



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

Date Prepared/Updated: 06/29/2021 | Report No: ESRSAFA224



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Borrower(s)	Implementing Agency(ies)
Guinea	AFRICA WEST	Republic of Guinea	Ministere de la Santé
Project ID	Project Name		
P176706	Additional financing to the Guinea COVID-19 Preparedness and Response Project		
Parent Project ID (if any)	Parent Project Name		
P174032	GUINEA COVID-19 PREPAREDNESS AND RESPONSE PROJECT		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	6/16/2021	6/30/2021

**Proposed Development Objective**

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

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
<b>Total Proposed Financing</b>	<b>0.00</b>

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

No

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

The proposed project will support the implementation of the Guinea COVID-19 Plan.



#### **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 AF would support the costs of expanding activities of the Guinea COVID-19 Preparedness and Response Project (P174032) and like the parent project it will be implemented nationwide. It will enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Guinea. Activities will be implemented at immunization services in 414 health centers and 840 health posts as well as in public places. The waste management remains a risk for health project, and the vaccines' related-risks bring new challenges. The Parent project is financing incinerators at hospitals and previous initiatives supported Medical Waste Management Plan. Same as the parent project, this project did not involve any construction/rehabilitation, land acquisition, physical/economic displacement or restriction of access to livelihoods. The project is not expected to have an impact on natural habitats or cultural sites directly. The Expanded Program on Immunization (EPI), in its communication and decentralization component with its partners will interact with communities, through an existing institutional arrangement.

The upcountry's bad conditions of the roads and the whole transportation system may be a challenge to reach some remote communities from benefiting from the vaccination program. However, the Government of Guinea will do all the due diligence to ensure equitable vaccination program country wide. In addition, the investment in supply chain and delivery service. COVID-19 vaccine delivery and outreach strategies have been developed with the help of WHO and UNICEF, including a master list and strategy for service providers and delivery points and preparation of delivery sites and logistics. Standard operating procedures for delivery by private facilities (including quality of service, performance, reporting mechanisms for claims management, facility certification, financing, performance monitoring and integrity controls) have been developed

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

The Project Implementation Unit (PIU) within the Ministry of Health (MoH) and the National Health Security Agency (NHSA) will be implementing agencies of this Additional Financing, as the parent project, and under the strategic directions of the Regional Disease Surveillance Systems Enhancement Program, Phase 1 (REDISSE 1; P154807) steering committee. These two institutions are familiar with the World Bank and Guinea environmental and social procedures and have been implementing the parent project (P174032) and the REDISSE 1 (P154807). The safeguards performance of REDISSE 1 project is satisfactory. However, the implementation of the Guinea Covid-19 Preparedness and Response Project, the parent project for the AF, there is a constant need to reinforce and enhance the capacity of the Environment and Social & S specialists to increase their familiarity on the overall ESF tools and procedures and reduce the delays in the preparation and approval of ESF required documents. The parent project, in collaboration with the MoH and the support from the Guinean Office of Audit and Environmental Compliance, built on and used the experience, E&S standards and instruments of the REDISSE Project in the EBOLA repetitive crises, the existing waste management infrastructures procured and installed by previous and ongoing Bank's operations, to effectively implement measures for the mitigation of the short-term risks related to the COVID-19 Preparedness and Response. The PCU of REDISSE 1, oversees this operation with the existing Environmental Safeguards Specialist and the team was strengthened with the recruitment of social and communication specialists before the start of project's activities implementation. In line with the ESCP, the project prepared and submitted to the Bank review two quarterly reports since the first disbursement on September 2020. As the investments started during the second quarter (January-March 2021) the second project's E&S implementation report focused on waste management, distribution of protection equipment, consultation and partnership with other stakeholders, areas of improvement and on key



recommendations regarding the implementation of the environmental and social aspects of the project (medical waste management, health workers and community protection, construction and management of health infrastructures).

Still some areas of improvement exist, including the improvement of waste transportation contract, a more detailed project quarterly report on E&S aspects, an improved reporting on waste management the systematic monitoring of installed incinerators.

