INITIAL ENVIRONMENTAL EXAMINATION

PROGRAM/ACTIVITY DATA:

Program/Activity Number: AFR/SD 3.1
   3.1.1 Health: HIV/AIDS;
   3.1.2 Health: Tuberculosis;
   3.1.3 Health: Malaria;
   3.1.4 Health: Avian Influenza;
   3.1.5 Health: Other Public Health Threats;
   3.1.6 Health: Maternal and Child Health; and
   3.1.7 Health: Family Planning and Reproductive Health.

Country/Region: Africa Regional

Program/Activity Title: Grant to the World Health Organization (WHO) for Africa Regional Office (WHO/AFRO) Programs for Disease Control and Reproductive Health in Africa

Funding Begin: 9/20   Funding End: 10/2016   LOP Amount: $43,000,000

IEE Prepared By: Tim Resch   Current Date: 7/27/2010

IEE Amendment (Y/N): N

ENVIRONMENTAL ACTION RECOMMENDED:

Categorical Exclusion:   Negative Determination: X
Positive Determination:   Deferral:

ADDITIONAL ELEMENTS:

CONDITIONS X   PVO/NGO:

SUMMARY OF FINDINGS:

The purpose of this Negative Determination with Conditions in accordance with 22CFR216, is to provide the first review of the reasonably foreseeable effects on the environment, as well as recommended Threshold Decisions, for a Public International Organization (PIO) grant to the World Health Organization (WHO) for Africa Regional Office (WHO/AFRO) Programs for Disease Control and Reproductive Health in Africa. This IEE provides a brief statement of the factual basis for a Threshold Decision as to whether an Environmental Assessment or an Environmental Impact Statement are required for the activities managed under this program.

The Grant will be for the fiscal year period of 2010-2015, and will be funded incrementally, subject to availability of funds and the mutual agreement of the parties to continue the Grant program. The Grant will support WHO/AFRO’s program components
in the following seven areas: Malaria, Tuberculosis (TB), Family Planning and Reproductive Health (FP/RII), Maternal, Newborn and Child Health (MNCH), Vaccine-Preventable Diseases (VPD), Integrated Disease Surveillance and Epidemic Response (IDS/EPR), and health systems strengthening (HSS).

The Schedule to the Grant sets forth the reporting and evaluation requirement for the Grant, including, inter alia, the requirement to submit annual implementation plans that include jointly agreed upon indicators, and the requirement to submit annual progress reports. USAID staff does not directly participate in the implementation of activities under this grant.

Certain interventions supported by USAID under the WHO PIO GRANT will directly or indirectly affect the environment, or have the potential to do so. For those activities outlined under this agreement that are likely to have either direct or indirect environmental impacts, WHO agrees to put in place an environmental process to help prevent and mitigate any potential negative environmental impacts that might result from these USAID-funded activities.

Prior to 2009, WHO did not have an environmental policy and procedure but as a condition for a new five year umbrella WHO-PIO grant agreement (2009 - 2014) between WHO and USAID/GH, WHO agreed to develop a preliminary environmental screening, monitoring and reporting process. The process contains specific requirements for the assessment, management and monitoring/reporting of potential environmental impacts associated with WHO. As of May, 2010, the procedures applied only to projects co-funded with USAID resources but this may change in the near future. The current publication Environmental Due Diligence Procedure for WHO is annexed to this determination. It is expected that WHO also apply their Environmental Due Diligence Procedures to the implementation of the Grant activities financed under this grant as covered by this IEE.

The condition is that the USAID/SD Health team, and the Assistance Objective Technical Representative (AOTR) especially, should monitor WHO implementation of its own environmental standards and assure that best management practices are included in the studies, training and capacity building implemented by WHO and supported by USAID. The USAID/SD Health team and the Assistance Objective Technical Representative (AOTR) should assure that WHO environmental due diligence is included in the annual implementation plans and annual progress reports.

If during implementation, activities are considered that are outside the above framework, activities other than those described in the subject categorical exclusions, and that may directly affect the environment (such as construction or rehabilitation of facilities), an amended Initial Environmental Examination (IEE) shall be submitted, as appropriate.
APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

CLEARANCE:
AFR/SD Director: [Signature]  Date: 7/29/10

CONCURRENCE:
Bureau Environmental Officer: [Signature]  Date: 8/02/10

File No: AFR_SD_WHO_Grant_07262010.doc

Bureau Environmental Advisor: [Signature]  Date: 7/27/2010

Activity Manager/AOTR: [Signature]  Date: 7/27/2010

AFR/SD/H Team Leader: [Signature]  Date: 7/27/2010
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APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

CLEARANCE:
AFR/SD Director: _______________________/S/____________________ Date: __7/29/2010____
David Atwood

CONCURRENCE:
Bureau Environmental Officer: _______/S/________________________ Date: __8/02/2010__
Brian Hirsch

File No: AFR_SD_WHO_Grant_07292010

Bureau Environmental Advisor: _______/S/________________________ Date: __7/27/2010____
Tim Resch

Activity Manager/AOTR: _______________/S/____________________ Date: __7/27/2010____
Mary Harvey

AFR/SD/H Team Leader: _______________/S/____________________ Date: __7/27/2010____
Hope Sukin
INITIAL ENVIRONMENTAL EXAMINATION

PROGRAM/ACTIVITY DATA:
Program/Activity Number: AFRfSD 3.1
3.1.1 Health: HIV/AIDS;
3.1.2 Health: Tuberculosis;
3.1.3 Health: Malaria;
3.1.4 Health: Avian Influenza;
3.1.5 Health: Other Public Health Threats;
3.1.6 Health: Maternal and Child Health: Immunizations including polio; and
3.1.7 Health: Family Planning and Reproductive Health.

Country/Region: Africa-wide

Program/Activity Title: Grant to the World Health Organization (WHO) for Africa Regional Office (WHO/AFRO) Programs for Disease Control and Reproductive Health in Africa

1.0 BACKGROUND AND ACTIVITY/PROGRAM DESCRIPTION

1.1 Purpose and Scope of IEE

The purpose of this Negative Determination with Conditions in accordance with 22CFR216, is to provide the first review of the reasonably foreseeable effects on the environment, as well as recommended Threshold Decisions, for a Public International Organization (PIO) grant to the World Health Organization (WHO) for Africa Regional Office (WHO/AFRO) Programs for Disease Control and Reproductive Health in Africa. This IEE provides a brief statement of the factual basis for a Threshold Decision as to whether an Environmental Assessment or an Environmental Impact Statement are required for the activities managed under this program.

1.2 Background

WHO/AFRO plays an important leadership role in the development of regional and global policies and strategies for strengthening health programs of member countries in Africa. Much of this work has been accomplished through the WHO/AFRO’s Division of Communicable Disease Prevention and Control (DDC) and the Division of Family and Reproductive Health (DRH) and the Division of HIV/AIDS, Tuberculosis and Malaria (ATM).

In 2010, WHO/AFRO reorganized itself to align its office with WHO/HQ. Divisions are now Clusters. This Grant covers areas of work in the following five Clusters: (i) AIDS, Tuberculosis and Malaria, (ii) Disease Prevention and Control, (iii) Family and Reproductive Health Cluster, (iv) Health Systems and Services Cluster, and (v) Assistant Regional Director Cluster.
The recommendation for this Grant followed a comprehensive review of the results achieved under the fourth grant (2004-2009) completed by WHO/AFRO, in collaboration with USAID.

The achievements revealed in the evaluation clearly demonstrates that the contributions from the USAID Grant has contributed significantly to WHO/AFRO’s effectiveness in strengthening the capacity of African countries in improving the health of their people. However, although notable achievements were reached, the assessment recognized that more is required as many infectious diseases and other health problems continue to plague sub-Saharan Africa. To this end, USAID has determined that continued support of WHO/AFRO, through a new grant mechanism, is warranted.

WHO and USAID are committed to designing and implementing activities that minimize adverse effects on the environment. Activities included in this grant are located in countries around the world and any environmental protection plan will require that actions defined therein comply with international and local laws as applicable.

1.2 Objectives of the WHO/AFRO Grant Program

The Grant will be for the fiscal year period of 2010-2015, and will be funded incrementally, subject to availability of funds and the mutual agreement of the parties to continue the Grant program. The Grant will support WHO/AFRO’s program components in the following seven areas: Malaria, Tuberculosis (TB), Family Planning and Reproductive Health (FP/RH), Maternal, Newborn and Child Health (MNCH), Vaccine-Preventable Diseases (VPD), Integrated Disease Surveillance and Epidemic Response (IDS/EPR), and health systems strengthening (HSS). The overall objectives are:

1. Strengthen country support to scale up TB/HIV interventions in and programmatic management of MDR-TB and XDR-TB.

2. Increase regional family planning capacity building using FP advocacy tool kit and support family planning advocacy at regional meeting of opinion leaders.

3. Support malaria endemic countries in the African region to reach 100% coverage for treatment and prevention of malaria and to maintain that coverage through 2015 and beyond.

