



# Concept Environmental and Social Review Summary

## Concept Stage

### **(ESRS Concept Stage)**

Date Prepared/Updated: 01/05/2022 | Report No: ESRSC02536



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
South Africa	AFRICA EAST	P174259	
Project Name	South Africa COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/11/2022	4/29/2022
Borrower(s)	Implementing Agency(ies)		
Republic of South Africa	National Department of Health		

**Proposed Development Objective**

The project development objective is to support the Government of South Africa to purchase COVID-19 vaccines to reach the target population.

Financing (in USD Million)	Amount
<b>Total Project Cost</b>	<b>800.00</b>

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

No

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

The proposed project aims to support the Government of South Africa to purchase COVID-19 vaccines to reach the target population.

**D. Environmental and Social Overview**

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



South Africa is the southernmost country on the continent of Africa, and covers an area of 1,221,037 sq. km. It is an upper-middle income country that is still emerging from economic and racial inequality. The country is divided into nine provinces and has three capitals namely Pretoria (executive capital), Bloemfontein (judicial capital) and Cape town (legislative capital). South Africa has a multi-ethnic population size of approximately 60 million people with a Gini coefficient of 63. As of December 7, 2021, the country registered the highest number of infections (cumulative cases: 3.1M) in the continent and the highest cumulative deaths per million with more than 90,000 deaths. It has gone through three waves of COVID-19 with peaks reaching higher than that of the previous wave. Most recently, it has been hit by a fourth wave of COVID-19 infections driven by the Omicron variant.

The Government of South Africa (GoSA) put in place a COVID-19 Vaccine Strategy which follows a phased approach for roll-out and deployment of vaccines to reach about 70% of the population. Under Phase 1, health care workers (HCWs) were vaccinated through work-based at district level private and public hospitals, work-based through mobile teams traveling to facilities, and remote or facility-based vaccination centers (e.g., community pharmacies). Under Phases 2 and 3, the targeted population (target population in Phase 2 included essential workers, person in congregate settings (slums and refugee camps), persons >60 years, and persons >18 years with co-morbidities; in Phase 3, other persons >18 years were targeted; and phase 4 includes 12-17 years old.

In South Africa, despite robust health care policies and legislation, the quality of health care and capacity at public facilities at both provincial and district level, have been a challenge mostly due to human resource shortages, poor hygiene and infection control measures, shortage of equipment and poor waste management. Further, while there is a robust institutional and policy framework for COVID-19 response and vaccination roll-out, challenges associated with vaccine uptake, specifically in terms of access (e.g., distance to vaccination sites), demand for vaccine (e.g., misinformation affecting uptake, concerns about safety and efficacy of vaccines, etc), and capacity constraints (e.g., inadequate human resources to run vaccination programs and provide routine services and COVID-19 response in some districts, ICT constraints for reporting and setting up new sites) remain. Vaccine hesitancy in South Africa is lower than in countries like Kuwait, Italy, Russia, US, and France but higher than others like Ecuador, Malaysia and China. Within South Africa, there are also differences across socio-economic and demographic variables —households with high income levels, Black Africans and those with high awareness of COVID-19 related information tend to have lower vaccine hesitancy than other groups.

This Project will support the GoSA to procure COVID-19 vaccines to cover up to 70% of population as part of their COVID-19 Vaccine Strategy. It will include up to 100% retroactive financing for vaccines procured of which some has already been deployed (Component 1). The GoSA will finance deployment including risk communication and community mobilization, with support from other partners, as part of the GoSA's vaccination program. Existing coordination structures operating in the National Department of Health (NDoH) will be entrusted with coordination and monitoring of project activities, including environmental and social (E&S) management. In discussion with the GoSA, it may further support the strengthening of public structures for the coordination and management of the proposed project (Component 2) which will include capacity strengthening of existing structures to manage E&S risks by recruiting additional resources.

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

The country has a robust legislative framework and the government has adopted a multi-sectoral approach to containing and mitigating the spread of COVID-19 led by the South African NDoH. A National COVID-19 Command Council has been established alongside a COVID-19 strategy for containing and mitigating the spread of the virus. The vaccine rollout is led nationally in close co-ordination with Provincial Departments of Health (PDoHs) and the private



sector. Committees are established at various levels with the relevant stakeholders and expertise to coordinate the rollout of the various phases of the vaccine delivery. A National Vaccine Coordinating Committee based within the NDoH is responsible for overall coordination of vaccine roll out. The NDoH also has a well-established system in place for managing E&S aspects associated with the rollout of the national vaccination program that is in line with the WHO guidelines. Standard operating procedures (SOPs) for vaccine logistics from entry into the country, distribution, and storage have been developed. The SOPs consider the cold chain requirements of the different vaccines, and the NDoH uses a digital stock visibility system to monitor the real-time availability of vaccines and to proactively identify stock outs.

