

**PROJECT INFORMATION DOCUMENT (PID)
APPRAISAL STAGE**

Report No.: PIDA62302

Project Name	Regional Disease Surveillance Systems Enhancement (REDISSE) (P154807)
Region	AFRICA
Country	Africa
Sector(s)	Health (50%), Other social services (30%), Animal production (20%)
Theme(s)	Other communicable diseases (40%), Health system performance (40%), Rural services and infrastructure (15%), Rural policies and institutions (5%)
Lending Instrument	Investment Project Financing
Project ID	P154807
Borrower(s)	Ministry of Finance and Economic Development of Sierra Leone, Ministry of Economics, Finance and Planning of Senegal, Ministry of Finance of Guinea, Federal Ministry of Finance of Liberia, Federal Ministry of Finance of Nigeria
Implementing Agency	WAHO
Environmental Category	B-Partial Assessment
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Appraisal Review Decision (from Decision Note)	

I. Project Context

Country Context

The West Africa Regional Disease Surveillance Systems Enhancement Project (REDISSE) will be implemented as an interdependent series of projects (SOP) that will eventually engage and support all 15 ECOWAS member countries. This is the first project in the series, REDISSE-SOP1 which targets both extremely vulnerable countries (Guinea, Sierra Leone and Liberia) and countries which have more effective surveillance systems and serve as hosts for important regional assets (Nigeria and Senegal). Phase 2 (REDISSE-SOP2) is expected to be delivered in the second quarter of Fiscal Year 17 (FY17). The estimated project financing for REDISSE-SOP2 is US\$102 million. FY17 delivery of this project will allow additional time for consultations, assessments and planning needed to ensure country readiness. REDISSE-SOP2 countries will include: Cote d'Ivoire, Guinea

Bissau, Ghana, Togo, and Benin. Together, REDISSE SOP 1&2 constitute a block of equatorial, coastal countries with shared borders and similar epidemiologic profiles which extends from Senegal in the west to Nigeria in the east. Pending funding availability, Phase 3 (REDISSE-SOP3) would be delivered in Q4 of FY17 and would target Niger, Burkina Faso, Cape Verde, Mali and The Gambia.

The series of projects will be implemented in the context of the African Integrated Disease Surveillance and Response (IDSR) Strategy, international standards and guidelines of World Health Organization (WHO), World Organization for Animal Health (OIE), and Food and Agriculture Organization of the United Nations (FAO), fostering a One Health Approach. It will support the countries to establish a coordinated approach to detecting and swiftly responding to regional public health threats. Cooperation among West African countries to prevent and control potential cross-border diseases is a regional public good.

The regional benefits and positive externalities of effective disease surveillance and response are substantial. The West African Health Organization (WAHO) and the Regional Animal Health Center (RAHC) (Centre Régional de Santé Animale-CRSA, based in Bamako) , both of which are affiliated with the Economic Community of West African States (ECOWAS), will be responsible for the regional coordination of REDISSE, as well as implementation of specific regional activities and day-to-day oversight of the Project. Collective action and cross-border collaboration are essential and emphasized throughout the Project: (i) the Project will support countries' efforts to harmonize policies and procedures; (ii) countries will be empowered to engage in joint planning, implementation and evaluation of program activities across borders at regional, national and district levels, and; (iii) the Project will promote resource sharing of high-cost specialized assets such as reference laboratories and training centers and pooled procurement of difficult to access commodities. The surveillance and response capacity of the regional system depends on the strength of the individual national systems and the front-line or community-level capacities that need to be in place throughout the countries. In other words, a regional disease surveillance network is only as strong as its weakest link. The REDISSE program thus proposes to strengthen the full "value-chain" of disease surveillance across community, national, and regional institutions.

Most recent estimates show that communicable diseases (CDs) account for more than one third of the global disease burden and that most of this burden falls on the countries of West Africa . Countries in this region are at high-risk for infectious disease outbreaks including those of animal origin (zoonotic diseases). The World Health Organization (WHO) has documented that of the 55 disease outbreaks that were reported in Africa over the last decade, 42 took place in West Africa. Some common outbreaks in the region include cholera, dysentery, hemorrhagic fevers (e.g. Ebola virus disease, Rift Valley fever, Crimean-Congo fever, Lassa fever, and Yellow fever), and meningococcal meningitis. West Africa also bears a disproportionate burden of malaria, TB, HIV and neglected tropical diseases, many of which are at risk of resurgence due to drug and insecticide resistance.

