



Netherlands Enterprise Agency

Dutch Health Sector Market Study 2022

*Final Report
May 2022*

*>> Sustainable. Agricultural. Innovative.
International.*

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Executive Summary

Since the start of COVID-19 in 2020 International Finance Institutions (IFIs) have been supporting countries worldwide to cope with the economic and social impact of the pandemic.

This market study on behalf of the Netherlands Enterprise Agency (RVO) identifies concrete opportunities for the Dutch Health Sector in the COVID response backed by IFIs in Romania and Uzbekistan. The following IFIs are included:

- World Bank Group (WB), including the International Finance Corporation (IFC)
- Asian Development Bank (ADB)
- European Bank for Reconstruction (EBRD)
- European Investment Bank (EIB)
- European Union (technically not an IFI)

The original scope of the study also included Ukraine but in response to the invasion of Ukraine by the Russian Federation the information on Ukraine is not taken up in this final report.

Response by the IFIs

At the start of the outbreak of COVID-19 the IFIs came up with short term support to their recipient countries focusing on Personal Protective Equipment (PPE), building up COVID test capacity and respiratory support equipment. This was closely followed up by budget support measures to counter gaps in government financing due to increased outlays on social assistance or declining government revenues. IFIs expanded and restructured already existing programs to save time. After the first couple of months separate and dedicated programs started to emerge adding also

new topics such as emergency care, ICU, waste management, and ventilation.

Over the course of 2021 a shift towards availability and distribution of vaccines became apparent. The vaccination effort was coordinated at global levels through dedicated funding arrangements.

Both Romania and Uzbekistan have been severely hit by the pandemic. Economic activity was disrupted and health impacts are large. The strain on the health sector is immense. Social safety nets, where available, have been stretched to cope with the immediate impact. Vaccination in both countries picked up relatively late. In Romania vaccination rates remain below EU-averages.

Both countries receive substantial financial and technical support from the IFIs. However, the scale of the assistance is much larger in Romania, where WB (~ EUR 900 million) and EIB (~ EUR 1.5 billion) are executing and planning multiple projects covering the whole range of the health with a strong focus on hospital services. In addition, the EU is planning through its Recovery and Growth Fund a EUR 2.5 billion investment in the Romanian health sector. Investments in Uzbekistan are much smaller with the WB investing approximately EUR 200 million and no activities by the EU in the health sector. In Uzbekistan the Asian Development Bank is also active and is planning to spend about EUR 325 million in the health sector.

Opportunities for Dutch companies

The scan of programs and projects supported by the IFIs in Romania and Uzbekistan shows that COVID-19 related projects will continue to provide opportunities for Dutch companies, in particular in areas such as:

- emergency care

- intensive care
- laboratory capacity
- ventilation
- waste management

Most important players in Romania are the EU, EIB and the World Bank. In Uzbekistan the Asian Development Bank and the World Bank are the two IFIs with the largest portfolios in health care.

In addition interesting concrete opportunities include::

1. The construction of three complete university hospitals (EIB) as well as 25 new hospitals (EU) in Romania;
2. Substantial investments in IT system design, hardware, software and training both in Uzbekistan (ADB, WB) and Romania (EU, WB);
3. In Romania cancer screening programs will be reinforced both in hardware and in management (WB);
4. In Uzbekistan disease surveillance will be strengthened by hardware (laboratory) and IT infrastructure (ADB); and
5. Stricter compliance with environmental standards and norms will provide opportunities for companies active in Environmental & Social Impact Assessments but also for providers of hardware solutions.

To increase visibility and commercial success of Dutch companies in Romania and Uzbekistan a more coordinated approach could be considered. Elements of such an approach could include:

1. A joint 'branding' of interested Dutch companies with specific reference to COVID and post-COVID 'resilience' efforts. "A Dutch COVID Recovery and Resilience Team/Consortium";
2. Joint approach to IFIs in Romania and Uzbekistan through joint online activities towards the IFIs and possible country visits;

To realise this approach sustained support by RVO-TIO would be beneficial to help initiate cooperation among companies and to liaise with the IFIs in Romania and Uzbekistan.

Introduction

This market study identifies concrete opportunities for the Dutch Health Sector in the COVID-19 response backed by International Finance Institutions (IFIs) in Romania and Uzbekistan.

The original scope of the study also included Ukraine and a similar analysis was performed as for Romania and Uzbekistan. In response to the events unfolding after the invasion of Ukraine by the Russian Federation on February 24th 2022 the information collected regarding Ukraine is not taken up in the final report of the study.

The situation in Ukraine will require a major reconstruction effort to be financed by the international community which will supersede any existing programs by IFIs. Currently, many IFIs are providing emergency support to Ukraine often in the form of budget support. World Bank currently mainly focusses on financial support of Ukraine. The health care plans have halted and will focus on the reconstruction.¹

Focus of this is on the COVID-19 related investments as undertaken and proposed by the EBRD, World Bank Group, EU/EIB, and the Asian Development Bank. The initial emergency response by IFIs falls outside the scope of this study.

In the study the following questions are considered:

- Which elements of the IFI backed COVID-19 response are most interesting for Dutch suppliers?
- Which Dutch suppliers of health expertise, equipment or infrastructure may be well positioned to participate in the IFI backed COVID response?
- How can Dutch suppliers best develop these new opportunities created by the IFI backed COVID response in the two countries?

The study was conducted from November 2021 to March 2022. The research has been based on desk research and (virtual) interviews with companies, representatives and staff of IFI's and implementing authorities in the countries.

As much as possible online interviews with representatives of the IFIs were held to add background and more information on the actual status and priorities of the projects. In total 15 interviews were held with staff from IFIs and several Dutch companies active or interested in the countries.

The work benefitted greatly from the support provided by the Netherlands' Embassies in Moscow and Bucharest.

This report starts in chapter 1 with an overview of the main policy responses to COVID-19 by the main IFIs.

support from a dedicated program 'SIB Alternative Markets'. For more information:
<https://www.rvo.nl/subsidies-financiering/sib/alternatieve-markten>

¹ The program *Support International Business (SIB)* administered by RVO supports companies to enhance their commercial opportunities abroad. Companies financially affected by the war in Ukraine or the sanctions against the Russian Federation can request

In the following chapters the situation and opportunities in Uzbekistan (chapter 2) and Romania (chapter 3) are presented.

Chapter 4 provides a summary of the opportunities of IFIs in the two countries. It also includes a discussion on how companies and RVO may want to develop these opportunities.

The annexes contain concrete information for follow-up in the two countries including an overview of ongoing and planned projects by IFIs and lists of organisations and contact persons that could be of further help pursuing these new opportunities.

This report has been prepared by Orange Health Consultants (OHC), a health care advisory, based in Rotterdam, The Netherlands.

How IFIs responded to COVID-19

IFIs covered

This study considers the following international financial institutions:

- World Bank Group, including the International Finance Corporation (IFC)
- Asian Development Bank (ADB)
- European Bank for Reconstruction (EBRD)
- European Investment Bank (EIB)
- European Union (EU)

The European Union has been added as an important donor in the countries but is technically not an IFI.

