



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 07/25/2025 | Report No: ESRSA04393

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

Operation ID	Product	Operation Acronym	Approval Fiscal Year
P508837	Investment Project Financing (IPF)	HeSP-2 AFW	2026
Operation Name	Health Security Program in Western and Central Africa - Phase II		
Country/Region Code	Beneficiary country/countries (borrower, recipient)	Region	Practice Area (Lead)
Western and Central Africa	Cameroon, Central African Republic, Chad, Congo, Republic of, Gabon	WESTERN AND CENTRAL AFRICA	Health, Nutrition & Population
Borrower(s)	Implementing Agency(ies)	Estimated Appraisal Date	Estimated Board Date
Central African Republic, Republic of Congo, Republic of Chad, The Gabonese Republic, Republic of Cameroon	Gabon Ministry of Health, Cameroon Ministry of Public Health, Central African Republic Ministry of Health and Population, Economic and Monetary Community of Central Africa (CEMAC), Chad Ministry of Public Health and Prevention, Republic of Congo Ministry of Health and Population	28-Jul-2025	23-Sep-2025
Estimated Decision Review Date	Total Project Cost		
09-Jul-2025	340,000,000.00		

Proposed Development Objective

Increase regional collaboration and health system capacities to prevent, detect and respond to health emergencies in Western and Central Africa.

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

No

C. Summary Description of Proposed Project Activities



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

D. Environmental and Social Overview

D.1 Overview of Environmental and Social Project Settings

The Program focuses on detecting, containing, and responding to health emergencies that have been contributing to the fragility in the Western and Central Africa region, including Congo, Chad, Gabon, Cameroon, and Central African Republic (CAR). Repeated outbreaks of cholera, meningitis, yellow fever, and viral hemorrhagic fevers, such as Lassa and Ebola not only disproportionately affect the high number of vulnerable populations but increase the burden on the existing and fragile country systems.

The health systems in these Western and Central African countries are marked, among other things, by vulnerabilities to climate shocks, epidemics, and weak capacities to address health emergencies in a context exacerbated by conflicts and violence. These trends increase the population's exposure to hazards that threaten public health within and across borders, given the strong social, cultural, economic, and political ties that unite the region, and strain the human, animal, and environmental health systems necessary to prevent, contain, and respond to health emergencies. These threats are amplified among vulnerable groups, including rural women and girls, pastoralists, indigenous peoples, and livelihoods dependent on natural resources, the rural and urban poor, as well as migrant and internally displaced persons.

Across all five countries, the most vulnerable—rural populations, the poor, women, children, displaced persons, and minorities—face a combination of financial, geographic, systemic, and sociocultural barriers to accessing health services. These challenges are exacerbated by conflict, weak governance, and underfunded health systems

Cameroon's population is estimated at 23,248,044 in 2017. More than half of the population (53.2%) lives in urban areas. The health sector is structured into three levels (central, intermediate and peripheral) and comprises three sub-sectors: (i) a public sub-sector; (ii) a private sub-sector (non-profit and profit-making); and (iii) a traditional sub-sector. Each level of the pyramid has administrative, health and dialogue structures. Cameroon's health system faces significant challenges, including inadequate infrastructure, shortages of healthcare professionals, and financial constraints. Furthermore, the western and northern regions have seen significant disruptions in service delivery due to insecurity, limiting access for vulnerable groups, while violence and conflict, particularly in the North-West and South-West regions, disrupt access to healthcare and endanger health workers. Health structures are also facing pressures from serving a large number of refugees from neighbouring countries. Moreover, for most of the population, over 65% of the total health expenditure is paid out of pocket, thus a major deterrent for seeking care, especially for the very poor. The poorest 20% lack any financial coverage for health care. Low education, especially among women, is linked to lower use of maternal and child health services. These challenges are exacerbated by issues like corruption, long wait times for services, and a lack of nearby facilities.

Gabon has an estimated population of about 2.5 million. The country is characterised by strong urbanisation, with more than 80% of the inhabitants living in urban areas, mainly in the cities of Libreville, Port-Gentil, Franceville and Oyem. The Gabonese population is young and growing steadily, with a steady rate of natural growth. The Gabonese health system is based on two sectors: public (civil and military) and private (profit and not-for-profit, including traditional medicine).



