



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 07/29/2025 | Report No: ESRSA04399

**I. BASIC INFORMATION****A. Basic Operation Data**

Operation ID	Product	Operation Acronym	Approval Fiscal Year
P508003	Investment Project Financing (IPF)	HeSP Nigeria	2026
Operation Name	Health Security Program in Western and Central Africa, Nigeria - Phase III		
Country/Region Code	Beneficiary country/countries (borrower, recipient)	Region	Practice Area (Lead)
Nigeria	Nigeria	WESTERN AND CENTRAL AFRICA	Health, Nutrition & Population
Borrower(s)	Implementing Agency(ies)	Estimated Appraisal Date	Estimated Board Date
Federal Ministry of Finance	Centre for Disease Control -NCDC	30-Jul-2025	23-Sep-2025
Estimated Decision Review Date	Total Project Cost		
09-Jul-2025	250,000,000.00		

Proposed Development Objective

Increase regional collaboration and health system capacities to prevent, detect and respond to health emergencies in the Federal Republic of Nigeria.

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

No

C. Summary Description of Proposed Project Activities

Building from World Bank and partner efforts, the proposed Program provides a platform to strengthen critical core capacities for prevention, preparedness, and response to health emergencies. The Program will invest in key interconnected systems for improving health security designed with a One Health approach, capitalizing on multisectoral collaboration, and convening partner investments.

D. Environmental and Social Overview



D.1 Overview of Environmental and Social Project Settings

The proposed program is Phase III of the Health Security Program (HeSP) under the Multiphase Programmatic Approach (MPA) and aims to enhance regional collaboration and health system capacities to prevent, detect, and respond to health emergencies in the Federal Republic of Nigeria. The program will be open to all 36 states in Nigeria, as well as the Federal Capital Territory (FCT), and will be implemented in both urban and rural areas across the country.

Nigeria, the most populous country in Africa and the seventh globally, has a population of 211,639,374. The country is divided into six geopolitical zones, comprising 36 states and the FCT, which are further subdivided into 774 local government areas (LGAs). Nigeria's diverse ethnic groups, languages, cultures, and religions offer both opportunities and challenges for the project implementation. Success depends on effective stakeholder engagement, inclusive planning, and adaptive management that respects this social diversity. Additionally, Nigeria's rich biodiversity presents unique conservation opportunities, but it also requires careful management to protect its fragile ecosystems. The country's high population density and associated urbanization pressures contribute to insecurity and stress on infrastructure. Nigeria faces environmental-related problems, including air pollution, water pollution, inadequate solid waste management, deforestation, and flooding, in major cities such as Kano, Lagos, and Yola. In Nigeria, the increase in construction activities, industrial activities, and emissions from power plants and transportation systems contributes to the air pollution problem. Healthcare challenges further complicate these issues, necessitating a comprehensive approach to development that considers public health needs and services.

In terms of healthcare waste, Nigeria has a National Health Care Waste Management Policy that outlines clear guidelines for the national framework on Healthcare Waste Management, including segregation, collection, treatment, and disposal. There has been an improvement in waste segregation since the rollout of the healthcare waste policy, which has trained health workers in waste management, among other areas. However, there are still opportunities for system strengthening in aspects of healthcare waste disposal and public awareness raising to achieve better outcomes.

D.2 Overview of Borrower's Institutional Capacity for Managing Environmental and Social Risks and Impacts

The HeSP Project will be implemented by the Nigeria Centre for Disease Control and Prevention (NCDC), in collaboration with the Federal Ministry of Health and Social Welfare (FMOHSW), the Federal Ministry of Livestock Development (FMO LD), and the Federal Ministry of Environment (FME nv) under a One Health Platform. The project will also be implemented by the state counterparts and their relevant agencies.

The FMOHSW, the state counterparts and their agencies, such as NCDC, have experience implementing World Bank-financed operations, such as the Regional Disease Surveillance Systems Enhancement (REDISSE) Project (P154807), Nigeria Primary Healthcare Provision Strengthening Program (BHCPP) (P504693), National State Health Investment Project (NSHIP) P120798, its Additional Financing P149966, Saving One Million Lives (SOML) P146583, Immunization Plus and Malaria Progress by Accelerating Coverage and Transforming Services (IMPACT) Project P167156, and the COVID-19 Preparedness and Response Project (CoPREP) (P173980) and its AF (P177076), which have been transformational in improving the health care services in Nigeria. While most of these were implemented under the Bank's Safeguard Policies, the BHCPP and COVID-19 followed the Bank's Environmental and Social Framework (ESF). These experiences have contributed to gradual institutional strengthening, especially in environmental and social (E&S) risk management.



