



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 25-Jun-2020 | Report No: PIDA29693



**BASIC INFORMATION**

**A. Basic Project Data**

Country Vietnam	Project ID P174389	Project Name Vietnam COVID-19 Emergency Response Project	Parent Project ID (if any)
Region EAST ASIA AND PACIFIC	Estimated Appraisal Date 10-Jun-2020	Estimated Board Date 15-Jul-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Social Republic of Vietnam	Implementing Agency 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

Components

- Component 1: Strengthening surveillance and testing capacities
- Component 2: Strengthening capacities of research of COVID-19 vaccines and test kits
- Component 3: Communication, Project management, monitoring and evaluation

The processing of this project is applying the policy requirements exceptions for situations of urgent need of assistance or capacity constraints that are outlined in OP 10.00, paragraph 12.

Yes

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	6.56
<b>Total Financing</b>	6.56
<b>of which IBRD/IDA</b>	0.00
<b>Financing Gap</b>	0.00

**DETAILS**



**Non-World Bank Group Financing**

Counterpart Funding	0.33
Borrower/Recipient	0.33
Trust Funds	6.23
Pandemic Emergency Financing Facility	6.23

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

**B. Introduction and Context**

**Pandemic Emergency Financing Facility (PEF) Context**

1. **The PEF was established in July 2017 in the aftermath of the devastating 2014-15 West Africa Ebola outbreak to provide a new source of financing for countries and qualified agencies to respond to major disease outbreaks.** Part of the financing was arranged through a cash window and part from a US\$425 million insurance window, financed by pandemic catastrophe bonds and swaps issued by the World Bank (IBRD). Annual premiums of approximately US\$37 million are paid by the financial contributions from Japan, Germany and International Development Association (IDA). The insurance window provides coverage to all IDA-eligible countries for select diseases listed by the WHO as likely to cause major epidemics if the contagion spreads across national borders, and include new pandemic flu, severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), COVID-19, Ebola, Crimean Congo Hemorrhagic Fever, Rift Valley Fever, and Lassa Fever. The PEF is governed by a Steering Body, which is composed of Australia, Germany, Japan, WHO, UNICEF, WBG, and two IDA-eligible countries (currently Haiti and Liberia).

2. **With all activation criteria including outbreak size, spread and growth met in mid-April, the PEF insurance has been triggered for COVID-19 and has made available a total US\$195.84 million for countries to finance response to the ongoing pandemic.** The PEF Steering Body has approved allocations for 64 PEF eligible countries that have reported cases of COVID-19 as of April 22, 2020. The allocation for Vietnam is US\$6,549,215.23. This amount is inclusive of cost recovery/agency fees, ranging between 5 to 8 per cent of the total grant amount subject to the choice of the option for receiving funds. All PEF allocations are grants to countries. Vietnam decided to receive the allocation through a stand-alone recipient-executed Trust Fund



## Country Context

**3. With its 97 million people and over US\$2,500 per capita gross domestic product (GDP) (2018), Vietnam is globally recognized for its transformational socio-economic progress since the introduction of the Doi Moi reforms in the late 1980s.** Vietnam's per capita GDP grew at an average annual rate of about 5.5 percent between 1990 and 2018, making it one of the fastest-growing economies in the world during the period. The proportion of the population living below the national poverty line fell below 10 percent in 2016, down from close to 60 percent in 1993. In terms of shared prosperity, the growth in per capita consumption for the bottom 40 percent of the population was about 6 percent annually, compared to 4 percent for the total population during the 2010-2016 period. On human development, Vietnam has experienced substantial improvements in key health and education outcomes: today's population is far healthier and better educated than 30 years ago.

**4. Vietnam has successfully contained the first two waves of the COVID-19 outbreak.** As of May 30, 2020, Vietnam has confirmed 328 cases and no deaths, and more than 13,000 people are quarantined at isolation facilities. With a long border and close trade relationship with China, Vietnam was among the first countries hit by the epidemic. The first case was confirmed on January 23, 2020 and one week later, the National Steering Committee for COVID-19 Prevention and Control was established, chaired by a Deputy Prime Minister with cabinet level representation from all sectors. The Prime Minister declared the epidemic on February 1, 2020. A slogan: "Combating the epidemic like to fight against enemy" is a call for the highest attention and effort of the whole country to fight the disease. Various strong mitigation measures have been applied with participation of all related sectors, health, police, army, and local authorities.

