



Additional Financing Appraisal Environmental and
Social Review Summary
Appraisal Stage
(AF ESRS Appraisal Stage)

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BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Philippines	EAST ASIA AND PACIFIC	Republic of the Philippines	Department of Health
Project ID	Project Name		
P177884	Philippines COVID-19 Emergency Response Second Additional Financing		
Parent Project ID (if any)	Parent Project Name		
P173877	Philippines COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	11/26/2021	12/17/2021

Proposed Development Objective

To strengthen the Philippines' capacity to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

Financing (in USD Million)	Amount
Current Financing	100.00
Proposed Additional Financing	300.00
Total Proposed Financing	400.00

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

No

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

The project primarily supports the strengthening of emergency COVID-19 health care response, which includes the provision of medical and laboratory equipment and reagents and the provision of medical supplies, including Personal Protective Equipment (PPE) and medicines. The project also supports strengthening of Emerging Infectious Diseases



(EIDs) prevention, preparedness, and response capacity at national and sub-national level, including enhancing isolation/quarantine facilities, and strengthening laboratory capacity at the national and sub-national levels. The first additional financing in amount of US\$500 million became effective in March 2021 to support the Government of the Philippines (GOP) in procuring and deploying COVID-19 vaccines that meet the Bank's Vaccine Approval Criteria (VAC). The proposed second additional financing, in the amount of US\$300 million, will support the GOP in expanding the COVID-19 vaccine coverage to the whole population of the Philippines as well as to provide additional doses to vulnerable 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]

The second Additional Financing (or hereinafter AF2) to the Philippines COVID-19 Emergency Response (PCERP) in the proposed amount of US\$300 million is to support the Government of the Philippines (GOP) in scaling up the national vaccination program, including pediatric vaccination and boosters. An earlier AF in the amount of US\$500 million was approved on March 11, 2021. The first AF expanded the scope of the vaccination roll-out initially being financed under the parent project with an original amount of US\$100 million. The AF2 will bring a total of up to US\$900 million of the World Bank's financing. Its primary objective is to support the Government of the Philippines (GoP) to scale up purchasing and deployment of safe and effective COVID-19 vaccines that meet the World Bank's Vaccine Approval Criteria (VAC). No additional scope beyond COVID-19 vaccination and its deployment systems is being envisaged. The Project Development Objective (PDO) of the PCERP remains the same and coverage will be national in scope.

In recent months, the Philippine has experienced Southeast Asia's second highest COVID-19 burden after Indonesia with 2.74 million cumulative cases as of October 21, 2021, and is second to Malaysia in terms of cases per million population at 24,910. The number of confirmed COVID-19 deaths is 41,237. The Delta variant of the SARS-CoV-2 virus resulted in a new wave of infections beginning in July 2021. The number of new COVID-19 cases peaked in September, with 129,842 new cases during the week of September 9-15. Since then, the number of new cases has dropped, with 21,073 cases recorded during the week of October 14-20. Test positivity rates have hovered above 10 percent for the past six months; they peaked at 27.9 percent in September and dropped to 11.5 percent in October. The high positivity rates spotlight the country's limited testing and the continued spread of COVID-19. Capacities vary amongst the Local Government Units (LGUs), particularly those outside the National Capital Region (NCR).

The COVID-19 vaccination is deploying rapidly, covering all of the regions. The country has been providing free of cost vaccination to its population. Prioritization has followed the WHO SAGE values, starting from frontline health workers and their family members (A1), senior citizens (A2), individual with comorbidities (A3) and frontline workers in essential sectors (A4), the indigent population (A5), and the rest of the population (B). The objective is to cover 70 percent of the country's population. As of October 15, 2021, almost 29.9 percent of the targeted 77.2 million population have been fully vaccinated and around 38.7 percent have received the first dose. Earlier vaccination drives have prioritized regions with high burdens of the Delta variants and hence, coverage is highest in urban areas, notably the National Capital Region (NCR) where about 75 percent of the population has been vaccinated. This has resulted in regional disparity in vaccination rates across regions, particularly in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) where coverage is reported the lowest at 9.30 percent for the first dose. An exception was reported in the Cordillera Administrative Region (CAR), which includes remote, mountainous, and hard-to-reach areas with a large number of Indigenous Peoples. CAR has done exceptionally well in the deployment, with nearly 30



percent of the target population having been fully vaccinated. A recent decision by the Department of Health (DOH) has allowed access to vaccination to the broader public beyond the priority groups in Metro Manila as the country is racing to contain the spread of the Delta variant.

Scaling up of the COVID-19 vaccination will put the current system readiness to the test. Vaccine and cold chain logistics and infrastructure will likely be limiting factors, in addition to human resource readiness, particularly in areas with supply-side constraints. Availability of mRNA-based vaccines such as Moderna and Pfizer, which require ultra cold storage (-70° to -80° Celsius) is likely limited in rural and lagging regions since their deployment cannot rely on the pathway of the national cold storage under the National Immunization Program (NIP) and hence, needs to be outsourced to a third party. Availability of vaccine options may likely be more limited, and risks of vaccine safety due to improper handling may be higher in rural and lagging regions due to logistical difficulties. The current baseline capacity for cold chain and storage facilities is lowest in Region III (Central Luzon), IV-B (Mimaropa), VII (Central Visayas) and IX (Zamboanga Peninsula) and the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). Transportation and electricity outages also present challenges to vaccine deployment, particularly in outer islands, including in BARMM where the vaccination rate is the lowest in the country.

The volume of vaccination waste is expected to exponentially increase as coverage is being expanded. Accurate data on the volume of vaccination-related waste is yet to be confirmed. To date, the wastage rate is estimated at 0.02 percent, attributed to temperature excursions and is subject to further verification. An increase in the volume of vaccine-related wastes will likely further strain the already limited waste management capacities, particularly in the peri-urban and rural regions. As of May 2020, the Department of Environment and Natural Resources (DENR) reported that not all regions are equipped with DENR accredited waste treatment, storage and disposal facilities (TSD) for health care wastes, particularly for pathological or infectious wastes (M501) and pharmaceuticals and drugs (M503). These regions include Mimaropa, Central Visayas, Zamboanga Peninsula, Northern Mindanao, Davao, Soccksargen, Caraga and BARM. An assessment of the current baseline capacity of dry storage, cold chain and medical waste handling capacity across LGUs was performed as part of the COVID-19 Vaccine Introduction Readiness Assessment Tool (VIRAT/VRAF) during the project preparation.

