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# Project Information Document/ Integrated Safeguards Data Sheet (PID/ISDS)

Concept Stage | Date Prepared/Updated: 17-Nov-2016 | Report No: PIDISDSC19539



**BASIC INFORMATION**

**A. Basic Project Data**

Country Western Africa	Project ID P159040	Parent Project ID (if any)	Project Name Regional Disease Surveillance Systems Enhancement (REDISSE) Phase II (P159040)
Region AFRICA	Estimated Appraisal Date Dec 01, 2016	Estimated Board Date Feb 28, 2017	Practice Area (Lead) Health, Nutrition & Population
Lending Instrument Investment Project Financing	Borrower(s) Federal Republic of Nigeria, Republic of Togo, Government of Liberia, Republic of Guinea Bissau	Implementing Agency West African Health Organization (WAHO)	

**Proposed Development Objective(s)**

The PDOs are : (i) to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in West Africa, thereby addressing systemic weaknesses within the animal and human health systems that hinder effective disease surveillance and response; and (ii) in the event of an Eligible Emergency, to provide immediate and effective response to said Eligible Emergency.

**Financing (in USD Million)**

Financing Source	Amount
International Development Association (IDA)	138.00
<b>Total Project Cost</b>	<b>138.00</b>

Environmental Assessment Category B-Partial Assessment	Concept Review Decision Track II-The review did authorize the preparation to continue
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Other Decision (as needed)

**B. Introduction and Context**

Country Context

1. **The Regional Disease Surveillance Systems Enhancement (REDISSE) Program is being prepared as a series of interdependent projects (iSOP).** The iSOP approach is deemed necessary given high country demand for participation in the program, the multiple and complex issues involved, the large number of stakeholders, and the need for an accelerated project preparation schedule. The projects in the series support a program involving multiple borrowers - the Economic Community of West Africa States (ECOWAS) member countries. The program promotes a “One Health” (OH) approach that provides a platform for high-level policy and regulatory harmonization, cooperation, and coordination between the animal health and human health sector within and across countries aiming toward achieving benefits that will go beyond each country’s boundaries; they create regional public goods, generate positive externalities, or mitigate negative ones.<sup>1</sup> The countries under the first of these iSOP (REDISSE I) are Guinea, Senegal and Sierra Leone. This project, which also included a regional IDA Grant and donor co-financing for the West Africa Health Organization (WAHO) was approved by the World Bank Board of Directors on 29 June 2016. The second project in the series (REDISSE II) is the focus of this concept note. The Project will serve to engage Guinea Bissau, Liberia, Nigeria and Togo in the West African Disease Surveillance and Response Network under the REDISSE Program.

2. **The countries of West Africa belong to the ECOWAS, which comprises 15 countries and is home to more than 335 million people.** ECOWAS is a regional organization that serves to promote economic integration across the West Africa region. The region is very heterogeneous in terms of cultural, economic and human development. Overall, member states rank low on the United Nations Development Programme’s (UNDP) human development index<sup>2</sup>; as of 2015, life expectancy at birth and gross national income per capita of countries in the region ranged from 50.9 to 73.3 years and \$805 to \$6,094 respectively. (Table 1).

**Table 1: Human Development index and selected components for ECOWAS member countries**

Country	Human Development Index	Life expectancy at birth (years)	Gross national income per capita (US\$)
Cape Verde	0.65	73.3	6,094
Ghana	0.58	61.4	3,852
<b>Nigeria</b>	<b>0.51</b>	<b>52.8</b>	<b>5,341</b>
Benin	0.48	59.6	1,767
<b>Togo</b>	<b>0.48</b>	<b>59.7</b>	<b>1,228</b>
Senegal	0.47	66.5	2,188
Côte d'Ivoire	0.46	51.5	3,171
Gambia	0.44	60.2	1,507
<b>Liberia</b>	<b>0.43</b>	<b>60.9</b>	<b>805</b>

<sup>1</sup> Investment Project Financing-Series of Projects Guidance Note, World Bank, OPSPQ. July 1, 2014.

<sup>2</sup> Human Development index is defined as the summary measure of average achievement of countries in key dimensions of human development: a long and health life; knowledge; and having a decent standard of living (UNDP, 2015).



Mali	0.42	58.0	1,583
<b>Guinea-Bissau</b>	<b>0.42</b>	<b>55.2</b>	<b>1,362</b>
Guinea	0.41	58.8	1,096
Sierra Leone	0.41	50.9	1,780
Burkina Faso	0.40	58.7	1,591
Niger	0.35	61.4	908

Source: Data adopted from UNDP Human development report (2015)  
[http://hdr.undp.org/sites/default/files/2015\\_human\\_development\\_report.pdf](http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf)

*Major infectious diseases affecting human population in West Africa*

3. **Over the last four decades, the world has witnessed one to three newly emerging infectious diseases annually.** Of infectious diseases in humans, the majority have their origin in animals, with more than 70 percent of emerging zoonotic infectious diseases coming from wildlife. Recent outbreaks such as Ebola viral disease (EVD), H7N9 avian influenza, Middle East respiratory syndrome (MERS-CoV), Marburg virus, Nipah virus infection, bovine spongiform encephalopathy and HIV/AIDS provide abundant evidence of the catastrophic health and economic effects of emerging zoonotic diseases. The West Africa region is both a hotspot for emerging infectious diseases (EIDS) and a region where the burden of zoonotic diseases is particularly high. In this region, emerging and re-emerging diseases at the human-animal-ecosystems interface are occurring with increased frequency, which makes it paramount to adopt a OH approach to addressing infectious diseases outbreak threats. As evidenced by the recent Ebola epidemics in Guinea, Sierra Leone, and Liberia, and the re-occurrence and spread of highly pathogenic avian influenza (HPAI) (H5N1), highly contagious diseases can easily cross borders in the region through the movements of persons, animals and goods.

4. **In West Africa, communicable diseases (CDs) and neo-natal conditions remain the predominating disease groups affecting the region. Countries in this region are at high-risk for infectious disease outbreaks including those of animal origin (zoonotic diseases).** The World Health Organization (WHO) reports that of the 55 registered disease outbreaks that occurred in Africa over the last decade, 42 took place in West Africa. Some common outbreaks in the region include Cholera, Dysentery, Malaria, Hemorrhagic fevers (e.g. Ebola, Rift Valley fever, Crimean-Congo fever, Lassa fever, and Yellow fever), and Meningococcal Meningitis outbreaks endemic to countries along the “meningitis belt”. West Africa also bears a disproportionate burden of malaria, TB, HIV and the neglected tropical diseases, many of which are at risk of resurgence due to drug and insecticide resistance. Most recently, there have been reported cases of Zika virus in Cape Verde, which if not properly contained, can easily spread to other countries in the sub-region, as is the case in countries of the Americas.

