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Environmental and Social Systems Assessment

Program-for-Results

"Strategic Agenda for Strengthening the Health Insurance"

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The following Environmental and Social Systems Assessment for the WB Loan Project in support of the "Strategic Agenda to Strengthen Health Insurance (SASHI) developed by the Costa Rican Social Security Administration (CCSS), has been prepared by the following WB Task Team Members: Robert H. Montgomery (ENV), José Luis Calderón Bartheneuf (ENV) and Jason Paiement (SURR) and Germán Freire (SURR), with inputs from Fernando Montenegro (WB Task Team Leader, HNP), Dominik Köhler (HNP) and Shawn Magnuson (HNP), as well as staff from CCSS and other Costa Rica public institutions and Civil Society Organizations (CSOs).

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ABBREVIATIONS

AyA	National Water Supply and Sewage Institute of Costa Rica
CAIS	Centro de Atención Integral de Salud
CAT scan	Computed Axial Tomography
CCSS	Costa Rican Social Security Administration
CGEP	Code of Good Environmental Practices
CNFL	Costa Rica National Power and Light Company
COMCURE	Commission for the Preservation and Management of the Watershed of the Reventazón River
COMIMA	Mixed Commission on Monitoring and Environmental Control
CSO	Costa Rican Government's Occupational Health Council
DA	Division of Waters (MINAE)
DAI	Architecture and Engineering Department (CCSS)
DAPE	Department of Management of Special Projects (CCSS)
DCC	Department of Climate Change
DIA	Environmental Impact Statement
DIGECA	Department of Environmental Quality Management
DJCA	Environmental Commitment Affidavit
EBAIS	Equipos Básicos de Atención Integral en Salud
EIA	Environmental Impact Assessment
EMP	Environmental Management Plan
ESMU	Environmental and Social Management Unit
ESPH	Public Utilities Company of Heredia
ESSA	Environmental and Social Systems Assessment
GIT	Infrastructure and IT Management Unit (CCSS)
HBIW	Hazardous Biological Infectious Waste
HNN	National Children Hospital
ICE	Costa Rican Electricity Institute
ICOS	Environmental Control and Follow-up Instruments
IEMP	Institutional Environmental Management Programs
ILO	International Labor Organization
INBio	National Biodiversity Institute
JASEC	Administrative Board of the Electrical Service of Cartago
LOA	Organic Act of the Environment
MINAE	Ministry of Environment and Energy
MINAET	Ministry of Environment, Energy and Telecommunications (now MINAE)
MINSALUD	Ministry of Health
ODS	Ozone-Depleting Substances
PCBs	Polychlorinated Biphenyls
POPs	Persistent Organic Pollutants
RA	Environmental Manager
RP	Hazardous Wastes (hazardousness characteristics as defined by CRETIB)
OSH	Occupational Safety and Health
SAGA	Environmental Management Subarea (CCSS)
SBU	Strategic Business Unit
SETENA	National Environmental Technical Secretariat
SINAC	Costa Rica's National System of Conservation Areas
SITADA	Environmental Grievance Redress Mechanism
SWs	Solid wastes
WWTP	Wastewater Treatment Plant

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ENVIRONMENTAL AND SOCIAL SYSTEMS ASSESSMENT (ESSA)

I. INTRODUCTION

In conformity with World Bank Operational Policy 9.00 [1] this "Environmental and Social Systems Assessment" (ESSA) aims to present the WB Environmental and Social Systems Assessments Findings and Recommendations on activities governing the Costa Rican Social Security System (CCSS). Legal and institutional arrangements applicable to the proposed Health Insurance P-for-R were analyzed, including those procedures followed by implementing vendors carrying out works and services contracted by the CCSS Program, in order to determine if:

- They promote environmental and social sustainability in the Program design; avoid, minimize and/or mitigate adverse impacts and foster informed decision-making around Program's social and environmental impacts;
- They avoid, minimize and/or mitigate impacts on natural habitats or physical and cultural resources that may be affected by the Program;
- Protect appropriately both the general public and workers against potential risks derived from activities such as: i) Building and/or installation works and other practices under the Program; ii) Exposure to toxic products and hazardous wastes that may result from the Program activities; iii) Reconstruction or rehabilitation of infrastructure that may be located in areas vulnerable to natural disaster impacts.
- They manage appropriately land acquisition and restricted access to natural resources so they avoid o minimize displacements and social and economic impacts by providing affected groups with assistance to improve or at least restore their living conditions prior to the Program implementation
- They safeguard the rights and interests of indigenous and vulnerable groups, taken into consideration through their informed participation in Program's decisions that may affect them, while guaranteeing equitable and culturally sensitive access to the Program's benefits.
- They avoid exacerbating social conflicts, especially in fragile territories and social conflict zones or disputed territories.

[1] This OP establishes the guidelines that must be followed to conduct environmental and social system assessments of programs to be financed by the Program-for-Results instrument. OP 9.00 Program-for-Results Financing. World Bank, 2012

II. METHODOLOGY

This assessment was undertaken by analyzing systematically these management aspects jointly with authorities involved and CCSS works and services vendors (see Annex 4). Assessment findings were consulted with key program stakeholders to define the next steps to bridge the gaps found by the assessment and establish the measures to ensure the Program's sustainability. The ESSA preparation methodology consisted of:

1) Information collection and analysis.
2) Field visits to CCSS administrative and health facilities.
3) Meetings held with program stakeholders to address environmental and social aspects and discuss the program design, potential environmental and social impacts and ESSA preliminary findings. Beside holding meetings with CCSS, inputs from an array of federal and governmental agencies such as the Ministry of Environment and Energy, the National Environmental Technical Secretariat(SETENA) and the Department of Water under the Ministry of Environment and Energy and the Ministry of Health (Annex 4).
4) ESSA Draft that was presented and discussed jointly with CCSS and relevant stakeholders (MINAE, SETENA, and MINSALUD) to agree on measures needed to reinforce systems.
5) Public consultation on ESSA conducted on August 24 through 28, 2015 with representatives of the government and civil society. ESSA draft was attached to the notice for consultation.
6) ESSA final version to be prepared considering comments, remarks and inputs from the consultation. This final version was posted in the CCSS website and the World Bank public website (INFOSHOP).

III. PROGRAM DESCRIPTION

Program Scope

The Strategic Agenda for Strengthening the Health Insurance (SASHI)

SASHI will focus on three priority areas: (i) Re-organizing the health care model; (ii) Enhancing institutional management; and (iii) Optimizing financial management

Strengthening the Health Care Model: SASHI aims to boost the scope and capacity of PHC to prevent and control NCDs, and integrate health services across different levels using international best practices (see Box 1). The CCSS will implement a series of activities to modernize and strengthen the PHC network nationwide to improve the quality of services, increase coverage of the population, and ensure that the network has greater capacity for prevention, early diagnosis, and control of NCDs and other conditions that are relevant to the local, regional, and national epidemiological profile. The CCSS also continues to work to progressively strengthen the integration of PHC services into the network of services at all levels of care. Key activities and inputs include (i): Expansion of infrastructure and equipment at the first and second levels of care; (ii) Improving human resources to attend to the needs of patients; (iii) Upgrading equipment; (iv) Updating clinical guidelines and pathways, with an emphasis on chronic conditions affecting a large part of the population; and (v) Increasing the use and impact of household data collected by the PHC teams. To facilitate these activities, it is critical to harness the power of available health and demographic information by digitalizing data and linking it to existing E-Health tools to generate big data pools for directors and managers to better allocate resources and monitor results. A pilot program will be carried out to test new mechanisms for integrating PHC with second level services (hospitals) using international best practices. [2] The pilot aims to improve the navigation of the patient across all levels of care, with the help of strengthened teams at the first level of care and new E-Health tools that would facilitate the exchanges between medical staff at the first level of care and specialists. This would reduce lengthy travel time and distances to reach services, and ensure that complex conditions are treated in a timely fashion and in accordance with quality standards introduced by the new clinical guidelines and pathways.

Improving Institutional Management and Optimizing Financial Management: In the aftermath of an internal financial crisis in 2011, the CCSS convened a panel of independent experts who recommended various interventions to enhance the efficiency, governance, and accountability of CCSS central level management. Subsequently, the Board of Directors has identified a number of key activities to strengthen institutional capacity to better manage the CCSS in general, and the SS in particular. These include: (i) Aligning central level management to reduce the complexity of administrative processes; (ii) Reducing management in silos without linking health care decisions with their impact on administrative and financial changes and nation-wide objectives; and (iii) Improving the quality of financial data for Senior Management and the Board of Directors to closely monitor trends regarding the actuarial analysis and income/expenditure trends. These activities are expected to enable the CCSS to make strategic, evidence-based decisions and avoid new income/expenditure crises. These institutional changes also aim to allow the CCSS to stay abreast of the ever-evolving technology and international quality standards. An expanded description of SASHI is included in the Project Assessment Document (PAD).

[2] The pilot has been under discussion for nearly a year, and has received input from various international organizations, including the Pan American Health Organization (PAHO) and the World Bank.

IV. ENVIRONMENTAL AND SOCIAL CONTEXT OF THE PROGRAM

Environmental Conditions

Costa Rica represents only 0.03% of the earth's surface (only 51.100 km^2). However the country is home to roughly 6% of the world's biodiversity. Its natural wealth, both in species and ecosystems, is partly explained by its geographical position. Being located between the continental masses of North and South America allowed this country, for thousands of years, to be the bridge of countless species of animals and plants.

Other factors to consider are the extensiveness of both coasts, mountain ranges that accommodate diverse microclimates and the territorial sea covering 589,000 km^2. The National Parks and Reserves System covers an area of 1,342 hectares, which represent 25.6% of the total country's surface. These areas include islands and beaches, rain and dry forests, active volcanoes, hot springs, caves, reliefs, river canyons and waterfalls. This biological heritage, product of million years of evolution, offers a spectacle of untransformed nature little or no domesticated at all. On the one hand, there are non-environmental services: firewood, wooden products, plants, barks, roots, leaves, seeds, fruits, flowers and others that have fed the culture, industry and scientific research. On the other hand, the environmental benefits: control of erosion caused by rain and wind, water and soil protection, carbon fixation and storage -which mitigates the greenhouse effect- and biodiversity. Costa Rica has also 11 Wetlands of International Importance (RAMSAR sites), 3 biosphere reserves and three world heritage sites.

Environmentally speaking, it has been very convenient for Costa Rica, to base its economic growth on clean power generation. In the 1950s, having the Costa Rican Electricity Institute as main stakeholder, Costa Rica developed a strategy based on hydropower generation. Subsequently, wind and geothermal energy were also included in the system, which means that at least in the last two decades, more that 95% of power consumption has been based on clean energy sources.

The most significant environmental problems faced by Costa Rica are the deforestation and poor management of deforested land, which affects soil and water. Also, pesticide contamination is also a significant issue. However, in general terms and in comparison with other nations, the Costa Rican problem of environmental degradation is not severe, but in specific and often localized situations (e.g. in the case of improper disposal of urban solid wastes). Agriculture fosters pollution and degradation, and is affected by processes originated in urban areas.

In Annex 5, a more detailed description of the environmental context of the program is presented.

Social Conditions

Over many decades, Costa Rica has exhibited relatively high social indicators and thanks to sustained social investments accounting for 20% of the annual GDP, it has made great strides in achieving the universal access to education, health, water, sanitation and electricity. These factors contributed to reduce significantly infant mortality and increase life expectancy, which today is 80 years. The number of children per woman of child-bearing age, on the other hand, has declined sustainably since 1970s and today it is under the replacement line.

Despite this relative well-being in Costa Rica and after decades of sustained poverty reduction, poverty has remained stagnant around 20% and in 2014, it rose for the first time, which represented a historical setback for the country. In the past few years, inequity has risen too, which is considerably high. Today,

for instance, the richest 5% owns 25% of income while the poorest 12%, only 2%. Besides, between 2010 and 2013, the average income of the poorest 40% of population grew barely 1.3% while total population grew 3.4% in average, which ranked Costa Rica below the regional average. , . Basic education and health indicators are above regional standards; gender indicators also compare favorably. While Costa Rica has achieved universal primary education, achievements in secondary education are poor, with only 46% finishing high school. Moreover, the country is closing the educational gap between genders: the male-female primary education gross enrollment rate is almost the same (0.99 in 2011). While the female-male secondary rate is 1.05. According to 2009 data, 99% of all births were attended by skilled personnel, which is above the average of upper middle countries (96%) and Latin America (89%).

Despite these significant achievements seen in the second half of the 20th Century, improving the living standards of indigenous people (2.4% of the total population) remains a challenge and one of the unsolved tasks for Costa Rica up to the present day. Most the indigenous population live well below the poverty line and their access to basic services such as safe water, electricity and sanitation as well as public health services is significantly lower than average. 41% of the indigenous population currently lives in urban environments, where usually are pushed to slums and informal economy. The ratio of indigenous homes living in slums and informal settlements is three times larger than the non-indigenous ratio and over 75% of them have unqualified underpaid jobs. [3] Schooling gaps between indigenous and non-indigenous is one of the highest around the region. The percentage of indigenous who complete high school and speak their native language is below 1%. [4] These gaps in turn have important impacts on their health status. Costa Rica, however, is signatory to key international treaties protecting the rights of indigenous peoples and has given relevant signs of commitment to improve indigenous peoples' conditions, respecting their cultures and autonomy.

The CCSS is responsible for the provision of health services, which under the universality principle, covers the entire population, including the poorest (40%). As a result of an integrated health system, life expectancy at birth improved from 61.6 years in 1960 to 72.5 years in 1980, and to 79.7 in 2012. According to the poverty level parameters of US$ 4 and US$ 2.5 per day, only 12% of the population is considered poor. According to projections of the World Bank Group in their global poverty targets for 2030, only 1.4% of the population lives below the poverty line of US $ 1.25 per day. The country's economic success of recent decades is due to the robust development of human development indicators. It is important to emphasize that Costa Rica's lowest poverty rates are based on the country's strong human development indicators. In 2014 Costa Rica ranked 7th in LAC and 68th worldwide. The universal health care system in the country, along with the expansion of potable water, sanitation, and free compulsory education, are considered the key elements to achieve better results in the population's health status.

Immigrants are another important vulnerable group as they migrate for job opportunities. This segment accounts for 9% of population approximately, three-quarters are from Nicaragua. Many immigrants enter illegally, so they remain largely outside the governmental social programs, including healthcare programs.

The CCSS is responsible for the provision of health services, which enshrined under the Alma Ata principles, aims to cover universally and freely the entire population, including the poorest and the most vulnerable segments. Strengthening the CCSS-led healthcare system is, thus, along with universal access to basic services and education, a key element to support Costa Rica in promoting poverty reduction and shared prosperity, which characterized it for much of the last century,

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3 *"Indigenous Latin America in the Twenty-First Century"*, World Bank, 2015.

4 *Idem.*

V. ENVIRONMENTAL MANAGEMENT

Environmental Impacts and Occupational Safety and Health (OSH) Risks of the Program

In order to determine the environmental impacts and OSH risks of the program's works, they will be described and classified by type, establishing associated impacts for each case.

Note that this Program entails both positive impacts resulting from an increased supply, continuity and quality of health services to both urban and rural populations, and adverse impacts that will be described below.

During the construction phase, the evaluated projects will produce environmental and OSH impacts that are common to most civil works, many of which will be present only at the work site and for the duration of the works; for most of them there are prevention and mitigation measures that should be implemented.

Importantly, the program does not include activities that may involve permanent, cumulative or unprecedented significant adverse impacts for the environment.

Table IV.1 below presents the expected environmental and occupational safety and health (OSH) impacts resulting from the activities supported by the Program.

Table IV.1 Potential Negative Environmental Impacts (in the absence of proper management)

a. ENVIRONMENTAL IMPACTS EXPECTED DURING THE SITE PREPARATION STAGE

Activity	Environmental Impacts	OSH Risks
Removal of vegetation cover (During the construction of access roads and/or during land clearing in the work site)	Damage to vegetation in the area due to removal of trees and smaller botanic species	Injuries to workers caused by falling trees and failure to use personal protective equipment during logging and logs manipulation. Injuries caused by machinery and accidents with tools and equipment.
	Damage to wildlife related to the vegetation affected, like loss of nesting areas, shelter and food, as well as direct damage to burrows and individual animals living in the vegetation removed.	Injuries to workers caused by snakebite or bites of other animals threatened during the vegetation removal works, especially natural vegetation during the construction of roads.
	Soil erosion caused by vegetation removal in areas with steep slopes and near embankments.	
	Air quality is affected by fumes caused by burning to remove vegetation cover.	The health of workers and people in transit through the work site is affected by smoke inhalation.
Land stripping	Soil deterioration due to soil removal on the work site and erosion caused by wind and rainwater on the edge of excavated areas.	
	Rainwater runoff pattern affected in the work site.	
	Impact on air quality caused by pollution from machinery emitting engine smoke and gases, and spreading particles during earthworks.	Injuries to workers caused by machinery and accidents with tools and equipment.
	The work environment in the works place is affected by noise produced by machinery operation	The workers' health is affected by loud noise during long periods, when they fail to use appropriate personal protection equipment.
Excavations and leveling	Impact in the natural topography and rainwater runoff pattern which might cause flooding in the work site and neighboring plots, or reduction of water infiltration into the subsoil.	Damage to the health or physical integrity of the workers if they fall in excavated pits or by landslides in excavated areas when workers are inside.
	Impact on air quality caused by pollution from machinery emitting engine smoke and gases, and spreading particles during earthworks.	Injuries to workers caused by machinery and accidents with tools and equipment.
	The work environment in the works place is affected by noise produced by machinery operation	The workers' health is affected by loud noise during long periods, when they fail to use appropriate personal protection equipment.
	Damage to the physical and mechanical characteristics of the ground, water sources, and any pre-existing infrastructure in the area, caused by misuse of explosives	Damage to the physical integrity of workers, with possible life-threatening risk, caused by improper use and storage of explosives in the work site
	Cultural heritage is affected by destruction or looting of historical or archaeological remains discovered during excavations	
	Air quality is affected by smoke and particles spread during hauling of excavation waste to authorized disposal sites	

Activity	Environmental Impacts	OSH Risks
	Damage to the vegetation, associated wildlife and landscape, as well as contamination of soil and surface water and groundwater by improper disposal of excavation waste in unauthorized places	
Camp and warehouse	Contamination of soil, surface water and groundwater by leak or spill of fuel or other chemicals stored that can be washed away by rain	Damage to the workers' health by direct contact with toxic materials, inhalation of its vapors or by consuming contaminated water or food. Damage to the physical integrity of the workers caused by fires at the camp or materials storage room.
	Pollution of water bodies and damage to drainage and sewage systems near the construction site caused by construction materials carried by wind or rain.	
	Contamination of soil, surface water and groundwater by improper handling and disposal of sewage and feces produced by the personnel involved in the works	Damage to the workers' health caused by consumption of water or food contaminated by sewage or feces
Maintenance of equipment and construction machinery	Contamination of soil, surface water and groundwater by improper handling and disposal of hazardous waste (used lubricating oils, solvents used for cleaning parts impregnated with oils and solvents, empty containers, etc.) resulting from maintenance of machinery.	
Quarries exploitation	Damage to vegetation and associated wildlife, soil and water bodies caused by the extraction of building materials from non-authorized quarries.	
	Contamination of soil and roads, and damage to air quality caused by particle and material spreading during the process of hauling materials from quarries to the work site	Damage to the physical integrity of workers by road accidents during the transportation of materials to the work site.
Pavement break, sidewalk destruction and major demolitions	Emission of pollutants (dust and noise) into the atmosphere	Damage to the health or physical integrity of workers, local residents, or people passing by the work site, caused by dust and noise or by accidents with tools and equipment, or by contact with materials from damaged pipelines (gas, fuel)
	Damage to the existing infrastructure, such as communication lines, water, sewer, natural gas, electricity, railways and the like, in the works area	
	Landscape deterioration in the work site and surroundings	
	Damage to vegetation, associated wildlife and landscape as well as contamination of soil, surface water and groundwater by improper disposal of demolition waste in unauthorized places	

b. ENVIRONMENTAL IMPACTS EXPECTED DURING CONSTRUCTION PHASE

Activity	Environmental Impacts	OSH Risks
Foundations	Impact on air quality caused by pollution from machinery emitting smoke and fumes, and spreading particles during earthworks.	Injuries to workers caused by machinery, fall within excavated pits or by landslides in excavations, and accidents with tools and equipment.
	The work environment in the worksite is affected by noise produced by machinery operation	The workers' health is affected by loud noise during long periods, when they fail to use appropriate personal protection equipment.
	Cultural heritage is affected by destruction or looting of historical or archaeological remains discovered during excavations	
Haulage of construction materials, machinery and vehicle operation	Emission of pollutants (dust, fumes and noise) into the atmosphere	Damage to the health or physical integrity of workers, local residents or people passing by the site, caused by dust and noise, by machinery, or by traffic accidents when working in urban roads.
	Transfer of pollutants to soil and water due to drop or dispersion of construction materials during hauling	
Waste management	Transfer of pollutants into soil and water by dispersion of waste in the temporary storage site; or by dispersion during transport and disposal of waste in unauthorized sites	Damage to health or physical integrity of workers, local residents, or people passing by the site, caused by exposure to hazardous waste like solvents or other toxic substances; or by consumption of water and food contaminated by works waste.
Handling of fuels, lubricants, additives and other chemicals	Contamination of soil, subsoil, surface water and groundwater by spills of fuels, oils, additives and other chemicals, stored without spill control devices or spilled from vehicles and machinery used in the works.	Damage to the workers' health due to inhalation or contact with spilled chemical products.
Closure of roads and access to public places, shops and homes	Restriction to roads and pathways causes inconveniences to people in transit and local residents. Increase in traffic and vehicle emissions in the works' surrounding areas	Damage to the health or physical integrity of workers and people in transit due to falls into open pits, machinery, accidents with tools and equipment, traffic accident when working on urban roads, etc.
Fires and accidents in the work site	Emission of pollutants (fumes) into the atmosphere	Damage to the health or physical integrity of the workers, local residents and people passing by the work site, caused by smoke inhalation or direct contact with fire, fall into open pits, machinery, accidents with tools and equipment, traffic accidents when working in urban roads, etc.
Wastewater management	Contamination of soil, subsoil and water bodies by improper management and disposal of wastewater generated by sanitation facilities installed for the works personnel.	Damage to health due to contamination of drinking water or food by wastewater.
Dismantling of shoring at the end of the works	Transfer of pollutants into the soil and water, and damage to vegetation and its associated fauna caused by improper disposal of waste in unauthorized sites	
	Landscape deterioration caused by residues or remains from camps, stores and other project supporting services	

c. ENVIRONMENTAL IMPACTS EXPECTED DURING THE PROJECT OPERATIONS

Activity	Environmental Impacts	OSH Risks
Use of services and road infrastructure in the worksite	Impact on the availability of water, electricity, drainage, etc. caused by an increased demand resulting from the project operation	
	Impact on the roads near the project caused by an increased traffic, which represents increased emission into the atmosphere and noise pollution Besides, the project will foster an increase of buildings and parking facilities	
Storage of fuels and chemicals	Soil and water pollution and damage to the physical integrity of the population and workers caused by leak or spill of chemicals, and generation of toxic fumes, or by fire, by the storage of chemicals (disinfectants and fluids for cleaning and maintenance of facilities; laboratory reagents) and fuels (LPG and diesel) without spill control systems or fire control facilities.	Damage to the workers' health due to handling and direct contact with chemicals and fuel spilled without proper protective equipment.
Generation of emissions into the atmosphere	Damage to air quality due to fumes emitted by the steam generation and water heating systems (boilers).	
	Damage to air quality due to fumes produced by the systems to incinerate human remains and residues, with possible high risk of generation of dioxins, furans (very toxic) and heavy metals.	
Wastewater generation	Drainage systems damaged by dumping of untreated wastewater, with high content of organic matter produced by food preparation, hospitalization and health care services.	
	Impact on drainage systems and receiving water bodies caused by dumping of hot water from kitchen and laundry services.	
	Pollution of drainage systems and water bodies due to dumping of chemicals from clinical analysis laboratories.	
Solid waste generation	Work environment pollution due to improper storage of solid waste, which may facilitate proliferation of disease vectors such as insects and rodents	Damage to the health of workers in contact with disease vectors such as insects and rodents
	Contamination of soil and water caused by improper management and disposal of solid waste in unauthorized sites	
Hazardous waste generation	Soil and water polluted by improper handling and disposal (mainly unsafe storage and transport) of hazardous waste (maintenance and laboratory chemical waste, disinfectants, plate developer solution, solvents, thermometers and other equipment using mercury, pressurized containers and pesticide containers) in unauthorized sites	Damage to the health of the workers handling hazardous waste without the appropriate personal protective equipment and without the required training
Disposal of drugs out of specification, outdated or obsolete	The population's health is damaged due to consumption of drugs out of specification, outdated or obsolete, which are incorporated into the informal trade as a result of improper handling and disposal of pharmaceutical waste.	
Biohazard waste generation	The health of the population and workers is damaged due to improper separation of biohazard waste disposed without treatment in common waste management sites.	Damage to the health of workers directly handling biohazard waste caused by contagious infections resulting from failure to use personal protective equipment and unsafe practices in the absence of training and supervision.
	Damage to the health and physical integrity of workers due to direct contact	

Activity	Environmental Impacts	OSH Risks
	with contaminated sharps (needles, knives, broken glass, etc.).	
Use of medical appliances using ionizing radiation	Damage to the health of patients, visitors and staff occupationally exposed (doctors, nurses, radiology technicians, maintenance technicians, etc.) in medical facilities due to unplanned exposure to ionizing radiation in harmful ways and doses. The health impacts of ionizing radiation may result from defective equipment, unsafe practices, lack of protective equipment, or accidents involving radioactive substances.	Damages to the health of occupationally exposed staff (doctors, nurses, radiology technicians, maintenance technicians, etc.) is caused by lack of training on the risks of exposure to ionizing radiation, and on how to avoid radiation in harmful ways and doses, for example, using specific personal protective equipment, or avoiding risky practices.
	Damage to the health of the population and workers by improper separation of radioactive waste (radioactive isotopes, unused portions of liquids used in radiation therapy or research laboratories, urine and excreta from patients treated with radionuclides, etc.) handled without the necessary personal protective equipment and disposed in common waste management sites	Damage to the health of workers who directly handle radioactive waste (with possible development of diseases causing genetic damage or cancer) without the required personal protective equipment and using unsafe practices as a result of lack of training and supervision
Street vendors	Damages to the population's health due to the presence of disease vectors such as insects and rodents facilitated by the uncontrolled waste generated by the installation of stalls attracted by the influx of people in the vicinity of the project.	

d. ENVIRONMENTAL IMPACTS EXPECTED DURING THE PROJECT OPERATIONS IN PRODUCTION CENTERS

There are 9 production units developing industrial activities to complement and support the CCSS health care activities.

- ✓ 2 large laundries (related to two major hospitals: Mexico and San Juan de Dios)
- ✓ Eyeglasses store
- ✓ Prosthetics and orthotics
- ✓ Hospital clothing
- ✓ Printing house
- ✓ Serum Laboratory
- ✓ Pharmaceutical Laboratory
- ✓ Chemical Reagents Laboratory (disinfectants, dextrose, etc.)