**5. Despite Vietnam's strong containment efforts, the global COVID-19 outbreak has had significant negative social and economic impacts on Vietnam.** After showing some resilience with a GDP growth rate estimated at 3.6 percent in quarter 1 of 2020, the economy was hit hard by the country's restrictive measures implemented in April. The index of industrial production witnessed the biggest decline ever recorded from March to April, while retail sales and passenger and cargo transportation also declined. Unemployment among workers 15 years old and above reached a 5-year high, reaching 2.22 percent at end of March. At the same time, foreign investors have continued to demonstrate their interest, as over US\$12 billion have been registered over the first four months of 2020.

**6. The Government of Vietnam (GoV)'s response aims to mitigate against the social and economic impacts of COVID-19.** The Government allocated US\$80 million from the central contingency budget for the health response. The central government also announced a series of fiscal stimulus measures. The authorities announced a credit package totaling US\$1.086 billion (about 4 percent of 2019 GDP) from the banking sector designed to support affected firms and households. On April 24, 2020, the Prime Minister signed a decision (15/2020/QĐ-TTg) to release a financial package support of US\$2.6 billion to vulnerable people whose livelihoods are affected by COVID-19.



## Sectoral and Institutional Context

7. **Vietnam has made remarkable progress in health outcomes over the past 20 years.** Life expectancy increased from 72.1 to 75.8 years, and is the highest in the region for countries at a similar income level.<sup>1</sup> Between 1990 and 2015, the child mortality rate fell from 51 to 22 per 1,000 live births<sup>2</sup> and the maternal mortality ratio fell from 139 to 54 per 100,000 live births.<sup>3</sup> In 2014, the proportion of births assisted by a trained staff was 93.8 percent<sup>4</sup> and the proportion of pregnant women receiving 4 or more antenatal care visits was 73.7 percent<sup>5</sup>. In 2015, the nationwide full immunization rate was 97.1 percent and exceeded 95 percent in 53 out of Vietnam's 63 provinces<sup>6</sup>. In 2014, 7.5 percent of people (7.8 percent in rural and 6.7 percent in urban areas) had at least one inpatient visit, while 33.5 percent (32.9 percent in rural and 34.9 percent in urban) had an outpatient visit in the previous 12 months<sup>7</sup>.

8. **However, disadvantaged groups – and especially ethnic minorities and those living in remote, mountainous areas – have substantially worse access and outcomes.** In 2014, child mortality rates in rural areas (26.5 per 1,000 live births) are more than double those in urban areas (12.9); child mortality rates in the remote mountainous provinces exceed 50 but are less than 20 in the delta provinces.<sup>8</sup> Similarly, while the national under-five stunting prevalence is 24.6 percent, it reaches over 35 percent in some remote mountainous provinces.<sup>9</sup> The proportion of births assisted by a trained staff is 68.3 percent among ethnic minority women and 73.4 percent among the poorest quintile, compared to over 95 percent among women in the remaining quintiles.<sup>10</sup> The proportion of pregnant women having 4 or more prenatal care visits is only 32.7 percent among ethnic minorities and 38.6% among the poorest quintile, but rises to 67 percent in the second poorest quintile and to 96% in the richest quintile.<sup>11</sup> Similarly, full immunization rates falls to around 70 percent among disadvantaged groups, such as ethnic minority children (69.4 percent), the poorest quintile (72.2 percent), and those in mountainous provinces (such as the Central Highlands, 70.5 percent, and Northern Midlands and Mountains, 71 percent)<sup>12</sup>.

9. **Population ageing, a disease burden increasingly dominated by non-communicable diseases (NCDs), and a growing middle class will present a new set of challenges to the health system.** As previously indicated, Vietnam's population is ageing faster than most other Asian countries.<sup>13</sup> This is contributing to

<sup>1</sup> World Development Indicators 2017.