It is reported that public health care facilities at provincial and district levels faces a shortage in human resources and capacity. Capacity needs and challenges at provincial and district level will be further assessed as part of the E&S Review, and recommendations to strengthen capacity and close out gaps will form part of the Environmental and Social Management Framework (ESMF) and the Environmental and Social Commitment Plan (ESCP).

This is the first project that the NDoH will implement under the World Bank Environmental and Social Framework (ESF). The use of the borrower framework is therefore not being considered for this project. To facilitate the implementation of the project while building on the well-established system at the national level, the Bank will work together with the NDoH to strengthen components of its management systems to be in line with the Environmental and Social Standards (ESSs). Accordingly, a separate ESMF and SEP will be prepared for the project that builds on government’s existing mechanisms and strategies. Further, the existing implementation arrangements may be strengthened by supporting recruitment of additional capacity to assist with the implementation of the project.

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

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

Substantial

#### Environmental Risk Rating

Substantial

The proposed project supports the procurement (retroactive financing) of vaccines. Activities associated with the deployment of vaccines, although not directly financed under this project, are anticipated to have a potential environmental risk. The environmental risk rating for the project is considered to be Substantial at this stage due to the potential adverse impacts on the environment, occupational health and safety, and community health and safety risks that may arise from activities associated with the deployment of vaccines procured under the project. The scale of the vaccine deployment planned under the project is considered to be large, as deployment will take place on a national level with an aim to reach approximately 70 percent of the countries population. The Borrower is considered to have high capacity and has robust national systems in place to address the likely impacts associated with the deployment of vaccines. However, capacity challenges including occupational health and safety, inadequate waste management at facilities, poor hygiene, and infection control measures are reported to exist at the provincial and district levels. This is the first project that the NDoH will implement under the World Bank ESF and therefore it is anticipated that capacity building, especially at implementation levels in provinces and districts, will be required. The project will not support any civil works or expansion of existing infrastructure as all activities will take place within the existing facility and outreach site footprints. The direct and indirect environmental impacts and risks of vaccine procurement under Component 1 are associated with: (i) environmental pollution and community health and safety



associated with transfer, management, generation, and disposal of medical, healthcare, and general wastes related to the vaccines procured by the project; (ii) occupational health and safety risks associated with transfer, handling, administering, and disposal of vaccines procured under the project; (iii) occupational and community health and safety risks related to poor hygiene and infection control measures and poor waste segregation at storage, transfer, deployment, and disposal facilities related to vaccines deployed under the project; (iv) road accidents during transporting vaccines especially to rural areas with poor road infrastructure; and (v) community health related to potential deterioration of effectiveness of the vaccines from ineffective management of cold chain temperature regulations and logistics due to unreliability of electricity supply. Component 2 will support the strengthening of the existing public structures on a national and provincial level to coordinate, monitor, and evaluate the implementation of the project. Under this component, additional resources including E&S resources will be recruited, if/when needed, and therefore there are no impacts or risks associated with this component.

**Social Risk Rating**

Substantial

The anticipated social risks are ‘Substantial’ but the final risk rating will be decided after the review of the E&S management system and practices have been completed. Broadly, South Africa has a robust system to respond to COVID-19 and vaccine roll-out while also attending to different E&S risks and impacts. These include the National Infection Prevention and Control (IPC) Strategic Framework, National Plan for COVID-19 Health Response, COVID-19 Vaccine Rollout Communication Strategy, Vaccine Demand Creation Plan, among others. The GoSA has also adopted a multi-sectoral approach to contain and mitigate the spread of COVID-19 that is in line with WHO guidelines. A National COVID-19 Command and Control Council, comprising ministers from various departments, is responsible for leading intergovernmental coordination in relation to COVID-19 response, and a National Vaccine Coordinating Committee is established for overall coordination of vaccine roll out together with PDoHs and the private health care sector. Information, education, and communication materials, including posters and social media messages to promote registration for vaccination through the Electronic Vaccination Data System (EVDS); strategies to engage communities in combating mistrust and build public confidence in the vaccine; partnerships with community organizations, engaging trusted messengers/influencers at the local level; management of mis/disinformation on COVID-19 and vaccines tracked from social media; and establishment of call center, are all important part of the vaccine rollout and communication strategy. To ensure easy access, vaccines are administered in a variety of centers, including district-level private and public hospitals/facilities, vaccination centers, mobile teams, remote/facility-based vaccination centers (e.g., community pharmacies), outreaches (e.g., elderly home), work-based vaccination for essential workers. While advance registration through EVDS is strongly encouraged, walk-ins are allowed and informed consent is required prior to being vaccinated. For the uninsured, the cost of the vaccine and its administration is covered by GoSA, while the insured are covered by medical schemes. Additionally, Vooma vaccination vouchers (R200) have been introduced as incentives for individuals aged 50+. As of December 7, 2021, 26.6 million vaccine doses, have been administered, and approximately 37.5 percent of the total adult population has been vaccinated. There is however variation in vaccination status amongst different groups--females have a higher rate of COVID-19 vaccination compared to males; while less than a third of adults are fully vaccinated in Kwazulu-Natal, almost half of adults are vaccinated in Free State. Despite the robust framework, there are potential risks associated with vaccine deployment in South Africa including: (i) lack of inclusiveness and equity in access to vaccine-related information and the administering of vaccines; (ii) exclusion of marginalized/vulnerable groups on the basis of age, gender, race, ethnicity, religion, disability, social, civic or health status, sexual orientation, gender identity, economic disadvantages or indigenous status, etc., during vaccine deployment; (iii) political pressures to provide vaccines to groups that are not prioritized and/or misalignment of target groups with available vaccines; (iv) inadequate or conflictual public engagement and consultations; (v) social conflicts resulting from false