The civil public sector has a pyramidal organization with three levels (peripheral, intermediate and central) modelled on that of the general administration. Gabon's health system faces significant challenges, including high infant and child mortality rates, limited access to essential drugs and treatment, inadequate healthcare infrastructure, and a shortage of qualified health professionals. Furthermore, persistent issues with communicable diseases like malaria, tuberculosis, and HIV/AIDS, along with the rising burden of non-communicable diseases, pose ongoing threats. However, the poor and rural populations are pressed by the high cost of consultation, limited coverage of the national insurance system (CNAMGS), and difficulties in accessing maternal and child care.

The Republic of Congo's 2023 general census of population and housing indicated a resident population of 6,142,180 inhabitants and an annual intercensal growth rate of 3.2%. The National Health Development Plan (PNDS) of the Republic of the Congo, is the programmatic framework for interventions in the health sector. It provides information on the various strategies and interventions within the health sector that the government can implement to contribute to the improvement of the health of the Congolese population. The main challenges faced by the health system in the Republic of Congo include: limited access to quality healthcare services, particularly in rural areas, and the high prevalence of preventable diseases like malaria, tuberculosis, and HIV/AIDS. Additionally, inadequate infrastructure, limited staffing, and poor sanitation contribute to the spread of diseases and make it difficult to provide effective healthcare.

The CAR population was estimated in 2020 at 5,464,907 inhabitants. Moreover, like other countries in the region, healthcare access to poor and vulnerable groups, including women, children, and indigenous people, is limited by the high cost of medical insurance, with less than 10% of the total population covered by health insurance. The Universal Health Coverage Index in CAR is 223. Poverty remains high, and it is estimated that about 71% of the population lives below the international poverty line (\$1.90 per day, at purchasing power parity) in 2018. The population of CAR is very young; more than 49% of the population is under 18 years old. The three levels of the health pyramid will each contribute, according to their responsibilities, to the implementation, monitoring, and evaluation of the Third Generation National Health Development Plan 2022-2026 (PNDS III). The main challenges facing the health system in CAR are: severe health crisis due to widespread instability, poverty, and a dysfunctional healthcare system, limited access to healthcare, particularly for pregnant women and children, a shortage of qualified health workers, and the prevalence of infectious diseases.

In 2023, Chad's population was 19.32 million, of whom only 26% had access to essential health care services (World Bank 2023). The population growth rate is 4.6%, among the highest in the region. Chad also has significant deficiencies in laboratory systems and human resource availability. According to the World Health Organization (WHO), the average density of healthcare workers per 1,000 people in Chad is below 0.3, far below the WHO-recommended threshold of 4.45. Maternal and neonatal mortality rates are concerning, and immunization rates are low.

The program seeks to enhance the prevention and detection of health emergencies, and health emergency response, however specific activities vary based on each beneficiary country context. At regional level, the Central African Economic and Monetary Community (CEMAC), the program centers on technical assistance, setting of surveillance and monitoring and sensitization systems, strengthening capacities including for human resources for health emergencies and health emergency response. For all countries (Congo, Chad, Gabon, Cameroon, CAR), key program activities with environmental and social impacts include the strengthening of health sector institutional capacities, the detection of health emergencies including improving laboratory infrastructure and local level preparedness, and activities related to health emergency incident management such as incident action plans and health information systems.



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

The proposed HeSP-2 will be coordinated at regional and national levels with steering committees at each level. Governance of the Program will be provided through a Regional Steering Committee (RSC) convened by Central African Economic and Monetary Community (CEMAC). CEMAC has no previous experience with operational policies, it has recently received WB funding to implement two projects under ESF namely Harmonization and Improvement of Statistics Project in West and Central Africa (HISWACA- P180085 – SOP2) currently under implementation with a budget of US\$ 20 million as well PPA for CEMAC - Regional MPA - Sustainable Congo Basin Forest Economies Project (P505923) currently under preparation. In the context of the HISWACA, it was agreed in the ESCP that “CEMAC has to Establish and maintain a Project Implementation Unit (PIU) with qualified staff and resources to support management of ESHS risks and impacts of the Project including a social specialist, environmental specialist, a gender-based violence (GBV) consultant, and a security risk consultant no later than 3 months after the project became effective”. The recruitment process of the specialist is ongoing and once finalized, the specialist will be assigned to their respective duties. It is expected that the E&S specialist recruited by CEMAC to support existing Bank projects will also support the implementation of related HeSP activities.

