



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 24-Jul-2020 | Report No: PIDA29352



BASIC INFORMATION

A. Basic Project Data

Country Cameroon	Project ID P174108	Project Name CAMEROON COVID-19 PREPAREDNESS AND RESPONSE PROJECT	Parent Project ID (if any)
Region AFRICA WEST	Estimated Appraisal Date 25-Jun-2020	Estimated Board Date 17-Aug-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Cameroon	Implementing Agency Ministry of Public Health	

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in selected regions in Cameroon.

Components

- Emergency COVID-19 Response
- Supporting National and Sub-National Prevention and Preparedness
- Community Engagement and Risk Communication
- Implementation Management and Monitoring & Evaluation

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	29.00
Total Financing	29.00
of which IBRD/IDA	29.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	29.00
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IDA Credit	29.00
Environmental and Social Risk Classification	
Substantial	
Decision	
The review did authorize the team to appraise and negotiate	

Other Decision (as needed)

B. Introduction and Context

- 1. With a population estimated at over 25 million in 2018, Cameroon is a lower-middle-income country located along the Atlantic Ocean.** It shares its borders with Chad, the Central African Republic (CAR), Equatorial Guinea, Gabon, and Nigeria, all of which have reported COVID-19 cases. This population is young (41 percent under 15) and approximately 44 percent of the population lives in rural areas.
- 2. Having enjoyed several decades of stability, for many years now Cameroon has been grappling with attacks by Boko Haram in the Far North and a secessionist insurgency in the Anglophone regions.** The North-West South-West crisis is a conflict between non state armed groups and the Cameroonian army, with consequence of numerous displacements of populations. Since September 2017, this situation has displaced more than 600,000 people internally and claimed the lives of close to 400 civilians and over 200 military, gendarmerie, and police officers. The Central African (CAR) refugee crisis causes an influx of CAR refugees in the eastern façade of Cameroon and in the Eastern, Adamawa and Northern Regions. The Nigerian refugee crisis is due to Boko-Haram attacks in the Far north of the country with numerous displacements of populations. Figures from the UN Refugee Agency (UNHCR) show that Cameroon is currently hosting over 401,213 refugees, primarily from the Central African Republic (289,982) and Nigeria (108,164). Refugees in urban areas are very mobile, which often makes it difficult to monitor their situation, especially with regard to child protection. Protecting IDPs and refugees from COVID-19 will be particularly challenging. Both IDPs and refugees will benefit from the proposed project and will be taken into account under the project components.
- 3. Cameroon is the largest economy in the Central African Economic and Monetary Community (CEMAC), a region experiencing an economic crisis triggered by the steep fall in oil prices.** As oil revenues dropped and public finances deteriorated, the priority of the government remained the budgetary consolidation. In June 2017, Cameroon signed a triennial agreement with the IMF (Extended Credit Facility – ECF) in order to support the efforts of the government to restore external and fiscal sustainability and to lay the foundation of a sustainable, inclusive and private sector driven growth.
- 4. Poverty affects nearly 40 percent of the population, around 8 million people.** Because the poverty reduction rate is lagging behind the population growth rate, the overall number of poor in Cameroon increased, and poverty is increasingly concentrated in the North and Far North (World Bank). Unemployment rate in the country was 3.3 percent in 2019 (World Bank).
- 5. Along with its CEMAC partners, Cameroon has therefore had to put fiscal adjustment measures in place to adjust**



to the terms of trade shock and restore macro-stability and confidence in the common currency. Before the occurrence of the pandemic, growth in Cameroon was expected to reach 4.3 percent this year.

6. **The economic impacts of COVID-19 are expected to be massive.** According to the updated IMF forecasts from 14th April 2020, due to the outbreak of the COVID-19, GDP growth is expected to fall to -1.2 percent in 2020 and pick up to 4.1 percent in 2021, subject to the post-pandemic global economic recovery. Currently, this unprecedented pandemic is having repercussions in all socio-economic and financial aspects of the country. These include, among other things, a significant drop in budget revenue, a significant deterioration in macroeconomic accounts, a drop in external funding, a disturbance in intra-Community trade, a weakening of external and financial stability, a risk of a rise in inflationary pressures, a deterioration in the behavior of economic agents (households, businesses and the State).

