

# INTEGRATED SAFEGUARDS DATA SHEET CONCEPT STAGE

**Report No.:** ISDSC15593

**Date ISDS Prepared/Updated:** 05-Jan-2016

**Date ISDS Approved/Disclosed:** 07-Jan-2016

## I. BASIC INFORMATION

### A. Basic Project Data

<b>Country:</b>	Africa	<b>Project ID:</b>	P154807
<b>Project Name:</b>	Regional Disease Surveillance Systems Enhancement (REDISSE) (P154807)		
<b>Task Team Leader(s):</b>	John Paul Clark, Bleoue Nicaise Ehoue, Hadia Nazem Samaha		
<b>Estimated Appraisal Date:</b>	01-Mar-2016	<b>Estimated Board Date:</b>	13-May-2016
<b>Managing Unit:</b>	GHN07	<b>Lending Instrument:</b>	Investment Project Financing
<b>Sector(s):</b>	Health (50%), Other social services (35%), Animal production (15%)		
<b>Theme(s):</b>	Other communicable diseases (40%), Health system performance (40%), Rural services and infrastructure (15%), Rural policies and institutions (5%)		
<b>Financing (In USD Million)</b>			
Total Project Cost:	230.00	Total Bank Financing:	230.00
Financing Gap:	0.00		
<b>Financing Source</b>			<b>Amount</b>
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			230.00
Total			230.00
<b>Environmental Category:</b>	B - Partial Assessment		
<b>Is this a Repeater project?</b>	No		

### B. Project Objectives

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

### C. Project Description

The PDO seeks to address systemic weaknesses within the animal and human health systems that hinder effective diseases surveillance and response by: (i) strengthening the capacity of selected

ECOWAS member countries to fulfill their respective and/or mutual 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 Western 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 burdens of diseases particularly among the poor and vulnerable populations most of whom are women, youth, elderly and disabled persons, mitigating the public health and economic risks posed by infectious diseases in humans and animals, and decreasing the threats of future diseases outbreaks thereby promoting global health safety and security.

#### Project Components

The project will potentially comprise five components defined/described as follows:

##### Component 1: Surveillance and Information Systems for Early Detection and Analysis (US\$50 Million)

A key component of the project will involve the strengthening of country surveillance, information systems, including the establishment of a regional platform to promote collective action and cross-border collaboration for early detection and analysis. Such platform will enable swift response to emerging infectious diseases threats, particularly zoonosis, both within countries and regionally. The project also seeks to strengthen the linkages of surveillance and response processes at the local (community), sub-national and national levels of the health system to ensure the rapid detection of new cases and potential disease outbreaks within high-risk communities via early reporting to local/district health structures in real-time; and laboratory confirmation and classification of collected samples, supported by a regional network. The linkages along these different levels and steps within an animal health epidemiology and surveillance system shall be analyzed, optimized and formalized.

Some potential activities under this component include:

##### Country Level

Review and establishment of national priorities for infectious diseases affecting humans and animals; Implementation of operational research such as the use of sentinel surveillance approaches that complement community based and routine health facility based surveillance/reporting activities; an approach to be included under this component is the set-up of pilot sites in already existing government facilities for mortality assessment in line with the Child Health and Mortality Prevention Surveillance (CHAMPS) sites funded by the Bill and Melinda Gates Foundation. The exact topics will be identified through consultative and participatory processes.

Partnership with the private sector for the development of a state-of-the-art surveillance data management, reporting and communication IT system.

Training of health workers as well as community members at different levels for early warning, case detection, rapid reporting, and data analysis

Development of a system to ensure the adequate territorial meshing for surveillance activities, from field to central level

##### Regional Level

Establishment of a regional information and communications technology (ICT) platform for efficient e-surveillance and incident management, and the use of Geographic Information Systems (GIS) to study disease patterns;

Training of National Focal Points in participatory surveillance and early warning and reporting of

notifiable diseases constituting PHEICs ;

Strengthen technical and operational capacity of all actors involved in disease surveillance and response including on cross-border cooperation for animal movement control, and rapid information sharing within the region;

Development of harmonized technical procedures related to disease surveillance and information sharing;

Improve efficiency and coordination of animal health epidemiological networks with human health and other relevant network(s);

Development and supporting operational research, such as development of an incentives-based mechanism to encourage early reporting of events as defined by the WHO and OIE; and compensation mechanisms for animal culling (a process of removing animals from a breeding stock based on selected criteria) in the event of an outbreak. The topics for regional level OR will be decided through a consultative process;

Design of an impact evaluation study to inform the prioritization of diseases, and to assess the value of an incentive-based approach to improving the functionality and effectiveness of a collaborative RDSR platform.

