



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)
Argentina	LATIN AMERICA AND CARIBBEAN	Argentine Republic	National Ministry of Health
Project ID	Project Name		
P177246	Additional Financing for Argentina: COVID-19 Emergency Response Project		
Parent Project ID (if any)	Parent Project Name		
P173767	AR: COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	8/19/2021	9/30/2021

Proposed Development Objective

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

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
Total Proposed Financing	0.00

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

Yes

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

The Argentina COVID-19 Emergency Response Project (P173767 – the Parent Project) was approved for a US\$35 million IBRD loan by the World Bank Board of Executive Directors on April 2, 2020 under the COVID-19 Strategic



Preparedness and Response Plan (SPRP). The Parent Project is part of a World Bank Multi-Phase Programmatic Approach (MPA) designed to support countries affected by the COVID-19 pandemic and the Project Development Objective (PDO) is to strengthen preparedness and response efforts against the COVID-19 pandemic and national systems for public health preparedness in Argentina.

The proposed Additional Financing (AF) would support the scale-up of the scope of the parent project with new activities that contribute to the original PDO and enhance the impact of the Parent Project. The AF will cover both the procurement of vaccines and technical assistance (TA). The AF will support health system strengthening activities in a way that ensures an effective COVID-19 response and enables long-lasting resilience.

The support for vaccines when available, which was anticipated in the initial Global COVID-19 MPA, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 infections and deaths under Component 1: Emergency COVID-19 Response, incorporating a new Subcomponent 1.3: Purchasing of COVID-19 vaccines and strengthening the Country's immunization system.

The Vaccine Introduction Readiness Assessment Tool and Vaccine Readiness Assessment Framework (VIRAT/VRAF 2.0) has been completed indicating that the country is 81 percent ready to deploy COVID-19 vaccines. The assessment results indicate that the country has made significant progress in strengthening several essential aspects of a COVID-19 vaccine deployment. However, there are some essential aspects of the immunization system that are currently still in progress. The AF will support TA to bring immunization systems and service delivery capacity to the level required to successfully deploy COVID-19 vaccines at scale through Component 1.3 and Component 2; to this end, the AF is geared to assist the GoA towards overcoming some of the readiness gaps identified in the COVID-19 vaccine readiness assessment working with WHO/PAHO.

In addition, Component 2 of the Parent Project would be scaled up to support monitoring and evaluation activities related to the implementation of the COVID-19 National Strategic Vaccination Plan (NSVP).

Component 1: Emergency COVID-19 Response (Original allocation US\$ 33.9 million, Revised allocation US\$ 332.9 million) - Subcomponent 1.3: Purchasing of COVID-19 vaccines and strengthening the Country's immunization system (Original allocation US\$ 0 million; Revised allocation US\$ 299 million). The AF will finance goods, consulting services, and non-consulting services needed for:

- a. Vaccine purchasing and vaccine importing costs, such as customs fees and customs handling services;
- b. Training of health workers, vaccine administrators, vaccine chain and logistics staff, to strengthen delivery systems of COVID-19 vaccines, with a focus on long-term strengthening of the country's immunization system enabling it to also deal with climate-related communicable diseases into the future;
- c. Technical assistance for supporting communication activities to reduce vaccine hesitancy, generate confidence, acceptance, and demand for COVID-19 vaccines, addressing risk and safety aspects and promoting community engagement;
- d. Technical assistance for strengthening and adapting surveillance and pharmacovigilance systems to improve vaccine safety;
- e. Technical assistance and training for strengthening waste management procedures and resources for immunization activities adopting approaches and technologies that minimize the impact on climate change; and,
- f. Supporting supervision, Technical Assistance and operational costs required to strengthen the vaccination system.



Further Investments in closing the gaps identified under the VIRAT/VRAF assessment will contribute to the strengthening of the overall health system in the medium term.

Component 2: Implementation Management and M&E (original allocation US\$ 1.1 million; revised allocation US\$ 2.1 million). This component supports the capacity of the National Project Coordination Team under the Secretariat of Administrative Management and the technical directorates under the Secretariat of Health Access to coordinate activities with other areas under the National Ministry of Health NMOH, the 24 Provincial Ministries of Health, the National Immunization Commission and other entities, and to manage the Environmental and Social, FM and procurement functions of the Project. This Component also supports the M&E of Project implementation. The allocation of financing to this component was increased to account for the expanded scope of the Project through the addition of vaccine purchase, training and technical assistance under Component 1 and the extension of the closing date.

Finally, Retroactive Financing will be available from this AF for: i) the purchasing of vaccines that meets the WB's VAC and procurement standards (mainly); and, ii) TA activities to support, for example, sensitization, training, pharmacovigilance and waste management.

D. Environmental and Social Overview

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

Argentina has a federal system of government made up of 24 jurisdictions (23 provinces and the Autonomous City of Buenos Aires) that, by constitutional mandate, are the technical administrative units responsible for the health care and protection of the population. In this context, the NMOH formulates and implements health policies and plans in coordination with the National Health Council (Consejo Federal de Salud – COFESA) where representatives from the subnational health authorities gather and articulate. The AF will be implemented at the national level, over a diversity of jurisdictions with different environmental, social and institutional settings. As the Parent Project, this AF 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 AF therefore are not expected to have adverse physical environmental impacts.