At the national level in Cameroon and Gabon, the Program will be implemented by the new country Project Implementation Units (PIUs) through the ministries of health. In CAR, the PIU retained here operates under the MoHP. This unit manages the Health Service Delivery and System Strengthening Project - SENI-Plus (P177003) and REDISSE - phase 4 (P167817). For the republic of Congo, the PIU is embedded within the Ministry of Health and Population. It has overseen operations like the KOBIKISA Health System Strengthening Project (P167890), COVID-19 Emergency Response Project (P173851) and REDISSE – phase 4 (P167817). In Chad, the existing PIU of the Health System Performance Strengthening Project (P172504), which has been rated as moderately satisfactory, will implement the Project. This PIU has environmental and social specialists in place. These national PIUs will coordinate the execution of activities by ministerial departments (health, agriculture/livestock, and environment) involved in the Program at the national level, and will be responsible for the environmental and social risk management requirements. Each PIU at country level must therefore have an E&S staff, depending on the nature of the activities and the workload. Based on existing structures of PIUs that support existing health projects and E&S risks levels, it is expected that the Cameroon and Gabon PIU teams will recruit an environmental/OHS specialist, a social specialist, and a GBV specialist. ROC and CAR will maintain Environmental, Social, and GBV specialist. Additionally, CAR will have a security specialist included in its PIU team.

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

A. Environmental and Social Risk Classification (ESRC) Substantial

A.1 Environmental Risk Rating Substantial



The Environmental Risk Rating is considered to be Substantial at this stage, as potential risks and impacts on the environment are not expected to be irreversible. The proposed project is expected to be implemented simultaneously in CAR, Gabon, ROC, Chad, Cameroon and CEMAC encompassing multiple sub-projects that may have potential impacts related to construction, upgrades, laboratory-generated waste, and healthcare waste, all of which could pose community health risks. Potential risks and impacts from E&S assessments at this stage include : increased ecological footprint due to frequent training and travel, poor management of emergency logistics waste (masks, plastics, equipment, etc.); pollution at community level (related to logistics, care, increased mobility); inadequate controls for use of resources (water, energy); risks of environmental contamination. Other risks and impacts include (i) impacts on water quality, (ii) disposal and management of building/construction wastes, (iii) occupational health and safety risks, (iv) nuisances related to air and noise emissions; and (v) the management and disposal of hazardous materials and wastes. In addition, supported activities will include logistics and technical support for meetings, training, and simulations/tabletop drills to test capacities regularly. Activities present risks of traffic accidents for both project staff and communities during the multiple field missions. Although many of these impacts are reversible and of low to moderate severity, the extensive scale of activities, the high volume of transactions in all countries and, insufficient material, financial and human resources mean therefore elevate the overall risk level. The environmental risk level of the project will be reassessed during the project implementation phase.

Substantial

A.2 Social Risk Rating

Social risks are significant based and on their site-specific nature of identified project risk. The key social risks and impacts identified by the umbrella ESMF include: Inter-institutional conflicts within the multiple sectors involved in the project related to the distribution of project responsibilities from the client side; Implementing the One Health agenda and emergency response activities could result to social tensions due to low acceptance of response measures, unequal access to relief and social resistance to animal surveillance ; Conflicts with traditional health and animal practices; Invasion of privacy during the collection of biomedical data and population mistrust of data collection purposes; Inequalities in access to project benefits between rural and urban areas; and Pressures on the use of medical resources. Other social risks and impacts are associated with : i) inadequate stakeholder engagement to properly inform design and implementation of health systems response or development of SOPs, as a broad group of stakeholders at community, national, and regional level would be present different levels of interests or influence on the program; ii) the exclusion of vulnerable or disadvantaged groups such as individuals living in remote areas, persons with disabilities, internally displaced persons, indigenous people and the Mbororo; iii) occupational risks and worker labor conditions and the protection of the labor force, during civil works for constructions (health centers, laboratories) and the use/administration of medical equipment, vaccines, or reagents; iv) sexual abuse and exploitation and sexual harassment (SEA/SH), associated with the influx of community health workers and other project workers during health emergency response or construction works ; land acquisition impacts associated with new constructions. Moreover, the beneficiary countries (Cameroon, Chad, CAR, Congo, and Gabon) are impacted by diverse security risk concerns, including the presence of non-state armed groups particularly in CAR and Cameroon impacting institutions. Security risks at this stage of the project are assessed as significant.