### Component 2: Strengthened Laboratory Capacity (US\$90 Million)

This component will involve the identification and networking of existing public and private sector laboratories at the regional and country levels. Some laboratories may be re-equipped or renovated. New construction is not anticipated. Up to three laboratories, yet to be identified, may be upgraded from BSL level 2 to BSL level 3. Adapting some lessons learned from the EAPHLN project, the regional laboratory network will greatly contribute towards strengthening the capacities of national veterinary and health laboratories and public health institutes, most notably in the areas of surveillance, pathology for the earlier identification and diagnosis of priority infectious disease pathogens, and AMR and insecticide resistance monitoring and mapping.

Potential activities under this component include:

#### Country Level

Development/strengthening of national quality assurance programs

Enhancing laboratory systems with the capacities for real time bio-surveillance of infectious diseases in humans and animals;

Strengthen laboratory data management system and its interoperability with the surveillance information systems;

Innovative use of ICTs to improve laboratory confirmation including investments in rapid diagnostic tests (RDTs).

#### Regional level

Identification and strengthening of existing regional reference laboratories (internal renovations and potential upgrading) for priority infectious diseases;

Application of the WHO-AFRO Five-Step Accreditation process to accredit all laboratories in the proposed network to progressively meet the international certification with clearly defined parameters for turnaround time, quality, and proficiency;

Partnership building with the private sector to support specific laboratory functions such as the establishment of a specimen transporting network to facilitate the shipping of specimen within the region and internationally (to global reference laboratories);

Implementation of a regional quality assurance program and the development of common standards for country laboratories.

### Component 3: Preparedness and Emergency Response (US\$70 Million)

This component will improve local, national and regional capacities of structures to prepare for impending epidemics and respond effectively to disease outbreak threats including the resulting mortality risks posed by infectious diseases. Key activities for consideration under this component will include:

#### Country Level

Routine external monitoring and assessment of core public health capacities of national structures to meet the IHR (2005) and the OIE standards, to identify where the weaknesses exist within the health systems;

Support development and updating of health emergency preparedness and response plans;

Strengthen national veterinary health services, based on the recommendations made from the OIE PVS evaluation and sub-sequent gap analysis, veterinary legislation review and laboratory network improvement;

Establish/strengthen the network of private veterinarians in rural areas by promoting the “sanitary mandate”; the use of start-up kits; and incentives;

Set up of adequately equipped EOCs and trained multi-disciplinary rapid response teams at the local, sub-national and national level;

Support targeted behavior change communication (BCC) activities at the community and district levels including in disaster risk management (DRM); Preparation and test-run of communication materials prior to an outbreak to promote awareness on and education of priority issues and ensure local acceptance of contents;

Identification and -upgrading of designated and existing health facilities for infection prevention and control (IPC) and clinical management of priority infectious diseases;

Facilitate other public private partnership (PPP) to enhance supply chain effectiveness during an emergency response;

Support table top exercise, drills related to infectious disease outbreaks at local, subnational and national level;

#### Regional Level

Development of regional preparedness and response action plans (including logistics plans and other institutional frameworks) for priority infectious diseases;

Development and management of a real time database of emergency response teams on standby for rapid deployment;

Simulation exercises and training on joint outbreak investigations as part of an early warning and response system;

Use of GIS and other ICT tools to identify potential high risk areas for disease outbreaks in the region;

Support the development/upgrade of educational curriculums for training of country level health workforce in surveillance and response for priority infectious diseases.

Establishment/ upgrade of existing regional and sub-regional one health hubs through capacity building via twinning with centers of one health excellence around the world and support operational research through competitive mechanism.

Facilitate the establishment of a contingency emergency response funding mechanism for swift mobilization and deployment of resources in response to major infectious disease outbreaks (refer to Box 3)

#### Box 3: Contingency Emergency Response Fund (US\$0)

When a major outbreak affects the livelihoods of project beneficiaries in the project areas, governments may request the World Bank to reallocate project funds to support mitigation, response

and recovery. This activity will draw resources from unallocated funds and/or allow countries to request the World Bank to reallocate financing from other project components to partially cover the costs of emergency response and recovery. Detailed operational guidelines acceptable to the World Bank for implementing the REDISSE contingency emergency response activity will be prepared at the regional level during the first year of the project's implementation. All expenditures under this activity will be in accordance with paragraph 12 of World Bank OP 10.00 (Investment Project Financing) and will be appraised, reviewed, and found to be acceptable to the World Bank before any disbursement is made. Disbursements will be made against an approved list of goods, works, and services required to support crisis mitigation, response and recovery.

