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AFRICAN DEVELOPMENT FUND

PROJECT APPRAISAL REPORT:

STRENGTHENING HEALTH SYSTEMS AND MEDICAL REGULATIONS (SHyMeR) PROJECT

MULTINATIONAL

June 2026

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Reference no: **P-Z1-IB0-044**

A F R I C A N D E V E L O P M E N T F U N D

PROJECT APPRAISAL REPORT

STRENGTHENING HEALTH SYSTEMS AND MEDICAL REGULATIONS PROJECT

(SHyMeR)

MULTINATIONAL – ECOWAS REGION

BENIN, GAMBIA, GUINEA, GUINEA BISSAU, LIBERIA, SIERRA LEONE, & TOGO

AHVP/RDGW/AHHD/PGCL

June 2026

CURRENCY EQUIVALENTS

Exchange rate effective 3/1/2026

Currency Unit[1]	Equivalent
1 Unit of Account	1.35 USD
1 United States Dollar	0.7294 UA

FISCAL YEAR

1 January 2021 – 31 December

WEIGHTS AND MEASURES

1 Metric ton	2,204.62 Pounds (lbs)
1 Kilogramme (kg)	2.20462 lbs
1 Meter (m)	3.28 Feet (ft)
1 Millimetre (mm)	0.03937 Inch (“)
1 Kilometre (km)	0.62 Mile
1 Hectare (ha)	2.471 Acres

[1] Add any additional foreign or local currencies relevant to the project and their currency equivalents.

ABBREVIATION AND ACRONYMS

ADF	African Development Fund
AfDB	African Development Bank
Africa CDC	Africa Centre for Disease Prevention and Control
AMRHI	African Medicines Regulatory Harmonization Initiative
CRFA	Country Resilience and Fragility Assessment
CSP	Country Strategy Paper
EIRR	Economic Internal Rate of Return
ESIA	Environmental and Social Impact Assessment
ESMP	Environmental and Social Management Plan
ESCON	Environmental and Social Compliance Note
FC	Foreign Currency
FPA	Fiduciary Principles Agreement
FIRR	Financial Internal Rate of Return
GBV	Gender-Based Violence
GHG	Green House Gases
HMIS	Health Management Information System
JEE	The Joint External Evaluation
NBW	National Bridging Workshop
NRAs	National Regulatory Authorities
NPV	Net Present Value
OCB	Open Competitive Bidding
ODA	Official Development Assistance
PCR	Project Completion Report
PIU	Project Implementation Unit
PoE	Points of Entry
PVS	Performance of Veterinary Services
RAP	Resettlement Action Plan
RMCs	Regional Member Countries
SEAH	Sexual Exploitation and Harassment
SADC	Southern African Development Community
SDG	Sustainable Development Goals
SPAR	State Party Annual Reporting
SQHIA	Strategy for Quality Health Infrastructure in Africa
UA	Unit of Account
WAHO	West African Health Organization
WASH	Water Sanitation and Hygiene
WHO AFRO	World Health Organization Africa Region

PROJECT INFORMATION SHEET

CLIENT INFORMATION

Project Name	Strengthening Health Systems and Medical Regulations (SHyMeR) Project
Sector	Health
Grant Recipient	West Africa Health Organization (WAHO)
Project Instrument	ADF Grant - Regional Public Goods.
Executing Agency	WAHO

REGIONAL AND STRATEGIC CONTEXT

Regional Integration Strategy Paper Period:	2020 – 2025
Regional Integration Strategy Paper Priorities supported by Project:	Priority 1: Enhancing resilient cross-border infrastructure Priority 2: Supporting regional enterprise development
Government Program (PRSP, NDP or equivalent):	The ECOWAS Commission Strategic Plan (2023-2027)
Project classification:	The Project supports the following 2 Cardinal Points: • Harness the Demographic Transformation for Economic Development • Building Climate-Resilient Infrastructure and Robust Value Addition The Project supports the following High 5 priorities: 1. High 5 – 5: Improve the Quality of Life of the People of Africa Subtheme 5.18: Regional education and health initiatives Subtheme 5.6: Investments in job creation Subtheme 5.10: Other social development aspects (develop quality health infrastructure) Subtheme 5.16: Climate change and green growth 2. High 4 – 4: Integrate Africa Subtheme 4.1: Regional Infrastructure Connectivity (Hard') Subtheme 4.2: Regional Infrastructure Connectivity ('Soft") Subtheme 4.6: Support to Regional Economic Communities (RECs) Subtheme 4.7: Regional Operations
	The Project is integrated and will contribute to several of the SDGs SDG 3: Ensure healthy lives and promote well-being for all ages SDG 4: Quality Education SDG 5: Gender Equality SDG 8: Decent Work and Economic Growth SDG 13: Climate Action
Selectivity	The project will contribute Strategic Priorities in the Selectivity Paper • Strategic Priority 5.3: Develop quality health infrastructure— *Expand modern healthcare infrastructure for secondary, tertiary and emergency care and increase diagnostic infrastructure while strengthening "enablers" for its strong performance.*
Country Performance and Institutional Assessment[2]:	Yes

[2] Obtain CPIA rating here - Country Policy and Institutional Assessment (afdb.org) (VPN required)

Projects at Risk in the region portfolio:	31 % as of 17 February 2026
Eligible allocation balance at time of PCN[3]	N/A

PROJECT CATEGORISATION

Environmental and Social Risk Categorization	Category 3, [SNSC Validation on 04-09-2025]
Does the project involve involuntary resettlement?	No
Climate Safeguards Categorization:	Category 3
Fragility Lens Assessment:	Yes
Gender Marker System Categorization:	Category 2
Youth, Jobs & Skills Marker System Categorization:	Category 3

ADF/ADB KEY FINANCING INFORMATION - N/A

Interest Rate:	(%)
Service Charge:	(%)
Commitment Fee:	(%)
Tenor:	[Start Date- End Date]
Grace Period:	[Start Date- End Date]

Source	**Amount (millions)**		**Financing Instrument**
	UA	**USD**	
African Development Fund	10.380	14.262	Grant
ECOWAS/WAHO Counterpart Contribution:	1.055	1.450	Cash
Total Project Cost:	**11.435**	**15.712**	

[3] Taking into consideration all other projects in the lending program

PROJECT DEVELOPMENT OBJECTIVE AND COMPONENTS

Project Development Objective:	To enhance resilience in West Africa by strengthening the health systems and medical regulations to support provision of quality routine health and respond to public health and nutrition emergencies in 7 ADF eligible[4] ECOWAS member states
Project Components:	Component 1: Strengthening the Capacity of National Medical Regulatory Authorities (NRAs) and Laboratories **(UA 4,111,779)**
	Component 2: Strengthening health workforce Capacities (**UA 3,046,318)**
	Component 3: Harmonization and operationalization of regional policies, strategies and frameworks (**UA 2,961,132)**
	Component 4: Project Management, Strategic Partnerships, and Communication **(UA1,316,081)**

PROJECT PROCESSING SCHEDULE TO BOARD APPROVAL

PCN Approval:	17-10-2025
Appraisal Mission:	22-10-2025
Planned Board Presentation:	June 2026
Effectiveness:	30-06-2026
Project Implementation Period:	01-07-2026 to 31-07-2030
Planned Mid-term Review:	01-09-2028 to 15-09-2028
Project Closing Date:	30 December 2030

[4] Benin, The Gambia, Guinea, Guinea-Bissau, Libéria, Sierra Leone, Togo

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1. STRATEGIC CONTEXT

A. Country Context, Strategy and Objectives

1. Economic Community of West African States (ECOWAS)[5] region is committed to improving access to quality medical and nutrition products, improving population health outcomes including early detection and treatment of cancer among women and pandemic preparedness and response. The goal of **ECOWAS One Health Strategy (2024–2029)** is to strengthen regional capacity to prevent, detect, and respond to health emergencies arising at the human–animal–environment interface through a coordinated, multisectoral approach. It aims to enhance multisectoral collaboration to address emerging and re-emerging infectious diseases, antimicrobial resistance, zoonotic diseases, and climate-related health risks. It further seeks to promote harmonized policies, integrated surveillance systems, workforce development, and improved emergency preparedness across ECOWAS Member States, thereby contributing to regional health security, resilient health systems, and sustainable development. The **ECOWAS Good Manufacturing Practices (GMP) Framework** aims to strengthen the quality, safety, and efficacy of locally manufactured and imported medicines and health products in West Africa by harmonizing regulatory standards and inspection systems across Member States. It promotes compliance with internationally recognized GMP standards, strengthens the capacity of National Medicines Regulatory Authorities (NMRAs), and supports the development of a competitive regional pharmaceutical manufacturing sector. It also facilitates mutual recognition of inspections, improves quality assurance systems, and contributes to increased access to safe, quality-assured, and affordable medical products in the ECOWAS region[6].

2. The strong policy frameworks have not insulated the region from frequent health epidemics. In 2024, the ECOWAS Regional Centre for Surveillance and Disease Control documented 67 outbreaks of emerging and re-emerging infectious diseases, marking a 31% rise from the previous year. These outbreaks comprised repeated occurrences of Lassa fever, cholera, meningitis, mpox, and other diseases prone to epidemics. Persistent vulnerabilities across the region—such as those linked to climate change, under-resourced health systems, insecurity, and cross-border health threats—continue to exacerbate these public health risks, food and nutrition insecurity. All these have repeatedly disrupted the region's development path. In 2020, COVID-19 pandemic caused a regional contraction of 1.5% of GDP. Floods and drought cost the region between 2–5% of GDP annually. Political instability in some countries since 2020, triggered ECOWAS sanctions and disrupted trade corridors. The reduction in overseas development assistance (ODA) has affected the region's health sector for example, in 2025, USAID funding to West Africa was cut by nearly 30% ($852 million). These intersecting vulnerabilities underscore the importance of the Strengthening Health Systems and Medical Regulation (SHyMeR) Project.

