critical to the response. The task team will work with MOH to customize this list further to develop a positive list of goods to be procured with World Bank financing. Further the health system has been weak, with years of underinvestment and neglect. Rapid investments to build capacity, including through procurement of equipment, will be necessary to ensure the system is able to meet the increased demand from complicated COVID-19 cases. Indeed, there will likely be growing disruption to economic activities, businesses and livelihoods. Options for support through other financing instruments are being explored as the facility is established and through country consultations.
15. **While addressing the COVID-19 is an immediate priority for the Government of Mongolia the Project will in tandem strengthen health system preparedness for similar future public health emergencies.** The Project will therefore address some of the immediate needs for responding to COVID-19 including risk communication, strengthening response capacity and investing in the building blocks for a coordinated multi-sectoral approach. It will further address health system gaps in the availability of drugs, medical supplies and equipment in key hospitals and aimag centers to meet the surge of expected patients and enhance the quality of patient care

Project Components

16. **Component 1: Emergency COVID-19 Prevention and Response (Total US\$2.5 million COVID19 FTF):** The aim of this component is to slow down and limit the spread of COVID-19 in the country and improve preparedness for future public health emergencies. This will be achieved through providing immediate support for a comprehensive communication and behavior change intervention, strengthening capacity for active case detection and response, building an enabling platform for One Health and strengthening capacity of the health work force to manage the current and future public health emergencies. It will have four sub-components:
 - a) **Sub-Component 1.1: Risk Communication and Community Engagement (US\$1.1 million COVID19 FTF):** There will be a comprehensive communication and behavior change intervention to support key prevention behaviors (hand washing, social distancing etc.), including i) developing and testing messages and materials; and ii) further enhancing infrastructure to disseminate information from national to aimag and soum levels, and between the public and private sectors. Community mobilization will take place through existing Government and community institutions such as Aimag/city and



Soum/district Governor's offices, health and education sector social workers, local CSOs, and bagh/khoroo (lowest administrative unit) Governors and doctors. A community engagement, risk communication, and social distancing program for the highly populated capital city will also be mobilized. Communication campaigns will include messages regarding appropriate care for sick family members, to decrease health risks to caregivers (often female) and provide information on to minimize psychosocial impacts. These modes for communication will include TV, radio, social media and printed materials as well as outreach through the community health workers who will need to be trained and compensated for this activity. considering a specific.

- b) **Sub-Component 1.2: Response support (US\$0.65million COVID19 FTF):** This sub-component would help strengthen disease surveillance systems, and epidemiological capacity for early detection and confirmation of cases; combine detection of new cases with active contact tracing; support epidemiological investigation; strengthen risk assessment; and provide on-time data and information for guiding decision making and response and mitigation activities. It will improve public health emergency preparedness including the health facility preparedness. Aimag/district hospitals will prepare pandemic preparedness and response plans that are grounded in sound gender analyses and needs of other vulnerable populations. Health care workers will have access to all populations in need, and any movement restrictions relating to COVID-19, will account for the needs of different vulnerable groups especially the elderly and women. Support under this sub-component will: i) improve management of public health events and emergencies; ii) place incident management systems within the health sector and across other sectors, including at local levels; iii) develop M&E system to measure performance of health security systems; iv) improve coordination on public health emergencies and disaster management within the health sector and beyond at national and local levels; v) continue to strengthen system readiness to implement emergency plans, and vi) conduct strategic risk assessment and health risk and resource mapping.
- c) **Sub-Component 1.3: Human resource development (US\$0.45 million COVID19 FTF):** This component will finance activities related to preparedness, capacity building and trainings. It will enhance human resource capacity in diagnosing and treating the COVID-19 and conduct epidemiological and clinical research. Key areas will include support for i) training for emergency care doctors, nurses and paramedical staff in diagnosing, triage and providing first aid care; ii) training for health care staff on infection control; iii) building diagnostic capacity for COVID-19 at the national; district and aimag level; iv) providing psychosocial support to frontline responders v) translating, adapting and disseminating guidance to triage, treat, manage and follow up people with mild suspected symptoms in primary care settings, non-health facilities, community settings and at home; v) epidemiological and clinical research studies to take stock of the COVID-19 detection and treatment.
- d) **Sub-Component 1.4: Creating an enabling environment for One Health (US\$0.3 million COVID19 FTF):** This subcomponent will strengthen capacities for multi-sectoral response operations to emerging and new infectious diseases. Working with the General Authority for Veterinary Services (GAVS), Ministry of Food, Agriculture, and Light Industry (MOFALI) and National Emergency Management Agency (NEMA) it will support capacity for joint response for new and emerging infectious diseases. This subcomponent will i) organize National Bridging Workshops (NBW) to analyze and improve the collaboration between the MOH, GAVS, MOFALI for the prevention, detection and response to zoonotic diseases and other health events at the animal-human interface ii) enhance institutional policies, plans, procedures and



linkages to facilitate improved multi-sectoral communication, coordination and collaboration; iii) strengthen public health law enforcement and review to address inconsistencies; iii) conduct joint surveillance and risk assessments by MOH and GAVS; and iv) create joint data sharing platform between MOH and GAVS, both for early warning systems and joint control of disease outbreaks.

