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Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 23-Jul-2025 | Report No: PIDIA01405



BASIC INFORMATION

A. Basic Project Data

Project Beneficiary(ies) Cabo Verde, Cameroon, Cameroon, Central African Republic, Central African Republic, Chad, Chad, Chad, Congo, Republic of, Congo, Republic of, Gabon, Gabon, Guinea, Liberia, Mali, Niger, Nigeria	Region WESTERN AND CENTRAL AFRICA	Operation ID P508837	Operation Name Health Security Program in Western and Central Africa - Phase II
Financing Instrument Investment Project Financing (IPF)	Estimated Appraisal Date 17-Jul-2025	Estimated Approval Date 23-Sep-2025	Practice Area (Lead) Health, Nutrition & Population
Borrower(s) Central African Republic, Republic of Congo, Republic of Chad, The Gabonese Republic, Republic of Cameroon	Implementing Agency 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		

Proposed Development Objective(s)

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

Components

- Component 1 - Prevention of Health Emergencies
- Component 2 - Detection of Health Emergencies
- Component 3 - Health Emergency Response
- Component 4 - Program Management and Institutional Capacity
- Component 5 - Contingent Emergency Response Component



PROJECT FINANCING DATA (US\$, Millions)

Maximizing Finance for Development

Is this an MFD-Enabling Project (MFD-EP)? No

Is this project Private Capital Enabling (PCE)? No

SUMMARY

Total Operation Cost	340.00
Total Financing	340.00
of which IBRD/IDA	330.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	280.00
IDA Credit	150.00
IDA Grant	130.00
International Bank for Reconstruction and Development (IBRD)	50.00

Non-World Bank Group Financing

Trust Funds	10.00
Global Financing Facility	10.00

Environmental And Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context



Regional Context

1. **With a population of approximately half a billion and comprised of 22 countries, AFW remains among the most fragile regions.** A challenging macro-fiscal outlook and high poverty make it especially vulnerable to shocks, like the recent COVID-19 pandemic. While HeSP-2 countries have different income levels (CAR and Chad are low-income, Cameroon and RoC are lower-middle income and Gabon is upper-middle income) they face similar health security challenges - including elevated epidemic and spillover risks driven by porous borders, population displacement and frequent cross-border movement, systemic weaknesses for disease surveillance, and weak multi-sectoral coordination for health emergency preparedness and response. Projected government spending growth rates in Cameroon, CAR, Chad and RoC will lag behind countries with similar income levels, potentially reversing anti-poverty gains made in the last decade before the pandemic (2010-2019), while Gabon may see increased expenditure growth compared to pre-pandemic trends.¹ Moreover, inflation, adverse weather conditions that can reduce agricultural productivity, and the rising risk of debt distress could further undermine economic growth projections in the region.
2. **Central Africa faces compounding challenges that heighten its vulnerability to health emergencies.** The region's population is projected to grow rapidly, adding 800 million working-aged people in thirty years, increasing demand for health and economic resources.² Despite abundant natural resources, Central Africa lags in socio-economic development compared to West Africa, with high poverty rates. In 2023, poverty rate was 65.8 percent in CAR, 46.8 percent in RoC, 34.5 percent in Chad, 23.4 percent in Cameroon, and 2.8 percent in Gabon (based on US\$2.15/day threshold).³ Additionally, 80.6 percent of CAR's population, 68.7 percent of RoC's and 38.6 percent of Cameroon's are among the world's poorest 20 percent, while Chad's rural poverty remains severe (47.4 percent), with national levels substantially higher than for many low-income countries.^{4,5}
3. **Fragility in AFW is exacerbated by conflict and violence, leading to large population displacements.** In 2022, there were 1.1 million new internally displaced persons (IDPs) in the region, with most people living in areas affected by Fragility, Conflict, and Violence (FCV).^{6,7} Porous borders, migration driven by FCV, humanitarian crises, and climate risks heighten cross-border health threats. Regional conflicts, such as Boko Haram attacks in Cameroon and ongoing unrest in CAR, can spread instability to neighboring countries via refugee and arms flows.^{8,9} Chad is similarly affected, hosting over 1.5 million IDPs and refugees due to ongoing conflict in the Lake Chad Basin and instability in neighboring Sudan, CAR, and Libya.¹⁰ Vulnerable groups, including rural women and girls,¹¹ the rural and urban poor, and migrant and displaced populations are disproportionately impacted facing heightened health risks. Moreover, women and girls face increased risks of internal displacement, sexual violence (including exploitation and trafficking) and forced pregnancies and marriages during natural disasters, conflicts, and other health emergencies,¹² as well as greater

¹ Kurowski, C., Schmidt, M., Evans, D. B., Tandon, A., Eozenou, P. H. V., Cain, J. S., & Pambudi, E. S. (2024). Government Health Spending Outlook-Projections Through 2029 Diverging Fiscal Pressures, Uneven Constraints.

² World Bank (2021). Supporting a Resilient Recovery: The World Bank's Western & Central Africa Region Priorities 2021-2025.