[5] The ECOWAS region has twelve member states— Benin Cabo Verde (Cape Verde), Côte d'Ivoire (Ivory Coast), The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Nigeria, Senegal, Sierra Leone and Togo—excluding Burkina Faso, Mali and Niger. The ADF resources under the Project will directly benefit 7 eligible ADF countries (Benin, The Gambia, Guinea, Guinea-Bissau, Liberia, Sierra Leone and Togo). Burkina Faso, Mali and Niger were excluded due to eminent legal risks. Apart from the 7 direct beneficiaries, all West African countries will benefit indirectly from regional control of the supply of substandard and falsified medical and nutrition products — due to strengthened National Medical Regulatory Authorities —and pooled procurement

Important recent note

[6]https://hub.unido.org/sites/default/files/news_uploads/ECOWAS%20GMP%20ROADMAP%20FRAMEWORK_English_ebook.pdf

3. **Timely access to quality medical countermeasures is vital during outbreaks, yet Africa's reliance on imports and weak regulatory capacity continues to delay lifesaving interventions.** Only 9 National Medicines Regulatory Authorities (NMRAs) in Africa (none in the 7 targeted countries have attained WHO Global Bench Marking Maturity level 3 (ML3) status, signifying stable, well-functioning, and integrated regulatory systems aligned with international standards. ML3 status is a prerequisite for scaling up local manufacturing of vaccines, diagnostics, and therapeutics, as it assures global partners of regulatory reliability. Without harmonized regulations, countries are exposed to substandard and falsified medicines; manufacturers face fragmented requirements across countries, hindering scale and market access. The African Union (AU) has set an ambitious goal to produce 60% of the continent's vaccines locally by 2040, as part of the Pharmaceutical Manufacturing Plan for Africa (PMPA). To achieve this goal, NMRAs will need to meet the prerequisites for local production and registration of medicines. Strengthening Health Systems and Medical Regulation project will contribute towards addressing these challenges. It aims to improve access to quality health services, medical and nutrition products while enhancing emergency preparedness capacity in 7 ADF eligible countries[7] in the ECOWAS Region.

4. It contributes to the following Bank strategies: (i) Ten-Year Strategy (2024-2033) vision of a prosperous, inclusive, resilient, and integrated Africa, through building capacity of NRAs, cross-border laboratories and pandemic preparedness, considered as a public good in the strategy; (ii) Health Strategy (SQHIA 2022-2030) by strengthening diagnostic and digital health infrastructure, increasing access to quality medical and nutrition products; (iii) Cardinal Points 3 especially converting our demographic divided for economic growth by capacity building and enhancing access to quality healthcare; (iv) West Africa RISP 2020–2025 (extended to 2027), particularly its second priority area which focuses on improving people's resilience and institutional governance to prevent crises, enhance social cohesion through enhancing health infrastructure, establishing pooled procurement, build th e the capacity of health workforce and cross-border laboratory infrastructure; (v) Pharmaceutical Sector Action Plan 2022-2030 through building capacity of national medical authorities and Gambia national quality control laboratory; and (vi) High 5s including industrialize Africa, integrate Africa and improve the quality of life of people in Africa, though operationalising regional health policies; (vii) Strategy for Addressing Fragility and Building Resilience in Africa (2022–2026)—it advances Pillar II Building Resilient Societies", by strengthening health systems, improving emergency preparedness, and ensuring equitable access to basic health services in fragile and conflict-affected contexts across the region; (viii) the Gender Strategy (2021–2025), by addressing the disproportionate impact of emergencies on women, girls, and youth; (ix) the Climate Change and Green Growth Action Plan (2021–2025). It also aligns with the Bank's Multisectoral Nutrition Action Plan (2018-2025). By supporting human capital development, it aligns to the Skills for Employability and Productivity Action Plan (SEPA).

B. Sector and Institutional Context

5. The ECOWAS region is characterised by: (i) underfunded health systems and infrastructure—the average current health expenditure is 4.2% of GDP; (ii) few health workers—an average of 28 medical doctors per 100,000 persons per country; (iii) high prevalence of falsified and substandard medical and nutrition products; (iv) inadequate capacity of national medical regulatory authorities and national quality control laboratories—; (v) high maternal mortality rate at 679 per 100,000 livebirths; (vi) high infant and child mortality at 534 and 904 per 10,000; (vii) weak pandemic preparedness and prevention surveillance system; and (viii) weak human capital index ranked among the worst performing 20 countries out of 193. See Technical Annex 1-4. West Africa remains a hotspot for the trafficking of medical products — the sale of counterfeit medical products is worth about US$1 billion,

[7] Benin, The Gambia, Guinea, Guinea-Bissau, Libéria, Sierra Leone, Togo

more than the combined value of the crude oil and cocaine trafficking markets[8]. The illicit market makes up to 80% of medical products in Guinea[9]. In Sub-Saharan Africa, approximately 267,000 and 169,271 deaths per year are linked to falsified and substandard antimalarial medicines and antibiotics used to treat severe pneumonia in children. While the cost of caring for people who have used falsified or substandard medical products for malaria is between US$12 to 44.7 million annually (WHO). Ineffective regulation, weak enforcement, corruption and resource shortages have helped the illicit market to thrive in region. West Africa also bears a high burden of malnutrition, 31% of children under five are stunted, reflecting chronic undernutrition, while 6.9% suffer from wasting and 19% are underweight (UNICEF/WHO, 2023). Micronutrient deficiencies, particularly iron and vitamin A, are widespread, contributing to high child morbidity and mortality.

6. Assessments including universal health coverage (UHC) monitoring reports, Joint External Evaluation (JEE), State Party Annual Reporting (SPAR), Performance of Veterinary Services (PVS) and National Bridging Workshop (NBW) confirmed critical weaknesses in health systems, particularly in infrastructure, human resource capacity, and access to essential medicines, nutraceuticals and vaccines. These gaps hinder the region's ability to provide quality routine health services and detect and respond effectively to epidemics and pandemics. With West Africa's high population density and mobility, environmental vulnerabilities, and porous borders, the urgency of a coordinated regional health response is clear. The recurrent public health emergencies like cholera, Ebola and Mpox only worsens the situation. While progress has been made in disease control, there are still gaps in health and nutrition emergency preparedness, access to cancer diagnostics, quality and safe medical products and nutrition products. Improving public health interventions and healthcare delivery could prevent an estimated 2 million deaths in West Africa annually.

7. West Africa Health Organization (WAHO) — the ECOWAS health institution— is mandated to lead and coordinate regional health cooperation within ECOWAS to improve health outcomes through policy harmonization, technical support, and collective action on public health challenges. During Ebola Response (2014–2016), it coordinated the establishment of the ECOWAS Regional Centre for Surveillance and Disease Control (RCSDC) to enhance epidemic preparedness and coordination, provided approximately US$12 million for early regional intervention and supported health systems in Guinea, Sierra Leone, and Liberia. During COVID-19 response it led the regional COVID-19 response and played a pivotal role in procuring and distributing medical supplies to all 15 ECOWAS countries. It distributed over added over 270,000 test kits, 295,000 PPEs, 268,000 masks, 120 ventilators and 740,000 tablets. WAHO also strengthened reference labs, supported epidemiological surveillance systems and trained technical personnel, improving outbreak response capacity. Through the Bank Supported COVID-19 operation targeting Gambia, Mali and Niger, WAHO is strengthened reference labs, supported epidemiological surveillance systems and trained technical personnel, improving outbreak response capacity. WAHO has weak technical capacity leading to slow project implementation. In September 2025, it organized the 2nd ECOWAS Lassa Fever International Conference, “Beyond Borders: Strengthening Regional Cooperation to Combat Lassa Fever and Emerging Infectious Diseases” in Abidjan. It hosted over 800 participants from 32 countries, resulting in: (i) commitments to accelerate vaccine development, strengthen surveillance, and secure sustainable financing; (ii) expanded the Lassa Fever Coalition; (iii) initiated strategic communication campaigns and formalized a Lassa Coalition Governing Entity (LGE).

[8] UN Office on Drugs and Crime (UNODC),

[9] chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://globalinitiative.net/wp-content/uploads/2023/09/OCWAR-T-paper-5.pdf?utm_source=chatgpt.com

C. Rationale for Bank's Involvement

8. The rational for Banks's support is grounded in the cross-border nature of health security risks in the ECOWAS region, which require coordinated regional solutions that generate collective benefits beyond individual countries. Communicable diseases, health workforce shortages, weak pharmaceutical regulatory systems delaying private sector investments, and limited laboratory capacity represent transnational challenges that cannot be effectively addressed through isolated national investments. Supporting WAHO as regional technical institutions enable economies of scale, policy harmonization, and the strengthening of regional health systems, thereby contributing to regional integration, economic resilience, and human capital development—core priorities of the Bank.

9. Strengthening Health Systems and Medical Regulation Project aligns with the Bank's strategic focus on regional integration and Regional Public Goods by financing interventions that strengthen pandemic/epidemic preparedness, pharmaceutical regulation, cross-border laboratories and health workforce capacity, while generating positive externalities such as improved health security, trade continuity, and productivity across West Africa. The Bank Ten-Year Strategy considers pandemic prevention and public health security as regional public goods. It also builds on the Bank's experience in health systems strengthening and emergency response. WAHO is implementing $3.77 million Pharmaceutical Industry Development Support Project, with a $3.56 million in grant from the Bank to support the development of pharmaceutical industries in West Africa. During the COVID-19 pandemic, the Bank launched a US$3.6 billion COVID-19 Response Facility that supported 31 African countries and reached over 12.3 million vulnerable households. The Bank's investments significantly strengthened health systems and infrastructure by expanding diagnostic and treatment capacity. The Bank played a critical role in the fight against the 2014–2016 Ebola outbreak in West Africa. SHyMeR project will build on these investments to support resilient and sustainable systems for preparedness and response. Strong cross-border health systems with effective early warning and surveillance using a One Health Approach lens are enablers for implementation of the Africa Continental Free Trade Area, local private sector vaccine production and registration of health products in ensuring seamless movement of goods and people without the fear of disease outbreaks or disruptive containment measures.

10. The Bank's financing plays a catalytic role in bridging funding gaps and incentivizing domestic resource mobilization for health amidst declining Official Development Assistance (ODA). The Bank plays a catalytic role in strengthening regional health systems and emergency response for example it financed USD 22.4 million for COVID-19—enabled rapid, coordinated cross-border interventions. These investments bridge funding gaps, crowd in partner resources, and incentivize domestic health financing amid declining Official Development Assistance to Africa declined by 70% over the last five years, severely impacting maternal and child health and disease control programs[10]. This decline was exacerbated by the partial withdrawal of U.S. global health funding, which previously accounted for nearly 40% of global health assistance. Meanwhile, domestic health financing remains critically low with no country in the region meeting the 15% Abuja Declaration target[11] Rising debt servicing obligations, projected at USD 81 billion in 2025, are further crowding out fiscal space for health[12].

