



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 23-Aug-2021 | Report No: PIDISDSA32642



BASIC INFORMATION

A. Basic Project Data

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

Proposed Development Objective(s) Parent

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

Components

Emergency COVID-19 Response Efforts
Implementation, Monitoring and Evaluation

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	500.00
Total Financing	500.00
of which IBRD/IDA	500.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Bank for Reconstruction and Development (IBRD)	500.00
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Environmental and Social Risk Classification

Substantial

B. Introduction and Context

1. **This Project Paper seeks the approval of the Bank’s Board of Executive Directors to provide a loan in the amount of US\$500 million IBRD for an Additional Financing (AF).** The AF would support the costs of expanding activities of the Argentina COVID-19 Emergency Response Project (P173767) under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board of Executive Directors on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020.¹ The primary objectives of this AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Argentina through vaccination system strengthening. The Argentina COVID-19 Emergency Response Project in an amount of US\$35 million IBRD was approved on April 2, 2020 prepared under the SPRP.

2. **The purpose of the proposed AF is to provide upfront financing to help the Government of Argentina (GoA) purchase COVID-19 vaccines that meet Bank’s vaccine approval criteria (VAC) and strengthen health systems that are necessary for a successful deployment of the vaccines.** The AF will support the purchase of doses to vaccinate at least 37 percent of the country’s population, under the framework of the existing National Strategic Vaccination Plan (NSVP).² To implement the NSVP, the GoA entered the COVID-19 Vaccines Global Access (COVAX) Facility³ in October 2020 to cover up to 2 percent of the country’s population, with co- financing from the Inter-American Development Bank (IADB). In addition, the GoA has already signed bilateral agreements with different manufactures that cover all priority groups, about 73.2 percent of the country’s population. Several other bilateral contracts with manufacturers and with the COVAX Facility are also under discussion, all under the terms of the new Law⁴ for COVID-19 vaccines. Finally, the country has received a donation for 3.5 million doses.

3. **Bank financing for the COVID-19 vaccines and deployment will follow the Bank’s VAC.** As of April 16, 2021, the Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccine acquisition and/or deployment under all Bank-financed projects provided: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities identified by World Health Organization (WHO) for vaccines procured and/or supplied under the COVAX

¹ The Bank approved a US\$12 billion WBG Fast Track COVID-19 Facility to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion came from IBRD/IDA (“the Bank”) and US\$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the Facility total to US\$14 billion. The Additional Financing of US\$12 billion (IBRD/IDA) was approved on October 13, 2020 to support the purchase and deployment of COVID-19 vaccines as well as strengthening the related immunization and health care delivery system.

² Approved by Argentina National Ministry of Health (NMOH) resolution 2883 / 2020 of December 29, 2020 and published on December 30, 2020.

³ COVAX, is a global initiative aimed at equitable access to COVID-19 vaccines led by the Global Alliance for Vaccines and Immunization, the World Health Organization (WHO), the Coalition for Epidemic Preparedness Innovations, among others.

⁴ National Law 27573 on COVID-19 vaccines, published on October 29, 2020, and Presidential Decree 431/2021, published on July 2, 2021.



Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification or Emergency Use Listing. According to the NSVP, Argentina provides free of cost vaccination to the population; vaccines are universally available, regardless of the status of health coverage, nationality, gender, or ethnic group; and vaccination is not mandatory.

Country Context

4. The COVID-19 outbreak hit Argentina at a time when its economy faced significant macroeconomic imbalances and a highly uncertain outlook. Following a two-year recession, high inflation, and lack of access to capital markets, the strict lockdown imposed to contain the spread of the pandemic triggered a sharp GDP contraction of -10 percent in 2020. The recovery in economic activity started in the fourth quarter of 2020, when the GoA gradually eased confinement measures. In May 2021 a second COVID wave hit Argentina which prompted the Government to again tighten social distancing measures to avoid overburdening the already strained health system in view of the slow pace of vaccination at that point in time.