5. **The impacts of infectious disease outbreaks can be devastating to the fragile social and economic situation of countries.** The World Bank (WB) estimates a global cost of US\$3 trillion<sup>3</sup> in the event of a severe global pandemic such as the 1918 Spanish Flu. This is comparable to the impact of the 2008 global financial crisis. However, unlike the global financial crisis, the occurrence of a global pandemic could have a death toll in the millions. In the West Africa region, the recent EVD outbreak clearly eroded hard-won gains in the fight against poverty, including gains in human development and economic growth in Guinea, Liberia and Sierra Leone and the region as a whole. In these three countries 28,616 suspected cases of EVD resulted in 11,310 deaths, and the estimated forgone output reached US\$1.6 billion, which represents over 12 percent of the countries’ combined outputs. The outbreak also resulted in school

<sup>3</sup> Burns et al. (2008) Evaluating the economic consequences of avian influenza ([http://siteresources.worldbank.org/EXTAVIANFLU/Resources/EvaluatingAHLeconomics\\_2008.pdf](http://siteresources.worldbank.org/EXTAVIANFLU/Resources/EvaluatingAHLeconomics_2008.pdf)).



closure for at least 6 months in the three countries and over 16,600 children lost one or both parents to the epidemic. Overall, the estimated loss in Gross Domestic Product (GDP) for the 15 countries in the ECOWAS region was approximately US\$1.8 billion in 2014, and was expected to rise to US\$3.4 billion in 2015 and US\$4.7 billion in 2016.<sup>4</sup> These economic losses were over and above the day to day burden that endemic human and animal diseases, including zoonoses, inflict on the people of West Africa.

6. **The major drivers of the emergence of novel infectious diseases are human behavior, demographic change, technology and industry, economic development, land use, international travel and trade, microbial adaptation and change, and breakdown of public health measures.** The population of sub-Saharan Africa doubled between 1975 and 2001, and the African Population and Health Research Centre predicts a further increase, up to 1.9 billion by 2050. Urban population densities have dramatically increased (by 223 percent in Guinea between 1960 and 2012; and by 178 percent, and 275 percent respectively in Sierra Leone and Liberia between 1961 and 2013) due largely to migration from rural to urban areas. The link between deforestation and infectious disease outbreaks is well documented; deforestation and encroachment into natural habitats is also claimed to be responsible for the EVD outbreak in West Africa. According to Food and Agriculture Organization of the United Nations (FAO) data, Western Africa is suffering deforestation at approximately twice the world rate. Deforestation has been particularly severe in Guinea and Sierra Leone, with much of the landscape being replaced with forest-agricultural mosaics. Civil war and social turmoil have also been common in West Africa. The social instability and its consequent population relocation and breakdown of government services provide fertile ground for the rampant spread of infectious diseases

7. **Changes in the epidemiology of infectious diseases associated with climate variability in West Africa over the last 40 years has been reviewed and documented, and there is growing evidence on the impact of climate change on infectious disease transmission patterns, reproduction and geographic range<sup>5,6</sup>.** According to the WHO, the the risk of malaria and other mosquito-borne disease outbreaks increases by approximately five-folds in the year following an El Nino event, a climate cycle that occurs when unusually warm sea surface temperatures develop off the Pacific coast of South America, and the effects felt mostly in tropical regions such as West Africa.

#### Sectoral and Institutional Context

##### **Human Health**

8. **The performance of health systems in many countries in West Africa is weak.** They suffer from chronic insufficient financial and human resources, limited institutional capacity and infrastructure, weak health information systems, prevailing inequity and discrimination in availability of services, absence of community participation, lack of transparency and accountability, and a need for management capacity building. Public sector spending on health is generally low. None of ECOWAS member states exceeds the Abuja target of 15 percent of Gross Government Expenditure (GGE) allocated to health.

9. **Prior to the EVD crisis, Liberia's health outcomes had been improving steadily since the end of the second civil war in 2003.** Figures from the 2013 Liberia Demographic Health Survey (LDHS), for example, showed a 15 percent

<sup>4</sup> UNDG (2015) Socio-Economic impacts of EVD in West African Countries: A call for national and regional containment, recovery and prevention.

<sup>5</sup> Thompson et al (2004) Impact of Climate Variability on Infectious Disease in West Africa

<sup>6</sup> WHO (2015) Climate Change and Human Health - Risk and Responses



decline in under-five mortality rate (U5MR) and a corresponding decline in two subset indicators of U5MR, in the 10 year period prior to the survey. By 2012, Liberia was also one of the first countries in Sub-Saharan Africa (SSA) to achieve its MDG target of reducing U5MR to one-third of its 1990 level. However, the EVD crisis led to a devastation of the already fragile healthcare system in Liberia and severely constrained the ability of the Government of Liberia (GOL) to deliver key social services, including basic and secondary health services, thereby leading to many preventable deaths.

10. **The health sector of Nigeria is characterized by vast regional disparities in service delivery, health outcomes and resource availability.** Adverse effects of diseases in the country is often exacerbated by lack of education and ineffective communication especially in the North-eastern zones, where health outcomes are grimmer than other parts of the country (as of 2014 under-five mortality rate was reported to be 54% higher; and DPT3 immunization coverage was only 20.6% in the North East compared to 72% in the southern zones).<sup>7</sup> Training on the implementation of the Integrated Disease Surveillance and Response (IDSR) strategy<sup>8</sup> in Nigeria has been facilitated by the establishment of Nigeria Field Epidemiology and Laboratory Training Programme (NFELTP) in 2008.<sup>9</sup> However, threats to the implementation of the IDSR is mainly attributable to the non-activation of the community level surveillance system and inefficient coordination and collaboration across all levels of the health system in the country.

11. **Health outcomes in Togo remain characterized by high levels of morbidity and mortality due to infectious diseases (overall mortality rate is estimated at 8.11 per 1000) although the rise in non-communicable diseases (NCDs) in the country provides growing evidence of the epidemiologic transition currently underway in the region.** As a major hub for air and ground transportation in the sub-region, the country is ranked by the WHO as “high risk” for Ebola and other public health emergencies of international concern (PHEIC). Surveillance of epidemic-prone diseases remains a key priority of the Togolese government. Notwithstanding, a major obstacle to better stewardship, planning and coordination of the health sector in Togo is the fragmentation of the country’s disease surveillance and other health information across dozens of different, inconsistent and sometimes overlapping vertical systems. Limited capacities for data collection, reporting and analysis, especially at decentralized levels, create difficulties in the efficient and effective monitoring of health interventions and their outcomes.

