



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 06/26/2020 | Report No: ESRSA00944



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Vietnam	EAST ASIA AND PACIFIC	P174389	
Project Name	Vietnam COVID-19 Emergency Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	6/10/2020	7/15/2020
Borrower(s)	Implementing Agency(ies)		
Social Republic of Vietnam	National Institute of Hygiene and Epidemiology, Ministry of Health		

Proposed Development Objective(s)

To assist Vietnam to strengthen capacities for detecting and responding to COVID-19

Financing (in USD Million)	Amount
Total Project Cost	6.23

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

Yes

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

The situation on COVID-19 is evolving quickly in Vietnam and the Government has been active on the preparedness and response fronts. Viet Nam was among the first countries hit by the COVID-19 epidemic. The first case was confirmed as early as January 23rd, 2020. Various strong mitigation measures have been applied with participation of all related sectors, health, police, army, and local authorities. As of May 30, 2020, Viet Nam has reported 328 cases and no death; half of them were imported cases from China, South Korea, Europe and the US. The global COVID-19 outbreak has had a significant negative impact on Viet Nam’s economy, which already suffers from structural vulnerabilities. Immediate impacts are being felt in the movement of foreign exchange rate, commodity prices and



inflation rate. Gross domestic product (GDP) grew by 3.8 percent (year-on-year) in Q1 2020 - the slowest rate of growth since the first quarter of 2009.

Laboratory capacities at national and subnational levels need to be strengthened to expand diagnostic testing of COVID-19. Currently, there are more than 120 laboratories who can provide SARS-CoV-2 diagnostic test using Realtime RT-PCR techniques in Vietnam but only 65 of them can provide confirmed testing. The maximum capacity of the laboratories is 27,000 tests and 14,300 confirmed tests per day. Looking ahead, with the complicated progress of COVID-19 epidemic worldwide and to better response for the new wave of the epidemic in the future, the laboratories need support to improve their capacities to gradually use the diagnosis of SARS-CoV-2 by serological techniques to assess community immunity, and to assess the sensitivity of molecular methods has been applied to give the most comprehensive picture of the CoV-19 pandemic and the SARS-CoV-2 virus. The National Institute of Hygiene and Epidemiology (NIHE) is the leading public health agency and plays a crucial role in diagnosis, testing and doing research on COVID-19 epidemic. The bio-safety laboratories of the Institute were constructed in 2007, that need to be upgraded and equipped to respond to the emerging demand for diagnosis and surveillance of the COVID-19 epidemic. POLYVAC, the Center for Vaccines and Biomedical products Research and Production, who has more than 25 year-experience in vaccine development, has planned to study and to develop COVID-19 vaccines and diagnosis quick test kits for COVID-19. The Center also needs emergent support to escalate their capacity in research and development to address the country's needs in diagnostic and testing.

This proposed project is prepared under the global framework of the World Bank Group (WBG) COVID-19 Response financed under Pandemic Emergency Financing Facility (PEF) insurance window, to support the country's COVID-19 response in Viet Nam. The National Institute of Hygiene and Epidemiology (NIHE) and Center for Research and Production of Vaccines and Biologicals (POLYVAC) are the main beneficiaries of the project. With their roles as leading institutions for public health and research for vaccines and test kits in Vietnam, the project supports will directly contribute to improve the country's capacity to detect and respond to the threats posed by COVID-19 pandemic. The support then can be expanded nation-wide through the country's public health network.