The potential environmental impacts resulting from the operation of these production centers are listed as follows:

Activity	Environmental Impacts	OSH Risks
Storage of fuels and chemicals	Soil and water pollution, and damage to the physical integrity of the population and workers caused by leak or spill of chemicals without spill control systems.	
	Damages to the health of the population and workers caused by exposure to toxic fumes resulting from burning chemicals and fuels (LPG and diesel) used for the CCSS industrial activities, in the absence of fire control facilities.	Damage to the workers' health due to handling and direct contact with chemicals and fuel spilled without proper protective equipment.
Generation of emissions into the atmosphere	Damage to air quality caused by emission of fumes from boilers and other combustion devices used in the CCSS industrial activities.	
Wastewater generation	Impact on drainage system and water bodies receiving untreated wastewater with high content of organic matter or chemicals, or at high temperature from CCSS industrial activities.	
Solid waste generation	Work environment pollution due to improper storage of solid waste, which may facilitate proliferation of disease vectors such as insects and rodents	
	Contamination of soil and water caused by improper management and disposal of solid waste in unauthorized sites	
Hazardous waste generation	Soil and water pollution due to improper management and disposal, in unauthorized sites, of hazardous waste from industrial processes and cleaning/maintenance of facilities and equipment in production centers (used oils and solvents, other chemical products, pressurized containers, etc.).	Damage to the health of the workers handling hazardous waste without the appropriate personal protective equipment and without the required training
Noise and odors generation	Impact in the environment quality near the industrial facilities due to noise and odors with possible damage to the quality of life of people living in the surroundings.	Damage to the health of workers due to prolonged exposure to loud noise and strong odors in the absence of proper protection equipment and training.
Exposure to noise, odors, high and low temperatures and other extreme working conditions.	Damage to the health of staff and people passing by the site caused by excessive noise pollution.	Damage to the health of workers caused by prolonged exposure to loud noise, odors, temperatures (high or low) and other possible extreme conditions without using the required protection due to lack of equipment, training and supervision.

Environmental management for the program: Regulatory Framework

1. Regulatory Aspects

The Environmental Legal Framework of Costa Rica is based on the following pillars:

a) The Constitution;
b) Environmental Organic Act;
c) General Health Act;
c) Sectorial and Specific Laws; and
d) Supra Framework of the Nation

In conformance with the Article Nº 6 of Public Administration Act, the hierarchy of the administrative judicial system in Costa Rica shall be subject to the following chain of command:

- ✓ The Constitution;
- ✓ International Treaties and Regulations of the Central American Community;
- ✓ Laws and other binding rules;
- ✓ Law Regulations;
- ✓ Executive Orders;

Additionally, norms subject to the central and decentralized regulations are also considered. The Table IV.2 lists the key environmental, health and labor instruments in Costa Rica. Annex 2 includes a brief description of each of them.

Table IV.2 Main Legal Instruments

Area	**Key Legal Instrument**
General Scope	THE CONSTITUTION
Includes different items	GENERAL HEALTH ACT N° 5395 of October 30, 1973 ORGANIC ACT OF THE ENVIRONMENT No 7554
Environmental Impact	Regulations on Environmental Impact Assessment Procedures (Official Gazette Nº 125 of June 28, 2004) Part I; ✓ Environmental Impact Assessment Process Technical Instruments Manual (EIA Manual) Part II. Executive Decree Nº 32712-MINAE. (Official Gazette N° 223 of November 18, 2005); ✓ Environmental Impact Assessment Process Technical Instruments Manual (EIA Manual) Part III. Executive Decree Nº 32967-MINAE. (Official Gazette Nº 85 of May 4, 2006); ✓ Environmental Impact Assessment Process Technical Instruments Manual (EIA Manual) Part IV. Executive Decree Nº 32966-MINAE (Official Gazette Nª 85 of May 4, 2006); Environmental Guidelines. Executive Decree 34522-MINAE-2008 (Official Gazette Nº 115 of June 16, 2008); Code of Good Environmental Practices. Executive Decree 32079-MINAE-2004; and Protocols of Regulatory Plans. Executive Decree 32966-MINAE-2006.
Atmosphere	Regulations on Air Pollutants Emission Nº 30221-S Regulations on Air Pollutants from Boilers N° 30222-S-MINAE
Water	WATER ACT Nº 276 NATIONAL WATER SUPPLY AND SEWAGE INSTITUTE ACT N° 2726 Drinking Water Quality Regulations N° 5395-S Wastewater Treatment Systems Approval and Operations Regulations N° 31545-S-MINAE Wastewater Discharge and Reuse Regulations N° 33601-S-MINAE
Noise	Noise Pollution Regulations Executive Decree N°28718-S

Wastes	INTEGRATED WASTES MANAGEMENT ACT N° 8839 Regulation on the management of waste infectious produced by the health system and related N°30965-S Comprehensive Electronics Waste Management Regulations N° 35933-S Final Disposal of Medicines, Raw Materials and Waste Regulations N°36039-S Industrial Hazardous Wastes Listing and Characteristics Regulations, Decree N° 27000-MINAE Industrial Hazardous Wastes Management Regulations, Decree N° 27001- MINAE Ban on Manufacturing, Imports, Transit, Registration, Sale and Use of PCB-containing Raw Materials or Products, Decree N°30050-S
Energy	Energy Efficiency Regulatory Act Nº 7447
Cultural and Archaeology Resources	Protection of the National Archaeological Heritage Act Nº 6703 of December 28, 1981, published in the Official Gazette N° 12 of January, 19, 1982.
Environmental Sanctions and Crimes	Environmental Court Proceedings Regulations Executive Decree -25084.MINAE
Occupational Safety and Health	ILO Convention 148. Protection of Workers against Occupational Hazards in the Working Environment Due to Air Pollution, Noise and Vibration Decree 25235-MTSS. Safety Regulations for Constructions. Decree Nº 1. General Occupational Safety and Health Regulations. 1967. Law Nº 2 of August 27, 1943 Labor Code Decree N° 13466-TSS. General Occupational Risks Regulations. Decree N° 18379-TSS. Occupational Health Commissions Regulations Industrial Hygiene Regulations Executive Decree -11492

2. Institutional Aspects

Environmental Management and Occupational Safety and Health in Costa Rica, according to the CCSS, is basically at the national level as it is a national organization which is regulated by the following entities.

a) Ministry of Health (MINSALUD)
b) Ministry of the Environment and Energy (MINAE)
c) SETENA (National Environmental Technical Secretariat)
d) AyA (National Water Supply and Sewage Institute of Costa Rica)
e) Ministry of Labor and Social Security (MTSS)
f) MUNICIPALITIES

A brief description of the role played by each of these government agencies is outlined as follows.

Ministry of Health (MINSALUD)
The Ministry of health dictates the general and specific measures for planning and coordinating public and private health activities. This entity dictates water safety and quality principles. Their policies are implemented by service suppliers. The Ministry of Health is responsible for the following:

- **Issuance of Health Operations Permits for establishments**. In conformance with the General Health Act, all the agricultural, commercial, industrial and service establishments must have a valid Operation Permit to operate within the national territory; and anyone who plans to formalize a company in Costa Rica must have a valid operation permission according to their activity in compliance with the Ministry of Health Permitting Regulations.

- **Registration of products of health interest** (food, natural products, cosmetics, hygiene products, biomedical equipment and material, hazardous chemical products, medicines, tattoo ink, domestic and industrial pesticides).

- **Issuance of authorizations and certifications** (food, mass concentrations, biomedical equipment and materials, medicines, narcotic and psychotropic substances, biological samples, plains, chemical products, hazardous wastes, alcoholic beverage advertising, ionizing radiation, authorization on international transfer of corpses, vaccines, certificate of good manufacturing practices for medicines). These include the following:

    - Authorization of imports and exports of biological samples:
        - Import and export of blood and byproducts
        - Import of human specimen plastinations for educational purposes
        - Import and export of urine samples
        - Semen import
    - Clearance of ionizing radiation-emitting products:
        - Import and export clearance of radioactive sources
        - Customs clearance of ionizing radiation-emitting devices
        - Authorized transport of radioactive sources
        - Authorized services relating to radiation protection
    - Cross-border transport and rational environmental wastes management authorization

Ministry of the Environment and Energy (MINAE)

MINAE, is a complex organization made of different decentralized bodies and other affiliates. Currently, the Ministry and the sector under its competence will go through rearrangement, and the bill on the pipeline is expected to allow this organ becoming the governing body of the Environment, Energy, Water and Ocean Sector. The ministerial lines of action areas are divided into four agendas:

Green Agenda

The work of the Vice Ministry of the Environment is focused on the Green Agenda, specifically in strengthening processes, programs and projects relating to the conservation and sustainable use of the land biodiversity, even with an active involvement in the marine agenda; the forgoing is part of MINAET mission and vision, in compliance with the National Development Plan.

Their commitment is to help consolidate SINAC by promoting the participatory management of protected wildlife areas, the establishment of public-private partnerships (PPPs) for the improvement of the infrastructure and services, early implementation of non-essential services aiming at a more efficient use of the human and financial resources available, the search and implementation of technical cooperation projects and financing to address multiple needs that imply the management of 169 protected areas, both marine and land.

In addition, it is intended to strengthen the effort made the country in order to maintain the forest coverage over 50% by promoting the REDD+ initiative (Reducing Emissions from Deforestation and Forest Degradation) and other initiatives seeking to create incentives for a sustainable production and a significant contribution to the goal of achieving carbon neutrality by 2021.

The Vice Ministry of the Environment plays an active role in the marine agenda and is a key supportive player to make the Costa Rican society, organizations and companies aware of the importance of respecting the environment and, thus, of helping achieve the goal of becoming a low-emission economy.

The main actions or activities that the Green Agenda has developed since May 8, 2010 are listed as follows:

- ✓ Strengthening the National System of Conservation Areas (SINAC)
- ✓ Strengthening the Payment Program for Environmental Services

- ✓ Support Biodiversity Management
- ✓ Contribution to the National Goal of Carbon Neutrality
- ✓ Marine Agenda
- ✓ Institutional Projection
- ✓ Follow-up and participation in the International Agreements and Conventions

Blue Agenda

This MINAE agenda is focused on the maritime and coastal issues, a starting point for writing a different environmental and development history in the country. It is intended to initiate an era in which Costa Rica will turn its eyes to the sea, its coasts and valuable wetlands, based on an environmental vision; for which a legal framework is required to define the basic elements of the water and ocean stewardship as well as the Vice Ministry of Waters and Seas within the current structure, aiming to organize and promote the appropriate response of the Government to address these issues, leading the protection and sustainable management of the coastal resources in Costa Rica.

The Division of Waters under the Ministry of Environment and Energy, is responsible for enforcing the water discharge decree D 32868-MINAE to grant Water Discharge Permits (point of discharge) into national waters (other than sewerage systems of cities) and the issuance of Water Supply Authorizations, either superficial or underground waters.

Brown Agenda

The Vice-Ministry of Energy and Environmental Management is responsible for the Brown Agenda. This agenda seeks to promote environmental management across various economic sectors of the country; i.e., to promote environmental assessment, measurement and monitoring through mechanisms and regulations to ensure that activities, works and projects are in line with a sustainable development vision. To achieve it, the Vice-Ministry counts on the following agencies to take care of the Brown agenda:

- National Environmental Technical Secretariat (SETENA)
- Department of Environmental Quality Management (DIGECA)
- Department of Climate Change (DCC)
- Department of Geology and Mines

Since 2000, the Ministry of Environment and Energy, now MINAET, has addressed the contamination topics with greater strength and determination, following control, prevention and management approaches. Some of the highlights accomplished so far by this agenda are:

Institutional Strengthening and Regulation

- The National Environmental Technical Secretariat (SETENA) is created to focus on the environmental impact assessment of projects, works and other activities, so environmental impacts can be assessed in order to prevent, control, mitigate and offset the environmental impacts a project may cause.
- Additionally, in 2002 the Department of Environmental Quality Management (DIGECA) is created to have in place an agency responsible for, under a preventive approach, air, water and soil protection policy making.
- And in terms of regulations, the most significant legal instruments are summarized as follows:

Water Discharge Fee, Regulation Promoting the Use of Hybrid-Electric Vehicles as part of Clean Technologies, the Comprehensive Waste Management Act, and other related regulations.

Development of Environmental Quality Management Instruments
A series of technical instruments have been developed in order to ensure the well-being (equilibrium) of the population in compliance with the constitutional right to a healthy environment. These instruments include:

- Voluntary Cleaner Production Agreements
- Institutional Environmental Management Programs (IEMP)
- Program to Improve Air Quality in the Greater Metropolitan Area
- National Profile on Chemical Substances

Compliance with International Covenants

Two Brown Agenda-related conventions are the most significant ones: Stockholm Convention on Persistent Organic Pollutants and the Montreal Protocol on Substances that Deplete the Ozone Layer. In this regard, the following achievements can be highlighted:

- A National Plan for the Implementation of the Stockholm Convention is in place
- First national inventory of POPs, polychlorinated biphenyls (PCBs), POPs and obsolete pesticides and dioxins and furans)
- Entire elimination in December 2009 of the import of CFC, ozone layer depleting substances
- The elimination in 2009 of bromomethane, ozone layer depleting substance, for agricultural purposes in flowers and tobacco crops
- Implementation of legal instruments to comply with the Montreal Protocol, such as the Regulations for Controlling Ozone-Depleting Substances (ODS) and passing of various amendments to the Protocol

Energy Agenda

The Vice-Ministry of Environmental Management and Energy is responsible for the energy agenda matters.
This agenda seeks to make a more rational and efficient use of the energy resources, reducing dependence on international markets and prepare the country to meet two critical challenges: climate change and the depletion of oil. To achieve it, the Vice-Ministry is supported by the following agencies under its umbrella:

- Sectorial Department of Energy
- General Department of Hydrocarbons
- General Department of Transport and Fuel Commercialization.

SETENA (National Environmental Technical Secretariat)

The Organic Environmental Law (Nº 7554) of November 13, 1995, creates the National Environmental Technical Secretariat, as an organ of maximum decentralization of the Ministry of Environment and Energy (MINAE), whose fundamental purpose *inter alia* is to harmonize the environmental impact with the production processes, as well as to analyze the environmental impact assessments and issue an opinion within the terms provided by the Public Administration Act, and any other function as necessary

to achieve its purposes (Articles 84 and 85 of the Organic Act of the Environment). The area is responsible for the issuance of the Environmental Viability for new projects carried out in Costa Rica through the Environmental Impact Assessment mechanism based on the Executive Decree Nº 31849-MINAE-SALUD-MOPT-MAG-MEIC, General Regulations on the procedure for Environmental Impact Assessments (EIA), of June 28, 2004.

SETENA is responsible for the **environmental control and monitoring of activity, work or project**. This control and monitoring may include the following elements:

1. Request periodic environmental reports from the Environmental Manager of the activity, work or project.
2. Registration of the environmental management of said activity, work or project in the environmental log.
3. Monitor the expiration of the environmental bond.
4. Environmental Compliance Inspections or, by default, environmental compliance audits, in conformance with the procedures set forth in the Regulation and in the EIA Manual thereof.

AyA (National Water Supply and Sewage Institute of Costa Rica)

Law Nº 2726 of April 14, 1961, created the National Service of Water and Sewage (now known as Water Supply and Sewage Institute of Costa Rica) and the Article 2 defines thereof the following specific functions:

- Direct and monitor all matters relating to the provision of safe water, collection and disposal of wastewater and liquid industrial waste, as well as storm water in urban areas.
- Determine the priority, convenience and feasibility of the different projects intended to build, reform, expand or else modify water supply and sewerage system works, which cannot be executed out without its approval.
- Promote the conservation and ecological protection of watersheds, and control water pollution.
- Advise other state agencies and coordinate all public and private activities relating to the establishment of water supply and sanitation systems and control the pollution of water resources. In all matters, its consultation is mandatory, and the compliance of their recommendations is binding.
- Harness, use, govern or monitor accordingly all waters of public domain, which are essential for the adequate enforcement of the provisions of this law, in the exercise of the State over them, in conformity with the Water Act Nº 276 of August 27, 1942, for which purpose, the Institute is considered the successor of the powers conferred in that law thereof to the State, ministries and municipalities.
- Manage and operate directly the water supply and sanitation systems throughout the country, which will be taken over accordingly, taking into account the convenience and availability of resources. The systems currently managed and operated by the municipal corporations may continue to doing so as long as they provide an efficient service.

The AyA Environmental Management Strategic Business Unit (SBU) is responsible for developing plans, programs and projects relating to the water resources management, thus for ensuring the availability of water for those water supply systems managed by the Institution and other operators. The key activities carried out by this SBU include:

- Assess the status of watersheds and aquifers permanently.
- Participate actively in the development of policies, strategies, programs, standards, projects and activities related to the conservation of water resources.
- Keep a permanent inventory of the watersheds and aquifers.

- Enforce environmental laws related to the design and operation of safe water supply and sewerage systems.
- Participate and conduct environmental impact assessments required for infrastructure development projects.
- Conduct technical studies as required for the purchase of land for protected areas.
- Advise the Senior Management, other institutional units and external entities in conformity with its competence.
- Propose and participate in the development of the regulations related to its scope of action.
- Participate in the development and implementation of institutional risk management system.
- Build and run pumping tests of wells managed by the AyA and others operators.

Some of the actions performed by this Department during the current year are:

- Coordination held at institutional and inter-institutional levels to address environmental and water resources issues.
- Development, evaluation and environmental follow-up of institutional WSS projects (environmental viability arranged before SETENA)
- Analysis, criteria development and environmental follow-up of water projects associated with the storage and transportation of fuel
- Analysis and technical criteria or technical approval on the geographic distribution and protection of the rights of use of water for public supply, associated with the permits for the construction of infrastructure within the territorial limits of the municipality of Vazquez de Coronado (Sub-basin of Virilla River).
- Preparation of hydrogeology and hydrology procedures manuals under an interinstitutional coordination framework.

Ministry of Labor and Social Security (MTSS)

The Ministry of labor and Social Security is responsible for the administration, study and dispatch of all matters pertaining to the labor and social welfare; and oversees the development, improvement and enforcement of all laws, decrees, agreements and resolutions concerning these matters, particularly those aimed at setting and harmonizing the employer-employee relationship, as a guarantee of good order and social justice across the bonds created by the work to improve the living conditions of the Costa Rican people. Some of the national occupational safety authorities are:

Occupational Health Council

This is a technical body on occupational safety and health subject to the Ministry of Labor and Social Security and since its creation by Law Nº 6727 in 1982, it has promoted the health of employees across all workplaces in Costa Rica.

Ministry of Labor

The Ministry of labor and Social Security dates back from the enactment of the Decree-Law Nº 33 of June, 1928, when the Secretary of Labor was created to develop the Labor Code. This instrument accordingly established the Labor and Social Security Secretariat.

National Social Security Institute

The Law Nº 53 on Industrial Accidents was published on January 31, 1925 and on August 20, 1926 the Department of Labor started operations, now known as Department of Occupational Hazards, which is

responsible for enforcing this law.

MUNICIPALITIES

Since its inception, Costa Rica has been a concentrated unitary state, which means that there is no such explicit political decentralization, but administrative decentralization, either within the territories or institutions. The power of the State is one and indivisible; it assigns only functions and competencies. According to the Public Administration Act, the public administration consists of the State and other public bodies and agencies, including, on the one hand, autonomous and semi-autonomous institutions, whose competences are exercised nationwide and, on the other hand, territorial entities, whose competences are limited to a certain territorial jurisdiction.

According to the Constitution of Costa Rica, for public administration purposes, the territory of Costa Rica is divided into provinces, these are divided in cantons and the cantons in districts; and the municipal government is responsible for the administration of interests and local services in each canton, which is a form of territorial administrative decentralization, and is not part of the centralized administration of the State or institutional administrations. Municipalities are corporate entities with their own personality and individuality, whose governance is elected by the people. They are legal entities of the State, with their own equity, personality and full legal capacity to enter into all types of agreements to accomplish their goals. Its competence is limited to the canton, with no interference into other matters outside their territorial jurisdiction.

The material competence of the municipal government refers to a particular local jurisdiction; therefore there are exclusive municipal competencies along with others, which can be simultaneously locally and nationally. The vote 5545-99 of the Constitutional Chamber of the Supreme Court establishes that "the public capacity of Municipalities is local and the capacity of the State and its institutions and bodies is nationwide, resulting that the municipal territory is simultaneously state and institutional where required".

The municipal government is responsible for the governance and administration of cantonal interests and services, which implies a great deal of environmental competence, with the understanding that they refer to the advocacy of life and health of the population and ecological balance of the canton.

The municipalities, as decentralized entities of the State, **are subject** to the principle of legality and, therefore, to the **entire *bloc de légalité* or collection of legal written and unwritten rules in force.**

According to the Organic Act of the Environment, the State must guarantee the rational use of environmental elements in order to protect and improve the life quality of the population nationwide. Likewise, it is required to generate an economic and environmentally sustainable development, with the understanding that development meets basic human needs, without compromising the options of future generations. In this way, the municipalities are required to promote sustainable development models locally.

The constitutional jurisprudence in Costa Rica has established as typical functions or environmental competencies of the municipal corporations, the urban planning, protection of the all kinds of natural resources, solid waste treatment, maintenance of water supply and sanitation systems for the disposal of waste water and protection of water sources.

In many cases, it is difficult to separate the environmental competencies of the municipalities from those granted to other State institutions, but there is a series of functions that are exclusive competence of the

municipal regimes:

Municipal Competence in Solid Waste Management Matters

Each municipality is responsible for, in its jurisdiction, the collection, treatment and disposal of garbage and solid wastes.

The municipality is responsible for hospital waste disposal, as set forth in articles 7 through 10 of the Executive Decree 19049-S of June 20, 1989. It is responsible for the collection, transport and disposal of wastes, for the strict monitoring of such activity, especially when private companies are hired to provide this service, for the training of staff and the establishment and implementation of safety measures. At the same time, the municipality must provide both the Ministry of Health and CCSS with information as required to implement the employees' vaccination program and define the medical centers failing to comply with the regulations. The best equipment available must be provided to the employees, including appropriate places for personal hygiene and the necessary supplies so they can go through the disinfection process when they finish their tasks. Additionally, coordination must be made with the CCSS or Ministry of health so periodic medical controls can be performed. It must also guarantee that during the transport of the waste to the dump place the necessary conditions are met so the health of the employees or people who live in the places where the trucks are passing by is not jeopardized. It is also required, along with the Ministry of Health, to address issues relating to the special treatment and final disposal of hazardous wastes.

The municipalities are also responsible for the regulation and urban planning, the comprehensive management of water resources and forest resources.

The country is divided into seven provinces; San Jose, Cartago, Alajuela, Heredia, Guanacaste, Puntarenas and Limón, which in turn are divided into cantons. The canton is the municipal unit structure. The institution governing the canton is called "Municipality" or "Mayorship" and the cantons are divided into districts. In Costa Rica, there are 81 municipalities and 8 district boards (municipal administration) with the jurisdiction over its territory to issue local permits and hold territorial administration.

Local governments or municipalities issue construction permits in their respective territories. The procedures they authorize include soil use permits, clearance of plans, urban licenses (arrangements for clearance of plans, alignment and approval for cadaster), urban permits (small-scale and large-scale works, demolition, earthworks, and disposal of debris).

Many of these mayorships or municipalities have in place an Environmental Management Unit (EMU) or the like, which is responsible for processing (approve or reject) and overseeing the construction permits or projects in their jurisdiction.

Wildlife refuges and other protected areas are the only exceptions to this rule, whose permits and administration directly falls under MINAET or SINAC jurisdictions.

ENVIRONMENTAL LICENSING AND AUTHORIZATIONS

In Costa Rica, the **National Environmental Technical Secretariat (SETENA)** is the entity responsible for issuing the environmental viability license. The steps to obtain the environmental license for different ongoing development projects in the country are taken in this entity. In June 2004, the General Regulation on the procedures for the Environmental Impact Assessment (EIA) is published in Decree Nº 31849, defining the environmental assessment criteria for projects, works or activities and the submission

of two analytical processes for low, moderate and high impact environmental activities.

The Environmental Assessment Document D1 is used for high and moderate impact activities or projects and the Environmental Assessment Document D2 is for low impact activities, works or projects. Additionally, Decrees MINAE, 32079 - MINAE, 33959-MINAE, 2712-MINAE, 32966-MINAE and 32967-MINAE were enacted, which are part of the EIA Manual that outline the guidelines to be considered within the Environmental Impact Assessment process, both in terms of requirements and general procedures which shall determine the environmental viability (license) of new activities, works or projects as well as the manuals for the preparation of environmental impact assessments and the enactment of the Code of Good Environmental Practices as a basic guide for the actions of any work, activity or project to be developed. To determine the environmental requirements for the projects based on the Form D1, a score was established to quantify the compliance of these requirements. It is shown in the following table (Table IV.3):

Table IV.3 SETENA Environmental Requirements Scoring System

Score	Requirement
0 to 300	Environmental Commitment Affidavit
301 to 999	Affidavit + Environmental Management Plan
More than 1000	Environmental Impact Assessment (EIA) plus the above

To accomplish the works within their expected construction schedules and operational phase, which may span between 5 and 10 years, the Developer must select and hire a ***Regente Ambiental*** (individual or entity), who on behalf of SETENA shall oversee compliance with the environmental agreements and associated regulations during this process.

Nowadays, the practice of *Regente Ambiental*, a professional must be affiliated to the SETENA and any registered member may apply for ER. Therefore, the entity is working on an efficient certification system.

SETENA operates nationwide with 2 regional offices and 1 head office. The regional offices are only meant to monitor the resolutions given by the head office under the D1 and D2 forms (Environmental Assessment Document).

The EIAs are considered part of the social evaluation, and in the case of the EMPs, only if required by SETENA. Additionally, these assessments must consider archaeology aspects by a certified expert where appropriate (Museum).

SETENA has ability to penalize violations of their resolutions. Although it cannot impose pecuniary sanctions, it can impose penalizations on areas such as Reforestation, Environmental Education and Social Support to the Community. The amount of these supports is not determined by SETENA, but by the Plenary Commission.

Additionally, environmental guides have been developed e.g. the **Environmental Building Guide**, which is a user subscription instrument that takes place during the Environmental Impact Assessment (EIA) of activities, works or projects, pertaining to the construction phase, as part of the streamlining of these procedures. It aims to serve as a technical instrument of reference for orderly planning and systematic implementation of environmental prevention, correction, mitigation, minimization or compensation measures for those construction-related actions that may affect significantly the environment and concurrently, it may serve to standardize the environmental management within a

consensus and efficiency improvement process during the environmental assessment process.

RESOLUTION AND ISSUANCE OF ENVIRONMENTAL VIABILITY (OR LICENSE)

The justified rejection of the EIA (Environmental Impact Assessment) of activity, work or project, or its approval is notified by the SETENA to the Developer via an administrative, technical and legally grounded resolution. These resolutions, in compliance with the article 19 of the Organic Act of the Environment, are binding.

The resolution of approval of activity, work or project, depending on the category of the IAP where it is under, includes the following:

1. The environmental commitment guiding principles or guidelines that determine the granting of the environmental viability (license), and which will be based on the EIA entire process, particularly the Environmental Management Plan, as well as in a series of conditions and environmental control and monitoring instruments, include the following elements:

1.1. Compliance of Code of Good Environmental Practices (CGEP).

1.2. Development and implementation of the Environmental Control and Follow-up Instruments (ICOS), which comprise 3 basic aspects:
   1.2.1. Appointment of an Environmental Manager, within the term established by SETENA.
   1.2.2. Registration of the environmental management process by the Environmental Manager in an environmental log recognized as official record by SETENA for activity, work or project, once the corresponding environmental viability (license) is granted.
   1.2.3. Preparation and submission of environmental reports to SETENA, observing the frequency established by SETENA in the corresponding administrative resolution, in compliance with the Chapter IX of this regulation hereof.

2. In compliance with the provisions of the Organic Act of the Environment, the Environmental bond amount will be fixed by SETENA.

3. For "A" activities, works or projects, where deemed needed and accordingly justified by SETENA, SETENA may require the creation of a Mixed Commission for Environmental Monitoring and Control (COMIMA).

Against any given resolution, an appeal may be lodged in conformance with the Public Administration Act and said appeal shall be processed in accordance with said body of laws.

THE ENVIRONMENTAL MANAGER (*Regente Ambiental*)

1. The environmental manager shall be appointed by the Developer of activity, work or project by means of the EIA instrument resolution. A contractual relationship will exist between the parties whose delimitation and action must be ruled and submitted to the scope of the environmental covenants agreed by the Developer of activity, work or project, including their specific characteristics.