Approximately ten percent of the population in the Philippines are considered as Indigenous Peoples. They live in several regions but are particularly concentrated in the mountains of Northern and Central Luzon as well as in the island of Mindanao. DOH has developed an inventory of Geographically Isolated and Disadvantaged Areas (GIDAs). These refer to communities who are characterized by their geographical accessibility (i.e., remoteness and/or isolation due to distance, weather conditions, access to transportation) and socio-economic variables (i.e., Indigenous Peoples, poor households and those affected by armed conflicts and crisis). Within these categories, the poor and marginalized people belong to the A5 priority group, where the current coverage stands at 24.63 percent for the first dose and 16.67 percent for the complete dose. Enhancing accessibility of vaccination in remote and hard-to-reach areas is critical since most available vaccine brands require administration of two shots within certain interval periods and hence, the risk of non-completion for the second dose is likely higher in these areas. Further outreach, including affirmative measures are warranted to reach the broader population groups, including in GIDAs for which a vaccination roll out strategy in these areas is being prepared. To date, data on beneficiaries do not provide demographic disaggregation beyond A1 – A5 grouping and hence, the current coverage of vaccination amongst Indigenous Peoples and other sub-set groups under A5 is currently not known. The DOH is commissioning a research study to assess the vaccination coverage amongst Indigenous Peoples as well as identify issues around access, social acceptance, risks, and perceptions under the AF2.



As coverage of vaccination is being expanded to the broader population groups, demand generation will likely encounter vaccine hesitancy issues across population groups. Vaccine confidence in the Philippines plummeted between 2015 to 2018, mainly due to negative perceptions around the Dengvaxia vaccine, particularly along key elements of safety and efficacy (Vaccine Confidence Project 2020). Similar issues were also reported in BARMM, and are undergoing further assessment. Based on a household survey commissioned by the World Bank (2021), vaccine hesitancy is more prevalent amongst poorer households and females. The Visayas regions indicate a higher proportion of unwilling residents than the rest of the country. The majority of respondents (85 percent) indicated fear of potential side effects as the main factor for vaccine hesitancy.

There were no reports of forced vaccination in the country although media coverage cites high-level statements by politicians about jail threats and other punitive measures for refusal. This was affirmed by a circular issued by the Department of Labor and Employment (DOLE) stating that punitive measures shall not be allowed, including “no vaccine, no work” measures, or any discrimination against the unvaccinated in terms of tenure, promotion, training, pay and other benefits of employment. Further monitoring of these risks is warranted as the vaccination program is evolving. To date, consent is required for the purpose of vaccination, including custodial consent for vaccination targeted to the minors (12-17 age brackets).

The scope of civil works being financed under the parent project and the first AF will remain the same. No additional investments are being planned under the AF2. Such civil works activities are expected to be small scale (i.e., refurbishments, retrofitting) and are distributed throughout the health care network providing COVID-19 response. Construction works are expected to take place in situ (within the existing compounds of the health care facilities) and hence, no land acquisition is required.

D. 2. Borrower’s Institutional Capacity

The institutional arrangement remains the same with the Department of Health (DOH) as the implementing agency. Within the DOH, the project is being implemented through the Bureau of International Health Cooperation (BIHC), the Health Facility Enhancement Program Management Office (HFEPMO), the Disease Prevention and Control Bureau (DPCB), Epidemiology Bureau (EB), the Health Emergency Management Bureau (HEMB). The environmental and social team of the P-CERP is hosted under the Environmental Health and Safe Settings Division (EHSSD) of the Disease Prevention and Control Bureau (DPCB) of DOH. The overall implementation progress is rated as moderately satisfactory. Vaccine deployment under P-CERP is progressing well, with high satisfaction rates from surveyed beneficiaries. Most medical equipment and supplies have been procured and distributed to frontline HCFs with positive feedback from beneficiary facilities. However, there have been delays with regards to procurement of civil works, particularly for isolation and quarantine facilities, delivery of the reverse transcription polymerase chain reaction (RT-PCR) machines and test kits procured under the contract with the World Health Organization (WHO).

To date, the DOH has demonstrated a strong capacity to monitor Environmental, Social, Health and Safety (ESHS) implementation, particularly for the on-going civil works as well as COVID-19 vaccine roll out. The DOH has successfully completed the transition of the project’s environmental and social coordinator and recruited a full team of environmental and social specialists to support the DOH in the day-to-day implementation of the project’s Environmental and Social Management Framework (ESMF), supervision and reporting.

Regular supervision and monitoring of the environmental and social requirements under the project have been performed. Specific activities include a) regular site visits for on-going civil work and construction activities; b)



development and deployment of relevant manuals and sourcebooks, including among others: healthcare waste management (HCWM), green building standards, and guidance on vaccine rollout to third party logistics firms; c) mainstreaming electronic monitoring tools using KOBOToolBox for environmental and social oversight, including a tool currently being used by the civil work contractors to report their ESMP implementation; d) coordination and communication with contract managers, Local Government Units (LGUs) and healthcare facilities (HCFs) and e) a series of environmental and social training, workshops/clinics to LGUs, HCFs and contractors. Going forward, regular use of these electronic monitoring tools is expected to enhance the current oversight, particularly in anticipation of an increased volume of new civil works contracts, including areas beyond the National Capital Region. The DOH is also expanding KOBO Toolbox to monitor the results of the HCW audits submitted by HCFs and the procurement of goods for HCWM. In response to an action plan to enhance accessibility features and universal design in HCFs, DOH piloted a self-assessment baseline on the capacity of services for vulnerable groups in HCFs in 76 HCFs.

Although the overall environmental and social monitoring is adequate, the DOH is still facing some challenges in enforcing civil work contractors' with the ESHS requirements, particularly in implementing Infection Prevention Control (IPC) measures on site. Furthermore, the DOH shall also enhance its capacity to enforce proper handling of medical and vaccination wastes at HCFs, especially as the COVID-19 vaccination is being scaled-up. As of October 8, 2021, the long-delayed COVID-19 Waste Management Sourcebook, was released by the DOH. The sourcebook will serve as a complementary guideline to the updated DOH Health Care Waste Management (HCWM) Manual (fourth edition). The Sourcebook, vetted by several development partners was pilot tested in several hospitals, and officially endorsed for national circulation through the DOH Department Circular No. 2021-0453 and subsequently published on the DOH website on October 8, 2021. The Sourcebook will be disseminated to all DOH offices and HCFs through training sessions developed by the PIU environmental and social team. Going forward, the HCFs will be required to submit their self-audit reports using the checklist in the sourcebook.