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rumors/misinformation about vaccines and mistrust in public health system; (vi) reprisals and retaliation against HCWs and researchers; (vii) lack of access to effective grievance redress mechanism; (viii) labor management and occupational health and safety-related risks to healthcare workers; and (ix) risks of sexual exploitation or abuse to project workers and beneficiaries.

## B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

### B.1. General Assessment

#### ESS1 Assessment and Management of Environmental and Social Risks and Impacts

##### **Overview of the relevance of the Standard for the Project:**

The project will support retroactive financing of vaccines under Component 1 while the GoSA with support from other partners will finance the deployment of the vaccines. The activities associated with the deployment of vaccines, although not directly financed under this project, will have particular relevance to the ESSs. These activities include: (i) generation, management and disposal of infectious and medical waste; (ii) transportation, cold chain supply and logistical arrangements for vaccine deployment; (iii) use of existing or temporary facilities for administering vaccines; (iv) occupational health and safety risks related to handling of infectious medical wastes, improper handling vaccines and medical supplies such as sharps by HCWs; (v) establishment of vaccination sites and outreach services; (vi) grievance redress mechanism, informed consent for vaccination, GBV/SEA/SH issues; (vii) communications strategy and community outreach programs; (viii) sufficient supply and adequate and equitable access to a safe and effective vaccine, including to marginalized and vulnerable groups (e.g., women, the elderly, people with disabilities, indigenous people/traditional local communities, Black South Africans, the illiterate and the poor ) and (ix) occupational health and safety risks and environmental impacts related to improper management and handling of waste at waste treatment facilities. In response to the COVID-19 pandemic, the GoSA has prepared procedures, guidelines, and toolkits for rolling out of the National COVID-19 vaccination program, which was reviewed, in addition to publicly available information on the management of health care waste in South Africa as part of the due diligence review.

The NDoH, the implementing agency for the project, will be required to undertake a 'Review of Environmental and Social (E&S) Management System and Practices Relating to the South Africa COVID-19 Vaccination Program' (hereafter referred to as the E&S Review) at the national, provincial and district levels to determine the effectiveness of the systems in place to manage E&S risk and impacts of vaccine storage and deployment and to identify potential gaps against the requirements of the relevant World Bank ESSs, World Bank Group General Environmental, Health, and Safety Guidelines (EHS), World Bank Group EHS for Health Care Facilities and relevant WHO guidelines. The findings from the E&S Review will be used to supplement the existing systems with additional instruments, particularly SEP and ESMF, prepared, reviewed, and cleared by the Bank, and disclosed, prior to project appraisal and Board approval, respectively.

The NDoH has developed SOPs for the management of vaccine and axillary waste in line with the requirements of WHO guidelines. Further, the COVID-19 Vaccine Strategy seeks to: (i) ensure sufficient supply and adequate access to a safe and effective vaccine to achieve population immunity; (ii) protect vulnerable population groups from acquiring COVID-19; (iii) contribute to South Africa's social and economic recovery following the negative impact of COVID-19; (iv) enhance South Africa's preparedness for response to future disease outbreaks; and (v) develop, with civil society,



a comprehensive communication program to address vaccine hesitancy and increase vaccine confidence. The Vaccine Implementation Guide and Toolkit provides guidelines for the management of transportation, logistics including cold chain and vaccine waste management in line with the WHO guidelines. As part of the E&S Review, the NDoH will assess accessible and equitable supply to safe and effective vaccines, the effectiveness of medical waste, cold chain and temperature management at the implementation level, communication and outreach strategy, including access to grievance redress mechanism.