12. Despite some progress recorded in the recent years, critical challenges persist in the health sector in Guinea Bissau. The country's life expectancy is 55 years, which is lower than the regional estimate (59 years) and the average among countries in the same income group (60 years). Progress have been made to reduce child mortality, but both infant mortality rate and U5MR rate remain high at 60 and 92 per 1,000 live births respectively.<sup>10</sup> Additionally, Guinea-Bissau has one of the highest maternal mortality rate in the world at 900 per 100,000 live births. Malaria is a major public health problem, being the third major causes of death in the country after lower respiratory infections and HIV/AIDS. The surveillance and control of zoonosis both in rural and urban areas have been limited and poorly integrated into policies and public health programs, with the exception of cholera and Ebola epidemic which received attention in the past few years.

<sup>7</sup> Nigeria Demographic and Health Survey (2013)

<sup>8</sup> An Integrated Disease Surveillance and Response (IDSR) strategy is a tool developed by the WHO to promote rational use of resources by integrating and streamlining common surveillance activities

<sup>9</sup> The Nigeria Field Epidemiology and Laboratory Training Program (NFELTP) is a two-year training program aimed at improving public health systems in Nigeria through training of field epidemiologists and public health laboratorians and provision of epidemiological services.

<sup>10</sup> World Development Indicators, 2016



13. Country-led self-assessment on disease surveillance, preparedness and response capacity in Liberia, Nigeria, and Togo, as well as the lessons learnt from the EVD outbreak revealed some key weaknesses of health systems in terms of infectious disease surveillance, epidemic preparedness and response. These include: (i) a fit for purpose health workforce for disease surveillance, preparedness and response is lacking at each level of the health pyramid; (ii) community level surveillance and response structures either do not exist or need significant improvement; (iii) there is limited availability of laboratory infrastructure in place for timely and quality diagnosis of epidemic-prone diseases; (iv) lack of interoperability of different information systems hampers analysis and utilization of information for decision making and disease mitigation measures; (v) infection prevention and control standards, infrastructure and practices are generally inadequate; (vi) management of the supply chain system is weak and inefficient; and (vii) there are significant gaps in regional level surge capacity for outbreak response, stockpiling of essential goods, information sharing and collaboration. Similar findings were also documented by the Global Health Security Agenda (GHS) baseline assessments in a number of countries including Liberia.

14. In Guinea Bissau, a recent CDC assessment<sup>11</sup> identified critical challenges in the disease surveillance strategies in the country, such as: (i) analysis and interpretation of surveillance data as well as reports and outbreak summaries are not routinely performed; (ii) data quality assurance protocols and supervision to ensure data completeness and accuracy are not fully implemented; (iii) functional field epidemiology and laboratory capacity in the country are limited (iv); deficiencies in infrastructure affect the ability for staff to complete required functions (sanitary areas often lack a surveillance office with appropriate equipment to efficiently perform surveillance duties); (v) laboratory and drug supply chains are not fully capable of ensuring effective use of surveillance and detection tests (CDC, 2015 ).

### ***Animal Health***

15. **The animal health sector of countries in the ECOWAS region is characterized by a high incidence and prevalence of infectious communicable diseases, both zoonotic and non-zoonotic, impacting veterinary and public health, trade, rural development and livelihoods.** In Togo for instance, the national economy pays a heavy price for the rise in the number of deadly diseases of livestock that pose a threat to humans including Anthrax, Bovine Tuberculosis, Cysticercosis, Salmonellosis and Canine Rabies. Infectious diseases of livestock that remain a key priority for the country's network of epidemiologic surveillance of animal diseases (REMATO) include Pleuropneumonia Contagiosa Bovina (CBPP), Foot and Mouth Disease (FMD), lumpy skin disease of cattle, sheep and goat plague, African Swine Fever (ASF), and Newcastle disease in poultry. In the case of African Animal Trypanosomiasis (AAT), the disease remains endemic to the country despite the existence of some trypanotolerance attributed to local ruminants severely tested by a resistance of trypanosomes. Additionally, Highly Pathogenic Avian Influenza H5N1, which was successfully controlled in the past, has resurfaced in Nigeria since January 2015 and most recently, spread to various countries in the region including Togo.(reported in August 2016).

16. **Among the most serious infectious diseases, CBPP, FMD, ASF, Rift Valley fever (RVF), Peste des Petits Ruminants (PPR), AAT, HPAI, and rabies are highlighted by ECOWAS and the FAO/OIE Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs) for Africa.** A recent summary of evaluations of

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<sup>11</sup> WHO (2015). Country statistics and global health estimates by WHO and UN partners. Global Health Observatory <http://www.who.int/gho/en/>



Veterinary Services by the World Organization for Animal Health (OIE) in ECOWAS countries highlighted the services' lack of budgetary resources and mismatch between the human resources required and those actually available for preventing and controlling animal diseases. In terms of the strategic action required to sustain animal health, all of the countries identified the need to improve the coverage of their surveillance programs as well as the control of high-priority animal diseases. Lack of preparedness, insufficient human, physical and financial resources, and the lack of cross-sector collaboration were again emphasized by the FAO and OIE as causes for failure to address promptly and efficiently the resurgence of highly pathogenic avian influenza in the region.

17. **Improvement of animal health requires increased and sustained investments in national Veterinary Services to meet international standards of quality defined by the OIE.** Any country failing to prevent, detect, inform, react and control sanitary issues, such as infectious diseases or antimicrobial resistance places other countries at risk, hence the importance of regional approaches. All countries in the region have engaged in the OIE Performance of Veterinary Services (PVS) Pathway, a program which provides independent qualitative (PVS evaluation) and quantitative (PVS Gap Analysis) evaluations of Veterinary Services, identifying their strengths and weaknesses, prioritizing interventions and costing activities needed to address deficiencies<sup>12</sup>. Some countries have also received support to review their veterinary legislation. The PVS evaluation tool is composed of 46 critical competencies, grouped in 4 components (Human, Physical, and Financial Resources, Technical Authority and Capability, Interaction with Interested Parties, Access to Markets), each being evaluated on a scale of 1 (no compliance) to 5 (full compliance). The evaluations of VS are expected to be done regularly in order to measure progress made and establish recommendations for continuous improvement. This tool, and the JEE, will be central to project monitoring and evaluation activities.

18. **Insufficient government funding and limited interest from donors to support Veterinary Services have not allowed significant progress to date in addressing systemic issues.** However, some important programs are worth noting in the animal health sector, such as the Emerging Pandemic Threats (EPT2) program, financed by United States Agency for International Development (USAID) and implemented in many of the ECOWAS countries through FAO and other implementing agencies; FAO support to HPAI infected countries; and Inter-African Bureau for Animal Resources of the African Union (AU-IBAR) support through the Vet-Gov program. In the last 15 years, two main regional and global programs significantly contributed to strengthening national Veterinary Services, namely the Pan-African Program for the Control of Epizootics (PACE) program and the World Bank financed Avian Influenza Global Program which were implemented in many countries of the region. The lessons and best practices derived from these two programs are reflected in this project. The Regional Network of National Epidemiology Surveillance Systems for HPAI and other Priority Animal Diseases in West-Africa (RESEPI) and Veterinary Laboratory Network for Avian Influenza and other Transboundary Animal Diseases in West-Africa (RESOLAB) networks were also supported and facilitated by FAO under different projects and handed over in 2012 to ECOWAS.