Over the last four decades, the world has witnessed one to three newly emerging infectious diseases annually. Of infectious diseases in humans, the majority has its origin in animals ("zoonotic" diseases), with more than 70% of emerging zoonotic infectious diseases coming from wildlife . Recent outbreaks such as Ebola viral disease (EVD), H7N9 avian influenza, Middle East respiratory syndrome (MERS-CoV), Marburg virus, Nipah virus infection, bovine spongiform encephalopathy and HIV/AIDS provide abundant evidence of the catastrophic health and economic

effects of emerging zoonotic diseases. The West Africa region is both a hotspot for emerging infectious diseases (EIDS) and a region where the burden of zoonotic diseases is particularly high. In this region, emerging and re-emerging diseases at the human-animal-ecosystems interface are occurring with increased frequency. As evidenced by the recent Ebola epidemics in Guinea, Sierra Leone, and Liberia, and the re-occurrence and spread of highly pathogenic avian influenza (HPAI) (H5N1) , highly contagious diseases can easily cross borders in the region through the movements of persons, animals and goods..

The major drivers of the emergence of novel infectious diseases are human behaviour, demographic change, technology and industry, economic development, land use, international travel and trade, microbial adaptation and change, breakdown of public health measures and bioterrorism. The population of sub-Saharan Africa doubled between 1975 and 2001, and the African Population and Health Research Center predicts a further increase, up to 1.9 billion by 2050. Urban population densities have dramatically increased (by 223% in Guinea between 1960 and 2012; and by 178%, and 275% respectively in Sierra Leone and Liberia between 1961 and 2013) due largely to migration from rural to urban areas. The link between deforestation and infectious disease outbreaks is well documented ; deforestation and encroachment into natural habitats is also claimed to be responsible for EVD outbreak in West Africa. According to FAO data, Western Africa is suffering deforestation at twice the world rate approximately . Deforestation has been particularly severe in Nigeria, but also in Guinea and Sierra Leone, with much of the landscape being replaced with forest-agricultural mosaics. Civil war and social turmoil have also been common in West Africa. The social instability and its consequential population relocation and breakdown of government services provide fertile ground for the rampant spread of infectious diseases.

The impacts of infectious disease outbreaks can be devastating to the fragile social and economic situation of countries. The WB estimates a global cost of US\$3 trillion in the event of a severe global pandemic such as the 1918 Spanish Flu. This is comparable to the impact of the 2008 global financial crisis. In the West Africa region, the recent EVD outbreak clearly eroded hard-won gains in the fight against poverty, including gains in human development and economic growth in Guinea, Liberia and Sierra Leone and the region as a whole. In these three countries, the estimated forgone output reached US\$1.6 billion, which represents over 12% of the countries' combined outputs. The outbreak also resulted in school closure for at least 6 months in the three countries and over 16,600 children lost one or both parents to the epidemic. Overall, the estimated loss in Gross Domestic Product (GDP) for the 15 countries in the ECOWAS region was approximately US\$1.8 billion in 2014, and was expected to rise to US\$3.4 billion in 2015 and US\$4.7 billion in 2016 . These economic losses were over and above the day to day burden that endemic human and animal diseases, including zoonoses, on the people of West Africa.

Animal health is critical to public health and to the sustainable growth of the livestock sector. Livestock farming plays an important role in the ECOWAS region, contributing an average of 44% to its agricultural GDP . Livestock farming concerns virtually all rural households and is a crucial factor in combating rural poverty (see map below), both directly, through the income it generates, and indirectly, in allowing agriculture intensification and contributing to food security, nutrition and broader economic development. ECOWAS as a whole has a trade deficit in animal products and this trade deficit is particularly acute in the costal countries. Demand for livestock products is expected to continue to grow significantly in the next decades, based on demographic trends, and propelled by increased urbanization and incomes. This evolution implies higher risks of occurrence of disease (frequency and/or severity), and higher impact of these diseases.