Sectoral and Institutional Context

7. **While Cameroon is classified as a lower-middle-income country, its health indicators and its epidemiological profile remain comparable to those of low-income countries, with deep regional and rural-urban disparities.** Cameroon reports the 14th lowest life expectancy rate in the world, the burden of disease remains high and maternal deaths have increased over the last two decades. The epidemiological profile remains dominated by communicable diseases. HIV/AIDS, malaria and tuberculosis represent about 23.7 percent of total morbidity and 25 percent of deaths. Non-communicable diseases are emerging strongly because of changes in people's lifestyle and eating habits, especially those of people in urban areas. Potentially epidemic diseases (cholera, meningococcal cerebrospinal meningitis, yellow fever, measles), worsen the morbidity and mortality of the population from time to time. The upsurge of health emergencies is generally related to epidemics, traumas, movements of populations, and floods. Cameroon is at very high risk of infectious disease outbreaks, particularly those of animal origin (zoonotic diseases). In recent years, Cameroon has had numerous disease outbreaks. These include leishmaniosis (2017), polio (2014, 2019), yellow fever (2013), measles (2015, 2019), and cholera (2011, 2014, 2020). Despite Cameroon's vulnerability to outbreaks, particularly in the Far North, there has been minimal investment in strengthening communicable disease surveillance and response systems.

8. **Cameroon only ranked 115/195 on Global Health Security Index (GHSI) with an overall score of 34.4¹ in contrast to Senegal (37.9), Nigeria (37.8), Cote d'Ivoire (35.5), Ghana (35.5), Liberia (35.1).** The most recent WHO supported Joint External Evaluation (JEE) in 2017 which assessed the Republic of Cameroon's IHR core capabilities² revealed key weaknesses in emergency preparedness and response planning, biosafety, linking public health and security authorities communications with healthcare workers during a public health emergency, and infection control practices and availability of equipment are very low.

9. **Cameroon's public health authorities assessed its capacities to respond to COVID-19 in January 2020 and identified gaps to plan for preparedness, response and control activities.** Using WHO's Country Readiness checklist, the report stated that even though the country has capacity in-country to test for COVID-19 disease its readiness status was largely moderate. The level of preparedness and operational readiness based on the implementation of IHR capacities has been graded 3. The main weaknesses reported was: (i) Lack of a multi-sectoral national public health emergency preparedness and response plan, including mapping of resources

¹ Global Health Security Index, Building Collective Action and Accountability, October 2019

² Joint External Evaluation of IHR Core Capacities of the Republic of Togo. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO.



needed, (ii) Lack of risk communication and community engagement strategies; (iii) Lack of infection prevention and control (IPC) measures for public spaces with high risk of transmission; (iv) vulnerable capacities of rapid intervention teams and health workers of the entry points and health facilities on CoVID-19; (v) insufficient operational support and logistics.

10. **COVID-19 epidemic in Cameroon:** The first case in the country was diagnosed on March 6, 2020 in a 58-year-old French national who arrived in the capital Yaounde 24 February. On 18 March, Cameroonian Prime Minister closed its land, air and sea borders and took 12 others non-pharmaceutical public health measures to contain the outbreak. On 30 March, the Minister of Health announced the imminent launch of a coronavirus test campaign in the city of Douala (door to door). On April 9, the government took 7 additional measures to stop the spread of COVID-19 in Cameroon, including mandatory use of mask, local production of drugs, screening tests, hydroalcoholic gels and protective masks, creation of specialized Covid-19 treatment centers in the ten regions of the country, intensification of the screening campaign, intensification of awareness in both official languages and local languages. Notwithstanding the enforcement of these different containment measures, GoC is still yet to develop a Framework for decision making regarding the implementation of non-pharmaceutical interventions for COVID19 mitigation.