2. The Environmental Manager must verify and report to both SETENA and the Developer of activity, work or project, the extent of compliance with the obligations contracted observed during the construction and operations of the activity, work or project according to the term defined by SETENA.

3. Also, the Environmental Manager (*Regente Ambiental*) shall issue environmental recommendations as needed, according to the different situations that may arise during any stage of implementation of the activity, work or project.

4. The EM must report immediately to SETENA any unjustified breach of environmental covenants and technical, legal and environmental regulations in force by the Developer of activity, work or project, to set a precedent for responsibilities.

Accuracy of environmental information

The Environmental Manager of activity, work or project will be held liable to any administrative, civil and criminal proceedings for the accuracy of the information contained in the documents subscribed, as well as the suitability of the recommended methods and procedures. The Developer shall be held jointly liable. This dual responsibility approach is also valid when the environmental responsibility of the project is exercised by an environmental consulting firm.

In compliance with article 20 of the Organic Environmental Act, the Developer of activity, work or project and, where appropriate, the head or director of each stage or component shall be held jointly and severally liable.

Environmental Log

The **Environmental Log will not** be replaced by any other established log and will follow the following guidelines:

1. 100-page minute books, numbered sequentially will be used. The first page must state the purpose of SETENA opening entry, which will become official only if the Developer of the activity; work or project has met the requirements set forth in the relevant resolution and if the record shows the technical and legal requirements for the issuance of the environmental viability.

Types of environmental bonds

1. In conformity with the article 21 of the Organic Environmental Act; the activities, works or projects, whose EIA has been approved, must furnish an environmental bond. There are two types of environmental bonds:
1.1. Performance bond, applicable for the construction of the activity, work or project.
1.2. Operation warranty, depending on the impact of the activity, work or project and the risk against population in the nearby areas.

Amount of environmental bonds

The amount of environmental bonds will be established by SETENA Plenary Committee, in conformity with article 21 of the Organic Environmental Act.

If the activity, work or project does not require to build infrastructure, the amount percentage will be fixed based on the market value of the land involved in said activity, work or project, based on the Developer's affidavit, duly notarized.

3. Legal Environmental Requirements for the Program's Works and Actions

The table IV.4 outlines the environmental requirements of the activities, which considering their characteristics and location, must comply with the national environmental regulations and be part of the environmental record developed and updated by the CCSS and serve as a basis for the *ex-ante* environmental assessments (screening) of all the sub-projects and health care units, as well as for industrial ones run by the CCSS.

Table IV.4 Program Activity Environmental Requirements

Program Activity Environmental Requirements		
Work	Environmental Requirement	Follow-up by
Large-scale new construction works or rehabilitation works	Environmental Commitment Affidavit (Notarized Document) (if environmental impact is low) 1 + Environmental Management Plan (EMP) (if environmental impact is moderate) 2 + Environmental Impact Assessment (EIA) in conformity with terms defined by SETENA (if environmental impact is high) In all these cases, the Code of Good Environmental Practices must be observed for all Environmental Impact Assessment-based activities.	Project Environmental Viability followed up by the National Environmental Technical Secretariat (SETENA), as responsible for reviewing and issuing a resolution on documentation furnished by the Developer for arrangements purposes.
	Appointment of an Environmental Manager or Environmental Regent hired by CCSS selected from SETENA professional register	Regular submission of compliance reports based on the Environmental Manager's work
	Endorsement and update of construction plans over 300 m^2	Ministry of Health
	✓ Major construction permit (where appropriate) ✓ Minor construction permit (where appropriate) ✓ Land-use planning ✓ Endorsement of cadastral plan ✓ Municipal Resolution on Location Plat	Municipalities (see Article 75 of Construction Act Nº 883) **Article 75. - *Public Buildings.*** Public buildings, i.e. buildings built by the Government of the Republic need no Municipal Permit. Buildings made by other governmental agencies neither need it, provided they are authorized and supervised by *Dirección General de Obras Públicas* (Department of Public Works). However, all construction plans must be endorsed and registered by the College of Engineers and Architects.
Medical Units' Operations	Health Operations Permit	Ministry of Health
	Authorization of wastewater discharge into national bodies of water (where appropriate)	Division of Waters, Ministry of Environment and Energy (MINAE)
	Wastewater Treatment Location Permit	Regional Directorate or *Dirección de Área Rectora de Salud* under the jurisdiction of the Ministry of Health
	Boilers Location and Operations Permit	Ministry of Labor and Social Security
	Facilities equipped with ionizing radiation emitting devices or naturally and artificially radioactivity must obtain operations permit to run radioactive emitting equipment and handle radioactive materials.	Ministry of Health
Production Units' Operations	Health Operations Permit	Ministry of Health
	Authorization of wastewater discharge into national bodies of	Division of Waters, Ministry of Environment and Energy

	water (where appropriate)	(MINAE)
	Sewer Availability Certificate	Sanitation Regulatory Agency (EAAS)
	Boilers Location and Operations Permit	Ministry of Labor and Social Security
	✓ Major construction permit (where appropriate) ✓ Minor construction permit (where appropriate) ✓ Land-use planning ✓ Endorsement of cadastral plan ✓ Municipal Resolution on Location Plat	Municipalities
Any of the above inside Conservation Areas	The Ministry of Environment and Energy (MINAE), through the National System of Conservation Areas (SINAC), reviews and authorizes, where appropriate, all works and activities inside conservation areas. Therefore, requirements established by this entity must be fully observed.	National System of Conservation Areas (SINAC)
Any of the above in case of discovery of physical cultural resources	The environmental viability permitting requires a Project to meet requirements on assessment, prevention and mitigation of negative impacts on archaeological resources. This is a three-step process ✓ Archaeological inspection (D1/SETENA), ✓ Archaeological evaluation (sampling) and ✓ Archaeological Field Research	*Dirección del Museo Nacional*

CCSS Program Environmental Management

Regarding Environmental Management, this section outlines procedures followed by CCSS as the Program implementing agency to manage environmental, safety and health and cultural resource protection issues during the design, permitting, tendering, contracting and supervision/operations of projects under implementation.

CCSS Environmental Management System

At institutional level, CCSS has an Environmental Management Unit, the Environmental Management Subarea (SAGA) inside the *Area de Salud Colectiva* (GM-DDSS-CCSS), This EMU is responsible for, *inter alia*, formulating and following up the CCSS Environmental Management System in conformity with an agreement executed by the Board in January 2000. It has ensured each health facility has their own IEMP, complying with the law and its requirements.

CCSS defines as follows:

The Institutional Environmental Management Policy mandates planning, implementation and monitoring processes follow technically sound environmental criteria, observing the highest commitment towards environmental sustainability, in order to ensure integral public health. The system realization process embraces the following steps:

- Standardization
- Training
- Evaluation
- Certification
- Technical Advice
- Research
- Planning
- Systematic Data Collection
- Data Consolidation
- Processing
- Analysis
- Supervision
- Continuing Education

Thus, establishing the following processes:

- IEMP strategic administration
- Technical networking.
- Functional relation and strategic partnerships
- Information systems administration
- Information and Dissemination

Based on:

- The Constitution, Articles 46 and 50
- General Health Act and its regulations thereunder
- Organic Act of the Environment and its regulations thereunder
- Integral Waste Management Act and its regulations thereunder

- Hazardous Wastes Management at Health Facilities Regulations
- Institutional Regulations on Anatomopathological Wastes Management
- Safe Management of Hazardous Chemicals in Hospital Environment
- Safe Management of Inflammable Liquids
- Safe Management of Mercury Wastes
- Food Waste Management
- CCSS Health Facility Environmental Management Commission Organizational Structure and Governance Manual
- CCSS Health Facility Safe Water Quality Assurance Guidelines
- Weighing Hospital Wastes Form 66 Instructions
- Health Facility Sanitation and Cleanup Procedures and Guides
- CCSS Rational Use of Financial Resources Policy, approved by the Board of Directors, Article 6 Session Nº 8472 held on October 14th 2010.
- "Rational Use of Water and Energy Resources" Guidelines 2011.
- Measures to Further Optimize Resources 2013 – 2014 approved by the Board of Directors October 24th 2013 in Session Nº 8672, Article 7.
- CCSS Executive President's Guideline on "Compliance Guideline Nº 011-MINAE and Compliance Reminder about Guidelines on Rational Use of Energy Resources in CCSS".
- "Rational Use of Water and Energy Resources" Guidelines Update, 2013.
- "Technical Guidelines for CCSS Boilers Operations & Maintenance, November 27th 2014

SAGA foresees the following training activities:

- On a biennial basis, conduct update and refresh workshops for Health Facilities' Environmental Management Commissions
- On an annual basis, conduct 8 – 10 on-demand trainings in environmental issues in Health Facilities, training between 200 and 400 persons per year.
- On a bimonthly basis, hold coordination meetings with Environmental Management Coordinators leading Regional Directorates and Health Facilities.
- On a monthly basis, hold a videoconference on any environmental topic

Evaluation and Certification

Since 2001 all healthcare facilities have been visited to evaluate the environmental regulation enforcement and health facilities are certified and receive an audit-based rating and a certificate certifying the compliance advancement or backwardness of that Health Facility in question. Results obtained so far are illustrated in the following figures below.

Figure IV.1 Historical Institutional Environmental Regulation Compliance Rate

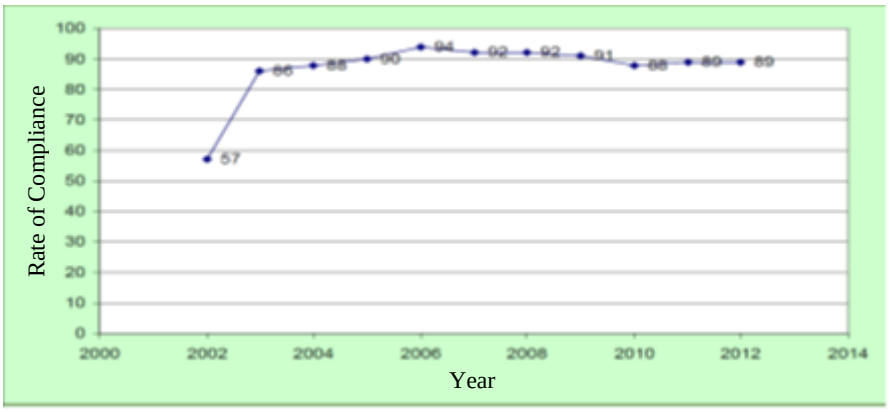
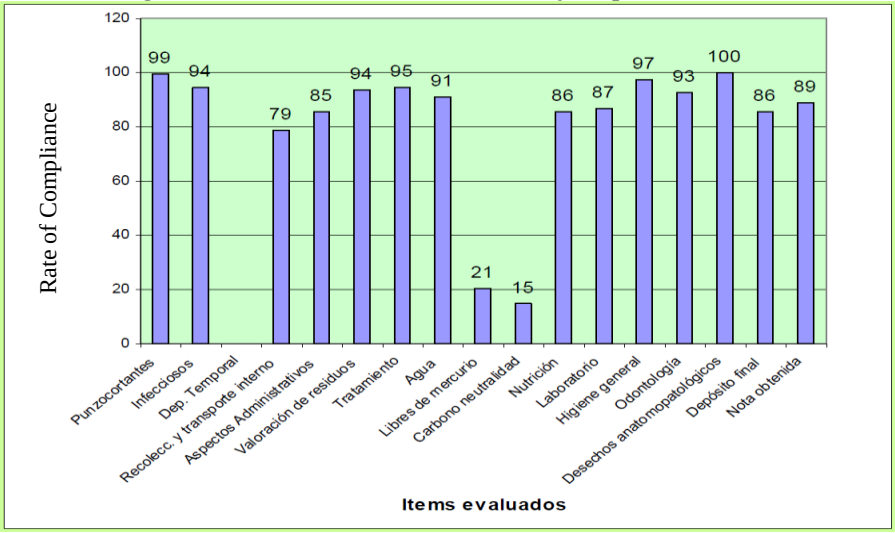


Figure IV.2 Indicators Performance by Topic 2011-2012



Technical Advisory Body

SAGA provides the Health Care Management Department with technical advice on:

- ✓ Legal affairs relating to Environmental Management (EM)
- ✓ Design and formulation of technical specifications for EM equipment, supplies and construction of temporary storage facilities.
- ✓ Analysis and review of proposals and new technologies across EM areas

SAGA also provides technical advice to other CCSS departments:

- ✓ Executive Presidency
- ✓ Infrastructure Management Unit
- ✓ Administrative Management Unit
- ✓ Logistics Management Unit

- ✓ Health Facilities
- ✓ Other areas, departments and directorates

Currently, SAGA works with the following Projects:

Mercury-free Hospitals

Objectives:
- ✓ Reduce risks from mercury found in healthcare facilities and protect staff, patients and the environment
- ✓ Eliminate mercury in hospitals

Outcomes:
- ✓ Mercury-free Hospitals
- ✓ Mercury-free environments in healthcare facilities

Green and Healthy Hospitals

Objective:
- ✓ Drawing on CCSS, strengthen environmental health for populations by implementing internal and external environmentally friendly processes when delivering health services
- ✓ Have in place an Information System to manage environmental indicators impacting the Institution.

Outcomes:
- ✓ Green and Healthy Hospitals running on a sustainable basis generating no pollution
- ✓ Information System updated and implemented

Carbon Neutral Hospital

Objectives:
- ✓ Obtain Health Facility and Institution carbon footprint baseline
- ✓ Minimize carbon footprint in health facilities and the Institution
- ✓ Offset carbon footprint by implementing environmentally sustainable actions

Outcomes:
- ✓ GHG emissions baseline
- ✓ Carbon footprint offset
- ✓ Carbon neutral hospitals

Zero-Waste Hospitals

Objectives:
- ✓ Minimize health facility wastes
- ✓ Reduce indirect GHG emissions

Outcomes:
- ✓ Less wastes produced
- ✓ Decreased wastes management costs
- ✓ Zero-waste certified hospitals

Consumer Guide to Mercury in Fish

Objectives:

- ✓ Support and provide medical staff taking care of pregnant, small children, breast-feeding mothers and elders with consumer guide to high-mercury fish
- ✓ Institutional guide to inform patients and medical staff about recommendations for safe fish consumption.

Outcomes:

- ✓ Institutional guide to inform patients and medical staff about recommendations for safe fish consumption.

Environmental Management (EM) and the Health Care Delivery Model

Objectives:

- ✓ Recognize the environment as a public health and social security determinant.
- ✓ Guarantee health care is delivered in strict observance of environmental legislation in force.
- ✓ Protect human health, preserving quality of both natural environments and indoor environments across all health facilities.
- ✓ Prevent health care delivery-related environmental pollution.
- ✓ Plan, protect, follow up and ensure health care service is delivered under technically environmental scientific-based criteria

Outcomes:

- ✓ Environmental legislation institutionalized through wide institutional environmental regulations.
- ✓ Training & Research
- ✓ Three-level civil servants
- ✓ Nationwide communities involved in environmental management topics
- ✓ Capacity building for Environmental Management Commission members and Institutional Network Support
- ✓ Research & Development of processes linked with EM as health determinant.

Optimized EM Performance Requirements

In the opinion of SAGA, improving SAGA's performance in the future requires:

- ✓ Staff the team with human resources (baseline and project implementation)
- ✓ Provide the team and all EM Network Commissions with equipment as needed
- ✓ Provide Network members and Subarea staff with technical training
- ✓ Receive Environmental Management TA from experts.
- ✓ Develop a research platform for evidence-based decision – making

Design Phase

New public works projects include infrastructure and equipment relating to waste management, wastewater discharge and treatment, fuel storage, emissions control, safe management of ionizing radiation sources and other environmental and OSH issues that SETENA may require for issuing its Environmental Viability. The only EM and OSH restraint consists of restrictions that may exist in locating them if they affected public property such as riverbeds and streams or had to be developed in part or in full within natural areas under protected areas status. In these cases, design is halted until clearance from the Ministry of Environment and Energy is obtained.
Furthermore, when it is about new catchment of surface or underground waters, volumes foreseen by the

Project must be authorized by the Division of Waters under the Ministry of Environment and Energy, which also has to approve the point of wastewater discharge caused by the facility, based on an availability study and type of wastewater discharge works.

The protection of cultural resources will be considered in basic studies required by SETENA to assess the relevance of the issuance of Project Environmental Viability.

Permitting Phase

Talking about Environment and important rehabilitation projects or new projects, in Costa Rica the Environmental Viability is issued by the National Environmental Technical Secretariat (SETENA), which is a decentralized body under the jurisdiction of the Ministry of Environment and Energy (MINAE).

CCSS has different entities implementing projects, inter alia the Architecture and Engineering Department, the Special Projects Administration Department, the Regional Maintenance Engineering Services or local units. Each unit managing infrastructure investment projects is responsible for taking steps towards the environmental viability permit for their own projects. Thus, depending upon available resources in that unit in question, said steps are taken by using own resources or by outsourcing environmental engineer consultancy services.

The first step is filling out Form D1, containing the following information

Project Description, and attached the following:

- Geological Study
- Archaeological Study (by a Museo certified expert)
- Biological Study
- Engineering Study
- Impacts on:
  - Air
  - Water,
  - Soil
  - Human Impact

This form is submitted to SETENA for evaluation. The Project may face one of the following scenarios:

SETENA Evaluation Rating	Environmental Impact Significance	Requirements fulfilled by CCSS and submitted to SETENA (1)
0 to 300	Low	Environmental Commitment Affidavit (Notarized Document)
301 to 999	Moderate	1 + Environmental Management Plan (EMP)
> 1,000	High	2 + Environmental Impact Assessment (EIA) under terms defined by SETENA

Besides these requirements, all cases are subject to the Code of Good Environmental Practices for Environmental Impact Assessment-based activities.

SETENA-listed external experts are hired to carry out the abovementioned studies as well as the EMP and the EIA. Upon review and approval of CCSS requirements by SETENA or by SETENA listed internal officers, the latter issues the Project Environmental Viability, establishing the following

additional requirements:

A performance bond up to 1% of the contract value, in force until the works receives environmental approval and in some cases, during a period of operations. *Defined as Environmental Performance Bond, it refers to a sum deposited, established by SETENA in conformity with rules and regulations in force to safeguard the enforcement of environmental correction, mitigation or compensation measures due to environmental damages or negative environmental impacts beyond the control of activities, works or the Project. Said bond issued in favor of SETENA is held in the Fondo Nacional Ambiental's Escrow Account*.

They appoint a SETENA-listed Environmental Manager or *Regente Ambiental* hired by CCSS, who also will take care of safety and health issues during implementation of works. Occasionally, SETENA may require the *Regente Ambiental* to continue working during the Project operations up to 5 years. *Regencia*' reports based on Environmental Manager's work will be submitted on a periodicity defined by the Environmental Viability Resolution.

At the end of the Project, an external inspection takes place. In addition, prior to the commencement of works, the Ministry of Health is required to issue the five-year **Health Operations Permit** to empower the Ministry to carry out verifications and inspections anytime. Note this Health Operations Permit include obligations across all areas (air, discharges, drinking water, wastes, etc.) additionally to the Environmental Viability and authorizations of wastewater discharges into national bodies of water that are processed by the Division of Waters (MINAET).

Annex 2 outlines examples of environmental requirements for CCSS Projects. Examples include the following documents:

- Initial Environmental Assessment for Project requiring Form D1
- Environmental Impact Assessment for Projects rated over 1000
- Environmental Management Plan for Projects rated between 300 and 1000
- Environmental Compliance Affidavit for Projects rated under 300
- SETENA Environmental Viability Resolution for EBAIS Building Project
- Environmental Bond (security held in the *Fondo Nacional Ambiental's* Escrow Account.by Banco Nacional de Costa Rica)

Bidding and Contracting Phase

Regarding environment and safety & health matters, CCSS has in place specific bidding and contracting procedures to procure works and services needed to run medical units. Architecture and Engineering Department. The Public Procurement Act requires all tendered projects must obtain the SETENA Environmental Viability certification. Therefore, each prospective bidder must arrange said Environmental Viability on a timely basis, in conformity with requirements relevant to each project. Bidding Terms of Reference (TORs) must list SETENA requirements required for implementation and supervision of works. Annex 2 has bid and contract samples specifying these aspects. Examples include the following documents:

- ✓ **Legal – Administrative Conditions** to contract directly "Professional Services to Arrange and Conduct an Environmental Impact Assessment before SETENA"
- ✓ **Technical Conditions for Construction Work Publicly Tendered** "Prequalification Phase for Construction and Equipment of CCSS Infrastructure Projects"
- ✓ **Technical Specifications** on the procurement of "transport and final disposal of hospital wastes (used drugs and medical supplies)"

- ✓ **Purchase Order** for "collection, transport, treatment and final disposal of chemical wastes"

Works Supervision Phase

In terms of environmental matters, supervision of works and compliance reports on requirements imposed by SETENA or otherwise, is a responsibility held by *Regente Ambiental*, who must verify and report to both SETENA and the developer of the activity, work or project, the fulfillment of obligations contracted during the construction and operations stages of said activity, work or project, in line with the time frame established by SETENA. Also, the *Regente Ambiental* shall issue environmental recommendations as needed, according to the different situations that may arise during any stage of implementation of the activity, work or project and report immediately to SETENA any unjustified breach of environmental covenants and technical, legal and environmental regulations in force by the Developer of activity, work or project, to set a precedent for responsibilities, as appropriate.

Annex 2 exemplifies the bid documents for hiring professional services to develop *Regencia Ambiental* supervising structural retrofitting and reconstruction works, including CCSS hospital electrical mechanical systems; it also contains *Regencia Ambiental* reports samples, including measures to be conducted by the contractor of works, required to comply with the Project's Environmental Management Plan.

Documents listed include:
- **Legal – administrative conditions** governing direct procurement of "Professional Services to develop ***Regencia Ambiental*** to supervise structural retrofitting…"
- ***Regencia Ambiental* Report** on the "Structural Reinforcement Project…"
- **Environmental Management Plan Measures** Table for the "Building Project…"

EM and OSH Staff in CCSS

In the current CCSS organizational structure, there are two areas empowered to address EM and OSH issues respectively. The first one is Environmental Management Subarea located in *Area de Salud Colectiva* of *Dirección de Desarrollo de Servicios de Salud* under the Health Management Unit. It is the technical unit responsible for environmental issues, including solid wastes management, wastewater management, water quality assurance, environmental criteria governing green or sustainable procurements, energy savings, criteria on environmental impacts from new technologies, hospital chemical substances management, environmental evaluation of new buildings. These aspects cover five fundamental activities: Technical Advice, Permanent Capacity Building, and Research for Evidence-based Decision-making, Institutional & National Regulations Enforcement Monitoring, and Regulations of Specific Activities.

Environmental Management Subarea is staffed with three technicians: 1 nurse and two chemistry technicians well experienced in Hospital Environmental Management.

The second area refers to a Special Project Administration Unit team, under the Infrastructure and IT Management Unit, which has focused on project development, R&D, evaluation, advisory services and environmental engineering projects training. It is staffed by two environmental engineers, one industrial engineer, one safe water technician and two civil engineers.

At decentralized level, there is no vacancy for environmental professionals, but there are 133 EM Commissions staffed by members appointed by local and regional directors in conformity with institutional guidelines, with profiles in line with functions and roles played mostly technicians and

health professionals trained by SAGA in environmental management matters. Monthly videoconferences and scheduled regional trainings are good to keep them updated and refreshed in new hospital EM topics, including standardization of criteria through immediate interactions.

EM and OSH Operations Phase

CCSS has developed a number of instruments employed to comply with environmental, legal and OSH regulations in force. Said instruments include:

- Guidelines to conduct environmental audits in CCSS Health Facilities
- Institutional Regulations on:
    - EM Commissions Organizational Structure
    - Hazardous wastes management in health facilities
    - Anatomopathological Wastes Management

- Policy, Conceptualization, Regulation and Action Plan for CCSS Radiation Protection System
- Environmental Management Plans (EMPs)
- Resource Recovery Programs (recycling)
- Hospital Wastes Manual
- Hazardous Wastes Manual
- Technical Specifications

Environmental Impact Mitigation Projects led by DAPE Environmental Engineering Project Task Team

A specific task team has been established and carries out concrete actions for controlling solid wastes and evaluating and controlling wastewater discharges and atmospheric emissions, including:

Table IV.5 CCSS Environmental Mitigation Projects

Wastewater Treatment (WWT) Systems, PV Solar Panels, and Disposal of Solid Wastes	Bajo Blei and Piedra Mesa EBAIS
	La Ribera and Escobal EBAIS
	Golfito Hospital
	Huacas and Dulce Nombre EBAIS
Atmospheric Emissions GHG	Carbon footprint determination in 3 Health Centers
Disposal of Solid and Liquid Wastes	Hospital San Juan de Dios Medical X-ray Developer Treatment System
	Chorotega Region Integral Solid Wastes Management (13 sites)

There are 12 WWTPs going under diagnosis to determine any potential intervention:

1. Alajuela Hospital
2. Heredia Hospital

3. San Carlos Hospital
4. Los Chiles Hospital
5. San Ramón Hospital
6. Quepos Hospital
7. Santo Domingo A.S
8. Peninsular A.S
9. Esparza A.S
10. Puriscal CAIS
11. Los Santos CAIS
12. Siquirres CAIS

The prospective construction of WWTPs is projected in the following sites:

- San Rafael Heredia A.S
- Tabarcia EBAIS
- Linda Vista EBAIS
- Aguas Zarcas A.S
- Chacón Paut Hospital
- Upala Hospital
- Hone Creek Área de Salud
- Margarita EBAIS
- Siquirres Area de Salud
- Grecia Hospital
- Mata de Plátano EBAIS
- Belén-Flores EBAIS Area de Salud
- Santa Rosa Pocosol Area de Salud
- San Rafael de Oreamuno Area de Salud
- Esparza Área de Salud
- Aserrí Clínic
- Palmares Area de Salud
- Horquetas-Río Frío Area de Salud

To control water safety and wastewater discharges the Environmental Management Subarea under the Health Management Unit dictates guidelines. Therefore, each unit is responsible for running test analyses and reports as appropriate; as Engineering & Maintenance Services (EMS) is the specialized technical unit available to Hospitals, normally it takes care of said analyses. By organizational definition, EMS do not report to the *Dirección Mantenimiento Institucional*, but to *Dirección Medica* in each healthcare center as appropriate.

A newly created intra-hospital water quality regulation is available while medical units go through a diagnosis process because water quality degrades usually inside hospital facilities due to a number of reasons, including inadequate water storage, obsolete infrastructure, etc. Furthermore, the Environmental Engineering Area is staffed with a drinking water technician who assesses safe water system operations as well as water quality.

Atmospheric Emissions

Atmospheric emissions generated by medical facilities usually come from fuel-fired steam generators (boilers), operated in compliance with established standards, though they are based on the fuel sulfur contents. Currently, CCSS has 55 boilers and the new procurement guideline goes for LP gas models. Considering the national regulation establishes the operation permitting requires all boilers must be

inspected and reported at least once a year, this is an obligation that must be fulfilled or otherwise operations permits are not issued. Then, we can assume boilers whose operations permits had been issued, comply with operating standards and since boilers are critical equipment, the 55 boilers must run smoothly in compliance with Ministry of Health permitting requirements. Following an Institutional Maintenance Directorate-led initiative, new boilers come with stack gas emissions analyzers. This year, 5 facilities will be equipped with boilers (10 units approximately). Since 2008, all boilers purchased were required to include stack gas emissions analyzers, so hospitals run their own gas analyses and reporting.

Energy Efficiency

Regarding energy efficiency, an Institutional Energy Efficiency Program is being consolidated to comply with the provisions of the Energy Efficiency Regulatory Act Nº 7447, Energy Efficiency Plan Guideline 017-MINAET, and Directive D-11 Ban on Least-Energy Efficient Equipment, Lighting and Appliances. The institution issued Water and Energy Efficiency Guidelines in 2011, eventually updated in 2013. Furthermore, Technical Guidelines on CCSS Boilers O&M were issued in 2014 (steam generators).

