



Project Information Document/ Identification/Concept Stage (PID)

Concept Stage | Date Prepared/Updated: 17-May-2022 | Report No: PIDC247005



BASIC INFORMATION

A. Basic Project Data

Project ID	Parent Project ID (if any)	Environmental and Social Risk Classification	Project Name
P176767		Moderate	Timor-Leste COVID-19 Response and Health System Preparedness Project
Region	Country	Date PID Prepared	Estimated Date of Approval
EAST ASIA AND PACIFIC	Timor-Leste	17-May-2022	
Financing Instrument	Borrower(s)	Implementing Agency	
Investment Project Financing	DEMOCRATIC REPUBLIC OF TIMOR LESTE	Ministry of Health	

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PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	5.00
Total Financing	5.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	5.00
Health Emergency Preparedness and Response Multi-Donor Trust	5.00

B. Introduction and Context

Country Context

Timor-Leste is a young small nation that has successfully maintained peace despite a history of conflict and violence. The country shares borders with Indonesia (land and sea) and Australia (sea), and currently has a population of about 1.3 million inhabitants. Timor-Leste has been classified as a lower-middle-income country since 2007, mainly due to offshore petroleum income. It is also categorized as a country with Fragility, Conflict and Violence (FCV). While its FCV status is predominantly due to weak institutional capacities, the country also has a history of conflict and violence.



While the country has made progress in improving living standards, there is still significant progress to be made on reducing poverty and building human capital. The proportion of Timorese living in poverty declined from 50 percent in 2007 to an estimated 42 percent in 2014. Investments in human capital are directly linked to Timor-Leste's future growth, productivity, and competitiveness. In 2017, the Human Capital Index for Timor-Leste stood at 0.43, significantly lower than East Asia and the Pacific's regional average of 0.61.

Sectoral and Institutional Context

While Timor-Leste has made progress on key population health outcomes, such as life expectancy, mortality rates, and control of infectious diseases over the past two decades, coverage of essential health services remains uneven and overall health service utilization is low. Malnutrition remains a severe problem, and stunting rates remain among the highest in the world: almost half of all Timorese children under five are stunted. Rural and poor households continue to receive poorer quality care than their urban and wealthier counterparts, especially in the primary health care setting. There are also continuing challenges with infectious diseases: the incidence of tuberculosis is still high (498 per 100,000 population) and is one of the highest causes of hospital deaths in the country. These factors leave Timor-Leste's population at risk of adverse impacts to their health in the event of a health emergency.

COVID-19 in Timor-Leste

While Timor-Leste did not see many COVID-19 cases in 2020, there was a surge of cases in the first half of 2021 and there are concerns that the virus will continue to spread. Most COVID-19 cases reported in 2020 were associated with international travelers testing positive during quarantine. The swift implementation of public health measures and voluntary changes in behavior helped prevent an outbreak in the early stages of the global pandemic. However, a surge in cases in West Timor (Indonesia) towards the end of 2020 and a porous land border – permitting uncontrolled arrivals – led to a rising number of cases. Flash floods in early April further undermined efforts to contain the virus. Reported cases of COVID-19 have increased considerably since early March 2021, raising concerns about the impact of the disease on the population, the health system, and economic activity. At the time of writing in February 2022, Timor-Leste is in the third transmission wave of COVID-19 primarily driven by the Omicron variant. The country had a total of 22,636 confirmed COVID-19 cases and 127 deaths as of February 26, 2022.

The COVID-19 outbreak has strained Timor-Leste's public service delivery systems that already struggles to deliver basic health and nutrition services. The surge in COVID-19 cases, compounded by severe flooding in April 2021, and the need to rapidly vaccinate the population, has created a complex challenge that has overwhelmed capacity. Testing capacity was stretched in mid-2021, and new locations with makeshift facilities have since been designated as quarantine and isolation facilities – and even these filled up rapidly, requiring some confirmed COVID-19 cases to self-isolate at home. Throughout 2020, routine health services such as immunization, maternal and child health services, and treatment for other health needs were



disrupted due to the increased attention on COVID-19. In addition, fear of COVID-19 has also led to reduced care seeking behavior and thus decreased access to and utilization of health services.

