



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/03/2020 | Report No: ESRSA00654



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Lao People's Democratic Republic	EAST ASIA AND PACIFIC	P173817	
Project Name	Lao PDR COVID-19 Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/30/2020	4/10/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Finance	Ministry of Health		

Proposed Development Objective(s)

To respond to the COVID-19 outbreak and strengthen national systems for public health emergency preparedness in Lao PDR.

Financing (in USD Million)	Amount
Total Project Cost	18.00

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

No

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

The World Bank Group (WBG) has created a dedicated, COVID-19 Fast Track facility to help developing countries address emergency response to, and impacts of the outbreak. The WBG's COVID-19 Fast Track facility will be a globally-coordinated, country-based response to support health systems and emergency response capacity in developing countries, focused largely on health system response, complemented by support for economic and social disruption.

The Lao PDR COVID-19 Response Project is part of this COVID-19 Fast Track facility to support the Government of Lao PDR in responding to the unprecedented COVID-19 outbreak and to strengthen its health system to deal with future



public health emergencies. The Project Development Objective (PDO) is to respond to the COVID-19 outbreak and strengthen national systems for public health emergency preparedness in Lao PDR. The project components and activities under these components are designed to support critical gaps identified through the National Preparedness and Response Plan for COVID-19. The project will complement collaboration efforts being undertaken by other international donors in Lao PDR.

The project will comprise the following three components:

Component 1. Emergency COVID-19 Response [US\$12.83 million]: This component supports preparedness and emergency response activities to address immediate gaps for COVID-19 response in Lao PDR, focusing on the following areas: (i) response coordination; (ii) infection prevention and control; (iii) case detection, confirmation, and contact tracing; (iv) case management; and (v) risk communication and community engagement. Goods, works and services to be financed by this component include: (i) Personal Protective Equipment (PPE), (ii) medical equipment, (iii) laboratory equipment and consumables, (iv) minor civil works, supplies and other commodities for infection prevention and control including improvements in safe water and sanitation and in medical waste management and disposal systems, and (v) establishment of hotlines to reach communities on COVID-19 information and respond to enquiries from the public and health care providers. In addition, this component also finances operating cost including per diem, transportation and accommodation for medical and non-medical personnel for intensified case detection, confirmation and contact tracing, food and basic supplies for quarantined populations as well as cost of contractual staff and overtime payment for existing health workers to respond to a surge in demand for services. Enhanced capacity for case detection, confirmation and contact tracing as well as home-care support is supported through training of health workers and surveillance workers and better reporting by frontline health workers through existing information system. The component also allows for flexibility to allocate resources to purchase essential pharmaceutical (medicines and vaccines) to fill in gaps in supplies of essential medicines and goods to ensure continuity of essential health service delivery.

Component 2. Strengthening System for Emergency Response [US\$3.67 million]: This component strengthens the capacity of the health system to respond to public health emergencies by supporting clinical response, laboratory, isolation and case management capacity of health facilities at central and provincial levels, including supporting medical supplies, furniture, virtual conference facilities and network installation to manage COVID-19 cases. The activities include minor civil works and retrofitting of isolation rooms and treatment centers in the existing health facilities. Also, this component strengthens clinical care capacity through the development and training of medical lab technicians on molecular diagnostics and health personnel on treatment guidelines and hospital infection control interventions. The component also strengthens the national health information system for enhanced surveillance capacity by rolling out a District Health Information Software 2 (DHIS2) module for COVID-19 surveillance at central and provincial levels and finances the hardware and capacity building of health personnel for the use of DHIS2 module for COVID-19 surveillance as well as the operating cost related to these activities.

Component 3. Project Management and Monitoring and Evaluation [US\$1.5 million]: This component finances activities related to project management and monitoring, including the project management unit, and project monitoring and evaluation. Key activities include: (i) recruitment of project management unit and technical consultants; (ii) support for procurement, financial management, environmental and social sustainability, monitoring and evaluation, and reporting; and (iii) operating expenses. The monitoring and evaluation will be implemented in coordination with technical departments responsible for implementing activities using the agreed monitoring and



evaluation tools. Collection, use and processing (including transfers to third parties) of any personal data collected under this project will be done in accordance with best practice ensuring legitimate, appropriate and proportionate treatment of such data.

