Concept Environmental and Social Review Summary

Concept Stage

(ESRS Concept Stage)

Date Prepared/Updated: 11/14/2022 | Report No: ESRSC03114

BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Argentina	LATIN AMERICA AND CARIBBEAN	P179534	

Project Name	Strengthening the Digital Health Agenda in the Buenos Aires Province		

Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/17/2023	6/16/2023

Borrower(s)	Implementing Agency(ies)		
Province of Buenos Aires	Provincial Directorate of Multilateral Organizations and Bilateral Financing		

Proposed Development Objective
Improve effective access to health services for the beneficiary population and strengthen health management and information systems.

Financing (in USD Million)	Amount
Total Project Cost	**50.00**

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 proposed Project would support the Province of Buenos Aires to improve health provision by strengthening and integrating the health information system. The Project would expand the implementation of HSI (an open-source EMR developed by the national MOH) at the point of care and its functionalities and, by improving interoperability, it will integrate EMRs across health facilities and services. In addition, it would contribute to the development and implementation of telemedicine and virtual communication tools.

The project will be structured in three components: (i) Strengthening the EMRs/HSI, (ii) Developing and implementing virtual tools for health provision and communication, and (iii) Project management.

D. Environmental and Social Overview

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

The project will scale up the health information and management systems and expand access to health care services in the Province of Buenos Aires (PBA). The PBA poverty and extreme poverty rates have remained high since the COVID-19 shock. PBA is home to 6.4 million poor and 2 million extreme poor (accounting for 55% and of the poor and 67% of extreme poor in the country), while before the pandemic outbreak was home of 5.6 and 1.5 million, respectively.

Currently, the provincial health information systems are fragmented with multiple tools that sometimes record the same data twice. This adds to the lack of articulation between the provincial information systems and those of municipal levels, hinder the continuity of care. Fragmented information generates inefficient investment with a short-term perspective, preventing quality records acquisition or strategic coordination for policy planning and resource management.

The PBA has a Electronic Clinical Record (ECR) Law since 2013 that establishes the application in all public or private medical assistance institutions that provide health care in the area of Buenos Aires. It also defines the single electronic medical record as the set of clinical, social and administrative data referring to the health of a person, processed through computer means. The ECR is more than a Medical Record in digital format, it proposes a new way of thinking about health information systems, identified as open and complex systems that can support management at its different levels, facilitating access for the population and collaborating with the integration of the health system and its information. For component 1, the project finances activities in 35 eligible municipalities that currently do not have a ECR. In component 2, it will finance the development of telemedicine tools that will reach the entire province. ECR is implemented in Primary Health Care Centers in different municipalities summing up to 115 municipal and 13 provincial establishments so far, the following advances have been achieved in the use: 226,900 registered patients, 126,063 registered consultations and 354,056 medical appointments generated. The ECR functionality contributes to reducing fragmentation and having interoperability systems that allow the integration of information and the articulation of management.

The PDO aims at scaling up the health information and management systems and expanding access to health care services in the PBA. The project proposes to expand functionalities and strengthen the systematization of information, through computer solutions that incorporate health interoperability standards and ensure the timely flow of information and the articulation between health facilities. It is also planned to deepen the reporting module that optimizes the communication of the ECR between services, effectors, rooms, external offices and hospitalization to allow for a more efficient management. Likewise, the systematization of this information will allow to obtain quality data of the population in a timely manner, useful for research, planning and decision making. The integration of health information systems will improve the quality and timeliness for coordinated planning in the approach of each line of care and the services that make up the health system at all levels, optimizing the available resources. Likewise, transparency and quality of the data is an indispensable basis for establishing mechanisms that allow the development of cost recovery strategies to project sustainable health. On the other hand, the implementation of telemedicine devices also contributes to a quality care model by reinforcing the offer of services and opportunity of

care. They could complement the care effectors and reinforce the availability of specific services. It would also allow to capitalize on PBA experience gained in the C19 pandemic, providing solutions for access, proximity and immediacy of information to the population.