For the expanded role related to FA, some capacity building activities will be undertaken regarding E&S aspects of vaccination roll out (cold storage, waste management, distribution, communication)

. The Bank will continue to provide strengthen the capacity within the PIU and the involved stakeholders on ESF. The PIU will work with the Guinean Office of Audit and Environmental Compliance (BGACE in French) and other technical services to address all the environmental and social issues. Given the time constraints and the current work load at the PIU and the NHSA, the project may seek the consultants' services to update ESF documents with vaccine aspects.

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

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

Substantial

#### Environmental Risk Rating

Substantial

The main long-term impacts of the project are expected to be positive. However, vaccination-related risks identified are: (i) community health and safety risks linked to improper transportation, storage, handling, and disposal of vaccines which can lead to vaccine quality deterioration, (ii) occupational health and safety issues related to the availability and supply of personal protective equipment (PPE) for healthcare workers, the logistical challenges in transporting vaccines and materials such as PPE across the country in a timely manner, and close social contact. Risks includes generated waste from vaccine delivery such as sharps and the disposal of used and expired vaccine vials as a result of the project activities. To mitigate these risks the project has already integrated the a summary of Infection Control and Waste Management Plan (ICWMP) and the site-specific Environmental and Social Management Plans (ESMP) templates in the existing Environmental and Social Management Framework (ESMF). The Client will develop a full standalone ICWMP for the Parent and AF Projects, no later than one (1) month after the project effectiveness, and before the beginning of vaccination. This ICWMP will have to be consistent with the National waste management strategies. The ESMF has been updated to include aspects related to COVID 19 vaccines handling. Also incinerators are being put in place by the parent project along with the National Medical Waste Management Action Plan. In addition to the ESMF, the client will implement the activities listed in the Environmental and Social Commitment Plan (ESCP) of the parent project

#### Social Risk Rating

Substantial

The social risk rating of the project is Substantial, possible risks and impacts are reversible but, given the highly infectious nature of the COVID-19 virus, some risks could potentially persist. The main social risks are related to: (i) difficulties in access to health services and facilities by vulnerable social groups such as : (poor, disabled, elderly, isolated communities, people and communities living far from the health facilities, people with chronic conditions, disabled, migrants and disadvantaged sub-groups of women); (ii) lack of access to vaccine supplies, facilities and services designed to control the disease by marginalized and vulnerable social groups; (iii) Other social risks include the rise of social tensions that could be exacerbated by the lack of awareness regarding the behavior change



required to decrease transmission (social distancing, hand washing and hygiene), stigma associated with victims of COVID-19 and their families, perceived exclusion from key health facilities and services and misinformation regarding how COVID-19 is transmitted and prevented (iv) the accelerated pace of vaccine development and the information conveyed by media on associated risks that could increase public anxiety and compromise public acceptance and reluctance. This risk could be exacerbated by a lack of transparency in the dissemination of information by the government and the social media, which may create public mistrust of vaccines; (v) social conflicts and risks to human safety resulting from diagnostic testing; (vi) the limited availability of vaccines and social tensions related to the challenges of a pandemic situation; (vii) the risks of sexual exploitation and abuse/sexual harassment (SEA/SH) among patients and health care providers, particularly with regard to vaccine distribution; (viii) labor influx and the issue of migrant workers; (ix) SEA/SH risks among patients and health care providers, especially in relation to distribution of lifesaving vaccines; (x) inadequate data protection measures and insufficient or ineffective communication by stakeholders on vaccine deployment strategy; (xi) risks related to adverse events following immunizations (AEFIs), which may lead to the stigmatization of vaccine-friendly populations in certain communities and contribute to refusal of vaccines or second dose. These risks will be mitigated through effective risk communication and community engagement to raise awareness among the general population. Continuous awareness raising and education campaigns that will help rebuild community and citizen trust will be done through engagement with religious leaders, political and local traditional leaders, and women's and young people's associative movements, which are generally very dynamic and representative. Potential risks and impacts are mostly temporary or reversible but could become widespread given the highly infectious nature of the COVID-19 virus.