Under the AF2, a strategy for COVID-19 vaccination roll-out in lagging and underserved areas is being developed in anticipation of the vaccination scale up. Vaccine deployment will likely be strained in rural and lagging regions due to supply-side constraints associated with the cold chain infrastructure, including dry storage capacities. This includes an outreach and demand generation strategy for Indigenous Peoples, particularly in areas with high concentration of this group, such as BARMM and CAR. Such a strategy needs to build on experiences from CAR which has demonstrated exceptional performance despite its geographic characteristics, being mountainous and sparsely populated and with high concentration of Indigenous Peoples. As the broader population is being covered, vaccine hesitancy may also limit the current DOH's demand generation capacity and public health communication. Adverse Events following Vaccination (AEFIs) are being monitored and reported to the Food and Drug Administration (FDA) through the Vigiflow, consolidated by the Swedish Uppsala Monitoring Centre. In addition to the Vigiflow, the FDA also receives AEFI reports from the sub-national vaccination centers and EUA holders. For the purpose of PCERP, the DOH needs to improve AEFI tracking attributed to the World Bank-procured vaccines and whether they are availed PhilHealth benefit coverage.

On vaccine logistics management, a self-assessment by a third party logistics company handling the World Bank-procured vaccines, Zuellig Pharma Inc. (ZP) was completed on August 2021. The assessment indicated overall environmental and social compliance, with further details on specifications of the cold storage facilities, emergency response and spoilage management plans being prepared for submission by the ZP. Going forward, the DOH is planning a pilot testing of an Environmental and Social Standards (ESSs) compliance assessment of vaccination activities. This will be rolled out to the Centers for Health Development (CHDs), LGUs, Bakuna Centers through an



National Vaccine Operation Center (NVOC) memorandum. As the vaccination program is being scaled-up, the DOH shall need to focus on the implementation of the overall logistics management, collect data and information to assess vaccination wastes, handling capacity across facilities and regions, adherence to IPC measures in vaccination posts, implementation of voluntary consent, and grievances mechanism. A robust analysis of such data will enable DOH to further identify gaps and enhancements as vaccine coverage is expanded.

On data protection, the National Privacy Commission issued Bulletin 19 dated November 11, 2021 which provides additional guidance on vaccination-related personal data processing. Government agencies and the private sector are required to adhere to these standards. Health facilities, LGUs, including the private sector are mandated to securely gather the necessary personal data and submit the same in the Vaccine Information Management System-Immunization Registry (VIMS-IR), which is the official platform for master-listing and pre-registration. LGUs and other personal information controllers (PICs) involved are required to prepare a clear and in plain language privacy notice - details of the vaccination-related personal data processing activities. Consent must be obtained prior to any processing of personal data. Personal data collected are prohibited to be used and/or processed for other purposes. In the development of the digital systems, relevant measures to protect privacy on digital vaccine cards have been integrated, include prohibitions of publication of personal data.

The DOH shall look into institutional, operational, and financial capacity, and provides additional information and measure to address any gaps in vaccine deployment including vaccination objectives and targets, performance management, and monitoring and evaluation, logistics and cold chain, waste management, community engagement, and advocacy, points of delivery and vaccine safety surveillance among other areas. The AF2 will support measures to address key gaps identified including those related to public consultation, social mobilization, equitable access to vaccination, and grievance management.

Public Disclosure

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

A. Environmental and Social Risk Classification (ESRC) Substantial

Environmental Risk Rating Substantial

The environmental risk rating is substantial. The main environmental risks associated are: (i) Occupational Health Safety (OHS) risks for the healthcare workers directly involved in administering the vaccination, the operation and maintenance of medical facilities, laboratories and vaccination centers involved in COVID-19 response which inherently expose frontline staff to infection risk; (ii) health care waste management and disposal, (iii) community health and safety issues due to inadequate PPEs, lack of testing, laboratory, hospitals and quarantine facilities and contamination caused by poor healthcare wastes management; (iv) environmental and safety risks associated with end-to-end logistics from the national vaccine warehouse to the secondary vaccine storage hubs and vaccination centers or medical facilities that involve the deployment and administration of the vaccines, especially at LGU-run facilities and vaccination centers, including remote and lagging areas; and (v) integration of climate risk considerations in a vaccine program including the climate-proofing relevant facilities and built structures against a physical impact of climate change The logistical support will also require the storage, transportation, and distribution of PPEs and other medical supplies and materials and its attendant HCWM. Infectious and biohazard



waste in particular may be generated in places where the administration of the vaccines and the generation of vaccine wastes may come from the cold chain, storage facilities, vaccination centers, hospitals, treatment, quarantine facilities, isolation centers, where majority of vaccine wastes requires special capacity to manage and dispose. Without proper handling, such wastes may pose risk to the healthcare workers, waste management workers as well as communities in the vicinity of the vaccination centers, hospitals and waste disposal areas. There is also an elevated risk of sharps disposal. Completed under the Project's first AF, DOH has quite recently published an updated HCWM Manual and a Vaccine Wastes Management Sourcebook. HCWM is largely practiced in larger hospitals in urban areas, supported by the limited availability of licensed waste disposal companies. The results of a pilot HCWM audit conducted in a number of hospitals in Metro Manila show that the needed paraphernalia and training of healthcare workers in HCWM is sorely needed. National policies on health, safety and environment are sufficient and advanced HCWM technology and treatment equipment are on hand but the health sector's overall performance is found wanting compared to international standards. HCWM can still be improved, especially in LGU-run, smaller and remotely located healthcare facilities. Gaps were identified in the infection prevention efforts, and HCWM practices particularly on the infrastructure for the segregation, storage, collection and safe disposal of sharps and infectious materials. DOH recognizes these challenges. Environmental factors that can seriously affect the deployment of vaccines and the provision of logistics for the AF2 include climate change and natural disasters. To address these risks, the ESMF needs guidelines that will link the vaccine storage, distribution, administration to the end-to-end logistics, and the HCWM system. The ESMF include guidelines for the integration with the Environment and Social Management Plan (ESMP) the HCWM plan implementation, Community Health and Safety measures, Environmental Code of Practice (ECOP) for the warehousing and storage facilities, transportation distribution system, vaccination facilities and capacity building plan. The GOP continues to comply with the ESF requirements however, there are gaps and weaknesses that need to be sufficiently addressed to ensure that the physical, operational and logistical systems and procedures pose minimal risks and impacts on the healthcare workers and the community health and safety as well as the overall environment.

