



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

Date Prepared/Updated: 02/11/2022 | Report No: ESRSAFA329



BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Turkey	EUROPE AND CENTRAL ASIA	Ministry of Treasury and Finance, Devlet Malzeme Ofisi	Ministry of Health, Devlet Malzeme Ofisi
Project ID	Project Name		
P178462	Turkey Emergency COVID-19 Health Project Additional Financing		
Parent Project ID (if any)	Parent Project Name		
P173988	Turkey Emergency COVID-19 Health Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/10/2022	5/16/2022

Proposed Development Objective

The Project development objective is to prevent, detect, and respond to the threat posed by COVID-19 in Turkey.

Financing (in USD Million)	Amount
Current Financing	100.25
Proposed Additional Financing	750.00
Total Proposed Financing	850.25

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]

Public Disclosure



The Project consists of two components to support the government to curb the spread of COVID-19 pandemic and strengthen health system to detect and treat cases. Components will include: (i) Emergency COVID-19 Response (indicatively, US\$98M) and (ii) Project Management, Monitoring and Evaluation (indicatively, US\$2M).

The project has been designed based on a theory of change that links access to essential services and information to clinical and behavioral change needed to stem the tide of infection and enhance resilience. At the facility level, through investments in the strengthening the capacity of ICUs and laboratories, and the provision of basic equipment and medical inputs (e.g. test kits, personal protective equipment (PPE)), as well as training of facility personnel in COVID-19 prevention and treatment protocols, the Project will strengthen the health system’s capacity to respond to the surge in the number of COVID-19 cases, which will lead to an increase in the utilization of testing and treatment services. By investing in the development of risk communications materials, the Project will increase the level of information disseminated to the population at risk. Together, these investments will increase the capacity of the Government of Turkey to respond to the pandemic (as well as prepare for future pandemics) and, ultimately, decrease COVID19-related morbidity and mortality.

D. Environmental and Social Overview

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

Turkey is geographically located between Asia and Europe, a cross-road of the Balkans, Caucasus, Middle East, and eastern Mediterranean with a population of 83 million. 75 percent of its population lives in urban areas and they are all divided into 81 provinces across the country. Turkey is an upper-middle income country, with the world’s 19th largest economy with a Gross Domestic Production that reached US\$753.7 billion in 2019 according to the Turkish Statistical Institute.

The objective of the parent project and this Additional Financing (AF) is to prevent, detect, and respond to the threat posed by COVID-19 in Turkey. The AF would support the costs of expanding activities of the Turkey Emergency COVID-19 Health Project (P173988) (the Parent Project). The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Turkey through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project. The proposed project under AF will be implemented country-wide and will support the Government of Turkey by procuring and deploying COVID-19 vaccines that meet Bank’s vaccine approval criteria (VAC). The government aims to continue its strategy to provide vaccines free of charge to cover 75 percent of its population, including refugees. Since the beginning of the pandemic, Turkey went through three waves of disease outbreaks and is currently undergoing a fourth wave.

Turkey was among the first countries in the region to launch COVID-19 vaccination in January 2021. The Government provides COVID-19 vaccines free of charge to all adults 12 years and older residing in Turkey. This includes 84 million nationals, 4.6 million Syrian refugees and 1.4 million other refugees. The MoH identified priority groups for access to COVID-19 vaccines, as per the Ministry of Health’s (MoH) National COVID-19 Vaccination Strategy and Program and by taking into consideration several factors including the degree of exposure to the disease, the risk of severe infection, the risk of high disease transmission, and the negative impact of the disease on the functioning of social life.

Identification of priority groups is also in line with the WHO’s SAGE Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply.



The first phase included healthcare workers, 65+ age group, and those with chronic diseases. The second phase targeted priority sector workers and people of age 50-64. The third phase include people with chronic diseases and people of age 15-49. Vaccination was gradually administered to lower age groups and by September 2021, the vaccination program was expanded to include adolescents above the age of 12. As of November 5, 2021, the administration of booster doses for mRNA vaccines has started.

Turkey achieved high coverage rates compared to other countries in ECA. As of December 21, 2021, vaccination coverage is 67.5 percent for the first dose; 60.1 percent for the second dose and 17.6 percent for the third (booster) dose. While this is a good overall figure, there are regional variations with most Southeastern and Eastern Anatolia provinces having rather low coverage rates. 52 out of 81 provinces have coverage rates above 75 percent, 22 provinces have a coverage between 65 and 75 percent, and the remaining 7 provinces have a coverage between 65 and 55 percent. Turkey aims to achieve an even higher vaccination rate by increasing access to booster shots and vaccination to younger age groups.

Building on its strong health sector, Turkey succeeded in quickly mobilizing its resources to deploy vaccine doses to reach all regions. Vaccine deployment and delivery systems are working well, outperforming most other countries in the region. By June 2021, vaccination gained significant traction reaching 1.3 million doses administered per day. Although the demand for vaccination dropped significantly and the daily rate decreased and plateaued at around 150,000 in September 2021, vaccination gained pace in December, with the start of booster doses after 3 months of second dose.

