

Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 18-Mar-2025 | Report No: PIDDC01192

**BASIC INFORMATION****A. Basic Project Data**

Project Beneficiary(ies) Cameroon, Central African Republic, Congo, Republic of, Gabon	Operation ID P508837	Operation Name Health Security Program in Western and Central Africa, using the Multi-Phase Approach - Phase III	
Region WESTERN AND CENTRAL AFRICA	Estimated Appraisal Date 09-Jun-2025	Estimated Approval Date 02-Sep-2025	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing (IPF)	Borrower(s) Central African Republic, Republic of Congo, 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), 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.

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	270.00
Total Financing	270.00
of which IBRD/IDA	270.00



Financing Gap	0.00
DETAILS	
World Bank Group Financing	
International Bank for Reconstruction and Development (IBRD)	50.00
International Development Association (IDA)	220.00
IDA Credit	210.00
IDA Grant	10.00
Environmental and Social Risk Classification	
Substantial	Concept Review Decision
	The review did authorize the preparation to continue

Other Decision (as needed)

N/A

B. Introduction and Context

Regional Context

1. **With a population of half a billion and comprised of 22 culturally and geographically diverse countries, AFW remains among the most fragile regions in the world.** A challenging macro-fiscal outlook and stark levels of poverty make AFW particularly vulnerable to future shocks. This vulnerability was further enhanced during the recent COVID-19 pandemic that slowed economic growth (real Gross Domestic Product - GDP fell to -0.8 percent in 2020)¹ and reversed gains in poverty reduction achieved over the past decade. Since 2021, the economies of AFW countries have begun to resume a pattern of growth but forecasted growth rates across various AFW countries are at risk of slowing following rising inflation, food insecurity, adverse weather conditions, and the rising risk of debt distress. Furthermore, rapid population growth over the last half century is projected to increase the overall population by 800 million working-age people over the next 30 years² - slowing per capita income growth to approximately 1 percent in 2022.³ **Central Africa** faces compounding challenges that exacerbate the region's vulnerability. Despite its vast natural resources, the sub-region's socio-economic development lags behind countries in West Africa, as reflected by some of the highest poverty rates (using the international poverty rate of US\$2.15 in 2017 PPP, poverty rates were 23.4 percent in

¹ World Bank. 2023. Global Economic Prospects, June 2023. Washington, DC: World Bank. doi:10.1596/978-1-4648-1951-3. License: Creative Commons Attribution CC BY 3.0 IGO

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

³ Calderon, C et al. 2022. "Africa's Pulse, No. 26" (October), World Bank, Washington, DC. Doi: 10.1596/978-1-4648-1932-2.



Cameroon, 65.8 percent in CAR, and 46.8 in RoC).⁴ Furthermore, 80.6 percent of the population in CAR falls within the world's poorest 20 percent, while this figure amounts to 38.6 percent in Cameroon and 68.7 percent in RoC.⁵

2. **Fragility in AFW is exacerbated by conflict and violence, leading to large population displacements.** Countries in AFW are observing increased mobility and population displacement with 1.1 million new internally displaced persons in 2022⁶ and most of the population living in countries with Fragility, Conflict and Violence (FCV) affected areas.⁷ Porous borders and an increased likelihood of migration due to FCV, humanitarian emergencies, and climate vulnerability contribute to cross-border health threats in the region. These threats are amplified among vulnerable groups (including rural women and girls),⁸ the rural and urban poor, migrant and displaced populations, and are consistent with ongoing global inequities in exposure to health threats. 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,⁹ as well as greater exposure to infectious diseases as evidenced by the 2013–2016 Ebola Virus Disease (EVD) outbreak and the COVID-19 pandemic.
3. **Countries in Central Africa are highly vulnerable to infectious disease outbreaks, and the risks of health emergencies will continue to grow.** These risks are driven by extensive reservoirs of zoonotic pathogens, high migration, increased urbanization, poor health outcomes, and extreme poverty. While most health emergencies are driven by familiar and avoidable causes, often endemic, – including vaccine-preventable diseases (such as yellow fever and measles) and water borne diseases (such as cholera) – the relative prominence of emerging infectious diseases and novel health threats has grown. The incidence of cases and outbreaks of emerging diseases and other high-impact pathogens (e.g., Ebola Virus Disease-EVD, Lassa fever) have increased sharply over the last several years. Pathogens including EVD, Lassa fever, and Marburg virus, have seen increased incidence and geographic spread, underscoring the need for enhanced regional disease surveillance. 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.¹⁰ This rising threat extends beyond human health – the number of zoonotic outbreaks across Africa has increased by more than 60 percent over the last two decades, highlighting the critical need for implementing multisectoral One Health strategies that focus on the intersection of health, agriculture and environment sectors.^{11,12} Several zoonotic diseases are endemic to Central Africa, and the recent Mpox epidemic in 2024 underscored the need for continuous surveillance, public awareness, and robust healthcare. In Cameroon, for instance, a mapping of health risks in 2023 led to the identification of 13 major human and animal health risks, out of which four are of very high risk (COVID-19, Cholera, Yellow Fever and Meningitis) and six of high risk (Measles, rabies, MPox, Lassa Fever, Ebola and Marburg).

