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REPUBLIKA E MAQEDONISE SE VERIUT
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NORTH MACEDONIA EMERGENCY COVID-19 RESPONSE PROJECT

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AMENDMENT NO.3 TO THE

PROJECT OPERATIONAL MANUAL

РЕПУБЛИКА СЕВЕРНА МАКЕДОНИЈА
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ABBREVIATIONS AND ACRONYMS	
BFP	Bank Facilitated Procurement
CB	Cash Benefits
CQ	Selection based on Consultant's Qualification
CS	Consulting Services
CBMIS	Cash Benefit Management Information System
CG	Consultative Group
CPS	Country Partnership Strategy
DA	Designated Account
DC	Direct Contracting
EA	Employment Agency
EC	Evaluation Committees
EBRD	European Bank for Reconstruction and Development
ESMF	Environmental and Social Management Framework
EU	European Union
EOI	Expressions of Interest
EUD	European Union Delegation
FB	Fixed Budget
FBS	Fixed Budget Selection
FDI	Foreign Direct Investments
FM	Financial Management
FMIS	Financial Management Information System
FMR	Financial Monitoring Reports
FTCF	Fast Track COVID-19 Facility
GOM	Grant Operations Manual
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
GMI	Guaranteed Minimum Income
HEIS	Hands-on Expanded Implementation Support
HIF	Health Insurance Fund
ICT	Information and Communication Technology
IFMR	Interim Financial Monitoring Report
IPCWMP	Infection Prevention and Control and Waste Management Plan
INDC	Intended Nationally Determined Contribution
IT	Information Technology
IAS	International Accounting Standards
IBRD	International Bank for development and reconstruction
IC	Individual Consultants
ICU	Intensive Care Units
ICB	International Competitive Bidding
IFB	Invitation for Bids
IOC	Incremental Operating Costs
ITQ	Invitation to Quote
LMP	Labor Management Procedures
L/C	Least Cost
LCS	Least Cost Selection
LOI	Letter of Invitation

LSP	Labor and Social Protection
MIS	Management and IT System
MOF	Ministry of Finance
MoH	Ministry of Health
M&E	Monitoring and Evaluation
MLSP	Ministry of Labor and Social Protection
MOES	Ministry of Education and Science
MPA	Multiphase Programmatic Approach
NBRM	National Bank of the Republic of North Macedonia
NPV	Net Present Value
NGO	Non-Governmental Organization
PAD	Project Appraisal Document
PDO	Project Development Objective
PFR	Public Finance Review
PID	Project Implementation Documents
PO	Project Objectives
PMU	Project Management Unit
PISA	Program for International Student Assessment
POM	Project Operational Manual
PPSD	Project Procurement Strategy for Development
QCBS	Quality Cost Based Selection
RPF	Resettlement Policy Framework
RFP	Request for Proposals
RM	Republic of North Macedonia
SAO	State Audit Office
SCD	Systematic Country Diagnostic
SEP	Stakeholder Engagement Plan
SFA	Social Financial Assistance
SIAP	Social Insurance Administration Project
STEP	Systematic Tracking of Exchanges in Procurement
SPRP	Strategic Preparedness and Response Program
SWC	Social Work Center
TOR	Terms of Reference
SBD	Standard Bidding Documents
SOE	Statements of Expenditure
SPIL	Social Protection Investment Loan
SPN	Specific Procurement Notices
SS	Sole Source
SSIP	Social Services Improvement Project
SSO	State Statistical Office
SSS	Single Source Selection
TR	Training
TSA	Treasury Single Account
TS	Technical Specification
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
VAT	Value Added Tax
WB	World Bank

WP	Work Program
WG	Working Group
WHO	World Health Organization

I. INTRODUCTION

On April 2, 2020, the Board approved the Multiphase Programmatic Approach (MPA), supported under the Fast Track COVID-19 Facility (FTCF). The MPA visibly commits substantial resources and complements funding by countries and activities supported by other partners to help ensure adequate resources to fund a rapid emergency response to COVID-19. In parallel, the Board approved with the MPA the financing of Phase 1 of the Program for 25 Investment Project Financing operations under the Strategic Preparedness and Response Program (SPRP) for countries across the world.

This Project Operational Manual (POM)

The Borrower, through Ministry of Labor and Social Policy (MLSP) and the Ministry of Health (MoH), shall carry out the Project in accordance with the provisions of a manual (the Project Operational Manual), in a manner and with contents acceptable to the Bank, including inter alia: (a) the indicators to be used in the monitoring and evaluation of the Project; (b) the procedures for Project monitoring, supervision and evaluation, including the format and content of the Project Reports; (c) Personal Data collection and processing requirements in accordance with good international practices; (d) the procurement and financial management procedures; (e) the procedures for the payments of bonuses for health workers, goods, works, training, consulting services, vaccines, Cash Benefit and Cash Transfers; (f) the eligibility criteria for the beneficiaries of: (i) Cash Benefit; (ii) Cash Transfers; and (iii) basic supplies under Part 2.1(b) of the Project; and (g) the Anti-Corruption Guidelines.

Except as the Bank may otherwise agree in writing, the Borrower, through MLSP and MoH, shall not abrogate, amend, suspend, waive, or otherwise fail to enforce the Project Operational Manual or any provision thereof.

II. PROJECT DESCRIPTION

The **MPA Program Development Objectives (PrDO)** is to prevent, detect and respond to the threat posed by COVID-19. Countries and regional organizations under the MPA would aim to address all aspects of the PrDO, or the ones that are most relevant for them.

Project Development Objectives (PDO). The PDO is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

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

- I. Number of people tested for COVID-19 identification per MoH approved protocol;
- II. Recovery rate from COVID-19;
- III. Number of beneficiaries receiving financial support to enable social distancing
- IV. Population vaccinated, which is included in the priority population targets defined in the national plan, total and disaggregated by gender

Project Components.

The Project has the following three components:

- Component 1 – Emergency COVID-19 Response
 - Subcomponent 1.1: Enhancing case detection, confirmation, contact tracing, reporting and monitoring
 - Subcomponent 1.2: Health system strengthening
 - Subcomponent 1.3: Financing of bonuses for health workers \
 - Subcomponent 1.4: Vaccine purchasing
- Component 2 – Household Support to Enable Social Distancing
 - Subcomponent 2.1: Temporary social assistance support
 - Subcomponent 2.2: Temporary unemployment insurance support
- Component 3. Project Implementation, Communications, Community Engagement, and Monitoring

Component 1: Emergency COVID-19 Response

This component would provide immediate support to the Republic of North Macedonia to limit the local transmission of COVID-19 through containment strategies. It would support enhancement of case detection capacities through the provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It would enable North Macedonia to mobilize surge response capacity through financing the bonuses of health workers in the public sector for a period of nine months – March to November 2021.¹The bonus is calculated as 5 percent of each eligible² worker's basic salary. This will help provide compensation for the increased workload, stress, and risks that health and frontline workers in COVID-19 centers, hospitals, diagnostic laboratories and support services – for example, radiology and oxygen administration – have been facing because of the pandemic. The Project will support Vaccine Purchase including for the procurement of any vaccines that meet the WB Vaccine Approval Criteria and any ancillary goods needed to deploy the vaccines (e.g. syringes), if any. A National Vaccine Delivery and Deployment Manual (VDDM) (Annex 9 to this POM) shall be delivered to ensure inclusive, safe, efficient, and effective vaccine deployment. The Project will support purchase of medical equipment for public health institutions and refurbish and equip prioritized public health institutions³ that are used for immunization, based on a needs assessment. Support will also be provided for limited renovations and purchase of equipment, if needed, to operationalize additional ICU beds, and for medical waste management and disposal systems. It is important to note

¹In accordance with the "Procedure for management of funds from the P-Programme – Measures for management of COVID-19 and for Implementation of Payments of Bonuses to the employees in the Public Health Institutions" of the Health Insurance Fund.

² Eligible are all workers in the public health institutions, established on the territory of the Republic of North Macedonia

³The eligibility criteria for selection of the Public Health Institutions that will benefit from the Project interventions will be additionally determined based on the ascertained condition of the Public Health Institution, i.e the health center where the vaccination point is located, as well as in accordance with the needs and the immunization scope that is performed in them.

that the operational and financial landscape of the response is subject to rapid change; therefore, the planned interventions will be continually assessed against ongoing and emerging needs and adjustments will be made as required to best support the country in achieving the best outcomes.

Component 2. Household Support to Enable Social Distancing

This component will finance temporary income support to eligible individuals and households to enable them to comply with the social distancing measures the government has introduced to contain the COVID-19 pandemic. The component will finance the provision of temporary social assistance support through: (a) the financing of cash transfers to vulnerable households adversely affected by the economic consequences of COVID-19; and (b) the provision of basic supplies to quarantined populations and COVID-19 affected households (Recipients of means-tested programs -GMI, Child Allowances, Educational Allowances, and the social security for elderly)

Component 3. Project Implementation, Communications, Community Engagement, and Monitoring

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

This component will support the development of communication, outreach and awareness building campaigns to ensure culturally relevant information is disseminated to properly sensitize citizens to the risks related to COVID-19 and accessible information regarding the cash and in-kind benefits financed under the project. Information will be disseminated through various accessible channels (e.g., social media, radio, television, internet, printed media), and will be designed to reach the vulnerable and remote population. The communication around both types of activities (cash transfers and in-kind support) will provide an opportunity to promote appropriate hygiene and preventive health measures, as well COVID-19 infection prevention messaging.

In addition, the project will implement a feedback mechanism on the COVID-19 response (temporary cash and in-kind benefits and health activities), including a grievance redress mechanism (GRM). To ensure that communities are engaged while social distancing policies are being implemented, the component will support the development of an online platform for all stages of community feedback.

Project Beneficiaries: The expected project beneficiaries will be a subset of the population at large who will be affected by the COVID-19 response supported by the project. Given the nature of the disease, they would include infected people; at-risk populations, particularly the elderly and people with chronic conditions; medical and emergency personnel; medical and testing facilities; and public health agencies engaged in the response in the Republic of North Macedonia. Direct beneficiaries will also include those reached by the social mitigation and HIF premium coverage measures, estimated to be around 85,000 households representing some 300,000 individuals. Depending on the spread of the pandemic, the number of indirect beneficiaries would potentially be 2.1 million people, 20.6 percent of whom are older than 60 years (age bracket in which case fatalities are concentrated).

III. KEY IMPLEMENTATION AND COORDINATION ARRANGEMENTS AND RESPONSIBILITIES

A. Institutional and Implementation Arrangements

The project will be implemented over a period of up to two years, with the Ministry of Health (MoH) and MLSP as the key implementing agencies.

The MoH and MLSP will be accountable for the execution of Project activities and implementation would rely on their existing structures, with the additional support of an existing Project Management Unit (PMU) already established within the MLSP for implementation of the Social Services Improvement Project (SSIP) and the Social Insurance Administration Project (SIAP).

For Component 1 activities, decisions will be made by the MoH in coordination with the Institute of Public Health (IPH) and its Public Health Institutions and other institutions involved in COVID related activities, including vaccination. For example, starting from January 1, 2022, Public Health Institutions will sign a Memorandum of Understanding with MOH and/or MLSP to facilitate the refurbishment and purchase of equipment for prioritized public health centers that are used for immunization. The template of the Memorandum of Understanding is given in Annex 11.

For Component 2 activities, decisions will be made by the MLSP and the Employment Agency in coordination with their local offices (Centers for Social Work and Employment Agency offices).

The project implementation structure will consist of:

1. Minister of Labor and Social Policy or Deputy Minister of Labor and Social Policy⁴
2. Minister of Health

⁴During the periods of technical/transitional government, extraordinary circumstance, or other circumstances in which there is no Minister in place

3. Project Management Unit - PMU,

1. Minister of Labor and Social Policy

The Minister of Labor and Social Policy or Deputy Minister of Labor and Social Policy (see footnote 1) is the implementing authority and is entitled to make decisions (regarding Project Component 2 and 3) and approve project annual working plans, budgets and reports. The Minister is entitled to sign contracts and payment documents awarded under the Project.

2. Minister of Health

The Minister of Health shall lead the implementation of activities under Component 1, in coordination with the PMU, the Institute of Public Health (IPH) and its Public Health Institutions, as well as other institutions involved in COVID related activities.

3. Project Management Unit.

The PMU will report to the MoH and MLSP Ministers and will be responsible for day-to-day project implementation, overall project coordination, monitoring activities, safeguards and fiduciary functions (procurement, disbursement and accounting), and reporting. The PMU shall collaborate closely with the National Technical Working Group (NTWG) which is the body in charge of running the vaccination campaign in the country. The PMU will be housed in the MLSP and headed by a project manager. Additional key PMU functions include one coordinator — for Component 1 of the Project, safeguards experts (environmental and social safeguards issues), fiduciary staff (procurement specialist, financial management specialist, financial management assistant and procurement assistant), and M&E specialist. Some of the existing SSIP PMU staff will assume the listed functions. An additional health assistant will be hired or appointed within 30 days of the loan effectiveness. Up to two additional health specialists may be hired during the project implementation.

The PMU staff shall be retained in full for the lifetime of the Project, subject to satisfactory performance. The establishment of the PMU is supported by Loan funds and PMU staff shall work under respective TORs acceptable to the Bank and remunerated on the basis of market rates in order to avoid fluctuation of the skilled staff.

To regulate the PMU staff responsibilities, the PMU staff shall enter into contract with MLSP using the standard World Bank (WB) time-based form of contract for small assignments. These contracts prescribe in detail scope of work for each PMU consultant, rights and responsibilities for both contractual parties and both contractual parties must respect and behave accordingly while conducting project activities and tasks. The PMU contracts have to be approved by the WB.

Main responsibilities of PMU fall into the following groups of activities but are not limited to:

Manage and administer Project implementation that includes (i) coordination of overall project implementation activities; (ii) coordination of involved institutions in order to make sure that the project activities are implemented in a technically and timely harmonized manner, (iii) coordination of international and local consultants and (iv) act according to the WB team's requirements.

Planning and budgeting that includes precise assessment of the activities related to project preparation and implementation from their technical, financial and procurement viewpoint.

Procurement that includes:

- (i) ensuring compliance with the procurement rules and procedures as defined in the applicable Regulations, Legal Agreement, POM, Project Procurement Strategy for Development (PPSD) and Procurement Plan of the Project;
- (ii) preparation of annual procurement plans agreed with the project involved institutions and approved by the WB. Regarding the procurements initiated by the MoH (Project Component 1) before initiating the change in the procurement plan, the PMU shall receive written request from the Minister of Health with the description of the needed procurement (justification when direct procurement is needed) and the estimated amount;
- (iii) coordination the preparation with respective units in the Ministry's or external consultants, as relevant, of the specification for goods, works and services to be procured and resulting bidding and tender documents in accordance with the agreed procurement plan; Regarding the procurements initiated by the Minister of Health (Project Component 1) the PMU shall receive written/signed specification or TOR of the goods/works/consultants to be procured;
- (iv) contract signing, implementation and monitoring implementation of signed contracts; (v) using the electronic platform for Systemic Tracking of Exchanges in Procurement (STEP); and (vi) preparing progress reports on procurement as part of the Project progress reports.

Financial management and accounting that includes organization and operation of the Project financial management system acceptable to the WB. The system shall be established for the project on the basis of similar systems used in other Bank financed projects. The system is to include an accounting and control module with the capability to record and retrieve in a timely manner all financial transactions under the project. In addition, the financial management and accounting will follow the national financial management, accounting and reporting requirements.

Ensure compliance with environmental and social requirements. The PMU shall ensure the daily implementation of the project including the procurement and deployment of vaccines is according to the environmental and social requirements as given in the Environmental and Social Commitment Plan (ESCP) and Project Environmental and Social Management Framework (ESMF) with an annex covering Labor Management Procedures (LMP), and a Stakeholder Engagement Plan (SEP). In the event military or security forces ("security personnel") are used in the implementation of Project activities and/or for provision of security to Project workers,

sites and/or assets, the MOH shall, in coordination with other government authorities, as relevant, implement the measures detailed in the ESCP.

Auditing includes external annual audit of project accounts and financial records in accordance with the WB requirements.

Monitoring and evaluation includes establishment of arrangements for systematic comparison of actual project activities against plan on the basis of agreed indicators and objectives. The PMU has to monitor the Project according the result framework of Monitoring and Evaluation placed in Annex 1. The PMU should also monitor the environmental and social performance of the overall project.

Reporting includes establishment of regular reporting system that is able to produce information about the Project as stipulated in the Loan Agreement, Project Appraisal Document (PAD), in this POM or as may be from time to time requested by the WB, MLSP, MOH, Ministry of Finance (MOF) or authorized officials from the project beneficiaries.

Detailed description of PMU staffing requirements and tasks to be delivered is given in Section VIII of this POM.

Grievance Redress Mechanism

An on-line Grievance mechanism and registry shall be established within the MLSP (<http://www.mtsp.gov.mk/>), and on the MOH's web site there shall be a link to MLSP site/GRM. The oversight body of the project will receive each grievance and delegate competent bodies for response. The aim is to inform all stakeholders of the procedures for submitting a grievance/suggestion regarding the Project and receiving response of the submitted grievance. Information about the GRM shall be locally advertised at social assistance centers, local governments, and respective hospitals.

In addition to the on-line submission avenue, any comments/concerns/grievance can be submitted to the MoH and MLSP verbally (personally or by telephone) or in writing by filling in the Project Grievance Form (by personal delivery, post, fax or e-mail to the MLSP/MoH contact person). Individuals who submit comments or grievances have the right to request that their name be kept confidential. Grievances may be submitted anonymously, although in such cases, the person will not receive the response in person, i.e. the response shall be published. All comments and grievances will be responded to either verbally or in writing, in accordance with the preferred method of communication specified by the complainant, if contact details of the complainant are provided.

Complainant feedback on the resolution

The complainant will be informed about the proposed corrective action and follow-up of corrective action within 15 calendar days upon the acknowledgement of grievance. The acknowledgment will be done within 48 hours. In situation when the competent body, that received the grievance through PMU, is not able to address the issue verified

through the grievance mechanism or if action is not required, it will provide a detailed explanation/ justification on why the issue was not addressed. The response will also contain an explanation on how the person/ organisation that raised the grievance can proceed with the grievance in case the outcome is not satisfactory. At all times, complainants may seek other legal remedies in accordance with the legal framework of RNM, including formal judicial appeal.

Contact information for enquiries and grievances:

Emergency COVID-19 Response Project

Ministry of Labour and Social Policy

Str. Dame Gruev no.14, 1000 Skopje, Republic of North Macedonia

E-mail: poplakiercp@mtsp.gov.mk; poplakiercp@zdravstvo.gov.mk

Phone: +389 2 3296 291

The GRM will include the following steps:

- **Step 1:** Submission of grievances either verbally, in writing via suggestion/grievance box, through telephone/mobile, email, website, and via any local institution, or hospitals
The GRM will also allow anonymous grievances to be raised and addressed.
- **Step 2:** Recording of grievance, classifying the grievances based on the typology of grievances and the complainants in order to provide more efficient response, and providing the initial response immediately as possible at the local partner or PMU level. The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc) and the nature of the grievance
- **Step 3:** Investigating the grievance, and if the grievance is not related to the project activities the response will include information where the complainant to address his/her grievance within 5 business days
- **Step 4:** Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to the MLSP respective department or to the MoH appointed persons for giving answers regarding the Covid pandemic -<http://zdravstvo.gov.mk/korona-virus/>

Quarterly reports in the form of Summary of grievances, types, actions taken, and progress made in terms of resolving of pending issues will be submitted for the review to all focal points at the implantation structures in the Ministry of Health and Ministry of Labour and Social Policy. Once all possible avenues of redress have been proposed and if the complainant is still not satisfied then s/he would be advised of their right to legal recourse.

World Bank Grievance Redress System

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.

B. Data Security

Large volumes of personal data, personally identifiable information and sensitive data (Data) are likely to be collected and used in connection with the management of the project. In order to guard against abuse of that Data, the project will incorporate best international practices for dealing with such Data in such circumstances. The Project shall also be implemented in accordance to the National Data Protection Law that meet the international standards. Such measures may include, by way of example, data minimization (collecting only Data that is necessary for the purpose); data accuracy (correct or erase Data that are not necessary or are inaccurate), use limitations (data are only used for legitimate and related purposes), data retention (retain data only for as long as they are necessary), use high-end security appliances infrastructure, log management on application and database level (logging info who and when accessed the personal data), informing data subjects of use and processing of data, and allowing data subjects the opportunity to correct information about them, etc. In practical terms, the project will ensure that these principles apply through assessments of existing or development of new data governance mechanisms and data standards for emergency and routine healthcare, data sharing protocols, rules or regulations, revision of relevant regulations, training, sharing of global experience, unique identifiers for health system clients, strengthening of health information systems, etc.

Operative Provisions:

Personal Data collected under the Project will be processed only for purposes defined in the Project. To meet these requirements, Borrower represents and warrants that it will, or will cause its agents or contractors acting on its behalf to:

- a) Process Personal Data only for purposes defined in and only for performing and achieving the Objectives under the Project ("Legitimate Purpose").
- b) To the extent practical in the circumstances, inform Data Subjects about the Personal Data being Processed using the following form of notice, and keep a log of all Data Subjects who are so informed and where it keeps its register of other data collected in connection with this Project.

Form of notice:

“You are hereby informed that data about you is being collected for public health reasons related to diagnosing, treating or preventing potential Coronavirus (COVID-19). We may share or otherwise automatically process this data for that purpose only. You have the right to inspect this data and correct any errors by contacting us at [*mail for grievance purposes shall be opened*].”

- c) Process only the amount and type of Personal Data necessary for the Legitimate Purpose,
- d) Take due care to ensure that Personal Data collected is accurate, complete, and up-to-date.
- e) Take due care to secure collected Personal Data.
- f) Retain collected Personal Data only for so long as is necessary to fulfill the Legitimate Purpose.
- g) Afford Data Subjects with the ability to inspect Personal Data collected about them and correct any errors in such data.
- h) Establish a procedure for Data Subjects to seek redress for abuse of these provisions.

Related Definitions:

“Data Subject” means an identified or identifiable natural person.

“Personal Data” means any information relating to a Data Subject.

“Processing” means collecting, recording, organizing, structuring, storing, adapting or altering, retrieving, consulting, using, disclosing, sharing or otherwise making available to third parties, erasing or destroying Personal Data collected under the Project.

Data Protection Guidance & Examples are given in Annex 3

IV. PROCUREMENT ARRANGEMENTS

A. Applicable Procurement Framework:

Procurement under the project will follow the World Bank’s Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018). The project will be subject to the World Bank’s Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016.

A streamlined Project Procurement Strategy for Development (PPSD) is currently being developed by the existing PMU (implementing Social Services Improvement Project and Social Insurance and Pension Administration Project) at the MLSP and its finalization has been deferred to the implementation stage. The initial procurement plan

for the project will cover the first three months of project implementation and will be updated during implementation. All the selection methods defined in the applicable Procurement Regulations can be used, however, priority will be given to streamlined and simple procedures and to those which ensure expedited delivery, such as: Direct Selection, Request for Quotations with no threshold limit for this method as appropriate, Framework Agreements (including tapping into existing ones, provided the call-offs under the project incorporates the requirement for compliance with the Bank's Anti-Corruption Guidelines and its prevailing sanctions policies and procedures as set forth in the World Bank Group's Sanctions Framework), Procurement from UN Agencies following Direct Selection using existing standard agreements, Engagement of UN Agencies to provide technical assistance or outputs (combination of technical assistance and inputs) and Consultant's qualifications based selection. Procurement will follow either international or national approach in accordance with the procurement thresholds as indicated in the PPSD.

Given the emergency of the situation, procurement under the project will be frontloaded to the maximum extent possible, according to the availability of medical supplies during the first year of project implementation.