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

B.1 Relevance of Environmental and Social Standards



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

Relevant

The environmental and social risks and impacts of the Program have been assessed as “Substantial”. The project will generate significant environmental and social risks associated to the construction, rehabilitation, or extension and exploitation of new health facilities including WASH facilities, isolation areas and laboratories as well as activities related to the One Health agenda and emergency health response. The generic civil works risks and impacts will relate to waste, dust emission, occupational health and safety, and SEA/SH. Moreover, associated with the exploitation of infrastructure and the use of the medical equipment such as biomedical waste, e-waste, hazardous waste and improper management of waste are also expected. Other relevant E&S risks are associated to stakeholder engagement, including within actors in multiple sectors intervening on the project, potential exclusion of vulnerable groups including indigenous people from project benefits, occupational health and safety and working conditions of project workers interacting with multiple government sectors involved in the project and non-governmental partners, community exposure to hazardous materials from the laboratories and interactions with project workers in FCV environments. The impacts on land use following land acquisition for the construction of health and laboratory structures are not clear at this stage of the project. However, most of the risks are expected to be site-specific, predictable, medium in magnitude in terms of geographical areas, and can be attenuated through the application of mitigation measures. To address these risks, the project has prepared an umbrella Environmental and Social Management Framework (UESMF). The UESMF includes procedures to screen and rate E&S subprojects, assess ESS5 impacts, manage health and safety risks particular to the health sector. The project has also prepared an Umbrella Stakeholder Engagement Plan (USEP) to inform on key stakeholders and engagement strategies that will be applied at country level. The UESMF and USEP were consulted upon and disclosed by the bank on July 16, 2025. However, once specific project sites are known at country level the project will prepare respective country specific instruments: ESIA/ESMP, social assessment and related IPP, and RAP as needed. Additionally, CAR, Gabon, ROC, Cameroon will also prepare, consult upon and disclose country specific Stakeholder Engagement Plan (SEP), Labor Management Procedures (LMP), GBV: SEA/SH Action Plan and security risk assessments (SRA) and security management plans (SMPs) no later than two months after the project effective date. For Chad, provisions to manage risks and adverse impacts will be included in the ESCP and further detailed in the Project Operations Manual (POM) that will be prepared by effective date. Once project sites are identified, specific ESIA/ESMPs proportionate to the potential risks and adverse impacts of activities will be prepared.

ESS10 - Stakeholder Engagement and Information Disclosure

Relevant

The project has prepared an umbrella stakeholder engagement plan (USEP) that has been consulted upon and will be disclosed before appraisal. In countries that participate in Phase III, affected stakeholders include: public health users, health care professionals, laboratory workers, workers involved in medical waste management, animal health professionals, cattle owners, community residents living around the civil works, and households and individuals impacted by economic or physical resettlement. Other concerned stakeholders include government institutions, in particular the line ministries of health, agriculture, animal health, infrastructure, public works and environment in participating countries. Additionally, affected stakeholders will include Program workers, civil works contractors and key suppliers (medical equipment, medicine and vaccine suppliers, IT equipment suppliers, etc.). In Cameroon the project will also consider representatives of other ministries that provide technical support and implement selected project activities; these include, the ministry of Rural Development and Fisheries and Animal Industries. Further, the project will consider stakeholders with influence on health service delivery such as those dealing with customs and national borders, civil protection. Other organizations whose influence may also indirectly impact the project