Social Risk Rating

Substantial

The social risk rating remains substantial. The AF2 is financing scale up of the COVID-19 vaccination and its deployment systems. No additional investments for civil works are being financed. COVID-19 uncertainty combined with the complexity and requisite capacity to deliver COVID-19 emergency response and vaccination in a swift and yet safe, inclusive and equitable manner justifies the rating. The overall outcome is expected to be positive since the project is expected to strengthen public health measures and vaccination to curb the impacts and further spread of COVID-19. The AF2 is expected to further enhance the DOH's capacity to achieve such positive outcomes through additional investments in the procurement, deployment, system strengthening, including public health and risk communication and AEFI management. Relevant risks considered under the assessment are mainly associated with the DOH's capacity to ensure equitable access to vaccines, including in remote and lagging areas and amongst marginalized and vulnerable groups in the country. Other risks considered under the assessment stem from the implementation capacity across implementing entities both at the national and sub-national levels to deliver intended interventions in a manner consistent with the applicable Environmental and Social Standards (ESSs) which have been assessed under the parent project and the first AF. These include i) OHS and public health safety for civil work activities; ii) COVID-19 transmission in health care and vaccination settings due to poor IPC adherence, iii) risks of public misinformation about COVID-19, which may cause misconception, tension, and unrest; iv) equitable access to COVID-19 treatments and services. Risks associated with Sexual Exploitation and Abuse/Sexual Harassment (SH) are assessed as low since there is no major labor influx and COVID-19 vaccination takes place public space where there is passive surveillance. Mobilization of security forces and mandatory quarantine in government designated

Public Disclosure



facilities may heighten SEA/SH risks. These risks were assessed earlier under the parent project and the first AF, for which corresponding mitigation measures have been incorporated into the project’s SEP and ESMF. Further, since pediatric vaccination and boosters are included within the scope of AF2, enhanced oversight to ensure proper implementation of consent protocols for the former and prevent distortion of equitable access for the latter, particularly in the context where the majority of the population have not been vaccinated. Civil works for new construction and refurbishment will take place in situ within the premise of the existing health facilities and hence, no land acquisition is required under the project. Inequitable access to vaccines, often attributed to logistical constraints, accessibility, lack of supplies and elite capture likely put marginalized groups at a disadvantage. Such groups include among others people in rural and lagging regions, people in conflict areas, the poor, people with disability, Indigenous Peoples, etc. Due to their socio-economic circumstances, accessing vaccines may involve significant trade-offs in terms of time and costs, particularly amongst the poor. Safety concerns are also anticipated amongst communities in conflict affected areas such as the BARMM and hence, careful planning is critical to avoid heightening tensions due to perceived inequity and misinformation. Equally important is the prevalence of vaccine hesitancy in the country. Socio-cultural and religious beliefs amongst particular groups may also influence individual perceptions about vaccination and hence, may lower uptake. To date, no forced vaccination has been reported in the Philippines. While vaccine hesitancy is in itself not a risk, a shift of future approach to favor punitive measures, including application of sanctions, represents a risk that warrants close monitoring especially if the public demand starts to dwindle.

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:

Application of relevant provisions under the ESS1 is expected to guide the environmental and social management associated with the project activities. Within the scope of the AF2, no additional risks and impacts were envisaged. Only vaccines that meet the World Bank’s Vaccine Approval Criteria will be procured under the project. Hence, the existing instruments and requirements as established in the project’s ESMF and SEP remain relevant.

The SEP has been updated to incorporate additional stakeholders for the purpose of the AF2, including those who may be concerned with vaccination for target age groups between 12 – 17. The ESMF is being updated to incorporate additional data, particularly on the institutional capacity for the purpose of COVID-19 scale up as well as relevant additional risk monitoring and oversight measures. These include HCWM, social inclusion, grievances as well as institutional capacity enhancement measures as well as coordination with public and private healthcare facilities and independent contractors at the regional, provincial and LGU levels. The updated ESMF will capture updated policies and procedures and corresponding training and capacity building, and logistics support to enhance vaccination scale up. The ESMF for AF2 is expected to be finalized within one month following loan effectiveness.

The key environmental and social risks remain the same. The AF2 does not include additional investments of civil works as these are being financed under the parent project, including the first AF. The AF2 also acknowledges that the scale of potential risks and impacts associated with COVID-19 vaccination may increase as the program is being scaled up, which justifies enhancement of the current system capacity and coordination for oversight. Relevant risks



considered under the AF2 include: i) Occupational Health and Safety (OHS), including public health risks due to poor adherence to Infection Prevention Control (IPC) measures for activities related to civil works, vaccine deployment and maintenance of cold chain and storage facilities and provisions of services for COVID-19 emergency response; ii) poor healthcare wastes management (HCWM) due to an increasing volume of medical wastes generated from COVID-19 emergency response and vaccination, iii) impacts associated with small-scale civil works (i.e., dust, noise, handling of dangerous substances such as asbestos, workplace accidents, discrimination, disrespectful behavior including SEA/SH etc.); iv) safety and efficacy of vaccines, which may be impacted by poor logistics handling, particularly in outer regions with poor infrastructure; v) equitable access to vaccination amongst the poor and vulnerable groups, including Indigenous Peoples who may be disproportionately disadvantaged due to supply-side constraints within the existing health system, access, stigma, socio-cultural beliefs, logistical constraints, and elite capture; vi) tension and public unrest due to misinformation, vaccine hesitancy, perceived inequities, and a shift to more restrictive measures to contain the pandemic and broaden vaccination coverage; vii) data protection and privacy issues attributed to poor system security, improper data handling and abuse. The AF2 may potentially finance procurement of booster vaccines, subject to All Experts Group (AEG) recommendation and hence, fair, clear and transparent eligibility criteria shall be established. There are risks, however, that a swift roll-out of booster vaccination without adequate governance may potentially distort equity of access particularly if the coverage has not reached the majority of the population. To date, no forced vaccination has been reported nor observed in the country. The project acknowledges recent policy development which allows a shift in approach to mandatory vaccination as regulated in Inter-Agency Task Force/IATF Resolution no. 148-B, issued on November 11, 2021. The resolution stipulates employers in both the public and private sectors to require their eligible employees who work on-site, including those operating public transportation services to be fully vaccinated as a condition for continuation of their operations. Those who remain unvaccinated may not be terminated solely due to vaccination status and are required to undertake regular RT-PCR and/or antigen tests if the former is not available. Exemptions are provided for those with comorbidities, provided a valid proof of medical clearance is obtained. The resolution also clarifies that unvaccinated workers, whose vaccination schedule has been confirmed, shall also not be considered as absent during that period. Such measures are considered as mandatory vaccination instead of forced vaccination based on the World Bank's criteria of mandatory and forced vaccination. No criminal sanctions are in place and there are clear procedures for exemptions.

The above risk warrants close monitoring, particularly in the context of demand slowdown where strict and/or punitive measures may be contemplated. The DOH will be required to regularly monitor risks of forced vaccination. The DOH has also agreed to consult and inform the Bank as soon as there is such incidence and/or any shifts in regulatory provisions that enforce forced vaccination, which may involve application of punitive measures such as criminal sanctions. Under the P-CERP, the project's ESCP includes a provision on the prohibition of forced vaccination (action 1.3 a).