The Government of Timor-Leste (GoTL) has taken significant measures to respond to the pandemic. Upon declaration of state of emergency by the President on March 28, 2020, which was subsequently renewed several times, restrictive measures were taken, including the suspension of nonessential public activities, school activities, public gatherings, and public transport. Borders have been closed as well. An Inter-Ministerial Commission was established to coordinate the response to COVID-19. On April 20, 2020, Parliament approved a special draw of US\$150 million from petroleum reserves to establish a COVID-19 Fund to swiftly respond to the pandemic. A Crisis Management Committee was appointed, and COVID-19 response efforts have been consolidated under the National COVID-19 Contingency Plan. Under the leadership of Ministry of Health (MOH), a Health Emergency Operations center was established as a coordination hub of operations, information and communication during public health emergencies. The center is also expected to facilitate improvement to plans and procedures for emergency management and capacity building for emergency response through training and simulation exercises. With support from development partners, Ministry of Health also has developed laboratory capacity both in terms of equipment and human resources.

The COVID-19 vaccination program is currently underway. The Council of Ministers approved the COVID-19 Vaccine Deployment Plan (NVDP) for Timor-Leste in February 2021. According to the NVDP, vaccination is not mandatory, however it is strongly recommended and encouraged. The program aims to vaccinate the population in three phases: Essential frontline personnel in Phase 1 (~40,000 individuals); the elderly above 60 years of age, those with comorbidities and other priority group in Phase 2 (~223,000 individuals); and the general population in Phase 3, which includes those aged 18 to 59 (630,265 individuals) and those aged 12 to 17 (424,115 individuals) (Table 1). Vaccines for Phase 1 and part of Phase 2 were obtained through the COVAX facility, while vaccines for the remainder of the eligible population have largely been provided through donor support so far. As of January 31, 2022, 1,445,270 doses have been received these include 28 percent (all AstraZeneca) vaccines were offered from the COVAX facility, 55 percent (including Pfizer being used for adolescents) from Australia, 9 percent from Portugal and 7 percent of Sinovac, offered by China and more recently over 160,000 doses of Pfizer supported by USAID. On 7 April 2021 vaccine campaign commenced for persons over 18 years old. On October 27, 2021, Pfizer vaccinations started for children 12 to 17 years old. On January 4, 2022, booster vaccination commenced for priority populations if they had received their second dose at least 4 months earlier. Vaccinations are being administered at several government buildings, including health posts, community health posts, local community leaders' offices, door to door, and in schools. Based on NVDP, all COVID-19 vaccines being used in Timor-Leste's vaccination program have received WHO Emergency Use Listing approval. Though this project (through component 1) primarily supports deployment of vaccines and does not finance any vaccine purchases, all vaccines being deployed with support from this project meet the World Bank's vaccine approval criteria.

Table 1: Priority Groups for Vaccination

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[Ranking of vulnerable group, or inclusion in which phase]	Population group	Number of people	% of population
20% priority population using COVAX facility			
First	Frontline essential workforce	40,000	3%
Second	Population with co-morbidities	66,558	5%
	Total Population over 60 years	104,000	8%
	Other priority groups (other essential staff and officials such as quarantine staff, parliamentarians, Suco and Aldeia chiefs and other appropriate personnel to be considered for priority vaccination)	52,998	4%
Remaining 80% population largely support by donor (Australia, Portugal, China, USAID)			
Three	Population between 18 and 59 years	630,265	48%
	Population between 12 and 17 years	424,115	32%

The Government of Timor-Leste has made significant efforts to ramp up capacity for COVID-19 vaccine deployment. An update of the COVID-19 Vaccine Introduction Readiness Assessment Tool found Timor-Leste to have successfully achieved most of the domains necessary for vaccine deployment. Planning and coordination are led by the National Technical Working Group for COVID-19 and documented in the National Deployment and Vaccination Plan, including budget estimates for initial stages of vaccine deployment. Target groups were identified using a risk-based approach, prioritizing frontline workers, the elderly, and border districts (due to high probability of virus introduction and community transmission via land border with Indonesia) first. Surveillance efforts have been stepped up through the development of guidelines, procedures, and tools for COVID-19 and vaccine pharmacovigilance, as well as protocols for managing Adverse Events Following Immunization (AEFI), supported by WHO. Cold chain requirements were assessed and ramped up (including ultra cold chain for Pfizer vaccines) at the central medical store and there are ongoing efforts to improve cold chain equipment at the municipal level.