The Project is planned to be implemented from July 2020 to January 2021. The project components and activities under each component are designed to improve the capacities of surveillance and diagnostics for COVID-19. The project will comprise three components:

Component 1. Strengthening surveillance and testing capacities [US\$4.66 million]: This component would provide immediate support to Viet Nam to respond to COVID-19. There are three sub-components as follows:

- Sub-component 1.1. Strengthening the capacity of the bio-safety laboratories system in the National Institute of Hygiene and Epidemiology. This sub-component would support NIHE to (i) provide equipment to its existing laboratory system in its campus in line with BSL-2 and BSL-3 regulatory requirements ; (ii) develop the Standard of Procedures (SOPs) of the new system; and (iii) train the technicians and staff on the new SOPs. These investments will help 24 laboratories retain BSL-2 and four laboratories retain BSL-3.
- Sub-component 1.2. Assessing and strengthening the capacity of the laboratory systems nation-wide in response to the COVID-19 epidemic. This sub-component would support NIHE to (i) assess the testing capacity and bio-safety conditions of about 200 laboratories involved in COVID-19 surveillance and testing, which reside in hospitals and the Centers for Disease Control at the provincial level; (ii) provide technical support and training on testing techniques, laboratory bio-safety, and quality assurance for 600 technicians and laboratory staff at provincial level; and (iii) carry out external quality assessment at the provincial laboratories.

NIHE will conduct a comprehensive assessment of infrastructure, equipment, technical capacities, quality and safety, etc., in 200 laboratories in Vietnam. Results from the assessment will be used to develop training packages and development strategies for the provinces. External quality assessment will be followed to examine if the laboratories have met the quality requirement and support the laboratories for their continuous quality improvement.



- Sub-component 1.3. Evaluating community immunity with COVID-19. This sub-component would support NIHE to evaluate the community immunity with COVID 19 for epidemic forecasting and a foundation for pandemic prevention, surveillance and response strategies. The community study immunity will be conducted on a sample of at least 6,000 population, using serology tests to detect SARS-CoV-2 antibodies in serum or plasma components of blood.

Component 2. Strengthening research capacities of COVID-19 vaccines and diagnostic test kits [US\$1.23 million] This component will provide POLYVAC with equipment for research of COVID-19 vaccines and test kits. It is expected that the new equipment will improve significantly the capacity of POLYVAC for research of new vaccine and quick diagnostic test kits to help the country to be better prepared for the new wave of COVID-19 epidemic in the future.

Component 3. Project Management, Monitoring, Evaluation and Communication [US\$0.28 million]

This component would also finance evaluation of the COVID-19 risk communication activities in Vietnam; and production of a comprehensive documentary on COVID-19 response for further communication and lesson learnt generation. It would also support project coordination, financial management, environmental and social management, monitoring and evaluation of project, including training in monitoring and evaluation, travel of staff to project sites, evaluation workshops, and development of an action plan for M&E.

D. Environmental and Social Overview

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

Viet Nam is a lower-middle-income country in the South East Asia that shares borders with China, Laos and Cambodia. With an estimated of 95.2 million inhabitants as of 2020, it is the 15th most populous country in the world. The majority of the population is Kinh ethnic, accounting for 86% of the population, and the remaining 14% belong to one of the 53 ethnic minority groups, that mainly live in remote and mountainous areas with challenges in communications, transport, social infrastructure and service provision. Almost 65.6% of its population live in rural areas where high levels of poverty prevail, especially among ethnic minorities.

The country has an expanded public health system. At the primary care level, there are more than 11,000 commune health stations and regional polyclinics, of which 95% have a midwife or pediatric-obstetric assistant physician and 90% have a physician serving full-time or part-time. The secondary and tertiary care levels are supported by 1,100 public hospitals. Each city, province has a center of disease control (CDC) and each district has a preventive health facility, which operate in close collaboration with hospitals. More than 90% of Vietnamese population are enrolled in a health insurance scheme. Vietnam has made significant progress toward the achievement of universal healthcare coverage goal. Measuring by the universal health service coverage index, Vietnam meets 73 percent of the population's health needs with regards to essential health services, higher than the average of 59 percent for South-eastern Asia and to the global average of 64 percent (WHO and World Bank 2017).