11. **Currently, there is insufficient public health systems capacity to diagnose and to treat severe and critical COVID-19 patients with the infection prevention and control standards required.** Out of the 17 laboratories planned to test for the COVID-19 virus, only four (2 in Yaounde, 1 in Douala and 1 in Garoua) are currently equipped to carry out COVID-19 diagnostic tests. Frequently, the country faces shortage of laboratory tests and reagents. Five hospitals with eight annexes, with more than five hundred beds, have been planned to work as designated specialized hospitals for the management of COVID-19 cases, but none of those units is yet operational. In addition, the GoC has urged hospital directors to set up isolation rooms, but this scale up is still in its preliminary stages. As to date, private hospitals do not provide COVID-19 treatment.

12. **The GoC has developed a National COVID-19 Preparedness and Response Plan, under revision since April 2020, for a total cost of US\$95 million.** Following the first confirmed case of COVID-19, the government of Cameroon put in place an immediate response plan in March 2020, with an estimated budget of US\$ 10.7 million, to address some issues relating to the spread and effects of the virus in seven areas³. Given the rapid progression of the epidemic, this plan has seen several additions and updates from the first iteration. The latest version of the national response plan is now articulated around four pillars⁴. The MoPH operates through the Public Health Emergency Operation Center (PHEOC) which collects, analyzes, prioritizes, monitors, and disseminates information about the outbreak. The PHEOC operated through an Incident Management Systems (IMS) which functional areas are management, operations, planning, logistics, finance and administration. The directorate of disease control and the fight against epidemics and pandemics is working closely with the IMS.

13. **Development partners are supporting the GoC in its response to COVID-19.** Several partners participate in

³ (a) coordination of the response; (b) epidemiologic surveillance; (c) case investigation and rapid response; (d) national laboratory systems; (e) case management and infection prevention and control; (f) communication of risks and community engagement; and (g) logistics and supply management.

⁴ 1) active case finding; 2) management of confirmed cases; 3) social regulation; 4) governance and accountability of the response.



weekly meetings of the COUSP and are committed to providing technical and financial support for the implementation of the National COVID-19 Response Plan. An inter-agency strategic plan was developed to support the GoC, identifying lead United Nations organizations to support implementation for each pillar of the GoC's Plan. Development partners such as the GAVI, the Global Fund, GAVI, the French Aid Agency, the European Union, the AfDB, the IDB have indicated they would provide financial support to the plan and/ or the broader economic and social response. However, during project preparation, the costed plan did not contain any commitment from development partners. The proposed Bank project is aligned with the GoC's Plan and contributes to closing the funding gap, but the allocation is insufficient to respond to country's forecasted needs. The project is focusing on ensuring strategic and urgent aspects of the response are addressed, particularly in terms of critical medical equipment and testing and treatment capacity, and it is expected that other development partners and the GoC will cover remaining parts of the plan and their costs.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in selected regions in Cameroon.

Key Results

14. The PDO will be monitored through the following PDO level indicators:

- Number of COVID-19 designated healthcare facilities with appropriate handwashing facilities in place.
- Percentage of contacts followed for all 14 days-
- Number of acute healthcare facilities with isolation capacity.
- Number of COVID-19 designated healthcare facilities with required equipment for treatment of critical patients as per approved national protocol.



D. Project Description

Component 1: Emergency COVID-19 Response [US\$20.5 million]

15. This component will provide immediate support to Cameroon's response to COVID-19 local transmission through containment strategies including the implementation of sound evidence-based non pharmaceutical interventions. It will support improvement of disease detection and confirmation capacities through provision of technical expertise, strengthen surveillance systems to ensure prompt case finding and contact tracing, consistent with WHO's SPRP for COVID-19 and compliment the contribution of Africa CDC, which allowed to train 120 surveillance officers in four regions. It will enable Cameroon to strengthen the healthcare system to cope with the expected additional burden of disease caused by the severe and critical COVID-19 cases.

16. **Sub-component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting [US\$5 million].** This sub-component will: (i) strengthen disease surveillance systems and cross border surveillance, community surveillance/case detection and reporting at PoE; (ii) combine detection of new cases with active contact tracing; (iii) strengthen frontline health care workers capacity in infection prevention and control (IPC); (iv) support epidemiological investigation; (v) strengthen risk assessment; and (vi) provide on-time data and information for guiding decision-making and response mitigation activities. The sub-component will finance, among others: (i) medical and information and communication technology (ICT) equipment; and (ii) relevant training activities. A particular point of attention will be paid to cross border surveillance in points known as refugee main entry points both in Far North and East regions. Health care workers located and structures in areas hosting a large number of displaced populations will be strengthened within this component.