#### Component 4: Retention of Trained Healthcare Workforce for Surveillance, epidemiological intelligence, Laboratory functions, and Infection Prevention and Control (US\$80 Million)

The fourth component will leverage on existing programs in the region such as the FETP, FELTPs, V-FETP, and other workforce training programs that address critical public health areas such as support to laboratory functions and IPC. Viable options will be explored to ensure a centrally coordinated and efficient process for the retention of a skilled health workforce available for routine surveillance and rapid deployment for case detection, laboratory confirmation of suspected cases, vaccine distribution logistics, and for the delivery of primary healthcare needs for common illnesses as part of outbreak response.

Under this component, potential activities include:

##### Country Level

Provide training, technical support, supervision and other incentives-based mechanisms for community agents engaged in community-based surveillance and response for both public health and veterinary health

Establishment of positions for field epidemiologists and laboratory specialists at the district level  
Strengthen essential human resources for health (HRH) capacities for surveillance and response, and improve practices for the assignment and retention of skilled health personnel by strengthening capacities for HR management in line ministries

##### Regional Level

Training of district and national level health workers in core skillsets including training in data management, epidemiology and laboratory practices, risk analysis (including risk assessment, risk communication and risk management), IPC, and case management/containment of infectious patients and livestock

Identification of pools of experts in the region to support regional institutions including the ECOWAS-WAHO and the RAHC for planning and coordinating regional activities;  
Support the staffing of one health centers in the region with highly qualified personnel.

#### Component 5: Institutional Capacity Building and Project Management (US\$20 Million)

This component will provide support to national implementing agencies and regional institutions to perform core functions in order to effectively implement, monitor and evaluate the project. Key activities under this component will include:

Strengthen the capacities of national and regional institutions to efficiently perform core project management functions including financial management of funds and procurement arrangements in accordance with WB guidelines and procedures;

Enhance monitoring and evaluation (M&E) systems including routine health management and

information systems (HMIS) and other data sources;  
Improve operational research capacity (availability of trained staff and usage of analytical methods for informed decision-making) of national and regional institutions including to monitor and evaluate the impact of project interventions and the effectiveness/efficiency of different implementation approaches;  
Coordinate the roles of existing national institutions to better support the planned project activities;  
Recruitment and training of essential staff to complement existing teams at national and regional levels in the areas of procurement, financial management, M&E, and social and environmental safeguards management, including medical waste and supply chain management..

Due to the anticipated high level of community engagement, an overarching component of the project will focus on capacity building geared towards improving inter-personal relationships, building trust and mutual support between health personnel, at each level of the health system, and members of the community to ensure appropriate understanding of local context, greater ownership of project actions and full acceptance of project interventions within recipient communities; which ultimately are expected to foster more sustainability

#### **D. Project location and salient physical characteristics relevant to the safeguard analysis (if known)**

The project will be delivered in 10 countries in Western Africa (Senegal, Guinea, Guinea Bissau, Ghana, Togo, Nigeria, Sierra Leone, Liberia, Cote d'Ivoire and Benin). However, the exact details of the physical locations of the proposed project activities in each of the selected 10 participating countries are not known at this point in time, and will likely not be known before project appraisal.

#### **E. Borrowers Institutional Capacity for Safeguard Policies**

The respective Borrowers have each and collectively benefitted from other (past and ongoing) IDA projects which provided/are providing relatively sufficient capacity for understanding and applying safeguard policies. In addition, borrowing countries globally, have adequate institutional and legal frameworks that are expected to ensure satisfactory compliance with World Bank operational safeguard Policies. Moreover, the Bank's involvement in the health sector has been significant and the clients have overtime shown relatively sufficient capacity and good will in implementing World Bank funded projects. Nonetheless, to ensure timely and successful processing and implementation of this regional operation, the World Bank Group social and environmental safeguards specialists will undertake an in-depth institutional assessment during project preparation and prior to appraisal to determine the level and amount of additional technical capacity building each individual participating country institutions, including the respective national environmental (and social) agencies, may need to further strengthen their safeguards capacity to tangibly deliver this project.