The NDoH prepared criteria for selection of vaccination facilities and daily mapping of vaccine deployment routes and logistics; and the logistics and supply chain management, including distribution of vaccines, is contracted out to private firms in South Africa. To prevent and manage road accidents, the NDoH will need to prepare guidelines to ensure vehicles are inspected for roadworthiness, drivers are licensed and trained, and prepare an emergency procedure consistent with ESS 4 and the WBG EHS to address accident release of vaccines during road accidents are in place prior to deployment of vaccines as stipulated in the ESCP. The site selection and readiness procedure should be strengthened to include assessment emergency preparedness and evacuation procedures in line with ESS 4 and the WBG EHS. As part of capacity strengthening, the borrower will be required to ensure that at the provincial and district levels an adequate E&S monitoring plan and reporting template are prepared and implemented.

Infections and medical waste will need to be managed and disposed of appropriately as not to cause pollution or lead to health risks for communities. The main treatment method for medical waste in South Africa is incineration, which may contribute to the release of air pollutants. At present, there are 17 operational health care waste facilities of which 8 are incinerators and 9 are treatment and disposal facilities. Adequacy of medical waste management, including the available capacity of waste service providers and waste treatment facilities to deal with the anticipated additional waste, will be assessed as part of the E&S Review.

Based on the findings and recommendations of the E&S Review, the NDoH will prepare a standalone ESMF and a Stakeholder Engagement Plan (SEP) for the project that will be derived from the existing policies and frameworks in place in South Africa such as the Vaccine Implementation Guide and Toolkit, SOPs developed in line with the WHO guidelines, etc. The recommendations of the E&S Review will be used to further strengthen certain aspects such as waste management, transportation, and cold chain management practices, grievance redress mechanism, etc., to ensure that the country frameworks and operational modality are aligned with the ESSs and international good practices, and will accordingly be included in the SEP and the ESMF prepared for the project. The NDoH will prepare and submit for World Bank's review and clearance a Terms of Reference (ToR) for the E&S Review after concept review, and a detailed E&S Review report with an action plan before project appraisal. Likewise, the SEP and ESMF will be prepared, reviewed, and cleared by the Bank, and disclosed, prior to project appraisal and prior to Board Approval, respectively. Additionally, the ESCP will further set out specific commitments which the borrower will need to meet in order to ensure the project is undertaken consistent with the requirements set out in the ESSs.

**Areas where “Use of Borrower Framework” is being considered:**

Use of Borrower Framework is not being considered for the project.

**ESS10 Stakeholder Engagement and Information Disclosure**

COVID-19 vaccination program requires support and engagement from all the stakeholders, including vaccine recipients, workers/staff involved in administering the vaccines, local communities including vulnerable and



marginalized groups, and other interested parties. Lessons learned from the vaccine rollout in South Africa as well as similar emergency operations globally indicate risks of misinformation, vaccine skepticism, misconceptions about the benefits and risks of the COVID vaccine, lack of access to grievance redress mechanism, and inadequate public disclosure, consultations, and risks communication, especially to marginalized and vulnerable groups. To address these risks, the NDoH has developed a COVID-19 Vaccine Rollout Communication Strategy: Mapping the road ahead (2021) and a COVID-19 online resource and news portal which provides daily updates on vaccines deployment and a link to the EVDS among other useful monitoring data. The strategy supports the rollout of COVID-19 vaccines through (i) dissemination of timely, accurate, and transparent information about the vaccines and (ii) training of HCWs to communicate effectively with the clients. Additionally, in early October 2021, the President launched the Vooma campaign with the goal of vaccinating 70 percent of the population by the end of December 2021, and in November 2021, the GoSA started providing Vooma vouchers to specific target groups to incentivize vaccination. The purpose of Vooma vouchers (R100, now doubled to R200) is to ensure that as many people aged 50 and older get vaccinated.

As part of retroactive financing, the E&S Review that will be undertaken by NDoH with support from the WB will assess the existing systems for stakeholder consultations and public disclosure of information, and identify potential gaps against the requirements of the ESS 10, among others. Specifically, the E&S Review will consider the procedures used for identifying and engaging key stakeholders in meaningful consultations, access to grievance redress mechanism including for handling GBV/SEA/SH complaints, paying special attention to the inclusion of women, and vulnerable and disadvantaged groups (especially, women, the elderly, people with disabilities, indigenous people/traditional local communities, Black South Africans, the illiterate and the poor). The findings from the E&S Review will be used to prepare a SEP taking into account procedures and strategies for public disclosure of relevant project-related information, public consultations, risk communication, grievance redress mechanism to address project-related concerns, including measures for handling SEA/SH complaints.