The health care facilities and other related health care establishments that will be used as vaccine distribution and application centers are located nationwide in the different jurisdictions; however, they will be coordinated by the NMOH that will allow a comprehensive approach to environmental risk management, mainly in connection with health care waste (HCW) and occupational health and safety (OHS), as explained in the Summary of Environmental and Social Risk and Impacts section below.

As in the Parent Project, Social impacts of the AF are also expected to be positive since activities will support the response efforts in the fight against COVID-19, as well as the strengthening of national systems for public health preparedness. In addition, the AF will support Argentina's COVID-19 vaccination efforts as well as the strengthening of the NSVP. In this context, one of the key social risks are linked to challenges in ensuring distribution of the vaccines in an inclusive and equitable manner so that socially vulnerable and disadvantaged people can properly share in the benefits of the Project. These groups include Indigenous Peoples (close to one million in 2010), afro-descendants



(around 150,000 in 2010), migrants (close to 250,000 in the latest decade), people with disabilities (close to four million, out of which 75 percent are above 65 years old) and people belonging to the LGBTI+ community (there are no official records on LGBTI population in Argentina). While the Constitution of Argentina grants free access to healthcare to all, and the Government has announced that the vaccine will be free and universally available, discrimination towards some of these groups may be a deterrent to access services. It is important to highlight that the potential risks identified above are not likely to be significant, are expected to be temporary and/or reversible, and can be easily mitigated in a predictable manner. In any case, the ESMF will be revised to include mitigation measures for other E&S risks associated with elite capture in the distribution of vaccines, drawing on relevant principles from the WHO “SAGE values” framework for the allocation and prioritization of COVID-19 vaccines. In the case of migrants, this will also include the assessment of the vaccine enrollment system to ensure traceability of those without a national ID.

D. 2. Borrower’s Institutional Capacity

The AF will build on the successful implementation of ongoing and past WB projects, which currently include the Supporting Effective Universal Health Coverage (P163345) and Protecting Vulnerable People Against Non-Communicable Diseases Project (P133193). The NMOH has more than 25 years of experience working with WB Safeguards through the implementation of 12 IPF operations, has a consistently satisfactory record implementing WB safeguard policies and has regulations, practices, and oversight mechanisms consistent with the E&S Standards.

The NMOH is the implementing agency for the Parent Project, through the Secretariat of Health Access (SHA) and the Secretariat of Administrative Management (SAM - Former Undersecretariat of Administrative Coordination, UAC) which oversees the COVID-19 response efforts, together with the Provincial Ministries of Health (PMOH). High-level institutional coordination with the Provinces is carried out through the Federal Health Council (COFESA). The General Directorate of Projects with External Financing (DGPFE - Former General Directorate of Sectoral and Special Programs and Projects, DGPPSE), under the SAM, is the Project Coordination Team (PCT) responsible for project coordination and overall administrative and fiduciary matters, including E&S management. The PCT receives technical support from the Undersecretariat of Health Strategies (UHS), under the SHA, through its Epidemiological Surveillance and Infectious Diseases Units.

For the management of E&S aspects, the PCT has two dedicated areas: (i) the Environmental Technical Area (ATSA) and (ii) the Social Technical Area (ATSS). These areas are well established and staffed with specialized personnel, 8 professionals in total, including environmental, social, OHS and waste management specialists.

The AF will retain the Parent Project’s implementation arrangements and will receive additional support from the National Directorate of Immune-preventable Disease Control (DiCei) that coordinates the national vaccination strategy, under the UHS. In addition, the National Immunization Commission (CONAIN) composed of federal independent experts across the country will provide advice and coordination within the Provinces.

The NMOH 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 (GHS), the GoA created the Commission for the Implementation and Monitoring of the IHR and Basic Capacities, in 2019, led by the NMOH to coordinate intra and intersectoral work, 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.



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

The Parent Project's E&S performance is Satisfactory. On the environmental side, the E&S arrangements include protocols that were developed for the management of waste in health facilities due to COVID-19; which were and continue to be disseminated through (i) Virtual Network of Health and Environment Specialists of the PMOHs, and (ii) virtual trainings. In addition, among others, recommendations for the management of home waste from quarantined patients, strategies for the care of health teams and the community, contingency actions in nursing were developed. To incorporate the relevant aspects of the ESCP, a virtual space was created in the cloud so that each province has a personalized folder for storing the following documents and therefore allows remote auditing: (i) Designation of provincial referents, creation the Environmental Health Unit; (ii) 2021 action plan, which must include a training plan; (iii) HCW Management Evaluations; (iv) OHS evaluations; (v) Legal framework that can be implemented in each province regarding COVID-19. In addition, the ATSA's OHS specialist has developed a OHS self-assessment matrix in GEMS – KoBo Toolbox, designed to monitor the management of HCW and OHS aspects and expand it to the universe of healthcare facilities, that was integrated into its institutional web Research Electronic Data Capture and has been implemented in almost a hundred hospitals since 2020.

The ATSA along with the Area of Biosafety, Safety and Hygiene and Environmental Management of the DICEI, trained more than 180 provincial referents in procedures for the use of personal protective equipment, the management of COVID-19 residues and vaccination. ATSA has also developed a training course on OHS including modules for biosafety in vaccination, with 500 enrolled.

Under the Parent Project, the NMOH establishes Annual Implementation Commitments with the provinces, however one of the challenges of E&S management is the coordination with the E&S provincial counterparts, for which the AF is foreseeing the strengthening of that articulation facing the overloaded demand of the vaccination campaign in which the immunization sites are expanded and, accordingly, the needs for a proper HCW management.