4. Improve WHO/AFRO’s capacity at the regional, sub-regional and country levels to support the detection, assessment, confirmation and response to major epidemic- and pandemic-prone diseases.

5. Maximize access and utilization of immunization services through strong district-based programs that deliver efficient, quality and sustainable services and strengthen immunization systems through improved logistics management, safety, funding, effective communication and capacity building.
6. Support health services organization and management with emphasis on integration and adoption of comprehensive essential health packages in four countries.

7. Develop national capacity to improve maternal and newborn survival and health through supporting countries in mobilizing resources for the effective implementation of national Road Maps.

1.3 Description of Activities

**WHO/AFRO Focus Countries; Assistance Restricted Countries and Global Health and Child Survival Not-withstanding Authority**

Funds obligated under this grant will be used to support activities in specific countries, as illustrated in the following chart:

<table>
<thead>
<tr>
<th>Country</th>
<th>AIDS, TB, Malaria Cluster</th>
<th>DPC Cluster</th>
<th>Family and Reproductive Health Cluster</th>
<th>HSS Cluster</th>
<th>ARD Cluster</th>
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</thead>
<tbody>
<tr>
<td>Angola</td>
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<tr>
<td>Benin</td>
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<tr>
<td>Botswana</td>
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<tr>
<td>Burkina Faso</td>
<td>X ✓</td>
<td>X ✓</td>
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<td>X ✓</td>
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<td>Burundi</td>
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<td>Congo (ROC)</td>
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<td>Cote d’Ivoire</td>
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<td>DRC</td>
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<td>Eritrea</td>
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<td>Ethiopia</td>
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<td>Ghana</td>
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<td>Kenya</td>
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<td>Liberia</td>
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<td>Madagascar</td>
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<td>Malawi</td>
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<td>Mali</td>
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<td>Mauritania</td>
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<td>Mozambique</td>
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<td>Namibia</td>
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<td>Niger</td>
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<td>Nigeria</td>
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<td>Senegal</td>
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<td>Sierra Leone</td>
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<td>X ✓</td>
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<td>South Africa</td>
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<td>Swaziland</td>
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</tbody>
</table>
The countries listed on the above table will benefit from this grant. Those countries are: Angola, Benin, Botswana, Burkina, Faso, Burundi, Congo (ROC), Cote d’Ivoire, Democratic Republic of the Congo (DRC), Eritrea, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Senegal, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe. The Grant will also support inter-country and regional level activities and therefore, all WHO/AFRO Member States will be affected.

2.0 INSTITUTIONAL ANALYSIS

WHO, a specialized United Nations Organization, is included on the list of International Organizations within the Meaning of the Federal Employees International Organizations Service Act included at ADS 308.

USAID has determined that support for WHO/AFRO’s program under the Grant is an effective and efficient way to support the achievement of USAID’s disease prevention and health objectives for Africa. WHO/AFRO receives support from several sources, which effectively serve to expand the reach and enhance the effectiveness of resources provided by USAID. WHO/AFRO coordinates and implements activities on a regional and country basis, which USAID believes is critical to sustained, improved disease control and prevention in Africa. Given its regional office and strong physical presence in Africa, USAID believes that WHO/AFRO is also best positioned in Africa to plan and coordinate regional and country specific disease prevention and health programs.

WHO/AFRO’s disease prevention and control activities and their reproductive health activities are compatible with USAID’s Child Survival and Health strategies as stated in our Strategic Objective which is “Strengthened Programs to Improve Health Status in Africa.” Under this Objective, we work closely with our African partners and others to develop appropriate strategies and innovative approaches to address the identified gaps and constraints in health care, and disseminate and advocate for their adoption in the field.
WHO/AFRO is a fully responsible organization that has consistently and effectively utilized USAID and other donor funding.

WHO/AFRO program for the prevention and control of communicable diseases and reproductive health in Africa is a program of specific interest to USAID, and support of this WHO/AFRO program furthers USAID’s own objectives for disease control and health in Africa. Also note that the Grant includes a special provision which states that Grant funds will only be used as set forth in the Grant and no Grant funds, including those allocated for WHO/AFRO’s administrative fee, shall be used to augment the Grantee’s general budget.

The Schedule to the Grant sets forth the reporting and evaluation requirement for the Grant, including, inter alia, the requirement to submit annual implementation plans that include jointly agreed upon indicators, and the requirement to submit annual progress reports. USAID staff does not directly participate in the implementation of activities under this grant.

Prior to 2009, WHO did not have an environmental policy and procedure but as a condition for a new five year umbrella WHO-PIO grant agreement (2009 - 2014) between WHO and USAID/GH, WHO agreed to develop an preliminary environmental screening, monitoring and reporting process. The process contains specific requirements for the assessment, management and monitoring/reporting of potential environmental impacts associated with WHO. As of May, 2010, the procedures applied only to projects co-funded with USAID resources but this may change in the near future. The current publication Environmental Due Diligence Procedure for WHO is annexed to this determination.

WHO, under the Consolidated Grant, is now implementing the environmental assessment and mitigation measures as outlined in the grant. WHO will report on annually, for each part of the grant, with an initial report expected October 2010. USAID/Global Health will then verify on a selected basis. It is expected that WHO also apply their Environmental Due Diligence Procedures to the implementation of the Grant activities financed under this grant and covered by this IEE.

The Interventions for Healthy Environments (IHE) unit of WHO's Department of Public Health and Environment, in view of its considerable experience with environmental and health impact assessment of development cooperation projects, assisted with the development of WHO's environmental due diligence service.

The first two sections of the procedures document describe the environmental due diligence actions that will be undertaken for applicable projects. The third section of the document contains sample screening tools, checklists and monitoring and reporting frameworks. Part four outlines a terms of reference for the environmental due diligence services (and team) that will be delivered under the proposed procedure.

3.0 EVALUATION OF PROJECT/PROGRAM ISSUES WITH RESPECT TO ENVIRONMENTAL IMPACT POTENTIAL
Certain interventions supported by USAID/GH under the WHO PIO GRANT will directly or indirectly affect the environment, or have the potential to do so. For those activities outlined under this agreement that are likely to have either direct or indirect environmental impacts, WHO agrees to put in place an environmental process to help prevent and mitigate any potential negative environmental impacts that might result from these USAID-funded activities.

Following are five categories of WHO project activities are considered for their environmental effects:

1. Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, laboratory supplies and some reagents;
2. Activities which involve the generation, storage, transport and/or disposal of hazardous or highly hazardous medical waste (including chemicals);
3. Small-Scale construction or rehabilitation of hospitals, clinics, laboratories, VCT or training centers;
4. Small-Scale water infrastructure and water quality assurance activities;
5. Activities for which there is no direct adverse environmental impact but may be an indirect impact.

4.0 RECOMMENDED THRESHOLD DECISIONS & MITIGATION ACTIONS (INCLUDING MONITORING AND EVALUATION)

4.1 Recommended Threshold Decisions and Conditions

The proposed activities generally fall within the Categorical Exclusion categories listed in paragraph (c) (2) of section 216, however, as the Environmental Due Diligence Procedures are recently established, the WHO institutional capacity for internal review is just building and the Procedures are currently only operative for USAID co-funded activities, a Negative Determination with conditions is recommended. A Categorical Exclusion from environmental examination is generally applicable for the USAID PIO grant to WHO both on an institutional basis and on a substance basis.

Institutional Categorical Exclusion could be recommended based on:

- 22 CFR 216.2(c)(2) (iv) Projects in which [USAID] is a minor donor to a multi-donor project and there is no potential for significant effects upon the environment of the United States, areas outside any nation’s jurisdiction or endangered or threatened species or their critical habitat;
- 22 CFR 216.2(c)(2) (vi) Contributions to international, regional or national organizations by the United States which are not for the purpose of carrying out a specifically identifiable project or projects;
- 22 CFR 216.2(c)(2) (xiii) Matching, general support and institutional support grants provided to public international organizations (PIOs) to assist in financing programs where [USAID]'s objective in providing such financing does not require knowledge of or control over the details of the specific activities conducted by the PIO;
Substance Categorical Exclusion is could be recommended based on:

22 CFR 216.2(c)(2)(i), for activities involving education, training, technical assistance or training programs;
22 CFR 216.2(c)(2)(iii), for activities involving analyses, studies, academic or research workshops and meetings;
22 CFR 216.2(c)(2)(v), for activities involving document and information transfers;
22 CFR 216.2(c)(2)(viii), for programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);
22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.

The condition is that the USAID/SD Health team and the Assistance Objective Technical Representative (AOTR) especially should monitor WHO implementation of its own environmental standards and assure that best management practices are included in the studies, training and capacity building implemented by WHO and supported by USAID. The USAID/SD Health team and the Assistance Objective Technical Representative (AOTR) should assure that WHO environmental due diligence is included in the annual implementation plans and annual progress reports.

