ENVIRONMENTAL THRESHOLD DECISION  
Amendment 2 to LAC-IEE-16-36

<table>
<thead>
<tr>
<th>Activity Location:</th>
<th>LAC Region-wide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Title</td>
<td>LAC Regional Health Project</td>
</tr>
<tr>
<td>Life-of-Activity Funding:</td>
<td>$39 million</td>
</tr>
<tr>
<td>Life-of-Activity:</td>
<td>FY 2016 - FY 2021</td>
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<tr>
<td>IEE prepared by:</td>
<td>Katie Qutub, LAC/RSD/Health</td>
</tr>
<tr>
<td>Reference Threshold Decision:</td>
<td>Amendment 2 to LAC-IEE-16-36</td>
</tr>
<tr>
<td>Date of Original IEE:</td>
<td>June, 2016</td>
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<tr>
<td>IEE Amendment:</td>
<td>Yes</td>
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<tr>
<td>IEE amendment prepared by:</td>
<td>Rebecca Minneman, LAC/Health</td>
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<tr>
<td>IEE Expiration Date:</td>
<td>30 September 2021</td>
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<tr>
<td>Recommended Threshold Decision:</td>
<td>Categorical Exclusion; Negative Determinations with Conditions</td>
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<tr>
<td>Bureau Threshold Decision:</td>
<td>Concur</td>
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1. Purpose and Scope

In accordance with USAID Environmental Procedures set forth in Title 22 of the Code of Federal Regulations, Section 216 (22 CFR Environmental Procedures Part 216), the LAC Regional Sustainable Development (RSD) office prepared an Initial Environmental Examination (IEE) recommending a Categorical Exclusion for all activities under the Health Project. This was approved in June 2016.

This is an amendment to the LAC/RSD Health Project IEE (LAC-IEE 16-36). This amendment is to add activities relating to the “mass drug administration (MDA) to support the elimination of lymphatic filariasis in Guyana (including the procurement, storage, management and/or disposal
of public health commodities, including pharmaceutical drugs)” activity, and to modify the
Environmental Threshold Decision to reflect this new activity. This new activity is issued a
Negative Determination with Conditions.

The IEE Amendment 2 replaces the earlier IEE which was originally issued in June 2016 and
then amended in October 2016, in its entirety.

2. Environmental Threshold Decisions and Conditions
A Categorical Exclusion is issued for the education, training and technical assistance activities as
provided by 22 CFR Section 216.2(c)(2):

(i) Education, technical assistance, or training programs except to the extent such programs
include activities directly affecting the environment (such as construction of facilities, etc.);
(ii) Analyses, studies, academic or research workshops and meetings;
(v) Document and information transfers;
(xiv) Studies, projects or programs intended to develop the capability of recipient countries to
engage in development planning, except to the extent designed to result in activities directly
affecting the environment (such as construction of facilities, etc.)

A Negative Determination with Conditions is issued to any aspects of LAC/Health activities
involving the creation, handling or disposal of medical or sanitary waste for which all best
management practices, mitigation measures, and guidelines recommended by WHO for proper
handling of medical waste shall be strictly implemented. WHO “Safe Management of Waste
from Health Care Activities” and additional information on regulatory frameworks for Health
Care Waste Management are available at the following website:

A Negative Determination with Conditions is issued for commodities security activities with
the following conditions:

• Procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, must ensure,
to the greatest extent practicable, that the medical facilities and operations involved have
adequate procedures and capacities in place to properly manage and dispose of expired,
obsolete, or surplus commodities.
• Consignees for any pharmaceutical drugs 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).
• 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. If this is not possible then follow WHO guidelines for Safe
Disposal of Unwanted Pharmaceuticals.
• Disposal of packaging and other public health commodities will be treated using the guidelines provided in USAID Solid Waste Sector Environmental Guideline (http://www.usaidgems.org/Sectors/solidWaste.htm)

The requirements of the Negative Determination with Conditions will be incorporated into an Environmental Monitoring and Mitigation Plan (EMMP). The AOR/COR will ensure the EMMP is developed, approved and implemented. The Agreement/Contract Officer Representatives (AORs/COR) for these activities will actively monitor, evaluate, and ensure that the conditions specified herein are met. If additional activities are added, that are not described in this document, an amended Initial Environmental Examination will be prepared.