[10] World Health Organization (2023). *The impact of declining ODA on health systems in Africa*. Geneva: WHO.

[11] African Union (2023). *Status of Health Financing in Africa: 20 Years After the Abuja Declaration*. Addis Ababa: AU Commission.

[12] African Development Bank (2024). *African Economic Outlook 2024: Mobilizing Private Sector Financing for Climate and Health*. Abidjan: AfDB.

D. Development Partners Coordination

11. WAHO plays a central coordinating role in aligning development partner support with regional health priorities in the ECOWAS region. As ECOWAS' specialized health institution, WAHO facilitates strategic dialogue, partnership frameworks, and resource mobilization among multilateral and bilateral partners. It coordinates the implementation of the African Medicines Regulatory Harmonization Initiative in the region by aligning national regulatory systems with continental standards and strengthening the capacity of National Medicines Regulatory Authorities. Key health partners in the region in addition the Bank include the World Health Organization, World Bank Group, Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, the European Union, United States Centers for Disease Control and Prevention, German Agency for International Cooperation, and the KfW Development Bank. Through partner forums and joint planning platforms, WAHO ensures harmonization of technical assistance, financing, and implementation support to avoid fragmentation and improve aid effectiveness across the 12 ECOWAS Member States.

12. Active regional projects coordinated or supported by WAHO include the Regional Disease Surveillance Systems Enhancement (REDISSE) programme funded by the World Bank with over US$380 million to strengthen epidemic preparedness and laboratory networks; the Reproductive Health and HIV Prevention Programme financed by the German Government through KfW to improve access to reproductive health commodities and capacity building; and EU- and GIZ-supported pandemic preparedness initiatives supporting the ECOWAS Regional Centre for Surveillance and Disease Control. Additional collaborations include new health financing and systems strengthening initiatives with the Global Fund and research and regulatory strengthening programmes supported by European and global partners. Through these programmes WAHO provides regional coordination, technical oversight, and fiduciary alignment to maximize development impact and strengthen health security and systems resilience in West Africa.

2. PROJECT DESCRIPTION

A. Project Development Objective

13. The development objective of the project is to enhance resilience in West Africa by **s**trengthening the health systems and medical regulations to support provision of quality routine health and respond to public health and nutrition emergencies in 7 ADF eligible[13] ECOWAS member states. The Specific objectives include: (i) strengthening regulatory systems and improving access to quality health services, medical and nutrition products; and (ii) strengthening health systems, enhancing human capital and digital innovation.

B. Theory of Change

14. The ECOWAS member states face persistent structural weaknesses in their health systems, including limited medicines regulatory capacity, inadequate health financing, weak laboratory and diagnostic infrastructure, inadequate coordination mechanisms, and a high circulation of substandard and falsified medical and nutrition products. These challenges, combined with a rising burden of cancer among women, limited health financing and insufficient preparedness for health emergencies, constrain equitable access to quality health services, increase preventable morbidity and mortality, and weaken regional health security and economic resilience.

[13] Benin, The Gambia, Guinea, Guinea-Bissau, Libéria, Sierra Leone, Togo

Addressing these gaps requires targeted investments to strengthen regulatory systems, upgrade laboratory and diagnostic capacity, develop a skilled and gender-inclusive health workforce, and enhance regional coordination for health financing, pooled procurement, and community health security. In the short term, implementing capacity-building programs, training health professionals, establishing and upgrading laboratories, and deploying tools and coordination platforms will increase institutional capacity, improve workforce competencies, create jobs for youth and support the effective use of strengthened systems, leading to improved availability and timely use of quality diagnostic and surgical services.

As these capacities are sustained and embedded, system performance is expected to improve over the medium term, with regulatory authorities consistently implementing and enforcing standards in line with international benchmarks, laboratories complying with quality management standards, reduced circulation of substandard and falsified products, and expanded female's access to cancer screening and diagnostic services, alongside institutionalized One Health and regional coordination mechanisms. Over the longer term, these improvements will contribute to increased equitable access to safe, effective, and quality medical and nutrition products, reduced cancer-related mortality among women through early detection, strengthened regional capacity to prevent and respond to health emergencies, and improved health security as a shared public good, supporting more resilient and sustainable health systems.

These results are based on key assumptions, including sustained political commitment to regional harmonization, adequate domestic financing to maintain infrastructure and systems, effective regional coordination and technical leadership, timely and efficient implementation, alignment with complementary initiatives, and the retention of trained personnel through appropriate incentives.

C. Project Type

15. This is a standalone Project to be implemented by the WAHO Secretariat in collaboration with beneficiary countries.

D. Project Components

16. The Strengthening Health Systems and Medical Regulations project comprises three complementary components:

Component 1: Strengthening the Capacity of National Medical Regulatory Authorities (NRAs) and Laboratories.

This component will expand equitable access to quality-assured, safe, and effective medical products and diagnostics across West Africa. The key activities under this component include:

Activities:

- Build institutional capacity of Benin, the Gambia, Liberia and Sierra Leone NRAs towards Maturity level 3 of Global Benchmarking.
- Equip The Gambian National Quality Control Laboratories for drug/health products testing and quality control
- Establish cross-border One Health Laboratories in Benin & Togo (West Africa Formulary)

- Equip, repair and maintain biomedical and diagnostic equipment in health facilities including equipping intensive care units (ICUs) and cancer diagnostic laboratories (Guinea, Guinea Bisau, Liberia, Sierra Leone)
- Health Tech support: Develop an integrated regional data hub and electronic medical records (EMRs) system, digital E-learning and virtual/augmented reality simulation labs in 3 universities

Component 2: Strengthening health workforce Capacities

The component aims to build a skilled, future-ready health workforce, while leveraging digital innovation and diaspora investment in health in West Africa. The key activities under this component include:

- Foster youth-led innovation through biomedical and digital health enterprise challenges, using gender-sensitive approaches for Sierra Leone, Benin, and The Gambia
- Capacity Building of (i) 16 surgeons; (ii)120 youth regional pool of biomedical technicians; (iii) 300 parliamentarians, MoH/MoF staff on AU Africa Leadership Meeting Health Financing Frameworks & gender mainstreaming; (iv) 100 Women Leaders in Health in transformational leadership.
- Train and Equip 420 community health workers (CHWs)[14] with IT equipment for community level information systems, data collection & surveillance — One Health", GBV and Nutrition.
- Train Laboratory personnel on product verification, post market surveillance (Benin and Sierra Leone) and Master levels (Liberia)

Component 3: Harmonization and operationalization of regional policies, strategies and frameworks. The key activities under this component include:

- Conduct Economic Sector works for regional planning and health sector investment including: (i) scoping study for African Diaspora Health Investment; (ii) develop national health workforce investment plans and compacts; Health Labour Market Assessment (Benin, The Gambia, Sierra Leone and Liberia)
- Conduct climate resilience assessments and sustainability analyses and develop bankable investment plans and financing strategies for resilient, climate-adapted health systems.
- Operationalize AU African Leadership Meeting (ALM) Sustainable Health Financing frameworks to promote domestic health financing
- Pilot Pooled procurement of critical drugs including for public health emergencies to support WAHO Pooled Procurement Mechanism
- Strengthen community health policies and packages: update and integrate "One Health", Gender Based Violence and nutrition in regional community health policies in 7 countries [15].

Component 4: Project Management, Strategic Partnerships, and Communication

Objective: This component will support capacity building for WAHO, day to day project management and monitoring. It will ensure effective coordination, accountability, visibility, and knowledge sharing across all project components and countries. The key activities include:

[14] Benin, The Gambia, Guinea, Guinea-Bissau, Libéria, Sierra Leone, Togo

[15] Benin, The Gambia, Guinea, Guinea-Bissau, Libéria, Sierra Leone, Togo

- Project coordination, reporting, M&E
- Recruitment of Coordinator, M&E, Procurement, and Finance Specialists
- Technical assistance to WAHO Secretariate to strengthen regional coordination & monitoring regional medical products quality control and harmonization
- Monitoring, Evaluation, and Learning (MEL)
- Strategic Communication and Visibility
- End of project evaluation and annual audits

E. Project Cost and Financing Arrangements

17. The estimated project cost will be UA11.43 million, with UA10.38million from the ADF Regional Public Goods grant and UA 1.05 million co-financing from WAHO.

F. Project's Target Area and Population Beneficiaries and other Stakeholders

18. The Strengthening Health Systems and Medical Regulations Project will target 7 eligible ADF Countries in ECOWAS region — Benin, The Gambia, Guinea, Guinea Bisau, Sierra Leone, Liberia and Togo. Tightening control of substandard/falsified medicines could avert approximately 29,000 deaths in 5 years across Sierra Leone and Benin and surgical scale-up in Guinea-Bissau and Sierra Leone could enable 3,200 essential surgical procedures per year and save 2,880 lives annually. An estimated 189,216 women will benefit from cervical cancer diagnostic services in Guinea, Liberia and Sierra Leone over 5 years, leading to cumulative cost savings of around USD 9.01 million due to reduced treatment costs and improved productivity. On employment (direct only), the youth-training stream is expected to create about 300 jobs, with ≥40% for women (approximately 120 young women). The project will benefit the private sector medicine producers and suppliers by reducing time for quality tests and reducing supply of falsified medical products.

19. Burkina Faso, Mali and Niger were not prioritized in this phase of project implementation given WAHO the executing agency may face challenges implementing the operation in these countries. These countries have poor maternal and child health outcomes, have weak health systems and national regulatory authorities. In order not to leave them behind, the proposed project will be implemented in two phases, Burkina Faso, Mali and Niger will be highly prioritized in the 2nd phase.

