

PROJECT INFORMATION DOCUMENT (PID) CONCEPT STAGE

Report No.: PIDC35817

Project Name	Regional Disease Surveillance Systems Enhancement (REDISSE) (P154807)
Region	AFRICA
Country	Western Africa
Sector(s)	Health (50%), Other social services (35%), Animal production (15%)
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)	Ministere de la Sante et de la Prevention
Implementing Agency	WAHO
Environmental Category	B-Partial Assessment
Date PID Prepared/ Updated	12-Nov-2015
Date PID Approved/ Disclosed	13-Nov-2015
Estimated Date of Appraisal Completion	25-Jan-2016
Estimated Date of Board Approval	13-May-2016
Concept Review Decision	Track II - The review did authorize the preparation to continue

I. Introduction and Context

Country Context

The countries of West Africa belong to the Economic Community of West Africa States (ECOWAS), which comprises 15 countries and is home to more than 310 million people. ECOWAS is a regional organization that serves to promote economic integration across the West Africa region. The region is very heterogeneous in terms of cultural, economic and human development. Overall, member states rank low on the United Nations Development Programme's (UNDP) human development index; as of 2014, life expectancy at birth and gross national income per capita of countries in the region ranged from 45.6 to 75.1 and 873 to 6,365 respectively.

Sectoral and Institutional Context

Over the last four decades, the world has witnessed one to three newly emerging infectious diseases

annually. The West Africa region is both a hotspot for emerging infectious diseases 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, highly contagious diseases in this region cross borders easily and have the potential to turn into pandemics. These add to the ongoing burden of neglected and endemic human and animal diseases, including zoonosis.

Pandemics and epidemics have potential catastrophic effects on human and animal life, ecosystems, and on national economies. From 1997-2009, major outbreaks of fatal infectious diseases such as the human pandemic influenza (H1N1), highly pathogenic avian influenza A (H5N1), Creutzfeld-Jakob disease, Severe Acute Respiratory Syndrome (SARS), and EVD caused an estimated US\$80 billion in economic losses. Additionally, a recent analysis by the World Bank (WB) shows that a severe pandemic such as the 1918 Spanish Flu could cost approximately US\$3 trillion globally, an estimate comparable to the impact of the 2008 global financial crisis.

The pandemic of H1N1; epidemics of SARS, H5N1 and Middle East Respiratory Syndrome Coronavirus (MERS-CoV); and recent outbreaks of EVD are reminders of persistent risk of infectious, zoonotic diseases, and the economic losses they cause. Animal losses from zoonotic diseases are also high. On average, about half of all annual losses of Livestock Units (LSU) reported on average by veterinary services to the OIE-WAHID database from 2006 to 2009 were the result of zoonotic diseases.

Antimicrobial resistance (AMR) represents an increasing global health threat as resistant pathogens can be transmitted across healthcare facilities, in communities, and across international borders. A review of some disease control and prevention measures adopted in the human health sector shows that resistance to inexpensive and effective antimicrobial drugs has emerged at an alarming rate, increasing the likelihood that many common diseases and pathogens (such as tuberculosis, malaria, HIV, gonorrhea, MRSA, CRE and Salmonella Typhi infections) could become difficult and expensive to treat. Similarly, challenges with insecticide resistance continues to be on the rise in the region and could undermine the significant gains in the control of vector born disease such as malaria, dengue, and yellow fever. Detection, monitoring, and responding to AMR relies on having strengthened and coordinated laboratory and surveillance capacities in the region.

Control of the accelerating spread of communicable diseases in West Africa is also hampered by the limited capacities of individual country health systems for efficient surveillance, early detection and rapid response to infectious disease outbreaks that result in significant reversals in human development progress in the region including increased cases of morbidity and mortality, threats to food security, and substantial economic losses. For many countries in West Africa, years of civil conflict and underinvestment have resulted in weak health infrastructure, periodic disruption in service delivery, and critical shortages or gaps in the workforce (eg. epidemiologists, laboratorians, information technology experts, etc.). Mitigation of the risks posed by diseases with pandemic potential, including emerging zoonosis, will have to address these weaknesses in country health systems in the region.

