



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

### **(ESRS Appraisal Stage)**

Date Prepared/Updated: 04/22/2020 | Report No: ESRSA00739



**BASIC INFORMATION**

**A. Basic Project Data**

|                                |                                   |                          |                            |
|--------------------------------|-----------------------------------|--------------------------|----------------------------|
| Country                        | Region                            | Project ID               | Parent Project ID (if any) |
| Tunisia                        | MIDDLE EAST AND NORTH AFRICA      | P173945                  |                            |
| Project Name                   | Tunisia COVID-19 Response project |                          |                            |
| Practice Area (Lead)           | Financing Instrument              | Estimated Appraisal Date | Estimated Board Date       |
| Health, Nutrition & Population | Investment Project Financing      | 4/17/2020                | 4/28/2020                  |
| Borrower(s)                    | Implementing Agency(ies)          |                          |                            |
| Republic of Tunisia            | Ministry of Public Health         |                          |                            |

Proposed Development Objective(s)

| Financing (in USD Million) | Amount       |
|----------------------------|--------------|
| <b>Total Project Cost</b>  | <b>20.00</b> |

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

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

**D. Environmental and Social Overview**

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]  
The project is designed to support the Government of Tunisia to procure and distribute lab testing equipment and supplies, infection control products, personal protective equipment and life-saving medical equipment for COVID-19 response, testing and case management. The quantities of the items to be procured will take into account the country's needs as the pandemic evolves and availability of such equipment from other funding sources. It is expected



that the material procured will benefit hospitals and health centers across the country. No civil works are financed under the project.

Across Tunisia, the removal of medical wastes with an infectious risk from health activities is carried out by a service provider approved by the National Waste Management Agency (ANGeD) for the transport and for the treatment and disposal of this type of waste. All steps of the procedure are formalized in official documentation. The updated list of March 2020 of authorized companies by the Ministry of the Environment for the management of healthcare waste contains 16 companies covering all the Tunisian territory([http://www.anged.nat.tn/user\\_files/2020/marsDangereux/Dechets%20de%20soins%20\\_02.03.2020.pdf](http://www.anged.nat.tn/user_files/2020/marsDangereux/Dechets%20de%20soins%20_02.03.2020.pdf))

D. 2. Borrower’s Institutional Capacity

The Ministry of Public Health (MoPH) through its Project Implementing Entity “Unité de gestion par objectif” (UGPO) shall be supported by qualified staff and resources to support the management of environmental and social risks and impacts of the Project including one Environmental and Social Focal Point from the Directorate for Hygiene and Environment Protection and one Stakeholder Engagement Focal Point and grievance redress mechanism.

MoPH has some experience in the implementation of the World bank safeguards policies as well as medical waste management plans through the former World Bank-financed “Managing Healthcare Waste and Polychlorobiphenyls” Project (P100478). The MoPH worked in close cooperation with the implementing agency, the National Waste Management Agency (ANGeD), to ensure that the necessary precautions were taken based upon a manual which was prepared for the management of Hazardous wastes from Health activities ( Manual of procedures for the management of health waste activities; February 2012)

A consultant has already been recruited to support MoPH in preparing the environmental and social management framework (ESMF) which will incorporate the COVID-19 additional risks and impacts and propose the relevant guidelines to mitigate those risks and impacts. This ESMF will be reviewed and disclosed no later than 1 month after project effectiveness. The focal points will be responsible for periodic reporting to the World Bank.

Public Disclosure

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

A. Environmental and Social Risk Classification (ESRC)

Moderate

Environmental Risk Rating

Moderate

The key environmental risks will mainly be associated with the use, management of and waste generated by the lab testing equipment and supplies, infection control products, personal protective equipment (PPE) and life-saving medical equipment. Risks also relate to the adequate implementation of the various management plans, including the Infection Control and Waste Management Plan (ICWMP) that will be included in the ESMF, and Occupational Health and Safety (OHS) risks to health personnel (front line and laboratory) to be prepared by the client.