Similar to other countries in ECA, vaccine hesitancy is a main barrier to vaccination coverage in Turkey. Individual perceptions and lack of trust in vaccine safety, limited attention to vaccination or to vaccine scheduling, and misinformation about the vaccine side effects are among the main barriers to vaccination. Studies have shown that 11 percent of the Turkish population are not vaccinated and are not planning to get vaccinated, and 30 percent of these unvaccinated people are trying to influence the behavior of people around them. Other reported structural barriers to access vaccination are not having a vaccination appointment, inability to provide required documentation for the vaccine administration, difficulty to travel to the vaccination site, and inability to get the preferred vaccine type. The Government has taken a number of measures to address vaccine hesitancy such an extensive media and social media awareness campaign; vaccination communication guide for healthcare workers to improve the communication with patients who have vaccine hesitancy; and mobile teams which were deployed for vaccination outreach in remote areas.

Turkey hosts more than 3.6 million Syrians under temporary protection, and an estimated 400,000 asylum seekers and refugees from other nationalities. Prior to the COVID 19 outbreak, nearly four million refugees and asylum-seekers were receiving health services largely through donor-financed health facilities. There are approximately 64,000 refugees who are accommodated in temporary accommodation centers (refugee camps), who require special assistance (disability, elderly care). Syrians have access to health care, with the MoH overseeing provision of services through public hospitals, Migrant Health Centers (providing primary health services) and units operating under community health centers. Syrians who are not registered with the Government of Turkey have limited access to primary or referral health care but are provided with emergency care and essential public health services free-of charge, and then referred for registration. The Turkish Red Crescent is also supporting and facilitating access to health services for refugees to address COVID-19, as well as psychosocial support, livelihoods support and social cohesion activities. During the early stages of COVID-19 pandemic, tents and common areas at Temporary Accommodation Centers have been disinfected and refugees are being informed about the COVID-19 regularly. During vaccine deployment phase, refugees have been eligible to receive vaccines free of charge.

The Turkey Emergency COVID-19 Health Project AF is carried out in existing health care facilities, including regular and temporary field hospitals, laboratories and government structure, and supports: (i) procuring medical equipment for



diagnosis and treatment of COVID-19, supplies, medicine, testing kits, (ii) logistics support for the supply chain provision, (iii) Personal Protective Equipment (PPEs) for health workers, and (iv) training for health workers. v) vaccine procurement and deployment. The project does not and will not finance any construction or refurbishments, only procurement of goods and provision of training services. The changes proposed for the AF entail expanding the scope of activities in the parent project and adjusting its overall design. The AF will support Component 1: Emergency COVID-19 Response in the project to achieve the Project Development Objective (PDO) of preventing, detecting, and responding to the threat posed by COVID-19 through the acquisition of eligible COVID-19 vaccines. A new SubComponent 1.5 will be added to Component 1, focusing on vaccine financing.

The AF will support the vaccination of population groups as follows: The Government of Turkey identified priority groups to include health and social workers, long-term care facility residents and staff, the elderly, providers of essential services, and individuals with chronic diseases. The first stage target groups are healthcare workers, beneficiaries and staff of long-term care facilities, and the elderly (65+ years). An estimated 10.25 percent of the adult population is covered at this initial stage. The second stage covers an additional 17 percent of the population and includes providers of essential and basic services and individuals aged 50 to 64 years, people with chronic conditions aged 18 to 54 years. The third stage covers individuals with chronic conditions aged 18 to 54 years and all other groups in the adult population. Vaccines are not provided for children under the age of 12 years in Turkey.

All environment and social (E&S) risks such as generation and handling of medical waste, and worker and community safety, are addressed in the ESMF developed for the parent project and updated for the purposes of the AF. The ESMF sets out E&S risk assessment requirements of each sub-component/activity. In anticipation of the potential expansion of the project scope, it provides guidance on the E&S screening of activities proposed for the project support and the preparation of site-specific Environmental and Social Management Plans (ESMPs), as required, as well as sets a template for the Waste Management Plans for Hospitals (WMPHs). The ESMF includes a section on Occupational Health and Safety (OHS) of workers and relevant aspects of Labor Management Procedures (LMP). It considers national and international protocols for infectious disease control and includes updated provisions on medical waste management.

The project is not expected to impact natural habitats or cultural sites.

The SEP prepared for the parent project and updated for the purpose of the AF has identified primary stakeholders and will guide all outreach and communication to target beneficiary groups.