Under the NSHIP, the FMOHSW developed a National Health Care Waste Management Plan (HCWMP), which is currently being implemented across health sectors in Nigeria.

For the proposed HeSP, a National Program Coordinating Unit (NPCU) has been established within NCDC. It currently includes one (1) Environmental Specialist and one (1) Social Specialist who are supporting the project preparation stage and will assist in managing the E&S aspects during the implementation. At the state level, a State Project Coordination Unit (SPCU) will be established, and it will be required to include an Environmental Health Officer responsible for compliance with E&S requirements. Capacity building will be provided to SPCUs.

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

A. Environmental and Social Risk Classification (ESRC)

Substantial

A.1 Environmental Risk Rating

Substantial

The environmental risk rating is considered Substantial. The project focuses on detecting, preventing and responding to health emergencies by strengthening the country's healthcare systems through infrastructure and system-level investments across the country. Specific activities with environmental and social implications are those related to upgrading of Primary Health Care (PHC) facilities to be epidemic-ready, rehabilitation and expansion of laboratory systems and Emergency Operation Centers (EOCs), construction of a national warehouse and regional laboratories, installation of WASH facilities, and deployment of mobile laboratories and surveillance platforms. The upgrading and expansion activities could involve demolition and civil works, which have the potential to generate environmental risks and impacts, including occupational health and safety risks (OHS), noise, dust, and demolition waste, as well as healthcare waste, during the operational phase. Additionally, procuring and using laboratory equipment and medical supplies can generate hazardous medical waste and e-waste, as well as increase the volume of reagents and consumables. Energy and water needs will increase for washing and lighting. Strengthening surveillance systems could lead to an increase in e-waste from ICT equipment, necessitating the development of an appropriate end-of-life disposal plan. Essentially, expanding laboratory sample transportation will introduce biohazard risks if infectious materials are not properly packaged, transported, and disposed of. While the project supports the Presidential Initiative for unlocking the healthcare value chain (PVAC), it does not include manufacturing or production activities. Although most impacts are expected to be site-specific, moderate in magnitude, and reversible, the nationwide scope raises concerns about cumulative and systemic environmental impacts, particularly if mitigation measures are not uniformly applied. Capacity constraints at the state level may also limit effective environmental risk management in some areas. Hence, the environmental risk rating is considered substantial.

A.2 Social Risk Rating

Substantial

The Social Risk at this stage is rated as Substantial. The proposed activities primarily involve procuring health supplies and commodities, training activities, development of Plans from the One Health partners, installation of digital surveillance systems at Points of Entry, use of digital devices (palm held devices for all communities for surveillance to be transmitted to a central server at the state and national, minor to moderate upgrade/expansion of healthcare facilities, laboratories and EOCs, Infection Prevention and Control/ WASH upgrades across PHCs in the country, construction of one (1) warehouse at the FCT, upgrade of three (3) regional laboratories and construction of three (3)



regional laboratories under the support to the Public Health Labs, provision of Mobile laboratories, construction of a National reference laboratory under the Environmental Health sector, installation of digital surveillance systems at Points of Entry, provision of Solar panels in labs and Primary Healthcare Centers (PHCs) to make them Epidemic ready PHCs. The Project will also require the transportation of commodities, which will be handled by a logistics firm working with primary suppliers nationwide. Additional work includes the Renovation and equipping of isolation and treatment centres in selected states and at points of entry (airports, land borders). The Project may implement a strategy that involves deploying security personnel to accompany health officers during disease outbreaks, particularly in areas experiencing significant security challenges. This intervention aims to ensure the safety of health workers as they carry out their activities in security-prone areas. Potential social risks include community health and safety issues during upgrade and expansion activities, as well as inadequate stakeholder engagement with beneficiaries of healthcare facilities. If beneficiaries are not well-informed about the proposed works, it could lead to delays in accessing routine health services (such as vaccinations, immunizations, and health checks). There are also concerns regarding complaints and grievances, as well as potential incidents of Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) and child labour issues due to the upgrade/expansion/installation efforts. Additionally, deploying security personnel to accompany health workers may result in the potential use of force on locals. The construction of the new warehouse in FCT and regional laboratories will take place on government-owned land. The NCDC NPCU team indicated that this construction could occur within the premises of existing government health institutions. Although the project will be on government land, ESS 5 on Land Acquisition, Restrictions on Land Use, and Involuntary Resettlement may still be applicable, as individuals or communities may face physical or economic displacement. This includes squatters, encroachers, or those with livelihood activities on the land. Therefore, the designated lands will be screened to determine where such individuals or groups occupy the area and to identify potential impacts. If such impacts are identified, appropriate mitigation measures will be implemented, including the preparation and execution of Resettlement Action Plans (RAPs) by the Client in accordance with ESS 5 requirements. Terms of Reference for the RAP is included as an annexe to the ESMF. The upgrade of multiple Primary Health Care Centres (PHCs) and the provision of health commodities to improve the health system, potentially across the country, may lead to a cumulative impact, such as an increase in demand for healthcare services.