19. **Animal health is seen as a priority by the two regional economic communities in West Africa. ECOWAS and West African Economic and Monetary Union (WAEMU) have set a target of harmonizing national animal health systems.** WAEMU, which covers 8 countries in the region, has moved forward on a number of fronts in particular on the harmonization of regulations on veterinary medicinal products, but progress has been slow due to administrative,

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<sup>12</sup> State of play of PVS pathway evaluations in, Guinea Bissau, Liberia, Nigeria, and Togo: Guinea Bissau (PVS evaluation in Mar 2008, Gap Analysis in Sept 2009, PVS Follow-up in Nov 2015); Nigeria (PVS evaluation in Aug. 2007, the PVS Gap Analysis in Sep. 2010, legislation mission in Jan. 2011); Liberia (PVS evaluation in Jan 2013, Gap Analysis in July 2016); Togo (PVS evaluation in Oct/Nov 2007, Gap Analysis in Jan 2010, Legislation mission in Jan 2010)





human, organizational and financial constraints. In 2012, ECOWAS member countries declared the RAHC —an informal platform originally set up in 2006 by OIE, FAO and AU-IBAR— as the ECOWAS specialized technical centre for animal health. An operational plan for RAHC was developed in August 2014. However, delays in staff recruitment and establishment of a dedicated operational budget have kept the institution from implementing this plan and rolling-out activities in accordance with its mandate. The RAHC is currently supported through a limited number of initiatives with specific objectives, including to further develop the One Health agenda in the region, and to develop Integrated Regional Coordination Mechanisms for the control of transboundary animal diseases (TADs) and Zoonoses (IRCM). The International Development Association (IDA)-financed Regional Sahel Pastoral Support project (PRAPS), which supports the improvement of animal health in six West African Sahel countries, and REDISSE I, specifically aims at contributing to the operationalization of the RAHC.

**20. Tackling multisectoral issues efficiently requires working across sectors and disciplines. Yet, very few countries have adopted coordinated approaches, along the lines of the OH concept.** The response to the HPAI crisis since 2005 contributed to enhancing cooperation between the human and veterinary health sectors in many countries in the region, but in the absence of a dedicated program incentivizing such a joint approach, a silo approach still prevails. In Nigeria for instance, a OH approach to tackling infectious diseases has been widely publicized and conceptualized in key ministries, following the 2005 HPAI outbreaks. However, animal and human health disease surveillance systems have experienced major setbacks due to general funding shortfalls that have severely both animal health and human health care delivery system in the country. Nonetheless, important lessons have been learned and experience gained, and successful regional programs for the control of selected priority diseases, both within and outside the region, have demonstrated the efficiency of a regionally coordinated approach to disease surveillance and response.

**21. Partner Coordination: The Development Partner landscape in the sub-region is complex, particularly in the countries most affected by the 2014-2015 EVD epidemic.** The Ebola outbreak triggered a significant international response that brought many partners together to address the crisis and support the post-Ebola agenda of health systems recovery and strengthening. It also highlighted the need to focus attention on building the capacity for disease surveillance and response in the sub-region for both human and zoonotic diseases. The development partners engaged on these issues in the sub-region include development banks, multilateral and bilateral donors and private foundations; UN systems agencies; technical agencies such as the US and China Centers for Disease Control and Prevention; academic and research institutions and large numbers of international and local non-governmental organizations.

**22. The World Bank is well placed to mobilize substantial financing for support for this multi-sector initiative and to convene premier technical and financial partners engaged in the field of disease surveillance and epidemic preparedness.** The World Bank has strategically engaged with a core group of development partners including those implementing the GHSA in the development of the overall REDISSE program. The REDISSE program itself will provide resources to regional institutions and national governments to establish the needed coordinating mechanisms.



Relationship to CPF

23. **The project is in line with the WB's mission to end extreme poverty and boost shared prosperity. Communicable and non-communicable diseases are a major constraint on the health, education and potential earnings of people living in the ECOWAS region and have the greatest impact on the most vulnerable population.** Hence, the economic rationale for investing in these interventions is strong, given that success can mitigate the economic burden suffered both by individuals and the country as a whole. The Country Partnership Strategy (CPS) documents for the four countries under REDISSE II emphasize the need to strengthen the capacity of health systems of which disease surveillance is a key pillar, in order to improve health outcomes and reduce vulnerability.

24. **The project complements both WBG and development partner investments in health systems strengthening, disease control and surveillance.** In Liberia, the EVD epidemic created an unprecedented impetus to address critical health system vulnerabilities to building resilience against future shocks, in tandem with broader multi-sector reconstruction and recovery efforts. In response to this, a key pillar under the Liberia Health Systems Strengthening Investment Plan (2015 – 2021) is to establish an Integrated Disease Surveillance and Response (IDSR) and Early Warning and Alert Response Network (EWARN) structures at national, county, district and community levels; to set up priority cross-border surveillance interventions; and to address the human resource crisis (See Box 1). The project also aligns with the Nigeria National Health Act (2014), which stipulates rights and access to any public health emergency at the three tiers of the government. In Togo, the project is well aligned with the Accelerated Growth Strategy and Employment Promotion (SCAPE), the National Health Development Plan (NHDP) and the National Program for Agricultural Investment and Food Security (PNIASA). Similarly, in Guinea Bissau the project is aligned with the Second National Plan for Health Development (PNDS II). The PNDS II identifies the integrated disease surveillance and response systems as one of the six strategic areas to strengthen the national health system. The PNDS II list five core actions to be implemented, namely: (i) strengthening the surveillance system; (ii) development of an early warning system for epidemic-prone diseases; (iii) installation of a rapid intervention team and management of epidemics and natural disasters; (iv) strengthening the operational capacity of the national laboratory. The project is also in line with the recommendations from the recent World Bank Systematic Country Diagnostic (SCD) which recommends strengthening health information systems, including disease surveillance capacity for early detection and response to disease outbreaks, as a priority policy action.<sup>13</sup>

25. **The project is aligned with pillar III of the Regional Integration Assistance Strategy (RIAS) for the region (2008/rev 2011), building coordinated interventions to provide regional public goods** (See Box 2). The RIAS specifically identifies regional and sub-regional programs to address the cross-border dimensions of disease prevention and treatment as an area of focus. As part of the REDISSE program, the countries under REDISSE II will benefit from regional activities financed under REDISSE I through a US\$ 20 million IDA grant and US\$12 million MDTF. This includes the creation and strengthening of regional institutions, platforms and networks.

