



The World Bank

Togo Second Additional Financing to the COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P177956)

Additional Financing Appraisal Environmental and
Social Review Summary
Appraisal Stage
(AF ESRS Appraisal Stage)

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BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Togo	AFRICA WEST	Republic of Togo	Ministère de la Santé, de l'hygiène Publique et de l'accès universel aux soins
Project ID	Project Name		
P177956	Togo Second Additional Financing to the COVID-19 Emergency Response and Systems Preparedness Strengthening Project		
Parent Project ID (if any)	Parent Project Name		
P173880	Togo COVID-19 Emergency Response and Systems Preparedness Strengthening Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	11/22/2021	12/20/2021

Proposed Development Objective

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

Financing (in USD Million)	Amount
Current Financing	8.10
Proposed Additional Financing	25.00
Total Proposed Financing	33.10

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

Yes



C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The proposed Additional Financing (AF) will further support the implementation of Togo National Deployment and COVID-19 Vaccination Plan (NDVP) to reach at least 70 percent of COVID-19 vaccine coverage. It will support the costs of expanding activities of the Parent Project Togo COVID-19 Emergency Response and System Preparedness Strengthening Project (P173880), focused on achieving the Project Development Objectives (PDO) and enhance its impact. As these changes are aligned with the original PDO, the PDO will remain unchanged. The content of the parent project Components and the Results Framework are adjusted to reflect the expanded scale of activities proposed under the AF. Financing from IDA of US\$25 million will support COVID-19 vaccines acquisition and deployment activities. The closing date would be extended from March 31, 2022 to December 31, 2023, to enable further time for the implementation of additional activities. The AF will support the scaling up COVID-19 vaccine through the three components of the Parent Project. To this end, the AF is geared to assist the Government of Togo working with WHO, UNICEF, GAVI and other development partners to overcome bottlenecks as identified in the COVID-19 vaccine purchasing and deployment in the country. Out of the US\$25 million of IDA proposed project financing for vaccination, an estimated amount of US\$ 18.5 million will be allocated to vaccine purchase and US\$ 6.5 million to selected vaccine deployment activities. The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Togo through enhanced vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project. The proposed AF will form part of an expanded health response to the pandemic, which is being supported by development partners under the coordination of the Government of Togo. This AF will finance the scale-up of (i) vaccine and related consumable purchase; (ii) strengthening service delivery to ensure effective vaccine deployment; (iii) monitoring, tracking of vaccines use and recording of any adverse reactions to vaccination; and (iv) social mobilization and community engagement to enhance demand for the COVID-19 vaccine. The parent project structure will be maintained as well as the relevant activities of each Component to continue to support the vaccination campaign in the country:

Component 1: Emergency COVID-19 Response. This component will support the ministry of health with necessary conditions to implement its NDVP. More specifically, support under this AF would further develop the following sub-components:

- Sub-component 1.2: COVID-19 vaccine planning, procurement and distribution. Key activities to be supported include, inter alia : (i) the procurement of additional COVID-19 vaccines via AVATT platform; (ii) provision of more consumables for vaccination and PPE for vaccinators; (iii) provision of drugs, medical equipment and supplies to public health facilities and intensive care facilities within hospitals; (iv) operational costs for the roll out of the vaccination campaign; (v) procurement of climate-sensitive cold room power generator and other equipment required to support low-carbon cold chains (storage, transportation and distribution of COVID-19 vaccines); (vi) provision of drugs to health facilities for AEFI management; (vii) provision of additional laboratory equipment; (viii) low-carbon medical waste management inputs and operationalization; (ix) additional operational costs for the vaccine transportation from central to the regional, district and vaccine sites level; (x) operating costs and other administrative-related costs for supportive supervision and monitoring; and (xi) contingency measures included in the NVDP, such as rehabilitation of central level vaccine storage facilities, to deal with any unexpected disruptions to vaccine supply from climate change and natural disasters (i.e., flooding and extreme heat).

Component 2: Supporting National and Sub-national Prevention and Preparedness. More specifically, support under this AF would further develop the following sub-component.



- Sub-component 2.2: Communication, social mobilization and community engagement to enhance demand for the COVID-19 vaccine. This sub-component will provide additional resources for, inter alia: (i) social mobilization; and (ii) operational costs during the vaccination campaign (per diem, travel, fuel etc.). Both public and private sectors will be mobilized to organize campaigns aimed at promoting a generalized behavior change in favor of COVID-19 vaccination. Moreover, vaccine communication campaigns will build awareness among key population groups about climate-related health risks linked to the COVID-19 crisis.

Component 3: Project Implementation Management and Monitoring and Evaluation (M&E). This component will continue to support the coordination and management of activities under the parent project and its AF, such as additional: (i) support for procurement, financial management (FM), environmental and social safeguards, M&E, and reporting; (ii) training of project management unit and technical consultants; (iii) operating costs for project management; and (iv) distribution of goods purchased. The AF will continue to use the existing project coordinating unit (PCU) for overall administration, procurement, environmental and social aspects, and the FM of the project. It will include additional capacity and expertise as required. The AF will partner and engage with other organizations, particularly WHO and UNICEF, in various roles such as procurement agents and suppliers, and providers of specialized technical assistance.