<sup>2</sup> UN Inter-Agency Group for Child Mortality. 2015. Estimation. Levels and Trends in Child Mortality Report 2015. New York. UNICEF.

<sup>3</sup> Alkema, Leontine, et al. 2016. "Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group." *The Lancet* 387.10017 (2016): 462-474.

<sup>4</sup> General Statistics Office and UNICEF. 2015. Vietnam Multiple Indicator Cluster Survey 2014, Final Report. Ha Noi, Vietnam.

<sup>5</sup> General Statistics Office and UNICEF. 2015. Vietnam Multiple Indicator Cluster Survey 2014, Final Report. Ha Noi, Vietnam.

<sup>6</sup> These estimates are from administrative data. By contrast, household survey data show a full immunization rate of 82.4% (Multiple Indicator Cluster Survey 2013/14)

<sup>7</sup> General Statistics Office. Result of the Vietnam Household Living Standards Survey 2014. Hanoi: Statistical Publishing House. 2016.

<sup>8</sup> General Statistics Office. 2016. Statistical Yearbook of Vietnam 2015. Hanoi: Statistical Publishing House. (Table 35).

<sup>9</sup> National Institute of Nutrition. 2016. Statistical data on child malnutrition 2015. <http://viendinhduong.vn/news/vi/106/61/0/a/so-lieu-thong-ke-ve-tinh-trang-dinh-duong-tre-em-qua-cac-nam.aspx>.

<sup>10</sup> General Statistics Office and UNICEF. 2015. Vietnam Multiple Indicator Cluster Survey 2014, Final Report. Ha Noi, Vietnam

<sup>11</sup> General Statistics Office and UNICEF. 2015. Vietnam Multiple Indicator Cluster Survey 2014, Final Report. Ha Noi, Vietnam

<sup>12</sup> General Statistics Office and UNICEF. 2015. Vietnam Multiple Indicator Cluster Survey 2014, Final Report. Ha Noi, Vietnam.

<sup>13</sup> MOH and HPG. Joint Annual Health Review 2016- Towards Healthy Ageing. Forthcoming.



a rapid shift in Vietnam's burden of disease towards NCDs, which increased from 46 percent of the disease burden (measured in disability-adjusted life years (DALYs) in 1990 to 73 percent in 2015. In 2015, cervical cancer accounted for 8.5 times more deaths than maternal causes<sup>14</sup>. The single leading contributor to the disease burden is stroke, accounting for 14 percent of all DALYs.<sup>15</sup> Leading risk factors associated with stroke (as well as with other major contributors to the disease burden) are uncontrolled hypertension, high cholesterol, diabetes, smoking, and an unhealthy diet. As Vietnam grapples with the shifting disease burden, it will also face the challenge of the rising expectations of a growing middle class which will demand better quality and more technological sophistication in health care (typically with a preference for hospital and specialist care).

**10. The country's geographical location is particularly prone to infectious diseases, including zoonotic diseases that are the result of interactions between humans, livestock, wild animals, and the environment.** With global flows of trade, finance, people, and data connecting the region to the rest of the world, the risks of cross-border endemic infectious diseases are more threatening than ever before. The emergence and spread of disease are facilitated by a wide range of socioeconomic, demographic, and environmental factors, including close contact between humans and animals (both domestic and wild), high-risk livestock and wildlife farming practices, expanding urbanization, high population density, and climate change. In recent years Vietnam has encountered recurring outbreaks and public health emergencies, including SARS in 2003), avian influenza (H5N1 in 2003), influenza H5N6, and the pandemic strain of flu (H1N1 in 2009), among others. These threats demonstrate the continuing need to strengthen preparedness and response capacities to emerging infectious diseases and public health emergencies.

**11. The COVID-19 situation is evolving quickly and the GOV has been active on the preparedness and response fronts.** With a long border and close trade relationship with China, Viet Nam was among the first countries hit by the epidemic. The first case was confirmed as early as January 23, 2020 and 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<sup>16</sup>. On January 30, 2020, the National Steering Committee for COVID-19 Prevention and Control was established, chaired by a Deputy Prime Minister with leaders of all sectors as members. The Prime Minister declared the epidemic on February 1, 2020. A slogan: "Combating the epidemic like to fight against enemy" is a call for the highest attention and effort of the whole country to fight the disease. Various strong mitigation measures have been applied with participation of all related sectors, health, police, army, and local authorities.