D. 2. Borrower's Institutional Capacity

The Executing Agency (EA) of the Project will be the Undersecretariat of Finance of the Ministry of Finance of the Province of Buenos Aires, through the Provincial Directorate of Multilateral Organizations and Bilateral Financing (DPOMyFB, for its Spanish acronym), responsible for the general coordination of the Project, the administration of financial resources, the monitoring and execution of the activities foreseen in the Project. Its team has previous experience on the implementation of the ESF with the Social Protection Networks project for the Vulnerable Population (P170329) and its team has participated in the different trainings carried out on the ESF. Therefore, the DPOMyFB is well positioned for monitoring the execution of the project activities.

The Sub-Executive Agency will be the Ministry of Health (MH) of the Province, technically responsible for implementing the actions foreseen in the Project. In this sense, the Ministry of Health will act through the Undersecretariat of Information Management, Permanent Education and Supervision (SSGIEPyF for its Spanish acronym) who will be responsible for coordinating technical planning with the Directorate of Health Information (DHI) from said Undersecretariat. The SSGIEPyF will coordinate the implementation and execution of the actions with the Health System Strengthening Unit (UFSS for its Spanish acronym) of the Undersecretariat of Care and Integral Care (SSAyCI for its Spanish acronym), with the Technical, Administrative and Legal Undersecretariat (SSTAyL, for its Spanish acronym) and the UNDP Program of the MH. The UFSS Team has experience in the implementation of the IDB's environmental and social safeguards in subprojects for the construction of health effectors and will soon carry out the introductory virtual courses of the ESF (shared during the mission). Additional capacity building on ES issues to be carried out during implementation will be assessed during preparation.

During project preparation, the technical teams of the Ministry of Finance (MHyF for its Spanish acronym) and the Ministry of Health are jointly responsible for environmental and social management. Under project implementation, the responsible team that will lead the day-to-day environmental and social management will be the technical team of the MH, and the MHyF will be responsible to carry out the follow-up,monitoring and reporting of the environmental and social management activities at project level.

From the MH, the UFSS has a team dedicated to environmental and social management and from the MHyF the Directorate of Formulation and Evaluation of Programs (DPOMyFB) also has a team for follow-up and monitoring of overall performance of the environmental and social management of the Project activities.

Within the teams there are social and environmental specialist profiles (which background in the fields of Psychology, Safety and Hygiene, Architecture, Social Policies, Anthropology, among others).

The MH will lead the project's stakeholder engagement activities and handle the grievance mechanism, and will develop those instruments with the support of the MHyF.

II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)   Moderate

Environmental Risk Rating   Moderate

Preliminary findings suggest this operation does not entail serious risks to the environment. The Project does not finance land acquisition or infrastructure. No rehabilitation or construction of new infrastructure. The actions and interventions of the project will be carried out within existing health establishments, and will not intervene in sensitive or protected areas, nor will it carry out actions or generate effects that put biodiversity, or cultural heritage at risk . The overall risks to and potential adverse impacts on the environment are likely to be minimal or negligible. Furthermore, the Project would result in valuable outcomes and recommendations for decision making related to the improvement in health behaviors in beneficiaries. The project will finance the acquisition of computer equipment and will provide education and training for the generalized use of software and hardware in the health system. For this, it will require minor remodeling linked to the installation of hardware equipment and health equipment associated with telehealth and ECR, which will require internal cable runs that could intervene from administrative areas to laboratories, hospitalization areas, patient waiting rooms , among others, posing potential safety risks for operators, health workers, patients and companions that move through these areas. The decommissioning through programmed obsolescence of the electronic equipment that forms part of the project's investments has the potential to generate Waste Electronic Devices and Equipment (WEEE).