COVID-response by IFIs

At the start of the outbreak of COVID-19 the IFIs came up with short term support to their recipient countries. In general initial support started with funding and sourcing of Personal Protective Equipment (PPE), building up COVID test capacity and respiratory support equipment. Often this was closely followed up by budget support measures to help governments counter gaps in financing due to increased outlays on social assistance or to make up for declining government revenues due to reduced economic activity.

These activities were often financed by expanding and restructuring already existing programs in the countries. After the first couple of months separate and dedicated programs started to emerge adding also new topics such as emergency care, ICU, waste management, ventilation.

Over the course of 2021 a shift towards availability and distribution of vaccines became apparent. The vaccination effort was coordinated at global levels through dedicated funding arrangements.

A brief overview of the main approach and the amounts involved for the main IFIs is summarised below:

World Bank Group

World Bank Group (WBG) support focuses on helping countries address the crisis and transition to recovery through a combination of saving lives; protecting the poor; securing foundations of the economy; and strengthening policies and institutions for resilience.²



Source: WBG: *Responding to the covid-19 pandemic and rebuilding better (2021)*

During the 15-month period from April 2020 through June 2021, the World Bank Group deployed over **\$157 billion** to help governments and

² www.worldbank.org/coronavirus

the private sector in developing countries.

World Bank financing to governments includes:

- Commitments of \$53.3 billion from IDA, the fund for the poorest countries;
- Commitments of \$45.6 billion from IBRD, to middle- and low-income countries;
- IFC and MIGA private sector financing includes:
 - \$42.7 billion from IFC, to private companies and financial institutions; and
 - \$7.6 billion in gross issuance of MIGA guarantees

The funding commitments by the WBG target different activities and sectors, in particular:

- **Vaccines.** The Bank is supporting access to vaccines, both through COVAX and directly from manufacturers. A \$20 billion financing envelope over two years is helping countries purchase vaccines, set up systems for deployment, local distribution and building capacity for local manufacture of vaccines;
- **Health systems.** World Bank investments and policy support are helping countries strengthen health systems for the long term, building resilience to address future pandemics, e.g. through expanded financing for disease surveillance in West and Central Africa;
- **Protecting poor and vulnerable.**
 - Scaling up social protection through assistance to cash transfer programs;
 - Helping countries return students to school, recover from learning losses, e.g. by investing in remote learning, reducing dropout rates, providing remedial instruction, and offering psychosocial support for teachers, students, and families; and
- Providing food security by scaling up emergency safety nets and providing support for livelihoods.

- **Support to businesses.** In low- and middle-income countries, many business need help to stay in business and preserve jobs.
 - IFC launched an \$8.4 billion Fast-Track COVID-19 Facility to provide liquidity to existing clients. Much of IFC's funding is going to micro, small, and medium enterprises;
 - MIGA's \$6.5 billion COVID-19 Response Program has helped investors and lenders mitigate the impact of the crisis in emerging markets and developing economies;
 - Improving internet connectivity infrastructure which is critical for economic and social development.
- **Rebuilding better.** WBG will provide continued macroeconomic support, but also reforms that bolster growth prospects aimed at sustainable infrastructure and strengthening policies and institutions.

European Union

The EU and its member states are working together to reinforce national healthcare systems and contain the spread of the virus. At the same time, the EU and its member countries are taking action to mitigate the socio-economic impact of COVID-19 and support the recovery.

The main actions taken at EU-level to coordinate the fight against the pandemic and its effects include:

- Supporting healthcare systems and protecting public health
- Providing safe and effective COVID-19 vaccines;
- Responding to the economic fallout caused by the pandemic and fostering recovery;
- Coordinating on travel measures within the EU during the pandemic;
- Helping partners around the world.

Since 2020 the EU has directed EUR 20 billion for mitigating the COVID impact globally under its ‘Team Europe’ approach with a major role for the EBRD and the EIB.

For the member states themselves the EU agreed a separate **Recovery and Resilience Facility (RRF)**. The aim of the Recovery and Resilience Facility is to mitigate the economic and social impact of the coronavirus pandemic and make European economies and societies more sustainable, resilient and better prepared for the challenges and opportunities of the green and digital transitions.³

The RRF is the key instrument at the heart of NextGenerationEU. It will provide up to €800 billion (in current prices) to support investments and reforms across the EU.

The Facility is structured around six pillars: green transition; digital transformation; economic cohesion, productivity and competitiveness; social and territorial cohesion; **health**, economic, social and institutional resilience; policies for the next generation.

The RRF defines health including those policies and investments that *‘increase crisis preparedness and crisis response capacity, in particular by improving business and public service continuity, the accessibility and capacity of health and care systems.’*

To benefit from the support of the Facility, Member States submit their recovery and resilience plans to the European Commission. Each plan sets

out the reforms and investments to be implemented by end-2026 and Member States can receive financing up to a previously agreed allocation.

Access to the funds of the Facility is managed through the country’s specific projects and policies and dependent upon national implementation arrangements.

EIB

The EIB Group created the European Guarantee Fund (EGF), a EUR 25 billion fund in response to COVID-19. This guarantee fund enables the EIB Group – in partnership with local lenders and national promotional institutions – to scale up its support to small and medium-sized companies (SMEs) and others in the real economy by mobilising up to €200 billion.⁴

The EIB Group has €8 billion available for investments in the health care sector. This is available for medical infrastructure, further research, or other vaccine- and cure-related financing. Since the EIB Group would finance or guarantee parts of projects, it is expected that this €8 billion will mobilise an even higher figure in supported investments.

EIB is also working on making another €5 billion available for coronavirus support to countries around the world (including non-member states) - to support healthcare infrastructure, as well as to maintain access to finance for impacted SMEs.

³ More information on the RRF, see: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en#the-recovery-and-resilience-facility

⁴ https://www.eib.org/attachments/publications/eib_egf_flyer_en.pdf

EBRD

Traditionally, the health sector is not a key-sector of support for the EBRD. EBRD-financing predominantly focuses on sectors such as agri-business, infrastructure and transport. Health sector investments include support to companies producing medical goods and occasionally health infrastructure such as hospitals.

The EBRD was the first IFI to approve a comprehensive series of response and recovery measures in a so-called Solidarity Package.⁵

The Package includes:

- A Resilience Framework for providing finance to meet the short-term liquidity and working capital needs of existing clients;
- Expanded financing under the EBRD's Trade Facilitation Programme;
- Fast track restructuring for distressed clients;
- The Vital Infrastructure Support Programme to help meet essential infrastructure requirements, including financing for working capital, stabilisation and essential public investment.