On the social side, the NMOH has: (i) included an ethnic variable in the epidemiological surveillance system to follow up the impact of COVID 19 in Indigenous Peoples (IPs); (ii) developed recommendations for the integration of IP leaders in the provincial emergency committees and a culturally adequate approach to communities ; (iii) completed trainings on intercultural health for provincial officials and health personnel; and (iv) compiled a toolbox with all the material regarding COVID 19 and IPs, including all the communication actions in IP languages. Actions to address GBV are led by the Ministry of Women, Genders and Diversity which manages the hotline that gives support to GBV victims. Regarding the SEP developed for the Parent Project, the NMOH has a web site with updated information on COVID 19 and makes a daily report on the situation. There are multiple participation spaces, including the provincial emergency committees, the federal health council, a private and public health attention network, consultation with scientific societies, and expert councils. The NMOH has a hotline that gives information on COVID 19 and addresses grievances and the PCT has an active GM for grievances related to the Project. The NMOH developed a Citizen Engagement indicator that measures the number of "Provincial Emergency Operative Committees (COEs) with multisectoral participation, including civil society organizations, created and operational" and is included in the SEP. The COEs were created following guidelines of the NMOH. Most COEs include the participation of CSOs, academy,



scientific societies, professional associations and the private health sector. There are currently 16 COEs that comply with the criteria, representing 70 percent of the provinces in the Country.

The PCT oversees the receipt and management of questions, complaints, claims, and suggestions received through the different mechanisms mentioned above to ensure that any project-specific issues are included in a project GRM record that is quickly managed, answered, and resolved. The GRM is acceptable to the Bank. It includes several communication channels (webpage, toll-free lines, e-mail, social networks). It is possible to make anonymous complaints and all information is treated confidentially. The country has several appeals mechanisms and uptake channels like office of the ombudsman, and the National Institute Against Discrimination, xenophobia and racism. To date, no claims have been received; 68,272 inquiries have been received about the COVID-19 symptomatology, recommended prevention measures, viral circulation in other countries, complaints of non-compliance with the isolation of close contacts, doubts about interprovincial circulation permits, among others.

The NMOH with the provincial referents of Indigenous Health and Social Safeguard, delivered 908,000 masks destined for a population of 145,963 people belonging to indigenous peoples of 11 Provinces, while it provided information and training in an intercultural way.

The Strategic Communication Plan follows a risk approach and aims to inform, quickly and accurately, the health team, the industry, the community, and the media. The NMOH uses 17 digital channels for the dissemination of information on the Strategic Vaccination Plan against COVID-19 of the Argentine Republic and its objectives. It also disseminates the guidelines of the vaccination campaign, the mechanisms for the acquisition and distribution of vaccines, the strategy designed for staggered vaccination and its progress, calls for the target population in accordance with staging, updating the definition of target population, technical specifications of the vaccines, vaccine safety reports and notified possible Adverse Events Supposedly Attributable to Vaccination and Immunization (ESAIVs), trainings, manuals, prioritization and support materials for the registration of doses applied. In addition, the NMOH disseminates relevant information through public and mass media (press conferences, TV spots, print, radio, among others) and social networks, as well as in government agencies and scientific societies. It disseminates data on the population affected by the disease, the care and prevention measures. Through the Public Vaccination Monitor, it reports the progress of the vaccinated population and the transparency in the acquisition of vaccines.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The AF will support the immediate continuation of the Parent Project but expanding its scope and scale, since it will finance COVID-vaccines purchase and will support the strengthening of the health system to ensure an effective COVID-19 response with long-lasting resilience. The risk rating considers uncertainties related to vaccine deployment, which entail additionalities in terms of environmental risks and potential impacts. Main environmental risks of the AF activities are those related to the handling, use and disposal of medical supplies; cleaning and disinfection chemicals; other chemicals and reagents; and HCW-related issues as well as health and safety associated aspects for workers and the community. In this sense, AF activities will require attention to particular risks and impacts: (i) management and disposal of HCW produced during and after the acquisition, transport,



storage and administration of vaccines and auxiliary supply kits due to their infectious potential and dangerous nature (particularly in non-usual sites for vaccination campaigns); and (ii) risks associated with resource efficiency that need to be addressed from an energy perspective, considering that each type of vaccine has specific handling and storage temperatures throughout the supply chain, therefore, for each site, the best available technology should be used to secure the cold chain. Extra biosafety precautions as related to pathogenic materials management are also to be implemented, especially in the vaccine application centers outside the health care facilities. Argentina has extensive experience in the implementation of vaccination campaigns. It has a wide calendar with 15 mandatory vaccines (and two exclusive ones for risk areas), free of charge, which are applied in health facilities around the country, and also has experience in the implementation of the vaccination against COVID-19. As of July 23, 2021, around 35 million doses have been inoculated in the country, 29.1 million people (64.1 percent of the total population) have received at least one dose and 5.9 million people are fully vaccinated (12.8 percent of the total population). A record daily average of more than 400,000 inoculations has been administered on July 19-23. The Country has a Guide for the Rational Management of Waste from Vaccination Campaigns and Centers (the Guide) that was developed under the Emergency Flu A H1N1 AR Prevention & Management of Influenza Project (P117377); which was updated in 2018 under the ongoing project Supporting Effective Universal Health Coverage (P163345). At the beginning of the pandemic, the National Ministries of Health and Environment assessed the installed capacity for the management of HCW and concluded that the system could easily support an increase in demand. The NSVP established that, prior to the start of the vaccination campaign, each province should provide for safe collection, transport, and final disposal of waste with an increase of 130% compared to the entire National Calendar. For the management of HCW, the NSVP establishes that provinces need to comply with national legislation on Hazardous Waste, the Guide and with the notification of vaccine dose discard that is registered at the provincial level in the Sanitary Supplies Monitoring System (SMIS) by which the distribution of supplies to the jurisdictions is recorded and controlled. The Parent Project's ESMF will be updated to address the expanded scope of activities of the AF. The PCT will ensure proper implementation of the measures provided within the ESMF and ESCP.