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

Following the COVID-19 outbreak with its adverse effects on the GDP growth which fell to 1% in 2020 as well as its fatal threats on togolese population, Government of Togo prepared the parent project, COVID-19 Emergency Response and System Preparedness Strengthening project (P173880) using the Multiphase Programmatic Approach (MPA). The project was approved by the Board on April 17, 2020. The project is being implemented at the national, regional, and local levels with the aim of contributing to COVID-19 preparedness, monitoring, surveillance and response. The parent project covers, through the COVID-19 dedicated treatment facilities, six (6) health regions (Savane, Kara, Centrale, Plateaux, Maritime and Grand Lome) which include thirty-nine (39) health prefectures. A first Additional Financing (AF) is being implemented in 59 vaccination centers where the inoculations of the COVID-19 vaccines is taking place in order to give the doses to all eligible people. The populations of the localities situated beyond 5 km from those fixed vaccination centers were also covered as usual by the advanced strategy according to an itinerary and a precise timetable, negotiated with the communities concerned in order to vaccinate as many people as possible, including those located in mountain and remote areas not easily accessible during rainy season because of the bad road.

An intense focus on expanding immunization capacity is necessary to ensure that the country's health systems can effectively implement a comprehensive, and unprecedented, COVID-19 vaccine deployment strategy. This includes a critical assessment of and actions to ensure functional, end-to-end supply chain and logistics management systems for effective vaccine storage, handling and stock management; rigorous cold chain expansion and control; robust service and coverage tracking systems; well-trained, motivated and supervised vaccinators; large-scale communication and outreach campaigns tailored to at household, community and national levels; people-centered service delivery models that can reach different target populations effectively; and effective political leadership. Togo may also need to consider and enhance relevant additional institutional frameworks for the safe and effective



deployment of vaccines, including voluntary vaccination practices; regulatory standards for vaccine quality; guidelines for acceptable minimum standards for vaccine management, the safe management and disposal of sharp waste; and policies to ensure robust governance, accountability and citizen engagement mechanisms.

However, vaccine deployment will be guided by the National Deployment and Vaccination Plan (NDVP) and WHO's Fair Allocation Framework with considerations for vulnerable and marginalized populations. As the COVID vaccine is new, past vaccination behaviors in the health prefectures as well as the social, economic and geographical characteristics of the areas may facilitate vaccine acceptability or underpin skepticism and undermine participation. In the region, low adult literacy especially so for women, high poverty rates, and inadequate access to healthcare services remain constraints. Difficult geographical areas because of poor access roads and bad weather could disrupt cold-chain requirements of vaccines and affect the overall efficiency and effectiveness of the proposed vaccination program especially in rural remote locations. Disease surveillance, vaccination activities and health risks communication may also confront cultural protocols of local communities, and depending on vaccine availability, could further marginalize access to quality healthcare services for vulnerable groups. As per the government's NDVP, the vaccination program is free and voluntary, and provides opportunities for individuals to participate on their own volition without coercion. Also, the project is not expected to impact natural habitats and cultural sites. Civil works (rehabilitation/renovation of vaccine storage facilities) will be brown field activities.

The proposed Second Additional Financing (AF) will further support the implementation of Togo National Deployment and COVID-19 Vaccination Plan (NDVP) to reach at least 70 percent of COVID-19 vaccine coverage by supporting the costs of expanding activities of the Parent Project Togo COVID-19 Emergency Response and System Preparedness Strengthening Project (P173880) and of the first additional financing (P176335). It will mainly support the scaling up COVID-19 vaccine through the three components of the Parent Project, strengthening service delivery to ensure effective vaccine deployment as well as the social mobilization and community engagement to enhance demand for the COVID-19 vaccine.

D. 2. Borrower's Institutional Capacity

The Ministry of Health, Public Hygiene and Universal Access to Care (MHPHUAC) is the implementing agency for the parent project and this AF will be managed through the same arrangement. The Ministry of Numeric Economy is involved in project implementation, particularly with regards to vaccine registration and monitoring digitalization. The parent project and the first AF are coordinated by the Project Coordination Unit (PCU) of REDISSE project, guided by the REDISSE Project Implementation Manual (PIM), including standard project safeguard requirements. The Project implementation has been carried out under the Direction of Disease Control, complemented by other MHPHUAC's technical departments and national programs, as well as the Regional and district hospitals, and Health Centers. The Project Coordination Unit (PCU) of REDISSE project has considerable experience with World Bank financed projects. However, its staff have limited familiarity with the requirements of the Environmental and Social Framework (ESF) even for having worked on two projects (the parent project and its first AF) under this framework. To date, the E&S unit of the PCU has been managing and supervising overall E&S aspects of the Parent Project and the first AF as well as the implementation of the ESCP. Recently, the Environmental Specialist of the E&S Unit, appointed in the PIU in July 2021 has resigned, and the PCU is currently processing the recruitment of a new specialist by the end of January 2022. Meanwhile, and as per his contract, the current environmental specialist will continue supporting the PCU until January 2022. During this period, the Environment specialist of the Essential Quality Health Services For Universal Health Coverage Project, under the same Ministry of health may assist the PCU on environmental safeguards provisions' compliance, as needed.