Medical units have implemented a few projects though progress is evident. For instance, they are installing in the Alajuela Hospital, solar hot water preheating systems for hospitalization and food services. PV solar panel electricity systems are being designed for various EBAIS in indigenous territories and in Belen. Furthermore, an energy audit was carried out in Hospital de Grecia to reduce the consumption of electricity; as a result, they proposed to use LED lamps, motion detectors, timers programmable for lamps, hospital lighting circuit optimization, install a capacitor bank in power systems and electricity tariff changes. There are also central level-supported institutional electricity saving initiatives for Hospital Fernando Escalante Pradilla in Pérez Zeledon and Max Terán Valls in Quepos. High performance T8 fluorescent lamps superseded old ones, air conditioning thermostats were regulated and the fossil fuel energy consumption has improved. Water-efficient faucets and waterless urinals have been installed, and LED lamps are being installed in different areas. Currently, 16 power meters are being switched to medium voltage power meters, so savings would reach 350 million colones annually approximately.

Wastes

Anatomopathological wastes are managed under controlled conditions and buried in cemetery exclusive pits. Bio infectious wastes are processed in autoclaves either by hospital premises and *areas de salud* or by specialized biohazard disposal companies. Treated waste is disposed of through MSW collection systems.

Usually, expired drugs and reagents are incinerated by outsourced companies. This calls for technical requirements and a tendering process to contract said service, identifying the provider's compliance with disposal technical specifications and offering the best offer financially speaking for CCSS.

Before disposing of special wastes, first they determine if it still can be usable. Otherwise, a disposal of assets document is written and physical destruction of asset in question is carried out. Currently, new equipment providers are given the responsibility to remove and take replaced equipment away as part of their contractual obligations and dispose of it in accordance with laws.

Medical facilities are phasing out clinical mercury sphygmomanometers, manometers, thermometers, etc., while serviceable remnants are managed under safety measures.

10% of X-rays machines has been superseded by digital imaging systems, while 100% replacement is expected to take place in 5 years. Meanwhile, some wastes generated by this process are managed in

accordance with the RP manual.

Radioactive wastes such as radiopharmaceutical products are stored under safe conditions until expired or safe. Expired cobalt and cesium therapy units were shipped out as wastes to Germany and there is only one carbon-encapsulated radioactive unit buried in a hospital, which is monitored permanently, reporting no problems at all.

Radiation Protection

A major cobalt radiation therapy device accident took place in 1994. In 2002, the Radiologic Protection System was developed. This entity conducts certification visits to radiation emitting devices, including dental X-ray and mammography machines twice per year.

The CCSS has three Cobalt-60 therapy units and Iridium-192 brachytherapy. Cobalt capsules are replaced every 5 years, but the provider replacing them has the contractual obligation to dispose of old cobalt capsules in conformity with applicable legislation in effect.

Nuclear medicine wastes are generated by 3 hospitals (México, San Juan de Dios and Calderón). However, as they are low level and short half-life wastes (T50 ranging between 6 hours and 8 days), they are kept under containment until determined as non-hazardous. Eventually, they are disposed as common medical wastes.

Medical facilities possessing radiologic equipment have been audited by the International Atomic Energy Agency (IAEA)

Occupational Health

CCSS 52,400 has employees disseminated across 350 healthcare units. Each healthcare unit staffed with more than 20 workers calls for a Mixed Occupational Health Committee while those staffed with more than 50 employees call for an office under the supervision of an Occupational Health professional.

CCSS is understaffed with Occupational Health Professionals. For instance, there is only one staff member in a large hospital and one Occupational Health professional serving 3,000 employees in CCSS headquarters

Out of the 200 Occupational Health specialists in the country, only 16 work for the CCSS. This is why general doctors are being trained to do that task. OSH issues are identified at the CCSS infrastructure (e.g. tanks, working environment, pathology, and anesthesia). Overall, there is a poor OSH culture.

All the OSH matters are governed by the Ministry of Health (rather than the Ministry of Labor).

CCSS Production Centers

CCSS has 9 production units:

- ✓ 2 large laundry places (related to two major hospitals: Mexico and San Juan de Dios)
- ✓ Eye Clinic
- ✓ Prosthetics & Orthotics
- ✓ Hospital clothing

- ✓ Printing house
- ✓ Serum Laboratory
- ✓ Pharmaceutical Laboratory
- ✓ Chemical Reagents Laboratory (disinfectants, dextrose, etc.)

Laundry Places

There are 24 laundry places in total, but the 2 largest ones process 50 tons of laundry per day, representing the 50% of the CCSS laundry overall while the other 22 meet the remaining institutional laundry demand. One out of the 22 does the Pharmaceutical Lab uniforms laundry while the other 21 are managed by Health Management Unit (*Gerencia Médica*).

The Industrial Product Directorate under the Logistics Management Unit, responsible for production centers, has created a Laundry Manual including outsourcing requirements if required and has provided nationwide training in how to implement it. That Manual has an Environmental Management (EM) chapter that had been completed 3 years ago and it has been used to train 570 users (3 target groups: physical, environmental and biological agents). The 2 largest laundry places discharge their wastes in the San Jose City drainage along with wastewaters discharged by the adjacent hospitals and untreated wastes. Those areas keep records of water and chemical consumption as well as electricity consumption, although there are no indicators available to set baseline and future goals. The size of staff in these industrial units (9) is 508 people, who have expressed the need for an occupational safety and health specialist for their systems.

Currently, the two laundry places are taking steps to obtain their Operations Permits from the Ministry of Health.

Serums
The Serum Lab produces twenty-nine different types of serum while 3 special types of serum are procured from an external supplier (Baxter)

Prosthetics & Orthotics

P&O generates wastes such as plastic, plaster, etc.

Both the Industrial Prosthetics Unit Operations Permit and the Eye Clinic Operations Permit are being arranged before the Ministry of Health.

Production, management and disposal of drugs and medical supplies (not equipment)

CCSS Production Units manufacture 42 drugs, including pharmaceutical products and parenteral solutions, out of the 572 drugs included in the Official List of Medicine (LOM, abbreviation in Spanish).

Disposal of expired drugs, as previously described, is under a co-processing supplier contract. The supplier collects them from the CCSS collection center.

This supplier is supervised by the Ministry of Health and reports to the MoH, submitting a copy of reports to the CCSS for institutional recording purposes.

With the current supplier, final disposal costs have dropped from 1000 USD/ton to 620 USD/ton incurred in incinerating 60 ton/year approximately. In the 3 Distribution Centers run by the Logistics

Management Unit the size of staff accounts for 187 employees. Thanks to improved logistics schemes, out of 280 million dollars procured in drug and medical supplies, only drugs equivalent to $35,000 get expired (0.012%) while international standard acceptable percent ranges between 3 to 5% and thanks to this, inventory turnover rose from 1.2 to over 4.0.

Maintenance

The Institutional Maintenance Directorate reports to the Infrastructure and IT Management Unit, which is the office in charge of evaluating and servicing, at institutional level, infrastructure and industrial equipment and coordinating replacement tasks through regulation, standardization, advising, specialized technical support, control, evaluation, and implementation of special programs to promote efficient and effective functioning of the health and pension establishments.

This Directorate has 177 employees in total and, as previously described, and it intends primarily to conduct industrial equipment management and replacement. Currently, they are conducting the implementation of an Institutional Maintenance Management System based on Maintenance Policy and Regulations.

The Institutional Maintenance Directorate supersedes bunker and diesel boilers by propane gas boilers and so far 35% out of 55 boilers are now LPG powered while 15% is powered by bunker and 50% by diesel, while equipment renewal and update programs go on. It also coordinates and implements air conditioning equipment and system replacement, including superseding R12 and R22 refrigerant equipment for new non-ozone depleting substance R34 refrigerant equipment or the like. As other additional tasks, they conduct the Energy Efficiency Program (CCSS electricity bill accounts for $20 million dollars annually).

Each hospital and some *áreas de salud* have their own Engineering & Maintenance Service. There are seven Regional Engineering & Maintenance Areas in each CCSS Regional Directorate, which report to the Health Management Unit, matters such as discharges, emissions, wastes, etc., as well as to the CCSS SAGA, which is under the jurisdiction of this management unit.

Visiting Healthcare Units

NATIONAL CHILDREN'S HOSPITAL IN SAN JOSE

- 2,000 employees and 316 inpatient beds
- No boiler. Steam comes from adjacent San Juan de Dios Hospital.
- No WWTP, direct untreated wastewater discharges in AyA sewerage. This is why it has been admonished several times by the Ministry of Health. Although Remedial Plans have been required, it is not possible to build a Waste Water Treatment Plan at this moment. They are considering a WWTP project jointly with other non-WWTP hospitals in the nearby area.
- Sources of water supply include their own well and the AyA public utility as a complementary service. Water from the well is chlorinated and it is pumped to a tank feeding the hospital water supply system. (Variable speed pumping rather than hydro pneumatic pumping). It has neither a fire network nor smoke detectors nor automatic alarms. Instead, they have a large fire extinguisher-based coverage.
- Good solid waste management system. Waste from Pathology Lab and other labs has its own autoclave and then it is disposed of as solid waste (SW).
- Hazardous Biological Infectious Waste (HBIW) is collected twice a day and taken to the main hospital autoclave for harmless waste treatment and disposed as SW.
- Average number of accidents (minor) is 16 on a monthly basis for 2,000 employees and the number

of accidents with sharp objects is 17 on a yearly basis.
- A tour around the hospital premises revealed appropriate waste management and occupational safety practices observed.

REGIONAL SAN VICENTE DE PAUL HOSPITAL IN HEREDIA

- Maintenance area has 63 employees and most of them hold specialization in their own areas.
- This hospital has been in service for 5 years with 243 inpatient beds and 43 inpatient beds in emergency area and 2,200 employees.
- Engaged in Kimberly Clark-sponsored recycling program called "Ambientado", the company collects as "ecological services" waste separately, including paper and cardboard, plastic, etc. Points are awarded to the hospital which could be exchanged for training and the like.
- Anatomopathological waste management complies with standards. Wastes are frozen, transported, lime treated and dumped in a pit authorized for this purpose in a local cemetery.
- Biological waste are autoclave processed and disposed of as SW.
- Pathology Lab sends their waste to incineration and cement kiln. The cement company collects wastes.
- The Clinical Lab runs its own autoclave.
- They had an audit from the Environmental Comptroller Office that was conducted smoothly.
- This hospital practically does not generate X-Rays films because they mostly do CAT scan. X-ray is held as backup equipment.
- Regarding water quality, the National Water Supply and Sewage Institute granted an award for the intra- hospital water quality.
- They have 2 tanks of 360 m^3 each and another one for the fire sprinkler system covering the entire hospital premises using a high pressure system (jockey pump) and the fire sprinklers and sensors around the entire areas.
- The well runs under a concession (fee) awarded by MINAET (Water Department). The well is 150 m deep, 6 inch wide and 5 liter-per-second flow rate.
- There is an extended aeration WWTP (48 hour detention time) plus chlorination exceeding 30/30 applicable standards. Quality reports are submitted to MINSALUD on a quarterly basis, drafted by the WWTP operator and a certified lab.
- They have three 125 HP boilers, running one and alternating the others on a weekly basis. Analyses are run by the university on a yearly basis, as stipulated by the regulations given their size, properly complying with applicable standards.
- These are diesel boilers. Thus, there are three underground tanks with a 57,000 liter capacity. One of them feeds the standby power generator. Those double-bottom tanks have leaking sensors and they are inspected on a semiyearly basis. The MINAET renews the tank operations permit every 3 years. The new tank operations permit renewal will take place in 2016.
- The hospital has a 5-member Occupational Health Committee. Hospital accidents with sharp objects is 22 per annum.

PURISCAL CENTRO DE ATENCIÓN INTEGRAL DE SALUD (CAIS)

- This healthcare center serves 10 EBAIS. It serves those EBAIS located no farther than 2 hours (there are more than 1,000 EBAIS nationwide with 3 different architectural and functional design prototypes. All EBAIS deploy Wi-Fi connectivity and communication between them is email based).
- This center has 271 employees.
- The center provides 70,000 outpatients and 74,000 emergency services on an annual basis.
- They have 2 operating rooms for ambulatory surgery and they perform 10 surgical procedures per day. Telemedicine provides services to more than 800 patients annually jointly with the San Juan de Dios Hospital in San José.

- Sources of water supply include their own well and the AyA public utility service. They also use a 200 m^3 water storage tank where water is chlorinated to guarantee intra-hospital safe water.
- There is a fire sensor and sprinkler system covering the entire hospital premises using a high pressure system (jockey pump) and independent water storage.
- Wastewater is treated using an active sludge WWTP with sludge drying beds. A certified lab run analyses 4 times a year in compliance with national standards. Those reports are submitted to MINSALUD.
- Management of HBIW meets relevant standards, and consists of collecting and conveying HBIWs to the central autoclave, excepting lab wastes as the clinic laboratory is equipped with an autoclave too. Following autoclave, wastes are managed as safe SWs.
- Anatomopathological wastes are frozen, lime treated and dumped in a pit authorized for this purpose in a local cemetery.
- This center receives HBIWs from EBAIS under its jurisdiction. Collection of HBIWs as well as SWs is done once a week by a CAIS vehicle. They are weighed before entering the autoclave.
- The laundry place serves both the CAIS and its 10 EBAIS. Laundry care dosage is automatic according to the type of clothing washed. Laundry wastewater is discharged in the WWTP.
- 600 KVA diesel standby power plant fueled by a 1000 gallon fuel storage tank

In short, all the hospitals visited generally are running under acceptable Environmental Management and Occupational Safety and Health conditions.

CCSS - SETENA Coordination

It is the opinion of SETENA that CCSS has little knowledge on environmental viability procedures and requirements. Therefore, it suggests CCSS is strengthened by establishing a Central Environmental Unit membered by some regional representatives (at least 2 where SETENA has their representatives), so this unit coordinates the EM across the CCSS and becomes the key liaison with SETENA.

VI. SOCIAL MANAGEMENT

Program Social Impacts

The System Assessment scrutinized CCSS capacity and social management of new infrastructure, and rehabilitation projects as well as procedures encouraging citizen engagement in healthcare service quality improvement (e.g. user´s satisfaction surveys, grievance redress mechanisms, etc.). Based on current information, no reputational risks or potential social impacts on vulnerable groups are envisaged. Au contraire, envisaged impacts are positive, so recommendations enclosed aim to maximize their scope and guarantee participation and inclusion of vulnerable or neglected groups.

Regulatory Framework and Institutional Aspects

Right to Health
The "Rights and Obligations of Public and Private Healthcare Service Users" Act Nº 8239 (March 2002; regulations in effect as of July 14th 2005) aims to protect rights and responsibilities of persons using public and private healthcare services delivered across the national territory. Concurrently, it seeks the regulation of duties of Healthcare Service Supervision Offices (*Contralorías de Servicio*) and draft grievance redress guidelines, including filing, processing and settlement of grievance. For a better description, rights established here are classified as follows:

- ***Information*:** Users have the right to receive clear, accurate and timely information on their rights and responsibilities, as well on appropriate ways to receive healthcare service (Article 2, paragraph a). People have the right to be informed about the names, professional backgrounds and job positions of healthcare staff providing services (Article 2, paragraph b). They also have the right to access and receive a copy of their clinical records (Article 2, paragraph k) and billing details and explanation of all expenses incurred when treating uninsured patients seeking public healthcare services (Article 2, paragraph p).

- ***Service Delivery:*** People have the right to receive prompt healthcare services during emergency situations (Article 2, paragraph f); receive timely healthcare service based on the scheduled appointment, except for Acts of God or Force Majeure (Article 2, paragraph g); receive healthcare service with efficiency and duly diligence (Article 2, paragraph e); receive healthcare service in a clean, safe and comfortable environment (Article 2, paragraph l); file grievance to relevant healthcare entities in case their health care rights are violated (Article 2, paragraph ñ); and receive, without any distinction, dignifying, respectful, and caring treatment (Article 2, paragraph d).

- ***Data confidentiality*:** People have the right to keep their clinical history and any information related to their health condition under confidentiality terms, except for special laws requiring information to be disclosed to health authorities. In case of education purposes, healthcare service users must consent their conditions to be researched.

- ***Complaints***: Any individual or entity whose rights are violated or affected, may file a complaint without any discrimination.

- ***Legal Instruments****:* Diversity of national legislation (Children and Adolescent Code, Senior Citizen Act, Equalization of Opportunities for Persons with Disabilities Act Nº 7600, General Health Act, HIV/AIDS Act, etc.)

Article 9 of "Adolescent Mothers Protection Act Nº 7735" (Official Gazette Nº 12 published on January 19, 1999), stipulates thereof that CCSS clinics and health centers must: a) Create comprehensive care

programs for adolescent mothers, under the supervision of the *Consejo Interinstitucional de Atención a la Madre Adolescente*, which is established hereof hereby; b) Offer free antenatal and post-natal care to teenage mothers. c) Develop education and guidance programs to raise awareness among teenage mothers and their families on early motherhood implications. d) Offer informational sexual education courses aimed at teenage mothers with the purpose to prevent further unplanned pregnancy. e) Through social services, provide teenage mothers with key information on child rearing.

Regarding immigrants, the Migration Social Fund was created thereby by Article 241 of Immigration and Nationality Act Nº 8764 (Official Gazette Nº 170 published on 09/01/2009 and effective as of March 2 2010), funded by migration fee proceeds defined in Article 33 thereof. Article 464, paragraph 242 of the General Health Act in Costa Rica stipulates that said Fund will support immigrant integration into national immigration and health services, inter alia, while Migration Social Fund proceeds shall be distributed in percentage terms among different immigrant protection entities. Paragraph 3 states thereof 25% is earmarked to public health equipment and infrastructure. These stipulations are critical particularly if noted that it covers not only healthcare but also other factors relating to key health determinants. Therefore, making relevant authorities figure out how to realize that budget, which additionally can be utilized to meet the immigrants´ needs, is thus a priority.

People living with HIV/AIDS (PLWHAs) in general are subject to practices and attitudes encouraging discrimination and stereotypes. To fight this, our Legal Framework incorporated a special instrument, namely, the HIV/AIDS Act (Official Gazette published on May 20th 1998) and its regulations thereof. Article 1 stipulates thereof the purpose of this Act is to regulate all matters relating to education, health promotion, prevention, diagnostics, epidemiological surveillance and care and research on the Human Immunodeficiency Virus or HIV and the Acquired Immune Deficiency Syndrome – AIDS. Furthermore, it establishes rights and obligations of people living with HIV/AIDS (PLWHAs) and of rest of citizens. Article 6 of HIV/AIDS Act Regulations states thereof that, in order to safeguard comprehensively the right to health, PLWHAs shall be seen by a multidisciplinary team, based on the healthcare capacities existing in each healthcare facility and timely by CCSS, ensuring full respectfulness and confidentiality, without any discrimination whatsoever, guaranteeing their comprehensive health care. The bottom line is to ensure comprehensive health care in favor of PLWHAs.

The social development indicator corresponding to Health (*Área de Salud*) seeks to channel sources towards areas with lower socioeconomic development levels, taking into account that there is a direct relationship between the socioeconomic level of population and the demand for healthcare services. It is constructed as Social Development Index average (SDI) for those districts constituting the *Area de Salud* in question. Social Development Index: Education, Participation, Health, Economy.

Another CCSS regulatory element refers to the CCSS *Institutional Policy on Gender Equality and Gender Equity* (2010-2020). It focuses on the following guidelines:

a) CCSS requires to identify differentiated living conditions affecting men and women to access, control and use healthcare, pensions and welfare services.
b) Healthcare, pensions and welfare services must be responsive to human rights-based approach, in accordance with international and national standards in effect, whereby the exercise of users' rights to access information, informed consent, autonomous decision making and control of their health and lives, is fostered and safeguarded without any gender-based discrimination.
c) Institutional services must fit in different conditions and needs of men and women during their life cycle under different scenarios they are part of, taking in consideration the interaction of biological, social, and gender building processes that increase their vulnerability, in order to ensure more accessible, timely, quality, effective and gender bias-free service.

d) Disease prevention and treatment as well as health promotion must focus on identifying, preventing and addressing gender inequities across CCSS institutional levels.
e) The design of a new infrastructure and barrier-free environment calls for adjusting care processes to particular needs of men and women.

Indigenous Peoples

Costa Rica has created legal instruments safeguarding collective and individual rights of indigenous peoples. Although those instruments make emphasis mainly on the protection of their territories and lifestyles, such instruments have also made a positive impact on health.

Some indigenous people laws include: Act Nº 13 of 1939 (declaring indigenous territories as inalienable lands), Decree Nº 34 of 1956 (Creation of "Indigenous Reserves" in Boruca-Terraba, Ujarras-Salitre-Cabagra, China Kicha), Act Nº 2330 of 1959 (passing ILO Convention 107), the Indigenous Act Nº 6172 of 1977 (recognizing the indigenous territories and declaring them "non-attachable, indivisible, non-transferable, imprescriptible and exclusive lands of indigenous communities), Decree Nº 8489 of 1978 (Creation of Comprehensive Indigenous Development Organizations), Act Nº 7316 of 1992 (passing ILO Convention 169 or Indigenous and Tribal Peoples Convention, an exhaustive concerning indigenous rights), and more recently, the signing of the United Nations Declaration on the Rights of Indigenous People adopted in 2007.

The Constitution in Costa Rica recognizes the existence of indigenous peoples as stated thereof in Article 76 (Linguistic diversity of the country) and ratified the ILO Convention 169 or Indigenous and Tribal Peoples Convention of 1993, providing prominence over national laws. The ILO Convention 169 stipulates principles such as non-discrimination and respect for cultural diversity, which entitle them to special measures such as their right to consultations and self-determination. The Chapter V of ILO Convention 169 stipulates thereof the healthcare service delivery guiding principles in particular, without discrimination. Therefore, these principles are summarized as follows: adaptation to economic, social and cultural conditions of communities; community co-management; training and education of indigenous health professionals; inclusion in healthcare service delivery; emphasis on disease prevention and PHC; and coordination with other social relevant programs.

Consistent with these covenants, the Ministry of Health created by Executive Decree Nº 33121 of April 19th 2006, the *Consejo Nacional de Salud de los Pueblos Indígenas* (CONASPI) to promote and support "Organization and management of plans, programs, projects and specific actions, aiming at improving health and quality of life among indigenous peoples, respecting their cultural differences and specific needs, in support of strategies under the National Health Policy for Indigenous Peoples". [5] Furthermore, the CCSS, through the *Dirección de Salud* under the Health Management Unit has created the *Programa de Atención Diferenciada a la Población Indígena en el Territorio Costarricense* to channel institutional efforts to the improvement of healthcare services towards an institutional differentiated care in favor of indigenous peoples, based on the intercultural principle.

CCSS Social Management System

Participation and Monitoring Mechanisms

The healthcare model requires the constant interaction with the community and society in general, having

[5] Office of the High Commissioner for Human Rights (OHCHR) Regional Office for Central America, *Diagnóstico sobre la situación de los derechos humanos de los pueblos indígenas en América Central (OACNUDH, Panama, 2011), page 115*.

the individual as the linchpin of healthcare service delivery. This model seeks to strengthen the ethical foundations of the social covenant that gave origin to the CCSS, incorporating solidarity, fairness and universality as pillars of transparency, social participation and sustainability. The CCSS has several mechanisms in place to ensure citizen engagement and assess levels of satisfaction among its users: the health boards, users' satisfaction surveys, and grievance redress system and communication strategy.

a. Health Boards:

Back in the 70´s, the CCSS began to interact with its users by means of Health Boards. This concept of community and social participation changed in the 90's, with the creation of the EBAIS which work in the *Áreas de Salud*, corresponding to the PHC. So, with the enactment of CCSS Hospitals and Clinical Decentralization Act Nº 7852 (Official Gazette Nº 250 of December 24, 1998), when the Health Boards were created within the CCSS-led administrative and financial management, seeking to strengthen the concept of social participation. According to article 2° thereof, Health Boards are auxiliary bodies of hospitals and clinics, to improve health care, financial and administrative performance, as well as the promotion of citizen engagement under the following guidelines:

1. Collaborate with hospitals and clinics directors in drafting bills and budget amendments in those facilities, in line with the budgetary allocations and limits determined by the CCSS Board of Directors.

2. Oversee the proper implementation of the budget approved.

3. Issuing criteria on the Health Center's management commitments, in conformance with legal provisions applicable to the CCSS.

4. Provide candidate selection criteria for hospital or clinic director position prior to appointment.

5. Partake in setting hospital or health clinic priorities and general policies in terms of investment, administrative recruitment and employee promotion and incentives, in accordance with CCSS policies.

To enforce this law nationwide, the CCSS Board of Directors (Session N° 7322, article 2 of April 5, 1999), issued the Health Boards Regulations, setting forth in greater detail the competencies, functions, duties and powers of the Health Boards, which, as mentioned above, must operate in all *Áreas de Salud* and Hospitals served by CCSS. In addition, it issued the Health Boards Handbook, approved by the Council of the Executive Presidency and Senior Management on June 13, 2005, where the internal organizational and operational rules are established for these bodies in order to bring more legitimacy in the decisions and recommendations made. Recently, through the Law N° 9280 (Official Gazette Nº 242 of December 16, 2014) and amendment to Article 5 of Law N° 7852 cited above, the term of office of health boards members was extended from 2 to 4 years.

For the strict enforcement of the CCSS Hospitals and Clinical Decentralization Act, they created the Technical Advice Office of Health Boards and Decentralization, today renamed Advisory and Legal Management, Decentralization and Health Boards. Since May 2014, meetings have been hosted by the Executive Presidency every two months jointly with a Commission made up by members of health boards from all regions around the country and levels of healthcare. Each month they hold meetings with Non-Governmental Organizations (patients' foundations and associations). In addition there are weekly field visits to different communities nationwide to directly address concerns at local level, in which the institution's management team gets involved for addressing affairs and making decisions on a timely basis.

b. Users' Satisfaction Surveys:

Users' satisfaction for services received is measured by means of opinion surveys or audit reports from other institutions. The CCSS integrated surveys system has been designed for both inpatients and outpatients. Through these surveys, CCSS seeks to evaluate the entire care process. The collection of information focuses on: (a) Level of user's satisfaction in the physical health facilities, (b) Level of care showed by admission and health staff, c) Technological equipment capabilities that allow health staff conducting a proper diagnosis; and (d) Ease of access for PWDs throughout the physical health facility.

In 1997 a study on CCSS health services was conducted per region nationwide. In a numerical scale from 1 to 10, in average, services were rated 8.2, where the best rated area was the hospitalization service (8.6), followed by the EBAIS (8.4). In 2007, the University of Costa Rica (UCR) conducted another survey using the same numeric scale. The outpatient service in the EBAIS, clinics and hospitals average. The long waiting times were the main problem identified by the users. The 2006 health expenditure survey findings revealed the insured population largely preferred to seek private care. In that year, 31.3% of the population used private health services at least once in the previous three months.

The level of information rendered by both inpatient and outpatient surveys allows the CCSS to properly assess the users' satisfaction and also provides them with an opportunity to express any dissatisfaction regarding the physical health facilities, the health personnel or the specifications, solutions and treatments received during their visit to these health units. Although this method seems to work properly, it is not very clear to what extent the survey findings of the cause improvements on health services, for example the waiting lists to receive healthcare.