Social Risk Rating

Substantial

The social risk rating for this AF is also Substantial. The social risks of the Parent Project were considered Low, since the Project is having only positive social impacts, as the supplies acquired have been 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 Parent Project does not involve resettlement or land acquisitions and does not include hiring of additional staff. The funds have been 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. The AF's social overall impacts are also expected to be positive, since it will support Argentina's COVID-19 vaccination efforts. As stated above, Argentina has experience in the implementation of the vaccination campaign against COVID-19, with high levels of acceptance of the vaccines (in terms of its safety and effectiveness), and confidence in the vaccination process among the population. Nevertheless, this new activity involves a new set of potential social risks, as follows: (i) challenges in ensuring distribution of the vaccines in an inclusive and equitable manner so that socially vulnerable and disadvantaged people can properly share in the benefits of the Project; (ii) inadequate public engagement and consultation regarding the vaccine delivery rollout, and/or for the vaccinated population to stop implementing non-pharmaceutical disease prevention and control measures; (iii) lack of enforcement, at the vaccination site, of measures to avoid crowding and contagion; (iv) lack of adequate measures for the use of public and communal facilities in remote areas where health facilities may be scarce; and (vi) inadequate personal data protection when identifying beneficiaries and tracking vaccine recipients. According the



NSVP, Argentina provides free of cost vaccination to the population; vaccines are universally available, regardless the status of health coverage, nationality, gender, or ethnic group of the country’s population, and vaccination is not mandatory. Therefore, the NSVP is expected to reach a broad set of vulnerable social groups including the poor, indigenous peoples, afro-descendants, migrants, people with disabilities, and LGBTI+ people. While the Constitution of Argentina grants free access to healthcare to all, discrimination towards some of these groups may be a deterrent to access services. In the case of migrants, monitoring the vaccine enrollment system would be key to ensure traceability of those without ID. It is important to highlight that the potential risks identified above are not likely to be significant, are expected to be temporary and/or reversible, and can be easily mitigated in a predictable manner. The AF’s ESMF and SEP will incorporate measures to mitigate the risks identified above, including the strengthening of the Grievance Mechanism (GM) to ensure that grievances stemming from vaccination activities are covered. Sexual exploitation and Abuse and Sexual Harassment Risk is Low. The Country has a strong legal framework focused on Gender Based Violence (GBV) prevention and has a National referral pathway protocol for GBV service provision and an active GBV working group. In addition, the AF is not expected to finance infrastructure works and therefore, it has no risk of labor influx. Nevertheless, the ESMF will include an assessment on any potential SEA/SH risks associated with AF, in consultation with the Ministry of Women, Genders and Diversity, and the final design of the Project will incorporate any recommendation that may arise as a product of the assessment.

Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Rating Low

Sexual exploitation and Abuse and Sexual Harassment Risk was not assessed during project preparation. The SEA/SH risk for the Project is Low. The Country has a strong legal framework focused on Gender Based Violence (GBV) prevention and has a National referral pathway protocol for GBV service provision and an active GBV working group. In addition, the Project is not expected to finance infrastructure works and therefore has no risk of labor influx.

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

A. Environmental and Social Management Framework (ESMF) of the Parent Project:

In compliance with ESS1 requirements and other relevant standards, the Borrower prepared and disclosed an ESMF for managing the parent project’s E&S risks and impacts. The ESMF relies on the existing protocols and instruments developed for the ongoing WB-funded health projects Supporting EUHC in Argentina (P163345) and Protecting Vulnerable People against Noncommunicable Diseases (P133193) 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 Biosafety Level 2 and 3 (BSL2, BSL3) rated labs linked to the Administracion Nacional de Laboratorios e Institutos de Salud system in key areas of the country. The ESMF includes the procedures and