Through a global waiver, all IPF operations processed under the Fast Track COVID-19 Facility, including projects prepared under the Global MPA or stand-alone projects, are eligible for the application of the additional flexibilities defined in paragraph 12 of Section III of the IPF Policy due to the urgent need of assistance experienced by all Bank borrowers in response to the COVID-19 pandemic.

D. Environmental and Social Overview

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

Lao PDR is a mountainous land-locked country that shares borders with five countries such as China, Myanmar, Vietnam, Thailand and Cambodia. The majority of its population of 7.1 million lives in rural and remote areas with the consequent challenges in communications, transport, and service provision. There are eight confirmed cases of coronavirus infection in the country, Lao PDR shares a long border with countries affected with COVID-19 outbreaks, especially China, Thailand, Vietnam and Cambodia. This emergency operation is being prepared as a new stand-alone project which will be implemented throughout the country and will contribute to COVID-19 surveillance and response. There will be focus on people living near borders and in the areas with high population density e.g. Vientiane Capital, and Savannakhet, Louang Prabang, and Champasack Provinces. These groups may be at particular risk from any people with COVID 19 that may be returning from affected countries. Vulnerable groups identified include: elderly people; children, particularly those that are malnourished; those with underlying health conditions e.g. diabetes, cancer, hypertension, coronary heart diseases, and respiratory diseases, among others; persons with disabilities including physical and mental health disabilities; single parent headed households, male and female; poor, economically marginalized, and disadvantaged groups; and ethnic groups.

The project will support Lao PDR in emergency response and strengthen its health system. Activities include: reactivating coordination of the Emergency Operation Center (EOC) at the National and provincial levels; supporting the prevention and control of infection; new case detection; supporting cleaning and disinfection activities; managing cases; supporting awareness and communications; strengthening health service delivery, capacity building and training; improving capacity of laboratory; strengthening information systems; providing logistics management and; improving the isolation and treatment centers.

The project will finance equipment, operating costs, per diem and administration costs for health care workers, consumables for laboratory and case detection, and small physical renovation works such as laboratory, quarantine and isolation center, warehouse, and waste management facility rehabilitation and operation, etc. The Project will support the readiness at Mitthaphab and Setthathirath hospitals in Vientiane Capital and all 17 provincial hospitals to treat the patients with COVID-19 infections. The civil works are expected to be minor and will take place within the footprints of existing facilities to upgrade rooms into an isolation center, improve the laboratory at the National and provincial levels, and improve quarantine center. An Environmental and Social Management Framework (ESMF) will be developed to provide guidelines, principles and procedures to be followed under the project to identify risk, and develop and implement specific mitigation and management plans, where needed. The ESMF and project activities



will consider international protocols for infectious disease control and medical waste management. The project is not expected to impact natural habitats or cultural sites.

D. 2. Borrower’s Institutional Capacity

The Ministry of Health (MOH) is responsible for coordination and implementation of the project and will ensure project activities comply with the requirements of the World Bank’s Environment and Social Framework (ESF). MOH has experience implementing several World Bank financed projects with the institutional arrangements based on lessons learned from the on-going Health Governance and Nutrition Development Project (P151425), and Health and Nutrition Service Access Project (P166165). The staff previously assigned by MOH for the implementation of the current Health Governance and Nutrition Development Project (P151425) and Health and Nutrition Service Access Project (P166165) will also be responsible for the preparation and implementation of the ESMF and other Environmental and Social Framework (ESF) measures for the proposed project. There are 19 people assigned by MOH includes Director General, two Deputy Director Generals, technical staff and consultants from the Department of Planning and Cooperation, Department of Health Care and Rehabilitation, Department of Communicable Disease and Control, National Health Insurance Bureau, Health Promotion Unit, Mother and Child Health Center, HIV/AIDS and Sexually Transmitted Infection (STI) Control Center, and Consultant working in six project provinces assigned to support safeguards work under the two mentioned project. The Ministry of Health agreed to upgrade its project implementation arrangements and ensure that dedicated ESF focal points are appointed separately amongst those 19 staff within 30 days of project effectiveness and training will be provided by World Bank staff to ensure adequate capacity of the implementing agencies to identify potential environmental and social risks and impacts, and prepare and implement Environmental and Social Standards (ESSs) instruments to manage them.

The implementation of ESF instruments will be supported and monitored by World Bank staff throughout project period to assist the implementing agencies to undertake the planned environmental and social assessment measures, including preparation of required management plans to be applied under the project and provide training to the assigned staff.