The proposed procurement approach prioritizes fast track emergency procurement for the emergency goods, works and consulting and non-consulting services needed. Key measures to fast track procurement include: (i) use of simple and fast procurement and selection methods fit for an emergency situation including direct contracting, as appropriate, (ii) streamlined competitive procedures with shorter bidding time, (iii) use of framework agreements including existing ones, (iv) procurement from UN Agencies enabled and expedited by Bank procedures and templates, (v) use of procurement agents, (vi) force account, as needed, and (vii) increased thresholds for Requests For Quotations and national procurement among others, as well as minimal or no prior review for emergency procurement. If requested by the borrower, the Bank may consider the option of procurement hands-on expanded implementation support to help expedite all stages of procurement – from help with supplier identification, to support for bidding/selection and/or negotiations to contract signing and monitoring of implementation. In addition, Bid Securing Declaration may be asked in lieu of a Bid Security; Performance Security may not be required for small contracts; Advance payment may be increased to 40 percent while secured with the advance payment guarantee. The time for submission of bids/proposal can be shortened to 15 business days in competitive national and international procedures, and to 5 business days for the Request for Quotations depending on the value and complexity of the requested scope of bid and capacity of firms (local and international) to prepare responsive bids in the proposed periods; Standstill period will apply with shorten periods. In Annex 4 there are negotiation tips that can be used under the project where justified and needed to respond to emergency. Also, in Annex 5 there is Summary of key features for Goods-RFQ and Direct Procurement Documents

Retroactive financing and advance procurement may be considered under the project, subject to the conditions set out in paragraphs 5.1 and 5.2 of the World Bank's Procurement Regulations for Borrowers. In accordance with the Procurement Regulations, the Bank requires the application of, and compliance with, the Bank's Anti-Corruption Guidelines, including without limitation the Bank's right to sanction

and the Bank's inspection and audit rights. To ensure compliance with the above provisions in bidding processes that have already been conducted and for which the awarded/signed contracts did not include the relevant fraud and corruption (F&C) provisions, the MLSP and MoH, through PMU, shall require such suppliers/consultants and contractors to sign the Letter of Acceptance of the World Bank's Anticorruption Guidelines and Sanctions Framework so that these contracts can be eligible for financing under this project. The Bank's template for such a letter of acceptance by the existing contractors is attached in Annex 6. The Bank will not finance any contracts that do not include the Bank's F&C-related clauses. The MLSP and MoH, through PMU, will also provide to the Bank the list of contractors/suppliers and subcontractors/sub-suppliers under these contracts for the Bank to ensure that the firms chosen are not and were not at time of award or contract signing on the Bank's List of Debarred Firms. Contracts awarded to firms debarred or suspended by the Bank (or those that include debarred or suspended subcontractors/sub-suppliers) will not be eligible for the Bank's financing.

In general, the procurement approach for vaccine purchasing, depending on availability will be from one or more of the following options: (i) direct purchase from vaccine manufacturers, either by North Macedonia itself or jointly with other countries; (ii) purchase of excess stocks from other countries that reserved excess doses; (iii) purchase through the COVAX self-financing mechanism; and (iv) direct purchase through UNICEF or other United Nations (UN) agency as the procurement agent. Further details on additional purchases through COVAX will be required for the Republic of North Macedonia to make a final decision on the mix of mechanisms to use. The WB will support North Macedonia in considering the options to access vaccines, but the country will ultimately decide which options to use based on its specific context and needs within the options that satisfy the WB's VAC. Currently, partial payment of a contract with Pfizer for approximately 660,000 doses (out of the approx. 800,000 doses) for which internal review has already been conducted, confirming eligibility for reimbursement through the Project is being considered for reimbursement and can be processed. Another eligible contract would be that with COVAX, given that North Macedonia is not an AMC-eligible country and is expected to pay for the doses procured through COVAX.

Procurement of second-hand goods may be considered under the project where justified and needed to respond to emergency. A procurement process for goods shall not mix second-hand goods with new goods; the technical requirements/specifications should describe the minimum characteristics of the items which could be offered second-hand, i.e., age and condition (e.g. refurbished, like new, or acceptable if showing normal wear and tear); and the warranty and defect liability provisions in the contract shall be written or adapted to apply to second-hand goods. Any risk mitigation measures that may be necessary in relation to the procurement and use of second-hand goods will be reflected in the PPSD.

Hands-on expanded implementation support (HEIS) may be considered in the procurement of the initial needs of the medical equipment and supplies, if requested by the Borrower. As part of HEIS, the Bank will provide at Borrowers' request, *Bank Facilitated Procurement (BFP)* to proactively assist them in accessing existing supply chains. The sample letter to be used by the Borrower to request Banks HEIS and BFP is attached in Annex 7. Once the suppliers are identified, the Bank could proactively support Borrowers with negotiating prices and other contract conditions.

Borrowers will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers, with the option of using the World Bank's system of making direct payment to the contractors or suppliers or consultants on behalf of the Client from the proceeds of the financing, in accordance with the terms of the Loan Agreement. The BFP would constitute additional support to Borrowers over and above usual HEIS which will remain available. If needed, the Bank could also provide hands-on support to Borrowers in contracting to outsource logistics. However, procurement execution remains the responsibility of the Borrower and HEIS does not result in the Bank carrying out procurement on behalf of the Borrower. BFP to access available supplies may include aggregating demand across participating countries, whenever possible, extensive market engagement to identify suppliers from the private sector and UN Agencies. The Bank is coordinating closely with the WHO and other UN agencies (specifically WHO and UNICEF) that have established systems for procuring medical supplies and charge a fee which varies across agencies and type of service and can be negotiated (around 5 percent on average.) In addition, the Bank may help Borrowers access governments' available stock. In providing BFP the Bank will remain within its operational boundaries and mandate which already includes expanded hands-on implementation support to help borrowers achieve the project's development objectives. Procurement for goods/works and services outside this list will follow the Bank's standard procurement arrangements with the Borrower responsible for all procurement steps (or with normal Hands-on Implementation support, as applicable).

Use of Systematic Tracking of Exchanges in Procurement (STEP): The project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions. This is mandatory for all procurement transactions subject to post and prior review under the project. The contracts will thus be recorded in and processed through the Bank's planning and tracking system, STEP. This ensures that comprehensive information on procurement and implementation of all contracts for goods, works, non-consulting services, and consulting services awarded under the whole project are automatically available. This tool will be used to manage the exchange of information (such as bidding documents, bid evaluation reports, no objections, and so on) between the implementing agencies and the Bank. The PMU of the MLSP has already used STEP for the purpose of two ongoing World Bank financed projects and is very familiar with the system.

The Borrower will use the Bank's Standard Procurement Documents' (SPD) for all procurement activities - both with international and national approach. The World Bank has prepared and are available for usage COVID-19 Emergency Response SPDs and the relevant forms are published on the WB web site:

<https://www.worldbank.org/en/projects-operations/products-and-services/brief/procurement-new-framework>

Respectively, the complaints arising in connection with contracts for which the Bank's SPDs are used shall be administered and handled in accordance with Annex III of the Regulations.

The procurement notices will be published automatically through STEP on the Bank's external website and UNDB (for procedures applying international market approach),

as well as (both for international and national market approach) locally on the Ministry's website, and/or daily newspaper as relevant, and on the portal of Public Procurement Bureau at: (<https://e-nabavki.gov.mk/PublicAccess/home.aspx#/notices>)

B. Procurement Planning

The PMU shall use the Bank's online procurement planning and tracking tools STEP to record all procurement actions under IPF operations, including preparing, updating and clearing its Procurement Plan, and seeking and receiving the Bank's review and No-objection to procurement actions as required.

A detailed procurement plan for the Project has been prepared and agreed during the project negotiations. The revised version as of November 2021 is provided in Annex 2. During project implementation, the procurement plan in agreement with the Bank project team will be updated at least annually by the PMU and in consultation with the involved stakeholders, or as required to reflect the actual project implementation needs and improvements in the implementing agency institutional capacity. The World Bank shall review and issue no-objection, as relevant to updated procurement plan, and any bidding to select suppliers or consultants shall be implemented in accordance with the agreed procurement plan or which has been agreed in writing with the Bank prior to the formal update of the Procurement plan in which this item should be reflected. It is not allowed by the WB to procure any item that is not contained in the Procurement Plan.

To ensure efficient Project implementation, preparation of the Procurement Plan shall be coordinated with preparation of the annual Work Program and budget. The project will be implemented based on annual work programs and budgets prepared by the PMU. Based on inputs from all participating agencies, the PMU will prepare consolidated WPs, incorporating specific activities to be undertaken during the succeeding year. The investment costs included in the WPs shall be clearly spelled out. The WPs will include, inter alia: (a) statement of the objectives to be pursued for the coming year; (b) description by component/sub-component of the activities to be pursued during the year and their detailed budget; (c) equipment to be procured during the year; (d) financing plan; (e) conclusions and recommendations; (f) updated procurement plans.

The Working Plans shall be approved by the Minister of Labor and Social Policy and submitted to the Bank by December 31, each year for the upcoming year.

C. Procurement Responsibilities

PMU, which established within the MLSP as a temporary structure during the projects implementation, will be responsible for the whole cycle of procurement of all goods, works and services under the Project, including filing/record keeping of all related operations and activities, and coordinating the delivery of technical assistance provided by international and local consultants and MoH/MLSP. This includes the following operations (as applicable in accordance with the procurement procedures concerned):

- Prepare Project Procurement Strategy for Development in consultations with relevant project stakeholders/institutions;

- Manage project procurement exchanges through STEP;
- Preparation of procurement plan and its updates in STEP;
- Submission to the Bank technical specifications and terms of reference for review and no-objection, in the format acceptable to the WB;
- Preparation of General Procurement Notices, Specific Procurement Notices and Requests for Expressions of Interest and submission for publication;
- Preparation of bidding documents/requests for proposals;
- Receipt of expressions of interest;
- Preparation of reports on short lists for consulting assignments, based on the review and the recommendation of the evaluation committee, if required;
- Dissemination of bidding documents/requests for proposals;
- Opening of bids for goods and works and opening of financial proposals for consulting services if required;
- Recording and keeping original copies of bidding / performance / advance payment guarantees, bonds or securities;
- Submission of the Letters of expression of interests (LOEI)/bids/proposals/CVs to the Evaluation Committee for evaluation;
- Preparation of evaluation reports;
- Preparation of contracts and participating in contract negotiations, as relevant;
- Notifications to unsuccessful bidders and returning of bid guarantees / securities if applicable;
- Contract management; review of contract execution documentation (reports, acceptance certificates and delivery documents, etc.) and ensuring its compliance with contract conditions;
- Record keeping. All documentation with respect to each procurement will be retained by the PMU according to the requirements of the Legal Agreement. The PMU will furnish such documentation to the World Bank upon request for examination by the World Bank or by its consultants/auditors.

D. Procurement Arrangements

Procurement management is the responsibility of the PMU staff. The PMU is staffed with procurement manager and procurement assistant for the Project lifetime. The PMU procurement staff is responsible for management of all steps of procurement cycle. The detailed TORs of both are attached in Annex 8.

The PMU procurement staff is supported and coordinated by other PMU staff/Institutions in the following way:

- Project Manager is responsible for general coordination of the procurement work on the project;
- Coordinator are responsible for the coordination of the procurement work among the involved stakeholders and for obtaining the TORs and TS for the respective component activities,
- The Financial staff ensures that all project financial obligations are met in timely manner, this includes the payment for goods and services, the accounting and bookkeeping of all activities and ensuring the Project is carried out within the specified budget,

E. Retention of Procurement Documents

In addition to uploading and keeping on file the relevant procurement documents in STEP, the PMU shall maintain the procurement documentation depending on the procurement method, as following: copies of all public advertisements, pre-qualification documents (if used), evaluation reports, bidding documents, bid opening minutes, evaluation report (that shall include a detailed record of the reasons used to accept or reject each bid, original Bids/Proposals; all documents and correspondence related to the procurement and execution of the contract, including those in support of the evaluation of Bids/Proposals; and the recommendation for award made, complaints against procedures or recommendation for award, signed copy of the contract and all subsequent amendments or addenda, securities, payment invoices or certificates, as well as the certificates for the inspection, delivery, completion, and acceptance of Goods, Works, and Non-consulting Services, for contracts awarded on the basis of direct procurement (the documentation shall include justifications for using the method etc.).

F. Publication of Procurement Notices

For international procedures the procurement notices will be published automatically through STEP on the Bank's external website and UNDB, as well as locally on the MLSP's website, on the portal of Public Procurement Bureau at: (<https://e-nabavki.gov.mk/PublicAccess/home.aspx#/notices>) and daily newspaper as relevant (not mandatory).

The PMU shall publish the Specific procurement notices on the MLSP's website on the portal of Public Procurement Bureau at: (<https://e-nabavki.gov.mk/PublicAccess/home.aspx#/notices>) and daily newspaper as relevant (not mandatory),

G. Formation of Evaluation Committees

For procurement of all contracts financed from the Loan an Evaluation Committee (EC) shall be established by the MLSP. The EC will have odd number of members because of voting rights.

For procurement of goods, works and services above Euro 100,000 equivalent per contract, financed from the Loan, an Evaluation Committee (EC) comprising of minimum 5 members shall be established by MLSP.

EC (with voting rights) will be consisted of:

- 1-3 representatives of the stakeholder
- 1-3 representatives from the MLSP
- PMU staff (optionally)

For procurements of goods, works and services below Euro 100,000 equivalent per contract, the EC shall comprise of minimum 3 members:

- 1-2 representative from the MLSP
- 1-2 representative of the stakeholder with relevant knowledge.
- PMU staff (optionally)

The Minister may suggest as a member of the EC at most 1 independent expert with relevant knowledge.

The Project Manager shall appoint one PMU staff to act as a secretary to the EC. The secretary is responsible for preparation of the minutes from the meetings held and is a nonvoting member.

Members of the EC will be appointed by the Minister of Labor and Social Policy of the Republic of North Macedonia in writing.

At least one member of the EC shall be expert with relevant knowledge.

For procurements under the Project component 1, EC should have at least one member/representative from MoH

A. Anti-Corruption Measures

Mitigation of Conflict of Interest. Each person serving as a member of a selection committee, or who is otherwise involved in a procurement process, shall disclose to the Project Manager if they, or any of their immediate family members, are related or otherwise connected to any of the members of the boards of directors or commissioners of the bidders and/or consultants participating in any of the procurement packages ("Interested Member"). Any Interested Member shall exempt himself or herself from further participation in the evaluation process; and any Interested Member who is an Official shall refuse himself or herself from any decisions relating to the evaluation process or contract award.

Each Member of the Evaluation committee before the evaluation process starts, will sign a Declaration of impartiality and confidentiality (sample of the Declaration is given below-point H.1)

H.1 Declaration of impartiality and confidentiality-Sample

Declaration of
impartiality and confidentiality

Publication ref: *(Name of the assignment)*

I, the undersigned, hereby declare that I agree to participate in the evaluation of the above-mentioned procurement procedure for selection of a firm for the assignment " _____ ", ref. no. _____. By making this declaration, I confirm that I have familiarized myself with the information available to date concerning this procurement procedure. I further declare that I shall execute my responsibilities honestly and fairly.

I am independent of all parties which stand to gain from the outcome of the evaluation process. To the best of my knowledge and belief, there are no facts or circumstances, past or present, or that could arise in the foreseeable future, which might call into question my independence in the eyes of any party; and, should it become apparent during the course of the evaluation process that such a relationship exists or has been established, I will immediately cease to participate in the evaluation process.

I agree to hold in trust and confidence any information or documents ("confidential information") disclosed to me or discovered by me or prepared by me in the course of or as a result of the evaluation and agree that it shall be used only for the purposes of this evaluation and shall not be disclosed to any third party. I also agree not to retain copies of any written information or prototypes supplied.

Confidential information shall not be disclosed to any employee or expert unless they agree to execute and be bound by the terms of this Declaration.

Name	
Signed	
Name	
Signed	
Date	

B. Operating Costs

"Operating Costs" means the incremental expenses incurred by the Project Management Unit, on account of Project implementation and includes the costs for office rent and utilities, insurance, operation and maintenance of vehicles, office equipment and supplies, communication costs, dissemination of information, publications, support for information systems, translations, photocopying, bank charges, travel and per diem costs related to the Project, office administration costs, costs for fixed and mobile telephones, internet costs, representation costs, protective

personal medical equipment and other reasonable expenditures directly associated with the carrying out of the Project, based on an annual budget approved by the Bank. The following procedures will apply: In all cases where applicable, such as for procuring office suppliers or for translation the Borrower would request quotations from at least 3 suppliers for any given type of goods and services and would award a “framework contract” for supply of those particular goods and services for a given period of time, which can be extended by signing a contract amendment. For other one off expenditures such as advertising and other similar expenditures the payment shall be based on a received invoice and no contract shall be signed. Operating cost will not include salaries/bonuses of civil servants

V. FINANCIAL MANAGEMENT AND DISBURSEMENT ARRANGEMENTS

A. Financial Management

Financial Management (FM) under the project will be carried out in accordance with the Financial Management Manual for World Bank Investment Project Financing (last revised in February 2017) and documented in accordance with the World Bank’s Guidance: Preparing the Project Appraisal Document (PAD) for the Multiphase Programmatic Approach (MPA) Using Investment Project Financing (IPF) (issued May 2018).

Flexible FM arrangements, modelled along those allowed under emergency operations, will be applied to the Project. Streamlined procedures to expedite decision making and approval of FM exceptions under country projects were agreed and documented in the financing agreement. For operations engaging UN agencies, the FM arrangements are based on the Financial Management Framework Agreement (FMFA) which includes the Single Audit Principle.

The PMU within MLSP will maintain adequate financial management system to ensure that they can provide the Government-t and the World Bank with accurate and timely information regarding project resources and expenditures. The financial management arrangements will be: (i) capable of correctly and completely recording all transactions and balances related to the Project, (ii) able to facilitate the preparation of regular, timely and reliable financial statements and safeguard the project’s assets; and (iii) subject to auditing arrangements acceptable to the Bank.

Such financial management system includes:

- 1. Adequate staff**, with clearly defined functional and personal responsibilities, based on TORs that are satisfactory to the Bank.

The PMU includes qualified and experienced financial staff that will be further strengthened by hiring additional personnel, as needed. The Project Manager will supervise the implementation activities

- 2. Proper accounting system**, which is going to be updated and maintained for the purpose of assurance of business transactions recording.

With agreed procedures, the project will use the software developed by the local company that is being used for accounting and reporting of the current SSI and SIA

Projects.

The accounting books and records will be maintained on the cash basis with additional information of signed contracts, in conformity with related requirements of the World Bank's financial reporting guidelines. The cash receipts are recognized when received and cash expenditures are recognized when paid rather than when incurred.

Project financial statements will be presented in Euro and will encompass all transactions financed under the project.

The project accounts are kept in local currency i.e. in Macedonian Denar ("MKD") and for reporting purposes will be converted in EUR.

3. Internal control system. This system will ensure reliability and completeness of financial records.

The system will ensure proper recording and safeguarding of assets and resources, adherence to management policies and conduction of the business in an orderly and efficient manner. Adequate system for internal control was instituted as part of the current SSI and SIAP Projects and for the World Bank it is assessed as reliable. The PMU will apply in practice the same set of acceptable accounting procedures and internal controls as for the current SSIP and SIAP Project. Key internal controls to be applied for the project include: a) appropriate authorization and approvals, b) segregation of duties, c) different persons be responsible for the different phase of the transaction, d) reconciliations between records and actual balances, as well as with third parties will be performed on regular basis, e) keeping the complete original documentation to support the project transaction. As of January 1, 2022 the Minister of Health will be involved in the payments process for activities under Component 1 through approval of invoices and works completion statements, prepared by the PMU.

Additional adequate procedures and controls will be introduced and applied in practice for the three types of transfers.

Key internal controls for the tree type of transfers will include inter alia:

- **Appropriate eligibility criteria.** (a) ex ante-clear description of eligibility criteria for beneficiaries, project and activities to be financed by the projects, documentation needed to support the eligibility and (b) ex post- control checks performed to verify eligibility of selected beneficiaries;
- **Appropriate procedures for selection of beneficiaries.** For cash transfers within Component 2, the current CBMIS will be updated in order to transfer the funds only to eligibility beneficiaries. Robust evaluation and selection procedures will be introduced in CBMIS. Transfers within Component 1 will be based on the Request for transfer prepared by the HIF or MOH. This document will be prepared, controlled and approved by the MOH/HIF designates representatives. Procedure for selection of eligible beneficiaries will be developed by the MOH and HIF.
- **Segregation of duties.** These means that different persons will be responsible for the different phase of the transaction. For cash transfers within Component 2, CBMIS will produce data for the eligibility beneficiaries and the MLSP financial department will make mathematical and logical clearance for the data produced by the CBMIS and according to this the "Request for payment" will be issued and sent to the PMU financial staff for verification and payment execution; For cash Transfers within Component 1, the HIF will collect the data

for the eligibility beneficiaries and prepare Request for transfers sent to PMU financial staff for verification and transfer execution.

- **Procedures on determining funds needed.** After the PMU financial staff receive the request for payment they will make calculation for the funds needed to be transferred to: (i) final beneficiaries of GMI, (ii) to EA transaction program/sub-account through which the transfers to final beneficiaries will be made, or (iii) to HIF program/sub-account for the payment of bonuses of the health workers

Each semester or as it is needed the PMU financial staff in coordination with MLSP, MoH and HIF will withdraw advances to DA that will be based on forecast of funds needed for the semester, approved by the TTL. The PMU financial staff is responsible for the availability of the needed project funds

- **Transparency of flow of funds.** The information about the transferred funds, together with supporting documentation, including statements of accounts (MLSP account-project transit account within the TSA and DA, EA transferred account and HIF program/sub account) shall be submitted to the PMU from the Treasury or appropriate institution. The information about the funds and transfers will be included in the quarterly IFRS;
- **Monitoring use of funds at beneficiary level** as applicable. This means that on PMU or World Bank request, the Employment Agency and the Health Insurance Fund or Ministry of Health should allow review of all requested documentation related to the project.
- **Accounting and reporting on the use of funds** and relevant templates. The PMU will consolidate the reports and all transfers will be evidenced in financial module of CBMIS and incorporated in IFMRs. The PMU use a cash basis accounting for the Project's accounting and it uses the computerized accounting software -to track Project activities

4. Financial monitoring reports will be provided quarterly in accordance with the Bank's requirements.

The full set of interim un-audit financial reports (IFRs) will be submitted to the World Bank, 45 days after each quarter ends during the project implementation. The reports will include consolidated financial information on all project funds. These IFRs will comprise the following reports presented in the agreed format:

- Designated Account Statement for Category 1, for Category 2(a) and for Category 2(b),
- Statements of Uses of funds by Project Activity;
- Statement- Breakdown of transfers under component 1 & 2;

Project Financial staff will be responsible for preparation of these reports using the FM software

The template of the IFRs is given in Annex 10.

B. Disbursement arrangement and procedures

Disbursement Procedures. The project will administrate three designated account's (DA).

1. Designated Account A for Loan category 1
2. Designated Account B for Loan category 2(a), Transfers to HIF.
3. Designated Account C for Loan category 2(b), Cash Benefits and Cash Transfers.

Disbursement methods will be Reimbursement, Advance (into a Designated Account) or Direct Payment, where funds will be withdrawn from the loan account by withdrawal applications supported with the relevant SOE or other relevant documentation. Advances to designated accounts will be based on forecast of funds required for the semester and approved by the WB Project TTL's.

Recognition of eligible expenditures for Category 2 shall be based on Task Team verification of transfers to HIF, Cash Benefits and cash Transfers Statement of Expenditure evidencing eligible expenditures.

Documentation requirements for replenishment would follow standard Bank procedures as described in the Disbursement Handbook and Disbursement and Financial Information Letter. Withdrawal Applications will be supported by the necessary documentation: SOE, DA reconciliation statements, copies of records, depending on the disbursement method.

Prior sending the application for Withdrawal to the Bank it shall be checked against the following:

- Application shows the currency and the amount required;
- It is signed by the Borrower's duly authorized person to withdraw funds;
- Sufficient funds exist in the specific disbursement category of the Loan Account;
- It is in compliance with the Loan Agreement conditions;
- Procurement regulations have been followed.