The SEP will be prepared building on the existing instruments already in place such as the COVID-19 Vaccine Rollout Communication Strategy, the COVID-19 online resource, the existing news portal, and EVDS, etc. Additional consultations will be carried with relevant stakeholders, including beneficiaries, HCWs, and vulnerable groups, as part of the E&S Review and preparation of the SEP in a manner that is culturally appropriate and also free of manipulation, interference, coercion, discrimination, and intimidation. The SEP will outline: the ways in which the project team will communicate with stakeholders; disseminate information about the principles of prioritization of vaccine allocation and the schedule for vaccine rollout; outline the method and mechanism for reaching out to disadvantaged and vulnerable groups; measures that will be put in place to overcome demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy); and include a mechanism by which people can raise concerns, provide feedback, or make complaints about the project and any activities related to the project.

The SEP will be prepared, reviewed, and cleared by the Bank, and disclosed prior to Project Appraisal.

## **B.2. Specific Risks and Impacts**

**A brief description of the potential environmental and social risks and impacts relevant to the Project.**

### **ESS2 Labor and Working Conditions**





ESS2 is considered relevant since the project will use direct workers, civil servants employed by GoSA, and contracted workers from the private sector and civil society. Most activities supported by the project will be conducted by direct workers of the Project, such as healthcare workers and civil servants employed by GoSA, the private sector, and civil society organizations (CSOs), for the deployment of COVID-19 vaccines, community campaigns, and outreach services. The key risk for the project workers (primarily direct and contracted healthcare workers) is exposure to the COVID-19 virus or other contagious diseases which can lead to illness and death of workers. High-risk environments include hospitals, vaccination centers, health care centers, and the broader community where project workers may be exposed to the virus. Project workers are also at higher risk of psychological distress and fatigue due to the nature of their work, and there could also be some SEA/SH risks associated with labor. In line with ESS2 and GoSA laws, the use of forced labor and the use of child labor for any person under the age of 18 in hazardous work situations (e.g., in health care facilities) is prohibited.

If not properly segregated at source, or if sharps and infectious materials are not properly handled, segregated, and disposed of, it may pose an occupational health and safety risk to workers and community members visiting the facilities. The NDoH has developed waste SOPs in line with the requirements of the WHO guidelines for the management of waste at health care facilities including personal protective equipment (PPE) requirements that should be followed. Further, the NDoH has teamed up with the South African Vaccination and Immunization Centre at the Sefako Makgatho Health Sciences University and other support partners to package a short course, with tools, to prepare vaccinators to implement the COVID-19 vaccination. Partners (e.g., WHO) have also provided training for specific topics such as safety surveillance and causality assessment, and adverse events following immunization (AEFIs) management.

The E&S Review will consider the measures in place to ensure occupational health and safety of workers, including infection control precautions, adequate supplies of PPE, measures to prevent SEA/SH, and safety training materials. In addition to the requirements under ESS2, the World Bank Group's EHS, the EHS for Health Care Facilities, and other Good International Industry Practices will be used to benchmark these procedures in the E&S Review. The findings of the E&S Review will be used to strengthen existing occupational health and safety measures, including emergency preparedness and response measures, if required, in the form of a separate Labor-Management Procedure (LMP) in the ESMF, to better align them with WHO guidelines on COVID-19 and vaccination and the World Bank Group's EHSs and the EHSs for Health Care Facilities. The NDoH will also ensure a non-discriminatory, decent work environment including ensuring that all HCWs adhere to the WHO Code of Ethics and Professional Conduct. A worker Grievance Redress Mechanism will be established and operated, if not available, through the existing grievance mechanisms of GoSA. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally. All these will also be reflected in the LMP prepared as part of the ESMF.

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

ESS3 is considered relevant to the project activities at this stage. The waste anticipated to be generated during the deployment of vaccines could potentially lead to environmental degradation. Medical and general waste are expected to be generated during the deployment and administering of the vaccines. Medical waste may consist of expired, obsolete, or unusable or empty vaccine vials, medical sharps, swabs, infectious waste, and PPE. The improper handling, transporting, and disposal of medical waste may pose safety risks to healthcare workers and