Public Disclosure

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

A. Environmental and Social Risk Classification (ESRC) Substantial

Environmental Risk Rating Substantial

Overall, the project will have positive environmental impacts, however, the environmental risks are considered Substantial because the details of project activities are evolving in response to COVID-19 situation, and the limited local capacity to handle environmental risks associated with the project, especially issues related to occupational health and safety and the healthcare and medical wastes management. The main environmental risks associated are: (i) occupational health and safety resulted from the operation of laboratory related to COVID-19 process that may cause unsafe to the health of technicians and medical staff who work in the laboratory and hospitals throughout the country; and (ii) medical and other chemical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare wastes. Infectious and biohazard waste that may be generated from labs, quarantine facilities, detection and controlling centers, isolation centers and hospitals could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials



(water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires special capacity to manage and dispose. Without proper handling, these infectious wastes may pose risk to the healthcare workers and communities who are in contact or handle the waste and live near its disposal area. There is also an elevated risk of sharps disposal.

Solid waste management systems in Lao PDR are weak, especially with regard to the management of highly infectious medical and healthcare wastes. There was a support from other United Nations (UN) agencies since 1995 on management of medical waste; an assessment of the World Bank financed Health Services Improvement project (P074027) during the period of 2007 to 2013 confirmed that all hospital at the National and Provincial levels (except the New established Xaysomboun province) have equipped with an Autoclave and Incinerator, and trainings have been provided under the World Bank project on health-care waste management. In the normal situation, the health-care waste will be collected and segregated, the infectious waste will be disinfected by autoclave and then sent to incinerator available at the hospital. Nevertheless, the facilities and capacity have been weakened in some provincial hospitals due to the lack of maintenance of equipment and staff turned over, these capacities will need to be checked and reactivated in response to the current COVID-19. The project will require that appropriate precautionary measures are properly planned and implemented to strengthen the above. The Ministry of Health will prepare and implement an ESMF and its instruments ensuring functionality of health-care waste management system, particularly, at the provincial level and World Health Organisation (WHO) standards and protocols on COVID-19 response are incorporated. The ESMF will include guidelines for development and implementation of a Health Care Waste Management Plan (HCWMP), Community Health and Safety measures, Environmental Code of Practice (ECOP) for physical renovation civil works, and Environmental and Social (E&S) risk management Capacity Building Plan. The ESMF should be finalized within 30 days of effectiveness and before starting of any on civil works or activities that are screened as having E&S risks, especially establishment and operation of the isolation units and quarantine facilities.

Social Risk Rating

Substantial

The Social Risk Rating is classified as Substantial, although the direct and indirect social impacts and risks associated with the activities proposed by this project are expected to be mostly temporary, predictable, and avoidable. No major construction works will be financed under this project.

However, there remain social risks and impacts related to: worker and community health and safety through the upgrading activities and spread of the virus among and from health care workers; potential for spread of COVID-19 among the population at large and especially for the most disadvantaged and vulnerable populations (elderly people; children, particularly those that are malnourished; those with underlying health conditions; persons with disabilities including physical and mental health disabilities; single parent headed households, male and female; poor, economically marginalized, and disadvantaged groups; and ethnic groups); vulnerable and high-risk social groups being unable to access facilities and services, due to their income, distance from health centres; and potential for anxiety, conflicts, and social stigma associated with COVID-19 testing and services and pressures on services including public health services'. The handling of quarantining interventions (including dignified treatment of patients, and attention to specific, culturally determined concerns of vulnerable groups; and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as minimum accommodation and servicing requirements), are issues also that will need to be assessed and mitigated. Civil works envisaged in the project refer to repair and rehabilitation of existing buildings only and no land acquisition or involuntary resettlement impacts are expected.



A Environmental and Social Commitment Plan (ESCP) and a Stakeholder Engagement Plan (SEP) have been prepared and disclosed through the website of Department of Food and Drugs of MOH: www.fdd.gov.la. An assessment of particular social risks will inform the preparation and the development of specific management measures to be included in the ESMF. As per the ESCP, the ESMF will be adopted within 30 days of project effectiveness. Updated versions of the SEP, ESCP and the final ESMF will be disclosed on the same website and on the WBG website during project implementation.

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 for the project. The project will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring, containment and response.