4.2 Mitigation, Monitoring and Evaluation

If during implementation, activities are considered that are outside the above framework, activities other than those described in the subject categorical exclusions, and that may directly affect the environment (such as construction or rehabilitation of facilities), an amended Initial Environmental Examination (IEE) shall be submitted, as appropriate.
Environmental due diligence procedure for WHO

DRAFT

October 2009

World Health Organization
Acknowledgements and disclaimer

The Environmental Due Diligence Procedure was developed and edited by Michaela Pfeiffer, Carlos Dora, xxx, and xxx from the Public Health and Environment Department of WHO. The content of this document has been enriched thanks to contributions and inputs from the following individuals:

This document contains the collective views of an international group of experts and development practitioners, and does not necessarily represent the decisions or the stated policy of the World Health Organization.

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Introduction

The new 5 year umbrella WHO-PIO grant agreement (2009 - 2014) between WHO and USAID now contains a specific requirement for the assessment, management and monitoring/reporting of potential environmental impacts associated with WHO projects. This is standard for all USAID funded projects including for UN agencies.

WHO does not currently have an environmental policy and procedure, and was granted a 60 day grace period (following the signature of the agreement) to develop an preliminary environmental screening, monitoring and reporting process.

The Interventions for Healthy Environments (IHE) unit of WHO's Department of Public Health and Environment, in view of its considerable experience with environmental and health impact assessment of development cooperation projects, was asked to assist with the development of WHO's environmental due diligence service required for the WHO-PIO agreement.

The following document puts forward a proposed procedure for environmental due diligence for WHO. The first two sections of the document describe the environmental due diligence actions that will be undertaken for applicable projects. The third section of the document contains sample screening tools, checklists and monitoring and reporting frameworks. Part four outlines a terms of reference for the environmental due diligence services (and team) that will be delivered under the proposed procedure.

This environmental due diligence procedure should provide added value to WHO projects, because it provides a major opportunity to "green" activities implemented in the health sector. This environmental responsibility is and will continue to be of great interest to USAID and other donors that provide financial support to WHO.
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Part 1: Proposed WHO environmental due diligence actions and process

WHO and USAID are committed to designing and implementing activities that minimize adverse effects on the environment. Activities included in this grant are located in countries around the world and any environmental protection plan will require that actions defined therein comply with international and local laws as applicable.

Certain interventions supported by USAID/GH under the WHO PIO GRANT will directly or indirectly affect the environment, or have the potential to do so. For those activities outlined under this agreement that are likely to have either direct or indirect environmental impacts, WHO agrees to put in place the following environmental process to help prevent and mitigate any potential negative environmental impacts that might result from these USAID funded activities.

The overall aim of WHO's proposed environmental due diligence process is to facilitate mainstreaming of environmental considerations into WHO programmes, projects and operating procedures.

Key activities to be undertaken as part of the development and implementation of this process include:

a. Screening for potential direct and indirect environmental impacts:

WHO will develop a set of tools, checklists to facilitate project screening activities, and as needed. These screening tools will be applied to all projects under this agreement and will engage project managers in the implementation of the screening procedure. WHO, will conduct training/capacity building activities, as needed, to ensure that the reasons for environmental screening are understood, that environmental issues are adequately identified, and relevant environmental management measures are indentified and put in place. Individual seminars will be offered to staff managing projects with potential environmental impacts.

b. Establishment of WHO internal environmental management support service

The environmental management support service will include a help desk, a drop-in clinic, and a web site containing reference materials and good practice guidance on environmental interventions. The role of the service will be to offer assistance with project screening, with the development of environmental abatement and mitigation plans (as needed), and assist with any questions related to environmental management actions. This could include help with project level environmental reporting, training and capacity building activities, etc.

c. Environmental monitoring

In addition to the annual project level reporting requirements outlined in the Grant Agreement, WHO will undertake periodic reviews (audit) of selected projects to monitor environmental impacts and compliance with stated environmental mitigation measures.

d. Reporting and evaluation of environmental performance of WHO projects and programmes

In addition to annual environmental reporting forms to be completed by each project, WHO will also prepare an annual overview/summary report on the environmental performance of the USAID projects funded under this agreement.

The environmental screening will be applied to all projects under the WHO-PIO agreement. The relevant environmental assessment, monitoring and reporting actions outlined above will be undertaken for all projects that have suspected associated environmental impacts.
1. Assessment of potential environmental impacts and applicable environmental actions

![Diagram showing the process]

- Proposal generated by Project Manager
- Apply environmental screening using online tool
- Environmental Due Diligence Officer reviews results of screening and in consultation with Project Manager, assigns
- Recommendation for further scoping or assessment of environmental impacts

If the environmental impacts limited, known and can be readily mitigated using good practice interventions

- Environmental due diligence officer will assist the Project Manager with the development of a
- Project proposal and applicable environmental actions submitted to PRP for submission under WHO FIO Grant

This plan will contain:
- A list of expected environmental impacts of relevance to the project
- Recommended mitigation/enhancement measures
- Indicators for use in monitoring and reporting

The estimated time frame for the above should take not more than ten days on average, but could be longer depending upon the complexity of the project and related activities.
2. Key indicators and results to be monitored

- Project details (e.g. start/end date, title, geographic area of focus, etc.)
- Screening results and list of environmental impacts identified
- Environmental management recommendations made
- Environmental management recommendations followed
- Environmental management outcomes (results of actions taken)
- Outstanding environmental issues to be addressed (recommendations to be implemented)

**Figure 2: Monitoring, reporting and feedback on results**

The on-line environmental management data system will be designed and managed by the Environmental Due Diligence Service Team. Information collected in this system will regularly be monitored and checked for:

- consistency, gaps, etc.
- red flags (issues which require more in-depth review or audits).
- compliance monitoring
- etc.
Part 2: Proposed environmental classification (categories of activities) and related applicable environmental actions for WHO projects funded under USAID agreement

Following are five categories of project activities which should be considered for their environmental effects:

1. Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, laboratory supplies and some reagents;
2. Activities which involve the generation, storage, transport and/or disposal of hazardous or highly hazardous medical waste (including chemicals),
3. Small-Scale construction or rehabilitation of hospitals, clinics, laboratories, VCT or training centers;
4. Small-Scale water infrastructure and water quality assurance activities;
5. Activities for which there is no direct adverse environmental impact but may be an indirect impact.

Many of the adverse effects of health activities funded under this Grant can be mitigated by adherence to some environmental practices. Activities which will directly or indirectly affect the environment are identified in the "Environment" section of each individual scope of work and specific factors, if relevant, are cited. These factors are numbered and described below. Depending upon the nature and scale of potential environmental impacts identified, WHO will apply the relevant environmental management practices (outlined in Part 1) to the to the identified activities funded under this Grant.

1. Procurement, Storage, Management and Disposal of Public Health Commodities

Activities under this Grant include procurement of pharmaceutical drugs and vaccines, personal protective gear, laboratory and medical supplies, and basic medical equipment.

Background:

Pharmaceutical drugs are chemicals used for diagnosis, treatment (cure/mitigation), alteration, or prevention of disease, health condition, or structure/function of the human body. Pharmaceuticals including vaccines have specific storage time and temperature requirements, and may expire or lose efficacy before they are able to be used, particularly in remote areas where demand is low and/or infrequent. Pharmaceutical waste may also accumulate due to inadequacies in stock management and distribution, and lack of a routine system of disposal.

The effects of pharmaceuticals in the environment are different from conventional pollutants. Drugs are designed to interact within the body at low concentrations to elicit specific biological effects in humans, and which may also cause biological responses in other organisms. There are many drug classes of
concern, including antibiotics, antimicrobials, antidepressants, and estrogenic steroids. Their main pathway into the environment is through household use and excretion, and through the disposal of unused or expired pharmaceuticals.

Effects on aquatic life are a major concern in disposal of pharmaceuticals. A wide range of pharmaceuticals have been discovered in fresh and marine waters globally, and even in small quantities some of these compounds have the potential to cause harm to aquatic life. Exposure risks for aquatic organisms are much larger than those for humans, because aquatic organisms have continual (and multi-generational) exposures, explores to higher concentrations, and possible low-dose effects.

Traditional environmental toxicology focuses on acute effects of concentrated exposures rather than chronic effects of low level exposures. Measured toxicities of some tested pharmaceuticals have shown that acute effect of single substances in the aquatic environment is very unlikely. However, effects of pharmaceuticals may be subtle because they occur in the environment in low concentrations. Some tests with combinations of various pharmaceuticals have revealed stronger effects than expected from the effects measured singly. More research is needed on combination effects and chronic studies are needed to assess the environmental risk of drug residues. Certainly pollution prevention (e.g., source elimination or minimization) is preferable to remediation or restoration to minimize both public cost and human/ecological exposure.

Antibiotics and undiluted disinfectants should not be disposed of into the sewage system as they may kill bacteria necessary for the treatment of sewage. Additional health risks related to disposal include burning pharmaceuticals and plastic medical supplies at low temperatures or in open containers results in release of toxic pollutants into the air, and inefficient and insecure sorting and disposal may allow drugs beyond their expiry date to be diverted for resale to the general public. In some countries scavenging in unprotected insecure landfills is a hazard.