³ World Bank, Poverty & Equity and Macroeconomics, Trade & Investment Global Practices. Emissions data sourced from CAIT and OECD

⁴ World Bank staff estimates based on PovCalNet

⁵ Institute for Security Studies (ISS). (2023). *Chad: Current Path analysis*. African Futures.

⁶ UN High Commissioner for Refugees. Global Report 2022. <https://reporting.unhcr.org/global-report-2022>

⁷ FCV refers to Fragility, Conflict & Violence settings. In FY23, the World Bank classified 17 countries as conflict-affected and 20 countries/territories as facing institutional and social fragility.

⁸ Ballentine, K., & Nitzschke, H. (Eds.). (2003). *Beyond greed and grievance: Policy lessons from studies in the political economy of armed conflict*. New York: International Peace Academy.

⁹ World Bank Group. (2021). The socio-political crisis in the northwest and southwest regions of Cameroon: Assessing the economic and social impacts.

¹⁰ <https://www.internal-displacement.org/database/displacement-data/>

¹¹ About two-thirds of low-income livestock keepers worldwide are rural women, increasing their likelihood of exposure to zoonotic pathogens. Livestock Global Alliance. 2017. Integrating Gender in Livestock Projects.

¹² Peterman, Potts, O'Donnell, Thompson, Shah, Oertelt-Prigione, and van Gelder, 2020. "Pandemics and Violence Against Women and Children." CGD Working Paper 528. Washington, DC: Center for Global Development.



exposure to infectious diseases as evidenced by the 2013-2016 Ebola Virus Disease (EVD) outbreak and the COVID-19 pandemic.

4. **Central African countries face high vulnerability to infectious disease outbreaks, a risk that continues to rise due to factors like zoonotic pathogens, migration, urbanization, inadequate health services, and extreme poverty.** Health emergencies often stem from endemic and often vaccine-preventable diseases (e.g., yellow fever, measles, cholera), but emerging threats and high-impact pathogens such as EVD and Lassa fever are becoming more prevalent. In recent years, Cameroon has experienced multiple epidemics: over 21,000 cholera cases (2.4 percent fatality rate), 125,000 COVID-19 cases (1.6 percent fatality rate), and cases of mpox, rabies, and avian influenza.¹³ Central Africa is also significantly burdened by antimicrobial resistance (AMR). For instance, in CAR, the mortality rate associated with AMR is among the highest in the region, with 60.2 deaths per 100,000 people directly attributable to AMR and 251.3 deaths per 100,000 people indirectly linked to AMR.¹⁴ In Chad, fragility, displacement, and cross-border risks have led to repeated cholera outbreaks since 2015—including a 2019 episode with over 12 percent fatality—and hepatitis E outbreaks in displaced populations, such as the 2024 epidemic among Sudanese refugees in Ouaddaï.¹⁵ Seasonal floods have also raised the risk of arboviral diseases like dengue, chikungunya, and Rift Valley fever.¹⁶
5. **This rising threat of health emergencies extends beyond human health.** Zoonotic¹⁷ outbreaks across Africa have risen by over 60 percent over the last two decades. Coastal West Africa has been identified as a region where the risk of zoonotic diseases may increase due to factors such as deforestation and growth in human and livestock populations.¹⁸ This challenge highlights the critical need for implementing multisectoral One Health (OH) strategies that focus on the intersection of health, agriculture and environment sectors.^{19,20} Several zoonotic diseases are endemic to Central Africa, and the recent mpox epidemic in 2024 underscores the need for continuous surveillance, public awareness, and robust healthcare. In Cameroon, health risk mapping conducted in 2023 identified 13 major risks affecting humans and animals. Four of these were classified as very high risk (COVID-19, cholera, yellow fever, and meningitis), while six were deemed high risk (measles, rabies, mpox, Lassa Fever, Ebola, and Marburg).
6. **Strengthening health security is vital for maintaining human capital and ensuring the resilience of essential services in vulnerable areas.** Investments in health security are key to ensure the continuity of essential health services and detect/respond to emergencies, protecting people's health, and preventing setbacks in human capital gains and development. These efforts also advance the jobs agenda through strategic investments in resilience and regional integration in one of the world's most fragile settings, helping to preserve access to education, ensuring market functionality, and safeguarding people's jobs. Strengthening health security protects livelihoods today by ensuring that frontline health services remain operational during crises and creating jobs by investing in the health workforce (particularly in fragile, rural, and underserved settings). At the same time, it protects jobs tomorrow by saving lives and stabilizing economies in the face of future health crises.
7. **The health and economic impacts of health emergencies are significant and lasting.** Over the last 20 years, at least 13 EVD outbreaks have been reported in equatorial Africa. The largest, a devastating multi-country epidemic in

¹³ Cameroon Epidemiological Bulletin 2023, RESCAM 2022

¹⁴ Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. *Lancet* 399 (10325): 629-655. Doi: 10.1016/S0140-6736(21)02724-0

¹⁵ WHO Chad. *Hepatitis E Outbreak in Eastern Chad*, Situation Report #2, April 2024

¹⁶ UNICEF/WHO. *Vector-Borne Disease Risk in Flood-Affected Chad, 2022–2023*

¹⁷ Defined as diseases that can be transmitted from animals to humans

¹⁸ Hooda, N., Bisi-Amosun, O. O., Kaushik, I., Kishor, N. M., Van Der Linden, M., & Verheijen, L. (2023). Ghana Country Forest Note.

