



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

### **(ESRS Appraisal Stage)**

Date Prepared/Updated: 05/11/2020 | Report No: ESRSA00821



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
Uruguay	LATIN AMERICA AND CARIBBEAN	P173876	
Project Name	UY: COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/29/2020	5/21/2020
Borrower(s)	Implementing Agency(ies)		
The Oriental Republic of Uruguay	Ministry of Economy and Finance, Ministry of Public Health		

Proposed Development Objective(s)

To strengthen the detection and response capacity of the Uruguayan National Health Integrated System to the threat posed by COVID-19

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>20.00</b>

**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]**

Uruguay has one of the most developed health systems in Latin America. A robust matrix of social programs, relatively low levels of inequality for the region, and low levels of poverty have contributed to making the country a regional leader in several wellbeing indices, such as the Human Development Index, the Human Opportunity Index, and the Economic Freedom Index. Health has been a top priority for the government over the past two decades. Since 2005, public spending on health has increased until almost converging with the OECD average (as of 2017). Total health expenditure reached 9.3 percent of GDP in 2016. In addition, the country embarked on a reform of the health sector



that strove to improve institutional, financial, and health service delivery methods. The reform included the creation of the National Health Integrated System (NHIS), unifying the rules for public and private health service insurers and providers (Collective Medical Care Institutions—Instituciones de Asistencia Médica Colectiva) and establishing a common Integrated Health Care Plan, (Plan Integral de Atención en Salud – PIAS) for everyone through two parallel mechanisms: (i) the National Health Insurance (Seguro Nacional de Salud - NHI), financed through a uniform contributory scheme, which covers formal workers and their families, as well as the retired population—who jointly represent nearly 70 percent of the population; and (ii) the Public Health Provision, a non-contributory scheme that covers the uninsured population (the remaining 30%, including the most vulnerable groups), through the State Health Services Administration (Administración de los Servicios de Salud del Estado – ASSE), a public network of Health Service Providers (HSP) that also serves about 20 % of NHI beneficiaries, who choose it as their preferred healthcare provider.

The Project under the Global MPA will support the country’s COVID-19 response and strengthen the detection and response capacity of the Uruguayan NHIS to the threat posed by COVID-19. It will consist of two components. The first component will provide immediate support to Uruguay in limiting COVID-19 local transmission through containment strategies and strengthening the capacity of the health system to treat COVID-19 critical cases. Subcomponent 1.1 (Case Detection, Confirmation, Contact Tracing, Recording, Reporting) will reimburse the National Health Fund (FONASA) the cost of delivery by NHI beneficiary of specific health services such as COVID-19 tests. Subcomponent 1.2 (Health System Strengthening) will reimburse FONASA the unit cost of delivery of critical healthcare treatments, such as ICU days by NHI beneficiary. Subcomponent 1.2 will also finance the procurement of protective medical supplies, inter alia, Personal Protection Equipment (PPE), mask, globes, testing kits and medical equipment to strengthen the capacity of the public network of HSPs. The second component will support the strengthening of public sector project management and coordination.

#### D. Environmental and Social Overview

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

The Project will be implemented by the national government and cover the entire country, so beneficiaries will be the population at large. It will neither finance nor support civil works and all project investments are planned to take place on existing infrastructure. 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, as activities will strengthen the detection and response capacity of the health system against COVID-19, without making a distinction between contributive and non-contributive beneficiaries.

A number of programs and a robust legislation protect the rights of vulnerable minorities. Uruguay is in fact renowned for its significant progress toward social inclusion. Over the past two decades, new laws that protect and bring attention to historically discriminated groups have been passed. Today, Uruguay is a regional leader in reforms promoting the rights of trans people, people with disabilities, and Afro-descendants. Uruguay has equally made remarkable progress in expanding access to basic services, including access to healthcare.

Access to health services, as measured by simple self-reported status of being covered by medical services, is high across the population, with no substantial differences between population groups (age, race, gender, etc.). However, there are some differences regarding the type of health services accessed by different groups. About 30 percent of the population uses health services offered by the Ministry of Public Health through ASSE. The service is free for



households with income levels that do not allow them to pay health services otherwise. Afro-descendants (who represent 10% of the population) are the segment that most relies on this service, with 47.7 percent overall. Inversely, the percentage of Afro-descendants using the prepaid services of Collective Medical Care (IAMCs) Institutions is under 46 percent, compared to over 64 percent for the Non Afro-descendants.

Although the service provided by IAMCs is socially perceived as of a higher quality than that offered by public HSP, the health reform of the past two decades has contributed largely to close this historical gap and social perception.