G. Bank Group Experience and Lessons Reflected in Design

Over the years, the AfDB has acquired extensive experience in financing and implementing health development projects in the West African region. Some of the success factors include: (i) robust upstream diagnostics; (ii) extensive stakeholder consultations that fosters inclusive project design that resonates with regional and national needs and priorities enhances stronger stakeholder collaboration; (vi) clear alignment of project objectives with the development priorities of the countries is key to successful attainment of expected project results; (v) strengthening the capacity of the regional entity through setting up a strong implementing units leads to efficient project implementation and achievement on project objectives. These lessons were used in the design of the SHyMeR project. The project will:
(i) set up **a dedicated PIU** that will be staffed through competitive recruitment of health specialist coordinator, a financial management specialist, a procurement specialist and a monitoring and evaluation (M&E) specialist. The PIU will be fully dedicated to the operation; (ii) **hire specialized experts on a consultancy basis for key components and activities** to ensure efficient delivery of technical components and capacity strengthening within WAHO; (iii) allocate resources for WAHO's institutional capacity development consistent with one of the RPG main objectives of strengthening

the technical capacity of the RECs; (iv) WAHO will request the ECOWAS President to delegate authority to sign the Legal Agreement and all project related documents to WAHO's Director to reduce internal signature related delays;(v) for FM and disbursement related issues—Fiduciary clinics will be offered during the project launch and regularly; (vi) project steering committee compost of beneficiary countries will be put in place. These measures will enhance efficiency in project implementation, timely, fiduciary risk management, quality and timely M&E and reporting.

3. PROJECT FEASIBILITY

A. Financial and Economic Analysis

20. The Strengthening Health Systems and Medical Regulations Project is expected to significantly reduce morbidity and mortality from use of substandard and falsified medicines, early detection and treatment of cancer and through improved surveillance and early response to epidemics. The cost effectiveness and return on investment analysis estimates that excluding monetized social value of deaths averted, the project could deliver US$332 million in directly monetized system benefits over five years – about US$327 million from regulatory efficiencies and US$5.05 million from increased diagnostic capacity of laboratories. Tightening control of substandard/falsified medicines could avert approximately 29,000 deaths in 5 years across Sierra Leone and Benin and surgical scale-up in Guinea-Bissau and Sierra Leone could enable 3,200 essential surgical procedures per year and save 2,880 lives annually. An estimated 189,216 women will benefit from access to cervical cancer diagnostic services in Guinea, Liberia and Sierra Leone over 5years, leading to cumulative cost savings of around USD 9.01 million due to reduced treatment costs and improved productivity. On employment (direct only), the youth-training stream is expected to create about 300 jobs, with over 40% for women (approximately 120 young women). The project has potential to help addresses the current economic burden of undernutrition in ECOWA, which the Cost of Inaction tool estimates at US$69 billion per year (13% of GNI).

Additional Positive Effects

21. The SHyMeR project will have several positive spillover effects. It will contribute to capacity building by training health workers and improving local expertise in emergency preparedness and disease surveillance. This will not only strengthen the healthcare workforce but also create job opportunities and foster knowledge transfer within the region. The project's emphasis on sustainable design and the integration of renewable energy sources will promote environmental sustainability, setting a standard for future public infrastructure projects. Furthermore, the project will improve regional collaboration and data sharing, enhancing the coordination between ECOWAS member states in public health and nutrition emergencies, thus contributing to regional stability and security. By reducing substandard healthcare and nutritional products, increasing access to cancer and other laboratory diagnostics, the project will reduce treatment costs and hence increase financial gains to the families and beneficiary countries. It will also enhance private sector trade, local vaccine and medicine production.

B. Environmental and Social Safeguards

Environmental

22. The project category is confirmed as *Category 3.* The project is classified as low E&S risk, in accordance with the E&S requirements of the beneficiary countries: (i) In Togo: Law No. 2008-005 of May 30, 2008, establishing the framework law on the environment, sets out the general legal framework for environmental management in Togo and Order No. 0151/MERF/CAB/ANGE of December 22, 2017, establishing the list of activities and projects subject to environmental and social impact studies (ii) In Benin: Law No. 98-030 of February 12, 1998, establishing the framework law

on the environment in the Republic of Benin, Decree 2017-332 of July 6, 2017, organizing environmental assessment procedures in the Republic of Benin. This rating corresponds to category 3 of the Bank's Integrated Safeguards System (ISS). Category 3 was validated in ISTS and SAP on 16-09-2025. Category 3 is explained by the absence of direct investments in infrastructure and/or activities on sites likely to generate major or moderate environmental and social risks.

23. **Environmental and social safeguard documents:** the project is not subject to the preparation of any environmental and social safeguard instruments for approval.

24. **Environmental and social risks and impacts:** The activities of Strengthening Health Systems and Medical Regulation (SHyMeR) project involve low environmental and social risk.

25. **Institutional arrangement for the implementation and monitoring of E&S measures:** the implementation of the project does not require the mobilization of E&S specialists within the implementation units.

26. **Involuntary resettlement:** This provision is not applicable, as the project does not involve the development of infrastructure likely to result in resettlement.

27. **Environmental and social compliance:** An Environmental and Social Compliance Note (ESCON) has been prepared and attached to the PAR. The ESCON confirms the project's compliance with the Bank's environmental and social requirements prior to approval.

Climate Change and Green Growth

28. The project primarily focuses on **health system strengthening**, regulatory capacity, workforce development, and emergency preparedness. Climate is considered indirectly, particularly under Component 3 (climate resilience assessments, bankable investment plans for climate-adapted health systems). It is aligned with the Paris Agreement, specifically on mitigation goals (BB1), adaptation and climate-resilient operations. It is *Climate-sensitive / Low direct emissions and classified as* **Category C or 3 for GHG risk** according to the Bank's Climate Safeguards classification. The project does not generate significant GHG emissions, but it would incorporate climate adaptation measures for health systems. The project does not directly target GHG emissions reductions, but indirectly, strengthening health infrastructure could reduce emissions through energy-efficient hospital equipment (if adopted and digital health and e-learning reducing travel and paper-based processes. Climate change considerations are explicitly included under Component 3: (i) climate resilience assessments for health systems; (ii) development of bankable investment plans for climate-adapted infrastructure; and (iii) sustainability analysis to ensure health facilities can withstand climate-related shocks (floods, heatwaves, disease outbreaks). In addition, the design also accounts for cross-border coordination, which is important in climate-induced health emergencies.

29. **Vulnerability**: West Africa, climate change has been amplifying health risks for years while exerting adverse effects on health systems, national infrastructure, access to drinking water, food availability, electricity, public services. Weather events such as storms, extreme heat waves, floods, droughts and wildfires have adverse health effects, including high mortality and morbidity among affected populations due to injuries, heat stroke, drowning, waterborne diseases, zoonotic diseases, vector-borne diseases, malnutrition, non-communicable diseases and mental health problems. Increased carbon dioxide and methane emissions lead to air pollution, mainly in urban areas, which directly exacerbates the risk of respiratory diseases. According to IPCC forecasts, the main impacts of

climate change expected in the Sahel region include overcrowding of health centres during hot periods; Increased mortality among the elderly (>60 years); Disruptions of the vaccine cold chain; Damage to infrastructure in flood-prone areas; Increased pressure on border health districts.

30. **The Adaptation measures proposed in component 3 are**: (i) climate-resilient health facility planning and infrastructure; (ii) inclusion of "One Health" approaches, linking human, animal, and environmental health; (iii) early warning and data-sharing systems for health emergencies; and (iv) regional planning for sustainable health workforce and medical product supply chains. **The Mitigation measures are**: Limited direct mitigation; potential indirect reduction via energy-efficient biomedical equipment and digital platforms and promotion of sustainable procurement and maintenance practices. The Paris Agreement emphasizes resilience and adaptation in vulnerable sectors, including health. The project aligns well with **Article 7 (Adaptation)**: (i) strengthens health systems to respond to climate-related shocks and nutrition emergencies; (ii) promotes cross-border collaboration, data-sharing, and sustainable financing for climate-resilient infrastructure. Alignment with **mitigation goals (Article 4)** is minimal, as the project's scope is not emission-reduction oriented.

C. Other Cross-cutting Priorities

Youth Empowerment, Poverty reduction, Inclusiveness and Job Creation

31. With nearly 65% of its population under 24 (UNFPA, 2023), West Africa is one of the youngest regions globally, yet youth face limited opportunities, with 19.2% not in employment, education, or training in 2023 (ILO, 2024). The youth are a critical demographic for health emergency preparedness who bears its disproportionate burden—loss of jobs, disrupted education etc. and yet are often overlooked in planning and response efforts. The project will train and empower the youth to leverage their digital and technical innovation skills to support daily healthcare service delivery and address challenges in emergency preparedness. The project will also launch an innovation challenge across 7 beneficiary countries, awarding grants and biomedical technology kits to top proposals for implementation and further development. The regional data hub will support age and sex-disaggregated data to inform youth- and gender-responsive decision-making.

32. Health facilities across west Africa often have biomedical and diagnostic equipment that remains underutilised due to weak maintenance systems and shortage of skilled technicians. Under youth innovation and biomedical enterprise, the project will therefore provide targeted training certification to ensure that young people are not only skilled but formally recognised. Inspired by previous bank initiative such as the centre of Excellence for Biomedical Engineering and eHealth in Rwanda, the centre of Excellence in biomedical sciences in Tanzania, and the Sokoto Health Infrastructure Project in Nigeria, [16]this project will support, the launch of 7 youth -led biomedical and digital health start-ups. These start-ups will be supported with mentoring, toolkits, and internships with hospitals and private sector partners, preparing youth for jobs such as biomedical equipment

[16] https://www.afdb.org/en/documents/multinational-rwanda-east-africa-centre-excellence-biomedical-engineering-and-e-health-cebe-ipr-november-2023
https://www.afdb.org/en/documents/tanzania-centre-excellence-skills-and-tertiary-education-biomedical-sciences-project-phase-2
https://www.afdb.org/en/news-and-events/press-releases/ia-african-development-bank-approves-46-million-transform-healthcare-sokoto-state-85773#:~:text=The%20Board%20of%20Directors%20of,quality%20in%20ia's%20Sokoto%20State

technicians, field service engineers, and technical support specialists, while also enabling them to create enterprises in equipment maintenance and digital health solutions. This approach contributes directly to outcome statement 2: enhanced human capital, digital innovation, and health system resilience, and qualifies as category 3 under the Youth Jobs Skills Marker System. The Expected outcomes include: a pool of certified biomedical technicians across west Africa, youth-led enterprises providing biomedical maintenance, a pipeline of digital health innovators leveraging e-learning, VR/AR simulation labs and the Regional Data Hub, and evidence-based, youth- and gender-responsive decision

Opportunities for Building Resilience

33. The health sector in West Africa remains structurally vulnerable, operating within a context of intersecting political, security, socio-economic, and environmental fragilities. According to recent CRFA findings, pressures continue to exceed capacities in many countries in the region, particularly in the areas of basic service delivery, youth inclusion, and institutional legitimacy. Political instability and insecurity, especially in Sahelian countries undergoing transitional governance, have weakened institutional frameworks and contributed to widespread population displacement, with spillover effects on neighbouring beneficiary countries. These conditions place added strain on already fragile health systems. Climate shocks such as floods and droughts further disrupt access to care and damage infrastructure, while high out-of-pocket health expenditure, uneven distribution of the health workforce, and weak regulatory oversight reinforce systemic exclusion, particularly in border zones, rural areas, and displacement-affected communities. Fragmentation in emergency preparedness systems, gaps in regional coordination, and limited integration between national and regional institutions also undermine resilience.