26. **The project contributes to the implementation of IHR (2005) and the OIE terrestrial animal health Code and Manual, the One Health Agenda, the Global Health Security Agenda, the Universal Health Coverage and attainment of the Sustainable Development Goals (SDG).**

<sup>13</sup> World Bank (2016). Guinea-Bissau Systematic Country Diagnostic: turning challenges into opportunities for poverty reduction and inclusive growth. World Bank, Washington/DC.



27. **Complementary to the REDISSE Program, the World Bank and its key partners have been working on the Global Pandemic Emergency Facility (PEF).** PEF, which has been approved by the World Bank in May 2016, aims to provide immediate support to countries experiencing any infectious disease outbreak that meets predefined triggers, either defined as a public health emergency of international concern (PHEIC) or a certain disease outbreak notification (DON) event, through both an insurance funding mechanism and a public funding mechanism. The PEF initially targets 77 IDA countries and aims to get the funds to a country within a maximum of one to two days. The REDISSE program complements the PEF in the following ways by: (i) focusing on capacity for disease surveillance and epidemic preparedness countries will be better able to contain outbreaks before they develop into PHEIC or DON events and trigger the PEF; and (ii) including a contingent emergency response component (CERC), so that countries will be able to mobilize funds quickly from within the project in the event of an outbreak which may assist in preventing the need to trigger PEF.



**Box 1: Toward a resilient disease surveillance and response system in Liberia**

**1. Health system recovery in Liberia**

Recognizing the devastating impacts of the EVD epidemic and the weaknesses of the country health system, the Government of Liberia announced its new health system recovery plan in April 2015. The plan aims to improve the health status of the population of Liberia on an equitable basis by 2021. Epidemic preparedness, surveillance and response is one of three pillars of the plan. Implementation of the plan has begun and several key activities initiated: the plan for human resources for health development has been revised; the protocol for community event-based disease surveillance has been developed and piloting of this approach is underway; and, assessment of the public health laboratory system has been completed. However, full implementation of the health systems recovery plan requires a significant increase in the investment. According to the estimation by MOH, about 14 million US dollars would be needed in the next two years. This project will contribute to filling this financing gap to ensure that Liberia is adequately prepared to participate in a regional disease surveillance and response network.

**2. Pending agenda**

2.1 Human resource crisis

The shortage of human resource for health is the most urgent challenge affecting health systems in the Country. During the EVD outbreak, many key functions were performed by foreign responders with funding from international communities. Many key posts are now vacant due to the shortage of national professionals. For instance, there is presently no designated staff responsible for disease surveillance and the quality of disease reporting runs the risk reverting to the pre-EVD status. In most of daily EVD reports in September 2015, it was common that eight to nine counties out of fifteen did not report at all.

2.2 One health approach for infectious diseases prevention, surveillance and control

Adopting a One Health approach is necessary to address infectious diseases at the human-animal-ecosystems interface and reduce the risk of trans-border epidemics. However, the country's veterinary public health system is currently almost non-existent. This situation is of particular concern in a context of (i) efforts that have been underway to re-stock small ruminants, hogs and poultry, as well as beef cattle, since the war ended; and (ii) consumption and trade of bush meat (from non-domesticated animals) that are on the rise. These, among other factors, provide grounds for high risk of infectious disease outbreaks emergence and spread in humans and animals within and beyond the borders of Liberia. Essential national Veterinary Services capacities have to be built in the country to further allow the development of joint OH strategies and collaborative activities implementation at country and regional levels.

2.3 Lack of public health laboratory system

A national public health laboratory system does not exist in the Country. The national Reference Laboratory located in the Liberia Institute for Biomedical Research (LIBR) has been performing some of surveillance functions for HIV, TB, Lassa fever, Malaria, etc. It suffers from inadequate staffing, rundown utility functions and sub-optimal biosecurity standards. In the absence of national public health laboratories sample transportation processing/testing and getting the results to the counties in the remote areas took 3-5 days. Moreover, supplies and storage of laboratory kits are of concern in the country.



**Box 2: Why a Regional Approach to Disease Surveillance and Response in West Africa?**

The World Bank criteria for regional projects and access to Regional Integration financing require that projects:

- Involve three or more countries, all of which need to participate for the project’s objectives to be achievable (that is, the project would not make sense without the participation of all of these countries)
- Produce benefits, either economic or social, that spill over country boundaries (that is, projects that generate significant positive externalities or mitigate negative ones)
- Involve clear evidence of country or regional (such as ECOWAS or SADC) ownership and demonstrate commitment of the majority of participating countries
- Provide a platform for a high level of policy harmonization among countries (this is key to the success of a regional initiative) and are part of a well-developed and broadly supported regional strategy.

The second phase of the West Africa Regional Disease Surveillance Systems Enhancement Project complies with the International Development Association (IDA) regional projects criteria:

- REDISSE II will be implemented in four member countries of the Economic Community of the West African States (ECOWAS): Guinea-Bissau, Liberia, Nigeria and Togo.
- The Project will be implemented in the context of the African Integrated disease surveillance and Response Strategy and the One Health Approach, based on regional best practices and WHO, OIE and FAO guidance.
- The Project will support the countries to establish a coordinated approach to detecting and swiftly responding to regional public health threats. Cooperation among West African countries to prevent and control potential cross-border diseases is a regional public good. The regional benefits and positive externalities of effective disease surveillance and response are substantial.
- The West African Health Organization (WAHO) and Regional Animal Health Centre (RAHC), both of which are affiliated with ECOWAS, will be responsible for the regional coordination and day-to-day oversight of this Project (their financing being however included in REDISSE I). Collective action and cross-border collaboration are emphasized throughout the Project:
  - the Project will support countries’ efforts to harmonize policies and procedures;
  - countries will be empowered to engage in joint planning, implementation and evaluation of program activities across borders at regional national and district levels, and;
  - the Project will promote resource sharing of high cost specialized assets such as reference laboratories and training center and pooled procurement of difficult to access commodities.

By considering activities that can only be achieved through multi-country collaboration, priority will be placed on three areas:

- control and prevention of cross-border spread of communicable disease;
- research, including targeted research and development, and;
- harmonized policies, standardized technical guidelines as well as information collection and sharing.

**Note to Task Teams:** The PDO has been pre-populated from the datasheet for the first time for your convenience. Please keep it up to date whenever it is changed in the datasheet.



### C. Proposed Development Objective(s)

The PDOs are : (i) to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in West Africa, thereby addressing systemic weaknesses within the animal and human health systems that hinder effective disease surveillance and response; and (ii) in the event of an Eligible Emergency, to provide immediate and effective response to said Eligible Emergency.