The PMU financial staff is responsible for the preparation of Application for withdrawal (WA) SOE, summary sheets, DA reconciliation as required. These documents should be reviewed and signed by Authorized Signature of the Loan Funds. The documentation electronically through the Client Connection website (<https://ebizprd.worldbank.org/wfa/ccloginpage.html>), will be sent to the World Bank Regional disbursement center in Zagreb, Croatia. Applications for replenishment of the DA will be submitted based on the forecast of funds required for the semester and approved by the TTL. The ceiling for the DA is variable and it is in accordance with the Disbursement letter.

Authorized Signatures. Before funds from the Financing Account may be withdrawn or committed, the Ministry of Finance (as designated in the Disbursement letter) must furnish to the Bank, electronically through the Client Connection website (<http://clientconnection.worldbank.org>), or through an authorized signatory designation letter, the name(s) of the official(s) authorized (a) to sign and submit applications for withdrawal and applications for a special commitment (collectively, Applications), and (b) to receive Secure Identification Credentials (SIDC) from the Bank. The Ministry of finance must notify the World Bank of any changes in signature authority, either electronically in Client Connection or through an updated authorized signatory designation letter.

Disbursement Arrangements - Project accounts. In order to enable smooth implementation of the Project and timely payments for expenditures and transfers incurred under the Project, once the project become effective, PMU will open and maintain three Designated Accounts (DA) for different loan category denominated in EUR in National Bank of Republic of North Macedonia (NBRNM) where the funds will be transferred.

Each account will be a separate account used for withdrawals and payments of the specific project category only i.e.

1. Designated Account A for Loan category 1
2. Designated Account B for Loan category 2(a), Transfers to HIF
3. Designated Account C for Loan category 2(b), Cash Benefits and Cash Transfers

For each DA a mirror Denar account will be opened within the Treasury Single Account to serve as an operating account for withdrawals from the foreign currency account. This means that three mirror Denar account will be opened and maintained by the PMU. All transfers will be done through these accounts accordingly with a corresponding transfer of the Denar-equivalent amount from the DA. The accounts in Denar will be transit accounts with immaterial or zero balance.

For the purposes of Loan Category 2(a) (transfers to Health Insurance Fund), HIF will open and maintain special program/ sub account within the Treasury Single Account. This program/sub account will serve as an operating account/program for payment of bonuses of the health workers and will be used only for the project funds. In addition, this program/sub-account will be used also for transfer of funds intended for payment of one-off award to the front-line healthcare and supportive staff. PMU financial staff will made transfers to this program sub/account based on the Request for transfer received from HIF.

For the purposes of Loan Category 2 (b) (transfers to the Employment Agency) the EA will open and maintain special program/sub-account within the Treasury Single Account. This program/sub-account - will be used only for the project funds, i.e for cash transfers to the final beneficiaries. PMU financial staff will made transfers to this program/sub-account based on the Request for transfer received from Employment Agency. Payment of the Cash benefits to the final beneficiaries is made through Designated Account C, after PMU receives written Requests for payment signed by MLSP Financial department authority.

For the purposes of retroactive financing of MLSP/MoH eligible cost, reimbursement method for disbursement of funds will be used. This means that disbursement of funds will be based of Statement of expenditures, prepared by the PMU based on the request from MLSP/MOH and approved by the TTLs. Funds will be disbursed from World bank through treasury mirror account opened for the purposes of the Project to the MLSP/MOH budget account from where the payment of eligibility cost was previously done.

Payment for project activities under Loan Category 1 will be made from DA-A through Treasury single Denar account to the final suppliers.

Flow of funds. Project Loan funds will flow from the World Bank – as an advance, via appropriate DA and then through the appropriate Treasury Single Account to the final suppliers/recipients/beneficiaries.

For retroactive financing of eligible costs Reimbursement method for withdrawal of funds will be used. This means that project Loan funds will flow from the World Bank

through treasury account opened for the purposes of the Project directly to the budget account of the institution (MLSP/MOH/EA/HIF).

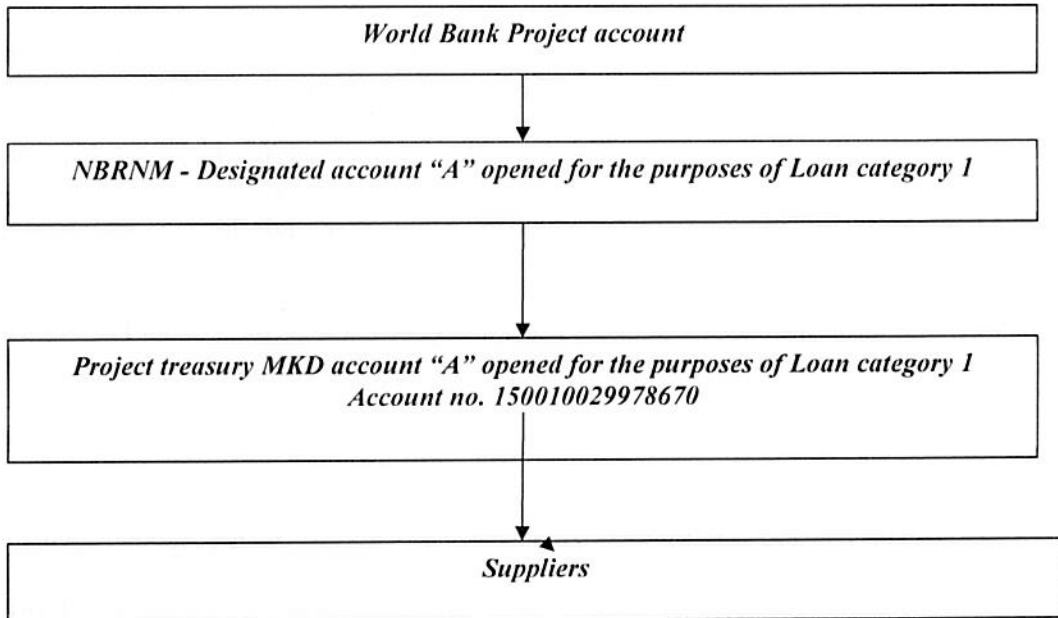
For the transfers to EA the funds will flow from the DA "C" through Treasury Single Account "C" to the EA special program/sub- account within the Treasury Single Account opened for this purpose and after that to the final beneficiaries' accounts.

For the transfers to the HIF the funds will be transferred from DA "B" through Treasury Single Account "B" directly to the HIF special program/ sub account within the Treasury Single Account opened for the purpose of payment of bonuses for the health workers from where the funds will be transferred to the health workers account through corresponding clinic.

In case when transfer is requested for payment of one-off award to the front-line healthcare and supportive staff, than the funds will flow from the DA "A" through treasury account "A" to HIF special program/ sub account within the Treasury Single Account from where the funds will be transferred to the medical staff accounts through corresponding clinic.

For payments to local suppliers/providers corresponding amount of foreign currency form DA "A" is exchanged in Denar and credited to the Denar mirror account "A". From there, the amount is transferred to the respective supplier/providers. If a payment needs to be made to a foreign supplier/provider in foreign currency, then the foreign currency equivalent amount is converted to Denars and credited to the mirror Denar account "A". The Denar account "A" is then debited with the transaction amount, the Denars are converted to the foreign currency, and the respective amount transferred to the supplier. This flow of funds is followed even if the Designated Account and the payment due to the supplier are in the same currency. This ensures that the mirror Denar account "A", as part of the Single Treasury Account, captures all amounts paid to suppliers in the Treasury system.

The cash flow for this case is shown in the Picture 1 below:



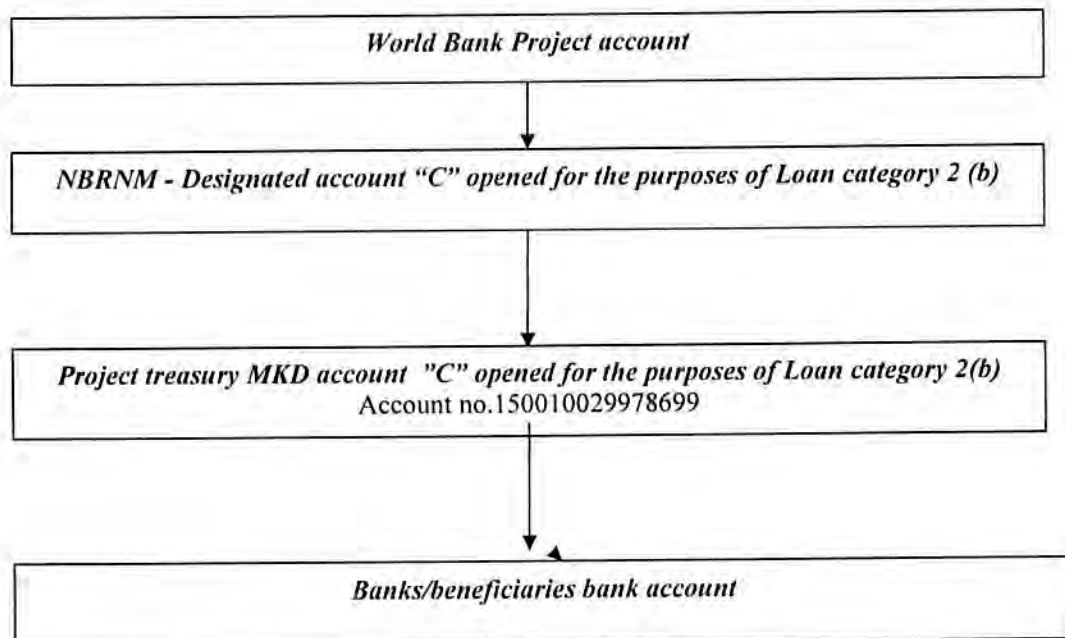
Picture 1.

All disbursement (payments) from Designated account "A" for local expenditures to suppliers, contractors, consultants, etc., from the Project funds will be made in the local currency of Republic of North Macedonia (MKD) and for reporting purposes converted into EUR using the buying exchange rate at the NBRNM at the date of transfer. Project foreign expenditures including the vaccines will be made in an original currency and for reporting purposes converted into EUR.

The cash flow for Loan category 2(a) i.e. payment of bonuses for health workers will be made through Health insurance fund is shown in the Picture 2 below:

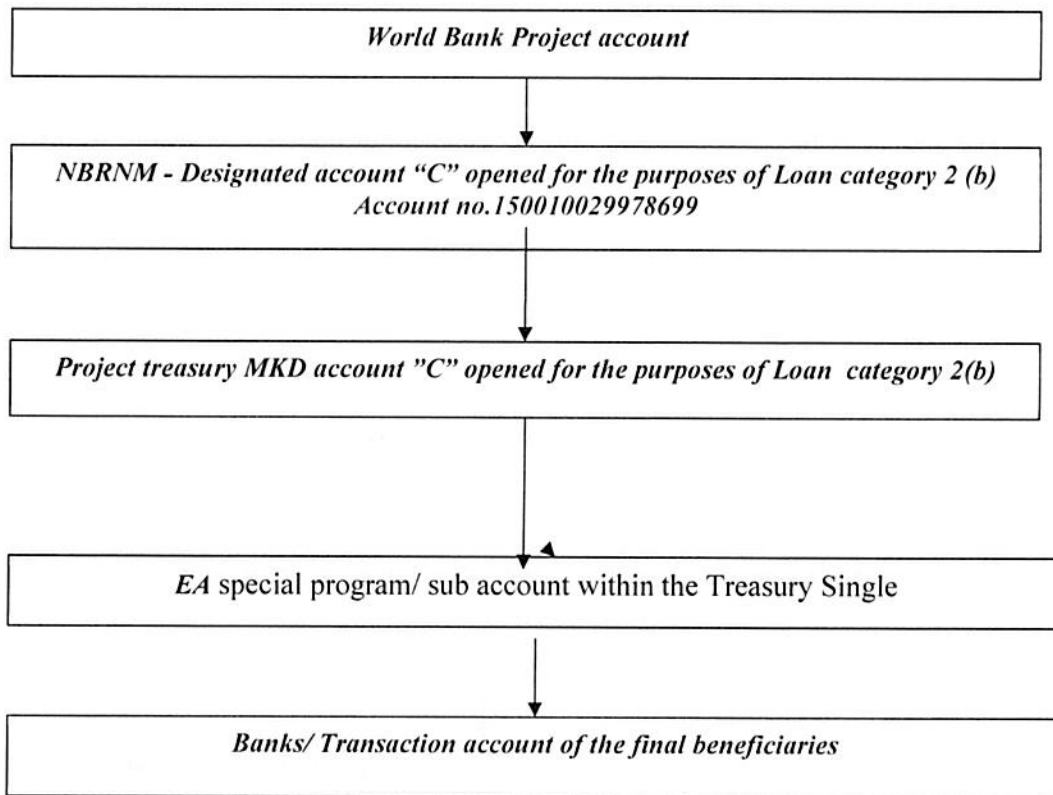
Picture2

The cash flow for Loan category 2(b)-Cash Benefits i.e. GMI cash transfers are shown in the Picture 3 below:



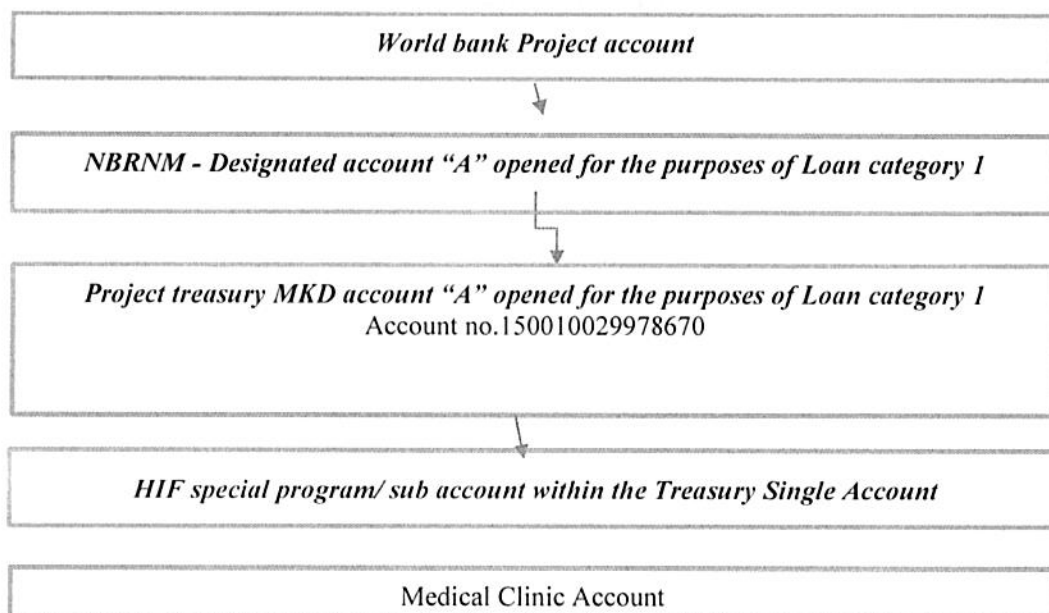
Picture3.

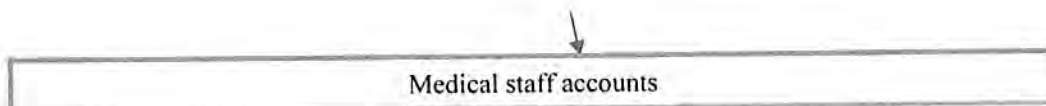
The cash flow for Loan category 2(b) transfers for Additional unemployment insurance support is shown in the Picture 4 below:



Picture 4.

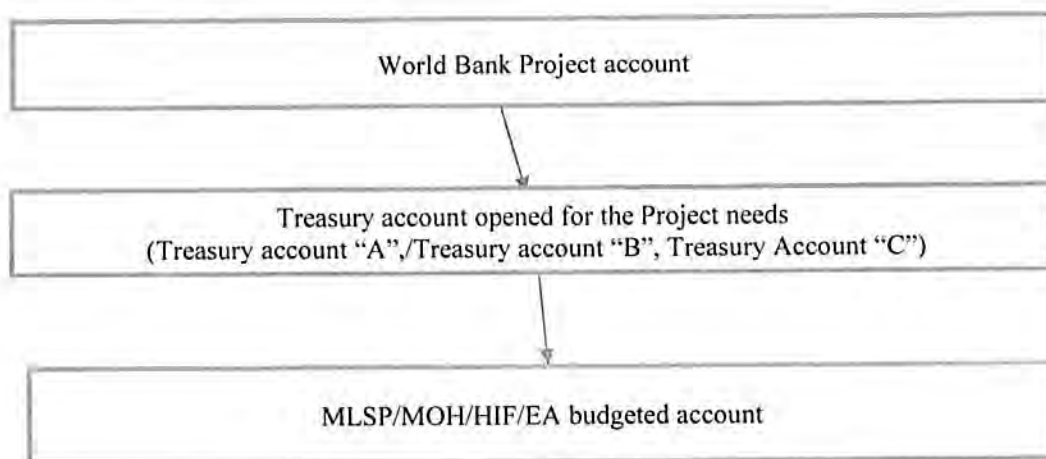
Cash flow for payment of one-off award to the front-line healthcare and supportive staff is shown in the picture 5 below:





Picture 5

Cash flow for the retroactive payment is shown in the Picture 6 below:



Picture 6

Flow of documents & Payment execution. The project activities under Category 1 will be paid from Designated Account through Treasury mirror account directly to the final suppliers. Responsibility for the invoice and supporting documentation verification and payment procedure rests with the overall PMU staff.

1. The verification of the invoices and supporting documentation received shall follow the following procedure:

All requests for payment, invoices and respective supporting documentation shall be submitted to the PMU Financial staff for their registration and processing.

The Financial staff checks and confirms whether the:

- Requests for payment, invoice and supporting documentation are in compliance with contract financial terms;
- There is available budget for payment of the invoice

The PMU member responsible for monitoring the implementation of the contract checks and confirms that:

- The conditions for contract payment are met
- The contract has been implemented according to the contract terms, i.e. the goods/works/services are being delivered according to the contract and the requested documentation has been submitted in line with the contract terms

The PMU procurement staff reviews the documents to see whether they are in line with the template given in the bidding documents.

Control and Prior approval of the invoice and supporting documents is done by the PMU Financial manager. The documentation approved for payment is submitted to the PMU Project manager for approval. The prepared documents for payment are submitted to the authorized signatory to be signed. The Financial Staff implements the payment; For procurements within the Component 1 (starting from January 1, 2022) the Minister of Health will be involved in the payments process through approval of invoices, and works completion statements, prepared by the PMU. The PMU will consolidate the reports for preparation of quarterly IFRs. The verification deadline for invoices (check of compliance with contract terms) and respective supporting documentation (availability check) is 10 business days after the request or invoice receipt date, provided there are no remarks.

Any change of the submitted invoice or a communication with the supplier that submitted the invoice must be done in writing.

For retroactive financing of eligible MoH/HIF expenses, the institutions must submit to PMU Request for transfer, supported with documents showing that the conditions for retroactive financing of such expense are met.

The Financial manager sent the documentation and the request for retroactive financing to Project TTL's for review and approval. If TTL's approve the request for retroactive financing then PMU Financial staff prepares Withdrawal application using reimbursement method for disbursement of funds. The funds are disbursed directly to the Project treasury account and after to the budget account from where the payment of activity's was previously done.

Transfer execution and flow of documents for transfers under loan component 2(b) i.e. GMI transfers shall follow the following procedure:

At the end of the month the MLSP financial departments using the CBMIS will collect requests for payments for GMI eligible beneficiaries (According to the Law on Social Protection, from Centers for Social Work and send to the PMU the summarized Request for payment of these transfers.

Based on these requests received from the MLSP financial departments the PMU Financial staff prepares withdrawal request for funds from the NBRNM - EUR designated account "C" and transfers the funds to the unique treasury (mirror) account "C" in Macedonian Denar equivalent. In parallel, the MLSP financial departments prepares a payment order and sends it to the Treasury Office in the Ministry of finance for transfer the funds on the beneficiary transaction accounts in the Bank.

For retroactive financing of GMI, the MLSP financial departments must submit to PMU Request for retroactive financing supported with documents showing that the conditions for retroactive financing of such expense are met.

The Financial manager sent the documentation and the request for retroactive financing to Project TTL's for review and approval. If TTL's approve the request for retroactive financing then PMU Financial staff prepare Withdrawal application using reimbursement method for disbursement of funds. The funds are disbursed directly to

the Project treasury account and after to the MLSP budget account from where the payment of GMI was previously done.

Transfer execution and flow of documents for transfers under loan component 2(a) i.e. transfers for bonuses for health workers to the HIF treasury account will follow the following procedure:

At the end of the month for the previous month, the HIF, from corresponding medical clinic will collect the requests for payment of bonuses of the eligible health workers⁵, and will send to the PMU Summarized request for payment of these transfers.

Based on the request for payment received from the HIF the PMU Financial staff prepares withdrawal request for funds from the NBRNM - EUR designated account "B" and transfers the funds to the unique treasury (mirror) account "B" in Macedonian Denar equivalent. In parallel, the PMU financial staff prepares a payment order and sends it to the Treasury Office in the Ministry of Finance for transfer the funds to the HIF special program/ sub account within the Treasury Single Account from where through corresponding clinic account the transfers to the medical staff accounts will be made.

Any future request for payment by HIF needs to be supported by appropriate documentation that the previous payments have been executed.

Transfer execution and flow of documents for transfers under loan component 2(b)i.e. Transfers for unemployment insurance support, will follow the following procedure:

At the end of the month the Employment Agency (EA) using the EA software will collect the requests for payment of this unemployment insurance support for eligible beneficiaries (According to the Program for Employment and Responsibility in a case of unemployment), from EA departments and will send to the PMU the summarized Request for payment of these transfers.

Based on the request for payment received from the Employment Agency the PMU Financial staff prepares withdrawal request for funds from the NBRNM - EUR designated account "C" and transfers the funds to the unique treasury (mirror) account "C" in Macedonian Denar equivalent. In parallel, the PMU Financial staff prepares a payment order and sends it to the Treasury Office in the Ministry of finance for transfer the funds from the unique treasury (mirror) account "C" to the EA special program/ sub account within the Treasury Single opened for the purposes of the project. After EA receives the requested transfers, within 5 days should made the transfers to the bank account of final beneficiaries (unemployment people). Any future request for payment by EA needs to be supported by appropriate documentation that the previous payments have been executed.

For retroactive financing of unemployment insurance support for eligible beneficiaries, the EA must submit to PMU Request for retroactive financing supported with

⁵Eligible are all workers in the public health institutions, established on the territory of the Republic of North Macedonia

documents showing that the conditions for retroactive financing of such expense are met.

The Financial manager sends the documentation and the request for retroactive financing to Project TTL's for review and approval. If TTL's approve the request for retroactive financing then PMU Financial staff prepare Withdrawal application using reimbursement method for disbursement of funds. The funds are disbursed directly to the Project treasury account and after to the EA budget account from where the payment of unemployment insurance support for eligible beneficiaries was previously done

C. Retroactive financing

Retroactive financing is available under the project for disbursing resources quickly in response to urgent needs for medical supplies. As per the legal agreement, the project will qualify for up to 30 percent for retroactive financing. EUR 27.000.000. This type of financing may be considered under this Project, subject to the conditions defined in 5.1 and 5.2 of the World Bank's Procurement Regulations for Borrowers. In accordance with the Procurement Regulations, the Bank requires the application of, and compliance with, the Bank's Anti-Corruption Guidelines, including without limitation the Bank's right to sanction and the Bank's inspection and audit rights. To ensure compliance with the above provisions in bidding processes that have already been conducted and for which the awarded/signed contracts did not include the relevant fraud and corruption (F&C) provisions, the MLSP and MOH shall require such suppliers/consultants and contractors to sign the Letter of Acceptance of the World Bank's Anticorruption Guidelines and Sanctions Framework so that these contracts can be eligible for financing under this project. The Bank's template for such a letter of acceptance by the existing contractors is attached in Annex 6. The Bank will not finance any contracts that do not include the Bank's F&C-related clauses. The MLSP and MOH will also provide to the Bank the list of contractors/suppliers and subcontractors/sub-suppliers under these contracts for the Bank to ensure that the firms chosen are not and were not at time of award or contract signing on the Bank's List of Debarred Firms. Contracts awarded to firms debarred or suspended by the Bank (or those that include debarred or suspended subcontractors/sub-suppliers) will not be eligible for the Bank's financing.