The project aims to improve the laboratory and research capacities of SARS-CoV-2 testing and surveillance as well as development of COVID-19 test-kits and vaccines in Vietnam. Project beneficiaries are the National Institute of Hygiene and Epidemiology (NIHE); the Center for vaccine and biomedical product research and production (POLYVAC); and associated laboratories in regional Pasteur Institutes, provincial Center of Disease Control (CDCs) and hospitals across the country. NIHE and POLYVAC are managed by Ministry of Health, while remaining laboratories reside in the provincial level health system. This COVID-19 project will support provision of equipment, quality assurance and



capacity building for laboratories and research institutes, which are located primarily in urban or semi-urban areas. Besides, the project also supports an assessment of immunity among communities in both urban and rural areas.

Vietnam has 112 laboratories capable to perform SARS-CoV-2 testing by the RT-PCR method with the total capacity of 27,000 samples/day. Locating at the highest level of the laboratory network, NIHE shows the strongest capacity. NIHE was among the first institutions in the world that cultured and cultivated SARS-CoV-2 virus on February 7, 2020. At the peak time, NIHE could conduct 1,800 RT-PCR tests for SARS-CoV-2 diagnosis per day. Over the past 4 months (from 22/1/2020 to 20/5/2020), the NIHE conducted 16,364 RT-PCR tests for SARS-CoV-2 diagnosis. NIHE obtained international standard certifications including Standard ISO 15190 for BSL-3 laboratories; Standard ISO 9001 for general management system as well as epidemic control, immunization and training services; Standard ISO 15189 for virus and bacteria testing; Standard ISO 17025 for laboratory equipment calibration; Standard ISO 17043 for external quality assessment services; and ISO 13485 for testing assay production. POLYVAC is collaborating with NIHE in mass production of the kit for COVID-19 diagnostic tests based on host antibody detection. POLYVAC is producing and supplying vaccines for the national expanded immunization program and kits for A, B influenza rapid diagnostic tests. POLYVAC's facilities are designed and developed in line with WHO's Good Manufacturing Practices (GMP). POLYVAC obtained ISO 9001:2015 certification for quality management system and certification of Fire Prevention and Control from Hanoi City authority.

Both NIHE and POLYVAC are located at the center of Hanoi city, the capital with 6 million population. Hanoi city has established centralized systems for transport, treatment and disposal of healthcare waste, which are operated by urban environment company (URENCO) or licensed private companies. Almost all health facilities in Hanoi city including NIHE, POLYVAC and public hospitals have a contract with URENCO or licensed waste companies for solid waste treatment and disposal, while operating their own wastewater treatment plants before discharging effluent to the municipal sewerage system. Laboratories associated with provincial CDCs and hospitals are located primarily in large and medium cities where they can access to the municipal and hazardous waste treatment and disposal facilities as well.

D. 2. Borrower's Institutional Capacity

The Government of Vietnam has established regulatory and institutional frameworks for healthcare waste management (HCWM). The legal framework for HCWM include the Environmental Protection Laws of 2014, Decree No. 38/20015/NĐ-CP on waste management, circular 36/2015/TT-BTNMT on hazardous waste and joint circular 58/2015/TTLT-BYT-BTNMT on healthcare waste management (HCWM). The government approved a national master plan for hazardous healthcare waste treatment systems. To facilitate implementation, relevant government ministries issued technical regulations on healthcare waste incinerators and healthcare waste water, guidelines for applying technologies for healthcare waste and wastewater treatment, a hospital waste management manual and training curricula for healthcare workers. While Ministry of Health (MOH) in collaboration with Ministry of Environment and Natural Resource (MONRE) establishes regulations and standards on health environment management, environmental inspectors and police enforce the compliance at the facility level. For the past decade, the Government has invested intensively in HCWM, including a Hospital Waste Management Support from a World Bank's credit of US\$135 million. The HCWM at the health facility level, therefore, has improved significantly. By 2018, 94% of central level hospital and 78% of provincial level hospitals met national regulations on healthcare solid waste management; 43% of central level hospitals and 64% of provincial level hospitals met national standards on healthcare wastewater . NIHE and POLYVAC have autoclaves to disinfect contaminated materials and infectious waste generated from laboratories, and wastewater treatment plants that meet wastewater effluent standards. They have an Environmental Management Plan approved and wastewater discharge permit granted by the local environmental authority.