B. Environment and Social Standards (ESS) that Apply to the Activities Being Considered

B.1 Relevance of Environmental and Social Standards

ESS1 - Assessment and Management of Environmental and Social Risks and Impacts

Relevant

The project's environmental and social risks will be managed according to ESS1 principles. The Environment and Social Standards applicable to this program include ESS1: Assessment and Management of Environmental and Social Risks and Impacts, ESS2: Labor and Working Conditions, ESS3: Resource Efficiency and Hazardous Waste Management, ESS4: Community Health and Safety, ESS5: Land Acquisition and Involuntary Resettlement and ESS 10: Stakeholders Engagement and Consultation. The Borrower has prepared various environmental and social instruments, including an Environmental and Social Management Framework (ESMF). This framework will guide screening subprojects for preparing site-specific Environmental and Social Management Plans (ESMPs), applying mitigation measures aligned with the World Bank Group's EHS Guidelines and risk assessments. In addition, the Borrower has developed a Stakeholder Engagement Plan (SEP), Labour Management Procedures (LMP), and an Environmental and Social Commitment Plan (ESCP) that define the institutional responsibilities, mitigation actions,



and monitoring and reporting obligations for effective environmental and social risk management. The Borrower will implement the Health Care Waste Management Plan and the Security Management Framework developed under the CoPREP Project. SOPs for managing all laboratory processes to ensure consistency and minimize errors will be developed during the Project implementation phase. The Project will ensure compliance with all relevant data protection regulations, including the Nigeria Data Protection Regulation, the General Data Protection Regulation (GDPR), the Health Insurance Portability and Accountability Act (HIPAA), and other applicable local data protection laws. It is important to note that no personally identifiable information will be utilized in the scope of this project. A robust data protection protocol has been integrated into the ESMF, which outlines a systematic approach to safeguarding personal and sensitive information. Furthermore, the Project will be subject to regular audits and assessments to ensure continuous compliance with data privacy regulations.

ESS10 - Stakeholder Engagement and Information Disclosure

Relevant

The key stakeholders include users of the PHCs (such as women attending antenatal visits, children receiving routine immunizations, and patients seeking health checks), community healthcare workers, and health workers for the implementing agency. Interested parties include the federal/State Ministry of Health and Social Welfare, NCDC, Department of Port Services, the National Primary Healthcare Development Agency (NPHCDA), State Primary Healthcare Development Agency (SPHCDA), Federal/State Ministries of Finance, Environment, Agriculture, State Governors, Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC), LGAs, Development Partners including the IFC, NGOs and CSOs. The Borrower prepared a SEP, which outlines the approach to engaging with stakeholders, taking their feedback into account, providing practical tools for engagement, and ensuring timely and transparent communication throughout the project lifecycle. The project-level grievance mechanism, established under the CoPREP Project, will be assessed and updated where relevant to ensure its suitability for use in the HeSP Project. This will be done within 90 days of Project Effectiveness.