D. 2. Borrower's Institutional Capacity

The Ministry of Health (MoH) of the Republic of Turkey has prior working experience with the World Bank for more than fifteen years through the Health System Strengthening and Support (P152799), Avian Influenza & Human Pandemic Preparedness & Response APL 2 (P096262), Health Transition (P074053) and Emergency COVID-19 Health projects. Through this long partnership with the Bank, the MoH has built strong in-house capacity in project operations. The Ministry has upgraded the national health care quality standards by integrating adequate medical waste management and occupational health and safety practices into health sector procedures. It also adopted relevant medical waste management and OHS regulations which are based on stringent measures managed/overseen by the Ministry of Environment, Urbanization and Climate Change (MoEUCC) and Ministry of Labor and Social Security. Such measures are applied to regulate the entire cycle of hospital waste management, covering collection, storage, segregation, disinfection and disposal of hospital waste, and infection control protocols, as well as ensuring safety of medical workers. The local governmental authorities and MoH are responsible for implementation of the Regulation on Medical Waste Management which includes provisions based on international good practices. The MoH also has quality standards for monitoring the performance of the healthcare facilities, and audits are undertaken both internally and by the third parties.



The designated implementing agency for the parent project is the MoH through the existing Project Management Support Unit (PMSU). The PMSU was established under the Health System Strengthening Project and is also managing the COVID-19 parent project. As the MoH is formally accountable for the health of the population, oversight of the health system, and the quality of health services, the MoH will continue to be responsible for the implementation of the project, including environmental and social, fiduciary, operational, and technical aspects through existing capacities which are deemed adequate to assure the smooth technical implementation and oversight of the project. The PMSU is supported by MoH technical specialists and technical consultants, as needed. The participating General Directorates (GD of Public Health and GD of Public Hospitals) implement technical activities, including procurement of medical supplies and equipment. Selected activities, such as coordination, communication, and training are outsourced to third parties, if needed. PMSU also assists the MoH in monitoring compliance with Bank environmental and social standards (ESS) and fiduciary policies. The PMSU will continue to implement the project for the AF. Under the parent project, the PMSU hired one environmental and one social specialist, who received the ESF training from the Bank and have been responsible for the preparation and implementation of ESMF and SEP, including updating these instruments for the AF. For the parent project, the PMSU prepared draft ESMF and SEP, consulted upon in September 2020, and finalized and disclosed ESMF and SEP in English and Turkish, of quality acceptable to the Bank, on April 11, 2021. Under the latest ISR (October 2021), the E&S performance of the parent project has been rated Moderately Satisfactory due to delays in the finalization and disclosure of the of the WMPHs , and insufficient coordination between the PMSU and other related MoH departments which affected the quality of the E&S monitoring by the PMSU. As per the monitoring reports of the PMSU, the implementation of the WMPHs has been found satisfactory, however, the implementation details requested by the Bank shall be available in the next quarterly reports.

The Environmental and Social audit of vaccines already deployed and proposed for reimbursement through retroactive financing will be carried out by qualified consultants hired by MoH, under the Terms of Reference agreed with the World Bank.

Supply Office (Devlet Malzeme Ofisi – DMO) is a State-Owned Enterprise (an affiliated institution of Ministry of Treasury and Finance). The DMO is a legal entity which is autonomous in its activities. DMO procures and delivers goods and services on behalf of public organizations, including vaccines. Under the AF, the DMO is also an implementing entity designated by the Government for the purpose of procuring vaccines , which are handed over to MoH at the customs, and then transported by the MoH to its storage facility in Ankara. The vaccine supplier delivers the product (vaccine) to a delivery location specified by DMO (i.e., central vaccine storage of MoH). As per the protocol between DMO and MoH, the responsibilities on the proper storage, handling, possession, distribution, transport, use and management of the vaccines are undertaken by the MoH on behalf of DMO. DMO will follow the WHO protocols/guidelines for vaccine specification for procurement and handing over to MoH facilities. The environmental and social specialists of the PMSU will provide support to DMO in ensuring compliance with the ESF requirements and Labor Management Procedures (LMP).

Vaccine deployment and administration processes are managed and monitored by the Technical Units within the MoH’s General Directorate of Public Health, namely by the Vaccine Preventable Diseases Unit, Communicable Diseases and Early Warning System Unit, and Stock Management and Logistics Unit. Communicable Diseases and Early Warning System Unit is responsible for initiating the vaccine purchase request, managing the procurement process carried out by the DMO, and managing the vaccine administration training. Vaccine Preventable Diseases Unit is responsible for planning and monitoring the vaccine deployment processes. Stock Management and Logistics Unit is



responsible for the safe distribution of vaccines to the points of care (vaccine administration facilities) and for the vaccine stock management. All three technical Units are represented in the MoH’s Scientific Committee which advises the MoH on the prioritization of population groups for vaccine administration.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The Environmental risk of the parent project was rated Substantial, due to the risks of contamination from patients, handling tests, managing medical wastes. The environmental risk remains Substantial for the AF, and the main environmental concerns include: (a) 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; (b) medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare waste, including sharps generated from vaccine delivery and the disposal of used and expired vaccine vials; and (c) medical workers and community health and safety issues related to the delivery transportation, storage and deployment of vaccines. Waste materials generated from health care and vaccination facilities to be supported by the parent project and AF require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact or handle the waste. In addition to the information on healthcare waste management, presented in the original ESMF, MoH updated the ESMF to address specific infection control, OHS, community safety and waste management issues related to vaccine deployment in accordance with the available WHO guidelines and national regulatory framework.