An amendment will also be required for any activities not specifically covered in the IEE, which include:
• Funding level increase beyond ETD amount,
• Time period extension beyond ETD dates (even for no cost extension), or
• A change in the scope of work, such as the use of pesticides, construction of facilities, among others.

3. Approvals/Concurrences/Clearances:

Concurrence/Approval:

[Signature]
John Hansen
LAC/RSD Director

[Signature]
Diana Shannon
Bureau Environmental Officer
Bureau for Latin America & the Caribbean

Clearances:

Cara George, Program Office [cleared by email] Date: 4/17/2018

Jessica Rosen, RSD Deputy Director [cleared by email] Date: 4/17/2018

Copy to: ETD/IEE File
            Environmental Compliance Database
1. BACKGROUND AND ACTIVITY DESCRIPTION

1.1 Purpose and Scope of IEE

In accordance with USAID Environmental Procedures set forth in Title 22 of the Code of Federal Regulations, Section 216 (22 CFR Environmental Procedures Part 216), the LAC Regional Sustainable Development (RSD) office prepared an Initial Environmental Examination
(IEE) recommending a Categorical Exclusion for all activities under the Health Project. It was approved in June 2016.

As noted in the Environmental Threshold Decision document this IEE Amendment 2 replaces the earlier IEE issued in June 2016 and then amended in October 2016, in its entirety.

1.2 Background

During FY 2016 to FY 2021, USAID is supporting a regional health program that strengthens the capacity of LAC health institutions to address health gaps that undermine development progress in LAC. LAC/Health activities will facilitate strengthening of implementation of existing policies; socialization and adoption of both emerging World Health Organization (WHO) and other global guidance and standards of practice; and state of the art approaches to health systems strengthening and health service delivery, towards the goal of Universal Health Coverage. Rather than providing country-specific technical assistance in the style of bilateral programs, LAC/Health will continue to work regionally, including through partnerships that facilitate peer-peer learning and south-south exchange. This will be accomplished through strengthening partnerships and alliances between LAC public health development institutions and appropriate actors such as UN Agencies, LAC health professional associations, academic institutions and other private and public sector actors. To strengthen the quality and relevance of the LAC institutions, the program will support the dissemination of best practices, practices to strengthen health systems and efforts to strengthen the function and sustainability of regional networks.

The role of a USAID Regional Bureau Health Program is wide-ranging and includes managing activities, providing guidance and support to LAC missions and subregional programs, providing information to LAC Bureau offices and leadership; coordinating with the GHB; tracking regional health trends; participating in technical and policy-making committees; helping to find and develop new partnerships to fund health activities; supporting South-to-South exchanges; and disseminating best practices.

LAC/Health’s projects have been recognized for support in strengthening contraceptive security and facilitating FP graduation planning, providing professional development opportunities and sharing best practices and lessons learned for USAID’s workforce and host country counterparts - governments, non-governmental organizations (NGOs), civil society organizations (CSOs) and others. In the past, projects have been criticized for duplicating or disconnecting from bilateral programs implemented by missions, though recently concerted efforts have been made to avoid that. Many have articulated that the regional bureau has a significant role in LAC in continuing to monitor health outcomes throughout the region, with a focus on inequities, in order to ‘sound the alarm’ if countries backslide from the incredible gains that were made with USAID assistance in recent decades.

Missions find value in regional implementing mechanisms that are able to support work in technical sectors that they do not have funding to support and the regional bureau’s focus on health systems. The GHB sees the program’s valuable role in using strategic regional
partnerships to connect countries to each other as well as to expertise in the U.S. for sharing of best practices and lessons learned; calling attention to LAC-specific issues such as health inequalities; and gathering, analyzing and disseminating regional data and information.

1.3 Description of Activities

There are numerous health institutions contributing to improved public health in LAC and LAC/Health seeks to work with those institutions to identify and address health gaps between policy and practice. The Development Hypothesis guiding this project is: Key health institutions will be strengthened to provide sustained, equitable access to essential, high-quality health services if...

They have the systems, policies and financing to institutionalize best practices and they have access to best practices and global guidance and they have the information needed to monitor health outcomes while identifying and addressing resource gaps.

Institutionalization includes: policies on staff professional development; financed executive orders on adoption of the practice and support of professional associations; utilization of technologies that are accessible and designed for collaboration.