ESS2 - Labor and Working Conditions

Relevant

The Project will engage direct workers, contracted workers, primary supply workers and skilled and unskilled workers for various tasks. Direct workers. This category of workers will comprise a mix of civil servants from various relevant line ministries who have been deployed or have a legal transfer of their employment or engagement to the Project, whether full-time or part-time, under the NPCU housed within the NCDC. Direct workers will also comprise project staff hired as consultants. These workers comprise the NPCU team, which includes a Project Coordinator from NCDC responsible for coordinating and managing project funds and activities, including procurement, monitoring, evaluation, and reporting functions on a day-to-day basis. The NPCU will also provide technical guidance, support, and supervision to states participating in the Project. Other members of the NPCU will include technical leads from One Health agencies, as well as specialists in Procurement, Financial Management, Internal Auditing, and M&E. Technical Officers, Procurement Officers, Internal Auditors, Accountants, Financial Officers, Monitoring & Evaluation Officers, Gender Officer, Environmental Safeguard Officer, Social Safeguard Officers, and Communications Officer, among others. Similar to the structure at the federal level, day-to-day project implementation at the state level will be managed by the State Project Coordination Unit (SPCU). The specific project activities and their locations have yet to be determined. Therefore, the exact personnel load for each project activity and staffing level could not be determined at the time of preparing this LMP. However, based on the experience from the implementation of the CoPREP Project, the Direct worker is expected to record approximately 600 workers. Contracted workers. Contracted workers will be engaged primarily for infrastructure-related activities such as the upgrading/expansion of healthcare



facilities, laboratories and EOCs, installation of WASH across PHCs in the country and construction of one (1) warehouse at the FCT and regional laboratories. These may include workers engaged through civil works contractors, design and supervision consultants, and service providers for implementation support. Preference will be given to local workers, including those who may come from host communities to work as unskilled labours. It is estimated that 60 contracted workers will be engaged in the Project. Local contractors may hire community members for the upgrade/expansion works. Primary Supply Workers. A primary supply worker is a worker employed or engaged by a primary supplier, providing goods and materials to the Project, over whom a primary supplier exercises control for the work, working conditions, and treatment of the person. The Primary suppliers will be required to observe all necessary regulations, including the signing of the Code of Conduct on SEA/SH prevention. The LMP covers terms and conditions of employment, non-discrimination, worker's organizations, child labour, grievance mechanisms, journey management procedures, and occupational health and safety management plans. In terms of OHS, workers could be exposed to occupational hazards associated with civil works activities during upgrades and expansion. The Project shall protect the health and safety of workers by implementing specific Occupational Health and Safety (OHS) measures in line with the World Bank Group's Environment, Health, and Safety (EHS) Guidelines for construction.

ESS3 - Resource Efficiency and Pollution Prevention and Management

Relevant

ESS 3 is relevant to the Project due to anticipated increases in medical waste, hazardous materials, and resource consumption resulting from the upgrading of healthcare facilities, laboratories, EOCs, and the construction of national warehouses and regional laboratories. Construction waste will be generated from these activities. Specimens, sharps, and other consumables will be managed in accordance with existing national regulations and relevant biosafety standards such as WHO guidelines and WBG EHS guidelines on Hazardous material management. Laboratory, solar systems (including batteries) and digital surveillance equipment procured under the Project could become electronic waste (E-waste) when they are no longer in use. Increased energy and water demands will be managed through energy-efficient lighting and conservation strategies, including the promotion of energy-efficient bulbs for lighting and efficient water usage in all healthcare facilities. The ESMF provides an overview of potential risks and impacts prior to identifying of specific sites. With site screening, the appropriate site-specific measures will be implemented. The Borrower will prepare E-waste guidelines at the implementation phase that indicate procedures for managing E-waste.

ESS4 - Community Health and Safety

Relevant

ESS4 is relevant due to the potential risks to health workers, patients, and nearby communities arising from civil works, laboratory operations, increased traffic, and the use of security personnel. These risks include the risk of accidents from and pollution from vehicle movements and civil works, exposure to infectious and hazardous material from laboratories and healthcare waste and concerns related to sexual exploitation and abuse (SEA/SH). To address these risks, the Borrower developed Environmental and Social Code of Practices (ESCoPs) for sub-project activities, as annex in the ESMF, which their Contractors and Service Providers will implement to ensure that the impact on communities is mitigated during upgrades, expansion and installation activities. The NPCU will develop Environmental and Social Management Plans before implementation for the construction of the warehouse and regional laboratories. Other plans, such as traffic management plans, are included in the ESMF. Standard Operating Procedures (SOPs) for managing all laboratory processes to ensure consistency and minimise errors will be developed during the project implementation phase before the commencement of activities. A SEA/SH Action Plan will be developed during the Project implementation phase. The Project will implement the Security Management



Framework prepared under the CoPREP Projects. It is important to note that Project funds will not be used to purchase firearms when engaging security personnel for sub-project activities. Furthermore, the security personnel will comply with the guidelines outlined in the Good Practice Note on "Assessing and Managing the Risks and Impact of the Use of Security Personnel."