according to the USEP include non-government organizations and local CSOs and regional stakeholders relevant including WHO, UN agencies and international development organizations operating in the health sector. Vulnerable stakeholders, across all countries (Gabon, Cameroon, Congo, and CAR), include elderly health users with mobility constraints, health users with disabilities, individuals who are chronically ill or immuno-depressed, health users living in remote, hard to reach areas, pregnant women, widows, and individuals living below the poverty levels in each country, including the homeless, and slum residents, indigenous people, Mborrorows internally displaced persons and refugees. Moreover, the USEP describes the key stakeholders at this stage of the project including proposed engagement measures and strategies as well as for information sharing. It provides guidance for engagements with women and vulnerable groups. The USEP identifies resources and responsible actors for implementing stakeholder engagement activities and country and regional levels. The USEP also provides guidelines for the preparation of SEPs specific to partnering countries and CEMAC including for grievance mechanisms. Country specific SEPs will be prepared, consulted upon and disclosed no longer two months after the project effective date. Country specific SEPs will incorporate contextual stakeholder engagement strategies and information needs relevant to vulnerable and marginalized groups, traditional groups, and indigenous people with regards to activities touching animal health and emergency response to enhance project acceptance at community level. In relation to indigenous people (IPs), country SEPs will ensure that the approach to stakeholder engagement would be based on the principles of meaningful consultation and disclosure of appropriate information in a culturally relevant manner. The Borrower will ensure that meaningful consultation in a manner that provides an opportunity for IPs to give input on the risks, impacts, and mitigation measures of the project and for the Borrower to consider and respond to them in a culturally sensitive manner. These consultations will be carried out continuously as issues, impacts, and opportunities evolve. IP Free, Prior, and Informed Consent (FPIC) will be required if the project results in impacts on IP land and natural resources subject to traditional ownership or under customary use or occupation; project activities cause relocation of Indigenous Peoples from land and natural resources subject to traditional ownership or under customary use or occupation; or activities are carried out that have significant impacts on Indigenous Peoples that is material to the identity and/or cultural, ceremonial, or spiritual aspects of the affected Indigenous People's lives. In this case, FPIC will build on meaningful consultation carried out by the project on the principle of good faith negotiation between the project and affected Indigenous Peoples. In Chad, consultations for the SEP were held in N'Djamena on 12 December, 2024 with various national level stakeholders such as representatives from Ministry of Health, Directorate of Environmental Assessment, Pollution and Nuisance Control (DEELCPN), Ministry for Social Action (40 people attended). Further consultations were held on 9-10 January, 2025 in Barakara with local authorities, health care personnel, and traditional leaders (20 people attended). Discussions raised the following points for consideration under the project: raising awareness about reproductive health and GBV, ensuring safe access to health care services in areas with insecurity, and prioritizing local workforce for any recruitments. The SEP was disclosed in-country on June 23, 2025.

ESS2 - Labor and Working Conditions

Relevant

The implementation of the project will involve the recruitment of direct and contracted full and part time workers assigned to the RIU and PIUs. These will include PIU and government to specialized personnel for consulting, service provision and construction firms as well as unskilled laborers recruited from the community. It is also expected that community health officers supporting sensitizations and emergency health response will be recruited from beneficiary communities. Like for other ongoing Health projects in the zone, key labor risks include: Risks of accidents, risks injuries, child and forced labor, risks of SEA/SH, illness risks due to infection or pollution. CEMAC and each benefiting



country shall prepare country specific LMP no later than two months after the project effective date. The LMP shall inform on respective national labor laws applicable to the project activities, types of personnel to be hired under the project, and measures to comply with ESS2, including: Working conditions and management of workers relationship: The Borrower shall describe how project workers will be managed in accordance with the requirements of this standard and national laws. The LMP will ensure communication in clear language and understandable by each worker of the project, information and documents (such as code of conduct and internal regulations) which describe their rights under national law (which will include the applicable collective agreements where applicable), including their rights to wages, overtime, remuneration and social benefits as well as any other rights mentioned in the requirements of ESS2. The Borrower shall base employment relationships on the principle of equality of opportunity and treatment. Protecting the work force: The Borrower shall describe measures to ensure compliance with the minimum age based on requirements of the ESF and country law. To ensure the health and safety of workers during project implementation, the UESMF has addressed Occupational Health and Safety, in line with the WBG's EHS Guidelines and Good International Industry Practice (GIIP), including WHO guidance, particularly for the COVID-19 virus. The measures have included requirements for the use of Personal Protective Equipment (PPE), planning of training activities, and investigation/reporting of accidents, a worker Code of Conduct, and other labor issues such as labor influx, non-discrimination, equal opportunity, and prevention of all forms of forced labor including child labor and SEA/SH including the workers' code of conduct. The specific LMPs shall also include grievance mechanism procedures for labor disputes of project workers. For Chad, provisions on labor Management as well as provisions to prevent and manage GBV will be included in the Operations Manual.