The country has also an established regulatory framework for assuring laboratory bio-safety, including Decree 103/2016/NĐ-CP on bio-safety in laboratories, Circular 37/2017/TT-BYT on laboratory bio-safety practices, Circular 43/2011/TT-BYT on management of communicable disease samples, Circular 29/2012/TT-BYT on certification of laboratory bio-safety. All laboratories are required to obtain a bio-safety certification, which is granted either MOH (for BSL-3 and BSL-4) and provincial Department of Health (for BSL-1 and BSL-2). NIHE has four BSL-3 laboratories, which are certified by MOH annually. POLYVAC also has two BSL-2 laboratories.

Having experienced SARS in 2003 and human cases of avian influenza H5N1 between 2004-10, Government of Vietnam responded to the COVID-19 epidemic in a timely and appropriate manner. MOH issued a guideline for COVID-10 infection prevention and control in healthcare facilities and various guidelines for COVID-19 infection prevention and control in different settings (schools, markets, factories, public transports, etc). MOH also developed a plan for SARS-CoV-2 virus testing during COVID-19 epidemic. NIHE has organized training courses on SARS-CoV-2 virus testing, and has assessed and certified SARS-CoV-2 virus testing capacities for 28 laboratories. However, a large number of laboratories have not been trained and assessed.

The Government of Vietnam has experience in managing environmental and social risks associated with World Bank Projects; however, that experience is primarily with the old safeguard Operational Policies rather than the new Environment and Social Framework. Over the past decade, MOH has been implementing a number of World Bank-financed projects including four regional health system strengthening projects, a hospital waste management support project and a health professionals education project. Ratings of environmental and social safeguard compliance in these operations are (Moderately) Satisfactory. The safeguard implementation of this project will be the responsibility of the NIHE. The environmental and social risks and impacts associated with the financed activities are expected to be managed by appointing designated ESF focal persons within the Project Management Unit (PMU) who can be trained supported by the World Bank Task Team’s E&S specialists. The designated ESF focal points will receive training to ensure adequate capacity to implement and monitor all relevant Environmental and Social Standards (ESSs).

Although the Borrower has adequate capacity in HCWM and laboratory bio-safety, training and communication on emergency situations, its capacity to manage risks associated with next waves of COVID-19 is still a major concern as laboratory equipment is deteriorated, operating procedures are not updated with new guidelines, and the healthcare professionals may not have the adequate know-how on the COVID-19 infectious risk management in the laboratory to be used for COVID-19 diagnostic testing and research. The project will provide considerable funding, training and capacity building to address these short-comings and achieve international best practices on these matters in line with WHO guidelines. This will also include further identification of capacity gaps and detailed measures in line with the project proposal.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

As this project will finance procurement of supplies and medical equipment, the environmental risks will mainly be associated with the operation of the laboratories and testing posts at land crossings, as well as with the



appropriateness of the medical waste management system to be put in place by the client. Given the dangerous nature of the pathogen and contaminated materials to be used in the project-supported laboratories and testing points, the project can be judged to have a substantial environmental risk and will require that appropriate precautionary measures are planned and implemented. WHO has reported that 20% of total healthcare waste would be infectious waste, and improper handling of health care waste can cause serious health problem for workers, community and the environment. The medical waste generated by laboratories and testing points is a potential vector for the contagion, improper handling of medical waste and contaminated materials runs the risk of further spread of the disease. Improper collection of samples and testing for COVID19 and appropriate laboratory biosafety could result in spread of disease to medical workers or laboratory workers, or population during the transport of potentially affected samples. It is also important to ensure that sharps are properly disposed of.