Social Risk Rating

Substantial

The social risk rating under the proposed additional financing, will remain Substantial, as it was under the Parent project. The overall social impact of the proposed AF project is expected to be positive both at the individual and community levels as it addresses the health sector responses to the COVID-19 emergency. The AF will have mostly positive impacts in preventing, detecting, and responding to the threat posed by COVID-19 and strengthening national systems for public health preparedness in Turkey. While the Government of Turkey has carried out a successful rollout of the vaccination program since January 2021, reaching the vaccination rate of 67 percent of the eligible population, including refugees and other vulnerable groups, social risk is rated Substantial mainly due to: (i) residual risks associated with vaccine hesitancy; (ii) fact that the project will largely provide retroactive financing for already deployed vaccines; (iii) residual risk that marginalized and vulnerable social groups, especially those living in the rural and remote areas, or those lacking access to internet, may have challenges registering on line, and accessing vaccination facilities as these could be located in urban and peri-urban areas. At present, the experience with COVID-19 vaccination in Turkey indicates that the general public in most cases has not faced major difficulties accessing immunization facilities and services. The government deployed mobile teams to assist people living in remote areas to access vaccines. There is online portal to register for vaccination and track the timeline for the eligibility of vaccination of certain groups. Social unrest associated with limited availability of vaccines has not been recorded in Turkey. The government has in place Adverse Event Following Immunization protocols and a system to report, track and monitor adverse effects. Immunization protocols set out clear procedures in regards to planning, deployment, storage and vaccination process by health professionals. Forced vaccination is not permitted under the law and the AF project.

Public Disclosure



Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Risk Rating

Low

There has not been any changes to the SEA/SH risk rating comparing to the parent project. The SEA/SH risk was assessed as low.

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 enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Turkey through vaccination system strengthening, and further strengthen preparedness and response activities under the parent project. The AF will allocate retroactive financing of COVID-19 vaccine purchases and technical support to the MOH.

The Government has prepared the National Vaccine Deployment Plan (NVDP), which draws on the findings of the Vaccine Introduction Readiness Assessment Tool (VIRAT) - developed by WHO and UNICEF / Vaccine Readiness Assessment Framework (VRAF) - developed by the World Bank, assessment and gap analysis. The tools are developed to support countries in developing a roadmap to prepare for vaccine introduction and identify gaps to inform areas for potential support and obtain granular information on gaps and associated costs and program financial resources for deployment of vaccines, respectively. In November 2020, VIRAT and VRAF were consolidated into one comprehensive framework called VIRAT-VRAF 2.0 to minimize burden and duplication. In this respect, NVDP covers seven fundamental areas: (1) target groups and stages of coverage, (2) potential candidate vaccines and selection criteria, (3) organization and logistics of vaccine delivery to population groups, (4) trainings, vaccine safety, surveillance and information systems, (5) communication and demand generation, (6) required financial resources, and (7) management of vaccination program. The NVDP is regularly updated and is consistent with the progress, changes and adjustments for programmatic, logistic and resource readiness for COVID-19 vaccine introduction on the central and regional levels.

The measures to address E&S risks in the parent project remain relevant. However, the AF funded activities can lead to occupational and community health and safety risks, and to the risks associated with equitable vaccine access and coverage. To manage these risks, the MoH prepared two E&S instruments for the project:

1. The ESMF was updated to cover changes supported by the AF and will be disclosed in draft through the web page of MoH in Turkish and English, and consulted upon with stakeholders. The document will be finalized and re-disclosed within 30 days after the project Effective Date. The updated ESMF includes guidelines on the safe transportation and storage of vaccines, vaccine delivery and medical waste management, fair allocation of COVID-19 vaccines and prioritization of population groups. These updates are based on WHO guidance including: the Values Framework for the allocation and prioritization of COVID-19 vaccination; the Roadmap for Prioritizing Population Groups for Vaccines against COVID-19; the Fair Allocation Framework; monitoring vaccine wastage at country level: guidelines for program managers; management of wastes from immunization campaign activities: practical guidelines for planners and managers; and Health-Care Waste Management in COVID19 context: Best and Sustainable Practices. The ESMF describes the existing vaccine tracking system which covers and governs effective vaccine delivery, vaccination implementation and medical waste management. Measures to ensure the quality of vaccines in accordance with WHO guidance for storage and transportation of vaccines, are also incorporated. The ESMF guidance on the development of site-specific ES instruments (WMPHs and ICPs) has been revised to ensure they cover the risks



associated with the AF-funded activities. The updated ESMF describes procedures for the ES audit of the completed vaccination activities which are subject to retroactive funding under the AF.