Nonetheless, there are financing gaps in the COVID-19 vaccine deployment plan, for which Ministry of Health (MOH) is seeking support from external partners. There are outstanding needs especially for the current Pfizer vaccine rollout. These include operating costs for vaccine deployment such as logistics and transportation costs, and operating costs associated with monitoring and evaluation. Demand generation and community mobilization – despite substantial efforts from the GoTL and partners on communication via radio, print materials, and other media – is still relatively weak, and requires additional and continuous effort, especially as new brands and types of COVID-19 vaccines are rolled out. Additional activities and costs



required for demand generation and community mobilization include advocacy meetings and door-to-door outreach. Other outstanding needs include Information and Communications Technology (ICT) infrastructure, mobile cold chain equipment (e.g., refrigerated vehicles), multi purpose vehicles for monitoring as well as patient transport, and vaccine supplies.

Pandemic Preparedness and Response Readiness

The COVID-19 pandemic and natural disasters have also revealed inadequacies in the country's preparedness for responding to health emergencies. Timor-Leste has been assessed to have relatively weak systems for pandemic preparedness and response readiness. The 2018 Joint External Evaluation (JEE) of International Health Regulation Core Capacities highlighted the need to develop comprehensive multisectoral emergency response plans for all public health hazards, and to identify options for accessing surge capacity. It also recommended conducting a public risk assessment and resource mapping for all public health hazards. On response capacities, there is a need to strengthen emergency service delivery modalities, response coordination mechanisms, public financial management systems to respond to an emergency situation, to develop a program of exercises and after-action reviews across all hazards, and strengthen health system and laboratory capacity. These capabilities were tested during COVID-19 and were found to have come up short, constraining the effectiveness of the COVID-19 response. Given the longstanding history of weak health systems, as well as the geographical terrain creating added complexities for the health system, these challenges will often need innovative solutions that are suitable for the country's context, capacity and needs.

While efforts are made to develop comprehensive plans and protocols for better pandemic preparedness, implementation especially at the subnational level is lagging on several fronts. There has not been adequate implementation of simulation exercises, behavior change communication for better risk mitigation, capacity building, and efforts to better connect health and nutrition services with communities to build stronger resilience. Enhancing capacity of health personnel, including frontline health workers, quarantine and surveillance staff, as well as subnational level authorities to better plan, monitor and conduct simulation exercises, are therefore critical.

There are also supply-side constraints at frontline levels to better prepare for future emergencies. A recent rapid health facility assessment conducted by the MOH with support from the WHO[1] revealed that only 31 percent of the community health centers visited were prepared for isolation, of which half were not adequately equipped. Personal protective equipment items, masks and gloves, disinfectants or hygiene supplies were generally out of stock. As for essential medicines and basic medical equipment, only 17 percent of health centers had the three basic items (stethoscopes, oximeters, and thermoscans). Staffing was generally insufficient and staff poorly trained: training on cleaning/disinfecting, patient transfer, and waste management were done in 15.7 percent, 35.7 percent, and 11.4 percent, respectively, of all health facilities visited. These findings highlight the increased need to equip front line levels with adequate human resources and supplies to manage surge capacity, including rapid procurement and supply chain mobilization in an emergency setting.



Timor-Leste’s health management information system (HMIS) is comprehensive and collects a lot of data, but it is not used to its full capacity. Data are often collected without being analyzed critically or used for day-to-day management or longer-term planning. The COVID-19 situation has also revealed the limited collection and use of surveillance data in existing systems. Health workers are also overburdened by excessive data and reporting demands from multiple and poorly coordinated subsystems. In the same rapid assessment of health facilities mentioned above, weakness in case reporting was identified as one of the most critical challenges.