**12. The government has implemented most of the recommended epidemic mitigation measures to contain COVID-19.** All schools, colleges and universities were closed for 13 weeks starting in late January 2020. Travel restrictions were applied at first for specific countries with high infection rates (China,

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<sup>14</sup> According to the Institute of Health Metrics and Evaluation's Global Burden of Disease study, among women of reproductive age (15-49), maternal deaths are 245 per year, while cervical cancer deaths are 309 per year. Total cervical cancer cases account for 0.7% of all female deaths.

<sup>15</sup> Institute for Health Metrics and Evaluation. GBD Results Tool. Data downloaded June 12, 2017.

<sup>17</sup> The SARS-CoV-2 antibody test is performed for the purpose of (i) serological monitoring (community immunity rate) in different populations at risk, including people exposed to positive patients, healthy people, people returning from epidemic areas; and (ii) identify whether people infected with the virus have developed an immune response. If the immunity is developed, serological information can be used to guide decisions both at the individual and institutional levels whether it is safe for the patient to return to work and whether it is safe for the contacted family and community. For people infected with SARS-CoV-2 after recovery, antibodies formed will have a full or partial protective effect if future infection or immune protection can last. Antibody tests can be used in retrospective studies to determine the sensitivity of PCR tests and to support statistical information on morbidity and mortality related to COVID-19.



Republic of Korea, Iran and Italy) followed by blanket travel restrictions in late March. Mandatory institutional quarantine was instituted for all travelers entering the country, including repatriated Vietnamese currently returning on charter flights. Close contact tracing and then institutional quarantine has been implemented for those who have had direct or close contacts with confirmed cases, while home quarantine has been applied for those at risk. In April, facial masks were required to be worn in all public places and social distancing was strongly recommended in big cities, while restaurants, services and entertainment facilities were required to close. Public gatherings, religious activities and festivals were suspended across the whole country.

**13. Vietnam must now prepare for the next wave of the pandemic by continuing to build a strong foundation for preparedness and response, especially enhancing laboratory capacities at national and subnational levels to expand diagnostic testing of COVID-19.** Currently, there are 124 laboratories that can provide SARS-CoV-2 diagnostic test using Realtime reverse transcription polymerase chain reaction (RT-PCR) techniques in Vietnam and 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 be prepared for potential new waves 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<sup>17</sup>, and to assess the sensitivity of molecular methods to give the most comprehensive picture of the COVID-19 pandemic and the SARS-CoV-2 virus. Results of the assessment can provide useful information for the future development of a COVID-19 vaccine. To this end, medical laboratory technicians require training and laboratory support for disease surveillance and response and biosafety capacity and regulations need to be strengthened.

**14. The National Institute of Hygiene and Epidemiology (NIHE) is the leading public health agency and plays a crucial role in diagnosis, testing and research on COVID-19.** NIHE was among the first institutions in the world to isolate SARS-CoV-2 for reference and confirmed diagnosis as well as to create a foundation for COVID-19 vaccine development. NIHE has been the main institution to perform diagnosis tests, as well as to provide training for technicians of 28 provincial laboratories in northern Vietnam. NIHE laboratories are active in research on influenza, rabies, SARS, and unknown agents. However, the bio-safety laboratories of NIHE were constructed in 2007 and are in dire need of upgrade and modernization of equipment to respond to the emerging demand for diagnosis and surveillance of the COVID-19 epidemic.

**15. The Center for Research and Production of Vaccines and Biologicals (POLYVAC) plans to study and develop COVID-19 vaccines as well as to manufacture diagnosis quick test kits for COVID-19.** Their work is anticipated to contribute to the development of test kits and vaccines, which are emergent and important tasks of public health agencies worldwide. While the POLYVAC has more than 25 years of experience in vaccine development, it is also in need of support to enhance their capacity in research, development and production to address the country's needs in diagnostics and testing.