The environmental and social performance rating for the Parent Project is considered moderately satisfactory. Under the Parent Project, the project achieved with slight delays ESCP material measures and actions, such as the



preparation, consultation, and disclosure of ESF instruments and the E&S audit for the P2 Laboratory of Lome airport was not realized. However, the Parent Project and the first AF have also faced delays on the implementation of some E&S measures and actions(mapping of actors / structures for the management of gender-based violence (GBV), development and implementation of the SEA / SH action prevention and response plan, implementation of the airport’s laboratory P2 due diligence action plan, etc), including the timely delivery of quarterly monitoring reports on environmental, social, health and safety (ESHS) performance. Enhanced oversight from the Bank E&S team has been provided during the early stages of the Parent Project's implementation and will continue to be needed during the implementation of the AF1 and AF2. In general, the environmental and social risk management capacity in Togo is low, including at MHPHUAC. The borrower’s capacity to manage E&S risks and impacts should be improved, by supporting the PIU to build their capacity through trainings, support from third party entities to deliver on the objectives of the COVID-19 response operation. Moreover, given the need for a comprehensive stakeholder engagement and communications strategy in the context of COVID-19 management, specialists in the field of public health awareness and communication drawing from other Bank-financed projects and/or appointed by the borrower, should be included in the project team immediately at the beginning of project implementation. The project must include a communication specialist to carry out efficiently the project communication strategy. Thus, trainings related to infection control and waste management, Covid19 exposure and prevention measures, occupational and community health and safety measures, etc., will be needed specifically at the local level. This is corroborated by the findings of the Vaccine Introduction Readiness Assessment Tool (VIRAT) and the Vaccine Readiness Assessment Framework (VRAF) which identified the need for further technical assistance to MHPHUAC to finalize the training packages including Effective Vaccine Management Assessment (EVMAs) as well as to ensure the adequate cascade training. However, the E&S Unit of the PCU is dedicated to ensuring compliance with the environmental and social commitment plan (ESCP) and supervising the implementation of the recommended environmental and social risk mitigation measures through the preparation of Health Care Waste Management Plans (HCWMPs) and any other requirements that may arise from the present AF. Other entities and sponsors (third parties) such as UN Agencies, NGOs, WHO, UNICEF and GAVI are also involved in the project implementation in supporting the PIU through various activities including: risk communications and safety surveillance; and establishing (or engaging an existing committee) a National Coordinating Committee (NCC) for COVID-19 vaccine introduction with terms of reference, roles and responsibilities and regular meetings, updating vaccine stock management tools and operating procedures to reflect COVID-19 characteristics, establishing/strengthening the national logistics working group with terms of reference and standard operating procedures, providing technical assistance, supporting improvement of the climate-sensitive cold chain and of the waste management.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC) Substantial

Environmental Risk Rating Substantial

Combined with the parent project and the first AF, this second AF will enhance Togolese’s systems for disease surveillance, containment and control of infectious diseases; and specifically finance the procurement and deployment COVID-19 vaccines. An estimated 1 595 352 people - averagely 20 percent of the country’s population- was supposed to receive the first set of vaccines that was procured by the country; starting with health workers - largely women, other essential workers, elderly people (50+ years) and persons with co-morbidities that are highly



susceptible to COVID-19. Over time, the rest of the population will be vaccinated as more vaccines are procured. Additional funds will be dedicated towards training more health care workers on the vaccination program and the risks communication issues. Overall, the first AF project provided positive environmental and social impacts. As of October 17, 2021, 5 percent (425,501 people) of the population were reported to be fully vaccinated and 881,567 people vaccinated with the first dose are waiting for the second one. Along with the positive impacts, the AF activities are expected to increase the scale of adverse environmental and social risks and impacts of the project. The environmental risks rating of this AF as well as the first AF and the parent project remain Substantial due to concerns about occupational health and safety (OHS) for workers and the potential for improper handling and disposal of medical waste and bio-hazards which could injure human health. In addition, there are several short-term risks which are expected to be mostly temporary, predictable and reversible. The main environmental risks of the project include: (i) environmental and community health related risks from the inadequate storage, transportation and disposal of medical waste, because the COVID vaccine, unlike other vaccines are targeted at the whole population and expected to produce significant quantities of medical hazardous waste, generated from labs, quarantine and isolation centers, screening posts, treatment and vaccination facilities to be supported by the AF and constituted of contaminated fluids (e.g. blood), infected materials such as reagents, sharps, syringes, empty vials and laboratory solutions which require special handling and awareness as they may pose a risk of infection for healthcare workers; (ii) occupational health and safety (OHS) issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the Togo in a timely manner; (iii) community health and safety risks, given close social contact and limited sanitary and hygiene services (clean water, soap and disinfectants) and isolation capabilities at healthcare facilities across the country; and (iv) OHS risks related to the rehabilitation of existing vaccine storage facilities. As noted above, the support from the World Bank task team and development partners like GIZ, WHO, and UNICEF, will also enable the MHPHUAC to improve capacity in managing these notable risks and impacts overtime. The ESMF which was developed under the parent project has been updated, redisclosed and and being implemented to address existing and emerging E&S risks and impacts. This second AF will finance the procurement of 2,050,000 doses of Johnson & Johnson vaccine leading to more waste related. The ESMF of the first additional is being updated to include cost of management of waste management linked to these additional doses. The review process will be guided by the World Bank Group’s Environmental, Health and Safety Guidelines and all relevant WHO Protocols on epidemics such as COVID-19, relevant national laws and regulations.