Even the project is largely procurement, these acquisitions also entail environmental risks. Foremost among them are the management of infectious medical waste, Occupational Health and Safety (OHS) risks to health personnel (front line and laboratory) during sampling, identification and diagnosis of COVID-19, transportation of sick persons, and to other medical and cleaning staff during handling infectious medical wastes of activities where COVID-19 patients are being treated. This is due to the dangerous nature of the pathogen and reagents and other materials to be used in



the project-supported laboratories. Healthcare-associated infections due to inadequate adherence to occupational health and safety (OHS) standards as suggested by WHO and the US Center for Disease Control (CDC) could lead to illness and death among health and laboratory workers. So effective administrative and containment controls will be put in place to minimize these risks.

Given the experience of MoPH and its different structures to deal with this kind of risks and given that the medical waste management system seems well organized in Tunisia, the environmental risk here could be moderate.

**Social Risk Rating**

Moderate

The main social risks of the project relate to community health and safety and particularly the exposure of high-risk individuals to the virus while using the acquired material, equipment and medicine. In addition, other social risks may include: i) exclusion of vulnerable groups, such as the poor, elderly, those with disabilities, to access facilities and services designed to combat the disease; (ii) increasing social discontent due to the lack of tests, medicine and needed equipment and limited capacity of the health services to respond to the outbreak; iii) elite capture of the project benefits; iv) lack of transparent distribution mechanism to ensure the procured items needed to prevent, detect and clinically manage COVID-19 are distributed ensuring equity and reaching the affected population; v) the inadequate communication around the prevention and control effort of the disease. Based on the novelty and scale of the virus and its likely impact on the capacity of existing services and infrastructure, the social risks are “Moderate.”

**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, case management, monitoring and containment. The COVID-19 response support project will provide initial resources to the Government of Tunisia to rapidly respond to the pandemic by immediately filling the equipment and supply gaps recorded in most laboratories and most healthcare facilities. Not providing this urgent support would result in substantial social impacts, including a sharp increase in the fatality and morbidity rates across Tunisia.

Environmentally and socially sound health facilities management will require adequate provisions for minimization of OHS risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedures, etc. In line with WHO Interim Guidance (February 12,2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)”, COVID-19 diagnostic activities and non-propagative diagnostic laboratory work (e.g. sequencing) could be undertaken in BioSafety Laboratories-2 (BSL-2) labs with appropriate care. Any virus propagative work (e.g. virus culture, isolation or neutralization assays) will need to be undertaken at a containment laboratory with inward directional airflow (BSL-3 level).

These measures will be captured and documented by the MOH in an Environmental and Social Management Framework (ESMF). This ESMF will be reviewed and disclosed no later than 1 month after project effectiveness. The ESMF will have an exclusion list for project activities that may not be financed, as well as specifications to exclude



activities that cannot be conducted unless the appropriate OHS capacity and infrastructure is in place. The ESMF will be developed before the distribution of medical and laboratory equipment. The ESMF will include: (i) an Infection Control and Waste Management Plan (ICWMP); (ii) Labor management procedures (LMP) including specific occupational health and safety (OHS) for healthcare and other project workers to protect themselves and prevent infection while providing treatment in line with the World Health Organization (WHO) guidelines; (iii) mitigation measures during collection of samples and laboratory testing for COVID-19 or during the transport of potentially affected samples or persons in line with WHO guidance (iv) mitigation measures for water, sanitation, hygiene and waste management for COVID-19 in line with WHO guidance; (v) measures to prevent the wider community to be exposed to the virus, with a particular focus on high-risk individuals (elderly, individuals with underlying medical conditions, pregnant women); (vi) measures to ensure patients in medical facilities have their daily needs met, are duly informed of the treatment process and may contact their families remotely; and (vii) a dedicated Grievance Redress Mechanism (GRM) to address concerns and complaints from all stakeholders.

The project will include an information disclosure and a stakeholder engagement plan (SEP) with measures to provide people with clear, up-to-date, transparent guidelines and engage constructively about disease control, testing and treatment activities, their associated environmental and social impacts and proposed mitigation measures in order to avoid the spread of rumors and disinformation. The SEP will be based on existing activities planned under the National Response Plan to Covid-19 and include additionally information on environmental and social impacts specific to the project. The SEP will follow a precautionary approach and use physical distancing engagement processes (use of the social media, ICT technology, etc...) and the technical guidance from the WHO on Risk Communication on Community Engagement on Covid-19. A preliminary SEP is already prepared and disclosed on the World Bank and MoPH website (<http://www.santetunisie.rns.tn/fr/>). The SEP will be updated prior to the distribution of medical and laboratory equipment in line with the other milestones no later than one month after project effectiveness.