2. The SEP for effective outreach and citizen participation prepared under the parent project was updated to cover AF activities, and the draft will be disclosed in Turkish and English languages through the web page of the MOH, and discussed with stakeholders. The document will be finalized and re-disclosed within 30 days after the project Effective Date. Additional communication measures will cover information on COVID-19 vaccines and help address potential risks of fair vaccine access and hesitancy.

Since the AF will provide retroactive financing of COVID-19 vaccine purchases, MOH will carry out an ES Audit of the acquisition and deployment of the vaccines subject to retroactive financing, to be completed and approved by the Bank before any disbursements for retroactive financing are made. The audit shall be carried out by qualified ES consultants. The audit will consider: (i) implementation of social inclusion measures, in accordance with the prioritization schedule set out in the national vaccination plan and based on vaccine availability; (ii) proper waste management, including medical waste; (iii) effective operation of grievance redress mechanisms in connection with the vaccination program; (iv) the protection of the workers involved in vaccine transport, handling, and deployment (application of occupational health and safety measures and the use of protective equipment); (v) implementation of vaccine cold storage temperature monitoring plans; (vi) implementation of AEFI plan; and other issues agreed with the Bank. The audit will include recommendations to inform activities financed under the Project, as well as the national vaccination strategy. Critical remedial actions may be proposed for MoH to implement according to a timeline acceptable to the Bank. The project risks will also be addressed through the following:

- The ESMF adequately covers infection 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 medical facilities. It also clearly outlines the implementation arrangement put in place by the MoH for E&S risk management; compliance monitoring and reporting requirements, including medical waste management based on the existing WMPH template applied by the hospitals in Turkey and found adequate for the purposes of the project and relevant ESSs, as described in the ESMF. Each targeted healthcare and vaccination facility will apply infection control and waste management planning following the national requirements and the requirements of the updated ESMF as well as relevant EHS Guidelines, GIIP, WHO etc. in a manner satisfactory to the Bank. According to the information provided by the PMSU, the implementation of the WMPHs is monitored by several respective departments of MoH and has been found satisfactory across the country. No non-compliances have been reported through publicly available resources.

- Workers in healthcare facilities are particularly vulnerable to infections like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health workers as well as spread wider within communities. The WMPH Template contains detailed procedures, in line with WHO guidance, protocols necessary for handling medical waste and environmental health and safety guidelines for staff and workers, including the necessary personal protective equipment (PPE) and working conditions.

- 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. SEP also integrates elements of the communication plan of the Government to address vaccine hesitancy.



- The funds can only be used for procuring vaccines that meet the Bank’s Vaccine Approval Criteria. MoH will further upgrade and systematically maintain databases on vaccine recipients and AEFI, to be used for monitoring and evaluation of vaccination program progress and outcomes.
 - The vaccines are prone to rapid decay and ineffectiveness when not stored at the proper temperature. Wasted vaccines may be dangerous or ineffective, when administered. Ultra-cold storage and transportation is a challenge in global supply chains. As revealed through the VIRAT/VRAF assessment, Turkey is ready to safely store, transport and deliver vaccines from the point of entry until the point of vaccination which is monitored through the Vaccine Tracking System. Turkey has the capacity to accommodate all vaccines requiring various temperature regime. The NVDP defines vaccine administration and temperature regime requirements for particular vaccines. Vaccination points of dispensing are monitored and randomly checked by the MoH.
 - Risks of elite capture or inability to distribute the vaccine safely could lead to the exclusion of vulnerable people from vaccination. The updated SEP and ESMF address the risks of disadvantaged or vulnerable individuals and/or groups disproportionately experiencing project-related negative impacts and being subject of prejudice or discrimination toward proving access to project benefits. Turkey has developed a social mobilization and engagement strategy and information awareness program, including crisis communication and addressing vaccine hesitancy, approved by the MOH. The AF will provide retroactive financing for already procured vaccines. The ES audit will review if the priority groups as defined under the NVDP, and developed based on the WHO/SAGE Value Framework, have accessed the vaccines in accordance with the eligibility criteria.
- The protection of personal data is ensured by the Law of Turkey on Personal Data Protection, which is harmonized with the EU Directive no 95/46/EC (Data Protection Directive), but is not fully aligned with the EU General Data Protection Regulation (GDPR). In accordance with the law, personal healthcare data is considered as confidential personal data and are highly protected.

Public Disclosure

ESS10 Stakeholder Engagement and Information Disclosure

The Government of Turkey has rolled out a successful national COVID-19 communication campaign. The MOH prepared updated draft SEP to reflect the AF supported activities and will disclose it in Turkish and English languages, through the MOH web page. The MOH will carry out public consultations with stakeholders and SEP will be finalized, and redisclosed as agreed in the ESCP.