Relevant measures to address the above risks are included in the project's ESMF, which incorporate relevant provisions on i) labor management, ii) HCWM, covering treatment, storage and disposal requirements); iii) OHS and public health safety and management of AEFIs; iv) equity of access to COVID-19 related services, including vaccination, v) consent; vi) Codes of Conduct (CoC) to project personnel, covering relevant requirements for respectful workplace behavior and SEA/SH prevention; vii) grievance management; viii) data protection and privacy; ix) Greenhouse Gas (GHG) and pollution prevention. Relevant engagement for COVID-19 vaccination scale up has also been incorporated in the project's SEP.



The AF2 is expected to enhance the operationalization of the above measures, including additional investments to strengthen the vaccine cold chain, storage facilities and deployment capacities to the broader population. Progress was reported in ramping up its environmental and social capacity with the PIU being fully staffed with an environmental and social coordinator and relevant specialists. The PIU will conduct a mid-term audit of overall compliance to ESF instruments, COVID-19 Waste Management Compliance Checklist, and the instrumentalities of the CC Act and DRRM Act to inform the preparation of the project’s mid-term review report.

To date, the DOH is still facing challenges with regards to ensuring contractors’ compliance with the environmental and social requirements, particularly in proper handling of medical wastes, including those generated from COVID-19 emergency response and vaccination. Data are generally limited with regards to the overall volume of waste generated. Additional measures will be introduced in the ESMF, including enhancement in the monitoring protocols, reporting and oversight.

The DOH is piloting a self-assessment tool on environmental and social management in vaccination settings, utilizing an electronic survey platform. The tool is disseminated to LGUs, Centers for Health Development (CHDs), and Bakuna Centers. Relevant reporting indicators include adherence to public health protocols, provisions of PPEs, contingency plans in the event of emergency (i.e., power outages, natural disasters), siting of vaccine storage and vaccination sites. Additional indicators on personal safety risks, particularly for vaccination roll-out in conflict affected areas shall also be integrated in the monitoring tool and relevant protocols shall be developed for frontline health personnel deployed in these areas.

In the context of COVID-19 vaccination scale-up, concerns related to equitable access and data protection and privacy, as well as application of consent become increasingly prominent. A COVID-19 implementation strategy, covering logistical planning, capacity building, outreach and demand generation including in rural and lagging regions, is currently being prepared under the AF2. The project’s ESMF and ESCP have incorporated measures relevant to management of risks associated with data protection and application of consent including avoidance of forced vaccination. Training sessions on Codes of Conduct (CoCs) and environmental and social requirements, catered to the Philippines Armed Forces and the National Police were undertaken on 29 April 2021 and 30 April 2021 respectively. These sessions also featured briefings from representatives from Persons with Disability (PWD), Indigenous Peoples and Women and Protection Units. The DOH shall revamp its current capacity to closely monitor such risks under the AF2 and report to the World Bank in the event there is a shift in the GoP’s policy and practices which may contradict the provisions in the ESMF and ESCP.

On the retroactive financing, the AF2 allows reimbursement for the pre-financed eligible expenditures. Such financing is mainly anticipated to reimburse procurement of vaccines that meet the World Bank’s Vaccine Approval Criteria. For this purpose, an environmental and social due diligence of such expenditures is required and the scope of which will be commensurate to the anticipated risks and may cover additional activities if there is a request for reimbursement beyond vaccine procurement. This requirement has been included in the ESCP for AF2. A due-diligence report, outlining implementation of environmental and and social measures and remedial measures if needed will need to be completed prior to disbursement of retroactive financing.

ESS10 Stakeholder Engagement and Information Disclosure



Implementation of the project's activities hinges upon effective and inclusive engagement with all relevant stakeholders and the population at large. To date, the DOH has performed a series of multi-stakeholder consultations and various forms of engagement, such as inter-ministerial and inter-department meetings, capacity building such as training, coaching clinics, sensitization of environmental and social requirements, public communication and surveys. Such engagement activities are expected to be expanded as the COVID-19 vaccination is being scaled up. The DOH is in the process of updating the project's Stakeholder Engagement Plan (SEP) to reflect the revised vaccination coverage, additional stakeholders and approaches for public communication, stakeholder engagement and disclosure of information. Provisions have been included to reach and meaningfully engage vulnerable and disadvantaged groups (e.g. elderly, children, poor households, vulnerable groups, persons with disabilities and Indigenous Peoples), including in rural areas with limited access to the internet (cite the disclosure link once updated).

The DOH has taken proactive measures to capture public perceptions of the overall vaccination program. In August 2021, DOH conducted a public satisfaction survey, on the overall implementation of the COVID-19 vaccine program among 17 LGUs. Out of the 5,000 participating in the survey, 97.5 percent were satisfied with the program. For the future, the DOH will outsource implementation of satisfaction surveys to a third-party/firm. Public engagement shall also capitalize on the existing channels, including feedback and grievance redress mechanisms (FGRMs) relevant to the project. Within the broader COVID-19 emergency response, a national COVID-19 hotline has been established as of 17 March 2020, and is equipped with toll free numbers (i.e., 1555 and (02)894COVID (26843). The hotline is manned by 20 agents with a 4-day rotating shift and serves 24/7. Under P-CERP, supplementary FGRM channels have also been developed, using a KOBOToolBox platform, catered to project recipients, civil work contractors' personnel and the broader public. As of January 2021 (to be updated), only one complaint which was not directly related to P-CERP was filed, signaling the need to enhance the accessibility and visibility of these channels. Stakeholder consultations were conducted between 24 and 25 June 2021 to solicit inputs on the project's FGRM channels. In addition, monthly coordination meetings, involving the project's implementing entities, have also been used to assess effectiveness of such channels.

An essential element of the project's stakeholder engagement is the DOH's demand generation strategy for COVID-19 vaccines. Vaccine confidence in the Philippines was reported to have plummeted between 2015 to 2018, due to negative perceptions around Dengvaxia vaccine due to safety and efficacy concerns (Vaccine Confidence Project 2020). Such a demand strategy shall target key population groups through appropriate messaging and use of communication channels. A survey commissioned by the World Bank (2021) indicates that such hesitancy is more prevalent amongst poorer households and women, with fear of potential side effects, perceptions around efficacy and misconceptions about vaccination being cited as the main factor. Television, social media, radio, healthcare workers and local authorities were cited as the most accessed communication channels by the public based on the same survey. Under the AF2, the DOH shall undertake further analysis of public communication needs, especially as COVID-19 vaccination is covering more rural settings and across more diverse groups.

In line with the SEP, the DOH has developed a communication plan to ensure provisions of timely and accurate information to boost public confidence on COVID-19 vaccines. This includes periodic updating of the DOH's social media, facilitation of workshops and learning sessions, involving media groups, healthcare workers, sectoral agencies, LGUs, and expert groups to discuss measures to address vaccine hesitancy issues.