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

Given that 40% of the support is earmarked for retroactive financing, it was agreed that the eligible expenditures review would include E&S aspects. In line with other covid-19 operations, the reimbursement eligibility/criteria will include that the Borrower provide confirmation that healthcare staff and other workers using procured equipment and supplies have undergone necessary training acceptable to the Bank and confirm that a waste management system is in place and functional in respective laboratories and healthcare facilities, acceptable to the Bank.

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

Tunisia's COVID-19 Responsiveness Plan already includes stakeholder engagement and communication activities, which are described in the preliminary SEP that was prepared before approval of the project and disclosed on MOH and the World Bank websites. Given that the project has been prepared under emergency procedures, the preliminary SEP will be updated and disclosed by the MOH within one month of project effectiveness. It will follow the requirements of ESS10 as well as the WHO technical guidance on COVID-19 Risk Communication and Community Engagement in the context of Covid-19.



Key project stakeholders include affected parties that may be subject to direct impact from the project, which include representatives from the MOH, Municipal Councils, COVID19 patients, relatives of COVID19 patients, public health and laboratory workers, private health service providers, neighboring communities to laboratories, quarantine centers, and screening posts, waste collection and disposal workers, waste transport and treatment companies. Other interested parties include the public at large, the media, supply chain providers as well as representatives of other ministries, non-government organizations and local organizations. Finally, vulnerable stakeholders include households below poverty level, the illiterate, individuals who are at higher risk of getting very sick from Covid19, pregnant women, and individuals living in remote or inaccessible areas.

Once approved, the project will establish a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19. In line with the provisions of the ESCP, the client will apply the preliminary SEP to engage stakeholders as needed and for public information disclosure purposes. Within one month of project effectiveness, the Borrower will update and disclose the SEP on MoPH website. It will include messaging on the need for improved hygiene, social distancing, equitable access to detection and treatment services, tamp down on false rumors about COVID-19, and counteract the isolation and uncertainty that comes from people being kept in quarantine. The updated SEP will also include a more elaborate Grievance Redress Mechanism for addressing any concerns and grievances raised about the project. Finally, the updated SEP will include more information on the environmental and social risks of project activities.

## **B.2. Specific Risks and Impacts**

**A brief description of the potential environmental and social risks and impacts relevant to the Project.**

### **ESS2 Labor and Working Conditions**

The project will involve the use of a range of workers including: Direct workers who will be engaged directly by MoPH; and Contracted workers who may be hired to support implementation including, transport and treatment of wastes, training and capacity building, communications, testing procedures. At this stage the number of workers required in each group is unclear. Community workers will not be involved in the Project.

Most activities supported by the project will be conducted by health and laboratory workers, both civil servants employed by the MOH and private health service providers. All health workers will have to follow OHS protocols to prevent exposure to the disease developed by the WHO. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and personal protective equipment (PPE); ensuring availability of adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer). These measures will be documented in labor management procedures (LMP) that will be annexed to the ESMF.

The LMP will be developed to ensure compliance with ESS2 and in accordance with General Environmental, Health and Safety Guidelines (EHSGs). The use of child labor will be forbidden in accordance with ESS2, i.e. due to the hazardous work situation, for any person under the age of 18. The use of forced labor or conscripted labor and



sexual harassment will be strictly prohibited under the project. The LMP will also include a basic, responsive grievance mechanism to allow workers to quickly inform management of labor or working conditions issues, such as a lack of PPE and unreasonable overtime via the MOH.

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

Medical wastes and chemical wastes (including wastewater, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have substantial impact on the environment and human health. Wastes that may be generated from medical facilities/ labs could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (e.g. wastewater; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which would require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact or handle the waste, chemicals and other hazardous materials, and other waste from labs and quarantine and isolation centers including of sharps, used in diagnosis and treatment. There is also a possibility for infectious microorganisms to be introduced into the environment if they are not contained within the laboratory or the quarantine facilities due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., flooding).