Eligibility of Expenditures. The activities in the project that qualify for funding by the World Bank are known as "eligible" expenditures. By default, any expenditure that is not eligible for World Bank financing is considered "ineligible" and therefore can't be paid by the Loan funds.

For Category 2(a) and 2(b), recognition of the eligible expenditures depends on the Task team verification of transfers to HIF and Cash benefits and Cash Transfers Statement (CT SOE) evidencing eligible expenditures

D. Project Audit

The project's financial statements will be audited following terms of reference acceptable to the Bank, conducted in accordance with the International Standards of Auditing issued by the IAASB. The audit will be carried out every year by an audit company acceptable to the Bank. The audit report and audited financial statements will be submitted to the Bank not later the six months after the end of the audited period.

The financial audit Terms of Reference will be prepared based on the TOR for SSIP Project Audit. Project funds shall finance the Project Audits and the TOR shall include the payment of vaccines.

VI. PROJECT PLANNING AND REPORTING

A. Planning Requirement and Arrangements

Planning under the Program will, inter alia, include preparation of:

1. **Annual Procurement Plan** (see Annex 2 of the POM)
2. **Annual Work Programs** will include (when feasible for each component/activity under the project): (i) total allocated budget and budget for the coming year; (ii) statements of aim and objectives for the coming year; (iii) description of planned activities (including training) with responsible institutions/persons and detailed budgeted expenditures for the coming year; (iv) description of civil works/goods/equipment to be procured during the coming year; and (v) expected timelines.

Environmental and Social Management Framework (ESMF), with an annex covering Labor Management Procedures (LMP), Stakeholder Engagement Plan (SEP), and a Memorandum of understanding between MoH and /or MLSP, and Public Health institutions (MoU). The MLSP/MoH will prepare the ESMF that will include a template for the Infection Prevention and Control and Waste Management Plan (IPCWMP) to be adopted and implemented by all ICUs and laboratories to be supported by the Project. The ESMF document will also provide the detailed procedures, based on WHO guidance, for treating patients and environmental health and safety guidelines for staff in ICUs and laboratories, including the necessary PPE. Furthermore, the document will provide requirements for adequate medical waste management, including proper disposal of sharp objects. All these provisions will then be used for preparing the IPCWMP, which will provide best international practices in COVID-19 diagnostic, testing and COVID-19 response and treatment activities, based on the relevant WB Environmental Health, and Safety (EHS) Guidelines, Good International Industry Practice (GIIP), and COVID-19 Quarantine Guideline and WHO COVID-19 bio-safety guidelines. The ESMF will also be updated to include a manual on AEFI surveillance, a template for a vaccine cold storage temperature monitoring plan, and procedures, protocols and/or other measures to ensure Project beneficiaries that receive vaccines under the Project do so under a program that does not include forced vaccination and is acceptable to the Bank. The SEP will serve the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the SEP; and (iv) a grievance redress mechanism (GRM) building on existing health operations in North Macedonia. The existing ESMF and SEP shall be updated to a standard acceptable to the IBRD and re-disclosed both in-country on the MoH website and on the World Bank website within 30 days after the Effectiveness Date. The SEP shall be continuously updated and implemented during the Project implementation period. Subject of the MoU is to ensure rights and responsibilities of the Public Health Institutions as eligible final beneficiaries of the equipment

and goods procured under the Emergency Response Covid-19 Project, to be acknowledged and respected.

B. Reporting Requirement and Arrangements

1. Annual Project Management Reports

The report shall include the progress made within the Project and the results accomplished in the previous year.

2. Mid-Term Review Report

The mid-term review will be undertaken at the time of the estimated mid-point implementation. The review will be conducted within the agreed M&E framework and in consultation with the Bank. The report will include progress achieved in the implementation of the project and measures recommended to ensure the achievement of the Project's operation and development objectives during the remaining period.

After receipt of the Mid-Term Review report, the Bank will assess project status and implementation progress, to date (including the PDOs), and jointly agree with the government on an implementation strategy for the remaining period of implementation. This implementation strategy would reflect discussion regarding whether the revision of any project components, indicators, indicator targets, etc., would be needed in the project's second phase.

Except as may otherwise be explicitly required or permitted under this Project, in sharing any information, report or document related to the project activities, such information, report or document shall not include Personal Data.

VII. PROJECT MONITORING AND EVALUATION

The PMU is responsible for monitoring and evaluation of project achievements in line with the indicators given in Annex 1 and will be a focal point to collect all the data and communicate with the WB according to the frequency of reports described in the monitoring arrangement matrix.

Also, phone survey will be conducted with social assistance beneficiaries to assess the impact of the COVID-19 pandemic on vulnerable households and their needs. This would help tailor future policy interventions and monitor the project's overall impact.

Further details are described in Annex 1. Results Framework and Monitoring of this POM.

VIII. ADMINISTRATIVE PROCEDURES

1. Personnel Management and PMU employment conditions

The already established PMU within the MLSP is responsible for coordination and all day-to-day Project implementation activities. PMU is responsible for the technical, financial and procurement aspect of the project implementation.

The PMU staff is to be administered in accordance with the contract signed between them and the MLSP, WB requirements and the Macedonian legislation governing Employment Relations.

The PMU members are directly subordinated to the Project Manager.

On project progress and problems and challenges the PMU reports to the Minister of Labor and Social Policy and Minister of Health through the Project Manager.

The PMU staff is retained for the lifetime of the Project, subject to satisfactory performance. The establishment of the PMU is supported by Loan funds and PMU staff shall be remunerated on competitive rates in order to avoid fluctuation of the skilled staff.

All PMU members must be able to speak, read and write Macedonian and English (good working knowledge of English and be able to fully understand spoken or written communications and/or documents). No PMU staff, during this consultancy, can be full time employed as public or state servant/employee .

In implementing their tasks, the PMU staff will adopt the following code of conduct:

- PMU staff acts by the principles of professional impartiality, responsibility, honesty, transparency, openness, efficiency and effectiveness in relations with third parties (i.e. consultants, suppliers of goods, persons or institutions involved in any way in activities or results of those activities), and may not practice any form of discrimination or preferential treatment;
- PMU staff is expected to accord equal and fair treatment to the users of the services supplied by the Project;
- PMU staff shall use the available resources in the manner of a good host, and maximum cost-effectiveness in relation to the general objectives of Project, maximum cost-effectiveness should always be sought in decision-making within the PMU and in the practical application of its procedures;
- PMU staff shall not use available official information for private purposes;
- PMU staff may not directly, or through an intermediary, hold any interest in companies, or have responsibilities in public or private institutions having commercial relations with the PMU or benefiting from its activities, and they may not receive any gifts, remuneration, commission or fee of any kind from such companies or institutions. Compliance with this obligation is an express condition of engagement with the PMU;
- PMU staff should not be engaged in political propaganda;
- The MLSP Minister, the MoH Minister and the Project Manager are the only authorized person to issue work instructions to PMU staff,

PMU work is based on following principles:

- Conformity with the Constitution of the Republic of North Macedonia and other local laws;
- Autonomy of PMU - In terms of making decisions related to the Project, according to the delegation of the full authority in day-to-day management by the Ministers to the Project manager;
- Impartiality in relations with third parties - The PMU shall not practice any form of discrimination or preferential treatment and shall exclusively apply the decision-making criteria and selection procedures described in the approved documents such as Loan Agreement, PAD; POM;
- Transparency -The Project implementation methods are transparent, and goods, and services are procured on competitive way following the WB procurement rules. The public and potential suppliers of goods and service providers are informed properly about the availability of funds. The reporting to all partners should be accurate;
- Quality - Contracts are be made only with those suppliers and service providers that undertake to ensure that their goods and services meet high quality standards. Technical proposals offered by suppliers and service providers would need to include credible quality assurance mechanisms. These mechanisms are evaluated by the PMU, as part of their overall evaluation of the proposals;
- Cost effectiveness - The resources are used at maximum efficiency; the results are monitored and evaluated on the basis of agreed indicators;
- Monitoring – Project monitoring activities should be carried out to ensure that project activities are being implemented timely and in accordance to the document signed
- Goods and services are delivered in the quantities specified and according to the schedule and quality standards established in the contract;
- Problems are identified early, and any corrections necessary are applied quickly and effectively;
- Financial transactions are carried out in a proper and timely manner, and are supported by the necessary documentation;
- Effective coordination exists between suppliers/service providers and other interested parties;
- The overall program is implemented in a transparent manner through widely drawn public disclosure of program information.

Employment conditions

Organization of the work in the PMU is based on the principle of organizational unity and division of duties according to professional qualifications and other skills needed for the determined positions in the PMU.

Besides the professional qualifications the PMU staff should meet the following criteria:

- Is a citizen of Republic of North Macedonia, aged 18 or above,
- Meets other criteria set by law of the Republic of North Macedonia.

New PMU staff is hired in accordance with the WB Regulations

The PMU working week is 40 hours (the project manager shall coordinate the work of the PMU members working on multiple WB projects in order this requirements to be met cumulatively), Monday through Friday, and working hours are between 7:30/8:30 am and 15:30/16:30 pm, with a half hour paid lunch break. Saturdays, Sundays and National holidays of Republic of North Macedonia, as defined in the Law on Labor relations of Republic of North Macedonia, are non-working days. The Project Manager can determine that the staff should work longer or in non-working days in order to complete the assignment that cannot be delayed if it cannot be completed within the regular working hours. PMU staff remuneration includes occasional overtime, and no additional remuneration will be provided, but equal or proportional leave may be given.

PMU staff is paid once a month, generally between the first and fifteen day of the next month.

PMU staff earns their annual vacation at the rate of 2 days per month, i.e. 24 vacation (working) calendar year prorated monthly from starting date. All vacation time must be approved in written in advance by the Project Manager. The Project Manager prepares the plan for annual leaves of the staff, respecting to the extent possible the needs of staff and based on the plan issues the separate decisions on approval of the annual leave for each PMU member.

PMU staff is entitled to paid leave (annual and sick) as per conditions of individual contracts. Staff may accrue up to six (6) sick days per year engaged. Extended absences, inclusive of extended travel for official purposes, will be approved by the PMU Project Manager only on a case-by-case basis. Employees are entitled to leave without pay only with the approval of the PMU Project Manager, who shall decide on a case by case. Health and pension benefits shall not be paid by PMU and will be staff member's responsibility.

Training days (for training included in the implementation plan and approved by the Project Manager designated in the contract) are counted as working days. Travel and participation in meetings and seminars will be approved in written on a case-by-case basis by the PMU Project Manager. PMU will pay regular economy class air fare for employees traveling to official meetings. Overnights-Per Diem will be paid according to regulations.

The performance evaluation of PMU employees is the responsibility of the Project Manager, who discusses and documents the performance and professional development of the staff. Progress in the previous year, functions and goals for the succeeding year, and suggestions for enhancing the individual's personal and professional development are discussed.

PMU staff keeps the business confidential information during the engagement in the PMU and after its termination in accordance with the confidentiality clause of the contract.

All the documents prepared by the PMU members are MLSP's property and one month before the respective contract termination, must be submitted to the Project Manager

PMU ensures accurate and on-time preparation, sending, receiving and archiving of all business documentation and follow-up of its circulation. The business documentation is understood as:

- All the documentation that PMU makes or receives from the third persons, related to project (i.e. agreements, invitations to bid, bids, minutes, evaluation reports, contracts, reports, guarantees, bills, evidences, no-objections, etc.);
- Contracts and general acts regulating the legal status of PMU;
- Financial documentation;
- Staff dossiers and evidences related to staff contracts;
- Other documents.

Correspondence

Correspondence management comprises: receiving, opening, reading and distribution of mails and acts, grouping and forwarding for processing, administrative-technical processing, sending, classification by subject and archiving. Project manager is responsible for receipt, review and distribution of mail, track record of documents, delivery of mail and filing.

The exception for the above rule is the treatments of bids/proposals if properly marked, are immediately submitted unopened to the Procurement Manager for safekeeping.

Mails sent from the staff individual address must be copied to the Project Manger's address.

The use of electronic mail is encouraged. Mails should be copied to all concerned staff inside the PMU.

The official paper correspondence (by mail, by hand,) between the PMU and the WB is mostly sent by the Project Manager, while other PMU staff can also maintain the official correspondence in the field of expertise but must always copy the Project Manager.

Communication inside the PMU

All forms of internal communication are organized on a liberal basis. This means that management trusts each staff a priori, and that each staff is expected to act responsibly and reasonably in all forms of written and spoken communication, until the demonstration of the opposite has been made. The objective is to minimize internal bureaucracy by limiting prior authorizations or straight prohibitions; any detected abuse, negligence, etc. is severely repressed.

Communication with the Media

All communication and contact with the media should be organized through the Project Manager, the Ministers and the Public Relations Units within the MLSP and MoH respectfully. The individual communication of the PMU staff and the members of the Working Groups with the media representative are forbidden.

- Information management, disclosure, dissemination and public awareness

Competent information management is essential for successful implementation of the Project. A central component of information management is the proactive disclosure of sufficient information to the public, as well as transparency of decision-making and project activities. This is vital for building trust and support for the Project among stakeholders.

There are both national and international requirements for information disclosure and public participation. It is a World Bank policy to disclose information to the public and involve civic society.

On the other hand, not all information can be freely shared with all stakeholders due to a number of constraints. These include, for example, a need for confidentiality during the competitive bidding process, restricted dissemination of information during project preparation and negotiation, etc.

When planning information disclosure and dissemination, it is important to define the target audience for this information, in order to tailor the format and mechanisms of dissemination. Target audience may not always be comprised of the same groups and it has to be considered prior to disseminating any information.

Selection of the Bank's most relevant policies on information disclosure is given below:

Confidential Information

Without prejudice to the principle of transparency and other obligations pursuant to these Procurement Regulations, in particular those relating to the publication of the Contract Award Notice and debriefing of unsuccessful Bidders/Proposers/Consultants, the Borrower shall not disclose information provided by Applicants/Bidders/Proposers/Consultants in their Applications/Bids/Proposals, which they have marked as confidential or which can be identified as confidential. This may include proprietary information, trade secrets and commercial or financially sensitive information.

Release of Evaluation Information

The Borrower shall treat information relating to the examination, clarification, and evaluation of Applications/Bids/Proposals in such a way as to avoid disclosure of their contents to any other Applicant/Bidder/Proposer/Consultant participating in the selection process, or any other party not authorized to have access to this type of information, until the Borrower notifies the outcome of evaluation of Applications/Bids/Proposals, in accordance with the procedures in the applicable Procurement Documents.

Communications

Communications between the Borrower and Applicants/Bidders/Proposers/Consultants during the different stages of the Procurement Process shall be In Writing. The Borrower shall keep a written record of meetings, such as: contract finalization meeting and exploratory/clarification meetings.

- Project documentation handling

In the course of project preparation, implementation, evaluation and monitoring, a number of documents shall be used. These documents comprise the Bank's policies, procedures and guidelines, as well as project-specific materials. The PMU staff is mostly concerned with the management of the latter. Generally, each project document or material should be assigned an appropriate disclosure category, as specified below. The three main categories are:

1. **Public documents:** require full routine disclosure;
2. **Internal documents:** may be disclosed partly, or to selected parties upon request;
3. **Confidential documents:** not disclosed to the general public; access granted only to those directly concerned with the issue.

Examples of project documents with assigned disclosure category and access details are shown below. The list of documents is not exhaustive and may be extended or modified in line with the project development circumstances.

Categories of document disclosure

No	Document category	Examples of documents	Comments on access/disclosure
1	<i>Public</i>	Project Appraisal Document (PAD); Project Operational Manual (POM); and Environmental and Social Management Framework (ESMF); Stakeholder Engagement Plan (SEP), Terms of Reference for consultants and subcontractors, information on procurement opportunities and contract awards (after signature); selected final reports; selected draft documents prepared specifically for public consultation.	<ul style="list-style-type: none"> ● Routinely disclosed in full to all parties; ● Proactively disseminated to key stakeholders
2	<i>Internal</i>	Draft PAD and other draft documents under negotiation; most of the financial information except that, which is contained in the public documents above; staff recruitment, remuneration and appraisal; selected final reports that may not be fully disclosed; other documents with sensitive information.	<ul style="list-style-type: none"> ● Restricted access; ● May be disclosed partially or fully to selected parties or general public on request
3	<i>Confidential</i>	Selected financial information; bidding documentation before official notification of the award; selected proceedings of the Project Board meetings; other documents of confidential nature.	<ul style="list-style-type: none"> ● Access allowed to specified parties only

It is possible, and often likely, that different sections of the same document are assigned different disclosure categories. Also, it is likely that certain documents change disclosure categories over time. For example, many draft documents for negotiation in the "internal" category become "public" documents after negotiation is completed. If in doubt which category to assign, the issue should be referred to the relevant Task Team Leader at the World Bank.

Roles and responsibilities

The responsibilities for information handling, disclosure and proactive dissemination reside with PMU as suggested in the table below:

PMU staff responsibilities for information management

No	Staff title	Key responsibilities
1	Project Manager	Planning and implementation of information dissemination and public awareness building activities; Supervision of disclosure and dissemination activities; participation in high profile dissemination activities and selected meetings with stakeholders; designation of disclosure category; liaison with the World Bank Task Manager on these issues, day-to-day communication with stakeholders; media liaison
2	Procurement Manager	Information handling in planning and implementation of competitive bidding

The PMU staff should work closely with the PR unit within the MLSP and MoH. No disclosure of the sensitive information is permitted without prior approval by the PMU staff.

IX. PMU STAFFING

Position	Subordinated to	Qualifications	Tasks
Project Manager	Minister	<p>Minimum</p> <ul style="list-style-type: none"> ○ University-level degree in social policy, economics, finance, or related discipline, Master or PhD degree in the relative discipline shall be considered as an advantage ○ Proven knowledge of the North Macedonian social safety nets ○ Practical experience in procurement and financial management ○ Min five years' Experience as Project Manager ○ Computer literate (MS Word, MS Excel, MS Project, Power Point, e-mail, Internet) ○ Excellent verbal and writing communication skills in Macedonian and English 	<p>the Project Manager is responsible for:</p> <ul style="list-style-type: none"> ○ Overall management responsibility for the daily implementation of the project ○ Coordination of duties among PMU staff; ○ Oversee the activities related to project implementation; ○ Manage development of the annual project budget and procurement plan; ○ Manage preparation of internal project documents, TORs and bidding documentation, evaluation committees and reports, contracts and agreements; ○ Ensure accurate financial, procurement and accounting records and maintain financial and procurement discipline; ○ Develop and establish an appropriate

			<p>communication and information dissemination system to facilitate project preparation and coordination arrangements between the PMU, MLSP, MoH and stakeholders;</p> <ul style="list-style-type: none"> ○ Ensure proper stakeholder consultations on all issues related to project preparation; ○ Liaise with the World Bank, donors and other governmental and international financial institutions; ○ Liaise with other projects; ○ Any other activities in correlation with the implementation of the project;
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Procurement Manager	Project Manager	<p>Minimum</p> <ul style="list-style-type: none"> ○ University-level degree in economics, finance, or related discipline. Master's degree in the relative discipline shall be considered as an advantage ○ Five years of practical experience as a procurement specialist on a WB projects ○ Computer literate (MS Word, MS Excel, MS Project, Power Point, e-mail, Internet) ○ Excellent verbal and writing communication skills in Macedonian and English 	<p>the Procurement Manager is responsible for:</p> <ul style="list-style-type: none"> ○ Managing day-to-day project procurement activities; ○ Based on the work plan prepare an annual procurement plan; ○ Coordinate the procurement process for each contract by guiding preparation of bidding documents, receiving no-objections from the WB where necessary, sending invitations of bids and clarifications to bidders; ○ Arrange advertising for the procurement of goods and services ○ Organize and coordinate procurement evaluations including evaluation criteria, evaluation committee's selection (to be approved), contract award/rejection notices and all
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			<p>other documentation associated with the evaluation process;</p> <ul style="list-style-type: none"> ○ Provide guidance in bid evaluation to nominated committees; ○ Using Bank's online procurement planning and tracking tools to record all procurement actions under IPF operations, including preparing, updating and clearing its Procurement Plan, and seeking and receiving the Bank's review and No-objection to procurement actions as required; ○ Provide assistance during the project implementation activities in respect to the procurement issues. ○ Liaise with the World Bank procurement staff; ○ Interact with other PMU members in order to support
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			<p>overall project activities</p> <ul style="list-style-type: none"> ○ Any other activities in correlation with the implementation of the project;
Financial Manager	Project Manager	<p><u>Minimum</u></p> <ul style="list-style-type: none"> ○ University-level degree in economics, finance, or accounting ○ Five years of practical experience as a financial specialist on a WB project ○ Computer literate (MS Word, MS Excel, MS Project, Power Point, e-mail, Internet) ○ Excellent verbal and writing communication skills in Macedonian and English 	<p>the Financial Manager is responsible for:</p> <ul style="list-style-type: none"> ○ all the accounting and disbursement aspects of the project; ○ all financial management functions, including financial reporting, disbursement, consolidation, budgeting, planning, accounting and auditing aspects of the project; ○ ensuring that all project transactions are recorded in the consolidated project's financial

			<p>statements, meet the WB, the Ministry of Finance, the Ministry of Labor and Social Policy and the Ministry of Health financial requirements;</p> <ul style="list-style-type: none"> ○ establishing and maintaining close links with the WB, NBRM, Ministry of Finance, the Ministry of Labor and Social Policy and the MoH and to ensure that all sources of financing are available for the project; ○ preparing and submitting for approval to the Project Manager, MoH, MLSP and MOF all financial statements, budgets, financial projections, cash flow forecasts and all other Project reports as requested by the World Bank and the North Macedonian Government; ○ cooperate closely with the PMU Procurement Manager to ensure that all
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			<p>accounting, procurement and disbursement aspects are properly linked;</p> <ul style="list-style-type: none"> ○ preparing financial statements, budgets, financial projections and cash flow, as well as all project reports; ○ in a cooperation with the Procurement Manager lead the annual work plan and budget formulation process with selected PMU staff and the loan end-users staff, and prepare final plans for approval by the Project Manager, the Minister of Labor and Social Policy and the Minister of Health; ○ ensuring that payments are made in a proper and timely manner, that all sources of financing are available for the Project and that a contract payments' monitoring system is operational, working in close cooperation with
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			<p>the procurement specialist;</p> <ul style="list-style-type: none"> ○ preparation of documents required for audit of the project accounts; ○ controlling incoming invoices and preparing documents for payments; ○ keeping and updating accounting records, essential for the generation of reports; ○ Any other activities in correlation with the implementation of the project;
Coordinator for the Health Component	Project Manager	○ Shall be additionally defined	Shall be additionally defined
Health Specialist	Project Manager	Shall be additionally defined	Shall be additionally defined
Health assistant	Project Manager	Shall be additionally defined	Shall be additionally defined
Monitoring and Evaluation Officer	Project Manager	Shall be additionally defined	Shall be additionally defined
Environmental /social safeguards specialists	Project Manager	<p>Minimum</p> <ul style="list-style-type: none"> ○ Minimum University Degree in environmental sciences, environmental engineering, or equivalent; ○ At least 3 years of relevant experience; 	<p>The Environmental /social safeguards specialist is responsible for:</p> <ul style="list-style-type: none"> ○ Advice and guidance to project applicants and designer companies on the

		<ul style="list-style-type: none"> ○ Work experience as an environmental specialist in/ with World Bank funded activities and knowledge of the World Bank safeguard policies and requirements will be an advantage; ○ Excellent verbal and writing communication skills in Macedonian and English ○ Driving license 	<p>identification, assessment and mitigation of environmental and social impacts at the sub-project level</p> <ul style="list-style-type: none"> ○ Review all environmental safeguard documentation (ESS Check lists, site-specific ESMPs) submitted by project applicants, provide recommendations, advise on the sub-project category, advise on the quality of, and clearing the environmental safeguard documentation ○ Supervise Contractors' compliance with site-specific ESMPs and shall visit each sub-project at least once a month. ○ Prepare Environmental and Social Monitoring Reports including Project Progress reports for each ongoing sub-project, ○ Participate in regular supervision missions.
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Financial officer	Project Manager and Financial Manager	<p><u>Minimum</u></p> <ul style="list-style-type: none"> ○ University-level degree in economics, finance, or accounting ○ Knowledge of the WB financial procedures ○ Experience of work with the International Accounting Standards and Macedonian tax and banking regulations ○ Computer literate (MS Word, MS Excel, MS Project, Power Point, e-mail, Internet) ○ Excellent verbal and writing communication skills in Macedonian and English 	<p>Assist the Financial Manager in:</p> <ul style="list-style-type: none"> ○ all the accounting and disbursement aspects of the project; ○ disbursement, consolidation, budgeting, planning, accounting and auditing aspects of the project; ○ ensuring that all project transactions are recorded in the consolidated project's financial statements, meet the WB, the Ministry of Finance, the Ministry of Labor and Social Policy and the Ministry of Health financial requirements and the MoH; ○ establishing and maintaining close ○ preparing financial statements, budgets, financial projections and cash flow, as well as all project reports; ○ ensuring that payments are made in a proper and timely manner, that all
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			<p>sources of financing are available for the Project and that a contract payments' monitoring system is operational, working in close cooperation with the procurement specialist;</p> <ul style="list-style-type: none"> ○ preparation of documents required for audit of the project accounts; ○ controlling incoming invoices and preparing documents for payments; ○ keeping and updating accounting records, essential for the generation of reports; ○ Any other activities in correlation with the implementation of the project;
Procurement officer/assistant	Project Manager and Procurement Manager	<ul style="list-style-type: none"> ○ University degree; ○ Minimum 3 years general/professional experience and 2 years respectively specific/relevant experience in procurement for goods, works, 	<ul style="list-style-type: none"> ○ Assisting the Procurement Manager in: ○ day-to-day project procurement activities; ○ Preparation of the annual work plan;

		<p>technical and consulting (TA) services associated with the implementation of projects financed by the World Bank (WB) or other international donor;</p> <ul style="list-style-type: none"> ○ Familiarity with planning and holding tenders for goods, works, technical and consulting (TA) services; ○ Macedonian and English language proficiency; ○ Computer operation 	<ul style="list-style-type: none"> ○ preparation and revision of procurement plan; ○ preparation of procurement documents (invitation of bids, standard bidding documents, evaluation reports, contracts, etc.); ○ Arrange advertising for the procurement of goods and services; ○ Organize and coordinate procurement evaluations including evaluation criteria, contract award/rejection notices and all other documentation associated with the evaluation process; ○ Provide guidance in bid evaluation to nominated committees; ○ Provide assistance during the project implementation activities in respect to the procurement issues; ○ Interact with other PMU members in order to support
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			<p>overall project activities;</p> <ul style="list-style-type: none">○ Any other activities in correlation with the implementation of the project.
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X. ANNEXES
Annex I -Results Framework

Results Framework
COUNTRY: North Macedonia
North Macedonia Emergency COVID-19 Response Project

Project Development Objective(s)

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

Project Development Objective Indicators

Indicator Name	DLI	Baseline	End Target
To prevent, detect and respond to the COVID-19 pandemic in North Macedonia			
Number of people tested for COVID-19 identification per MoH approved protocol (Number)		11,556.00	50,000.00
Recovery rate from COVID-19 (Percentage)		77.00	90.00
Number of beneficiaries receiving financial support to enable social distancing (Number)		0.00	93,000.00
Population vaccinated, which is included in the priority population targets defined in the national plan, total and disaggregated by gender (Percentage)		0	17

PDO Table SPACE

XIII.