Other commodities covered under this activity are not associated with major health risks, including packaging material, and should be disposed of as solid waste.

Practices:

Consignees for all pharmaceutical drugs and other public health commodities procured under this funding will be advised to store the product according to the information provided on the manufacturer’s Materials Safety Data Sheet (MSDS). These are supplied by the manufacturer, and can also be found on the internet by using the active ingredient and MSDS as search terms. If disposal of any of these pharmaceutical drugs is required, due to expiration date or any other reason, the consignee will be advised that the preferred method of disposal is to return to the manufacturer. Pharmaceutical products return to the vendor should be incorporated into the terms of the contract. If this is not possible (for example if the expired or spoiled pharmaceuticals are considered hazardous and as such, if transferred across frontiers, become regulated and subject to the Basel Convention and the transfrontier shipment of hazardous wastes) then follow the guidelines in the WHO document Guidelines for Safe Disposal of Unwanted Pharmaceuticals During and After Emergencies, found at www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf.

WHO will work with the host country on all aspects of essential medicine supply chain management, including estimating demand, distribution, and storage issues of time and temperature. Commodities that, during use, become hazardous or highly hazardous healthcare waste are managed using the
practices described under item 2. Activities which involve the generation, storage, transport and/or
disposal of hazardous materials (e.g. chemicals) and/or highly hazardous medical waste,

Packaging and disposal of all other public health commodities will be disposed of in an
environmentally sound manner.

There are several useful references which provide guidance related to environmental management practices of public
health commodities. These include:

- The WHO "Guidelines for Safe Disposal of Unwanted Pharmaceuticals in and after Emergencies"
  [http://www.who.int/water_sanitation_health/medicalwaste/pharmaceuticals/en/].
- WHO recommendations on the safe management of chemicals
- "Pharmaceuticals and Personal Care Products in the Environment: Agents of Subtle Change?" Christian G.
- Environmental Guidelines for Small-Scale Activities in Africa (EGSSAA)
- IPCS Guidelines on the prevention of Toxic Exposures

2. Generation, storage, handling and disposal of hazardous and highly hazardous medical waste

Background:

Small-Scale healthcare facilities, such as rural health posts, immunization posts, reproductive health
posts, mobile and emergency healthcare programs, and urban clinics and small hospitals, provide
important and often critical healthcare services to individuals and communities that would otherwise
have little or no access to such services. They are the front line of defense against epidemics such as
AIDS, TB and a key component of any comprehensive development program. The medical and health
services they provide improve family planning, nurture child and adult health, prevent disease, cure
debilitating illnesses, and alleviate the suffering of the dying.

Improper handling, storage and disposal of the waste generated in these
facilities can spread disease through several mechanisms. Transmission
of disease through infectious waste is the greatest and most immediate
threat from healthcare waste. If waste is not treated in a way that destroys
the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will be present in
the waste. These agents can enter the body through punctures and other
breaks in the skin, mucous membranes in the mouth, by being inhaled
into the lungs, being swallowed, or being transmitted by a vector
organism.

People who come in direct contact with the waste are at greatest risk.
Examples include healthcare workers, cleaning staff, patients, visitors,
waste collectors, disposal site staff, waste pickers, drug addicts and those
who knowingly or unknowingly use "recycled" contaminated syringes
and needles.
Although sharps pose an inherent physical hazard of cuts and punctures, the much greater threat comes from sharps that are also infectious waste. Healthcare workers, waste handlers, waste-pickers, drug addicts and others who handle sharps have become infected with HIV/AIDS and hepatitis B and C viruses through pricks or reuse of syringes/needles.

Contamination of water supply from untreated healthcare waste can also have devastating effects. If infectious stools or bodily fluids are not treated before being disposed of, they can create and extend epidemics. The absence of proper sterilization procedures is believed to have increased the severity and size of cholera epidemics in Africa during the last decade.

<table>
<thead>
<tr>
<th>Healthcare wastes generally fall into three categories in terms of public health risk and recommended methods of disposal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>General</strong> healthcare waste, similar or identical to domestic waste, including materials such as packaging or unwanted paper. This waste is generally harmless and needs no special handling; 75–90% of waste generated by healthcare facilities falls into this category, and it can be burned or taken to the landfill without any additional treatment.</td>
</tr>
<tr>
<td>• <strong>Hazardous</strong> healthcare wastes including infectious waste (except sharps and waste from patients with highly infectious diseases), small quantities of chemicals and pharmaceuticals, and non-recyclable pressurized containers. All blood and body fluids are potentially infectious.</td>
</tr>
<tr>
<td>• <strong>Highly hazardous</strong> healthcare wastes, which should be given special attention, includes sharps (especially hypodermic needles), highly infectious non-sharp waste such as laboratory supplies, highly infectious physiological fluids, pathological and anatomical waste, stools from cholera patients, and sputum and blood of patients with highly infectious diseases such as TB and HIV/AIDS. They also include large quantities of expired or unwanted pharmaceuticals and hazardous chemicals, as well as all radioactive or genotoxic wastes.</td>
</tr>
</tbody>
</table>

**Practices:**

For all USAID-supported activities entailing service delivery, including blood testing and laboratory support, the medical facilities and operations will have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste.

Some illustrative examples of good practices in the safe handling, storage, and transportation of healthcare waste include:

- Sharps should be collected together (regardless of whether or not they are contaminated), and stored in puncture-proof, impermeable, and tamper-proof containers with fitted covers. If plastic or metal containers are unavailable, then containers made of dense cardboard are recommended.
- Highly infectious waste should be immediately sterilized by autoclaving.
- On-site collection of waste should be handled at frequent intervals to avoid accumulation, and an adequate supply of fresh collection bags/containers should be available for replacement.
- Waste should be stored in an controlled but accessible room with adequate space and protection from sunlight.
- In any area that produces hazardous waste including hazardous medical waste, heavy metals and chlorinated compounds, in areas such as hospital wards, treatment rooms, operating theatres, laboratories, etc., three bins plus a separate sharps container will be needed to separate these types of waste. (If hazardous and highly hazardous waste will be disposed of in the same manner, they should not be collected separately.)
- For hazardous waste and highly hazardous waste the use of double packaging, e.g. a plastic bag inside a holder or container is recommended for ease of cleaning.
To make separate collection possible, hospital personnel at all levels, especially nurses, support staff, and cleaners, must be trained to sort the waste they produce.

To the extent reasonably possible, all project activities will comply with WHO recommended practices such as "WHO's Safe Management of Wastes from Healthcare Activities" [http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/]

Other useful references which provide guidance on hazardous medical waste include:


3. Small-Scale construction or rehabilitation of hospitals, clinics, laboratories, VCT or training centers

Background:

As with water and sanitation construction activities, depending on the local circumstances, some potential environmental impacts could result from project activities and may include:

- Damage to sensitive or valuable ecosystems from construction of infrastructure, associated temporary worker dwelling, or construction storage units for personnel or equipment
- Removal of vegetation and/or compaction of the soil and grading of the site, altering drainage patterns and water tables, changing access to water by animals, people and vegetation, or degrading water resources
- Sedimentation of surface waters through removal of natural land cover, excavation, extraction of construction materials and other construction-related activities that result in soil erosion
- Contamination of groundwater and surface water supplies through improper disposal of human and other biological wastes during the construction period
- Contamination of ground and surface water supplies through improper disposal or handling of toxic materials used in construction (e.g., solvents, paints, vehicle maintenance fluids [oil, coolant], and diesel fuel)
- Adverse social impacts due to displacement of local inhabitants, influx of outside workers, inequitable distribution of economic benefits of construction, etc.
- Spread of disease through migration of construction workers from other regions or construction of a new road, especially sexually transmitted diseases such as HIV/AIDS
• Damage to aesthetics of site/area
• Improper extraction of construction materials such as wood, stone, gravel, or clay that damages terrestrial ecosystems (e.g., wood may come from relatively intact or natural forests)
• Use of toxic materials during construction

Practices:

For the rehabilitation of existing facilities, and for construction of facilities in which the total surface area disturbed is less than 10,000 square feet, and is of similar/like use, the best practice is that these activities shall be conducted following principles for environmentally sound construction. An illustrative list of environmentally sound construction principles includes:

• Existing structures will be investigated for lead and asbestos. Proper mitigation management will occur prior to and during construction.
• The majority of materials used will be of local origin and will not contain any hazardous materials (e.g., asbestos or lead).
• Use sustainable design to minimize energy and natural resource consumption, and investigate and use less toxic alternative products.
• Excess construction material will be recycled wherever possible and disposal of unusable material will be done in an environmentally sound manner.
• Construction will not require the use of any heavy equipment, without proper safeguards will be taken to prevent destruction of vegetation and soil erosion (e.g., runoff from the construction site which may be high in suspended solids or which may cause disruption to local drainage patterns).
• No lead-based paint will be used. When (lead-free) paint is used, it will be stored properly so as to avoid accidental spills or consumption by children; empty cans will be disposed of in an environmentally safe manner away from areas where contamination of water sources might occur; and the empty cans will be broken or punctured so that they cannot be reused as drinking or food containers.
• Provide room(s) with negative pressure to mitigate any cross contamination potential for any TB laboratories renovated under this program, and provide owner/operators of the renovated facility with written guidelines for proper maintenance of the facility.

