



The World Bank

AR: COVID-19 Emergency Response Project (P173767)

Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/19/2020 | Report No: ESRSA00535

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

Country	Region	Project ID	Parent Project ID (if any)
Argentina	LATIN AMERICA AND CARIBBEAN	P173767	
Project Name	AR: COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
«PRACTICEAREA»	Investment Project Financing	3/24/2020	3/30/2020
Borrower(s)	Implementing Agency(ies)		
Argentine Republic	National Ministry of Health		

Proposed Development Objective(s)

To strengthen preparedness and response efforts against the COVID-19 pandemic and strengthen national systems for public health preparedness in Argentina

Financing (in USD Million)	Amount
Total Project Cost	35.00

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

No

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

Strategic and country context.

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 16, 2020, the outbreak has resulted in an estimated 182,438 cases and 7,157 deaths in 162 countries.



COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts. The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use and pre-existing chronic health problems that make viral respiratory infections particularly dangerous. With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83% to 98% of patients develop a fever, 76% to 82% develop a dry cough and 11% to 44% develop fatigue or muscle aches. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7% of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

This project is prepared under the global framework of the World Bank (WB) COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF) and key activities supported under the Project are aligned with the COVID-19 SPRP developed by the WHO. The Pan-American Health Organization (PAHO) is providing technical support to the Argentina National Ministry of Health (NMOH) on the management of the pandemic. In addition, the NMOH has requested financial support from other international organizations such as the Inter-American Development Bank (IDB) and the Andean Development Corporation (CAF, for its acronym in Spanish), mostly through the restructuring of their existing operations to support the strengthening of the country response capacity to deal with the COVID-19 pandemic.

The COVID-19 outbreak hits the Argentine economy in a moment of significant macroeconomic imbalances and a highly uncertain outlook. Macroeconomic volatility, intensified after the sell-off of Argentine assets in August 2019, triggered an acceleration of inflation and a fall in real wages, which declined by 7.5 percent in 2019. This - coupled with fiscal consolidation and a general context of high uncertainty - slowed consumption and investment, dragging the economy down for the second consecutive year. Gross domestic product (GDP) fell an estimated 2.1 percent in 2019, and unemployment and poverty rates increased. According to latest official estimates (mid-2019), 35.3 percent of Argentines living in the main urban areas are poor, and 7.6 percent are extreme poor. Even under a positive scenario of macroeconomic stabilization and gradual economic recovery, a return to positive growth rates is not expected before 2021.

Against this backdrop, the government has enacted a package of fiscal measures aimed at increasing revenues and protecting the most vulnerable and engaged into a sovereign debt restructuring process. The Government enacted in December 2019 a package of fiscal measures to increase revenues and redistribute public resources to lower income groups, aiming at alleviating poverty and stopping the economic contraction. Preliminary estimates by the Bank indicate that taken together these measures would be fiscally neutral. The Government has also engaged in a sovereign debt restructuring process with private creditors (under foreign law), in response to large debt obligations coming due over the following months. This process follows an ambitious timetable and is conducted in parallel with discussions with the Fund on the future of the Stand-by Agreement (SBA) program, which is currently on hold. The successful conclusion of these processes is critical for reducing the large uncertainty dominating Argentina's economic outlook, and for creating the fiscal space needed to confront the large expected fallout of the COVID-19 outbreak.

Sectoral and institutional context.



Argentina is one of the Latin America and the Caribbean (LAC) countries especially at risk for the spread of COVID-19 due to its links with the two countries with the highest number of COVID-19 cases to date globally – China and Italy – and it is the first country in LAC to register a death due to COVID-19. Since Argentina has had large waves of Italian immigrants in the past, it has an especially high number of visitors to and from Italy. It has also developed strong commercial and migratory ties with China. As of March 16, 2020, Argentina has 68 confirmed cases of COVID-19 and likely many more with the disease but without it being detected so far. There have already been two deaths in the country from COVID-19. The number of cases as well as deaths are expected to rise rapidly.

The risks of rapid spread of COVID-19 are enhanced by the demographic profile of the population. Argentina's population has been aging steadily, and around 15.4% of the population are aged over 60, while around 7.6% are aged over 70. In Italy – a high-income country where most people have relatively good access to health care – point estimates for the fatality rate of the virus appear to be about 4.6% for people aged between 60 and 69 years, and about 9.8% for those aged 70 years and above.