Surveillance systems exist for various types of diseases but are not well integrated. To strengthen surveillance capacity, the national guidelines for COVID-19 surveillance and contact tracing have been updated. The revised guidelines emphasize the importance of expanded and integrated surveillance strategies with respiratory infections, and incorporate the experiences of contact management, particularly, quarantine of entrants. Additionally, multiple efforts have been undertaken with support from WHO and other partners to train staff, provide additional human resources, and to support municipal health services’ surveillance teams for COVID-19. However, the COVID-19 surveillance system is separate from reporting systems for other notifiable diseases, and surveillance systems for other notifiable diseases themselves are on various platforms (e.g. *Saude na Familia* software, DHIS2, some in Excel-based systems).

An integrated information system which includes epidemiological surveillance, would facilitate better preparedness against pandemics and other health emergencies. Timor-Leste’s health management information system (HMIS) is comprehensive and collects a lot of data, but it is not used to its full capacity. Data are often collected without being analyzed critically or used for day-to-day management or longer-term planning. Health workers are also overburdened by excessive data and reporting demands from multiple and poorly coordinated subsystems. In the same rapid assessment of health facilities mentioned above, weakness in case reporting was identified as one of the most critical challenges. MOH intends for various surveillance systems to be migrated or integrated with DHIS2. DHIS2 has been rolled out to all hospitals and Community Health Centers – albeit with challenges around utilization, proper reporting, and reliable Internet connectivity – but not yet to Health Posts. Looking ahead, developing an integrated, web-based epidemiological surveillance reporting system integrated with DHIS2 would provide up-to-date data, facilitate early warning systems, and improve situational awareness of all notifiable diseases and potential pandemics and health emergencies.

Finally, access to hard-to-reach areas – a perennial problem in Timor-Leste – has been even more challenging in the COVID-19 context. Effective and efficient transport to hard-to-reach areas in Timor-Leste is a perennial challenge, given poor access and quality of the road network. The poor-quality network limits access to health facilities, schools, and markets. Some rural roads are considered ‘all-season road or all-weather roads’ and are motorable all year round and the remaining are unusable during the wet season due to heavy rains, flooding, and landslides. With shortages of supplies at health facilities especially in remote areas and movement restrictions in place, responding to COVID-19 was made even more challenging. In the wake of COVID-19, there is an opportunity for Timor-Leste to “build back better” in its health system.



Innovations in health service delivery and the introduction of affordable but game-changing technologies offer an opportunity to leapfrog and make significant strides in the reach and quality of its health services.

Health Emergency Preparedness and Response (HEPR) Umbrella Program

The World Bank's Health Emergency Preparedness and Response (HEPR) Umbrella Program aims to support eligible countries and territories to improve their capacities to prepare for, prevent, respond and mitigate the impact of epidemics on populations. The Program offers a flexible mechanism to provide catalytic, upfront, and rapid financing for health emergency preparedness and to fill specific gaps in health emergency responses. In other words, the Umbrella Program provides support to a set of countries that need further resources for health emergency preparedness and response for COVID-19 and future health emergencies. In broad terms, activities eligible for trust fund (TF) financing from the HEPR Umbrella Program focus on two pillars: (a) preparedness for health emergencies and (b) responses to health emergencies. Health emergencies include, but are not exclusively limited to, the current COVID-19 pandemic.[2]

[1] "Monitoring and evaluation for the COVID-19 response in healthcare facilities in Timor-Leste" Ministry of Health, 2020, is the first comprehensive survey to measure the pandemic preparedness of 70 health centers in Timor-Leste amid the COVID-19 crisis.

[2] Health emergencies are defined in terms of either a declaration by WHO, or the identification of a potential emergency in at least two other global publications.

Relationship to CPF

Higher Level Objectives to which to the Project Contributes

This grant is well aligned with the current World Bank Group Country Partnership Framework (CPF) year 2020-2024[1] (Report No. P134792-TP). The grant contributes to CPF Focus Area 2: "Invest in human capital, service delivery and social protection". The grant is fully in line with the CPF's objective of promoting investment in human capital, which includes health and nutrition as priority areas. The high rate of childhood stunting in Timor-Leste affects children's physical and cognitive development. Low levels of access to safe water and poor water quality, sanitation and hygiene standards are a risk factor for effective infection control in the COVID-19 pandemic and potentially other public health emergencies. Rural populations still report very low levels of access to and use of health services. This proposed HEPRTF grant will directly support Timor-Leste's response to COVID-19 and preparedness for managing health emergencies, thereby improving the readiness and resilience of the health system to effectively deliver health and nutrition services.