Social Risk Rating

Substantial

The social risk rating of the project is Substantial. The main social risks are related to: (i) difficulties in access to health services and facilities by vulnerable social groups such as people with chronic conditions/disabled, poor people, migrants, the elderly and disadvantaged sub-groups of women, and pastoral communities from border countries living seasonally in the country, especially in the northern part; (ii) lack of access to vaccine supplies, facilities and services designed to control the disease by marginalized and vulnerable social groups; (iii) the accelerated pace of vaccine development and the information conveyed by media on associated risks that could increase public anxiety and compromise public acceptance. This risk could be exacerbated by a lack of transparency in the dissemination of information by the government, which may create public mistrust of vaccines; (iv) social conflicts and risks to human safety resulting from diagnostic testing; (v) the limited availability of vaccines and social tensions related to the challenges of a pandemic situation; (vi) the risks of sexual exploitation and abuse/sexual harassment (SEA/SH) among patients and health care providers, particularly with regard to vaccine distribution; (vii) labor influx and the issue of migrant workers; (viii) inadequate data protection measures and insufficient or



ineffective communication by stakeholders on vaccine deployment strategy; (x) risks related to adverse events following immunizations (AEFIs), which may lead to the stigmatization of vaccine-friendly populations in certain communities and contribute to refusal of vaccines or second dose; xi) the risk of slacking and disaffection with prevention measures due to the duration of the pandemic and the saturation of information on the health situation. These risks will be mitigated through effective risk communication and community engagement to raise awareness among the general population. Continuous awareness raising and education campaigns that will help rebuild community and citizen trust will be done through engagement with religious leaders, political and local traditional leaders, and women's and young people's associative movements, which are generally very dynamic and representative. They will also help maintain attention and vigilance on essential COVID-19 prevention and control measures put in place in Togo.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The AF is expected to have positive environmental and social impacts as it focuses on improving the overall capacity of Togo to carry out surveillance and control of infectious epidemic diseases (including COVID 19); and enabling the procurement and safe deployment of COVID vaccines. At the same time, it will extend some substantial environmental, health and safety (EHS) risks to direct workers, contracted workers and local communities. The risky nature of the pathogen which are being used in the project-supported laboratories and quarantine facilities present safety concerns to health workers and volunteers. Healthcare-related infections due to poor adherence to OHS standards can lead to illness and mortality among health and laboratory workers. The hospitals and laboratories particularly in Lome, Baguida, Kara, Dapaong, etc... that provide diagnostic testing and patient isolation generate biological and chemical waste, and other hazardous byproducts. With support from the AF, these laboratories and facilities will continue to process COVID-19 specimen with the potential to cause COVID infections, serious illness and lethal harm to the laboratory staff and to the community. The air pollution risks related to continuation to operate old medical waste incinerators or open burners has been observed in some health facilities and site specific ESIA/ESMPs will assess risks of pollution and recommend adequate measures consistent with the EHSs or other GIIP.

Thus, administrative and containment controls as noted in the parent ESMF has been enhanced in the first AF ESMF to minimize these risks and impacts. In general, the hospitals, health facilities and vaccine delivery facilities to be supported by this project require adequate operating procedures to help minimize and control occupational health and safety risks, manage hazardous waste and sharps, maintain proper quarantine procedure for COVID-19, ensure safe operation of cold chain infrastructure and equipment, appropriate chemical and infectious substance handling and transportation procedures. Without adequate planning and service delivery, disadvantaged or vulnerable groups could be further marginalized from accessing the services that are provided by this project. Under the parent project, the PCU prepared an ESMF which was disclosed in country on 19th April 2021 and in World Bank on 23rd April 2021 to mitigate these risks. The main activity deployed on ground under the parent project and prior to the adoption and disclosure of relevant E&S instruments is a mobile testing P2 level lab next to the Lomé's airport. During this period the disclosed ESCP and SEP prior to the project appraisal were used to guide the implementation of project activities.