Intermediate Results Indicators by Components
XIV.

Indicator Name	DLI	Baseline	End Target
Emergency COVID-19 Response			
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents per MoH guidelines (Number)	2.00		10.00
Number of acute healthcare facilities with isolation capacity (Number)	0.00		16.00
Number of fully equipped ICU beds for treatment of COVID-19 cases (Number)	0.00		678
Number of eligible COVID-19 vaccines procured by the Project (Number)	0.00		660,000
Number of designated public health facilities that have been refurbished and able to deploy vaccines, including eligible COVID-19 vaccines (Number)	0		36
Percentage of reported AEFIs that are investigated and managed in line with the national protocol (Percentage)	0		80
Number of medical equipment procured by the Project (Number)	0		35
Household Support to Enable Social Distancing			
Number of GMI beneficiaries (Number)	27,000.00		35,000.00
Number of households (recipients of means-tested programs) provided with hygienic packages (Number)	0.00		40,000.00
Implementation of new application procedures for COVID-19 pandemic related social protection measures (Text)	not implemented		implemented and functioning
Percentage of beneficiaries reporting satisfaction with the community engagement processes (Percentage, Custom)	0		70

XVI.



Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	DataSource	Methodology for Data Collection	Responsibility for Data Collection
Number of people tested for COVID-19 identification per MoH approved protocol	Cumulative number of people tested for COVID-19. The technical specifications of the tests will be based on the international/national norms and standards for COVID-19 response. Numerator: Cumulative number of confirmed cases who recovered from COVID-19. Denominator: Cumulative number of closed COVID-19 cases.	Every 6 months	MoH and PMU	Administrative records, verification of availability of equipment.	MoH and PMU
Recovery rate from COVID-19		Every 6 months	MoH and PMU	Administrative data	MoH and PMU
Number of beneficiaries receiving financial support to enable social distancing	This indicator measures the number of GMI beneficiaries (individuals) supported through the Project. Measures the percentage of the population that is vaccinated with vaccines that are acquired and deployed through this Project, which includes a subset of the VAC-compliant vaccines included in the national vaccine sourcing plan. The indicator is the ratio between the number of people vaccinated with VAC-compliant vaccines supported by the Project who are included in the priority population targets, a	Every 6 months	PMU/MLSP/EA	Administrative data	PMU/MLSP/EA
Population vaccinated, which is included in the priority population targets defined in the national plan, total and disaggregated by gender (Percentage)		Once at the end of the project	MoH and PMU	Administrative data	MoH and PMU



<p>XVII.</p>	<p>nd the total population of the country, multiplied by 100. The indicator will be disaggregated by gender (targets female 8.5% and male 8.5%)</p>	
<p>XVIII.</p>		
<p>Monitoring & Evaluation Plan: Intermediate Results Indicators</p>		
<p>Indicator Name</p>	<p>Definition/Description</p>	<p>Frequency</p>
<p>Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents per MoH guidelines</p>	<p>Number of designated laboratories supported under the project with COVID-19 diagnostic equipment, test kits, and reagents per MoH guidelines. The technical specifications of the tests will be based on the international/national norms and standards for COVID-19 response.</p>	<p>Every 6 months</p>
<p>Number of acute healthcare facilities with isolation capacity</p>	<p>Number of existing acute healthcare facilities with isolation capacity for COVID-19 patients, that have been remodeled and equipped to become fully operational.</p>	<p>Every 6 months</p>



<p>Number of fully equipped ICU beds for treatment of COVID-19 cases</p>	<p>Cumulative number of ICU beds fully operational for COVID-19 patients, as defined in the POM.</p>	<p>Every 6 months</p>	<p>MoH and PMU</p>	<p>Administrative data and audit reports</p>	<p>MoH and PMU</p>
<p>Number of eligible COVID-19 vaccines procured by the Project (Number)</p>	<p>Measures vaccine procurement under the Project. The end target does not account for the possibility of re-vaccination.</p>	<p>One time</p>	<p>MoH and PMU</p>	<p></p>	<p>MoH and PMU</p>
<p>Number of designated public health facilities that have been refurbished and able to deploy vaccines, including eligible COVID-19 vaccines (Number)</p>	<p>Measures the cumulative number of public health facilities refurbished by the Project's financing to enhance the overall efficacy in vaccine deployment.</p>	<p>Every 6 months</p>	<p>MoH</p>	<p>Audit reports</p>	<p>MoH and PMU</p>
<p>Percentage of reported AEFIs that are investigated and managed in line with the national protocol (Percentage)</p>	<p>It monitors compliance with regulations regarding pharmacovigilance and the monitoring and response to AEFIs following receipt of COVID-19 vaccines.</p>	<p>Every 6 months</p>	<p>Agency for Medicinals and medical equipment (MALMED)</p>	<p>Administrative data</p>	<p>MoH and PMU</p>
<p>Number of medical equipment procured by the Project (Number)</p>	<p>Total number of medical devices purchased in order to provide diagnostics and treatment of Covid-19 infected patients</p>	<p>Every 6 months</p>	<p>PMU/MH</p>	<p>Administrative data</p>	<p>PMU/MLSP</p>



The World Bank

North Macedonia Emergency COVID-19 Response Project (P173916)

			6	CBMIS	MLSP data	administrative	PMU/MLSP
Number of GMI beneficiaries	Measures the total number of GMI beneficiaries (households) supported through the Project.	Every 6 months					
Number of households (recipients of means-tested programs) provided with hygienic packages	Packages will be delivered to the existing GMI beneficiaries and beneficiaries of other means-tested social assistance programs (child allowances, education allowances, and the elderly assistance). Refers to new application procedures for both social assistance and unemployment benefits	One time		CBMIS/MLSP	MLSP data	administrative	PMU/MLSP
Implementation of new application procedures for COVID-19 pandemic related social protection measures		One time		PMU/MLSP/EA	MLSP/EA administrative data		PMU/MLSP
Percentage of beneficiaries reporting satisfaction with the community engagement processes (Percentage Custom)		Every six months		MoH/PMU	MoH/MLSP reports, administrative registries		PMU

Annex 2 - Procurement Plan

Contract Title, Description and Category	Procurement category	Procurement Approach/ Competition: National	Selection Methods:	Starting date of the procurement
A. Component 1 - Emergency COVID-19 Response				
Sub component: 1.1. Case detention, confirmation, contact tracing, reporting and monitoring				
1.1.6 Repurposing of Health Care facilities (furniture)	G	Open/national	RFQ	Nov-21
1.1.7 Procurement of the modular prefabricated containers	G	Open/international	RFB	Nov-20
1.1.8 Procurement of non medical equipment (furniture)	G	Open/national	RFB	Dec-20
1.1.9 Project design for renovation of public health institutions	CS	Open/National	CQS	Jan-22
Sub component 1.2. Health system strengthening				
1.2.2.1 Supply of drugs-REMDESIVIR	G		DIR	May-21
1.2.2.2.1 Supply of drugs-TOCILIZUMAB	G		DIR	Mar-21
1.2.2.2.2 Supply of drugs- XOFLUZA	G		DIR	Mar-21



1.2.2.3 Supply of drugs-FAVIPRAVIR	G	Open/international	RFB	May-21
1.2.3 Procurement of SARS-CoV-2 Rapid antigen detection tests	G	Open/national	RFB	
1.2.4 Procurement of medical equipment through UNOPS	G	Direct	DIR	May-21
1.2.5 Procurement of medical equipment from Mindray - BFP	G	Direct	DIR	Mar-21
1.2.7 Procurement of medical equipment	G	Open/international	RFB	Mar-21
1.2.8 Supply of the drugs "cocktail" of casirivimab and imdevimab	G	Direct	DIR	Jan-22
1.2.9 Repurposing of Health Care facilities	W	Open/national	RFB	Mar-21
1.2.10 Procurement of medical equipment through UNOPS-2	G	Direct	DIR	Mar-22
1.2.11 Procurement of medical equipment -BFP-2	G	Direct	DIR	Jan-22
Sub component 1.3. Bonuses for Health Workers				Jan-22
Sub component 1.4. Vaccine purchasing and deployment				Jan-22



1.4.1 Procurement of vaccines from Pfizer	G	Direct	DIR	Jan-22
B. Component 2 – Household Support and Enabling Social Distancing				
Sub component 2.1. Temporary social assistancesupport				
2.1.2 Emergency in kind support (hygienic supplies)	G	Direct	DIR	Jun-21
Sub component 2.2. Temporary unemployment insurance support				
C. Component 3 - Project Implementation, Communications, Community Engagement, and Monitoring				
3.1 Health component coordinator	CS	Limited	IC	Nov-20
3.3 Health assistant	CS	Limited	IC	Nov-20
3.6 Project Audit	CS	Direct	DIR	Jul-21
3.7 Accounting software adjustment	G	Direct	DIR	Oct-20
3.8 Public campaign	CS	Open/National	CQS	Jan-22
3.10 Phone survey	CS	Open/National	CQS	Jul-21
3.13 Procurement asistant	CS	Limited	IC	Jan-21



Description on acronyms on procurement/selection methods

Procurement Category Code	Procurement Category Definition	Review Type
GO	Goods	Prior
CW	Civil Works	Post
GO	Consultant Services	
NC	Non-Consulting Services	

Procurement Method Code (CS)	Procurement Method Definition	Procurement Method Code (GO)	Procurement Method Definition
QCBS	Quality and Cost-Based Selection	RFP	Request for Proposals
FBS	Fixed Budget Selection	RFB	Request for Bids
LCS	Least Cost Selection	RFQ	Request for Quotations
QBS	Quality Based Selection	DIR	Direct Selection
CQS	Consultant Qualification Selection	CD	Competitive Dialog
CDS	Direct Selection	UN	UN Agencies (Direct)
INDV	Individual Consultant Selection	EA	E-Auctions
UN	UN Agencies (Direct)	IMP	Imports
NPO	Non-Profit Organizations	COMM	Commodities
BANK	Banks	CDD	Community Driven Development Alternative
PRA	Procurement Agents	APA	Procurement Arrangement
CAPA	Alternative Procurement Arrangement	CP	Commercial Practices
CCP	Commercial Practices		

Procurement Method Code (CW)	Procurement Method Definition	Procurement Method Code (NC)	Procurement Method Definition
RFP	Request for Proposals	RFP	Request for Proposals



RFB

Request for Bids

RFB

Request for Bids

RFQ

Request for Quotations

RFQ

Request for
Quotations



Annex 3 –Data Protection Guidance & Examples

1. Examples of good practices for collection and processing of Personal Data

- a) Provide access to Personal Data to third parties only where strictly necessary to achieve Project objectives.
- b) Share anonymized or aggregated data, rather than Personal Data, wherever possible.
- c) Don't combine Personal Data from the Project with other government databases for other objectives, such as to enforce unrelated social security contributions and tax obligations.
- d) Don't share Personal Data from the Project with health care or pharmaceutical companies for advertising purposes.
- e) Don't allow Personal Data from the Project to be used by health insurers to verify medical history for processing unrelated policies and claims.
- f) If health history is collected, consider extent of that history; if two months is adequate don't collect 30 years.
- g) If the Project intends to provide temporary social assistance to individuals, consider whether it is necessary to know extraneous details such as the religious affiliation or sexual orientation.
- h) Consider using less intrusive questions, such as seeking information on "flu like" symptoms generally, rather than requiring disclosure of the exact symptoms.
- i) If a shelter in place order is imposed on individuals who have travelled from a specific destination during the pandemic, the date of travel from that specific destination should be recorded to ensure that irrelevant travel, e.g. 10 years ago, does not factor in inappropriately.
- j) If a database of infected persons is maintained to monitor movement of citizens for risk mitigation purposes, ensure that a recovered person is no longer listed.
- k) Securely destroy or delete Personal Data when no longer needed.
- l) Store physical records securely, e.g., in locked cabinets or rooms.

2. Examples of data that might be considered Personal Data:

- a) General patient data of a Data Subject including: name, contact information, date infected, nationality, gender, age, persons with whom the Data Subject had contact.
- b) Other information related to a Data Subject (if applicable):
 - o Medical and health symptoms
 - o Specific information about diagnosis or treatment
 - o Travel data, particularly to "hot zones" (date, time, duration)
 - o Compliance with self-isolation
 - o Mobile location data
 - o Biometric data such as facial recognition technology
 - o Genetic information

Distinguishing between Personal and Non-personal Data:

Not Personal Data: body temperatures collected randomly or *en masse* as individuals enter a building.

Personal Data: body temperatures tied to staff identification numbers as individuals enter a building.



3. *Good Practice Evaluation Criteria*

The issues contained below are not exhaustive, but give an indication of the robustness of the national legal framework to protect personal data and alignment with good international practice.

Issue	Y/N	Comments
Does the law or require that the collection, use or processing of Personal Data be done on any of the following lawful bases, including: collection undertaken with consent ⁶ , due to contractual necessity, in compliance with legal obligation, and, taking into account proportionality for the protection of vital interests of the Data Subject, the public interest and/or other legitimate interest (or similar standards)	Y	Article 10 of the law
Does the law require that the collection, use or processing of Personal Data be done fairly and transparently (or similar standard), such as requiring the Data Subject to be informed of the purpose of data collection and intended use and sharing of the data?	Y	
Does the law require that the collection, use or processing of Personal Data be made for a stated purpose (or similar standard)?	Y	The reason for data collection and processing must be justified with the requirements
Does the law require that the collection, use or processing of Personal Data be proportionate, relevant, adequate and limited to what is necessary in relation to the purpose for which it is processed (or similar standard)?	Y	All collected data should be minimized based on the requirements
Does the law require that the collection, use or processing of Personal Data be accurate, complete and up to date (or similar standard)?	No	Some of the data can be without all of the details required, or maybe a delay in delivery will happen
Does the law require that persons or entities collecting, using or processing Personal Data take responsibility for and be capable of	Y	In every institution must be responsible

⁶Consent must be "free & informed". Consent cannot be freely given if the data subject has no genuine or free choice or is unable to refuse or withdraw consent without detriment.



demonstrating compliance with applicable data protection requirements?		and authorized person for implementation of the data law
Does the law require additional protections for collection, use or processing of sensitive Personal Data (e.g., information relating to race, ethnicity, religion, political beliefs, sexual orientation, health, etc.)?	Y	Article 13 of the law
Does the law require that Personal Data not be kept longer than is necessary for the purposes for which it is processed (or similar standard)?	Y	It must be destroyed after usage
Do any laws, regulations or policies authorize, restrict or otherwise address sharing of Personal Data with third parties?	Y	
Does the law provide that Data Subjects may refuse an automatic processing of Personal Data about them?	Y	Article 20 and 25, also they can require destroying of the collected data also
Does the law provide Data Subjects right of redress for abuse of Personal Data	Y	

Annex 4–COVID 19 emergency response TIPS Negotiation Process-
COVID 19 emergency response
TIPS- NEGOTIATION PROCESS- Goods

No.	Subject	Negotiable (Yes/No/may)	Remark
1.	Delivery: <ul style="list-style-type: none"> ● Delivery Period, partial delivery, ● inclusion of inland transport to final destination as option ● point of delivery etc. ● options for CIP, FCA, EXW 	Yes	<ul style="list-style-type: none"> ● Some manufacturers/suppliers may not want to take the responsibility of inland transport to final destination/s which should be considered (in this scenario, the Purchaser should either organize its own logistics or urgently contract-out to companies in the country) ● If this results in increased price, it is a trade-off that could be seen on a case by case basis
2.	Contract price	Yes	<ul style="list-style-type: none"> ● If there are some benchmarks, it would help.
3.	Payment terms: <ul style="list-style-type: none"> ● Use of Letter of Credit ● Direct Payment (Preferred) ● Amount of Advance payments (up to 40%) ● No Bank guarantee for advance (up to 10%) ● etc. 	Yes	<ul style="list-style-type: none"> ● currency: choice of supplier ● Efforts to be made to reduce supplier risk perception (particularly supplying Goods from abroad in the absence of an L/C). This may result in some advance payment to be made without an equivalent guarantee and/ or higher advance payments than normal. There could be a limit where the risk to the Purchaser could be untenable but reasonable tradeoff is expected.
4.	Performance security <ul style="list-style-type: none"> ● Normally not required 	Yes	<ul style="list-style-type: none"> ● Should normally not be required given the time and effort needed under the emergency situation.
5.	Governing Law	Yes	<ul style="list-style-type: none"> ● Normally, it is the Purchaser's country law. Some manufacturers/suppliers who may be new to delivering to the Purchaser's country, for example, may want some other laws to apply e.g. Swiss law, English law etc. which may be considered.
6.	Settlement of disputes	Yes	<ul style="list-style-type: none"> ● The one given in the contract form is reasonable and suppliers are likely not to have an issue. It is negotiable, as long as a foreign



No.	Subject	Negotiable (Yes/No/may)	Remark
7.	Taxes and Duties	Yes	<p>supplier is not obliged to be subjected to national arbitration procedures. This could easily create justifiable supplier risk perception.</p> <ul style="list-style-type: none">• The contract form envisages CIP for Goods from abroad i.e. custom duties and other taxes in the country of the Purchaser are not the Supplier's responsibilities. No imposition shall be made on the supplier to cover such costs. The Purchaser shall make necessary arrangements with customs authorities to clear the COVID-19 Goods expeditiously.
8.	Technical specifications (quality)	Yes	<ul style="list-style-type: none">• As long as applicable industry standards (such as WHO's) are maintained and• Minimum functional requirements are met.• considering applicable standards
9.	Tests and inspections	Yes	
10.	Manufacturer's authorization (for a supplier who does not manufacture the Goods)	No	<ul style="list-style-type: none">• Circumstances/market conditions giving rise to such a request may be looked closely.
11.	Packing, marking etc.	Yes	<ul style="list-style-type: none">• in accordance with applicable standards
12.	Insurance	Yes	<ul style="list-style-type: none">• The contract form gives two options the first being as per applicable Incoterm. Suppliers would normally be more comfortable with insurance coverage as per applicable Incoterm.• Bonuses could help to accelerate.
13.	Liquidated damages and bonuses	Yes	
14.	warranty	Yes	<ul style="list-style-type: none">• The contract form leaves the warranty period to be filled based on applicable industry practice
15.	copyright	No	Protects copyrights of suppliers



No.	Subject	Negotiable (Yes/No/may)	Remark
16.	Limitation of liability	may	however, the provision in the contract form is quite balanced and likely no need to be negotiated.
17.	Force majeure	may	not likely that change is needed.
18.	Termination	may	though the provision is more than likely to serve the purpose.
19.	Fraud and Corruption, Bank's auditing right	NO	
20.	Any other provision that both parties agree to add	may	<ul style="list-style-type: none">• If needed on a case by case basis

Annex5 – COVID 19 Emergency response Summary of key features

EMERGENCY RESPONSESUMMARY of KEY FEATURES

GOODS- RFQ and DIRECT PROCUREMENT DOCUMENTS- March 2020

No.	Subject	Description key features		Risk and mitigation
		Request for Quotation	Direct Contracting	
1.	Scope	<ul style="list-style-type: none"> Items required for the emergency response operations. Streamlined competitive process: expected to be used irrespective of value 	<ul style="list-style-type: none"> expected to be used for values irrespective of value 	<p>Risk: impact of less rigorous competitive method</p> <p>Mitigation: enhanced provisions compared to conventional request for quotations such as:</p>
2.	Simplified Procurement Process	<ul style="list-style-type: none"> Electronic issuance of RFQ and submission of Quotations 	<ul style="list-style-type: none"> Electronic issuance of invitation for direct contracting and submission of offers 	<ul style="list-style-type: none"> Risk of including an unqualified supplier/manufacturer is expected to be managed prior to requesting quotations i.e. when the list of firms to be requested to submit quotations is established Quality control: reference to WHO recommended specifications and standards; manufacturer's authorization required for non-manufacturers Electronic submission of quotations in the form of un-editable scanned files Suppliers may request clarifications on why they are not successful; to be addressed by the Purchaser within a reasonable time (no pause).
		<ul style="list-style-type: none"> Electronic communications including (e-procurement systems, email and fax) as primary form of communications between Purchaser and Suppliers; any meetings-virtual (audio/video) 		
		<ul style="list-style-type: none"> No Public opening of quotations 	N/A	
		<ul style="list-style-type: none"> No Bid Security 	N/A	
		<ul style="list-style-type: none"> performance security normally not required; in exceptional circumstances performance security may be requested (risk based) 		
		<ul style="list-style-type: none"> Option: Delivery Period from a specified milestone (if there are urgencies short delivery periods could be specified) 		
		<ul style="list-style-type: none"> Option: Delivery may or may not include inland transportation costs depending on circumstances (to minimize risk perception of foreign suppliers; allow flexibility) 		
		<ul style="list-style-type: none"> Option: for partial and/or phased delivery (flexibility) 		



No.	Subject	Description key features		Risk and mitigation
		Request for Quotation	Direct Contracting	
		<ul style="list-style-type: none"> Option: CIP/FCA for Goods from abroad to fit the purpose- negotiable Option: evaluation could be for the whole items, item-wise or item-wise corresponding to partial delivery (flexibility) 	<ul style="list-style-type: none"> Evaluation done item-wise 	<ul style="list-style-type: none"> Publication of contract award within 15 days or as soon as practicable thereafter (noting the emergency nature) Advance payment guarantees for advances normally exceeding 10% Provisions such as dispute settlement, force majeure, termination, F&C and Bank's auditing rights included.
		<ul style="list-style-type: none"> simplified evaluation and contract awarded based on least evaluated cost after confirming technical compliance- <i>see negotiations tips</i> in finalizing the contract. single foreign currency of supplier's choice (to simplify evaluation while managing supplier's risk perception) 	<ul style="list-style-type: none"> Offer negotiated and contract concluded (this could happen virtually in a short period of time)- a number of provisions are negotiable- <i>see negotiations tips.</i> 	
		<ul style="list-style-type: none"> Suppliers may request clarifications on the award/complain. Purchaser addresses within a reasonable time. 		
		<ul style="list-style-type: none"> Templates for including requirements (items, quantities etc.), quotation form etc. (to make it easier for both parties) 		
3.	Technical Specifications	<ul style="list-style-type: none"> Link provided to the WHO recommended list, technical specs and standards 		
		<ul style="list-style-type: none"> Standardized approach allows for quick review and 	<ul style="list-style-type: none"> Standardized approach allows for quick review, 	



No.	Subject	Description key features		Risk and mitigation
		Request for Quotation	Direct Contracting	
		contract award decision	negotiations and contract award decision	
4.	Contract Form	<ul style="list-style-type: none"> • A single contract template i.e. No GCC and SCC • Options provided as appropriate e.g. <u>payment terms are negotiable to fit the purpose.</u> • To minimize risk perceptions of suppliers in the absence of L/C (which does not seem to be a feasible option here) advance payment as high as 40% to be provided for supply from abroad (10% without guarantee and 30% with guarantee)- <u>this is negotiable</u> • <u>Performance security clearly highlighted as normally not required</u> i.e. only in exceptional circumstances (just to enable it only) • Bonus payment provision included to encourage suppliers to accelerate delivery • mode of international cargo transport: air to the extent practicable • Contract award: <u>electronic</u>. Use of electronic signature such as DocuSign whenever possible • Contract notices: electronic; any contract-related meetings (could be virtual) 		



Annex6 – Letter of Acceptance of the World Bank’s Anticorruption Guidelines and Sanctions Framework

Letter of Acceptance of the World Bank’s Anticorruption Guidelines and Sanctions Framework⁷

Date: _____

Invitation of Bids/Proposals

No. _____

To:

We, along with our sub-contractors, sub-consultants, service providers, suppliers, agents (whether declared or not) consultants and personnel, acknowledge and agree to abide by the World Bank’s policy regarding Fraud and Corruption (corrupt, fraudulent, collusive, coercive, and obstructive practices), as set out and defined in the World Bank’s Anti-Corruption Guidelines⁸ in connection with the procurement and execution of the contract (in case of award), including any amendments thereto.