All of this is worsened, in turn, by the ongoing economic and fiscal crisis. Argentina is still in the midst of its worst economic crisis in almost 20 years, and there have been substantial budget cuts in the public sector, including for health. This has had a substantial negative impact on the public health services provided across the country, as well as in the provision of supplies for basic public health (including for HIV and TB treatment, and vaccines). The current situation has led to challenges in addressing an ongoing outbreak of dengue in the North (the poorest region with the worst health outcomes) and in the Central region. These budget cuts affecting the public health subsystem could have substantial adverse impacts on attempts to control the spread of COVID-19, in the absence of adequate and intensive additional control efforts.

Argentina has formulated a comprehensive COVID-19 Preparedness and Response Plan, which is aligned with the WHO's SPRP and with the critical steps listed above. The Plan is aimed at slowing transmission, delaying outbreaks and providing optimized care for all patients, especially the seriously ill, as well as minimizing the impact of the epidemic on health systems and social services and, consequently, on the economic activity. The Plan – underpinned by the newly issued National Decree 260/2020 – has nine strategic pillars: (1) country-level coordination; (2) planning and monitoring; (3) risk communication and community engagement; (4) surveillance, rapid-response teams and case investigation; (5) control at points of entry; (6) support for national laboratories; (7) infection prevention and control; (8) case management; and (9) operations support and logistics. The Government has requested financial and technical support to help assure an appropriate and timely implementation of key activities under this Plan, in particular the provision of specific supplies and logistical support for the health system for containment of the epidemic, as well as mitigation of its effects including appropriate treatment to minimize morbidity and mortality due to the epidemic.

The Government relies on a number of inter-ministerial and support mechanisms that are helping to support its COVID-19 response efforts. Following the 2005 International Health Regulations (IHR) and the Global Health Safety Agenda (GHSA), Argentina has been developing, reinforcing, and maintaining the necessary capabilities to prevent and/or mitigate the impact of outbreaks, focused on early detection, transparency, and effective response to limit the spread of infectious diseases, mitigate human suffering and loss of life, and reduce economic impacts. The Commission for the Implementation and Monitoring of the IHR and Basic Capacities, coordinated by the NMOH, was established in 2019. Through the Commission, the NMOH coordinates actions with other line ministries as well as with the provinces

regarding the implementation of strategies to promptly respond to public health emergencies. In addition, in 2016 Argentina created the National System for Comprehensive Risk Management and Civil Protection (SINAGIR, for its acronym in Spanish), aimed at seeking integrated actions and coordinating the activities of national, provincial and municipal government agencies, as well as non-governmental actors, regarding crisis risk reduction, crisis management and recovery.



Relevance to higher level objectives.

The project is aligned with World Bank Group (WBG) strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity. The Program is focused on preparedness is also critical to achieving Universal Health Coverage. It is also aligned with the support provided by the WB for national plans and global commitments to strengthen pandemic preparedness through three key actions under Preparedness: (i) improving national preparedness plans including organizational structure of the government; promoting adherence to the IHR; and utilizing international framework for monitoring and evaluation of the IHR. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden suffered both by individuals and countries. The project complements both WBG and development partner investments in health systems strengthening, disease control and surveillance, attention to changing individual and institutional behavior, and citizen engagement. Further, as part of the proposed IDA19 commitments, the WB is committed to "support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment)." The project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response (IDSR), and the World Organization for Animal Health (OIE, for its acronym in French) international standards, the Global Health Security Agenda (GHSA), the Paris Climate Agreement, the attainment of Universal Health Coverage and of the Sustainable Development Goals (SDGs), and the promotion of a One-Health approach.

The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic, utilizing all WBG operational and policy instruments and working in close partnership with government and other agencies. Grounded in One-Health, which provides for an integrated approach across sectors and disciplines, the proposed WBG response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA/IBRD-eligible countries in addressing the health sector and broader development impacts of COVID-19. The WBG COVID-19 response will be anchored in the WHO's COVID-19 global SPRP outlining the public health measures for all countries to prepare for and respond to COVID-9 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.

The proposed Project is also aligned with the objectives of the latest Argentina Country Partnership Framework (CPF). On March 2020, the Executive Directors expressed broad support for the WBG to take urgent action to support global public goods by helping client countries to respond to the outbreak and to prevent and reduce contagion and loss of life. The Project also contributes to the goals defined in the CPF FY19-FY22 (Report No. 131971-AR) discussed by the Board on April 25, 2019. In particular, it would contribute to CPF Focus Area 2 (Addressing Key Institutional Constraints for Better Governance and Service Delivery) and CPF Objective 7 (Improving the Service Delivery Model for Effective Health Services), which are key for the country to respond to the COVID-19 pandemic.