The AF2 will strengthen risk communication, community mobilization, citizen engagement, grievance handling and relevant capacity building for the project’s implementing entities to enhance public confidence and demand for COVID-19 vaccines. These initiatives are guided by the National COVID-19 Vaccine Roadmap that includes seven major stages with two cross-cutting interventions that aligned with ESS10 requirements 1) demand generation and communications, and 2) data management and registry. The AF2 is expected to support utilization of customized data analytics, existing web-platforms/mobile phones to gather citizen feedback on local primary health care providers and transmit the information in real-time to the responsible government body on (i) treatments received or denied; (ii) availability of vaccines; (iii) potential side effects and additional treatment; and (iii) other challenges faced by the beneficiaries at the time of visiting HCFs and/or vaccination posts including grievances mechanism. This will allow public officials to understand patterns on in-service delivery, help address weaknesses identified, and tailor risk communication, community mobilization, citizen engagement, and monitoring and evaluation. As part of the national COVID-19 vaccination scale up, the DOH is developing and rolling out a comprehensive demand generation/risk communication strategy. Further, as part of the vaccination campaign for the general population groups aged between 12 – 17, the DOH has been engaging associations of Pediatricians to share existing knowledge and prepare an information brief for policy makers at provincial and LGU levels. Going forward, information dissemination and consultations as well as virtual townhall sessions are expected to be organized to engage parents, relevant non-government organizations and civil society organizations (NGOs and CSOs) as well as general public about benefits of vaccinating adolescents and relevant AEFI management.

Public Disclosure

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

The standard is applicable. Similar to the parent project, the AF2 will involve frontline health workers, laboratory staff, civil servants, professional consultants and contractors (hired as contract workers), community organizers and representatives at the Barangay level etc. The COVID-19 vaccination scale up envisages additional involvement of frontline health workers and community organizers responsible for administering the vaccines and AEFI pharmacovigilance surveillance. Additional personnel, including Barangay captains, security personnel, drivers, and other health workers at the Barangay level, will also be involved in the broader system, such as logistics, social mobilization, navigation and transportation.

The main risks contemplated under ESS2 are associated with i) poor adherence to IPC measures, resulting in COVID-19 transmission in healthcare settings, construction sites and vaccination posts; ii) personal safety, particularly for personnel deployed in remote and conflict-affected areas; iii) Occupational Health and Safety (OHS) risks associated with civil works, such as workplace incidents and discrimination, SEA/SH and child labor, workers’ welfare, etc. In August 2021, the DOH reported a COVID-19 infection cluster among workers attributed to the ongoing civil works at one of the health facilities supported by the project, Amang Rodriguez Memorial Medical Center (ARMMC). The record indicates that eight out of 13 construction workers were tested positive for COVID-19. This incident resulted in



an immediate suspension of construction activities following which appropriate measures, including provision of medical treatments were provided by the contractor. The DOH and the contractor submitted an Incident Report (IR), an Infection Prevention and Control checklist (IPC), and a final Incident Investigation Report which includes a root-cause analysis and a Corrective Action Plan (CAP). The root-cause analysis indicates gaps in the handling of health care medical wastes and their temporary storage at Amang Rodriguez Memorial Medical Center (ARMMC), lack of safe access to construction sites, and insufficient prevention measures. No fatalities were reported. All workers were reported to have recovered and some resumed work. The report indicated payments of salary and medical costs by the contractor to compensate for the lost days during work suspension. On September 27, 2021, the DOH has submitted a final incident investigation report, completed CAP actions, and increased proactive mitigation measures, and is currently working with the on-going contractors to enhance IPC implementation. Taking stock of the lessons learnt from ARMMC, the DOH's environmental and social team is enhancing use of an electronic KOBOToolBox survey and regular coordination meetings and site visits to monitor overall implementation of the Construction-Environmental and Social Management Plan (C-ESMP) as well as labor management, stakeholder engagement, IPC and grievance handling provisions by the contractors. The DOH is organizing a series of ESHS training sessions for the on-going and new contractors as well as planning to issue a memo to emphasize ESHS requirements across construction cycles.

The existing project's Labor Management Procedure (LMP) will remain relevant, with additional capacity strengthening measures to monitor labour risks, particularly with regards to personal safety for vaccine deployment in remote and conflict-affected areas. The LMP incorporates issues relevant measures to address risks related to OHS, including IPC measures, working conditions, discrimination at workplace and labor rights in line with the national law and grievance mechanism applicable to all project workers, including security personnel deployed under the project, consistent with the ESS2. The project will enforce a zero tolerance policy against any forms of child labor and SEA/SH and VAC. For this purpose, the LMP includes provisions for sensitization and awareness raising on SEA/SH and VAC, Codes of Conduct to project workers, and risk monitoring and grievance handling.

The latest version of the ESMF including the LMP was disclosed by the DOH on 4 February 2021 ([link:https://DOH.gov.ph/COVID-19/emergency-response-project](https://DOH.gov.ph/COVID-19/emergency-response-project)).

ESS3 Resource Efficiency and Pollution Prevention and Management

The Project activities are anticipated to produce air and water pollution as well as greenhouse gases due to the cold chain and storage of the vaccines, generation of vaccine wastes and the transportation requirements and the end-to-end logistical support to distribute the vaccines in all the vaccination centers and healthcare facilities in the country. While DOH has the institutional and organizational capacity to manage hazardous waste, infectious waste, non-hazardous and non-infectious medical waste. DOH has recently published a HCWM Manual and COVID-19 Wastes Management Source Book under the Project which contains relevant hazardous medical waste plans or protocols to address these risks i.e., hazardous waste, and medical waste composed of vaccine vials and other related wastes. While DOH has the technical capacity to administer vaccines and manage hazardous and medical waste, there are significant gaps that need to be filled in to ensure that they comply with Good International Industry Practice (GIIP) i.e., cold storage infrastructure, vaccination centers, logistics support and holding facilities, transportation, and specialized companies for collection and treatment of hazardous and medical wastes.



In addressing capacity constraints on HCWM, the DOH published a COVID-19 Waste Management Sourcebook, which will complement the updated HCWM Manual (fourth edition) and serve as a guideline for HCFs in their self-audit reports, including on the volume and handling capacity and practices. A set of electronic monitoring self-assessment tools have been prepared, utilizing KOBOToolBox as a platform have been integrated as part of the sourcebook. However, the PIU's capacity to enforce such reporting requirements and remedial measures remains to be observed as the sourcebook is being implemented. The updated ESMF will include incorporation of relevant provisions on the implementation of a newly published HCWM Sourcebook (October 8, 2021). The sourcebook features a self-assessment tool on COVID-19 waste management system of healthcare facilities, which will be reported to DOH every six months. Further, third-party monitoring will be engaged to provide an independent perspective on HCWM performance of HCFs to complement the in-house audit performed by the PIU. A joint request between the P-CERP and the Second Health System Enhancement to Address and Limit COVID-19 (HEAL 2 - financed by the Asian Development Bank/ADB) projects was issued by the DOH to the National Vaccine Operation Center (NVOC) on data access on COVID-19 medical wastes to LGUs (September 17, 2021). The DOH's environmental and social team is planning to develop a database on medical wastes, disaggregated based on their categories.

