The World Bank
Strengthening Pandemic Preparedness in the Eastern, Central and Southern Africa Health Community Project

Project Information Document/ Identification/Concept Stage (PID)

Concept Stage | Date Prepared/Updated: 27-Jul-2021 | Report No: PIDC242412

BASIC INFORMATION

A. Basic Project Data

Project ID	Parent Project ID (if any)	Environmental and Social Risk Classification Moderate	Project Name Strengthening Pandemic Preparedness in the Eastern, Central and Southern Africa Health Community Project
P176300			
Region AFRICA	Country Africa	Date PID Prepared 27-Jul-2021	Estimated Date of Approval
Financing Instrument Investment Project Financing	Borrower(s) East, Central and Southern Africa Health Community (ECSA-HC)	Implementing Agency East, Central and Southern Africa Health Community (ECSA-HC)	

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	5.00
Total Financing	5.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	5.00
Health Emergency Preparedness and Response Multi-Donor Trust	5.00

B. Introduction and Context

Country Context

The Eastern and Southern Africa region has experienced numerous disease outbreaks (e.g., Ebola, Marburg, yellow fever, dengue, cholera, chikungunya) over the past decade and is increasingly vulnerable to newly emerging and re-emerging infectious diseases. While some progress has been made towards strengthening epidemic preparedness and response capacity, the sub-region needs to further strengthen preparedness to

deal with these frequent regional and global public health threats. The WHO Joint External Evaluation (JEE) exercises conducted in the region have been key to benchmark performance, and identify critical gaps in prevention, detection, and response to public health events. The JEE, a comprehensive, standardized, and international-accepted epidemic preparedness assessment, has 19 technical areas to score a country's capacity to prevent, detect and rapidly respond to public health risks, conducted first by a group of domestic experts and then validated by an external group of independent international experts. While most of the countries in this regional block scored higher than 40 (on a scale of 100), all remain deficient in a number of common areas in need of capacity building, such as: (i) robust surveillance systems with early warning and response mechanisms to allow for swift responses; (ii) capacity to manage outbreaks at ports of entry which represent hot spots for disease transmission; (iii) antimicrobial surveillance and detection capacity; (iv) mapping of public health risks and resources; and (v) multi-hazard plans that are well elaborated and implemented.

The ongoing COVID-19 pandemic has imposed a large burden to health services in the target countries. As of June 23rd 2021, Malawi had reported a cumulative total of 1,785 cases, 60 deaths, and 13,212 laboratory tests per 1 million of population; Mozambique had 2,267 cases, 27 deaths and 16,044 tests per 1 million population; Rwanda had 2,435 cases, 30 deaths and 117,958 tests per 1 million population, and Zambia had 7,257 cases, 95 deaths and 95,411 tests per one million population. Data for Tanzania is pending publication. All the mentioned countries have community level transmission for the spread of the disease. Change in testing positivity rate over time has varied among countries: in Malawi, it increased from 5.3% on April 24th to 6.4% on June 15th 2021; Mozambique's lowered from 4.5% to 3.1%; Rwanda's remained constant at 0.8% and 0.7% respectively and Zambia's increased from 1.8% to 3.1% during the same time period.[1]

COVID-19, being a novel health condition, has imposed daunting health systems challenges to all target countries. In particular, much of the initial spread was mainly caused by international travelers, including long distance haulage truck drivers. While screening at international airports improved, screening at land-crossing points of entry has been inadequate and has been overwhelmed by the load of travelers and inadequate resources. In the region, reported movement of people across the very porous borders for many socio-economic activities continue to be reported. Systems to improve cross-border surveillance therefore need to be strengthened. Better and consistent ways to monitor and evaluate the response need to be developed to inform further response initiatives, noting that the pandemic may take longer than initially anticipated. Knowledge on control and response to the pandemic is fast evolving. Health care workers need to be provided with the required competencies to effectively control and manage the response.

Recognizing the global nature of public health emergencies, in June 2020, the World Bank Board approved the creation of a new umbrella trust fund program, the Health Emergency Preparedness and Response Trust Fund Program (HEPRTF). The development objective of the HEPRTF is to support eligible countries and territories to improve their capacities to prepare for, prevent, respond and mitigate the impact of epidemics on population. It was set up as a flexible mechanism to provide catalytic, upfront, rapid financing to fill specific gaps in terms of health emergency preparedness and response capacities. The HEPRTF is the anchor trust fund of the umbrella program. Activities eligible for HEPRTF financing focus on three pillars: (a) preparedness for future health emergencies; (b) response to emerging and current health emergencies; and

(c) enhancing health systems and facilities, including the use of technology for better improved preparedness. The East, Central, and Southern Africa Health Community (ECSA-HC) has been allocated a US$5 million HEPRTF grant to support a group of countries (i.e., Malawi, Mozambique, Rwanda, Tanzania and Zambia) which have expressed commitment to strengthen their health emergency preparedness capacity. The selection of the countries was based on: (i) the criteria set forth in the HEPR call for proposals based on the countries categorization; and (ii) expression of willingness to be part of the regional project. The HEPRTF resources are not used to purchase COVID-19 vaccines. All five participating countries recognize the importance of investing early to strengthen preparedness, which will save lives and minimize health care costs.