#### Key Results (From PCN)

28. The proposed PDO will contribute towards the: (i) development of national and regional capacity to fully implement the integrated disease surveillance and response (IDSR) strategy, which calls for the continuous monitoring of mortality and morbidity to identify and respond to threats before they can develop into large scale or transboundary epidemics; (ii) facilitate country and regional compliance with international standards for veterinary services, with a particular focus on early detection and rapid response capacity, as adopted by the OIE members states in the Terrestrial Animal Health Code , and utilize the findings and recommendations from the OIE PVS pathway; and (iii) ensure more efficient collaboration and synergies between human and animal epidemiological surveillance and response networks at country and regional levels.

29. The following key indicators will be used to track progress towards the PDOs:

- a. Progress towards establishing an active, functional regional One Health Platform (Number based on 5 point likert scale);
- b. Laboratory testing capacity for detection of priority diseases: number of countries that achieve a JEE score of 4 or higher out of 5;
- c. Progress in establishing indicator and event-based surveillance systems: number of countries that achieve a JEE score of 4 or higher out of 5;
- d. Availability of human resources to implement IHR core capacity requirements; number of countries that achieve a JEE score of 3 or higher out of 5;
- e. Multi-hazard national public health emergency preparedness and response plan is developed and implemented: number of countries that achieve a JEE score of 4 or higher out of 5;
- f. Progress on cross-border collaboration and exchange of information across countries: number of countries that achieve a score of 4 or higher out of 5.

30. Four of the six PDO level indicators will be based on the periodic Joint External Evaluation (JEE) for monitoring progress in the implementation of the WHO IHR (2005)<sup>14</sup>.

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<sup>14</sup> The World Health Organization, together with other partners, has developed a Joint External Evaluation Tool-International Health Regulations (2005) (JEE-IHR) to assess country capacity to prevent, detect, and rapidly respond to public health threats. The tool allows countries to identify the most urgent needs within their health security system, to prioritize opportunities for enhanced preparedness, response and action, and, through regular evaluations, will help monitor the progress by country in implementation of the International Health Regulations (2005). [http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172_eng.pdf). The JEE makes use of the PVS evaluation missions results which provide an assessment of the strengths and weaknesses of the national Veterinary Services (<http://www.oie.int/support-to-oie-members/pvs-evaluations/oie-pvs-tool/>)



#### D. Concept Description

31. A consultative process will be adopted to inform the detailed project design, which will enhance the capacities of the human and veterinary public health systems of Guinea Bissau, Liberia, Nigeria, and Togo for efficient and effective surveillance, preparedness and early response to infectious disease threats, via a collaborative regional approach that promotes the One Health approach and supports the implementation of the IHR (2005) and OIE standards.

32. **The project will comprise 5 components as follows (See Table 2):**

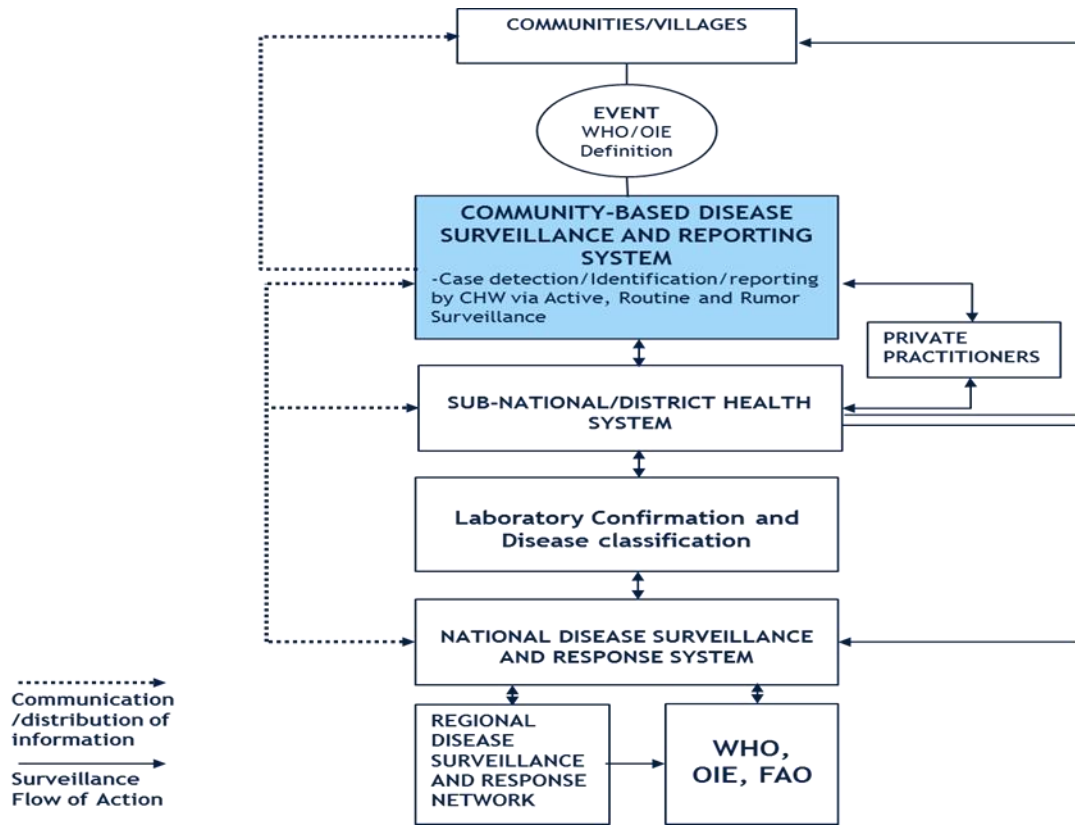
##### **Component 1: Surveillance and Information Systems (US \$XX Million)**

33. **A key component of the project will involve the enhancement of national surveillance and reporting systems and their interoperability at the different tiers of the health systems.** This component will support national and regional efforts in the surveillance of priority diseases (including emerging, re-emerging and endemic diseases) and the timely reporting of human public health and animal health emergencies in line with the IHR (2005) and the OIE Terrestrial Animal Health Code. This component also seeks to strengthen the linkages of surveillance and response processes at the local (community), sub-national and national levels of the health system to ensure the rapid detection of new cases and potential disease outbreaks within high-risk communities via early reporting to local/district health structures in real-time; and laboratory confirmation and classification of collected samples, supported by a regional network (Figure 1). The linkages along these different levels and steps within an animal health epidemiology and surveillance system shall be analysed, optimized and formalized.

34. Potential activities under this component will include: (i) the establishment of appropriate linkages between national animal health and human health surveillance information systems, and between national systems to regional/international disease surveillance and reporting systems; (ii) cross-border collaboration in surveillance (including active/event-based, passive and syndromic surveillance) for the early detection of cases; (iii) timely reporting by community-level surveillance agents as well as district health and veterinary facilities, and minimization of turnaround time from specimen collection to laboratory confirmation and reporting; (iv) the use of surveillance data for risk analysis (assessment, management and communication) to implement appropriate outbreaks prevention and control interventions across the sub-region.