¹⁹ WHO, 2022. <https://www.afro.who.int/news/africa-63-jump-diseases-spread-animals-people-seen-last-decade>

²⁰ OH is a collaborative, multisectoral, and transdisciplinary approach—working at local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.



Guinea, Liberia, and Sierra Leone from 2013 to 2016, resulted in over 28,616 cases and caused 11,310 deaths.²¹ This EVD outbreak was estimated to have cost directly affected countries at least US\$2.8 billion combined, with downstream and regional impacts due to interruptions in travel, trade, and population movements,²² diminishing agricultural productivity, further exacerbating food insecurity and poverty. This extended epidemic had long-term effects on health systems, including over 500 documented healthcare worker deaths²³ and significant supply chain disruptions in systems already facing chronic insufficiencies in human resources and infrastructure. Reductions in the provision of care and care-seeking behaviors were not only drivers of EVD transmission in affected communities but also decreased the effective delivery of essential health services for other health conditions, including vaccine preventable diseases, malaria, acute respiratory infections, diarrhea and non-communicable diseases (NCDs). In **Central Africa**, repeated EVD outbreaks have underscored the region's vulnerability to health crises due to weak health systems, limited surveillance capacity, and difficulties in deploying timely responses, particularly in conflict-affected areas.

8. **A Regional approach is critical for successful health security operations.** HeSP-2 is well placed to address cross-border infectious disease outbreak risks, while contributing to global and regional public goods. The Program supports economies of scale and institutional efficiency by leveraging shared assets, enabling South-South learning, and unlocking regional IDA and development partners financing often inaccessible to countries individually. Implementation experience grounded in evidence shows that regional investments in health security strengthen health systems resilience. IEG concluded that REDISSE²⁴ implementation allowed West African countries to be better prepared to respond to COVID-19, aided by regional leadership and coordination supported through World Bank investments. Importantly, it galvanized multiple sectors to address human-animal-environment related diseases. AFW's regional approach to health security has been replicated in other regions across the World Bank and continues to be a model for our partners. Overall, health security remains at the cornerstone of our development agenda in the region, as a "protector" of the people's health and wellbeing, the investments in resilient health systems, the economic development and job creation in AFW countries.

Sectoral and Institutional Context

9. **Health systems in Central African countries are fragile, with violence, conflict, and instability exacerbating challenges in delivering essential services.** Health emergencies, including the COVID-19 pandemic, disrupt services like maternal and child health, immunization, chronic disease management, weakening population health and increasing vulnerabilities. Prior epidemics show that future health emergencies could further strain health systems, undermining human capital and economic prosperity. Infectious disease service coverage is low, particularly in **Gabon** (34 percent, compared to over 80 percent in upper-middle income countries) where malaria still represents an important public health concern with over 500,000 cases and 384 deaths in 2021. **Cameroon**, limited access to healthcare and essential services, which is compounded by conflict-driven disruptions in the Far-North, Northwest and Southwest regions. In **CAR and Chad**, protracted instability, weak governance, displacement, and underfunding have left the health system severely strained, resulting in a fragile health infrastructure. In **RoC**, disparities between urban and rural health services exacerbate inequities, particularly in access to essential care and diagnostic services. The COVID-19 pandemic exacerbated the limited ability of health systems to appropriately address each of these

²¹ World Bank. Pandemic Preparedness Assessment in Sierra Leone. 2021

²² World Bank. 2014-2015 West Africa Ebola Crisis: Impact Update. 2016. <https://www.worldbank.org/en/topic/macroeconomics/publication/2014-2015-west-africa-ebola-crisis-impact-update>

²³ US Centers for Disease Control and Prevention. Cost of Ebola on the Healthcare System. 2016. <https://www.cdc.gov/vhf/ebola/pdf/impact-ebola-healthcare.pdf>

²⁴ The Regional Disease Surveillance Systems Enhancement (REDISSE) was an inter-dependent series of projects approved between 2016 and 2018 covering 16 countries that supported foundational investments in regional disease surveillance and laboratory capacity.



disease burdens. Such interruptions in the health sector induce further knock-on effects across a range of economic interests and essential human development themes and underline the importance of investing in health security.²⁵

10. **Central African countries struggle to prevent, detect, and respond to health emergencies due to limited resources and weak institutional capacities.** Although timely and well-targeted investments in regional and country-level preparedness have yielded some positive outcomes, increased and reliable domestic funding is necessary to enhance and sustain International Health Regulation (IHR) capacities to address persistent weaknesses in preventing, detecting, and responding to health emergencies. Health security metrics consistently rank AFW among the lowest performing regions: in 2021, the region's average ranking on the Global Health Security Index²⁶ (GHSI) was 28.1 (out of 100), below the global average of 38.9^{27,28} Table 1 shows the GHSI scores for HeSP-2 countries, which are ranked among the lowest both globally as well as within the Africa region. AFW countries have self-reported State Parties Self-Assessments Annual Reports (eSPAR)²⁹ their IHR capacity performance on average at 46.7 percent, significantly lower than the global average (64 percent).^{30,31} Although IHR capacities differ across countries, the region commonly faces significant gaps in laboratory diagnostic capabilities, disease surveillance and information systems, supply chain infrastructure and management, and the health workforce's ability to perform disease surveillance, preparedness, and response functions. These gaps are primarily due to limited domestic and regional resources, weak institutional capacities and governance mechanisms, and insufficient multisectoral coordination. The HeSP Program seeks to strengthen capacities that are common challenges across all participating countries, while addressing country-specific IHR capacity challenges and support systematic evaluations, such as the Joint External Evaluation (JEE), SPAR, and Performance of Veterinary Service (PVS) Pathway.³²