A due diligence was conducted by the E&S specialists of the WB in the framework of the first AF. The findings of this due diligence are: (i) the security measures in place are acceptable and should be improved with capacity building and awareness raising on the risks associated with laboratory activities (ii) the waste management must be improved with the finalization of the temporary storage room for waste and acceleration of the process of acquiring the conventional MP100 type incinerator for INH in the elimination of waste (iii) the necessity to develop a risk management plan and regular monitoring of the implementation of its measures (iv) the need for rigorous follow-up with the supplier so that defective laboratory equipment is repaired and / or replaced during the warranty period. A detailed action plan was prepared to be implemented by the PCU. To date only the training of new health specialists assigned to the laboratory is fully conducted and other actions are being implemented.

The ESMF of the parent project was updated for the first AF, consulted upon, adopted and disclosed in country and on the World Bank's website on June 3, 2021. It includes additional administrative and engineering controls for environmental and social risks that may be induced by the AF. This revised ESMF followed good international practices in COVID-19 diagnostic testing and handling the medical supplies, disposing of waste, procurement and deployment of vaccines, and articulate strict compliance with road safety measures. An exclusion list was included in the ESMF for the parent project, outlining project activities that will not be supported by the project. The WBG's EHS Guidelines for Health Care facilities, WHO's "Operational Planning Guidelines to Support Country Preparedness and Response", existing relevant national regulations like Public Health Service Regulations, National Health Care Waste Management standards, WHO Framework for Allocation and Prioritization of COVID-19 Vaccination and operations informs the review of the ESMF and other relevant environment and social management plans to be implemented in this AF project. Major social risks that are anticipated in this project include concerns related to the use of security personnel to secure vaccine transport and personnel; the potential for inequitable access to COVID vaccines and other project financed medical services for local communities and other vulnerable groups community health and safety issues which may arise from improper disposal of medical waste; and social tensions which may arise from surveillance and disease control measures and inequitable vaccine distribution. In line with the NDVP (2021) the activities to be financed by the AF are inherently designed to prioritize people with health vulnerabilities and the larger eligible population. The revised ESMF includes enhanced procedures for waste segregation, transport and disposal so as to avoid or minimize risks of injury and illness to local populations and the potential for contamination of land and surface water. It also offers procedures for screening for environmental and social risks in any proposed works on cold-chain infrastructures, incinerators and where potential risks are identified, mandates the need for an Environmental and Social Management Plan (ESMP) to mitigate potential impacts of the proposed works. Where relevant project suppliers and executing agencies will prepare and implement the ESMPs. As an additional control measure, activities that are screened as high E&S risk, are not eligible for project support. The AF includes technical assistance to upgrade regulatory standards at the national level and ensure there is no forced vaccination, including pharmacovigilance, and authorization mechanisms. The NDVP provides sufficient guidance on the entire COVID vaccination program and outlines key measures for appropriate targeting, vaccine transportation and storage, vaccine deployment and security, as well as training of vaccination and support teams. Significantly the plan articulates broader plans for managing waste and anticipates the potential for occurrence of Adverse Events Following Immunization (AEFIs) including contraindications which may cause serious illness vaccine recipients; and has outlined measures to address such situations. In addition to managing health and environmental concerns, the MHPHUAC commits in the ESCP to continued stakeholder engagement, maintaining timely dissemination of information to: (i) better inform (including adapting communication strategies and updating key messages, their dissemination in living environments, social networks and specific communities) and counter misinformation and rumors; (ii) ensure equitable access to all project-financed medical services; and (iii) address tension resulting from



people being detained in mandatory quarantine. For this second AF, the ESMF of the first AF is being updated to include costs related to health waste management linked to the 2 050 000 doses to be acquired. This ESMF shall be validated and disclosed by the Effective date of the second AF. Furthermore, the Medical Waste Management Strategic Plan(MWMSPP) is being updated under the first AF as well as the Strategic Infection Prevention and Control Plan(SIPCP) to better manage those waste related to vaccines.