⁴ World Bank, Poverty & Equity and Macroeconomics, Trade & Investment Global Practices. Emissions data sourced from CAIT and OECD

⁵ World Bank staff estimates based on PovCalNet

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 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.

⁹ 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.

¹⁰ 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

¹¹ WHO, 2022. <https://www.afro.who.int/news/africa-63-jump-diseases-spread-animals-people-seen-last-decade>

¹² One Health 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.



4. **The health and economic impacts of health emergencies are significant and lasting.** Over the last 20 years, there have been at least 13 reported outbreaks of EVD, primarily in equatorial Africa. The largest, a devastating multi-country epidemic in Guinea, Liberia, and Sierra Leone from 2013 to 2016, resulted in over 28,616 infected and 11,310 deaths.¹³ This EVD outbreak was estimated to have cost the directly affected countries at least US\$2.8 billion combined, with further downstream and regional impacts due to interruptions in travel, trade, and population movements,¹⁴ diminishing agricultural productivity, further exacerbating food insecurity and poverty. This extended epidemic also had long-term effects on health systems, including over 500 documented healthcare worker deaths¹⁵ 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, such as non-communicable diseases (NCDs). In **Central Africa**, repeated EVD outbreaks have further underscored the region's vulnerability to health crises. The sub-region faces significant challenges due to weak health systems, limited disease surveillance capacity, and difficulties in deploying timely responses, particularly in conflict-affected areas.
5. **Health systems in Central African countries are critically fragile, and the compounding effects of violence, conflict, and instability further intensify the challenges in delivering essential health services.** The enduring impacts of prior outbreaks demonstrate that future health emergencies risk further deteriorating chronically strained health systems and undermining long-term gains in human capital and economic prosperity. In **Cameroon**, these challenges are compounded by conflict-driven disruptions in the North and Southwest regions, which have limited access to healthcare and essential services. In **CAR**, protracted instability and weak governance have resulted in fragile health infrastructure, making it challenging to address basic health needs and epidemic preparedness. In **Gabon and RoC**, disparities between urban and rural health services exacerbate inequities, particularly in access to essential care and diagnostic services. Disruption of essential services during the COVID-19 pandemic exacerbated the limited ability to appropriately address each of these disease burdens, including in Cameroon, CAR, Gabon, and RoC. According to the World Health Organization (WHO) global pulse surveys, health services disruption remained at a median level of 48 percent across African countries.¹⁶ In **Cameroon**, disruptions in routine immunizations were particularly pronounced in conflict-affected areas. **CAR** saw severe interruptions in maternal and child health services, while **Gabon and RoC** faced challenges maintaining continuity of care for chronic conditions, including NCDs and HIV. 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.¹⁷ In the context of the proposed HeSP-3 operation, strengthening health system resilience in the four participating countries will not only address immediate vulnerabilities but also help safeguard long-term human capital development and economic growth.
6. **Susceptibility to health emergencies in Central Africa is enhanced by the impacts of environmental degradation and climate change.** Central Africa is experiencing rising temperatures and altered rainfall patterns (e.g., a projected increase of 2°C to 4°C in global warming will lead to enhanced rainfall), with extreme heatwaves becoming more

¹³ World Bank. Pandemic Preparedness Assessment in Sierra Leone. 2021

¹⁴ 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>

¹⁵ 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>

¹⁶ WHO Global pulse survey on continuity of essential services during the Covid-19 pandemic. Round 3 November-December 2021. <https://www.who.int/teams/integrated-health-services/monitoring-health-services/global-pulse-survey-on-continuity-of-essential-health-services-during-the-covid-19-pandemic/dashboard>