Table 1: GHSI Scores for HeSP-2 countries, 2021

	CAR	Chad	RoC	Cameroon	Gabon
Overall GHSI score	18.6	23.9	26.3	28.6	21.8
Overall (World) Rank	189/195	178/195	162/195	149/195	182/195
Africa Rank	52/54	46/54	38/54	30/54	48/54

Source: <https://ghsindex.org/>

11. **Climate change is a primary driver of health emergencies in Central Africa and already has negative impacts on health systems and health outcomes.** Climate change contributed to at least 50 percent of natural disasters registered in Cameroon, CAR, Gabon and RoC between 1980 and 2020 since they were mostly constituted of floods, epidemics, and droughts.³³ All five countries rank rather poorly on the Notre Dame Global Adaptation Initiative (ND-GAIN) index,³⁴ from 126 for **Gabon**, to 155 for **Cameroon**, 174 for **RoC**, and 186 for **CAR**, and 187 for **Chad** out of 187 countries globally, denoting high vulnerability and low readiness. The vulnerability of the health sector contributes to poor

²⁶ The GHSI measures indicators in six areas of preparedness, alongside indicators on country context that could shape their abilities to prevent, detect and rapidly respond to outbreaks.

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²⁷ Global Health Security Index. <https://www.ghsindex.org/>

²⁸ Other preparedness metrics, such as ReadyScore²⁸, illustrate similar weaknesses. ReadyScore assess a country's capacity to find, stop, and prevent epidemics based on an average score across nineteen technical capacities evaluated in WHO's Joint External Evaluation (JEE).

²⁹ WHO. IHR Capacity Progress. <https://extranet.who.int/e-spar/> Accessed on Dec. 9, 2024.

³⁰ The State Party Self-Assessment Annual Report (SPAR) tool is a self-assessment for state parties to evaluate implementation of IHR core capacities for prevention, detection and response to public health events. SPAR includes 24 indicators for the 13 IHR capacities. The composite SPAR score is the average score across these 24 indicators.

³¹ WHO e-SPAR Database

³² JEE last conducted for CAR and RoC in 2023, Gabon in 2019, and Cameroon in 2017; PVS last conducted for CAR in 2024, Cameroon in 2021, and Gabon and RoC in 2019.

³³ World Bank Climate Change Knowledge Portal. <https://climateknowledgeportal.worldbank.org/>

³⁴ Notre Dame Global Adaptation Initiative // University of Notre Dame. Global Country Ranking. <https://gain.nd.edu/our-work/country-index/rankings/>



performance, due to projected changes in vector-borne diseases and the low number of medical staff per 1,000 people. In addition, climate change is projected to cause 5.9 million additional cases of malaria, diarrhea, stunting, dengue, and extreme heat between 2031 and 2050, with malaria representing about 90 percent of those additional cases.³⁵ More frequent flooding events in **CAR, Chad and Gabon** drive recurrent cholera outbreaks and other waterborne diseases, while increasing temperatures are expanding the habitat of malaria-transmitting mosquitoes in **Cameroon and RoC**. By 2030, climate-sensitive health risks will represent 9.4 percent and 12.5 percent of Cameroon's morbidity and mortality, rising to 26.5 percent and 20.5 percent by 2050. The economic burden of these risks is also expected to increase from US\$3.2 billion in 2030 to US\$4.9 billion in 2050.³⁶

Table 1: GHSI Scores for HeSP-2 countries, 2021

	CAR	Chad	RoC	Cameroon	Gabon
Overall GHSI score	18.6	23.9	26.3	28.6	21.8
Overall (World) Rank	189/195	178/195	162/195	149/195	182/195
Africa Rank	52/54		38/54	30/54	48/54

Source: <https://ghsindex.org/>

12. **Climate change is a primary driver of health emergencies in Cameroon, CAR, Chad, Gabon and RoC, and already has negative impacts on health systems and health outcomes.** Climate change contributed to at least 50 percent of natural disasters registered in Cameroon, CAR, Gabon and RoC between 1980 and 2020 since they were mostly constituted of floods, epidemics, and droughts.³⁷ All five countries rank rather poorly on the ND-GAIN index,³⁸ from 126 for **Gabon**, to 155 for **Cameroon**, 174 for **RoC**, and 186 for **CAR**, and 187 for **Chad** out of 187 countries globally, denoting high vulnerability and low readiness – most of all in Chad, which also ranks sixth most vulnerable country on the INFORM Risk index. The vulnerability of the health sector contributes to poor performance, due to projected changes in vector-borne diseases and the low number of medical staff per 1,000 people. In addition, climate change is projected to cause 5.9 million additional cases of malaria, diarrhea, stunting, dengue, and extreme heat between 2031 and 2050, with malaria representing about 90 percent of those additional cases.³⁹ The economic cost of the health impacts of climate change due to years of life lost in the four counties is anticipated to reach almost US\$9.4 billion between 2031 and 2050.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