waste handlers and may lead to contamination of soil and groundwater, and more importantly, pose serious health risks to communities. At the national level, the NDoH has developed standard operating procedures for medical and vaccine waste management which have been prepared in line with the WHO guidelines, local legislation, and the Health Professions Council of South Africa (HPCSA) guidelines for the management of medical and COVID-19 vaccine waste. To prevent unnecessary vaccine waste generation, the NDoH has implemented an electronic stock tracking and recording system which follows the first in first out principles and which utilizes digital temperature monitoring devices for temperature control on its cold chain equipment. The national procedure for medical and vaccine waste management requires the preparation and implementation of waste management procedures on a provincial and district level. According to the national procedure for medical and vaccine waste management, designated Health Care Waste Champions should be appointed at each health care facility who is responsible for coordinating waste management and disposal of the facility. At the provincial and district level, proper management of waste at the facility itself has posed some challenges, with waste segregation and correct disposal methods not meeting requirements set out in the national procedure. Poor waste management including proper segregation and correct disposal practices at health care facilities result in most medical waste being treated as infectious waste requiring incineration. Provincial and district health services are required to contract medical waste service providers, mostly private companies which are licensed under the national legislation to manage and dispose of medical waste. According to the waste procedures, waste manifest and disposal records are to be prepared, obtained, and kept from the service providers. Waste information is captured on a central governmental waste information system.

South Africa currently has 17 operational health care waste facilities of which 8 are incinerators and 9 are treatment and disposal sites licensed to treat health care waste. These facilities are mostly operated by private waste management companies which are required to comply with strict legislative requirements such as detailed record-keeping of the waste management chain and air emissions. Incineration of waste is likely to contribute to air pollution within the immediate vicinity of the incinerators. Licensed incinerators are required to report on emissions on a monthly basis in terms of the legislative requirements.

Due to the sensitivity of some vaccines to temperature fluctuations, the NDoH will need to make sure adequate cold chain equipment and logistics are in place. The installation of additional cold chain equipment is likely to lead to additional pressure on the electricity grid due to the additional demand. The cold chain relies on refrigerants and insulation materials that could contribute to greenhouse gas (GHG) emissions. It is not anticipated that the project will contribute to a significant amount of GHG emissions from the cold chain. Should additional cold-chain equipment be required emphasis must be placed on procuring energy-efficient and chlorofluorocarbon-free equipment. The NDoH has developed procedures at the national level which addresses criteria for selecting cold chain and preparing cold chain equipment and management of temperature excursions. The deployment of the vaccines is not likely to lead to a significant impact on water use or use of raw materials and therefore there is no need for it to be assessed.

The E&S Review will assess compliance of waste management and cold chain supply in line with the requirements of ESSs and WBG EHS for Health Care Facilities on both Provincial and District levels. The E&S Review will also provide due diligence to the existing policies, guidelines, and systems in place. The NDoH will be required to ensure that areas identified by the E&S Review to be in need of strengthening and improvement will be addressed. The need to develop procedures for infection control and waste management will be identified upon completion of the E&S Review, and if needed, included in the ESMF prepared for the Project.



### ESS4 Community Health and Safety

ESS4 is relevant to the project activities at this stage. The deployment of the vaccines procured by the project will: (i) require transportation of the vaccines which may contribute to road traffic accidents, (ii) utilize existing facilities or temporary facilities (tents) during administering vaccines which may lead to poor social distancing, safety risks or may not be easily accessible to elderly or persons with disabilities, (iii) generate infectious and medical waste that may pose a serious health risk to communities if not properly managed and disposed of, (iv) need to ensure fair, equitable and inclusive policy for in-country vaccine access and allocation, including informed consent for vaccination; and (v) need to ensure that administering of vaccination is free of any reprisals and stigma towards HCWs and researchers.

In terms of vaccination procedures and protocols, the government has put in place several policies and strategies such as the National IPC Strategic Framework, National Plan for COVID-19 Health Response, COVID-19 Vaccine Rollout Communication Strategy, Vaccine Demand Creation Plan, among others, and also adopted a multi-sectoral approach to contain and mitigate the spread of COVID-19 that is in line with WHO guidelines. Further, a National Vaccine Coordinating Committee has been established for the overall coordination of vaccine rollout together with PDoHs and the private health care sector. The GoSA is responsible for sourcing, distribution, and oversight of the vaccine roll-out, and as the sole purchaser of vaccines, the government is also responsible for vaccine distribution to provincial governments and the private sector. The COVID-19 Vaccine Strategy follows a phased approach for roll-out and deployment of vaccines, beginning with the HCWs in phase 1; essential workers, person in congregate settings such as slums and refugee camps, persons >60 years, persons >18 years with co-morbidities in Phase 2; other persons above 18 years of age in Phase 3; and those between 12-17 years of age in Phase 4. A national register for COVID-19 vaccinations, the EVDS, based on a pre-vaccination registration and appointment system, has been established. Individuals have to register on the system to get an appointment, though walk-ins are also allowed. The COVID-19 vaccinator provides access to information on what to expect when being vaccinated and how to prepare for this, information on accredited vaccination sites nationwide where vaccinations will be administered (including, private hospitals, corporate and independent pharmacies, occupational health sites (including mines, manufacturing sites), non-health sites, and GPs in some instances), and the location of dedicated vaccination sites, reminders of upcoming dose, and access to a digital version of vaccination card for safekeeping. Individuals have to present their unique code (received through SMS), their original ID document, valid driver's license, passport, or affidavit at the vaccination site to get vaccinated. To help vulnerable citizens (this includes the elderly, the homeless, and those who live in deep rural areas that are difficult to reach) who do not have access to the internet or digital technology, the NoDH has been sending out mobile teams to help with the registration and also to educate and raise awareness on vaccination in the community. While registration through the EVDS is strongly recommended, those who are unable to register are also allowed to simply go to the nearest vaccination center to be registered on the spot, and walk-ins to get vaccinated are also open. Vaccination in South Africa is based on informed consent and the government has not yet introduced any policy of mandatory vaccination and forced vaccination has not been practiced in South Africa.