For the parent project, the MOH PMSU prepared SEP, consulted upon in September 2020, and finalized and disclosed the SEP in English and Turkish languages, of quality acceptable to the Bank, on April 11, 2021.

The Government of Turkey prepared a vaccine deployment communications plan which is referenced in SEP. This plan includes information about various vaccines, information about the Government vaccine delivery strategy and plans, with a special emphasis on the prevention and mitigation of vaccine hesitancy.

The parent project implementation has been consistent with government’s actions and measures to prevent and manage COVID-19, which are communicated daily through various channels and disclosed on the government’s platform on COVID -19 response outreach media, via SMSs, and television. The parent project will continue communication and sensitization activities with the stakeholders identified the SEP prepared under the parent project.



The MOH has developed a vaccine deployment communications plan, including information awareness program, crisis communications, and vaccine hesitancy communication plan. The SEP update and implementation will contribute to these on-going MOH communications activities. The SEP includes a budget for outreach activities. MOH operates a free hotline - ALO 184, managed through a call center which is 7/24 available and accessible from anywhere in the country. MOH has also been using this hotline as a grievance mechanism for people to raise concerns and requests related to COVID-19. It serves both the health workers as well as broader public to send inquires and raise concerns on health emergency situation, grievances and other requests related to health services. The hotline also provides translation support in 5 languages (English, German, French, Arabic, Russian), and also includes specialized services for persons with disabilities under the “Unimpeded Health Communication Center (ESIM)”. The ESIM provides services 7/24 in sign language in order to ensure access of the citizens with disabilities to the health services. Available free of charge on the mobile phones, ESIM offers live interpreting services for the persons with hearing disability while calling 112 ambulance center, getting appointment from the Central Appointment System and during medical examinations.

The PMSU under MOH has established a project specific grievance mechanism which is being implemented. The Parent project established a webpage under the MOH website and disseminates information regularly on the project activities and results. Up to date the project specific GM mainly received inquires, while the MOH hotline serves as a main mechanism for health workers, beneficiaries and citizens to lodge concerns and grievances. Grievances received by MOH’s GRM system, ALO 184, are resolved no later than 14 days after the lodging the complaint, which is provided under the Law of Right to Information No 4982. However, experience indicates that the resolution time has been reduced to 2-3 days after the onset of the COVID-19 pandemic.

Regarding vaccine safety surveillance, the MOH has issued special orders on COVID-19 vaccinations to ensure proper and quality provision of relevant procedures and tools for planning and vaccine pharmacovigilance, including AEFI. Dissemination and supported trainings have started at all respective vaccination sites nationwide. Reporting and investigation tools have been updated, including protocols to identify and manage anaphylactic shock.

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

This standard is relevant. Most activities under the project will be conducted by PMSU staff and health care workers, and other workers involved in the vaccine deployment. The project workforce is expected to include i) direct workers including consultants engaged directly by the PMSU at the MOH (i.e. project management personnel, technical staff etc.); and ii) contracted workers employed or engaged through third parties such as firms who will carry out communications efforts, transportation and delivery of vaccines. Community workers will not be engaged in relation to the project. In accordance with ESS2 and the Turkish Labor Code and Occupational Health and Safety Law, due to the hazardous nature of work in many project activities, persons under the age of 18 years will not be allowed to work in any project activities. The use of forced labor is also prohibited, and such risk is not expected in relation to the project.



Employees of MOH and DMO are civil servants, and they will remain the subject to the terms and conditions of their existing public sector employment agreement.

Large scale labor influx is not expected. While the health care workers employed in hospitals, health centers and laboratories, are not strictly considered direct or contracted workers under the ESS 2, due to health and safety risks of exposure to COVID-19, they will be included in the labor management procedures as contracted workers to ensure that they are provided with safety and health measures and equipment in the workplace.

While DMO is responsible for the vaccine procurement, MOH is responsible for vaccine distribution and logistics within the country. The personnel who will be engaged in the transportation of vaccines are health sector workers. Each vaccine delivery vehicle will be fully equipped in line with technical requirements of the MOH, and public health specialist will ensure that these requirements are followed. The workers engaged in vaccine transportation will receive safety training and personal protective equipment (PPE) in line with MOH requirements.

Like the parent project, the AF will be implemented 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 (including emergency preparedness and response measures), setting out a grievance mechanism for project workers, and incorporating labor requirements into the OHS specifications of the procurement documents and contracts with contractors and supervising firms. The ESMF for the parent project includes the LMP, which has been updated for the AF.

Healthcare workers play a critical role in outbreak response and efforts to limit or contain the spread of COVID-19. They face higher risks of potential COVID-19 infection in their efforts to protect the greater community and are exposed to hazards such as psychological distress, fatigue and stigma. Therefore, they have been prioritized for early vaccination in Turkey.