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protocols for, among other issues, the safe handling, transportation, storage, and disposal of COVID-19 treatment and testing materials, medical supplies and PPEs, as well as healthcare OHS related aspects and infection control, building on the applicable regulation for HCW and the WHO's specific COVID-19 guidelines and other international good practice guidelines on COVID-19 (which in many cases are in turn the basis of the applicable regulation). It also outlines the implementation arrangements in place for environmental and social risk management with the Provinces, under the general coordination of the PCT. All the Provinces have presented and are implementing their Integrated Annual Commitment (Compromiso Anual Integrado - CAI) based on 3 pillars to address a comprehensive management of HCW: (i) Referent or Unit in charge of Environmental Health, (ii) Implementation of a Training Strategy, and (iii) Provincial Action Plan. In addition, the CAI incorporates the aspects of the OHS management and monitoring tool developed by the PCT Matriz Ponderada de Evaluación de Higiene y Seguridad de Establecimientos de Salud. The preparation of the ESMF for the Parent Project was slower than expected; the main reason for that was that, as per Bank request, the NMOH included a budget for the implementation of the measures foreseen in the ESMF and it took the NMOH some time to prepare, given the non-specific nature of such measures as most of them are also applied to all projects under execution. A draft version of the ESMF was published in country by the NMOH in June 2020 and the final version, based on Bank's review, was published in country in September 2020 (<http://www.ufisalud.gov.ar/attachments/article/553/MGAS%20ANEXO%20COVID-19%20vf-30-9-2020.pdf>) and in the WB external website in July 2021. The delay in publishing the ESMF in the Bank website was in part attributable to the task team, who expected to receive the revised version of the SEP (which had also received comments from the Bank) to submit for disclose clearance both documents. No specific plans have been prepared for health care facilities under the Parent Project.

B. Updated ESMF for the AF:

The update of the ESMF for the AF will be finalized and disclosed within 30 days post effectiveness of the AF; it is not foreseen for the NMOH to prepare a draft document prior to appraisal. The updated ESMF will account for the AF-related activities, which focus on the procurement of vaccines against COVID-19, and thereby consideration of vaccine deployment. These activities can largely be managed using the mitigation measures proposed in the ESMF for the Parent Project, but specific guidance on several aspects will be reinforced or incorporated, such as adequate specific HCW management throughout the project deployment, additional monitoring required once the AF starts, specific training requirements, among others, in accordance with NMOH's already existing procedures and emerging WHO guidance.

Basic inputs for the ESMF update will be the National Strategic Vaccination Plan, NSVP (December 23, 2020) and the Argentine Guide for the Rational Management of Waste from Vaccination Campaigns and Centers (2018 revised version). In addition, the NMOH has prepared: (i) Technical Guidelines and Vaccine Manual; (ii) Self-administered training courses on: Adverse Events Supposedly Attributable to Vaccination and Immunization (ESAVI), Integral Training in Immunizations, and Vaccination campaign against Sars-CoV2; (iii) Materials and guides for the registration of applied doses; (iv) Vaccine safety-ESAVI (Training and platform for information in real time); (v) Vaccine safety reports; and (vi) Recommendations for Sustaining the Vaccination Schedule in the context of a pandemic.

The existing measures and tools in the ESMF of the Parent Project will be revised to ensure that they fully cover the additional risks associated with the activities financed by the AF. For example, the updated ESMF will consider and reference: a) For the management of HCW and healthcare OHS: the World Bank Group's Environment, Health and Safety (EHS) Guidelines, the WHO's specific COVID-19 guidelines on laboratory biosafety, and other WHO and



international good practice guidelines on COVID-19 medical waste management, diagnostic testing, administration of COVID-19 health services, quarantine guidelines, handling of medical supplies, and healthcare OHS, including those requirements to support vaccination activities; and, b) For the Planning of the vaccine cold chain temperature monitoring: the WHO's Vaccine Management Handbook "How to Monitor Temperatures in the Vaccine Supply Chain" (2015). Measures to ensure that the quality of vaccines are maintained throughout the supply chain in accordance with WHO guidance for storage and transportation of vaccines will also be incorporated. No specific plans will need to be set up for each site.

The ESMF will be revised to include mitigation measures for other E&S risks associated with: (i) prevention of possible contagion at vaccination sites; (ii) elite capture in the distribution of vaccines, drawing on relevant principles from the WHO "SAGE values" framework for the allocation and prioritization of COVID-19 vaccines; (iii) inclusive distribution of the vaccines so that socially vulnerable and disadvantaged people can properly share in the benefits of the Project (iv) adequate set up and management of public and communal facilities when vaccination is not carried out in health centers; (v) appropriate management and disposal of materials left over from the vaccinations; and (vi) adequate management of security personnel, which will include measures to prevent and respond to sexual exploitation and abuse and sexual harassment. Risks and potential impacts related to labor and working conditions are mainly related to healthcare OHS; they will be managed through the development and implementation of specific Labor Management Procedures (see ESS2 for details).

Finally, all technical assistance to be provided under the AF, where relevant will be consistent with ESS1-10.

As retroactive financing may be applied for the AF activities, the ESMF will include the environmental and social requirements applicable to such financing. Given that few, specific activities have been established as eligible for retroactive financing under the AF, namely: i) the purchasing of vaccines that meets the WB's VAC and procurement standards; and, ii) TA to support some activities, such as sensitization, training, pharmacovigilance and waste management, the ESMF will include a positive list detailing such eligible activities. In addition, the ESMF will include an exclusion list detailing the types of activities as ineligible for financing under the project.

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. Under the Parent Project, the NMOH has prepared and is implementing a Stakeholder Engagement Plan (SEP) based on the 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. The NMOH established a platform for multi-sectoral technical collaboration (SINAGIR), which will also coordinate the strategy of communications. The project relies on these platforms to engage with stakeholders as well as on the COEs) mentioned above.

The NMOH developed a Citizen Engagement indicator that measures the number "Provincial COEs with multisectoral participation, including civil society organizations, created and operational" and is included in the SEP. There are currently 16 COEs that comply with the criteria, representing 70 percent of the provinces in the Country (thus reaching the target).



The main actions included in the SEP 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.