34. In response, Strengthening Health Systems and Medical Regulation Project activates multiple entry points for resilience at the institutional, systemic, and community levels. Component 1 addresses institutional weaknesses through harmonized procurement, strengthened regulatory authorities, and improved laboratory and surveillance systems. These investments reduce fragmentation and enhance regional capacity for health emergency preparedness and response. Component 2 supports socio-economic resilience by building biomedical maintenance and digital health capacity through universities and technical training institutions, creating opportunities for youth engagement. The project also emphasizes context-sensitive delivery using digital tools, climate-resilient infrastructure, and community-based outreach in underserved areas. Measures to address gender-based violence, including survivor support protocols, stakeholder training, and institutional safeguards, are also embedded to improve accessibility and protection for vulnerable populations. These interventions align with the Bank's Strategy for Addressing Fragility and Building Resilience in Africa (2022– 2026), most directly advancing Pillar II: 'Building Resilient Societies,' by strengthening health systems, reducing vulnerability among conflict-affected populations, and promoting social inclusion.

Gender Equality and Women's Empowerment Promotion

35. *Gender Marker System Categorization*: The project is classified as GEN II under the Bank's Gender Marker System, as it deliberately, systematically and measurably integrates actions that advance gender equality and women's empowerment in the health sector. Maternal mortality remains extremely high while the 22.6% prevalence of substandard and falsified medical products in Africa disproportionately affects maternal, child, and nutrition services. The cancer burden among women is high while women are represented in the health workforce at lower low paying levels rather than leadership positions. The project addresses these disparities through targeted interventions: equipping

hospitals with cervical and breast cancer machines, building the capacity of 100 women health leaders; training 300 policymakers (at least 100 women) in health financing and gender mainstreaming; developing a regional pool of biomedical technicians, including women; and equipping facilities for female cancer screening and training and employing 120 (60 female) youth biomedical technician. By strengthening medical product regulation, expanding access to quality cancer diagnostics, and increasing women's participation in technical and decision-making roles, the project reduces gender-based health inequities and enhances health system resilience for women and vulnerable populations.

36. *Gender analysis:* The operation is aligned with the Bank's Gender Strategy (2021-2025), the ECOWAS Gender Policy and the gender mainstreaming priority actions of WAHO. In the ECOWAS region, the breast and cervical cancer accounts for over 50% of all cancer diagnoses and deaths among women. Late diagnosis is a critical driver of mortality, in the beneficiary countries with up to 60% of cases in some areas being identified only at advanced stages (Stages III or IV). Sierra Leone currently records one of the region's highest age-standardized incidence rates for breast cancer at 43.6 per 100,000 persons, followed closely by Benin at 41.5. Although preventable (with HPV vaccine) and treatable with early diagnosis, cervical cancer remains the leading cause of cancer-related mortality in most of these countries. These disparities are exacerbated by systemic barriers, including limited access to radiotherapy and a critical shortage of specialised oncology personnel.

The region's gender gap in human resources for health is characterised by a "feminized" frontline workforce that remains largely excluded from leadership and high-paying roles. While women comprise approximately 67% to 70% of the global and regional health workforce, they hold only 25% of senior leadership positions, reflecting a persistent "glass ceiling". According to the ECOWAS Gender Barometer, the health sector holds the highest gender equality index in the region at 0.871 (where 1.0 represents parity), yet structural inequalities persist, including an average gender pay gap of 28%. These disparities are driven by systemic barriers such as a disproportionate unpaid care burden—with women in Africa performing up to 76% of all unpaid care activities—and social norms that hinder female deployment to rural areas. ECOWAS health policies and programmes integrate gender perspective to ensure equity in access to health services, yet inequality at workforce level persists. By integrating gender-transformative approaches across all components, the project will strengthen health and nutrition system resilience through inclusive service delivery, equitable access to care, and targeted interventions informed by gender-disaggregated data.

37. *Gender in the results framework:* The Results framework includes gender results disaggregated at outcome and output level.

Nutrition

38. The growing frequency and complexity of emergencies across West Africa—driven by disease outbreaks, climate shocks, conflict, and food insecurity, continue to amplify vulnerabilities to all forms of malnutrition. Acute malnutrition, particularly among children, women, and displaced populations, often escalates during crises due to disrupted access to food, essential health and nutrition services, clean water, and adequate care. This makes nutrition both a consequence and a compounding factor in public health emergencies. This project offers a strategic platform to strengthen the region's capacity to anticipate, prevent, and respond to nutrition-related risks during emergencies. To achieve this, nutrition must be systematically integrated into emergency preparedness and response systems, as well as within core health system functions. This includes embedding nutrition in surveillance and early warning systems by integrating key nutrition indicators into health and emergency information platforms, such as DHIS2 and digital early warning tools. It also requires building surge capacity of the health workforce to deliver essential nutrition services in emergencies, through targeted training in

the management of acute malnutrition with medical complications and infant and young child feeding in crisis settings.

39. Ensuring timely access to essential nutrition commodities—including therapeutic foods, micronutrients, and emergency nutrition kits—is critical and will be supported through regional procurement mechanisms and strengthened supply chains. The project will mainstream nutrition into national and regional emergency preparedness plans, disaster risk management frameworks, and "One Health" policies, with clearly defined roles, financing arrangements, and response protocols. It will also reinforce multisectoral coordination by linking nutrition interventions with WASH, food security, health, and social protection responses to ensure a comprehensive crisis approach. Overall, the project will strengthen regional capacity to anticipate, prevent, and respond to nutrition-related risks by integrating nutrition into core health system functions. Key actions include incorporating nutrition products into National Regulatory Authority (NRA) medicine lists, building health workforce capacity through targeted training, improving access to quality nutrition commodities, and embedding nutrition within emergency and resilience frameworks—fully aligned with WAHO's regional strategy and new community health policy.

4. IMPLEMENTATION

A. Institutional and Implementation Arrangements

40. WAHO will be Executing Agency and sole implementing institution, responsible for project coordination, technical oversight, fiduciary management, procurement, and results reporting. It will also ensure SHyMeR project is aligned with ECOWAS regional health priorities and beneficiary country needs. WAHO will coordinate implementation with designated national counterparts in the seven beneficiary countries, including ministries of health, National Medicines Regulatory Authorities, and national reference laboratories. These institutions will support implementation of country-level activities under WAHO's technical guidance to ensure ownership and sustainability of results. Project oversight will be provided through a Regional Project Steering Committee comprising WAHO and representatives of beneficiary countries. The Committee will provide strategic guidance, review progress, and approve annual work plans and budgets. The Committee will meet at least twice per year to ensure effective oversight and regional coordination.

A dedicated Project Implementation Unit (PIU) within WAHO will manage day-to-day implementation in line with AfDB procedures. To strengthen implementation effectiveness and mitigate capacity risks, the project will finance key positions including a Project Coordinator, Procurement Specialist, Financial Management Specialist, and Monitoring and Evaluation Specialist. Additional short-term technical experts will be recruited competitively as needed to support specialized technical areas. WAHO's prior experience in managing regional programs and Bank- financed operations, combined with targeted institutional capacity strengthening under the project, will help ensure efficient implementation and sustainability of regional health coordination capacity beyond the project lifecycle.

B. Procurement

41. Acquisitions planned under SHyMeR project will be conducted in accordance with the Bank's Procurement Policy of October 2015. Pursuant to this policy, the procurement systems chosen are as

described below, considering the project implementation context and the options offered by the Bank procurement policy:

42. All procurement of goods, and consultancy services financed in whole or in part from Bank resources will be carried out in accordance with the Bank's Procurement Methods and Procedures (MPAB). A project management unit will be established within WAHO to implement the project activities. This unit will include, among others, a procurement expert. Project management unit staff will be recruited competitively according to the Bank's procurement methods and procedures and will be subject to the Bank's no-objection opinion. The key personnel will be subject to a performance contract, the indicators of which must be approved in advance by the Bank.

C. Financial Management, Disbursement and Audit

43. **Financial management Arrangement:** The grant will be utilized by WAHO solely for the implementation of the proposed program, WAHO will be the sole Project Executing Agency and Implementation Agency. WAHO has experience implementing multilateral development Banks' projects, including African Development Bank (AfDB) financed projects especially: (i) Exceptional Emergency Project to Support ECOWAS Low-Income Member Countries and Strengthening the Health Systems of The Gambia, Mali, and Niger to Combat the COVID-19 Pandemic; and (ii) the Development of the Pharmaceutical Industry within the ECOWAS region. The evaluation reveals that (i) The COVID-19 Pandemic Project is not up to date with the submission of audit reports; (ii) the special accounts are not justified for the amounts of 1,474,860.63 UA, 143,366.50 UA, 986,148.00 UA, 516,165.00 UA, and 312,000.00 UA, disbursed respectively since 22.09.2021, 22.03.2022, 20.04.2022, 24.05.2022, and 08.03.2023. To mitigate the risk, the project's financial management will be handled by a Project Management Unit (PMU) that will be established and will be responsible for managing all technical, administrative, financial, and accounting aspects of the Project. It will be led by an experienced coordinator assisted by a financial management specialist dedicated to the project's financial management function. The coordinator and the financial management specialist will be recruited through a competitive process in accordance with the Bank's rules and procedures, based on Terms of Reference acceptable to the Bank. A Project Steering Committee (PSC) will be constituted to provide strategic and oversight guidance and approve key documents including annual work plans and budget as well as annual procurements plans.