¹⁷ Health security, as defined by the World Health Organization (WHO), is the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries. *Health security and preparedness are used interchangeably throughout the document.*



frequent and prolonged in Cameroon and RoC, and significant increases in flood frequency and intensity reported in CAR and Gabon (e.g., heavy precipitation leads to more frequent flooding and soil erosion, threatening livelihoods). Changes in temperature and rainfall will drive migration; migration within Africa is estimated to reach 54.4 million by 2050,¹⁸ and alter the human-animal-environment interface. These environmental shifts will change local disease profiles - including greater risk of vector-borne diseases like dengue, malaria, and yellow fever; spread of water-borne diseases including diarrheal diseases; and exposure to novel pathogens. For example, more frequent flooding events in **CAR and Gabon** have already been linked to cases of cholera and other waterborne diseases, while increasing temperatures are expanding the habitat of malaria-transmitting mosquitoes in **Cameroon and RoC**. Extreme weather events, from severe droughts to devastating floods, are expected to worsen across Central Africa, further compounding public health vulnerabilities and thereby increasing the risk of outbreaks – both due to the acute potential for spread of infectious diseases during natural emergencies and the downstream impact on environmental drivers. For example, five climate-sensitive health risks (extreme heat, Malaria, Dengue, Diarrhea and Stunting) will represent 9.4 percent and 12.5 percent of Cameroon’s morbidity and mortality by 2030. These figures will increase to 26.5 percent and 20.5 percent by 2050, respectively. Furthermore, the economic burden of such climate-sensitive risks is also expected to increase, from US\$3.2 billion in 2030 to US\$4.9 billion in 2050.¹⁹

Sectoral and Institutional Context

7. Central African countries have some of the weakest abilities to prevent, detect, and respond to health emergencies.

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 Index²⁰ (GHSI) was 28.1 (out of 100) below the global average of 38.9.^{21,22} Table 1 shows the GHSI scores for HeSP-3 countries, which are ranked among the lowest both globally as well as within the Africa region. AFW countries have self-reported (eSPAR²³) their IHR capacity performance on average at 46.7 percent, significantly lower than the global average (64 percent).^{24,25} 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.

¹⁸ Rigaud, Kanta Kumari; de Sherbinin, Alex; Jones, Bryan; Bergmann, Jonas; Clement, Viviane; Ober, Kayly; Schewe, Jacob; Adamo, Susana; McCusker, Brent; Heuser, Silke; Midgley, Amelia. 2018. Groundswell: Preparing for Internal Climate Migration. World Bank, Washington, DC. World Bank.

¹⁹ 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.

²⁰ 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.

²¹ Global Health Security Index. <https://www.ghsindex.org/>

²² Other preparedness metrics, such as ReadyScore²², 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).

²³ WHO. IHR Capacity Progress. <https://extranet.who.int/e-spar/> Accessed on Dec. 9, 2024.

²⁴ 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.

²⁵ WHO e-SPAR Database



Table 1: GHSI Scores for HeSP-3 countries, 2021

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

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

8. **Over the past decade, the WB has made foundational regional investments to support harmonized approaches to health emergencies in the region.** Large-scale health emergencies such as EVD exposed long-standing gaps and weaknesses in national and regional health security architecture in the region. Regular incidents of failing to counter infectious threats continuously demonstrated the need for multisectoral engagement and cross-country collaboration to prevent, detect, and respond to health emergencies. In 2016, the WB launched the REDISSE Program as a series of projects (Phases 1 to 4) with support to regional (West African Health Organization - WAHO and the Economic Community of Central African States – ECCAS)²⁶ and country level activities, covering 16 countries. REDISSE has strengthened both national and regional governance structures and capacities required for prevention, detection, and response to health threats, with a focus on One Health, all competencies that were drawn on during the COVID-19 response. CAR and RoC (both REDISSE participating countries) improved their preparedness and resilience to health emergencies - particularly in terms of disease surveillance, One Health platform coordination, and gender-responsive approaches - and created a platform for coordination with other investments including national health system strengthening projects, and other related country operations.
9. **Investments in regional institutions across AFW have become essential to improving effectiveness and efficiency of response to health emergencies.** For example, in Central Africa, regional organizations such as ECCAS and CEMAC play an increasingly critical role in fostering coordination and resource sharing among member states. REDISSE support to regional institutions fostered partnerships and initiatives to provide access to vital health products and technologies including diagnostics, pharmaceuticals, medical equipment, and COVID-19 vaccines. Importantly, countries with pre-positioned financing (e.g., via REDISSE) were able to quickly implement response efforts, avoiding critical delays in mobilizing necessary resources.