ESS3 - Resource Efficiency and Pollution Prevention and Management

Relevant

This standard is relevant. Project activities will record a significant amount of waste, including non-hazardous solid waste, hazardous solid waste, laboratory-generated waste, and healthcare waste management,. E&S risks and impacts should be identified and mitigated as per C-ESMP prepared for each worksite before the start of work. Construction ESMPs (C-ESMP) and other plans, such as a Waste Management Plan (including hazardous and e-waste. Pollution could result from medical waste and other waste from the labs, health centers, or other structures used for project activities that high potential of being contaminated and this can infect the community at large if not properly managed. These include risks related to the communities' exposure to biohazard resulting from poorly applied biomedical waste management practices or infectious control protocols. Measures to address risks related to waste and biohazards will be included in site-specific ESIA/ESMPs. Regarding project activities, GHG accounting is not needed. In Chad, in case project activities produce biomedical waste it will be managed through existing Biomedical waste management plans to be updated (BMWMP of P167817).

ESS4 - Community Health and Safety

Relevant

There is a possibility for infectious microorganisms to be transmitted to members of the public if not well contained within laboratories or appropriately isolated areas of hospitals and medical centers, or due to accidents or emergencies. Other risks and impacts on communities include those associated with civil works, such as impacts related to noise, vibration, disturbances, SEA/SH, as well as risks associated with the operation of the infrastructures and the use of the medical and IT equipment financed under the Program. Civil works associated with the Program are not expected to lead to significant labor influx, as most of the works are small-scale. However, the increased presence of new health workforce such as Community Health Workers (CHWs), nurses, midwives, physicians may create concerns of Sexual exploitation and abuse within communities. The PIUs will also prepare country specific



GBV:SEA/SH assessments and Response Plan prior to the implementation of project activities and recruit a GBV specialist. In all countries, the PIUs will build on lessons and guidance from previous Bank financed health projects regarding GBV response and emergency response to communities. With regards to emergency response the project will include specific guidelines in country specific ESIA/ESMP on measures to ensure inclusion of community needs including those of vulnerable groups including indigenous people in emergency health response plans. It is unclear at this stage if the project will require the recruitment of private security guards, nor the use of the military. However, it is expected that project activities in all countries (CAR, Cameroon) will be implemented in zones marked with significant security risk for project personnel and beneficiary communities. Prevention, mitigation and response measures for these risks will be integrated into country specific SRA and SMPs to be prepared before the start of project activities.), Traffic Management Plan, Security Management Plan, CHS plan etc.. should be in line with local standards as well as GIIIP and WBG General Environment, Health, and Safety Guidelines requirements.

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

Relevant

This standard is relevant given that the project plans new constructions or expansions of health care services and laboratories. Component 2 activities aiming to provide robust health infrastructure capable of responding to health emergencies, infrastructural works in Cameroon will be limited to the rehabilitation of existing laboratory constructions, while in the program will support the construction of new resilient health infrastructures in Central African Republic (five health structures), Gabon (four health structures), and Congo (four health structures) as well as in Chad (number of structures not yet defined). No constructions are envisaged for CEMAC activities. However, at this stage, sites for potential rehabilitation or construction works have not yet been identified. . Once sites marked to accommodate works are identified, E&S site screening will inform if impacts require the preparation of Resettlement Plans. A resettlement framework will not be required given that from the history of previous Health projects in beneficiary countries, new constructions/expansions are usually carried out on existing properties of ministries of health of the client countries. Also, the E&S track record of existing health projects in CAR, Gabon, Cameroon, and Congo indicate limited ESS5 impacts. However, respective clients will prepare a Resettlement Plan in conformity with ESS5 if related ESS5 impacts are identified during E&S site-screening.