There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained within the laboratory due to accidents/ emergencies such as a fire response or natural disaster event (e.g., seismic event). Medical wastes can also include chemicals and other hazardous materials used in diagnosis testing. The contamination of the laboratories, and equipment may result from laboratory procedures such as: performing and handling of culture, specimens and chemicals. If the contamination is due to a highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. In sum, the medical wastes from COVID-19 could cause a substantial environmental and social risk, if they are not properly handled, treated or disposed.

Social Risk Rating

Substantial

The Social Risk Rating is substantial, since the direct and indirect social impacts and risks associated with the activities proposed by this project are expected to be mostly temporary, predictable, and avoidable. The project will primarily finance the provision of training and equipment for upgrading the laboratories, and will not finance any civil works and will therefore not result in land acquisition or resettlement, or the mobilization of contracted construction workers.

The major social risks are related to community health and safety, as well as occupational health and safety. The risk to community health and safety primarily relates to activities involving the testing SARS-CoV-2 virus in laboratories, the proposed Community Immunity Study which will involve collecting biological material (blood samples) from a sample size large enough to estimate the incidence of SARS-CoV-2 in the population. Given that this will involve taking samples from a large geographically representatives population, it will have implications for community health and safety, stakeholder engagement, and ethnic minorities (indigenous peoples). These risks primarily relate to the health and safety of the study participants who will be expected to provide their informed consent for the provision of blood samples for the purposes of the study. These risks are particularly relevant to the vulnerable sections of the population who may participate in the study such as the elderly, persons with disabilities, and members of ethnic minority groups. In addition, there are community health and safety risks related to the location of laboratories (handling dangerous pathogens) and testing facilities that will be supported under the project in urban and residential zones. The Occupational Health and Safety risks are associated with the operation of the laboratories and testing facilities that will receive equipment under this project, and the lab workers who will be trained on the use of this equipment. Due to the nature of the pathogens that will be handled in these facilities there is a risk that workers could be exposed to communicable diseases.

Public Disclosure



Mitigation measures will be introduced in the project's Stakeholder Engagement Plan (SEP), Environmental and Social Management Plan (ESMP) which includes a Waste Management and Bio-safety Plan (WM&BSP) and Labor Management Procedures (LMP); the former will be built on existing environmental and safety management plan and updated with international best practices in COVID-19 diagnostic testing, infection prevention and control; the latter will include measures to ensure protections for workers exposed to unsafe working conditions or hazardous materials. A draft Environmental and Social Commitment Plan (ESCP) and a draft Stakeholder Engagement Plan (SEP) have been prepared and disclosed through the website of NIHE. As per the ESCP, the ESMP will be finalized in the manner acceptable to the Bank and disclosed on the NIHE's and Bank's websites before implementing relevant project activities. Updated versions of the SEP, ESCP and the final ESMP will be disclosed on the same website and on the WBG website during project implementation.

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

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The project will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring and containment capacities of the public health system, to which the more vulnerable households, especially in rural areas, have more access. However, the project could also cause substantial environmental, social, health and safety risks due to the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported laboratories and testing points. To manage these risks, the NIHE will prepare two major instruments:

- (i) ESMP will include a Waste Management and Bio-safety Plan (WM&BSP) for NIHE and POLYVAC, and a Labor management procedures (LMP) for laboratories and contracted workers. The WM&BSP will be built on the existing environmental management plan and laboratory bio-safety standards, covering medical waste management procedures and laboratory bio-safety requirements following relevant national regulations and international best practices in COVID-19 diagnostic testing activities. The LMP will include provisions to ensure proper working conditions and management of worker relationships, Codes of Conduct (COC) and occupational health and safety; and to prevent Sexual Exploitation and Abuse (SEA), Gender-Based Violence (GBV) and/or Violence Against Children (VAC). The ESMP will be prepared to a standard acceptable to the Bank and disclosed on the NIHE's and Bank's websites before signing contracts for provision of equipment; and
- (ii) An SEP, including a Grievance Mechanism, has been prepared to an acceptable standard, and disclosed on the website of the National Institute of Hygiene and Epidemiology (<https://nihe.org.vn/en/category/news-event-1>) before the Board Approval.