5. The economic recovery has been heterogeneous across economic sectors, with a lagging recovery of the formal labor market. While activity is above pre-pandemic levels in agriculture, construction, financial activities and manufacturing, other sectors such as hotels and restaurants, and transports and logistics are still contracting. The recovery shows signs of slowing down as the most dynamic sectors that kick-started the recovery in 2020Q4 are showing signs of stagnation. Labor markets are still subdued and have not been responding to the cyclical recovery of the economy. Although labor market participation and employment have increased since the end of the strict lockdown in June 2020, the observed dynamics is driven by the informal sector, as private sector employment has stagnated at very low levels since March 2020, and public sector employment, already at high levels, has increased modestly in the past months. The poor performance of the labor market precedes the COVID outbreak and is one of the root causes of the country's high poverty rates. One third of working Argentines are in an informal occupation, similar to ten years ago. Formal private sector employment represents less than half of the formal labor force: it reached only 5.9 million in the last quarter of 2020 (latest data available), out of 12 million total formal workers in the same period, and half a million less than in early 2018, at the beginning of the protracted recession. Only 20.2 million Argentines (45 percent of the population) are economically active.

6. The implementation of a fiscal stimulus package to support families and firms – equivalent to 3.9 percent of GDP, coupled with an abrupt decline in revenues, resulted in a central government (primary) deficit of 6.5 percent of GDP in 2020. In a context of restricted financial market access, financing the response to the COVID-19 shock required an important monetization of the deficit. This has exacerbated macroeconomic imbalances, notably by exerting pressures on inflation, foreign reserves and on the persistent large gap between the official and parallel exchange rates, despite tight capital and price controls. However, the spike in commodities prices since late-2020 contributed significantly to restored stability in the FX market and enabling the Central Bank to partially rebuild its reserves.

7. Real GDP is projected to rebound by 6.4 percent in 2021, given the strong 2020 Q4 carry-over effect and ample idle capacity. Uncertainty as well as price and capital controls will limit strong



investment growth, which is needed to raise low-productivity levels and generate formal job creation, after many consecutive years of anemic growth. The rebound is expected to be only partial in 2021, and the economy is not projected to reach 2019 GDP levels before 2023. The 2021 budget foresees a reduction in the primary deficit from an estimated 6.5 percent of GDP in 2020 to 4.2 percent. High commodity prices are supporting the fiscal and external accounts, as well as foreign reserve accumulation. The Government has announced additional support measures to households, which is expected to be completely financed by windfall revenues from high commodity prices. There are important downside risks to this baseline scenario, notably the evolution of the second wave of the pandemic and the pace of vaccination. Prolonging social distancing measures could dent the incipient recovery, and the fiscal balance, via lower fiscal revenues and a renewal of temporary support measures. The latter would in turn require additional deficit monetization, risking accelerating inflation.

8. **Finally, the impact of the COVID-19 crisis could be long lasting; the sanitary and economic shocks caused by the COVID-19 pandemic in 2020 brought about the most historically significant disruption of education, with school closures at all levels.** This situation has led to significant learning losses, potentially jeopardizing the education outcomes of an entire generation of students. In Argentina, it is estimated that 1.3 learning-adjusted years of schooling could have been lost due to COVID-19.⁵ Other estimations show that learning losses are higher during the first years of school, for example, a student in second grade would have lost 1.8 years of learning when he reaches 10th grade, while a student in 8th grade would have lost 0.3 years at 10th.⁶

Sectoral and Institutional Context

9. **The need for additional resources to expand the COVID-19 response was formally conveyed by the Government in a formal request dated June 29, 2021, in which the GoA requested an AF in the amount of US\$300 million for the purchasing of COVID-19 vaccines, as well as technical assistance to strengthen the immunization system in the country. On August 3, 2021, the GoA requested to increase the total amount of the AF to US\$500 million.** The proposed AF will be part of an expanded health response to the pandemic, which is being supported by development partners under the coordination of the GoA. Additional World Bank (WB) financing will provide essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Argentina. A flexible design of the AF – anchored in the MPA’s approach – will allow supporting Argentina adequately in its response to the changing nature of the pandemic and the uncertainties in the global market for vaccines