Suggested guidelines for this construction can be found in the Small-Scale Construction chapter of the USAID Environmental Guidelines for Small-Scale Activities in Africa [http://www.encapafarica.org/EGSSAA/Word_English/construction.doc] or WHO may collaborate with the USAID Regional Environmental Officer to devise environmentally sound plans.
4. Small-Scale Water and Water Quality Assurance

Background:
Some potential environmental impacts of activities involving water quality and water supply, depending on the local circumstances, may include:

Water Supply
- Improper siting of facilities that damage or destroy natural ecosystems (within wetlands, protected areas, or other sensitive habitats, etc.)
- Depletion or degradation of local or downstream freshwater resources (surface and groundwater)
- Creation of stagnant (standing) water near water points that could create breeding opportunities for water-borne disease vectors
- Natural or human-caused biological or chemical contamination of water sources (surface and groundwater), causing increased human health risks, including:
  - High arsenic or other mineral/chemical levels
  - Poor management of water points and/or poor design of pipes leading to leakage and contamination of water with fecal matter, solid waste, etc.

Water Quality Assurance
- Increased human health risks from contamination of surface water, groundwater, soil, and food by human waste and disease pathogens
- Degradation of surface and groundwater quality and land habitats due to inappropriate siting or construction of latrines or wastewater collection systems, or release of human waste from sanitation facilities
- Defecation around locked or unusable latrines or other sanitation facilities, potentially contaminating surface water and/or shallow groundwater sources, adversely affecting both human and ecosystem health
- Damage to the aesthetics of the sanitation facility site (visual, smell, etc.)

Practices:
All water supply and water quality assurance activities should be conducted in a manner consistent with responsible design and implementation practices. For example, microbiological contamination of improved wells can often be prevented by aquifer protection measures and proper well design and maintenance. Separate wells should be used for human consumption and animal watering, or an overflow trough should be constructed well away from the protected water source.

Water quality assurance and water testing is essential for determining that the water from a constructed water source is safe to drink and to determine a baseline so that any future degradation can be detected. Among the water quality tests which must be performed are tests for the presence of arsenic, nitrates, nitrites, and coliform bacteria, plus tests for any additional parameters required by the host government.
An illustrative list of environmentally sound principles for water quality assurance activities includes:

- Community mobilization to ensure sustainability of the physical infrastructure.
- Water sources should be located upgrade from potential sources of pollution, including latrines or toilets.
- Water sources are protection from both human and animal contamination.
- Ensure latrines are sited far away from shallow wells, cisterns, spring sources and boreholes. Latrine pits will be dug in the unsaturated zone above the water table, and latrine pits are protected against flooding and overflow due to intense rainfall. Establish and train community water and sanitation committees to manage, repair and maintain all water points and the watersheds immediately surrounding the water points, including watering of livestock, and to provide hygiene education to participating communities.
- Training in sanitation and hygiene for health workers, community health and water committees, community area based development groups, and/or municipal water board members.
- Ensure community mobilization and public awareness of human health risks associated with water-borne disease vectors.
- Relevant local community rules and best practices and procedures of promotion of better environmental health are developed and adhered to. Verification through site visits and photos should be done to assure practices are in accordance with local community rules and “best practices” through community monitoring tools and municipal water board’s evaluation system.
- Take measures to minimize standing water.
- Where water supplies for drinking or washing patients or laundry are upgraded or provided, measures will be taken to ensure that drainage from laundry and bathing facilities does not affect the water supply nor pose threats for transmittal of infectious diseases.
- Provision of potable water supplies and/or latrines will follow host country or WHO standards concerning the appropriate separation of wells and latrines and measures to avoid contamination of water sources.

To the extent reasonably possible where applicable, WHO will seek to ensure that activities involving water quality and water supply will follow international best practice and will comply with WHO recommend water, sanitation and hygiene practices:

- water supply, sanitation and hygiene development
- water resources management

Further references on the management of potential environmental issues associated with small-scale water activities include:

5. Activities for which there is no direct adverse environmental impact but may be an indirect impact.

Many of the activities funded under this Grant are not likely to have direct adverse environmental impacts, as they entail technical assistance, information, education, communication, training, research, community mobilization, planning, management, and outreach activities. Some of those activities not expected to have adverse environmental impacts may include:

- Education, Technical Assistance, Training or other capacity building activities;
- Analysis, Studies, Academic or Research Workshops and Meetings
- Document and Information Transfers
- Programs involving health care, or family planning services except where directly affecting the environment
- Studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning

Background:

While the direct impact of an action/activity may by minimal and easily mitigated against; other actions may have other indirect impacts which can be moderate to significant depending on the context and nature of activity. Indirect impacts are impacts which can occur as a result of the impact of project or related activity. For instance, a training that enables partners to implement medical interventions also, indirectly, creates medical waste, improves health etc. Indirect impacts may include impacts on community growth, water demand, and even food. Those indirect impacts must be considered in the planning process and managed if possible.

Practices:

The management of those indirect impacts may include training, such as on medical waste management, and communication with the local government and community, such as with the community on food sources. Depending on the extent of the impact, the operating unit may chose to budget for the management and mitigation of the indirect impact.
If the topic of these activities is one that inherently affects the environment, such as training in HIV/AIDS and/or TB testing that involves use and disposal of medical waste, then the training should include information on safe disposal of the sharps and biological samples generated from this testing.

When the respective activities are considered to have no impact on the environment, environmental health and quality considerations should be incorporated into all relevant steps along the health care continuum, as part of quality assurance and infection prevention approaches. Implementing partners have an opportunity to include health care waste management messages, and to provide for appropriate disposal facilities in home-based care and community-based situations. Positive messages about personal and household hygiene, sanitation, and proper disposal of potentially harmful materials should also be delivered, as appropriate, along with the standard health care messages.

All health care facilities that are working with or being supported by WHO projects will be asked to complete the environmental health survey check-list (under development), which can be used to identify further opportunities to raise awareness about good practice.
Part 3: Sample tools

1. Draft environmental screening questions

The following screening tool has been built using one of WHO's internal data collection systems. This system is frequently used by the Organization to conduct surveys.

The environmental screening form will be posted on a dedicated intranet site where it can be accessed by Project Managers and environmental due diligence officers.

Once project managers have submitted the completed screening questionnaire, an email notification will be sent to the environmental due diligence team. They will then review the responses and follow up with further screening questions as needed.

All of the screening responses will be stored in a database and can be further analysed if needed.
Test: DRAFT 2 - WHO environmental health screening tool

1) Project details

1.1) Programme area

1.2) Project/activity name:

1.3) Grant amount

1.4) Country/region

1.5) USAID (donor) contact

1.6) WHO Responsible Officer/Office:

2) General Questions

Please select which of the following apply to your proposal. Select all that apply.

2.1) Characteristics of project activity, the project will involve:

- procurement, storage, transport or disposal of medicines, medicines supplies
- generation, storage, handling or disposal of potentially hazardous medical or chemical waste
- small scale construction or rehabilitation, for example of a health care facility, training centre, or laboratory
- small scale water/sanitation interventions (e.g. provision or improvement of water sources, toilets, etc.)
- training, capacity building, simulation exercises for preparedness and response
- research, studies, including clinical trials
- research or activities on vector control (e.g. involving use or testing of pesticides, insecticides, etc.)
- transport to health care facilities (e.g. supply or use of ambulances)

3) Procurement, storage, transport and disposal of medicines, medicines supplies

3.1) What types of medicines or medicines supplies will be involved? Please select all that apply:

- time or temperature sensitive medicines (e.g. vaccines, etc.)
- laboratory supplies/diagnostic materials
- basic medical equipment (e.g. blood pressure cuffs, etc.)
- essential medicines and medicines supplies
- do not know what type of medicines or supplies will be involved

3.2) Will the procurement activities involve:
4) **Generation, storage, handling or disposal of hazardous medical or chemical waste**

Will the project activities result in the generation of or require the storage, handling and disposal of the following: (please select all that apply)

4.1) **Hazardous or highly hazardous medical waste**
- infectious waste (e.g. physiological fluids, pathological and anatomical waste, stools from cholera patients, and sputum and blood of patients with highly infectious diseases)
- sharps (e.g. needles, scalpels, etc.)
- do not know if medical waste can be expected from the project

4.2) **Potentially hazardous chemical materials**
- expired or unwanted medicines (e.g. antibiotics)
- chemicals (e.g. antiseptics, disinfectants, solvents)
- materials containing heavy metals (e.g. thermometers containing mercury)
- other laboratory or diagnostic equipment or materials (e.g. involving radioactive materials)
- pressurized and/or flammable materials (e.g. oxygen canisters, aerosol sprays and disinfectants)
- pesticides, insecticides (e.g. for vector control)

5) **Small scale construction or rehabilitation of hospitals, clinics, laboratories, VCT or training centres.**

5.1) **Extent/nature of construction activities:**
- construction of a new facility
- rehabilitation or refurbishment of an existing facility
- do not know if there will be construction as part of the project

6) **Small scale water and quality assurance activities**

6.1) **Will the project activities involve:**
- construction of new water/sanitation facilities (e.g. wells, latrines)
- improvement of existing water sources
- improvement of existing sanitation facilities
- education or training about water and sanitation hygiene
- testing, sampling and/or monitoring of drinking water (quality and quantity)

7) **Training, capacity building or simulation activities**

7.1) Where will the training activities be conducted (in what kind of setting)? Please select all that apply.