The following are the specific risks that will be addressed by the aforementioned E&S instruments.

Medical Waste Management and Disposal. The medical waste generated by laboratories and testing points is a potential vector for the contagion, improper handling of medical waste and contaminated materials runs the risk of further spread of the disease. Therefore, the ESMP will include an WM&BSP, which will be built on existing



environmental management plan and laboratory bio-safety standards and updated with international best practices in COVID-19 diagnostic testing, infection prevention and control.

Worker Health and Safety. Workers in laboratories and testing 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. The existing WM&BSPs will be updated with detailed procedures, based on national regulations and WHO guidance, for testing patients and handling medical waste and contaminated materials as well as environmental health and safety guidelines for staff, including the necessary personal protective equipment (PPE). Requirements for proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included, among other issues.

Community Health and Safety. Improper management of medical waste and contaminated materials generated from laboratories and testing points run the risk of wider spreading of the disease within communities. The WM&BSP will contain updated procedures for collection, transport, treatment and disposal of medical waste and contaminated materials. The SEP will be a key instrument for outreach to the community at large on issues relating to the risks facing residential communities surrounding laboratories and testing facilities, as well as the risks to participants in the Community Immunity Study. The community immunity study may generate data that has implications for patient privacy and data security. Improper management of testing and large-scale sampling may reveal information about those who are suffering from covid and non-covid related ill-health conditions. Misunderstanding about the intent of the study, leading to stigmatization and isolation of vulnerable individuals and groups, may be a risk in more remote communities with traditional health perceptions. Key measures to manage these risks include clear public communication and outreach, protocols for personal data protection in the context of sampling, surveillance and contact tracing, and access to feedback and grievance redress mechanisms. Voluntary participation in the study demonstrated by written consent from participants should be informed by clear information about the purpose of the study and entitlements to data privacy.

NIHE as well as associated laboratories and testing point will apply bio-safety measures and waste management planning following the requirements of the ESMP and relevant WBG's EHS Guidelines, WHO guidelines etc. satisfactory to the Bank. The ESMP will adequately cover environmental and social procedures/protocols for the safe handling, transport, storage, and processing of COVID-19 materials including the measures for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories. It will also clearly outline the implementation arrangement to be put in place by NIHE and associated laboratories (POLYVAC and other laboratories) for environmental and social risk management; training programs focused on COVID-19 laboratory bio-safety, operation of laboratories and screening posts, communication and public-awareness strategies for health workers and general public on surveillance program, as well as compliance monitoring and reporting requirements based on the existing WM&BSP prepared as part of the ESMP, OHS and LMP, stakeholder engagement and grievance mechanism. The relevant national regulations and international guidelines such as WHO's COVID-19 bio-safety guidelines will be applied while updating the procedures in the ESMP so that all relevant risks and mitigation measures will be covered.

ESS10 Stakeholder Engagement and Information Disclosure



In keeping with the requirements of ESS 10, NIHE will establish a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, taking into account the specific challenges and limitations associated with community consultations in areas affected by COVID-19. The Borrower has developed a draft SEP and disclosed publicly on the NIHE website. The SEP will be updated before implementing relevant project activities.

The final SEP will also be updated to incorporate the WHO guidance (WHO Guidance - Risk Communication and Community Engagement) to ensure provision of proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it; and (iii) address issues resulting from people being kept in quarantine (even though this project will not support any quarantine facilities).

In addition, the final SEP will be updated to consider mechanisms for engaging with vulnerable groups who may participate in the community immunity study under the sub-component 1.3. This will include, but not be limited to, adapting protocols for obtaining the informed consent of disadvantaged and vulnerable study participants, including those from ethnic minority communities. Drawing on the findings of the risk communication study, the SEP should also build on other relevant WHO guidance on preventing and addressing social stigma associated with COVID-19 (to reduce social stigma and discriminatory behaviors against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus).