10. **With the economy reeling from social distancing and border control measures and with one of the region’s highest contagion and deaths per million people, Argentina urgently needs to expand and diversify its vaccine availability before the Delta variant reverses the country’s fragile gains against the COVID-19 spread.** The AF seeks to enable the acquisition of vaccines from a range of sources to support Argentina’s objective to have a portfolio of options to access vaccines under the right conditions (i.e. value-for-money, regulatory approvals, and delivery time among other key features). The proposed IBRD financing will further expand Argentina’s access to vaccines. The need for these additional purchases is underscored by the uncertainty surrounding the exact timing of availability for vaccines from different

⁵ <https://openknowledge.worldbank.org/handle/10986/35276>

⁶ <https://cms.argentinosporlaeducacion.org/media/reports/informe-rise.pdf>



sources. Furthermore, due to supply shortages for some second doses, Argentina is having difficulties to complete vaccine schedules already initiated. As a result, the country may resort to a heterologous strategy under which different vaccines are administered as the first and second doses, as permitted by WHO Strategic Advisory Group of Experts on Immunization in such cases.⁷ In addition, the emergence of new virus variants⁸ (particularly the Delta variant which is considerably more transmissible than previously dominant variants⁹ and for which different vaccines have been shown to differ in terms of their effectiveness), makes it necessary for countries to diversify their vaccine acquisition strategy. Until recently, Argentina has not procured any messenger ribonucleic acid (mRNA) vaccines, a novel technology used in the VAC-compliant vaccines commercialized by Moderna and Pfizer BioNTech. This type of vaccine has shown to be effective against new emerging virus variants.¹⁰ The proposed financing enables a portfolio approach that can be adjusted during implementation in response to developments in the country's pandemic situation and the global market for vaccines.

11. The COVID-19 pandemic has had a severe health and economic impact in Argentina, a country that was already facing a difficult economic situation when the outbreak started; in this context, any sustainable recovery will be closely linked to the pace of vaccinations. The impact of COVID-19 in Argentina has been severe. It continues to be among the most affected countries in the region. As of August 12, Argentina had a total of 5.07 million cases and 108,569 cumulative deaths, ranking as the fourth most affected country in the Americas in terms of deaths per million population and third in terms of cumulative cases.¹¹ The situation has not abated, and since April 2021, the country has been facing a second stronger wave of infections with an average of more than 20,000 new cases per day -with a peak of 41,080 daily cases on May 27, 2021. This new wave has put the country's health system under stress, with the intensive care unit bed occupancy rate reaching a peak of 79 percent nationwide on June 9, 2021. The initial delays in the roll out of the NSVP, mainly due to delays in the supply of vaccines, contributed to this severe impact, which has gone beyond health. The COVID-19 outbreak hit Argentina at a time when its economy faced significant macroeconomic imbalances and a highly uncertain outlook. Following a two-year recession, high inflation, and lack of access to capital markets, the strict lockdown imposed to contain the spread of the pandemic triggered a sharp GDP contraction of -10 percent in 2020. Some recovery in economic activity started in the fourth quarter of 2020, when the GoA gradually eased confinement measures. But when the second COVID-19 wave hit Argentina, the Government tightened social distancing measures to avoid overburdening the already strained health system in view of the slow pace of vaccination at that point in time.