The project will help Lao PDR to combat COVID-19 which in turn will provide positive impact on overall environment; however, the project could also cause environmental, health and safety risks due to the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported laboratories, isolation and quarantine facilities. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among healthcare and laboratory workers and exposed communities. The laboratories and relevant healthcare facilities which will be used for COVID-19 diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous waste. Effective management and controls measures will have to be in place to avoid and minimize these risks; these measures, minimizing the risk of occupational health and safety, proper management and dispose of hazardous waste and other sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedures, etc., will be documented in the ESMF and will be in line with WHO Interim Guidance (February 12, 2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)”. The ESMF will also document how COVID-19 diagnostic activities and non-propagative diagnostic laboratory work (e.g. sequencing) could be undertaken in the labs with appropriate care. The ESMF will include guidelines for development and implementation of a HCWMP, the plan will help to strengthen the function of the existing health-care waste management system including facilities and human capacity, and establish the system for new province; Community Health and Safety measures; ECOP for physical renovation civil works; and an environmental and social (E&S) risk management Capacity Building Plan. The ESMF will provide the application of international best practices in COVID-19 diagnostic testing and handling of medical supplies, and disposing of the generated waste. The ESMF will include a negative of activities that will not be financed unless the appropriate Occupational Health and Safety (OHS) capacity and facility is in place.

One obvious type of social risk related to this kind of an operation is that marginalized and vulnerable social groups may be unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. To mitigate this risk MOH, in the ESCP, will commit to the provision of services and supplies based on the based on the urgency of the need, without limitation to social status, vulnerability, ability to pay of other disadvantage defined in the ESF. Beyond this, project implementation needs also to ensure appropriate



stakeholder engagement (see ESS10 below) through the preparation and implementation of the project’s SEP, including the project Grievance Redress Mechanism (GRM).

The project will ensure that the medical isolation of individuals does not increase their vulnerability. Specifically, the ESCP includes commitments to ensure risks and impacts on disadvantaged and vulnerable individuals or groups are addressed. For this project this will include elderly people; children, particularly those that are malnourished; those with underlying health conditions; persons with disabilities including physical and mental health disabilities; single parent headed households, male and female; poor, economically marginalized, and disadvantaged groups; and ethnic groups. Handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of SEA and SH as well as minimum accommodation and servicing requirements) are issues that will that will require close attention in managing the social risks of the project.

An assessment of particular social risks will inform the preparation and A the development of specific management measures to be included in the ESMF. This will include the (i) risk that project-related impacts fall disproportionately on individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable; and (ii) risk of prejudice or discrimination toward individuals or groups in providing access to development resources and project benefits, particularly in the case of those who may be disadvantaged or vulnerable. The ESMF will be finalized within 30 days of project effectiveness.

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant for the project. The need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large is recognised. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine, will be critical. Meaningful consultation, when public meetings will not be appropriate, and disclosure of appropriate information assume huge significance for ensuring public health and safety from all perspectives – social, environmental, economic as well as physical and mental well-being.

To address the challenges to ensuring effective and meaningful engagement, a SEP has been prepared and disclosed publicly on the MOH website – Department of Food and Drug site: www.fdd.gov.la on March 25, 2020. The SEP defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It also outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The SEP includes a GRM in summary form. Grievances will be handled at the national level by Department of Planning and Corporation (DPC) of the MOH working through provincial and local level structures. Grievance can be lodged through various mechanisms including through the use of hotline.

The SEP needs to be updated to incorporate the WHO guidance (WHO Guidance - Risk Communication and Community Engagement) to ensure provision of proper awareness raising and timely information dissemination to (i)



avoid conflicts resulting from false rumours; (ii) ensure equitable access to services for all who need it; and (iii) address issues resulting from people being kept in quarantine. The revised SEP will also need to detail how the GRM will be operationalised including provisions allow anonymous grievances to be raised and addressed and how any complaints of gender-based violence will be handled, as well as detailed contact numbers and addresses.

The SEP should also build on other relevant WHO guidance the guide on preventing and addressing social stigma associated with COVID-19 (to reduce social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus).