ESS10 Stakeholder Engagement and Information Disclosure

Experience in the Parent Project and in similar emergency epidemic operations suggests that the risks of misinformation is always apparent. A significant risk in the proposed af relates to the potential for vaccine skepticism and misconceptions about the benefits and risks of the covid vaccine. There is also the risk that information needs of local communities could be sidestepped if not carefully assessed and incorporated in the mainstream information dissemination of the mhphuac. In addition, there is the risk of loosening barrier measures and disaffection with prevention and fight against covid-19 messages. As part of the parent project, and in line with the standard, the MHPHUAC developed a sep streamlining its procedures and strategies for public disclosure of relevant project-related information, public consultations, and risks communication. The SEP is being implemented as an integral part of the activities under component 2 of the project. Activities under component 2 will be scaled up and deepened with a focus on cultural contextualization of targeting and vaccine deployment plans; social and behavior change communication for preventive and promotive health, and citizen engagement for feedback and grievance redressal mechanisms. The SEP includes strategies for meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19. Under this AF, the SEP for the Parent Project has been updated to include specific consultation and engagement activities with strategies and plan that will help create awareness about covid vaccines, generate vaccine acceptability by reversing rumors and addressing fears and the government establish its vaccine deployment plans. The updated sep reflects new af activities and aim to (i) facilitate appropriate stakeholder engagement and outreach towards a differentiated audience (concerned citizens, suspected cases and patients of COVID 19, relatives, health care workers, etc.) and (ii) prevention of sexual exploitation and abuse (SEA) and sexual harassment (SH). The ESCP and the updated SEP will be approved and disclosed both in the Country and on the Bank's web site prior to appraisal. The SEP conveys messages that discourages attacks against health workers and clarifies that no forced vaccination is supported by the project. As part of the updated SEP, consultation and engagement activities will deploy key messages on priority population (inclusion and exclusion criteria), vaccination centers and procedures, and other Covid-related information. Communications materials will be translated into local languages. Before end of appraisal of the AF, the updated SEP will be consulted upon and disclosed to relevant stakeholders. The SEP acknowledges the need for engaging marginalized and vulnerable social groups such as persons with disabilities, especially those living in remote or inaccessible areas, while keeping a clear focus on those who are most susceptible to the transmission of the Coronavirus, such as the elderly and those with compromised immune systems due to pre-existing conditions. Different engagement methods will be used for different stakeholder groups particularly vulnerable groups. The SEP also includes a grievance mechanism to address project-related concerns. For SEA/SH-related grievances, the first AF project was supposed to prepare a SEA/SH prevention and response plan, which would outline steps for addressing SEA/SH grievances. Activities to enhance the SEA/SH prevention plan should include: appointing an SEA/SH focal person for SEA/SH incidences; training of GRM helpline operators on GBV issues; developing an abridged operational guidelines for handling SEA/SH cases; and developing SEA/SH-related training materials and organizing a short virtual training/orientation on SEA/SH for project implementation units and grievance operators. This SEA/SH prevention



and response plan, will be prepared, disclosed, consulted upon and adopted by the Effective Date and implemented throughout the life of this second AF project. For this second AF the SEP of the first AF is updated and includes military and security personnel as stakeholders and will be disclosed both in country and at the World Bank website prior to the end of appraisal.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

Through some of the parent and proposed AF project activities, direct and contracted workers, especially public health workers, could be exposed to OHS risks mainly due to the project being implemented during an ongoing COVID-19 pandemic. Most of the proposed activities will be conducted by public health staff and laboratory technicians, civil servants, and specialized consultants. The most significant risks confronting health workers is related to OHS and include exposure to infectious diseases (including COVID-19) and hazardous materials. Transport of vaccines and operation of light and refrigerated vehicles can also present the risks of accidents to drivers and community members; albeit marginal and insignificant risk. Given the scope of labor-related risks, the updated stand-alone labor management plan of the Parent Project for the first AF will be applied to this AF. Military is not involved in the vaccination proper, and their role is simply to escort vaccines from the central to regional level. Therefore, some measures are included in the ESCP and shall be adopted prior to the deployment of military or security personnel to the project. Thereafter those measures shall be implemented throughout the implementation of the project to ensure that the involvement of military or security personnel in the implementation of project activities is carried out in accordance with the ESS. Among these measures to be implemented by the Project Coordination Unit-REDISSE and the Ministry of security and civil protection are : (i) Assess the risks and impacts of the involvement of military or security personnel, and implement measures, guided by the principles of proportionality and applicable law, with respect to the hiring, rules of conduct, training, equipping, and monitoring of such personnel; (ii) Ensure that these personnel receive adequate pre-deployment instruction and training on the use of force and appropriate behaviors including the prohibition of EAS/SH.

The updated ESMF of the parent project includes OHS measures which are outlined in the WHO and World Bank ESH guidelines. The existing ESMF of the Parent Project includes (i) procedures for entry into health care and quarantine facilities, including minimizing visitors and undergoing strict checks before entering; (ii) procedures for protecting workers against infections and hazardous waste; (iii) training and toolbox meetings on OHS procedures to all categories of workers including direct and contracted workers; (iv) post signage to isolate and moderate risks exposure; and (v) mandatory use of Personal Protective Equipment (PPE), both direct and contracted workers. The ESMF and all other guidelines developed under this project will be flexible to allow review and update as new guidelines are provided by WHO over time. In line with ESS2, the use of child labor and forced work is prohibited in both the parent and the AF project. Persons under the age of 18 are not allowed to work on any facility or site that is being financed by the project. Age verification (using certified birth certificates and citizen identification cards) will be carried out as precondition for employment. The project will provide accessible grievance mechanism to allow workers to raise workplace concerns to be addressed by the MHPHUAC, hospital administrators, and facility managers. A separate grievance mechanism will be maintained for SEA/SH related grievances, as required in the parent project's SEA/SH Prevention and Response Plan.