ESS6 - Biodiversity Conservation and Sustainable Management of Living Natural Resources

Not Currently Relevant

This Standard is not currently relevant. The Project is not expected to support any activities that might jeopardize the integrity of biodiversity or living natural resources

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

Relevant

Indigenous Peoples communities are present in CAR, Gabon, Cameroon, and Congo and are considered vulnerable and disadvantaged. Key elements of risk mitigation and culturally appropriate project benefits to IPs have been included in the UESMF. The PIUs in each country will conduct a Social Assessment to examine potential project risks, impacts, and benefits for the IPs before the start of activities in IP zones . Using a consultative approach, the Social Assessment will identify measures to mitigate risks and ensure culturally acceptable benefits to IPs. However, no activity under this project is expected to have an adverse effect on Indigenous Peoples (displacement, land, cultural heritage, habits & behaviors). The Umbrella Stakeholder Engagement Plan includes measures to ensure that



Indigenous communities, especially those living in remote areas, are aware of project activities that may impact them. Country specific SEPs will also ensure public consultations with representatives of indigenous communities and their organizations and relevant IP engagement measures to be implemented throughout the life of the project including grievance mechanisms. The potential social impacts can be adequately managed/ mitigated through developing, implementing, and monitoring appropriate measures. These measures will be detailed in country-specific Indigenous Peoples Plans (IPP) which shall be prepared before the start of project activities in zones with IP presence.

ESS8 - Cultural Heritage

Relevant

This standard is relevant. A Chance Find procedure will be included in the updated ESMF as a precaution and any construction that would impact tangible or intangible cultural heritage will not be supported under the Project.

ESS9 - Financial Intermediaries

Not Currently Relevant

The project is not expected to include financial intermediaries.

B.2 Legal Operational Policies that Apply

OP 7.50 Operations on International Waterways

No

OP 7.60 Operations in Disputed Areas

No

B.3 Other Salient Features

Use of Borrower Framework

In Part

CEMAC as a borrower here, does not have regulations on environmental and social plans. However, Cameroon, Central African Republic (CAR), and Congo each have an institutional and regulatory framework for environmental and social management, which are governed in Cameroon by law n°96/12 of 5th august 1996 relating to environmental management, in CAR by Law No. 07.018 of 28 December 2007 Environmental Code of the Central African Republic, and in Congo by Law no. 33 - 2023 of 17 November 2023 on sustainable environmental management in the Republic of Congo. Each of these laws recognizes a central entity in charge of environmental issues and defines the types of environmental assessments, the process for conducting these environmental assessments, and the actors responsible for conducting these environmental assessments. The project will conduct environmental and social assessments as part of the preparation and implementation of its activities. A more detailed analysis will be conducted.

Use of Common Approach

No

The use of a common approach is not relevant as all project financing will come from the Bank.

C. Overview of Required Environmental and Social Risk Management Activities

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

- Prepare an Umbrella SEP, and Umbrella ESMF by appraisal.



- ESCP to be completed by each client (PIUs/RIU) by appraisal. CEMAC and country specific requirements to be presented in respective ESCPs.
- CEMAC and Country specific SEP, SEA/SH Action plan, security risk assessment and plan to be prepared, consulted upon and disclosed no later than two months after the project effective date.
- Country specific RAPs will be prepared before the start of project activities for RAPs are required
- Country specific IPPs to be prepared before the start of project activities in zones with IP presence
- CEMAC and Country LMPs to be prepared, consulted upon and disclosed no later than two months before the project effective date and before the deployment of project staff..
- Coordination aspects among RIU (regional implementation unit) and country implementation unit (PIU) to monitor and report on E&S issues identified or to reported to the Bank
- Measures to consult and address risks related to Indigenous Peoples to be included in the U SEP,UESMF and country SEPs and ESIA/ESMPs. The ESIA/ESMPs will be prepared as soon as the project specific sites are identified and prior to project activities implementation.
- Project Operations Manual for Chad to be prepared by effective date.

III. CONTACT POINT

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