We declare and warrant that we, along our sub-contractors, sub-consultants, service providers, suppliers, agents (whether declared or not), consultants and personnel, are not subject to, and are not controlled by any entity or individual that is subject to, a temporary suspension, early temporary suspension, or debarment imposed by a member of the World Bank Group, including, inter alia, a cross-debarment imposed by the World Bank Group as agreed with other international financial institutions (including multilateral development banks), or through the application of a World Bank Group finding of non-responsibility on the basis of Fraud and Corruption in connection with World Bank Group corporate procurement. Further, we are not ineligible under the laws or official regulations of *[Insert name of Employer as per bidding document]* or pursuant to a decision of the United Nations Security Council.

We confirm our understanding of the consequences of not complying with the World Bank’s Anti-Corruption Guidelines, which may include the following:

- a. rejection of our Proposal/Bid for award of contract;
- b. in the case of award, termination of the contract, without prejudice to any other remedy for breach of contract; and

⁷[Drafting note: This document shall be signed by bidders/proposers/consultants and submitted as part of their bids/proposals. In addition, this document shall be signed by the winning bidder/consultant and incorporated as part of the contract.]

⁸*Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by International Bank for Reconstruction and Development Loans and the International Development Agency Credits and Grants*, dated October 15, 2006, and revised in January 2011 and July 2016, as they may be revised from time to time.



- c. sanctions, pursuant to the Bank's Anti-Corruption Guidelines and in accordance with its prevailing sanctions policies and procedures as set forth in the Bank's Sanctions Framework. This may include a public declaration of ineligibility, either indefinitely or for a stated period of time, (i) to be awarded or otherwise benefit from a Bank-financed contract, financially or in any other manner;⁹ (ii) to be a nominated¹⁰ sub-contractor, sub-consultant, consultant, manufacturer or supplier, or service provider of an otherwise eligible firm being awarded a Bank-financed contract; and (iii) to receive the proceeds of any loan made by the Bank or otherwise to participate further in the preparation or implementation of any Bank-financed project.

We understand that we may be declared ineligible as set out above upon:

- a. completion of World Bank Group sanctions proceedings according to its prevailing sanctions procedures;
- b. cross-debarment as agreed with other international financial institutions (including multilateral development banks);
- c. the application of a World Bank Group finding of non-responsibility on the basis of Fraud and Corruption in connection with World Bank Group corporate procurement; or
- d. temporary suspension or early temporary suspension in connection with an ongoing World Bank Group sanctions proceeding.

For avoidance of doubt, the foregoing effects of ineligibility do not extend to a sanctioned firm's or individual's execution of its ongoing Bank-financed contracts (or its ongoing sub-agreements under such contracts) that are not the subject of a material modification, as determined by the Bank.

We shall permit, and shall cause our sub-contractors, sub-consultants, agents (whether declared or not), personnel, consultants, service providers or suppliers, to permit the Bank to inspect¹¹ all accounts, records, and other documents relating to the procurement process and/or contract execution (in the case of award), and to have them audited by auditors appointed by the Bank.

⁹For the avoidance of doubt, a sanctioned party's ineligibility to be awarded a contract shall include, without limitation, (i) applying for pre-qualification or initial selection), expressing interest in a consultancy, and bidding, either directly or as a nominated sub-contractor, nominated consultant, nominated manufacturer or supplier, or nominated service provider, in respect of such contract, and (ii) entering into an addendum or amendment introducing a material modification to any existing contract.

¹⁰A nominated sub-contractor, nominated consultant, nominated manufacturer or supplier, or nominated service provider (different names are used depending on the bidding document) is one which has been: (i) included by the bidder in its pre-qualification or initial selection application or bid because it brings specific and critical experience and know-how that allow the bidder to meet the qualification requirements for the particular bid; or (ii) appointed by the Borrower.

¹¹Inspections in this context are usually investigative (i.e., forensic) in nature: they involve fact-finding activities undertaken by the Bank or persons appointed by the Bank to address specific matters related to investigations/audits, such as evaluating the veracity of an allegation of possible Fraud and Corruption, through the appropriate mechanisms. Such activity includes but is not limited to accessing and examining a firm's or individual's financial records and information, and making copies thereof as relevant; accessing and examining any other documents, data, and information (whether in hard copy or electronic format) deemed relevant for the investigation/audit, and making copies thereof as relevant; interviewing staff and other relevant individuals; performing physical inspections and site visits; and obtaining third-party verification of information.



We agree to preserve all accounts, records, and other documents (whether in hard copy or electronic format) related to the procurement and execution of the contract.

Name of the Bidder/Proposer/Consultant: _____

Name of the person duly authorized to sign the Bid/Proposal on behalf of the Bidder/Proposer/ Consultant:

Title of the person signing the Letter: _____



Annex7-Sample letter to be used by the Borrower to request Banks HEIS and BFP

Excellency,

We refer to [negotiations [underway][completed] for a Financing Agreement [to be entered into] [the Financing Agreement of today's date] between [] and the [International Bank of Reconstruction and Development] [International Development Association] (Bank) for the [] Project.

We are pleased to notify you that the Bank approves your request for Hands-on Expanded Implementation Support (HEIS) under the Bank's procurement framework to support [] [in its role as Project Implementation Unit] in the context of the procurement of [describe procurement activity]. The Bank will provide HEIS to [Implementing Entity] in a manner consistent with its operational policies and procedures. Given the significant disruptions in the usual supply chains for medical consumables and equipment for the COVID-19 response, the Bank, at your request, may also provide proactive assistance in accessing existing supply chains through Bank Facilitated Procurement (BFP) under HEIS.

In particular, the Bank may provide the following support:

BFP activities under HEIS:

1. Conduct extensive market engagement and survey to identify available stock of the agreed list of critical medical consumables and equipment needed under this COVID19 response project (attached) in the quantities therein specified, as such agreed list may be updated from time to time in agreement with the Bank;
2. Assist [the Implementing Entity] in (i) negotiating prices, delivery terms, and other contract conditions with identified suppliers;
3. Draft final award letters and/or contracts adapted to specific market conditions, on a fit-for-purpose basis and ensuring consistency with Bank's procurement framework;
4. Provide additional hands-on support in contracting to outsource logistics.

Other HEIS activities:

5. Draft technical requirements and specifications, as requested by the [Implementing Entity];
6. Assist [the Implementing Entity] in drafting procurement documents; and
7. Provide advice on evaluation procedures, participate as observers during negotiations, by only clarifying matters of the Bank Procurement Regulations.

The Bank will be providing BFP under HEIS to other client countries to aggregate demand for medical supplies across countries, whenever possible, and will conduct extensive market



engagement to identify suppliers from the private sector, and to facilitate access to governments' and UN Agencies' stock. While the Bank will make every effort to assist [Country XX] in accessing these markets, it cannot guarantee a successful outcome.

While the Bank will facilitate access and coordinate closely with your government, full decision-making responsibility at every stage of the procurement process will rest with your government. In addition, you will be responsible for signing and implementing the contracts, including establishing relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, as well as receiving and inspecting the goods.

It is understood that the Bank will not be liable for any claims or demands from third parties or from your government related to any defect in quality or quantity of any goods, [works or services] to be procured by [name of country] with support under the HEIS, the shipment or use of any goods, or otherwise.

Once the Financing Agreement is declared effective by the Bank, we may make payments on your behalf to the [contractors,] suppliers [or consultants] through the Bank's system of making Direct Payments from the proceeds of the financing, in accordance with the terms of the Financing Agreement.

Kindly countersign and return this letter agreement to us. We look forward to working with you to address this global emergency.

Sincerely,

Countersigned by:

cc:



Annex8-TOR for Procurement Manager and Procurement Assistant

Procurement Manager

I. Objective of the assignment

Procurement of goods, works and services related to the Project Implementation.

II. Specific tasks

- Managing day-to-day project procurement activities;
- Preparing annual work plan;
- Based on the work plan prepare an annual procurement plan;
- Coordinate the procurement process for each contract by guiding preparation of bidding documents, receiving no-objections from the World Bank (WB) where necessary, sending invitations of bids and clarifications to bidders;
- Arrange advertising for the procurement of goods, works and services;
- Prepare procurement documents (invitation of bids, standard bidding documents, evaluation reports, contracts, etc.) ;
- Organize and coordinate procurement evaluations including evaluation criteria, contract award/rejection notices and all other documentation associated with the evaluation process;
- Provide guidance in bid evaluation to nominated committees;
- Using Bank's online procurement planning and tracking tools to record all procurement actions under IPF operations, including preparing, updating and clearing its Procurement Plan, and seeking and receiving the Bank's review and No-objection to procurement actions as required;
- Provide assistance during the project implementation activities in respect to the procurement issues;
- Liaise with the World Bank procurement staff;
- Interact with other PMU members in order to support overall project activities;
- Any other activities in correlation with the implementation of the project.

III. Reporting obligations

The consultant shall regularly debrief the Project Manager on the progress in respect to the contract obligations performed.

IV. Data, local services, personnel and facilities to be provided by the client

The Consultant will be provided with suitable office space, appropriate equipment such as PC and printer.

Selection method and contract: The selection method is Direct Selection and the contract shall be Time based according to the World Bank's Procurement Regulations for IPF Borrowers for



Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018).

V. Duration of assignment

The Consultant will work under a time-based contract. The assignment will be full time, working 8 hours a day on the regular business days in Macedonia. The contract for this assignment will be until June 30, 2022. A downstream work might be needed, subject to Client's business needs under the project and subject to consultant's satisfactory performance.

Procurement Assistant

I. Objective of the assignment

Procurement of goods, works and services related to the Project Implementation.

II. Specific tasks

Assisting the Procurement Manager in:

- day-to-day project procurement activities;
- Preparation of the annual work plan;
- preparation and revision of procurement plan;
- preparation of procurement documents (invitation of bids, standard bidding documents, evaluation reports, contracts, etc.) ;
- Arrange advertising for the procurement of goods and services;
- Organize and coordinate procurement evaluations including evaluation criteria, contract award/rejection notices and all other documentation associated with the evaluation process;
- Provide guidance in bid evaluation to nominated committees;
- Provide assistance during the project implementation activities in respect to the procurement issues;
- Interact with other PMU members in order to support overall project activities;
- Any other activities in correlation with the implementation of the project

III. Reporting obligations

The consultant shall regularly debrief the Project Manager and the Procurement Manager on the progress in respect to the contract obligations performed.

IV. Data, local services, personnel and facilities to be provided by the client

The Consultant will be provided with suitable office space, appropriate equipment such as PC and printer.



Selection method and contract: The selection method is Direct Selection and the contract shall be Time based according to the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018).

V. Duration of assignment

The Consultant will work under a time-based contract. The assignment will be full time, working 8 hours a day on the regular business days in Macedonia. The contract for this assignment will be until June 30, 2022. A downstream work might be needed, subject to Client's business needs under the project and subject to consultant's satisfactory performance.



**Annex 9- Vaccine Delivery and Deployment Manual North Macedonia Emergency
COVID-19 Project Restructuring**



Vaccine Delivery and Deployment Manual North Macedonia Emergency COVID-19 Project Restructuring

December 22, 2021

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Executive Summary

This Vaccine Delivery and Distribution Manual describes the plans and activities undertaken regarding supply, procurement, distribution, and monitoring of COVID-19 vaccine delivery in The Republic of North Macedonia, as well as plans to support this effort through the World Bank North Macedonia Emergency COVID-19 project. Its intent is to ensure consistency, transparency, and accountability of those involved in management and implementation of Project COVID-19 vaccine procurement and delivery through the project.

Adoption of this manual is a condition of project effectiveness along with the Environmental and Social Management Framework. The manual may be used as a guidance document at different levels of vaccine procurement, distribution, and delivery.

The World Bank North Macedonia Emergency COVID-19 Project

This Project was prepared under the Global COVID-19 SPRP and the Project Development Objective (PDO) is to prevent, detect, and respond to the threat posed by the COVID-19 pandemic and strengthen national systems for public health preparedness in North Macedonia. The Project is structured around three components—Component 1: Emergency COVID-19 Response (EUR 34.05 million, US\$37.26 million equivalent); Component 2: Household Support to Enable Social Distancing (EUR 54.83 million, US\$60.01 million equivalent); and Component 3: Project Implementation, Communications, Community Engagement, and Monitoring (EUR 0.90 million, US\$0.99 million equivalent).

The project is being implemented over a period of up to two years, with the MoH and MLSP as the key implementing agencies. The MoH and MLSP are accountable for the execution of project activities, and implementation relies on their existing structures, with the additional support of an existing Project Management Unit (PMU) established under the MLSP. The PMU successfully implemented the World Bank-financed Conditional Cash Transfer Project, which closed in 2018, and is currently managing the Social Services Improvement Project (SSIP), the Social Insurance Administration Project (SIAP) and the Emergency COVID-19 Response Project. The PMU's lines of reporting to MoH and MLSP were established upon the project's launch and are detailed in the Project Operational Manual (POM) adopted by the Government in October 2020 and revised periodically during project implementation. For Component 1 activities, decisions are made by the MoH in coordination with the Institute and Centers of Public Health and other institutions involved in COVID-related activities. For Component 2 activities, decisions are made by the MLSP and the Employment Agency in coordination with their local offices (Centers for Social Work and Employment Agency offices). The PMU reports to both the MoH and MLSP, and is responsible for day-to-day Project implementation, overall Project coordination, monitoring activities, safeguards and fiduciary functions, and reporting. These implementation arrangements have been assessed to be of satisfactory pace and quality. As such, the institutional arrangements will not be changed. Detailed roles and responsibilities of the agencies involved in project implementation as described in the POM.

As of May 17, 2021, 44 percent or \$43.87 million has been disbursed. Since Parliament ratified the loan on October 13, 2020, the Project Operational Manual (POM) and all related Environmental and Social (E&S) documents have been developed and approved by the WB, and the Project Management Unit (PMU) is operational. After the declaration of project effectiveness on October 29, 2020, the project started disbursing quickly, with a first disbursement of EUR 10.0 million (US\$12.0 million) on November 5, 2020, which included retroactive financing. The North Macedonia Emergency COVID-19 Response Project has had one restructuring in 2021.

The expected project beneficiaries are a subset of the population at large who are affected by the COVID-19 response supported by the project. Given the nature of the disease, they include infected people; at-risk populations, particularly the elderly and people with chronic conditions; medical and emergency personnel; medical and testing facilities; and public health agencies engaged in the response in the Republic of North Macedonia. Direct beneficiaries also include those reached by the social



mitigation and HIF premium coverage measures, estimated to be around 85,000 households representing some 300,000 individuals. Depending on the spread of the pandemic, the number of indirect beneficiaries would potentially be 2.1 million people, 20.6 percent of whom are older than 60 years (age bracket in which case fatalities are concentrated).

Background: COVID-19 in The Republic of North Macedonia

The first case of COVID-19 in North Macedonia was reported on February 26, 2020, and as of June 16, 2021, there were 155,568 confirmed cases and 5,472 deaths, buttressing the fact that purchasing and deployment of vaccines are essential in turning the tide of the pandemic. Annex 3 shows two significant surges in November 2020 and April 2021, and a decreasing trend in the daily number of confirmed cases. This current and steady decrease can be credited to the GoNM's rapid response in ordering stricter measures from March 10, 2021. In terms of the cumulative number of cases in the region, North Macedonia is ahead of Albania, Bosnia and Herzegovina, and Kosovo, but behind Croatia, Montenegro, Serbia, and Slovenia (Annex 3). This has posed huge challenges to the health system. Entire hospitals have been converted into COVID-19 centers and public health workers have been rotating in those centers to provide services to COVID-19 patients. The workload of health workers has increased dramatically to cope with the surge in demand for services and they have been put at higher risk of exposure. Given the higher proportion of female health workers, the pandemic has negatively affected women more than men. With the lockdowns and social distancing measures, women have also borne a higher burden to care for children and elderly family members.

The Government of The Republic of North has been very proactive in efforts to control the pandemic, issuing a formal declaration of emergency on March 18, 2020, to combat the spread of COVID-19. The Government has not hesitated to take strong action when it felt it was needed. On March 18, 2020, when there were just 35 cases, a nationwide state of emergency was declared. All borders and the airport are closed. An all-of-government action has been mobilized to fight the coronavirus, including scaling up emergency response mechanisms in all sectors. There has been a positive response among the population, and compliance with and trust in the Government's protective measures and instructions for social distancing. The MoH has started a vigorous risk communication campaign in social media and on TV and other media, benefiting from strong support from other international agencies, including WHO. On the health front, the country is working hard now to ensure that its hospitalization surge capacity, including the necessary personnel, is in place in case of larger community-based transmission. Recent emergency actions by the Government have included the temporary suspension of personal and corporate income tax payments, temporary changes to the Budget Law to allow the distribution of budget allocations, a reduced interest rate on tax arrears, and changes to repayments of loan obligations. In addition, the Government has taken actions to strengthen the public health sector's preparedness and social safety net response to the crisis.

The MoH has taken a number of actions with respect to COVID-19 prevention, case detection, and care. A national COVID-19 response plan has been developed that focuses on eight pillars: (a) strengthen coordination by activating multisectoral, multi-agency coordination mechanisms to support preparedness and response actions; (b) improve risk communication and community engagement activities through a robust and comprehensive risk communication plan; (c) enhance existing surveillance systems, contact tracing, and monitoring of COVID-19 transmission; (d) monitor readiness and response measures at points of entry; (e) strengthen the capacity of the national COVID-19 reference laboratory; (f) improve infection prevention and control capacity at all levels of the health care system, including public, private, and traditional practices, and pharmacies; (g) improve designated



hospitals' capacity in case management for COVID 19; and (h) map available resources in all sectors and establish a centralized procurement and supply mechanism.

Institutional arrangements for the project

The process of COVID-19 vaccination is high priority in the Republic of North Macedonia and coordination was required by all governmental institutions, national stakeholders, and all partners in public and private sector. The capacity of national health systems for COVID-19 vaccination in North Macedonia has been reinforced and monitored. Preparing for COVID-19 vaccination involved the Government of the Republic of North Macedonia, Ministry of Health, Agency for Medicines and Medical Devices, National immunization technical advisory committees, Institute of Public health, and relevant public and private sector authorities. Strategic and National Plan was put in place, operational guidelines and tasks were delivered to all governmental institution, and the National Deployment Vaccination Plan (NDVP) for COVID-19 vaccine was prepared and delivered to the stakeholders in the process of COVID-19 vaccination in North Macedonia. Implementation of NDVP required country-led governance commitment and support through mobilizing adequate resources, intersectoral approach, collaboration, and partnerships with relevant governmental and non-governmental entities. The Ministry of Health of North Macedonia requested WHO for technical assistance in developing the NDVP for COVID-19 vaccine based on the monitoring of the national preparedness through the regional mechanism. The process is being assessed using WHO/UNICEF/WB readiness and monitoring tool implementation for the intended milestones. The aim was to deliver overview of the screening process in preparation for COVID-19 vaccination in North Macedonia, to identify gaps and clarify the needs in further planning and technical assistance in the process, as well as to develop roadmap, and define the details for the deployment process of COVID-19 vaccine to the targeted groups in North Macedonia.

The Minister of Health, Dr. Venko Filipce has established the National Technical Working Group (NTWG) for COVID-19 vaccination process, consisted of experts from the Immunization Committee, Ministry of Health, Institute of Public Health, coordinator of COVID center, E-health Directorate, Macedonian Agency for Medicines and Medical Devices and University Clinics COVID center coordinator. The purpose of this group was to organize the process of COVID19 vaccination, prepare logistic, technical, and scientific recommendations, SOPs, and prepare education and training materials to monitor and evaluate the process of COVID19 vaccination.

The National Technical Working Group held several in person and online meetings and maintains continuous communication through MS Teams platform. Working platform for sharing documents was put in place as well enabling information sharing on daily basis. National Technical Working Group realized meeting with the several institutions, partners, and public and private stakeholder.

In North Macedonia the immunization of pre-school children (0-6 years of age) and school children (6-18 years of age) has been taking place at public health centers for more than 50 years. Starting from 2019 in five of the health centers in Skopje, the preventive teams from those health centers were engaged for seasonal influenza vaccination. A meeting was held with the directors of all health centers in North Macedonia to inform them about the involvement of those institutions in the process of COVID19 vaccination. During the discussion information was collected about the experience of the health centers regarding vaccination having in mind their last engagement in influenza vaccination in the previous season. During the meeting, presentation of the COVID19 vaccines, logistical and deployment challenges, and process of vaccination was presented to the attendees at the meeting. The questionnaires that were filled by the responsible people from health centers were analyzed and capacities that are in place and can be used for COVID19 vaccination were identified. Each health center prepared a list of teams consisted of physicians and nurses responsible for coordinating COVID19 vaccination. SOPs prepared for general info on storage, deployment, and handling of COVID19



vaccines were presented at the meeting and delivered by mail to responsible people at the health centers. A plan for site checking of the capacities, technical storage capacities and personnel in place was presented and timetable was delivered to the attendees at the meeting.

