



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

Date Prepared/Updated: 01/11/2021 | Report No: ESRSAFA068



BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Moldova	EUROPE AND CENTRAL ASIA	Republic of Moldova	Ministry of Health, Labor and Social Protection
Project ID	Project Name		
P175816	Moldova COVID-19 Emergency Preparedness and Response Project - Additional Financing		
Parent Project ID (if any)	Parent Project Name		
P173776	Moldova Emergency COVID-19 Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	1/21/2021	3/16/2021

Proposed Development Objective

The objectives of the Project are to prevent, detect and respond to the threat posed by the COVID-19 pandemic in Republic of Moldova.

Financing (in USD Million)	Amount
Current Financing	0.00
Proposed Additional Financing	0.00
Total Proposed Financing	0.00

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 Moldova Emergency COVID-19 Project (parent project) supports the Government of Moldova (GoM) in responding to a potential outbreak of COVID-19. Component 1 (Emergency COVID-19 Response) provides immediate support to respond to the COVID-19 outbreak, with a focus on limiting community transmission, building capabilities to handle severe cases and mitigating the negative financial economic at the household level. It also supports the development of multisectoral response coordination and community preparedness. In addition, Component 1 supports social assistance efforts to mitigate the effect of containment measures on the poor. Component 2 (implementation management and monitoring and evaluation) finances the project management unit and monitoring activities. The proposed Additional Financing (AF) includes financing for Component 1 and will enable affordable and equitable access to COVID-19 vaccines, help ensure effective vaccine deployment by strengthening the existing vaccination system, and further strengthen preparedness and response activities under the parent project. This would be the second AF to this project; the first AF was approved on December 23, 2020.

D. Environmental and Social Overview

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

Similarly with the original Moldova Emergency COVID-19 Project (the Project), the Additional Financing (AF) has the same E&S baseline and country-wide coverage.

Moldova has a surface area of 33,850 square kilometers and is located in the south-eastern Europe, between Ukraine and Romania, with an estimated population of approximately 3.5 million people (WDI, 2018). The surface area is roughly divided in 91% rural and 9% urban. Agricultural land use covers about 75% of Moldova’s total land area. Moldova is divided to 32 districts (rayon), 3 municipalities and 2 autonomous regions (Gagauzia and Transnistria). Moldova is vulnerable to changes in external demand and climate shocks due to its small size, open economy, and reliance on agriculture. In the COVID-19 context, Moldova’s poor systems for medical waste management and disposal and lack of adequate and appropriate water supply and sanitation conditions, especially in the rural areas, make the country highly vulnerable.

The project at the effectiveness (May 2020) had not completed some E&S requirements but gradually moved into progress with the preparation of the ESMF and staffing the E&S in the PIU in September 2020. Although there are no any “lessons learned” that can be shared because the project has only been under implementation for less than eight months and due to continuous lock of the country under pandemic situation, the Government is fully committed to provide relief and assistance to the affected people.

This Project, together with this second AF, will provide immediate support to respond to the COVID-19 outbreak, in particular to limit local transmission through containment strategies, appropriate infection prevention and control (IPC) and intensive care to patients suffering from severe acute respiratory infection. The primary objectives of this AF are to enable affordable and equitable access to COVID vaccines, help ensure effective vaccine deployment in the Republic of Moldova through enhanced vaccination system strengthening, and further strengthen preparedness and response activities under the parent project. The Project-AF activities will take place nationwide.

COVID-19 response activities such as strengthening of laboratories and intensive care units, the quarantine and isolation centers, as well as the vaccination process may have considerable environmental and social impacts, such as those related to medical and general waste disposal. The Government of Moldova (GoM) has limited funds to adequately prepare for the onset of the COVID-19 pandemic;- the health system is not sufficiently equipped to contain the spread of diseases and provide necessary and timely treatment. Despite good progress in the development of the system of multilateral epidemiological, environmental and infection control, the systemic gaps



remain in the organization of public health, which keep up environmental, sanitary, health and occupational risks at all stages of the process of identifying and treating diseases.

This Additional Financing is being proposed at a crucial juncture in the Government of Moldova's response to COVID-19. A critically important change in the state of science has been the emergence of new therapies and the potential production of COVID-19 vaccines. New therapeutics and COVID-19 vaccines are being developed and eleven are already in large-scale phase-3 clinical trials. Recently published results from the trials of three vaccines show that they are safe and effective. The Pfizer/BioNTech COVID-19 vaccine has received emergency use authorization from a stringent regulatory authority. There are other pharmaceutical companies that have expressed confidence that they will soon have sufficient data from Phase III trials to apply for stringent regulatory authority approval. Global production capacity is also being developed, and a first COVID-19 vaccine became available at the end of 2020.