Risks and Impacts related to the cold chain, storage, transportation, handling, deployment and distribution of the vaccines as well as the safe disposal of the vaccine wastes throughout the country, especially at the LGU-run facilities and vaccination centers and how these will be addressed are found in the ESMF in accordance with the mitigation hierarchy. There is also a need to determine whether there is a risk of significant adverse impacts on nearby communities from hazardous or toxic materials. This will require alternatives, implement technically feasible activities and capacity building to reduce project-related air, water and healthcare wastes pollution and GHG emissions during storage and administration of the vaccines and the end-to-end logistics requirements. This includes the use of the renewable energy sources and implementation of the energy efficiency measures in the healthcare facilities and the proper low-emission HCWM. The DOH is piloting a self-assessment tool on environmental and social management in vaccination settings, utilizing the electronic KOBOToolBox platform to be disseminated to LGUs, Centers for Health Development (CHDs), and Bakuna Centers. The logistics service providers also need to fill in the KOBOTool forms to report on their activities which the project will monitor to determine their compliance to the ESMF.

ESS4 Community Health and Safety

The standard is applicable. Medical and vaccine wastes and general waste from labs, health centers, and quarantine and isolation centers have a high potential of carrying virus and bacteria micro-organisms that can infect the community at large if they are not properly contained and/or disposed. There is a possibility for infectious micro-organisms being introduced into the environment if not well contained within the laboratory or due to accidents or emergencies, such as a fire response or natural phenomena event (e.g., seismic). Laboratories, quarantine and isolation centers, and screening posts shall follow the procedures guided in the ESMF.

Scaling-up COVID-19 vaccination will increase the volume of medical wastes, including used vials, PPEs, sharps, which present adverse public health implications if not properly handled. Expanding vaccination coverage particularly in rural and lagging areas where the existing medical waste handling capacity is limited and/or non-existent will likely increase such risks. As part of the COVID-19 vaccination scale-up strategy, further analysis of the baseline HCWM capacity across regions shall be included as part of regular HCWM self-capacity assessment at the facility level as



required in a newly published HCWM Sourcebook, which is expected to complement the existing Manual on HCWM (fourth edition). A self-assessment by HCFs is being piloted using a set of electronic KOBOToolBox survey tools to LGUs, CDHs, and HCFs. Under the Project, DOH will strength the End-to-End supply chain system that includes storage systems, real-time tracing, monitoring and reporting, including implementation of reverse logistics using real time robust data. To support such endeavors, an interim guideline on reverse logistics was released last 15 September 2021 to provide further guidance on the reverse logistics of COVID-19 vaccination activities and a follow-on training with the personnel in charge is currently being organized.

To ensure vaccine safety and mitigate the potentially AEFIs, the project will enforce stringent criteria as defined in the World Bank’s Vaccine Approval Criteria. Likewise, vaccine logistics, including storage facilities and cold chain infrastructure shall be maintained to ensure efficacy of the vaccines and minimize wastages. The existing cold chain capacity in low in rural and outer regions is low, particularly with regard to deployment of ultra-cold chains for mRNA vaccines, which the project is financing. Under the project, instead of investing in expensive ultra-cold chain infrastructure, the DOH has opted for the cost-effective solution to engage third-party logistics firms, which already possessed ultra-cold chain capacity, to provide end-to-end logistics and delivery of COVID-19 vaccines. Under AF2, the PCERP seeks to strengthen adoption of GIIPs on infrastructure/ equipment and handling of vaccines. Hence, the services of the third-party logistics firms include business continuity and contingency planning as part of emergency preparedness and response for safe cold chain management during power outages and natural disasters. The updated ESMF and Project Operation Manual (POM) will reflect these measures.

Further, in order to minimize and manage AEFI risks, particularly on the population groups aged between 12 – 17, the project is required to i) engage associations of Pediatricians to share existing knowledge and prepare an information brief for policy makers at provincial and LGU levels and organize virtual townhall sessions to inform parents and general public about benefits of vaccinating adolescents; ii) develop and disseminate treatment guidelines for managing myocarditis among adolescents after vaccination; iii) ensure stringent monitoring of all cases of pericarditis through AEFI reporting system to ensure financial protection through COVID-19 vaccine indemnity fund.

On the AEFI, the relevant guidelines have been updated to incorporate COVID-19 vaccination and provisions for manufacturers to report safety data. AEFIs have been regularly monitored and reported to the FDA via Vigiflow, with support from the Swedish Uppsala Monitoring Center. As of October 15, 2021, the FDA recorded 64, 891 suspected AEFI (or 0.15% of the total vaccine administered) of which 2, 600 were considered serious. Reported suspect serious AEFI cases undergo a causal review by the DOH’s Epidemiology Bureau. To date, 21 cases were reported to be associated with the World Bank-procured vaccines. Of which, 5 cases were given free of charge medical treatments through the PhilHealth benefit coverage and the rest is pending confirmation from the DOH.

Going forward, the DOH will need to ramp up the capacity of the National and Regional Commissions for AEFI, including additional human resources and capacity building, particularly amongst personnel in charge of pharmacovigilance surveillance, including paramedic staff, nurses and midwives. The AF2 will continue to support the DOH s to increase its human resources and operational capacities to monitor AEFIs associated with the World Bank-procured vaccines and track cases, particularly whether such cases are given free of charge medical treatments. In addition, public health risk communication and information dissemination, including grievance reporting for AEFIs will also be enhanced with support from the project.



Vaccine deployment may potentially finance mobilization of military and security personnel, which mainly include members of the Armed Forces of the Philippines (AFP), Philippine National Police (PNP) and Bureau of Fire Protection (BFP). In line with the Memorandum Circular no. 2021-057 issued by the Department of the Interior and Local Government, the mobilization of military and security personnel, in particular the Philippine National Police (PNP), Bureau of Fire Protection (BFP) as well as the Armed Forces of the Philippines has largely focused on security services for vaccine logistics, including transport, delivery of vaccines to regions and provinces, additional personnel for vaccine administration (i.e., screeners and vaccinators where the latter is performed by the medical staff). The involvement of these security personnel is anticipated to increase as vaccination roll-out includes conflict affected areas, particularly in BARMM. The ESMF has incorporated mitigation measures to adopt and enforce standards, protocols and codes of conduct for the selection and use of security or military personnel. Specific risk mitigation measures, such as training of Codes of Conduct (CoC), awareness raising, observance of the rights of the vulnerable groups and risk monitoring will be included in the updated ESMF. The DOH has agreed to recruit field liaison officers to extend on the ground support for supervision. Discussion is currently on-going with the DOH and is being planned with other relevant stakeholders in BARMM, particularly the BARMM's Ministry of Health (MoH) on the planned scope of military deployment, particularly for the purpose of vaccination roll-out in conflict affected areas in the BARMM. Agreed mitigation measures will be reflected accordingly in the updated ESMF based on the anticipated scope of their deployment.