17. To reduce the risk of future zoonotic disease outbreaks in adopting a One-health approach, this sub-component will also : (i) Conduct a risk assessment, risk mapping, prioritization of the risk emerging from infectious diseases (EIDs) at the human, animal and ecosystem interfaces and develop recommendations to strengthen surveillance capacities of priority zoonotic disease, (ii) Strengthen early warning systems for priority zoonotic diseases, improve event-based surveillance, interconnect sectorial⁵ information systems for monitoring of key zoonotic diseases; and (iii) Develop guidelines to improve information sharing between relevant agencies and their respective information systems.

18. **Sub-component 1.2: Health System Strengthening [US\$12 million].** This subcomponent will support efforts to strengthen the public health system's capacity to provide optimal medical care to patients at risk, implement measures for contingency planning (surge capacity); maintain essential health care services; and minimize risks for patients and health personnel.⁶ Funding will support the increase of the capacity of existing treatment centers as well the setup of new treatment centers. This will be done through: (i) procurement of COVID-specific medical supplies, COVID-19 specific equipment for intensive care units and medical equipment for treatment centers and selected health centers; (ii) procurement of infection prevention and control (IPC) materials and PPE kits for frontline health personnel involved in case management of patients; (iii) installation of handwashing facilities in health care facilities; (iv) training of health care workers and support personnel on case management; (v) supplies for sanitation and hygiene materials, and adequate medical waste management and disposal systems in treatment centers (incinerators); (vi) minor rehabilitation of health facilities and purchasing medical tents to strengthen the existing epidemiological treatment centers expand infectious disease bed capacity and isolation units for critical patients and (vii) procurement of equipped ambulances.

19. **Sub-component 1.3: Social Distancing Measures [US\$0.5 million].** In response to the COVID-19 pandemic countries have established some form of social distancing measures (closing schools, teleworking, shutting down businesses and markets) in order to limit contact between individuals and therefore slow the spread of the virus, aiming



at “flattening” the curve. This sub-component will finance consulting services to support the development of a framework to guide sound decision making on the implementation of social distancing measures in Cameroon based on epidemiological and health system’s capacity triggers, as well as, the potential economic and social consequences. It will also support the implementation of this framework at the sub-national level through the development of IEC materials, capacity building, operationalization of existing or new laws and regulations at the departments levels and supporting coordination among sectoral ministries and agencies. Additional preventive actions in highly crowded places (i.e. markets) will be supported and would complement social distancing such as personal hygiene promotion and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic. Specific measures will be elaborated targeting the most vulnerable including the elderly, those with depressed immune systems and areas where large numbers of IDPs and refugees are concentrated for which the implementation of social distancing and personal hygiene measure present specific challenges (e.g., strengthening access to safe water and sanitation facilities, but also hygiene kits and in coordination with actors already present in situ, dissemination of sensitization messages on COVID-19).

Sub-component 1.4: Social Support to Households [US\$3 million]. This sub-component will support isolated and quarantined patients and their families, particularly vulnerable, who need support with the provision of food, water and basic supplies (such as soap, personal hygiene products and other toiletries) packages procured and distributed through the World Food Program (WFP). Therefore, this sub-component will complement the COVID-19 response of the Bank financed Social Safety Nets (SSN) Project which will focus on providing relief to eligible poor and vulnerable households through cash transfers and accompanying measures. coverage of the SSN project which will be distributing cash transfers to COVID-19 affected families. A common targeting mechanism will be used to identify beneficiaries eligible for the support. The team has used an assumption of a US\$250 package for 10,000 households. IDPs and refugees will also be covered particularly the one located outside of camps (for refugees) as they are receiving less assistance. The provision of food and basic supplies to quarantined populations in isolation, treatment and precautionary centers will be supported and guided by the aforementioned framework to ensure that social distancing interventions will be linked with social protection packages at the community level. This will be especially critical in female headed households as they are more vulnerable than other population groups.