Sectoral and institutional Context

The performance of health systems in many countries in West Africa is weak. They suffer from chronic insufficient financial and human resources, limited institutional capacity and infrastructure, weak health information systems, prevailing inequity and discrimination in availability of services, absence of community participation, lack of transparency and accountability, and a need for management capacity building. Public sector spending on health is generally low. Only Liberia exceeded the Abuja target of 15% of Gross Government Expenditure (GGE) allocated to health. Out of pocket spending on health was high ranging from a low of 21% in Liberia to a high of 76% of total health expenditure in Sierra Leone (Table 3). Guinea, Liberia and Sierra Leone have low density and inequitable distribution of health services and health workers as a result of low production, low motivation, inadequate training, lack of quality supplies and the loss of health workers, particularly physicians and nurses to emigration (a.k.a. brain drain). This was further aggravated during the EVD outbreak, which took a high toll on the lives of health workers.

Country-led self-assessment on disease surveillance, preparedness and response capacity in Guinea, Liberia, Nigeria, Senegal and Sierra Leone as well as the lessons learnt from the EVD outbreak revealed some key weaknesses of health systems in terms of infectious disease surveillance, epidemic preparedness and response. These include: (i) a fit for purpose health workforce for disease surveillance, preparedness and response is lacking at each level of the health pyramid; (ii) community level surveillance and response structures either do not exist or need significant improvement; (iii) there is limited availability of laboratory infrastructure in place for timely and quality diagnosis of epidemic-prone diseases; (iv) lack of interoperability of different information systems hampers analysis and utilization of information for decision making and disease mitigation measures; (v) infection prevention and control standards, infrastructure and practices are generally inadequate; (vi) management of the supply chain system is weak and inefficient; and (vii) there are significant gaps in regional level surge capacity for outbreak response, stockpiling of essential goods, information sharing and collaboration. Similar findings were also documented by the Global Health Security Agenda (GHSA) baseline assessments in a number of countries including Liberia, and Sierra Leone.

After the EVD outbreaks, health system recovery and strengthening plans were developed for at least the next five years in Guinea, Liberia and Sierra Leone. Building up a resilient health system to effectively respond to health emergencies has universally been identified as one of the strategic pillars in the plans. At the national level, broad-based health system strengthening committees or similar structures have been established to lead and coordinate the efforts for strengthening the national health system in the three countries. With the help from USAID, a plan for health system strengthening was also developed in Senegal. In all five countries REDISSE will build on and complement the ongoing health system strengthening initiatives of the national governments that are supported by the Bank and other development partners.

Animal Health

The animal health sector in the ECOWAS region is characterized by a high incidence and prevalence of infectious communicable diseases, both zoonotic and non-zoonotic, impacting veterinary and public health, trade, rural development and livelihoods. Among the most serious infectious diseases, contagious bovine pleuropneumonia (CBPP), foot and mouth disease (FMD), African swine fever (ASF), Rift valley fever (RVF), Peste des Petits Ruminants (PPR), African

animal trypanosomiasis (AAT), highly pathogenic avian influenza (HPAI), and rabies are highlighted by ECOWAS and the GF-TADs for Africa. A recent summary of evaluations of Veterinary Services by the World Organization for Animal Health (OIE) in ECOWAS countries highlighted the services' lack of budgetary resources and mismatch between the human resources required and those actually available for preventing and controlling animal diseases. In terms of the strategic action required to sustain animal health, all of the countries identified the need to improve the coverage of their surveillance programs as well as the control of high-priority animal diseases. Lack of preparedness, insufficient human, physical and financial resources, and the lack of cross-sector collaboration were again emphasized by the FAO and OIE as causes for failure to address promptly and efficiently the resurgence of highly pathogenic avian influenza in the region.