The project will continue to implement SEA/SH and VAC mitigation measures across civil works and incorporate universal design, including gender-sensitive design such as segregated toilets, passive surveillance systems (i.e., lighting, siting, layout, etc.) in quarantine and isolation centers. All construction workers are obliged to sign CoCs and attend SEA/SH and VAC sensitization.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not applicable. Project activities requiring land acquisition and/or displacement of affected people will not be eligible for financing. The AF might include limited civil works for the warehousing of the COVID-19 vaccines and other small retrofitting activities for vaccine deployment which will all be on existing premises without the need for land acquisition.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This standard is currently considered not relevant. Civil works will take place within existing facilities and impacts on natural resources and biodiversity are therefore unlikely.

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

COVID-19 emergency response and vaccination activities are being implemented nation-wide including in regions with high concentration of Indigenous Peoples. Where data are available, as per the 2000 census which provides a breakdown of Indigenous Peoples by age groups, regions with the highest concentration of Indigenous Peoples include BARMM, Region XI (Davao), Region VII (Soccsksargen), Cordillera Administrative Region (CAR), and Region II (Cayagan Valley) with more half than the total population in CAR and BARMM identifying themselves as Indigenous



Peoples (i.e., 54.68 and 56.41 percent respectively – to be confirmed). As of October 2021, DOH has achieved 28.27 percent coverage out of the target 77 million population. Deployment has prioritized regions with high burdens of the Delta variant, resulting in higher vaccination coverage in urban areas. Coverage is relatively low in peri-urban and rural areas, notably in BARMM where only 9.11 percent of the target population has been vaccinated so far. The CAR, with high concentration of Indigenous Peoples, has shown a positive trend. Although CAR has one of the lowest populations in terms of number and density in the country, nearly 40 percent of the target population has received the first dose, and 30 percent are already fully vaccinated. This region presents important lessons and a potential case study regarding vaccination deployment systems, including the role of the Local Government Units (LGUs), early vaccination efforts and actions to improve cold storage and vaccines logistics, outreach and demand creation, and measures to reduce vaccine hesitancy.

Under the project, vaccination coverage amongst the Indigenous Peoples is encapsulated under the fifth PDO indicator, for which data disaggregation of coverage along relevant indicators such as sex, age, poverty, Indigeneity, and disability status are required. The Indigenous Peoples are categorized as priority B group under the National Vaccination Deployment Program Manual (issued on 5th of January 2021). However, there is no mention of such a priority group in the latest National Vaccination Operations Center Advisory no. 63 on the Guidance on the Estimation of Target Populations for each Priority Group (issued on 4th of July 2021). This group is likely lumped together under A5 category which represents the broader poor population and other categories where relevant such as A2 (Senior Citizens). Hence, an approach to assess coverage amongst Indigenous Peoples in the country is being formulated. The DOH is commissioning a study under the AF2 to assess vaccination coverage and issues related to implementation, including access, social acceptance, public health risks, local perceptions, etc. Future findings of the study is expected to inform the vaccination roll-out and scale-up in regions with high concentration of Indigenous Peoples. This deliverable has been agreed in the Environmental and Social Commitment Plan (ESCP) for the AF2.

Given the topography and dispersion of the country, there is a risk of exclusion associated with the capacity of vulnerable and poor communities in some of these remote areas to access the vaccine and treatment. In preparation of the AF2, a review of the capacity of the national health systems to deploy vaccines universally and to reach isolated and marginalized communities as well as resources to strengthen risk communication and community mobilization and citizen engagement is being undertaken. This review is expected to inform vaccine deployment strategy in the country's lagging and remote regions. Furthermore, vaccination under the project will be voluntary in nature and consent shall be obtained from the beneficiaries in reference to good international practices for vaccination (i.e., WHO guidelines). In doing so, the DOH will be required to consult with the National Commission for Indigenous Peoples (NCIP), Indigenous Peoples' organizations and local governments to ensure adequate protocols for vaccination among indigenous communities and other ethnic minorities, by carefully considering socio-cultural practices and preferences as well as local languages to ensure acceptability and appropriateness of vaccination services. The AF2 will support strengthening M&E that will include data disaggregation for vaccine coverage and administration and all risk communication, capacity building and social mobilization will be done in multiple languages including Indigenous languages.

Standalone Indigenous Peoples instruments are not required under the project since relevant provisions under the ESS7 have been integrated as part of the project's design, including through: i) meaningful consultations with Indigenous Peoples and their representatives through inclusive and participatory engagement and consultations; ii) outreach and affirmative measures to increase accessibility and social acceptance to COVID-19 vaccines; iii) tailoring



services to respect Indigenous belief systems and cultural practices. Such an approach is consistent with ESS7 footnote 10 of paragraph 17 which states that “a community development plan may be appropriate in circumstances where other people, in addition to the Indigenous Peoples will be affected by the risks and impacts of the project; where more than one Indigenous Peoples group is to be included; or where the regional or national scope of a programmatic project incorporates other population groups.”

ESS8 Cultural Heritage

This standard is not considered relevant as the project is not expected to affect cultural heritage. New constructions, if any, will take place within existing premises of health facilities or other public spaces.

ESS9 Financial Intermediaries

Not applicable. The project is not envisaged to provide financial intermediation activities and/or support Financial Intermediaries.

B.3 Other Relevant Project Risks

None identified.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

OP 7.50 is not triggered since the project activities will not affect nor operate in i) any river, canal, lake, or similar body of water that forms a boundary between, or any river or body of surface water that flows through, two or more states, whether Bank members or not; ii) any tributary or other body of surface water that is a component of any waterway described above; and iii) any bay, gulf, strait, or channel bounded by two or more states or, if within one state, recognized as a necessary channel of communication between the open sea and other states and any river flowing into such waters.

OP 7.60 Projects in Disputed Areas

No

OP 7.60 is not triggered since the project is not being implemented in disputed areas under OP 7.60.

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework?

No

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

Not relevant

Public Disclosure



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Implementing Agency(ies)

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VI. APPROVAL

Task Team Leader(s):	Ronald Upenyu Mutasa, Sutayut Osornprasop
Practice Manager (ENR/Social)	Janamejay Singh Cleared on 24-Nov-2021 at 04:09:32 GMT-05:00
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 25-Nov-2021 at 00:26:44 GMT-05:00