Figure 1: Linkages between community action and regional surveillance and response



**Component 2: Strengthening of Laboratory Capacity (US \$XX Million)**

35. The second project component will involve the identification and/or establishment of networks of efficient, high quality, accessible public health, and veterinary laboratories (public or private) for the diagnosis of infectious human and animal diseases, and the establishment of a regional networking platform to improve collaboration for laboratory investigation. Adapting some lessons learned from the EAPHLN project, the regional laboratory network will contribute towards strengthening the capacities of national veterinary and public health laboratories as well as public health institutes, most notably in the areas of surveillance, pathology for the earlier identification and diagnosis of priority infectious disease pathogens, AMR and insecticide resistance monitoring and mapping. The national laboratory network in each country will be linked to and supported by the network of regional reference laboratories (RRL) being established with support from the REDISSE Program through the REDISSE 1 project. RRLs are being developed in five ECOWAS member states: Burkina Faso, Cote d’Ivoire, Ghana, Nigeria and Senegal.

36. Under this component, potential project activities include: (i) the review, upgrade and support to laboratory networking facilities including technical support for laboratory information systems and the interoperability with disease surveillance and reporting systems; (ii) improvement of data management and specimen management systems including the streamlining of laboratory specimen referral process and improving the efficiency of the specimen transport and disposal systems; (iii) enhancement of the regional reference laboratory networking functions (e.g. for public health, via the application of the World Health Organization – Africa Region (WHO/AFRO) five-step accreditation process and technical assistance to support accreditation of laboratories).





**Component 3: Preparedness and Emergency Response (US \$XX Million)**

37. Component 3 of the project will support national and regional efforts to enhance infectious disease outbreak preparedness and response capacity by improving local, national and regional capacities to prepare for impending epidemics in humans and animals, and to respond effectively to disease outbreak threats including the resulting mortality risks posed by infectious diseases. Project interventions will provide support to improve country and regional surge capacity to ensure a rapid response during an emergency and, for what concerns the human health sector, a better performance of the healthcare system in service delivery. This component will seek to better educate and prepare communities for outbreaks and emergencies as part of the routine delivery of health services. As part of the cross-sectoral efforts, the development of joint planning and joint implementation will be pursued. The project will also support enhancing countries’ health system capacities for management of disaster recovery priorities including the capacity for the integration of community-centred emergency care into the broader healthcare system.

This component will also include a contingent emergency response sub-component, which has the objective to improve the Government’s response capacity in the event of an emergency, following the procedures governed by OP/BP 10.00 paragraph 13 (Rapid Response to Crisis and Emergencies) (see box 3).

38. Potential activities under Component 3 include: (i) updating and/or development of cross-sectoral emergency preparedness and response plans (national and regional) for priority diseases, and ensuring their integration into the broader national all-hazards disaster risk management framework;

**Box 3: Contingent Emergency Response Fund (US \$0)**

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

and response plans (national and regional) for priority diseases, and ensuring their integration into the broader national all-hazards disaster risk management framework;

(ii) regular testing, assessment, and improvements of plans; (iii) expansion of the health system surge capacity including the allocation and utilization of existing pre-identified structures and resources (at the national and regional level) for emergency response, and infection prevention and control (IPC); and (iv) establishment of multidisciplinary rapid response teams at both national and regional level.

**Component 4: Human Resource Management for Effective Disease Surveillance and Epidemic Preparedness (US \$XX Million)**

39. The fourth component, a cross-cutting component, aims to strengthen government capacity to plan, implement and monitor human resource interventions by establishing long-term capacity for improved management of human resources. This component will thus provide support to the development of institutional capacity for planning and managing continuing workforce training by leveraging on existing training structures and programs across countries in the region such as the Field Epidemiology Training Program (FETP), Field Epidemiology and Laboratory Training Program



(FELTP), Veterinary-FETP, and other workforce training programs that address critical public health and veterinary health needs.

40. This component will analyse and seek to address the incentive environment within which public health and veterinary health workers operate. The project will seek to implement activities which create incentives that not only draw those with relevant skills to the public sector, but also improve staff motivation and retention. Viable options will be explored under this component to ensure a centrally coordinated and efficient process for the retention of a skilled workforce (for both animal and human health) available for routine surveillance and rapid deployment for case detection, laboratory confirmation of suspected cases, vaccine distribution logistics, and for the delivery of primary healthcare needs for common illnesses as part of outbreak response.

41. Potential activities include: i) assessments of current workforce in terms of quantity, geographical distribution and capacity (including private actors); (ii) strengthening capacity for human resource management for disease surveillance and response; (iii) supporting the capacity of governments to recruit health workers and create an incentive environment which encourages skilled individuals to work for the public sector.

#### **Component 5: Institutional Capacity Building, Project Management, Coordination and Advocacy (US \$XX Million)**

42. Component 5 focuses on all aspects related to project management. It includes fiduciary aspects (financial management and procurement), monitoring and evaluation (M&E), knowledge generation and management, communication, and management (capacity building, monitoring and evaluation) of social and environmental safeguard mitigation measures. It also provides for critical cross-cutting institutional support, meeting capacity-building and training needs identified in the three countries and at WAHO and RAHC on top of specific technical capacity-building activities undertaken within the four technical components (including support to the management of operational research). It will support the routine external independent assessment of critical animal health and human health capacities of national systems using reference tools (such as OIE PVS and JEE) to identify weaknesses and monitor progress. This component will build on, and complement other projects and initiatives such as the West Africa Regional Disease Surveillance Project (WARDS) (which has been supporting the development of the institutional capacity of WAHO), East Africa Public Health and Laboratory Networking Project (EAPHLN), Global Health Security Agenda (GHSA), and Emerging Pandemic Threat (EPT2) and other discrete activities to foster the harmonization of a functional regional disease surveillance and response network in the ECOWAS region

43. Support will also be provided for the establishment of national and regional One Health coordination platforms for the purpose of developing synergies, joint planning, implementation and communication. Strategies will be adopted for generating evidence to be used to advocate for increased and sustained financing for disease surveillance and preparedness from domestic sources.

44. Potential activities under this component include: (i) strengthen the capacities of national institutions to efficiently perform core project management functions including operational planning, financial management, procurement arrangements, and environmental and social safeguards policies in accordance with WB guidelines and procedures. (ii) enhance M&E systems including routine health management and information systems (HMIS) and other data sources, including regular Joint External Evaluations (JEE) of IHR (2005) and the PVS pathway evaluations; (iii) manage operational research program and economic analysis of disease outbreaks and epidemics in the ECOWAS region implemented by national and regional institutions; (iv) promote the design of impact evaluation studies to



measure impact of project interventions; and (v) coordinate the roles of existing national and regional institutions to better support the planned project activities.