⁷ <https://apps.who.int/iris/rest/bitstreams/1351420/retrieve>

⁸ The WHO recognizes four so-called "variants of concern" of the SARS-CoV-2: The P.1 variant (which was first documented in Brazil) commonly referred to as the Gamma variant, the Alpha variant (with the scientific name B.1.1.7, first documented in the UK), the Beta variant (with the scientific name B.1.351, first documented in South Africa) and Delta variant (with scientific name B.1.617.2, first documented in India). The WHO recommends that countries monitor and track these variants of concern and carry out surveillance for new variants. This information is then shared with the global scientific community so that when significant variants are detected, countries may be informed about how to react to the variant and prevent its spread.

⁹ <https://www.nature.com/articles/d41586-021-01696-3>

¹⁰ <https://www.biorxiv.org/content/10.1101/2021.05.09.443299v1>

¹¹ <https://ourworldindata.org/coronavirus/country/argentina> and <https://covid19.who.int/table>



C. Proposed Development Objective(s)

Original PDO

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

13. **The changes proposed for the AF entail expanding the scope of activities in the parent project, Argentina COVID-19 Emergency Response Project, to include vaccine financing.** The proposed AF will finance key activities including purchasing vaccines; and training and technical assistance for capacity building, medical and non-medical waste management, registration, and support to the information and surveillance management systems. This support will build on the existing Global COVID-19 MPA-Program and will include climate considerations. Moreover, the AF will support health system strengthening activities in a way that ensures an effective COVID-19 response and enables long-lasting resilience including against expected climate change impacts. The proposed activities to be funded under the AF for Argentina COVID-19 Emergency Response Project are aligned with the original PDO, hence, the PDO would remain unchanged.

D. Project Description

14. **The Project Development Objective (PDO) of the parent project and this AF is to strengthen preparedness and response efforts against the COVID-19 pandemic and national systems for public health preparedness in Argentina.** The parent project focuses on the procurement of personal protective equipment, laboratory kits, medical equipment, and intensive care equipment as well as training on their use. A detailed description of the project can be found on the Bank's external website.¹² The parent project includes the components listed below:

- a. Component 1: Emergency COVID-19 Response Efforts (US\$ 33.9 million): This component supports the enhancement of disease detection capabilities through the strengthening of the public laboratory network for case reporting and diagnosis; strengthening of clinical care and isolation capacity; and mobilizing trained and well-equipped frontline health workers.
- b. Component 2: Implementation, Monitoring and Evaluation (US\$ 1.1 million): This component finances: (i) technical assistance to strengthen the capacity of the National Project Coordination Team; (ii) financial audits for the project; and (iii) relevant monitoring and evaluation activities, including clinical research and public health research.

15. **The AF will support technical assistance to strengthen the immunization systems and service delivery capacity for successful deployment of COVID-19 vaccines at scale** through specific activities under Subcomponent 1.3 and Component 2. The AF will assist the GoA, working with WHO/PAHO, to overcome some of the readiness gaps identified in the COVID-19 vaccine readiness assessment.

¹² <https://documents1.worldbank.org/curated/en/361281585951501940/pdf/Argentina-COVID-19-Emergency-Response-Project.pdf>



16. **Subcomponent 1.3: Purchasing of COVID-19 vaccines and strengthening the country's immunization system (US\$499 million)** will be added under Component 1: Emergency COVID-19 Response with a new allocation of US\$532.9 million. This subcomponent will finance goods, consulting services, and non-consulting services needed for the provision of:

- a. Vaccine purchase.
- b. Training of health workers, vaccine administrators, vaccine chain and logistics staff to strengthen delivery systems of COVID-19 vaccines, with a focus on business continuation in the event of climate-driven disasters and on long-term strengthening of the country's immunization system enabling it to also be better prepared to respond to climate-related communicable diseases into the future.
- c. Technical assistance to support 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 to strengthen and adapt surveillance and pharmacovigilance systems to improve vaccine safety.
- e. Technical assistance and training to strengthen the waste management procedures and resources for immunization activities adopting approaches and technologies that are resource efficient and that minimize the impact on climate change; such as providing training for the replacement of cold equipment to preserve vaccines that do not use CFCs or HCFCs in fluids or insulators, and providing technical assistance for the analysis of alternatives of refrigerant gases with a lower contribution of CO₂eq, with the aim of minimizing the carbon footprint, among others.
- f. Supervision activities, technical assistance and operational costs required to strengthen the vaccination system.