Each beneficiary medical facility/lab, following the requirements of the ESMF, WHO COVID-19 guidance documents, and other good international practices, will prepare and follow the Infection Control and Medical Waste Management Plan (ICMWP) outlined in the ESMF to prevent or minimize such adverse impacts. The ESMF will include guidance related to transportation and management of samples and medical goods or expired chemical products as well as sustainable ways to use environmental resources (water, air, other relevant solutions/reagents) as recommended in healthcare infections control practices in line with US CDC and WHO environmental infection control guidelines for medical facilities.

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

In line with the health and safety provisions in ESS2, it is equally important to ensure the safety and well-being of the communities from infection with COVID-19. This could result from exposure through project activity, the manipulation of laboratory equipment and the poor management of infectious medical waste. Medical waste has a potential of carrying micro-organisms that can infect the community at large if they are not properly disposed. There is a possibility for the infectious micro-organism 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, such as flooding activity). Exposure of the community to infectious medical wastes and general waste from the labs, health centers, and quarantine and isolation centers will be mitigated through the Infection Control and Waste Management Plan.

Security personnel will be used in and around Health facilities to protect Health centers against possible movements of panic or dissatisfaction of the population in the event of a peak of the pandemic or in the event of dissatisfaction of the population demanding better medical service.



Moreover through the implementation of the SEP, the project will actively promote sound community health and safety practices in the management of COVID-19 through training the MoH on WHO guidelines for identification, prevention and control of COVID-19.

In terms of gender based violence and sexual exploitation and abuse, the risks associated directly with project activities are deemed low. Project activities do not involve civil works and will not lead to labor influx, nor does the project directly support quarantine.

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

The project is not expected to involve any civil works and will not involve any land acquisition and restriction to land use.

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

The project is not expected to involve any civil works and no construction or rehabilitation activities are expected in this project that could affect protected areas, flora or fauna.

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

There are no indigenous people and traditional communities meeting the criteria of this standard.

**ESS8 Cultural Heritage**

The project is not expected to involve any civil works

**ESS9 Financial Intermediaries**

There are no financial intermediaries involved in the project.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways**

**OP 7.60 Projects in Disputed Areas**

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





| DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED  | TIMELINE |
|---|----------|
| <b>ESS 1 Assessment and Management of Environmental and Social Risks and Impacts</b>  |          |
| Prepare and submit regular monitoring reports on the environmental, social, health and safety (ESHS) performance of the Project, including, but not limited to, stakeholder engagement activities and grievances log. (quarterly)   | 07/2020  |
| The MoPH through its Project Implementing Entity “Unité de gestion par objectif” (UGPO) shall be supported by qualified staff and resources to support the management of environmental and social risks and impacts of the Project including one Environmental and Social Focal Point and one Stakeholder Engagement Focal Point. (By project effectiveness)  | 04/2020  |
| Assess the environmental and social risks and impacts of proposed Project activities, in accordance with ESS1 and the Environmental and Social Management Framework (ESMF) to be prepared, disclosed, adopted and implemented for the Project, including to ensure that individuals or groups who, because of their circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project.  | 05/2020  |
| Prepare, disclose, adopt, and implement any environmental and social management plans or other instruments required for the respective Project activities based on the assessment process, in accordance with the ESSs, the ESMF, the ESHGs, and other relevant Good International Industry Practice (GIIP) including relevant WHO Guidelines on COVID-19 response, in a manner acceptable to the Bank.   | 04/2020  |
| Incorporate the relevant aspects of this ESCP, including, inter alia, any environmental and social requirements, ESS2 requirements, and any other required ESHS measures, into the ESHS specifications of the procurement documents and contracts with contractors. Thereafter ensure that the contractors comply with the ESHS specifications of their respective contracts.   | 04/2020  |
| For any laboratory and medical equipment, as well as supplies, procured and distributed, on or after January 31, 2020, the Borrower will confirm that a waste management system is in place and functional as acceptable to the Bank in respective laboratories and healthcare facilities.  | 04/2020  |
| <p>Exclude the following type of activities as ineligible for financing under the Project and will be reflected in the ESMF:</p> <ul style="list-style-type: none"> <li>• Activities that may cause long term, permanent and/or irreversible adverse impacts (e.g. loss of major natural habitat)</li> <li>• Activities that have high probability of causing serious adverse effects to human health and/or the environment not related to treatment of COVID-19 cases</li> <li>• Activities that may have significant adverse social impacts and may give rise to si</li> </ul> | 04/2020  |
| <b>ESS 10 Stakeholder Engagement and Information Disclosure</b>   |          |