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

### B.1. General Assessment

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

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

The AF is to provide upfront financing for safe and effective vaccine acquisition, deployment, transport, storage, etc. thus enabling the Government to procure safe and effective vaccines at the earliest opportunity, recognizing that there is current excess demand for vaccines from both developed and developing countries. This standard is relevant for the project. The AF will have long term positive impacts and will help vaccinate 8.6 percent of the country's population, helping Guinea to cover a total of 32.3 percent of the total population. However some risks associated with the management of general medical and vaccine related waste will need to be addressed.

A recent study conducted by the Guinean National Institute of Statistics and the World Bank found that 80 percent of the population would be willing to be vaccinated if the vaccines are offered free of charge.

Guinea has developed an Expanded Program on Immunization (EPI). Guinea has also conducted a vaccine readiness assessment to identify gaps and options to address them, as well as to estimate the cost of vaccine deployment, with the support of the World Bank, WHO, UNICEF, and GAVI. This assessment considers the government's vaccine deployment strategy. In January 2021, the Government of Guinea prepared a National COVID-19 Vaccines Deployment Plan, which draw on the findings of the Vaccine Introduction Readiness Assessment Tool /Vaccine Readiness Assessment Framework Version 2 (VIRAT/VRAF 2.0) assessment and gap analysis. Guinea also developed an Operation Plan for vaccines deployment.

The primary risk identified includes environmental and community health-related risks from inadequate storage, transportation, and disposal of infected medical waste, including vaccine waste. As of the sub component 1.5, the AF



will finance cold rooms for safe vaccines storage, in-country fuel-efficient refrigerated trucks and vehicles for vaccines transportation, climate-sensitive cold chain equipment (solar-powered refrigerators, climate-friendly/energy-efficient freezers, infrastructure and logistic strengthening encompassing supply of energy sources and water

All the initiatives will help updating and be consistent with the Environmental and Social Management Framework (ESMF) developed for the parent project. The Health and Safety section of the ESMF is updated to integrate the safety issue of the vaccines I. In addition to the ESMF, the project has updated the parent project ESCP to integrate the activities for vaccines.

The Stakeholder Engagement Plan (SEP), prepared under the parent project for effective outreach and citizen participation, has been updated. Additional communication measures related to COVID-19 Vaccines to help address potential risks of fair vaccine access and hesitancy, have been included.

Medical Waste Management and Disposal. The project's updated ESMF covers environmental and social risks with preliminary control measures and procedures for safe handling, storage, and processing of COVID-19 materials, including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project- supported laboratories and medical facilities. It also clearly outlines the implementation arrangement put in place by the MSHP for environmental and social risk management; and compliance monitoring and reporting requirements, including those on medical waste management based on the ICWMP table prepared as part of the ESMF. Each targeted healthcare facility will continue to apply infection control and waste management planning protocols following the requirements of the updated ESMF and relevant Environmental Health and Safety (EHS) Guidelines (EHSG), plus those laid out by the Good International Industry Practice (GIIP) and, WHO Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19.

Healthcare-associated infections due to inadequate adherence to OHS standards can lead to illness and death among health and civil workers, as well as disease spreading within communities. The workers in healthcare facilities will be among prioritized population to be vaccinated and their working condition will be adequately reflected in the LMP..

Community Health and Safety. During the parent project implementation, a health communication specialist was recruited to oversee the preparation of the detailed communication and awareness plan that is adapted to ensure that vulnerable and disadvantaged groups are adequately consulted and receive accessible information regarding the project. The communication plan is under implementation since its approval. It has been updated to take into account the vaccine deployment aspect. The SEP will continue to serve as a key instrument for outreach to the community at large on issues related to social distancing, higher risk demographics, self-quarantine and quarantine measures. It is critical that these messages be widely disseminated, repeated often and clearly understood.

Vaccine Safety and Efficacy. To mitigate the potentially adverse health effects of administering unsafe vaccines, the funds can only be used for the procurement of thoroughly tested and approved vaccines. The project will strengthen the Monitoring and Evaluation (M&E) system to record the details of the recipients of vaccine, as well as vaccine adverse effects.