Component 2: Supporting National and Sub-national Prevention and Preparedness [US\$5 million]

20. This component will strengthen laboratory and testing capacity in Cameroon to manage large-scale testing for COVID-19 through the leadership of the *Laboratoire National de Santé Publique* (LNSP) in close collaboration with the national reference laboratory (*Centre Pasteur*). In light of the fast-evolving community wide transmission of COVID-19 in Cameroon, the country needs to increase decentralized COVID-19 testing capacity to allow for swift testing, tracing of contacts and isolation (TTI) which will allow to contain community transmission and control clusters of COVID-19 cases. This investment will be complimentary to the equipment already provided through the partnership with Africa CDC. This component will also ensure that activities are aligned and integrated with the agenda and frameworks of the Central Africa Regional Collaborating Centre (RCC) for Africa CDC which is based in Gabon.

21. This component will include four key interventions: (i) strengthen *Polymerase Chain Reaction* (PCR) based diagnosis through the purchase of RT-PCR lab equipment and bio safety cabinet type 2, reagents and diagnostic test kits; (ii) purchase rapid tests⁷ and implement rapid-testing strategies at decentralized level; (iii) strengthen human resources

⁵ Information systems of the ministries of health, livestock and environment.

⁷ Once validated at the international level.



and train laboratory technicians and other relevant staff to use the new equipment and tests purchased and to ensure decentralized laboratory capacity across the country; (iv) purchase selected IT equipment and support the setting up of an information system for case tracking and inventory management. Based on the epidemiological dynamics of the outbreak, activities will prioritize hardest hit municipalities to make sure they have access to diagnosis, while ensuring regional capacity throughout the country. While this component will support immediate capacity building of laboratory COVID-19 diagnostics, it will also ensure improved national capacity for preparedness and response, strengthening the overall National Laboratory capabilities and raising Cameroon’s GHS index scores.

Component 3: Community Engagement and Risk-Communication [US\$2 million]

22. This component will finance a comprehensive behavior change and risk communication intervention to support the reduction of the spread of COVID-19 by working with private, public and civil society actors to support the development of messaging and materials. This will include handwashing promotion, the promotion of community-based social distancing interventions through sustainable community engagement activities to ensure high degree of compliance and raise COVID-19 related health literacy. This allows community health workers and volunteers to not only play a role in detection and contact tracing activities of cases but to be also part of the containment strategies through sensitization of the population to adhere to social distancing interventions and local government agencies. As most refugees and displaced populations are living within hosts communities, activities implemented here will be the same for all the different groups. With regard to refugees and IDPs settled in sites/camps, existing community-based activities already in place will be strengthened to the extent possible. This component will finance: (i) the development of reporting tools; (ii) the training for community health workers and volunteers; (iii) the development and testing of messages and materials; and (iv) activities related to the identification and advocacy to key influencers (i.e., religious leaders, celebrities, etc.).

Component 4: Implementation Management and Monitoring and Evaluation [US\$1.5 million]

23. This component has two sub-components: (i) project management and (ii) M&E.

24. **Sub-component 4.1: Project Management [US\$1million].** The project will support operating costs for the PBF Technical Unit for activities directly related to the project. The CTN-PBF will be strengthened by the recruitment of a dedicated accountant for the project, a social safeguards specialist with GBV expertise and any other additional staff as the need may arise.

25. **Sub-component 4.2: Monitoring and Evaluation (M&E) [US\$0.5 million].** This component will support monitoring and evaluation of prevention, preparedness, response and building capacity for clinical and public health research and joint-learning within Cameroon.

Legal Operational Policies	
	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No



Summary of Assessment of Environmental and Social Risks and Impacts

Environmental aspects

26. The environmental risk is considered Substantial. Although the project will have positive long-term impacts as it should prevent, detect and respond to the threat posed by COVID19 and strengthen national systems for public health preparedness, there is a number of short-term adverse risks and impacts that need to be addressed. The key potential environmental risks and impacts include: (i) workplace safety risks related to the rehabilitation and equipping of selected existing health facilities and hospitals; (ii) risks related to hazardous (including asbestos) and infected health care waste storage, transportation and disposal; (iii) risks related to occupational health and safety (OHS) including the risk of spread of the virus among health care workers; (iv) risks related to community health and safety including the risk of the spread of COVID-19 among the population at large, and (v) risks related to the operation of incinerators.