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

Key Results

- i. Regional signed agreements for cross-border information sharing on health security guided by the OH principles (Number)

³⁵ WBG, Climate Change & Health Vulnerability Analysis: Cameroon, Central African Republic, Gabon and Republic of Congo (2025)

³⁶ World Bank (2024). The Cost of Inaction: Quantifying the Impact of Climate Change on Health in Low- and Middle-Income Countries (English). Washington, D.C.: World Bank Group.

³⁷ World Bank Climate Change Knowledge Portal. <https://climateknowledgeportal.worldbank.org/>

³⁸ Notre Dame Global Adaptation Initiative // University of Notre Dame. Global Country Ranking. <https://gain.nd.edu/our-work/country-index/rankings/>

³⁹ WBG, Climate Change & Health Vulnerability Analysis: Cameroon, Central African Republic, Gabon and Republic of Congo (2025)



- ii. Routine multisectoral cross-border investigations/simulations conducted in the region (Number)
- iii. Participating Countries that have adopted metrics to timely detect and respond to health emergencies (Percentage)
- iv. Participating Countries having addressed gaps in veterinary services core capacities (Percentage)
- v. Participating Countries with adopted/updated contingency plans to ensure delivery of identified essential health services during a health emergency (Percentage)

D. Project Description

13. **The proposed HeSP-2 has five components in line with the Program components:** (i) Prevention of health emergencies; (ii) Detection of health emergencies; (iii) Health Emergency Response; (iv) Program Management and Institutional Capacity; and (v) Contingent Emergency Response Component (CERC). HeSP-2 participating countries will have the flexibility to select relevant activities under the components, based on their country's context and priorities, provided these are well-aligned with the PrDO, PDO and theory of change.

Program Components

14. **Component 1. Prevention of Health Emergencies (US\$27.72 million).** This component focuses on strengthening planning and management of health security resources, as well as preventing and minimizing impacts of health threats such as zoonoses and AMR.
15. **Subcomponent 1.1 Health Security Governance, Planning, and Stewardship (US\$ 11.77 million).** *At the regional level*, this subcomponent will support (i) mapping of regional and national resources for prevention, detection, and response to health emergencies; (ii) alignment of development partners and financing to country needs and priorities for health security; (iii) standardized regulations supporting the handling and transfer of biological materials (e.g., specimen sample transportation); and (iv) regional, cross-border and national information sharing of health and climate data, as well as coordination of core prevention, detection, and response capacities. *At the country level*, the subcomponent will support countries' prioritization, coordination, regulation, management, and monitoring of national health security agendas that are aligned with regional and global targets. Regional level support will also review/support the required governance, legal and regulatory authorities in place for National Public Health Institutes (NPHIs) (or government institution/departments with equivalent functions) including institutional capacity support. This encompasses extensive technical support to the development and management of National Action Plans for Health Security (NAPHS); and supports the review of public health laws, policies, and regulations (e.g., updating legal frameworks to operationalize health emergency management and response efforts outlined in multisectoral, multi-hazard national plans). This subcomponent will also support monitoring of IHR core capacities using tools such as the JEE and PVS, particularly at borders and Points of Entry (PoE), to inform planning and priority setting. The Project will also support TA in key health security-related cross thematic areas such as studies/assessments related to medical countermeasures and strengthening of regional standard-setting for disease surveillance, among others.
16. **Subcomponent 1.2 Scaling-up OH Agenda and combatting AMR (US\$ 15.95 million).** This subcomponent is dedicated to the multisectoral collaboration embedded in the OH approach (the intersection of animal, environmental, and human health) and aimed at preventing spillover events, considering the growing threat of zoonoses-related outbreaks, with attention to AMR and vector-borne diseases affected by climate change. Supported activities include strengthening OH coordination mechanisms at *subnational, national, and regional levels* involving stakeholders from human, animal and environment sectors. *The subcomponent will finance the:* (i) development, prioritization, and operationalization of multisectoral, regional OH and AMR action plans (with a gender focus); and (ii) development,



dissemination, and monitoring of guidelines and regulations for prevention including optimizing antibiotic use in animal and human health sectors, sanitary animal production practices,⁴⁰ and water, sanitation, and hygiene practices (WASH) including use of the WASH Facility Improvement Tool. Supported activities on dissemination of these prevention practices will include community engagement to improve uptake and contextualize interventions to community needs with a gender lens to maximize focus on equity and inclusion.

17. Component 2. Detection of Health Emergencies (US\$155.01 million). This component focuses on multisectoral surveillance systems and mechanisms for data sharing within and across borders, strong regional laboratory networks and multisectoral and integrated workforce required to enable early detection of health emergencies. It is critical to ensure interoperability of surveillance and lab systems to improve collaborative surveillance and detection, facilitating collaboration across different systems and sectors.