The final SEP will be shared with relevant stakeholders via culturally appropriate means (and having regard to logistical and technological constraints during a global pandemic). The SEP will be redisclosed at MOH website no later than 30 days after effectiveness and printed copies will be placed in health centers in all provinces and hospitals where services will be provided. MOH will ensure that there is no prejudice or discrimination toward project-affected individuals or communities, including other interested parties. Particular consideration will continue to be given to the disadvantaged and vulnerable groups (elderly people; children, particularly those that are malnourished; those with underlying health conditions; persons with disabilities including physical and mental health disabilities; single parent headed households, male and female; poor, economically marginalized, and disadvantaged groups; and ethnic groups) during the life of the project, especially where adverse impacts may arise, or development benefits are to be shared.

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 for the project. Project workers will include direct workers, contracted workers, community including voluntary workers. The Government, via the ESCP, commits to the preparation of Labour Management Procedures (LMP) as part of the ESMF which (i) responds to the specific health and safety issues posed by COVID-19, and (ii) protects workers' rights as set out in ESS2. The LMP will distinguish between the different types of workers as identified under ESS2 and identify specific protections for each type/category.

Health care workers play a critical role in outbreak response and are the backbone of a country's defenses to limit or contain the spread of disease. They face higher risks of potential COVID-19 infection in their efforts to protect the greater community and are exposed to hazards such as psychological distress, fatigue and stigma. Retired health care professionals are expected to be brought in to free time so that the current trained healthcare workforce can prioritize the front line, staffing Intensive Care Unit (ICU), and COVID 19 case management.

Project activities will be administratively supported by staff of MOH at National level and provinces, while day to day implementation of COVID-19 process will be carried out by health and laboratory workers including civil servants employed by MOH and other volunteers at Mittaphab and Sethathirath hospitals and some selected provincial hospitals. The LMP will cover modalities for per diems and administrative costs covered by the project.



Activities will include detecting and monitoring of virus, assessing of sample and treating of patients. The key risk is infection with COVID-19 resulting from taking care of patients which can lead to illness and death of workers and those close to them. The project will ensure the application of OHS measures as outlined in WHO guidelines which will be included as part of the LMP. This will include procedures for entry into health care facilities, including minimizing visitors and undertaking strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE; ensuring adequate supplies of PPE for all onsite healthcare workers and staff (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General Environmental, Health, and Safety Guidelines (EHSGs) and industry specific EHSGs and follow evolving international best practice in relation to protection from COVID-19. The project will follow the update and integrate the latest guidance provided by WHO as it is developed adopting experience addressing COVID-19 globally.

The LMP will have procedures to ensure that: there will be no engagement of children for labour for this project in accordance with ESS2; and, forced labor or conscripted labor will be prohibited.

The project may outsource few contractors for minor civil works. The physical civil work expected to be minor and therefore risk is expected to be limited, but the contractors will have to be prepared and all workers will have access to necessary PPE and handwashing stations and will be bound by the Code of Conduct captured in the ESMF.

At the community level, Risk Communication Volunteer will be assigned at least one per village for over 8,000 villages in the country to stand by and provide timely information from the province to village and vis versa. The risk on community workers is likely to be limited, however, they must be ready to protect themselves from potential infection of COVID-19 as they may have to travel and interact with different people in and maybe outside their village areas, road accident, and they should be compensated for time spend on project activity. Similarly, these workers may be carriers of the virus to the communities if not trained in protective behavior. Essential protection gear, facilities (transportation and communication means) and related training should be provided before they start their assigned tasks.

No large-scale labor influx is expected due to the situation and nature of the works. As part of the LMP a worker grievance mechanism will be put in place to ensure a basic, responsive grievance mechanism to allow workers and other volunteers to quickly inform management of labor issues, such as a lack of PPE and unreasonable actions overtime via the national, provincial, district and village authorities.

ESS3 Resource Efficiency and Pollution Prevention and Management

Healthcare wastes, medical wastes and other chemical wastes (including water, reagents, infected materials, etc.) from the labs testing, operation of quarantine and isolation centers, and screening posts (drugs, supplies and medical equipment) can have an impact on environment and human health. Wastes that may be generated from medical facilities and national labs at Mittaphab and Setthathirath hospitals and other provincial hospitals may include liquid contaminated waste, chemicals and other hazardous materials, and other waste such as sharps used in diagnosis and treatment. All centers and medical facility and lab at the National (at Mittaphab and Setthathirath hospitals) and



provincial levels will have to follow requirements of the ESMF and the HCWMP developed for the project, WHO COVID-19 guidance documents, and other best international practices, will be included and implemented to prevent or minimize described adverse impacts. The ESMF will include measures related to transportation and management of samples and medical goods or expired chemical products. The project, as documented in the ESMF, will ensure the use of resources (water, air, etc.) in quarantine facilities and labs will follow standards and measures in line with US-Center for Disease Control (CDC) and WHO environmental infection control guidelines for medical facilities. As indicated, no on the ground activity is permitted until the ESMF and its measures are in place.