The proposed Project's activities are consistent with the priorities of the WB Health, Nutrition and Population Global Practice (HNPGP), in particular with the priorities of strengthening of health systems and generating global knowledge for pandemic preparedness. In addition, the proposed Project is aligned with the WB's Human Capital Project, which calls for countries to make greater investments in health and education to improve the productive capacities of their populations.

Project description. The Argentine NMOH has requested a financial support of US\$35 million to help finance COVID-19 response and health system strengthening activities, focused on addressing health-related aspects of the pandemic. The Project's activities are based on Argentina's COVID-19 Preparedness and Response Plan and the COVID-19 SPRP prepared by the WHO. The proposed Project will consist of two components supporting the country's detection and response efforts in the fight against COVID-19. It will support activities aimed at strengthening the country's capacity



to: (i) identify, isolate, and provide care to patients with COVID-19 in a timely manner to minimize disease spread, morbidity and mortality; (ii) prepare and strengthen the health system for increasing levels of demand for care; and (iii) provide timely, transparent and evidence-based information to support healthcare interventions.

The proposed Project will consist of two components supporting the country's detection and response efforts in the fight against COVID-19. It will support activities aimed at strengthening the country's capacity to: (i) identify, isolate, and provide care to patients with COVID-19 in a timely manner to minimize disease spread, morbidity and mortality; (ii) prepare and strengthen the health system for increasing levels of demand for care; and (iii) provide timely, transparent and evidence-based information to support healthcare interventions.

Component 1: Emergency COVID-19 Response Efforts (US\$33 million). This component will support the enhancement of disease detection capabilities through the strengthening of the public laboratory network for cases reporting and diagnosis; strengthening of clinical care and isolation capacity; and mobilizing trained and well-equipped frontline health workers. The component will have two sub-components, as follows: Sub-Component 1.1: Case Detection, Case Confirmation, Contact Tracing, Case Recording, Case Reporting (US\$ 3 million). This sub-component will support: (i) strengthening of the public health laboratory network and overall epidemiological capacity for early reporting and diagnosis of cases; (ii) epidemiological investigation activities and strengthening of risk assessment capabilities; (iii) provision of on-time data and information for guiding decision-making and for response and mitigation activities; and (iv) contact tracing and other activities to control the spread of COVID-19. The sub-component will finance, among others: (i) medical and Information Technology (IT) equipment, supplies and IT systems; (ii) supplies and reagents for the diagnosis of COVID-19, influenza-type illnesses and other respiratory diseases; and (iii) relevant training activities. Sub-Component 1.2: Health System Strengthening (US\$ 30 million). This sub-component will support efforts to strengthen the public health system's capacity to provide optimal medical care to patients at risk as well as maintain essential health care services and minimize risks for patients and health personnel. The sub-component will finance, among others: (i) medical supplies, specific equipment for intensive care units and medical equipment for public health facilities; (ii) protective equipment and goods for health personnel involved in patient case management; and (iii) relevant types of training of health personnel including on the application of the defined national protocols for managing the pandemic.

Component 2: Implementation, Monitoring and Evaluation (US\$2 million). This component will finance: (i) technical assistance to strengthen the capacity of the National Project Coordination Team (PCT) under the Undersecretariat of Administrative Coordination (UAC) and the Secretariat of Health Access (SHA) for implementing the project; and (ii) financial audits for the Project. In addition, the component will finance relevant monitoring and evaluation activities including clinical research and public health research, among others.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]

The IPF will be implemented at the national level, over a diversity of jurisdictions with different environmental, social and institutional settings. This IPF will neither finance nor support any civil works activities and most of the Project investments are planned to take place on existing infrastructure footprints. The activities supported by the Project therefore are not expected to have adverse physical environmental impacts.



Social impacts of the Project are also expected to be positive since activities will support prevention, detection, and response efforts in the fight against COVID-19, as well as the strengthening of national systems for public health preparedness. Training will ensure that health care professionals provide care irrespective of social or economic status.