18. Subcomponent 2.1. Collaborative Surveillance (US\$40.53 million).⁴¹ This subcomponent will focus on strengthening multisectoral and integrated surveillance capacities (including indicators and event-based surveillance), particularly for epidemic-prone diseases, climate-sensitive diseases, and unusual health events. Activities at cross border and national levels relate to real-time monitoring and quality improvement for early detection and response and will operationalize early warning surveillance systems in OH sectors (animal, environment, and human health) with an emphasis on PoE. Early warning surveillance systems will focus on engagement of community-level actors (with attention to vulnerable populations – including women). In addition to data collection and management, the subcomponent will support training and tools for data analysis, and platforms for information sharing at all levels (community, national, and regional) and across OH sectors. This capacity building will aim to strengthen linkages between community, national, and regional surveillance systems, to improve the rapidity with which data on potential health threats are shared within and across countries. Program supported activities will include training and logistics support (i.e., transport) to strengthen capacity for event verification, investigation, and risk assessment to inform the level of threat and response - as well as support to the Field Epidemiology Training Program (FETP) at basic, intermediate, and advanced⁴² levels. To support closing the gender gap in women's access to formal trained technical roles in the health sector, outreach efforts will be done to ensure purposeful targeting of women in administrative or informal positions to be included in these professional training programs. The increased rate of women graduating and institutionalized within the health workforce will be critical to ensure FETP and health security related community-based approaches and activities are designed and implemented with a gender lens which in turn will improve access and quality of community health approaches. Finally, activities will also build on gains in national and cross-border regional surveillance activities across OH sectors including PoE, with an emphasis on data sharing and feedback loops to ensure effective data usage for decision-making.

19. Subcomponent 2.2. Laboratory Quality and Capacity (US\$84.15 million). This subcomponent will focus on enhancing the quality of laboratory systems to ensure timely and accurate identification and characterization of pathogens. Importance will be placed, at both regional and national levels, on ensuring that laboratories implicated in human, animal, or environmental health function in an integrated fashion to ensure the OH approach is operationalized and maximize sharing of materials/supplies and transportation capacities across sectors and countries. Expanded laboratory capacity would also focus on the ability to carry out surge testing and build capacity for genomic sequencing in the region with sharing of information across countries to inform surveillance and risk assessment related activities. Regional level activities aim to strengthen regional interconnected laboratory networks and the requirements to test

⁴⁰ In line with the Africa CDC Framework for Antimicrobial Resistance; 2018-2023.

⁴¹ WHO defines Collaborative surveillance as "the systematic strengthening of capacity and collaboration among diverse stakeholders, both within and beyond the health sector, with the ultimate goal of enhancing public health intelligence and improving evidence for decision-making."

⁴² Cameroon has a well-established FETP training center that could serve as a regional resource leveraged by the Program



for specialized pathogens and conduct quality control by supporting the establishment and implementation of regional laboratory protocols, biosafety and biosecurity guidelines, regional standards, guidance, and material transfer agreements for cross country specimen transportation. National level activities include efforts to strengthen laboratory information management systems (LIMS), support public health laboratory accreditation efforts, expand laboratory and diagnostic coverage through necessary laboratory infrastructure and laboratory supplies for testing for a variety of pathogens, enhance the climate resilience of the laboratory network, and include national public health laboratory systems as part of the in-country early warning system.

20. **Subcomponent 2.3. Multi-disciplinary human resources for health emergencies (US\$30.33 million).** This subcomponent aims to strengthen workforce capacities required to prevent, detect, and respond to health emergencies – across the spectrum of human, animal, environmental, and public health. This workforce spans frontline health (e.g., community health workers -CHWs, nurses, midwives, physicians); public health (e.g., disease surveillance officers, epidemiologists, biostatisticians, laboratory technicians); animal health (e.g., veterinarian and wildlife health officers, animal health epidemiologists, veterinary paraprofessional, community animal health workers); environmental health (e.g., food safety officers, environmental health specialists, agriculture extension workers); and multisectoral surge workforce plans in the event of health emergency. At the regional level, activities include support to the regional harmonization of competency standards, regional education and training programs including continuous support to the Field Epidemiology and Laboratory Training Program (FELTP) at national and subnational levels, regional veterinary paraprofessional workforce development program, as well as for regional health emergency rapid response teams. National level supported activities will focus on strategic resource planning to support medium to longer term staffing, including multidisciplinary OH workforce plan development (i.e., field visits for data collection on workforce, relevant stakeholder meetings, etc.) and implementation (i.e., curriculum development; training for cadres at subnational, national, and regional levels, including on topics such as IPC; mobilization of resources for worker incentives, budgeted positions, etc.).
21. **Component 3. Health Emergency Response (US\$126.17 million).** This component will build and sustain capacities that can prevent and prepare for an outbreak from becoming an epidemic or pandemic, through a focus on disease control and effective health emergency response. Financing to this component includes a US\$10.0 million grant from GFF to Cameroon
22. **Subcomponent 3.1. Health Emergency Management (US\$48.19 million).** This subcomponent will focus on the management capacities required at subnational, national, and regional levels to respond to public health threats. This includes support to development of and/or monitoring and support to national multi-hazard, multisectoral plans and maintaining and operationalizing standard operating procedures (SOPs). Activities will focus on (i) multisectoral response mechanisms that link OH, security, and social sector authorities to design and implement response to health emergencies (i.e., travel-related measures, border policies, lockdowns, social supports, etc.); (ii) support to the establishment and functioning of public health emergency operations centers (PHEOCs); (iii) access to countermeasures through strengthening emergency logistics and supply chains, including supply chain monitoring, stockpiling, and procurement plans at national and regional levels; and (iv) management and deployment of national and regional surge workforce. For the stewardship of these response structures and tools – i.e., multisectoral response mechanisms, PHEOCs, supply chains, surge workforce management – supported activities will include logistics and technical support for meetings, training, infrastructure, and simulations/tabletop drills to regularly test capacities. Finally, this subcomponent will support Intra-Action Reviews as well as Rapid After-Action Reviews that collect and disseminate findings to key stakeholders across sectors at national levels and through cross-country/regional collaboration.