The revised SEP will also need to detail how the GRM will be operationalized including provisions allowing anonymous grievances to be raised and addressed and how any complaints of gender-based violence will be handled, as well as detailed contact numbers and addresses.

Project specific stakeholder engagement and consultation procedures will be designed in a way to minimize the use of group consultation methods involving close contact of individuals where such gatherings could lead to increased exposure to the coronavirus. People affected by Project activities will be provided with accessible and inclusive means to access project specific information and raise concerns and grievances through a Grievance Redress Mechanism that will be detailed in the final updated SEP.

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

Most activities supported by the project will be conducted by health- and laboratory workers, i.e. civil servants employed by the Government of Vietnam and professional consultants and contractors (hired as contracted workers). Activities these workers will engage in include laboratory testing and research, as well as handling, transport, processing of samples, as well as training and assessment. The key risk is possible infection of workers with coronavirus (or other contagious illnesses as workers taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise the immune system, which can lead to illness and death of workers). The project will ensure the application of OHS measures as outlined in the ESMP's Labor Management Procedures (including medical waste management and bio-safety requirements) noted under ESS1 as well as WHO guidelines. This encompasses



procedures for protection of workers in relation to bio-safety and infection control precautions; provision of immediate and ongoing training on the procedures to all categories - all public spaces mandating hand hygiene and PPE; ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring 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. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 increases globally.

The project's LMP will also incorporate issues for the PMU and contracted workers relating to employment and working conditions. Vietnam already has in place a relatively comprehensive (and evolving) framework for labor and working conditions such as the Labor Law (2019), the Law on Occupational Health and Sanitation (2015), the Social Security Law (2014), and the Official and Card Law (2019). Vietnam also recently ratified the ILOs Right to Organize and Collective Bargaining Convention, which will come into effect in July 2020. Taken together, these pieces of legislation reflect the principles of ESS2 on issues such as fair treatment, nondiscrimination and equal opportunities to workers, supports the rights and benefits of the workers, recognizing workers' rights to establish or join associations of workers, prohibition on sexual harassment/forced labors/child labor (under 15), etc. In addition, because the project will rely primarily on the labor of public employees it is not expected that there will be a difference between the national regulations covering employment and working conditions and those specified under ESS2. It should be noted that the project's LMP will also ensure a basic, responsive grievance mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime via the Ministry of Health.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the laboratories and testing posts to be supported can have a significant impact on the environment and human health if not disposed of appropriately. Wastes generated from laboratories and testing posts include infectious waste, sharps, contaminated liquid, chemicals, and other hazardous materials could cause environmental pollution if managed improperly. To prevent and minimize such adverse impacts, NIHE will prepare and follow a WM&BSP that mandate that any waste associated with COVID-19 testing and containment will be managed in line with relevant national regulations and guidelines as well as WHO's COVID-19 guidance documents and other best international practices. The ESMP will also include procedures related to transportation and management of samples and medical goods or expired chemical products.

Resources (water, air, etc.) used in laboratories will follow standards and measures in line with national regulations and guidelines as well as WHO's bio-safety guidelines for laboratories.

ESS4 Community Health and Safety

Medical wastes and contaminated materials from the laboratories and testing points have a high potential of carrying micro-organisms that can infect the community at large if they are improperly handled and disposed of. There is a possibility for infectious microorganisms 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 and testing points will thereby have to follow procedures detailed in the ESMP (see ESS 3 above). The



laboratories and testing points shall be operated in line with national regulations and guidelines as well as international best practice as outlined above under ESS 1 and ESS 2.

The SEP, described under ESS 10, will also ensure widespread engagement with communities in order to disseminate information related to community health and safety, particularly around precautionary measures, social distancing, and high risk demographics. In addition, the draft SEP will be updated to take into account measures to protect the health, safety and dignity of members of the public participating in the community immunity study. This will include protocols for engaging with study participants, and securing their informed consent (cleared by NIHE’s institutional review board admin formed by clear information about the study aims and the management of patient information to ensure privacy). These protocols will be adapted to take into account the unique needs of vulnerable and disadvantaged groups (including ethnic minorities) that may be participating in this study.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not relevant at this time since no construction work are planned for this project and no land acquisition, physical or economic displacement, or restriction of access to natural resources is envisaged.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The project does not include civil works. All investment activities will be conducted within the existing footprint of facilities; hence, this standard is not relevant to the proposed project interventions.