Disseminating best practices includes: access to learning materials and resources they can readily access in their language; funded cascade training plans and job descriptions developed for cadres responsible for delivering the best practice; learning from other countries through appropriate and diverse opportunities to network; financing to maintain networks; peer leadership in networks; and activities that are responsive to the wants and needs of target participants.

Health outcomes can be monitored when there are reliable, accessible health information systems and financing and capacity for data acquisition, analysis and utilization.

LAC/Health activities will facilitate strengthening of implementation of existing policies; socialization and adoption of both emerging World Health Organization (WHO) and other global guidance and standards of practice; and state of the art approaches to health systems strengthening and health service delivery, towards the goal of Universal Health Coverage. Rather than providing country-specific technical assistance in the style of bilateral programs, LAC/Health will continue to work regionally, including through partnerships that facilitate peer-to-peer learning and south-south exchange.

While this work builds on the historical LAC/Health portfolio, there are some distinguished shifts and emphases that characterize the new program:

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1 Public and private agencies, organizations, universities, associations, etc., at the regional, national and subnational levels that provide or oversee provision of health care services and programs.
1) A shift away from a focus on commodities security as a standalone activity to targeting inequities and securing sustainable financing for family planning and reproductive health that ensures country ownership as donor presence decreases.

2) A greater emphasis on sustainability and effectiveness of the supported networks/alliances through more engagement of LAC countries in leadership roles, an increase in the use of virtual platforms and greater country contributions to finance activities.

3) A decreased focus on conducting training of trainers to systemizing training through pre-service curricula in formal education institutions and host-country run in-service training programs, including audits of training down the cascade.

4) An increased focus on healthcare financing and domestic resource mobilization as a necessary knob to foster sustainability and move countries towards UHC. The need for attention on this topic came up repeatedly in stakeholder interviews conducted through this process.

**Expected Results**

As per the logframe (Annex 2), the expected results of the LAC/Health activities are:

*Purpose: The Purpose of the LAC Health Program is to strengthen key health institutions to provide sustained, equitable access to essential, high-quality health services.*

**Sub-purpose 1:** Selected best practices and approaches are adopted by health institutions in areas with identified critical gaps.

**Output 1.1:** Emerging WHO and other global guidance and technical standards of practice are introduced and implemented.

**Illustrative activities:**

- Adaptation of WHO and other global guidance to regional context, such as specific disparities between ethnic groups, gender prioritization of adolescent RH, context for small countries like those in the Eastern Caribbean, and translation for such guidance as needed
- Technical assistance for professional associations and training of trainers/champions to facilitate dissemination of guidelines to students and practicing professionals; integrating into existing national training protocol
- Quality audits of trainings delivered downstream in training of trainers cascades followed by feedback consultations and corrective actions
- Support the monitoring and characterization of insecticide resistance
- Assist on the development of a tool to monitor effectiveness of long-acting insecticide nets
- Provide regional and in-country support to implement the mass drug administration (MDA) strategy for the elimination of lymphatic filariasis in Guyana, including adapting WHO guidelines for low context settings, supporting
the implementation of MDA, and designing a monitoring and evaluation plan for the MDA.

Sub-purpose 2: National health policies and financing address health inequalities in practice.

Output 2.1: State of the art approaches to strengthening health systems towards the goal of UHC are introduced and implemented

Illustrative activities:
- Engagement and sharing in global discourse on UHC best practices
- Assist in improving financing for health, including identifying efficiencies and pooling of fragmented health systems
- Technical assistance on surveillance methods, data collection and analysis

Cross-cutting Output: Gaps between existing policies and practices identified and addressed

Illustrative activities:
- Working with countries and partners, complete country-level reproductive, maternal, neonatal and child health equity profiles, analyze bottlenecks and develop strategies to address them
- Review the quality of pre-service and in-service training systems
- Develop service quality audit and feedback loop systems
- Monitor key health indicators to identify inequities, backslides and/or stalls in progress and progress towards Sustainable Development Goals
- Technical assistance to National Malaria Control Programs to improve the availability of and to test and control the quality of malaria medicines, this may involve sending panels of blood smears with known P. falciparum, P. vivax, and mixed infections of varying parasite densities, as well as negative slides to national reference laboratories to assess the capabilities of their microscopists.
- Supply chain strengthening activities including regional monitoring and support for a regional warehouse for key commodities; these activities may involve the procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs. Support for a regional warehouse WILL NOT include construction and/or rehabilitation of a facility/ies.