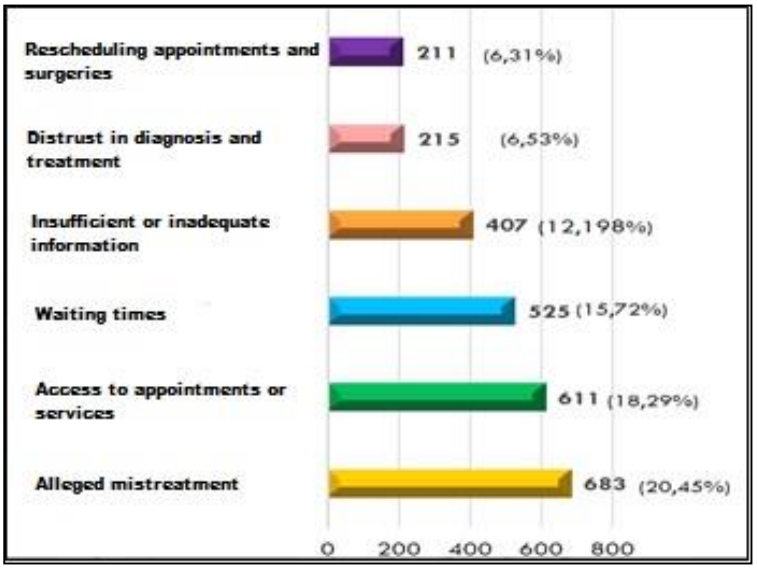
c. Grievance Redress:

Complaints can be filed in writing or verbally to the Office of the Auditor General of Health Services (maximum decentralized body of the Ministry of Health), either by the complaining party or by a third party who provides information that allows identifying the affected party, his home and the facts or omissions that motivate said claim, making reference to the individuals or agencies involved and any evidence. These complaints must be submitted immediately, or not later than five working days following the fact that originated them, except when the affected party is hospitalized; if so, said term shall begin when discharged from the health center. Note that the affected party may request to keep his identity confidential.

Once a claim or complaint have been lodged, the Audit will proceed to open a preliminary summary investigation, holding a hearing for the parties. When the complaint involves the act or omission committed by an official, said official shall receive a subpoena to appear at the hearing to substantiate his justification. A decision must be made not later than eight days of the filing date of complaint or the commencement of proceedings, if *ex officio*. Consequently, the claimant will be notified in writing if the complaint was filed by a user. In conformity with Article 15, the complaint or the claim will be dismissed if the preliminary investigation determines the patient's rights were not violated. If the investigation determines the issue for administrative proceedings, the case will be heard by a higher authority to open the proceedings and determine possible sanctions, in accordance with the internal rules of procedure of the institution in question and labor laws in force. It is designed to seek a rapprochement between the healthcare service user and the healthcare facility, by means of effective communication between the patient and the health personnel.

Based on CCSS institutional comptrollership data, in 2014 there were 3352 claims, and the most frequent complaints included client mistreatment, restricted access to medical appointments and services, too long waiting times and scarce information.

Figure V.2 Most Common Causes of Dissatisfaction.



d. Communications Strategy:

The current CCSS communication strategy includes several information dissemination approaches used to educate the population about the services offered by this entity. These programs are used to educate users on health topics, including healthier lifestyles.

Show	Information Disseminated	Type of Activity
Bienestar (BienEstar)	Digital magazine focused on health matters	Monthly magazine addressing a wide array of topics (e.g. nutrition, changes with aging, violence, depression, household accidents, etc.)
Cinco minutos con usted (radio)	Relevant health topics	The show welcomes guests from different areas to discuss different topics, including health, nutrition, etc.
Seguro digital	Informs in details about the event/project/program in question	It announces important achievements (e.g. procurement of innovative electronic equipment, events/seminars, etc.)
Salud Para todos (radio, magazine and TV)	Media used to make people aware of CCSS-led activities	- Health Fairs to raise awareness of the health risks and risk prevention - Informational campaigns of dissemination - Festival of Health - Radio show: Cinco minutos con usted
Health Alerts	Threats of diseases (e.g. , dengue fever and chikungunya)	
Radio communication network for indigenous reserve	INFORMATION NOT AVAILABLE	INFORMATION NOT AVAILABLE
Social networks	INFORMATION NOT AVAILABLE	INFORMATION NOT AVAILABLE

The ICT contribution to improve CCSS services is critical to accomplish its objectives and goals. In 2013, ¢1,766 million were invested, which helped realize actions decisive for the institutional technological linkage across four key areas: IT security and quality, hi-complex platforms & local equipment, IP telephony & WAN and LAN communications networks and information systems. With the support of the Management Units and the Informatics Management Centers, substantial improvements materialized in the ICT service platform at both national and institutional levels, impacting on the quality of services delivered.

e. ***Monitoring & Evaluation (M&E) System***

The CCSS has a comprehensive and well-structured website with information about beneficiaries. The current system allows the CCSS to maintain up-to-date data on the activities administered by the CCSS, periodic reports (monthly and yearly) that provide data and analysis on the CCSS functioning.

The performance and efficiency achieved are monitored annually. The resulting evaluation focuses on the improvement of:

- Human resources management, with 12 benefit indicators, plus acknowledgement of service, safety and working environment.
- Administrative management, with a procurement self-evaluation guide
- Budgetary management, with % of execution, growth, and # of item lines with expenditure over 100%
- Stages of the management commitment

f. Registration of Beneficiaries

To formalize the process of health program beneficiary registration, applicants must furnish the following: 1) Application for registration to CCSS as an employer (original); 2) Electricity Bill (original + copy of the place where the worksheet will be sent); 3) Identity card, alien residence card or passport. 4) Identity card (simple copy), identity papers or identity with insurance number for foreigners.[6]

The CCSS has enabled the digital signature feature so both employers and insured employee, where required, may access the Digital Payment System (SICERE). The purpose of this mechanism is to speed up the user-based processing and run services in this virtual platform where no user name or password would be required. In addition to this on-line worksheet, insured workers may also:

- Check employment history.
- Check in which operator said employee is affiliated to.
- Find out the Labor Capitalization Fund withdrawal possibilities when the retirement process starts.
- Check statement of contributions to the mandatory regime of supplementary pensions (ROPC) and to the Labor Capital Fund (FCL).
- Opt for other operators
- Check the exemptions report in conformity with provisions of Article 71 of the Labor Protection Act.

Employers and insured employees requiring this type of activity may access the CCSS website (www.ccss.sa.cr), cheek the SICERE worksheet icon, locate the digital signature icon, register it and start the procedure as appropriate.

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[6] It is not clear, at the time of this social assessment, if these requirements are requested in an undifferentiated way to the indigenous population, which could be a limitation to their right of access to health. If this is the case, the CCSS must commit themselves to develop a strategy to ensure that the lack of documents or records of consumption do not constitute a barrier to access.

g. Information Management Systems

In order to enhance hospital management, CCSS is implementing, since 2014, an Integrated Hospital Care System. The system was upgraded and improved compared to previous versions by ICT professionals, taking into consideration CCSS health and statistical records in San Vicente de Paul Hospital, Heredia by late 2012. It was tested in 2013 and in 2014 it was rolled out in other medical centers such as the Max Teran Waltz of Quepos and the Monsignor Sanabria in Puntarenas under the brandname of ARCA. This information system, allows the hospital director and manager to access updated information for timely decision-making pertaining to clinical and administrative management. Without even leaving their offices or using a phone, the authorities may have relevant information to make decisions in connection with the inpatient bed occupancy rate in the medical facility, referrals to other departments or hospitals, medical and surgical procedures, among others. This ARCA system is a web-based user-friendly platform. To access this tool, the authorities must enter the institutional portal and access the above-mentioned system. Using a key previously given, they can begin to navigate through their medical facility and carry out the analyses relevant using real-time information.

Some of the possibilities offered by the new information system are:

- *Determine the real-time current inpatient bed occupancy rate.*
- *Inpatient bed availability.*
- *Bed turnover.*
- *Average length of stay.*
- *Inpatients staying longer than expected.*
- *Medical and surgical procedures better coordinated with different services.*
- *Patients' diets better coordinated.*
- *Other services such as nutrition and nursing can be facilitated.*
- *Inpatients' relatives may be provided with more updated information on the patient's status.*
- *One-click updated information on the health facility production.*
- *Health facility surgical performance.*
- *Inter-hospital coordination for referral of patients or scheduling surgical procedures.*
- *Timely decision-making across different hospital care levels.*
- *Type of patient's insurance can be determined.*
- *Patient's place of residence.*
- *Jurisdiction of relevant Area de Salud.*

This new information system represents a paradigm shift in the CCSS information systems.

Differentiated Care Programs

CCSS undertakes a series of efforts to improve health outcomes for people living in poverty, PLWDs, the LGBTI community, indigenous peoples and other vulnerable groups such as teenage mothers, children, migrants and PLWHAs.

According to INEC, fertility in Costa Rica has fallen steadily over the past several decades, from a total fertility rate of 3.08 in 1991, for example, to 1.88 in 2012. The country is in a level of fertility lower than the replacement rate virtually across all age ranges in reproductive age, except for teenagers. The early pregnancy accounted for, in fact, more than 18% of the total number of pregnancies in 2012. Note that, moreover, among indigenous peoples 40% of the pregnancies occurs in teenagers. Even when there are cultural rules and patterns that lead to establish marital unions at an early age, these pregnancies

impose new challenges and risks in terms of access to antenatal care and health services during pregnancy, which are often limited in indigenous territories. [7]

Concurrently the reduction of birth and fertility rates and the increase in life expectancy make Costa Rica a country with a high propensity to population aging, which determines the health spending in the future and increases the burden on the economically active population.

From a population diversity perspective, the 2011 Census data show that the majority of population (about 80%) self-identifies as white or mestizo, roughly 8% identifies themselves as Afro-descendants or mulatto and 2.4 % as indigenous. In addition, 9% of the population is immigrant, 75% of whom have Nicaraguan origin.

With regard to diverse sexual minorities, although the Constitution guarantees the principle of non-discrimination and the sexual orientation non-discrimination is enshrined in its HIV / AIDS Act, there are still prejudices, practices and technical barriers that affect the access to and quality of health care received by these minorities, such as the lack of recognition of changes of sexual identity.

Indigenous Peoples:

In accordance with 2011 census data, 104,143 people identified themselves as indigenous, which represent 2.4 % of the total population (Census, 2011). The Costa Rican indigenous population is divided into eight indigenous peoples: Bribris, Cabecares, Terrabas, Ngobes or Guaymies, Malekus, Chorotegas, Brunca or Boruca and Huetares, distributed in 24 territories nationwide. Regarding their geographical location, the majority of these indigenous territories are located outside of the Central Valley, with a very wide array of natural resources. Noted that the vast majority of the indigenous population is located in two provinces, Puntarenas and Limon (Annex 6) and 42% of the indigenous population lives in their ancestral territories, 18.2 % in the periphery of said territories and 39.5 % in the rest of the country.[8] However, more than 300 thousand hectares located within indigenous territories are occupied by non-indigenous persons.[9]

CCSS has made efforts to fit in the health system to the needs and perspectives of population, including not only the expansion and adaptation of biomedical services, but also inclusion of local knowledge, traditional roles (such as the midwives) and the indigenous languages in the healing processes. However, a recent study indicated that, although the *Equipos Básicos de Atención Integral de Salud* (EBAIS) and Technical Assistants in Primary Healthcare (ATAP) have increased the coverage, there are still problems in the adequacy and the awareness of indigenous realities.[10] The National Indigenous Board, an organization that brings together delegates from the eight indigenous peoples, indicated in a report that "universality of health services has not been achieved for indigenous peoples at the absence of measures to guarantee the exercise of this right".[11] Other problems and needs related to the collective health of indigenous peoples, and their determinants identified by the Office of the High Commissioner for Human Rights include:

- High incidence of infectious diseases, especially tuberculosis

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7 UNICEF, *Health of Indigenous Children in Costa Rica* (UNICEF, San Jose, 2006).

8 Office of the High Commissioner for Human Rights (OHCHR) Regional Office for Central America, *Diagnóstico sobre la situación de los derechos humanos, page*, 69

9 Ibid. 82

10 Office of the High Commissioner for Human Rights (OHCHR) Regional Office for Central America, *Diagnóstico sobre la situación de los derechos humanos de los pueblos indígenas en América Central*,

11 Ibid, 119-120

- Malnutrition and high rates of respiratory and gastrointestinal ailments: people < 6 years
- Psychosocial problems (violence, sexual abuse, trafficking, alcoholism, etc.)
- Inadequate sanitation conditions and lack of health education
- Shortage of health services with intercultural and gender-based approach.
- Diseases associated with malnutrition and poor sanitation conditions [12]
- Immunization rates considerably lower than the national average.
- Geographical difficulties in access (distance to the health units).
- Poor communication among authorities involved in the design and implementation of health policies and indigenous communities.
- Misunderstanding and lack of complementarity between biomedical knowledge and local medical systems.
- Lack of health records and data disaggregated that include ethnic variables for the monitoring of indigenous peoples and their health conditions and needs. An UNICEF report indicated, for example, that the National System of Child and Maternal Mortality Information (SINAMI) fails to incorporate ethnic variables in their records, which prevents a careful child health follow-up. Similarly, this report stresses that the Civil Registry coverage failures often prevent certain indigenous are registered at birth, which makes the monitoring of births and deaths more difficult.
- Lack of educational programs that increase awareness among officials and health professionals of the cultural and geographical particularities that condition the provision of health services to indigenous populations.

In 2013, CCSS made official a new model of differentiated and inclusive healthcare for Indigenous Peoples in the Costa Rican territory, with emphasis on their worldview and health needs: *Programa Institucional de Atención Diferenciada a la Población Indígena*. The program actions promote differentiated healthcare services for indigenous peoples respecting their culture, human rights, and gender approach, based on of equity and solidarity principles. The Program's lines of actions include:

- Lead the formulation and submit for approval by institutional authorities, relevant diverse policies, plans programs, projects and initiatives. Monitor and evaluate their implementation.
- Coordinate work with institutional agencies, indigenous community members and organizations, sectorial institutions and organizations, national and international related to the subject matter.
- Identify critical areas to set up agreements between institutional agencies dealing with indigenous people's healthcare and highly mobile indigenous members to strengthen the institutional responsiveness, the rational use of resources and delivery of differentiated services to these populations, considering their cultural and environmental conditions in place.
- Arrange national and international cooperation agreements.
- Analyze and issue criteria for institutional authorities on diverse indigenous peoples healthcare proposals and initiatives.
- Coordinate and participate in developing technical and administrative regulatory documents. Obtain from institutional authorities approval for implementation. Monitor and evaluate implementation.
- Organize at institutional levels, participate and implement activities promoting differentiated healthcare to indigenous peoples, respecting their culture, human rights, gender approach, based on solidarity and equity principles.
- Identify institutional needs on health personnel's education and training and develop strategies for implementation.

[12] UNICEF, *Health of Indigenous Children in Costa Rica* (UNICEF, San Jose, 2006). 48.

- Identify indigenous peoples' health education needs and develop strategies for implementation.
- Establish and keep updated a M&E system on Differentiated Healthcare for Indigenous Peoples and Highly Mobile Indigenous Members
- Promote the participation of indigenous members in health care, with an emphasis in health promotion (in particular in healthy lifestyles in accordance with their cultural and environmental reality) and disease prevention.
- Define prioritized institutional thematic research areas and support studies and research in the subject matter.

In addition, the *Programa Institucional de Atención Diferenciada a la Población Indígena* proposes intersectorial actions so critical that require joint coordination to be implemented, including Food Security, Environmental Health, Cultural Democracy, Academic Development and Binational Services for Migrant Indigenous Populations.

So far, there are several accomplishments or affirmative actions attained by CCSS building on a differentiated health care to indigenous peoples approach, namely:

- Signing of agreements: Joint Agenda Red indígena Bribri y Cabecar (8 indigenous territories) – CCSS – Vice Ministry of Political Affairs and Citizen Dialogue.

- Creation of a new career profile in CCSS (Human Resources) called Indigenous Community Assistant in conformance with Institutional Resolution DAGP-0754-2014.

- Creation of an institutional catalogue featuring an ethnic variable (indigenous) and sub categories (according to the indigenous people in question, no indigenous people or from another country), which will be uploaded to the CCSS Information System, particularly the Institutional Data Model.

- Approval by Pharmacovigilance Department of single-dose antiparasitic drug (Oxantel - pyrantel or combantrin compound) to be employed in those areas with medium or hard access or migrant indigenous populations. Said antiparasitic produce no erratic parasitism.

- Intersectorial linkage process:
  - MIVHAH, INAMU, Migración y Extranjería, TSE, UCR
  - Involvement in developing the "Policy for a Racism-free Society"
  - Xenophobia and Discrimination (intersectorial)
  - Creation of CCSS internal task to make topics fit in the differentiated health care to indigenous peoples

Gender Approach:

In 2012 the Pan American Health Organization published a study highlighting the challenges experienced by the population relating to gender and health. Some of the most significant challenges included:

- The aging population increases the burden on women, traditionally responsible for the care of the elderly.
- The early pregnancy.
- The maternal mortality.
- Gender-based violence.

In order to meet these challenges, CCSS developed an institutional policy (2010-2020) to mitigate the situation of inequality and inequity of gender at national level. This policy entails a great potential to strengthen the progress of equality and equity nationwide. The main focus of the policy lies in providing health and pension services, since these are key pillars of the social and human development. Another relevant aspect is that CCSS is one of the institutions of the State with the largest numbers of male and female civil servants, and this raises inevitable challenges to ensure equality and fairness among individuals.

Social Workers:

The Directorate for Development of Health Services according to the area of regulation and Systematization of Diagnosis and Treatment has designed a Plan of National Coordination for Social Work to implement a Social Action Plan with specific guidelines for vulnerable groups. The lines of action are:

- Prevention Policies
- Social Policies
- Comprehensive strategy
- Review of the legal framework

Social work focuses on the creation of effective networks with a defined intersectorial and intra-sectorial level of care. This discipline of social sciences studies and addresses problems or situations that interfere with the health and illness process of individuals, families, and communities within the social context. For that reason, planning health needs should seek to identify the burden of disease, risk factors, indigenous peoples, prioritized resources and individuals' expectations - equity and cost-effectiveness.

Social work addresses the social impacts derived from problems or situations associated with *violence, addictions, abuse, physical/mental diseases, chronic diseases, acute and terminal; emergencies and disasters.* These problems are addressed under a main line of work implemented by therapeutic staff and based on social assistance, and the socio educational and community sphere. In addition, this social assistance system enables social research and provides institutional references on social welfare.

CCSS strategic framework is staffed with 365 social workers:

- 116 allocated to national and specialized hospitals
- 71 social workers at regional and peripheral level
- 168 social workers allocated to the *Área de Salud*
- 7 workers allocated to regional directorates (regional supervision)
- 3 workers at the central CCSS (national social work coordination)

The main mission pursued by social workers is to provide quality social care to the population recipient of the CCSS social work. This is implemented through a process of individual, family, group and community care in the context of all-inclusive health, including renewed primary health care and social benefits, enabling complementary actions leading to the achievement of population's comprehensive health.

The strategy focuses on providing individualized social care in conformance with the supply of services available by level of care, to strengthen protective factors and/or decrease risk factors affecting health (e.g., social family, social and occupational, psychosocial or socio-environmental). Other objectives

pursued by this strategy refer to promote the social research and the systematization of experiences relating to professional intervention across different levels of care to generate knowledge, and projects based on social reality and strengthen the discipline. It is of vital importance to develop continuing education and continuing training processes to strengthen the institutional human resource capabilities, including social work students as well as other disciplines.

The social problems mentioned above are managed through social policies designed to promote social involvement of different services and programs designed for coping with these problems. These policies include: health promotion, health rehabilitation, disease prevention, and health education, etc.

Special Projects

The CCSS special projects offer a series of activities taking place within the strategic focal points. These activities include:

- Research & Development
- Training and advisory services
- Acquisition of technology
- Project Management
- Evaluation
- Regulations

Special Projects by Level of Health Care [13]

Project	Level	Type	Description
Disease Prevention	I	Group and communal projects	- Building health - Sexual Health - Culture of Peace - Mental Health - Healthy family relationships - Human rights - Healthy environments
		Disease Prevention	- Pathologies and social problems affecting people's health - Diseases with the highest incidence and prevalence and epidemiological surveillance events.
	II	Group and social health education projects	- Secondary prevention of disease - Prevention of extra and intrafamily violence, social; abuse syndrome
	III	Group and social health education projects	- Tertiary prevention of disease - Prevention of extra and intrafamily violence, social violence, abuse syndrome according to the specialization and specificity of Health Units

[13] **Level I:** 1.013 EBAIS disseminated in 103 *Areas de Salud*. They deliver basic health services, including health promotion, disease prevention, cure and rehabilitation of less complex illnesses.
Level II: 10 clinics, 7 regional hospitals and 13 peripheral hospitals. This level of health care aims is to support the PHC by delivering preventive, curative and rehabilitation services with a wide range of complexity and specialization.
Level III: 3 national hospitals and 6 specialized hospitals. This tertiary level delivers curative and rehabilitative services featuring the highest specialization and complexity. Due to its specialized nature, this level covers several provinces, cantons and districts.

Healing and rehabilitation	I	Individual Social Consultation	- Assessment and social care to people under vulnerable situations and social risks - Detection of risks - Guide, support and counseling - Strengthening of networks - First order crisis intervention
	II	Social care and individual & group social consultation	- Assessment and social care to people under vulnerable situations and social risks - Social and educational care - Therapeutic care
	III	Social care and individual & group social consultation	- Assessment and social care to people under vulnerable situations and social risks - Social and educational care - Therapeutic care

Strengthening Comprehensive Care of Cancer: This project comes from the institutional decision to strengthen the actions for the comprehensive care of cancer, with efforts toward short-and-medium-term objectives to increase the responsiveness of health facilities across the three levels of care and improve the networking management based on the following focal points: health promotion, timely diagnosis, effective treatment, rehabilitation and palliative care.

Public- Private Mesoamerica Health Initiative 2015 (with the Inter-American Development Bank): This project seeks to support the Government of Costa Rica: (i) to improve the quality of care to maternal, newborn and child health care to teens in the poorest geographic areas of the country; (ii) improve the quality, the use and access to sexual and reproductive health services by adolescents; and (iii) generate evidence on good practices through a comprehensive and intersectorial strategy of collective impact on the prevention and care of the adolescent pregnancy. This model foresees the strengthening of the regular structure that brings together health services in the territory, supplemented by conditions in other services to make possible the largest gathering of adolescents to the health networks and sustainability of health outcomes achieved by these interventions.

VII. PROGRAM RISKS AND EVALUATION

Program Evaluation in relation to WB OP 9.00

Table 7 below outlines the key ESSA findings pertaining to the "Strategic Agenda to Strengthen Health Insurance (SASHI)" for Costa Rica, based on the principles of the WB OP 9.00 for the Program-for-Results.

In this section of the document, it is important to note that in terms of Program's environmental management, safety and health, the implementing agency and responsible for these aspects is the CCSS and the authorities governing its management are: the National Environmental Technical Secretariat (SETENA), the Ministry of Environment and Energy (MINAE), the National Water Supply and Sewage Institute of Costa Rica (AyA), the Ministry of Health (MINSALUD) and Municipalities.

Table VI. 1 Main Findings of the Environmental Systems Assessment

Core Principle 1. Environmental and Social Management processes and procedures are designed to: Promote the environmental and social sustainability in the program design; Avoid, minimize, or mitigate any adverse impact; Promote informed decision-making regarding the environmental and social effects of a program.	
Key Elements (OP 9.00)	ESSA
1. Operate within a legal and regulatory framework to guide the appropriate environmental and social impact assessment at the program level.	In Costa Rica, the current environmental legislation is broad and comprehensive and is designed to adequately regulate the potential environmental impacts of the activities taking place in the country, including the assessment of the environmental and social impacts of the program. The General Health Act Nº 5395 and the Organic Act of the Environment Nº 7554, and their regulations thereunder, clearly define the requirements and guidelines for the Environmental Impact Assessment procedure. The Ministry of Health and the Ministry of Environment and Energy are well established public agencies, able to supervise and sanction the enforcement of laws applicable to the Program. Costa Rica also has an appropriate regulatory framework for managing social risks, including the collective and individual rights of the indigenous peoples. Costa Rica has ratified the ILO Convention 169 and has institutions that are responsible for implementing and enforcing these covenants (e.g. CONAI). In 2006, CCSS created the National Health Council for Indigenous Peoples and developed in 2010, a comprehensive healthcare model for this population. However, during the consultations of this document, several patients' organizations, representatives of indigenous organizations and sexual diversity groups stated there is an important gap between the approval of regulatory frameworks and the creation of mechanisms for adaptation, monitoring and dialogue and actual implementation. Nonetheless, several associations acting on behalf of patients and vulnerable minorities or with special needs also exert social comptrollership on the CCSS commitments and performance. These agencies, along with national indigenous organizations, should be able to oversee the proper enforcement of laws in force.
2. Incorporate recognized elements of the environmental and social assessment and good practices, including: Pre-assessment of potential effects, consideration of strategic and technical alternatives, and location of works (including the "do nothing" alternative) The explicit assessment of: ✓ Potential induced/indirect impacts	In the Costa Rican environmental legislation, in terms of Environmental Impact Assessment, this type of analysis is considered. All matters relating to the evaluation of alternatives, explicit assessment of direct and cumulative impacts; mitigation and compensation measures as well as a clear definition of responsibilities for the fulfilment of prerequisites resulting from relevant authorizations, are clearly defined under the environmental regime. In addition to the commitments involved in authorization, there are codes of good environmental practices and protocols for regulatory plans, which reinforce the proper operation of the

✓ Cumulative impacts ✓ Trans-border impacts Identification of measures to mitigate adverse environmental and social impacts that cannot be averted or minimized Clear linkage of institutional responsibilities and resources in support of the implementation plan	program. The legal framework also includes social society's participation and supervision arrangements, including indigenous peoples, and there are numerous grievance redress mechanisms inside and out the CCSS, such as the IV Chamber of the Supreme Court, which has ruled numerous decisions upholding the patients' rights. The CCSS, however, is not perceived by a number of CSOs and representatives of indigenous peoples as an organization open to dialogue or transparent. Therefore, the PAP recommendations aimed at improving relationships with these groups. However, CCSS has a wealth of experience and good practices expected to be replicated and upscale during the course of the Program, including local experiences in tailoring healthcare services to the indigenous peoples' special needs
F) prompt response and accountability through: Consultations with key stakeholder Timely dissemination of information about the Program	The environmental legislation, in terms of environmental impact, clearly establishes that the environmental impact assessments (EIAs) furnished to the authorities shall be public and may be subject to public consultations organized by the authority that issues the opinion, to learn about the participants' views and based on this, ratify or rectify its opinion criteria. CCSS envisages a number of social participation, monitoring and feedback mechanisms, including, e.g. the Health Boards, users' satisfaction surveys, and grievance redress mechanisms, as well as a wide range of media and communications programs. Nonetheless, untimely responses and little transparency (or timely dissemination) seen in decision-making pertaining to the special groups' needs lead to grievances that often end up in litigations heard by the Constitutional Chamber of the Supreme Court. The Program in general and PAP recommendations in particular, focus on improved response times, transparency and dissemination of programs, a need identified by the CCSS itself.
Appropriate measures to respond /remedy grievances	There is an environmental grievance redress system called SITADA that channels them to various units to take care of. The environmental laws force said units to have in place adequate administrative and technical structures to receive, address and follow up grievances until resolved. CCSS has a grievance system (Healthcare Service Supervision Offices) and a suitable protocol of responses. However, it fails to provide a differentiated service to indigenous peoples and it not perceived as a reliable or efficient by representatives of CSOs consulted.