#### **F. Environmental and Social Safeguards Specialists on the Team**

Abdoulaye Gadiere (GEN01)

Amos Abu (GEN01)

Cheikh A. T. Sagna (GSU01)

Maman-Sani Issa (GEN01)

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Upulee Iresha Dasanayake (AFCF1)

## **II. SAFEGUARD POLICIES THAT MIGHT APPLY**

<b>Safeguard Policies</b>	<b>Triggered?</b>	<b>Explanation (Optional)</b>
Environmental Assessment OP/BP 4.01	Yes	<p>The proposed project has been classified as a category B since its foreseen net social and environmental risks and impacts of the proposed project are expected to be positive and mostly site specific since it will generate environmentally and socially sound laboratory technologies and safe and secure disposal of its generated waste. At this point in time the exact nature, scope and physical footprint of the proposed project activities' locations are not known in sufficient details; Since the project will be processed through OP/BP 10.00 paragraph 12 that authorizes the deferral of the preparation of social and environmental assessment documents till implementation; therefore, the proponent will prepare both a regional Environmental and Social Management Framework (ESMF) and a regional generic Waste Management Plan (WMP) before project implementation. During implementation, when the quantity, composition, type and location are known, country/ site specific waste management plan would be prepared, consulted upon and disclosed as well as implemented. The regional ESMF will (i) outline the specific steps and procedures that will be followed for preparing site specific environmental and social safeguards instruments such as Environmental and Social Management Plan (ESMP) as soon as the exact locations and scope of sub-project activities are known. (ii) This ESMF will also examine the existing and potential environmental and social risks and impacts associated with the proposed project activities and propose appropriate mitigation measures. Likewise, the regional BWMP will provide specific guidelines as to how to properly handle biomedical waste, from collection, transport, storage and disposal. This regional ESMF will greatly build on the previous ESMFs and related selected EAs documents developed for the ongoing Bank funded operations in the participating countries, as well as on the lessons learned and missed opportunities from experience in implementing these ESMFs. Once the exact characteristics of the physical locations and details (nature, type, scope and scale) specific activities of the selected research and training centers have been identified, each country will then develop its site</p>

		specific ESMPs to capture local specificities. The regional ESMF and BWMP, together with the other related safeguards documents (regional Pest and Pesticide Management Plan and Resettlement Policy Framework) will be consulted upon and publicly disclosed both in the websites of the implementing agency (ECOWAS/WAHO and in participating countries thereafter) and at the InfoShop within three month of project implementation.
Natural Habitats OP/BP 4.04	TBD	At this point in time it is not sufficiently clear that the project activities and sub-projects would impact Natural Habitats. This would be determine during project preparation when the locations of such activities would be clearer.
Forests OP/BP 4.36	TBD	At this point in time it is not sufficiently clear that the project activities and sub-projects would impact Forests. This would be determine during project preparation when the locations of such activities would be clearer.
Pest Management OP 4.09	Yes	The surveillance, monitoring and containment of diseases including zoonosis could lead to increased use of chemicals, reagents, and pesticides with potential negative impacts and risks on the environment and human health. Given the situation-driven nature of the project, the extent of such an increased use cannot be known in advance, borrowers will prepare a regional generic Integrated Pest/Vector and Pesticide Management Plan (IPMP/IVMP) to identify the potential risks and ways to adequately mitigate them. As with the regional ESMF and WMP, this document will greatly build on existing PMPs and/or IVMPs developed for the Bank-funded projects in the respective beneficiary countries. Since project will proceed under OP/PB 10.00 –para. 12 guidelines that allows deferral for the preparation of social and environmental assessments; borrowers will consult stakeholders and publicly disclose the regional PMP in the regional implementing agency (ECOWAS/WAHO) websites (and thereafter in each individual participating countries) and at InfoShop within three month of project implementation.
Physical Cultural Resources OP/BP 4.11	TBD	At this point in time it is not clear that the project activities and sub-projects would infringe or impact any social and cultural artifacts in the respective countries. This would be determined during project