D. 2. Borrower's Institutional Capacity

As with the parent Emergency COVID-19 Project (the Project), AF implementation will be led and coordinated by the Ministry of Health, Labor and Social Protection (MoHLSP).

MoHLSP has experience in managing environmental and social risks associated with World Bank projects, including the ongoing PforR project "Health Transformation Operation" (HTO) P144892.

Though their experience is primarily with Bank's safeguards Operational Policies rather than the newer Environment and Social Framework (ESF); however the PIU has prepared an Environmental and Social Management Framework (ESMF) for the parent project. The country also has an appropriate legal framework and established institutions for environmental and social risk management. MoHLSP has full responsibility for the organization and regulation of health services provided to individuals and the public, and for ensuring the state surveillance of population health; however, the financing of most health services is the responsibility of the National Health Insurance Company (CNAM). MoHLSP is responsible for providing the legal framework on the management and proper disposal of medical waste generated in the public and private health service sector.

Therefore, MoHLSP develops and approves sanitary norms, rules, and hygienic specifications. MoHLSP will be the implementing agency for the project. It is designated as the central operational body within the GoM and standing headquarters for COVID-19 prevention and response. The MOHLSP will receive professional implementation and project management support, including procurement and financial management, from the existing Project Implementation Unit (PIU) working for HTO. As per the Project's Environmental and Social Commitment Plan (ESCP), MoHLSP already appointed one environmental specialist and one social specialist in the PIU. The PIU will be responsible for Project and AF delivery in accordance with the Environment and Social Management Framework (ESMF) prepared after effectiveness in accordance with the ESCP requirements.

Generally, Moldova's capacity to manage risks associated with COVID-19 is a major concern as the lab personnel may not have the detailed know-how on bio-safety risk management in the labs to be used for COVID-19 diagnostic testing. Equally, the country has no experience in handling public health emergency concerns like COVID-19 as well as related measures, including quarantines. The project will provide funding to address these shortcomings and it will be important that the Project will use international expertise to achieve international best practices on these matters in line with WHO guidelines.

In addition, it should be mentioned that under other donor programs to support the country response to COVID-19, Moldova has also requested support to mitigate the waste management challenges. However, the limited resources committed under those programs had to prioritize diagnostics, treatment and protection equipment needs over environmental challenges. Under other communicable diseases programs, like HIV/AIDS control, efforts have been undertaken to support waste management at the local level, including CSOs. However, those efforts do not cover the entire territory of the country and less the eastern region of Moldova.



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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

This AF has the same PDO, components and institutional arrangements as the parent project. Thus, the environmental risks have been assessed to be the same for both. Although the main long-term impacts are likely to be positive, there is a number of short-term risks that need to be taken into account. The main environmental risks are related to include: (i) occupational health and safety for medical staff, laboratory staff and communities in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages of the COVID-19 cycle; and (ii) occupational health and safety related to collection, transportation and disposal of medical waste management. To mitigate these risks the MoHLSP prepared an Environmental and Social Management Framework (ESMF) which contains provisions for storing, transporting, and disposing of contaminated medical waste and outline guidance in line with international good practice and WHO standards on COVID-19 response on limiting viral contagion in healthcare facilities. This is also applicable to the specific medical waste generated by the vaccination process that will be carried on country-wide. In addition to the ESMF, the client will implement the activities listed in the ESCP. The Project and AF will also support MoHLSP in coordination with WHO, UNICEF, CDC, and other partners in overcoming logistical constraints in the timely provision of technical expertise, supplies, equipment and systems across the country. The Project and first AF will support minor rehabilitation works (repair) of intensive Care Unit (ICUs) in selected hospitals. The location of ICUs will be selected based on existing services and human resources capacities and expanding geographical access to health care services in order to ensure equitable access to highly specialist care across the country. All works will be interior and implemented within the existing footprint of the target facilities; thus, the environmental impacts are expected to be low in magnitude, reversible, predictable and temporary.