Social Risk Rating   Moderate

The main social impacts associated with the Project are positive. The scale up of the health information and management systems to expand access to health care services in the Buenos Aires Province promotes efficient use of the Digital Clinical History, and the interoperability standards will ensure the timely flow of information and articulation between health facilities. The main social risks are associated with the potential exclusion of vulnerable people from participating in the benefits of the Project, and challenges associated with the stakeholder engagement activities, that will be new to the Ministry of Health. When planning and prioritizing digital health interventions the project will consider the factors of inequality, to ensure that they are not aggravated by the introduction of digital health technologies (principle of 'do no harm'), and that access for certain population groups, such as digital illiterates or those lacking connectivity, is guaranteed by maintaining current face to face and telephone administrative interactions and by developing actions with stakeholders who work in digital literacy or in assisting vulnerable groups in their needs (both public and civil society organizations). The risks associated with potential inadequate communication and dissemination of information will be addressed through actions defined in the SEP.

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 to address potential moderate social and moderate environmental risks, mainly related to the potential decommissioning of electronic equipment that forms part of the project's investments that will require an E-WMP. The project proposes to improve health system services by expanding the functionalities and strengthening the systematization of information, through computer solutions that incorporate health interoperability standards and ensure timely flow of information and articulation between health facilities in the PBA. The PBA is home to 6.4 million poor and 2 million extreme poor among the expected beneficiaries of the project,

almost exclusively covered by public health coverage. However, since these services are universal in scope, all the inhabitants of the province (17.7 million) are potentially beneficiaries.

It is expected that an Environmental and Social Assessment (ESA) will be carried out by the PBA in an advanced draft version before appraisal and in a consulted and disclosed version within 90 days of project effectiveness. Based on the results of the ESA, before appraisal the PBA will need to assess the need to develop Environmental and Social Management Plans (ESPMs) or an Environmental and Social Management Framework (ESMF), depending on whether the Project's areas of influence are defined during the preparation or whether they still need to be defined during implementation. ESMP or ESMF will be prepared, consulted and disclosed within 90 days of project effectiveness. The project will consider factors of inequality, to ensure they are not exacerbated by the introduction of digital health technologies (principle of 'do no harm'), and that access for vulnerable groups is guaranteed, taking advantage of the specific potential of digital technologies to promote equity by transcending physical barriers to access. The ESA will identify any potential barriers that groups like Indigenous Peoples, Afro descendants, people with disabilities, persons within the LGBTI community, migrants and elders among others, may face to have access to the activities financed by the Project and look for ways to ensure that: (i) these groups are afforded opportunities to participate in planning and/or implementation of activities that affect them; and (ii) opportunities to provide such groups with culturally appropriate benefits are considered.

The project will work with inclusive categories of self-perceived gender, both in consultations through the platform, in the attention of operators and professionals, and in loading options of the Integrated Health History. In this sense, the development and implementation of the HSI is in accordance with current regulations, particularly National Law No. 26,743 on Gender Identity in order to guarantee greater accessibility to the right to health based on dignified treatment and respect for gender diversities. In addition, access to digital information will allow the population to expand their horizon in terms of sexual and reproductive health and the health team, being able to resort to interconsultations if required for the care of specialties for which there is not sufficient access. In addition, the registration carried out through inclusive gender categories will generate useful information on specific populations, that will allow different analysis, identify consultations, demands, frequency, providing inputs for the planning of public policies that tend to reduce gender inequities in access and health care.

Disability can function in some cases as a barrier to access to health care. In this sense, the implementation of new information and communication technologies proved to be a tool with great potential. Virtual access to information and consultations allows to shorten the distances for timely attention on issues of concern to citizens, allowing the exercise of their right to health. Likewise, disability access barriers are particularly relevant in health, given that possibly these users may require more attention for their specific conditions. Telemedicine not only provides another channel of access to care but also enables interconsultation with professionals specialized in determined conditions that may be required.

In case of carrying out actions that require Retroactive Financing in additional municipalities, an environmental and social audit will be carried out to corroborate that they considered an analysis of potential environmental and social risks and impacts and that they were managed in accordance with the requirements that established in the ESMF or ESMP as a condition for disbursements.

Areas where "Use of Borrower Framework" is being considered:

The borrower framework is not being considered for this operation.