D. 2. Borrower's Institutional Capacity

The Project will build on the successful implementation of ongoing and past World Bank projects with the Ministry of Health (MoH) in Argentina, which currently include the Supporting Effective Universal Health Coverage in Argentina (P163345) and Protecting Vulnerable People Against Non-Communicable Diseases Project (P133193) Programs. The MoH has more than 25 years of experience working with World Bank Safeguards through the implementation of 12 investment operations focused on universal health coverage, protection against non-communicable diseases, maternal-child health and nutrition, essential public health functions, provincial public health insurance, management of influenza-type illness and strengthening of Argentina's epidemiological system, strengthening of surveillance and disease control. The MoH has a consistently satisfactory record implementing WB environmental and social safeguard policies and has regulations, practices, and oversight mechanisms consistent with the current Environmental and Social Standards of the Bank.

The project will be implemented by the Secretary of Health Access (SHA) of the MoH, which oversees the COVID-19 outbreak response. It will receive technical support from the Undersecretariat of Health Strategies (UHS), which includes a directorate of Epidemiological Surveillance and Infectious Diseases.

The Undersecretariat of Administrative Coordination (UAC) of the MoH, through a team in the General Directorate of Sectoral and Specials of Programs and Projects (DGPPSE), would serve as the Project Coordinating Unit (PCU). The DGSPSE is the unit responsible for overall project coordination within the MoH, including the management of environmental and social impacts. High level institutional coordination with the Provinces will be carried out through the Federal Health Council (COFESA).

The MoH relies on a number of inter-ministerial and support mechanisms that are helping prop up its response to the COVID-19 pandemic. Following the 2005 International Health Regulations (IHR) and the Global Health Safety Agenda (GHSA), Argentina has been developing, reinforcing, and maintaining the necessary capabilities to prevent and/or mitigate the impact of outbreaks, focused on early detection, transparency, and effective response to limit the spread of infectious diseases, mitigate human suffering and loss of life, and reduce economic impacts.

To this end, the GoA created the Commission for the Implementation and Monitoring of the IHR and Basic Capacities, in 2019, coordinated by the MoH. One of the objectives of this commission is to coordinate intra and intersectoral work, to advise decision makers on the design of action plans related to the IHR, as well as facilitating coordination between non-government actors, other sectors, and the different levels of government. Through the Commission, the MoH coordinates actions with the Chief of Cabinet and the ministries of Education, National Defense, Security, Transport, Labor, Social Development, Ministry of Interior, Tourism, and Foreign Affairs. The Commission also liaises with experts and CSOs to inform its decisions. It also coordinates with subnational jurisdictions.

In addition, in 2016 Argentina created the National System for Comprehensive Risk Management and Civil Protection (SINAGIR), aimed at seeking integrated actions and articulating the operation of national government agencies, provincial governments, the Autonomous City of Buenos Aires, municipal governments, non-governmental



organizations and civil society, to strengthen and optimize actions aimed at risk reduction, crisis management, and recovery.

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

A. Environmental and Social Risk Classification (ESRC)	Moderate
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Environmental Risk Rating	Moderate
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Environmental risk rating for this Project is Moderate. Risks are limited and manageable related to use and disposal of medical supplies, use of cleaning and disinfection chemicals, and waste-related issues that are already managed appropriately with ongoing systems and projects. The project will neither finance nor support any civil works and all of the Project investments will be installed and used in selected and existing health care facilities and laboratories. Project funds will support the purchase of (i) medical supplies and equipment, including lab equipment and reagents; (ii) test kits; and (iii) hospital equipment. The MoH has in place mechanisms for medical waste management disposal and environmental risk management in general, which have been found appropriate in previous Bank operations and meet the WHO protocol for managing infectious waste. No new elements will be added to this operation that suggest these mechanisms could be jeopardized or generate need for additional support.

Social Risk Rating	Low
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The social risk rating for this Project is Low. The Project is expected to have only positive social impacts, as the supplies acquired through this project will be directed to the public national healthcare system, which provides care and epidemiological containment to everyone, including the most vulnerable population and historically excluded groups. Care is provided irrespective of ability to pay. The Project will not involve resettlement or land acquisitions and will not include new activities or hiring of additional staff. The funds will be used to prop up existing mechanisms of epidemiological control and health care, through already established programs and protocols at national and subnational level that meet WHO standards and recommendations.

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:

This operation builds on over 25 years of cooperation between the Bank and the MoH, which includes two ongoing Projects with satisfactory environment and social risk management performance, in accordance with Bank policies. This emergency response project will rely on this experience, through which the Bank has contributed to strengthening MoH social and environmental standards, consistent with the ESF, and high technical capacity to manage and monitor social and environmental risks.