Core Principle 2 Environmental and Social Management processes and procedures are designed to avoid, minimize and mitigate adverse effects on natural habitats and physical cultural resources resulting from the Program.	
Key Elements (OP 9.00)	ESSA
Where relevant, the Program will be supported as follows: Including appropriate measures for the early identification and the pre-evaluation of areas with cultural resources and resources of biodiversity importance. It supports and promotes the preservation, maintenance and rehabilitation of natural habitats, avoids significant conversion or degradation of natural habitats and critical habitats, and if avoiding the significant conversion of natural habitats is technically not possible then, it will include measures to mitigate or offset the impact of the Program's activities.	The Organic Act of the Environment Nº 7554, complemented by the General Health Act Nº 5395, the Water Act Nº 276, the Integrated Wastes Management Act, 8839, the Energy Efficiency Regulatory Act Nº 7447, the Protection of the National Archaeological Heritage Act Nº 6703, and their regulations, protocols and codes thereunder constitute the legal framework to prevent the conversion of natural habitats and, where appropriate, establish mitigation compensation and measures when their use seems unavoidable. Both the National Technical Environmental Secretariat, under the Ministry of the Environment and Energy and the National System of Conservation Areas, enforce applicable bans or where appropriate, the conditions imposed by environmental impact resolutions when applicable to these types of fragile or delicate ecosystems.
It considers the potential adverse effects on physical cultural resources and, if	There are institutions and laws that aim to protect the cultural heritage of the nation, establishing clear rules on how to proceed when these

necessary, it provides appropriate measures to avoid, minimize or mitigate such effects.	resources could be affected by the activities of various infrastructure programs carried out nationwide. To do this, the Protection of the National Archaeological Heritage Act Nº 6703 is in place and its enforcement lies on the shoulders of SETENA jointly with the National Museum

Core Principle 3 Environmental and Social Management processes and procedures are designed to protect public safety and employees' safety from the potential risks associated with: (a) construction and / or operation of facilities or other operational practices developed or promoted by the Program; (b) exposure to toxic chemicals, hazardous wastes and materials; and (c) reconstruction or rehabilitation of infrastructure located in areas prone to natural disasters.	
Key Elements (OP 9.00)	ESSA
It promotes safety of the community, the individual and the employee through design, construction, operation and maintenance of physical structure, or through the development of activities relating to said infrastructures, demanding safety measures, inspections, or corrective works as needed. It promotes the use of recognized good practices in terms of production, management, storage, transportation, and disposal of toxic materials generated by the Program's construction and operations; It fosters integrated pest management to reduce or control disease vectors; and provides training for workers on areas such as production, procurement, storage, transport, use and disposal of toxic chemicals in conformance with international guidelines and conventions. It includes measures to avoid, minimize or mitigate risks against the community, individuals or and the worker when program activities are located in areas prone to natural disasters such as floods, hurricanes, earthquakes, or other severe weather events.	The Ministry of Labor and Social Security, jointly with the Ministry of Health, is responsible for the management, study and dispatch of all matters relating to labor and social welfare; and oversees the development, improvement and implementation of all laws, decrees and resolutions on these subject matters, especially those aimed at setting and harmonizing relations between employers and employees. The labor and social security laws, e.g. the Regulations on Occupational Safety and Health of 1967 and the Law Nº 2 of August 27, 1943 Labor Code, seek to define the rights and obligations of employers and employees across all economic activities nationwide. This obviously includes activities in connection with construction and operation of works similar to those developed under the Program. CCSS is starting to enforce and indicate in public bids and contracts the contractors' obligation to comply with the applicable law in the subject matter. CCSS could optimize its management by establishing a program to monitor these aspects during the execution of works and provide training as needed to its staff, contractors and supervisors on a regular basis.

Core Principle 4 Environmental and Social Management processes and procedures are designed to manage appropriately land acquisition and restricted access to natural resources so they avoid o minimize displacements and social and economic impacts by providing affected groups with assistance to improve or at least restore their living conditions prior to the Program implementation.	
Key Elements (OP 9.00)	ESSA
Avoid or minimize the land acquisition and related adverse impacts; Identify and offset social and economic impacts caused by land acquisition and restricted access to natural resources, including those affecting people without rights or title on the goods they use or occupy; Give sufficient compensation (commercial value of the good) that allows the replacement of the goods purchased and to cover any transactional cost. This compensation must be paid prior to the acquisition of land or good purchased; Provide assistance to deal with economic consequences in the event the land	In conformance with the Indigenous Act Nº 6172 of 1977, Article 5, in the event a non-indigenous individual owns or possesses goods in good faith within the indigenous reserves, ITCO must relocate him/her in other similar lands, if desired; otherwise, if relocation is not feasible or not accepted, the institution must expropriate and compensate said owner in conformity with the procedures set forth in Law Nº 2825 of October 14 1961 and its amendments thereof. The expropriation and compensation studies and procedures shall be made by ITCO in coordination with CONAI.

acquisition led to the loss of livelihoods (e.g. Loss of crops or employment); and Restoration or replacement of public infrastructure and community services that have been affected by the Program.	

Core Principle 5. The processes and procedures for Environmental and Social Management are designed to safeguard the rights and interests of indigenous and vulnerable groups, taken into consideration through their informed participation in Program's decisions that may affect them, while guaranteeing equitable and culturally sensitive access to the Program's benefits.	
Key Elements (OP 9.00)	ESSA
Conduct prior and informed free consultations with indigenous peoples that may be affected (positively or negatively) to determine if there is broad community support in favor of the program Ensure participation of the indigenous peoples in the design of opportunities to benefit from exploitation of traditional resources or give their consent in the use of their traditional knowledge Provide special consideration to vulnerable groups, including the poor, the disabled, women and children, the elderly, and marginalized ethnic groups. If necessary, they will need to take special measures to promote equitable access to the benefits of the Program	In spite of the efforts to build an intercultural system of health, several indigenous organizations and international agencies indicate that there are still major gaps in the access to healthcare by indigenous households. Healthcare coverage in indigenous territories is poor and there are difficulties of communication among the stakeholders involved in the design of public policies and programs. In addition, there is little complementarity between local traditional knowledge/ and the biomedical knowledge, and there are no records broken down by the ethnicity variable. This situation calls for including a robust social inclusion activity program for indigenous peoples with an appropriate monitoring system in which the progress can gradually be measured. At the same time it is essential to create among indigenous groups training opportunities and integration into the health system, to achieve a high level of participation and inclusion. It is also necessary to create programs focused on the health issues that are particular to indigenous territories and their environmental conditions, as well as generate educational programs to sensitize health professionals working not only at EBAIS level, but also at secondary and tertiary levels. On the other hand, the early pregnancy among indigenous adolescents exceeds 40 %, which requires not only to make greater investment in antenatal care, but also to design ante and post-natal care strategies involving local beneficiaries. Even when the indigenous people have a web of family ties that work as a protection system, the elderly also are also another vulnerable group that requires care from the CCSS. Even though there are various social care programs to manage these social and health situations, it is necessary to create effective implementation and participation mechanisms in coordination with the Ministry of Health, CONAI, CCSS, CSOs and representatives of communities.

Core Principle 6. The processes and procedures for Environmental and Social Management are designed to avoid exacerbating social conflicts, especially in fragile territories and social conflict zones or disputed territories.	
Key Elements (OP 9.00)	ESSA
It considers risks of conflict, including distributional equity and cultural appropriateness	Administrative Resolution Nº 001-2011, 2009, provides in article 24, that the social security schemes shall be progressively rolled out to the peoples concerned and be applied without any discrimination. Similarly, Costa Rica has signed and ratified Convention ILO 169 (Art 24 and 31) and the United Nations Declaration on the Rights of Indigenous Peoples (Articles 24 and 29), which have provisions that safeguard the right to health and promote the creation of culturally sensitive services. Several indigenous organizations, PAHO/WHO and UNDP have pointed out that the healthcare system existing in indigenous territories requires improvements, not only because of the insufficiency of permanent medical staff, but also because of problems to align the adequacy of the biomedical care strategies with the traditional worldview, special needs and medical systems.

Program Risks relating to WB OP 9.00

In response to the World Bank Operational Policy 9.00, Programs-for-Results (PforR) assessment guidelines, the Table VI.2 below outlines the Program risk rating.

Table VI.2 Program Risks

Category	Project Type and stage	Risk Description	Risk Assessment	Remarks
Environmental	Medical Units in general, **construction stage**	Environmental risks identified for the construction phase may have a different value depending on the size of the works and the worksite selected, in accordance with the following: Large-scale works involving large facilities in extensive premises, with construction times that may take months or even years, employment of large quantities of materials and generation of large quantities of wastes bring about a risk of causing adverse impacts on virtually all the elements of the environment, especially if they are located within or close to vulnerable natural habitats fairly preserved, bodies of water, streams, mangroves, etc., with special relevance if the project involves opening of access roads and urbanization. Small-scale works pose the risk of environment impairments that are not significant, especially if they are carried out in developed areas. The risk of damage against employees may be significant if large-scale works involve excavations using machinery, use and storage of fuel and other chemicals, which can generate workplaces full of dusts, fumes, toxic gases, noise, fire hazards, etc., probably affecting employees' physical integrity and/or health.	Medium and low	Envisaging prevention of impacts from the planning of type and location of works; and implementation of prevention and mitigation measures during the course of works, is fundamental and should entail effective training and supervision activities, or even sanctions, if needed. In the particular case of the occupational risks, they may be reduced down to low levels by means of appropriate training in safe construction site topics for both workers and supervisors, including training in the use of personal protective equipment (PPE) specific to the activity developed. Contracts of works must include the implementation of prevention and mitigation measures. Thus, their costs of implementation and supervision must be considered from the beginning of bid processes, and their non-observance must be subject to penalization, just like the rest of activities considered in the contract.
Environmental	**Operation** of PHC medical facilities (outpatients with no hospitalization)	The main environmental and occupational risk posed by the operation of PHC medical unit are related to biohazardous wastes, limited to potential needle mishandling and possible health damages against medical staff and clean-up crews responsible for handling wastes. The potential environmental impacts from running small-scale medical care unit are limited to the generation of toilet wastewaters and wastewaters with	Low	Training medical and clean-up personnel as well as provision of inputs required for the proper management of w biohazardous wastes help minimize environmental and occupational risks in small-scale medical facilities.

		chemical residues (detergents, cleaners and disinfectants), medical facility maintenance wastes (solvents, paints, etc.) and municipal solid wastes that may be managed improperly, involving limited impacts due to for soil and water pollution.		
Environmental	**Operation** of secondary health care units (inpatient specialized care, clinical laboratories and basic support services)	The environmental risk arising from operating secondary health care units is essentially related to waste management. On the one hand, there are significant quantities of Municipal Solid Wastes (MSWs) generated by waiting rooms, consulting rooms, and inpatient areas (3.5 kg/day/bed), as well as kitchen and dining room, in addition to those wastes originated by medical facility cleaning. Likewise, depending on the infrastructure installed, other wastes are generated by clinical laboratories, some of which may be biohazardous (microbiological culture media, needles, etc.) or chemical hazardous. The handling of biohazardous wastes, which are also generated by operating rooms, consulting rooms and inpatient areas, pose a potential harm against the medical staff and clean-up crews responsible for handling wastes. Ancillary services also involve environmental and occupational risks due to the generation of hazardous wastes and storage of fuels and chemicals, in addition to atmospheric emissions when the facility is equipped with steam generators or the like. Fully bedded secondary health care facilities may have a dedicated laundry area, entailing environmental risks relating to the generation of large quantities of hot wastewater polluted with chemicals, which could have an impact on receiving bodies of water or on sewerage.	Medium and High	The operation of second-level medical units may require the installation of emission control systems and wastewater treatment, plus training and supervision regarding the proper handling of waste.
Environmental	**Operation** of tertiary health care units (highly specialized inpatient services, advanced clinical laboratory analysis (include radiological studies and automated chemical handling equipment) and advanced ancillary services	Operation of tertiary health care units involves greater environmental and occupational hazards, because in addition to those risks described for smaller units, there are potential impacts relating to the management of radioactive isotope diagnostic equipment, larger quantities of laboratory chemical reagents, and may require, considering the volumes of wastes generated, special facilities for temporary storage of wastes, such as refrigerated chambers for organic wastes (from kitchens, dining areas and inpatient areas) and pathological wastes. The operation of diagnostic equipment and treatment in such units also involves considerable power consumption, especially if equipped with air conditioning systems and controlled	High	Tertiary health care units call for the existence or the strengthening of an environmental and OSH management department. Regular staff trainings and supervision are deemed essential while those scenarios entailing risks for the medical staff, employees and healthcare users and their companions must be checked permanently. There must be in place an environmental and safety program tailored to the needs of each medical facility, which is

		atmosphere in areas accommodating patients with infectious diseases, among many other possible high specialties. The occupational risk in this type of medical units is also higher, due to greater number of items with potential harmful effects on health, in particular storage and handling of reagents and wastes.		rigorously implemented and monitored.
Social	Land acquisition for Medical Facilities	Manage the acquisition of lands and loss of access to natural resources in a way that avoids or minimizes displacement, and assist those individuals affected in the improvement or at least in the restoration of their livelihood and standards of living	Low	The current Costa Rica healthcare reform financing plan foresees neither acquisition of new lands nor the loss of access to natural resources.
Social	Cultural appropriateness and equity	Pay due attention to cultural appropriateness and equal access to the Program's benefits, with special emphasis on the rights and interests of indigenous peoples and on vulnerable groups' needs or concerns.	Low	There are special laws and policies in place to safeguard the rights of indigenous peoples in the country, and major international covenants have been adopted. Also, CCSS has developed a number of different strategies with specific healthcare guidelines for indigenous peoples and vulnerable groups (PLWHAs, PWDs, teenage mothers, aging populations and socially disadvantaged group. The actual implementation of these policies requires an effective and differentiated M&E system as noted in the recommendations for the Program.
Social	Social Conflicts	Avoid exacerbating social conflicts, especially in fragile states, post-conflict areas, or areas subject to territorial disputes	Low	No social conflicts are envisaged. The country has well-established laws and institutions that can manage any dispute that may arise during the implementation of the Program.

Risk Category	Risk Description	Rating (low, medium, substantial or high)
Environmental and Social Context	The Program has as challenge to establish effective coordination between implementing agencies and environmental authorities to set forth clearly, with due anticipation, the environmental management requirements for each work under the Program. This would provide sufficient time to meet permitting criteria and requirements imposed by the authorities for carrying out the works and include them in relevant bidding documents. These institutional coordination aspects are part of the Program Action Plan. Regarding risks derived from activities implemented in or near important habitats or with potential to generate cumulative impacts, these are disregarded because the Program execution will take place almost entirely in areas already impacted and in the event of exceptional conditions, if any work was to be carried out in any of these areas, then, legislation is properly applied, while these issues addressed in the Environmental and Social Management Manual are further reinforced and will become an integral part of the Program Action Plan.	Medium
Program`s Stability and Sustainability	The risk of Program instability or future sustainability is considered low. This Program is part of the government's efforts to increase health care access and quality and considers having a sound environmental management is part of its fundamental objectives. This Program does not compromise, limit or alter aspects that might affect generations to come. This Program may be considered steady and sustainable when implementing agencies have established within their organizations the areas and qualified personnel that, once trained, lead the environmental and OSH management of relevant actions. Regarding the Program's legal and regulatory sustainability, Costa Rica has a comprehensive environmental legislation good enough that provides adequate institutional capacity, imposes restrictions and monitors those medium-or-high environmental impact works.	Low
Institutional Complexity and Capacity	CCSS is consolidating the fulfilment of its responsibilities in terms of environmental and OSH management. It goes through a legal and organizational restructuring that must be harnessed to stipulate these aspects specifically and have the adequate specialized staff to meet such tasks. In legal matters, the institutional complexity is low because the relevant legislation is very clear in terms of responsibilities and levels of management to be observed by implementing agencies. In addition, it is not anticipated the Program becomes a workload that CCSS cannot handle since the number of projects requiring environmental permits from these institutions and their follow-up is relatively low; for the rest of projects, the implementation of the Social and Environmental Management Manual, overseen by implementing agencies will ensure adequate environmental and OSH management of works.	Medium
Political Risk and Reputational Context	The fight against corruption and the strengthening of government transparency and accountability are a critical constituent of the Government's efforts to respond to the needs of the inhabitants of Costa Rica. For this reason, the Government has endeavored to increase the access to public information through an "open government" model to promote greater citizens' participation. Social spending is really high in Costa Rica while dissemination of results is indeed poor. In this note, the sustainability of the universal model of healthcare is questioned in view of raising concerns about the deterioration of healthcare quality and the aging population challenge. Spending allocated to social protection is not adequately protecting the population from falling into poverty. In spite of their good levels of governance in comparison with the rest of Latin America and the Caribbean, there is a growing perception on the poor effectiveness of institutions, which is visible across various levels. It is clear that the current political scenario poses challenges for the approval and implementation of the so needed reforms.	Medium

VIII. ACTIONS ENHANCING ENVIRONMENTAL AND SOCIAL MANAGEMENT

Based on the Environmental and Social Assessment and risk analyses, a series of actions enhancing Environmental and Social Management have been agreed upon and mirrored in a Program Action Plan (PAP).

Commitments undertaken by CCSS as a consequence of ESSA are contained in the PAP Matrix. Those recommendations involving plans or programs with institutional scope shall be subject to the CCSS Board of Directors' approval in its capacity as the highest autonomous decision-making body of CCSS.

ENVIRONMENTAL MANAGEMENT AND OCCUPATIONAL HEALTH

Program Action Plan (PAP)
It embraces the following components:

1) Strengthening the CCSS Environmental Management and Occupational Health.

2) Environmental Management, Occupational Health Information Systems (SIGA-CCSS).

3) Update the Institutional Environmental Management Plan, including the Agenda of Projects and actions to accomplish the Environmental Management and Occupational Health goals, as well as design and implementation of process and outcome indicators.

Objectives of PAP Environmental Components

The Objectives of the Program Action Plan are listed as follows:

- Strengthen current CCSS environmental management and occupational safety and health systems by improving the strategic and operational guidance of the Institutional Environmental Management Plan (IEMP) required to accomplish the relevant goals and objectives and optimize effective coordination with technical networks at central, local and regional levels to develop plans and projects relating to said plan.
- Have in place a comprehensive and phase-in CCSS environmental management and occupational safety and health approach to address, under a risk-based prioritization model, the environmental requirements to be met by the CCSS when delivering healthcare and pension services in conformance with regulations in force and considering the window of opportunities opened by the integration of new technologies in healthcare services.
- Have in place an adequate information system to support decision-making across different organizational levels on environmental management and occupational safety and health matters as well as follow-up and monitoring progress towards attainment of goals in those areas. Said information system must provide timely and reliable information and indicators that help analyze, compare and detect opportunities of improvement in order to control management in a comprehensive and collaborative fashion.
- Strengthen the allocation of resources to address progressively the CCSS environmental and OSH management, in line with goals set forth and particularly the goals prioritized in the short, medium and long term in the Institutional Environmental Management Plan, and according to the financial possibilities determined for that purpose.

Recommendations for implementing PAP:
Based on the ESSA analysis, the following recommendations are listed for implementing the PAP:

1) Strengthen CCSS Environmental Management

a) It is required to review and update the goals and projects defined under the Institutional Environmental Management Plan (IEMP), so it becomes part of the transformation and innovation processes implemented underway by CCSS, making gradual adjustments to the new regulation in force, incorporating both new technologies and the financial sustainability variable.

b) Even when it is important to continue with the environmental activities and good practices underway in each workplace at regional and central CCSS, the energy efficiency diagnosis and the greenhouse gas inventory efforts must be prioritized in order to determine the institutional baseline.

c) Furthermore, the continuing enhancement environmental processes (planning, doing, verifying, and acting) must be systematized, so the institution may address emerging challenges and establish an adequate environmental management based on the regulation in force, with emphasis on energy savings, solid and liquid wastes management, safe water management, fuel consumption, etc. This will have a positive impact on the CCSS budget, reducing the pollution and enhancing public health objectives.

d) In virtue of the ongoing CCSS organizational restructuring, a best practice-based governance model in terms of institutional environmental management and organizational structure must be designed and implemented, in order to develop efficiently and effectively different activities and projects that would help achieve step-by-step the environmental legislation goals, considering how important this topic is to the country and the plans to be fully carbon neutral by 2021.

e) Likewise, it is suggested that, as part of the organizational model, the design of the leading institutional agency is defined, outlining strategies, plans and indicators, monitoring completion towards environmental goals and facilitating decision-making by higher entities, when appropriate. This agency must be the liaison between CCSS and national regulatory agencies (MINAE, Ministry of Health, CENARA, etc.) for regulation compliance purposes.

f) In line with institutional capabilities, the need for optimizing and/or reinforcing the resources allocated to accomplish environmental objectives and goals must be reviewed, considering the possibility to strengthen internal capacities and foster partnerships with external EM specialists. This calls for a proposal to be submitted to the higher authorities.

Commitments

To achieve the foregoing, the following commitments are set forth:

a) Diagnose the institutional EM current status in those areas determined as priority by the risk analysis. The diagnosis findings will be disclosed to the CCSS Board of Directors.

b) Assess and integrate into the CCSS central restructuring process, the Institutional Environmental Management and Occupational Safety and Health functional and organizational proposals, whose design and implementation must draw on international best practices. Required timeframes and terms would adjust to the restructuring schedule approved by the CCSS Board of Directors.

2) CCSS Environmental Management, Occupational Health Information Systems (SIGA/SO-CCSS)

Some of the aspects highlighted by the Assessment:

- It was found out that local healthcare units engaged in different EM and OSH actions, which are reported and documented directly to regulatory agencies, without generating a single repository of information that may be available at central level enabling the effective monitoring of said actions, managing adequately operational risks, providing a timely follow-up and monitoring progress towards completion of environmental and occupational safety and health goals and commitments.
- To solve it, an Environmental Management and Occupational Safety and Health Information

System (SIGA/SO-CCSS) (ICT system) must be created, which may be implemented incrementally and may include organized methods for data collection, processing, transmission and dissemination so that said information may be available online with access controlled by the user profiles so established.

- This information system needs to outline key EM and OSH institutional performance indicators, as prioritized, in order to support monitoring and decision-making actions required to accomplish institutional goals in those areas and implement a continuing improvement process.

Recommendations for implementing PAP:

a) Put in place an Environmental Management and Occupational Safety and Health Information System for CCSS (SIGA/SO-CCSS) (ICT system)
b) Design a phased rollout plan to primarily cover the activities and units featuring the greatest environmental and occupational safety and health risks.

Commitments

To achieve the foregoing, the following commitments are set forth:

a) Develop the CCSS EM and OSH Information System conceptual phase, which includes the feasibility study, and system requirements and functions in conformance with the institutional regulations. Timeframe: 12 months following the Program start date.
b) Selection, development and/or procurement of the technological tool, in line with the conceptual phase. Timeframe: 18 months following the completion of a) above.
c) Develop and validate a phased rollout plan that includes training and all elements required to put the system in place. Timeframe: 18 months following the completion of a) above. This activity will be carried out in parallel with b), so that upon the procurement of the information tool, the phased rollout plan is validated concurrently.

3) Update the Institutional Environmental Management Plan, including institutional commitments

Some of the aspects highlighted by the Assessment:

- ***Institutional Environmental Management Plan***
  There exists an Institutional Environmental Management Plan, which features a series of activities and projects oriented to accomplish CCSS goals and commitments in that field. This Plan needs to go through update and alignment to consider changes in regulations, priority areas defined by the institution, ongoing healthcare delivery innovation and transformation processes and new technologies available. This implies to rethink the portfolio of IEMP-related environmental projects.

- ***Ongoing Operations***
  There is a significant potential for failing to observe the environmental regulations in some CCSS medical facilities, including but not limited to intra-hospital water quality, wastewater discharges and atmospheric emissions.

- ***New Works***
  The well-structured CCSS central licensing system for authorizing new works and its liaison with SETENA is acknowledged; however, some difficulties arise when environmental feasibility is arranged directly by CCSS local units, disregarding their central offices. Therefore it is advisable to review external units support and training procedures as part of the Institutional Environmental Management System restructuring.

- ***Projects and Activities enhancing CCSS Environmental Management***
  As the CCSS already has a program fairly defined for projects and activities aimed at enhancing the environmental management and observe the relevant environmental legislation, it is important to **establish a catalog of projects, including their budgets and their implementation schedules in the coming years** in order to ensure their technical and budgetary feasibility.

  It is understood that since there is no exhaustive needs assessment on works and actions enabling a sound environmental management across CCSS, at this time it is important that at least those works recognized as needed are subject to this schedule. Those works to be programmed in the future must result from medical facilities prioritized in conformity with recommendations issued by both the Ministry of Health and the Ministry of Environment and Energy.

  The foregoing would provide the improvements required by the CCSS Environmental Sustainability for optimized environmental management and occupational safety and health.

Recommendations for implementing PAP

a) Update and align IEMP, considering changes in regulations, ongoing healthcare delivery innovation and transformation processes and new technologies available.
b) Based on the Environmental Diagnosis for those aspects deemed prioritized, identify those projects that may help achieve environmental objectives and commitments. This calls for scheduling works in the coming years based on a yearly programming that takes into consideration the top priority short-term actions.
c) Continue with the scheduled works of wastewater treatment, emissions control and waste management in medical facilities already identified, establishing a yearly programming for implementation and completion.

Commitments

a) Develop, validate and approve an Environmental Management Plan update and IEMP-related institutional commitments. Take into consideration: variations in regulations governing this subject matter, incorporation of new technologies, good practices phase-in, ongoing institutional processes and the environmental diagnosis. It includes the definition of process and outcome indicators. Timeframe: 12 months.
b) Define and validate the updated project portfolio, prioritizing environmental improvements. Timeframe: 18 months.

SOCIAL MANAGEMENT

Based on ESSA, the following actions for implementing PAP are recommended, as they are oriented to strengthen both the needs identified and the CCSS programs:

1. Relaunch the grievance redress mechanisms and create spaces for dialogue with public sectors and CSOs.

2. Reinforce and implement the *Plan de Atención Diferenciada a la Población Indígena.*

PAP Social Component Objective:

- Enhance the relationship between CCSS and patients, vulnerable groups, populations with special needs and indigenous peoples, in order to mitigate conflicts, increase transparency and create feedback arrangements between CCSS policies & strategies and service users.
- Increase CCSS healthcare policy outreach and effectiveness towards indigenous peoples, building actions in these territories on the Costa Rican legislation and international covenants ratified by the country.
- Improve CCSS policy effectiveness towards vulnerable groups and patients with special needs, creating spaces for dialogue and transparency that legitimize CCSS technical decisions and help channel grievances and suggestion in a proactive fashion.
- Create spaces for dialogue and participation fostering the CCSS social inclusion.

Description of Recommendations:

1. Relaunch the grievance redress mechanisms and create spaces for dialogue with public sectors and CSOs

Patients' Rights:
Patient advocacy groups stated during ESSA consultations and interviews that CCSS lacks spaces for dialogue and engagement with civil society organizations on broader health care policy issues, in general, and decisions regarding medicines and specialized treatment in particular. Health Boards or "*Juntas de Salud*" can be relevant to discuss some individual issues and foster community participation, particularly at the first and second level of care, but for broader issues or decisions at the policy level (which can lead to judicial processes), the CCSS needs to develop other spaces for dialogue and legitimization of its technical decisions. The CCSS should also proactively participate in the National Council of the Health Sector and in other dialogue spaces that already exist to discuss national guidelines and health policies of groups with special needs, such as indigenous organizations, patient advocacy groups, PLWDs, LGBTI community, etc.

Although some cost-effectiveness and cost-efficiency analyses are run, the dissemination of findings is almost inexistent and pharmacoepidemiology decision makers seem distant and hard to approach. There is no sense of formal commitment with patient organizations to legitimize their actions or explain reasons behind such actions.

On the other hand, complaint and grievance redress mechanisms do not seem to be working well, or they are not perceived as reliable by patient advocacy groups. The Comptrollership of Services (Healthcare Service Supervision Office) seems ineffective to deal with most of serious cases and there is a feeling that existing grievance redress mechanisms are ineffectual, which leads to use largely other legal remedies, including appeals lodged to the Constitutional Chamber (Sala IV of the Supreme Court).

Patient advocacy organizations feel there are severe communication problems, not only in terms of spaces for dialogue, but also in terms of access to information, internal processes and transparency in decision-making.