- laboratory setting with "live" samples (e.g. samples which may or may not be infectious/hazardous)
- laboratory setting with "training" samples
- classroom setting (e.g. school, auditorium)
- hospital or health care facility setting
- training will occur in variety of settings (e.g. will involve scenario or simulation exercises)

7.2) What are the primary subjects of the capacity building, training or educational activities?

8) Research activities and studies, including clinical trials

8.1) Please indicate which kind of research or study will take place: (Select all that apply)

- desk-based studies (e.g. review and/or analysis of existing information or data)
- requires primary data collection (e.g. epidemiological studies, field studies, surveys, etc.)
- involves research on use/testing of potentially hazardous materials
- involves bio-monitoring, sampling

9) Occupational health and safety considerations

The handling of hazardous medical waste can pose significant risks to human health. Individuals that work in the health sector (e.g. delivery of medical care, vaccination activities, laboratory diagnostics, emergency medical services, etc.) are particularly at risk. WHO, in its commitment to ensuring Decent and Safe Work, will ensure that occupational health and safety issues are adequately addressed within all of its programmes and projects. It will also strive to raise awareness outside of the organization about the need to consider occupational health and safety issues for individuals working in the health sector.

9.1) Are there any project activities in which members of the project team (e.g. health care workers, community health workers, laboratory technicians, etc.) may be exposed to potentially hazardous materials, including infectious waste, chemical waste, etc.?

- yes
- no
- do not know if anyone from the project team will be exposed to potentially hazardous waste

9.2) Does the project have any activities with an explicit focus/element on occupational health (e.g. health worker safety) for example as part of training, education, research, evaluation studies, etc.?

- yes
- no
- do not know if there will be a component on occupational health and safety for health care workers

Submit the form
2. Draft table of proposed environmental health mitigation and enhancement measures
1. Procurement, storage, transport, disposal of public health commodities, medicines and medicines supplies (including laboratory supplies, reagents, etc.)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mitigation measures</th>
<th>Responsibility</th>
<th>Indicators will be selected according to the needs of the project. Some illustrative examples might include:</th>
<th>Means of verification/monitoring</th>
</tr>
</thead>
</table>
| Generation of general solid waste.  
(General waste is similar in make up to domestic or household waste and includes items such as packaging materials, paper, aluminium, glass, etc.) | Ensure that adequate procedures and capacity exist for proper collection/ storage, transport (if needed) and disposal of general (solid) waste. Good practices should include waste minimization, reuse and recycling measures; waste segregation and labelling (to separate out hazardous wastes) and proper disposal of waste. Hazardous waste should be separated and managed as per recommendations listed in section 2 of this guide. See also:  
- Safe management of wastes from health care activities (WHO 1999)  
- Management of Solid Health Care Waste at Primary Health Care Centres - A decision making guide (WHO 2005)  
- Management of wastes from immunization campaign activities - Practical Guidance for Planners and Managers (WHO 2004)  
- Environment, health and safety guidelines for health care facilities - Section 1.1 Waste Management (IFC 2007)  
- Environmental guidelines for small scale activities in Africa: 2nd Edition - Chapter 8: Healthcare waste: generation, handling, treatment and disposal (USAID, January 2009) | Project HCF | Waste segregation system in place and operational at HCF or for mobile activities (e.g. immunization activities). Project/HCF staff training on good practice principles for solid waste management. |
<table>
<thead>
<tr>
<th>Issue</th>
<th>Mitigation measures</th>
<th>Responsibility</th>
<th>Indicators will be selected according to the needs of the project. Some illustrative examples might include:</th>
<th>Means of verification/monitoring</th>
</tr>
</thead>
</table>
| Storage of medicines, medicines supplies                             | Ensure that pharmaceutical drugs and other public health commodities are stored under conditions prescribed by the manufacturer, as outlined in the Manufacturer Safety Data Sheets and according to international best practice. See also:  
  - *WHO Guidelines for the Storage of Essential Medicines and Other Health Commodities (2003)*;  
  Implementing Partners                                                                                           |                                                                                                                                   |                                                 |
| Disposal of unused, expired or "spoiled" medicines, vaccines, etc.   | If possible, return expired or spoiled items to manufacturer or vendor (?) expect where considered hazardous. In this instance, dispose of medicines according to  
  - *WHO Guidelines for Safe Disposal of Unwanted Pharmaceuticals During and After Emergencies* |                                                                                                                                   |                                                                                                                                   |                                                 |
2. Generation, storage, handling and disposal of hazardous and highly hazardous medical waste (including chemical waste).

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mitigation measures</th>
<th>Responsibility</th>
<th>Indicators will be selected according to the needs of the project. Some illustrative examples might include:</th>
<th>Means of verification/monitoring</th>
</tr>
</thead>
</table>
| Management of hazardous and highly hazardous medical waste. | Ensure that adequate procedures and capacity exist for proper collection/storage, transport (if needed) and disposal of health care and medical waste. Conduct a rapid assessment of health care facility’s health care waste management system, for example using:  
- WHO's Rapid Assessment Tool for Health Care Waste Management  
- Sample Health Care Waste Management Minimal Programme Check-list and Action Plan (USAID)  
Good practices should include waste minimization, reuse and recycling measures; waste segregation and labelling and proper treatment/disposal of waste. See also:  
- Safe management of wastes from health care activities (WHO 1999)  
- Management of Solid Health Care Waste at Primary Health Care Centres - A decision making guide (WHO 2005)  
- Management of wastes from immunization campaign activities - Practical Guidance for Planners and Managers (WHO 2004)  
- Environment, health and safety guidelines for health care facilities - Section 1.1 Waste Management (IFC 2007)  
- Environmental guidelines for small scale activities in Africa: 2nd Edition - Chapter 8: Healthcare waste: generation, handling, treatment and disposal (USAID, January 2009) | Health care waste management system in place and operational at HCF or for mobile activities (e.g. immunization activities). (Y/N)  
Project staff / HCF staff trained on management of health care waste. (Y/N)  
Health care waste is segregated at the point of generation according to its type. (Y/N)  
Colour-coded waste containers or containers bearing clearly understood signs and symbols are provided at convenient locations. They are collected from all HCFs and stored safely before treatment and/or disposal. (Y/N)  
A specific waste-disposal zone exists, where wastes can be stored and disposed of safely and effectively. (Y/N) | Site visits. Review of training documentation |

Following are the WHO recommended categories for use in the segregation and treatment of medical waste:  
1) sharps (needles, scalpels, etc.), which may be infectious or not  
2) non-sharps infectious waste (anatomical waste, pathological waste, dressings, used syringes, used single-use gloves)  
3) non-sharps non-infectious waste (general waste as defined above)  
4) hazardous waste (expired drugs, laboratory reagents, radioactive waste, insecticides, etc.)  
Click here to see sample types of hazardous and highly hazardous medical wastes that are relevant to small scale health care facilities.
<table>
<thead>
<tr>
<th>Issue</th>
<th>Mitigation measures</th>
<th>Responsibility</th>
<th>Indicators will be selected according to the needs of the project. Some illustrative examples might include:</th>
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</tr>
</thead>
</table>
| **Occupational health and safety for health care workers** (Safe handling of hazardous and highly hazardous medical waste) | Ensure that adequate procedures, supplies and capacities are in place for the safe handling of hazardous and highly hazardous medical wastes, e.g. by health care workers. For more information see:  
  - **Health Care Worker Safety - Aide memoire for a strategy to protect health workers from infection from blood borne viruses** (WHO 2003)  
  - **Infection Control - Aide memoire for infection prevention and control in a health care facility** (WHO 2004)  
  - **WHO Injection Safety Assessment Tool (Tool C, Revised version, 2008)** |                |                                                                                                                          |                   |
| **Safe management of chemicals (e.g. pesticides) including spills and accidental exposure** | Ensure that adequate measures are in place for the safe handling, transport, storage and disposal of chemicals. For more information about chemical safety in the context of development assistance programmes see:  
  - **Environmental Guidelines for small scale activities in Africa: 2nd Edition - Chapter 13: Safer Pesticide Use** (USAID. January 2009)  
  - **OECD DAC Guidelines on Aid and Environment - Series #5: Chemicals Management** (1993)  
  - **Mercury in Health Care - A policy paper** (WHO 2005) |                |                                                                                                                          |                   |
### 3. Small scale construction/rehabilitation of health care facilities