Despite a robust health system, the country is at risk for the spread of COVID-19 due to local transmission and the possibility of a rapid increase in existing cases. As of April 20, there were 528 positive cases in the country, with ten deaths (1.89%) all with existing health preconditions. Uruguay's long border with Brazil, a country with growing outbreaks and close to 40,000 existing cases, could increase the risk of imported cases.

Uruguay's demographic structure and the health status of its population make the country vulnerable to COVID-19. After several decades of low mortality and birth rates, Uruguay is in an advanced stage of demographic transition, an aging population resulting from an increase in life expectancy, a decline in mortality, and low replacement fertility levels. In Uruguay, 14.42 percent of the population is over 65 and there is a high prevalence of non-communicable diseases (NCDs). Furthermore, there is a risk that the health system could be debilitated by high COVID-19 infection rates. As of April 20, 90 of the positive cases were health workers.

#### D. 2. Borrower's Institutional Capacity

The Project will be implemented by staff from the Ministry of Finance (MEF) through the existing Project Coordination Unit (PCU) that is currently in charge of the Improving Service Delivery to Citizens and Businesses through E-Government Project (P161989). Staff from this PCU has experience working with World Bank Environmental and Social Safeguards, and also received training on the new World Bank Environmental and Social Framework (ESF). The PCU reports to the Director of the Multilateral Organizations Relations Unit within the General Directorate Secretariat of the MEF. The PCU will be responsible for overall coordination and will also oversee the environmental and social aspects of the Project, and will report to the Bank on such aspects, and will receive technical support from two teams under the Ministry of Public Health (MSP): the Environmental and Occupational Health Division under the General Direction of Health (Dirección General de Salud DIGESA); and (ii) the Department of Monitoring and Evaluation of Health Staff Sectorial, Social and Welfare Analysis Division, under the National Health Board (Junta Nacional de Salud – JUNASA). In addition, JUNASA, which is responsible for implementing the COVID-19 response at the NHIS, will work in a coordinated manner with different health facilities throughout the country to ensure compliance with World Bank Environmental and Social Standards (ESSs) at the HSP level.

The Environmental and Occupational Health Division under DIGESA is a multidisciplinary team that includes a lawyer, an expert on occupational health and safety, one MD, one pediatrician, two occupational health and safety technicians, two nurses specialized in sanitary waste management, two inspectors and one specialist in geomatics. This team will work to ensure compliance with environmental aspects including sanitary waste management, contamination prevention, and health and safety risks for HSPs staff.

The Monitoring and Evaluation of Health Staff Division under JUNASA is a multidisciplinary team of 18 professionals including sociologists, economists, nurses, one development specialist, and one education specialist. This team will work with the PCU to ensure compliance with social aspects including risk communication and citizen engagement.



Although these institutions do not have specifically implement the World Bank’s Environmental and Social Framework (ESF), both units have relevant experience in managing environmental and social risks under World Bank safeguards. In addition, JUNASA, which is responsible for implementing the COVID-19 response at the NHIS, will work in a coordinated manner with different health facilities throughout the country to ensure compliance with World Bank ESSs at HSP level. The World Bank will provide instructions and training on the ESF and implementation on the ESS to the staff from the PCU, DIGESA and JUNASA working for the Project.

The MSP has developed a comprehensive COVID-19 Preparedness and Response Plan (COVID-19 PRP), detailed in a webpage dedicated to the outbreak (<http://coronavirus.uy>) and summarized in the National COVID-19 Contingency Plan (Plan Nacional de Contingencia para la Infección (COVID-19) por el nuevo Coronavirus (SARS CoV2)). The COVID-19 PRP is aligned with the WHO’s Strategic Preparedness and Response Plan (SPRP). In addition, Uruguay has a strong regulatory framework for medical waste management and disposal including: (i) a Manual for the "Integral Management of Sanitary Waste" , approved on July 6, 2016, through Resolution No. 3246 of the ASSE Board of Directors; and (ii) a Comprehensive Management Plan for Sanitary Waste -(PGIRS) for handling medical waste in Hospitals with Inpatients. In the private sector, each provider prepares its PGIRS and the MSP approves and controls it.

The MSP is developing recommendations to incorporate specific measures in the PGIRS to manage COVID-19 cases to ensure a timely, coordinated, and quality response with adequate personal protection measures for health workers.