Relationship to CPF

10. **The proposed operation is fully consistent with the CPF for the proposed countries included in HeSP-3.** The proposed project builds on achievements of earlier investments while addressing the specific health security challenges and priorities identified in the CPFs for Cameroon, CAR, Gabon and RoC. In **Cameroon**, the project aligns with the National Development Strategy 2030 (NDS30) by strengthening decentralized health service delivery and enhancing pandemic preparedness to protect vulnerable communities, particularly in FCV-affected regions. HeSP-3 supports the country's commitment to more effective and inclusive service delivery institutions (high-level outcome two), while contributing to the crosscutting objective of greater resilience to climate and fragility as outlined in the CPF for the Period FY25-29.²⁷ Furthermore, HeSP-3 is listed in the CPF as a contributor to the achievement of objective 5 (improving service delivery for Human Capital development). For **CAR**, HeSP-3 is pivotal in reinforcing healthcare systems in fragile regions and integrating pandemic response into the broader resilience agenda. By targeting institutional

²⁶ The member States of ECCAS are Angola, Burundi, Cameroon, CAR, Chad, Congo, Democratic Republic of Congo, Equatorial Guinea, Gabon, Rwanda and Sao Tome and Principe.

²⁷ WBG Country Partnership Framework for the Republic of Cameroon for the Period FY25- 29. Report No. 190963-CM



strengthening and capacity-building measures, the project directly contributes to the CPF for the period FY21-FY25²⁸ goal of addressing governance deficits and ensuring health access in underserved areas. The operation also complements efforts to enhance regional cooperation and tackle cross-border health threats, critical for CAR's stability and recovery. In **Gabon**, the project aligns with the CPF FY23-FY27²⁹ priority to strengthen household resilience through improved access to quality health services and social protection mechanisms. The CPF emphasizes building human capital as part of Gabon's broader strategy to address urban-rural inequalities and enhance preparedness for future health emergencies. HeSP-3 contributes to CPF Objective 2: Increased Access to Basic Services, by addressing gaps in health system coverage, improving disease surveillance, and fostering multisectoral coordination to prevent and respond to health threats. These efforts are critical for mitigating the vulnerability of Gabon's population, particularly in rural areas, and enhancing the country's overall resilience. In **RoC**, the proposed project addresses significant gaps in human capital development by focusing on improving healthcare service quality and access, particularly in rural and marginalized communities. HeSP-3 aligns with the CPF for the period FY20-FY24³⁰ whose objective is to reduce disparities and enhance resilience by building a robust health infrastructure capable of responding to health emergencies. The proposed HeSP-3 focus on cross-border health security also complements RoC's broader goals of regional integration and sustainable development.

11. **The proposed HeSP-3 is aligned to leverage active and pipeline World Bank projects in the region.** The Project will seek to identify synergies with relevant sector investments to maximize efficiency and impact. Moreover, HeSP-3 will be designed in collaboration with development partners involved in the health security agenda.

C. Proposed Development Objective(s)

12. **The approved HeSP PrDO is to increase regional collaboration and health system capacities to prevent, detect and respond to health emergencies in AFW.** HeSP invests in the key interconnected systems for improving health security and resilience³¹ designed with a One Health focus, capitalizing on multisectoral collaboration, and convening and streamlining international partner investments.

Key Results (From PCN)

13. **The PrDO level outcome indicators are:** (i) Percentage of participating countries and regional institutions with costed and approved One Health Action Plans including aspects related to AMR; (ii) Percentage of participating countries with reduced times for laboratory confirmation of health events (as defined by 7-1-7)³²; (iii) Percentage of participating countries with multisectoral risk communication and community engagement strategies implemented at cross-border points of entry; (iv) Percentage of participating countries with reduced time to mount an effective response to potential health threats (as defined by 7-1-7); and (v) Reduced percentage of select essential health services interrupted during health emergencies. Proposed Program activities will also be measured by indicators aimed at tracking the impact of the Program on the region's most vulnerable.

²⁸ WBG Country Partnership Framework for the Republic of Congo for the period FY20-FY24. Report No. 126962-CG

²⁹ WBG Country Partnership Framework for the Gabonese Republic for the Period FY23- 27. Report No. 174105-GA

³⁰ WBG Country Partnership Framework for CAR for the period FY21-FY25. Report No. 187647-CF

³¹ 10 proposals to build a safer world together – Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience WHO/2022.