Recommendations for implementing PAP

a) Support the engagement of CCSS in the National Council of the Health Sector.
b) It should also establish a mechanism for engaging civil society on key policies on CCSS health care in general as well as medicine adoption policies relevant for key advocacy CSOs, patient organizations, and other vulnerable groups
c) Revamp the complaint and redress mechanisms to reduce complaints that end up in lawsuits or habeas corpus petitions filed by the Sala IV.
d) Based on international best experience, it should also develop a communications strategy on key health care decisions, including the adoption or rejection of medications to be financed with public funds to ensure there is a process that can contribute to the legitimacy of these decisions.
e) Partner with other sector health institutions, and other international organizations to expand work on health technology assessments that eventually may lead to developing an independent health technology assessment entity, composed of multidisciplinary professionals that may issue guidelines and train younger professionals on health technology assessment. The entity should have no conflict of interests with public or private entities and be independent of health care provider organizations. It could also be designed in international collaboration with high-level institutions such as the Pan American Health Organization or well established entities such as NICE International from the UK

Effectiveness Indicators:

- Reduced numbers of *amparo* remedies filed by Sala IV
- Greater patient satisfaction, verified by means of an improved customer satisfaction survey to be developed under DLI 6.
- Create a formal space for discussion with key civil society stakeholders to increase quality and efficiency of key health care policy decisions, including the selection of medications to be financed with public funds to foster the legitimacy of these key decisions.
- Develop a specific institutional communications strategy to engage key civil society stakeholders in debates at national levels and provide timely feedback on two key health care aspects: improved management of waiting lists and provision of costly treatments in line with international best practices.

LGBTI Community

LGBTI organizations pointed out during ESSA interviews and consultations that the CCSS directive DRSS-0630-12 only provided protection from discrimination in theory. They underlined that the LGBTI community in Costa Rica remains vulnerable to a number of specific health risks, aggravated by discriminatory behaviors and practices. They often remain excluded from the health services because of the fear of discrimination and in some cases they are even denied access. Not only guards and administrative personnel at the hospitals, but also health staff lack training and understanding of LGBTI needs and health concerns.

Trans and intersex people remain one of the most vulnerable populations, as they often engage in sex work, lack stable housing, and are excluded from family networks, further limiting their access to health services. Transsexual groups reported that male to female transgender people who engage in sex work have difficulties accessing health care. Besides the economic barriers of paying their voluntary contribution to the CCSS, they reported occasions when they were denied access to hospitals by guards and administrative staff because their appearance does not match the gender and name declared on their

ID. The "*conocido como*" name that appears on the *cédula* should be admitted as a valid identity at the request of patients.

While HIV-AIDS treatment remains an important issue for the gay, trans and intersex people, due to their high exposure and vulnerability, there are a number of health concerns that are equally important, such HIV and STD prevention (including outreach, education, and access to condoms and lube); access to health staff adequately trained on their specific health issues and concerns (Gynecologists, Urologists etc.); and access to hormonal treatment under qualified medical supervision.

Recommendations for implementing PAP

a) The CCSS should develop a clearer strategy and guidelines to strengthen the implementation of its directive on non-discrimination of sexual and gender minorities (DRSS-0630-12). This strategy should be developed within the first year of effectiveness.
   Indicators:
   - Number of priority areas and long term goals formulated
   - Number of consultations held

b) The CCSS should develop and implement an awareness campaign to counter prejudices and discriminatory behaviors and practices against the LGBTI community.
   Indicators:
   - Number of CCSS staff trained
   - Number of external staff trained (security and administrative officers, etc.).

c) LGBTI organizations recommended that the CCSS forms an advisory group to help identify potential access barriers for LGBTI people. This advisory group could comprise representatives from the Ministry of Health, CCSS, and LGBTI civil society organizations (year 1).
   Indicators:
   - Number of meetings held
   - Number of LGBTI organizations participating or engaged.

2. Strengthen and implement the *Programa de Atención Diferenciada a Poblaciones Indígenas*.

The CCSS has given important steps with regards to the inclusion of culturally appropriate and locally relevant strategies of health care for Indigenous Peoples (IP), through the approval of a *Plan de Atención Diferenciada a la Población Indígena (PADPI)* and the creation of a Special Coordination for IP issues. However, there still are important limitations in the health service provided in IP territories, and the CCSS has very limited capacity to implement its own PADPI as of today; evidenced in the fact that the IP Coordination comprises only one member of staff (its coordinator). Even so, the Coordination has established informal alliances with staff from the *Área de Atención Integral* and other sub-areas within the CCSS to advance in the design of a common agenda with IP organizations of the Caribbean region (ADIS-RIBCA; see Annex 1), while fostering discussions with IP organizations at the national level on the implementation of the PADPI. The CCSS clearly needs to strengthen the capacity of the Coordination, with staff and the means to develop the objectives stated in the PADPI and expand it to all IP territories in the country.

The CCSS also needs to adapt its strategy of health care provision to the difficulties of access, and demographic and cultural characteristics of the indigenous population in their territories. The provision of health care services today is strongly biased towards areas with easy access, which have health, logistical and socio-cultural conditions that differ from areas with difficult access, many of which are cut off from the health care services during parts of the rainy season and are at walking days from the nearest health facility. Including this segment of the indigenous population into the CCSS services requires the inclusion of the local population in the monitoring and delivery of health care at the primary

level, through innovative and differentiated strategies such as the formation of a network of *Asistentes Indígenas Comunitarios* (proposed in the PADPI), and the training of health personnel not only in culturally pertinent strategies of health care provision, but also on strategies to cope with and mitigate the impact of the harsh conditions in which they have to carry out their duties, including the use of local medical knowledge and resources in their practice.

At the secondary and tertiary level of health care, IP leaders denounced discriminatory behaviors and practices, which could be addressed through a variety of strategies developed elsewhere in LAC and through awareness and capacity building trainings. Also, the high turnover of medical personnel in IP areas and regions, who are mainly there for periods of one year, during which time they pay their compulsory social service – demands a systematic and strategic approach to generate knowledge and capacity to facilitate the adaptation of these young professionals to the special conditions and needs of the IP population they will be embedded with.

The CCSS also needs to systematize and, if possible, institutionalize good practices that so far are being implemented *ad hoc* and on a personal level by staff based in IP areas, including the CCSS own experience with organizations of the Caribbean region, where the Coordination of the PADPI has been developing a joint agenda for health care provision in IP communities. These efforts must include the generation of guidelines, protocols, and knowledge on issues pertaining health care provision in IP areas with respect for their own medical systems and practices. For instance, Free, Prior, and Informed Consent, and monitoring and grievance redress mechanisms, must be adapted and institutionalized, as today IP do not count on institutionalized mechanisms to voice their concerns and complaints, or partake in decision making.

All the recommendations for the PAP that follow stem from the CCSS own PADPI and the concerns and comments received during the consultations, and were discussed with CCSS staff to better connect and leverage the PADPI's own objectives.

Recommendations for implementing PAP

a) The CCSS must strengthen the *Programa de Atención Diferenciada a Poblaciones Indígenas*, based on the needs determined by its Coordination, in a period not exceeding 2 months after implementation of the Program.
   Indicator:
   - Number and type of resources assigned to the Coordination.

b) The Regions and *Areas de Salud* of the CCSS that serve indigenous population must define and implement short and medium term priority actions for the indigenous population, based on the principles of intercultural health, HHRR, and gender, following the guidelines established in the PADPI. At least 2 regions per year until covering all indigenous territories.
   Indicators:
   - Number of Regions and *Áreas de Salud* that serve IP with short and medium term prioritized actions defined.
   - Number and type of actions implemented per year.

c) The PADPI must establish and implement monitoring and evaluation mechanisms for the actions prioritized and implemented by Region and *Área de Salud* serving IPs. The mechanisms should be designed within the first year of implementation of the Program, and implemented from the second year onwards.
   Indicators:
   - Assessment indicators defined
   - Results of monitoring and evaluation available

d) Drawing on international experience, the CCSS must train and hire *Asistentes Indígenas Comunitarios* (AIC) to provide primary health care services and assist the CCSS in communities with difficult access (culturally and geographically). The syllabus and training courses must be designed within the first year of execution of the Program and the first cohort of AICs must be trained and hired or in the process of recruitment.
Indicators:
- AIC training syllabus designed
- Number of AICs trained per Region and *Área de Salud*
- Number of AICs hired and working in their communities

e) The PADPI must design, implement, and assess a Virtual Training Adaptation Program for healthcare personnel to be deployed in IP areas, with the support of CENDEISSS. The training should be structured and tested within the first year of implementation of the Program, and implemented and assessed from the second year onwards.
Indicators:
- Virtual training program designed
- Number of trainings carried out
- Number of staff trained

f) The PADPI and the *Dirección de Redes de Servicios de Salud* must promote spaces of dialogue between representatives of the indigenous peoples and CCSS staff serving them, in order to develop joint strategies to improve and adequate health care delivery to their needs and viewpoints.
Indicators:
- Number of dialogue mechanisms established between IP and CCSS staff
- Number of agreements reached between IP and CCSS authorities per indigenous people and *Área de Salud*
- Number of agreements fulfilled, timeline and priories established.

g) The CCSS must assign resources to train and prepare health staff working in IP areas of difficult access to work in harsh, remote areas, and minimize risks and threats to their own safety and wellbeing. The PADPI must identify human resources to develop training programs and establish mechanisms to guarantee recurrent trainings to personnel to be deployed in these areas.
- Training program designed
- Number and type of staff trained, per Region and *Área de Salud*
- Number of trainings carried out per year

h) The CCSS must provide health staff working in *Área de Salud* serving IP territories with difficult access with equipment (including communications equipment) to carry out their duties in these conditions, following the standards to be defined with the PADPI Coordination.
Indicator:
- Type of equipment provided

i) The CCSS must produce and teach to health staff for training purposes, specialized knowledge on the needs, viewpoints, and cultural characteristics relevant to the provision of health services among IPs.
Indicators:
- Number and type of knowledge products
- Dissemination of results

j) The CCSS must include the ethnic variable in its data collection tools.

- Number of health recording tool with ethnic variable included
- Number and type of reports produced by the *Áreas de Salud* that include information desegregated by ethnicity
- Yearly analysis of the IP health situation by Region and *Área de Salud*.

k) Develop innovative and differentiated strategies to facilitate health care access to national and migrant IPs across the three levels of care provided by the CCSS.

Indicators:

- Number of IP registered by EBAIS and *Áreas de Salud*
- Number of IP insured per insurance type, EBAIS and *Área de Salud*
- Number of IP with special protections by protection type, EBAIS and *Área de Salud*

ESSA: SUMMARIZED PROGRAM ACTION PLAN

COMMITMENTS ENHANCING ENVIRONMENTAL MANAGEMENT AND OCCUPATIONAL SAFETY AND HEALTH

PAP Component	Commitments	Due Date	Who
1. Strengthen the CCSS Environmental Management System	A. Diagnose the institutional EM current status in those areas determined as priority by the risk analysis. The diagnosis findings will be disclosed to the CCSS Board of Directors.	24 months following Program's effective date	EM Commissions CCSS Management Units
	B. Assess and integrate into the CCSS central restructuring process, the Institutional Environmental Management and Occupational Safety and Health functional and organizational proposals, whose design and implementation must draw on international best practices. Required timeframes and terms would adjust to the restructuring schedule approved by the CCSS Board of Directors.	There is no specific date. It is linked with intermediate outcome indicator Nº 6 (not a DLI) (see the latest PAD version)	Administrative Management Unit
2. CCSS Environmental Management, Occupational Health Information Systems	A. Develop the CCSS EM and OSH Information System conceptual phase, which includes the feasibility study, and system requirements and functions in conformance with the institutional regulations.	12 months	EM Commission CCSS Management Units
	B. Selection, development and/or procurement of the technological tool, in line with the conceptual phase. Timeframe: 18 months following the completion of A) above.	18 months following the completion of A) above	
	C. Develop and validate a phased rollout plan that includes training and all elements required to put the system in place.	18 months following the completion of A) above	
3. Update the Institutional Environmental	**A.** Develop, validate and approve an Environmental Management Plan update and IEMP-related institutional commitments. Take into consideration: variations in regulations governing this subject matter, incorporation of	12 months following Program's effective date	EM Commission CCSS Management Units

PAP Component	Commitments	Due Date	Who
Management Plan, including institutional commitments.	new technologies, good practices phase-in, ongoing institutional processes and the environmental diagnosis. It includes the definition of process and outcome indicators. Timeframe: 12 months.		
	B. Define and validate the updated project portfolio, prioritizing environmental improvements. Timeframe: 18 months.	18 months	

COMMITMENTS ENHANCING SOCIAL MANAGEMENT

PAP Component	Commitments	Due Date	Who
4. Relaunch the grievance redress mechanisms and create spaces for dialogue with public sectors and CSOs	Patients' Rights A. Establish a mechanism for engaging civil society on key policies on CCSS health care through health diagnoses	24 months	CCSS Management Units
	B. Improved customer satisfaction survey as mechanism to reduce numbers of users' complaints	It is linked with intermediate outcome indicator Nº 6 (not a DLI) (see the latest PAD version)	Healthcare Service Supervision Office
	C. Develop a communications strategy on key health care decisions	12 months	Department of Institutional Communications
	D. Partner with other sector health institutions, and other international organizations to expand work on health technology assessments	24 months	Infrastructure and IT Management Unit
	LGBTI Groups E. Develop a strategy to strengthen the implementation of its directive on non-discrimination of sexual and gender minorities, including an awareness campaign and mechanisms to engage these groups	18 months	Health Management Unit Administrative Management Unit
5. **Strengthen and implement the *Programa de Atención Diferenciada a Poblaciones Indígenas*.**	A. CCSS must strengthen the *Programa de Atención Diferenciada a Poblaciones Indígenas*, based on the needs determined by Coordination	6 months	Health Management Unit
	B. Prioritize short and medium term priority actions for the indigenous population, based on the principles of intercultural health, HHRR, and gender, following the guidelines established in the PADPI.	At least 2 regions per year until covering all indigenous territories.	CCSS Management Units

	C. The PADPI must establish and implement monitoring and evaluation mechanisms for the actions prioritized and implemented by Region and *Área de Salud* serving IPs.	The mechanisms should be designed within the first year of implementation of the Program, and implemented from the second year onwards. Indicators	Health Management Unit
	D. Train and hire *Asistentes Indígenas Comunitarios* (AIC) to provide primary health care services and assist the CCSS in communities with difficult access (culturally and geographically)	The syllabus and training courses must be designed within the first year of execution of the Program and the first cohort of AICs must be trained and hired or in the process of recruitment.	Health Management Unit
	E. PADPI must design, implement, and assess a Virtual Training Adaptation Program for healthcare personnel to be deployed in IP areas, with the support of CENDEISSS.	Training should be structured and tested within the first year of implementation of the Program, and implemented and assessed from the second year onwards	Health Management Unit CENDEISSS

	F. PADPI and the *Dirección de Redes de Servicios de Salud* must promote spaces of dialogue between representatives of the indigenous peoples and CCSS staff serving them, in order to develop joint strategies to improve and adequate health care delivery to their needs and viewpoints.	24 months	Health Management Unit
	G. Train and prepare health staff working in IP areas of difficult access to work in harsh, remote areas, and minimize risks and threats to their own safety and wellbeing.	12 months	Administrative Management Unit Health Management Unit
	H. CCSS must provide health staff working in *Área de Salud* serving IP territories with difficult access with equipment (including communications equipment) to carry out their duties in these conditions, following the standards to be defined with the PADPI Coordination.	12 months	CCSS Management Units
	I. CCSS must produce and teach to health staff for training purposes, specialized knowledge on the needs, viewpoints, and cultural characteristics relevant to the provision of health services among IPs	12 months	Health Management Unit
	J. CCSS must include the ethnic variable in its data collection tools.	24 months	Health Management Unit Infrastructure and IT Management Unit
	K. Develop innovative and differentiated strategies to facilitate health care access to national and migrant IPs across the three levels of care provided by the CCSS.	24 months	CCSS Management Units

IX. PUBLIC CONSULTATIONS

Consultations on ESSA were conducted in San Jose between the 25th and 28th of August 2015 in several meetings and interviews held with representatives of indigenous organizations, patients advocacy groups, representatives of the LGBTI community, representatives of the Government of Costa Rica (MINAE, SETENA, MINSALUD), the academic community, and CCSS staff. Two formal meetings were held on Wednesday August 25 and Thursday August 26, 2015 with Government representatives and representatives of IP organizations respectively (see list of consulted organizations in Annex 1). After the round of consultations, the WB team received written feedback from IP organizations and the National University, as well as CCSS internal departments. The WB team conducting these consultations comprised Fernando Montenegro (TTL, HNP), José Luis Calderón (GEN), Dominik Köhler (HNP), Shawn Magnuson (HNP), and Germán Freire (SURR).

Recommendations intended for the PAP reflect the key issues and suggestion raised during these interviews and meetings, including the resulting recommendations issued by the WB team. Recommendations for implementing the PAP also stem from working sessions held with CCSS personnel, drawing on programs and objectives previously developed by CCSS, so the idea is to strengthen and facilitate their implementation.

List of Institutions, Agencies and Organizations Participating in Consultation Rounds

Asociación Nacional Segunda Oportunidad de Vida
Asociaciones de Desarrollo Indígena (ADIs)
Cáncer de mama CRISOL
Caja Costarricense del Seguro Social (varias coordinaciones)
Centro de Investigación y Promoción para América Central de Derechos Humanos
Defensoría de los Habitantes
Escuela Salud Pública
Espacio Latinoamericano de Sexualidades y Derechos (MULABI)
FUNDACANCER
Fundación Vida Nueva
Junta de Salud Talamanca
Mesa Indigena de Costa Rica
Ministerio de la Presidencia
Ministry of Health
Pacientes con Esclerosis Múltiple
PROGRAMA NAVEGADORAS
Red indígena Bribri y Cabecar (RIBCA)
Transvida
UCR Foro permanente Cáncer Mujer
Universidad Nacional de Costa Rica

IX. GLOSSARY

Public Audit: The presentation of an activity, work or project rated as Category A, that SETENA instructs the Developer and environmental consultant staff to carry out whenever deemed necessary, in order to inform the civil society about its impacts, in conformance with the Organic Act of the Environment, biodiversity laws, these regulations and related legislation.

Environmental Logbook: Numbered book with consecutive numerical order adequately and logically concatenated, formalized and signed by SETENA, where the Environmental Manager records the monitoring and compliance of environmental commitments acquired under the EIA process of an activity, work or project, and the observance of regulations in force, including the Code of Good Environmental Practices thereunder.

Code of Good Environmental Practices (CGEP): Document described as having sets of good environmental practices, both general and specific, that every Developer must comply to, regardless the Environmental Category of his activity, work or project, as to complement national environmental regulations in force. It sets forth environmental prevention, correction, mitigation and offset actions that must be implemented to promote protection and prevent environmental damages. This document must be taken in consideration by the Environmental Consultant and the analyst in charge of reviewing an Environmental Impact Assessment paper.

Environmental Commitments: Set of environmental measures to which the Developer of an activity, work or project pledges to observe in order to prevent, correct, mitigate, minimize or offset the environmental impacts that said activity, work or project may generate overall on the environment, including any of their specific components. Environmental commitments are structured by an objective and environmental tasks or actions ensuring their observance within a given term and must be expressed in accordance with the financial investment in question.

Environmental Impact Assessment (EIA): Formal document, where the EIA is summarized in a clear and simple manner, whereby the Developer assumes responsibility for the nature, magnitude of environmental impacts, including their prevention, correction, mitigation, offset and control measures. It is drafted by the EIA Consulting Staff.

Environmental Commitment Affidavit (DJCA): Sworn declaration duly authorized by a notary public whereby the Developer of an activity, work or project pledges to fully and completely observe and comply with all the terms and conditions set forth in the Projection - Environmental Management Plan, or any other guidelines stemming from the Environmental Impact Assessment process.

Environmental Manager (*Regente Ambiental*): SETENA registered Individual or Entity hired by the Developer to safeguard and oversee the observance of environmental commitments acquired under the activity, work or project, the CGEP and regulations in force. Said Environmental Manager has the obligation to report officially to SETENA and the environmental authorities about the monitoring and control findings, in conformance with these regulations and other applicable laws thereunder.

Annex 1: Environmental Regulatory Framework

This Annex gives a short description of key environmental laws enforceable upon CCSS during the Program implementation, construction of works or operations.

Key General Environmental Laws

THE CONSTITUTION
Drawing upon the inclusión of the environmental variable in Article 50 of the Constitution in 1994, which establishes all Costa Rican citizens are entitled to a healthy and ecologically balanced environment, in Costa Rica, a comprehensive reference legal framework arises based on this premise.

GENERAL HEALTH ACT N° 5395 OF OCTOBER 30, 1973
General Health Act N° 5395 of October 30, 1973 has been amended by Amendment Law N° 5789 of September 1, 1975, Amendment Law Nº 6430 of May 15, 1980, Amendment Law Nº 6726 of March 10, 1982, Amendment Law Nº 7093 of April 22, 1988 and Amendment Law Nº 7600 of May 2, 1996. It mandates thereof the Ministry of Health to dictate general and specific measures for planning and coordinating public and private health activities. Its policies are implemented by healthcare service providers. Water is considered by this law a public asset and human consumption is prioritized over any other use. Regarding watersheds, Article 277 prohibits any individual or corporation from carrying out actions that may pollute or degrade watersheds. It also bans pollution of surface, underground and territorial sea waters directly or indirectly by discharges of liquid, solid or gaseous wastes, whether radioactive or not, sewage or any substance that may alter physical, chemical and biological characteristics of water, making it hazardous to the health of persons, wildlife and aquatic fauna or useless for home, agriculture or recreational purposes.

Under Title III, from Chapter 2 through Chapter 5, it establishes thereof:

- ✓ Industry regulations
- ✓ Water management
- ✓ Wastes management
- ✓ Wastewater and sewage management
- ✓ Environmental pollution prohibitions

ORGANIC ACT OF THE ENVIRONMENT Nº 7554
In 1995 under the constitutional protection of Article 50, Costa Rica enacted the Organic Act of the Environment Nº 7554 (LOA, for its acronyms in Spanish), whose Article 1 states thereof: *"It shall intend to provide Costa Ricans and the State with instruments as required to achieve a healthy and ecologically balanced environment"*. The State, through the enforcement of this law, shall uphold and advocate this right, pursuing an increased well-being for all citizens.

This law stems from an environment conceptualized as the system constituted by different natural elements and their interactions and interrelations with human beings.

The LOA establishes also a series of public entities to cover the range of different topics addressed. The **National Environmental Technical Secretariat (SETENA)** is established as governing body responsible for harmonizing development and environment. In 1996, it published the first Regulation on Environmental Impact Assessment Procedures for Costa Rica. This rule remained in force until 2004, when a new decree partially repealed it.

Environmental Impact Assessment Legislation

The following list constitutes the legal framework that any Development Project entailing a potential environmental impact must consider in its *ex ante* review, during and after the Project construction and operation. This regulation as it may be amended from time to time (some amendments seen across different regulations) must be observed in full by CCSS in line with the characteristics featured by each project specifically relating to environmental impact assessment requirements.

- ✓ Regulations on Environmental Impact Assessment Procedures (Official Gazette Nº 125 of June 28, 2004) Part I;

  The Executive Branch, by means of Decree Nº 31849 of May 24, 2004, defines thereby the general requirements and procedures determining the environmental viability (license) affecting new activities, works or projects that statutorily or mandatorily may alter or destroy environment constituents or generate wastes or toxic or hazardous materials, as well as prevention, mitigation and offset measures that, depending on their impact on the environment, must be implemented by the Developer of the Project. It categorizes, classifies and rates those activities, works or projects, resulting in the permitting steps required to obtain the environmental viability (license).

- ✓ Environmental Impact Assessment Process Technical Instruments Manual (EIA Manual) Part II. Executive Decree Nº 32712-MINAE. (Official Gazette N° 223 of November 18, 2005);
- ✓ Environmental Impact Assessment Process Technical Instruments Manual (EIA Manual) Part III. Executive Decree Nº 32967-MINAE. (Official Gazette Nº 85 of May 4, 2006);
- ✓ Environmental Impact Assessment Process Technical Instruments Manual (EIA Manual) Part IV. Executive Decree Nº 32966-MINAE (Official Gazette Nª 85 of May 4, 2006);

  It provides guidance to formulate EIAs and EMP diagnoses as well as to assess environmental impacts and their TORs.
- ✓ Environmental Guidelines. Executive Decree 34522-MINAE-2008 (Official Gazette Nº 115 of June 16, 2008);
- ✓ Code of Good Environmental Practices. Executive Decree 32079-MINAE-2004; and
  It includes the following chapters:
  - o General environmental policy: commitments and applications;
  - o Environmental policy on atmospheric emissions and effects on air ;
  - o Environmental policy on affected biotopes;
  - o Environmental policy on solid wastes management;
  - o Environmental policy on water quality and effluents;
  - o Environmental policy to prevent damages from potential erosional processes or natural and man-made hazards;
  - o Environmental policy on rational use of natural resources and energy;
  - o Environmental policy on use of hazardous or special substances.

- ✓ Protocols of Regulatory Plans. Executive Decree 32966-MINAE-2006.

Atmospheric Emissions Legislation

Regulations on Air Pollutants from Boilers N° 30222-S-MINAE
This regulation governs boiler emissions. It refers to the mandatory requirement to provide MINSA with an operational report per boiler on an annual basis, including gas analyses in line with sampling approaches and analyses defined in the regulations thereunder.

Water Legislation

In addition to the abovementioned **GENERAL HEALTH ACT** N° 5395 of October 30 1973, water legislation consists of:

WATER ACT Nº 276
Water Act Nº 276 enacted on August 27, 1942 has been amended by Amendment Law N° 2332 of April 9, 1959, Amendment Law Nº 5046 of August 16, 1972 and Amendment Law Nº 5516 of May 2, 1974. It regulates water under public and private domain. Article Nº 1 establishes thereof rivers and direct and indirect tributaries, from the spring to the mouth are public or national waters. On the other hand, this law refers to the obligation held by public agencies and institutions to have in place forest protection plans and it establishes thereof the national authorities are obligated to employ their means to enforce strictly legal provisions in terms of forest conservation, particularly riparian forests adjacent to rivers, springs and prohibits tree felling as far as 5 meters from the edge of rivers and tributaries.

NATIONAL WATER SUPPLY AND SEWAGE INSTITUTE ACT N° 2726
The National Water Supply and Sewage Institute Act N° 2726 of August 21, 1961 established the Costa Rican Water Supply and Sewage Institute as an autonomous public agency responsible for directing, making policies, establishing and enforcing regulations, conducting and promoting, planning, financing and developing and settling matters relating to water supply and collecting and draining sewage and industrial liquid wastes, as well as regulatory aspects governing storm water sewerage in urban areas nationwide.

Drinking Water Quality Regulations N° 5395-S
These regulations refer to water drinkability quality criteria and water safety analyses required to certify drinkability.

Wastewater Treatment Systems Approval and Operations Regulations N° 31545-S-MINAE
It refers to waters discharged or reused. It establishes the obligation to keep system effluents within established parameters and to keep a WWT System O&M logbook.

Wastewater Discharge and Reuse Regulations N° 33601-S-MINAE
It governs water quality parameters in terms of values, frequencies, and measurement approaches. It refers to the requirement to submit at least three operational reports on an annual basis, which should include water quality analyses in line with sampling approaches and analyses defined in the regulations and data measured by the generating entity.

Noise Emissions Legislation

Noise Pollution Regulations Executive Decree Nº 28718-S
These regulations intends to protect health of individuals and the environment from noise contaminants from man-made sources. It follows a classification per zone, which defines the maximum noise level as appropriate: residential, industrial, commercial and quiet zones.

Wastes Legislation

INTEGRATED WASTES MANAGEMENT ACT Nº 8839
The Integrated Wastes Management Act Nº 8839 was passed on July 13, 2009. It is basically intended to regulate the comprehensive management of wastes and efficient use of resources by planning and

implementing regulatory, financial, administrative, educational, environmental and healthy Monitoring & Evaluation actions.

This Act is enforceable upon individuals and entities, either public or private, generating wastes, except for those governed by special legislation.