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mitigation measures</th>
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<th>Indicators will be selected according to the needs of the project. Some illustrative examples might include:</th>
<th>Means of verification/monitoring</th>
</tr>
</thead>
</table>
| **Assessment of potential impacts of development/construction activities** | Any project proposal involving construction activities will be subject to a full environment and health screening to determine if further impact investigation is required.  
The different stages of the project lifecycle (e.g. site selection, planning and design, construction and use/operations) will also be assessed as the nature of impacts and interventions required to address them can vary considerably. | WHO Environmental Due Diligence Officer; Project manager | Detailed environment and health screening (or scoping if needed) undertaken. (Y/N) |                                                              |
| **Facility design, construction and operational considerations**       | Whether part of rehabilitating an existing clinic, lab or other facility, or if a new construction, the project activities will conform with international good practice standards on siting, design and building of health care facilities as well as for occupational health and safety standards.  
Buildings will also be designed, constructed and managed, to the extent reasonably possible, to provide a healthy and comfortable environment for patients, staff and carers.  
Key environment and health areas that will be considered as part of design, construction and management of health care or laboratory facilities (in addition to systems for the management of health care waste) include:  
- water - is accessible, available in sufficient quantity, and is of | Sufficient, safe drinking water is available for patients, staff and carers. (Y/N)  
Toilets are safe, accessible and culturally appropriate for user groups. (Y/N)  
Hand washing facilities are readily accessible and regularly used. (Y/N)  
Waste water drainage from health care settings is built and managed to | Site visits  
Facility staff surveys.  
Photos.  
WHO health care facility EH assessment checklist (link) |

---

1 Small scale is defined as rehabilitation and construction activities in which the total surface area disturbed is less than 10,000 square feet and is on similar land. In other words, is on a "brownfields" site (?????), which has already had similar construction activities.
<table>
<thead>
<tr>
<th>Issue</th>
<th>Mitigation measures</th>
<th>Responsibility</th>
<th>Indicators will be selected according to the needs of the project. Some illustrative examples might include:</th>
<th>Means of verification/monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>adequate quality;</td>
<td>avoid contamination of the health care setting or the broader environment. (Y/N)</td>
<td>Sufficient lighting is provided during all working hours to all safe movement of staff, patients and carers, and normal undertaking of medical activities. (Y/N)</td>
<td></td>
</tr>
<tr>
<td>•</td>
<td>sanitation facilities (e.g. toilets, hand washing stations, waste water systems) are accessible, adequate, and appropriate;</td>
<td></td>
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<tr>
<td>•</td>
<td>hygiene facilities and practices, e.g. laundry, cleaning of surfaces, cooking facilities, etc.;</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>•</td>
<td>safe food handling, and storage and disposal</td>
<td></td>
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<tr>
<td>•</td>
<td>indoor air quality management - e.g. through natural or artificial air circulation (e.g. air extraction/filtration) to help ensure highest possible overall indoor air quality</td>
<td></td>
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</tr>
<tr>
<td>•</td>
<td>ambient air quality - extent to which environmental emissions can be reduced or eliminated, through better treatment and disposal of waste, e.g. using alternatives to waste incineration.</td>
<td></td>
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<tr>
<td>•</td>
<td>ensure adequate and appropriate use of lighting for day time and night-time activities as needed;</td>
<td></td>
<td></td>
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<tr>
<td>•</td>
<td>control of vector borne diseases to minimize number of disease vectors, protect patients, staff and visitors from vector borne diseases and prevent further spread of vectors.</td>
<td></td>
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<tr>
<td>For more detailed information, see:</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>•</td>
<td>Essential environmental health standards in health care (WHO 2008)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>•</td>
<td>Environmental guidelines for small scale activities in Africa: 2nd Edition - Chapter 3: Small Scale Construction (USAID, January 2009)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Environment, health and safety guidelines for health care facilities (IFC 2007)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Small-scale water and water quality assurance activities

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mitigation measures</th>
<th>Responsibility</th>
<th>Indicators (list all that apply)</th>
<th>Means of verification/monitoring</th>
</tr>
</thead>
</table>
| **Construction or rehabilitation of water supply systems** - for example because of the construction or rehabilitation of hand washing stations, laundry facilities, public showers, latrines, and waste water drainage at health care facilities, training centres or laboratories. This would also apply to the construction or rehabilitation of surface or groundwater systems (including water storage tanks and rainwater collection systems) at health care facilities, training centres or laboratories. | All water and sanitation related activities will adhere to international best practice standards for environmental health, as outlined in the following sample guides:  
- *Essential environmental health standards in health care* (WHO 2008)  
- *Environmental guidelines for small scale activities in Africa: 2nd Edition - Environmentally sound design and management of small health care facilities; Chapter 3: Small Scale Construction; Chapter 16: Water supply and sanitation.* (USAID, January 2009)  
The project will conduct regular water quality sampling/testing to ensure water quality assurance and will endeavour to build capacity for continued water quality monitoring after completion of project.  
Training and advocacy activities on sanitation and hygiene promotion will be incorporated into project. For more information on this see:  
5. Activities for which there is no direct adverse environmental impact but may be an indirect impact

<table>
<thead>
<tr>
<th>Activity/issue</th>
<th>Mitigation measures</th>
<th>Responsibility (list all that apply)</th>
<th>Indicators (list all that apply)</th>
<th>Means of verification/monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education, technical assistance, capacity building or training, including response planning or scenario testing</td>
<td>Where feasible and appropriate, education about opportunities to address environmental health risk factors, e.g. through improved personal and household hygiene, sanitation, and about proper handling and disposal of potentially hazardous waste. Ensure that training includes education related to the safe use of the training topic as well as on the environmental issues, conditions and mitigations associated with the education topic. For example, if the topic is on the use of diagnostic testing techniques, the training will include training on the proper handling, storage and disposal of the tools used/waste generated in that lab or clinic. In other words with waste management practices suitable for that clinic or lab. Ensure that any activity which develops a response plan (e.g. for avian or pandemic influenza) includes information about associated environmental issues and related measures to address potential impacts.</td>
<td>Environmental management is included within training materials.</td>
<td>Document review.</td>
<td>Training course participant surveys.</td>
</tr>
<tr>
<td>Analysis, studies, research (including clinical trials), academic or research workshops and meetings</td>
<td>If research or study involves primary data collection (field surveys, sampling), international standards on research ethics will be adhered to:  - WHO Guidelines on Ethics ??? If research activities involve use of hazardous or highly hazardous medical wastes or chemicals (e.g. pesticides), relevant mitigation measures described under item 2 will be applied. All activities will include a training component for health care workers and project/research staff on safe handling of medical waste and will be provided with appropriate means (personal protective gear, waste storage containers) to manage waste if needed.</td>
<td></td>
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<td></td>
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</tbody>
</table>

30
<table>
<thead>
<tr>
<th>Activity/Issue</th>
<th>Mitigation measures</th>
<th>Responsibility</th>
<th>Indicators (list all that apply)</th>
<th>Means of verification/monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document and information transfer</td>
<td>Information about proper disposal of electronic waste will be provided in instances where ICT equipment is provided as part of the project.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programmes involving health care, or family planning services except where directly affecting the environment</td>
<td>Ensure that good practice standards for infection control, protection of health care workers and patients, and management of health care wastes (as listed in items 1 &amp; 2 above) are adhered to as needed. Where feasible and appropriate, education about opportunities to address environmental health risk factors, e.g., through improved personal and household hygiene, sanitation, and about proper handling and disposal of potentially hazardous waste.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Studies, projects or programmes intended to develop the capacity of recipient country organizations to engage in development planning</td>
<td>Where feasible and appropriate, education/training should be provided to local/regional or national country level counterparts on the identification and management of environmental health issues, in health care settings and if possible, more broadly (e.g., as part of development).</td>
<td></td>
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</tr>
</tbody>
</table>
Part 4: Terms of reference for the environmental due diligence service

a) Key services to be provided

1) Support for project screening, and monitoring and reporting on applicable environmental management actions for existing projects (already submitted under the agreement) as well as for future project proposals.
   - Approximately 60 project proposals were submitted as part of the initial WHO-PIO grant agreement, of which nearly half (23 projects have associated environmental actions which will need to be monitored and reported to USAID.
   - A further 30 project proposals are expected before the end of October. (These will be screened by USAID who will determine applicable environmental actions.)
   - Additional proposals are expected in March 2010, at which point WHO's environmental screening process will be used to identify potential environmental impacts and relevant environmental management actions required,

2) Design and maintenance of tools (e.g. screening, web site, data collection systems, etc.) to store data and monitor results/indicators from all of the projects being implemented under the USD 300 million agreement.

3) Design and delivery of capacity building activities to raise awareness about environmental impacts associated with different types of WHO projects and programmes and intervention opportunities to address those impacts. This will include the following elements:
   - conducting an initial series of training workshops and one-to-one informational sessions for managers of projects funded under the agreement
   - operation of a weekly environmental management support clinic (a drop in service for ad-hoc support and advice)
   - operation of a helpdesk function which can offer targeted support on aspects of environmental screening, monitoring and reporting, etc.