ADB

The Asian Development Bank's (ADB) COVID-19 response consists of a \$20 billion package announced in April 2020 and the \$9 billion Asia Pacific Vaccine Access Facility (APVAX) announced in December 2020.⁶

ADB's initial \$20 billion COVID-19 response package supports its developing member countries in countering the severe macroeconomic and health impacts caused by COVID-19, including \$2.5 billion in concessional and grant resources, as well as \$2 billion earmarked for the private sector.

About 50 percent of the funds is being spent in Southeast Asia. Approximately 10 percent or \$2.7 billion is directed towards investments in the health sector itself.

ADB's \$9 billion APVAX vaccine initiative offers rapid and equitable support to its developing member countries as they procure and deliver effective and safe COVID-19 vaccines.

⁵ <https://www.ebrd.com/what-we-do/coronavirus>

⁶ <https://www.adb.org/what-we-do/covid19-coronavirus>

Uzbekistan

Health Sector in Uzbekistan

Uzbekistan is a lower-middle-income, mineral-rich, landlocked country with the largest population of about 33 million in Central Asia. Over the past decade, Uzbekistan experienced high and stable economic growth rates (over 7 percent) and has gradually diversified its economy. Official poverty estimates have declined from 27.5% in 2001 to 11.4% in 2018. Gross national income per capita rose from USD 560 in 2001 to USD 2,111 in 2019.

In 2017 the Government of Uzbekistan started a radical transformation of Uzbekistan's economy after 26 years of a closed, statist model. Economic policy was reoriented towards a competitive, market-led, private sector economy. Simultaneously, a series of social and political reforms have focused on changing the public sector to be responsive, citizen-centric, and focused on delivering high-quality public services for all citizens.

The quality of health services and the efficiency of service delivery is reported to have substantial scope for improvement. Public financing accounts for about 2.8 percent of GDP while private spending is almost as large at 2.6 percent of GDP. Private spending is almost exclusively through Out-of-Pocket Payments which brings about large inequities regarding financial access to health services.

Life expectancy at birth in Uzbekistan in 2015 was 69.4 years compared to 76.8 years for European countries. A main reason for this lower life expectancy is the growing incidence of noncommunicable diseases (NCDs),

in particular cardio-vascular diseases, which are the main cause of mortality.

Key challenges in the health care system of Uzbekistan include a.o.:

1. the lack of a well-functioning emergency care system;
2. the lack of an effective primary care system;
3. lack of modern equipment and skills in hospital care to deal with priority diseases such as in cardiovascular care;
4. Necessary upgrade of skills and abilities of available human resources in health needed.

It is believed that the relatively young age structure of the population and the extensive network of facilities has helped the response to COVID-19. However, specific gaps in preparedness and response to COVID-19 include matching a rapidly increasing need for active case finding, contact tracing and isolation and case management capacity.

Adequately trained health personnel and laboratory capacity is generally lacking. Capacity for oxygen therapy and ventilator equipment has been insufficient. Capacity for 'regular' care has decreased as a result of occupancy by COVID patients and the burden of COVID-19-infected health personnel, which limits effective capacity.

Impact of COVID-19

The official direct impact of COVID-19 on Uzbekistan could be considered relatively mild when compared to other countries. However, it is widely understood that official statistics are not complete, and the actual impact is likely to be much higher than captured in the statistics.

An important reason for this is the lack of testing capacity and the subsequent underreporting of both cases and COVID-19 related death.

According to the WHO in Uzbekistan, from 3 January 2020 to 31 January 2022, there have been 224 thousand confirmed cases of COVID-19 with 1,568 deaths reported. As of 23 January 2022, a total of 39,299,200 vaccine doses have been administered.

According to an estimate of The Economist based on excess death, approximately 36 thousand deaths could be associated with the COVID-19 pandemic in Uzbekistan as of the beginning of January 2022.⁷

The Government's response to the pandemic is generally considered positive by the international community. Some of the measures taken include:

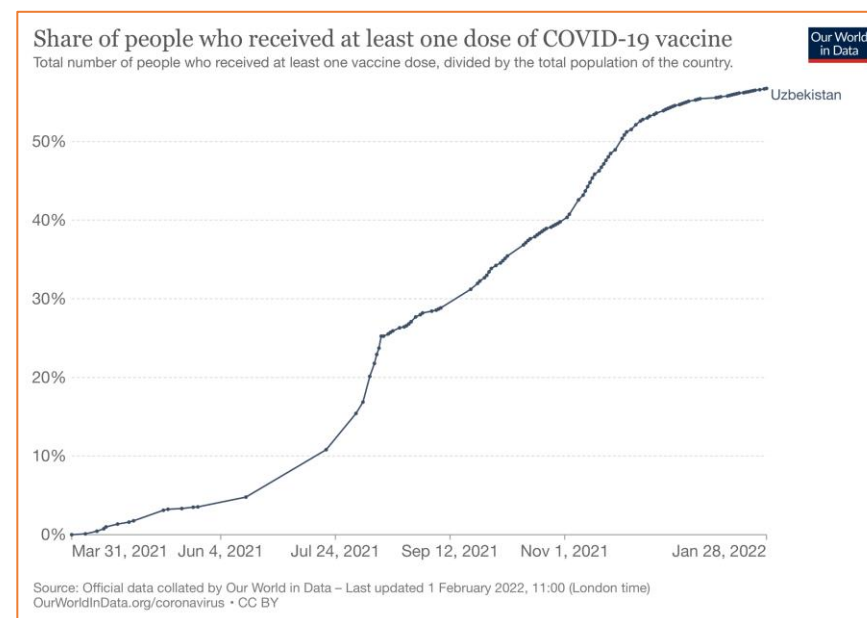
- Creation of the USD 1 billion Anti-Crisis Fund;
- Expanded funding for healthcare;
- Increase in the number of families receiving social benefits;
- Assistance to affected businesses and entire sectors through a wide array of tax holidays and other benefits, such as interest waivers, extended reporting deadlines, maturity of loans, moratorium on bankruptcy procedures; and
- Continued efforts to maintain focus on the country's SDG priorities

The pandemic has had serious economic and social consequences, including:

- Approximately 900,000 people, of whom 500,000 are children, have fallen into poverty due to the crisis;
- About 475,000 small businesses were closed temporarily;

- The pandemic exposed the acute need to develop an adequate mechanism of social security applicable to workers in the informal sector;
- The greatest challenge in the health sector, beside maintaining a concerted COVID-19 response, is the continuation of essential health services, particularly for the most vulnerable.

Uzbekistan adopted a National COVID-19 Vaccination Roadmap, and a vaccination campaign started in February 2021. At the end of January 2022 more than 50 percent of the population had received at least one of COVID-19 vaccines.