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

### A. Environmental and Social Risk Classification (ESRC)

Moderate

#### Environmental Risk Rating

Moderate

The environmental risk rating for this Project is Moderate. Risks are limited and manageable related to the use and disposal of medical supplies, use of cleaning and disinfection chemicals, and waste-related issues that are already managed appropriately in the NHIS’s HSP, operational health and safety of HSP staff medical staff and other employees and community health and safety issues related to sanitary waste management.

The Project will neither finance nor support any civil works and all Project procurable goods will be installed and used in selected and existing public healthcare facilities. Project funds will support the reimbursement of FONASA to cover the cost of COVID-19 testing practices and critical COVID-19 healthcare treatments for NHI beneficiaries, expanding access to Intensive Care Units. Funds will also support the purchase of medical supplies and equipment, including PPE for health facilities workers in the public sector, through already established programs and protocols. The Ministry of Public Health and the Health Service Providers have in place mechanisms for medical waste management disposal of (i) laboratory waste and (ii) hospital and infectious waste, and environmental risk management, in general, meets the WHO protocol for managing infectious waste.

The COVID-19 PRP In the National Contingency Plan for Infection (COVID-19) by the new Coronavirus (SARS CoV2) "Guidelines for response management" determines that the SARS-CoV-2 diagnostic laboratories perform the procedures and recommendations of the WHO. It also indicates the dissemination of infection prevention and control procedures in health care providers and guides in the correct use of personal protective equipment (PPE) for the care



of suspected or confirmed cases of COVID-19. It also plans to reinforce in providers the need to guarantee protection to professionals working in the treatment of suspected or confirmed cases of COVID-19 infection. The National Nursing Training Plan for COVID-19 began in April 2020 with the use of PPE in COVID-19, management of patients and residues of the care of COVID-19 among others), and will continue in force through videoconferences. It is organized and coordinated by the National Nursing Commission of the MSP, the Catholic University of Uruguay, the University of the Republic and the Pan American Health Organization in Uruguay

Laboratory technicians: Since 2010, sentinel surveillance of Severe Acute Respiratory infection (Infección Respiratoria Aguda Grave - IRAG) and influenza-like illness (Enfermedad Tipo Influenza - ETI) has been carried out in Uruguay. Currently, the study of coronaviruses has been incorporated into the samples. Since 2015, the implementation of an IRAG sentinel surveillance system has been strengthened with the participation of six health centers distributed throughout the country. These centers collect patient information, report cases through the computerized hospital infection surveillance system of the MSP, and send respiratory samples to the Department of Public Health Laboratories (DLSP) for virological diagnosis. As of 2017, in the same centers, the ETI surveillance program was implemented.

### Social Risk Rating

Low

The social risk rating for this Project is Low. The Project is expected to have only positive social impacts and will cover the entire population, irrespective of their ability to pay. The main risks identified refer to potential differences in the quality of service received between segments of the population, depending on their access to pre-paid healthcare providers (IAMCs, via the NHI) and the public health network. The project will avoid or mitigate this risk through a dual strategy: the NHI will be supported through output-based financing, expanding both the capacity of IAMCs to conduct COVID-19 test and provide critical treatments—it should be noted that IAMCs cover the majority of the population (70%) and include the most vulnerable segment of the population to the coronavirus: the retirees, irrespective of whether they contributed or not to the system. The public health network of the NHIS, on the other hand, where care is provided irrespective of ability to pay and coverage includes the uninsured population in working age, will be strengthened through the procurement of protective medical supplies, inter alia, PPE, mask, gloves, others medical supplies and medical equipment to strengthen the capacity of the public HSPs. The public health network includes a high percentage of historically excluded groups, such as Afro-descendants, people with disabilities, the trans population, etc.

Although the project will not invest in communications or activities that directly interact with potential beneficiaries, the activities supported under the Project are aligned with the COVID-19 SPRP developed by the WHO, including those linked to risks communication and community engagement. The client has developed a robust communication and engagement plan that includes several channels of communication, monitoring, evaluation, and GRM. The client will report data disaggregated by population subgroup, to monitor the fair and non-discriminatory distribution of the funds included in this Project.

The Project will not involve resettlement or land acquisitions and will not include new activities or hiring of additional staff.