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<sup>17</sup> The SARS-CoV-2 antibody test is performed for the purpose of (i) serological monitoring (community immunity rate) in different populations at risk, including people exposed to positive patients, healthy people, people returning from epidemic areas; and (ii) identify whether people infected with the virus have developed an immune response. If the immunity is developed, serological information can be used to guide decisions both at the individual and institutional levels whether it is safe for the patient to return to work and whether it is safe for the contacted family and community. For people infected with SARS-CoV-2 after recovery, antibodies formed will have a full or partial protective effect if future infection or immune protection can last. Antibody tests can be used in retrospective studies to determine the sensitivity of PCR tests and to support statistical information on morbidity and mortality related to COVID-19.



### C. Proposed Development Objective(s)

#### Development Objective(s) (From PAD)

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

#### Key Results

- Strengthened COVID-19 surveillance and responding capacities of the laboratories nationwide through detailed assessments in (at least) 130 laboratories in hospitals and Provincial CDCs;
- Improved national COVID-19 detecting capacity by conducting at least 6,000 ELISA anti-body tests;
- Standard of Procedure is developed for 50% the project supported equipment;
- Improved knowledge and skills of laboratory technicians with 150 laboratory staff trained on ELISA technique and 135 laboratory staff trained on taking sample, bio-safety and quality;
- Risk communication being reviewed through an assessment report ;
- A documentary on COVID-19 management and control in Vietnam.

### D. Project Description

**16. The Project will be financed by the PEF Insurance Window allocation for Vietnam to support the country's COVID-19 response and to strengthen the health system for public health emergency.** The project components and activities under each component are designed to improve the capacities of surveillance and diagnostics for COVID-19. The project will complement other efforts that have already been committed by USAID, USCDC, WHO, ADB and UN agencies. The implementation period of the project is very short, only about six months from July 2020 to January 31<sup>st</sup>, 2021, which will have some implications on the scope of project activities and outcomes. The project will comprise the following three components. The project will comprise the following three components.

#### **Component 1. Strengthening surveillance and testing capacities [US\$4.66 million]:**

**17. Sub-component 1.1. Strengthening the capacity of bio-safety laboratory systems at NIHE.** This sub-component will: (i) provide equipment to the bio-safety laboratory systems for levels 2 and 3; (ii) develop the Standard of Procedure (SOP) for the new equipment financed by the project; and (iii) train the technicians and staff on the new SOP.

**18. Sub-component 1.2. Assessing and strengthening the capacity of laboratory systems nationwide to respond to COVID-19.** This sub-component will: (i) assess the testing capacity and bio-safety conditions of the laboratories involved in COVID-19 surveillance and testing in hospitals and Provincial Centers for Disease Control (CDC) nationwide; and (ii) provide technical support and training on testing techniques, bio-safety, and quality assurance for technicians and laboratory staff at provincial level.

**19. A comprehensive assessment on infrastructure, equipment, technical capacities, quality and safety will be conducted in about 200 laboratories in Vietnam.** Results from the assessment will be used to develop training packages and development strategies for the provincial laboratory systems.

**20. Sub-component 1.3. Evaluating community immunity with COVID-19.** This sub-component will evaluate community immunity with COVID-19 for epidemic forecasting as a foundation for pandemic prevention, surveillance and response strategies applying SARS-CoV-2 antibody test. The project will





support NIHE to collect the samples among people at risk of acquiring SARS-CoV-2 virus and to test the samples. It is expected that at least 6,000 samples will be tested.

**21. This sub-component will be implemented following Out-put based approach** for sample collection and testing; and hiring consultants for preparing study proposal, data analysis and writing report.

**22. For samples collection, NIHE will sign contracts with CDCs of selected provinces representing different geographical regions to collect samples.** The payment to the CDCs will be based on the actual numbers of sample collected, which will be verified by the Audit firm hired by the Project Management Unit (PMU). The unit cost for each sample collected is calculated based on the following cost components: organization and management, payments for sample collectors and givers, rental of venues for collecting samples, sample transportation and storage, reagents and consumables and other reimbursables. The estimated number of samples is 3,000.