The effectiveness of disease surveillance and response systems is currently hampered by: lack of appropriate plans and resources to respond to health threats in a timely manner; scarcity and non-retention of trained and motivated human and animal health workforce resources, at both central and local levels;

overall weakness of human and animal disease information systems, including insufficient data collection and use of data for informing policy decisions and action, as well as for the prevention and mitigation of the cross-border spread of diseases;
 insufficient integration of parallel disease-specific surveillance systems;
 insufficient cross-sectorial coordination and collaboration among Ministries, in particular among those in charge of public health, animal health and the environment leading to inadequate operationalization of the “One Health” concept;
 inadequate human and animal health laboratory capacity, including inadequate specimen transportation networks, and low involvement of laboratories in the surveillance and response systems;
 disparity in detection and disease management capabilities among countries and insufficient regional cooperation.

In June 2007, the WHO set forth a mandate via the International Health Regulation (IHR 2005) that requires country governments to develop, strengthen and maintain the core capacities of national public health systems to detect, assess, notify, and respond promptly and effectively to health risks and public health emergencies of international concern (PHEICs). In the WHO Africa Region (WHO/AFRO), the Integrated Disease Surveillance and Response (IDSR) strategy serves as a framework to fulfill the mandates of IHR (2005). However, till today, IDSR has not been fully implemented in most countries in the region, thus contributing to the limited capacity of the countries’ health system for systematic collection, analysis, confirmation, and interpretation of disease surveillance data, in addition to insufficient capabilities for preparedness and rapid response. Thus, the need to reinforce these capacities in this region as a mitigating risk for potential future pandemic outbreaks.

Animal Health Sector

The animal health sector in the ECOWAS region is characterized by a high incidence and prevalence of many contagious diseases, both zoonotic and non-zoonotic, impacting productivity, public health, rural development and livelihoods. Since December 2014, West Africa has witnessed a reemergence of an H5N1 outbreak. Important weaknesses in veterinary public health systems caused long delays in detecting, reporting and putting other necessary mitigation measures in place to reduce the risk of spread and to eventually eradicate the virus. Lack of preparedness, insufficient human, physical and financial resources, and the lack of cross-sector collaboration were highlighted as key factors by the Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE) in all affected countries. A recent summary of evaluations of the performance of Veterinary Services (PVS) done by the OIE within ECOWAS also highlighted the insufficient budgetary resources, and a mismatch between human resources and actual requirements. In terms of strategic actions for animal health, all countries identified the need to improve the surveillance cover, in line with the OIE Terrestrial Animal Health code, and to control priority animal diseases (including through vaccination).

Collaboration between Veterinary and Human Public Health Systems.

West African countries do not have yet the requisite systems in place and are generally ill-equipped to prevent human infections and to mitigate the losses from exposure to diseases of animal origin. In addition to strengthening national veterinary and human public health systems and their regional cooperation, there is an urgent need to establish or reinforce and maintain strong collaboration between systems at national and regional levels in order to better manage risks that arise at the animal-human-ecosystem interface (the so called ‘One Health’(OH) approach.). For that to happen,

particular attention will be given to priority core public functions (veterinary public health and human public health) that would reduce these risks. Assessing these core functions, bridging divides among systems and ministries and reducing capacity gaps would constitute a critical element of the program. Country assessment tools now exist for both systems (Performance of Veterinary Services pathway; IHR monitoring framework costing tool) as well as well identified bridges for OH competencies. Attention to building systems for core functions and policy dialogue, based on credible assessments, rigorous analysis and adequate financing, will ensure sustainability and reduce disease risks. These efforts would support specific ongoing national and regional disease-control initiatives, already part of system-strengthening country program, and demonstrate the performance of collaborative systems in disease surveillance, prevention and control.

Regional Disease Surveillance and Response Network

The recent EVD epidemic in West Africa has been attributed, not only to environmental factors and human behavior, but also to weaknesses in the health systems of Guinea, Liberia, and Sierra Leone and their inability to detect and respond swiftly to public health threats, and moreover, to the lack of a regional surveillance and response network in West Africa. Containment of West Africa's EVD epidemic that initially began in Guinea and spread to neighboring countries was hampered by the absence of the systematic collection and reporting and exchange of surveillance and laboratory data across country-borders in real time. The EVD epidemic dramatically illustrates the need for a more harmonized approach to disease surveillance and response, both within countries and within the West Africa region overall. The EVD epidemic highly underscores the importance of regional cooperation among West African countries for the prevention and control of potential cross-border disease outbreaks, as a key component of the post-Ebola health systems recovery strategy, and overall health systems strengthening efforts in the region.