The ECSA-HC in consultation with national stakeholders and World Bank specialists working on these countries, have identified a set of priority interventions, considering gaps identified during the JEEs and activities underway supported by other partners. The proposed activities are in line with global experience and evidence-based approaches and good practices. First, it is well recognized that investing early in health security by focusing on preparedness is not only highly cost-effective, but an integral part of the broader universal health agenda which all these countries are pursuing. Second, benchmarking performance through the JEE checklist allows countries to identify key gaps and focus on addressing them. By developing and applying a simplified annual JEE checklist, this will allow regular tracking and monitoring of performance and course corrections along the way. Third, setting up events-based surveillance, mapping risks, and conducting joint cross border surveillance represent evidence-based approaches that will provide early warnings and facilitate rapid responses. Fourth, using a One Health approach to conducting cross border surveillance and joint investigations also represents good practice, given the high level of transmission of infectious diseases from animals to humans. Finally, using a regional approach fosters economies of scale and efficiencies and allows countries to pull forces to tackle common problems, recognizing that diseases know no borders and solidarity is critical.

[1] https://ourworldindata.org/grapher/covid-19-positive-rate-bar?time=2020-06-15&country=VNM~TWN~NZL~AUS~ZAF~KOR~EST~IND~ISL~TUN~CAN~ARG~JPN~PHL~ITA~IDN~USA~GBR

Sectoral and Institutional Context

The Eastern and Southern Africa region needs to further bolster preparedness to deal with the rising burden of regional and global public health threats, as seen during the ongoing COVID-19 pandemic. Countries face a wide range of threats, face similar gaps and share common goals and objectives. In Malawi, cholera remains endemic, and core areas that need strengthening range from surveillance systems, laboratory capacity, and public health response at ports of entry. In Zambia, porous borders and increasing regional trade underscores the importance of bolstering cross border disease control. The rise in COVID-19 cases and related social distancing measures have increased the strain on the health system and livelihoods. The Zambian Ministry of Health is stepping up efforts in capacity building for health personnel, laboratory testing capacity, and border screening, to control the pandemic. Tanzania also faces the high risk of cross border transmission of diseases, further compounded by the lack of clean water that is only accessible in 61% of households. Rwanda has

made considerable progress controlling disease outbreaks but has persistent gaps that need to be addressed like the other countries. Finally, Mozambique ranks as the 10th most vulnerable country to disaster risks with climate-related events, including frequent floods, cyclones, and droughts, which have long-term negative impacts on the lives of the poorest and most vulnerable.

Relationship to CPF

The project is aligned with the World Bank Group (WBG) strategic priorities, particularly the WBG's support to achieving Universal Health Coverage, as well as national plans and global commitments to strengthening pandemic preparedness. The proposed activities are aligned to the respective CPF in the participating countries:

- **Malawi** – The proposed project is aligned with the WBG's Country Partnership Framework (CPF) for Malawi (FY21-FY25, Report No. 154505-MW). Specifically, it is aligned to Focus Area 3 on "*Strengthening human capital development,*" building upon the consolidated efforts by the WBG and other partners to improve the delivery of health services . Furthermore, this project is aligned to the World Bank's response to COVID-19, which focuses on early relief to resilient recovery and areas such as (i) saving lives; and (iv) strengthening policies and institutions.
- **Mozambique** – The proposed project is aligned with the WBG's CPF for Mozambique (FY17-FY21, Report No. 104733-MZ), as revised by the recently concluded Performance and Learning Review (2020, Report No. 144024-MZ) that included adjustments for COVID-19 such as the additional of an objective on "*Supporting Recovery and Rehabilitation,*" reflecting the need to address the impacts of both the recent cyclones and disease outbreaks. It is also aligned to the CPF's Objective 6 on "*Improving Health Service Delivery*," within Pillar 2 on "*Investing in Human Capital*", which prioritizes strengthening public health institutions and increasing the resilience of the most vulnerable people through inclusive growth, while strengthening national and local institutions to reduce fragility. Among the noted challenges include the lack of reliable data and weak disease surveillance systems, which are activity areas covered under the proposed project.
- **Rwanda** – The proposed project is aligned with the WBG's CPF for Rwanda (FY21–FY26, Report No. 148876-RW), specifically to CPF Objective 1 on "*Improve Human Capital*" which aims to deepen Rwanda's human capital base, while supporting poor and vulnerable groups. The CPF was finalized jointly with the Government of Rwanda as the COVID-19 pandemic was unfolding, and adjusted to align with the Government's crisis response program. The proposed project is also well aligned with Rwanda's National Strategy for Transformation (2017-2024) which aims to strengthen disease prevention awareness and reduce the spread of communicable diseases, and the Health Sector Strategic Plan 4 (HSSP4 2018-2024) which underscores the importance of preventing and controlling epidemic diseases and other public health threats through a sustainable, effective and efficient national epidemiological surveillance, response and recovery system under its health security chapter.
- **Tanzania** - The proposed project is aligned with the WBG's CPF for Tanzania (FY18-FY22, Report No. 121790-TZ), particularly to Focus Area 2 on "*Boost human capital and social inclusion - A life cycle*