Social Risk Rating

Substantial

The AF has the same PDO, components and institutional arrangements as the parent project. However the social risks have been assessed to be substantial mainly because there is a broader social risk of inequity in access to vaccines, due to political pressures to provide vaccines to groups that are not prioritized (e.g. elderly and medically vulnerable patients). This risk needs to be mitigated through several measures, including a communication and outreach campaigns to ensure vaccine delivery targets the most vulnerable populations, particularly women, in accordance with criteria specified in this AF. WHO notes that while there is evidence that the risk of severe disease and death is higher in males than in females, particularly in older age groups, this difference in risk is diminished when comorbidities and other factors are taken into account. In many contexts, women are disproportionately represented in high-risk occupation groups and they often have direct responsibility for caring for elders. Also, in some contexts, women are disadvantaged in terms of access to health care, political and social status, and decision-making authority due to social structural features in some communities. Prioritizing men or women for vaccination could exacerbate underlying gender-based inequities. For these reasons, the vaccine roadmap does not use gender to identify prioritized vaccine use cases.

The Bank will support the Government of Moldova to develop and adapt explicit, contextually appropriate, and well-communicated criteria for access to vaccines. The Project and AF will have to ensure that the medical isolation of

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individuals does not increase their vulnerability (for example, to gender-based violence (GBV). Handling of quarantine interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of sexual exploitation and abuse and sexual harassment (SEA/SH) as well as meeting minimum accommodation and servicing requirements) can also be listed as issues that will require close attention. Social risks also include social tensions that could be exacerbated by the project and community health and safety-related outcomes (especially related to the spread of disease and waste management) in addition to risks of social exclusion which is widespread in Moldova due to variance in communities' or individual's ability to pay. MoHLSP will use the Stakeholder Engagement Plan (SEP) updated for this AF project to engage citizens and for public information disclosure. MoHLSP will continue to update the SEP during implementation to include more information on the environmental and social risks of project activities and new modalities that take into account the need for a comprehensive community engagement and participation plan, including improved hygiene, physical distancing and procedures describing access and eligibility for social protection activities of the project.

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 original Emergency COVID-19 Project (the Project) became effective on May 28, 2020, and therefore, no significant E&S developments were noticed so far. The scope, as well as, the geographical coverage of eligible activities remain the same. There are no additional environmental and social risks that are likely to arise from activities supported under this second AF.

The AF will have, similarly with the Project, positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring and containment as well as provide targeted support for the more vulnerable households. Thus, the measures to address social and environmental risks in the parent project remain relevant, including infection prevention and control improvements in health facilities, such as assessment and mitigation measures for medical waste risk management that will be expanded as inoculation sites expand. These risks are covered by ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10. To mitigate these risks the MoHLSP has prepared an ESMF that includes provisions for storing, transporting, and disposing of contaminated medical waste. The ESMF outlines guidance in line with international good practice and the World Health Organization's standards on COVID-19 response on limiting viral contagion in health care facilities. The social risk is anticipated to be substantial in Moldova because according to a recent public release, Moldova is among the 67 countries which will be able to vaccinate only one in ten people against COVID-19 next year, unless urgent action is taken by the government and the pharmaceutical industry to make sure enough doses are produced. Also, it is considered that there is a broader social risk of inequity in access to vaccines, due to political pressures to provide vaccines to groups that are not prioritized based on need or vulnerability.

The latter risk will be mitigated through several measures, including a communication and outreach campaign to ensure vaccine delivery targets the most vulnerable populations, particularly women, in accordance with criteria specified in this AF. The Bank will support Moldova to develop and adapt explicit, contextually appropriate, and well-communicated criteria for access to vaccines. The Moldovan authorities, in consultation with key stakeholders and partners, have identified several scenarios of Covid-19 Immunization. Priority groups for COVID-19 vaccination have been defined in accordance with WHO and the Strategic Advisory Group of Experts on Immunization (SAGE). The