ESS4 Community Health and Safety

This standard is relevant for the project. It is very important to ensure the safety of communities from infection with COVID-19. As stated above, healthcare and medical wastes include infected and chemical wastes from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of, especially in provincial hospital where waste management system and facility are poor and limited. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). The ESMF will provide guidelines for development of HCWMP for each medical facility supported under the project to ensure project activities are carried out in a safe manner, ensure the incidences of accidents are taking care in line with Good International Industry Practice (GIIP) (WHO guidelines); all necessary measures should be in place to prevent or minimize the spread of infectious diseases and emergency response through a site-specific HCWMP before the start of project activities at any particular facility. All project supported facilities, including National laboratories, quarantine and isolation centers, and screening posts will have to follow strictly provided procedures, especially appropriate management of healthcare wastes and other contaminated materials, follow the procedures and rule on transportation of samples and all possible infected wastes, and ensure healthcare workers cleaning before leaving the work place back into their communities.

The operation of quarantine and isolation centers needs to be implemented in a way that both the wider public, as well as the quarantined patients are treated in line with international best practice as outlined in WHO guidelines. (i) Infrastructure: there is no universal guidance regarding the infrastructure for a quarantine facility, but space should be respected not to further enhance potential transmission and the living placement of those quarantined should be recorded for potential follow up in case of illness. (ii) Accommodation and supplies: quarantined persons should be provided with adequate and culturally-appropriate food and water, appropriate accommodation including sleeping arrangements and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible, in a language that they can understand and other appropriate assistance; (iii) Respect and Dignity: quarantined persons should be treated, with respect for their dignity, and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by treating all quarantined persons with courtesy and respect; taking into consideration the gender, sociocultural, ethnic or religious concerns of quarantined persons.

Some project activities may give rise to the risk of GBV, in particular SEA and SH risks. The ESMF to be prepared for this project will include a gender-based violence (GBV) risk assessment and preventive measures. The project will promote the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough



light in quarantine and isolation centers. The project will also ensure that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas. MOH will not be providing security for protection of quarantine and isolation centers. In case quarantine and isolation centers are to be protected by security personnel, the environmental and social risk instruments will be updated to reflect how the risks of use of security to people have been screened, assessed, and managed. The ESMF will contain measures to address the potential use of security personnel, including the need to ensure that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is currently considered not relevant. The project will not include any activities which require land acquisition, physical and/or economic displacement.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is currently considered not relevant. Physical renovation civil work will be conducted within existing facilities, therefore, impacts on natural resources and biodiversity unlikely. However, relevant of this standard shall be considered as needed in the ESMF.

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

ESS7 is relevant for the project since there are ethnic groups possessing the four characteristics listed in para 8 of ESS7 present in the project area. In Lao PDR, the term “Ethnic Groups ” is often used as a synonym of the WB definition of Indigenous Peoples . The Constitution (amended 2015) recognizes ethnic groups’ self-identification as members of a distinct indigenous cultural group with a separate identity from the mainstream cultural group. Resolution No 213/NA (2008) of the National Assembly recognizes 49 ethnic groups, which are classified according to four ethno-linguistic families.

There is need to design and implement adequate preparedness actions targeted to disadvantaged and vulnerable groups (elderly people; children, particularly those that are malnourished; those with underlying health conditions; persons with disabilities including physical and mental health disabilities; single parent headed households, male and female; poor, economically marginalized, and disadvantaged groups; and ethnic groups) through adopting WHO guidance which are designed to support risk communication, community engagement staff and responders working with national health authorities.

The project will not develop stand-alone indigenous peoples planning documents but will address the requirements of the standard: (i) through the specific targeting of SEP activities relevant to ethnic groups; (ii) through an assessment of particular social risks and circumstances concerning ethnic groups as part of the preparation of the ESMF; (iii) ESMF will include specific measures to address the needs of ethnic groups under the project.