Cross-cutting Sub-Output: Sustainable partnerships benefit countries and professionals from the region

Illustrative activities:
- Development of sustainability plans for networks supported by USAID
- Evaluation of the impact and perceived value of USAID-supported networks
- Encouraging engagement of strong and emerging leaders from participating countries in the leadership groups of USAID networks
• Utilize social media and other virtual collaboration technologies as appropriate for knowledge management and technical assistance
• Support to the secretariats and select working groups for regional networks

Beyond the benefit to countries in the LAC region, learning from and sharing experiences in improving health and strengthening health systems is of great benefit to the global community. LAC/Health and its partners will seek opportunities to share results through different fora such as global conferences, peer-reviewed literature and guest lectures.

The activities will not fund any clinic or other infrastructure construction.

1.4 Locations affected/existing conditions

All countries which are legally permissible for engaging with USAID in the LAC region are considered for participation in the LAC/Health Project activities. Activities will be implemented in training facilities, through virtual networks and other locations which are easily accessed through existing airways, roadways or railways.

1.5 National [or applicable] Environmental Policies, Procedures or Regulations

Activities are not expected to conflict with nor require applicability assessment in regards to any national or regional environmental policies, procedures or regulations. National or local government environmental requirements will be met, where applicable.

2. JUSTIFICATION FOR CATEGORICAL EXCLUSION REQUEST

The LAC Health Project will not have an effect on the natural or physical environment as described in 216.2(c)(1)(i). All of its activities qualify for a Categorical Exclusion pursuant to 22 CFR §216.2(c)(2)

(i) Education, technical assistance and training (216.2(c)(2)(i));
(iii) Analyses, studies, and workshops (216.2(c)(2)(iii));
(v) Document and information transfer (216.2(c)(2)(v)); and
(xiv) Activities that will develop the capability of recipient countries to engage in development planning.

The activities will not fund any clinic or other infrastructure construction.

As currently planned, no interventions will directly affect the environment. If during implementation, activities are considered under the LAC Health Project 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 (supplemental) IEE or Request for Categorical Exclusion shall be submitted, as appropriate.

3. **RECOMMENDED THRESHOLD DECISION AND CONDITIONS**

It is recommended that a Categorical Exclusion be approved for the education, training and technical assistance activities as provided by 22 CFR Section 216.2(c)(2):

(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);

(iii) Analyses, studies, academic or research workshops and meetings;

(v) Document and information transfers;

(xiv) Studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.)

**A Negative Determination with Conditions** is recommended for any aspects of LAC/Health activities involving the creation, handling or disposal of medical or sanitary waste for which all best management Practices, mitigation measures, and guidelines recommended by WHO for proper handling of medical waste shall be strictly implemented. WHO “Safe Management of Waste from Health Care Activities” and additional information on regulatory frameworks for Health Care Waste Management are available at the following website: [http://www.who.int/water_sanitation_health/publications/wastemanag/en/](http://www.who.int/water_sanitation_health/publications/wastemanag/en/)

**A Negative Determination with Conditions** is recommended for commodities security activities with the following conditions:

- Procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, must ensure, to the greatest extent practicable, that the medical facilities and operations involved have adequate procedures and capacities in place to properly manage and dispose of expired, obsolete, or surplus commodities.

- Consignees for any pharmaceutical drugs 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).

- 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. If this is not possible then follow WHO guidelines for Safe Disposal of Unwanted Pharmaceuticals.

- Disposal of packaging and other public health commodities will be treated using the guidelines provided in USAID Solid Waste Sector Environmental Guideline ([http://www.usaidgems.org/Sectors/solidWaste.htm](http://www.usaidgems.org/Sectors/solidWaste.htm))
The requirements of the Negative Determination with Conditions will be incorporated into an Environmental Monitoring and Mitigation Plan (EMMP). The AOR/COR will ensure the EMMP is developed, approved and implemented. The Agreement/Contract Officer Representatives (AORs/COR) for these activities will actively monitor, evaluate, and ensure that the conditions specified herein are met. If additional activities are added, that are not described in this document, an amended Initial Environmental Examination will be prepared.

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Clearances:

John Haber, LAC/RSD Deputy Director  
Date: 4/19/18

Jessica Rosen, LAC/RSD Deputy Director  
Date: 4/17/18

Cara George, Program Office  
Date: 4/17/18