prioritization approach was discussed and endorsed by the National Immunization Technical Advisory Groups (NITAG) members on December 9, 2020. Based on the COVAX facility planned support, the initial lot of vaccines will cover 20 percent of Moldova’s population, which is reported to be 3,473,900 inhabitants. The country also plans to share costs for additional 10% of COVAX vaccines. Further on, providing additional assistance is committed, the next phase of immunization is intended to cover up to 50 % of population. Thus, a Stage 1 immunization program would target: health workers, other essential workers, and the most vulnerable populations, including a mix of the elderly, people with co-morbidities, social workers, and those in high-population density locations. In Stage 2, vaccination would target larger number of populations considered in stage 1, plus about 5% of people from other categories. Therefore, there is consensus to first target health workers, other essential workers, and the most vulnerable populations, which will include a mix of the elderly, people with co-morbidities, and people in high-population density location such as urban, low-income neighborhoods. These equally respect the principle of the Values Framework and underscores the importance of ensuring that immunization delivery systems place equal focus on reaching both men and women in every priority group . WHO’s “A practitioner's guide to the principles of COVID-19 vaccine communications” will be used in developing a strategic communication approach and planning for COVID-19 vaccine introduction. The Bank will also continue to provide technical and implementation support to mitigate this risk. All targeting criteria and implementation plans will be reflected in the country’s national vaccination program. Another potential risk is the increased incidence of reprisals and retaliation especially against healthcare workers and researchers. This risk will be mitigated through explicit inclusion in robust stakeholder identification and consultation processes throughout the project.

The WHO’s assessment of Republic of Moldova’s operational readiness for preventing, detecting and responding to public health emergency is rather low (scoring 3 out of 5), indicating high vulnerability to COVID-19. To manage these risks, the MoHLSP, with support from the PIU, has prepared two major instruments: (i) an ESMF that includes templates for site specific Environmental and Social Management Plans (ESMP) and an Infection Control and Medical Waste Management Plan (ICWMP) so that the ICUs, laboratories, and quarantine facilities to be supported by the Project will apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities; the ESMF has an exclusion list for COVID-19 ICU and lab activities that may not be undertaken at the labs unless the appropriate capacity and infrastructure is in place; and (ii) a Stakeholder Engagement Plan (SEP) for effective outreach and citizen participation.

The Borrower is considering also to supplement the PIU's capacity to address potential areas of weakness, including additional consultants to support public outreach and communication campaign work alongside the E&S specialists. These safeguards instruments have been developed under the parent Project, in compliance with the Environmental and Social Framework (ESF), will also apply to the proposed AF. The ESMF has been updated to ensure it reflects the additionalities brought in through the AF, such as criteria to prioritize vulnerable and most needy groups for vaccine provisions, and communication and outreach campaign for fair, equitable and inclusive access and allocation of project services etc. The Stakeholder Engagement Plan was updated for this AF and will be regularly updated in course of project implementation as needed to reflect additional measures for ensuring the involvement of most vulnerable and disadvantaged groups and incorporating their feedback in the design and implementation of vaccine deployment. The environment and social risk management actions are clearly identified in the Environmental and Social Commitment Plan which will be implemented by the MoHLSP.

Medical Waste Management and Disposal: Moldova’s Medical Waste Management System is negatively affected by socioeconomic status and by limitation in health services and has no clear organizational concept and the legal framework is still weak. Given that the medical waste generated by laboratories and health care facilities is a



potential vector for the contagion, improper handling of medical waste runs the risk of further spread of the disease. Therefore, the ESMF includes an ICWMP specifically designed for COVID-19 identification, testing, and treatment. Worker Health and Safety: Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers as well as the wider spreading of the disease within communities. The ICWMP developed for the parent project contains detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary PPE.

Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included. Community Health and Safety: The SEP is a key instrument for outreach to the community at large on issues related to social distancing, higher risk demographics, self-quarantine, and quarantine. It is critical that these messages be widely disseminated, repeated often, and clearly understood. Each ICU, laboratory, and quarantine facility will apply infection control and waste management planning following the requirements of the ESMF and relevant guidelines (World Health Organization (WHO), Good International Industry Practice (GIIP), etc.). The ESMF covers environmental and social infections control measures and procedures for the 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 will also clearly outline the implementation arrangement to be put in place by MOH for environmental and social risk management; training programs focused on COVID-19 laboratory bio-safety, operation of quarantine and isolation centers and screening posts, as well as compliance monitoring and reporting requirements, including on waste management based on the existing ICWMP prepared as part of the ESMF.

This operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility.

ESS10 Stakeholder Engagement and Information Disclosure

Stakeholder and community engagement, and effective communication are essential to the success of COVID-19 vaccine programs. Therefore, any prioritization decisions will be made through transparent processes that are based on shared values, best available scientific evidence, and appropriate representation and input by affected parties. The timing and methods of engagement with identified stakeholders has been outlined in a Stakeholder Engagement Plan (SEP) prepared for the Project by the Borrower. The SEP prepared for the parent Project has been updated to reflect the scale-up of activities under AF and serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM). During implementation, the list of stakeholders may be expanded to include additional interested parties. Individuals and groups likely to be affected (direct beneficiaries) have been identified. Risk-hot spots on the international borders as well as in-country have been delineated. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been completed.