As mentioned above, the NMOH profusely uses the more traditional mechanisms for stakeholder engagement under the project. Relevant messages are disseminated through public and mass media (press conferences, TV spots, print, radio, among others) and social networks such as YouTube, Twitter, Instagram, and Facebook. The communication campaign highlights the importance of vaccination, its voluntary nature, and all the resources available for the population to access to the vaccines. It also includes information about channels for beneficiaries and stakeholders to address their questions, complaints, and suggestions.

The platform's webpage (<https://www.argentina.gob.ar/salud/coronavirus-COVID-19>) 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 monitors this feedback mechanism to ensure that any project-specific issues are managed quickly, responded to, and settled. In parallel, the PCT has an active Grievance Mechanism (GM) that receives directly grievances related to the Project (http://www.ufisalud.gov.ar/index.php?option=com_chronoforms&view=form&Itemid=121). In line with ESS7, the GM can receive grievances through provincial IP health areas, that are in continuous contact with IP communities and can provide a culturally appropriate and accessible attention, considering their customary dispute settlement mechanisms.

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 AF Project will support development and implementation of communication campaigns targeted for the prioritized populations according to each phase of the NSVP, to make sure the communication and awareness materials to be developed under the Project will include appropriate, culturally sensitive content for vulnerable populations (including Indigenous Peoples, afro-descendants, and people with disabilities and LGBTI+ people), to increase their understanding about the NSVP, its phases and the importance of getting vaccinated.

The NSVP is headed by the National Government and coordinated by the NMOH, and includes intersectoral participation with other national government areas, the 23 provinces and the Autonomous City of Buenos Aires (through the COFESA) and the participation of experts from various areas. The NSVP include strategic alliances with Scientific Societies related to immunizations (Argentine Society of Infectiology, Argentine Society of Pediatric Infectiology, Argentine Society of Vaccination and Epidemiology, and other scientific societies related to pathologies belonging to risk groups), Private Health Sector and Social Security Sector, community references, religious community, retirement centers, National Ombudsman and CSOs.



Also, the National Immunization Commission (Comisión Nacional de Inmunización - CONAIN), conformed by independent experts, representatives of scientific societies related to the subject and a representative of each of the five regions of the Expanded Immunizations Program, generates consensual, non-binding recommendations, within the framework of the available scientific evidence, which seeks to provide trust and transparency for both the health team and the population.

The communication and exchange of experience of the technical teams of Health and Environment of the NMOH and of the 24 subnational jurisdictions is carried out through the Integrated Argentine Health Information System (Sistema Integrado de Información Sanitaria Argentino - SIISA) and the REDCap that allows the articulation of 1050 specialists from all over the country.

A public dashboard (online and free) allows people to consult in real time the vaccines against COVID-19 applied by province and in the country based on data from the Federal Register of Nominal Vaccination (Registro Federal de Vacunación Nominalizado - NOMIVAC). In addition to the amount of dose applied, it can be consulted by condition (health care personnel, age, risk factors, strategic personnel), number of distributed doses and number of vaccinated people with one or two doses (<https://www.argentina.gob.ar/coronavirus/vacuna/aplicadas>).

To include AF actions, the NMOH will prepare and disclose a draft updated SEP prior to appraisal. This draft SEP will be consulted with key stakeholders, mainly representatives of vulnerable groups, seeking their views on the SEP including on the identification of stakeholders and proposals for future engagement. The consultation process and inputs obtained from it will be summarized and incorporated into the SEP, along with any potential change made to the document based on such inputs, to develop the final updated SEP for the AF. The updated SEP will be finalized and disclosed within 30 days post effectiveness of the AF. Consultations will include IPs in a manner consistent with the ESS7, including meaningful consultations with IP representative body at a national level, the IP Council. During Project implementation, the SEP will develop a culturally appropriate engagement processes at provincial level, providing sufficient time for IPs decision-making processes and allowing their effective participation in the design of project activities or mitigation measures to address specific access barriers to Project benefits.

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

This standard is relevant. There are some, although limited, negative risks and impacts related to labor and working conditions expected both under the Parent Project and the AF, mainly in connection with healthcare OHS. As for the Parent Project, the AF will be carried out in accordance with the applicable requirements of ESS2 in a manner acceptable to the Bank. Based on due diligence, specific Labor Management Procedures (LMP) were not considered necessary for the Parent Project. Healthcare staff receives training on HCW management and OHS. The NMOH ensured that adequate existing OHS measures were implemented (including emergency preparedness and response measures) and that all workers under the Parent Project have access to a Grievance Mechanism (GM) intended for them, based on existing applicable national laws and regulations.



The abovementioned dedicated GM for Project workers is currently in place. As per its administrative and/or judicial characteristics, it is functioning outside the Project management. In that sense, the GM for Project workers will be strengthened for the AF, for all direct and contracted workers to raise workplace concerns. It will be first identified and analyzed any possible existing mechanism and/or procedure at the AF's involved government entities, in order to build the new Project workers' GM on them. This GM will be part of the LMP (see below). The GM will complement, and will not impede access to, the judicial and administrative remedies already available. Measures will be put in place to make the GM easily accessible to Project workers.