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

The standard is relevant. The proposed community immunity study will be carried out in diverse geographic settings that may include ethnic minorities, who account for over 14% of the population of Vietnam, and who would be classified as indigenous people for the purpose of this standard. Therefore, the community immunity study, and any communication or testing activities, will need to be carried out in a culturally sensitive manner that ensures participants from ethnic minority communities are in a position to provide their informed consent to participate and will not be adversely affected by doing so. This will be necessary to avoid potential misunderstandings about the intention of the sampling survey, or revealing existing ill health conditions that may lead to discrimination and stigmatization associated with local cultural practices and traditional perceptions of ill-health. To this end, particular attention should be paid to management of participant information and communication of information around ill-health concerns in vulnerable communities. Measures to ensure cultural sensitivity will be included in the stakeholder engagement plan that will be updated during implementation. These will include culturally appropriate measures for engaging, and securing the informed consent of, ethnic minority participants in the Community Immunity study.

ESS8 Cultural Heritage

Standard is not considered relevant at this time. No civil work is expected in this project, and any investment will take place in existing facilities. As result, the project is not expected to endanger cultural sites.



ESS9 Financial Intermediaries

This standard is not relevant for the suggested project interventions.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

OP 7.60 Projects in Disputed Areas

No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
ORGANIZATIONAL STRUCTURE: National Institute of Hygiene and Epidemiology (NIHE) shall establish and maintain a PMU with qualified staff and resources to support the management of ESHS risks and impacts of the Project including environmental and social risk management specialists.	08/2020
The Environmental and Social Management Plan (ESMP) shall be prepared and disclosed before implementing relevant project activities.	08/2020
The relevant aspects of this ESCP, including, inter alia, any environmental and social management plans or other instruments, ESS2 requirements, and any other required ESHS measures shall be incorporated into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.	08/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
The SEP shall be updated and re-disclosed prior to the implementation of the proposed Community Immunity Study.	08/2020
Grievance Mechanism shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Bank.	08/2020
ESS 2 Labor and Working Conditions	
Occupational Health and Safety (OHS) measures in line with the ESMP, LMP and WHO guidelines on COVID19 shall be established and complied in all facilities, including laboratories and screening points.	08/2020
Provisions to prevent SEA, GBV and/or VAC, including CoC for PMU’s staff for contracted workers in line with relevant national laws and legislation shall be included at the project’s LMP, adopted and applied under the project.	08/2020

Public Disclosure



ESS 3 Resource Efficiency and Pollution Prevention and Management	
ESMP including updated healthcare waste management procedures acceptable to the Bank will be prepared before beginning the relevant Project activities.	08/2020
ESS 4 Community Health and Safety	
Preventive measures in line with the ESMP and WHO guidelines on COVID19 shall be put in place to prevent or minimize the spread of the infectious disease/COVID-19 from laboratories, testing points to the community.	08/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
The project’s SEP will be adapted in a manner acceptable for the Bank to ensure Ethnic Minorities are engaged in a culturally appropriate manner.	08/2020
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

Public Disclosure

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:

The project will not consider use of Borrower Framework.

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Social Republic of Vietnam



Implementing Agency(ies)

Implementing Agency: National Institute of Hygiene and Epidemiology

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Anh Nguyen, Huong Dao
Practice Manager (ENR/Social)	Stephen Ling Cleared on 26-Jun-2020 at 09:26:20 EDT
Safeguards Advisor ESSA	Peter Leonard (SAESSA) Concurred on 26-Jun-2020 at 12:47:32 EDT