Timor-Leste's policy framework also consistently supports investments in human capital and population health. The National Health Sector Strategic Plan (NHSSP) for 2011-2030 aims to ensure available, accessible,



and affordable healthcare services for all Timorese people. The NHSSP is also fully in line with Timor-Leste's Strategic Development Plan (SDP) for 2011-2030. The SDP aims to make comprehensive, high quality health services accessible to all Timorese people, and in turn contribute to poverty reduction, raise income levels, and improve national productivity.

[1] <http://documents1.worldbank.org/curated/en/353111574777310081/pdf/Timor-Leste-Country-Partnership-Framework-for-the-Period-FY2020-FY2024.pdf>

C. Project Development Objective(s)

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Timor-Leste

Key Results

The achievement of the PDO will be measured by the following PDO-level indicators. The results framework will be further developed during the preparation.

1. Number of people who have received the COVID-19 vaccination / number of COVID-19 vaccine doses administered to eligible groups.
2. Enhanced innovative information systems for better data management, planning and epidemiological surveillance;
3. Enhanced country capacity to better assess the risks and plan for future health emergencies;
4. Improved core competencies of health personnel at all levels (national, intermediate and front line) to better prepare for future emergencies.

This will be measured by:

1. Number of people who have received second doses of COVID-19 vaccination;
2. Number of municipalities using an integrated, digital, web-based monitoring/surveillance system;
3. Comprehensive preparedness assessments and plans developed; health emergency preparedness and response simulation exercises completed;
4. Number of health personnel trained/retrained in surveillance systems, better forecasting of risks and possible response scenarios, supply chain mobilization and rapid procurement in emergency setting;
5. Feasibility assessment for drone innovation developed;
6. Piloting drone in two hard to reach municipalities completed;



D. Preliminary Description

Activities/Components

The proposed project aims to support the Government of Timor-Leste in preventing, detecting and responding to COVID-19 and strengthen national systems for health emergency preparedness. The project will help the government deploy COVID-19 vaccines that meet Bank's vaccine approval criteria (VAC) and strengthen relevant health systems that are necessary for a successful deployment and to enhance the health system's readiness to respond to outbreaks and pandemics in the future. The proposed project will help vaccinate the remaining 20 percent out of 90 percent of the targeted population by the end of CY2022). The country will provide vaccinations free of cost to the population.

The project design is aligned with Timor-Leste's National Contingency Plan for Public Health Emergencies and the national COVID-19 vaccination program, responding to areas where gaps have been identified. The project will support the deployment of the COVID-19 vaccine. It will also enhance innovative information systems for better data management, planning and epidemiological surveillance; build country capacity to better assess the risks and plan for future health emergencies; and strengthen health system and health facility capacities to manage potential future emergencies.

The Project will be financed by an allocation of US\$5 million for Timor-Leste from the Health Emergency Preparedness and Response (HEPR) Umbrella Program and its associated Trust Fund (HEPRTF). This includes US\$2 million from the HEPR response component to support vaccine deployment (excluding purchase of vaccines), and US\$3 million from the HEPR preparedness component. As per rules of the HEPR Umbrella Program, funds for each component are distinct and cannot be intermingled. No construction or major civil works will be financed under this project.

A. Activities/Components

Component 1: Support the implementation of the COVID-19 vaccination program (US\$1.8 million)

There will be two sub-components:

- **Sub-component 1.1: Support for vaccine rollout,** with the goal of covering gaps in the deployment plan that are not currently sufficiently supported by either the government budget or by development partners. This sub-component will support operational cost such as per-diem, transportation, meal and office supplies for activities includes enumeration, advocacy and social mobilization activities as well as monitoring and evaluation.
- **Sub-component 1.2: Investments in the health system for vaccine delivery in the longer term.** Under this component, key activities will include purchase of 10 multifunction vehicles, purchase of 100 motorcycles, and purchase of 100 laptops/desktops. This enhanced transportation capacity is essential for rapid and equitable distribution of essential supplies including vaccines, medicines, medical supplies, and equipment to hard to reach or underserved areas to make sure that there is equitable access for COVID-19 vaccine to the community at large, including those residing in areas with limited road network and public transport services. Secondly, improved transportation would support the transportation of referred patients from community health centers to referral hospitals



and National Hospital (Hospital Nacional Guido Valadares-HNGV). A plan to distribute the multifunction vehicles, motorcycles and laptops will be developed in an equitable and inclusive manner. Training of personnel in safe transportation for referral cases will be financed through this sub-component as well. The ICT support under this sub-component will enhance the capacity of tracing and records of COVID-19 vaccine targeted population.