Public Disclosure



|  |         |
|--|---------|
| Prepare, disclose, adopt and implement a Stakeholder Engagement Plan (SEP) in line with the disclosed draft SEP, Tunisia’s “Plan de Riposte au Risque d’introduction et de dissémination du SARS-CoV-2 en Tunisie 2P2R -19 (22/02/2020)”, the WHO guidance | 04/2020 |
| on “Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)” (January 26, 2020), and consistent with ESS10, in a manner acceptable to the Bank.  | 04/2020 |
| GRIEVANCE MECHANISM: Accessible grievance arrangements 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.             | 04/2020 |
| <b>ESS 2 Labor and Working Conditions</b>  |         |
| LABOR MANAGEMENT: The Project shall be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures                | 04/2020 |
| (including emergency preparedness and response measures), setting out grievance arrangements for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and super  | 04/2020 |
| The Borrower shall implement the above measures in accordance with Labor Management Procedures (LMP) annexed to the ESMF and World Health Organization (WHO) guidelines on COVID-19 in all facilities, including laboratories, quarantine and isolation    | 04/2020 |
| centers, and screening posts, in a manner acceptable to the Bank and consistent with ESS2. For any laboratory and medical equipment, as well as supplies, procured and distributed, on or after January 31, 2020, the Borrower will confirm that           | 04/2020 |
| health staff and other workers using procured equipment and supplies have undergone necessary training as acceptable to the Bank including adequate occupational health and safety measures.   | 04/2020 |
| <b>ESS 3 Resource Efficiency and Pollution Prevention and Management</b>   |         |
| Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to: manage Infection Control and health care wastes, and other types of hazardous and non-hazardous wastes and use of resources  | 04/2020 |
| (water, air, etc.) in accordance with ESS3, the EHSs, and other relevant Good International Industry Practice (GIIP) including relevant WHO guidelines in a manner satisfactory to the Bank.   | 04/2020 |
| <b>ESS 4 Community Health and Safety</b>   |         |

Public Disclosure



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|--|---------|
| Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to: minimize the potential for community exposure to communicable diseases following the WHO technical guidance; manage the risk | 04/2020 |
| of the use of security personnel; manage the risks of labor influx; and prevent and respond to sexual exploitation and abuse, and sexual harassment; and ensure that individuals or groups who, because of their particular circumstances,                 | 04/2020 |
| may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project.  | 04/2020 |
| <b>ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>   |         |
| Not relevant   |         |
| <b>ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>  |         |
| not relevant   |         |
| <b>ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</b>   |         |
| Not relevant   |         |
| <b>ESS 8 Cultural Heritage</b>   |         |
| Note relevant  |         |
| <b>ESS 9 Financial Intermediaries</b>  |         |
| Not relevant   |         |

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:**

There are no areas where the use of the Borrower Framework is being considered; the project will apply the ESF

**IV. CONTACT POINTS**

**World Bank**

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|---------------|----------------------------|--------|--------------------------------|
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**Borrower/Client/Recipient**

Borrower: Republic of Tunisia

**Implementing Agency(ies)**

Implementing Agency: Ministry of Public Health

**V. FOR MORE INFORMATION CONTACT**

The World Bank  
1818 H Street, NW  
Washington, D.C. 20433  
Telephone: (202) 473-1000  
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**VI. APPROVAL**

|                               |   |
|-------------------------------|---|
| Task Team Leader(s):          | Tamer Samah Rabie, Fatima El Kadiri El Yamani         |
| Practice Manager (ENR/Social) | Valerie Hickey Cleared on 17-Apr-2020 at 20:16:27 EDT |