44. WAHO has a SAP ERP software for accounting purposes and preparation of financial reports, an administrative, accounting, and financial procedures of ECOWAS. The above FM tools and existing chart of accounts for donor funded projects will be adopted by the proposed project. The accounts will be maintained in accordance with International Public Sector Accounting Standards (IPSAS) and using the integrated accounting and financial management software in place (SAP ERP). The PMU must produce before the beginning of each year an annual work program and budget (AWPB), which must be scrutinized and approved by the COPIL and sent to the Bank for NO before the beginning of the ensuing financial year. The project will be set up on the accounting software to allow for separate project accounting and enable the production of periodic financial reports (IFRs and annual financial statements). Financial reporting will be based on quarterly Interim Financial Report (IFRs) to be included in the quarterly activity report to be submitted both to the steering committee and to the Bank no later than forty-five (45) days after the end of each calendar quarter. The content of the IFRs is detailed in the technical annexes. Internal control is governed by the existing framework, which is the updated administrative, accounting, and financial procedures manual, and the internal audit manual. Internal checks and periodic internal audit reviews will be carried out by WAHO 's Internal Audit Directorate. An Internal Auditor (IA) to be recruited by WAHO, as part of its internal audit function strengthening and responsible for all projects executed by WAHO. The IA renumeration will be covered by all projects being executed WAHO. To ensure a good understanding of the Bank's financial

management requirements, staff training for the PMU will be organized by the Bank at the *launch of the Project. The fiduciary risk is considered generally substantial.*

45. **Disbursement Arrangements:** The disbursement of the Bank's resources will be done according to the Disbursement Manual. The disbursement methods will include: (i) the direct payment method, (ii) the special account method, (iii) the reimbursement method, and if necessary, (iv) the guaranteed reimbursement method. The direct payment method will be used for expenditures on the purchase of goods and the provision of services. The special account method will be used for operational expenses and minor provisions. The use of the special account method will be authorized upon justification of all special accounts of the Exceptional Emergency Project to Support ECOWAS Low-Income Member Countries and Strengthening the Health Systems of The Gambia, Mali, and Niger to Combat the COVID-19 Pandemic. The reimbursement method will be used for reimbursement of eligible expenses for which the Bank pre-authorised pre-financing from the executing agency. The guaranteed reimbursement method may be used if necessary, during project implementation for the importation of goods.

46. **External Audit Arrangements:** The external audit will be carried out by an independent audit firm, hired based on terms of reference previously agreed with the Bank and in accordance with its rules and procedures. Each auditor will be recruited for a period not exceeding three (03) financial years, renewable on annual basis subject to c satisfactory performance. The audit reports for each financial year (comprising of the audited financial statements and management letter) will be submitted to the Bank no later than six (06) months after the end of the financial year.

D. Monitoring and Evaluation

47. The project will use WAHO monitoring and evaluation (M&E) systems to collect, analyze and report project performance. The project will recruit an M&E expert as part of the PIU to strengthen capacity of WAHO. The M&E process will be guided by the output and outcome indicators in the results framework and the monitoring plan, with data drawn from project progress reports and the regional health information system. The Project has allocated adequate M&E costs of UA 0.3m for M&E staff and UA 0.4m for project management M&E costs, data collection, reporting and communication. The Fund will conduct two supervisions missions annually, a mid-term review and project completion review. The project will support capacity building of M&E staff as needed to effectively and efficiently carryout Bank's M&E reporting requirements. WAHO Secretariat will submit detailed progress reports to the Bank based on the components they will implement. Disbursement to implementing partners will be tied to activity specific reports. The project has built in communication, branding and case studies to communicate project outcomes and lessons learned.

E. Governance

48. Governance of WAHO is anchored within the institutional framework of ECOWAS reflects political oversight and technical coordination functions to ensure regional health policy alignment and programme implementation. ECOWAS Authority of Heads of State and Government provide overall political direction that that indirectly guides WAHO's strategic priorities through regional policy decisions. While the ECOWAS council of Ministers provides policy oversight on the programmes, including health, and ensures that WAHO's strategic plans align with ECOWAS regional integration priorities. WAHO's strategic oversight is provided by the ECOWAS Assembly of Health Ministers and policy direction aligned with regional priorities. WAHO's Director General provides executive leadership and is responsible for programmes implementation, coordination with Member States, and engagement with development partners. Technical committees and regional coordination platforms support implementation, ensure accountability, and facilitate policy harmonization. This governance

structure provides a strong institutional basis for regional ownership, coordination, and effective implementation of AfDB-supported programmes.

The project will leverage WAHO's existing governance and accountability structures for implementation, while strengthening risk management measures, including improved data governance and regional monitoring systems to address fragmentation of health information systems across Member States. A Project Steering Committee comprising participating countries, WAHO and key regional institutions will be established to ensure country ownership, accountability, and alignment with ECOWAS regional strategies and national health priorities. The project design has been informed through consultations with Member States and regional technical partners

F. Sustainability

49. The project establishes a strong foundation for long-term ownership and sustainability by anchoring interventions within ECOWAS regional health policies and strategies and aligning with Member States' national health plans and commitments to regional integration. The project design reflects strong political ownership, demonstrated through regional commitments to medicines regulatory harmonization, laboratory strengthening, and pooled procurement mechanisms to improve access to quality medical products. Sustainability will be further reinforced through a Project Steering Committee comprising ECOWAS Member States and WAHO to ensure continued ownership, accountability, and alignment with national and regional priorities. The project will also promote stakeholder engagement through collaboration with the private sector, regional professional networks, and local communities including community health workers, regional youth biotechnicians parliamentarians, MoH and MOF staff. **Institutional sustainability** will be strengthened through targeted capacity building, technical assistance, and systems strengthening to enhance WAHO's ability to coordinate regional health initiatives beyond the project lifecycle.

50. Capacity building activities will be institutionalized through collaboration with regional training institutions and professional networks to ensure that training programmes in regulatory sciences, laboratory systems, health financing, and biomedical engineering continue beyond project closure. The project will also strengthen the capacity of laboratory technicians and biomedical engineers to ensure the optimal use, servicing, and preventive maintenance of laboratory and diagnostic equipment procured under the project. Public laboratories and regulatory institutions supported by the project will be embedded within government structures, with sustainability supported through national budget allocations and integration into public sector investment plans.

Financial sustainability will be promoted through clear government commitments to operate and maintain project-financed assets, including laboratories, diagnostic equipment, and digital systems, through national budget allocations and integration into public asset management plans. Additional sustainability measures include regulatory cost-recovery mechanisms (such as NRA service fees), efficiency gains from pooled procurement, and strengthened domestic health financing frameworks. These approaches will help ensure adequate resources for the maintenance of equipment, retention of trained personnel, and continuity of services after the completion of support from the African Development Bank.

G. Risk Management

51. The project faces risks across several dimensions, rated overall as Substantial. At the political and governance level, ongoing security deterioration in the Sahel poses spillover risks to neighbouring beneficiary countries, threatening implementation continuity and cross-border data sharing. These are mitigated by anchoring the project within WAHO and national health strategies of the participating countries. Institutional risks relate to WAHO's proposed relocation from Burkina Faso to Cote d'Ivore

and potential weaknesses in the PIU's financial management and reporting capacity, including delayed recruitment of key staff. These will be mitigated through the establishment of a dedicated PIU, hiring short term health experts, regular fiduciary clinics by the Bank and early configuration of financial management software. Macroeconomic and sector risks, including fiscal constraints among RMCs and potential reluctance to share cross-border data, are assessed as low and mitigated through diversified financing and alignment with national health plans. Environmental and social risks are also low, with the project classified as Category 3. A comprehensive risk register with ratings and mitigation measures is presented in the Technical Annexes.

H. Knowledge Building

52. The project will contribute to knowledge building through economic sector works, training, knowledge transfer and capacity building of national and regional institutions, on: (i) climate change and health risks; (ii) health financing, (ii) health information, (iii) maintenance, (iv) regional quality control laboratories, (v) regional training institutions; and (vi) nutrition in emergencies. The generation and dissemination of knowledge will focus on accepted standards and protocols in the community space as well as lessons learned and good practices resulting from the implementation of the project components.

5. LEGAL INSTRUMENTS AND AUTHORITY

A. Legal Instrument

The financing instrument for this regional operation is a grant from the African Development Fund ("ADF" or the "Fund") for an amount of ten million, three hundred thousand and eighty Units of Account (UA 10,380,000). The legal instruments to govern the project will be a Protocol of Agreement between the Fund and WAHO.

B. Conditions Associated with Bank's Intervention

53. **Entry into Force**: The Protocol of Agreement and the Tripartite Agreement shall enter into force upon signature by the respective parties.

54. **Conditions precedent to first disbursement of the Grants**: In addition to entry into force of the Protocol of Agreement, the Fund's obligation to effect the first disbursement of the Grant shall be subject to the WAHO providing evidence of the recruitment of the following Project Implementation Unit (PIU) staff, with qualifications and terms of reference satisfactory to the Fund: a Project Coordinator, an M&E Specialist, and a Financial Management Specialist.

55. Submitting all due audit reports for the Exceptional Emergency Project to Support ECOWAS Low-Income Member Countries and Strengthening the Health Systems of The Gambia, Mali, and Niger to Combat the COVID-19 Pandemic to the Bank for approval. For the tripartite agreement, the obligation of the Fund to make the disbursement of the Grant shall be conditional upon the entry into force of the Tripartite Agreement.

Other Conditions: The second disbursement will be subject to the following conditions: (i) configuring the software to consider the project's accounting; (ii) including the project in the WAHO budget; and (iii) Proof of the establishment of the project steering committee and the definition of its responsibilities.

C. Compliance with Bank Policies

☒ This project complies with all applicable Bank policies.
☐ There are exceptions to Bank policies.

African Development Bank Group Independent Recourse Mechanism

56. Communities and individuals who believe that they are adversely affected by an African Development Bank Group (AfDB) supported project may submit complaints to existing project-level grievance redress mechanisms or the AfDB's Independent Recourse Mechanism (IRM). The IRM ensures project affected communities and individuals may submit their complaint to the AfDB's Independent Recourse Mechanism which determines whether harm occurred, or could occur, as a result of AfDB non-compliance with its policies and procedures. To submit a complaint or request further information please contact: IRM@afdb.org or, visit the IRM website www.irm.afdb.org. Complaints may be submitted at any time after concerns have been brought directly to the AfDB's attention, and Bank Management has been given an opportunity to respond before reaching out to the IRM.