Environmental risks include: 1) the removal and disposal of sharp and pointed items, discarding medical supplies related to isolation measures (gloves, masks, hospital gowns, goggles, leftover medicines, etc.) in both health centers and home quarantine. 2) contamination to the environment and health and safety risks due to the use of cleaning and disinfection products, chlorine, or their combinations. 3) Risks including health and safety risks to personnel from handling and use of oxygen tanks in clinical care settings and from handling, use, storage, and disposal of chemicals



and reagents in diagnostic laboratory settings. And 4) transport and disposal of viral contaminated materials once used in clinical care and laboratory diagnosis. The project will rely on the existing protocols and instruments that have been prepared for ongoing WB-funded projects (Supporting EUHC in Argentina (P163345) and Protecting Vulnerable People against Noncommunicable Diseases Project (P133193) and that are compliant with the World Bank's OP's and ESF standards as well as WHO protocols related to health program impacts, including waste management and laboratories integrating BSL2, BSL3 rated labs linked to the Administracion Nacional de Laboratorios e Institutos de Salud system in key areas of the country and capital.

ESS10 Stakeholder Engagement and Information Disclosure

The borrower has already prepared and is implementing an Argentina Preparedness and Response Plan (APRP) for the COVID-19 pandemic, which includes protocols and mechanisms for inter-sectorial, intercountry and international collaboration and timely information exchange, dialogue, and mobilization of resources. The plan also includes provisions and two-way communication mechanisms with beneficiaries, populations at risk and vulnerable communities. Currently, at Containment Phase, the MoH has already established a platform for multi-sectoral technical collaboration (SINAGIR), which will also coordinate the strategy of communications. This project will rely on these platforms to engage with stakeholders.

The main actions included in this engagement and communications platforms comprise: (i) continue to assess the need for interventions in mass media; (ii) reach out key stakeholders to harmonize and guarantee the dissemination of correct information; (iii) periodic publication of information and public updates (handouts, alerts, recommendations); (iv) update of a webpage devoted to the crisis; (v) monitoring of social media; (vi) availability of information material at entry points in healthcare facilities and government buildings; and (vii) to generate ad hoc information for prevention and care of vulnerable groups.

The existing platform also includes generation of recommendations for different stakeholders (e.g. health workers, general population, the population at risk, etc.); strengthening of the epidemiological surveillance system (e.g. homogenize isolation methods and follow up mechanisms, etc.); and laboratory capacity (e.g. assess decentralized diagnostic capacities, monitor diagnostic supplies, etc.) which complies with ESS10.

The platform's webpage (<https://www.argentina.gob.ar/salud/coronavirus-COVID-19/plan-operativo>) has a live chat and contact details for information and for citizen feedback and complaints, as well as online assistance for early diagnostic and quarantining advice. The PIU will monitor this feedback mechanism as the project's GRM to ensure that any project-specific issues are included in a project GRM log that is managed quickly, responded to, and settled.

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



There are only limited or minimal negative risks and impacts related to labor and working conditions expected under this Project. The Project will be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate existing occupational health and safety measures (including emergency preparedness and response measures) and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms, as applicable. A nationwide analysis conducted by the Bank in 2019 concluded that the applicable national legal framework is in general materially consistent with the principles and standards of ESS2, hence specific Labor Management Procedures will not be necessary for this project. The Project will be implemented by staff of the national MoH (Government Civil Servants). Staff of health delivery facilities will receive training under the project on how to use the medical equipment and supplies financed through the Project in a way that protects their health and safety. The project will not directly contract workers; however it is likely private contractors will be required for handling, transport, and disposal of health management waste derived from the supplies purchased by the project, which will follow national laws on the collection, management and disposal of medical waste that meet World Bank standards. As per applicable legislation, working conditions for all project workers are materially consistent with ESS2. In all cases the MoH will ensure that all workers under this Project have access to a GRM intended for them and developed within one month of effectiveness, based on existing national laws and regulations mentioned above.

The Project will also incorporate labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.

ESS3 Resource Efficiency and Pollution Prevention and Management

The project will generate moderate amounts of contaminated disposable medical materials and chemicals used for testing and cleaning agents related to the emergency response within public health facilities and diagnostic laboratories. Most provinces have contracted services for the removal of health waste and its treatment and final disposal in authorized facilities. Training will be provided to the provincial environmental units and will contribute to facilitate the coordination of these areas with the authorities of the Ministry of Health to have supplies and management and final disposal services that adjust to the important and expected increase in demand from the COVID-19 response program. The systems adopted by the program include the provisions for managing waste and other relevant protocols for pollution prevention and management consistent with ESS3.