Vaccine Safe Transportation and Storage. The vaccines are prone to rapid decay and ineffectiveness when not stored at the proper temperature, which could lead to high wastage. Wasted vaccines may be dangerous or, at the very minimum ineffective when administered. Storage and transportation are a challenge in global supply chains, particularly in places that lack the enough quantity and quality of storage and the appropriate transport infrastructure. The MSPH has assessed the country's readiness for deployment of the COVID-19 vaccine and have already developed the Vaccine Deployment Plan in harmony of the existing Ebola Plan. The AF will fund necessary investment in storage equipment and logistics to enable the safe delivery of vaccines throughout the country.

Vaccine Equitable Distribution and Access. Risks of elite capture or the inability to distribute the vaccine safely to more remote areas could lead to potential exclusion of people vulnerable to vaccination. The updated SEP and ESMF



including the vaccine will address the relevant project risks and impacts, including the: (i) risk that project-related impacts fall disproportionately on individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable; and (ii) risk of prejudice or discrimination toward individuals or groups in providing access to development resources and project benefits, particularly in the case of those who may be disadvantaged or vulnerable. Examples of target priority groups include frontline health and care workers at high risk of infection, older adults, patients with comorbidities, pregnant women and other priority groups with increased risk of COVID-19-related mortality.

The national plan also includes the national dissemination of social mobilization, community engagement and communication activities to foster a positive and consistent dialogue with communities, including those who are traditionally neglected, as well as to disseminate information and key messages in local languages and through community platforms and networks to build trust and promote community ownership of the vaccine process and prevent and combat stigma and discrimination. The AF will support the development of operational plans through a consultative process in each district and support the Guinea Government to put in place an institutional framework to ensure the safe and effective deployment of the vaccine, which will include mechanisms to ensure voluntary vaccination practices including the development of guidelines and training of vaccinators in pre-vaccination counselling and other elements required to ensure informed consent. The framework will be complemented by community engagement activities that aim to ensure the population has a clear understanding of the risks and benefits of the vaccination campaign and feels motivated to make a voluntary, informed decision to protect itself, their families and communities. However, the AF-funded procurement, distribution and administration of vaccines can equally lead to occupational and community health and safety risks, as well as risks associated with vaccine allocation coverage.

Environmental and Social Performance review of the Parent Project: Given that the implementation of the parent project started on October 2020, prior to the disclosure of the ESMF on June 2021, the PIU of the parent project used the existing Environmental and Social Management Framework (ESMF) prepared for the World Bank-funded REDISSE Phase 1 project in Guinea, while at the same time updating it in order to respond to the Covid19 emergency situation. Since it was not possible to organize site supervision missions during the COVID 19 period, an audit of the parent Project will be conducted in regularization to assess the compliance with the provisions of the Environmental and Social Standards of the ESMF which was disclosed afterwards in order to confirm the conformity status of the parent project.

### **ESS10 Stakeholder Engagement and Information Disclosure**

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the support of the World Bank, WHO, UNICEF, and GAVI. This assessment considers the government's vaccine deployment strategy. In January 2021, the Government of Guinea prepared a National COVID-19 Vaccines Deployment Plan, which draw on the findings of the Vaccine Introduction Readiness Assessment Tool /Vaccine Readiness Assessment Framework Version 2 (VIRAT/VRAF 2.0) assessment and gap analysis. Guinea also developed an Operation Plan for vaccines deployment.

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Medical Waste Management and Disposal. The project's updated ESMF adequately covers environmental and social control measures and procedures for safe handling, storage, and processing of COVID-19 materials, including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project-supported laboratories and medical facilities. It also clearly outlines the implementation arrangement put in place by the MOH for environmental and social risk management; and compliance monitoring and reporting requirements, including those on medical waste management based on the ICWMP Template in addition to the ESMF. Each targeted healthcare facility will continue to apply infection control and waste management planning protocols following the requirements of the updated ESMF and relevant Environmental Health and Safety (EHS) Guidelines (EHSG), plus those laid out by the Good International Industry Practice (GIIP) and, WHO Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to OHS standards can lead to illness and death among health and civil workers, as well as disease spreading within communities. The workers in healthcare facilities will be among prioritized population to be vaccinated,.