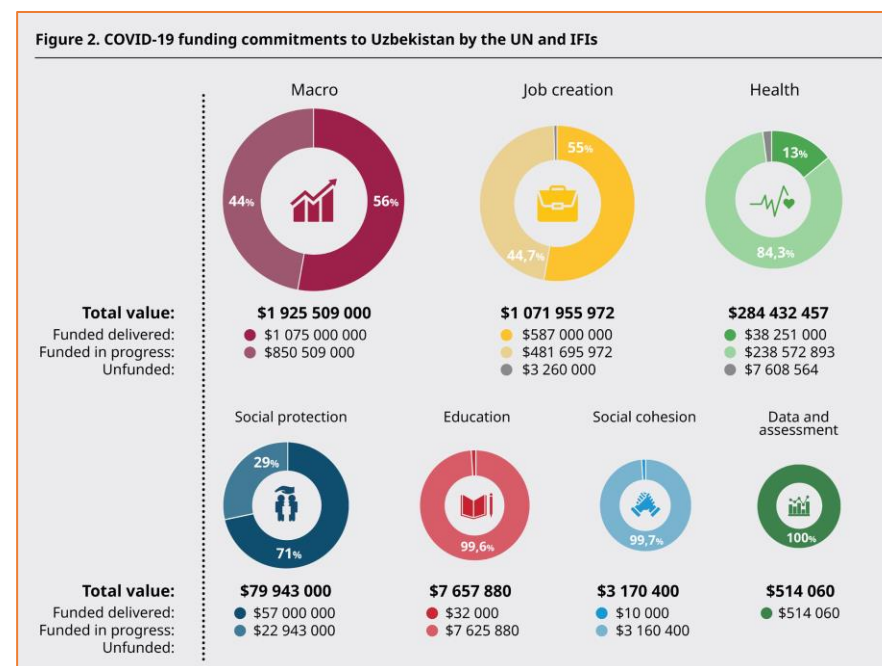


⁷ Daily updates on excess death are provided by The Economist (subscribers only)
<https://www.economist.com/graphic-detail/coronavirus-excess-deaths-estimates>

As in other countries the status of healthcare workers is weak. Temporary bonuses introduced by the Government have partly remedied the situation for healthcare workers involved in the COVID-19 response. Healthcare workers continue to lack healthy and safe working conditions, in particular due to the lack of sufficient personal protective equipment, effective infection prevention, workload control mechanism at the workplace as well as support for professional mental health services.

Response by IFIs

According to UN statistics approximately USD 2.5 billion has been committed by UN and IFIs to Uzbekistan for the COVID response. Most of the funding has gone to macro-economic assistance and support to employment. The health sector received commitments of USD 284 million.



World Bank

In April 2020 the World Bank quickly responded to provide USD 95 million in lending to support the Government of Uzbekistan's COVID-19 response in the health sector. The purpose of this Emergency COVID-19 Response Project in Uzbekistan is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The project consists of three components. The first

component strengthens the national health system to respond to COVID-19. The second component provides financial support to individuals and households. The third consists of implementation management and monitoring and evaluation (M&E).

Summarising the main categories of expenditure under the World Bank COVID lending the following categories are important⁸:

- Vaccines supply
- Improve oxygen supply and distribution
- Expanding and upgrading test capacity (labs)
- Occupational Health
- PPE
- Emergency care

The World Bank is implementing also two separate, regular projects in Uzbekistan. The first is the Health Systems Improvement Project launched in 2012. This project is still active but received the last additional financing of 93 million in 2014.⁹

The second project is an Emergency Medical Services Project which was introduced in 2019 with a total value of USD 100 million.¹⁰

In December 2021 a Deep Policy Loan (DPL) was approved with a value of USD 400 million. Objectives are not COVID-related and aim to support a faster and more equitable economic transition through (i) stronger market institutions and better management of state-owned enterprises; (ii)

improved fiscal transparency and accountability; and (iii) increased economic and social inclusion, especially of women and persons with disabilities.

International Finance Corporation

The International Finance Corporation has a mandate to support the private sector in lower- and middle-income countries. In its COVID-19 response IFC is paying attention to mitigating impact for a.o. sub-national governments and the waste management sector.

In particular this last sector may qualify for additional support to reduce the impact of increased infectious waste as a result of the pandemic in hospitals, laboratories, testing centres and waste management handlers.

IFC has no ongoing health care sector projects in Uzbekistan.

EBRD

EBRD is very active in Uzbekistan through projects in sectors such as agriculture, energy, transport and financial institutions. There is no focus on health care investments.

Occasionally, EBRD considers investments in smaller private facilities such as clinics, medical equipment and renovations. In 2020 EBRD provided a USD 2.8 million senior-secured loan to finance the acquisition of a third production line for the manufacturing of single-use medical gloves JV Healthline LLC.

⁸ For more detailed project information including recent procurement see:
<https://projects.worldbank.org/en/projects-operations/project-detail/P173827>

⁹ For more detailed project information including recent procurement see:
<https://projects.worldbank.org/en/projects-operations/project-detail/P133187>

¹⁰ For more detailed project information including recent procurement see:
<https://projects.worldbank.org/en/projects-operations/project-detail/P159544>

EIB

The European Investment Bank is active in Uzbekistan since 2017, working in line with the European Neighbourhood Policy (ENP), the Eastern Partnership (EaP) and other EU bilateral agreements.

EIB operations focus on financing transport, small and medium-sized enterprises (SMEs), energy efficiency as well as municipal and social infrastructure. In 2020 EIB provided a EUR 82 million support for SME assistance in response to COVID.

Currently EIB is appraising a EUR 100 million investment loan to support the Republic of Uzbekistan in containing the COVID-19 pandemic with health emergency measures and pandemic preparedness interventions. The proposed operation supports healthcare emergency investment to strengthen Uzbekistan's medical health system with dedicated equipment and infrastructure for the period 2020-2024.

EU

The European Commission in cooperation with the European Financing Institutions (EFI) developed in 2021 a new Multi-annual Indicative Programme 2021-2027 (MIP) for Uzbekistan.¹¹

The MIP programming exercise identified numerous opportunities and challenges. The MIP will focus on four areas:

1. Democratic governance and rule of law
2. Realisation of Paris Climate Agenda
3. Agri-food sector
4. Rural livelihoods

¹¹ MIP-document:

https://www.eas.europa.eu/sites/default/files/eud_mip_brochure_eng_compressed1_0.pdf

¹² For more project information including recent procurement opportunities see:

<https://www.adb.org/projects/50190-002/main>

The MIP does not include targeted interventions in the health sector.

Since 2020 the EU has directed EUR 20 billion for mitigating the COVID impact globally under its 'Team Europe' approach with a major role for the EBRD and the EIB. This includes the financing through EIB and EBRD.

ADB

The Asian Development Bank has four health sector related projects in Uzbekistan. The projects are in different stages of development.

In 2017 a Primary Health Care Improvement project with a budget of UDS 45 million was started. The project focuses on maternal care and is scheduled to be completed in 2022.¹²

In June 2020 the ADB approved a Countercyclical Support Facility Loan to the Republic of Uzbekistan for the COVID-19 Active Response and Expenditure Support Program.¹³ The program provided budget support to enable the government to undertake countercyclical expenditures to (i) strengthen the health system capacity to combat the spread of COVID-19; (ii) support businesses, employment, and job-creating regional public works; and (iii) expand social safety nets. The total value of the ADB financing is USD 500 million. USD 75 million is set aside for disease control and USD 50 million is targeted towards health system development. The program closed at the start of 2022.