6. RECOMMENDATION

57. The project went through the filtering process for prioritization as a Regional Public Good (RPG) and was approved by OPSCOM as an RPG that meets the cost-sharing exemption criteria set out in the Revised Regional Operations Selection and Prioritization Framework (2014).

58. Management recommends that the Board of Directors approve the award of the proposed grant of ten million three hundred eighty thousand Units of Account (UA 10,380,000) from the resources of the Fund to the ECOWAS West Africa Health Organization (WAHO) to finance the Project under the terms and conditions stipulated in this report.

7. RESULTS FRAMEWORK

RESULTS FRAMEWORK						
A		**PROJECT INFORMATION**				
❙ **PROJECT NAME:** Strengthening Health Systems and Medical Regulations (SHyMeR) Project				❙ COUNTRY/REGION: **West Africa**		
❙ **PROJECT DEVELOPMENT OBJECTIVE:** To strengthen the health systems and medical regulations to enhance capacities to provide quality routine health and respond to public health and nutrition emergencies in the ECOWAS region.						
❙ ALIGNMENT INDICATOR (S): Coverage of essential health services (Index 0 low-100 high)						
(B)		**RESULTS MATRIX**				
RESULTS CHAIN AND INDICATOR DESCRIPTION		**RMF/ADOA INDICATOR**	**UNIT OF MEASUREMENT**	**BASELINE (2026)**	**TARGET AT COMPLETION (2030)**	**MEANS OF VERIFICATION**
❙ **OUTCOME STATEMENT 1: Strengthened regulatory systems and Access to quality medical products and health services**						
OUTCOME INDICATOR 1.1: Patients with access to improved cancer diagnostics and surgical procedures due to the project		**x**	*Number*	*0*	*205,316 (of which. 180,000 Females)*	*Cancer laboratory & Surgical unit records*
OUTCOME INDICATOR 1.2: NMRAs supported by the project to meet World Health Organization global standards and ISO 9001 certification of which 2 are in transition States			*Number*	*0*	*4 (2 transition States)*	*Assessment reports*
OUTCOME INDICATOR 1.3: NMRAs capacitated for inclusion of nutrition products. of which 2 are in transition States			*Number*	*0*	*4 (2 transition States)*	*Assessment reports*
OUTCOME INDICATOR 1.4: National labs supported by the project to meet World Health Organization quality control standards.			*Number*	*0*	*1*	*MoH reports*
❙ **OUTCOME STATEMENT 2: Enhanced human capital, Digital innovation, and Health System resilience**						
OUTCOME INDICATOR 2.1: Youth biomedical technicians and digital innovators employed (hospitals & business challenge) (of which 100 in transition States)		**x**	*Number*	*0*	*240 (120 Females)* (100 in transition States)	*Activity reports, monitoring dashboards*
OUTCOME INDICATOR 2.2: Improved knowledge and competencies of trained health professionals and policymakers			*Number*	*0*	*860 (350 Females; 200 youth)* (300 in transition States)	*Training attendance lists*
❙ **OUTCOME STATEMENT 3: Harmonized and operationalized regional health policies**						
OUTCOME INDICATOR 3.1: Updated and integrated Community Health Frameworks for health security (One Health, GBV & nutrition) in 7 countries of which 4 are transition states.			*Number*	*0*	*7 (4 transition States)*	*activity reports*
OUTCOME INDICATOR 3.2: West African Countries that are feeding data into the real-time Regional Data Hub of which 4 are transition States			*Number*	*0*	*7 (4 transition States)*	*Activity reports, monitoring dashboards*
❙ **OUTPUT STATEMENT A: Infrastructure and systems strengthened**						
OUTPUT INDICATOR A.1: Cancer diagnostic laboratories and ICUs renovated and equipped in 7 countries		**x**	*Number*	*0*	*7*	*Progress report*

OUTPUT INDICATOR A2: Capacity-building programs implemented for 4 National Medical Regulatory Authorities (NMRAs) in 4 countries which 2 are transition States		*Number*	*0*	*4 (2 transition States)*	*MRH reports*
OUTPUT INDICATOR A3: Cross-border "One Health" and national quality-controlled laboratories established and operationalized in 3 countries		*Number*	*0*	*3*	*Activity & Country visit reports*
OUTPUT INDICATOR A4: NRAs Regulatory frameworks for 2 countries updated and aligned to regional standards (SOPs, guidelines, policies)		*Number*	*0*	*2*	*Activity reports*
OUTPUT STATEMENT B.: Capacity building and digital tools deployed to support system improvement					
OUTPUT INDICATOR B1: Policy makers, women leaders, youth and health workers trained	**x**	*Number*	*0*	*1000 (350 Females; 340 youth)*	*Training attendance lists*
OUTPUT INDICATOR B2: community health workers equipped with IT for surveillance, data collection and reporting		*Number*	*0*	*420 (Females 200) 240 in transition States*	*Activity reports and Country visit reports*
OUTPUT INDICATOR B3: Regional Health Digital Data Hub established and operationalized		*Number*	*0*	*1*	*consultant reports & monitoring dashboards*
OUTPUT STATEMENT C: The operationalization of regional health system integration					
OUTPUT INDICATOR C1: Regional community health frameworks, updated and operationalized (One Health, Gender based violence & Nutrition) in 7 countries	**x**	*Number*	*0*	*7 (4 transition States)*	*Activity reports*
OUTPUT INDICATOR C2: Regional coordination platforms and mechanisms for Pooled procurement, strengthened and adopted in 4 countries		*Number*	*0*	*4*	*Activity reports*
OUTPUT INDICATOR C2: Regional health financing policies adopted, harmonized and operationalized in 7 countries) of which 4 are transition States	**x**	*Number*	*0*	*7 (4 transition States)*	*Activity reports*

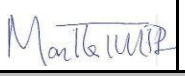
8. ENVIRONMENTAL AND SOCIAL COMPLIANCE NOTE (ESCON)

ENVIRONMENTAL AND SOCIAL COMPLIANCE NOTE (ESCON)	AFRICAN DEVELOPMENT BANK GROUP 2023 ISS Update v01

A. Basic Information[1]		
Project Title: Strengthening Health Systems and Medical Regulations (SHyMeR)	**Project SAP or TFMS Code:** P-Z10-IB-044	
Region: RDGW	**Country:** Multinational	
Project Sector Unit: Health	**Lending Instrument:** Project Finance Loan/Grant	
Appraisal dates: 22-Oct-25 to 22-Oct-25	**Estimated Approval Date:** 09-April-2026	
Task Team Leader: Elizabeth OWITI	**Alternate Task Team Leader:** Name of the Alternate Task Manager (*if applicable*)	
Environmental Safeguards Officer(s): TAGNY KOUOKAM Colince Ebenezer |LACAL BERESLAWSKI JULIA		
Social Safeguards Officer(s): | NA		
E&S Category: Category 3 (Low Risk)	**Operation Type:** Sovereign Operation / Public Sector Operation	**Financial Intermediary:** No
Categorization Date: 19-Aug-25	**Categorization Date in ISTS:** 16-Sep-25	**Categorization Date in SAP:** 16-Sep-25
Is this project processed under rapid responses to crises and emergencies?		**No**
Is this project processed under a waiver to ISS requirement(s) requested by the Borrower/Client and granted by the Board?		**No**
B. Disclosure and Compliance Monitoring		
B.1 Mandatory disclosure		
Environmental and Social Assessment/Audit/System/Others: *Type in the instrument(s) to be prepared and the number of each instrument to be prepared. For example, Environmental and Social Impact Assessment (3); Environmental and Social Audit (1); ESMS Assessment Report (1), etc.*		
Was/Were the document (s) disclosed ***prior to appraisal?***		**Not Applicable**
Date of "in-country" disclosure by the borrower/client		Click to select the date
Date of receipt, by the Bank, of the authorization to disclose		Click to select the date
Date of disclosure by the Bank		Click to select the date
Resettlement Action Plan (RAP)[2]**:** Select the number to be prepared		
Was/Were the document (s) disclosed ***prior to appraisal?***		**Not Applicable**
Date of "in-country" disclosure by the borrower/client		Click to select the date
Date of receipt, by the Bank, of the authorization to disclose		Click to select the date
Date of disclosure by the Bank		Click to select the date
Stakeholder Engagement Plan (SEP)[3]**:** Select the number to be prepared		
Was/Were the document (s) disclosed ***prior to appraisal?***		**Not Applicable**
Date of "in-country" disclosure by the borrower/client		Click to select the date
Date of receipt, by the Bank, of the authorization to disclose		Click to select the date
Date of disclosure by the Bank		Click to select the date
Pest or Vector Management Plan (PMP/VMP): Select the number to be prepared		
Was/Were the document (s) disclosed ***prior to appraisal?***		**Not Applicable**
Date of "in-country" disclosure by the borrower/client		Click to select the date
Date of receipt, by the Bank, of the authorization to disclose		Click to select the date
Date of disclosure by the Bank		Click to select the date
Vulnerable Peoples Plan (VPP): Select the number to be prepared		