The parent project has established a Grievance Redress Mechanism (GRM) to receive and address concerns emerging during implementation in a transparent and accountable manner. Citizens can also submit grievances using the



“green-line”, email address, and by direct comments on the dedicated Facebook page of the MHLSP . The GRM is continuously being analyzed and strengthened, enabling stakeholders to air their concerns/ comments/ suggestions, and includes the possibility of anonymous grievances to be raised and addressed, an appeal process for unsatisfactory complainants, and providing accessible grievance uptake channels (online and offline, including telephone, text message, email, grievance boxes etc.). In addition, national hotlines are nationally accessible, free of charge, by the public. Complaints are also received by the anti-corruption center and forwarded to the MoHLSP for review. Additional actions to ensure the process of addressing concerns is systematic and effective have been outlined in the SEP. The SEP will be updated on a quarterly basis to reflect additional measures for ensuring the involvement of disadvantaged groups and incorporating their feedback for equitable vaccine deployment. The GRM will also be strengthened and sensitized to receive grievances on the potential adverse reactions to vaccinations and other related issues.

The national vaccination program will be based on strategic approaches to promote public trust and acceptance of COVID-19 vaccine. Such strategic approaches will include practical strategies to improve the public’s perception and understanding of vaccine development and prioritization processes and include i) culturally and linguistically accessible communications made freely available regarding COVID-19 vaccination; ii) recruitment of community opinion leaders to improve awareness and understanding of such communications; and iii) inclusion of diverse and affected stakeholder opinions in decision-making. Efforts towards community engagement and effective communication are additionally important in subpopulations, which may be unfamiliar with or distrustful of health-care systems.

Key stakeholders will include national health authorities and government bodies, national Immunization Technical Advisory Groups, UN bodies and other international organizations, civic associations working for elderly populations, as well as private sector organizations with a role in immunization, vaccine manufacturers research scientists, and educational institutions at all levels, nongovernmental organizations, religious organizations community groups, e.g. representing key population groups such as culturally and linguistically diverse communities(e.g. the Roma), and those committed to vaccine advocacy science journalists, the media, national science media centers and others.

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 AF, similarly as the Project, shall be carried out in accordance with the applicable requirements of ESS 2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures (emergency preparedness and response measures), setting out grievance arrangements for project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. The Project and the AF are expected to encompass the following categories of workers: direct workers and contracted workers, Direct workers could be either government civil servants or those deployed as ‘technical consultants’ by the project. The ESMF includes Labor Management Procedures (LMP) and sections on Environment Health and Safety (EHS) including, inter alia, emergency preparedness and response measures, setting out grievance arrangements for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents. The necessary protocols for treating



patients and handling medical waste, disinfectant protocols, regular testing of healthcare workers, requirements for proper disposal of sharps, along with the environmental health and safety guidelines for staff and necessary Personal Protective Equipment (PPE), are included in Infection Control and Medical Waste Management Plan (ICWMP) to be adopted and implemented by ECs and laboratories participating in the project. In line with ESS 2 and Moldova laws, the use of forced labor, child, or conscripted labor is prohibited in the project, including for construction and operation of health care facilities. The Labor Management Procedures incorporate description of the national law provisions which regulate labor rights, working hours, including sick leave, adjusting work practices, restrictive measures and addressing grievances. Finally the LMP includes measures for addressing SEA/SH risks for workers.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment), but also from the vaccination processes can have impact on the environment and human health. Wastes that may be generated from medical facilities and labs could include liquid contaminated waste, chemicals, and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow an ICWMP to prevent or minimize such adverse impacts. The ICWMP will mandate that any waste associated with COVID-19 testing or treatment will be incinerated on site whenever possible. It will also contain strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste incinerator if on site destruction is not possible. The ESMF includes guidance related to transportation and management of samples and medical goods or expired chemical products, as well as small scale rehabilitation activities. According to the Sanitary Regulation on the management of waste resulting from medical activity, approved in Moldova, each hospital or medical care units are obliged to have a special space for temporary storage of medical waste. The packaging of waste resulting from medical activity, including hazardous waste, is carried out to allow its disposal with minimal risks to the environment and public health. The temporary storage points for hazardous medical waste is marked with appropriate symbols, warning of the nature of the hazard of the chemicals. The treatment of infectious waste is ensured by incineration in facilities located on the territory of medical institutions - is carried out in the districts of Comrat, Telenesti, Calarasi, Ceadir-Lunga, Glodeni, Cimişlia, Drochia, Nisporeni, Ştefan Vodă. The activity of collecting, transporting and autoclaving medical waste is organized by specialized companies certified by the Ministry of Agriculture, Regional Development and Environment. The site specific ESMPs, to be prepared for rehabilitation of the ICUs in selected hospitals will include procedures for handling construction waste. Facilities with asbestos insulation, pipe lagging, etc. will be excluded from financing under the project. In case of basic hand-washing facilities, restrooms or other basic health and hygiene conditions, these will be improved by taking into consideration safe wastewater management (mini septic tanks, etc.). Resources (water, air, etc.) used in health care and quarantine facilities and labs will follow standards and measures in line with State Sanitary Hygienic Service of MoHSP and WHO environmental infection control guidelines for medical facilities.