ESS3 Resource Efficiency and Pollution Prevention and Management

Medical and chemical wastes (including water, reagents, infected materials, etc.) from the laboratories, quarantine, vaccination centers and screening posts to be supported (drugs, supplies and medical equipment) can have substantial environmental impacts and with human consequences. Solid wastes generated from medical facilities, discharge of contaminated water and fluids, chemicals and hazardous materials, and other material waste from laboratories and quarantine and isolation centers such as sharps used in diagnosis and treatment can endanger health and safety of local communities. With the proposed vaccination program, the quantity of medical waste in the form of used vials and syringes will increase and overwhelm the prevailing limited capacity for management of health care waste. With support from other partners such as WHO, GIZ, World Bank, etc., the MHPHUAC is improving its capacity to manage waste from medical facilities. As noted above, a national healthcare waste management standard and procedures has been developed. Yet, these procedures are only being implemented at selected hub facilities located at the central and regional capitals, leaving out other facilities dotted across the country due to budget and resource constraints. Project supported hospitals and health facilities will follow the procedures outlined in the ESMF, WHO COVID-19 Guidelines.

Otherwise, the parent projet used the HCWMP prepared under REDISSE and a similar plan was integrated in the PP ESMF. Therefore, a dangerous waste management plan (DWMP), including management of medical waste and Infection Control, was developed by the MHPHUAC in the framework of “Essential Quality Health Services for Universal Health Coverage Project”. ESMF includes annexed documents among which the Infection Control and Waste Management Plan (ICWMP) templates that all health facilities providing vaccines must use in the fight against infections and sanitary waste management during all phases of the project.

The hospitals will apply the National Health Care Waste Management standards in disposing off used vials, syringes, and other vaccine-related waste. In line with the NDVP, the project will provide funds and logistics (under component 1 and 2) that will allow health facilities to implement health care management procedures and adhere to the procedures outlined in the NDVP – mainly using incinerators to dispose off waste. In the framework of improving its capacity to manage waste from medical facilities, partners such as WHO, UNICEF, GIZ, and World Bank support the government in acquisition and installation of 210 functional “Montfort” type incinerators, 18 conventional incinerators spread over the six (6) sanitary regions, in the framework of the first AF. Among the conventional incinerators, ten (10) AddField MP100 type incinerators were financed by the WB, three (03) by UNICEF, three (03) by the Order of Malta’s hospital and two (02) by Catholic Church.

Indeed, for an efficient destruction of the waste produced by the vaccines used to vaccinate 70% of the population, the country must rehabilitate 88 “Montfort” type incinerators and build 25 additional incinerators under the first AF. Meanwhile, provision of resources for the proper functioning of these incinerators is necessary: fuel, generator in case of load shedding, sufficient personal protective equipment, hand washing devices and colored plastic bags, etc. The air pollution risks relate to continuation to operate old incinerators or open burners has been observed in some health facilities. The site specific ESIA/ESMPs will assess risks of pollution and recommend adequate measures consistent with the EHSs or other GIIP. The updated ESMF also includes guidance related to: (i) transportation and management of samples, medical goods (including vaccines and PPEs) and expired chemical products; (ii) measures for ensuring energy and resource efficiency during refurbishment and operation of health facilities; and (iii) collection, transport and disposal of medical waste at designated sites. Considerations for energy efficiency will guide the procurement, operation and monitoring of climate-sensitive equipment and low-carbon cold-chain facilities such as off-grid solar refrigerators/freezers and waste management equipment that would need to be procured to ensure



a reduced impact on the climate and environment. Wastewater, used chemicals and solid waste generated from quarantine facilities and laboratories will be treated and discharged as per the standards and measures by WHO. These waste management plans and systems will be applied to this AF.

ESS4 Community Health and Safety

Apart from injury from sharps and syringes on landfills and open dumps, medical and general wastes from the laboratories, hospitals, and quarantine and isolation centers have a high potential of carrying micro-organisms that can transmit diseases to the local populations if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if such organisms are not well contained within the laboratories or escape from source due to accidents e.g. a fire incidents or natural disasters (e.g., tornados). The project design includes investments to strengthen bio-safety measures. The OHS procedures in the parent ESMF outlines measures to prevent and minimize the spread of infectious diseases as well as Emergency preparedness and response measures. Another community health concern in the project include the potential for individuals to experience adverse events (including serious contraindications and illnesses) following vaccinations, although these events rarely occur. The MHPHUAC will closely monitor, track and respond to adverse events including provisions for compensation. This would be done with reference to the guidelines in the WHO Global Manual on Surveillance of Adverse Events Following Immunization (2014). Laboratories, quarantine and isolation centers, and screening posts will follow respective procedures for managing contaminated materials as well as protocols on the transport of samples. Vaccine deployment, cold-chain and distribution capacity are currently inadequate in Togo, especially for the anticipated scale and population group coverage for COVID-19 vaccination. This risk is being mitigated by the first AF financing and technical support for immunization system strengthening needs, conducting capacity assessments in coordination with the WHO, Gavi and UNICEF and coordinating with other partners in their provision of systems strengthening support. Workers will be mandated to clean before leaving the workplace. The operation of the quarantine and isolation facility at the Lome Hospitals and other facilities in the regions will be implemented in a way that both the wider public, as well as the quarantined patients, are treated in line with international best practice as outlined in WHO guidelines referenced under ESS1. Operators of project-financed equipment and vehicles will be trained/oriented on safe operation of equipment and vehicles and the national road safety regulations. The likelihood that project activities will generate or exacerbate the risks of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) is low. Nonetheless, all facilities that will receive funds and support from the project will adopt basic work site ethics and protocols to prevent and deter workers from engaging in SEA/SH. The MHPHUAC has committed to working with the Bank to develop and implement an SEA/SH Action Plan under the first AF. The plan which is supposed to promote gender-sensitive messaging and implement a mandatory Code of Conduct (CoC) for workers and staff is not yet prepared and implemented. This plan, once prepared, will be applied to this second AF. The above activities for preventing and minimizing risks to community health and safety will be an integral part of the SEP with focus on creating awareness and promoting safe community conduct. Activities proposed in the SEP will include also messages aimed at reducing the potential for social tension. Based on the NDVP, security personnel - mainly the police and/or military – may be used to provide security for vaccine transport, storage and to protect vaccination crews throughout the vaccination program. As such the risks related to human rights abuses through the proposed vaccination programs is considered moderate and manageable. As indicated in the NDVP, the deployment of security, where relevant, will be governed by the procedures set out in the plan, allowing the MHPHUAC and the Ministry of Interior and Security to ensure that only personnel trained on Code of Conduct and respect for human rights are