17. **Component 2: Strengthening Health Care Delivery Capacity (Total US\$ 23.75 million including US\$9.95 million from COVID19 FTF, US\$13.8 million IBRD)** The aim of this component is to strengthen essential health care service delivery to be able to provide the best care possible in the event of a surge in demand. It will also provide ongoing support for people falling ill in the community to minimize the overall impact of the disease. Assistance will be provided to the health care system for preparedness planning to provide optimal medical care, maintain essential lifesaving services, and minimize risks for patients and health personnel. Strengthened clinical care capacity will be achieved by establishing specialized units in selected hospitals; publishing treatment guidelines, and hospital infection control interventions; strengthening waste management systems; and procurement of essential additional inputs for treatment such as oxygen delivery systems and medicines. Local containment will be supported through the establishment of local isolation units in hospitals. Widespread infection control training and measures will be instituted across health facilities.
18. **As COVID-19 will place a substantial burden on inpatient and outpatient health care services, support will be provided to rehabilitate and equip selected health facilities for the delivery of critical medical services and to cope with increased demand.** Health system strengthening efforts will therefore focus on provision of medical and laboratory equipment, PPE, medical supplies and laboratory tests to selected hospitals and health facilities. The Government of Mongolia has several health facilities as additional designated hospitals where COVID-19 patients will be admitted for treatment. These include i) Medical University Teaching Hospital; ii) Perinatology Center of Ulaanbaatar City; iii) the Third State Central Hospital known Shastin Central Hospital; and iv) all provincial and district general hospitals.
- a) **Sub-component 2.1. Provision of medical and laboratory equipment and reagents (Total US\$22.38 million, including US\$8.58 million from COVID-19 FTF and US\$13.8 million IBRD)** : This sub-component will upgrade health facilities in 21 provinces and 9 districts of Ulaanbaatar city and selected hospitals for diagnostics and treatment of COVID-19 infection capacity through procurement of intensive care unit equipment and devices including Extracorporeal membrane oxygenation (ECMO) machine; establishment of oxygen mini-factory; provision of oxygen balloons, emergency beds, laboratory reagents and waste management facilities. This subcomponent will also support short trainings on use of equipment, devices, and tests for health providers and technicians.
- b) **Sub-component 2.2. Provision of medical supplies, including PPE and medicines (US\$1.37 million COVID19 FTF):** This subcomponent will support the health system with supplies including Personal Protective Equipment like N95 respirators, medical masks, goggles, gloves, gowns etc. It will also support medical counter measures and medical supplies for case management and infection prevention, as well as procurement of drugs such as antivirals, antibiotics and essential medicines for patients with co-morbidity and complications such as CVDs and diabetes.
19. **Component 3: Implementation Management and Monitoring and Evaluation (US\$0.65 million COVID19 FTF):** The Project will use currently existing PIU staff of the ongoing E-Health Project and include additional capacity and expertise as required. This component would also support monitoring and evaluation of prevention and



preparedness, building capacity for clinical and public health research, and joint-learning across and within countries. As may be needed, this component will also support third-party monitoring of progress and efficient utilization of project investments.

- 20. **Component 4: Contingent Emergency Response Component (CERC) (US\$0 million):** In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency. A zero-value component has been included to ensure funds can be deployed through the project depending on the specific needs that may arise.

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

E. Implementation

Institutional and Implementation Arrangements

- 21. **Project management arrangements will be adapted under the ongoing e-health Project (P131290), currently functioning satisfactorily, to utilize existing capacity in Ministry of Health (MOH) and coordinate with all stakeholders.** Through its central departments and provincial offices, the MOH will be responsible for implementation of the project, including overall coordination, results monitoring and communicating with the World Bank on the implementation of the project. **Current E-Health Project Steering Committee (PSC), chaired by the Minister of Health will be used for oversight and to provide strategic policy advice and guidance to the Project.** Membership of the PSC will be extended to include additional members from MOH, National Center for Communicable Disease, Center for Zoonosis Disease and Public Health Institute. The Project Steering Committee will also be responsible for ensuring synergies between the project activities and the State emergency preparedness plan. The Project Steering Committee will meet on a regular schedule to review progress of the project, ensure coordinated efforts by all stakeholders and conduct annual reviews of the project. The multisectoral aspects of the COVID-19 response will be guided by National Emergency Commission chaired by Deputy Prime Minister.



GRIEVANCE REDRESS SERVICES

Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

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