Both the Parent Project and its AF will be implemented by staff of the NMOH (Government Civil Servants). While the Parent Project did not directly contract workers, the additional activities of the AF could involve the contracting of some consultants -individuals or through consulting firms- to perform work related to core functions of the Project (Contracted Workers), who would be in charge of delivering, for example, the training activities and technical assistances foreseen under Sub-Component 1.3. Although it will be defined during project implementation, workers could be also hired to work specifically in relation to the AF (Direct Workers), mainly in connection with the strengthening of the PCT under Component 2.

For the implementation of the AF, specific LMP will be developed: all types of Project's workers and the way their working conditions will be managed in accordance with the requirements of national legislation and this ESS2 will be confirmed and described in the LMP. As mentioned above, the LMP will also include a specific GM to manage workers' concerns, which will add to the regulatory mechanisms already in place.

The LMP will be prepared within 30 days post effectiveness of the AF (it is not foreseen for the NMOH to prepare a draft document prior to appraisal) or before the hiring of the first project worker, whichever comes first.

As healthcare workers face higher risks of potential COVID-19 infection in their efforts to protect the greater community, the vast majority of workers involved in the NSVP have already been vaccinated during the first stage of the strategy. In terms of OHS, the ESMF guarantees all the necessary measures to grant: (i) effective administrative and containment controls to minimize the risks to these workers from healthcare-associated infections; (ii) adequate provisions for minimization of OHS risks for environmentally and socially sound health facilities management; (iii) proper management of HCW including sharps; (iv) use of appropriate disinfectants; (v) proper quarantine procedure for COVID-19; (vi) appropriate chemical and infectious substance handling and transportation procedures. These measures are based on the national healthcare delivery standards and norms set by the NMOH in addition to WHO guidance.

In addition, a training strategy is under implementation by the NMOH involving: (i) design of contents and methodology; (ii) engagement of strategic partners (Provincial teams from the Expanded Immunization Program, different areas of the NMOH, National Programs, CSOs, Scientific and Academic Societies; development of online resources (<https://www.argentina.gob.ar/coronavirus/vacuna/equipos-salud>); and self-administered immunization trainings for healthcare workers and stakeholders involved in the provision or support of vaccination services in the campaign. Trainings cover infection control, pharmacovigilance and OHS measures as well as interpersonal communication tools to inform beneficiaries of possible adverse symptoms and deal with fears about and resistance to the vaccine.



ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant. Both the Parent Project and the AF will generate certain amount of contaminated disposable medical materials and chemicals used for testing and vaccination, as well as cleaning agents related to the emergency response within health care facilities, diagnostic laboratories, and different types of vaccine application sites. Most provinces have contracted services for the removal of HCW and its treatment and final disposal in authorized facilities. Training is being provided to the provincial environmental units and will contribute to facilitate the coordination of these areas with the authorities of the NMOH 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 – is included in the training given to staff under Component 1.

The waste management system of health care facilities is materially consistent with the World Bank’s Environmental and Social Standards 2 and 3, building on national law, namely the National Law 19587 on Occupational Health and Safety, and its regulatory decree 351/79; the National Law 24557 on Occupational Risks; and a series of resolutions and provisions in force such as the Resolution 299/2011 Superintendency of Occupational Risks - Regulates the provision of certified personal protective equipment; Decree 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 Medical Services; among others. Additionally, the set of standards concur with the biosafety standards established by the third edition of the WHO Biosecurity Manual (year 2005).

The AF adds additional waste types including syringes and vaccine vials, as well as expired or wasted vaccines. An adequate regulatory framework based on Decree No. 831/93 and on the Hazardous Waste Law 24051 (and the provincial regulations that follow the national legislation) establish the regulatory obligations.

Management of additional waste to be generated by the implementation of the AF related activities will be addressed in the updated ESMF, considering the new medical items involved and the types and expected quantities of waste to be generated, according to the AF project design. Management measures will be applicable for all types of facilities that will house vaccination activities such as vaccination centers, health centers, neighborhood vaccinations facilities and services providers. These measures will be aligned with applicable regulatory norms, requirements of this ESS, WHO guidance and international best practice for infectious and medical waste management.

ESS4 Community Health and Safety

This standard is relevant. Neither the Parent Project nor the AF will 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.

To ensure vaccine safety and mitigate the potentially adverse health side effects of administering unsafe vaccines, the funds can only be used for the procurement of thoroughly tested and approved vaccines. As of April 16, 2021, the Bank accepts as threshold for eligibility for Bank resources in COVID-19 vaccine acquisition and/or deployment (“vaccine approval criteria, VAC”) the following: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities (SRAs) identified by World Health Organization (WHO) for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). In addition, the updated ESMF will assess the planned measures to monitor and address the adverse impacts and side effects of the vaccines on recipients detailed in the vaccination program, and where necessary will recommend measures to address any gaps.

Military personnel will not participate in Project activities. Security personnel (public and/or private) may be appointed by the jurisdictional authorities responsible for the implementation of the NSVP to provide security to AF assets (vaccines) during transportation and storage. No security personnel will be used in the implementation of Project activities and/or for provision of security to Project workers or sites. In this sense, the involvement of security personnel within Project scope is very limited. The updated ESMF will describe the risks/impacts of engaging such personnel and, as applicable, the standards, codes of conduct, training to be adopted for security personnel, guided by the principles of proportionality and GIIP as well as taking into account the Bank’s Good Practice Note “Assessing and Managing the Risks and Impacts of the Use of Security Personnel”. The updated versions of the ESMF and SEP will incorporate measures for an adequate management of risks on engaging security personnel, including those to prevent and respond to SEA and sexual harassment in line with the national strategy led by the Ministry of Women, Gender and Diversity.