³² The 7-1-7 metric is a benchmark to assess the effectiveness of clinical, laboratory, and public health detection and response, measuring whether a health emergency event is detected within 7 days, notified within 1 day, and responded to within 7 days. For further details, see: <https://preventepidemics.org/preparedness/7-1-7/>



14. **HeSP-3 is designed to address the Central African context.** All participating countries and CEMAC will have the same Project Development Objective (PDO) aligned with and supporting the PrDO and will read as follows: *Increase regional collaboration and health system capacities to prevent, detect and respond to health emergencies in the [name of country]*. A detailed results monitoring framework and indicators will be developed. In addition, the proposed operation will provide a “menu” of indicators for the Results Framework from which relevant metrics may be selected by each country and regional institution.

D. Concept Description

15. **The proposed HeSP-3 will have five components in line with the Program components:** (i) Prevention of health emergencies; (ii) Detection of health emergencies; (iii) Response to health emergencies; (iv) Program Management and Capacity Building; and (v) Contingent Emergency Response Component (CERC). HeSP-3 participating countries will have the flexibility to select relevant activities under the components, based on their country context and priorities, provided these are well-aligned with the PrDO, PDO and theory of change.
16. **Component 1. Prevention of Health Emergencies.** This component focuses on strengthened planning and management of health security resources, as well as preventing and minimizing impacts of health threats such as zoonoses and AMR.
17. **Subcomponent 1.1 Health Security Governance, Planning, and Stewardship.** 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, as well as coordination of core prevention, detection, and response capacities. At 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 NPHIs including institutional capacity support. This encompasses extensive technical support to the development and management of National Action Plans for Health Security (NAPHS); and support to 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 Joint External Evaluation (JEE) and PVS Pathway, particularly at borders and PoE, to inform planning and priority setting.
18. **Subcomponent 1.2 Scaling-up One Health Agenda and combatting AMR.** This subcomponent is dedicated to the multisectoral collaboration embedded in the One Health 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. HeSP-3 supported activities would establish and strengthen One Health 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 One Health 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,³³ and water, sanitation, and hygiene practices (WASH) including use of the WASH Facility Improvement Tool. Supported

³³ In line with the Africa CDC Framework for Antimicrobial Resistance; 2018-2023.



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.

19. **Component 2. Detection of Health Emergencies.** 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.
20. **Subcomponent 2.1. Collaborative Surveillance.**³⁴ This subcomponent will focus on strengthening multisectoral and integrated surveillance capacities (including indicator 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 One Health 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 One Health 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 advanced 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 One Health sectors including PoE, with an emphasis on data sharing and feedback loops to ensure effective data usage for decision-making.
21. **Subcomponent 2.2. Laboratory Quality and Capacity.** 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 One Health 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 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

³⁴ 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."



a variety of pathogens, and include national public health laboratory systems as part of the in-country early warning system.

22. **Subcomponent 2.3. Multi-disciplinary human resources for health emergencies.** 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, 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); 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 One Health 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 infection, prevention, and control (IPC); mobilization of resources for worker incentives, budgeted positions, etc.).
23. **Component 3. Health Emergency Response.** 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.
24. **Subcomponent 3.1. Health Emergency Management.** 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 One Health, 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.
25. **Subcomponent 3.2. Health service delivery for health emergencies.** 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 information systems strengthening (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,³⁵ IPC requirements and adaptability for surge capacity (e.g., WASH facilities, isolation areas, ventilation, electricity). 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 PoE given high levels of migration within the region and the need to engage 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).

26. Component 4. Program Management and Institutional Capacity. 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, hands-on technical assistance for improving contract management (e.g., hands on extended implementation support or other fiduciary coaching), monitoring and evaluation (M&E) including data collection, tracking, reporting and knowledge management, procurement, financial management (FM) and disbursement monitoring, 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 Steering Committee (RSC) 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.

27. Component 5. Contingency Emergency Response Component (CERC). This no cost component will facilitate access to rapid financing by allowing for the reallocation of uncommitted project funds in the event of a PHE in a country, either by a formal declaration of a national emergency or upon a formal request from the respective government of a participating country. Following an eligible crisis or emergency, the government may request the World Bank to reallocate project funds to support emergency response and reconstruction. A CERC Manual and Emergency Action Plan, acceptable to the World Bank, will be prepared and constitute a disbursement condition for this component.

Legal Operational Policies

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

³⁵ 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.



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 of health systems response or development of SOPs, as a broad group of stakeholders at community, national, and regional level would be present with 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 or the Mborrows; iii) inadequate attention to ensure that guidelines established under the program include considerations for data protection and ethical data security protocols; iv) 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; v) 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. Environmental Risk Rating is considered 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, RoC, Cameroon and CEMAC (i.e. in 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 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 during the multiple field missions and even for the communities. 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 however be reassessed during project preparation phase.

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