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## **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**

Like the parent project, the AF will be implemented in accordance with the applicable requirements of ESS2 in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for project workers, and incorporating labor requirements the OHS specifications of the procurement documents and contracts with contractors and supervising firms. Healthcare workers play a critical role in outbreak response and are the backbone of a country's defenses to limit or contain the spread of disease. They face higher risks of potential COVID-19 infection in their efforts to protect the greater community and are exposed to other health hazards, such as psychological distress, fatigue and stigma. They will be prioritized for early vaccination.



Worker safety: Healthcare associated infections, due to inadequate adherence to OHS standards, can lead to illness and death among health and laboratory workers. The laboratories to be supported by the project will process COVID-19 and will therefore have the potential to cause serious illness, or potentially lethal harm, to the laboratory staff and to the community, so effective administrative and containment controls will be put in place to minimize these risks. Environmentally and socially sound health facilities' management will require adequate provisions for the minimization of occupational health and safety risks including the proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedures for COVID-19, appropriate chemical and infectious substance handling, and transportation procedures. These measures are partially covered in the ICWMP table contained in the ESMF and are based on the national healthcare delivery standards and norms set out by the MOH, in addition to WHO guidance.

Under the ongoing project, the MOH has been implementing the mitigation measures defined in the ESMF, which includes specific instruments on OHS, prepared either by the client and/or the contractor prior to the commencement of works (such as OHS checklists, codes of conduct, and safety training ). All contracts, and vaccine transportation contracts, will comprise industry-standard codes of conduct that incorporate measures to prevent Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH). These measures will also address risks in relation to SEA/HS in the workplace, both for project personnel and workers, which can include actions to ensure signature of and training on codes of conduct for workers and personnel, worker and community sensitization on SEA/SH, in addition to actions such as installing sex-segregated facilities that are secure, lockable from the inside, and well-lit on the work site for female and male personnel including people living with disability. Likewise, it will also have the details of the grievance mechanism (GM) for workers and the roles and responsibilities for monitoring such workers; as for the project, the GRM for workers will also outline specific procedures to ensure the ethical and confidential management and resolution of SEA/SH claims, including timely referrals of survivors to appropriate support services for assistance (medical, psychosocial, legal). These various provisions to address SEA/SH risk for workers with external firms must also be included in bidding and contract documents. A locally based GM designed specifically for direct and contracted workers has been in place in each facility/site, and the GM data is collected and analyzed by PIU staff on regular basis. The LMP includes the prohibition of child labor in hazardous work situations and the use of forced labor; rights (such as overtime compensation, annual or sick leave, or severance) for healthcare workers or other essential workers and their limitations due to COVID-19 emergency measures; procedures of entry into healthcare facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of the workers in relation to infection control precautions and these are included the labor management procedures and in contracts; grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime; inadequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); adequate OHS protections in accordance with General EHSs and industry-specific EHSs and follow evolving international best practice in relation to protection from COVID-19

Public Disclosure

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

This Standard is relevant. Pollution prevention and management – specifically medical waste management – will be a particularly important activity under the Project. Medical waste, including syringes and vaccine vials, as well as



expired or wasted vaccines, contaminated PPE and equipment, and lab testing kits from healthcare facilities will need to be safely stored, transported, and disposed. Incinerators used for the elimination of medical waste will potentially generate some pollutants, including Heavy metals; Organics in the flue gas, which can be present in the vapor phase or condensed or absorbed on fine particulates; Various organic compounds (e.g. polychlorinated dibenzop-dioxins and furans [PCDD/Fs], chlorobenzenes, chloroethylenes, and polycyclic aromatic hydrocarbons [PAHs]), which are generally present in hospital waste or can be generated during combustion and post-combustion processes; Hydrogen chloride (HCl) and fluorides, and potentially other halogens-hydrides (e.g. bromine and iodine); Typical combustion products such as sulfur oxides (SOX), nitrogen oxides (NOX), volatile organic compounds (including non-methane VOCs) and methane (CH<sub>4</sub>), carbon monoxide (CO), carbon dioxide (CO<sub>2</sub>), and nitrous oxide (N<sub>2</sub>O)