deployed for project purposes. The security agents mobilized in the project will have to sign the codes of good conduct in accordance with the requirements of the ESF. Consistent with the NDVP, the MHPHUAC commits to specific requirements of the ESCP including ensuring that security deployments are done in accordance with the relevant requirements of the World Bank's Environmental and Social Standards (ESSs) and the ESCP. The MHPHUAC and the Ministry of Security and civil protection will monitor, document, and resolve potential concerns regarding the lapses in the conduct of security personnel whilst enforcing compliance with the code of conduct. The Project Coordination Unit-REDISSE and the Ministry of Security and Civil Protection shall ensure that any concerns or complaints regarding the conduct of military or security personnel are received, tracked, documented with due regard to confidentiality, and resolved through the project's complaint management mechanism and reported to the Association. The project will prepare a SEA/SH Prevention and Response Plan, for responding to SEA/SH incidences comprised of a health sector One-Stop Crisis Management Center (OCMC) and a GRM helpline. In the framework of this AF, the ESCP of the first AF is being updated and will be disclosed prior to appraisal.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant. The project will not require any land acquisition leading to physical or economic displacement.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The AF will not finance new construction or expansion of existing ones. As well, it will not purchase new mobile laboratory which will generate hazardous medical waste and risks on biodiversity related to improper management of waste. Hence, no impacts on natural habitats and biodiversity are expected. Accordingly, this standard is not considered relevant. The ESCP requires prior screening of activities for project support and will determine activities that will be implemented making sure that activities that present risks to sensitive biodiversity will be excluded.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

This standard is not considered relevant as there are no Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities currently identified in the project area. Should the presence of indigenous communities be confirmed through further screening during implementation, the necessary assessments, consultations and instruments will be undertaken per the requirements of this standard.

ESS8 Cultural Heritage

This standard is not currently relevant. It is not anticipated that the AF will impact cultural heritage and any physical works planned in the context of the project will be limited to rehabilitation or upgrading of existing facilities and some new constructions in existing sites. However, the planned works will include excavation during construction phase and demolition during the rehabilitation of some infrastructures. The ESMF will include a "chance finds" procedure which will require contractors to stop construction/rehabilitation if cultural heritage sites are encountered during civil works and to contact the Ministry of Culture.



ESS9 Financial Intermediaries

No financial intermediary is involved in the AF.

B.3 Other Relevant Project Risks

This AF project may be affected by the security situation in neighboring countries like Burkina Faso and North of Benin. It should be noted that these contextual risks could affect the project implementation, especially the adequate supervision of activities. A security assessment will be carried out once areas of activities are known and appropriate management measures developed. In fact, the Northern Togo is subjected to repeated acts of robberies with large sums carried away and the population uprisings against the firms and the laborers for non-compliance of health and safety measures. Land disputes and conflicts are noted. Terrorist attack was registered during the night of november 9, 2021 in Kpendjal prefecture near the border with Burkina Faso. With prevention and protection operations organized by Togolese security forces as well as security reinforcement and tightened controls, these acts have declined a little, but caution is still necessary.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

Areas where “Use of Borrower Framework” is being considered:

N/A

IV. CONTACT POINTS

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Public Disclosure



The World Bank

Togo Second Additional Financing to the COVID-19 Emergency Response and Systems Preparedness Strengthening Project (P177956)

Borrower/Client/Recipient

Borrower: Republic of Togo

Implementing Agency(ies)

Implementing Agency: Ministère de la Santé, de l'hygiène Publique et de l'accès universel aux soins

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Voahirana Hanitrinala Rajoela, Mariam Noelie Hema
Practice Manager (ENR/Social)	Maria Sarraf Cleared on 24-Nov-2021 at 12:30:37 GMT-05:00
Safeguards Advisor ESSA	Nathalie S. Munzberg (SAESSA) Concurred on 25-Nov-2021 at 10:09:37 GMT-05:00