approach to human development challenges" and Objective 2.3 on "*Improve the quality of health care and education.*" This objective aims to improve primary health care and service delivery, especially in hard-to-reach areas.

- **Zambia** - The proposed project is aligned to the WBG's CPF for Zambia (FY19-FY23, Report No. 128467-ZA), specifically to CPF Focus Area II, Objective 2.1 on "*Access to secondary education, health services, nutrition, and social protection increases, with attention to girls and women in selected rural areas,*" which seeks to facilitate inclusive long-term human capital development by breaking intergenerational poverty cycle and increasing access to public services. As noted in the CPF, disease outbreaks and public health emergencies have been identified as significant development challenges, and there is a pressing need to address disease outbreaks and broader public health emergencies alongside existing investments in public health prevention and service delivery.

C. Project Development Objective(s)

Proposed Development Objective(s)

The project development objective is to support selected countries in Eastern and Southern Africa to improve system preparedness for health emergencies.

Key Results

PDO-level indicators will include the following:

- Number of countries adopt harmonized cross-border travel protocols for priority diseases to strengthen screening of travelers
- Number of countries adopt generic regional guidelines/protocols and tools for establishing and rollout of Events Based Surveillance (EBS)
- Number of countries scoring ≥ 3 in at least 3 of the following JEE indicators:
  - R.1.1 Multi-hazard national public health emergency preparedness and response plan is developed and implemented
  - R.1.2 Priority public health risks and resources are mapped and utilized
  - Port of Entry (PoE).1 Routine capacities are established at PoE
  - P.3.4 Antimicrobial stewardship activities
  - D.2.1 Indicator and event-based surveillance systems

A common framework will be used for monitoring performance. The Results Framework focuses on accountability for results and places an emphasis on outputs and intermediate outcomes. Countries will be responsible for data collection, including preparation for routine project reporting for the activities that will be implemented at country level. At the regional level, ECSA-HC will coordinate, track and facilitate timely reporting of information quarterly and annually and consolidate results for submission to the World Bank. The implementation of the M&E framework will be tracked regularly during project supervision. In each country, an M&E specialist will be designated to oversee data collection and analysis.

The implementation of the planned interventions is expected to yield the following main outcomes in the supported countries: (i) Improved capacity for cross border disease surveillance and emergency preparedness, (ii) Enhanced capacity for implementing EBS System in the project countries; (iii) Enhanced indicator and event-based surveillance systems in the participating countries; (iv) Improved surveillance capacities at point of entries; (v) Mapping of major public health risks; and (vi) Improved capacity for antimicrobial surveillance and stewardship for combatting antimicrobial resistance (AMR). These outcomes will be measured using the indicators mentioned above.

D. Preliminary Description
Activities/Components
This project has three main components: (i) strengthening surveillance systems; (ii) preparing for health emergencies; and (iii) enhancing health systems, while promoting innovations and knowledge sharing and use of digital technology. The project will support capacity building activities in the countries, and will not support direct service delivery nor cover civil works or procure medical equipment.

Component 1: Strengthening surveillance systems in project countries: (**US$1.6 million).** Under this component, the project will support countries to strengthen surveillance systems by providing technical assistance in: (i) rolling out the third edition of the Integrated Diseases Surveillance Response System (IDRS) strategy (2019) with a focus on establishing events based surveillance systems; (ii) enhancing point of entry disease surveillance capacities, and expanding cross border disease surveillance; (iii) building capacity for laboratory-based disease surveillance; (iv) expanding use of electronic platforms for sharing surveillance data; and (v) improving antimicrobial surveillance and stewardship for combatting AMR.