Improvement of animal health requires increased and sustained investments in national Veterinary Services to meet international standards of quality defined by the OIE. Any country failing to prevent, detect, inform, react and control sanitary issues, such as infectious diseases or antimicrobial resistance places other countries at risk, hence the importance of regional approaches. All countries in the region have engaged in the OIE Performance of Veterinary Services (PVS) Pathway, a program which provides independent qualitative (PVS evaluation) and quantitative (PVS Gap Analysis) evaluations of Veterinary Services, identifying their strengths and weaknesses, prioritizing interventions and costing activities needed to address deficiencies. Some countries have also received support to review their veterinary legislation. The PVS evaluation tool is composed of 46 critical competencies, grouped in 4 components (Human, Physical, and Financial Resources, Technical Authority and Capability, Interaction with Interested Parties, Access to Markets), each being evaluated on a scale of 1 (no compliance) to 5 (full compliance). The evaluations of VS are expected to be done regularly in order to measure progress made and establish recommendations for continuous improvement.

Insufficient government funding and limited interest from donors to support Veterinary Services have not allowed significant progress to date in addressing systemic issues. Some important programs are worth noting though in the animal health sector, such as the EPT2 program, financed by USAID and implemented in many of the ECOWAS countries through FAO and other implementing agencies; FAO support to HPAI infected countries; and, AU-IBAR support through the Vet-Gov program. In the last 15 years, two main regional and global programs significantly contributed to strengthening national Veterinary Services, namely the PACE program and the World Bank financed Avian Influenza Global Program which were implemented in many countries of the region. The lessons and best practices derived from these two programs are reflected in this project. The RESEPI and RESOLAB networks were also supported and facilitated by FAO under different projects and handed over in 2012 to ECOWAS.

Animal health is seen as a priority by the two regional economic communities in West Africa. ECOWAS and WAEMU have set a target of harmonizing national animal health systems. WAEMU, which covers 8 countries in the region, has moved forward on a number of fronts in particular on the harmonization of regulations on veterinary medicinal products, but progress has been slow due to administrative, human, organizational and financial constraints. In 2012, ECOWAS member countries declared the Regional Animal Health Centre (RAHC)—an informal platform originally set up in 2006 by OIE, FAO and AU-IBAR as the ECOWAS specialized technical centre for animal health. An operational plan for RAHC was developed in August 2014. However, delays in staff recruitment and establishment of a dedicated operational budget have kept the institution from implementing this plan and rolling-out activities in accordance with its

mandate. The RAHC is currently supported through a limited number of initiatives with specific objectives, including to further develop the One Health agenda in the region, and to develop Integrated Regional Coordination Mechanisms for the Control of transboundary animal diseases (TADs) and Zoonoses (IRCM). The WB-financed Regional Sahel Pastoral Support project (PRAPS), which supports the improvement of animal health in 6 West African Sahel countries, also specifically aims at contributing to the operationalization of the RAHC.

Tackling multisectoral issues efficiently requires working across sectors and disciplines. Yet, very few countries have adopted coordinated approaches, along the lines of the “One Health” concept. The response to the HPAI crisis since 2005 contributed to enhancing cooperation between the human and veterinary health sectors in many countries in the region, but in the absence of a dedicated program incentivizing such a joint approach, silos remain established. Nonetheless, important lessons have been learned and experience gained, and successful regional programs for the control of selected priority diseases, both within and outside the region, have demonstrated the efficiency of a regionally coordinated approach to diseases surveillance and response.

The Development Partner landscape in the sub-region is complex, particularly in the three countries most affected by the 2014-2015 EVD epidemic. The Ebola outbreak triggered a significant international response that brought many partners together to address the crisis and support the post-Ebola agenda of health systems recovery and strengthening. It also highlighted the need to focus attention on building the capacity for disease surveillance and response in the sub-region for both human and zoonotic diseases. The development partners engaged on these issues in the sub-region include development banks, multilateral and bilateral donors and private foundations; UN systems agencies; technical agencies such as the US and China Center for Disease Control and Prevention; academic and research institutions and large numbers of international and local non-governmental organizations.