## 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 is being prepared as an emergency response using condensed procedures under the Fast Track COVID-19 Facility (FTCF). Environmental risks include: (i) 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 health centers, labs, blood banks, and home quarantine; (ii) contamination to the environment and health and safety risks due to the use of cleaning and disinfection products, chlorine, or their combinations; (iii) 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 (iv) transport and disposal of viral contaminated materials once used in clinical care and laboratory diagnosis. The project will rely on the WHO protocols and technical guidance related to, inter alia: (i) health program impacts, including waste management and health personnel health and safety; (ii) risk communication and community engagement; (iii) country-level coordination, planning and monitoring; and (iv) laboratory biosafety. The main risks identified refer to potential differences in the quality of service received between segments of the population, depending on their access to pre-paid healthcare providers (IAMCs, via the NHI) and the public health network. The project will avoid or mitigate this risk through a dual strategy: (i) the NHI will be supported through output-based financing, expanding both the capacity of IAMCs to conduct COVID-19 test and provide critical treatments; (ii) the public health network of the NHIS, on the other hand, will be strengthened through the procurement of protective medical supplies.

The Government will prepare an Environmental and Social Management Framework within the first 30 days after the Effectiveness Date, to respond to the environmental and social risks mentioned above. The PCU will build on to existing ESMFs to complete the ESMF, corresponding to the one ongoing project under implementation: Improving Service Delivery to Citizens and Businesses through E-Government Project –P161989- and one closed project Non-Communicable Disease Prevention Project -P050716. The ESMF will be prepared in accordance with the ESSs, the Environmental Health and Safety Guidelines (EHSGs), and other relevant Good International Industry Practice (GIIP) including COVID-19 SPRP prepared by the WHO in a manner acceptable to the Bank, and following WB COVID guidelines and standards, along with the related tools, technical Notes and templates.

### **ESS10 Stakeholder Engagement and Information Disclosure**

This standard is relevant. The borrower has already prepared and is implementing a comprehensive COVID-19 Preparedness and Response Plan (COVID-19 PRP), which is aligned with the WHO's SPRP and includes protocols and mechanisms for inter-sectorial, intercountry and international collaboration and timely information exchange, dialogue, and mobilization of resources, in accordance with ESS10. The COVID-19 PRP also includes provisions and two-way communication mechanisms with beneficiaries, populations at risk, and vulnerable communities. The Project will rely on these structures to engage with the relevant stakeholders. The main actions included in the COVID-19 PRP comprise guidelines for: (i) internal and external coordination with all relevant stakeholders; (ii) public communication through mass media and other channels; and (iii) community-driven participation, including the use of social networks. The COVID-19 PRP also includes guidance 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 Project prepared a Stakeholder Engagement Plan that summarizes the main aspects of the COVID-19 PRP.

The COVID-19 PRP has been published on the MSP's dedicated website (<http://coronavirus.uy>). In addition, the Government has established different grievance mechanisms: (i) a toll-free telephone number (0800-1919); (ii) a WhatsApp number (098-999-999); (iii) an online chatbot; (iv) a Facebook Messenger channel; and (v) apps for Android and IOS. All these channels also work as sources of information and assistance for early diagnostic and quarantining advice. Uruguay has a procedure for the processing of complaints and claims of users of health services regulated since 2002 by Decree No. 395/002, which has been updated in 2019 through Decree No. 192/019. JUNASA 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.

JUNASA will send a monthly report to the PCU to inform about the grievances received, the responses provided and issues that still need to be resolved. As the Project will finance reimbursement of outputs and the purchase of goods for specific HSP, the PCU will report JUNASA every time that FONASA gets reimbursed for outputs provided by a particular HSP and every time a public HSP receives goods financed by the Project and will request JUNASA to compile and send monthly reports of grievances received related to those HSPs, responses provided and issues that still need to be resolved, to ensure that any project-specific issue will be promptly addressed.

## 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 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 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 (Uruguay has an extensive legislative framework focused on occupational health and safety and has ratified 110 conventions under the International Labor Standards). The COVID-19 PRP specifically mentions the need to include personal protective equipment (PPE) for health care workers and laboratory personnel. The Project will be entirely implemented by staff from the MEF and the MSP (Government Civil Servants) and health professionals from HSP. The project will not directly contract workers; however, it is likely that 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. It is the responsibility of each waste generator (hospitals) to contract the Waste Operator, which in turn is empowered by the National Environment Directorate. The MSP supervises and controls the intra-institutional management of waste, and the National Environment Directorate (DINAMA) the transfer, treatment, and final disposal of the same. The PCU will document this process in the ESMF, accordingly, within the first 30 days after the Effectiveness Date. The corresponding section under the ESMF will cover all relevant ESS2 issues and will in fact constitute an LMP as indicated in Section III under ESS2, including the



references to the grievance mechanisms available to workers. The Project will also incorporate labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms, including specific provisions requiring all contractors to prepare an implement codes of conduct for their workers and management.