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

Relevant

Although the proposed construction of warehouses and regional laboratories will take place on government-owned land, ESS 5 may still be applicable. ESS 5 is not limited to the acquisition of land; it also applies when individuals or communities are physically or economically displaced from government-owned land, regardless of their legal status. This includes squatters, encroachers, or those engaged in livelihood activities on the land. Therefore, the designated areas for construction will be screened (using the screening tool provided in the ESMF) to identify any individuals or groups occupying the land and to evaluate potential impacts. If such impacts are identified, appropriate mitigation measures will be implemented. This will include the preparation and implementation of Resettlement Action Plans (RAPs) by the Client, in accordance with ESS 5 requirements. The Terms of Reference for the RAP are included as an annexe to the Environmental and Social Management Framework (ESMF).

ESS6 - Biodiversity Conservation and Sustainable Management of Living Natural Resources

Not Currently Relevant

This standard is not applicable, as the project intends to use the existing facilities and premises for the proposed development activities, and therefore, there will be no impact on biodiversity. The ESMF will include screening procedures to ensure that any risks to natural or modified habitats are identified and mitigated in line with the ESS6 mitigation hierarchy. The proposed field-level animal health surveillance, biosecurity, and infection prevention and control measures are expected to have no ecological implications.

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

Not Currently Relevant

Not relevant

ESS8 - Cultural Heritage

Not Currently Relevant

The project will not finance activities affecting cultural heritage resource sites. The Client shall avoid impacts on cultural heritage. When avoidance of impacts is not possible, the Client will identify and implement measures to address impacts on cultural heritage in accordance with the mitigation hierarchy. Where appropriate, the Client shall develop a cultural heritage management plan. In line with national laws and regulations, a chance-find procedure is included in the ESMF if contractors stumble upon such chance-finds during project implementation.

ESS9 - Financial Intermediaries

Not Currently Relevant

Not relevant

B.2 Legal Operational Policies that Apply



OP 7.50 Operations on International Waterways

No

OP 7.60 Operations in Disputed Areas

No

B.3 Other Salient Features

Use of Borrower Framework

No

Not considered at this stage

Use of Common Approach

Yes

A One World Bank approach will be implemented under this project, where the World Bank and the International Finance Corporation (IFC) will collaborate specifically on subcomponent 3.1. The World Bank's support will primarily focus on enhancing policy environments, facilitating skills acquisition, and building regulatory capacity for stakeholders, without directly funding pharmaceutical manufacturing.

C. Overview of Required Environmental and Social Risk Management Activities

C.1 What Borrower environmental and social analyses, instruments, plans and/or frameworks are planned or required by implementation?

Preparation, consultation, and disclosure of a draft Environmental and Social Commitment Plan (ESCP) – Before Appraisal completion. The Environmental and Social Commitment Plan (ESCP) will be agreed upon with the project implementing agency.

Prepare and disclose ESMF before the completion of Project Appraisal. The ESMF will incorporate the World Bank Group (WBG) Environmental Health and Safety (EHS) guidelines on Hazardous material management and pollution management, as well as the Environmental and Social Code of Practices for implementing upgrade and expansion works, including the installation of WASH. The Contractors will utilize the Code of Practices to comply with E&S requirements. Other specific plans developed in the ESMF include OHS plans and Traffic Management Plans. The ESMF will include a CERC chapter.

Prepare and disclose a Labour Management Procedure before appraisal completion.

Adopt the existing Health Care Waste Management Plan used by other health projects.

Preparation, consultation, and disclosure of a draft Stakeholder Engagement Plan (SEP)- Before Appraisal completion.

Adopt the Security Management Framework developed under CoPREP.

Possible issues to be addressed in the Borrower's Environmental and Social Commitment Plan (ESCP) - Before Appraisal Completion.

- Implementation of SEP, Code of Practices, WBG EHS guidelines on hazardous material management and pollution management, E-Waste Management Plan, SOPs for managing all laboratory processes, LMP, SEA/SH Action Plan SMF,



etc., throughout the project's life. E-waste management plans and Standard Operating Procedures (SOPs) will be developed during the implementation phase, prior to the commencement of activities that generate such waste.

- Establishment of Grievance Mechanisms (Project GM) within 90 days of Project Effectiveness.
- Capacity building on the ESF
- Screen site for construction activities using the ESS 5 tool developed in the ESMF. Where ESS 5 is relevant, prepare, disclose and implement RAPs before any civil works in relation to the Construction of Warehouse and regional Laboratories

III. CONTACT POINT

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