Component 2: Support countries to prepare for health emergencies (US$1.3 million). This component will support member countries to conduct annual peer assessments of their preparedness systems using the JEE score card. The assessment will review the progress countries are making in addressing the IHR core capacity gaps. To this end, ECSA-HC will: (i) train national trainers from the project countries on the JEE tool; (ii) coordinate and facilitate peer to peer (inter-country) mini-JEE assessments; and (iii) coordinate with the WHO to validate the peer assessment findings for publication. In addition, the project will support countries to map priority public health risks and to update/ prepare multi-hazard public health emergency preparedness and response plans. To this end, ECSA-HC will: (i) provide training to representatives from the targeted countries to identify and characterize risks using WHO recommended tool (The Strategic Tool for Assessing Risks, STAR); (ii) support consultation meetings of multi-sectoral experts (working on both human and animal health) to review existing plans; (iii) develop multi-hazard plan plans aligned to the International Health Regulations (IHR) capacity requirements; and (iv) conduct One Health simulation exercises to test the plans.

Component 3. Strengthen health systems and innovations (US$1.6 million). Building on previous and current initiatives, the project will support member countries to expand e-learning and online surveillance platforms to strengthen coverage of quality surveillance and preparedness activities, promote evidence-

based knowledge-sharing among project countries, and the application of digital innovations and use of digital technology.

Project Management (US$0.5 million). The project will be managed by ECSA-HC that will work closely with the Ministries of Health of the participating countries and collaborate with other partners supporting complementary activities in these five countries. The project will largely utilize the technical staff at the ECSA-HC supporting the Southern Africa TB and Health Systems Support (SABTHSS) Project, as well as other experts at the ECSA-HC. Additional staff will be recruited to strengthen existing capacity and to ensure effective implementation of the project activities. The additional staff will include the following: (i) Medical Epidemiologist; (ii) AMR Senior Program Officer; (iii) System design officer (ICT); and (iv) Administrative assistant. Financial management and procurement functions will utilize the existing capacities within ECSA-HC. To this end, the project will support: (i) project consulting costs; and (ii) project operational costs, including costs for monitoring of implementation progress.

Environmental and Social Standards Relevance

E. Relevant Standards

ESS Standards		Relevance
ESS 1	Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10	Stakeholder Engagement and Information Disclosure	Relevant
ESS 2	Labor and Working Conditions	Relevant
ESS 3	Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4	Community Health and Safety	Relevant
ESS 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7	Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
ESS 8	Cultural Heritage	Not Currently Relevant
ESS 9	Financial Intermediaries	Not Currently Relevant

Legal Operational Policies

Safeguard Policies	Triggered	Explanation (Optional)
Projects on International Waterways OP 7.50	No	

Projects in Disputed Areas OP 7.60	No

Summary of Screening of Environmental and Social Risks and Impacts

The project will provide capacity building support and, therefore, the project is not expected to result in any irreversible environmental risks and impacts. The project will not finance or support (i) laboratory testing, procurement of laboratory equipment (ii) cross border surveillance or entry point checks (iii) any type of infectious healthcare waste management (iv) require any land acquisition (v) civil works of any type and; (vi) and will not procure and support IT equipment, software or any type of digital platforms. Therefore, the project will have a positive effect on the environment because of the early detection and control of diseases will prevent unsustainable resource depletion, enhance biodiversity protection and pollution prevention. The project will help avoid community and occupational health and safety risks and impacts, reduce the generation of infectious healthcare waste that will lead to minimal air, soil and water pollution and prevent and reduce the release of long lived climate pollutants from the cold chain storage use of freons with Ozone Depleting Substances and a Global Warming Potential. There are project Occupational Health and Safety (OHS) risks and minor solid waste risks where face to face interactions could take place and from the indiscriminate disposal of Covid-19 related PPE waste. The social risks are considered to be low due to the nature of the capacity building and technical assistance at the Regional and National level to strengthen systems in the target countries. The project is expected to have positive social impacts by contributing to an improvement in disease surveillance at the national and regional level. The Project will not include any civil works and any direct interaction with communities is expected to be limited. Engagement will be required with other professional agencies including NGOs, WHO, African CDC to ensure successful implementation of the project. Due to the likely nature and scale of the workforce issues related to labor and working conditions are anticipated to be negligible but will be addressed through the requirement for national law and requirements for ESS2 to be met. As a result of the limited interaction of the project with communities and the nature of the workforce project induced risks associated with SEA/SH are expected to be low.

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