Apart from the period when the state of emergency powers were in place, which ended in 2020, usual workers' rights of frontline workers, such as annual and sick leave, and overtime compensation, are provided without limitations. Reportedly, health and other frontline workers do not work anymore excessive overtime hours, since there is sufficient number of workers to provide essential services.

Health sector workplaces are classified as "highly hazardous" according to the national OHS Law. MoH also has stringent measures in place for personal protective equipment (PPE) usage, regulating working hours and improving working conditions in line with international standards. The Ministry has published a detailed guidance on PPEs for all types of workers handling cases with COVID-19, which are in line with the WHO guidelines.

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 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 minimization of occupational health and safety risks, 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, etc. These measures are covered in the Infection Control Protocol (ICP) and WMPH Template contained in the ESMF and are based on the national healthcare delivery standards and norms set by the MOH in addition to WHO guidance.

Under the ongoing project, the MOH has been implementing the ESMF and LMP, which includes specific instruments on OHS prepared by the client. The PMSU has hired dedicated Social and Environmental Specialists. Vaccination facilities will include information on the prohibition of SEA/SH.

MOH operates a grievance mechanism (GM), including for health workers, which consists of a specialized hotline and online feedback mechanism to allow workers to promptly inform management of labor issues, such as a lack of PPE, unreasonable overtime, stress and any SEA/SH related issues in the workplace. This workers' GM allows for anonymous grievances and has an appeal's process in place.

MOH has published relevant training materials and information on protection measures to prevent COVID-19 infections in the workplace, and has updated the national pandemic plan. These national guidelines are in line with WHO guidelines and cover all health staff and other non-health essential workers (eg. drivers, hygiene and maintenance staff, etc.) who deal with COVID-19 cases in health facilities at various levels.

ESS3 Resource Efficiency and Pollution Prevention and Management

This standard is relevant.

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, ICUs, quarantine facilities, and screening posts to be supported (drugs, supplies and medical equipment) can have a substantial impact on the environment and human health, if not appropriately collected, treated and disposed of. Wastes that may be generated from medical facilities, labs and vaccination centers could include liquid contaminated waste, chemicals, sharps, vaccine vials and other hazardous materials, and other waste from labs and quarantine and isolation centers used in diagnosis and treatment as well as used PPEs of the healthcare workers.

Each target medical facility/lab will follow the requirements of the WMPHs and Infection Control Protocols (ICPs) prepared as a part of the ESMF, addressing WHO COVID-19 guidance documents, and other good international practices to prevent or minimize potential adverse impacts. The WMPHs and ICPs mandate that any waste associated with COVID-19 testing, Treatment or vaccination be incinerated or sterilized and then disposed in licensed, appropriate off-site facilities, as required by the national law. These also contain strict protocols for disinfecting and packing such waste for transportation to the nearest approved medical waste incinerator/sterilization facility. The WMPH also includes guidance related to transportation and management of samples and medical goods or expired chemical products. Resources (water, air, etc.) used in health care and quarantine facilities and labs will follow standards and measures in line with MoH and WHO environmental infection control guidelines for medical facilities. The WMPH will assess and integrate the measures set forth with the respective regulations, guidelines, and practices for management of medical wastes, by the relevant ministries including Ministry of Environment, Urbanization and Climate Change (MoEUCC) and MoH in Turkey.

According to the national Regulation on Medical Waste Management, the medical wastes are identified as infectious wastes, pathological waste and sharps. The regulation outlines the responsibilities of the municipalities as being the



governing authorities for medical waste management including establishment of medical waste management plans and medical waste processing facilities, transportation of medical wastes from the healthcare facilities and safe disposal of the wastes, at the provincial level. The health care facility level requirements are extending from waste minimization and segregation at the source, safe collection and temporary storage of the medical wastes on site and having agreements for safe collection, transport and disposal of the medical wastes as well as preparation of medical waste management plans. The technical properties, utilization and disposal of the medical waste storage bags and containers are also defined in the regulation. Off-site transportation details are also clearly described including licensing, specifications and requirements with respect to vehicles and drivers. Medical waste processing and disposal techniques are addressed including sterilization (and respective validation) and incineration. The residual waste from sterilization is disposed to type II landfills in accordance with national regulation on landfilling of wastes. The waste management plan prepared by the healthcare facilities should include: 1. Waste minimization applications, 2. Waste segregation principles at the source including details of the containers and equipment to collect wastes, 3. details on equipment and vehicles that will be used for on-site transportation, 4. Locations for the collection equipment, schedule for collection and route, 5. Temporary storage location and properties on site 6. disinfection means for the vehicles and equipment used for collection and on-site transportation, 7. precautions to be taken against incidents, 8. Personnel responsible for collection and on-site transportation of medical wastes, 9. Off-site transportation of medical waste to sterilization/incineration facilities, 10. Properties of the specific sterilization/incineration facility, 11. Location of the waste treatment and/or disposal sites and 12. Recording and reporting requirements. MoH has also developed Quality Standards in Healthcare Facilities (QSHF) including provisions regarding implementation of appropriate medical waste management practices in accordance with the Regulation on Medical Waste Management through the national Regulation on Improvement and Assessment of Healthcare Services (lastly amended in 2017). MoH and the provincial directorates periodically implement performance assessment based on the QSHF. Healthcare facility employees also receive regular trainings including waste management practices, as required by the Law. The medical wastes in Turkey are managed through sterilization and incineration facilities with sufficient capacity, as MoH confirms.