27. The project will finance small scale infrastructure works for the rehabilitation and equipping of selected existing health facilities and hospitals. These rehabilitation works are expected to be site-specific, and no greenfield works are envisaged; therefore, environmental risks and impacts are expected to be temporary, predictable, and manageable. Proposed management and mitigation mechanisms will be proposed in the environmental and social instruments mentioned in ESS1 discussion that follows.

28. The ESMF prepared and disclosed on March 30, 2020 under the Contingency Emergency Response Component (CERC) activated for COVID19 under Health System Performance Reinforcement Project (P164954) will be updated and re-disclosed on July 30, 2020 to reflect the scope of this operation as well as the requirements of the ESF. It includes measures to address relevant E&S risks like medical waste management, OHS, social risks, stakeholder engagement, the Infection Control and Medical Waste Management Plan (ICWMP), relevant parts of the COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines. The updated ESMF will include: (i) E&S principles; (ii) provisions for asbestos handling, transport and disposal; (iii) the environmental and social baseline (information on any external waste management facilities, including existing service providers; the national approach to testing for COVID-19, including any prioritization hierarchy for testing and the location of testing facilities in relation to the proposed project; information on disadvantaged and vulnerable groups, if any, who may be affected by the project; (iv) guidance for a close assessment of the operation of incinerators, and (v) a template for preparing site-specific Environmental and Social Management Plans (ESMPs), as necessary, for managing risks and impacts related to any civil works. In addition, the planning chapter will be updated to set out the required technical specifications, and other relevant information on the procurement of goods and supplies e.g. equipment such as incinerators or Personal Protective Equipment (PPE) or cleaning materials.

29. The SEP will be updated and implemented whereas the current health project-ESMF will be updated to include: (i) E&S principles; (ii) provisions for asbestos handling, transport and disposal; (iii) environmental and social Baseline (information on any external waste management facilities, including existing service providers; the national approach to testing for COVID-19, including any prioritization hierarchy for testing, where testing facilities are located in relation to the proposed project; information on disadvantaged and vulnerable groups, if any, who may be affected by the project, either because they are disproportionately impacted; etc.); (iv) guidance for a close assessment of the operation of incinerators. In addition, the planning and planning chapter will be updated to set out the required technical specifications, and other relevant information on the procurement of goods and supplies e.g.



equipment such as incinerators or PPE or cleaning materials.

30. To address OHS risks associated with the procurement of goods and supplies, the MoPH/CTN-PBF, will work with relevant partners to identify and leverage all existing supply chain options and open new ones where possible to ensure that PPE and other relevant equipment, kits and material can be procured and dispatched nationwide in a timely manner, subject to the existing health PPE constraints in the global supply chain. The ESMF will be updated to a standard acceptable to the IDA and disclosed both in country on the Ministry of Public Health website and on the World Bank website not later than 30 days after the Effective Date. Between Effective Date and the disclosure and adoption of the ESMF, the Project shall strictly follow current WHO guidance on COVID-19 in a manner consistent with the ESSs.

Social aspects

31. The social risk rating of the project is Substantial. The social risk rating of the project is Substantial. One key social risk related to the COVID-19 operations in general is that vulnerable social groups (poor, disabled, refugees, elderly, isolated communities) may be unable to access facilities and services, which could increase their vulnerability and undermine the general objectives of the project. Other social risks include the rise of social tensions that could be exacerbated by the lack of awareness regarding the behavior change required to decrease transmission (social physical distancing, hand washing and hygiene), stigma associated with victims of COVID-19 and their families, perceived exclusion from targeted health facilities and services, increase in Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) due to home quarantine policies, misinformation regarding how COVID-19 is transmitted and prevented, and risks related to potential destruction of assets/structures when conducting rehabilitation works. Some of these risks will be addressed by the project related community engagement activities and information sharing and also by targeted activities contained in the draft Stakeholder Engagement Plan (SEP) that will be prepared. The project is not expected to involve land acquisition, restrictions on land use or involuntary resettlement. It is likely to be carried out in areas where Indigenous Peoples are present.