Component 2: Strengthen health system capacities for health emergency preparedness and delivery of essential health services (US\$2.7 million).

There will be three sub-components:

- **Sub-component 2.1: Investments in disease surveillance systems.** This sub-component will support developing and expansion of a web-based integrated epidemiological surveillance reporting system through possible District Health Information System - 2 (DHIS2) expansion or other suitable information system alternatives. This will facilitate better integration of surveillance efforts to facilitate early warning and situational awareness of all IHR hazard-related events, helping the country better manage future health emergencies. Enhanced capacity to better analyze and link data from an early-warning surveillance, using interoperable, interconnected electronic tools, are much needed to fulfill the core capacity requirements for surveillance in accordance with the IHR and OIE guidelines. The activities financed under this project includes a) consultants; b) trainings and workshops; c) travels and d) peer-to-peer knowledge exchange / inter-country learning. Beside of tracing and recording COVID-19 vaccine deployment to be supported under this sub-component 2.1, the investments in ICT under sub-component 1.2 will also enhance the ICT capacity for surveillance system.
- **Sub-component 2.2: Strengthening Timor-Leste's pandemic preparedness capacity.** This sub-component will support preparing Timor-Leste for current and future health emergencies through preparedness assessments, plans and simulation exercises will help build the knowledge and capacities to effectively anticipate, respond to, and recover from the impact of health emergencies. The activities financed under this project include a) consultants; b) trainings and workshops; and c) travels and d) peer-to-peer knowledge exchange / inter-country learning.
- **Sub-component 2.3: Enhancing health systems and facilities for future health emergencies.** Under this sub-component, the project will enhance systems and build competencies to ensure service delivery in emergency settings, including how to mobilize rapidly the needed supplies and human resources, are critical to mitigate the risk of supply side shortage when a pandemic occurs. The following innovative technologies are being supported under this component: (1) Performance-based budgeting and financing mechanisms, (2) Strengthening and expansion of digital geospatial monitoring, planning and decision-making, and (3) Piloting of drone-based technologies to effectively deliver medical consumables and supplies to the most remote and hard to reach areas.
- **Technical Assistance and consultancy services for Performance-based budgeting and financing mechanisms.** Efficiency of health spending is a critical issue, and the accountability and performance



improvement in primary healthcare facilities is a major area of focus in Timor-Leste. In other settings similar to Timor-Leste, performance-based financing has helped improve the quality of public spending and accountability. This sub-component will support the creation of a system for measurement and verification of indicators to be linked to performance-based inter-fiscal transfers from national to subnational level. This is expected to strengthen subnational capacity in carrying out core public health functions including surveillance, infection prevention and control, using information systems, reporting credible data, etc. The activities to be financed under this project include a) consultancies; b) trainings and workshops; c) travel; and d) peer-to-peer knowledge exchange / inter-country learning.

- **Strengthening and expansion of digital geospatial monitoring, planning and decision-making.** Timor-Leste has been collecting information on geospatial coordinates for each health facility as part of the application of a geographic information system (GIS) for public health. However, the use of GIS for planning, monitoring and decision-making by local-level managers has not been maximized. The activities to be financed under this project includes a) consultancies; b) trainings and workshops; c) travel; and d) peer-to-peer knowledge exchange / inter-country learning.
- **Piloting of drone-based technologies to effectively deliver consumables and supplies to the most remote and hard to reach areas.** The grant will learn from experiences of such technology use in other countries with similar context to ensure efficient distribution of goods and supplies in the time of health emergencies. This is of relevance to Timor-Leste given the island nature of the country with limited access to roads and dispersed population. The activities to be financed under this project include a) consultancies; b) workshops; c) trainings; d) travel; and e) procuring services of drones including drone-operators (“pilots”). The Standard Operational Procedure for the drone pilot implementation will be developed as part of Project Operation Manual (POM) to ensure that the operation of drone-based technology will follow government regulation which will not impose security risks and/ or human right issues.