In December 2020 the ADB expanded its support to Uzbekistan with a loan of USD 100 million to the COVID-19 Emergency Response Project.¹⁴ The

¹³ For more information: <https://www.adb.org/projects/54160-001/main>

¹⁴ For more information: <https://www.adb.org/projects/54282-001/main>

project is for 50 percent co-funded by the Asian Infrastructure Investment Bank (AIIB) and the total project budget amounts to USD 200 million. The project targets the following three intervention areas:

1. Strengthening and renovation of the national laboratory system
2. National surveillance and response system
3. Expanding COVID-19 treatment capacity.

A tentative procurement plan for the full project is also available on the project's ADB website.

According to ADB-staff interviewed the Government of Uzbekistan is currently negotiating the implementation arrangements of the project. Activities are expected to start in the second half of 2022. The original implementation period, as the project is linked to COVID-measures, was limited to July 2022. However, it is expected that the project will receive an extension of up to two years maximum.

ADB-staff also informed that a fourth project is under development since 2019 and will target integrated perinatal health care.¹⁵ The project budget is estimated at USD 100 million. The project is planned to commence after the COVID Emergency Care project has been completed, which means it could start in the course of 2024.

Summarising the main categories of expenditure under the ADB COVID lending the following categories are important:

- Laboratory equipment (PCR-testing)
- Emergency care, including medical equipment and ambulances
- E-health (IT hardware and software)
- Capacity building (training)

Opportunities for Dutch companies

The overview of the COVID-response by the IFIs and ongoing active projects in Uzbekistan reveals interesting opportunities for Dutch health care companies that are willing engage with Uzbekistan.

The EBRD, IFC, EIB and the EU have limited to no direct involvement in the health sector in Uzbekistan. However, both World Bank and ADB have sizeable portfolios of ongoing and planned projects.

Dutch companies may be interested in the following particular activities and supply components planned under the projects undertaken by the IFIs. A brief summary of the projects' procurement plans (where available) shows opportunities in:

World Bank

- Upgrading and expanding ICU-capacity including improving oxygen supply and distribution;
- Expanding and upgrading test capacity (labs);
- Waste management: planning, equipment and training;
- Improving emergency care, including enhanced surgical capacity, surgical instruments, operating theatres;
- Angiography;
- Imaging including CT and MRI;
- Setting up and equipping dispatch centres for emergency care;
- Videoconferencing facilities;
- Various training and consultancy opportunities in these areas as well as for procurement support.

¹⁵ For more information: <https://www.adb.org/projects/52340-002/main>

ADB

The procurement plans of ADB are less specific but do mention:

- Renovation and equipping of laboratories including PCR-testing;
- Equipment for medical waste; Digitisation of laboratories;
- Set-up of nation-wide disease surveillance system;
- Dental chairs;
- Ophthalmologic equipment and instruments;
- Various training and consultancy opportunities in these areas as well as for procurement support.

For all these opportunities the respective procurement plans of the projects of WB and ADB specify when and how the procurement is planned.

Regular updates of the procurement plans are provided online.

However, if one is really interested it is advisable to contact the respective WB and ADB offices to make sure your company's interest is known and to be able to receive informal requests and up to date procurement information also directly. RVO is a valuable resource for Dutch companies and can provide further support when needed.

Doing business in Uzbekistan

In Autumn 2021 an extensive report on *Opportunities for Dutch Businesses in Uzbekistan* was published.¹⁶ The report was commissioned by the Netherlands Enterprise Agency RVO and the Embassy of the Kingdom of the Netherlands in Moscow, Russia.

The report included an analysis of the health sector not only focusing on the IFIs and their COVID-response.

The report also includes valuable suggestions for Dutch companies on how to do business in Uzbekistan covering issues on participation in public tenders, competition, networking, language and cultural barriers, and payment terms amongst others.

¹⁶ www.rvo.nl/sites/default/files/2021/07/Market%20Research%20Uzbekistan_0.pdf

Romania

Health Sector in Romania

Romania is an EU Member State with a population of about 19.2 million inhabitants. Average annual per capita income is around USD 16,000.

Life expectancy in Romania is among the lowest in Europe, and the COVID-19 pandemic reversed some of the gains made since 2000. There is a marked gender gap, with women living almost eight years longer than men. Cardiovascular diseases are the leading causes of mortality while lung cancer is the most frequent cause of cancer death.

Health spending in Romania increased in the last decade but remains the second lowest in the EU as a whole – both as a share of GDP (~ 5.8%) and per capita (~ USD 750). About 44 % of health spending was allocated to inpatient care in 2019, which is the highest proportion among EU countries.

Although the public share of health spending is high and in line with the EU average, out-of-pocket are above the EU average and dominated by outpatient pharmaceutical costs.

The pandemic showed again the importance of strengthening primary care, preventive services, and public health, in a health system currently heavily reliant on inpatient care.

Health workforce shortages and high out-of-pocket spending are key barriers to access. The COVID-19 pandemic stimulated the creation of several electronic information systems to manage overstretched health

resources better, and these may offer avenues to future health system strengthening.

The *preventable* mortality rate is the third highest in the EU and can be attributed mainly to cardiovascular disease, lung cancer and alcohol-related deaths. Mortality preventable from treatable causes is more than double the average of the EU and includes deaths from prostate and breast cancers that are amenable to treatment.

Before the pandemic Romania invested significantly in the health sector albeit from a low base, but COVID-19 put great pressure on the system.

About 44% of health spending in Romania was allocated to inpatient care in 2019 (an increase of 3 percentage points since 2010). This is the highest proportion among EU countries, for which the average stands at 29%. In absolute terms, per capita spending on outpatient pharmaceuticals and medical devices (EUR 353 per year) is among the lowest in the EU. Inpatient care and pharmaceuticals are relatively expensive activities in the health care system.