ESS4 Community Health and Safety

Community Health and Safety will be based on a constant communication about COVID-19 vaccine safety, which will play a key role in maintaining the public's confidence in vaccination. Under the project, procedures, protocols and communication measures will be developed to ensure voluntary consent for vaccination. Vaccination will occur only



in medical centers and will be done by medical staff only, in accordance with approved procedures and protocols. Engagement of security or military personnel in the implementation of project activities is not being anticipated. Planning and preparing to communicate about COVID-19 vaccine safety will include (i) involving a communications team in vaccine safety work; (ii) establishing strategic partnerships; (iii) setting up communication pathways with the public; and (iv) identifying potential threats to confidence in vaccine safety. The communication strategy on vaccination will include messages on vaccination safety and will carefully consider the communication environment, cultural and religious influences and expectations created by political leaders. Since adults, particularly frontline healthcare workers will be the focus of early vaccination efforts, they are considered as important influencers. The communication approach on vaccination will be aware that the population may have diverse views on vaccination, ranging from those advocating for, or demanding, COVID-19 vaccines, through to those who reject them and a small group of anti-vaccine activists who will oppose COVID-19 vaccines. Studies describe individual factors associated with lower vaccination intentions including lower education and health literacy levels, lower income and young or old age. People are likely to shift their intentions over time as new information about COVID-19 vaccines becomes available. Interactions between groups, such as activists and hesitant people, can also trigger changes in views on vaccination. The project will support the MoHLSP to adopt measures that may be needed to reduce stigma around the COVID-19 vaccine. Overall, the goal of vaccine safety communication will be to empower people to make evidence-informed choices about COVID-19 vaccination. Any communication approach should encourage trust in health authorities and those delivering the vaccine, facilitate access to timely, accurate and credible information about COVID-19 vaccination safety via trusted channels, and provide people with a means of asking questions and having their concerns addressed.

Medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow procedures detailed in the ESMF and ICWMP (see ESS 3 above). The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international best practice as outlined in WHO guidance for COVID-19 response as above under ESS 1 and ESS 2. The SEP will also ensure widespread engagement with communities in order to disseminate information related to community health and safety, particularly around social distancing, high risk demographics, self-quarantine, and mandatory quarantine. The AF, similarly as the Project, will mitigate the risk of SEA/SH by applying the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light in quarantine and isolation centers. The AF and the Project will also ensure via the above-noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups. In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow strict rules of engagement and avoid any escalation of the situation, taking into consideration the above-noted needs of quarantined persons as well as the potential stress related to it. However, hiring security personnel under the project is not envisioned.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement



This ESS is not relevant. There will be no new construction or reconstruction activities, except minor refurbishing activities. No physical or economic displacement is expected. There will be no restrictions on land use/land access.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This ESS is not relevant. All works will be conducted within the existing footprint of selected facilities and the proposed project interventions will have no impacts to the biodiversity and habitats.

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

This ESS is not relevant to the proposed project. There are no social and cultural groups as defined by ESS7 in Moldova.

ESS8 Cultural Heritage

This ESS is not relevant. All works will be conducted within the existing footprint of selected facilities.

ESS9 Financial Intermediaries

This ESS is not relevant. This project will not involve any FIs

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

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? No

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

Not Applicable

IV. CONTACT POINTS

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Public Disclosure



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Borrower/Client/Recipient

Borrower: Republic of Moldova

Implementing Agency(ies)

Implementing Agency: Ministry of Health, Labor and Social Protection

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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