- 23. Subcomponent 3.2. Health service delivery for health emergencies (US\$77.98 million).** This subcomponent focuses on health systems' response to health emergencies, including the maintenance of essential health services. Activities include the development and/or updating of contingency plans that also address relevant climate exposures such as high temperatures or flooding, patient referral systems/networks of facilities to be activated in health emergencies, innovations (i.e., telemedicine), as well as strengthening information systems (i.e., digital systems for health records, health workforce, supply chains, etc.). To strengthen health facility response in the event of a health emergency, investments for "epidemic ready" health facilities including one-off capital investments such as green and resilient measures,⁴³ IPC requirements and adaptability for surge capacity (e.g., WASH facilities, isolation areas, ventilation, electricity/solar, and connectivity), as well as training of primary health care workers. This subcomponent also supports broader health systems response, such as case management, point of care testing (where feasible), design and implementation of multisectoral risk communication and community engagement (RCCE) strategies with a focus on vulnerable populations (i.e., training for risk communication, logistics support for health services demand generation, platforms for community engagement spanning digital, radio, schools, etc.). Cross border RCCE activities include regional or multi-country strategies focused on PoE given high levels of migration within the region and the need to engage with mobile communities across borders. The subcomponent also supports regional training on a minimal initial service package in sexual and reproductive health in the context of public health emergencies (PHEs). To further strengthen the integration of public health within broader service delivery and advance an epidemic-ready primary health care (PHC) system, the Project will support last-mile early warning systems through community health platforms and full deployment of integrated disease surveillance and response. This includes developing and validating guidelines, providing essential tools, and training community and PHC health workers.
- 24. Component 4. Program Management and Institutional Capacity (US\$31.10 million).** This component will support the critical building blocks for strong implementation and coordination required for implementing a regional program. Specific institutional capacity building activities at national and regional levels include program coordination, TA for improving contract management (e.g., fiduciary coaching), monitoring and evaluation (M&E) including data collection, tracking, reporting and knowledge management, procurement, financial management (FM), management of social and environmental risks, including climate change (e.g., capacity building, M&E). This component will also finance personnel for project execution at national and regional levels as appropriate to the context. Regional coordination platforms coordinated at the regional level through the Regional Coordination Committee (RCC) for knowledge sharing and promotion of cross-country learning in specific technical areas (e.g., community-based surveillance, NPHIs) among the implementing entities and collective monitoring of implementation status. Finally, related operating expenses and equipment will also be financed under this component.
- 25. Component 5. Contingency Emergency Response Component (CERC).** A CERC, with a zero Dollar allocation, is included in the project in accordance with IPF Policy, paragraphs 12 and 13, for Situations of Urgent Need of Assistance and Capacity Constraints. This will allow for rapid reallocation of loan/credit/grant uncommitted funds in the event of an eligible emergency. To meet CERC activation requirements, the Government will prepare a CERC Manual, submit an Emergency Action Plan (EAP), and meet the Environmental and Social (E&S) requirements agreed in the EAP and Environmental and Social Commitment Plan (ESCP). A CERC Manual and Emergency Action Plan, acceptable to the World Bank, will be prepared and constitute a disbursement condition for this component.

⁴³ Examples include energy-efficient upgrades such as structural improvements, roofing, electrical safety, improvements in lighting, telecommunications, plumbing and water storage as well as inclusion of ramps to facilitate access for persons with disabilities. Minor refurbishments to existing health facilities will benefit, when possible, from energy-efficient ventilation and air conditioning systems to reduce related costs and enhance IPC, as well as other energy-efficient and cost saving investments.



Legal Operational Policies

Triggered?