The SEP prepared by MOH will be revised to include culturally appropriate communication strategies to be developed for ethnic groups. In addition, the assessment of social risks (integrated with the ESMF) will address the relevant project-related risks impacts that fall on ethnic minorities and will identify specific communication strategies and other management measures to address these risks. It will also include measures to ensure that ethnic groups get access to development resources and project benefits.

The approach proposed above is consistent with footnote 10 of paragraph 17 of this standard.

ESS8 Cultural Heritage

This standard is currently considered not relevant. The project will not support any construction or rehabilitation activities that would involve earth works (thereby potentially having an impact on tangible cultural heritage), or other activities that could have an impact on tangible and / or intangible cultural heritage. In the unlikely event of small scale construction / rehabilitation requiring earth works in connection with any project activities yet to be identified, a chance finds procedure will be prepared and provided as part of the ESMF for that activity.

ESS9 Financial Intermediaries

This standard is considered not relevant for the planned project interventions as all activities will be implemented by MOH.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

This policy does not apply. There will be no activity affecting International Waterways financed under proposed project.

OP 7.60 Projects in Disputed Areas

No

The project will not be located in an area under legal or international dispute nor competing territorial claims.

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

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
Prepare and submit to the Association regular monitoring reports on the environmental, social, health, and safety (ESHS) performance of the Project, including but not limited to, stakeholder engagement activities and grievances log.	07/2020
The Department of Planning and Corporation (DPC) at MOH shall maintain a National Coordination Office for project management and coordination and appoint qualified staff, including environmental	04/2020

Public Disclosure



Public Disclosure

and social officers, healthcare waste management specialist, and resources to support management of ESHS risks and impacts of the Project.	
Assess the environmental and social risks and impacts of proposed Project activities, in accordance with the Environmental and Social Management Framework (ESMF) to be prepared, disclosed, and adopted for the Project, including to ensure that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project.	04/2020
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 relevant WHO guidelines on COVID-19 response in a manner acceptable to the Association.	04/2020
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.	04/2020
Exclude the following type of activities for financing under the Project: <ul style="list-style-type: none"> •New infrastructure such as buildings •Activities that have high probability of causing serious adverse effects to human health and/or the environment not related to COVID-19 treatment •Any activity requiring Free, Prior, and Informed Consent (FPIC) under ESS7 •Activities that may have significant adverse social impacts and may give rise to significant social conflict Other excluded activities will be set out in the ESMF.	04/2020
Develop the ESHS training and capacity building plans including but not limited to: <ul style="list-style-type: none"> • Management and disposal of health care waste focusing on infectious and biohazard wastes for health care works at all levels. • Management and disposal of infectious wastes for all health volunteer, interns, and social workers involved in the Project. • Development, production, and distribution of the Information, Education and Communication (IEC) materials on management and disposal of infectious wastes. 	12/2022
ESS 10 Stakeholder Engagement and Information Disclosure	
Prepare, disclose, adopt, and implement a Stakeholder Engagement Plan (SEP) consistent with ESS10, in a manner acceptable to the Association.	04/2020



Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.	12/2022
ESS 2 Labor and Working Conditions	
The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Association. A Labor Management Procedures will be prepared and implemented in accordance with the applicable requirements of ESS2.	12/2022
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to manage health care wastes and other types of hazardous and non-hazardous wastes.	04/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered and will be addressed in the ESMF, but not limited to, measures to: minimize exposure to health issues, access to benefits for all groups, and prevent and respond to gender-based violence.	04/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
Relevant aspects of this standard shall be considered, as needed, under ESS1 above.	04/2020
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
Relevant aspects of this standard shall be considered, as needed, under ESS1 and ESS10.	04/2020
ESS 8 Cultural Heritage	
Relevant aspects of this standard shall be considered, as needed, under ESS1 above. A chance finds procedure will also be prepared and provided as part of the ESMF and apply if needed.	04/2020
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:

This project will be implemented by MOH and has to be adhered to the requirement of the World Bank ESF standards.



IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Ministry of Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s): Keiko Saito, Emiko Masaki
Practice Manager (ENR/Social) Kevin A Tomlinson Cleared on 02-Apr-2020 at 22:18:11 EDT
Safeguards Advisor ESSA Nina Chee (SAESSA) Concurred on 03-Apr-2020 at 08:32:4 EDT