17. **Further investments in closing the gaps identified under the VIRAT/VRAF assessment will contribute to the strengthening of the overall health system and increase its resilience against climate change in the medium term.** The training of human resources including in climate disaster awareness and preparedness as well as the strengthening of health information systems will contribute to greater service coverage and efficiency of service delivery, particularly for the country's general immunization program. Improvements in waste management through investments in information systems, training, supervision, and regulatory capacity are also expected to benefit the overall health sector performance and resilience in this area in the medium term, beyond COVID-19 vaccination specific activities.

18. **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 PCT and the technical directorates under the Secretariat of Health Access to coordinate activities with other areas under the NMOH, the 24 PMOH, the CoNaIn and other entities, and to manage the Environmental and Social, financial management 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 vaccination activities under Component 1 and the extension of the closing date.



Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

Summary of Assessment of Environmental and Social Risks and Impacts

19. The Environmental and Social Risk Classification will be raised from Moderate to Substantial. The measures to address social and environmental risks in the Parent Project remain relevant, including infection prevention and control improvements in health facilities, such as assessment and mitigation measures for health care waste (HCW) risk management that will be expanded as inoculation sites expand.

20. The environmental risk rating is raised from Moderate to Substantial. This risk rating is based on the expansion of Project’s scope to include the procurement of vaccines against COVID-19. This is due to additional environmental risks related to vaccine deployment, including potential impacts related to the handling, use, and disposal of medical supplies; health care waste-related issues; as well as occupational health and safety (OHS) of workers and safety of the community.

21. The social risk rating for this AF has been increased from Low to Substantial. As in the case of the Parent Project, the AF’s social impacts are expected to be positive, since it will support Argentina’s COVID-19 vaccination efforts, as well as the strengthening of the health system in a way that ensures an effective COVID-19 response that could generate long-lasting resilience. Nevertheless, vaccine financing 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 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; and (iv) lack of adequate measures for the use of public and communal facilities in remote areas where health facilities may be scarce.

22. 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 Project’s updated ESMF and SEP will incorporate measures to mitigate the risks identified above, including the strengthening of the grievance mechanism to ensure that grievances stemming from vaccination activities are covered. In addition, the NMOH has vast experience implementing WB-financed operations and a very good track record in managing all related social aspects of these operations. Furthermore, Argentina has experience in the implementation of the vaccination campaign against COVID-19, including the associated mass communication campaign (and a vast experience in the implementation of vaccination campaigns in general), high levels of acceptance of the vaccines (in terms



of its safety and effectiveness), and confidence in the vaccination process among the population, despite some delays at the beginning of its implementation.

23. **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. The Constitution of Argentina grants free access to healthcare to all, and the NSVP establishes that the vaccine against COVID-19 is free of costs and universally available, regardless of the status of health coverage, nationality, gender, or ethnic group of the country's population, and that vaccination is voluntary. In this regard, discrimination towards some of these groups may be a deterrent to access services. In the case of migrants, the assessment and monitoring of the vaccine enrollment system is key to ensure traceability of those without ID.

24. **Sexual exploitation and Abuse (SEA) and Sexual Harassment (SH) 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 the AF, in consultation with the Ministry of Women, Gender and Diversity, and the final design of the Project will incorporate any recommendation that may arise as a product of the assessment.