E. Implementation

Institutional and Implementation Arrangements

32. The MoPH, through its Division of Studies and Projects (DEP – *Division des Etudes et Projets*) and Directorate for Disease and Epidemic control (DLMEP – *Direction de la Lutte contre Les épidémies et Maladies*), will be responsible for technical oversight of the project and implementation of activities. The CTN-PBF of the HSPRP will be responsible for day to day management of the project and will handle fiduciary functions: (i) financial management, including flow of funds to different stakeholders; (ii) procurement of goods to ensure efficiencies; (iii) reporting; and (iv) securing consultant services; as well as oversight of safeguard provisions.

33. The existing CTN-PBF will be strengthened with technical staff. The project will have a provision to strengthen all areas of the CTN-PBF in line with the increased need arising from inclusion of COVID-19 implementation (expanded mandate). A small team dedicated to the new project will be set-up through: (i) the assignment of CTN-PBF staff (e.g, accountant, environmental safeguards and monitoring & evaluation specialists); (ii) the designation of MoPH experts to support CTN-PBF staff (procurement, specification and quantification of medical equipment and supplies); and (iii) the recruitment of a social safeguards specialist with SEA/SH expertise and other advisors/ consultants as required (e.g internal



audit).

34. **As part of the enhanced implementation in view of the government limited capacities stretched by the COVID-19 pandemic, a flexible approach based on cooperating agreements with UN agencies and/or Bank-Facilitated Procurement (BFP) and Hands on Expanded Implementation Support (HEIS) will be implemented to provide the most suited response to the various needs.** The government will enter into cooperating agreements with UN agencies for the procurement of specialized equipment including COVID-19 testing kits and supplies, the procurement of food and basic supplies packages, as well as technical assistance services⁸ to perform specific functions in line with their comparative advantages. BFP/HEIS will be provided by the World Bank in line with the government request No. E71-04/L/MINSANTE/SG/DCCOOP from June 23, 2020. Finally, as the national reference laboratory, the Centre Pasteur will implement selected activities under component 2 on laboratory capacity and testing strengthening (e.g. capacity building at national and regional levels on PCR based diagnosis).

35. **Security Risks: While the intensity of the violence has abated in the Far North since its peak in 2016, Boko Haram is still active in the Far North** where there are still continued frequent small-scale attacks especially in areas close to Lake Chad and the border with Nigeria. While it is not possible to accurately predict if Boko Haram will react to the arrival of large amount of medical equipment and supplies, there could be targeted attacks on convoys of medical equipment or newly equipped health facilities. In this context, the involvement of security forces and their interaction with local populations could also pose risks such as gender-based violence cases, tensions or even clashes with communities. While Project implementation will be led by the MoPH, the military may have a very limited role related to the transportation of medical equipment and supplies in the Far North region. In case of their involvement, measures provided in the WB's Environmental and Social Framework, ESS4 (para. 24 to 27), will be applied (see section 8). Arrangements for the transportation of the medical equipment and supplies in the Far North, which will be fully financed by the GoC, will be agreed upon with the Ministry of Defense. These arrangements will be detailed in a Memorandum of Understanding (MOU) signed between MoPH and Ministry of Defense. For each escort needed, an official request from the MoPH will be addressed to the Ministry of Defense, which will instruct its relevant departments for its organization in collaboration with the Governor of the region. The military will not undertake any procurement activities and no funds will be provided directly to the military under the project. The costs related to the military escort (personnel costs, fuel, vehicle costs, etc.) will be financed by the government using its own resources.

36. **Mitigation Measures:** To mitigate the risks the following measures have been put in place: (i) a security risk analysis will be carried out for any need to escort medical supplies and equipment; (ii) an analysis of the type of personnel and their background will also be carried out for any escort; (iii) the implementation of preventive measures (such as training of security forces, code of conducts, awareness campaigns, etc.); (iv) monitoring of field operations; (iii) and the ESCP/ESMF will include requirements for the Recipient. The Financing Agreement will include related covenants addressing these arrangements.

⁸ Such as UNOPS, WFP, UNDP, WHO, UNICEF, etc.



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