The NTWG is in constant communication and participates in meetings with other partners and stakeholders such as Direct Relief, USA based NGO, providing help and donation to Ministry of Health, which provides two -70 degrees freezers and three -20 degrees freezers. NTWG also held meetings with UNICEF, the EU delegation in North Macedonia, UK embassy and with producers of the COVID-19 vaccines Pfizer and Astra Zeneca.

One of the main tools in dealing with the COVID-19 pandemic is a safe and effective vaccine against the SARS-CoV2. Vaccine development is a lengthy process, and it takes many years to get an effective vaccine. Vaccination allows the development of immunity in most of the population for a short period of time.

The purpose of the vaccination is to reduce mortality and morbidity caused by the SARS-CoV2 virus. More than 200 companies are working on developing an effective vaccine, but currently only a few companies have submitted documentation for approval to FDA and EMA. The efficacy and the safety of the vaccine are not yet known. If a safe and effective vaccine is approved, then we will need to see how quickly can be produced enough quantities to meet global vaccination needs. The Republic of North Macedonia has joined to the global mechanism for equal access to an effective vaccine through the COVAX mechanism.

As it was obvious that in the first phase there will not be enough vaccines to vaccinate the whole population, the National Technical Working Group for COVID vaccination together with the IPH and the Expert Immunization Commission, proposed priority groups to be vaccinated first, with the possibility of prioritization within the groups if the initial number is relatively small. Due to possible logistical challenges such as transport and maintenance of the cold chain, NTWG proposed to use the existing infrastructure that has been developed for vaccination and logistics system. The initial vaccination was with multi-dose vials. This type of vaccination was a widespread method in our existing network until 3 years ago. Vaccination points and immunization teams have experience with multi-dose vials. Accordingly, with the increase of the quantities of vaccines, the vaccination was expanded, in order to cover a larger percentage of the population divided into the priority groups.

Due to the short period in which the new vaccines will be approved, due to the pandemic and big expectations, the vaccination process was closely monitored by the public. Successful implementation of vaccination relied available vaccines in sufficient amount.

The main framework for the national strategy for COVID-19 vaccination describes the basic system that should provide vaccination for the Macedonian population according to a clearly established standard protocol and monitoring of the implementation of the new vaccines. This document serves as a guide and identification of possible problems which had to be solved by the relevant institutions before the start of the vaccination. Below are the basic assumed activities, divided according to the competencies of the respective institutions.

Key institutional arrangements defining the roles and responsibilities:

- **Institute of Public Health**, 10 Public Health Centers (with their 21 hygienic-epidemiological sanitation units) are responsible to provide expert-methodological assistance, instruction and education to health services in the conduct of immunization in the country, control the coverage, monitoring of adverse events, preparation of analyses and reports to the competent authorities.
- In December 2020, the **National Technical Working Group (NTWG)** was established through a ministerial decree, mandated to coordinate and oversee COVID-19 vaccination



readiness assessment, preparations and implementation of the COVID-19 vaccination plan, and developing policies and guidelines needed for the rollout of a COVID-19 vaccination program in the country. The NTWG includes representatives of the National Immunization Technical Advisory Group (NITAG), Institute of Public Health of the Republic of North Macedonia, Ministry of Health, University Clinic for Neurology, University Clinic of Pulmonology and Allergology, Agency for Medicines and Medical Devices, E-health directorate.

- **The National Immunization Technical Advisory Group (NITAG)** was established by the MoH as an expert advisory body to the Minister of Health. The task of the NITAG is to monitor the overall situation with immunization, the scope of immunization, procurement, distribution and quality of vaccines, the legislation (to propose amendments and additions), as well as acting on the recommendations from WHO.
- **The National Immunization Commission** was established in 2021 by the MoH as an expert advisory body to the Minister of Health. The Commission proposes to the Ministry of Health measures and activities for detection, prevention and suppression of infectious diseases that are realized through the Government program for realization of those measures and activities, proposes a plan and coordinates the work of all entities involved in the distribution of vaccines and the implementation of immunization, monitors the overall state of immunization, its coverage, vaccine quality and vaccine adverse reactions, informs health professionals and the public about the need and benefits of immunization, and follows the standards and regulations in the field of immunization and its implementation, as well as the recommendations of the WHO.
- **The Agency for Medicines and Medical Devices (MALMED)** within its competencies determined by the Law on Drugs and Medical Devices is responsible for approving the vaccine against COVID-19. The procedures related to the import of the vaccines, receipt and obtaining approval for placing on the market of the received batch are carried out in accordance with the established legal provisions and standard operating procedures adopted in MALMED in order to ensure the quality of the vaccine. Within its legal scope of competencies, MALMED is also responsible for procedures for obtaining approval for placing vaccines on market, which serve to verify vaccine quality, safety and efficacy.

The Agency for Medicines and Medical Devices in the area of pharmacovigilance is ensured by monitoring and evaluation of adverse reactions to drugs, including vaccines. The Agency collects, processes and monitors the adverse reactions reported by healthcare professionals, drug manufacturers and authorization holders and patients.

- **The State Sanitary and Health Inspectorate** supervises the compliance with the legislation regulating this area by the health institutions (supervision of the sanitary-hygienic conditions, safe storage and application of vaccines, proper waste distribution, health records).
- **Preventive Immunization Services** within the health centers are responsible for the implementation of the COVID-19 vaccination.



Table 1. Overview and competencies of the respective institutions

Function	Institution
Vaccine approval	Drug Agency (MALMED), Ministry of Health
Development of recommendations, protocols and prioritization of vaccination groups	Expert Immunization Commission, Institute of Public Health, E-health Directorate
Procurement of vaccines	Ministry of Health
Distribution, storage and logistics (maintenance of cold chain)	Economic operators who have a marketing authorization for drugs under special temperature conditions (wholesalers) Custom Service, Skopje International Airport
Organization and conducting vaccination	Existing vaccination infrastructure, vaccination points, Health Homes. Identification of new points as needed
Financing	Government of the Republic of North Macedonia, Ministry of Health
Communication, training and inform the public	Ministry of Health with WHO and UNICEF support
Vaccine coverage monitoring	Institute of Public Health, E-health Directorate
Effectiveness of vaccine safety monitoring	Drug Agency (MALMED)
Communication with international partners and coordination	Ministry of Health

Regulatory framework

The first step – import. The fastest pathway for supplying the COVID -19 vaccine is through procedure for interventional import for unauthorized vaccine.

Procedure of interventional import for unauthorized medicine is allowed by national Law for medicines and medical devices. In accordance with provision of the law importer need to submit appropriate documentation comprising of quality certificate of batch of finished medical product obtained by the manufacturer.

The second step – approval and release the vaccine. The Agency has the established system and SOP for all procedures for approval and release of the batch of the imported vaccine.



Agency for Medicines and Medical Devices recognizes EMA authorized medical products which are authorized in a centralized procedure, and the release certificate for quality from the manufacturer and OBCR are needed.

For the vaccines which are not authorized in an EU country, the certificate for quality and the additional documentation are requested.

Safety surveillance. The Agency has established the system and SOPs for pharmacovigilance.

Supply of COVID-19 Vaccines

Vaccine procurement is coordinated by the Ministry of Health together with the Government of the Republic of North Macedonia. The Government of the Republic of North Macedonia made efforts to provide Macedonian citizens with COVID-19 vaccines as soon as safe vaccines became available worldwide. As part of those efforts, the Republic of North Macedonia joined the COVAX mechanism aimed at ensuring global and equitable access to safe and effective COVID-19 vaccines, through which it ordered 833,000 doses. The COVAX mechanism is one of the three pillars of the mechanism for accelerated access to COVID-19 tools, which was launched in April 2020 by the World Health Organization and the European Commission in response to this pandemic. The COVAX mechanism is a global solution to the COVID-19 pandemic, as it is a common effort to ensure that people around the world gain access to COVID-19 vaccines once they become available, regardless of the country's economic status. The European Commission announced that it would allocate 70 million euros in grants for the purchase of COVID-19 vaccines for Western Balkan countries, of which 8 million euros are earmarked for the Republic of North Macedonia.

European Union member states have offered to set aside some of their own quantities, as soon as they are delivered. In addition, the Republic of North Macedonia made direct negotiations with vaccine manufacturers. An agreement is signed with the manufacturer Pfizer for the delivery of 800,000 single doses of the mRNA vaccine during 2021. The government has also secured 200,000 doses of Sinopharm vaccines and 500,000 doses of Sinovac vaccines. A direct contract was concluded with Gamaleya for the supply of 200,000 Sputnik V vaccines. Quantities of vaccines were also donated from neighboring countries such as Serbia, Greece, Croatia, as well as PR China, Hungary, Turkey, UAE.



Direct Contracts, Donations, COVAX-mechanism

Source of financing	Population targeted	Vaccines				Estimated total cost	Number of doses needed	Contract status	Vaccines arrived	
	Number	Source	Name	Price/ dose	Shipping/ dose				Name	Doses
Stage 1: Health workers in the first line of response in hospitals at high and very high risk of acquiring and transmitting infections; older adults with high risk of acquiring the disease, complications, and death, defined by age-based risk (age 70+).										
SERBIA	4,095	Donation	Pfizer BioNTech	0	0	0	8,190	Donation	Pfizer BioNTech	8,190
GOVT	12,000	COVAX	AstraZeneca	4	0	1,330,000 Total amount for Advance payment	800,330	Contract in place/ COVAX	AstraZeneca	24,000
	19,200									38,400
	*TOTAL TARGET-COVAX: 400.165									
Stage 2: Older adults not covered in Stage 1 (age 65+), Groups with comorbidities or health status determined to be at significantly higher risk of severe disease, complication or death (age 20-65); health workers at moderate risk of acquiring and transmitting infections; workers in critical infrastructure institutions essential for the functioning of the community (emergency personnel, Parliament and GOM employees, army); high-priority teachers, school and pre-school staff (grade 1-3 in primary schools and kindergarten staff).										
HUNGARY	3,000	Donation	AstraZeneca	0	0	0	6,000	Donation	AstraZeneca	6,000
GOVT	100,000	Direct Purchase	Sinopharm	non-disclosure agreement on unit prices	/	/	200,000	Contract in place	Sinopharm	200,000
SERBIA	20,000	Donation	Sputnik V	0	0	0	40,000	Donation	Sputnik V	40,000



Stage 3: Other essential workers outside health and education sectors; remaining teachers and school staff in primary and secondary schools; healthy adults age group 30-64; pregnant women; health workers at low to moderate risk of acquiring and transmitting infection; social/employment groups at elevated risk of acquiring and transmitting infection because they are unable to effectively physically distance (incarcerated people; dormitories, informal settlements or urban slums; low-income people in dense urban neighborhoods; homeless people).

Source of financing	Population targeted	Vaccines				Estimated total cost	Number of doses needed	Contract status	Vaccines arrived	
	Number	Source	Name	Price/ dose	Shipping/ dose				Name	Doses
GOVT	100,000	Direct Purchase	Sputnik V	non-disclosure agreement on unit prices	/	/	200,000	Contract in place	Sputnik V	6,000
IBRD	400,000	Direct purchase	Pfizer BioNTech	12 (non-disclosure agreement on unit prices)	0	9,600,000 Total agreement cost	800,000	Contract in place	Pfizer BioNTech	77,200
GOVERNMENT - EU "TEAM EUROPE"	59,500	Trilateral Agreement - bilateral supply	Pfizer BioNTech	Tripartite non-disclosure agreement / Austria on unit prices	0	/	119,000	Trilateral contract in place	Pfizer BioNTech	19,890
GOVT	250,000	Direct Purchase	Sinovac	non-disclosure agreement on unit prices	/	/	500,000	Contract in place	Sinovac	0
TURKEY	15,000	Donation	Sinovac	0	0	0	30,000	Donation	Sinovac	30,000
GREECE	10,000	Donation	Astra Zeneca	0	0	0	20,000	Donation	Astra Zeneca	20,000
PR OF CHINA	50,000	Donation	Sinopharm	0	0	0	100,000	Donation	Sinopharm	100,000
UAE	1,000	Donation	Sinopharm	0	0	0	2,000	Donation	Sinopharm	2,000

Vaccine procurement

Procurement of the vaccines is coordinated by the Ministry of Health together with the Government of the Republic of North Macedonia. The Republic of North Macedonia has signed a contract with the COVAX mechanism for procurement of vaccines and an equal approach to the new potential vaccines. Contract with the COVAX mechanism predicts procurement of 835.000 single doses. The vaccines delivery will depend on the dynamics predicted by the COVAX mechanism.

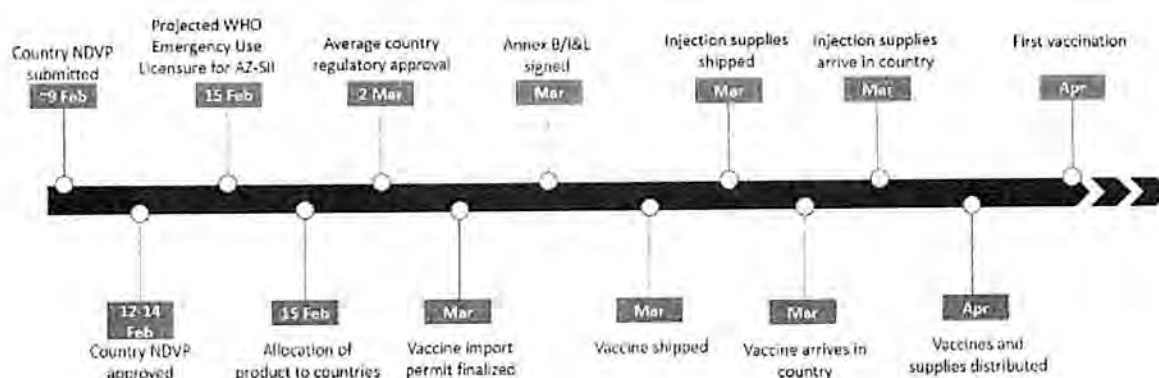
The Republic of North Macedonia will cooperate with the European commission and the EU member states for procuring additional doses of vaccines for the population if there is a need.

The Government can also make a process of purchasing additional quantities of vaccines for the population if it's necessary.

- Ministry of health and the Government of the Republic of North Macedonia will procure quantities according to the needs and recommendations of the Institute for public health for the population coverage



Figure 1: Global timeline to first vaccine distribution. Source: COVAX, February 2021



Safe and secure transport of the vaccines is required to reach the vaccination sites without being damaged.

Some of the vaccines have a special mode of transport and storage so it was important to plan before the arrival of the vaccines. Some of the vaccines have a special mode of sustaining the cold chain (mRNA vaccine on $< -70\text{ C}$) and safe keeping on the specific temperature. Some of the vaccines are packaged in multi-dose vials which will need to be dissolved during the process of vaccination. Additionally, consumables such as syringes and solution of NaCl 0,9% are needed, which are also in small packages for easier vaccine dissolution, for example 3ml or 5ml bottles. Procurement of consumables is provided by the vaccination points in the health centers. Additionally, Ministry of Health procures consumables such as syringes and solution bottles.

The vaccines are received at the Skopje International Airport as one of the entry points, but some vaccines arrive at one of the border crossings. After the arrival at one of the border crossing, Customs Office provides an accelerate procedure for conducting customs procedure. The vaccines are transported to the central storage as all other regular vaccines. Transport and storage are performed by the existing economic operators who are licensed to operate with vaccines. Transport from the central storage to the vaccination points is provided through the economic operators. Vaccines delivered at the vaccination points are stored as previously determined by SOP, depending on the vaccine manufacturer (limited period of temperature 2-5 C). In order to provide a specific cold chain of -70 C or -20 C , the Ministry of Health provided suitable refrigerators that were delivered to the central storage places to ensure an appropriate storage temperature.

- Ministry of Health and the Government of the Republic of North Macedonia procure quantities according to the needs and recommendations of the Institute for Public Health for the population coverage.
- The Customs Office is responsible for ensuring an accelerated customs procedure when importing vaccines into the Republic of North Macedonia.
- Existing economic operators are responsible for transport from the entrance in the Republic of North Macedonia to the central storage and further distribution to the vaccination points.
- The Ministry of Health provided refrigerators for storing vaccines at temperatures below 70 C and -20 C .

Vaccination recommendations

The Institute of Public Health and the Expert Immunization Commission are responsible for preparation and recommendations for vaccination of the population in the Republic of North



Macedonia. The Public Health Facilities together with the Commission are responsible for proposing the best way to introduce a new vaccine at the state level. The purpose of vaccination recommendations is to reduce mortality and prevent transmission of the virus. All the recommendations of the Commission are based on a detailed and in-depth analysis of the currently available evidence. This includes the analysis of risk factors for development of a severe clinical picture of SARS-CoV2 as well as the safety and efficacy of the vaccine.

At the start of vaccination, there were not enough vaccines for the whole population. Therefore, it was important to prioritize vaccination risk groups. The principle of defining the of risk groups was determined by the National Technical Working Group, Institute of Public Health and Expert Immunization Commission. Defining risk groups was done according to the risk of a severe clinical manifestation and unfavorable outcome (adults with chronic diseases, people placed in nursing homes) as well as groups at high risk (health professionals). Prioritization was done according to epidemiological and ethical criteria.

- Expert Immunization Commission has worked on recommendations for the introduction of a new SARS-Cov2 vaccine.
- Recommendations change and upgrade depending on new vaccine information.
- Institute of Public Health, National Technical Working Group and Expert Immunization Commission prepared a proposal for prioritization of vaccination according to the risk of the population.

Vaccine distribution

Who gets the vaccine?

The effective distribution of the COVID-19 vaccine in a pandemic plays a key role in reducing the impact on human health and minimizes "disturbances" in the normal functioning of society. The initial focus on vaccination was to reduce morbidity and mortality, but also to maintain the most important essential services in order to reduce transmission and minimize the "disruption" in the normal functioning of society.

The public health strategy for the use of vaccines depended upon the burden of disease and on the epidemiology in the country, particularly the incidence rate of infection at the time vaccination was contemplated for deployment. The limited availability of vaccines imposed the need for prioritization and sub-prioritization of vaccination risk groups. The epidemiological situation with COVID-19 in Northern Macedonia indicates a community transmission that has been taken into account when prioritizing vaccination groups.

Three main priority groups were targeted in order to ensure the functioning of the health system, to protect the persons at the highest risk for disease, complications and death and to maintain the essential services of the critical infrastructure.

Stage level with limited vaccine availability	Priority groups	Estimate number of population	Sub-priority groups
Stage I (very limited vaccine availability, for 1–10% nat. pop.)	Stage Ia: (initial launch): Health workers in the first line of response in hospital conditions at high and very high risk of acquiring and transmitting infection	5000	HW in COVID centers
		2000	HW in Emergency services
		6000	HW in Clinical hospitals and General hospitals (public and private)
		1000	HW in Special care facilities for people with special medical needs/ rehabilitation centers, long-term facilities, nursing homes



	Stage Ib: Older adults with high risk of acquiring disease, complications and death, defined by age-based risk	169573	Older adults at age 70+	
Stage II (limited vaccine availability, for 11–20% nat. pop.)	Older adults not covered in Stage I	92561	Other older adults age 65+	
	Groups with comorbidities or health states determined to be at significantly higher risk of severe disease, complication or death	100163	Persons aged 20-65 years with high-risk health condition /with comorbidities	
	Health workers at moderate risk of acquiring and transmitting infection	Laboratory workers in COVID-19 diagnostic (public and private labs)	200	
		Public health workers	550	
		Health workers engaged in immunization delivery	500	
		Family doctors and other health staff	2500	
		Pharmacists / dentists and other health staff	4250	
	Workers in critical infrastructure institutions essential for the functioning of the community	Emergency personnel (police, border guards, firefighters, judiciary)	3000	
		Employees of Parliament and Government	1000	
		Army	9000	
High priority teachers, school staff and pre-school staff	8000	Teachers who have regular classes (1-3 grade of primary school) and staff in kindergarten		
Other essential workers outside health and education sectors	Food production, Drug production, Public transport, Community hygiene and water supply, Telecommunication and electricity supply, Funeral services, Local Government etc.	30000		
	Staff in banking sector, agriculture, post office etc.	3500		
	Transportation workers, factory workers etc.	200000		
Remaining teachers and school staff in primary and secondary schools	38000			
Healthy adults age group 30-64	650000	Population not included in other priority groups		
Pregnant women	23000			
Health workers at low to moderate risk of acquiring and transmitting infection	5000			
Age group 50-69				
Social/employment groups at elevated risk of	4000	Incarcerated people, dormitories, informal settlements, or urban		



	acquiring and transmitting infection because they are unable to effectively physically distance		slums; low-income people in dense urban neighborhoods; homeless people
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The National Immunization Committee (NIC) adopted several recommendations since the beginning of the immunization against COVID-19 as updates to the existing ones. On July 12, 2021, the NIC recommended vaccinating children 12 to 18 years of age with the Pfizer vaccine and priority to be given to high-risk children (with chronic illnesses). Two months later on September 23, 2021 a third dose of COVID-19 vaccine was recommended for the following risk groups: health workers regardless of age (with confirmation from the institution of their employment), dialysis patients, patients with transplanted organs and immunocompromised patients regardless of age (with a report from a specialist on their health condition) and people over 60 years of age. The Pfizer vaccine is recommended for the third dose at least 6 months after receiving the second dose. The NIC expanded the recommendations regarding the third dose to all persons at risk of infection regardless of age at their workplace or their increased exposure with the possibility of developing the disease on October 4, 2021. The last updated recommendations from October 18, 2021, concern all persons who have received two doses of Sinopharm and Sinovac vaccines. The NIC recommends vaccination with a third dose of Pfizer vaccine 3 months after receiving the second dose. This recommendation applies to all persons who are at risk of infection or their greater exposure and possibility of developing the disease regardless of age.

Distribution within The Republic of North Macedonia

Safe and secure logistic support has been developed for the receipt, storage and distribution of vaccines to vaccination points where vaccination is taking place.

For vaccines that require maintenance of a standard cold chain from 2°C to 8°C, the existing logistics system is used. The capacities for storage of vaccines have been strengthened by purchasing of new purpose refrigerators for storing vaccines, as well as by building 2 cold rooms.

For vaccines that have a special temperature regime for receipt, storage and transport at temperatures below -70°C or -20°C, the existing network has been upgraded with the provision of appropriate refrigerators. This type of refrigerators which enable central storage of vaccines were provided in 5 regional centers.

The distribution of vaccines is done by the Institute of Transfusiology which has vehicles with a temperature regime from 2°C to 8°, while for vaccines that have a special temperature regime for transport (-70 °C and -20 °C), special mobile refrigerators are used.

Delivery at facilities

Vaccination against COVID-19 was divided into several phases depending on the initial quantities of available vaccines and the priority risk groups for vaccination. Considering the fact that a small number of vaccines were received in the first phase the vaccination was carried out at the existing vaccination points within the health centers. By increasing the availability of vaccines, vaccination has been intensified and expanded.

The existing health care infrastructure and the staff that have been responsible for conducting vaccination so far is also responsible for the implementation of COVID-19 vaccination. This includes the Preventive Immunization Services within the health centers that conduct the mandatory immunization.

Field vaccination is organized for the persons accommodated in special institutions for care of persons with special medical needs/rehabilitation centers, institutions for long-term stay and homes for the elderly, and it is organized and implemented by the vaccination teams from the health centers.



The increase in the availability of a larger number of vaccines imposed the need to organize vaccination sites for mass vaccination in 10 cities in order to intensify the vaccination process.

In the beginning of July, the field vaccination started in order to cover a larger number of citizens as well as those in rural and inaccessible areas.

- **Fixed vaccination sites** are the existing network of health facilities, at the sites of routine immunization, where all necessary equipment and supplies are available (refrigerators, injection equipment, etc.).
- **Mass vaccination points** are adopted facilities for organization of mass vaccination.
- **Mobile teams**, which are formed at municipality level, visit the hard-reachable places, the rural municipalities, as well to citizens with special needs.