Component 3: Project management, monitoring and evaluation (US\$500,000). This component finances activities related to project management and monitoring, including the project management unit, and project monitoring and evaluation. Key activities include: (i) recruitment of key experts for a project management unit and technical consultants; (ii) support for procurement, financial management, asset management, environmental and social risk management and sustainability, monitoring and evaluation, and reporting; and (iii) operating expenses. The monitoring and evaluation will be implemented in coordination with technical departments responsible for implementing activities using the agreed monitoring and evaluation tools. Collection, use, and processing (including transfers to third parties) of any personal data collected under this project will be done in accordance with best practice ensuring legitimate, appropriate and proportionate treatment of such data.

Environmental and Social Standards Relevance



E. Relevant Standards

ESS Standards		Relevance
ESS 1	Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10	Stakeholder Engagement and Information Disclosure	Relevant
ESS 2	Labor and Working Conditions	Relevant
ESS 3	Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4	Community Health and Safety	Relevant
ESS 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	Relevant
ESS 7	Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Relevant
ESS 8	Cultural Heritage	Not Currently Relevant
ESS 9	Financial Intermediaries	Not Currently Relevant

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Legal Operational Policies

Safeguard Policies	Triggered	Explanation (Optional)
Projects on International Waterways OP 7.50	No	
Projects in Disputed Areas OP 7.60	No	

Summary of Screening of Environmental and Social Risks and Impacts

The overall environmental and social risk rating is Moderate (the environmental risk is Low, the social risk is Moderate). The project activities are focusing on enhancing system of preparedness for health emergencies, through supporting transport cost for vaccine roll out, advocacy works, monitoring and evaluation in COVID19 vaccine deployment, procuring vehicles and computers for supporting investment in health system, training and workshops, travels and learning for investments in disease surveillance systems and pandemic preparedness system, leveraging ICT platform such as digital geospatial monitoring, and piloting of drone-based technologies. The risks identified include: 1) occupational health and safety risks from operation of multifunction vehicles and motorcycles, which include road accidents; 2) low probability of COVID-19 transmission during project implementation; 3) land and water contamination due to improper hazardous waste management from disposal of laptops/desktops upon end of item’s lifespan and used battery of delivery drones; 4) activity of using drones associated with ethical issues on privacy; 5) risk of collision with birds and disturbance due to noise generated by the operation of drones; and 6) community health and safety risks from the debris resulting from collisions and dropped cargo and the related responsibility for their disposal. The project is being assigned a moderate rather than a low social risk due to possibility of resistance by populations in hard to reach areas, especially indigenous communities on receiving