**23. For samples testing, given the brief implementation period and the special expertise for conducting the analysis and testing of the samples for the community immunity study, NIHE will assign this sample analysis and testing to the Center for Applied Biomedical Science – a NIHE’s affiliate that has independent legal and financial status under a force account arrangement through a non-consulting service contract.** The output- based financing mechanism will be used with the unit cost for sample testing includes human resources, and equipment. The Ethics and Scientific Committees will act as an Independent verification agent to review the testing procedure and quality; while the Audit firm will verify the quantity of samples tested.

#### **Component 2. Strengthening research capacity for COVID-19 vaccines and test kits [US\$1.29 million]**

**24. This component will provide equipment for research of COVID-19 vaccine and test kits for POLYVAC.** It is expected that the new equipment will contribute to improve the capacity of POLYVAC for research and development of new vaccine and quick diagnostic test to prepare for future waves of COVID-19.

#### **Component 3. Communication, Project Management, Monitoring and Evaluation [US\$0.61 million]**

**25. Sub-component 3.1. Communication.** This sub-component would help to (i) conduct communication activities for strengthening engagement of project stakeholders; (ii) assess the COVID-19 risk communication activities in Vietnam; and (iii) produce a comprehensive documentary on COVID-19 response for further communication and lessons learnt.

**26. Sub-component 3.2. Project Management and Monitoring and Evaluation (M&E).** This sub-component will finance the associated cost for project management at NIHE. This will include additional NIHE staff and/or consultants hired to staff the PMU. It would also support, among others, monitoring and evaluation of the project, including training in monitoring and evaluation, travel of staff to project sites, evaluation workshops, development of an action plan for M&E, audit, and final evaluation.



Legal Operational Policies

Triggered?

Projects on International Waterways OP 7.50

No

Projects in Disputed Areas OP 7.60

No

Summary of Assessment of Environmental and Social Risks and Impacts

27. **The environmental and social risk is classified as “Substantial” for the project.** The Vietnam COVID-19 Emergency Response Project will have positive social and environmental 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 (COVID-19) and reagents and other materials to be used in the project-supported laboratories and testing facilities. Infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health workers. The laboratories and testing facilities involving COVID-19 diagnostic testing can generate medical waste and other hazardous by-products.

28. **The major area of social risks is 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 proposed Community Immunity Study, planned under component 1.3, 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 representative population, it will have implications for community health and safety, stakeholder engagement, and ethnic minorities. 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. No civil works are anticipated for this operation and no land acquisition or involuntary resettlement is expected.

29. **The Environmental and Social Review Summary (ESRS) provides further information on the social, health, safety, and environmental risks.**

30. **Six of the ten Environmental and Social Standards (ESSs) of the Environmental and Social Framework (ESF) have been screened as relevant.** The other four are considered not relevant, namely: ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement, ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources, ESS8 on Cultural Heritage, and



ESS9 on Financial Intermediaries. The screening of social risks and impacts is based on discussion with the task team and consultations with MOH.

**31. An Environmental and Social Commitment Plan (ESCP) has been prepared which takes into account the need to ensure adequate budget, staffing and operational arrangements for project environmental and social risk management.** Also prepared is a Stakeholder Engagement Plan (SEP) which defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It also outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about any activities related to the project. The SEP will need to be revised to incorporate the WHO guidance on Risk Communication and Community Engagement and on preventing and addressing social stigma associated with COVID-19, as well as the protocols for engaging and securing informed consent from the community immunity study participants planned under component 1.3. The Grievance Redress Mechanism (GRM) will need to be detailed in the revised SEP and widely communicated to affected and interested stakeholders. The SEP and ESCP were disclosed through the website of NIHE <https://nihe.org.vn/vi/ke-hoach-tang-cuong-su-tham-gia-cua-cac-ben-co-lien-quan> and <https://nihe.org.vn/vi/vietnam-covid-19-emergency-response-project-1>. Updated versions of the SEP will be disclosed on the same website and on the World Bank Group website during project implementation.

**32. An Environmental and Social Management Plan (ESMP) is still to be prepared.** The ESMP will include a Waste Management and Bio-safety Plan (WM&BSP) for NIHE and POLYVAC, and Labor management procedures (LMP) for laboratories and contracted workers. The WM&BSP will adequately cover medical waste management procedures and laboratory bio-safety requirements, being built on the existing environmental management plan and laboratory bio-safety standards and 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).