E. Implementation

Institutional and Implementation Arrangements

25. **Activities under the AF should have positive impacts as it will improve capacity for surveillance, monitoring, and containment of COVID-19.** However, it could also cause environmental, health, and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and equipment used in the project-supported activities. Facilities treating patients may also generate biological, chemical, sharp, and stabbing waste, and other hazardous by-products that could be injurious to human health. These risks will be mitigated with OHS standards and specific infectious-control strategies, guidelines and requirements as recommended by WHO and the NMOH. Effective administrative and infectious-controlling and engineering controls would be reinforced or put in place to minimize these risks. Climate change can affect the trajectory of the COVID-19 pandemic and impact groups that are most susceptible to the virus including healthcare workers, the elderly, those with pre-existing conditions, people with disabilities and other disadvantaged groups. These vulnerabilities will be addressed through targeting and improving health care interventions described above as well as the surveillance monitoring. Barriers to access to COVID-19 services and information for vulnerable social groups including the poor, indigenous peoples, afro-descendants, migrants, people with disabilities, women and LGBTI+ people will be assessed, and mitigation measures will be included in the updated version of the ESMF and SEP.

26. **Military personnel will not participate in project activities.** According to national regulations, the Armed Forces do not carry out security or citizen control tasks, and they are only collaborating with the NMOH in humanitarian activities amidst the sanitary emergency (such as food distribution), only during



the day, unarmed and following COVID-19 prevention protocols to reduce risks of exposure to contagion. In addition, no security personnel will be used in the implementation of project activities and/or provision of security to project workers or sites; however, security personnel (public and/or private) may be appointed by the provinces responsible for the implementation of the NSVP, to provide security to project assets (vaccines) during transportation and storage. Based on this information, there are no risks or impacts associated with military personnel engagement to be considered. Regarding security personnel involved, the updated versions of the ESMF and SEP for the AF will incorporate measures for an adequate management, 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.

27. In line with WHO Interim Guidance (February 12, 2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)”, and other guidelines, the Borrower prepared an ESMF for managing the Parent Project’s Environmental and Social risks and potential impacts. The ESMF was built on the existing protocols and instruments developed for the ongoing WB-funded health projects, Supporting Effective Universal Health Coverage in Argentina (P163345) and Protecting Vulnerable People against Noncommunicable Diseases (P133193), that are compliant with the WB’s Safeguards Operational Policies and Environmental and Social Standards as well as WHO guidance related to health program impacts, including waste management and laboratories biosafety. The ESMF includes the procedures and protocols for, among other issues, the safe handling, transportation, storage, and disposal of COVID-19 treatment and testing materials, medical supplies and personal protective equipment, as well as healthcare OHS related aspects and infection control, building on the applicable regulation for health care waste 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 based on three pillars to address a comprehensive management of waste: (i) Referent or Unit in charge of Environmental Health, (ii) Implementation of a Training Strategy, and (iii) Provincial Action Plan. In addition, the Integrated Annual Commitment incorporates the aspects of the OHS management and a monitoring tool developed by the PCT, *Matriz Ponderada de Evaluación de Higiene y Seguridad de Establecimientos de Salud*. The ESMF will be updated for the AF and will account for the AF-related additional activities, which focus on the equitable procurement, distribution, and administration of safe vaccines¹³. Basic inputs for the ESMF update will be the NSVP (December 30, 2020) and the Argentine Guide for the Rational Management of Waste from Vaccination Campaigns and Centers (revised version, 2018)¹⁴, along with other resources that have already been prepared and are being implemented by the NMOH: (i) Technical Guidelines and Vaccine Manual; (ii) Self-administered training courses on: Adverse Events Supposedly Attributable to Vaccination and Immunization, Integral Training in Immunizations, and Vaccination campaign against Sars-CoV2; (iii) Materials and guides for the

¹³ Argentina already has extensive experience in the implementation of vaccination campaigns. It has a wide calendar with 19 mandatory vaccines (and two exclusive ones for risk areas), free of charge, which are applied in vaccinations clinics, health centers and public hospitals around the country. It also has experience in the implementation of the vaccination campaign against COVID-19, with around 21.3 million people vaccinated (about 44 percent of total population), with 4.2 million people (8.7 percent of total population) that have completed the vaccination scheme of two doses as of July 2, 2021.