Was the document disclosed ***prior to appraisal?***	**Not Applicable**
Date of "in-country" disclosure by the borrower/client	Click to select the date
Date of receipt, by the Bank, of the authorization to disclose	Click to select the date
Date of disclosure by the Bank	Click to select the date
Biodiversity Management Plan (BMP)[4]: Select the number to be prepared	
Was the document disclosed ***prior to appraisal?***	**Not Applicable**
Date of "in-country" disclosure by the borrower/client	Click to select the date
Date of receipt, by the Bank, of the authorization to disclose	Click to select the date
Date of disclosure by the Bank	Click to select the date
Livelihood Restoration Plan (LRP)[5]: Select the number to be prepared	
Was the document disclosed ***prior to appraisal?***	**Not Applicable**
Date of "in-country" disclosure by the borrower/client	Click to select the date
Date of receipt, by the Bank, of the authorization to disclose	Click to select the date
Date of disclosure by the Bank	Click to select the date
Riparian Communities Participation Plan (RCPP): Select the number to be prepared	
Was the document disclosed ***prior to appraisal?***	**Not Applicable**
Date of "in-country" disclosure by the borrower/client	Click to select the date
Date of receipt, by the Bank, of the authorization to disclose	Click to select the date
Date of disclosure by the Bank	Click to select the date
Emergency Preparedness & Response Plan (EPRP): Select the number to be prepared	
Was the document disclosed ***prior to appraisal?***	**Not Applicable**
Date of "in-country" disclosure by the borrower/client	Click to select the date
Date of receipt, by the Bank, of the authorization to disclose	Click to select the date
Date of disclosure by the Bank	Click to select the date
Hazardous/Medical Waste Management Plan (HWMP): Select the number to be prepared	
Was the document disclosed ***prior to appraisal?***	**Not Applicable**
Date of "in-country" disclosure by the borrower/client	Click to select the date
Date of receipt, by the Bank, of the authorization to disclose	Click to select the date
Date of disclosure by the Bank	Click to select the date
Riparian Notification (RN): Select the number to be prepared	
Was the document disclosed ***prior to appraisal?***	**Not Applicable**
Date of "in-country" disclosure by the borrower/client	Click to select the date
Date of receipt, by the Bank, of the authorization to disclose	Click to select the date
Date of disclosure by the Bank	Click to select the date
Environmental and Social Management Plan of the Financing Agreement (FA-ESMP) [6]	
Was the document disclosed ***prior to appraisal?***	**Not Applicable**
Date of "in-country" disclosure by the borrower/client	Click to select the date
Date of receipt, by the Bank, of the authorization to disclose	Click to select the date
Date of disclosure by the Bank	Click to select the date
Is in-country disclosure of any of the above required documents not allowed as per the country's legislation or not expected because of crises/emergencies: Not Applicable **If applicable, please explain below:**	
Indicate why the disclosure of the said document(s) is not authorized, including the legal provision.	

B.2. Compliance monitoring indicators	
Has satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	**Not Applicable**
Has costs related to environmental and social measures, including for the running of the grievance redress mechanism, been included in the project cost?	**Not Applicable**
Is the total amount for the full implementation for the Resettlement of affected people, as integrated in the project costs, effectively mobilized, and secured?[7]	**Not Applicable**
Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	**Not Applicable**
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	**Not Applicable**

C. Clearance			
Is the project compliant with the Bank's environmental and social safeguards requirements, and can be submitted to Approval?			**Yes**
Prepared by	***Name***	***Signature***	***Date***
Environmental Safeguards Officer(s):	**TAGNY KOUOKAM Colince Ebenezer| LACAL BERESLAWSKI JULIA**		**24-Oct-25**
Social Safeguards Officer(s):	Name of the Social Safeguards Specialist | Name of the Social Safeguards Supervisor		Click to select the date
Task Team Leader:	**Elizabeth OWITI**		**3-Nov-25**
Submitted by			
Sector Director:	**Martha PHIRI**		28-Jan-26
Cleared by			
Director SNSC:	**Maman-Sani ISSA**		28-Jan-26

[1] ***Note***: *This ESCON shall be appended to project appraisal reports/documents before Senior Management and/or Board approvals.*
[2] *Including Livelihood Restoration Plan (LRP)*
[3] *Including Grievance Redress Mechanism (GRM)*
[4] *Refer to footnote 212 of the ISS: Depending on the nature and the scale of the risks and impacts of the project, the Biodiversity Management Plan (BMP) may be a stand-alone document, or it may be included as part of the ESMP prepared under OS1. Select this if a standalone BMP is required.*
[5] *Refer to footnote 190 of the ISS: The Livelihood Restoration Plan (LRP) is normally part of the Resettlement Action Plan (RAP). However, for complex livelihood restoration, a stand-alone LRP can be prepared as part of the ESMP. Select this if a standalone LRP is required.*
[6] *As referred to in section III.2.3 of the Bank's Environmental and Social Policy (ESP)*
[7] *In case a Resettlement Action Plan (RAP) is/are not required although the Environmental and Social Impact Assessment (ESIA) is/are disclosed, attached the image/picture/photo of the area/site/landscape to evidence that it is free of any encumbrance (simple statement or letter from the borrower does not suffice), in addition to the statement by the Borrower that it is a public-owned land.*

9. Annex 1: Alignment with the RPG Criteria

After undergoing the assessment and prioritization process for the regional operations envelope, OPSCOM approved the project as an RPG and assigned it UA 11.37 million [including a surcharge of UA 0.99 million] in financing under ADF-16. The Project meets the RPG eligibility criteria as demonstrated in Table **6** below.

Table [6]: Compliance with RPG requirements

Criteria	Evaluation
Non-rivalry	The project will address public and population health security which is a regional public good. It will enhance resilience in West Africa by strengthening the health systems and medical regulations to support provision of quality routine health and respond to public health and nutrition emergencies in 7 ADF eligible ECOWAS member states. The project benefit will be beyond the direct beneficiary countries through strengthened cross-border surveillance, pooled procurement and shared data systems. Increased circulation of quality assured medical and health products.
Non-excludability	Strengthened surveillance, regulatory systems, and reduced disease outbreaks will generate non-excludable benefits across all members of ECOWAS beyond ADF-eligible countries. Capacity strengthening of National Regulatory Authorities (NRAs) and national medical quality control laboratories will improve harmonized standards, accelerate approvals, and enhance safety surveillance of medical products across borders. The cross-border laboratory established in Benin and Togo will support early detection and coordinated response to outbreaks in highly mobile border areas will benefit directly due to porous borders, trade, and population movement. Overall, the Project strengthens regional health security through shared systems that inherently benefit all countries irrespective of financing eligibility.
Public Interest and Ownership	The Project is implemented by WAHO in collaboration with ECOWAS member countries. The Beneficiary countries were consulted and involved in project development and prioritization. Member countries will be part of the steering committee.
Regional Dimension	Enhancing pandemic preparedness and promoting public health is outlined as a global and regional public good in the Bank's Ten-Year Strategy (2024 – 2033). The Project is supported by the Regional Strategy for Health Security and Emergencies for 2022-2030 which was endorsed in August 2022 by the Health Ministers of all 47 African WHO member states. The Project covers 7 countries in the ECOWAS Region, but the benefits of strengthened systems and strategies will accrue to all ECOWAS countries.
Strategic Alignment	The project aligns to several Bank strategies and priorities. It contributes to: (i) Ten-Year Strategy (2024-2033) vision of a prosperous, inclusive, resilient, and integrated Africa, through building capacity of NRAs, cross-border laboratories and pandemic preparedness, considered as a public good in the strategy; (ii) Health Strategy (SQHIA 2022-2030) by strengthening diagnostic and digital health infrastructure, increasing access to quality medical and nutrition products; (iii) Cardinal Points 3 especially converting our demographic divided for economic growth by capacity building and enhancing access to quality healthcare; (iv) West Africa RISP 2020–2025 (extended to 2027), particularly its second priority area which focuses on improving people's resilience and institutional governance to prevent crises, enhance social cohesion through enhancing health infrastructure, establishing pooled procurement, build th e the capacity of health workforce and cross-border laboratory infrastructure; (v) Pharmaceutical Sector Action Plan 2022-2030 through building capacity of national medical authorities and Gambia national quality control laboratory; and (vi) High 5s including industrialize Africa, integrate Africa and improve the quality of life of people in Africa, though operationalising regional health policies; (vii) Strategy for Addressing Fragility and Building Resilience in Africa (2022–2026)—it advances Pillar II Building Resilient Societies", by strengthening health systems, improving emergency preparedness, and ensuring equitable access to basic health services in fragile and conflict-affected contexts across the region; (viii) the Gender Strategy (2021–2025), by addressing the disproportionate impact of emergencies on women, girls, and youth; (ix) the Climate Change and Green Growth Action Plan (2021–2025). It also aligns with the Bank's Multisectoral Nutrition Action Plan (2018-2025). By supporting human capital development, it aligns to the Skills for Employability and Productivity Action Plan (SEPA).

Catalytic and Upstream Role	The Banks involvement in this proposal is paramount given the rapid spread of diseases and risk of outbreaks across borders. The risk of disease outbreaks is fueled by porous borders, extensive mobility and weak cross-border surveillance systems. This calls for a regional approach to strengthen public health systems and to leverage economies of scale. The Bank's investment will support the development of mutually agreed protocols to address disease outbreaks and risks. This will ensure that each country plays their role in protecting the continent and is held accountable. The Project will develop regional guidelines for strengthening laboratories and pilot models for cross-border laboratories. These can be scaled up by each country through follow-up investment projects. Having strong cross-border health systems, early warning and effective surveillance is an enabler for implementation of the Africa Continental Free trade area in ensuring seamless movement of goods and people without the fear of disease outbreaks or disruptive containment measures to trade as witnessed during the COVID-19 pandemic.
Incremental Benefit in Cooperating	The COVID-19 pandemic demonstrated that infectious disease outbreaks do not respect national borders and therefore require coordinated regional responses. This project offers greater impact than fragmented national investments by strengthening cross-border surveillance, laboratory systems, national regulatory systems, and pooled procurement mechanisms. Africa's pandemic preparedness remains constrained by limited local production of medical supplies, weak regulatory and quality assurance systems, vaccine inequity, and high costs driven by global supply chain bottlenecks, resulting in delayed access and preventable mortality, as seen in recent mpox and cholera outbreaks. This project will therefore strengthen National Regulatory Authorities (NRAs) and quality control laboratories to ensure faster approval, improved safety surveillance, and harmonized standards, while also enhancing pooled procurement and local production capacity to improve bargaining power, achieve economies of scale, and strengthen overall regional health security.
Development Effects	The Project will support harmonization and operationalization of the African Union Leadership Meeting Health Financing framework to strengthen domestic resource mobilization and strengthen integration of laboratory systems across the region, thereby reinforcing health system governance and epidemic preparedness. It will also support the update and adoption of the ECOWAS Community Health Policy Framework, ensuring stronger political commitment, improved financing alignment, and coordinated implementation across Member States. The Project will operationalize pooled procurement mechanisms, which remain under-implemented, while promoting local production of medical products to improve supply security, reduce costs, and stimulate jobs and enterprise development. It will also pilot a cross-border laboratory network model to enhance diagnostic capacity and real-time collaboration, with lessons to be scaled across other Regional Economic Communities. In addition, it will develop a regional digital health platform under a One Health approach, integrating human, animal, and environmental surveillance data to improve early detection of zoonotic threats and prevent outbreaks before they escalate.