vaccinations given the limited information on vaccination and stigma around vaccination, etc. There is a low risk of disadvantaged or vulnerable groups being excluded, as the project is designed to address the gaps of vaccine deployment in order to achieve the national goal to vaccinate the entire population. No proposed activities have the potential to lead to involuntary resettlement issues Potential Occupational, Health, and Safety (OHS) risks related to the spread of the SARS-CoV-2 among health workers, and among the population at large if the vaccination programs/events are not managed properly and due to poor training of the health personnel, and to project workers (direct and contracted workers for the leveraging ICT platform), although it is considered low, as the existing measures related to COVID-19 response have been in place and included in the COVID-19 National Contingency Plan which is developed referring to WHO guidelines, including proper training for health workers. Addressing social stigma will be included as part of the community awareness activities. Potential environmental impacts from the multifunction vehicle and motorcycle operations are negligible and there is low probability of adverse impacts to human health related to occupational safety risks. The risk of pollution due to generation of hazardous waste from disposal of used laptop/desktop at its end-of-life is very low considering the amount of procured IT equipment. The risk of collision with the endangered bird species in Timor-Leste is low as the delivery drones commonly operating at low altitude, usually below 500 m, while most migratory flights typically occur up to 1500 m above ground level. The risk of noise disturbance from drone operation will be minimum since the drones will only be operated in the time of health emergencies and not in regular basis. These risks are mostly temporary, predictable, site specific, and relatively easy to be managed with existing available measures. An activity of using drones is involved social risk associated with ethical issues on privacy. Provision of privacy guideline or code of conduct in drone operation will be provided in Project Operation Manual (POM). Since the project works at the national level, specific engagement requirements to ensure the inclusion of Indigenous Peoples will be provided in the SEP to accommodate effective engagement that is culturally appropriate, such as communicating in relevant local languages that are understandable to the community, in a manner and time frame acceptable to them, to ensure they benefit from the project. The project will follow existing measures to manage COVID-19 exposure risks, including relevant existing regulations and infections prevention and control guidelines as set in the National Contingency Plan for Public Health Emergency COVID-19, will make available sufficient Personal Protective Equipment (PPE) for all personnel involved in the Project, including the multifunction vehicle drivers and motorcycle riders, and provide compulsory training on appropriate use of PPE and infections prevention and control (IPC) measures prior to their involvement in COVID-19 response. In the National Contingency Plan, MOH has also provided a guideline for early detection, prevention and protection of healthcare personnel that are likely to be exposed to COVID-19 case in their work environment. Safe disposal of laptops/desktops upon end of item's lifespan and used drone battery will be done in compliance with Decree-Law No. 2 of 2017 on Urban Solid Waste Management System and in collaboration with equipment's supplier. Multifunction vehicles and motorcycle procured will be operated by licensed or professional drivers who will receive refresher/new training on infection prevention and control prior to mobilization. The operation and maintenance of the ambulances and operational vehicles practices will also follow requirements of Government of Timor-Leste Decree-Law No. 2 of 2003 on Basic Law on the Road Transport System, Decree-Law No. 8 of 2003 on Regulation and the Assignment and use of State-Owned Vehicles, MOH's existing Inventory and Moveable Assets Management Manual and trip management system, as well as the manufacturer recommended operation and maintenance programs. While the community health and safety risks of debris from drone's collisions and dropped cargo will be anticipated by



inclusion of drone safety and security aspects in the Standard Operational Procedure for the drone pilot implementation which will be developed as part of POM and aligned with the World Bank EHS Guidelines. Provision of privacy guideline or code of conduct in drone operation will also be provided in the POM. The project also requires effectiveness of inclusion processes, the need to reach out to multiple linguistic groups, and strong social dimension under-pinning the acceptability of COVID-19 management measures. The project will prepare a SEP, Labor Management Procedure (LMP) and ESCP at the preparation stage. The project will involve direct workers and contracted workers to support the project activities, including project management, and piloting of drone-based technology. There will be no deployment of contracted workers to remote areas. Potential Occupational, Health, and Safety (OHS) risks related to the spread of the SARS-CoV-2 among project workers is considered low and the existing measures related to COVID-19 response have been in place. LMP will be prepared as a guideline for project risk management related to the project workers, including a Grievance Redress Mechanism (GRM) for project workers. In order to prevent Sexual Exploitation and Abuse/Sexual Harassments (SEA/SH) incidents, a code of conduct on prevention of SEA/SH will also be included in the LMP. POM will be addressed in the ESCP that include privacy guideline/code of conduct in drone operation, consideration of risk of collision with birds and noise disturbance to wildlife in drone operation in compliance with the World Bank EHS Guidelines, and procedure for response and safe collection of debris from drone collisions and dropped cargo in drone operation in compliance with the World Bank EHS Guidelines. The MOH will be committed via the ESCP to not operate the vehicles, use the laptop/desktops procured and operate delivery drones until the above requirements are in place. The SEP and LMP will also be prepared and will include measures to prevent COVID-19 transmission during project implementation and guide safe disposal of used PPE. The commitments under ESCP are expected to be implemented after project effectiveness. Additionally, MOH will also prepare necessary documentations of ESCP implementation, to be reviewed by Bank specialists. The MOH previous experience and good performance in dealing with environmental and social risk management in implementing the COVID-19 Emergency Support Project also contribute to the low rating. The MOH has also assigned an ES focal point(s) to ensure procedures implementation and training executions during project implementation.

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