The management of supplies that can cause injuries to health system workers (sharp, stabbing) is carried out through personnel protection systems established in the WHO health and safety standards for health workers. These management standards consist of safe disposal systems, placed in suitable places, with specific signage, and a management system in suitable bags and containers, until their final disposal. Familiarity with these national systems – that meet World Bank standards – will be included in the training given to staff under Component 1.

The input and waste management system of health facilities are materially consistent with the World Bank's Environmental and Social Standard 2 and 3, building on national law, namely the National Law of Hygiene and Safety at work 19587, and its regulatory decree 351/79; National Labor Risk Law 24557, Resolutions and Provisions in force SRT;Resolution 299/2011 of the Superintendency of Occupational Risks 'Regulates the provision of certified personal protection elements-, Decree n 658/96 - List of occupational diseases, Resolution 801/2015 Protocol for signaling and labeling of chemical products, Resolution 905/2015 - Functions of Occupational Health and Safety and Occupational



Medicine Services. Additionally, the set of standards concur with the biosafety standards established by the third edition of the WHO Biosecurity Manual (year 2005).

ESS4 Community Health and Safety

The Project will not generate any adverse impacts on communities and will be carried out in a safe manner with low incidences of accidents and incidents in line with Good International Industry Practice that is embedded in Argentine law. Argentina has a national emergency response coordination system and a National Event Monitoring System (SINAME) created by law. SINAME connects all existing platforms in the country, allowing real-time observation in the emergency room. Waste management is carried out according to good international practice embedded in Argentinian law and is provided for through authorized operators to ensure community safety from infectious waste that may be generated from the program medical supply purchases.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The outcome of E&S screening did not identify any potential risks and/or impacts relevant to ESS5. The Technical Assistance will not require land acquisition that would result in the impacts covered under this Standard.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

Activities are limited to purchase of goods and training. Waste will be managed through licensed operators that would not imply risks to natural habitats or biodiversity.

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

Since this is a national Project, Indigenous Peoples (IPs) are present in the project implementation area. It is not expected that any of the activities related to the Project will have neither direct nor indirect negative impacts on Indigenous Peoples. All the activities financed by the Project will respect the human rights, dignity, aspirations, identity, culture and livelihoods of IPs. Training and capacity building for health care professionals under the project will ensure that care is provided for all, irrespective of origin or ethnicity, and with due care to take into account the cultural and language requirements of IPs.

ESS8 Cultural Heritage

The outcome of E&S screening did not identify any potential risks and/or impacts relevant to ESS8. It is not expected any possibility of directly or indirectly affecting tangible or intangible cultural heritage. No civil works means no earth excavation under the project.

ESS9 Financial Intermediaries

The Project will not involve the use of Financial Intermediaries.



C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. BORROWER'S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONS IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
Organizational structure: The MoH shall establish and maintain a Project Coordination Unit with qualified staff and resources to support management of ESHS risks and impacts of the Project.	03/2022
E&S assessment: Assess the E&S risks and impacts of the Project activities in accordance with the ERP for COVID-19, the WHO SPRP and the Good International Industry Practice (GIIP); in a manner consistent with ESS1, including to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project.	03/2022
Management plans and instruments: Prepare, disclose, adopt, and implement any environmental and social management plans or other instruments required for the respective Project activities as per the assessment process, in accordance with the ESSs, in a manner acceptable to the Bank.	03/2022
Contractors: Incorporate the relevant aspects of this ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. Thereafter ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts.	03/2022
ESS 10 Stakeholder Engagement and Information Disclosure	
STAKEHOLDER ENGAGEMENT PLAN: Prepare, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Bank.	03/2022
Grievance Mechanism: Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Bank.	03/2022
ESS 2 Labor and Working Conditions	



Labor Management: The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures.	03/2022
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Relevant aspects of this standard shall be considered, as needed, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes.	03/2022
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered, as needed, under the Environmental and Social Assessment, Management Plans and Instruments.	03/2022
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
Relevant aspects of this standard shall be considered, as needed, throughout Project implementation.	03/2022
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

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:

Borrower Framework is not being considered for this Project.

IV. CONTACT POINTS**World Bank**

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Borrower/Client/Recipient



Borrower: Argentine Republic

Implementing Agency(ies)

Implementing Agency: National Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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