**33. The ESMP will be prepared to a standard acceptable to the Association and disclosed both in-country on the NIHE's website and on the World Bank website before the implementation of the relevant project activities.** The ESMP will need to be disclosed and consulted upon. Printed copies of the ESCP, SEP, and ESMP are to be placed in NIHE, POLYVAC and associated laboratories where services will be provided.

**34. WBG EHS Guidelines, such as those related to Community Health and Safety will apply to the extent relevant.** The project can thereby rely on standards set out by WHO and the WBG. Beyond this immediate concern, project implementation needs also to be responsive to the needs of marginalized and vulnerable social groups who may be unable to access facilities and services designed to combat the disease. To mitigate this risk MOH, in the ESCP, will commit to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases.

## E. Implementation

### Institutional and Implementation Arrangements

#### *Project Management*



35. **The project will be implemented by a PMU at NIHE.** The PMU will be responsible for implementing all project activities, monitoring implementation progress of the entire project, and reporting on project implementation to the MOH, World Bank, and other ministries. It will also be responsible for project audit, overall project M&E, ensuring compliance of the grant financed activities with fiduciary and safeguards requirements, and reporting on compliance of activities to the MOH, the World Bank (WB), and other ministries. The PMU will have staff/consultants with the expertise needed to implement project activities. This expertise includes, but not limited to, equipment procurement, training, quality assurance, and cross cutting aspects of operational management (planning, procurement, FM, M&E, safeguards, and so on). The detailed organizational structure, responsibilities, and functioning of each of these units will be further describes in the Project Operation Manual (POM).

36. **The MOH will oversee the project management.** The MOH will review and approve the project plans, including activity, procurement, and financial plans. Related MOH departments, including Department of Planning and Finance, Department of Medical Equipment, General Department of Preventive Medicines and others, will provide technical review on project's activities and equipment, as needed. Besides, a Technical Advisory Group (TAG) will be established by NIHE and membered by representatives of key donors and stakeholders, such as the WHO, USCDC, and concerned departments of the Ministry of Health (MOH). The responsibilities of the TAG are to provide technical advice and coordination so as the project activities are implemented in compliance with national and international good practice and guidelines. The TAG will meet periodically or at the request of the TAG members.

#### ***Financial Management***

37. **The implementing agencies will use the Government's Financial Management (FM) policies and procedures in the implementation of the project.** These policies and procedures have been assessed as acceptable to the WB. An FM action plan with time-bound actions and an implementation support plan have been prepared to improve the FM capacities, as well as to address FM risks that have been identified as part of the FM assessment of the project. The details of the institutional arrangements for FM, including flow of fund diagrams, can be found in the Appraisal Summary on FM.

#### ***Procurement***

38. **Procurement for the project will be carried out in accordance with the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018).** The Project will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. The Project will use the Systematic tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.

#### ***Safeguards***

39. **Arrangements for monitoring environmental and social safeguards implementation are as follows: Institutional responsibility for environmental and social safeguards performance, including monitoring safeguards implementation, lies with the PMU.** The PMU will report regularly to the World Bank on the status of safeguards implementation and the WB will regularly assess the compliance of the project with safeguards policies. The WB will also provide implementation support to help ensure adequate performance of the projects on environmental and social safeguards issues. More details of the institutional arrangements for safeguards, can be found in the Appraisal Summary on social and environmental safeguards.



### ***Results Monitoring and Evaluation Arrangements***

40. **Data for the indicators in the Results Framework will be collected directly from NIHE and POLYVAC. All indicator values at the beginning of the project are at 0 and will be measured again by the end of the project.** Since the duration of project implementation is less than a year, the project indicators will be measured only once; however, the WB task team will closely monitor and supervise the implementation progress of the project every two months.

41. **Institutional responsibility for data collection and reporting on project indicators will lie with the PMU.** The PMU will be responsible for monitoring project results, collecting data on project indicators, and reporting the values of the theses indicators to the WB. The PMU will assign or hire a qualified person to take on this role.

#### **CONTACT POINT**

##### **World Bank**

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**APPROVAL**

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