The updated ESMF will consider the increased risk of COVID-19 transmission and corresponding mitigation measures to be implemented in vaccinations sites. Similarly to the measures mentioned under ESS2 on OHS, community health and safety aspects would imply the implementation of prevention and hygiene measures, including protocols for circulation and permanence in the sites.

There is a good established capacity to implement vaccine cold chain temperature monitoring (transport, storage, handling). As mentioned above, Argentina already has experience in the implementation of the vaccination campaign against COVID-19, with around 35 million doses applied as of July 23, 2021.

The updated ESMF will also assess the vaccine storage and handling procedures detailed in the vaccination plan and will also develop guidelines and protocols regarding: (i) use of public/community infrastructure for vaccination purpose for whenever they could be needed (these will need to address, among other issues, the segregation of activities during vaccination to ensure that safe spaces will be maintained to conduct activities unrelated to vaccination, ensure that access will be universal and not limited to members of that specific community); (ii) prevention of elite capture in the distribution and application of vaccines, drawing on relevant principles from the WHO “SAGE values” framework for the allocation and prioritization of COVID-19 vaccines. Measures to prevent and respond to sexual exploitation and abuse and sexual harassment (SEA/SH) situations will be established in line with the strategy led by the Ministry of Women, Genders and Diversity which manages the hotline that gives support to GBV victims. This will include a protocol to receive and address grievances of this nature when presented.



ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant. The outcome of E&S screening did not identify any potential risks and/or impacts relevant to ESS5. The foreseen 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

This standard is not relevant. The outcome of E&S screening did not identify any potential risks and/or impacts relevant to ESS6. 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

This standard is relevant. Since this is a national Project, Indigenous Peoples (IPs) are present in the project implementation area. Argentina is a multicultural country with a notable presence of IPs, the majority of which live in urban areas. IPs (2.54 percent of the population) traditionally lived in rural communities in the provinces of Salta, Jujuy, Chubut, Neuquén, Tierra del Fuego, Chaco, Formosa, Santa Fe, Tucuman, and Mendoza. However, more than 80 percent of the indigenous population in Argentina lives today in urban areas all over the country, with the largest concentration living in the Buenos Aires Metropolitan Area. All provincial health ministries have an active IP Health Area and are implementing Indigenous Peoples Plans (IPPs) related to other Health Projects financed by the WB (P133193 and P163345). The IPPs work on strengthening health care for IP communities, including enhancing primary care health centers, training health staff and IP health agents, developing and implementing active communication and participation actions with IP leaders and communities.

It is not expected that any of the activities related to the Parent Project and/or the AF will have either direct or 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. In this line, the NMOH has: (i) included an ethnic variable in the epidemiological surveillance system to follow up the impact of COVID 19 in Indigenous Peoples (IPs); (ii) developed recommendations for the integration of IP leaders in the provincial COEs and a culturally adequate approach to communities that are being implemented by provinces; (iii) completed trainings on intercultural health for provincial officials and health personnel under the project to ensure that care is provided for all, irrespective of origin or ethnicity; and (iv) compiled a toolbox with all the material regarding COVID 19 and IPs, including all the communication actions in IP languages. The recommendations mentioned in point (iii) are being implemented by two provinces that incorporated IP leaders in their COEs permanently (Chaco and Catamarca) and by most provinces that are engaging IP leaders and IP health agents in concrete actions to prevent, contain and manage COVID 19 cases in IP communities in a culturally adequate manner. Also, the GM can receive grievances through provincial IP health areas, that are in continuous contact with IP communities and can provide a culturally appropriate and accessible attention, considering their customary dispute settlement mechanisms.

Regarding the AF activities, the NMOH is compiling information on IP vaccination and developing different engagement actions with IP that will be included in the updated version of the SEP. Meaningful consultations with representatives of indigenous communities and their organizations will be carried out as part of the SEP implementation to inform Project activities. Moreover, the consultations will be conducted through a partnership



with the National Indigenous Affairs Institute (Instituto Nacional de Asuntos Indígenas - INAI) and the Provincial IP Health Areas. Consultations will clearly communicate that there are policies ensuring that there is no forced vaccination.

ESS8 Cultural Heritage

This standard is not relevant. 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 or soil movements under the project.

ESS9 Financial Intermediaries

This standard is not relevant. 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

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:

None.

IV. CONTACT POINTS

World Bank

Contact: Vanina Camporeale Title: Senior Operations Officer

Telephone No: 5260+3675 / 54-11-4316-0675 Email: vcamporeale@worldbank.org

Contact: Maria Eugenia Bonilla-Chacin Title: Program Leader

Telephone No: +1-202-458-9204 Email: mbonillachacin@worldbank.org

Contact: Marvin Ploetz Title: Economist, Health

Public Disclosure



Telephone No: +1-202-458-1705

Email: mploetz@worldbank.org

Borrower/Client/Recipient

Borrower: Argentine Republic

Implementing Agency(ies)

Implementing Agency: National Ministry of Health

V. FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

VI. APPROVAL

Task Team Leader(s):	Maria Eugenia Bonilla-Chacin, Marvin Ploetz, Vanina Camporeale
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 30-Jul-2021 at 11:45:6 GMT-04:00
Safeguards Advisor ESSA	null on