Relationship to CAS

The project is in line with the WB's mission to end extreme poverty and promote shared prosperity. Communicable and non-communicable diseases are a major constraint on the health, education and potential earnings of people living in the ECOWAS region and have the greatest impact on the most vulnerable population. Hence, the economic rationale for investing in these interventions is key to mitigating the economic burden not only on individuals but also on the country as a whole. The CPS for the nine countries targeted by this project emphasize the need to strengthen the capacity of health systems of which disease surveillance is a key pillar, in order to improve health outcomes and reduce vulnerability (To be updated with CPS for each country).

The project complements both WBG and development partner investments in health systems strengthening, disease control and surveillance. Establishing this complementarity is particularly important in the three countries most affected by the EVD epidemic. For Example, in the context of the recent Ebola epidemic, the Government of Sierra Leone is eager to dramatically improve national disease surveillance and response capacity. Having experienced first-hand the devastating consequences of cross-border spread of Ebola, the government also acknowledges the paramount importance of regional disease surveillance and institutions for cross-border and inter-country collaboration. On 7-8 September, 2015, the Sierra Leone Ministry of Health and Sanitation (MOHS) and multiple partners met in Freetown to discuss the creation of a Sierra Leone's National Public Health Institute (NPHI). Core functions of this Institute will include surveillance and response, research aimed at answering important questions for policy and program design, and response to public health emergencies. The Government of Sierra Leone is acutely aware of its limited financial and technical resources and has already begun actively engaging partners to assist in the creation of

the NPHI. US CDC, China CDC and Public Health England have already demonstrated significant interest. The proposed project can play a vital role in providing financial and technical assistance to the Government of Sierra Leone to create the NPHI, can convene the multiple partners around a harmonized agenda, and can ensure that what is created in Sierra Leone is integrated into regional systems.

II. Proposed Development Objective(s)

Proposed Development Objective(s) (From PCN)

The project's development objective (PDO) is to strengthen cross-sectoral and regional capacity for collaborative disease surveillance and response in West Africa.

Key Results (From PCN)

- i. Percentage of participating countries that improve compliance with IHR (2005) and OIE international standards based on independent external evaluations;
- ii. Percentage of outbreaks for which cross-border investigations are undertaken;
- iii. Percentage of surveillance workforce who have been trained;
- iv. Percentage of satellite laboratories awarded 2-star or more status under the regional accreditation program based on WHO/AFRO 5-step accreditation process;
- v. Percentage of reported priority communicable diseases outbreaks with laboratory confirmation of etiologic agents as defined by IDSR and OIE/FAO; and
- vi. Number of regional rapid response teams set up and equipped, activated and demonstrate competency on a quarterly basis

III. Preliminary Description

Concept Description

The project's development objective (PDO) is to strengthen cross-sectoral and regional capacity for collaborative disease surveillance and response in West Africa.

The PDO seeks to address systemic weaknesses within the animal and human health sectors that hinder effective disease surveillance and response by: (i) strengthening the capacity of selected ECOWAS member countries to fulfill their obligations under the WHO IHR (2005) and the OIE Terrestrial Animal Health Code; (ii) reinforcing sustainable and effective regional collaboration and collective action to detect and respond promptly to priority infectious diseases threats in West Africa including zoonotic diseases; and (iii) establishing an efficient linkage of country health systems to regional laboratory, surveillance, and response networks.

Ultimately, the project will contribute towards significantly reducing the burden of diseases particularly among the poor and vulnerable populations, mitigating the public health and economic risks posed by infectious diseases in humans and animals, and decreasing the threats of future disease outbreaks thereby promoting global health security.

IV. Safeguard Policies that might apply

Safeguard Policies Triggered by the Project	Yes	No	TBD
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	

V. Financing (in USD Million)

Total Project Cost:	310.00	Total Bank Financing:	310.00
Financing Gap:	0.00		
Financing Source		Amount	
BORROWER/RECIPIENT		0.00	
International Development Association (IDA)		310.00	
Total		310.00	

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