In conformity with this Act, integrated wastes management must follow the following hierarchy:

a) Prevent generation of wastes at source
b) Reduce generation of wastes at source
c) Reuse generated wastes, either in the same production chain or in parallel ones
d) Value wastes by means of recycling, energy recover and co-processing, etc.
e) Treat wastes prior to final disposal
f) Dispose properly of minimized volumes of wastes

Industrial Hazardous Wastes Listing and Characteristics Regulations, Decree N° 27000-MINAE
It establishes hazardous wastes characteristics, a list of hazardous wastes and their limits that define their toxicity to the environment.

Industrial Hazardous Wastes Management Regulations, Decree N° 27001- MINAE
Article 11 "Treatment and Disposal of Hazardous Wastes" indicates which are the hazardous wastes treatment methods permitted: recycling, physical – chemical, biological, incineration, transportation abroad and other mechanisms such as chemical fixation, encapsulation, stabilization, solidification as well as management regulations.

Ban on Manufacturing, Imports, Transit, Registration, Sale and Use of PCB-containing Raw Materials or Products, Decree N° 30050-S
This Decree N° 30050-S bans manufacturing, imports, transit, registration, sale and use of raw materials or products containing POLYCHLORINATED BIPHENYLS (PCBs). This bans is enforceable upon individuals or entities manufacturing, importing, conveying, registering, selling and using raw materials or products containing POLYCHLORINATED BIPHENILS in the national territory, including power transformer and capacitor coolants and lubricants, fluorescent lighting ballasts, TV, refrigerator, and oven components and any other electrical appliance such as hydraulic fluids, plastic components, waxes and lining materials, ink additives, adhesives, carbonless copy paper, domestic use pesticides, vacuum pump fluids, lubes, gas powered turbines, etc. The RGA must verify power transformers installed in civil works are PCB-free.

Energy Legislation

Energy Efficiency Regulatory Act Nº 7447
This Act Nº 7447 enacted on November 3, 1994 aims to consolidate the State's involvement in promulgating and phasing in the Energy-efficiency Program. It proposes, also the establishment of efficient energy use mechanisms and supersede them when advisable, considering the protection of the environment. These are three-pronged mechanisms: Obligation to implement energy-efficiency projects in the most energy intensive companies, control on equipment and facilities that, in view of their generalized use, influence in the energy demand and the establishment of a user energy consumption monitoring system. The following entities are authorized for implementing the energy-efficiency program: the Ministry of Environment and Energy (MINAE), the Costa Rica National Power and Light Company (CNFL), the Costa Rican Electricity Institute (ICE), the Public Utilities Company of Heredia (ESPH) and Administrative Board of the Electrical Service

of Cartago (JASEC).

Cultural and Archaeological Resources Legislation

Protection of the National Archaeological Heritage Act Nº 6703 of December 28, 1981, published in the Official Gazette N° 12 of January, 19, 1982.
This law pursues the advocacy and preservation of the National Archaeological Heritage of Costa Rica. Article 1 states thereof that, "The National Archaeological Heritage refers to movable or immovable items or artifacts created by indigenous cultures prior or contemporary to the establishment of the Hispanic Culture in the national territory, as well as human remains, flora and fauna relating to these cultures".

Article 13 establishes thereof "in the event of chance finds during excavations of public or private works, including archaeological objects or artifacts by the owner or by a third party, works shall be suspended immediately and said objects or artifacts must be subject to the control of the *Dirección del Museo Nacional*. *Museo Nacional* shall within 15 days define how to organize the archaeological recovery works".

The environmental viability permitting requires a Project to meet requirements on assessment, prevention and mitigation of negative impacts on archaeological resources. This is a three-step process

- ✓ Archaeological inspection (D1/SETENA),
- ✓ Archaeological evaluation (sampling) and
- ✓ Archaeological Field Research

Environmental Sanctions and Crimes Legislation

Environmental Court Proceedings Regulations Executive Decree-25084 MINAE
The Article 103 of the Costa Rica Organic Act of the Environment establishes thereof the Environmental Administrative Court, a decentralized entity of the Ministry of Environment and Energy, responsible to sanction effectively those activities or omissions violating the environmental/natural resources laws. The principles that sustain this Court are orality, officiality, celerity and immediacy of the evidence; the court decisions cause exhaustion of remedies and are strictly enforceable. The court is responsible to hear and investigate environmental complaints filed. Not later than three days following the formal opening of the court proceedings, the Court shall notify the Respondent about the formal opening of ordinary investigation proceeding.

Occupational Safety & Hygiene Legislation

ILO Conventions approved by the Legislature of Costa Rica rank over the law, and below the Constitution. Hierarchically speaking, they are followed by laws and regulations governing the rights and obligations of Costa Rican workers. Regarding Guidelines, the "Occupational Health Council (CSO), as governing body, designs, promulgates and coordinates policies in order to lead occupational health promotion, prevention, education and research processes". Furthermore, it analyzes, updates and issues the national regulation for enhancing working conditions and workplace. Considering the foregoing, occupational health studies duly approved by the CSO Board by definite resolution, shall become administrative acts that may be general or particular technical recommendations, binding upon employers and employees.

Technical Criteria developed by the CSO Legal Affairs cover a range of different Occupational Safety, Hygiene and Environment issues in particular and different legal, regulatory and case law matters in general

within the Costa Rican Labor Right framework. They aim at guiding individuals having an employee – employer relationship towards the fact parties here understand the regulatory scope and enforcement of laws and regulations as they are regulations revolving around occupational health and thus, they must be cognizant of. When technical and legal criteria are approved by the CSO Board, they become binding upon parties.

ILO Convention 148. Protection of Workers against Occupational Hazards in the Working Environment Due to Air Pollution, Noise and Vibration

Ratified on June 16, 1981 by Law Nº 6550 on March 18, 1981, it pursues the adoption of measures in the working environment to prevent and limit occupational risks due to air pollution, noise and vibration and protect workers against said risks. It remarks the enforcement of these measures calls for the adoption of technical standards, and practical recommendations and other appropriate means.

Decree 25235-MTSS. Safety Regulations for Constructions
These regulations governs prevention actions guaranteeing workers' safety during construction works. The enforcement of these regulations upon contractors is critical. For instance, Article 4 states thereof:
"Works shall commence only when occupational safety and hygiene conditions are in place, in line with occupational risks that may arise. In any case, observe the following:

- ✓ Have identified the Safety Taskforce, the First-Aid Team and the Workplace Occupational Health Commission when relevant regulations require it. The enforcement of this paragraph shall take in consideration total workplace personnel.
- ✓ Hazardous and explosive substance storage or protection facilities must be found suitable.
- ✓ Accident-prone construction workers must wear appropriate PPE,
- ✓ Observe in full all the requirements set forth in the National Insurance Institute Occupational Risk Insurance Policy conditions.

Decree Nº 1. General Occupational Safety and Hygiene Regulations. 1967.
It refers to the minimum workplace conditions, whose application must adapt to different economic activities, considering geographic conditions, number of workers and financial constraints faced by companies. Employers must provide workers with restrooms, showers, toilet/handwashing facilities, canteen, first-aid kits, etc.

Law Nº 2 of 27/08/1943 Labor Code
This Code governs the rights and obligations of employers and employees in their labor relation.

Decree N° 13466-TSS. General Occupational Risks Regulations.
These regulations govern risks that the employee may be exposed to during the construction or operations of works to be funded. Employers must have workers insured at all times. Article 7 establishes thereof – The absence of occupational risk insurance empowers competent inspectors acting as representatives of Municipalities, Ministry of Labor and Social Security and National Insurance Institute, to order suspension of works or shutdown of the establishment. For that purpose, consider the nature of works, and their greater or lesser level of risk, as well as employer's history, either individual or entity.

Decree N° 18379-TSS. Occupational Health Commission's Regulations
Published in Official Gazette Nº 154 / 16-08-1988, it enlists the Occupational Health Commissions' organization and operation regulations in workplaces at least with 10 employees, in conformity with the provisions of Article 288 of the Labor Code thereof.

Industrial Hygiene Regulations Executive Decree Nº 11492
These regulations set forth the noise levels during daytime and nighttime, which must be considered when developing and operating projects, works or activities to be developed.

Noise levels are set per zone and day and night hours: Residential day hours 65 dB, residential night hours 45 dB; Commercial day hours 70 dB, commercial night hours 65 dB; Industrial day and night hours 75 dB; Quiet Zone day hours 50 dB, night hours 45 dB.

Annex 2: Program Environmental Management

Documents referred to in this Annex as **examples** of environmental requirements met by CCSS and instruments to be observed during tendering of works, their contracting and implementation, in addition to the *Regencia Ambiental* monitoring, consist of the following:

Examples of environmental requirements met by CCSS Projects:

- ✓ **Environmental Impact Assessment** for the new hospitalization service project
- ✓ **SETENA Environmental Viability Resolution** for EBAIS building
- ✓ **Environmental Compliance Affidavit**
- ✓ **Environmental Performance Bond (**security *held in the* Banco Nacional de Costa Rica *Escrow Account*.

Examples of tendering and contracts specifying environmental aspects:

- ✓ **Legal – Administrative Conditions** to contract directly "Professional Services to Arrange and Conduct an Environmental Impact Assessment before SETENA"
- ✓ **Technical Conditions for Construction Work Publicly Tendered** "Prequalification Phase for Construction and Equipment of CCSS Infrastructure Projects"
- ✓ **Technical Specifications** on the procurement of "transport and final disposal of hospital wastes (used drugs and medical supplies)"
- ✓ **Purchase Order** for "collection, transport, treatment and final disposal of chemical wastes"

Samples of bid documents for hiring professional services to develop *Regencia Ambiental*, *Regencia Ambiental* reporting, including measures to be conducted by the contractor of works, required to comply with the Project's Environmental Management Plan.

- ✓ **Legal – administrative conditions** governing direct procurement of "Professional Services to develop ***Regencia Ambiental*** to supervise structural retrofitting…"
- ✓ ***Regencia Ambiental* Report** on the "Structural Retrofitting Project…"
- ✓ **Environmental Management Plan Measures** Table for the "Building Project…"

Annex 3: CCSS Organizational Chart

Organizational Chart

Considering the characteristics of Health Insurance and Pension Fund Schemes managed by CCSS, there is a complex organizational structure directed and administered strategically by the Board of Directors, the Executive President and six Management Units, as appropriate.

Additionally, there is a supervision unit overseeing actions undertaken by the active administration.

CAJA COSTARRICENSE DE SEGURO SOCIAL
ORGANIGRAMA INSTITUCIONAL
31 DE DICIEMBRE 2011

SISTEMA POLÍTICO Y DE FISCALIZACIÓN

SISTEMA DE ADMINISTRACIÓN:

GERENCIAS

SISTEMA DECISORIO:

DIRECCIONES DE: SEDE, REGIONALES DE SUCURSALES Y REGIONALES DE SERVICIOS DE SALUD

SISTEMA OPERATIVO:

AREAS DE TRABAJO DE SEDE

HOSPITALES, CENTROS ESPECIALIZADOS, AREAS DE SALUD, ÁREAS DE TRABAJO REGIONALES Y SUCURSALES

JUNTA DIRECTIVA

AUDITORIA INTERNA

CONTRALORIA DE SERVICIOS DE SALUD

PRESIDENCIA EJECUTIVA

COMITÉ GERENCIAL TECNOLOGÍAS DE INFORMACIÓN

CONSEJO DE PRESIDENCIA Y GERENTES

GERENCIA MÉDICA

ASESORÍA Y APOYO TÉCNICO NAL. DESCONCENTRACIÓN Y JUNTAS DE SALUD

GERENCIA FINANCIERA

GERENCIA ADMINISTRATIVA

GERENCIA LOGÍSTICA

GERENCIA INFRAESTRUCTURA Y TECNOLOGÍAS

GERENCIA PENSIONES

CENTRO PLANIFICACIÓN INSTITUC. DE PROCESAMIENTOS ADMINISTRATIVOS

ASESORÍA LABORAL

REGIONALES DE SUCURSALES (**)

CONSEJO DE DIRECTORES REGIONALES

DIRECCIONES REGIONALES DE SERVICIOS DE SALUD (*)

RED DE SERVICIOS DE SALUD

GESTIÓN DE RED DE SERVICIOS DE SALUD

CENTROS ESPECIALIZADOS

CENTRO DE GESTIÓN INFORMÁTICA

SALUD INTEGRAL A LAS PERSONAS

SALUD COLECTIVA

REGULACIÓN Y AUTORIZACIÓN DE DIAGNÓSTICO Y TRATAMIENTO

DESARROLLO ESTRATÉGICO PARA EL DESARROLLO DEL RECURSO HUMANO

ADMINISTRACIÓN GENERAL

BIOÉTICA

DESARROLLO DEL FACTOR HUMANO

SISTEMAS DE INFORMACIÓN

GESTIÓN DE LA INVESTIGACIÓN

MEDICAMENTOS Y TERAPÉUTICA CLÍNICA

FARMACOEPIDEMIOLOGÍA

FARMACOVIGILANCIA

ESTADÍSTICAS DE SALUD

SOPORTE ESTRATÉGICO PARA LOS SERVICIOS DE SALUD

ANÁLISIS Y PROYECCIÓN DE LOS SERVICIOS DE SALUD

PROYECCIÓN DE LOS SERVICIOS DE SALUD

BENEFICIO POR RETIRO

AHORRO Y PRÉSTAMO

FRAP

FACTURACIÓN DE CUOTAS OBRERAS Y PATRONALES

REGISTRO Y CONTROL DE APORTACIONES

CENTRO DE GESTIÓN INFORMÁTICA

SICERE

ASEGURAMIENTO Y FISCALIZACIÓN (ACTIVA, INCIDENTES Y COMERCIO)

CONTROL CONTRIBUTIVO

GESTIÓN TÉCNICA

INSPECCIÓN

CONTABILIDAD FINANCIERA

CONTABILIDAD DE COSTOS

ADMINISTRACIÓN Y ASEGURAMIENTO DE BIENES

CONTABILIDAD DE INVERSIONES, ACTIVOS Y SUMINISTROS

TESORERÍA GENERAL

FINANCIERO CONTABLE

FORMULACIÓN DE PRESUPUESTO

CONTROL Y EVALUACIÓN PRESUPUESTARIO

PRESUPUESTO

ATENCIÓN DE PATRONOS

CONTROL DE LA MOROSIDAD

GESTIÓN COBROS A PATRONOS

GESTIÓN COBROS A TRABAJADORES INCIDENTES

COBROS

COBERTURAS DEL ESTADO

GESTIÓN DE RIESGOS EXCLUIDOS

COBERTURAS ESPECIALES

PLANIFICACIÓN INSTITUCIONAL

PLANIFICACIÓN TÁCTICA

PLANIFICACIÓN OPERATIVA

ACTUARIAL Y ECONÓMICA

ESTADÍSTICA

INVESTIGACIÓN ECONÓMICA

ACTUARIAL

ANÁLISIS FINANCIERO

ADMINISTRACIÓN Y GESTIÓN DE PERSONAL

DOTACIÓN DE PERSONAL

DISEÑO Y ADMINISTRACIÓN DE PUESTOS Y SALARIOS

RENDIMIENTO Y PRODUCTIVIDAD

INFORMACIÓN DE RECURSOS HUMANOS

BIENESTAR LABORAL

SALUD OCUPACIONAL

DESARROLLO LABORAL

COMUNICACIÓN ORGANIZACIONAL

COMUNICACIÓN DIGITAL

MERCADEO SOCIAL

COMUNICACIÓN Y EXTENSIÓN CULTURAL

COMPRA SERVICIOS DE SALUD

CENTRO DE GESTIÓN INFORMÁTICA

DESARROLLO ORGANIZACIONAL

ESTRUCTURA ORGANIZACIONAL

EFECTIVIDAD ORGANIZACIONAL

DESARROLLO DE LA CULTURA ORGANIZACIONAL

SERVICIOS INSTITUCIONALES

INVESTIGACIÓN Y SEGURIDAD INSTITUCIONAL

PUBLICACIONES E IMPRESOS

SERVICIOS GENERALES

ADMINISTRACIÓN DE EDIFICIOS

SISTEMAS ADMINISTRATIVOS

GESTIÓN CONTROL INTERNO

JURÍDICA (1)

GESTIÓN JUDICIAL

GESTIÓN TÉCNICA Y ASISTENCIA JURÍDICA

GESTIÓN NOTARIAL

TÉCNICA DE BIENES Y SERVICIOS

PLANIFICACIÓN DE BIENES Y SERVICIOS

LABORATORIO DE MEDICAMENTOS

REGULACIÓN Y EVALUACIÓN

APROVISIONAMIENTO DE BIENES Y SERVICIOS

ADQUISICIONES DE BIENES Y SERVICIOS

GESTIÓN DE MEDICAMENTOS

ALMACENAMIENTO Y DISTRIBUCIÓN

PRODUCCIÓN INDUSTRIAL

LABORATORIO PRODUCTOS FARMACÉUTICOS

LABORATORIO PRODUCTOS FARMACÉUTICOS EXPENDIO FARMACIAS

LABORATORIO ÓPTICO

CENTRO GESTIÓN INFORMÁTICA

LAVANDERÍA ZELADOR VENEGAS

LAVANDERÍA CENTRAL

FÁBRICA ROPA HOSPITALARIA

ARQUITECTURA E INGENIERÍA

PLANIFICACIÓN Y ACREDITACIÓN DE EDIFICACIONES

DISEÑO DE OBRA FÍSICA

CONSTRUCCIÓN DE OBRA FÍSICA

EQUIPAMIENTO INSTITUCIONAL

GESTIÓN TECNOLÓGICA

GESTIÓN DE EQUIPAMIENTO

MANTENIMIENTO INSTITUCIONAL

INVESTIGACIÓN Y DESARROLLO DE MANTENIMIENTO INSTITUCIONAL

MANTENIMIENTO DE INFRAESTRUCTURA Y EQUIPOS EN DISTRITALES

CONTROL DE CALIDAD Y PROTECCIÓN RADIOLÓGICA

CENTRO GESTIÓN INFORMÁTICA

ADMINISTRACIÓN DE PROYECTOS ESPECIALES

TECNOLOGÍAS DE INFORMACIÓN Y COMUNICACIONES (TI)

INGENIERÍA DE SISTEMAS

COMUNICACIONES Y REDES INFORMÁTICAS

SOPORTE TÉCNICO

SEGURIDAD Y CALIDAD INFORMÁTICA

INVERSIONES

COLOCACIÓN DE VALORES

ADMINISTRACIÓN DE CARTERA

FINANCIERA ADMINISTRATIVA

CONTABILIDAD

CRÉDITO Y COBROS

ADMINISTRACIÓN DEL RIESGO

CALIFICACIÓN DE LA INVALIDEZ

EVALUACIÓN DEL ESTADO DE INVALIDEZ

REGULACIÓN Y CONTROL DE LA INVALIDEZ

PRESTACIONES SOCIALES

SERVICIOS Y BENEFICIOS SOCIALES

CUIDADANO DE ORO

ADMINISTRACIÓN DE PENSIONES

CUENTA INDIV. Y CONTROL DE FAJAS

PENSIONES LVM

PENSIONES RÉGIMEN NO CONTRIBUTIVO

GESTIÓN DE INFORMÁTICA

HOSPITALES CON DESCONCENTRACIÓN (***)

ÁREAS DE SALUD CON DESCONCENTRACIÓN (***)

HOSPITALES

ÁREAS DE SALUD

CENTRO NACIONAL Y RED DEL DOLOR Y CUIDADOS PALIATIVOS

CLÍNICA OFTALMOLÓGICA

LABORATORIO NACIONAL DE CITOLOGÍAS

BANCO NACIONAL DE SANGRE

LABORATORIO DE GENÉTICA MOLECULAR HUMANA

GESTIÓN TÉCNICA REGIONAL

GESTIÓN INFORMÁTICA

SUCURSALES

G. Ambiental

A.G. Ambiental

A. Vulnerabilidad Sísmica

A. Protección Radiológica

A. Seguridad Humana

SIGLAS
CENDEISSS: CENTRO DE DESARROLLO ESTRATÉGICO E INFORMACIÓN EN SALUD Y SEGURIDAD SOCIAL.
FRAP: FONDO DE RETIRO, AHORRO Y PRÉSTAMO.
SICERE: SISTEMA CENTRALIZADO DE RECAUDACIÓN.

(1) DIRECTOR CON RANGO DE SUBGERENTE

(*) SIETE DIRECCIONES REGIONALES DE SERVICIOS DE SALUD, DISTRIBUIDAS EN EL TERRITORIO NACIONAL

(**) CINCO DIRECCIONES REGIONALES DE SUCURSALES, DISTRIBUIDAS EN EL TERRITORIO NACIONAL

(***) ESTABLECIMIENTOS DESCONCENTRADOS SEGÚN LEY # 7852.

LÍNEA DE AUTORIDAD FORMAL | LÍNEA DE ASESORÍA | LÍNEA DE DESCONCENTRACIÓN GEOGRÁFICA | RELACIÓN DE COORDINACIÓN ----- RELACIÓN DE CARÁCTER ADMINISTRATIVO CON LA GERENCIA MÉDICA

Elaborado por: Dirección de Desarrollo Organizacional

Annex 4: List of Institutions and Individuals Consulted

This Annex outlines the number of institutions and individuals consulted in drafting this ESSA in support of the "Strategic Agenda to Strengthen Health Insurance (SASHI)" during March and April 2015.

Insight Mission, April 20 – 24, 2015
First meeting chaired by Julia Lee, Paquita González Haug y Roger Valverde Jiménez, who joined us during the field trips on April 22 and 23
Logistics Management Unit
Eng Ovidio Murillo, Industrial Products Director, Logistics Management Unit
CCSS Distribution Centers
Miguel Antonio Salas, Head of CCSS Distribution Centers
Institutional Maintenance Directorate
Eng. Juan Cesar Rojas Aguilar, Institutional Maintenance Director, GIT
Infrastructure and IT Management Unit
Paquita González Haug
Roger Valverde Jiménez
National Children's Hospital in San José (HNN)
Dr. Olga Arguedas, HNN Director Adriana Romero, HNN EMC Coordinator Eng Pedro Murillo, HNN Maintenance Coordinator
Regional San Vicente de Paul Hospital, Heredia
Dr. Steven Campos, Hospital EMU Coordinator Eng. Aldo Proti, Head of Engineering & Maintenance Services
Centro de Atención Integral de Salud (CAIS) Puriscal
Luis Rubí, EM System and S&H Commission Coordinator Eng. Emilio Picón, Head of Engineering & Maintenance Services
Environmental Management Subarea
Dr. Rigoberto Blanco Sáenz
Roxana Sibaja Adams
MSc. Edgar Acuña Ulate
Dr. Guiselle Guzmán Saborío

Institutions and Individuals consulted for ESSA analyses during the Insight Mission, March 17 – 19, 2015.

Date	**Institution**	**Person Consulted**
March 18	CONASIDA CCSS Planning Directorate	Dr. Alejandra Acuña
March 19	Ministry of Health, Planning Department and CCSS Planning Directorate	Dr. Rosibel Méndez

Annex 5: Environmental and Social Context of the Program

Environmental Aspects

Costa Rica represents only 0.03% of the earth's surface (only 51.100 km^2). However the country is home to roughly 6% of the world's biodiversity. Its natural wealth, both in species and ecosystems, is partly explained by its geographical position.

Being located between the continental masses of North and South America allowed this country, for thousands of years, to be the bridge of countless species of animals and plants. Other factors to consider are the extensiveness of both coasts: the Caribbean Coast stretches for some 255 km while the Pacific Coast is 1103 km long; mountain ranges that accommodate diverse microclimates and the territorial sea covering 589,000 km^2.

The National Parks and Reserves System covers an area of 1,342 hectares, which represent 25.6% of the total country's surface. These areas include islands and beaches, rain and dry forests, active volcanoes, hot springs, caves, reliefs, river canyons and waterfalls. This biological heritage, product of million years of evolution, offers a spectacle of untransformed nature little or no domesticated at all. On the one hand, there are non-environmental services: firewood, wooden products, plants, barks, roots, leaves, seeds, fruits, flowers and others that have fed the culture, industry and scientific research. On the other hand, the environmental benefits: control of erosion caused by rain and wind, water and soil protection, carbon fixation and storage -which mitigates the greenhouse effect- and biodiversity understood as the variety of living creatures in a given ecosystem.

Costa Rica is signatory to 45 international environmental treaties (most of them ratified between 1990 and 2003). It has enacted a myriad of regulatory instruments such as the Ministry of Environment, Energy and Telecommunications Act (MINAET, 1993); the Environment Act (1995); the Forest Act (1996) and the Biodiversity Act (1998). Since the passing of the latter, environmental conservancy and sustainable management grew stronger. This law addresses the social demand for preserving and protecting biodiversity and threatened species. It also governs the social demand for conserving, protecting and using in a sustainable fashion biological resources in order to safeguard the quality of life of generations to come and the survival of natural heritage.

The Ministry of Environment and Energy (MINAE) and particularly the National System of Conservation Areas is responsible for managing the Costa Rican biological wealth. It is also responsible for preserving and promoting in a sustainable way the national biodiversity, concentrated mostly in primary and secondary forests, mangroves, wetlands and forest plantations.

The National Biodiversity Institute (INBio) was established as a non-profit private initiative in 1989. Its mandate refers to research, disseminate and promote the sustainable use of the biological diversity of Costa Rica. It has played a groundbreaking role in establishing international research agreements to explore chemical substances, genes, etc., found in plants, insects, marine organisms and microorganisms, that may be harnessed by pharmaceutics, medicine, biotechnology, cosmetics, nutrition and agriculture. This institution has received important awards, both nationally and internationally, including Premio Príncipe de Asturias (1995) and Tech Museum 2003: Technology Benefitting Humanity (2003). The INBioparque is an open public classroom that brings together biodiversity and scientific research, education and entertainment.

Social Aspects

The 4.5-million-inhabited Costa Rica tells us a successful development story covering multiple aspects. As upper – middle income country, Costa Rica has experimented steady economic growth throughout the past 25 years. These advancements have been positive for the entire country and they refer to healthcare services for all Costa Ricans, under an umbrella healthcare system that provides health care, water and sanitation nationwide.

The healthcare service component is two-fold: private and public sectors. Public sector is dominated by *Caja Costarricense de Seguro Social* (CCSS), an autonomous agency responsible for financing, procuring and delivering most of individual health care services. CCSS was created in 1941 to provide public health services, which eventually has become a Universal Healthcare Coverage program. Note that the Article 73 of the Constitution of Costa Rica defines the Social Security Objective: Protect employers and employees against risks associated to disease, disability, maternity, death and other contingencies in conformity with laws.

Since CCSS inception, the country has experienced a number of advancements such as the application of Constitutional Rights for protecting both blue-and-white workers against risks associated to disease, disability, seniority and death (1949); social security coverage expanded to social security account holder's relatives (1956); hospital management transferred from Health Board to CCSS under the General Health Act (which entitles all inhabitants of the country to health benefits in conformity with laws and regulations 1973); health reforms and creation of *Equipos de Atención Integral de Salud-EBAIS* (1992-1993); introduction of management commitments and hospital/clinic decentralization law and launch of Health Boards (1997-1998); Regulations on Enrollment of the self-employed and the Healthcare Regulations (2004-2006).

A number of entities have been created to join forces for enhancing the national healthcare system, including the *Oficina de Cooperación Internacional de Salud* (OCIS), which is primarily focused on pooling assistance that contributes to equal opportunities for male and female citizens, especially those living under the poverty line. This entity administers the *Fondo de Desarrollo Social y Asignaciones Familiares* proceedings (Act Nº 5662 of 1974), as well as other funds earmarked to public health enhancement programs and projects; the Ministry of Health – *Banco Nacional de Costa Rica*, which was created in 2002 jointly with *Banco Nacional de Costa Rica* to facilitate funds for programs and activities associated with construction, health infrastructure repair, research, technological development and human resource capacity building.

Annex 6: Indigenous Territories in Costa Rica 2011