¹⁴ The Argentine Guide for the Rational Management of Waste from Vaccination Campaigns and Centers was developed in the context of the environmental safeguards management of the Bank financed project Emergency Flu A H1N1 AR Prevention & Management of Influenza (P117377). In addition, this guide was updated in 2018 under the ongoing Bank financed project Supporting Effective Universal Health Coverage in Argentina (P163345).



registration of applied doses; (iv) Vaccine safety- Adverse Events Supposedly Attributable to Vaccination and Immunization (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 under this AF. For example, the updated ESMF will consider and reference: (i) for the management of health care waste 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, (ii) 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).

28. As described above, the SEA/SH risk is considered low. However, the ESMF will include an assessment on any potential SEA/SH risks associated with the AF, in consultation with the Ministry of Women, Gender and Diversity, and the final design of the Project will incorporate any recommendation that may arise as a product of the assessment.

29. The ESMF and the SEP of the Parent Project will be updated to incorporate the activities to be financed under the AF. The PCT will ensure proper implementation of the measures provided within the updated ESMF and SEP, and in the Environmental and Social Commitment Plan (ESCP). All vaccines purchased under the Project will be deployed only after the updated ESMF is approved and adopted, including the vaccines that are subject to retroactive financing. Such deployment shall be carried out in accordance with the updated ESMF. In addition to the ESMF and the SEP, the NMOH will prepare a document to summarize Labor Management Procedures applicable to all Project Workers. The AF implementation will ensure appropriate stakeholders' engagement, proper awareness raising and timely information dissemination. This will help to: (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it, and (iii) address issues resulting from people being kept in quarantine. These will be guided by standards set out by WHO as well as other international good practices including social inclusion and prevention of SEA and SH.

30. The NSVP include diverse mechanisms to engage citizens, and specifically target beneficiaries. The Strategic Communication Plan follows a risk approach and aims to inform, quickly and accurately, the health personnel, the industry and commercial activities, the community, and the media. In addition, the NMOH has a webpage¹⁵ that has a live chat and contact details for information and for citizen feedback and complaints. The PCT 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 mechanism¹⁶ that receives directly grievances related to the Project. The grievance mechanism also collects information from the 24 sub-national jurisdictions. The site on COVID-19 also provides access to a public dashboard¹⁷ that informs in real time the application of COVID-19 vaccines and a place with updated frequent asked

¹⁵ <https://www.argentina.gob.ar/salud/coronavirus-COVID-19>

¹⁶ http://www.ufisalud.gov.ar/index.php?option=com_chronoforms&view=form&Itemid=121

¹⁷ <https://www.argentina.gob.ar/coronavirus/vacuna/aplicadas>



questions on the vaccines.¹⁸ Furthermore, under the Parent 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” that is included in the SEP. The COEs were created following guidelines of the NMOH. Most COEs include the participation of civil society organizations, 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

31. To strengthen its actions and provide broad social support, the NSVP includes 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, religious communities, retirement centers, National Ombudsman and civil society organizations (CSO). Also, the 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. Through the Public Vaccination Monitor, the NMOH reports on the progress of the vaccinated population and the transparency in the acquisition of vaccines. It has also developed, and regularly updates, key messages for communication through classic mass communication media (TV, radio, posters), social networks, and direct communication with citizens, through different platforms and mobile applications (e.g.: *PAMI*, *MiARGENTINA*, *Cuidar*).

32. The AF will support the development and implementation of communication campaigns targeted for the prioritized populations according to each phase of the NSVP, to ensure that 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). This is a necessary step to deepen their understanding about the NSVP, its phases and the importance of getting vaccinated.

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¹⁸ <https://www.argentina.gob.ar/coronavirus/vacuna/preguntas-frecuentes>



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