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. A SEP will be prepared to ensure the access of all stakeholders to the relevant information so to access all beneficiary feedback mechanisms available. The SEP will be informed by the findings of the ESA and will include the mapping of relevant stakeholders, and a plan for consultations with them, including other government institutions, heath providers and civil society organizations that represent the identified vulnerable groups. Based on these focused consultations, the SEP will include measures to address any gaps or challenges faced by the vulnerable groups or other people belonging to the target population to access the project benefits. The SEP will be consulted with indigenous peoples in a manner consistent with the ESS7, including meaningful consultations with indigenous peoples' representative provincial bodies, the IP Council for Buenos Aires (CIBA, for its acronym in Spanish). Risks associated with inadequate communication and dissemination of information will be addressed through actions defined in the SEP.

The SEP will also ensure that a Grievance Redress Mechanism (GRM) is in place for addressing project-related concerns and grievances during the project preparation and implementation. In this sense, the SEP will benefit from the GRM that the MoH has already in place, that will be assessed and if necessary strengthened during Project implementation. Finally, the project GRM will include relevant SEA/SH considerations. A first version of a SEP with the mentioned information must be ready for Appraisal, and a consulted and disclosed version within 90 days of project effectiveness.

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. The staff dedicated to the project will be the DPOMyFB teams, DIS and UFSS and the contracting of consulting services for the different activities is foreseen, as well as workers to carry out the installation of computer equipment and wiring for the connection of the computer network system. The PBA will develop Labor Management Procedures (LMP) to cover the aspects of working conditions and occupational health and safety of the different workers involved in the actions of the Project. LMP will accompany the project's implementation and will be prepared and disclosed within 90 days of project effectiveness or before contracting any project worker, whichever comes first.

Appropriate occupational health and safety measures related to the activities foreseen under the project (administrative-related tasks in an indoor environment) will be applied as part of the LMP implementation. The companies and operators that install the computer cabling network must be provided with PPE and be trained on the risks, for themselves as well as for third parties of the different environments where the installation is carried out (laboratories, X-ray rooms, hospitalization rooms, with patients and companions). In addition, the Project LMP shall include a consolidated Labor Grievance Mechanism acceptable to the Bank that is available for all Project workers, with different channels to address complaints, questions, grievances, and suggestions (phone, email and a mailbox in the office of the DPOMyFB).

The applicable regulatory framework is consistent with ESS2 requirements; a summary of the applicable legislation will be presented in the ESA and the LMP. All contracts will have to reflect appropriate labor and working conditions in accordance with ESS2.

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant. Terminals also called workstations and their monitors will be acquired. Equipment for data centers is not purchased, nor is the demand for air conditioning required for its operation. To guarantee that the purchased equipment is energetically efficient, the presence of energy efficiency labeling of the Energy Star type will be required, since the Energy Efficiency labeling for computers is not available in Argentina. Good practices for the use of low consumption equipment will be promoted.

Given the potential generation of E-WMP, the Regulatory Framework of the Province of Buenos Aires will be applied (resolution 101/2011 for WEEE), which created the registry of WEEE Producers and the Voluntary Certification Program for the Sustainable Management of Waste from Electrical and Electrical Equipment. electronics. In addition, the following good practices will be used: the Integrated WEEE Management Manual (prepared by the Ministry of Environment and Sustainable Development of the Nation; Country Office of the International Labor Organization Argentina, 2020) and the "Manual of good practices in the management of WEEE, Guidelines for the Argentine health sector" (prepared by the Technical Unit for Environmental Safeguards of the Ministry of Health of Argentina).