. . The Client has developed a full Infection Control and Waste Management Plan (ICWMP) for the Project in advanced draft and will disclose the finalized version prior to project effectiveness, and before the beginning of vaccination. This ICWMP will have to be consistent with the National waste management strategies  
The project will support the adoption of global tools and adaptation of supply chain system with best practices, including cold chains such as Solar Direct Drive Refrigerators (SDDs) and WHO Performance, Quality, Safety (PQS) certified climate-friendly refrigerators/freezers to reduce greenhouse gas (GHG) emissions and sustainable end-of-life options for old or high-polluting Coordination Centre for Effects (CCE).  
The ESMF will include guidance related to transportation, storage, handling, and disposal of vaccines, samples and medical goods or expired chemical products, and wasted vaccines. Resources (water, air, etc.) used in health care facilities will follow standards and measures in line with US-Center for Disease Control (CDC) and WHO environmental infection control guidelines for medical facilities.

#### **ESS4 Community Health and Safety**

Guinea has conducted a vaccine readiness assessment to identify gaps and options to address them, as well as to estimate the cost of vaccine deployment, with the support of the World Bank, WHO, UNICEF, and GAVI .This assessment considers the government’s vaccine deployment strategy. In January 2021, the Government of Guinea prepared a National COVID-19 Vaccines Deployment Plan, which draw on the findings of the Vaccine Introduction Readiness Assessment Tool /Vaccine Readiness Assessment Framework Version 2 (VIRAT/VRAF 2.0) assessment and gap analysis. Guinea also developed an Operation Plan for vaccines deployment.

This standard will ensure measures are in place in the project instruments to protect the health of the communities. Thus the existing parent project’s ESMF has been updated to ensure the integration of necessary measures and The Infectious Control and Waste Management Plan (ICWMP) will be implemented to control adverse impacts of vaccines operations on communities.

The potential SEA/SH risks associated with international transportation company workers are limited as all the contractors have to accept and comply with the UN Supplier Code of Conduct, which includes the prohibition of SEA/SH. The transportation of vaccines to remote areas will be managed in-house by the MOH, which owns the appropriate trucks. Only internal MOH’s truck drivers with signed labor agreements and code of conducts will be engaged in the transportation of vaccines to remote areas. Further vaccines will be distributed by district and transport arrangements made by the MOH. Thus, the SEA/SH risks are very low.



Equipment will be purchased, and training provided with the aim to increase the capacity of the PCU to monitor and investigate adverse events as well as to establish and implement vaccine cold chain temperature monitoring and EPR measures.

The AF will finance training and capacity building of: (i) health personnel on case management, disease surveillance, personal protection, infection control will also include attention to climate related health impacts and GBV/EAS/HS and the medical management of rape survivors by the projects health staff; (ii) local immunization actors on new tools and the strengthening of existing data and monitoring systems.

To date, there are no plan to use security personnel in any part of the vaccination program. While the use of security forces is not anticipated, in the event that they do need to be deployed, the MOH and PCU will take relevant mitigation measures to ensure that the engagement of security personnel in the implementation of project activities for the provision of security to project workers, sites and/or assets, be consistent with ESS4 and associated Bank guidance.

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

This standard is not relevant. The project activities will not lead to any construction /rehabilitation and did not require any land acquisition leading to physical or economic displacement

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

This standard is not relevant. No biodiversity impacts is anticipated , all vaccine waste are expected to be disposed of, as per the ICWMP

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

This standard is not currently relevant. There are no Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities in the project area.

**ESS8 Cultural Heritage**

This standard is not currently relevant. It is not anticipated that the project will impact cultural heritage as no civil works are planned in the context of the project. The ESMF will include a “chance finds” procedure which will be invoked when cultural heritage sites are encountered.

**ESS9 Financial Intermediaries**

Not currently relevant

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways**

No

Public Disclosure



**OP 7.60 Projects in Disputed Areas**

No

**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?**

In Part

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

Guinea Expanded Program on Immunization (EPI) will be applied, as well as the Decree on Environmental Impacts Assessments.

**IV. CONTACT POINTS**

**World Bank**

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**Borrower/Client/Recipient**

Borrower: Republic of Guinea

**Implementing Agency(ies)**

Implementing Agency: Ministere de la Santé

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

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Public Disclosure



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