To complement the vaccination program, South Africa continues to implement their non-pharmaceutical preventing measures to contain the spread of COVID-19 as reflected in the 'Core lockdown regulations' and 'Risk-Adjusted Strategy.' While 'stay at home' orders, restrictions on public gatherings, and banning of inter-household contact were adopted during the initial stages of the pandemic, the following are common social control measures that are being practiced depending on the national lockdown alert levels: entry and exit screening at borders; ban/limitation of



mass gatherings; closure/limitations of institution and business activities which included the closure of entertainment establishments, schools, higher tertiary institution, non-essential services; ban/limiting of alcohol and tobacco industries, later banning/limiting liquor license operating hours; isolation, quarantine of potentially infected persons and contact tracing protocols through testing programmes; use of PPE for HCWs (high type variation including isolation PPE), essential services (moderate type variation) and the general population (low type variation in general masks); and hygienic protocols including social distancing, widespread use of sanitizer and frequent hand washing. Core lockdown regulations in South Africa require the use of face masks in public places but do not impose penalties for non-compliance.

With regards to vaccine deployment, on a national level, the NDoH makes use of logistics companies for bulk deployment of vaccines from main depot facilities to the health care facilities for further distribution, while on a provincial and district level vaccines outreaches are done using government medical vehicles. The NDoH Vaccine Implementation Guide and Toolkit contains a procedure for mapping vaccination sites and routes and makes provision for daily road mapping for mobile outreach teams, logistic arrangements for hard reach rural areas and transportation of HCWs, etc. The NDoH should ensure that logistic companies make provision for adequate planning of deployment routes for depots to primary facilities and that vehicles used for the deployment of the vaccines and transportation of HCWs are in roadworthy conditions, that drivers are licensed and appropriately trained, and that emergency procedures in the event of a road accident and accidental release of vaccines into public areas as a result. The NDoH should therefore ensure that conditions mitigating logistic risks are incorporated in the contractual agreements with logistic companies and that the necessary logistic, vehicle inspection, and maintenance procedures and drivers training are implemented at a provincial and district level. The NDoH will make use of existing facilities including healthcare, churches, community centers, sports facilities as far as reasonably possible during community outreaches. Facilities to be utilized for administering vaccines are assessed and approved in accordance with the vaccination site approval guidelines and site readiness checklist. Facilities must register on the master facilities list according to the Vaccine Implementation Guide and Toolkit. The facilities readiness checklist makes provision for accessibility, ventilation, cold chain, and social distancing. Poorly constructed temporary facilities (tents) or facilities that do not meet the building code may pose a serious safety risk. The NDoH will be required to strengthen the existing vaccination site approval guideline and site readiness checklist by making provisions for assessing or confirming structural integrity of temporary facilities and adequacy of emergency preparedness (evacuation routes, assembly points, fire fighting equipment, adverse weather conditions, etc.) of vaccine facilities in line with the requirements of ESS 4 and the WBG EHS general guidelines (Occupational Health and Safety and Community Health and Safety). To prevent potential health risks associated with improper management and disposal of infectious and medical waste; the NDoH will be required to comply with the national waste management procedure and requirements as set out under ESS3.

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

This standard is currently not relevant. Project activities requiring land acquisition and/or physical and economic displacement will not be eligible for financing under the Project. If any temporary tents and vaccination sites are required as part of the GoSA's deployment activities, they will be limited to existing footprints of existing facilities or limited to land within GoSA ownership. In the event that any proposed deployment activity by the GoSA requires leasing of temporary sites, provisions for agreements/leasing of temporary sites will be included in the ESCP and be implemented.



**ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources**

ESS6 is considered not relevant to the project activities at this stage. The project will not support construction activities that may impact Biodiversity Conservation and Sustainable Management of Living Natural Resources. Improper disposal of waste generated as part of the deployment of the vaccines could negatively impact on natural environments. Mitigation measures to prevent impacts to the environment during waste management and disposal are discussed under ESS3.

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

ESS7 is considered relevant since the vaccination roll-out will affect several traditional local communities, collectively known as Khoi-San that fulfill the four criteria under ESS7. The E&S Review will consider the access of these groups to healthcare; the extent to which these groups have been consulted during the vaccine rollout; the communication program and vaccine deployment strategies are culturally appropriate and sensitive to their language needs; whether there are adequate measures in place to ensure that these and other vulnerable and marginalized groups have been able to benefit from the vaccine program and other project-related activities; and determine that vaccination amongst these groups is voluntary. Based on the findings of the E&S Review, the ESMF and SEP will include measures for working with community representatives and civil society organizations to ensure that these groups are consulted and are able to participate in project design and implementation, and also included in project activities and benefits in a culturally appropriate manner. Specifically, an Indigenous Peoples Plan or a Vulnerable Groups Plan will be prepared as part of the ESMF while the SEP will include specific measures to ensure meaningful consultations with these groups throughout project design and implementation, and the grievance mechanism established for the project is culturally appropriate and accessible to the affected indigenous peoples and/or other traditional local communities.

**ESS8 Cultural Heritage**

ESS8 is not relevant to the Project currently as the limited civil works within existing facilities are unlikely to affect tangible or intangible cultural assets.

**ESS9 Financial Intermediaries**

ESS9 is not currently relevant to the Project as Financial Intermediaries will not be used.

**B.3 Other Relevant Project Risks**

No other impacts are considered.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways**

No

Public Disclosure



**OP 7.60 Projects in Disputed Areas**

No

**III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE**

**A. Is a common approach being considered?**

No

**Financing Partners**

Common approach is not being considered.

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

**Actions to be completed prior to Bank Board Approval:**

1. Prepare and submit for Bank review and clearance a Terms of Reference for conducting a ‘Review of Environmental and Social (E&S) Management System and Practices Relating to the South Africa COVID-19 Vaccination Program’ (hereafter referred to as E&S Review) after project concept review.

2. Conduct an E&S Review and prepare an E&S Review report with an action plan and timeframes to address gaps before Project Appraisal.

3. Carry out stakeholder consultations and prepare a SEP building on the government’s existing communication strategies and frameworks, prior to Project Appraisal. The SEP will include additional measures for strengthening communication, feedback mechanism, grievance redress procedures, etc., based on the findings of the E&S Review.

4. Prepare an EMSF based on the E&S Review findings that will among others include separate chapters on LMP, GBV Action plan, Indigenous Peoples/Vulnerable Groups Plan, traffic management, waste management, E&S monitoring, etc., prior to Board Approval.

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

The NDoH will be required to:

1. Prepare and submit for Bank review and clearance a Terms of Reference for the recruitment of additional E&S support, if required. Include the developed ToRs and a hiring timetable in the ESMF as an Annex.

2. Prepare an implementation E&S monitoring plan and reporting template as part of the capacity strengthening under Component 2. Include the basic template in the ESMF as an Annex.

3. Prepare guidelines to ensure vehicles are inspected for roadworthiness, drivers are licensed and trained and prepare an emergency procedure consistent with ESS4 and the WBG general EHS to address accident release of vaccines during road accidents. Include the guidelines in the ESMF as an Annex.

4. Update the site selection and readiness procedure to include assessment emergency preparedness and evacuation procedures in line with ESS4 and the WBG general EHS. Include the procedure in the ESMF as an Annex.

Public Disclosure



5. Implement and update the ESMF and the SEP by the due dates stipulated therein. Incorporate the suggestive measures and actions derived from the E&S review in the ESMF.

**C. Timing**

**Tentative target date for preparing the Appraisal Stage ESRS**

28-Feb-2022

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Republic of South Africa

**Implementing Agency(ies)**

Implementing Agency: National Department of Health

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s):	Yi-Kyoung Lee, Toni Lee Kuguru, Thulani Clement Matsebula
Practice Manager (ENR/Social)	Africa Eshogba Olojoba Recommended on 05-Jan-2022 at 05:01:48 GMT-05:00
Safeguards Advisor ESSA	Maria Do Socorro Alves Da Cunha (SAESSA) Cleared on 05-Jan-2022 at 10:50:25 GMT-05:00