ESS4 Community Health and Safety

This standard is relevant. Installation of cables and other equipment will ensure adherence to national and provincial safety codes. Inspections as needed by provincial or municipal authorities of installed equipment and refurbished facilities will be followed and any pertinent EH&S standards of the WBG. All installations will ensure not posing a safety concern to workers, patients, and other people involved in the settings where these services are installed and under operation or management.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This Standard is not currently relevant to the Project. The outcome of E&S screening did not identify any potential risks and/or impacts relevant to ESS5. There will be no physical interventions under the Project; activities to be financed will neither require land acquisition, nor restrictions on land or involuntary resettlement as defined under this Standard.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

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

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

The Standard is not currently relevant. There is not enough information at this time to determine the relevance of this standard and the screening will be carried out during the project preparation and reflected in the Appraisal version of the ESRS. There are 118 communities from 18 different Indigenous Peoples (IP) in the Province of Buenos Aires. The 2010 national census detected that around 300 thousand self-identified IPs live in the province, especially concentrated in the Metropolitan Areas of Buenos Aires and La Plata, but also in 19 other municipalities. The MH identifies that IPs are present in 15 of the 35 municipalities that were selected for Project implementation that include both urban and rural areas. The screening of the Bank team will assess whether these communities meet the four characteristics set in the ESS 7. If it is determined that there are IPs present, a targeted social assessment for the purposes of ESS7 will be carried out as part of the ESA.

The ECR that will be supported by the Project already includes an ethnic variable that will help the MH systematize information on health access for IPs. Training to health staff will be included in Project activities to enhance the use of this variable in practice. Regarding drivers of exclusion, consultations with PBA IP leaders developed for P170329 revealed challenges on access to information, digital literacy and participation that could apply to this Project as well. For that reason, these groups will be part of the stakeholder engagement process, and if needed relevant recommendations that may result from their participation will inform the Project. the Project will benefit from the experience of the Ministry of Finance implementing an IPP in P170329 with a satisfactory performance and the Provincial Health Program for IPs. Project activities will not include adverse impacts on land and natural resources subject to traditional ownership or under customary use or occupation, cause relocation of IPs nor have impacts on IPs' cultural heritage. Thus, there is no requirement of implementing free, prior and informed consent (FPIC) as provided under ESS7.

Focused consultations during Project Preparation will include the IP affairs Council (CPAI, for its Spanish acronym). The Health and IPs Program, that works within the MH, will be engaged, as well as the Indigenous Council of the Province of Buenos Aires (CIBA, for its Spanish acronym) that will be consulted during implementation. These consultarions will inform the Project's GM to ensure it will be accessible for IPs and will have culturally appropriate mechanisms. These specific consultation plans will be reflected in the SEP and will be included in the ESCP.

ESS8 Cultural Heritage

This Standard is not currently relevant to the Project. The outcome of E&S screening did not identify any potential risks and/or impacts relevant to ESS8.

ESS9 Financial Intermediaries

This Standard is not relevant to the Project. 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. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered?   No

Financing Partners

N/A

B. Proposed Measures, Actions and Timing (Borrower's commitments)

Actions to be completed prior to Bank Board Approval:

Based on the available information, the team has prepared the following list of the different studies and instruments to be developed by the Borrower prior to the specified milestones:

(i) Draft Environmental and Social Assessment (ESA) will be prepared consistent with ESS 1 and will be disclosed by appraisal.

(ii) Draft Stakeholder Engagement Plan (SEP) will be prepared consistent with ESS 10 and will include a Grievance Redress Mechanism (GRM). It will accompany project implementation and will be disclosed by appraisal.

(iii) Draft Environmental and Social Commitment Plan (ESCP) will be prepared and disclosed by appraisal and a negotiated version will be disclosed after Project negotiations.

Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):

Final versions of SEP, ESA and the ESMP or ESMF to be consulted and disclosed within 90 days of project effectiveness.

Labor Management Procedures (LMP) that will accompany the project's implementation will be prepared and disclosed within 90 days of project effectiveness or before contracting any project worker, whichever comes first. The LMP will be consistent with ESS 2.

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS   20-Mar-2023

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Province of Buenos Aires

Implementing Agency(ies)

Implementing Agency: Provincial Directorate of Multilateral Organizations and Bilateral Financing

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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Safeguards Advisor ESSA	Angela Nyawira Khaminwa (SAESSA) Cleared on 14-Nov-2022 at 19:57:30 GMT-05:00