45. **Across all project components, the project will promote partnership with the private sector to improve areas of known weaknesses in the provision of public goods across all project activities.**

**Table 2: Estimated Project Budget Allocations by Component**

Project Components	Budget Allocation (US \$ Million)
Component 1: Surveillance and Information Systems	15
Component 2: Strengthening of Laboratory Capacity	12
Component 3: Preparedness and Emergency Response	13
Component 4: Human Resources Management for Effective Disease Surveillance and Epidemic Preparedness	10
Component 5: Institutional Capacity Building, Project Management, Coordination and Advocacy	13
Total	156

*Project Financing*

46. **The tentative project financing in the amount of US \$153 million is considered a second project investment under the iSOP approach of the REDISSE Program.** The project design for REDISSE II will cover Guinea Bissau, Liberia, Nigeria, and Togo. Country selection is based, above all, on the expressed interest of the national governments in participation, epidemiologic considerations, as well as the needs and assets of the candidate countries. Project financing will be mobilized via contributions from individual country allocation of International Development Association (IDA) funds and a regional integration matching fund mechanism (1:2 IDA - RI match fund for Guinea Bissau, Liberia, and Togo; and 1:1 IDA - RI match fund for Nigeria) (Table 3). Co-financing will also be mobilized through a multi-donor trust fund (MDTF) associated with the REDISSE Program. Current commitments under the MDTF total CAD 20 million for Bank executed and recipient (WAHO) executed activities.

**Table 3: Breakdown of Project Financing**

Country / Regional Institution	Country IDA (\$ Million)	Regional IDA (\$ Million)	Total (\$ Million)
Guinea Bissau	7.0	14.0	21.0
Liberia	8.0	16.0	24.0
Nigeria	45.0	45.0	90.0
Togo	7	14	21.0
<b>TOTAL</b>	<b>70.0</b>	<b>86.0</b>	<b>156.0</b>

47. **It is anticipated that the project will eventually engage and support all 15 ECOWAS member countries in an effective and sustainable regional surveillance network as resources become available.**

**Note to Task Teams:** The following sections are system generated and can only be edited online in the Portal.



**SAFEGUARDS**

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

This project is a part of the REDISSE Program, which, as mentioned in Section B1 above, is a interdependent projects. The second project in the series (REDISSE II) is extending the program to Guinea Bissau, Liberia, Nigeria and Togo. Activities with a physical footprint includes upgrading of laboratory networking facilities, strengthening capacities to prepare for impending epidemics in humans and animals and to respond effectively to disease outbreak threat, surveillance, AMR and insecticide resistance monitoring and mapping. While some of these project activities have low to moderate environmental risks, the project will also strengthen the capacity of client governments to successfully manage environmental and social impacts in the event of a infectious disease outbreak among human and/or animals. The physical locations and specific details of the proposed project interventions in the four countries are not as yet known.

**B. Borrower’s Institutional Capacity for Safeguard Policies**

All four countries have experience in implementing World Bank IDA funded health sector reform projects. This has provided them with some capacity with regard to application of World Bank safeguards policies and the development of appropriate safeguards instruments. However, implementation performance has not always been adequate. There will be need for strengthening the skill level of participating client institutions, through building in training into project and hiring of technical staff. These actions will be supplemented by training provided by World Bank Group social and environmental specialists.

**C. Environmental and Social Safeguards Specialists on the Team**

Alexandra C. Bezeredi, Ruma Tavorath, Amos Abu

**D. Policies that might apply**

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The proposed project is categorized as B under this OP because its potential social and environmental risks are expected to moderate and mostly site specific, with no significant or long-term negative impacts. The potential environmental impacts are related to i) construction of laboratory structures (including indiscriminate disposal of construction waste, noise and temporary disruption of access of community; pollution of soil and water; insufficient attention to occupational health and safety of community and workers, etc); ii) ongoing operations of healthcare facilities and laboratories resulting in generation of infectious waste which needs to be managed to reduce potential health risks and iii) management of



		<p>environmental impacts during epidemics to prevent further spread of disease through poor infection control and inadequate waste management practices. The potential risks, impacts and mitigation measures will be detailed in country-specific Environmental and Social Management Frameworks (ESMF) and Healthcare Waste Management Plans (HCWMP).</p> <p>The project is not expected to involve land acquisition leading to economic or physical displacement in any of the participating countries, as any civil works will take place within existing facilities. This will be confirmed at appraisal.</p>
Natural Habitats OP/BP 4.04	No	Impacts on natural habitats are not expected, as the project investments will be.
Forests OP/BP 4.36	No	The policy is not triggered as the project activities are not expected to overlap or cause adverse impacts on forestry reserves.
Pest Management OP 4.09	Yes	The surveillance, monitoring and containment of diseases including zoonosis could lead to increased use of chemicals, reagents, and pesticides. Poor management, including use and disposal of such chemicals can have potential risks on human health and have potential negative impacts on the environment. These could include aspects related to misuse or over-use of chemicals due to lack of knowledge or awareness; insufficient availability and use of Personal Protective Equipment (PPE); indiscriminate disposal of pesticide containers which can be recycled and reused without disinfection; haphazard disposal of chemicals resulting in pollution of land and soil etc. To manage these potential risks, all client countries will prepare an Integrated Vector and Pesticide Management Plan (IVPMP).
Physical Cultural Resources OP/BP 4.11	TBD	The scale and scope and location of subprojects makes it an unlikely possibility of chance finds of physical cultural resources in the identified project areas.
Indigenous Peoples OP/BP 4.10	No	There are no Indigenous Peoples in the project areas, as defined by OP/BP 4.10.
Involuntary Resettlement OP/BP 4.12	No	The project activities will not involve land acquisition leading to the economic or physical displacement of project-affected people.
Safety of Dams OP/BP 4.37	No	The project interventions is not expected to require the construction of dams or impoundment structures, nor is it expected that they could cause impacts to



		existing structures as governed by this policy.
Projects on International Waterways OP/BP 7.50	No	The project interventions are not expected to cause any drainage or discharges to surface waters, nor entail any significant usage of surface water that would affect international waterways.
Projects in Disputed Areas OP/BP 7.60	No	The project interventions are not in any disputed areas.

**E. Safeguard Preparation Plan**

Tentative target date for preparing the Appraisal Stage PID/ISDS

Nov 15, 2016

Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the Appraisal Stage PID/ISDS

The three documents – ESMF, HCWMP, and IVPMP – will be launched immediately and will be completed by October 30, 2016.

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Republic of Togo

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**Note to Task Teams:** End of system generated content, document is editable from here.