Despite efforts to strengthen primary care, the proportion of health spending devoted to primary and ambulatory care (18.6%) remains the second lowest in the EU and is also the second lowest in absolute terms. In 2018-19, Romania introduced new cancer screening programmes, yet per capita spending on prevention has continued to decline, and is the second lowest in the EU

Impact of COVID

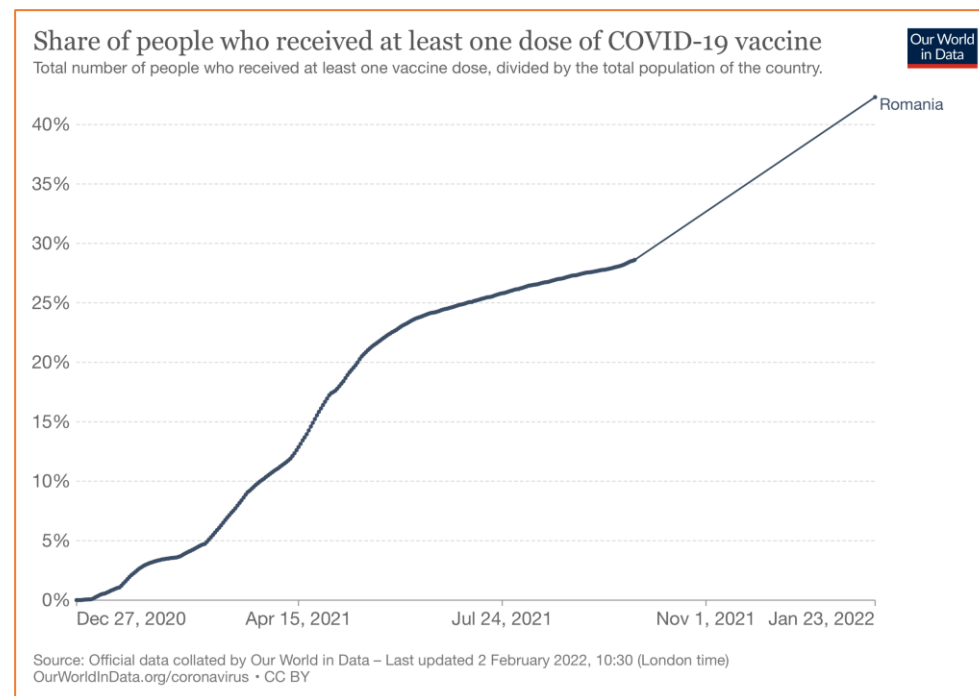
In Romania, as in many other countries, the actual number of deaths from COVID-19 is likely to be higher than the number of reported deaths, close to 60,000 as of the end of January 2022 because of limited testing, as well as issues related to the attribution of cause of death early in the pandemic.

The number of COVID-19 deaths also does not include possible indirect deaths – for example, those arising from reduced access to health services for non-COVID-19 patients and fewer people seeking treatment due to fear of catching the virus.

According to an estimate of The Economist based on excess death, approximately 112 thousand deaths could be associated with the COVID-19 pandemic in Romania as of the beginning of January 2022.¹⁷

Romania experiences considerable difficulty in its vaccination campaign. At the end of January 2022 only about 40 percent of the population had received at least one shot of the COVID-19 vaccines. Although the vaccination campaign was technically well-planned widespread vaccine hesitancy among the population has stalled progress.

During 2020, the Romanian Ministry of Health paid for some of the COVID-19-related costs not covered by the National Health Insurance Fund, such as medicines, equipment, and consumables. It also covered the cost of isolating COVID-19 patients in specially designated facilities.



The government introduced a legislative budget adjustment to ensure availability of funds needed to pay for COVID-19 services, including bonuses for health workers treating COVID-19 cases and salary increases for those dealing with prevention and control measures.

Alongside reallocations from the national budget, additional funds came from the European Commission, consisting of unspent allocations from the European Structural and Investment Funds from 2019 (around EUR 483 million) and 2020 (around EUR 637 million). These funds were used for the procurement of personal protective equipment (PPE), tests and medical

¹⁷ Daily updates on excess death are provided by The Economist (subscribers only)
<https://www.economist.com/graphic-detail/coronavirus-excess-deaths-estimates>

equipment, home medical and social services for older people, hygiene products for vulnerable groups, and bonuses for health workers. Additional funds and in-kind contributions came from donations and charity.

Response by IFIs

The inventory of COVID-19-related project activities benefitted greatly from online interviews with representatives and staff of most of the IFIs.

World Bank

Even after membership of the EU The World Bank kept playing an active role in supporting the development of the health sector in Romania.

In 2014 the ‘Health Sector Reform’ project started and it is still ongoing.¹⁸ With a cumulative commitment of EUR 400 million the project focuses on:

1. strengthening key hospitals that will become the backbone of the hospital networks;
2. implementing specialized secondary ambulatory care;
3. enhancing primary health care services at the community level and long-term care.

The existing project structure was used for channelling two tranches of COVID-19 support (USD 250 million) in 2020 and 2021. The first tranche focusing on medical equipment, laboratory equipment and supplies. The second tranche aims to improve intensive care units and is still ongoing.

In Spring 2021 an additional financing of USD 150 million was agreed for additional COVID-19 support and further strengthening of burns units in selected hospital. No procurement plans have been published online so far. However, the investments are likely to focus on the following components:

1. Support to two burn centres in Targu Mures and Bucharest, including technical designs, operating theatres, ICUs and training of staff;
2. Updated telemedicine system for all emergency departments, including communication, IT-equipment, software and training;
3. Equipment for cervical cancer screening centres including medical and laboratory equipment (and associated training) for eight regional centres and their network of 48 hospitals;
4. Support to the development of standards and protocols, the development of HTAs, the implementation of surveys and studies informing evidence-based health policies.

According to WB-staff in Bucharest this latest component of the Health Sector Reform project is expected to be concluded in 2024.

The World Bank is also financing the health sector in Romania through the ‘Program for Results.’¹⁹ This program has a sectoral budget modality directly financing the country’s health budget with USD 500 million over a period of three years. Progress and disbursements are linked to 8 sets of health system indicators. The program is expected to run for three years starting in 2023. Procurements of goods and services supported by the financing will be managed under regular procurement procedures of the Romanian Ministry of Health.

¹⁸ For more information: <https://projects.worldbank.org/en/projects-operations/project-detail/P175632>

¹⁹ For more information: <https://projects.worldbank.org/en/projects-operations/project-detail/P169927>

International Finance Corporation

IFC is not active in public sector financing in the health sector in Romania. IFC-staff indicated that the actual scope for financing social infrastructure at municipal level is severely restricted by Romanian financial regulations limiting new investments to EUR 250 million per annum. Another restriction is that a municipality is limited to receive a maximum of EUR 20 million per year. This leaves little scope for IFC which uses EUR 20 million more or less as the minimum size of any investment.

Despite these restrictions IFC is trying to push a PPP-approach to hospital care. It is negotiating with two municipalities for the renewal of two hospitals testing the waters with a pre-feasibility study for one of them. This effort is despite the limited success of PPP in Romania and a legal framework that is still absent awaiting cabinet and parliamentary approvals.

IFC has been active in the private health care sector financing Medlife S.A. a health sector company listed on the Bucharest Stock Exchange.

EBRD

EBRD is active in Romania through projects in sectors such as agriculture, energy, transport and financial institutions. There is no focus on health care investments.

The 2020-2025 strategy of EBRD in Romania highlights:

- Promote Investment in Sustainable Infrastructure and Regional Development;
- Support Productivity through Corporate Expansion and Skills Upgrade; and

- Expand Financial Intermediation and Capital Markets.

Like in other countries EBRD is active in it is possible that health infrastructure may become part of public sustainable infrastructure projects focusing on waste management and energy efficiency.