Projects on International Waterways OP 7.50

No

Projects in Disputed Area OP 7.60

No

Summary of Screening of Environmental and Social Risks and Impacts

26. **The environmental and social risks and impacts of the Program have been assessed as “Substantial”.** Potential social risks are substantial and relate to: (i) inadequate stakeholder engagement to properly inform design and implementation; (ii) the exclusion of vulnerable or disadvantaged groups; (iii) inadequate attention to ensure that guidelines established under the program include considerations for and ethical data security protocols; (iv) occupational risks and worker labor conditions; (v) sexual abuse and exploitation and sexual harassment (SEA/SH), associated with labor influx; (vi) land acquisition impacts associated with new constructions; and (vii) security risks.
27. **Environmental risks are considered Substantial at this stage.** The proposed project is expected to be implemented simultaneously in CAR, Chad, Gabon, ROC, Cameroon and CEMAC (any other Central Africa country that is a member of 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 can include: (i) impacts on water quality, (ii) disposal and management of building/construction wastes, (iii) occupational health and safety risks and (iv) nuisances related to air and noise emissions; and (v) the management and disposal of hazardous materials and waste. Moreover, support activities such as logistics and technical support for meetings could lead to risks of traffic accidents for project staff and communities.
28. **In order to address E&S risks by appraisal, the project will prepare an Umbrella Stakeholder Engagement Plan (USEP) and and Umbrella Environmental and Social Management Framework (U-ESMF) will be prepared to cover all HeSP-2 countries and CEMAC.** This U-ESMF will address larger goals of HeSP-2 and include CERC requirements. It will be cleared by the World Bank and disclosed before project Appraisal. SEA/SH risk mitigation measures will be tailored according to each country and CEMAC. Risk levels determined in the SEA/SH risk assessments will also be included in the ESMF to guide the preparation of country-specific Environmental and Social Management Plan (ESMP). As part of the Financing Agreement, each country and CEMAC PIUs will also prepare an ESCP with the support of the World Bank. However, before the start of project activities, the R-RIU and country PIUs will prepare a Stakeholder Engagement Plan (SEP), country specific Labor Management Procedures (LMP), and GBV: SEA/SH assessment and Response Action Plan. PIUs of FCV countries will also prepare a country-specific Sytematic Risk Assessment (SRA) and Systematic Risk Management Plan (SMP) informing the mitigation measures to be implemented. Based on SMPs PIUs will prepare Resettlement Plans and Indegenous Peoples plan as needed when project sites are known.

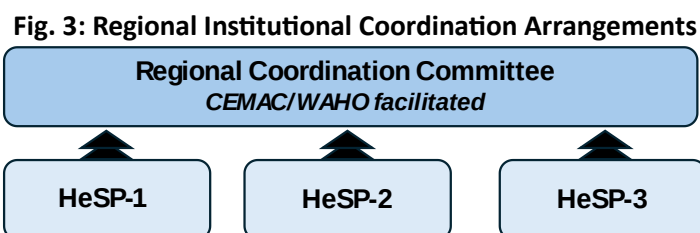
E. Implementation

Institutional and Implementation Arrangements

29. **At country level, project implementation is under the responsibility of the respective Ministries of Health, NPHIs or equivalent and conducted through Project Implementation Units (PIUs).** At the **regional level**, CEMAC will serve as the implementing entity accountable for implementation of regional led activities in Central Africa. While



implementation arrangements are similar across participating countries, there are slight differences given capacities and existing structures (e.g., in Gabon, a central PIU manages fiduciary aspects for all World Bank projects while technical implementation is supervised by sector ministries). Arrangements for Phase II are detailed in the respective annexes for each participating country and CEMAC. In addition to working through multisectoral national steering committees (in most cases existing structures) to coordinate Program activities, the RCC, facilitated by CEMAC in association with WAHO will support ensuring alignment with the overall regional agenda and global priorities (see Figure 3). The RCC arrangements will include an option to engage regional and global technical partners (e.g., WHO, Africa CDC, FAO) as needed as described in the Project Operations Manual (POM).



30. **Program Management functions across each implementing entity will ensure national and regional coordination with accountability for:** (i) development of annual work plans and budget (AWP/B); (ii) monitoring and reporting on the Results Framework; (iii) coordination and follow-up on project fiduciary matters; and (iv) implementation and monitoring of environmental and social standards (ESS). National-level implementation arrangements will seek to build on existing implementation experience and capacities both within the respective ministries of health (MoH) and centralized fiduciary functions as applicable to each country. The establishment of new PIUs follows regular World Bank operational procedures and benefits from the TA and support of operational and technical teams across the World Bank to facilitate implementation readiness. Implementing Agencies (IAs) will be required to: (a) set up a dedicated PIU or equivalent within the MoH; (b) designate staff with appropriate skill sets and recruit on an exceptional basis to fill skills gaps; (c) build staff capacity; (d) ensure multi-sectoral coordination with other relevant line ministries, consistent with OH; and (e) make resources available to conduct day-to-day functions. The PIUs will be led by a dedicated coordinator responsible for coordinating and managing the timely and effective implementation of the country project. The MoH and IAs will release staff assigned to the PIU from any other duties and responsibilities. The PIUs will prepare quarterly financial and technical reports and submit them to the World Bank within the stipulated timelines. The Program's learning agenda also includes knowledge sharing related to project implementation among the PIU teams. This is a lesson learned from REDISSE and has already begun to be implemented under Phase I through established working/support groups (among project coordinators and specialists M&E, procurement, and E&S among other technical teams).



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