MoH's existing infrastructure and vaccine tracking system meets the storage and cold chain requirements of COVID-19 vaccine, as explained in the COVID-19 mRNA Vaccination Administration Guidelines. The project will support energy efficiency audit of the cold-storage equipment, and if found needed, will procure energy efficient equipment where cooling agents would not contain any ozone-depleting substances.

ESS4 Community Health and Safety

This standard is relevant. As noted above, medical wastes and general waste from the healthcare facilities have a high potential of carrying viruses and micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious agents 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). The site-specific WMPHs and ICPs will describe: (i) how waste is managed on-site and any specific improvements necessary, based on the WMPH Template; (ii) how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guideline); (iii) measures in place to prevent or minimize the spread of infectious diseases; (iv) emergency preparedness measures.



Site-specific WMPHs and ICPs, currently under preparation, will be reviewed and revised to ensure they include additional appropriate community health and safety measures to safeguard the public from adverse impacts related to the AF project activities, including monitoring of adverse impacts and side effects of vaccines on recipients of the vaccinations. The updated ESMF will address the project-related impacts of disproportionate exclusion, prejudice or discrimination toward individuals or groups in providing access to vaccines and project benefits, particularly in the case of those who may be disadvantaged or vulnerable.

MoH's existing infrastructure and vaccine tracking system meet the storage and cold chain requirements of COVID-19 vaccine, which are explained in the COVID-19 mRNA Vaccination Administration Guidelines. The vaccines are transported in the specialized vehicles with necessary equipment for temperature control. Each vehicle is operated by a crew including a licensed driver and a public health specialist to oversee that the storage during transportation is in line with MOH requirements. The vaccines are transported in line with WHO COVID-19 vaccination: supply and logistics guidance. To minimize any community health and safety risks, the drivers are instructed to strictly follow traffic rules, speed limits, and avoid congested routes of transportation. Vaccine Tracking System (ATS) is a real-time, uninterrupted and regular monitoring system operating across the country for cold chain health care products. ATS is utilized at all points of cold chain including warehouses, transportation vehicles, health facilities etc., and has a temperature monitoring system which immediately warns the related staff and authorities in case the temperature measurements are outside the specified limits. Health care service delivery units administering vaccines (e.g. family medicine centers; public, private and university hospitals, mobile health care service teams etc.) can monitor the vaccines condition before administering the vaccines.

Vaccination will be performed by the medical personnel who hold medical degrees and associated license. The hospitals, community health centers, family health centers are being utilized as vaccination points. Therefore, the risk of SEA associated with access to vaccines will be minimized as the entire process will be carried out in formal healthcare facilities which provide oversight and medical personnel has professional codes of ethics in place.

The project's risk communication and community engagement activities coupled with broader stakeholder engagement activities will ensure that clear information is provided to the public. The PMSU will oversee the implementation of the GM with the aim of addressing concerns or grievances early.

Some project activities may give rise to the risk of gender-based violence (GBV), in particular SEA and SH risks. The SEA/SH risk for the parent project was assessed as low based on country context and nature of project activities. The assessment for AF remains the same. The ESMF and SEP include preventive measures such as grievance mechanism to receive SEA/SH complaints and sensitization of workers. The project will promote the avoidance of SEA/SH by implementing the WHO Code of Ethics and Professional Conduct for all workers as well as the provision of gender-sensitive infrastructure, such as segregated toilets and adequate light vaccination facilities.

To date, security personnel has not been used in any part of the vaccination program in Turkey. While use of security forces is not anticipated, in the event that they do need to be deployed, the MOH will take relevant mitigation measures to ensure that the engagement of security personnel in implementation of Project activities for provision of security to Project workers, sites and/or assets, is consistent with ESS 4 and the associated Bank guidance.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement



Not relevant.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

Not relevant.

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

Not relevant.

ESS8 Cultural Heritage

Not relevant.

ESS9 Financial Intermediaries

Not relevant.

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:

N/A

IV. CONTACT POINTS

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Public Disclosure



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Borrower: Devlet Malzeme Ofisi

Implementing Agency(ies)

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VI. APPROVAL

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