EIB

EIB's country office in Romania is the largest of EIB with approximately 40 professional staff. The EIB had not been active independently in the health sector until 2016. Since then it has been engaged in developing plans for three regional emergency hospitals to help decentralise emergency and tertiary care away from Bucharest.

The hospitals, each with a capacity of about 800 beds are planned in the towns of Iasi, Cluj and Craiova.^{20,21,22} The hospitals will be teaching hospitals with university research capacity.

Total financing by EIB for these three hospitals is expected to be above EUR 800 million. According to EIB-staff in Bucharest temporary COVID-19 rules allow EIB to finance projects beyond 50 percent. Total investments for the three hospitals are estimated at around EUR 1.5 billion.

Loan agreements for two of the three hospitals have been signed in 2021. The tender procedure for the design of the hospital was started in 2021. Eight consortia applied and tender procedures are expected to enter the final selection stage in the first half of 2022, according to EIB's Bucharest office.

²⁰ For more information on Iasi: <https://www.eib.org/en/projects/pipelines/all/20200204>

²¹ For more information in Cluj: <https://www.eib.org/en/projects/pipelines/all/20200892>

²² For more information on Craiova: <https://www.eib.org/en/projects/all/20200893>

Considering the scarcity of expertise for large capital investments in public infrastructure within the Romanian Government a separate agency, called the National Company for Investment (NCI), under the Ministry of Regional development supports the implementation of large public investment projects. As part of its enhanced COVID-19 support package EIB provided a loan of EUR 200 million for the work of the NCI in 2021.

EIB expects that substantial foreign support and expertise will be needed in the planning and implementation of the new hospitals in the coming five to ten years. EIB will be involved through its own technical staff as well as by drawing upon framework contracts for technical expertise maintained by EIB. EIB publishes tender opportunities through regular EU and international communication on public contracts. It does not publish detailed procurement plans in advance.

EU

Romania is an EU Member State and as such eligible for financing under the Recovery and Resilience Facility (RRF) of the EU. The RRF is the key instrument at the heart of NextGenerationEU. It will provide up to €800 billion (in current prices) to support investments and reforms across the EU.

In September 2021 the European Commission adopted a positive assessment of Romania's recovery and resilience plan.²³ Under this plan the EU will disburse €14.2 billion in grants and €14.9 billion in

loans to Romania. This financing will support the implementation of the crucial investment and reform measures outlined in Romania's recovery and resilience plan.

According to the detailed implementation plan annex the support to the health sector will consist of three policy areas and two investment actions.²⁴

1. Increased capacity for the management of public health funds by stronger linking quality of care to financial management;
2. Increased capacity to undertake investments in health infrastructure, a.o. by setting up the National Agency for Development of Health Infrastructure (ANDIS)
3. Increased capacity for health management and human resources in health
4. Investment 1: Development of pre-hospital medical infrastructure, including a.o. mobile clinics and first-line infrastructure
5. Investment 2: Development of public hospital infrastructure including 25 new hospitals, medical equipment and neo-natal ICUs

In total an amount of approximately EUR 2.5 billion will be spent on the health sector in the period between 2021 and 2026 of which:

1. EUR 470 million for digitalisation of health
2. EUR 2 billion for strengthening the resilience of the health system

The implementation of the RRF will follow standard EU and Romanian procurement procedures.

²³ For more information: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-romania_en

²⁴ For more information, see pages 416-451 of: https://gov.ro/fisiere/stiri_fisiere/Annex_to_the_Proposal_for_a_Council_Implementig_Decision.pdf

In addition to the RRF the EU has longstanding funding arrangements for its Member States through the European Regional Development Fund (ERDF) and the European Social Fund (ESF).^{25, 26}

To be financed from these Funds Romania is in the last phase of negotiations with the European Commission for a 4-billion Euro programme called the *Sectorial Operational Programme Health*. The programme contains themes ranging from hospital support, genomics, cancer treatment, population screening to health information.

Complementary EU-programs on health research such as Horizon Europe and EU4Health may provide market entry potential for some Dutch companies.^{27, 28}

ADB

The Asian Development Bank is not active in Romania

Opportunities for Dutch companies

The above overview of the COVID-response and ongoing projects in Romania highlights opportunities for Dutch health care companies that are willing engage with Romania.

The EBRD, IFC, ADB have limited to no direct involvement in the health sector in Romania. In contrast the EU, World Bank and EIB have large portfolios of ongoing and in particular planned projects and investments.

Dutch companies may be interested in the following activities and supply components planned under the projects undertaken by the IFIs. A brief summary of the projects' (procurement) plans (where available) shows opportunities in:

World Bank and IFC

1. Construction and equipping of two burn centres in Targu Mures and Bucharest, including technical designs, operating theatres, ICUs and training of staff;
2. Telemedicine system for all emergency departments, including communication, IT-equipment, software and training;
3. Equipment for cervical cancer screening centres including medical and laboratory equipment (and associated training) for eight regional centres and their network of 48 hospitals;
4. Support to the development of standards and protocols, including the development of HTAs, the implementation of surveys and studies informing evidence-based health policies;
5. IFC: Pre-feasibility study for upcoming PPP-projects for two municipal hospitals to be supported by IFC.

EIB

The procurement plans of EIB are large but less specific at this point in time:

1. Design, construction, equipment, training management support, environmental technology for three regional university hospitals to be financed by EIB.

²⁵ For more information: https://ec.europa.eu/regional_policy/en/funding/erdf/

²⁶ For more information: <https://ec.europa.eu/european-social-fund-plus/en>

²⁷ For more information: https://ec.europa.eu/info/research-and-innovation/funding/funding-opportunities/funding-programmes-and-open-calls/horizon-europe_en

²⁸ For more information: https://ec.europa.eu/health/funding/eu4health-2021-2027-vision-healthier-european-union_en

European Union

Under the Recovery and Resilience Facility unprecedented sums will be invested in the Romanian health between 2022 and 2026.

1. Development of pre-hospital medical infrastructure, including a.o. mobile clinics and first-line infrastructure;
2. Development of public hospital infrastructure including 25 new hospitals, medical equipment and neo-natal ICUs;

In total an amount of approximately EUR 2.5 billion will be spent on the health sector under the RRF.

For all opportunities of the World Bank and IFC respective procurement plans of the projects specify when and how the procurement is planned. Regular updates of the procurement plans are provided online.

Both EIB and EU and the Government of Romania are bound to follow the strict EU procurement rules. This means that all opportunities will be published in the Official Journal of the European Union or more precise in its annex the Tenders Electronic Daily database accessible through:

<https://ted.europa.eu/TED/browse/browseByBO.do>

However, if one is really interested it is always advisable to contact the respective (local) offices to make sure your company's interest is known and to be able to receive informal requests and up to date procurement information also directly. RVO is a valuable resource for Dutch companies and can provide further support when needed.

Doing business in Romania

In 2018 an extensive report on *The Romanian health care sector, commercial opportunities and possibilities for cooperation* was published.²⁹ The report was commissioned by the Embassy of the Kingdom of the Netherlands in Bucharest, Romania.