As noted in Annex 2, in this type of environment duplication of effort, inefficient use of resources and failure to address resource, policy and programmatic gaps is a substantial risk. It is expected that there will continue to be an influx of funds and other forms of support to the region, in particular, to the three EVD affected countries (Guinea, Sierra Leone, and Liberia) in the next three to five years. As a result, coordination of resources and activities offered by the various partner organizations will remain a significant challenge for national governments. Therefore, coordination mechanisms at both national and regional levels that engage both the human and animal health sectors need to be developed to maximize the impacts of the increasing support and foster sustainability of the anticipated outcomes. The World Bank's convening power will be highly instrumental in forging and sustaining a coalition of national, regional, and global technical and financial institutions to support the disease surveillance and epidemic preparedness agenda in West Africa. The REDISSE project will furthermore fill an important gap by providing regional and financial support, which will build on all existing investment and will serve as a platform for alignment and harmonization.

The World Bank is well placed to mobilize substantial financing for support for this multi-sector initiative and to convene premier technical and financial partners engaged in the field of disease surveillance and epidemic preparedness. The World Bank has strategically engaged with a core group of development partners including those implementing the Global Health Security Agenda (GHSA) in the development of the REDISSE project. The REDISSE project itself will provide

resources to regional institutions and national governments to establish the needed coordinating mechanisms.

II. Proposed Development Objectives

The objectives of the Project are: (a) to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in West Africa; and (b) in the event of an eligible crisis or emergency, to provide immediate and effective response to said eligible crisis or emergency.

III. Project Description

Component Name

Component 1: Surveillance and Information Systems

Comments (optional)

The first component will support the enhancement of national surveillance and reporting systems and their interoperability at the different tiers of the health systems. This component will support national and regional efforts in the surveillance of priority diseases (including emerging, re-emerging and endemic diseases) and the timely reporting of human public health and animal health emergencies in line with the IHR (2005) and the OIE Terrestrial Animal Health Code.

Component Name

Component 2: Strengthening Laboratory Capacity

Comments (optional)

The objective of this component is to establish networks of efficient, high quality, accessible public health, veterinary and private laboratories for the diagnosis of infectious human and animal diseases, and to establish a regional networking platform to improve collaboration for laboratory investigation. The project seeks to address critical laboratory systems weaknesses across countries, fostering cross-country and cross-sectoral (at national and regional levels) collaboration. It aims to do this through effective public health and animal health laboratory networks which would follow regionally harmonized policies, strategies, and protocols, aligned with internationally recognized practices, to ensure prompt and high quality results.

Component Name

Component 3: Preparedness and Emergency Response

Comments (optional)

This component will support national and regional efforts to enhance infectious disease outbreak preparedness and response capacity. Activities under this component will support the (i) updating and/or development of cross-sectoral emergency preparedness and response plans (national and regional) for priority diseases, and ensuring their integration into the broader national all-hazards disaster risk management framework; (ii) regular testing, assessment, and improvements of plans; (iii) expansion of the health system surge capacity including the allocation and utilization of existing pre-identified structures and resources (at the national and regional level) for emergency response, infection prevention and control (IPC).

Component Name

Component 4: Human resource management for effective disease surveillance and epidemic preparedness

Comments (optional)

Component 4 is cross-cutting given that animal and human health workers form the backbone of Disease Surveillance (Component 1), Laboratories (Component 2) and Preparedness and Response

(Component 3). Effective human resource management aims at bringing the right people with the right skills to the right place at the right time.

Component Name

Institutional Capacity Building, Project Management, Coordination and Advocacy

Comments (optional)

Component 5 focuses on all aspects related to project management. It includes fiduciary aspects (financial management & procurement), M&E, knowledge generation and management, communication, and management (capacity building, monitoring and evaluation) of social and environmental safeguard mitigation measures. It also provides for critical cross-cutting institutional support, meeting capacity-building and training needs identified in the five countries and at WAHO and RAHC on top of specific technical capacity-building activities undertaken within the four technical components. It will support the routine external assessment of critical animal health and human health capacities of national systems using reference tools (such as OIE PVS and JEE) to identify weaknesses and monitor progress.