### **ESS3 Resource Efficiency and Pollution Prevention and Management**

This standard is relevant. The project will generate moderate amounts of contaminated disposable medical materials and chemicals used for testing, reagents, and cleaning agents related to the emergency response within public health facilities and diagnostic laboratories. The overall health care system capacity in regard to the management of medical waste and laboratory waste is adequate and incorporates Good International Industry Practice GIIP and WHO protocols. The legislative based on Decree No. 586/009 that determines the MSP as the authority for the authorization and formalization of the PGIRS framework is also consistent with GIIP and the WHO protocols. Health wastes of the key facilities that will be associated with the project have protocols incorporated for proper handling, use, storage, and disposal. There are procedures and manifests that allow traceability to be carried out on the waste that is delivered for treatment and final disposal.

### **ESS4 Community Health and Safety**

This standard is relevant. 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 GIIP, following WHO protocols. Only licensed operators will manage health and laboratory wastes with adequate protection of all types of patients and the general public from any potential threat of contagion and contamination. The MSP has developed a comprehensive COVID-19 Preparedness and Response Plan (COVID-19 PRP) which is aligned with the WHO's SPRP. The COVID-19 PRP has provisions for adequate training of personnel and adequate equipment to manage sharps and other contaminated materials.

In addition, Uruguay has a strong regulatory framework for medical waste management and disposal including: (i) a Manual for the "Integral Management of Sanitary Waste" , approved on July 6, 2016, through Resolution No. 3246 of the ASSE Board of Directors; and (ii) a Comprehensive Management Plan for Sanitary Waste -(PGIRS) for handling medical waste in Hospitals with Inpatients. In the private sector, each provider prepares its PGIRS and the MSP approves and controls it, under national regulations that are aligned with the WHO. The COVID-19 diagnostic laboratory has BSL 2 certification.

The Project will also incorporate labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms, including specific provisions requiring all contractors to prepare an implement codes of conduct for their workers and management.

### **ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**

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

This Standard is not relevant. The outcome of E&S screening did not identify any potential risks and/or impacts relevant to ESS7. There are no persons or collectives in the country that meet the WB’s criteria for identifying indigenous peoples.

**ESS8 Cultural Heritage**

This Standard is not currently 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 mean no earth excavation under the project.

**ESS9 Financial Intermediaries**

This Standard is not currently 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

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

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
<b>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</b>	
Organizational structure: The Project will be implemented using the MEF and the MSP structure and staff. The PCU under the MEF will be responsible for the management of the ESHS risks and impacts of the Project. The PCU will coordinate with DIGESA and JUNASA as required to accomplish the Environmental and Social Standards (ESSs) that apply to this Project.	05/2022
Environmental and Social (E&S) Assessment. Assess the E&S risks and impacts of proposed Project activities in accordance with the Environmental and Social Management Framework (ESMF) to be prepared, disclosed, and adopted no later than 30 days after the Effectiveness Date. This ESMF will	07/2020



include measures 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.	
Management plans and instruments. Prepare, disclose, adopt, and implement any environmental and social management plans or other instruments required for the respective Project activities based on the assessment process, in accordance with the ESSs, the ESMF, the EHSs, and other relevant Good International Industry Practice (GIIP) including COVID-19 SPRP prepared by the WHO in a manner acceptable to the Bank.	05/2022
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.	05/2022
<b>ESS 10 Stakeholder Engagement and Information Disclosure</b>	
STAKEHOLDER ENGAGEMENT PLAN: Update, disclose, and adopt a Stakeholder Engagement Plan (SEP) consistent with ESS10 SEP no later than 30 days after the Effectiveness Date. The SEP will then be continuously updated during project implementation.	07/2020
Adopt the Grievance Mechanism for the Project Timeline no later than 30 days after the Effectiveness Date and implement and update the GRM and all requirements under this action throughout Project implementation.	07/2020
<b>ESS 2 Labor and Working Conditions</b>	
Labor Management: The Project shall be carried out in accordance with the LMP to be prepared for the Project and ESS2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures.	05/2022
<b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>	
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.	05/2022
<b>ESS 4 Community Health and Safety</b>	
Relevant aspects of this standard shall be considered, as needed, under the Environmental and Social Assessment, Management Plans and Instruments.	05/2022
<b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	
<b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	
<b>ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</b>	

Public Disclosure



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:**

The Borrower's framework is not being considered for this Project .

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: The Oriental Republic of Uruguay

**Implementing Agency(ies)**

Implementing Agency: Ministry of Economy and Finance

Implementing Agency: Ministry of Public Health

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s): Luis Orlando Perez, Daniela Paula Romero

Public Disclosure



Practice Manager (ENR/Social)

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