The report included an analysis of the full health sector not only focusing on the IFIs and their COVID-response.

The report also includes valuable suggestions for Dutch companies on how to do business in Romania, covering issues on market entry and business culture.

²⁹ For more information: <https://www.rvo.nl/sites/default/files/2019/02/The-Romanian-health-care-sector.pdf>

Strategies to win work from IFIs

Dutch health care is consistently ranked among the top countries among member states of the EU. Quality of care, easy access to care, affordable financing and a broad scope of services combined with excellent infrastructure and staff make the Netherlands a country with an enviable health care system.

However, the systemic shock of the COVID-19 pandemic in the Netherlands also showed a lack of preparedness and limited flexibility in response to the crisis in particular with regard to the critical role of municipal public health bureaus which had been neglected for a long time, difficulty in addressing chronic and elderly patients and a relatively slow initial uptake of the vaccination efforts.

In the beginning of 2022 the impact of COVID-19 on the health care system is still large although preventive measures are being discontinued progressively. Considering the large backlog in elective care and the continued vaccination efforts it is likely that key public health players in The Netherlands will remain fully occupied handling the pandemic and its aftermath for the remainder of 2022.

Therefore, it is unlikely that organisations active within the Dutch health care sector itself are able and/or willing to free up capacity to support other countries in their management of the pandemic in the short term.

Involving those organisations as partners, such as insurance companies, general practitioners, public health bureaus, hospitals, NZA, RIVM in an 'integrated approach' – in close collaboration with exporting commercial companies – towards IFIs is therefore probably not realistic in the short term.

The scan of programs and projects supported by the IFIs in Romania and Uzbekistan shows that COVID-19 related projects will continue to provide opportunities in the coming years. However, those programs do include also more regular support to strengthening health systems and health infrastructure. This more regular support often is targeted towards those aspects of the health care system that have shown to be weaknesses in the response to COVID-19, such as:

- emergency care
- intensive care
- laboratory capacity
- ventilation, and
- waste management.

The Dutch *commercial* health care sector has extensive experience and expertise in these areas and established health care companies will have a clear commercial interest to participate in those IFI-supported investments.

However, in addition to the topics mentioned above the projects also include interesting opportunities such as:

1. The construction of three complete university hospitals (EIB) as well as 25 new hospitals (EU) in Romania. This is a unique volume of work in one (EU) country. Dutch architects, engineers, equipment suppliers, IT-providers and consultants may want to band together to participate in these opportunities. On the other hand EU-funded projects often require cross-country cooperation to be successful as consortium;
2. Substantial investments in IT system design, hardware, software and training both in Uzbekistan and Romania. This provides opportunities for new and existing e-health companies in the Netherlands;

3. In Romania cancer screening programs will be reinforced both in hardware and in management;
4. In Uzbekistan disease surveillance will be strengthened by hardware (laboratory) and IT infrastructure;
5. Stricter compliance with environmental standards and norms is increasingly a prerequisite for funding of hospital projects worldwide by IFIs. This provides opportunities for companies active in Environmental & Social Impact Assessments but also for providers of hardware solutions.

Cooperating for success?

Dutch companies have shown to be very capable on their own realising large and important projects overseas, cooperating where deemed necessary.

However, under the banner of COVID-recovery and post-COVID-19 investments a more anticipating form of coordination may be nurtured to increase success and possibly also to broaden the number and scope of companies participating in projects abroad.

To increase visibility and commercial success of Dutch companies in Romania and Uzbekistan RVO could consider a more coordinated approach. Elements of such an approach could include:

1. A joint 'branding' of interested Dutch companies with specific reference to COVID-19 and post-COVID-19 'resilience' efforts. "A Dutch COVID-19 Recovery and Resilience Team/Consortium";
2. Joint approach to IFIs in Romania and Uzbekistan through joint online activities towards the IFIs and possible country visits;

To realise this approach sustained support by RVO-TIO would be beneficial to help initiate cooperation among companies and to liaise with the IFIs in Romania and Uzbekistan.

In such an approach it would be best to distinguish between traditional development banks such as WB and ADB and the institutions affiliated with the EU. The latter have different mandates, objectives and procedures and will need to be approached in a different way. These differences include a more formal and stricter, but predictable procurement process according to European law and a reliance on pre-selected framework contracts for technical services.

ANNEX - Main IFI Programmes by Country

In the main text of the report individual references to project's websites have been added where possible. In the following tables a brief overview of relevant programs is presented as a summary and for easy reference.

Complete detailed project information can be found on the websites of the IFIs themselves or through commercial procurement services such as Developmentex and DevelopmentAID.

Main IFI health programs in Uzbekistan

Title	Organisation
Emergency COVID-19 Response Project in Uzbekistan	World Bank
Budget Support for COVID-19 Response Project in Uzbekistan	Asian Development Bank & Asian Infrastructure Investment Bank
COVID-19 Emergency Response in Uzbekistan	Asian Development Bank
Assessment of Socio-Economic Impacts of COVID-19 and Institutional Strengthening for Policy Responses in Uzbekistan	Asian Development Bank
Health Care Emergency Response Project in Uzbekistan	Asian Development Bank & Asian Infrastructure Investment Bank

Main IFI health programs in Romania

Title	Organisation
Cluj Regional Hospital Project in Romania	European Investment Bank
Iasi Regional Hospital Project in Romania	European Investment Bank
Craiova Regional Hospital Project in Romania	European Investment Bank
Additional Financing to Health Sector Reform Project in Romania	World Bank
Romania Public Sector COVID-19 Response	European Investment Bank

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World Bank	www.worldbank.org/en/country/romania		
European Investment Bank (EIB)	www.eib.org/en/projects/regions/european-union/romania/index.htm		
European Bank for Reconstruction and Development - EBRD	www.ebrd.com/country/romania.html		
European Commission - Representation in Romania	romania.representation.ec.europa.eu/index_ro?etrans=en		
UZBEKISTAN			
Embassy of the Kingdom Netherlands in Moscow, Russian Federation	www.netherlandsworldwide.nl/countries/russian-federation		mos@minbuza.nl
World Bank	www.worldbank.org/en/country/uzbekistan		
Asian Development Bank	www.adb.org/countries/uzbekistan/main		
European Bank for Reconstruction and Development - EBRD	www.ebrd.com/uzbekistan.html		
European Investment Bank (EIB)	www.eib.org		
Delegation of the European Union to Uzbekistan	www.eeas.europa.eu/delegations/uzbekistan_en?s=233		

This is a publication of
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NL Enterprise Agency is a department of the Dutch ministry of Economic Affairs and Climate Policy that implements government policy for Agricultural, sustainability, innovation, and international business and cooperation. NL Enterprise Agency is the contact point for businesses, educational institutions and government bodies for information and advice, financing, networking and regulatory matters.

Netherlands Enterprise Agency is part of the ministry of Economic Affairs and Climate Policy.