		preparation when the physical footprints of the locations of such activities would be made clearer. Nevertheless, to ensure adequate measures are taken on due course, chance-finds procedures will be embedded as an annex to the regional ESMF and the follow site specific ESMPs.
Indigenous Peoples OP/BP 4.10	No	There are no Indigenous Peoples in the participating 9 countries as defined by OP/BP 4.10.
Involuntary Resettlement OP/ BP 4.12	Yes	Though it has been stated that the project activities will be in already existing government owned facilities; the matter fact remains that in the event of diseases outbreak the acquisition of land outside government own facilities for curling, burial and incineration of carcass cannot be ruled out. Erring on the side of caution, OP/BP 4.12 is triggered because of the expected land acquisition, loss of assets or loss of access to livelihoods support means upon which local beneficiary communities depend., the Borrowers will prepare a standalone regional Resettlement Policy Framework (RPF) to set forth the basic principles and prerogatives to be followed during project implementation once the details footprints of project intervention areas are known. The project interventions will avoid where possible adverse impacts on people, land and other economic resources and livelihoods. In situations where this cannot be avoided, and footprints of project intervention areas are known, each participating country will prepare site specific Resettlement Action Plans (RAPs) to address the needs of people who will be affected by loss of economic activities, access to resources, land acquisition and/or involuntary resettlement. he RAPs (and ARAPs) will be consulted upon and publicly disclosed both in the regional implementing agency (ECOWAS/WAHO) websites (and thereafter in each individual participating countries) and at the World Bank InfoShop within three month of project implementation.
Safety of Dams OP/BP 4.37	No	The implementation of the project will not entail the construction of new dams neither will any of the project activities rely on the performance of an existing dam or a dam under construction.
Projects on International Waterways OP/BP 7.50	No	TThis project will not involve extraction of water from any international waterways (any river, canal, lake, pond or similar body of water that forms a

		boundary between, or any river or body of surface water that flows through, two or more states, whether Bank members or not). In addition, the REDISSE project will not impact any tributary or other body of surface water that is a component of any waterway described above.
Projects in Disputed Areas OP/BP 7.60	No	The REDISSE project will not be located in Disputed Areas as defined by OP/BP 7.60.

### III. SAFEGUARD PREPARATION PLAN

**A. Tentative target date for preparing the PAD Stage ISDS: 30-Jan-2016**

**B. Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing<sup>1</sup> should be specified in the PAD-stage ISDS:**

It was agreed that the project will be processed through OP/BP 10.00 paragraph 12 that authorizes the deferral of the preparation of social and environmental assessment documents till implementation. The framework approach will be applied in this project as the scope (nature, type and amplitude) and exact physical locations of all project activities in either participating countries, are not known enough at this time and will not be known before appraisal, and certainly at the dawn of the implementation phase; accordingly, standalone regional Biomedical Waste Management Plan (BWMP), Pest Management Plan (PMP) as well as Environmental and Social Management Framework (ESMF) and Resettlement Policy Framework (RPF) depicting the procedures and process that would be followed in preparing site specific safeguard instruments (ESMPs and RAPs) as soon as the exact locations and scope of sub-project activities will be prepared, amply consulted upon and publicly disclosed both in the regional implementing agency (ECOWAS/WAHO) websites (and then in each individual participating countries) and at the InfoShop during project implementation.

At this point in time both the characteristics (nature, type and scale/scope) and exact physical locations of project activities are not known in sufficient details, and will not be known before appraisal, and certainly at the very dawn of the implementation phase the proponents will prepare four standalone regional safeguards instruments, namely the Environmental and Social Management Framework (ESMF), Waste Management Plan (WMP), Integrated Pest Management Plan (IPMP) and Resettlement Policy Framework (RPF). The two frameworks (ESMF and RPF) will each outline the specific steps and procedures that will be followed for preparing site specific environmental and social safeguard instruments such as Environmental Management Plans (EMPs), and Resettlement Action Plan (RAPs) as maybe needed once the characteristics and physical footprints of project activities are clearly known during project implementation. The ESMP, RAP, IPMP/IVMP and WMP will be consulted upon and publicly disclosed in the regional implementing agency (ECOWAS/WAHO) websites (and thereafter in each individual participating countries) and at the InfoShop within three month of project implementation.

### IV. APPROVALS

Task Team Leader(s):	Name: John Paul Clark, Bleoue Nicaise Ehoue, Hadia Nazem Samaha	
<b>Approved By:</b>		
Safeguards Advisor:	Name: Johanna van Tilburg (SA)	Date: 06-Jan-2016

<sup>1</sup> Reminder: The Bank's Disclosure Policy requires that safeguard-related documents be disclosed before appraisal (i) at the InfoShop and (ii) in country, at publicly accessible locations and in a form and language that are accessible to potentially affected persons.

Public Disclosure Copy

Practice Manager/ Manager:	Name: Sybille Crystal (PMGR)	Date: 07-Jan-2016
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