Table 8: Vaccination points in the Republic of North Macedonia

Public health Institution	City	Number of Teams (One team is conducted of 1 Doctor and 1 Nurse)	Average of daily applied doses
PHI Health Center - Berovo	Berovo	1	70
PHI Health Center - Bitola	Bitola	1	100
Mass vaccination point - Sports center in the Secondary Medical School	Bitola	10	1000
PHI Health Center - Valandovo	Valandovo	1	150
PHI Health Center - Vevchani	Vevchani	3	100
PHI Health Center - Veles	Veles	1	100
Mass vaccination point - Sports center in Secondary School	Veles	10	1000
PHI Health Center - Vinica	Vinica	2	100
PHI Health Center - Gostivar	Gostivar	2	100
PHI Health Center - Demir Hisar	Demir Hisar	1	80
PHI Health Center - Kichevo	Kichevo	2	150
PHI Health Center - Kratovo	Kratovo	1	80
PHI Health Center - KrivaPalanka	KrivaPalanka	1	70
PHI Health Center - Krushevo	Krushevo	1	70
PHI Health Center - Kumanovo	Kumanovo	1	100
Mass vaccination point - Sports center in Secondary School	Kumanovo	10	1000
PHI Health Center - MakedonskiBrod	MakedonskiBrod	1	90
PHI Health Center - Negotino	Negotino	1	90
PHI Health Center - Ohrid	Ohrid	1	100
Mass vaccination point - SPORTS ARENA "Biljaninilzvori"	Ohrid	10	1000
PHI Health Center - Pehchevo	Pehchevo	1	80
PHI Health Center -Prilep	Prilep	1	90
Mass vaccination point - Sports center in Secondary School	Prilep	10	1000
PHI Health Center - Probishtip	Probishtip	1	90
PHI Health Center - Radovish	Radovish	2	90
PHI Health Center - Resen	Resen	1	150
PHI Health Center - Rostushe	Rostushe	1	90
PHI Health Center - Sveti Nikole	Sveti Nikole	1	150
Mass vaccination point - SPORTS ARENA "A1"	Skopje	20	3500



PHI Health Center - Skopje - Polyclinic Bukuresht	Skopje	4	450
PHI Health Center - Skopje - Polyclinic Jane Sandanski	Skopje	4	450
PHI Health Center - Skopje - Polyclinic Chair	Skopje	4	450
PHI Health Center - Skopje - Polyclinic Shutka	Skopje	2	100
PHI Health Center - Struga	Struga	3	250
PHI Health Center - Strumica	Strumica	1	100
Mass vaccination point - Sports center in Primary School	Strumica	10	1000
PHI Health Center - Tetovo	Tetovo	1	100
Mass vaccination point - Sports center in the Secondary Medical School	Tetovo	10	1000
PHI Health Center - Shtip	Shtip	1	100
Mass vaccination point - SPORTS ARENA "Jordan Mijalkov"	Shtip	10	1500
PHI General Hospital - Gevgelija	Gevgelija	2	250
PHI General Hospital - Debar	Debar	2	100
PHI General Hospital - Kavadarci	Kavadarci	1	80
Mass vaccination point - SPORTS ARENA "Jasmin"	Kavadarci	10	1000
PHI General Hospital - Kochani	Kochani	2	80
PHI Health Center - Delchevo	Delchevo	2	100
PHI Health Center - Makedonska Kamenica	Makedonska Kamenica	1	80

Human resources

According to the strategy elaborated by the government for the COVID-19 vaccine introduction, the administration of COVID-19 vaccines is being carried out by routine immunization service providers, the health workers and nurses, as well as administrative teams, who have extensive experience in implementation of immunization campaigns. In the whole process the E-Health Directorate and the responsible persons from the Institute for Public Health are in charge of the statistics, collecting data, producing daily reports, and presenting them to the public and the Ministry of Health.

a. Training

Given the fact that COVID-19 vaccines are new and that there are different types, based on new platforms, and some of them require special storage regimes at low and ultra-low temperatures, multi-dose vaccine vials, different preparation before application, the education and training of health professionals played critical role in the proper implementation of the vaccination process from the receipt of vaccines, storage, distribution, preparation to application of vaccines.

Before starting the vaccination process, all persons involved in it underwent intensive training organized by MoH (face to face and online) in the following topics:

- Introduction of vaccination against COVID-19
- National plan for COVID-19 vaccination in the Republic of North Macedonia
- Receiving, handling, storing and distribution of COVID-19 vaccines
- Indications and contraindications for receiving vaccine for COVID-19
- Preparation and application of COVID-19 vaccine
- Vaccination records of vaccine against COVID-19 in the National Electronic System "My appointment"
- Reporting of adverse reactions after administration of vaccine against COVID-19.



Waste management

Timely procured needles and low dead volume syringes. These needles and syringes are primarily intended for Pfizer and AstraZeneca vaccines. The other vaccines that came in large quantities (Sinopharm and Sinovac) were packaged in a pre-filled syringe. For waste management of the multi-dose vaccines, such as Pfizer and AstraZeneca, responsible persons were appointed. Maintenance of appropriate waste management procedures during and after COVID-19 vaccination sessions has critical importance, considering the nature of disease and importance of prevention measures to stop transmission of disease. During COVID-19 vaccination the health staff in all health facilities is expected to treat waste generated during immunization according to the existing procedures and standards.

All vaccination points, including mobile vaccination points and vaccinations delivered through outreach, are expected to ensure proper management of all types of waste generated during the vaccination and to carry out respective interventions for proper labeling, segregation and utilization of waste. Particular attention is paid to one of the most important components – proper disposal of sharps (syringes and needles) as well as disposal of unused, open or damaged vaccines.

The waste management practices are monitored through supportive supervision, carried out in accordance with the existing supportive supervision guidelines.

Public awareness-raising

The Ministry of Health, as a competent Ministry for implementation of strategic policies, as well as priority activities in the framework of dealing with the crisis caused by the Virus COVID-19, have established numerous activities aimed at raising public awareness about the importance of vaccination and its benefits for public health.

The Ministry of Health and the PR Department, as well as the National Technical Working Group for COVID-19 (NTWG) are the National Coordination bodies responsible for overseeing, establishing a plan to convey key messages and campaign content, supported by expert verifications.

In that direction, campaigns established by several different sources such as UNICEF, EU, the Government of the Republic of North Macedonia have been and are being implemented. The UNICEF-supported campaign under the slogan „*Vaccines save lives. Ask before you guess. Believe the facts.*“ was broadcast via video messages on public media (<https://www.youtube.com/watch?v=RpnH3ZC-LhM>), where renowned health

workers provided scientific explanations based on recent researches on the importance of vaccines, and the benefits of the overall process.

At the same time, an EU-supported campaign is currently being implemented, which includes the Economic Chamber of the Republic of North Macedonia. The ‘GET VACCINATED’ campaign through supportive messages by celebrities and public figures. The aim is to reach the population for mass-vaccination. Through numerous messages it is emphasized that everyone is affected by the pandemic in different ways, and that now the solution is unique for all - vaccination in large numbers. (<https://www.youtube.com/watch?v=r8pWbgDmlP8>).

The Government of the Republic of North Macedonia started an information campaign as well, in August, 2021. The Minister of Health, as well as members of the NTWG, experts in the field have on a daily basis guest appearance in debate shows, announcements, publications with scientifically based explanations and facts, participate in public forums in order to reach as many people as possible and encourage vaccination.

System for development of key messages addressed to the broad public with regards to the communication and advices related to the National Plan for Immunization

When the National Plan for Immunization prepared by the National Technical Working Group for COVID-19 Vaccination at the Ministry of Health was adopted, the key communication messages were identified, which were mostly informative and referred to the ways of scheduling vaccination, the locations of vaccination points, priority groups, quantities, type of vaccines and their specifics. All



messages are adapted according to the course of vaccination, dynamics of vaccine arrival, possible changes and updates of the National Immunization Plan. Additionally, these key messages are reinforced by messages aimed at raising public awareness of the need for immunization and achieving collective immunity as the only way to overcome the crises caused by the COVID-19 Virus Pandemic.

Communication

From the very beginning of the crisis with the coronavirus, the Ministry of Health communicates transparently, in a timely and accurate manner, using traditional and social media as channels of communication with the public, with full consistency in the messages of all channels. The communication takes place according to established dynamics, of at least 3-4 messages per day and more when needed, appropriate to the situation, needs and course of activities. The spokesperson and transmitter of the messages from the beginning of the crisis is the Minister of Health, H.E. Dr. Venko Filipce, and in support of the narrative, experts in the field of epidemiology, infectiology, immunology, doctors, pharmacists, but also other Ministers in the Government of The Republic of North Macedonia are continuously included. Regarding the social networks, the Ministry of Health manages and monitors the communication channels on the social networks of the Minister of Health, Dr. Venko Filipce, but also the channels of the Institution - Ministry of Health. Communication takes place via Facebook, Twitter and Instagram. In the communication on social networks photos, graphic solutions and video content with short and clear messages that address a specific topic and cover different target groups are used. Different social networks attract different audiences and require diverse styles of communication, so all messages are adapted accordingly.

Following social networks

Social networks are monitored continuously and analysis are made at two levels:

- 1) Analysis of all announcements of the Minister and the Ministry, comments, messages, the degree of engagement of the followers and the community. These analyzes define potential issues and dilemmas for which communication is later prepared.
- 2) The tool for "social media listening" generally follows the comments related to the pandemic and vaccination, an analysis is made of the open media profiles where there are comments on the news related to this. In this way, the discourse and attitudes of the citizens are monitored, potential crises and fake news are located and the communication is prepared to react accordingly.

Monitoring & Evaluation

Adverse events following immunization (AEFI)

The established system in the Republic of North Macedonia for reporting side effects after receiving COVID-19 vaccine is as follows:

Patients can report side effects from vaccination to the National Center for Pharmacovigilance at the Agency for Medicines and Medical Devices (MALMED) (St. Cyril and Methodius Street no. 54 floor 1), in written documentation to the archive, or electronically through the Agency's website <http://malmed.gov.mk/>. Medical workers can directly report to MALMED the side effects experienced by their patients .

According to the data analyzed by MALMED, the reported side effects are mild. The following symptoms have been reported: pain and swelling at the site of administration, fever, headache, muscle pain and malaise. All adverse reactions reported so far are described in instructions for use of vaccines. The Agency for Drugs and Medical Devices have signed cooperation agreement with Uppsala Monitoring Center (UMC), the global electronic database for adverse reactions of drugs of the World Health Organization based in Sweden. All applications submitted to MALMED are processed and forwarded to UMC and become part of drug safety documentation.



Procurement

Vaccine Purchase and Deployment, is/are included in the Project to support the GoNM to enhance emergency COVID-19 response. Vaccines and any ancillary goods needed to deploy the vaccines (e.g. syringes) procured through the Project must meet the WB Vaccine Approval Criteria. Funding under this project could include the partial payment of a contract with Pfizer for approximately 660,000 doses (out of the approx. 800,000 doses), confirming eligibility for reimbursement through the Project.

The current demand for COVID-19 vaccines exceeds the supply in the market, which makes it more difficult for client countries to negotiate terms and conditions. Procurement of vaccines will therefore follow Direct Selection. Contracts for vaccines will be financed only if the vaccines in the contract meet the Bank's VAC. The procurement approach for vaccine purchasing, depending on availability will be from one or more of the following options: (i) direct purchase from vaccine manufacturers, either by North Macedonia itself or jointly with other countries; (ii) purchase of excess stocks from other countries that reserved excess doses; (iii) purchase through the COVAX self-financing mechanism; and (iv) direct purchase through UNICEF or other United Nations (UN) agency as the procurement agent. Further details on additional purchases through COVAX will be required for the Republic of North Macedonia to make a final decision on the mix of mechanisms to use. The WB will support North Macedonia in considering the options to access vaccines, but the country will ultimately decide which options to use based on its specific context and needs within the options that satisfy the WB's VAC.

The Bank's oversight of procurement is done through increased implementation support and, where requested by Borrowers, procurement HEIS (Hands on Expanded Implementation Support)

Financial management and audits

The FM arrangements established for the parent project are moderately satisfactory and will be replicated for this AF. The FM rating was assessed as moderately satisfactory. Under the parent project, the PMU within MLSP is responsible for the FM function, in accordance with the eligibility criteria and procedures acceptable to the World Bank, as described in the POM, which will be updated to reflect the AF arrangements.

Expenses on vaccine delivery and deployment shall follow already established FM arrangements in the parent Project and described in the POM FM Sections. Therefore, reference should be made to the POM on FM arrangements for vaccine delivery and deployment activities, extended scope of audit, accounting and reporting, internal control procedures, planning and budgeting, external audits, and flow of funds. Particular attention should be paid to any specific arrangements related to vaccine expenditures as will be agreed upon with the World Bank.

The established project accounting system in MLSP for the Project will be used for payments of vaccine expenditures. The MOH is involved in the payments process through approval of invoices, works completion statements,. The PIU will consolidate the reports for preparation of quarterly IFRs. The PIU use a cash basis accounting for the Project's accounting and it uses the computerized accounting software -(to track Project activities.

The audit of the financial statements will be conducted: (i) by independent private auditors acceptable to the World Bank, on terms of reference acceptable to the World Bank; and (ii) according to the International Standards on Auditing issued by the International Auditing and Assurance Standards Board of the International Federation of Accountants. Annual audited project financial statements will be submitted to the World Bank within six months after the end of each fiscal year as well as at the Project closing. The scope of project audit will include audit of vaccination financing for at least a portion of the targeted population and audit of funds spent on deployment of vaccines. The specific modalities will be agreed upon with the World Bank.

The auditor will review a sample of 10 percent of all project transactions to confirm the threshold for eligibility of the respective expenditures. The Recipient will disclose the audit reports for the Project within one month of their receipt from the auditors, by posting the reports on the website of the MOH



and MLSP. Following the World Bank's formal receipt of these reports from the Recipient, the World Bank will make them publicly available according to the World Bank Policy on Access to Information. Quarterly IFRs will be used for monitoring and supervision. These financial reports will be submitted to the World Bank within 45 days of the end of each calendar quarter. As part of the project implementation support and supervision, quarterly IFRs, audit reports and audit management letters will be reviewed, and regular risk-based FM missions will be conducted.

The funds proceeds will be disbursed by the World Bank in line with the World Bank Disbursement Guidelines for IPF (Dated February 2017), and using the advance, direct payment, reimbursement and special commitment disbursement methods. Disbursements to UNICEF for the purchase, transport and delivery of vaccines will be done using the UN Advances disbursement mechanism. In application of the Mandatory Direct Payment provision, disbursements for goods, works, or non-consulting services and consulting services contracts procured/selected in the international market through open competition, limited competition or through no competition, as set out in the Procurement Plan, must be made only through Direct Payment or Special Commitment disbursements methods. Additional detailed procedures are included in the Disbursement and Financial Information Letter (DFIL).

Social and environmental risk management

The ratings for Environmental Risk and Social Risk are Substantial, resulting in an overall ESF Risk Rating of Substantial. The major areas of risk for the project are related to: (i) risks related to medical waste management and disposal; (ii) risks related to spread of the virus among health care workers; (iii) risks related to the spread of COVID-19 among the population at large; and (iv) risks related to distribution and administration of vaccines. These risks are covered by Environmental and Social Standards.

The more substantial risks are around ensuring that contagion vectors are controlled through: (i) strict adherence to standard procedures for medical waste management and disposal; (ii) the use of appropriate PPE for all health care workers; and (iii) working with local governments and communities to implement social distancing measures and quarantine regimes.

The key social issues and mitigation measures taken by the parent project and which will be followed by the AF focus on: (i) ensuring a favorable and safe environment to prevent the spread of COVID-19 among health workers, complemented by WHO training opportunities at targeted healthcare facilities and to avoid staff burnout; (ii) assuring proper and quick access to appropriate and timely medical services, adequate hand hygiene and PPEs based on the current needs of the target healthcare facilities; and (iii) securing explicit inclusion in robust stakeholder identification and consultation processes before and during vaccination.

To manage these risks, the MOH will update two major instruments of the parent project – the ESMF and the SEP – to incorporate AF activities and investments to increase capacity of the MOH to develop and disseminate COVID-19 risk communication messages and feedback mechanisms. The ESMF and SEP will be updated to a standard acceptable to the Bank, used for stakeholder consultations, and disclosed in-country on the MOH website and on the World Bank website. This Vaccine Delivery and Distribution Manual for effective vaccine delivery and vaccination implementation has been developed, accepted by the Bank, disclosed by Project effectiveness, and included as an annex to the updated ESMF.



Annex 10- Interim un-audited financial reports (IFRs)

North Macedonia Emergency COVID-19 Response Project (Loan No.
PROJECT CASH RECEIPTS & PAYMENTS
For the quarter ending 31/03/2020
In EUR

	Actual			Budget			Variance		
	Current period	Year To Date	Cumulative to Date	Current period	Year To Date	Cumulative to Date	Current period	Year To Date	Cumulative to Date
Sources of Funds									
Loan funds									
Front-end Fee									
Interest Earned									
Total sources									
Less: Uses of Funds									
A. Component 1 - Emergency COVID-19 Response									
B. Component 2 - Household Support and Enabling Social Distancing									



C. Component 3 - Project Implementati on, Communicati ons, Community Engagement, and Monitoring									
Front-end Fee									
<u>Total uses of funds</u>									
Net increase/(De crease) in cash flow									
Bank Balances beginning of period									
Bank Balances end of period									

Interim un-audited financial reports (IFR)

North Macedonia Emergency COVID-19 Response Project (Loan No.)
USES OF FUNDS BY PROJECT ACTIVITY
For the quarter ending 31/03/2020
In EUR

	Actual	Budget	Variance
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	Current period	Year To Date	Cumulative to Date	Current period	Year To Date	Cumulative to Date	Current period	Year To Date	Cumulative to Date
A. Component 1 - Emergency COVID-19 Response									
1.1. Case detention, confirmation, contact tracing, reporting and monitoring									
1.1.1.									
1.1.2									
1.1.3									
1.1.4									
1.1.5									
1.1.6									
1.2. Health system strengthening									
1.2.1.									
1.2.2									
1.3.									
B. Component 2 - Household Support and Enabling Social Distancing									
2.1.									
2.1.1. households									
2.2.									
C. Component 3 - Project Implementation, Communications									



, Community Engagement, and Monitoring									
3.1									
3.2 r									
3.3									
Total project									
front and fee									
Total Project Expenditures									

Interim un-audited financial reports (IFR)

**North Macedonia Emergency COVID-19 Response Project (Loan No.)
DESIGNATED ACCOUNT STATEMENT
For the quarter ending 31/03/2020
In EUR**

Opening Balance at the beginning of period		
Plus: Replenishment during the period		
Interest earned and retained on account		
Front-end Fee		
Less: Amount of eligible expenditures paid during the period		
Refund from DA		
Front-end Fee		
Closing Balance at the end of period		
Balance per DA Bank Statement Euro		
Discrepancy in closing balance	0.00	
Explanation		

**Interim un-audited
financial reports
(IFRs)**



**North Macedonia Emergency COVID-19 Response Project (Loan No.)
BREAKDOWN OF TRANSFERS UNDER COMPONENT 1 & 2
For the quarter ending 31/03/2020
In EUR**

Description	Transferred amount			Budgeted amount			differences		
	Current period	Year To Date	Cumulative to Date	Current period	Year To Date	Cumulative to Date	Current period	Year To Date	Cumulative to Date
A. Component 1 - Emergency COVID-19 Response									
1.3. Providing Health Insurance Coverage for GMI and unemployment insurance for beneficiaries									
Transfer 1									
Transfer 2									
Transfer 3									
Transfer 4									
Transfer 5									
Sub-total									
B. Component 2 - Household Support and Enabling Social Distancing									
2.1.1. GMI cash transfers to vulnerable households									
Transfer 1									
Transfer 2									
Transfer 3									
Sub-total									
2.2. Temporary unemployment insurance support									
Transfer 1									
Transfer 2									
Transfer 3									
Sub-total									
TOTAL									



Annex 11- Template of the Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING

Concluded in _____, dated _____.2021 between:

1. **Ministry of Health**, st.50 Divizija14, 1000 Skopje, RepublicofNorthMacedonia;
2. **Ministry of Labor and Social Policies** (*if required and as agreed upon with the World Bank in advance*)
3. **Public Health Institution** _____

Article 1

Subject of this Memorandum of understanding are the rights and responsibilities of the contractual parties with regard to the implementation of Emergency Response Covid-19 Project, for the purpose for prevention, detection and responding to the threat caused by COVID-19 and strengthening National system for public health preparedness.

Article 2

Contractual Parties have achieved mutual interest for commitment in implementation of procurement process and usage of services and goods, as well as engagement of outsourcing partners, in accordance with contractual responsibilities for ensuring compliance with environmental and social requirements, that arise from:

- Loan Agreement Number 9109-MK;
- Environmental and Social Management Framework (ESMF) for North Macedonia COVID-19 Emergency Response and Health Systems Preparedness Project;
- Project Operational Manuel;
- Environmental and Social Commitment Plan;
- Labor Management Plan;

other relevant World Bank's requests and national applicable laws in the field of environmental protection and social aspects, proper management of medical/infection waste, health and security at work, maintenance of secure construction activities in time of Covid 19 pandemic, security of local population, products and equipment security, infrastructure and installation security and equipment energy efficacy.

Article 3

The MoH as contractual party is responsible to implement and conduct the overall procurement process and for management of all steps of procurement cycle. The goods, services and works shall be procured by the MoH in accordance with the procedures allowed under the Project Operational Manuel and pursuant to the approved Procurement Plan. The detailed list of the goods (medical equipment, medicines, vaccines, medical aids), services and works which shall be subject to procurement is enclosed as Annex 1 to this Memorandum of Understanding.

The procurement of goods, works and services on behalf of the PHI as end user shall be fully funded through the Emergency Rapid Covid-19 Response Project implemented by the MoH.

Article 4

End user i.e. beneficiary of the procured goods, services and works will be Public Health Institute ----- as contractual party of this Memorandum of understanding.

The PHI as contractual party, undertakes obligation under the provisions, of this Memorandum of understanding to ensure and satisfy of all necessary conditions prior the delivery of the procurement



subject, such as equipped space for installation of medical equipment, storage for safe keeping of medicines and vaccines under required temperature regimen, provide health staff which will be trained by the manufacturer for operational use of the equipment including all other required conditions, (if any) which are necessary to be fulfilled for duly receipt of the procured goods, services and works .

Article 5

During procurement process and usage of the equipment (medical and nonmedical equipment, medicines and medical aids, as well as vaccines), Public Health Institutions as eligible final beneficiaries of the equipment and goods declare their commitment to ensure compliance with National Legislation, Environmental and Social applicable Regulation: provisions regarding the equipment usage prescribed in Law for Health Care, Law on products security, Law on technical inspection, Law on Construction, Law on Security and Health at Work, Law on Waste, Law for Electronic Equipment Waste, Law on Environment and other relevant national applicable regulation.

During the construction activities (reconstruction of Public Health Institutions, Vaccination points), public health institutions as eligible final beneficiaries declare their commitment to be in compliance Law on Construction, Law on Environment, Law on Waters, Law on Waste, Law on Ambient Air Quality, Law on Noise Protection, Law on nature, Law on Security and Health at work, other relevant national applicable regulation, as well as recommendations for good construction practice, environmental protection and social aspects of the World Bank.

Article 6

The Parties accept that neither Party will disclose or distribute any confidential information that is supplied to each other in the course of conduct of cooperative activities under the Memorandum of Understanding to any third party except as and to the extent authorized in writing to do so by the other Party.

Article 7

This Memorandum of understanding is 4 (four) equal copies, of which 2 (two) for every contractual parties.

Signatories. :

Public Health Institution

Ministry of Health

Mr/Ms. _____ Director

_____, Minister

Adoption of the POM is endorsed by the MOH and the MLSP

**FOR AND ON BEHALF OF
MINISTRY OF HEALTH**

Dr. Belma Salj, Minister



**FOR AND ON BEHALF OF
MINISTRY OF LABOUR AND SOCIAL POLICY**

Jovanka Trenchevska, Minister



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