4) Support for monitoring and reporting results of environmental actions taken at the programmatic level (e.g. through aggregate reports and feedback sessions to Programme Area Managers) as well as through preparation of organization wide environmental performance reports (See Part 1 for a detailed schematic of this process)

b) Core WHO environmental due diligence team

In order to effectively deliver on the above actions IHE will set up an environmental due diligence team. This environmental due diligence team will be nested within IHE but would have strong working links to the other units within the Public Health and Environment Department, with other technical units within WHO, and with external experts from the field of environmental health as needed.
The team would consist of four people (a Team Leader, Technical Officer, Finance Officer, and Administrative Assistant) with a diverse set of backgrounds covering environmental impact assessment, monitoring and evaluation, public health and development, project and financial management, etc.

Primary roles and responsibilities for each of the team members are outlined in the table below. Also included is a list of relevant experiences that will be sought for the respective individual.

<table>
<thead>
<tr>
<th>Key roles and responsibilities</th>
<th>Team Leader (P4)</th>
<th>Technical Officer (P3)</th>
<th>Financial Officer (G6)</th>
<th>Administrative Assistant (G5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design of environmental screening tools, guidance materials, monitoring and reporting frameworks, etc;</td>
<td>• technical support for development tools, guidance and monitoring systems;</td>
<td>• day to day handling of financial matters arising from the implementation of the environmental due diligence mechanism;</td>
<td>• provision of administrative and logistics support to facilitate the implementation of capacity building and training activities</td>
<td></td>
</tr>
<tr>
<td>Management of overall implementation of environmental due diligence process</td>
<td>• support for design and implementation of the capacity building activities</td>
<td>• support for data management and monitoring and reporting of indicators</td>
<td>• support monitoring of indicators and handling of data sets used to track the different project and programme activities</td>
<td></td>
</tr>
<tr>
<td>Design and delivery of training activities to raise awareness and build capacity for use of tools</td>
<td>• development/ maintenance of data analysis tools and undertaking of data analysis</td>
<td>• contribute to writing and editing of reports,</td>
<td>• contribute to writing and editing of reports including writing for the web</td>
<td></td>
</tr>
<tr>
<td>Liaising with PRP, GMG and other relevant Departments within WHO concerning implementation of this procedure</td>
<td>• support the operation of the environmental help desk (and clinic) and act as a focal point for questions that arise among project managers</td>
<td>• preparation of financial reports, for donors and for WHO,</td>
<td>• support the operation of the environmental help desk (and clinic).</td>
<td></td>
</tr>
<tr>
<td>Liaising with environmental experts within and outside WHO</td>
<td>• contribute to the monitoring and reporting activities, including by preparing the annual organization wide environmental performance reports</td>
<td></td>
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</tr>
</tbody>
</table>

Relevant Experience

<table>
<thead>
<tr>
<th>Team Leader (P4)</th>
<th>Technical Officer (P3)</th>
<th>Financial Officer (G6)</th>
<th>Administrative Assistant (G5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project management/change management</td>
<td>Environmental impact assessment (EIA)</td>
<td>Financial management and/or basic accounting skills. Experience with database development and management.</td>
<td>Experience with database development and management. Communications and text revision skills.</td>
</tr>
<tr>
<td>Communications</td>
<td>Health impact assessment (HIA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Networking/relationship management expertise</td>
<td>Training and capacity building activities. Research and writing (communications), including for the web.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental impact assessment (EIA) / Health impact assessment (HIA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Leader (P4)</td>
<td>Technical Officer (P3)</td>
<td>Financial Officer (G6)</td>
<td>Administrative Assistant (G5)</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Environmental monitoring and evaluation of projects and programmes</td>
<td>Data analysis/statistics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental health expertise, e.g. waste management, chemicals, occupational health, safe medicines disposal, etc. Training and facilitation experience.</td>
<td>Networking/facilitation expertise</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex 1: Proposed time line for the delivery of first year products and outputs

<table>
<thead>
<tr>
<th>Develop tools and ENV procedure</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>develop preliminary screening tools</td>
<td>Dec</td>
<td>Jan, Feb, Mar, Apr, May, Jun, Jul</td>
</tr>
<tr>
<td>deploy/pilot screening tools as part of initial environmental examination</td>
<td></td>
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<tr>
<td>draft WHO environmental due diligence procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>development of preliminary good practice notes, guidance materials for use by WHO staff</td>
<td></td>
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<tr>
<td>peer review and consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>refinement and finalization of tools and guidance materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>roll out and implemented final WHO environment due diligence process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity building and technical support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>design preliminary G8 materials for WHO staff on use/implementation of ENV procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>revise and finalize training materials</td>
<td></td>
<td></td>
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<tr>
<td>conduct staff training / workshops</td>
<td></td>
<td></td>
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<tr>
<td>Project management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>recruit team leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>recruit analyst</td>
<td></td>
<td></td>
</tr>
<tr>
<td>recruit administrative and financial officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>develop website / Intranet reference centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>develop information management (project tracking system)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>operate environmental help-desk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>support programme managers with the preparation of environmental monitoring reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prepare WHO wide environmental performance report</td>
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</tbody>
</table>

*Time line is proposed and work plan contingent upon approval of the proposal, and upon hiring of Team Leader.*
A new environmental performance tool for WHO

as of 27 April 2010
Key points to be covered

1. What is it?
2. What do we mean by environmental impacts?
3. How often they an issue for WHO projects?
4. Why is this procedure a good thing?
5. How did it come about?
6. What does it entail?
7. What structures/resources are in place to support it?
What is it?

- A new environmental procedure to identify and address environmental issues associated with WHO's technical work

- **Specifically it aims to help us:**
  - Anticipate potential environmental impacts of activities implemented in the health sector
  - Prevent/address those impacts
  - Monitor and measure the environmental performance of WHO projects

Environmental due diligence procedure for WHO
DRAFT
October 2009

World Health Organization
What do we mean by environmental impacts?

- **Procurement related issues**
  - Disposal of expired or unwanted medicines (e.g. antibiotics, antivirals)
  - Disposal of unwanted or expired materials (e.g. treated bednets)

- **Management of hazardous materials**
  - Medical waste
  - Safe management of chemicals (e.g. ethylene oxide)
  - Radiation safety

- **Water quality assurance activities**
  - Management of waste water
  - Improvement of water quality/sources

- **Small scale refurbishment or construction of facilities/infrastructure**
  - Energy consumption
  - Water quality/consumption issues
  - Construction related impacts
  - Environmental footprint

- **Occupational health and safety considerations**

- **Other**
  - E-waste
  - Impacts on air quality
  - Etc.
How often is this an issue for WHO projects?

<table>
<thead>
<tr>
<th></th>
<th>FY2009</th>
<th>FY2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of proposals</td>
<td>30-40%</td>
<td>30-40%</td>
</tr>
<tr>
<td>with environmental impacts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pandemic and Emergency</td>
<td>71%</td>
<td>71%</td>
</tr>
<tr>
<td>International Health Regulations</td>
<td>N/A</td>
<td>67%</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>42%</td>
<td>62%</td>
</tr>
<tr>
<td>Malaria and Dengue</td>
<td>38%</td>
<td>62%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>8%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Why is this procedure a good thing?

- Environmental responsibility is key part of "do no harm"
  - One of medicines core values

- Major opportunity to influence good practice in the health sector
  - Educating our own constituencies about the linkages between health and the environment
  - No other technical health organization has a similar procedure
  - We are ahead of the curve and can shape what this means for WHO and possibly for others

- A core aspect of WHO’s Strategic Objective 8
  - "To ensure policies, plans and projects in the health sector also address environmental causes of disease"

- Donors are expecting this
  - This was prompted by one donor in particular, but we know that others are asking for it too
How did it come about?

- Environmental requirement part of new 5–year umbrella grant agreement with USAID
  - Signed in Sep 2009

- WHO does not have an environmental procedure
  - Option was to adopt USAID or UNEP environmental impact assessment procedure or develop our own

- Opted to develop our own
  - PHE given technical lead

- For now the procedure only applies to USAID funded projects
  - But this may change going forward
What does it entail?

1. Screening projects for potential environmental issues

2. Incorporation of environmental measures into projects
   - E.g. through environmental management plans

3. Monitoring and reporting
   - Results of environmental measures taken
   - On selected environmental indicators
   - Measurement/estimation of overall environmental performance of WHO programmes

4. Evaluating the environmental performance of projects
What structures/resources are in place to support it?

- Intranet site, training courses, drop-in clinic, distance learning programmes, and help-desk:
  - [http://intranet.who.int/sites/environmentalprocedure/]({{http://intranet.who.int/sites/environmentalprocedure/}})
  - environ_performance@who.int

- E-works project management system and data base of projects

- Core environmental services team for technical issues

- Advisory group with cross-cluster representation