IV. Financing (in USD Million)

Total Project Cost:	242.32	Total Bank Financing:	230.00
Financing Gap:	0.00		
For Loans/Credits/Others			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			210.00
IDA Grant			20.00
CANADA Canadian International Development Agency (CIDA)			12.32
Total			242.32

V. Implementation

Project implementation will be coordinated by WAHO, an affiliate organization of ECOWAS, which will host the regional secretariat of the project. Under this regional coordination, Governments of the five participating countries will implement country-level tasks. WAHO will also provide support to countries both directly and through service agreements and Memoranda of Understanding (MOU) with technical organizations such as the RAHC, which is also an affiliate organization of ECOWAS, WHO and OIE. This proposed arrangement is fully in line with IEG's recommendations on regional projects. Annex 2 describes the various project activities as well as the entities (Governments or partners) responsible for their implementation.

WAHO meets all the eligibility criteria for receiving regional IDA funding: Recipient is a bona fide regional organization that has the legal status and fiduciary capacity to receive grant funding and the legal authority to carry out the activities financed: As confirmed by the international protocol creating WAHO (ECOWAS protocol A/P.2/7/87), WAHO is a bona fide regional organization and has legal capacity for pursuing the activities proposed under the Project. Indeed, the objective of WAHO, as per Article III of the above mentioned Protocol is the following: "The objectives of West African Health Organization (hereinafter called "the Health Organization") shall be the attainment of the highest possible standard and protection of health of the peoples in the sub-region through the harmonization of the policies of Member States, pooling of resources, co-operation with one another and with others for a collective and strategic combat against the health problems of the sub-region."

Project governance will be provided through a Regional Steering Committee (RSC). The RSC will include representatives of involved Ministries from all the five countries and will meet twice a year. WAHO will serve as the secretariat of the RSC. A regional project implementation unit (R-PIU) has been established within WAHO and reports to the Director General of WAHO and World Bank. The R-PIU will be responsible for day-to-day administration of regional activities, procurement, financial management, programming as well as monitoring and evaluation and will monitor and supervise project implementation. WAHO will also support knowledge management and regional learning. In addition to REDISSE, the R-PIU supports the implementations of three additional World Bank Financed regional project: WARDS, SWEDD and the Sahel Malaria and NTD project. The R-PIU has recently been strengthened through the recruitment of additional staff. The will be a project coordinator specifically responsible for REDISSE who will be responsible for technical coordination at regional level. WAHO and RAHC, the latter initially supported by OIE, will also be responsible for the execution of identified regional activities (e.g. regional harmonization of surveillance protocol and reporting; of health workers curricula, etc.) and of supporting countries regarding specific issues.

As financial flows, IDA funds will be made available to WAHO through a direct regional IDA grant. The Financial agreement will be signed between the World Bank and ECOWAS which will establish a subsidiary agreement with WAHO. WAHO will allocate part of regional grant proceeds to support the implementation of regional animal health activities and targeted technical assistance to the countries to be carried out by the Bamako Regional Animal Health Center supported by OIE. This support is envisaged until the capacity of RAHC is built to the minimum level necessary to carry out project activities.

In countries, it is expected that project coordinator units (PCU) will be put in place and would be responsible for the overall coordination and management of project activities. The PCU will need to work across sectors to improve efficiency and alignment in the implementation of project intervention. Given the multi-sectoral nature of the proposed activities, an existing national steering committee (NSC) or one to be formed will oversee the yearly planning and monitor the implementation of the project, while a project implementation unit will be set up for coordinating and managing project activities (See Annex 3 for specific details for each of the five countries) as well as transferring and monitoring the use of funds by other implementing ministries and partners. In all countries, the implementing agency will function as an “umbrella ministry”, in charge of coordinating implementation of the various components by sectoral ministries (agriculture, livestock, health, environment, etc.) and NGOs. Each technical ministry will be represented at the NSCs and the RSC.

VI. Safeguard Policies (including public consultation)

Safeguard Policies Triggered by the Project	Yes	No
Environmental Assessment OP/BP 4.01	x	
Natural Habitats OP/BP 4.04		x
Forests OP/BP 4.36		x
Pest Management OP 4.09	x	
Physical Cultural Resources OP/BP 4.11		x
Indigenous Peoples OP/BP 4.10		x

Involuntary Resettlement OP/BP 4.12		x
Safety of Dams OP/BP 4.37		x
Projects on International Waterways OP/BP 7.50		x
Projects in Disputed Areas OP/BP 7.60		x

Comments (optional)**VII. Contact point****World Bank**

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